

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

NURSING AND MIDWIFERY STRATEGIC STAFFING REVIEW – 2021

Presented by	Karen Dawber, Chief Nurse		
Author	Jo Hilton, Assistant Chief Nurse		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	To provide the outcome and recommendation of the Chief Nurse for the 2021 establishment.		
Key control	This paper is a key control for the strategic objective to provide outstanding Care for patients.		
Action required	For approval		
Previously discussed at/ informed by	Previous staffing reviews discussed at Executive Team Meeting 19.07.2021, 6.09.2021, 20.09.2021 Maternity Birth rate plus at Executive Meeting 17.05.21		
Previously approved at:	Committee/Group. None	Date	
	Executive Team Meeting	19.07.2021 06.09.2021 20.09.2021	

Key Options, Issues and Risks

Executive summary

This paper provides an overview of the nursing and midwifery establishment reviews. The Chief Nurse is required to agree the staffing establishments and review these establishments on a 6 monthly basis to ensure safe, effective and sustainable staffing in the right place, at the right time with the right skills. Due to the impact of the Covid-19 pandemic there have been multiple changes to the ward reconfiguration to ensure the correct mix of red, green and non-invasive ventilation (NIV) facilities are available to meet the surges in demand throughout from March 2020-present. At the current time there are challenges in relation to high accident and emergency attendance, high patient acuity, increase complexity of physical and mental health presentations for adults and children and increased deconditioning and frailty in older adults. Red covid capacity is still required and the focus is to increase elective activity and manage waiting lists as a result of delays due to the pandemic. The review has been broken down into three areas to help describe the complexity of the changes requested as part of the review. The paper describes the approach, the slide set shows a summary of the outcome and recommendations. The process has reviewed and recommended the establishments in areas where there has been a change in patient acuity / dependency and proposed staffing for new areas/departments as a result of the reconfiguration of services. During the process a number of service developments were described which will be considered as part of a formal business case

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

process and are excluded from the recommendations of the review.

The paper summarises the outcome as discussed and agreed at the executive team meeting following presentation of the Chief Nurses recommendation. There is a summary provided including the costs associated with the review found in Appendix 1 – Strategic Nurse Staffing Review slide set.

The cost associated with the three elements of the review is:

Increase in acuity / dependency	£2, 480,000
Service reconfiguration	£19, 000
Service development	Excluded
Total	£2,499,000

The recommendation made to the executive team supported the rise in acuity and dependency to maintain patient safety. The service reconfiguration recommendations enable full utilisation of space to accommodate the current operational plans to manage the patient demand and the proposed staffing to maintain safe and effective care. Each of the ward areas opened will have a budget in place to enable substantive recruitment in line with the safe staffing numbers.

Situation

During the Covid-19 pandemic the Trust has faced numerous challenges in a variety of circumstances for staff, patients and visitors. Staff have worked in different areas, with new teams, in various locations and carried out a variety of roles. The Trust has responded quickly to provide the workforce where required supported by additional staff, student nurses, midwives and AHP's. Following the initial response the establishment review process is the opportunity to have a robust process in place to review and set the appropriate establishment, utilising information that has been gathered over the last 18 months to build this. This will enable budgets and the roster system to be in line. The establishment review focuses on the re-set of wards moving forward to ensure the planned staffing numbers are appropriate for the ward size and function, patient acuity and dependency, skill mix and quality outcomes.

In order to support the roster efficiency work, the budget management and national reporting of safe staffing

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

data the reset of the ward and departments establishment post review is required, for a single agreed representation of this work.

Background

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 reviews include recommendations for the approach in the Developing Workforce Safeguards (2018). 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. In June 2021 there has been an additional document published from the Royal College of Nursing (RCN), Nursing Workforce Standards, which endorses this approach for nursing establishments and the governance and assurance of safe staffing.

Analysis

Assessment/Proposed plans.

The reviews focused on existing areas and establishment setting of new/reconfigured areas. The review was based on 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.
- Incidence of falls.
- Incidence of medication incidents.
- Incidence of complaints relating to nursing care.
- The friends and family test results.

