

Transformation of the ward-based and non-ward-based nursing workforce: experience at Barts & The London NHS Trust

Reshaping the Nursing Workforce
Preparing professionals for new working patterns

Wednesday 22nd February 2012

Professor Kay Riley – Chief Nurse
Dr. Scott McLean – Divisional Nurse

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Format

- Breakout session 20 mins
 - 2 groups
 - Feedback
- Ward-based nursing 10 mins
- Non-ward-based nursing 10 mins
- Q&A 10 mins
- Close

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Breakout session

- You are responsible for deploying a 1,000 WTE clinical nursing workforce of B2-B8's in a newly formed urban teaching hospital of 700 beds

- Range of beds:

- 650 Level 0/1 beds over 25 wards
- 30 Level 2 beds over 3 units
- 20 Level 3 beds over 2 units

- Range of Tertiary specialties:

- ED, Cardio, Neuro, Cancer, Trauma

- Describe your deployment of this ~£40m resource
 - High level principles
 - High level no.'s

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Ward-based nursing

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Strategic Context

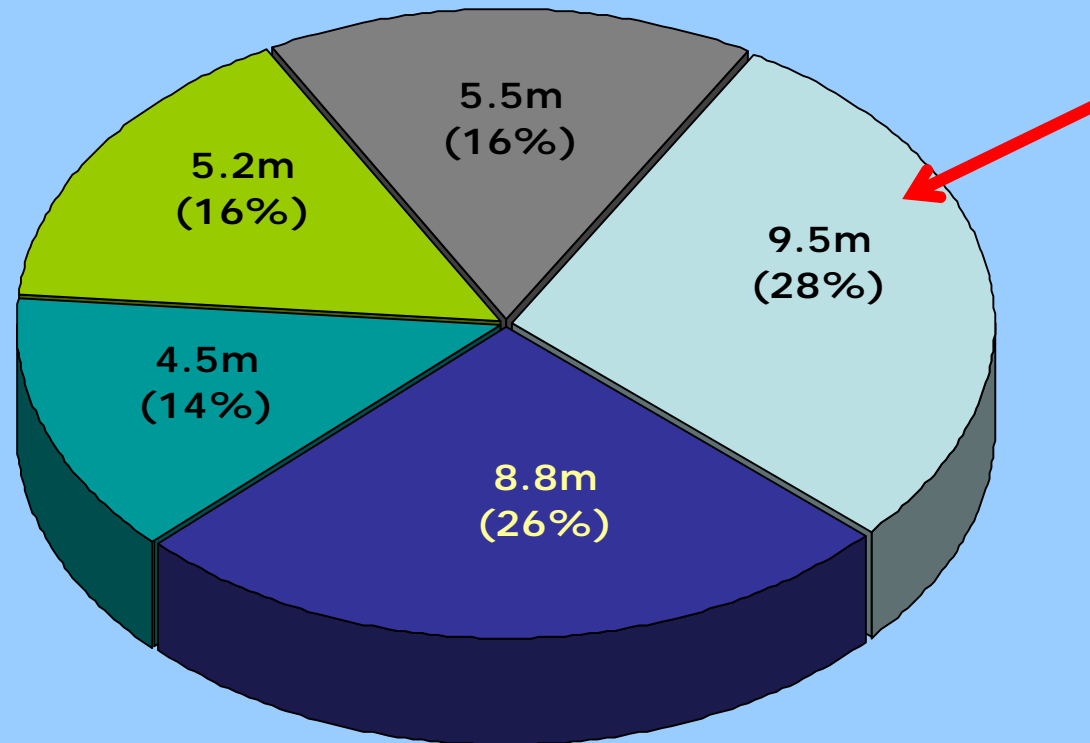
Performing for Excellence

- Multi-million pound efficiencies in:
 - Pay
 - Non-Pay
 - Income
- Delivered annual saving of £30-35m in 9/10, 10/11 & 11/12
- Pay saving target of £33m (cumulative) over 10/11 & 11/12
- Nursing pay saving target of £9.5m (cumulative) over 10/11 & 11/12 (28%)
- £6.2m of nursing's £9.5m saving (65%) in Level 0/1 inpatient Adult areas

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Strategic Context

Performing for Excellence



Nursing

Medicine

C&D

A&C

Corporate

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Overview of the work to transform the ward nursing establishments

