

Board of Directors (in Public) Item 2.4*

Subject: LHCH Monthly Staffing for Reporting Period for April - June 2020
Date of meeting Tuesday 28th July 2020
Prepared by: Fiona Altintas, Divisional Head of Nursing & Quality for Surgery
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Presented by: Sue Pemberton, Executive Director of Nursing & Operations
Purpose of Report: To Note

BAF Ref	Impact on BAF
WC1	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 months of April - June 2020, including any red flag concerns. All shifts were reported as safe during these challenging months.

In response to the Covid 19 pandemic, an immediate review of the Trust's bed base was undertaken in order to respond to the escalating need for critical care beds in the region, in the first instance. A Gold Command decision was made to move the coronary care beds from the dedicated CCU in order to create an additional 10 level 3 beds within critical care. The CCU beds moved initially to Birch ward and then once elective surgical activity was ceased, to Elm ward. The Birch bed base was reduced to 32 beds in order to ensure social distancing of inpatients within the ward bays. The surgical bed base was reduced to Oak and Cedar ward at this time.

All CF patients have safely been cared for within Cherry ward (with its negative pressure rooms) since April 2020 and Maple Suite has been used flexibly. Maple Suite has been utilised to care for Covid stepdown patients, patients with suspected Covid symptoms and more recently to increase the surgical post-operative bed base.

Emergency plans were enacted as the numbers of staff absent due to Covid had a significant impact on the Trust. Staff have been absent for a variety of reasons, including sickness with symptoms, self-isolating due to family member symptoms as well as a proportion of staff who were not able to remain in work as they were classified as extremely vulnerable due to underlying health conditions. Other staff (e.g. those who are pregnant) were redeployed to non-patient facing roles following comprehensive risk assessments.

Nursing staff from other departments e.g. research, community and specialist nursing teams, were redeployed to support ward teams and in particular to act as 'buddy' nurses within critical care to support the Covid response.

The Trust has also been supported by 40 student nurses who opted into employment during this time. These 2nd and 3rd students have been deployed across all 3 divisions working in band 3 and 4 roles supporting the nursing teams. A recruitment process has been undertaken and 16 of the 3rd year students will transition into vacant RN posts across all divisions in August.

As activity and patient pathways have changed, the nursing teams have had to work incredibly flexibly and adapt to change across all areas.

The elective surgical activity now necessitates a longer pre-operative stay to ensure a Covid-safe pathway and therefore Oak ward is now a pre-operative ward. Post-operative patients (both cardiac and thoracic) are nursed within the 38 beds on Cedar ward.

A review of nursing establishments across all ward areas is currently being undertaken.

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 April-June 2020;

- There were no red flags on Cedar and Oak wards. Cross divisional staff movement ensured that all shifts were reported as safe.
- Aspen Suite has closed as same day admission is not possible and this has released RN support to inpatient areas. Aspen Suite has been utilised to create extra outpatient department capacity.
- Rowan Suite has been closed since May 2020 to enable structural work to be undertaken and the nursing team have been redeployed to other wards.

- There were no red flags on Birch, Cherry, Maple, or CCU (moved to Elm ward) in April-June 2020
- A number of shifts on Elm ward have been reported as challenging by staff due to skill mix issues; however no patient safety incidents have been reported. The divisional matron works closely with the team to ensure appropriate levels of CCU trained staff are available for each shift. The CCU education lead continues to focus training for junior CCU staff and also staff redeployed from other areas to support the team on Elm ward.
- HDU has now closed and the beds have been incorporated within Cedar ward bed base.
- Critical Care continues to staff 32 beds but currently across 4 areas as POCCU 3 (previously CCU) remains the designated Covid positive area for the Trust.

3. Summary

This has been a challenging period of time for all staff that have adapted and worked flexibly during uncertain times. Ward changes and therefore staffing requirements have been reviewed and amended regularly by the Trust's senior nursing team.

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 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 there is a renewed focus on reviewing establishments and models of care for each inpatient area within the Covid 19 recovery workstreams.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates continue to be explored.

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 April 2020

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Safe Staffing (Rota Fill Rates and CHPPD) Collection

Organization: **RDG** **Liverpool Heart And Chest NHS Foundation Trust**

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