

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	26th January 2017
Board Sponsor:	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 registered and non-registered staff in December 2016, and provides a detailed explanation, where fill rates were 80% or less, There was 8 wards in December 2016 with a fill rate of 80% or less.

Local, national and international recruitment continues as a high priority to enable substantive positions to be filled reducing the need for bank and agency staff. Our vacancies are remaining high at 162 wte. The Business case for recruiting International nurses has been agreed.

Recording of Care Hours Per Patient Day has taken place for 8 months. We have areas where the CHPPD are higher as expected e.g. ITU, HDU. Our medical and surgical wards vary between 6.5 hours and 8.8 hours. As further data is published from other hospitals we will be able to compare our information.

Action required by the Board

The Board is asked to note the care hours per patient day in December 2016; the actions planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment.

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: December 2016 Appendix 2 - Review of inpatient nursing establishments by NHS Improvement November 2016

Report to the Board of Directors, 26th January 2016 Safer Nursing and Midwifery Staffing

1. Introduction

This report provides the Board with an 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 2016. 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.

2. Vacancies in December 2016

Vacancy numbers have increased from April to December.

Table 1: Nursing & Midwifery vacancies

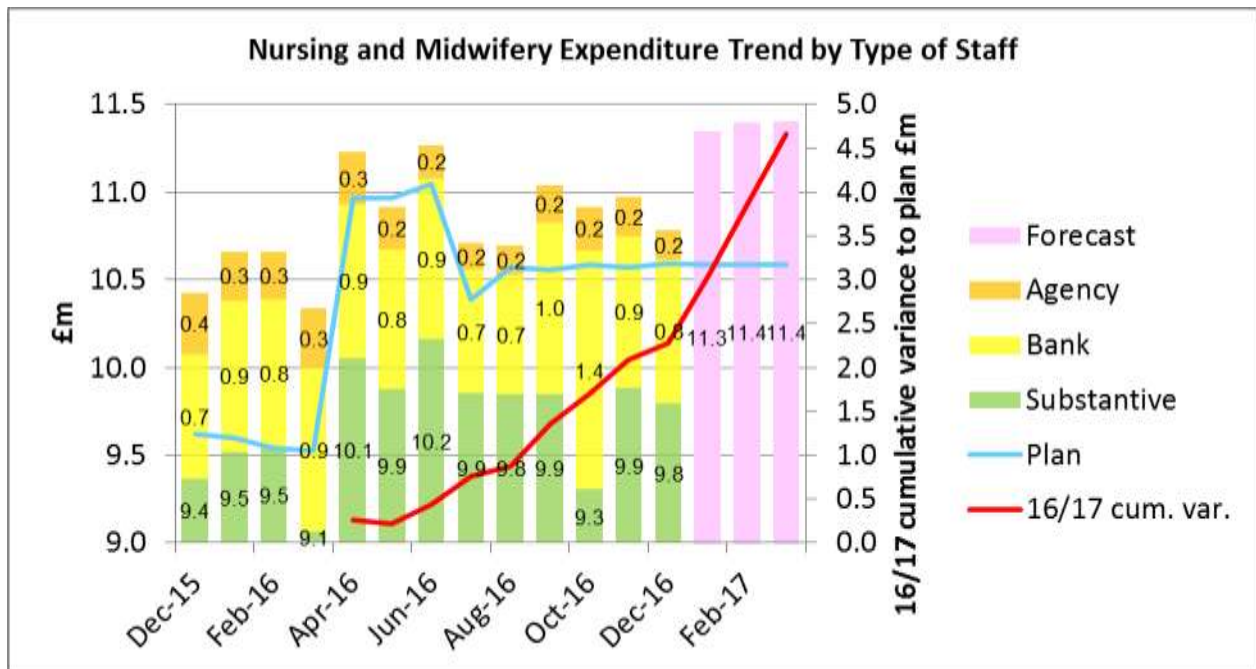
Nursing & Midwifery Vacancies wte	Dec 2015	Jan 2016	Feb 2016	Mar 2016	April 2016	May 2016	June 2016	July 2016	Aug 2016	Sept 2016	Oct 2016	Nov 2016	Dec 2016
Nursing & Midwifery	178	158	168	95	126	133	124	145	162	178	164	164	162
Non-registered	87	77	90	71	82	83	80	87	94	110	99	99	90
Total wte	265	235	258	166	208	216	204	232	256	288	263	263	252

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.

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 graph below reflects the actual spend and percentage of spend for the last 12 months.

