

Title	Open and Honest Care October 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	21st December 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 October 2015.</p> <p>The staffing data for the period 1st October to 31st October 2015 was uploaded via UNIFY in a template provided by NHS England on 16th November 2015. This information was published in early December 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 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. The information provided will include this paper.</p> <p>The fill rate analysis for October indicates that eight areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict’s Inpatient Unit, Elmville Respite Unit, Wards 2, 6, 8, ITU 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.</p> <p>An initial analysis of the Safer Nursing Care Tool establishment review data for September 2015 shows a consistent picture of nurse staffing across the Trust through three consecutive audit cycles – September 2014, March 2015, and September 2015. Following further analysis a full report is also being presented to this Executive Board meeting.</p>	
Recommendation	
<p>The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during October 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
21st December 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 OCTOBER 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	85.8%	108.9%	98.2%	105.3%
STDH	86.1%	110.9%	99.5%	105.5%
Monkton Hospital	101.9%	115.7%	48.4%	106.7%
St Benedict's Hospice	79.1%	72.6%	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 OCTOBER 2015 BY WARD.

The fill rates for each of the wards are 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	88.2%	77.5%	100.1%	72.6%
STDH	Special Care Baby Unit	92.3%	55.2%	66.0%	74.2%
STDH	Ward 2	78.3%	140.6%	100.0%	100.0%
STDH	Ward 6	71.0%	178.3%	100.6%	122.0%
STDH	Ward 8 (ASU)	71.4%	108.2%	100.0%	158.1%
STDH	ITU/HDU	78.2%	N/A	100.0%	N/A
Monkton	Elmville	101.9%	115.7%	48.4%	106.7%
St. Benedict's Hospice	St Benedicts	79.1%	72.6%	100.1%	100.1%

2.1 MITIGATING ACTIONS

Delivery Suite: The fill rates for care staff on night duty in October were affected by a full complement of staff on annual leave, with an extra challenge due to a number of staff on long term sick leave and maternity leave. The sickness rate for delivery suite in October was 9.6%. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety.

Special Care Baby Unit: Staff sickness is an on-going issue in SCBU with one member of staff returning from long term sick leave and having a phased return in October while another full time qualified member of staff began long term sick leave and will be absent at least three months. Additional staff sickness on top of this accounted for a sickness /absence rate in October of 19.6%.

Support was given to the unit by staff from Paediatric A&E and the Children's Community Nursing Team and the staffing numbers and baby numbers were monitored on a daily basis to ensure patient safety.

Some of the duties were covered with one registered nurse and one member of care staff rather than two registered nurses but there was always a neonatal nurse on duty. There were also some occasions when the unit could not accept further admissions due to the need to maintain safe staffing levels. Bed occupancy was 68.28% during October. Staff in SCBU are fully aware of the escalation guidelines and implement these when necessary to ensure patient safety is maintained.

Ward 2: The annual leave for registered nurses on Ward 2 in October was up to 26% which breaches the 22% headroom built into the establishment. This was driven by the pre booked leave of a member of staff redeployed from another area and another member of staff returning from a period of long term sick leave with a full year's annual leave requirement to be met. There were 7 WTE vacancies for registered nurses in October and there is an on-going Trust recruitment campaign both nationally and internationally to help bridge this gap. Daytime Care staff hours were increased in October to ensure the ward remained safely staffed. Staff sickness was 5.3%.

Two patients developed new pressure ulcers on Ward 2 in October, one category 1 and 1 category 3, which generated an open and honest care report. Patients reported experiencing very good care and 92% of those asked said they would recommend the ward to a friend or relative.

Ward 6: Five WTE vacancies and long term sickness caused pressure on registered nurses on Ward 6 in October. Daytime Care staff hours were increased to ensure the ward remained safely staffed. Sickness levels were at 15.7%. Two patients developed new category 2 pressure ulcers on Ward 6 in October which generated an open and honest care report. Patients reported experiencing very good care and 100% of those asked said they would recommend the ward to a friend or relative.

