Title	Open and Honest Care January 2016: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	14th March 2016

Executive Summary

The purpose of this report is to update the Executive Board on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in January 2016.

The staffing data for the period 1st January to 31st January 2016 was uploaded via UNIFY in a template provided by NHS England on 15th February 2016. This information was published in early February 2016 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.

There is 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. The information provided will include this paper.

The fill rate analysis for January indicates that five areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict's Inpatient Unit, Wards 6, 8 and Maternity Delivery Suite. Primrose Ward is included as an area of exception as fill rates are greater than 150% for care staff on day and night duty and registered nurses on night duty. Reasons and mitigating actions have been given and assurance that all wards were safely staffed with local escalation and monitoring of safety, quality and experience indicators.

At its January meeting, Executive Board requested a focused review of staffing for Primrose Ward with regard to understanding the challenges of safely staffing 13 extra contingency beds to relieve winter pressures. This review is included in section 6 of this paper.

The Executive Board also requested that February staffing data be reported in order that the Board can discuss staffing for the previous month at each meeting. This has not been possible for March as the Executive Board meeting is too early in the month and February's data has not yet been validated.

Recommendation

The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during January 2016 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. The Executive Board is also asked consider the unique challenges of Primrose Ward in providing extra beds during winter and consider the recommendations made

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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 - 14th March 2016

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 JANUARY 2016

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	**91.4%**	**111.2%**	**102.7%**	**112.1%**
STDH	92.0%	114.7%	103.5%	112.7%
Monkton Hospital	133.5%	95.1%	82.9%	103.2%
St Benedict's Hospice	73.8%	75.5%	100.0%	106.5%

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

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

2. TRUST STAFFING FILL RATE FOR JANUARY 2016 BY WARD.

The fill rates for each of the wards are 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	Delivery Suite	91.6%	85.0%	103.2%	79.0%
STDH	Special Care Baby Unit	105.2%	40.6%	60.0%	99.0%
STDH	Ward 6	74.7%	153.5%	98.4%	135.5%
STDH	Acute Stroke Unit/ward 8	74.7%	153.5%	98.4%	135.5%
STDH	Primrose ward	101.7%	189.0%	203.2%	228.5%
St. Benedict's Hospice	St Benedicts	73.8%	75.5%	100.0%	106.5%

2.1 MITIGATING ACTIONS

Delivery Suite: The fill rates for care staff on night duty in January were affected by the maximum number of staff allowed, being on annual leave, with an extra challenge due to a number of staff on sick leave, special leave and maternity leave. The sickness rate for delivery suite in January was 5%. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety. The demand template for care staff on night duty has been adjusted to allow for more flexible use of care staff to cover times of high demand.

Special Care Baby Unit: Staff sickness is an on-going issue in SCBU with three neonatal nurses (2.58 WTE) on long term sick leave in January. This level of sickness amounts to 21% of the current establishment. All three neonatal nurses are now on a phased return back into work and therefore this problem will resolve over the coming weeks.

Due to the challenges of safely staffing the unit during this time it was decided to continue to reduce the capacity of the unit to four cots enabling at least one neonatal nurse and one health care assistant to cover all shifts. This change in demand was not reflected in the eRoster demand template for January and therefore there is a reduction in the fill rates for care staff on day duty and registered nurses on night duty. In future a decision with regard to reduce capacity should initiate a change in eRoster demand levels which will then

ensure that accurate fill rates are recorded. A decision to reopen the closed cots will be made only when this can be safely achieved while operating consistently within national staffing guidance for neonatal intensive care units.

Ward 6: There were 6 WTE registered nurse vacancies and 1 WTE registered nurse on long term sick in January. There were also significant levels of short term sickness amongst the registered nursing staff in January; sickness on Ward 6 in January was 9.4 %. Care staff have provided extra cover to ensure patient care needs on the ward are met and minimum levels of registered nurse cover have been maintained. Three new registered nurses will take up posts on the ward in March and the Clinical Operational Manager is working closely with the Ward Manager to reduce the sickness levels on the ward. There were three category 2 pressure ulcers reported on the ward in January. One patient suffered an unwitnessed fall on Ward 6 in January and suffered severe harm and later died. This has been reported as a serious incident to both the Clinical Commissioning Group and the Coroner and a serious incident investigation is underway. Staffing levels for the ward were reported to be appropriate at the time of the incident. All patients interviewed for the open and honest care reported experiencing very good care and 100% of those asked said they would recommend the ward to a friend or relative

Stroke Unit Ward 8: The fill rate for registered nurses on day duty in January was reduced as two nurses were absent on long term sick leave, one nurse was on loan to Ward 2 and there is one vacancy. Care staff provided extra shifts to ensure the ward remained safely staffed. The high fill rate for care staff on nights represents extra shifts worked to provide enhanced staffing to a patient who required one to one care. The sickness level on Ward 8 in January was 18.7%.

There was one category 2 pressure ulcer reported on Ward 8 in January and therefore an open and honest care report was generated.100% of patients interviewed said they would recommend the ward to friends or family in need of care.

