NHS
Airedale
NHS Foundation Trust

Board of Directors

Date:	4 November 2020	**Attachment Number:**	**10 (i)**
Title of Report:	**Reset Nurse Staffing Review and Requirements**		
Purpose of the report and the key issues for consideration/decision:	**The key issues for consideration are:** • The 6 monthly nurse establishment review has been completed as part of reset and has followed a slightly different format in view of this. A governance process has been in place through an extraordinary establishment review involving the Director of Nursing, Director of Finance and Director of HR. • Governance arrangements regarding monthly divisional review of establishments and vacancies was suspended during the first wave of the pandemic. These have now been reinstated and in place since August 2020 led by Heads of Nursing • Reset workforce models have been agreed until March 2021. • A phased approach to staffing arrangements has been agreed to accommodate the operational demands of reset and winter pressures. • Although the nursing trajectory has been on track to fill RN vacancies as per Workforce Models agreed in May 2020 the increase in RNs through reset and winter creates a gap. • Ward and community teams have been in a fluid state over the last 6 months in order to respond flexibly to operational demands as a consequence of COVID 19 • An approach to management of unfilled RN shifts and escalation has been agreed through reset. • A daily senior huddle has been established with the senior nursing operational team working collaboratively to have an oversight of daily staffing issues and management of risks. Workforce issues have been considered alongside operational triggers. • Learning needs as a result of reset and escalation have been identified and are being addressed • Robust operational processes are in place to monitor and manage any risks associated with staffing.		
Prepared by:	Jo Middleton , Interim Deputy Director of Nursing		
Presented by:	Jill Asbury, Director of Nursing		

Strategic Objective(s) supported by this paper:	**Financial Sustainability**	x	**Empower & Engage Staff**	x	
	Quality of Care	x			
Is this on the Trust's risk register:	**No**		**Yes**	x	**If Yes, Score** 20

Which CQC Standards apply to this report:	Person Centred Care, Safety						
Have all implications related to this report been considered: (please X)	**Finance Revenue & Capital**	x	**Equality & Diversity**	x			
	National Policy/Legislation		**Patient Experience**	x			
	Human Resources	x	**Terms of Authorisation**				
	Governance & Risk Management (BAF)	x	**Other:**				
Action Required: (please X)	**Approve**	x	**Discuss**		**Receive for information**	x	**Decision**
Previously Considered By:			**Date:**				
Recommendations:	The Board is asked to : • Note the additional staffing requirements as a consequence of reset and the approach to manage this. • Note the current position against the nursing trajectory • Acknowledge the work ongoing to identify and address learning needs. • Acknowledge the approach to manage operational risks. • Note the approach to be taken should the Workforce Models be required beyond March 31 2012						

Nursing and Midwifery Staffing Report October 2020

The Board of Directors received a paper at the May 2020 Board describing the additional investment that was required to support the delivery of the agreed nursing workforce models across the organisation. An approach to mapping progress against the recruitment trajectory was also agreed and a report against this is submitted and monitored through the corporate IPR.

There has been a slight variance from the agreed trajectory due to a suspension of the arrival of international recruits in March 2020 caused by the pandemic. International recruits began arriving in the organisation again in September 2020 and we have now welcomed 64 nurses out of 88. A further 24 are expected through November and December by which time the number of international recruits approved in business planning has been fulfilled and the trajectory will be back on track. It is anticipated that all international recruits will have sat their OSCE's by March 2021 and should be working as registered nurses after this.

The organisation has been successful in securing central funding to support current recruitment of international nurses and is pursuing a further bid to expand the number of international recruits in line with the CNO ambitions around this. We are also pursuing the possibility of supporting existing international registrants working in the organisation as healthcare support workers to work towards registration.

Ward configurations and reset plans have now been agreed until March 2021. An extraordinary establishment review has taken place to ensure that a robust governance structure was wrapped around this.

Ongoing challenges regarding availability of staff due to increased absence related to COVID guidance continue to impact. The senior nursing team have worked closely with the operational directors to agree a set of triggers that considers nurse staffing as part of operational planning and management. This is supported by a senior daily huddle that considers all elements of escalation to inform decision making.

