NURSING AND MIDWIFERY WORKLOAD AND WORKFORCE PLANNING PROGRESS REPORT

Report by Nigel Hobson, Associate Director of Nursing and Pamela Cremin, Workforce Planning Manager

The Board is asked to note the content of the Report.

1 Introduction

In June 2004, the SEHD published a Nursing and Midwifery Workload & Workforce Planning Project Report\(^1\), which set out twenty national and local initiatives to enable consistency in nursing and midwifery workload and workforce planning across Scotland.

NHS Highland has worked with Regional partners to progress the recommendations pertaining to local requirements. These plans were endorsed by the Board in September 2004 and submitted to the SEHD. The purpose of this report is to provide an update on progress, against the recommendations and actions contained in the national report and local plan.

2 Summary of Progress

The NHS Highland Nursing and Midwifery Workload and Workforce Planning Project Action Plan has been updated (attached). A number of these actions have been completed at local level; others are dependent on the outcomes of national work.

Workload Measurement Tools

The Nursing and Midwifery Workload & Workforce Planning Expert Advisory Group at the Scottish Executive has been developing and piloting nationally-agreed workload and workforce planning tools specifically for nursing and midwifery in the areas of:

- adult acute care;
- paediatrics;
- mental health and
- primary care.

These are expected to be available early 2007, and will provide the baseline for determining appropriate staffing levels. Betty Flynn, Regional Nursing Advisor - North of Scotland Planning Group, is co-ordinating the national work across the region.

Review of the Role of Charge Nurse

This is a national piece of work in which Charge Nurses from NHS Highland are contributing. The review is expected to conclude in Autumn 2007. The review is being undertaken in tandem with the development of standard clinical indicators for nursing, midwifery and AHPs.

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\(^1\) Nursing and Midwifery Workload and Workforce Planning Project: Scottish Executive, 2004

Working with you to make Highland the healthy place to be
Nationally Co-ordinated Nurse Bank Arrangements

This project has looked in some detail at analysing the current pattern and usage of nurses and midwives working in banks in NHS Scotland. This is an ongoing initiative in which all Boards are required to use one of two electronic systems. NHS Highland is currently working towards procuring a computerised Nurse Bank System, which will enable it to rationalise the myriad of small nurse banks operating throughout NHS Highland, and deliver estimated savings of 3% in 2007-08. Nurse bank utilisation is currently 6.2% of total funded establishment (slightly below the Scottish average). The effective use of Bank nurses is an important element of maintaining adequate staffing levels during periods of peak demand or staff absence and to maximise quality of care.

Utilisation of Bank & Agency Nurses

NHS Highland has a relatively low usage of agency staff (1.4% of total funded establishment). We are currently exploring how this can be further reduced particularly in respect of agency Nursing Auxiliaries.

Bank & Agency utilisation reports are regularly produced. An audit of bank & agency control measures is being conducted, and a standard for management will be agreed and implemented by April 2007.

Nursing & Midwifery Workforce Plan

The Nursing & Midwifery Workforce Plan is fully integrated with NHS Highland’s overall Workforce Plan. Student Nurse Intake Planning is also included in the process in order to inform the annual review of nurse training places, which are aggregated at national level by the Scottish Executive.

Workforce Reporting

A review of workforce information requirements across NHS Highland has led to the development of quarterly workforce reports, which provide workforce indicators to monitor establishments, sickness absence, bank and agency use, vacancies, turnover and the use of PIN Guidelines (employee-friendly leave).

Additional workforce information is required specifically in relation to nursing and midwifery, for example, to understand the impact of retirement. This piece of work is being taken forward to implement the recommendations of NHSH Workforce Plan 2006.

Training & Workforce Planning

Two NHS Highland staff have undertaken the first national Nursing and Midwifery Workforce and Workload Planning Module developed jointly by NHS Grampian and Robert Gordon University (RGU). The course is delivered by RGU Virtual Campus and will be completed in December 2006. Following its evaluation by the Scottish Executive it is expected to be rolled out in 2007.