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

- Learning from Covid.
- Professional judgement.

The review is similar in approach to previous reviews with an additional understanding of the impact of Covid on the areas acuity, dependency, capacity and flow.

For the establishment setting, the operational restart plans have been used as the basis for the areas, identifying where services will be delivered differently and the impact this will have on the staffing establishment required. The process for the reviews has been complicated with frequent changes to meet demands, this review aims to clarify and agree the final requirements for all areas. There has been a significant amount of learning from the Covid pandemic and the process included review of where new roles can be implemented to deliver safe and effective patient care. Where an area has been reconfigured the review focused on an establishment setting approach. This focused on what was already known, data sets from patient groups, national information and guidance, nursing metrics and quality and safety review outcomes from the past 18 months.

The reviews took place with the ward/sister/charge nurse, matron and Associate Director of Nursing and colleagues from finance via a video call. This was presented by the Associate Director of Nursing to the Chief Nurse for discussion, challenge and scrutiny. The reviews demonstrated an increased understanding by the ward sisters and matrons of the workforce establishment and associated metrics. Following the presentation to the chief nurse further discussions were held with finance, operational and nursing colleagues to understand the full review, complexity and information presented.

The Senior nursing team, senior operational and finance colleagues have met on a regular basis to understand the detail, complexity and impact of the decisions and recommendations in relation to nurse staffing. This has provided a level of challenge and scrutiny to the approach and enabled conversations related to quality of care, operational priorities and cost effective use of resources.

The 2019 and 2020 review recommended investment for rise in acuity and dependency, this was not included in ward budgets due to the covid-19 pandemic and where these areas still exist and have not reconfigured this requirement has been reviewed as part of the 2021 process. The 2020 review was not concluded due to the multiple responses required throughout the year to manage the pandemic.

There has been work to understand the overall bed numbers in the trust prior and post pandemic to assist

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

with the process. The bed configuration is complicated in terms of the changes to bed numbers per ward due to appropriate spacing, use of wards that were previously without a nursing establishment or used as surge capacity and the creation / use of spaces for alternative purposes as a service development e.g. increase in trolleys but reduction in in-patient beds. This can be seen in more detail within the information in appendix 1. Nursing teams have been moved to support areas according to basic principles of leadership, correct skills in the right place and maintaining as much of pre-existing teams as possible with the added complexities of individual risk assessments for working in red and green / ultra-green areas.

Outcome of reviews:

The Children and Young Persons Unit (Wards 30/32 and 12) care for inpatient and day case children and young people up to 16 years of age. Wards 30/32 work together with an establishment of 81.17 WTE (excluding admin, clinical educator, matron) for 35 inpatient beds, 9 short stay beds and a children's clinical decision area. There are 2 stabilisation cots that are staffed with a nurse to patient ratio of 1:1 when a child requires critical care. The ward meets RCN guidance in that there is always greater than 2 Registered Children's (RNCh) nurses each shift, a nurse with a valid Paediatric Advanced Life Support course, a nurse with skills competent to work in stabilisation and a supernumerary ward co-ordinator when possible. The ward does not meet recommended RCN guidance of 1:3 nurse to patient ratio for under 2 years of age or 1:4 for over 2 years of age. The ward works with 12RNCH and 3HCA staff by day and night including the supernumerary ward co-ordinator. No request is made for further support to increase establishment.

Ward 12 manages all medical and surgical day case work for children. With an establishment of 12.65 WTE (excluding admin and housekeeper) for 15 trolleys and 5 chairs the ward is open Monday to Friday each day with varying staff to meet demand and capacity. No request is made for further support to increase this establishment.

Children's Community Services include outpatients, continuing care and a vast range of specialist services; haematology, rheumatology, diabetes, metabolic, epilepsy, cardiology, urology, continence, respiratory, palliative, surgical, transition, Ambulatory Care Experience (ACE) and Outpatient Ambulatory Treatment / therapy (OPAT). Many of the older speciality services work with a historical CCG service specification where funding no longer matches caseload and newer ways of working including digital transformation. Business

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

case writing and working with the CCG to review service specifications are in process.

