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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	31st May 2016
Board Sponsor:	Chief Nurse
Paper Author:	Deputy Chief Nurse (Workforce & Efficiencies)
Subject:	Safer Nursing and Midwifery Staffing

Executive Summary

This report provides the Board with a monthly overview of Nursing and Midwifery staffing levels in in-patient areas as outlined in the Nurse Staffing Guide “How to ensure the right people, with the right skills, are in the right place, at the right time” (National Quality board and NHS Commissioning Board).

The report details overall fill rates for trained and un-trained staff in April 2016, and provides a detailed explanation, where fill rates were 80% or less, There was 1 area/ward in December 2016 with a fill rate of 80% or less.

In 2015/16 311 European and Filipino nurses started on the wards and further cohorts are planned for 2016/17. Local, national and international recruitment continues as a high priority to enable substantive positions to be filled reducing the need for bank and agency staff. The change to immigration for nurses will enable us to undertake further recruitment in the Philippines in 2016.

The new national 4% agency cap from the 1st October 2015 and 3% from 1st April 2016 has added an additional challenge to the Nursing and Midwifery workforce. Agency shifts reduced through 2015/16 and were below 4% for the last quarter. April 2016 – 2.6% plans are in place to reduce that further whilst maintaining safe staffing levels however due to operational pressures and opening of additional capacity reduces the ability to do this.

Links to corporate objectives	Safe staffing levels support the Trust objectives of: <i>excellent outcomes; great experience; empowered skilled staff; and high productivity</i>
Identified risks and risk management actions	Safe staffing levels are key to ensuring patient safety and high quality patient experience.
Resource implications	As reported to the Board of Directors any shortfalls in staffing levels will be addressed, through the development of business cases.
Report history	Previous reports on nurse staffing have been made to the Board of Directors monthly since April 2014.
Appendices	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: October

Action required by the Board

The Board is asked to note the nurse to patient ratios in April 2016; the actions planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment

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Report to the Board of Directors, 31st May 2016 Safer Nursing and Midwifery Staffing

1. Introduction

This report provides the Board with an overview of Nursing and Midwifery staffing levels in in-patient areas as outlined in the Nurse Staffing Guide “How to ensure the right people, with the right skills, are in the right place, at the right time” (National Quality board and NHS Commissioning Board).

This report provides the Board with an overview of Nursing and Midwifery staffing for April 2016. It brings to the attention of the Board any risks identified during the month.

Key points:

- Ward establishments are based on an assessment of acuity and dependency using the *The Safe Nursing Care Acuity and Dependency Tool*, guidance from professional bodies, professional judgement and key clinical indicators.
- The Trust collects the number of times shifts fell below agreed staffing levels. This is currently being undertaken manually, with the plan to automate this process as soon as possible.
- We have collected the data since April 2014, there continue to be fluctuations month on month, and we are anticipating an improvement as the vacancy rate decreases and substantive staff are in post this will begin to change.
- The 4% Agency cap which started on the 1st October reduced to 3% from 1st April 2016 was expected to have a negative impact on filled shifts within safer staffing levels however this has not been the case.

2. Fill rates in April 2016

There was a small increase in trained staff in April (11wte) in comparison to March 2016. There continue to be additional capacity areas open to support patient activity and short term sickness remains high in some areas.

Vacancy numbers have increased slightly with the new financial year to reflect investment - 26 trained staff and 11 untrained.

Nursing & Midwifery Vacancies	December 2015	January 2016	February 2016	March 2016	April 2016
Trained wte	178.2	157.8	168.1	95	126 *
Untrained wte	86.6	76.5	90.1	71	82 *
Total wte	264.8	244.3	258.1	166	208

*2016/17 increase in 26 trained and 11 = untrained positions

Any shortfalls in staffing are discussed daily at the operational meetings and where required staff will be moved to accommodate extra capacity staffing and areas that need additional support. Staff sometimes dislike being moved to different clinical areas and this has resulted in some staff expressing this as a reason for leaving BSUH. The need for this will reduce as vacancies continue to be filled. However sometimes it is essential to move staff to ensure staffing is managed across all wards and departments and this is coordinated by senior nursing staff.

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Bank and agency staff are used as required to ensure the nurse to patient ratio remains within acceptable levels. Directorate Lead Nurses, Matrons and the Practice Educators have also worked on the wards as required. The use of agency nurses continues to be high on the national agenda.

