

## Board of Directors

<b>Date:</b>	6 May 2020	<b>Attachment Number:</b>	10								
<b>Title of Report:</b>	Nurse Staffing Requirements for Medical Wards and an Update to the Nursing and Midwifery Staffing Exception Report January 2020										
<b>Purpose of the report and the key issues for consideration/decision:</b>	<p>Of note : National Nurse and Midwifery Staffing Reporting has been paused as a result of the current pandemic</p> <p><b>The key issues for consideration are:</b></p> <ul style="list-style-type: none"> <li>• The information given to the Board of Directors in January 2020 concerning the investment required into ward based nurse staffing was incomplete and therefore inaccurate</li> <li>• Additional work undertaken on the nursing establishments in the Medicine, Community and Therapy Services Division with 4 wards / departments requiring a further investment in nursing staff.</li> <li>• These are wards 4, 6, 7, the Intermediate Care Unit, Harden Ward and the Acute Assessment Unit.</li> <li>• The number required are : <ul style="list-style-type: none"> <li>• 7.87 wte registered nurses</li> <li>• 21.43 wte HCSW's</li> </ul> </li> <li>• The additional sum required as described in appendix 1 is £ 362,842</li> </ul> <p><b>Part 2: Nursing Trajectory and Proposal for Tracking Nurse Recruitment</b></p> <ul style="list-style-type: none"> <li>• The Nursing Trajectory (appendix 4) for the year ahead will be used in future Board papers to provide assurance of the planned activity in place to maintain safe and effective staffing against the actual delivery.</li> <li>• The aim being to report this through the monthly Integrated Quality and Performance Report</li> </ul>										
<b>Prepared by:</b>	Jill Asbury, Director of Nursing										
<b>Presented by:</b>	Jill Asbury, Director of Nursing										
<b>Strategic Objective(s) supported by this paper:</b>	<table border="1"> <tr> <td><b>Financial Sustainability</b></td> <td>x</td> <td><b>Empower &amp; Engage Staff</b></td> <td>x</td> </tr> <tr> <td><b>Quality of Care</b></td> <td>x</td> <td></td> <td></td> </tr> </table>			<b>Financial Sustainability</b>	x	<b>Empower &amp; Engage Staff</b>	x	<b>Quality of Care</b>	x		
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<b>Quality of Care</b>	x										
<b>Is this on the Trust's risk register:</b>	<table border="1"> <tr> <td><b>No</b></td> <td></td> <td><b>Yes</b></td> <td>x</td> <td><b>If Yes, Score</b></td> <td>20</td> </tr> </table>			<b>No</b>		<b>Yes</b>	x	<b>If Yes, Score</b>	20		
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<b>Which CQC Standards apply to this report:</b>	Person Centred Care																			
<b>Have all implications related to this report been considered: (please X)</b>	<table border="1"> <tr> <td data-bbox="517 300 963 360"><b>Finance Revenue &amp; Capital</b></td> <td data-bbox="963 300 1034 360"></td> <td data-bbox="1034 300 1406 360"><b>Equality &amp; Diversity</b></td> <td data-bbox="1406 300 1506 360"></td> </tr> <tr> <td data-bbox="517 360 963 421"><b>National Policy/Legislation</b></td> <td data-bbox="963 360 1034 421"></td> <td data-bbox="1034 360 1406 421"><b>Patient Experience</b></td> <td data-bbox="1406 360 1506 421">X</td> </tr> <tr> <td data-bbox="517 421 963 481"><b>Human Resources</b></td> <td data-bbox="963 421 1034 481">X</td> <td data-bbox="1034 421 1406 481"><b>Terms of Authorisation</b></td> <td data-bbox="1406 421 1506 481"></td> </tr> <tr> <td data-bbox="517 481 963 562"><b>Governance &amp; Risk Management (BAF)</b></td> <td data-bbox="963 481 1034 562">X</td> <td data-bbox="1034 481 1406 562"><b>Other:</b></td> <td data-bbox="1406 481 1506 562"></td> </tr> </table>				<b>Finance Revenue &amp; Capital</b>		<b>Equality &amp; Diversity</b>		<b>National Policy/Legislation</b>		<b>Patient Experience</b>	X	<b>Human Resources</b>	X	<b>Terms of Authorisation</b>		<b>Governance &amp; Risk Management (BAF)</b>	X	<b>Other:</b>	
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<b>Governance &amp; Risk Management (BAF)</b>	X	<b>Other:</b>																		
<b>Action Required: (please X)</b>	<table border="1"> <tr> <td data-bbox="510 618 687 689"><b>Approve</b></td> <td data-bbox="687 618 732 689">X</td> <td data-bbox="732 618 909 689"><b>Discuss</b></td> <td data-bbox="909 618 954 689"></td> <td data-bbox="954 618 1187 689"><b>Receive for information</b></td> <td data-bbox="1187 618 1232 689">X</td> <td data-bbox="1232 618 1506 689"><b>Decision</b></td> <td data-bbox="1506 618 1544 689"></td> </tr> </table>				<b>Approve</b>	X	<b>Discuss</b>		<b>Receive for information</b>	X	<b>Decision</b>									
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<b>Previously Considered By:</b>	<table border="1"> <tr> <td data-bbox="517 741 1129 808"></td> <td data-bbox="1129 741 1246 808"><b>Date:</b></td> <td data-bbox="1246 741 1506 808"></td> </tr> </table>					<b>Date:</b>														
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<b>Recommendations:</b>	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>• Note the incomplete position of the paper received in January 2020</li> <li>• Receive this revised position for the Medicine, Community and Therapy Services Division</li> <li>• Approve the requirement for the additional nursing staff within wards 4, 6, 7, the Intermediate Care Unit, Harden Ward and the Acute Assessment Unit</li> <li>• Approve and agree the financial support to enable this</li> <li>• Note the use of Nursing Trajectory to describe the expected nurse staffing position against the actual outcome</li> <li>• Approve the inclusion of the Nursing Trajectory in the monthly Integrated Quality and Performance Report</li> </ul>																			

