

## Royal National Orthopaedic Hospital Trust

### Trust Board Meeting - Executive Summary

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| <b>Report Title:</b>                                  | October Staffing Report (Hard Truths Commitment)   |  |
| <b>Date:</b> 10/11/15                                 | <b>Author:</b> Karen Mannion, Project Nurse / lead for Implementation of safe staffing Tool  | <b>Lead Director:</b> Professor Paul Fish, Director of Nursing |
| <b>Is a decision required by the Board?</b>           | No   |  |
| <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>Inconsistency with the data quality has been identified. There is work underway to strengthen the process for uploading and validating this data.</p> <p>During October 2015, the ratio between registered staff and patient occupancy was <i>1 nurse to 4.11 patients</i> in the adult NHS acute inpatient settings. This indicates that the staffing levels did not fall below safe nurse staffing levels although a data quality review is currently being undertaken to ascertain the accuracy of this data.</p> <p>There were 5 incident reports linked to staffing in October 2015.</p> <ul style="list-style-type: none"> <li>• Three reports of agency nurse not attending.</li> <li>• One report of poor staffing due to Bank / Agency being unable to fill request.</li> <li>• One episode of a Registered Mental Health Nurse (RMN) being booked for a suicidal risk patient but the RMN Nurse cancelling at short notice.</li> </ul> <p>There were 7 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>The planned vs actual staffing levels is still within safe limits, at 98.21%</p> |  |
| <b>Recommendations:</b>                               | The Board/ Committee is requested to note the following:<br>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>   |  |
|   | *A risk assessment form only needs to be completed and attached if the decision  |  |

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|  | required by the Board pertains to <b>strategic policy decisions and/or project initiation documents.</b> |
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**Links to Assurance Framework and Local Key Performance Indicator (KPI) Targets: (please tick 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  | Maintain clinical excellence and high quality outcomes for patients                               | ✓ |
| 2  | Achieve agreed activity levels  |   |
| 3  | Deliver in-year transformation programme target   | ✓ |
| 4  | Improve the quality of our buildings and facilities   |   |
| 5  | Meet in-year milestones for enabling projects for new Stanmore site development                   |   |
| 6  | Provide timely, accurate and comprehensive clinical management information                        |   |
| 7  | Improve workforce effectiveness and engagement  | ✓ |
| 8  | Deliver planned in-year service developments  |   |
| 9  | Meet milestones to achieve Foundation Trust status and long term service sustainability programme |   |
| 10   | Further develop academic track record   |   |
| 11   | Continue to develop relationships and partnerships to help achieve Trust vision                   |   |
| 12   | Maintain financial control  |   |

## 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. Adult and paediatric in-patient units only are reported in the data, which is uploaded monthly via UNIFY.
  - 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 launched and has been in use since 1<sup>st</sup> October 2014. 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, Private Patients Unit (Ian Monro Ward & Phillip Newman Ward) have been split into their respective wards. Previously the Short Stay Unit was recorded in their respective wards (Jackson Burrows & the Coleman Unit) to increase data quality this is now recorded as Short Stay Unit. (See appendix for month on month trends of fill rates and the detailed planned versus actual fill rates).
- 2.2 Inconsistency with the data quality has been identified. The key issue with the data quality derives from data not being entered correctly by wards. For example, in January 2015 one ward reported 3920 actual hours this figure is now showing as 883 hours, on investigation a large percentage of data is missing resulting in insufficient data entry to give a true report. There is work underway to strengthen the process for uploading and validating this data.
- Refresher training for ward staff on data entry
  - Amendments made to the reporting tool to ensure that it is easy to identify missing data.

- Weekly report sent to Matrons to identify missing data and for this to be rectified.

- 2.3 The trust continues to maintain good ratios of nurses to patients. The adult acute ratio was 1 nurse to 4.11 patients 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).
- 2.4 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.

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

| Ward  | Aug-15  | Sep-15 | Cur Month |
|---|---------|--------|-----------|
| SPINAL INJURIES UNIT                                      | 56.98%  | 55.97% | 55.63%    |
| ANGUS MACKINNON WARD                                      | 68.56%  | 65.73% | 69.85%    |
| SHORT STAY UNIT (JACKSON BURROWS WARD & THE COLEMAN UNIT) | 66.11%  | 67.61% | 69.00%    |
| MARGARET HART   | 68.48%  | 62.58% | 68.82%    |
| WARD 4  | 71.63%  | 71.21% | 71.45%    |
| DUKE OF GLOUCESTER  | 70.69%  | 72.53% | 71.13%    |
| COXEN/ADU   | 72.90%  | 75.48% | 77.70%    |
| REHABILITATION  | 70.29%  | 70.85% | 70.15%    |
| PRIVATE PATIENTS UNIT (Phillip Newman & Ian Munro)        | 73.01%  | 76.85% | 79.48%    |
| ALAN BRAY UNIT  | 100.00% | 97.84% | 96.41%    |