Graph 1: substantive, bank and agency spend



Expenditure decreased in December by £0.19m to £10.79m and this is despite a £0.16m accrual for Christmas bank holiday enhancements

The year-to-date overspend increased to £2.29m

Expenditure run-rate is forecast to increase to above £11.3m/month in Q4 reflecting winter and additional CQC costs

Following the announcement of the Agency Cap implementation on 1st October 2015, agency requests were monitored and authorised by the Deputy and Chief Nurse. In December 2016 authorisation was returned to the Directorate Lead Nurses and their teams. Authorisation for non-framework agency shifts remains with the Chief Nurse and Deputy.

The Directorate Lead Nurses are monitoring overtime, following the managing sickness absence policy and other leave with HR support. In addition they are working with the roster-pro lead 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.

Table 2: Nursing and Midwifery staffing fill rates (%)

2015 / 16	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day %												
Registered	92	93	94	91	92	90	93	94	93	93	92	91
Non-Registered	94	98	97	95	96	98	96	95	99	94	94	94
Night %												
Registered	93	95	96	94	94	93	92	93	95	96	94	93
Non-Registered	104	107	105	106	108	107	106	112	113	109	110	111

2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day												
Registered	93	95	92	92	92	92	92	94	92			
Non-Registered	97	99	104	96	97	97	96	97	95			
Night												
Registered	95	96	95	93	94	89	93	95	94			
Non-Registered	115	116	118	114	114	116	113	114	114			

Care Hours Per Patient Day (CHPPD)

In Lord Carter's final report, Operational productivity and performance in English acute hospitals: Unwarranted variations, better planning of staff resources is crucial to improving quality of care, staff productivity and financial control. The Carter Team found there is not a consistent way to record and report staff deployment, meaning that trusts could not measure and then improve on staff productivity.

The report recommended that all trusts start recording Care Hours Per Patient Day (CHPPD) – a single, consistent metric of nursing and healthcare support workers deployment on inpatient wards and units. This metric will enable trusts to have the right staff mix in the right place at the right time, delivering the right care for patients.

From 1 May 2016, all trusts were requested to report back monthly CHPPD data to NHS Improvement so that they can start to build a national picture of how nursing staff are deployed. Also enabling trusts to see how their CHPPD relates to other trusts within a speciality and by ward in order to identify how they can improve their staffing.

2016/17	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Registered Nurse	6.4	6.6	6.6	6.5	6.6	6.3	6.6	6.7			
Un-Registered	2.8	2.9	2.9	2.9	2.9	2.8	2.9	2.9			
Total	9.2	9.5	9.5	9.4	9.4	9.1	9.5	9.5			

This table reflects that in December each patient had an average of 6.7 hours of a registered nurses time and 2.9 of an un-registered a total of 9.5 hours in a 24 hour period.

BSUH hours will be higher than some other Trusts as there are two adult ICU, cardiac ICU, Children's HDU and neonatal Level 3 (ICU) all areas where staffing is one to one/ one to two care.

The table below details the total number of filled and un-filled hours for trained and un-trained staff for the months, including the percentage (appendix 1).

We have areas where the CHPPD are higher as expected e.g. ITU, HDU. Our medical and surgical wards vary between 6.5 hours and 8.8 hours.

Table 3: filled and unfilled hours 2015/2016

	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	March 16
Total number of actual staff hours (includes registered and un-registered)	221,384	217,149	228,012	248,634	241,353	252,200	242,145	255,832	256,823	239,958	254,114
%	96	96	95	95	94	95	96	97	95.8	95.1	94.5
Total number of hours un-filled (includes registered and un-registered)	9,408	8,176	13,043	12,929	14,713	14,191	10,453	7,597	11,133	12,462	14,893
%	4	4	5	5	6	5	4	3	4.2	4.9	5.5
Total Hours	230,792	225,325	241,055	261,563	256,066	266,391	252,598	263,429	267,956	252,420	269,007

	April 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	March 17
Total number of actual staff hours (includes registered and un-registered)	251,326	261,955	253,063	257,258	259,112	247,145	256,324	254,658	256,938			
%	96.8	98.3	98.2	96.8	96.1	94.8	95.3	97.1	95.5			
Total number of hours un-filled (includes registered and un-registered)	8,210	4,405	4,566	10,156	10,509	13,650	12,609	7,587	11,992			
%	3.2	1.7	1.8	3.8	3.9	5.1	4.8	2.8	4.6			
Total Hours	259,536	266,360	257,629	267,414	269,620	260,794	268,934	262,245	268,930			

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

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

2015 / 16	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	16	9	7	5	7	10	5	4	6	8	10	5
2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	1	7	5	8	8	9	3	4	11			

Of the 8 red wards, 11 below 80% in December; one registered day, four un-registered days and six unregistered night.

