

<b>Subject:</b>	Nursing, Midwifery, and Allied Health Professional Annual Staffing Report.		<b>Date:</b> 21 <sup>st</sup> April 2022	
<b>Prepared By:</b>	Rebecca Herring (Corporate Matron) Paula Shore (Head of Midwifery and Nursing) Kate Wright (Associate Chief Allied Health Professional)			
<b>Approved By:</b>	Julie Hogg, Chief Nurse			
<b>Presented By:</b>	Julie Hogg, Chief Nurse			
<b>Purpose</b>				
<p>The purpose of this report is to provide the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).</p> <p>It is also to provide assurance on our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p> <p>It is a national requirement for the Board of Directors to receive this report bi-annually.</p>			<b>Approval</b>	<b>X</b>
			<b>Assurance</b>	<b>X</b>
			<b>Update</b>	
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		Triangulated internal / external reports		
<b>Risks/Issues</b>				
<b>Financial</b>	<b>X</b>			
<b>Patient Impact</b>	<b>X</b>			
<b>Staff Impact</b>	<b>X</b>			
<b>Services</b>	<b>X</b>			
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
Nursing, Midwifery, and Allied Health Professional Committee April 2022				
<b>Executive Summary</b>				
<b>1.0 <u>Background</u></b>				

- 1.1 The purpose of this report is to provide an overview of nursing, midwifery, and AHP (NMAHP) staffing capacity and compliance within SFHFT which is aligned to NICE Safe Staffing Guidance, NQB Standards, and the NHSI Developing Workforce Safeguards Guidance.
- 1.2 This is supported by an overview of staffing availability over the previous year and progress with assessing the acuity and dependency of patients on ward areas. This data has informed the review of the nursing and midwifery establishment reviews for 2022/2023 and are discussed within this paper.

### **Nursing and Midwifery Staffing Overview**

- 1.3 Since the start of 2021/2022 the Trust vacancy rate has seen a continual positive reduction from 8.7% down to 3.9%. This captures nursing, midwifery, and AHP staff from band 2 upwards and represents collective ongoing recruitment efforts being undertaken within our teams.
- 1.4 The midwifery workforce challenges, in particular the vacancies in the community midwifery team, have begun to stabilise since the revised approach to midwifery continuity of carer (MCoC). This is due to both changes in the delivery of MCoC and the approach to recruitment and retention. The overall vacancy rate was 21.89% at the end of March 2022 across the whole of maternity services, 18% of this was within community midwifery.
- 1.5 In line with the increasing agency usage, there has been a rising trend in the use of escalated rates from May onwards. This has been significantly influenced by the increased capacity open across our services, alongside the increased acuity and dependency of patients requiring admission. The previous twelve months have been extremely challenging for staff across all services due to the ongoing significant workforce loss that has persisted due to sickness and the national isolation measures that have been in place.
- 1.6 Despite the unprecedented challenges over the last 12 months, the Trust (overall) has consistently remained above 95% of the planned staffing fill rates. The data demonstrates a more variable position for nursing associates; however, it is acknowledged this particular team is very small in numbers (less than ten who are qualified across the Trust), and the team has been affected by Covid-19 absence, annual leave, and long-term absence for compassionate reasons.
- 1.7 The CHPPD at Trust level has remained stable demonstrating where safely possible the workforce is being flexed in line to meet patient activity and patient needs. Benchmarking

data from Model Hospital (December 2021) demonstrates that at Trust value sits within the third quartile at 8.9 and is slightly above the national and peer median of 8.2.

- 1.8** Midwifery staffing has been safely matched to birth activity over the last six months, but to help achieve this, acute staffing shortages have been supported with bank and agency use and with the deployment of a registered nurse to support acute maternity. Midwives have continued to receive an enhanced payment rate for bank shifts including a review of all non-clinical roles. The Birth Rate Plus® workforce review that was completed in September 2020 provides richer detail to the complex variables affecting staffing requirements in a maternity service and showing predicts a forecast of the establishment requirement. Since this review, multiple factors have changed leading to a revised Birth Rate Plus® review which is expected to be undertaken at the end of April 2022. This is due to the subsequent increased birth rate at SFHFT for 2020-21 and 2021-22 and, local and national changes to the delivery of MCoC.
- 1.9** Since March 2021, 744 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no, or low harm, and the appropriate actions were taken at the time. 27 of these incidents have been identified as red flag incidents (as defined by NICE) due to a delay in fundamental care or delays in time-critical activity. It is recognised that despite no adverse clinical outcome, the delays in care will have negatively impacted the overall experience of patients and colleagues.
- 1.10** In addition to Datix reporting, red flags for midwifery services are recorded within Birth Rate Plus®. A review of the data inputted into the tool indicated that training and implementation had not been consistent and there was no process for external validation of the scoring. A review and refresh of training have been undertaken, with the full support of the Birth Rate Plus® national team. The tool is now in full use and the red flag data will be included with Safe Staffing Reports going forward.

### **Recruitment and Retention**

- 1.11** In the last 12 months, the Trust has recruited 107 international registered nurses (IRN) and two international registered midwives (IRMW). There are currently 25 IRNs and one IRMW awaiting their Objective Structured Clinical Examinations (OSCEs), with three awaiting re-sits scheduled at the end of March. The number of IRNs currently working with a Nursing and Midwifery Council (NMC) registration is 82, and currently, this is waiting to be reflected on the ESR system. The Trust had two IRNs leave the Trust, one to move closer to her partner in Burton, Derbyshire, and the second had taken a post at King's College Hospitals London.

- 1.12** The Trust was successful in funding opportunities to support IRN recruitment and this has supported the Trust to create additional opportunities for international recruitment. In 2022/23 the Trust has secured further funding to support the further recruitment of 50 IRNs,
- 1.13** Since our last report there has been capacity issues within the NMC Test of Competency Centres, which has caused delays in our IRNs being able to take their OSCEs. This was escalated to regional and national teams, and the national response was very supportive, and we were able to facilitate 32 IRNs to undertake their tests. This was escalated as a risk at the Nursing, Midwifery & AHP Transformation Group.
- 1.14** The Trust currently has 31 trainee nursing associates (TNAs) in post, with two TNAs taking a break from studying; one is on maternity leave and the second is taking a career break. Cohort 2 will qualify in October 2022 (currently 16) and will move into band 4 posts on the ward as part of the registered establishment. The heads of nursing are reviewing their establishments to ensure that the nursing associates can remain within the base wards. Cohort 3 is six months into their training, and there are 15 TNAs with two undertaking career breaks. The Trust will be looking for further opportunities for funding to support another cohort of TNAs in October 2022.
- 1.15** NHS England has shared with Trusts their plans to roll out the National Preceptorship Framework, which will support student nurses' transition to registered nurses. The framework will align all preceptorship programmes within the trust, which will include midwifery and AHPs. The lead for preceptorship is reviewing the framework and undertaking a gap analysis, before presenting to the Nursing, Midwifery & AHP Committee their recommendations.
- 1.16** NHSE/I provided additional funding for a Recruitment and Retention (R&R) Lead post for midwifery in late 2021, and the Trust was successful in its bid for this funding, with the post commencing in February 2022. The focus for this role is to provide individualised situated support in a clinical environment for students, return to practice learners and early career midwives and will develop mechanisms for identifying and addressing individual needs, provide or signpost to resources that will promote job satisfaction and retention across multiple domains. This will include those related to pastoral care, learning support, and career development.