# Nursing and Midwifery Staffing Exception Report

## 6 May 2020

### 1.0 Executive Summary

The Board of Directors received a paper at the January Board describing the investment that was required to substantiate the escalation beds that had been in continual use throughout the previous year. This was supported.

Following this the Director of Nursing asked for assurance from all Divisions that the nursing establishments would provide the desired rosters judged to be required to ensure safe and effective care.

The work undertaken by the Medicine, Community and Therapy Services Division demonstrated that this was not possible in 6 of their wards with their current staffing.

These are wards 4, 6, 7, the Intermediate Care Unit (IMCU), Harden Ward and the Acute Assessment Unit.

Safe staffing is being maintained on these wards through the use of temporary staffing.

The requirement to maintain safe and effective staffing without reliance on a temporary workforce is an additional investment of £ 362,842

The number required are :

- 7.87 wte registered nurses
- 21.43 wte HCSW's

If unfunded this will lead to a continual reliance on temporary staffing as the requirement to deliver patient care is not diminishing and spend over that which the ward is budgeted for.

The cost of this additional investment would be drawn from the 'growth' funding for 2020/21 in line with the previously agreed £1,200,000, reducing the available funding to £3,450,000.

The Director of Nursing assures the Board of Directors that all the wards in both the Medical and Surgical Divisions have been subject to scrutiny and all establishments can provide the staff required to care for the patient group.

Maternity is subject to a number of national requirements that are currently being reviewed and therefore do not form part of this paper.

The governance process to ensure alignment of Nursing, Human Resources and Finance departments when agreeing planned changes to ward establishments has been strengthened to ensure discrepancies such as those described above will not happen in the future, see appendix 3.

## 2.0 Background : Medicine, Community and Therapy Services Division

The requirements for safe and effective nursing establishments was described in detail in the January 2020 Nurse Staffing paper both from a patient and staff perspective.

The Director of Nursing asked for assurance from all Divisions that the nursing establishments would provide the number of staff required to run the rosters designed to provide safe staffing. This was confirmed by the Surgical and Diagnostics Division.

