North Bristol NHS
NHS Trust

Report to:	Trust Board	**Agenda item:**	
Date of Meeting:	January 2017		

Report Title:	**Safe Nurse Staffing** – 6 Monthly Assurance Report			
Status:	**Information**	**Discussion**	**Assurance**	**Approval**
	X		**x**	
Prepared by:	Sarah Dodds, Deputy Director of Nursing (Part A) Lisa Marshall, Director of Midwifery (Part B)			
Executive Sponsor (presenting):	Sue Jones, Director of Nursing and Quality			
Appendices (list if applicable):				

Recommendation:

The Trust Board is asked to note assurance and progress in the last 6 months:

Part A

- Assurance regarding current position against the National Quality Board (NQB) expectations and actions planned to progress to full achievement with ensuring staffing levels are safe, effectively monitored and published openly in line with the updated expectations and built on NICE guidance.
- The outcome of the outstanding safe staffing reviews undertaken in April/ May 2016.
- Next step requirements to progress a centralised ward level dashboard for quality, staff, patients and carer feedback.

Part B

- 6 monthly review of staffing across all maternity areas to ensure safe staffing in line with NICE guidance.
- November 2016 Birth Rate Plus review of midwifery staffing, final report awaited, and implementation will include moving staff to appropriate working model.
- There will be a review of staffing models in each clinical area and recommended wte recalculated based on Birth Rate plus final report.

Executive Summary:

Following the Francis report, the National Quality Board (NQB) published guidance[1] that set out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for patients. This was followed by the NICE guidance 'Safe staffing for nursing in adult inpatient wards in acute hospital'[2] (July 2014) and 'Safe midwifery staffing for maternity settings[3] (Feb 2015). NICE recommended that their guidance is read alongside that of the NQB guidance.
In June 2015 the Chief Nursing Officer for England confirmed that there would be changes to the safe staffing agenda for all care settings going forward. She emphasised the importance of the NQB expectations and NICE guidance but explained that safe staffing would now be led by NHS Improvement who would work closely with NICE, CQC and Sir Robert Francis, to ensure that there is no compromise on staffing and its impact on patient safety.

The Lord Carter Review (2016)[4] highlights the importance of ensuring that workforce and financial plans are consistent in order to optimise delivery of clinical quality and use of resources. The review described a new nursing workforce metric to be used from May 2016 (Care hours per Patient Day (CHPPD) along with a model hospital dashboard.

The NQB updated and refreshed their expectations in July 2016[5] to ensure safe, effective, caring, and responsive and well led care on a sustainable basis; Trusts will employ the right staff with the right skills in the right place at the right time. This report demonstrates the work underway at North Bristol Trust in line with the 3 expectations of the NQB.

The Trust has been successful as one of the 'Fast Follower' pilot sites for implementation of the National Nursing Associate role with a cohort planned for April 2017.

With the implementation of the agency rules and pay cap and the tight controls enacted, reduction in agency has been an ongoing significant achievement in both registered and agency health care assistants, achieving a reduction well below the ceiling to 2.6% nurse agency spend in November 2016.

The Maternity report shows the workforce changes and innovations which have occurred within Community, Assessment Units, Birth centres and the acute unit with resulting skill mix changes. Birth Rate plus was commissioned and verbally fed back on November 29th 2016, the full report for this is awaited.

[1] How to ensure the right people with the right skills are in the right place at the right time, NQB November 2013
[2] https://www.nice.org.uk/guidance/sg1
[3] https://www.nice.org.uk/guidance/ng4
[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf
[5] National Quality Board (July 2016) Supporting NHS Providers to deliver the right staff, With the right skills, in the right place at the right time.

Maternity acute unit staffing has previously struggled to provide consistent 1:1 care in labour for the increased acuity of the women using the service. Methodology for reviewing staffing and capacity is based on the Birth rate plus calculating tool, NICE guidance and professional judgment, in conjunction with length of stay and bed modelling. 1:1 care in labour has improved to 95 % for the year to date from 93.9% in 2015/16

Due to changing acuity mix of 50:50 high: low risk women, the Delivery Suite continues to show deficits in staffing, however with increased flexibility and movement of staff to be responsive to service needs and to ensure safety our midwife to birth ratio remains at 1:30, benchmarking favorably within the south west region.

.

1. Purpose

The purpose of this paper is to provide the Board with a 6 monthly report on Nursing and Midwifery staffing and to provide assurance that the Trust has a clear validated process for monitoring and ensuring safe staffing in line with current national recommendations.

2. Background

Following the Francis report, the National Quality Board (NQB) published guidance that set out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for patients.

This was followed by the NICE guidance 'Safe staffing for nursing in adult inpatient wards in acute hospital (July 2014) and 'Safe midwifery staffing for maternity settings (Feb 2015). NICE recommended that their guidance is read alongside that of the NQB guidance.

In June 2015 the Chief Nursing Officer for England confirmed changes to the safe staffing agenda for all care settings going forward. She emphasised the importance of the NQB expectations and NICE guidance but explained that safe staffing would now be led by NHS Improvement who would work closely with NICE, CQC and Sir Robert Francis, to ensure that there is no compromise on staffing and its impact on patient safety.

The Lord Carter Review (2016) highlights the importance of ensuring that workforce and financial plans are consistent in order to optimise delivery of clinical quality and use of resources. The review recommended use of a new metric, Care hours per patient day (CHPPD) to be collected monthly (beginning in May 2016) and for this to be collected daily from April 2017, along with improved efficiency in the use of E-Rostering and implementation of the concepts of Enhanced care.

