Board of Directors: 10 12 15
Agenda Item No: B15 242.1

Review of Nurse and Midwife Staffing Establishments

Presented by: Jackie Ardley, Chief Nurse

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Previously considered by:
- Extraordinary Executive Directors’ Meeting 23.11.15
- Quality and Safety Committee 25.11.15
- Executive Directors’ Meeting 01.12.15

Key points

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<td>To note and gain assurance</td>
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1. Bradford Teaching Hospitals NHS Foundation Trust is proud of the care that it provides, and has ambition to ensure that all the aspects of quality of care (safety, patient experience and clinical effectiveness) provided in all its services are outstanding. The recommendations in this paper will support the Foundation Trust in delivering this ambition. These recommendations will:

- Provide high quality and safe nursing/midwifery care that meets the individual needs of the patients
- Address compliance with national standards and good practice in relation to nursing/midwifery care
- Ensure the effective management and mitigation of current and future nursing/midwifery care delivery risks.

2. Since 2012/13 the Foundation Trust has demonstrated a significant commitment to providing safe nursing and midwifery care; including investing a total of £3.765m in midwifery and inpatient nursing.

   A comprehensive review of nurse staffing establishments on all inpatient wards has been undertaken using a range of national staffing tools, triangulated against quality indicators and tested through professional challenge to produce this proposal, as previously presented to the Quality and Safety Committee in November 2015. The review comprises the following:

   - Achieving sustainable Safe Quality Care
   - Delivering a new model of care in the Accident and Emergency Department (AED) to improve the ECS standard
   - Providing Enhanced Quality care in line with the future strategic direction for Trust services.

3. The outcomes of the review have resulted in a net increase of 28.7wte registered nurses and 46.7wte healthcare support workers. The total cost is £2,744,180.
4. The Executive Officers of the Board of Directors recommend that achieving sustainable Safe Quality Care and Delivering the new model of care in AED is approved with a planned approach to implementation, and that a further paper is considered on Providing Enhanced Quality of Care.

The recommendation to approve the requirement for sustainable safe care and the AED model will require an investment of: £2,462,222 which includes £58,827 National Insurance increase on growth. This will enhance the overall nursing establishment by:-
- 25.1wte Registered nurses
- 44wte Health Care Support Workers

Note: At the Quality and Safety Committee, the original investment requirement was £3,000,180. This has been reduced to £2,744,180 due to agreed Stroke funding (Airedale Hospital Foundation Trust) from the Clinical Commissioning Group.

5. Unless service requirements or acuity (illness severity) change in the inpatient ward settings, a further review of this scale will not be required. However the Trust will continue to monitor acuity and dependency alongside its quality indicators.

6. Next Steps – that a further paper is considered at the March 2016 Board of Directors’ meeting on Providing Enhanced Quality of Care which will:-
- Further evaluate the NIV investment in Health Care Support Workers and the quality benefits
- Enable further discussion between the Medical Division, the Stroke Network and the Commissioners

### Executive Summary:
Since 2012/13 the Foundation Trust has demonstrated a significant commitment to providing safe nursing and midwifery care including investing a total of £3.765m in midwifery and inpatient nursing.

This paper represents the most comprehensive review to date of nurse staffing levels across the Foundation Trust, and follows on from the September 2015 Board of Directors’ Meeting which agreed that it should receive the totality of the safer staffing nursing and midwifery review which would include the Accident and Emergency Department and Paediatric Services. The recommendations in this paper set out the requirements to ensure that delivery of the aim of providing outstanding nursing and midwifery care across all aspects of quality can be achieved.

The most recent review of nurse and midwifery staffing commenced in May 2015, and there has at this stage been no change in acuity identified as part of the continuous review. The
recommendations within the paper have been set out in three parts:

- Achieving sustainable Safe Quality Care – a review of adult inpatient wards, Maternity services, Critical Care and Paediatric services
- Delivering a new model of care in the AED
- Providing Enhanced Quality Care – the review considers further enhancing the quality of nursing care delivered in Non Invasive Ventilation and Stroke Services. The Board of Directors are asked to note that current staffing levels do provide safe quality care for the patients of Bradford. The process has been led by the Chief Nurse team using data collated and reviewed in line with national guidance where available. A confirm and challenge meeting was held whereby the validated information was presented to the Chief Nurse by the Ward Sister, Matron and Head of Nursing or Midwifery. This was followed by an external confirm and challenge panel with representation from the Chief Nurse teams of two local acute Trusts.

