

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	28th September 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 August 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 7 areas in August 2015 with a fill rate of 80% or less. Short term sickness, vacancies and maternity leave were all contributory factors.

125 European and Filipino nurses have already started on the wards and a further cohort of 26 start on Monday 21st September 2015. Local, National and International recruitment continues and high intakes of new staff are expected in September, October and November.

The new national 4% agency cap which starts 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: August

Action required by the Board

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

Report to the Board of Directors, 28th September 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 August 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; this is linked to the current Nursing Technology Bid currently being undertaken.
- We have collected the data for 9 months, there continues to be fluctuations month on month 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 2015

There was an increase in trained staff in August in comparison with July. There continue to be additional capacity areas open and short term sickness remains high in some areas.

Vacancy numbers are reducing as staff come into post across the wards, they will continue to improve as the new nurses commence in the coming 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. 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.

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

	April	% of total spend	May	% of total spend	June	% of total spend	July	% of total spend	August	% of total spend
	Actual £'000		Actual £'000		Actual £'000		Actual £'000		Actual £'000	
Nursing & Midwifery – Agency (2014/15 average £472K)	£457	4.3%	£901	8.2%	£814	7.5%	£764	7.0%	£842	7.8%
Nursing & Midwifery – Bank (2014/15 average £771K)	£937	8.9%	£916	8.4%	£723	6.7%	£942	8.6%	£817	7.6%
Nursing & Midwifery - Substantive	£9,134	86.8%	£9,147	83.4%	£9,335	85.9%	£9,182	84.3%	£9,088	84.6%
Nursing & Midwifery	£10,528	100.0%	£10,964	100.0%	£10,872	100.0%	£10,887	100.0%	£10,747	100.0%

The Directorate Lead Nurses have given the following reasons for an increase in the agency spend for August: trained specials; vacancies; backfill for nurse training, education and engagement work; maternity leave; sickness, short and long term; induction period for new staff; extra capacity and maximum annual leave.

The Directorate Lead Nurses are monitoring overtime, agency requests, 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
Day								
Trained	92	89	91	92	93	94	91	92
Un-trained	89	91	95	94	98	97	95	96
Night								
Trained	94	92	93	93	95	96	94	94
Un-trained	106	106	109	104	107	105	106	108

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
Total number of actual staff hours (includes trained & un-trained)	221,384	217,149	228,012	248,634
	96%	96%	95%	95%
Total number of hours un-filled (includes trained & un-trained)	9,408	8,176	13,043	12,929
	4%	4%	5%	4.9%
Total Hours	230,792	225,325	241,055	261,563

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 which 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.

Emerald – Trained day

Emerald had a red flag due to vacancies which have now been recruited to with the overseas recruitment programme although nurses are awaiting NMC clearance;

Howard 2 & Grant – Un-trained night

Staffing on Grant/H2 has been difficult. A number of vacancies have been appointed to. Short term sickness in one member of staff is also an issue which is actively being addressed.

Vallance – Trained night

Vallance ward have several vacancies which have been recruited to and are awaiting staff to start.

Children's - 1 ward flagged at 80% or less

Children's services have recruited 21 newly qualified band 5 nurses who will be starting in September and throughout October.

RACH medical – Untrained day

This ward has had a number of vacancies and sick leave an improvement is anticipated in September. There are 2 WTE on Long term sick

Cardiovascular - 1 ward flagged at 80% or less

Cardiac HDU – Trained and untrained nights

HDU has struggled with staff during August. There are new staff starting in September.

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
No of wards 80% or less	13	16	7	16	9	7	5	7

Of the 7 red wards in August, 2 are for day and 2 are for night shifts for trained staff. For care/ support staff 1 is for the day and 2 is for night shifts. It should be noted that 35 trained and un-trained ward percentages were in excess of 100%, 12 day shifts and 23 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls, 30/35 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; an advert has been placed for our newly qualified nurses who are due to qualify in September from the University of Brighton. International recruitment in Europe and non- Europe is progressing, with 401 offers accepted, the first 125 staff are now working on the wards and a further cohort of 26 are due to start on Monday 21st September, these numbers will continue to increase month on month. Further interviews are been planned.

There are 62 nurses in the Philippines ready to apply for visas but due to immigrant 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 in July, August and September and been declined on all three occasions. There are national discussions taking place and consultations, it is hoped that nurses may be entered onto the shortage occupation list which will enable an easier transition.

The two recruitment days planned for June and July for bank and substantive staff have unfortunately had to be deferred to the autumn, date are still to be confirmed.

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	Totals
Starters Local/National	34	59	44	40	30	23	35	31	24	39 to date	359
International starters	10	14	8	14	7	41	12	10	9	26	151
Leavers	34	23	22	34	25	26	21	20	45		250

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.

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 announcements have been made by the Secretary of State for Health relating to the nursing workforce. New rules will:

- Set a maximum hourly rate for agency doctors and nurses
- Ban the use of agencies that are not on approved frameworks
- Put a cap on total agency spending for each NHS trust in financial difficulty
- Require 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. Capped rates will be reduced from the initial set level over time.

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 by 14th September 2015 as requested.

Nursing Employee Benefits	Sign	Monthly actual values					Plan
		Month ending 30-Apr-15	Month ending 31-May-15	Month ending 30-Jun-15	Month ending 31-Jul-15	Month ending 31-Aug-15	Month ending 30-Sep-15
		£'000	£'000	£'000	£'000	£'000	£'000
Nursing - Total Agency costs (excluding outsourced bank)	+	457	897	812	755	817	748
Nursing - Total Gross Employee Benefits (including agency)	+	8,598	8,896	8,912	8,880	8,785	7,888
Nursing agency costs as % of total nursing costs		5.32%	10.08%	9.11%	8.50%	9.30%	9.48%
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%

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.

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.

A new agency authorisation process has been implemented from 14th September to closely monitor usage as we approach the 4% cap.

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September 2015