

**Royal National Orthopaedic Hospital Trust**

**Trust Board Meeting - Executive Summary**

<b>Report Title:</b>	June Staffing Report (Hard Truths Commitment)	
<b>Date:</b> 12/7/16	<b>Author:</b> Karen Mannion, Project Nurse / lead for Implementation of safe staffing Tool	<b>Lead Director:</b> Professor Paul Fish, Director of Nursing
<b>Is a decision required by the Board?</b>	No	
<b>Purpose of Paper:</b>	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.	
<b>Key information and conclusions:</b>	<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>During June 2016, the ratio between registered staff and patient occupancy was <i>1 nurse to 3.58 patients</i> in the adult NHS acute inpatient settings. This indicates that the staffing levels did not fall below safe nurse staffing levels.</p> <p>There were four incident reports relating to 'staffing levels' filed by the inpatient wards during July.</p> <ul style="list-style-type: none"> <li>• One report of staffing above 1:4 RN: Patient ratio on Private patient unit resulting in care being affected.</li> <li>• Three reports from Angus Mackinnon ward two relating to higher patient acuity and a confused patient requiring 1:1 care. One related to a patient refusing care from a bank HCA resulting in extra pressure on Registered staff.</li> </ul> <p>There were 11 episodes where patients were admitted, not planned for Tissue Viability, from external departments where grade 2-3 pressure ulcers were diagnosed and consequently addressed.</p> <p>The planned vs actual staffing levels is still within safe limits, at 98.06%</p>	
<b>Recommendations:</b>		
<b>Next steps:</b>	n/a	
<b>Statement from Legal Advisors (if applicable):</b>	n/a	
<b>Risk Assessment*:</b>	n/a	
	*A risk assessment form only needs to be completed and attached if the decision required by the Board pertains to <b>strategic policy decisions and/or project initiation documents.</b>	

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 publication of the second Francis Report in 2013 highlighted potential issues around safe staffing levels at Mid-Staffordshire NHS Foundation Trust and lack of transparency was among the contributing factors. The response from 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.
- 1.2 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
- 1.3 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.
- 1.4 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.

## 2.0 Update

- 2.1 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 1<sup>st</sup> 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. The system is auditable and both staffing levels and reporting compliance continues to be monitored by the senior nursing team. The designated nurse in charge of each shift is responsible for inputting the data and the responsibility for ensuring the data is provided in line with the expectations lies with the Lead Nurses and Matrons. For the shift by shift reporting, Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) have been split into their respective wards Previously the Short Stay Unit was recorded in their respective wards (Jackson Burrows & the Coleman Unit) to increase data quality this is now recorded as Short Stay Unit. (See appendix for month on month trends of fill rates and the detailed planned versus actual fill rates).
- 2.2 E-Rostering has been approved at the Executive team meeting; further details will be given in the next board report.
- 2.3 The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was *1 nurse to 3.58 patients* during June. These figures are calculated by comparing the reported number of registered staff on duty to the occupancy figures at 8am and midnight. The occupancy numbers do not include throughput, and in some instances it is known for ward throughput to be in excess of 100% (mainly Short-Stay Unit, Coxen & Adolescent Unit).
- 2.4 Following discussion with the Clinical Commissioning Group (CCG), the RNOH has also examined the actual skill mix obtained in terms of qualified staff to care staff. Table 1 outlines the detail for the past three months.

**Table 1: Qualified staff as percentage of total**

Ward	Apr-16	May-16	Current Month
SPINAL INJURIES UNIT	57.17%	0.00%	55.13%
ANGUS MACKINNON WARD	63.50%	0.00%	63.68%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	69.28%	0.00%	68.60%
MARGARET HART	71.08%	0.00%	67.89%
WARD 4	69.16%	0.00%	70.13%
DUKE OF GLOUCESTER	72.43%	0.00%	71.25%
COXEN/ADU	82.19%	78.05%	76.85%
REHABILITATION	67.81%	68.98%	69.46%
PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)	77.24%	73.09%	70.83%
ALAN BRAY UNIT	94.33%	91.43%	92.22%

