

Title	Open and Honest Care – July 2014 Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	18 th August 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 and capability across all inpatient areas of the Trust in July 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 July to July 31st was uploaded via UNIFY in a template provided by NHS England on August 15th 2014. This will be displayed on September 3rd 2014 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 for July 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 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 July 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>	
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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 18th August 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 third 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 JULY 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	89.6%	87.2%	95.4%	112.4%
STDH	88.4%	94.7%	93.2%	114.6%
Monkton Hospital	90.8%	87.2%	100%	96.9%
Primrose Hill Hospital	117.4%	60.7%	154.8%	90.3%
St Benedict's Hospice	96.5%	95.4%	100%	103.2%

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 JULY 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	71.4%	79.5%	91.3%	82.3%	Please see mitigating actions.
STDH	Acute Stroke Unit	101.4%	83.7%	50.0%	207.6%	Please see mitigating actions.
STDH	ITU/HDU	85.9%	5.6%	89.7%	-	Whilst only 2 care staff are employed in ITU/HDU both were absent with sickness in July
STDH	SCBU	73.6%	-	124.2%	92.3%	Please see mitigating actions.
STDH	Wd 10	88.0%	78.0%	98.5%	103.4%	Please see mitigating actions.
STDH	Wd 19	114.6%	78.5%	103.2%	101.6%	Low care staff fill rates on days were compensated by registered nurses causing a positive balance in skill mix.
STDH	Wd 3	82.4%	130%	90.3%	161.3%	Actual levels of care staff reflect actions to manage the high dependency levels of patients in July.
Primrose Hill Hospital	Ward	117.4%	60.7%	154.8%	90.3%	Low care staff fill rates on days were compensated by registered nurses causing a positive balance in skill mix.

3.1 MITIGATING ACTIONS

Acute Stroke Unit –High sickness levels among registered nurse on night duty have caused concern in July. Levels of care staff were increased to ensure overall numbers of staff remain satisfactory however skill mix was compromised. Delays in escalation of staffing problems meant this was left unresolved. This has now been corrected with registered nurses allocated from other wards to ensure that recommended skill mix levels are restored in August. Safety thermometer information demonstrates that the acute stroke unit delivered 100% harm free care in July. Family and friends test results for the ward is 84% in July with a positive star rating of 4.84.

Ward 10 - The level of planned hours were reviewed in July to ensure that this is appropriate and fully meets patient needs. There was sickness, both long term and short term, in July which caused a shortfall of care staff. Safety thermometer information demonstrates 67.9% harm free care in July with 3 new pressure ulcers. A root cause analysis for each of these has been undertaken. Patient experience, as evidenced in the family and friends test, is positive at 84% with a star rating of 4.84. The ward continues to be fully monitored and supported by the management team.

Special Care Baby Unit- There was sickness amongst registered nurses on day duty in July which was mitigated, when necessary, by staff working extra hours. Staffing levels were maintained at safe levels for the number of babies cared for on the unit at all times. Occupancy in July was 55.6%.

Delivery Suite - Maternity leave and sick leave have caused pressure in July. Staff have been allocated flexibly between antenatal, delivery suite and pre and post natal ward 22 to meet demand and, as a short term measure, midwives in administrative and project roles have been reallocated to provide clinical care. There are still some unresolved issues with regard to capturing all the actual hours worked by on call staff. Improvement work is underway to manage most post natal patients in delivery suite for the whole of their hospital stay. This change involves pooling staff from ward 22 and delivery suite into a single area when patient numbers allow; the increase in fill rates for midwives that has happened on these occasions has not been captured effectively in July. Bed occupancy on delivery suite was 59% in July. Patient experience, as evidenced in the family and friends test, remains very positive at 86.6% with a star rating of 4.87.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its third month. Compliance with the systems and processes required to accurately collect the data is slowly improving. There are however still some problems embedding the changes in some areas which have led to challenges in collecting a completely accurate dataset for July. The accuracy of the dataset will continue to improve over time and will be facilitated by the eBank module of eRoster going live in August. This module will capture electronically the use of bank and agency staff at source.

5.0 IMPACT OF STAFFING

During the data collection period from July 1st to July 31th 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 July 2014 of 56% with a star rating of 4.4. The Net Promoter Score result is lower than usual and is influenced by the increased response rate in the A&E department.

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 third 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
18th August 2014