Report to:	Trust Board		Agenda item:	
Date of Meeting:	July 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) Gina Augarde Director of Midwifery/ Head of Nursing (Part B)			
Executive Sponsor (presenting):	Sue Jones, Director of Nursing and Quality			
Appendices (list if applicable):	Appendix 1			

Recommendation:

Part A

The Trust Board is asked to note:
- Assurance regarding current position against the expectations and actions of the updated NQB expectations , NICE guidance and a self-assessment against NHS Improvement recommendations
- Next step requirements to progress a centralised ward level dashboard for quality, staff, patients and carer feedback.
- The plan for the formal annual review of safe staffing for all inpatient ward areas in September / November 2017.

Part B
- There has been a review of staffing across all maternity areas using Birth Rate Plus recommendations and NICE guidance.
- A programme to implement the recommendations of 'Better Births' 2016, to include Integration of the community and Birth centres has commenced.
- Full review of staffing in 6 months will take place following implementation of new Acuity tool and embedding of Integration.

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).

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. In February 2017 an improvement resource was published by NHS Improvement[6] to support nurse staffing in adult inpatient wards and implementation of the NQB expectations.

This report demonstrates the work underway at North Bristol Trust in line with the 3 expectations of the NQB and a self-assessment of NBT against the NHS Improvement recommendations for safe staffing is provided in Appendix 1.

The Maternity report describes the methodology for reviewing midwifery staffing. Birth Rate plus was commissioned in October 2016 and undertook a review, at the time this report showed a requirement for additional Midwives in some care settings, and recommended that a new model of care was implemented called Integration. Subsequent to the report there has been a reduction in the number of births and booked births, therefore the decision has been made to purchase an additional acuity tool to measure acuity more accurately, to implement the integration model and to repeat a safe staffing review in 6 months.

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[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.

[6] https://improvement.nhs.uk/uploads/documents/Adult_in-patient_safe__sustainable_staffing.pdf

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 in place 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.

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

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 Carter review recommended use of a new metric, Care hours per patient day (CHPPD).

All NHS Trusts are accountable to NHS Improvement and are 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 guidance was refreshed, broadened and re-issued to include the need to focus on safe, sustainable and productive staffing.

In February 2017 an improvement resource was published by NHS Improvement to support nurse staffing in adult inpatient wards. It is aimed at wards that provide overnight care for adult patients in acute hospitals excluding intensive care high dependency, acute admissions and assessment.

This paper will focus on the NQB expectations and assess the Trust's current approach and achievements against these expectations and a self-assessment of the recommendations of the NHS Improvement resource can be found in Appendix 1.

3. 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)

The methodology used for the nursing establishment reviews at NBT includes analysis of actual staffing alongside other metrics; patient acuity (completed 3 times per day), Professional Judgment, ward quality metrics and 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 within the Model hospital dashboard, recognising that the specific ward design for the Brunel Wards also needs to be appropriately benchmarked.

In line with all Trusts NBT reports monthly Care Hours per Patient Day (CHPPD). Over time, this metric enables a review of staff within a specialty and by comparable ward. 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. Total CHPPD for NBT for the past 6 months is provided in Table 1.

Divisional Changes

In November 2016 to manage the winter bed base plan there was a series of bed moves, with some wards changing speciality. This occurred at the same time as the implementation of the Safe Care live acuity module. In view of these changes it was felt more appropriate to monitor the patient acuity and staffing requirements daily before agreeing any change in funded establishment in the new specialty wards.

In April 2017 the 7 Clinical Directorates moved into 5 Divisions. Bed capacity has remained challenging for all wards and has required additional patients to be cared for on some inpatient wards, when this occurs the matrons assess the level of care required on the wards and if required will request additional staff.

The band 2 and band 3 skill mix within each Division has been reviewed to realign with the role requirements on each ward.

A full staffing review of all inpatient wards is now planned for September to November 2017 in preparation for the new budget setting period.

Anaesthetics, Surgery, Critical Care and Renal (ASCR) Division

Gate 32B Surgical Assessment Unit
Required fluctuating levels of staffing in order to support the new speciality, continues to be monitored using Safe Care live. No additional approved funding. Full staffing review will occur in the autumn.

Intensive Care Unit
Requirement to increase the unit to 46 Critical Care Beds, the staffing has been reviewed to support this to provide 1:1 Level 3 Care and 1:2 Level 2 care and a skill mix of 90% Registered Nurses / 10 % Non- Registered:

29 Registered Nurses and 4 Assistant Practitioners per shift, supported by: 1 Clinical Unit Coordinator and 4 Clinical Support Nurses. In addition there are 3 ancillary support workers per day / 2 per night supporting the delivery of care but not allocated patients.