The paper also takes into account two further stages of scrutiny, at the Quality and Safety Committee and by the Executive Team, and reflects these comments.

- The Executive Officers recommend that the Board of Directors approve: Achieving sustainable Safe Quality Care and Delivering a New Model of Care in AED with a planned approach to implementation

The recommendation will require an investment of £2,462,222:

And will enhance the overall nursing establishment by:-

- 25.1wte Registered nurses
- 44wte Health Care Support Workers

That a further paper is considered at the March Board of Directors’ meeting on Providing Enhanced Quality of Care which will:

- Further evaluate the NIV investment in Health Care Support Workers and the quality benefits
- Enable further discussion between the Medical Division, the Stroke Network and the Commissioners on the staffing requirements for the stroke service and the wider needs for Stroke across West Yorkshire.

Note: At the Quality and Safety Committee, the original investment requirement was £3,000,180. This has been reduced to £2,744,180 due to agreed Stroke funding (Airedale Hospital Foundation Trust) from the Clinical Commissioning Group.
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<td>Corporate Objective:</td>
<td>Our Patients: Patients choose their care with us and recommend us to family and friends</td>
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<td>Our Staff: Staff excel at putting patients first, wherever they work in the FT</td>
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<td>Our Organisation: We are a well-managed organisation that meets our obligations to patients</td>
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<td>Our Services: We provide a range of services that support the current and future needs of our patients</td>
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<td>Our Community: We work hand in hand with GPs and other partners to put patients first</td>
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Review of Nurse and Midwife Staffing Establishments

1. Introduction

This paper represents the most comprehensive review to date of nurse staffing levels across the Foundation Trust, and follows on from the September 2015 Board of Directors’ Meeting which agreed that it should receive the totality of the safer staffing nursing and midwifery review which would include the Accident and Emergency Department and Paediatric Services. The recommendations in this paper set out the requirements to ensure that delivery of the aim of providing outstanding nursing and midwifery care across all aspects of quality can be achieved.

It sets out the recommendations arising from the latest review of nurse and midwifery staffing levels for adult inpatient wards, Accident and Emergency (AED), Critical Care (ICU), Paediatrics and Maternity Services within the Foundation Trust.

Quality has been defined by Lord Darzi as comprising patient safety, patient experience and clinical effectiveness. Staffing levels can have an impact on all and should not be seen as purely impacting on patient safety. A good patient experience comes from ensuring an individual’s basic needs, such as pain relief, toileting, and hygiene needs can be met. Effective care is about ensuring patients receive care in a timely manner, for example, inadequate pain relief results in reduced patient movement, which in turn can lead to increased susceptibility to chest infection, delayed recovery and longer length of stay.

Since 2012/13 the Foundation Trust has demonstrated a significant commitment to providing safe nursing and midwifery care; including investing a total of £3.765m in midwifery and inpatient nursing.

Bradford Teaching Hospitals NHS Foundation Trust is proud of the care that it provides, and has ambition to ensure that all aspects of quality of care (safety, patient experience and clinical effectiveness) provided in all its services are outstanding. The recommendations in this paper will support the Foundation Trust in delivering this ambition and be able to provide high quality and safe care that meets the individual needs of all its patients. The following proposals have been subject to scrutiny at the Quality and Safety committee and further discussion and challenge at Executive level. The paper has been revised and updated to reflect the comments received.

