

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST**  
**BOARD OF DIRECTORS**  
**THURSDAY 26 APRIL 2018**

<b>Title:</b>	<b>6 MONTHLY PROGRESS REPORT - NURSE STAFFING</b>
<b>Responsible Director:</b>	Michele Owen, Interim Executive Chief Nurse
<b>Contact:</b>	Carolyn Pitt, Lead Nurse Workforce ( QEHB )

<b>Purpose:</b>	To provide the Board of Directors with an update on Nursing Workforce.
<b>Confidentiality Level &amp; Reason:</b>	None.
<b>Medium Term Plan Ref:</b>	Aim 1. Always put the needs and care of patients first.
<b>Key Issues Summary:</b>	<p>This paper presents an update on the Nursing Workforce and describes the processes the Trust has adopted in reviewing the nursing staffing levels bi-annually, to support the delivery of high quality care.</p> <p>The report also outlines the actions underway in relation to wider aspects of the Nursing Workforce</p>
<b>Recommendations:</b>	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.

<b>Approved by:</b>	Michele Owen	<b>Date:</b> 17 April 2018
---------------------	--------------	----------------------------

# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## BOARD OF DIRECTORS

THURSDAY 26 APRIL 2018

### PROGRESS REPORT – NURSE STAFFING

#### PRESENTED BY THE INTERIM 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) which was updated in January 2018. The last report was presented in October 2017. This report has been prepared using data and information collated and collected during Quarter 4 2017/8.

The report provides an update on the current nursing workforce position at the Queen Elizabeth Hospital Birmingham (QEHB) site, 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. National Context

There continues to be a number of factors which may affect the Trust ability to attract and recruit to our registered nursing vacancies, the main factors are outlined below

- Brexit it remains unclear as to what the impact of Brexit will be on the supply of registered nurses but the Nursing & Midwifery Council (NMC) published data demonstrating a reduction in the number of EU /EEA joiners in 2016/17.
- It is felt the introduction by the NMC of the IELTS English language testing in January 2016 may have affected applicants from the EU /EEA and the NMC have now amended their requirements for assessing English language competence.
- In addition the NMC have reported that for the first time in 2016/17 the number of registrants leaving the NMC register has been above the number joining for the first time.
- The number of Registered Nursing vacancies nationally is difficult to ascertain however local and National intelligence suggests that this is a chronic national registered nursing shortage and that recruitment is becoming an increasingly competitive field.
- The removal of the bursary (from September 2017 ) for pre-registration training has also seen a reduction in the number of applicants to universities to commence nurse training , with the most significant change being in a reduction in mature students who previously were undertaking training as a post graduate student.
- Parts of the NHS are reporting changes and increases in their registered nursing turnover and NHS I began a series of intensive support work across NHS providers during 2017.
- The reduction in workforce development (CPD) funding from Health Education

England (HEE) is now being frequently cited by registrants leaving their posts and is having some impact on retention nationally.

- There is widespread recognition that there are also shortfalls in the Junior Doctor workforce and the increasing use of Advanced Clinical Practitioners to be deployed as part of the medical workforce strategy is attracting some registered nurses away from traditional “ nursing roles “.
- There is a recognition that there is a shortfall in nurses, this has led to the introduction and piloting of new roles such as the Nurse Associate role and in addition the approval of new entry routes into the profession such as the Degree Apprenticeships. One major challenge with both these roles is the lack of funding for salaries, making it increasingly difficult for organisations to implement these roles in a sustained way and scale this up as these routes are employer led and post holders are employees seconded to training.
- In addition during Q3 / Q4 2017/8 there has been a number of National Workforce reports consulted on and published which provide additional guidance around reviewing and planning and assessing nursing workforce requirements. These include the consultation on the NHS Health Education England Draft Health and Care Workforce Strategy for England December 2017 , House of Commons Health Committee second report “ The Nursing Workforce “ Jan 2018 , The Royal College of Nursing “ Left to Chance: the health and care nursing workforce supply in England “ February 2018 , and the National Quality Board consulted on Safe, Sustainable and productive staffing – An Improvement resource for urgent and emergency care in Autumn 2017.

## 2.1 Updated National Quality Board Guidance January 2018

The National Quality Board updated the guidance on Safe, Sustainable and Productive Staffing in January 2018 and published an Improvement Resource for adult inpatient wards for acute hospitals. The guidance described 10 core recommendations to aid decision making when reviewing, setting and planning adult in patient ward establishments.

