

Royal National Orthopaedic Hospital Trust

Trust Board Meeting - Executive Summary

Report Title:	December Staffing Report (Hard Truths Commitment)	
Date: 13/1/17	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?	No	
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 were three incident reports relating to 'staffing levels' filed by the inpatient wards during December.</p> <p>The planned vs actual staffing levels is still within safe limits, at 99.16%</p>	
Recommendations:		
Next steps:	<i>n/a</i>	
Statement from Legal Advisors (if applicable):	<i>n/a</i>	
Risk Assessment*:	<p><i>n/a</i></p> <p>*A risk assessment form only needs to be completed and attached if the decision required by the Board pertains to strategic policy decisions and/or project initiation documents.</p>	

Links to Assurance Framework and Local Key Performance Indicator (KPI) Targets: (please tick as appropriate):

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	√
2	Achieve agreed activity levels	
3	Deliver in-year transformation programme target	√
4	Improve the quality of our buildings and facilities	
5	Meet in-year milestones for enabling projects for new Stanmore site development	
6	Provide timely, accurate and comprehensive clinical management information	
7	Improve workforce effectiveness and engagement	√
8	Deliver planned in-year service developments	
9	Meet milestones to achieve Foundation Trust status and long term service sustainability programme	
10	Further develop academic track record	
11	Continue to develop relationships and partnerships to help achieve Trust vision	
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 99.16%

3.0 Quality Impact of Staffing

- 3.1 There were three reports of staffing issues filed by the inpatient wards during December:
- One report from HDU / ITU of no RSCN on duty for the night shift. The site report indicated that the agency Nurse was RSCN registered but this was incorrect. No cover available via the agency or roster change. Paediatric Matron and Consultant aware. Patients cared for by a senior competent nurse.
 - One report from SCIC of two nights with reduced staffing due to shifts not being escalated while the band 7 ward manager was on leave. Actions have been put in place to ensure this does not occur again.

- One report of no IV competent nurse being available to change a PCA Pump. Site manager unable to assist and no other IV competent nurse available to attend from other wards. Patient treated with alternative analgesia.

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 16.18% (39.21 WTE) vacancies in the Trust. There are currently 5 WTE Band 10 Nurses going through pre-employment checks and 2 WTE given start dates. The next set of Band 5 interviews are due to take place on 13/1/17
- 4.4 International recruitment: 39 offers were made, including 13 for theatres, 1 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

