

Royal National Orthopaedic Hospital Trust

Trust Board Meeting - Executive Summary

Report Title:	March Staffing Report (Hard Truths Commitment)	
Date: 10/4/17	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 were two incidents reported relating to 'staffing levels' filed by the inpatient wards during March.</p> <p>The planned vs actual staffing levels is still within safe limits, at 98.38%</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 December 2016 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 98.38%

2.3 In February all adult inpatient wards (excluding Alan Bray Unit) undertook 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. A report will be presented to the board at a later date.

3.0 Quality Impact of Staffing

3.1 There were two reports of staffing issues filed by the inpatient wards during March 2017.

- One report from Jackson Burrows Ward of a short notice sickness resulting in a reduction of one nurse, the site manager arranged for the area to be covered by internal transfers to ensure all areas were within safe limits.
- One report of an agency nurse not attending.

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

Table 1: Vacancies per Grade (WTE)

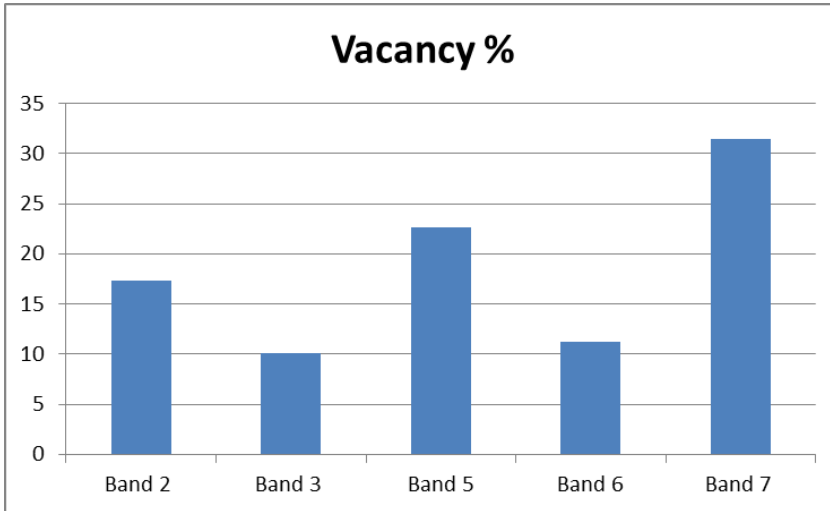
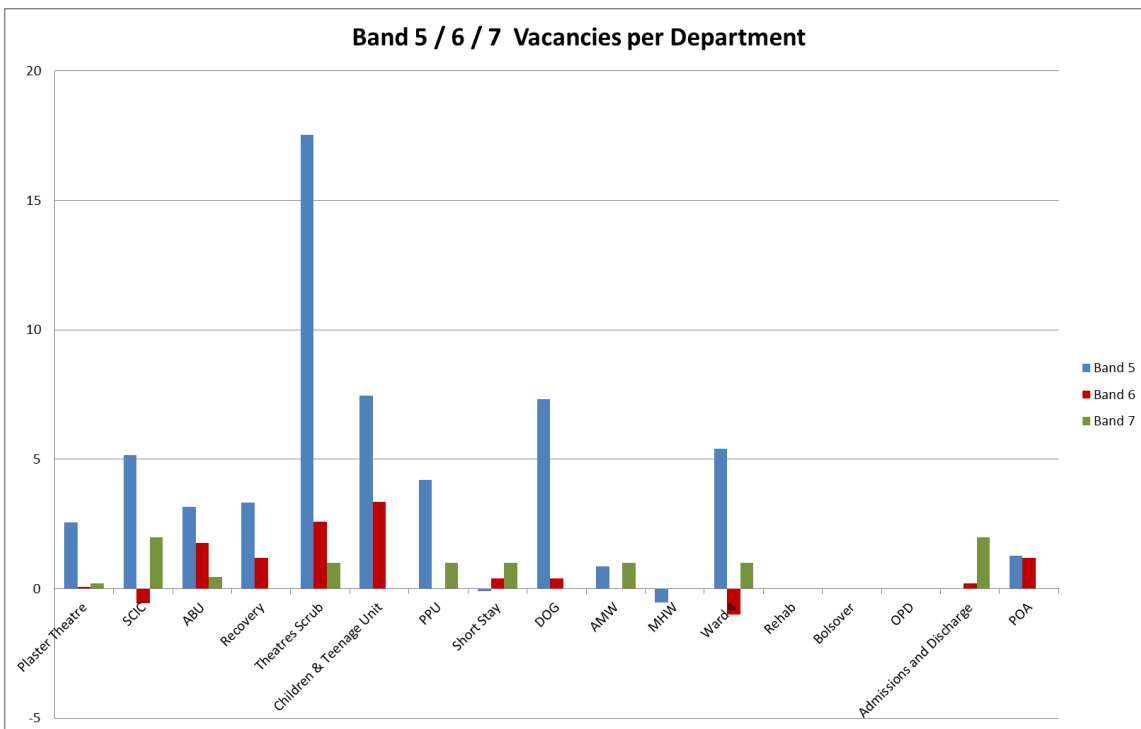


