

Board of Directors Meeting in Public - Cover Sheet

Subject:	Business Case to Increase Substantive ED Staffing	Date: 18 th November 2022		
Prepared By:	Steven Jenkins – DGM, Urgent and Emergency Care			
Approved By:	Trust Management Team – 2 nd November 2022			
Presented By:	Steven Jenkins – DGM, Urgent and Emergency Care			
Purpose				
The Division of Urgent and Emergency Care recommend substantive investment outlined within the paper.		Approval	x	
		Assurance		
		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	x	x	x	x
Identify which principal risk this report relates to:				
PR1	Significant deterioration in standards of safety and care			x
PR2	Demand that overwhelms capacity			x
PR3	Critical shortage of workforce capacity and capability			x
PR4	Failure to achieve the Trust's financial strategy			x
PR5	Inability to initiate and implement evidence-based Improvement and innovation			
PR6	Working more closely with local health and care partners does not fully deliver the required benefits			x
PR7	Major disruptive incident			
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change			
Committees/groups where this item has been presented before				
Trust Management Team – 2 nd November 2022 Finance Committee – 18 th November 2022				
Executive Summary				
<p>ED demand has continued to grow over recent years, driven by increased attendances and longer length of stay in the department largely due to increased bed waits due in turn to poor flow through and out of the Trust.</p> <p>There is a fundamental requirement to deliver the expected nurse staffing requirements and clinical decision making staff in accordance with the ECIST capacity and demand modelling to ensure safe, high quality care. In summary this includes the necessity to:</p> <ul style="list-style-type: none"> • Increase the number nursing staff - The requirements are due to increased patients attending the department, extended bed waits for patients resulting in longer time spent in ED and an increase in acuity of patients. • Increase the number of Clinical Decision Makers - The requirements are due more patients attending ED, resulting in more clinical decisions required • Improve run-rate – By substantively recruiting , leads to better value for money, improves well-being of staff and improved retention. <p>Staffing levels have been increased through the use of bank and agency however this offers poor value for money, is not sustainable and is detrimental to the health and wellbeing of existing staff</p>				

many of whom are servicing these additional shifts.

The purpose of this paper is to provide the Executive Board with a report outlining:

- The 'case for change' for the nurse staffing review and recommendations that have been made within the business case
- The current nursing workforce provision in KMH Emergency Department
- The detail of the approach taken in developing the business case including the planning assumptions, the rationale for the safe staffing tool used, the proposed revised service model and the proposed workforce implementation plan
- The proposed key metrics for workforce, quality and performance that, subject to approval, the Emergency Department would expect to be delivered
- A recommendation for the implementation that has been discussed and supported by the Senior Leadership Team is included.

The following assumptions have been made in the development of this proposal. They are as follows:

- This workforce proposal identifies the clinical decision makers required to provide a safe effective ED service in line with the nationally recognised ECIST staffing model
- This tool analyses the acuity of the number of patients in the department at any one time, displaying them by hour – the number of required clinical staff to support this is then calculated
- The proposed template for trained nursing staff reflects the requirement for the provision of specialist standard nurse to patient ratio's as summarised within the National Quality Board's report 'Safe, sustainable and productive staffing: urgent and emergency care' 2017
- The model includes assumptions about implementation of best practice – streaming/handover nurse etc.
- This model has been developed to meet the current needs/ expected standards of the departments. Further work will be required in year to assess the impact of this plan against the proposed bed modelling and impact of overcrowding due to lack of beds
- Reviewed against The College of Emergency Medicine Medical and Practitioner Staffing in Emergency Departments

Proposed vs Current Capacity for Clinical Decision Makers (85th Percentile)

The planned additional shifts are:

1 x 10pm – 8am Middle Grade – 7 days per week
1 x 12noon – Midnight – Junior Doctor – Monday to Friday
2 x 4pm - 10pm Junior shifts
1 x Consultant support (on-call switch to resident) 11pm – 12:30am
1 x 8am – 4pm ACP/ENP Shift

Nursing:

- Recruit 16.10 wte Registered Nurses to support 3 x per shift
- Recruit 16.10 wte Unregistered Nurses to support 3 x per shift
- Recruit 2.2 wte Registered Nurses to support extension of Paediatric opening hours

Admin

- Recruit 1.9 wte receptionists

Total recruitment of 54.30 wte

The Division of Urgent and Emergency Care recommend that substantive investment outlined within Option 3.

This proposal would require substantive investment of the approved winter plan of £1.04m and £130k of COVID spend. With the investment outlined in Option 3, we will reduce the divisional forecasted run-run rate by £264k FYE, therefore requesting £399k additional to budget FYE, to support the increase in attendances and workload. If approved, immediate recruitment would commence and the additional clinical decision making shifts which are not currently in the run rate will not be rostered until commencement of individuals in post in order to not worsen the current forecast.

Should demand decrease and bed waiters reduce, staffing will be adjusted accordingly on the basis of every 138 hours per day reduction in patients spending in the department, 1 RN and 1 HCA can be released.