Royal National Orthopaedic Hospital Trust

Strategic Change Committee - Executive Summary

Report Title:	August Staffing Report (Hard Truths Commitment)	
Date: 12th September 2014	**Author:** Rebecca Maslin	**Lead Director:** Dr Julie-Anne Dowie
Is a decision required by the Board?		No (Please delete as applicable)
Purpose of Paper:	To inform the Trust Board of the details and summary of planned and actual inpatient ward staffing on a shift-by-shift basis and to advise about wards (if any) 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.	
Key information and conclusions:	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. During August 2014, the ratio between registered staff and patient occupancy was 1 nurse to 4.1 patients in the adult acute inpatient settings. This indicates that the staffing levels did not fall below safe nurse staffing levels. Bank and agency usage has increased in the last month and the percentage of unfilled hours has also increased. There were seven incident reports relating to ward staffing in August 2014. The main resulting issue was delayed medication administration. There were no other patient safety incident reports (falls, skin issues, medication errors) citing staffing as a contributory factor.	
Recommendations:	The Board/ Committee is requested to note the following: Without eRostering, the Trust continues to face challenges in regards to a lack of consistency and standardisation of roster management. The Trust should reconsider implementing eRostering due to the quality benefits such a system could offer.	
Next steps:	*n/a*	
Statement from Legal Advisors (if applicable):	*n/a*	
Risk Assessment*:	*n/a*	

Links to Assurance Framework and Local Key Performance Indicator (KPI) Targets: (please tick as appropriate):

	✓ as appropriate
Principal Objectives to support strategic aims	
(Linked to Strategic Aims and key performance indicator targets (KPIs) categories: Quality, Access, Finance, Management and Productivity)	
1. **Maintain clinical excellence – high quality outcomes for our patients**:	
• Improve patient care by reducing avoidable infections and providing a clean, safe environment *(KPI Targets 1 – 8): Supports Strategic Aims 1 & 2*	✓
• Provide safe and effective care, improving patient experience and clinical productivity *(KPI Targets 1 – 20): Supports Strategic Aims 1 & 2*	✓
• Provide timely access to our services. Consistently achieve patient access national standards *(KPI Targets 10 – 17): Supports Strategic Aims*	
2. **Deliver our transformation programme** to ensure clinical activity targets and financial targets are met and supported by high quality patient care that is also at the most efficient and effective level attainable *(KPI Targets 18, 20): Supports Strategic Aims 1 & 2 and supported by Transformation Programme*	✓
3. **Improve the quality of our buildings and facilities** to ensure patients receive clinical care in an appropriate environment and staff work in facilities that are fit for purpose *(Linked to the Redevelopment Programme, including Redevelopment Business Case: Supports Strategic Aims 1,2,3 & 4)*	
4. **Provide timely, accurate and comprehensive clinical management information** to a high standard of data quality *(Linked to the IM&T Strategy Implementation Plan): Supports Strategic Aims 2,3 & 4*	
5. **Improve workforce effectiveness and engagement** to ensure that it is fit for purpose *(KPI Target 19); Supported by Organisational Development Programme and Supports Strategic Aims 1 & 2.*	✓
6. **Deliver planned in-year service developments** *(Linked to the Integrated Business Plan, Annual Clinically Led Business Plan and Annual Operating Plan): Supports Strategic Aims 1, 2,3 & 4*	
7. **Maintain and update the RNOH Integrated Business Plan** and continue to improve the planning process including 10 year clinical service, finance and estates plan securing the redevelopment of the Stanmore site *(Linked to the Integrated Business Plan): Supports Strategic Aims 1,2,3 & 4*	
8. **Further develop academic track record** by delivering research and education developments in line with the Joint Academic Plan agreed with UCL *(Linked to the Joint Academic Plan): Supports Strategic Aim 3*	
9. **Further develop relationships and partnerships** including insourcing, outsourcing and establishing RNOH@ other NHS provider sites *(Linked to: the Specialist Orthopaedic Alliance and UCL): Supports Strategic Aims 1,3 & 4*	
10. **Meet Foundation Trust milestones** for the year: *Supports Strategic Aims 1,2,3 & 4*	

