UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 22 OCTOBER 2015

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:	This paper presents an update on Nursing Workforce and described the processes the Trust has adopted in reviewing the nursing staffing levels bi-annually, to support the delivery of high quality care. The report also outlines the actions underway following the review of nurse staffing levels.
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 October 2015

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 22 OCTOBER 2015
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 following the third six monthly nurse staffing review building upon the previous report presented in January 2015. This report has been prepared following a review of nursing staffing levels across all inpatient ward areas in June 2015, which is undertaken every 6 months.

2. **Methodology and approach**

    2.1   This review follows guidance set out by the National Quality Board (guidance 2013) and the National Institute for Health and Care Excellence (NICE) Guidance: Safe staffing in adult inpatient wards in acute hospitals (2014).

    2.2   The review considered all inpatient wards.

    2.3   Following the review data collection period Associate Directors of Nursing led the triangulated reviews of the inpatient areas within their Divisions.

    2.4   The staffing review considered a number of elements when assessing the outcome of the baseline data collection for June 2015.

    - Cross Divisional discussion and review using professional judgement of planned staffing numbers and skill mix requirements. The review considered local context and physical layout of departments to determine and agree whole time equivalent staffing numbers and skill mix per shift.

    - Nurse to patient ratio's and registered to unregistered skill mix ratios.

    - The use of evidence based tools and comparing existing recurrently funded nursing establishments to the findings of these tools.

    - A review of local care quality and workforce metrics.

    - Clarity over allowance that has been made for planned / unplanned leave, sickness and absence (headroom / uplift).

- Professional discussion to review the existing supervisory allowance that has been built into establishments for the Senior Sister / Charge Nurse to take effective charge of the ward.

- Comparison of recurrently funded nursing establishments to specialist guidance and Royal College guidance where this exists.

- A review of recurrent and non- recurrently funded inpatient capacity (beds).

- A review of the model of care provision and the current and anticipated changes to this which are internal and externally influenced.

The detailed information, recommendations and actions are reviewed and monitored at the Trust's Nursing Workforce Group which is chaired by the Executive Chief Nurse.

2.5 The outcome of the review undertaken in June 2015, led to a systematic review of all inpatient nursing establishments being undertaken in conjunction with the Executive Chief Nurse, Associate Directors of Nursing, Deputy Chief Nurse and the Deputy Director of Operational Finance. The principles for the process were agreed with each of the Divisional Associate Directors of Nursing, the aims being to reduce planned shift pattern variation and undertake a detailed skill mix review for each inpatient ward. Guidelines to support efficient and effective rostering have also been produced. This work has progressed rapidly and all inpatient wards have now been reviewed. It is anticipated that any agreed changes will be implemented during November 2015 prior to the next nurse staffing review in January 2016.

From October 2015 it is proposed that new nursing workforce plans / establishments will involve the calculation of whole time equivalent posts required and a calculation of nursing hours per patient per day.
The Nursing Hours Per Patient Day (NHPPD) is a recognised tool which provides a simple calculation by dividing the number of nursing hours available by the number of patients. It, therefore, represents the number of nursing hours that are available to each patient.

The Trust is also participating in the work programmes which are part of the Lord Carter Workforce Efficiency Programmes commissioned by the Department of Health. One aspect of this work programme for this Trust, involves the development and implementation of a tool for patients who require enhanced care (previously referred to as 'specials'). The tool will provide a robust framework for nurses to utilise in practice in addition to providing a standardised approach across the Trust.

3. **Maximising the efficiency of the nursing workforce**

3.1 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. The Trust data for the past 12 months (Table 1) demonstrates that the Trust is able to continuously provide or exceed planned staffing levels across the organisation.

Table 1: Planned versus actual nurse staffing percentage

Month	Day		Night		Total
	Average fill rate - registered nurses (%)	Average fill rate – nursing assistants (%)	Average fill rate - registered nurses (%)	Average fill rate – nursing assistants (%)	
Aug-14	98%	129%	96%	131%	**107%**
Sep-14	103%	131%	101%	136%	**111%**
Oct-14	103%	128%	96%	130%	**109%**
Nov-14	100%	129%	97%	133%	**108%**
Dec-14	100%	120%	96%	132%	**106%**
Jan-15	102%	127%	98%	138%	**109%**
Feb-15	103%	128%	98%	140%	**110%**
Mar-15	105%	131%	97%	145%	**112%**
Apr-15	104%	144%	97%	151%	**115%**
May-15	104%	135%	97%	144%	**112%**
Jun-15	104%	137%	98%	150%	**113%**
Jul-15	100%	133%	95%	141%	**109%**
Aug-15	97%	134%	94%	141%	**108%**

3.2 **Key actions underway**

3.2.1 Inpatient ward establishments: Complete the review of all inpatient ward establishments and implement agreed changes during November 2016. An update will be provided in the next Board of Directors paper.

