

Royal National Orthopaedic Hospital NHS Trust

Trust Board Meeting - Executive Summary

Report Title:	February 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.

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

There were nine reported incidents relating to ‘staffing levels’ filed by the inpatient wards during February.

The planned vs actual staffing levels is still within safe limits, at 98.28%

Organisational Objectives to support Strategic Aims

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

1	Maintain clinical excellence and high quality care for patients	x
2	Provide more timely access to care	
3	To recruit, develop and retain highly skilled and engaged staff who embrace and deliver the Trust's aims and values	
4	Meet in-year milestones for enabling projects for new Stanmore site redevelopment	
5	Develop Digital Strategy in support of the Trust's aims and objectives	
6	Maintain financial control and achieve agreed activity levels	
7	Increase income from non-NHS sources in line with strategic aims	
8	Continue to develop relationships and partnerships to help achieve Trust vision	
9	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 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 An E-Rostering and 'safe care' implementation plan is currently being rolled out across the wards.
- 2.2 The planned vs actual staffing levels is still within safe limits, at 98.28%

3.0 Quality Impact of Staffing

There were nine reports of staffing issues filed by the inpatient wards during February 2018

- There was one report from MRI scanner that Jackson burrows ward was unable to collect patient due to the ward being short of staff.
- Two reports from CHDU of them being unable to transfer patient's that were ready for transfer, back to Coxon ward, due to reduced staffing on the ward.
- One report from Phillip Newman Ward of reduced staffing numbers due to a bank nurse not attending
- One report from Private patient unit of only one nurse and one HCA on the unit
- One report from PPU of the Nurse in charge covering the two units and only 2 Registered nurses on Philip Newman
- One report from Jackson Burrows ward of only 1 RN on a night shift with 9 patients, this is currently under investigation by the senior nursing team.
- One report from Rehab that they had to collect a patient from theatre leaving the ward with reduced staffing and delay in the porters increased the amount of time the nurse was off the ward by 20 – 25 min

- One report of difficulty in staff allocation, male nurse due to be transferred to MHW but refused to move (known that he does not work on MHW) The bank nurse on PPU refused to be reallocated to SCIC and left the unit, nurse telephoned by the site manager to go to MHW instead.

There was an additional 17 report's from Recovery of the ward staffing affecting the care they can deliver.

- There were eleven reports from recovery that Jackson Burrows ward and the Colman unit was unable to collect patient from recovery due to shortness of staff on unit. Staff have been reminded to liaise with the opposite unit to ensure that collection from recovery can be prioritised.
- Two reports from recovery that there was no nurse available from the Children's ward to collect patients due to short staffing on the ward. Patients were transferred to the ward by the recovery staff leaving recovery with reduced staffing.
- There was one report from recovery that Duke of Gloucester was unable to collect patient from recovery due to shortness of staff on unit.
- There were two reports from recovery that the private patient unit was unable to collect patient from recovery due to shortness of staff on unit.
- There was one report from recovery that during the afternoon 9 out of the 16 patients were escorted from recovery to the wards by recovery nurses. Of those 9 patients 6 were destined for Short stay unit.

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.

Table 1: Vacancies per Grade (WTE)