### **Nursing and Midwifery Forward Planning**

- 1.17** The ED tool for Safer Nursing Care Tool (SNCT) has recently been published and nationwide training is being delivered by NHS England/ NHS Improvement (NHSE/I). The trust has acquired the license for use and has registered the corporate matron for safe staffing, matron for ED, and head of nursing for UEC for training in the use of the tool. When this has been undertaken the corporate matron for safe staffing will lead a programme of work for acuity and dependency scoring cycles to help further inform the establishment review process going forward.
- 1.18** Progress within the Workforce Transformation Group is proceeding well, with workstreams focused upon exemplar rostering, enhanced care, virtual ward development, international recruitment, apprenticeships, expanding the nursing associate workforce, mandatory training, and bank rates.
- 1.19** The unavailability of community midwifery service has led to a limited home birth service with a hope to re-instate a full service from Q2 2022-23, given the planned regional review of the service and pipeline of recruitment into these teams. This reduction of the homebirth service has been taken in line with supportive guidance from the Royal College of Gynaecologists (RCOG) and the Royal College of Midwifery (RCM) and executive sign-off from Trust Board. This limited service is reported internally to Trust Board and externally to NHSE and all women are informed from booking onto this pathway in regard to its limitations. The detailed workforce review which was undertaken to inform the business planning for 22/23 remains under review, reflecting the changes in the national ask for the delivery of MCoC.

### **Nursing and Midwifery Establishment Review 2022/2023**

- 1.20** Since the last establishment review, the Trust has refreshed its approach to setting the nursing and midwifery establishments to ensure we are compliant with the NQB standards. This has included the implementation of the SNCT, an evidence-based workforce planning tool that provides patient acuity and dependency intelligence, which has informed the Trust establishment setting process. SNCT is an objective tool that utilises levels of care to support workforce planning and has been recognised for supporting safe staffing across in-patient wards, receiving the endorsement from NICE in 2014.
- 1.21** Staffing establishments consider the need to allow nursing, midwifery, and healthcare support workers (HCSW) time to undertake professional development and fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment are maintained as per previous years.

1.22 The full establishment review can be located in appendix two.

1.23 There are five wards/ departments that require small evidence-based uplifts to the establishment which can be managed within the existing envelope. These are as follows:

Division	Area	Current WTE	Agreed WTE	Comments
Surgery	Ward 11/AU	42.53	42.74	The SNCT principles and professional judgement have been applied and a 0.21 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 12	37.5	37.9	The SNCT principles and professional judgment have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 31	34.83	35.23	The SNCT principles and professional judgment have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 32	32.31	32.71	The SNCT principles and professional judgment have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	ITU	98.01	98.39	The GPICS principles and professional judgment have been applied and a 0.38 WTE increase to the establishment has been recommended. The additional resource will support the addition of the Rehab Family Support Nurse. This is supported by the Matron and Head of Nursing.

1.24 There are a further five wards/ departments that require evidence-based uplifts to the establishment These require an investment of £379,328 in totality, this investment has been supported by the executive team. These are as follows:

Division	Area	Current WTE	Agreed WTE	Extra Funding Required	Comments
Medicine	Lindhurst/ WD 41 -	29.24	35.16	£ 121,108	The SNCT principles and professional judgement have been applied and a 2.74 WTE uplift has been recommended to the establishment. This increase will provide additional registered nurses on each day duty 7 days per week. It has been recognised that the speciality of the ward is providing a sub-acute and a rehabilitation patient pathway; therefore, the additional staffing will

					support the increase in dependency of patients' needs. The uplift has been supported whilst the team are situated at the Kings Mill site and once re-located back to MCH the rehabilitation modelling can be re-instated. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/WTE.
Surgery	DCU - King's Mill	33.64	34.34	£ 18,880	Professional judgement has been applied and a 0.70 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
Surgery	Minister - NWK	22	23.24	£ 42,765	Professional judgement has been applied and 1.24 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
UEC	UCC - Newark	18.76	21.87	£ 114,575	The SNCT principles and professional judgement have been applied and a 2.11 WTE increase to the establishment has been recommended. The additional resource will support the ENP service provision. This is supported by the Matron and Head of Nursing.
W&C	Midwifery	167.52	169.67	£ 82,000	The BirthRate Plus principles and professional judgment have been applied and an additional 2.15 WTE increase to the establishment has been recommended for the midwifery specialty requirement. There is sufficient resource available to staff Sherwood birthing Unit, Maternity ward, Community caseloads, Triage, and Outpatients. This is supported by the Matron and Head of Nursing.

**1.25** There are two wards currently operating outside of their usual speciality and bed base. There is ward 43 as the Respiratory Support Unit (RSU) and old ward 21 which is funded for 16 beds but has not been within this bed based for over a year. A strategic decision is required about the status of these. If they are to continue in their present forms an uplift of £1,063,994 is required to maintain this substantively. The board are asked to consider this request.

Division	Ward / Department	Current WTE	Agreed WTE	Additional funding required	Comments:
Medicine	RSU	40.85	53.38	£ 813,039	The SNCT principles and professional judgement have been applied and a 12.53 WTE increase the establishment recommended. This supports the level 1 and level 2 beds for acute respiratory patients. This is supported by the Matron and Head of Nursing.



Surgery	Ward 21	21.2	32.71	£ 250,955	The SNCT principles and professional judgement have been applied and an 11.51 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership and will support the unit to a full capacity of 24 beds. This is supported by the Matron and Head of Nursing.
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**1.26** There are a further 8 areas requesting uplift in establishments to support service developments. These equate to £1,289,670 in totality and it is therefore recommended that these are reviewed as part of the service development business case process.

Division	Ward / Department	Current WTE	Agreed WTE	Additional funding required	Comments:
Medicine	WTC	7.6	9.6	£ 136,030	Professional judgement has been applied and a 2.0 WTE uplift to the establishment has been recommended. The increase will support the development of the band 6 pathway and strengthen the chemotherapy service. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE.
Medicine	OPAT/ MDCU	7.44	17.56	£ 408,250	Where applicable SNCT principles have been applied including professional judgement. A 10.12 WTE uplift has been recommended as the additional resource will enable an increase in the overall service provision. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE.
UEC	Discharge Lounge	7.8	9.01	£ 44,059	Professional judgement has been applied and 1.22 WTE increase to the establishment has been recommended. This will provide additional leadership support within the team whilst optimising progression opportunities within the team. This is supported by the Matron and Head of Nursing.
UEC	ED	154.88	168.05	£ 405,138	The SNCT principles and professional judgement have been applied and 13.17 WTE uplift has been recommended to the establishment. This increase will provide additional registered nurses on twilight duty 7 days per week. This will facilitate the children's and young people's area to remain open later in the evening providing a more therapeutic patient experience. It has been acknowledged when the area closes– children and young people are managed in adult areas and this is not a suitable quality pathway. Additional registered nurse presence on the day and night shifts will support prompt care delivery across all areas of the department. It has been acknowledged that whilst SNCT has recommended 123.3 WTE, the tool does not recognise leadership positions, specialist roles, and the additional care delivery roles that sit alongside the core workforce. These are roles that are unique to SFHFT and are included in the current establishment. The data set used for SNCT has included several weeks where a national lockdown was in place and the attendance rate was reduced. The layout of the different areas within the department and the staffing requirements in each area has also been taken into consideration. This recommendation is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.



