

Royal National Orthopaedic Hospital NHS Trust

Executive Summary

Report/Paper:	June Staffing Report (Hard Truths Commitment)
Date:	11 Jul 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:	<p>This is the third Board Report since publication of the Nursing Quality Board (<i>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</i>, 2013) on safer staffing.</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 June 2014, the ratio between registered staff and patient occupancy was 1 nurse to 4 patients in the adult acute inpatient settings. This indicates that the staffing levels did not fall below safe nurse staffing levels.</p> <p>Bank and agency usage has increased in the last month. The Vacancies within nursing have also increased (54.42 Whole time equivalent).</p> <p>Real-time systems have been developed within the Trust, and have been implemented from May 1st 2014. This continues to be developed to meet reporting requirements and increase ease of use.</p> <p>There were two incident reports directly relating to staffing levels and two incidents which may be attributable to lower than normal staffing levels</p> <p>Incident reporting has been modified to allow for more details of staffing levels to be captured as a cause/contributory factor, and is now linked to the NICE 'staffing red flags'.</p> <p>A six week dependency review has been conducted. Analysis will be concluded in August 2014.</p>

June 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. This close monitoring enables managers to visualise nursing activity within their organisation in a timely and efficient manner. Wards must publish this information on patient information boards and organisations are required to review staffing levels at least six monthly, using validated methods. The next review at the Royal National Orthopaedic Hospital NHS Trust (RNOH; the Trust) completed on 11th July 2014. The August 2014 report will include the outcome of this review, and an additional paper will contain the detailed findings. Although it is not yet mandated, the Trust is also gathering data from private patients, outpatients and plans to incorporate Recovery in the future.

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).

This is the third report following publication of the guidance (31st March 2014). The development of a real-time system has ensured all staff (from Ward to Board) are able to report and visualise staffing activity and levels on a shift by shift basis (also noted in: *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). The requirement for

the Trust to submit staffing data to UNIFY (for upload onto NHS Choices) has also given more visibility to discrepancies between planned and actual working schedules.

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 means the 'planned' number (calculated according to the ward budgeted establishment) can be flexed (up or down) to accommodate changes in activity, bed fill or dependency. The reporting is now represented 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 using the following example:

EXAMPLE

<i>Ward name</i>	<i>Budgeted 'plan' (hours)</i>		<i>Flexed 'plan' (hours)</i>		<i>Actual (hours)</i>	
	<i>Registered</i>	<i>Non-Registered</i>	<i>Registered</i>	<i>Non-Registered</i>	<i>Registered</i>	<i>Non-Registered</i>
<i>Ward A</i>	32	16	40	16	40	16
<i>Ward B</i>	32	16	24	8	24	8
<i>Ward C</i>	32	16	32	16	24	16

Using the above three example wards, it is clear that they have the same budgeted nursing establishment. Ward A has flexed the 'planned' number up (e.g. for accommodating more dependent patients), Ward B has flexed the 'planned' number down (e.g. lower number of patients on the ward) and Ward C has left their 'planned' numbers unchanged.

Considering 'actual' data in the above example, both Ward A and B had a 100% fill rate for the given time frame. Only Ward C did not 'actually' have the flexed planned number on duty (e.g. short notice sickness).

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

The Trust continues to use a high amount of bank and agency staff as a result of increasing vacancies (total 54.42 nursing vacancies; see details at the end of this report). Of 13060.98 hours bank/agency requested (inpatient wards), 11.24% were unfilled (also increased from previous month). Of these 'non-permanent staff' filled inpatient ward shifts, 3631.7 hours

(31.33%) were filled by agency (also increased from previous month). 4201 hours were requested but cancelled. The most frequent reason code remains 'cancelled by department'. In addition, 478.5 hours were undertaken in outpatient settings (Pre-Op Assessment, Outpatients, Plaster Theatre), 1360.25 hours were undertaken in Theatres / Anaesthetics and 353.5 hours were in Recovery.

The average Registered Nurse to patient ratio for adult acute inpatient wards (excluding Private Patients) at the RNOH during May 2014 was 1:4 (based on actual staffing levels and bed occupancy). The draft NICE staffing guidance notes there is evidence to suggest harm increases when Registered Nurses look after more than eight patients. The Trust should be mindful of the specialism and complexity of patient requirements within this generic description. Coxen & Adolescent Unit (paediatrics) averaged 1:3.2, Jubilee Rehabilitation averaged 1:7 (the Step-down programme had minimal effect due to low numbers of patients requiring this option; ratio after removal of this group was 1:7.3). Alan Bray Unit (High Dependency and Intensive Care) had on average 0.9 patients per nurse.

a) Advisory

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.

