

Royal National Orthopaedic Hospital NHS Trust

Trust Board Meeting - Executive Summary

Report Title:	August Staffing Report (Hard Truths Commitment)
Author:	Karen Mannion, Project Nurse / Lead for Implementation of Safe Staffing Tool
Lead Director:	Professor Paul Fish, Director of Nursing
Date of Meeting:	
Purpose:	For Noting
Please state the Board Committee that has considered this paper:	
Supporting Documents (these may be emailed separately from the Executive summary):	<ul style="list-style-type: none"> i. XXXX ii. XXXX

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.

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

The Planned vs Actual staffing levels is 83.25%. This lower than previous months reporting (although the Care Hours Per Patient days are within safe range) This is in part due to the change of how the data is calculated.

NHS Improvement and NHS England are discontinuing the reporting of Planned V Actual from September 2018 following the introduction of Care hours per patient day (CHPPD).

Organisational Objectives to support Strategic Aims

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

1	Deliver targeted improvements in clinical excellence and high quality care standards	X
2	Deliver prioritised improvement initiatives to increase capacity	
3	Deliver the Organisational Development Programme to improve staff experience	
4	Deliver the RNOH site redevelopment projects and maintain the safe availability of current buildings and equipment	
5	Exploit digital technology to deliver safe, efficient and effective patient care	
6	Maintain financial stability	
7	Develop relationships and partnerships with academic partners	

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 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 This report has been compiled using the information from the E-Rostering system (Actual hours) and then compared to the Planned hours. Due to the elective nature of the Hospital, the planned hours can fluctuate depending on and the number of admissions and ward closures. The E-rostering system has not been able to capture this fluctuation and therefore the planned hours have been calculated manually to give a truer reflection of the staffing numbers.

2.0 Summary

- 2.1 E-Rostering and 'safe care' has been rolled out across the wards.
- 2.2 The planned vs actual staffing levels are at 83.25%.

3.0 Quality Impact of Staffing

3.1 The Planned v Actual percentage is lower than previous months reporting (although the Care Hours per Patient day are within safe range). This is in part due to the change of how the data is calculated. The Trust has moved to utilising the E-rostering system to obtain the data and due to the elective nature of the Trust and the fluctuation in the planned staffing numbers. The E-roster has not been able to reflect this accurately and therefore the planned hours have been calculated manually to give a truer reflection of the staffing numbers. The Trust is currently working with Allocate to look at solutions to this problem. The newly introduced measure of care hours per patient day however is within acceptable limits, demonstrating that staffing levels have been safe.

3.2 The Trust has also seen the impact of the increased nursing vacancies. 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.

3.3 There were six reports of Safe staffing concerns from In-patient wards during August.

- One report of an agency nurse not attending impacting on staffing for that shift.
- One report of a nurse concerned with the level of knowledge and skills of an agency nurse; not signing for medication and a poor understanding of the hospital documentation and therefore impacting on their ability to care for the patients.
- One report concerned with the impact on staff stress levels within Theatre (particularly nursing staff) following a change to staffing numbers.
- One report from Duke of Gloucester ward of increased patient acuity including three confused patients, two of which were said to be acting aggressively. In addition one patient required 4/5 staff members to assist with turns and repositioning.
- One report from Ward 4 of reduced staffing "affecting the ability to meet the Trust values and impacting on patient care; delay in medication, flushing of I.V medication and wound management" On investigation it was found that two RN's

where off sick and temporary staffing were unable to cover due to the summer holidays.

