

**Royal National Orthopaedic Hospital Trust**

**Trust Board Meeting - Executive Summary**

<b>Report Title:</b>	September Staffing Report (Hard Truths Commitment)	
<b>Date: 13/10/16</b>	<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>There were six incident reports relating to 'staffing levels' filed by the inpatient wards during September.</p> <p>There were 4 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 98.66%</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 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 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 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 98.66%
- 2.2.1 A Patient Acuity data collection will take place in October and will be reported to the Board in December.

## 3.0 Quality Impact of Staffing

- 3.1 There were six reports of staffing issues filed by the inpatient wards during September:
- There were three reports of Agency nurses not attending despite being booked with the agency. These included two ITU trained agency nurses booked to care for a tracheotomy patient on Coxon ward. The issues were resolved by moving staff from other departments.
  - One report of an Agency / Bank shift being cancelled accidentally due to a communication error.

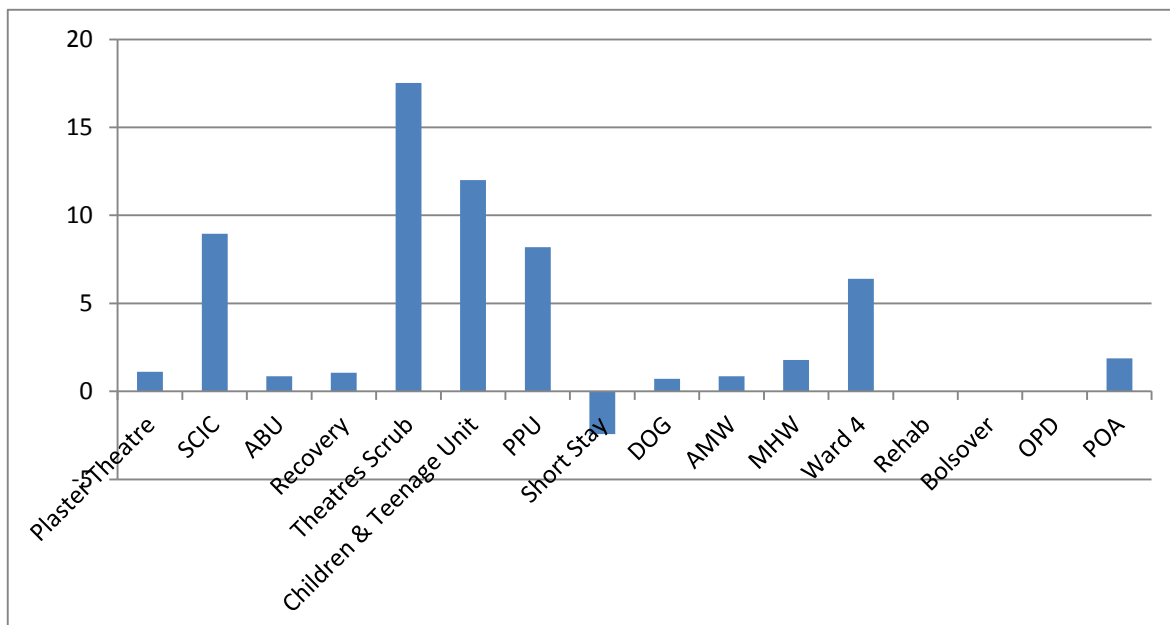
- One report from Ian Monro ward of 2 band 5 Registered Nurses on ward with 5 patients + 2 TCI. Including the TCI this gives a ratio of 1: 3.5 - this is well within safe staffing levels.
- One report of non-attendance of a Bank Health Care Support Worker.

3.2 There were 4 reports of patients being admitted with pressure sore / moisture lesions that required additional nursing support.