Table 2 Band 5-7 Vacancies per Department.



4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 22.59% (WTE 57.64) vacancies in the Trust. There are currently 11 WTE Band 5 Nurses going through pre-employment checks and 3 WTE given a start date. See table 3 & 4. The next set of Band 5 interviews are due to take place on 07/4/17

Table 3: Band 5 Recruitment Stages

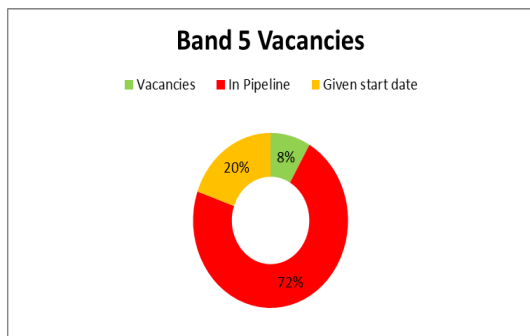
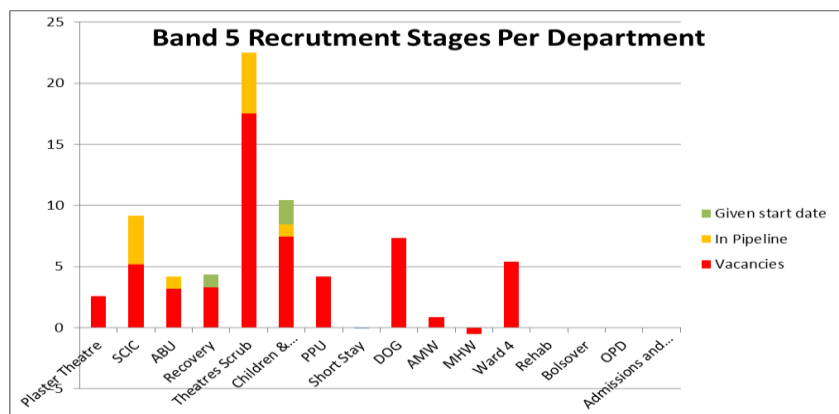


Table 4: Band 5 Recruitment Stages per Department



4.4 Band 6 vacancies are currently at 11.26% there has been very minimal change since December 2016 when the vacancy was 11.25% (See Table 5 & 6).

Table 5: Band 6 Recruitment Stages

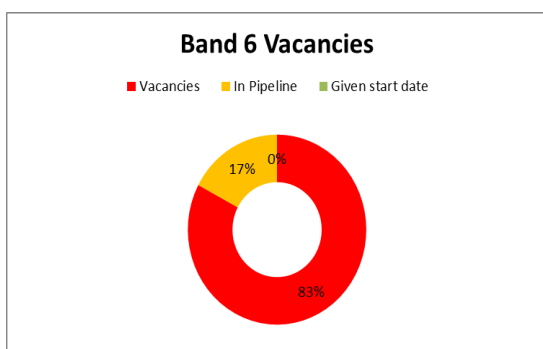
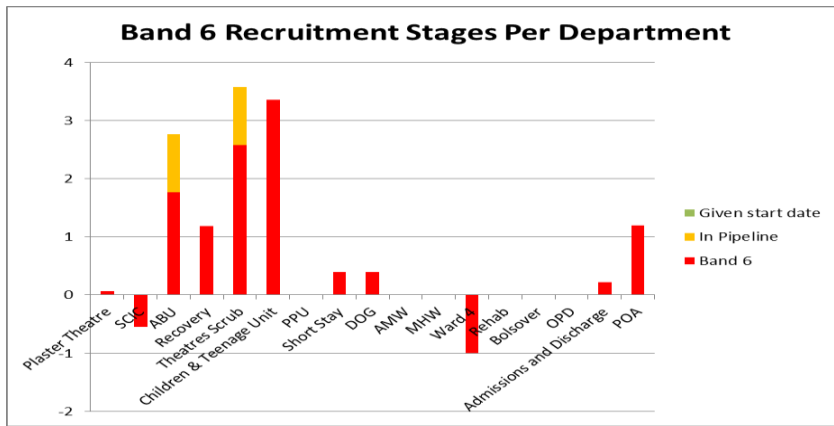


