

Board of Directors (Public)

Item 2.5*

Subject: LHCH Monthly Staffing for Reporting Period for September 2019
Date of meeting Tuesday 26th November 2019
Prepared by: Jo Shaw, Divisional Head of Nursing & Quality for Clinical Services,
 Julie Roy, Interim Divisional Head of Nursing & Quality for Surgery
 Karen Wafer, Divisional Head of Nursing & Quality for Medicine
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 September 2019, including any red flag concerns. All shifts were reported as safe during the month.

The Trust recently held a recruitment day for registered nurses. Recruitment numbers were much lower than previous and the Trust has noticed a decline in applications. A full review of vacancies/sickness/maternity leave is being undertaken currently to review what improvements need to be made to our recruitment processes and our retention of registered nurses. This review will include a review of our approach to associate nurses and our plans for apprenticeships in nursing.

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 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 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 intermittently open throughout September. 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 one 24hr period only in September.

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 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 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)

only complete sites your organisation is responsible for				Day								Night								Allied Health Professionals				Care Hours Per Patient Day (CHPPD)									
Hospital Site Details		Ward name	Main 2 Specialties on each ward		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		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		
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	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									
RBQH2	LIVERPOOL HEART AND CHEST HOS	Cedar	170 - CARDIOTHORACIC		2700	2100	1575	1455	0	0	307.5	307.5	1125	1059.38	843.75	778.125	0	0	65.625	65.625					736	4.3	3.0	0.0	0.5	0.0	0.0	0.0	
RBQH2	LIVERPOOL HEART AND CHEST HOS	Elm	170 - CARDIOTHORACIC		1800	1372.5	1125	1155	75	75	97.5	97.5	843.75	665.625	562.5	646.875	0	0							394	5.2	4.6	0.2	0.2	0.0	0.0	0.0	
RBQH2	LIVERPOOL HEART AND CHEST HOS	Oak	170 - CARDIOTHORACIC		1350	1177.5	1350	1245	0	0	450	250	843.75	665.625	562.5	562.5	0	0	0	56.25					456	4.0	4.0	0.0	0.7	0.0	0.0	0.0	
RBQH2	L HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC	11857	11392.5	1350	1387	0	0	0	0	8429.3	8450.6	360.3	1045	0	0	0	0					734	27.9	3.3	0.0	0.0	0.0	0.0	0.0	
RBQH2	L HEART AND CHEST HOSPITAL NHS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	45	45	45	45	0	0	0	0	2134	2134	2134	2134	0	0	0	0					2	33.2	33.2	0.0	0.0	0.0	0.0	0.0	0.0
RBQH2	L HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	2250	2460	1995	1402.5			255	255	1125	1106.25	562.5	487.5									1091	3.3	1.7	0.0	0.2	0.0	0.0	0.0	0.0
RBQH2	L HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	300	862.5	300	442.5					562.5	675	281.25	243.75									234	6.6	2.9	0.0	0.0	0.0	0.0	0.0	0.0
RBQH2	L HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	300	817.5	645	442.5	157.5	157.5	90	90	562.5	431.25	281.25	271.875									262	4.8	2.7	0.6	0.3	0.0	0.0	0.0	0.0
RBQH2	L HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		2925	2722.5	495	442.5			180	180	1968.75	1743.75	281.25	234.375									233	19.2	2.9	0.0	0.8	0.0	0.0	0.0	0.0
		Rowan	320 - CARDIOLOGY		300	595	450	345					562.5	300	281.25	178.125									88	10.1	5.9	0.0	0.0	0.0	0.0	0.0	0.0

only complete sites your organisation is responsible for					Care Hours Per Patient Day (CHPPD)								Day				Night				Allied Health Professionals	
Hospital Site Details		Ward name	Main 2 Specialties on each ward		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 (care staff)	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 allied health professionals (AHP) (%)	Average fill rate - non-registered allied health professionals (AHP) (%)
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2																		
RBQH2	LIVERPOOL HEART AND CHEST HOS	Cedar	170 - CARDIOTHORACIC		736	4.3	3.0	0.0	0.5	0.0	0.0	7.8	71.8%	52.4%	-	100.0%	94.2%	52.2%	-	100.0%		
RBQH2	LIVERPOOL HEART AND CHEST HOS	Elm	170 - CARDIOTHORACIC		394	5.2	4.6	0.2	0.2	0.0	0.0	10.2	76.3%	102.7%	100.0%	100.0%	78.3%	115.0%	-			
RBQH2	LIVERPOOL HEART AND CHEST HOS	Oak	170 - CARDIOTHORACIC		456	4.0	4.0	0.0	0.7	0.0	0.0	8.7	87.2%	92.2%	-	55.6%	78.3%	100.0%	-	-		
RBQH2	L HEART AND CHEST HOSPITAL NHS	Critical Care	192 - CRITICAL CARE MEDICINE	170 - CARDIOTHORACIC	734	27.9	3.3	0.0	0.0	0.0	0.0	31.2	101.1%	102.7%	-	-	100.3%	108.8%	-	-		
RBQH2	L HEART AND CHEST HOSPITAL NHS	HDU	170 - CARDIOTHORACIC SURGERY	192 - CRITICAL CARE MEDICINE	2	33.2	33.2	0.0	0.0	0.0	0.0	66.3	100.0%	100.0%	-	-	100.0%	100.0%	-	-		
RBQH2	L HEART AND CHEST HOSPITAL NHS	Birch	320 - CARDIOLOGY	340 - RESPIRATORY MEDICINE	1091	3.3	1.7	0.0	0.2	0.0	0.0	5.2	103.3%	70.3%		100.0%	98.3%	86.7%				
RBQH2	L HEART AND CHEST HOSPITAL NHS	Cherry	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	234	6.6	2.9	0.0	0.0	0.0	0.0	9.5	95.8%	49.2%			120.0%	86.7%				
RBQH2	L HEART AND CHEST HOSPITAL NHS	Maple	340 - RESPIRATORY MEDICINE	300 - GENERAL MEDICINE	262	4.8	2.7	0.6	0.3	0.0	0.0	8.4	90.8%	68.6%	100.0%	100.0%	76.7%	96.7%				
RBQH2	L HEART AND CHEST HOSPITAL NHS	CCU	320 - CARDIOLOGY		233	19.2	2.9	0.0	0.8	0.0	0.0	22.8	93.1%	89.4%		100.0%	88.6%	83.3%				
		Rowan	320 - CARDIOLOGY		88	10.1	5.9	0.0	0.0	0.0	0.0	16.0	65.0%	76.7%			53.3%	63.3%				