

<b>Title</b>	Open and Honest Care January 2016: Staffing Levels across Nursing and Midwifery inpatient settings.
<b>Meeting</b>	Executive Board
<b>Date</b>	18 <sup>th</sup> April 2016
<b>Executive Summary</b>	
<p>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 February 2016.</p> <p>The staffing data for the period 1<sup>st</sup> February to 29<sup>th</sup> February 2016 was uploaded via UNIFY in a template provided by NHS England on 15<sup>th</sup> March 2016. This information was published in early April 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.</p> <p>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.</p> <p>The fill rate analysis for February indicates that seven areas experienced staffing numbers below the 80% minimum threshold or above 150% maximum threshold – SCBU, Elmville Short Stay Unit, St Benedict’s Inpatient Unit, Wards 3, 6 and Primrose Ward 20. 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.</p> <p>The Executive Board have requested that monthly staffing papers report staffing for the previous month rather than the month before that. This is proving a challenge as Executive Board meetings are now timetabled for mid-month which does not meet with the current safe staffing reporting systems.</p> <p>This report is part of a national requirement to publish safer staffing data alongside other safety and quality 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.</p> <p>In advance of the next Executive Board and Board of Directors in May 2015 the intention will be to revise the report to reflect the introduction of the Carter Programme, Care Hours per Patient Day (CHPPD) metric, which the Trust is now collecting as part of a national dataset, and alongside the data available to us from the Safer Nursing Care Tool (SNCT) analysis.</p>	
<b>Recommendation</b>	
<p>The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during February 2016 and consider</p>	

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.	
<b>Report Author</b>	Louise Burn, Deputy Director of Nursing and Patient Safety
<b>Executive Director/ Sponsor</b>	Dr Bob Brown, Executive Director of Nursing, Allied Health Professions and Patient Safety.

<b>Purpose of paper</b>	<b>Information</b>	√	<b>Discussion</b>	√
	<b>Decision</b>	√	<b>Assurance</b>	√
	<b>Specific action</b>	√		
<b>Implications</b>	<b>Staffing</b>		√	
	<b>Finance</b>		√	
	<b>Legal</b>		√	
	<b>Public engagement</b>		√	
	<b>Partnership</b>			
	<b>Communication</b>		√	
	<b>Equality &amp; Diversity</b>		√	
	<b>Clinical</b>		√	
	<b>Patient Safety</b>		√	
<b>Risk assessment and mitigation (include risk register reference if appropriate)</b>				
<b>Link to STFT Business Plan</b>	Patient Safety, Patient experience, Safe Staffing			
<b>Link to CQC outcome</b>	All			
<b>Link to Board Assurance Framework</b>	Workforce requirements			
<b>Link to Strategic Risk Register</b>	Clinical Staffing			

## SOUTH TYNESIDE NHS FOUNDATION TRUST

### REPORT TO EXECUTIVE BOARD 18<sup>th</sup> April 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 FEBRUARY 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
<b>Overall Trust Summary</b>	<b>94.7%</b>	<b>113.3%</b>	<b>106.7%</b>	<b>118.4%</b>
STDH	95.8%	116.1%	104.8%	120.0%
Monkton Hospital	118.6%	91.9%	2440.6%	100.0%
St Benedict's Hospice	73.7%	85.9%	100.0%	100.0%

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 FEBRUARY 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	Special Care Baby Unit	112.4%	39.1%	77.6%	67.9%
STDH	Ward 3	75.8%	147.3%	100.0%	101.7%
STDH	Ward 6	79.3%	161.9%	100.0%	150.0%
STDH	Acute Stroke Unit/Ward 8	70.5%	108.6%	100.0%	182.8%
STDH	Primrose Ward 20	119.7%	193.0%	196.6%	255.2%
St. Benedict's Hospice	St Benedicts	73.7%	85.9%	100.0%	100.0%
Monkton Hospital	Elmville Short Stay	118.6%	91.9%	2440.6%	100.0%

### 2.1 MITIGATING ACTIONS

**Special Care Baby Unit:** During February the unit had 3 members of staff who were returning from long term sick doing phased returns and using up annual leave that had not been taken. The phased returns meant that the unit was much better staffed on day duty whilst staff were supported to return to work; this is reflected in fill rates of above 100% on day duty for registered nurses. The unit managers have plans to move the care staff from night duty to day duty in March following a period of consultation. There will always be 2 registered nurses on night duty alleviating the need for care staff to cover these duties and improving the fill rates on day duty. 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 in February; this situation has continued during March when the planned changes have been made for care staff and all registered nurses on phased return to work have returned to their contracted hours.