Demonstrating sufficient staffing is one of the essential standards that all health care providers must meet in order to be compliant with Care Quality Commission (CQC) requirements and we have been required to publish staffing data since April 2014.

All NHS Trusts are accountable to NHS Improvement and will be expected to provide assurance that they are implementing the NQB staffing guidance and that, where there are risks to quality of care due to staffing, actions are taken to minimise the risk.

In July 2016 the NQB published updated guidance on safe sustainable and productive staffing. This brought together the 2013 NQB guidance along with the Carter report findings. This resulted in a much more triangulated approach based on the 3 expectations 'Right staff, Right skills, Right place and time'.

This paper will focus on the expectations described within the guidance and assess the Trust's current approach and achievements against these expectations.

3. Updated NQB Expectations: a triangulated approach to staffing decisions

The updated NQB expectations support an approach to deciding staffing levels based on patients' needs, acuity and risks, monitored from 'ward to board'. This triangulated approach to staffing decisions rather than making judgments based solely on numbers or ratios of staff to patients is supported by the CQC.

Expectation 1 Right Staff (workforce Plans)	Expectation 2 Right Skills	Expectation 3 Right place and time
Evidence based workforce planning	Mandatory Training, development and education	Productive working and eliminating waste
Professional Judgement	Working as a Multi professional Team	Efficient deployment and flexibility
Compare staffing with Peers	Recruitment and retention	Efficient employment Minimising agency usage

Table 1 NQB Updated Expectations (2016)

Expectation 1 Right Staff (Workforce Plans)

Following the full nursing establishment review undertaken of all inpatient areas within North Bristol Trust in April/ May 2016, using evidenced based workforce tools, there were the outstanding elements which required review with additional information required. The core principles utilised within the full nursing establishment reviews were analysis of actual staffing alongside other metrics. This included patient acuity and dependency, length of stay, activity along with the national tools available such as the NICE guidance (2014) and evidence based guidance from Royal Colleges. The Trust also compares local staffing with staffing provided by an appropriate peer group which has been highlighted within the Model hospital dashboard, recognising that the specific ward design for the Brunel Wards also needs to be appropriately benchmarked. Where there has been a service change then a full review of staffing will also take place.

Outstanding 6 monthly review inpatient areas awaiting approval

Following the panel reviews which took place in May 2016, the outstanding supporting information was collated and reviewed with the following approved:

DIRECTORATE	GATE/WARD	CHANGES
Anaesthetics , Surgery and Critical Care	33b	Increase in 2.8 wte Health Care Assistants and 5.2 wte Registered Nurses
	ICU	This was reviewed in line with additional bed capacity taking the Trust to 44 Critical Care Beds when required
Medicine	Elgar 1	Increase in 5.2 wte Health Care Assistant agreed
	27a	Increase in 5.2 wte Registered Nurses agreed
Medicine	Acute Medical Unit ,ED, Additional Capacity on Elgar 1 and 2	Staffing for additional bed capacity and ED/ AMU surge approved as part of the winter plan for 4 months

DIRECTORATE	GATE/WARD	CHANGES
Core Clinical	Interventional Radiology	Approved as part of the winter plan for Interventional Radiology. Staffing for additional bed capacity for 7 days per week for 4 months
Women and Children	Cotswold	Approved as part of the winter plan. Staffing for additional bed capacity for 4 months

From May 2016 all Trusts report monthly Care Hours per Patient Day (CHPPD) and from April 2017 it is expected to be reported daily. Over time, this metric enables a review of staff within a specialty and by comparable ward. The CHPPD should not be viewed in isolation but as part of a local quality dashboard which includes patient outcome measures alongside workforce and finance indicators. It is also expected to include patient and staff feedback indicators. CHPPD is calculated by adding the hours of registered nurses and the hours of health care assistants and dividing the total by every 24 hours of inpatient admissions or approximating 24 patient hours by counts of patients at midnight.

Expectation 2 Right Skills

Mandatory Training, development and education

The Trust is committed to ensuring that clinical staff have the appropriate training and the right competencies to support new models of care. A realistic assessment of the time commitment required to undertake the necessary education and training to support the delivery of high quality care has been undertaken. In April 2016 the clinical induction programme was reviewed for all nursing staff, this enabled staff to undergo the appropriate training prior to commencing on the wards. This review has been well received by both new staff starting and by the ward sisters with a formal evaluation of this change underway to ensure maximum efficiency is gained.

The supernumerary guidance for new nurse and midwifery starters was updated in September 2016 to reflect an appropriate timescale for staff to be supernumerary within the workplace which has reduced the previous requirement for general ward based nurses by 50%.The reduction is monitored on an individual basis to ensure appropriate support for staff is provided for those who may require additional supervision.

Working as a Multi Professional Team

The Trust has demonstrated its commitment to investing in new roles and skill mix reviews which enables registered nurses to spend more time to focus on clinical duties and decisions about planning and implementing nursing care.
The 2015 Shape of caring report[6] recommended changes to education, training and career structures for registered nurses and care staff, in light of this NBT has continued with the development of its workforce in support of this report.
Training for Assistant Practitioners is well embedded within NBT and the role is continuing to be developed throughout the hospital with the recent approval of the policy for preparation and administration of Medications by non-registered Practitioners, this will support some key areas where staff can support the administration of certain medications with the use of competency based assessments.

[6] https://hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf

In July 2016 the Trust as part of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan applied to be a test site for the National pilot for Nursing Associate role training. Whilst unsuccessful as one of the first sites the Trust has now been approved as a 'Fast Follower' pilot and will be the Lead employer with a cohort commencing in April 2017.
Other non-registered roles will be progressed via the Nursing and Midwifery Efficiency group with development of an Enablement practitioner being planned on the Musculoskeletal wards.

