

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 25 OCTOBER 2018

Title:	6 MONTHLY PROGRESS REPORT - NURSE STAFFING
Responsible Director:	Lisa Stalley–Green , Executive Chief Nurse
Contact:	Carolyn Pitt, Lead Nurse Workforce (QEHB) Andrea Field, Lead Nurse Workforce (HGS)

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 provides an update to the Board of Directors on the Nursing and Midwifery workforce position and describes the processes the Trust has adopted following the merger, across both QE and HGS sites in reviewing the combined nursing and care staff workforce.
Recommendations:	The Board of Directors is asked to receive this report on the progress ensuring compliance with the national guidance surrounding nursing and midwifery staffing levels and the use of robust methodology in reviewing the current funded nursing and midwifery establishments.

Approved by:	Lisa Stalley-Green	Date: 16 October 2018
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BOARD OF DIRECTORS
THURSDAY 25 OCTOBER 2018
PROGRESS REPORT – NURSE AND MIDWIFERY 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) guidance on Right People, Right Skills, Right Place which was updated in January 2018.

This is the first Nursing/ Midwifery staffing report since the organisational merger in April 2018.

This report provides an update on the actions taken since the merger and provides details of the current nursing and midwifery workforce position at University Hospitals Birmingham NHS FT. In addition the report will reference activities undertaken, in place and planned which further support the development and delivery of the overall nursing and midwifery workforce strategy across the Trust.

2. National Context

There are a number of factors which impact on the position for the Trust these include:

- The future supply of overseas nurses remains unclear however the Nursing & Midwifery Council (NMC) continues to report data demonstrating a reduction in the number of EU /EEA nurses joining the register
- There is a chronic national registered nursing shortage and recruitment continues to be an increasingly competitive field.
- The removal of the bursary (from August 2017) for pre-registration training has resulted in a sustained national reduction in the number of applicants to universities to commence training , with the most significant change being in a reduction in mature students
- The reduction in workforce development (CPD) funding from Health Education England (HEE) is frequently cited by registrants leaving their posts and is having some impact on retention nationally
- There is national recognition of the shortfalls in the Junior Doctor workforce and the increasing use of Advanced Clinical Practitioners being deployed as part of the medical workforce strategy, a significant number of these are from the registered nursing workforce
- During Q1 2018/19 there have been a number of published National Workforce reports from NHSi / National Quality Board (NQB) providing additional guidance around reviewing, planning and assessing nursing workforce requirements. These documents will be referenced when reviewing specific services across the organisation.

3. Challenges to the Nursing Workforce at UHBFT 2018/9

There are a number of challenges facing the Nursing workforce at UHB and with these come the increased complexity of a large service merger with and a turbulent operating environment. These challenges include:

- 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
- Sharing the risk where there are clinical areas with very high vacancy and attrition rates
- The ongoing impact of staffing shortages in other parts of the NHS workforce ie: junior doctors and the increasing requirement for nursing 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 use of Advanced Clinical Practitioners across all sites is being led by two Consultant Lead Advanced Clinical Practitioners based on the HGS site.
- Responding 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. There changes to supervision and assessment of nurses in training which will impact on both degree student nurses and trainee nursing associated.
- The loss of CPD central funding and the impact on ongoing professional development and the move toward exploring how the apprenticeship levy can be used to support and enable professional staff.
- The safe introduction, integration, governance and development of the Nursing Associate role

4. Workforce position at UHBFT

This paper refers to the workforce position for the following staff groups:

- Registered Nurses acute and community (Adult and Paediatric)
- Midwives
- Operating Department Practitioners (ODP)
- Health care support workers (Band 2-4)

The tables below show the workforce position as at 31st August 2018

Registered Nurses Adult and Child/ Theatre Practitioners (Including community)

	Funded Est	In post	Vacancy	%	Projection at calendar year end	%
UHB	5789	4814	975	17%	573	10%

Registered Midwives (HGS only)

Site	Funded Est	In post	Vacancy	%	Projection at calendar year end	%
UHB	402	377	26	6%	10	2%

HCA

Site	Funded Est	In post	Vacancy	%	Projection at calendar year end

UHB	2424	2213	211	9%	2% over established
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Across the organisation there are some wards / departments where there are now chronic long term vacancies, the following are the top fifteen areas of concern:

