

Royal National Orthopaedic Hospital NHS Trust

Trust Board Meeting - Executive Summary

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

The Planned vs Actual staffing levels is 91.86%.

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 91.86%.

3.0 Quality Impact of Staffing

3.1 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 nine reports of Safe staffing concerns from In-patient wards during September.

- One report of a nurse being transferred to Margaret Harte Ward to take charge. They reported that they had no access to the electronic handover system and felt that the "ward was unfamiliar and being in charge without a hand proper hand over in such circumstances was a high risk to my career and the patient safety".
- One report from Private Patient Unit of short notice sickness resulting in a reduction of one HCA on the shift.
- One report from Private patient unit of reduced staffing as a nurse had to be transferred to another area.
- One report from Margaret Harte ward of feeling pressurised to transfer a RN to ward 4 despite the ward feeling this left them unsafe, this is currently being investigated by senior nursing staff.

Five reports from ward 4

- A Registered Nurse (RN) due to cover Ward 4 for a long day (arranged at the Friday bed meeting) did not attend. The Nurse in charge was left with two agency nurses who were unfamiliar with the ward. Site manager informed.
- Report of only two RN's on the ward. Bed manager and Divisional Head of Nursing (DHON) informed. A registered was relocated to the ward to support, although the ward reports that this was a newly qualified nurse (6

months) who was unable to administer I.V medications. A nurse was later transferred from HDU to support the ward.

- One report of unsafe staffing and reduced staffing with the Nurse in charge being a bank nurse with two agency nurses on a night shift. The site manager was informed.
- One report of no Healthcare assistance (HCA) on duty although the ward had two substantive Nurses and two agency nurses with 17 patients therefore within safe staffing limits. While this is within safe staffing levels the competency of staff and the acuity patients must also be taken into account.
- One report from a senior nurse that they were informed at the Friday bed meeting that ward 4 had reduced staffing on the Saturday long day. Only one junior nurse and an agency nurse were rostered for the shift. Immediate Action Taken: “All wards asked to help out. Only one ward in a position to help but it leaves them short staffed with a ventilator dependant patient. They can only assist in the early. To assist one ITU trained nurse to help out that ward to ensure that the staffing is safer. Two RN’s shifts out to agency. Whilst there is no harm to patients this presented a high risk to patients as staff are working in unfamiliar environments”.

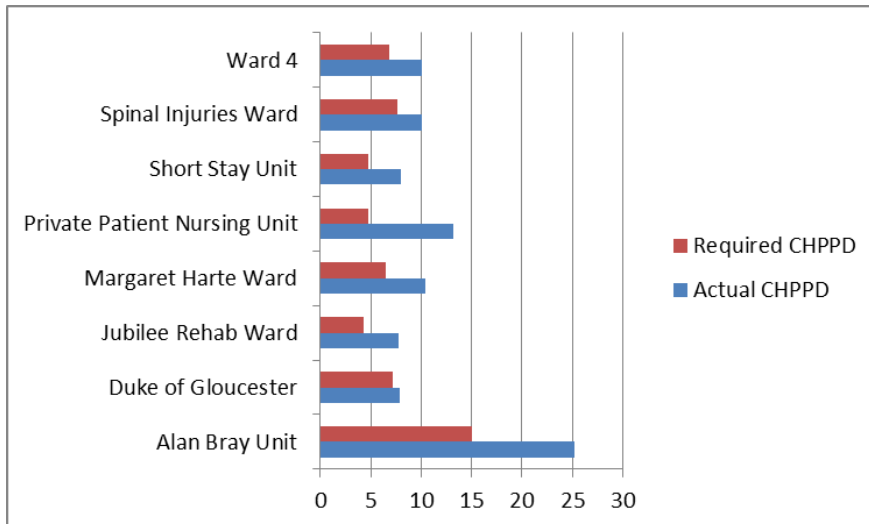
There were two reports of reduced numbers of porters that impacted on the nurse workload and caused delays.

- 3.4 Given the increased reporting of staffing issues on ward 4, which has resulted as a mixture of vacancies, short term sickness and maternity leave, a decision has been taken to temporarily close 5 beds on the unit. This has had an immediate positive impact on the ward. This situation is being closely monitored at divisional, operational and executive level.

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 September. This calculation is provided via our e-rostering system, based on acuity and dependency on the ward in real time. In addition however, benchmarking of CHPPD, via the NHSI model hospital is also undertaken and this shows CHPPD levels are acceptable.