The delivery of high quality care depends on strong and clear clinical leadership, and well led and motivated staff. In order for this to be achieved at ward level the sisters are supervisory, in line with the Mid Staffordshire Inquiry Report (2015) this enables them to be visible to patients, staff and visitors and to work alongside staff as role models, monitor performance and deliver training. On occasions they are required in reality to work clinically to support wards when there is a shortfall of last minute nursing staff, the administrative requirements of their role are supported by a ward administrators working across 2 wards.

Recruitment and Retention

Over the past 6 months there has been a significant increase in the activity of both Registered and Non Registered Nurse recruitment which has included:

- Open days for Registered Nurses every 6 weeks, these are well led by the Directorates and enable the opportunity for staff to be shown around wards and departments and to be interviewed and offered posts on the day.
- Specialist Directorate adverts have been reinstated.
- The process for the recruitment of non-registered nurses has been streamlined with support from the Learning and Development department and has enabled high quality and well informed candidates attending the fortnightly Assessment Centre. This has shown a rapid improvement in quality and an increase in the numbers of non-registered staff in the recruitment pipeline.
- The Recruitment teams have worked on ensuring that time from interview to confirm start date for candidates is obtained as quickly as possible.

Each Directorate has a detailed understanding of their vacancies and tracks both recruitment, and turnover (Table 2) closely to ensure that they are proactively recruiting. However given future forecasting, the ongoing use of agency staff in Theatres, and Intensive Care settings and with the current number of vacancies the long term recruitment plan includes recruiting internationally and a business plan for this is underway.

Turnover %	Registered Nurses	Non Registered Nurses
2013/14	12.49%	17.64%
2014/15	17.64%	25.30%
2015/16	12.86%	17.55%

Table 2 Turnover

Retention programmes are now being developed more extensively within each Directorate and include Directorate

rotational programmes and a Trust Wide staff engagement plan of an Internal Transfer process being launched in January 2017.

The next steps include increased focus on the individual needs of wards and departments and the importance of reviewing personal preferences and working patterns to ensure that these are still aligned to service requirements and support career and professional development of staff.

Expectation 3: Right place and time

Each month the Trust submits the ward planned and actual staffing levels including Care Hours Per Patient Day (CHPPD) via Unify.

The nursing and midwifery fill rates and CHPPD for Southmead Hospital for the past 6 months can be viewed in Table 3.

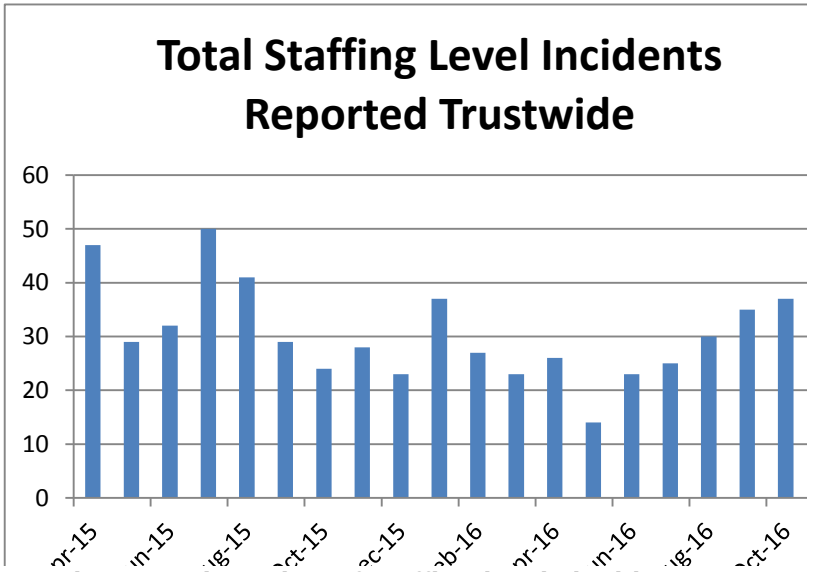
	May	Jun	July	Aug	Sept	Oct
RN Day	96.8%	95.9%	94.7%	92.8%	92.9%	94.4%
HCA Day	115.7%	109.8%	108.7%	109.7%	105.4%	104.2%
RN Night	99.5%	98%	98%	95.7%	94.5%	95.1%
HCA Night	128.7%	119%	115.7%	116.9%	113.2%	114.4%
CHPPD	7.9	7.9	7.9	7.9	8.0	8.2

Table 3 Fill Rates and CHPPD

All wards continue to reach a funded ratio of 1:8 or less for a day shift, exclusive of the supervisory ward sister and all inpatient wards are working to a minimum skill mix of an average RN/HCA ratio of 60/40.

When there is a shortfall of registered nurses, on occasions unregistered staff are being utilised to ensure safe staffing. In addition the greater than 100% fill rates in HCA numbers are due to the high volume of 'specials' utilised to provide enhanced care. Following the embedding of the Enhanced care programme across the Trust and with the investment of the additional Health Care Assistants over the summer months in high use areas there has been a corresponding drop in the overfill of these shifts.

Graph 1 shows the number of safe staffing incidents reported by month, these are all escalated to Heads of Nursing to review with alerts to the Director/ Deputy Director of Nursing when an incident occurs.



