Public Board Meeting Report

Introduction

This report is provided to update the Board of Directors on Nurse and Midwifery staffing based on the Trust position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance, the National Institute for Health and Care Excellence (NICE) guidance issued in 2014 and NQB 2016 guidance supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. The guidance is provided to ensure Trusts provide safe and effective nursing care through the provision of appropriate nursing establishments and skill mix for wards.

The monthly report is intended to bring to the attention of the Board of Directors any actual or potential Nursing and Midwifery workforce risks to enable the Trust to demonstrate compliance with safer staffing guidance.

A full summary of the position by ward has been provided at **Appendix 1**. The summary details 'actual' nurse staffing levels reported, comments related to safety for the ward and a number of predetermined patient outcome measures which are utilised by senior nurses to support decision making about future safe staffing requirements. **Appendix 2** provides the summary position by ward against the nurse sensitive indicators.

Monthly report – safe staffing

Ward staffing information is submitted monthly as part of the national safer staffing UNIFY. The monthly UNIFY submission does not include all ward and department areas within the Trust. The information within **Appendix 1** details the summary of planned and actual staffing for all ward areas in the Trust for October 2017.

The number of areas with **red** ratings (actual staffing level is below the accepted 80% level and highlights a potential significant risk) saw an decrease to **2 wards** in October 2017. These areas were Integrated Critical Care Unit and the Neonatal Intensive Care Unit. In both areas this was due to Healthcare Assistant vacancies and sickness, and in both areas, due to their specialty they do not go out to Bank or Agency to fill these shifts. There were no concerns raised in these areas.

The number of areas with **amber** ratings (staffing fill rate is less than the accepted 90%, but above 80%) has significantly **decreased to 1** this month..

October 2017 saw **11 wards** of the 24 monitored recording as **blue** rating (actual staffing figures are greater than 110% fill rate) this figure has a slight decrease in number of wards with a decrease in monitored recordings from the previous months data; it has been closely monitored by the Ward Sisters/Charge Nurses and Matrons.

The rationale for each ward is captured in the **Appendix 1** narrative, and demonstrates a predominantly typical monthly picture with the exception of Surgery, whose workforce plan is currently in progress.

The Unify data for October 2017 in wards which were reported as **red** and **amber** does not have any correlation to patient harms. Patient experience through the Friends & Family test remains below the recommended level in 10 wards **Appendix 2.**

Graph 1 and **table 1** below, displays over a 12 month period, where the Trust has not staffed to its expected planned level (red below 80% and amber between 80% & 90%) and the staffing fill rates above planned (greater than 110% blue).

Graph 1. Staffing over and under-fill captured through the Unify report

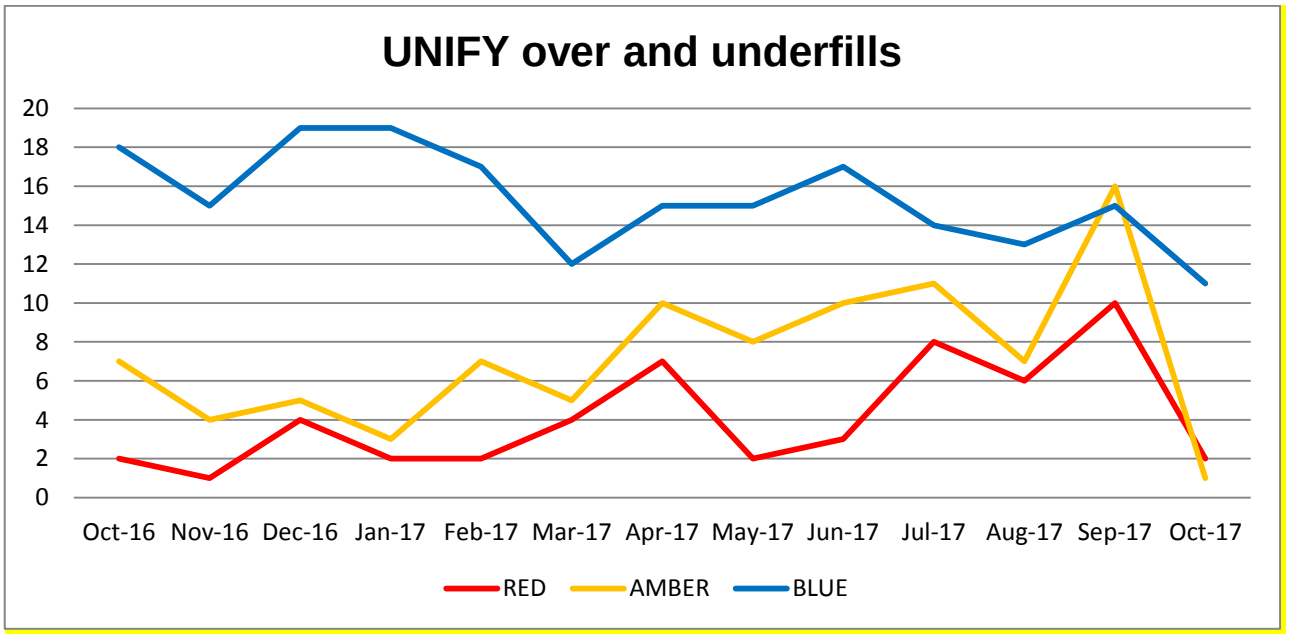


Table 1. Volume of wards identifying under and over-fill staffing levels.

