

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
TUESDAY 18 APRIL 2017

Title:	6 MONTHLY PROGRESS REPORT - NURSE STAFFING
Responsible Director:	Philip Norman, Executive Chief Nurse
Contact:	Carolyn Pitt, Lead Nurse Workforce

Purpose:	To provide the Board of Directors with an update on Nursing Workforce.
Confidentiality Level & Reason:	None.
Medium Term Plan Ref:	Aim 1. Always put the needs and care of patients first.
Key Issues Summary:	<p>This paper presents an update on the Nursing Workforce and describes the processes the Trust has in place to review the nursing staffing levels bi-annually, to support the delivery of high quality care.</p> <p>The report also outlines some of the actions underway in relation to wider aspects of the Nursing Workforce.</p>
Recommendations:	The Board of Directors is asked to receive this report on the progress ensuring compliance with the national guidance surrounding nursing staffing levels and the use of robust methodology in reviewing the current funded nursing establishments.

Approved by:	Philip Norman	Date: 12 April 2017
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BOARD OF DIRECTORS
TUESDAY 18 APRIL 2017
PROGRESS REPORT – NURSE STAFFING
PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an update for the Board of Directors in line with the requirements set out by the National Quality Board (NQB).

The last report was presented in October 2016. This report has been prepared using data and information collated and collected during January 2017.

The report provides an update on the current nursing workforce position and the plans and actions being undertaken in relation to the nursing workforce. In addition the report will reference activities undertaken, in place and planned which further support the overall nursing workforce within the Trust.

2. Current Workforce Position

This report focuses on the Nursing Workforce position at the end of January 2017 and during Quarter 4 2016/7. Throughout this paper the use of the term nursing will apply to both registered and unregistered nurses, theatre support workers and theatre practitioners.

There are four main areas of focus

- Current workforce plans : updating on the progress of systematic reviews
- Working as a multidisciplinary team
- Recruitment & Retention
- Deployment and Care hours per patient per day

3. Current Workforce plans

- National guidance describes 3 core elements to be considered and multiple methodologies which are applied when reviewing existing and developing new Nursing Workforce plans. The elements consist of - evidence based workforce planning, professional judgement and comparing staffing with peers.
- The systematic formal review of nursing establishments has continued across a number of operational departments including Theatres, Haematology Outpatients, Ward 621 (Oncology), Endoscopy, Renal Dialysis, Renal Outpatient Services and main Outpatients. Agreement on investment or skill mix review has been reached with a number of areas and managers are now recruiting to their new agreed workforce plans where these have changed. The process for these reviews was described in detail in the previous paper presented in October 2016.

- During January 2017 the Trust undertook a 28-day period of monitoring and applied the Shelford Safer Nursing Care Tool (SNCT) on inpatient wards and departments where the tool is applicable. There are no suggested recommendations for the Board of Directors to consider at this time due a number of internal reconfigurations which occurred in December 2016 which led to some ward profiles being changed along with the proximity of the last changes made to funded inpatient nursing establishments.

4. Working as a multi-professional team

The Trust continues to demonstrate commitment to investing in new roles and skill mix which enables nursing staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care, examples include:

- Non-Clinical Ward Support Role Review: This review has been completed following wider consultation, job descriptions have been updated and the deployment of roles has been discussed to ensure consistency. Ward Sisters and Charge Nurses were involved in the process and have benefitted from cross Divisional discussion about how roles are utilised and the delegated authority post holders have.
- Assistant Practitioners: The introduction of Assistant Practitioner trainees into the Theatre workforce continues with 14 staff in training and a further 10 to commence during 2017. The 8 post holders who commenced during March 2016 are due to complete their training during March 2018 and then assume an Assistant Theatre Practitioner post (Band 4) and become part of an integrated workforce plan.
- Trainee Nursing Associate role: During July 2016 Health Education England (HEE) invited applicants from health and social care employers across STP (Sustainability and Transformation Plan) footprints and education providers, to apply to become test site partnerships to pilot and establish the new nursing support role; the Nursing Associate. The Trust along with key strategic health and social care partners submitted an application and the Birmingham & Solihull Partnership were approved as a fast follower 2nd wave of National pilot partners. The Nursing Associate training programme combines both academic and work-based learning through close collaboration between employers and education providers. The trainee will be based as an employee in a particular organisation in a specific setting, but will experience working in alternative settings across Birmingham & Solihull. The Trust has 11 places on the pilot programme and has undertaken the interview and selection process for the trainees who are due to commence in their training positions on 24th April 2017. Birmingham City University is the Education provider and trainees will undertake a Foundation Degree in Health. The Nursing & Midwifery Council (NMC) have agreed to regulate Nursing Associates and are preparing to set their own regulatory standards and framework for education, this will be influenced by the test site pilots. The Trust trainees will be working across a variety of health care practice setting including Critical Care, Inpatient wards and Renal Dialysis.
- Review of Divisional Non-Ward Based Registered Nurses: The Trust has completed a data validation exercise and systematic review of all non-ward based registered nurses across the four Clinical Divisions, it is anticipated all changes to the Electronic Staff Record (ESR) will be completed by the end of April 2017.