Neonatal

In line with the Neonatal revised safety actions there is a requirement for trust board review of the neonatal workforce to meet the service specification for Neonatal Nursing Standards, British Association of Perinatal Medicine national standards and Anaesthesia Clinical Services accreditation standards. Where these are not met an action plan is in place and agreed. The review for nursing has taken place as part of this process. Appendix 3 is the wider neonatal workforce paper to describe the assessment of the workforce and plan. This is for noting at Board of Directors in line with the guidance. For nursing the action plan should also be shared with the Royal College of Nursing (RCN) and Neonatal Operational Delivery Network.

Maternity

The bi-annual midwifery staffing report can be seen in appendix 2, with the outcome of the birth rate plus and recommendations from national funding bids included in appendix 2a and 2b respectively.

The Board of Directors are asked to agree the Ockenden assurance submission and agree the Birth Rate Plus recommended establishment.

Adult areas

Change in patient acuity / dependency

– can be seen on slide set in Appendix 1

- AMU wards 1 and 4 requested an increase to support a higher observation area. This is as a result of learning and improvements from serious incidents, rise in acuity and supporting patient care in the AMU environment prior to transfer to alternative bed bases in the trust. This would be the case for both the male and female wards. There is currently no medical HDU facility in place or planned. This is to be considered as part of the wider business case and service review of urgent and emergency care Clinical Business Unit (CBU) development.
- Ward 7 recommendation is for an increase in HCA at night to support an increase in ability to monitor and observe as this ward is all single side rooms, this was particularly an issue at night in relation to

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

increase in falls. The investment aims to support a reduction in complaints and incidents related to the environment with additional staff available to support patient care.

- Ward 16 detailed below as patient acuity and dependency has increased but this service has also been reconfigured into an alternative ward environment.
- Ward 18 increase to manage additional beds in bed base, detailed below as a result of service reconfiguration, patient care needs.
- Ward 19 reconfigured female surgery ward replacing ward 11. There is a recommendation for additional HCA support at nights due to acuity and dependency of the patient group and supporting regular pressure area care, falls prevention work and level of observation required.
- Ward 22 request to implement recommendations from 2019.
- Elderly care and community hospitals, there is a recommendation for an increase in HCA to support the patient group. There has been deconditioning and an increase in frailty level seen during the course of the pandemic which is resulting in higher level of care needs to support patients, reducing the risk of falls, managing delirium and providing care support. In addition with the pressure on services the patients are moved from the acute site to the community hospitals sooner meaning additional support is required to meet the needs in the community setting. Following review and analysis of the data the recommendation is made for intermediate care wards and no increase for acute elderly wards. There are periods of time where the acute wards are not working on the numbers they plan to have in place therefore this should be achieved in the first instance.
- As a direct result of the pandemic the respiratory ward 31 has been required to provide a covid and non covid service. As the ward requires an Acute Respiratory Care Unit (ARCU) and a High Dependency Unit (HDU) this must now be replicated for covid and non covid cases. This is a significant cost and investment which has been in place during the pandemic and will be required for a post pandemic service. The teams will require leadership, higher levels of nurse to patient care in line with HDU guidance and the additional support roles such as PPE guardians which have been included in this review. It should be noted that currently there is a red and green respiratory ward separately due to capacity and a covid red surge ward in operation. The review will require some tolerance to support the requirements of covid surge during the winter period until the normal model can be put in place.
- Renal service F7 and F8 recommendation is to include the 2019 review to support the additional throughput and dependency of the patient group with enhanced care requirements and cleaning in

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

between patients to maintain increased throughput.