Primrose Ward: The fill rates for both registered nurses on night duty and care staff on both day duty and night duty are exceptions as they are greater than 150% of planned levels. These fill rates are not a true reflection of ward staffing as the demand template for eRoster is based on 16 beds rather than the 29 which are open during escalation. The enhanced fill rates represent the extra staffing complement required to staff the ward during this period of escalation. There were no patient harms reported on Primrose ward in January and therefore no open and honest care report was generated.

St Benedicts: The reduction in the registered nurse and the care staff fill rates on day duty in January reflects an on-going problem caused by the number of different combinations of shifts that part time staff work leading to a significant requirement for manual adjustment to accommodate these patterns of working. The St Benedict's team are continuing to work with the eRoster team to resolve these issues which are proving to be very challenging. There were no patient harms reported on Primrose ward in January and therefore no open and honest care report was generated.

4.0 QUALITY OF DATA SUBMISSION

There are a number of wards/departments that are consistently reporting fill rates which by definition require exception reporting which on investigation are due to problems with regard to data entry into eRoster and how this translates into fill rates rather than being a true reflection of staffing levels. In January these areas are St Benedict's Inpatient Ward and Special Care Baby Unit.

St Benedicts have set up their demand template with a certain number of staff, both registered nurses and care staff, to cover each shift. eRoster assumes that each shift lasts for 7.5 hours whereas in reality some are much shorter than this as part time staff working shorter shifts cover the duty. The "unfilled" part of this shift is driving the low fill rates on day duty. The number of staff on duty at any one time meets the requirements of safely staffing the ward. The shortfall in hours is mitigated by the overlap between one shift and the next which ensures that the optimum number of staff is on duty through the 24 hour period. The team have been working with the eRoster team and have now resolved the problem. This will be reflected in improved fill rates reported from February 2016.

Special Care Baby Unit has its eRoster demand template set up based on 6 cots being available to provide care. Due to on-going problems with sickness/absence the unit has only had 4 cots available during January with any extra demand over this threshold mitigated by transferring mothers and babies to other local units. This change allows the unit to consistently meet the safe staffing guidance for neo natal intensive care areas. If the demand template had been reset to reflect this change the fill rates recorded would have increased to more accurately reflect safe staffing levels. The operational management team have been reminded to ensure this change takes place when it is appropriate to do so.

5.0 IMPACT OF STAFFING

During the data collection period from January 1st to January 31st our safety thermometer data tells us that 88% 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 PRIMROSE WARD

For many years the ward at Primrose Hospital specialised in end of life nursing care for predominately elderly patients. The ward contained 16 beds in single rooms or bays of two beds. The ward had limited medical cover but admission criteria ensured that patients requiring acute care or complex treatment or interventions were not admitted; only those patients whose needs could be met by nursing care.

In the winter of 2014/15 the end of life ward at Primrose Hospital was not fully occupied although it remained fully staffed from a nursing perspective. The Trust had very little scope to utilise these beds at times of increased demand

due to the geographical isolation of the ward and consequently limited ability to increase medical cover if needed.

It was agreed by the Executive Board in January 2015 to relocate the ward at Primrose Hill Hospital to South Tyneside District Hospital Ward 20 enabling the Trust to manage the significant rise in demand for emergency admissions during the winter period. The Primrose Ward nursing staff were utilised as a core establishment to facilitate the opening of a 29 bedded winter contingency ward .Two junior doctors provided medical support with the oversight of a Care of the Elderly Consultant and additional registered and non-registered nursing staff were provided by redeploying substantive staff from other wards and employing a cohort of agency nurses to back fill these posts.

It was agreed by the Trust Board of Directors and commissioners to move Primrose Ward for a period of three months from February 2015, retaining its core function of providing non-acute nursing care, but using the extra thirteen beds to accommodate patients with minimal rehabilitation needs but who were waiting for care packages or a care home placement to be arranged. The move of the ward to the main hospital site alongside the extra resident medical staff, made it possible to admit to the ward in the evening and on seven days per week as opposed to the four days available at Primrose Hospital; transfers in to the ward at weekends remained low in number.

In May 2015 a decision was made to retain Primrose Ward on site to facilitate providing medical cover which was becoming increasingly challenging and to retain the potential to use this ward again as a winter contingency over the winter of 15/16.The ward was returned to 16 beds delivering non-acute nursing care from May 2015 until December 2015.

6.1 WINTER 2015/16

Primrose Ward has again been used as a winter contingency ward from December 2015 and is planned to stay open as such until April 2016.

The medical staffing to support this change has been increased to one staff grade doctor who reviews all the patients every day with the support of two junior doctors. Senior medical oversight is being provided by one of the care of the elderly consultants who does a full ward round once per week. This medical cover, although acceptable, is less than is in place for other 30 bedded care of the elderly wards in the hospital.

