

Royal National Orthopaedic Hospital Trust

Strategic Change Committee - Executive Summary

Report Title:	February Staffing Report (Hard Truths Commitment)	
Date: 05 th March 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 February 2014, the ratio between registered staff and patient occupancy was 1 nurse to 3.9 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 February 2014.</p> <ul style="list-style-type: none"> • Two "Slips, Trip and Falls" where vacant shift patterns were not covered by either bank or agency involving a confused patient, no patient harm. • Two short staffing incidents where the Patient: Nurse ratio did not exceed 8:1. • One short staffing incident where the ratio of Patient: Nurse did not exceed 7:1 but there was only 1 staff nurse on duty. This was intermittently covered by the site manager as per escalation policy. <p>The Safer Nursing Care Tool (acuity) was completed at the end of February giving a second collection of data, a third acuity will be performed in April to allow a clear indication of the nursing establishments required.</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:	<i>To note the report</i>	
Statement from Legal Advisors (if applicable):	<i>n/a</i>	
Risk Assessment*:	<i>n/a</i>	

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> • Provide safe and effective care, improving patient experience and clinical productivity <i>(KPI Targets 1 – 20): Supports Strategic Aims 1 & 2</i> • Provide timely access to our services. Consistently achieve patient access national standards <i>(KPI Targets 10 – 17): Supports Strategic Aims</i> 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <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

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
- 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 in use since 1st October 2014. 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.

2.2 The trust continues to maintain the planned ratio of Registered Nurses to patients. The adult acute ratio was **3.98 patients per nurse** during February. There were no occasions in February where the patient to staff ratio in paediatrics exceed four during day shifts (down from one) and seven instances where they exceeded a ratio of four during the night shift (down from ten).

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.

Ward	Month		
	Dec-14	Jan-15	Feb-15
SPINAL INJURIES UNIT	55.46%	53.53%	51.49%
ANGUS MACKINNON WARD	68.91%	68.01%	67.43%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	73.16%	72.04%	69.73%
MARGARET HART	69.44%	69.85%	66.77%
WARD 4	69.68%	72.21%	68.84%
DUKE OF GLOUCESTER	65.77%	70.54%	69.92%
COXEN/ADU	76.31%	76.34%	78.25%
REHABILITATION	65.98%	68.69%	69.54%
PRIVATE PATIENTS UNIT	77.03%	77.18%	79.03%
ALAN BRAY UNIT	99.74%	97.90%	96.15%

Table 1: Qualified staff as percentage of total

- 2.4 Skill mix on the Spinal Cord Injuries Unit is currently red rated, however this is as a result of additional Healthcare/rehab Assistants being rostered to support an increased dependency on the unit. The number of Registered Nurses on duty remains at the level assessed as appropriate for the acuity and dependency of patients.
- 2.5 Clinical incidents have been reviewed; there were five incident reports relating to 'staffing levels' filed by the inpatient wards during February 2014. These were in relation to patient falls and non-attenders of booked agency shifts.
- 2.5.1 One incident reported three times was where there was a shortfall of safe nursing numbers, the patient: nurse ratio was 7:1 with 1 trained nurse and one HCA. The department (JBW) was assisted by the Site manager where able and with the sister unit (TCU) with a floating nurse, which had safe staffing numbers.
- 2.5.2 There were two occasions where agency nurses did not attend for duty (W04 and MHW). This left the department with one nurse less but did not compromise the patient staff ratio over 8:1.
- 2.5.3 There were two falls on separate days with the same patient where a booked agency nurse did not attend their shift who was to help in the one-to-one care of this patient. There was no harm indicated to the patient, the cause of their falls was attributed to their history of previous falls and dementia.
- 2.5.6 There was also an incident that caused a delay with the running of a CT list by half an hour, this was attributed to poor staff knowledge in the admission process (an agency nurse new

to the trust was admitting the patient) but the staffing levels were suitable to accommodate this.

- 2.6 An additional paper is presented to the March Board of Directors meeting that outlines progress with the assessment of acuity and dependency and setting of staffing establishments for the coming year.

3.0 Ongoing Plan

- 3.1 Monthly planned versus actual staffing levels will continue to be monitored and reported to board, in line with NICE guidance.
- 3.2 A separate paper is tabled for discussion and approval at the March board which describes the trust approach to the assessment of acuity and dependency and how this will be used to set nursing establishments. This will result in staffing recommendations being made to the May/June Board of Directors meeting.
- 3.3 The business case for the introduction of e-rostering will be reviewed. It is likely that the introduction of this technology will bring efficiencies in the rostering of staff and enable greater flexibility within the workforce.

