

Report to:	Trust Board	Agenda item:	10
Date of Meeting:	26 November 2015		

Report Title:	Safe Nurse Staffing – 6 Monthly Assurance Report			
Status:	Information	Discussion	Assurance	Approval
	X		X	
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Executive Sponsor (presenting):	Sue Jones, Director of Nursing and Quality			
Appendices (list if applicable):	Appendix 1 Workforce projections of Health Visitor achievement of the target to August 2016			

Recommendation:
<p>The Trust Board is asked to note this report;</p> <ul style="list-style-type: none"> • The assurance regarding actions already underway and actions planned to ensure staffing levels are safe, effectively monitored and published openly in line with the 10 NQB expectations and NICE guidance. • TDA Safe Nurse staffing visit undertaken in May 2015 and its findings

Executive Summary:
<p>Further to the Government response to the Francis report the National Quality Board (NQB) published ‘How to ensure the right people with the right skills are in the right place at the right time’ in November 2013. The NQB guidance set 10 expectations, 9 of which were for Acute Trusts.</p>

Within the NQB guidance the Director of Nursing is responsible for providing the Trust Board with assurance around Safe Nurse Staffing which includes 6 monthly reports on safe staffing and monthly updates on Workforce Information. This is the 6th of the 6 monthly reports.

Further to the NQB guidance, NICE published its guidance on safe staffing for nursing in adult inpatient wards in acute hospitals (July 2014). The NICE guidance made recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment, recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met and recommends monitoring staffing levels and taking action to ensure safe care by adjusting staffing numbers as required.

In June 2015 the Chief Nursing Officer for England wrote to Nurse Directors to inform them of changes to the safe staffing agenda for all care settings going forward. The importance of the NQB expectations and NICE guidance were highlighted but safe staffing would now be led by the new NHS Improvement body 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.

This report provides assurance against the relevant NQB expectations and NICE recommendations; it details what is currently in place to meet the expectations and recommendations and the plans in place to address any gaps.

The Trust Board is asked to note:

- TDA Safe Nurse staffing visit undertaken in May 2015 and its findings
- Assurance provided regarding actions already underway and actions planned to ensure staffing levels are safe, effectively monitored and published openly in line with the 10 NQB expectations and NICE guidance.

Section 2 of this report specifically covers safe Maternity Unit staffing. There has been investment in Midwifery staffing agreed in June 2015 to address acuity, and the number of unit closures in the last year.

The Trust Board is asked to note:

- That the Midwife to Birth ratio will benchmark similar to other units in the South West at 1:30

Section 3 of this report explains the current position for recruitment of health visitors against the annual plan.

The Trust Board is asked to note:

- Progress made and future workforce projections against the national target.
- Plans to improve retention of the health visiting service going forward.

1. Purpose

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

2. Background

Following the Francis report, the National Quality Board published guidance¹ 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.

Demonstrating sufficient staffing is one of the essential standards that all health care providers must meet in order to be compliant with CQC requirements and we have been required to publish staffing data since April 2014. The data which we have been providing has been:

- 6 monthly Trust Board report re: Safe staffing
- Board level report detailing planned and actual staffing for the previous month.
- Monthly report published on the Trust's website, and uploaded onto NHS Choices website

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>

- Nursing/Midwifery staffing levels each shift (planned and actual) displayed at ward level.

Boards must, at any point in time, be able to demonstrate to their commissioners that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to provide safe care. All NHS Trusts are accountable to the NHS Trust Development Authority (TDA) and, as stated in the Accountability Framework 2015-16, will be expected to provide the NHS TDA with 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 June 2015 the Chief Nursing Officer for England wrote to Nurse Directors to inform them of 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 the new NHS Improvement body 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.

3. Approach taken to review safe staffing at North Bristol Trust

A full nursing establishment review was undertaken of all inpatient areas in March 2015 and presented to the Trust Board for approval in April 2015. This led to an establishment increase in 60 Registered Nurses, 60 Health Care Assistants and 11 Midwives. This required increase was supported by the CQC inspection in November 2014 when nurse staffing was reviewed and in their report identified that nurse staffing levels needed to match demand and to ensure that there are sufficient nurses with the appropriate skills and experience to provide safe and quality care to patients at all times.

This increase in establishments was not reflected in published staffing rosters until July 2015.

The nursing and midwifery fill rates for Southmead Hospital for the past 6 months can be viewed in Table 1. The associated drop in fill rates across the wards was expected from July as the increases in establishment were apparent and vacancies not filled. There has been a noticeable increase in fill rates for HCA's on both Day and Night shifts which reflects that on some occasions Unregistered staff are being utilised to ensure safe staffing. In addition the above 100% fill rates in HCA numbers are due to the high volume of 'specials' utilised to provide enhanced care.

	April	May	June	July	August	Sept
RN Day	96.1%	95.7%	96.3%	94.7%	92.8%	92.6%
HCA Day	116.2%	120.3%	119.1%	121.4%	127.2%	122%
RN Night	98.3%	100.8%	101%	97.8%	94.5%	95.6%
HCA Night	125%	126.6%	131.4%	135.5%	136.4%	139.9%

(Table 1)

In order to review nurse staffing at this 6 month review, triangulation of data has taken place including a review of the patient acuity using the Safe Care acuity tool⁴ (nationally approved tool) which the wards now complete twice daily, NICE guidance for safe staffing published in July 2014 and Professional knowledge and judgement of individual specialties.

With regard to the benchmarking of skill mix ratios, the plan is to meet the requirement of 1 RN to 8 patients on a day shift and also to have all inpatient wards working to a minimum skill mix of an average RN/HCA ratio of 60/40.

