

**Royal National Orthopaedic Hospital NHS Trust**

**Trust Board Meeting - Executive Summary**

<b>Report Title:</b>	October Staffing Report (Hard Truths Commitment)
<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>Date of Meeting:</b>	
<b>Purpose:</b>	For Noting
<b>Please state the Board Committee that has considered this paper:</b>	
<b>Supporting Documents</b> (these may be emailed separately from the Executive summary):	<ul style="list-style-type: none"> <li>i. XXXX</li> <li>ii. XXXX</li> </ul>

**a. Recommendation**

For information only

**b. Executive Summary**

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).

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.

Care hours per patient day (CHPPD) will be collected monthly from May 2016.

There were three reported incidents relating to 'staffing levels' filed by the inpatient wards during October.

The planned vs actual staffing levels is still within safe limits, at 97.73%

## **Organisational Objectives to support Strategic Aims**

(Please indicate which Organisational Objective(s) this paper relates to)

<b>1</b>	Maintain clinical excellence and high quality care for patients	<b>x</b>
<b>2</b>	Provide more timely access to care	
<b>3</b>	To recruit, develop and retain highly skilled and engaged staff who embrace and deliver the Trust's aims and values	
<b>4</b>	Meet in-year milestones for enabling projects for new Stanmore site redevelopment	
<b>5</b>	Develop Digital Strategy in support of the Trust's aims and objectives	
<b>6</b>	Maintain financial control and achieve agreed activity levels	
<b>7</b>	Increase income from non-NHS sources in line with strategic aims	
<b>8</b>	Continue to develop relationships and partnerships to help achieve Trust vision	
<b>9</b>	Further develop financially viable integrated clinical research activities and academic track record	

### **1.0 Introduction**

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 will be presented at the December 2017 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 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.

## 2.0 Summary

- 2.1 An E-Rostering implementation plan is currently under development.
- 2.2 The planned vs actual staffing levels is still within safe limits, at 97.73%
- 2.3 All adult wards (excluding Alan Bray Unit) are currently undertaking the second 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

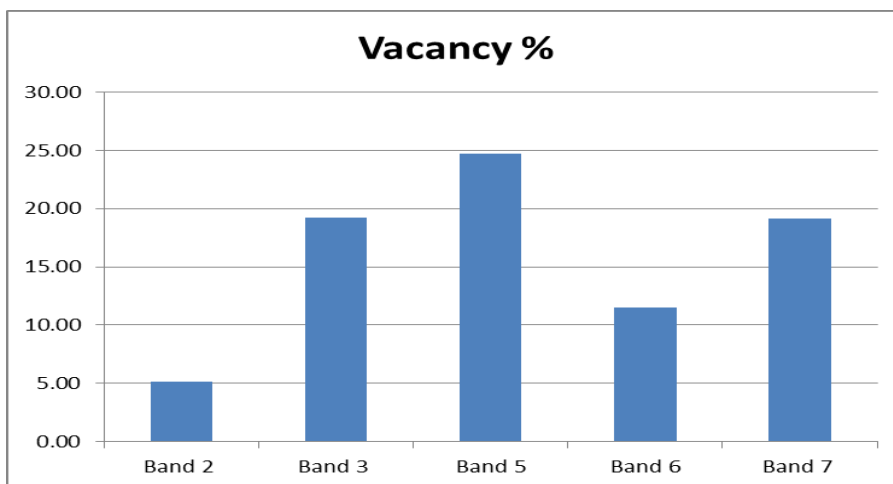
- 3.1 There were three reports of staffing issues filed by the inpatient wards during October 2017.
  - One Report from Phillip Newman ward of a reduction in 1 RN on a night shift due to a family medical emergency. Site manager was informed, staff arranged for a colleague to attend although unable to attend until 23:00. On investigation it was found that this was an unforeseen situation and was handled well by the staff.
  - One report from Ian Monro ward of an unfilled HCA duty, on investigation the staffing was found to be way within the safe levels, (1:3 RN : Patient)
  - One report from Angus McKinnion ward of a reduction in 1 RN due to short notice sickness. At the time of the incident the ward had 1 supernumerary RN. The reduction in staffing resulted in delays to patient's personal care and staff were unable to leave the ward to collect patients from recovery. Staff were also unable to take their full breaks.

#### 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 15<sup>th</sup> October to place nursing on the home office shortage occupation list.