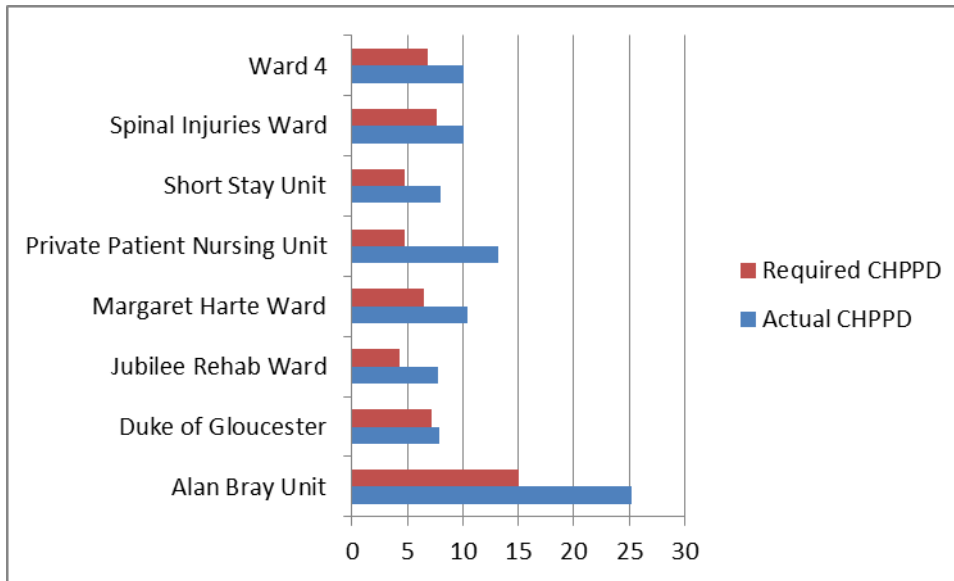
- One report from Duke of Gloucester of high patient acuity (level 2) and reduced staffing due to sickness and being unable to cover with temporary staffing effecting patient care.

3.4 A number of factors impacted on staffing during August. This included lower levels of staff willing to undertake bank work due to annual leave, greater levels of activity over the summer than in previous years, increased levels of sickness in some wards and an in-ability to achieve weekend closure of some units which has previously allowed us to move staff internally and cover gaps in nursing rota's.

4.0 **Care Hours per Patient Day (CHPPD)**

- 4.1 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.
- 4.2 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.

Table 1: Required V Actual CHPPD



4.3 Safecare calculates the required and actual CHPPD by using the patient acuity score that is collected at ward level three times per day. Table 1 demonstrates that the required CHPPD was within the Actual CHPPD during August.

Refer to Appendix 1 for further details.

4.4 The CHPPD does not reflect the throughput of patients during the day particularly SSU, and the Paediatric unit.

5.0 Vacancies and list of current recruitment activity

5.1 There continue to be a number of wards and departments that have pressure in relation to recruitment and retention. Theatres, Ward 4, Short Stay Unit and Spinal Cord Injury Centre ward have vacancy levels which are driving high numbers of temporary staff use.

Table 2 Nursing Vacancies

Identifies the number of nursing workforce vacancy across the divisions

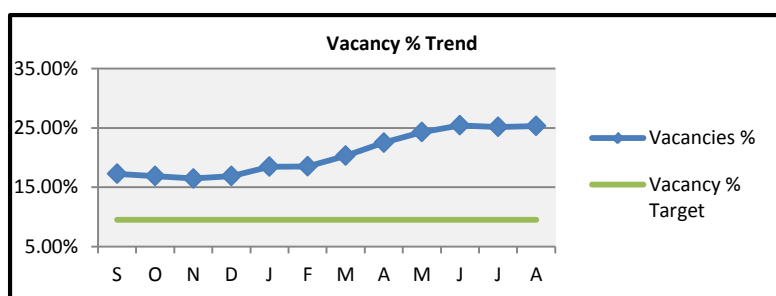
Division	Funded establish. (wte)	Staff in Post (wte)	Vacancies (wte)	Vacancies (%)
Children's OP, I&A	62.02	49.39	12.63	20.36%
Critical Support	160.58	118.48	42.10	26.22%
JR & Cancer	51.33	44.57	6.76	13.17%
Medicine & Therapies	73.53	50.78	22.75	30.94%
Private Patients	26.15	21.44	4.71	18.01%
Specialist Surgery	58.61	38.10	20.51	34.99%
Trustwide excl Corporate	432.22	322.76	109.46	25.33%

Information from Workforce (13/9/18)

5.2 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 34.68% (WTE 84.66) vacancies in the Trust.

Information obtained from Finance & Recruitment team 10/9/18

Table 3 Nursing vacancy Trend



Information from Workforce (13/9/18)

Table 2 demonstrates an increase in nursing vacancies within the trust.

4.3 A detailed recruitment and retention action plan is in place and is being coordinated jointly by the Director of Nursing and Director of Workforce & Improvement and the Nursing workforce lead.

