

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

SAFE, EFFECTIVE, CARING, RESPONSIVE AND WELL-LED CARE STRATEGIC STAFFING REVIEW 2019 (6 MONTH REVIEW)

Presented by	Karen Dawber, Chief Nurse		
Author	Jo Hilton, Assistant Chief Nurse		
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			
Previously approved at:	Committee/Group	Date	
	Senior Leadership Team Meeting	20.08.19	

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 requirements.

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 June and July 2019 establishment review meetings were also in line with the latest publication from NHS improvement in October 2018, Developing Workforce Safeguards. This document sets out a requirement for 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.

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

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.

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

- 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. 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 Associate Director of Nursing (AND) /Head of Nursing (HoN) with the Chief Nurse for the recommended establishment. This included involvement of the Royal College of Nursing staff side representative, along with members of the finance and chief nurse teams to support the analysis of all the available local and national metrics.

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

Recommendation

- Note the work undertaken in relation to assurance of safe staffing across the wards as identified in the 6 month Strategic Staffing Reviews.
- Note and support the actions to be undertaken following the staffing reviews which took place in June/July 2019.
- The Board of Directors are asked to continue 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 external staffing review to be held during October/ November 2019.
- The Board of Directors are asked to note the information in Appendices 1 and 2.
- The Board of Directors are asked to approve option 2, which delivers a cost saving of **£19,136** and requires a separate business case to be presented from the CBU for the additional staffing required for ward 16 Haematology / Oncology day unit as recommended by the Senior Leadership Team on 20 August 2019.
- 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 October 2019.

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)						

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 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"/>
Performance Implications	<input type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance					
NHS Improvement: (please tick 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: Choose an item.					
Care Quality Commission Fundamental Standard: Choose an item.					
NHS Improvement Effective Use of Resources: Choose an item.					
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"/>

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

1	PURPOSE/ AIM
---	--------------

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 6-month Staffing Review undertaken in line with the National Quality Board's 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 May and June 2019, 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 May and June 52 separate reviews took place with the Ward Manager, Matron and ADN/HoN 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.

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

-
- 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
----------	---------------------------

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

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

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 them, as agreed by the Board of Directors in December 2015 and in line with national recommendations.

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 (see figure 1). 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.

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

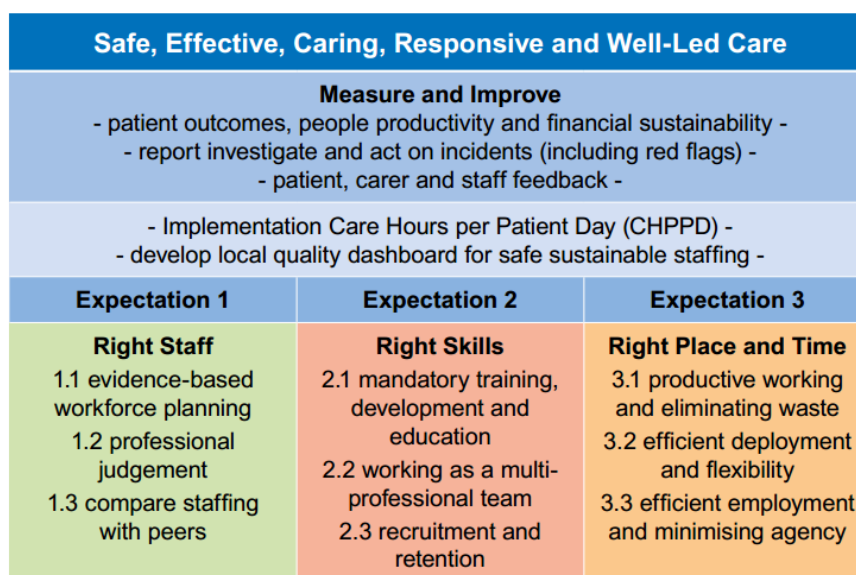


Figure 1

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 shown in table 1:

Boards should ensure that the Trust has in place:	
Requirement	At BTHFT:
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 accessed for comparison when undertaking Strategic Staffing Reviews.</i>

Table 1

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

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 shown in table 2:

Boards should ensure that the Trust has in place:	
Requirement	At BTHFT:
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>

Table 2

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’.

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

Specific recommendations of Expectation 3 are shown in table 3:

Boards should ensure that the Trust has in place:	
Requirement	At BTHFT:
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>

Table 3

Additional areas identified as important for monitoring at Board level, include, ensuring that there is sufficient investigation and learning from patient safety incident and serious incident data; that workforce metrics are in place that demonstrate staff capacity; and that workload metrics that provide context to CHPPD. At the BTHFT, these areas are all routinely reported to Board.

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 as set out in table 4:

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

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

Table 4

An update to the recruitment and retention plan has been provided to the workforce committee for September 2019 and is reviewed monthly by the nursing and midwifery recruitment steering group.

3	PROPOSAL
----------	-----------------

3.1 Unplanned care.

Following the methodology described, please note appendix 2 recommendations.

- Stroke ward 6 and Hyper Acute Stoke Unit, however, there is a separate piece of work to review the role of the Stroke Responders.
- Ward 16 DCU has undergone a significant review, including benchmarking with other organisations. The outcome of review is included in appendix 2.

3.1.1 Urgent Care

A separate review paper of staffing for Urgent care was presented and agreed to the Board of Directors in March 2019, the CBU are working to the recommendations made in this paper.

3.2 Planned care

Following the methodology described please note appendix 2 recommendations.

3.3 Children's

Following the methodology described please note appendix 2 recommendations.

3.4 Maternity and Women's

Meeting Title	Board of Directors		
Date	12.09.19	Agenda item	Bo.9.19.28

The bi-annual midwifery staffing review paper was presented to the Workforce Committee in July 2019; this was in order to meet the timescales for submission of the required information for the Maternity Incentive Scheme. The 2015 NICE guidance recommends that an effective system of midwifery workforce planning must be in place to ensure safe midwifery staffing in maternity settings.

That review included a breakdown of the calculations used to demonstrate how the required establishment has been calculated. To support any recommended changes, it included an analysis of the number of red flag/Datix incidents associated with staffing, along with data collected 4-hourly by the Labour Ward Co-ordinators, assessing compliance with the target of 100% supernumerary labour ward coordinator status and the provision of one to one care in active labour. It also included details of mitigation to cover any shortfalls.

4 Recommendations

There are two options identified to address the outcome of the review.

Option 1

Support the recommendations outlined in appendix 2, which includes the findings of the review of ward 16 DCU. This will generate a cost pressure of **£167,227**

Option 2

Support the recommendation outlined in appendix 2, excluding the findings of the review of ward 16 DCU. This will generate a saving of £19,136. The Haematology, Oncology and Palliative Care CBU will then need to develop a business case to address the findings of the review for this area, the total cost of which is £186,363 (although the saving of £19,136 could be used to offset this if the business case is approved, leaving a cost pressure of £167,227).

The Board of Directors are asked to support option 2 on the basis that the review has followed a robust methodology, involving benchmarking with similar units.

5 Appendices

Appendix 1 - Strategic staffing review template June 2019.

Appendix 2 - Summary table for all care groups including financial information – August 2019.