

**Royal National Orthopaedic Hospital Trust**

**Strategic Change Committee - Executive Summary**

<b>Report Title:</b>	October Staffing Report (Hard Truths Commitment)	
<b>Date:</b> 10 <sup>th</sup> November 2014	<b>Author:</b> Rebecca Maslin	<b>Lead Director:</b> Dr Julie-Anne Dowie
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 October 2014, the ratio between registered staff and patient occupancy was 1 nurse to 4.0 patients in the adult NHS acute inpatient settings. This indicates that the staffing levels did not fall below safe nurse staffing levels.</p> <p>The percentage of bank and agency usage has risen in the last month and the percentage of unfilled hours has also increased.</p> <p>There were three incident reports relating to ward staffing in October 2014. One cited delayed treatment and verbal complaints as a consequence. One medication incident noted 'short staffing' in the report.</p> <p>The new online based staffing reporting tool has been launched (1<sup>st</sup> October 2014). This paper is formed using the data from the new system, but has been checked against data compiled using the old method.</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>	<i>n/a</i>	
<b>Statement from Legal Advisors (if applicable):</b>	<i>n/a</i>	
<b>Risk Assessment*:</b>	<i>n/a</i>	

**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"/>

## October 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

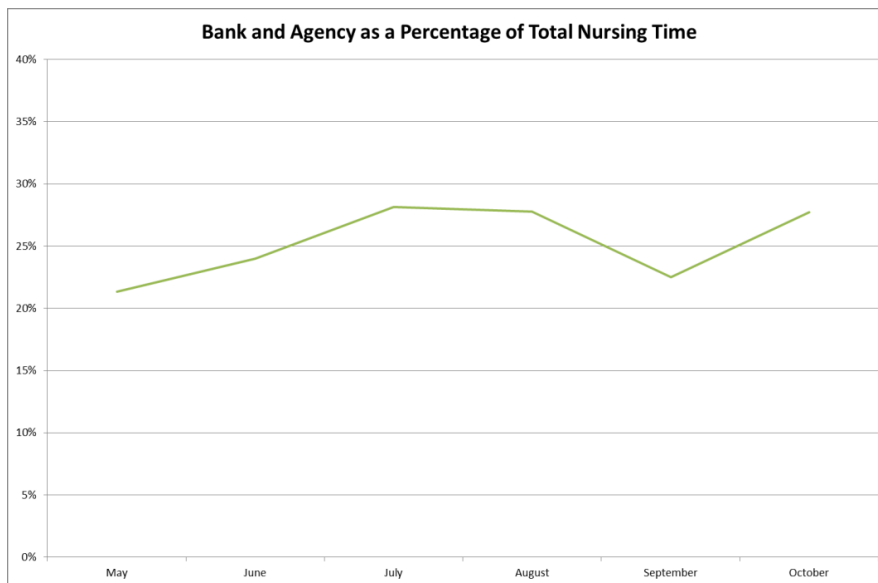
This report and the details within it can be found on the Trust website, and also via the NHS Choices page (Stanmore site). The detail from the recent in-depth establishment review is contained in the report '*6 Monthly Staffing Capacity and Capability Report (Hard Truths Commitment)*' which was presented 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 1<sup>st</sup> October. Analysis of the October data was conducted using both the new system and the old manual method, for comparison. The October 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-

