Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	24th August 2015
Board Sponsor:	Sherree Fagge, Chief Nurse
Paper Author:	Chief Nurse and Deputy Chief Nurse (Workforce & Efficiencies)
Subject:	Safer Nursing Staffing levels

Executive summary

This report, alongside the monthly reports on Safer Staffing, form part of the Chief Nurse's assurance to the board that our commitments are being delivered through our leadership and with the support of our internal processes and governance arrangements. The Chief Nurse will provide a report on the nursing workforce to the Board every 6 months.

This report builds on the previous reviews of the nursing workforce reported to the Board in September 2013 when the Board approved prioritised investment in nursing. It also builds on a further report to the Board in April 2014, which described the requirements in relation to nurse staffing and the publication of nurse to patient ratios which followed the Francis Inquiry and Government response to the Francis Inquiry, Hard Truths.

This report focuses on the current nursing and midwifery issues, including:

- Nursing establishments and templates
- Safer staffing
- Bank and agency
- Vacancies
- Return to Practice
- International recruitment
- Nursing and midwifery budgets
- Maternity, paternity and adoption leave
- Site reconfiguration
- Revalidation
- Supervisory 7's Development Programme
- Student Nurses
- Nursing and midwifery rosters
- Nursing and Midwifery Strategy

A detailed review of the Nursing and Midwifery workforce is planned to take place in the next 6 months using national guidance and acuity and dependency of patients to calculate nursing and midwifery workforce. In addition, there are discussions taking place locally and nationally regarding the number of nurses in training and an acceptance that numbers need to increase.

Links to corporate objectives	Safe staffing levels support the Trust objectives of: ***excellent outcomes; great experience; empowered skilled staff; and high productivity***
Identified risks and risk management actions	Mitigating actions are undertaken as required when staffing levels are lower
Resource implications	Where applicable, the report references how any shortfalls in staffing levels will be addressed
Report history	Not applicable
Appendices	1. Safer Staffing July 2015 2. Briefing for Executive Team - The impact on the UK immigration regulation on nursing workforce 3. Information from Drake Medox in response to concerns raised following media coverage 19th may 2015 in relation to pre-employment checks for overseas nurses – May 2015 4. NMC Revalidation Quick Information

Action required by the Board
The Board of Directors is asked to note the progress and actions being taken.

Report to Board of Directors, August 2015
Nurse Staffing Levels

Introduction

Nursing & Midwifery staffing continues to be a high priority for all NHS Trusts. There are expectations from national boards and reports. National Quality Board in 2013 (following Mid Staffordshire Public Inquiry) states that all hospital trusts should review their nursing and midwifery establishments twice annually and report the findings to a public trust board. The National Quality Board report outlines the importance of ensuring that staffing is appropriate and refers to multiple studies that link low staffing levels to poorer patient outcomes and increased mortality rates. Professor Sir Bruce Keogh's (2013) review of 14 hospitals with higher mortality rates also found a correlation between patient to staff ratios and higher hospital mortality rates.

The Chief Nursing Officer for England produced guidance "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" (2014). This guidance recognised that nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients. The guidance outlined 10 Expectations to support high quality care for all. The previous report benchmarked the Trusts progress against those expectations.

This report reviews specific areas relating to BSUH Nursing & Midwifery workforce.

National

Recent announcements have been made by the Secretary of State for Health relating to workforce. New rules will:

- Set a maximum hourly rate for agency doctors and nurses
- Ban the use of agencies that are not on approved frameworks
- Put a cap on total agency spending for each NHS trust in financial difficulty
- Require 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. Capped rates will be reduced from the initial set level over time.

The planned work programme for NICE to review staffing levels is being suspended albeit the existing guidance for inpatient wards and Maternity will stand. It is not yet clear if the draft guidance for A&E will continue and further guidance is awaited with more detail. The suggestion is that this work will continue but will be overseen by NHS England.

Current Nursing establishment

In April 2014, BSUH invested in the nursing workforce with an increase in nursing positions to meet nurse to patient ratios and provide safe staffing levels on our wards. BSUH has not fully recruited nurses to fill these positions. The graph below reflects that progress has been made. 379 offers have been made, with 116 in place and 222 still to come. A further step increase is expected in September/October with over 70 European nurses due to start and student nurses qualifying and commencing their first staff nurse positions.

Graph 1: Nursing & Midwifery Substantive WTEs

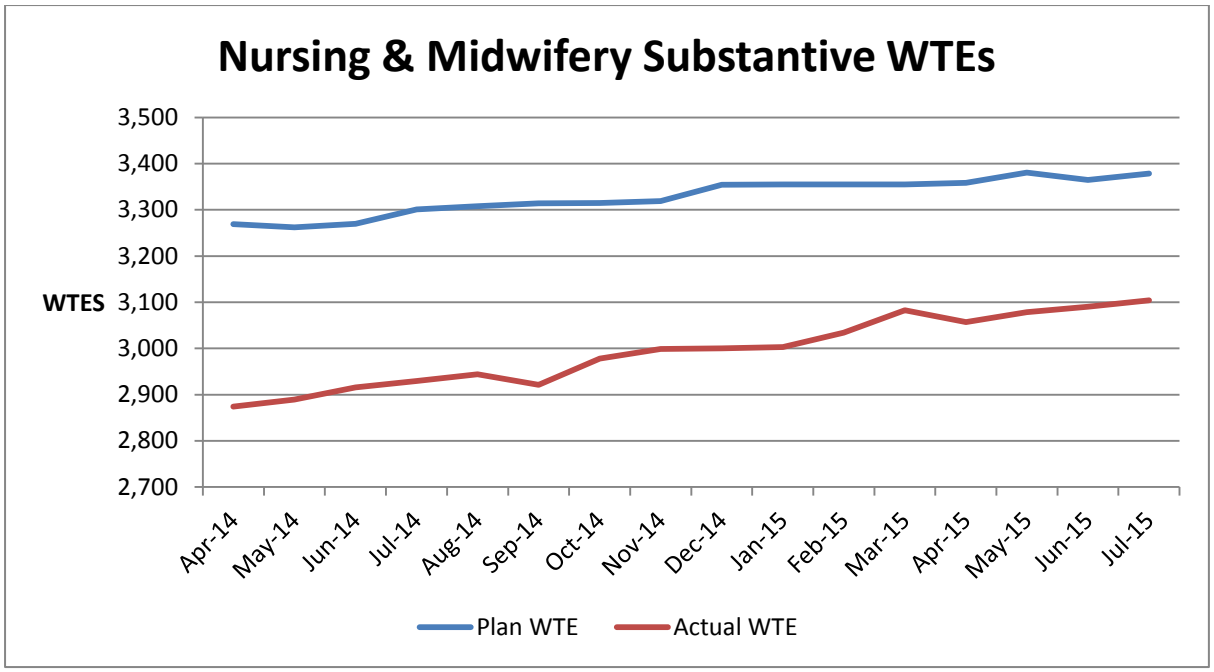


Table 1: Nursing and Midwifery substantive staff

WTE	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Plan	3,358	3,381	3,365	3,379								
Actual	3,057	3,078	3,090	3,104								
Variance	-301	-303	-275	-275								

WTE	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Plan	3,269	3,262	3,270	3,301	3,308	3,314	3,315	3,319	3,354	3,355	3,355	3,355
Actual	2,874	2,890	2,915	2,929	2,944	2,921	2,978	2,999	3,000	3,003	3,034	3,083
Variance	-395	-373	-354	-372	-364	-393	-337	-320	-354	-352	-321	-273

Nursing templates

In their current format, the nursing and midwifery templates were used to set staffing levels and budgets for 2015/16. Previously, the Trust operated within four Divisions so four senior nurses over saw the templates. This year the Deputy Chief Nurse – Workforce and Efficiencies – reviewed all the templates, identifying more could be done to achieve consistency.