3.2.2 Recruitment and Retention: The Lead Nurse for Workforce chairs a monthly nursing recruitment and retention meeting, this reports to the Nursing Workforce Group, which is chaired by the Executive Chief Nurse. As is similar in other comparable organisations, the recruitment of registered nurses continues to be a challenge particularly in areas such as Critical Care, Theatres and Renal Dialysis.

The Trust has positive recruitment campaigns in place along with a dynamic nursing recruitment strategy and is an active participant in a number of the Local Education and Training

Council (LETC) workstreams which are having a positive impact in maintaining the Trust reputation as an attractive employer for registered nurses. The Trust has also undertaken a review of its recruitment centre with the aim of further improving the time to hire and pre-employment processes. To further improve flexibility of the nursing workforce, all nursing appointments will automatically 'opt in' to joining the Trust Staff Bank ('Locate'). This will reduce duplication of additional interviews and pre-employment checking procedures and also assist in further reducing the reliance on external agency staff. An 'opt out' option will remain in place for staff should they not wish to join the Trust Staff Bank.

The Trust has also been successful in securing funding from the Local Education Training Council (LETC) to support an out of acute practice programme. The aim being to recruit registered nurses to the programme and equip them with the skills, knowledge and confidence to practice in an acute hospital setting. The programme is part of a joint pilot with the Heart of England NHS Foundation Trust. This funding has allowed the Trust to recruit a Clinical Educator to lead the programme delivery.

3.2.3   Temporary staffing: The Trust Staff Bank 'Locate' has begun to implement a number of recommendations which were accepted following a review of this service. The Trust has successfully interviewed and appointed to the post of Head of Temporary Staffing and the post holder is expected to take up their position in January 2016. Work is progressing with the implementation of a revised operating model and service strategy, including a review of pay rates to ensure these continue to have a positive impact on the temporary staffing availability and reduce the reliance upon external staffing agencies as temporary staffing solutions.

On 1st September 2015 Nursing Agency Rules were published by Monitor and the NHS Trust Development Authority. These rules relate to agency spend on registered nursing, midwifery and health visiting staff. The rules are part of a national programme of work to further assist NHS Trusts to meet the complex workforce challenges facing the sector. This guidance follows an engagement period in August 2015 to which the Trust responded to the initial proposals. The rules aim to set a maximum hourly rate paid for nursing agency staff, mandatory use of approved frameworks for procuring agency staff and an annual ceiling for total agency spending for each Trust.

3.2.4   Nursing tiles and job descriptions: Nursing titles for all posts were agreed at the Trust Partnership Team (TPT) meeting in July 2015. The Lead Nurse for Workforce is now undertaking a systematic review of job descriptions and role definitions. When

completed these will ensure the job descriptions reflect the wide scope of nursing and provide clarity on the scope of practice for each role. Additional work is ongoing to further explore the nursing workforce transformation requirements needed to support service delivery in future years. This includes the definition and development of roles where additional in service training is required to support future workforce requirements across professional boundaries such as advanced clinical practice and assistant practitioners. Working in conjunction with the Head of Education, this work is ensuring the underpinning; education and training requirements of each defined role can be supported. The work will also inform role requirements where any service transformation or reconfiguration of service is undertaken through organisational change policies and associated procedures. This work will also support career progression and retention through clear definition of role expectation.

3.2.5   Ward based support roles: The Deputy Chief Nurse is leading a review of ward based support roles to explore the role requirements of staff who support clinical service delivery. This includes a range of roles which are managed through nursing along with those managed outside of nursing. The aim is to reduce overlap of roles and to explore where role definition and job descriptions could be changed to better reflect service needs.

3.2.6   During the summer of 2015, the Trust commenced the organisational change process associated with the planned changes to sexual health services. All staff transferring from alternative providers have been consulted with and once completed there will be planned growth in the nursing workforce numbers associated with the expansion and development of Umbrella – Sexual Health Services.

4.   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 recruitment and retention. All elements are unpinned with links to workforce capacity and capability in conjunction with education and training.

5.   Recommendation

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

Philip Norman
Executive Chief Nurse
October 2015