

Royal National Orthopaedic Hospital Trust

Trust Board Meeting - Executive Summary

Report Title:	April Staffing Report (Hard Truths Commitment)	
Date: 16/5/16	Author: Karen Mannion, Project Nurse / lead for Implementation of safe staffing Tool	Lead Director: Professor Paul Fish, Director of Nursing
Is a decision required by the Board?	No	
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 April 2016, the ratio between registered staff and patient occupancy was <i>1 nurse to 2.93 patients</i> 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 relating to 'staffing levels' filed by the inpatient wards during April.</p> <ul style="list-style-type: none"> • One related to a Bank Staff Nurse Non-attendance. • One report to shortness of staff impacting on care. <p>There were 6 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>The planned vs actual staffing levels is still within safe limits, at 99.08%</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	
	*A risk assessment form only needs to be completed and attached if the decision required by the Board pertains to strategic policy decisions and/or project initiation documents .	

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

Principal Objectives to support strategic aims

(Linked to Strategic Aims and key performance indicator targets (KPIs) categories: Quality, Access, Finance,

1	Maintain clinical excellence and high quality outcomes for patients	✓
2	Achieve agreed activity levels	
3	Deliver in-year transformation programme target	✓
4	Improve the quality of our buildings and facilities	
5	Meet in-year milestones for enabling projects for new Stanmore site development	
6	Provide timely, accurate and comprehensive clinical management information	
7	Improve workforce effectiveness and engagement	✓
8	Deliver planned in-year service developments	
9	Meet milestones to achieve Foundation Trust status and long term service sustainability programme	
10	Further develop academic track record	
11	Continue to develop relationships and partnerships to help achieve Trust vision	
12	Maintain financial control	

1.0 Introduction

- 1.1 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.
- 1.2 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. Adult and paediatric in-patient units only are reported in the data, which is uploaded monthly via UNIFY.
- 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

1.3 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.

1.4 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.

2.0 Update

2.1 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. 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, Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) have been split into their respective wards Previously the Short Stay Unit was recorded in their respective wards (Jackson Burrows & the Coleman Unit) to increase data quality this is now recorded as Short Stay Unit. (See appendix for month on month trends of fill rates and the detailed planned versus actual fill rates).

2.2 The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was *1 nurse to 2.93 patients* during April. 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).

2.3

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	Feb-16	Mar-16	Cur Month
SPINAL INJURIES UNIT	61.14%	53.80%	57.17%
ANGUS MACKINNON WARD	60.56%	64.34%	63.50%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	70.61%	70.45%	69.28%
MARGARET HART	63.97%	69.96%	71.08%
WARD 4	71.28%	71.34%	69.16%

DUKE OF GLOUCESTER	71.50%	73.79%	72.43%
COXEN/ADU	83.55%	83.56%	82.19%
REHABILITATION	64.26%	67.41%	67.81%
PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)	76.72%	76.58%	77.24%
ALAN BRAY UNIT	97.61%	96.91%	94.33%

3.0 Staffing & Quality Indicators

Clinical incidents have been reviewed; there was 2 incident reports relating to 'staffing levels' filed by the inpatient wards during April 2016

- One report from SCIC of Staff Nurse non-attendance resulting in the department being one nurse down.
- One report from Margaret Harte Ward of a shortage of nursing staff for a day, resulting in delays in patients receiving medication and delays impacting on therapies.

4.0 Nurse Staffing Pressures

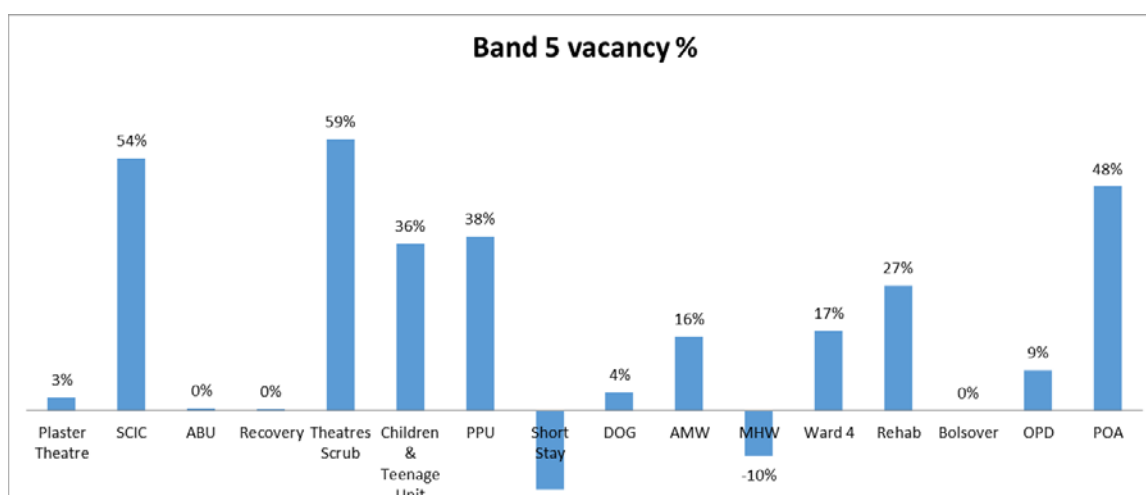
4.1 There continue to be a number of wards and departments that have pressure in relation to recruitment and retention. These pressures are being experienced nationally and have resulted in the migration advisory committee making a recommendation on 15th October to place nursing on the home office shortage occupation list.