	RED	AMBER	BLUE
Oct-16	2	7	18
Nov-16	1	4	15
Dec-16	4	5	19
Jan-17	2	3	19
Feb-17	2	7	17
Mar-17	4	5	12
April-17	7	10	15
May-17	2	8	15
June-17	3	10	17
July-17	8	11	14
Aug-17	6	7	13
Sept 17	10	16	15
Oct 17	2	1	11

Divisional Nursing Updates:

The Orthopaedic wards continue to flex their beds to support the demand on the service, staffing in these areas is monitored closely by the Charge Nurses and the Matrons ensuring that an increased demand in patient numbers, dependency and acuity is provided for with an increased supply of appropriately skilled nursing staff.

Emergency Admissions Unit has reduced their bed capacity since June 2017, operating between 34 and 40 beds, this is due to the number of Registered Nurse vacancies and the unavailability of agency staff over the summer period. Urgent & Emergency Care division are reviewing the establishment required to base the unit on 40 beds substantively, with the finance business partner, before confirm and challenge within the division and by the Chief Nurse.

Adult inpatient medical wards continue to use a high number of Bank Healthcare Assistants to support the enhanced observations of patients requiring close and constant observations. The Heads of Nursing are continuing to challenge and assess the patient's needs to ensure the correct level of care is provided. The Medical Divisions Head of Nursing has raised concerns going into the winter period about the number of vacancies within the division (65 WTE) and opening an additional winter ward.

All wards and department are going through the annual Establishment Review cycle with the divisional scrutiny prior to the Chief Nurse and Deputy Chief Nurse confirm and challenge. This cycle will be completed and updated in line with the plans for budget setting.

The Head of Midwifery has provided the Maternity Services staffing update for April – September 2017, which is provided in **Appendix 3.**

Breach of the Safer Staffing Standard Operating Procedure:

On the 1 October 2017 the Safer Staffing Standard Operating Procedure was breached and two wards were left overnight with one Registered Nurse and Healthcare Assistants. This was reported to the Executive Team Meeting on the 11 October 2017, and was declared an 'Internal Never Event'. A thorough investigation was undertaken and recommendations drawn from the investigation and reflection with the Silver and Gold on-call has been undertaken. Both Registered Nurses have been written to by the Chief Nurse and apologies offered.

The Trust continues to report twice daily safe staffing safeguards to senior nurses / managers within the organization. The management of Agency Registered Nurse through this process has given sight to the number of agency Registered Nurses on each ward against the number of Trust nurses. The information is BRAG rated according to risk and measures the individual ward position against the nursing tipping points.

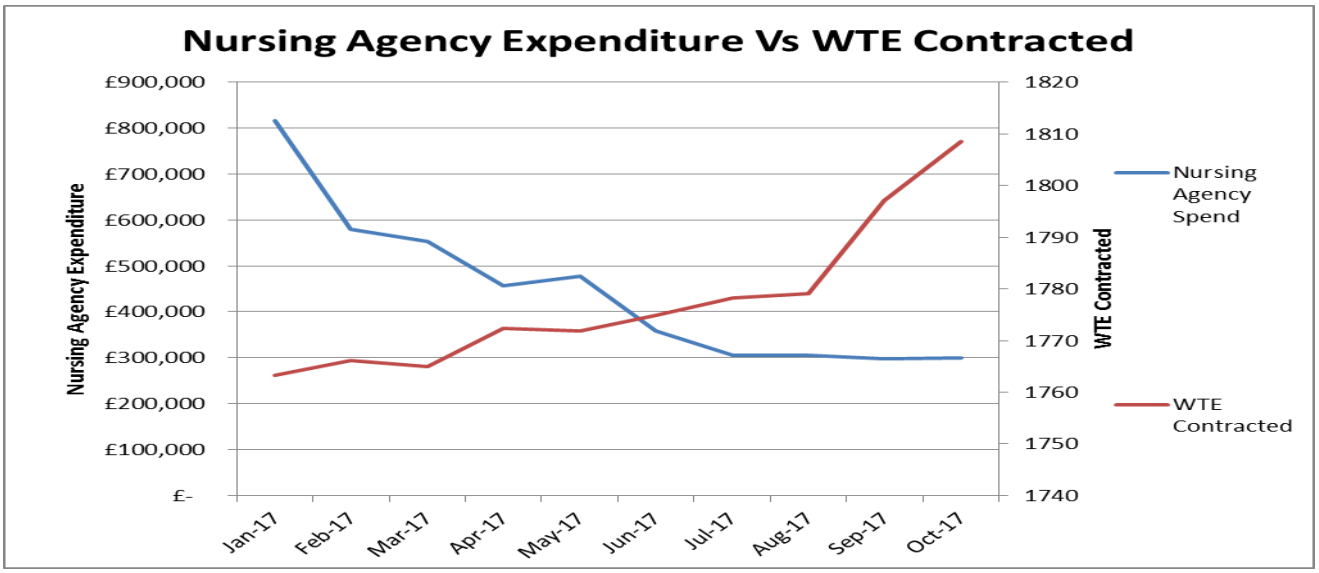
Recruitment:

A Registered Nurse Assessment Day was delivered in October 2017, and the number of strong experienced candidates continues to improve. The Assessment Day continued to attract Registered Nurses from other organizations, Universities and Nursing Agencies who want to join the nursing team at Sherwood Forest Hospitals. There were 21 candidates who attended the October 2017 Assessment Day and all were appointed.

