

To: Board of Directors

Date of Meeting: 26th July 2017

Agenda Item:10

Title
Safer Nursing and Midwifery Staffing
Responsible Executive Director
Nicola Ranger, Chief Nurse
Prepared by
Helen O'Dell, Deputy Chief Nurse – Workforce and Efficiencies
Status
Public
Summary of Proposal
<p>This report provides the Board with a monthly overview of Nursing and Midwifery staffing levels in in-patient areas. The report details overall fill rates for registered and non-registered staff in June 2017, and provides a detailed explanation where fill rates were 80% or less, which applied to 8 wards in June 2017.</p> <p>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.</p> <p>Our vacancy numbers for registered nurses continues to increase and is now 266 wte, which is the highest since February 2016. The Business case for recruiting international nurses has been agreed and recruitment has started, along with a plan for local recruitment.</p> <p>Recording of Care Hours Per Patient Day has taken place for 13 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.</p>
Implications for Quality of Care
Safe staffing levels are key to ensuring patient safety and high quality patient experience
Link to Strategic Objectives/Board Assurance Framework
Safe staffing levels support the Trust objectives of: excellent outcomes; great experience; empowered skilled staff; and high productivity
Financial Implications
As reported to the Board of Directors any shortfalls in staffing levels will be addressed, through the development of business cases
Human Resource Implications
As detailed in the report
Recommendation
The Board is asked to: NOTE the report
Communication and Consultation
Not applicable
Appendices
Safer Staffing Scorecard

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From: Deputy Chief Nurse

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FOR INFORMATION

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 June 2017. 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 June 2017

Vacancy numbers have increased over the last year from 95 wte March 2016 to 266wte June 2017.

Table 1: Nursing & Midwifery vacancies

Nursing & Midwifery Vacancies wte	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	2016	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	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017	2017
Nursing & Midwifery	203	219	217	227	250	266						
Non-registered	106	114	126	139	135	130						
Total wte	309	333	343	366	385	396						

We currently have 72 Health Care assistants and 181 Nurses in the recruitment process. International recruitment in Europe and outside Europe is just starting again to reduce the vacancies. 23 offers have been accepted, 2 started, 6 starting in July and more in the following months.

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 table below reflects the actual spend and percentage of spend for the last 12 months and forecast for the next 12 months.

Table 2: substantive, bank and agency spend

	Category	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17
£m	Substantive	10.05	9.88	10.16	9.86	9.85	9.85	9.30	9.89	9.80	9.72	9.70	10.01	9.92	10.12	9.64
	Bank	0.88	0.80	0.92	0.70	0.68	0.98	1.36	0.86	0.82	1.06	1.04	1.12	1.07	0.78	1.14
	Agency	0.30	0.24	0.19	0.16	0.17	0.215	0.249	0.229	0.170	0.250	0.335	0.504	0.257	0.250	0.254
	Total	11.23	10.92	11.26	10.71	10.70	11.04	10.92	10.97	10.79	11.03	11.07	11.63	11.25	11.14	11.03
%	Substantive	89.5	90.5	90.2	92.1	92.0	89.2	85.2	90.1	90.8	88.1	87.6	86.0	88.2	90.8	87.4
	Bank	7.8	7.3	8.1	6.5	6.4	8.8	12.5	7.8	7.6	9.6	9.4	9.7	9.5	7.0	10.4
	Agency	2.6	2.2	1.7	1.4	1.6	1.9	2.3	2.1	1.6	2.3	3.0	4.3	2.3	2.2	2.3

Following the announcement of the Agency Cap implementation on 1st 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 3: Nursing and Midwifery staffing fill rates (%)

2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day												
Registered	93	95	92	92	92	92	92	94	92	94	92	92
Non-Registered	97	99	104	96	97	97	96	97	95	99	96	94
Night												
Registered	95	96	95	93	94	89	93	95	94	95	96	95
Non-Registered	115	116	118	114	114	116	113	114	114	119	117	114

2017/18	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day %												
Registered	92	92	92									
Non-Registered	97	96	96									
Night %												
Registered	93	93	93									
Non-Registered	111	113	112									

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.

