

University Hospitals Bristol and Weston NHS Foundation Trust

Report on Nurse (RN's), Midwifery (RM's) and Allied Health Professionals (AHP's) Staffing Levels UHBW (April 2024 – September 2024).

Context

Following publication of the Francis Report 2013¹ and the subsequent “Hard Truths” (2014)² document, NHS England and the Care Quality Commission issued joint guidance to Trusts on the delivery of the commitments associated with publishing staffing data on nursing, midwifery and care staff levels. These include:

- Report and publish a monthly return to NHS England indicating planned and actual nurse staffing by ward.
- Publish information with the planned and actual registered and unregistered nurse staffing for each shift on the Trust website.
- Provide a 6-month report on nurse staffing to the Board of Directors.

Contents

1. Nursing Report
2. Midwifery Report
3. Allied Health Professionals Report
4. Summary
5. Recommendations.

There are two specific strategic nurse, midwifery and AHP staffing risks graded as high risk held on the corporate risk register as below. The risks have all been reduced due to the improved vacancy and turnover positions sustained over the past 6 months.

For all staff groups

Risk Number	Details	Risk Level	Current Score	Target score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff – all staff groups.	Strategic Risk Register	8	8
2694	Risk that the Trust is unable to retain members of the substantive workforce.	Strategic Risk Register	8	8
5477	Risk that nurse staffing levels will not be met.	Strategic Risk Register	6 (↓9)	6

For Midwives

Risk 3623: - This risk remains very high due to experienced staff turnover and availability of course places to train new staff. Work is ongoing to reduce the impact of this and some progress is being made.

Risk Number	Details	Risk Level	Current Score	Target score
33	Risk that inadequate nursing levels in line with BAPM standards 2011 will affect neonatal outcomes.	Departmental	15	6

¹ [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/274201/Report_of_the_Mid_Staffordshire_NHS_Foundation_Trust_Public_Inquiry_-_GOV.UK.pdf)

² [NHS England » Guidance issued on Hard Truths commitments regarding the publishing of staffing data](https://www.nhs.uk/england/guidance-issued-on-hard-truths-commitments-regarding-the-publishing-of-staffing-data)

988	Risk that neonates are transferred out to alternative NICU units due to lack of cot capacity	Departmental	9	3
3623	Risk that extreme pre-term babies will have a sub-optimal outcome due to inability to deliver in a tertiary centre	Departmental	8	4

For AHPs

Risk Number	Details	Risk Level	Current Score	Target Score
737	Risk that the Trust is unable to recruit sufficient numbers of substantive staff	Strategic Risk Register	8	8
2694	Risk that Trust is unable to retain members of the substantive workforce	Strategic Risk Register	8	8

- The report highlights the work being undertaken to mitigate the above risks.

1. Nursing Report

Trust Metrics overview

The previous 6 months Trust level staffing metrics are contained within Table 1, the Divisional summary tables can be found in the appendices.

Key points to note: -

- Over the past 6 months, the adult fill rates have now consistently been above 95%. The night HCSW fill rate remains above 100%, this is to ensure vulnerable patients are kept safe with enhanced care observation.
- All in-patient area fill rates are based on the funded beds and do not include the additional boarding beds within a ward and escalation beds, when in use these beds are an additional workload for staff.
- There are no band 5 vacancies for the trust through over recruitment, however two divisions do still have some Band 5 vacancies in specific areas. In September 2024 the trust has overall surplus of 45.10 WTE or 2.4% of the establishment.
- The Registered Nurse turnover rate continues a downward trend (from 11.7% down to 10.1%) due to the successful recruitment of Internationally Educated Nurses (IEN's), Newly Qualified Nurses (NQN's) and the impact of the Trust wide focus on retention initiatives.
- Care hours per patient day (CHPPD) is a measure of actual nursing resource deployment and the registered nurse (RN) CHPPD and total CHPPD are included in the metric tables. Trust wide RN CHPPD has remained within the range 6.6 – 6.9. UHBW benchmarks well against peers in the model hospital dashboard and is in the top national quartile for CHPPD.
- The level of red flag reporting has increased over the 6-month period mainly due to difficulty in covering Enhanced Care Observation shifts by Health Care Support Workers. Red flag shifts for Registered nurse remains low due to the low vacancy levels,