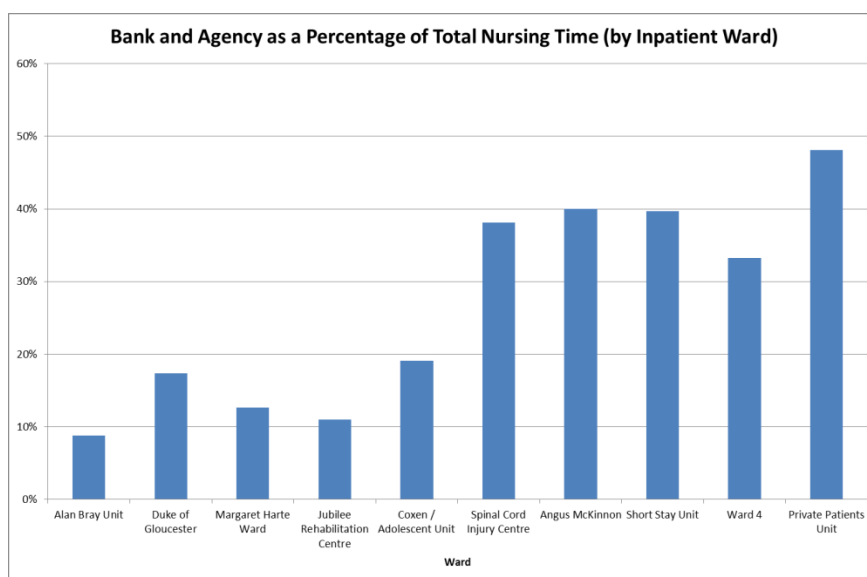
stay Unit (Jackson Burrows Ward & The Coleman Unit) and Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) have been split into their respective wards. Appendix A shows the month on month trends of fill rates and the detailed planned versus actual fill rates. This system is an improvement from the old, as it now gives greater visibility over staffing levels in a single place (including shift to shift compliance) with greater governance of processes. An example screen shot from the system can be found in appendix B.

Bank and agency continues to be heavily relied upon (see Figure 1 below). Since May 2014, bank and agency has been on the rise, though in September there was a reduction.

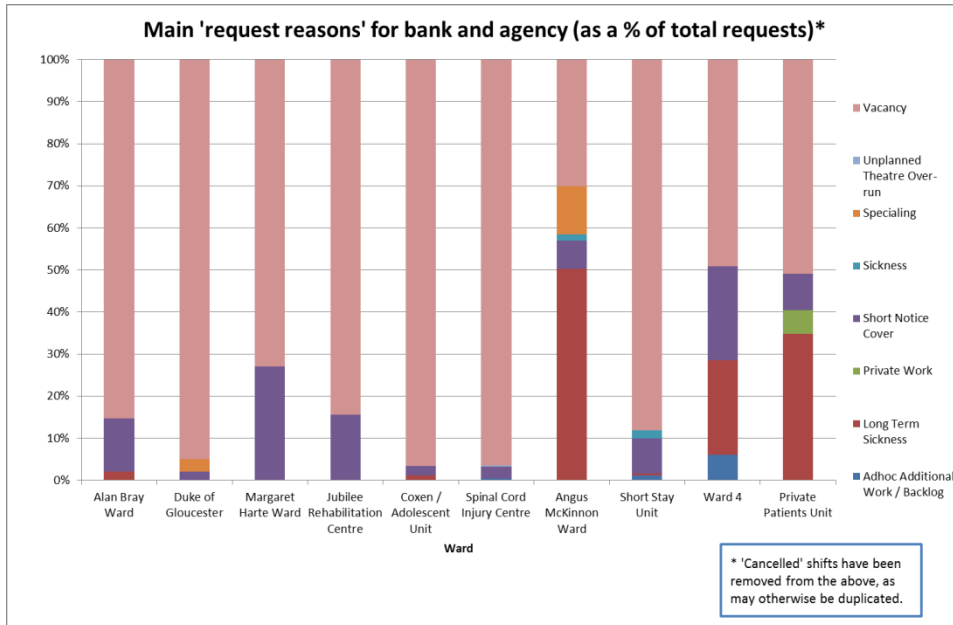


**Figure 1: Bank & agency use as a % of ward staff**

The Private Patients Unit (PPU) uses a higher percentage of bank and agency usage compared to the rest of the inpatient wards (see fig. 2 below); vacancies continue to account for the majority of requests. Though in the case of Private Patients, long term sickness accounts for approximately a third of requests (fig. 3 overleaf).

