Title	Open and Honest Staffing Report April 2016
Meeting	Executive Board
Date	May 16th 2016

Executive Summary

This paper provides a stocktake on the position of South Tyneside NHS Foundation Trust (STFT) in achieving safe staffing levels.

The focus of the paper is the safe staffing of adult inpatient areas which reflects the focus of the scrutiny of nurse staffing on trusts by NHS England and health regulators from 2013. Community services have not received a similar focus on safe staffing to-date, nationally and locally as there are currently no approved national guidance against which to benchmark our services, nor are there any scrutiny on staffing levels of community teams by health regulators. There is currently work taking place led by the Queen's Nursing Institute on behalf of NHS England with regard to safe caseload levels which will help to address this gap in the future.

Whilst safe staffing levels are acknowledged as being a central tenet of delivering safe and effective care, nationally there are growing concerns about the way safe staffing levels are being achieved in some trusts which have led to a number of initiatives by the DoH and other NHS regulators. This stocktake describes the complex, often conflicting priorities that are impacting on our ability to both recruit and retain staff in substantive posts and our ability to fill any gaps with temporary staff as needed.

STFT currently has a number of initiatives in place which will, in time, help the wards to achieve the required staffing levels. Some of these initiatives are aimed at having access to more registered nurses through focussed recruitment strategies and, in the longer term, training and retaining more registered nurses. Other initiatives are designed to ensure the organisation is able to use the nursing resource it has in the most efficient and effective way. An added challenge for STFT is the urgent need to reduce agency spend for both nursing and medical staff in order to meet the criteria to access transformation funding from NHS Improvement (NHSI).

All of the initiatives have an important part to play to ensure our wards are safely staffed and that this is sustainable into the future.

Future reporting of safe staffing will be determined by the refreshed National Quality Board (NQB) guidance and the expectation that Trusts will use the new staffing metric, care hours per patient day (CHPPD), alongside key safety indicators to define safe staffing at a local level.

Recommendation				
Executive Board is asked to review the current position with regard to the recruitment and retention of staff. Note the current challenges with staff sickness/absence and the agency spend and discuss the initiatives currently underway to address these.				

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Executive Director/ Sponsor	Dr Bob Brown, Executive Director of Nursing, Allied Health Professionals 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	√			
Link to CQC outcome	√			
Link to Board Assurance Framework	√			
Link to Strategic Risk Register	√			

REPORT TO EXECUTIVE BOARD

OPEN AND HONEST STAFFING REPORT APRIL 2016

**REVIEW OF THE PROGRESS TOWARDS SAFE STAFFING LEVELS:
LOCAL UPDATE**

1. BACKGROUND

Following the publication of the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry[1] (the Francis report) and the Keogh Reviews into 14 Trusts with higher than expected mortality levels[2], the importance of NHS Trusts making the right decisions with regard to safe nurse staffing levels came under intense scrutiny. The focus of this scrutiny has been and remains the acute inpatient bed base.

In November 2013 the National Quality Board (NQB) published a guidance document which set out ten core expectations of providers and commissioners in respect to getting nursing, midwifery and care staffing right[3]. STFT has remained compliant with these guidelines which include monthly open and honest staffing reports to Board and bi annual reviews of staffing establishments across the acute inpatient bed base. These reports are uploaded to our website for the public to access. It is expected that the NQB will review this guidance in the summer of 2016.

From May 2016 NHS Improvement are introducing a new safe staffing metric in "care hours per patient day" (CHPPD) which will be collected from all Trusts. CHPPD is based on the number of nursing and care staff hours available on each ward divided by the number of patients on the ward at midnight. The metric has been devised by NHS Improvement to give a simple consistent measure of nursing and healthcare support workers deployment on inpatient wards and units. Trusts will be able to see how their CHPPD relates to other Trusts with the same speciality by ward in order to identify how they can improve their staff deployment and productivity. It is anticipated that safe staffing levels will be left broadly to local determination in future.