⁴

http://shelfordgroup.org/library/documents/130719_Shelford_Safer_Nursing_FINAL.pdf

All wards reach a funded ratio of 1:8 or less, exclusive of the Supervisory ward sister. 14 wards do not reach the required average 60/40 split of RN/HCA (table 2), some changes and improvements were made through the last 6 month review, and validation took place with all the Heads of Nursing, skill mix ratios will continue to be closely monitored against quality indicators and any changes in patient groups.

WARDS	%RN/HCA (60/40%)	RN:8 Pts
Gate 6b - Neuro	67/33	1:5
Gate 7a - Neuro	60/40	1:5
Gate 7b - Neuro/Trauma	56/44	1:6
Gate 8a - Medicine/Renal	54/46	1:6
Gate 8b - Renal	59/41	1:5
Gate 9a - Neuro Rehab	55/45	1:6
Gate 9b - Medicine Complex Care	54/46	1:6
Gate 25a - Neuro/Trauma	67/33	1:5
Gate 25b - MSK Trauma	58/42	1:6
Gate 26a - MSK Ortho	59/41	1:8
Gate 26b - Surgical Admissions/Trauma	69/31	1:5
Gate 27a - Cardiology/CCU	69/31	1:5
Gate 27b - Respiratory/Isolation Suite	63/37	1:5
Gate 28a - Medicine Complex Care	54/46	1:6
Gate 28b - Medicine Complex Care	54/46	1:6
Gate 31a&b - Acute Assessment Unit	63/37	1:5
Gate 32a - Short stay Med	54/46	1:6
Gate 32b - Medicine	57/43	1:6
Gate 33a - Burns and Plastics	76/24	1:6

Gate 33b - Vascular surgery	61/39	1:6
Gate 34a - Colorectal surgery	63/37	1:5
Gate 34b – Urology surgery	61/39	1:6
Rosa Burden Unit – Neuro Psychiatry	67/33	1:5
Cotswold – Gynaecology	80/20	1:8
Elgar 2 - CoE Rehab- 34 Beds	54/46	1:7
Elgar 3 - CoE Rehab	50/50	1:7
Elgar 4 - CoE Rehab	50/50	1:7

(Table 2)

In May 2015, the NHS Trust Development Authority (NTDA) visited North Bristol NHS Trust (NBT) to review its approach at ensuring sufficient nurse staffing. The visit was prompted by receipt of a whistleblowing concern to the NTDA from an employee at NBT regarding concerns about staffing levels on a ward, the NTDA observations were reviewed against the 9 relevant NQB expectations as follows;

Expectation 1: Board responsibility for quality

Expectation 2: Processes are in place to enable staffing establishments to be met on a shift to shift basis

Expectation 3: Evidence based tools are used to inform nursing, midwifery and care staffing capacity and capability

Expectation 4: Clinical and managerial leaders foster a culture of professionalism, where staff feel that they are able to raise concerns.

Expectation 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.

Expectation 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties

Expectation 7: Boards receive monthly updates on workforce information and staffing capacity/capability and is discussed at a public board meeting at least every 6 months

Expectation 8: NHS care providers clearly display information about the nurses, midwives and carers.

Expectation 9: Providers of NHS Services take an active role in securing staff in line with their workforce arrangements.

The conclusion of this report reported strong leadership for safe staffing at NBT. It recognised that the Trust had undertaken significant work both post the move into the Brunel building and in the 6 months prior to the visit, to ensure that there is sufficient nursing capacity in order to deliver safe care. They viewed the recruitment plan and acknowledged that it needed to continue at pace. All staff that the NTDA spoke to during the visit stated that they were aware of the safe staffing agenda and some staff described how they were experiencing staff shortages at the time, high amounts of re allocation of staff and high amounts of agency use. Within the final report made there were a number of key observations which were made by the NTDA for consideration by NBT, which have been addressed in the next section.

4. Meeting the NQB Expectations and NICE recommendations

4.1 Accountability & Responsibility

- Each Directorate Nursing Team at NBT is led by a Head of Nursing who is responsible for ensuring that the correct levels of nursing staff are in place on each ward.
- Staffing levels ‘planned and actual’ for each ward, are reviewed on a shift by shift basis and at the daily ‘Patient Flow and Leadership’ meetings which are managed by a Directorate Matron or Head of Nursing. The accountability for ward staffing levels daily is with the Ward Sisters and Matrons who escalate concerns to the Heads of Nursing

and Deputy/Director of Nursing if required. Staff are supported to complete incident forms when staffing levels are considered to be of concern.

- There has been an introduction of a twice daily staffing sit rep (undertaken at 11.30 and 15.30 hours each day) which is completed by the Directorate Matrons/Heads of Nursing and discussed at the twice daily Trust bed meetings. This ensures there is an overall Trust picture of nurse staffing visible to the Director of Nursing and that appropriate actions are taken to address shortfalls in staffing numbers.
- The Heads of Nursing complete a monthly analysis of all of their wards including incident reports for low staffing levels and provide assurance of risk assessments and actions taken when wards are both 10% below or above planned staffing levels. This is reviewed at the monthly Nursing and Midwifery workforce group.
- Monthly assurance and reporting are in place using nursing metrics and a ward level dashboard including staffing fill rates and quality has been tested and is due to be released in the next month.
- The Safe Care acuity tool is completed electronically twice daily on each ward. These results are reported as part of the Trust Board Integrated Performance Report and reviewed at the Nursing and Midwifery Workforce Group.

The tool has the following 5 levels of acuity and dependency:

0 – Patient requires hospitalisation. Needs met by provision of normal ward care.

