

Title	Open and Honest Care August 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	19 th October 2015

Executive Summary

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 August 2015.

The staffing data for the period 1st August to 31st August 2015 was uploaded via UNIFY in a template provided by NHS England on 15th September 2015. This paper and an easy to read table, which displays the staffing fill rates and any actions taken to maintain safe staffing levels, was 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 August indicates that thirteen areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict’s Inpatient Unit, Elmville Respite Unit, Wards EAU, 3, 6, 7, 8, 10, 22, Primrose ward, ITU/HDU 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.

Recommendation				
The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during August 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	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 19TH October 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 AUGUST 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	80.8%	107.2%	99.2%	105.6%
STDH	81.2%	109.1%	99.5%	105.1%
Monkton Hospital	79.7%	108.1%	84.2%	123.1%
St Benedict's Hospice	74.9%	76.3%	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 AUGUST 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	88.4%	83.8%	98.3%	79.0%
STDH	EAU	76.5%	146.8%	98.9%	105.0%
STDH	ITU / HDU	78.0%	-	100.0%	-
STDH	Special Care Baby Unit	95.2%	62.7%	99.2%	35.5%
STDH	WARD 3	78.2%	97.7%	97.7%	95.7%
STDH	WARD 6	78.1%	128.4%	101.6%	104.8%
STDH	WARD 7	76.9%	147.3%	101.2%	106.8%
STDH	WARD 8	72.1%	119.4%	91.8%	151.5%
STDH	WARD 10	73.5%	107.3%	98.4%	111.3%
STDH	WARD 22	87.9%	74.5%	97.0%	90.3%
Primrose Hill Hospital	Primrose Ward	75.8%	87.3%	141.9%	74.2%
Monkton	Elmville	79.7%	108.1%	84.2%	123.1%
St. Benedict's Hospice	St Benedicts	74.9%	76.3%	100.0%	100.0%

2.1 MITIGATING ACTIONS

There are a number of vacancies across all our wards which are being addressed by recruitment sessions on the last Friday of each month, when prospective nurses can be 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 27 registered nurses who will come into post over the coming months. This initiative is being supplemented by an international recruitment drive which commenced in October and a flexible workforce programme through which nurses in non- frontline roles will have the opportunity to refresh their clinical skills and return to clinical duties for a proportion of their working week.

Delivery Suite:

The fill rates for care staff on night duty in August were reduced as a result of the number of staff on annual leave with an extra challenge being the number of staff on long term sick leave and maternity leave. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety.

Emergency Admission Unit (EAU):

The reduced fill rates for registered nurses on day duty was caused by a number of vacancies which were filled in September when staff appointed come into post. Registered nurse fill rates were also reduced by high levels of sickness in Ambulatory Care Unit which required support from EAU. Sickness in Ambulatory Care has now been resolved. Staff worked additional hours in August to maintain safe staffing levels. Harm free care in August is recorded as 90% with two acquired (old) pressure ulcers recorded.

ITU/HDU:

The clinical operational manager feels that the low fill rates on day duty in August are due a problem in eRoster with regard to how shifts are defined rather than reflecting a true fall in the numbers of registered nurses available. An investigation is underway with the eRoster team to better understand what is driving the reported fill rates. Harm free care was 83% with one category 2 pressure ulcer reported on ITU in August. The small number of patients on ITU means any patient harm has a disproportionate effect on the rate of harmfree care.

Special Care Baby Unit:

SCBU has a small team of nursing staff therefore fill rates are disproportionately affected by staff absence. SCBU is currently changing its staffing plan with a greater emphasis on registered nursing posts. One member of care staff left the unit recently and the money from her post was converted to Band 5 hours to assist in achieving the new staffing plan. Eroster demand template will be updated to reflect these changes.

There were no occasions in August 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 requirement of a staffing ratio of 4 babies to one registered nurse/midwife and there were a number of shifts with only 1 registered nurse supported by a member of care staff on duty. Bed occupancy was 52% during August; average number of cots utilised during the month was 3. Staff in SCBU are fully aware of the escalation guidelines and implement these when necessary to ensure patient safety is maintained.

Ward 3:

The lower than planned fill rates for registered nurses on day duty in August was caused by two Band 5 vacancies which are currently being recruited to. Staff worked flexibly to ensure that there was always sufficient registered nurses on each shift to safely provide patient care. Harm free care in August was 100%.

Ward 6:

The fill rates for registered nurses on day duty on Ward 6 during August was effected by a combination of maternity leave, short and long term sick leave. Recruitment is underway to fill vacancies as quickly as possible. Harm free care was 88% in August with two low harm falls and one acquired (old) pressure ulcer. Patient experience remained very positive in August with 100% of patients questioned stating that they would recommend the ward to family and friends.

Ward 7:

The lower than planned fill rates for registered nurses on day duty in August was due to a combination of vacancies, maternity leave, long term and short term sickness. The vacancies will be filled between September and November. 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 August with two patients developing new pressure ulcers at category 2. Both patient and staff experience questions for the ward reflected very positive experience. 100% of patients questioned said they would recommend the ward to family and friends

Ward 8:

The staffing fill rates for day duty in August were impacted by high levels of long term sickness in addition to three vacancies. Care staff provided cover to ensure safe patient care was maintained during this time. One vacancy has now been filled and two nurses have returned from sick leave so fill rates will be expected to have improved when the September data is analysed. Harm free care was 90% in August: two acquired (old) pressure ulcers and one low harm related fall were recorded.