Ward 8: Registered nurse staffing fill rates for day duty in October were adversely affected by two registered nurses on sick leave in addition to two WTE band 5 vacancies and one member of staff seconded to support another ward. Two registered nurses have recently been recruited to the ward (although one won't come into post until January) and another registered nurse is leaving in November. Recruitment to these posts is on-going through the monthly recruitment programme. Care staff cover was increased in October to ensure safe patient care was maintained during this time. Sickness on Ward 8 in October was 12.6%.

Ward 8 reported one patient with a new category 2 pressure ulcer in October which generated an open and honest care report. Patients reported experiencing very good care and 100% of those asked said they would recommend the ward to a friend or relative.

ITU/HDU: Registered nurse numbers on day duty in October were only reduced from the planned figures by one nurse on five occasions. The clinical operational manager is working with the eRoster team to change the demand to reflect the increased establishment since nurse investment money was allocated to the unit. Currently the extra staffing availability is being logged as optional shifts on eRoster which may be adversely affecting the fill rates. The Clinical Operational Manager believes the unit was safely staffed at all times.

Sickness on the unit was 3.7% in October. There were no new patient harms developed on ITU/HDU during October and therefore no open and honest care report is available.

Elmville Respite Unit: Two members of registered nursing staff were on long term sick leave during October which reduced the recorded fill rates among registered nurses on night duty for Elmville Short Break service to 48.4%. The Clinical Operational Manager and the clinical lead provided qualified cover which supplemented registered nurse fill rates on night duty and ensured safe staffing levels were maintained. This is now entered onto the eRoster but cannot be reflected in the fill rates as neither member of staff receives payment for covering the service: eRoster is linked to the electronic staff record (ESR) which feeds into payroll. This is an on-going problem when this type of cover is used to support staff sickness and in this situation registered nurse fill rates as reported do not reflect the actual cover on the unit.

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 negatively affected by on-going problems with setting up eRoster: these are still unresolved. The problem is caused by the number of different combination of shifts that part time staff work leading to a significant requirement for manual adjustment. Taking this into account there was also one registered nurse on maternity leave. There are no staff vacancies. St Benedicts ward reported one patient with a new category 2 pressure ulcer in October which generated an open and honest care report. Patients reported experiencing very good care and 100% of those asked said they would recommend the ward to a friend or relative.

4.0 QUALITY OF DATA SUBMISSION

The eRoster team are working with the Department of Health (DOH) and three pilot wards (EAU, ward 2 and ward 9) to drive change through participating in the Carter initiative using the NHS model of improvement¹. The aim of this work is to produce more efficient and effective nursing staff rosters as part of the national Nursing Workforce Efficiency Programme. As a result of this work it is expected that as a Trust we will see the following changes;

- Wards and teams creating safe and efficient rosters working consistently within the 22% establishment headroom allowance for sickness, annual leave and training.
- The demand templates for each ward are being rebased to reflect the budgeted nursing establishment. This change will not impinge on the ability of Ward Managers and Clinical Operational Managers to safely staff their wards but will make the exceptions to staffing demands transparent with a clear audit trail demonstrating the reason for variation from budget.

A separate but related piece of work will directly affect the accuracy of staffing fill rates. The DH are supporting the development of new staffing guidance for acute inpatient wards based on the number of nursing hours needed per

¹ Institute of Healthcare Improvement (IHI)1995

patient day (NHPPD). This measure tracks the total number of direct nursing care hours compared to the number of patients in the ward at different times during a shift. This new staffing currency is expected to provide a range of safe staffing margins by benchmarking specialities across the country such as trauma and orthopaedics, cardiology and respiratory medicine for example. The Trust is assisting the DOH to collect data as part of this work and as a result we have been given the safer nursing care module to add to our eRoster suite. Five wards have been collecting information using this module twice per day from 16th November and will be part of a national report on the usefulness of the NHPPD metric in guiding safe staffing.

