

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	4th November 2015
Board Sponsor:	Chief Nurse
Paper Author:	Deputy Chief Nurse (Workforce & Efficiencies)
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 September 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 13 areas on 11 wards in September 2015 with a fill rate of 80% or less. Short term sickness, vacancies and maternity leave were all contributory factors.

152 European and Filipino nurses have already started on the wards and a further cohort of 22 started on Monday 19th October 2015. Local, national and international recruitment continues and high intakes of new staff are expected in October and November. The changes to immigration for nurses should enable the recruited Filipino nurses to start in the new year.

The new national 4% agency cap which started on 1st October will add an additional challenge to the Nursing and Midwifery workforce. A new agency authorisation process commenced on 14th September to ensure compliance.

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: September Appendix 2 -

Action required by the Board

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

Report to the Board of Directors, 4th 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 September 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 1st 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 September 2015

There was a small decrease in trained staff in September in comparison with August. There continue to be additional capacity areas open and short term sickness remains high in some areas.

Vacancy numbers are similar as staff coming into post is offset by staff leaving. The numbers will continue to improve as the new nurses commence in the coming months. The number of trained nurses starting in September was 23 local/national and 27 European and 17 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.

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, particularly

agencies not on the NHS framework have been high on the national agenda in recent weeks, BSUH made the decision to stop using non-framework agencies from 1 July 2015 as per national guidance.

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

Nursing & Midwifery Expenditure Trend 2015/16

£000s

	April	% of total spend	May	% of total spend	June	% of total spend	July	% of total spend	August	% of total spend	Sept.	% of total spend
	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%	£539	5.1%
Bank (2014/15 average £771K)	£937	8.9%	£916	8.4%	£723	6.7%	£942	8.6%	£817	7.6%	£727	6.9%
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%
Nursing & Midwifery	£10,528	100.0%	£10,964	100.0%	£10,872	100.0%	£10,887	100.0%	£10,747	100.0%	£10,577	100.0%

Following the announcement of the 4% Agency Cap that was to be implemented on 1st 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 appears to have had some impact. The Directorate Lead Nurses have given the following reasons for agency spend for September: 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
Day								
Trained	92	92	93	92	91	92	93	90
Un-trained	90	91	90	92	95	93	92	91
Night								
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
Day									
Trained	92	89	91	92	93	94	91	92	90
Un-trained	89	91	95	94	98	97	95	96	98
Night									
Trained	94	92	93	93	95	96	94	94	93
Un-trained	106	106	109	104	107	105	106	108	107

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

Hours and percentage	May	June	July	August	September
Total number of actual staff hours (includes trained & un-trained)	221,384	217,149	228,012	248,634	241,353
	96%	96%	95%	95%	94%
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043	12,929	14713
	4%	4%	5%	5%	6%
Total Hours	230,792	225,325	241,055	261,563	256,066

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

Speciality Medicine – 4 wards flagged at 80% or less

The majority of vacancies in Speciality Medicine have been filled by overseas nurses, of whom a number are awaiting a start date.

Catherine James and Egremont – Trained day

Catherine James and Egremont have several vacancies which have been recruited to and are awaiting staff to start. In view of the Trust financial position unfilled shifts have only been escalated to bank

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.

Children's - 3 ward flagged at 80% or less

Children's have recruited 21 newly qualified band 5 nurses who will be starting at the end of September and throughout October.

RACH Medical – Untrained Nights

Vacant posts have been recruited to and waiting new starters in October.

RACH Surgical – Untrained days

Annual leave and short term sickness as number of children was low, shifts were not back filled - ward closed for days and merged with Level 9 Medical for 9 days.

SCBU PRH – untrained nights

Due to annual leave and supporting TMBU at RSCH

Cardiovascular - 1 ward flagged at 80% or less

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

During September there was a rise in sickness and the majority was short term – up to 8% at times. Vacancies recruited to waiting for 2 band 5's due to arrive very shortly and are out to advert for band 6 nurses 1.5 WTE vacancy. There are 2 nurses on maternity leave, there is one nurse on long term sick leave.

Women's – 1 area flagged at 80% or less

PRH Maternity - trained nights

5 WTE midwives vacancies (unable to fill in last 2 recruitment rounds as require band 6 midwives – third advert is currently out)

8.11 WTE midwives on maternity leave (some will be back in January 16)

4.92 WTE on Long Term Sick all being managed through HR processes

Total 18.03 WTE short

Since 6th August 2015 agreement to pay above band for each midwife – band 5 paid band 6 rate and band 6 paid band 7 rate this will cease on 2/11/15 as recruitment to vacant posts has been successful, and we will have some returners from sick leave.

Musculoskeletal – 2 wards flagged at 80% or less

Newick – Trained days

The ward has several band 4 nurses waiting for their NMC registration which affects the number of trained nurses. Newick is an elective area so the activity does fluctuate which allows RN's to be redeployed to other areas.

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

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

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

Of the 12 red areas below 80% on 10 wards in September, 4 are for day and 3 are for night shifts for trained staff. For care/ support staff, 1 is for the day and 4 are for night shifts. It should be noted that 44 trained and un-trained ward percentages were in excess of 100%, 17 day shifts and 27 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls, 32/44 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. 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. International recruitment in Europe and outside Europe is progressing, with 405 offers. 174 staff have started with the latest 22 in induction with a further cohort starting on 16th November. Further interviews are been planned.

There are 62 nurses in the Philippines ready to apply for visas but due to immigration challenges and the reduction in allocation of certificates of sponsorship it is not possible to bring them into the country. BSUH have applied for certificates of sponsorship and been declined in July, August, September and October. With last week's announcements regarding immigration and nursing it is anticipated nursing will be on the shortage occupation list from December, which should ensure certificates of sponsorship are issued. There are plans to bring the nurses over in two or three groups.

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	Sept-15	Oct-15	Totals
Starters Local/National	34	59	44	40	30	23	35	31	24	23	9 to date	352
International starters	10	14	8	14	7	41	12	10	9	27	22	174
Leavers	34	23	22	34	25	26	21	20	45	17	7 to date	274

New starters – 526 – 274 leavers = increase 252.

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 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 15th 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 1st September 2015 from the Trust Development Authority (TDA) and Monitor. The letter set out the spending ceilings for BSUH trust, which take place from 1st 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 1st 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%

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

The aim of these rules is to increase Trusts' bargaining power when contracting with agencies and to encourage a move among nurses back to permanent and bank working. The aim being that this should enable trusts to manage their workforce in a more sustainable way, reducing our reliance on temporary staff, raise quality and improve the working environment for staff.

The Chief Executive has received a further letter dated 13th October 2015 (see appendix 2). This letter recognises the conflict between safer staffing and the need to meet the financial challenge. It recognises the need for judgements to be made by experienced professionals at the frontline with acuity, dependency, time of day and local factors considered. The letter states that it is important to look at staffing in a flexible way which is focused on quality of care, patient safety and efficiency rather than just numbers. Lord Carter is undertaking further work to put in place a more sophisticated approach to measure nursing time and its connections with outcomes, costs and other critical measures. We are aiming to start recording acuity and dependency of our patients in December and this will provide another dimension to calculating nursing requirements. The full Board report in March 2016 will outline National Standards for Nursing & Midwifery workforce and benchmark current staffing levels against this.

Mandatory use of approved frameworks and from 19th October 2015 all procurement of nursing agency staff must be through approved frameworks. This trust stopped using non framework agencies from 1st July 2015. Further work is being undertaken to introduce a national rate-cap for all agency staff this is anticipated to take effect from 23 November 2015. Two further reductions are anticipated so that from 1st 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

October 2015