

**Royal National Orthopaedic Hospital NHS Trust**

**Trust Board Meeting - Executive Summary**

<b>Report Title:</b>	May 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 five reported incidents relating to 'staffing levels' filed by the inpatient wards during March.

The planned vs actual staffing levels is still within safe limits, at 98.34%

## **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 E-Rostering and 'safe care' has been rolled out across the wards.
- 2.2 The planned vs actual staffing levels is still within safe limits, at 98.34%

## 3.0 Quality Impact of Staffing

There were ten reports of staffing issues filed during May 2018

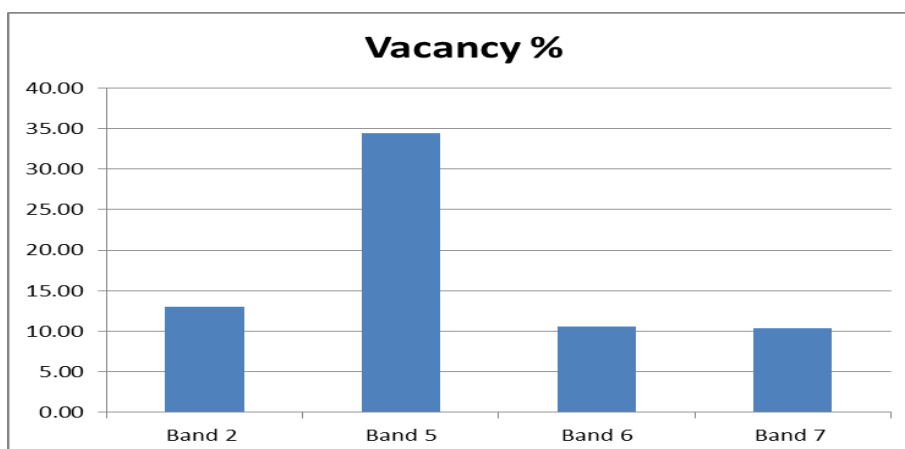
- One report from Ward staff and one report from site manager of Duke of Gloucester having reduced staffing on a night shift, site manager and ward 4 supported the ward.
- Two reports from Recovery of the Short stay unit being unable to collect a patient from recovery.
- One report from Recovery of ward 4 being unable to collect a patient from recovery.
- One report from ward 4 of only one substantive member of staff and two agency nurses due to short notice sickness. On investigation it was found that one agency is known to ward and has worked on ward previously, although it is not ideal to have two agency nurses it was unable to covered with substantive staff. It was discussed at the bed meeting and agreed that a ratio of 1:5 within safe numbers.
- One report form Coxon ward of not being informed of a planned patients arrival impacting on the care the patient received and resulted in them missing a booked activity, as well as impacting on other patients in the unit.

- One report from Alan Bray unit of being unable to transfer patient back to Duke of Gloucester ward due to reduced staffing.
- One report from Duke of Gloucester ward of a reduced number of Health Care Assistance available impacting on the ward as 17 patients required assistance with repositioning or toileting as well as having two confused patients.
- One report of reduced staffing on Duke of Gloucester ward due to Bank and agency being unable to fill the shift despite it being out for a realistic time period. Ward assisted by nurse from the paediatric ward.

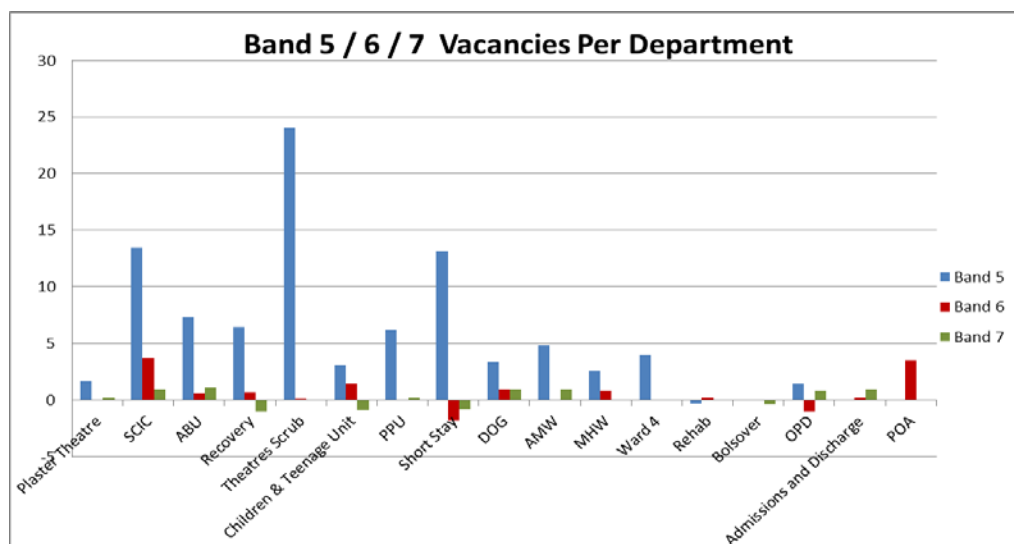
#### 4.0 Vacancies and list of current recruitment activity

- 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.**



4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing there is currently a 34.39% (WTE 91.22) 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 10.51% (9.65 WTE).

