

## Board of Directors (in Public)

### Item 2.3a\*

**Subject:** LHCH Monthly Staffing for Reporting Period for December 2019  
**Date of meeting** Tuesday 28<sup>th</sup> January 2020  
**Prepared by:** Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,  
Julie Roy, Divisional Head of Nursing & Quality for Medicine  
**Presented by:** Sue Pemberton, Executive Director of Nursing & Operations  
**Purpose of Report:** To Note

BAF Ref	Impact on BAF
1.1, 1.2	None

#### 1. Executive Summary

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 need to consider the wider multidisciplinary team when looking at the size and composition of staff for any setting is highlighted as important within these documents.

The nursing establishment is defined as the number of registered nurses, registered nursing associates, assistant practitioners and healthcare assistants who work in a particular ward, department or team. Decision-making to ensure safe and sustainable staffing must follow a clear and logical process that takes account of the wider multidisciplinary team. Although registered nurses, registered nurse associates and healthcare assistants (HCAs) provide a significant proportion of direct care, other groups to consider include:

- Medical staff
- AHPs
- Pharmacists
- Advanced clinical practitioners
- Volunteers

The Model Hospital dashboard makes it possible to compare with peers using care hours per patient day (CHPPD). Finding peers that are close comparators is important as aspects such as patient acuity, dependency, turnover and ward support staff will differ. While NICE guidance identified evidence of "increased risk of harm associated with a registered nurse caring for more than 8 patients during the day shifts", it clearly states that there is "no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards". NHSI state that they

have found no new evidence to inform a change to this statement (NHS Improvement Evidence Review One 2016). This report details planned and actual nurse staffing levels for the month of December 2019, including any red flag concerns. All shifts were reported as safe during the month.

A full review of vacancies/sickness/maternity leave has been completed and the Trust continues to have a higher number of registered nursing vacancies than previously, although the majority of these are now recruited into. A review of workforce models has been undertaken to understand how we can utilise the registered nurse associate role more widely across the Trust in the future and we are considering plans for apprenticeships in nursing and ways in which we can support our current HCAs with support for career progression. An improved focus on recruitment and a promotional campaign throughout January 2020 is proving successful with an increased attendance at January's recruitment day. There are also plans to extend open days to include the wider multidisciplinary team. A focus on retention of our current registered nurses is being led by HR.

## **2. 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 December 2019;

- There were no red flags on Cedar, Oak and Elm wards. Across the surgical wards, staffing was reduced appropriately due to reduced bed occupancy at times. Cross divisional staff movement ensured that all shifts were reported as safe. Oak ward closed and patients and staff were relocated to Cedar ward over the Christmas holiday period, due to low patient numbers.
- Oak ward continues to face some challenges with skill mix and is being supported by the Aspen ward manager to provide leadership during maternity leave.
- There were no red flags on Birch, Cherry, Maple, Rowan or CCU in December.
- There were some shifts on Cherry and Maple wards with only 1 RN; however all of these shifts were supported by an RN working flexibly across both areas, or by an experienced Assistant Practitioner/ Nurse Associate. All shifts were reported as safe.
- Maple and Rowan wards were closed for a short period over the Christmas holiday period due to minimal patient numbers and staff were utilised to support other ward areas.
- HDU was closed throughout December.

## **3. Summary**

All shifts have been reported as safe. Each day a review of staffing takes place Trust wide to ensure that all patients can be cared for safely. This does, however, result in staff moves on occasion to manage risk and to provide additional support for areas where acuity of patients is higher and as a result of the increased vacancies for registered nurses the movement of staff has increased. 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.

## **4. Recommendations**

**The Board of Directors are requested 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 renewed focus on our recruitment and retention on registered nurses is proving successful.

## 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)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day								Night							
					Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nursing Associates		Non-registered Nursing Associates		Registered Nurses/Midwives		Non-registered Nurses/Midwives (Care Staff)		Registered Nursing Associates		Non-registered Nursing Associates	
					Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2																
RBQHQ	LIVERPOOL HEART AND CHEST HOS	Cedar	170 - CARDIOTHORACIC		2790	2265	1627.5	1162.5	0	0	285	285	1162.5	1115.63	871.875	834.375	0	0	112.5	112.5
RBQHQ	LIVERPOOL HEART AND CHEST HOS	Elm	170 - CARDIOTHORACIC		1860	1590	1162.5	1140	150	0	135	135	871.875	796.875	581.25	628.125	0	0	0	0
RBQHQ	LIVERPOOL HEART AND CHEST HOS	Oak	170 - CARDIOTHORACIC		1080	914.5	1080	962.5	0	0	360	270	675	525	450	450	0	0	0	28.125
RBQHQ	XL HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	12847.5	12360	1627	1665	0	0	0	0	9026.82	9090	1323	1131.02	0	0	0	0
RBQHQ	XL HEART AND CHEST HOSPITAL NHS	HCU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RBQHQ	XL HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2790	2355	1860	1380	0	0	465	315	1162.5	1115.6	581.25	525	0	0	0	0
RBQHQ	XL HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	847.5	465	465	0	0	0	0	581.25	562.5	290.63	281.25	0	0	0	0
RBQHQ	XL HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	660	630	330	277.5	120	120	22.5	22.5	412.5	300	206.3	168.8	0	0	0	0
RBQHQ	XL HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		3022.5	2917.5	465	435	0	0	210	127.5	2034.375	1875	290.625	262.5	0	0	0	0
		Rowan	320 - CARDIOLOGY		630	547.5	315	140	0	0	0	0	375	243.75	167.5	140.625	0	0	0	0

Allied Health Professionals				Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
Registered allied health professionals		Non-registered allied health professionals		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 (%)	Average fill rate - registered allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours																		
				765	4.4	2.6	0.0	0.5	0.0	0.0	7.5	81.2%	71.4%	-	100.0%	96.0%	95.7%	-	100.0%		
				459	5.2	3.9	0.0	0.3	0.0	0.0	9.3	85.5%	98.1%	0.0%	100.0%	91.4%	108.1%	-	-		
				357	4.0	4.0	0.0	0.8	0.0	0.0	8.9	84.7%	91.0%	-	75.0%	77.8%	100.0%	-	-		
				760	29.0	3.7	0.0	0.0	0.0	0.0	32.7	100.9%	102.3%	-	-	100.7%	85.5%	-	-		
				12	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-	-	-	-	-	-	-	-		
				950	3.7	2.0	0.0	0.3	0.0	0.0	6.0	84.4%	74.2%	-	67.7%	96.0%	90.3%	-	-		
				199	7.1	3.8	0.0	0.0	0.0	0.0	10.8	91.1%	100.0%	-	-	96.8%	96.8%	-	-		
				166	5.6	2.7	0.7	0.1	0.0	0.0	9.1	95.5%	84.1%	100.0%	100.0%	72.7%	81.8%	-	-		
				246	19.5	2.8	0.0	0.5	0.0	0.0	22.8	96.5%	93.5%	-	60.7%	92.2%	90.3%	-	-		
				69	11.5	4.1	0.0	0.0	0.0	0.0	15.5	86.9%	44.4%	-	-	65.0%	75.0%	-	-		