Further work needs to be undertaken in regards to workforce and to address the acuity and dependency of the patients which has increased but cannot easily be measured. It is proposed that we record the acuity and dependency of our patients, then using the 'Shelford' model calculate our nursing requirement. The current Patient Administrative System is able to record this with some adjustments. We will be able to have this displayed on the white boards and then the data can be downloaded and used to calculate nursing requirements.

In addition, contact time of nurses with patients is required to be undertaken on all inpatient wards every six months. This is where the nurses and support staff, for 24 hours, report their activity every

5 minutes regarding the task they are undertaking. The data that is produced is themed into direct care (nursing) direct care (process) indirect care (nursing) and non-patient activities. This can be reviewed by band, seeing if the most appropriate nurse/support working is undertaking the task.

Safer staffing

The Safer Staffing 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). Safer Staffing - planned and actual hours worked continues to be collected on a daily/monthly basis (see appendix 1 - July Safer Staffing). This report provides the Board with an overview of Nursing and Midwifery and safer staffing for July 2015. It brings to the attention of the Board any risks identified during the month.

Key points:

- 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 for over a year. There continues to be fluctuations month on month. We are anticipating an improvement as the vacancy rate decreases and substantive staff are in post this will begin to change.

Fill rates in July 2015

There was a further increase in trained staff in July. There continue to be additional capacity areas open and short-term sickness remains high in some areas.

Vacancy numbers are reducing as staff come into post across the wards. They will continue to improve as the new nurses commence in the coming months.

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.

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. BSUH made the decision to stop using non-framework agencies from 1 July 2015 as per national guidance. This is discussed later in the report.

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

Table 2: substantive, bank and agency spend 2015/16

	April	% of total spend	May	% of total spend	June	% of total spend	July	% of total spend
	Actual		Actual		Actual		Actual	
Nursing & Midwifery – Agency *(2014/15 average £472K)*	£457,211	4.3	£900,524	8.2	£813,846	7.50%	£763,526	7.00%
Nursing & Midwifery – Bank *(2014/15 average £771K)*	£937,042	8.9	£916,329	8.4	£723,066	6.7	£941,749	8.60%
Nursing & Midwifery - Substantive	£9,133,647	86.8	£9,146,722	83.4	£9,335,162	85.9	£9,182,149	84.30%
Nursing & Midwifery	**£10,527,899**	**100**	**£10,963,574**	**100**	**£10,872,074**	**100**	**£10,887,424**	**100**

The nursing and midwifery bank rates were increased from the 1st May 2015 and overtime continues to be an option for staff (although overtime is paid for hours worked over 37.5 hours so for the part-time staff, bank is the better option). As the number of substantive positions increase, the requirement for agency and potentially bank will reduce.

The Directorate Lead Nurses have given the following reasons for an use of bank and agency spend for July: trained specials, vacancies, backfill for BME engagement, maternity leave, sickness short and long term, induction period for new staff, and extra capacity.

The Directorate Lead Nurses are monitoring overtime, agency requests, 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 percentage staffing fill rates. Challenges remain to nurse staffing as previously reported. Percentage-wise, July looks to be reduced but it should be noted that June saw the changes in site reconfiguration and nursing and filled hours has increased. Ansty, Twineham, ITU RSCH and PRH, Level 8A East and West have seen some increases in their nursing templates. Untrained fill rate was below 80% on three wards and these wards have been asked to ensure they are recruited to establishment and the clinical bank lead has been asked to review band health care assistants to ensure we have enough to support the service.

Table 3: 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
Day								
Trained	92	89	91	92	93	94	91	
Un-trained	89	91	95	94	98	97	95	
Night								
Trained	94	92	93	93	95	96	94	
Un-trained	106	106	109	104	107	105	106	

The table below details the total number of filled and un-filled hours for trained and un-trained staff from the month of May 2015, including the percentage as requested by a member of Staff side.

Table 4: filled and unfilled hours

Hours and percentage	May	June	July
Total number of actual staff hours (includes trained & un-trained)	221,384	217,149	228,012
	96%	96%	95%
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043
	4%	4%	5%
Total Hours	230,792	225,325	241,055

Table 5: 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
No of wards 80% or less	13	16	7	16	9	7	5	

Of the 5 red wards in July, 2 are for day for trained staff. For care/support staff, 2 are for the day and 1 is for night shifts. It should be noted that 27 trained and un-trained ward percentages were in excess of 100%, 12 day shifts and 15 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls.

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. On a daily basis, wards and departments continue to support each other.

Bank and agency

With a busy hospital, high acuity and dependency of patient's high number of vacancies and additional capacity open the demand for bank and agency shifts has been high. Overtime was introduced from February 2015 and Bonus payments of £50 for working over 7.5 hours to encourage staff to work. From 1st May 2015, there was an increase in bank payments.

The use of agency nurses (especially those not on the NHS framework) has been high profile in the national news and the Secretary of State for Health announced that the NHS should not use non-framework agencies. From 1st July 2015, BSUH has not employed any Mayday Nurses as this agency were not on the framework.