- NICE Midwifery red flags are now included in the midwifery section and are reported each month through the Safe Staffing Report as per the CQC Improvement recommendations (please refer to the midwifery report).
- Both the level of agency and bank usage in all divisions has decreased significantly over the previous 6 months, this is reflected the Trust overview as a higher proportion of shifts are filled by substantive staff.

Table 1 - Trust Metrics

Trust Overview Measure	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Trend
Registered Nurse Fill Rate - Day	101%	102%	101%	98%	98%	96%	
Registered Nurse Fill Rate - Night	104%	104%	102%	99%	100%	97%	
Unregistered Nurse Fill Rate Day	107%	111%	108%	110%	110%	108%	
Unregistered Nurse Fill Rate Night	116%	118%	117%	118%	117%	118%	
All Staff Fill Rate - Overall	106%	107%	105%	104%	103%	102%	
Registered Care Hours per Patient Day	6.6	6.9	6.9	6.8	6.9	6.6	
Total Care Hours per Patient Day	10.0	11.1	11	10.9	11.0	10.4	
Supervisory Ward Sister %	79%	76%	81%	82%	79%	76%	
Sickness (Rostering KPI)	6.5%	5.9%	5.4%	5.7%	4.8%	5.4%	
Registered Nurse Band 5 Turnover Rate	11.7%	11.5%	11.2%	11.0%	10.8%	10.1%	
Unregistered Nurse Band 2/3 Turnover Rate	16.5%	17.0%	17.4%	16.9%	16.4%	16.7%	
Registered Nurse Band 5 Vacancy WTE	13.3	1.1	-35.1	-18.4	-36.5	-45.1	
Unregistered Nurse Band 2/3 Vacancy WTE	34.8	43.8	94.3	96.4	98.7	90.5	
% Agency staff used to support substantive staff	3%	2%	2%	3%	1%	2%	
% Bank staff used to support substantive staff	16%	17%	17%	17%	16%	14%	
Lower than expected Staffing Incidents - In patient Wards	55	37	35	21	37	70	
Red Flag Reported incidents In patient Wards	8	2	1	5	13	22	

Safer Nursing Care Tool (SNCT) 2023

- The Trust continues to use the new Safer Nursing Care Tool (2023) to underpin the nursing establishments, this new version has been expanded to include the care for one-to-one Enhanced Care Requirements (ECO) assignments and for patients requiring a two-to-one or more staffing level to ensure both patients and staff are kept safe.
- A detailed training programme based on the national NHS England requirements was delivered to all key adult-based staff (approx.130 senior staff nurses, ward sisters and matrons) between April and June 2024. They all undertook and passed an inter-rater reliability test to ensure consistency in scoring.
- The first SNCT audit using the tool was undertaken in July 2024 with improved compliance to previous audits, this will be repeated in November 2024 and February 2025. This ensures a suitable evidence base has been collected from which establishment reviews can be undertaken.
- The Child and Young Person (CYP) and Emergency Department SNCT tools are unchanged and continue to be undertaken in July and February each year as standard.

The Emergency Department Safer Nursing Care Tool (SNCT)

- **The BRHC ED** requires the pre-planned final 3rd year of funding (**10 W.T.E**) to deliver the phased approach to support staffing, this has been added to the Children's Annual Operating planning round.
- **The BRI ED** following the July SNCT results further work is being undertaken to closer align staffing to the attendance results. This builds on the previous changes made which have made a positive impact on staffing and improvement to patient flow through the department.
- **Weston ED** both the Rapid Triage and Treatment service and ED observation unit are now funded enabling improved safety and flow through the department.

