Examples of Good Practice in Nursing and Midwifery Workforce Planning

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Acute Adult Care

27. Please describe one example of good practice in relation Nursing/Midwifery Workload/Workforce planning under the following sections.

27.1 Project Title: Nurse Bank - ITU and Grading

27.2 Please outline the change which was introduced:
In December 2002, the Trust agreed to pilot a bank for ITU and HDU in an attempt to reduce agency costs. The staff were paid at an enhanced rate similar to what they would receive if working through an agency. It should be emphasised that this project was driven by 'market forces' and not because the Trust values ITU staff more than generalist nurses. At the same time agreement was reached to ensure that substantive post-holders who worked on our Bank were paid at their grade (E grade for E grade rather than D grade pay). This had a significant impact on overtime costs as a number of staff joined the Bank.

27.3 Improved Quality Of Patient Care:
Units staffed by nurses who are familiar with the area. Staff more amenable to rotating throughout the Unit and between the 2 sites, increasing skills and experience.

27.4 Nursing/Midwifery staffing levels:
Provided a great deal more flexibility in staffing. ITU bank staff may only be required for 2 hours whereas an agency nurse is booked for a full shift.

27.5 Nursing/Midwifery vacancy rates:
Morale in unit much improved. Monitoring turnover %.

27.6 Reliance On Temporary Staff:
Dramatically reduced dependency on agency staff. Currently, however, reviewing possibility of increasing permanent establishment. Currently at 6.1wte per bed, moving to 6.3wte per bed.

27.7 Nursing/Midwifery staff morale:
Measurably improved. Staff have expressed that they feel more valued.

27.8 Other Comments:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Nurse Bank - ITU and Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Of Change</td>
<td>In December 2002, the Trust agreed to pilot a bank for ITU and HDU in an attempt to reduce agency costs. The staff were paid at an enhanced rate similar to what they would receive if working through an agency. It should be emphasised that this project was driven by 'market forces' and not because the Trust values ITU staff more than generalist nurses. At the same time agreement was reached to ensure that substantive post-holders who worked on our Bank were paid at their grade (E grade for E grade rather than D grade pay). This had a significant impact on overtime costs as a number of staff joined the Bank.</td>
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<td>Nursing / Midwifery Staff Morale</td>
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<td>Other Comments</td>
<td></td>
</tr>
</tbody>
</table>
Project Title
Nursing and Midwifery Staff Utilisation Reporting System

Outline Of Change
This nurse led initiative was introduced in April 2003 following the recommendation of a short life working group whose remit was to examine whether data could be used to set management response targets based on agreed threshold variance or ratio variances. A small number of training sessions were held for staff to explain the new reporting template, to assist in the further development of analytical skills, as well as to disseminate potential solutions to trends identified in the data.

Improved Quality Of Patient Care
Information highlighting variance from the agreed thresholds is provided to the Clinical Nurse Managers (CNMs) on monthly basis. The data highlights exceptional variances so that CNMs can then provide an explanation for the variances and provide details of proposed actions. A quarterly report is submitted to the Trust Executive Group. Future reports will provide comparative information on the use of bank and agency as a percentage of the establishment as well as information on the percentage of vacancies against funded establishment. This data therefore assists all levels of staff in the planning process for the recruitment of staff, and on planning actions to address exceptional variances.

Nursing / Midwifery Staffing Levels
Recruitment of staff has improved since the introduction of this system, as more accurate predictions can be made on staffing requirements.

Nursing / Midwifery Vacancy Rates
Trained vacancies = 141.11 & Untrained = 51.41 WTE

Reliance On Temporary Staff
The quarterly report highlights the use of temporary staff, so that trends can be examined and actions taken to minimise the use of temporary staff.

Nursing / Midwifery Staff Morale
Morale has improved as staff see this as an efficient and relevant system. The quarterly report submitted to the Trust Executive Group also provides the opportunity to highlight and applaud good management practice.

Other Comments
This reporting system has been useful in highlighting many issues e.g. parental leave. Paid parental leave is provided by the Trust.
**Project Title**  
One of our hospitals encourages nursing auxiliaries to undertake RN training by enabling these members of staff to retain a minimum contract for a specified number of hours. This may be one shift per week but there is also scope for this to be increased over periods of annual leave. This initiative has, to date, involved 5 members of staff.

**Outline Of Change**

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**  
On completion of RN training there are also job opportunities for these members of staff as Registered Nurses.

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**

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**Project Title**  
Restricted Nurse Bank for Staff with Training Needs.

**Outline Of Change**  
This is a scheme which enables nurses to work bank hours in one or two specific wards and to have a clinical mentor. It is very suited to return to practice RNs, or those with limited experience in a busy acute hospital.

**Improved Quality Of Patient Care**  
Stable workforce leading to continuity of care.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**
Project Title
Trust Wide Review of Workforce Needs.

Outline Of Change
This was a broad piece of work that has laid down the foundation for the requirements of the nursing workforce. In some areas it confirmed that the staffing that was there was sufficient. In some areas it showed that staffing was good enough. In other areas it demonstrated that investment was required. This has allowed ongoing review of need and guided decisions about increasing establishment.

Improved Quality Of Patient Care
In some areas there has been improvements: reduced drug errors, improved record keeping, care delivered on time.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates
Reduced. Even although increasing establishment places increased demand on the labour market, staff are more likely to work in areas that are appropriately staffed.

Reliance On Temporary Staff
Reduced in some areas

Nursing / Midwifery Staff Morale
Improved

Other Comments

Project Title
Monitoring Time Out

Outline Of Change
Time out monitoring has involved the education and training of senior charge nurses on "time out" and effective planning.

Improved Quality Of Patient Care

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff
Time out information allows managers to ensure good practice regarding annual leave and off duty planning, management of sickness etc. This has reduced Reliance On Temporary Staff caused by poor planning.

Nursing / Midwifery Staff Morale

Other Comments
Project Title
Review of Shift Patterns

Outline Of Change
The use of 12 hours shifts have been used in e.g. ITU, Theatre and Paediatrics for sometime. However recently other wards and departments have introduced 12 hour shifts where staff have expressed an interest. However, within these wards/departments staff, for personal reasons, may opt to continue working traditional shift patterns.

Improved Quality Of Patient Care
Perceived improved continuity of care and communication with other disciplines. Less time spent on nursing handovers, releasing staff to undertake direct patient care and professional development.

Nursing / Midwifery Staffing Levels
Perceived reduction in sickness absence levels although this is too early to quantify. Staff appear to be more flexible in working additional hours to cover short notice sickness absence.

Nursing / Midwifery Vacancy Rates
It is too early to demonstrate impact on vacancies where 12 hour shifts have been recently introduced. Recruitment to these wards has been successful with new appointees preferring the option to work 12 hour shift patterns.

Reliance On Temporary Staff
The recent introduction of 12 hour shifts in some areas has not increased the reliance on temporary staff to cover. Temporary posts are used to cover maternity leave, long term sickness and staff secondments.

Nursing / Midwifery Staff Morale
Morale improved, staff find they have a longer period of time to deliver care and are not under pressure to finish everything in the morning or afternoon. Staff appear to be less stressed during busy periods in the day.

Other Comments
### Project Title
ITU Bank

#### Outline Of Change
Special enhanced rates were offered to staff with ITU/HDU skills on our Nurse Bank.

#### Improved Quality Of Patient Care
Consistency in patient care

#### Nursing / Midwifery Staffing Levels
No change

#### Nursing / Midwifery Vacancy Rates
Nil change

#### Reliance On Temporary Staff
Reduced

#### Nursing / Midwifery Staff Morale
Staff get very tired and a control needs to be kept on how many extra hours they work.