4.5 Band 7 vacancies are currently at 10.33% (3.21 WTE). 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 21/5/18

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, 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 23:59 – May 2018**

	Care Hours Per Patient Day (CHPPD) 23:59			
	Cumulative count over the month of patients at 15:00 each day	Registered midwives/nurses	Care Staff	Overall
Adolescent/Coxen Ward	260	12.4	4.3	16.6
Alan Bray Unit	245	19.0	0.9	20.0
Duke of Gloucester	574	4.3	2.1	6.4
Ian Monro Ward	171	8.0	3.7	11.7
Margaret Harte Ward	347	5.7	3.7	9.4
Phillip Newman Ward	31	24.0	7.5	31.5
Rehabilitation Unit	224	4.0	1.9	5.9
Short Stay Unit	505	5.6	3.1	8.7
Spinal Unit	800	3.2	3.2	6.4
Ward 4	418	5.7	3.3	9.0

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

## 6.0 Percentage Qualified

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

**Table 4: Qualified staff as percentage of total**

Ward	Mar-18	Apr-18	Current Month	Average
Adolescent/Coxen Ward	75.44%	73.99%	74.45%	74.63%
Alan Bray Unit	95.91%	96.52%	95.40%	95.94%
Angus McKinnon Unit	Closed			
Duke of Gloucester	67.52%	67.09%	66.94%	67.18%
Margaret Harte Ward	61.74%	67.09%	60.46%	63.09%
Private Patient Unit	72.38%	71.57%	70.87%	71.60%
Rehabilitation Unit	67.90%	67.96%	67.43%	67.76%
Short Stay Unit	65.11%	65.58%	64.51%	65.07%
Spinal Unit	50.44%	50.10%	49.60%	50.05%
Ward 4	67.78%	68.47%	63.73%	66.66%

Key	-	64%
55%		

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: 11/06/08

## Appendix 1:

**Table 5: % Fill rates by ward, month, and shift and staff group**

Shift	Mar-18				Apr-18				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	96.8%	100.0%	93.0%	96.4%	95.1%	95.9%	98.0%	100.0%	99.0%	100.0%	96.7%	100.0%
Alan Bray Unit	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	-
Angus McKinnon Unit	Ward Closed											
Duke of Gloucester	94.4%	95.1%	100.0%	100.0%	98.1%	97.1%	100.0%	100.0%	98.4%	97.9%	100.0%	96.0%
Ian Monro Ward	99.6%	100.0%	100.0%	100.0%	97.9%	96.6%	100.0%	100.0%	95.8%	95.6%	100.0%	100.0%
Margaret Harte Ward	90.0%	90.4%	100.0%	100.0%	93.5%	100.0%	100.0%	100.0%	97.4%	98.5%	100.0%	100.0%
Phillip Newman Ward	100.0%	100.0%	100.0%	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%	100.0%	100.0%	100.0%	100.0%
Short Stay Unit	98.2%	98.3%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	96.7%	96.7%	100.0%	100.0%
Spinal Unit	95.2%	93.1%	100.0%	100.0%	97.6%	97.2%	100.0%	100.0%	97.8%	99.5%	100.0%	100.0%
Ward 4	91.8%	95.5%	98.9%	100.0%	91.0%	100.0%	100.0%	100.0%	90.7%	94.8%	98.7%	100.0%

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

**Table 6: Detail of hours planned and worked (May 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	2,143.50	2,122.00	743.5	743.5	1,137.50	1,100.00	362.5	362.5	99.0%	100.0%	96.7%	100.0%	260	12.4	4.3	16.6
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2,601.50	2,601.50	225	225	2,062.50	2,062.50	0	0	100.0%	100.0%	100.0%	-	245	19.0	0.9	20.0
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1,487.50	1,463.00	630	616.5	1,000.00	1,000.00	625	600	98.4%	97.9%	100.0%	96.0%	574	4.3	2.1	6.4
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	741.5	710.5	361.5	345.5	650	650	287.5	287.5	95.8%	95.6%	100.0%	100.0%	171	8.0	3.7	11.7
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1,169.50	1,139.00	855	842.5	837.5	837.5	450	450	97.4%	98.5%	100.0%	100.0%	347	5.7	3.7	9.4
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	518.5	518.5	232	232	225	225	0	0	100.0%	100.0%	100.0%	-	31	24.0	7.5	31.5
Rehabilitation Unit	314 - REHABILITATION	558.5	558.5	264	264	336	336	168	168	100.0%	100.0%	100.0%	100.0%	224	4.0	1.9	5.9
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	1,975.50	1,909.50	1122	1084.5	925	925	475	475	96.7%	96.7%	100.0%	100.0%	505	5.6	3.1	8.7
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	1,693.00	1,656.00	1669	1661	888	888	924	924	97.8%	99.5%	100.0%	100.0%	800	3.2	3.2	6.4
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1,592.50	1,444.50	871	825.5	962.5	950	537.5	537.5	90.7%	94.8%	98.7%	100.0%	418	5.7	3.3	9.0