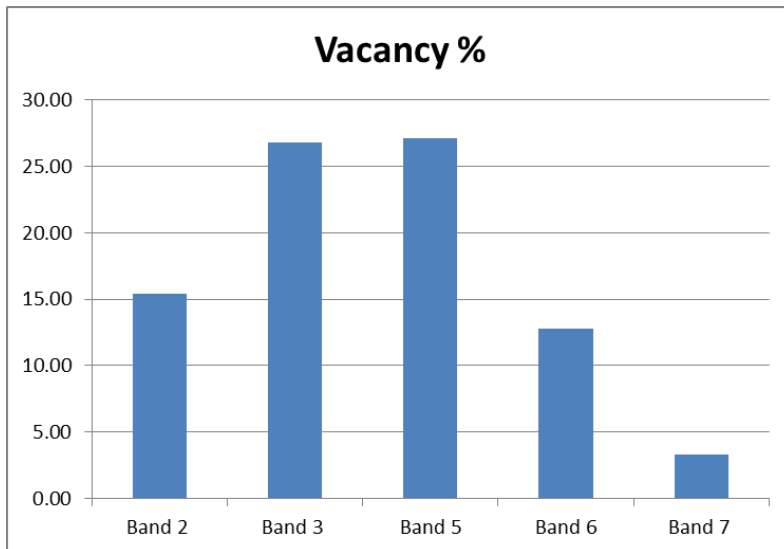
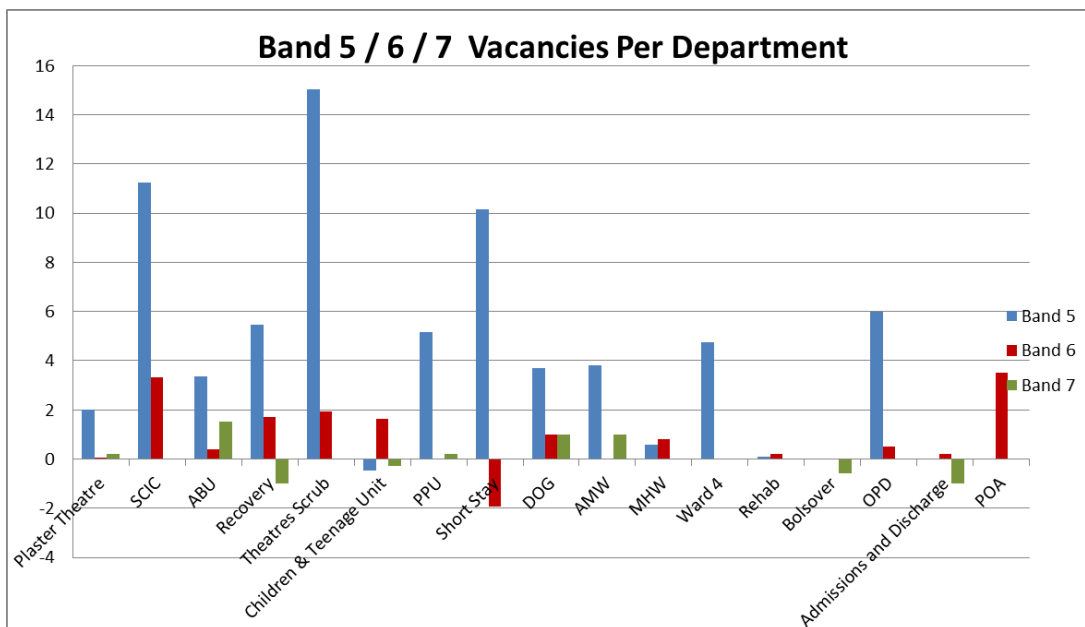


Table 2 Band 5-7 Vacancies per Department.



4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 27.12% (WTE 70.83) vacancies in the Trust. There are currently 4 WTE Band 5 Nurses going through pre-employment checks and 1 WTE given a start date.

- 4.4 Band 6 vacancies are currently at 12.75% (13.41 WTE) this is a reduction of 5.04% since April 2017 when the vacancy was 17.79%
- 4.5 Band 7 vacancies are currently at 3.32% (1.04 WTE). This is a reduction in 12% since September 2017. The Senior Nursing team are currently running 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.

Information obtained from Finance & Recruitment team 12/2/17

- 4.6 International Recruitment: One nurse started with the trust in January 2018. One nurse has recently passed the first level of the NMC registration process and the trust has applied for her visa and subject to this being approved, it is hoped that she will commence with the trust in April 2018, two further nurses are likely to be withdrawn. The remaining nurses have all now withdrawn.
- 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 3: Care Hours for Patient Day – February 2018

	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	386	8.0	2.6	10.6
Alan Bray Unit	276	18.8	0.5	19.3
Angus McKinnon Unit				
Duke of Gloucester	486	5.4	2.8	8.2
Ian Monro Ward	162	8.5	3.5	12.1
Margaret Harte Ward	346	6.1	3.8	9.8
Phillip Newman Ward	114	11.8	3.0	14.8
Rehabilitation Unit	196	4.4	2.1	6.5
Short Stay Unit	500	7.9	3.9	11.7
Spinal Unit	696	5.2	4.8	10.0
Ward 4	404	6.1	2.8	8.9

5.4 Short Stay unit have a higher CHPPD at 23:59 (11.7) compared to the CHPPD of 8.6 using the bed occupancy at 15:00 this is due to the number of day case patients and the ward closing overnight. Table 7 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 4: Care Hours for Patient Day at 15:00 – February 2018

	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	6.5	2.1	8.6
Alan Bray Unit	208	24.9	0.7	25.6
Angus McKinnon Unit	0	-	-	-
Duke of Gloucester	536	4.9	2.5	7.4
Ian Monro Ward	178	7.8	3.2	11.0
Margaret Harte Ward	355	5.9	3.7	9.6
Phillip Newman Ward	151	8.9	2.2	11.1
Rehabilitation Unit	215	4.0	1.9	5.9
Short Stay Unit	683	5.8	2.8	8.6
Spinal Unit	695	5.2	4.8	10.0
Ward 4	441	5.6	2.6	8.2