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[1] *Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry*, the Mid Staffordshire NHS Foundation Trust Public Inquiry, February 2013.

[2] *Review into the quality of care provided by 14 hospital trusts in England: overview report,* Prof , Sir Bruce Keogh, NHS England, July 2013

[3] *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

There is currently estimated to be a 10% vacancy rate[4] across England for registered nurses and therefore considerable competition exists between Trusts both to recruit and retain registered nursing staff. In order to meet their staffing requirements Trusts have been driven to either use expensive agency staff to fill their gaps or to look to recruit from abroad into substantive posts. Both of these options have been shown to have their own sets of challenges either in terms of cost or the ability to recruit sufficient numbers of nurses internationally to meet the needs of Trusts.

As the financial challenge facing the NHS deepens there is increasing pressure on the NHS in England to get finances back into balance which includes tight controls on agency nurses spend. The increase in spend, both on nursing and medical staff, is considered to be driving Trusts deficits. NHS Improvement has imposed a cap on agency spend from September 2015 with rules being progressively tightened in terms of the agencies which are "on framework", and therefore can be used by Trusts, and the costs of each shift. The ability of Trusts to comply with the NHSI cap has been linked, along with other financial and performance indicators, to access to transformation funding worth £4.9m to STFT.

2.0 STFT UPDATE

2.1 VACANCIES

At the end of March 2016 there were 31 WTE vacancies for registered staff across the acute inpatient area, emergency department (ED), paediatrics and maternity services. Health care assistant posts have been over recruited to by 22 WTE as health care assistants are much easier to recruit than registered nurses and have therefore been used to bridge the gap, however this creates an issue for the Trust in terms of appropriate registered to non-registered skills mix, an important safe staffing factor. The number of vacancies for registered nurses has remained the same since October 2015 despite monthly recruitment drives and international recruitment initiatives.

Speciality	Number of registered staff vacancies (WTE)	Comments
Medical wards	10.86	
EAU & ED	3.8	
Care of the Elderly wards	8.51	
Surgery	4.13	These posts are being held due to development of the surgical centre
Critical care	2.87	
Paediatrics	0	
Maternity services	1.02	

2.2 ATTRITION

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[4] *NHS Employers and HEE recently found 10% nursing vacancy rate. RCN estimates around 20,000 full time vacant posts.*

Across the acute bed base, from April 2015 to the end of March 2016, we have lost 18.58 WTE registered nurses, more than we have been able to recruit. The position with health care assistants has been stable with new recruits being able to match the number of leavers. Community teams have been reduced by 57 WTE registered nurses and 7 WTE health care assistant staff over the same period however the majority of this attrition has been due to the introduction of new integrated teams or the result of restructuring establishments.

Hospital teams April 2015 to March 2016				
Type	Net loss/gain WTE-Registered nurses	Net loss/gain WTE – health care assistants	Total	Comments
Acute and urgent care	-4.28	-0.2	-4.48	Leavers even split between EAU and ED
Acute medicine	-3.37	5.15	1.78	Wards 1 and 6 have most leavers
Children's services	0.07	-0.32	-0.25	
Care of the Elderly	-0.44	-2.44	-2.88	Wards 8, 2, Primrose, and frailty team main areas for leavers
Palliative Care	-0.64		-0.64	
Surgical Specialities	-7.88	-1.52	-9.4	Theatre , ITU ward 9 most leavers
Maternity Services	-2.04	-1.57	-3.61	
Total	**-18.58**	**-0.9**	**-19.48**	

2.3 RECRUITMENT

There are a number of recruitment strategies currently underway for both registered and non-registered nurses across all our wards. Recruitment sessions are held on the last Friday of each month, when prospective nurses are interviewed, and if selected undertake a medical and complete appropriate personnel paperwork on a single day. To date these sessions have been successful with over 57 recruited during the year 28 of whom are already in post. As the demand to recruit registered nurses is greatest in medical and care of the elderly wards there are focussed recruitment days planned for both of these areas at the end of May and the beginning of June consecutively, followed by a session specifically for A&E and Emergency Admissions Unit (EAU).