Medicine Division

Gate 27A
There has been a Divisional review of the staffing levels and in line with a change in acuity the staffing levels have reduced by 1 registered nurse at night.

Gate 27B
There has been a review of the skill mix and the changes enable a Band 6 per shift to provide expert Respiratory HDU care, this was achieved through a Band 5 review replaced with Band 4 posts which reflects the care requirements for the ward.

AMU
In order to manage increased bed capacity requirements the Ambulatory Emergency Care unit at times is required to be opened and staffed overnight, when this occurs additional staff are requested, this is currently not part of the funded establishment.

The additional staffing required at times of surge for both AMU and ED is approved by the Head of Nursing for Medicine along with the Director/ Deputy Director of Nursing.

Neuro and Musculoskeletal Division

Gate 9a
With the ward speciality change there has been a requirement at times for increased staffing in line with the Safe Care live results, this ward will be reviewed as part of the autumn safe staffing reviews.

Women's and Children's Division

Cotswold Ward
There has been a fluctuating bed base over the past 6 months with bed capacity increased to support the Trust activity, and at present reduced bed capacity due to estates work. The staffing levels have been assessed using the acuity tool. An approved review of staffing levels will take place in the autumn review of safe staffing.

NICU
An external review of NICU was commissioned by the Director of Nursing in January 2017 which included a review of staffing. This is being reviewed and managed via the Trust Workforce Committee and currently the number of cots has been reduced by 4 in order to ensure that current staffing is safe. 3 times daily an SBAR is completed which manages the staffing requirements in line with acuity of babies.

Core Clinical Division

Interventional Radiology remains unfunded to be opened at the weekends, staff staffing is provided when required to be used for in patients by the use of temporary staff and substantive staff from Medicine and ASCR.

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. The clinical Induction programme was further reviewed in April 2017 ensuring the relevant level of training provided and where possible this has been completed in the clinical area where the member of staff will be working.

The supernumerary guidance for new nurse and midwifery starters is now well embedded to reflect an appropriate timescale for staff to be supernumerary within the workplace.

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[7] 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.

In April 2017 the Trust as part of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan along with Bath commenced as a pilot site for the National Nursing Associate role training with 13 candidates commencing at NBT.

The NHS Improvement Resource recommends taking account of the wider multidisciplinary team who may or may not be part of the core ward establishment including allied health professionals, advanced clinical practitioners, administrative staff and volunteers. It is recognised that the range of specialist and advanced practitioners at NBT provide expert advice, intervention and support to ward based teams, along with the 'link nurse' model which is in place for certain specialties e.g Tissue viability, Diabetes.

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, 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 administrator working across 3 wards.

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

Recruitment and Retention

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

- Open days for Registered Nurses every 6-8 weeks, these are well led by the Divisions and enable the opportunity for staff to be shown around wards and departments and to be interviewed and offered posts on the day.
- Specialist Divisional adverts have continued where required.
- 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 Assessment Centre. This has shown a rapid improvement in quality and an increase in the numbers of non-registered staff in the recruitment pipeline.

Each Division has a detailed understanding of their vacancies and tracks both recruitment and turnover closely to ensure that they are proactively recruiting. Additional recruitment resource is being provided to ASCR given the ongoing use of agency staff in Theatres, Medirooms and Intensive Care setting to support the filling of vacancies and retention of staff.

Retention programmes are now being developed more extensively within each Division and include Divisional rotational posts and a Trust Wide staff engagement plan. The use of the staff engagement 'happy app' is being led in Theatres and Medirooms and further training Trust wide is underway for other areas across the Trust.
Following attendance at the NHS Improvement retention Masterclass in June, an action plan is being developed to improve the retention of both Registered and Non registered Nursing and Midwifery staff with learning gained from other Organisations.

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 1.

|	Jan	Feb	March	Apr	May	June
RN Day	95.9%	96.5%	97.8%	97.7%	98.7%	96.4%
HCA Day	104.9%	104.1%	107.5%	110.4%	113.4%	114.9%
RN Night	98.6%	96.0%	98.0%	100.0%	100.0%	97.7%
HCA Night	112.8%	110.0%	111.9%	113.4%	117.7%	122.0%
CHPPD	7.5	7.9	8.2	8.0	8.1	8.1

Table 1 Fill Rates and CHPPD

All wards continue to reach a funded ratio of 1 Registered Nurse: to 8 Patients or less for a day shift, exclusive of the supervisory ward sister. The Night shift is monitored closely depending on the number of patients, can increase on a ward to 1: 12.

