

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	25th January 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 December 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 6 areas on 5 wards in December 2015 with a fill rate of 80% or less.

196 European and Filipino nurses have already started on the wards since December 2014 and a further cohort of 32 started on Monday 11th January 2016. Local, national and international recruitment continues and high intakes of new staff are expected in January, February and March. 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 96 will have started by the end of March 2016.

The new national 4% agency cap which started on 1st October 2015 has added an additional challenge to the Nursing and Midwifery workforce. Agency usage was 4.6% in October, 7.5% in November which included some catch up and 3.9% in December, the lowest agency use this year and slightly below the required. Plans are in place to reduce that further whilst maintaining safe staffing levels.

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 December; the actions planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment.

Report to the Board of Directors, 25th January 2016 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 December 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 1st 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 December 2015

There was a small increase in trained staff in December (5.3wte) in comparison with November. 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 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 December was 11 local/national, no international nurses and 25 leavers. There may be some discrepancy in the data as the systems for counting staff catch up with the actual numbers.

Nursing & Midwifery Vacancies	December 2015
Trained	178.2 wte
Untrained	86.6 wte
Total	264.8 wte

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	Dec-15
£m	Substantive	9.13	9.15	9.34	9.18	9.09	9.31	9.20	9.35	9.37
	Bank <i>14/15 average £0.77m</i>	0.94	0.92	0.72	0.94	0.82	0.73	1.00	0.77	0.71
	Agency <i>14/15 average £0.47m</i>	0.46	0.90	0.81	0.76	0.84	0.54	0.40	0.66	0.34
	Total	10.53	10.96	10.87	10.89	10.75	10.58	10.60	10.79	10.41
%	Substantive	86.8	83.4	85.9	84.3	84.6	88.0	86.8	86.7	90.0
	Bank	8.9	8.4	6.7	8.6	7.6	6.9	9.4	7.2	6.8
	Agency	4.3	8.2	7.5	7.0	7.8	5.1	3.8	6.2	3.2

Following the announcement of the national 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 with the October expenditure the lowest of the year to date. The Directorate Lead Nurses have given the following reasons for agency spend for December: 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
Day								
Trained	92	92	93	92	91	92	93	90
Un-trained	90	91	90	92	95	93	92	91
Night								
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	Dec
Day												
Trained	92	89	91	92	93	94	91	92	90	93	94	93
Un-trained	89	91	95	94	98	97	95	96	98	96	95	99
Night												
Trained	94	92	93	93	95	96	94	94	93	92	93	95
Un-trained	106	106	109	104	107	105	106	108	107	106	112	113

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	Dec
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
	96%	96%	95%	95%	94%	95%	96%	97%
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043	12,929	14,713	14,191	10,453	7,597
	4%	4%	5%	5%	6%	5%	4%	3%
Total Hours	230,792	225,325	241,055	261,563	256,066	266,391	252,598	263,429

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

In December 6 shifts on 5 wards were 80% or less

Speciality Medicine – 2 wards 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

Catherine James - Egremont – Trained day

This ward has had several vacancies which have been recruited to and staff are completing their induction, some are band 4 and are waiting their NMC Registration so untrained day is 120%.

Musculoskeletal 1 ward flagged at 80% or less

Newick – Untrained day

This ward has a mixture of long and short term sickness and vacancies.

Children's 1 ward flagged at 80% or less

RACH Level 8 – surgery – untrained day

The shifts were below rostered staffing levels due to a staff member being off sick for 4 weeks and then resigning. Post currently being recruited to. Bank unable to fill HCA long days (especially during weekdays) that were requested.

Cardiovascular 1 ward flagged at 80% or less

Cardiac surgery – trained day and night

This reflects the current staffing status of vacancies, 5 WTE Band 5 and 3WTE Band 7's. The Band 5's have been recruited and will be commencing over the next 2 months. The Band 7 posts will be advertised within the next week.

There has been a sharp increase in the sickness rate for December on CICU with 9.2% and maternity leave is 3.8%.

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	Dec
No of wards 80% or less	13	16	7	16	9	7	5	7	10	5	4	6

Of the 6 red areas below 80% in December, 2 are for night shifts and 2 for day shifts for trained staff and 2 day shift for care/ support staff. It should be noted that 45 trained and un-trained ward percentages were in excess of 100%, 14 day shifts and 31 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls, 36/45 were for untrained staff where trained staffing was less than 100% in the majority of cases. 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. Twineham ward is also above 100% for trained day and night and untrained night – this is due to a specials required for a patients.

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 69 Health Care assistants and 82 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 96 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 11th November 2015 we were informed that we had been successful with our application for certificates of sponsorships.

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	Dec-15	TOTAL
Starters Local/National	34	59	44	40	30	23	35	31	24	23	27	52	11	433
International starters	10	14	8	14	7	41	12	10	9	27	22	21	0	196
Leavers	34	23	22	34	25	26	21	20	45	17	27	42	25	361

Total new starters = 629 – 361 leavers = 268 increased number of nurses in post. A slight reduction from last month but new starters in January, February and March should see a further increase.

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 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 1st September 2015 from the Trust Development Authority (TDA) and Monitor. The letter set out the spending ceilings for BSUH trust, which take place from 1st 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 1st October 2015 and the trust submitted a profile for our planned monthly spend across Q3 and Q4 2015/16. This is calculated from a smaller staff group than in table 1 which is why there is a variance in the figures.

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;

	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. SAU has been open for several nights as has 6A Day case unit and Plumpton ward opened on Thursday 15th October. Additional staffing for these areas is included in the 4% agency cap.

The Agency Nurse ceilings for BSUH (Table 6) indicate that from 1st April 2016 the agency cap will reduce from 4% to 3%. The number of new staff starting should enable this to happen however it should be recognised the additional pressure in clinical areas bringing so many new staff, in particular newly qualified nurses and nurses who have not trained or worked in the NHS before. It is anticipated that the next few months will see a period of consolidation as the vacancies significantly reduce.

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.

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 is introducing International English Language Testing System (IELTS) for nurses from Europe as well as non-European Countries from 18th January 2016. It is anticipated that this will slow 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.

Table 8: Summary Nursing & Midwifery workforce 2015

Trained Nursing & Midwifery Workforce Actuals 2015	December 2014 to December 2015 (13 months)
TOTAL Local and National total	433
TOTAL International Programme	196
TOTAL IN	629
Leavers and retirements	361
Positive balance - more trained nurses in post	268
Vacancies 31.12.15	178

Table 9: Summary Nursing & Midwifery workforce recruitment plan 2016

Nursing Workforce Forecast 2016	Proposed
TOTAL Local and National total	360
TOTAL International Programme	186
TOTAL IN	546
Leavers and retirements	336
Vacancies 31.12.15	178
Maternity leave cover	30
Total Nurse & Midwives required	544

It is anticipated that local and national recruitment will be challenging as all Trusts are looking for additional nurses. We continue to work with the University of Brighton and our Student Nurses to encourage them to accept jobs with us.

In the Comprehensive Spending Review published in November 2015, the government announced changes to student funding from September 2017, which means for the first time, those studying to become midwives, nurses and allied health professionals will take out maintenance and tuition Student Loans rather than getting an NHS bursary.

The government believe that this will encourage and enable more students to train as nurses however the Unions and current students do not believe this to be the case. There are also questions over who will pay for the clinical placements that nurses are required to do to pass their training.

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Sherree Fagge
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January 2016