August Staffing Report (Hard Truths Commitment)

Introduction:

The publication of the second Francis Report in 2013 highlighted potential issues around safe staffing levels at Mid-Staffordshire NHS Foundation Trust and lack of transparency was among the contributing factors. The response from 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
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

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

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 in-depth establishment review is contained in the report '*6 Monthly Staffing Capacity and Capability Report (Hard Truths Commitment)'* also presented at September 2014 Trust Board.

a) Update:

This report has been compiled using the information provided by the wards in real-time. This means it is much easier to visualise staffing and patient load concurrently (either by attending a ward, or viewing real-time patient flow data). This allows the 'planned' number (calculated according to the ward budgeted establishment) to be flexed (up or down) to accommodate changes in activity, bed fill or dependency. Reporting is calculated in 'hours', rather than shifts, as there can be many different shift patterns. The impact of this ensures the reporting of differences (between planned and actual) take into account these changes and is more meaningful as a result. This is explained in detail in the June 2014 monthly report.

The detailed data from the RNOH inpatient wards comparing the flexed plan (in hours) and the actual hours worked can be found at the end of the report (Tables 4 and 5). This is broken into day and night, as well as by registered / non-registered staff.
As reporting has been ongoing for five months, and detailed analysis has been possible for four; it is now more meaningful to present some data in graphical and table forms. This permits clearer visibility of staffing concerns and the potential to notice trends.

Bank and agency continues to be heavily relied upon (see Figure 1 below). Generally, month on month, bank and agency has been on the rise (now at 28.13%).