Reconfiguration

- Ward 16 has been reconfigured to be the new gastro ward (previously on ward 25, 8 beds, then ward 9). As these patients are often withdrawing from alcohol there is a request for additional HCA support to manage increase in requirement for enhanced care. During the pandemic there has been an increase in admissions related to issues with alcohol misuse. Many of these patients are requiring significant support in terms of nursing cares and are unable to be managed in alternative settings due to severity of condition and related seizures, requiring one to one support.
- Ward 17 currently occupied by the team that was on ward 9. This ward was previously closed and is now a general medical ward.
- Ward 18 currently ENT ward, additional HCA to support patient group and use of bed base.
- Ward 19 reconfigured female surgery ward replacing ward 11.
- Eccleshill Meadows unit has reconfigured the haematology / oncology day case unit to an alternative site, there are no recommendations in terms of staffing on this unit as existing staffing have transferred. There has been a positive response to this reconfiguration in terms of the environment from patients and staff. A further review is required in terms of the blood transfusion service as the 6 chairs is not sufficient to manage this service in terms of the number of patients and the duration they are occupying the chairs at the facility. The ward 24 staffing will reopen 6 closed beds.
- Ward 11 reconfigured to form the ultra-green day case unit. Plan to move to ward 20. Staffed with ward 5 team and Westwood park (WWP) diagnostic treatment centre. Additional activity from ward 5 has transferred to WWP
- Ward 26 remains the vascular ward, with the impact of the centralisation there are 11 additional beds on ward 14. Can fully occupy vascular patients on ward 26 if outliers are not in place.
- Ward 27 is a general green ward and is made up of staff from ward 14, 5 and 28. Ward 28 is now the trauma and orthopaedic ward.
- Ward 20 is proposed to be the general surgery day case unit (DCU) with 27 trollies. The budget should transfer from ward 5. Ward 21 is proposed to remain as a downstream ultra-green general surgical ward.

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

As a result of the reconfiguration of services ward 12 is no longer an inpatient gynaecology ward. The GATU (gynaecological assessment and treatment unit) service operates from Surgical Assessment Unit. The nursing resource is supporting this service and review for using ward 25 as the Early pregnancy assessment (EPAU) and GATU service.

Service Development

– all recommended for consideration post business case development

- Accident and Emergency Department (AED) review reflects alternative pathways and increased attendance, in line with developments for an urgent treatment centre and same day emergency care (SDEC). AED new development/ new model of care, same day emergency would require investment in staffing, budgets and a place based discussion about system working with system pressures for investment. As a result the recommendation is that the nurse staffing is looked at as part of a whole CBU review and business case development.
- The Safer Nursing Care Tool for AED's is due to be published next week by NHS England and Improvement. This tool will be used for the next round of reviews for this department. It should also be noted that there is further consideration for Mental Health RN posts in AMU / AED
- POMU / POCU (Post-operative medical unit / post-operative care unit) development of a 10 bedded elective 'green' area for patients re providing PCU beds from ward 18 and 21.
- Ward 2 and ward 5 new surgical SDEC utilising staffing from ward 20 and 21. This service has an increase in number of beds and number of trolleys and will have additional activity through this service. Some of the funding from ward 2 and 5 is being utilised for the development of the POMU post-operative medical unit

With the reconfiguration of services and the changes in function of ward areas the teams have been supported to stay together as far as possible. There has also been work undertaken and on-going in terms of the skill set and skill mix for staffing all areas safely with the most appropriate workforce in the right area to achieve high quality care and positive patient experience. With an increase in mixed speciality areas there is a risk of diluting skills sets in specialism and the areas will require support, training and education to

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

broaden the skills to care for patients in these care settings.

No recommended changes

- Ward 6 no changes recommended, 8 beds remain closed on ward 6 and funding utilised to support early supported discharge (ESD) therapy staff. A review of effectiveness of the ESD will be undertaken to review the funding and potential to transfer permanently to support this initiate with therapy staff, this requires a cost, benefit analysis and review of data and effectiveness in relation to the Sentinel Stroke National Audit Programme (SSNAP) data.
- Ward 22 day case unit
- Ward 24 and 33
- Out patients

Planned care do not have additional staffing recommendations and have reconfigured staffing and services to meet the requirements for ultra-green in line with the reconfiguration plans. Where the ward bed base differs an assessment has taken place to ensure suitable staffing levels are in place to manage the patient acuity, dependency and demand

WYAAT benchmarking information

As part of the review process local acute trusts were contacted to ask if they are experiencing similar level of investment as part of the establishment review process.