The changes to workforce models related to reset have resulted in a gap in terms of required RNs and HCSW's. A plan to manage this has been developed across the divisions and in collaboration with HR colleagues. This plan has been agreed at reset.

Escalation plans are in place and have been reviewed for Critical care. Nursing colleagues that form a key part of this plan in terms of deployment have been notified and have been receiving ongoing training and interventions that would support a return to this setting in the event of further surge.

Learning needs that have been identified through reconfiguration of wards has been addressed through the provision of comprehensive training packages and competency assessments across the respiratory wards. This is supported by an accredited respiratory course being delivered through Bradford University with 10 staff having already completed this and a further 10 planned to attend from January 2021.

An update regarding progress against maternity staffing standards was submitted to the September 2020 People Committee and therefore does not form part of this paper.

2.0 Background: Reset models and establishment review process

The organisation has been working through the reset process in order to meet the requirements set out in the phase 3 planning letter to NHS trusts and also manage the anticipated operational seasonal pressures and a potential second wave of COVID 19.

Wards have been reconfigured in order to manage the demands of delivering services safely under current PHE guidance relating to COVID 19 with the following key changes:

- An Acute Respiratory Unit has been established on the respiratory ward (ward 13) with the layout accommodating both a hot and cold ARCU. BTS quality standards, 2018 and NICE Quality Standards, 2014 have been consulted to ensure that staffing decisions are aligned to national and specialty standards.
- Surgical areas have been reconfigured to deliver planned activity in a separate environment to acute activity with elective orthopaedic areas having ring fenced beds.
- In anticipation of an increase in seasonal infections an additional12 side rooms are being created with 3 of these on ward 1. Completion of these is expected in a phased approach through November and December
- Community teams have agreed an increase in Health Care Support workers to facilitate early discharge aligned to right to reside principles.
- Additional capacity of 30 beds has been identified and built into operational plans as super surge.

The requirement to reinstate and deliver increased planned activity has added additional demands to the nursing workforce requirements across elective Orthopaedics and endoscopy as services have changed to provide a 7 day model of delivery in Orthopaedics and a 6 day model in Endosocpy. Whilst Endoscopy is not a ward team this does impact on the ability to deploy staff from this area to support ward areas at peak times in the 2nd wave.

Phase 3 operational plans describe an additional 30 beds being opened in January 2021 or earlier if operational demands require. This would be an unfunded area in terms of a substantive workforce. The workforce model has been agreed based on a mix of general medical and elderly patients.

Reset plans have been developed through the reset working group. Nursing workforce models have been reviewed and revised during this process to reflect the changes. Acuity data using the Safer Nursing Care Tool (SNCT) has been monitored but has been difficult to triangulate with reset plans due to ongoing changes to the configuration of wards and movement of staff.

The following criteria have been considered when reviewing existing workforce models and agreeing revised models:

- Layout of the ward and bed base
- Specialty standards
- Quality metrics including but not limited to falls , pressure ulcers , medication incidents, infection control
- Observation and feedback from staff
- Incident analysis which has identified staffing as contributory factor
- Consideration of patient experience feedback
- Patient dependency and complexity of condition

Workforce models were reviewed and revised by the senior nursing team for each division and an extraordinary establishment review was undertaken with attendance from the Director of Finance , Director of HR , Director of Nursing , Heads of Nursing and Deputy Director of Nursing. The proposed models were then taken to Finance and Performance meeting for final sign off.