Table 6: Reasons for booking bank and agency staff April to July 2015

Overall Fill Rates

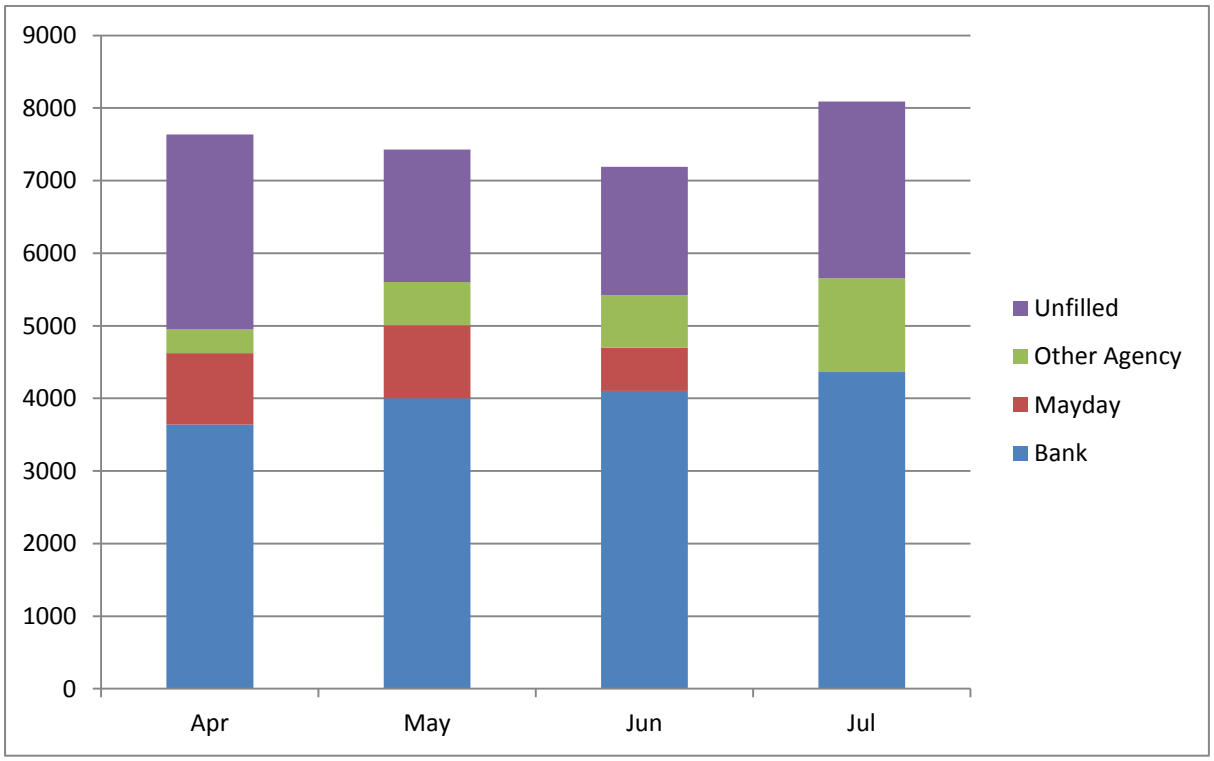
Month	Filled	Unfilled
Apr	65%	35%
May	75%	25%
Jun	75%	25%
Jul	70%	30%
Average	**71%**	**29%**

Table 7: Booking reason by Staff Type

Booking Reason by Staff Type

% by Reason	Staff Type		
Row Labels	Trained	Untrained	Grand Total
Compassionate Leave	0%	0%	0%
Emergency	0%	0%	0%
Extra Capacity	4%	3%	8%
RMN	0%	0%	0%
Short Term Sick	8%	6%	15%
Special	1%	9%	10%
Vacancy	42%	24%	67%
Grand Total	**56%**	**44%**	**100%**

Graph 2: Bank and agency fill rate



Vacancies

Vacancies are monitored on a monthly basis and recruitment is ongoing. Some areas that have been challenging, e.g. Children's have struggled to recruit over the last year but have now recruited 20 students/newly qualified children's nurses.

Table 8: At the 31st July 2015 vacancies;

Band	Vacancies	International waiting to start
Band 7	13.18	N/A
Band 6	87.53	N/A
Band 5	97.53	222
Band 2	87.88	N/A

Offers have been made but the nurse start dates remain an issue.

International candidate offers (offers: 379 – withdrawals: 41= 338). Some candidates from the International campaign have withdrawn (Philippines: 17, Europe: 24) – often we do not have a reason but sometimes there are family reasons which means the nurses do not want to leave home.

Recruitment

Local, National and International recruitment of nurses is continuing as high priority. Recruitment is actively taking place now for winter 2015/16 as there is a 5/6 month lead in time.

Table 9: 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	Totals
Starters Local/ National	34	59	44	40	30	23	35	31	6 (tbc)	5 (tbc)	307
International starters	10	14	8	14	7	41	12	10	9 (tbc)	40 (tbc)	165
Leavers	34	23	22	34	25	26	21	20			205

Table 10: Summary starters and leavers

Total starters	472
Leavers	205
Overall total	+267

Challenges we face in securing start dates for local national and international recruitment 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.

Recruiting in the UK is on-going. Several interviews for newly qualified nurses have taken place and we anticipate they will start in September/October. We have had a fair response to national adverts. The recruitment team works closely with the Deputy Chief Nurse and plans are developing for open recruitment days at PRH and RSCH site, attending recruitment events and looking at different forums in which to advertise.

There is a National Return to Nursing Campaign and we are working with HEEKSS and University of Brighton to support the programme.

Return to Practice (RTP) recruits - 2014-2015

4 RTP nurses were recruited, 3 who undertook the course Jan-May 2014, and commenced in substantive positions in September 2014; Dermatology Dept, Theatres PRH and Theatres RSCH

1 nurse undertook the course Sept to Dec 14 –and took up a substantive position in March 2015 in HDU/PICU at Royal Alexandra Children's Hospital.

2 other nurses undertook the course – both managers for BSUH, one was for Professional Development and remains in current post; the other for development opportunity and has since obtained a post elsewhere.

There is currently 1 nurse undertaking RTP on L8 Tower- results due Oct/Nov 2015. There are another 3 starting in September - placements on Lindfield, Solomon and L9A.

There is a meeting planned in September with the Armed Forces Attachment programme where opportunities for nurses leaving the military and looking for careers in the NHS will be discussed.

The economy is having an impact on private sector providers and we need to be in a position to support nurses looking for new opportunities.

International recruitment

The recruitment of European and non-European nurses continues to progress, with the total number of offers at 338. The first 116 staff are now working on the wards and a further cohort start on 24th August 2015. We are expecting large groups in September and October. Further interviews are planned in August, September and October.

Table 11: International recruitment numbers

	Offers	Withdrawals	Commenced	Waiting to start
Philippines	119	17	16	86
Europe	260	24	100	136
Totals	**379**	**41**	**116**	**222**

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 even longer for those coming from the Philippines. The Philippine nurses have to pass a competency based test online before they can submit their documents to the NMC. If they fail twice, they have to wait another 6 months before they can take it again.

A further delay has recently arisen with the reduced availability of certificates of sponsorship. Nationally, 60 Philippine nurses are ready to start at BSUH in the next few months but we are not able to bring them into the country.

From offer to commencement can range from 6 weeks (if they are already registered with the Nursing and Midwifery Council) to 10 months and ongoing.

Table 12: Number of nurses commenced

First day of induction	Cohort number	Number of Nurses in group	Running total
1.12.14	1	10	
19.1.15	2	14	24
23.2.15	3	8	32
16.3.15	4	14	46
20.4.15	5	7	53
18.5.15	6	41	94
15.6.15	7	12	106
6.7.15	8	10	116
24.8.15	9	(9 TBC)	
21.9.15	10	(40 TBC)	
19.10.15	11		
16.11.15	12		
4.1.16	13		

All staff recruited through the international programme undertake a 3 week induction programme and with every evaluation the programme is adjusted accordingly, i.e. increased clinical time was half day and is now 1-2 days; many training sessions changed to simulation sessions; review of written English during induction and partnership working with functional skills team; free English Courses, etc. Corporate/nurse induction is also included when possible within the 3 week programme but on occasions dates fall out of the 3 week induction, sometimes there is a delay in attending due to limited room size availability especially corporate nurse induction day.