Abdominal

- Ansty – unregistered day

Cardiovascular

- Cardiac surgery – unregistered day and night

Speciality Medicine

- Howard 2 Grant – unregistered day and night
- Catherine James, Egremont – unregistered day

Children's

- TMBU unregistered nights
- RACH Level 9 unregistered – day and nights - maternity leave

Women's

- Bolney ward – midwives night

Acute

- Pyecombe unregistered day

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

Recruitment in the UK is on-going and currently has 53 Health Care assistants and 84 Nurses in the recruitment process. International recruitment in Europe and outside Europe is just starting again to reduce the vacancies.

Table 5: Starters and leavers

Registered Nurses (Band 5,6,7)	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	TOTAL
Starters Local/National	30	23	35	31	24	23	27	52	11	21	21	14	312
International starters	7	41	12	10	9	27	22	21	0	32	38	30	249
Leavers	25	26	21	20	45	17	27	42	25	19	17	31	315

Registered Nurses (Band 5,6,7)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	TOTAL to date
Starters Local/ National	26	19	18	10	20	22	42	17	4				178
International starters	11	4	5	5	7	3	0	0	0				35
Leavers	26	20	26	32	35	321	30	30	26				257

The tables above show that in 2015/16 - 531 registered nurses joined BSUH, 315 left so we had a positive balance of 216 additionally filled positions. This demonstrates the importance of our international recruitment in that if we had recruited from within UK only we would not have reduced our vacancies.

2016/17 to date the numbers of leavers is higher than the number of starters (local, national and international), 213 starters and 257 leavers there is a negative position of 44.

The Nursing and Midwifery turnover of staff is currently 14.3% which is higher than the national average of 12%. Each month the data is collected from the exit questionnaires. The number of nurses and midwives retiring seems to have increased. Further work is on-going 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.

4. National

National announcements were made relating to the nursing workforce. The aim of the agency rules is part of the national programme to help the NHS meet the complex workforce challenges. Each Trust has an annual cap 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.

5. Revalidation

Revalidation is an Nursing & Midwifery Council requirement for Nurses & Midwives effective from 1st April 2016 to renew NMC registration through revalidation every three years.

In preparation for NMC revalidation the Head of Nursing and Midwifery Education has facilitated training sessions for 1652 nurses & midwives. In addition revalidation has been discussed at; Professional Improvement Meetings, Nursing & Midwifery Board and regular flyers, newsletters, message of the week have been circulated raising the requirements for NMC Revalidation.

6. Future 2016/2017

Looking ahead as we come to the end of 2016/2017 to maintain staffing levels active recruitment will need to continue at pace with local, national and international recruitment. The Nursing & Midwifery Council introduction of International English Language Testing System (IELTS) for nurses from Europe as well as non-European countries has slowed down

recruitment from Europe. Further International recruitment has been improved and the trust intends to recruit 80 nurses from Europe and 80 nurses from outside Europe.

7. Care Quality Commission

The CQC report for BSUH was published in August 2016. Nursing & Midwifery staffing was reported as an area for concern specifically in relation to;

“Staffing levels across the hospital were on the whole not enough to provide safe care especially in relation to ICU and cardiac ICU”

“The Trust must undertake an urgent review of staff skill mix in the mixed /neuro ICU and this must include an analysis of competencies against patient acuity”

In November 2016 Pippa Hart, Regional Director of Nursing, NHS Improvement and Jacqueline McKenna visited the Trust and undertook a review of inpatient nursing establishments. The report can be seen in appendix 2. There are 8 recommendations which have been put in an action plan and are being monitored through the nursing workstream that meets weekly.

The Shelford – Safer Nursing Care Tool is used to measure acuity and dependency of all our patients in ward areas and was completed in July 2016. In January a pilot is taking place on 8A West with an amended template following the last review. Training will take place for the first two weeks of February and on 13th February for 20 days a further acuity and dependency review of all patients will take place.

Currently all wards and departments are being visited to discuss nursing, midwifery and support staff templates. This information will be shared and viewed with nurse to patient ratios, safer staffing, care hours per patient day and acuity and dependency.

Helen O'Dell
Interim Chief Nurse
January 2017

Review of inpatient nursing establishments at Brighton and Sussex University Hospitals NHS Trust. November 2016.