In addition to this the Regional Workforce Planning Lead is working locally with CHP Lead nurses to develop training packages for staff regarding efficient and effective rostering for staff to minimise the need for bank and agency nurses by maximising local establishments potential.
Education & Training Needs Analysis

In order to understand the impact of Modernising Medical Careers and the implementation of Delivering for Health, a senior nurse with responsibility for education and development is now in post. This member of staff will conduct an education and training needs analysis to support role development, in conjunction with senior nursing colleagues. This piece of work will be underpinned by the implementation of the Knowledge and Skills Framework. This is a particularly important task given the recent reviews of mental health nursing, and nursing in the community. Additionally the impact of rapid change which is taking place in nursing and midwifery requires robust education and development plans to support what has now been radically changed.

Clinical Leadership

NHS Highland continues to run the RCN Clinical Leadership programme on a multidisciplinary basis with strong evidence of its efficacy.

283 Nurses, Midwives and AHPs across NHS Highland have undertaken Clinical Leadership Courses as follows:

- 173 Nurses, Midwives and AHPs have completed the Long Programme, which commenced in September 2001. 4 Long Programmes have run, with one in progress until June 2007.
- 110 Nurses, Midwives and AHPs have completed the Short Programme, which commenced in August 2004. 7 Short Programmes have taken place.

Programme evaluation and Action Learning Audit systems are in place. The course has been widened to include staff from other professional and non-professional groups.

Protected Time for Nurses with Leadership Responsibilities (Charge Nurse & Team Leaders)

The Scottish Executive has set a requirement for at least 7.5 hrs per week, when the Team / Leader Charge Nurse can undertake activities which support their teams' clinical and staff governance requirements. The situation in NHS Highland is variable due to different practices implemented in the Trusts prior to amalgamation.

Many Charge Nurses with busy wards or Community Team Leaders with large caseloads struggle to meet this requirement. Further work to establish protected time for leadership activities will be progressed following the publication of national workload tools in early 2007.

21% Predicted Allowance Built into Nursing Establishments

Clinical teams required to provide a 52 weeks per year service need an establishment that takes account of annual leave, study leave and potential sickness absence. Traditionally, this allowance was 20%. The new requirement of 21% may already be out of date due to the increased annual leave entitlement under Agenda for Change and the introduction of Family Friendly Policies within the PIN Guidelines. Further work is required to fully account for predicated allowances. The launch of the national workload measurement tools early next year will enable local studies to be conducted. These will indicate a zero-based measure of staffing, skill mix and predicated allowance required to run particular wards and clinical teams. As this work is being taken forward on a national basis, benchmarking comparisons will be possible. The Board Nurse Director will apprise the Board of progress in this respect.

3 Review of Nursing in the Community: Scottish Executive, 2006
3 Contribution to Corporate Objectives

The workforce and workload requirements of nurses and midwives are being progressed at local, regional and national level in line with modernisation of clinical careers and clinical services. The achievements against the NHS Highland Nursing and Midwifery Workforce and Workload Planning Project demonstrate a significant contribution to all of the current Corporate Objectives. The Board Nurse Director will oversee the implementation of this plan, which will underpin the Local Delivery Plan and the implementation of NHS Highland’s Clinical Strategy, in line with Delivering for Health.

4 Impact Assessment

The results of workload studies will inform subsequent workforce plans, which will be impact assessed to ensure equality of recruitment. For example overseas registered nurses who with appropriate support from partner universities and ourselves can achieve UK registration and bring their skills to the NHS.

5 Conclusion

The contribution nurses and midwives make towards delivering effective, high quality; patient-focused care in NHS Highland is very significant. The NHS is undergoing enormous change as it modernises services, and our staff are responding positively to these. This paper demonstrates that robust workforce planning arrangements are in place at local, regional and national level to address the initiatives detailed in this report.

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(For Heidi May)

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