

Title	Open and Honest Care February 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	20 th April 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 February 2015.</p> <p>The staffing data for the period 1st February to 28th February was uploaded via UNIFY in a template provided by NHS England on March 17th 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 this month 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 is available for the public.</p> <p>NHS England, in a letter to CEOs and Directors of Nursing in February 2015, describe the outstanding intention to publish a safe staffing indicator which will provide an overall RAG rating for Trusts. The indicator will be a composite initially 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 Appraisal 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 February 2015 with an expectation that data and performance will be published on NHS choices in Spring 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 February 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 20th April 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 tenth 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.

NHS England, in a letter to CEOs and Directors of Nursing in February, describe the outstanding requirement to publish a safe staffing indicator which will provide an overall RAG rating for Trusts. The indicator will be a composite initially taken from the following information:

- Staff sickness rates taken from ESR

- The proportion of mandatory training completed, taken from national staff survey measure.
- Completion of Appraisal Review in the last 12 months, taken from national staff survey measure.
- Staff views on staffing taken from, taken from the national staff survey measure .
- Patient's views on staffing, taken from the national staff survey measure.

The composite performance rating will be developed from data collected in February 2015 with an expectation that data and performance will be published on "My NHS-NHS Choices" in Spring 2015.

TRUST STAFFING FILL RATE FOR FEBRUARY 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	88.3%	95.3%	97.1%	105.8%
STDH	89.3%	96.5%	96.8%	106.4%
Monkton Hospital	100.3%	92.3%	100.9%	97.5%
St Benedict's Hospice	70.2%	78.1%	100.2%	100.0%

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

- Primrose Hospital ward – 16 beds
- 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.

Primrose Hospital ward was moved temporarily from Primrose Hospital to STDH site in February in order to provide increased bed capacity to facilitate winter pressures. The new provision is for 29 beds at STDH known as Primrose Ward 20.

2. TRUST STAFFING FILL RATE FOR FEBRUARY 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. These figures have been revised since the Unify submission as some staff movement had not been captured in the original figures and validation was not complete by the submission date.

Hospital	Ward	Day		Night	
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate
STDH	Acute Stroke Unit	130.0%	77.6%	91.1%	125.5%
STDH	SCBU	75.7%	N/A	142.0%	78.3%
STDH	Ward 10	78.8%	85.2%	101.8%	102.2%
STDH	Ward 2	74.5%	113.8%	100.0%	144.6%
STDH	Ward 5	73.7%	96.9%	91.1%	98.4%
STDH	Ward 6	72.2%	127.2%	100.0%	96.4%
STDH	Ward 7	85.7%	128.7%	79.3%	160.8%
STDH	Ward 9	94.1%	84.5%	78.8%	144.6%
STDH	Primrose Ward	108.3%	72.3%	92.0%	93.3%
St Benedict's	Inpatient ward	70.2%	78.1%	100.2%	100.0%

2.1 MITIGATING ACTIONS

Acute Stroke Unit: Care staff fill rates on day duty fell just below 80% in February, although this was balanced by the number of registered nurses on day duty being at 130%. On night duty the number of care staff is above the planned number at 125.5%. There is a plan in place to review the skill mix of staff allocated over a 24 hour period to address the current situation. There were no patient harms recorded in February, Friends and Family Test response rate was 100% and the vast majority of comments received were very positive.

Special Care Baby Unit: SCBU has a small team of nursing staff therefore fill rate are disproportionately affected by staff absence. Sickness and maternity leave among both registered nurses and care staff have reduced fill rates on both day and night duty in February. The staff from SCBU are always very flexible in changing shifts to provide the necessary cover required. Bed occupancy was 66.67% during February; average number of cots filled was 4 (capacity is 6 cots, plus stabilisation area). Extra nursing hours were also filled by Paediatric staff from Childrens Emergency Department when required ensuring care of babies remained safe at all times. One nurse will return from maternity leave in April and another nurse on long term sick returned to work on 9th March meaning that shifts can now be covered from within the allocated establishment.

Primrose Ward 20: Primrose ward was temporarily relocated from Primrose Hill Hospital in February to facilitate increasing the bed base at STDH to support winter pressures. Primrose ward at STDH has a potential capacity of 29 beds although was operating below this capacity during February. The low care staff fill rates on day duty were compensated by registered nurse fill rates of over 108% which was felt to be manageable when the under occupancy was also accounted for. The ward registered 84% harm free care in February's safety thermometer of which 4% were new harms. Friends and Family Test response rates were high and feedback comments were all positive.

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. The ward is supported by help from other wards and teams which is recorded in the fill rates. This situation has been further exacerbated by increased levels of sickness absence during the winter months. This peaked in January 2015 and reduced to 11% in February. 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 two falls with moderate harm on the ward in February and one category 2 pressure ulcer. In terms of patient experience 97% of patients interviewed would recommend the ward to a friend or relative. The Friends and Family Test response rate was 92% and comments received were largely positive, a number of which reflected attentive and caring staff, despite always being busy and managing an often complex environment of care.

