Title	Open and Honest Care December 2015: Staffing Levels across Nursing and Midwifery inpatient settings.
Meeting	Executive Board
Date	22nd February 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 December 2015.

The staffing data for the period 1st December to 31st December 2015 was uploaded via UNIFY in a template provided by NHS England on 18th January 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 December indicates that eight areas experienced staffing numbers below the 80% minimum threshold – SCBU, St Benedict's Inpatient Unit, Wards 2, 8, 22, Primrose ward, ITU/HDU and Maternity Delivery Suite. 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.

An analysis of the Safer Nursing Care Tool establishment review most recently undertaken in September 2015, shows a consistent picture of nurse staffing across the Trust through three consecutive audit cycles – September 2014, March 2015, and September 2015. A full report was presented to the Executive Board in December 2015 and a plan to address areas with the greatest gap between the calculated acuity and dependency of their patients and the number of nurses available to meet their need of concern was requested for presentation in February 2016. Section 6 of the report includes updates on the current financial challenges with regard to the nursing workforce, local and international recruitment initiatives and a plan to secure further investment for the nursing workforce in priority areas.

Recommendation

The Executive Board are asked to review the staffing data for the inpatient areas of South Tyneside NHS Foundation Trust during December 2015 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 to approve the plans to secure nursing

investment in priority areas identified either through biannual staffing establishment review or by the Care Quality Commission.				
Report Author	Louise Burn, Deputy Director of Nursing and Patient Safety			
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 February 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 DECEMBER 2015

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	**89.5%**	**107.5%**	**100.1%**	**108.6%**
STDH	89.9%	110.1%	100.3%	109.8%
Monkton Hospital	139.2%	102.3%	93.6%	87.4%
St Benedict's Hospice	72.4%	74.2%	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 DECEMBER 2015 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	86.6%	84.5%	99.5%	79.0%
STDH	Ward 22	100.1%	74.9%	96.0%	96.8%
STDH	Special Care Baby Unit	92.9%	52.3%	60.3%	99.7%
STDH	Ward 2	80.0%	130.2%	98.4%	100.0%
STDH	Acute Stroke Unit/ward 8	75.2%	105.7%	99.8%	161.8%
STDH	Primrose ward	98.9%	178.8%	209.7%	200.1%
STDH	ITU/HDU	80.0%	N/A	100.3%	N/A
St. Benedict's Hospice	St Benedicts	72.4%	74.2%	100.0%	100.0%

2.1 MITIGATING ACTIONS

Delivery Suite: The fill rates for care staff on night duty in December 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. There is also a part time vacancy which is yet to be appointed to. The sickness rate for delivery suite in December was 5%. The number of registered midwives on duty on both day duty and night duty remained at acceptable levels to maintain patient safety.

Ward 22: The fill rates for care staff on days were reduced due to long and short term sickness. Further recruitment to the nurse bank is underway to help bridge potential gaps in future. The sickness rate for Ward 22 was 6.8% in December. The fill rates for registered midwives on day and night shift was over the planned levels and therefore patient safety was maintained.

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 December: This level of sickness amounts to 21% of the current establishment. 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 December 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. The operational team have been reminded to ensure appropriate changes to the eRoster demand template are in place.

Ward 2: There were 6.65 WTE vacancies for registered nurses on Ward 2 in December. The sickness rate on the ward in December was 4.6%. Additional cover was provided by increasing the care staff hours. National and international recruitment initiatives are expected to resolve some of these challenges from February 2016.There were no patient harms reported on Ward 2 in December and therefore no open and honest care report was generated.

Acute Stroke Unit/Ward 8: The fill rate for registered nurses on day duty in December 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 December was 15.8%. There were no patient harms reported on Ward 8 in December and therefore no open and honest care report was generated.

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 December and therefore no open and honest care report was generated.

ITU/HDU: Following a review of eRoster for December the clinical operational manager believes ITU/HDU was safely staffed at all times and the fill rates on day duty do not properly reflect the number of staff present. The review noted that the registered nurse numbers on day duty in December were only reduced from the planned figures by one nurse on five occasions which does not reflect a fill rate of 80%.

Currently extra staffing availability is being logged as optional shifts on eRoster and it is believed that this may be adversely affecting the fill rates. Work is on-going to change the demand template to reflect the increased establishment since nurse investment money was allocated to the unit. Sickness on the unit was 1.4% in December. There were no new patient harms developed on ITU/HDU during December and therefore no open and honest care report is available.