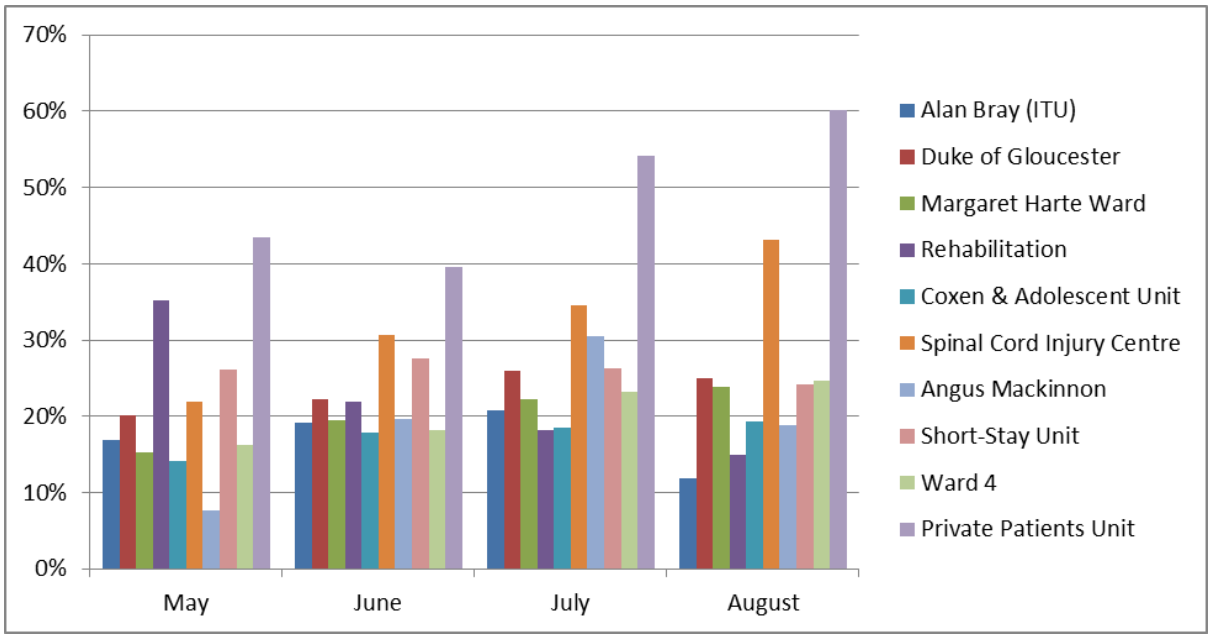

Figure 1: Bank & agency use as a % of ward staff

The Private Patients Unit (PPU) has a high percentage of bank and agency usage compared to the rest of the inpatient wards. This is multifactoral; the recent recruitment campaign has resulted in four nurses being appointed to the PPU. The process of funding late notice agency nurses for private paediatrics continues to be reviewed.

The reasons for requesting temporary staff are outlined in the Table 1 (below); vacancies continue to account for the majority of requests.

Table 1: Reason for Bank/Agency Request

Adhoc Additional Work / Backlog	2
Long Term Sickness	204
Maternity / Paternity	10
Private Work	16
Short Notice Cover	57
Specialing	60
Unplanned Bed Opening	6
Vacancy	825
Grand Total	**1180**

The percentage of temporary staff coming from agencies rather than the RNOH Nurse Bank continues to rise (see Figure 2 below); in August 2014, nearly half of temporary staffing filled shifts were undertaken by agency nurses. The summer is particularly challenging for obtaining temporary staff.

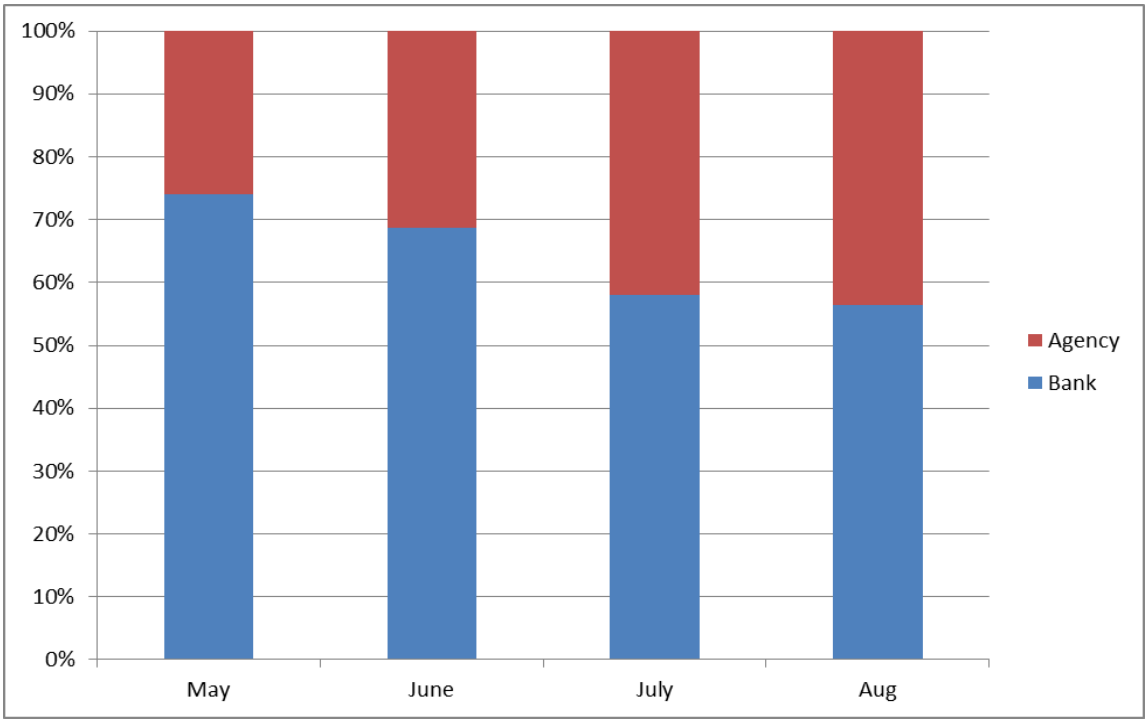

Figure 2: % temporary staff from agencies or Trust Nurse Bank

The rate of unfilled bank/agency hours rose in August (see figure 3 below). This is likely as a resulting impact of school holidays.

