

Meeting Date	11th April 2023	Agenda Item	3.1
Report Title	AMSR Nurse Staffing Update		
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Report Sponsor	Ceri Matthews (Interim Directory of Nursing)		
Presented by	Emma Mitchell (Interim Head of Nursing)		
Freedom of Information	Open		
Purpose of the Report	To Provide an update of the nurse staffing position following the implementation of Acute Medical Service Redesign (AMSR).		
Key Issues	<ul style="list-style-type: none"> • Overcrowding within Acute Medical Unit (AMU). • Reliance on temporary workforce to support the unavailability and vacancies across permanent and temporary wards. • Extended timeframe for the Internationally Educated Nurses to gain their Nursing and Midwifery Council (NMC) registration. • Skill mix and the speciality expertise within some areas. 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
		✓	
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note 		

1. INTRODUCTION

- In November 2022 the Acute Medical Service Redesign (AMSR) transition plan was approved at Executive Board, this detailed the transfer of services from Acute Medicine at Singleton Hospital to the Division of Medicine at Morriston Hospital with a full closure of Singleton Assessment Unit (SAU) planned for 23rd January 2023 to enable centralisation of the acute medical take at Morriston Hospital. In addition the transfer of Stroke and Ortho-Geriatrics inpatient rehabilitation services from Singleton to Neath Post Talbot Hospital.

Part of AMSR was to create an Acute Medical Unit (AMU) consisting of 45 spaces and 10 acute medical wards with varying specialities at Morriston Hospital. Included in this plan was that 3 sub-acute medical wards would temporarily remain at Singleton Hospital with aim for these to be closed by September 2023.

There was a formal consultation process followed in line with the Health Boards Organisation Change Policy (OCP) and some key milestones following this process were:

- 5th December 2022
 - AMU opened staff from AMAU and RAU within Morriston moved to the new AMU. There was immediate release of a band 7 and band 5 from SAU, and then subsequently staff released from SAU shift dependant.
 - All acute speciality wards within Morriston were reconfigured.
 - Transition plan of Morriston and Singleton staff commenced.
 - All services/teams with a change of management structure was carried out.
- 29th January 2023
 - The transition plan has completed and all staff that were moving as part of the OCP were in their new substantive ward/unit.

2. CURRENT POSITION

Vacancies

There has been a significant recruitment drive into band 7 and 6 posts, including reducing the number of temporary posts and being able to recruit substantially. Nine of the ten wards have a band 7 senior sister and Dyfed should be in a position to appoint a senior sister by the end of May 2023.

90%, of the band 6 junior sister positions have been filled; this is an increase of 13% since November 2023, with a reduction of seconded posts.

The band 7 and 6 recruitment has had an impact on the band 5 vacancies, appears that there has been a 10% increase in the band 5 vacancies. However, a caveat to this is that the Internationally Educated Nurses (IEN) recently recruited through our overseas programme that are working as band 4's were included in the band 5 numbers in the calculations in November. This has now been split due

to the delays in completing their OSCE training and successfully getting their NMC registration. Please see table 1 below the band 5 position:

Table 1

Wards	Band 5 substantive staff % (November 2022)	AMSR band 5 substantive staff % Pre secondments (November 2022)	Band 5 substantive as of 31st March 2023	Predicted Band 5 substantive when the current band 4 IEN receive NMC registration.	Predicted Band 5 substantive when the allocated March/April and May band 4 IEN receive NMC registration.
J	66.37%	89.41%	73.00%	73.00%	81.00%
F	80.17%	95.62%	84.00%	89.00%	89.00%
G	52.96%	98.72%	52.00%	68.00%	78.00%
S	60.12%	86.55%	60.00%	71.00%	87.00%
R	44.10%	63.03%	51.00%	70.00%	88.00%
Gower	57.01%	44.80%	66.00%	82.00%	95.00%
Dyfed	9%	0%	0%	37.00%	65.00%
TAWE	N/A	99.63%	52.00%	52.00%	64.00%
Ward D	NA	98.60%	90.00%	96.00%	96.00%
Ward E	NA	93.20%	88.00%	88.00%	96.00%
AMU/SDE C	NA	106%	115.00%	115.00%	115.00%
Average	56.87%	77.02%	66.45%	76.45%	86.73%

Two of the wards has not currently recruited into the band 3/4 Assistant Practitioner (AP) roles, therefore increasing the demand on the band 5 workforce and is being covered by a temporary band 5 workforce.

