

Nursing Stabilisation SBAR

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| DYDDIAD Y CYFARFOD: DATE OF MEETING: | 19 June 2023 |
| TEITL YR ADRODDIAD: TITLE OF REPORT: | Workforce Effectiveness |
| CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR: | Lisa Gostling, Executive Director of Workforce & Organisational Development (OD) |
| SWYDDOG ADRODD: REPORTING OFFICER: | Dan Owen – Senior Workforce Manager, People Effectiveness |

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Concerning vacancy levels across our acute sites has impacted service delivery. We currently have a high vacancy factor of registrants and non-registrants across our acute sites. This has resulted in an increase in reliance on temporary fill with additional hours, bank, and agency workers to deliver our service. This not only impacts upon costs, it also creates a less stable workforce, is impacting staff wellbeing, which in turn could impact patient care. Given the similar increase in capacity across acute services and the changing demographic of our patient population, this challenges the ability to achieve the strategic objectives and provide safe, sustainable and kind services.

Workforce & OD have been requested to support a stabilisation for each acute site, based on vacancy numbers in each. The approach taken aligns with the Hywel Dda University Health Board (HDdUH) culture change programme and focuses on empowering and enabling, not command and control. There is a proposal to spend a six month period creating stabilisation plans for nursing across each site in the following order: Glangwili General Hospital (GGH), Withybush General Hospital (WGH), Bronglais General Hospital (BGH) and Prince Phillip Hospital (PPH). It is recognised that accommodation challenges in Pembrokeshire have led to the order agreed at Executive Team, which continues to be kept under review.

Cross site learning has been used to improve the stabilisation process set out in this report. It is anticipated that this work will help reduce the reliance on agency and increase flexibility in the way our nursing colleagues work, which will be impactful in terms of retention.

Stabilisation

The nursing stabilisation programme aims to ensure the correct placement of newly appointed Band 5 nurses to include newly registered nurses (NRN's), internationally educated nurses (IEN's) and those who have been sourced either via specific recruitment campaigns, headhunting or business as usual recruitment. This will be achieved by working in collaboration with ward managers, senior nurse managers and heads of nursing. Working together to identify the challenges within our ward areas and at times more strategic reviews,

ensures collaborative solutions that improve patient care and ensures site stabilisation is achieved.

Cefndir / Background

Phase one of the international nursing recruitment project has completed with over a hundred nurses placed across HDdUHB. 74 out of the 100 have been placed in phase one with an additional 17 being placed in GGH as part of phase two, which commenced in March 2023. The aim of this project is to create a stable workforce, improve staff wellbeing which impacts on patient care, and reduce the use of temporary staffing on a site-by-site basis.

Workforce and OD have been supporting the stabilisation for GGH based on vacancy numbers in each site. Focusing on enabling change instead of command-and-control, supporting the instability and fluctuations in the nursing workforce. The shortage of skilled nurses compromises the ability for the health board to deliver efficient and effective care.

Exit plans for GGH have commenced with a stabilisation plan created for WGH, starting with cohort one on 15 May 2023.

Engagement with the GGH Unscheduled Care Leadership team has led to the following stabilisation plans:

- Filling vacancies through our overseas nursing programme and targeted recruitment through centralised resourcing solutions to improve effectiveness of appointing registered nurses and health care support workers.
- Introduction of control systems to support the governance through a collaborative escalation process, there has been continuous improvement to ensure correct governance balanced with the ability to minimise impact on operational nursing time.
- Exploring effectiveness opportunities supporting ward areas in the use of flexible working and self-rostering solutions.

This work aims to reduce the reliance on agency staff, improving the flexibility of our nursing workforce and impacting positively on retention rates. This work stream has had support from all teams in workforce, providing a rounded approach to support managers and staff during this time.

