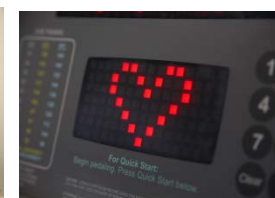


Appendix 1

Strategic Nurse and Midwifery Staffing Review

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Chief Nurse
September 2021



Introduction

The establishment review paper focused on 2 areas:

1. Acuity and dependency.
2. Reconfiguration.

The slides describes the detail where there has been a recommendation for change in patient acuity/dependency and reconfiguration.

The presentation also includes an update for maternity and children's services.

Summary of bed changes:

Ward	BED NUMBERS			Notes
	Jan-20	Current as of Sept -21	Social Distancing (SD) CLOSURE	
1	21	21		AMU - no change
2	NA	Closed		Was paed DC now on ward 12 New model is Surgical SDEC
3	25	24	1	Reduce 1 SD
4	22	22		AMU - no change
5	N/A	Closed		Was DCU new model is Surgical SDEC
6	28	27	1	Stroke 1 reduce SD
7	12	12		Gen med
8	28	ACU	8	Currently ACU
9	25	19	6	CoE - 6 beds closed SD
10	Closed	Closed		New model POMU
11	25	17	8	Green surgery
12	12	N/A	N/A	Was gynae new model paed DC
14	14	CLOSED		Was urology. New model ortho elective
15	17	17		Renal - no change
16	NA	19		Gastro
17	Closed	21		New model gen med
18	26	26		Was ENT. New model ENT/surg
19	NA	19		Acute downstream surgery
20	15	15		SAU
21	24	24		Acute Surgery
22	24	24		Cardiology
23	28	28		Resp Green
24	12	12		9 beds plus 2 DC plus assessment - Haematology
25	8	GATU	Closed	Was gastro. New model N/A
26	28	28		Vascular
27	28	28		C of E
28	28	28		Trauma
29	30	30		COVID
30	NA	NA		Paeds
31	29	29		Was CoE. New model respiratory
32	NA	NA		paeds Assessment
33	12	12		Oncology
TOTAL	521	502	24	

Ward 18 General Surgery:

Request for increase in HCA resource due to:

Head and Neck (current speciality located on ward).

- ENT Assessment Unit - Accepting patients directly from AED, OPD and direct referrals from other Trusts.
- Support of provision of out-of-hours service medical reviews for max fax, ophthalmology and ENT patients.
- Ward layout needing increased HCA resource to safely care for patients in side rooms with tracheostomies/difficult airways and gastrostomy/nasogastric tube feeds.
- Increased number of medical, surgical and care of the elderly outliers cared for on the ward with high acuity and enhanced care needs ie stroke, trauma, plastics.
- Increase in number of patient falls in last 12 months due to staffing levels.
- Serious Incidents (SI) x 3 significant.

General Surgery

- PCU beds x 4 (staffed Monday pm – Friday pm currently) would be incorporated into general bed base.
- Agree if model moving forward.

Ward 18 General Surgery:

- Increase approved 3.8.21 in HCA late and night 7 days a week.
- This is the increase in acuity to the ENT ward.
- The complexity with ward 18 is future function, bed state and use of PCU surge beds requiring additional staffing.
- Model for general surgery moving forward to be agreed. Interim is to support above recommendation.

Ward 18 planned staffing:

- Current staffing 4+2, 3+2, 2+2.
- Planned staffing 4+2, 3+3, 2+3.
- Band 2 vacancy position is: 1.5 (+3.14) – Approved at 20/21 Establishment review meeting.
- Cost is: £225k agreed at ETM 6.9.21

Elderly Care - IMC

F5, F6, WWP, WBG:



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- Frailty.
- Deconditioning.
- Delirium.
- Increase in complex, unstable medical conditions and patients requiring stabilisation due to a lack of monitoring and care (including impact of carer strain) prior to admission.
- Increase in harms (Falls and PU).
- Increased dependency and acuity at community sites due to reduced acute elderly bed base at BRI and increased numbers coming in.
- Any “easier” sick patients pulled into EVW using “home first” principles of care so if you get admitted you are very sick.
- Dependent, poor rehab potential patients staying longer due to a multitude of community limitations (social care and family involvement).
- Working to planned numbers and require additional HCA support.

