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<b>Meeting:</b>	<b>Brighton and Sussex University Hospitals NHS Trust Board of Directors</b>
<b>Date:</b>	<b>23<sup>rd</sup> February 2017</b>
<b>Board Sponsor:</b>	<b>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 registered and non-registered staff in January 2017 and provides a detailed explanation where fill rates were 80% or less. There were 5 wards in January 2017 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 remain high and have increased to 203 WTE. The Business case for recruiting International nurses has been agreed.

Recording of Care Hours Per Patient Day has taken place for 9 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 January 2017; the actions planned to mitigate any shortfalls in staffing levels; and on-going plans for nurse recruitment.

<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.

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<b>Report history</b>	Previous reports on nurse staffing have been made to the Board of Directors on a monthly basis since April 2014.
<b>Appendices</b>	Appendix 1 – NHS Choices version of BSUH Safer Nurse Staffing: January 2017

## Report to the Board of Directors, 23<sup>rd</sup> February 2017 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 for January 2017, 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). 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 January 2017

Vacancy numbers have increased from April to January and are staying around 160 WTE.

**Table 1: Nursing & Midwifery vacancies**

Nursing & Midwifery Vacancies wte	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	158	168	95	126	133	124	145	162	178	164	164	162
Non-registered	77	90	71	82	83	80	87	94	110	99	99	90
Total wte	235	258	166	208	216	204	232	256	288	263	263	252
Nursing & Midwifery Vacancies wte	Jan 2017	Feb 2017	Mar 2017	April 2017	May 2017	June 2017	July 2017	Aug 2017	Sept 2017	Oct 2017	Nov 2017	Dec 2017
Nursing & Midwifery	203											
Non-registered	106											
Total wte	309											

The increase in vacancies this month is partly due to an increase in budgeted WTEs mainly due to:

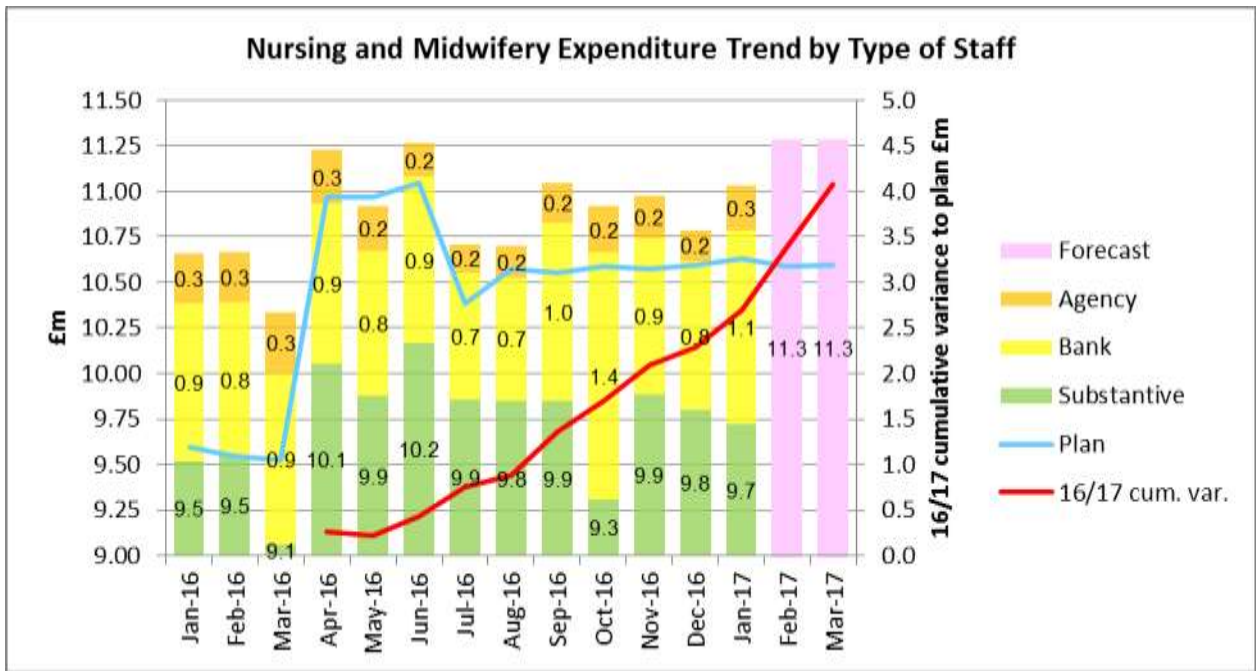
1. Posts being added for Newhaven Downs (30.45wte)
2. The Obstetric Theatres Business Case (15.28wte)