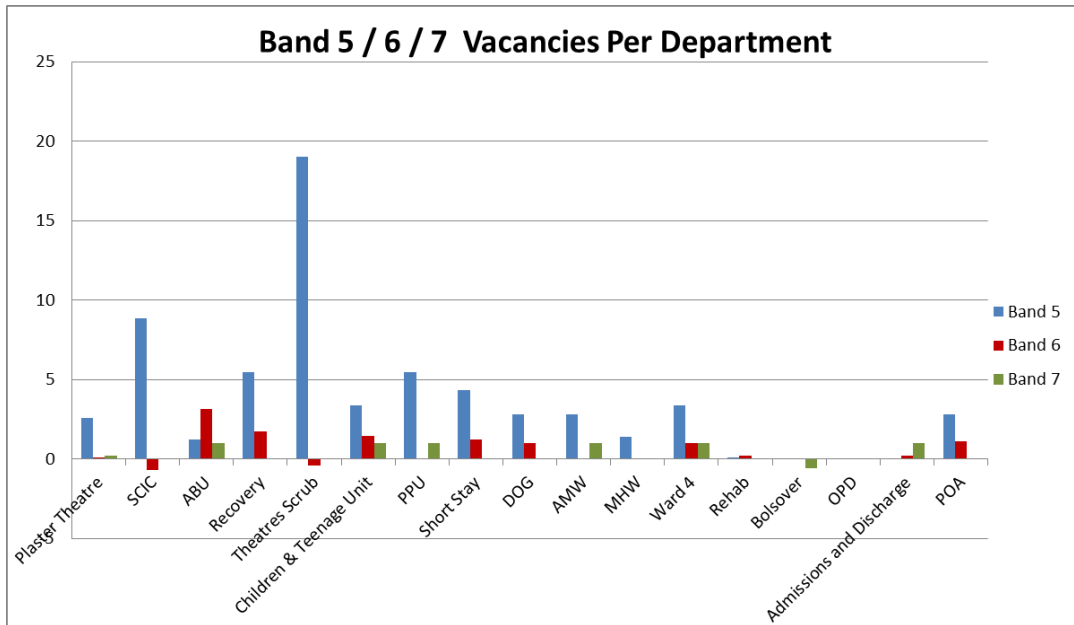
4.2 Theatres, paediatrics, outpatients (paediatrics) and Spinal Cord Injury Centre ward have vacancy levels which are driving high numbers of temporary staff use.

**Table 1: Vacancies per Grade (WTE)**



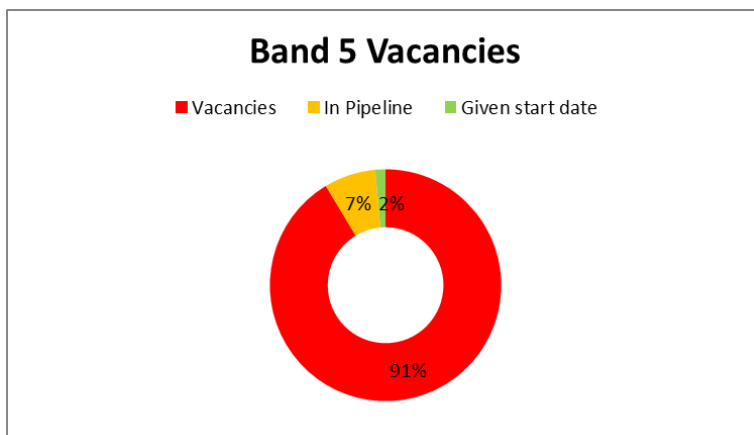
**Table 2 Band 5-7 Vacancies per Department.**

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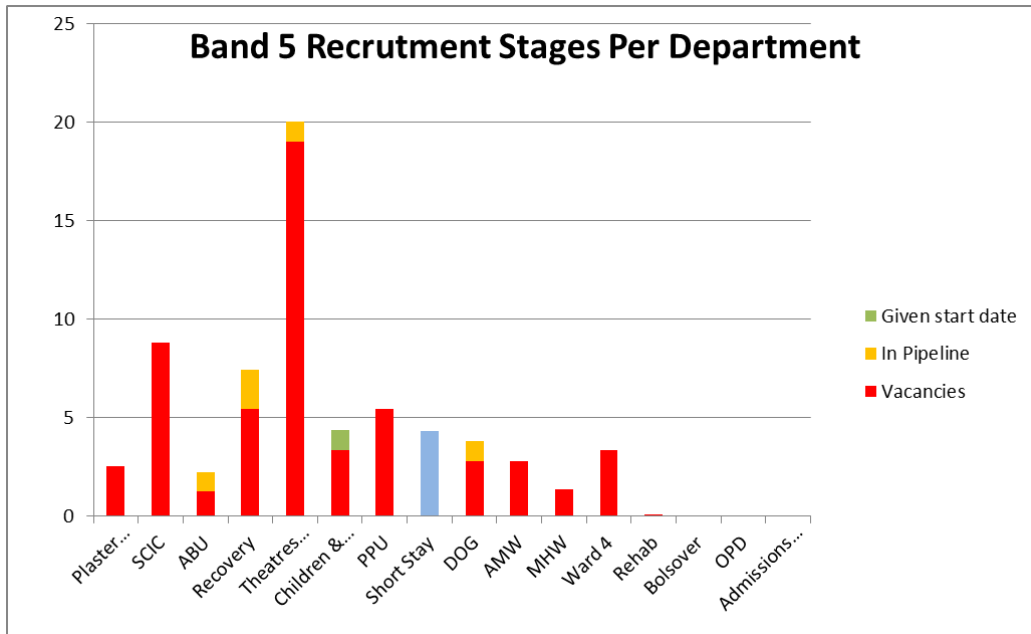