Asesiad / Assessment

Glangwili Hospital exit plan international nurses

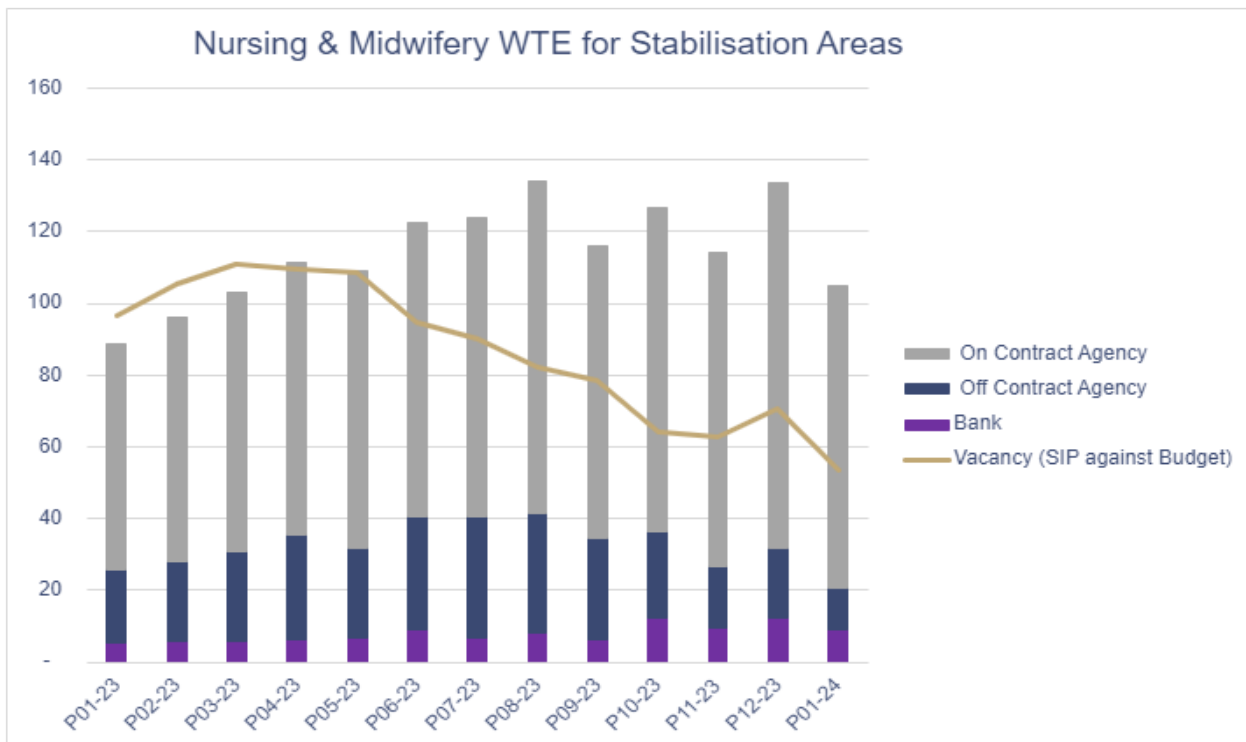
Stabilisation started in August 2022 with a vacancy level of 109.0 whole time equivalent (WTE) registered nurses. In April 2023, there was a reported vacancy of 54.09 WTE; a reduction of 55.0 WTE further improvements were also being observed in May 2023.

The challenges faced during the phase one report continue, fill rates have not reduced in line with vacancy's due to increase demand in 25a areas, Enhanced Patient Support and Surge Beds. Due to this fill from temporary staffing (bank/agency) is still happening.

Senior nurse teams in GGH have reported that staffing is feeling much better with pressures being relieved through the international nursing recruitment programme. Less redeployments are happening which is having a positive impact on substantive staff. A reduction in off

framework use is being seen with the agency nurses contacting wards directly to source substantive roles rather than working via agency as agency usage reduces.

Reductions are being seen in unfilled requirements within Unscheduled Care GGH, with a reduction in off-framework usage from January 2023. Further Work is required to forecast the return on investment linked to the cost reduction of agency use (premium above substantive costs). The improved fill rates are having an impact on the financial savings forecasted in the annual plan.



