

Title	Open and Honest Care July 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	29 September 2015

Executive Summary

The purpose of this report is to update the Board of Directors on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in July 2015.

The staffing data for the period 1st July to 31st July 2015 was uploaded via UNIFY in a template provided by NHS England on 10th August 2015. This paper and an easy to read table, which displays the staffing fill rates and any actions taken to maintain safe staffing levels, will be published in early October 2015 on NHS Choices along with a number of safety indicators. These safety indicators are colour coded on the NHS Choices website giving a clear signal to the public as to how they should be interpreted.

There is now a link on the NHS Choices website connecting the reader to the Trust 'Open and Honest Staffing' webpage where detail of staffing for each inpatient area will be available for the public.

The fill rate analysis for July indicates that nine areas experienced staffing numbers below the 80% minimum threshold – SCBU, Ward 2, St Benedict's Inpatient Unit, Elmville Respite Unit, Wards 6, 7, 8, 10 and Maternity Delivery Suite. Reasons and mitigating actions have been given and assurance that all wards were safely staffed with local escalation and monitoring of safety, quality and experience indicators. The Trust is currently recruiting to a number of vacancies.

In July 2015 NHS England was given responsibility for developing further staffing guidance for the NHS. The published NICE guidance for adult inpatient areas and maternity services remains in place. Since this time a further statement from NHS England has confirmed that the new national body, NHS Improvement, will take the lead for patient safety previously held by NHS England. One of the early priorities of this work will be to develop additional guidance on safe staffing levels in conjunction with the Chief Nursing Officer. Dr Mike Durkin, Director for Patient Safety, will lead this work ensuring there is a multi-professional approach to safe staffing.

The Executive Board discussed the ward fill rates and mitigating actions, and asked for further consideration to be given to how the fill rate for Special Care Baby Unit is reported as there is concern the figures don't reflect the cot occupancy accurately across the month. Assurance was given to Executive Board that work is continuing on the E-roster demand template to achieve this going forward.

Recommendation

The Board is asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during July 2015 and consider areas of exception with regard to staffing shortfalls, the reasons why these have occurred, any impact on quality and actions taken or being taken to address gaps.

Report Author	Dr Bob Brown, Executive Director of Nursing, Allied Health Professions and Patient Safety
Executive Director/ Sponsor	Dr Bob Brown, Executive Director of Nursing, Allied Health Professions and Patient Safety.

Purpose of paper	Information	√	Discussion	√
	Decision	√	Assurance	√
	Specific action	√		
Implications	Staffing		√	
	Finance		√	
	Legal		√	
	Public engagement		√	
	Partnership			
	Communication		√	
	Equality & Diversity		√	
	Clinical		√	
	Patient Safety		√	
Risk assessment and mitigation (include risk register reference if appropriate)				
Link to STFT Business Plan	Patient Safety, Patient experience, Safe Staffing			
Link to CQC outcome	All			
Link to Board Assurance Framework	Workforce requirements			
Link to Strategic Risk Register	Clinical Staffing			

REPORT TO BOARD OF DIRECTORS

Open and Honest Care - Staffing Levels - Nursing and Midwifery

1. BACKGROUND

Each month a board staffing report will be produced which will, by exception, advise on areas where staffing capacity and capability falls short of what is planned, the reasons why, any impact on quality and the actions taken to address gaps in staffing. This monthly report will also be published on the Trust website for the public.

This exception report meets the requirement by NHS England to publish staffing fill rates (actual versus planned) in hours on the NHS Choices website each month with a link through to the Trust website for detailed staffing information by ward. A clear steer as to where the rating ranges will lie can be taken from the fact that in May 2014 NHS England requested further information and mitigating actions on all wards with staffing fill rates below 80% or above 150% and highlighted fill rates below 90% or above 125%. No further guidance has been issued since.

The staffing fill rates for each Trust hospital site are published alongside a number of other safety indicators which comprise of:

- CQC National Standards
- Open and Honest Reporting
- Safe Staffing (nursing and midwifery and care staff)
- Infection Control
- Patients Assessed for Blood Clots
- Responding to Patient Safety Alerts

These parameters are coloured coded to guide the public as to whether they represent a range of results which is at an expected level, adequate or below expected level.

TRUST STAFFING FILL RATE FOR JULY 2015

STFT	DAYS		NIGHTS	
	Average fill rate RNs and RMs	Average fill rate care staff	Average fill rate RNs and RMs	Average fill rate care staff
Overall Trust Summary	83.7%	99.5%	96.8%	101.9%
STDH	83.2%	101.4%	97.4%	101.2%
Monkton Hospital	136.9%	104.9%	68.1%	123.1%
St Benedict's Hospice	79.5%	64.4%	101.6%	96.8%

Monkton Hall Hospital and St Benedict's Hospice both comprise of one inpatient area on each site:

- Monkton Hall - Elmville Unit – 8 beds
- St. Benedict's Hospice – 14 beds

Interpretation of staffing fill rates should take the above bed numbers into account as a relatively small number of unplanned absences, due to sickness or other unplanned leave (compared to multi ward sites) will adversely affect the fill rates.

