

Title	Open and Honest Care May 2015: Staffing Levels and Safety, Quality, Experience indicators across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	28 th July 2015
Executive Summary	
<p>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 May 2015 and a phased approach to triangulating this information with a range of safety, quality and experience indicators through the development of a new dashboard that will be reported to Board from September 2015.</p> <p>The staffing data for the period 1st May to 31st May 2015 was uploaded via UNIFY in a template provided by NHS England on 10th June 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 August 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 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.</p> <p>Nurse staffing fill rate analysis for May 2015 has indicated that the majority of wards were staffed according to their established demand. Four wards were however lower than established - Special Care Baby Unit, Ward 8 Stroke Unit, St Benedict's Hospice and Primrose Ward 20. Reasons for this have been indicated along with any mitigating actions to ensure patient safety and service quality was maintained and a wider analysis undertaken to triangulate staffing with other safety, quality and experience indicators.</p>	
Recommendation	
<p>The Board of Directors are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during May 2015 and consider areas of exception with regard to staffing shortfalls and other safety, quality, experience indicators, 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 BOARD OF DIRECTORS 28th JULY 2015

Open and Honest Care - Staffing Levels – Safety, Quality, Experience indicators.

1. BACKGROUND

Each month a Board staffing report will be produced which will, by exception, advise on areas where staffing capacity and capability differs from what is planned, the reasons for this, and any impact on quality of care. Work undertaken to address any mitigating actions identified will be reported to the Board and a report published on the Trust web-site.

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. 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%. It is anticipated that this will form the basis of the proposed rating format.

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 MAY 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	89.5%	93.2%	98.6%	103.7%
STDH	89.8%	93.8%	98.8%	103.1%
Monkton Hospital	121.5%	104.6%	87.1%	126.1%
St Benedict's Hospice	77.5%	72.3%	101.8%	96.8%

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

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

The context for this information is very important. Interpretation of staffing fill rates must 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 disproportionately affect the fill rate.

2. TRUST STAFFING FILL RATE FOR MAY 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	Acute Stroke Unit	96.8%	78.2%	95.1%	95.1%
STDH	SCBU	74.2%	56.8%	88.7%	74.2%
STDH	Primrose Ward 20	94.4%	69.0%	91.9%	96.8%
St Benedict's	Inpatient ward	77.5%	72.3%	101.8%	96.8%

2.1 CONTEXT AND MITIGATING ACTIONS

Special Care Baby Unit (SCBU) is a small unit with six cots and a small team of nursing staff. Fill rates are disproportionately affected by staff absence. The system to allow staff to take unpaid breaks has led to changes in the planned levels of staff because the numbers required have increased as a result of this change. The current establishment in SCBU is being managed to meet these changes with ongoing support from paediatric nurses and some joint cover being provided. The unit is being closely monitored and it is important to note that whilst registered nurses on day duty appear to be reduced in May the

actual number of nurses on shift has increased. Of note is the fact that bed occupancy was 51% in the month with the average number of cots occupied being 4. Every shift in May included a qualified neonatal nurse and there were no occasions when the unit was closed to admission. The sickness absence rate among nursing staff was 6% during May and there were 15 red flag occurrences during the month. The NHS England and NICE definition of a staffing red flag is 'an event that prompts an immediate response by the registered nurse in charge of the ward'. When there is a shortfall of 25% of registered nurse time available in a shift compared with the actual requirement, or less than two registered nurses present on a ward during any shift, a red flag occurrence is reported. This is escalated to the Clinical Operations Manager or Clinical Site Manager and the response may include allocating additional nursing staff to the ward or other appropriate responses.

The Open and Honest Care programme currently does not include SCBU. This is due to the fact that the Open and Honest Care programme has a trigger system for review based on clinical incidents such as falls and pressure ulcers, which are unlikely to occur in this unit. We are considering how best to evaluate family and staff experience going forward. Similarly SCBU is not part of the monthly Safety Thermometer programme as the four harms reported are unlikely to be present in a Special Care Baby Unit. In developing the Safety Quality Experience (SQE) Dashboard one of our areas of work is to develop more appropriate indicators for this service.

Primrose Ward 20: During May, Primrose Ward was still operating with additional beds (maximum 29 beds) that were being utilised as part of the winter contingency plan. Staffing demand levels had been adjusted to reflect a maximum of 29 patients, however during May the number of occupied beds was often less than 29 as the ward was in transition back to the normal of 16 beds. Therefore not all of the care staff shifts were filled – thus the 69% fill rate on day duty. Primrose has reverted to normal bed numbers in June and so the staffing fill rates are expected to adjust to the normal establishment.

During May sickness absence was 14% in Primrose and there were 24 red flag occurrences during the month, when the registered nursing complement was below the agreed establishment. It is noteworthy that all safety, quality and experience indicators were within the expected range during May and completed Friends and Family returns demonstrated 100% satisfaction..