4.2 Theatres, paediatrics, outpatients (paediatrics), Spinal Cord Injury Centre and Duke of Gloucester ward have vacancy levels which are driving high numbers of temporary staff use.

4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing, there are 47.29 WTE vacancies in the Trust. This is the same as reported in the March board report. There are currently 7 Band 5 Nurses going through pre-employment checks and 2 given start dates. The next set of Band 5 interviews are due to take place on 27th May 2016.

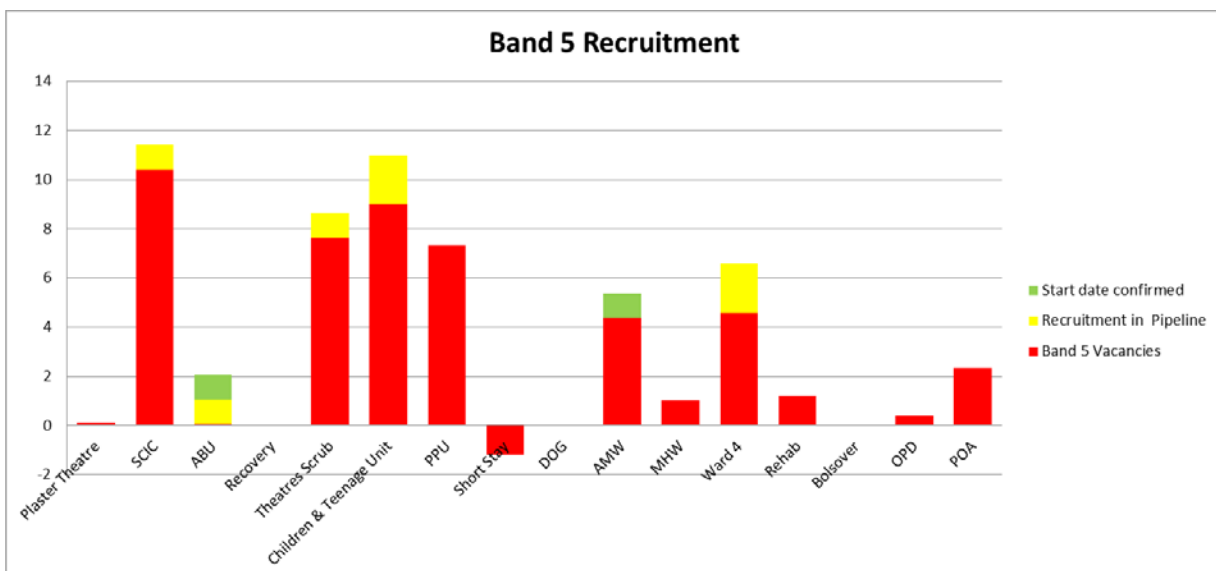
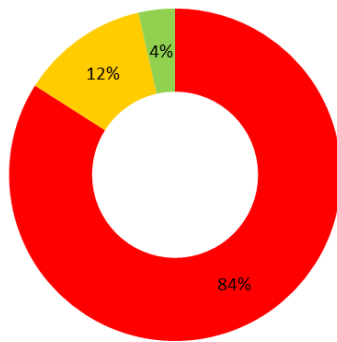
4.4 Recruitment to registered nurses in paediatric outpatients remains a challenge. A band 5 has been recruited to OPD at Stanmore and a band 6 is out to advert for Bolsover Street. Agency use has been authorised however this are proving difficult to fill.

4.5 A detailed recruitment and retention action plan is in place and is being coordinated jointly by the Director of Nursing and Associate Director of Workforce and OD.



Band 5 vacancies

■ Band 5 Vacancies ■ Recruitment in Pipeline ■ Start date confirmed



5.0 New Regulations for the use of agency staff

5.1 Monitor and the TDA have introduced new regulations on the use of agency nurses in provider trusts. These regulations have three components.

- A cap on the total amount that can be spent annually on agency nurses, expressed as a percentage of total nurse staffing spend
- The mandated use of frameworks to procure agency nurses

- A cap on the hourly rate that can be paid to agency nurses (and other staff) which will come into effect in November, with the final cap being in place from April 2016.