UEC	HOOH	8.76	9.26	£ 27,311	Professional judgement has been applied and 0.5 WTE increase to the establishment has been recommended. This will provide a clear leadership role within the service. This is supported by the Matron and Head of Nursing.
D&O	KMH - Outpatients	95.8	101.8	£ 180,360	Professional judgement has been applied and a 6.0 WTE increase to the establishment has been recommended. This will support the increase in clinic capacity and activity in urology and the AVH diagnostic hub. This is supported by the Matron and Head of Nursing.
D&O	Phlebotomy	14.78	16.78	£ 48,622	Professional judgement has been applied and a 2.0 WTE increase to the establishment has been recommended. Activity has increased by 9 % since 2019 and the additional resource will continue to support activity and demand. This is supported by the Matron and Head of Nursing.
W&C	Paed SN	9.08	10.98	£ 39,900	Professional judgement has been applied and a 1.9 WTE increase in the establishment has been recommended. This is to increase the hours of the team and uplift a band 6 to band 7. This is supported by the Matron and Head of Nursing.

**1.27** There is also a need to align theatre establishments to the evidence base. This has been included within the wider theatre transformation case. It is recommended that the investment in NMAHP staffing of £397,847 is supported when that case is reviewed.

### **AHP Overview**

**1.28** There is no single guidance or standard approach to inform safe staffing levels required within services provided by AHPs. Each AHP has profession-specific information and guidance only, available to support staffing levels of a particular type of service.

### **Constraints**

**1.29** Since our last report, the staffing challenges and risks within therapy services have begun to improve, this has been influenced by successful recruitment into several vacancies over recent weeks. Speech and language therapy (SLT) and dietetics have small specialist staffing establishments but remain below the benchmark of other organizations of a similar size as per Model Hospital.

**1.30** Therapy services have been unable to recruit occupational therapist (OT) into posts for the first time and have been experienced system wide. Three-band 5 OT's have been recruited but this is not sufficient to support upcoming maternity leave cover. There remain two band 5 vacancies in addition to eleven maternity leaves pending, resulting in the band 5 vacancies being put out to advert again. The AHP Faculty work includes increasing OT placements at SFHFT to aid recruitment, and the 'system' is considering an Integrated Care System (ICS) OT rotation. A band 7 post in ICCU has been approved as part of the ICCU business case

and it will be advertised imminently. Expectations are recruitment into the specialist post will be more successful than the band 5/6 posts.

- 1.31** Speech and language therapy services have now been TUPE'd over from Nottinghamshire Healthcare and commenced at SFHFT in January 2022. The vacancies have been recruited into and staff are expected to start imminently. A band 5 position remains vacant, but the recruitment process has begun. From June 2022, an ICS rotation is proposed and SFHFT is currently exploring the benefits of this in supporting SLT service delivery, with support from human resource and finance teams via the ICS resourcing meetings. A team leader/ICCU post (band 8a) has been successfully recruited into and is also the dedicated ICCU SLT at SFHFT (which is funded via the ICCU business case).
- 1.32** The lack of a sonographer workforce is causing a risk. There are 3.4 WTE vacancies within the team with the addition of another two maternity leaves pending. One application has been received in response to an advert and the candidate is being interviewed. MSK specialist screening is a hard to recruit speciality with limited agency resources, furthermore, it is also worth noting that the agency hourly rate has also increased above the capped rate. Therefore, an open day in April is planned to target school leavers and raise the profile of a career in sonography. An ACP business case is being developed, and radiology has requested two sonographer ACP posts and will continue to support in-house training of ACPs to mitigate future risks.
- 1.33** Pathology services remain under significant pressure with serology testing. Additional services have commenced for neutralising monoclonal antibodies (nMAB) infusions and serum testing will be performed by the SFHFT Microbiology team.

#### **AHP Faculty/ AHP Cabinet**

- 1.34** SFHFT Associate Chief AHPs continue to be key members of the AHP Faculty and ICS AHP Cabinet. The Nottingham and Nottinghamshire AHP Faculty and ICS Cabinet have a number of workstreams underway to support AHP workforce across the region. The Clinical Placement Expansion Programme (CPEP) has been extended and continues to be funded by Health Education England (HEE). The CPEP team is now working with Nottinghamshire Alliance Training Hub (NATH) team to establish and review AHP provision and placements within acute providers, general practice and PCN's.
- 1.35** The funding for the AHP project to support the recruitment of BME workforce has been completed and the findings of the report have been shared across the ICS. The AHP cabinet has been successful in gaining a further £1000k towards continued AHP Faculty projects and

Faculty sustainability. As part of this funding, a key performance indicator for equality, diversity, and inclusivity will pick up this workstream and continue the progress and recommendations already made by the BME project. SFHFT is the host organisation for all the above projects with the Associate Chief AHPs as the named leads.

### **Long Covid**

- 1.36** The Nottinghamshire ICS has successfully been awarded £1.6 million from HEE for long covid treatment. This involves significant support and utilisation of the ICS AHP workforce. The collaborative system approach is essential in allocating and providing a long covid treatment service. Diagnostic tests required and provided by SFHT are reportedly low. A review of respiratory out-patient provision by providers is currently being scoped for demand.
- 1.37** Long Covid assessment clinics for Nottinghamshire ICS continue to be provided on behalf of the system by Nottinghamshire Healthcare. A provider meeting is planned to review funding and additional treatment requirements which are continuing to gain pace with demand increasing.

### **National Compliance**

- 1.38** The Developing Workforce Safeguards published by NHS Improvement in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed for compliance with the triangulated approach to deciding staff requirements detailed within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.
- 1.39** The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.
- 1.40** The Chief Nurse and Medical Director have confirmed they are satisfied that staffing is safe, effective, and sustainable.
- 1.41** Appendix three details the Trust's compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations.

### **Recommendations**

- 1.42** The Board is asked to:

- Approve the evidence-based cost-neutral uplifts to the 5 wards and departments identified.
- Approve the evidence-based uplifts to the 5 wards and departments identified at a cost of £379,328.
- Confirm the strategic direction for Ward 43 and 21 and approve the associated investment required.
- Recommend that the additional service improvement requests are progressed via the service development business case route.

**1.43** The Board is asked to receive this report and note the on-going plans to provide safe staffing levels within nursing, midwifery and AHP disciplines across the Trust.

**1.44** The Board is asked to note the maternity staffing position and the local position which is common with the national profile.