2.1 Requirements and Rationale:

The following changes to existing recurrent workforce models (WFM) were agreed with the impact on WTE demonstrated below as well as the rationale for the agreed increase:

**To note that establishments are described with 60% long day factor applied across all wards **

Medicine, Community and Therapy Services Division

Ward	Establishment	Rationale
Ward 1	Increase 9.68 RN 6.26 HCSW	Change of specialty from cardio/respiratory to cardiology/endocrinology/haematology and general medicine Increase in side rooms x 3 Increase of 8 x telemetry channels Additional CVAD care and management / chemotherapy Increased patient dependency including associated delirium/Complex wound management Increased time to undertake medication rounds due to PPE OOH telephone assessment and advice for haematology patients
Ward 13	- 2.39 RN - 4,32 HCSW	Change in specialty and reduction in beds -6
ARCU	Increase 11.79 RN 11.39 HCSW	Additional CVAD care and management IV medication and complex drug/therapy regimes Increased time to undertake medication rounds due to PPE BTS / NCEPOD guidance and recommendation for Acute Respiratory beds ARCU will support the delivery of level 1 and 2 care to patients with a variety of respiratory conditions including Covid -19 pneumonia, COPD, flu, asthma, tracheostomies, chest drains and high flow nasal oxygen. Supporting the critical care bed base - the pre-Covid pathway was that all patients requiring NIV would be cared for on critical care (ICU) for the first 24 hours of introduction of NIV. This enables ICU capacity to support 7 level 3 beds during escalation Safe delivery of CPAP / BIPAP for Covid and non- Covid patients. Increased monitoring of patients who may require telemetry
Ward 14	Increase 10.02 RN 1.37 HCSW	Change of specialty from medically optimised to acutely unwell patient group
Winter capacity	14.52 RN 24.48 HCSW	Based on medical and elderly ward current model Unfunded model so full investment needed

Surgery and Diagnostics Division

Ward	Establishment	Rationale
Ward 19	Increase 2.16 RN 8.14 HCSW	7 day model required Post op management of patients Escort from theatre to ensure minimal of 2RN on ward Increased time to undertake medication rounds due to PPE
Ward 18	Increase 0.46 RN -1.25 HCSW	Reduction of HCSWs is due to application of long days Rationale for RNs as above

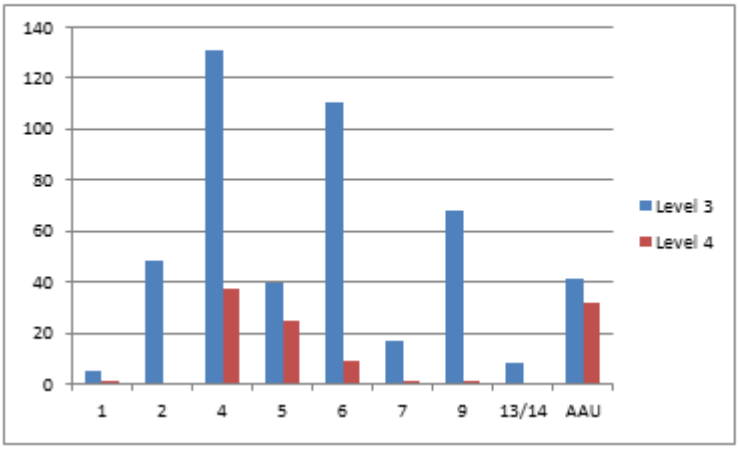
All other ward areas were reviewed with no changes to WFM recommended at this time.
It has not been possible to capture meaningful SNCT data over the last 6 months due to the variable occupancy and ward moves.

The SNCT tool will be used to provide an overview of acuity and dependency now that ward moves are complete and this will inform the next 6 month establishment review.

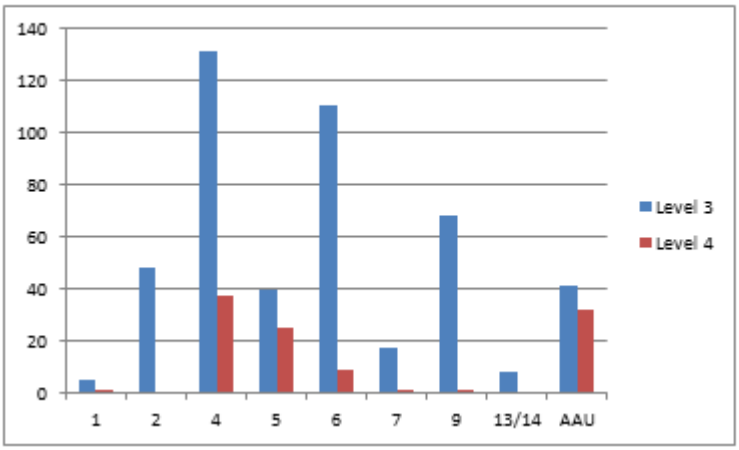
Quality Metrics have been reviewed as part of this process and there were no area of concerns identified. Data over the last 6 months does not present a typical picture of activity, acuity or staffing due to the fluidity of the bed base and staffing requirements. This data will be monitored against workforce metrics over the next 6 months to triangulate with reset workforce models and form part of the establishment review.

