Choose
South Tyneside NHS
NHS Foundation Trust

Title	Open and Honest Care August: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	4 October 2016

Executive Summary

In November 2013 the National Quality Board (NQB) published a guidance document which set out ten core expectations of providers and commissioners with respect to getting nursing, midwifery and care staffing right. STFT has remained compliant with these guidelines which include monthly open and honest staffing reports to Board and bi annual reviews of staffing establishments across the acute inpatient bed base. These reports are uploaded to our website for the public to access.

From May 2016 all Trusts are required to also report Care Hours Per Patient Day (CHPPD). This is a new staffing metric based on the number of nursing and care staff hours available on each ward divided by the number of patients on the ward at midnight.

On July 14th 2016 the NQB published updated guidance on safe, sustainable and productive staffing highlighting that the new safe staffing improvement resource can only set the context and offer support to local decision making. It is local clinical teams who will need to ensure they continue to provide high quality and financially sustainable services. The guidance contains an updated set of expectations for nursing and midwifery staffing to help provider Boards make local staffing decisions.

The model hospital dashboard, although still in development, is now available. The data currently available is for March/ April 2016. The nursing and midwifery dashboard contains Trust level information regarding CHPPD, some patient harm data including new venous thromboembolism (VTE); patients with catheter related urinary tract infections (UTIs); pressure ulcer prevalence and patients harmed as a result of a fall. There is the opportunity to compare information with peer hospitals. The dashboard will also contain a new cost per care hour metric and sickness absence however this is not yet available. The nursing and midwifery dashboard will also contain ward level information at some time in the future.

Nurse staffing fill rate analysis for August indicates four wards as areas of exception. These are Special Care Baby Unit (SCBU), Ward 2, Primrose Ward 20 and Acute Stroke unit. Emergency Department and ITU are also reported as areas of concern identified by the matrons.

Recommendation

The Board is asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during August 2016 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.

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Executive Director/ Sponsor	Dr Bob Brown, Executive Director of Nursing and Quality.

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

The National Quality Board (NQB) requires that each month a board staffing report is produced which, by exception, advises 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 is also required to be published on the Trust website for the public.

This exception report meets the requirement by publishing 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 should 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.

From May 2016 all Trusts are required to also report Care Hours per Patient Day (CHPPD). This is a new staffing metric devised by NHS Improvement to give a simple consistent measure of nursing and healthcare support workers deployment on inpatient wards and units. CHPPD can be used to describe both the staff required and staff available in relation to the number of patients.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight). It can be broken down by grade – initially registered nurses and healthcare support staff, but ultimately to bands/grades within these groups and eventually all other staff groups contributing to ward-based care, including AHPs and medical staff. While total CHPPD will be reported monthly via Unify, the metric will be available to Trusts split into registered nurses and healthcare support workers through the model hospital portal which will enable benchmarking with “peer” Trusts. The model hospital dashboard, although still in development, is now available with data from March/ April 2016. The nursing and midwifery dashboard contains Trust level information regarding CHPPD, some patient harm data including new venous thromboembolism (VTE); patients with catheter related urinary tract infections (UTIs); pressure ulcer prevalence and patients harmed as a result of a fall. The dashboard will also contain a new cost per care hour metric as well as sickness absence however this is not yet available. There will also be ward level information at some time in the future.

STFT has purchased the Safer Nursing Care Tool module of eRoster which gives wards the ability to enter the acuity and dependency of each of their patients at the beginning of each shift and to update staff availability in real-time. Although this information is not required as part of the CHPPD data set it adds important detail to the information making it more specific to determine whether or not there are enough CHPPD to meet the needs of the patients on each ward on each shift.

2 STAFFING METRICS

2.1 TRUST STAFFING FILL RATE FOR August 2016

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	**90.0%**	**100.0%**	**99.9%**	**96.4%**
STDH	90.0%	100.0%	99.7%	96.5%
Monkton Hospital	94.7%	98.5%	97.5%	100.0%
St Benedict's Hospice	88.8%	101.7%	104.8%	90.3%

2.3 TRUST STAFFING FILL RATE FOR AUGUST 2016 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		CHPPD	
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate	RN/RM	Care Staff
STDH	SCBU	95.3%	51.8%	107.7%	-	12.2	2.1
STDH	PRIMROSE WARD 20	74.6%	111.9%	94.4%	91.7%	2.7	2.7
STDH	WARD 2	77.4%	121.1%	101.6%	96.8%	2.2	2.2
STDH	ACUTE STROKE UNIT	70.1%	121.9%	100.0%	123.1%	2.9	3.0

The four wards reporting fill rates below 80% for August are SCBU, Ward 2, Primrose Ward 20 and Ward 8, Acute Stroke Unit (ASU).

