

Board of Directors (in Public) Item 2.1a*

Subject: LHCH Monthly Staffing for Reporting Period for February 2020
Date of meeting Tuesday 31st March 2020
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Purpose of Report for Noting

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 January 2020, including any red flag concerns. All shifts were reported as safe during the month.

An ongoing review of vacancies/sickness/maternity leave demonstrates that 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. Plans for increasing the Trust’s Registered Nurse Associate workforce are being formulated by the senior nursing teams in collaboration with the Trust’s education team. Plans to support current band 2 & 3 staff to fulfil the requirements for this training moving forward are also underway. There have been significant RN staffing pressures, caused in part by the vacancies recruited into awaiting new starters and also sustained high levels of inpatient activity, throughout February. A cross-divisional plan has been put into action to support Birch ward in particular through this challenging period.

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 January 2020;

- There were no red flags on Cedar, Oak and Elm wards. Cross divisional staff movement ensured that all shifts were reported as safe.
- Aspen Suite has reduced opening hours to facilitate same day admission patients whilst releasing RN support to inpatient areas, in particular Oak ward.
- There were no red flags on Birch, Cherry, Maple, Rowan or CCU in February. A number of shifts have been reported as challenging by staff due to RN shortages, however no patient safety incidents have been reported.
- Birch ward has had to close the Birch Lounge on some occasions in order to ensure safe staffing levels within the ward and the shift co-ordinator has had responsibility for a team of patients whilst co-ordinating the area on several occasions.
- Some shifts on Rowan were staffed by only 1 RN but with support from other areas to ensure staff breaks and always after assessing the acuity and number of patients. Rowan is now under the management of the Clinical Services Division but staffing is managed in collaboration with the divisional matrons.
- 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.
- HDU was closed in February.

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. A plan is in operation to support Birch ward through a particularly challenging period with support for February and March from all areas across the Medicine Division. 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 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 renewed focus on our recruitment and retention on registered nurses continues.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates are being explored.

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		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	
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	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
RBQHQ	LIVERPOOL HEART AND CHEST HOSP	Cedar	170 - CARDIOTHORACIC		2610	2242.5	1522.5	1612.5	0	0	0	217.5	1087.5	1012.5	815.625	769.875	0	0	0	121.875
		Elm	170 - CARDIOTHORACIC		1740	1492.5	1087.5	1200	0	82.5	0	112.5	815.63	815.63	543.75	637.5	0	0	0	0
RBQHQ	LIVERPOOL HEART AND CHEST HOSP	Oak	170 - CARDIOTHORACIC		1305	1147.5	435	307.5	0	0	435	307.5	815.625	628.125	543.75	534.375	0	0	0	0
RBQHQ	IL HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	11992.5	12015	1522.5	1605	0	0	0	0	8418.63	8397.2	1237.7	1205	0	0	0	0
RBQHQ	IL 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	IL HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2610	2107.5	1740	1372.5	0	120	217.5	300	1087.5	1087.5	543.75	543.75	0	28.125	0	0
RBQHQ	IL HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	870	825	435	382.5	0	0	0	0	543.75	496.88	271.88	215.63	0	0	0	0
RBQHQ	IL HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	870	802.5	435	435	150	150	112.5	112.5	525	403.125	262.5	262.5	0	0	0	0
RBQHQ	IL HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		2827.5	2482.5	435	435	0	0	217.5	120	1903.375	1659.375	271.875	262.5	0	0	0	0
		Rowan	320 - CARDIOLOGY		870	682.5	435	457.5	0	0	0	0	543.75	421.875	271.875	271.875	0	0	0	0

Hospital Site Details		Ward 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 (%)
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Cedar	170 - CARDIOTHORACIC		628	3.9	2.9	0.0	0.4	0.0	0.0	7.2	85.3%	105.3%	-	-	93.1%	94.4%	-	-
		Elm	170 - CARDIOTHORACIC		499	4.6	3.7	0.2	0.2	0.0	0.0	8.7	85.8%	110.3%	-	-	100.0%	117.2%	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Oak	170 - CARDIOTHORACIC		362	4.9	2.3	0.0	0.8	0.0	0.0	8.1	87.9%	70.7%	-	70.7%	77.0%	98.3%	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	710	28.7	4.0	0.0	0.0	0.0	0.0	32.7	100.2%	105.4%	-	-	99.7%	97.4%	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL NHS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	1015	3.1	1.9	0.1	0.3	0.0	0.0	5.5	80.7%	78.3%	-	137.3%	100.0%	100.0%	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	240	5.5	2.5	0.0	0.0	0.0	0.0	8.0	94.8%	87.9%	-	-	91.4%	79.3%	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	310	3.9	2.3	0.5	0.4	0.0	0.0	7.0	92.2%	100.0%	100.0%	100.0%	76.8%	100.0%	-	-
RBQHQ	LIVERPOOL HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		206	20.1	3.4	0.0	0.6	0.0	0.0	24.1	87.8%	100.0%	-	55.2%	87.2%	96.6%	-	-
		Rowan	320 - CARDIOLOGY		142	7.8	5.1	0.0	0.0	0.0	0.0	12.9	78.4%	105.2%	-	-	77.6%	100.0%	-	-