On arrival, the majority of staff have just arrived in England and some, for the first time ever. A small number have worked in England prior to arrival either within Nursing Homes or other NHS Trusts. The main reason for leaving other NHS Trusts seems to be the facilities or lack of within the area of the Trust. So, Brighton seafront, nightlife, country life & diverse culture plus a dynamic Trust increases our attractiveness. Many recruits encourage their friends and colleagues to apply for Band 5 adverts at BSUH.

Day 1 & Day 2 are all administration. The new recruits are met at Sussex House at 08.45 and taken to AEB for a welcome hot drink and pastry. Each receive a blue induction folder (soon to be a web-based induction package) containing their allocated clinical area information/ managers contacts, useful emails contacts, site maps, welcome letter from Sherree, cultural changes UK law, GP list (including those who speak other languages), understanding the NHS, BSUH clinical structure, generic documentation (i.e. Early Warning Score and NHS abbreviations), etc. The remaining 13 days include a variety of speakers from within the Trust, mandatory topics, simulation training, time in the individual's clinical environment and self- directed modules and introduction to the BME team.

The recruits complete a weekly evaluation via a mood tree, formal evaluation and a final individual/small group or whole group presentation on the final day.

Feedback to date includes:

The good

Stimulation training, nursing documentation, English lessons oral, written/comprehension, manual handling, Resuscitation, Library services, Acute Pain Study Day, clinical competency i.e. Blood Glucose, Intravenous Drugs, Medicine Management, oxygen and NEWS, support with administration bank, NIN, accommodation, welcome from Sherree, huge support Linda/Nikki /Ward staff, survival kit training greatly appreciated- many describe leaving the induction with hope, happiness, open minded, sense of a future, bonding with a 'new family' and eager to start their clinical working in their clinical environment.

Table 13: The not so good

The not so good	Actions taken / possible solutions
No public Wi-Fi in accommodation or hospital	Linked with IT to get Trust passwords ASAP so recruits can access AEB Library 24/7 for IT access needed for searching accommodation, staying in contact with family and set e-learning packages during induction.
End of Life full day too long	Training changed to a shorter session
Trust Induction, very fast and no time for questions	Changes planned with virtual learning environment (VLE) later this year
Talking, listening, speaking, comprehending English with different accents all the time very tiring	Changed programme to ensure regular mini breaks and prepared speakers about the speed of English also implemented a variety of interactive teaching methods including more presentation of information from the recruits.
Not knowing anyone on arrival, fear of feeling alone, where are we going to live, are we going to feel comfortable, what about all the paperwork these are the common themes most recruits share	Structured sessions during the programme Hope and Fears, Survival Kit, 1:1 sessions, taster day in their clinical area, social events week 1 visit to a local pub with previous INR's invited this is an opportunity to network with others who have been through the induction programme, week 2 a visit to Melrose Fish and Chips (the owners inform me many of the recruits continue to go back) an opportunity to have a social evening eating traditional fish and chips, many share their family/pet photos and show their social personality always a lovely evening with lots of photos taken. Week 3 cream tea on site and discussion about the British cuppa. All groups love the social events and describing a feeling of having a new family.
Missing family for some it's their first experience of living away from home	Bonding with group 'new family', induction supports the recruits to recognise their feelings and stay connected with their team members, other colleagues, Managers, mentors and Linda/Nikki. In addition we have organised a summer barbeque in July on the day there was thunder/ lightening but over 50 recruits turned up and stayed on the beach till around 10pm
40 x Bus no weekend service very expensive to get to PRH via bus /train/ taxi in time for a 7.15 start and journey on 40 x during the week often over 1 hour with return journey 2.5 hours or more travelling to do a long shift/ often recruits want to live in Brighton or need to house share due to cost of accommodation, many describe their clinical environment at PRH as	During induction free 40x travel to PRH is offered and £20 salary sacrifice for those regularly commuting on completion of induction.

wonderful, wishing the ward could be moved to PRH to ease the travelling.	

International nurses stay in contact with Nikki and Linda, Practice Development, International Nurse Recruitment facilitators via the international mobile phone, emails and when they visit the ward areas for check visits and supporting their Band 5 competencies.

All international nurses are being invited to a call back day on Monday 7th December to look at Innovation, Leadership and Care. Members of the Board are welcome to attend.

The impact on the UK immigration regulation on nursing workforce

In 2012 the immigration rules were amended by the Statement of Changes HC188. These changes state that any nurse who entered the UK after 6 April 2011 on a Tier 2 (general) visa will need to earn £35, 000 after 6 years to apply for indefinite leave to remain. A conservative estimate by the RCN based on the numbers of nurses registered between 2011 to March 2015 from overseas is up to 3,365 nurses currently working in the UK may have to leave as a direct result of the 2012 immigration changes.

For the first time, the monthly cap for certificates of sponsorship was met in June 2015

BSUH currently employs 29 nurses on Tier 2 visas. They are usually of 3 years' duration and are due to be renewed in the following years:

- 2015 – 2
- 2016 – 4
- 2017 – 4
- 2018 – 19 (16 are the Philippine cohort who started in May 2015)

All other BME nurses, as far as we are able to determine, have residency so this would not apply.

In addition, the number of Certificates of Sponsorship reached their cap in June and July. We have 60 nurses ready to come from the Philippines. We applied for 60 COS in July and were not successful. We have applied for August allocation and have just heard we were unsuccessful. We will apply again in September.

If nursing was placed on the shortage occupation list then it will be exempt from the 2012 immigration rules. (See appendix 2 Executive Team paper)

Qualified Nurses (trained outside the EU) working as HCAs in the Trust

Over the last 18 months, meetings have taken place with HCAs working in the Trust who have qualified as nurses outside of the EU. They have not been able to register with the NMC due to not achieving the required score in the IELTS exam.

There are 42 nurses to date who are working as HCAs. One arrived with the required IELTS score and application to NMC and is currently undertaking the Overseas Nurses Programme (ONP) with the recent cohort of Filipino nurses.

The majority of other nurses have attempted the IELTS test on several occasions without success, and some have never taken it or had any English lessons. Most of the nurses have been in the UK for

more than 5 years and live locally to the Trust in either Brighton or Haywards Heath where they have settled with their families. This means that we have a potential pool of qualified nurses if we are able to support and develop them to achieve the NMC requirements.

Identifying the nurses

Initially, a notice was sent to ward managers to identify any of their HCAs with nurse qualifications and to refer them to Practice Education and, more recently, the Practice Educator for Clinical Skills and HCAs identifies and refers any HCAs that she works with in the wards/departments. or discovers on Trust Induction. A few others made contact via their ward managers and nurses have also been working in other roles such as housekeepers in the Trust.

There are 2 cases where the NMC will not accept the overseas nursing qualification:

1) Nursing qualifications undertaken during school years e.g. training in Eastern Europe up to 10 years ago was undertaken between ages of 14-18.

2) Where a nurse has gained no experience on qualification – minimum of 1 year required.

International English Language Testing System (IELTS)

The NMC require scores of 7 or above in each section (speaking, listening, reading and writing) of the academic version of IELTS exam. This needs to be achieved before any application to the NMC.

