

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>21<sup>st</sup> December 2015</b>
<b>Board Sponsor:</b>	<b>Chief Nurse</b>
<b>Paper Author:</b>	<b>Deputy Chief Nurse (Workforce &amp; Efficiencies)</b>
<b>Subject:</b>	<b>Safer Nursing and Midwifery Staffing</b>

### 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 November 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 4 areas on 4 wards in November 2015 with a fill rate of 80% or less.

196 European and Filipino nurses have already started on the wards and a further cohort of 20 + start on Monday 11<sup>th</sup> January 2016. Local, national and international recruitment continues and high intakes of new staff started in October and November. The change to immigration rules for nurses has enabled us to plan for the 64 recruited Filipino nurses to start in February and March. 363 nurses have accepted offers, 196 have started, and a further 84+ will have started by the end of March 2016.

The new national 4% agency cap which started on 1<sup>st</sup> October 2015 has added an additional challenge to the Nursing and Midwifery workforce. October saw the lowest agency use this year of 4.6%, slightly above the required 4%, and plans are in place to reduce that further whilst maintaining safe staffing levels.

While there was an increase in Agency WTEs used over the month (up from 54.45 in October to 62.18), the scale of the £s increase also indicates that there was a “catch-up” for previously missed costs (most significantly in Critical Care RSCH)

<b>Links to corporate objectives</b>	Safe staffing levels support the Trust objectives of: <b><i>excellent outcomes; great experience; empowered skilled staff; and high productivity</i></b>
<b>Identified risks and risk management actions</b>	Safe staffing levels are key to ensuring patient safety and high quality patient experience.
<b>Resource implications</b>	As reported to the Board of Directors any shortfalls in staffing levels will be addressed, through the development of business cases.
<b>Report history</b>	Previous reports on nurse staffing have been made to the Board of Directors monthly since April 2014.
<b>Appendices</b>	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 November; the actions planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment

## **Report to the Board of Directors, 21<sup>st</sup> December 2015 Safer Nursing and Midwifery Staffing**

### **1. Introduction**

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).

This report provides the Board with an overview of Nursing and Midwifery staffing for November 2015. 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 1<sup>st</sup> October 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 November 2015**

There was an increase in trained staff in November in comparison with October. There continue to be additional capacity areas open to support patient activity and short term sickness remains high in some areas.

Vacancy numbers are similar as staff coming into post is partially offset by staff leaving however the numbers will improve as the new nurses commence in the coming months. The number of trained nurses starting in November was 52 local and national and 22 European and 42 leavers. There may be some discrepancy in the data as the systems for counting staff catch up with the actual numbers.

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.

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 2015/16**

Nursing & Midwifery	Apr-15		May-15		Jun-15		Jul-15		Aug-15		Sep-15		Oct-15		Nov-15	
	£000s	%	£000s	%	£000s	%	£000s	%	£000s	%	£000s	%	£000s	%	£000s	%
Substantive	9,134	87	9,147	83	9,335	86	9,182	84	9,088	85	9,311	88	9,202	87	9,348	87
Bank (2014/15 average £771K)	937	9	916	8	723	7	942	9	817	8	727	7	997	9	774	7
Agency (2014/15 average £472K)	457	4	901	8	814	7	764	7	842	8	542	5	402	4	664	6
<b>Total</b>	<b>10,528</b>	<b>100</b>	<b>10,964</b>	<b>100</b>	<b>10,872</b>	<b>100</b>	<b>10,887</b>	<b>100</b>	<b>10,747</b>	<b>100</b>	<b>10,580</b>	<b>100</b>	<b>10,601</b>	<b>100</b>	<b>10,786</b>	<b>100</b>

In November a number of late sick calls were received from bank staff. There has been active recruitment of trained and untrained staff for the bank that are currently in the recruitment process. We anticipate a rise in bank staffing and a reduction in agency nursing.

Following the announcement of the national 4% Agency Cap that was to be implemented on 1<sup>st</sup> 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 with the October expenditure the lowest of the year to date. The Directorate Lead Nurses have given the following reasons for agency spend for November: 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 (%)**

2014	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Day</b>								
Trained	92	92	93	92	91	92	93	90
Un-trained	90	91	90	92	95	93	92	91
<b>Night</b>								
Trained	95	94	94	93	93	95	94	92
Un-trained	104	106	109	105	106	106	106	102

2015	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
<b>Day</b>											
Trained	92	89	91	92	93	94	91	92	90	93	94
Un-trained	89	91	95	94	98	97	95	96	98	96	95
<b>Night</b>											
Trained	94	92	93	93	95	96	94	94	93	92	93
Un-trained	106	106	109	104	107	105	106	108	107	106	112

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**

Hours and percentage	May	Jun	Jul	Aug	Sept	Oct	Nov
Total number of actual staff hours (includes trained & un-trained)	221,384	217,149	228,012	248,634	241,353	252,200	242,145
	96%	96%	95%	95%	94%	95%	96%
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043	12,929	14,713	14,191	10,453
	4%	4%	5%	5%	6%	5%	4%
Total Hours	230,792	225,325	241,055	261,563	256,066	266,391	252,598

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

In November 4 wards had fill rates of 80% or less

**Speciality Medicine – 3 wards flagged at 80% or less**

**Howard 2 & Grant – Un-trained night**  
HCA's recruited to and waiting for start dates.

**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, shortfall was only escalated to bank

**Bristol – Trained night**  
This ward has several vacancies which have been recruited to and staff are completing their induction. In view of the Trust financial position, shortfall was only escalated to bank.