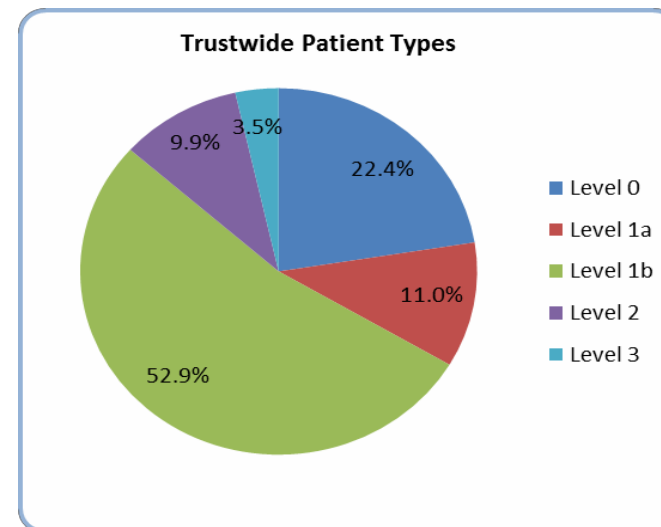
1A – Acutely ill patients requiring intervention or those who are unstable with a greater potential to deteriorate.

1B – Patients who are in a stable condition but are dependent on nursing care to meet most or all of the activities of daily living

2 – May be managed within clearly identified, designated beds, resources with the required expertise and staffing level or may require transfer to a dedicated Level 2 facility/unit

3 – Patients needing advanced respiratory support and/or therapeutic support of multiple organs

In September 2015, the acuity and dependency levels of the patients on wards across the Trust were as follows:



4.2 Evidence Based Decision Making

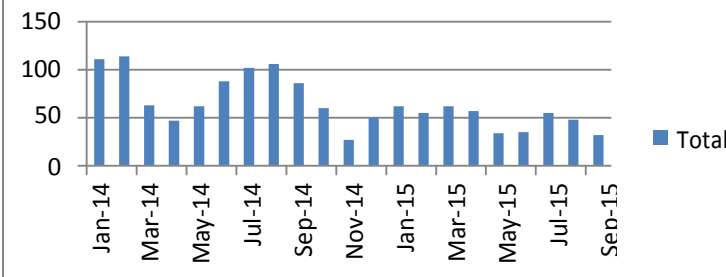
- Use of evidence based tools to determine staffing levels is part of the nurse staffing establishment review. This includes the ratio of Registered Nurse (RN) to Health Care Assistant (HCA) and Safe Care Acuity Tool to determine acuity and dependency requirements. When staff are required to be redeployed on a shift by shift basis, the Safe Care information is now used.
- The 90 day innovation programme for providing one to one care which the Trust is part of is already yielding outcomes which will be disseminated across the Trust to support decision making in ensuring safe and efficient care.

- Triangulation of results from the tools are used in conjunction with professional judgement and local knowledge. The Ward Sisters, Matrons and Heads of Nursing review their skill mix and use nursing metrics to support any decision making.

4.3 Supporting and Fostering a Professional Environment

- Ensuring that the organisational culture supports staff and enables staff to raise concerns/and speak up about nurse staffing is within the NBT Whistleblowing Policy, this is currently being reviewed to ensure it fits with the National Freedom to Speak up Recommendations.
- A 'Freedom to Speak up' task and finish group has been set up which will review the plans that are currently in place within the Trust to deal with concerns raised by staff and the treatment of those who have spoken up and ensure that a Freedom to speak guardian is in place .
- The NBT incident reporting system is widely used to support escalation of concerns and facilitate risk management. (see graph 1)
- Regular analysis of incident data to identify and respond to trends in relation to safe staffing. Monthly Directorate level data is presently sent to the Heads of Nursing directly from Risk Management.
- Staff are asked to ensure that when Incident reporting that clear 'red flags' e.g Medication given late, are included.

Total Staffing Level Incidents Reported Trustwide



Graph 1 - Total number of staffing levels incidents

4.4 Openness and Transparency.

- Monthly updates on inpatient staffing 'planned and actual' are made available to the Public on our Website and NHS Choices
- Information about the ward nurses and care staff working on each shift is displayed on each ward and accessible to the public.
- The last full ward nurse staffing establishment review took place in March 2015 using evidence based methodologies. The Trust Board approved these increases in April 2015 for 60 Registered Nurses, 60 Health Care Assistants and 11 Midwives.

Changes in nurse staffing over the past 6 months which have taken place as part of this 6 monthly review:

Musculo-Skeletal Directorate:

A transfer of 1.16 w.t.e HCA from Gate 7B to Gate 26A has occurred, this was based on acuity change and enables an additional HCA per early shift on 26A and a reduction of HCA on a late shift on 7B.

Core Clinical Directorate (Intensive Care Unit):

A Business case have been approved to support both increased capacity for ICU and guidance in line with the Core Standards of Intensive Care which will enable a band 6 nurse coordinator per pod and an increase in staffing in line with an increase in bed capacity at one bed per month from 38 beds to 42 beds.

Women's and Children's (Neonatal Intensive Care Unit):

NICU is currently funded for 36 cots however there has been a regular requirement to flex the numbers of cots required over the past 6 months. In view of this then additional nurse staffing has been utilised on an unfunded basis and will be reviewed as part of next year's business planning.

Medical Directorate:

AMU

The Acute Assessment Unit was reconfigured on the 1st July 2015 to become the Acute Medical Unit. The skill mix ratio has changed to reflect the patient pathway; currently there is an increase in Registered Nurses, this will change when the Band 4 Assistant Practitioners are fully recruited and trained.

