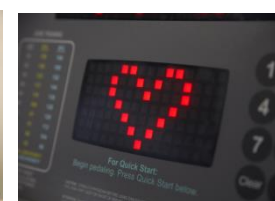


Appendix 1

Strategic Nurse and Midwifery Staffing Review

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January 2023



Introduction

The establishment review paper focused on 2 areas:

1. Acuity and dependency.
2. Business case development.

The slides describes the detail where there has been a recommendation for change in patient acuity/dependency. The areas identifying a requirement to produce a business case will do this in line with the Trust process outside of the Nursing establishment review.

It should also be noted that there is an increase in bed base described as part of the Trust response to Winter where a separate funding stream is available and where wards have moved and reintroduced beds previously closed due to Infection prevention and control measures.

The principle of a minimum of 1 band 7 with 0.5 wte supervisory time and 2 band 6 Registered Nurses (RN) remains in place.

A review of all establishments and discrepancies as part of the multiple ward changes over the last 2 years has taken place and corrected. Areas not included have been reviewed and there are no recommendations to change.

Summary of winter plan:

	Sept 10th	Sept 15th	Oct 3rd	Oct 31st	Nov 14th	Nov 28th	Jan 9th
Baseline adult non-elective beds	496	496	496	496	496	496	496
Open 4 beds on ward 23		4	4	4	4	4	4
Open 4 beds on ward 24			4	4	4	4	4
Open 5 beds on ward 17				2	2	2	2
Open 1 bed on AMU 4					1	1	1
Open 6 beds on ward 6/ward 3						6	6
Open ward 9 surge							23
Total bed capacity	496	500	504	506	507	513	536
Total adult non-elective bed demand	475	475	470	470	470	496	501
% adult NEL bed occupancy	95.77	95.00	93.25	92.89	92.70	96.69	93.47
Baseline Elective bed capacity	34	34	34	34	34	34	34
Ward 11 opens				20	20	20	20
Total elective bed capacity	34	34	34	54	54	54	54
Elective bed demand	20	22	22	40	40	40	40
% adult elective bed occupancy	58.82	64.71	64.71	74.07	74.07	74.07	74.07
Baseline Paediatric non-elective beds	46	46	46	46	46	46	46
NEL surge and escalation						5	13
Total paed NEL capacity	46	46	46	46	46	51	59
Total paediatric NEL demand	30	36	36	36	36	45	50
% paed NEL bed occupancy	65.22	78.26	78.26	78.26	78.26	88.24	84.75
Total G&A beds opened	576	580	584	606	607	618	649
Total G&A bed demand	525	533	528	546	546	581	591
Total G&A bed occupancy	91.15	91.90	90.41	90.10	89.95	94.01	91.06

Summary of previous bed numbers from sept 21 review:

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 6:

Request for continuation of band 5 RN at night and skill mix band 3 to band 2 HCA, introduce supernumerary band 6 education lead for stroke:

- Improve standards of care by having a dedicated educator providing training and accessing current practice to deliver effective, with specific focus on hyper acute stroke unit care
- There have been 5 RN at night in the safe staffing figures since at least 2019. Whilst this isn't funded this is not an increase in RN for nursing.
- This would improve overall ward performance in training compliance/reduction of incidents and support personalised sessions to enhance the skill mix and experience of the care provided on the ward. This would enhance the offer to new registrants, improve retention and be attractive to new recruits (as seen in other areas such as paediatrics)
- This model would mimic other departments around the trust that have successfully implemented this way of working.
- To support with gaining Enhanced Care for Older People (EnCOP) qualifications
- Ward 6 is currently open to 34 beds from 28 as part of winter preparedness requiring an additional RN and HCA on every shift.

Ward 11:

Request to have 2 band 6 in place

- Ward 11 was not included in previous reviews as the ward was not open therefore change recommended in line with the principles for all ward areas.

Ward 16:

Request to have 1 band 5 RN Monday-Friday 8-6

- There was a review of the skill mix on ward 16 to support the recommendation from a reduction in HCA, this was felt not appropriate as this introduction had made a positive impact to the care of the patient group following introduction from a previous review
- The ward 16 inpatient team has historically administered iron infusions up to 4 days a week to day case attenders using a dedicated room on the ward with 1 chair. This demand has been met using the existing funded establishment for the ward. In order to meet a rising demand for iron and blood transfusions, a trial has been undertaken to run 3 day case chairs (Mon – Fri 8am – 6pm) increasing capacity to 3 chairs to accommodate 6 patients, 3 in the morning and 3 in the afternoon.
- The trial was supported using endoscopy staff, however for this to be ongoing an additional RN is recommended.