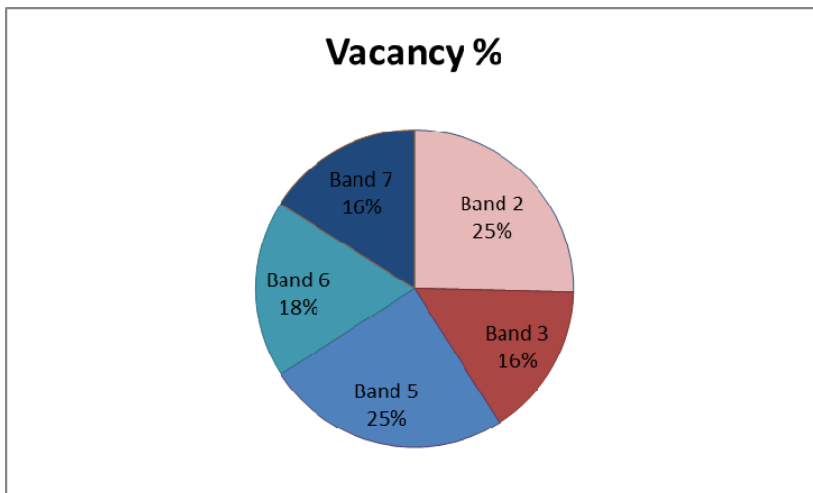


Table 2: Band 5 Vacancies per Department

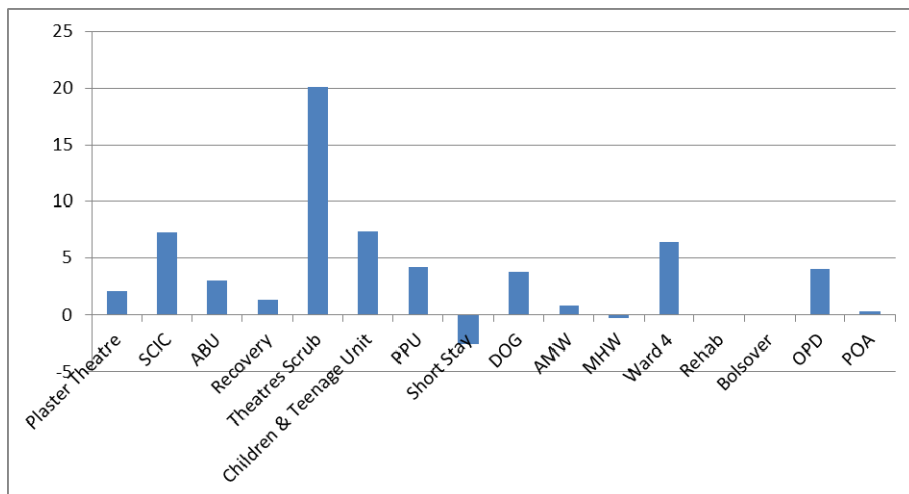


Table 3: Band 5 Vacancies / Recruitment stages per Department

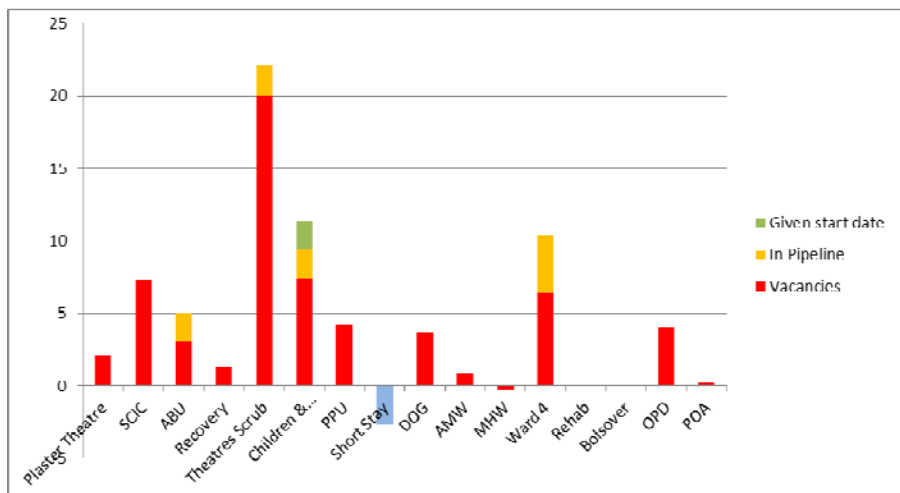
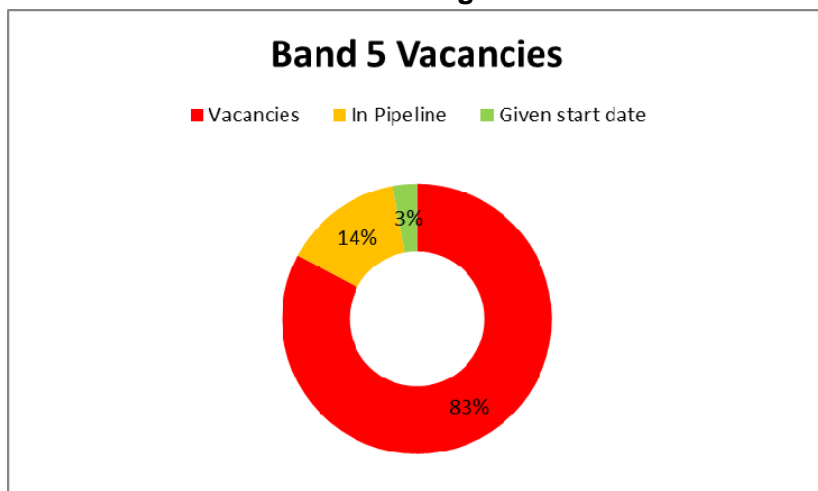


Table 4: Band 5 Recruitment Stages



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.
- 5.4 The CHPPD does not reflect the throughput of patients during the day particularly SSU, and the Paediatric unit.

Table 5: Care Hours for Patient Day December 2016

	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	334	7.6	2.9	10.6
Alan Bray Unit	190	15.8	1.1	17.0
Angus McKinnon Unit	275	6.3	3.2	9.5
Duke of Gloucester	556	5.5	2.3	7.9
Ian Monro Ward	110	13.8	5.0	18.7
Margaret Harte Ward	222	7.9	4.2	12.1
Phillip Newman Ward	12	27.7	6.3	33.9
Rehabilitation Unit	210	4.4	1.7	6.1
Short Stay Unit	205	12.1	5.5	17.6
Spinal Unit	618	5.8	5.2	11.0
Ward 4	315	8.9	3.4	12.3

5.5 Phillip Newman ward reported a high CHPPD 33.9 due to the ward being closed / reduced occupancy for a significant period in December. The ward had a through put of 36 patients for December with bed occupancy at 23:59 of 12. The low bed occupancy at midnight greatly impacts on the CHPPD score.

