The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE TRUST BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTORS:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick: Chief Nurse	Decision		High	Med	Low
	Discussion		✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Val Newton: Deputy Chief Nurse	Strategic				
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	Safe Staffing				

Meeting Date: 29th January 2019

Report Title: Care Hours Per Patient Day (CHPPD)

PURPOSE:

To update the Board on CHPPD and present data from the Model Hospital on CHPPD for the Trust in comparison to other Trusts.

SUMMARY:

To update the Board on CHPPD and to present monthly care hours per patient day per ward and compare against Model Hospital data for peer and national averages for CHPPD.
Recommendation by the Chief Nurse to commission both an internal Nursing and Midwifery quantitative review and an external Nursing and Midwifery qualitative review which would provide the Trust Board with:

- A formal review with recommendations, to provide quality assurance of staffing at QEHKL
- Identified key internal drivers of the model hospital position with recommended plan of action for improvement.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	√		√		√

RECOMMENDATIONS:

The Trust Board are requested to consider this report.

CARE HOURS PER PATIENT DAY

1. INTRODUCTION

This paper will explain care hours per patient days and present information from the model hospital of the Trust's CHPPD compared to peer and non peer Trusts.

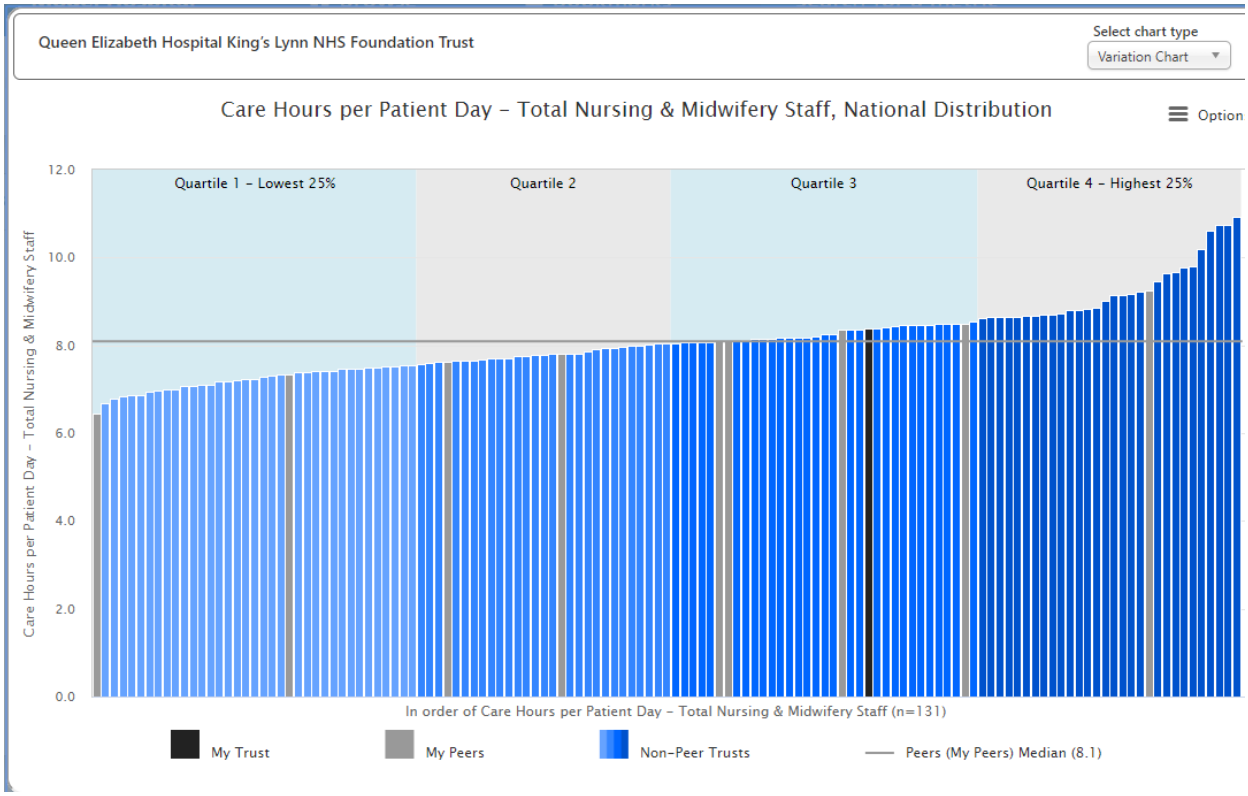
2. CARE HOURS PER PATIENT DAYS (CHPPD)

CHPPD is to compare workforce deployment over time with similar wards in a trust or at other trusts, as part of a review of staff deployment and overall productivity. The measure should be used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care. This data, particularly if tracked over time, provides an informative picture of staff deployment.

The care hours per patient day required to deliver safer care can vary in response to local conditions, for example the layout of wards or the dependency and care needs of the patient group it serves. Therefore, higher levels of CHPPD may be completely justifiable and reflect the assessed level of acuity and dependency. Lower levels of CHPPD may also reflect organisational efficiencies or innovative staffing deployment models or patient pathways.