The graphs showing demand CHPPD vs. required CHPPD for each of these wards, with the exception of SCBU, are included in this report. The CHPPD reports are supplied by Allocate whose software we use for eRoster and the Safer Nursing Care Tool module. SCBU is not included in the suite of reports currently supplied. The time frame of the CHPPD graphs is 27th July to 14th August which covers a proportion of the time the fill rates are recorded, which is 1st August to 31st August. The two safe staffing metrics are different:

- Staffing fill rates looks at the number of nursing and care hours planned for compared to how many were actually available on the day or night shift.

These are combined together to give a monthly figure for the ward or team.

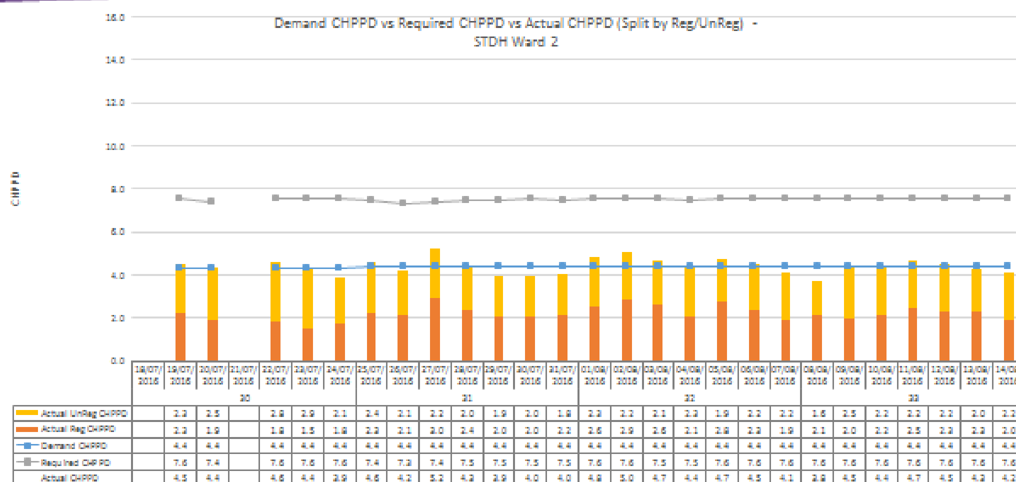
- CHPPD is the number of hours worked by nursing and care staff combined and then divided by the number of patients on the ward at midnight. It can be disaggregated to give nursing hours and care staff hours and can be translated into staffing ratios e.g., 12 CHPPD is at staffing ratio of 1 nurse or carer to every 2 patients and 8 CHPPD is a staffing ratio of 1:3. CHPPD is designed to allow trusts to compare wards at speciality level with peers and will also be used to provide comparative information on cost of care on a monthly basis. This work is still currently under development with the national NHSI efficiency team.

Neither of these metrics alone can determine whether staffing levels are safe but CHPPD, in combination with the SNCT evidence based staffing tool, is more useful in determining appropriate levels of staffing levels for ward areas on a shift by shift basis.

3.0 WARDS REPORTED BY EXCEPTION

3.1 Ward 2

Ward 2 was identified as an area of exception in August having been so for a number of months, with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Comparing CHPPD with a similar number of beds the registered nurse number is one of the lowest in the acute bed base at 2.2 per day representing an average nurse patient ratio of 1 registered nurse to 11.4 or 12 patients. Ward 2 had 5.6 registered nurse vacancies in August and with an over establishment 0.5 WTE in care staff vacancies. Sickness on ward 2 in August was 11%. Staffing short falls were filled by bank, overtime and agency staff. An experienced ward manager was moved from ward 19 to provide senior leadership for six months and registered nurses from other wards now support the ward on a rotational basis until recruitment into vacancies and senior leadership posts is achieved.