Gate 32A

The complex assessment unit in Medicine opened in August 2015 which has led to a different patient group being cared for; the staffing ratio is currently being reviewed to support this patient pathway.

Elgar 3/4

These 2 wards closed over the summer months for refurbishment and will reopen in November 2015 as one 34 bedded ward. The establishment will match the Elgar 2 approved nursing establishment for the same number of beds.

Enhanced Care / 'Specialling' across all areas

Over the past year the use of additional staff over and above both the funded and specialling establishments has led to a significant Trust financial and staffing concern. The use of one to one specialling has occurred where there has been challenges with managing patients at high risk of falls with the 75% single rooms and with complex care vulnerable patients who are often awaiting placement. In order to manage this and reduce the numbers of 'specials', a Policy for Transforming the Care of Patients with Enhanced care needs has been drafted for use within the trust. This will be used to risk assess patients and to take the appropriate action to support their enhanced care needs. All wards already cohort patient's wherever possible to reduce the numbers requiring one to one care.

In addition to this in September 2015, NBT commenced a National 90 day innovation programme for enhanced care (specialling). This is being undertaken with a group of NHS Trusts to learn from work at Salford Royal NHS Foundation Trust to test radically different approaches to delivering specialling care for vulnerable patients. There has been a significant reliance on temporary staff to provide this care in the

past and it is planned that through the training and testing of these new concepts (firstly on 4 wards) of one to one care that this reliance and cost will reduce.

This will be closely monitored and evaluated to establish the most efficient and safe methodology required for the Trust.

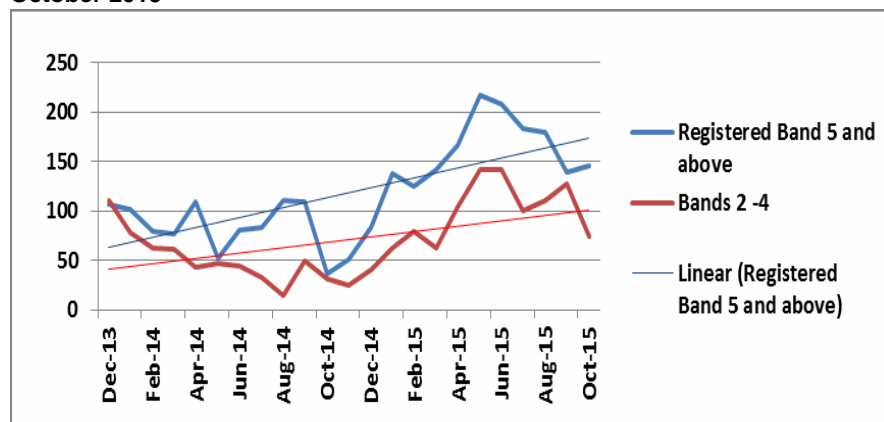
4.5 Planning for future workforce requirements

The Heads of Nursing have been working closely with the Workforce planning and recruitment teams to formulate the nursing workforce plan to fill current vacancies, to manage turnover, and to retain staff recruited.

The Recruitment Plan includes as follows:

- Nurse Recruitment and Retention Manager commenced a one year fixed term post in April 2015.
 - 3 new Resourcing Recruitment Consultants have been appointed, who are developing high quality recruitment plans for all recruitment across the directorates. Their roles will also support a fast and responsive service and they will implement recruitment plans through supporting the Nurse Recruitment Manager with assessment centres and facilitating open days.
 - The advertising campaign is progressing which includes an annual schedule of recruitment, Quarterly Trust recruitment Open Days for Registered Nurses and Healthcare Support workers. These have been held in April, September and a further one planned for November. The Trust also has Job Fair stands at recruitment events.
 - Recruitment for newly qualified nurses and interviews undertaken three times per year where successful candidates are offered positions on the day of interview pending recruitment checks. This has attracted high number of applicants with good take up rates.
- A dedicated band 5 generic advert, currently out live every week and shortlisting takes place every 2 weeks with applications reviewed at least every 2 days.
 - Overseas recruitment to Spain in April recruited 29 nurses. 2 cohorts arrived in July 2015 and August 2015. Further recruitment to Spain planned for December 2015.
 - Theatres have been actively recruiting since March 2015, to achieve their new funded establishments, 45 Registered Nurses and 38 Unregistered have been recruited, this has supported increased activity planned for November 2015.
 - Adult Intensive Care Unit has been very actively recruiting and currently has a bespoke advertising campaign to assist with their recruitment.
 - There are shortages of experienced renal dialysis nurses and recent national adverts have yielded little response, in addition a recent review of age profiles within renal nursing indicate there will be further shortages within the next few years. The directorate is proactively recruiting Registered Nurses and utilise the directorate's inpatient ward areas as a training area for all newly qualified nurses commencing their employment in the area. There is however a need to attract experienced renal nursing staff, this is now going to be part of a Non EU recruitment plan which will be progressed with the lifting of the visa status for nurses which has now occurred. The Trust plans to recruit 50 Non EU Nurses who will be able to commence work in several areas within the Trust in approximately October 2016.

Census data Nursing Vacancy Level Tracking WTE from 1 Dec 13 – 1 October 2015



Graph 2

The number of vacancies of Registered Nurses has been slowly reducing over the summer months as new recruits have started. This has been slow as the numbers of vacancies increased in line with the increase in funded establishments approved in April 2015. The nurse pipeline is validated weekly to ensure progress with start dates in the next 3 months.

Risks

- Whilst both registered and unregistered nurse recruitment has been substantial over the past 6 months, with the increase in the number of vacancies following approval of the increased staffing levels and current turnover rate the volume of vacancies has been 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 is a high use of agency and temporary staff on some wards and at times agencies are unable to fill shifts

and therefore a risk assessment has to be made in order to manage staffing safely.

