

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.14

NURSING AND MIDWIFERY ESTABLISHMENT REVIEW FEBRUARY 2020

Presented by	Karen Dawber, Chief Nurse		
Author	Jo Hilton, Assistant Chief Nurse, Sally Scales, Director of Nursing		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	To provide assurance of the robust review process and recommendations of the chief nurse for the nursing and midwifery 6 month staffing review.		
Key control	Identify if the paper is a key control for the Board Assurance Framework		
Action required	For approval		
Previously discussed at/informed by	n/a		
Previously approved at:	Committee/Group	Date	
	Executive Team Meeting	24.2.2020	
	Workforce Committee	26.2.2020	

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, in 2019, improvement resources were published to support and underpin this approach 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 as part of this review. This review has also been conducted 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.

BTHFT Trust Board (via its sub-committees) 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:

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

Analysis

From review of all the areas, which has been conducted using the plan on a page template shown in Appendix 1, recommendations have been made and are 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 approaches and trials of alternative roles to support nursing establishments, such as the use of pharmacy technicians and pharmacists to support medicines administration, ordering and stock management.

Following the methodology outlined above agreement was made between the Ward Sister/Charge Nurse, Matron and Associate Director of Nursing with the Chief Nurse for the recommended establishment.

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 in November/December 2019.
- Note that changes proposed to ward establishments **will generate a cost pressure of £157,527** it is recommended that the finance committee should have delegated responsibility to scrutinise and agree the final budgets.
- The Board of Directors are asked to support the 6 monthly review process in relation to the staffing 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 2020.
- The Board of Directors are asked to note the information in Appendices.

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		

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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		
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*)					

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input checked="" 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 checked="" type="checkbox"/> Quality Governance Framework
<input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Staffing
NHS Improvement Effective Use of Resources: People
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 checked="" type="checkbox"/>	<input checked="" 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 Director of Nursing during November and December 2019, which are in line with the SSPS (National Quality Board 2016). The guidance 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 plan on a page 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. The methodology used on this occasion was adapted slightly from previous reviews, where, in line with the aims of the new management structure implemented in April 2019, for greater local autonomy, Associate Directors of Nursing (ADNS) were asked to lead the reviews for their own areas in the first instance, using the methodology described. This involved the ADNS conducting the initial review with Ward Senior Sisters and Matrons, and completion of the plan on a page template to identify current requirements and any potential changes. During November and December meetings took place between the ADNS and Chief Nurse / Director of Nursing, to discuss the outcomes of these reviews. Where any need for change was identified, a separate meeting took place with the Chief Nurse/ Director of Nursing and the relevant Ward Manager, Matron and Associate Director of Nursing to discuss the proposals and review the evidence for change.

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

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- 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.
 - 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 identified 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.

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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 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:

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Figure 1 gives an overview of the principles within the guidance.

Figure 1: Principles of safe staffing



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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.

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 bi-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. 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:	
Standard	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>

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Compare staffing with peers	<i>The Model Hospital data is 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 the Board of Directors via its subcommittees.</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. Band 5, 6 and 7 development programme in place and evaluating very positively.</i>
Recruitment and retention plans	<i>Recruitment and retention for nursing and midwifery work plan approved and regularly updated.</i>

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’.

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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.

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. The Trust has an ongoing action plan in relation to the recruitment and retention of nurses, which is overseen by the Recruitment Steering Group, which in turn reports to the Education and Workforce Committee.

3	PROPOSAL
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3.1 Unplanned Care

Following the methodology described above in unplanned care, the Associate Director of Nursing for Unplanned Care has overseen the process and the following areas have requested a change to their establishment. For each of these areas, the ADN / Matron and

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Ward Senior Sister were asked to present the case to the Chief Nurse Team, with details for the rationale for the request (whether this be an increase or a decrease). Where there has been evidence to support the change (as described in the methodology above) these changes have been supported and a recommendation to implement them is supported. These areas are:

❖ **Ward 3:**

- Requested to up band Ward Clerks x 3 subject to JD/PS re-banding review and further HR review of impact on wider roles: cost £4,485. The Ward Clerks are currently working above their counterparts on other wards. They provide a ward coordinator role releasing the nurse in charge to manage a bay of patients and deliver care. They manage capacity management and assist with flow, discharge planning, admission planning, audit input, support ward clerks on other wards/hospitals with complex cap man issues.
- Reduce HCA Sat/Sun 7-12am: saving £11,562, on the basis of reduced acuity at these times based on activity figures and professional judgement.
- Change of 1 wte Band 5 to 1 wte Band 6 to ensure a band 6 on duty 24/7 in line with the other assessment units to ensure senior oversight. Cost £8,300
- Net impact of ward 3 changes is a **cost of £1,223**

❖ **Ward 31**

- Want to trial a change which would move one of the HCAs on nights to put them on a twilight shift, to see if this will reduce the number of falls in the evenings. This would be evaluated over the next 3-6 months for consideration to implement at the next staffing review. Cost neutral at this time, but with potential for future night enhancement saving.

