

Board of Directors (in Public)

Item 2.4a*

Subject: LHCH Monthly Staffing for Reporting Period for June 2021
Date of Meeting: Tuesday 27th July 2021
Prepared by: Julie Roy, Divisional Head of Nursing & Quality for Medicine
 Fiona Altintas, Head of Nursing & Quality for Surgery
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Presented by: Sue Pemberton, Executive Director of Nursing & Quality
Purpose of Report: To Note

BAF Reference	Impact on BAF
BAF 1	Assurance regarding the management of Trust staffing levels

Level of assurance (please tick one)

To be used when the content of the report provides evidence of assurance

<input checked="" type="checkbox"/>	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls
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1. Executive Summary

At Liverpool Heart & Chest Hospital, we aim to provide excellent, efficient safe care for our patients and populations every day and our nursing staffing levels are continually assessed to ensure that we achieve this. This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid pandemic which has contributed to increased staffing pressures, experienced across the NHS. Significant effort continues in the recruitment of staff, including successful participation in a Pan- Mersey international recruitment project. Staffing levels are reviewed regularly throughout every day, with senior nurse oversight to ensure safe care is maintained.

2. Background

In line with the recommendations detailed in 'Hard Truths – The Journey to Putting Patients First' (Department of Health, 2014), LHCH publishes staffing levels on a monthly basis on the Trust's internet and to UNIFY.

The National Quality Board (NQB) publication Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing

(2016) outlines the expectations and framework within which decisions on safe and sustainable staffing should be made to support the delivery of safe, effective, caring, responsive and well-led care on a sustainable basis. It builds on National Institute for Health and Care Excellence (NICE) guidelines on safe staffing for nursing in adult inpatient wards and is informed by NICE's comprehensive evidence reviews of research, and subsequent evidence reviews focusing specifically on staffing levels and outcomes, flexible staffing and shift work.

The purpose of this report is to provide detail of the care hours per patient day (CHPPD) delivered to inpatient areas in LHCH. It will also detail, exceptions to planned staffing levels for the month of June 2021 and the impact on nurse sensitive indicators. This report details planned and actual nurse staffing levels for the month of June 2021, including any red flag concerns.

3. Vacancy Data

All RN vacancies across the Trust are reviewed regularly by the Director of Nursing with the senior nursing team. The Trust's Recruitment and Talent Lead within HR continues to work closely with the senior nursing team to ensure oversight of all Trust vacancies and recruitment progress against each. This information continues to be validated by the senior nursing team to ensure accurate vacancy reporting data. 47 band 5 vacancies have been appointed into with candidates at varying stages of the recruitment process.

Table 1-Vacancy data June 2021 (all bands)

Unit	RN	HCA
Acute Cardiac Unit	13.11	-1.72
Birch Ward	3.97	0.74
Cath Lab	0.29	0.52
Cedar Ward	3.35	1.35
Cherry Ward	0.9	0.2
Holly Suite	1.32	0
Maple Suite	0.95	1.2
Oak Ward	2.73	0.15
Outpatients	0.69	0
Rowan Suite	4.53	-1.37
SICU Clinical Roster	15.63	2.43
Theatres	10.8	0.95
Grand Total	60.27	4.45

The first cohort of international RNs have arrived at LHCH, after delays to their travel and have completed corporate induction, commencing in their clinical areas on 19th July. They have received excellent pastoral support and will now be supported with the OSCE process and the journey towards NMC registration. Our second cohort will be arriving in early August.

3.1 Sickness Absence

During June, several clinical areas continue to experience sickness absence and this is detailed in the table below.

Table 2- sickness absence data

Unit	RN WTE	HCA WTE
Acute Cardiac Unit	2.53	2.56
Birch Ward	0.99	1.84
Cath Lab	3.26	1.11
Cedar Ward	0.66	2.74
Cherry Ward	1.97	
Holly Suite	2.08	1.09
Maple Suite	2.69	0.74
Oak Ward	2.06	2.06
Outpatients		1.02
Rowan Suite	0.36	
SICU Clinical Roster	10.30	3.41
Theatres	1.47	0.98
Total WTE Unavailable	28.35	17.55

There is a Trust focus on sickness absence management with support for staff in terms of wellbeing conversations with line managers and additional provision to support mental health wellbeing across the Trust. Divisional leads are working closely with HR business partners and managers to review all sickness absence, in particular long term sickness cases and support returns to work where possible.

3.2. Temporary Staffing

The temporary staffing team are actively recruiting to the LHCH nurse bank in order to support during this time. Minimal agency staffing has been utilised during June 2021 within critical care.