A few candidates have achieved 6 or 6.5 in 1 or 2 sections with 7 in the others, so need a little work, whereas most are at the level of 5 to 6 so need to do a lot more work to achieve the required level. Problems identified by the nurses are: the time given for each section is very short and the subjects are very diverse and often confuse them.

In 2014 the Head of Nursing and Midwifery Education, provided resources for both the Trust libraries to help with IELTS preparation, they are supported with English lessons and supported in how to prepare as well as how to join the library and access the resources.

Bespoke English lessons including IELTS testing were commissioned and run in autumn 2014 and spring 2015:

Royal Sussex County: 5 places offered - 4 attended

Princess Royal: 14 places offered – 14 attended

Of the 18 completing the courses:

1 passed, and unfortunately she has decided to change her career and now left the Trust.

5 improved but were still short on 1 or 2 sections – this group are being offered intense on-line tuition to bring them up to the required level.

The remaining 12 are currently repeating the course (started July 2015).

There are now an additional 26 on the waiting list. The next course will run at Northbrook College in Shoreham (this will be free) from September 2015, for 8 weeks, and will accommodate 18. The remainder will wait for the next available course.

The NMC will only take applications with an IELTS certificate at correct level.

One of the eligibility criteria is that they must have worked as a qualified nurse for 450 hours within the last 3 years. This means that the above process is only suitable for nurses more recently moved to the UK or specifically recruited from outside EU.

The vast majority of Nurses/HCAs have been here for more than 5 years, so after obtaining their IELTS, will be required to apply to the NMC for a decision letter on specific requirements needed to bring them up to UK standards.

This may include a Return to Practice course or longer theoretical/practice placement requirements. From previous experience, some of these requirements have been up to 2 years. Each nurse will have individual requirements from the NMC so we will have to wait for NMC decision letters before we can make further plans.

There are a few nurses who are not keen to become registered over here, but want to become Assistant Practitioners by undertaking the Foundation Degree. This is also possible, however they will still need to undertake the IELTS (need 6 in each section), show qualification equivalent level, and recent study in order to be eligible for the course.

Next steps

IELTS is required for all progression. We will continue to offer English lessons and testing. As the nurses pass at the required level, they will be supported individually to progress their application to the NMC, then work out a plan with each depending on the requirements of the NMC Decision letter.

Assurance overseas recruitment

In May 2015, a Philippine Nurse in another trust was jailed for life for murdering 2 patients and poisoning 20 others. There were concerns that this nurse may have been working in the NHS without being fully qualified. There were concerns that documents had been forged to register as a nurse in the UK. The nursing college where the nurse trained was shut down regarding concerns about poor standards and acceptance of photocopied documents.

The Nursing and Midwifery Council screen all nurses prior to registration and the recruiting agencies have their own screening processes. The agency that we have used to recruit nurses from the Philippines sent information through regarding their screening processes – see appendix 3.

Nursing and Midwifery Budgets

Table 14: Year to date Nursing & Midwifery finances, plan, actual and variance

	Year to Date - July £'000		
	Plan	Actual	Variance
Abdominal Surgery & Medicine Directorate	2,023.8	2,199.3	175.4
Acute Floor Directorate	7,172.2	8,461.1	1,289.0
Cancer Directorate	1,295.4	1,333.2	37.8
Cardiovascular Directorate	4,678.9	4,909.2	230.3
Central Clinical Services Directorate	329.5	292.4	-37.0
Children's Services Directorate	3,956.2	4,065.7	109.6
Head & Neck Directorate	895.8	916.9	21.1
Musculoskeletal Directorate	2,316.4	2,497.3	180.9
Neurosciences & Stroke Services Directorate	3,473.4	3,865.9	392.5
Perioperative Directorate	3,043.7	2,882.3	-161.4
Speciality Medicine Directorate	4,470.6	4,807.1	336.5
Women's Services Directorate	4,078.5	4,257.8	179.3
Clinical Services	**£ 37,734.2**	**£ 40,488.1**	**£ 2,753.9**
Agency	-185.5	2,572.5	2,757.9
Bank	31.5	3,377.5	3,346.1
Substantive	37,888.2	34,538.1	-3,350.1
	£ 37,734.2	**£ 40,488.1**	**£ 2,753.9**

Currently the nursing and midwifery budget is £2.75m over spent.

Addressing the overspend

Staffing: Increasing substantive WTE; Reducing vacancies; Sickness

Controls in place:

1) No “off framework” agency booking from July 1.
2) All agency shifts must be booked by the Bank office, & have a reference number.
3) Clinical nurse lead in Bank Office from 29th June.
4) Roster-Pro Clinical Nurse Lead working closely with Bank Clinical Nurse Lead to monitor rosters and bank & agency shifts.

Financial

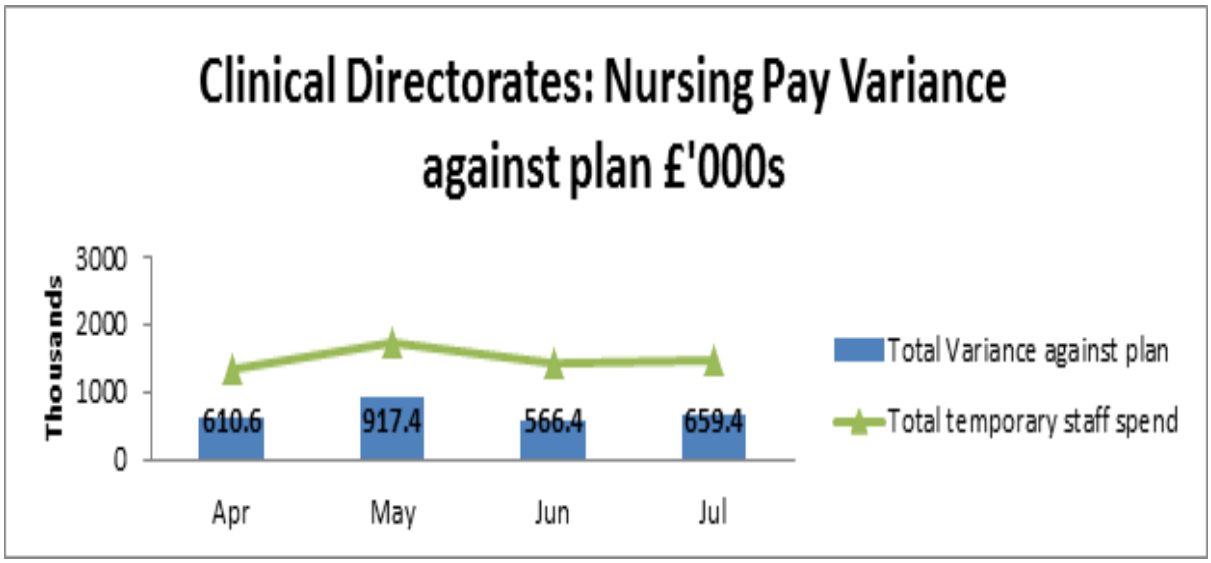
Table 15: Band and Agency costs

KPI	Target	April 2015	May 2015	June 2015	July 2015
Total temporary (bank & agency) costs £'000	£740k	£1,394k	£1,817k	£1,537k	£1,705k
Agency Cost £'000	£nil	£457k	£900k	£814k	£763k

Expenditure with Mayday (Non-Framework Agency) £'000	£nil	£333k (73%)	£599k (67%)	£402k (49%)	£26k (3%)

BSUH stopped using Mayday agency from 30th June. The £26k in July is payments from hours worked in June.

