

Royal National Orthopaedic Hospital Trust

Trust Board Meeting - Executive Summary

Report Title:	January Staffing Report (Hard Truths Commitment)	
Date: 9/2/17	Author: Karen Mannion, Project Nurse / lead for Implementation of safe staffing Tool	Lead Director: Professor Paul Fish, Director of Nursing
Is a decision required by the Board?		
Purpose of Paper:	To inform the Trust Board of the details and summary of planned and actual inpatient ward staffing on a shift-by-shift basis and to advise about wards (if any) where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap.	
Key information and conclusions:	<p>This paper is presented to the Board following publication of How to ensure the right people, with the right skills, are in the right place at the right time: a guide to nursing, midwifery and care staffing capacity and capability (Nursing Quality Board, 2013).</p> <p>The information provided supports decision making; enabling the Board to evaluate risks, seek assurances regarding contingency planning, mitigating actions and incident reporting and ensure that the Executive Team is supported to take decisive action to protect patient safety and experience.</p> <p>Care hours per patient day (CHPPD) will be collected monthly from May 2016 and moving to daily collection from April 2017.</p> <p>There was One incident report relating to 'staffing levels' filed by the inpatient wards during January.</p> <p>The planned vs actual staffing levels is still within safe limits, at 98.77%</p>	
Recommendations:		
Next steps:	N/A	
Statement from Legal Advisors (if applicable):	N/A	
Risk Assessment**:	N/A	

Principal Objectives to support strategic aims

(Linked to Strategic Aims and key performance indicator targets (KPIs) categories: Quality, Access, Finance, Management and Productivity)

1	Maintain clinical excellence and high quality outcomes for patients	7	Improve workforce effectiveness and engagement
2	Achieve agreed activity levels	8	Deliver planned in-year service developments
3	Deliver in-year transformation programme target	9	Meet milestones to achieve Foundation Trust status and long term service sustainability programme

4	Improve the quality of our buildings and facilities	10	Further develop academic track record
5	Meet in-year milestones for enabling projects for new Stanmore site development	11	Continue to develop relationships and partnerships to help achieve Trust vision
6	Provide timely, accurate and comprehensive clinical management information	12	Maintain financial control

1.0 Introduction

1.1 The Nursing Quality Board (*How to ensure the right people, with the right skills, are in the right place at the right time: a guide to nursing, midwifery and care staffing capacity and capability, 2013*) requires hospitals to collect and publically publish individual NHS inpatient ward staffing levels on a shift by shift basis. In line with the guidance, this report ensures the Trust Board:

- a) Receives an update containing details and summary of planned and actual inpatient ward staffing on a shift-by-shift basis and Care hours per patient day. Adult and paediatric in-patient units only are reported in the data, which is uploaded monthly via UNIFY.
- b) Is advised about wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap

1.2 The information provided supports decision making, enabling the Board to:

- 1) Evaluate risks associated with staffing issues.
- 2) Seek assurances regarding contingency planning, mitigating actions and incident reporting.
- 3) Ensure that the Executive Team is supported to take decisive action to protect patient safety and experience.

1.3 This report and the details within it can be found on the Trust website, and also via the NHS Choices page (Stanmore site). The detail from the recent in-depth establishment review is contained in the report '*6 Monthly Staffing Capacity and Capability Report (Hard Truths Commitment)*' which was presented at the October 2014 Trust Board.

1.4 This report has been compiled using the information provided by the wards in real-time. The Intranet (Grapevine) supported staffing tool has been launched and has been in use since 1st October 2014. For transparency, all staff with access to the Grapevine are able to review the staffing levels, though permission is required to input data. An Insight report has been generated to present the data in the same format as the UNIFY upload.

2.0 Summary

2.1 E-Rostering has been approved at the Executive team meeting and implementation plan is currently under development.

2.2 The planned vs actual staffing levels is still within safe limits, at 98.77%

2.2.1 All adult inpatient wards (excluding Alan Bray Unit) are currently undertaking the first of the quarterly acuity reviews using the NICE recommended Safer Nursing Care Tool (SNCT). The tool has not been ratified for use in I.T.U / H.D.U or Paediatrics and therefore these areas will be excluded from this review.

3.0 Quality Impact of Staffing

3.1 There were three reports of staffing issues filed by the inpatient wards during January 2017.

- One report from Ian Monro ward of short notice sickness and agency being unable to fill the shift. Resulting in reduced staffing numbers effecting quality of care received.

4.0 Vacancies and list of current recruitment activity

4.1 There continue to be a number of wards and departments that have pressure in relation to recruitment and retention. These pressures are being experienced nationally and have resulted in the migration advisory committee making a recommendation on 15th October to place nursing on the home office shortage occupation list.

