Title	Open and Honest Care – August 2014 Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Board of Directors
Date	30 September 2014

Executive Summary

The purpose of this report is to update the Board on the monthly position of nursing and midwifery staffing capacity and capability across all inpatient areas of the Trust in August 2014. Wards with low staffing fill rates have been identified and mitigating actions to support safe patient care are explained.

The staffing data for the period 1st August to 31st August was uploaded via UNIFY in a template provided by NHS England on 15th September 2014. This will be displayed on 6th October 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.

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.

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.

Recommendation
That the Board review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust for August 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.

Update from Executive Board meeting on 15th September – Executive Board requested additional analysis in future months to reflect the impact of e-rostering on accuracy of fill rates, the movement of staff between wards to provide support as required and the relationship between the staffing fill rate and bed occupancy.

Report Author	Debra Stephen, Senior Nurse / Project Lead
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 BOARD OF DIRECTORS

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 fourth 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 AUGUST 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	**85.4%**	**87.04%**	**98.08%**	**105.03%**
STDH	**85.5%**	**87.8%**	**93.2%**	**107.4%**
Monkton Hospital	**99.1%**	**102.1%**	**100%**	**96.9%**
Primrose Hill Hospital	**83.6%**	**73.2%**	**122%**	**71%**
St Benedict's Hospice	**80.8%**	**76.5%**	**101.6%**	**96.8%**

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 AUGUST 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	76.2%	59.1%	98.4%	71%	Please see mitigating actions.
STDH	Ward 22	67.3%	79.4%	87.1%	100%	Please see mitigating actions.
STDH	SCBU	72.9%	N/A	131.3%	85.2%	Please see mitigating actions.
STDH	Acute Stroke Unit	103.9%	76.2%	63.1%	173.1%	Please see mitigating actions.
STDH	Ward 10	77.7%	87.3%	100%	101.8%	Please see mitigating actions.
STDH	Ward 3	76.1%	99%	87.1%	132.3%	Please see mitigating actions.
STDH	ITU/HDU	88.4%	7.2%	92%	N/A	Whilst only 2 care staff are employed in ITU/HDU both were absent with sickness during August. In August a registered nurse has been completing induction and has supernumerary status for 4 weeks. The bed occupancy has been

						50% on the unit in August.
STDH	Ward 19	114%	75.6%	100%	103.2%	Low care staff fill rates on days were compensated by registered nurses causing a positive balance in skill mix.
STDH	Ward 7	74.1%	119.6%	81%	128.5%	Low registered nurse fill rates have been compensated with increased care staff fill rates during August. This has been due to staff sickness and staff being redeployed to work on Ward 4 overnight.
STDH	Ward 9	99.4%	96.2%	79.5%	142.6%	There has been registered nurse sickness on night duty and staff being redeployed to work on ward 4 overnight. High care staff fill rates overnight are due to increased patient acuity / dependency. The bed occupancy has been 71% during August.
Primrose Hill Hospital	Ward	83.6%	73.2%	122%	71%	Low care staff fill rates on nights were compensated by registered nurses causing a positive balance in skill mix. The bed occupancy has been 50% during August, and staffing levels have been adjusted accordingly.
St Benedict's Hospice	Ward	80.8%	76.5%	101.6%	96.8%	Low care staff fill rates on day duty relate to 3 vacant posts on the unit – one of which is filled from Sept 14.

3.1 MITIGATING ACTIONS

Delivery Suite - Maternity leave and sickness have continued to cause pressure in August. 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. A meeting with the Clinical Business Manager and Operational Managers for maternity services has focussed on the need to ensure internal systems to capture accurate data are fully implemented. Improvement work continues 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 August. Bed occupancy on Delivery Suite is 33% for August. Patient experience, as evidenced in the Friends and family test remains very positive at 96.77 NPS, with a star rating of 4.97.

Ward 22 – There has been staff sickness on the unit which has impacted on the registered midwife fill rate on day and night duty. Due to the peak holiday

period staff who would usually work additional hours were unavailable. However due to the new model of care delivery the ward has had a very low bed occupancy and therefore midwifery care has not been compromised. Bed occupancy on the ward is 15% for August. Patient experience, as evidenced in the Friends and family test remains very positive at 94.74 NPS, with a star rating of 4.95.

Special Care Baby Unit- There was sickness amongst registered nurses on day duty in August. Staffing levels were maintained at safe levels for the number of babies cared for on the unit at all times. Bed occupancy in August was 41%. Recruitment of a newly qualified registered nurse is complete, with a start date awaited and plans to redeploy another registered nurse from the Emergency Department in mid - October will also enhance the staffing on the unit.

Acute Stroke Unit – High sickness levels among registered nurses on night duty have continued to cause concern in August. Levels of care staff were increased to ensure overall numbers of staff remain satisfactory however skill mix was at times compromised. The skill mix on night duty has improved from the position in July and a more sustained solution has been implemented in September. Recruitment for three registered nurses is currently underway and a newly qualified registered nurse will commence in October. Safety thermometer information demonstrates that the acute stroke unit delivered 100% harm free care in August. Friends and family Net Promoter Score (NPS) is 95 in August with a positive star rating of 4.96.

Ward 10 – High levels of sickness among registered nurses has created a shortfall on day duty, with two registered nurses returning to work in September, on a phased return. There is also long term sickness with care staff on day duty. The use of bank staff to support care delivery has occurred throughout August. Safety thermometer information demonstrates 79% harm free care in August with 2 new pressure ulcers identified on the ward. There were 2 patients who had a fall with low harm. A root cause analysis for each of these has been undertaken. Patient experience, as evidenced in the Friends and family test, is positive at 80.6 NPS with a star rating of 4.84. The ward continues to be fully monitored and supported by the management team.

Ward 3 – There have been a number of registered nurse vacancies on the ward (4.75wte), and there have been 3 registered nurses recruited and are awaiting start dates. There has been an increased use of care staff on night duty to meet the patient dependency during this time. Safety thermometer information demonstrates 100% harm free care in August. Patient experience, as evidenced in the Friends and family test, is 63.89 NPS with a star rating of 4.58.

4.0 QUALITY OF DATA SUBMISSION

This staffing dataset is now in its fourth month. Compliance with the systems and processes required to accurately collect the data is slowly improving. The challenges in the August data collection have centred on those clinical areas

who started using e-Rostering mid-way through August (Elmville and St Benedict's Hospice) and e-Bank commencing from mid-August in the general adult ward areas. The accuracy of the dataset will continue to improve over time and will be facilitated by the eBank module of e-Roster going live in all bedded areas by November 2014. This module will capture electronically the use of bank and agency staff at source.

There are however still some problems embedding the changes in some areas, which have led to challenges in collecting a completely accurate dataset for August. A further briefing session was held on the 5th September 2014 for Clinical Business Managers, Assistant Clinical Business Managers and Clinical Operational Managers to ensure they fully understand the data collection process and the importance of live data capture on e-Rostering.

5.0 IMPACT OF STAFFING

During the data collection period from 1st August to 31st August 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 August 2014 of 71.3, with a star rating of 4.97, which is a marked increase from the previous month and includes the responses from 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 fourth 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.

Debra Stephen
Senior Nurse / Project Lead
15th September 2014