

Royal National Orthopaedic Hospital Trust

Strategic Change Committee - Executive Summary

Report Title:	December Staffing Report (Hard Truths Commitment)	
Date: 12 th January 2015	Author: Rebecca Maslin and Dennis Hazell	Lead Director: Dr Julie-Anne Dowie
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 December 2014, the ratio between registered staff and patient occupancy was 1 nurse to 4.1 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 five incident reports linked to staffing in December 2014. Four related to number & skill mix. One medication error involved an agency nurse.</p> <p>The Safer Nursing Care Tool (Acuity) will be undertaken again, starting at the end of January.</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>	
1. Maintain clinical excellence – high quality outcomes for our patients:	
• 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"/>
• 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"/>
• Provide timely access to our services. Consistently achieve patient access national standards <i>(KPI Targets 10 – 17): Supports Strategic Aims</i>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input type="checkbox"/>
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>	<input type="checkbox"/>
10. Meet Foundation Trust milestones for the year: <i>Supports Strategic Aims 1,2,3 & 4</i>	<input type="checkbox"/>

December 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). 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.

a) 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. Analysis of the October data was conducted using both the new system and the old manual method, for comparison. The December 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 4.1 patients per nurse during December. 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 was one occasion in December where the patient to staff ratio in paediatrics exceed four during day shifts and ten instances where they exceeded a ratio of four during 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	Month		
	Oct-14	Nov-14	Dec-14
SPINAL INJURIES UNIT	50.20%	54.61%	55.46%
ANGUS MACKINNON WARD	69.81%	69.27%	68.91%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	69.24%	70.76%	73.16%
MARGARET HART	69.11%	67.95%	69.44%
WARD 4	72.39%	74.59%	69.68%
DUKE OF GLOUCESTER	71.19%	68.08%	65.77%
COXEN/ADU	76.49%	80.24%	76.31%
REHABILITATION	63.83%	70.59%	65.98%
PRIVATE PATIENTS UNIT	79.07%	76.25%	77.03%
ALAN BRAY UNIT	97.90%	97.22%	99.74%

Table 1: Qualified staff as percentage of total

b) Advisory

Clinical incidents have been reviewed; there were four incident reports relating to 'staffing levels' filed by the inpatient wards during December 2014. All directly related to ward staffing levels. These were in relation to skill mix and/or number of staff.

Private patients reported an incident involving a drug error with an agency nurse as the instigator. There were no other safety incidents which identified staffing as a factor.

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 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). The Safer Nursing Care Tool will be repeated again, starting at the end of January. A report will be included in the March Trust Board.

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. A bid was submitted to the NHS England Nursing Technology Fund to support this.

Until eRostering is implemented, the formulation of this report is dependant 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.

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.

Report date: 12/01/15

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

Appendix:

Month	SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER			
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 (%)
SPINAL INJURIES UNIT	88%	99%	98%	98%	93.80%	100.00%	98.70%	100.00%	99.62%	98.45%	100.00%	100.00%	99.15%	99.35%	100.00%	100.00%
ANGUS MACKINNON WARD	96%	99%	100%	100%	93.80%	92.70%	100.00%	100.00%	97.83%	93.03%	100.00%	100.00%	97.11%	99.38%	100.00%	100.00%
JACKSON BURROWS WARD					93.30%	99.80%	100.00%	100.00%	95.41%	93.00%	100.00%	100.00%	93.93%	100.00%	100.00%	100.00%
THE COLEMAN UNIT					95.30%	91.20%	100.00%	100.00%	91.15%	91.04%	96.97%	100.00%	97.52%	90.18%	100.00%	100.00%
MARGARET HART	96%	97%	100%	100%	97.30%	95.00%	100.00%	100.00%	99.33%	96.01%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
WARD 4	94%	100%	100%	100%	85.30%	96.20%	97.80%	100.00%	93.15%	89.35%	100.00%	100.00%	97.52%	90.18%	100.00%	100.00%
DUKE OF GLOUCESTER	96%	99%	100%	100%	98.30%	95.90%	98.90%	96.90%	99.34%	95.83%	100.00%	100.00%	98.63%	94.86%	97.87%	100.00%
COXEN/ADU	98%	100%	98%	97%	92.30%	96.60%	100.00%	95.80%	96.04%	94.86%	98.96%	95.65%	95.38%	99.86%	94.90%	96.30%
REHABILITATION	100%	100%	100%	100%	92.40%	94.90%	97.10%	100.00%	99.71%	94.29%	95.00%	100.00%	98.44%	91.67%	100.00%	100.00%
ALAN BRAY UNIT	99%	100%	99%	-	99.60%	87.10%	100.00%	-	99.69%	100.00%	100.00%	-	100.00%	100.00%	100.00%	-
IAN MONRO WARD					98.89%	100.00%	98.39%	95.45%	100.00%	100.00%	100.00%	84.21%	100.00%	100.00%	97.30%	100.00%
PHILIP NEWMAN WARD					98.0%	94.1%	93.4%	100.0%	98.7%	100.0%	100.0%	90.9%	98.7%	100.0%	98.1%	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	2564.5	2564.5	12.5	12.5	2150	2150	0	0	100.0%	100.0%	100.0%	0.0%
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	969.6	941.6	482.4	479.4	600	600	216	216	97.1%	99.4%	100.0%	100.0%
Children and Teenage Unit	171 - PAEDIATRIC SURGERY	2286	2180.5	714	713	1225	1162.5	337.5	325	95.4%	99.9%	94.9%	96.3%
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	2076.5	2048	1069.5	1014.5	1175	1150	650	650	98.6%	94.9%	97.9%	100.0%
Ian Monro Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	711.5	711.5	195.5	195.5	462.5	450	150	150	100.0%	100.0%	97.3%	100.0%
Jackson Burrows Ward	110 - TRAUMA & ORTHOPAEDICS	1532.5	1439.5	522.5	522.5	475	475	187.5	187.5	93.9%	100.0%	100.0%	100.0%
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	886	886	451	451	650	650	225	225	100.0%	100.0%	100.0%	100.0%
Rehabilitation Ward	314 - REHABILITATION	512	504	288	264	264	264	132	132	98.4%	91.7%	100.0%	100.0%
Spinal Cord Injuries Unit	110 - TRAUMA & ORTHOPAEDICS	2462	2441	2011	1998	1332	1332	1032	1032	99.1%	99.4%	100.0%	100.0%
The Coleman Unit	110 - TRAUMA & ORTHOPAEDICS	1539	1535	593	505.5	375	375	187.5	187.5	99.7%	85.2%	100.0%	100.0%
Ward 4	110 - TRAUMA & ORTHOPAEDICS	2016.5	1966.5	764	689	1012.5	1012.5	375	375	97.5%	90.2%	100.0%	100.0%
Phillip Newman Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	1259.5	1243.5	415.5	415.5	662.5	650	150	150	98.7%	100.0%	98.1%	100.0%

Table 3: Detail of hours planned and worked (December 2014)