4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 24.70% (WTE 63.47) vacancies in the Trust. There are currently 5 WTE Band 5 Nurses going through pre-employment checks and 1 WTE given a start date. See table 3 & 4.

**Table 3: Band 5 Recruitment Stages**

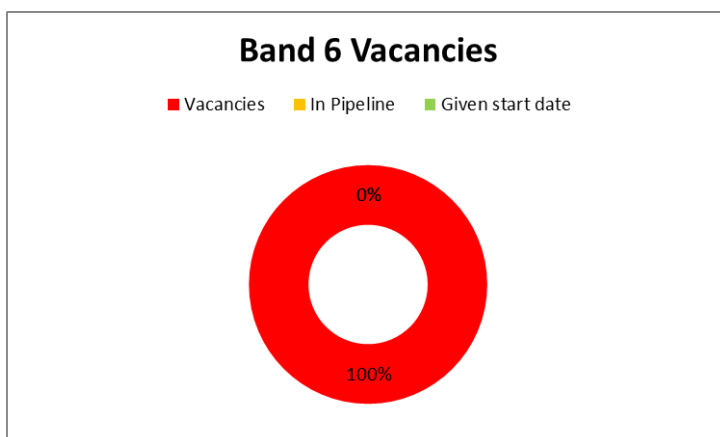


**Table 4: Band 5 Recruitment Stages per Department**

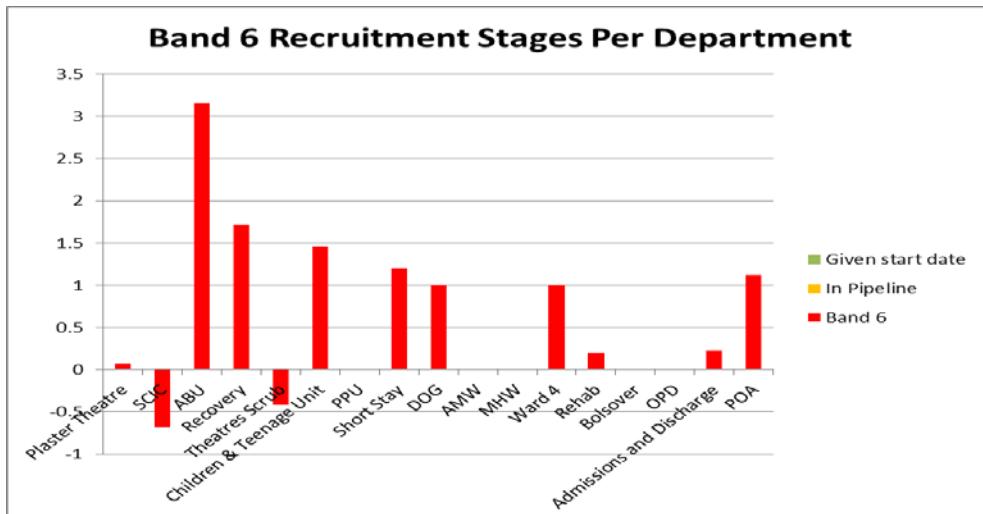


4.4 Band 6 vacancies are currently at 11.51% (10.05 WTE) this is a reduction of 6.28% since April 2017 when the vacancy was 17.79% (See Table 5 & 6).