2. TRUST STAFFING FILL RATE FOR JULY 2015 BY WARD.

The fill rates for each of the wards is available at Appendix A. The table below reports by exception, Wards with fill rates below 80% or above 150% for either registered nurses or care staff on day or night duty.

Hospital	Ward	Day		Night	
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate
STDH	SCBU	75.2%	62.7%	72.6%	61.3%
STDH	Ward 2	76.1%	97.2%	96.8%	116.1%
St Benedict's	Inpatient ward	79.5%	64.4%	101.6%	96.8%
STDH	Ward 6	70.9%	130.3%	100%	106.5%
STDH	Ward 10	75.3%	90.6%	98.4%	98.4%
STDH	Ward 8	68.9%	107.4%	96.6%	127%
STDH	Delivery Suite	89.7%	83.8%	100%	75.8%
STDH	Elmville	136.9%	104.9%	68.1%	123.1%
STDH	Ward 7	78.9%	137.2%	100.1%	97.1%

2.1 MITIGATING ACTIONS

Special Care Baby Unit: SCBU has a small team of nursing staff therefore fill rates are disproportionately affected by staff absence. During July 2015 there was a deficiency in the staff demand template for SCBU and the actual planned staff on shift. The demand template for the roster in SCBU was set up to have two registered nurses on duty at all times, supported by some auxiliary hours. This was ambitious and the establishment was stretched to provide this level of care, however with current sickness and predicted sickness over the next two months this level of cover will not be achievable. The unit is therefore covered with a neonatal nurse at all times supported by another nurse or an experienced auxiliary nurse.

There were no occasions in July when the unit was not covered by a neonatal nurse but there were some occasions when the unit could not accept further admissions because of the ratio of 4 babies to one registered nurse/midwife and there were several shifts with 1+1 on duty.

Bed occupancy was 54% during July – average number of cots utilised during the month was 3-4 (capacity is 6 cots, plus stabilisation area).

There were only 3 days in July when there were more than 4 babies in the unit, on 7th July we had 5 babies, on 13th July we had 5 babies and on 18th July we had 5 babies, the unit was therefore closed to further admissions. Staffing guidelines for SCBU are one neonatal nurse on duty for every 4 babies in special care, staffing and workload was monitored throughout the month and the periods where we had over 4 babies in the unit were very short i.e. the 5th baby was admitted and for a few hours there were 5 babies but then one of the stable babies was discharged from the unit.

Staff in SCBU are fully aware of the escalation guidelines and implement these when necessary to ensure patient safety is maintained.

Ward 8, Stroke Unit: In July there were three registered nurses on sick leave for all or part of the month, in addition to three vacancies for registered nurses. Two staff have now returned from sick leave and a new member of staff has also joined the team so an improvement in fill rates is expected from September. During July 2015 harm free care was 95% with one patient experiencing a fall with moderate harm.

Ward 6: The lower fill rates for registered nurses on days on Ward 6 during July were the result of a combination of vacancies, maternity leave and long term sick leave. Recruitment is underway to fill vacancies and new start dates have been agreed. Harm free care during the month was 96% with one old pressure ulcer developing. The nationally recognised definition of an 'old' pressure ulcer is one that develops within three days of a person arriving on the ward, a 'new' pressure ulcer is defined as one that develops after 72 hours.

Ward 10: Registered nurse fill rates for Ward 10 were reduced on day duty due to long term sickness, an exclusion and maternity leave. Registered nurse numbers were supplemented by bank nurses and staff working additional hours whenever possible; non-registered nursing staff numbers were optimal during this period. Harm free care was 87% during July with three old pressure ulcers being assessed and monitored. Ward 10 is taking part in the regional pressure ulcer collaborative, led by South Tyneside Trust, with the aim of reducing pressure ulcer harm by at least 50% by March 2016.

St Benedict's: There has been one vacancy (start date now agreed) and one nurse on maternity leave so the planned roster is reduced by 75 hours a week at present for registered nurses. The unit has experienced issues with long term sickness absence among non-registered nurses but two staff have now returned on a phased basis so the fill rates should improve for August. Harm free care during July was 100%.

Ward 2: In July there were four registered nurses on sick leave for all or part of the month, in addition to eight vacancies for registered nurses. All but one of the registered nurses has now returned to work from sickness absence, however vacancies continue to provide a challenge, with two further registered nurses leaving the ward in August. New staff have been appointed to some of these positions but are not yet in post. Recruitment to the posts will continue and staff have been moved from other areas within the Directorate to help cover the vacancies on a temporary basis. Harm free care during July was 82%, with four old pressure ulcers

developing and one low harm fall. The ward team continues to be subject to an Assurance plan of support and is making steady progress overall.

Maternity Delivery Unit: There was a drop in the non-registered nursing fill rate on night duty during July. The actual staffing levels were declared as safe and the required numbers of staff were available either as additional hours or through the on-call arrangement.

Elmville: In relation to the 68% qualified fill rates for Elmville short break service on night duty, additional cover was provided by the management team who are registered nurses. The unit had 3 registered members of staff unavailable during July, one on long term sick leave, another on short term sick leave and the third on compassionate leave.

