NHS
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust

Title of report:	Biannual staffing review - Update
Presented to:	Board of Directors
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Executive summary

The purpose of this report is to provide assurance regarding the ongoing monitoring and review of adult inpatient nurse staffing establishments. The previous review was submitted to Board in January 2020 and this report provides an assessment of the funded establishment levels and highlights the actions that have been taken following the agreement of additional resources. It is worthy of note that due to the onset of the Covid-19 pandemic in March 2020 changes to clinical areas and a significant workforce response to enable the adaption of surge plans have been enacted, therefore it has not been possible to complete a traditional establishment review at this time.

The National Safer Staffing reporting process was paused during the onset and first wave of the Covid-19 pandemic. The temporary nationally agreed changes to the ratio of registered nurses to patients as part of the pandemic surge was 1:12. In June 2020 the national directive was to revert back to the Trust agreed levels of a 1:8 ratio and the national process recommenced. The July 2020 assurance report covered the months of April, May and June 2020. The national reporting process at the beginning of January 2021 has now been paused for a second time and as such the board will not receive a January monthly assurance report. It has also been necessary to return to staffing levels of 1:12 to meet current surge plans, supported by National Guidance.

In January 2020 the Board agreed additional investment to increase staffing ratios and in April 2020 inpatient ward establishments were increased in accordance with the phased investment plan agreed by the Board, delivering a ratio of 55:45 for inpatient areas and 65:35 for assessment areas. This was supported by a recruitment and retention plan as the investment resulted in an increase in the percentage of registered nurse vacancies.

Pre-pandemic there had been plans to review overall vacancies, employment offers and divisional plans for alternative workforce models, although the original plan had been paused, the pandemic has afforded an opportunity to exacerbate at pace the art of the possible, with the introduction of the care maker role, introducing AHPs into the ward and critical care establishments to support alternative ways of workings of and to mitigate the reduction in registered nurse availability. More recently national directive has changed to allow all registered staff to become vaccinators to support the Covid vaccination programme providing an opportunity to re deploy our registered nurses back into the ward establishments.

During the first wave of the pandemic it was noted that there was a positive impact on fill rates as face to face community, outpatient and departmental activity reduced and staff were redeployed to inpatient ward areas, community services and critical care. There was also a reduction in the reporting of red flags which reflects the improved fill rates and the ongoing uptake of additional shifts by substantive, bank and agency staff and those on the temporary register. The second surge now entering into a third wave has indicated this improvement hasn't been maintained as the Trust has tried to deliver services for as long as possible, against a backdrop of increased nurse absenteeism, increase in patient acuity and lack of available staff due to national directives that Trusts do not redeploy health visitors or school nurses in recognition of the high levels of safeguarding issues arising following the first surge.

Link to strategy

- Delivery of safe care
- Recruitment & Retention
- Learn & Grow
- Workforce planning
- Covid Pandemic surge plans

Risks associated with this report and proposed mitigations

- Skill mix and dilution of the nursing workforce remains a concern across clinical divisions, with individual wards being noted on the corporate risk register.
- Sickness absence rates are higher and above national and regional average.
- Nurse staffing remains the biggest risk on the risk register.
- High rate of nosocomial Covid infections amongst staff and hospital acquired Covid, linked to staff movement.
- Increased use of NHSP and agency staff.
- Reduced nurse staffing fill rates due to staff short term sickness.
- Numbers of nursing staff absent from work due to Covid related issues eg shielding, isolating, psychological safety.
- Limited numbers of staff available to work in non Covid secure environments.
- Vacancy rates for both the registered and non-registered nursing workforce have increased after successfully reducing pre Covid-19 with a trajectory of no registered nurse vacancies by September 2020. This has been reset to a trajectory of no registered nurse vacancies by the end of the financial year, however this is heavily reliant on the successful arrival of our international nursing pipeline which is governed by Covid and travel restrictions at the time of writing the report.