- There is a risk for the Trust as the staff being recruited are junior and some are from overseas and will require prolonged period of induction and on-going supervision which in addition will have a training and financial impact. This is being mitigated within individual directorates who are utilising experienced nurses to work alongside newly qualified nurses in a clinical tutor role. Support has also been provided from the Learning and Research clinical training teams.
- On 1st September 2015, Monitor and the TDA jointly launched a set of rules for nursing agency spending⁵. From 19th October 2015 NBT will be stopping the use of non-framework agencies in line with the national recommendations of the nursing agency rules. The implementation of these rules will be within the context of providing safe patient care. Approval for all non-framework agency use will be made by the Director of Nursing to ensure a robust and safe risk assessment is undertaken.

4.6. The Role of Commissioners

- The NQB guidance sets out clear and specific expectations of commissioners for pro-actively seeking assurance that providers have sufficient nursing and care staffing capacity and capability to deliver the outcomes and quality standards.
- We maintain constant assessment and review with Commissioners about any issues relating to safety and staffing levels. We have in place processes to ensure the Medical / Nurse Director review of any Cost Improvement Programmes, ensuring that they are robustly assessed for impact on quality via Quality Impact Assessments.

⁵ <https://www.gov.uk/government/publications/nursing-agency-rules>

Conclusion

Over the past year there have been 2 external staffing reviews. The CQC inspection in November 2014 reviewed nurse staffing and in their report identified that staffing levels needed to be reviewed in all areas to ensure that they matched demand and to ensure that there are sufficient nurses with the appropriate skills and experience to provide safe and quality care to patients at all times. The Trust undertook a full review of all areas in March 2015 which led to an increase in 60 Registered Nurses, 60 Health Care Assistants and 11 Midwives. Additional increases in Theatres and Adult Intensive Care have taken place in line with increased capacity.

The NTDA conducted a safe staffing review in May 2015 following whistleblowing from a member of staff about staffing levels to seek assurance that changes were in place for improvement and also to support the future development of safe staffing at NBT. They found that there was strong leadership for safe nurse staffing, with significant work progressed in the past 6 months to ensure sufficient nursing capacity, but that this needed to continue at pace and embed. They found staff fully aware of the safe staffing agenda and in May staff felt they were experiencing staff shortages, high amounts of re allocation of staff and high amounts of agency use. This paper has reviewed the past 6 months staffing fill rates, 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. This review has highlighted some skill mix reviews which have taken place in light of recent patient pathway changes.

Recommendations

This report has demonstrated to the Board that the 6 monthly safe staffing reviews have taken place, along with a safe staffing visit by the NTDA. There were some changes in establishments highlighted within Directorates which have taken place through Business planning or changes in patient pathways.

The Trust Board is asked to note this report; the assurance regarding actions already underway and actions planned to ensure staffing levels are safe, effectively monitored and published openly in line with the 10 NQB expectations and NICE guidance.

- Section 2, Maternity Unit Safe Staffing

1. Purpose

To report safe staffing review within the maternity service

2. Background

2014-2015

Midwifery staffing, April 2013-March 2014, and March 2014-September 2014 was funded for 187 whole time equivalent (wte) midwives providing clinical care, In October 2014 there was Trust support to appoint 10 wte midwives into the establishment bringing the total in March 2015 to 197 wte.

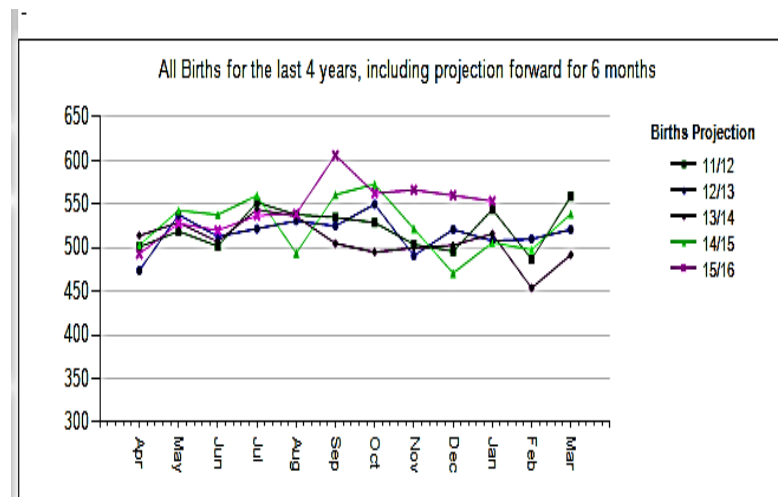
In June there was further agreement to increase Midwifery staffing by a further 11wte to bring the total wte to 208.

Staffing has been reviewed using Birth Rate Plus and is set at a skill mix ratio of 80:20 trained to maternity support worker, the increased staffing has improved the midwife to birth ratio to 1:32.

Midwife to Birth Ratio

Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
1:37	1:39	1:37	1:35	1:35	1:34	1:32	1:32	1:32

The total births in 2014/15 were 6313; an increase of 206 births from 2013/14, there is a trajectory of increasing intrapartum activity within the unit.



