

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	27 April 2015
Board Sponsor:	Sherree Fagge, Chief Nurse
Paper Author:	Chief Nurse
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 March 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 9 wards in March 2015 with a fill rate of 80% or less, which sees an improvement over 16 in February. (The Board is asked to note that a figure of 13 was reported in February in error and has been corrected).

Recruitment in the UK and internationally continues with newly qualified nurses from the University of Brighton starting in February and March. 244 offers have also been accepted for European and non-European nurses. 32 staff had already started on the wards and a further cohort starting on Monday 16 March. Further interviews are taking place in the Philippines in March. Local, National and International recruitment continues and planning for the winter 2015/16 will shortly commence.

A further cohort of new staff started on Monday 20 April, 53 in total have now started.

Links to corporate objectives	Safe staffing levels are key to ensuring <i>high quality patient experience and excellent outcomes</i>
Identified risks and risk management actions	Mitigations where fill rates are less than 80% are detailed on pages 3 and 4 of the report
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	A monthly report on safe staffing is made to the Board, together with a more detailed six-monthly report
Appendices	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: February Appendix 2 – NHS Choices version of BSUH Safer Nurse Staffing: March

Action required by the Board

The Board is asked to note the nurse to patient ratios in March.

**Report to the Board of Directors, 27 April 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 February 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; this is linked to the current Nursing Technology Bid currently being undertaken.
- We have collected the data for 9 months. There continue to be fluctuations month on month but we are anticipating an improvement and as the vacancy rate decreases and substantive staff are in post, this will begin to improve.

2. Fill rates in March 2015

March saw an improvement in fill rates for all four indicators. There continue to be additional capacity areas open and short term sickness. March also traditionally sees a high usage of annual leave due to end of year.

We continue to have a number of vacancies across the wards, currently in the recruitment process. We have continued to discuss any shortfalls at the operational meeting and where required, staff will be moved to accommodate extra capacity staffing and areas that need additional support. We also book bank and agency staff 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.

Table 1: Nursing and Midwifery staffing fill rates (%)

	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day											
Trained	92.4	92.3	92.9	92	90.9	92.3	93.3	90.3	91.6	88.9	91.0
Un-trained	90	90.6	89.7	91.6	94.7	93.3	91.9	91.0	88.9	91.3	95.1
Night											
Trained	95.2	93.6	94.3	93.2	92.8	94.6	94.1	92.1	93.6	91.5	92.7
Un-trained	104	105.9	108.5	105	105.6	105.8	106.2	102.4	106.2	106.3	108.6

The above table shows the average staffing fill rates for BSUH. Challenges remain to nurse staffing as previously reported. The table above demonstrates the variance in trained staff

which we anticipate the active recruitment will continue to address further. As always, we are continuing to work with the bank office team to recruit more bank staff, increasing our fill rates for shifts remains a challenge.

The detail below aims to give a fuller picture of the reason that can cause a red 'flag' (levels of 80% or below).

Speciality Medicine – 1 ward flagged at 80% or less

Bailey

Registered nurses – 1 on long term sick leave, and 2 vacancies which have been recruited to. A 0.6wte HCA position is to be advertised. In the last paper it was reported that this had been completed, however the recruitment will be repeated as the appointed HCA was studying full-time and could only work Saturdays or Sundays.

Neuro & Stroke Services – 2 wards flagged at 80% or less

HWP Surgical

Currently there are two nurses on maternity leave; there are five vacancies (three new staff started last week). The area has been specialising patients and bank/agency staff have not been available.

HWP ICU

Although low (64.3%), this fill rate is attributable to a member of staff being on annual leave and there is no backfill. The support in ICU is more around the supporting and assisting aspect of the role, rather than a direct patient care role which is undertaken by trained / registered members of staff.

Musculoskeletal - 3 wards flagged at 80% or less

Newick

During March, the ward had a vacancy factor 0.75 WTE which has now been recruited to, there was also some short term sickness. As it is an elective ward, templates are sometimes adjusted to move staff dependent on activity and where the greatest need is.

Albourne

This area is better staffed than some areas with a fluctuating number of patients. Staff in March were often redeployed to assist on Level 8A West due to their high number of current vacancies. As Albourne also assists Ansty day surgery, their numbers may then increase which can result in the red flag.

Level 8A West

Vacancies in this area are currently extremely high (band 5, 9.41 WTE and band 2 at 6.85 WTE). Mitigation is through international recruitment but, further recruitment is taking place due to the site reconfiguration for Twineham to support additional beds opening. This also affects numbers.

Children's - 2 wards flagged at 80% or less

Trevor Mann Baby Unit (TMBU)

Currently TMBU has 7 staff on maternity leave, a band 6 staff member is on A/L following maternity leave and a further 2 team members are due to go on maternity leave in the coming weeks. Additionally, TMBU has 4 senior band 6 staff members on long term sick, all of these staff are management level so this has had a knock on effect.

Last month, the department supported SCBU at PRH to cover long term sick leave, this month they have again assisted with short term sick leave. All new starters for March and April have now arrived so in April we hope to see an improvement.

RACH Surgical

Registered nurses – 1 on long term sick and 2 short term (leading towards long term) 1 HCA long term. There is 1 band 5 vacancy started this month. 1 band 2 post has been recruited to and is awaiting a start date.

Perioperative - 1 ward flagged at 80% or less

Ansty

The shortfall detailed for March is mainly for trained staff at night, predominately a result of sickness. The usual template when Ansty is functioning as a the surgical ward is 2 trained at night, mainly due to the need to provide internal cover. The cover has been provided by staff covering the extra capacity medical areas.

Cancer - 1 ward flagged at 80% or less

Grant and Howard 1

These wards have a lower fill rate for HCAs at night because the HCAs are often taken to support other ward areas.

Table 2: Areas with fill rates of 80% or less

	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	12	15	18	16	6	13	14	11	13	16	9

Of the 9 red wards in March, 3 are for day and 2 are for night shifts for trained staff. For care/ support staff 4 are for the day and 1 is for night shifts. 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.

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 with staffing stretched, numerous staff are working over and above their contracted hours to ensure a safe service for our patients. This situation is the same as in previous months and continues to impact on staff but, on a daily basis they support each other in working as a team.

Recruitment in the UK is on-going; our newly qualified nurses from the University of Brighton are now in post. International recruitment in Europe and non- Europe is progressing, with 244 offers accepted. The first 46 staff are now working on the wards and a further cohort of 7 started on Monday 20 April, these numbers will continue to increase month on month. Further interviews have taken place in the Philippines and further interviews are due to take place in April, May and June. Two recruitment days are also planned in the near future for bank and substantive staff.

The Executive Team is continuing to review bank rates and changes will be implemented in the next few weeks, it is hoped that more bank shifts will be filled as a result of this increase.

Local, National and International recruitment of nurses is continuing as high priority. Planning for the winter 2015/16 will soon take place and focus on recruiting additional staff that will be required. 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.

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 first cohort of Filipino nurses are due to start on 18 May 2015.

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. This is currently being reviewed to ensure that this information is clear.

Within the next few months acuity and dependency will start to be monitored and direct and indirect contact time of nursing staff looking after patients.

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