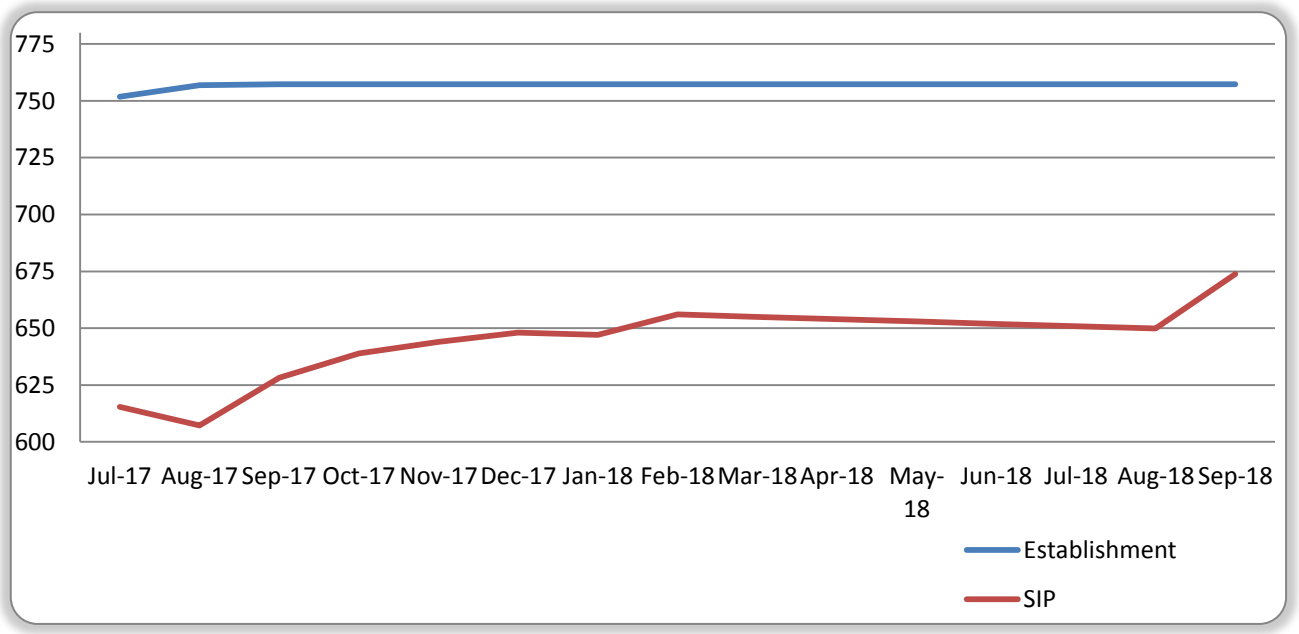
The Trust attended the RCN Job Fair on the 6 November 2017, and there was significant interest in the Trust, and this was reported back to the Nursing Taskforce Steering Group, and the Registered Nurse Assessment Days in November and December 2017 will be monitored to establish if this is an appropriate method of recruiting new candidates to the Trust.

In September, 29 newly Qualified Registered Nurses (NQNs), joined the Trust from their University placements to progress through their supernumerary period. An additional 14 NQNs will commence in October, with a further new starter in November. The first cohorts of NQNs have commenced on the wards as substantive Registered Nurses and are out of their supernumerary period.

The following table demonstrates the monthly increase in WTE contracted vs the nursing agency expenditure which is decreasing.



The Trust's Band 5 recruitment from April to October 2017 is 77 Registered Nurses, and this has had an impact on the number of Staff In Post (SIP) against establishment – 118.31WTE (see graph 1.0) vacancies in October 2017, and the Band 5's forecast recruitment. There was a rise in the number of vacancies across July and August 2017, which have been examined by the Interim Programme Manager and Corporate Head of Nursing with divisional Heads of Nursing, and on examination, of the 12 Band 5 RNs posts are covering Band 6 secondments, which has increased the number of Band 5 vacancies.



Virtual Ward Healthcare Assistants continue to provide a higher quality of care for patients at short notice absences or patients requiring enhanced observations. Promoting a patient's independence and ensuring they remain safe, observed and cared for continues to be the priority of the wards whilst devising innovative ways that this can be achieved in a cost effective way. The Virtual Ward has vacancies and these have been successfully recruited. The Nurse Bank Healthcare Assistant establishment has also reduced and an additional Assessment Day to recruit to zero hour contracts has been established.

The Corporate Head of Nursing attended NHS Improvement's Retention Masterclass in Birmingham in November 2017, and has extracted from this class the following initiative to promote further Band 5 recruitment:-

- Band 5 specialty rotational programmes – this is popular across the NHS currently to

promote recruitment of new staff – this has been discussed at NTSG, and a plan will be formulate to ensure that this is a recruitment drive for the next student intake in September 2018.