Graph 1 - Total number of staffing levels incidents

There has been an increase in incidents reported in Women's and Children's Directorate which have corresponded with the decreased fill rates in some of these ward areas. Safety has been maintained by the inclusion of an escalation process for Neonatal Intensive Care Unit (NICU) which requires senior non ward based staff responding to support at short notice, the use of both Framework and Non Framework agency for NICU and the Matrons covering clinical shifts.

Productive working and eliminating waste and efficient deployment and flexibility

To ensure that there is an appropriate system and process in place for the deployment of staff and managing the staffing resources on a day to day basis, the Trust uses the Safe Care live Acuity tool. This was launched within the Neurosciences Directorate as a pilot in August with Trust wide roll out in December 2016. Twice daily safe staffing meetings occur when real time data of actual staffing levels and patient acuity can be viewed and staff redeployed as required. The next phase of implementation is to utilise, report and act on the 'red flag reporting' in line with NICE guidance which is available within the Safe Care live tool.

In addition the Trust is currently updating the e rostering policy to ensure that it fits with the service and is in line with the NHS Improvement best practice E rostering Guide.

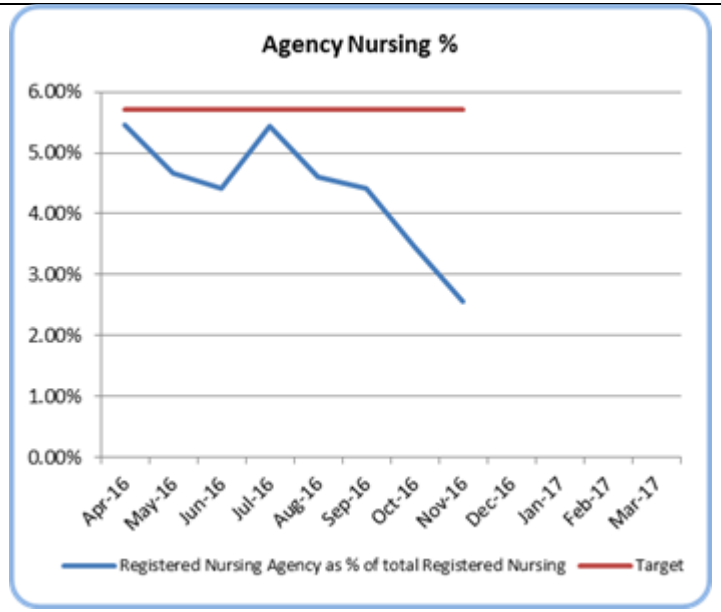
Efficient employment minimising agency usage

NBT has clear plans in place and is working towards an ongoing significant reduction in the use of agency nursing staff in line with the NHS Improvement agency rules. Whilst the Trust is below the agency ceiling limit set and is therefore not required to externally report all shifts above the agency cap, an internal process has been mirrored with the Chief Executive sign off implemented.

Since 1st October 2016 both framework and non-framework agency nurse approval is only via the Director and Deputy Director of Nursing or on call Executive out of hours. The use of agency Health Care Assistants ceased in July 2016 following strong recruitment to both substantive posts and NBT Extra.

The use of any agency is utilised to ensure patient safety is not compromised by booking in advance following approval for NICU, Theatres / Anaesthetics and Intensive Care Unit (ICU). Careful control and monitoring of fill rates is maintained by the Heads of Nursing to ensure that there is no negative impact on patient care and safety. None of the current framework agencies meet the pay cap and in order to further drive down agency costs then the NBT Extra Manager and the Deputy Director of Nursing have met with 3 agencies in order to request a reduction in rates. This has been successful with reduced rates implemented by 1 agency (highest user) with outcomes from the other 2 awaited.

The recruitment of both registered and non-registered nurses to the temporary staffing continues and staff are well supported by the Clinical Lead in ensuring support for new starters, revalidation and monitoring and maintaining high professional standards.



Graph 2 – Nursing agency % use

4. Risks

Although both registered and unregistered nurse recruitment has been substantial over the past 6 months, with a high number of vacancies following approval of the increased staffing and current turnover rate, the volume of vacancies is still challenging to fill with the current applicants. There is very close working between the nursing, workforce planning, finance and recruitment teams to ensure that data is readily available and risks are regularly reviewed. Due to the predicted shortfall a long term recruitment plan is underway for International recruitment.

- There remains a high use of agency and temporary staff in NICU, ICU and Theatres/Anaesthetic's and at times agencies are unable to fill shifts and therefore a risk assessment with regards to activity has to be made in order to manage staffing safely.

- The Trust undertook a series of ward moves in November 2016 in order to create a Surgical Assessment and Short Stay Unit, a dedicated Major Trauma ward and to provide a plan for the winter management of Acute Medical Beds. The ward establishments have been implemented and will be managed closely and efficiently using the Acuity tool for the next few months to ensure that the appropriate staffing levels are achieved. There is a risk that there may be a requirement to increase staffing to support some of these changes if the acuity reflects this.

- Over the past 6 months NICU has continued to experience high acuity, increased cot numbers above funded establishment, high agency usage and a number of unfilled vacancies which has impacted on some aspects of quality. In view of this, a task and finish group has been set up chaired by the Director of Nursing with an external review planned for January 2017 to include an assessment of staffing against the existing British Association of Perinatal Medicine standards. Communication with Specialist Commissioners has been closely maintained for support with additional staff funding.

Conclusion

This paper has reviewed North Bristol NHS Trust against the new triangulated approach of the NQB expectations (July 2016) for safe staffing, it has demonstrated the outcomes of the actions which have progressed over the past 6 months regarding recruitment and future plans in place to manage vacancies to ensure safe staffing. There has also been a more robust plan of staffing for additional capacity over the winter for wards and further approved changes to staffing following the May 2016 review have occurred on receipt of additional data analysis.