Financial implications

Temporary staffing costs related to high vacancy and sickness rates.

Legal implications

Potential for an increase in litigation associated with hospital acquired harm.

People implications

- Potential shortfalls in nursing establishments become more apparent with the resumption of services during Covid recovery.
- Potential shortfalls in nursing establishments become more apparent with the further Covid pandemic surge, requiring a need for further staff redeployment, change in clinical areas and the need to open non established beds and escalation wards.

Wider implications

- Increased scrutiny from commissioners and regulators

Recommendation(s)

The Board is asked to :-

- Note the investment made following the review in 2019
- Note the National Guidance and the focus of nurse staffing over the last twelve months.

Introduction

The purpose of this paper is to provide the Trust Board with an updated assessment of the funded nurse establishment levels for inpatient areas within WWL, and to advise the Board of any actions that have been taken following the agreement of additional resources in January 2020. It should be noted that due to the onset of the Covid-19 pandemic in March 2020, changes to clinical areas and the workforce response has been significant to enable the adaption of surge plans.

This report will include the actions taken following the Trust Boards agreement to additional funding to support a ratio of 1:8 in all G&A beds.

Background

Throughout 2012 and 2013 a series of reports were published describing the critical role of nurse staffing in the delivery of high quality care and excellent outcomes for patients.
In 2013 it was nationally mandated that all NHS Organisations review staffing levels at least twice/year and for the findings of the review to be shared with the Trust Board and that decisions made following receipt of the report to Board be documented to provide assurance of Board level accountability and responsibility for staffing levels.

In November 2014 NHS England published 'Safer Staffing: A Guide to Care Contact Time. This report outlines further requirements to provide assurance of staffing levels and the importance of the provision of nurse to patient direct care time.

It is well documented that ensuring adequate Registered Nurse (RN) staffing levels on acute medical and surgical wards in line with national recommendations has many benefits including improved recruitment and retention, reduction in staff stress and thus sickness levels, improved patient outcomes including mortality and improved levels of patient care.

Methodology

Since 2011 WWL have undertaken Adult nursing establishment reviews on a quarterly basis; March, June, September and December utilising the Safer Nursing Care Tool™ (SNCT). This tool was developed in collaboration with the Association of United Kingdom Hospitals (AUKUH) utilising the research evidence undertaken by Keith Hurst. The tool is recognised by the Quality Management Board (QMB). SNCT utilises methodology to determine the staffing required to delivery care to patients within a given area dependent on actual individual patient levels of acuity and dependency. The tool also takes into consideration patient flow and nurse sensitive indicators (NSI's) in determining the appropriate level of care. Professional judgement is required to determine the skill mix of the staff employed within each area, and to assess the variability of staffing requirements which may be affected by changes in acuity and dependency levels of patients.
In January 2019 the Trust invested in SafeCare, a system that allows the measurement of the acuity and dependency needs of patients within inpatient areas to determine the hours of care required by the patient occupying the beds. This was rolled out in Q4 of 2018/19.

The SafeCare system continues to be utilised to provide an aid to help senior ward leaders to apply professional judgement, advising on staffing required to enable the Trust to be responsive to patient need in line with the agreed ward activities. However, over the course of the year there

have been many changes to previous ward configurations including the addition of the field hospital. Unfortunately, due to the increasing vacancy, nursing staff sickness due to either short / long term, shielding or redeployment the effectiveness of this tool has been reduced during the course of this year. This has also been superseded by National Guidance in March and December 2020 that allowed for a deviation from the agreed ratios.

National Guidance

During the reporting period, the National Guidance has focused on Critical Care, CPAP and general and acute beds. With ratios for critical care and CPAP areas being supported by Registered Nurse buddies from general and acute wards, the community teams, together with Specialist nurses and corporate nursing teams.