Enhanced care needs continue to be overseen by the lead nurse for this team. There continues to be a number of patients in the organisation that require a higher level of supervision.

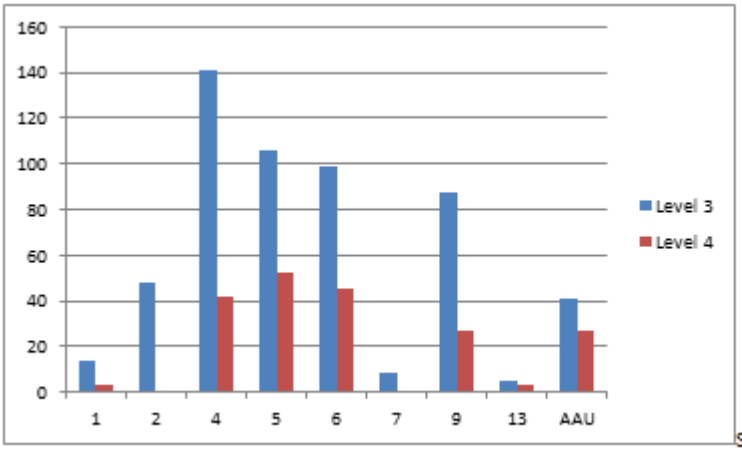
Number of Bed days per ward of level 3 & 4 enhanced care patients



July 2020



August 2020



September 2020

This picture has remained fairly static across most ward areas. The requirement for enhanced support can result in a number of requests to the temporary staffing team for HCSWs with less than 24 hours' notice. Data

continues to be collated regarding enhanced care needs and will inform the next 6 month staffing review with an update provided to board on the process and impact of this team.

There have been no Serious Incidents declared where nurse staffing was cited as a contributory factor. Nurse staffing incidents are currently reported through the AEF system. ANHSFT e-obs and medicines management systems do not currently have the capacity to capture red flag incidents relating to missed or delayed medication and observation. Capture of these types of incidents is reporter dependent.

There were a total of 74 incidents reported due to nurse staffing April – Sept 2020
The top 3 areas were

- AAU – 15
- Ward 7 – 11 (majority through April to June)
- Ward 18 – 9 (July – Sept)

The main themes form these incidents were:

Skill mix
Lack of enhanced care support
Reduced staffing numbers

Actions to address include but are not limited to:

- A clinical educator role has been introduced onto AAU to support training and education issues impacting on skill mix.
- The senior sister for enhanced care has greater visibility to support assessment and monitoring of patients with enhanced care needs.
- The Matron of the Day continues to have oversight and management of daily staffing issues.

Further actions to address these issues are described in section 4.0 of this paper.

