Six Monthly Review of Nurse and Midwife Staffing Establishments

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Previously considered by: Quality and Safety Committee – 30.11.16

Key points

<table>
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<th>Purpose:</th>
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<td>To note and gain assurance</td>
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1. A 6 monthly review of nurse staffing establishments on adult inpatient wards has been undertaken based on a review of previous establishment reviews by the Sisters, Matrons and Heads of Nursing. Reviews have also been undertaken in Paediatrics, Maternity Services, Critical Care and the Accident and Emergency Department. This paper includes the outcomes of all of these reviews.

2. The paper summarises the outcome of the nurse staffing establishment reviews.

3. The changes to skill mix recommended in this paper would remain within the current budgets as agreed in June 2016.

Executive Summary:

The paper reviews the establishments agreed by the Board of Directors on 9 June 2016 (Review of Nurse and Midwife Staffing Establishments B16/164.3)

Following the National Quality Board Paper in July 2016, supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing. The establishment review focuses on the clinical and managerial professional judgement and scrutiny, utilising information available from previous reviews and data related to ward performance.

The December 2015 board paper (B15 242.1 Review of Nursing and Midwifery Staffing Establishments) provided significant detail in review of the establishments and a significant investment was agreed to enhance the nursing establishments at that time. Since this time there have been ongoing challenges regarding nurse recruitment, resulting in wards and departments not currently working to these agreed establishments. The review and recommendation in this paper are as a result of ongoing professional judgement and scrutiny that has been applied to previous establishment reviews within the context of nurse recruitment, patient need / acuity and developing roles such as the Nursing Associate role.

The paper recommends changes to skill mix, all of which can be delivered within the existing establishments. The changes are summarised below:
**Division of Medicine:**
Accident and Emergency – additional paper to be presented regarding the new model of care for the paediatric areas within the department.

All wards have reviewed skill mix, increasing the number of health care assistants and reducing the number of registered nurses. The number of band 6 nurses has been increased to offer additional support and leadership and all areas have a 1WTE ward clerk cover to maximise the nursing resource on each ward.

**Division of Surgery and Anaesthesia:**
Ward 28 skill mix, increasing the number of healthcare assistants and reducing the number of registered nurses. Ward 12 has also reviewed the numbers for consistency across the week to match the demand.

**Division of Women and Children:**
Children’s wards have submitted Staffing Model Paediatric Wards January 2017 onwards (New Build) E16/246.2, which was endorsed at the Executive Directors’ meeting on 11th October 2016.

Following approval at the Executive Directors meeting, Quality and Safety committee, and finally the Board of Directors’ meeting, implementation will continue as planned with recruitment into these establishments and changes for planned establishments will be effective from January 2017 to enable ward sisters / charge nurses to amend planned staffing levels accordingly and work to the agreed establishments.

### Financial implications:

| No |

#### Regulatory Relevance:

| Quality Governance Framework |

#### Equality Impact / Implications:

**Is there likely to be any impact on any of the protected characteristics?**

(Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)

| Yes ☐ No ☒ |

If yes, what is the mitigation against this?

#### Other:

CQC – The domains of Safe and Well Led.
**Corporate Objective:**

<table>
<thead>
<tr>
<th>Reference to Corporate Objective(s) this paper relates to</th>
<th>Our Patients: Patients choose their care with us and recommend us to family and friends</th>
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<tr>
<td></td>
<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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1. **Introduction**

This paper sets out the recommendations following the latest review of nurse and midwife staffing levels. The recommendations have been made following clinical and managerial professional judgement and knowledge to inform the skill mix of the staff. Ward Sisters / Charge Nurses, Matrons and Heads of Nursing have been engaged with the Chief Nurse in reviewing the establishments agreed in June 2016.

2. **Background**

The NICE Guideline 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. Following the National Quality Board paper in July 2016 less emphasis is given to the safer nursing care tool and more emphasis on ensuring the right staff, with the right skills, are in the right place at the right time. The paper sets out 3 expectations to triangulate staffing decisions.