5. Retention and Recruitment

- The Lead Nurse for Workforce continues to review the Trust approach to nurse recruitment and retention and ensures the strategy is dynamic and responsive; this requires triangulation of internal staff movement, those leaving the Trust and new starters joining the organisation.
- During January – March 2017 the Trust attended a series of recruitment events at Health Education Institutes aimed at attracting newly qualified nurses in undergraduate training. In March 2017 the Trust had a stand at a 2-day recruitment event run by the Royal College of Nursing in Birmingham, this was aimed at both undergraduate nurses and those with experience. The Trust has held on site recruitment events during January and March and has plans in place for May and June 2017.
- Table 1 below provides an overview of the current nursing workforce by agenda for change pay band.

Pay Band	Funded WTE January 2017	Actual (in post WTE 31 January 2017)	Vacancies (at 31 January 2017)
2	774.17	736.96	37.21
3	160.85	160.49	0.36
4	2.60	5.86	+ 3.26
5	1509.34	1280.22	229.12
6	636.90	646.67	+9.77
7	362.55	350.50	12.05
8a	42.96	48.23	+ 5.27
8b	21.19	16.19	5
8c	4	4	0
8d	0	0	0
9	0	0	0
Total	3514.56	3249.12	265.44 (7.5%)

Notes: WTE = Whole Time Equivalent. Brackets = over against funded establishment
Band 2-4 unregistered nursing staff, Band 5-9 registered nursing staff

- Core vacancies in key operational service areas are targeted and tracked monthly to assess progress and inform the Trust recruitment strategy. Focus has been on filling Band 5 vacancies. Between January 2017 – March 2017 the following progress has been made against the vacancy position in filling vacant posts. Expressed as whole time equivalent posts (WTE):
 - Band 2 = 33.85 WTE
 - Band 5 = 47.18 WTE
 - Band 6 = 9.6 WTE
 - Band 7 = 7.46 WTE
- Further progress can be evidenced from exploring the “new starters lists” produced by the recruitment team, who are currently undertaking pre-employment checking processes on nearly 200 staff who have recently been interviewed and offered posts within nursing, these offers are a mixture of both internal staff who have been promoted or are moving internally and those staff external to the organisation who

have been offered posts. This can be seen below as whole time equivalent posts (WTE):

- Band 2 = 46.25 WTE
 - Band 5 = 103.82 WTE
 - Band 6 = 33.20 WTE
 - Band 7 = 10.8 WTE
 - Band 8a = 3.5 WTE
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- The Trust has planned a Recruitment Campaign to attract newly qualified nurses who will graduate between September 2017 – January 2018. It is anticipated that the nurses will commence in post between September 2017 – March 2018 and February 2017. Interviews undertaken in March 2017 have led to 87 offers of employment being made to newly qualified nurses with additional recruitment dates planned over the next few months.
 - The remaining vacancies are actively being recruited to utilising a range of recruitment initiatives. This involves both the use of traditional methods supplemented by social media adverts and campaigns which target specific specialties or events.
 - A number of other initiatives continue to enable the Trust to better position itself strategically as the employer of choice; this includes recruiting to the Trust Return to Acute Care Programme which has attracted a small number of registered nurses who lack recent acute care experience supported by a dedicated Clinical Educator. In addition the Trust is jointly advertising with Birmingham Community Healthcare NHS Foundation Trust for rotational posts during April 2017.
 - Divisions continue to offer internal Divisional rotation programmes which allow nurses to undertake up to 3 placements in a number of different wards/departments over a 12 to 18 month period. Alongside this the Trust continues to support both professional and career development through education, learning and development and secondment opportunities and structured development programmes.
 - The Trust continues to invest in staff education and development at both Trust and speciality level via Clinical Educators. In addition aligned to ensuring that organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing and building upon the successful outcome of the Matron Development Programme the Trust has completed a diagnostic process with key stakeholder which will inform the development and delivery of Clinical Leadership Programme aimed at Senior Sisters/Senior Charge Nurses.