St Benedicts: The reduction in the registered nurse and the care staff fill rates on day duty in December 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 eRoster to resolve these issues which are proving to be challenging. One patient harm was reported in December with regard to an acquired pressure ulcer at level 2. An open and honest care report was generated and reported that patient satisfaction was at 100% across all nine patient experience questions.

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 December these areas are St Benedict's Inpatient Ward, ITU/HDU 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 are working with eRoster to resolve these issues which are proving to be challenging.

In ITU/HDU the uplifted establishment following investment money has been allocated through the eRoster by adding optional shifts. These optional shifts are thought to be not accurately captured in the fill rates and the operational management team are working with eRoster to rectify this anomaly.

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 December 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 December 1st to December 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.

6.0 STAFFING ESTABLISHMENT REVIEW

NHS England and the Care Quality Commission require the Trust to carry out biannual nurse establishment reviews and publish the results on the Trust website for the public to access[1]. The Executive Director of Nursing, Allied Health Professionals and Patient Safety has utilised the Safer Care Nursing Tool[2] (SCNT) to underpin our third staffing establishment review in September 2015.

The Trust has now undertaken three audit cycles of the SNCT which show a consistent picture across ward areas with the exception of Primrose Ward 20 which demonstrates variation in keeping with the changing bed base according to whether contingency beds are open during the audit cycle period. The levels of care required by patients across the Trust remains broadly the same at each level of acuity/dependency and this is stable across all three audit cycles. The consistency of the results over three audit cycles builds confidence in the reliability of the results from the SNCT methodology.

Analysis of the September 2015 data set indicates that Wards 1, 2, 5, 10, 19 and Primrose are the areas with the greatest gap between the calculated acuity and dependency of their patients and the number of nurses available to meet their needs. This reflects the analysis of the data in the two previous audit cycles.

The latest report was presented to the Executive Board in December 2015. Following this presentation the Board asked the Deputy Director of Nursing to present to the February 2016 Executive Board meeting plans outlining how the Trust will bridge the vacancy gap and enable these wards to consistently meet the median acuity/dependency requirements of their patients.

6.1 LOCAL AND NATIONAL UPDATE

In January 2016 there were 31 vacancies for registered nursing staff based on our current establishments in the inpatient bedded areas. This reflects a national challenge[3] with regard to the recruitment of registered nurses which is demonstrated in the rise in the use of agency nurses, with the associated costs and headlines, across the country. In STFT we are now using increasingly high numbers of agency nurses at bands 2 and 5 to supplement staff on our wards and to support the opening of the extra winter contingency beds we currently have open on Ward 5 and Primrose ward.

In September 2015 the NHS Trust Development Authority and Monitor published new rules to support NHS providers to get the best quality agency staff whilst reducing their overall costs. These new rules are driven by the news that over the last few years the amount of money spent on agency staffing has increased to around £3.3 billion per year with some trusts

[1] How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability November, 2013
[2] Safer Care Nursing Tool- Implementation Resource Pack, July 2013. The Shelford Group
[3] NHS Employers and HEE recently found 10% nursing vacancy rate. RCN estimates around 20,000 full time vacant posts.

acknowledging the increasingly difficulty of locally securing best value on the quality and cost of agency staffing where no national rules currently exist.
Monitor has now imposed a cap on agency spend designed to drive down agency costs and has also released a raft of centrally driven initiatives [4] designed to support Trusts to safely staff their wards and teams while controlling the expenditure to within an affordable cost envelope. The short term challenges presented by the cap on agency spend and the limit to the amount agency staff can be paid have to be met by the Trust in order to gain access to the Sustainability and Transformation fund. This fund is designed to help hospitals to achieve financial balance while focusing on changing the way they provide high quality care for patients.

6.2 NATIONAL AND INTERNATIONAL RECRUITMENT

From July 2015 there has been a monthly programme of national recruitment and to date nine nurses are in post with sixteen more coming into post over the coming months. The Trust have successfully recruited fourteen nurses from Spain twelve of whom are now in post with two more due to take up their posts in April. We have also recruited up to thirty nurses from India who we expect to start coming into post from September 2016.

