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Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	29th September 2016
Board Sponsor:	Interim Chief Nurse
Paper Author:	Interim 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 August 2016, and provides a detailed explanation, where fill rates were 80% or less, There were 8 wards in August 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 increasing month on month so there is an urgent need to review our position in relation to international recruitment.

Recording of Care Hours Per Patient Day has taken place for 3 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 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 August 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: August 2016

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Report to the Board of Directors, 29th September 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 August 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. Fill rates in August 2016

Vacancy numbers have increased from April to August.

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
Nursing & Midwifery	178	158	168	95	126	133	124	145	162
Non-registered	87	77	90	71	82	83	80	87	94
Total wte	265	235	258	166	208	216	204	232	256

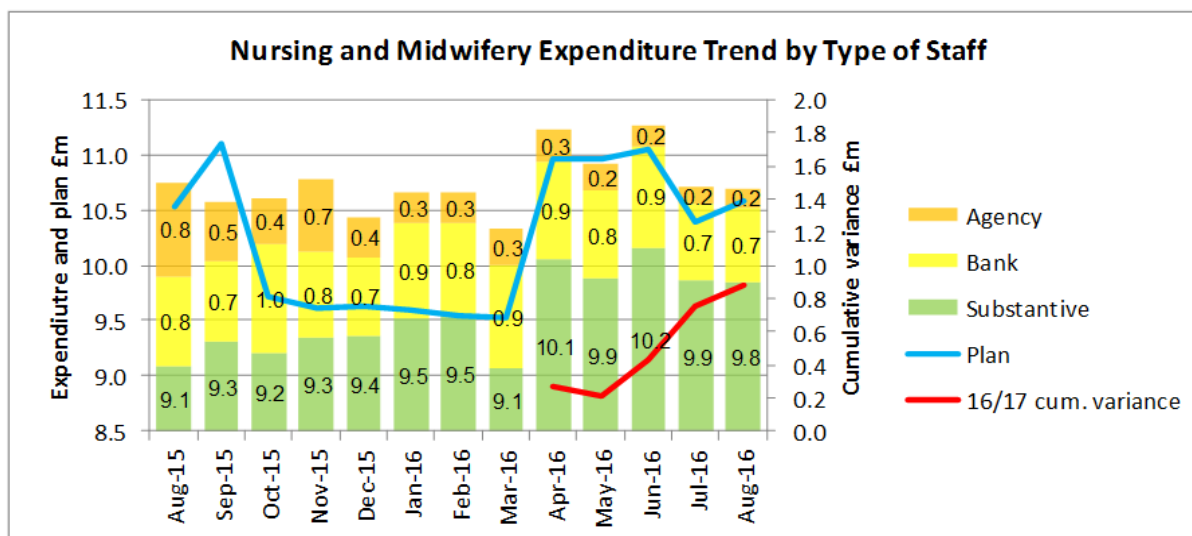
Any shortfalls in staffing are discussed daily at the operational meetings and where required staff will be moved to accommodate extra capacity staffing and areas that need additional support.

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.

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Graph 1: substantive, bank and agency spend



Nursing and Midwifery expenditure fell marginally in August to £10.70m. The year-to-date overspend increased to £0.88m

Following the announcement of the Agency Cap implementation on 1st October 2015, agency requests were monitored and authorised by the Deputy and Chief Nurse.

The Directorate Lead Nurses are monitoring overtime and 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.

Table 3: 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

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

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 5: 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

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	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)	251326	261955	253063	257258	259112							
%	96.8	98.3	98.2	96.8	96.1							
Total number of hours un-filled (includes registered and un-registered)	8210	4405	4566	10156	10509							
%	3.2	1.7	1.8	3.8	3.9							
Total Hours	259,536	266,360	257,629	267,414	269,620							

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

Table 6: 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							

Of the 8 red areas below 80% in August; four un-registered days, three registered nights and one unregistered night.

Abdominal

- Ansty – un-registered day – recruited HCAs waiting start date

Cardiovascular

- Cardiac surgery –un-registered night, sickness and vacancy.

Speciality Medicine

- Emerald – un-registered day - long and short term HCA sickness.
- Howard 2 Grant – registered night - vacancy which is on hold pending move to Courtyard in October
- Valance – registered night - vacancy which has been recruited to and sickness

Children's

- RACH 8 – Medial - Un-registered night, sickness
- RACH HDU – registered – nights, maternity leave

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Acute

- PRH ED unregistered day, vacancy recruited to waiting start date

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 the Trust currently has 60 Health Care assistants and 120 Nurses in the recruitment process. International recruitment in Europe and outside Europe has nearly finished with less than 10 due to start.

The majority of Filipino nurses that arrived in February and March 2016 are now on the Nursing & Midwifery Council register. 9 have completed the overseas nursing programme facilitated by City University London. 62 nurses are on the new programme and have undertaken an 'objective structured clinical examination' (OSCE) assessment at Northampton University. To date the results are;

Table 7: OSCE Results

OSCE Results	Outcomes
62 taken OSCE	62
1st attempt pass	36
1st attempt partial fail	17
1st attempt full fail	7
2nd attempt pass	17
2nd attempt partial fail	2
2nd attempt full fail	0
Appeals	4
Appeal upheld	1
Appeal not upheld to be repatriated	1
Awaiting appeal results	2

The nurses are under considerable pressure when undertaking the OSCE.

Table 8: 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

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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								93
International starters	11	4	5	5	7								32
Leavers	26	20	26	32	35								139

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); there is a negative position of 14.

The Nursing and Midwifery turnover of staff is currently 13.7% 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 going to be undertaken 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 NMC 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.

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Table 9: Numbers of Nurses & Midwives due for revalidation 206/17

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numbers of Nurses & Midwives	127	286	145	193	42	237	88	83	63	49	65	83
Lapsed	1	0	2	2	0							

6. Future 2016/2017

Looking ahead to 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. Reviewing the current vacancy position it is evident that we need to reconsider international recruitment.

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”

Actions have been taken to address the above concerns. In October a detailed report of Nursing & Midwifery staffing will be shared with the Board.

Helen O'Dell
Interim Chief Nurse
September 2016