#### Other Comments

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### Project Title
Management Efficiency Time/Motion Study in Several Wards.

#### Outline Of Change
Establishment levels of qualified / unqualified staff modified.

#### Improved Quality Of Patient Care
More appropriate skill mix.

#### Nursing / Midwifery Staffing Levels
Slight increase.

#### Nursing / Midwifery Vacancy Rates
No effect from above project.

#### Reliance On Temporary Staff
Not required

#### Nursing / Midwifery Staff Morale
Initially good.

#### Other Comments

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Project Title
Workforce & Workload Planning Group

Outline Of Change
Trust Nurse Bank established. Model identified for calculating general ward area staffing levels. Identified areas which require further review and consideration.

Improved Quality Of Patient Care
Bank development has resulted in less staff working beyond EU working time directive.

Nursing / Midwifery Staffing Levels
The Trust in-house model has provided a system which is easily adaptable for business case planning and identifies areas where staffing shortfalls are occurring.

Nursing / Midwifery Vacancy Rates
Recruitment of newly qualified nurses twice yearly beyond the funded establishment provides: less reliance on bank/agency usage; reduction of overtime costs; reduction of recruitment costs.

Reliance On Temporary Staff
Reduced due to bulk recruitment of local newly qualified nurses and Acute Trust Hospital Open Days.

Nursing / Midwifery Staff Morale
The Trust in-house model which allows staff to identify staffing deficits.

Other Comments

Project Title
Benchmark Review of Workforce within Care Of Elderly

Outline Of Change
Significant investment at Board and Trust level for funded posts.

Improved Quality Of Patient Care
Improved skill mix and staffing levels.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff
Reduced agency / bank spend.

Nursing / Midwifery Staff Morale
Increased applicants for D grade. 'Feel good' factor following investment.

Other Comments
Project Title
Self Rostering - Medical Ward.

Outline Of Change
Self rostering system introduced for day duty only. Duty sheets made available for staff to complete. Reviewed by the Charge Nurse.

Improved Quality Of Patient Care
Staff numbers more appropriate. Reduced staff absences - improved patient continuity of care.

Nursing / Midwifery Staffing Levels
Less staff absences therefore staff numbers more consistent.

Nursing / Midwifery Vacancy Rates
Improved retention. No significant vacancies

Reliance On Temporary Staff
Less reliance on Bank and Agency.

Nursing / Midwifery Staff Morale
Very popular with staff.

Other Comments

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Project Title
General Healthcare Support Workers

Outline Of Change
Healthcare Support Worker involved in rehabilitation of patients from a multi-professional viewpoint.

Improved Quality Of Patient Care
Patients have more consistent care and better outcomes e.g. discharge home.

Nursing / Midwifery Staffing Levels
Improved recruitment and morale.

Nursing / Midwifery Vacancy Rates
No vacancies in ward area.

Reliance On Temporary Staff
Reduced - only for sickness absence/maternity leave.

Nursing / Midwifery Staff Morale
Very much improved.

Other Comments
## Project Title
King’s Fund Organisational Audit (K F O A) and Health Quality Service (HQS) – on One Site

### Outline Of Change
Updated protocols and practices across all specialities.

### Improved Quality Of Patient Care
Quality standards achieved through accreditation process.

### Nursing / Midwifery Staffing Levels

### Nursing / Midwifery Vacancy Rates
Retention increased.

### Reliance On Temporary Staff
Reduced

### Nursing / Midwifery Staff Morale
Morale raised through teamwork and common goal.

### Other Comments

## Project Title
Self Rostering

### Outline Of Change

### Improved Quality Of Patient Care
Helped increase morale which in turn is reflected in Improved Quality Of Patient Care.

### Nursing / Midwifery Staffing Levels
Staff more willing to change shifts to accommodate unit.

### Nursing / Midwifery Vacancy Rates
Not proven but perceived that self rostering increases staff retention reducing vacancies.

### Reliance On Temporary Staff
No impact.

### Nursing / Midwifery Staff Morale
Improved as staff feel they have more control over their work and social time.

### Other Comments
**Project Title**
Flexibility in Theatre/Accident and Emergency Nursing Workforce

**Outline Of Change**
This department has a high number of young female staff and has recently had a number of staff off on Maternity Leave. The Sisters in the department have worked to proactively address the Family Friendly Policies and have enabled many staff to return to work on job share arrangements and have also introduced some term time working too. This has been particularly useful in helping us retain our skilled theatre staff and also this environment has helped enable term time working as the demand on elective surgical procedures is obviously less at the peak holiday times of Xmas, Easter and partially in the summer.

**Improved Quality Of Patient Care**
Patient care has improved as we have maintained a highly skilled workforce despite the demands placed on the service by the periods of Maternity Leave.

**Nursing / Midwifery Staffing Levels**
Staffing levels have been maintained with the bonus being that the staff are skilled in their area.

**Nursing / Midwifery Vacancy Rates**
This department does not have a problem with vacancies - posts are readily filled when a vacancy does arise.

**Reliance On Temporary Staff**
Reliance On Temporary Staff is kept to a minimum as there is no requirement. A specialist area like this cannot function reliably and safely on a high proportion of temporary staff.

**Nursing / Midwifery Staff Morale**

**Other Comments**
Project Title
Workforce Planning

Outline Of Change
Bottom up approach, with Principal Nurses working with each Ward Manager to identify required staffing for each shift of the week, applying required skill mix for the area to function effectively, and then applying 20% addition to total collated establishment to account for 'leave'.

Improved Quality Of Patient Care
When fully applied will significantly improve the quality of care that can be offered to patients.

Nursing / Midwifery Staffing Levels
Consistent approach across the Trust - stabilised the staffing establishment, allowing ward teams to plan ahead and invest in development.

Nursing / Midwifery Vacancy Rates
To date, since the agreement to increase the establishment - the posts have not yet all been filled. Many different strategies are being used to resolve the present vacancy rate.

Reliance On Temporary Staff
Should and will be reduced.

Nursing / Midwifery Staff Morale
Should be increased.

Other Comments

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Project Title
Self Rostering and Flexible Shift Pattern Working in Medicine

Outline Of Change
Guidelines were given to all wards within Medical Unit re the above.

Improved Quality Of Patient Care
Safe staffing levels.

Nursing / Midwifery Staffing Levels
Staff are happy to come to work.

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale
Staff are happy to come to work.

Other Comments
Paediatrics

27. Please describe one example of good practice in relation to Nursing/Midwifery Workload/Workforce planning under the following sections.

27.1 Project Title:
27.2 Please outline the change which was introduced.
27.3 Improved Quality Of Patient Care:
27.4 Nursing/Midwifery staffing levels:
27.5 Nursing/Midwifery vacancy rates:
27.6 Reliance On Temporary Staff:
27.7 Nursing/Midwifery staff morale:
27.8 Other Comments:

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<tr>
<th>Project Title</th>
<th>Ambulatory Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Of Change</td>
<td>Development of Community Children's Nursing Team, aimed at keeping children out of hospital, in line with Our National Health and recommendations by the Child Health Support Group.</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>Children are cared for in a designated area by specially trained staff who provide continuity of care. The intention is to co-ordinate hospital investigations to streamline the children and families' visit to hospital.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>Unchanged - staffing is from existing establishment, although at present funding was obtained from Changing Children's services to develop the service.</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td></td>
</tr>
<tr>
<td>Reliance On Temporary Staff</td>
<td>At present there are temporary staff in post to allow time for 1 WTE at Grade F and 1 WTE at Grade E to develop the service.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td>Morale has improved as a result of being able to develop a much needed service for children in this area which has very limited Children's Community Nursing Service. There is anxiety however that funding for staffing at the end of the period of CCS. Funding needs to be made available from within existing establishments which will necessitate nurses dividing their time between home and hospital to a greater degree than is required at present.</td>
</tr>
<tr>
<td>Other Comments</td>
<td></td>
</tr>
</tbody>
</table>
Project Title
Flexibility and Rotation of Staff

Outline Of Change
Rotation of staff within all areas of paediatric care means staff are now confident and skilled in all areas.