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.

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

Total Nursing Staffing Level Incidents Reported Trustwide; July 2015 - June 2016 & July 2016 - June 2017
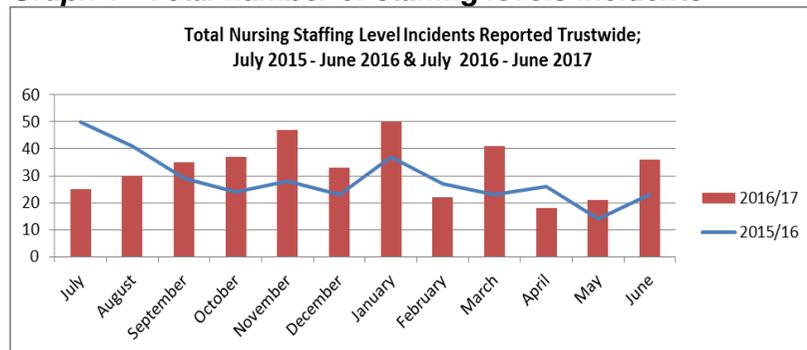
The highest reporting Divisions are Medicine and Women's and Children's Directorate which have corresponded with the decreased fill rates in some of these ward areas. In Medicine when required to maintain safety at times of increased numbers of patients, staff are moved for short periods of time. Safety 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 has now been in use Trust wide for the past 6 months; it continues to require some validation of data to ensure accuracy. 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 Trust also updated the e rostering policy in February 2107 to ensure that it was 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. Framework and non-framework agency nurse approval is 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/ Medirooms 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. All staff are encouraged and supported to complete incident forms if concerns regarding safe staffing are raised. None of the current framework agencies meet the pay cap and in order to further drive down agency costs work across BNSSG is being progressed at an Executive level.

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

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

Staff feedback
From the review of the staff survey results in 2016 the results from the question:

'There are enough staff at this organisation for me to do my job properly'

20% of registered nurses either agreed or strongly agreed with this statement.
17% of non-registered nurses either agreed or strongly agreed with this statement.

4.   Risks

Although both registered and unregistered nurse recruitment has been substantial over the past 6 months, with a high number of vacancies in certain areas it 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.

- There remains a high use of agency and temporary staff in NICU, ICU and Theatres/Medirooms 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 in place are managed closely and efficiently using the Acuity tool and will continue 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.

- The Trust has seen an increase in acute admissions which has required more patients to be cared for on some wards. The current staffing establishments have been funded for the ward bed base in Brunel of 32 beds however there are occasions when this is required to increase to 35 patients. If required to ensure safety an additional member of staff is booked.

- Over the past 6 months NICU has continued to experience high acuity, high agency usage and a number of unfilled vacancies which has impacted on some aspects of quality. In view of this, the Director of Nursing commissioned an external review in January 2017 to include an assessment of staffing against the existing British Association of Perinatal Medicine standards. Recommendations from this report were discussed with the Specialist Commissioners who at the current time have not agreed to support the increased funding requirements for staffing. Therefore the decision has been taken to reduce by 4-6 cots depending on acuity in the first instance. This has been communicated to the South West Neonatal Network.

Conclusion

This paper has reviewed North Bristol NHS Trust against the 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 been some ward specialty changes over the past 8 months, ward establishments have been managed closely alongside patient acuity, once the changes are embedded in each ward a full review of staffing levels with take place.

Next Steps

Over the next 6 months in line with the action required from the self-assessment of the NHS Improvement resource- see appendix 1. 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)[8] '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.

A full staffing review of all inpatient wards is planned for September to November 2017.

Recommendations

This report has demonstrated to the Trust Board that 6 monthly assessment of nurse staffing against the triangulated approach to staffing of the NQB expectations

has taken place along with a self-assessment against the NHS Improvement recommendations.

The Trust Board is asked to note:

1. Assurance regarding current position against the expectations and actions of the updated NQB expectations, NICE guidance and self-assessment of the NHS Improvement recommendations.

2. Next step requirements to progress a centralised ward level dashboard for quality, staff, patients and carer feedback.

3. The plan for the formal annual review of safe staffing for all inpatient ward areas in September / November 2017.

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

Midwifery Safe Staffing Report

1. Purpose:

A 6 monthly report, to provide the Trust board with a Safe staffing update for the Maternity service at NBT.

2. Background:

In October 2016, North Bristol NHS Trust (NBT), Maternity department, commissioned a review using 'Birthrate Plus' to look at current midwifery staffing, and supported this with NICE[9] recognised guidance around safe staffing.