❖ **Ward 11**

- Requested an additional HCA a long day at: **cost £79,379**. This proposal is in response to the increasing demand and acuity of the surgical and gastroenterology patients on ward 11 over the past 3 months, with an increase in acutely unwell patients and an increase in palliative patients. The basic cares on ward 11 have increased and we require support in completing these. It is anticipated that the additional HCA would also reduce the enhanced care spending on the long day.

❖ **Ward 20**

- Requested to change skill mix by replacing a Registered Nurse with an HCA on twilight shift (which has been piloted): **saving £5,575**.

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A further request was made by Ward 23 for an additional HCA on a long day shift at a cost of £78,177. However following a comprehensive review of the acuity and benchmarking data along with the identified metrics, at this stage there is no evidence to support this change, with no evidence of increased acuity, dependency, activities or harms. This request is not supported at this time, although the situation will be kept under review, and re-evaluated at the next staffing review.

3.1.1 Urgent Care

The areas reviewed within Urgent Care include AMU Wards 1 and 4, Ward 9, Ward 7 and AED. During this year these areas (with the exception of ward 7) have been implementing the staffing changes that were agreed by the Board of Directors in the Urgent Care paper in 2019. No further changes are deemed necessary at this time.

3.2 Planned Care

Following the methodology described above in the Planned Care Group, the Associate Director of Nursing for Planned Care has overseen the process and the following areas have requested a change to their establishment. For each of these areas, the ADN / Matron and Ward Senior Sister were asked to present the case to the Chief Nurse Team, with details for the rationale for the request (whether this be an increase or a decrease). Where there has been evidence to support the change (as described in the methodology above) these changes have been supported and a recommendation to implement them is supported. These areas are:

❖ Ward 18

- Requested an increase in their establishment of 3.14 Band 2, which would enable an additional HCA on weekday late shifts and an HCA on night shifts. This is due to the increased activity noted on the late and night shift, which is supported by the acuity data from SafeCare, and the activity noted on the ward, due to ward attenders with patients being seen on the ward rather than AED. The ward has noticed an increase in falls with harm and complaints in the period of review. **Cost is £82,500**

❖ ICU

- As part of the review of the intensive care unit staffing, due regard was given to the Intensive Care Societies Guidelines for the Provision of Intensive Care Services (June 2019). Whilst the clinical staffing requirements are in line with these recommendations, the guidelines also make reference to the requirement to provide sufficient Clinical Educator Time, recommending 1 wte per 75 staff. This should also take into account students as well as

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substantive staff. The unit current has an establishment of 92 staff, but also over the course of a year support some 70 students and 30 midwives. The unit currently employs 1wte Band 7 Clinical Educator. It is suggested that provision of further resource for this is considered as part of a wider review of education services.

No further changes are deemed necessary for planned care.

3.3 Children's Services

3.3.1 Children's Wards

Following the methodology described above in Children's Services, the Associate Director of Nursing has overseen the process has determined that no changes are currently required to the establishments for Wards 30/32 or Ward 2.

Following a Quality Improvement project to establish the effectiveness of a ward based pharmacy assistant (Band 3), the Senior Assistant Technical Officer (SATO), who assists with drug stock rotation, managing discharge medications and reducing waste has now been implemented permanently for Ward 30/32.

3.3.2 Neonatal Unit (NNU)

No changes since previous uplift.

3.3.3 Children's Community Team

A full review of the Community Paediatric Team is being undertaken by the Matron and Associate Director of Nursing for Paediatrics, which will assess the needs of the workforce for the next 5 years and will include development of the ACE team. This will be reported at a later date.

There are no further changes required for the remainder of paediatric services.

3.4 Maternity and Women's

3.4.1 Women's Services

Ward 12 have not requested any changes. The rationale 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.

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3.4.2 Maternity

A review of the maternity staffing was undertaken at the end of 2019 and reported to the Workforce Committee in January 2020 (full paper attached at appendix 3). The recommendations were as follows:

- The Workforce Committee were asked to note the report and the assurance this provides.
- The Workforce Committee was asked to approve an increase the midwifery establishment by 5.22 WTE to enable an additional intrapartum midwife per shift. **This was approved.**
- The Birth Rate Plus Midwifery Staffing tool is to be re-commissioned in summer 2020, noting the caveat that it does not take account of continuity of carer pathways.
- An audit will be undertaken to assess the consistency of the application one to one care in labour definition. (March 2020).
- Further work will be undertaken to address sickness and absence in collaboration with the Royal College of Midwives and the Human Resource department.
- To continue to recruit over establishment by 6.33 WTE to cover maternity leave. **This was agreed.**

4 RECOMMENDATIONS

- 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 in November/December 2019.
- Note that changes proposed to ward establishments **will generate a cost pressure of £157,527** it is recommended that the finance committee should have delegated responsibility to scrutinise and agree the final budgets.
- The Board of Directors are asked to support the 6 monthly review process in relation to the staffing 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 2020.
- The Board of Directors are asked to note the information in Appendices.

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5	Appendices
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Appendix 1 – Strategic staffing review and plan on page template

Appendix 2 – Summary of proposed changes

Appendix 3 – Maternity staffing paper (as submitted to the Workforce Committee January 2020)