There has been little change in the numbers of band 3 and 2 HCSW's since November 2022, however there is approximately 8 due to start with more allocated once their employment checks are completed.

As part of the business case there was an increase in ward clerk hours to support longer coverage including a 7-day cover, these additional posts are in the process of being appointed into.

Within all areas, there is a 26.9% uplift to support Annual Leave (AL), sickness and study leave and other unavailability. Many areas are frequently running at 40-50% unavailability with an average of 36.3% unavailability based on W/C 19/03/2023.

One of the main drivers increasing the unavailability is the over allocation of AL this is as a result of teams coming together with AL already allocated and booked. Therefore, this will improve in 23/24 financial year. The other main driver is sickness, with many areas exceeding 10% and some reaching 25%. Because of unavailability exceeding the uplift then there is an increased requirement on a temporary workforce.

All senior posts band 8A-8C have been appointed; however, a matron, Deputy Head of Nursing, and Head of Nursing are in interim roles.

NSA

The Nurse Staff Act (NSA) covers all wards/units within medicine; all wards (excluding AMU/Same Day Emergency Care (SDEC)) come under 25B classification of the Act and therefore are subject to the twice yearly review. A review is currently going through the corporate NSA scrutiny with three changes required

- Increase by a RN at night for ward S.
- Increase by a RN at night for ward G.
- Increase workforce on ward E due to an increase of medical beds on the ward.

Acknowledging that this is in the early stages of the change process and therefore the next review in 6 months will be able to support the information required for the triangulation of data and professional judgement. There will be ongoing review and monitoring of acuity, clinical incident, and quality safety indicators.

AMU comes under the 25A classification within the NSA and therefore is not being reviewed currently via the corporate scrutiny panel and is being reviewed as part of the AMSR Board.

The creation of additional inpatient areas across Division of Medicine and the move of staff because of the OCP has altered the skill mix of the nursing workforce and has diluted the speciality skills within the wards; in addition, there are junior sister and matron teams and a high numbers of IEN recruited. However, positively the education and development team had increased from 1 to a team of 4. This team are supporting the development of speciality competencies and supporting the training and education required alongside the wider MDT.

The 90 temporary beds within Singleton Hospital are for the Clinically Optimised Patient (COP) and therefore is a 25A under the NSA. Because of the OCP, there is approximately 50% substantive staff substantial reliance on temporary workforce to cover the vacancies. When the temporary workforce closes then the substantive workforce will move to Morriston as per the OCP.

AMU

Yellow zone frequently has an increased number of patients within this area, leading to overcrowding with prolonged periods in chairs or Trolley's. Concerns

around the risk that have been escalated via multiple routes- direct from MDT's, DATIX system, The Guardian Service, patient concerns and other routes.

A weekly operational meeting is working through a live action plan to support the development and ongoing improvements within AMU. In addition to this, there is the 6 goals team who are support the development of SDEC to help improve overcrowding with AMU and the LOS reduction plan the health board are running.

To mitigate some of the risks because of overcrowding there has been a temporary increase in the unregistered workforce within AMU, supported the yellow zone with converting a band 5 into a band 6 and additional admin support.

As part of the SDEC project board, there will be a review of nurse staffing within this area and the likelihood that it will affect the patient caseload, reduction of overcrowding and therefor AMU staff workforce will be reviewed in line with this.