4.2 Theatres, paediatrics, outpatients (paediatrics) and Spinal Cord Injury Centre ward have vacancy levels which are driving high numbers of temporary staff use.

4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 22.10% (WTE 57.62) vacancies in the Trust. This is an increase of 5.92% (18.41WTE) from December 2016. There are currently 13 WTE Band 5 Nurses going through pre-employment checks and 3 WTE given start dates. The next set of Band 5 interviews are due to take place on 13/2/17

4.4 International recruitment: 39 offers were made, including 13 for theatres. 1 nurse has since withdrawn their application. The candidates are currently going through the process to enable them to register with the NMC.

4.5 A detailed recruitment and retention action plan is in place and is being coordinated jointly by the Director of Nursing and Associate Director of Workforce and OD.

Table 1: Vacancies Percentage per Grade

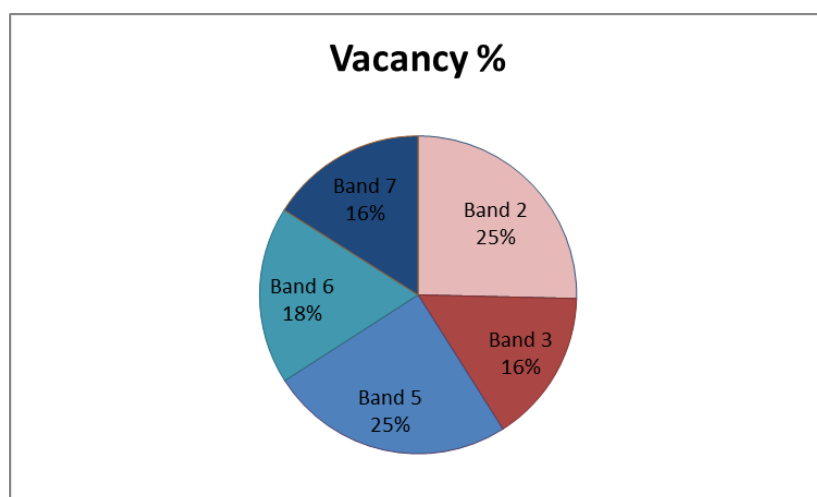


Table 2: Band 5 Vacancies per Department

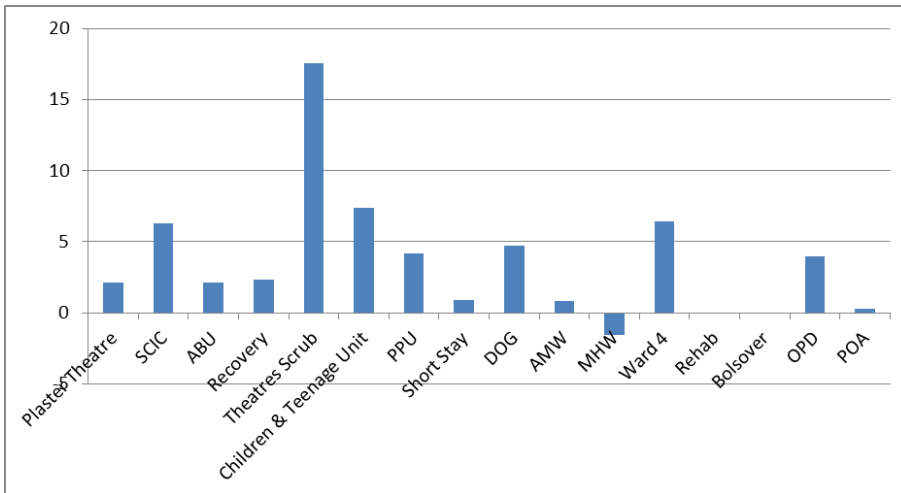


Table 3: Band 5 Vacancies / Recruitment stages per Department

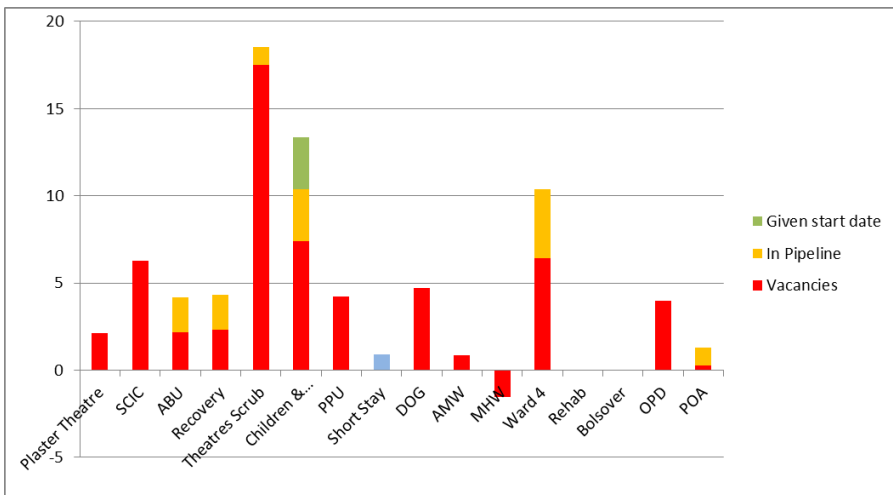
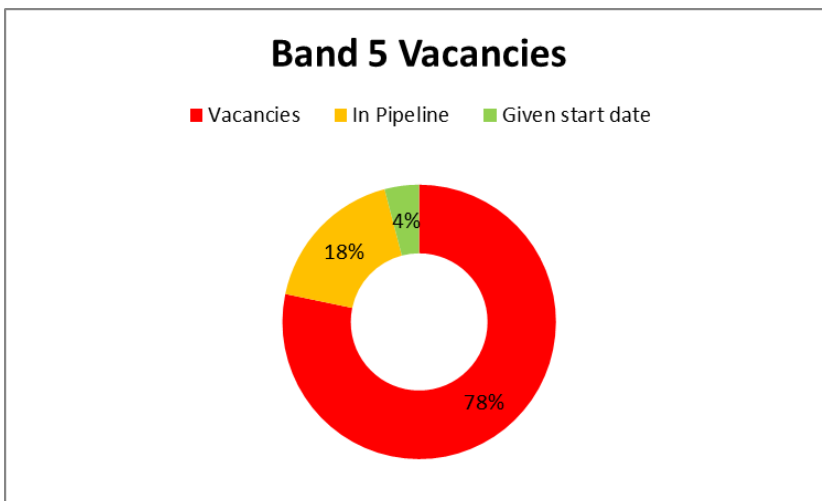


Table 4: Band 5 Recruitment Stages



5.0 Care Hours Per Patient Day

- 5.1 The Lord Carter Review highlighted the importance of ensuring that workforce and financial plans are consistent in order to optimise deliver of clinical quality and use of resources. The review recommended that Care hours per patient day (CHPPD) is collected monthly (beginning in April 2016) and for this to be collected daily from April 2017.
- 5.2 The CHPPD approach to recording and reporting builds upon the Nursing Hour per Patient Day (NHPPD) practice we have seen in Western Australia, New Zealand, and the US, where local senior leaders have greater control and flexibility in deploying staff, with greater effectiveness. This has also demonstrated improvements in quality and patient outcomes.