The paper is now set out in three parts:

- Achieving sustainable Safe Quality Care
- Delivering a New Model of Care in AED
- Providing Enhanced Quality of Care
2. Achieving Sustainable Safe Quality Care

This section covers the following clinical areas:

- Adult inpatients
- Maternity Services
- Critical Care
- Paediatric Wards

2.1. Adult Inpatients

2.1.1 Background to Safer Nursing Care Reviews

The NICE Guidance on Safe Staffing for Nursing on Adult In-Patient Wards published in July 2014, clarifies the requirement on Boards of Directors in determining and approving safe nurse staffing levels, which includes ensuring that a review takes place on at least a six-monthly basis, using an evidence-based tool. The Safer Nursing Care Tool (SNCT) was updated in 2014 in line with the recommendations outlined in the NICE guidance and received endorsement by NICE in October 2014.

The tool is not recommended, due to issues of reliability, in non-acute areas such as the Community Hospitals. However, in the absence of an alternative tool, the Foundation Trust has applied the SNCT in those environments. The results from these areas have been viewed with caution and a greater reliance on professional judgement has been applied.

The data collection performed in May 2015 is the seventh time that the tool has been deployed since October 2012, during which time use of the tool has been refined. The results can be viewed with greater reliability as it is now possible to see trends and gain assurance that decisions are being made only where there is consistent evidence of over or under staffing.

2.1.2 Other Methodologies used in informing the recommendation

It is widely recognised that professional judgement should play a part in the process around determining safe staffing levels in conjunction with other methodologies. Thus proposals for ward staffing establishments have been made based on information from the SNCT, the nurse-to-bed ratios, percentage skill mix and professional judgement, also taking account of the non-ward based activity.
2.1.3 Adult Inpatient Ward Staffing Recommendations

Using the above methodology, the staffing levels for each shift, by ward, have been reviewed, and revised where necessary. The revised figures take account of a nurse-in-charge on day shifts, who is not responsible for a group of patients (and therefore excluded from the nurse to patient ratio) on acute wards. This is in line with NICE guidance and practice nationally.

The process has been led by the Chief Nurse’s team and has been conducted in two stages. All data has been collated and prepared in line with the above NICE guidance and also takes account of the letter issued by Monitor. Monitor requires that the guidance is adopted in a proportionate and appropriate way, avoiding over estimating the requirement as well as ensuring understaffing is addressed.

Following collation of the data, each ward received a summary of all the relevant information relating to their ward, i.e. SCNT results, nursing indicators, nurse-to-patient ratios, skill mix and care contact time. The Head of Nursing, the Matron and Senior Sister/Charge Nurse for the ward then reviewed and validated the data. The validated information was presented, along with any proposed changes, to the Chief Nurse by the Senior Sister/Matron, with the Chief Nurse team, Head of Nursing and Director of Human Resources in attendance.

The recommended staffing levels for each ward were then challenged and scrutinised to ensure there was a clear rationale for any changes being requested. The Matron and Senior Sister were asked to sign to indicate their agreement with the nurse staffing levels (per shift) being recommended for their ward.

Following this process a separate external confirm and challenge panel, was convened. The Chief Nurse Team and Heads of Nursing for the Divisions of Medicine, and Surgery and Anaesthesia met with representatives from the Chief Nurse teams of two local acute trusts. They were asked to review the information provided to the Ward Sisters, along with the proposed staffing levels, to apply scrutiny to the Foundation Trust panel regarding the decisions that had been reached, both in terms of the validity of the rationale and to apply comparison with their own organisations.

The final outcome for proposed staffing levels for adult inpatient services requires an investment of £1,718,047

2.2 Maternity Services

2.2.1 Introduction to Maternity Services Review

The staffing position for maternity services has gradually improved over recent years due to significant investment. The ratio of midwives-to-births now stands at 1:30 which is the regional average. The 6-monthly review of staffing is described, and recommendations for improvement are made to safeguard the future and plan for future workforce requirements.
2.2.2 Background to Maternity Staffing Reviews

Over the last 10 years maternity staffing has been under constant review within Women’s Services and significant investment has been made by the Trust during this time.

For a number of years staffing ratios were based on the Royal College of Obstetricians and Gynaecologists (RCOG) Safer Childbirth (2007) recommendations of 1 midwife to 28 births. Latterly, the use of Birthrate Plus (BR+) an evidence based tool for workforce planning has been implemented nationally. This study has been undertaken by the Foundation Trust three times, each time demonstrating the need for more staff in maternity services.