**Additional capacity – 1 ward flagged at 80% or less**

**Plumpton – untrained day**  
This ward has had to start staffing recruitment from September. Staff have been recruited to but are yet to start in post.

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

2014	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
No of wards 80% or less	12	15	18	16	6	13	14	11

2015	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov
No of wards 80% or less	13	16	7	16	9	7	5	7	10	5	4

Of the 4 red areas below 80% in November, 2 are for night shifts for trained staff and 1 for night shift and 1 day shift for care/ support staff. It should be noted that 34 trained and un-trained ward percentages were in excess of 100%, 11 day shifts and 23 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls, 27/34 were for untrained staff where trained staffing was less than 100% in the majority of cases. RACH medical ward, Level 9 is over 100% for trained and untrained day and night this is due to extra capacity been open so their staffing is above their funded template. Level 8A East Trauma ward is also above 100% for trained day and night and untrained night – this is due to a special required for a patient.

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.

Recruiting in the UK is on-going; local and national recruitment is around 2/3 of nursing recruitment. Recruitment currently has 64 Health Care assistants and 108 Nurses in the recruitment process. International recruitment in Europe and outside Europe is progressing, the programme to date; 363 nurses have accepted offers, 196 have started, and a further 84+ will have started by the end of March 2016. The change to immigration for nurses has enabled us to plan for the 64 recruited Filipino nurses to start in February and March 2016. Recruitment continues to take place to ensure we continue to have a flow of recruits in 2016.

On 11<sup>th</sup> November 2015 we were informed that we had been successful with our application for 62 certificates of sponsorships. There are now 65 nurses in the Philippines ready to come to BSUH so we will apply for some more certificates of sponsorship in December still waiting for confirmation.

The Filipino nurses we are planning to bring over in two groups in February and March 2016. 7 nurses will need to complete the overseas nursing programme for 12 weeks then wait for NMC registration. The other 58 nurses will complete the new programme by undertaking an objective structured clinical examination (OSCE) assessment within 10 weeks of arrival. The OSCE currently can only take place at Northampton University so we have been making provisional plans for this to take place.

**Table 5: starters and leavers**

Trained Nurses (Band 5,6,7)	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	TOTAL
Starters Local/National	34	59	44	40	30	23	35	31	24	23	27	52	422
International starters	10	14	8	14	7	41	12	10	9	27	22	21	196
Leavers	34	23	22	34	25	26	21	20	45	17	27	42	336

Total new starters = 618 – 336 leavers = 282 increased number of nurses in post.

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 15<sup>th</sup> 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 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

Recent national announcements have been made relating to the nursing workforce. The main issues are:

- Setting a maximum hourly rate for agency doctors and nurses
- Banning the use of agencies that are not on approved frameworks
- Putting a cap on total agency spending for each NHS trust in financial difficulty
- Requiring approval for any consultancy contracts over £50,000

The agency staff cap will firstly apply to nursing staff but will be extended to other clinical, medical and management and administrative staff.

The Chief Executive received a letter dated 1<sup>st</sup> September 2015 from the Trust Development Authority (TDA) and Monitor. The letter set out the spending ceilings for BSUH trust, which take place from 1<sup>st</sup> October. Also enclosed was the Nursing agency rules.

The aim of the agency rules is part of the national programme to help the NHS meet the complex workforce challenges. They apply to nursing agency spend only.

The new rules, set out in Nursing Agency Rules document, are;

- 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 rule takes effect from 1<sup>st</sup> October 2015 and the trust submitted a profile for our planned monthly spend across Q3 and Q4 2015/16.

Nursing Employee Benefits	Sign	Monthly revised plan values					
		Month Ending 31-Oct-15	Month Ending 30-Nov-15	Month Ending 31-Dec-15	Month Ending 31-Jan-16	Month Ending 29-Feb-16	Month Ending 31-Mar-16
		£'000	£'000	£'000	£'000	£'000	£'000
Nursing - Total Agency costs (excluding outsourced bank)	+	312	312	312	306	306	306
Nursing - Total Gross Employee Benefits (including agency)	+	7,798	7,798	7,798	7,648	7,648	7,648
Nursing agency costs as % of total nursing costs		4.00%	4.00%	3.99%	4.00%	4.00%	4.00%



**Table 7: Agency Nurse expenditure;**

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

While there was an increase in Agency WTEs (up from 54.45 in October to 62.18), the scale of the £s increase also indicates that there was a “catch-up” for previously missed costs (most significantly in Critical Care RSCH)

An additional challenge is the opening of additional wards and beds. SAU has been open for several nights as has 6A Day case unit and Plumpton ward opened on Thursday 15<sup>th</sup> October. Additional staffing for these areas is included in the 4% agency cap.

The full Board report in March 2016 will outline National Standards for Nursing & Midwifery workforce and benchmark current staffing levels against this.

The Trust Development Authority and Monitor introduced caps on the hourly rates paid for all agency staff to take effect from midday this Monday, 23 November 2015. These apply across all staff groups – doctors, nurses and all other clinical and non-clinical staff. The price caps will reduce further, in two further stages 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 are indicating that they are not going to comply with the caps applied and this has been reported back to the TDA/Monitor.

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**Sherree Fagge**  
**Chief Nurse**

**December 2015**