6. Deployment and Care hours per patient per day

- The Trust continues to work with a number of operational work streams which are supporting the planning and preparation of the introduction of the new e-rostering software Allocate during 2017.
- Monthly nurse staffing calculations - Every month the Trust submits data which details by ward the planned and actual nurse staffing levels expressed as a percentage of the planned hours in addition a Care hours per patient per day

calculation has been calculated monthly since May 2016. The Trust data for the past 12 months (Table 3 below) demonstrates that the Trust is able to continuously provide or exceed planned staffing levels across the organisation.

- Care hours per patient per day (CHPPD) is calculated by adding the hours of Registered Nurses to the hours of Care Staff available in a 24 hour period and dividing the total by every 24 hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight)

Planned versus actual nurse staffing percentage and Care hours per patient per day

Month	Day		Night		Total	Care Hours per patient per day		
	Average fill rate % Registered Nurses	Average Fill rate % Care Staff	Average fill rate % Registered Nurses	Average Fill rate % Care Staff		Registered Nurses	Care Staff	Overall
Feb-16	98%	114%	89%	132%	102%			
Mar-16	98%	117%	88%	144%	104%			
Apr-16	100%	124%	89%	142%	106%			
May-16	103%	124%	91%	151%	109%	5.48	3.28	8.76
Jun-16	102%	126%	89%	158%	109%	5.42	3.38	8.80
Jul-16	100%	128%	89%	157%	108%	5.26	3.30	8.56
Aug-16	94%	119%	87%	134%	101%	5.08	3.05	8.13
Sep-16	96%	116%	85%	130%	100%	5.20	3.02	8.22
Oct-16	96%	118%	89%	142%	103%	5.15	3.08	8.23
Nov-16	103%	120%	91%	146%	107%	5.38	3.12	8.51
Dec-16	94%	120%	89%	147%	104%	5.20	3.21	8.41
Jan-17	96%	121%	89%	155%	106%	5.12	3.19	8.31
Feb-17	98%	118%	90%	151%	105%	5.25	3.17	8.42

The Table below shows the February 2017 CHPPD for inpatient wards. The calculation for Ward 620 (Surgical Assessment Unit) and Ward 622 (Oncology Assessment Unit) is more challenging to interpret as these areas are combined emergency assessment areas with inpatient beds. In addition Ward 623 (Young Persons Unit) has planned weekend bed reductions but this varies according to patient need so the planned calculation has been conducted based on 7 day opening and 100% occupancy. The data is shared a month in arrears. Divisions are developing action plans to address any areas which fall into 0.51 or above the planned CHPPD and monthly monitoring of this is in place.

Funded establishment CHPPD based on 100% occupancy								Above planned CHPPD
								0.1 - 0.5 below planned CHPPD
								0.51 > below planned CHPPD
				Actual				
Ward	Beds	Planned CHPPD Registered Nurse (RN)	Planned CHPPPD Care Staff	Average Planned CHPPD	Feb 2017 RN	Feb 2017 Care Staff	Average total	Comments
Division B								
302	24	3.5	2.39	5.89	3.5	3.5	7	
303	36	3.35	1.71	5.06	3.6	2.1	5.7	
304	36	3.26	1.98	5.24	3.1	2.6	5.7	Recruitment underway
305	36	3.26	1.98	5.24	2.9	2.8	5.7	Recruitment underway
306	36	3.58	1.98	5.56	3	3.4	6.4	Recruitment underway. Plan in place
620	36	5.3	2.3	7.6	6.9	4.2	11.1	
726	36	3.9	2.62	6.52	3.6	3.1	6.7	Recruitment underway
727	36	3.26	1.98	5.24	3.2	2.6	5.8	
728	36	3.26	1.98	5.24	3	2.7	5.7	Recruitment underway
Coronary Care Unit	12	10.75	0.95	11.7	13.7	1.5	15.3	
Division C								
513	36	3.26	1.98	5.24	3.3	2.9	6.2	
514	36	3.26	1.98	5.24	3.5	3.3	6.8	
515	36	3.26	1.98	5.24	3.3	3.2	6.5	
516	36	3.26	1.98	5.24	3.1	2.7	5.8	Recruitment underway
518	36	3.26	1.98	5.24	2.7	4.7	7.5	Recruitment underway. Plan in place
Edgbaston	17	3.52	2.7	6.22	4.3	4.4	8.8	
Bournville	23	2.5	3.65	6.15	2.9	4.2	7	
Harborne	31	2.3	2.96	5.26	2.4	5.2	7.6	
West 1	28	3.37	2.05	5.42	3.1	3.4	6.5	Recruitment underway
West 2	23	3.6	2	5.6	4.6	5.5	10.1	
Division D								
Burns Centre	15	7.3	2.3	9.6	7.1	2.6	9.7	
622	36	3.08	1.89	4.97	4.4	3	7.4	
623	28	3.9	1.11	5.01	5.3	2.1	7.3	
624	36	3.26	1.98	5.24	3.1	2.7	7.3	Recruitment underway
625	32	4.28	1.51	5.79	4.2	2.1	6.2	
407	36	3.81	2.94	6.75	3.4	4	7.4	Recruitment underway
408	36	3.81	1.98	5.79	4.2	1.9	6.1	
409	36	3.81	2.94	6.3	3.1	4	7.1	Recruitment underway. Plan in place
410	36	3.26	1.98	5.24	3.4	2.9	6.3	
411	36	3.26	1.98	5.24	3.1	3.6	6.7	Recruitment underway
412	32	2.95	1.79	4.74	3.2	3.1	6.3	