For many years the ratio of midwives-to-births stood at 1:33 and has gradually been raised by investment in staffing to the current ratio of 1:30. This has brought the Trust in line with the regional average. The latest BR+ study (2014) demonstrated the need for an additional 22wte midwives and 2.6wte Maternity Support Workers (MSWs). Investment was made in the MSWs and also 6.5wte midwives bringing the current deficit from the BR+ recommendation to 15.5wte midwives. The Trust will assess the impact of the investment of 6.5wte midwives (recruited and in post as from October 2015) against the measures set out in 2.2.4.

2.2.3 Current and On-GOing Service Challenges

The impact of investment has been significant. It has enabled the opening of the Birth Centre and ensured provision of safe staffing levels across the whole of intrapartum care. It has also resulted in a notable decrease in bed closures, escalation and suspension of services resulting from inadequate staffing levels.

The full effect of the new investment monies has only been seen from October 2015 onwards due to the acknowledged recruitment opportunities being from the University outturn. In October 2014 the Care Quality Commission (CQC) found maternity services to be ‘good’ but did highlight staffing on the wards during evenings/night as a particular issue. Some of the investment monies have been targeted at these areas. The impact of staffing levels on safety and quality and public perception of the service aligns with women’s feedback about the service: continuity, time, information giving, providing practical support and staff behaviours all being key issues. NICE guidance on Safe Midwife Staffing in Maternity Settings was published in February 2015. The Trust is not yet fully compliant with certain elements of this, for example, the provision of 1 to 1 care for women in labour. Currently the Trust achieves around 70%.

2.2.4 Six-monthly Maternity Staffing Review Methodology

As per NICE guidance for safe staffing (2015), it is a requirement to review staffing on a 6-monthly basis. In the absence of an agreed tool to use on a 6-monthly basis it has been necessary to find a method of assessing changes in acuity/dependency/workload/capacity/activity for on-going review.
It would be impractical to repeat the BR+ study on a regular basis due to its complexity and workload intensity.

Until then it was decided to use the following parameters from the maternity dashboard to assess the need for any changes in staffing requirements.

- Bookings
- Births
- Caesarean section rate, elective and emergency
- Inductions of Labour
- Out of area/cross border cases
- Harms: Postpartum haemorrhage, 3\textsuperscript{rd} and 4\textsuperscript{th} degree tears
- Ability to provide 1 to 1 care in labour

It is necessary to include and consider any changes in practice, NICE recommendations and their implications. A degree of professional judgment is exercised and an overview taken by the management team.

2.2.5 Maternity Staffing Review Recommendations

The recommendation for the maternity staffing review is:

- Continue to monitor staffing on an on-going basis, which will include the metrics considered above, with the addition of the Maternity Safety Thermometer
- Assess the impact of the investment in April 2016 as all midwifery vacancies have been filled from October 2015.

2.3 Paediatrics

Please note that for the purposes of this paper where it refers to Children’s Services, this is making reference to Wards 2, 16 and 17 only.

2.3.1 Background to Paediatric Review

Previous reviews have recommended a change to the skill mix, resulting in an increase to the number of unregistered band 3 health care assistants and a corresponding reduction in registered nurses. The plan was to implement this in a phased manner; however the Foundation Trust recognised that the proposed number of registered nurses would not be sufficient to meet the needs of this patient group. Therefore the wards have continued to operate on the original staffing numbers.
During October 2014, the CQC inspection raised concerns relating to staffing issues in Children’s Services, rating the Children’s Services as ‘inadequate’ for Safety with an overall ‘requires improvement’, highlighting particular concerns around paediatric stabilisation. The Foundation Trust commissioned the Royal College of Paediatrics and Child Health (RCPCH) to undertake a peer review of the stabilisation unit. In their report from July 2015, they raised concerns in relation to the staffing levels across the Children’s Unit, referring to the fact that the nursing teams had become used to providing a level of care without the appropriate resources, which is challenging in many situations, and particularly when a child requires to be transferred for care to the children’s critical care services outside the Trust.