**1.45** The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support each service.

**1.46** The Board is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.

## **Appendix One - Nursing, Midwifery, and Allied Health Professional Annual Staffing Report 2022**

### **2.0 Purpose**

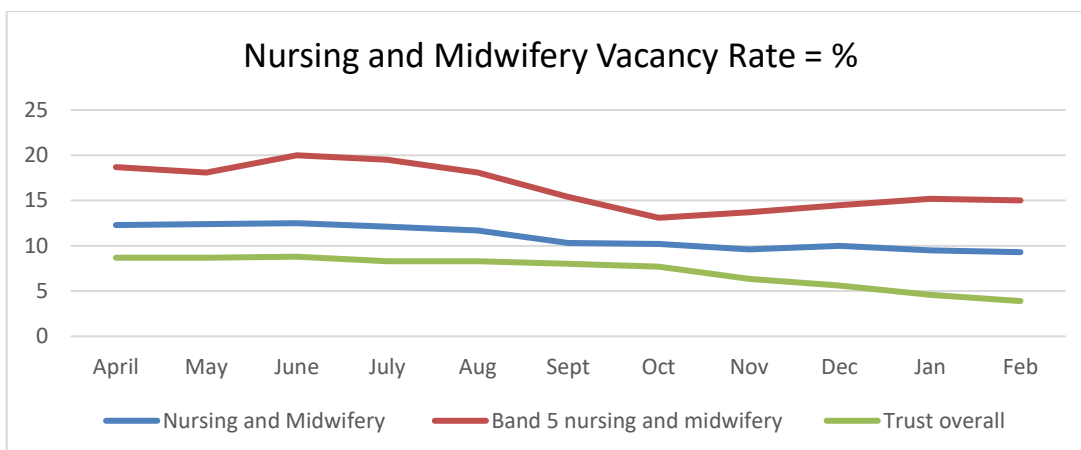
- 2.1** The purpose of this report is to provide an overview of NMAHP staffing capacity and compliance with the NICE Safe Staffing, NQB Standards, and the NHSI Developing Workforce Safeguards guidance.
- 2.2** It will provide a cumulative oversight of CHPPD and the available data for the cost per care hours (CPCH) each month.
- 2.3** This is supported by an overview of staffing availability since the last report and progress with assessing the acuity and dependency of patients on ward areas. This data has informed the nursing and midwifery establishment reviews for 2022/2023.

## **Nursing and Midwifery Overview**

### **3.0 Local Nursing and Midwifery Context**

- 3.1** Since the start of 2021/2022 the Trust vacancy rate has seen a continual positive reduction from 8.7% down to 3.9%. This captures NMAHP staff from band 2 upwards and represents collective ongoing recruitment efforts being undertaken within our teams.
- 3.2** Great efforts have been made within nursing and midwifery in reducing the vacancy deficit, especially since Covid-19 has remained an immediate challenge. Focused workstreams supporting international recruitment have been successful and plans are in place to continue to support the programme. The Trust remains on track with the NHS Long Term Plan to reduce nursing vacancies to 5% by 2028. However, it is recognised that due to the overall fragility felt within the national nursing vacancy position of 10.5%, recruitment and retention will remain a key priority within national policy and within the strategic steer for the Trust.

Figure 1:

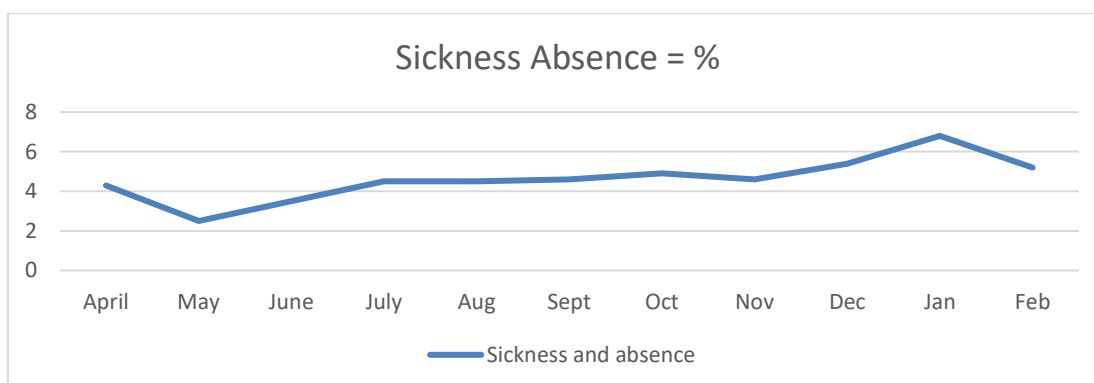


Data Source: Workforce Informatics

**3.3** The midwifery workforce challenges, reported in the previous paper, in particular the vacancies in the community midwifery team, have begun to stabilise since the revised approach to MCoC. This is due to both changes in the delivery of MCoC and the approach to recruitment and retention. The overall vacancy rate was 21.89% at the end of March 2022 across the whole of maternity services, 18% of this was within community midwifery.

**3.4** Overall sickness absence for all staff groups continues to be an ongoing challenge due to the sustained impact presented by the pandemic, with the peak of absences being noted in January. Significant difficulties were experienced due to the fourth surge of Covid-19 and the sustained operational pressures at this time.

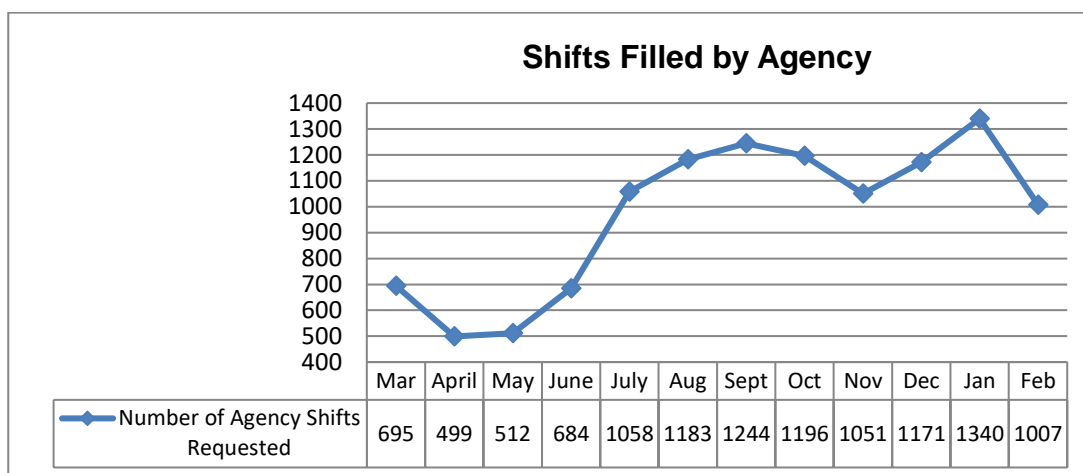
Figure 2:



Data Source: Workforce Informatics.

3.5 Agency usage within the clinical areas continues to see a sustained demand with the number of shifts increasing month on month since April 2021, with peak usage in September 2021 and January 2022. The peak months illustrate the height of the previous surges of patient admissions, which were predominantly driven by the Covid-19 pandemic. Acuity and dependency of patients attending the hospital over the previous year have continued to remain high and this has been combined with very high levels of flow and capacity during the winter months. Therefore, additional winter and surge capacity has been open across the organisation.