Table 4: Care Hours per Patient Day (CHPPD)

2016/17		May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Registered Nurse		6.4	6.6	6.6	6.5	6.6	6.3	6.6	6.7	6.5	6.6	6.7
Un-Registered		2.8	2.9	2.9	2.9	2.9	2.8	2.9	2.9	2.9	2.7	3
Total		9.2	9.5	9.5	9.4	9.4	9.1	9.5	9.5	9.4	9.3	9.5

2017/18	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Registered Nurse	6.8	6.8	6.8									
Un-Registered	2.9	2.9	2.9									
Total	9.7	9.7	9.7									

This table reflects that in June each patient had an average of 6.8 hours of a registered nurses time and 2.9 of an un-registered a total of 9.7 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.

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

Table 5: 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	9	3	4	11	5	7	12
2017/18	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
No of wards 80% or less	6	10	8									

Of the 8 red wards, 80% or below in June; registered – one days, un-registered – five days and four nights.

Cardiovascular

Level 7A cardiac surgery - un-registered night

Children’s

HDU – un-registered day

Level 9 medical ward – un-registered day and night

Trevor Mann bay Unit - un-registered night

Neurosciences

Newtimber – registered day and night

Head and Neck

Pickford – un-registered day

Women’s

Horsted Keynes – un-registered day

Maternity PRH registered and 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 the tables below record the number of starters local/national and international and number of leavers.

Table 6: 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	16	16	227
International starters	11	4	5	5	7	3	0	0	0	0	0	0	35
Leavers	26	20	26	32	35	32	30	30	26	24	28	28	337

Registered Nurses (Band 5,6,7)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	TOTAL to date
Starters Local/National	13	16	10										39
International starters	2	0	0	6									8
Leavers	38	37	21										96

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 the numbers of leavers is significantly higher than the number of starters (local, national and international), 262 starters and 337 leavers there is a negative position of -75. In 2017/18 to date we are in a negative position of -49.

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 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 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. Recruitment and retention

Recruitment and retention is becoming more challenging so a focused approach is required. Different approaches are required to appeal to different age groups. A detailed plan is currently being developed and recruitment will be more active over the next two months to try and improve the position before the summer holidays. A working group has been established to provide a focused approach.

Actions taken to reduce nursing and midwifery vacancies include:

- Recruitment in the UK is on-going
- Need to increase HCA recruitment – successful recruitment day on 7th July - 27 substantive offers and 4 bank only
- Nurse recruitment day 13th July – 11 substantive positions offered
- Further interviews are taking place on 25th July for those that could not attend previous dates, 11 confirmed to date
- International recruitment in Europe and outside Europe is starting again to reduce the vacancies – 16 European nurse in recruitment process
- Invitation to return from new Chief Nurse – 620 invitations sent for open evenings to meet senior team and discuss options - 7th and 14th July and further date 12th September – 4 nurses interested in returning

- Focus on PRH – advertising reviewed
- Specific targeted recruitment and raising profile
- Specific adverts for PRH – open recruitment days planned for the rest of the year
- Working with ward managers, matrons, DLNs
- Working with NQN programme – preceptorship, stay one year
- Retirement – retire and return enabling a flexible return to work encouraged
- Skill mix reviews band 1,2,3,4
- Reviewing other potential options – Refer a friend
- Transport – need urgent review of bus service between sites
- Agency line bookings for areas most challenged
- Recruitment and retention strategy is been developed
- Ward/department managers to focus on retention of staff – staff wellbeing
- Review of bank rates at BSUH to encourage our own staff to work and reduce agency nursing further

7. Future 2017/2018

Looking ahead recruiting staff is essential and active recruitment will need to continue at pace with local, national and international recruitment. The workforce needed for staffing the new areas in the acute floor needs to be considered as the ambulatory care unit is planned to be open for winter 2017.

In conjunction with recruiting staff we need to focus on why staff are leaving and offer additional support. The health and wellbeing programme needs to be more visible and integrated into all departments.

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 further pilot took place end of January on 8A west; the template was amended following feedback. Training took place in the first two weeks of February and on 13th February for 20 days a further acuity and dependency review of all patients took place. A further 20 days data needs to be captured and then full analysis of the 3 data sets.

All wards and departments have been visited to discuss nursing, midwifery and support staff templates. This information is reviewed with the nurse to patient ratios, safer staffing, care hours per patient day and acuity and dependency.

Helen O'Dell
Deputy Chief Nurse
July 2017