Staffing and CQC

In June 2024 the BRI ED had an unannounced CQC inspection, the report stated that:

"the service had enough nursing staff to meet the needs of the service. Staff had raised that the skill mix could be challenging with the high number of newly arrived International Nurses but were positive about the training and development opportunities which were available"

Annual Review Programme

- The annual nurse establishment reviews were undertaken across all Divisions between September and November. This included all in patient ward, critical care areas, ambulatory care area, theatre suites, Clinical Nurse Specialists and Research Nurses.
- All roster templates and rules have been reviewed for consistency and alignment with the agreed budgets. In addition, ward roster processes and procedures were also assessed to ensure all areas were effectively rostering.
- The evaluation work required to review the budgetary impact of the increasing level of training in all areas continues. National recommendations indicate at least a 1%

increase from 21% - 22% in all areas with an additional 1% - 3% in specialist areas. This will support the right staff, right skills approach to safe staffing

- All Divisions reported an improvement in staffing levels and general morale following the successful recruitment drive. Detailed work is underway in all divisions including flexible working, self-rostering, increased educational offers and rotational posts to retain staff.
- The annual review process allows divisions to highlight concerns around staffing but also to celebrate successes in ensuring that all patients have received safe and effective high-quality care.
- Divisional review outcomes
 - Medicine
 - Nil to report.
 - Specialised Services
 - Skill mix review to increase Band 6's within the Cardiac Catheter lab
 - Surgery
 - Nil to report
 - Childrens
 - Apollo Ward SNCT audits consistently demonstrate an additional staffing requirement above funded establishment to support safe staffing due to the complexity, mental health and acuity of the patients. This has required an additional RCN to be required frequently. The review supported the recommendation to increase the substantive staffing by 5.2 WTE (1 RCN per Shift)
 - Caterpillar Ward. The July SNCT results demonstrated a negative variance against the funded establishment and with professional judgement the recommendation is to mitigate this with an increase of 5.2 W.T.E (1 RCN per shift) and to monitor this further through the SNCT data for February and July 2025 before any additional substantive increase in funding.
 - The BRHC ED requires the pre-planned final 3rd year of funding (10 W.T.E) to deliver the phased approach to support staffing.
 - There is currently no Learning Disabilities and Autism Paediatric Specialist nurse service; to mitigate this risk, the review supported the recommendation for 1 Band 7 w.t.e.
 - Women's
 - Reviewed the NICU skill mix to include a Band 7 in charge 24 hours per day and an increase in practice development roles was gained through a review of the establishment.
 - Building work is commencing for the new Acute Obstetric Triage unit, the required staffing has been proposed and a phased approach to fund the midwifery staffing (Band 6 Midwives 6.1 w.t.e 8 a.m – 22 p.m initially) has been recommended.

- Weston
 - The Director of Nursing for Weston requested that the SNCT data for both Berrow and Hutton was kept under review for the next 2 audits prior to any substantive changes being made.

2. Midwifery Report

Introduction

This section of the report details the specific requirements and actions taken by Midwifery Services to ensure that all mothers and babies are given quality care in a safe and secure environment.

The Trust continues to review its services against the landmark publications of the Ockendon Reports in December 2020 and March 2022 to assure the Trust that the Midwifery services are responding appropriately to the recommendations outlined in these two reports. A full Birthrate plus workforce assessment was undertaken in June 2022 with the next formal review planned for 2025/2026.

Between April 2024 and September 2024 staffing in both Maternity and Neonatal Intensive Care Unit (NICU) has been challenged during Q1 however Q2 has seen a reduction in vacancies resulting in better staffing across maternity services.

The hospital and community on-call midwives have been allocated in periods of high acuity and/or activity to support staffing shortfall with the midwifery on-call manager available for support. There are twice daily flow meetings held between maternity, gynecology, and neonatology with the flow midwife monitoring activity and the movement of staff during the week. The data recorded in the Birthrate Plus tool informs the flow midwife of hotspots on the day.