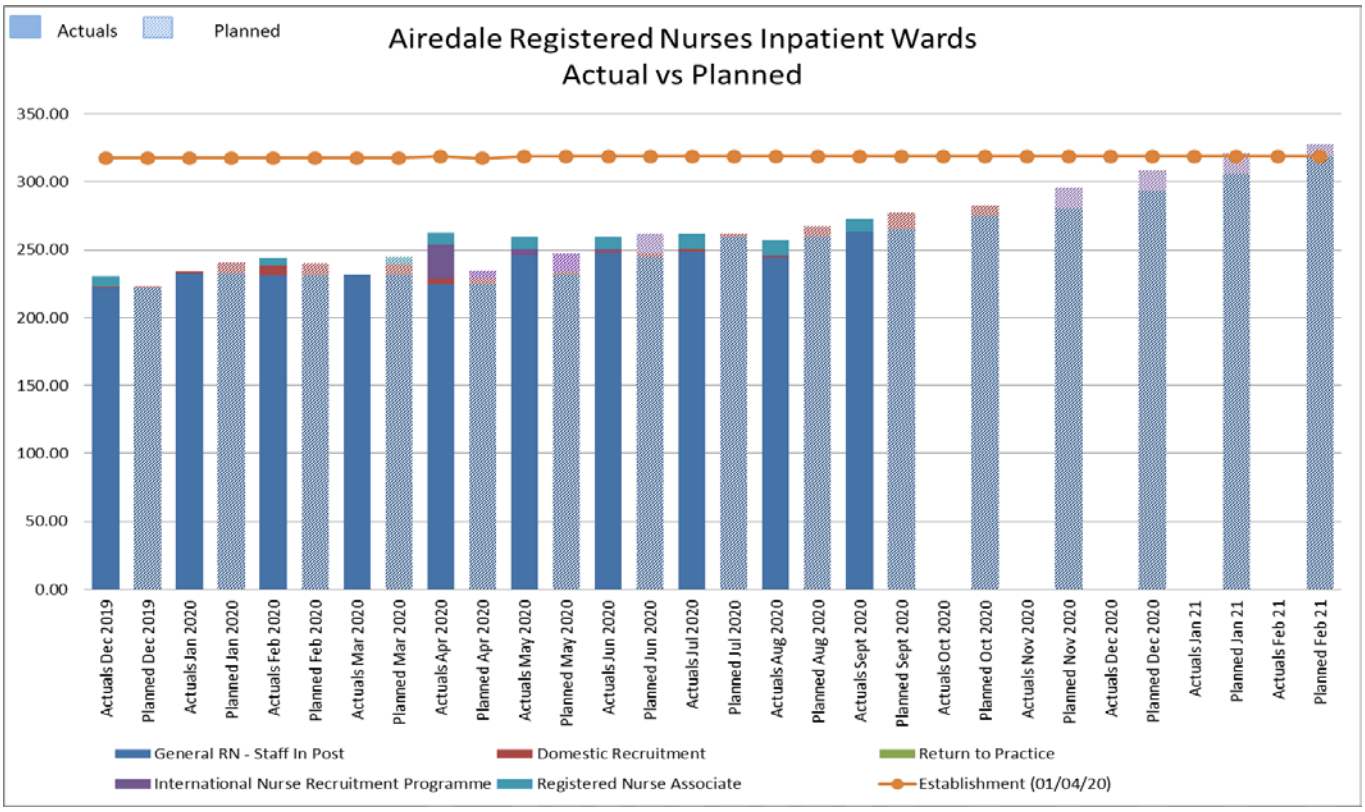
The cost of the additional WTE's have been calculated on the split of bank and agency and is based on above cap agencies + a 20% uplift for unsocial hours and sickness.

The deficit position is for reset models only and is due to the addition of 60% long day factor into WFM's until March 2021 only. This was applied to ensure that areas could work to model in terms of numbers of staff on shift and also to support decisions around staff movement that would have a minimal impact on shift numbers.

