Board of Directors Meeting in Public - Cover Sheet

Subject:	Strategic Priority 3 – To maximise the potential of our workforce Nurse Staffing Board Assurance Framework		Date: 27 January 2021	
Prepared By:	Yvonne Simpson, Corporate Head of Nursing			
Approved By:	Julie Hogg, Chief Nurse			
Presented By:	Julie Hogg, Chief Nurse			

Purpose				
This paper is to provide assurance to the Board of Directors that nurse staffing has been reviewed in line with the Board Assurance Framework Principle Risk 3, and the Trust's Strategic Priority No. 3.		**Approval**		
		Assurance	**X**	
		Update		
		Consider		

Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
		x		

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
		x		

Risks/Issues				
Financial				
Patient Impact	X			
Staff Impact	X			
Services				
Reputational				

Committees/groups where this item has been presented before	
N/A	

Executive Summary

Sherwood Forest Hospitals NHS Foundation Trust's Board Assurance Framework Principle Risk 3 'Critical shortage of workforce capacity and capability' has two threats, and these have been reviewed by the author to provide assurance.

The first threat is 'inability to attract and retain staff', the paper describes the action that is being undertaken to reduce the Band 5 vacancies and to maintain recruitment throughout the pandemic and in order to maintain social distancing. The paper reviews the International Recruitment programme that the Trust has embarked on and the review of alternative roles, including apprenticeships and Trainee Nursing Associates. The paper has discussed the pandemic response and the changes to the way staffing is managed within Critical Care which is not in line with the standards recommended by the Intensive Care Association, and how this has therefore impacted on the risk for staffing on Critical Care Unit.

The second threat is 'a significant loss of workforce productivity arising from a short term reduction in staff availability'. The paper describes the impact the Mass Vaccination Programme has had on the nurse staffing and the identification on the Board Assurance Framework. The paper also includes a summary of health and wellbeing events and support that is being offered to key areas. The support of risk assessments for all staff but particularly identification of at risk staff from our BAME colleagues.

The paper summarises our progress to date with the Midland region Covid-19 staffing checklist.

The Board of Directors are asked to note this paper as assurance that nurse staffing is safe and within the controls on the Board Assurance Framework. They are also asked to note our progress to date compliance with the Midlands Region Covid-19 Staffing checklist. The Covid-19 pandemic has presented the Trust many risks and issues, which are being mitigated and action taken to reduce adverse impact on quality.

Introduction:
Sherwood Forest Hospitals NHS Foundation Trust's Board Assurance Framework Principle Risk 3 – 'critical shortage of workforce capacity and capability', has two threats 'Inability to attract and retain staff' and 'a significant loss of workforce productivity arising from a short term reduction in staff availability'. This paper will provide assurance on actions that are being undertaken to negate these risks, and mitigations where these actions to provide layers of assurance.

Threat 1 – Inability to attract and retain staff:
Sherwood Forest Hospitals reports monthly to the Board of Directors on the nurse staffing position within the Trust. In December 2020, the Band 5 Registered Nurse vacancies were 114 WTE, which continues to be higher than predicted, but due to Covid-19 pandemic the Trust has had a significant movement within the nursing teams, and this has been hard to quantify. In order to continually reduce this number the following actions are being implemented.

1. Newly Qualified Registered Nurses:
Since the beginning of the Covid-19 pandemic in 2020 the Trust has had an open advert for newly qualified Registered Nurses, this has assisted in the continuing recruitment from the universities and provided the Trust with some Registered Nurses. In September 2020, the Trust had 40 newly qualified Registered Nurses commence their preceptorship, and some of them had worked as Aspirant Nurses during the first wave of the pandemic.

The Trust has already offered eight newly qualified Registered Nurse posts to student nurses for September 2021.

2. International Recruitment:
In 2020, the Trust commenced a programme of International Recruitment through King's Commercial and we successfully recruited 48 International Registered Nurses. In November 2020 the first cohort arrived on site, and after 14 days isolation they have commenced working on their base wards.