1. Introduction

Brighton and Sussex University Hospitals NHS Trust was placed into quality and financial special measures in Autumn 2016. As part of the scope of professional support offered to the interim Chief Nurse, Pippa Hart, Regional Director of Nursing (NHSI) proposed that an overview of the nursing and midwifery establishments be undertaken. The proposal would review the methodology undertaken, the assurances in place, and identify if there were any opportunities for further review. This review was undertaken on the 11th November by Pippa Hart and Jacqueline McKenna (Director of Nursing Professional Leadership).

2. Methodology

The inpatient nursing establishment review consisted of the following:

- Review of the papers relating to the nursing and midwifery establishment taken to the Trust Board in March and October 2016,
- Confirm and challenge meeting with the interim chief nurse and deputy,
- Detailed establishment review for all inpatient wards in the trust, including nurse: patient ratios by shift, a review of the Registered Nurse and support worker numbers on duty by shift and by skill mix.

3. Findings

It is clear from the review that a process has been in place at BSUH for some time, to ensure that the establishment numbers for each ward area are clearly set, and that budgets reflect this establishment. A consistent template has been used to capture this information, and it was clear that both the interim chief nurse and deputy had both in depth knowledge and good oversight of this process. Meetings have been held with ward managers and senior nurses to ensure that they understood the shift numbers, headroom and establishment budget overall.

The 2016/17 establishments were approved by the Trust Board in March 2016, and the board receives a monthly update on safe staffing alongside nursing quality metrics in line with NQB Guidance.

The review undertaken indicates that the baseline shift numbers in the majority of inpatient areas are reasonable and remain within accepted safety and safe staffing

recommendations. However this represents only limited assurance, because the numbers have not been triangulated with robust acuity and dependency data and nurse sensitive indicators.

The trust had undertaken an acuity and dependency review using the Safer Nursing care Tool (SNCT) across the inpatient wards in June 2016. The data however had not been validated, was not consistently applied, and was not viewed to be robust. It had indicated that there was a significant gap on some inpatient ward areas; however it appeared that no further work had been undertaken to date to further understand or mitigate this potential risk. The SNCT tool is scheduled to be rerun in January 2017, in line with the guidance, and will be supported by a training plan.

The review identified 3 areas where there are current concerns regarding the funded establishment:

1. ICU (both general and neuro). The establishment falls short of the Intensive Care Society recommended numbers of staff per bed, and this was identified in the March 2016 Board paper. Further work was recommended to be undertaken to understand this potential shortfall in greater detail, but it is not evident from the October Board paper if this further work has been completed. A range of actions have however been taken to mitigate the specific risks identified within neuro ICU. This includes the introduction of a staffing flow-chart which supports decision making to reduce bed capacity and maintain safety when staffing is compromised.
2. ED. The establishment does not currently meet the recommendations within the available guidance. This was again identified within the March 2016 Board paper, and is partially mitigated by the agreement for two additional RNs over and above the funded establishment to support triage and the UCC.
3. 8A West. The SCNT completed in June 2016 identified a significant shortfall in nursing numbers. This currently resonates with the professional view of the interim Chief Nurse and deputy; that the acuity and dependency on the ward is elevated. This is currently being mitigated by additional temporary staffing on a shift by shift basis to meet individual enhanced care requirements.

The March 2016 Board paper presented significant information relating Maternity establishments, including the findings of a desk top BirthRate plus review using 2015 data. This review confirmed a midwife to birth to ratio of 1:30, which is in line with national guidance, and was triangulated with a quality outcome measure.

4. Recommendations

- 8A west – a daily acuity review is undertaken alongside scrutiny of enhanced care requirements and nurse sensitive indicators, to provide assurance that sufficient staff are on duty to meet patient care needs.
- ICU & ED - further work should be undertaken to triangulate quality outcomes with activity and staffing levels to ensure staffing is safe and effective.
- The planned use of the SNCT in January 2017 is supported by a robust. training plan and daily quality control to ensure that it accurately reflects ward acuity.
- The findings of the audit are incorporated into a detailed establishment review that includes internal benchmarking using nursing care hours per patient day and nurse sensitive indicators.

- SNCT is presented more explicitly alongside other key data in future reports.
- Nurse sensitive outcomes are triangulated alongside SNCT findings to strengthen the professional judgement reviews going forward.
- Maternity services undertake a full BirthRate Plus review.
- The Regional Director of Nursing continues to offer professional support.

Pippa Hart
Regional Director of Nursing, NHS Improvement
25th November 2016