The recruitment drive to date has resulted in a net loss of one post since October 2015 in the inpatient bedded areas as there were 30 registered nurse vacancies in the same areas in October. It is therefore important that our recruitment initiatives continue alongside our other plans to increase the efficiency and effectiveness of our current nursing workforce which are vital to sustain the Trust through this period of significant financial challenge.

6.3 NURSE STAFFING EFFICIENCY IN INITIATIVES

STFT joined the NHS efficiency programme in August 2015 and has a live pilot project, monitored by the Department of Health, to improve nursing workforce efficiency. This pilot has involved 3 wards with the aim of ensuring that each ward works consistently within the 22% allocated headroom built into budgets by March 2016. In order to achieve this target work has focussed on a number of key areas;

- Managing availability of staff more effectively
    - Flexible working
    - Unused hours
- Managing annual leave to 16% of headroom
- Reducing sickness/absence by 0.5% (rolling target)
- Planning learning and development evenly throughout the year
- Accurately aligning the set budget and the eRoster demand template

From April 2016 all wards and teams will be required to produce rosters which are managed with the 22% headroom. This will ensure there is minimal variation in staffing levels across the roster period which in turn will help to drive down the bank and agency costs that this variation generates.

[4] Operational productivity and performance in English NHS acute hospitals: Unwarranted variations An independent report for the Department of Health by Lord Carter of Coles

A separate project has also commenced to implement changes resulting from a review of nurse shift patterns. The work will focus on acute inpatient areas and the emergency department in the first instance. Initial calculations indicate that approximately £1.2 million can be released by introducing more efficient shift patterns. The efficiency is driven by having a shorter overlap between shifts while maintaining the same amount of cover with regard to number of nurses per shift; the hours released from the staffing overlap represent the cost saving. A proportion of these efficiency savings will be available to ensure that the priority areas identified by both our nursing establishment review process and by the Care Quality Commission (CQC) are able to safely meet the needs of their patients.

Each of the priority areas will have its staffing needs reviewed using "Care Contact Time"[5]. The measurement and understanding of care contact time will be used to drive local improvement, determine robust nursing establishments and support the effective deployment of staff by maximising time for direct care of patients and releasing time spent on non-value added activities. This methodology acknowledges that the appropriate balance of nursing activities varies according to the specialty of a ward or unit, the dependency and acuity of its patients, as well as other factors.

A series of business cases will be presented to the Executive Board for each priority area reflecting the findings of these in depth reviews and a decision with regard to reinvesting efficiency savings into the nursing workforce will be made.These nursing workforce projects are part of the overall workforce work stream supported by the Trust's newly established Programme Management Office.

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 report also details plans to meet the staffing needs of priority areas for identified for further nursing investment either through the Trust's biannual nursing establishment reviews or identified by the CQC during the comprehensive review which took place in May 2015.

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: January 2016

[5] Safer Staffing: A Guide to Care Contact Time. NHS England First published: 26 November 2014

Appendix A: Staffing Information December 2015 - 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	75.2%	105.7%	99.8%	161.8%
STDH	DELIVERY SUITE	86.6%	84.5%	99.5%	79.0%
STDH	EAU	105.7%	109.4%	98.8%	106.5%
Monkton	ELMVILLE	139.2%	102.3%	93.6%	87.4%
STDH	ITU / HDU	80.0%	N/A	100.3%	N/A
STDH	PRIMROSE WARD	98.9%	178.8%	209.7%	200.1%
STDH	SPECIAL CARE BABY UNIT	92.9%	52.3%	60.3%	99.7%
ST BENEDICT'S HOSPICE	ST BENEDICTS	72.4%	74.2%	100.0%	100.0%
STDH	WARD 1	94.8%	91.4%	96.8%	100.0%
STDH	WARD 10	85.9%	94.3%	98.9%	130.7%
STDH	WARD 19	92.9%	85.6%	100.0%	93.1%
STDH	WARD 2	80.0%	130.2%	98.4%	100.0%
STDH	WARD 22	100.1%	74.9%	96.0%	96.8%
STDH	WARD 3	83.1%	144.4%	93.7%	98.7%
STDH	WARD 5	103.9%	108.8%	119.4%	116.9%
STDH	WARD 6	82.7%	118.2%	98.4%	106.5%
STDH	WARD 7	92.0%	117.1%	95.2%	119.8%
STDH	WARD 9	101.3%	107.9%	96.3%	103.2%