

Board of Directors (in Public) Item 2.4*

Subject: LHCH Monthly Staffing for Reporting Period for September 2020
Date of meeting: Tuesday 24th November 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, WC2, WC3, WC4	Assurance that ward staffing levels have been maintained at levels that are safe

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

In response to the Covid 19 pandemic recovery work, a review of the Trust's bed base has been completed. The POCCU 3 10 bedded area remains available for Covid positive patients and is staffed flexibly by the critical care team. This area cared for Covid positive ward level patients during the last week of September. Oak ward continues to be utilised for pre-operative patients and Cedar ward remains a post-operative ward for both cardiac and thoracic patients. Maple Suite has been utilised flexibly for both surgical and medical patients requiring side rooms. All CF patients continue to be safely cared for within Cherry ward (with its negative pressure rooms).

The Trust has a number of RN vacancies and there is a focus on recruitment of RNs with experience, in order to try and improve the skill mix issues across some of our areas. A new resourcing lead has commenced within the HR department and is working closely with the senior nursing team to ensure proactive recruitment and to review temporary staffing arrangements, including options to utilise NHS Professionals for interim temporary support. A virtual recruitment open day is being planned for November and options for overseas RN recruitment are being explored.

Our Nurse Associate programme has continued throughout Covid and the next cohort of trainees has commenced in September, building upon plans to revise nursing models within our clinical areas. A new Trust HCA apprenticeship programme is planned to commence in November with recruitment to 10 positions planned for October, to ensure support of junior staff development and offer career progression within the Trust

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 September 2020;

- There were no red flags on Cedar, Oak and Maple wards. Cross divisional staff movement ensured that all shifts were reported as safe.
- Aspen Suite remains closed as same day admission is not possible and this has released RN support to inpatient areas. Aspen Suite continues to be 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, with plans to re-open in October.
- There were no red flags on Birch, Cherry and Elm wards in September 2020.
- Following the ward reconfigurations, Elm ward has a significant number of RN vacancies. The divisional matron works closely with the Elm 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.

3. Summary

This continues to be a challenging period of time for all staff who have adapted and worked flexibly through significant uncertainty. 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. 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 a review of support for the clinical areas out of hours is currently being undertaken.

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 review of ward establishments and models of care for each inpatient area has been completed.
- Receive assurance that a robust recruitment plan is under way, including the initial phase of an overseas recruitment plan.
- Receive assurance that revised models of nursing care, utilising Registered Nursing Associates and apprenticeships continue to be explored.
- Receive assurance that alternative temporary staffing options 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)

CHPPD for August

Only complete cells are reported in this table			Day																Night								Allied Health Professionals								Care Hours Per Patient Day (CHPPD)										Day				Night			
Ward name	Main 2 Specialist on each ward With Covid Status		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		Registered allied health professionals		Non-registered allied health professionals		Consultations 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) (%)																
	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	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours																														
Total			23767	23189	9562.5	8847.5	399	165	844	1020	14923.85	14873.28	4549.75	4423.88	0	0	0	159.375	0	0	0	0	3535	10.5	3.5	0.8	0.3	0.0	0.0	14.4	98%	84%	42%	52%	94%	96%	-															
BIRCH	331 - CARDIOLOGY - STANDARD	341 - RESPIRATORY MEDICINE	2218	2251	1881	1485	222	38	222	131	1925	1864.4	582.5	527.5	0	0	0	18.75					351	3.1	2.2	0.1	0.2	0.0	0.0	5.6	105%	83%	48%	58%	88%	118%	-															
ELM	331 - CARDIOLOGY - STANDARD		4818	5532.5	1518	187.5	0	0	0	38	2231.25	2288.1	562.5	492.5	0	0	0	0						-	-	-	-	-	-	-	83%	72%	-	-	87%	73%	-															
CHERRY	341 - RESPIRATORY MEDICINE		381	841.5	458	338	0	0	0	0	562.5	525	284.25	284.38	0	0	0	0					285	2.8	2.7	0.0	0.0	0.0	0.0	5.6	87%	-	-	-	85%	83%	-															
CRITICAL CARE	332 - CRITICAL CARE MEDICINE		11932	11745	1888	1722	0	0	0	0	8823.8	8845.1	1288.4	1227	0	0	0	0					729	26.8	4.8	0.0	0.0	0.0	0.0	38.8	105%	38%	-	-	108%	36%	-															
DAK	CARDIOTHORACIC		1518	1238	1518	1827.5	0	0	215.5	315	845.75	535.125	582.5	487.5	0	0	0	121.875					416	6.3	3.5	0.0	1.0	0.0	0.0	10%	78%	-	-	142%	84%	87%	-															
CEBR	CARDIOTHORACIC		3158	2787.5	2475	2187.5	0	0	225	338	1486.25	1588.75	1105	1287.5	0	0	0	18.75					379	6.2	3.4	0.0	0.4	0.0	0.0	8%	85%	-	-	175%	97%	118%	-															
HEALE	CARDIOTHORACIC		175	141.5	185	185	45	75	172.5	38	491.5	335.8	215.5	187.5	0	0	0	0					185	5.1	2.8	0.4	0.4	0.0	0.0	3%	84%	45%	52%	94%	87%	-	-															
LEIGH	CARDIOTHORACIC		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					0	-	-	-	-	-	-	-	-	-	-	-	-	-	-															