UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
25 APRIL 2019

Title:	**6 MONTHLY PROGRESS REPORT - NURSE STAFFING**
Responsible Director:	Lisa Stalley–Green, Chief Nurse
Contact:	Davina Thomas (Deputy Chief Nurse People & Standards)
Purpose:	To provide the Board of Directors with assurance of Statutory requirements.
Confidentiality Level & Reason:	None.
Annual Plan Ref:	Aim 1. Always put the needs and care of patients first.
Key Issues Summary:	Building on the actions taken since the last paper in October 2018, this paper will provide an overview of the key initiatives and work streams being undertaken in the light of sustained national registered nurse staffing landscape. It will reference the actions in place and those planned to support the overall nursing workforce across the Trust to attract, retain and develop the right people with the right skills in the right roles. Key areas of focus are: • Improvement in the current UHBFT nursing workforce position • Full implementation of the Nursing Associate programme • Noted improvement from implementation of recruitment initiatives • Plan to improve the quality of patient care through cessation of agency nursing • Assurance that key areas of concern have support plans in place
Recommendations:	The Board of Directors is asked to : 1. Discuss assurance on nursing workforce risks and actions 2. To approve the Quality Impact Assessment for the introduction of the Nursing Associate role (Appendix One) 3. Acknowledge the progress with the implementation of the new Nursing Associate role across UHBFT 4. Discuss and support the plan to cease routine Agency staffing
Approved by:	Lisa Stalley-Green **Date:** 25 the April 2019

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PROGRESS REPORT – NURSE AND MIDWIFERY STAFFING

PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction

The bi-annual, nurse staffing report details the Trust position against the requirement of the National Quality Board (NQB) Safe Sustainable and Productive Staffing Guidance 2016, the NQB Speciality Guidance 2018, and the NHS Improvement (NHSI) Developing Workforce Safeguards guidance published October 2018. As part of "safe staffing" governance the guidance recommends that the Board of Directors receive a bi-annual report on nurse staffing in order to comply with CQC fundamental standards across the five domains of Safe; Effective; Caring; Responsive and Well-led.

This paper will provide an update on the nursing workforce position at the end of **February 2019** and reflect the changes since October 2018; outline and discuss actions being taken; and provide assurance on the effectiveness of the actions to support the overall nursing workforce across the Trust by attracting, retaining and developing the right people with the right skills in the right roles.

2. National Context

Nationally nursing and midwifery workforce supply remains challenging with the shortfall in registered nurses being a well-documented challenge for all NHS providers. NHSI report in excess of 41,000 registered nurse vacancies and the Royal College of Nursing have reported agency registered nurses are frequently spending up to a year with the same NHS provider.

In January 2019, NHS England published the NHS Long Term Plan (LTP) setting out the overall vision for how the NHS should change over the next ten years. The plan acknowledged the key role that staff and employers have in health care delivery and a workforce implementation plan will be published later in 2019. It is anticipated that this plan will provide clarity on funding available to support additional investment in workforce, training and education, continuing professional development (CPD) and flexible working. The plan acknowledges that the NHS needs to increase the workforce supply of registered nurses and aims to reduce the nursing vacancy rate to 5% by 2028.

3.   Local Birmingham & Solihull Context

The Birmingham and Solihull NHS Trusts (BSOL) have established a working group with 3 local University providers (BCU, UoB, and Coventry) to ensure a robust level of scrutiny around all previously commissioned non-medical undergraduate provision. The aim of this collaboration is to be very clear around what numbers of undergraduates Trusts require for their workforce needs, drive up recruitment to all programmes and improve retention and completion on time particularly across the nursing programmes.

Applications to undergraduate nursing courses in England in 2017/2018 dropped by 23% when compared to 2016/2017 and this is largely attributed to the removal of the bursary payments in 2016. The table below demonstrates the data from Birmingham City University (BCU) and University of Birmingham (UoB)

Update on BCU January 2019 Student Nurse Numbers

Programme	Target	Enrolled	Variance to target	% variance
Adult	241	101	-121	41%
Child	80	72	-7	10%
MH	66	42	-16	37%
Total	**387**	**215**	**-144**	**29%**

Undergraduate Nursing numbers September 2018 BCU and UoB

Provider	Field	Applications received	Changes from previous year (Up / down)	% variance
UoB	Common foundation	1289	-170	13%
BCU	Adult	1620	-563	35%
BCU	Child	758	-264	35%
BCU	Learning Disability	74	-25	44%
BCU	Mental Health	520	-147	29%
Total		**4261**	**1169**	**31%**

This shows that there has been a significant reduction in applications for the undergraduate nursing programme across both UoB and BCU on a similar level to that seen nationally. The highest reduction is seen in the Adult and Common Foundation fields.