- Ward staffing levels compared with suggested establishment levels from the NHS Nursing Workforce Planning Tool:
www.healthcareworkforce.nhs.uk/resource_library/latest_resources/nursing_workforce_planning_tool.html

- Calculating was a multifactorial exercise including:
 - Use of the model
 - Local acuity and dependency scoring
 - Local senior professional judgement

Key modifications:

- Increase in proportion of Band 6 RNs to Band 5 RNs
- Skill-mix of 70% registered and 30% unregistered staff in wards
- No difference between 'medical' and surgical' wards (as suggested by the model)

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Overview of the work to transform the ward nursing establishments

Non-qualified bands:

- While the workforce tool estimated non-qualified nursing levels across Bands 2, 3 and 4 we took the position that BLT would utilise only Band 3's

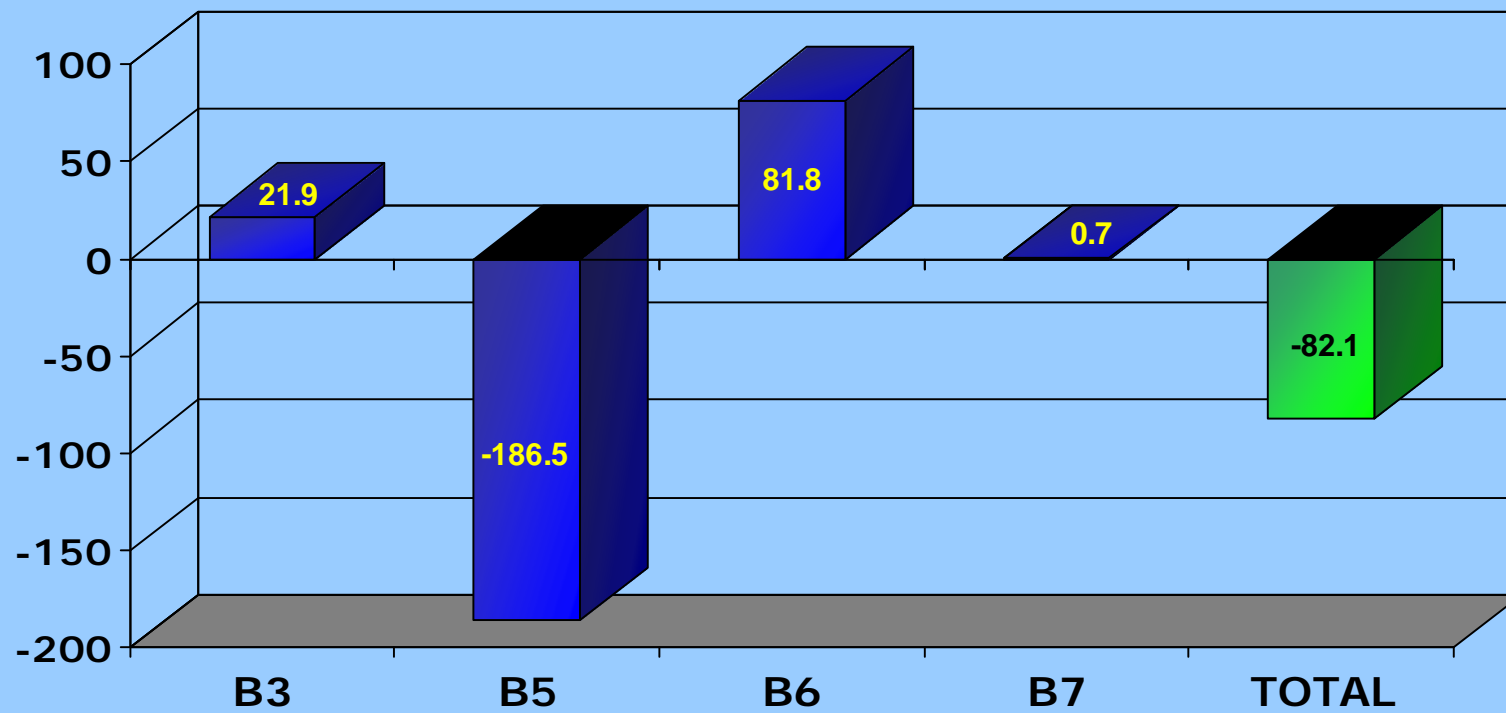
Scope:

