

Royal National Orthopaedic Hospital Trust

Strategic Change Committee - Executive Summary

Report Title:	August Staffing Report (Hard Truths Commitment)	
Date: 10/9/15	Author: Karen Mannion	Lead Director: Professor Paul Fish, Director of Nursing
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:	<p>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).</p> <p>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.</p> <p>During August 2015, the ratio between registered staff and patient occupancy was 1 nurse to 3.60 patients in the adult NHS acute inpatient settings. This indicates that the staffing levels did not fall below safe nurse staffing levels.</p> <p>There were 2 incident reports linked to staffing in August 2015.</p> <ul style="list-style-type: none"> • One night shift with only one intravenous (I.V) competent nurse, the other nurses being an agency nurse and newly qualified nurse. • One shift the agency Nurse did not attend <p>There were 8 episodes where patients were admitted, not planned for Tissue Viability, from external departments where grade 2-3 pressure ulcers were diagnosed and consequently addressed.</p> <p>While the planned vs actual staffing levels is still within safe limits, at 98.56%, there has remained to be high use of bank and agency usage throughout all departments in August although there has been a reduction from the previous month.</p>	
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
<u>Principal Objectives to support strategic aims</u>	
<i>(Linked to Strategic Aims and key performance indicator targets (KPIs) categories: Quality, Access, Finance, Management and Productivity)</i>	
<p>1. Maintain clinical excellence – high quality outcomes for our patients:</p> <ul style="list-style-type: none"> • Improve patient care by reducing avoidable infections and providing a clean, safe environment <i>(KPI Targets 1 – 8): Supports Strategic Aims 1 & 2</i> • Provide safe and effective care, improving patient experience and clinical productivity <i>(KPI Targets 1 – 20): Supports Strategic Aims 1 & 2</i> • Provide timely access to our services. Consistently achieve patient access national standards <i>(KPI Targets 10 – 17): Supports Strategic Aims</i> 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
<p>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 <i>(KPI Targets 18, 20): Supports Strategic Aims 1 & 2 and supported by Transformation Programme</i></p>	<input checked="" type="checkbox"/>
<p>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 <i>(Linked to the Redevelopment Programme, including Redevelopment Business Case: Supports Strategic Aims 1,2,3 & 4)</i></p>	<input type="checkbox"/>
<p>4. Provide timely, accurate and comprehensive clinical management information to a high standard of data quality <i>(Linked to the IM&T Strategy Implementation Plan): Supports Strategic Aims 2,3 & 4</i></p>	<input type="checkbox"/>
<p>5. Improve workforce effectiveness and engagement to ensure that it is fit for purpose <i>(KPI Target 19); Supported by Organisational Development Programme and Supports Strategic Aims 1 & 2.</i></p>	<input checked="" type="checkbox"/>
<p>6. Deliver planned in-year service developments <i>(Linked to the Integrated Business Plan, Annual Clinically Led Business Plan and Annual Operating Plan): Supports Strategic Aims 1, 2,3 & 4</i></p>	<input type="checkbox"/>
<p>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 <i>(Linked to the Integrated Business Plan): Supports Strategic Aims 1,2,3 & 4</i></p>	<input type="checkbox"/>
<p>8. Further develop academic track record by delivering research and education developments in line with the Joint Academic Plan agreed with UCL <i>(Linked to the Joint Academic Plan): Supports Strategic Aim 3</i></p>	<input type="checkbox"/>
<p>9. Further develop relationships and partnerships including insourcing, outsourcing and establishing RNOH@ other NHS provider sites <i>(Linked to: the Specialist Orthopaedic Alliance and UCL): Supports Strategic Aims 1,3 & 4</i></p>	<input type="checkbox"/>
<p>10. Meet Foundation Trust milestones for the year: <i>Supports Strategic Aims 1,2,3 & 4</i></p>	<input type="checkbox"/>

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

1.1 Update

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. The August data presented in this report is that from the new tool. 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. The system is auditable and both staffing levels and reporting compliance continues to be monitored by the senior nursing team. The designated nurse in charge of each shift is responsible for inputting the data and the responsibility for ensuring the data is provided in line with the expectations lies with the Lead Nurses and Matrons. For the shift by shift reporting, Short-Stay Unit (Jackson Burrows Ward & The Coleman Unit) and Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) have been split into their respective wards (see appendix for month on month trends of fill rates and the detailed planned versus actual fill rates).