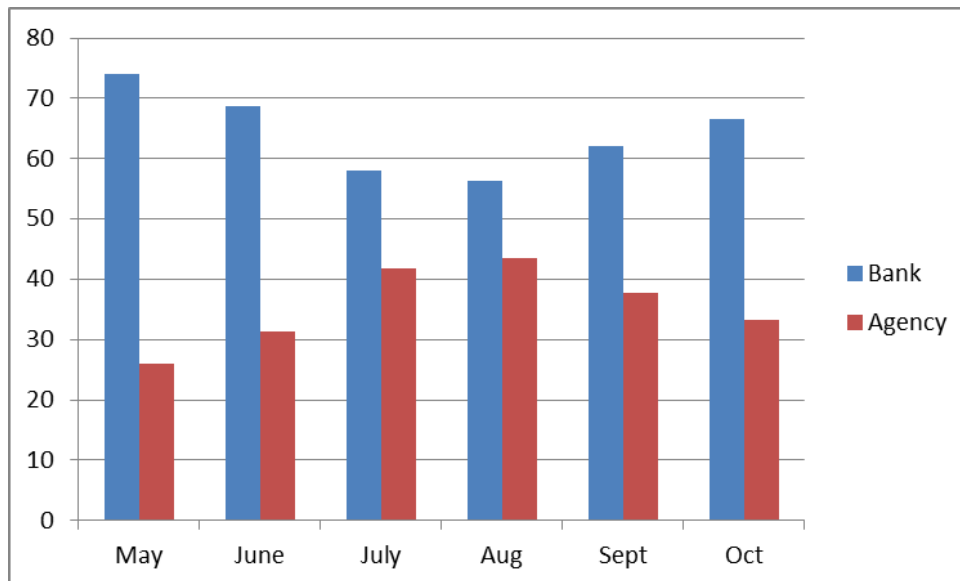


**Figure 2: Inpatient ward bank and agency use**



**Figure 3: Reasons for requesting temporary cover (by ward)**

The percentage of temporary staff coming from agencies rather than the RNOH Nurse Bank has fallen since August (fig. 4 below). The summer is particularly challenging for obtaining temporary staff.



**Figure 4: % temporary staff from agencies or Trust Nurse Bank**

The rate of unfilled bank/agency hours rose in October (fig. 5 overleaf) and remains above the figures achieved earlier in 2014/15. There appears to be an upward trajectory in unfilled bank shifts since April 2014.

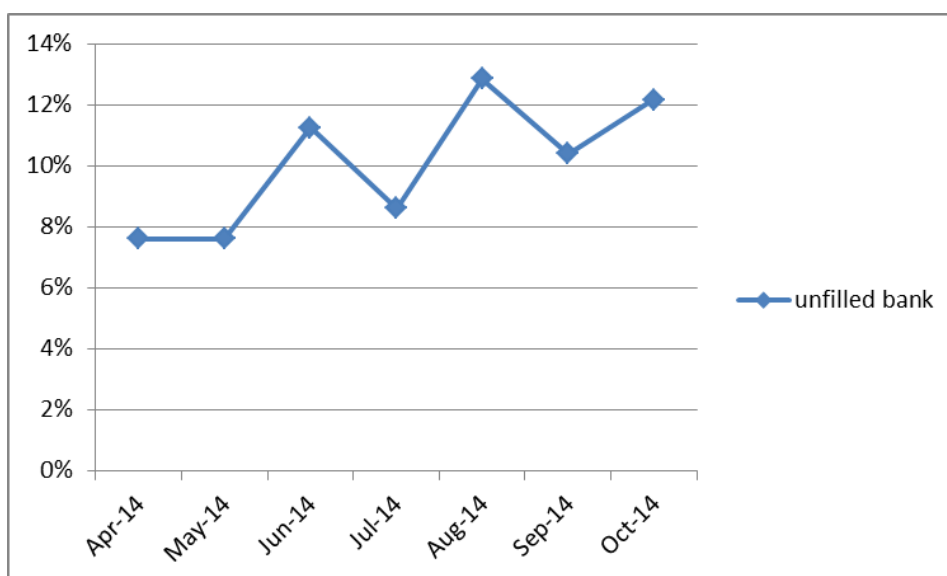


Figure 5: % of unfilled temporary staffing hours

The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was 4.0 patients per nurse during October. 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 were four occasions in October where the patient to staff ratio in paediatrics exceed four.