	18/07/2016	19/07/2016	20/07/2016	21/07/2016	22/07/2016	23/07/2016	24/07/2016	25/07/2016	26/07/2016	27/07/2016	28/07/2016	29/07/2016	30/07/2016	31/07/2016
	30							31						
Actual UnReg CHPPD		2.2	2.5		2.8	2.9	2.1	2.4	2.1	2.2	2.0	1.9	2.0	1.8
Actual Reg CHPPD		2.2	1.9		1.8	1.5	1.8	2.2	2.1	3.0	2.4	2.0	2.0	2.2
Demand CHPPD		4.4	4.4		4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4
Required CHPPD		7.6	7.4		7.6	7.6	7.6	7.4	7.3	7.4	7.5	7.5	7.5	7.5
Actual CHPPD		4.5	4.4		4.6	4.4	3.9	4.6	4.2	5.2	4.3	3.9	4.0	4.0

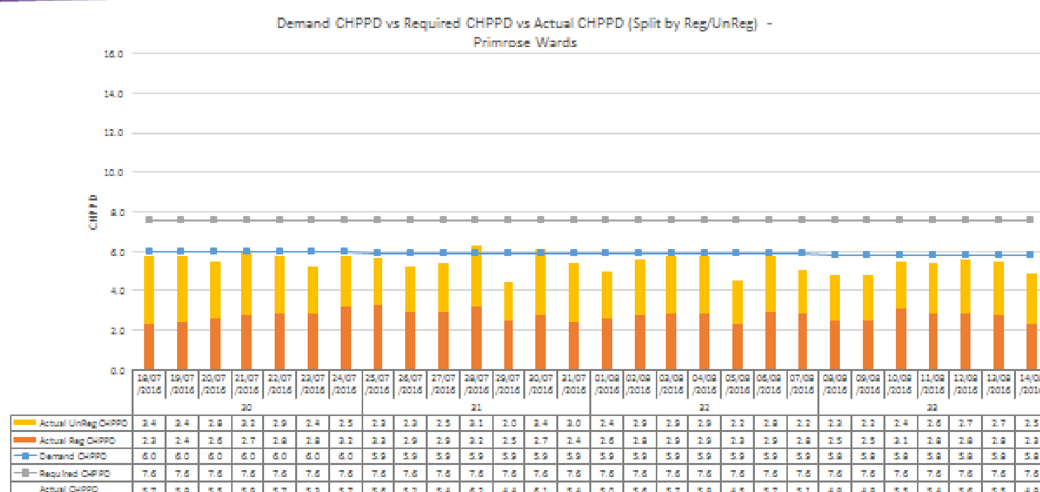
	01/08/2016	02/08/2016	03/08/2016	04/08/2016	05/08/2016	06/08/2016	07/08/2016	08/08/2016	09/08/2016	10/08/2016	11/08/2016	12/08/2016	13/08/2016	14/08/2016
	32							33						
Actual UnReg CHPPD	2.2	2.2	2.1	2.3	1.9	2.2	2.2	1.6	2.5	2.2	2.2	2.2	2.0	2.2
Actual Reg CHPPD	2.6	2.9	2.6	2.1	2.8	2.3	1.9	2.1	2.0	2.2	2.5	2.3	2.3	2.0
Demand CHPPD	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4	4.4
Required CHPPD	7.6	7.6	7.5	7.5	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6
Actual CHPPD	4.8	5.0	4.7	4.4	4.7	4.5	4.1	3.8	4.5	4.4	4.7	4.5	4.3	4.2

The graph showing the data collected from the safer nursing care tool module demonstrates that there is a consistently wide gap between the actual number of care hours available and the required number based on the acuity and dependency of the patients on the ward. This finding is consistent with the bi annual staffing establishment reviews.

There were 19 patient safety incidents reported on Datix in August including 2 which caused patient harm. Patient experience in August showed 100% satisfaction with care across all nine key questions. Staff satisfaction demonstrated that 67% of staff would recommend ward 2 as a place to work in August: an improvement on June and July.