3. RECRUITMENT and RETENTION

- As part of Morrsiton Service Group (MSG), the Division of Medicine are actively part of the overseas recruitment programme. MSG have development a group of IEN champions, this is a 'buddy' type role to support the new recruits into Swansea Bay UHB.
However, there is a delay in the OSCE exam, which is affecting the timeframes for our overseas recruits to gain their NMC registration. MSG are working with the corporate team.
- Division of Medicine have run specific band 5 adverts as well as engaging with the corporate recruitment team.
- There is a planned 3-hour session for our unregistered workforce to drop in to gain advice and support in the career development. Increasing the opportunities across the areas for a band 3 and band 4 workforce.
- MSG working with the resource team for band 2 HCSW recruitment.
- Interviews for band 2 Admin and Clerical roles are first week of April.
- A focus on all staff having meaningful PADR's.
- Development of the development and education team.
- Audits across all areas to understand our compliance against the Absence at Work Policy.
- Temporary recruitment to support the 90 temporary beds within Singleton.
- Utilising the temporary workforce through the nurse bank.

4. KEY ISSUES

- Overcrowding within AMU.
- Reliance on temporary workforce to support the unavailability and vacancies.
- Extended timeframe for the IEN to gain their NMC registration.
- Skill mix and the speciality expertise within some areas.

5. APPENDIX

Appendix 1. Staffing position within AMRS areas at Morrision during planning stage (November 2022).

Ward	Band 7			Band 6			Band 5				Band 3/4 AP			Band 3			Band 2			Band 2 Admin						
	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	with second staff	%	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	with second staff	%	Establishment (WTE)	WTE	%			
Ward D	1	1	100%	2	2	100%	17.9	15.5	21.7	86%	NA	NA	NA	NA	NA	NA	26.2	23.9	29.0	91%	2.04	1	49%			
Ward E	1	1	100%	1	1	100%	12.45	11	12	88%	3.55	0	0%	NA	NA	NA	17.2	16.1	18.1	94%	2.04	1.6	80%			
Ward F	1	1	100%	2	1.92	96%	21.45	17.5	22.5	82%	NA	NA	NA	5.45	6.07	111%	20.7	19.3	24.8	93%	2.04	1	49%			
Ward G	1	1	100%	2	2	100%	18.73	17.6	19.9	94%	0	2	200%	NA	NA	NA	20.7	19.1	23.9	92%	2.04	1	49%			
Ward J	1	1	100%	5.5	3.91	72%	26.17	23.3	27.9	89%	NA	NA	NA	NA	NA	NA	20.7	24.0	26.0	116%	2.04	1	49%			
Ward S	1	1	100%	2	2	100%	18.73	16.1	23.1	86%	NA	NA	NA	NA	NA	NA	17.2	13.1	25.4	77%	2.04	0	0%			
Ward R	1	1	100%	2	2	100%	21.45	16.9	20.5	79%	2.72	0	0%	NA	NA	NA	17.2	13.3	17.5	78%	2.04	0	0%			
Gower	1	1	100%	2	2	100%	24.18	17	19.8	70%	NA	NA	NA	NA	NA	NA	28.9	16.3	20.1	56%	2.04	1	49%			
TAWE	1	1	100%	1	1	100%	13.45	10	16.8	74%	NA	NA	NA	NA	NA	NA	11.7	6.2	18.6	53%	2.04	0	0%			
Dyfed	1	0	0%	1	0	0%	10.73	0	0	0%	NA	NA	NA	NA	NA	NA	6.2	1.8	0	30%	2.04	1	49%			
AMU	6.45	5	78%	9.2	6.66	73%	45.25	53.3	118	6.28	3.2	51%	9	9	100%	28.9	32.8	113%	113%	5.45	6.3	115%				
SDEC	NA	NA	NA	2.5	0	0%	6.49	6.49	100%	NA	NA	NA	2.95	0	0%	NA	NA	NA	NA	2.5	2.5	100%				
			80%			78%						81%				63%				70%			81%			49%

Appendix 2. Staffing Position following transfer of staff to Morrision with 90 beds remaining and SAU closure

Band	Agreed establishment	Staff in post	Vacancy	% Established
7	3	2 (0 from March 23)	-1	66%
6	3	3	0	100%
*5	64.6	32.7	-32.3	50%
4	0	0	0	-
*2	78.6	41.35	-36.71	53%

*Band 5 and 2 Establishments Reduced as Sub-acute wards

Appendix 3. Current staffing position within effected AMRS areas at Morrision (March 2023).