Ward and speciality	Hospital site	Forecast registered vacancy % at calendar year end
Ward 12 Acute Older Adults	GHH	49%
Ward 518 Acute Older Adults	QEHB	47%
Ward 4 Thoracic Surgery	BHH	46%
Ward 21 Frailty Assessment Unit	BHH	41%
Ward 10 Respiratory Medicine	GHH	41%
Endoscopy	UHB (Trust wide)	35%
Ward 30 Older Adults (Dementia)	BHH	34%
Ward 11 Older Adults (Dementia)	BHH	32%
Ward 8 Gastroenterology	GHH	31%
Ward 2 Acute Medicine	BHH	28%
Ward 409 Neurosurgery	QEHB	27%
AMU short stay	SOL	27%
Ward 21 Frailty Assessment Unit	GHH	26%
Ward 513 Acute respiratory	QEHB	23%
Ward 514 Stroke	QEHB	22%

In addition to generic workforce plans which include; increasing the Trainee Nursing Associates workforce; extending the role of the HCA and introducing clinical pathways rotating across clinical areas to encourage interest from experienced registered nurses, each Divisional Head Nurse has developed a bespoke workforce plan for each of the top fifteen areas

5. Workforce development across UHB

There are workforce Lead Nurses at both QE and HGS site that have begun a series of cross site strategic actions to strengthen and align processes relating to the recruitment, retention and deployment of registered nurses, midwives, theatre practitioners and health care support workers. The Lead Nurses are working closely with colleagues in Human Resourcing, Education and Training and the Staff Bank (UHB+) who are undergoing internal organisational and structural changes concurrently.

Initial joint work: this has focused on alignment / review of the following areas:

- Job descriptions and person specifications
- Workforce planning methodology and calculations
- Recruitment and selection practice
- Strategic approach to Trainee Nursing Associates (TNA's) and development of the Nursing Associate Workforce
- Strategic plans for Assistant Practitioners
- Combining and developing joint electronic staffing tools / systems
- Consistent incident reporting of clinical staffing concerns
- Aligning clinical education – induction; preceptorship
- Looking at joint retention projects
- Supporting the merging and clinical oversight of the Staff Bank (UHB+)
- Comparing nursing establishments and staff ratios across all specialities to identify inconsistencies which will help in the prioritisation of the annual workforce review schedule

Maternity services: are based at HGS and therefore there has not been a requirement for service alignment post organisational merger. Maternity services face the same challenges in terms of workforce as nursing and whilst having only a minimal vacancy rate the service is significantly challenged due to the amount of maternity leave within the midwifery workforce. Midwifery workforce resources are reviewed externally using the Birthrate Plus staffing recommendations and the Trust Midwifery service are compliant with these recommendations and the national midwife to birth ratio.

Midwifery Support Workers: the first Midwifery Support Workers commenced the Foundation Degree programme in April 2018. It is envisaged that these practitioners will play a key part in post-natal and community Midwifery services.

Midwifery Support Workers		
HGS sites only		
Month / Year Start of programme	Month Year end of programme	Number of staff on programme
April 18	April 20	6
Total		6

Paediatric services: are based at HGS and therefore there has not been a requirement for service alignment post organisational merger. Paediatric services again face similar challenges in terms of workforce as nursing and whilst the introduction of adult registered nurses into the Neonatal Unit has significantly improved vacancy rates there is a national shortage of Band 6 clinical neonatal nurses that is also affecting the units at UHB. The BAPM (British Association of Perinatal Medicine) standards for neonatal care are the standards used at UHB to ensure the correct ratio of neonatal nurses to babies taking into consideration the acuity mix within the neonatal unit. A business case has been approved to reduce the capacity in SCBU to ensure that the BAPM standards are achieved.

Historically there have been no recognised staffing recommendations for inpatient paediatric services, however the Shelford Group have recently published the Children and Young Person (C&YP) SNCT tool which will enable a thorough review of acuity and dependency across the inpatient paediatric wards at UHB. An application has been made for the license for this tool and once received the review will be undertaken with the Divisional Head Nurse for Paediatrics.

Health Care Support Workers: This group of staff are predominantly AFC Bands 2 and 3 and post holders are employed as Health Care Assistants (HCA's) / Theatre Support Workers / Technicians and Phlebotomy staff. With an initial focus on HCA's the Trust is exploring the use of the Apprenticeship Levy and how Level 2/3 apprenticeships could be used from Q4 2018/9. The job description has been reviewed and aligned and Education are exploring the induction / training and support required for both experienced HCA's and those new to care. Work is underway exploring the additional roles within these bands across the Trust and how we can align roles.

