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Date	12.05.22	Agenda item	Bo.5.22.20

STRATEGIC NURSE STAFFING REVIEW MARCH 2022

Presented by	Karen Dawber, Chief Nurse	
Author	Jo Hilton, Assistant Chief Nurse	
Lead Director	Karen Dawber, Chief Nurse	
Purpose of the paper	To provide the outcome and recommendation of the Chief Nurse for the 6 monthly review for 2022 establishment.	
Key control	This paper is a key control for the strategic objective to provide outstanding care for patients.	
Action required	For approval	
Previously discussed at/ informed by	Executive Team Meeting 31.1.22 presentation, 7.3.22 paper, 14.3.22	
Previously approved at:	Academy/Group	Date
	ETM	31.1.22 7.3.22 14.3.22
	People Academy - PA.4.22.11	27.04.22

Key Options, Issues and Risks

Executive summary

This paper provides an overview of the nursing and midwifery establishment reviews, following presentation to the Executive Management team, after which the paper had been updated with appendices 5-8 to provide a statement of case, and presentation to the People Academy. A comprehensive review took place in 2021 taking into account the changes in ward reconfiguration, acuity and dependency of patients and the ongoing impact of the Covid-19 pandemic. The Chief Nurse is required to agree the staffing establishments and review these establishments on a 6 monthly basis to ensure safe, effective and sustainable staffing in the right place, at the right time with the right skills. This is a 6 month review of those establishments in line with national guidance and is reflective of the changes that have been implemented for the Covid response (taking account of changes from delta variant to omicron) and the ultra-green and elective pathways.

Due to the impact of the Covid-19 pandemic there have been multiple changes to the ward reconfiguration to ensure the correct mix of red, green and non-invasive ventilation (NIV) facilities are available to meet the surges in demand throughout from March 2020-present. At the current time there continues to be challenges in relation to high accident and emergency attendance, high patient acuity, increase complexity of physical and mental health presentations for adults and children and increased deconditioning and frailty in older adults. Red Covid capacity is still required and the focus is to increase elective activity and manage waiting lists as a result of delays due to the pandemic. There is however a reduction in the number of red Covid beds required and the acuity of the patients needing respiratory

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support with the delta variant. Currently there are fewer than 50 patients in the trust with Covid, not all needing care due to Covid but other existing conditions or acute episodes of care. The numbers of patients on the red Covid ward do not require as much non-invasive ventilation and this has also impacted the numbers of Covid patients requiring intensive care support. The review takes into account plans made with operations colleagues in September 2021 as part of elective recovery.

The principles applied to the review are:

- All wards that are open have an established budget; this will be used as the basis for reporting vacancies and recruitable posts.
- Each ward will have a minimum of 1 band 7 and 2 band 6 nurses to support quality of care and nursing leadership substantively funded.
- The review has taken account of all areas but changes and updates are only proposed to ward 23, 29, 31 and 21.

A summary of the bed and trolley numbers and bed base overall can be seen in appendix 1. Much of the learning during this time is the importance of consistent nursing leadership for all areas. Appendix 2 shows a summary of each area, including function and substantive leadership in place.

The paper describes the approach, a summary of the outcome and recommendations. The table below shows the summary of the changes and the cost increase / decrease for each recommendation. There is an overall reduction in cost of £1,600,000.

Recommendation	Cost difference	Statement of case
Increase in leadership to include band 6 on every ward (ward 19)	£10, 000	Appendix 5
Monitored beds on ward 21 (as POMU not open)	£207, 000	Appendix 6
Covid clinical educator and Deputy Matron (band 7's)	£109, 000	Appendix 7
Closure of 3 rd Covid ward (29)	- £1,700, 000	-
Reduction in Covid patients acuity	- £312, 000	-
Total Reduction in Cost	- £1, 600,000	-

More detailed financial summary information for the changes for Covid is shown in Appendix 3 and Ward 21 in Appendix 4.

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In the last review the recommendation made to the executive team supported the rise in acuity and dependency to maintain patient safety, the service reconfiguration recommendations enabling full utilisation of space to accommodate the operational plans and the proposed staffing to maintain safe and effective care. Other than the changes recommended above the remaining establishments agreed in September 2021 are still reflective of the patient acuity and dependency to maintain safe and effective care.

Included as an appendix to the paper is the 6 monthly update for the maternity staffing report and related appendices. This can be found as follows:

Appendix 9 – Bi-Annual Midwifery staffing report, March 2022

Appendix 10- Red Flag report July 2021 to February 2022

Appendix 11- Recruitment and retention action plan – maternity incentive scheme

Background

The National Quality Board (NQB) publication: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, Sustainable and Productive Staffing (2016) outlines expectations and the framework. In addition improvement resources have been published to support and underpin this approach in 2018 for adult inpatient wards in an acute hospital, children and young people, neonatal units and maternity services. These resources have been used to support establishment setting, approval and deployment from the ward sisters and charge nurses through to the Chief Nurse. The reviews include recommendations for the approach in the Developing Workforce Safeguards (2018). This document sets out a requirement for combining evidence based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. This has continued to form the basis of the structure of the establishment review meetings and is embedded into practice. In June 2021 there has been an additional document published from the Royal College of Nursing (RCN), Nursing Workforce Standards, which endorses this approach for nursing establishments and the governance and assurance of safe staffing.

