

Meeting Title	Board of Directors		
Date	16 November 2023	Agenda item	Bo.11.23.11

NURSING AND MIDWIFERY STAFFING ESTABLISHMENT REVIEW October 2023

Presented by	Professor Karen Dawber, Chief Nurse		
Author	Jo Hilton, Deputy Chief Nurse Sara Hollins, Director of Midwifery		
Lead Director	Professor Karen Dawber, Chief Nurse		
Purpose of the paper	To provide the outcome and recommendation of the Chief Nurse 6 month strategic staffing review for 2023		
Key control	This paper is a key control for the strategic objective to provide outstanding Care for patients.		
Action required	For assurance		
Previously discussed at/ informed by			
Previously approved at:	Academy/Group	Date	
	Executive Team Meeting (ETM)	23.10.23	
	People Academy PA.10.23.8	25.10.23	

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.

At the current time there remain challenges in relation to high accident and emergency attendance, high patient acuity, increase complexity of physical and mental health presentations for adults and children, increased deconditioning and frailty in older adults and the need to maximise planned care.

The slide set (Appendix 1) shows a summary of the outcome and recommendations, Appendix 2 shows the financial summary, and Appendix 3 shows the detail of the Maternity Staffing review and Appendix 4 is a copy of the maternity red flag report.

The process was undertaken with consideration given to NHS England's Professional Judgement Framework for Safe Staffing. Where service developments have been identified these will be considered as part of a formal business case process and are excluded from the recommendations of the review.

Requests which have not been supported by the Chief Nurse at this time have been included for information and assurance.

The paper summarises the outcome of the Chief Nurse's recommendation that has been agreed at Executive Management Team (ETM) and People Academy.

- To increase the establishment on Ward 23 to maintain the same nursing/patient ratio across days and nights to care for patients who require non-invasive ventilation. The increase in band 5

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number is a cost increase of £121, 242. This has been supported once the post has been substantively recruited to.

- To reduce the band 5 ratio and increase the number of health care assistant on Ward 27 to support patients with activities of daily living. The change in staffing ratio is a cost decrease of £66,912 as part of a change in patient group on the ward area.
- Ward 22 Cardiology Day Care Unit, to increase the number of healthcare assistants from 1 to 2 on Wednesday and Fridays to support additional day case activity and patient flow. The increase in band 2 establishment is a cost increase of £26,750. This will be progressed through the development of a business case and is not included as part of the 6 monthly review.
- Ward 18 is a multi-speciality surgical ward; the original establishment was set to support 22 beds with the option to increase beds to 26 during winter. Throughout 2023, the ward has kept 26 beds open with the support of band 2 bank staff. The recommendation is the establishment is adjusted to reflect the operational reality and the band 2 establishment is increased by 8.59 WTE which is a cost of £184,586. Following discussion at ETM this has been agreed for 1 band 2 across all days and shift patterns to maintain the additional beds and will be reviewed in terms of patient acuity and dependency.
- F6 to increase the band 3 healthcare assistant establishment and reduce the band 2 healthcare assistant numbers, increasing the rehab support worker skill mix. This change has been supported with a cost £5,201 as part of growing the workforce for this patient group.
- To increase the band 5 establishment within Westbourne Green and Westwood Park to allow the Band 7 to increase their supernumerary time from 0.5 wte to 1.0wte. This is to reflect their remote site responsibility for care and the estate. The cost is £25,427 per site, total £50,854. This change is recommended only when the areas are fully established and has not been supported at this time.
- Neonatal Intensive Care, reduce the band 3 healthcare assistants from 2 to 1, and reduce the band 5 establishment by 1.6 wte to increase the band 7 establishment to allow senior cover 24/7. This change is cost neutral.

For information:

A recommendation from the West Yorkshire Critical Care network is for organisations to consider an increase in the uplift from 22% to 35% to support professional development expectations. This would require an increase in Intensive Care Staffing by 28.4 wte nurses. Currently we are not aware of any organisation within WYAAT who have increased their establishments to reflect the recommendations.

Ward 19, requested an uplift to support their paracentesis service based on their ward. This request falls outside of the remit of the establishment process and should be considered via a patient pathway review to a medical day case unit and associated business case.

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. In order to provide greater transparency the paper provides detail of the strategic staffing review undertaken in line with the National Quality Boards requirements.

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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 September and October 2023 establishment review meetings were in line with the Developing Workforce Safeguards (2018) publication. 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.

Figure 1: Principles of safe staffing



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:

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

Hard Truths commitments regarding the publishing of staffing data (Care Quality Commission, March 2014) states '*data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increase the risk of patient safety incidents occurring*'. In order to assure the Board of Directors of safe staffing on our wards, this paper sets out the outcome of the strategic staffing review which has been undertaken in line

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with national guidance. The review has been 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.
- Red Flags.

The report is grounded in the need to ensure safe nurse and midwifery staffing levels and has been underpinned by the following publications/resources:

- NHS improvement – developing workforce safeguards, supporting providers to deliver high quality care through safe and effective staffing, October 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for adult inpatient wards in acute hospitals Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for neonatal care, Edition 1, June 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for children and young people's inpatient wards in acute hospitals, Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing - An improvement resource for Maternity, Edition 1, January 2018.
- National Quality Board – Safe, sustainable and productive staffing (SSPS). An improvement resource for adult inpatient wards in acute hospitals 2016 (2017 approved).
- Hard Truths – The Journey to Putting Patients First 'Hear the patient, speak the truth and act with compassion'. Published by the Department of Health 2014.
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England 2013.
- The Model Hospital Portal - a new digital information service provided by NHS Improvement to support the NHS to identify and realise productivity opportunities; key nursing information is contained within the portal. <https://improvement.nhs.uk/news-alerts/updates-model-hospital/>

Analysis

Following review of all the areas, recommendations have been made as detailed in Appendices 1 and 3, with additional information in Appendices 2 and 4.

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There has been significant progress in terms of developing the recruitment, retention and recognition work plans across nursing and maternity services in line with national objectives and priorities.

There is an increased focus on the retention of the nursing and midwifery workforce and we have seen a reduction in nursing and midwifery turnover rate over the last 12 months.

The process to agree the recommended establishment included, Directors and Deputy Director of Nursing, Deputy Chief Nurse, finance, human resources and the Chief Nurse.

The principles set out in NHS England's *Professional Judgement Framework: A guide to applying professional judgement in nurse staffing reviews* was also considered when recommending this establishment review.

Recommendation

- The Board of Directors (BoD) are assured of the process undertaken as part of the review in line with national recommendations.
- The BoD are asked to support the recommendation of the Chief Nurse for the 6 monthly strategic nursing and midwifery staffing review as discussed at ETM, People Academy and summarised in the paper and appendices.
- Exclusions to this proposal where there is agreement already in place to support winter preparedness and funding agreed.
- The BoD 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 Clinical Service Unit with Chief Nursing oversight of the recommendations related to nurse or midwifery staffing.

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 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 September 2022 and April 2023, 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 273.33 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

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Team. This is based on the significant increase in training both at Trust level and as part of the maternity core competence framework.

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 each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

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 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 checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance Implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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NHS Improvement Effective Use of Resources: Clinical Services
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendices

- Appendix 1 - Strategic staffing review presentation.
Appendix 2 – Safer Nursing September 2023 (finance summary).
Appendix 3 – Maternity Staffing Review Report Bi-annual maternity staffing paper September 2023.
Appendix 4 – Copy of red flag report March to August (Maternity).