The Birth Rate plus acuity model and 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.
The CQC report in March 2016 rated Maternity Services at NBT 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.

(Current situation Table 1)

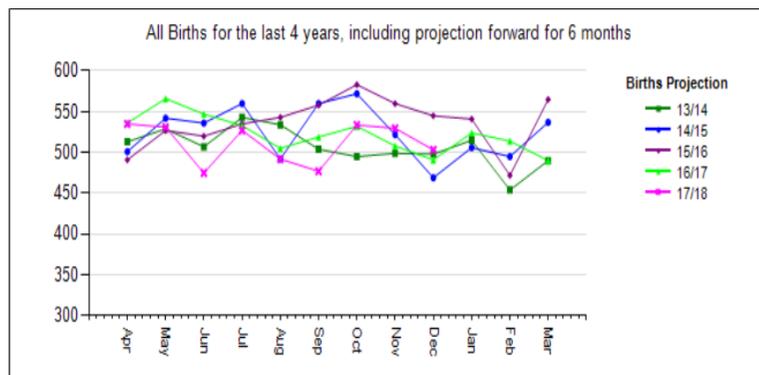| Midwife to Birth Ratio					
Nov-15	**Dec-15**	**Jan-16**	**Feb-16**	**Mar-16**	**Apr-16**
1:33	1:30	1:29	1:30	1:30	1:30
May-16	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**
1:30	1:30	1:30	1:30	1:30	1:30
Nov-16	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**	**Apr-17**
1:30	1:30	1:30	1:30	1:30	1:30

Total Births:
Over the past 2 years there was an ongoing trend of an increased birthrate; however since 2016/17 there has been a changing trend which shows a decrease in births to 6261 a decrease of 2.6% (Table 2)
This decrease in birthrate trend is currently continuing. There has however been a change in acuity from a 60:40 low risk to high risk caseload to a caseload mix of 50:50. So whilst this affects the staffing demands as higher acuity requires 1:1 midwifery care for longer, with the reduction in birth bookings there is a not currently a requirement to increase staffing. This will be monitored closely.

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

Table 2
Birth Projections

Birth Projection : All

All Births for the last 4 years, including projection forward for 6 months

Total Births	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
08/09	505	507	538	522	507	551	521	508	504	440	443
09/10	515	517	526	530	554	535	554	502	509	526	497
10/11	515	482	505	532	497	503	503	499	451	476	414
11/12	499	518	497	550	533	532	528	504	494	544	485
12/13	472	536	510	521	530	525	548	491	521	508	508
13/14	513	529	507	543	534	504	495	499	498	515	454
14/15	501	542	536	560	492	560	572	522	469	506	495
15/16	491	527	520	535	543	558	583	560	545	541	472
16/17	536	566	547	533	505	519	532	508	491	524	514
17/18	535	531	475	527	492	477	534	530	503		

Birthrate plus report recommendations[10]

- **Showed a negative variance of 14.86 wte staff (Band 3 – Band 7)**
- **Integrated working would support reducing this variance to 10 wte**
- **85% of staff should be registered midwives- currently the percentage is 70%**
- **Plan systematic transfer of band 3 staff into the budget for registered midwives to address the differential in percentage of registered to Non registered staff.**

Subsequent clinical activity following the report has gone on to show that current staffing models support current activity, and with integration there is no requirement to increase staffing in the next 6 months. Although the requirement to convert band 3 posts into band 5/6 posts with natural wastage is planned and being enacted as posts become vacant.

The expected skill mix ratio should be 85:15 Registered Midwife to maternity support worker, the current average ratio at NBT is 70:30 with 80:20 on Delivery Suite. The midwife to birth ratio has been consistent at 1:30 since December 2015.

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[10] Birthrate Intrapartum Acuity® System (BRIPAS)

This document could be made public under the Freedom of Information Act 2000.
Any person identifiable, corporate sensitive information will be exempt and must be discussed under a 'closed section' of any meeting.

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'**Better Births' (2016) a National review of Maternity services** [11]

This review was used alongside the Birth Rate plus report.
A critical element of the review has been acknowledging that the quality and outcomes of maternity care have improved significantly in the last two decades, including a 20% fall in stillbirth and neonatal mortality rates. At the same time maternity services have had to respond to challenges, such as more women giving birth at an older age and the increasing complexity of many women's health needs. Despite the progress made in recent years, the review identified some instances where maternity services were falling short:

- Women were not always being offered real choice in the services they could access or were told what to do, rather than being given information to make their own decisions.

- Hospital services were frequently operating at 100% capacity while community-based services struggled to survive.

- Whilst women wanted their midwife to be with them from the start, they rarely saw the same professional twice.