The Chief Nurse is currently working with the Practice Learning Lead for the Trust, to meet regularly with the student nurses at this Trust, to work with them, to nurture them and to be Registered Nurses at the Trust – 'Love our Learners'.

There are 20 Healthcare Assistants working at the Trust who are International Registered Nurses who have not completed their International English Language Testing (IELT) and/or their Objective Structured Clinical Examinations (OSCEs). The Chief Nurse has made arrangements to meet one of these nurses to establish what they need to become a Registered Nurse with the Nursing Midwifery Council.

Retention:

Sherwood Forest Hospitals NHS FT is below the national average in the attrition of Band 5 Registered Nurses, and this reported to the Nursing Taskforce Steering Group monthly, with a breakdown of all Registered Nurses leaving the Trust.

Registered Nurses and Midwives who are members of the NHS Pension scheme on or before the 6 March 1995, may have retained the rights to retire from the age of 55 years, without the usual reduction in pension caused by early payment, this is known as having Special Class Status. The NTSG has recently reviewed the retirement profile of the Band 5 Registered Nurses within the Trust and there is 30% of this group of staff due to retire within the next 5 years, this is in line with other local Trusts, with Nottingham University Hospitals reporting 25% and Leicester Hospitals reporting 33%. This has formed part of the recruitment and retention paper for the next Trust Board in October 2017, which will lead to a Retention Strategy for the next 3 years for the Trust.

The Trust has been invited to participate in the Legacy Mentor Project with Nottingham University Hospitals, CityCare and Nottinghamshire Healthcare. This project is to share experience and skills of Band 5 nurses who are at the end of their careers, with new and budding Band 5's at the beginning of their careers. Unfortunately, there has been no uptake for these posts, and following discussion at Nursing Taskforce Steering Group, the feedback to the Legacy Mentor Project lead, is that the banding is inappropriate, and this should be a Band 6 and at least two days per week. Sherwood Forest Hospital NHS FT is looking to fund one post and utilize the monies from the Legacy Mentorship project for the other.

The Trainee Nurse Associates (TNAs) are in month 9 of their programme, and the Trust has successfully appointed an experience Clinical Educator to work with and support this group of staff. Further work needs to be undertaken to establish the roles and responsibilities of the TNAs on completion in 2019, and the effectiveness for the Trust, and this will be part of the Nursing Taskforce Steering Group work-plan for 2018 Nursing & Midwifery Recruitment and Retention Strategy.

There has been media reports on the number of nurses 'quitting the NHS', with new figures released from the Nursing & Midwifery Council (NMC) stating that both European and UK nurses are increasing leaving the NHS, fueling the first drop in staff numbers for four years. The report found that 35,363 nurses left the NHS between October 2016 and September 2017, compared to just 27,786 new nurses that joined in the same period. The NMC analysis found the number of European nurses leaving jumped by two-thirds (67%). There were 29,000 UK trained nurses quit the register, 2,500 increase on last years. There are calls for urgent steps to end the 'intolerable pressures' nurses are facing, and confirmation to European nurses right to remain after Britain leaves the EU.

International Recruitment

The Chief Nurse led a recruitment drive in Croatia in September 2017, where nine Croatian nurses were recruited. The drive to keep these nurses WARM has already begun with initial contact made and a group WhatsApp now established with candidates, Matrons and Chief Nurse.

The NHS Employees have worked with the Nursing & Midwifery Council (NMC) and have agreed three fundamental changes to the recruitment of European and International Nurses, these are:-

- Language test – completion of an English language test to a required standard, as set by the NMC, and this has been confirmed as IELTS level 7, and they will accept the Occupational English Test (OET) level B;
- Taught and examined in English – Nurses who can demonstrate completion of a pre-registration nursing or midwifery programme that has been taught and examined in English can enter the NMC register;
- Registration with a regulator and two years of registered practice in a country where English is the first and native language – the list of native English-speaking countries is the list used by the Home Office.