In September 2024 NICU has no band 5 vacancies and the percentage of QIS trained nurses has improved (from 53% to 62%). To meet the British Association of Perinatal Medicine (BAPM) standards we require 70% of the NICU nursing workforce to be QIS trained. An A3 Thinking Project is in progress to support the recruitment, training and retention of QIS trained nurses.

Birth rate Plus acuity tool. *Table 2*

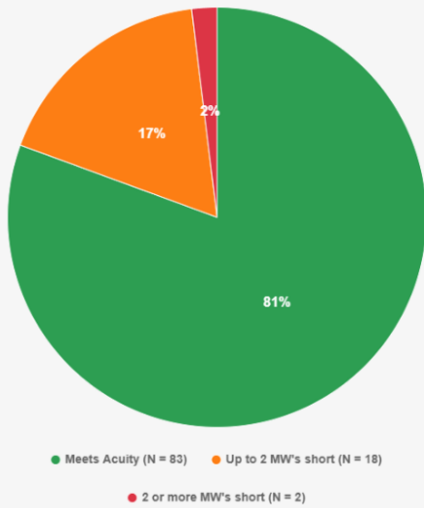
The Birth rate Plus acuity tool has been used on the delivery suite and the compliance data is shown below where: -

Green = Meets acuity, Amber = Up to 2 midwives short and Red = 2 or more midwives short.

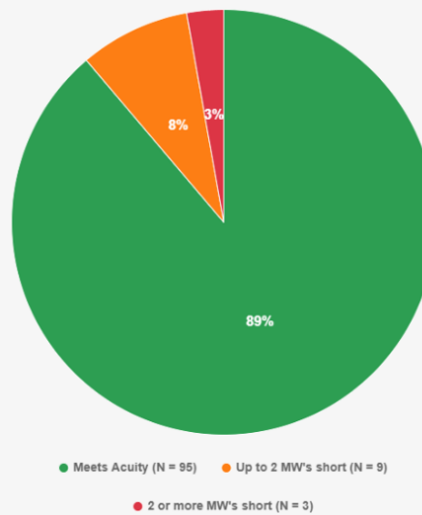
The maternity ward (73) and transitional care (76) have also started to use the tool to help manage the midwifery staffing and trigger escalation. The compliance for these areas will be reported in May 2025.