1	A systematic approach should be adopted using an evidence-informed decision support tool, triangulated with professional judgements and comparison with relevant peers.
2	A strategic staffing review must be undertaken annually or sooner if changes to services are planned.
3	Staffing decisions should be taken in the context of the wider registered multi-professional team.
4	Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.
5	Action plans to address local recruitment and retention priorities should be in place and subject to regular review.
6	Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit the use of temporary staff.
7	A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision making,
8	Organisations should ensure they have appropriate escalation process in

	cases where staffing is not delivering the outcomes identified,
9	All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.
10	All organisations should investigate staffing –related incidents and their outcomes on patients and staff and ensure action and feedback.

## **2.2 Planning for a merger with Heart of England NHS Foundation Trust**

The Trust intends to use the principles described in this guidance and plan to undertake a systematic review of all inpatient wards following the merger of University Hospitals Birmingham NHS FT and Heart of England NHS FT. The Lead Nurse for Workforce (QEHB) and Associate Head Nurse for Workforce (Workforce HGS) have planned meetings from April 2018 to ascertain the data gathering exercises required to enable the strategic staffing review of inpatient adult wards to be conducted using an agreed process overseen by the Interim Executive Chief Nurse.

The planned reviews will also triangulated evidenced tools, professional judgement and patient related outcomes, alongside skill and role mix and workforce metrics. In addition the review will explore the contribution of the wider multi-professional workforce and new role introduction and development. It is intended that strategic staffing reviews undertaken in the organisation also include the review of non-clinical support roles which interface with patient facing roles so that the context of the “ team required “ is considered.

## **3. Review of the Nursing Workforce at University Hospitals NHS FT January 2018**

During January 2018 QEHB undertook a 28-day period of monitoring and captured data described in the Shelford Safer Nursing Care Tool (SNCT) for inpatient wards and departments.

Whilst there has been focus on recruitment and retention of staff it is important to note that the demand for nurses is increasingly associated with changes to the patient dependency and acuity seen across the hospitals, and using the data from the last 3 years there are changes which can be seen across all divisions:

The biggest changes can be seen in the following categories:

- Level 1a – acutely ill patients requiring intervention to those who are unstable with a graded potential to deteriorate
- Level 1b – patients who are in a stable condition but are dependent on nursing care to meet most or all of the activities of daily living

In Division C all wards have seen a marked increase in the percentage of patients who are classified as Level 1 b with a large proportion of this being above 60% of the inpatient population. This can also be demonstrated within the renal medical unit in Division B, whilst Ward 304 and 305 have seen an increase in patient acuity. Across Division D the trauma and neurosciences wards have a sustained increase in patient dependency alongside oncology and haematology wards demonstrating about 50%

of their inpatient population is Level 1a. Additional detail by ward can be seen in appendix 1.

The 2018/19 Financial Plans due for submission to board in March and April 2018 include the nursing workforce and related costs associated with the approved business case for the ED AOU expansion. These draft 2018/19 plans also include the recurrent funding associated with appointing to the winter ward 517 on a substantive basis. A request to fund a revised nursing workforce within the main Emergency Department has been submitted for consideration in financial planning but this has not been fully funded, it requires further review by the Chief Financial Officer and the Chief Operating Officer. The Trust has been set a challenging financial control total by NHS Improvement next year, meaning any quality investments not back by income require careful considered alongside the risk to the Trust of losing its allocated Sustainability & Transformation Funding (STF).

The detail of current QEHB departmental/ service workforce plans can be seen in Appendix1.

#### **4. Working as a multi-professional team**

The Trust continues to demonstrate commitment to investing in technology, 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 at QEHB include:

- Assistant Practitioners: The introduction of the Assistant Practitioner into the Theatre workforce continues. There are currently 18 individuals across 3 cohorts in training with the first due to complete their programme during Q1 2018/19. The Trust has commenced a scoping exercise alongside colleagues from across the West Midlands along with Birmingham City University to review the programme content / delivery and assessment model. There is an apprenticeship standard for the Assistant Practitioner role and an internal review of current staff is being undertaken to identify staff who may be seconded to undertake the September 2018 programme. Work has commenced pre-merger across the four main inpatient sites to support a consistent approach to the recruitment, selection and deployment of staff to undertake the role of assistant practitioner within the theatres setting.
- Trainee Nursing Associate role: In April 2017, ten nursing assistants from QEHB commenced on a two year foundation degree at Birmingham City University to become "Nursing Associates". The Trust is part of the Birmingham & Solihull Partnership participating in the second wave National Pilot of the role under Health Education England. As we approach the 2<sup>nd</sup> year of this programme we have been able to expand the pilot to include additional programmes for April and October 2018 as a sustained partnership. The 10 original trainees from UHB remain on programme and all are anticipated to progress to year 2, in addition we have offered a further 9 existing post holders secondment opportunities utilising the apprenticeship route to commence training in April 2018. The NMC is expected to launch a national consultation on the regulation of nursing associates and standards of

