

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>1 June 2015</b>
<b>Board Sponsor:</b>	<b>Sherree Fagge, Chief Nurse</b>
<b>Paper Author:</b>	<b>Chief Nurse</b>
<b>Subject:</b>	<b>Safer Nursing and Midwifery Staffing</b>

### 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 April 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 16 wards in April 2015 with a fill rate of 80% or less, which sees deterioration from the 9 in March. School holidays or 2/3 weeks Easter Holiday in addition to short term sickness, vacancies and maternity leave are all thought to be contributory factors.

53 European nurses have already started on the wards and a further cohort of 41 started on Monday 18 May 2015. This is the first cohort which includes 16 nurses recruited from the Philippines. Local, National and International recruitment continues with interviews taking place in Italy W/C 18 May, Spain at the end of June and Portugal at the end of July.

A further cohort of 10 (subject to final confirmation, expected to increase) new staff will start on Monday 15 June. To date 94 nurses have commenced employment at BSUH through International recruitment.

<b>Links to strategic objectives</b>	Best and Safest Care ✓
<b>Identified risks and risk management actions</b>	Safe staffing levels are key to ensuring patient safety and high quality patient experience.
<b>Resource implications</b>	As reported to the Board of Directors any shortfalls in staffing levels will be addressed, through the development of business cases.
<b>Legal implications</b>	Not applicable.
<b>Report history</b>	Previous reports on nurse staffing have been made to the Board of Directors in: <i>June 2014</i> <i>January 2015</i> <i>February 2015</i> <i>March 2015</i> This report has been submitted monthly since April 2014 and will continue.

<b>Appendices</b>	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: April
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<b>Action required by the Board</b> The Board is asked to note the nurse to patient ratios in April.
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## **Report to the Board of Directors, 1 June 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 April 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 April 2015**

April sees a small increase in trained staff from March. There continues 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.

Daily we continue to discuss any shortfalls at the operational meetings and where required staff will be moved to accommodate extra capacity staffing and areas that need additional support. Staff dislike being moved to different clinical areas and this has resulted in some staff expressing this as a reason for leaving BSUH, we anticipate that the need for this will reduce as vacancies continue to be filled. However sometimes it is essential to ensure staffing is managed across all wards and departments.

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.

2014/15 average monthly spend on agency nursing was £472,000. April 2015 was £423,000.

2014/15 average monthly nursing bank spend was £771,000. April 2015 was £584,000.

The nursing and midwifery bank rates were increased from the 1 May 2015 so in June, we will be able to see if this has had any impact.

The new international starters in May 41 = 1537.5 additional clinical hours a week. They will complete a 3 week induction programme and then a further 3 weeks local induction

programme so it will be July before a step change is seen and this should continue to improve month on month.

Meetings are taking place between senior nursing staff and staffside to enable detailed discussions to take place in partnership regarding current and future workforce.

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

	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>Day</b>												
Trained	92.4	92.3	92.9	92	90.9	92.3	93.3	90.3	91.6	88.9	91.0	91.9
Un-trained	90	90.6	89.7	91.6	94.7	93.3	91.9	91.0	88.9	91.3	95.1	94.4
<b>Night</b>												
Trained	95.2	93.6	94.3	93.2	92.8	94.6	94.1	92.1	93.6	91.5	92.7	93.4
Un-trained	104	105.9	108.5	105	105.6	105.8	106.2	102.4	106.2	106.3	108.6	104.3

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 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 – 6 wards flagged at 80% or less**

**Bailey – Trained day**

Registered nurses – 1 on long term sick leave, 2 vacancies of which have been recruited to. A 0.6wte HCA position is to be advertised. In the last paper it was noted this had been done, an HCA was appointed into this post and it transpired that as she was studying full - time so could only work Saturdays or Sundays, the process is currently being repeated.

**Howard 2 & Grant – Untrained night**

Two Band 5 vacancies are outstanding on Howard 2 and Grant. There unfortunately was a poor response to the last local advert with only one applicant for two Band 5 posts. A Band 7 post is also being recruited to.

**Bristol – Trained night**

The area should have three trained during a night shift. Due to current vacancies there were two trained on 18 nights out of 30; shifts are requested from bank and agency. As new recruits come into post, this will resolve.

**Vallance – Trained night**

The same applies as on Bristol ward, the area should have three trained during a night. Due to vacancy there were two trained on 21 nights out of 30 ; shifts are requested from bank and agency. As new recruits come into post, this will resolve.

**Jowers – Untrained day**

This is a small ward with small staff numbers. Shifts are put out to bank and agency. There are currently two vacancies and two HCA's on long term sick.