Table 2 Birth rate plus acuity tool

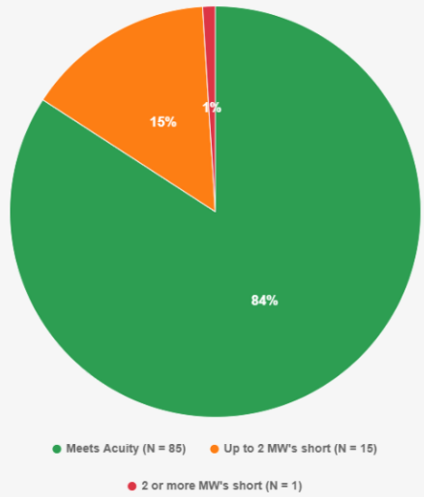
Acuity Summary
01/04/2024 to 30/04/2024



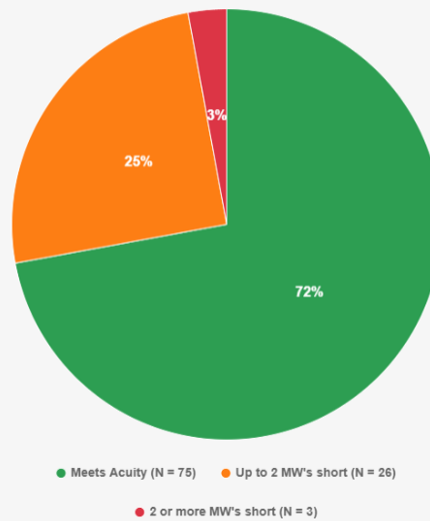
Acuity Summary
01/05/2024 to 31/05/2024



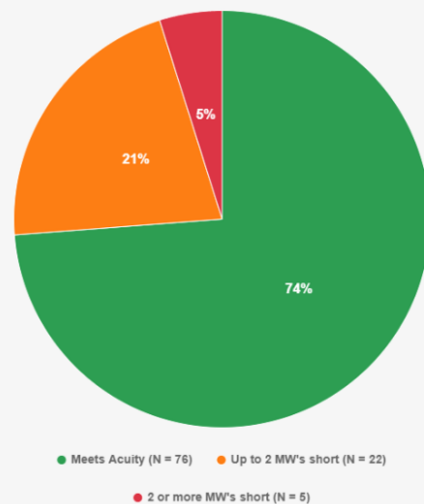
Acuity Summary
01/06/2024 to 30/06/2024



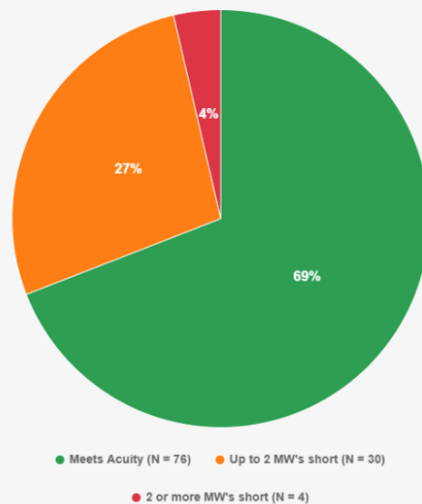
Acuity Summary
01/07/2024 to 31/07/2024



Acuity Summary
01/08/2024 to 31/08/2024



Acuity Summary
01/09/2024 to 30/09/2024



Recruitment

The current vacancy rate for bands 5 to 7 (registered staff) in maternity is 3.16 WTE projected to be -ve 11.84 by Spring 2025 (recruited to turnover). The Trust has introduced an auto-offer of interview to students who have had placements in UHBW with Maternity being the first to implement this.

Staffing and CQC.

The Maternity service was inspected in December 2023 by the CQC and was rated as 'Good' overall, with one requirement and one recommendation made for Safe Staffing.

CQC Requirement	Regulation	Findings	Action
That 'red flag' midwifery staffing incidents are monitored effectively, including delays to induction of labour, in line with national guidance.	Regulation 18 (1)	The service did not effectively monitor maternity 'red flag' staffing incidents in line with NICE guideline 4 'Safe midwifery staffing for maternity settings'... Managers did not monitor and compare maternity red flag incidents in the six nursing and midwifery staffing reports to trust board in line with national guidelines	1) Ensure all managers monitor and compare maternity red flags. 2) Report on Midwifery red flags in the Monthly safe staffing report highlighting any action.

Red flags including delayed inductions are monitored through the PQSM (Perinatal Quality and Safety Maternity Matrix) and daily flow meetings. Red flags and themes of staffing issues are monitored monthly through the individual area governance groups and at the hospital Women's Governance Group and escalated as necessary to the Divisional Quality Assurance Committee.

Staffing is monitored daily at flow meetings and staff are moved to manage any risks, including use of the on-call midwife. Following the CQC visit all staff were reminded to record any staffing related safety incidents or where mitigations have been required to support staffing incidents on Datix including the use of NICE red flags. A significant increase in red flag reporting over the previous months has been noted (See below Table 3). This table differs from previous reports as refreshed to align with the use of the NICE Red flags. It has been collated in this format since May 2024, so April 2024 data is not represented.