This approach has been used for the reviews in the Divisions of Medicine, Surgery and Anaesthesia and the Division of Women and Children. During this review period the Head of Nursing for Children has produced a separate staffing paper, which was endorsed by the Executive Directors, which sets out a revised staffing model for the new ward block for paediatrics, which reflects the new model of care. The Division of Medicine are in the process of drafting a paper for Accident and Emergency, setting out requirements relating to the changes as a result of the new build and subsequent model of care for Paediatrics within the department.

As the other ward areas reviewed at this time have no significant changes to either the model or delivery of care, professional judgement has been used, in conjunction with ward data, to inform decision making and the recommendations included in the paper.

3. **Adult In-patients staffing recommendations**

Using the above methodology, the staffing levels for each shift by ward have been reviewed. The recommended staffing levels for each ward agreed in June 2016 were reviewed with the ward area. The Matron and Senior Sister were then asked to confirm their recommendations with the Head of Nursing. Appendix 1 shows the ward by ward breakdown of the recommended planned staffing per shift.

3.1 **Division of Medicine**

The recommended staffing levels for approval are show in Appendix 1. Due to significant challenges being experienced with registered nurse recruitment, the elderly care wards have been trialling a change to their skill mix to a 50:50 ratio of registered to unregistered nurses agreed by
the Chief Nurse, to ensure safe staffing can be maintained. His has proven very effective and is the model preferred by the Matron and ward sisters going forward, and is therefore the recommendation being supported in this paper. In addition, a review of the band 2 and 3 roles within the current unregistered establishment has taken place, thereby converting a proportion of band 2 to band 3, as well as increasing the number of band 6 posts where band 5 posts have been converted to band 2 or 3, to ensure senior cover for each shift. As part of this review of the establishments, the Division of Medicine has also ensured provision of 1 wte ward clerk for each ward (where previously in some areas this was only a part time post) to support the nursing team, to release nursing time to provide hands on care. These changes are to support succession planning, staff development and retention, as well as reducing the band 5 vacancy position.

3.1.1 AED review and recommendations

In April 2016 the department commenced work on a redesign project which is now almost complete. The purpose of this work was

- Improve patient flow through the department
- Increase the capacity for the department to see children

In the redesign the paediatric area now has 10 cubicles of which 2 are High Dependency. The paediatric area is now separate to the main department with the only shared areas being reception and X-ray. The Head of Nursing is currently working with the division to review staffing for the newly refurbished AED unit. At present this represents a significant investment and a separate paper will be brought to the Executive Directors’ meeting with a recommendation for approval.

3.2 Division of Surgery and Anaesthesia

The recommended changes for the Division of Surgery and Anaesthesia are for ward 28 and ward 12 only, as in Appendix 1. The changes requested are to ward 28, for a skill mix change of registered to unregistered nurses, based on an assessed need. At the same time it has been identified that due to the acuity and activity on ward 12, they require the same numbers of qualified nurses every night throughout the week, where currently there is a reduction at weekends. The changes recommended can be achieved within the June 2016 agreed establishment budgets, making them cost neutral overall.

3.2.1 Critical Care

There are no changes requested to the ICU staffing from December 2015. The ICU long shift consultation is ongoing. A counter proposal was submitted to move to 95% long days but keeping current shift pattern. The Head of Nursing and Matron are working through the change management process in line with Trust policy.

3.2.2 Theatres

For theatres, a review of the leadership roles has been undertaken. Consultation is underway in line with the Trust’s change management policy. Once this stage of the review is completed the skill mix and establishments within this structure will be proposed.
3.3 Division of Women and Children

3.3.1 Paediatric Wards

In October 2016, the Staffing Model Paediatric Wards January 2017 onwards (new build) paper was presented to Executive Directors (E16/246.2). This paper outlines the staffing requirements for the new ward block. The projected staffing levels for the New Ward Block embrace the RCN guidance for safe and effective inpatient care (enhanced care and ward care) and imply that beds must be flexed in the ward area to achieve this. Children should be co-horted in areas of high and low acuity to achieve RCN guidance. The proposed staffing model has been costed and is cost neutral.

