

Title	Open and Honest Care March 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	21 st May 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 March 2015.</p> <p>The staffing data for the period 1st March to 31st March 2015 was uploaded via UNIFY in a template provided by NHS England on 15th April 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 May 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>NHS England, in a letter to CEOs and Directors of Nursing in February, described the outstanding requirement to publish a composite safe staffing indicator which will provide an overall RAG rating for Trusts. The indicator will initially be taken from the following information</p> <ul style="list-style-type: none"> • Staff sickness rates taken from ESR. • The proportion of mandatory training completed, taken from national staff survey measure. • Completion of Performance Development Review in the last 12 months, taken from national staff survey measure. • Staff views on staffing taken from the national staff survey measure . • Patient’s views on staffing, taken from the national staff survey measure. <p>The composite performance rating will be developed from data collected in Febuary 2015 with an expectation that data and performance will be published on my NHS - NHS choices by mid 2015.</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 March 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 BOARD OF DIRECTORS 21st May MAY 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 is the eleventh exception report which 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 MARCH 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	87.9%	87.5%	100%	105.3%
STDH	87.3%	103.1%	99.7%	115.9%
Monkton Hospital	109.7%	89.7%	100.2%	100.0%
St Benedict's Hospice	66.8%	69.7%	100.1%	100.1%

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 MARCH 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	Stroke unit	81.5%	112.7%	88.7%	191.6%
STDH	SCBU	76.7%	680%	115.5%	87.1%
STDH	Ward 10	82.7%	78.5%	98.7%	117.3%
STDH	Ward 2	76.5%	125.9%	114.5%	167.6%
STDH	Ward 3	78.6%	91.5%	94.0%	99.8%
STDH	Ward 9	98.2%	89.3%	87.3%	154.8%
STDH	Primrose Ward	99.8%	79.3%	101.6%	91.6%
St Benedict's	Inpatient ward	66.8%	69.7%	100.1%	100.1%

2.1 MITIGATING ACTIONS

AcuteStroke Unit: Due to the requirement to provide 1-1 support for a patient with a high level of needs, there have been additional care staff on duty both

day and night. The patient's condition has now changed and there is no longer a need to provide this level of care so staffing levels will revert to normal. There was one category 2 pressure ulcer reported in March. Patient feedback on standards of care remains very positive with 100% of patients interviewed saying they would recommend the ward to family or friends.

Special Care Baby Unit: SCBU has a small team of nursing staff therefore fill rates are disproportionately affected by staff absence and also when staff work extra hours. Sickness and maternity leave among registered nurses reduced fill rates on day duty in March. Care staff don't usually provide cover on day duty except for specific clinic sessions. In March care staff were allocated to day duty providing 87 hours of care; as this team is small and all the hours for care staff are unplanned an increase in care staff fill rate of 680% was recorded. Only 45.5% of the available cots were occupied in March and each shift was supervised by a fully qualified neonatal nurse. A new staffing structure is being implemented in April 2015 increasing the level of registered nurse cover.

Primrose Ward: There have been a number of vacant care staff shifts during the day in March but the ward has been operating with a number of empty beds and so this was felt to be manageable as the number of registered nurses on duty was optimal. There was one category 2 pressure ulcer recorded on Primrose ward in March. Patient feedback comments were excellent with 100% of patients saying they would recommend the ward to family and friends.

Ward 2: There have been a number of staffing changes on Ward 2 that have led to a temporary reduction in the level of registered nurses; active recruitment is underway to address these issues as quickly as possible although this is proving to be challenging. Temporary cover is being provided for some of these shifts by registered nurses from other Care of the Older Person wards/teams and the remaining gaps are being covered with additional care staff. This is reflected in the fill rates. Two new Band 6 nurses will commence duty in May: they will remain supernumery throughout May for a period of induction. The Band 7 post will now be recruited to as soon as possible with interim cover provided by a new Clinical Operational Manager. A support and development plan for Ward 2 is currently in place and has the oversight of the Executive Nurse led Safer Care Panel that meets monthly and reports to a sub-committee of the Board of Directors. There were no patient harms reported on Ward 2 in March.