Table 3 – Midwifery detailed red flag reporting

	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
Delayed or cancelled time-critical activity	22	19	21	21	17	18
Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0	0	2	0	0
Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	5	3	5	1	7	4

Delay of more than 30 minutes in providing pain relief	0	2	0	1	0	0
Delay of 30 minutes or more between presentation and triage	10.8% (50 attendances)	10.4% (47 attendances)	16.9% (89 attendances)	21.3% (105 attendances)	19.47% (111 attendances)	6.56% (40 attendances)
Full clinical examination not carried out when presenting in labour	27.8% (101 assessments not completed/ partially completed)	28.8% 97 assessments not completed/ partially completed	27.7% 107 assessments not completed / partially completed	25% 99 assessments not completed / partially completed	27.7% 103 assessments not completed / partially completed	15.9% 65 assessments not completed / partially completed
Delay of 2 hours or more between admission for induction and beginning of process	80.3% (98 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle) 82.8% of IOLs were commenced within official IOL window	64.2% (79 admissions for IOL experienced a delay of 2 hours or more from admission to time of first cycle) 83.16% of IOLs were commenced within official IOL window	Data Pending	Data Pending	Data Pending	Data Pending
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	6	7	9	13	6	4
Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	1	0	0	0	0	0

The recommendation from the CQC for staffing was to ensure there are enough midwifery staff to provide a full range of maternity choices including use of the midwifery-led unit (MLU). The CQC noted that "Midwifery staffing levels impacted on the availability of the midwifery led unit".

The midwifery led unit is staffed from the 11 midwives assigned to Central Delivery Suite (CDS) with two midwives available to cover the midwifery led unit if a woman presents wanting to use the facility.

Following recent recruitment the CDS is now able to allocate and name two midwifery staff members per shift to support any woman opting for MLU birth and fitting the criteria. This has led to an average 75 % increase in births in the MLU following this change.

Continuity of carer teams

The service has maintained the four continuity of carer midwifery teams, mainly present in areas of high deprivation and ethnic diverse population. The funding was received from the LMNS for enhanced maternity support workers in continuity of care teams to reach out to vulnerable women and facilitate earlier engagement into the Maternity service. This had led to 35.1% of women giving birth at UHBW in November 2024 as a result of receiving care from a continuity midwifery team.

Acute Obstetric Triage Unit

The Trust is supportive of the creation of an acute obstetric triage area for non-labouring admissions following the Birmingham model that is now nationally recommended and supported by Ockenden. It has become a core function that needs to be demonstrated for

ongoing compliance with the standards in the Saving Babies Lives Care Bundle (and therefore to achieve the CNST rebate associated with maternity).

Acute Obstetric Triage units should run 24 hours per day, 7 days per week, and require adequate midwifery staffing. The required staffing has been proposed and a phased approach to fund the staffing (**Band 6 Midwives 6.1 w.t.e 8 a.m – 22 p.m initially**) of the new triage unit has been recommended. The building work is due to commence in January 2025.

3. Allied Health Professionals (AHP's) report

The Trust employs nine professional groups as allied health professionals (AHP) and range across all divisions in the Trust as of November 2024, there are:

- 801 (665.95 WTE) Health and Care Professionals Council registered Allied Health Professionals (Bands 5-8D).
- 204 (178.86 WTE) support staff (Bands 2-4).

A detailed review of AHP staffing was presented to the People Committee of the Trust Board in September 2023 to provide assurance of the current recruitment and retention position of AHP's within the Trust. Good progress is being made on the 3-year plan to improve recruitment and retention of AHPs in the Trust.

The current overall AHP staffing vacancy rate has reduced significantly to 3.02%, however there is a continued difficulty in recruiting to occupational therapy posts similar to other NHS and Care organisations across the country.

The overall AHP turnover has decreased to 12.9%, with variance in the specialties and professional groups.

A careers day for 13-19 year old learners to choose AHP professions as a career choice, in partnership with colleagues from NBT, Sirona and BNSSG ICB, was attended by 126 learners accompanied by friends and family.

By employing various entry routes into the professions, including apprenticeships AHP roles continue to be an attractive place to work enhanced further by the creation of consultant practitioner and advanced practitioner roles. In addition, the Trust also offers clinical academic posts and two of our AHP colleagues have secured a prestigious NIHR post-doctoral award and continue to work clinically in UHBW.