proficiencies for Nursing Associates during April 2018 with the aim to be in a position to regulate the role from early 2019. As part of the Health Education England pilot the QEHB is actively involved in quality assuring and evaluating the programme that trainees are undertaking and assessing the educational and practical support trainees need to undertake work based training. The Trust has an implementation group which will assess the wider considerations of this role so that this can inform the deployment model for nursing associated and identify the Policy and procedural changes required locally to enable the role to function as part of the existing workforce. The Trust has recognised that this role is associated with service loss and there are costs associated with the deployment / operating model for this apprenticeship. Staff are employed and seconded to training creating a funding backfill gap of 15 hours per week for every full time staff member seconded. During their training nursing associates attend University for one day per week and spend a second day on placement in a different practice setting. Prior to the merger HEFT were the lead employment / placement partner for the programme and have a number of trainees on cohort 1 and a further 27 have been offered places on Cohort 2. The Lead Nurse for Workforce ( QEHB ) and Associate Head Nurse Workforce ( HGS) have commenced discussion with the Heads of Education on the unified approach in the “ new organisation “.

- Pipeline and supply for Assistant Practitioners / Nursing Associates the opportunities to undertake an apprenticeship and become an Assistant Practitioner / Nursing Associate have generated a large amount of interest from our Band 2 and 3 health care support workers. They can now see that there is a potential to progress their career in health by being able to undertake an apprenticeship. The entry requirement for both roles requires the applicant to have a Maths and English qualification at the equivalent of Level 2 (GCSE Grade A-C). Whilst it is recognised that some staff may have such qualifications Learning & Development along with the Lead Nurse for Workforce ( QEHB ) are exploring options with local colleges to see what provision can be offered to our existing workforce to enable them to gain qualifications or refresh their skills.

## 5.0 Retention and Recruitment

- The Lead Nurse for Workforce (QEHB) continues to review the QEHB approach to Nurse Retention and Recruitment and ensures the strategy is dynamic and responsive. During Q4 2017/8 a number of on and off site events have generated a lot of applicants from undergraduate students who will qualify as Registered Nurses from mid-September 2018 onwards.
- Centralised recruitment activity for Band 2 Nursing Assistants and newly qualified nurses is planned throughout 2018 and remains an efficient and effective method of interview and selection.
- QEHB continues to actively recruit via a number of methods using social media and holding on site events as well as attending undergraduate/graduate careers fairs and events locally and nationally.

- The Lead Nurse for Workforce (QEHB) and Deputy Human Resource Director are members of the NHS Improvement (NHSI) advisory group for National Nursing Retention.
- The Trust has continued to be actively involved in the National RePAIR programme (Reducing Pre-Registration Attrition and Improving Retention) led by Health Education England. It is anticipated that the recommendations will be published during 2018 and the Trust has already seen the impact of a number of engagement activities with undergraduate students which have led to positive attraction and recruitment activity for newly qualified nurses. There is a review underway across the organisation exploring the content of the preceptorship programme which is offered to newly qualified practitioners, to support transition during their first 12 months of practice.
- In December 2017 a large number of Band 7 Senior Sisters/Charge Nurses from QEHB completed a bespoke leadership development programme designed to support their leadership capacity and capability as well as developing confidence and resilience which has enabled them to consider all aspects of succession planning and talent management across their teams. The plan moving forward in the merger Trust is to review leadership development this will include the Band 7 Senior Sisters/Charge Nurses at Heartlands, Good Hope and Solihull to bring parity for the future.

The table below provides an overview of the current nursing workforce from QEHB by agenda for change pay band and provides historical position from June 2016.