**Catherine James and Egremont – Trained day**

This area should have five on long days; due to six current vacancies there were 1 day with 5 staff, 21 days with 4 staff and 6 days with less than 4, all shifts are requested from bank and agency. The ward manager forms part of the numbers on some days, but also manages a clinical case load of day cases so is not always available. Of the May starters 5 WTE will be working on the ward.

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

**Hurstwood Park Medical (Clayton) – Untrained day**

Clayton has seen an increase in short term sickness during the month of April. Mitigations as normal have involved the ward manager working within the numbers and some training has also had to be cancelled during this time.

**Musculoskeletal - 1 ward flagged at 80% or less**

**Level 8A West – Trained day**

Vacancies in this area are currently extremely high (band 5, 9.41 WTE and band 2 at 6.85 WTE). Mitigation includes international recruitment but, further recruiting is taking place due to site reconfiguration for Twineham to support additional beds opening. The long term plan is to resolve the vacancies using the international recruitment new starters and during reconfiguration. Reconfiguration will see a reduction in the ward establishment as it moves to a smaller area which in turn will reduce the vacancy to zero. It is expected that reconfiguration will happen on Friday 19 June. Day to day management includes moving staff from other wards and includes requesting staff from PRH Twineham and Newick wards.

**Women's - 1 ward flagged at 80% or less**

**Bolney – Untrained night**

Very high vacancies remain on Bolney. As this paper is written, the interviews are taking place to fill – short notice periods of 4 weeks means replacements are not in place resulting in unfilled posts for a number for weeks.

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

**Trevor Mann Baby Unit (TMBU) – Trained night**

TMBU as noted in last month's report has varying factor affecting staffing levels. 7 staff remain on maternity leave, a band 6 staff member is on A/L post maternity leave and a further 2 team members are due to go on maternity leave in the coming weeks. There are now 2 senior band 6 staff members on long term sick, (from last month, two have returned on a phased return). All of these staff are management level so this has had a knock on effect. Staffing support for SCBU at PRH to cover long term sick leave was again provided. An improvement next month is predicted and managed on a day to day basis. In the May starters 3 staff will be working on TMBU.

**Special Care Baby Unit (SCBU) – Untrained day**

Due to the specialist nature of this area, there are limited options to backfill during time of sickness. This was the case during April.

**RACH Surgical – Untrained day**

In this area currently, 40% of the workforce is on maternity leave with high levels of sickness - long term and short term within the remaining team members.  
HCA vacancy (recruited into HCA on LT sick now on phased return)

**RACH High Dependency Unit – Untrained day and trained night**

The HDU currently has vacancies at band 5 and short term sickness. For band 6 staff, there was also short term sickness and parental leave during April.

*In both RACH areas ward managers are not supernumerary and working clinically most days or nights to cover shifts. Bank and Agency were unable to fill the outstanding shifts.*

**Perioperative - 1 ward flagged at 80% or less**

**Ansty – Trained night**

Ansty will have a significant fluctuation of numbers due to the extra capacity patients – staffing is usually managed by either moving staff from surgery or using pool nurses in that area.

**Cardiovascular- 1 ward flagged at 80% or less**

**Cardiac 6A – Untrained night**

One HCA was on sick leave for three weeks during April, which accounts for the shortfall in this area.

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

	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr
<b>No of wards 80% or less</b>	12	15	18	16	6	13	14	11	13	16	7	16

Of the 16 red wards in April, 3 are for day and 5 are for night shifts for trained staff. For care/ support staff 5 are for the day and 3 is for night shifts. It should be noted that 32 trained and un-trained ward percentages were in excess of 100%, 12 day shifts and 20 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. Staff are feeling very tired and this is reflected in some of the increased rates of sickness. 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.

Recruiting 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 278 offers accepted. The first 53 staff are now working on the wards and a further cohort of 41 started on Monday 18 May, these numbers will continue to increase month on month. Further interviews are due to take place in May, June, July and September.

The two recruitment days planned for June and July for bank and substantive staff have unfortunately had to be deferred to the autumn as Recruitment do not have the capacity to support in addition to Site Reconfiguration and Sodexo TUPE of staff.

Local, National and International recruitment of nurses is continuing as high priority. Recruitment is taking place now for winter 2015/16 as there is a 5/6 month lead in time. 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 new bank rates were implemented on Friday 1 May. The impact of this will be monitored on a monthly basis with a more formal review taking place after 6 months.

### **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. Other Trust websites within the South East have been reviewed to establish the format and detail of this data, this has demonstrated that we are in line with other trusts with BSUH publishing more data required or shared by other Trusts.

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.

**Helen O'Dell**  
**Deputy Chief Nurse – Workforce & Efficiencies**

**Sherree Fagge**  
**Chief Nurse**

**June 2015**