- 4.4 The Director of Nursing called an urgent meeting on 12th September to discuss recruitment and retention. A trial of an alternative approach has now commenced, which will result in applicants being called for interview immediately that they submit an application for a role, with DBS and other checks being completed on the day of interview so that an offer can be made the same day.
- 4.5 Extensive national recruitment activity is underway, with RNOH staff going to Manchester, Dublin and other locations, in addition to local and on-line recruitment taking place as normal. Continuous rolling adverts for roles are in place on NHS jobs.
- 4.6 A radio advert has been developed and will run on a local radio station and a refreshed billboard campaign is being developed (has previously been run), which will target commuters on the London underground and local buses.
- 4.7 The trust is fully engaged in the Capital Nurse programme and a number of initiatives that have been developed by that programme are in place or being rolled out in the trust. These include internal rotation programmes, standardised preceptorship programme (NCL are using the RNOH programme as the gold standard) and career clinics for staff to discuss and develop their career aspirations.
- 4.8 Flexible working opportunities are being explored to allow for staff to work 'super-flexible' shift patterns to achieve a better work life balance and CSSD division are trialling self-rostering which will be evaluated and potentially rolled out further if this has a positive impact on retention.

6.0 Percentage Qualified (skill mix)

- 6.1 Table 8 shows the percentage of registered staff for the past three months.

Table 4: Qualified staff as percentage of total

Ward	June-18	July 18	Current Month	Average
Adolescent/Coxen Ward	76.59%	72.20%	76.03%	74.94%
Alan Bray Unit	94.05%	94.88%	96.15%	95.03%
Angus McKinnon Unit	Closed			
Duke of Gloucester	57.12%	63.97%	60.88%	60.66%
Margaret Harte Ward	64.77%	55.98%	63.12%	61.29%
Private Patient Unit	72.98%	60.15%	73.69%	68.94%
Rehabilitation Unit	67.73%	67.08%	65.23%	66.68%
Short Stay Unit	67.10%	66.98%	68.32%	67.47%
Spinal Unit	49.85%	48.27%	48.38%	48.83%
Ward 4	66.47%	68.31%	65.48%	66.75%

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:18/09/18

Appendix 1

Table 5: Detail of hours planned and worked (August 2018)

Hospital Site Details		Ward name	Main 2		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Site code *The Site code is automatically populated	Hospital Site name		Specialty 1	Specialty 2	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	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
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Adolescent/Coxen Ward	171 - PAEDIATRIC SURGERY		2,290.5	2,262.0	771	771	1,437.5	1,412.5	387.5	387.5	98.8%	100.0%	98.3%	100.0%	527	7.0	2.2	9.2
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Alan Bray Unit	192 - CRITICAL CARE		3,100.50	2,971.75	301.50	232.50	2,829.00	2,829.00	0.00	0.00	95.8%	77.1%	100.0%	-	197	29.4	1.2	30.6
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS		1,860.0	1,560.83	1395	927.50	1,162.5	1,117.50	775	793.50	83.9%	66.5%	96.1%	102.4%	602	4.4	2.9	7.3
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Private Patient Unit	110 - TRAUMA & ORTHOPAEDICS		1,860.0	1,495.0	1065	550.00	1,050.0	1,046.5	525	357.50	80.4%	51.6%	99.7%	68.1%	299	8.5	3.0	11.5
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS		1,537.5	1,145.50	930	790.00	1,162.5	954.50	387.5	437.00	74.5%	84.9%	82.1%	112.8%	374	5.6	3.3	8.9
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Rehabilitation Unit	314 - REHABILITATION		1,005.0	736.50	517.5	405.50	425.0	391.00	225	195.50	73.3%	78.4%	92.0%	86.9%	292	3.9	2.1	5.9
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS		3,435.0	2,383.00	1770	1,238.25	1,837.5	1,552.50	987.5	586.50	69.4%	70.0%	84.5%	59.4%	763	5.2	2.4	7.5
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Spinal Unit	TRAUMA & ORTHOPAEDICS		2,392.5	1,694.5	2557.5	2,054.75	1,550.0	1,276.5	1550	1,115.50	70.8%	80.3%	82.4%	72.0%	692	4.3	4.6	8.9
	THE ROYAL NATIONAL ORTHOPAEDIC HOSPITAL (STANMORE) - RAN01	Ward 4	TRAUMA & ORTHOPAEDICS		2,032.5	1,321.50	930	775.75	1,162.5	1,069.92	387.5	485.00	65.0%	83.4%	92.0%	125.2%	410	5.8	3.1	8.9