	June 2016	Jan 2017	June 2017	Jan 2018
Band 2	697.57	736.96	739.53	766.43
Band 3	232.66	160.49	169.54	155.09
Band 4	7.30	5.86	5.2	4.40
Band 5	1300.07	1280.22	1279.60	1329.05
Band 6	634.05	646.67	664.64	697.04
Band 7	354.51	350.50	365.05	372.13
Band 8a	44.23	48.23	47.17	53.54
Band 8b	19.82	16.19	17.19	15.19
Band 8c	5.0	5.0	5.0	4.0
Total	3295.21	3250.12	3292.92	3396.87

- The current nursing new starters list for QEHB on 7th March 2018 identifies a high number of job offers have been made to the following number of staff by band, internal refers to staff who have been internally recruited/promoted or transferred and external candidates are new to the organisation

Band	2	3	5	6	7	8a
Internal	5.09	0	28.22	18.22	8.0	1
External	57.75	0	81.07	4.73	7.0	0

Total	62.84	0.0	109.29	22.95	15.0	1.0
-------	-------	-----	--------	-------	------	-----



**6.0. Right place and time: Productive working, eliminating waste, efficient deployment and minimising agency use.**

- QEHB introduced and launched the new e-rostering software, Allocate to core inpatient ward areas in June 2017 and has rolled this out to a number of other departments across the nursing and care workforce. The data from this system will over time allow improved visualisation of core reports on a number of workforce metrics. Post implementation an Operational Group has been established to determine and agree what actions are needed post implementing the soft wear including identifying both administration actions and departmental processes which can affect workforce information data and reporting.
- The Trust submits data on a monthly basis 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. (Table 3 below) Shows QEHB data for the past 12 months. The next paper will show the data from all of the Trusts sites together.

**Table 3: Planned versus actual nurse staffing percentage and Care hours per patient per day**

Queen Elizabeth Hospital Birmingham							
Month	Day		Night		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 Nurse	Care Staff	Total
Feb 17	98%	118%	90%	151%	5.25	3.17	8.42
Mach 17	99%	121%	92%	146%	5.42	3.21	8.63
April 17	96%	124%	89%	148%	5.18	3.22	8.40
May 17	100%	122%	89%	147%	5.27	3.16	8.43
June 17	95%	113%	88%	136%	5.17	2.97	8.14
July 17	87%	116%	89%	134%	4.67	2.86	7.53
Aug 17	84%	123%	86%	156%	4.74	3.28	8.02
Sept 17	85%	123%	88%	158%	4.70	3.23	7.93
Oct 17	87%	123%	89%	159%	4.75	3.20	7.95
Nov 17	89%	129%	91%	163%	4.79	3.29	8.08
Dec 17	86%	120%	88%	167%	4.40	2.93	7.32
Jan 18	89%	121%	92%	162%	4.82	3.19	8.00
Feb 18	89%	116%	91%	157%	4.80	3.10	7.90

- QEHB+ the QEHB Trust Staff Bank has active recruitment plans in place for registered and unregistered nursing staff and theatre practitioners. In addition the Trusts successfully piloting fast track recruitment between the Staff Bank into substantive posts.

## **7. Challenges to the Nursing Workforce at UHB 2018/9**

There are a number of challenges facing the Nursing workforce at UHB and with these comes the increased complexity of a large service merger with Heart of England NHS FT and are as follows .:

- All Trust sites are currently challenged by the same national issues but will have some local attraction and retention challenges which are seen to be emerging across Acute In patient medical and older adult wards and can be seen in some specialty areas such as renal and neuroscience at QEHB.
- The increasing complexity of the patient population and sustained ability to meet this need with a skilled and stable workforce.
- Safe staffing across a 24 hour period that is fair and still supports flexible working options and part time hours is a huge challenge.
- The ongoing impact of staffing shortages in other parts of the NHS workforce ie: junior doctors and the increasing requirement for staff to take on Advanced Practice roles.
- The development of Advanced Nursing Practice roles and how these roles are deployed and the operating models under which they are managed and the alignment of banding.
- The response to different entry routes to professional registration and the increasing number of “new roles” as part of the wider NHS workforce.
- The preparation of the existing Workforce for the NMC changes to the pre –registration curriculum alongside new undergraduate and existing roles.
- The loss of CPD central funding which and the impact on ongoing professional development.