As of the April 2023, requests for off-framework agency usage for GGH and PPH Urgent Suspected Cancer (USC) have required the Director of Nursing, Quality and Patient Experience to authorise, with the exceptions of Accident and Emergency (A&E) GGH, Minor Injuries Unit (MIU) PPH and Acute Medical Admissions Unit (AMAU) PPH. Due to the pressures within the 25a areas, these areas required Director of Nursing authorisation from 18 May 2023. A review is scheduled for July 2023 with Deputy Heads of Nursing, Heads of Nursing and Deputy Director of Nursing.

Since May 2023, all areas in USC have been using the escalation process, with Planned Care Intensive Therapy Unit (ITU) PPH and Critical Care GGH to follow early June 2023. An improved process has been introduced from May 2023 to support the review process through a central mailbox with senior nurse managers supporting review of shifts, this ensures more time to understand the request and balance the need of the request against the service metrics.

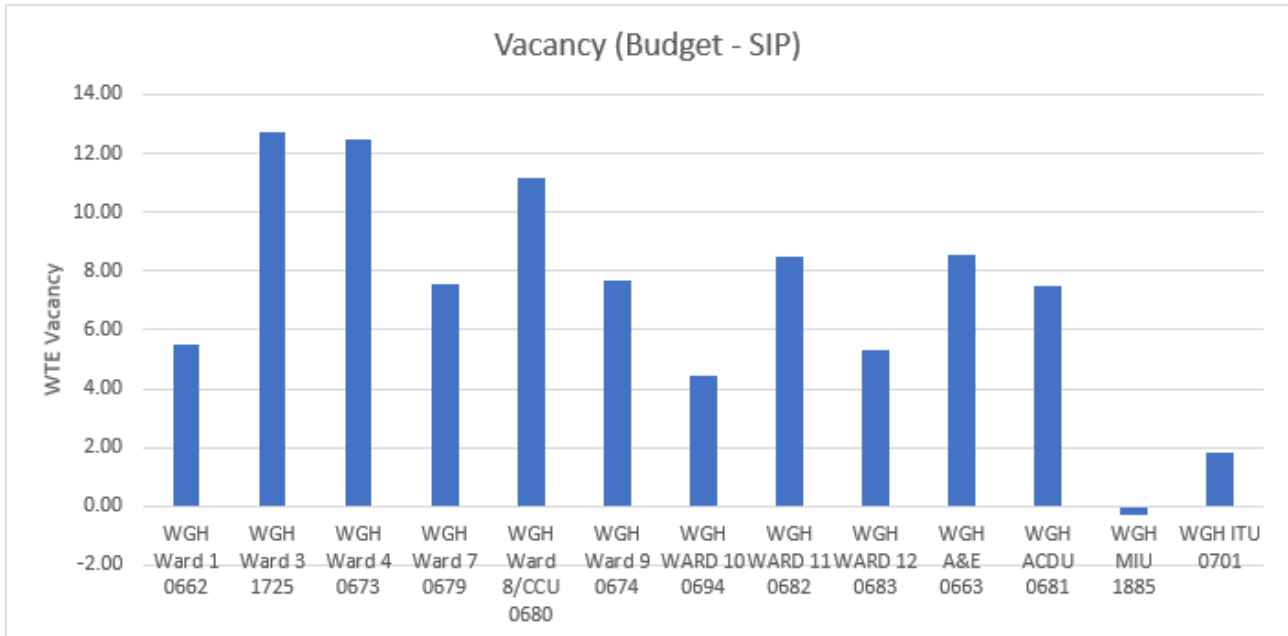
A review will take place with the Head of Nursing and General Manager, WGH, in July 2023 linked to the escalation process for agency staff within WGH.

