

## Board of Directors (Public)

### Item 2.6\*

**Subject:** LHCH Monthly Staffing for Reporting Period for May 2019  
**Date of meeting** 30<sup>th</sup> July 2019  
**Prepared by:** Fiona Altintas, Divisional Head of Operations for Surgery  
 Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,  
 Julie Roy, Interim Divisional Head of Nursing & Quality for Medicine

**Presented by:** Sue Pemberton, Executive Director of Nursing & Quality  
**Purpose of Report** for Noting

<b>BAF Ref</b>	1.1, 1.2
<b>Impact on BAF</b>	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 the Trust is awaiting this to be populated fully to allow for benchmarking. 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 stated 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 April 2019, including any red flag concerns. All shifts, bar one, 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 May 2019;

- All shifts reported safe within Cedar, Oak and Elm, however Oak ward did experience some shifts where the required staffing was not met. In these instances, the ward manager and the two ward based Advanced Nurse Practitioners supported the ward team. There were some areas of increased Health care assistant (HCA) requirements due to patient acuity and enhanced care needs.
- There were no red flags on CCU. Due to RN bank cancellations, some shifts were an RN short but staff were supported by the ward manager and band 7 Education Lead where possible. All shifts were reported as safe.
- There were several shifts on both Maple Suite & Cherry ward with only 1 RN, all of these shifts had 3 staff between the 2 areas, with one RN working flexibly between the 2 wards, giving 3 RNs for 23 patients when both areas full. During May both areas also had several newly qualified RNs in a supernumerary capacity. In addition, Maple Suite had 2 newly qualified Nurse Associates. One red flag was reported for Maple Suite, due to 1 RN only with no cross- cover available but the RN was supported by a Nurse Associate and the shift was reported as safe.
- 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 3

### 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 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 midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night		Care Hours Per Patient Day (CHPPD)			
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 staff	Total monthly planned	Total monthly actual staff	Total monthly planned	Total monthly actual staff	Total monthly planned	Total monthly actual staff	Average fill rate - registered nurses/ midwife e (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwife e (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 22.59	Registered midwives/ nurses	Care Staff	Overall
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Cedar	170 - CARDIOTHORACIC SURGERY		2790	2395	1627.5	1800	1162.5	1050	871	1021.875	84.4%	110.6%	90.3%	117.3%	876	3.9	3.2	7.1
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Elm	170 - CARDIOTHORACIC SURGERY		1860	1732	1162.5	1425	871.875	825	581.25	503.35	93.1%	122.6%	94.6%	86.6%	548	4.7	3.5	8.2
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Oak	170 - CARDIOTHORACIC SURGERY		1395	1372.5	1395	1575	875	675	581.25	702.75	98.4%	112.9%	77.1%	120.9%	571	3.6	4.0	7.6
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	13147	13155	1395	1447	9229	9218	1157	1077	100.1%	103.7%	99.9%	93.1%	825	27.1	3.1	30.2
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	285	285	112.5	112.5	192	192	85	85	100.0%	100.0%	100.0%	100.0%	35	13.6	5.6	19.3
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2700	2467.5	2250	1800	1125	1134.38	562.5	496.875	91.4%	80.0%	100.8%	88.3%	1079	3.3	2.1	5.5
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	817.5	465	555	581.25	459	290	271	87.9%	119.4%	79.0%	93.4%	282	4.5	2.9	7.5
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	795	465	772.5	581.35	506.25	281.25	262.5	85.5%	166.1%	87.1%	93.3%	287	4.5	3.6	8.1
RBQHQ	EART AND CHEST HOSPITAL NHS TRUS	OCU	320 - CARDIOLOGY		3022.5	2940	607.5	577.5	2034.375	1921.875	290.625	271.875	97.3%	95.1%	94.5%	93.5%	240	20.3	3.5	23.8