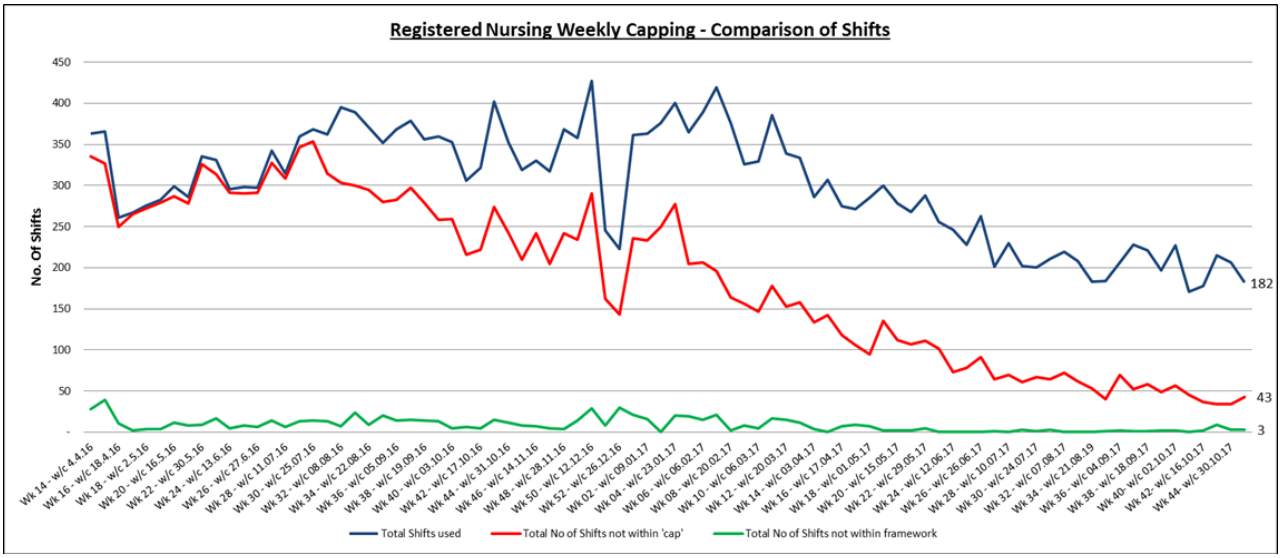
This new information will formulate the next round of European and International recruitment for Sherwood Forest Hospital, which has been discussed and reviewed through the Nursing Taskforce Steering Group.

Temporary staffing

Registered Nurse Band 5 bank shift hours worked have continued to increase in September, with c1300 additional hours being worked when compared to July.

In September variable pay accounted for 174.7 wte highlighting a decrease of 15 from last month. 59wte of this total was attributable to agency temporary staffing across all Nursing grades; this is compared to 85 wte in May 2017 prior to the implementation of Bank weekly pay and enhanced Band 5 rates.

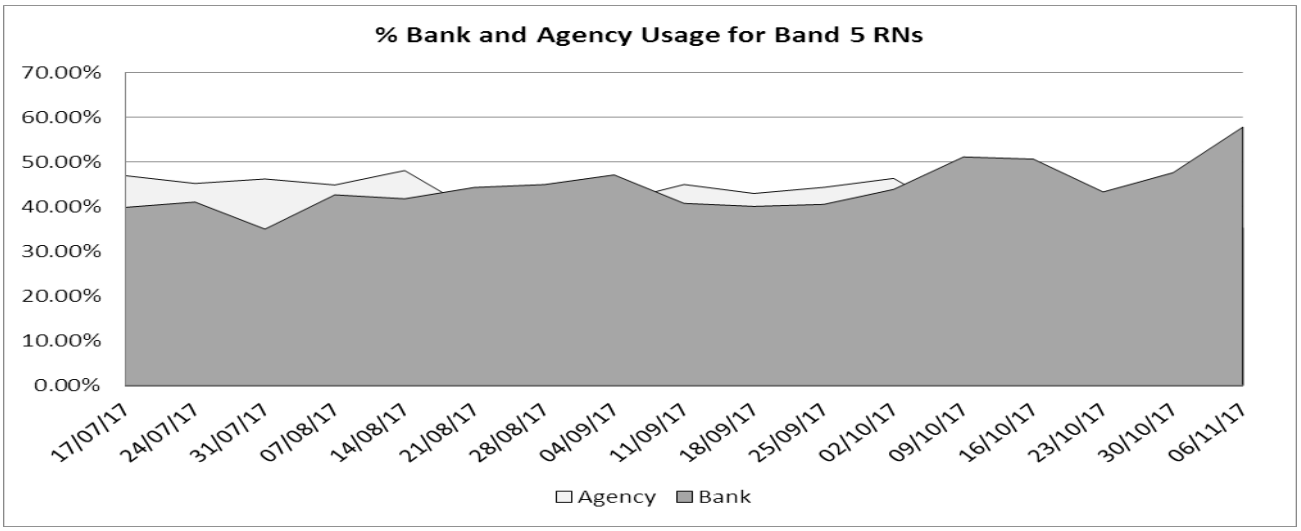
The wage, price and framework cap average number of breaches (shown in the graph below) have continued to reduce in October 2017.



Any off-framework short notice bookings have a root cause analysis process which is overseen by the Chief Nurse and provides action plans where issues are identified for improvement. There was an increase in the number of off framework agency bookings in October 2017 -

The increase in the hourly rate for Registered Nurses on the Nurse Bank has improved the ratio of Bank verses Agency, with the Bank Registered Nurses undertaking 57.8% of available shifts in

comparison to Agency at 35.24%, week commencing 6 November 2017.



There continues to be no Agency HCA usage across the Trust since April 2017.

Monthly ward based performance dashboards held with the Divisional Heads of Nursing continue to monitor unavailability and in particular annual leave, ensuring leave is taken evenly across the year.

Safe Care

The electronic programme available through Allocate that is currently in use on most adult areas has been rolled out onto Paediatrics in October, with the plan to then develop and use on NICU and maternity and possibly dependent on the programme upgrade and its capabilities ED.

As part of the original Allocate/Safecare purchase The Value Add project was purchased with it which consists of a 5-stage approach: Project Definition, Data Gathering, Data Analysis, Improvement period, Controls and Project Closure.

