**Royal National Orthopaedic Hospital NHS Trust**

**Executive Summary**

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| Report/Paper: | May Staffing Report (Hard Truths Commitment) |
| Date: | 16 Jun 2014 |
| 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. |
| Context/Summary: | This is the second Board Report since publication of 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) on safer staffing.<br><br>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.<br><br>During May 2014, the ratio between registered staff and patient occupancy was 1 nurse to 4.1 patients in the adult acute inpatient settings. This indicates that the staffing levels did not fall below the safe recommended nurse staffing levels.<br><br>Although there has been a small decrease in the use of bank/agency usage the Trust continues to use bank/agency due to having a total of 51.38 WTE nursing vacancies across inpatient and outpatient settings.<br><br>Real-time systems have been developed within the Trust, and have been implemented from May 1st 2014. This continues to be developed to meet reporting requirements and increase ease of use.<br><br>One patient safety clinical incident could be attributed to staffing levels during May 2014.<br><br>Incident reporting has been modified to allow for more details of staffing levels to be captured as a cause/contributory factor, and is linked to the NICE 'staffing red flags'.<br><br>The next dependency review started on 2nd June 2014. |

Royal National Orthopaedic Hospital NHS
NHS Trust

**May 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. This close monitoring enables managers to visualise nursing activity within their organisation in a timely and efficient manner. Wards must publish this information on patient information boards and organisations are required to review staffing levels at least six monthly, using validated methods. The next review at the Royal National Orthopaedic Hospital NHS Trust (RNOH; the Trust) is ongoing. The August 2014 report will include the outcome of this review. Although it is not yet mandated, the Trust is also gathering data from private patients, outpatients and plans to incorporate Recovery in the future.

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

The Trust must also publish this report in a form accessible to patients and the public on their Trust website and via NHS Choices (publication due 24th June 2014).

This is the second report following publication of the guidance (31st March 2014). The development of a real-time system has ensured all staff (from Ward to Board) are able to report and visualise staffing activity and levels on a shift by shift basis (also noted in: *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). The requirement for the Trust to submit staffing data to UNIFY (for upload onto NHS Choices) has also given more visibility to discrepancies between planned and actual working schedules.

**a) Update:**

The previous report (April 2014) was compiled using retrospective data. This report has been compiled using the information provided by the wards in real-time. This means it is much easier to visualise staffing and patient load concurrently (either by attending a ward, or viewing real-time patient flow data). This means the 'planned' number (calculated according to the ward budgeted establishment) can be flexed (up or down) to accommodate changes in activity, bed fill or dependency. The reporting is now represented in 'hours', rather than shifts, as there can be many different shift patterns. The impact of this ensures the reporting of differences (between planned and actual) take into account these changes and is more meaningful as a result. This is explained using the following example:

***EXAMPLE***

| *Ward name* | *Budgeted 'plan' (hours)* | | *Flexed 'plan' (hours)* | | *Actual (hours)* | |
|---|---|---|---|---|---|---|
| | *Registered* | *Non-Registered* | *Registered* | *Non-Registered* | *Registered* | *Non-Registered* |
| *Ward A* | *32* | *16* | *40* | *16* | *40* | *16* |
| *Ward B* | *32* | *16* | *24* | *8* | *24* | *8* |
| *Ward C* | *32* | *16* | *32* | *16* | *24* | *16* |

Using the above three example wards, it is clear that they have the same budgeted nursing establishment. Ward A has flexed the 'planned' number up (e.g. for accommodating more dependent patients), Ward B has flexed the 'planned' number down (e.g. lower number of patients on the ward) and Ward C has left their 'planned' numbers unchanged.

Considering 'actual' data in the above example, both Ward A and B had a 100% fill rate for the given time frame. Only Ward C did not 'actually' have the flexed planned number on duty (e.g. short notice sickness).

The detailed data from the RNOH inpatient wards comparing the flexed plan (in hours) and the actual hours worked can be found at the end of the report. This is broken into day and night, as well as by registered / non-registered staff.

