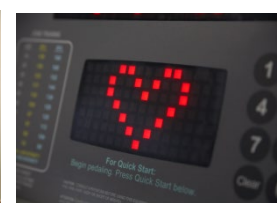
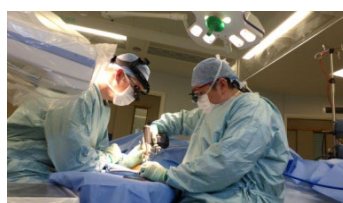


Appendix 1

Strategic Nurse and Midwifery Staffing Review

Karen Dawber
Chief Nurse
April 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 continued response 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 for in patient wards.

Areas not included have been reviewed and there are no recommendations to change.

Ward 18:

Request for additional HCA 24/7 and Friday- Monday RN :

- Ward 18 now accommodates patients from mixed surgical specialities alongside head and neck surgical patients and has recently opened 4 additional beds 24/7 taking total bed capacity to 26. A significant proportion of these are outlying patients from mixed medical specialities, i.e. stroke and care of the elderly.
- The increase in the number of beds and acuity of inpatients is the rationale for the uplift in HCAs.
- Off ward activity still takes place for head and neck patients; ward runs a 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. A HCA post was approved to support during these hours at the previous staffing review. OOH ENT, Max Fax and Ophthalmology patients attending the ward for assessment was not covered.
- Cost £160,087 – HCAs
- Cost £101,263 – RNs (2.14wte) – to cover Friday midday to Monday midday gap in previous PCU staffing to support additional 4 beds opened 24/7.
- *Funding from NHS E for beds to remain open to be utilised for this?*

Ward 19:

Request for additional RN to support Paracentesis 9-5 Mon-Fri :

- Ward 19 take daily paracentesis day case patients who require enhanced monitoring during drainage and administration of blood products.
- Monday- Friday Ward 19 have up to 2 patients for 8 hours each day who require regular monitoring following drain insertion and administration of Albumin according to levels of drainage. This is currently requiring an RN from the ward establishment as well as an RN overseeing the discharge lounge and providing TTO's which is impacting care to the inpatient beds.
- Ward 19 has 4 additional beds since the previous establishment review; these were the escalation beds during Covid and continue to stay open.
- In addition to this a discharge lounge was opened to support flow through the surgical CSU, This requires allocation of a HCA (approved previously) and is over seen by the 3rd RN on Ward 19. The discharge lounge has had a positive impact of patient flow and reducing AED waiting times through the surgical pathway.
- Cost £57,283 *not supported as activity review for location of paracentesis underway*

Skipton Renal Unit:



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Request band 2 ward clerk Mon-Fri 8-4

- Request for 1.0 band 2 ward clerk to support with the telephone calls, inputting on BHLY, general administration tasks – currently this is being undertaken by the band 5 which is taking staff away from providing patient cares.
- Cost £25,950 – *not supported whilst there are more nurses in place training there is a duplication of roles that can support these tasks. As agency spend reduces this may be considered to support a future case.*

Pre-assessment:

Request for funding band 6 uplift from band 5:

- Due to elective restart and increased demand and capacity for pre assessment and for the elective pathway an additional 1 WTE band 5 is required.
- There is currently no funding for a band 6 RN in pre assessment. However due to expansion of the service this is now required to support the band 7 in the day to day management of the service.
- 1 B5 nurse is re-deployed to the Fit testing service and currently unable to recruit into the vacancy due to no establishment in fit testing service for the post.
- Cost £8,915 – *not supported, requires substantive recruitment to band 5 post - this can only be progressed following the outcome of the ETM paper re Fit testing and PPE hub funding on 15th May 2023.*

Ward F4:

Request following review of service :

- Establishment should be 8.5 WTE RN's (including band 7 time and nurse prescribing and 1.7 WTE HCA's) - Additional 7 hours per week nurse prescribing required
- Require an uplift in establishment to include the 0.5 supervisory time for band 7 (in line with other wards and departments) as well as the nurse prescribing element of the day case service.
- Prescribing is delivered at Band 6 and above and requires 7 hours of time per week.
- Cost £38,833 – *not supported at this time, requires more demand and capacity analysis for review in 6 months*

