

Royal National Orthopaedic Hospital Trust

Trust Board Meeting - Executive Summary

Report Title:	November Staffing Report (Hard Truths Commitment)	
Date: 6/12/16	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 five incident reports relating to 'staffing levels' filed by the inpatient wards during November – One incident was reported by two different areas but related to the same non-attendance of agency nurse.</p> <p>The planned vs actual staffing levels is still within safe limits, at 98.30%</p>	
Recommendations:		
Next steps:	<i>n/a</i>	
Statement from Legal Advisors (if applicable):	<i>n/a</i>	
Risk Assessment*:	<i>n/a</i>	
	*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.	

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 98.30%
- 2.2.1 The results from the October Patient Acuity data collection will be reported separately to the Board in December.

3.0 Quality Impact of Staffing

- 3.1 There were five reports of staffing issues filed by the inpatient wards during November: (One incident was reported by two different areas but related to the same non-attendance of agency nurse)

- One report of ITU trained agency nurse non-attendance, on investigation it was found to be due to a breakdown in communication. Nurse transferred from ABU resulting in a report of poor staffing on ABU as a result of the nurse being moved to cover.
- One report of poor staffing due to bank non-attendance and short notice sickness from a HCA. A HCA on duty stayed to cover until additional staff was able to be found to cover.
- One report from PPU of poor staffing, on investigation ratio 1:4 (PT:RN) therefore well within safe staffing levels .
- One report from Ward 4 of Agency 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, 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 24.56% (64.09 WTE) vacancies in the Trust. There are currently 5 WTE Band 5 Nurses going through pre-employment checks and 6.5 WTE given start dates. The next set of Band 5 interviews are due to take place on 9/12/16.
- 4.4 International recruitment: 39 offers have been made, including 13 for theatres. 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

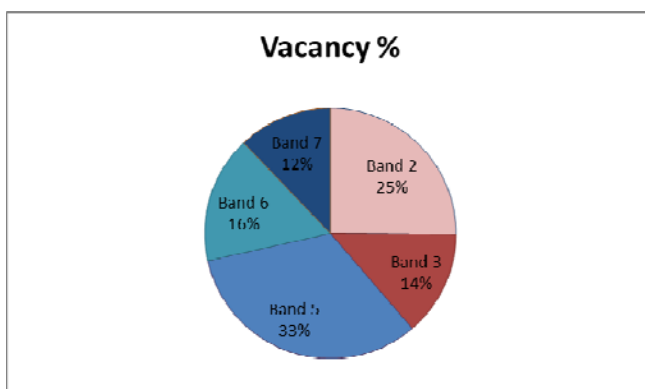


Table 2: Band 5 Vacancies per Department

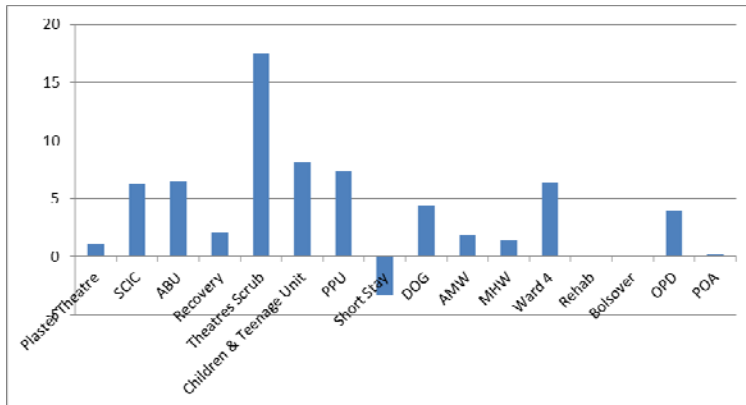


Table 3: Band 5 Vacancies / Recruitment stages per Department

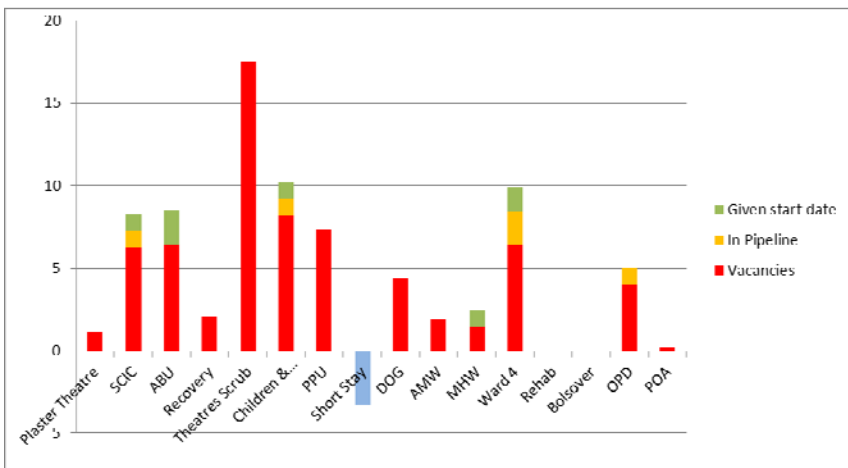
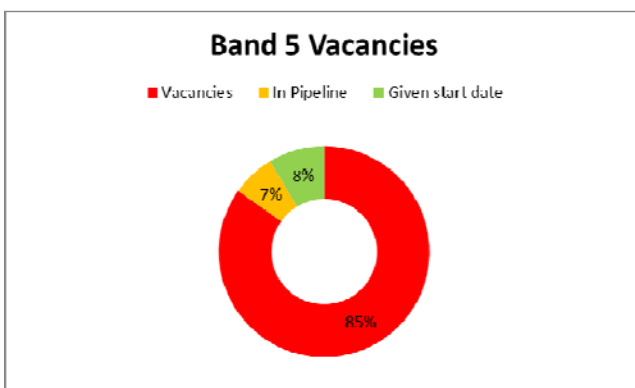