This report has highlighted the gains of increased control, and monitoring with the reduction in use of agency registered nurses and ceasing of agency health care assistants. It has described the recruitment and workforce plans in place and the risks identified with the current numbers of vacancies.

Next Steps

Over the next 6 months in line with the NHS Improvement resource for safe sustainable and productive staffing (currently in draft) a ward level dashboard will be progressed to include quality indicators and staff, patient and carer feedback indicators. This is endorsed within the Chief Nursing Officer Strategy (2016)[7] 'Leading Change, Adding Value: a framework for nursing, midwifery and care staff' with the aim to achieve better outcomes, better patient and staff experience and better use of resources.

Recommendations

This report has demonstrated to the Trust Board that a robust assessment of nurse staffing against the updated triangulated approach to staffing of the NQB expectations has taken place.

The Trust Board is asked to note:

- Assurance regarding current position against the expectations and actions planned to progress to full achievement with ensuring staffing levels are safe, effectively monitored and published openly in line with the updated NQB expectations and built on NICE guidance.
- The outcome of the outstanding safe staffing reviews undertaken in April/ May 2016
- Next step requirements to progress a centralised ward level dashboard for quality, staff, patients and carer feedback

[7] https://www.england.nhs.uk/ourwork/leading-change/

Midwifery Safe Staffing Report

1. Purpose:

Safe staffing update for the maternity service.

2. Background:

2015-2016

In June 2015 there was further Trust Board agreement to increase Midwifery staffing by 11wte to bring the total wte to 210.67 wte, this was following a full review using the Birth Rate plus acuity tool which identified a changing case mix and staffing requirement.

2016-2017

To validate the unit closure data and to ensure safe staffing the Directorate purchased the Birthrate Intrapartum Acuity® System (BRIPAS)

The Birth Rate plus acuity model and the detailed staffing review is the only model recognized by the Royal College of Midwives and NICE who published 'Safe midwifery staffing for maternity settings in February 2015.

The Birth Rate Plus model uses data from Maternity Units around the UK to allow a validated customized interpretation of staffing needs for individual units.

Following skill mix reviews and reallocation of non-midwifery funding into the clinical workforce the establishment is currently 219.77 wte, however using Birth Rate plus guidelines 14.45 wte are removed from the establishment calculation, these are roles for Ultrasonography and Management therefore the actual establishment available for daily care is 205.32 wte .Birth Rate plus was commissioned and verbally fed back on November 29th 2016, the full report for this is awaited.

1:1 care in labour has improved to 95 % the year to date from 93.9% in 2015/16

The skill mix ratio has also been reviewed and is as follows:

CDS	
Registered	80%
Non-Registered	20%

Cossham	
Registered	53%
Non-Registered	47%

Quantock total	
Registered	75%
Non-Registered	25%
Day	
Registered	67%
Non-Registered	33%
Night	
Registered	80%
Non-Registered	20%

Mendip ward	
Registered	62%
Non-Registered	38%

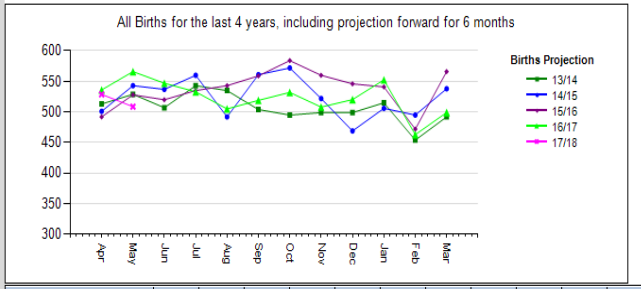
Percy Phillips	
Registered	62%
Non-Registered	38%

Community	
Registered	77%
Non-Registered	23%

The verbal feedback from Birth Rate plus was that the expected skill mix ratio should be 85:15 Registered Midwife to maternity support worker, our current average ratio is 70:30, although it is 80:20 on Delivery Suite. Our midwife to birth ratio has been consistent at 1:30 since December 2015. This current ratio removes flexibility from the work force as some roles can only be fulfilled by a Registered Midwife, therefore to mitigate the current risk there is an escalation policy, and on call provision for the unit which is also supported by the supervisor of midwives on call. The supervision model will be changing in 2017 and therefore the ratio review is part of the future staffing review that will be undertaken in 2017.

Midwife to Birth Ratio					
Nov-15	**Dec-15**	**Jan-16**	**Feb-16**	**Mar-16**	**Apr-16**
01:33	01:30	01:29	01:30	01:30	01:30
May-16	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**
01:30	01:30	01:30	01:30	01:30	01:30

Birth Projection : All



Total Births	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	% Change
08/09	505	507	538	522	507	551	521	508	504	440	443	514	6060	
09/10	515	517	526	530	554	535	554	502	509	526	497	529	6294	3.9%
10/11	515	482	505	532	500	504	505	500	451	477	415	512	5898	-6.3%
11/12	500	518	500	551	534	532	528	504	495	544	486	558	6250	6.0%
12/13	473	538	510	521	531	525	548	491	521	508	509	520	6195	-0.9%
13/14	513	529	507	543	535	504	495	499	499	515	454	492	6085	-1.8%
14/15	501	543	537	560	492	561	572	522	469	506	495	538	6296	3.5%
15/16	492	528	520	535	543	559	584	560	546	541	472	566	6446	2.4%
16/17	536	566	547	533	505	519	532	508	520	553	463	499	6281	-2.6%
17/18	529	509											1038	

Note : Predicted figures are highlighted in purple.