Improved Quality Of Patient Care
Practitioners are skilled.

Nursing / Midwifery Staffing Levels
Flexibility across areas to give staffing appropriate for activity levels.

Nursing / Midwifery Vacancy Rates
4%

Reliance On Temporary Staff
No reliance but temp contracts to cover mat leave and secondments.

Nursing / Midwifery Staff Morale
Varies across sites. Surgical ward lower than medical because of lower activity and lack of on site support medically.

Other Comments

Project Title
Community Children's Team (CCT) and Diabnet (Diabetic Nurse Outreach Service)

Outline Of Change
Diabnet - 2002 (piloted 2000)  CCT - 1999 began now 5 nurses

Improved Quality Of Patient Care
By reducing hospital admissions.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale

Other Comments
**Project Title**  
Introduction of RSCN within clinic.

**Outline Of Change**  
In line with recommendations the nursing establishment within acute paediatric service now covers paediatric clinics (within hospital service) supported by a nursery nurse.

**Improved Quality Of Patient Care**  

**Nursing / Midwifery Staffing Levels**  
Increase in staffing levels and skill mix

**Nursing / Midwifery Vacancy Rates**  
Currently not a funded post (currently out of paediatric ward establishment)

**Reliance On Temporary Staff**  
Nil

**Nursing / Midwifery Staff Morale**  
Variable. At present no designated clinical member of staff. Junior staff rotated - not seen as a learning experience. Require further ward clinical experience

**Other Comments**

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**Project Title**  
Budgetscan

**Outline Of Change**  
Computerised rostering system.

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**
**Project Title**  
Monitoring Time Out

**Outline Of Change**  
Time out monitoring training and education of Senior Charge Nurses in time out and effective planning

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**  
Time out information allows managers to ensure good practice regarding annual leave and off duty planning, management of sickness etc. This has reduced Reliance on temporary staff caused by poor planning.

**Nursing / Midwifery Staff Morale**

**Other Comments**

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**Project Title**  
Self Rostering of the Off Duty

**Outline Of Change**  
Pilot site introduced self rostering which has allowed equity in work life balance.

**Improved Quality Of Patient Care**  
Improved quality Of patient care.

**Nursing / Midwifery Staffing Levels**  
This initiative reduced the use of bank and agency staff but still provided a high quality of patient care.

**Nursing / Midwifery Vacancy Rates**  
Trained = 7.43 WTE  Untrained = 0.71 WTE

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**  
This has improved slightly - staff feel more empowered and can manage working time versus family commitments in a more balanced way.

**Other Comments**
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Introduction of 12 hour shifts</th>
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<tr>
<td><strong>Outline Of Change</strong></td>
<td>Nurses wished to change to 12 hour shifts as they considered that this would improve patient care.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Greater continuity of care, e.g. child going to surgery could be prepared, recovered and stabilised by the same nurse.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
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<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
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<td><strong>Other Comments</strong></td>
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<tr>
<th>Project Title</th>
<th>Kings Fund Organisational Audit – Health Quality Service (HQS)</th>
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</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>In Adolescent Ward and in Paediatric Ward parents accompany child to Theatre; Paediatric Area developed in Accident &amp; Emergency, Fracture Clinic; Outpatients Department and Day Surgery; Play Specialist Service introduced; Increase RSCNs per shift; Child Specific Policies and Procedures developed.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Increased Children's Profile throughout Hospital; Children's Information Booklet introduced; Increased Children's Focus throughout all services; Services for Adolescents introduced; Child Specific Policies, Philosophy and Protocols introduced.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td>Increased number of RSCNs employed.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
<td>Reduced through employment of RSCNs.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td>Raised staff profile, value and morale.</td>
</tr>
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<td><strong>Other Comments</strong></td>
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</table>
Project Title
Paediatric Pool for Nursing

Outline Of Change
Introduction of permanent posts co-ordinated by site Clinical Co-ordinators - used to fill ward vacancies which arise, mainly for maternity leave and other longer absences, however the Pool team are flexible and can cover short-notice absences.

Improved Quality Of Patient Care
Post holders have a robust preceptorship programme within all the acute clinical areas and an ongoing CPD programme. This results in a multi-skilled team who are competent, and work in a flexible pattern, providing a higher standard of care than other bank/agency staff who work on an ad hoc basis and have not formal CPD programme.

Nursing / Midwifery Staffing Levels
Flexible team of staff who can be used to fill short and long term absences by ward team members.

Nursing / Midwifery Vacancy Rates
Nil

Reliance On Temporary Staff
Much reduced reliance for long term vacancies. Pool not yet fully recruited so short term vacancies still at times require agency staff.

Nursing / Midwifery Staff Morale
Too soon to be evaluated - and no baseline measurement was undertaken before. This is well recognised as being a very complex subject to evaluate in terms of any single service/culture change. The pool staff are attracted to the posts because of the supported CPD programme and the flexible working pattern. These staff also enjoy the variety of experiences gained working in all the acute clinical settings.

Other Comments
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<tr>
<th>Project Title</th>
<th>Patient Dependency Project</th>
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</thead>
<tbody>
<tr>
<td>Outline Of Change</td>
<td>Introduced a method of assessing in-patient dependency by use of a dependency rating scale which is utilised 4 times per day by nursing staff. Nurse staffing levels are adjusted per shift according to the results.</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>The project has only been in operation for 5 months and the impact has still to be evaluated.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>As above</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td>As above</td>
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<tr>
<td>Reliance On Temporary Staff</td>
<td></td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td></td>
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</table>
Maternity

29. Please describe one example of good practice in relation Midwifery Workload/Workforce planning under the following sections.
29.1 Project Title:
29.2 Please outline the change which was introduced:
Please describe the impact of this innovation on the following categories.
Please only complete the relevant sections.
29.3 Improved Quality Of Patient Care:
29.4 Midwifery staffing levels:
29.5 Midwifery vacancy rates:
29.6 Reliance On Temporary Staff:
29.7 Midwifery staff morale:
29.8 Other Comments:

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<th>Project Title</th>
<th>Integration - Team Midwifery</th>
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<tbody>
<tr>
<td>Outline Of Change</td>
<td>Low bed occupancy - reduced double duty. Increase community commitment from fewer staff. Integrated service. Increase flexibility to cover both areas and better utilisation of staff skills and time.</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>Team system - increased continuity of care. Increased known midwife at delivery. Satisfaction. Cost neutral so far.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>Across hospital and community. No appreciable change, but more flexible and responsive.</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td>Recruitment remains difficult but reduces some obstacles e.g. don't need to be both Nurse and Midwife or have both &quot;live&quot; on Register.</td>
</tr>
<tr>
<td>Reliance On Temporary Staff</td>
<td>No change - but due to vacancies.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td>Initial improvement, dip and now plateaued. Undertaking all aspects of role - increase in job satisfaction; increase in skills; increase in flexibility to cover where needed.</td>
</tr>
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<td>Other Comments</td>
<td></td>
</tr>
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</table>
### Project Title
Development of Specialised Midwifery Teams.