Acute Stroke Unit: There was an increased level of sickness amongst care staff on day duty during May and it was not always possible to fill these shifts with bank staff; the number of registered nurses however remained at normal levels for all shifts. The care staff have now returned to work and so this figure should improve in June.

During May overall sickness absence was 4% in the Stroke Unit and there were 22 red flag occurrences when the registered nursing complement was below the agreed establishment. The ward was within the expected range for harm free care and rated 100% satisfaction from 30 Friends and Family Test

returns, in addition to also being 100% satisfaction from 5 real time patient experience interviews.

St Benedicts: There is one registered nurse post awaiting the candidate to start and one full-time member of staff on maternity leave affecting the registered nurse fill rates on day duty. Staff are working extra hours to maintain safe levels of staffing at all times. High levels of sickness and a vacancy have reduced the fill rates on day duty for care staff. A new member of care staff will begin duty in early July and in the meantime bank staff are being utilised alongside care staff working additional hours.

The hospice was a harm free care outlier during May, with 83% harm free recorded (overall the Trust reported 94%). The new harms that were identified were pressure ulcers and a review and lessons learned approach is in place for each of these. On a positive note there were no falls or urinary tract infections, and 100% of patients received a venous thromboembolism assessment, with 0% new VTE. Friends and Family Test satisfaction was 75% from eight inpatient responses.

5.0 SAFETY, QUALITY AND EXPERIENCE DASHBOARD

The development of a comprehensive dashboard of safety, quality and experience (SQE) indicators to be reported to the Board is being developed. The Board has reviewed and commented on a first draft at its last meeting.

The Trust approach to providing assurance with regard to patient safety has been evolved through including safe staffing indicators alongside other measures of safety, quality and experience and therefore determining areas of exception across a range of criteria rather than by staffing alone. The Quality Experience and Safety Trigger Tool (QuESTT) is used to create a total score across a range of indicators and a RAG rating. Work is underway with Operational Managers and Divisional Directors to create an appropriate escalation process and assurance plan for areas with a red rating and through ensuring consistency and dependability in the QuESTT ratings. It is intended to present the SQE Dashboard at the September Choose Safer Care Committee meeting, with subsequent reports to Executive Board and Board of Directors later that month.

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 access¹.

We have utilised the Safer Nursing Care Tool² (SNCT) to underpin a hospital inpatient staffing establishment review in September 2014. This methodology is different from that used in the Trust 2013 staffing review which was based

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

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.

The analysis from data collected on every patient in South Tyneside District General and Primrose Hospitals, along with St Benedict's Hospice during September 2014, indicated variation in registered nurse numbers across three shifts, and disparity in patient acuity and dependency compared with budgeted and actual establishments across wards.

The SNCT analysis was repeated during March 2015 and will be reported to the Executive Board and Board of Directors in September 2015. Initial analysis indicates the results from March 2015 is consistent with the findings of September 2014 and demonstrates the reliability of the SNCT and its application in hospital inpatient settings.

In future it is now also recommended by NHS England that the Care to Contact Guide⁴ is used to check nurse to 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. Our intention is to test this methodology in two wards before spreading this across the hospital as part of the triangulation of information to inform safe staffing. Further work on the supervisory time of Ward Managers and Clinical Sisters, as well as the % head room allocated to inform ward staffing establishments is also under review to reflect changing demands on the frontline, such as revalidation.

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, 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.

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

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July 2015

Appendix A: Staffing Information May 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	96.8%	78.2%	95.1%	95.1%
STDH	DELIVERY SUITE	96.9%	91.2%	102.6%	100.0%
STDH	EAU	86.8%	125.1%	100.0%	99.8%
Monkton	ELMVILLE	121.5%	104.6%	87.1%	126.1%
STDH	ITU / HDU	89.5%	N/A	98.7%	#DIV/0!
Primrose Hill Hospital	PRIMROSE WARD	94.4%	69.0%	91.9%	96.8%
STDH	SPECIAL CARE BABY UNIT	74.2%	56.8%	88.7%	74.2%
ST BENEDICT'S HOSPICE	ST BENEDICTS	77.5%	72.3%	101.8%	96.8%
STDH	WARD 1	92.0%	113.6%	100.0%	98.4%
STDH	WARD 10	83.9%	80.9%	100.0%	115.9%
STDH	WARD 19	94.6%	85.3%	103.2%	108.1%
STDH	WARD 2	86.2%	107.8%	100.0%	132.7%
STDH	WARD 22	105.6%	84.0%	93.5%	93.5%
STDH	WARD 3	85.8%	93.3%	98.5%	100.0%
STDH	WARD 5	90.1%	89.4%	98.4%	100.3%
STDH	WARD 6	80.5%	114.3%	104.8%	96.8%
STDH	WARD 7	93.0%	128.0%	102.2%	107.4%
STDH	WARD 9	96.2%	83.7%	98.4%	112.9%