Figure 3:

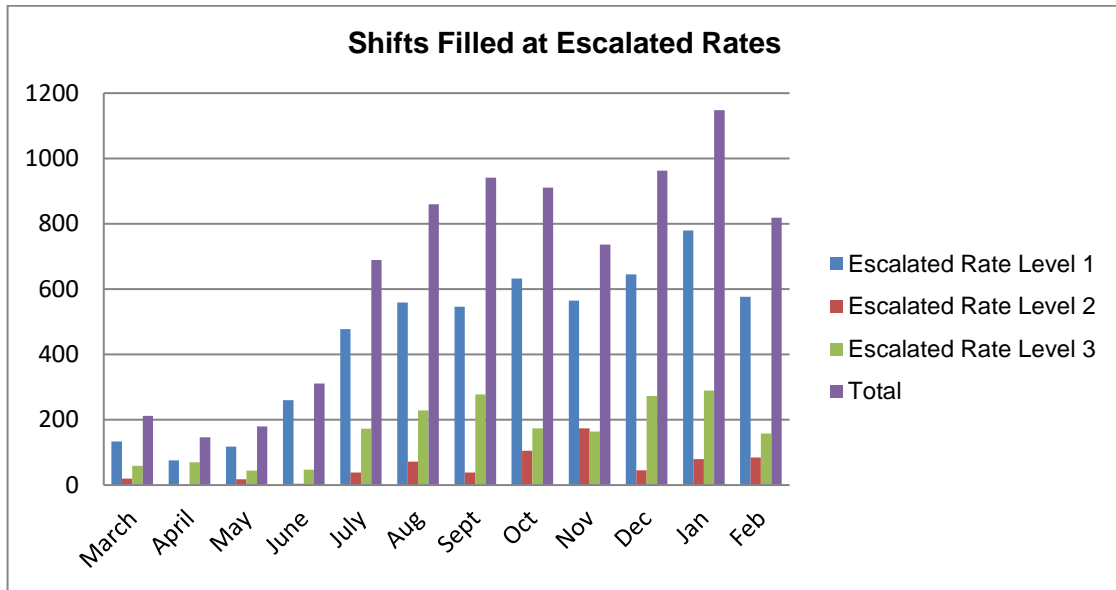


Data Source: Temporary Staffing Office.

3.6 In line with the increasing agency usage, there has been a rising trend in the use of escalated rates from May onwards. This has been significantly influenced by the increased capacity open across our services, alongside the increased acuity and dependency of patients requiring admission. The previous twelve months have also been extremely challenging for staff across all services due to the ongoing significant workforce challenges that have persisted due to sickness and national isolation measures that have been in place. Information provided by the Temporary Staffing Office outlines the reason for each request and this triangulates with the above. The leading request reasons were additional capacity, short term sickness, Covid-19 sickness, and vacancies.



Figure 4:



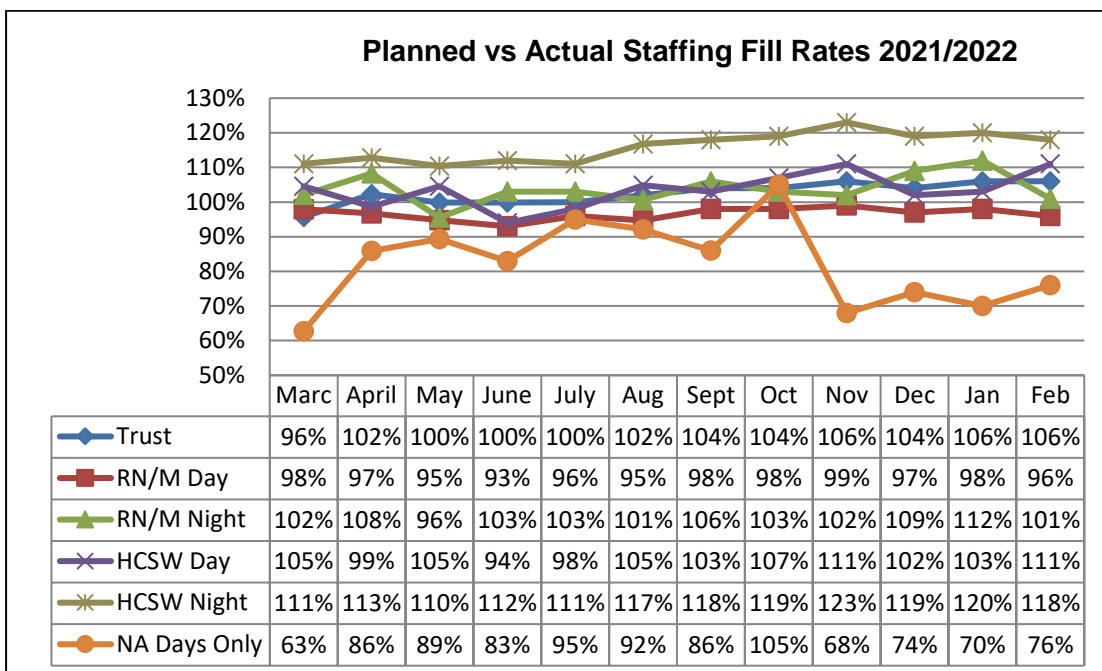
Data Source: Temporary Staffing Office.

#### 4.0 Planned versus Actual Staffing & Care Hours per Patient Day (CHPPD)

4.1 All NHS providers are required to publish inpatient nursing and midwifery staffing data on a monthly basis and a national report is submitted each month. This data highlights the planned staffing hours (hours planned into a working roster template) aligned to actual staffing hours worked (actual hours worked by substantive and temporary staff). In addition to CHPPD, cost per care hours (CPCH) are also monitored.

4.2 Despite the unprecedented challenges over the last 12 months the Trust has consistently remained above 95% of the planned staffing fill rates. The data for March demonstrated a more variable position for nursing associates; however, it is acknowledged this particular team is very small in numbers (less than ten across the Trust), and the team has been affected by Covid-19 absence, annual leave, and long-term absence for compassionate reasons.

Figure 5:

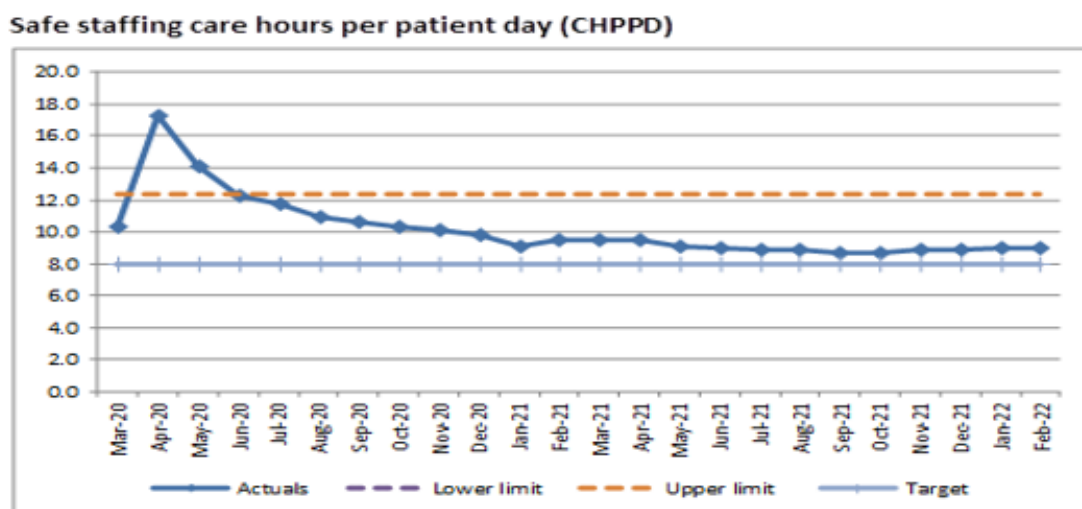


Data Source: Unify Staffing Data.