In January 2016 thirteen international recruits from Spain were able to take up posts across the hospital wards and departments, there are also six nurses from India who are nearly ready to take up post and their sponsorship licence applications are currently being processed by Migration Advisory Committee. These nurses should come into post in the next few months with the potential for another twelve to fifteen successful candidates to follow later in the year.

STFT has a limited social media presence compared to other local Trusts and therefore marketing of jobs is also limited to traditional methods of advertising. Senior managers are currently exploring initiatives to help reach out to nurses who would use social media as their first method of finding jobs. In addition we intend to work more closely with City Hospitals Sunderland Foundation Trust with the aim of attracting and retaining more registered nurses to the South of Tyne area, and the recent commencement of the first pre-registration nursing programme at Sunderland University will be an important factor in this ambition.

2.4 RETENTION

As a Trust we are currently in a position where we are not able to recruit registered nurses in sufficient numbers to replace those who are leaving. Although leavers are sent exit questionnaires to complete and return the response rate is not good and the results of the ones we have received require further analysis. This work is in hand. There are a number of wards and departments finding it increasingly difficult to retain and recruit registered nursing staff including ED and Acute Stroke Unit. Feedback from some staff indicates this is in part due to some uncertainty for the future which is a natural consequence of the service review work being undertaken with City Hospitals Sunderland NHS Foundation Trust and emphasises the importance of communicating candidly with staff and working with our counterparts in City Hospitals to provide opportunities such as staff rotation as a means of maintaining morale and developing opportunities in practice across hospital (and community) networks.

2.5 SICKNESS
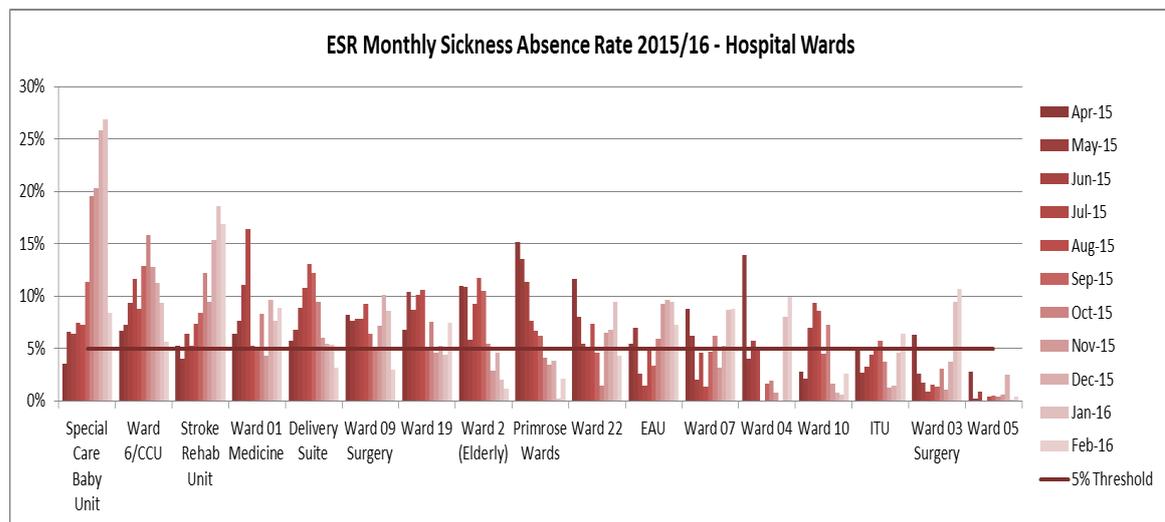
The sickness/absence rates for most wards and teams has been consistently above the 5% threshold in 2015/16 which drives bank and agency spend as wards and teams struggle to cover the gaps. At Trust level the Sickness/Absence Panel has been reformed and is focussing on management of long term sickness with initiatives to get staff back to work as quickly as possible even if this involves temporary redeployment while they recover. At

ward level the focus is on managing staff within the 22% headroom within establishments which includes robust management of sickness and absence supported by the Trust policy.

