

<b>Title</b>	Open and Honest Care January 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
<b>Meeting</b>	Executive Board
<b>Date</b>	23 <sup>rd</sup> February 2015
<b>Executive Summary</b>	
<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 January 2015.</p> <p>The staffing data for the period 1<sup>st</sup> January to 31<sup>st</sup> January was uploaded via UNIFY in a template provided by NHS England on February 16<sup>th</sup> 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 March 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>Since publication of staffing data commenced there has been no clear guide as to how the data with regard to staffing fill rates will be graded. Early feedback from NHS England suggested that staffing fill rates of less than 80% or greater than 150% would be regarded as below expected levels and areas with fill rate below 90% or above 125% will be regarded as “ok”. Fill rates of above 90% or below 125% would be regarded as within the expected range; there has been no recent guidance issued. These criteria have therefore continued to be applied to the Trusts data for December with regard to identifying exceptions in order to give consistency.</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>	
<b>Recommendation</b>	
<p>The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during January 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>	
<b>Report Author</b>	Louise Burn, Deputy Director of Nursing and Patient Safety
<b>Executive Director/ Sponsor</b>	Dr Bob Brown, Executive Director of Nursing, Allied Health Professions and Patient Safety.

<b>Purpose of paper</b>	<b>Information</b>	√	<b>Discussion</b>	√
	<b>Decision</b>	√	<b>Assurance</b>	√
	<b>Specific action</b>	√		
<b>Implications</b>	<b>Staffing</b>		√	
	<b>Finance</b>		√	
	<b>Legal</b>		√	
	<b>Public engagement</b>		√	
	<b>Partnership</b>			
	<b>Communication</b>		√	
	<b>Equality &amp; Diversity</b>		√	
	<b>Clinical</b>		√	
	<b>Patient Safety</b>		√	
<b>Risk assessment and mitigation (include risk register reference if appropriate)</b>				
<b>Link to STFT Business Plan</b>	Patient Safety, Patient experience, Safe Staffing			
<b>Link to CQC outcome</b>	All			
<b>Link to Board Assurance Framework</b>	Workforce requirements			
<b>Link to Strategic Risk Register</b>	Clinical Staffing			

## **SOUTH TYNESIDE NHS FOUNDATION TRUST**

### **REPORT TO EXECUTIVE BOARD 23<sup>rd</sup> February 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 ninth 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.

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. These codes will be applied to staffing fill rates at some point in the future when the relevant ranges have been decided. 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.

In an attempt to provide a consistent approach regarding the data the same methodology has been applied to identify areas of exception. Mitigating actions are detailed for areas with staffing fill rates of below 80% or above 150%. Where process issues have been identified as a probable cause these have been commented upon in section 3.

## 2. TRUST STAFFING FILL RATE FOR JANUARY 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
<b>Overall Trust Summary</b>	<b>85.7%</b>	<b>95.6%</b>	<b>94.3%</b>	<b>109.5%</b>
STDH	86.4%	97.6%	93.2%	111.3%
Monkton Hospital	107.0%	109.5%	91.5%	106.8%
Primrose Hill Hospital	72.7%	76.6%	125.8%	80.6%
St Benedict's Hospice	76.8%	71.2%	100%	100%

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

- Primrose ward – 16 beds
- Monkton Hall - Elmsville 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.

## 3. TRUST STAFFING FILL RATE FOR JANUARY 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	Wd 19	100%	79.0%	101.6%	101.9%
STDH	Wd 2	61.6 %	103.1%	95.2%	138.5%
STDH	Wd 7	78.2%	136.3%	59.2%	157.8%
STDH	Wd 9	94.8%	84.3%	61.5%	142.9%
STDH	Wd 22	102.4%	77.8%	100.5%	100%
Primrose Hill Hospital	Ward	72.7%	76.6%	125.8%	80.6%
St Benedict's	Ward	76.8%	71.2%	100%	100%

### 3.1 MITIGATING ACTIONS

**Ward 19:** Care staff fill rates on day duty fell just below 80% in January, although the number of registered nurses on day duty remained at 100%. This reduced level of cover during the day is due to the ward having a number of vacancies. Some of these posts have been filled in January, with another new starter planned in March. Safety thermometer data confirms 90% harmfree care in January with two patients recorded as having old pressure ulcers and one patient with a catheter associated urinary tract infection.

**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. This has been further exacerbated by increased levels of sickness absence. The fill rates among registered nurses on day duty have been supplemented by extra management support and senior nurses from the patient safety team working alongside the ward team. This is not accounted for in the fill rates. Three registered nurse posts have been appointed to in January and the majority of nurses have now returned from sick leave. 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. Safety thermometer information confirms the delivery of 87% harmfree care in January as four patients had old pressure ulcers recorded.