Table 6: Band 6 Recruitment Stages per Department



4.5 Band 7 vacancies is currently at 31.49% (9.68 WTE) this is increase of 21% (6.58WTE) since December 2016 (see table 7 & 8). The Senior Nursing team are currently developing a leadership programme that will support nurses to develop their leadership skills and give them the skills to enable them to become the ward leaders of the future.

Table 7: Band 7 Recruitment Stages

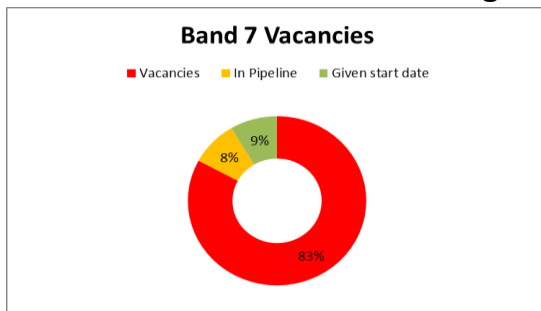
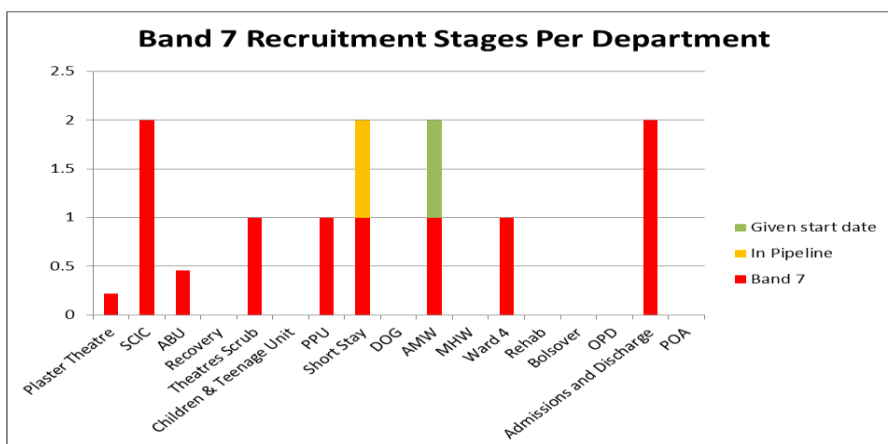


Table 8: Band 7 Recruitment Stages per Department



Information obtained from Finance & Recruitment team 13/3/17

- 4.6 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.
- 4.7 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.

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 9: Care Hours for Patient Day - March 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	346	12.1	2.9	15.0
Alan Bray Unit	276	13.6	1.6	15.2
Angus McKinnon Unit	401	6.0	2.8	8.8
Duke of Gloucester	541	5.6	2.6	8.2
Ian Monro Ward	163	9.6	4.0	13.5
Margaret Harte Ward	372	6.6	3.0	9.6
Phillip Newman Ward	93	13.6	4.9	18.5
Rehabilitation Unit	301	4.0	2.3	6.3
Short Stay Unit	415	9.9	5.1	15.0
Spinal Unit	640	5.1	4.5	9.6
Ward 4	423	6.5	2.6	9.1

- 5.4 Phillip Newman ward have a higher CHPPD at 23:59 (18.5) compared to the CHPPD of 11.5 using the bed occupancy at 15:00 this is due to the number of day case patients and the ward closing overnight. Table ten 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 10: Care Hours for Patient Day at 15:00 – March 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	460	9.1	2.2	11.3
Alan Bray Unit	199	18.9	2.2	21.1
Angus McKinnon Unit	430	5.6	2.6	8.2
Duke of Gloucester	601	5.0	2.4	7.4
Ian Monro Ward	183	8.5	3.5	12.0
Margaret Harte Ward	395	6.2	2.8	9.0
Phillip Newman Ward	150	8.4	3.0	11.5
Rehabilitation Unit	314	3.8	2.2	6.1
Short Stay Unit	690	6.0	3.1	9.0
Spinal Unit	654	5.0	4.4	9.4
Ward 4	474	5.8	2.4	8.2