Total Births	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	% Change
06/07	422	486	472	459	443	471	484	451	437	483	428	434	5470	
07/08	469	451	454	512	489	479	480	493	501	475	474	492	5769	5.5%
08/09	505	507	538	522	507	551	521	508	504	440	443	514	6060	5.0%
09/10	515	517	526	530	554	535	554	502	509	526	497	529	6294	3.9%
10/11	515	482	505	535	505	505	505	501	451	481	415	513	5913	-6.1%
11/12	501	519	502	552	538	535	529	504	496	544	487	559	6266	6.0%
12/13	474	538	513	522	531	525	550	491	521	508	510	521	6204	-1.0%
13/14	514	529	507	544	536	505	495	500	503	516	454	492	6095	-1.8%
14/15	503	543	538	560	494	561	573	522	471	506	498	539	6308	3.5%
15/16	493	528	520	537	539	606	563	566	560	554			5466	

1:1 care in labour has improved, the year to date average being 93.9% from an average of 88.2% in 2014/15.

Unit closures 2015(January – August 2015) have been 11 in total (see table 1), compared to January - August 2014 when there were 30 closures

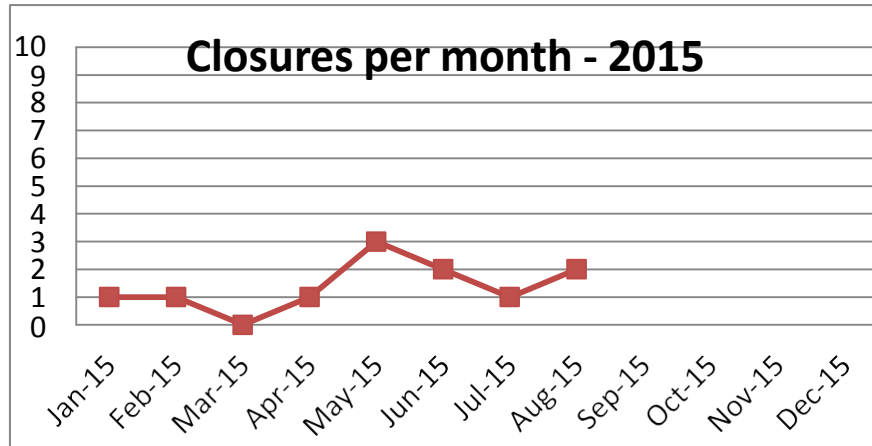


Table 1

Current Birthplace statistics show 80% of births take place in the high risk delivery suite and 16.1% in the Birth centres and home. The aim is to change this to 40% in the obstetric unit and 60% in the Birth centres and home locations; this is to promote normality and to reduce interventions. The data supports a small improvement from 16.1% to 19% of births happening in the Birth centres. (Table 2)

All Births by Month and Place

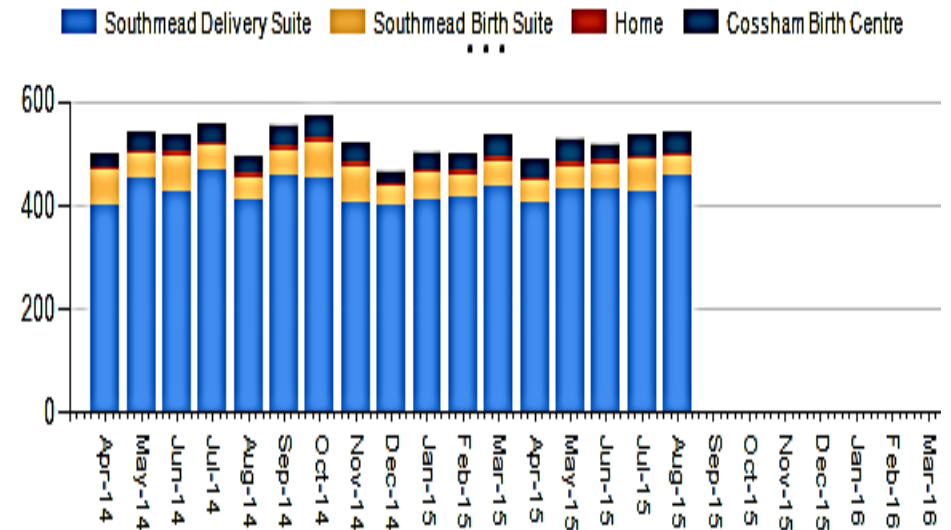


Table 2

Community midwifery staffing has been reviewed and is set at a skill mix ratio of 80:20 trained to maternity support worker.

The community midwives work to a midwife to caseload average ratio of 1:100 women and work with Maternity support workers to provide care. There is no clerical support within these teams. The Community service has launched a pilot for centralised booking to address some of the clerical requirements; the pilot is due for evaluation in September 2015, but is already providing positive data to support further development.

3. Report

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.

Due to increased activity the acuity tool continues to show deficits in staffing, but the increase wte has allowed for more flexibility and movement of staff to be responsive to service needs and to ensure safety.

NICE have published 'Safe midwifery staffing for maternity settings: February 2015 and a tool to interpret the paper is awaited later in 2015.

The Deputy Director of Nursing reviewed the BRIPAS data, used clinical judgement and 1:1 care in labour statistics, and with the Interim Director of Midwifery identified the requirement to increase midwifery staffing levels by 11 wte. This has brought the establishment to 208 wte.

The increase in staffing has improved the midwife to birth ratio to 1:30. National Guidance is set at 1:29.5.