Continued work to collect and interrogate student data allows insight into hotspots and a combined approach to understanding student behaviour, demographics with the aim of continuing to improve the student experience and in turn positively impact on recruitment and retention. A targeted campaign to improve recruitment of men and 24 – 30 year olds has commenced; both groups of which have fallen in numbers significantly following the education reforms and abolition of tuition and bursary funding.

In addition to this funding for Learning Beyond Registration (LBR) has also been reduced by an average of 22% affecting Trusts ability to invest in the development of post registration nurses.

Local actions to help to address these issues include:

- Joint working to attract people into the nursing profession through interaction in schools and colleges
- Creative solutions to attract more mature applicants into nursing with UHBFT currently looking at providing the third year of nursing undergraduate training as an apprenticeship providing individuals with a salary and also reducing the financial burden on qualification
- Investment in the development of the Nursing Associate workforce

4.   University Hospitals Birmingham NHS Foundation Trust context

The table below demonstrates the overall vacancy position at the End of February 2019 for registered nurses (RN) and operating department practitioners (ODP);

Month	Funded establishment	In post	Vacancy	%
August 2018	5894.37	4893.61	1000.76	16.9 %
February 2019	5909.60	5109.12	800.48	13.54%

Breakdown of current vacancy split between Registered Nurses and Registered Theatre Practitioners for February 2019:

Staff Group	Funded establishment	In post	Vacancy
Registered Nurses	5276.11	4525.31	750.8
Registered Theatre Practitioners	633.49	583.81	49.68

The table below demonstrates the numbers of RN and ODP staff with conditional job offers from outside of the Trust whose appointments are being processed through the Trust recruitment teams from 28th February 2019 and anticipated to have all started by 31st December 2019.

Registered Nurses	Operating Department Practitioners
298 job offers made	37 job offers made

This information demonstrates an overall reduction in the RN nursing and ODP vacancy position of 200.28wte since August 2018 with 335 further registered nurses/ ODP's having been offered posts across UHBFT.

The following table shows the top 10 clinical areas where there are chronic long term registered nursing vacancies:

Ward/ clinical area	Site	Speciality	% RN vacancies
Ward 8	HH	Trauma and Orthopaedics	47%
Ward 10	GHH	Respiratory Medicine	47%
Ward 409	QEH	Neurosurgery	46%
Ward 29	HH	Older Adults	40%
Ward 30	HH	Older Adults	36%
AMU short stay	Sol	Acute Medicine	36%
West 1	QEH	Older Adults	36%
Ward 9	GHH	Older Adults	35%
Ward 518	QEH	Older Adults	33%
Ward 24	HH	Respiratory Medicine	33%

5.   Nursing Associates

In January 2019 the Nursing and Midwifery Council (NMC) opened the register for the Nursing Associate role (NA). Nursing Associates take two years to train on an apprenticeship basis and the role is designed to bridge the gap between health care assistants and registered nurses, this role will widen participation in terms of access to careers in healthcare by opening up new routes to training that have not previously existed.

The Nursing Associate role is regulated by the NMC who have set the standards of proficiency (knowledge and skills) that a nursing associate will have when they qualify. These standards complement those of the Registered Nurse and can be seen in the table below

Platform	Nursing Associate	Platform	Registered Nurse
1	Be an accountable professional	1	Be an accountable professional
2	Promoting health & preventing ill health	2	Promoting health & preventing ill health
3	Provide & Monitor care	3	Assessing needs & planning care
		4	Providing & evaluating care
4	Working in teams	5	Leading & managing nursing care & working in teams
5	Improving safety & quality of care	6	Improving safety & quality of care
6	Contributing to integrated care	7	Co-ordinating care

The Trust has 132 trainees currently on programme with 32 anticipated to qualify and enter the workforce as Band 4 Nursing Associates in 2019.

