

Title	Open and Honest Care – September 2014 Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	27 th October 2014
Executive Summary	
<p>The purpose of this report is to update the Executive Board on the monthly position of nursing and midwifery staffing capacity across all inpatient areas of the Trust in September 2014. Wards with low staffing fill rates have been identified and mitigating actions to support safe patient care are explained.</p> <p>The staffing data for the period 1st September to 30th September was uploaded via UNIFY in a template provided by NHS England on October 15th 2014. This will be displayed in early November 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 fill rate below 90% or above 125% will be regarded as “ok”. 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 from July 2014 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 is available for the public.</p>	
Recommendation	
<p>That the Executive Board review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust for September 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 EXECUTIVE BOARD 27th October 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 in a public friendly format for the public.

This is the fifth 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 SEPTEMBER 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	89.1%	89.2%	97.9%	109.8%
STDH	89%	90.7%	97.3%	111.6%
Monkton Hospital	101.8%	102.1%	100%	100%
Primrose Hill Hospital	100.1%	69.7%	113.3%	93.3%
St Benedict's Hospice	80.7%	73.3%	98.5%	100.2%

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 - 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 a multi ward sites) will adversely affect the fill rates.

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

The fill rates for each of the wards is available as Appendix 1. 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	Delivery Suite	83.1%	72.4%	101.3%	86.7%	Please see mitigating actions.
STDH	Ward 22	92.8%	78.8%	90%	106.7%	Please see mitigating actions.
STDH	ITU/HDU	90.4%	22.3%	96.0%	-	Whilst only 2 care staff are employed in ITU/HDU one has just returned to work on phased return and the other is still absent with sickness.
STDH	SCBU	59.3%	-	124.2%	103%	Please see mitigating actions.
STDH	Wd 10	72.5%	88.3%	98.3%	102%	Please see mitigating actions.
STDH	Wd 3	81.5%	94%	97.1%	186.7%	Please see mitigating actions.
STDH	Wd 7	72.3%	130.6%	98.8%	104%	Please see mitigating actions.
Primrose Hill Hospital	Ward	100.1%	69.7%	113.3%	93.3%	Please see mitigating actions.
St Benedicts Hospice	Ward	80.7%	73.3%	98.5%	100.2%	Please see mitigating actions.

3.1 MITIGATING ACTIONS

Delivery Suite: Care staff hours on day duty were low in September due to holidays and sick leave. The safe care lead is trialling a new staffing model which will alter the skill mix and make greater use of the on call system to flexibly meet demand. The bed occupancy of delivery suite in September was 38.9%; a new model of care means that most women are staying on delivery suite for the whole of their post natal care and being discharged home. The implementation of the escalation plan for staffing in maternity services has ensured that quality and safety of services was not affected by low care staff fill rates.

Ward 22: Annual leave and sick leave depleted care staff fill rates on day duty in September. There is some remedial work being undertaken to ensure that the demand set for care staff hours accurately reflects the current establishment. **Bed occupancy was 16.67% in September (this is a measure recorded each day at 12mn); however this does not accurately reflect activity across 24hrs as changes to the patient pathway fluctuate throughout the 24/7 period and involve ward 22 receiving women in labour for triage patients which has resulted in an increased throughput of patients.** The implementation of the escalation plan for staffing in maternity services has ensured that quality and safety of services was not affected by low care staff fill rates.

Special Care Baby Unit (SCBU): There is ongoing long term sickness in SCBU. In August there was 1 registered nurse on sick leave with a further 2 registered nurses's also on sick leave in September. This combined with one registered nurse on maternity leave (from a small team of only 10 qualified nurses) has meant that staff have had to work flexibly to ensure that the unit was covered at all times. Bed occupancy was 44.4% during September which ensured that that the unit could be safely staffed with support given to the unit by staff from Paediatric A&E to cover some of the shifts where an auxiliary nurse could work with a neonatal nurse. There is a new registered nurse commencing duty in SCBU week commencing 13/10/14 and another new recruit awaiting a start date for when DBS clearance is through.