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

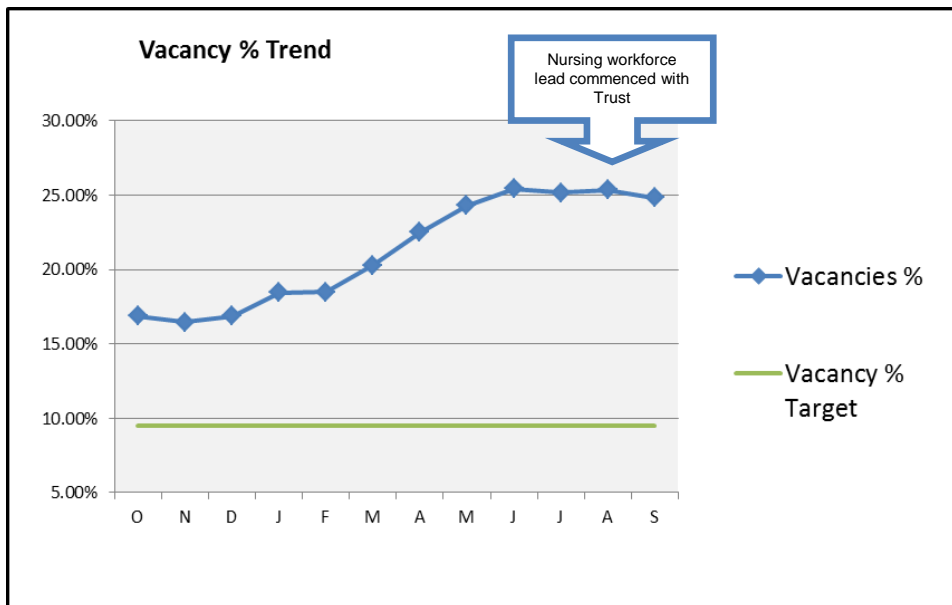
Division	Funded establish. (wte)	Staff in Post (wte)	Vacancies (wte)	Vacancies (%)
Children's OP, I&A	62.02	48.19	13.83	22.30%
Critical Support	160.58	119.48	41.10	25.59%
JR & Cancer	51.33	43.97	7.36	14.34%
Medicine & Therapies	73.53	53.69	19.84	26.98%
Private Patients	26.15	21.44	4.71	18.01%
Specialist Surgery	58.61	38.10	20.51	34.99%
Trustwide excl Corporate	432.22	324.87	107.35	24.84%

Information from Workforce (11/10/18)

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.

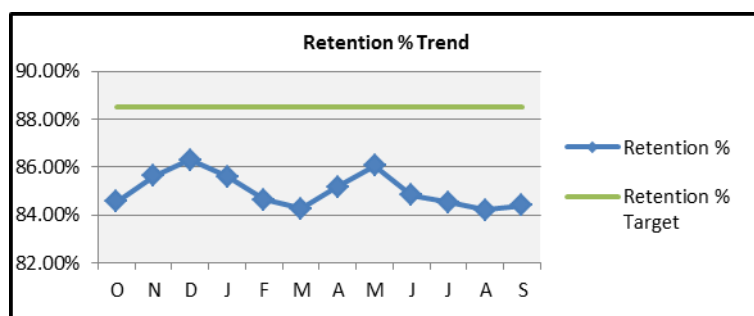
Information obtained from Finance & Recruitment team

Table 3 Nursing vacancy Trend



- 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 A range of interventions have been described in previous board papers in terms of attraction strategies and recruitment process improvements. These actions continue and are managed via the nurse recruitment and retention group.
- 4.5 In addition to these actions, NHSI are launching the 4th cohort of the retention support collaborative and the trust will be a member of this work. The collaborative supports sharing of best practice and development of a bespoke work plan delivered over 90 days to address local retention issues.

Table 4 Retention Percentage Trend



6.0 Percentage Qualified (skill mix)

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

Table 5: Qualified staff as percentage of total

Ward	July-18	Aug-18	Current Month	Average
Adolescent/Coxen Ward	72.20%	76.03%	72.31%	73.51%
Alan Bray Unit	94.88%	96.15%	96.03%	95.69%
Angus McKinnon Unit	Closed			
Duke of Gloucester	63.97%	60.88%	60.37%	61.74%
Margaret Harte Ward	55.98%	63.12%	61.52%	60.21%
Private Patient Unit	60.15%	73.69%	68.67%	67.50%
Rehabilitation Unit	67.08%	65.23%	70.56%	67.62%
Short Stay Unit	66.98%	67.82%	66.75%	67.18%
Spinal Unit	48.27%	48.38%	52.22%	49.62%
Ward 4	68.31%	65.13%	62.92%	65.45%

Report compiled by: Karen Mannion; Project Nurse /Lead for Implementation of Safe Staffing Tool and Dr Julie-Anne Dowie, Deputy Director of Nursing on behalf of Professor Paul Fish, Director of Nursing

Date:19/10/18

Appendix 1

Table 6: Detail of hours planned and worked (September 2018)

Ward ^a	Planned Registered Staff Hours	Actual Registered Staff Hours	Planned Non-Registered Staff Hours	Actual Non-Registered Staff Hours	Planned Registered Staff Hours	Actual Registered Staff Hours	Planned Non-Registered Staff Hours	Actual Non-Registered Staff Hours	Registered Average Fill Rate	Non-Registered Average Fill Rate	Registered Average Fill Rate	Non-Registered Average Fill Rate
Adolescent/Coxen Ward	1,972.5	1,918.0	821	782	875.0	875.0	287.5	287.5	97.2%	95.2%	100.0%	100.0%
Alan Bray Unit	3,100.50	3,085.67	243.00	243.00	2,793.00	2,793.00	0.00	0.00	99.5%	100.0%	100.0%	-
Duke of Gloucester	1,682.50	1,533.75	1125	987.30	1,046.50	1,021.50	724.50	690.00	91.2%	87.8%	97.6%	95.2%
Private Patient Unit	1440	1,579.25	817	817.00	1250	1,119.00	537	414.00	109.7%	100.0%	89.5%	77.1%
Margaret Harte Ward	1410	1,158.17	900	786.50	1062.5	908.50	375	506.00	82.1%	87.4%	85.5%	134.9%
Rehabilitation Unit	840	653.2	300	242	368.00	368.00	184.00	184.00	77.8%	80.7%	100.0%	100.0%
Short Stay Unit	2902	2257.75	1605	1175	1650	1485.5	962.5	690	77.8%	73.2%	90.0%	71.7%
Spinal Unit	2250	1,910.00	2250	1,627.75	1500	1,404.00	1500	1,404.00	84.9%	72.3%	93.6%	93.6%
Ward 4	1900	1,260.75	859.50	884.50	1,035.00	1,001.17	448.50	448.50	66.4%	102.9%	96.7%	100.0%