- The quality of maternity care varied considerably, there was insufficient collaboration across professional boundaries and staff spent too much time collecting poor-quality data.

- Things go wrong too often and fear of litigation inhibits staff from being open about and learning from mistakes.

- Outcomes on some measures are worse in the UK than for comparable services elsewhere in Europe.

Practice changes are being put in place to reflect the document and the birthrate plus review.

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.

Since the report, booking numbers have declined, and a new dynamic staffing tool has been developed and purchased. This will enable 3 times live acuity monitoring which will provide a more accurate assessment of staffing requirements.

Integration has been launched but has yet to embed; based on this the decision has been made by the Divisional Management team to monitor the acuity using the new tool and review again in six months and review in line with the NHS improvement Midwifery resource.

Therefore careful monitoring of growth using the Birthrate plus tool will support the model of staffing required going forward.

The review of community midwifery services has shown a caseload ratio of 1:100 with a 77:23 ratio Registered to Non registered 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.

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[11] https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

Staff Development

There is a formal development programme for transition from Band 6 to 7 and from 7 to 8a. This programme is in place on the delivery suite, in the community setting, and within the ward areas.
All band 5 midwives have a named preceptor and follow a preceptorship package. This was recently increased to 23 months to support the 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 Clinical Governance meeting.

3. Summary

A strategic review of staffing across all areas of the Midwifery service, using Birthrate plus, took place in October 2016.It recommended additional staff across band's 3 to band's 7, Integrated working, and a change in skill mix.

The report was helpful and relevant at the time, given the working model and number of births. However since then, integrated working has been developed and recently commenced, and the birth booking numbers have reduced.

A new Birthrate plus acuity tool is being purchased to which now includes Antenatal and Postnatal care, and a dynamic responsive data capture of intrapartum care requirements and acuity. This will enable live acuity monitoring which will provide a more accurate assessment of staffing requirements on an hourly basis, and is in line with safer staffing, but designed specifically for maternity services.

Methodology for reviewing staffing and capacity is based on the Birth rate plus tool, NICE guidance and professional judgment, in conjunction with length of stay and bed modelling.
1:1 care in labour has improved in 2017 to 96.9% supporting the decision to keep staffing establishment as it is currently.

4. Next Steps:

- Ongoing audit of 1:1 care in labour.
- Use of **Birthrate Intrapartum Acuity® System (BRIPAS)** to inform staffing requirements in relation to acuity.
- Purchase of a new tool has been approved to include the Antenatal and Postnatal areas.
- Full review of staffing in 6 months following implementation of new tool.
- Continue to promote low risk setting as default birth place for all low risk.

5. Recommendations

- Trust Board to note there has been a review of staffing across all maternity areas using Birth Rate Plus recommendations and NICE guidance.
- A programme to implement the recommendations of 'Better Births' 2016, to include Integration of the community and Birth centres has commenced.
- Full review of staffing in 6 months will take place following implementation of new Acuity tool and embedding of Integration.

Appendix 1: Safe, Sustainable and productive staffing – An improvement resource for adult inpatient wards in acute hospitals, Self Assessment

Recommendations	NBT Assessment
A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.	In place, use of Model Hospital Dashboard, National tools and Royal Colleges where relevant.
A strategic staffing review must be undertaken annually or sooner if changes to services are planned.	In place, undertaken 6 monthly with full review annually and at every change to service. To be linked going forward to Budget setting timescales
Staffing decisions should be taken in the context of the wider registered multi-professional team.	Undertaken where relevant e.g Elgar 2 ward has registered Multi professional team members on the ward
Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.	In place
Action plans to address local recruitment and retention priorities should be in place and subject to regular review.	In place, retention schemes to be further developed with learning gained from NHS Improvement Masterclass
Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit temporary staff.	Efficient deployment using Safe Care live daily. Controls in place for Agency approval. Employment options to be further explored as part of retention.
A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.	Staff staffing reported in line with National requirements, staffing decisions based on review of quality indicators. Trust wide dashboard for review required.
Organisations should ensure they have an appropriate escalation process in case staffing is not delivering the outcomes identified.	Formal staffing reviews include assessment of all metrics and process for escalation to Executive level in place
All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.	Uplift/ Headroom levels monitored closely each month, recognition that high numbers of part time staff and specialist areas may require increased study leave.
All organisations should investigate staffing related incidents, their outcomes on staff and patients and ensure action and feedback	Robust process in place to review and investigate locally all staffing incidents, reviewed monthly at Nursing and Midwifery Leadership group for themes. Staff encouraged to report unsafe staffing and any impact on patients via electronic incident reporting.