- 5.3 CHPPD are calculated by taking the actual hours worked (split into registered nurses/midwives and healthcare support workers) divided by the number of patients at midnight this is shown in table five.

Table 5: Care Hours for Patient Day - January 2017

	Care Hours Per Patient Day (CHPPD)			
	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Adolescent/Coxen Ward	294	4.2	1.3	5.4
Alan Bray Unit	226	19.1	1.8	20.9
Angus McKinnon Unit	307	6.9	3.6	10.5
Duke of Gloucester	583	5.3	2.3	7.6
Ian Monro Ward	136	10.8	4.2	15.0
Margaret Harte Ward	306	7.8	3.4	11.2
Phillip Newman Ward	50	15.6	4.4	20.0
Rehabilitation Unit	335	3.3	1.4	4.7
Short Stay Unit	235	14.2	5.8	20.0
Spinal Unit	625	5.2	4.7	9.9
Ward 4	71	37.9	22.0	59.9

- 5.4 Ward 4 had a higher than normal amount of day case patients and therefore this has affected their CHPPD using the midnight data: 59.9 compared to 8.4 using the bed data at 15:00. Table six shows the CHPPD using the bed occupancy at 15:00.
- 5.5 The CHPPD does not reflect the throughput of patients during the day particularly SSU, and the Paediatric unit.

Table 6: Care Hours for Patient Day at 15:00 - January 2017

	Care Hours Per Patient Day (CHPPD) 15:00			
	Cumulative count over the month of patients at 15:00 each day	Registered midwives/ nurses	Care Staff	Overall
Adolescent/Coxen Ward	366	3.3	1.0	4.4
Alan Bray Unit	147	29.4	2.8	32.1
Angus McKinnon Unit	324	6.6	3.4	9.9
Duke of Gloucester	626	4.9	2.1	7.0
Ian Monro Ward	153	9.6	3.7	13.3
Margaret Harte Ward	338	7.0	3.1	10.1
Phillip Newman Ward	82	9.5	2.7	12.2
Rehabilitation Unit	341	3.2	1.4	4.7
Short Stay Unit	477	7.0	2.9	9.9
Spinal Unit	636	5.2	4.6	9.7
Ward 4	507	5.3	3.1	8.4

