

 <p><b>manx care</b> Kiarail Vannin</p>	<p><b>SUMMARY REPORT</b></p>	Meeting Date:	28/09/21
			Enclosure Number:

Meeting:	<b>Manx Care Board</b>		
Report Title:	<b>RN Staffing Levels</b>		
Authors:	Paul Moore, Executive Director of Nursing		
Accountable Director:	Paul Moore, Executive Director of Nursing		
	Committee	Date Reviewed	Key Points/ Recommendation from that Committee
Other meetings presented to or previously agreed at:	Verbal discussion at Quality, Safety & Engagement Committee on 13/09/21		That a report be prepared to the September Board

<b>Summary of key points in report</b>			
<p>The Board are advised that registered nurse staffing levels at Nobles and Ramsey Cottage Hospitals is currently requiring intensive mitigation to remain safe.</p> <p>The attached report provides more detail.</p>			
<b>Recommendation for the Committee to consider:</b>			
Consider for Action	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>
Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<p>The Board of Directors are invited to recognise the risk, support the mitigating actions outlined in this paper and advise on any other mitigating actions which could help stabilise current staffing difficulties in acute care.</p>			

<b>Is this report relevant to compliance with any key standards? YES OR NO</b>		<b>State specific standard</b>	
Data Security and Protection Toolkit		NICE Safe Staffing	
Others (pls specify)		CQC Staffing Requirements (NHS England)	
<b>Impacts and Implications?</b>		<b>YES or NO</b>	<b>If yes, what impact or implication</b>
Patient Safety and Experience	Yes	Quality of care	
Financial (revenue & capital)	Yes	Cost of international recruitment/ agency/bank/ vacancies/procurement	
Workforce & Culture including H&S	Yes	Motivation, morale and discretionary effort	
Equality, Diversity & Inclusion	None identified		
Legal	None identified		

## Purpose

The purpose of this paper is to alert the Board of Directors for Manx Care to a specific concern regarding registered nurse staffing across Nobles and Ramsey Cottage Hospitals. At the earliest opportunity (September 2021) the Director of Nursing has flagged to the Quality, Safety and Experience Committee his concern in respect of a sustained period of staffing volatility (instability) which led to several instances of extremely low levels of registered nurse staffing in some clinical areas which, had these events not been successfully mitigated through the efforts of senior leaders and goodwill of registered nurses, could have compromised patient safety. This report expands upon the difficulty for Members of the Board and outlines how the risk is currently being mitigated in the immediate term; alongside intentions to improve staffing levels over the medium and longer term subject to necessary approvals and supply.

## The Problem

During routine and reactive patient safety walk rounds by the Director Nursing and others in mid-late August 2021, it became apparent staffing levels were unstable on acute medical and surgical wards at Nobles Hospital. This was a particular concern for the night shifts where the numbers of registered nurses allocated allowed for RN-to-patient ratios exceeding 1:10 in several areas (i.e., no more than 2 RN's on duty for a ward of 20 or more acutely ill patients). Short-notice sickness/absence often resulted in only one RN on duty. When raised with colleagues by the Director of Nursing and Chief Executive, staff explained this situation occurred frequently.

Conventional practice in the NHS is that for acute medical and surgical wards, RN to patient ratios should not exceed 1:8; however, in many cases this would be lower if patients are step-down HDU/ICU, post-op recovery or in receipt of blood transfusion, non-invasive ventilation support, CVP monitoring, delirious, confused or wandering etc. Where staffing levels exceed these ratios the standard of care can be compromised – evident in mortality indices, levels of harmful incidents, falls, pressure ulcers, failure to recognise clinical deterioration, missed or delayed medicines administration etc.

## Analysis

For the purposes of this report, an analysis of registered nurse staffing levels in September 2021 was undertaken for wards at Nobles and Ramsey Cottage Hospitals. The first bed state report issued at approximately 6:30am each day by the night manager was reviewed. The analysis sought to identify on how many occasions the number of RNs on duty that day dropped to 1 or zero (i.e. extremely low levels) on either the Early, Late or Night shift. Over a sample of 20 consecutive days from 01-20 September 2021 the following findings were revealed:

- 95% (n=19/20 days) demonstrated at least 1 shift where RN staffing levels, if not mitigated, would be considered extremely low;
- Of these, 70% of days had two or more shifts exposed to this risk; and
- 20% (n=4 days) experienced 4 or 5 different areas simultaneously exposed to the risk at the same time;
- The valiant efforts of Matrons, Senior Nurses, Ward Managers, General Managers and the Director of Operations successfully mitigated risk, but it is apparent that there remains volatility and insufficient resilience to give assurance in the short term that the risk has reduced.