3.2 Primrose Ward 20

Primrose ward was identified as an area of exception in August with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Primrose ward is not comparable with other medical wards for CHPPD as the case mix and bed numbers are different. Primrose ward provides end of life care and also accommodates medically fit patients with complex social needs. CHPPD at 2.7 hours per day for registered nurses indicates an average nurse patient ratio of 1 to 8.5 which is just below the minimum ratio recommended by NICE[1]. Primrose ward has 16 beds but is frequently used in times of escalation to take extra patients and enable patient flow. Since July 2016 the opening of escalation beds can only be authorised by the Chief Operating Officer with concerted efforts made by managers to close these again as quickly as possible to prevent undue pressure on staff.



Week	30							31						
Date	18/07/2016	19/07/2016	20/07/2016	21/07/2016	22/07/2016	23/07/2016	24/07/2016	25/07/2016	26/07/2016	27/07/2016	28/07/2016	29/07/2016	30/07/2016	31/07/2016
Actual UnReg CHPPD	3.4	3.4	2.8	3.2	2.9	2.4	2.5	2.3	2.3	2.5	3.1	2.0	3.4	3.0
Actual Reg CHPPD	2.3	2.4	2.6	2.7	2.8	2.8	3.2	3.3	2.9	2.9	3.2	2.5	2.7	2.4
Demand CHPPD	6.0	6.0	6.0	6.0	6.0	6.0	6.0	5.9	5.9	5.9	5.9	5.9	5.9	5.9
Required CHPPD	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6
Actual CHPPD	5.7	5.8	5.5	5.9	5.7	5.2	5.7	5.6	5.2	5.4	6.2	4.4	6.1	5.4

Week	32							33						
Date	01/08/2016	02/08/2016	03/08/2016	04/08/2016	05/08/2016	06/08/2016	07/08/2016	08/08/2016	09/08/2016	10/08/2016	11/08/2016	12/08/2016	13/08/2016	14/08/2016
Actual UnReg CHPPD	2.4	2.9	2.9	2.9	2.2	2.8	2.2	2.3	2.2	2.4	2.6	2.7	2.7	2.5
Actual Reg CHPPD	2.6	2.8	2.9	2.9	2.3	2.9	2.8	2.5	2.5	3.1	2.8	2.8	2.8	2.3
Demand CHPPD	5.9	5.9	5.9	5.9	5.9	5.9	5.9	5.8	5.8	5.8	5.8	5.8	5.8	5.8
Required CHPPD	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6	7.6
Actual CHPPD	5.0	5.6	5.7	5.8	4.5	5.7	5.1	4.8	4.8	5.5	5.4	5.6	5.5	4.8

The graph showing the data collected from the safer care nursing tool module demonstrating that there is a consistent gap between the actual number of care hours available and the required number based on the acuity and

[1] NICE safe staffing guideline: Safe staffing for nursing in adult inpatient wards in acute hospitals July 2014.

dependency of the patients on the ward. This finding is consistent with the bi annual staffing establishment reviews.

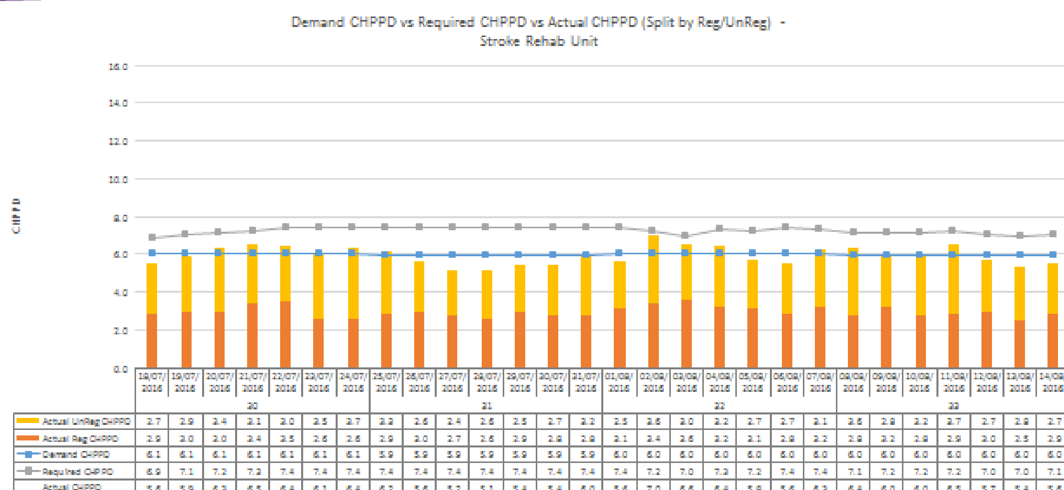
Primrose ward had 3.94 registered nurse vacancies and 1.62 care staff vacancies in August. Staffing short falls due to open escalation beds were filled by bank, overtime and agency staff. Sickness on Primrose ward in August was 10%.