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

March 2015.

Appendix:

Month	NOVEMBER				DECEMBER				JANUARY				February			
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	99.69%	100.00%	100.00%	-	100.00%	100.00%	100.00%	-	100.00%	100.00%	99.47%	-	100.0%	100.0%	100.0%	-
ANGUS MACKINNON WARD	97.83%	93.03%	100.00%	100.00%	97.11%	99.38%	100.00%	100.00%	98.68%	95.51%	100.00%	100.00%	99.4%	98.9%	98.8%	100.0%
COXEN/ADU	96.04%	94.86%	98.96%	95.65%	95.38%	99.86%	94.90%	96.30%	93.34%	97.46%	98.81%	92.59%	96.5%	99.1%	98.9%	100.0%
DUKE OF GLOUCESTER	99.34%	95.83%	100.00%	100.00%	98.63%	94.86%	97.87%	100.00%	99.40%	96.04%	100.00%	100.00%	98.3%	98.3%	98.8%	100.0%
IAN MONRO WARD	100.00%	100.00%	100.00%	84.21%	100.00%	100.00%	97.30%	100.00%	98.42%	94.74%	100.00%	100.00%	100.0%	100.0%	100.0%	100.0%
JACKSON BURROWS WARD	95.41%	93.00%	100.00%	100.00%	93.93%	100.00%	100.00%	100.00%	95.47%	93.27%	88.46%	90.00%	99.9%	98.9%	96.5%	95.5%
MARGARET HART	99.33%	96.01%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	97.78%	97.93%	100.00%	95.83%	100.0%	98.2%	100.0%	100.0%
PHILIP NEWMAN WARD	98.7%	100.0%	100.0%	90.9%	98.7%	100.0%	98.1%	100.0%	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.2%	100.0%
REHABILITATION	99.71%	94.29%	95.00%	100.00%	98.44%	91.67%	100.00%	100.00%	100.00%	94.69%	100.00%	100.00%	100.0%	86.1%	100.0%	100.0%
SPINAL INJURIES UNIT	99.62%	98.45%	100.00%	100.00%	99.15%	99.35%	100.00%	100.00%	98.65%	99.11%	100.00%	100.00%	96.8%	98.8%	100.0%	100.0%
THE COLEMAN UNIT	91.15%	91.04%	96.97%	100.00%	97.52%	90.18%	100.00%	100.00%	98.88%	96.39%	98.21%	100.00%	97.7%	98.6%	94.8%	90.9%
WARD 4	93.15%	89.35%	100.00%	100.00%	97.52%	90.18%	100.00%	100.00%	96.63%	85.34%	100.00%	100.00%	98.1%	96.5%	100.0%	100.0%

<80%	80-90%	100%	>100%
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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	2415.5	2415.5	163	163	1650	1650	0	0	100.0%	100.0%	100.0%	0.0%
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1365.8	1357.8	761.9	753.9	960	948	360	360	99.4%	98.9%	98.8%	100.0%
Children and Teenage Unit	171 - PAEDIATRIC SURGERY	2165.5	2089.5	575.5	570.5	1100	1087.5	312.5	312.5	96.5%	99.1%	98.9%	100.0%
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1701.5	1673	748	735.5	1037.5	1025	425	425	98.3%	98.3%	98.8%	100.0%
Ian Monro Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	817.5	817.5	266	266	700	700	225	225	100.0%	100.0%	100.0%	100.0%
Jackson Burrows Ward	110 - TRAUMA & ORTHOPAEDICS	1598	1596	717.5	709.5	712.5	687.5	275	262.5	99.9%	98.9%	96.5%	95.5%
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1148	1148	706.5	694	1000	1000	375	375	100.0%	98.2%	100.0%	100.0%
Rehabilitation Ward	314 - REHABILITATION	690.4	690.4	325.2	280	360	360	180	180	100.0%	86.1%	100.0%	100.0%
Spinal Cord Injuries Unit	110 - TRAUMA & ORTHOPAEDICS	1992	1929	1786	1765	900	900	900	900	96.8%	98.8%	100.0%	100.0%
The Coleman Unit	110 - TRAUMA & ORTHOPAEDICS	1988.5	1942	923	910.5	725	687.5	275	250	97.7%	98.6%	94.8%	90.9%
Ward 4	110 - TRAUMA & ORTHOPAEDICS	1758	1724	691.5	667	1037.5	1037.5	325	325	98.1%	96.5%	100.0%	100.0%
Phillip Newman Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	1035	1035	265.5	265.5	687.5	675	100	100	100.0%	100.0%	98.2%	100.0%

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

