

Royal National Orthopaedic Hospital Trust

Strategic Change Committee - Executive Summary

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| Report Title: | May Staffing Report (Hard Truths Commitment) | |
| Date: 8 th June 2015 | Author: Dennis Hazell | 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 May 2015, the ratio between registered staff and patient occupancy was 1 nurse to 3.8 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 5 incident reports linked to staffing in May 2015.</p> <ul style="list-style-type: none"> • 3 short staffing incidents where booked agency nurses did not attend, the ratio of Patient:Nurse did not exceed unsafe limits. • 1 incident involving a PCA CD medication error. • 1 incident where patients were deprived of a full physiotherapy session due to lack of porters. <p>There were 6 episodes where patients were admitted, not planned for Tissue Viability, from external departments where grade 3-4 pressure ulcers were diagnosed and consequently addressed.</p> <p>A third Safer Nursing Care Tool (acuity) was completed throughout May and is currently under review with presentation to the board planned for June/July. The mode of data collection is also being reviewed to ensure data quality is of the highest standard.</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 |
|---|-------------------------------------|
| <p><u>Principal Objectives to support strategic aims</u></p> | |
| <p><i>(Linked to Strategic Aims and key performance indicator targets (KPIs) categories: Quality, Access, Finance, Management and Productivity)</i></p> | |
| <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> | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Provide safe and effective care, improving patient experience and clinical productivity <i>(KPI Targets 1 – 20): Supports Strategic Aims 1 & 2</i> | <input checked="" type="checkbox"/> |
| <ul style="list-style-type: none"> • Provide timely access to our services. Consistently achieve patient access national standards <i>(KPI Targets 10 – 17): Supports Strategic Aims</i> | <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 May 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 3.83 patients per nurse during May. 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). There were no instances in May where the patient to staff ratio in paediatrics exceed four during day shifts or the night shift.

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.

| Ward | Mar-15 | Apr-15 | May-15 |
|---|--------|--------|--------|
| SPINAL INJURIES UNIT | 52.35% | 52.91% | 55.02% |
| ANGUS MACKINNON WARD | 68.23% | 66.13% | 66.20% |
| SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT) | 69.11% | 70.58% | 68.26% |
| MARGARET HART | 67.24% | 68.73% | 61.63% |
| WARD 4 | 67.12% | 69.56% | 70.02% |
| DUKE OF GLOUCESTER | 68.54% | 70.49% | 72.19% |
| COXEN/ADU | 75.96% | 73.69% | 75.78% |
| REHABILITATION | 64.50% | 70.47% | 73.71% |
| PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro) | 77.13% | 76.85% | 77.63% |
| ALAN BRAY UNIT | 95.18% | 95.68% | 95.49% |

Table 1: Qualified staff as percentage of total

During May there was an unexpected termination of contract from a staff member which was implemented with immediate effect. This left the Rehabilitation Unit short staffed during the day shift with healthcare assistants, as indicated on table 2 in Appendix 1.

1.2 Advisory

Clinical incidents have been reviewed; there were five incident reports relating to 'staffing levels' filed by the inpatient wards during May 2015. These were in relation to non-attenders of booked agency shifts and medication errors.

Three incidents involved the use of agency staff having a negative effect to the level of care provided, with two incidents of non-attendance and one of last minute cancellation, all of which are under investigation by the Temporary Staffing Office.

There was one incident that affected three patients during one day where patients were brought to their one hour physiotherapy session between 30-45 minutes late meaning they were only receiving a 30-15 minute session instead of the full hour. The investigation into this is ongoing with ISS.

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 which indicated 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). To help address this, the rostering policy has been updated to include and the introduction of a new hierarchal

system for requesting extra nursing staff through the nurse bank/agency which was introduced on June 1st.

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 June/ July Trust board as a separate paper following a joint comparative review with the Royal Orthopaedic Hospital.

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 understand 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 next phase of the ongoing project to ensure safe staffing levels will begin soon; in the absence of eRostering, roster management has been reviewed and was implemented as of June 1st. 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 trialled on SCIC for the month of May and will be rolled out throughout the hospital for use with roster management starting June 1st this will be 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: 08/06/15

Report compiled by: Dennis Hazell, Senior Charge Nurse and Dr Julie-Anne Dowie, Head of Nursing on behalf of Professor Paul Fish, Director of Nursing

Appendix 1:

