Royal National Orthopaedic Hospital NHS Trust

Executive Summary

Report/Paper:	July Staffing Report (Hard Truths Commitment)
Date:	13 Aug 2014
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.
Context/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. During July 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, but the percentage of unfilled hours has decreased. There were four incident reports from the inpatient wards directly relating to staffing levels noting skill mix and/or staffing numbers. A six week dependency review has been conducted which will be presented at the September Board.

July 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).

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 (Figure 4). This is broken into day and night, as well as by registered / non-registered staff.

As reporting has been ongoing for four months, and detailed analysis has been possible for three; 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%).

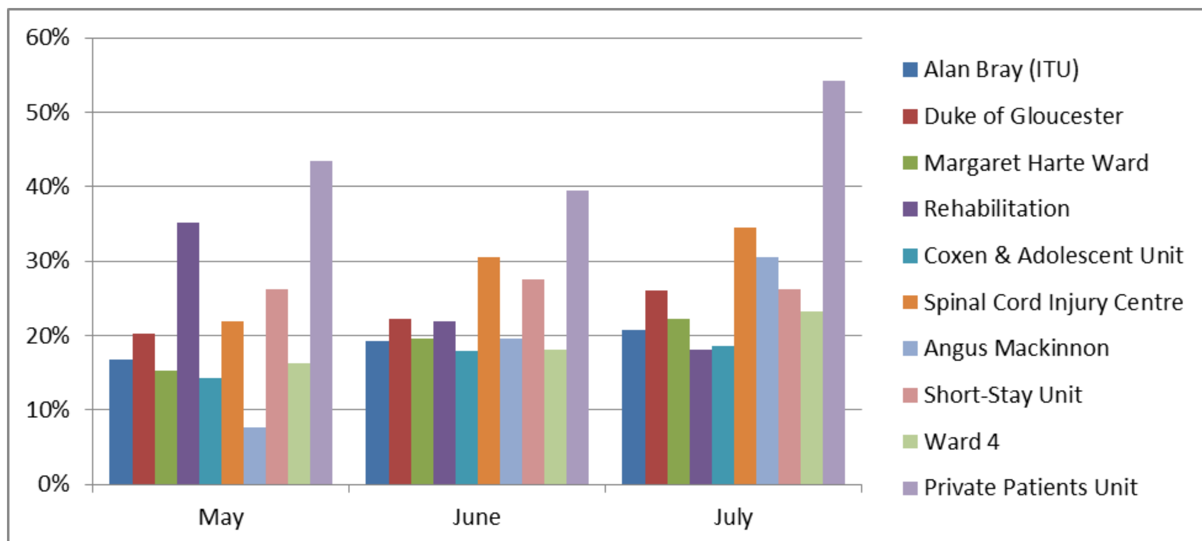

Figure 1: Bank & agency use as a % of ward staff

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. They are at defferent stages of the recruitment process, and it is anticipated that they will be in post by November 2014 at the latest. at times, PPU has also been funding agency nurses for the Coxen & Adolescent Unit. This occurs as a result of changing paediatric patient numbers on the private wards; when there are no private paediatric patients (on PPU), the PPU Registered Sick Children Nurses (RSCNs) work on the Coxen & Adolescent Unit. If they are required at short notice to return to PPU, the risk of short staffing on Coxen & Adolescent Unit is mitigated by PPU funding an agency nurse. This process is currently under review.

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

Table 1: Reason for Bank/Agency Request

Vacancy	937
Long Term Sickness	203
Short Notice Cover	116
Patient requiring 1:1 supervision	106
Maternity / Paternity	19
Unplanned Bed Opening	2
Sickness	2
Total	**1423**

