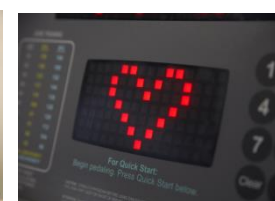


Appendix 1

Strategic Nurse and Midwifery Staffing Review

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Chief Nurse
November 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.

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 2 additional HCA 24/7 :

- Ward 18 now accommodates patients from mixed surgical specialities alongside head and neck surgical patients and has increase to 4 additional beds 24/7 taking total bed capacity to 26.
- 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.
- 1 additional HCA supported at ETM 24/7 at a cost of £92,293 currently supported with bank workforce to continue and recruit substantively.

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 £67,016 *not supported as activity review for location of paracentesis underway.*

Ward 23:

Requirement to Increase the Registered Nurses (RN) on NIGHT shift to ensure adequate RN cover for the ARCU and main ward 23:

- The original plan for ward 23 was to have a ward, a High Dependency Unit (HDU) (4 beds) and an Advanced Respiratory Care Unit (ARCU) step down (4 bed in the 2 double side rooms). Since its opening ward 23s SOP has not been reviewed, despite national guidance.
- Ward 23 SOP is currently under review. The recommendation will be for all HDU/ARCU beds to be cohorted in 2 x4 bedded bays, all patients in these 8 beds will be level 2 patients requiring 1:2 nursing ratio based on following guidance from the Safer Nursing Care tool (SNCT)/Shelford Scoring and the British Thoracic Society. We can then mix gender in each bay which will increase flexibility of admissions and will also help with patient flow.
- On a night ward 23 are established to 5 RN but with 8 level 2 beds and 18 ward level care beds therefore is insufficient to provide a 1:2 nurse/patient ratio following the guidance referred to above.
- Overnight the level of NIV increases as many are trialling NIV, weaning from NIV or having TOSCA and ABG assessments.
- In order to recruit and retain specialist Respiratory staff nurses we need to follow the most up to date guidance to ensure we meet high standards of care to our patients.
- Cost £121,242 approved at ETM subject to substantive recruitment.

Ward 27:

Request for skill mix band 5 to band 2 following change in function of the ward:

- Reduces each shift by 1RN and increase each by 1 HCSW due to dependency and care requirements.
- Planned numbers are then:

Early: 4+5

Late: 4+5

Night: 3+5

Band 7 0.5 supernumerary

- Cost reduction £66,912

Ward 22 DCU:

Request for additional HCSW band 2 Wednesday and Friday:

- Mon – Fri - RN and HCA numbers vary depending on activity.
- DCU manager meets radiology B7 weekly to agree the elective lists and staffs CDCU accordingly (also need to take into consideration the cardiology elective lists) additional resource to support with pre assessment and escorting.

Band 7 – 1.0

Band 6 – 1.0

Band 5 – 3.0

Band 2 – 1.91 – increase of 0.57wte

- Cost £26,750 – this will be brought forward as a business case through the planning committee.

Ward F6:

Request for increase in band 2 establishment to band 3:

- This is to reinstate the role of the rehab support worker following training and development to the band 2 workforce.
- Cost £5,201 supported by ETM.

Request for increase in band 7 fully supernumerary with band 5 backfill:

- This is to increase the band 5 resource to make the band 7 fully supernumerary due to off main site working.
- Cost £25,427 per area – consider for WWP and WBG when fully established.

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 2023 review:

- Renal cases approved. (Acute dialysis, F7/8, Skipton).
- Meadows case approved.
- Children case approved.
- Hand unit approved.

- Cases in development – 3 further renal cases.

- Critical Care – to note there is a requirement coming from the critical care network for ICU to have additional uplift to 35% from 21.5% to create sufficient headroom for all training requirements. This has not yet been adopted by Trusts in WYAAT but will be a recommendation.

Childrens Staffing:



Bradford Teaching Hospitals
NHS Foundation Trust

- NNU Slight skill mix within existing establishment.
- No other requests for community paediatrics or the in-patient paediatric areas.
- To note the model of urgent care for children's will be managed via the paediatric team to support the patient pathway and experience across urgent and emergency care.

Maternity Staffing:

- This is the second of the bi-annual midwifery staffing reports for 2023, and follows the March 2023 paper presented to People Academy and Trust Board in May 2023.
- In addition to the bi-annual midwifery staffing reports, Trust Board has been appraised of the midwifery workforce position on a monthly basis, as part of the Maternity and Neonatal Services reporting process.
- The March 2023 paper concluded that the services immediate priority was taking the safety concerns highlighted in the Ockenden and Kirkup reports and the ongoing national midwifery staffing shortage into consideration by 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%.
- The second priority was to work towards the long term commitment made in 2021, to fund the establishment required to provide MCoC as a default position for all women.
- The third priority was 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 annual birth rate.
- The forth priority was to review the current headcount uplift which incorporates the time required to complete Trust level mandatory training and the training requirements set in the maternity core competence framework, and write a paper to present to the Executive Team.

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, Trust Board 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%.
- Trust Board is also asked to support the required uplift in 'headroom' from 22% to 24.3% so this can be accurately built in to the calculations used in the Birth Rate Plus full review in November 2023. This will reinforce the delivery of the national maternity core competency framework v2, Maternity Incentive Scheme year 5 and Three Year Delivery Plan for Maternity and Neonatal Services.
- Trust Board is asked to continue to support the long term commitment made in 2021, 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.

Summary:

The total changes recommended and supported by ETM as part of the establishment review is an overall:

£ 218,736 increase
£ 66,912 reduction
Total £151,824

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 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 for the 6 monthly strategic nurse staffing review.
- The recommendation will come into effect as outlined in the presentation. 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.