The Trust continues to use a high amount of bank and agency staff as a result of vacancies (total 51.38 nursing vacancies; see details at the end of this report). Of 11600.4 hours bank/agency requested (inpatient wards), only 7.6% were unfilled (same rate as April 2014). Of the filled inpatient ward shifts, 2719.3 hours (25.37%) were filled by agency (reduction from April 2014). 2602.5 hours were requested but cancelled. The most frequent reason code remains 'cancelled by department'. In addition, 553.75 hours were undertaken in

outpatient settings (Pre-Op Assessment, Outpatients, Plaster Theatre), 1340.5 hours were undertaken in Theatres / Anaesthetics and 553.25 hours were in Recovery.

The average Registered Nurse to patient ratio for adult acute inpatient wards (excluding Private Patients) at the RNOH during May 2014 was 1:4.1 (based on actual staffing levels and bed occupancy). The draft NICE staffing guidance notes there is evidence to suggest harm increases when Registered Nurses look after more than eight patients. The Trust should be mindful of the specialism and complexity of patient requirements within this generic description. Coxen & Adolescent Unit (paediatrics) averaged 1:3, Jubilee Rehabilitation averaged 1:6, though low occupancy at weekends during Step-Down Programme trial has reduced the monthly average (there is a ratio of 1:7.9 when excluding this group). Alan Bray Unit (High Dependency and Intensive Care) averaged 1:1.

**a) Advisory**

The new data collection tools (one currently in use via the shared drive, and another in development for use via the Trust intranet - Grapevine) require staff to enter data in real-time, shift by shift. These tools require staff to indicate reasons for under/over staffing and give actions taken as a result. The intranet version will show a dashboard with wards (or shifts) to view at a glance. It will also include reference to the NICE 'Staffing Red Flags' and a prompt to complete an incident report.

Clinical incidents have been reviewed; there were no incidents directly relating to ward staffing levels during May 2014. Patient safety incidents (medication errors, pressure area care, slips, trip and falls) which may have had staffing as a contributing factor have also been reviewed alongside the staffing data. One report on Duke of Gloucester (night medication error), cites three patients returning from HDU as a contributing factor. The nurse to patient ratio at the time of the incident was 1:5.

The wards are aware of the high bank/agency use and a recruitment strategy is in place. A skill mix review is advised alongside the patient dependency assessments (started June 2014) which may indicate a requirement to adjust the budgeted WTE.

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. Planned Leave is not a valid reason to request bank cover (and not an option on the HR Bank Staff system); an audit/investigation is suggested to directly compare requests made with the nursing roster.

**Ongoing Plan:**

The next staffing review began on 2nd June 2014. This process will collect data for six weeks and approximately two further weeks are required for analysis and reporting. The August Board Report will contain the detailed findings of this review.

Incident reporting has been updated to allow for more detail around staffing. An email communication to all staff will be sent to coincide with the release of the new reporting tool.

Once ready, the intranet based data collection tool will link to Insight and facilitate improvements in reporting. It is anticipated this system will be ready from late-June 2014. Until eRostering is implemented, the formulation of this report is based on manual processes and therefore risks discrepancies in data quality. As the ward data is validated by the Project Nurse, Finance Department, Informations Team, Temporary Staffing Manager and the Director of Nursing (Acting), this risk is small.