2.6 NURSING ESTABLISHMENT REVIEWS

The Safer Nursing Care Tool (SNCT) has continued to be the methodology underpinning our staffing establishment reviews; the latest review being in September 2015. 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 three audit cycles of the SNCT show a consistent picture across ward areas with the exception of Primrose ward which has varied its bed base from 16 to 29 beds from September to March to accommodate contingency beds during the winter period; this change is demonstrated in the results.

The SNCT does not capture other factors which might affect the ability of the wards to meet the care needs of the patients. These include staff sickness, maternity leave and the impact of some inefficient rosters on staffing levels.

2.7 AGENCY SPEND
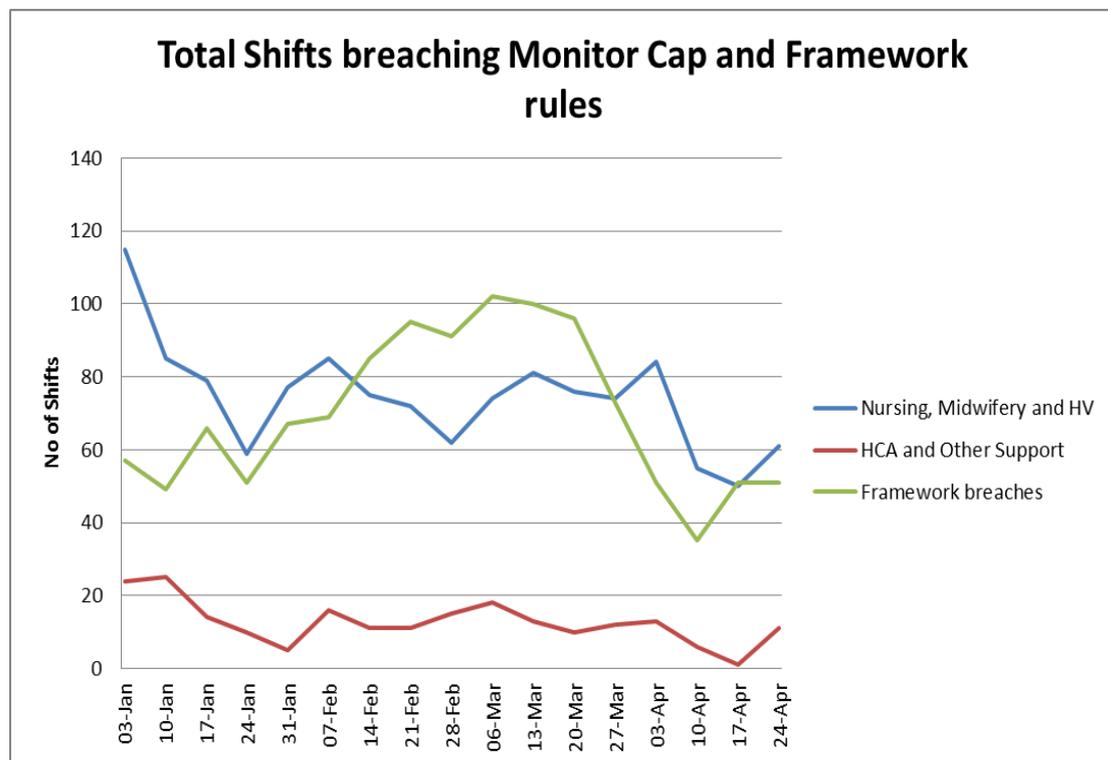
All Agency nurse shifts worked in April 2016 are breaking the NHS Improvement cap, either because they are off the designated NHSI agency provider framework or because the expense of employing these temporary staff is higher than expected. This is due to NHSI progressively tightening the rules in an attempt to bring staffing agencies and agency spend under control.

