Title	Open and Honest Care November 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	28th January 2016

Executive Summary

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 November 2015.

The staffing data for the period 1st November to 30th November 2015 was uploaded via UNIFY in a template provided by NHS England on 15th December 2015. This information was published in early January 2016 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.

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.

The fill rate analysis for November indicates that six areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict's Inpatient Unit, Elmville Respite Unit, Wards 2, 6, 22 and Maternity Delivery Suite. Reasons and mitigating circumstances as well as resulting actions have been provided and assurance that all wards were safely staffed with local escalation and monitoring of safety, quality and experience indicators. From Quarter one 2016/17 and in response to revised Directorate structures, nurse staffing analysis will be presented in a new integrated performance report to Board of Directors, that will include the triangulation of a range of safety and quality indicators with supporting narrative.

An 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. A full report was presented to the Executive Board in December 2015 and an action plan will be presented at the February meeting of Executive Board.

The Executive Board discussed the report and asked for further consideration regarding the importance of achieving effective e-rostering practice, as well as continuing review of the information for Elmville Short Break service. This is included in the report below, section 4.0.

Recommendation

The Board of Directors are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during November 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.

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

Open and Honest Care - Staffing Levels - Nursing and Midwifery.

1.0 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 NOVEMBER 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	**88.9%**	**108.8%**	**100.2%**	**110.6%**
STDH	88.9%	111.6%	101.0%	111.7%
Monkton Hospital	137.1%	101.5%	75.4%	96.9%
St Benedict's Hospice	77.7%	75.1%	100.0%	100.0%

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.

2.0 TRUST STAFFING FILL RATE FOR NOVEMBER 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	95.0%	81.1%	100.0%	71.7%
STDH	Ward 22	113.5%	74.6%	103.8%	100.0%
STDH	Special Care Baby Unit	89.0%	60.9%	59.5%	96.4%
STDH	Ward 2	75.1%	141.7%	100.0%	120.0%
STDH	Ward 6	76.2%	138.6%	98.3%	103.2%
Monkton	Elmville	137.1%	101.5%	75.4%	96.9%
St. Benedict's Hospice	St Benedicts	77.7%	75.1%	100.0%	100.0%

2.1   MITIGATING ACTIONS

Delivery Suite: Midwifery staff rotate between midwifery services on a regular basis. The fill rates for care staff on night duty in November were affected by a high number of staff on annual leave, with an extra challenge due to a number of staff on sick leave and maternity leave. There is also a part time vacancy which is yet to be appointed to. The over allocation of annual leave on delivery suite was due to the rotation as staff moved to delivery suite who had already had their holidays agreed in other areas of the midwifery service. The sickness rate for delivery suite in November was 6%. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety.

Ward 22: The fill rates for care staff on days were reduced due to long and short term sickness. The nurse bank has been active in recruiting midwifery care assistants to support staffing at times of shortage but was unable to fill all the gaps. Further recruitment to the nurse bank is underway. The sickness rate for Ward 22 was 6.5% in November. The fill rates for registered midwives on day and night shift was over the planned levels and therefore patient safety was maintained.

Special Care Baby Unit: Staff sickness is an on-going issue in SCBU with three neonatal nurses (2.58 WTE) on long term sick leave in November. Due

to the challenges of safely staffing the unit during this time it was decided to reduce the capacity of the unit to four cots enabling at least one neonatal nurse and one health care assistant to cover all shifts. This change in demand was not reflected in eRoster and therefore there is a reduction in the fill rates for care staff on day duty and registered nurses on night duty. In future a decision with regard to reduced capacity will initiate a change in eRoster demand levels which will then ensure that accurate fill rates are recorded.

Ward 2: There were 5.32 WTE vacancies for registered nurses on Ward 2 in November and one registered nurse was on long term sick leave. This alongside some short term sick leave caused the registered nurse vacancies on day duty to be reduced. Additional cover was provided by increasing the care staff hours. National and international recruitment initiatives are expected to resolve some of these challenges in February 2016. There were no patient harms reported on Ward 2 in November and therefore no open and honest care report was generated.

Ward 6: 6.39 WTE vacancies and one registered nurse on long term sick leave caused pressure on registered nurses on Ward 6 in November. National and international recruitment initiatives are expected to resolve some of these challenges in February 2016. Care staff hours were increased to ensure the ward remained safely staffed. Sickness levels were at 12.7%. One patient developed a new category 2 pressure ulcer on Ward 6 in November 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.

