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SAFE, EFFECTIVE, CARING, RESPONSIVE AND WELL-LED CARE STRATEGIC STAFFING REVIEW 2019

Presented by	Karen Dawber, Chief Nurse		
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Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This report provides the Board of Directors with a comprehensive update of nurse and midwifery staffing in all areas within Bradford Teaching Hospitals NHS Foundation Trust (BTHFT)		
Key control	Identify if the paper is a key control for the Board Assurance Framework		
Action required	For approval		
Previously discussed at/ informed by	Executive Management Team 5.2.19		
Previously approved at:	Committee/Group	Date	
	Executive Management Team	5.2.19	
	Workforce Committee	27.02.19	

Key Options, Issues and Risks

This paper provides the required assurance that Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) plans safe nurse and midwifery staffing levels across all wards and other departments. The paper also confirms that there are appropriate systems in place to manage the demand for nursing and midwifery staff. In order to provide greater transparency the paper provides detail of the strategic staffing review undertaken in line with the National Quality Boards requirement of December 2016.

The National Quality Board (NQB) publication: 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 (2016) outlines expectations and the framework. In addition improvement resources have been published to support and underpin this approach in 2018 for adult inpatient wards in an acute hospital, children and young people, neonatal units and maternity services. These resources have been used to support establishment setting, approval and deployment from the ward sisters and charge nurses through to the Chief Nurse. The November / December 2018 establishment review meetings were also in line with the latest publication from NHS improvement in October 2018, Developing Workforce Safeguards. This document states that combining evidence based tools, professional judgement and outcomes to ensure the right staff with the right skills are in the right place at the right time. This has continued to form the basis of the structure of the establishment review meetings and is embedded into practice.

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Figure 1: Principles of safe staffing



BTHFT Trust Board (or one of its subcommittees) reviews safe staffing levels every month via the nurse staffing data publication report which includes monthly fill rates, care hours per patient day (CHPPD) and actions taken to address shortfalls. It also provides a heat map of high level nursing quality metrics.

The safe, sustainable and productive staffing (SSPS) document describes that the key to high quality care for all, is our ability to deliver services that are sustainable and well led. For nurse and midwifery staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document and should be embedded into practice :

- Right care
- Minimising avoidable harm
- Maximising the value of available resource.

Hard truths commitments regarding the publishing of staffing data (Care Quality Commission, March 2014) states 'data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increase the risk of patient safety incidents occurring'. In order to assure the Board of Directors of safe staffing on our wards, this paper sets out the outcome of the strategic staffing review which has been undertaken in line with national guidance. The review has been a comprehensive assessment of each ward and department taking account of the following:

- Acuity and dependency data (from Safecare).
- Skill mix.
- Nurse to bed ratio.
- Incidence of pressure ulcers.

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- Incidence of falls.
- Incidence of medication incidents.
- Incidence of complaints relating to nursing care.
- The friends and family test results.

The report is grounded in the need to ensure safe nurse and midwifery staffing levels and has been underpinned by the following publications/resources:

- NHS improvement – developing workforce safeguards, supporting providers to deliver high quality care through safe and effective staffing, October 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for adult inpatient wards in acute hospitals Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for neonatal care, Edition 1, June 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for children and young people's inpatient wards in acute hospitals, Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for Maternity, Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing (SSPS). An improvement resource for adult inpatient wards in acute hospitals 2016 (2017 approved).
- Hard Truths – The Journey to Putting Patients First 'Hear the patient, speak the truth and act with compassion'. Published by the Department of Health 2014.
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England 2013.
- The Model Hospital Portal - a new digital information service provided by NHS Improvement to support the NHS to identify and realise productivity opportunities; key nursing information is contained within the portal. <https://improvement.nhs.uk/news-alerts/updates-model-hospital/>

Analysis

Following review of all the areas, recommendations have been made as detailed in appendix 2, these have been modified following Executive Management Team discussion. There has been significant progress in terms of developing the recruitment and retention work plans, the development and implementation of new roles such as the Nursing Associate, development of apprenticeship pathways and trials of alternative roles to support nursing establishments, such as pharmacy technicians.

Following the methodology outlined above, agreement was made between the relevant ward sister /charge nurse, matron and head of nursing with the Chief Nurse for the recommended establishment. This involved oversight from the Royal College of Nursing staff side representative, finance and the chief nurse team to support the analysis of all the available local and national metrics.