Harms Data for Elderly Care:



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	MAY	JULY	MAY	JULY
	FALLS	FALLS	PRESSURE ULCERS	PRESSURE ULCERS
WBG	4	3	1	0
WWP	1	6	1	0
F5	2	8	0	3
F6	4	6	3	2

Elderly Care - IMT:

Increase in HCA for F5, F6, WBG, WWP

- Current staffing :

	WB G	W WP	F5	F6
LD	2+3	2+3	2+4	3+5
N	2+2	2+2	2+4	2+4

- Planned staffing:
- 1 x extra HCSW 24/7 per ward.
- No short term change.
- Show evidence of increase in falls/PU trend.
- Ward 3, 9, 27 to work to numbers as consistently working under therefore no request for extra staff.
- Plan to fill all vacancy including band 3 RSW.
- Cost: £512k. Agreed at ETM 6.9.21

Ward 7 Downstream Acute Medicine:



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- Poor ward layout reduces visibility when delivering care in a side room (high users of enhanced care).
- High numbers of bariatric patients (fire evacuation issues) and those who are heavily dependent on care.
- Lots of complaints regarding care on nights.
- 1 Extra HCSW on nights was agreed in 2019 review but not put in budget.
- Cost: £57k. Agreed at ETM 6.9.21

Ward F7/F8 Renal:

1.0 wte band 2 Housekeeper resource requested to:

- Provide refreshments for patients. This role is currently undertaken by HCAs taking them away from supporting RNs to deliver clinical care to dialysis patients.
- Ensure stock and consumables are ordered and stocked up in a timely manner.
- Support the management, cleaning and preparation of equipment and dialysis chairs (117 per day) and patient environment.
- Cost: £25k. Agreed at ETM 6.9.21

Ward 28 Orthopaedic:

Request increase in HCA resource due to :

- Increase in the number of inpatients admitted for pre and post operative care with #NOF (fractured neck of femur).
- Increase in the number of elderly inpatients with increased levels of dependency, confusion, delirium etc.
- Increase in the dependency of patients admitted with deconditioning and frailty.
- Physio resource challenges to support re-ablement impacts on nursing resource.
- Increase in harms; patient falls and hospital acquired pressure ulcers.
- Significant increase in patient complaints.
- Increase in LOS.

Ward 28 Orthopaedic:

- 1 HCA 7 nights a week, temporary basis until the review of pathway takes place as below.
- Check run rate.
- Increase in trauma not evident, agreed to have a separate review with CNO, CMO and COO re NOF pathway and model.
- Ask to support additional physio input into reablement.
- Cost: £169k agreed at ETM 6.9.21 while pathway review work takes place

Ward 16 Gastroenterology:

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- The ward has moved from 25 to ward 16 which is an 18 bedded ward.
- Increase in patient acuity and dependency
- The condition of patients on ward 16 include requirement for complex patient care, alcohol withdrawal related seizures, cognitive impairment, vulnerable adults who lack capacity linked to Deprivation of Liberty Standards (DoLS), violence and aggressive patients, complex discharges, complex social issues.
- Noted increase in patient's basic care needs following Covid pandemic, linked to acute and chronic medical needs.
- Quality indicators changes related to provision and complexity of care required
- Professional judgement – Concerns noted with availability of staff to undertake activities of daily living assessments and completion of documentation. Concerns that falls and pressure ulcer damage may increase.

Ward 16 Gastroenterology:

- Part reconfiguration from ward 25 but increase in acuity ask for the additional HCA to support.