The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was 3.60 patients per nurse during August. These figures are calculated by comparing the reported number of registered staff on duty to the occupancy figures at 8am 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).

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 1 outlines the detail for the past three months.

Table 1: Qualified staff as percentage of total

Ward	Jun-15	Jul-15	Cur Month
SPINAL INJURIES UNIT	53.39%	55.35%	56.98%
ANGUS MACKINNON WARD	61.15%	68.76%	68.56%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	71.73%	66.70%	66.11%
MARGARET HART	67.91%	66.57%	68.48%
WARD 4	79.13%	70.47%	71.63%
DUKE OF GLOUCESTER	69.93%	69.31%	70.69%
COXEN/ADU	73.49%	71.72%	72.90%
REHABILITATION	73.65%	71.59%	70.29%
PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)	77.52%	76.22%	73.01%
ALAN BRAY UNIT	99.58%	100.00%	100.00%

1.2 Advisory

Clinical incidents have been reviewed; there were 2 incident reports relating to 'staffing levels' filed by the inpatient wards during August 2015. These were in relation to non-attenders of booked agency shift and only one Intravenous competent nurse being on duty at night.

During August there has been a slight decrease in the bank/ agency usage across the hospital. The adult wards usage rate is down from 37.79% to 32.53%% with the paediatric wards going from 49.48% to 29.16%%. The new rostering policy was introduced on the 21st July therefore the procedure for requesting bank and agency nurses has changed. A further reduction is anticipated.

The wards are aware of the high bank/agency use and a recruitment strategy is in place. A skill mix and acuity/dependency review is currently in progress.

The Safer Nursing Care Tool had completed its third SNCT within a 12 month period; this is to provide accurate information for a decision to be made by the Trust Board in regards to Safe Staffing levels. It will be presented after review and analysis to the September Trust board as a separate paper following a joint comparative review with the Royal Orthopaedic Hospital.

The current nurse to patient ratio is 1 nurse to 3.60 patients. This data is calculated by comparing the reported number of registered staff on duty to the occupancy figures at 8am

and midnight, using the information provided by the wards in real-time. It is recommended that the data on insight is audited for accuracy and the usability of the tool is reviewed as data entry errors have been identified.

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 investigation will be undertaken to directly compare requests made with the nursing roster. Work has already begun on this by reviewing internal records of current establishments/vacancies and comparing them to the whole time equivalent total for bank/agency requests to cover vacancies. This is currently limited to Band 5, and is ongoing. 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 dependent on accurate data being provided by the wards. Work is ongoing to ensure staff understands the requirements of the reporting tool. Although governance is improved since implementing the new system, a risk of discrepancies in the data quality remains.

2.0 Ongoing Plan

The safe staffing plan continues to be reviewed; in the absence of eRostering, roster management has been reviewed and was implemented as of July 21st. 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.

A new standardised template has been rolled out throughout the hospital and is in use with roster management supported by the publication of the rostering policy. Along with the currently implemented Annual Leave planner this will give managers better awareness of effective rostering.