The table below reflects the actual spend and percentage of spend for this financial year.

Table 1: substantive, bank and agency spend

	Category	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
£m	Substantive	9.13	9.15	9.34	9.18	9.09	9.31	9.20	9.35	9.37	9.52	9.55	9.06	10.05
	Bank	0.94	0.92	0.72	0.94	0.82	0.73	1.00	0.77	0.71	0.87	0.84	0.94	0.88
	Agency	0.46	0.90	0.81	0.76	0.84	0.54	0.40	0.66	0.35	0.27	0.27	0.34	0.30
	Total	10.53	10.96	10.87	10.89	10.75	10.58	10.60	10.79	10.43	10.66	10.66	10.34	11.23
%	Substantive	86.8	83.4	85.9	84.3	84.6	88.0	86.8	86.7	89.8	89.3	89.5	87.7	89.5
	Bank	8.9	8.4	6.7	8.6	7.6	6.9	9.4	7.2	6.8	8.1	7.9	9.1	7.8
	Agency	4.3	8.2	7.5	7.0	7.8	5.1	3.8	6.2	3.4	2.6	2.6	3.3	2.6

Following the announcement of the 4% Agency Cap that was to be implemented on 1st October 2015, agency requests were monitored and authorised by the Deputy and Chief Nurse for the last two weeks of September. Closer monitoring and authorisation has had an impact. The Directorate Lead Nurses have given the following reasons for agency spend for April: trained specials; vacancies; backfill for nurse training, education and engagement work; maternity leave; sickness, short and long term; induction period for new staff and extra capacity.

The Directorate Lead Nurses are monitoring overtime, authorisation of agency requests before escalation to Deputy and Chief Nurse, and following the managing sickness absence policy with HR support. In addition they are working with the roster-pro lead nurse to ensure rotas are robust.

Meetings continue to take place between senior nursing staff and staff side to enable detailed discussions to take place in partnership regarding current and future workforce.

The table below shows the average staffing fill rates. Challenges remain to nurse staffing as previously reported. At the end of June, the new nursing lead in the bank office has taken up position, and we continue to work with the bank office team to recruit more bank staff.

Table 2: Nursing and Midwifery staffing fill rates (%)

2015 / 16	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day												
Trained	92	93	94	91	92	90	93	94	93	93	92	91
Un-trained	94	98	97	95	96	98	96	95	99	94	94	94
Night												
Trained	93	95	96	94	94	93	92	93	95	96	94	93
Un-trained	104	107	105	106	108	107	106	112	113	109	110	111

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2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day												
Trained	93											
Un-trained	97											
Night												
Trained	95											
Un-trained	115											

The table below details the total number of filled and un-filled hours for trained and un-trained staff for the month of August, including the percentage as requested by a member of Staff side.

Table 3: filled and unfilled hours 2015

	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	March 16
Total number of actual staff hours (includes trained & un-trained)	221,384	217,149	228,012	248,634	241,353	252,200	242,145	255,832	256,823	239,958	254114
%	96%	96%	95%	95%	94%	95%	96%	97%	95.8%	95.1%	94.5
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043	12,929	14713	14,191	10,453	7,597	11,133	12,462	14893
%	4%	4%	5%	5%	6%	5%	4%	3%	4.2%	4.9%	5.5
Total Hours	230,792	225,325	241,055	261,563	256,066	266,391	252,598	263,429	267,956	252,420	269,007

	April 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17
Total number of actual staff hours (includes trained & un-trained)	251326											
%	96.8%											
Total number of hours un-filled (includes trained & un-trained)	8210											
%	3.2%											
Total Hours	259,536											

The detail below gives a fuller picture of the reasons for a red 'flag' (levels of 80% or below).

In April 1 ward was 80% or less

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Speciality Medicine – 1 ward flagged at 80% or less

Vallance – Trained night

This ward has several vacancies which have been recruited to and new staff are completing their induction. In view of the Trust financial position, only escalated to bank.

Table 4: Areas with fill rates of 80% or less

2015 / 16	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	16	9	7	5	7	10	5	4	6	8	10	5
2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	1											

Of the 1 red area below 80% in April this is for trained night shifts. It should be noted that 54 trained and un-trained ward percentages were in excess of 100%, 20 day shifts and 34 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls, 42/54 were for untrained staff. RACH medical ward - Level 9 and RACH High Dependency is over 100% for trained this is due to extra capacity been open so their staffing is above their funded template.