Ward 10: Fill rates for registered nurses were reduced to 78.8% in February due to unplanned short term sickness. These were covered by increasing care staff numbers. There were two category 2 pressure ulcers reported during February. In terms of patient experience 100% of patients interviewed said they would recommend the ward to a friend or relative. Friends and Family Test response rate was 67% and nearly every comment received was complimentary towards staff and the environment of care. Three comments did however recommend there should be more nurses.

Ward 5 : Fill rates for registered nurses on days was 73.2% in February due to maternity leave and vacancies which are being actively recruited to. There was one category 3 pressure ulcer reported in February. In terms of patient experience 100% of patients interviewed said they would recommend the ward to a friend or relative. The Friends and Family Test response rate was 47% and feedback was mixed with some very positive comments balanced against some concerns about the number of nurses and the quality of the food.

Ward 6: Jury duty commitments, maternity leave and three vacant posts at Band 5 reduced the registered nurse fill rates on day duty on Ward 6 to 72.2%. There was one fall causing moderate harm during February. In terms of patient experience 100% of patients interviewed said they would recommend

the ward to a friend or relative. The Friends and Family Test response rate was a disappointing 32%, however every comment received was very positive towards the staff, the care they gave and the environment of care.

Ward 7: There has been long term sickness of registered nurses on the ward during recent months which has impacted the fill rates particularly on night duty; care staff numbers were increased to meet patient needs. A number of staff are currently returning to work on phased return. A newly qualified nurse is due to commence post in March and another in September 2015. There was one category 2 pressure ulcer reported in February. In terms of patient experience 86% of patients interviewed said they would recommend the ward to a friend or relative. The Friends and Family Test response rate was only 37%, however the comments received reflected a very positive experience of care.

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. One senior nurse has recently returned to her post from secondment which will improve the situation in March. There was one category 2 pressure ulcer reported in February. In terms of patient experience 100% of patients interviewed said they would recommend the ward to a friend or relative. The Friends and Family Test response rate was 47% and the vast majority of comments were very positive, with just a few referring to delay facilitating discharge and noise at night.

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 the patients safely. This work has now been concluded. There is active recruitment underway for a full time band 5 nurse and 32 hours for a band 6. There were no patient harms reported in February. The Friends and Family Test response rate was 42% and the small number of comments received was very positive.

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. 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 system was introduced in February to indicate situations in which any Ward is reduced to one registered nurse by 25% of their planned registered nurse establishment. This analysis will be reported in the monthly Safety, Quality, Experience Dashboard to Executive Board from May 2015.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its tenth month. Compliance with the systems and processes required to accurately collect the data has improved and there are now only a few outstanding anomalies which require further action. The data uploaded to Unify this month did have some agency nurse hours missing identified on validation by clinical operational managers. These hours have now been added to the fillrates in this report.

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.

5.0 IMPACT OF STAFFING

During the data collection period from February 1st to February 28th 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

A comprehensive review of the nurse establishment levels for the acute bed base was carried out in 2013¹ with a consequential plan for the further investment of £1.8m in nurse staffing, which was implemented throughout 2013/14 and 2014/2015.

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 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 Areas⁴.

The analysis from data collected on every patient in South Tyneside District General and Primrose Hospitals, along with St Benedict's Hospice during

¹ Review of Nurse Staffing in Acute Bed Based Services BoD July 2013

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

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.

The SCNT analysis has been repeated during March 2015 to provide further evidence and as a means of evaluating the reliability of the September 2014 findings and will be reported to the Executive Board and Board of Directors in May 2015.

In future it is now also recommended by NHS England that the Care Contact Guide⁵ is used to assess patient contact time using a consistent methodology and the impact reduced contact time 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. We are preparing to test the Care Contact Time methodology in several hospital areas this summer.

7.0 CONCLUSION

This is the tenth 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
March 24th 2015

⁵ Safer Staffing: A Guide to Care Contact Time. NHS England November 2014

Appendix A: Staffing Information February 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	130.0%	77.6%	91.1%	125.5%
STDH	DELIVERY SUITE	88.8%	88.3%	101.1%	100.0%
STDH	EAU	98.6%	127.3%	98.8%	100.0%
Monkton	ELMVILLE	100.3%	92.3%	100.9%	97.5%
STDH	ITU / HDU	93.0%	N/A	102.1%	N/A
Primrose Hill Hospital	PRIMROSE WARD	108.3%	72.3%	92.0%	93.3%
STDH	SPECIAL CARE BABY UNIT	75.7%	N/A	142.0%	78.3%
ST BENEDICT'S HOSPICE	ST BENEDICTS	70.2%	78.1%	100.2%	100.0%
STDH	WARD 1	92.7%	96.0%	98.2%	91.1%
STDH	WARD 10	78.8%	85.2%	101.8%	102.2%
STDH	WARD 19	96.8%	81.1%	96.4%	100.0%
STDH	WARD 2	74.5%	113.8%	100.0%	144.6%
STDH	WARD 22	105.9%	82.5%	98.2%	100.0%
STDH	WARD 3	86.2%	91.6%	87.7%	96.4%
STDH	WARD 5	73.7%	96.9%	91.1%	98.4%
STDH	WARD 6	72.2%	127.2%	100.0%	96.4%
STDH	WARD 7	85.7%	128.7%	79.3%	160.8%
STDH	WARD 9	94.1%	84.5%	78.8%	144.6%