**Ward 3:** Sickness/absence on Ward 3 was 11% in February with one registered nurse vacancy. All shifts were made available to bank then agency but unfortunately were not all filled. Care staff hours were increased on day

duty to support meeting patient's needs. There were no patient harms reported on Ward 3 in February and therefore no open and honest care report.

**Ward 6:** In February Ward 6 had 6 RN vacancies and a further 1.0 RN on long term sick leave. This high level of vacancy caused severe pressure on the RN staffing levels and many of these shifts were backfilled with care staff. The operational management team have ensured that minimum RN staffing levels have always been maintained. The Ward Manager continues to be active in the Trust recruitment programmes to try and address the outstanding vacancies.

There was one category two pressure ulcer reported on the ward in February which triggered an open and honest care report. Feedback from patients was 100% positive across six of the eight key questions, and for the remaining two questions 92% of patients said they would recommend the ward to family and friends and 93% reported receiving answers they could understand to any important questions they asked.

**Acute Stroke Unit/Ward 8:** The fill rate for registered nurses on day duty in February was reduced due to a combination of short and long term sickness/absence. There are also a number of vacancies in the registered nurse establishment. 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 patients who required one to one care. The sickness level on Ward 8 in February was 17%. There were no patient harms reported on Ward 8 in February and therefore no open and honest care report.

**Primrose Ward 20:** 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. A plan is in place to close the winter escalation beds by April. There were no patient harms reported on Primrose ward in February and therefore no open and honest care report.

**St Benedicts:** The reduction in the registered nurse and the care staff fill rates on day duty in February reflects an on-going problem and previously reported 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. A new system is now in place in eRoster which should show improvements in the safe staffing report for April 2016. There were no patient harms reported on St Benedict's inpatient ward in February and therefore no open and honest care report.

**Elmville Short Stay:** the fill rate on night duty for registered nurses during February was driven by using "optional shifts" to set the demand for registered nurses rather than the mandatory daily demand. This was an error that has now been rectified by the operational team. There were no staffing concerns for Elmville short stay unit during February.

#### **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 February these areas are St Benedict's Inpatient Ward and Special Care Baby Unit. The reasons for these challenges have been explored and reported in previous papers. Both areas are expected to have resolved their issues by April 2016 safe staffing report. Elmville Short Stay ward shows very high fill rates on days due to an error in setting the demand for registered nurses which has now been rectified.

The work undertaken in the workforce work stream of the Project Management office (PMO) will ensure greater consistency and control in the way wards and teams set their demand templates, develop their rosters and manage their staffing challenges over the coming months. This will be achieved by robust operational management oversight of the ward and team rosters supported by the eRoster team.

#### **5.0 IMPACT OF STAFFING**

During the data collection period from February 1<sup>st</sup> to February 29<sup>th</sup> our safety thermometer data tells us that 91% 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.

#### **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.

In advance of the next Executive Board and Board of Directors in May 2015 the intention will be to revise the report to reflect the introduction of the Carter Programme, Care Hours per Patient Day (CHPPD) metric, which the Trust is now collecting as part of a national dataset, and alongside the data available to us from the Safer Nursing Care Tool (SNCT) analysis.

**Louise Burn**  
**Deputy Director of Nursing and Patient Safety**

**April 2016**

**Appendix A: Staffing Information February 2016**  
**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	70.5%	108.6%	100.0%	182.8%
STDH	DELIVERY SUITE	87.6%	82.7%	103.1%	121.0%
STDH	EAU	101.5%	124.9%	100.0%	101.7%
Monkton	ELMVILLE	118.6%	91.9%	2440.6%	100.0%
STDH	ITU / HDU	80.6%	-	106.4%	-
STDH	PRIMROSE WARD	119.7%	193.0%	196.6%	255.2%
STDH	SPECIAL CARE BABY UNIT	112.4%	39.1%	77.6%	67.9%
ST BENEDICT'S HOSPICE	ST BENEDICTS	73.7%	85.9%	100.0%	100.0%
STDH	WARD 1	111.5%	92.8%	100.0%	112.1%
STDH	WARD 10	96.9%	90.4%	100.0%	133.3%
STDH	WARD 19	103.1%	83.1%	101.7%	97.7%
STDH	WARD 2	90.8%	137.0%	98.3%	111.9%
STDH	WARD 22	96.9%	88.7%	100.0%	100.0%
STDH	WARD 3	75.8%	147.3%	100.0%	101.7%
STDH	WARD 5	125.1%	112.7%	143.1%	112.1%
STDH	WARD 6	79.3%	161.9%	100.0%	150.0%
STDH	WARD 7	93.2%	108.3%	101.4%	103.4%
STDH	WARD 9	125.7%	104.0%	96.9%	107.2%