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Recommendation

- Note the work undertaken in relation to assurance of safe staffing across the wards as identified in the annual Strategic Staffing Reviews.
- Note and support the actions to be undertaken following the staffing reviews which took place in November/December 2018.
- Note that this report does not include the full detail of separate reviews being undertaken in Urgent Care, including Accident and Emergency and AMU ward 1 and 4. These will be included in future reports following extensive reviews of service lines and transformation work streams in the coming months.
- Note that changes proposed to ward establishments will generate a cost pressure of £86,090 and it is recommended that the finance committee should have delegated responsibility to scrutinise and agree the final budgets.
- The Children's Division support the Neonatal unit by formulating a 5 year plan to meet the requirements from the Dinning Tool.
- The Board of Directors are asked to support the 6 monthly review process for the establishment of nursing and midwifery areas, where there will be an annual in depth review and a 6 monthly table top review to ensure no significant changes have occurred.
- The Board of Directors are asked to support the proposals and recommendations of the Chief Nurse to the revised establishment (Appendix 2) for implementation from April 2019.
- The Board of Directors are asked to note the information in Appendices 1 and 3.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please select those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain:
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1	PURPOSE/ AIM
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This paper provides the required assurance that BTHFT plans safe nurse staffing levels across all ward areas and other departments and that there are appropriate systems in place to manage the demand for nursing/midwifery and care staff. In order to provide greater transparency the paper provides detail of the Strategic Staffing Review undertaken in line with the National Quality Boards requirement of December 2016 and January 2018 to review nurse staffing as a quality and performance measure.

The Safe Sustainable and Productive Staffing (SSPS) document resource describes that the key to high quality care for all is our ability to deliver services that are sustainable and well led. For nurse staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document:

- Right care.
- Minimising avoidable harm.
- Maximising the value of available resource.

The paper reports on the acuity and dependency reviews and the in-depth reviews undertaken by the Chief Nurse and the Deputy Chief Nurse during November and December 2018, to the SSPS, published in July 2016 by the National Quality Board. The document aims to support NHS Providers to deliver the right staff, with the right skills in the right place at the right time and builds on previous guidance.

A template was developed (see Appendix 1) which took into account the detailed requirements of the NQB guidance, and was used to provide a review of wards and clinical areas. During November and December 52 separate reviews took place with the Ward Manager, Matron and Divisional Head of Nursing for each area presenting their ward information. The reviews were led by the Chief Nurse and Deputy Chief Nurse.

In line with the NQB recommendations, the reviews in each ward and department took account of the following:

- Bed occupancy rates.
- Ward attenders.
- Total budgeted establishment.
- WTE based on acuity and dependency (Safecare data).
- Ward based registered nurses.
- Ward based HCA's.
- Skill mix.

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- WTE per bed.
 - RN ratio per bed Mon-Fri.
 - RN ratio per bed Sat/Sun.
 - RN ratio per bed nights.
 - CHPPD (*Average number of actual nursing care hours spent with each patient per day (all nursing including support staff).*)
 - Medical Staff.
 - Allied Health Professionals.
 - Pharmacy staff (including medication administration).
 - Advanced Clinical Practitioners/Clinical Nurse Specialists.
 - Assistant Practitioners.
 - Nursing Associates.
 - Technicians.
 - Ward Clerk.
 - Housekeeper.
 - Hostess/Support Staff.
 - Phlebotomy.
 - Volunteers.
 - Students.

Proposals as a result of this exercise are presented further in this paper.

2	BACKGROUND/CONTEXT
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In 2001 the Audit Commission recommended that establishment setting, regardless of the method, must be simple, transparent, integrated, benchmarked and linked to ward outcomes. NICE Guidance in July 2014 (NICE Guidance: Safe Staffing for nurses in adult in-patient wards SG1) described that there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. The guideline made recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment. It recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period.

Further guidance published in 2015 (Safer Nursing Care Tool: Shelford Group) described an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency terms. At BTHFT we have utilised this model since 2013 when it was named the Association of UK University Hospitals (AUKUH) Tool, which measures patient dependency and is then supported by the professional judgement of the ward leader and their seniors. The benefit of this tool is its sensitivity and ability to provide information based

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on actual patient needs as opposed to averages and bed ratios and that this information could be aligned to other patient experience, safety and outcome data.