Report date: 10/9/15

Report compiled by: Karen Mannion; Project Nurse / lead for Implementation of safe staffing Tool and Dr Julie-Anne Dowie, Head of Nursing on behalf of Professor Paul Fish, Director of Nursing

Appendix 1:

Month	June				July				Current Month			
Shift	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 (%)
ALAN BRAY UNIT	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	-	100.0%	-	100.0%	-
ANGUS MACKINNON WARD	96.7%	97.9%	100.0%	100.0%	99.0%	100.0%	100.0%	100.0%	93.4%	93.6%	100.0%	100.0%
COXEN/ADU	96.2%	97.3%	97.1%	100.0%	96.2%	98.1%	95.0%	100.0%	94.7%	99.0%	97.1%	100.0%
DUKE OF GLOUCESTER	99.9%	100.0%	100.0%	100.0%	95.6%	98.3%	100.0%	100.0%	98.5%	96.8%	100.0%	100.0%
IAN MONRO WARD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
JACKSON BURROWS WARD	98.4%	100.0%	100.0%	100.0%	96.6%	96.6%	100.0%	100.0%	98.4%	99.6%	100.0%	100.0%
MARGARET HARTE	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	96.2%	93.1%	99.0%	96.4%	100.0%	100.0%
PHILIP NEWMAN WARD	100.0%	100.0%	100.0%	100.0%	99.6%	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
REHABILITATION	99.2%	99.4%	100.0%	100.0%	100.0%	94.7%	100.0%	100.0%	97.8%	100.0%	100.0%	100.0%
SPINAL INJURIES UNIT	97.3%	94.1%	94.4%	96.6%	98.5%	99.5%	98.8%	100.0%	99.2%	98.4%	100.0%	100.0%
THE COLEMAN UNIT	96.4%	91.7%	98.9%	100.0%	96.6%	97.7%	99.1%	100.0%	97.3%	97.5%	100.0%	100.0%
WARD 4	98.4%	97.4%	99.2%	99.7%	97.5%	97.8%	100.0%	100.0%	99.2%	100.0%	98.8%	100.0%



Table 2: % Fill rates by ward, month, and shift and staff group

Royal National Orthopaedic Hospital (Stanmore)		Day				Night				Day		Night	
Ward name	Specialty 1	Registered midwives		Care Staff		Registered midwives		Care Staff		Average fill rate - registered	Average fill rate - care staff	Average fill rate - registered	Average fill rate - care staff
		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				
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2002.5	2002.5	0	0	1675	1675	0	0	100.0%	0.0%	100.0%	0.0%
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1383	1292	776.2	726.2	972	972	312	312	93.4%	93.6%	100.0%	100.0%
Children and Teenage Unit	171 - PAEDIATRIC SURGERY	1391	1317.5	514	509	850	825	287.5	287.5	94.7%	99.0%	97.1%	100.0%
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1676	1651	782	757	1200	1200	425	425	98.5%	96.8%	100.0%	100.0%
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1604	1591.5	669	669	1025	1012.5	362.5	362.5	99.2%	100.0%	98.8%	100.0%
Jackson Burrows Ward	110 - TRAUMA & ORTHOPAEDICS	1614.5	1588	775	772	787.5	787.5	412.5	412.5	98.4%	99.6%	100.0%	100.0%
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1193	1180.5	691	666	1000	1000	337.5	337.5	99.0%	96.4%	100.0%	100.0%
Rehabilitation Ward	314 - REHABILITATION	733.2	717.2	299.4	299.4	360	360	156	156	97.8%	100.0%	100.0%	100.0%
Spinal Cord Injuries Unit	110 - TRAUMA & ORTHOPAEDICS	2042	2026	1321	1300	936	936	936	936	99.2%	98.4%	100.0%	100.0%
The Coleman Unit	110 - TRAUMA & ORTHOPAEDICS	912	887	501.5	489	75	75	37.5	37.5	97.3%	97.5%	100.0%	100.0%
Ian Munro Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	875	875	320.5	320.5	700	700	300	300	100.0%	100.0%	100.0%	100.0%
Phillip Newman Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	507	507	162	162	237.5	237.5	75	75	100.0%	100.0%	100.0%	100.0%

Table 3: Detail of hours planned and worked (August 2015)