**Ward 7:** There has been long term sickness of registered nurses on the ward during recent months which has impacted the fill rates on day and night duty. This situation has been managed by increasing the care staff hours on day and night duty to support safe care delivery during this time. Safety thermometer information confirms the delivery of 95% harm free care in January with one new and one old pressure ulcer recorded.

**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. Safety thermometer information confirms the delivery of 100% harmfree care in January.

**Ward 22:** Vacancies and staff sickness led to a care staff fill rate of 78.8% on day duty in January; the registered midwife fill rate on day duty was greater than 100% ensuring the appropriate compliment of staff. The midwifery teams cross cover their ante-natal, labour and post-natal wards in response to changing occupancy.

**Primrose Hill Hospital Ward(PHH):** There has been increased levels of sickness absence during January among both registered nurses and care staff. There are also a number of current vacancies. The bed occupancy of the ward was low for most of the month enabling the clinical team to provide appropriate quality care to their patients. Safety thermometer data for January reports 87% harmfree care as one patient had an old pressure ulcer recorded.

**St Benedict's Hospice Ward:** Registered nurse and care staff fill rates on daytime shifts have been reduced due to maternity leave for two staff. There are two Band 6 vacancies, one of which has been recruited to and has commenced post in January with another commencing duty in March. Patient safety has been maintained by staff working extra hours and nurses bank shifts. Safety thermometer data confirms 75% harmfree care in January as two patients developed new pressure ulcers and one patient had an old pressure ulcer recorded. The monthly meeting of the Safer Care Panel will further assess the staffing numbers and skill mix in St Benedict's and consider the potential for increasing direct support.

**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 on Ward 4 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. Agency nurses have been employed until the end of March to provide ongoing support. 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. A red flag analysis will be included in this paper from March 2015.

#### **4.0 QUALITY OF DATA SUBMISSION**

This staffing dataset is now in its ninth month. Compliance with the systems and processes required to accurately collect the data is improving and there are now only 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 and is expected to reduce the variation in ward and team rosters over the coming months.

#### **5.0 IMPACT OF STAFFING**

During the data collection period from January 1<sup>st</sup> to January 31<sup>st</sup> our safety thermometer data tells us that 93% 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**

A comprehensive review of the nurse establishment levels for the acute bed base was carried out in 2013<sup>1</sup> with a consequential plan for the further investment of £1.8m in nurse staffing, which was implemented throughout 2013/14 and 2014/2015.

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<sup>1</sup> Review of Nurse Staffing in Acute Bed Based Services BoD July 2013

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 access<sup>2</sup>.

The Executive Director of Nursing, Allied Health Professionals and Patient Safety has utilised the Safer Care Nursing Tool<sup>3</sup> (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 Areas<sup>4</sup>.

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, indicates variation in registered nurse numbers across three shifts, and disparity in patient acuity and dependency compared with budgeted and actual establishments across wards.

Further consideration and workforce planning is required regarding the number of registered nurses per shift in our hospital wards to meet changing acuity/dependency and demand. The SCNT analysis will be repeated in March 2015 and reported to the Executive Board and Board of Directors in April 2015.

## **7.0 CONCLUSION**

This is the ninth 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.

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  
February 17th 2015

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<sup>2</sup> 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

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

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

**Appendix A: Staffing Information January 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	105.5%	90.4%	88.6%	165.3%
STDH	DELIVERY SUITE	89.1%	84.0%	102.4%	87.1%
STDH	EAU	92.1%	127.9%	98.9%	100.0%
Monkton	ELMVILLE	107.0%	109.5%	91.5%	106.8%
STDH	ITU / HDU	84.0%	N/A	98.2%	N/A
Primrose Hill Hospital	PRIMROSE WARD	72.7%	76.6%	125.8%	80.6%
STDH	SPECIAL CARE BABY UNIT	82.0%	N/A	120.8%	81.6%
ST BENEDICT'S HOSPICE	ST BENEDICTS	76.8%	71.2%	100.0%	100.0%
STDH	WARD 1	90.4%	95.7%	86.5%	100.0%
STDH	WARD 10	82.5%	86.1%	101.6%	115.6%
STDH	WARD 19	100.0%	79.0%	101.6%	101.9%
STDH	WARD 2	61.6%%	103.1%	95.2%	138.5%
STDH	WARD 22	102.4%	77.8%	100.5%	100.0%
STDH	WARD 3	85.5%	92.5%	88.7%	107.1%
STDH	WARD 5	80.5%	96.3%	95.2%	100.5%
STDH	WARD 6	85.7%	107.7%	93.5%	101.8%
STDH	WARD 7	78.2%	136.3%	59.2%	157.8%
STDH	WARD 9	94.8%	84.3%	61.5%	142.9%