A decision has been made by the Executive Chief Nurse to develop the Nursing Associate workforce at 'industrial scale' with projected growth through to October 2022 as follows:

Date	Predicted number of qualifying Nursing Associates
April 2019	28
October 2019	4
April 2020	27
October 2020	50
April 2021	70
October 2021	100
April 2022	100
July 2022	100
October 2022	100
Total	**584**

A business case is being submitted to support the structure required to enable this level and pace of growth with a Clinical Educator to trainee Nursing Associate ratio of 1:25. This will include the following entry pathways that support widening participation into the NA programme

Pathway 1	Existing UHBFT HCA's seconded onto the NA programme
Pathway 2	Newly appointed HCA's recruited into HCA vacancies and seconded onto the NA programme
Pathway 3	New to care Apprenticeship- direct entry route onto the NA programme on apprenticeship terms and conditions
Pathway 4	Scholarship- internal scholarships for those UHBFT employees working in non-clinical areas of the Trust who want to change their careers

The first qualified Nursing Associates (28) will join the workforce in May 2019 and a full review of policies and governance structures is underway and the Quality Impact Assessment has been completed and is shown at Appendix One.

6.   Operational Assurance

In line with NQB requirements the Trust publishes ward and departmental staffing data on a daily bases in their departments / wards. Day to day staffing is overseen by the Divisional Associate Directors of Nursing and supported out of hours by Clinical Site based teams.

The daily ward staffing electronic tool which enables departments to enter their actual staffing per shift has since the beginning of April 2019 been in use across all four hospital sites. This allows visualisation of actual staffing by ward and Division

The " Safe Staffing Report " (Unify) is submitted monthly to NHSI detailing planned and actual staffing levels and Care Hours Per Patient Per Day (CHPPD) which is extracted from the Health Roster System.

It is anticipated that from April 2019 this will be a single external return reported externally.

The table below shows the position across UHBFT for the last four months.

Month	Day		Night		Total	Care Hours Per Patient Day		
	Average fill rate - registered nurses/midwives	Average fill rate - care staff	Average fill rate - registered nurses/midwives	Average fill rate - care staff		Registered midwives/ nurses	Care Staff	Overall
Nov-18	87%	113%	94%	141%	101%	4.61	3.14	7.75
Dec-18	86%	113%	91%	136%	100%	4.63	3.21	7.83
Jan-19	88%	112%	93%	138%	101%	4.53	3.06	7.59
Feb-19	86%	114%	92%	140%	100%	4.51	3.15	7.66

Care Hours Per Patient Day for registered nursing and care staff remains stable and in line with local benchmarking. Registered nursing fill rates are lower in the day where risks can be mitigated more easily than overnight and there is an overall usage above 100% fill rate for care staff to assist with mitigation of the risks around chronic registered nursing vacancies and the care of patients with challenging behaviour.

## 7.   Day to day staffing management

Since October 2018, the average registered and nursing midwifery fill rates of less than 90% for day shifts has been reported across all sites. Daily reviews of staffing requirements are undertaken by Divisions and escalation processes are in place to mitigate the impact of when planned staffing levels are not achieved.

Where registered nurse fill rates cannot be resolved staff often redeployed from other clinical areas and senior nursing staff takes into account clinical risk and safety, and acuity and dependency and use this information to inform professional judgement .Cross Divisional cover at site bases is supported and any actions are clearly communicated to the Clinical Site Teams.

Care hours per patient per day does not provide the granular detail of who has undertaken the shifts and if they are substantive, bank or agency staff ,this detail can be provided from December 2018 at ward / division and aggregated to Trust level through the Health rostering system Allocate. The system is not fully deployed across all clinical services where registered nurses and operating department practitioners work but does cover all of the inpatient services.

The graphs below provide Trust level information based on a number of indicators

Proportion (%) of duties filled by Bank Staff
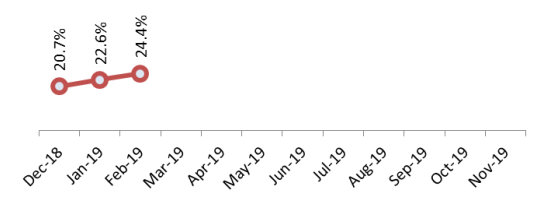
Proportion (% of duties filled by Agency staff)
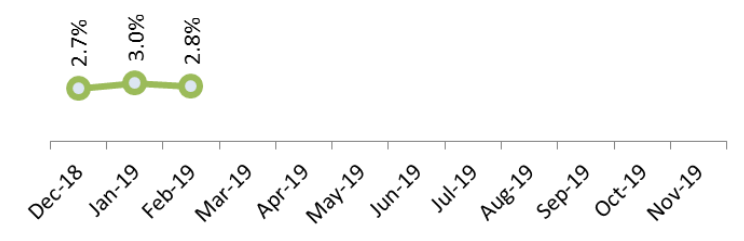
Agency expenditure for Nursing since April 2018 is **£128,787**