Table 4: Band 5 Recruitment Stages



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

	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	357	11.4	3.5	14.8
Alan Bray Unit	225	17.5	1.6	19.1
Angus McKinnon Unit	383	6.2	3.3	9.5
Duke of Gloucester	582	5.0	2.2	7.1
Ian Monro Ward	141	10.8	4.4	15.1
Margaret Harte Ward	353	6.4	3.2	9.6
Phillip Newman Ward	75	16.0	5.4	21.4
Rehabilitation Unit	421	2.8	1.3	4.1
Short Stay Unit	449	9.5	4.5	13.9
Spinal Unit	608	5.1	5.1	10.1
Ward 4	425	6.3	2.6	8.9

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	Sep-16	Oct-16	Current Month
SPINAL INJURIES UNIT	52.44%	49.36%	50.08%
ANGUS MACKINNON WARD	65.27%	67.19%	65.29%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	68.93%	68.91%	67.87%
MARGARET HART	66.17%	67.13%	66.73%
WARD 4	71.95%	72.92%	70.67%
DUKE OF GLOUCESTER	71.99%	73.15%	69.83%
COXEN/ADU	79.67%	73.29%	76.63%
REHABILITATION	69.90%	65.41%	68.57%
PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)	70.88%	71.97%	72.72%
ALAN BRAY UNIT	93.99%	93.96%	91.45%

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: 6/12/16

Appendix 1:

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

Month	Sep-16				Oct-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	98.2%	97.5%	100.0%	97.0%	97.9%	95.6%	100.0%	100.0%	97.6%	99.7%	100.0%	100.0%
COXEN/ADU	98.4%	100.0%	100.0%	100.0%	93.7%	100.0%	100.0%	100.0%	99.2%	100.0%	100.0%	100.0%
DUKE OF GLOUCESTER	95.7%	95.4%	98.9%	100.0%	97.7%	90.6%	100.0%	100.0%	97.7%	100.0%	100.0%	100.0%
IAN MONRO WARD	94.9%	90.5%	100.0%	100.0%	95.6%	94.7%	100.0%	96.6%	100.0%	99.0%	100.0%	100.0%
Short Stay Unit	99.6%	97.3%	100.0%	98.3%	96.9%	98.4%	100.0%	100.0%	97.9%	97.7%	100.0%	100.0%
MARGARET HARTE	96.4%	100.0%	100.0%	100.0%	96.9%	98.2%	100.0%	100.0%	97.3%	99.7%	100.0%	100.0%
PHILIP NEWMAN WARD	99.3%	96.5%	100.0%	100.0%	92.9%	89.0%	100.0%	0.0%	97.4%	93.8%	100.0%	88.9%
REHABILITATION	96.5%	89.2%	100.0%	100.0%	96.9%	96.2%	100.0%	100.0%	98.9%	95.2%	100.0%	100.0%
SPINAL INJURIES UNIT	99.6%	100.0%	100.0%	100.0%	96.4%	99.4%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%
WARD 4	95.6%	94.3%	100.0%	100.0%	96.3%	93.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Non planned		<80%	80-90%	90-100%	>100%						

Appendix 2

Table 8: Detail of hours planned and worked (November 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	2716	2,695.5	812.5	812.5	1362.5	1,362.5	425	425	99.2%	100.0%	100.0%	100.0%	357	11.4	3.5	14.8
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2211	2,211.0	293	293	1725	1,725.0	75	75	100.0%	100.0%	100.0%	100.0%	225	17.5	1.6	19.1
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1338.9	1,306.9	899.9	896.9	1080	1,080.0	372	372	97.6%	99.7%	100.0%	100.0%	383	6.2	3.3	9.5
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1806	1,765.0	804	804	1137.5	1,137.5	450	450	97.7%	100.0%	100.0%	100.0%	582	5.0	2.2	7.1
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	805	805.0	383	379	712.5	712.5	237.5	237.5	100.0%	99.0%	100.0%	100.0%	141	10.8	4.4	15.1
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1276	1,242.0	745	743	1025	1,025.0	387.5	387.5	97.3%	99.7%	100.0%	100.0%	353	6.4	3.2	9.6
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	758	738.0	323	303	462.5	462.5	112.5	100	97.4%	93.8%	100.0%	88.9%	75	16.0	5.4	21.4
Rehabilitation Unit	314 - REHABILITATION	745.6	737.6	336	320	432	432.0	216	216	98.9%	95.2%	100.0%	100.0%	421	2.8	1.3	4.1
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	3011	2,949.0	1445	1411.5	1300	1,300.0	600	600	97.9%	97.7%	100.0%	100.0%	449	9.5	4.5	13.9
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2001	1,980.0	2006	2006	1104	1,104.0	1068	1068	99.0%	100.0%	100.0%	100.0%	608	5.1	5.1	10.1
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1617.5	1,617.5	737.5	737.5	1062.5	1,062.5	375	375	100.0%	100.0%	100.0%	100.0%	425	6.3	2.6	8.9