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 3 outlines the detail for the past three months. Spinal Cord Injury Centre is discussed further below.

Ward	Month		
	Aug-14	Sep-14	Oct-14
SPINAL INJURIES UNIT	54.23%	50.46%	50.20%
ANGUS MACKINNON WARD	66.68%	65.18%	69.81%
SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT)	69.95%	68.58%	69.24%
MARGARET HART	65.82%	68.23%	69.11%
WARD 4	68.21%	63.41%	72.39%
DUKE OF GLOUCESTER	71.72%	71.16%	71.19%
COXEN/ADU	77.75%	77.56%	76.49%
REHABILITATION	65.69%	67.55%	63.83%
PRIVATE PATIENTS UNIT	79.52%	76.39%	79.07%
ALAN BRAY UNIT	99.10%	97.45%	97.90%

Table 1: Qualified staff as percentage of total

## **a) Advisory**

In October 2014, one ward had less than 90% fill rates for Registered Nurses during the day shift (Ward 4). This ward had particular difficulty in filling bank shifts as a direct result of a recent infection control issue. Regular bank and agency nurses were reluctant to agree to shifts on this ward, despite the issue being resolved. At the time there were lower than usual patient numbers, and the Ward Manager regularly reviewed the patient acuity to ensure safety was maintained.

The Spinal Cord Injury Centre continues to have a diluted skill mix and the senior team continue to monitor the situation. The recent appointment of a new Ward Manager will support the leadership and management of the ward. Recruitment into other posts continues and vacancies are reducing.

Clinical incidents have been reviewed; there were three incident reports relating to 'staffing levels' filed by the inpatient wards during October 2014. All directly related to ward staffing levels. These were in relation to skill mix and/or number of staff. One report (Ward 4) noted dependant patients were on the ward and verbal complaints were made to the staff at the time as a result of delayed treatment. There were no other incidents at the time of the other two staffing level incidents (Duke of Gloucester and Spinal Cord Injury Centre). Patient safety incidents (medication errors, pressure area care, slips, trip and falls and emergency calls) which may have had staffing as a contributing factor have also been reviewed. In October 2014, one medication error noted 'short staffing' as a factor (spinal Cord Injury Centre). This was attributed to a staff meeting (Band 6 Nurses) taking place near to a time a particular patient required medication.

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).

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 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. eRostering is being considered as part of the Nursing Technology Fund.

Report date: 12/10/14

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



**Appendix A:**

Month	JULY				AUGUST				SEPTEMBER				OCTOBER			
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	89%	96%	98%	98%	79%	95%	96%	98%	88%	99%	98%	98%	93.80%	100.00%	98.70%	100.00%
ANGUS MACKINNON WARD	96%	100%	99%	100%	93%	99%	100%	86%	96%	99%	100%	100%	93.80%	92.70%	100.00%	100.00%
JACKSON BURROWS WARD													93.30%	99.80%	100.00%	100.00%
THE COLEMAN UNIT													95.30%	91.20%	100.00%	100.00%
MARGARET HART	95%	94%	100%	100%	97%	91%	100%	100%	96%	97%	100%	100%	97.30%	95.00%	100.00%	100.00%
WARD 4	97%	96%	100%	96%	92%	99%	97%	97%	94%	100%	100%	100%	85.30%	96.20%	97.80%	100.00%
DUKE OF GLOUCESTER	96%	97%	100%	100%	94%	96%	99%	100%	96%	99%	100%	100%	98.30%	95.90%	98.90%	96.90%
COXEN/ADU	99%	91%	100%	100%	94%	98%	99%	94%	98%	100%	98%	97%	92.30%	96.60%	100.00%	95.80%
REHABILITATION	99%	94%	100%	100%	99%	100%	100%	100%	100%	100%	100%	100%	92.40%	94.90%	97.10%	100.00%
ALAN BRAY UNIT	99%	100%	100%	-	99%	100%	99%	-	99%	100%	99%	-	99.60%	87.10%	100.00%	-
IAN MONRO WARD													98.89%	100.00%	98.39%	95.45%
PHILIP NEWMAN WARD													98.0%	94.1%	93.4%	100.0%