**4.3** CHPPD is calculated by adding together the hours of registered nurses/ midwives and health care support staff (HCSW) and dividing the total by every 24 hours of inpatient admissions. This provides a value that demonstrates the average number of actual registered nursing care hours spent with each patient per day. Data from Trust and ward level for all acute Trusts are published on NHS Model Hospital to enable a central and transparent comparable data set.

Figure

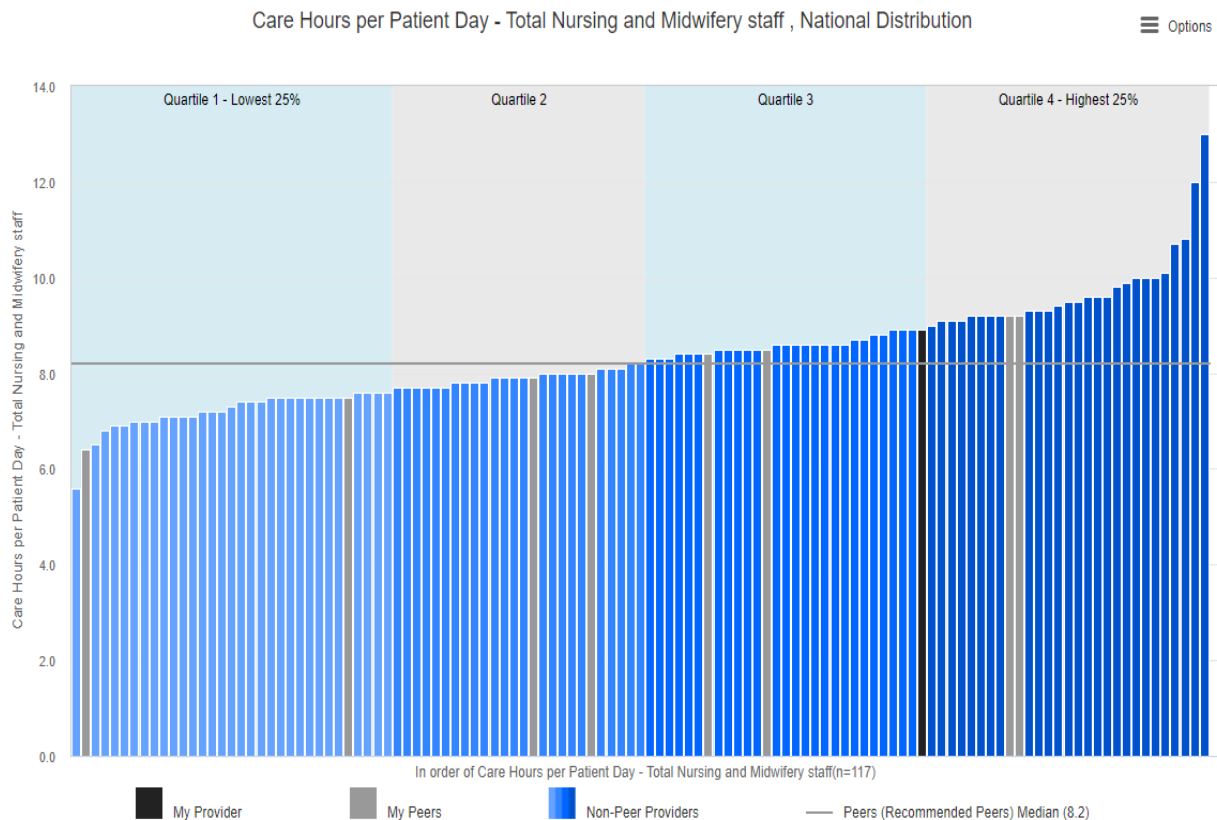
6:



Data Source: Information Services

4.4 The CHPPD at Trust level has remained stable demonstrating where safely possible the workforce is being flexed in line to meet patient activity and patient needs. Benchmarking data from Model Hospital (December 2021) demonstrates that the Trust value sits within the third quartile at 8.9 and is slightly above the national and peer median of 8.2

Figure 7:



*Data Source: Model Hospital*

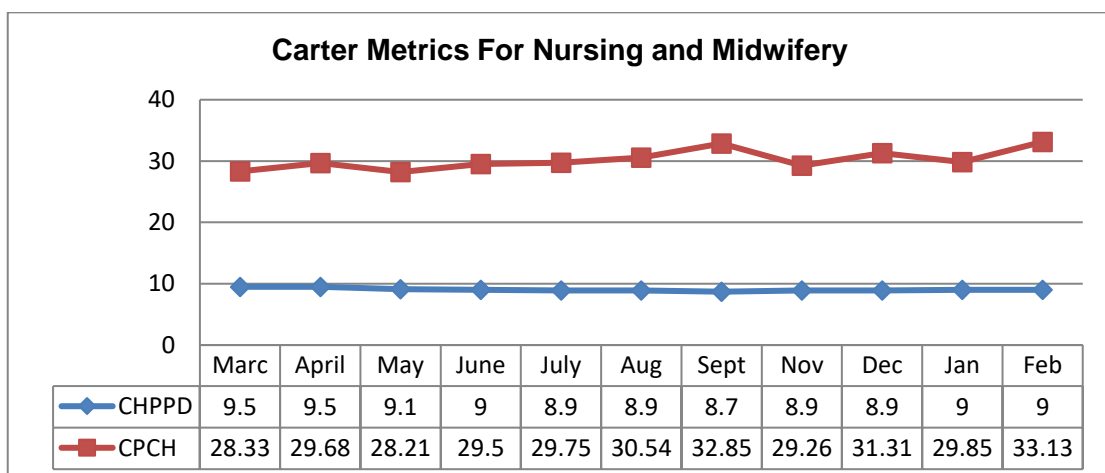
4.5 Divisional narrative from the matron team highlights ensuring safe staffing across all services has been a constant process that has been significantly challenging for all involved. Nonetheless, staffing resource has been safely flexed to meet patient demand, activity, and acuity. Since our last report, the workforce loss generated from the pandemic has been unprecedented and widespread, and the continued effort given by our teams to ensure service provision has been outstanding.

4.6 Midwifery staffing has been safely matched to birth activity over the last six months, but to help achieve this, acute staffing shortages have been supported with bank and agency use and with the deployment of a registered nurse to support acute maternity. Midwives have continued to receive an enhanced payment rate for bank shifts and a

review of all non-clinical roles. The Birth Rate Plus® workforce review that was completed in September 2020 provides richer detail to the complex variables affecting staffing requirements in a maternity service and showing predicts a forecast of the establishment requirement. Since this review, multiple factors have changed leading to a revised Birth Rate Plus® review which is expected to be undertaken at the end of April 2022. This is due to the subsequent increased birth rate at SFHFT for 2020-21 and 2021-22 and, local and national changes to the delivery of MCoC.