Part of the information collected by ward staff, and uploaded to eRoster automatically, will be staff absence and any staff moves from one ward to another as well as a real-time calculation as to whether the nursing hours the ward can provide in terms of actual staffing can meet the needs of their current patients. Capturing this information in real-time will positively affect the accuracy of the fill rates we report. It is expected that access to the safer nursing care tool module will be rolled out to all wards over the winter period.

5.0 IMPACT OF STAFFING

During the data collection period from October 1st to October 31st our safety thermometer data tells us that 91% 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 access². The Executive Director of Nursing, Allied Health Professionals and Patient Safety has utilised the Safer Nursing Care Tool³ (SNCT) to underpin our third staffing establishment review in September 2015.

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 Areas⁴.

The Trust has now undertaken three audit cycles of the SNCT which show a consistent picture across ward areas with the exception of Primrose ward which demonstrates variation in keeping with the changing bed base according to whether contingency beds are open during the audit cycle period. The levels of care required by patients across the Trust remains broadly the same at each level of acuity/dependency and this is stable across

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

all three audit cycles. The consistency of the results over three audit cycles builds confidence in the reliability of the results from the SNCT methodology.

Initial analysis of the September 2015 data set indicates that wards 1, 2, 5, 10, 19 and Primrose are the areas with the greatest gap between the calculated acuity and dependency of their patients and the number of nurses available to meet their needs. This reflects the analysis of the data in the two previous audit cycles. Further analysis of the SNCT data from September is also being presented to the Executive Board at it's December 2015 meeting.

There are a significant number of vacancies for both registered and non-registered nurses across all our wards. These vacancies are being addressed by recruitment sessions on the last Friday of each month, when prospective nurses are 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 twenty eight registered nurses who will come into post over the coming months. This initiative is being supplemented by an international recruitment drive, the result of which sixteen Spanish nurses have been appointed. These nurses are expected to take up post in January 2016. Skype interviews are taking place in December for a cohort of nurses from India. These nurses, if successful, should come into post in about nine months time having met the stringent NMC requirements for non European nurses.

In order to safely manage the additional pressures of winter we are currently supplementing our substantive staff with registered and non-registered agency nurses. Decisions on the ability of the hospital site to safely staff any additional beds when necessary is judged on a daily basis with the oversight of the Chief Operating Officer and the Director of Nursing.

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, 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
December 2015

Appendix A: Staffing Information October 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	71.4%	108.2%	100.0%	158.1%
STDH	DELIVERY SUITE	88.2%	77.5%	100.1%	72.6%
STDH	EAU	97.0%	135.4%	95.7%	108.1%
Monkton	ELMVILLE	101.9%	115.7%	48.4%	106.7%
STDH	ITU / HDU	78.2%	#DIV/0!	100.0%	#DIV/0!
Primrose Hill Hospital	PRIMROSE WARD	83.8%	98.4%	161.0%	100.0%
STDH	SPECIAL CARE BABY UNIT	92.3%	55.2%	66.0%	74.2%
ST BENEDICT'S HOSPICE	ST BENEDICTS	79.1%	72.6%	100.1%	100.1%
STDH	WARD 1	89.1%	110.7%	100.0%	106.5%
STDH	WARD 10	85.5%	96.7%	100.4%	121.0%
STDH	WARD 19	96.9%	88.6%	100.0%	119.4%
STDH	WARD 2	78.3%	140.6%	100.0%	100.0%
STDH	WARD 22	103.1%	80.9%	103.2%	100.0%
STDH	WARD 3	85.4%	95.7%	98.7%	100.3%
STDH	WARD 5	84.6%	103.5%	100.0%	100.0%
STDH	WARD 6	71.0%	178.3%	100.6%	122.0%
STDH	WARD 7	93.6%	125.2%	100.2%	100.0%
STDH	WARD 9	97.4%	89.6%	98.4%	100.0%