Mitigations remain in that staff are often moved to other areas requiring assistance to ensure all areas are kept safe. Shifts are escalated to bank and agency and, managers, practice educators; nurse specialists provide additional clinical support. The wards and departments continue to feel pressure however; several Ward Managers are commenting that staffing is beginning to feel different in a positive way in that more shifts are filled. On a daily basis wards and departments continue to support each other.

Recruitment in the UK is on-going; local and national recruitment is around 2/3 of nursing recruitment. Recruitment currently has 59 Health Care assistants and 78 Nurses in the recruitment process. International recruitment in Europe and outside Europe is progressing, the programme to date; 311 nurses have started and another 73 have accepted offers. Recruitment continues to take place to ensure we continue to have a flow of recruits in 2016.

The Filipino nurses that arrived in February and March 2016 are nearly completion of their conversion. 9 have completed the overseas nursing programme facilitated by City University London and are waiting final University marks and then NMC registration. The other 52 nurses are on the new programme and have undertaken an 'objective structured clinical examination' (OSCE) assessment at Northampton University. To date the results are; 27 passes, 10 partial pass, 7 fail, 8 waiting for results. The nurses are in the process of re booking their OSCE's for repeats. We cannot under estimate how stress full this is for the nurses they are learning the NHS way of doing things and using different paperwork to that used at BSUH.

Table 5: starters and leavers

Trained Nurses (Band 5,6,7)	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTAL
Starters Local/National	30	23	35	31	24	23	27	52	11	21	21	14	312
International starters	7	41	12	10	9	27	22	21	0	32	38	30	249
Leavers	25	26	21	20	45	17	27	42	25	19	17	31	315

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Trained Nurses (Band 5,6,7)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	TOTAL
Starters Local/National	26												
International starters	11												
Leavers	26												

The tables above show that in 2015/16 531 trained nurses joined BSU, 315 left so we had a positive balance of 216 additionally filled positions. This demonstrates the importance of our international recruitment in that if we had recruited form within UK only we would not have reduced our vacancies at all.

For 2016/17 a paper is currently being presented to Clinical Initiative Advisory Group – CIAG to continue with international recruitment. This is essential to ensure agency nursing is reduced even further.

There are challenges in securing start dates for local national and international recruitment and these include:

- Staff completing the recruitment process and advising recruitment of outcomes.
- New starters completing the necessary paperwork in a timely manner.
- Referees returning references in a timely manner.

There continues to be a delay with internationally recruited staff, this is due to the NMC registration process which to date, we have seen take over five months in many incidences for staff from Europe and over a year for those coming from the Philippines.

The Nursing and Midwifery Council (NMC) is introducing new language controls for EU nurses and midwives. From 18 January 2016, for the first time, European trained nurses and midwives wanting to join the register will need to prove that they have the necessary knowledge of English to practise safely and effectively in the UK. The NMC are not imposing a blanket language test on European trained applicants, but if they are unable to provide sufficient evidence of language skills – such as having trained or worked in an English-speaking country, they will be directed to undertake an English language assessment.

On 15th October 2015 the Government lifted restrictions on a temporary basis on recruiting nurses from overseas in a bid to ease pressure on the NHS. Health Secretary Jeremy Hunt said the profession was being added to the Shortage Occupation List, which allows employers to bring in staff from outside the European Union more easily. The Migration Advisory Committee, which is in charge of the Shortage Occupation List, will review whether nurses should be added to the list permanently.

The Nursing and Midwifery turnover of staff is currently 14.5% which is higher than the national average of 11%. Each month the data is collected from the exit questionnaires. The number of nurses and midwives retiring seems to have increased. Further work is going to be undertaken to review why staff are leaving and see if there is something we can do to reduce the turnover.

3. Staffing data in each inpatient area

The Trust is displaying information about the nurse, midwife and care staff present and planned in each clinical setting on each shift, the format of the presentation has been reviewed by service

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users and some changes made to ensure it is useful for service users. This data is also published on the BSUH external website, in a visible, clear and accurate format for the public.

Within the next few months acuity and dependency will start to be monitored to enable a more detailed review of nursing and midwifery workforce.

4. National

National announcements were made relating to the nursing workforce. The main issues are:

The aim of the agency rules is part of the national programme to help the NHS meet the complex workforce challenges.