However for the Medicine, Community and Therapy Services Division this was not possible in 6 of their wards. This section of the paper aims to demonstrate to the Board of Directors the need to ensure safe nursing establishments in those wards not accurately captured in the January paper.

The aim of these reviews has been to substantively recruit to ward positions and reduce the reliance on temporary staffing and the costs associated with this.

The reasons for this are described below :

- The reviews had not noted posts within the wards establishments that supported the work of the registered nurse but did not provide 'hands on' care; Discharge Liaison Officers. This had been compensated for by temporary staffing. The replacement posts required are at Band 2 health care support workers (HCSW).
- Acute Assessment Unit : 8 posts within the nursing establishment were specifically designed to support delegated tasks from the medical staff and therefore not providing direct nursing care to patients. The replacement posts required are at Band 2 health care support workers.
- Ward 7: in addition to the Discharge Liaison role, the inclusion of annual leave, training and absence allowance (headroom) equating to 22% had not been applied; as in other areas temporary staffing provided for this shortfall. The requirement is at both RN and HCSW.
- Wards 4 & 6 : once the enhanced care workload was supported in the peripatetic model the ongoing booking of temporary staff prompted a further detailed and accurate review of the rosters. This demonstrated the wards booking temporary staffing to support the delivery of care to the complex elderly patient population, the nursing establishment was not sufficient to provide for the daily shift requirements. The requirement is at both RN and HCSW.
- IMCU and Harden Ward : As Castleburg re-opened the beds that had been supported in the main hospital footprint on IMCU moved back into Harden Ward at Castleburg. The review of this staffing after 6 months of occupation has demonstrated that the original staffing plan was not sufficiently resourced in HCSW's for IMCU and the recognition of the remote nature of the Castleburg site has necessitated an increase in the registered workforce.
- Ward 1 : skill mix revision recognizing the Nursing Associate positions recruited to are trainees rather than registered. This alteration remained within the financial envelope available to the ward.

## 2.1 Table of Requirements :

Ward	Registered Nurse Requirement wte	Health Care Support Worker Requirement wte
AAU	-	8.43
4	1.46	4.4
6	1.69	4.6
7	1.97	2.75
IMCU	-0.35	4.88
Harden	1.14	1.16

The table describes the requirements by ward, appendices 1 and 2 show the detailed work undertaken to reach this position.

The shift detail by ward in appendix 2 provides the assurance that this has been to the depth required to provide an accurate assessment of need.

## 2.2 Financial Implications

The total number of staff required to maintain safe and effective staffing without reliance on a temporary workforce as a result of this work are :

- 7.87 wte registered nurses
- 21.43 wte HCSW's

The cost of this investment is £ 362,842.

This is in addition to the £1,287,459 agreed in January, which primarily supported the increase in the core bed base

The financial support for this has been allocated from the growth funding of £5,000,000, the additional call on this money will reduce the amount that could be invested in other services. Whilst accepting this, the concern is that without this substantive investment there will continue to be a requirement for temporary staff to service patient acuity and need. Therefore seeing continued unallocated spend.

## 3.0 Governance Processes Surrounding Establishment Reviews & Maintenance

The process of reviewing establishments, as described in previous Board papers is in line with national expectations. A review of the governance surrounding the transactions required following the establishments meetings, and changes that ward managers / matrons request between these reviews has been undertaken and a number of gaps in both the completion of establishment changes, the sign off for mid review changes and being held to account for budget management have been evident.

Nursing, HR, Finance and HR Resourcing have agreed a unified governance process which includes monthly divisional reviews, a quarterly challenge panel chaired by the Director of Nursing and clearly documented actions following establishment reviews to prevent any workarounds occurring in the future, see appendix 3.

## **4.0 Nursing Trajectory**

The nursing and HR Resourcing teams have been working to develop a clear method of presenting meaningful data describing the planned recruitment activity across the registered and un-registered nursing workforce, including the trainee and apprenticeship recruitment. This is presented in appendix 4.

The aim being to present the planned activity against the actual recruitment activity and retention data. The monthly reporting will include narrative describing where they may be a variation to that expected and the reasons for it and what the recovery plan will be.

Anticipated turnover data based on the average across the last 3 years has been averaged across the months.