Location	Specialty	Total WTE change	Oct	Nov	Dec	Jan	Feb	Mar	Total Budget Change
AAU	Acute Assessment Unit	**-3.30**	-4,846	-4,846	-4,846	-8,722	-8,722	-8,722	**-40,703**
ED	Emergency Department	**0.00**	0	0	0	0	0	0	**0**
Ward 1	Cardiology / Endocrine	**10.59**	18,429	33,172	33,172	33,172	33,172	33,172	**184,290**
Ward 4	Elderly	**-1.37**	-2,095	-2,095	-2,095	-3,770	-3,770	-3,770	**-17,594**
Ward 5	Stroke / Neuro	**-1.37**	-2,095	-2,095	-2,095	-3,770	-3,770	-3,770	**-17,594**
Ward 6	Elderly	**-1.37**	-2,095	-2,095	-2,095	-3,770	-3,770	-3,770	**-17,594**
Ward 13	Respiratory - Hot	**-6.71**	-8,746	-8,746	-8,746	-15,742	-15,742	-15,742	**-73,464**
Ward 14	Respiratory - Cold	**-7.13**	-9,265	-9,265	-9,265	-16,678	-16,678	-16,678	**-77,828**
Harden Ward	Community	**0.00**	0	0	0	0	0	0	**0**
Ward 7	Surgical - Female / Gastro	**-2.38**	-2,872	-2,872	-2,872	-5,169	-5,169	-5,169	**-24,123**
Ward 2	Surgical - Male / Gastro	**-2.87**	-3,449	-3,449	-3,449	-6,209	-6,209	-6,209	**-28,974**
Ward 19	Elective Orthopaedic	**-1.19**	-1,382	-1,382	-1,382	-2,487	-2,487	-2,487	**-11,605**
Ward 18	General Surgery / Haematology	**10.70**	16,218	29,193	29,193	29,193	29,193	29,193	**162,182**
Ward 9	Trauma Orthopaedics	**-4.83**	-6,267	-6,267	-6,267	-11,281	-11,281	-11,281	**-52,645**
Ward 1	Side Rooms	**5.35**	8,179	8,179	8,179	8,179	14,723	14,723	**62,164**
Ward 13	ARCU	**23.18**	43,399	78,118	78,118	78,118	78,118	78,118	**433,989**
Community	Virtual Beds	**11.30**	14,211	25,580	25,580	25,580	25,580	25,580	**142,110**
Ward 10	Winter Surge	**39.00**	0	0	0	118,766	118,766	118,766	**356,298**
		67.60	**57,326**	**131,132**	**131,132**	**215,410**	**221,954**	**221,954**	**978,908**

3.0 Nursing Trajectory

The registered nursing trajectory remains on track (current data as of 27 October 2020):



Arrival of international recruits has now resumed. The organisation has 64 of the 88 planned international recruits of which:

32 have passed their OSCE's

2 need to re-sit

14 are booked to sit in early November 2020.

The remaining 24 international nurses are expected to arrive with 15 in November and 9 in December 2020.

It is anticipated that all international recruits will have been through the OSCE process by March 2021 and therefore in the nursing establishments as registered nurses.

There remains an ongoing risk of further interruption to the international recruitment pipeline in view of the changing COVID 19 situation.

It is important to note that during the first wave of the pandemic there was an agreement that international recruits could be added to the temporary NMC register until OSCE examinations were passed. As OSCE centres have reopened this is no longer supported and new international recruits must work as a Healthcare Support Worker until OSCE examinations are passed.

Additional roles and workforce development:

Ongoing efforts to recruit and retain registered nurses are supported by a number of initiatives through the ongoing nursing workforce development plan.

The organisation continues to support 12 trainee nursing associates into the organisation annually. There are currently 13 Registered Nursing Associates at ANHSFT with a further 3 registrations pending. A further 4 Trainee Nursing Associates will qualify in December 2020 with another 6 due to qualify in March 2021. Registered Nursing Associates where the workforce model can accommodate are filling RN shifts on the roster and are incorporated into the WFM's.

4 Nursing Associates have also been supported to undertake training as a Registered Nurse through the Registered Nurse Degree Apprenticeship (RNDA) model at Leeds Beckett University and will qualify in Sept 2022.