In late 2020, the Trust was successful in two NHS England / NHS Improvement funding streams for the International Registered Nurses recruited in June/ July 2020 towards the cost of their flights, accommodation and pastoral support. The second funding stream was to support further International Recruitment by October 2021, this was 12 International Registered Nurses and the Trust would fund 28 Registered Nurses – 40 International Registered Nurses in total. The funding was also to support a Band 7 International Registered Nurse Clinical Educator for one year secondment.

The Trust has also supported over the last 12 months, 24 International Registered Nurses working as Healthcare support workers to become Registered Nurses and support to reduce the Band 5 vacancies.

Currently there are two issues with International Recruitment that is causing delays in on boarding. Firstly, due to the on-going pandemic restrictions the Trust has struggled to secure the candidates in the UK in a timely manner, and the introduction of self-isolation for 10-14 days has delayed the candidates start to the Trust. Secondly, there is a five to six month delay in the International Registered Nurses being able to take their Objective Structured Clinical Examinations, and this has been escalated NHS England/ NHS Improvement through the Director of International Recruitment – Duncan Burton.

3. Healthcare Support Worker Programme:

The Trust has embarked on the Healthcare Support Worker programme with NHS England/ NHS Improvement to eradicate Band 2/3 vacancies across the Trust. The senior nursing team are currently actively recruiting to any vacant posts.

The Trust has continued to actively recruit to the Nurse Bank, with approximately 150 Healthcare Support Workers in Wave 1, and over the last six weeks have recruited a further 150 Healthcare Support Workers. There is a third recruitment drive planned for March 2021, and this is to provide adequate numbers of Healthcare Support Workers to cover the Trust and external partners/organisations in a 'system' approach to healthcare.

4. Microsite for recruitment:

The Trust has invested in a new way of recruitment, which is being implemented. This microsite for recruitment will allow the candidates to look at areas of interest, apply for jobs on line, and express interest in roles. The software will include the opportunity for candidates to undertake their drug calculations online and interview virtually to attract candidates from across the country.

This change is being led by one of the Corporate Heads of Nursing, and will support the Trust's recruitment of candidates, by supporting social distancing.

5. Recruitment and Retention during Covid-19:

During the Covid-19 pandemic the Trust has continued to actively recruit to the wards and the Nurse Bank, utilising Microsoft Teams and undertaking telephone interviews, and all interviews have remained interactive and positive experience for the candidate and the interviewer.

The Trust has actively looked at ensuring that every opportunity for recruitment has been achieved, and the Corporate Nursing Team has supported operational nursing teams due to continuing operational pressures.

6. Alternative Roles:

The Trust has explored new and alternative roles to support nursing and the Trainee Nursing Associate is seen as a new career pathway towards registration, and career development for Healthcare Support Workers. In October 2020, the second cohort of Trainee Nursing Associates commenced their training through Nottingham Trent University, and will be due to complete in 2022.

As part of the implementation of this role the Trust will review the roles of Band 2 and Band 3 Healthcare Support Workers to establish how these roles will align to the Trainee Nursing Associate.

The Trust will be look to implement a third cohort in October 2021, and a Clinical Educator will support these nurses.

7. Apprenticeships:

The Trust has applied for Health Education England funding streams for Registered Nurse Degree Apprenticeships for adult and paediatrics, and was successful in obtaining 10 positions to

commence with Nottingham Trent University. In February
2021, the recruitment process will commence looking at 'new to
health', and the recruiting team will be campaigning in schools and colleges.

The second funding stream for Registered Nurse Degree Apprenticeships for Trainee Nursing Associates to top up to become Registered Nurses remains out to consultation with Health Education England.

8. Transfer Scheme:
In 2020, a Human Resource's NHS Management Graduate at Sherwood Forest Hospitals undertook a piece of research on the Trust's Band 5's to understand if a transfer scheme would prevent staff leaving the Trust. In the research 77 Band 5's supported the transfer scheme. The Trust has supported a Chief Nurse Clinical Fellow to support this project and implement a transfer scheme across the Trust, this project will commence on the 1 March 2021.