3.3.2 Neonatal Unit

The Neonatal unit will be submitting a separate paper regarding the derogation plan to the Executive Directors. No changes have been identified as part of this establishment review.

3.3.3 Maternity Services

A 6-monthly review of staffing is undertaken within Maternity Services and recommendations for improvement are made to ensure safe staffing and to plan for future workforce requirements. The ratio of midwives-to-births is 1:30, which is just below the regional average (range 1:28 to 1:32). The adequacy of the current overall staffing numbers has been assessed against the maternity dashboard measures.

Previous changes made on the maternity inpatient wards, including the introduction of twilight shifts in early 2016 have been positive. From November 2016, the shift patterns on M3 will be altered to accommodate a 3rd midwife on the night shift, within existing budgets to support additional activity.

The Trust secured funding for a new pilot scheme ‘Better Start’ through the Big Lottery funded awarded to Bradford District to improve outcomes for babies and children in 2015. The new Opal team has 6 wte midwives funded for 3 years (September 2015 to 2018). The total caseload is 400 women. This effectively means that each of the original community teams has lost a whole caseload which has enhanced care provision for all women due to the increase in capacity.

The review demonstrates that there has been little change in the metrics since the last review or indeed in the last 3 years, which should provide assurance in terms of demand on the service. However, the numbers of women attending MAC has increased significantly which has put pressure on this element of the service and also intrapartum services. This is partly as a result of a change in practice around fetal movements and the programme of stillbirth prevention. Additionally, the complexity of cases seems to have increased, therefore a table top version of Birthrate Plus will be run in March 2017, to provide some evidence and triangulation regarding the above.
There remain challenges when maternity theatres are running at full capacity, with the resources allocated to appropriately staff the theatres. Bradford appears to be an outlier in practice with two midwives being expected to be present in theatres, one to receive the baby and one to act as scrub nurse.

Maternity staffing review recommendations:

- Undertake a table top version of Birth Rate Plus to inform the next 6 monthly staffing review (Birthrate Plus is the recognised gold standard for assessing midwifery staffing levels).
- Review staffing of maternity theatres, as part of the wider theatre review.

4. **Nursing Associates**

The Trust has offered 15 places to Nursing Associates who will form part of the ward establishments for wards 3, 29, 30, 9, 26, NNU, Maternity theatres. The Nursing Associates will be employed on a band 4 training contract (Agenda for Change annex 21) and will provide the equivalent of 3 days of service to their wards a week, whilst training and undergoing the curriculum of education. The budgets / establishments will not reflect the role of the nursing associate until completion of the course in January 2019.

5. **Financial implications of all proposed changes**

There is no financial change within the recommendations of this paper. All changes have been made within the current establishment budget and the reconfiguration of some skill mixes has funded any additional pressures.

6. **Overall Summary**

In line with national recommendations, a review of adult and paediatric inpatient ward nurse staffing levels has been undertaken. In addition AED, maternity, critical care and theatres has been included during November 2016 for presentation to the Board of Directors during December 2016.

Following the previous detailed review processes, the 6-monthly review undertaken has provided assurance to the Chief Nurse that the agreed establishments as set out and approved in June 2016, remain largely appropriate, with changes required only in a small number of areas reflective of the ongoing issues around registered nurse recruitment. These changes can all be achieved in within the existing budget.

It is recommended that the changes detailed in this paper become effective from January 2017 onwards.
The Chief Nurse recommends that this review of staffing is compliant with emerging best practice and local knowledge of the services. It is recommended that the Quality and Safety Committee approve these recommendations.