

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	6th July 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 May 2015, and provides a detailed explanation, where fill rates were 80% or less, There were 9 wards in May 2015 with a fill rate of 80% or less, which sees a marked decrease from the 16 in April. Short term sickness, vacancies and maternity leave are all thought to be contributory factors.

94 European and Filipino nurses have already started on the wards and a further cohort of 12 started on Monday 15 June 2015. Local, National and International recruitment continues with interviews taking place in Spain week commencing (w/c) 29 June, Portugal w/c 27 July, Italy w/c 17 August and w/c 28 September in the Philippines. In addition, BSUH will be represented at a recruitment fair in Brighton on 18 June and a further day of interviews is booked for 23 June and a day for local pre-registration nurses, is currently being planned for those that are due to qualify in September from the University of Brighton.

There are 218 nurses under offer and currently awaiting NMC registration or are within the recruitment process with the agencies. A further induction programme has been planned for August to ensure we maximise the number of monthly recruits.

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: May

Action required by the Board

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

Report to the Board of Directors, 6 July 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 May 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 May 2015

There was an increase in trained staff in May in comparison with April. 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 has 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
	Actual		Actual	
Nursing & Midwifery – Agency (2014/15 average £472K)	£457,211	4.3%	£900,524	8.2%
Nursing & Midwifery – Bank (2014/15 average £771K)	£937,042	8.9%	£916,329	8.4%
Nursing & Midwifery - Substantive	£9,133,647	86.8%	£9,146,722	83.4%
Nursing & Midwifery	£10,527,899	100.0%	£10,963,574	100.0%

The nursing and midwifery bank rates were increased from the 1 May 2015.

The Directorate Lead Nurses have given the following reasons for an increase in the agency spend for May: trained specials; vacancies; backfill for BME engagement; maternity leave; sickness, short and long term; induction period for new staff; extra capacity; pre-site reconfiguration (*staffing vacancies partially resolved following moves on 19 June*).

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.

The 41 new international starters from May have completed their induction programme and are now under taking a clinical induction so we expect to see a further change in July when they have completed this and, 25 are counted as trained nurses for safer staffing purposes.

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. However, it should be noted that there has been an increase in all areas for May. At the end of June, the new nursing lead in the bank office will take 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	92.4	92.3	92.9	92	90.9	92.3	93.3	90.3
Un-trained	90	90.6	89.7	91.6	94.7	93.3	91.9	91.0
Night								
Trained	95.2	93.6	94.3	93.2	92.8	94.6	94.1	92.1
Un-trained	104	105.9	108.5	105	105.6	105.8	106.2	102.4

2015	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Day								
Trained	91.6	88.9	91.0	91.9	92.8			
Un-trained	88.9	91.3	95.1	94.4	97.7			
Night								
Trained	93.6	91.5	92.7	93.4	94.9			
Un-trained	106.2	106.3	108.6	104.3	107.0			

The table below details the total number of filled and un-filled hours for trained and un-trained staff for the month of May, including the percentage as requested by a member of Staff side.

Table 3: filled and unfilled hours

May 2015	Hours	Percentage
Total number of actual staff hours (includes trained & un-trained)	221384	95.9%
Total number of hours un-filled (includes trained & un-trained)	9408	4.1%

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.

Bailey – Trained day

Bailey ward currently has 3 vacancies which have been recruited to and 3 staff on long term sick leave. 1 completes a redeployment placement next week, two continue on long term sick with no planned return dates.

Bristol – Un-trained night

Bristol has a high number of vacancies and 1 staff member on long term sick leave who predominantly does nights shifts. There are a small number of 'fixed' term day shift patterns which need urgent review with HR support.

Emerald – Trained day

Emerald sees a flag due to vacancies which have now been recruited to with the overseas recruitment programme so nurses are awaiting NMC clearance; night shifts are easier to fill than days.

Howard 2 & Grant – Un-trained night

Staffing on Grant/H2 has been difficult. A number of vacancies have arisen, these have been appointed to but it is unlikely staff will start before mid-July. More interviews are also planned. Short term sickness in one member of staff is also an issue which is actively being addressed.

Stroke & Neuro – 1 ward flagged at 80% or less

Hurstwood Park ICU – Untrained day

HCAs are supportive staff in the ICU environment and are not backfilled for annual leave or sickness.

Musculoskeletal - 1 ward flagged at 80% or less

Albourne – Untrained day

Staff have been redeployed to other MSK areas to support their staffing requirements as the ward ratios were very low and staffing levels matched the patient need.

Perioperative - 1 ward flagged at 80% or less

Ansty – Trained night

Ansty will have a significant fluctuation of numbers due to the extra capacity patients – staffing is usually managed by either moving staff from surgery or using pool nurses in that area.

Children's- 2 wards flagged at 80% or less

Children's have recruited 18 newly qualified nurses who will be starting in September / October.

RACH Surgical – Untrained day

This ward has a substantive staff member on phased return after long term sick and a new member of staff commenced employment this month.

RACH High Dependency Unit – Untrained day

The HCA position was vacant but has since been recruited to with the staff member now in post.

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			

Of the 9 red wards in May, 2 are for day and 2 are for night shifts for trained staff. For care/ support staff 4 are for the day and 1 is for night shifts. It should be noted that 36 trained and un-trained ward percentages were in excess of 100%, 15 day shifts and 21 nights. This will be due to some acuity and dependency but also adjusting the skill mix to help to address shortfalls.

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 330 offers accepted, the first 94 staff are now working on the wards and a further cohort of 12 started on Monday 15 June, these numbers will continue to increase month on month. Further interviews are due to take place in June, July, August and September.

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.

Local, National and International recruitment of nurses is continuing as high priority. Recruitment is taking place now for winter 2015/16 as there is a 5/6 month lead in time.

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	Totals
Starters Local/ National	34	59	44	40	30	23	35	8 **	273
International starters	10	14	8	14	7	41	12	10	116
Leavers	34	23	22	34	25	26	21	20	205

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 new bank rates were implemented on Friday 1 May. The impact of this will be monitored on a monthly basis with a more formal review taking place after 6 months.

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. Other Trust websites within the South East have been reviewed to establish the format and detail of this data, this has demonstrated that we are in line with other trusts with BSUH publishing more data required or shared by other Trusts.

Within the next few months acuity and dependency will start to be monitored and direct and indirect contact time of nursing staff looking after patients.

Helen O'Dell
Deputy Chief Nurse – Workforce & Efficiencies

Sherree Fagge
Chief Nurse

July 2015