Request for clinical educator to be reinstated :

- Removed from last review to be reinstated – originally requested 2 educators as part of Covid recommendations and respiratory education required. Stepped this down to 1, now in post, however funding for both removed.
- Cost £47,208 – *to be rectified in budgets*

Meadows Unit:

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NHS Foundation Trust

- The current budget for the Meadows is £674,837. This would increase to £876,682 to reflect the new staffing model, an increase of £201,845.
- Prior to Covid 19 – the meadows did not exist as a standalone, off site facility. This service was running through ward 16. The nurse staffing budget was transferred from ward 16 to the Meadows, this has been running for approximately 1 year and therefore an staffing review has been undertaken by DDoN, lead Nurse and finance Manager
- Since opening the Meadows there has been an increase in patients who require chemotherapy – The Meadows has 11 chairs for chemotherapy, a blood marrow service, undertakes venesections, PICC blood tests and has 7 outpatients rooms.
- The service has a recommended requirement of 1 RN to 2 chairs for chemotherapy – due to the preparation of the medications and the either IV or bolus administration. Venesection and PICC blood tests are undertaken by a Band 3 HCA, the bone marrow service is supported by a band 2 HCA and the OPDs are required to have x2 HCAs per 7 rooms to prepare the patients and ensure weights/ chaperones are available.
- The meadows are currently running a £170k overspend due to the increase use of agency nurses (£50 per hour) to accommodate the increase in chemotherapy.
- The increase of chemotherapy over the past 4 years – highlighted below:-
 - 22.77% per year
 - 815 patients per year
 - 68 patients per month
 - 16 patients per week
- The unit currently does not have a band 7 ward manager in the budget which is required for the smooth and effective running of the unit. There is a Lead Chemotherapy nurse in the budget who has been doing a joint role, causing the chemotherapy training and advancements in practice to become the second focus. The lack of dedicated Lead Chemotherapy nurse time has resulted in poor retention of staff at the Meadows and within the wider CSU, as training needs are not being met. There are also x3 band 6s in the budget which we feel can be reduced to 2.0 with a band 7 in post.
- The Meadows does not have housekeeper budget allocated to them, and often have concerns with ordering stores and putting stores away. This is currently taking staff away from providing direct clinical care- resulting in delays in provision of treatment and availability of chaperones for clinics.
- Cost £211,240 - *not supported at this time requires review of data over last 5 years and development of business case*

Increase in Band 2 HCA long days, 7 days per week

- The GATU unit currently has three different services running from the one footprint. These services are EPAU, a 7 bedded Inpatient ward & an acute assessment service. General activity on the unit is increasing
- 7 inpatient beds remain in high demand and 1 RN & 1 HCA is required to provide adequate care for these acutely unwell women. The women we care for are either actively miscarrying, suspected or confirmed ectopic pregnancies, require IV antibiotics due to pelvic/wound infections or are women with known or suspected cancer who are not medically fit for discharge home. All the women we care for require regular observations, time sensitive medications, assistance with personal cares due to vaginal bleeding and a lot emotional and psychological support.
- Acute assessment service receive up to 30 acute referrals per day and also receive up to 30 advice calls per day- this is no longer manageable for 1 RN, and an additional HCA is required to ensure adequate follow through the unit is achieved and ED transfer times can improve. The HCA working in the assessment area would be responsible for welcoming women, ensuring they are on the computer system, undertaking observations and urinalysis testing in a timely manner and again provide emotional and psychological support for women during what is very often a distressing and anxious time.
- Plan in place to commence an afternoon scanning list in EPAU and the additional HCA will add some additional resilience into this service , although EPAU is run by a RN, the ward HCA often assists with tasks such as phlebotomy and observations which enables the RN to provide the emotional support the women require.
- For a prolonged period of time the EPAU waiting time has fallen outside of NICE guideline recommendations. Following a number of incidents relating to ectopic pregnancies an external review of the service has taken place which highlighted several recommendations From 17th April EPAU will commence an afternoon scanning list Monday to Friday, this will give an additional 25 scans per week. The additional HCA will add some additional resilience into this service. Although EPAU is run by a RN, the ward HCA often assists with tasks such as phlebotomy and performing observations which enables the RN to provide the emotional support the women require
- When only 1 HCA is available to work in both services, delays in tasks such as phlebotomy, cannulations, patient observations and patient cares. unfortunately recent complaints also demonstrate that the quality of care is falling below our expected standards.
- £85,069 – *supported due to NICE guidance, learning from SI and external review recommendations*