Withybush Stabilisation Plan

The baseline WTE vacancy level for nursing in WGH is 97.95 WTE as of March 2023, the planned programme is to introduce ninety nurses to WGH USC over the period below:

- 15 May 2023 - 15 International Nurses (Cohort 9)
- 10 July 2023 - 25 International Nurses (Cohort 10)
- 4 September 2023 - 25 International Nurses (Cohort 11)
- 23 October 2023 - 25 International Nurses (Cohort 12)

The current registered nursing vacancy's for WGH are below:



WGH Baseline Information April 2023

Baseline data will also be collected for agency usage to enable savings to be tracked when nurses commence in post.

International Nursing Induction

The current first-time pass rates for international nurses sitting their Objective Structured Clinical Examination (OSCE) exams stands at 35% based on phase one with 96.43% passing second time. Due to the pass rates being lower than the expected 85% this has led to an increase in lead time for the IENs progressing through their induction period.

There have been further changes to the OSCE process with additional stations being added to the examination process. This has forced a change to the original induction training from 4 weeks to 6 weeks to ensure training time is assigned due to this additional requirement.

Due to the additional stations, the first phase pass rates since September 2022 have decreased to 35% from the average of 40% for the first pass rates.

The added complexity of the additional stations has had an impact on the first pass rate of the IEN's since their introduction.

Average pass timescales as below based on Cohort 7.

First pass:

| Phase | Date | Days | Days each phase |
|--------------|------------|------|-----------------|
| Arrival Date | 13/03/2023 | 0 | |

| | | | |
|------------------------|--------------------|-----|----|
| OSCE Training Complete | 17/04/2023 | 36 | 36 |
| First OSCE Exam | 11/05/2023 | 60 | 24 |
| Confirmation of Pass | 14 days on average | 74 | 14 |
| NMC Pin Confirmed | 34 days on average | 108 | 34 |

Second Pass:

| Phase | Date | Days | Days each phase |
|------------------------|--------------------|------|-----------------|
| Arrival Date | 13/03/2023 | 0 | |
| OSCE Training Complete | 17/04/2023 | 36 | 36 |
| First OSCE Exam | 11/05/2023 | 60 | 24 |
| Second Resit | 32 days on average | 92 | 32 |
| Confirmation of Pass | 14 days on average | 106 | 14 |
| NMC Pin Confirmed | 34 days on average | 140 | 34 |

Third Pass:

| Phase | Date | Days | Days each phase |
|------------------------|--------------------|------|-----------------|
| Arrival Date | 13/03/2023 | 0 | |
| OSCE Training Complete | 17/04/2023 | 36 | 36 |
| First OSCE Exam | 11/05/2023 | 60 | 24 |
| Second & Third Resit | 68 days on average | 128 | 68 |
| Confirmation of Pass | 14 days on average | 142 | 14 |
| NMC Pin Confirmed | 34 days on average | 176 | 34 |

Although the averages have been based on Cohort 7, this provides a good forecast of the time required to train and pass an IEN through the current process.

In additional to this, there is a requirement for the international nurses to undertake preceptorship. This totals 96 hours in the first year. Considering that there are 100 IEN's currently in place, this equates to 9,600 hours lost to operational nursing during the first year as a Band 5 registered nurse.

With this addition requiring protected time away from their post to support the preceptorship training, this will impact on nursing availability which could lead to an impact on agency request rates.

Cost Savings Plans:

Nursing stabilisation aims to reduce the usage of temporary staffing. The cost saving between the substantive position and the premium of the agency filling that particular shift will reduce the cost associated with the use of nursing agency. Fill rates in GGH have improved as shown below:

Finance Dashboard

| Ward Names | Fill Rate October 23 | Fill Rate March 23 |
|----------------|----------------------|--------------------|
| All Ward Areas | 66% | 82% |
| 25B Areas | 60% | 75% |
| 25A Areas | 71% | 90% |

A reduction of 33% of shifts being unfilled has shown an improvement in fill rate. On-framework agency rates have continued at a similar rate to prior to the nurse stabilisation programme, however off-framework has reduced during the last three months now being 40% less than the usage in December 2022.

To improve tracking of cost savings, a dashboard has been developed to include key metrics to track the reduction of agency spend while improving fill rates.