Graph 3: Monthly variance against planned spend £'000s



The above graph includes adjustments that assume that agencies are only one month behind with their invoicing, rather than 4 months previously assumed. The adjustments have been pro-rated across the months.

Maternity, paternity and adoption leave

Parenting leave (maternity, paternity and adoption) is not included in the 21.5% uplift as it is not a routine category of leave that applies to every staff member in a year. It does, however, present an additional operational challenge. Parenting leave that is covered can present an extra cost (often met through bank and agency cover). Parenting leave that is not covered can affect the nurse/midwife to patient ratios. It is estimated that on average approximately 6.1% of the nursing and midwifery workforce is on parenting leave at any one time. This is indicated by monthly data from HR.

It has been the aim to over recruit the WTE substantive of nurses to develop a pool to cover maternity leave but this position has not been realised yet due to the number of vacancies.

Site reconfiguration

Site reconfiguration took place on Friday 19th June 2015. Hurstwood Park surgical ward, intensive care unit and theatres moved to Royal Sussex County and fractured neck of femur and urology moved to Princess Royal. Additional day unit theatres are opening in the Hurstwood Park Theatres.

This has been a big change for staff and as with any major change has seen some staff move to different opportunities within or external to BSUH but also new staff having opportunities. Recruiting experienced staff is a challenge. Newly qualified nurses are easier to recruit but they lack experience and need additional support from senior staff. This investment in support is valuable for the future but demanding at the time.

Revalidation

The Nursing and Midwifery Council (NMC) have reviewed their regulation and have decided like other professionals including General Medical Council/Doctors to introduce revalidation. This will become effective for re-registration from April 2016. In order to prepare the nurses they need a minimum of 6 months' notice so that they can prepare an electronic portfolio which will need to include:

- Evidenced of practice for at least 450 within the last 3 years.
- Evidenced of undertaking 40 hours of continuous professional development (CPD)
- At least five feedbacks of good practice in clinical area.
- Non-academic reflective accounts of CPD, clinical feedbacks and the NMC code of conduct.
- Third party confirmation of fitness to practice

A working group has been established working closely with the medical revalidation team. A briefing was sent to all nurses and midwives on the register in February 2015 to raise awareness – see appendix 4. Electronic systems have been reviewed similar to the Doctors. A paper was presented to the Change Initiative Assessment Group on 9th July 2015. Currently, there is no money identified to support this programme going forward.

Nursing revalidation could create a significant level of extra administration on an already stretched service.

The process must be straightforward, streamlined and proportionate and available 24/7. Any process must be workable across a broader environment than doctors' revalidation as many more will work remotely. This is critically important as it is very easy to over-engineer a process that may look great on paper, but won't work in practice. The system needs to keep control, but must not be costly or bureaucratic. The current IT systems that have been reviewed enables a nurse or midwife to move and take their revalidation account with them, which we see as critical given the turnover of many nursing staff.

It is also important to think about how the revalidation might work with other systems such as the appraisal process and continuing professional development. The technology must also integrate seamlessly with existing technology systems used on PCs and tablets, and have full reporting and reduce costs.

It is important to manage expectations and provide feedback for nursing and midwifery staff, as revalidation is a means to an end, not the solution in its entirety. In a profession that is often castigated by the media, feeding back a reality check is essential for our staff, patients, stakeholders and the community.

Revalidation is a critical step in improving the quality and safety of patient care because it creates reflection on practice rather than just ticking boxes.

Supervisory 7s Development programme

In May 2014, we launched the Supervisory 7 role on our wards - the aim being that the Ward manager would become supervisory and support the patients and staff in an efficient, safe and effective environment.

The Supervisory 7 will be an integral member of the directorate management team supporting the directorate in the delivery of key performance targets. They will be accountable for the provision of effective professional nursing leadership and proactive resource management for the clinical area. The post holder will be expected to focus on providing a safe environment delivering high quality, compassionate care, ensuring best practice in infection control, improving clinical care standards and treating patients with dignity and respect.

To support the role a development programme was established. 48 started the programme, 3 of which discontinued as they moved Trusts or roles.

The sessions started with 96% attendance at launch session, gradually reducing to 25% attendance for July sessions. The sessions included: Finance, Values and Behaviours, 3Ts, Procurement, Delivery Unit, Roles of Deputy Chief Nurses and Deputy CEO. Future sessions are on IHG, Innovation Forum, and Read to Lead. The development programme will finish with a Presentation of Quality Improvement Project and celebration in December 2015.

Supervisory 7s have been supported by a mentor and buddy and 50% have undertaken a 360^{o} review with feedback just started.

Student nurses

At BSUH, our training of student nurses is an essential part of our role and hopefully recruiting these students into substantive positions when they qualify as nurses. We have two groups qualifying each year October and February each cohort is around 40 – 45. In October 2015:

Adult Nurses - 41 students

- 10 – accepted positions in BSUH
- 5 – interested in BSUH and applied to current adverts
- 10 – have posts elsewhere
- 7 – moving back home with no post
- 9 – not sure if they want posts at all or where

Children's Nurses – 15 students

- 5 – accepted positions in BSUH
- 5 – posts elsewhere
- 1 – moving home no job
- 4 – not sure if they want post or where

Worthing and Hastings students – Children's Nurses – 7 students

- 3 – accepted positions with BSUH
- 3 – posts elsewhere (not Worthing or Hastings)
- 1 – not sure

The Head of Nursing and Midwifery Education meet with the University of Brighton on regular bases. A review needs to take place as to why these students are not applying for positions with BSUH.

Nursing and Midwifery rosters

Rosterpro is the e-rostering system that the trust uses. The majority of wards are now using this system. Areas still to be progressed include TMBU, community midwifery, theatres (PRH and RACH) Pre assessment and all outpatient areas. This system as well as providing a roster enables staff to request shifts, record annual leave, training days, sickness and calculate hours worked. Payroll use the e-rostering as the record of hours and unsocial hours worked.

Work has taken place to align rosters and nursing templates. There is a need to ensure that rosters cover the clinical service appropriately, are equal and fair to all staff, that all contracted hours are worked. Currently the Deputy Chief Nurse, Lead Nurse bank office and e-rostering Lead Nurse are meeting with all ward managers to discuss rosters. Following this review an action plan will be developed addressing the issues raised. Several issues regarding working hours and fixed working patterns have been identified these will need HR support to address.

Nursing and Midwifery Strategy

A nursing and midwifery strategy is in development to ensure that nursing and midwifery has a clearly articulated direction and supports the development of a caring, compassionate workforce. The overarching themes of the strategy are:

- Providing excellent, safe patient centred care
- Listening to our patients and their families and friends
- Leading and Developing Excellence at the bedside
- Looking after ourselves and our staff
- Measuring the Impact of all we do.

