

Title	Open and Honest Care June 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	24 th August 2015
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 June 2015.</p> <p>The staffing data for the period 1st June to 30th June 2015 was uploaded via UNIFY in a template provided by NHS England on 13th July 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 September 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 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> <p>In June 2015 NHS England was given responsibility for developing further staffing guidance for the NHS. The published NICE guidance for adult inpatient areas and maternity services remains in place. Since this time a further statement from NHS England has confirmed that the new national body ,NHS Improvement,will take the lead for patient safety previously held by NHS England. One of the early priorities of this work will be to develop additional guidance on safe staffing levels in conjunction with the Chief Nursing Officer. Dr Mike Durkin, Director for Patient Safety, will lead this work ensuring there is a multi professional approach to safe staffing.</p>	
Recommendation	
<p>The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during June 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 24TH August 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 JUNE 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	86.2%	94.0%	96.5%	104.6%
STDH	85.9%	95.1%	96.4%	104.4%
Monkton Hospital	121.5%	103.5%	94.2%	113.5%
St Benedict's Hospice	83.6.5%	64.9%	100.0%	100.0%

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

- 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.

2. TRUST STAFFING FILL RATE FOR JUNE 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	SCBU	72.5%	43.8%	88.3%	70.0%
STDH	Primrose Ward	83.7%	46.1%	76.7%	80.4%
St Benedict's	Inpatient ward	83.6%	64.9%	100.0%	100.0%
STDH	Ward 6	79.1%	115.6%	99.3%	103.3%
STDH	Ward 10	79.9%	97.9%	100.0%	132.2%

2.1 MITIGATING ACTIONS

Special Care Baby Unit: SCBU has a small team of nursing staff therefore fill rates are disproportionately affected by staff absence. Recent changes in the system to allow for staff taking unpaid breaks has led to changes in the planned levels of staff in eRoster; the numbers required having increased. The current establishment in SCBU is being managed to meet these changes with ongoing support from paediatric nurses and some joint cover being provided; close monitoring continued through June.

There were only 3 days in June when there were more than 4 babies on the unit . On one day there were 7 babies therefore the unit closed to further admissions. From 16th June to 1st July there were no babies in SCBU, some staff used this opportunity to recoup hours they were owed or take annual leave while others helped out in paediatric A&E. A number of staff took the opportunity to complete the revision of operational guidelines and completed the Bliss Audit. The very low occupancy overall in June of 25% is reflected in the poor staffing fillrates as staff were moved to help in other areas. Every shift in June included a qualified neonatal nurse when there were babies present on the unit.

Primrose Ward: During June, Primrose Ward was still operating with staffing levels that could manage additional beds if this became necessary. These beds were only occasionally utilised and the actual staffing levels were therefore reduced and staff redeployed to other areas. This redeployment of staff has led to the low fillrates on some shifts. Harm free care on the Safety Thermometer was 100% during June 2015. Patient family and friends test results were very positive with 100% of patients and families recommending the care on the Ward.

Ward 6: The lower fill rates for registered nurses on days on Ward 6 during June were the result of a combination of vacancies, maternity leave and long term sick leave. Recruitment is underway to fill vacancies as quickly as possible and one member of staff is due back from maternity leave in July. There was one patient fall on ward 6 in June and the patient suffered a moderate harm. Patient feedback with regard to care on the ward was very positive in June with patients very confident in the quality of care they received and describing a good experience for themselves which they would be prepared to recommend to their families.

Ward 10: Registered nurse fill rates for ward 10 were reduced on day duty due to short term sickness and maternity leave. Registered nurse numbers were supplemented by bank nurses and staff working additional hours whenever possible; care staff numbers were optimal during this period. There were four new pressure ulcers developed on Ward 10 during June however patient experience remained very positive with patients scoring the Ward with 100% in the open and honest survey. Ward 10 is taking part in the regional pressure ulcer collaborative, led by South Tyneside Trust, with the aim of reducing pressure ulcer harm by at least 50% by March 2016.

St Benedicts: There has been a surge in staff sickness which affected the fill rates on day duty for care staff. Staff worked additional hours in order to manage demand safely. One care staff vacancy was filled in June and the Personnel Department have assisted to get the person into post as soon as possible. There were no new harms reported at St. Benedicts in June and family feedback remained positive.

4.0 QUALITY OF DATA SUBMISSION

Although general compliance with the systems and processes required to accurately collect the data has improved there are 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 optimum 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 June 1st to June 30th our safety thermometer data tells us that 90% 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 access¹. The Executive Director of Nursing, Allied Health Professionals and Patient Safety utilised the Safer Nursing Care Tool² (SNCT) to underpin the most recent staffing establishment reviews in September 2014 and March 2015. This methodology is different from that used in the Trust 2013 staffing review which was based on bed numbers. 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 Areas³.

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. The SCNT analysis was repeated during March 2015 and will be reported to the Executive Board and Board of Directors in September 2015.

In future it is now also recommended by NHS England that the Care to Contact Guide⁴ is used to check patient contact time using a consistent methodology to assess any changes in contact time and the impact this 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.

In June 2015 NHS England was given responsibility for developing further staffing guidance for the NHS. The published NICE guidance for adult inpatient areas and maternity services remains in place. Since this time a further statement from NHS

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

³ Safe Staffing for Nursing in Adult Inpatient Wards in Acute Hospitals - Overview. NICE July 2014

⁴ Safer Staffing: A Guide to Care Contact Time. NHS England November 2014

England has confirmed that the new national body ,NHS Improvement⁵,will take the lead for patient safety previously held by NHS England. One of the early priorities of this work will be to develop additional guidance on safe staffing levels in conjunction with the Chief Nursing Officer. Dr Mike Durkin, Director for Patient Safety, will lead this work ensuring there is a multi professional approach to safe staffing.

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
August 2015

⁵ NHS Improvement will be a new health regulator formed through a merger between Monitor and the Trust Development Authority.

Appendix A: Staffing Information June 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	84.3%	93.8%	98.2%	103.2%
STDH	DELIVERY SUITE	88.4%	86.8%	94.9%	80.0%
STDH	EAU	86.3%	123.7%	100.0%	100.0%
Monkton	ELMVILLE	121.2%	103.5%	94.2%	113.5%
STDH	ITU / HDU	82.2%	N/A	99.3%	N/A
Primrose Hill Hospital	PRIMROSE WARD	83.7%	46.1%	76.7%	80.4%
STDH	SPECIAL CARE BABY UNIT	72.5%	43.8%	88.3%	70.0%
ST BENEDICT'S HOSPICE	ST BENEDICTS	83.6%	64.9%	100.0%	100.0%
STDH	WARD 1	88.3%	116.2%	96.7%	123.3%
STDH	WARD 10	79.9%	97.9%	100.0%	132.2%
STDH	WARD 19	94.5%	80.8%	103.3%	101.7%
STDH	WARD 2	87.1%	102.8%	100.0%	121.7%
STDH	WARD 22	105.1%	88.1%	95.2%	100.0%
STDH	WARD 3	81.1%	96.1%	100.2%	98.3%
STDH	WARD 5	87.5%	95.9%	99.7%	106.6%
STDH	WARD 6	79.1%	115.6%	99.3%	103.3%
STDH	WARD 7	86.8%	138.2%	100.8%	100.8%
STDH	WARD 9	98.3%	87.7%	85.0%	133.3%