- Wards, specialities and bed numbers were defined through repeated validation (18-versions!)
- Paediatrics, maternity, day-case, ITUs and HDUs were excluded from analyses because the model does not have a suitable ward type option. Workforce changes in these areas were modelled locally
- Wards with integral L1 and non-commissioned L2 beds were included, resulting a RN:bed ratio of
 - 1:7 for L0 beds
 - 1:3 for L1/'L2' beds

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Overview of the work to transform the ward nursing establishments

Workforce shift by Band (29 wards)



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Overview of the work to transform the ward nursing establishments

Example : Cardiac Surgery Ward

Ward details

Division:	CRMS
CAU:	Cardiovascular
Organisation (from budget data):	Vicary Cardiothoracic
Ward name:	Vicary
Beds:	18
Bed type:	General Adult
Area of work:	Cardiovascular
Model estimates	
Ward type:	Barts_General
Target occupancy:	93%

Notes:

Beds reduced from 25 to 18.
Surgery beds modelled with the Barts_General ward type.

Actual vs model output

Budgeted and model estimated ward staffing for ward nursing positions only

Position	Band	Budget FTE	Model FTE	Professional Judgement	Difference (Budget - Prof Judge)
Senior WS/CN	Band 7	1.0	1.0	1.0	0.0
Junior WS/CN / Senior SN	Band 6	4.0	4.6	4.6	-0.6
Junior SN	Band 5	13.0	8.5	8.5	4.5
Senior HCA	Band 4*	0.0	0.0	0.0	0.0
Interned HCA	Band 3	5.0	6.1	6.1	-1.1
Total		23.0	20.2	20.2	2.8

* Includes Local Pay Scales grades

** Model estimates non-qualified nursing across Band 2, 3 and 4. For BLT, FTE values for Bands 2 and 4 were directly converted to Band 3's.

Ratio difference

Summary of ward staffing ratios

FTE	Qualified		Non-Qualified
Budget	18.0	/	5.0
Professional Judgement	14.2	/	6.1
Model	14.2	/	6.1
% of totals			
Budget	78.3%	/	21.7%
Professional Judgement	70.0%	/	30.0%
Model	70.0%	/	30.0%

FTE per bed

Model FTE per bed at full and reduced staff availability

FTE per Bed	Qualified	Total
Budget	1.00	1.28
Professional Judgement	0.79	1.12
Model	0.79	1.12
Less 23% 'on time'		
Budget	0.77	0.98
Professional Judgement	0.61	0.87
Model	0.61	0.87

Beds per FTE per shift

How many patients/beds each FTE will look after per shift - including band 7 staff

Bed per FTE on shift	Qualified	Non-Qualified	Total
Budget	4.24	15.27	3.32
Professional Judgement	5.39	12.58	3.77
Model	5.39	12.58	3.77
Less 23% 'on time'			
Budget	5.51	19.83	4.31
Professional Judgement	7.00	16.33	4.90
Model	7.00	16.33	4.90

How many patients/beds each FTE will look after per shift - band 7 staff supernumerary

Bed per FTE on shift	Qualified	Non-Qualified	Total
Budget	4.49	15.27	3.47
Professional Judgement	5.80	12.58	3.97
Model	5.80	12.58	3.97
Less 23% 'on time'			
Budget	5.83	19.83	4.51
Professional Judgement	7.53	16.33	5.15
Model	7.53	16.33	5.15

Safety and quality – Risk management & monitoring process

Barts and The London **NHS**
NHS Trust

Modelling phase

Local sign-off phase

Formal consultation with workforce

Submission of formal risk assessments to Execs

Exec sign-off

Implementation – with in-built monitoring

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Safety and quality – Risk management & monitoring process

Microsoft Excel - Safety Net week ending 11 09 2011.xls [Read-Only]

File Edit View Insert Format Tools Data Window Help

Type a question for help

Reply with Changes... Egd Review...

