

## Board of Directors (Public)

### Item 2.3a\*

**Subject:** LHCH Monthly Staffing for Reporting Period for August 2019  
**Date of meeting:** Tuesday 24<sup>th</sup> September 2019  
**Prepared by:** Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,  
 Julie Roy, Interim Divisional Head of Nursing & Quality for Medicine  
**Presented by:** Sue Pemberton, Director of Nursing & Operations  
**Purpose of Report:** To Note

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 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 August 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 August 2019;

- There were no red flags on Cedar, Oak and Elm wards. Across the surgical wards, staffing was reduced appropriately due to reduced bed occupancy at times. Cross divisional staff movement ensured that all shifts were reported as safe.
- There was one red flag on CCU, which was due to being 2 Registered Nurses (RN) short on a night shift, a shortfall of more than 25% of registered nurse time available compared with the actual requirement for the shift, as per NICE guidance. This was a challenging shift but there were no patient safety incidents. Some shifts were an RN short but staff were supported by the band 7 education lead and ward manager where possible. All shifts were reported as safe.
- 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. No red flags were reported and all shifts were reported as safe.
- HDU remained closed during August.
- Rowan Suite staff were moved to cover shortfalls in wards across the divisions, according to the level of private patient activity.

## **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. 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

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 and healthcare support workers to ensure skill mix and care needs are met. (The system calculates this automatically)

Only complete sites your organisation is accountable for					Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
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/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
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								
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Cedar	170 - CARDIOTHORACIC SURGERY		2790	2242.5	1627.5	1642.5	1162.5	1078.13	871.875	843.75	80.4%	100.9%	92.7%	96.8%	695	4.8	3.6	8.4
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Elm	170 - CARDIOTHORACIC SURGERY		1860	1230	1162.5	1447.5	871.875	656.875	581.25	571.887	66.1%	124.5%	75.3%	98.4%	387	4.9	5.2	10.1
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Oak	170 - CARDIOTHORACIC SURGERY		1350	1297.5	1800	1620	843.75	740.625	562.5	600	96.1%	90.0%	87.8%	106.7%	529	3.9	4.2	8.0
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	11265	11700	1627	1537	8365	8130	8265	8130	103.9%	94.5%	97.2%	98.4%	681	29.1	14.2	43.3
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	0	0	0	0	0	0	0	0	-	-	-	-	3	0.0	0.0	0.0
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Birch	320 - CARDIOLOGY	320 - CARDIOLOGY	2250	2430	2250	1875	1125	1096.88	562.5	553.125	108.0%	83.3%	97.5%	98.3%	1022	3.5	2.4	5.8
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	810	465	382.5	581.25	412.5	290.625	290.625	87.1%	82.3%	71.0%	100.0%	218	5.6	3.1	8.7
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	885	930	772.5	581.25	562.5	290.625	271.875	95.2%	83.1%	96.8%	93.5%	265	5.5	3.9	9.4
RBQHQ	HEART AND CHEST HOSPITAL NHS TRUST	CCU	320 - CARDIOLOGY	320 - CARDIOLOGY	3022.5	2932.5	697.5	525	2034.375	1893.75	290.625	243.75	97.0%	75.3%	93.1%	83.9%	234	20.6	3.3	23.9