- 4.7** CPCH is measured as the average cost spent per hour of care, and benchmarking variance at ward level with peers may help to identify potential savings opportunities in the cost of providing care. Safe staffing and financial returns include substantive, bank, and agency staff; therefore, a higher cost may indicate greater reliance on agency staff as a proportion to substantive. Since our last report, the variance in CHPPD for March to July illustrates a more stable picture, however, the CPCH is rising and could be indicative of increased reliance on agency and temporary staff as seen below in figure 5.

Figure 8:



Data Source: Finance Services

## 5.0 Measure and Improvement

- 5.1** To ensure there is a triangulated approach in our oversight of safe staffing, the senior nursing and midwifery team review workforce metrics, indicators of quality, and measures of productivity monthly within the monthly Safe Staffing Report. It is important to acknowledge these should not be reviewed in isolation when understanding quality.

Figure 9:

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Staffing Incidents	55	56	86	87	52	68	74	61	53	58	45	49
Red Flags	3	0	2	2	1	4	4	3	2	3	2	1

Data Source: Datix Reporting System

**5.2** Since March 2021, 744 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time. 27 of these incidents have been identified as *red flag* incidents (as defined by NICE) due to a delay in fundamental care or delays in time-critical activity. It is recognised that despite no adverse clinical outcome, the delays in care will have negatively impacted the overall experience of patients and colleagues.

**5.3** In addition to Datix reporting, red flags for midwifery services are recorded within Birth Rate Plus®. A review of the data inputted into the tool indicated that training and implementation had not been consistent and there was no process for external validation of the scoring. A review and refresh of training have been undertaken, with the full support of the Birthrate Plus national team. The tool is now in full use and the red flag data will be included with Safe Staffing Reports going forward.

## **6.0 Nursing and Midwifery Recruitment and Retention.**

**6.1** In the last 12 months, the Trust has recruited 107 international registered nurses (IRN) and two international registered midwives (IRMW). There are currently 25 IRNs and one IRMW awaiting their Objective Structured Clinical Examinations (OSCEs), with three awaiting re-sits scheduled at the end of March. The number of IRNs currently working with Nursing and Midwifery Council (NMC) registration is 82, and currently, this is waiting to be reflected on the ESR system. The Trust had two IRNs leave the Trust, one to move closer to her partner in Burton, Derbyshire, and the second had taken a post at King's College Hospitals London.

**6.2** The Trust was successful in funding opportunities to support IRN recruitment and this has supported the Trust to create more opportunities for international recruitment. In

2022/23 the Trust has secured further funding to support the continued recruitment of 50 IRNs.

- 6.3** Since our last report there has been capacity issues within the NMC Test of Competency Centres, which has caused delays in our IRNs being able to take their OSCEs. This was escalated to regional and national teams, and the national response was very supportive, and we were able to facilitate 32 IRNs to undertake their tests. This was escalated as a risk at the Nursing, Midwifery & AHP Transformation Group.
- 6.4** In 2022/23 the Trust will move towards the Pastoral Care Quality Awards and revise our system of onboarding and pastoral care to excel in the care and support we offer our IRN colleagues.
- 6.5** In September 2021, the Trust embarked on the first cohort of registered nurse degree apprenticeships at Nottingham Trent University. The initial cohort comprised of 41 successful students, with a large number of students leaving within the first three months, leaving the cohort with 21 students. On reflection, the recruitment process could have been stronger, and we could have been more prepared. We have discussed with Nottingham Trent University the promotion of the course locally may have supported improved retention. Nottingham Trent University is also going to review their accommodation at the Mansfield location, as this was identified as another cause of the attrition.
- 6.6** The Trust currently has 31 trainee nursing associates (TNAs) in post, with two TNAs taking a break from studying; one is on maternity Leave and the second is taking a career break. Cohort 2 will qualify in October 2022 (currently 16) and will move into band 4 posts on the ward as part of the band 5 establishments. The heads of nursing are reviewing their establishments to ensure that the nursing associates can remain within the base wards. Cohort 3 is six months into their training, and there are 15 TNAs with two undertaking career breaks.
- 6.7** The Trust will be looking for further opportunities for funding to support another cohort of TNAs in October 2022.
- 6.8** The Trust continues to advertise for newly qualified registered nurses, and we are recruiting all those that have applied through this route. The heads of nursing are

receiving the application forms monthly, and the senior nursing team has identified a process to expedite these nurses into posts upon qualifying.

- 6.9** NHSE has shared with Trusts nationally their plans to roll out the National Preceptorship Framework, which will support student nurses' transition to registered nurses. The framework will align all preceptorship programmes within the trust, which will include midwifery and AHPs. The lead for preceptorship is reviewing the framework and undertaking a gap analysis, before presenting to the Nursing, Midwifery & AHP Committee their recommendations.
- 6.10** The Trust is actively engaged in the recruitment and retention of HCSWs and will be embarking on the recruitment of a practice development matron to develop the pastoral care and supporting engagement for this group of staff.
- 6.11** During February five registered nurses from SFHFT commenced their training to become registered midwives, this is a shortened MSc program of two years and is being delivered by Birmingham City University.
- 6.12** The deputy head of midwifery position has been successfully recruited following a competitive recruitment process, and ongoing recruitment within the acute and community team remains active due to staff within these teams gaining successful internal promotions.
- 6.13** NHSE/I provided additional funding for a Recruitment and Retention (R&R) Lead post for midwifery in late 2021, and the Trust was successful in its bid for this funding, with the post commencing in February 2022. The focus for this role is to provide individualised support in a clinical environment for students, return to practice learners, and early career midwives and will develop mechanisms for identifying and addressing individual needs, provide, or signpost to resources that will promote job satisfaction and retention across multiple domains. This will include those related to pastoral care, learning support, and career development. Whilst this role is new the initial evaluations have been positive.
- 6.14** Whilst this is a high rate of recruitment of early career midwives, national data continues to reveal an alarmingly high rate of early career midwives leaving the profession, which supported the bid for the R&R Lead Midwife post (RCM, 2021).

## **7.0 Nursing Forward Planning**





- 7.1** SNCT acuity and dependency cycles will continue into 2022/2023 with planning underway for June, October, and January 2023. The senior corporate nursing team will continue to support validation and assurance with data collection, with refresh education being rolled out to all areas.
- 7.2** The ED tool for SNCT has recently been published and nationwide training is being delivered by NHSE/I. The trust has acquired the license for use and has registered the corporate matron for safe staffing, matron for ED, and head of nursing for UEC for training in the use of the tool. When this has been undertaken the corporate matron for safe staffing will lead a programme of work for acuity and dependency scoring cycles to help further inform the establishment review process going forward.
- 7.3** Progress within the Workforce Transformation Group is proceeding well, with workstreams focused upon exemplar rostering, enhanced care, virtual ward development, international recruitment, apprenticeships, expanding the nursing associate workforce, mandatory training, and bank rates.
- 8.0 Midwifery Forward Planning**
- 8.1** The unavailability of the community midwifery service has led to a limited home birth service with a hope to re-instate a full service from Q2 2022-23, given the planned regional review of the service and pipeline of recruitment into these teams. This reduction of the homebirth service has been taken in line with supportive guidance from the RCOG and RCM and sign-off from Trust Board. This limited service is reported internally to Trust Board and externally to NHSE and all women are informed from booking onto this pathway in regard to its limitations. The detailed workforce review which was undertaken to inform the business planning for 22/23 remains under review, reflecting the changes in the national ask for the delivery of MCoC
- 8.2** The age profile within midwifery supports a need for a recruitment and retention role, with a significant number of these midwives being early careers across the service. The role objectives of the R&R lead midwife, as outlined by NHSI, ask that the role considers legacy mentoring, and supporting the wealth of experience of senior midwives and how they could further support with. This will be a focus of work for phase two of the role.
- 8.3** Whilst the R&R lead midwife role will help to support the early career midwives, we also acknowledge the associated impact of the experience midwives who are at/

beyond retirement age. Additional measures have been taken to limit these impacts, these include shift flexibility, bank contracts, and personal letters from the chief nurse to encourage temporary returns. It is expected with the substantive recruitment of the Head of Midwifery and the deputy head of midwifery, will provide stability amongst the senior leadership team and support the progressing plans for talent management and succession planning.