9. Pandemic response:
Covid-19 pandemic has presented the Trust with operational pressures, and unprecedented situations, which have been hard for operational teams to manage. The senior nursing team collectively have responded to support the wards with staff from areas within the Trust that would not normally support. This links with the Board Assurance Framework – Principle Risk 1, threat 2.

The requirement to establish new teams and new ways of working has been undertaken in a rapid response as that was the right thing to do. The redeployment of nursing staff during the first wave of the Covid-19 pandemic to Critical Care, this was reflected upon by the Chief Nurse and the nurses who were redeployed, and lessons were learnt. During the second wave of the pandemic the approach has been based on triggers/ tipping points and consequently staff have felt supported and prepared.

Critical Care Unit's staffing risk has been reviewed in line with the changes to staffing as part of the pandemic planning, and this has moved from 8 to 16, which has is appropriate for the current staffing risks.

The senior nursing team have also reviewed the minimum staffing and undertaken a Quality Impact Assessment based on the potential that staffing falls below the minimum staffing levels. This has been acknowledged and supported by the Nursing, Midwifery & AHP Board and Incident Control Team meeting.

Threat 2 – a significant loss of workforce productivity arising from a short-term reduction in staff availability or a reduction in effort above and beyond contractual requirements amongst a substantial proportion of the workforce:

1. Covid-19 vaccination programme:
The commencement of the Covid-19 vaccination programme has had a significant impact in nursing across the Trust, from a substantive nurse and temporary workforce perspective. The Mass Vaccination Programme has taken senior nurses working in the Trust to support the programme across the county and many of our staff that would normally support the wards and department on Nurse Bank are also working outside of the Trust. The Trust's vaccination centre has impacted with movements from within the Corporate Team to support the development and operations of the service.

The risk to staffing the Mass Vaccination Programme and the Trust Vaccination Programme is reported within the Board Assurance Framework.

2. Staff Health & Wellbeing:

The Trust has had many opportunities for staff to access health and wellbeing services during the first and second wave of the pandemic. The Chief Nurse and Corporate Heads of Nursing have ensured that they are available weekly to speak to Critical Care Unit staff and Critical Care Support staff through teams.

Particularly on Critical Care there has been some staff affected by the Covid-19 anxiety and these staff have been offered restorative supervision and access to the Occupational Health services including Vivup.

Occupational Health have secured two part-time secondments of Psychologist from Nottinghamshire Healthcare NHS Trust to support staff on debriefing, counselling support and reflective in Critical Care, Respiratory medicine and the Emergency Department.

3. Restorative Supervision:

Over the last few years Restorative Supervision has been introduced across the Trust, and over the Covid-19 pandemic the Trust has been honoured to engage with the services of an experienced independent Psychologist. This service has been offered to staff on Critical Care Unit, both substantive and support staff, and to staff on Respiratory Wards.

4. Equality, Diversity and Inclusion focus on workforce:

Covid-19 pandemic has affected many of our Black, Asian and Minority Ethnics (BAME) staff, and as such the Trust has risk assessed all staff. On the wards and Nurse Bank these nurses have been assessed and agreed appropriateness of working environment. This has supported some staff to remain safely at work.

5. Emergency Planning, Resilience and Response (EPRR):

The senior nursing team as part of their emergency planning have since March 2020 held twice daily staffing meetings, which senior colleagues can discuss concerns, and highlight where there are staffing issues, and ask colleagues for support. These meeting have been successful in supporting the management of staff across the Trust.

The senior nursing team will in the event workforce loss of greater than 12% will instigate business continuity and senior nurses would be on site for 12 hours to assure that staffing is safe and support the development of staffing plans for the next staffing period.

As part of the response the Trust has supported senior nursing teams to implement an escalated rate of pay for Nurse Bank to support workforce loss gaps across the Trust.

