

Title	Open and Honest Care- Staffing Levels- Nursing and Midwifery.
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Meeting	Executive Board
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Executive Summary

The purpose of this report is to inform the Board of the nursing and midwifery staffing capacity and capability of the inpatient areas across the Trust in May 2014. Although the Board has been receiving similar reports each month from March 2014 the new report reflects the current requirements with regard to reporting staffing fill rates(planned versus actual) in hours. The staffing data now reported will distinguish between nursing/midwifery and care staff fill rates and by day shifts and night shifts as required by NHS England. The data is to be presented in hours rather than shifts in line with emerging NICE guidance.

The staffing data for the period May 1st to May 31st was uploaded via UNIFY in a template provided by NHS England on June 10th 2014. This will be displayed on June 24th 2014 on NHS Choices along with a number of other proposed indicators which include;

- 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

There will be a link on the NHS Choices website back to the Trust “ open and honest staffing” webpage where detail of staffing for each inpatient area will be available for the public. The purpose of this publication is to allow patients and the public to see how hospitals are performing on this important indicator in an easy and accessible way. NHS England plans to “RAG” rate Trust staffing data, although the rating and parameters have not yet been set or shared with Trusts as a number of options are still being explored. Trusts will be informed of the ratings prior to publication. This is not currently expected to apply to the first tranche of data published this month.

It is envisaged the this level of transparency on staffing levels will contribute to improved care for patients by ensuring effective staffing levels are continually presented, challenged, owned and discussed at board, commissioning and front line level.

Each month a board staffing report will be produced which will, by exception, advise on areas where staffing capacity and capability frequently 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.

Every six months a public board meeting should receive a report on staffing capacity and capability which has involved the use of an evidence based tool (where available), includes the key points of focus set out in the NQB report and makes clear recommendations to the Board for discussion and resulting in a clear set of actions detailed in the minutes of the meeting. This report, due in September, will also be made available on the Trust website for the public

Although the focus is initially inpatients areas the expectation is that this will expand overtime as the programme of NICE staffing guidance develops and rolls out and will eventually include a wider range of staff groups .

Recommendation

The Executive Board review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust for May 2014 and considers areas of exception with regard to staffing shortfalls , the reasons why these have occurred, any impact on quality and actions taken to address gaps.

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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 23rd June 2014

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

BACKGROUND

There has been a national drive for the publication of nursing and midwifery staffing data which has been gathering momentum over recent months. The Board of Directors and the Executive Board have received monthly reports from March 2014 which describe the background to this initiative with reference to the national direction of travel and with monthly staffing data for inpatient areas. The new monthly report reflects the requirement by NHS England to publish staffing fill rates(actual versus planned) in hours on the NHS website in June. Certain wards are excluded in line with NHS England guidance.

Staffing data by each inpatient area required is now collected in the following way;

- Nursing/midwifery(RN/RM) hours that were **planned** on day shift and night shift.
- Care staff hours that were **planned** on day shift and night shift.
- Nursing/midwifery hours that were **actually worked** on day shift and on night shift.
- Care staff hours that were **actually worked** on day shift and on night shift.

The results by inpatient area are averaged out over the calendar month comparing the number of hours planned for duty with the numbers actually provided. A 100% result means that all planned staff were on duty; results over 100% mean more staff were provided than planned for which can be for a variety of reasons including response to unplanned demand; results lower than 100% reflect unplanned absences due to sickness or, response to increased demand in another area, or on another shift, which involved staff being reallocated.

It is expected that NHS England will RAG rate the Trust information on NHS choices at some point in the near future. At present to parameters are being explored and will be influenced by this first tranche of national submissions. NHS England will publish Safer staffing data alongside a number of other safety indicators which are yet to be confirmed but are likely to contain infection control, CQC standards, incident reporting and response to patient safety alerts.

2 TRUST STAFFING FILL RATE FOR MAY 2014

STFT	DAYS		NIGHTS	
	Average fill rate and RNs	Average fill rate care staff	Average fill rate and RNs	Average fill rate care staff
Palmers Hospital	95.1%	77.5%	100%	89.2%
Primrose Hospital	91.3%	65.6%	100%	100%
STDH	91.6%	79.6%	97.4%	110%

The staffing data for the Trust has been taken from eRoster , an initiative which has been rolled across the inpatient areas over the past year. The high fill rates for night duty reflect a management decision to ensure that night shifts are appropriately staffed as a priority. The fill rates on days represent more staffing capacity in terms of numbers of staff even though the fill rates are lower. The decision to prioritise night duty is in recognition of the fact more staff are allocated to days shifts in a planned way and therefore there is more headroom to manage unplanned absences and that many more members of the multidisciplinary team are present in hospitals during the day. Palmers Hospital and Primrose Hospital comprise of one ward on each site and therefore the interpretation of staffing fill rates should take this into account as a relatively small number of unplanned absences(compared to a multi ward sites) will adversely affect the fill rates.

