

Royal National Orthopaedic Hospital NHS Trust

Trust Board Meeting - Executive Summary

Report Title:	July 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 ten reported incidents relating to ‘staffing levels’ filed by the inpatient wards during July.

The planned vs actual staffing levels is still within safe limits, at 98.12%

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 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 E-Rostering and 'safe care' has been rolled out across the wards the system is currently being tested for data quality.
- 2.2 The planned vs actual staffing levels is still within safe limits, at 98.12%

3.0 Quality Impact of Staffing

There were ten reports of staffing issues filed during July 2018 by the inpatient wards this is an increase in previous months, potentially as a result of the increased staff on annual leave.

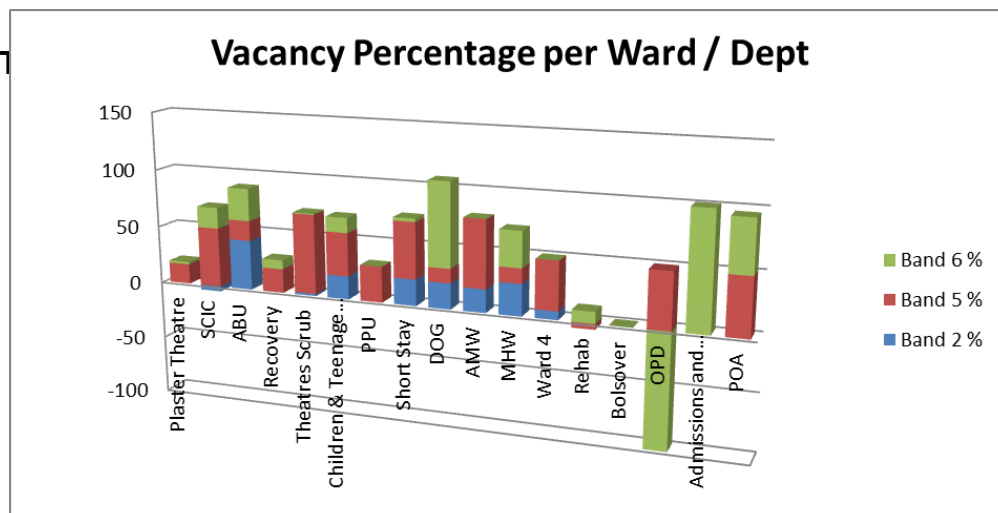
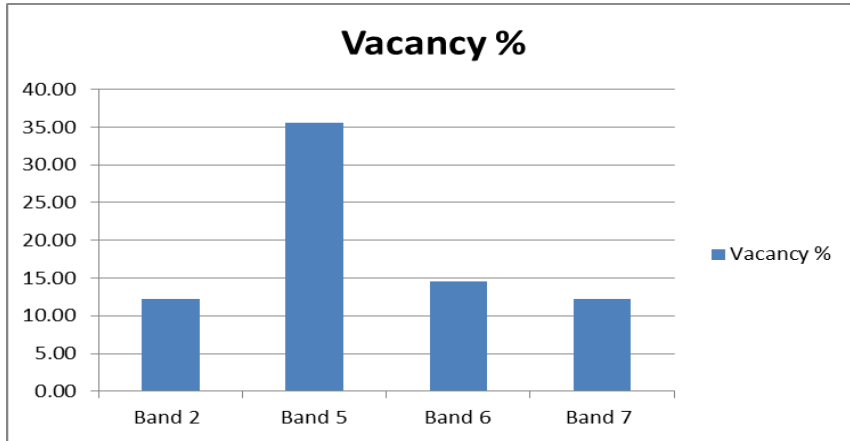
- One report from Duke of Gloucester of increased nursing demands on a night shift due to two confused patients requiring enhanced care. Staff escalated to Site manager and DHON who arranged for an extra HCA for the following night shift.
- One report from a nurse who was transferred to support ward 4, the nurse reported they felt unfairly given a higher number of patients with increased acuity and received very little support from the ward staff. The staff have since been spoken to and an apology given to the nurse.
- One report from ward 4 of reduced staffing resulting in three complaints from patients to the nursing in charge of the shift. The DHON was informed, ward manager stayed until 17:30 to support the ward but this left only two RN's until 19:30 when the next member of staff came on duty. This incident is currently under investigation.

- One report by temporary staffing of a bank nurse not attending impacting on patient care.
- One report from Duke of Gloucester of their HCA being moved to another area to cover reduced staffing. The ward reported that they were concerned that the lack of planning from another area has impacted on their patient care. On investigation it was found to be due to short notice bank cancellation.
- One report from Margaret Harte ward of only one nurse attending for a night shift, site manager was informed. The DHON is currently investigating this.
- One report from Coxon ward of short staffing leaving two RN's and one HCA for sixteen patients. On investigation it was found to be due to short notice bank cancellation. The agency was unable to cover and the site manager was unable to move anyone to support due to reduced staffing on other wards.
- One report of a band 5 nurse from Alan Bray being asked to move to Jackson Burrows ward and requiring to be in charge despite the nurse not taking charge on their own ward resulting in the nurse feeling vulnerable.
- One report from Coxon ward of a nurse having to move to Alan Bray to support, leaving Coxon ward with reduced staffing.
- One report from Private patient unit only one RN on Phillip Newman with 6 patients and one HCA. There was two RN's on Ian Munro with eight patients. The site manager was informed and supported with C.D medication and I.V antibiotics. The student nurse supported the RN on Phillip Newman.

There was one report from Out-patient department of only one RN until 11:00; staff report that no serious incidents were reported during this time.

4.0 Vacancies and list of current recruitment activity

Table 1: Vacancies per Grade (WTE)



5.0 Care Hours Per Patient Day

Please see Appendix 1

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: 09/08/18

Appendix 1

Table 6: Detail of hours planned and worked (July 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	1,928.0	1,928.0	770.5	770.5	1,112.5	1,112.5	400	400	100.0%	100.0%	100.0%	100.0%	451	6.7	2.6	9.3
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2,793.0	2,793.0	262.5	262.5	2,075.0	2,075.0	0	0	100.0%	100.0%	100.0%	0.0%	269	18.1	1.0	19.1
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1,627.5	1,609.5	816.5	720.5	712.5	712.5	587.5	587.5	98.1%	88.2%	100.0%	100.0%	608	3.8	2.2	6.0
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	720.5	720.5	337.5	337.5	775.0	775.0	387.5	387.5	100.0%	100.0%	100.0%	100.0%	201	7.4	3.6	11.0
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1,017.0	927.0	828.5	816	762.5	762.5	525	512.5	91.2%	98.5%	100.0%	97.6%	384	4.4	3.5	7.9
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	651.5	651.5	258	258	550.0	550.0	0	0	100.0%	100.0%	100.0%	0.0%	98	12.3	2.6	14.9
Rehabilitation Unit	314 - REHABILITATION	784.8	784.8	381.2	381.2	432.0	432.0	216	216	100.0%	100.0%	100.0%	100.0%	308	4.0	1.9	5.9
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	2,461.5	2,354.5	1237.5	1212.5	1,525.0	1,525.0	700	700	95.7%	98.0%	100.0%	100.0%	743	5.2	2.6	7.8
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	1,205.0	1,099.0	1438	1380	648.0	648.0	504	492	91.2%	96.0%	100.0%	97.6%	837	2.1	2.2	4.3
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1,551.0	1,420.0	725.5	725.5	937.5	925.0	362.5	362.5	91.6%	100.0%	98.7%	100.0%	472	5.0	2.3	7.3