There were 10 patient safety incidents reported on Datix in August but as none caused harm an open and honest care report was not triggered and therefore answers to the patient and staff experience questions were not recorded. The future of the ward has to-date not been determined, and this is having an impact on staff morale as reported by both clinical and managerial staff.

3.3 Acute Stroke Unit

Acute Stroke Unit (ASU) was identified as an area of exception in both August with staffing fill rates for registered nurses on day duty being less than 80% of planned levels. Comparing CHPPD with other medical wards is not appropriate due to the different beds numbers and the case mix of patients. CHPPD hours for registered nurses was reported as 2.9 in August reflecting an average nurse patient ratio of one registered nurse to 8.2 patients.

ASU had 6.6 registered nurse vacancies in August and were 1WTE over established on care staff. A number of allied health professionals posts are also vacant. The rise in the number of staff leaving the ward is partly attributable to the clinical services review of stroke services between City Hospitals Sunderland NHSFT and STFT and the uncertainty for the future of the service. Sickness on the ward was 11% in August. Staffing shortfalls were filled by bank, overtime and agency staff.



The graph showing the data collected from the safer nursing care tool module demonstrates that there is a variable gap between the actual number of care

hours available and the required number based on the acuity and dependency of patients on the ward; on some occasions the gap is narrow. This finding is consistent with the bi annual staffing establishment reviews.

There were 10 patient safety incidents reported on Datix in August including one pressure ulcer causing patient harm. Patient experience responses were mixed with 67% of patients satisfied enough to recommend the ward to friends or relatives and 100% stating they had enough help with eating and had their privacy and dignity maintained. Staff experience was good and 94% felt satisfied with the care they delivered and would be happy to recommend their ward to their own relative; 81% of staff would recommend the ward as a place to work. Comments by staff referred to challenges with safe staffing and a wish for more support from the management team.

3.4 Special Care Baby Unit

SCBU is reported as an area of exception as the fill rates for care staff in August on day duty are below 80%. Registered nurse fill rates are at planned levels during this time and the CHPPD figures for registered nurses indicate that the nurse /patient ratios were on average greater than 1 RN per 2 babies in August. In SCBU the staffing numbers are flexed according to the demand of patients with a clear escalation plan in place to ensure that staffing numbers are always safe and in line with national guidance. There was only one incident reported on Datix in August and this was regarding an unexpected admission; no patient harm was reported.

4.0 OTHER AREAS OF CONCERN – ED and ITU

The Emergency Department (ED) remains an area of concern in August. The Head of Nursing for acute services has highlighted ED as a concern due to having 7.32 registered nurse vacancies in August. Although recruitment to posts is underway the gap is currently being covered by a combination of bank, overtime and agency staff. In ED the number of agency nurses required to sustain safe staffing levels is high although care is taken to ensure a safe mix of substantive and agency staff are on duty on every shift. The high demand for agency nurses in this department is due to the type of clinical experience required. There were 30 patient safety incidents reported on Datix in August; 26 of these were pressure ulcers present on admission.

Intensive Care Unit has caused concern in August due to staffing challenges and low staff morale as reported by the Head of Nursing, directorate matron and the management team. There were 3.86 WTE vacancies in August with an indication that more staff plan to leave over the coming months. Sickness levels in August were 3%. Vacancies have been covered by agency nurses for the first time as staff reported being unable to cover from within their own resources. The ward manager has been out to recruit on a number of occasions with limited success. ITU reported 7 patient safety incidents on Datix but there were no patient harms documented.