F3

Safety Net (by Ward)

Location: Vicary

Site: SBH

CAU: Cardiac & Vascular

Division: Sciences

CHANGE DATE

Description	Score by week (w/e)										12-week total score	RAG rating	RAG description
	26/06/2011	03/07/2011	10/07/2011	17/07/2011	24/07/2011	31/07/2011	07/08/2011	14/08/2011	21/08/2011	28/08/2011			
Ward-Level Weekly Metrics													
Hospital acquired ulcers: high grade 3 & 4											0	G	R: 1 or more over 12 weeks
Hospital acquired ulcers: grade 1 & 2											0	G	G: 0-5, A: 6-10, R: >10 over 12 weeks
All medication incidents										1	1	G	G: 1-2, A: 3-4 and R: 5 or more. R:0 indicates they are unlikely to be reporting
Hospital acquired Infection rates (MRSA bacteraemia)											0	G	R: 1 or more over 12 weeks
Hospital acquired Infection rates (C Difficile)											0	G	G: 0-2; A: 2-4; R: >4 over 12 weeks
Patient slips, trips and falls	1						1				2	A	G: 0-2; A: 3-4; R: >5 over 12 weeks
Workplace slips, trips and falls											0	G	A: 1 over 12 weeks; R: >1 over 12 weeks
Needle stick injuries				1							1	A	A: 1 over 12 weeks; R: >1 over 12 weeks
Bank & agency shifts due to workload (number of requests)	1		1										Reporting on this metric is discontinued
Bank & agency shifts due to sickness (number of requests)			1										Reporting on this metric is discontinued
Bank & agency shifts due to vacancy (number of requests)	4	3	1		1								Reporting on this metric is discontinued
Bank & agency shifts due to Unfilled (average of 10 hrs)		1	3										Reporting on this metric is discontinued
Bank & agency shifts due to Specials (average of 10 hrs)	10	2	4										Reporting on this metric is discontinued
Shifts booked above budgeted establishments									5	2			Data unavailable prior to 31/07/2011
Ward-Level Monthly Metrics													
Description	Score by complete month									3-month total score	RAG rating	RAG description	
	Apr-2011			May-2011			Jun-2011						
Patients at Risk - as assessed by ICNARC (number stepped up)									8	8	R	G 0-1, A 2-3, R 4 or more	
Note:	Nil occurrence												
	Empty cells indicate absence of data												

CAU template Ward template

Ready

Start Inbox - Microsoft Outlook Patient Safety Net Microsoft PowerPoint - ... Microsoft Excel - Safe... Document1 - Microsoft ...

NUM

15:53

Safety and quality – Risk management & monitoring process

Relevant pre-existing safety structures:

- Quality indicators (falls, medication incidents, pressure ulcers etc)
- Risk registers
- Incident reporting systems (DATIX)
- Workforce indicators (sickness, absence, use of temporary staffing, assaults etc)
- Clinical days (senior nurse quality assurance inspections)

‘SAFETYNET:’

- No work for ward-based team, not an audit
- One-page
- Scorecard of ward-based quality indicators
- Bottom-up ethos
- Red-flag scores highlighted to senior nurses, nurse leaders and Trust committee structure
- Data can be cut, with consistency, at ward, departmental, divisional and trust level