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

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				
SPINAL INJURIES UNIT	110 - TRAUMA & ORTHOPAEDICS	2082	1952	2175	2174	948	936	960	960	93.80%	100.00%	98.70%	100.00%
ANGUS MACKINNON WARD	110 - TRAUMA & ORTHOPAEDICS	1319.8	1238.6	765.4	709.4	1008	1008	420	420	93.80%	92.70%	100.00%	100.00%
JACKSON BURROWS WARD	110 - TRAUMA & ORTHOPAEDICS	1514	1412	801.5	799.5	425	425	175	175	93.30%	99.80%	100.00%	100.00%
THE COLEMAN UNIT	110 - TRAUMA & ORTHOPAEDICS	1683.5	1604.5	828.5	756	437.5	437.5	200	200	95.30%	91.20%	100.00%	100.00%
MARGARET HARTE	110 - TRAUMA & ORTHOPAEDICS	1343	1306.5	753.5	716	1000	1000	337.5	337.5	97.30%	95.00%	100.00%	100.00%
WARD 4	110 - TRAUMA & ORTHOPAEDICS	1334.5	1138.5	584.5	562	575	562.5	212.5	212.5	85.30%	96.20%	97.80%	100.00%
DUKE OF GLOUCESTER	110 - TRAUMA & ORTHOPAEDICS	1933	1899.5	831.5	797.5	1112.5	1100	400	387.5	98.30%	95.90%	98.90%	96.90%
COXEN/ADOLESCENT UNIT	171 - PAEDIATRIC SURGERY	2634.5	2432.5	735	710	1137.5	1137.5	300	287.5	92.30%	96.60%	100.00%	95.80%
REHABILITATION	314 - REHABILITATION	741.7	685.7	472	448	408	396	252	252	92.40%	94.90%	97.10%	100.00%
ALAN BRAY UNIT	192 - CRITICAL CARE MEDICINE	3348	3336	194	169	3000	3000	0	0	99.60%	87.10%	100.00%	-
IAN MONRO WARD (PRIVATE UNIT)	110 - TRAUMA & ORTHOPAEDICS	1124	1111.5	336.5	336.5	775	762.5	275	262.5	98.89%	100.00%	98.39%	95.45%
PHILLIP NEWMAN WARD (PRIVATE UNIT)	110 - TRAUMA & ORTHOPAEDICS	1251.5	1226.5	346	325.5	762.5	712.5	137.5	137.5	98.0%	94.1%	93.4%	100.0%

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

Appendix B:

## RNOH Ward Staffing - View Status

[Home](#)
[View Status](#)
[View Shift](#)
[Collect](#)
[About/Help](#)

Select a Ward:  Start Date:  End Date:

Date	Ward	Day Shift Completed	Night Shift Completed	Day Status	Night Status
20/10/2014	Alan Bray Unit	✓	✓	●	●
20/10/2014	Adolescent/Coxen	✓	✓	●	●
20/10/2014	Angus Mckinnon	✓	✓	●	●
20/10/2014	Duke of Gloucester	✓	✓	●	●
20/10/2014	Ian Monro	✓	✓	●	●
20/10/2014	Jackson Burrows	✓	✓	●	●
20/10/2014	Margaret Harte	✓	✓	●	●
20/10/2014	Outpatient Bolsover	✓	NA	●	NA
20/10/2014	Outpatient Stanmore	✓	NA	●	NA
20/10/2014	Plaster Theatre	✓	NA	●	NA
20/10/2014	Philip Newman	✓	✓	●	●
20/10/2014	POA Stanmore	✓	NA	●	NA
20/10/2014	Jubilee Rehabilitation	✓	✓	●	●
20/10/2014	Spinal Cord Injury	✓	✓	●	●
20/10/2014	The Coleman Unit	✓	✓	●	●
20/10/2014	Ward 4	✓	✓	●	●