Ward 7: Ward 7 currently has one registered nurse on maternity leave, one on long term sick leave, and two vacancies. One new staff member is due to start in September, the other post has just been filled but the person will not commence until November 2015. The ward reported 84% harm free care during July, with three old pressure ulcers being reported and investigated.

3.0 QUALITY OF DATA SUBMISSION

Although general compliance with the systems and processes required to accurately collect the data has improved there are a few outstanding anomalies which require further action. The eRostering team is working with Clinical Operational Managers to ensure that effective rosters are created for each ward to provide optimum care and positive patient experience. This work is supported by the Divisional Directors and the Deputy Director of Nursing and the Trust is now part of the national Carter workforce efficiency programme, which will add leverage to this work and provide opportunity for national benchmarking and learning.

4.0 IMPACT OF STAFFING

During the July data collection period our overall safety thermometer data tells us that 90% of patients did not experience any of the four harms whilst an inpatient in our hospitals. The safety thermometer looks at four harms: pressure ulcers, falls, blood clots and urine infections for those patients who have a urinary catheter in place.

5.0 STAFFING ESTABLISHMENT REVIEW

NHS England and the Care Quality Commission require the Trust to carry out biannual nurse establishment reviews and publish the results on the Trust website for the public to access¹. The Executive Director of Nursing, Allied Health Professionals and Patient Safety utilised the Safer Nursing Care Tool² (SNCT) to underpin the most recent staffing establishment reviews in September 2014 and March 2015. This methodology is different from that used in the Trust 2013 staffing review which was based on bed numbers.

¹ 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 November, 2013

² Safer Care Nursing Tool- Implementation Resource Pack, July 2013. The Shelford Group

The SNCT is an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs. The SNCT is an accredited staffing toolkit in alignment with NICE guidance for Safer Staffing in Adult Inpatient Areas³.

In future it is now also recommended by NHS England that the Care to Contact Guide⁴ is used to check patient contact time using a consistent methodology to assess any changes in contact time and the impact this may have on patient care. It is also proposed that information on safer staffing care contact time compliance will be captured twice per year from Trusts to confirm this has been reported and discussed at Board level.

In June 2015 NHS England was given responsibility for developing further staffing guidance for the NHS. The published NICE guidance for adult inpatient areas and maternity services remains in place. Since this time a further statement from NHS England has confirmed that the new national body, NHS Improvement⁵, will take the lead for patient safety previously held by NHS England. One of the early priorities of this work will be to develop additional guidance on safe staffing levels in conjunction with the Chief Nursing Officer. Dr Mike Durkin, Director for Patient Safety, will lead this work ensuring there is a multi-professional approach to safe staffing.

6.0 CONCLUSION

This paper by exception reports on nursing/midwifery and care staff fill rates which supports the monthly publication of staffing on NHS Choices and staffing fill rates by Ward on our Trust website.

Areas with low staffing fill rates have been identified and where this has been due to substantial staffing shortfall, rather than to process issues, mitigating actions have been identified and implemented to assure safe, high quality patient care and good patient experience.

This report is part of a national requirement to publish safer staffing alongside other safety indicators and which will allow patients and the public access to a greater range of more detailed information in one place in order to compare Trusts.

Bob Brown
Executive Director of Nursing, AHPs and Patient Safety
September 2015

³ Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals - Overview. NICE July 2014

⁴ Safer Staffing: A Guide to Care Contact Time. NHS England November 2014

⁵ NHS Improvement will be a new health regulator formed through a merger between Monitor and the Trust Development Authority.

Appendix A: Staffing Information July 2015 - South Tyneside Foundation Trust

Hospital site	Ward	Day		Night	
		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
STDH	ASU - ACUTE STROKE UNIT	68.9%	107.4%	96.6%	127.0%
STDH	DELIVERY SUITE	89.7%	83.8%	100.0%	75.8%
STDH	EAU	86.5%	137.6%	100.0%	98.5%
Monkton	ELMVILLE	136.9%	104.9%	68.1%	123.1%
STDH	ITU / HDU	81.8%	N/A	100.0%	N/A
Primrose Hill Hospital	PRIMROSE WARD 20	88.5%	85.7%	92.0%	107.9%
STDH	SPECIAL CARE BABY UNIT	75.2%	62.7%	72.6%	61.3%
ST BENEDICT'S HOSPICE	ST BENEDICTS	79.5%	64.4%	101.6%	96.8%
STDH	WARD 1	83.9%	107.9%	98.5%	103.2%
STDH	WARD 10	75.3%	90.6%	98.4%	98.4%
STDH	WARD 19	88.5%	87.5%	100.0%	109.7%
STDH	WARD 2	76.1%	97.2%	96.8%	116.1%
STDH	WARD 22	103.9%	85.4%	98.4%	103.2%
STDH	WARD 3	86.0%	95.2%	100.3%	95.2%
STDH	WARD 5	92.4%	89.4%	100.0%	100.0%
STDH	WARD 6	70.0%	130.3%	100.0%	106.5%
STDH	WARD 7	78.9%	137.2%	100.1%	97.1%
STDH	WARD 9	97.9%	84.3%	95.2%	109.7%