Area	**Previous staffing ratio's**	**National Guidance throughout the pandemic**
ICU	1:1	1:1 – 1:4
HDU / CPAP	1:2 – 1:3	1:2 – 1:4
G&A wards	1:8	1:8 – 1:12

This has allowed for a greater level of Registered Nurse coverage across the organisation. In line with the Trust strategy to broaden the skill mix arrangements AHP's and Pharmacy Technicians now form part of the ward teams in many areas, including CPAP, ICU and the Bryn Ward field hospital.

Quality Indicators

In line with the Trusts quality priorities these have been reported to Quality and Safety Committee and the Board, throughout the last twelve months, both in terms of the performance report and specific Board agenda items. Over recent months there has been a focused approach to establish trends and themes against each of these priorities, in order to demonstrate improvements and re-establish pre pandemic focus and accountability through the Trusts Assurance mechanisms at Executive level.

In line with the Trusts policy where a reported harm is linked to staffing levels, the wards are expected to identify red flags on Datix and these are discussed at both the Serious Incident Review Investigations meeting and at Executive Scrutiny Group. Pre Covid no red flags had been raised in February with respect to any inpatients area having less than 1 registered nurse on shift, however over recent months there has been an increase in the reporting of red flags to reflect a drop in fill rates. As the organisation has gone back into surge this has impacted on availability of staff psychologically with the need of further redeployemt.

March 2020 noted a reduction in nurse staffing pressures on the acute site which saw a reduction in avoidable harms

Skill Mix

The RCN recommends a ratio of 65:35 registered nurses/unregistered staff. In January 2020 the Board agreed additional investment to increase the staffing ratios in line with the recommendations following the review in October 2019, this was part of a Trust wide workforce planning exercise. In April 2020 inpatient ward establishments were increased in accordance with the phased investment plan agreed by the Board, that delivered ratios of 55:45 for inpatient areas and 65:35 for assessment areas. This was supported by a recruitment and retention plan as the investment resulted in an increase in the percentage of registered nurse vacancies.

This is supported by an uplift of 20% that supports study leave, annual, and sickness/absence to ensure that all clinical areas are able to provide 24/7 cover. However, it should be noted that the Trust remains an outlier with NHSI recommending 22-25% and Greater Manchester averages at 22.5%.

During the first wave of the pandemic and redeployment of staff across clinical areas it is noted that there was a positive impact on fill rates as face to face community , outpatient and departmental activity reduced and staff were redeployed to inpatient ward areas and community services and critical care. There was also a reduction in the reporting of red flags which reflects the improved fill rates and the ongoing uptake of additional shifts by substantive, bank and agency staff and those on the temporary register. The second surge going into a potential third wave have indicated otherwise as the Trust has tried to maintain services for as long as possible, against a backdrop of increased nurse absenteeism, increase in patient acuity and lack of available staff due to national directive from the CNO for England instructing that Trusts do not redeploy health visitors or school nurses in recognition of the high levels of safeguarding issues arising following the first surge.

As part of the COVID recovery planning process, a further analysis of the workforce requirements will be necessary, taking into account what has been learnt, as well as the changes in clinical models that may well impact on staffing ratio's and the uplift required. This may also review the role of the Ward Manager in relation to the delivery of the quality agenda which may require this role to become supervisory.

Recruitment and Retention strategy

Work continues in collaboration with HR and the Divisions to deliver the operational plans to support the Trust agreed Recruitment and Retention strategy, with oversight provided by Peoples Committee.

Following a successful recruitment event held in February 2020 Covid-19 restrictions and the necessary redeployment of staff into other roles as impacted on further planned recruitment events. A virtual corporate recruitment event is being planned for February 2021.

The Registered Nurse/ AHP vacancy reduction plan is currently being reviewed to reflect labour turn over rates. This includes the retention of the band 5 workforce being reviewed with the band 5-6 uplift programme being extended to AHP's.