| Month | February | | | | March | | | | April | | | | May | | | |
|----------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|
| 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 (%) |
| ALAN BRAY UNIT | 100.0% | 100.0% | 100.0% | - | 100.0% | 100.0% | 100.0% | - | 100.0% | 100.0% | 100.0% | - | 100.0% | 100.0% | 100.0% | - |
| ANGUS MACKINNON WARD | 99.4% | 98.9% | 98.8% | 100.0% | 97.3% | 95.0% | 100.0% | 100.0% | 97.4% | 100.0% | 96.8% | 94.3% | 97.4% | 100.0% | 96.8% | 94.3% |
| COXEN/ADU | 96.5% | 99.1% | 98.9% | 100.0% | 95.9% | 95.7% | 96.1% | 100.0% | 96.4% | 97.7% | 93.0% | 100.0% | 96.4% | 97.7% | 93.0% | 100.0% |
| DUKE OF GLOUCESTER | 98.3% | 98.3% | 98.8% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 99.8% | 99.0% | 100.0% | 100.0% | 99.8% | 99.0% | 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% | 100.0% | 100.0% | 100.0% | 100.0% |
| JACKSON BURROWS WARD | 99.9% | 98.9% | 96.5% | 95.5% | 97.5% | 97.1% | 100.0% | 100.0% | 96.8% | 97.0% | 100.0% | 100.0% | 96.8% | 97.0% | 100.0% | 100.0% |
| MARGARET HARTE | 100.0% | 98.2% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 98.5% | 97.7% | 100.0% | 100.0% | 98.5% | 97.7% | 100.0% |
| PHILIP NEWMAN WARD | 100.0% | 100.0% | 98.2% | 100.0% | 99.6% | 93.5% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |
| REHABILITATION | 100.0% | 86.1% | 100.0% | 100.0% | 97.9% | 100.0% | 100.0% | 100.0% | 97.0% | 96.8% | 100.0% | 98.7% | 97.8% | 80.6% | 100.0% | 100.0% |
| SPINAL INJURIES UNIT | 96.8% | 98.8% | 100.0% | 100.0% | 100.0% | 98.4% | 100.0% | 98.6% | 96.1% | 97.5% | 96.3% | 100.0% | 97.0% | 96.8% | 100.0% | 98.7% |
| THE COLEMAN UNIT | 97.7% | 98.6% | 94.8% | 90.9% | 97.1% | 97.7% | 98.5% | 92.0% | 98.4% | 100.0% | 98.9% | 100.0% | 96.1% | 97.5% | 96.3% | 100.0% |
| WARD 4 | 98.1% | 96.5% | 100.0% | 100.0% | 95.7% | 100.0% | 98.7% | 100.0% | 98.2% | 97.1% | 98.5% | 99.2% | 98.4% | 100.0% | 98.9% | 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/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 | | | | |
| Alan Bray Unit | 192 - CRITICAL CARE MEDICINE | 2088 | 2088 | 170.5 | 170.5 | 1525 | 1525 | 0 | 0 | 100.0% | 100.0% | 100.0% | 0.0% |
| Angus McKinnon Unit | 110 - TRAUMA & ORTHOPAEDICS | 1396.2 | 1359.7 | 849.6 | 849.6 | 1116 | 1080 | 420 | 396 | 97.4% | 100.0% | 96.8% | 94.3% |
| Children and Teenage Unit | 171 - PAEDIATRIC SURGERY | 1773.5 | 1709.5 | 535 | 522.5 | 887.5 | 825 | 287.5 | 287.5 | 96.4% | 97.7% | 93.0% | 100.0% |
| Duke of Gloucester | 110 - TRAUMA & ORTHOPAEDICS | 1864 | 1860 | 764 | 756 | 1237.5 | 1237.5 | 437.5 | 437.5 | 99.8% | 99.0% | 100.0% | 100.0% |
| Ward 4 | 110 - TRAUMA & ORTHOPAEDICS | 2115 | 2081 | 910.5 | 910.5 | 1137.5 | 1125 | 462.5 | 462.5 | 98.4% | 100.0% | 98.9% | 100.0% |
| Jackson Burrows Ward | 110 - TRAUMA & ORTHOPAEDICS | 1714 | 1658.5 | 838 | 812.5 | 950 | 950 | 400 | 400 | 96.8% | 97.0% | 100.0% | 100.0% |
| Margaret Harte Ward | 110 - TRAUMA & ORTHOPAEDICS | 1182.5 | 1182.5 | 835.5 | 823 | 1087.5 | 1062.5 | 575 | 575 | 100.0% | 98.5% | 97.7% | 100.0% |
| Rehabilitation Ward | 314 - REHABILITATION | 712 | 696 | 248 | 200 | 336 | 336 | 168 | 168 | 97.8% | 80.6% | 100.0% | 100.0% |
| Spinal Cord Injuries Unit | 110 - TRAUMA & ORTHOPAEDICS | 1860 | 1805 | 1322 | 1280 | 876 | 876 | 924 | 912 | 97.0% | 96.8% | 100.0% | 98.7% |
| The Coleman Unit | 110 - TRAUMA & ORTHOPAEDICS | 1629 | 1565.5 | 749 | 730.5 | 675 | 650 | 300 | 300 | 96.1% | 97.5% | 96.3% | 100.0% |
| Ian Munro Ward (Private Patients) | 110 - TRAUMA & ORTHOPAEDICS | 929.5 | 929.5 | 269 | 269 | 762.5 | 762.5 | 287.5 | 287.5 | 100.0% | 100.0% | 100.0% | 100.0% |
| Phillip Newman Ward (Private Patients) | 110 - TRAUMA & ORTHOPAEDICS | 944 | 944 | 277.5 | 277.5 | 475 | 475 | 62.5 | 62.5 | 100.0% | 100.0% | 100.0% | 100.0% |

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