- Proposed Planned staffing:

	RN + HCSW
LD	3+5
N	3+4

- Cost: £642,000 Agreed at ETM 6.9.21

Summary Data

Jun-21	Patient feedback			Harms									Absence and Turnover		Staffing					Ward Accreditation Score	New starters	Vacancies Band 2/3	Vacancies Band 5
				Falls with harm			Pressure Ulcers			Infection control					Day		Night						
	Wards	Compliments	Complaints	FFT recommended	No harm or ungraded	Low	Moderate, Severe and Death	Category 2	Category 3 and Ungradeable	DTI	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	Labour Turnover Rate FTE %	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)				
Ward 1 - AMU	0	1	-	4	2	0	0	0	0	0	0	0	0	9.2%	13.6%	90%	107%	78%	112%	▲ Sep-19	2	0.69	2.94
Ward 4 - AMU	0	1	-	8	5	0	1	0	0	0	0	0	0	4.9%	5.1%	89%	109%	82%	106%	◀ Sep-19	2	0	2.47
WARD 03	4	1	-	2	0	0	0	0	0	0	0	0	0	4.4%	6.0%	62%	96%	97%	89%	◀ Apr-21	0	0	7
WARD 06	0	2	-	6	2	0	1	0	0	0	0	0	0	12.3%	17.3%	79%	86%	78%	109%	▼ Jun-21	8	7.07	7.48
WARD 09	0	0	100%	2	0	1	0	0	0	0	0	0	0	8.3%	15.3%	48%	72%	60%	103%	▲ Apr-21	0	1.35	4.3
WARD 18	0	0	-	1	0	0	1	0	0	0	0	0	0	9.4%	11.8%	96%	144%	100%	202%	▼ May-21	1	0	1.43
WARD 28	1	0	-	1	4	0	3	1	1	0	0	0	0	4.1%	15.3%	85%	108%	88%	140%	◀ Sep-19	0	0	0
WARD 29	0	2	-	4	6	0	3	0	2	0	0	0	0	7.7%	10.7%	73%	95%	88%	103%	◀ Sep-19	1	2.17	1.08
WBG	0	0	100%	1	2	0	0	0	0	0	0	0	0	7.9%	18.2%	99%	89%	105%	105%	◀ Oct-19	0	2.44	0.75
WWP - COMM	0	0	-	3	1	0	1	0	0	0	0	0	0	8.0%	11.8%	97%	99%	104%	103%	◀ Jul-19	0	0	0.56
WARD F5	0	0	-	4	0	0	0	0	0	0	0	0	0	9.5%	5.2%	100%	96%	98%	97%	◀ Oct-19	1	3.06	1.46
WARD F6	0	0	-	2	2	0	0	0	0	0	0	0	0	15.4%	7.7%	70%	93%	100%	93%	▲ May-19	1	0.91	2.59
WARD F7 - F8	0	0	-	0	0	0	0	0	0	0	0	0	0	6.4%	46.3%						11		
WARD 16	0	0	-	4	0	1	0	0	0	0	0	0	0			93%	83%	88%	91%	▲ Oct-19	8		

No Ward Data

Respiratory:

- Rationale:
- The respiratory ward was previously based on ward 23 (x4 RHCU beds, x4 ARCU beds, 20 beds). The staffing was based on a RHCU 1RN to 2 patients = 2 RN. ARCU 1RN and 1 HCA to 4 patients. 20 beds – 3 RN, 1NA and 4HCAs.
- The ward was transferred to ward 31 on 11.03.20 to accommodate the pandemic of COVID which accommodated an increase in NIV patients needing to be split into Red patients and Green patients due to condition and IPCC requirements.
- Ward 31 currently has 29 beds with a split into the green zone – 1 PPVL room, 7 SSR, x8 beds and the Red zone – 1 PPVL room, x4 SSR, x8 beds.
- Planned staffing:
- X1 band practice educator 1.0 wte.
- Increase of x2 band 6 sisters per shift 24/7.
- Increase to x6 band 2 HCAs 24/7.
- Increase ward clerk hours to 7/7 cover from 07:00 – 20:00.
- Increase of band 2 PPE guardian 7/7 07:00 - 20:00.
- Cost: £1,208,000. Agreed at ETM 6.9.21

