

**Royal National Orthopaedic Hospital Trust**

**Strategic Change Committee - Executive Summary**

<b>Report Title:</b>	June Staffing Report (Hard Truths Commitment)	
<b>Date:</b> 8 <sup>th</sup> July 2015	<b>Author:</b> Dennis Hazell	<b>Lead Director:</b> Professor Paul Fish, Director of Nursing
Is a decision required by the Board?		No (Please delete as applicable)
<b>Purpose of Paper:</b>	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.	
<b>Key information and conclusions:</b>	<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 June 2015, 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 8 incident reports linked to staffing in June 2015.</p> <ul style="list-style-type: none"> <li>• 5 short staffing incidents where booked agency nurses did not attend, 3 of which were for night shifts, the ratio of Nurse:Patient did not exceed unsafe limits (1:8 for day shifts, 1:10 for night shifts).</li> <li>• 1 incident involving a CD medication error with an agency nurse.</li> <li>• 1 incident where the work load has resulted in referrals to occupational health due to musculoskeletal issues.</li> <li>• 1 incident where patients were deprived of a full physiotherapy session due to lack of porters.</li> </ul> <p>There were 5 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>While the planned vs actual staffing levels is still within safe limits, at 98.4%, there has been a high increase in bank and agency usage throughout all departments in June.</p>	
<b>Recommendations:</b>	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.	
<b>Next steps:</b>	n/a	
<b>Statement from Legal Advisors (if applicable):</b>	n/a	
<b>Risk Assessment*:</b>	n/a	

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

	√ as appropriate
<b><u>Principal Objectives to support strategic aims</u></b>	
<i>(Linked to Strategic Aims and key performance indicator targets (KPIs) categories: Quality, Access, Finance, Management and Productivity)</i>	
1. <b>Maintain clinical excellence – high quality outcomes for our patients:</b>	
• Improve patient care by reducing avoidable infections and providing a clean, safe environment <i>(KPI Targets 1 – 8): Supports Strategic Aims 1 &amp; 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 &amp; 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. <b>Deliver our transformation programme</b> 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 &amp; 2 and supported by Transformation Programme</i>	<input checked="" type="checkbox"/>
3. <b>Improve the quality of our buildings and facilities</b> 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 &amp; 4)</i>	<input type="checkbox"/>
4. <b>Provide timely, accurate and comprehensive clinical management information</b> to a high standard of data quality <i>(Linked to the IM&amp;T Strategy Implementation Plan): Supports Strategic Aims 2,3 &amp; 4</i>	<input type="checkbox"/>
5. <b>Improve workforce effectiveness and engagement</b> to ensure that it is fit for purpose <i>(KPI Target 19); Supported by Organisational Development Programme and Supports Strategic Aims 1 &amp; 2.</i>	<input checked="" type="checkbox"/>
6. <b>Deliver planned in-year service developments</b> <i>(Linked to the Integrated Business Plan, Annual Clinically Led Business Plan and Annual Operating Plan): Supports Strategic Aims 1, 2,3 &amp; 4</i>	<input type="checkbox"/>
7. <b>Maintain and update the RNOH Integrated Business Plan</b> 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 &amp; 4</i>	<input type="checkbox"/>
8. <b>Further develop academic track record</b> 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. <b>Further develop relationships and partnerships</b> including insourcing, outsourcing and establishing RNOH@ other NHS provider sites <i>(Linked to: the Specialist Orthopaedic Alliance and UCL): Supports Strategic Aims 1,3 &amp; 4</i>	<input type="checkbox"/>
10. <b>Meet Foundation Trust milestones</b> for the year: <i>Supports Strategic Aims 1,2,3 &amp; 4</i>	<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 1<sup>st</sup> October 2014. The June 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 4.09 patients per nurse during June. 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).

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	Apr-15	May-15	Jun-15
SPINAL INJURIES UNIT	52.91%	55.02%	53.39%
ANGUS MACKINNON WARD	66.13%	66.20%	61.15%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	70.58%	68.26%	71.73%
MARGARET HART	68.73%	61.63%	67.91%
WARD 4	69.56%	70.02%	79.13%
DUKE OF GLOUCESTER	70.49%	72.19%	69.93%
COXEN/ADU	73.69%	75.78%	73.49%
REHABILITATION	70.47%	73.71%	73.65%
PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)	76.85%	77.63%	77.52%
ALAN BRAY UNIT	95.68%	95.49%	99.58%

**Table 1: Qualified staff as percentage of total**

## 1.2 Advisory

Clinical incidents have been reviewed; there were 8 incident reports relating to 'staffing levels' filed by the inpatient wards during June 2015. These were in relation to non-attenders of booked agency shifts and medication errors.