Airedale NHS Foundation Trust have asked for an increase in nursing investment, they are currently still undertaking the process. For Mid Yorkshire NHS Trust they have not been able to articulate any changes in establishment requirements and are still resetting. They do however anticipate that there will be a need for additional funding when the full reviews are submitted in October. Leeds Teaching Hospitals have set the 2021/22 budget to the 2019/20 budget. They are currently undertaking the establishment reviews and are seeing increase in demand similar to BTHFT in terms of environmental changes, increase in acuity and enhanced care, increase in flow and turnover, increase in patients with acute physical and mental health needs, delays in discharges, requirement for more higher observation beds, AED attendance and supporting

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

off ward learning from the increase in apprentice roles in nursing areas.

It should be noted that any changes or a rise in covid-19 cases will require an additional response and staffing plan for any deviation from the establishments set. This will be produced with the ADN / matron in conjunction with operational and medical colleagues and reviewed by the Chief Nurse for a recommendation to be presented to Executive Management Team for approval outside the usual process (due to timescales).

Overall Summary

The general acuity and dependency of patients has increased during Covid. In many areas this change can be managed but the paper makes recommendations to the areas where the increase in acuity and dependency both pre Covid and post Covid requires additional staff to maintain patient safety and harm free care. The trust is in unprecedented times in terms of the increase in demand, acuity of patients presenting and the rise in mental health conditions. The recommendations are recurrent funding investment however this maybe for a transitional period as part of covid recovery for instance 1-2 years. The nursing establishments are assessed every 6 months as part of the national requirements and the same methodology will be utilised to review establishments, and the ongoing changes as result of post covid acute healthcare. This will be revisited at each review to understand changes and impact of the patient population. As the rise in acuity and dependency is present in the trust currently it is difficult to recommend a phased approach to the recommendations.

Throughout the pandemic additional services have also been in place to support staff and patients which remain in place currently. Some of these services have supported staff at higher risk being redeployed to more appropriate setting. The current services are the Fit Testing service, Relatives line, PPE hub, PCR testing and patient door / property support.

With the current plans for reconfiguration the recommendation is for the nursing budget to be realigned as described. This is described in Appendix 1. The overall review finance summary information can be seen in Appendix 1b. There is a mix of recommendations as a result of increase in acuity and dependency, ward reconfiguration, service developments and direct changes as a result of the Covid-19 pandemic.

The overall cost is £2,499,000

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

Recommendation

The Board of Directors support the outcome and recommendations of the Executive team as part of the annual establishment review. Due to the length and duration of the review in the current context this will be the only review for 2021 and the next review will take place April 2022.

The Board of Directors support the costs of the the establishment recommendation included in the paper to staff the wards, including changes as a result of the Covid-19 pandemic with immediate effect.

To note that any additional changes not described in this paper must seek separate approval for the nursing establishment and agreement through the chief nurse. The Executive team have been asked to consider additional reviews on an ad hoc basis according to changes in reconfiguration plans or service needs, for instance as a result in a requirement for increased Covid capacity. Board of Directors are asked to support this process and a degree of tolerance with the ongoing operational challenges.

The Board of Directors are asked to agree the Ockenden assurance submission and agree the Birth Rate Plus recommended establishment.

The Board of Directors are asked to note the information of the neonatal staffing plan in appendix 3.

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 checked="" 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 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	Low		Moderate	High	Significant	
	Risk (*)					

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

each option and showing numbers in the boxes.	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	

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: 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"/>

Meeting Title	Board of Directors		
Date	23.9.21	Agenda item	Bo.9.21.22

Appendices

Appendix 1 - Nursing and Midwifery Slide set.

Appendix 1a - Financial Summary.

Appendix 2 – Bi-annual Midwifery Staffing Report (September 2021)

Appendix 2a – The Bradford Teaching Hospitals Birth Rate Plus final report (29.04.21)

Appendix 2b – Birth Rate Plus Midwifery report and recommendations update following national funding bid (August 2021)

Appendix 3 – The wider neonatal workforce paper