

<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>30<sup>th</sup> November 2015</b>
<b>Board Sponsor:</b>	<b>Chief Nurse</b>
<b>Paper Author:</b>	<b>Deputy Chief Nurse (Workforce &amp; Efficiencies)</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 October 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 5 areas on 4 wards in October 2015 with a fill rate of 80% or less. Short term sickness, vacancies and maternity leave were all contributory factors.

193 European and Filipino nurses have already started on the wards and a further cohort of 19 started on Monday 16<sup>th</sup> November 2015. Local, national and international recruitment continues and high intakes of new staff were expected in October and November. The changes to immigration for nurses should enable the recruited Filipino nurses to start in February and March. 344 nurses have accepted offers, 193 have started, and a further 89 will have started by the end of March 2016.

The new national 4% agency cap which started on 1<sup>st</sup> October has added an additional challenge to the Nursing and Midwifery workforce. October saw the lowest agency use this year of 4.6% slightly above the required 4% and plans are in place to reduce that further whilst maintaining safe staffing levels.

<b>Links to corporate objectives</b>	Safe staffing levels support the Trust objectives of: <b><i>excellent outcomes; great experience; empowered skilled staff; and high productivity</i></b>
<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>Report history</b>	Previous reports on nurse staffing have been made to the Board of Directors monthly since April 2014.
<b>Appendices</b>	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: October

**Action required by the Board**

The Board is asked to note the nurse to patient ratios in October; the actions planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment

## **Report to the Board of Directors, 30<sup>th</sup> November 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 October 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.
- 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.
- The 4% Agency cap which started on the 1<sup>st</sup> October is expected to have a negative impact on filled shifts within safer staffing levels to start with until recruited staff are in post.

### **2. Fill rates in October 2015**

There was an increase in trained staff in October in comparison with September. There continue to be additional capacity areas open to support patient activity and short term sickness remains high in some areas.

Vacancy numbers are similar as staff coming into post is offset by staff leaving however the numbers will improve as the new nurses commence in the coming months. The number of trained nurses starting in October was 27 local/national and 20 European and 27 leavers. There may be some discrepancy in the data as the systems for counting staff catch up with the actual numbers.

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 and this is coordinated by senior nursing staff.

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 use of agency nurses continues to be high on the national agenda.

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

Nursing & Midwifery category	April	% of total spend	May	% of total spend	June	% of total spend	July	% of total spend	August	% of total spend	Sept.	% of total spend	Oct.	% of total spend
	Actual		Actual		Actual		Actual		Actual		Actual		Actual	
Agency (2014/15 average £472K)	£457	4.3%	£901	8.2%	£814	7.5%	£764	7.0%	£842	7.8%	£542	5.1%	£402	3.8%
Bank (2014/15 average £771K)	£937	8.9%	£916	8.4%	£723	6.7%	£942	8.6%	£817	7.6%	£727	6.9%	£997	9.4%
Substantive	£9,134	86.8%	£9,147	83.4%	£9,335	85.9%	£9,182	84.3%	£9,088	84.6%	£9,311	88.0%	£9,202	86.8%
<b>Nursing &amp; Midwifery</b>	<b>£10,528</b>	<b>100.0%</b>	<b>£10,964</b>	<b>100.0%</b>	<b>£10,872</b>	<b>100.0%</b>	<b>£10,887</b>	<b>100.0%</b>	<b>£10,747</b>	<b>100.0%</b>	<b>£10,580</b>	<b>100.0%</b>	<b>£10,601</b>	<b>100.0%</b>

**Table 1: substantive, bank and agency spend 2015/16**

Following the announcement of the 4% Agency Cap that was to be implemented on 1<sup>st</sup> October 2015, agency requests were monitored and authorised by the Deputy and Chief Nurse for the last two weeks of September. Closer monitoring and authorisation has had an impact with the October expenditure the lowest of the year to date. The Directorate Lead Nurses have given the following reasons for agency spend for October: trained specials; vacancies; backfill for nurse training, education and engagement work; maternity leave; sickness, short and long term; induction period for new staff and extra capacity.