BIRTHRATE PLUS INTRAPARTUM ACUITY®

SUMMARY - including breakdown where staffing less than acuity

Delivery Suite Southmead Hospital

July to September 2015

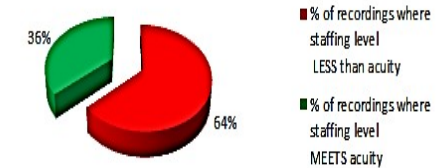
Week	1	2	3	4	5	6	7	8	9	10	11	12
Date commencing	29/06/15	06/07/15	13/07/15	20/07/15	27/07/15	03/08/15	10/08/15	17/08/15	24/08/15	31/08/15	07/09/15	14/09/15
Maximum no. of data periods	42	42	42	42	42	42	42	42	42	42	42	42
No. of occasions during 24 hrs x 7 days data actually recorded	35	40	33	38	36	33	40	39	36	40	0	0
% of recordings where staffing level less than acuity *	54%	43%	61%	82%	69%	67%	63%	82%	64%	55%	#DIV/0!	#DIV/0!
% of recordings where staffing level meets acuity	46%	58%	39%	18%	31%	33%	38%	18%	36%	45%	#DIV/0!	#DIV/0!

* For reassurance & reliability of data presented within this review it is recommended that % compliance should be 85%*

DATA OVERVIEW

No. of occasions data actually recorded: 370
73% * compliance with maximum data collection periods agreed

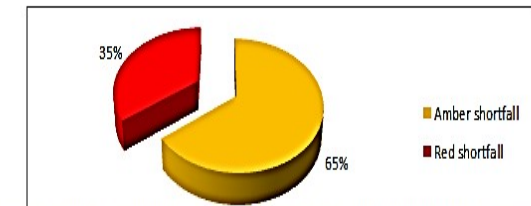
% of recordings where staffing level LESS than acuity	236	64%
% of recordings where staffing level MEETS acuity	134	36%
	370	100%



* Staffing was recorded LESS than acuity 64% of occasions; the following table & chart provide details of the shortfall:

Midwife shortfall table:

Upto -3.00	Amber	65%
More than -3.00	Red	35%



Consultant presence on delivery suite is recommended as 168 hours (hrs) per week with >5000 deliveries. NBT currently has 74hrs of consultant presence.

CNST requires trusts to be working towards this standard; it has been difficult to achieve nationally. Benchmarking nationally against units with >6000 deliveries demonstrates that our number of consultant hours on delivery suite is lower than other comparable units (UH 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 outcome data and the South West dashboard.

Reference: Safer Childbirth standards (Royal College of Obstetricians and Gynaecologists et al 2007) and Standards for Maternity Care (RCOG 2008).

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.

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 1:16; this has improved to be nearer to the NMC recommendation of 1:15 following the appointment of a new SOM in December 2014. There is a current advert in place to offer three supervision training posts, this is centrally funded.

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

All band 5 midwives have a named preceptor and follow a preceptorship package, on completion of the first year they transition to Band 6, and then proceed through the first AFC

gateway on completion of competencies outlined in the Band 6 job description.

There is a robust clinical governance process and the maternity dashboard looking at outcomes is reviewed monthly and detailed audits and case review is implemented using dashboard data, to ensure quality and safety of service.

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.

An evidence based tool is used to measure acuity and appropriate staffing requirements and there has been an investment in staffing with an initial increase of 10 wte midwives to support the service delivery. A further 11 wte were approved by the Trust Board in June 2015. The midwives are now recruited and the final members of staff will be in post by November 16th. The expected midwife to birth ratio in November is 1:30.

The new starters are predominately newly qualified band 5 midwives and will require a period of 4-6 weeks supernumery status which will impact on the requirement to continue using bank staff in some areas.

A Strategic review of working models and skill mix is currently underway, this review includes medical staffing in obstetrics and gynaecology, and also advanced nursing and midwifery roles. This review is called 'shaping our future'. The review will enable a full analysis of working models, to achieve 100% 1:1 care in labour and to work within the current midwife to birth ratio of 1:32.

The previous review of community midwifery services has ensured the caseload ratio of 1:100 with an 80:20 ratio of trained to support staff is in line with recommendations. Clerical support is an identified area needing review. As previously described there will be a pilot centralised booking system launched in May 2015.

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 and preceptorship packages are embedded within the Directorate.

5. Recommendations

- Completion of strategic staffing review to be implemented
- Analysis of community booking pilot in the community setting
- Ongoing audit of 1:1 care in labour
- Ongoing use of BRIPAS to inform staffing requirements in relation to acuity
- Promote low risk setting as default birth place for all low risk women

Section 3, Health Visiting Staffing Update

1. Purpose

To report the staffing position within the health visiting service.

2. Background

The Department of Health's **Health Visitor Implementation Plan 2011–15 A Call to Action February 2011**⁶ set out a call to action to expand and strengthen health visiting services and included a pathway to 2015 which would see:

- More health visitors in training and returning to practice
- Growing numbers of health visitors in post
- A more comprehensive health visiting service locally
- A reviewed and revised commissioning specification that included the Healthy Child Programme (HCP) as set out in the national model specification.(an increase in universal contacts)

3. Main Report

The five year strategy to expand the health visiting workforce set a trajectory of 182.1 wte by March 2015, a total increase of 72.1 wte. The current position at the end of September 2015 is 153.41wte staff in post with a further 11 wte new starters in October 2015 , which will increase the workforce to 159.95wte leaving a shortfall of 17.05wte required to achieve the target. A rolling recruitment programme is in place, Turnover has not slowed and has increase slightly from 1.64 to 1.95 wte per month over the last 12 months. A review of the reasons for the turnover is now underway and will focus on trends and themes from exit questionnaires