The Nurse Stabilisation Programme has been successful in increasing fill rates within GGH. The current programme has not yet achieved full stabilisation; anticipated completion date is August 2023 for IEN's to receive their registration and become registered nurses.

Cost reduction and stabilisation is unlikely in GGH until a further round of IEN recruitment or additional central recruitment, streamlining or apprentice/grow your own schemes are in place to reduce the unfilled rate to near zero. This is due to the baseline vacancy level at the start of the stabilisation programme, additional staffing requirements linked to surge capacity and changes to ward configurations which adds to the workforce requirements.

Accommodation Pembrokeshire:

Accommodation challenges remain within Pembrokeshire. This risk is extremely high compared to the challenges faced in Carmarthenshire, due to a very difficult rental market within Pembrokeshire.

The first phase of the WGH stabilisation requires the nurses to be placed in accommodation within Carmarthenshire.

To support the IEN's finding accommodation within Pembrokeshire, the overseas liaison nurses include accommodation searches and viewing appointments within their induction period. This is supported by six half days to work with local estate agents to source housing accommodation,

IEN's requirements for accommodation are split by those that wish to bring their family to Wales or single nurses that wish to rent a house with other colleagues. This balance is usually 75% requiring accommodation for their families, while the remaining 25% are single occupancy, however, prefer house share accommodation.

There have been previous successes placing IEN's into accommodation throughout Pembrokeshire, with six placed in July 2022. Further feedback from IEN's includes the benefit of living close to the OSCE training suites, this allows the IEN's to move between pre-OSCE training easier. Tracking of IEN's and their request to move sites has highlighted an action for resolution in the International Recruitment Task and Finish Group.

Understanding the first language of IEN's and the culture can improve IEN placements and reduce requests to move. Examples of Filipino nurses being placed in GGH or WGH where there are not individuals who share the same culture can have an impact, with requests to move to sites where they can share their culture with colleagues.

A report has been submitted to the Executive Team to support central accommodation within Haverfordwest. Costs are high and IEN's are not able to afford rental in months 2 and 3 on a Band 4 salary, this is therefore being explored further. The current induction process includes time to search for accommodation, starting at week 2 of the induction supported by the Overseas Liaison Nurses'.

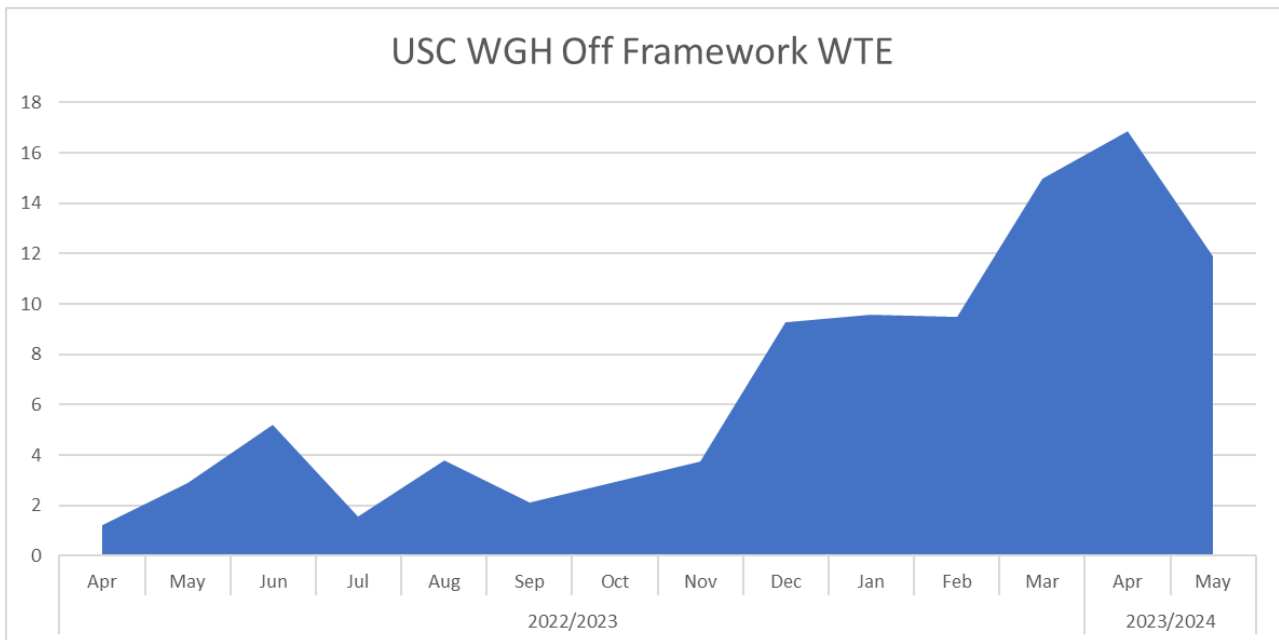
Accommodation provisions are continuing through engagement with accommodation providers in a bid is to increase the flow of IEN's from temporary accommodation to private rentals, supporting the complexity's identified above. The Nursing Workforce Planning Group are leading on this work.