The Directorate Lead Nurses are monitoring overtime, authorisation of agency requests before escalation to Deputy and Chief Nurse, 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 average staffing fill rates. Challenges remain to nurse staffing as previously reported. At the end of June, the new nursing lead in the bank office has taken up position, and we continue to work with the bank office team to recruit more bank staff.

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

2014	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
<b>Day</b>								
Trained	92	92	93	92	91	92	93	90
Un-trained	90	91	90	92	95	93	92	91
<b>Night</b>								
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	Sept	Oct
<b>Day</b>										
Trained	92	89	91	92	93	94	91	92	90	93
Un-trained	89	91	95	94	98	97	95	96	98	96
<b>Night</b>										
Trained	94	92	93	93	95	96	94	94	93	92
Un-trained	106	106	109	104	107	105	106	108	107	106

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

**Table 3: filled and unfilled hours 2015**

Hours and percentage	May	Jun	Jul	Aug	Sept	Oct
Total number of actual staff hours (includes trained & un-trained)	221,384	217,149	228,012	248,634	241,353	252,200
	96%	96%	95%	95%	94%	95%
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043	12,929	14,713	14,191
	4%	4%	5%	5%	6%	5%
Total Hours	230,792	225,325	241,055	261,563	256,066	266,391

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

In October 4 wards were 80% or less

**Speciality Medicine – 3 wards flagged at 80% or less**

**Howard 2 & Grant – Un-trained night**  
HCA's recruited to and waiting for start dates.

**Vallance – Trained night**  
This ward has several vacancies which have been recruited to and are awaiting staff to start. In view of the Trust financial position, only escalated to bank

**Bailey – Trained day**  
This ward has several vacancies which have been recruited to and are awaiting staff to start. In view of the Trust financial position, only escalated to bank.

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

**Cardiac Level 7A – Trained days, trained and untrained nights**

There are two nurses on long term sick leave, two on maternity leave and three band 5 nurses have recently left, staff have been recruited but are waiting for confirmation of start dates. There are another 3wte band 5 vacant positions which are been advertised. HCA's are up to establishment so their shift pattern will be reviewed to give a better fill cover on nights. For

trained staff on nights they have rostered more on the days as they are unable to fill weekday shifts with either bank or agency and risk cancelling surgery.

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

<b>2014</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
<b>No of wards 80% or less</b>	12	15	18	16	6	13	14	11

<b>2015</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>
<b>No of wards 80% or less</b>	13	16	7	16	9	7	5	7	10	5

Of the 5 red areas below 80% on 4 wards in October, 1 is for day and 2 are for night shifts for trained staff. For care/ support staff, 2 are for night shifts. It should be noted that 39 trained and un-trained ward percentages were in excess of 100%, 11 day shifts and 28 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls, 30/34 were for untrained staff where trained staffing was less than 100%.

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 in that more shifts are filled. On a daily basis wards and departments continue to support each other.

Recruiting in the UK is on-going; local and national recruitment is around 2/3 of nursing recruitment. Recruitment currently has 78 Health Care assistants and 165 Nurses in the recruitment process. International recruitment in Europe and outside Europe is progressing, the programme to date; 344 nurses have accepted offers, 193 have started, and a further 89 will have started by the end of March 2016. We are waiting start dates for the 62 outstanding. Recruitment continues to take place to ensure we continue to have a flow of recruits in 2016.

On 11<sup>th</sup> November 2015 we were informed that we had been successful with our application for 62 certificates of sponsorships. There are now 65 nurses in the Philippines ready to come to BSUH so we will apply for some more certificates of sponsorship in December.

We are currently planning on bringing the nurses over in two groups in February and March 2016. 7 nurses will need to complete the overseas nursing programme for 12 weeks then wait for NMC registration. The other 58 nurses will complete the new programme by undertaking an objective structured clinical examination (OSCE) assessment within 10 weeks of arrival. The OSCE currently can only take place at Northampton University so we have been making provisional plans for this to take place.

**Table 5: 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	Oct-15	Nov-15 To date	TOTAL
Starters Local/ National	34	59	44	40	30	23	35	31	24	23	27	21	391
International starters	10	14	8	14	7	41	12	10	9	27	22	19	193
Leavers	34	23	22	34	25	26	21	20	45	17	27	31	325

Total new starters = 584 – 325 leavers = 259 increased number of nurses in post.

