

Board of Directors (in Public) Item 2.5a*

Subject: LHCH Monthly Staffing for Reporting Period for October 2019
Date of meeting Tuesday 26th November 2019
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Presented by: Sue Pemberton, Executive 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, 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 October 2019, including any red flag concerns. All shifts were reported as safe during the month.

A full review of vacancies/sickness/maternity leave has been completed and the Trust is carrying a higher number of registered nursing vacancies than previously with 28 vacancies currently (including 11 in theatres, some currently on hold). A review of workforce models has been undertaken to understand how we can utilise the registered nurse associate role more widely across the Trust and our plans for apprenticeships in nursing. An improved focus on recruitment has been discussed and is now planned with external support which will commence January 2020. We also need to improve our retention of registered nurses - this is work that is underway being led by HR. A recruitment campaign is currently being planned for January 2020 and the Trust's nursing lead for recruitment is actively engaging with local universities and their respective recruitment days.

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 October 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.
- Oak ward faces some challenges with skill mix and is being supported by the Aspen ward manager to provide leadership and senior RN support to the ward.
- 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.
- Rowan Suite was closed on three occasions in October. Staff supported areas across the divisions as required and staffing was allocated according to the level of both private and NHS patient activity
- HDU was open for 7 days in October

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 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 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
- Receive assurance that there is renewed focus on our recruitment and retention on registered nurses.

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)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day								Night							
					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	
					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
Site code "The Site code is automatically populated when a Site name is selected"	Hospital Site name		Specialty 1	Specialty 2																
RBOHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Cedar	170 - CARDIOTHORACIC		2740	2272.5	1627.5	1537.5	0	0	277.5	277.5	1162.5	1046.88	871.875	853.125	0	0	112.5	112.5
RBOHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Elm	170 - CARDIOTHORACIC		1860	1470	1162.5	1132.5	150	150	150	157.5	871.875	746.815	581.25	609.375	0	0	0	28.125
RBOHQ	LIVERPOOL HEART AND CHEST HOSPITAL	Oak	170 - CARDIOTHORACIC		1395	1290	1395	1260	0	0	465	255	871.875	656.25	581.25	590.625	0	0	0	112.5
RBOHQ	DL HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	13162.5	13177.5	1627	1642	0	0	0	0	9336.25	9346.92	1323	1248	0	0	0	0
RBOHQ	DL HEART AND CHEST HOSPITAL NHS	HCU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	210	210	45	45	0	0	0	0	128.04	128.04	42.68	42.68	0	0	0	0
RBOHQ	DL HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2250	2272.5	1800	1440	0	0	450	375	1125	1048.75	562.5	525	0	0	0	9.375
RBOHQ	DL HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	847.5	465	427.5	0	0	0	15	581.25	534.375	290.625	290.625	0	0	0	0
RBOHQ	DL HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	930	847.5	240	187.5	225	225	457.5	337.5	581.25	562.5	290.63	243.75	0	0	0	0
RBOHQ	DL HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		3022.5	2887.5	465	442.5	0	0	232.5	157.5	2034.375	1800	290.625	262.5	0	0	0	0
		Ronan	320 - CARDIOLOGY		930	727.5	465	420	0	0	0	15	581.25	403.125	290.625	196.875	0	0	0	0

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Care Hours Per Patient Day (CHPPD)								Day				Night			
					Cumulative count 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)	Average fill rate - Registered Nursing Associates (%)	Average fill rate - Non-Registered Nursing Associates (%)
RBQH2	LIVERPOOL HEART AND CHEST HOSPITAL	Cedar	170 - CARDIOTHORACIC		831	4.1	2.9	0.0	0.5	0.0	0.0	7.4	81.5%	94.5%	-	100.0%	94.4%	97.8%	-	100.0%
RBQH2	LIVERPOOL HEART AND CHEST HOSPITAL	Elm	170 - CARDIOTHORACIC		504	4.5	3.5	0.3	0.4	0.0	0.0	8.6	79.0%	97.4%	100.0%	105.0%	91.4%	104.8%	-	-
RBQH2	LIVERPOOL HEART AND CHEST HOSPITAL	Oak	170 - CARDIOTHORACIC		479	4.1	3.9	0.0	0.8	0.0	0.0	8.7	92.5%	90.3%	-	54.8%	75.3%	101.6%	-	-
RBQH2	DL HEART AND CHEST HOSPITAL NHS TRUST	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC SURGERY	804	28.0	3.6	0.0	0.0	0.0	0.0	31.6	100.1%	100.9%	-	-	100.1%	94.3%	-	-
RBQH2	DL HEART AND CHEST HOSPITAL NHS TRUST	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	18	18.8	4.9	0.0	0.0	0.0	0.0	23.7	100.0%	100.0%	-	-	100.0%	100.0%	-	-
RBQH2	DL HEART AND CHEST HOSPITAL NHS TRUST	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	928	3.6	2.1	0.0	0.4	0.0	0.0	6.1	101.0%	80.0%	-	83.3%	95.0%	93.3%	-	-
RBQH2	DL HEART AND CHEST HOSPITAL NHS TRUST	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	299	4.6	2.4	0.0	0.1	0.0	0.0	7.1	91.1%	91.9%	-	-	91.9%	100.0%	-	-
RBQH2	DL HEART AND CHEST HOSPITAL NHS TRUST	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	317	4.4	1.4	0.7	1.1	0.0	0.0	7.6	91.1%	78.1%	100.0%	73.8%	96.8%	83.9%	-	-
RBQH2	DL HEART AND CHEST HOSPITAL NHS TRUST	OCU	320 - CARDIOLOGY		228	20.6	3.1	0.0	0.7	0.0	0.0	24.3	95.5%	95.2%	-	67.7%	88.5%	90.3%	-	-
		Raean	320 - CARDIOLOGY		117	9.7	5.3	0.0	0.1	0.0	0.0	15.1	78.2%	90.3%	-	-	69.4%	67.7%	-	-