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Non-ward-based nursing

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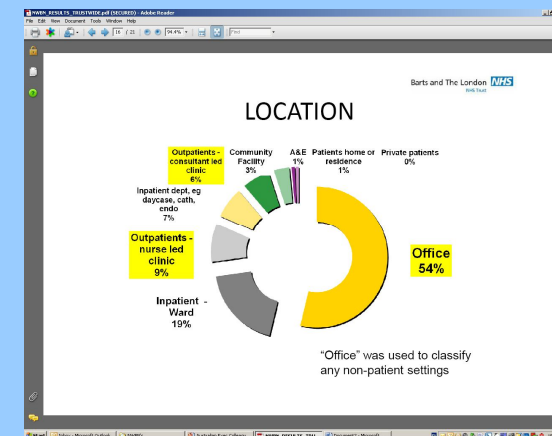
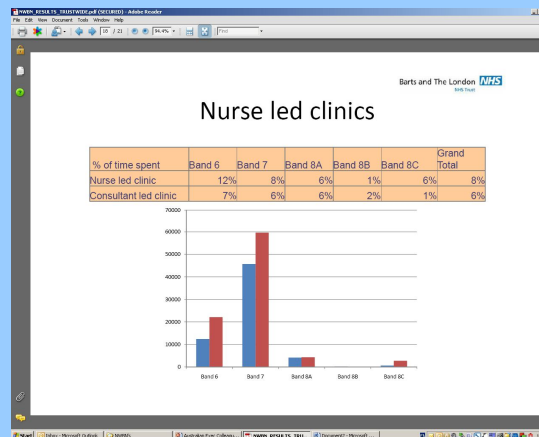
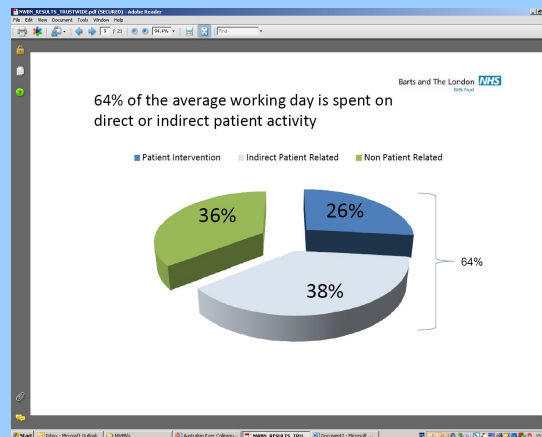
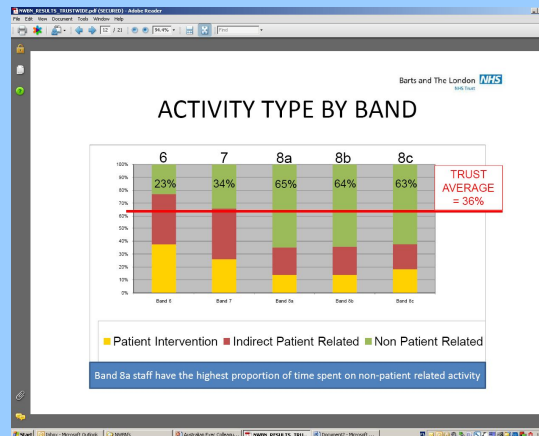
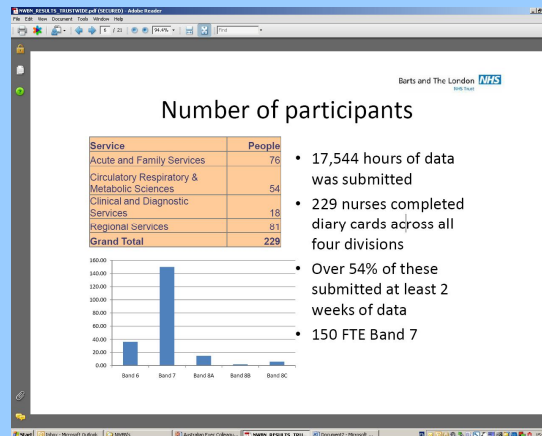
Dr. Scott McLean
Divisional Nurse

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Overview of the work to transform non-ward-based nursing establishments

NWBN evaluation exercise



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Overview of the work to transform non-ward-based nursing establishments