Whilst professional review of staffing levels had been undertaken in the past, it was recognised that as for adults, this needed to be undertaken using an accredited acuity/dependency tool. The Paediatric Acuity and Nurse Dependency Assessment tool (PANDA) was procured and implemented earlier this year. PANDA has been used to inform staffing requirements along with professional judgement and reference to the Royal College of Nursing (RCN) guidance ‘Defining staffing levels for children and young people service’ (2013). Additionally, the establishments being proposed in this paper have been subject to the scrutiny of the newly appointed Head of Nursing for Children’s Services, and the revised registered nursing numbers are consistent with those in place in paediatric wards across the region.

2.3.2 Paediatric Methodology

PANDA is designed specifically for paediatric hospital care and has the ability to provide:

- Data on the UK Paediatric Critical Care Minimum Data Set (PCCMDS) to allow accurate charging of high dependency care
- Data relating to the number of staff required to care for the children according to their acuity and dependency.

PANDA is based on assessing each child’s individual needs. Patient data is entered by linking to existing patient management systems to identify all children requiring assessment based on admission and discharge data. PANDA tracks patient acuity over time to calculate safe staffing levels based upon ward activity and individual patient dependency. The reports collate patient acuity and predicted staffing on a shift-by-shift basis, overall acuity of the ward and frequency of PANDA category identification. Reports can be configured to reflect additional nurse staffing for patient complexity and cubical use if required.

2.3.3 Paediatric Review Results

The analysis of PANDA data illustrates a high acuity level on each ward and has calculated a recommended whole time equivalent. When estimating predicted staffing requirements the measurement, including an adjustment for cubicle requirement and patient complexity, 100% occupancy, 22% uplift, and a skill mix, was applied.
The results have been considered and, together with professional judgement, and following engagement with the Senior Sister and Matron, a proposed number of registered and unregistered nurses per shift has been agreed in the same way that it was for adult inpatient wards. As part of the professional judgement element, comparison has been made with other paediatric wards across the region, and is in line with RCN guidance. The process included an external confirm and challenge.

2.3.4 Specific Issues Addressed

The data captured in PANDA for Ward 16 includes caring for children in the stabilisation unit, and shows intensive care unit (ICU) level care has been provided on Ward 16 for a group of patients within the stabilisation unit prior to transfer to a children's critical care unit.

The Children’s Assessment Unit (CAU) is on Ward 16. It incorporates 3 rooms and a 4-bedded observation area, in addition to the 10 inpatient beds/cots, where children can be monitored for up to 6 hours prior to discharge or admission. CAU is not included in the PANDA analysis but there is a specific standard in the RCN’s guidance, “Defining staffing levels for children and young people service” (2013).

It is recognised the overall skill mix for paediatrics demonstrates a rich registered to unregistered ratio, however this is due to the fact that the stabilisation unit, the Children’s Assessment Unit and the off-ward activity all require registered nurses and cannot be provided by unregistered staff.

2.3.5 Recommendation

The final outcome for proposed staffing levels for paediatric inpatient services requires an investment of £300,471.

2.4 Critical Care Staffing

2.4.1 Introduction to Critical Care

Bradford Teaching Hospitals Intensive Care Unit (ICU) currently has 8 level 3 beds (ICU) and 4 level 2 beds High Dependency Unit (HDU) on the main unit, with an additional 4 level 2 beds in a satellite HDU on Ward 21. The new Intensive Care Unit within the New Hospital Wing development has 8 level 3 beds and 8 level 2 beds and all bed spaces are isolated units. The satellite HDU on ward 21 will close following the opening of the new unit.

2.4.2 Background and Guidance

The Intensive Care Society (1997) recommended staffing requirements for Intensive Care Units and the variables that need to be taken into consideration. These recommendations have been recently updated (Core Standards for Intensive Care Units, 2013) as a joint collaboration with
various other organisations such as the RCN and the British Association of Critical Care Nurses, as well as other multidisciplinary organisations.