In addition, our establishments meet the need to have built within them uplifts that enable the compliment of staff to absorb annual leave, short term sickness and study leave without the need to use temporary staff. The Trust's ward budgets are uplifted by 21.5% to support training, annual leave and sickness. The establishments at BTHFT also have 0.5 WTE supervisory time for band 7 ward sisters and charge nurses built into the establishment following agreement by the Board of Directors in December 2015.

2.1 National Quality Board Safe, Sustainable and Productive Staffing summary

The SSPS document describes that the key to high quality care for all is our ability to deliver services that are sustainable and well led. For nurse staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document:

- Right care.
- Minimising avoidable harm.
- Maximising the value of available resource.

The document also describes the importance of measurement and improvement of safe and sustainable staffing and the use of Care Hours per Patient Day as a measure over time. The Trust has been using CHPPD as a measure since June 2016. Guidance is offered in the SSPS on using other measures of quality, alongside care hours per patient day (CHPPD), to understand how staff capacity may affect the quality of care. It is important to remember that CHPPD should not be viewed in isolation and does not give a complete view of quality.

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Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve - patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback - - Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

2.1.1 Expectation 1 – *Right Staff*

The document describes that Boards ‘should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers), which takes account of **all healthcare professional groups** and is in line with financial plans. This should be followed with a comprehensive staffing report to Board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified’.

Specific recommendations of Expectation 1 are:

Boards should ensure that the Trust has in place:	
	<i>At BTHFT:</i>
Evidence based workforce planning	<i>The Trust uses validated workforce planning tools that are endorsed by NICE, RCN, RCM and RCOG and applies NQB guidance to Strategic Staffing Reviews.</i>
Professional judgement	<i>Professional judgement is used when planning establishments.</i>
Compare staffing with peers	<i>The Model Hospital data is</i>

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	<i>accessed for comparison when undertaking Strategic Staffing Reviews.</i>
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2.1.2 Expectation 2 – *Right Skills*

The document describes that Boards 'should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap'.

Specific recommendations of Expectation 2 are:

Boards should ensure that the Trust has in place:	
	<i>At BTHFT:</i>
Appropriately resourced mandatory training, development and education	<i>The Medical Director reports mandatory training compliance to Board on a monthly basis</i>
Multi-professional team working	<i>Multi-professional working is in place across the wards and departments. This is evident from the Strategic Staffing Reviews and Clinical Services Strategy and Health Professionals Strategy and within staffing business cases.</i>
Recruitment and retention plans	<i>Recruitment and retention for nursing and midwifery work plan approved and regularly updated with completion of 51 actions to date.</i>

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2.1.3 Expectation 3 – *Right Place*

The document describes that Boards 'should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations'.

Specific recommendations of Expectation 3 are:

Boards should ensure that the Trust has in place:	
	<i>At BTHFT:</i>
Staff are working productively, with avoidance of waste	<i>Evidence of lean methodology approaches, quality improvement methodology is utilised to support staff productivity</i>
There is efficient staff deployment and flexibility	<i>Staffing reviews take place three times per day in staffing huddles utilising the live Safecare data of patient acuity and dependency to inform decision making</i>
There is efficient employment, minimisation of agency use	<i>There is a robust escalation policy in place across the Trust. The Director of HR holds monthly review meetings of bank and agency activity. Weekly e-Roster efficiency meetings take place (confirm and challenge) to monitor the effective rostering of the substantive and temporary workforce.</i>

Additional areas important for monitoring are that Boards should ensure there is sufficient investigation and learning from patient safety incident and serious incident data; workforce metrics are in place that demonstrate staff capacity; and workload metrics that provide context to CHPPD. These areas are all routinely reported to Board.

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2.2 Recruitment and Retention

A paper has previously been to the Executive Management Team and the workforce committee agreeing how we maximise potential in recruitment and retention of the nursing and midwifery workforce. It is recognised nationally that there is a shortage of registered nurses and that most care organisations are facing the same challenges in filling registered nursing vacancies. To help address this, the Trust has a number of ongoing long and short term initiatives to meet our objectives of:

Aim	Objective		Expected Outcome	Assurance Mechanism	Review date
	Ref				
Ensuring continued safe and effective delivery of care and quality within the current constraints of nursing vacancy, national recruitment and retention difficulties and developing a junior workforce.	1	To improve / maintain retention rates	Retention rates to remain within the national average and improve to the 25 th percentile of all Trusts	<ul style="list-style-type: none"> Monthly workforce and staffing papers with analysis of data Model Hospital comparative data 	Quarterly – Next Review January 2019
	2	To recruit to vacancies	Aim for 95% of all vacancies filled	<ul style="list-style-type: none"> Monthly workforce and staffing papers with analysis of data Model Hospital comparative data 	Bi – monthly review at workforce committee – Next due January 2019

For objective 1; review of the data from the model hospital portal for retention rates and vacancy position for nursing and midwifery staff shows Bradford Teaching Hospitals NHS Foundation Trust are almost 2% above the national median in the latest data (taken from August 2018). With a Trust Value: 89.3% and a National Median: 87.6%.