6.0 Percentage Qualified

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

Table 5: Qualified staff as percentage of total

Ward	Dec -17	Jan-18	Current Month	Average
Adolescent/Coxen Ward	72.42%	75.30%	75.50%	74.40%
Alan Bray Unit	98.37%	94.53%	97.19%	96.69%
Angus McKinnon Unit	65.30%	closed	closed	65.30%
Duke of Gloucester	66.67%	68.13%	65.65%	66.81%
Margaret Harte Ward	65.69%	60.24%	61.89%	62.60%
Private Patient Unit	77.42%	72.33%	74.89%	74.88%
Rehabilitation Unit	65.97%	67.58%	67.91%	67.16%
Short Stay Unit	66.37%	68.44%	67.14%	67.31%
Spinal Unit	52.99%	54.17%	52.01%	53.06%
Ward 4	69.45%	68.57%	68.23%	68.75%

Key 55%	-	64%
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Report compiled by: Karen Mannion; Project Nurse /Lead for Implementation of Safe Staffing Tool and

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Date: 15/3/18

Appendix 1:

Table 9: % Fill rates by ward, month, and shift and staff group

Shift	Dec-17				Jan-18				Current Month			
	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	91.1%	93.9%	97.5%	100.0%	98.9%	95.4%	100.0%	100.0%	95.7%	95.5%	96.0%	97.4%
Alan Bray Unit	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%
Angus McKinnon Unit	94.3%	89.0%	100.0%	100.0%	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Duke of Gloucester	100.0%	98.4%	100.0%	100.0%	98.3%	96.9%	100.0%	100.0%	93.2%	100.0%	100.0%	100.0%
Ian Monro Ward	99.8%	101.5%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%	99.9%	96.2%	100.0%	100.0%
Margaret Harte Ward	96.5%	97.0%	100.0%	100.0%	95.9%	98.8%	100.0%	100.0%	96.9%	97.0%	100.0%	100.0%
Phillip Newman Ward	97.9%	96.2%	100.0%	100.0%	100.0%	94.4%	100.0%	100.0%	97.6%	95.3%	100.0%	100.0%
Rehabilitation Unit	100.0%	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Short Stay Unit	98.8%	100.0%	100.0%	100.0%	97.5%	93.3%	98.9%	100.0%	97.5%	97.0%	100.0%	100.0%
Spinal Unit	94.8%	96.0%	100.0%	94.4%	98.7%	96.4%	100.0%	99.1%	98.9%	99.2%	100.0%	100.0%
Ward 4	98.4%	96.7%	96.4%	100.0%	97.9%	100.0%	98.9%	100.0%	94.0%	96.7%	100.0%	100.0%

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

Table 10: Detail of hours planned and worked (February 2018)

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	1,864.0	561	536	1,262.5	1,212.5	475	462.5	95.7%	95.5%	96.0%	97.4%	386	8.0	2.6	10.6	
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2,743.0	150	150	2,437.5	2,437.5	0	0	100.0%	100.0%	100.0%	0.0%	276	18.8	0.5	19.3	
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	closed															
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1,554.5	738	738	1,050.0	1,050.0	625	625	93.2%	100.0%	100.0%	100.0%	486	5.4	2.8	8.2	
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	682.0	325	312.5	700.0	700.0	262.5	262.5	99.9%	96.2%	100.0%	100.0%	162	8.5	3.5	12.1	
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1,194.5	977	947.5	912.5	912.5	350	350	96.9%	97.0%	100.0%	100.0%	346	6.1	3.8	9.8	
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	680.5	263.5	251	662.5	662.5	87.5	87.5	97.6%	95.3%	100.0%	100.0%	114	11.8	3.0	14.8	
Rehabilitation Unit	314 - REHABILITATION	479.6	216	216	384.0	384.0	192	192	100.0%	100.0%	100.0%	100.0%	196	4.4	2.1	6.5	
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	2,560.5	1277.5	1239	1,375.0	1,375.0	687.5	687.5	97.5%	97.0%	100.0%	100.0%	500	7.9	3.9	11.7	
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2,295.0	2055	2039	1,332.0	1,332.0	1308	1308	98.9%	99.2%	100.0%	100.0%	696	5.2	4.8	10.0	
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1,416.5	748.5	723.5	1,050.0	1,050.0	425	425	94.0%	96.7%	100.0%	100.0%	404	6.1	2.8	8.9	