## Initial Assessment of Workforce Safeguards

- Nursing establishments (i.e. workforce model for each clinical area) do not give confidence of being sufficiently informed by acuity and dependency analysis; thus raising a concern that establishments might not reflect current care needs for acutely ill patients receiving inpatient care. This is because:
  - formal evaluation of acuity and dependency cannot be assured for every clinical area at the present time across acute services;
  - there is variation in the application of uplift (in the NHS this is an amount usually 23-25% of establishment to cover annual leave, training requirements and average levels of sickness/absence). Without uplift gaps in rotas are hard-wired;
  - rotas in all clinical areas operate on a *de minimus* staffing level. This means acute sickness tips the rota into an unsafe staffing level with very limited resilience elsewhere to counter the rapid shortage of staff;
  - Manx Care has insufficient line of sight on RN vacancy position. Estimates of vacancy are not consistent; meaning it is not clear what the actual vacancy position is. The vacancy position is based on establishments. If establishments are not sufficiently informed and adapted by acuity and dependency analyses from the outset then the vacancy rate, once verified, may also be unreliable for assurance purposes.
- Staffing levels which appear to the Director of Nursing as unsafe are 'normalised' to the extent that not all colleagues recognise the risk or feel powerless to address the risk;
- The planning of annual leave and preparation of rotas at least 6-weeks in advance varies across Manx Care;
- Importantly, nursing (and many other) colleagues across Manx Care say they are exhausted and appear to be at the point of having no further discretionary effort to give. This was evidenced during the week commencing 13 September 2021 when three members of staff felt unable to assist when asked to help cover a ward in difficulty, going off sick shortly after the request in response. Anecdotally, colleagues report that uptake of bank shifts has fallen significantly recently, but this is being verified at time of report; and
- A significant proportion of adult registered nurses are eligible for retirement now (28%, n=138/520), rising to 47% (n=245/520) by 2026. The mean number of adult RN's going forward each year for pre-registration nurse training is 12.8, a number unlikely to close the retirement gap that is building.

## Immediate Action

- Continue to use Bank and Agency as contingency, although this approach is no longer sufficient on its own as many gaps remain unfilled;
- Accelerate international recruitment of adult RN's (Manx Care is actively pursuing options with suppliers sourcing RN's from India and Philippines);
- We are attempting to source 1-shift per week from all non-ward based RN's. This could yield 30-40 shifts per week should all colleagues be willing and able to support. This will have implications for the provision of other services and would require risk assessment beforehand;

- *In extremis*, arrangements will be made for senior nurses, including if necessary matrons, to cover gaps in clinical areas;
- The Director of Nursing has advised that planned annual leave should continue as many colleagues say they are exhausted following Covid and need time to recover. Cancelling annual leave now will have a detrimental impact on capacity to handle the winter that lies ahead.

### **Medium and Longer-Term Actions**

- The difficulties associated with registered nurse staffing are not unique to the Isle of Man. In fact there is a critical shortage of clinical workforce globally leading to very high levels of competition for staff. Manx Care is attempting to secure external expertise via NHS England/Improvement to help Manx Care review and rebuild ward establishments using acuity and dependency analysis and professional judgement, this has not yet been agreed or confirmed;
- In the longer term, the Director of Nursing intends to explore increasing numbers of Isle of Man applicants put forward for pre-registration training as a means of acquiring an ability to replenish the workforce following anticipated retirements and meeting increases in demand for care and acuity. Assuming all parties agree to fund increases in pre-registration training, the benefit would not materialise for 3-4 years; therefore
- Alongside increases in trainee placements, the Director of Nursing intends to upskill the HCA workforce using a competency framework to help ease the workload on RN's and provide more resilience to care provision.

### **Conclusion**

The Board are advised that registered nurse staffing levels at Nobles and Ramsey Cottage Hospitals is currently requiring intensive mitigation to remain safe.

### **Recommendation**

The Board of Directors are invited to recognise the risk, support the mitigating actions outlined in this paper and advise on any other mitigating actions which could help stabilise current staffing difficulties in acute care.