Medical Job-Planning	~385m
Nursing Job Planning	~23.7m

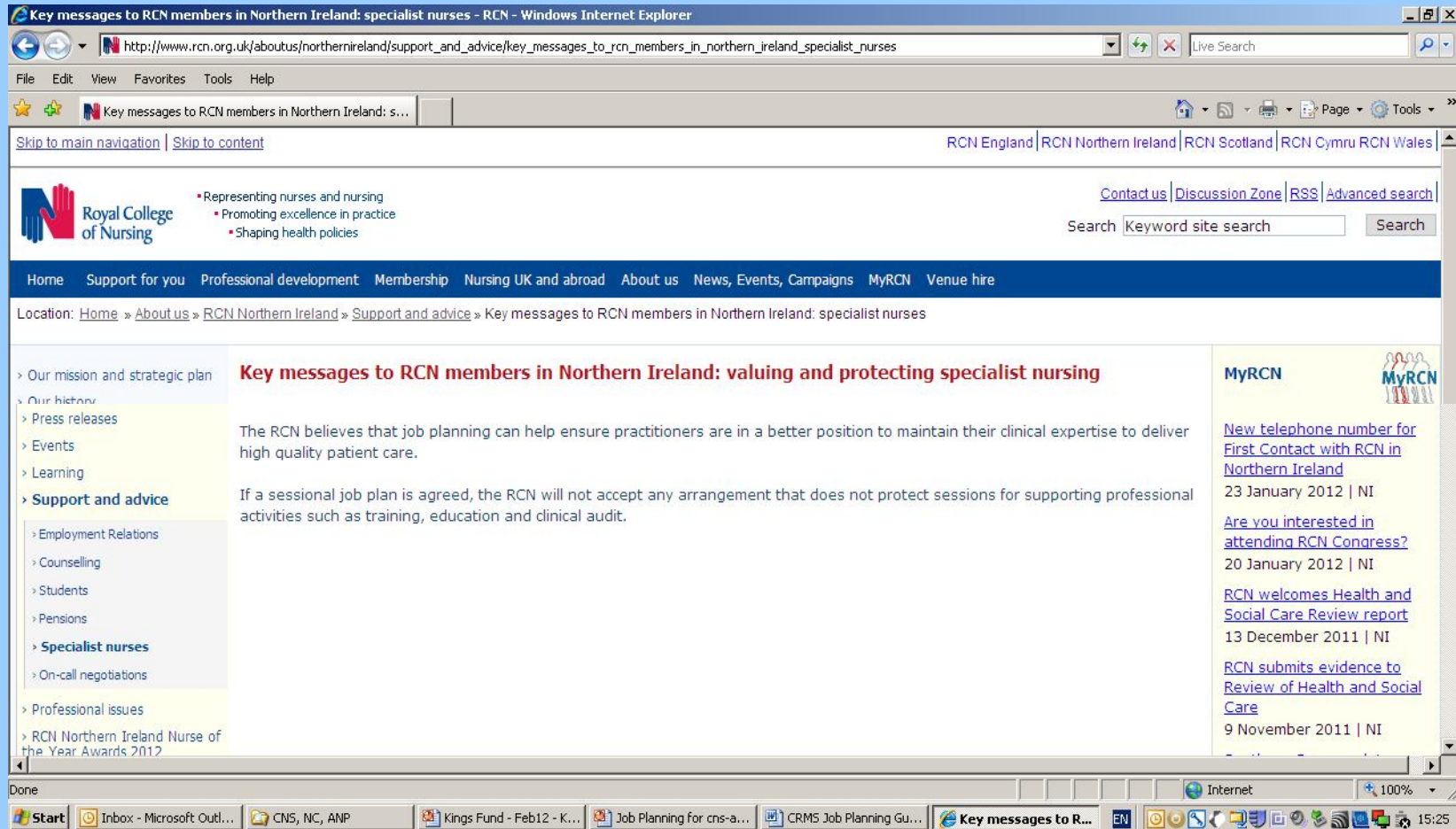
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Overview of the work to transform non-ward-based nursing establishments

- Used principles of medical job-planning:
 - 10 sessions/PAs (for full-time employee)
 - Description of
 - Clinical sessions (direct and indirect)
 - Education sessions
 - Research sessions
 - Service development sessions
- Senior review of **added-value** sessions
- Revision of individual and team job-plan to meet service need
- Target of 20% reduction in NWBN workforce in 2010/11 and 20% reduction in 2011/12
- Significantly over-established provision of NWBNs in comparison with peer-centres

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Overview of the work to transform non-ward-based nursing establishments



The screenshot shows a Windows Internet Explorer browser window displaying the RCN website. The address bar shows the URL: http://www.rcn.org.uk/aboutus/northernireland/support_and_advice/key_messages_to_rcn_members_in_northern_ireland_specialist_nurses. The page title is "Key messages to RCN members in Northern Ireland: specialist nurses". The RCN logo is visible, along with navigation links for Home, Support for you, Professional development, Membership, Nursing UK and abroad, About us, News, Events, Campaigns, MyRCN, and Venue hire. The main content area is titled "Key messages to RCN members in Northern Ireland: valuing and protecting specialist nursing". It contains two paragraphs: "The RCN believes that job planning can help ensure practitioners are in a better position to maintain their clinical expertise to deliver high quality patient care." and "If a sessional job plan is agreed, the RCN will not accept any arrangement that does not protect sessions for supporting professional activities such as training, education and clinical audit." On the right side, there is a "MyRCN" section with links to "New telephone number for First Contact with RCN in Northern Ireland" (23 January 2012 | NI), "Are you interested in attending RCN Congress?" (20 January 2012 | NI), "RCN welcomes Health and Social Care Review report" (13 December 2011 | NI), and "RCN submits evidence to Review of Health and Social Care" (9 November 2011 | NI). The taskbar at the bottom shows several open applications, including "Inbox - Microsoft Out...", "CNS, NC, ANP", "Kings Fund - Feb12 - K...", "Job Planning for cns-a...", "CRMS Job Planning Gu...", and "Key messages to R...".