- 5.2 The annual cap was originally set at 6% for the trust, however the current use is in the region of 10% and therefore an application was made to increase the cap. A revised cap of 8% has been set, however there is a significant risk that this will not be achieved for a number of months.
- 5.3 Monitor and the TDA released a consultation on 15th October detailing the cap on the hourly rate for all agency workers in the NHS. The full effect of this cap will come into effect for all staff groups in April 2016, which will limit the amounts trusts may pay agency workers to no more than 55% above the equivalent agenda for change (or medical staff) rate.
- 5.4 The purpose of these regulations is to encourage agency workers to move back into work in the NHS. This will only be achieved where bank terms and conditions and other opportunities, such as professional development, can be offered.
- 5.5 The hourly rate for bank staff has been increased, alongside progressing with a move to weekly pay is being discussed at executive committee and WOD committee.

6:0 **Next Steps**

A six month staffing review will be reported at the next board meeting.

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

Date: 16/5/2016

Appendix 1:

Month	Feb-16				Mar-16				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%	0.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100.0%
ANGUS MACKINNON WARD	95.1%	95.0%	100.0%	100.0%	98.8%	97.9%	100.0%	98.1%	98.0%	98.2%	100.0%	100.0%
COXEN/ADU	99.9%	97.9%	98.8%	100.0%	95.0%	88.9%	98.9%	100.0%	99.1%	98.1%	100.0%	96.4%
DUKE OF GLOUCESTER	96.2%	95.7%	100.0%	100.0%	98.8%	97.9%	100.0%	98.1%	96.8%	98.3%	100.0%	100.0%
IAN MONRO WARD	100.0%	100.0%	100.0%	100.0%	94.8%	95.4%	100.0%	100.0%	97.7%	100.0%	100.0%	100.0%
Short Stay Unit	98.6%	98.0%	99.0%	97.8%	98.5%	97.7%	100.0%	100.0%	99.6%	99.4%	100.0%	100.0%
MARGARET HARTE	98.6%	100.0%	100.0%	100.0%	99.0%	92.0%	96.4%	95.8%	96.9%	88.8%	100.0%	100.0%
PHILIP NEWMAN WARD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.3%	58.8%	100.0%	100.0%
REHABILITATION	98.8%	98.1%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
SPINAL INJURIES UNIT	99.1%	100.0%	100.0%	98.9%	95.8%	91.9%	98.1%	98.7%	97.9%	99.7%	100.0%	100.0%
WARD 4	97.3%	100.0%	96.4%	100.0%	96.4%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
			<80%	80-90%	100%	>100%						

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

Appendix 2

Ward	Specialty	Day	Day	Day	Day	Night	Night	Night	Night	Day	Day	Night	Night	%QUALIFIED
		Planned Registered Staff Hours	Actual Registered Staff Hours	Planned Non-Registered Staff Hours	Actual Non-Registered Staff Hours	Planned Registered Staff Hours	Actual Registered Staff Hours	Planned Non-Registered Staff Hours	Actual Non-Registered Staff Hours	Registered Average Fill Rate	Non-Registered Average Fill Rate	Registered Average Fill Rate	Non-Registered Average Fill Rate	
Adolescent/Coxen Ward	171 - PAEDIATRIC SURGERY	2034	2015.5	363.5	356.5	1187.5	1187.5	350	337.5	99.1%	98.1%	100.0%	96.4%	82.19%
Alan Bray Unit	192 - CRITICAL CARE MEDICINE	2115.5	2115.5	225	225	1837.5	1837.5	12.5	12.5	100.0%	100.0%	100.0%	100.0%	94.33%
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1386.8	1358.8	895.1	879.1	1068	1068	516	516	98.0%	98.2%	100.0%	100.0%	63.50%
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1786	1728	734.5	722	1187.5	1187.5	387.5	387.5	96.8%	98.3%	100.0%	100.0%	72.43%
Ian Monro Ward	110 - TRAUMA & ORTHOPAEDICS	710.5	694	220.5	220.5	575	575	237.5	237.5	97.7%	100.0%	100.0%	100.0%	73.48%
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1317.5	1276.5	657.5	584	1050	1050	362.5	362.5	96.9%	88.8%	100.0%	100.0%	71.08%
Phillip Newman Ward	110 - TRAUMA & ORTHOPAEDICS	471	458.5	91	53.5	262.5	262.5	75	75	97.3%	58.8%	100.0%	100.0%	84.87%
Rehabilitation Unit	314 - REHABILITATION	866.4	866.4	413.7	413.7	384	384	180	180	100.0%	100.0%	100.0%	100.0%	67.81%
Short Stay Unit	110 - TRAUMA & ORTHOPAEDICS	2804.5	2794.2	1240	1232	1112.5	1112.5	500	500	99.6%	99.4%	100.0%	100.0%	69.28%
Spinal Unit	110 - TRAUMA & ORTHOPAEDICS	2383	2332	1529	1524	1128	1128	1068	1068	97.9%	99.7%	100.0%	100.0%	57.17%
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1677	1677	799.5	799.5	1125	1125	450	450	100.0%	100.0%	100.0%	100.0%	69.16%

Table 3: Detail of hours planned and worked (April 2016)