6.0 Percentage Qualified

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

Table 6: Qualified staff as percentage of total

Ward	Oct-16	Nov-16	Current Month
Adolescent/Coxen Ward	73.29%	76.63%	72.32%
Alan Bray Unit	93.96%	91.45%	93.41%
Angus McKinnon Unit	67.19%	65.29%	65.85%
Duke of Gloucester	73.15%	69.83%	70.41%
Margaret Harte Ward	67.13%	66.73%	65.56%
Private Patient Unit	71.97%	72.72%	74.88%
Rehabilitation Unit	65.41%	68.57%	71.22%
Short Stay Unit	68.91%	67.87%	68.54%
Spinal Unit	49.36%	50.08%	52.75%
Ward 4	72.92%	70.67%	71.76%

Key		
55%	-	64%

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: 13/1/17

Appendix 1:

Table 7: % Fill rates by ward, month, and shift and staff group

Month	Oct-16				Nov-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	100.0%	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	97.9%	95.6%	100.0%	100.0%	97.6%	99.7%	100.0%	100.0%	99.2%	95.5%	100.0%	100.0%
COXEN/ADU	93.7%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
DUKE OF GLOUCESTER	97.7%	90.6%	100.0%	100.0%	97.7%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%
IAN MONRO WARD	95.6%	94.7%	100.0%	96.6%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Short Stay Unit	96.9%	98.4%	100.0%	100.0%	97.9%	97.7%	100.0%	100.0%	97.9%	97.7%	100.0%	100.0%
MARGARET HARTE	96.9%	98.2%	100.0%	100.0%	97.3%	99.7%	100.0%	100.0%	96.7%	100.0%	100.0%	100.0%
PHILIP NEWMAN WARD	92.9%	89.0%	100.0%	0.0%	97.4%	93.8%	100.0%	88.9%	100.0%	100.0%	100.0%	0.0%
REHABILITATION	96.9%	96.2%	100.0%	100.0%	98.9%	95.2%	100.0%	100.0%	98.7%	90.6%	100.0%	100.0%
SPINAL INJURIES UNIT	96.4%	99.4%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	99.1%	100.0%	100.0%	100.0%
WARD 4	96.3%	93.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.5%	96.4%	100.0%	100.0%

None planned		<80%	80-90%	90-100%	>100%
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Appendix 2

Table 8: Detail of hours planned and worked (December 2016)

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	2136.5	2,136.5	850.5	850.5	412.5	412.5	125	125	100.0%	100.0%	100.0%	100.0%	334	7.6	2.9	10.6
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	1598	1,598.0	187.5	187.5	1412.5	1,412.5	25	25	100.0%	100.0%	100.0%	100.0%	190	15.8	1.1	17.0
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1030.2	1,022.2	644.4	615.4	720	720.0	288	288	99.2%	95.5%	100.0%	100.0%	275	6.3	3.2	9.5
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1975	1,950.0	790	790	1150	1,150.0	512.5	512.5	98.7%	100.0%	100.0%	100.0%	556	5.5	2.3	7.9
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	852.5	852.5	307	307	662.5	662.5	237.5	237.5	100.0%	100.0%	100.0%	100.0%	110	13.8	5.0	18.7
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1090.5	1,054.0	678.5	678.5	737.5	737.5	262.5	262.5	96.7%	100.0%	100.0%	100.0%	222	7.9	4.2	12.1
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	232	232.0	75	75	100	100.0	0	0	100.0%	100.0%	100.0%	0.0%	12	27.7	6.3	33.9
Rehabilitation Unit	314 - REHABILITATION	626.5	618.5	256	232	312	312.0	144	144	98.7%	90.6%	100.0%	100.0%	210	4.4	1.7	6.1
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	1976	1,930.5	843.5	818.5	587.5	587.5	337.5	337.5	97.7%	97.0%	100.0%	100.0%	205	12.1	5.5	17.6
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2442	2,421.0	2227	2227	1164	1,164.0	984	984	99.1%	100.0%	100.0%	100.0%	618	5.8	5.2	11.0
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1703.5	1,678.5	695.5	670.5	1137.5	1,137.5	437.5	437.5	98.5%	96.4%	100.0%	100.0%	315	8.9	3.4	12.3