From a nursing perspective staffing the contingency beds has proved to be challenging both in terms of the capacity and capability of the nursing team over the winter of 2015/16. Agency nurses and new recruits have supplemented the nursing numbers but no substantive staff were moved this year. The unusually high fill rate on the ward reflects the demand template in eRoster which is still based on 16 beds only. The fill rate for registered nurses on day duty at 101% for 16 beds is equivalent to a 55% fill rate for a 29 bedded ward. These registered nurse numbers have been enhanced in January with some staff supporting from other wards and through input from the nurse discharge team; some of this support is not captured in the reported fill rates as the discharge team are not ward based. However it remains accurate that registered nurse staffing on Primrose Ward on day duty in

January was lower than recommended with ward staff and managers focusing continually on maintaining suitable levels of staffing to ensure patient safety and good experience were within acceptable levels. The balance between substantive staff and agency nurses has also been challenging with agency staff making up a large proportion of the staffing on each shift. Where possible the agency nurses have been allocated to Primrose Ward exclusively to help build their familiarity to the patients and the staff. There are some rostering issues which need to be addressed urgently which will help with staffing levels in the ward for the future. For example there are a number of staff who work flexible, part time hours which are not in alignment with the needs of the service. This will be addressed as part of the Lord Carter of Coles nursing workforce work stream in the coming months. The house keeper and the ward clerk are both part time which was appropriate when the ward was 16 beds and with very few admissions and discharges but this level of support is now no longer commensurate with the pace and the volume of the turnover of patients. There have also been morale issues identified through team meetings and staff supervision and an increasing turnover rate.

The case mix of patients has also changed over this winter. The ward still provides sub-acute nursing care however the number of patients who have these particular nursing needs is currently less than one third of the patients on the ward. The majority of patients have rehabilitation needs or require intensive packages of care to be initiated, and the complexity of individual need is increasing given the number of older people with delirium or dementia. Primrose Ward now has between 40 and 70 discharges per month which is comparable to an acute care of the elderly ward: at Primrose Hospital there were very few discharges. The discharge team has been deployed to support the ward with complex discharges and help staff learn these skills as they work which has been helpful. However sickness/absence in the discharge team has meant that access to this level of support has been variable over the winter. Increased and dedicated therapy support would also be very valuable. Occupational therapy (OT) is only provided for end of life patients and if patients transferred from a base ward require OT the therapist from the base ward will follow the patient. Physiotherapy is provided by a part time agency physiotherapist.

There were 40 clinical incidents on Primrose ward in January including 14 suspected falls; this is an increase from 25 clinical incidents in December. During the summer months when the ward had 16 beds open clinical incidents were less than 10 per month. There was one serious incident reported retrospectively in December and no serious incidents causing patients harm in January. There have been 2 formal complaints made about Primrose Ward in December one of which, related to discharge processes, was upheld on investigation.

6.2 RECOMMENDATIONS

Primrose Ward has supported the Trust through winter contingency for the past two years. In the winter of 15/16 in particular this has shifted the core function of the ward from sub-acute nursing care to a case mix more associated with a main stream care of the elderly ward albeit with a focus on complex discharges often requiring intensive follow-up support.

The following recommendations are presented for the Executive Board to consider;

1. An exit strategy from winter contingency beds to be agreed with an aligned staffing plan.
2. The future function and location of Primrose Ward to be confirmed.
3. Once the future function of the ward has been agreed, an appropriate multi-disciplinary staffing plan to be established.

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.

The paper also reports on the utilisation of Primrose Ward to support winter bed pressures and highlights the challenges this has brought with regard to the capacity and capability of the nursing team in particular. The paper has made recommendations for the Executive Board to consider.

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
March 2016

Appendix A: Staffing Information January 2016
South Tyneside Foundation Trust

		Day		Night	
Hospital site	**Ward**	**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	71.3%	111.1%	98.3%	155.5%
STDH	DELIVERY SUITE	91.6%	85.0%	103.2%	79.0%
STDH	EAU	96.0%	116.8%	98.9%	104.6%
Monkton	ELMVILLE	133.5%	95.1%	82.9%	103.2%
STDH	ITU / HDU	82.4%	N/A	106.4%	N/A
STDH	PRIMROSE WARD	101.7%	189.0%	203.2%	228.5%
STDH	SPECIAL CARE BABY UNIT	105.2%	40.6%	60.0%	99.0%
ST BENEDICT'S HOSPICE	ST BENEDICTS	73.8%	75.5%	100.0%	106.5%
STDH	WARD 1	96.5%	94.3%	100.0%	111.5%
STDH	WARD 10	86.0%	94.3%	100.0%	108.1%
STDH	WARD 19	102.4%	83.7%	98.4%	99.5%
STDH	WARD 2	88.9%	125.8%	101.5%	100.0%
STDH	WARD 22	98.7%	88.3%	96.8%	100.0%
STDH	WARD 3	80.0%	143.8%	97.3%	101.8%
STDH	WARD 5	123.3%	121.7%	150.6%	116.9%
STDH	WARD 6	74.7%	153.5%	98.4%	135.5%
STDH	WARD 7	93.8%	111.4%	99.9%	110.7%
STDH	WARD 9	108.4%	102.4%	90.8%	106.6%