3.3. Exceptions

All planned staffing for nursing in LHCH is assessed as required for the ward to run at full capacity, if capacity is reduced then the planned staffing changes accordingly. In June 2021:

- There were no red flags on Cedar and Rowan wards and no staffing related incident reports for these areas.
- Oak ward reported 2 red flag shifts, and 1 of these was reported via datix. No patient safety incidents or harm were reported, however there was a report that some patient medications were delayed, and it was a challenging shift for staff. All avenues of supporting staffing undertaken Trust wide. Advanced Nurse Specialist support also on ward.
- There were no red flags reported on ACU, Birch, Cherry and Maple wards in June 2021.
- There were 2 staffing related incidents reported 1 each for ACU & POCCU3, both related to confused patients overnight requiring enhanced observations and no additional staffing available from other areas to support. There were no patient safety incidents reported during these shifts although they were challenging for the ward staff.
- Following the ward reconfigurations, the Acute Cardiac Unit (ACU) continues to have a significant number of RN vacancies, although all are recruited into with start dates up to September 2021. The divisional matron works closely with the ward team to ensure appropriate levels of coronary care trained staff are available for each shift, working flexibly across the 2 areas of ACU and POCCU3.

4. Summary

This continues to be a particularly challenging period for all staff working with reduced staffing levels at times. The Trust has experienced an increase in staff absence during the covid

pandemic which has contributed to increased staffing pressures, experienced across the NHS. As reported by the Institute for Public Policy Research (IPPR, 2021) 29% of nurses and midwives report that they are more likely to leave the sector than 1 year ago, and as such retention of current staff and recruitment of future staff remains a Trust priority.

Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This has unfortunately resulted in an increasing number of staff moves to manage risk and to provide additional support for areas where acuity of patients is higher. The ward manager weekend rota continues with a ward manager working each weekend to support the hospital co-ordinator in ensuring safe staffing across all areas and keeping in close contact with the duty on-call manager for the Trust.

5. Recommendations

The Board of Directors are asked to:

- Receive assurance related to nurse staffing for in-patient wards, as per national directives, noting actions being taken to ensure patient safety and quality of care are maintained.
- Receive assurance that staffing is appropriate and is flexed according to patient need and patient safety risk assessments, following escalation processes.
- Receive monthly reports of staffing at all planned Board meetings.
- Receive the 'care hours per patient day' (CHPPD) data.
- Receive assurance that the review of ward establishments and models of care for each inpatient area has been completed and is being reviewed in 2021.
- Receive assurance that a robust recruitment plan continues, including an overseas recruitment plan.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates and apprentices continue to be implemented.
- Receive assurance that alternative temporary staffing options are being explored.
- Receive assurance that staffing escalation plans are in place to be enacted when significant staffing pressures are seen during the COVID pandemic.

Appendix 1

Introduction to Care Hours per patient Day (CHPPD)

One of the obstacles to eliminating unwarranted variation in nursing and care staff deployment across the NHS provider sector has been the absence of a single means of recording and reporting deployment. Conventional units of measurement that have been developed previously have informed the evidence base for staffing models, – such as reporting staff complements using WTEs, skill-mix or patient to staff ratios at a point in time, but it is recognised by Nurse leaders may not reflect varying staff allocation across the day or include the wider multidisciplinary team. Also, because of the different ways of recording this data, no consistent way of interpreting productivity and efficiency is straightforward nor comparable between organisations.

To provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units we developed, tested and adopted Care Hours per Patient Day (CHPPD).

- CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight)
- CHPPD reports split out registered nurses, registered & unregistered nurse associates and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)

CHPPD for June 2021

	Care Hours Per Patient Day (CHPPD)								Day				Night			
	Cumulative count over the month of patients at 23:59 each day	Registered Nurses/Midwives	Non-registered Nurses/Midwives	Registered Nursing Associates	Non-registered Nursing Associates	Registered allied health professionals	Non-registered allied health professionals	Overall	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
TOTAL	4286	9.0	3.5	0.0	0.2	0.0	0.0	12.7	95%	95%	30%	48%	92%	96%	-	-
BIRCH	828	3.5	2.9	0.1	0.2	0.0	0.0	6.6	91%	120%	20%	70%	100%	89%	-	-
ACU	577	10.1	2.5	0.0	0.0	0.0	0.0	12.7	89%	45%	-	-	89%	76%	-	-
CHERRY	167	7.3	4.3	0.0	0.0	0.0	0.0	11.6	90%	102%	-	-	73%	90%	-	-
CRITICAL CARE	768	26.3	3.5	0.0	0.0	0.0	0.0	29.8	100%	84%	-	-	100%	92%	-	-
OAK	476	4.0	4.3	0.0	0.9	0.0	0.0	9.1	97%	108%	-	42%	71%	100%	-	-
CEDAR	966	4.5	4.3	0.0	0.1	0.0	0.0	8.8	91%	112%	-	3%	85%	122%	-	-
MAPLE	298	4.4	2.8	0.3	0.4	0.0	0.0	7.9	92%	120%	40%	53%	88%	100%	-	-
ROWAN	206	5.0	3.2	0.0	0.5	0.0	0.0	8.7	73%	95%	-	-	65%	83%	-	-