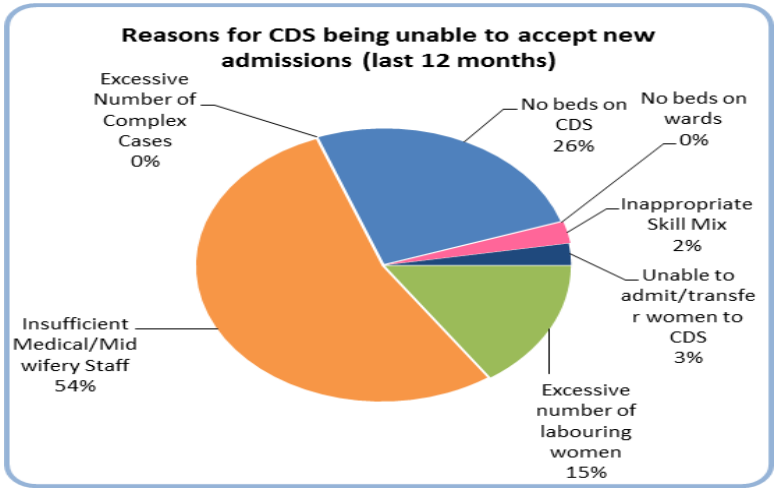
(Table 1

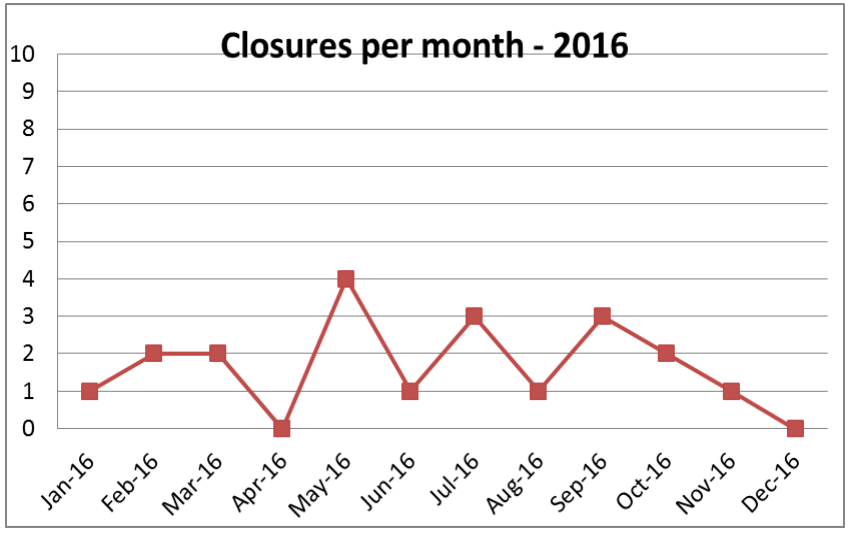
Birth Projections

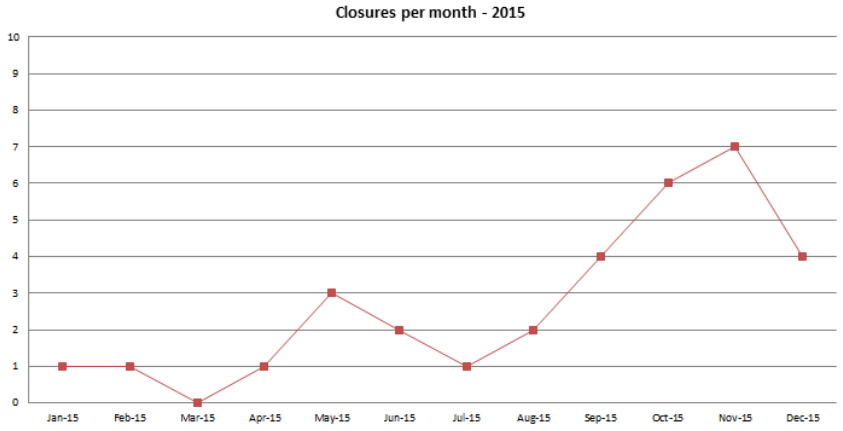
Total Births:

2015/16 showed an increase in births to 6449, an increase of 146 births from 2014/15 and a total increase of 362 births since 2013/14. There has been a trajectory of increasing intrapartum activity within the unit following increased bookings for NBT. But 2016/17 has shown a changing trend.2016/17 (predicted to March 2017) shows a decrease in births to 6261 a decrease of 2.6% (Table 2)

Unit Closures 2016, compared to 2015







There has been a decrease in closures between 2015 (32) and 2016 (20) but a change in acuity from a 60:40 low risk to high risk caseload to a caseload mix of 50:50. This affects the staffing demands as higher acuity requires 1:1 midwifery care for longer, impacting on the wte required to care for the casemix.

Place of Birth

2016 has shown a decrease from 81.5% to 79.7 % of births taking place in the high risk delivery suite and an increase from16.4% to 18.1% of births being in the Birth centres and home (Table 5). This is in line with the Place of Birth Study[8], and the Maternity Review '

[8] https://www.npeu.ox.ac.uk/birthplace

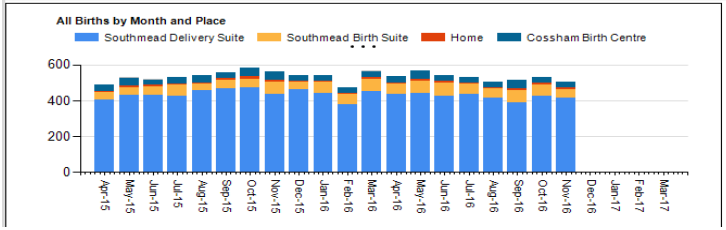
Better Births' [9]the ongoing aim is to improve this to 70% in the Delivery Suite and 30% in the Birth centres and home locations; this is to promote normality and to reduce interventions. This is being achieved by telephone triage of all women entering the maternity service and signposting them to the correct place of birth (see below, table 5).