6.0 Percentage Qualified

6.1 Table 11 shows the percentage of registered staff for the past three months.

Table 11: Qualified staff as percentage of total

Ward	Jan-17	Feb-17	Current Month	Average
Adolescent/Coxen Ward	76.49%	80.07%	80.55%	79.04%
Alan Bray Unit	91.36%	92.60%	89.51%	91.16%
Angus McKinnon Unit	65.92%	66.78%	68.25%	66.98%
Duke of Gloucester	69.47%	69.49%	67.89%	68.95%
Margaret Harte Ward	69.37%	70.26%	68.58%	69.40%
Private Patient Unit	74.04%	72.76%	71.93%	72.91%
Rehabilitation Unit	69.73%	68.70%	63.58%	67.34%
Short Stay Unit	71.05%	68.05%	65.96%	68.35%
Spinal Unit	53.01%	54.06%	53.20%	53.42%
Ward 4	63.20%	69.51%	71.12%	67.94%

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: 7/04/17

Appendix 1:

Table 12: % Fill rates by ward, month, and shift and staff group

Month	Jan-17				Feb-17				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 (%)
Adolescent/Coxen Ward	95.7%	100.0%	100.0%	100.0%	97.3%	100.0%	100.0%	100.0%	95.0%	96.8%	99.1%	100.0%
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 McKinnon Unit	96.5%	94.0%	100.0%	100.0%	95.7%	99.2%	98.7%	100.0%	93.2%	96.3%	100.0%	100.0%
Duke of Gloucester	98.9%	95.8%	100.0%	100.0%	98.7%	95.6%	100.0%	100.0%	96.1%	99.1%	98.9%	100.0%
Ian Monro Ward	100.0%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	95.3%	100.0%	100.0%	100.0%
Margaret Harte Ward	98.2%	95.5%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%
Phillip Newman Ward	98.5%	100.0%	100.0%	100.0%	98.8%	103.0%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%
Rehabilitation Unit	100.0%	97.3%	100.0%	100.0%	98.9%	90.9%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%
Short Stay Unit	99.5%	100.0%	100.0%	96.3%	97.7%	94.8%	100.0%	100.0%	97.9%	99.3%	100.0%	94.7%
Spinal Unit	97.7%	96.8%	100.0%	100.0%	100.0%	100.0%	98.8%	100.0%	99.0%	97.8%	100.0%	98.9%
Ward 4	99.2%	97.0%	100.0%	100.0%	97.2%	98.3%	100.0%	100.0%	95.7%	98.6%	98.9%	100.0%



Appendix 2

Table 13: Detail of hours planned and worked (March 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	2880.5	2,747.5	631	610.5	1450	1,437.5	400	400	95.0%	96.8%	99.1%	100.0%	346	12.1	2.9	15.0
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	1939	1,939.0	328.5	328.5	1825	1,825.0	112.5	112.5	100.0%	100.0%	100.0%	100.0%	276	13.6	1.6	15.2
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1387.1	1,295.6	791.1	762.1	1116	1,116.0	360	360	93.2%	96.3%	100.0%	100.0%	401	6.0	2.8	8.8
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1937.5	1,862.5	863.5	855.5	1175	1,162.5	575	575	96.1%	99.1%	98.9%	100.0%	541	5.6	2.6	8.2
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	818.5	808.5	371.5	371.5	750	750.0	275	275	95.3%	100.0%	100.0%	100.0%	163	9.6	4.0	13.5
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1394.5	1,378.5	706	706	1062.5	1,062.5	412.5	412.5	98.9%	100.0%	100.0%	100.0%	372	6.6	3.0	9.6
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	796.5	791.5	356	356	475	475.0	100	100	97.5%	100.0%	100.0%	100.0%	93	13.6	4.9	18.5
Rehabilitation Unit	314 - REHABILITATION	808.1	800.1	488	488	408	408.0	204	204	99.0%	100.0%	100.0%	100.0%	301	4.0	2.3	6.3
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	3074	3,047.5	1683.5	1671	1062.5	1,062.5	475	450	97.9%	99.3%	100.0%	94.7%	415	9.9	5.1	15.0
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2175	2,154.0	1847	1807	1128	1,128.0	1092	1080	99.0%	97.8%	100.0%	98.9%	640	5.1	4.5	9.6
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1712	1,638.0	744	729.5	1125	1,112.5	387.5	387.5	95.7%	98.6%	98.9%	100.0%	423	6.5	2.6	9.1