

Board of Directors (in Public)

Item 2.3*

Subject: LHCH Monthly Staffing for Reporting Period for November 2019
Date of Meeting: Tuesday 28th January 2020
Prepared by: Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,
 Julie Roy, Interim Divisional 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 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 November 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 with 25 vacancies across the wards and critical care. A review of workforce models has been undertaken to understand how we can utilise the registered nurse associate role more widely across the Trust and we are considering plans for apprenticeships in nursing. An improved focus on recruitment is now underway with external support and a promotional campaign planned for January 2020 to complement our ongoing Trust recruitment days. 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 November 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.
- Elm ward has had some changes in the junior leadership team and the divisional Matron is offering extra support, along with support from Cedar ward.
- 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 November.
- 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.
- HDU was open for 6 days in November

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 there is renewed focus on our recruitment and retention on registered nurses.

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)

only complete after your registration is complete

Hospital Site Details			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 planned hours	Total actual hours	Total planned hours	Total actual hours	Total planned hours	Total actual hours	Total planned hours	Total actual hours	Total planned hours	Total actual hours	Total planned hours	Total actual hours	Total planned hours	Total actual hours	Total planned hours	Total actual hours
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name	Ward name	Specialty 1	Specialty 2																
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Ouder	170 - CARDIOTHORACIC		2700	2107.5	1575	1405	0	0	330	330	1125	1021.25	915.625	825	0	0	206.25	206.25
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Elm	170 - CARDIOTHORACIC		1800	1405	1125	1087.5	15	15	112.5	112.5	915.625	750	543.75	543.75	0	0	0	0
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Oak	170 - CARDIOTHORACIC		1350	1215	1350	1215	0	0	450	210	843.75	628.125	843.75	562.5	0	0	46.875	46.875
RBQHQ	DL HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	13575	13597.5	1575	1597	0	0	0	0	9570.99	9591.66	1290	1131	0	0	0	0
RBQHQ	DL HEART AND CHEST HOSPITAL NHS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	2180	180	30	30	0	0	0	0	106.7	106.7	42.68	42.68	0	0	0	0
RBQHQ	DL HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2250	2332.5	1800	1372.5	0	0	435	345	1125	1097.5	562.5	571.975	0	0	0	9.375
RBQHQ	DL HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	900	860	450	412.5	0	0	0	0	562.5	506.25	281.25	281.25	0	0	0	0
RBQHQ	DL HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	900	817.5	450	412.5	277.5	277.5	120	22.5	562.5	534.4	281.3	271.9	0	0	0	0
RBQHQ	DL HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		2925	2857.5	450	495	0	0	225	142.5	1968.75	1781.25	281.25	234.375	0	0	0	0
		Roseau	320 - CARDIOLOGY		900	832.5	450	405	0	0	0	0	562.5	487.5	281.25	253.125	0	0	0	0

Hospital Site Details		Vard name	Main 2 Specialties on each ward		Care Hours Per Patient Day (CHPPD)								Day				Night			
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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 (%)
RB0HQ	LIVERPOOL HEART AND CHEST HOSPITAL	Cedar	170 - CARDIOTHORACIC		804	3.9	2.9	0.0	0.7	0.0	0.0	7.4	78.1%	94.3%	-	100.0%	91.7%	101.1%	-	100.0%
RB0HQ	LIVERPOOL HEART AND CHEST HOSPITAL	Elm	170 - CARDIOTHORACIC		499	4.5	3.3	0.0	0.2	0.0	0.0	8.0	82.5%	96.7%	100.0%	100.0%	92.0%	100.0%	-	-
RB0HQ	LIVERPOOL HEART AND CHEST HOSPITAL	Oak	170 - CARDIOTHORACIC		420	4.4	4.2	0.0	0.6	0.0	0.0	9.2	90.0%	90.0%	-	46.7%	74.4%	66.7%	-	100.0%
RB0HQ	DL HEART AND CHEST HOSPITAL NHS TRUST	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	841	27.4	3.2	0.0	0.0	0.0	0.0	30.8	100.2%	101.4%	-	-	100.1%	88.4%	-	-
RB0HQ	DL HEART AND CHEST HOSPITAL NHS TRUST	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	18	15.9	4.0	0.0	0.0	0.0	0.0	20.0	8.3%	100.0%	-	-	100.0%	100.0%	-	-
RB0HQ	DL HEART AND CHEST HOSPITAL NHS TRUST	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	904	3.8	2.2	0.0	0.4	0.0	0.0	6.3	103.7%	76.3%	-	79.3%	96.7%	101.7%	-	-
RB0HQ	DL HEART AND CHEST HOSPITAL NHS TRUST	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	256	5.3	2.7	0.0	0.0	0.0	0.0	8.0	95.6%	91.7%	-	-	90.0%	100.0%	-	-
RB0HQ	DL HEART AND CHEST HOSPITAL NHS TRUST	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	314	4.3	2.2	0.9	0.1	0.0	0.0	7.4	90.8%	91.7%	100.0%	18.8%	95.0%	96.7%	-	-
RB0HQ	DL HEART AND CHEST HOSPITAL NHS TRUST	CCU	320 - CARDIOLOGY		246	18.9	3.0	0.0	0.6	0.0	0.0	22.4	97.7%	110.0%	-	63.3%	90.5%	83.3%	-	-
		Rouse	320 - CARDIOLOGY		135	9.8	4.9	0.0	0.0	0.0	0.0	14.7	92.5%	90.0%	-	-	86.7%	90.0%	-	-