**Outline Of Change**
Midwifery is provided by small team of midwives as opposed to large group of double duty/triple duty nurses—where midwifery was marginalised by the need to prioritise the ill patient.

**Improved Quality Of Patient Care**
Care is consistent and individualised and provided in the women's homes. Women have more choice in care and place and mode of delivery. Midwives are confident in their practice.

**Nursing / Midwifery Staffing Levels**
Difficult to evaluate as reduction of dual/triple duty midwives has impact on primary care workload.

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**
Usually positive as they feel ownership of the service, though on call can be onerous.

**Other Comments**

---

### Project Title
Introduction of 12 hour shifts

**Outline Of Change**
Staff led initiative to put in place a regular pattern of working and also to decrease the potential number of carers during intrapartum care.

**Improved Quality Of Patient Care**
Increased user satisfaction. Women cared for by two midwives (on average) during intrapartum experience.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**
Project Title
Addressing Falling In-Patient Occupancy Rates and Increasing Levels of Community Based Work.

Outline Of Change
The birth rate is falling in Scotland and in addition there is a move to transferring women home earlier which demands that resources are moved from the hospital to the community setting. To create the opportunity for this the roles and functions of the 3 ante post natal wards had to be critically examined and changes made. 2 wards were reduced from 28 to 24 beds and one was reduced from 22 to 13 beds. To maximise this change opportunity the smallest ward became an area where the growing number of women with substance misuse problems were accommodated in either single or 4 bed areas, thus allowing the area also to be used by women who required more support for any reason. This led to review of the skill mix and numbers, the activity relative to when staff may be available to work and to offer staff who worked on the Bank substantive posts at times which suited them. The exercise was done using clinical feel and a staff rota computer package based on numbers of staff hours required at particular times of the day and night each day.

Improved Quality Of Patient Care
2 x 28 bed wards were reduced to 24 bed areas thus reducing 6 bed areas to 5 beds and creating a better environment of care. Substance misusers were moved from a 28 bed area to a 13 bed one so that they were cared for by a smaller number of staff, who were then able to identify and address their needs more effectively. This improved clinical care and safety of the environment of care. The staff expressed a willingness to work in this new area and received training to work in this environment confidently and this has led to different development opportunities and retention.

Nursing / Midwifery Staffing Levels
Staff were transferred to the community setting to meet the expanding workload. Adjustments were made in all areas to either staff numbers or skill mix.

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale
The Community Midwives were delighted that they received more staff although this involved most of them reviewing case loads and reorganising their work patterns. The 28 bed wards felt less stressed as their environment had improved a little. The Bank staff were very happy to be approached to work in the new area and expressed a sense of being valued. Generally staff felt that although there had been a major disruption that it was for everyone's benefit.

Other Comments
The process was complicated and required careful management. Partnership working allowed the changes to happen relatively smoothly. The Ward Sisters enjoyed being involved in the staff modelling exercise and because it was done on computer seemed to have more confidence that we had got it right.
Project Title
Team Midwifery / Midwifery Ultrasonographers

Outline Of Change
Teams – In site A 7 Years ago in site B July 2003
Ultrasonographers - 5 years ago in site A and 18 months ago in site B. 2 from site A trained 2003 and 2 from site B hopefully will train in 2003/2004

Improved Quality Of Patient Care
Teams - able to meet 1 to 1 in labour staffing levels - increased continuity of care and carer.

Scanning potential for patients to be scanned when attending day-care and EPAS, review also carried out by the same midwife.
At present site A unable to provide 19 week anomaly scan, increased numbers of midwife ultrasonographers would allow us facilitate this.

Nursing / Midwifery Staffing Levels
Would require to be increased by 2 WTE to allow 19 week anomaly scans to be performed whilst still providing the same level of day-care and early pregnancy assessment service (EPAS).

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale

Other Comments

Project Title
Self Rostering (Labour Suite, Ante-Natal/Post-Natal Wards and Clinics)

Outline Of Change

Improved Quality Of Patient Care
Improved quality of care as skill mix matched to guidelines.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale
Improved

Other Comments
<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Integration of Maternity Services in a Board Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Integration of the maternity services between Primary and Secondary Care and the establishment of Team Midwifery and Single Duty Midwives throughout the region.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Improved percentage of one to one care in labour by a known midwife.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td>Increase in the total midwifery WTE establishment.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td></td>
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<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td>No measurable data available</td>
</tr>
<tr>
<td><strong>Other Comments</strong></td>
<td>No measurable data available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Introduction of Compressed Working Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>This was done on an optional basis in response to staff request. In all 24 hour areas, staff have the option of working 11.5 hours shifts.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Continuity of carer for a longer shift. Advantageous during labour, and in light of shorter postnatal stays.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td></td>
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<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td>Staff perceive that they have more time off and find it beneficial for child care or domestic commitments.</td>
</tr>
<tr>
<td><strong>Other Comments</strong></td>
<td>It can cause difficulty when finding someone to cover a late notification of sickness or other absence. Because the shift is long, staff are reluctant to do excess, or may have difficulty getting short notice child care to allow them to cover.</td>
</tr>
</tbody>
</table>
### Project Title
Maternity Day Care

#### Outline Of Change
Previously women would have to attend the busy in patient ward. Now the women are given an appointment by phone to attend the day care area, where they will be seen quickly by a midwife.

#### Improved Quality Of Patient Care
Reduced unnecessary hospital admissions, the women receive a personal level of care from one midwife. Previously other women in the ward would have been disrupted by the temporary admission of the patient.

#### Nursing / Midwifery Staffing Levels
This project has been implemented using existing resources.

#### Nursing / Midwifery Vacancy Rates
No impact, this is not a problem.

#### Reliance On Temporary Staff

#### Nursing / Midwifery Staff Morale
Staff morale seems to have improved following this initiative, as it has improved the smooth running of the ward but also enables the midwives to meet a very significant clinical need of their patients.

#### Other Comments

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### Project Title
Introduction of Optional Twelve Hour Shift Pattern.

#### Outline Of Change
Compressed working hours introduced in response to staff demand allowing greater flexibility to staff in planning duty time.

#### Improved Quality Of Patient Care
Improved continuity of care/carer.

#### Nursing / Midwifery Staffing Levels
Unchanged.

#### Nursing / Midwifery Vacancy Rates
Unchanged.

#### Reliance On Temporary Staff

#### Nursing / Midwifery Staff Morale
Increased staff morale.

#### Other Comments
**Project Title**  
Job Sharing is Well Established. Self Rostering in the Community for Midwives Birthing Unit (MBU) Shifts.

**Outline Of Change**

**Improved Quality Of Patient Care**  
Retention of experienced Midwives and rotation of Community Midwives into the Midwives Birthing Unit (MBU) maintains skill levels and continuity of care.

**Nursing / Midwifery Staffing Levels**  
Allows Midwives to maintain a satisfactory role as a caseload holder sharing with a colleague. Retention of staff.

**Nursing / Midwifery Vacancy Rates**  
There are no problems recruiting midwives to community posts.

**Reliance On Temporary Staff**  
Less

**Nursing / Midwifery Staff Morale**  
Encourages staff to continue to develop role

**Other Comments**

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**Project Title**  
Implementation of Board Area Maternity Strategy

**Outline Of Change**  

**Improved Quality Of Patient Care**  
Continuity of care ante and post nataly. 1:1 care in labour.

**Nursing / Midwifery Staffing Levels**  
Increased significantly due to £1 million investment from NHS board.

**Nursing / Midwifery Vacancy Rates**  
Vacancy rates very low. There is an established consistent local workforce and traditionally workforce turnover rates in one Trust are low.