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Overview of the work to transform non-ward-based nursing establishments

Session	Day and time	Location	Type of work (Clinical, SPA or Integrated)	Additional Detail	Estimated no. of patients reviewed (if appropriate)
1	Monday Morning session (8am-12)	Outpatient clinic, GRI	Clinical	Nurse-led pre-op assessment clinic	8-12 patients (face-to-face)
2	Monday Afternoon session (12-4pm)	Office, GRI	Integrated (50% clinical, 50% SPA)	Write up case notes, write letters to GP, update operating list Managerial tasks – respond to emails, off-duty, etc.	8-12 case notes 4-6 GP letters
3	Tuesday Morning session (8am-12)	Outpatient clinic, WIG	Clinical	Nurse-led pre-op assessment clinic	8-12 patients (face-to-face)
4	Tuesday Afternoon session (12-4pm)	Outpatient clinic, WIG	Clinical	Nurse-led pre-op assessment clinic	8-12 patients (face-to-face)
5	Wednesday Morning session (9am-1)	Seminar Room, Vic	SPA	Teaching (university accredited course)	
6	Wednesday Afternoon session (1-5pm)	Office, GRI	SPA	Research	
7	Thursday Morning session (8am-12)	Outpatient clinic, GRI	Clinical	Nurse-led pre-op assessment clinic	8-12 patients (face-to-face)
8	Thursday Afternoon session (12-4pm)	Outpatient clinic, GRI	Clinical	Nurse-led pre-op assessment clinic	8-12 patients (face-to-face)
9	Friday Morning session (8am-12)	Outpatient clinic, GRI	Clinical	Nurse-led pre-op assessment clinic	8-12 patients (face-to-face)
10	Friday Afternoon session (12-4pm)	Outpatient clinic/Office, GRI	Integrated	Nurse-led pre-op assessment clinic Managerial activities	2-3 patients

- CV CNS
- 6 Clinical PAs
 - 48-72 face:face consultations
- 2 SPA PAs
 - Teaching session @ HEI
 - Research session
- 2 Integrated PAs
 - + 2-3 face:face consultations
 - + 8-12 casenote consultations
 - + 4-6 GP letters
 - Admin & management time

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Overview of the work to transform non-ward-based nursing establishments

e) Additional Activities (internal)

Location	Type of work (Clinical, SPA or Integrated)	Additional Detail	Frequency	Session usually undertaken in
Office, GRI	Clinical	Guideline development	Monthly	5 (if not teaching)
Seminar room, GRI	SPA	Senior staff meeting	Monthly	5 or 6 (alters monthly)
Meeting room, Vic	Clinical	MDT meeting	Bi-monthly	2

f) Additional Activities (External)

Location	Type of work (Clinical, SPA or Integrated)	Additional Detail	Frequency	Session usually undertaken in
University	SPA	Examiner	Twice yearly	6 (but can vary)
RCN, London	SPA	Committee Member	Four-times a year	Varies, but only go if in a Wednesday or can get cover for clinical session
Brighton	SPA	Conference	Yearly	9 and 10, if cover can be arranged.

- Internal Professional Activities
- Activities with less than weekly frequency
- External Professional Activities

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Overview of the work to transform non-ward-based nursing establishments