Recommendations

- There are various models used across NHS Trusts to calculate nursing and midwifery workforce. A full and detailed review of Nursing and Midwifery staffing needs to take place over the next 6 months.

- Patient's acuity and dependency levels need to be recorded and the results used to calculation staffing requirements. The 'Shelford' Safer Nursing Tool multipliers should be used for a minimum of six months, day and night so that patient level acuity and

dependency data generates a suggested establishment WTE figure to support the workload. This can be used as a measure to check staffing levels, and giver greater clarity regarding over/underspends, cost pressures or risks.

- Complete the review of Nursing and Midwifery rotas to take place of all ward areas in August 2015

- Ongoing monthly monitoring of rostering to ensure working within 21.5% uplift.

- Working with HR to address workforce issues, paid breaks in some areas, shift patterns not aligned, informal, formal working arrangements, ensure attendance management, align on call payments, rolled up annual leave for bank staff

- Policy updates – rostering, ensure study leave, annual leave policy, absence management policies, are embedded and followed with HR support

- Review of e-rostering system in conjunction with Steve Marshall. Is Rosterpro fit for purpose, does it provide the information required? Are there better systems available that link with safer staffing, acuity and dependency, nurse to patient ratios, summary sheets for all areas?

- Work closely with supervisory band 7s to ensure they are managing their wards within budgets and providing a safe, high quality care

- Review the how we use specials and embed the Specialing policy.

- Vacancies and new nursing roles should be viewed by Deputy Chief Nurse before approval to gain some consistency and assurance

- Work continues to review skill mix and roles especially in relation to band 2, 3, and 4 and in preparation for moving to a new hospital with a different ward environment.

Helen O'Dell
Chief Nurse and Deputy Chief Nurse (Workforce & Efficiencies)
August 2015

Appendix 2

Briefing for Executive Team
The impact on the UK immigration regulation on nursing workforce

Summary

- In 2012, the immigration rules were amended by the Statement of Changes HC188. These changes state that any nurse who entered the UK after 6 April 2011 on a Tier 2 (general) visa will need to earn £35, 000 after 6 years to apply for indefinite leave to remain.

- A conservative estimate by the RCN based on the numbers of nurses registered between 2011 to March 2015 from overseas is up to 3,365 nurses currently working in the UK may have to leave as a direct result of the 2012 immigration changes.

- For the first time, the monthly cap for certificates of sponsorship has been met in June 2015.

- We know that we have a significant deficit in Band 5 nurses we have another 86 nurses expected from the Philippines.

Introduction

This paper is to inform the Executive Team of the growing concern of the effect on the nursing workforce in the United Kingdom of the new immigration rules.

The impact of years of under investment in nurse training, lack of planning and recruitment in to the profession based on population health needs assessment verses financial calculation and the, although widely discussed but not acted upon demographic of nurse retirement, the need to ensure that we retain the staff we have recruited from overseas is crucial.

Across the UK, work is underway to attempt to redress the imbalance of supply and demand. This paper is not attempting to comprehensively brief the Executive Team on all the issues and activity around workforce but to focus on the one element of the immigration changes and the impact this will have on an already fragile situation.

In 2012, the immigration rules were amended by the Statement of Changes HC188. These changes state that any nurse who entered the UK after 6 April 2011 on a tier 2 (general) visa will need to earn £35, 000 to apply for indefinite leave to remain. Under the new rules a nurse may only remain in the UK for a maximum of 6 years if the high income threshold is not satisfied.

In order for nurses to reach this pay level they will have to achieve a middle-upper band 7 on the agenda for change pay scales. The vast majority of nurses being recruited from overseas are band 5.

From 2017, there are serious concerns regarding the impact of this on an already fragile workforce status across the UK.

Nurse recruitment abroad

In the early to mid-2000s, the UK attracted large numbers of nurses from many countries due to shortages in our own home grown workforce (see graph below). This resulted in the Department of Health introducing ethical guidance identifying which countries the NHS should recruit as it had caused many issues for other countries health systems. Over the ensuing years, recruitment from non-EEA has reduced, however, for the first time in June 2015 the cap for certificates of sponsorship has been met. The annual limit is 20,700.

There are at present concerns that the investment which many NHS organisations have put in to overseas recruitment including from non-EEA countries (and in particular the Philippines) to meet the shortfall in the nursing workforce will result in many who have been recruited not ever being able to come over to work.

There is also evidence that all EEA countries have their own shortages and will be reviewing their own policies to retain staff. The European Commission estimate a 600,000 shortfall of nurses across the EU by 2020.

Initial registrations on the NMC register broken down by EEA and Non-EEA

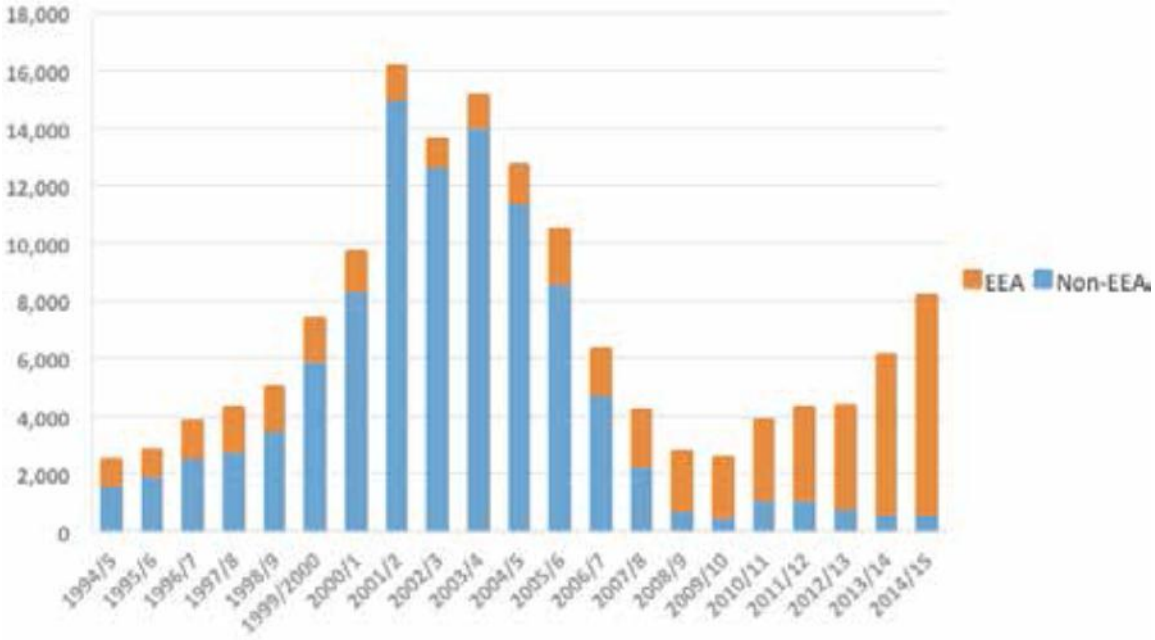


Fig 1. Source: NMC freedom of information request, May 2015 reproduced by RCN (2015) International recruitment. http://www.rcn.org.uk/data/assets/pdf_file/0007/629530/International-Recruitment-2015.pdf

Implications for BSUH

The picture across BSUH in relation to nurse shortages is no different from the rest of the country. Within the workforce we see a fairly balanced workforce across all ages and an expected banding distribution.