**Reliance On Temporary Staff**  
Reduced bank use due to increase in permanent staff

**Nursing / Midwifery Staff Morale**  
Variable at present due to implementation of a major service change.

**Other Comments**
<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Baby-Friendly Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Increase in breast feeding - uptake and duration.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Increased mother and baby bonding; increased health and well-being of mother and baby.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td>Breast feeding co-ordinator and support roles developed.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td>Increased morale through teamwork and promotion of best practice.</td>
</tr>
<tr>
<td><strong>Other Comments</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Integration of Midwifery Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Hospital and Community Midwives are now managed by a Head of Midwifery. Rotation of Midwives between Hospital and Community and vice versa. More flexible working and improved communication and relationships. Greater understanding of the differing roles within these settings.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Increased continuity of the care for women and their families resulting in improved quality of care. Improved consistency of information given to women.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td>No increase in staffing levels as yet. A request for funding for 52 week cover for Community is in the Local Health Plan</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td>No vacancies</td>
</tr>
<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td>Morale was lower prior to the time of the change process. This was not unexpected and has been managed appropriately and resolved. Staff are now enjoying rotation and improved flexible working practices.</td>
</tr>
<tr>
<td><strong>Other Comments</strong></td>
<td></td>
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</tbody>
</table>
**Project Title**
Midwife Managed Services – Remote and Rural Area

**Outline Of Change**
Service provision moved from being provided by double duty RN/RM staff to Single Duty Midwives. Change occurred from standard shift patterns to a flexible approach to meet service and client needs.

**Improved Quality Of Patient Care**
Midwives able to plan their working day to meet the needs of women, partners and families.

**Nursing / Midwifery Staffing Levels**
No change.

**Nursing / Midwifery Vacancy Rates**
No change.

**Reliance On Temporary Staff**
Nil.

**Nursing / Midwifery Staff Morale**
Increased as midwives are able to plan their working day to meet the needs of women, partners to suit client needs.

**Other Comments**

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**Project Title**
Rotational Midwifery

**Outline Of Change**
Staff are recruited on a rotational contract and are therefore able to work in all areas once suitably experienced.

**Improved Quality Of Patient Care**
Staff familiar with all areas of midwifery and able to advise patients - professional development maintained.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**
Reduced vacancy rate

**Reliance On Temporary Staff**
Reduced

**Nursing / Midwifery Staff Morale**
Relatively high in that gaining experience in all areas

**Other Comments**
**Project Title**  
Daily Midwifery Workload Review Meeting

**Outline Of Change**  
Senior midwives from Labour Suite, wards and ante-natal clinic and if possible community meet (or feed in information) about available staff and anticipated workload and thus on a daily basis move midwives between areas. This reduces the likelihood of bank midwives being called in unnecessarily.

**Improved Quality Of Patient Care**  
Most appropriate staffing ratio for each ward/dept is negotiated on a daily basis allowing flexibility. In Labour Suite women are more likely to be able to have 1:1 care. If more staff are allocated to a busy ward then women will be able to get more of a midwife’s time for assistance with breast feeding, etc.

**Nursing / Midwifery Staffing Levels**  
Allows for fluidity of staffing levels on a shift-by-shift basis. Overall staffing levels unaffected.

**Nursing / Midwifery Vacancy Rates**  
No change. Not a problem in this Board Area.

**Reliance On Temporary Staff**  
Anticipated reduction in bank usage because of ability to move rostered staff from quieter to busier areas.

**Nursing / Midwifery Staff Morale**  
Mixed effect. Positive that there is evidence of teamwork between departments. Negative for individuals who are moved - can feel under appreciated.

**Other Comments**  
Can be problematic in that staff from one area may not appreciate another area’s needs and can feel as if staff are being moved for wrong reasons. Difficult to implement when all areas are busy or short staffed.
Psychiatry

27. Please describe one example of good practice in relation Nursing/Midwifery Workload/Workforce Planning under the following sections.

27.1 Project Title:

27.2 Please outline the change which was introduced:

27.3 Improved Quality Of Patient Care:

27.4 Nursing/Midwifery staffing levels:

27.5 Nursing/Midwifery vacancy rates:

27.6 Reliance On Temporary Staff:

27.7 Nursing/Midwifery staff morale:

27.8 Other Comments:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Centralised Nursing Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Of Change</td>
<td>More cost effective, less time intensive process. Providing appropriately trained &amp; motivated bank nurses. Centrally managed.</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>Less staffing deficits on wards. Patients receiving appropriate interventions when needed. Higher trained calibre of temporary cover at all levels.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>Staffing level requirements easier to meet, sustain. Cover fit for purpose. Reduction in workload pressure and stress. Improved process systems around temporary and permanent recruitment/cover.</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td>Planned recruitment to D Grade vacancies matching supply to demand. Good recruitment pool within centralised nurse bank. Actively returning nurses to the profession after longer breaks of service. Increased flexible working patterns improve retention/recruitment.</td>
</tr>
<tr>
<td>Reliance On Temporary Staff</td>
<td>More centralised service. Improved booking systems better trained temp cover. Quicker access where needed.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td>Staff governance agenda addressing improved working conditions, i.e. increased communication/feedback, flexibility, PDP supervision. Staff Friendly Policies. No Blame Culture.</td>
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<tr>
<td>Other Comments</td>
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<tr>
<td>Project Title</td>
<td>Psychological Therapies Project</td>
</tr>
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<tr>
<td><strong>Outline Of Change</strong></td>
<td>Staff in training at this time. System will be introduced when training complete.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
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<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
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<td><strong>Nursing / Midwifery Staff Morale</strong></td>
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<thead>
<tr>
<th>Project Title</th>
<th>Spend to Save Initiative</th>
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</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Staffing areas above funded establishment.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
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<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td>Planned recruitment to D Grade vacancies matching supply to demand. Good recruitment pool within centralised nurse bank. Actively returning nurses to the profession after longer breaks of service. Increased flexible working patterns improve retention/recruitment.</td>
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<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td>Staff governance agenda addressing improved working conditions, i.e. increased communication/feedback, flexibility, PDP supervision. Staff Friendly Policies. No Blame Culture.</td>
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<td><strong>Other Comments</strong></td>
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</tbody>
</table>
Project Title
1 Year Guarantee and Development - Return to Practice

Outline Of Change
More available, appropriate recruitment potential.

Improved Quality Of Patient Care

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates
Planned recruitment to D Grade vacancies matching supply to demand. Good recruitment pool within centralised nurse bank. Actively returning nurses to the profession after longer breaks of service. Increased flexible working patterns improve retention/recruitment.

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale
Staff governance agenda addressing improved working conditions, i.e. increased communication/feedback, flexibility, PDP supervision. Staff Friendly Policies. No Blame Culture.

Other Comments

Project Title
Flexible Working Patterns

Outline Of Change
Flexibility promotes recruitment/retention.

Improved Quality Of Patient Care

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates
Planned recruitment to D Grade vacancies matching supply to demand. Good recruitment pool within centralised nurse bank. Actively returning nurses to the profession after longer breaks of service. Increased flexible working patterns improve retention/recruitment.

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale
Staff governance agenda addressing improved working conditions, i.e. increased communication/feedback, flexibility, PDP supervision. Staff Friendly Policies. No Blame Culture.