Assistant Practitioners: Within Theatres the role of the Assistant Theatre Practitioner is recognised as a real sustainable solution to the workforce challenges. This environment of care is already used to having both registered nurses and operating department practitioners deployed alongside one another in common role.

The role is a two year foundation degree undertaken via a vocational route based in practice across varying theatre environments. There are currently a very small number of post holders in the organisation who have completed their training in addition to staff in training across the Trust (Table 1). 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 commence training in March 2019. 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.

Band 4 Assistant Theatre Practitioners in practice					
Number (WTE) in post who have completed training					
QEH			HGS		
4			3		
Trainee Assistant Practitioners					
Month / Year Start of programme	Month Year end of programme	Number of staff on programme	Month / Year Start of programme	Month Year end of programme	Number of staff on programme
Sept 16	Oct 18	6	Sept 16	Oct 18	0
March 17	April 19	6	March 17	April 19	0
Sept 17	Oct 19	0	Sept 17	Oct 19	0
March 18	April 20	0	March 18	April 20	6

Nursing Associates: The Trust is a national pilot site for the development and introduction of this role via the Birmingham & Solihull Nursing Associate Partnership since autumn 2016, the Workforce Lead Nurses have both been instrumental in the implementation of the role across all practice settings and forging strong working relationships with Birmingham City University (BCU) as the HEI provider. In September 2018 the Nursing and Midwifery Council (NMC) approved the standards of proficiency and pre-registration education for this role together with the regulatory standards which are required to enable the NMC to open the register to the first Nursing Associate in January 2019.

The Birmingham & Solihull Nursing Associate Partnership continues to expand both its employment and placement partners to ensure trainees can experience health and care across a variety of practice settings and specialities, this now includes a long term care facility for people with Learning Disabilities, as well as Mental Health, Adult and Paediatric settings.

The Trust has three cohorts of trainee nursing associates who are employed in a variety of practice settings and services (Table 2). All of the current cohorts are training under the Health Education England (HEE) pilot and both the Trust and the University are jointly working to ensure our current trainees are undergoing the NMC pre-registration education curriculum to enable them to qualify as Nursing Associates. Since April 2018 the Trust has utilised the Nursing Associate apprenticeship standard and has seconded staff onto the programme from the current HCA workforce with funding for the HEI element being provided via the Apprenticeship Levy. The attrition from programme during training has been lower than initially anticipated and has been built into the Thrust Nursing Associate strategy for commissioning two cohorts per annum in April and October from 2019.

Trainee Nursing Associates					
QE Site			HGS sites		
Month / Year Start of programme	Month Year end of programme	Number of staff on programme	Month / Year Start of programme	Month Year end of programme	Number of staff on programme
April 17	April 19	10	April 17	April 19	27
April 18	April 20	8	April 18	April 20	24
Oct 18	Oct 20	10	Oct 18	Oct 20	43
Total		28			94

Internally across the organisation has now begun to review current Policy / Procedure and practice guidelines to enable our trainees who qualify in May 2019 to transition from a trainee into a registered Nursing Associate. In addition work has already begun to review workforce plans where skill mixes will need adjustment and to explore the post registration training / education and expanded practice requirements of the role.

6. Retention and Recruitment

The Workforce Lead Nurses are jointly reviewing the Trust approach to Nurse Retention and Recruitment to ensure the strategy is dynamic and responsive.

Retention: The Director of Nursing has established a multi professional retention group which is exploring a number of actions which are known to be associated with staff retention and are applicable across a number of staff groups. The sub group work streams will explore a number of core themes :

- Workforce information/ data
- Education and career development
- Leadership & behaviours
- Recruitment experience and induction of staff new to the Trust / newly qualified
- Staff health / wellbeing / flexible working
- Internal transfer process
- Preparing staff to retire and return , retaining their experience

Recruitment: Centralised recruitment activity for Band 2 HCA's remains an efficient and effective method of interview and selection. The Trust now has 2 Band 6 nurses who work 0.6wte each who plan and organise this element of recruitment to enable streamlined processes.

The Trust 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. Joint planning across services is being discussed and the Trust ensures all off site events are well represented. The Trust Communication's Team are planning a review and refresh of the websites and supporting information to support prospective staff exploring the range of roles on offer and the employment opportunities.