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**



Following the announcement of the Agency Cap implementation on 1<sup>st</sup> 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
<b>Day %</b>												
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
<b>Night %</b>												
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
<b>Day</b>												
Registered	93	95	92	92	92	92	92	94	92	94		
Non-Registered	97	99	104	96	97	97	96	97	95	99		
<b>Night</b>												
Registered	95	96	95	93	94	89	93	95	94	95		
Non-Registered	115	116	118	114	114	116	113	114	114	119		

### 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
<b>Registered Nurse</b>	6.4	6.6	6.6	6.5	6.6	6.3	6.6	6.7	8.3		
<b>Un-Registered</b>	2.8	2.9	2.9	2.9	2.9	2.8	2.9	2.9	1.7		
<b>Total</b>	9.2	9.5	9.5	9.4	9.4	9.1	9.5	9.5	9.9		



This table reflects that in January each patient had an average of 8.3 hours of a registered nurses time and 1.7 of an un-registered a total of 9.9 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**

Includes registered and un-registered	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	221,384	217,149	228,012	248,634	241,353	252,200	242,145	255,832	256,823	239,958	254114
%	96	96	95	95	94	95	96	97	95.8	95.1	94.5
Total number of hours un-filled	9,408	8,176	13,043	12,929	14713	14,191	10,453	7,597	11,133	12,462	14893
%	4	4	5	5	6	5	4	3	4.2	4.9	5.5

Includes registered and un-registered	April 16	May 16	Jun 16	Jul 16	Aug 16	Sept 16	Oct 16	Nov 16	Dec 16	Jan 17
Total number of actual staff hours	251326	261955	253063	257258	259112	247145	256324	254658	256938	263670
%	96.8	98.3	98.2	96.8	96.1	94.8	95.3	97.1	95.5	98.2
Total number of hours un-filled	8210	4405	4566	10156	10509	13650	12609	7587	11992	4924
%	3.2	1.7	1.8	3.8	3.9	5.1	4.8	2.8	4.6	1.8

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
<b>No of wards 80% or less</b>	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
<b>No of wards 80% or less</b>	1	7	5	8	8	9	3	4	11	5		

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Of the 5 red wards, 80% or below in January; registered - two nights, un-registered - two days and one night.

## Musculoskeletal

Newick Ward – un-registered day

## Acute

PRH Emergency Department - un-registered day

## Neurosciences

Lindfield – registered night  
Albourne – registered night

## Children's

Level 9 medical ward – un-registered night

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 we currently have 53 Health Care assistants and 95 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	17			195
International starters	11	4	5	5	7	3	0	0	0	0			35
Leavers	26	20	26	32	35	321	30	30	26	24			281

The tables above show that in 2015/16, 531 registered nurses joined BSUH and 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), 230 starters and 281 leavers there is a negative position of 51.

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. To date BSUH is working within its agency cap.

### **5. Revalidation**

Revalidation is a Nursing & Midwifery Council requirement for all registrants effective from 1<sup>st</sup> 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 over 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.



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The Universities are reporting a reduction of applicants following the removal of the bursary for student nurses / midwives. The first group of students without a bursary is expected to start in September 2017.

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. A pilot took place end of January on 8A West and the template was amended following feedback. Training took place in the first two weeks of February and on 13<sup>th</sup> February for 20 days a further acuity and dependency review of all patients is taking place. The data will be reviewed and analysed and will enable to look at staff from another dimension.

Currently all wards and departments are been 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**  
**February 2017**