Compliance with the Midlands Region Covid -19 Staffing Checklist

Checklist:	Comments:	BRAG:
1.0 Critical Care Unit:		
1.1 Surge and Super Surge plan described and shared with Trust ICC and Board	The initial surge was presented at Incident Control team meeting, and the super surge plan has been/being discussed currently. All staff that have been redeployed have been assessed by their divisions using the Trust's risk assessment. There is evidence of papers that have been presented at Incident Control Team meeting. Critical Care staffing is discussed at the staffing meeting twice daily	A

1.2 Modelling completed for adaptations to ratios for CCU trained nurses as part of a 'team approach' to care	Modelling of staff has been based on 1:2 in line with the Chief Nursing Officers recommendations. Further work has been undertaken and the Trust's Incident Control Team meeting has supported a move 1:3 in Super Surge as required.	A
1.3 Modelling completed for staff sickness absence on Critical Care Unit and mitigations	Sickness absence modelling for Critical Care has been undertaken as part of the Super Surge plan. Nursing has been reviewed as a whole within the Trust. Twice daily staffing meetings are in place with business continuity for workforce loss of greater than 15%. Operational Head of Nursing cover 7 days per week.	G
1.4 Staff identified to support Critical Care Unit from non-Critical Care Unit trained workforce and included within electronic rostering	All staff are included within the Critical Care support rota. Additional staff identified to support Critical Care as the Trust moves towards a Super Surge.	G
1.5 Training gaps identified and training completed/ scheduled to mobilise workforce to CCU area	All staff that are currently on the Critical Care support rota have received training and are having competencies assessed. Staff who are to be included in the Super Surge plan have previous experience of Critical Care in Wave 1. Further training is scheduled for March/April to support further support staff requirements in further surges.	G
1.6 Escalation plans refreshed to support Covid-19	Nurse staffing is discussed twice daily and the staffing meeting. Nurse staffing is discussed at the daily ICCU hub meeting which occurs 7 days per week. Escalations through to the Critical Care Networks supports the movement of patients to support safe staffing through mutual aid. Escalation plan/surge plans are discussed daily at ICT.	G
1.7 Risk assessments completed to capture all the above (1.1)	All staff have been risk assessed prior to redeployment. The divisional risk register has been updated for Critical Care to reflect the gaps in staffing from sickness and maternity leave. The risk register has been updated to include the move toward 1:2 staffing – the risk is now 16.	G
1.8 QIA completed to capture changes to the staffing modelling in CCU and signed off by the Chief Nurse and Medical Director	QIA for workforce loss has been completed across all divisions with reference to Critical Care. QIA for Critical Care staffing has been completed. All QIAs have been approved by the senior nursing team and Chief Nurse.	A

2.0 Adult Inpatient wards		
2.1 Surge and Super Surge plan described and shared with ICT and Trust Board	All staffing levels have been reviewed and agreed with the senior nursing team, shared at ICT, and the QIA has been updated and presented. All staff have had a risk assessment as required.	G
2.2 Training gaps identified and training completed/ scheduled to mobilise workforce to ward areas which may include clinical staff from other professional group. It also includes those staff deployed as part of the NMC temporary register and those on an honorary contract and Bring Back Staff (BBS) programme.	Training has been provided by the Practice Development Team in Wave 1, to support non-clinical roles to return to the wards. On-line training is available through the e-learning Sherwood Academy. The Trust has support 13 International Registered Nurses working as Healthcare Support Workers, awaiting their OSCE's to apply for the temporary register. These are currently being assessed for suitability by a Practice Development Nurse. The Trust has not had any BBS and but has supported Return to Practice students.	G
2.3 Modelling completed for adaptations to staffing levels on Adult inpatient ward areas due reduction in staffing as a result of redeployment of Registered nurses to CCU and high numbers of staff sickness absence and vacancy position.	The senior nursing team has prepared the minimum staffing and this has been presented at ICT. All staffing is discussed at the twice daily staffing meeting. Vacancies for Band 5 Registered Nurses remains at 114 WTE, and this is causing the wards to work at their minimum staffing without high workforce loss	A
2.4 Modelling to capture any redeployment of staff to NHS Nightingale Birmingham	N/A	
2.5 Modelling in relation to areas where any reduction of staffing levels which may need to be an exception. Mitigations regarding inability to cover sickness absence in these areas due to reduced capacity needs to be considered, as it is unlikely there will be an opportunity to move staff from other ward areas. This may also include a potential surge in demand or increased acuity for patients who have presented later than normal due to concerns re: Covid-19, which may include some key areas:- • Cancer pathway • Stroke unit • Emergency Department • Paediatrics • Maternity	Currently there has been no requirement to move Cancer Nurse Specialists but they are included within the next surge plan for Critical Care. The plan would be to provide a skeleton service should this be required. Stroke unit continues to work within their establishment, with the Nurse Specialists covering where required. The Emergency Department has increased the establishment to support the department now being operationalised in Red and Green areas, and staffing has not been compromised in Wave 2. Maternity has struggled with staffing due to Covid-19 and non-Covid-19 loss however they have maintained minimum staffing and this workforce is ring fenced. Paediatrics during Wave 2 have not affected and forecasting suggests that their surge may be later but currently	A