Increased Off-framework Agency WGH:

Introduction of an escalation process to improve governance and reduce off-framework agency use within GGH has been successful, with off-framework rates continuing to reduce since January 2023

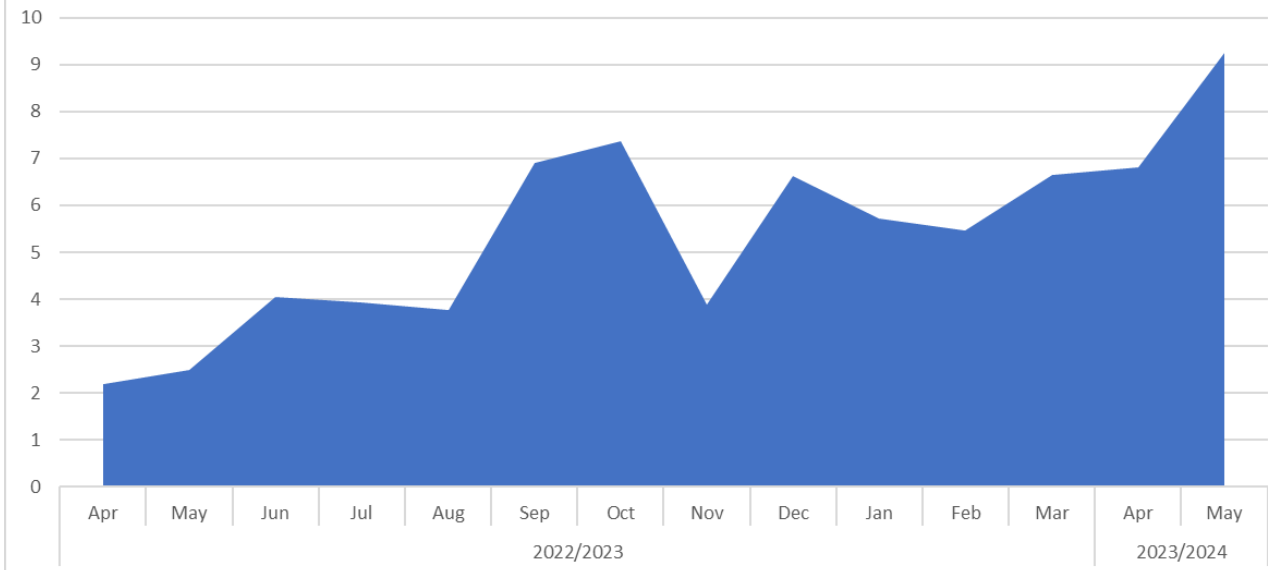
The impact of this has been a reduction in agency spend in GGH. Due to these controls, HDdUHB has noticed the demand for agency supply has moved to WGH and BGH.

A significant increase within WGH since December 2022 of off-framework use has increasing monthly, currently peaking in April 2023 at 16.84 WTE. However, May 2023 is showing a reduction in Thornbury Nursing Services use.