Ward 10: During September there were 2 registered nurses on long term sick who have now returned to duty and 1 registered nurse on paternity leave who has now returned to duty. 78% of requests for bank staff were filled in September and 18.5 hours of agency staff time was used; these temporary staff are included in the fill rates. Ward 10 have 1.96 WTE vacancy at band 5 and 15 hours vacant at band 2. Recruitment to band 5 posts is underway across the medical wards. Ward 10 had one patient who developed a level 2 pressure ulcer during September. Patient experience remained high in most areas of care with some decrease in satisfaction with the time taken to answer buzzers and help with meals.

Ward 3: With regard to care staff fill rates on night duty the demand template was adjusted for ward 3 in line with their budgeted establishment. The plan was to have 1 auxiliary nurse on night duty. This work was undertaken in July 14. However it appears in September that 2 auxiliary nurses have been

rostered onto night duty for most of the month resulting in a the fill rate of 186%. From 1st October 2014 this demand will change to 2 auxiliary nurses every night. The process for approving changes is being reviewed by the eRostering team. There were no patient harms reported in September.

Ward 7: There are 3 registered nurses on long term sick leave and 1 vacancy in September. 87% of requests for bank shifts were filled in September and 52.5 hours of agency nurse support; this use of temporary staff is included in the fill rates. Interviews have taken place in October with a plan to have permanent staff in post in the coming months. There were no patient harms reported in September.

Primrose Hill Hospital Ward (PHH): There was sick leave amongst the care staff at PHH during September and a decision was made that not all shifts needed to be covered due to reduced bed occupancy at this location. Bed occupancy has been static at 62.5% during September. There were no patient harms reported in September

St Benedict's Hospice: There have been 2 registered nurses on maternity leave in September and a HCA vacancy. This will resolve in Oct as 1 registered nurse will return and a newly appointed HCA has commenced in post. Further work has been undertaken to review the demand figures for St Benedict's, which has been reflected in the September data. There were no patient harms reported in September. St Benedict's had a bed occupancy of 88.8% in September.

3.2 BED OCCUPANCY

Bed occupancy rates for wards and departments are measured at midnight. In some areas these figures may accurately reflect the occupancy over 24 hours; for example at Primrose Hill Hospital and St Benedicts Hospice where the daily turnover of patients is relatively low on most days or in general wards where occupancy levels remains uniformly very high right across the 24 hour period.

In some other areas such as critical care, delivery suite, ward 22 and SCBU there may be a number of patients who are admitted and then discharged on the same day but who, because they are not occupying a bed a midnight, are not counted in the daily occupancy returns. As a result the occupancy may be subject to high levels of variation during any 24 hour period.

If bed occupancy at any given time is to be considered as reflecting a key criteria to assess the demand for care, then nurse and midwifery staffing would need to be managed proactively and electronically monitored, in real time, to reflect the needs of all the services. One constraint would be the amount of flexibility to be gained by moving staff with specialist skills and knowledge to work in more generic nursing roles at times of low demand while retaining the ability to recall them when demand in their particular service increases. If occupancy is to be used to define demand in real time eRoster demand levels would need to capture this level of detail on a shift by shift , or

hour by hour basis. It should be remembered that bed occupancy will not reflect the acuity and dependency of patients in a ward or department and so should be considered within the context of other appropriate information.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its fifth month. Compliance with the systems and processes required to accurately collect the data is improving. The accuracy of the dataset will continue to improve overtime and will have been helped by the eBank module going live in August electronically capturing bank and agency staff usage.

5.0 IMPACT OF STAFFING

During the data collection period from September 1st to September 30th 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.

Our Family and Friends data reports a “Net Promoter Score” in September 2014 of 69 with a star rating of 4.6.

6.0 ACTIONS FOR BOARD

In line with the National Quality Board recommendations, there is an expectation that all NHS Trust Boards will receive monthly updates on nursing and midwifery capacity and capability, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps, the actions being taken to address these, and the impact on key quality and outcome measures.

Executive Board is asked to approve the actions being taken detailed throughout this paper .

