

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30 March 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 February 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 13 wards in February 2015 with a fill rate of 80% or less, this is the same as in January and further on in this paper, the detail of how this was managed operationally, is discussed.

However recruitment in the UK and internationally continues with newly qualified nurses from the University of Brighton starting in February and March. 206 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.

Links to strategic objectives	Best and Safest Care ✓
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.
Legal implications	Not applicable.
Report history	Previous reports on nurse staffing have been made to the Board of Directors in: <i>June 2014</i> <i>January 2015</i> <i>January 2015</i> This report has been submitted monthly since April 2014 and will continue.
Appendices	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: February

Action required by the Board

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

Report to the Board of Directors, 30 March 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 continues to be fluctuations month on month we are anticipating an improvement as the vacancy rate decrease and substantive staff are in post this will begin to change.

2. Fill rates in February 2015

February notes the lowest figures for trained staff since we have collected this data. There continues to be additional capacity areas open, increased short term sickness, half term holidays and the end of the annual leave year for most staff.

We continue 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
Day										
Trained	92.4%	92.3%	92.9%	92%	90.9%	92.3%	93.3%	90.3%	91.6%	88.9%
Un-trained	90%	90.6%	89.7%	91.6%	94.7%	93.3%	91.9%	91.0%	88.9%	91.3%
Night										
Trained	95.2%	93.6%	94.3%	93.2%	92.8%	94.6%	94.1%	92.1%	93.6%	91.5%
Un-trained	104%	105.9%	108.5%	105%	105.6%	105.8%	106.2%	102.4%	106.2%	106.3%

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 address further. 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 – 4 wards flagged at 80% or less

Emerald

Registered nurses - 1 on maternity leave, 1 suspension. There are 8 band 5 vacancies of which, 6 have been recruited to. 2 nurses have recently returned from long term sick leave and 3 band 2 vacancies which are actively being recruited to.

Bristol

Registered nurses – 1 on long term sick leave, 6 vacancies of which, 4 have been appointed to. We remain actively recruiting to these positions.

Bailey

Registered nurses – 1 on long term sick leave, 2 vacancies of which have been recruited to. A 0.6wte HCA position has been advertised.

Catherine James/Egremont

Registered nurses – 1 on maternity leave, 7.87 vacancies of which 6 have been recruited to.

Head and Neck – 2 wards flagged at 80% or less

Pickford

Registered nurses – 1 on maternity leave, 2 on long term sick. Pickford currently has one vacancy that is actively being recruited to.

Level 8A East

Registered nurses – 1 on long term sick. There is a vacancy which is yet to be recruited due to site reconfiguration. There are 3 other vacancies awaiting start dates for new staff. There is also one HCA on long term sick in this area.

Neuro & Stroke Services – 1 ward flagged at 80% or less

HWP ICU

Although low (64.3%), this is because the member of staff was 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 - 2 wards flagged at 80% or less

Albourne

The ward is elective only and on occasion activity/acuity allows the redeployment of the Albourne HCA to another clinical area where activity/acuity is increased. This reduces the hours recorded on Albourne but is only done when required elsewhere and possible from Albourne acuity. Albourne has 0.44wte of a band 2 on long term sick leave.

Level 8A West

Registered nurses - 1 on maternity leave, 1.8 on long term sick, 9.1 WTE vacancies of which, 9 international recruits are due to arrive soon. MSK is redeploying Band 5's to support 8AW from RSCH and PRH where and whenever possible to reduce the nurse to patient ratios. Similar support is also received from other directorates but not as frequently owing to their own challenges.

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

Trevor Mann Baby Unit (TMBU)

Currently TMBU have 11 staff on maternity leave, of which, two return in March and a further one in April. Three members of staff are on long term sick leave with one due back next week. All current vacancies have been recruited to. Three new starters are planned in March with a further three arriving in April. The department have been supporting SCBU at PRH to cover long term sick leave. Improvement is anticipated month on month.

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.

HDU have used Bank HCA and Nursery Nurses and on the same floor/same ward manager so assisting with topping up and some HCA duties between areas.

Acute - 1 ward flagged at 80% or less

Balcombe

Due to the norovirus outbreak, there were a reduced number of patients on the ward. With this in mind, staff were utilised on other wards, the nurse to patient ratio was good throughout this period.

Cardiovascular – 1 ward flagged at 80% or less

Level 7A

There is only one HCA on the template to work every day shift. There has been one vacancy and there are interviews booked this week to appoint. The HCA figures have also been low due to short term sickness in the month. 7A step down ward is in close proximity to the CICU so there is close working of the two teams to support if required. The cardiac bed manager reviews the acuity across the cardiac service and moves trained and untrained staff as appropriate to maintain safety.

It remains vital that we have been able to set our nurse to patient ratios at levels supported by the Board; this is to meet the requirements of our patients based on our assessment of need using the safer nursing care tool.

Reviewing the safer staffing fill rates, in January 2015 there were 13 wards with fill rates of 80% or less and 13 wards in February. The table below details the number of wards in which the fill rate was 80% or less month on month.

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

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

Of the 13 red wards in February, 8 are for day and 4 are for night shifts for trained staff. For care/ support staff 8 are for the day and 3 are for night shifts. It should be noted that 37 trained and un-trained ward percentages were in excess of 100%, 14 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 has been the case for a number of weeks and impacts on staff, but on a daily basis support each other in working as a team.

Recruiting in the UK is on-going and we expect to see our newly qualified nurses from the University of Brighton in post by the end of February / beginning of March. International recruitment in Europe and non- Europe is progressing, with 206 offers accepted. The first 32 staff are now working on the wards and a further cohort of 14 started on Monday 16 March, these numbers will continue to increase month on month. Further interviews are taking place in the Philippines starting Monday 23 March and it is hoped that a further 50 interviews will be held. 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.

The additional delay for internationally recruited staff is 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.

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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