BGH after seeing a reduction in November 2022 has also seen an upward trend of off-framework use within nursing:

USC BGH Off Framework WTE



A detailed escalation process linked to fill vacancy rates will help reduce the use of off-framework agency usage within non-stabilised sites.

Possible additional solutions have been identified to reduce travel and accommodation provisions to agency staff and removal of speciality rates in nursing areas to reduce costs against fill rates.

These additions are currently above the all-Wales framework contract introduced to improve fill rates in hard to fill areas in Pembrokeshire and Ceredigion.

Without additional governance in the short term, there is a risk of continued cost increased in the short term due to the challenges faced in the utilisation of temporary staffing to support nursing vacancy levels.

WGH Surge Beds:

The key driver to the stabilisation work is to reduce vacancy levels on ward areas through introducing international nurses’ site by site.

WGH have a bed establishment consisting of 192 beds. In addition to this, is Puffin Ward’s additional bed base of seventeen. A bed review undertaken on the 9th of May 2023 indicated that WGH is surged by 44 beds. The breakdown is shown below:

| Ward | Specialty | Bed Estab | Occupied Beds | Closed Beds (C) Blocked (B) | Surge |
|---------------------------|-------------|-----------|---------------|----------------------------------|-----------|
| ACDU | Gen Med | 17 | 19 | | 3 |
| ITU | | 7 | 2 | | |
| Ward 1 | T&O | 24 | 28 | | 4 |
| Ward 4 | Surgical | 24 | 28 | | 4 |
| Puffin | Frailty | 0 | 17 | | 17 |
| Ward 3 | Frailty | 24 | 28 | | 4 |
| Ward 7 | Respiratory | 24 | 24 | | |
| Ward 8 | Gen Med | 20 | 20 | | |
| CCU | Cardiology | 6 | 6 | | |
| Ward 10 | Gen Med | 16 | 16 | | |
| Ward 11/ASU | Gen Med | 14 | 18 | | 4 |
| Ward 12 | Gen Med | 16 | 24 | | 8 |
| Surge Total: | | | | | 44 |
| Closed Beds Total: | | | | | 0 |

Site Reports WGH 09/05/2023

Surge beds linked to an increased patient demand within the system impacts on agency usage, due to surge not being funded in established budgets. Options to staff this additional demand are only available using temporary staffing. Further work is required through the Transformation of Unscheduled and Emergency Care (TUEC) programme or through the requirement of additional staffing to support ongoing surge.

Without a solution to review the staffing linked to surge, minimising the usage of temporary staffing will not be achievable and additional costs will remain due to utilisation of temporary staffing.

Future Actions Being Considered:

Review escalation process to include all Section25A areas and planned care - June 2023 GGH:

An updated escalation process, improved governance, and support for escalation to be developed to support managers to guide decision making priorities in relation to off-framework use within USC GGH/PPH, CC GGH and ITU PPH. This process is to support the reduction of off-framework use within HDdUHB linked to cost savings targets against the IEN introduction.

Consideration to remove travel and accommodation provision for on-framework agency:

An options appraisal is to be presented by workforce in June 2023, to understand the options available to support a reduction in cost due to travel and accommodation provisions to on-framework agencies. There is significant financial benefit to a reduction in additional costs (travel and accommodation), however, this does need to be balanced against fill rates. It is recommended a decision is made in partnership between Nursing, Finance and Workforce colleagues to manage the risk surrounding the proposal.

Agency WGH and BGH:

A review of agency fill rates in WGH and BGH is to be undertaken by the people effectiveness team by the end of July 2023. A risk assessed approach to reduce agency usage aligned to overseas nursing arrivals and vacancy factor improving will be considered.