3 AREAS OF EXCEPTION IN MAY BY WARD

Table 3.1 is an extract from the data set that has been sent to NHS England monthly using Unify. A copy of the Unify submission data will be available for the public on the Trust website every month with a narrative explaining the purpose of this initiative and key points for consideration when looking at the data. This monthly report will also be available to inform the public of impact and action with regard to areas of exception.

Currently there is no national guidance clarifying how to define areas of exception which need consideration by the Board in a standard way. As we move forward inpatient areas which are highlighted to the board month on month will be clear areas of concern and action.

For the purposes of this first report areas of exception have been identified as;

- A registered nurse/midwife staffing fill rate of less than 85%
- A care staff fill rate of less than 75%

These parameters are subjective as they do not take into account the number of patients present on the ward or the complexity, or otherwise, of the case mix. The fill rate does not account for other staff who work as part of ward teams such as ward clerks and housekeepers whose presence releases nursing time for direct care. NHS England is expected to RAG rate the fill rates which are published on NHS Choices in the near future which will standardise the approach nationally.

3.1 TRUST STAFFING FILL RATE FOR MAY 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	Acute Stroke Unit	97.9%	74.9%	96.4%	118.7%	Vacancy and short term sickness caused gap in care staff fill rate on days.
STDH	Emergency Admission Unit	92%	89%	80.6%	127.4%	Additional care staff to balance gaps in RN capacity on night duty
STDH	ITU/HDU	86.2%	22.5%	94.2%	-	Skill mix in critical care is 95% RN and 5% care staff. One member of care staff on sick leave causing gap.2 RN recruited in May, 1 to cover maternity leave.
STDH	Special care baby unit	82.9%	11.1%	120.6%	99.4%	Direct care is given by RNs. Planned care staff hours for days will be changed to reflect staffing needs. Extra RN cover for maternity leave from September.
STDH	Wd 10	71.7%	79.5%	100%	104.8%	Agency staff were used in support some RN gaps on day duty. Some of these shifts which haven't been captured in this month's submission.
STDH	Wd 3	77.1%	79.8%	86.8%	100.3%	One RN new in post and supernumerary in May another due to start in September. Agency staff were used but some of this activity was not captured in this month's submission.
STDH	Wd 5	58.1%	120%	124.3%	150.1%	Ward 5 has been supported with extra staff on a shift by shift basis during the May as there are currently a number of vacancies which are being actively recruited to.
STDH	Wd 6/CCU	107%	74.2%	100%	93.5%	Gap in care staff due to long term sickness(now returned) and a vacancy recruited to in May.
STDH	Wd 9	103.1%	83.4%	79.7%	142.6%	Additional care staff to balance gaps in RN capacity on night duty due to sickness. Care staff interviews pending.
Primrose Hill Hospital	Ward	91.3%	65.6%	100%	100%	This ward has 16 beds and any gap in staff numbers in a small establishment will cause a

4.0 QUALITY OF DATA SUBMISSION

This data set has been collected at a pace set by NHS England on a very tight timescale. This has led to challenges in collecting a complete data set for May. The accuracy of the data set is expected to improve as we progress through the coming months. A programme of work is being developed which will involve all ward managers and clinical operational managers to better plan and capture actual staffing levels using eRoster which will smooth the current variation between day and night duty.

eRoster has proved to be invaluable in collecting the staffing fill rates but the accurate completion of the data set for this submission required manual input of bank and agency hours worked both for registered nurses/ midwives and care staff. Some staff are still claiming overtime hours outside of the electronic eRoster system. The eBank module will be implemented in August and compliance with electronic overtime claims is expected to improve month on month. This will have a positive impact on the fill rates and will reduce the burden on staff of manually collecting data.

Clinical operational managers with ward managers move staff between wards and shifts every day to meet unplanned demand. For May's data submission we had no system in place to collect these changes on eRoster therefore they are not captured in our ward fill rates for May. From June 1st a process has been put in place to update eRoster in real time as nursing, midwifery and care staff are reallocated to meet service demands.

5.0 IMPACT OF STAFFING

During the data collection period from May 1st to May 31st our safety thermometer data tells us that 93% 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 May 2014 of 77 with a star rating of 4.73.

6.0 ACTIONS FOR BOARD

During June and July 2014 there be a decision for the next phase of the nursing investment agreed in 2013 and led by the Executive Director of Nursing. This investment will be targeted on priority wards and teams and will be in place by September as newly qualified nurses, already recruited, graduate from training and nurses from a recently decommissioned ward are redeployed.

The Board will receive a full establishment review in September outlining the next steps in line with the requirement for bi annual reviews on nursing, midwifery and care staffing capacity and capability.

7.0 CONCLUSION

This is the first of the monthly exception reports on nurse/ 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 data set.

This report is part of a national requirement to publish safer staffing alongside other safety indicators in which will allow patients and the public access to a greater range of more detailed information in one place in order to compare trusts.