Ward 17:

Request to increase 2 HCA on each day shift and 3 HCA at night

- The acuity and dependency of patients on ward 17 has increased. Due to the types of conditions and acuity when arriving on ward from AMU additional support is requested.
- Safecare data suggests an increase in 5 WTE and an average of 1 patient a day requiring one to one care. An increase in ward establishment can then support one to one care and other measures such as bay tagging.
- Datix and quality indicators dipping due to increased amount of care needs for patients
- Daily assessment of staffing is undertaken by the matron to maintain safety on the ward.
- Professional judgement – concerns noted with availability of staff to undertake activities of daily living and accurate documentation. Concerns that falls and pressure ulcer damage may increase.
- Pressure ulcers: in the last 6 months cat 2 – 4, cat 3 – 3, DTI - 3

Ward 18:

Request for increase in HCA and housekeeper Monday to Friday 8-6
and resource due to:

- In addition to inpatient care the ward 18 team support other head and neck activity, Max Fax clinic Monday to Friday 08:00 to 16:00 to assess acute/ semi acute patients and all ENT, Max Fax and out of hours Ophthalmology patients.
- Whilst this is in the main medically led a HCA is required and rostered Monday to Friday 08:00 to 16:00 to support the off ward activity and to support flow and the general cleanliness and tidiness of the ward, this is reflected in the HCA uplift request. The Housekeeper will support the general cleanliness and tidiness of the ward, organisation of stock/ stock rotation and will provide support for off ward activity from a cleanliness/ infection prevention and control perspective.
- Other changes to ward 18 bed base and function will be considered as part of business case.

Ward 19:

Request for increase in HCA resource:

- To support the discharge lounge - progressed by service improvement as a test of change and demonstrated a requirement for the service. It was expected to be staffed from the ward, however this model does not work and a separate HCA is required.
- There is acknowledgement that this is an improvement and service change however as there has been a positive impact resulting in reduced delays and the ability to move patients down stream which cant be delivered unless ward staffing is utilised currently.
- In total there is an additional HCA for additional beds for winter, if the beds remain the HCA resource will still be required for the bed base.

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. there are 10-16 patients a day
- Increase in the dependency of patients admitted with deconditioning and frailty.
- Safecare data supports an increase in establishment to manage the raised dependency of the patient group on the ward. This has been consistent over the last 3 months.
- The ward are able to recruit to the HCA posts and have no vacancy.

Elderly Care - IMC

F5, F6, WWP, WBG:



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- All areas have been reviewed with slight skill mix to manage the current workforce of band 2 HCAs and those with band 3 training and development
- All budgets reviewed to fund a band 6 practice educator. This would improve overall ward performance in training compliance/reduction of incidents and support personalised sessions to enhance the skill mix and experience of the care provided on the ward. This would enhance the offer to new registrants, improve retention and be attractive to new recruits (as seen in other areas such as paediatrics)
- This model would mimic other departments around the trust that have successfully implemented this way of working.
- To support with gaining Enhanced Care for Older People (EnCOP) qualifications

Critical Care:



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- Rationale: Skill mix of band 7 to enable 1 band 7 on per shift

Respiratory:

- Rationale ward 23 and 27:
- Reduction in the covid requirement demand and acuity of patients for the respiratory ward to pre-covid levels (ward 23) and the removal of the second covid ward (ward 27)
- Reduction in RN and HCA to remain under review

Business Case Development:

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- 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:
- Renal day case unit (DCU) new service design
- Chemotherapy practice development post
- ENT DCU increased opening hours
- Urgent and emergency care including higher observation beds in assessment wards 1 and 4, medical day case unit
- Children and young people ward
- Orthopaedic Assessment Unit (OAU) increased opening hours
- Ward 18 use and function of the bed base and treatment rooms and waiting area to accept direct from AED and GP

Summary:

There is an overall reduction in the cost of - **£369,853**. There has been an overall investment of **£ 5,371,962** in the nursing workforce since summer 2021 in line with the recommendations from previous reviews and the changes resulting from Covid and the site reconfiguration.

This does not include areas of business case development which will be assessed on a case by case basis as part of the Business Case and planning committee processes.

Full detail can be seen in appendix 2 and 3.

Recommendations

- The Board of Directors are assured of the process undertaken as part of the review in line with national recommendations.
- The Board of Directors are asked to support the recommendation of the Chief Nurse and Executive Management Team for the 6 monthly strategic nurse staffing review.
- The recommendation will come into effect from the 1st April and budgets and the rostering system will reflect the changes recommended.
- Exclusions to this proposal where there is agreement already in place to support winter preparedness and funding agreed.
- The Board of Directors are asked to note that where there is a change in service delivery the staffing implications will be presented as part of a business case from the CSU with Chief Nursing oversight of the recommendations related to nurse or midwifery staffing.