Other Comments
<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Home Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Treat acutely unwell individuals at home. Alternative to hospital admission but not a replacement for admission.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Patients improve quicker in familiar surroundings. Not separated from family. Learn to manage their illness more appropriately.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
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<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
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<td><strong>Nursing / Midwifery Staff Morale</strong></td>
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<td><strong>Other Comments</strong></td>
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<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Integrated Day Centre Project</th>
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</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>House X provided a supported day centre for patients with a Mental Health problem. Following redesign of the Community Mental Health Service it was agreed to place the running of this day centre into the remit of the CMHT Team Leader. In addition to supporting this very valuable day care facility this has also meant that the CMHT now have access to a team of social care support workers who they can deploy to best meet the needs of individual clients.</td>
</tr>
<tr>
<td><strong>Improved Quality Of Patient Care</strong></td>
<td>Additional dedicated resource which can be targeted to support the patients at their time of need.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staffing Levels</strong></td>
<td>Further development of the skill mix available in the team for individuals with a mental health problem.</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Vacancy Rates</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Reliance On Temporary Staff</strong></td>
<td>Improved job satisfaction for Team Leader and staff</td>
</tr>
<tr>
<td><strong>Nursing / Midwifery Staff Morale</strong></td>
<td></td>
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<tr>
<td><strong>Other Comments</strong></td>
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</tbody>
</table>
**Project Title**  
Epex System - this allows staff in A&E and GPs to access relevant, up to date relevant information on patients out of hours. Currently have to phone for this information.

**Outline Of Change**

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**

---

**Project Title**  
Packages supporting discharge including transitional discharge as part of an international project, development of day care to support the move into the community.

**Outline Of Change**

Transitional discharge project supported the development of community skills for hospital nurses, and community nurses undertaking psycho-therapeutic courses.

**Improved Quality Of Patient Care**

Supported discharge has made the transition from hospital and the integration into the community better for patients.

**Nursing / Midwifery Staffing Levels**

Difficult to identify

**Nursing / Midwifery Vacancy Rates**

Difficult to identify

**Reliance On Temporary Staff**

Difficult to identify

**Nursing / Midwifery Staff Morale**

Supporting staff to develop new skills and offering educational opportunities has helped morale.

**Other Comments**
**Project Title**  
Review of Staffing Needs

**Outline Of Change**  
Work in progress

**Improved Quality Of Patient Care**  
The review of the skills of the staff to meet the needs of the patients.

**Nursing / Midwifery Staffing Levels**  
Early indication is that there will be an increase required in the number of Registered Nurses.

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**

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**Project Title**  
On Call Escort Team (OCET)

**Outline Of Change**  
Both trained and untrained staff were recruited to be part of the team. Two members of staff are on call from 1915 to 0715 every night of the week. If needed they can arrive at the hospital within 30 minutes and either go on escort for patients or replace inpatient staff who are then able to go on escort.

**Improved Quality Of Patient Care**  
When fully staffed the service enables escorts to be provided more quickly and does not deplete the existing inpatient staff and thus does not reduce direct patient care.

**Nursing / Midwifery Staffing Levels**  
When fully staffed the service enables staff to go on escort without having to deplete the existing inpatient staff.

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**  
The service has proved difficult to sustain due to the small amount staff are able to receive as the on call allowance.
**Project Title**
Old Age Psychiatry Workforce Initiative and the Development of a Dedicated Nurse Bank

**Outline Of Change**
A project manager was funded for six months to assist with the development of flexible rostering across a number of Old Age Psychiatry wards; and to develop a dedicated nurse bank.

**Improved Quality Of Patient Care**
The quality of patient care will be improved due to decreased dependency on agency and non-dedicated bank staff.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**

---

**Project Title**
Delayed Discharge Projects

**Outline Of Change**
Introduction of Liaison Nurses and B Grade HCA's

**Improved Quality Of Patient Care**
Better care while in hospital, better discharge planning. Prevent admission to hospital. Longer involvement with patients. Free G grades to assess and E grades to treat.

**Nursing / Midwifery Staffing Levels**
Establishment of Nurse Bank. Core staff fully involved in selection.

**Nursing / Midwifery Vacancy Rates**
No change

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**
Project Title
Reprovisioning of Psychiatric Services within Trust

Outline Of Change
Inpatient psychiatric services were re-provided within new, purpose built accommodation at Site A and Site B whilst there was an expansion of, and increase in the diversity of, the Community Psychiatric Nursing Service, Day Services, Out Patient and Outreach services. This enabled the elderly psychiatric hospital at Site C to close.

Improved Quality Of Patient Care
Provision of modern, well equipped In patient and Day Service areas to provide high quality nursing care in an environment felt to be more conducive to mental wellbeing than the often overcrowded and institutional setting of the older hospital at Site C. Also the expansion of community and outreach services and the diversity of expertise in this area has moved the emphasis in mental health care on preventative measures designed to avoid, if possible, in patient episodes.

Nursing / Midwifery Staffing Levels
The re-provisioning has been very successful in terms of staffing. Community, Day Services and In Patient Services all saw a rise in staffing levels. One of the main successes in this area was that the detailed planning undertaken by service management, staff side and Human Resources meant that a major hospital was closed without a single redundancy within the staff. Additionally, over 80% of staff were moved to a location which was there their first preference for working whilst desired skill mix was achieved throughout.

Nursing / Midwifery Vacancy Rates
Vacancy rates reduced due to the need to relocate staff from closing wards to other areas.

Reliance On Temporary Staff
There was an increased reliance on temporary staff during the re-provisioning of services. Due to the management of recruitment during this period a very large proportion of temporary staff gained permanent contracts and continue to nurse within mental health.

Nursing / Midwifery Staff Morale
Staff morale remained high during the period due to frequent communication meetings undertaken by the re-provisioning team.

Other Comments
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Resource Network Development</th>
</tr>
</thead>
</table>

**Outline Of Change**

Our Community Teams are being expanded to facilitate our modernisation programme which will enable us to move off our old Psychiatric hospital base to a community based model with smaller fit for purpose inpatient units. The building up of the teams is based on applying the Arbuthnott formula and needs assessment data to employ resources fairly on the basis of need.

**Improved Quality Of Patient Care**

The resource network teams now have the resources to offer high levels of support to retain patients safely in the community leading to less hospitalisation.

**Nursing / Midwifery Staffing Levels**

Nursing levels are fairly distributed across the NHS Board Area based on need instead of geographic areas which failed to account for varying levels of need.

<table>
<thead>
<tr>
<th>Nursing / Midwifery Vacancy Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliance On Temporary Staff</td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
</tr>
<tr>
<td>Other Comments</td>
</tr>
</tbody>
</table>
Project Title
Shift System Review

Outline Of Change
Staff in a geographical area were given a questionnaire to indicate which shift system they would prefer. Staff elected to change from a 7.5 hour to a twelve hour working day. A pilot of the new system was undertaken to ensure that it was preferable for staff and patients. One member of staff elected to continue working the 7.5 hour day. The shift system was further reviewed and it was decided to continue with the 12 hour day.

Improved Quality Of Patient Care
The 12 hour shift system seems to benefit patient care. Staff have responsibility for their own caseload of patients throughout, therefore ensuring better continuity of care. Communication systems have improved as there are fewer handovers to be performed between staff. Staff have more time to spend with patients out with the busiest clinical times of the day.

Nursing / Midwifery Staffing Levels
Staffing ratios overall have improved. More staff are present during the day and there is less difficulty providing cover if a member of staff is off on long term sick leave. Staff have reported that they feel that they have more quality time away from work and feel this enhances the quality of care they are able to provide.

Nursing / Midwifery Vacancy Rates
Vacancy rates have always been a difficult area in this geographical region and this does not appear to have changed with the change in the shift pattern.