Elmville Respite Unit: Long term sick leave of registered nurses during November reduced the recorded fill rates among registered nurses on night duty for Elmville Short Break service to 75.4%; this is an improvement from October. 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 Benedict's: The reduction in the registered nurse and the care staff fill rates on day duty in November reflects an on-going problem caused by the number of different combinations of shifts that part time staff work leading to a significant requirement for manual adjustment to accommodate these patterns of working. The St Benedict's team are continuing to work with eRoster to resolve these issues which are proving to be very challenging. The Assistant Clinical Business Manager has estimated that the fill rates on day duty for both registered nurses and care staff would be reported as over 85%, and therefore within acceptable limits, if these issues were resolved. One patient developed a new category 2 pressure ulcer on St Benedict's impatient ward in November 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.

3.0   QUALITY OF DATA SUBMISSION

Elmville Short Break Service has featured as an exception in the open and honest staffing report for a number of months. In October 2015 the fill rate for registered nurses on night duty was 48.4% which caused concern. Following a request from the Executive Board in December a brief account of the staffing model at Elmville Short Break Unit has been included in this month's report to provide the Board with some background to the service and the staffing model which has been adopted to provide safe care for their clients.

4.0   ELMVILLE SHORT BREAK SERVICE

Elmville Short Break Service forms part of the Learning Disability Service within South Tyneside Borough and provides planned and crisis short break health care provision for adults with learning disabilities who also have associated health needs. Elmville is situated within the grounds of Monkton Hall. Elmville is staffed over 24 hours by both qualified nurses (Registered Learning Disability Nurses) and Health Care Assistants. The service is provided in a 7 bedded facility with en-suite rooms.

The staffing levels are continually flexed to meet the needs of each individual client. For example an individual client may require 3:1 staffing due to their level of complex challenging behaviour whilst another client may require 2:1 staffing due to their physical health needs (moving and handling/unstable epilepsy). Depending on the overall occupancy levels of the unit on any given day this could mean a requirement to have 6-8 staff on duty one day and 3 on duty the next day.

The staff are allocated to duties, to cover the service, depending on individual client needs and this changes almost daily. There is always a qualified learning disability nurse on duty during the day; and overnight there is a qualified nurse either awake on shift or on the unit sleeping in. Whether the nurse is awake on duty or sleeping in is determined by the needs of the client group occupying the unit at the time. There is always another member of staff on duty overnight with the qualified nurse. The minimum staffing levels for overnight on Elmville are one qualified member of staff plus one health care support worker.

The eRostering system is designed to generate staff rosters based on a more predictable patient or client demand. The frequent changes in demand dependent on client need alongside flexibility in the way the staffing resource can be used to meet these needs are proving challenging to collect and report as accurate fill rates. The Elmville management team is continuing to work with the eRostering team to find a workable solution.

5.0   IMPACT OF STAFFING

During the data collection period from November 1st to November 30th our Safety Thermometer data tells us that 88% 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 access[1]. The Executive Director of Nursing, Allied Health Professionals and Patient Safety has utilised the Safer Nursing Care Tool[2] (SNCT) to underpin our third staffing establishment review in September 2015.

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 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.

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.

The latest report was presented to the Executive Board in December 2015. Following this presentation the Board asked the Deputy Director of Nursing to present a plan to the February 2016 Executive Board meeting outlining plans to bridge the vacancy gap and enable these wards to consistently meet the median acuity/dependency requirements of their patients.

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 January 2016

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[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

Appendix A: Staffing Information November 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	82.1%	101.8%	96.6%	216.7%
STDH	DELIVERY SUITE	95.0%	81.1%	100.0%	71.7%
STDH	EAU	99.6%	125.0%	100.2%	104.0%
Monkton	ELMVILLE	137.1%	101.5%	75.4%	96.9%
STDH	ITU / HDU	81.4%	N/A	105.3%	N/A
Primrose Hill Hospital	PRIMROSE WARD	100.6%	156.6%	196.7%	179.7%
STDH	SPECIAL CARE BABY UNIT	89.0%	60.9%	59.5%	96.4%
ST BENEDICT'S HOSPICE	ST BENEDICTS	77.7%	75.1%	100.0%	100.0%
STDH	WARD 1	91.1%	106.5%	96.7%	103.3%
STDH	WARD 10	89.1%	87.8%	103.0%	123.2%
STDH	WARD 19	95.0%	84.8%	100.0%	105.0%
STDH	WARD 2	75.1%	141.7%	100.0%	120.0%
STDH	WARD 22	113.5%	74.6%	103.8%	100.0%
STDH	WARD 3	86.4%	117.3%	100.0%	100.0%
STDH	WARD 5	81.4%	112.0%	100.0%	98.3%
STDH	WARD 6	76.2%	138.6%	98.3%	103.2%
STDH	WARD 7	88.2%	129.8%	100.3%	103.3%
STDH	WARD 9	100.6%	96.3%	98.5%	103.3%