3. CHPPD NATIONAL DISTRIBUTION AND QEHKL CHPPD BY WARD

Figure 1 – Care Hours per Patient Day National Distribution



A review of the Trust's average CHPPD against the peer and national median highlights areas of variation both those above the median and those below. This provides a useful starting to point to explore and understand reasons for this variability such as speciality bed compliment, patient cohort and ward geography but also to identify different approaches of skill mix and staff deployment that other organisations have successfully implemented.

Going forward this data will be reviewed monthly by the Nursing and Midwifery Workforce Steering Group led by the Chief Nurse to assess for themes and inform staffing levels. It will also be used on a daily basis alongside real time acuity data to inform the deployment of nursing staff to meet patient need rather than based on minimum establishment numbers.

Table 1 QEHKL CHPPD by inpatient ward from January – December 2018 alongside average peer CHPPD and the national CHPPD.

CHPPD															
OVERALL	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Ward Average	Peer Median	National Median
West Newton	8.54	8.25	8.02	8.32	8.73	8.56	8.82	8.44	8.74	9.01	8.79	8.92	8.60	6.43	6.87
Necton	5.79	5.96	5.42	5.71	5.95	5.76	5.88	5.97	6.05	6.34	6.86	6.25	5.99	6.55	6.57
Windsor	5.50	5.37	5.31	5.74	5.91	5.81	5.59	5.56	6.13	6.33	6.28	6.11	5.80	N/A	6.22
Stanhoe	6.52	6.03	5.81	6.19	6.39	6.37	6.35	6.34	6.35	6.45	6.38	6.56	6.31	5.71	6.14
Tilney	5.12	5.35	4.97	5.67	5.85	5.45	5.51	5.61	5.33	5.86	5.62	6.14	5.54	8.25	8.05
West Raynham	6.96	6.88	6.41	6.92	7.52	7.46	7.17	7.31	7.37	7.61	7.56	7.73	7.24	8.21	7.84
Denver	5.77	5.65	5.56	5.86	5.97	5.96	5.98	5.96	6.05	6.37	6.30	6.57	6.00	6.41	7.35
Marham	5.73	4.94	4.80	5.40	5.54	5.97	6.16	5.78	6.57	7.16	6.04	7.34	5.95	6.41	7.35
Elm	5.55	5.39	5.85	5.90	6.28	6.55	6.41	6.21	6.81	6.72	6.49	7.25	6.28	6.41	7.35
Gayton	6.34	5.65	5.68	6.28	6.17	5.97	6.49	6.17	5.97	6.36	6.34	6.42	6.15	6.65	7.19
Shouldham	7.20	7.38	7.53	7.51	7.83	8.03	7.92	8.09	8.07	7.77	7.89	7.77	7.75	N/A	8.89
Critical Care	25.94	22.45	24.36	26.31	26.16	28.95	24.75	25.06	26.45	25.59	25.91	29.49	25.95	29.86	27.28
Central Delivery suite	34.76	37.89	37.82	32.07	37.25	35.08	30.16	36.30	33.07	45.98	38.92	39.93	36.60	20.55	15.06
Surgical Assessment Unit	10.47	9.94	10.89	11.15	11.76	12.31	10.92	9.52	10.48	12.96	11.32	11.66	11.11	6.41	7.35
Medical Assessment Unit	7.51	7.70	7.51	7.77	7.93	8.44	8.88	7.10	8.31	8.96	8.11	10.51	8.23	6.49	7.45
Terrington	5.25	5.00	4.80	5.62	6.16	6.19	6.69	5.78	6.07	6.19	5.96	8.19	5.99	6.49	7.48
Castleacre	8.62	8.74	9.01	7.40	8.40	8.46	8.27	8.33	7.67	9.18	9.05	8.06	8.43	20.55	15.06
NICU	13.33	16.36	21.85	15.62	20.23	15.68	14.21	16.72	19.16	22.77	22.91	27.46	18.86	13.19	11.72
Rudham	13.72	11.59	14.27	15.47	12.63	15.82	15.77	14.26	15.56	15.76	12.09	11.74	14.05	13.19	11.72
ED Obs Ward	12.37	6.95	8.02	7.96	8.84	12.51	13.22	6.26	11.87	8.37	8.77	11.88	9.75	no data	no data
Oxborough	5.02	5.21	4.95	6.14	10.83	6.17	5.89	6.06	6.98	7.25	6.15	6.10	6.40	6.55	6.57

The review of the QEHKL model hospital data reports that the Nursing and Midwifery costs of Weighted Activity Unit are in the upper quartile when compared to the national median of provider Trusts.

During Q3 2018/19 an Independent review of established staffing levels for inpatient wards was conducted by Professor Nancy Fontaine Chief Nurse who confirmed that appropriate staffing levels were in place with a recommendation of analysis of 2 areas which is underway and forming part of the Annual skill mix review to be presented to board in March 2019. As a further level of assurance for the board it is recommended by the Chief Nurse to commission both an internal Nursing and Midwifery quantitative review and an external Nursing and Midwifery qualitative review which would provide the Trust Board with:

- A formal review with recommendations, to provide quality assurance of staffing at QEHKL
- Identified key internal drivers of the model hospital position with recommended plan of action for improvement.

Valerie Newton

Deputy Chief Nurse

January 2019