Report date: 16/6/14

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

## Details:

| Ward name | Main Specialty | Day | | | | Night | | | | Day | | Night | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Registered Nurses | | Care Staff | | Registered 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 | | | | |
| Spinal Cord Injury Centre | 110 - TRAUMA & ORTHOPAEDICS | 2454.25 | 2409.25 | 1657.92 | 1631.92 | 1120 | 1120 | 1123.77 | 1111.77 | 98.2% | 98.4% | 100.0% | 98.9% |
| Angus MacKiinnon Ward | 110 - TRAUMA & ORTHOPAEDICS | 1617.5 | 1617.5 | 952 | 928 | 1116 | 1116 | 408 | 408 | 100.0% | 97.5% | 100.0% | 100.0% |
| Short Stay Unit (Jackson Burrows Ward & The Coleman Unit) | 110 - TRAUMA & ORTHOPAEDICS | 3443 | 3319.5 | 1523.25 | 1515.25 | 1800 | 1712.5 | 737.5 | 737.5 | 96.4% | 99.5% | 95.1% | 100.0% |
| Margaret Harte Ward | 110 - TRAUMA & ORTHOPAEDICS | 1433 | 1409 | 787.5 | 787.5 | 1083.5 | 1083.5 | 333.5 | 333.5 | 98.3% | 100.0% | 100.0% | 100.0% |
| Ward 4 | 110 - TRAUMA & ORTHOPAEDICS | 1868.5 | 1837.5 | 857.75 | 857.75 | 1162.5 | 1162.5 | 475 | 475 | 98.3% | 100.0% | 100.0% | 100.0% |
| Duke of Gloucester Ward | 110 - TRAUMA & ORTHOPAEDICS | 2123.5 | 2046.5 | 865 | 865 | 1212.5 | 1200 | 412.5 | 412.5 | 96.4% | 100.0% | 99.0% | 100.0% |
| Coxen & Adolescent Unit | 171 - PAEDIATRIC SURGERY | 2662.75 | 2637.75 | 850.5 | 850.5 | 1850 | 1837.5 | 387.5 | 387.5 | 99.1% | 100.0% | 99.3% | 100.0% |
| Jubilee Rehabilitation Centre | 314 - REHABILITATION | 1122.25 | 1098.25 | 549.25 | 549.25 | 655 | 655 | 331 | 331 | 97.9% | 100.0% | 100.0% | 100.0% |
| Alan Bray Unit | 192 - CRITICAL CARE MEDICINE | 3799.5 | 3724.5 | 197 | 197 | 3250 | 3200 | 0 | 0 | 98.0% | 100.0% | 98.5% | #N/A |
| Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) | 110 - TRAUMA & ORTHOPAEDICS | 2506 | 2280 | 593.5 | 593.5 | 1360 | 1360 | 375 | 375 | 91.0% | 100.0% | 100.0% | 100.0% |

## Ward/Dept WTE and Vacancies (June 12th 2014)

| Ward | WTE | Nursing Vacancies | |
|---|---|---|---|
| | | Registered (RN, Band 5-8b) | Non-Registered (Band 2-4) |
| Spinal Cord Injury Centre | 49.1 | 4.78 | 3.52 |
| Angus McKinnon Ward | 25.93 | 2.37 | 0 |
| Short-Stay Unit (Jackson Burrows Ward & The Coleman Unit) | 50.33 | 2.70 | 0.58 |
| Margaret Harte Ward | 24.64 | 0 | 1.00 |
| Ward 4 | 30.81 | 3.77 | 1.63 |
| Duke of Gloucester | 31.82 | 1.89 | 3.48 |
| Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) | 28.16 | 0.10 | 1.00 |
| Alan Bray Unit (Intensive Care) | 64.34 | 8.71 | 3.29 |
| Recovery | 26.2 | 2.37 | 0 |
| Jubilee Rehabilitation Centre | 12.8 | 1.00 | 0 |
| Coxen & Adolescent Unit | 38.95 | 2.59 | 1.53 |
| Plaster Theatre | 9.18 | 1.60 | 0.38 |
| Outpatients (Stanmore) | 17.65 | 1.00 | 0 |
| Outpatients (Bolsover Street) | 16.49 | 0 | 1.09 |
| Pre-Operative Assessment | 12.27 | 1.00 | 0 |
| **Total** | **438.67** | **33.88** | **17.5** |

## June Inpatient Ward Bank Usage

| Ward | total number of filled bank (hours) | | |
|---|---|---|---|
| | Registered | non-Registered | total |
| Spinal Cord Injury Centre | 182.25 | 412.25 | 594.5 |
| Angus McKinnon Ward | 193 | 116 | 309 |
| Short-Stay Unit (Jackson Burrows Ward & The Coleman unit) | 1494 | 412.25 | 309 |
| Margaret Harte Ward | 284.5 | 269.5 | 554 |
| Ward 4 | 515.5 | 191 | 706.5 |
| Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) | 1512 | 493.5 | 46 |
| Duke of Gloucester | 413 | 501 | 914 |
| Coxen & Adolescent Unit | 699.5 | 112.5 | 812 |
| Jubilee Rehabilitation Centre | 657.75 | 269 | 926.75 |
| Alan Bray Unit (Intensive Care) | 1179 | 20.5 | 1199.5 |
| **total** | **7130.5** | **2797.5** | **6371.25** |