There are challenges in securing start dates for local national and international recruitment and these 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 over a year for those coming from the Philippines.

The Nursing and Midwifery Council (NMC) is introducing new language controls for EU nurses and midwives. From 18 January 2016, for the first time, European trained nurses and midwives wanting to join the register will need to prove that they have the necessary knowledge of English to practise safely and effectively in the UK. The NMC are not imposing a blanket language test on European trained applicants, but if they are unable to provide sufficient evidence of language skills – such as having trained or worked in an English-speaking country, they will be directed to undertake an English language assessment.

On 15<sup>th</sup> October 2015 the Government lifted restrictions on a temporary basis on recruiting nurses from overseas in a bid to ease pressure on the NHS. Health Secretary Jeremy Hunt said the profession was being added to the Shortage Occupation List, which allows employers to bring in staff from outside the European Union more easily. The Migration Advisory Committee, which is in charge of the Shortage Occupation List, will review whether nurses should be added to the list permanently.

### 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.

Within the next few months acuity and dependency will start to be monitored to enable a more detailed review of nursing and midwifery workforce.

#### 4. National

Recent national announcements have been made relating to the nursing workforce. The main issues are:

- Setting a maximum hourly rate for agency doctors and nurses
- Banning the use of agencies that are not on approved frameworks
- Putting a cap on total agency spending for each NHS trust in financial difficulty
- Requiring 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.

The Chief Executive received a letter dated 1<sup>st</sup> September 2015 from the Trust Development Authority (TDA) and Monitor. The letter set out the spending ceilings for BSUH trust, which take place from 1<sup>st</sup> October. Also enclosed was the Nursing agency rules.

The aim of the agency rules is part of the national programme to help the NHS meet the complex workforce challenges. They apply to nursing agency spend only.

The new rules, set out in Nursing Agency Rules document, are;

- An annual ceiling for total nursing spending in each trust
- Mandatory use of approved frameworks for procuring agency staff

For each Trust, an annual limit 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.

#### The Agency Nurse ceilings for BSUH are;

Trust Name	Q3/4 2015/16	2016/17	2017/18	2018/19
Brighton and Sussex University Hospitals NHS Trust	4%	3%	3%	3%

This rule takes effect from 1<sup>st</sup> October 2015 and the trust submitted a profile for our planned monthly spend across Q3 and Q4 2015/16.

Nursing Employee Benefits	Sign	Monthly revised plan values					
		Month Ending 31-Oct-15	Month Ending 30-Nov-15	Month Ending 31-Dec-15	Month Ending 31-Jan-16	Month Ending 29-Feb-16	Month Ending 31-Mar-16
		£'000	£'000	£'000	£'000	£'000	£'000
Nursing - Total Agency costs (excluding outsourced bank)	+	312	312	312	306	306	306
Nursing - Total Gross Employee Benefits (including agency)	+	7,798	7,798	7,798	7,648	7,648	7,648
Nursing agency costs as % of total nursing costs		4.00%	4.00%	3.99%	4.00%	4.00%	4.00%

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Total relevant Nursing expenditure, £000s	8,598	8,896	8,912	8,880	8,785	8,622	8,595
Relevant Nursing Agency expenditure, £000s	457	897	812	755	817	507	394
Agency %	5.3%	10.1%	9.1%	8.5%	9.3%	5.9%	4.6%



Reported Agency expenditure in October fell to its lowest level in 15/16, but remains above the ceiling percentage.

An additional challenge is the opening of additional wards and beds. SAU has been open for several nights as has the 6A Day case unit and Plumpton ward opened with 9 beds on Thursday 15<sup>th</sup> October. Additional staffing for these areas is included in the 4% agency cap.

The full Board report in March 2016 will outline National Standards for Nursing & Midwifery workforce and benchmark current staffing levels against this.

Further work is being undertaken to introduce a national rate-cap for all agency staff with two further reductions so that from 1<sup>st</sup> April 2016 agency staff would not be paid more than the equivalent substantive role, these caps would also apply to bank rates.

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

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

**November 2015**