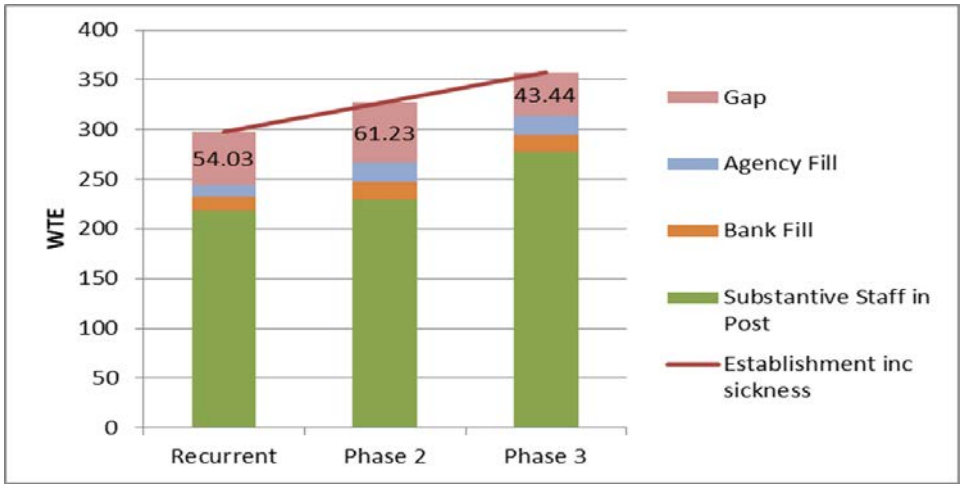
The practice development team are currently reviewing ongoing activity regarding new roles to be able to provide a collective oversight of all nursing programs against the workforce plan. An update of the workforce plan and current position will be included in the next 6 monthly staffing paper to board.

Reset Model Impact:

The increase in WTE in the reset model will impact on the overall RN gap across the organization until March 2021.The impact of the revision of Reset workforce model has been considered incorporating the operational factors of shift fill by temporary staffing, sickness and absence and turnover.

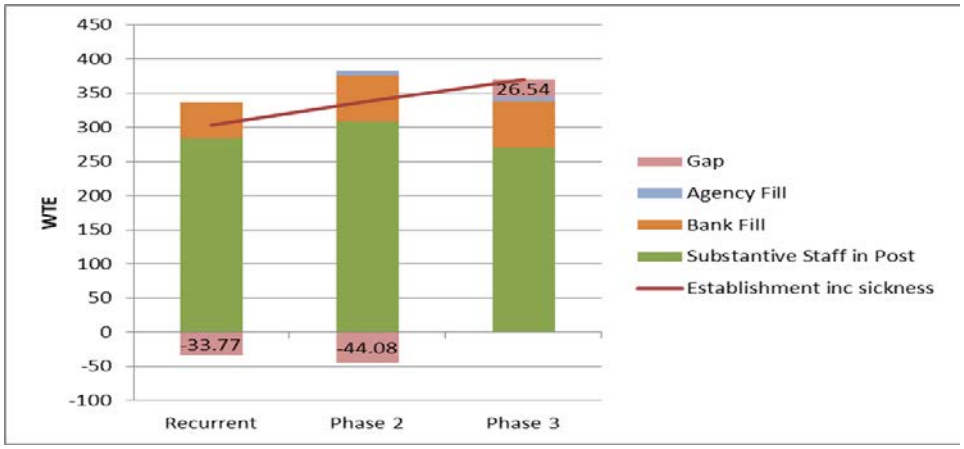
The gap is represented in the table below:

Registered Nurses



** To note International recruits enter as HCSW during OSCE training **

Unregistered Nurses



The operational triggers are aligned to nurse staffing as it is recognised that the RN gap could potentially impact on quality metrics and staff and patient experience. Operational decisions are described in the escalation and trigger process that would support a diversion of nursing staff to high risk areas.

4.0 Operational Management and Oversight

As the reset models are approved until 31 March 2021 work has been undertaken to understand the associated risks in the increase to staffing requirements and agree a process of operational oversight and management of any these.