Currently there is no acuity tool or a national standard approach for use by AHP's to evidence-base staffing levels required for inpatients, except for critical care areas, stroke and cancer services.

Staffing levels in other specialties areas are determined through demand and capacity data and using data based on patient related and non-patient related (essential training, continuing professional development, service improvement etc.) activities as well as clinician judgement of complexity and acuity of patient care provided by AHPs.

In partnership with HR and e-Rostering colleagues work has commenced on job planning for AHPs in the Trust, with some preliminary work already started within dietetics teams in adult therapies. This will provide further support and clarity in determining staff levels once full adopted. A bid to procure the required licenses for the system is in progress.

Service leads have started to review bank and agency usage and the capping of agency rates for AHP professionals as part of the southwest regional project.

Work continues to promote the AHP professions in system, regional and national forums, including an AHP celebration week in UHBW, with awards for AHPs in 8 categories from a total of 129 nominations.

4. Assurance statement and summary.

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards guidance (2018). The SNCT cycles completed over the past 12 months support the nursing establishment setting process using a recognised evidence-based approach. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short- and long-term staffing shortfalls.

The conclusion is that professional judgement indicates that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities, whilst also supporting development for both the registered and non-registered Nursing and Midwifery workforce and the AHP staff.

The last 6 months have seen significant improvement with recruitment and retention of registered nurses with an over establishment in place and many adult areas are now recruited to turnover.

Safe staffing in specific areas where vacancies remain has been supported with nurse bank incentives which have ensured safety and enabled a sustained reduction of off framework agency use. The significant improvement in the vacancies and effects of the retention programmes has ensured that the Trust is well prepared for any risks which may occur through the agency cap rate reduction.

Pressure on the front door service has continued over this 6-month period requiring the regular opening of extra capacity areas and supporting the ED queues in the adult ED departments. With the over establishment these areas are now being staffed by substantive staff instead of temporary staff.

5. Recommendations for Trust Board

The Trust Board is offered assurance of detailed monthly monitoring and reporting to the Quality and Outcomes committee which provides fill rates by wards, red flag reporting and detailed analysis and review of all the safe staffing incidents reported, along with triangulation of impact on patient quality outcomes and staff experience.

The Trust Board is asked to note the following:

- The Trust has undertaken the annual floor to board safe staffing review using the Safer Nursing Care Tool (SNCT) assessments to underpin nursing establishment on all adults and children's in-patient wards and ED's acknowledging this is a process that will evolve over time after each assessment. Recommended uplifts of staffing will also be subject to scrutiny and support via the annual operational planning round.
- The new adult SNCT tool requires at least two audits to be undertaken before any decisions on nurse establishments is undertaken. The second audit was undertaken in November and a third audit will be undertaken in February 2025 to complete a Summer Autumn and Winter picture from which the optimized nursing numbers can be determined.

The Trust Board is asked to note the completion of the Annual Safe staffing reviews and is recommended to support the prioritisation review, via the **operational planning round** to seek funding for:

Children's

- **Apollo Ward by 1 RCN per shift (5.2 WTE)** due to the continuous negative variance against the SNCT baseline and the added workload associated with caring for children with mental health issues that is not measured by the SNCT tool.
- As above, support the process to seek **the 3rd year phased staffing funding requirement for Children's ED (10 WTE)** identified on previous and current ED SNCT audits.
- Support the process to seek funding for **Caterpillar Ward by 1 RCN per shift (5.2 WTE)** due to SNCT negative variance. This will be subject to ongoing review through the SNCT data prior to any further substantive increase.
- Support the process to seek funding for **Band 7 Learning Disabilities and Autism Specialist Nurse 1 WTE.**

Women's

- Support the process to seek funding for **Band 6 's x 2 per shift (6.1 WTE) 8 a.m to 22 p.m** for phase 1 of the Acute Obstetric Triage Unit planned for 25/26.