5.0 ACTION PLANNING FOR SAFE STAFFING

The matron of the day visits each ward and department on the acute site three times a day to review staffing and reports concerns and actions at the bed meetings. There is a staffing escalation plan in place setting out the expectations of nursing staff at every level to address staffing concerns. The escalation plan ensures the most effective use of current resource across the site is considered before escalating to overtime and agency. Any requirement for agency nurses or allied health professionals must be authorised by the Executive Director of Nursing or the Deputy Director of Nursing before being actioned.

The Deputy Director of Nursing chairs a weekly meeting with the acute site matrons, Head of Nursing, the Head of Financial Performance and Divisional Personnel Manager to progress actions around nurse staffing. This meeting focusses on effective rostering to support safe staffing and reduce agency spend, recruitment, retention and winter escalation plans. There is an equivalent meeting with a community focus from September.

6.0 CURRENT STAFFING RISKS

The number of vacancies across wards and departments remains a pressure in August. Monthly recruitment days are continuing and three of the overseas recruits from India are now in post; two of whom need to pass their OSCE to receive their NMC PIN number. There has remained a controlled but persistent reliance on agency nurses to fill these gaps throughout August.

The clinical services review and the alliance with City Hospitals Sunderland NHSFT is causing some anxiety and uncertainty which analysis indicates is having an impact on the recruitment and retention of clinical staff. In addition ward managers have raised concerns regarding the implementation of shift standardisation in the knowledge that budgetary adjustments are being made prior to testing new shift patterns. Combined with these anxieties ward managers are also being requested to release a member of staff from each ward to contribute to the opening of a winter ward from October through to the end of March, this being in addition to staff currently redeployed from some wards to support Ward 2. The Deputy Director of Nursing, Head of Nursing and Matrons are exploring ways to mitigate the risks to safe staffing at their weekly meetings. A business case to access the funding in reserves to enhance nurse staffing in specific areas already identified will be completed in October.

7.0 CONCLUSION

This purpose of this paper is to report by exception on nursing/midwifery and care staff fills rates which supports the monthly publication of staffing on NHS Choices and staffing fill rates by ward on our Trust website. In this paper we are now reporting CHPPD for areas of exception as required from May 2016 by NHSI. Other areas of concern as identified by acute site Matrons and the Head of Nursing are also reported.

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.

Louise Burn
Deputy Director of Nursing and Patient Safety
September 2016

Appendix A: Staffing Information August 2016
South Tyneside Foundation Trust

		Day		Night		CHPPD		
Hospital site	Ward	Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Average fill rate – RNs/RMs (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff
STDH	ASU - ACUTE STROKE UNIT	70.1%	121.9%	100.0%	123.1%	603	2.9	3.0
STDH	DELIVERY SUITE	102.0%	90.1%	97.5%	100.0%	82	34.5	8.3
STDH	EAU	95.3%	111.7%	99.4%	100.2%	680	4.4	2.5
Monkton	ELMVILLE	94.7%	98.5%	97.5%	100.0%	128	6.2	10.7
STDH	ITU / HDU	84.4%	-	101.0%	-	126	29.1	1.4
STDH	PRIMROSE WARD	74.6%	111.9%	94.4%	91.7%	526	2.7	2.7
STDH	SCBU	95.3%	51.8%	107.7%	-	116	12.2	2.1
ST BENEDICT'S HOSPICE	ST BENEDICTS	88.8%	101.7%	104.8%	90.3%	393	5.1	2.8
STDH	WARD 1	92.2%	88.8%	100.0%	98.5%	901	2.5	2.2
STDH	WARD 10	97.9%	92.5%	98.7%	100.6%	605	3.2	2.4
STDH	WARD 19	98.8%	87.5%	108.1%	89.2%	799	2.5	3.1
STDH	WARD 2	77.4%	121.1%	101.6%	96.8%	918	2.2	2.2
STDH	WARD 22	117.0%	98.2%	100.0%	93.5%	206	7.7	3.3
STDH	WARD 3	85.6%	93.3%	100.0%	98.4%	913	2.2	2.4
STDH	WARD 5	88.9%	85.7%	91.2%	81.9%	883	2.6	2.4
STDH	WARD 6	86.9%	120.9%	99.6%	100.0%	847	2.7	2.7
STDH	WARD 7	90.8%	104.3%	98.8%	100.0%	501	3.7	2.6
STDH	WARD 9	99.9%	90.0%	100.0%	100.0%	650	3.0	2.0