Respiratory:

- Planned staffing, based on 1 respiratory ward staffed for red and green capacity within the ward 31 bed space:
- To note there is an agreed ward establishment and budget for the current ward 23 and 29 (currently providing additional respiratory and Covid surge capacity)

	Ward 23 (respiratory previously)	Ward 31 (Covid respiratory)
Early	6RN +1NA +5HCA	8RN +1NA+7HCA
Late	6RN +1NA +4 HCA	8RN +1NA+7HCA
Night	6RN +3HCA	8RN +1NA+7HCA

Critical Care:

- Rationale: Skill mix of band 7 (2.59 wte) – agreed this can be removed from the review and costing sheet.
- Current staffing: Decrease 2 band 5.
- Planned staffing: Skill mix of band 7 (2.59 wte).
- No cost –skill mix agreed at ETM 6.9.21

- Rationale: Skill mix with band 4/5 staff, 2 extra RN last time review for the qualified in speciality backfill.
- Current staffing: No change.
- Planned staffing: Increase in 10 WTE band 5 and band 6 2022, 2023 in line with the national neonatal tool increase. (Change from dining tool).
- Cost in this review £42k. Not agreed at ETM 6.9.21
- The Neonatal proposal will form part of a business case for funding to be identified for subsequent years.
- Following review, there are no further recommendations for change in the paediatric in patient ward, day case or community services.

Radiology:

- Rationale: Increase in Interventional Radiology (IR) activity seen, increase in on-call frequency. Part of a review of managing service, skilled workforce requiring specific training with issues for covering gaps to IR, non-IR and Cath Lab activity.
- Current staffing: 1 x B7, 1.72 B6, 5.64 B5.
- Planned staffing: 1.5 FTE increase.
- Cost: £61k Agreed at ETM 6.9.21

Surgical Day Case Unit:

- Ultra green in-patient and day surgery, currently on ward 11 (14 beds) and Ward 14 (10 beds) – day case surgery was previously on ward 5.
- Current staffing ward 11: 25.86 wte.
- Planned staffing ward 11: 3+3; 3+3; 2+2.
- Current staffing ward 14: 18.57 wte.
- Planned staffing ward 14: 2+2; 2+2; 2+2.
- Previous ward 5 establishment was 26.19 wte for 13.5 opening hours (07.00 – 20.30).
- Transferred 2.0 wte Registered Nurse (RN) to support transfer of urology activity to Westwood Park Diagnostic and Treatment Centre (WWP DTC).
- Plan to transfer 1.46 wte RN to support the transfer of medical day case procedures to the new medical day case unit (ward 8).
- Propose to transfer remaining budget from ward 5 (22.73 wte) to support the relocated day case unit with 27 trolleys on to ward 20.
- Cost: no additional cost.

WWP DTC:

- Rationale: Change in urology service delivery from BRI.
- Current staffing: 11.19 wte (0.36 redeployed to relatives' line).
- Planned staffing: 13.3 wte.
- No cost – transfer of services
- Dependent on daily clinics running require 5 RN and 4 HCA.

