

Title	Open and Honest Care September 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	16 th November 2015
Executive Summary	
<p>The purpose of this report is to update the Executive Board on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in September 2015.</p> <p>The staffing data for the period 1st September to 30th September 2015 was uploaded via UNIFY in a template provided by NHS England on 15th October 2015. This information was published in early November 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.</p> <p>There is 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 is available for the public. The information provided will include this paper and an easy to read table.</p> <p>The fill rate analysis for September indicates that six areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict’s Inpatient Unit, Elmville Respite Unit, Wards 7, 8, 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.</p> <p>An initial analysis of the Safer Nursing Care Tool establishment review data for September 2015 shows a consistent picture of nurse staffing across the Trust through three consecutive audit cycles – September 2014, March 2015, September 2015. Following further analysis a full report will be presented to the Executive Board in December 2015.</p>	
Recommendation	
<p>The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during September 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.</p>	
Report Author	Louise Burn, Deputy Director of Nursing 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			

SOUTH TYNESIDE NHS FOUNDATION TRUST

REPORT TO EXECUTIVE BOARD 16TH November 2015

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 SEPTEMBER 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	85.6%	104.3%	96.3%	108.2%
STDH	85.7%	105.1%	97.5%	109.0%
Monkton Hospital	136.6%	113.8%	47.3%	100.2%
St Benedict's Hospice	73.4%	82.6%	100.0%	100.0%

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 SEPTEMBER 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	Delivery Suite	86.2%	83.8%	100.3%	74.7%
STDH	Special Care Baby Unit	98.9%	25.2%	75.5%	73.9%
STDH	Ward 7	79.0%	126.3%	97.8%	106.7%
STDH	Ward 8 (ASU)	68.6%	109.7%	93.4%	143.6%
Monkton	Elmville	136.6%	113.8%	47.3%	100.2%
St.Benedict's Hospice	St Benedicts	73.4%	82.6%	100.0%	100.0%

2.1 MITIGATING ACTIONS

Delivery Suite: The fill rates for care staff on night duty in September were impacted by a full complement of staff on annual leave, with an extra challenge due to a number of staff on long term sick leave and maternity leave. The sickness rate for delivery suite in September was 13%. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety.

Special Care Baby Unit: SCBU has a small team of nursing staff therefore fill rate are disproportionately affected by staff absence. Sickness/absence on SCBU in September was 11%. SCBU is currently changing its staffing plan with a greater emphasis on registered nurses posts. A new band 5 staff nurse will come into post in January funded from band 2 hours which have been converted to improve the skill mix. The eRoster demand template will be updated to reflect these changes when they come into place.

According to national guidance one registered nurse can look after no more than four babies. In September on day duty there were two registered nurses on day duty on 25/30 days. On night duty there were two registered nurses on duty 14/30 nights with one registered nurse and one health care assistant 16/30 nights.

Every shift in September was covered by a qualified neonatal nurse and the recommended ratio of registered nurses to babies of 4:1 was not breached. The average number of cots utilised in September was three out of a possible six and there were only five days in September when there were five babies on the unit and on three of these days one baby was transferred out to ensure the staffing remained at safe levels. There were two days when there were five babies on the unit due to a twin delivery however the dependency of the other babies on the unit at the time, and the staffing levels, ensured that all five babies were cared for safely.

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

Ward 7: The lower than planned fill rates for registered nurses on day duty in September was due to a combination of vacancies, maternity leave, long term and short term sickness. Sickness on ward 7 was 5% in September. One band 5 nurse will begin in post in November and one newly qualified nurse has commenced her post as a health care assistant prior to her registration being confirmed and therefore does not appear in the fill rates for registered nurses. Staff worked flexibly to ensure that there were always sufficient registered nurses on each shift to safely provide patient care.

Harm free care was 95% in September with one patient acquired (old) pressure ulcer recorded and one patient with an indwelling catheter developing a urinary tract infection. There was no open and honest care report generated for ward 7 in September.