Ward	Band 7			Band 6			Band 5			Band 4 EN started				EN/recruitment due to start			Band 3/4 AP			Band 3			Band 2			Band 2 Admin		
	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	%	WTE in post	Establishment once received (WTE)	WTE	%	WTE due to start	Establishment once received (WTE)	WTE	%	Establishment (WTE)	WTE	%	Establishment (WTE)	WTE	%	recruitment	Establishment (WTE)	WTE	%	
Ward D	1	1	100%	2.00	2.00	100%	17.90	16.14	90%	1.00	17.14	96%	0.00	17.14	96%	NA	NA	NA	NA	NA	NA	28.18	19.43	74%	0.00	2.04	1.00	49%
Ward E	1	1	100%	1.00	1.00	100%	12.45	11.00	88%	0.00	11.00	88%	0.00	11.00	90%	3.55	0.00	0%	NA	NA	NA	17.17	15.04	88%	0.00	2.04	1.64	80%
Ward F	1	1	100%	2.00	0.92	46%	21.45	18.00	84%	1.00	19.00	89%	0.00	19.00	89%	NA	NA	NA	5.45	6.07	111%	20.73	19.44	94%	0.00	2.04	1.00	49%
Ward G	1	1	100%	2.00	2.00	100%	18.73	17.68	94%	3.00	12.68	68%	0.00	14.68	78%	0.00	2.00	200%	NA	NA	NA	20.73	17.75	86%	0.00	2.04	1.00	49%
Ward J	1	1	100%	5.45	3.90	72%	26.17	19.20	73%	0.00	19.20	73%	0.00	21.20	81%	NA	NA	NA	NA	NA	NA	20.73	19.68	95%	0.00	2.04	1.00	49%
Ward S	1	1	100%	2.00	2.00	100%	18.73	11.22	60%	2.00	15.22	71%	0.00	18.22	87%	NA	NA	NA	NA	NA	NA	17.17	17.42	101%	0.00	2.04	1.00	49%
Ward R	1	1	100%	2.00	2.00	100%	21.45	10.92	51%	4.00	14.92	70%	0.00	18.92	88%	2.72	0.00	0%	NA	NA	NA	17.17	13.41	78%	0.00	2.04	0.00	0%
Gower	1	1	100%	2.00	2.00	100%	24.18	15.92	66%	4.00	19.92	82%	0.00	22.92	95%	NA	NA	NA	NA	NA	NA	28.90	22.87	79%	4.29	2.04	1.00	49%
TAWE	1	1	100%	1.00	1.00	100%	13.45	7.00	52%	0.00	7.00	52%	0.00	8.00	64%	NA	NA	NA	NA	NA	NA	11.73	4.80	39%	0.00	2.04	0.00	0%
Dyfed	1	0	0%	1.00	1.00	100%	10.73	0.00	0%	4.00	4.00	37%	0.00	7.00	65%	NA	NA	NA	NA	NA	NA	6.30	2.45	40%	5.37	2.04	0.00	0%
AMU	6.45	5	78%	9.17	9.17	100%	44.30	57.55	130%	0.00	57.55	130%	0.00	57.55	130%	6.28	3.12	50%	9.00	8.80	90%	28.90	30.46	105%	0.00	5.45	7.60	139%
SDEC	NA	NA	NA	2.45	0.94	34%	6.29	6.29	100%	0.00	6.29	100%	0.00	6.29	100%	NA	NA	NA	2.95	0.00	0%	NA	1.00	NA	0.00	2.50	2.50	100%
			80%			90%			71%				80%				89%				69%			80%			51%	