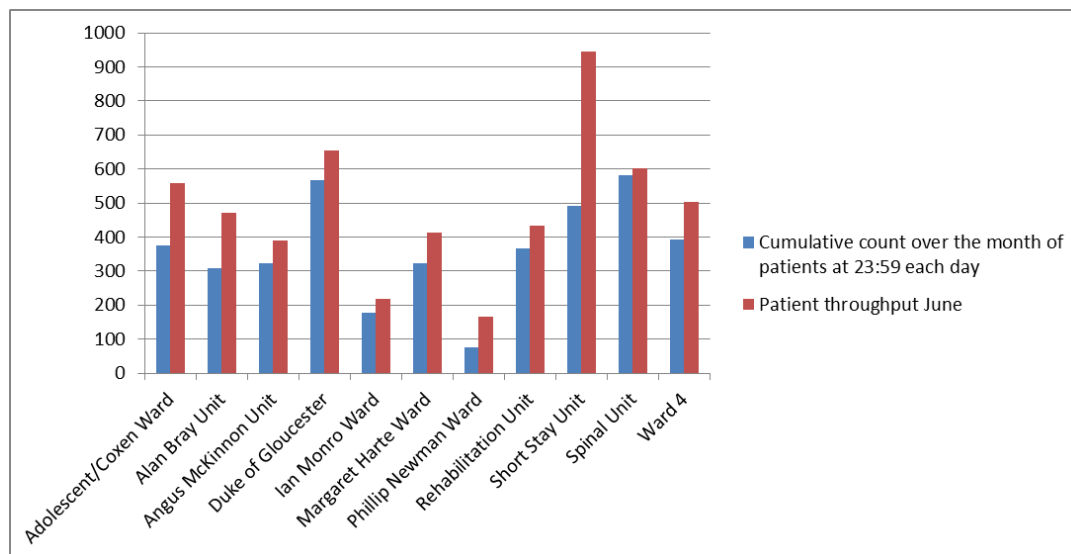
### 3.0 Care Hours Per Patient Day

- 3.1 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.
- 3.2 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.
- 3.3 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.
- 3.4 The CHPPD does not reflect the throughput of patients during the day table 3 demonstrates the variance of patients at midnight compared to the patient throughput.

**Table 2: Care Hours for Patient Day June 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	375	8.9	2.7	11.5
Alan Bray Unit	309	14.8	1.2	16.1
Angus McKinnon Unit	323	7.4	4.2	11.6
Duke of Gloucester	568	5.5	2.2	7.7
Ian Monro Ward	179	8.6	4.1	12.7
Margaret Harte Ward	323	7.2	3.4	10.6
Phillip Newman Ward	76	15.3	5.1	20.3
Rehabilitation Unit	366	3.5	1.5	5.0
Short Stay Unit	493	9.6	4.4	14.0
Spinal Unit	582	5.7	4.6	10.3
Ward 4	394	7.0	3.0	10.0

Table 3: Patient Count at Midnight V Patient Monthly Throughput



#### 4.0 Staffing & Quality Indicators

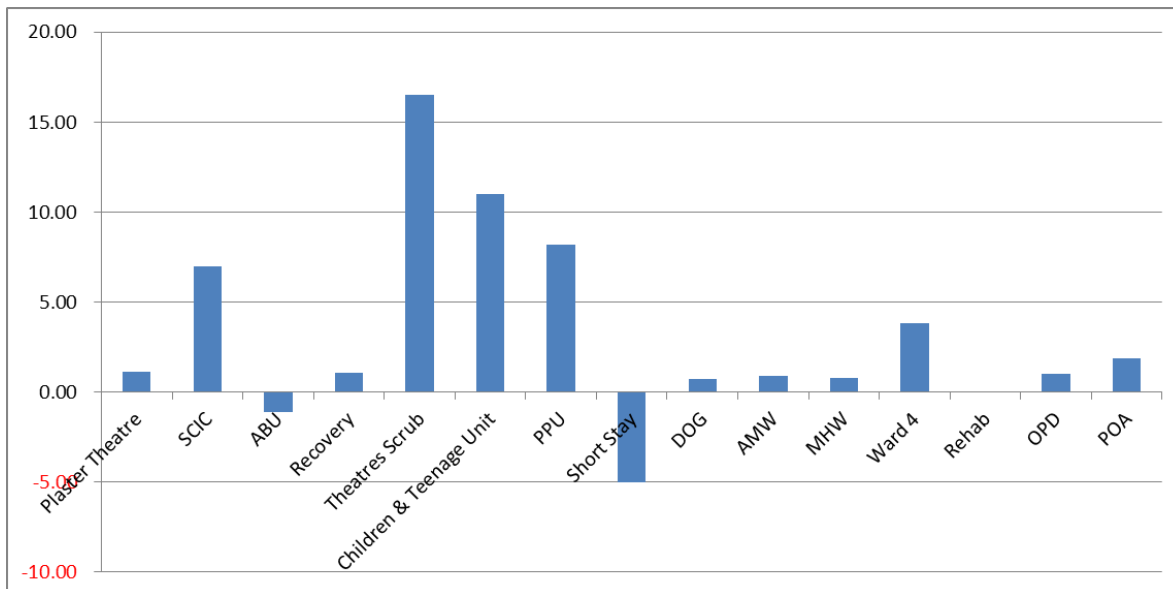
Clinical incidents have been reviewed; there was four incidents reports relating to 'staffing levels' filed by the inpatient wards during June 2016.