The following key assumptions were agreed as part of operational planning and oversight:

There are 3 stages:

- Recurrent= Pre COVID models
- Phase 2 = Side rooms and ARCU (Sept-Dec 2020)
- Phase 3 = winter capacity (Jan-Mar 2021)

Sickness absence = 4% recurrent, 8% Phase 2 and 12% Phase 3
Turnover = 2.28WTE RN and 2.01WTE HCSW per month
Staff in post uses August baseline
Bank and Agency fill is based on 100% of winter pressures fill from 19/20
Recruitment pipeline is combination of UK and international recruitment, international recruitment shows as unregistered for 3 months

A number of actions have been agreed and implemented to mitigate and manage any risks associated with an increase in RN demand and inability to fill RN gaps:

Fill rate:

The ability to improve fill rate is closely aligned with the roster sign off process and is a key performance indicator regarding effective roster management. Completion of rosters against the agreed roster calendar will be monitored and form part of the nursing workforce report going forward. Roster Review meetings are being reinstigated (following a pause during Covid wave 1), to provide prospective scrutiny and oversight of performance against the agreed KPI's at roster sign off. Unfilled shifts will be released to the temporary staffing team at roster sign off to facilitate a 6 week lead time for fill.

Monitoring and Assurance:

Building on the weekly staffing meetings implemented during wave 1, attendance is being extended from Heads of Nursingand Matrons to temporary staffing, HR and DDON to review assurance reports and unfilled shifts for the next 7 days. Agency requests will be reviewed and approved at this meeting and changes to rosters to manage the risk will be requested.

The Matron of the day will continue to have daily oversight and management of on day staffing issues. Any escalations will be through the 11:30 bed meeting with a daily overview at the 09:30 operational silver huddle attended by Director of Operations, Heads of Nursing and the Deputy Director of Nursing.

Nursing quality indicators will be monitored through the IPR structure where any issues related to staffing will be highlighted and discussed. This includes any incidents or patient experience feedback where staffing has been cited as a contributory factor.

Block Bookings:

The temporary staffing team have secured a number of block bookings through framework agencies which have already gone into shift fill until December in some areas. This has been factored into the financial calculations and there has been engagement with Ward Managers and Matrons during this process. Work is ongoing to secure block bookings and the totality of fill rate and impact on RN gaps will be evaluated when this process is complete.

Deployment:

A 60% long day factor and 20% vacancy factor was applied to all funded establishments to ensure an equitable approach to identifying available staff for deployment into those areas with the highest RN gaps in reset models in order to manage the risk across all areas. This has been correlated with actual WTE available as identified through the monthly establishment review meetings. Staff with previous experience in areas were also considered balanced with health and wellbeing needs of staff members.

Escalation and triggers:

It is an ongoing challenge to balance the number of staff required for reset models in acute and planned care and respond to growing operational pressures. In view of this operational triggers have been aligned to facilitate further staff moves in the event of any growing concerns or escalations. This is managed through existing command and control structures.

Recruitment

Weekly recruitment into the temporary staffing team has continued as well as ongoing recruitment into substantive RN gaps. Additional Band 6 roles x 4have been incorporated into the ARCU workforce model to provide senior overview across a 7 day period and it is hoped that this may attract external candidates into the organisation.

Current governance arrangements regarding review and oversight of establishments and workforce models remain in place (appendix 1). Although these were suspended at the height of the first wave these have been reinstated since August 2020.

These will be supplemented by a number of additional actions:

- Weekly staffing meeting with senior nursing team , e roster team and temporary staffing team
- Revision of nursing metrics dashboard
- Roster sign off meetings with oversight and reporting of agreed KPIS
- Ongoing senior nursing attendance at operational meetings
- Improve reporting of red flag staffing incidents to inform establishment review
- Agree SNCT review and process for the next 6 months
- Formalise process of lockdown of WFM and template request process by embedding establishment review process

The NHS planning cycle will commence in January 2021, as such the Divisions have been advised that should the WFM's need to continue into the following year then these should be captured as part their Divisional plans and taken through the organizational planning process.

Recommendations

The Board are asked to :

- Note the additional staffing requirements as a consequence of reset and the approach to manage this.
- Note the current position against the nursing trajectory
- Acknowledge the work ongoing to identify and address learning needs.
- Acknowledge the approach to manage operational risks
- Note the approach to be taken should the Workforce Models be required beyond March 31 2012

References :

British Thoracic Society. BTS guideline production manual, 2016. www.brit-thoracic,org.uk/guidelines-and - quality-standards.

NICE. Nice quality standards process guide. www.nice.org April 2014.

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