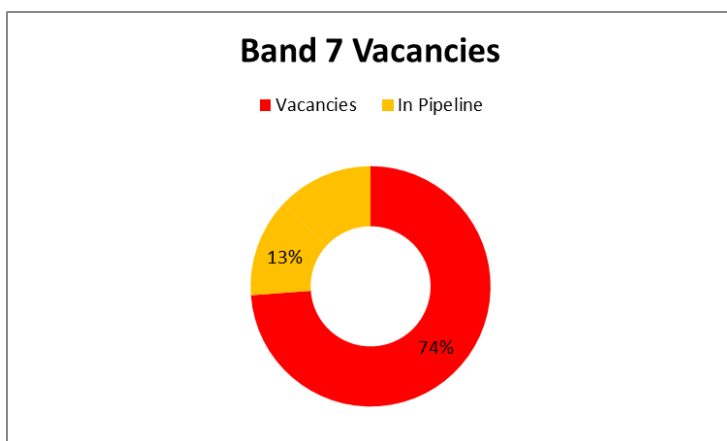
**Table 5: Band 6 Recruitment Stages**



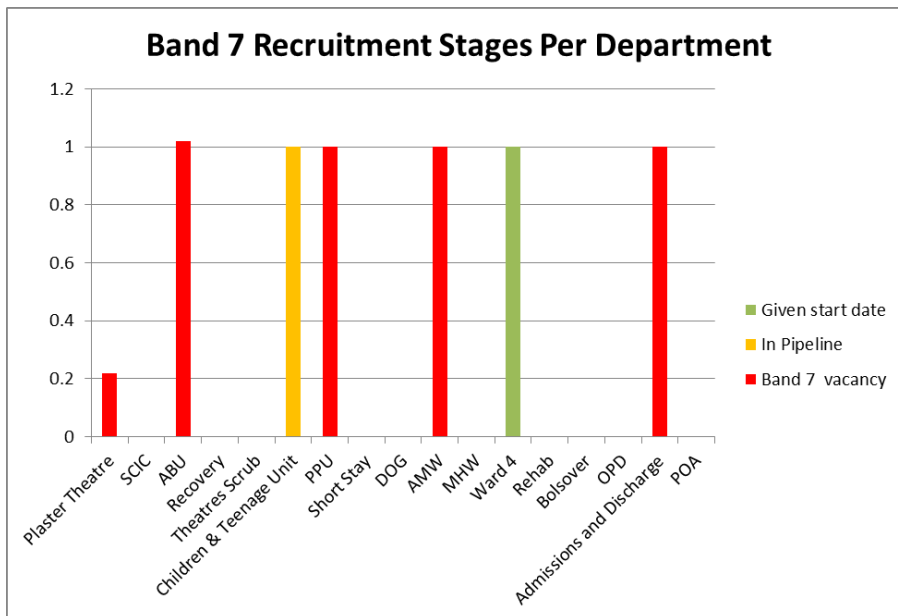
**Table 6: Band 6 Recruitment Stages per Department**



4.5 Band 7 vacancies are currently at 18.63% (5.64 WTE). 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 8: Band 7 Recruitment Stages per Department**



Information obtained from Finance & Recruitment team 09/10/17

- 4.6 International recruitment: 39 offers were made. 27 nurses have since withdrawn their application. The remaining candidates are currently going through the process to enable them to register with the NMC. 1 Nurse has successfully registered with the NMC and is currently applying for a Visa to work in the U.K. 1 Nurse has passed their CBT and are currently awaiting confirmation from the NMC of registration.
- 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.
- 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 nine.

**Table 9: Care Hours for Patient Day – October 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	365	10.2	3.2	13.4
Alan Bray Unit	265	18.7	0.6	19.4
Angus McKinnon Unit	312	8.1	4.3	12.4
Duke of Gloucester	411	6.8	4.1	10.9
Ian Monro Ward	178	8.7	3.7	12.3
Margaret Harte Ward	342	6.8	3.7	10.5
Phillip Newman Ward	97	12.8	2.9	15.7
Rehabilitation Unit	247	4.3	2.2	6.4
Short Stay Unit	389	8.7	4.0	12.7
Spinal Unit	580	4.8	4.8	9.5
Ward 4	377	5.8	2.6	8.4

5.4 Short Stay unit have a higher CHPPD at 23:59 (12.2) compared to the CHPPD of 8.0 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 – October 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	474	7.9	2.5	10.3
Alan Bray Unit	185	26.8	0.9	27.8
Angus McKinnon Unit	339	7.4	4.0	11.4
Duke of Gloucester	505	5.5	3.3	8.9
Ian Monro Ward	194	8.0	3.4	11.3
Margaret Harte Ward	380	6.1	3.3	9.5
Phillip Newman Ward	137	9.1	2.0	11.1
Rehabilitation Unit	253	4.2	2.1	6.3
Short Stay Unit	582	5.8	2.7	8.5
Spinal Unit	584	4.7	4.7	9.5
Ward 4	435	5.0	2.3	7.3