For objective 2; from the information below there has been a reduction in all areas of band 5 vacancy across the trust for nurse and midwives as below:

	January 2018	January 2019
Division of Medicine and Integrated Care	74.59 WTE	64.49 WTE
Division of Anaesthesia, Diagnostics and Surgery	91.18 WTE	54.68 WTE
Women's	13.92 WTE	0
Children's	10.28 WTE	6.69 WTE

3 PROPOSAL

3.1 Division of Medicine and Integrated Care (DOMIC)

Following the methodology described above the following areas have no change as a recommendation from the evidence and have a safe and suitable skill mix in their current establishments:

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- Stoke ward 6 and hyper acute stoke unit however there is a separate piece of work to review the role of the Stroke Responders.
- Renal areas.
- Ward 7, 15, 23.
- 22 day case unit, no changes as too early to review the impact of being fully established since November 2018.

Proposal for DOMIC:

- Ward 3 elderly assessment unit often work with 4 Registered nurses on duty. A Skill mix is recommended to have a 5th RN on an early shift due to a large proportion of work at this time and time consuming medicine administration rounds. The role of Nursing Associate (NA) has been explored and is in place and built into establishment as qualified and trainee roles. Safecare data supports a reduction in HCA on nights to increase the RN on the early shift due to the acuity and dependency at this time. This is supported by the ward matron. The funding released would support an increase in house keeper hours for elderly care, which has been identified as a requirement.
- 16 day case unit. There has been a recent increase in capacity without increasing nurse staffing resource. Further work is taking place to ensure that staff are working to their skill levels and that any new job role needs to match the needs and requirements of the care and service that they will be providing.
- Commencing in January 2019, ward 29 are piloting the Band 5 pharmacy technician and ward 31 are piloting the band 3 pharmacy support worker. This will provide an opportunity to explore the best approach to supporting the nursing workforce and ensuring this new role is suitable in the context of elderly care. A review will take place in April and feed into the next establishment reviews. No other changes were made to staffing for ward 29 and 31.
- Ward 22 cardiology/Coronary Care Unit propose to reduce 1 RN on the late shift and increase 1HCA on the night shift, the sister and the data both support this as a redeployment of the right skill mix at the right time required according to the actual acuity and dependency data information.

3.1.1 Urgent Care

Ambulatory care unit have not proposed any changes.

Acute Medical Unit (AMU) ward 1 and ward 4. As part of the review for the AMU it was agreed that both wards required the same staffing numbers and skill mix as there are currently discrepancies between the two. A proposal has been made for an increase in 1 RN 24 hours a day 7 days a week for both ward 1 and ward 4. In addition ward 4 would

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require an additional RN and ward 1 would reduce by a HCA over the 24 hours 7 day period. This is due to an increase in the number of high risk patients, with higher acuity requirements than previously, on AMU. This proposal will be considered further as part of the wider work of the staffing model review for urgent care including Accident and Emergency. A separate review paper of staffing for Urgent care will be presented to the Board of Directors during March 2019, and therefore costings for any changes to AMU's establishment have not been included in this paper.

For short stay ward 9, no changes were proposed as part of the establishment review process; however there has temporarily been an increase in of an additional HCA at night for 3 months following a review by senior nurses to ensure support is available for the team. An additional RN has been added at night increasing from 2 to 3 RN. This was as a result of concerns raised however after careful monitoring this is felt not to be required at this time. Ward 9's establishment will remain under close review to ensure that it continues to meet the needs of the patients with the correct staff in place at the correct time.