- One report of staffing above 1:4 RN: Patient ratio on Private patient unit resulting in care being affected.
- Three reports from Angus Mackinnon (AMU) ward two relating to higher patient acuity and a confused patient requiring 1:1 care. One related to a patient refusing care from a bank HCA resulting in extra pressure on Registered staff. An action plan has been devised to monitor the staffing and patient acuity on AMU.

#### 5.0 Nurse Staffing Pressures

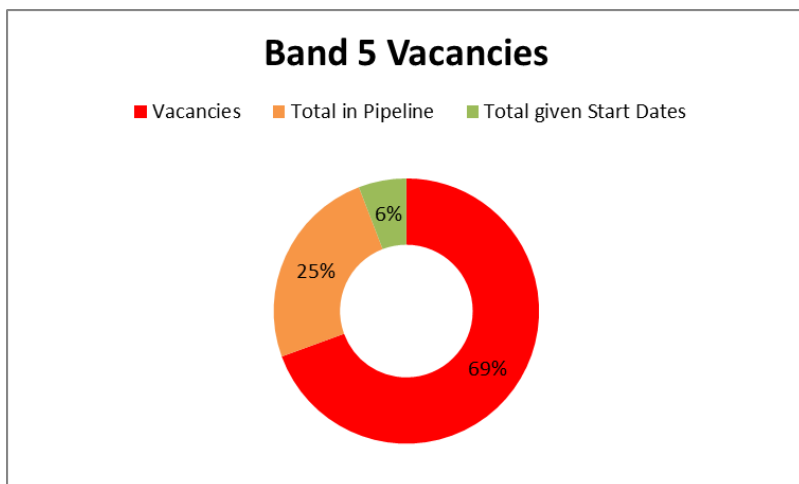
- 5.1 There continue to be a number of wards and departments that have pressure in relation to recruitment and retention. These pressures are being experienced nationally and have resulted in the migration advisory committee making a recommendation on 15<sup>th</sup> October to place nursing on the home office shortage occupation list.
- 5.2 Theatres, paediatrics, outpatients (paediatrics) and Spinal Cord Injury Centre ward have vacancy levels which are driving high numbers of temporary staff use.
- 5.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing, there are 47.7 WTE vacancies in the Trust. There are currently 17 Band 5 Nurses going through pre-employment checks and 4 given start dates. A number of these will be Nurses qualifying in September. The next set of Band 5 interviews are due to take place on 22<sup>nd</sup> July 2016.
- 5.5 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 4: Band 5 Vacancies per Department**