The development and maintenance of this is dependent on a significantly manual process and as such the registered element presents a complete picture, there is further work to do to complete the un-registered component; this will be complete for the following Board.

The proposed approach is that this trajectory, alongside the mandated shift fill data, is included in the Integrated Quality and Performance Report, with the Quality and Safety Committee reviewing the information the Board has received to date on the Nurse Specific Indicators of falls, pressure ulcers, medication errors and other areas of interest.

In the interests of transparency the establishment data includes the additional resource requested in this paper to demonstrate the effect this would have on current plans. This is reflected in the increased vacancy to 86.24 wte.

## **4.1 Variation**

The Board has previously been given assurance that recruitment plans alongside anticipated turnover would see ward establishments fully recruited to by September 2020. Unfortunately the Covid 19 pandemic has seen international travel reduced to virtually zero and India locking down population movement. The impact on Airedale NHS Foundation Trust being that the remaining 36 of 70 international nurses have been delayed in commencing their employment.

The summary tables provide 2 plans with table 2 being the likely scenario with establishments recruited to in November, 2 - 3 months later than planned. The recruitment agency the Trust has been working with helpfully notified the Trust and arranged for earlier flights to ensure the March cohort were able to take up employment. The Trust has 34 / 70 in post.

The graph represents summary table 2.

As a result of the pandemic a number of emergency nationally co-ordinated staffing measures have been introduced, these were not clear at the time the trajectory was compiled and will be included in the next month.

The impact of the 86.24wte vacancies was being felt by teams in sub optimal skill mixes rather than a reduced number of staff, with quality and safety metrics remaining with normal variation and no deterioration in infection prevention and control measures. This is taken in the context of the number of changes within the hospital as a result of the pandemic on staff, wards open, patient acuity and absenteeism.

## **5.0 Conclusions**

The strengthened inter-professional governance arrangements to secure the nursing establishments and prevent work arounds will ensure the factors that have prevented the clarity of late will no longer 'cloud' the ward and departmental requirements for established safe staffing numbers. These are now correct for the current services being run.

The nursing trajectory will provide transparent comprehensible data on both planned and actual activity over time that will be more meaningful to Board members than fill rates alone.

## **6.0 Recommendations**

The Board is asked to:

- note the incomplete position of the paper received in January 2020
- receive this revised position for the Medicine, Community and Therapy Services Division
- approve the requirement for the additional nursing staff within wards 4, 6, 7, the Intermediate Care Unit, Harden Ward and the Acute Assessment Unit
- approve and agree the financial support to enable this.
- note the use of Nursing Trajectory to describe the expected nurse staffing position against the actual outcome
- approve the inclusion of the Nursing Trajectory in the monthly Integrated Quality and Performance Report