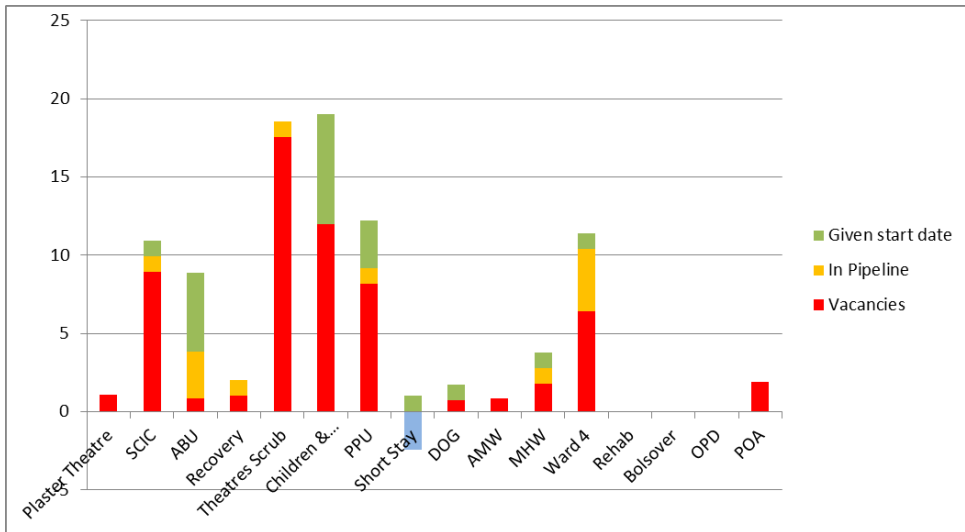
#### 4.0 Vacancies and list of current recruitment activity

- 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.
- 4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 23.81% (58.92 WTE) vacancies in the Trust. There are currently 12 Band 5 Nurses going through pre-employment checks and 20 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 14/10/16.
- 4.4 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.

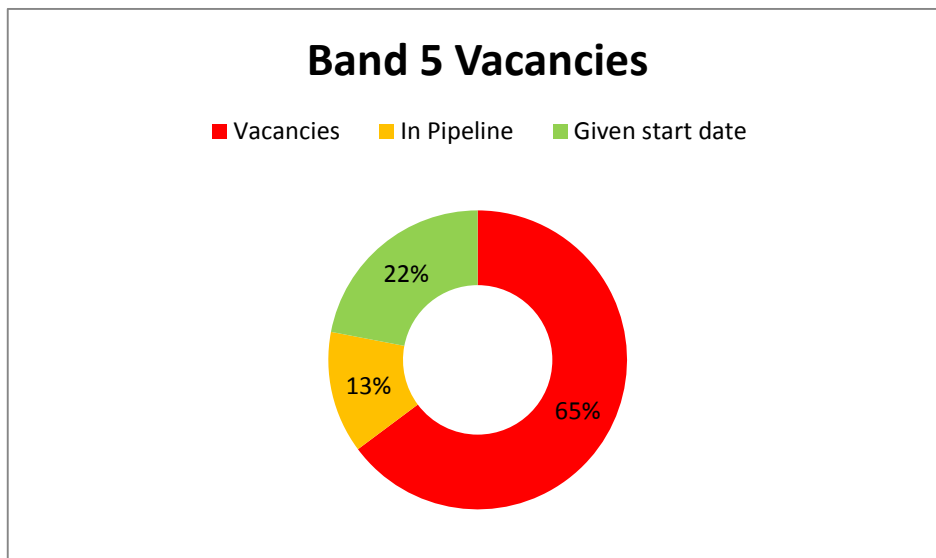
**Table 1: Band 5 Vacancies per Department**



**Table 2: Band 5 Vacancies / Recruitment stages per Department**



**Table 3: 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 4: 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	388	6.5	1.7	8.2
Alan Bray Unit	225	16.5	1.1	17.6
Angus McKinnon Unit	342	6.9	3.7	10.6
Duke of Gloucester	557	5.2	2.0	7.2
Ian Monro Ward	166	9.7	4.4	14.1
Margaret Harte Ward	341	6.5	3.3	9.8
Phillip Newman Ward	53	15.7	5.1	20.8
Rehabilitation Unit	360	2.9	1.2	4.1
Short Stay Unit	611	8.0	3.6	11.5
Spinal Unit	639	4.9	4.4	9.3
Ward 4	345	7.3	2.8	10.2