## 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	Aug-17	Sept-17	Current Month	Average
Adolescent/Coxen Ward	73.83%	73.92%	76.11%	74.62%
Alan Bray Unit	96.23%	94.92%	96.68%	95.94%
Angus McKinnon Unit	66.47%	64.84%	65.17%	65.49%
Duke of Gloucester	61.68%	64.00%	62.42%	62.70%
Margaret Harte Ward	66.31%	65.40%	64.96%	65.56%
Private Patient Unit	72.47%	73.56%	75.01%	73.68%
Rehabilitation Unit	69.77%	67.19%	66.31%	67.76%
Short Stay Unit	63.98%	66.79%	68.51%	66.43%
Spinal Unit	55.84%	50.21%	49.93%	51.99%
Ward 4	69.92%	68.42%	69.10%	69.15%

<b>Key</b> 55%	-	64%
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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: 13/11/17

**Appendix 1:**

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

Shift	Aug-17				Sep-17				Current Month			
	Day	Night	Day	Night	Day	Night	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	91.7%	99.9%	99.0%	100.0%	91.4%	94.5%	93.9%	100.0%	94.4%	93.2%	98.1%	100.0%
Alan Bray Unit	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
Angus McKinnon Unit	92.3%	89.1%	100.0%	96.6%	99.2%	100.0%	100.0%	100.0%	94.5%	96.2%	100.0%	100.0%
Duke of Gloucester	92.2%	90.8%	96.7%	100.0%	96.8%	92.6%	100.0%	100.0%	96.5%	94.2%	98.9%	98.2%
Ian Monro Ward	100.0%	100.0%	100.0%	100.0%	100.0%	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Margaret Harte Ward	94.7%	98.2%	100.0%	100.0%	99.3%	91.3%	100.0%	100.0%	93.9%	95.4%	98.8%	100.0%
Phillip Newman Ward	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Rehabilitation Unit	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%
Short Stay Unit	95.9%	96.5%	100.0%	100.0%	96.4%	98.9%	100.0%	100.0%	97.3%	94.6%	100.0%	97.4%
Spinal Unit	95.8%	97.8%	99.1%	96.5%	98.2%	100.3%	98.9%	98.8%	98.0%	99.1%	100.0%	100.0%
Ward 4	93.8%	96.8%	97.7%	100.0%	95.4%	96.9%	98.9%	100.0%	96.9%	100.0%	100.0%	100.0%

Non Required	<80%	80-90%	90-100%	>100%
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## Appendix 2

**Table 13: Detail of hours planned and worked (October 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	2,577.0	2,439.0	825.5	769.5	1,312.5	1,287.5	400	400	94.6%	93.2%	98.1%	100.0%	365	10.2	3.2	13.4
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2,565.0	2,565.0	170.5	170.5	2,400.0	2,400.0	0	0	100.0%	100.0%	100.0%	-	265	18.7	0.6	19.4
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1,550.6	1,468.4	1016.1	977.1	1,056.0	1,056.0	372	372	94.7%	96.2%	100.0%	100.0%	312	8.1	4.3	12.4
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1,775.0	1,712.5	1073	1010.5	1,100.0	1,087.5	687.5	675	96.5%	94.2%	98.9%	98.2%	411	6.8	4.1	10.9
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	770.5	770.5	337.5	337.5	775.0	775.0	312.5	312.5	100.0%	100.0%	100.0%	100.0%	178	8.7	3.7	12.3
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1,367.5	1,284.5	822	784.5	1,062.5	1,050.0	475	475	93.9%	95.4%	98.8%	100.0%	342	6.8	3.7	10.5
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	704.0	704.0	228.5	228.5	537.5	537.5	50	50	100.0%	100.0%	100.0%	100.0%	97	12.8	2.9	15.7
Rehabilitation Unit	314 - REHABILITATION	631.2	623.2	320	320	432.0	432.0	216	216	98.7%	100.0%	100.0%	100.0%	247	4.3	2.2	6.4
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	2,425.0	2,359.0	1161	1098.5	1,037.5	1,037.5	475	462.5	97.3%	94.6%	100.0%	97.4%	389	8.7	4.0	12.7
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	1,702.0	1,668.0	1716	1700	1,092.0	1,092.0	1068	1068	98.0%	99.1%	100.0%	100.0%	580	4.8	4.8	9.5
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1,398.5	1,355.5	655.5	655.5	837.5	837.5	325	325	96.9%	100.0%	100.0%	100.0%	377	5.8	2.6	8.4