The new data collection tools (one currently in use via the shared drive, and another in the testing phase of development for use via the Trust intranet - Grapevine) require staff to enter data in real-time, shift by shift. These tools require staff to indicate reasons for under/over staffing and give actions taken as a result. The intranet version will show a dashboard with wards (or shifts) to view at a glance. It will also include reference to the NICE 'Staffing Red Flags' and a prompt to complete an incident report (see screenshots at the end of this report). An email has been sent to clinical staff explaining these changes.

Clinical incidents have been reviewed; there were two incident reports directly relating to ward staffing levels during June 2014 (Coxen & Adolescent Unit and Angus MacKinnon). Both reported no patient safety issues. 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 data. No reported incidents cite staffing levels as a contributory factor, but one 'skin issue' and one patient fall occurred on shifts with lower than normal staffing levels. Of these, the patient fall occurred on a shift with an outstanding unfilled bank shift.

The wards are aware of the high bank/agency use and a recruitment strategy is in place. A skill mix review is advised alongside the patient dependency assessments (started 2nd June 2014) which may indicate a requirement to adjust the budgeted WTE. As this is the first staffing review since the last adjustment it is advised to repeat the data collection at a later point in the year to mitigate risk of incorrect reset due to activity/dependency fluctuations.

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. Planned Leave is not a valid reason to request bank cover (and not an option on the HR Bank Staff system); an audit/investigation is suggested to directly compare requests made with the nursing roster.

Senior Nurses and managers should ensure wards are compliant with the requirements for reporting, and should challenge non-compliance.

Ongoing Plan:

The next staffing review began on 2nd June 2014. This process collected data for six weeks (concluding 11th July); approximately three further weeks are required for analysis and reporting. The August Board Report will contain the findings of this review and there will be an additional report noting the details.

Once ready, the intranet based data collection tool will link to Insight and facilitate improvements in reporting. The tool has been tested by the development team, and is currently being tested by end-users. Due to the development team taking annual leave, the planned roll out has been delayed. It is anticipated it will be ready from late-July 2014.

Report date: 11/7/14

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Details:

Royal National Orthopaedic Hospital (Stanmore)		Day				Night				Day		Night	
Ward name	Specialty 1	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	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				
SPINAL INJURIES UNIT	110 - TRAUMA & ORTHOPAEDICS	1894.75	1736.75	2076.5	1959	1140	1080	1104	1104	91.7%	94.3%	94.7%	100.0%
ANGUS MACKINNON WARD	110 - TRAUMA & ORTHOPAEDICS	1419.48	1374.48	733.75	717.75	1020	1008	372	372	96.8%	97.8%	98.8%	100.0%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	110 - TRAUMA & ORTHOPAEDICS	3580.5	3427	1690.75	1670.25	1812.5	1800	837.5	837.5	95.7%	98.8%	99.3%	100.0%
MARGARET HART	110 - TRAUMA & ORTHOPAEDICS	1426.5	1374	785	764	1175	1162.5	387.5	375	96.3%	97.3%	98.9%	96.8%
WARD 4	110 - TRAUMA & ORTHOPAEDICS	1920.75	1852.75	796.5	796.5	1150	1150	374	374	96.5%	100.0%	100.0%	100.0%
DUKE OF GLOUCESTER	110 - TRAUMA & ORTHOPAEDICS	1977	1908.5	735.25	730.25	1112.5	1112.5	362.5	362.5	96.5%	99.3%	100.0%	100.0%
COXEN/ADU	171 - PAEDIATRIC SURGERY	2630	2473	919	906.5	1725	1725	412.5	400	94.0%	98.6%	100.0%	97.0%
REHABILITATION	314 - REHABILITATION	887.25	887.25	372.5	372.5	432	432	204	204	100.0%	100.0%	100.0%	100.0%
ALAN BRAY UNIT	192 - CRITICAL CARE MEDICINE	3943.5	3841	198	198	3475	3362.5	0	0	97.4%	100.0%	96.8%	#N/A
PRIVATE PATIENTS UNIT (IAN MONRO WARD & PHILIP NEWMAN WARD)	110 - TRAUMA & ORTHOPAEDICS	2468.5	2360.5	696.5	630.5	1062.5	1025	462.5	437.5	95.6%	90.5%	96.5%	94.6%