All Births

Births by Place of Delivery : All

All Births	04/05	05/06	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Southmead Delivery Suite	4,969	4,735	4,850	5,050	5,230	5,550	5,120	5,311	5,091	4,678	5,123	5,260
Southmead Birth Suite		191	432	510	621	552	540	691	805	779	631	613
Home	194	187	188	209	209	192	206	159	155	111	104	104
Cossham Birth Centre									79	488	413	445
DAU							3	2	3	3	3	4
Other							17	56	45	26	22	20
Unknown							12	31	17			
Total	5,163	5,113	5,470	5,769	6,060	6,294	5,898	6,250	6,195	6,085	6,296	6,446
% Hospital	96.2%	92.6%	88.7%	87.5%	86.3%	88.2%	86.8%	85.0%	82.2%	76.9%	81.4%	81.6%
% Birth Suite	0.0%	3.7%	7.9%	8.8%	10.2%	8.8%	9.2%	11.1%	14.3%	20.8%	16.6%	16.4%
% Home Births	3.8%	3.7%	3.4%	3.6%	3.4%	3.1%	3.5%	2.5%	2.5%	1.8%	1.7%	1.6%

16/17 Births by Month	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Total
Southmead Delivery Suite	434	441	427	438	413	390	427	413					3,383
Southmead Birth Suite	58	66	71	58	55	65	63	50					486
Home	8	13	12	4	7	12	8	7					71
Cossham Birth Centre	34	45	33	32	28	46	30	34					282
Other	2	1	2	1	2	6	4	3					21
Unknown			2					1					3
Total	536	566	547	533	505	519	532	508					4,246
% Hospital	81.0%	77.9%	78.1%	82.2%	81.8%	75.1%	80.3%	81.3%					79.7%
% Birth Suite	17.2%	19.6%	19.0%	16.9%	16.4%	21.4%	17.5%	16.5%					18.1%



(Table 2)

[9] https://www.england.nhs.uk/ourwork/futurenhs/mat-review/

Quantock Assessment Unit

Quantock assessment unit is an area used to seeing women who present with acute issues related to pregnancy, there are multiple patient episodes per day, and waiting times are often prolonged. A pilot offering telephone triage by an experienced midwife was undertaken to see if attendances could be reduced. Following the audit of piloting telephone triage, it was shown that there was a reduction in unnecessary admissions, staffing has now been allocated within budget, following a staffing and workload review to fulfil this role at Band 6 midwife level. This commenced in October 2016 and is a 7 day service, 8.30-18.30.

This will undergo evaluation and if continues to be successful will be possibly increased to a 24 hour service. Also all community staff screen women for place of birth and sign post to the low risk settings if appropriate.

7 day flow Midwives

The Maternity Department has also implemented 7 day flow midwives to enable patient flow to be managed efficiently, this commenced in October 2015, and this service is now embedded in practice and is delivering length of stay improvements in conjunction with implementation of enhanced care for elective caesarian section patients.

Community Midwifery

Community staffing is currently set at a skill mix ratio of 77:23, Registered Midwife to maternity support worker. The community midwives currently work to an approximate midwife caseload ratio

of 1:100 women, and work with Maternity support workers to provide care. The Community service has completed a pilot for centralised booking to address some of the clerical requirements; the pilot has been evaluated and there are now 3 booking clerks in post providing support to the whole community team.

3. Safe staffing

In order to validate the closure data and to ensure safe staffing the Directorate purchased the **Birthrate Intrapartum Acuity® System (BRIPAS)**

Data has been collated consistently since the 14th July 2014. This tool is for Intra- partum care only. The ward areas are staffed in line with NICE, who published 'Safe midwifery staffing for maternity settings' in 2015.[10] All staffing is monitored through the monthly safe staffing returns.

Due to changing acuity mix of 50:50 high: low risk women, the Delivery Suite continues to show deficits in staffing, however the increase in wte in November 2015 has allowed for more flexibility and movement of staff to be responsive to service needs and to ensure safety and maintain our midwife to birth ratio at 1:30, benchmarking favorably within the south west region. Safe staffing reports monthly, the data is reviewed by the Director of Midwifery and Matron team to understand the fill rates, absence and to plan the ongoing months staffing to mitigate these risks.

In November the Directorate commissioned a Birth Rate plus review, the review has shown the staffing numbers are correct in the community and ward areas but due to case mix there continues to be a staffing deficit in the delivery suite. This inequity will be addressed by using some wte released from the consultation relating to unpaid breaks that concludes in December 2016, and also looking at the band 2/3 roles and reinvesting non registered funding into registered posts as required.

The Directorate has launched three staff consultations:

1. Integrated working for midwives working in specific community areas to integrate with the birth centre teams. This will provide improved flexible staffing, enabling the workforce to be moved to areas of need, following the patient through her journey in a responsive way.
2. Integrated working for maternity support workers working in specific community areas to integrate with the birth centre teams. enabling the support worker also to be moved to areas of need, following the patient through her journey in a responsive way
3. Shift consultation regarding extending breaks to 60 minutes per shift; this will increase wte available to fulfil some of required increase of staffing for delivery suite.