The Value Add project aims to identify root causes of unwarranted variation, develop an improvement plan and then provide evidence of improvements made. Two wards have been identified to take part in the 'Value Add' project with Allocate which commences in late November 2017, this will involve the Ward Sisters to maximize efficiency through the identification of data errors and trends, training needs and process requirement.

There has been an upgrade received to the Allocate system which has provided improved functionality to the Safe Care provision. This is currently being tested in house to ensure full compatibility before being rolled out to departments and wards. The key improvements are the ability to amend the 'sunburst view' and to finalize worked shifts through Safe Care.

Allocate are based at the Trust to provide further training and insight has been sought from the Safe Care Lead.

Conclusion

Safe staffing review and escalation occurs continuously in line with Trust guidance, data is captured and monitored in line with national requirements. This takes place twice daily.

The continued focus on the usage of temporary staffing and other initiatives to ensure safer staffing has had a positive impact without impacting on the safe care of patient related to staffing.

Recommendation

The Board of Directors are asked to receive this report and note the actions taken and plans in place to provide safe nursing staffing levels across the Trust.

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Appendix 1

Ward name	Overall	DAY						Night						Narrative Please can you add your comments and narrative for areas highlighted in Blue and red. Can you also please let me know any changes in agreed establishment as some areas appear out of range of what would normally be expected The more info the better I have highlighted below where it looks different
		Registered midwives/nurses		Average fill rate - registered nurses/midwives (%)	Care Staff		Average fill rate - care staff (%)	Registered midwives/nurses		Average fill rate - registered nurses/midwives (%)	Care Staff		Average fill rate - care staff (%)	
		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		Total monthly planned staff hours	Total monthly actual staff hours		
Planned care and Surgery														
Ward 11	9.2	1,165.00	959.75	82.40%	744	653.83	87.90%	882	739.42	108.40%	341	275	80.60%	
Ward 12	9.6	2,050.65	2,017.67	98.40%	1,835.33	1,644.85	89.60%	1,364.00	1,419.00	104.00%	1,023.00	1,254.00	122.60%	Overfilling of HCA shifts on Ward 12 due to current increase in beds and also enhanced observations.
Ward 14	11.2	1,576.00	1,244.50	79.00%	946.3	911.37	96.30%	882	884.5	100.40%	341	341	100.00%	Staffing establishment review (16/11/2017)
Ward 31	5.8	1,632.40	1,393.70	85.40%	904.2	1,110.50	122.80%	1,023.00	1,026.00	100.30%	682	706	103.50%	Over filling of HCA shifts due to enhanced observations.
Ward 32	6.5	1,474.00	1,206.50	81.90%	1,000.00	1,038.00	103.80%	1,269.50	1,025.25	80.80%	682	871.5	127.80%	During the day due to vacancies not always able to roster a 4th nurse, if safe to do so sometimes the fourth nurse is exchanged for a HCA. Some overfilling of HCA's is also due to enhanced observations.
SAU	15.2	1,114.50	1,099.50	98.70%	388	367.5	94.70%	1,012.00	759	75.00%	341	550	161.30%	On SAU underfilling of RN's if safe to do so Ward Sister sometimes chooses to roster a 2nd HCA rather than a 3rd RN.
ICCU	27.4	3,381.67	3,120.67	92.30%	381.5	300	78.60%	3,047.00	2,793.00	91.7%	341	242	71.00%	Due to speciliaity the depratment rarely goes out to bank/ agency for HCSW . No concerns were raied on the shifts duties were unfilled due to sickness and vacancies Registered staff reduced depending on capacity and demand
DCU	18.2	2,820.33	2,352.50	83.40%	1,432.50	986.08	68.80%	473	516	109.10%	198	220	111.10%	Day case move staff depending on capacity and demand. Safe staffing levels maintained throughout this period
Totals				#DIV/0!			#DIV/0!			#DIV/0!			#DIV/0!	
NICU	13.9	1,897.83	1,847.42	97.30%	350.5	172.5	49.20%	1,778.50	1,646.75	92.60%	345	264.5	76.70%	HCA vacancy and two HCAs sick
Ward 25	16.5	2,383.75	2,339.25	98.10%	965	938.17	97.20%	2,139.00	2,049.58	95.80%	713	719.5	100.90%	
Inpatient Maternity	14.8	4,275.00	3,775.92	88.30%	1,779.50	1,454.50	81.70%	3,572.50	3,465.00	97.00%	1,420.00	1,321.00	93.00%	Refistered and non-registered staff unavailability due to specialist training training requirements of maternity; and som sicknes
Totals														
EAU	10.2	3,714.25	2,782.25	74.90%	2,991.58	2,799.92	93.60%	3,066.50	2,658.75	86.70%	2,387.00	2,239.42	93.80%	Reduction in beds open at points of month
Ward 22	6.1	1,485.00	1,298.58	87.40%	1,123.00	1,055.75	94.00%	1,023.00	1,023.25	100.00%	1,023.00	1,055.50	103.20%	
Ward 23	7.6	1,831.17	1,908.65	104.20%	744	859	115.50%	1,705.00	1,362.75	79.90%	341	671	196.80%	When short a RGN Cordinator we back fill with HCA depending on acuity of the ward.
Ward 24	6.4	1,475.75	1,426.67	96.70%	1,115.50	1,156.50	103.70%	1,020.50	1,094.75	107.30%	1,023.00	1,024.00	100.10%	
Ward 34	6.2	1,488.50	1,409.25	94.70%	1,119.83	1,110.58	99.20%	1,023.00	1,023.00	100.00%	1,023.00	1,001.00	97.80%	
Ward 36+35	6.8	1,446.10	1,870.50	129.30%	1,096.67	1,783.08	162.60%	1,023.00	1,397.00	136.60%	682	1,186.50	174.00%	Increasing beds open to support Trust capacity
Ward 41	6.9	1,474.30	1,335.30	90.60%	1,497.20	1,530.40	102.20%	1,023.00	1,045.00	102.20%	1,023.00	1,144.00	111.80%	Patients requiring enhanced observations
Ward 42	7.1	1,485.58	1,307.67	88.00%	1,093.17	1,607.83	147.10%	1,012.00	1,024.50	101.20%	671	1,211.83	180.60%	Several RN shifts not covered. Some isues with dependant patient on occasional 2:1 cover. (Ward 42).
Ward 43	7.8	1,823.25	1,925.75	105.60%	1,118.00	1,134.00	101.40%	1,694.00	1,673.00	98.80%	671	734	109.40%	
Ward 44	6.8	1,480.67	1,485.08	100.30%	1,112.00	1,454.67	130.80%	1,023.00	1,050.33	102.70%	682	935.5	137.20%	Patients requiring enhanced observations
Ward 51	6.7	1,503.50	1,420.67	94.50%	1,494.83	1,380.83	92.40%	1,023.00	1,001.00	97.80%	1,023.00	1,040.75	101.70%	
Ward 52	7.1	1,495.75	1,366.72	91.40%	1,663.67	1,609.83	96.80%	1,023.00	1,023.00	100.00%	1,023.00	1,089.00	106.50%	
Stroke Unit	5.9	1,487.50	1,375.50	92.50%	1,112.50	1,003.50	90.20%	1,364.00	1,364.00	100.00%	1,023.00	1,100.00	107.50%	
Chatsworth	7.4	1,250.50	1,098.50	87.80%	1,224.33	1,293.83	105.70%	682	684	100.30%	341	539	158.10%	1 Patient requiring constant observations for a period of the month
Lindhurst Ward	5.0	1,298.50	1,225.58	94.40%	1,124.75	1,081.58	96.20%	682	680.5	99.80%	682	660	96.80%	
Oakham Ward	6.0	1,478.00	1,409.25	95.30%	1,263.00	1,327.08	105.10%	671	684	101.90%	682	889.25	130.40%	1 Patient requiring constant observations for a period of the month, then de-escalated
Sconce Ward	6.6	1,121.50	1,110.00	99.00%	1,118.00	1,112.50	99.50%	1,023.00	979	95.70%	682	725	106.30%	
Fernwood	7.1	356.5	391.75	109.90%	892.75	623.73	90.00%	387.5	385.5	99.50%	697.5	709.5	101.70%	