Summary of Nursing Workforce for the Integrated Care Division

Ward	2020/21 Budget Position					Cost of Current Shift Pattern: Adjusted to reflect JA, KA & AMcC amendments (20/02)								Difference 20/21 Budget vs Adjusted Current Shift Pattern (JA, KW & AMcC amendments)	Difference WTE	Notes (Establishments) Costed at mid-point enhancements based on calculated currently operated shift patterns (to be reviewed)
	Beds	Budget	WTE			Budget				WTE						
		Total	Qualified	Unqualified	Total	Qualified	Unqualified	Dis Co-Ord	Total	Qualified	Unqualified	Dis Co-Ord	Total			
Acute Assessment Unit (AAU)	43	2,974,392	43.40	37.80	81.20	1,894,730	1,288,500	0	3,183,230	43.04	46.23	0.00	89.27	-208,838	-8.07	Based on shift pattern plus supervisory time
Emergency Department (ED)		2,494,509	43.12	16.55	59.67	1,949,443	466,964	0	2,416,407	43.12	16.62	0.00	59.74	78,102	-0.07	Based on shift pattern plus supervisory time plus clinical educator plus room to put on extra for busy days
Intermediate Care Unit (IMCU)	20	1,064,444	10.20	13.22	23.42	427,510	505,894	0	933,405	9.85	18.10	0.00	27.95	131,039	-4.53	Based on shift pattern plus supervisory time
Castleberg (Harden Ward)	10	470,196	7.00	10.00	17.00	349,579	312,150	0	661,729	8.14	11.16	0.00	19.30	-191,533	-2.30	Based on shift pattern plus supervisory time
Ward 1 (Cardiology Unit)	28	1,612,253	20.49	21.17	41.66	947,381	461,481	0	1,408,862	22.92	16.51	0.00	39.43	203,391	2.23	Based on shift pattern plus supervisory time plus clinical educator
Ward 4	30	1,203,764	14.40	19.40	33.80	677,672	663,928	0	1,341,600	15.89	23.80	0.00	39.69	-137,836	-5.89	Based on shift pattern plus supervisory time
Ward 5 (Stroke)	24	1,353,608	16.00	24.00	40.00	667,756	665,858	0	1,333,614	15.89	23.80	0.00	39.69	19,994	0.31	Based on shift pattern plus supervisory time
Ward 6 (Elderly)	30	1,162,587	14.20	19.20	33.40	677,672	663,928	0	1,341,600	15.89	23.80	0.00	39.69	-179,013	-6.29	Based on shift pattern plus supervisory time
Ward 7 (General Medicine)	26	1,047,400	14.94	12.96	27.90	708,328	439,173	0	1,147,501	16.91	15.71	0.00	32.62	-100,101	-4.72	Based on shift pattern plus supervisory time
	211	13,383,153	183.75	174.30	358.05	8,300,069	5,467,878	0	13,767,947	191.65	195.73	0.00	387.38	-384,794	-29.33	

Staff outside of Nursing Establishment:

AAU - 8 x Band 3 Doctor Assistants	244,034	0.00	8.00	8.00		221,682			221,682		8.00		8.00	22,352	0	
AAU - Discharge Co-ordinator	28,314	0.00	1.00	1.00			28,514	28,514			1.00	1.00	1.00	-200	0	
AAU - Flow Co-ordinator	28,314	0.00	1.00	1.00			28,514	28,514			1.00	1.00	1.00	-200	0	To be reviewed in year
Intermediate Care Unit (IMCU) - Discharge Co-ordinator	23,588	0.00	1.00	1.00			23,588	23,588			1.00	1.00	1.00	0	0	
Ward 1 (Cardiology Unit) - Discharge Co-ordinator	23,588	0.00	1.00	1.00			23,588	23,588			1.00	1.00	1.00	0	0	
Ward 4 - Discharge Co-ordinator	23,588	0.00	1.00	1.00			23,588	23,588			1.00	1.00	1.00	0	0	
Ward 5 (Stroke) - Discharge Co-ordinator	23,588	0.00	1.00	1.00			23,588	23,588			1.00	1.00	1.00	0	0	
Ward 6 (Elderly) - Discharge Co-ordinator	23,588	0.00	1.00	1.00			23,588	23,588			1.00	1.00	1.00	0	0	
Ward 7 (General Medicine) - Discharge Co-ordinator	23,588	0.00	1.00	1.00			23,588	23,588			1.00	1.00	1.00	0	0	