Summary:

- 06.09.21 and 20.09.2021 – From Executive Team Meeting
- This equates to approx 55wte Band 2 HCA and 14wte RN's

	<u>WTE</u>	<u>Budget £</u>
Current Establishment	505.43	17,478,273
Proposed Establishment	587.16	19,958,147
Additional Resource Required:	81.73	2,479,874

Service Development:

- The following areas require business case development to support the review and recommendations for the nurse staffing in line with other staffing groups, patient pathways and detail of the service development:
- Neonatal Unit (NNU)
- Urgent and emergency care including Medical Same Day Emergency Care (SDEC) and Medical Day Case Unit (DCU)
- Post operative medical unit (POMU)
- Acute Surgical Unit (wards 2+5)

- Required to evidence compliance with Safety Action 5, Maternity Incentive Scheme, Year 4
- Formatted to include the minimum evidential requirement stipulated by NHSR
- Includes:
 - Clear breakdown of Birth Rate Plus 2020/21 review and recommendations
 - Planned versus actual midwifery staffing levels including shortfall mitigation (included in overarching nurse staffing paper)
 - Midwife to Birth ratio
 - Percentage of specialist midwives employed
 - Evidence of 100% supernumerary status
 - Evidence of 100% compliance with one to one care in labour and actions to address shortfalls

Recommendations/Board agreement

- Trust Board is asked to note that Birth Rate Plus recommended that the minimum increase to the midwifery establishment required to provide a safe service based on the existing pathways and models of care is 12.54 WTE.
- Trust Board is asked to note that Birth Rate Plus recommended that to achieve continuity of carer pathways for all women as a default position, an increase of 32.21 WTE is required.
- The service asks that Trust Board will commit to funding the Birth Rate Plus recommended increase to establishment. Evidence of this commitment is required as part of the Ockenden assurance process.
- Trust Board is asked to note that an increase of 5.22 WTE across both inpatient wards has been added to the roster line as bank shifts in the interim, until the new starters are in post and the ward establishments can be formally uplifted. This is to improve night time staffing levels in response to NHSI/E.
- 100% Supernumerary Labour Ward Co-ordinator status achieved
- Consistently achieve >90% one to one care in labour. Triggers escalation if not achieved

Birth Rate Plus report and recommendations **Bradford Teaching Hospitals** NHS Foundation Trust

- Original report and recommendations presented to ETM/People Academy May 2021
- Re-presented as part of Nursing and Midwifery staffing paper following National Maternity Funding bid success off 32.21 WTE
- Includes RCM Leadership manifesto recommendations (CQC maternity self-assessment and National Ockenden assurance require evidence of Board support)
- Key points:
 - 32.2 WTE increase recommended to achieve continuity of carer as default pathway for all women
 - 12.54 WTE increase recommended to maintain safe service based on existing pathways and models of care
 - Recent NHSI Maternity Support Programme team visit reiterated need for Board to support the Midwifery Leadership Manifesto
 - Confidence that current recruitment plans will achieve the 12.54 WTE required to maintain safety before the end of the financial year 2020/21 (caveat that 7 WTE needed in the short term to support CERNER Maternity roll out/training)
 - Plans, including International Recruitment, in place to achieve the remaining 23 WTE in 2021/22

Recommendations/Board agreement

- Ongoing commitment from the Board to fund the increase to the midwifery workforce of 32.2 WTE in financial year 2022/23 onwards.
- Board are asked to record that to maintain a safe service based on the current service design, BR + recommended an increase of 12.54 WTE. This is the initial recruitment priority.
- Board is asked to support the proposal that the RCM leadership manifesto recommendation to add a Consultant Midwife post to the structure should be considered as an Act as One, Better Births, joint appointment in the first instance.
- Board is asked to support the RCM Leadership/CQC/NHSI recommendations below:
 - Director of Midwifery Band uplift to 8D.
 - Appointment of Head of Midwifery for Operations and Governance 8B
 - Appointment of Head of Midwifery for Transformation 8B
- Board is asked to support the additional team leader roles required to manage the 100% continuity model
 - Band 7 Team Leader for CoC vulnerable women's teams and regional/national CoC reporting requirements from financial year 2022/23. (Funded by the LMS 2020/21)
 - Band 7 Team Leader for CoC geographical teams.