Sherwood Forest Hospitals NHS
NHS Foundation Trust

Appendix 2

Ward name	Night Average fill rate - care staff (%)	Falls level 2-4	Pressure Ulcers Grade 2-4	Medication Incidents, Grade 2 & 3 1,	Sickness	Registered Nurse Vacancies %	Appra %	Friends and Family		Patient Experience		
								%Resp	%Rec	Compli	Concern	Compla
Planned care and Surgery												
Ward 11	80.60%	0	0	1	1.02%	7.08	100%	97%	99%	4	0	0
Ward 12	122.60%	0	1	4	0.97%	1.69	97%	46%	98%	15	1	0
Ward 14	100.00%	0	0	0	3.32%	4.95	9000%	22%	96%	0	0	0
Ward 31	103.50%	0	0	0	1.73%	6.56	92%	76%	100%	2	0	0
Ward 32	127.80%	0	0	0	8.21%	2.34	93%	22%	97%	0	1	0
SAU	161.30%			2	8.54%	3.76	100%	93%	97%	0	0	0
ICCU	71.00%			2	3.17	8.91	100%	0%	0%	0	0	0
DCU	111.10%			2	4.73%	1.34	100%	40%	99%	13	0	0
Totals	#DIV/0!											
NICU	76.70%	0	0	0	7.08%	2.52	97%			0	0	0
Ward 25	100.90%	0	0	2	3.86%	2.64	100%	25%	98%	1	2	1
Inpatient Maternity	93.00%	0	0	2	6.20%	-0.52	9400%	33%	97%	0	1	1
Totals												
EAU	93.80%	0	1	9	0.46%	0.00	100%	44%	95%	0	1	14
Ward 22	103.20%	0	0	1	0.94%	7.35	100%	64%	92%	3	1	0
Ward 23	196.80%	0	0	3	8.91%	7.67	91%	51%	100%	0	1	0
Ward 24	100.10%	0	0	2	5.02%	7.65	91%	44%	100%	5	2	0
Ward 34	97.80%	0	0	2	6.94%	4.50	97%	75%	98%	2	1	0
Ward 36+35	174.00%	4	1	1	14.06%	4.33	67%	29%	100%	5	4	1
Ward 41	111.80%	2	0	2	1.89%	2.23	100%	113%	89%	0	3	0
Ward 42	180.60%	0	0	2	0.91%	5.94	100%	58%	100%	1	1	0
Ward 43	109.40%	1	1	0	1.51%	5.35	88%	0%	0%	0	0	0
Ward 44	137.20%	0	1	1	7.47%	1.06	86%	50%	92%	0	0	0
Ward 51	101.70%	0	2	1	1.62%	4.99	97%	110%	100%	0	0	0
Ward 52	106.50%	0	0	1	3.48%	5.22	100%	88%	98%	0	0	0
Stroke Unit	107.50%	0	0	5	4.29%	6.36	100%	50%	100%	20	1	3
Chatsworth	158.10%	0	0	0	2.91%	2.76	92%	44%	100%	0	0	0
Lindhurst Ward	96.80%		1	1	5.37%	1.02	94%	35%	100%	0	0	0
Oakham Ward	130.40%	0	1	3	8.05%	3.72	100%	63%	100%	0	0	0
Sconce Ward	106.30%	0	0	1	5.56%	2.23	86%	30%	100%	0	0	0
Fernwood	101.70%	0	0	0	1.88%	0.01	88%	93%	100%	0	0	2