### 3.0 Staffing & Quality Indicators

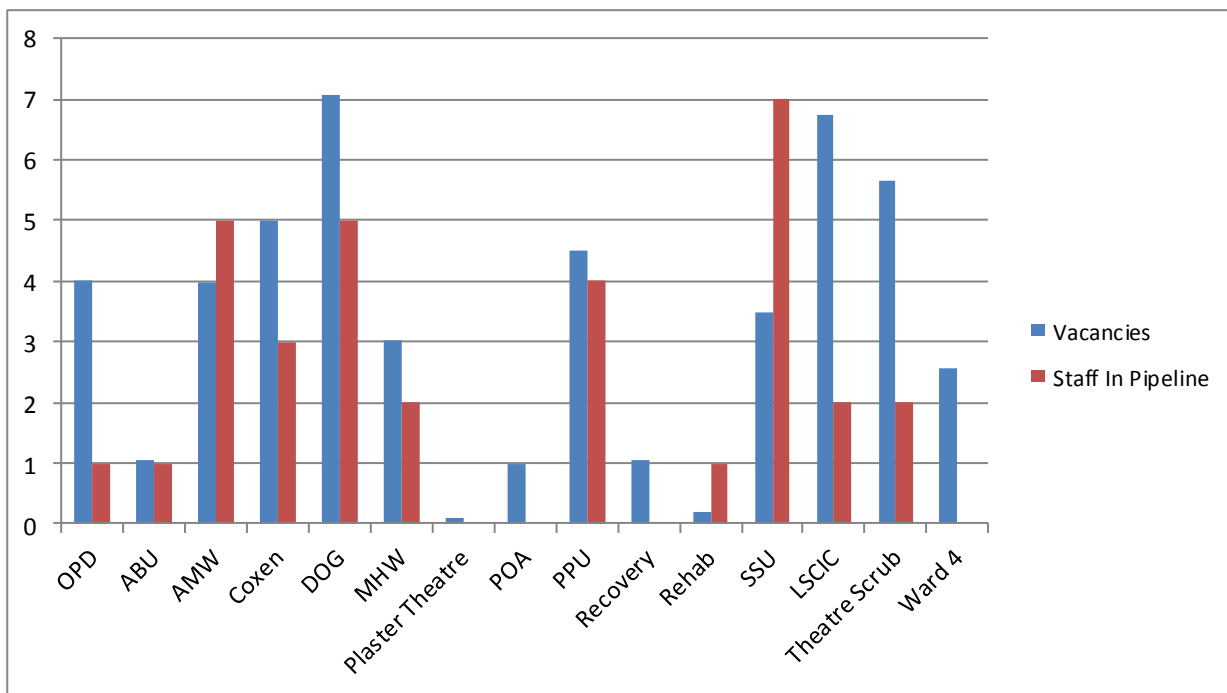
- 3.1 Clinical incidents have been reviewed; there were 5 incident reports relating to 'staffing levels' filed by the inpatient wards during October 2015. These were in relation to non-attenders of booked agency shift including one episode of a Registered Mental Health Nurse (RMN) being booked for a suicidal risk patient but cancelling at short notice

### 4.0 Nurse Staffing Pressures

- 4.1 There continue to be a number of wards and departments that have pressure in relation to recruitment and retention. These pressures are being experienced nationally and have resulted in the migration advisory committee making a recommendation on 15<sup>th</sup> October to place nursing on the home office shortage occupation list.
- 4.2 Theatres, paediatrics, outpatients (paediatrics), Spinal Cord Injury Centre and Duke of Gloucester ward have vacancy levels which are driving high numbers of temporary staff use.
- 4.3 In relation to band 5 posts, which are of primary concern in relation to safe staffing, there are 49.41wte vacancies in the trust. 33wte band 5 posts have been recruited and are in the 'pipeline'. These are detailed in the graph below.

4.4 Recruitment to registered nurses in paediatric outpatients remains a challenge. A band 5 has been recruited to OPD at Stanmore and a band 6 is out to advert for Bolsover Street. Agency use has been authorised however this are proving difficult to fill.

4.5 A detailed recruitment and retention action plan is in place and is being coordinated jointly by the Director of Nursing and Associate Director of Workforce and OD. A copy is attached as appendix 1.



## 5.0 New Regulations for the use of agency staff

5.1 Monitor and the TDA have introduced new regulations on the use of agency nurses in provider trusts. These regulations have three components.

- A cap on the total amount that can be spent annually on agency nurses, expressed as a percentage of total nurse staffing spend
- The mandated use of frameworks to procure agency nurses
- A cap on the hourly rate that can be paid to agency nurses (and other staff) which will come into effect in November, with the final cap being in place from April 2016.