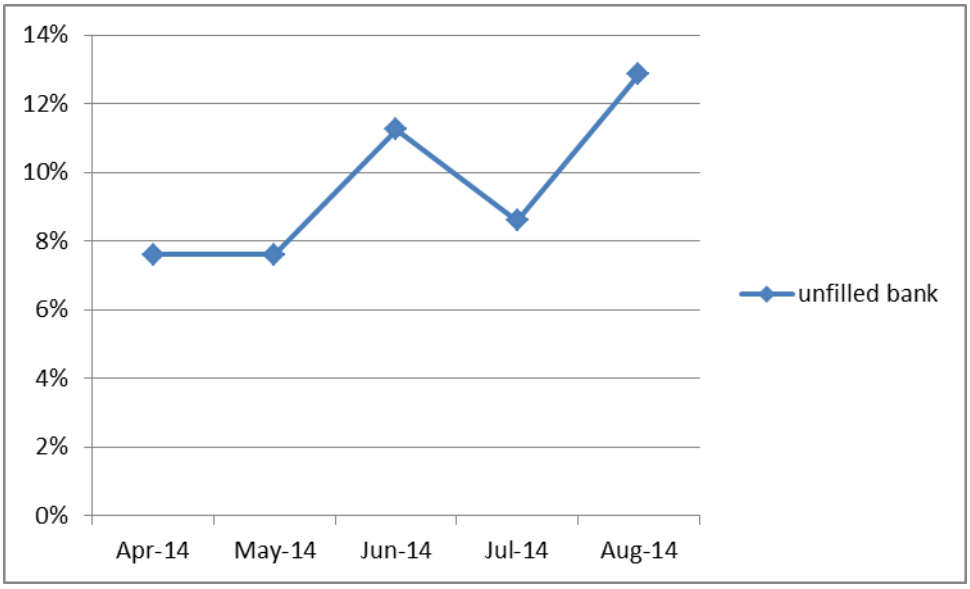

Figure 3: % of unfilled temporary staffing hours

The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was 4.1 patients per nurse during August. Table 2 (see below) outlines the detail of the ratios by shift (early, late, night). These figures are calculated by comparing the reported number of registered staff on duty to the occupancy figures at 8am, 3pm and midnight. The occupancy numbers do not include throughput, and in some instances it is known for ward throughput to be in excess of 100% (mainly Short-Stay Unit, Coxen & Adolescent Unit).

Table 2: August Average Nurse Ratios (patients per nurse)

	Shift			
Ward	**Early**	**Late**	**Night**	**All**
Spinal Cord Injury Centre	3.7	5.0	6.3	5.0
Angus Mackinnon	3.3	4.1	3.7	3.7
The Coleman Unit	3.1	3.2	3.7	3.3
Jackson Burrows Ward	3.3	3.8	4.3	3.8
Margaret Harte Ward	3.6	4.2	4.2	4.0
Ward 4	3.6	4.2	4.2	4.0
Duke of Gloucester	4.2	4.9	6.1	5.1
Ian Monro	1.7	2.2	2.6	2.2
Philip Newman	1.9	2.1	2.0	2.0
Alan Bray Unit (intensive care)	0.9	0.6	0.9	0.8
Jubilee Rehabilitation (non-acute)	5.9	8.1	9.6	7.6
Coxen & Adolescent Unit (paediatrics)	3.1	3.4	4.0	3.5

Following discussion with the Clinical Commissioning Group (CCG), the RNOH has also examined the actual skill mix obtained in terms of qualified staff to care staff. Table 3 outlines the detail for August.