6.0 Percentage Qualified

6.1 Table 6 shows the percentage of registered staff for the past three months.

Table 7: Qualified staff as percentage of total

Ward	Nov-16	Dec-16	Current Month
Adolescent/Coxen Ward	76.63%	72.32%	76.49%
Alan Bray Unit	91.45%	93.41%	91.36%
Angus McKinnon Unit	65.29%	65.85%	65.92%
Duke of Gloucester	69.83%	70.41%	69.47%
Margaret Harte Ward	66.73%	65.56%	69.37%
Private Patient Unit	72.72%	74.88%	74.04%
Rehabilitation Unit	68.57%	71.22%	69.73%
Short Stay Unit	67.87%	68.54%	71.05%
Spinal Unit	50.08%	52.75%	53.01%
Ward 4	70.67%	71.76%	63.20%

Key	-	64%
55%		

Report compiled by: Karen Mannion; Project Nurse /Lead for Implementation of Safe Staffing Tool and Dr Julie-Anne Dowie, Deputy Director of Nursing/Head of Nursing on behalf of Professor Paul Fish, Director of Nursing

Date: 9/2/17

Appendix 1:

Table 8: % Fill rates by ward, month, and shift and staff group

Month	Nov-16				Dec-16				Current Month			
Shift	Day		Night		Day		Night		Day		Night	
Ward	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
ALAN BRAY UNIT	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ANGUS MACKINNON WARD	100.0%	100.0%	100.0%	100.0%	99.2%	95.5%	100.0%	100.0%	96.5%	94.0%	100.0%	100.0%
COXEN/ADU	97.6%	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	100.0%	100.0%	100.0%
DUKE OF GLOUCESTER	97.7%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	98.9%	95.8%	100.0%	100.0%
IAN MONRO WARD	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Short Stay Unit	97.3%	99.7%	100.0%	100.0%	97.7%	97.0%	100.0%	100.0%	97.7%	97.0%	100.0%	100.0%
MARGARET HARTE	97.4%	93.8%	100.0%	88.9%	96.7%	100.0%	100.0%	100.0%	98.2%	95.5%	100.0%	100.0%
PHILIP NEWMAN WARD	98.9%	95.2%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	98.5%	100.0%	100.0%	100.0%
REHABILITATION	97.9%	97.7%	100.0%	100.0%	98.7%	90.6%	100.0%	100.0%	100.0%	97.3%	100.0%	100.0%
SPINAL INJURIES UNIT	99.0%	100.0%	100.0%	100.0%	99.1%	100.0%	100.0%	100.0%	97.7%	96.8%	100.0%	100.0%
WARD 4	100.0%	100.0%	100.0%	100.0%	98.5%	96.4%	100.0%	100.0%	99.2%	97.0%	100.0%	100.0%



Appendix 2

Table 9: Detail of hours planned and worked (January 2017)

Ward name	Specialty 1	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
		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								
Adolescent/Coxen Ward	171 - PAEDIATRIC SURGERY	767.5	734.5	263	263	487.5	487.5	112.5	112.5	95.7%	100.0%	100.0%	100.0%	294	4.2	1.3	5.4
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2215	2,215.0	245.5	245.5	2100	2,100.0	162.5	162.5	100.0%	100.0%	100.0%	100.0%	226	19.1	1.8	20.9
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1217.3	1,174.6	797.3	749.6	948	948.0	348	348	96.5%	94.0%	100.0%	100.0%	307	6.9	3.6	10.5
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1906.5	1,886.0	883	845.5	1175	1,175.0	500	500	98.9%	95.8%	100.0%	100.0%	583	5.3	2.3	7.6
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	794	794.0	257	257	675	675.0	312.5	312.5	100.0%	100.0%	100.0%	100.0%	136	10.8	4.2	15.0
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1424.5	1,402.5	733	700	975	975.0	350	350	98.2%	95.5%	100.0%	100.0%	306	7.8	3.4	11.2
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	499	506.5	157	157	275	275.0	62.5	62.5	98.5%	100.0%	100.0%	100.0%	50	15.6	4.4	20.0
Rehabilitation Unit	314 - REHABILITATION	721.7	721.7	296	288	384	384.0	192	192	100.0%	97.3%	100.0%	100.0%	335	3.3	1.4	4.7
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	2506	2,493.5	1037.5	1037.5	850	850.0	337.5	325	99.5%	100.0%	100.0%	96.3%	235	14.2	5.8	20.0
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2154	2,104.0	1814	1756	1176	1,176.0	1152	1152	97.7%	96.8%	100.0%	100.0%	625	5.2	4.7	9.9
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1891	1,875.0	1085.5	1052.5	812.5	812.5	512.5	512.5	99.2%	97.0%	100.0%	100.0%	71	37.9	22.0	59.9