5.2 The annual cap was originally set at 6% for the trust, however the current use is in the region of 10% and therefore an application was made to increase the cap. A revised cap of 8% has been set, however there is a significant risk that this will not be achieved for a number of months.

5.3 Monitor and the TDA released a consultation on 15<sup>th</sup> October detailing the cap on the hourly rate for all agency workers in the NHS. The full effect of this cap will come into effect for all staff groups in April 2016, which will limit the amounts trusts may pay agency workers to no more than 55% above the equivalent agenda for change (or medical staff) rate.

5.4 The purpose of these regulations is to encourage agency workers to move back into work in the NHS. This will only be achieved where bank terms and conditions and other opportunities, such as professional development, can be offered.

5.5 A plan to increase the hourly rate for bank staff, alongside progressing with a move to weekly pay is being discussed at executive committee and WOD committee.

Report compiled by: Karen Mannion; Project Nurse / lead for Implementation of safe staffing Tool and Dr Julie-Anne Dowie, Deputy Director of Nursing/Head of Nursing on behalf of Professor Paul Fish, Director of Nursing.

Date: 10/11/15

## Appendix 1:

| Month                | July                                      |                                    |   |                                    | August                                    |                                    |   |                                    | September                                 |                                    |   |                                    | Current Month                             |                                    |   |                                    |
|----------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|---|------------------------------------|
| 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       | 100.0%                                    | 100.0%                             | 100.0%                                    | -                                  | 100.0%                                    | -                                  | 100.0%                                    | -                                  | 100.0%                                    | -                                  | 100.0%                                    | -                                  | 100.0%                                    | -                                  | 99.4%                                     | -                                  |
| ANGUS MACKINNON WARD | 99.0%                                     | 100.0%                             | 100.0%                                    | 100.0%                             | 93.4%                                     | 93.6%                              | 100.0%                                    | 100.0%                             | 93.7%                                     | 98.0%                              | 97.5%                                     | 96.7%                              | 96.3%                                     | 98.9%                              | 99.0%                                     | 100.0%                             |
| COXEN/ADU            | 96.2%                                     | 98.1%                              | 95.0%                                     | 100.0%                             | 94.7%                                     | 99.0%                              | 97.1%                                     | 100.0%                             | 94.6%                                     | 100.0%                             | 97.0%                                     | 100.0%                             | 88.1%                                     | 100.0%                             | 100.0%                                    | 100.0%                             |
| DUKE OF GLOUCESTER   | 95.6%                                     | 98.3%                              | 100.0%                                    | 100.0%                             | 98.5%                                     | 96.8%                              | 100.0%                                    | 100.0%                             | 97.1%                                     | 96.6%                              | 100.0%                                    | 100.0%                             | 96.7%                                     | 96.8%                              | 98.9%                                     | 100.0%                             |
| IAN MONRO WARD       | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 96.2%                              | 100.0%                                    | 100.0%                             | 97.7%                                     | 100.0%                             | 100.0%                                    | 85.7%                              |
| Short Stay Unit      |   |                                    |   |                                    |   |                                    |   |                                    |   |                                    |   |                                    | 94.9%                                     | 97.8%                              | 100.0%                                    | 100.0%                             |
| MARGARET HARTE       | 100.0%                                    | 100.0%                             | 96.2%                                     | 93.1%                              | 99.0%                                     | 96.4%                              | 100.0%                                    | 100.0%                             | 98.3%                                     | 98.3%                              | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             |
| PHILIP NEWMAN WARD   | 99.6%                                     | 96.9%                              | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 94.9%                                     | 100.0%                             | 93.3%                                     | -                                  | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             |
| REHABILITATION       | 100.0%                                    | 94.7%                              | 100.0%                                    | 100.0%                             | 97.8%                                     | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 100.0%                                    | 100.0%                             | 95.9%                                     | 95.2%                              | 100.0%                                    | 100.0%                             |
| SPINAL INJURIES UNIT | 98.5%                                     | 99.5%                              | 98.8%                                     | 100.0%                             | 99.2%                                     | 98.4%                              | 100.0%                                    | 100.0%                             | 96.7%                                     | 96.3%                              | 100.0%                                    | 100.0%                             | 97.3%                                     | 98.1%                              | 98.7%                                     | 100.0%                             |
| WARD 4               | 97.5%                                     | 97.8%                              | 100.0%                                    | 100.0%                             | 99.2%                                     | 100.0%                             | 98.8%                                     | 100.0%                             | 96.9%                                     | 100.0%                             | 98.7%                                     | 100.0%                             | 99.2%                                     | 98.1%                              | 100.0%                                    | 100.0%                             |
| JACKSON BURROWS WARD | 96.6%                                     | 96.6%                              | 100.0%                                    | 100.0%                             | 98.4%                                     | 99.6%                              | 100.0%                                    | 100.0%                             | 95.0%                                     | 100.0%                             | 100.0%                                    | 96.3%                              |   |                                    |   |                                    |
| THE COLEMAN UNIT     | 96.6%                                     | 97.7%                              | 99.1%                                     | 100.0%                             | 97.3%                                     | 97.5%                              | 100.0%                                    | 100.0%                             | 93.9%                                     | 96.6%                              | 98.8%                                     | 100.0%                             |   |                                    |   |                                    |
|                      |   |                                    | <80%                                      | 80-90%                             | 100%                                      | >100%                              |   |                                    |   |                                    |   |                                    |   |                                    |   |                                    |