## **8. Priorities for 2018/19**

- To scope the size and complexity of the nursing workforce in the merged organisation and to commence the systematic strategic staffing review with an initial focus on inpatient wards.
- To develop a Trust wide recruitment and retention strategy for nursing.
- To have oversight and contribute to ongoing work streams associated with capacity and demand.
- To utilise the information to inform the Nurse Education Strategy

## **9. Recommendation**

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

**Michele Owen**  
**Interim Executive Chief Nurse**  
**April 2018**

# Appendix 1

## Division A

Ward	Beds Trolleys Chairs	Total funded establishment	Skill mix RN : Nursing Assistant	Uplift	Comments
WCCA	21	132.12	91%	24.6%	Critical Care Unit : patients are Level 2 / 3/ 4 RN to patient level dependent upon care level
WCCB	13	81.00	92%	24.6%	
WCCC	13	82.36	89%	24.6%	
WCCD	20	126.23	91%	24.6%	
Ambulatory Care	Beds/ trolley / chairs	85.9	75%	23.2%	Includes ambulatory care, East Block day unit, and Admission & Discharge lounge. Staffs are deployed to one of four areas. Core opening hours Monday – Friday with some planned weekend activity
WSSU	Beds / trolleys	26.5	73%	23.2%	Short stay surgery 5 ½ day opening
Theatres		452.48	NA	24.6%	Registered Practitioner posts AFC Bands 5 and above are filled by Registered Nurses or Operating Department Practitioners , unregistered posts are AFC Bands 2- 4

## Division B

Ward	Beds (B) Trolleys (T )	Total funded establishment	Skill mix RN : Nursing Assistant	Uplift	Dependency & Acuity Jan 18			
					0	1A	1B	2
301 ( Dialysis Unit )	NA	56.99	23.2%	68%	Dialysis Unit			
302	24	30.48	23.2%	61%	41%	20%	39%	0%
303	36	45.16	23.2%	67%	25%	15%	54%	2%
304	36	40.37	23.2%	63%	38%	43%	17%	2%
305	36	40.37	23.2%	63%	26%	61%	11%	2%
306	36	42.78	23.2%	65%	61%	29%	7%	3%
620	24 B 12 T	59.29	23.2%	70%	81%	16%	3%	0%
726	36	49.96	23.2%	61%	52%	6%	41%	1%
727	36	40.37	23.2%	63%	52%	6%	41%	1%
728	36	40.37	23.2%	63%	36%	31%	32%	0%
CCU & Cath Lab	12 + Cath Lab	46.19	23.2%	85%	In patient Coronary care and Cardiac Catheter Lab			
Endoscopy		38.35	23.2%	68%	In & out patient endoscopy Unit			

## Division C

Ward	Beds	Total funded establishment	Skill mix RN : Nursing Assistant	Uplift	Dependency & Acuity Jan 18			
					0	1A	1B	2
513	36	40.37	63%	23.2%	8%	20%	68%	4%
514	36	40.37	63%	23.2%	6%	14%	78%	2%
515	36	40.37	63%	23.2%	4%	36%	57%	3%
516	36	40.37	63%	23.2%	13%	19%	57%	11%
518	36	40.37	63%	23.2%	0%	50%	50%	0%
Bournville	23	31.48	41%	23.2%	20%	5%	75%	0%
Harborne	31	36.07	44%	23.2%	2%	0%	98%	0%
Edgbaston	17	23.08	58%	23.2%	11%	4%	43%	2%
W1	28	32.67	63%	23.2%	0%	29%	71%	0%
W2	23	27.87	66%	23.2%	6%	36%	58%	0%
Emergency Department		104.78	76%	23.2%	Emergency department			
CDU		130.66	66%	23.2%	6%	43%	40%	11%
Sexual Health		104.89	61%	23.2%	Outpatient sexual health services			
Main OPD		199.96	44%		Outpatient services			

## Division D

Ward	Beds	Total funded establishment	Skill mix RN : Nursing Assistant	Uplift	Dependency & Acuity Data Jan 18			
					0	1A	1B	2
407	36	51.66	57%	23.2%	16%	6%	78%	0%
408	36	44.47	67%	23.2%	45%	7%	46%	2%
409	36	51.66	57%	23.2%	29%	26%	45%	0%
410	36	40.37	63%	23.2%	15%	1%	84%	0%
411	36	40.37	63%	23.2%	19%	4%	77%	0%
412	31	32.67	63%	23.2%	19%	4%	77%	0%
621		31.35	82%	23.2%	Out Patient chemotherapy & infusions			
622	36	44.33	63%	23.2%	1%	59%	40%	0%
623	28	30.95	77%	23.2%	15%	55%	29%	1%
624	36	40.37	63%	23.2%	63%	13%	23%	1%
625	32	43.5	73.%	23.2%	16%	64%	20%	0%
Burns Unit	15	31.21	77%	23.2%	61%	21%	18%	0%
Oncology OPD		18.46	41%	23.2%	Oncology outpatients			
Haematology OPD / CCH		22.81	62%	23.2%	Haematology outpatients / infusion and treatment centre			
Infusion Suite		4.47	75%		Non-malignant infusion service			