

Title	Open and Honest Care – October 2014 Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	17 th November 2014
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 October 2014.</p> <p>The staffing data for the period 1st October to 31st October was uploaded via UNIFY in a template provided by NHS England on November 17th 2014. 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 December 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. Feedback from NHS England to date suggests that staffing fill rates of less than 80% or greater than 150% will be regarded as below expected levels and areas with a fill rate below 90% or above 125% will be regarded as satisfactory. Fill rates of above 90% or below 125% will be regarded as within the expected range. These criteria have been applied to the Trusts data for October 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>	
Recommendation	
<p>The Board of Directors are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust for October 2014 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 2ND DECEMBER 2014

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 sixth exception report in the new style reflecting 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 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%.

In an attempt to provide a consistent approach with regard to 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 OCTOBER 2014

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	92.4%	90.8%	96.8%	105.7%
STDH	93.2%	90.8%	96.8%	107.2%
Monkton Hospital	93.4%	98.2%	100%	100%
Primrose Hill Hospital	88.6%	63.5%	119.4%	83.9%
St Benedict's Hospice	82.4%	81.5%	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 - 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 a multi ward sites) will adversely affect the fill rates.

3. TRUST STAFFING FILL RATE FOR OCTOBER 2014 BY WARD.

The fill rates for each of the wards is available as 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		Comments
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate	
STDH	Ward 22	101.7%	77.9%	93.8%	100.3%	Please see mitigating actions.
STDH	Acute Stroke Unit	102.8%	85.7%	80.6%	155%	Please see mitigating actions.
STDH	ITU/HDU	93.9%	62.9%	100%	n/a	2 care staff are employed in ITU/HDU. Any absences have a significant effect on fill rates.
STDH	SCBU	70.7%	n/a	117.1%	99.7%	Please see mitigating actions.
STDH	Wd 10	75.7%	93.3%	100%	101.8%	Please see mitigating actions.
STDH	Wd 5	114.4%	78.1%	100%	119.3%	Please see mitigating actions.
STDH	Wd 7	73.2%	133%	78.2%	148.9%	Please see mitigating actions.
Primrose Hill Hospital	Ward	88.6%	63.5%	119.4%	83.9%	Please see mitigating actions.

3.1 MITIGATING ACTIONS

Ward 22: There has been reduced care staff hours on day duty during October however this has been compensated by the fill rate for registered midwives on day duty which has exceeded 100%.

Acute Stroke Unit: The fill rate for care staff on night duty is 155%, this was to provide support to the registered nurses on night duty as their fill rate had reduced to 80.6%. Due to the care needs of the patients on the unit during October additional care staff were required on night duty. There were no patient harms reported in October.

Special Care Baby Unit (SCBU): There has been long term sickness among registered nurses on SCBU during October, as well as maternity leave. As this is a small team the fill rates on day duty are affected, however SCBU had a very low bed occupancy of 28%, and for 7 days SCBU had no babies at all, so staff were redeployed to our other paediatric areas. Another registered nurse is now in post from 13th October and one other is commencing on 17th November; in addition one staff member returned from long term sick on 27th October and is completing her phased return.

Ward 5: There has been a reduction in care staff fill rates on day duty, however this has been compensated by increased registered nurse hours on day duty. There were no patient harms reported in October.

Ward 10: There has been long term and short term sickness of registered nurses on the ward during October, which has had an impact on day duty. The fill rates for care staff on day duty and registered nurses and care staff on night duty has been maintained to a high level. There were no patient harms reported in October.

Ward 7: There has been long term sickness of registered nurses on the ward during October which has impacted the fill rates on day and night duty. This situation has been managed by increasing the care staff hours to support safe care delivery during this time. There were no patient harms reported in October.

Primrose Hill Hospital Ward (PHH): There was care staff sickness on day duty during October, however as the bed occupancy of the ward was stable at 69% for the month the clinical team were able to provide safe care to their patients. There were no patient harms reported in October.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its sixth 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 need further action.

5.0 IMPACT OF STAFFING

During the data collection period from October 1st to October 31st our safety thermometer data tells us that 92% 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. Our Family and Friends data reports a "Net Promoter Score" in October 2014 of 74% with a star rating of 4.7.

6.0 CONCLUSION

This is the sixth 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. The systems which underpin this initiative will continue to improve as the processes are embedded which will be reflected in the improved accuracy of the dataset.

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
November 14th 2014

A		B		C		D		E		F	
1											APPENDIX A
2				Day				Night			
3	Ward name	Specialty		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - care staff (%)	
4	ASU - ACUTE STROKE UNIT	300 - GENERAL MEDICINE		102.8%	85.7%	80.6%	155.0%				
5											
6	DELIVERY SUITE	501 - OBSTETRICS		90.2%	102.2%	100.5%	90.3%				
7	EAU - EMERGENCY ADMISSION UNIT	300 - GENERAL MEDICINE		116.9%	81.4%	80.6%	103.5%				
8	ELMVILLE	700- LEARNING DISABILITY		93.4%	98.2%	100.0%	100.0%				
9	ITU / HDU	192 - CRITICAL CARE MEDICINE		93.9%	62.9%	100.0%	n/a				
10	PRIMROSE WARD	430 - GERIATRIC MEDICINE		88.6%	63.5%	119.4%	83.9%				
11	SPECIAL CARE BABY UNIT	192 - CRITICAL CARE MEDICINE		70.7%	n/a	117.1%	99.7%				
12	ST BENEDICTS	315 - PALLIATIVE MEDICINE		82.4%	81.5%	100.0%	100.0%				
13	WARD 1	301 - GASTROENTEROLOGY		83.8%	111.6%	100.0%	112.1%				
14	WARD 10	340 - RESPIRATORY MEDICINE		75.7%	93.3%	100.0%	101.8%				
15	WARD 19	430 - GERIATRIC MEDICINE		100.8%	84.8%	106.5%	102.1%				
16	WARD 2	430 - GERIATRIC MEDICINE		100.2%	85.7%	100.0%	95.2%				
17	WARD 22	501 - OBSTETRICS		101.7%	77.9%	93.8%	100.3%				
18	WARD 3	100 - GENERAL SURGERY		83.1%	89.8%	104.6%	96.9%				
19	WARD 5	302 - ENDOCRINOLOGY		114.4%	78.1%	100.0%	119.3%				
20	WARD 6 / CCU (CORONARY CARE UNIT)	320 - CARDIOLOGY		89.9%	105.3%	106.5%	93.5%				
21	WARD 7	110 - TRAUMA & ORTHOPAEDICS		73.2%	133.0%	78.2%	148.9%				
22	WARD 9	100 - GENERAL SURGERY		100.3%	87.4%	82.4%	125.8%				