Appendix 3:

Staffing Paper for Maternity Staffing
Using Birthrate plus principles
Total Service Review April 2017– September 2017

Background:

High quality maternity services rely on having an appropriate workforce with the leadership, skill mix and competencies to provide excellent care at the point of delivery[1] and *Standards for Maternity Care*[2] state that one of the main principles for provision of safe maternity services is that intrapartum care should be provided by appropriately trained staff.

There is debate about staffing levels although the main focus of reports and government policy on safe maternity services has been the need to increase staffing numbers, particularly midwives and consultants. Many of the guidelines and standards produced by professional bodies have also focused on staff inputs, such as a 60-hour obstetric consultant presence on labour wards and one-to-one midwife care in labour.

There is recognition that the birth rate is rising, with increasing complexity of many births and high levels of retirement from the midwifery profession.

The challenges facing Maternity services were set out in: *Safe Births: Everybody's business*, and *Towards Better Births* and more recently 'Safe midwifery staffing for maternity setting' NICE 2015.

Evidence Based Tools

Birthrate Plus

The most commonly used method that is employed for determining the number of midwife staff required is the method known as Birthrate Plus.

The Birthrate Plus® methodology is based on an assessment of clinical risk and the needs of women and their babies during labour, delivery and the immediate post-delivery period, utilising the accepted standard of 1 midwife to 1 woman in labour, to determine the total midwife hours, and staffing required, to provide midwifery care to women.

Trusts collect a large sample of data on births, allocating each to one of five categories of complexity ranging from simple straightforward birth to emergency caesarean section, and the average birth time or time requiring care is measured for each of these. As births become more complex, for example emergency caesarean sections, the number of staff involved increases as well as the time taken.

Birthrate Plus® provides insights and intelligence to inform decisions about staffing numbers, staff deployment, models of care and skill mix. It takes account of the different workloads and working patterns of midwives based primarily in hospital settings and those based in the community settings and takes account of the contribution to quality services of midwifery staff not involved in direct hands of care or women such as managers, clinical governance midwives etc.

At its simplest Birthrate Plus® can provide any given service with a recommended ratio of clinical midwives to births in order to assure safe staffing levels. It is this Birthrate Plus® ratio that is most often quoted. Booking, caseload and birth figures obtained from the maternity dashboard April 2017– September 2017.

Activity	Ratio Applied	WTE Required (Actual)	Funded WTE
Hospital Births	1:42	81.7	118.2
Home Birth	1:35	1.9	
Community Caseload	1:98	38.2	
Specialist and management Roles**	8%	9.7	9.6
Total		131.5	127.8

Crude Midwife to Birth Ratios for Sherwood Forest Hospitals

Midwife to birth ratios are calculated more crudely by using those only involved in direct care and would therefore exclude those highlighted as specialist or management roles**. On actual birth figures for the first 6 months of the year 1749, a small increase of 2.6% on last year, and on funded establishment the current ratio would be 1:29.5. These crude measures are reported monthly on the maternity dashboard and the trusts performance report.

'Safe midwifery staffing for maternity settings' NICE 2015.

This guideline has recently been published and makes recommendations on safe midwifery staffing requirements for maternity settings. The guideline focuses on the pre-conception, antenatal, intrapartum and postnatal care provided by midwives in all maternity settings. The document emphasizes the whole maternity pathway as being of importance, starts the planning of numbers from the perspective of the needs of women and their babies and the need to have enough time for individualised care.

The guideline identifies organisational and managerial factors that are required to support safe midwifery staffing, and makes recommendations for monitoring and taking action if there are not enough midwives available to meet the midwifery needs of needs of women and babies in the service.

The NICE 'safe staffing for maternity settings' guidance does not state precise ratios and overall there are no numbers of staff recommended. The midwifery ratios and overall numbers have to be determined locally. Whilst implying the use of a workforce planning tool, NICE do not specify any one tool but the document is very much in line with Birthrate Plus principles.

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