3.2 Division of Anaesthesia, Diagnostics and Surgery (DADS)

Following the methodology described the following areas have no change as a recommendation from the evidence and have a safe and suitable skill mix in their current establishments:

- Maxillo Facial/Orthodontics department at St Luke's Hospital.
- Theatres whilst reviewing further approaches with new training roles and capacity and demand work.
- Ward 5 day case surgery, working on new model and effectiveness from previous review, a change of leadership has taken place with positive effect.
- Ward 8 and 11's skill mix is suitable and the level of staffing required matches the planned however they frequently work on less RN's as they are moved to support other areas, this does not mitigate the fact that the wards do require these in their skill mix to support optimal staffing on the wards.
- Radiology Nursing - A business case has been identified as a requirement for the additional nursing staffing and was presented separately to Executive Management for approval. A recommendation from the establishment review is that the Business case recruitment approval is expedited.
- Ward 14, 18 and ward 20 to remain the same, ward 20 will trial some alternative ways of managing their staffing within budget on the ward to support the development of the new roles and the flow of patients through the ward.
- Ward 25 no change, this was completed prior to the move to ward 17.
- Ward 26, 27, 28 no changes however review of the impact of new roles are still under review in these areas with management of staffing considered between wards 27 and 28.
- Ward 21 propose a reduction in RN to NA on a long day but not on a night.

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3.3 Children's

Ward 30/32 currently have no plan to change the skill mix within the next 6 months until the Safer nursing care acuity tool is able to provide greater information in conjunction with professional judgement and the Paediatric Critical Care Minimum Data Set (PCCMDS).

The Nursing Associates were factored into the new ward establishment (1 each shift). Nursing associates are to be employed for ward 30/32 in the New Year cohorts.

There is a Quality Improvement project underway to establish the effectiveness of a ward based pharmacy assistant (Band 3). The Senior Assistant Technical Officer (SATO) is part of a pharmacy/ward pilot project in support of the Bradford Improvement Programme. This role which assists with drug stock rotation, managing discharge medications and reducing waste may be considered permanently for Ward 30/32 and if of benefit may be considered for roll out across the Trust.

During October and November 2018 the children's wards experienced high volume and high acuity admissions. The ward has increased their inpatient capacity to 39 ward patients (previously 35 at budgeted establishment) with extra staff. A winter/summer model of care is to be reviewed for next winter with plans in place to manage the volume of patients currently.

Neonatal Unit (NNU)

The Neonatal Critical Care Transformation Review Better Newborn Care (2018) states that Trusts develop and implement strategies to ensure safe levels of staffing, compliant with the recommended staffing levels cited in the NHS (2009) Toolkit for High Quality Neonatal Services and affirmed in the National Quality Board paper safe, sustainable and productive Staffing (2018) using the Dinning Tool to establish staffing requirements. The responsibility for this work is with the Trust Board and delivered by April 2019. Implementation period should be no more than 5 years.

Neonatal transformation programme wants Neonatal Units to move toward the recommended levels of staffing. The division will be producing a five year plan for the delivery of the recommendations.

Ward 2 have no recommended changes at this point in time. The service is reviewing a 5 year plan for a review of the skill mix, introduction of the nursing associate role and supporting theatre transfers. There is potential to explore improved ways of working which will form the basis of the 5 year plan.

The paediatric community services have a new matron in post. There is an opportunity with the new leadership to explore improved ways of working and providing cover in the

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specialised teams which is under review, however there are no changes required in establishment currently.

There are no changes required for the transitional care unit, supported by staff with neonatal skills alongside the staff from M4.

3.4 Maternity and Women's

Ward 12 have not requested any changes.

The Rational for no changes are the quality indicators for all aspects of nursing care in particular the sensitive issue of managing women who present for medical, surgical, spontaneous and threatened miscarriage on a daily basis to ward 12 is currently achieved in the staffing model presented.

Maternity areas:

There has recently been a review of maternity services and staffing which resulted in the Maternity Assessment Unit opening on the 11th November. It is not possible for the outcomes of this to be measured for the establishment review, so it was agreed that the staffing will be reviewed at the end of January please see appendix 3 for the maternity staffing update provide to executive management team in January 2019 for information.

Recently there has been increased demand combined with higher levels of vacancy rates than normal. The Division have worked hard to militate against this. The wards have recruited to levels recommended by a Birth Rate plus review.

3.5 Summary for approval: Appendix 2

3.6 Finance information: Appendix 2

4	Appendices
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Appendix 1 - Strategic staffing review template November 2018.

Appendix 2 - Summary table for all divisions - updated February 2019 post EMT review 5.2.19.

Appendix 3 - Midwifery staffing update January 2019.