Ward 8: Registered nurse staffing fill rates for day duty in September were adversely affected by one registered nurse on sick leave in addition to 4.36 WTE band 5 vacancies and one member of staff seconded to support another ward. A registered nurse was recruited to the ward and was in post for some of September which is expected to ease the pressure in future however further vacancies are expected over the coming months. Recruitment to these posts is on-going through the monthly recruitment programme supported by international recruitment in November. Care staff provided cover to ensure safe patient care was maintained during this time. Sickness on ward 8 in September was 8%.

Ward 8 reported one patient with a new category 2 pressure ulcer in September which generated an open and honest care report. Patients reported experiencing very good care and 100% of those asked said they would recommend the ward to a friend or relative. Safety thermometer harm free care was reported as 94% in September.

Elmville Respite Unit: Three members of registered nurses staffing were on long term sick leave during September which reduced the recorded fill rates among registered nurses on night duty for Elmville Short Break service to 47.3%. The clinical operational manager and the clinical lead provided qualified cover which supplemented registered nurse fill rates on night duty and ensured safe staffing levels were maintained. This was not entered onto the eRoster as neither member of staff receives payment for covering the service and eRoster is linked to the electronic staff record (ESR) which feeds into payroll.

A method has now been found to capture these extra duties on eRoster without affecting payroll which will be in place from November allowing for more accurate reporting of fill rates when these circumstances occur.

St Benedicts: The assistant clinical business manager for St Benedicts feels the fill rates for registered nurses and care staff on day duty are being negatively effected by on-going problems with setting up eRoster. Safe staffing of the ward was maintained at all times. The problem is caused by the number of different combination of shifts that part time staff work leading to a significant requirement for manual adjustment. On-going work is continuing with the eRoster team to resolve this. Taking this into account there was also one registered nurse on maternity leave and one band 5 on sick leave during September. Overall sickness on the ward in September was 1%. Harm free care was 78.5% in September with 3 acquired (old) pressure ulcer recorded. There was no open and honest report generated for St Benedict's in September.

4.0 QUALITY OF DATA SUBMISSION

The eRoster team are working with the Department of Health (DH) and three pilot wards (EAU, ward 2 and ward 9) to drive change through participating in the Carter initiative using the NHS model of improvement¹. The aim of this work is to produce more efficient and effective nursing staff rosters as part of the national Nursing Workforce Efficiency Programme. As a result of this work it is expected that as a Trust we will see the following changes;

- Wards and teams creating safe and efficient rosters working consistently within the 22% establishment headroom allowance for sickness, annual leave and training.
- The demand template for each ward being rebased to reflect the budgeted nursing establishment. This change will not impinge on the ability of ward managers and clinical operational managers to safely staff their wards but will make the exceptions to staffing demands transparent with a clear audit trail demonstrating the reason for variation from budget.

A separate but related piece of work will directly affect the accuracy of staffing fill rates. The DH are supporting the development of new staffing guidance for acute inpatient wards based on the number of nursing hours needed per patient day (NHPPD). This measure tracks the total number of direct nursing care hours compared to the number of patients in the ward at different times during a shift. This new staffing currency is expected to provide a range of safe staffing margins by benchmarking specialities across the country such as trauma and orthopaedics, cardiology and respiratory medicine for example. The Trust are assisting the DH to collect data as part of this work and as a result we have been given the safer care nursing module to add to our eRoster suite. Five wards will be collecting information using this module twice per day from 16th November.

¹ Institute of Healthcare Improvement (IHI) 1995

Part of the information collected by ward staff, and uploaded to eRoster automatically, will be staff absence and any staff moves from one ward to another as well as a realtime calculation as to whether the nursing hours the ward can provide in terms of actual staffing can meet the needs of their current patients. Capturing this information in realtime will positively affect the accuracy of the fill rates we report. It is expected that access to the safer care nursing tool module will be rolled out to all wards over the winter period.