The recommended formula for calculating the staffing establishment required for an Intensive Care Unit that is run at full capacity at all times is: $7.00 \text{wte per ICU (level 3) bed}$.

The above calculation will ensure a nurse to every level 3 bed at all times and a coordinator on each shift. This calculation also has an in-built uplift to take into consideration annual leave and professional leave, but not sickness or maternity leave.

2.4.3 Critical Care Establishment Review

The calculated establishment for the 2015 Intensive Care Unit used the recommended formula (1997). The calculations are based on 12 level 3 beds; that being the agreed funding level for Bradford (8 level 3 and 8 level 2 equates to 12 level 3 beds).

The Intensive Care Society (ICS 1997), and the Core Standards report (2013), recommend the calculation for working out a staff establishment for a Critical Care Unit working at full capacity is $7 \text{wte nurses}$ and a further increment of nurses where the design of the unit includes cubicles (not included in the calculation below) is recommended.

2.4.4 Critical Care Recommendations

Using the above model it is proposed that critical care move to a 95% long day shift pattern in line with other in-patient wards. A coordinator role would be in place 24/7 as is currently. A supernumerary registered nurse would be in place 24/7 and an additional health care assistant would be in place on nights. This has also been deemed necessary because of the planned change to the environment in the new Critical Care Unit as this is configured with all side rooms. The inclusion of the supernumerary nurse on each shift is in line with the ICS guidance (1997, 2013). This recommendation is to allow flexibility within the staffing establishment to accommodate the care of patients who become increasingly dependent beyond their initial level of care and particularly where patients are nursed in side rooms. The review also increases the critical care outreach service to a 24/7 model.

The standard has been used for guidance and matching to assure compliance with a suitable tool/guideline for the area in conjunction with the knowledge and professional judgement of the Matron and Head of Nursing for the Division of Surgery and Anaesthesia.

The final outcome for the proposed staffing levels for Critical Care services produces savings of £150,283.
2.5 Achieving sustainable Safe Quality Care

In summary, it is recommended that, in order to achieve safe quality care in our inpatient settings, an investment of £1,868,235.

3. Delivering a new model of care in the Accident and Emergency Department

3.1 Background

Meeting the national emergency care access standard of 95% of patients being seen within 4 hours has been a challenge for the Foundation Trust. Variations in performance have been observed on a daily, weekly and monthly basis. There are a number of factors which impact on this standard with the main features being delays in the AED process, a lack of early bed availability, discharge delay and variations in demand. These factors need to be controlled in order to provide greater assurance that the root cause is being addressed and that patient safety is being managed. The Trust Improvement Programme concerning patient flow has begun to address a number of work streams to implement future sustainable best practice. The AED nurse staffing and the model of care in which it operates requires modernisation.

This is the first time that a formal review of nurse staffing for AED has been undertaken and reported to the Board of Directors.

3.2 New Model of Care

In the CQC review (October 2014), the AED staffing rotas were observed to fall short of the recommended numbers of qualified nurses. The CQC also highlighted that staffing numbers were based on a historical view of staffing needs and dependency.

The current initial assessment pathway means that all patients remain in a single queue waiting for an assessment which then determines which stream the patient should join. This inherent delay adds to the journey time and adds limited value. A more responsive model can be delivered, if additional staff are deployed to receive patients as part of an initial assessment and streaming process.

3.3 Methodology

There is no single method for calculating the staffing requirement, but a series of methods have been applied to ensure that there is justification based on safe staffing, activity and demand, acuity and allocation across the AED. The proposal outlined below is a combination of the draft NICE guidance*, acuity assessment and the allocation of the clinical work streams in AED. This model provides efficiency, safety and responsiveness with the importance of supernumerary shift leadership.
*At this stage it is not expected that the draft NICE guidance will be published.

3.4 Test of Concept

During November, the AED has been organised to create a model of initial assessment which provides a focus on “time to be seen” and “see a decision maker”. This has led to significant improvement in “time to see a decision maker”.

Appointment of additional substantive staff will allow this process to be adopted as normal practice. These proposals are discussed at the Patient Flow Group and Urgent Care Task Force meetings and are measured by a series of key performance indicators.