Table 3: Qualified staff as percentage of total

Ward	**Aug-14**
Spinal Cord Injury Centre	54.23%
Angus Mackinnon	66.68%
Short Stay Unit (Jackson Burrows Ward & The Coleman Unit)	69.95%
Margaret Harte	65.82%
Ward 4	68.21%
Duke of Gloucester	71.72%
Coxen & Adolescent Unit	77.75%
Rehabilitation	65.69%
Private Patients Unit (Ian Monro & Philip Newman)	79.52%
Alan Bray Unit	99.10%

a) Advisory

In August 2014, one ward had less than 90% fill rates for Registered Nurses during the day shift (Spinal Cord Injury Centre). Although it has diluted the skill mix, patient safety was ensured by increasing the number of shifts available for non-registered staff. This included the Rehabilitation Assistants who are specifically trained in meeting the care needs for this patient group. The detailed chart at the end of this report shows the month on month changes in fill rates (Figure 4). Patient safety is maintained by daily reviews of patient dependency and activity conducted by the Matron and Clinical Lead. The skill mix has improved month on month since June 2014.

Clinical incidents have been reviewed; there were eight incident reports relating to 'staffing levels' filed by the inpatient wards during August 2014. Seven directly related to ward staffing levels. These were in relation to skill mix and/or number of staff. The reports note that the following occurred as a result:

- Crash trolley (resuscitation equipment) was not checked for one day (Paediatrics)
- 2 x Delayed medication administration (Duke of Gloucester)
- Nurse in Charge was unable to actively review patient care on her ward and felt unable to support her team (Spinal Cord Injury Centre)
- Controlled drugs could not be signed into the register in a timely manner (SCIC)
- Delayed controlled drug administration (Ward 4)

Patient safety incidents (medication errors, pressure area care, slips, trip and falls and emergency calls) which may have had staffing as a contributing factor have also been reviewed alongside the staffing incidents. None of these ward reported incidents cite staffing levels directly, and all occurred at a time when the ratios were in normal and planned ranges. One incident report was filed in regards to staff reluctance to move areas. This is being addressed by the senior nursing team. One incident was also filed by the outpatients team (OPD) in relation to staffing availability. This was an isolated incident and services were not un-duly affected. The OPD Sister was praised for her co-ordination of the issue.

The wards are aware of the high bank/agency use and a recruitment strategy is in place. A skill mix review is advised in addition to the acuity/dependency review (June 2014) which indicates that the current budgeted nursing establishment (WTE) is acceptable. Some areas should continue to consider alternative staffing groups to ensure staff with the right skills is in post to care for patients (such as Band 4 Assistant/Associate Practitioners).

Without eRostering, the Trust continues to face challenges in regards to a lack of consistency and standardisation of roster management. Until eRostering is implemented, Matrons and Ward Managers need to ensure their staff are appropriately allocated leave (including study leave); preventing fluctuations in staffing levels as a result of poor roster management. An audit/investigation will be undertaken to directly compare requests made with the nursing roster. It is also suggested that a comparison between 2014 and previous years be made to review the bank/agency trends. The Trust should reconsider implementing eRostering due to the quality benefits such a system could offer.

Until eRostering is implemented, the formulation of this report is based on manual processes and therefore risks discrepancies in data quality. As the process is validated by the Project Nurse, Finance Department, Informations Team, Temporary Staffing Manager and the Director of Nursing (Acting), this risk is small.

Ongoing Plan:

The next phase of the ongoing project to ensure safe staffing levels will begin soon; in the absence of eRostering, roster management will be reviewed. This will involve standardising aspects of rostering practices across the nursing areas; including the formation of a standard template for recording a planned nursing rota, an audit of compliance against the rostering policy and a subsequent review of the rostering policy.

Report date: 12/9/14

Report compiled by: Rebecca Maslin (Project Nurse) on behalf of Dr Julie-Anne Dowie, Acting Director of Nursing.