Ethnicity of Registered Nursing and Midwifery Staff

Information taken from 'Registered Nursing and Midwifery Staff by Ethnicity and AFC pay band September 2014 – Dr Vivienne Lyfar- Cisse'.

The data shows that at 30 September 2014, a total of 2524 registered nursing and midwifery staff were employed Trust-wide. Of these, 15.3% were from a BME background, 7.8% white other, 2.5% white Irish, 68.9% white British and 5.5% not stated.

Ethnic Group	Number	%
BME	387	15.3%
White Other	197	7.8%
White Irish	63	2.5%
White British	1738	68.9%
Not stated	139	5.5%
Total	2524	100.0%

The new rules apply for any nurse who entered the UK after 6 April 2011 on a Tier 2 (general) visa will need to earn £35, 000 after 6 years to apply for indefinite leave to remain.

BSUH currently employs 29 nurses on Tier 2 visas they are usually of 3 years duration and are due to be renewed in the following years;

2015 – 2
2016 – 4
2017 – 4
2018 – 19 (16 are the Philippine cohort who started in may 2015)

All other BME nurses as far as we are able to determine have residency so this would not apply.

In addition, the number of Certificates of Sponsorship reached their cap in June and July. We have 60 nurses ready to come from the Philippines. We applied for 60 COS in July and were not successful we have applied for August allocation and are still waiting to hear.

Conclusion

Nationally, it is know that for many years now the UK has been recruiting internationally to meet UK nursing shortages. This shortage, however, is now truly being reflected in the ability of organisations to continue to meet all of the demands of healthcare today.

Many ways of addressing this situation is being considered: encouraging nurses to return to practice; BSUH experience these numbers are small (10); increased training places; new support roles; review of what every professional is responsible for and how they can work differently and importantly ways of attracting and retaining home grown nursing staff.

We cannot, however, afford to lose those individuals who have already been recruited, have given us their commitment and energy and which we have invested in for the future.

If nursing was placed on the shortage occupation list then it will be exempt from the 2012 immigration rules.

Recommendation

Executive Team to consider the impact on the UK immigration regulations on the Nursing Workforce.

Note that only Specialist nurses working in neonatal ICU are placed on the protected occupations list. (UK Government 2014)

Approve the recommendation that BSUH add their voice to the concerns being raised to the Government by providers, unions and statutory health and social care bodies of the impact of changes on the delivery of Health care and add support to nursing being added to the protected occupations list.

Sherree Fagge
Chief Nurse

Helen O'Dell
Deputy Chief Nurse Workforce and Efficiencies

Report date - 11.8.15

References:

Home office (2012) Statement of intent: Family migration. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/257359/soi-fam-mig.pdf Accessed July 2015

UK Government (2014) Tier 2 shortage occupation List – Government approved versions 6th April 2014 https://www.gov.uk/government/uploads/system/attachment_data/file/308513/shortageoccupationlistapril14.pdf Accessed July 2015

RCN (2015) International Recruitment 2015: Royal College of Nursing. London. http://www.rcn.org.uk/data/assets/pdf file/0007/629530/International-Recruitment-2015.pdf Accessed 2015

Appendix 3

INFORMATION FROM DRAKE MEDOX IN RESPONSE TO CONCERNS RAISED FOLLOWING MEDIA COVERAGE 19th MAY 2015 IN RELATION TO PRE EMPLOYMENT CHECKS FOR OVERSEAS NURSES – May 2015

Drake has been managing the recruitment of overseas (non EU) healthcare professionals since 1998. Many of the processes involved for professional registration applications and immigration process have evolved over the years.

Drake adheres to best practices in terms of recruitment processes and ethical recruitment, including compliance with DH guidance on International Recruitment for Healthcare Professionals.

Drake is on the NHS Framework for the supply of overseas nursing staff and adheres to all pre-employment standards set by NHS Employers which includes:

- ID checks
- Right to work – obtaining relevant working visa
- Professional registration and qualifications checks
- Obtaining and verifying employment history and references
- Criminal record checks/overseas police clearances
- Health screening including TB screening in relevant countries

All nurses recruited from the Philippines must apply to the NMC to join the register. The NMC conducts its own checks including original documentation requested directly from overseas professional registration bodies and universities.

The NMC introduced a new application process for nurses trained outside Europe in October 2014 which includes a Test of Competence. The NMC is confident in this new process, which includes 1) a computer based theory test (CBT) taken in secure testing centres and 2) a practical examination known as the 'OSCE' which must be taken at a university in the UK.

The introduction of the Test of Competence offers a robust process which does not rely on documentation alone as each applicant is assessed against the UK standards for registered nursing practice.

Drake is committed to working with hospital employers to ensure best practices in all parts of the recruitment processes. Our goal is to source high calibre, suitably qualified healthcare professionals to meet the needs of your organisation in delivering the best service to your patients.

Appendix 4

NMC Revalidation Quick Information

What is revalidation?

- Revalidation is the new proposed requirement by the NMC as evidence that nurses and midwives in the registry are fit to practice.
- Revalidation will replace the current post-registration education and practice standard (PREP)

Why is it important to know about revalidation?

- In order to renew registration all registrants will need to produce revalidation.

How often will I need to revalidate?

- The current proposal of revalidating is every three years.

What are the main requirements in revalidation?

With revalidation the registrants are required to:

- Evidenced of practice for at least 450 within the last 3 years.
- Evidenced of undertaking 40 hours of continuous professional development (CPD)
- At least five feedbacks of good practice in clinical area.
- Non-academic reflective accounts of CPD, clinical feedbacks and the NMC code of conduct.
- Third party confirmation of fitness to practice

Who could be the third party on confirming fitness to practice?

With the current proposal the person/s could confirm:

- A registered colleague who oversees the nurse practice i.e. senior staff nurse
- A registered colleague who is familiar with the nurse practice i.e. line manager, matron
- A non-registered member of the team but oversees the nurse practice e.g. consultant, registrar

What is counted as CPD?

- Clinical Conferences or workshops
- Reading or reviewing relevant publications and internet literature
- Non clinical mandatory training at work
- Group or practice meetings

** But there will be more guidance after the pilot study.*

Is there a standard template for submitting revalidation?

- At the moment there is no standard template but the NMC is recommending a robust framework that is easy to follow and user friendly.

When is the launching of revalidation?

- Revalidation will be effective by December 2015. A pilot study is currently undertaken on different health services and agencies.

What do I need to do now?

- It is highly recommended to start compiling evidences as stated above.
- As this information is non-exhaustive, it is important to read more detailed information of revalidation on NMC web-page: http://www.nmc-uk.org/Nurses-and-midwives/Revalidation/

Issued February 2015