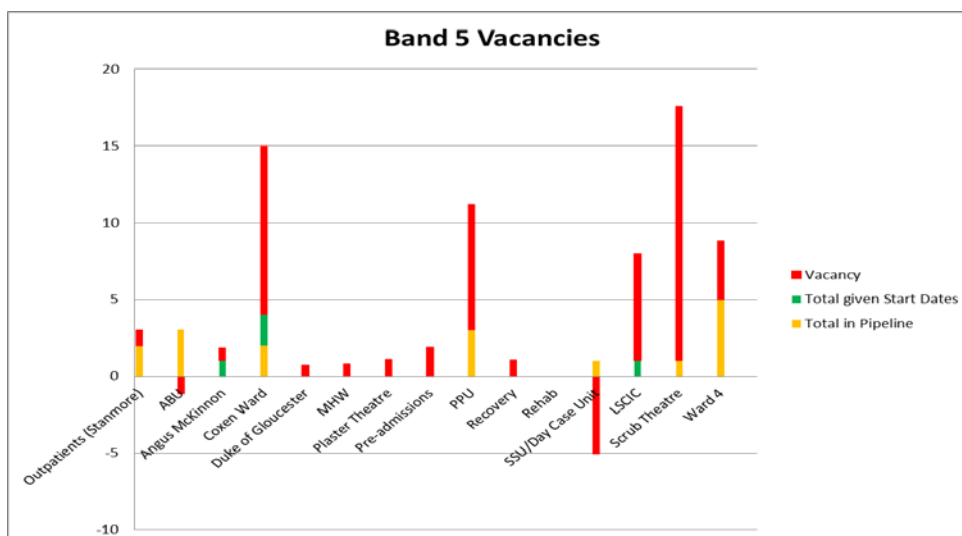
Information correct of 4/7/16

**Table 5: Band 5 Vacancies for Trust**



Information correct of 4/7/16

**Table 6: Band 5 Vacancies per Department**



Information correct of 4/7/16

## **6.0 New Regulations for the use of agency staff**

- 6.1 Monitor and the TDA have introduced new regulations on the use of agency nurses in provider trusts. These regulations have three components.
- A cap on the total amount that can be spent annually on agency nurses, expressed as a percentage of total nurse staffing spend
  - The mandated use of frameworks to procure agency nurses
  - A cap on the hourly rate that can be paid to agency nurses (and other staff) which will come into effect in November, with the final cap being in place from April 2016.
- 6.2 The annual cap was originally set at 6% for the trust, however the current use is in the region of 10% and therefore an application was made to increase the cap. A revised cap of 8% has been set, however there is a significant risk that this will not be achieved for a number of months.
- 6.3 Monitor and the TDA released a consultation on 15<sup>th</sup> October detailing the cap on the hourly rate for all agency workers in the NHS. The full effect of this cap will come into effect for all staff groups in April 2016, which will limit the amounts trusts may pay agency workers to no more than 55% above the equivalent agenda for change (or medical staff) rate.
- 6.4 The purpose of these regulations is to encourage agency workers to move back into work in the NHS. This will only be achieved where bank terms and conditions and other opportunities, such as professional development, can be offered.
- 6.5 The hourly rate for bank staff has been increased, alongside progressing with a move to weekly pay is being discussed at executive committee and WOD committee.

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: 12/7/16

**Appendix 1:**

Table 6: % Fill rates by ward, month, and shift and staff group

Month	Apr-16				May-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	99.1%	98.1%	100.0%	96.4%	98.7%	100.0%	100.0%	100.0%	84.8%	97.4%	100.0%	100.0%
ANGUS MACKINNON WARD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
COXEN/ADU	98.0%	98.2%	100.0%	100.0%	99.7%	94.8%	100.0%	100.0%	97.5%	98.2%	100.0%	100.0%
DUKE OF GLOUCESTER	96.8%	98.3%	100.0%	100.0%	95.8%	96.3%	100.0%	100.0%	97.9%	98.6%	100.0%	100.0%
IAN MONRO WARD	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	100.0%	100.0%	100.0%
Short Stay Unit	96.9%	88.8%	100.0%	100.0%	97.5%	94.2%	100.0%	100.0%	94.5%	99.3%	100.0%	100.0%
MARGARET HARTE	97.3%	58.8%	100.0%	100.0%	96.6%	100.0%	100.0%	100.0%	98.1%	89.2%	100.0%	100.0%
PHILIP NEWMAN WARD	100.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	98.1%	93.6%	100.0%	100.0%
REHABILITATION	99.6%	99.4%	100.0%	100.0%	98.3%	97.8%	100.0%	100.0%	99.5%	98.3%	100.0%	100.0%
SPINAL INJURIES UNIT	97.9%	99.7%	100.0%	100.0%	100.0%	100.0%	99.0%	100.0%	98.8%	100.0%	100.0%	100.0%
WARD 4	100.0%	100.0%	100.0%	100.0%	98.2%	98.6%	100.0%	100.0%	98.1%	97.0%	96.5%	96.7%
			<80%	80-90%	90-100%	>100%						



## Appendix 2

**Table 7: Detail of hours planned and worked (June 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	2405	2039	644	627	1287.5	1287.5	375	375	84.8%	97.4%	100.0%	100.0%	375	8.9	2.7	11.5
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2377.5	2377.5	273.5	273.5	2200	2200	112.5	112.5	100.0%	100.0%	100.0%	100.0%	309	14.8	1.2	16.1
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1360.8	1326.8	894.9	878.9	1056	1056	480	480	97.5%	98.2%	100.0%	100.0%	323	7.4	4.2	11.6
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	2006	1963.5	863.5	851	1137.5	1137.5	400	400	97.9%	98.6%	100.0%	100.0%	568	5.5	2.2	7.7
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	818.5	815.5	353.5	353.5	725	725	375	375	99.6%	100.0%	100.0%	100.0%	179	8.6	4.1	12.7
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1358.5	1284	747	741.5	1050	1050	362.5	362.5	94.5%	99.3%	100.0%	100.0%	323	7.2	3.4	10.6
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	674.5	662	305	272	500	500	112.5	112.5	98.1%	89.2%	100.0%	100.0%	76	15.3	5.1	20.3
Rehabilitation Unit	314 - REHABILITATION	851.1	835.1	377.1	353.1	432	432	204	204	98.1%	93.6%	100.0%	100.0%	366	3.5	1.5	5.0
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	3196.5	3181.5	1496	1471	1562.5	1562.5	700	700	99.5%	98.3%	100.0%	100.0%	493	9.6	4.4	14.0
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2229	2203	1624	1624	1104	1104	1068	1068	98.8%	100.0%	100.0%	100.0%	582	5.7	4.6	10.3
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1761.5	1728.5	835.5	810.5	1062.5	1025	375	362.5	98.1%	97.0%	96.5%	96.7%	394	7.0	3.0	10.0