Nursing Agency Rules were published in September 2015 and came into effect on 1st October and outline;

- An annual ceiling for total nursing spending in each trust
- Mandatory use of approved frameworks for procuring agency staff

For each Trust, an annual limit for agency nursing expenditure, as a percentage of total nursing staff spend. Nursing is defined as registered general and specialist nursing staff, midwives and health visitors.

Table 6: The Agency Nurse ceilings for BSUH are;

Trust Name	Q3/4 2015/16	2016/17	2017/18	2018/19
Brighton and Sussex University Hospitals NHS Trust	4%	3%	3%	3%

This is calculated from a smaller staff group than in table 1 which is why there is a variance in the figures.

Table 7: Agency Nurse expenditure;

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15
Total relevant Nursing expenditure, £000s	8,598	8,896	8,912	8,880	8,785	8,622	8,595	8,833	8,438
Relevant Nursing Agency expenditure, £000s	457	897	812	755	817	507	394	659	331
Agency %	5.3%	10.1%	9.1%	8.5%	9.3%	5.9%	4.6%	7.5%	3.9%

An additional challenge is the opening of additional wards and beds; AMU, 6A Day case, additional ED staff and Plumpton ward opened on Thursday 15th October. Additional staffing for these areas is included in the agency cap.

The Trust Development Authority and Monitor introduced caps on the hourly rates paid for all agency staff from 23 November 2015. These apply across all staff groups – doctors, nurses and all other clinical and non-clinical staff. The price caps reduced further on 1 February 2016 and 1 April 2016. This means that by 1 April 2016 an agency worker should not be rewarded more than an equivalent substantive worker. Some agencies indicated that they were not going to comply with the caps applied and this has been reported back to the TDA/Monitor.










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Revalidation

Revalidation is an NMC requirement for Nurses & Midwives effective from 1st April 2016 to renew NMC registration through revalidation every three years.

In preparation for NMC revalidation the Head of Nursing and Midwifery Education has facilitated training sessions for 1652 nurses & midwives. In addition revalidation has been discussed at; Professional Improvement Meetings, Nursing & Midwifery Board and regular flyers, newsletters, message of the week have been circulated raising the requirements for NMC Revalidation.

Table 8: NMC Revalidation requirements

	Revalidation	Revalidation requirements
	Practice hours	You must practise a minimum of 450 hours (900 hours for those with dual registration) over the three years prior to the renewal of your registration.
	Continuing professional development	You must undertake 35 hours of continuing professional development (CPD) relevant to your scope of practice as a nurse or midwife, over the three years prior to the renewal of your registration. 20 hours of CPD must be through participatory learning.
	Practice-related feedback	You must obtain five pieces of practice-related feedback over the three years prior to the renewal of your registration.
	Written reflective accounts	You must prepare five written reflective accounts on what you learnt from your CPD, practice-related feedback or an event or experience in your practice, and explain how this is relevant to the Code.
	Reflective discussion	You must discuss these reflective accounts with another NMC-registered nurse or midwife as part of a reflective discussion.
	Health and character	You must provide a health and character declaration, including declaring any cautions or convictions.
	Professional indemnity arrangement	You must declare that you have, or will have when practising, appropriate cover under an indemnity arrangement.
	Confirmation	You will need to demonstrate to an appropriate person that you have met the revalidation requirements.
	Keeping a portfolio	We strongly recommend that you keep evidence that you have met these requirements in a portfolio. This does not have to be an e-portfolio.

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Table 9: Numbers of Nurses & Midwives due for revalidation 206/17

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numbers of Nurses & Midwives	127	286	50	66	42	237	88	83	63	49	65	83
Lapsed	1											

5. Future 2016

Looking ahead to 2016 to maintain staffing levels active recruitment will need to continue at pace with local, national and international recruitment. The Nursing & Midwifery Council introduced International English Language Testing System (IELTS) for nurses from Europe as well as non-European Countries from 18th January 2016. This has slowed down recruitment from Europe until nurses have started passing the IELTS. Nurses already in the NMC registration process will not have to complete this. BSUH ensured that they completed interviews and offers in December and January and asked agencies to ensure that all applicants had completed their NMC applications prior to 18th January 2016.

It can already be seen that the vacancies have increased at the end of April partially due to an increase in substantive positions and that local recruitment balances with leavers. The business case for further international recruitment is returning to the Change Initiative Assessment Group (CIAG) on 26th May 2016. This needs to continue to reduce the gap between starters and leavers.

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May 2016