

Board of Directors (Public)

Item 2.6a*

Subject: LHCH Monthly Staffing for Reporting Period for January 2019
Date of meeting 5th March 2019
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Purpose of Report For Noting

BAF Ref	1.1, 1.2
Impact on BAF	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 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 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 CHPPD and this is now available via the model hospital and has recently been published on NHS Choices. The Trust is currently reviewing this data as to how it can complement the staffing reviews that are undertaken currently. NICE guidance clearly states 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 2019, including any red flag concerns. All shifts were reported as safe during the month.

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 2019;

- There were 3 shifts on Oak ward where the actual Registered Nurse staffing did not meet planned staffing, however bed occupancy was lowered and additional assistant practitioners were allocated to these shifts, so all shifts were safe. Cedar wards bed occupancy was also lower during the beginning of January and as such, staffing lowered accordingly. There were some areas of increased Health care assistant (HCA) requirements due to patient acuity and enhanced care needs.
- Staff sickness impacted on staffing levels on Maple suite, Cherry ward and CCU but the areas were safe and the cross-divisional teams worked flexibly and appropriately to support patient care.
- Occupancy on HDU remains low and staffing levels have been reduced to reflect this. Some shifts did not require HCA support as a result.

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.

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

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 inpatient admissions (or approximating 24 patient hours by counts of patients at midnight)
- CHPPD reports split out registered nurses and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)

10	Only complete after your registration is complete for				Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)					
11	Hospital Site Details			Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwife	Average fill rate - care staff	Average fill rate - registered nurses/ midwife	Average fill rate - care staff	Cumulative count over the month of patients at 23.59	Registered midwife/ nurses	Care Staff	Overall
12	Site code *The Site code is automatically populated when a Site name is	Hospital Site name			Specialty 1	Specialty 2	Total monthly planned	Total monthly actual	Total monthly planned	Total monthly actual	Total monthly planned	Total monthly actual	Total monthly planned	Total monthly actual	ed nurses/ midwife (%)	care staff (%)	ed nurses/ midwife (%)	care staff (%)				
13	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Oscar	170 - CARDIOTHORACIC SURGERY	2790	2310	1627.5	1867.5	1162.5	1115.63	871.875	918.75	82.8%	114.7%	96.0%	105.4%	761	4.5	3.7	8.2	
14	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Elm	170 - CARDIOTHORACIC SURGERY	1860	1710	1162	1357.5	871.875	843.75	581.25	578.875	91.9%	116.8%	96.8%	99.6%	524	4.9	3.7	8.6	
15	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Oak	170 - CARDIOTHORACIC SURGERY	1395	1215	1395	1567.5	871.875	721.875	581.25	637.5	87.1%	112.4%	82.8%	109.7%	462	4.2	4.8	9.0	
16	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Critical Care	192 - CRITICAL CARE MEDICINE	12210	12517	1627	1665	8546	8685	1323	1216	102.5%	102.3%	101.6%	91.9%	774	27.4	3.7	31.1	
17	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		HDU	170 - CARDIOTHORACIC SURGERY	375	375	37.5	37.5	234.74	234.74	64.02	64.02	100.0%	100.0%	100.0%	100.0%	42	14.5	2.4	16.9	
18	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Birch	320 - CARDIOLOGY	3150	2955	2250	1837.5	1125	1115.63	562.5	581.25	93.8%	81.7%	99.2%	103.3%	1152	3.5	2.1	5.6	
19	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Cherry	340 - RESPIRATORY MEDICINE	930	877.5	930	450	581.25	562.5	290.625	234.375	94.4%	48.4%	96.8%	80.6%	299	4.8	2.3	7.1	
20	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		Maple	340 - RESPIRATORY MEDICINE	930	937.5	697.5	607.5	581.25	562.5	290.625	290.625	100.8%	87.1%	96.8%	100.0%	339	4.4	2.6	7.1	
21	RB0HQ	EART AND CHEST HOSPITAL NHS TRUS		CCU	320 - CARDIOLOGY	3022.5	2865	697.5	720	2034.375	1856.25	290.625	253.125	94.8%	103.2%	91.2%	87.1%	249	19.0	3.9	22.9	
22																						