Ward 10: Thorough investigation of care staff fill rates on Ward 10 has uncovered a number of anomalies between the budget, the numbers planned for and the actual numbers of staff on duty. The planned staffing levels are being reviewed by the Clinical Operational Manager and Ward Manager and with the eRoster supplier "Allocate" are looking at some potential system errors. There was one category 2 pressure ulcer on Ward 10 in March. Patient feedback remains broadly positive with 94% of patients interviewed saying they would recommend the ward to family or friends

Ward 3: Fill rates for registered nurses on days was 78.6% in February due to maternity leave, long term sickness and two vacancies which are being actively recruited to. At no time in March were there less than 3 qualified nurses on duty during the day. There were no patient harms reported on Ward 3 in March.

Ward 9: Long and short term sickness has impacted on the registered nurse fill rates on night duty. This situation has been managed by increasing the care staff hours on night duty both to support the registered nurses and to provide extra 1:1 care for patients who have had exceptional care needs during this time. There were no patient harms reported on Ward 9 in March.

St Benedicts: There is ongoing work between the Clinical Operational Manager and the eRoster team to ensure that the planned hours set in the eRoster system are accurate and meet the needs of patients safely. This work was expected to be concluded in March and is expected to be reflected in the April fill rates. Staff recruitment has led to one part-time Band 6 commencing in March for a period of Trust and local induction. This nurse will be included in the staff numbers from April. There is still one vacancy outstanding which is out to advert for a second time. There were no patient harms recorded at St Benedict's in March.

Winter escalation: staffing fill rates on all wards at night and at weekends have been reduced at times by the need to staff contingency beds to meet winter capacity pressures. Great care is taken by the management team to ensure that individual wards and teams are supported during times of increased pressure. Nurse staffing 'red flag' monitoring has been introduced in February to highlight any occasions when a ward is reduced to one registered nurse or a reduction by 25% or more of its registered nursing establishment. This red flag reporting system is slowly being embedded across the acute bed base however and at the moment reporting is inconsistent and therefore unreliable. Further work will be undertaken with Ward Managers and Clinical Operational Managers to reinforce the importance of this alerting system over the coming weeks.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its eleventh month. Compliance with the systems and processes required to accurately collect the data has improved. The eRostering team is working with Clinical Operational Managers to ensure that effective rosters are created for each ward to provide one means of assuring safe care and positive patient experience. This work is supported by the Divisional Directors and the Deputy Director of Nursing.

5.0 IMPACT OF STAFFING

During the data collection period from March 1st to March 31st our safety thermometer data tells us that 94% 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 access¹. The Executive Director of Nursing, Allied Health Professionals and Patient Safety has utilised the Safer Care Nursing Tool² (SCNT) 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 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 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 SCNT analysis was repeated during March 2015 and will be reported to the Executive Board and Board of Directors in June 2015.

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. 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.

7.0 CONCLUSION

This is the eleventh of the monthly 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.

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

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
April 2015

Appendix A: Staffing Information March 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	81.5%	112.7%	88.7%	191.6%
STDH	DELIVERY SUITE	93.3%	91.3%	100.0%	96.8%
STDH	EAU	95.5%	128.3%	100.6%	99.8%
Monkton	ELMVILLE	109.7%	89.7%	100.2%	100.0%
STDH	ITU / HDU	86.5%		99.4%	
Primrose Hill Hospital	PRIMROSE WARD	99.8%	79.3%	101.6%	91.6%
STDH	SPECIAL CARE BABY UNIT	76.7%	680.0%	115.5%	87.1%
ST BENEDICT'S HOSPICE	ST BENEDICTS	66.8%	69.7%	100.1%	100.1%
STDH	WARD 1	94.0%	98.6%	103.1%	103.3%
STDH	WARD 10	82.7%	78.5%	98.7%	117.3%
STDH	WARD 19	86.7%	85.7%	100.0%	100.0%
STDH	WARD 2	76.5%	125.9%	114.5%	167.6%
STDH	WARD 22	94.2%	84.6%	99.2%	100.3%
STDH	WARD 3	78.6%	91.5%	94.0%	99.8%
STDH	WARD 5	86.8%	100.3%	100.0%	107.9%
STDH	WARD 6	89.9%	103.6%	101.6%	95.2%
STDH	WARD 7	88.6%	145.1%	100.3%	143.2%
STDH	WARD 9	98.2%	89.3%	87.3%	154.8%