

K

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	30 June 2016
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 2016, and provides a detailed explanation, where fill rates were 80% or less, There was 7 wards in May 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. The change to immigration for nurses will enable us to undertake further recruitment in the Philippines in 2016.

This month the new recording of Care Hours Per Patient Day has commenced. 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 nurse to patient ratios in May 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: October

K

Report to the Board of Directors, 30 June 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 May 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.
- The 4% Agency cap which started on the 1st October reduced to 3% from 1st April 2016 was expected to have a negative impact on filled shifts within safer staffing levels however this has not been the case.

2. Fill rates in May 2016

Vacancy numbers have increased slightly from April to May.

Table 1: Nursing & Midwifery vacancies

Nursing & Midwifery Vacancies	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016
Trained wte	178.2	157.8	168.1	95	126 *	132.52
Untrained wte	86.6	76.5	90.1	71	82 *	83.17
Total wte	264.8	244.3	258.1	166	208	215.69

*2016/17 increase in 26 trained and 11 = untrained positions

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.

K

Table 2: substantive, bank and agency spend

	Category	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
£m	Substantive	9.15	9.34	9.18	9.09	9.31	9.20	9.35	9.37	9.52	9.55	9.06	10.05	9.88
	Bank	0.92	0.72	0.94	0.82	0.73	1.00	0.77	0.71	0.87	0.84	0.94	0.88	0.80
	Agency	0.90	0.81	0.76	0.84	0.54	0.40	0.66	0.35	0.27	0.27	0.34	0.30	0.24
	Total	10.96	10.87	10.89	10.75	10.58	10.60	10.79	10.43	10.66	10.66	10.34	11.23	10.92
%	Substantive	83.4	85.9	84.3	84.6	88.0	86.8	86.7	89.8	89.3	89.5	87.7	89.5	90.5
	Bank	8.4	6.7	8.6	7.6	6.9	9.4	7.2	6.8	8.1	7.9	9.1	7.8	7.3
	Agency	8.2	7.5	7.0	7.8	5.1	3.8	6.2	3.4	2.6	2.6	3.3	2.6	2.2

Following the announcement of the Agency Cap that was to be implemented 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												
Trained	92	93	94	91	92	90	93	94	93	93	92	91
Un-trained	94	98	97	95	96	98	96	95	99	94	94	94
Night												
Trained	93	95	96	94	94	93	92	93	95	96	94	93
Un-trained	104	107	105	106	108	107	106	112	113	109	110	111

K

2016 / 17	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day												
Trained	93	95										
Un-trained	97	99										
Night												
Trained	95	96										
Un-trained	115	116										

A review of other hospitals safer staffing levels as published on NHS Choices website has identified that we are below average in our worked hours against our planned hours.

Table 4: Safer staffing worked hours against planned hours in % December 2015

Number of hospitals	517
Range of fill %	80-159%
Average	101%
RSCH	95%
PRH	94%

<https://www.england.nhs.uk/patientsafety/safety-indicators/>

Click onto 'spreadsheet showing all the safety indicators for all the hospital sites in England that are shown on NHS Choices' link to excel document.

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.

Please see appendix 1

It will be interesting to review other Trusts. 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.

K

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 trained & un-trained)	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 trained & un-trained)	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

	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 trained & un-trained)	251,326	261,955										
%	96.8%	98.3%										
Total number of hours un-filled (includes trained & un-trained)	8,210	4,405										
%	3.2%	1.7%										
Total Hours	259,536	266,360										

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

In May - 7 wards were 80% or less

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										

K

Cardiovascular - 2 wards flagged at 80% or less

CCU 6a – untrained day; one long term sickness who has now returned and one vacancy which has been recruited to and awaiting start date.

Cardiac surgery -untrained night, sickness and vacancy.

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

TMBU – untrained night – two staff off on long term sick leave

Speciality Medicine – 4 wards flagged at 80% or less

Bristol – trained day

This is a result of vacancies currently recruited to waiting to start

Emerald – untrained day

This is due to long and short term HCA sickness.

Howard 2 Grant – untrained night

Vacancy which is on hold pending move to Courtyard in August

Valance – Trained night

Vacancy which has been recruited to and sickness

Of the 7 red areas below 80% in May; one trained days, two untrained days, one trained night and three untrained nights. It should be noted that 50 trained and un-trained ward percentages were in excess of 100%, 19 day shifts and 31 nights. This will be due to some acuity and dependency and specialising (especially in Acute Medical Unit, Neuro and rehabilitation) also adjusting the skill mix to help to address shortfalls, 40/50 were for untrained staff. RACH medical ward - Level 9 and RACH High Dependency is over 100% for trained this is due to extra capacity been open so their staffing is above their funded template.

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 are beginning to feel different in a positive way in that more shifts are filled. On a daily basis wards and departments continue to support each other.

Recruitment in the UK is on-going; local and national recruitment is around 2/3 of nursing recruitment. Recruitment currently has 43 Health Care assistants and 104 Nurses in the recruitment process. International recruitment in Europe and outside Europe is progressing, the programme to date; 315 nurses have started and another 69 have accepted offers. Recruitment continues to take place to ensure we continue to have a flow of recruits in 2016.

The Filipino nurses that arrived in February and March 2016 are nearly completion of their conversion. 9 have completed the overseas nursing programme facilitated by City University London and are waiting NMC registration. The other 52 nurses are on the new programme and have undertaken an 'objective structured clinical examination' (OSCE) assessment at Northampton University. To date the results are;

K

Table 7: OSCE Results

OSCE Results	Outcomes
Passed	35
Partial Pass	11
Fail	7
Waiting for results	0
Waiting to sit	5

The nurses are in the process of re booking their OSCE's for repeats. We cannot underestimate how stress full this is for the nurses they are learning the NHS way of doing things and using different paperwork to that used at BSUH.

Table 8: starters and leavers

Trained 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

Trained 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
Starters Local/ National	26	19											
International starters	11	4											
Leavers	26	20											

The tables above show that in 2015/16 531 trained 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 at all.

For 2016/17 a paper was presented and approved by Clinical Initiative Advisory Group – CIAG on 26th May 2016, to continue with international recruitment. This is essential to ensure agency nursing is reduced even further. The paper proposed simultaneously to pursue three pipelines:

1. Continuation of the international pipeline of new recruits already identified through our current selection agencies – 64 posts
2. Introduction of a Refer a Friend scheme – 30 posts

K

3. Identification of an In-country supplier within the Philippines in order to complete the Nursing establishment and attain a fully established Nursing complement – 65 posts

This was also presented to Finance, Business and Investment Committee on 23rd June 2016.

There are challenges in securing start dates for local national and international recruitment and these 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 over a year for those coming from the Philippines.

The Nursing and Midwifery Council (NMC) introduced new language controls for EU nurses and midwives from 18 January 2016. European trained nurses and midwives wanting to join the register will need to prove that they have the necessary knowledge of English to practise safely and effectively in the UK.

The Nursing and Midwifery turnover of staff is currently 14.5% which is higher than the national average of 11%. 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 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.

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.

K

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	50	66	42	237	88	83	63	49	65	83
Lapsed	1	0										

5. 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.

Helen O'Dell
Deputy Chief Nurse – Workforce & Efficiencies

Sherree Fagge
Chief Nurse

June 2016