Our International Nurse recruitment pipeline continues to provide a positive and sustainable workforce to compliment the "grow our own pipeline" that is further support by an expansion in

clinical student nurse placements. The successful recruitment and retention to the international Earn learn and Grow programme is supported for a further 12 months through financial support from the NHSE/I international recruitment project.

The COVID pandemic has provided an opportunity to create the "Care Maker" role which has allowed an entry level to the HCA role without having to recruit to our band 2 HCA vacancies from the local care home pool. This role allows our existing care makers when they have reached the desired competency level to transition to a HCA role and fill our current unregistered vacancy gaps. We currently have 50 WTE Care Maker recruited to the role on temporary contracts to support the second surge of the pandemic and who potentially can convert to HCA roles taking the Trust to a zero HCA position by the end of the financial year.

Partnerships continue with NHS professionals (NHSP) to recruit to long term placements and help manage temporary agency spend.

Current Position

In line with budget setting in April 2020 the following funded establishments were implemented. Since that time additional bed capacity has been created within the organisation in terms of Bryn ward field hospital and the use of Highfield for a 12 month period rather than previously used exclusively for winter escalation. These changes are currently not funded.

Division	Ward	Nos of Beds	Skill Mix 2019	Skill Mix Dec 20	Qualified	Unqualified	Total WTE
Specialist Services	Aspull	28	57:43	55:45	25.72	20.76	46.48
	JCW	16	68:32	67:33	16.32	8.06	24.38
	Ward A	28	54:46	50:50	19.41	19.34	38.75
	Ward B	24	55:45	52:48	18.23	16.59	34.82
Surgery	Langtree	28	57:43	63:37	20.74	12.44	33.18
	Orrell	26	52:48	54:46	17.79	15.13	32.92
	Swinley	26	62:38	64:36	21.81	12.44	34.25
Scheduled Care	Elderly Care	55	42:58	49:51	41.78	43.9	85.68
	ASU	22	43:57	44:56	17.34	22.36	39.7
	CCU	8	86:14	78:22	25.66	7.03	32.69
	Cardio Respiratory	55	47:53	56:44	54.15	42.36	96.51
	Pemberton	12	56:44	54:46	13.26	11.46	24.72
	Shevington	28	47:53	53:47	23.38	21.02	44.4
	Highfield	10	49:51	49:51	14.3	15.04	29.34
Unscheduled Care	CDW	10	61:39	65:35	14.78	8.06	22.84
	MAU's	55	55:45	63:37	54.73	31.63	86.36
	Total	**464**					

Nurse Sensitive Indicators (NSI's)

Work continues within Divisions to link the Nurse Sensitive Indicators with harm associated with staffing levels. This work will continue in line with the COVID recovery plans linking directly with Divisional Assurance meetings and assurances to the Board over the course of this year.

Recommendations

The Board is asked to review this paper in line with the exceptional circumstances that the organisation has been in over the last twelve months. It is acknowledged that far greater focus needs to be placed on the correlation between safe staffing and harm and that this will be the focus of the quality and safety agendas both at Divisional and Sub Committee level moving forward.

It is believed that a further review will need to be undertaken in light of the changing environment in terms if beds, acuity and associated workforce post COVID, bearing in mind the Trusts direction of travel in terms of the Nursing and AHP workforce..

The Board is asked to ;

- Note the investment made following the review in 2019
- Note the National Guidance and the focus of nurse staffing over the last twelve months.

References

[1] P Griffiths (2019): *Registered nurse and HCA staffing levels: the effects on mortality.* Nursing Times; January 2019/Vol 115 Issue 1

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[6] Cavendish, C., Department of Health (2013): *The Cavendish Review: an independent review into healthcare assistants and support workers.*

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[10] RCN (2010): *Guidance on safe nurse staffing levels in the UK*

[11] P Griffiths (2019): *Registered nurse and HCA staffing levels: the effects on mortality.* Nursing Times; January 2019/Vol 115 Issue 1