The highest consecutive users of agency staff above 10% December 2018 – February 2019 are:

Division		Dec 18	Jan 19	Feb 19
3	ED BHH	20.5%	24%	24.1%
3	ED GHH	20.6%	25%	30.3%
1	Theatres Main BHH	15.1%	17.1%	15.6%
1	Theatre 6&7 BHH	16.4%	16.8%	15.2%
2	2 Gynae GHH	13.1%	12.6%	15.3%
3	AMU SS SH	11.9%	13.7%	18.6%

The Chief Nurse Workforce Group has made the decision to cease the utilisation of agency staff by August 2019, this programme of work will be operationalised by the Trust's Director of Nursing to ensure identification and mitigation of any patient safety risks.

8.   Recruitment

Key actions implemented:

- Attendance at local and national career events
- Recruitment of undergraduate nurses at the end of their second year of training to improve the student experience and get alliance with the Trust
- Nursing Associate pipeline
- Implementation of the Nursing Associate role

- Initial plans for a third year undergraduate nursing apprenticeship
- Collaboration with national and local HEI's to develop the national transition for Nursing Associates to Registered Nurses

The vacancy position is expected to remain largely unchanged until October 2019 as a large number of those in pre-employment clearing are newly qualified RNs or ODPs who will complete their training between September 2019 and December 2019.

9. Right Skills - Education & Training and Leadership

The Chief Nurse chairs a monthly workforce group which will set criteria, actions; and assurance outcomes for the non-medical clinical workforce, which includes registered nurses, midwives and allied health care professionals and health care support workers.

Under the leadership of the Executive Chief Nurse a number of work streams associated with key workforce priorities have been established and are being led across the organisation by Senior Nurse/ Therapy Leaders. The table below identifies the work streams:

Work stream	Lead	Purpose
Digital technology and the future ward	Executive Chief Nurse	Testing and embracing technology to explore how the use of advanced technology can positively impact on health care provision, organisation and workforce requirements.
Recruitment and Retention	Director of Nursing	To coordinate and deliver the Nursing and Midwifery Recruitment and Retention Strategy
Nursing Associates (NA)	ADN Division 3	To implement 'industrial scale' growth of the NA workforce
Advanced Clinical Practice (ACP)	ADN Division C	Develop the strategic approach for the future development of the ACP workforce
Paediatric Workforce Review	ADN Division 2	To ensure the paediatric nursing establishment meets national staffing recommendations
Maternity Workforce Review	ADN Division 2	To ensure the maternity workforce establishments meets national staffing recommendations
Therapies workforce review and Research Careers	UHBFT Therapy Leads	To review and develop the strategic approach for the future development of the AHP workforce and clinical research careers
'8 Wards in 8 months' Transforming health care of older people	ADN Division 4	Programme of improvement and transformation across the Older Adult inpatient wards
Talent management/succession planning	ADN Division 2	Early identification and development of nursing and midwifery 'rising stars'
Clinical Leadership Band 7/8	ADN Division 1	Development and commissioning of leadership opportunities for current and future senior clinical leaders

Work stream	Lead	Purpose
Band 5/6 registered practitioners	ADN Division 5	Organisational preparation for the introduction of the new NMC standards for registered nurses and the development of career opportunities and development at Band 5 and 6
Clinical Nurse Specialists	ADN Division D	This work stream will capture current posts holders and explore their operating and management structures, job plans and career opportunities
Peer Support and Action learning	ADN Division B	Developing opportunities for senior clinical staff to support each other and develop emotional resilience

The Chief Nurse chairs a monthly Nurse Education Commissioning Group. Key actions to date are:

- Assurance of preparation for the revised NMC standards for undergraduate nursing students
- Ensuring quality placement capacity for all students/learners
- Planning a Training Needs Analysis across the Trust
- Prioritisation and effective use of LBR funding
- Alignment of clinical induction programmes

10. Future actions

- Following the implementation of revised Divisional operating structures the Director of Nursing and Deputy Chief Nurse will develop a robust schedule for strategic staffing reviews across UHBFT
- Work will continue as outlined in this board paper and governed through the Chief Nurse Workforce Group

11. Recommendations

The Board of Directors is asked to:

1. Discuss assurance on nursing workforce risks and actions
2. To approve the Quality Impact Assessment for the introduction of the Nursing Associate role (Appendix One)
3. Acknowledge the progress with the implementation of the new Nursing Associate role across UHBFT
4. Discuss and support the plan to cease routine Agency staffing

Lisa Stalley-Green
Chief Nurse
April 2019