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

## Appendix 2

| Royal National Orthopaedic Hospital (Stanmore) |                        | Day                            |                               |                                    |                                   | Night                          |                               |                                    |                                   | Day                          |                                  | Night                        |                                  |               |  |
|--|------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|-----------------------------------|------------------------------|----------------------------------|------------------------------|----------------------------------|---------------|--|
| Ward   | Specialty              | Planned Registered Staff Hours | Actual Registered Staff Hours | Planned Non-Registered Staff Hours | Actual Non-Registered Staff Hours | Planned Registered Staff Hours | Actual Registered Staff Hours | Planned Non-Registered Staff Hours | Actual Non-Registered Staff Hours | Registered Average Fill Rate | Non-Registered Average Fill Rate | Registered Average Fill Rate | Non-Registered Average Fill Rate | %QUALIFIED    |  |
| Adolescent/Coxen Ward                          | 171 - PAEDIATRIC SURGI | 509.5                          | 449                           | 134.5                              | 134.5                             | 237.5                          | 237.5                         | 62.5                               | 62.5                              | 88.10%                       | 100.00%                          | 100.00%                      | 100.00%                          | 77.70%        |  |
| Alan Bray Unit                                 | 192 - CRITICAL CARE ME | 2312.5                         | 2312.5                        | 155.5                              | 155.5                             | 2212.5                         | 2200                          | 12.5                               | 12.5                              | 100.00%                      | 100.00%                          | 99.40%                       | 100.00%                          | 96.41%        |  |
| Angus McKinnon Unit                            | 110 - TRAUMA & ORTHOF  | 1389.9                         | 1338.4                        | 727.9                              | 719.9                             | 1176                           | 1164                          | 360                                | 360                               | 96.30%                       | 98.90%                           | 99.00%                       | 100.00%                          | 69.85%        |  |
| Duke of Gloucester                             | 110 - TRAUMA & ORTHOF  | 1742.5                         | 1684.5                        | 773                                | 748                               | 1125                           | 1112.5                        | 387.5                              | 387.5                             | 96.70%                       | 96.80%                           | 98.90%                       | 100.00%                          | 71.13%        |  |
| Margaret Harte Ward                            | 110 - TRAUMA & ORTHOF  | 1089                           | 1089                          | 592                                | 592                               | 962.5                          | 962.5                         | 337.5                              | 337.5                             | 100.00%                      | 100.00%                          | 100.00%                      | 100.00%                          | 68.82%        |  |
| Rehabilitation Unit                            | 314 - REHABILITATION   | 789.3                          | 757.3                         | 333.7                              | 317.7                             | 384                            | 384                           | 168                                | 168                               | 95.90%                       | 95.20%                           | 100.00%                      | 100.00%                          | 70.15%        |  |
| Short Stay Unit                                | 110 - TRAUMA & ORTHOF  | 3149.5                         | 2989.5                        | 1499                               | 1466                              | 1525                           | 1525                          | 562.5                              | 562.5                             | 94.90%                       | 97.80%                           | 100.00%                      | 100.00%                          | 69.00%        |  |
| Spinal Unit                                    | 110 - TRAUMA & ORTHOF  | 1847                           | 1797                          | 1275                               | 1251                              | 912                            | 900                           | 900                                | 900                               | 97.30%                       | 98.10%                           | 98.70%                       | 100.00%                          | 55.63%        |  |
| Ward 4   | 110 - TRAUMA & ORTHOF  | 1594                           | 1581.5                        | 666.5                              | 654                               | 900                            | 900                           | 337.5                              | 337.5                             | 99.20%                       | 98.10%                           | 100.00%                      | 100.00%                          | 71.45%        |  |
|  |                        | <b>16254.7</b>                 | <b>15809.7</b>                | <b>6662.6</b>                      | <b>6544.1</b>                     | <b>10647</b>                   | <b>10598</b>                  | <b>3440.5</b>                      | <b>3403</b>                       | <b>97.30%</b>                | <b>98.20%</b>                    | <b>99.50%</b>                | <b>98.90%</b>                    | <b>72.64%</b> |  |

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