7.0 CONCLUSION

This is the fifth 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, 20th October 2014

Appendix 1: September 2014 Staffing fill rates by ward

Staffing: Nursing, midwifery and care staff

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page)

<http://www.sthct.nhs.uk/services/nursing-patient-safety/honest-open-care>

Unify complete sites your organisation is accountable for		Day				Night				Day		Night		
Hospital Site name	Ward name	Main 2 Specialties on each ward	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
		Specialty 1	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
South Tyneside	ASU - ACUTE STROKE UNIT	300 - GENERAL MEDICINE	1004.5	1008.25	1154.42	1023.92	645	569.75	322.5	462.75	100.4%	88.7%	88.3%	143.5%
South Tyneside	DELIVERY SUITE	501 - OBSTETRICS	1917.25	1592.75	477.5	345.75	1200	1215.5	600	520	83.1%	72.4%	101.3%	86.7%
South Tyneside	EAU - EMERGENCY ADMISSION UNIT	300 - GENERAL MEDICINE	1792.5	1937.43	1346.25	1176.16	900	880	600	619.5	108.1%	87.4%	97.8%	103.3%
Monkton Hall Hospital	ELMVILLE	700 - LEARNING DISABILITY	518.25	527.75	750.5	766.25	320.1	320.1	320.1	320.1	101.8%	102.1%	100.0%	100.0%
South Tyneside	ITU / HDU	192 - CRITICAL CARE MEDICINE	2401.5	2170.84	437.5	97.5	1500	1440	0	20	90.4%	22.3%	96.0%	#DIV/0!
Primrose Hill Hospital	PRIMROSE WARD	430 - GERIATRIC MEDICINE	900	900.46	900	627.17	300	340	300	280	100.1%	69.7%	113.3%	93.3%
South Tyneside	SPECIAL CARE BABY UNIT	192 - CRITICAL CARE MEDICINE	957.25	567.25	0	228.92	300	361.25	300	309	59.3%	#DIV/0!	120.4%	103.0%
St Benedicts Hospice	ST BENEDICTS	315 - PALLIATIVE MEDICINE	1517.25	1224.25	1019	747.25	660	650	330	330.5	80.7%	73.3%	98.5%	100.2%
South Tyneside	WARD 1	301 - GASTROENTEROLOGY	1458.67	1384.97	1333.25	1241.39	600	590	600	630	94.9%	93.1%	98.3%	105.0%
South Tyneside	WARD 10	340 - RESPIRATORY MEDICINE	1831	1328.17	1409.75	1245.09	600	590	600	612	72.5%	88.3%	98.3%	102.0%
South Tyneside	WARD 19	430 - GERIATRIC MEDICINE	1252.6	1220.87	1762.25	1526.47	600	630	600	570	97.5%	86.6%	105.0%	95.0%
South Tyneside	WARD 2	430 - GERIATRIC MEDICINE	1565.59	1549.6	1501.5	1300.93	600	580	600	632.25	99.0%	86.6%	96.7%	105.4%
South Tyneside	WARD 22	501 - OBSTETRICS	957.25	888.5	473.25	372.75	600	540	300	320	92.8%	78.8%	90.0%	106.7%
South Tyneside	WARD 3	100 - GENERAL SURGERY	1800	1467.18	1342.18	1261.45	593	576	300	560	81.5%	94.0%	97.1%	186.7%
South Tyneside	WARD 5	302 - ENDOCRINOLOGY	1117.75	1121.59	1394.75	1244.5	600	600	600	828.25	100.3%	89.2%	100.0%	138.0%
South Tyneside	WARD 6 / CCU (CORONARY CARE UNIT)	320 - CARDIOLOGY	2024	1717.67	1325.83	1289.93	600	600	592	573	84.9%	97.3%	100.0%	96.8%
South Tyneside	WARD 7	110 - TRAUMA & ORTHOPAEDICS	1313.33	949.34	877	1145.43	600	593	300	312	72.3%	130.6%	98.8%	104.0%
South Tyneside	WARD 9	100 - GENERAL SURGERY	1350	1329.92	1262.52	1105.2	600	490	300	410	98.5%	87.5%	81.7%	136.7%