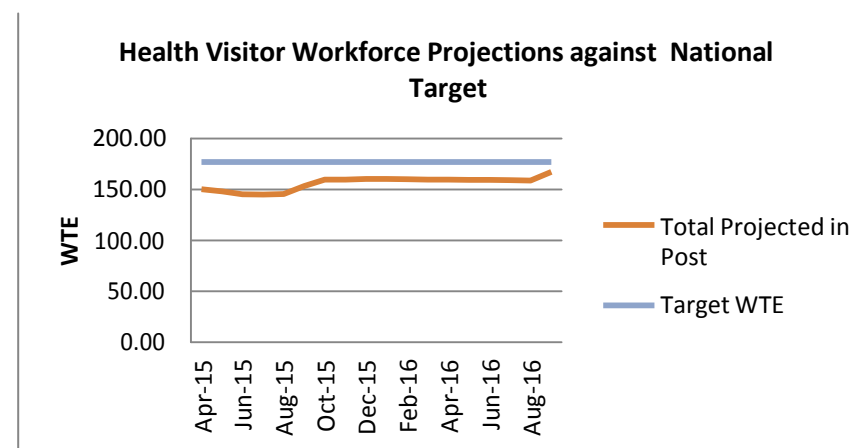
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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213110/Health-visitor-implementation-plan.pdf

Actions being taken forward to improve recruitment and retention include:

- Review of current advertising to promote Community Child Health's 'Outstanding' CQC judgement and also the unique sub contract with Barnardos and participation strategy.
- Increase our understanding of where the majority of our applicants come from in order to focus future recruitment campaigns.
- Development of professional lead post for health visiting following recent selection process.
- Review of national best practice models regarding caseloads including demand and capacity.
- Review of quality of supervision and support with particular focus on newly qualified staff.

Workforce projections below outline achievement of the target to August 2016. See month by month achievement in Appendix 1



Source: NBT HR Department

To deliver the five year strategy to increase the workforce numbers the Community Child Health Partnership (CCHP) have trained and supported a total of 115 student health visitors in the period September 2011 to August 2015. This has met the requirement of commissioned training places from Health Education England. In order to train and support the numbers of students in their practice placements, an increase of 15 Community Practice Teachers was required from within the workforce. 15 existing health visitors were selected and released to undertake a training programme at the University of the West of England in order to undertake the role.

The increase in newly qualified health visitors within the service and the age profile of staff who are at retirement age has led to a junior workforce. There are established induction and preceptorship programmes in place for newly qualified health visitors, as well as standards for 3 monthly child protection supervision. However in response to the increased workforce numbers additional child protection supervisors have been recruited in order to meet the service specification standards and the training and development needs of the workforce. Clinical leadership has been reviewed in CCHP; following this a professional lead for health visiting has been recruited. This key post will support the Head of Nursing and nurse management team to ensure delivery of safe and high quality health visiting practice.

The numbers of student health visitors for 2015/16 and beyond are expected to be 12 annually.

The delivery of the Healthy Child Programme is commissioned in line with the national service specification, with agreed NHS England KPI's for the increased universal contacts following the expansion programme. Historically the service has been delivered via a skill mixed team which has included band 4 community

nursery nurses. As a result of the national programme to increase the health visiting workforce there are currently limited opportunities to further review the skill mix within the service post expansion. The impact of this is that 80% of the workforce is band 6. The commissioning of the health visiting service has transferred to Local Authorities (Public Health Commissioners) on the 1st October 2015.

There is increasing demand on the service: Bristol is a concentrated urban area which has wide variations in health inequalities.⁷ Of the 34 wards in the city, 17 are amongst the 25% most deprived wards in England, while eight are amongst the 10% most affluent. The 0-15 population is projected to rise from 80,700 in 2012 to 93,100 in 2022, an increase of 15.4%. South Gloucestershire is an area of diversity and contrast with a variety of communities both urban and rural. In general there are lower levels of deprivation, although one area of Kingswood is in the 10% most deprived area of England. The 0-5 population is projected to rise from 16,300 in 2013 to 17,000 in 2018 (4.29%) but to fall back to 16,400 by 2035. Bristol has a multicultural diversity of the population with BME population for > 15 at 28 %, a rise from 9.8% 2014/14, and 11% in South Gloucestershire.

Health visitors provide a universal family health needs assessment at the initial point of contact, the assessment of need determines the level of service provided. Caseload weighting data is collated for individual health visitors and teams; this determines the level of resource allocated across teams.

During periods of sickness / absence and or vacancies health visitors work to an escalation plan which is linked to assessment of individual needs of children and families and risks for example safeguarding.

⁷ <http://www.bristol.gov.uk/page/adult-care-and-health/health-statistics-evidence-and-intelligence>

4. Recommendation

- To note progress made and future workforce projections against the national target.
- To note plans to improve retention of the health visiting service.
- Ongoing monthly recruitment to support turnover.

Appendix1

Workforce projections below outline achievement of the target to August 2016. See month by month achievement

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
Actual WTE in post on 1st of month (Occ Code N3H across all CCHP budgets)*	149.37	147.06	144.31	144.01	144.79	143.81	147.95	0	0	0	0	0	0	0	0	0	0	0
Manual Adjustments**	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Turnover (actual known leavers)	1.00	6.70	1.60	1.50	1.60	3.83												
Turnover (predicted)							2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70	2.70
Projected Pipeline Recruited						0.00	0.00	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.50	0.00
NBT Newly Qualified Starters						8.60	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7.20
Additional Confirmed Starters	1.43	2.28	0.00	0.80	2.40	0.00	11.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
Total Projected in Post	150.37	148.06	145.31	145.01	145.79	153.41	159.95	159.75	160.55	160.35	160.15	159.95	159.75	159.55	159.35	159.15	158.95	167.45
Target WTE	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00	177.00
Revised workforce gap (- surplus)	-26.63	-28.94	-31.69	-31.99	-31.21	-23.59	-17.05	-17.25	-16.45	-16.65	-16.85	-17.05	-17.25	-17.45	-17.65	-17.85	-18.05	-9.55