Detail:

Table 4: % Fill rates by ward, month, and shift and staff group

Month	May				JUNE				JULY				AUGUST			
Shift	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 (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
SPINAL INJURIES UNIT	98%	98%	100%	99%	92%	94%	95%	100%	89%	96%	98%	98%	79%	95%	96%	98%
ANGUS MACKINNON WARD	100%	97%	100%	100%	97%	98%	99%	100%	96%	100%	99%	100%	93%	99%	100%	86%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	96%	99%	95%	100%	96%	99%	99%	100%	98%	96%	98%	98%	97%	99%	99%	98%
MARGARET HART	98%	100%	100%	100%	96%	97%	99%	97%	95%	94%	100%	100%	97%	91%	100%	100%
WARD 4	98%	100%	100%	100%	96%	100%	100%	100%	97%	96%	100%	96%	92%	99%	97%	97%
DUKE OF GLOUCESTER	96%	100%	99%	100%	97%	99%	100%	100%	96%	97%	100%	100%	94%	96%	99%	100%
COXEN/ADU	99%	100%	99%	100%	94%	99%	100%	97%	99%	91%	100%	100%	94%	98%	99%	94%
REHABILITATION	98%	100%	100%	100%	100%	100%	100%	100%	99%	94%	100%	100%	99%	100%	100%	100%
ALAN BRAY UNIT	98%	100%	98%	-	97%	100%	97%	-	99%	100%	100%	-	99%	100%	99%	-
PRIVATE PATIENTS UNIT (IAN MONRO WARD & PHILIP NEWMAN WARD)	91%	100%	100%	100%	96%	91%	96%	95%	97%	93%	100%	98%	90%	90%	100%	98%

<80%	80-90%	100%	>100%

Table 5: Detail of hours planned and worked (August 2014)

Royal National Orthopaedic Hospital (Stanmore)		Day				Night				Day		Night	
		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Ward name	Specialty 1	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 (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
SPINAL INJURIES UNIT	110 - TRAUMA & ORTHOPAEDICS	2312.75	1821.75	1951.75	1861.75	1236	1188	690.5	678.5	78.8%	95.4%	96.1%	98.3%
ANGUS MACKINNON WARD	110 - TRAUMA & ORTHOPAEDICS	1588.5	1480.5	931.5	925.75	1116	1116	432	372	93.2%	99.4%	100.0%	86.1%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	110 - TRAUMA & ORTHOPAEDICS	3710.5	3591.5	1505	1492.5	1700	1687.5	787.5	775	96.8%	99.2%	99.3%	98.4%
MARGARET HART	110 - TRAUMA & ORTHOPAEDICS	1513	1472	849	773.5	1125	1125	575	575	97.3%	91.1%	100.0%	100.0%
WARD 4	110 - TRAUMA & ORTHOPAEDICS	1818.5	1681.5	870.5	858	1162.5	1125	462.5	450	92.5%	98.6%	96.8%	97.3%
DUKE OF GLOUCESTER	110 - TRAUMA & ORTHOPAEDICS	2010.5	1889.5	805.5	777	1171.5	1159	425	425	94.0%	96.5%	98.9%	100.0%
COXEN/ADU	171 - PAEDIATRIC SURGERY	2532.5	2376	784	771.5	1687.5	1675	412.5	387.5	93.8%	98.4%	99.3%	93.9%
REHABILITATION	314 - REHABILITATION	729.5	721.5	384.75	384.75	360	360	180	180	98.9%	100.0%	100.0%	100.0%
ALAN BRAY UNIT	192 - CRITICAL CARE MEDICINE	3620	3582.5	62.5	62.5	3325	3300	0	0	99.0%	100.0%	99.2%	-
PRIVATE PATIENTS UNIT (IAN MONRO WARD & PHILIP NEWMAN WARD)	110 - TRAUMA & ORTHOPAEDICS	2708	2443.5	699	628.5	2278	2278	600	587.5	90.2%	89.9%	100.0%	97.9%