Business Case Development:

Bradford Teaching Hospitals
NHS Foundation Trust

Update on the areas requiring 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, from the 2022 review:

- Renal day case unit (DCU) new service design - Awaiting Business Case
- Chemotherapy practice development post - *no longer needed*
- ENT DCU increased opening hours - *no longer needed*
- Urgent and emergency care including higher observation beds in assessment wards 1 and 4, medical day case unit - Awaiting Business Case
- Children and young people ward Business Case submitted to Planning Committee, phased over 4 years. Awaiting planning committee decision
- Orthopaedic Assessment Unit (OAU) increased opening hours - Awaiting Business Case
- Ward 18 use and function of the bed base and treatment rooms and waiting area to accept direct from AED and GP - Awaiting Business Case
- *Ward 17 – younger frailty unit in development no nursing impact*
- *Meadows Unit – increase in activity and full service review*
- *Plastics dressing clinic for hand unit support*
- *Radiology Nursing - day case unit*
- *Hospital at night – to be considered after review of pilot*
- *Ward 9 – stroke unit review staffing model*

Maternity Staffing:

- This is the first of the bi-annual midwifery staffing reports for 2023, and follows the September 2022 paper presented to People Academy and Trust Board in November 2023.
- In addition to the bi-annual midwifery staffing reports, Trust Board and Quality and Patient Safety Academy as a delegated authority of Board, has been appraised of the midwifery workforce position on a monthly basis, as part of the Maternity and Neonatal Services reporting process.
- The September 2022 paper concluded that the services immediate priority was to continue to achieve and sustain the Birth Rate plus figure required to maintain safe services based on the acuity and risk categorisation of Bradford women and the existing pathways of care.
- The second priority was to work towards the further increase to the establishment required to achieve midwifery continuity of carer (MCoC) as a default position for all women.
- The September 2022 report also requested that Board support the addition of a Specialist Midwife for Diabetes to the structure, to improve outcomes for the high proportion of diabetic pregnant people.
- Trust Board was supportive of the recommendations and again agreed to continue to support the long term commitment first made in 2021, to fund the establishment required to provide MCoC as a default position and to add the Specialist Midwife for Diabetes to the structure.

Maternity Staffing:

Following the 2023 review, the recommendations for maternity include:

- Taking the safety concerns highlighted in the Ockenden and Kirkup reports and the ongoing national midwifery staffing shortage into consideration, Board of Directors (BoD) is asked to continue to support the services proposal that the first priority is managing vacancy and recruitment to achieve the Birth Rate plus calculated establishment for safe staffing, based on existing pathways and models of care at 29%.
- BoD is asked to continue to support the long term commitment made in 2021 and again in March and September 2022, to fund the establishment required to provide MCoC as a default position. The 2021 Birth Rate plus report calculated this as requiring 279.77 WTE. However, the recent table top review calculates this as 266.57 WTE.
- BoD is asked to support the request to recommission the full Birth Rate plus tool in autumn 2023 to give an up to date assessment of the acuity of women accessing the service, considering the decrease in annual birth rate.
- The service recommends that a review of the current headcount uplift which incorporates the time required to complete mandatory training, is undertaken and a paper presented to the Executive Team. This is based on the significant increase in training both at Trust level and as part of the maternity core competence framework.

Summary:

The total changes recommended as part of the establishment review is an overall:

£85,069 (GATU)

£47,208 (spec Med)

Total £132,227

This does not result in any reduction in post that requires a change management process.

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 financial detail can be seen in appendix 2.

Recommendations

- The Academy and Board of Directors are assured of the process undertaken as part of the review in line with national recommendations.
- The Academy and Board of Directors are asked to support the recommendation of the Chief Nurse for the 6 monthly strategic nurse staffing review.
- The recommendation will come into effect from the 1st July 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 Academy and 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.