-362,842



	Early	E Hours	Late	L Hours	LD	LD Hours	TW	TW Hours	Night	N Hours	Total Hours	WTE from Shifts	Other WTE	WTE + 22%	Total WTE	Budget
Acute Assessment Unit (AAU) Reg	7	367.5	7	367.5		0		0	7	563.5	1298.5	34.63	0.8	42.24	43.04	43.04
Acute Assessment Unit (AAU) CSW	5	262.5	5	262.5	3	252		0	8	644	1421	37.89		46.23	46.23	46.23
Emergency Department (ED) Reg	5	262.5	5	262.5	1	84		0	8	644	1253	33.41	1.8	40.76	42.56	43.12
Emergency Department (ED) CSW	1	52.5	1	52.5	1	84		0	4	322	511	13.63		16.62	16.62	16.62
Intermediate Care Unit (IMCU) Reg	2	105	2	105		0		0	1	80.5	290.5	7.75	0.4	9.45	9.85	9.85
Intermediate Care Unit (IMCU) CSW	3	157.5	3	157.5		0		0	3	241.5	556.5	14.84		18.10	18.10	18.10
Castleberg (Harden Ward) Reg	2	105	1	52.5		0		0	1	80.5	238	6.35	0.4	7.74	8.14	8.14
Castleberg (Harden Ward) CSW	3	157.5	2	105		0		0	1	80.5	343	9.15		11.16	11.16	11.16
Ward 1 (Cardiology Unit) Reg	1	52.5	1	52.5	3	252		0	4	322	679	18.11	0.83	22.09	22.92	22.92
Ward 1 (Cardiology Unit) NA	1	52.5		0		0		0		0	52.5	1.40		1.71	1.71	2.00
Ward 1 (Cardiology Unit) CSW	2	105	2	105	1	84		0	2	161	455	12.13		14.80	14.80	14.51
Ward 4 Reg	3	157.5	3	157.5		0		0	2	161	476	12.69	0.4	15.49	15.89	15.89
Ward 4 CSW	2	105	1	52.5	3	252		0	4	322	731.5	19.51		23.80	23.80	23.80
Ward 5 (Stroke) Reg	3	157.5	3	157.5		0		0	2	161	476	12.69	0.4	15.49	15.89	15.89
Ward 5 (Stroke) CSW	2	105	1	52.5	3	252		0	4	322	731.5	19.51		23.80	23.80	23.80
Ward 6 (Elderly) Reg	3	157.5	3	157.5		0		0	2	161	476	12.69	0.4	15.49	15.89	15.89
Ward 6 (Elderly) CSW	2	105	1	52.5	3	252		0	4	322	731.5	19.51		23.80	23.80	23.80
Ward 7 (General Medicine) Reg	3	157.5	2	105	1	84		0	2	161	507.5	13.53	0.4	16.51	16.91	16.91
Ward 7 (General Medicine) CSW	2	105	1	52.5	1	84		0	3	241.5	483	12.88		15.71	15.71	15.71
														<b>Total</b>		<b>387.38</b>

Long day to be worked is each day so needs to be times by 7 for weekly number

## Ward Establishment Governance

### Monthly Ward Review Meetings:

**Purpose :** Review and Maintenance of Safe Staffing Requirements

#### Attendance:

Director of Nursing/Deputy *(until embedded and assured re process & actions)*

Head of Nursing

Ward Sister

HRBP

Senior Finance Manager

E-Rostering Lead

Matron

#### Action of meeting:

- Populate Ward Tracker
- Additional shifts above establishment review cost impact:
  - Reason requested
  - Likelihood of continuing
  - Mitigation
  - Impact on safe staffing
- Completion and tracking of actions from establishment reviews
- Any projected deviation from establishment to be signalled

**Escalation & Reporting:** In meeting & Challenge Panel

Commenced Jan 2020

### Quarterly Challenge Panel:

**Purpose :** Challenge the review of Safe Staffing requirements ensuring the basis for reviews encompass NQB expectations

#### Panel:

Director of Nursing (Chair)

Deputy Director of Nursing

Deputy Director of Finance

Head of Workforce Resourcing

#### Attendance for each division:

Head of Nursing

Senior Finance Manager

HRBP

#### Action of meeting:

- Review safe staffing levels
- Measure spend and seek assurance/action to recover/maintain
- Finance - Planned vs Actual spend

**Reporting & Escalation:** Divisional IPR

\*To commence April 2020

### Six Monthly Establishment Reviews:

**Purpose :** Ensure common understanding of the review of Safe Staffing requirements ensuring the basis for reviews encompass NQB expectations

#### Attendance:

Director of Nursing/Deputy

Head of Nursing

Ward Sister

HRBP

Senior Finance Manager

E-Rostering Lead

Matron

#### Action of meeting:

- Vacancy Review & Pipeline
- Review SNCT output
- Review skill mix
  - Agree amendments and review in monthly meetings
- Safety and Quality Metrics
- Age profiling data ( profile leavers over the year for forward planning, compare trend with average, highlight pressure spots, feed into DoN monthly reports)
- Exit Interview Data

Ward Tracker updates trajectory automatically including graphs (Commence April 2020)