The CQC report in March 2016 rated Maternity Services as Good; an improvement from the previous 2014 rating of requires improvement. This was in direct result of improved investment in staffing and improved ratios from December 2015. Therefore careful monitoring of growth using the Birthrate plus tool will support the model of staffing required going forward.

It should be acknowledged that the growth in bookings and intrapartum care in 2015/16 has been absorbed into the current estate and adjusted staffing model, but areas of pressure has been identified within the Delivery Suite, antenatal clinic and ultrasound service. Sonography has been identified within business planning

[10] https://www.nice.org.uk/guidance/ng4

as an area requiring growth due to forthcoming planned retirements therefore training places, to provide sonographers for

the future have been funded for 2016/17. Following panel review approval for an additional 0.85 wte sonographer was approved 4th May 2016.

Consultant presence on delivery suite is recommended by NICE as 168 hours (hrs) per week with >5000 deliveries. NBT currently remains at 74hrs of consultant presence. [11] Clinical Negligence Scheme for Trusts (CNST) requires Trusts to be working towards this standard; it has been difficult to achieve nationally due to funding and availability of senior obstetricians. Benchmarking nationally against units with >6000 deliveries demonstrates that our number of consultant hours on delivery suite is lower than other comparable units (University Hospitals Bristol 80hrs) However there is only one unit achieving 168hrs cover (St Mary's, Manchester), and we consistently demonstrate that we deliver a safe service as shown in NBT maternity dashboard outcome data and the South West Strategic Clinical Network Maternity Dashboard data. [12]

All midwives have personal development opportunities, having an annual appraisal and open access to a Supervisor of Midwives (SOM), who also meets with them annually. Each SOM currently has a caseload of 1:18; the NMC recommendation is 1:15. In order to improve this ratio there are currently 2 supervisors in training. Recent developments have led to changes in Supervision and the expectation is that the Government will pass a Bill by April 2017 leading to removal of Supervision from statute. There will therefore be a requirement to implement a new model of supervision supported by revalidation and change the on call provision for maternity services. Revalidation has been implemented successfully in the Directorate.

Staff Development

There is a formal development programme for transition from Band 6 to 7. This programme is in place on the delivery suite, in the community setting, and within the ward areas. There is also a band 7 to 8a development programme which launched in September 2015.

All band 5 midwives have a named preceptor and follow a preceptorship package, following consultation in September 2016 Band 5 staff have had an increase to the preceptorship programme and they now remain at Band 5 for 23 months before they transition to Band 6. This is to support a longer period of time for Band 5 staff to complete their competencies and be supported to fulfil a Band 6 job description.

The Maternity Department train in a multi-professional model, using PROMPT training, developed at Southmead Hospital. The training has supported safe emergency care despite increased acuity in the caseload. There is a robust clinical governance process and the maternity dashboard looking at outcomes is reviewed monthly in the Directorate Clinical Governance meeting.

[11] *Safer Childbirth standards (Royal College of Obstetricians and Gynaecologists et al 2007) and Standards for Maternity Care (RCOG 2008).*

[12] *http://maternitydashboard.swscn.org.uk/*

4. Summary

Maternity acute unit staffing has previously struggled to provide consistent 1:1 care in labour for the increased acuity of the women using the service.

Maternity services have a rolling recruitment plan in place to ensure consistent staffing. There is a robust workforce trajectory which is reviewed weekly by the HR partner and the ward managers to support recruitment.

A Strategic review of working models based on the recent Birth Rate plus review is being implemented utilising the outcomes of the staff consultations. This review will enable a full analysis of working models, to work towards achieving 100% 1:1 care in labour and to work within the current midwife to birth ratio of 1:30.

The most recent review of community midwifery services has shown a caseload ratio of 1:100 with a 77:23 ratio Registered to support staff. Clerical support was an identified area needing review due to this, the next stage is to review the support worker role, and identify if administration support is more beneficial than maternity support workers.

As previously described the pilot for centralised booking has now been made a permanent model with three clerks in post.

Staff at all grades are provided with emergency skills and drills training, and have personal development discussed at annual appraisals, and for midwives also an annual review with their Supervisor of Midwives. Personal development Programmes are

agreed between staff and their appraiser, and preceptorship packages are embedded within the Directorate.

Methodology for reviewing staffing and capacity is based on the Birth rate plus calculating tool, NICE guidance and professional judgment, in conjunction with length of stay and bed modelling.

5. Next Steps:

- Full implementation of strategic staffing review is ongoing with the next phase of 'shaping the future' to be implemented by April 4th 2017, this has been delayed due to consultation requirements, providing integrated working between the Birth Centre's and the community setting. This will allow operational growth within the current staffing numbers through improved efficiency.
- Ongoing audit of 1:1 care in labour.
- Ongoing use of **Birthrate Intrapartum Acuity® System (BRIPAS)** to inform staffing requirements in relation to acuity.
- The Directorate has been supported to develop a post-natal specific acuity and dependency tool that is being piloted on the post-natal ward.
- Continue to promote low risk setting as default birth place for all low risk.
- Review of estates strategy to support further growth of bed capacity would support more activity within current staffing model.
- Audit triage midwife role and increase hours dependent on audit results.

6. Recommendations

- Trust Board to note there has been a 6 monthly review of staffing across all maternity areas to ensure safe staffing in line with NICE guidance.
- November 2016 Birth Rate Plus review of midwifery staffing, implementation of moving staff to appropriate working model.
- A review of staffing models in each clinical area and recalculation of recommended wte based on Birth Rate plus final report.

North Bristol NHS
NHS Trust