## 6.0 Percentage Qualified

6.1 Table 5 shows the percentage of registered staff for the past three months.

**Table 5: Qualified staff as percentage of total**

Ward	Jul-15	Aug-16	Current Month
SPINAL INJURIES UNIT	54.31%	52.60%	52.44%
ANGUS MACKINNON WARD	62.87%	60.79%	65.27%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	69.33%	68.23%	68.93%
MARGARET HART	69.28%	66.10%	66.17%
WARD 4	66.14%	71.68%	71.95%
DUKE OF GLOUCESTER	68.47%	69.32%	71.99%
COXEN/ADU	75.38%	75.35%	79.67%
REHABILITATION	66.30%	74.96%	69.90%
PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)	72.28%	71.11%	70.88%
ALAN BRAY UNIT	91.18%	93.97%	93.99%

Key 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: 13/10/16

Appendix 1:

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

Month	Jul-16				Aug-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	93.9%	98.2%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%
ANGUS MACKINNON WARD	100.0%	100.0%	100.0%	100.0%	99.0%	96.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
COXEN/ADU	97.8%	98.1%	100.0%	100.0%	98.7%	100.0%	99.1%	100.0%	98.2%	97.5%	100.0%	97.0%
DUKE OF GLOUCESTER	99.4%	97.3%	98.9%	100.0%	97.9%	76.6%	100.0%	98.2%	95.7%	95.4%	98.9%	100.0%
IAN MONRO WARD	97.0%	96.6%	100.0%	100.0%	96.2%	99.0%	100.0%	100.0%	94.9%	90.5%	100.0%	100.0%
Short Stay Unit	99.1%	100.0%	100.0%	100.0%	98.0%	99.1%	99.2%	98.4%	96.4%	100.0%	100.0%	100.0%
MARGARET HARTE	96.4%	97.1%	100.0%	100.0%	96.2%	99.1%	100.0%	100.0%	99.3%	96.5%	100.0%	100.0%
PHILIP NEWMAN WARD	100.0%	98.1%	100.0%	100.0%	100.0%	94.6%	100.0%	100.0%	96.5%	89.2%	100.0%	100.0%
REHABILITATION	98.3%	98.3%	100.0%	100.0%	98.4%	78.0%	100.0%	100.0%	99.6%	97.3%	100.0%	98.3%
SPINAL INJURIES UNIT	100.0%	100.0%	100.0%	100.0%	97.4%	98.4%	97.8%	98.9%	99.6%	100.0%	100.0%	100.0%
WARD 4	96.1%	98.8%	98.9%	100.0%	97.4%	97.3%	100.0%	100.0%	95.6%	94.3%	100.0%	100.0%
			<80%	80-90%	90-100%	>100%						



## Appendix 2

**Table 7: Detail of hours planned and worked (September 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
		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	1536.5	1511.5	394	394	1012.5	1012.5	250	250	98.4%	100.0%	100.0%	100.0%	388	6.5	1.7
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	1905	1905	212.5	212.5	1812.5	1812.5	25	25	100.0%	100.0%	100.0%	100.0%	225	16.5	1.1
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1324.3	1300.3	898.7	876.2	1068	1068	396	384	98.2%	97.5%	100.0%	97.0%	342	6.9	3.7
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1827.5	1748.5	718.5	685.5	1150	1137.5	437.5	437.5	95.7%	95.4%	98.9%	100.0%	557	5.2	2.0
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	931.5	884	395.5	358	725	725	375	375	94.9%	90.5%	100.0%	100.0%	166	9.7	4.4
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1223	1179	739.5	739.5	1025	1025	387.5	387.5	96.4%	100.0%	100.0%	100.0%	341	6.5	3.3
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	522	518.5	227.5	219.5	312.5	312.5	50	50	99.3%	96.5%	100.0%	100.0%	53	15.7	5.1
Rehabilitation Unit	314 - REHABILITATION	695.3	671.3	296	264	360	360	180	180	96.5%	89.2%	100.0%	100.0%	360	2.9	1.2
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	3251.5	3239	1495.5	1454.5	1625	1625	750	737.5	99.6%	97.3%	100.0%	98.3%	611	8.0	3.6
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2050	2042	1764	1764	1080	1080	1068	1068	99.6%	100.0%	100.0%	100.0%	639	4.9	4.4
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1565.5	1496	658	620.5	1025	1025	362.5	362.5	95.6%	94.3%	100.0%	100.0%	345	7.3	2.8