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

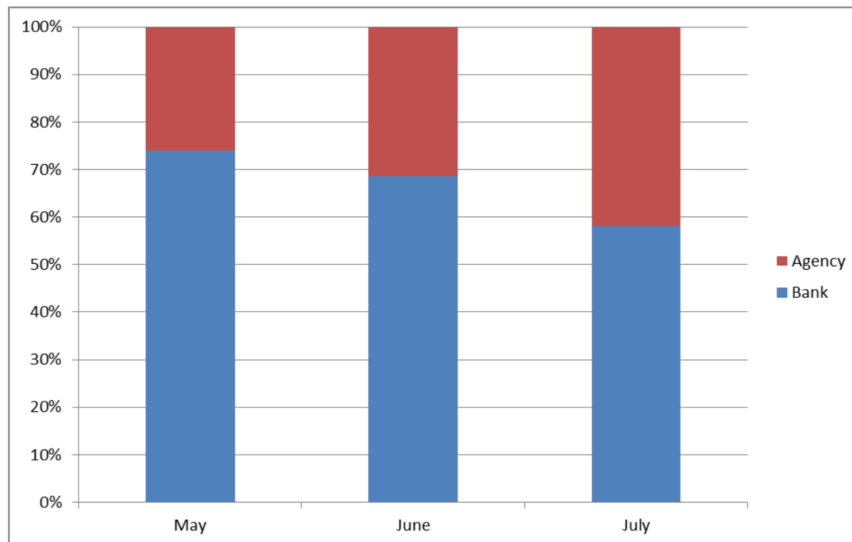

Figure 2: % temporary staff from agencies or Trust Nurse Bank

The rate of unfilled bank/agency hours fell to 8.6% during July (see figure 3 below).

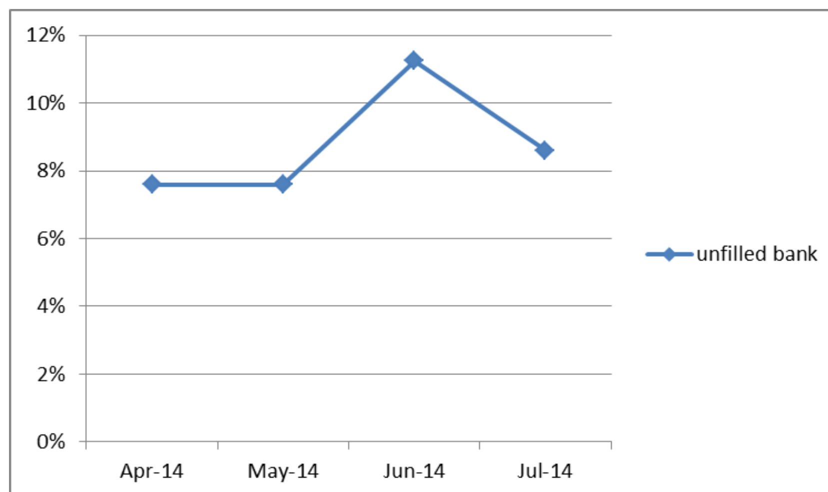

Figure 3: % of unfilled temporary staffing hours

The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was 4.1 patients per nurse. The following table (2; overleaf) 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: July Average Nurse Ratios (patients per nurse)

	Shift			
Ward	**Early**	**Late**	**Night**	**All**
Spinal Cord Injury Centre	3.3	4.7	5.4	4.5
Angus Mackinnon	3.3	4.6	4.3	4.1
The Coleman Unit	2.9	3.5	4.2	3.5
Jackson Burrows Ward	3.1	3.8	4.6	3.9
Margaret Harte Ward	3.9	5.0	4.5	4.5
Ward 4	3.9	5.0	4.5	4.5
Duke of Gloucester	3.9	4.5	5.7	4.7
Ian Monro	1.8	2.4	2.8	2.3
Philip Newman	1.8	2.0	2.1	2.0
Alan Bray Unit (intensive care)	1.2	0.8	1.2	1.1
Jubilee Rehabilitation (non-acute)	6.2	6.8	8.6	7.1
Coxen & Adolescent Unit (paediatrics)	2.9	3.4	3.6	3.3

a) Advisory

In July 2014, one ward had less than 90% fill rates for Registered Nurses during the day shift (Spinal Cord Injury Centre). 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).

Clinical incidents have been reviewed; there were four incident reports directly relating to ward staffing levels during July 2014 (affecting Coxen & Adolescent Unit, Margaret Harte Ward and Private Patients Unit). These were in relation to skill mix and/or number of staff. 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.

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 may indicate a requirement to adjust the budgeted WTE. 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 ward data 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.

The Trust Board has requested that the detailed staffing review paper be presented at the September Board. A summary of these findings will also be contained in the accompanying (August) monthly report.

Report date: 13/8/14

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

Detail:

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

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