	staffed to establishment	
2.6 Escalation plans refreshed to support Covid-19	Staffing escalations are managed twice daily through the staffing meeting, and issues and risks are raised and mitigated by the senior nursing team. Operational Head of Nursing is onsite 7 days per week, to ensure senior nursing cover. Escalation plan/surge plans are verbally updated daily through the ICT and actions are taken and updated.	
2.7 Review of all administrative tasks and consider handing over to non-clinical workforce	All inpatient wards have access to Ward Administrators to support with non-clinical tasks.	G
2.8 Risk assessments are completed to capture all the above (2.1)	All staff requiring redeployment have had a risk assessment undertaken and recorded within their personal files. Minimum staffing levels agreed and QIA completed and presented to ICT	G
2.9 QIA completed to capture changes to staffing modelling on adult inpatient wards and signed off by the Chief Nurse and Medical Director	This has been updated and agreed with the senior nursing team, Chief Nurse and presented to ICT	G
2.10 Ensure workforce returns/ sitreps accurately reflect the current situation	The number of redeployments from wards and department to Critical Care and other wards has been difficult to capture. Two wards have closed but their establishments remain and staff redeployed.	A
3.0 Covid-19 vaccine Programme		
3.1 QIA and risk assessment completed to identify workforce to support vaccine programme	N/A	
3.2 Identified clinical lead with clear lines of accountability to Board level executive	The Chief Nurse is the clinical lead for the vaccination programme at the Trust. The clinical lead for the system wide mass vaccination programme has been identified and redeployed. The trust has a clear line of accountability to the Board of Directors.	G
3.3 Competency programme and governance supporting registered workforce using PGD in place with clear audit trail	Competency programme has been agreed, and training and assessments completed by the Practice Development Team. Governance arrangements have been reviewed by the Head of Governance. PGDs are being utilised to support non-registered competent vaccinators to give vaccinations under the supervision of a Registered Nurse.	G
3.4 Modelling in place for workforce shortfall within ward areas and vaccine hubs	The wards have supported the vaccine programme with some staff who have expressed an interest. The biggest impact has been within Nurse Bank where staff	

	are choosing to work in the vaccination hubs than the wards. Recruitment to the Nurse Bank has continued throughout December 2020 and January 2021 to support additional availability on the Nurse Bank.	**A**
3.5 Clear escalation plan in place for workforce risks and concerns	Nurse staffing is reviewed twice daily at the staffing meeting with the senior nursing team. Any risks or concerns are raised, and support is provided where possible. Operational Head of Nursing is available on site 7 days per week.	**A**
3.6 Incident reporting in place with clear governance process both internally and system wide	The Trust has the Datix Incident Reporting system in place to report incidents, and provide evidence of investigation and review. The governance arrangements around incident reporting is being overseen by the Head of Governance.	**G**
3.7 Clear governance process in place if hosting other providers to support vaccination process	This is in place by the ICS	**G**

Recommendations:
The Board of Directors are asked to note this paper, as assurance that nurse staffing is safe and within the controls on the Board Assurance Framework. They are also asked to note our progress to date compliance with the Midlands Region Covid-19 Staffing checklist. The Covid-19 pandemic has presented the Trust many risks and issues, which are being mitigated and action taken to reduce adverse impact on quality.