Reliance On Temporary Staff
Temporary staff are rarely used due to the recruitment difficulties in this geographical area.

Nursing / Midwifery Staff Morale

Other Comments
**Project Title**  
Acute Adult Mental Health Service Re-Design

**Outline Of Change**  
Completion of new purpose built Acute Admission Unit.

**Improved Quality Of Patient Care**  
Single room accommodation with en-suite facilities, establishment of single sex accommodation to meet national obligations in service provision, enhanced and improved environment, vast increase in space and facilities, improvement in trained staff skill mix ratio.

**Nursing / Midwifery Staffing Levels**  
Overall nurse staffing / patient ratios increased, increase in trained staff skill mix.

**Nursing / Midwifery Vacancy Rates**  
Vacancies reduced considerably, active recruitment to the new unit.

**Reliance On Temporary Staff**  
Has been reduced

**Nursing / Midwifery Staff Morale**  
General increase in staff morale

**Other Comments**

---

**Project Title**  
Version 4 Workforce Model

**Outline Of Change**  
Resulted in a workforce model which the organisation is working towards.

**Improved Quality Of Patient Care**  
Improved one to one contact with patients; enhanced user/carer involvement; improved quality of care planning.

**Nursing / Midwifery Staffing Levels**  
Increased staffing in adult acute admission areas.

**Nursing / Midwifery Vacancy Rates**  
Created vacancies initially which have since been filled.

**Reliance On Temporary Staff**  
Reduced reliance on temporary staff.

**Nursing / Midwifery Staff Morale**  
Improved staff morale.

**Other Comments**  
Allowed staff to be released from training.
Primary Care

26. Please describe one example of good practice in relation Nursing/Midwifery Workload/Workforce Planning under the following sections.

26.1 Project Title:
26.2 Please outline the change which was introduced:
26.3 Improved Quality Of Patient Care:
26.4 Nursing/Midwifery staffing levels:
26.5 Nursing/Midwifery vacancy rates:
26.6 Reliance On Temporary Staff:
26.7 Nursing/Midwifery staff morale:
26.8 Other Comments:

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Integrated Community/Hospital Nursing Team in Remote and Rural Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline Of Change</td>
<td>Due to staffing difficulties a decision was made to implement a pilot for six months looking at integrated nursing care across Hospital A and the Community Nursing Team in this area. Hospital staff and community staff had induction periods in each other's areas and are now working effectively across boundaries.</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>Improved continuity of care as patients have the same nurses whether in hospital or community settings. Nurses are also more aware of patient and carer needs when working in both settings.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>Staffing levels remain stable with more flexibility in the system.</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td>No vacancies at present.</td>
</tr>
<tr>
<td>Reliance On Temporary Staff</td>
<td>Minimal need for bank staff due to flexibility of role of nurses. No temporary contracts.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td>Good morale amongst all groups.</td>
</tr>
<tr>
<td>Other Comments</td>
<td>The pilot was completed in 2002 and the nursing service is fully integrated now with Registered and Unregistered nursing staff working across hospital and community led by a Lead Nurse. This has resulted in an appreciation of each other's role.</td>
</tr>
</tbody>
</table>
### Project Title
Introduction of Phlebotomists to Community Team.

**Outline Of Change**
SVQ 3 trained NA to assist in phlebotomy workload.

**Improved Quality Of Patient Care**
Shifted workload and now frees up time of District Nurse to spend on case load.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**

---

### Project Title
Workforce Planning Review based on Arbuthnott Formula

**Outline Of Change**
1. Additional Resources for Primary Care
2. Skill Mix
3. Supported Primary Care Development.

**Improved Quality Of Patient Care**
Yes. Enhanced access to services. Supported service developments within Primary Care.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**
**Project Title**  
Enhanced Health Care Team Planning

**Outline Of Change**  
Proposal allowed funding for the establishment of a dedicated nurse team to care for 25 elderly patients, with high dependency levels of need, to be cared for in their own homes so preventing admission to hospital or other institution. The team includes home care staff as well as qualified nurses.

**Improved Quality Of Patient Care**  
Patients able to stay at home, avoid disruptive admissions, consistent carers/nurses. Terminal care also takes place within the home as appropriate …previously admitted to hospital.

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**

**Other Comments**

---

**Project Title**  
Rural Midwifery Cover with the Acute Trust for Home Deliveries

**Outline Of Change**  
Jul-03

**Improved Quality Of Patient Care**  
Safer home delivery for patients.

**Nursing / Midwifery Staffing Levels**  
No change

**Nursing / Midwifery Vacancy Rates**  
No change

**Reliance On Temporary Staff**  
No

**Nursing / Midwifery Staff Morale**

**Other Comments**
<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Complex Care Reorganisation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Sep-02</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>Better multi-agency work. Better patient care and planned hospital discharge</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>No change</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td>No change</td>
</tr>
<tr>
<td>Reliance On Temporary Staff</td>
<td>No</td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td></td>
</tr>
<tr>
<td><strong>Other Comments</strong></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Community Nursing Care System (CNCS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline Of Change</strong></td>
<td>Implementation of electronic database for District Nursing. Piloted in two of the four LHCCs. Now utilised in a quarter of the region. Region wide roll out commenced.</td>
</tr>
<tr>
<td>Improved Quality Of Patient Care</td>
<td>Not quantifiable at present. Reporting and analysis under development.</td>
</tr>
<tr>
<td>Nursing / Midwifery Staffing Levels</td>
<td>The Community Nursing Care System will be used as a workforce profiling tool for District Nursing.</td>
</tr>
<tr>
<td>Nursing / Midwifery Vacancy Rates</td>
<td>No impact at present.</td>
</tr>
<tr>
<td>Reliance On Temporary Staff</td>
<td></td>
</tr>
<tr>
<td>Nursing / Midwifery Staff Morale</td>
<td>Staff required extra support during implementation stage but they are all motivated and active participants within this development as they feel that it records &quot;meaningful&quot; data.</td>
</tr>
<tr>
<td><strong>Other Comments</strong></td>
<td></td>
</tr>
</tbody>
</table>
## Project Title
Introduction of Phlebotomists in Primary Care

## Outline Of Change
By introducing phlebotomists into Health Centres and GP Practices we were able to free up 'G' Grade and 'F' Grade District Nurse, Practice Nurse and Treatment Room Nurse time to develop:
- A. Chronic Disease Management Programmes and related clinics
- B. Nurse Led Clinics

### Improved Quality Of Patient Care
- Increased knowledge and skills of 'F' and 'G' Grade nurses in assessment and care management of patients
- Services provided locally for easy access by patients
- Improved continuity of care by experienced nurses
- Chronic disease managed more effectively in line with SIGN Guidelines and standards of care

### Nursing / Midwifery Staffing Levels
- Increased skill mix to enable 'G' Grades to be released to develop role
- More appropriate use of nurses in the team

### Nursing / Midwifery Vacancy Rates
- Stable work place - low turnover

### Reliance On Temporary Staff
- Only in relation to maternity leave or long term sickness cover

### Nursing / Midwifery Staff Morale
- Improved staff morale - increased job satisfaction. Enhanced the role of the nurse in the Primary Health Care Team

### Other Comments
- Well supported by GP colleagues
**Project Title**
Change of Focus from Triple or Double Duty to Single Duty.

**Outline Of Change**
Analysis of workloads and ability to maintain appropriate levels of exposure and competence was assessed and appropriate option deemed to be single duty in some areas. However due to the geography this is not appropriate or feasible across the area.