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 and has signed up for the legacy projects associated with this workstream for the next two years which include :

- Valuing second Year Degree Nursing Students
- The Impact of the Culture of Care
- Transition shock and self-doubt (newly qualified nurses)
- Early career choices
- End of career choices

Across the Birmingham and Solihull STP a group has been established with the local universities and NHS providers to discuss and share information on university programme uptake and to progress map expected graduates from all programmes associated with health and care. The group will share data which will inform the nursing / midwifery workforce strategy.

7. Workforce Strategy and summits

The vacancy in registered nurses and midwives is a recognised significant risk for UHBFT. A series of Workforce Summits for leaders and staff are underway facilitated by the Executive Chief Nurse, workforce Lead Nurses and Divisional Head Nurses. The aim of each summit is:

- To contextualise the current position
- To engage the clinical nursing/midwifery leaders and frontline nursing/ midwifery staff in discussions to identify strategies to mitigate risks; identify new ways of working, improve recruitment and retention practices and realise the role of leaders in positively impacting on the workforce position and morale
- To identify key actions and work streams from these discussions
- To build a live workforce strategy that is driven and led by our frontline leaders

Key themes and work streams emerging from the initial summits are as follows:

- Education, induction and preceptorship
- Clinical careers and pathways
- Clinical supervision, peer networking and support
- Leadership development and succession planning
- Values related behaviours in practice and policy

8. Productivity and reducing the use of external agency staff

The Allocate Health Rostering system is in use across all sites within UHBFT but is currently not deployed across all departments and services. There are work streams exploring how the system is setup and administered across all sites and the associated staff related policies and procedures which support staff management and deployment. Preliminary intelligence is suggesting there are a number of differences in both application and use which are being fed in to the strategic group chaired by the Executive Director of Workforce and Innovation.

The Trust submits data on a monthly basis which details care hours per patient per day, which is the national reporting metric for workforce deployment, this metric can be used at ward / department level and aggregated to Trust level. Currently the Trust is still reporting this metric as two sites until April 2019.

Trust data from April 2018

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
Queen Elizabeth Site							
April 2018	92%	119%	93%	164%	4.77	3.11	7.88
May 2018	91%	121%	93%	168%	4.94	3.29	8.23
June 2018	87%	120%	91%	170%	4.84	3.30	8.14
July 2018	87%	123%	90%	174%	4.78	3.40	8.18
Aug 2018	84%	126%	87%	181%	4.61	3.47	8.08
HGS Sites							
April 2018	90%	100%	99%	114%	5.2	3.13	8.33
May 2018	89%	99%	97%	117%	5.0	3.02	8.02
June 2018	88%	103%	97%	120%	5.3	3.1	8.40
July 2018	88%	103%	96%	118%	5.3	3.2	8.50
Aug 2018	83%	101%	90%	120%	5.4	3.24	8.64

9. Temporary staffing

During August 2018 the staff banks merged to form UHB + Staff Bank, a harmonisation of pay, terms and conditions associated with this was agreed and implemented. Active recruitment plans are in place for registered and unregistered nursing staff and theatre practitioners. A review of the current agency supply has also been undertaken with a view to establishing a set of 'preferred suppliers' for Heartlands, Good Hope and Solihull. This mirrors the current agency model at QEHB. This revised model will ensure adherence to NHSI's Agency Rules.

A review of the staff bank structure will commence shortly, with a key focus on proactively supporting the Trust with its temporary staffing needs

10. Priorities for 2018/19

- Complete the Workforce Summits and feedback to staff on the emerging themes and immediate actions
- To finalise, publish and deliver the Nursing and Midwifery Workforce Strategy
- Establish a collaborative commissioning group for non-medical education informed by the Workforce Summits and resulting strategy
- To appoint substantively to the senior leadership posts in Nursing and subsequently review the structures and operating models underneath these posts to enable comprehensive development and governance of the nursing and midwifery workforce across UHBFT
- Further review workforce models across services and structures

11. Recommendations

The Board of Directors is asked to receive this nursing/midwifery staffing update report and:

- Note the progress on recruitment, closing the vacancy gap
- Discuss the current position, risks and mitigations
- Note the work on strategy development, leadership and staff engagement workshops
- Endorse the progress on Trainee Nurse Associates

Lisa Stalley- Green
Executive Chief Nurse
October 2018