Other key enablers to the new model of care include:

- The presence of a Band 7 shift leader 24 hours a day to provide senior leadership
- A clear Standard Operating Procedure for the Shift Leaders role has to be adhered to
- A clear Standard Operating Procedure for the initial assessment process has to be followed
- Commitment from the AED team to operate an initial assessment model consistently
- A robust staff development programme to ensure appropriate training and skill mix
- A clearer model of care within the minors and primary care stream to be developed.

3.5 Results of Review

Additional investment in registered nurses and healthcare assistants will bring an opportunity to make further sustained improvements in AED through ensuring all streams have an appropriate safe and responsive allocation. This review has taken a realistic assessment of the staffing requirement and is anticipated to ensure that a more effective, safe and quality service can be provided with the proposed model being recommended.

3.6 Recommendation – Delivering a new Model of Care in the AED

With investment in nurse staffing, realignment of working patterns and a clear process of standardised work, the AED has the opportunity to be modern, effective and sustainable.

The final outcome for the proposed nurse staffing levels requires an investment of £593,987. This equates to an additional investment of 6.6wte registered nurses and 11.9wte healthcare support workers.
4. Providing Enhanced Quality of Care

The recommendations made in this section identify where the Trust wishes to consider further enhancing the quality of nursing care delivered. The Board are asked to note that the current staffing levels do provide safe quality care for the patients of Bradford.

Non Invasive Ventilation (ward 23) £55,695

In February 2015, the Foundation Trust invested £486,000 to set up a 4 bedded HDU facility and a 4 bedded ARCU (Acute Respiratory Care Unit) to provide specialised care for patients receiving non-invasive ventilation, in a dedicated facility. In February 2015, Dr Peter Turkington, Medical Director of Salford NHS Foundation Trust who is also an expert in NIV undertook an external review. He acknowledged the plans we had in place were sensible and met his clinical expectations as a respiratory physician and the available guidance including British Thoracic Society (BTS) 2008. He also reviewed the proposed environment and staffing levels and approved both. A further review from Dr Mark Elliott Respiratory Physician and BTS guideline author from Leeds Teaching Hospitals noted that he felt that the Trust had done remarkably well in setting up the unit in a short space of time, with the unit being the envy of many other colleagues around the country.

The unit is currently providing safe, quality nursing care for the patients of Bradford. As part of the six monthly Safer Nursing Care review it was identified that the quality of care for patients could be further enhanced by the investment in additional Health Care Support Workers.

Stroke Services including HASU (ward 9) £226,263

In August 2015, as a result of problems being experienced at Airedale Hospital Foundation Trust in employing Stroke Consultants, the three CCGs across Bradford and Airedale, commissioned a change in the Acute Stroke Service, which meant that the Foundation Trust receive all patients within the district for the initial assessment and treatment following acute stroke. Funding of £256,000 was provided to set up the service.

It should be noted that the Trust participates in the Sentinel Stroke National Audit Programme, (SSNAP). SSNAP collects data on the whole care pathway from initial arrival at hospital, through all inpatient settings, across Early Supported Discharge (ESD) and community rehabilitation (if provided) and up to a six month follow-up appointment.

The Trust has recently received the SSNAP results for July-September 2015 which show that our overall score has improved from 54.7 (April – June 2015) to 63.7 for the period July – September 2015. This is the highest SSNAP score the Trust has ever received, and the Trust is the leading stroke unit in West Yorkshire.
There are ongoing discussions with both the Stroke Network and the Commissioners with regards to nurse staffing, which will inform the further paper at the Board of Directors.

- The total cost of the investment is £281,958. It is proposed that a further paper is brought back to the Board of Directors in March which will further evaluate the NIV investment in Health Care Support Workers and the quality benefits.
- Enable further discussion between the Medical Division, the Stroke Network and the Commissioners.

The Trust has in place, a daily staffing review process; this would identify any quality or safety concerns, and be escalated to the Chief Nurse’s Office. The measures set out in section 6 below, will also be applied.