Surname	Forename	Sub-Specialty	Job Title	Line Manager	Contact No.	Funding Stream	Job Desc.	Job Plan	Report
Cardiology (n=20)									
		Cardiac Rehab	Specialist CR Nurse			NHS Lothian Primary Care			
		Cardiac Rehab	Specialist CR Nurse			NHS Lothian Primary Care			
		Cardiac Rehab	Specialist CR Nurse			NHS Lothian Primary Care			
		Cardiac Rehab	Specialist CR Nurse			NHS Lothian Primary Care			
		Chest Pain/Rehab	Cardiology Nurse Specialist			NHS Lothian Acute			
		Chest Pain/Rehab	Cardiology Nurse Specialist			NHS Lothian Acute			
		Chest Pain/Rehab	Cardiology Nurse Specialist			NHS Lothian Acute			
		Chest Pain/Rehab	Cardiology Nurse Specialist			NHS Lothian Acute			
		Chest Pain	CP Nurse Specialist			NHS Lothian Acute			
		Chest Pain	CP Nurse Specialist			NHS Lothian Acute			
		Chest Pain	CP Nurse Specialist			NHS Lothian Acute			
		Chest Pain	CP Nurse Specialist			NHS Lothian Acute			
		Chest Pain	CP Nurse Specialist			NHS Lothian Acute			
		Heart Failure	BHF Heart Failure Nurse Educator			BHF Grant		No	
		Heart Failure	Heart Failure Nurse			NHS Lothian Acute			
		Heart Failure	Heart Failure Nurse			NHS Lothian Acute			
		Heart Failure	Lead HF Nurse			NHS Lothian Acute			
		Heart Failure	Heart Failure Nurse			NHS Lothian Acute			

- 17 NWBNs in CV
 - 13 Job Plans
- 4 Departments
 - 4 Annual Reports
- 6 Job Titles
 - 6 Job Descriptions
- 3 funding streams
- 13.8 WTE
- 138 PAs

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Overview of the work to transform non-ward-based nursing establishments

138 PAs

<u>Face : Face</u> Clinic	<u>Face : Face</u> Inpatient	<u>Face : Face</u> Community	<u>Face : Face</u> Gym	<u>Admin</u> Clinical	<u>Admin</u> Non-clin	<u>Research</u> Trial	<u>Liaison</u> GP Surg	<u>Teaching</u> Trust	<u>Research</u> RN-led
20 PAs	20 PAs	20 PAs	20 PAs	15 PAs	15 PAs	10 PAs	8 PAs	5 PAs	5 PAs

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Overview of the work to transform non-ward-based nursing establishments

138 PAs

<u>Face : Face</u> Clinic	<u>Face : Face</u> Inpatient	<u>Face : Face</u> Community	<u>Face : Face</u> Gym	<u>Admin</u> Clinical	<u>Admin</u> Non-clin	<u>Research</u> Trial	<u>Liaison</u> GP Surg	<u>Teaching</u> Trust	<u>Research</u> RN-led
20 PAs	20 PAs	20 PAs	20 PAs	15 PAs	15 PAs	10 PAs	8 PAs	5 PAs	5 PAs

Loose: All community sessions, Half clinical admin, All research trial
Keep: Current WTE establishment
Gain: Inpatient sessions

138 PAs

<u>Face : Face</u> Clinic	<u>Face : Face</u> Inpatient	<u>Face : Face</u> Gym	<u>Admin</u> Non-clin	<u>Admin</u> Clinical	<u>Liaison</u> GP Surg	<u>Teaching</u> Trust	<u>Research</u> RN-led
20 PAs	57 PAs	20 PAs	15 PAs	8 PAs	8 PAs	5 PAs	5 PAs

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Overview of the work to transform non-ward-based nursing establishments

138 PAs

<u>Face : Face</u> Clinic	<u>Face : Face</u> Inpatient	<u>Face : Face</u> Community	<u>Face : Face</u> Gym	<u>Admin</u> Clinical	<u>Admin</u> Non-clin	<u>Research</u> Trial	<u>Liaison</u> GP Surg	<u>Teaching</u> Trust	<u>Research</u> RN-led
20 PAs	20 PAs	20 PAs	20 PAs	15 PAs	15 PAs	10 PAs	8 PAs	5 PAs	5 PAs

Loose: All community sessions, Half clinical admin, All research trial
Reduce: Current WTE establishment by 3.7WTE

101 PAs

<u>Face : Face</u> Clinic	<u>Face : Face</u> Inpatient	<u>Face : Face</u> Gym	<u>Admin</u> Non-clin	<u>Admin</u> Clinical	<u>Liaison</u> GP Surg	<u>Teaching</u> Trust	<u>Research</u> RN-led
20 PAs	20 PAs	20 PAs	15 PAs	8 PAs	8 PAs	5 PAs	5 PAs

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Q&A

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