**Improved Quality Of Patient Care**
Midwives are maintaining levels of competence and staff are not having to make decisions around competing priorities within different elements of service.

**Nursing / Midwifery Staffing Levels**
By going to single duty it is hoped that posts are more attractive in terms of recruitment and retention.

**Nursing / Midwifery Vacancy Rates**
No evidence at present

**Reliance On Temporary Staff**
No evidence at present

**Nursing / Midwifery Staff Morale**
Midwives feel more confident in maintaining their skills and competency and has reduced anxieties.

**Other Comments**

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**Project Title**
Participation in the Family Health Nurse Project

**Outline Of Change**
Taking part in the Family Health Nurse model has been good in that it allows us to explore different models of practice to meet the needs of the populations in remote and rural areas.

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**
No evidence at present

**Reliance On Temporary Staff**
No evidence at present

**Nursing / Midwifery Staff Morale**

**Other Comments**
## Project Title
Corporate Caseload

### Outline Of Change
Often used in areas with high staff turnover due to high pressure of work socio economically deprived areas individual Health Visitors (HVs) are not individually responsible for named families, the caseload is pooled to minimise the effects of stress. For first 12 weeks named HV allocated. Allocation system depending on local factors.

### Improved Quality Of Patient Care
Provides highly dependent families with a range of HV staff to intervene, staff are therefore more accessible for the family. The collective group make professional judgements on shared experiences and lateral decision making. Less chance of patients falling through the net.

### Nursing / Midwifery Staffing Levels
Unchanged but sickness less!

### Nursing / Midwifery Vacancy Rates
Reduced staff turnover in teams.

### Reliance On Temporary Staff
Reduced turnover and sickness therefore reliance on bank.

### Nursing / Midwifery Staff Morale
This was the fundamental basis for developing this system. Needs clear leadership in team. Reduces burnout and stress in staff group which in turn improves morale in these practices. More innovative practice comes out of teams working this way (not evidenced). Need to have regular meetings therefore communications are improved within the team. Encourages a skill mix approach. Encourages reflective practice.

### Other Comments
Preceptorship programmes implemented across Trust should have a positive impact on recruitment and retention of staff. The Trust provides a student nurse training programme during community placement to try and attract them as potential employees on qualification. Training staff through SPQ commitment with ring fenced funding.
### Project Title
Primary Care Workforce Plan

#### Outline Of Change
Implementation of the recommendations within the plan specific to nursing are currently being addressed.

**Improved Quality Of Patient Care**
Too early to state

**Nursing / Midwifery Staffing Levels**
Too early to state. It is anticipated that staffing levels will improve.

**Nursing / Midwifery Vacancy Rates**
Improved planning to anticipate vacancies and manage accordingly.

**Reliance On Temporary Staff**
Reduce reliance on temporary staff.

**Nursing / Midwifery Staff Morale**
Improved morale is anticipated as recommendations from the Workforce Plan are implemented.

#### Other Comments

### Project Title
Supported Education and Staff Development within Community Nursing

#### Outline Of Change
Funding for 2 WTE Training Post to allow staff to undertake clinical and academic study.

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**
With Distance Learning an option, staff are able to undertake academic and practice placement leading to professional qualifications in District Nursing and Health Visiting.

**Nursing / Midwifery Vacancy Rates**
Very few vacancies occur and when they do they are quickly filled.

**Reliance On Temporary Staff**

**Nursing / Midwifery Staff Morale**
Staff morale is high and reflects the opportunity staff have for higher learning.

#### Other Comments
Project Title
Twenty Four Hour Community Care Team

Outline Of Change
Nursing Auxiliaries change of role to Nursing Auxiliary/Home Care joint role, working shifts over a 24 hour period. Other members of community teams working flexibly e.g. shift swaps to cover workload over a 24-hour period to suit client needs. Developing shared pathways of care with Nursing/Allied Health Professions (AHPs) and Local Authority and developing an "At Risk Register" and crisis intervention plans for vulnerable clients with health and social care.

Improved Quality Of Patient Care
Ensure correct referrals to District Nurse service. Ensure correct information and priority given to improve service to patients.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates
We have 'hot spots in the area' where vacancies are difficult to fill. Very difficult to fill HV and DN temporary posts.

Reliance On Temporary Staff
On the whole once temporary staff are reliable however, these posts are very difficult to fill.

Nursing / Midwifery Staff Morale

Other Comments

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Project Title
Caseload Profiling for District Nurses.

Outline Of Change
Project is in the pilot phase at present.

Improved Quality Of Patient Care

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale

Other Comments
Project Title
District Nurse Referral Audit

Outline Of Change
Audit carried out on the referrals for District Nurses. Audit showed inappropriate referrals and lack of communication. We then have developed a referral criteria to improve our referrals - more appropriate, priority of care and relevant information. This is soon to be launched and audited.

Improved Quality Of Patient Care

Nursing / Midwifery Staffing Levels
Hopefully on the introduction of the referral criteria our audit will show more appropriate referrals and this should save time.

Nursing / Midwifery Vacancy Rates
We have 'hot spots in the area' where vacancies are difficult to fill. Very difficult to fill HV and DN temporary posts.

Reliance On Temporary Staff
On the whole once temporary staff are reliable however, these posts are very difficult to fill.

Nursing / Midwifery Staff Morale

Other Comments

Project Title
Old Age Psychiatry Workforce Initiative and the Development of a Dedicated Nurse Bank.

Outline Of Change
A Project Manager was funded for six months to assist with the development of flexible rostering across a number of Old Age Psychiatry wards and to develop a dedicated Nurse Bank.

Improved Quality Of Patient Care
The quality of patient care will be improved due to decreased dependency of agency and non-dedicated bank staff.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates

Reliance On Temporary Staff

Nursing / Midwifery Staff Morale

Other Comments
Project Title
Each time there is development or vacancy there is a review of current service and practice to ensure current staffing is utilised to best advantage and review staffing requirements.

Outline Of Change
Currently, changes to HV role in line with Hall 4 and Public Health Agenda, looking at change of practice and utilisation of other grades where appropriate.

Improved Quality Of Patient Care
Empowerment of patients, more involvement in their own care and developing skills of staff.

Nursing / Midwifery Staffing Levels

Nursing / Midwifery Vacancy Rates
We have 'hot spots in the area' where vacancies are difficult to fill. Very difficult to fill HV and DN temporary posts.

Reliance On Temporary Staff
Little reliance on temporary staff except when there is sickness and maternity leave.

Nursing / Midwifery Staff Morale

Other Comments
### Project Title
Risk Register - District Nursing Project to identify patients "At Risk"

#### Outline Of Change

**Improved Quality Of Patient Care**

**Nursing / Midwifery Staffing Levels**

**Nursing / Midwifery Vacancy Rates**
We have 'hot spots in the area' where vacancies are difficult to fill. Very difficult to fill HV and DN temporary posts.

**Reliance On Temporary Staff**
On the whole once temporary staff are reliable however, these posts are very difficult to fill.

**Nursing / Midwifery Staff Morale**

**Other Comments**

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### Project Title
Corporate Working for Health Visitors

#### Outline Of Change
Sharing of core work - team working on a geographical basis to deliver public health activity.

**Improved Quality Of Patient Care**
Will be evaluated March 2004.

**Nursing / Midwifery Staffing Levels**
N/A

**Nursing / Midwifery Vacancy Rates**
N/A

**Reliance On Temporary Staff**
Not known

**Nursing / Midwifery Staff Morale**
Not known

**Other Comments**
Early stages of implementation driving force - recruitment issues desire to work differently by health visitors.