The agency spend over the winter period has been driven by the opening of extra contingency beds. These beds were "closed" during April leading to the drop in shifts worked however there has been a recent rise due to beds being reopened to cope with system pressures during April and May. In order to ensure that every agency shift booked is needed to ensure patient safety they must now be authorised by the Clinical Business Manager for the area.

3 NURSING WORK FORCE PROJECTS

The workforce work stream of the Project Management Office (PMO) is overseeing a range of projects to ensure that the nursing workforce is being deployed as efficiently and effectively as possible. Senior managers from operational teams, nursing and patient safety, finance and human resources support the delivery of these projects. This group meets twice monthly to assess progress with recruitment and retention of nursing staff, to monitor progress against key performance indicators and take mitigating actions. The challenge is to ensure wards are safely staffed by driving effective rostering practice while ensuring that the efficiency savings are being met. Three times daily patient flow meetings are also undertaken, each of which includes a focus on maintaining safe staffing informed by a daily report on the planned v actual registered and non-registered nursing number and skill mix per ward.

3.1 eROSTER EFFICIENCY

STFT joined the NHS Lord Carter of Coles workforce efficiency programme in August 2015 and took part in a pilot project, monitored by the Department of Health, to improve nursing workforce efficiency. This pilot involved 3 wards and aimed to ensure that each ward was be working consistently within the 22% allocated headroom built into budgets by March 2016. In order to achieve this work was focussed on a number of key areas;

- Managing availability of staff more effectively
- 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

This project has now been rolled out to all wards and departments.

3.2 NURSE AGENCIES AND BANK

In order to ensure that STFT meets its requirement to operate within the Monitor agency Cap there are several strands of work in progress or being considered.

1. There is some exploratory work underway with NHS Professionals (NHSP) to see if by running the STFT nurse bank they could offer increased fill rates for unfilled duties and therefore reduce reliance on agency nurses. NHSP can also pay staff weekly which is an attractor for nurses who could work extra bank shifts.
2. There are some tentative ideas which would involve working in partnership with City Hospitals Sunderland with regard to "sharing" a nurse bank operated by NHSP. This could have benefits for both organisations especially with regard to staff with specialist skills.
3. Temployer, a company which offers a web based platform and acts as a digital broker between temporary workers and employers, is being considered to undertake a six month pilot working with the Trust with the aim of attracting registered nurses to the nurse bank. If successful this would reduce reliance on agency nurses.

3.3 STANDARDISATION OF SHIFTS

A separate project has also been commenced to look at nursing shift patterns across the hospital wards and departments. There are currently a number of shift systems in operation most of which are inefficient and which make the redeployment of staff problematic.

A new shift system, which has been used by a neighbouring Trust successfully for several years, will be consulted on with staff during June. It is expected that the new shift system will give better cover of staff across twenty four hours by decreasing the shift overlap period or will provide the same cover that wards have currently with a smaller establishment.

3 CONCLUSIONS

Nurse recruitment and retention remains an area of significant challenge for STFT which reflects both the local and national picture. In the acute bed base at the hospital site we are currently losing registered nurses at a faster rate than we can recruit them which, along with high sickness rates and some long term vacancies, is causing a significant challenge in achieving safe staffing levels.

Over the winter period agency nurses have helped to fill the gaps but pressure to meet Monitor's agency cap and gain access to transformation funding is making this an increasing risky option for the Trust.

There are a number of initiatives described which will, in time, help the wards to achieve the required staffing levels. Some of these initiatives are aimed at

having access to more registered nurses through focussed recruitment strategies and, in the longer term, training and retaining more registered nurses. Other initiatives are to ensure the organisation is able to use the nursing resource it has in the most efficient and effective way. All of the initiatives have an important part to play to ensure our wards are safely staffed and that this is sustainable into the future.

Louise Burn
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May 2016