Five incidents involved the use of agency staff having a negative effect to the level of care provided where the agency nurses booked did not attend the shift, three of these were on night shifts, all of which are under investigation by the Temporary Staffing Office.

One CD medication error occurred with a substantive staff nurse and agency nurse.

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

There was one incident where a ward sister commented that the increasing work load was having an impact on staff members health. This has been addressed by the interim matron and staffing levels/ recruitment processes are ongoing. There was not a highlighted issue with staffing with this department on the recent Safer Nursing Care Tool.

During June there has been an increase in the bank/ agency usage across the hospital. The adult wards usage rate is up from 26.23% to 32.91% with the paediatric wards going from 12.98% to 30.37%. When the rostering policy in introduced the practice of requesting bank and agency nurses will change so a noticed decline in these figures should be seen.

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).

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 July/ August Trust board as a separate paper following a joint comparative review with the Royal Orthopaedic Hospital. We are currently awaiting an independent review of staffing from the RoH which is due to happen before the end of July

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 July 1<sup>st</sup>. 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 rolled out throughout the hospital for use with roster management starting July 6<sup>th</sup>, 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: 08/07/15

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	May				June			
Shift	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 (%)
ALAN BRAY UNIT	100.0%	100.0%	100.0%	-	100.0%	100.0%	100.0%	-
ANGUS MACKINNON WARD	97.4%	100.0%	96.8%	94.3%	96.7%	97.9%	100.0%	100.0%
COXEN/ADU	96.4%	97.7%	93.0%	100.0%	96.2%	97.3%	97.1%	100.0%
DUKE OF GLOUCESTER	99.8%	99.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
IAN MONRO WARD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
JACKSON BURROWS WARD	96.8%	97.0%	100.0%	100.0%	98.4%	100.0%	100.0%	100.0%
MARGARET HARTE	100.0%	98.5%	97.7%	100.0%	100.0%	98.3%	100.0%	100.0%
PHILIP NEWMAN WARD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
REHABILITATION	97.8%	80.6%	100.0%	100.0%	99.2%	99.4%	100.0%	100.0%
SPINAL INJURIES UNIT	97.0%	96.8%	100.0%	98.7%	97.3%	94.1%	94.4%	96.6%
THE COLEMAN UNIT	96.1%	97.5%	96.3%	100.0%	96.4%	91.7%	98.9%	100.0%
WARD 4	98.4%	100.0%	98.9%	100.0%	98.4%	97.4%	99.2%	99.7%



**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	1820.5	1820.5	13.5	13.5	1387.5	1387.5	0	0	100.0%	100.0%	100.0%	0.0%
Angus McKinnon Unit	110 - TRAUMA & ORTHOPAEDICS	1443.3	1396.3	987.6	966.6	1032	1032	576	576	96.7%	97.9%	100.0%	100.0%
Children and Teenage Unit	171 - PAEDIATRIC SURGERY	1515	1457	580.5	565	862.5	837.5	262.5	262.5	96.2%	97.3%	97.1%	100.0%
Duke of Gloucester	110 - TRAUMA & ORTHOPAEDICS	1925	1924	802.5	802.5	1337.5	1337.5	600	600	99.9%	100.0%	100.0%	100.0%
Ward 4	110 - TRAUMA & ORTHOPAEDICS	2787.5	2687.5	605	555	1087.5	1075	437.5	437.5	96.4%	91.7%	98.9%	100.0%
Jackson Burrows Ward	110 - TRAUMA & ORTHOPAEDICS	1824	1795.5	745.5	745.5	987.5	987.5	375	375	98.4%	100.0%	100.0%	100.0%
Margaret Harte Ward	110 - TRAUMA & ORTHOPAEDICS	1257	1257	720	707.5	875	875	300	300	100.0%	98.3%	100.0%	100.0%
Rehabilitation Ward	314 - REHABILITATION	967.6	951.6	322.4	282.4	408	408	204	204	98.3%	87.6%	100.0%	100.0%
Spinal Cord Injuries Unit	110 - TRAUMA & ORTHOPAEDICS	1556	1543	1271	1263	660	660	660	660	99.2%	99.4%	100.0%	100.0%
The Coleman Unit	110 - TRAUMA & ORTHOPAEDICS	1752.5	1704.5	668	628.5	887.5	837.5	362.5	350	97.3%	94.1%	94.4%	96.6%
Ian Munro Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	1024	1024	298.5	298.5	737.5	737.5	287.5	287.5	100.0%	100.0%	100.0%	100.0%
Phillip Newman Ward (Private Patients)	110 - TRAUMA & ORTHOPAEDICS	1014	1014	296.5	296.5	612.5	612.5	100	100	100.0%	100.0%	100.0%	100.0%

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



