

Title	Open and Honest Care – June 2014 Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	21 st July 2014
Executive Summary	
<p>The purpose of this report is to update Executive Board on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in June 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 June 1st to June 30th was uploaded via UNIFY in a template provided by NHS England on July 15th 2014. This will be displayed on August 6th 2014 on NHS Choices along with a number of safety indicators. These safety indicators are now colour coded on the NHS Choices website giving a clear signal to the public as to how they should be interpreted.</p> <p>In May the staffing data was not coloured coded in this way however there is an expectation from NHS England that the same colour coding will be extended to staffing fill rates at some time in the near future. Although there is no clear guide yet as to how the colour codes will be applied to staffing fill rates a steer can be taken from the fact that last month NHS England asked for additional information on areas that had staffing fill rates of less than 80% or greater than 150% and highlighted areas with fill rate below 90% or above 125%. These same criteria have been applied to the Trusts data for June to identify 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>That the Executive Board review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust for June 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 21st July 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 second 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 will be 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

All of these indicators, with the exception of staffing, are colour coded on NHS Choices website giving the public a clear visual signal with regard to how they should be interpreted and a written comment. Examples of these are demonstrated below:



Good or all standards met.



As expected or within expected range.



Below expected standard or "among the worst".

Although the staffing fill rates are not currently coloured coded in this way it is clear that they will be at some date in the near future.

The parameters against which the colour code will be applied to staffing are still being explored. A clear steer 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 our June 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.

Ward 3 at Palmer Community Hospital was closed in June with patients repatriated to other areas of the Trust. The hospital now has no inpatient beds and has therefore been removed from the submission to NHS England.

St Benedict's Hospice and Monkton Hospital, each of which have one inpatient area, have been added to the submission in June.

2. TRUST STAFFING FILL RATE FOR JUNE 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	89.2%	85%	95.6%	110%
STDH	89%	85%	95%	110.7%
Monkton Hospital	75.4%	82.6%	100%	100%
Primrose Hill Hospital	95.5%	73.9%	103%	116%
St Benedict's Hospice	95.2%	96.2%	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 JUNE 2014 BY WARD

Hospital	Ward	Day		Night		Comments
		RN/RM fill rate	Care staff fill rate	RN/RM fill rate	Care staff fill rate	
STDH	Delivery Suite	74.27%	73.52%	95%	83.33%	Please see mitigating actions.
STDH	Ward 22	77.77%	75.62%	93.33%	100%	
STDH	Acute Stroke Unit	98.47%	99.21%	82.6%	155.4%	Although the registered staff fill rate on nights remains above 80%, extra care staff (health care assistants) have been allocated to night shifts to compensate. There is no indication that patient safety is compromised.
STDH	ITU/HDU	92.39%	22.5%	96.67%	-	The planned use of care staff in ITU/HDU will be reviewed in July. There are 2 care support staff who have had sickness and annual leave in June.
STDH	SCBU	77.63%	-	107%	102%	In accordance with changing patient need, registered nurses were reallocated from other areas. The occupancy rate of the unit in June was 41% - this has led to an adjustment in staffing represented by the 78% fill rate. Planned staffing levels will be further reviewed in July and the process for capturing all actual hours validated.
STDH	Wd 10	81.54%	70.79%	100%	112.7%	Please see mitigating actions.
STDH	Wd 19	113.64%	77.20%	103.33%	100%	Low care staff fill rates on days were compensated by registered nurses causing a positive balance in skill mix.
STDH	Wd 3	83.52%	74.79%	83.67%	100.3%	Please see mitigating actions.
STDH	Wd 5	67.84%	134.6%	100%	135.42%	Please see mitigating actions.
STDH	Wd 6/CCU	102.82%	77.36%	100%	95%	The 102% fill rate registered nursing staff on days compensates to a degree for lower fill rates for care staff. A 1.0wte care post vacancy is currently being recruited into.
Monkton Hospital	Elmville	75.41%	82.60%	100%	100%	Please see mitigating actions.

Primrose Hill Hospital	Ward	95.49%	73.93%	103.33%	116.6%	1.7wte sick in June for care staff. Patient occupancy was 77% in the early part of the month and so this has been managed by a reduction in staffing numbers.
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3.1 MITIGATING ACTIONS

Ward 5 – Despite continuing concern Ward five has shown an improvement in registered staff fill rates on days from last month. The ward has a number of vacancies which are currently being recruited to and two more qualified nurses will join the team in September. Registered staff have been reallocated from other areas as required to Ward 5 to cover the current shortfall on a shift by shift basis and some non-registered staff are also being deployed to ensure the ward is safely staffed in the short term leading to a shift in the skill mix on days.

The ward continues to be fully monitored and supported by the management team. The assurance matron aligned to the ward visits every weekday to speak to patients and ensure that they are experiencing safe care; feedback received so far remains positive. There have been no avoidable patient harms in June.

Ward 3 - Ward three has shown an improvement in registered staff fill rates on days from last month. One registered nurse will join the team in September and two further posts are out to advert. Two non-registered nurses (1.6wte) have been redeployed to the ward from the end of June. One member of staff has just retired on grounds of ill health which has created another vacancy to be recruited to.

The ward continues to be fully monitored and supported by the management team. One patient developed a grade 2 pressure ulcer during June, which is being investigated as per policy. All patients surveyed as part of open and honest care would recommend the ward to family or a friend.

Ward 10 - The level of planned hours is being reviewed in July to ensure that this is appropriate and fully meets patient needs. There was sickness among care staff and a vacancy which is being recruited to. During June patient experience has remained positive with 97% of patients surveyed reporting that they would recommend the ward to others, however there has also been a moderate injury fall and a Grade 2 pressure ulcer, both subject to incident review. The ward continues to be fully monitored and supported by the management team.

Maternity Services - Maternity leave and sick leave have caused pressure in June. Staff have been allocated flexibly between antenatal, delivery suite and pre and postnatal Ward 22 to meet demand and, as a short term measure, midwives in administrative and project roles have been reallocated to provide clinical care. However not all of this mitigating activity has been captured in

the actual fill rates as the process of capturing midwives moved around the services was not detailed on eRoster. Recent service improvement initiatives also mean that direct discharge from delivery suite and a shorter stay on the ward are increasingly common with a consequent fall in ward occupancy. Bed Occupancy on delivery suite was 22% in June. Bed occupancy on Ward 22 was 26% in June.

Monkton Hospital - Elmville – There has been registered nurse sickness on this specialist unit and as a result the clinical team lead has worked as a team member to provide cover to ensure an appropriate staffing compliment in this 8-bedded unit and to provide oversight assurance that patient care and safety is not compromised.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its second month. The systems and processes required to accurately collect the data are not yet fully embedded which has led to continuing challenges in collecting a complete, and therefore accurate, dataset for June. The accuracy of the data set is expected to improve as we progress through the coming months.

At Finance Risk Management Group in July it was agreed to prioritise a review of ward budgets, following which a programme of work that will have the oversight of a newly established Nursing Workforce Programme Board, will be undertaken with ward managers and clinical operational managers to ensure that a standard approach is used. It was also agreed to undertake an Establishment Review using the Safer Nursing Care tool that will further inform the nursing workforce investment allocated for 2014/15. It is intended that this work will be completed by the end of Quarter 2.

5.0 IMPACT OF STAFFING

During the data collection period from June 1st to June 30th 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 June 2014 of 78 with a star rating of 4.75.

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 and approve the establishment of a Nursing Workforce Programme Board, the purpose of which will be to fully implement the NQB recommendations.

7.0 CONCLUSION

This is the second 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 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
18 July 2014