Actions have been taken throughout the Covid-19 pandemic to ensure the safest nursing and midwifery staffing is in place in line with national guidance and advice from professional bodies and regulators. Further papers have been presented detailing actions recommended by NHSE in its paper staffing assurance for winter 2021 have been implemented.

During January 2022 the risk assessment for safe staffing has been updated with a new assessment and updated risk added to the strategic risk register. This identifies the mitigation in relation to the risk of harm to patients, staff and visitors within planned and un-planned care due to the Trust's inability to maintain safe staffing levels as a result of the sustained Covid-19 pandemic; potentially resulting in, poor

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experiences of care, increased patient and staff dissatisfaction, complaints, incidents, increased sickness levels, claims, and a negative impact on the reputation and financial status of the Trust.

In line with national guidance a Quality Impact Assessment in relation to safe staffing levels was also undertaken by the senior nursing team.

There has been a significant investment previously approved to support the nursing and midwifery recruitment agenda in terms of external advertising and international recruitment. This will support the work plan in place for the recruitment and retention of these staff in line with the agreed establishments.

Analysis

Assessment/Proposed plans.

Following the comprehensive review that took place during 2021 there was a focus on areas of change only. The review was based on an assessment of the area, taking account of the following:

- Acuity and dependency data (from Safecare).
- Skill mix.
- Nurse to bed ratio.
- Incidence of pressure ulcers and falls.
- Incidence of medication incidents.
- Incidence of complaints relating to nursing care.
- The friends and family test results.
- Learning from Covid.
- Professional judgement.

The review is similar in approach to previous reviews with an additional understanding of the impact of Covid on the areas acuity, dependency, capacity and flow and the knowledge we now have of the change in patient condition with alternative Covid variants.

For the establishment setting, the operational restart plans have been used as the basis for the areas, identifying where services will be delivered differently and the impact this will have on the staffing establishment required.

- Wards 23, 29, 31 reviewed in line with Omicron.
 - Slight increase to ward 23 to recognise green AGP across footprint of ward.
 - Ward 31 registrants to be reduced in line with reduced demand on Non-invasive ventilation (NIV).
 - Ward 29 closed as additional capacity not required, ward 11 remains open (Covid ward).

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- Deputy Matron and clinical educator to support existing and new staff from a leadership perspective and an education perspective. This also supports the development of a junior workforce and the introduction of the international nurses in respiratory.
- Ward 21 increase to support the 6 monitored beds provided as Post-operative medicine unit is not open.

Since the last review the following changes to wards have taken place:

- Ward 2 and 5 acute surgical assessment have opened.
- Ward 20 ultra-green day case unit and 21 ultra-green in patient.
- Ward 14 opened as ultra-green Orthopaedics.

There are no requested changes in other adult and paediatric areas. Maternity services will provide an update during March for submission to Board of Directors in May 2022.

Recommendation

The Board of Directors is asked to approve the recommendation of the Executive team and the People Academy to support the outcome of the 6 month establishment review in the summary table:

Recommendation	Cost difference
Increase in leadership to include band 6 on every ward (ward 19) Appendix 5	£10, 000
Monitored beds on ward 21 (as POMU not open) Appendix 6	£207, 000
Covid clinical educator and Deputy Matron (band 7's) Appendix 7	£109, 000
Closure of 3 rd Covid ward (29)	- £1,700, 000
Reduction in Covid patients acuity	- £312, 000
Total Reduction in Cost	- £1, 600,000

The Board of Directors are assured of the process and involvement of nursing, operational and finance colleagues. Due to the length and duration of the previous review the focus has been on key changes

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since the last outcome was agreed.

The Board of Directors note the Executive team and People Academy support of the cost changes of the establishment recommendation included in the paper to staff the wards, including changes as a result of the Covid-19 pandemic with immediate effect.

To note that any additional changes not described in this paper must seek separate approval for the nursing establishment and agreement through the Chief Nurse.

There is an overall reduction in cost of £1.6m, it is recommended to utilise some of this funding to maintain the 4th Deputy Associate Director of Nursing (DADN). There are 3 substantially funded and 1 temporary. This would enhance the current provision of nursing leadership across all areas and support the nursing workforce recovery from the pandemic which has worked well since introduced (Appendix 8). The Board is asked to approve this recommendation.

The Board of Directors note this paper includes Maternity services.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input checked="" type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Staffing
NHS Improvement Effective Use of Resources: Clinical Services
Other (please state):

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Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Appendices

Appendices including:

Appendix 1 – Bed base summary.

Appendix 2 – Summary of each area, including function and leadership in place.

Appendix 3 – Covid ward summary (Omicron).

Appendix 4 – Safer nursing care updates.

Appendix 5 – Statement of case for Increase in leadership to include band 6 on every ward (ward 19).

Appendix 6 – Statement of case for Monitored beds on ward 21 (as POMU not open).

Appendix 7 – Statement of case for Covid clinical educator and Deputy Matron (Band 7's).

Appendix 8 – Statement of case for maintaining the 4th Deputy Associate Director of Nursing (DADN).

Appendix 9 – Bi-Annual Midwifery staffing report, March 2022

Appendix 10 - Red Flag report July 2021 to February 2022

Appendix 11 - Recruitment and retention action plan – Maternity incentive scheme