Agency escalation process for WGH linked to improved vacancy levels:

An escalation process in line with that created for USC GGH is recommended to be placed in WGH USC and ITU based on Band 5 registered nursing vacancies reducing. The escalation process should follow a RAG rating based on the following existing fill rate model:

| Shifts authorised by: | | | | | |
|-----------------------|--------------------------------|----------------------|---|---------------------------------|--|
| WTE vacancy | Additional Hours/Overtime/Bank | On Framework | On Framework Out of hours | Off Framework | Off Framework out of hours |
| Green -2WTE or less | Ward Manager | Senior Nurse Manager | Senior Nurse Manager on call/GM/Head of Nursing on call | Director of Nursing/ Operations | Senior Nursing team authorised by GM and Head of Nursing |
| Amber -2WTE to -6WTE | Ward Manager | Ward Manager | Ward Manager/Site Manager | Director of Nursing/ Operations | Senior Nursing Team authorised by GM and Head of Nursing |
| Red -6WTE or over | Ward Manager | Ward Manager | Ward Manager/Site Manager | Director of Nursing/ Operations | Senior Nursing Team authorised by GM and Head of Nursing |

A decision is required regarding whether this should be tiered as per GGH or if the current escalation process should be used to form the beginning, requiring off-framework requests to be authorised by the Director of Nursing. This decision will then be presented to the Nursing Workforce Stabilisation Group. Further work is also required to review the out of hours provision and whether requests should sit with Silver on-call management. A decision will take place in the Nursing Workforce Planning Group in July 2023.

The Nursing Workforce Planning Group to formally approve changes in OSCE Training - requirements moving from 4 to 6 weeks:

The IEN induction process has been extended from 4 to 6 weeks, allowing time for additional OSCE stations. This increase will be required to be planned into any cost benefit analysis linked to a return on investment of the IEN programme.

Further reviews will need to take place to maximise the efficiency of the induction process, which includes the university used for OSCE examination (pass rate %), training provisions during induction and support to improve first pass rates of OSCE exam.

Recommendation Surge:

The challenges presented by surge have the same impact as the demand issues linked to Section 25a areas.

Due to the demand not matching the budgeted workforce, the only option for covering surge is using temporary staffing. Work is on-going to reduce surge across the HDdUHB (TUEC Programme). Without the reduction of surge capacity within WGH, the IEN programme will drive an increase cost with the continuation of temporary staff.

Scoping of other solutions including pools and a surge ward area are on-going, however, are unlikely to impact in the short-term. This item should be managed through the risk log to ensure improvements are seen through the TUEC programme to mitigate the risk to this workstream.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to take assurance from the content of this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

| | |
|---|--|
| Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor: | |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score: | Not applicable. |
| Safon(au) Gofal ac Iechyd: Health and Care Standard(s): | 7.1 Workforce 2. Safe Care 5.1 Timely Access |
| Amcanion Strategol y BIP: UHB Strategic Objectives: | All Strategic Objectives are applicable |
| Amcanion Cynllunio Planning Objectives | 6K_22 workforce, clinical service and financial sustainability |
| Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019 | 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS |

Gwybodaeth Ychwanegol:

Further Information:

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|---|--|
| Ar sail tystiolaeth: Evidence Base: | Included within the main body of the report. |
| Rhestr Termiau: Glossary of Terms: | Included within the main body of the report. |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee: | Executive Team. Nursing Workforce Planning Group. International Recruitment Task & Finish Group. |

| Effaith: (rhaid cwblhau) Impact: (must be completed) | |
|---|--|
| Ariannol / Gwerth am Arian: Financial / Service: | This impacts on the financial position of the Health Board. |
| Ansawdd / Gofal Claf: Quality / Patient Care: | An efficient workforce is required to provide quality/patient care. |
| Gweithlu: Workforce: | This impacts on the current workforce as well as the future workforce. |
| Risg: Risk: | Risk and delivery of cost savings linked to IEN stabilisation. |
| Cyfreithiol: Legal: | All legal implications have been considered and safeguards in place. |
| Enw Da: Reputational: | Not applicable. |
| Gyfrinachedd: Privacy: | Not applicable. |
| Cydraddoldeb: Equality: | Not applicable. |