5.0 IMPACT OF STAFFING

During the data collection period from September 1st to September 30th our safety thermometer data tells us that 87% 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.

6.0 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 access². The Executive Director of Nursing, Allied Health Professionals and Patient Safety has utilised the Safer Care Nursing Tool³ (SCNT) to underpin our third staffing establishment review in September 2015.

The SCNT 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 SCNT is an accredited staffing toolkit in alignment with NICE guidance for Safer Staffing in Adult Inpatient Areas⁴.

The Trust has now undertaken three audit cycles of the SNCT which show a consistent picture across ward areas with the exception of Primrose ward which demonstrates variation in keeping with the changing bed base according to whether contingency beds are open during the audit cycle period. The levels of care required by patients across the Trust remains broadly the same at each level of acuity/dependency and this is stable across all three audit cycles. The consistency of the results over three audit cycles builds confidence in the reliability of the results from the SNCT methodology.

Initial analysis of the September 2015 data set indicates that wards 1, 2, 5, 10, 19 and Primrose are the areas with the greatest gap between the calculated acuity and dependency of their patients and the number of nurses available to meet their needs. This reflects the analysis of the data in the two previous audit cycles. Further analysis of the SCNT data is currently underway and a full report will be presented to the Executive Board in December 2015.

² 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

³ Safer Care Nursing Tool- Implementation Resource Pack, July 2013. The Shelford Group

⁴ Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals - Overview. NICE July 2014

There are a significant number of vacancies for both registered and non-registered nurses across all our wards. These vacancies are being addressed by recruitment sessions on the last Friday of each month, when prospective nurses are interviewed, and if selected undertake a medical and complete appropriate personnel paperwork on a single day. To date these sessions have resulted in posts being offered to twenty eight registered nurses who will come into post over the coming months. This initiative is being supplemented by an international recruitment drive, the result of which ten Spanish nurses have been appointed. These nurses are expected to take up post in January 2016. Twelve experienced agency nurses will also be available from November 16th until the end of March 2016.

A planned flexible workforce programme through which nurses in non-frontline roles would have the opportunity to refresh their clinical skills and return to clinical duties for a proportion of their working week has been postponed due to the low number of volunteers however other avenues are being explored to revive this initiative on a more sustainable basis.

7.0 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.

Louise Burn
Deputy Director of Nursing and Patient Safety
November 2015

Appendix A: Staffing Information September 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	68.6%	109.7%	93.4%	143.6%
STDH	DELIVERY SUITE	86.2%	83.8%	100.3%	74.7%
STDH	EAU	87.0%	135.6%	98.9%	101.7%
Monkton	ELMVILLE	136.6%	113.8%	47.3%	100.2%
STDH	ITU / HDU	80.5%	N/A	98.8%	N/A
Primrose Hill Hospital	PRIMROSE WARD	81.3%	83.2%	110.0%	93.3%
STDH	SPECIAL CARE BABY UNIT	98.9%	25.2%	75.5%	73.9%
ST BENEDICT'S HOSPICE	ST BENEDICTS	73.4%	82.6%	100.0%	100.0%
STDH	WARD 1	94.5%	105.5%	98.3%	98.3%
STDH	WARD 10	86.8%	96.7%	100.0%	128.3%
STDH	WARD 19	90.8%	97.7%	101.7%	156.7%
STDH	WARD 2	82.4%	111.0%	98.3%	133.3%
STDH	WARD 22	104.2%	82.0%	98.3%	93.3%
STDH	WARD 3	86.1%	95.3%	99.6%	101.7%
STDH	WARD 5	83.9%	96.8%	98.3%	100.0%
STDH	WARD 6	81.5%	132.6%	100.0%	100.0%
STDH	WARD 7	79.0%	126.3%	97.8%	106.7%
STDH	WARD 9	98.2%	94.1%	91.7%	113.3%