5. Financial implications of all proposed changes

The outcomes presented for all areas have been worked through in detail and costed by the Assistant Director of Finance, based on the following assumptions:

- 95% of Early and Late shifts costed as long shifts i.e. no overlap (7.30 am to 8pm)
- 22% headroom for annual leave, mandatory training and sickness
- No uplift for maternity leave.

The final outcome in this paper represents a full year investment requirement of £2,744,180*, which includes the 2016/17 3.4% National Insurance increase on growth. This is comprised of:

- Achieving Sustainable Safe Quality Care £1,868,235
- Delivering a New model of care in AED £593,987
- Providing Enhanced Quality £281,958

Note: At the Quality and Safety Committee, the original investment requirement was £3,000,180. This has been reduced to £2,744,180 due to agreed Stroke funding (Airedale Hospital Foundation Trust) from the Clinical Commissioning Group.

6. Proposals for Implementation

For wards where the new establishment represents an increase in staff, it is proposed to release the funding into the budgets as staff are recruited to. This will support the recommendation from the Quality and Safety Committee in managing Agency staffing and mitigation of risk.
7. Evaluation

Once implemented the revised staffing establishments will be evaluated using the following metrics:

All areas

- Incidence of medication errors
- Incidents
- Complaints
- Staff sickness %
- Staff turnover
- Friends and Family test (patients)
- Appraisal rate
- Mandatory training compliance

Specific to areas

- Incidence of hospital acquired pressure ulcers (adult inpatient/paediatrics wards only)
- Incidence of falls (adult inpatient wards only)
- Safety Thermometer (adult inpatient wards only)
- Time from arrival to assessment (AED only)
- Time from arrival to treatment (this is a composite for doctor and nurse but important to measure as nursing has a significant impact) - AED only

Data Collection

At present, until the quality dashboard is fully functioning, a manual collation of the data for all existing indicators will be undertaken to provide a baseline position for Q1 2015-16. A review will be undertaken based on data for Q4 2015-16, to set trajectories for improvement across all the indicators. As the dashboard becomes available with all relevant data fields and regular update, monitoring of the impact of quality will be done using the dashboard. The quality dashboard will be monitored at the Quality and Safety Committee on a monthly basis.

8. Future Reviews of Nurse Staffing

The IPAMS acuity and dependency tool has been implemented in all inpatient areas. This allows daily capture of the dependency and acuity levels on each ward at a given time, along with the planned and actual nurse fill rates. Nurses can escalate ‘red flags’ as they occur on the ward and the system will capture the data for analysis and review. It is proposed that until further guidance regarding the Safer nursing care process is issued by NHS England, the Chief Nurse’s team will not conduct further reviews unless a change in acuity of patient care/service delivery requires this.
9. Overall Summary

In line with national recommendations, a review of adult inpatient ward nurse staffing levels has been undertaken, which involved deployment of the SNCT in May 2015, followed by analysis of the findings. The information gathered using the tool has been triangulated against nursing quality indicators and professional judgment, taking account of nurse to patient ratios as referenced above. The overall review process has been refined to include a more detailed engagement with ward managers, as part of the “professional judgement” element of the process. Revised establishment proposals have been developed taking account all relevant information, detailed by ward and shift. External scrutiny and challenge has been applied in the process to provide assurance of the robustness and validity of the recommendations.

The Accident and Emergency Department, Critical Care, Maternity and Paediatric areas have been reviewed during August and September 2015 adopting a similar methodology and recommendations made as detailed in the paper.

The remaining areas for safer nursing care reviews are Outpatients, Day Case and Theatres. The Trust-wide improvement plan has a programme of work that includes Day Surgery, Theatres and Outpatients. The reviews of staffing in these areas will link to the relevant improvement programmes.

In summary the Board of Directors is asked to:

- Approve the funding to enable a planned approach to implementation of:
  - Achieving sustainable Safe Quality Care; and
  - Delivering a new model of care in the AED

  Required investment: £2,462,222

- Approve the proposal that a further paper will be presented to the March 2016 Board of Directors’ meeting on providing Enhanced Quality of Care