Ward 10:

Registered nurse fill rates for Ward 10 were reduced on day duty due to long term sickness, maternity leave and approved absence for personal reasons. Registered nurse cover for night duty was prioritised to ensure patient safety was maintained as patients were very dependent. Registered nurse numbers were supplemented by bank nurses and staff working additional hours whenever possible; care staff numbers were optimal during this period. Harm free care was 97% in August, with one new episode of venous thrombosis being recorded.

Ward 22:

The fill rates for care staff on night duty in August was reduced due to the number of staff on annual leave, with an extra challenge due to short term sickness. The Nurse Bank was asked to identify care staff who wish to train for maternity services and two staff have now been identified which will help in future. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety. In times of staffing shortages Delivery Suite and Ward 22 work together to cross cover shortfalls. Harm free care was 100% in August with no patient harms recorded.

Primrose Ward 20:

In August the demand for nurses on eRoster was increased to reflect safe staffing levels however it was not possible to meet these new levels on ever shift in August. Contractual issues involving a member of staff who recently joined the ward have meant that registered nurse fill rates on night duty were much higher than planned. These issues have been worked through for the September roster. Harm free care was 75% in August with 3 acquired (old) and 1 developed (new) pressure ulcers recorded. The Root Cause Analysis approach to pressure ulcer investigations will determine the course of action to be taken, with the aim of reducing the likelihood of future skin damage among patients

Elmville Ward:

Three members of registered nursing staff were on a combination of long term and short term sick leave during August reducing the recorded fill rates for Elmville Short Break service to 80%. The Clinical Operational Manager and the Clinical Lead provided qualified cover which supplemented registered nurse fill rates on day duty. This was not entered onto the e roster as neither receive payment for covering the service and eRoster is linked to the electronic staff record (ESR). With this extra cover taken into consideration the service had a fill rate of 90% registered nurses during the August period.

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 impacted by ongoing problems with setting up eRoster. The problem is caused by the combination of shifts that staff work leading to a significant requirement for manual adjustment.

Ongoing work with the eRoster team will resolve this. Taking this into account there is also one registered nurse on maternity leave and one Band 5 vacancy which has been recruited to with a planned start date. Harm free care was 90% in August with 1 acquired (old) pressure ulcer recorded.

3.0 QUALITY OF DATA SUBMISSION

In August two managers have highlighted problems with accurately reflecting safe staffing levels on the eRoster template. These are being addressed in each area directly with the eRoster team and reflects the stage we are at in embedding eRoster into our management processes to achieve the full potential that eRoster can provide in terms of transparency of staffing levels. Although general compliance with the systems and processes required to accurately collect the data has improved there are still 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 safe care and positive patient experience. This work is supported by the Divisional Directors and the Deputy Director of Nursing.

4.0 IMPACT OF STAFFING

During the data collection period from August 1st to August 31st our safety thermometer data tells us that 94% of patients did not experience any of the four harms whilst an inpatient in our hospital. 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 has utilised the Safer Nursing Care Tool² (SNCT) to underpin our second staffing establishment review in September 2014. This methodology is different from that used in the Trust 2013 staffing review which was based on bed numbers.

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 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.

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

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

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 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.

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.

Recommendation

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

Louise Burn
Deputy Director of Nursing and Patient Safety
October 2015

Appendix A: Staffing Information August 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	72.1%	119.4%	91.8%	151.5%
STDH	DELIVERY SUITE	88.4%	83.8%	98.3%	79.0%
STDH	EAU	76.5%	146.8%	98.9%	105.0%
Monkton	ELMVILLE	79.7%	108.1%	84.2%	123.1%
STDH	ITU / HDU	78.0%	-	100.0%	-
Primrose Hill Hospital	PRIMROSE WARD	75.8%	87.3%	141.9%	74.2%
STDH	SPECIAL CARE BABY UNIT	95.2%	62.7%	99.2%	35.5%
ST BENEDICT'S HOSPICE	ST BENEDICTS	74.9%	76.3%	100.0%	100.0%
STDH	WARD 1	88.3%	104.6%	93.6%	100.0%
STDH	WARD 10	73.5%	107.3%	98.4%	111.3%
STDH	WARD 19	80.2%	99.5%	100.0%	130.6%
STDH	WARD 2	82.4%	105.2%	100.0%	112.8%
STDH	WARD 22	87.9%	74.5%	97.0%	90.3%
STDH	WARD 3	78.2%	97.7%	97.7%	95.7%
STDH	WARD 5	85.9%	105.7%	100.0%	106.5%
STDH	WARD 6	78.1%	128.4%	101.6%	104.8%
STDH	WARD 7	76.9%	147.3%	101.2%	106.8%
STDH	WARD 9	97.5%	95.5%	95.3%	151.9%