- The Chief Nurse has responsibility for leading the strategic staffing assessment for nursing; this includes the monitoring of temporary staffing requirements, the plans and any practice changes required to ensure that the Trust is working within the Agency Rule framework set by NHS Improvement from April 2017.
- The Trust has made significant progress in reducing expenditure associated with the use of external agency nursing staff through the adoption of clear plans and has significantly reduced the use of agency nursing staff in line with NHS Improvements agency rules. The Trust has implemented processes which eliminates the use of non-framework agencies for nursing and has clear process in place which is aligned to a defined number of external providers who work at or below the price cap. Careful controls have been applied and monitored and are reviewed and discussed regularly with the Associate Directors of Nursing to ensure that changes are not impacting negatively on patient care and safety.
- QEHB+ the Trust Staff Bank continues to actively recruit registered and unregistered nursing staff and theatre practitioners. There has been a significant increase in the number of Nursing Assistants recruited to QEHB+ which has had a positive impact on reducing external agency expenditure for this group of staff.

7. **Supporting Actions**

There are ongoing work streams in place which are supporting the wider nursing workforce agenda, for example the remodelling of bed base requirements, workforce planning and nursing retention and recruitment. All elements are unpinned with links to workforce capacity and capability in conjunction with education and training.

8. **Recommendation**

The Board of Directors is asked to receive this nurse staffing update report.

Philip Norman
Executive Chief Nurse
April 2017

Appendix 1

Division	Division / Ward	Number of funded beds/ trolleys	Registered Nurses (RN)	Unregistered Nursing Assistant	Total Establishment	Uplift %	% Skill Mix Registered Nurse	Supervisory Ward Sister / Charge Nurse Allowance	Ratio RN : Patient Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Ratio RN : Patient Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Ratio RN : Patient Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Comments
									Monday – Friday			Saturday			Sunday			
A	Critical Care A	21	120.41	11.71	132.12	24.6%	91%	100%	Nurse : Patient ratio as per national levels for dependency and acuity for critical care (Level 2 / 3 patients)									Critical Care Units
A	Critical Care B	13	74.26	6.74	81.00	24.6%	92%	100%										
A	Critical Care C	13	73.69	8.67	82.36	24.6%	89%	100%										
A	Critical Care D	20	114.52	11.71	126.23	24.6%	91%	100%										
A	Ambulatory Care	N/A	56.8	15.39	72.19	23.2%	79%	100%	Nurses deployed to work in one of 4 locations dependent upon planned activity. Core opening hours Monday – Friday with some limited planned opening at weekends. (WSSU = Wellcome Short Stay Unit)									Ambulatory Care/ Day Surgery
A	WSSU		21.43	7.74	29.17	23.2%	73%	100%										
B	620		40.79	17.5	58.29	23.2%	70%	100%	Combined Surgical Assessment Unit (trolleys & inpatient beds)									
B	CCU & Cath Labs		39.33	6.86	46.19	23.2%	85%	100%	Staff work between Coronary Care Unit (CCU) & Cardiac Catheter Suite									
B	728	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9						Inpatient ward	
B	727	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9						Inpatient ward	
B	726	36	30.27	19.69	49.96	23.2%	61%	100%	1:5.1	1:5.1	1:7.2						Inpatient ward	
B	306	36	27.87	14.89	42.76	23.2%	65%	100%	1:6	1:6	1:7.2						Inpatient ward	
B	305	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9						Inpatient ward	
B	304	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9						Inpatient ward	
B	303	36	30.27	14.89	45.16	23.2%	67%	100%	1:5.1	1:5.1	1:9						Inpatient ward	
B	302	24	18.5	11.98	30.48	23.2%	61%	100%	1:4.8	1:4	1:6						Inpatient ward	