Ward/Dept WTE and Vacancies (July 9th 2014)

Ward	WTE	Registered (RN, Band 5-8b)	Un- Registered (Band 2-4)
Spinal Cord Injury Centre	49.1	1.78	3.52
Angus McKinnon Ward	25.93	2.37	0
Short-Stay Unit (Jackson Burrows Ward & The Coleman Unit)	50.33	4.08	0.58
Margaret Harte Ward	24.64	0.41	1.02
Ward 4	30.81	3.77	1.63
Duke of Gloucester	31.82	2.89	3.48
Private Patients Unit (Ian Monro Ward & Phillip Newman Ward)	28.16	5.1	0
Alan Bray Unit (Intensive Care)	64.34	10.26	1.29
Recovery	26.2	4.23	0
Jubilee Rehabilitation Centre	12.8	1	0
Coxen & Adolescent Unit	38.95	0.59	1.35
Plaster Theatre	9.18	1.6	0.38
Outpatients (Stanmore)	17.65	1	0
Outpatients (Bolsover Street)	16.49	0	1.09
Pre-Operative Assessment	12.27	1	0.00
Total	438.67	40.08	14.34

June Inpatient Ward Bank Usage

Ward	Total number of filled bank (hours)		
	Registered	Non- Registered	total
Spinal Cord Injury Centre	285.25	1514	1799.25
Angus McKinnon Ward	517.2	164.75	681.98
Short-Stay Unit (Jackson Burrows Ward & The Coleman unit)	1640.5	491.75	2132.25
Margaret Harte Ward	291	426	717
Ward 4	681	77.5	758.5
Private Patients Unit (Ian Monro Ward & Phillip Newman Ward)	1226.5	534.5	1761
Duke of Gloucester	474.5	442.75	917.25
Coxen & Adolescent Unit	912.5	75	987.5
Jubilee Rehabilitation Centre	214.5	201.25	415.75
Alan Bray Unit (Intensive Care)	1400.5	21.5	1422
total	7643.48	3949	11592.48

Screenshots from draft Staff Reporting tool:

Figure 1: Example status view:

Home View Status View Shift Collect About/Help					
Select a Ward: --Select-- Start Date: 30/06/2014 End Date: 30/06/2014 View					
Date	Ward	Day Shift Completed	Night Shift Completed	Day Status	Night Status
30/06/2014	Adolescent/Coxen	✓	✗	●	●
30/06/2014	Angus Mckinnon	✓	✓	●	●
30/06/2014	Duke of Gloucester	✓	✓	●	●
30/06/2014	Ian Monro	✓	✓	●	●
30/06/2014	Jackson Burrows	✓	✗	●	●
30/06/2014	Margaret Harte	✓	✗	●	●
30/06/2014	Outpatient Bolsover	✓	Ⓜ	●	Ⓜ
30/06/2014	Outpatient Stanmore	✓	Ⓜ	●	Ⓜ
30/06/2014	Plaster Theatre	✓	Ⓜ	●	Ⓜ
30/06/2014	Philip Newman	✓	✗	●	●
30/06/2014	POA Stanmore	✓	Ⓜ	●	Ⓜ
30/06/2014	Jubilee Rehabilitation	✓	✓	●	●
30/06/2014	Spinal Cord Injury	✓	✓	●	●
30/06/2014	The Coleman Unit	✓	✗	●	●

Figure 2: Example Ward Data Entry form:

Home View Status View Shift Collect About/Help					
Select a ward: Margaret Harte					
Select a date: 30/06/2014					
Select a shift: Early					
View Shift			Save		
On Duty Now					
	Long Day*	Normal Shift	Half Shift	* Entered for early shift only	
Registered:	4	1			
Non-Registered:	2	1			
Missing/Absent/Unfilled Shifts					
	Long Day*	Normal Shift	Half Shift		
Registered:					
Non-Registered:					
Reason: -					
Action: -					
No Did the Nurse in Charge take an allocated patient load?					
No Have there been any Nursing Red Flags in the last 24 hours reported as staffing issues via Safeguard Incident Reporting?					
Total number of hours lost to training requirements during rostered clinical shifts inc 'SD/L' (not counting staff rostered on an SD)					
Notes: This is an example of the system					