Division	Division / Ward	Number of funded beds/ trolleys	Registered Nurses	Unregistered Nursing Assistant	Total Establishment	Uplift %	% Skill Mix Registered Nurse	Supervisory Ward Sister / Charge Nurse Allowance	Ratio RN : Patient Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Ratio RN : Patient Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Ratio RN : Patient Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Comments	
									Monday – Friday			Saturday			Sunday				
C	ED		72.77	20.66	93.43	23.2%	78%	100%	Emergency Department										
C	513	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
C	514	36	25.47	14.89	40.36	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
C	515	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
C	516	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
C	518	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
C	Bournville	23	12.98	18.50	31.48	23.2%	41%	100%	1:5.7	1:5.7	1:7.6							Inpatient Rehab ward Non Acute	
C	Edgbaston	17	13.50	9.58	23.08	23.2%	58%	100%	1:5.6	1:5.6	1:8.5							Inpatient ward	
C	Harborne	31	15.9	20.17	36.07	23.2%	44%	100%	1:10	1:10	1:10							Delayed Transfer of Care Non Acute Ward	
C	West 1	28	20.69	11.98	32.66	23.2%	63%	100%	1:5.6	1:5.6	1:9.3							Inpatient ward	
C	West 2	23	18.29	9.58	27.87	23.2%	66%	100%	1:5.7	1:5.7	1:7.6							Inpatient ward	
C	CDU	68	86.49	44.17	130.66	23.2%	66%	100%	1:3.7	1:3.7	1:4	Clinical Decision Unit (CDU). Combined Assessment / Inpatient and Outpatient Emergency Medicine							
C	Sexual Health		86.49	41.0	127.49	23.2%	68%	Outpatient Sexual Health Services											
C	OPD		86.17	71.18	157.35		55%	Outpatient Departments											
D	407	36	29.58	22.08	51.67	23.2%	57%	100%	1:5.4	1:5.4	1:7.2	1:6	1:6	1:7.2	1:6	1:6	1:7.2	Inpatient ward	
D	408	36	29.58	14.89	44.48	23.2%	67%	100%	1:5.4	1:5.4	1:7.2	1:6	1:6	1:7.2	1:6	1:6	1:7.2	Inpatient ward	
D	409	36	29.58	22.08	51.67	23.2%	57%	100%	1:5.4	1:5.4	1:7.2	1:6	1:6	1:7.2	1:6	1:6	1:7.2	Inpatient ward	
D	410	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
D	411	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward	
D	412	31	20.69	11.98	32.66	23.2%	63%	100%	1:6.2	1:6.2	1:10							Inpatient ward	
D	621		33.89	6.64	40.53	23.2%	84%	Oncology Day Case Infusion Suite											
D	622	36	27.87	17.46	45.33	23.2%	61%	100%	1:5.4	1:5.4	1:9	Unit includes Acute Oncology Assessment Unit					Inpatient ward		

D	623	28	23.08	6.50	29.58	23.2%	78%	100%	1:4.6	1:4.6	1:7	Planned staffing levels reduced at weekend to match planned reduction in beds at weekend					Inpatient ward	
D	624	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9							Inpatient ward
D	625	32	29.58	10.10	39.69	23.2%	74%	100%	1:4.57	1:4.57	1:6.4	1:5. 3	1:5. 3	1:6.4	1:5. 3	1:5. 3	1:6.4	Inpatient ward
D	Burns Centre	15	24.02	7.19	31.21	23.2%	77%	100%	1:2.14	1:3.75	1:3.75	Burns Unit					Inpatient ward	
D	Oncology OPD		7.55	8.88	16.43	23.2%	46%	Oncology Outpatient Department										
D	Haematology OPD		2	2.8	4.8	Haematology Outpatient Department												