## **9.0 Nursing and Midwifery Establishment Review 2022/2023**

**9.1** Since the last establishment review, the Trust has refreshed its approach to setting the nursing and midwifery establishments to ensure we are compliant with the NQB standards. This has included the implementation of the SNCT, an evidence-based workforce planning tool that provides patient acuity and dependency intelligence, which has informed the Trust establishment setting process. SNCT is an objective tool that utilises levels of care to support workforce planning and has been recognised for supporting safe staffing across in-patient wards, receiving the endorsement from NICE in 2014.

**9.2** The first SNCT data collection cycle of 2021 took place in April; however, this was initially planned for February but was delayed due to the second wave of the pandemic. Subsequent cycles were rescheduled and completed in June and again in October, with data collection across adult and paediatric in-patient areas.

**9.3** A multidisciplinary review of the nursing and midwifery establishments commenced in early February and was led by the Chief Nurse with representation from the deputy chief nurse, divisional heads of nursing/ midwifery, divisional finance managers, and the corporate matron for safe staffing.

**9.4** Each review was aligned to the components below:

- Each review panel ensured professional judgement was applied to staffing and was representative of activity requirements.
- The appropriate skill mix of staff was aligned to the speciality.
- Three cycles of SNCT acuity and dependency data were used to inform each confirm and challenge discussion.
- The financial impact on the setting of budgets was considered.
- Benchmarking ward level care hours per patient day (CHPPD) data was aligned with the national mean.

- A 12-month overview of nurse/midwifery-sensitive indicators for each area was reviewed.

**9.5** Trust compliance against SNCT guidelines can be found in appendix four.

## **10.0 Recommended Nursing and Midwifery Establishments for 2022-2023**

**10.1** Staffing establishments consider the need to allow nursing, midwifery and healthcare support workers (HCSW) time to undertake professional development and fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment are maintained as per previous years, namely:

- The ward/department leader role is supervisory, enabling them to apply their time to provide direct care, undertake front-line clinical leadership, and support unfilled shifts.
- The skill mix on the ward should aim to have a recommended ratio of 65:35% split for registered nurses to HCSW in acute wards and 60:40 for sub-acute/rehab wards.
- 22% 'headroom' is allocated to establishments to allow for annual leave, sickness, maternity leave, training, and development. The Carter report recommends 25%; however, 22% is the minimum 'headroom' supported within the SNCT and represents a built-in efficiency. ED, Newark Urgent Treatment Centre, NICCU, and ICU were allocated 25% headroom acknowledging the specialty guidance for additional training requirements for these specific areas.

**10.2** The full establishment review can be located in appendix two.

**10.3** There are five wards/ departments that require small evidence-based uplifts to the establishment which can be managed within the existing envelope. These are as follows:

Figure 10:

Division	Area	Current WTE	Agreed WTE	Comments
Surgery	Ward 11/AU	42.53	42.74	The SNCT principles and professional judgement have been applied and a 0.21 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 12	37.5	37.9	The SNCT principles and professional judgment have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 31	34.83	35.23	The SNCT principles and professional judgment have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 32	32.31	32.71	The SNCT principles and professional judgment have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	ITU	98.01	98.39	The GPICS principles and professional judgment have been applied and a 0.38 WTE increase to the establishment has been recommended. The additional resource will support the addition of the Rehab Family Support Nurse. This is supported by the Matron and Head of Nursing.

**10.4** There are a further five wards/ departments that require evidence-based uplifts to the establishment. These require an investment of £379,328 in totality. These are as follows:

Figure 11:

Division	Area	Current WTE	Agreed WTE	Extra Funding Required	Comments
Medicine	Lindhurst/ WD 41 -	29.24	35.16	£ 121,108	The SNCT principles and professional judgement have been applied and a 2.74 WTE uplift has been recommended to the establishment. This increase will provide additional registered nurses on each day duty 7 days per week. It has been recognised that the speciality of the ward is providing a sub-acute and a rehabilitation patient pathway; therefore, the additional staffing will support the increase in dependency of

					patients' needs. The uplift has been supported whilst the team are situated at the Kings Mill site and once re-located back to MCH the rehabilitation modelling can be re-instated. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
Surgery	DCU - King's Mill	33.64	34.34	£ 18,880	Professional judgement has been applied and a 0.70 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
Surgery	Minister - NWK	22	23.24	£ 42,765	Professional judgement has been applied and 1.24 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
UEC	UCC - Newark	18.76	21.87	£ 114,575	The SNCT principles and professional judgement have been applied and a 2.11 WTE increase to the establishment has been recommended. The additional resource will support the ENP service provision. This is supported by the Matron and Head of Nursing.
W&C	Midwifery	167.52	169.67	£ 82,000	The BirthRate Plus principles and professional judgment have been applied and an additional 2.15 WTE increase to the establishment has been recommended for the midwifery specialty requirement. There is sufficient resource available to staff Sherwood birthing Unit, Maternity ward, Community caseloads, Triage, and Outpatients. This is supported by the Matron and Head of Nursing.

**10.5** There are two wards currently operating outside of their usual speciality and bed base. The is ward 43 as the Respiratory Support Unit and old ward 21 which is funded for 16 beds but has not been within this bed based for over a year. A strategic decision is required about the status of these. If they are to continue in their present forms an uplift of £1,063.994 is required to maintain this substantively.

Figure 12:

Division	Ward / Department	Current WTE	Agreed WTE	Additional funding required	Comments:
Medicine	RSU	40.85	53.38	£ 813,039	The SNCT principles and professional judgement have been applied and a 12.53 WTE increase the establishment recommended. This supports the level 1 and level 2 beds for acute respiratory patients. This is supported by the Matron and Head of Nursing.

Surgery	Ward 21	21.2	32.71	£ 250,955	The SNCT principles and professional judgement have been applied and an 11.51 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership and will support the unit to a full capacity of 24 beds. This is supported by the Matron and Head of Nursing.
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**10.6** There are a further 8 areas requesting uplift in establishments to support service developments. These equate to £1,289,670 in totality and it is therefore recommended that these are reviewed as part of the service development business case process.

Figure 13:

Division	Ward / Department	Current WTE	Agreed WTE	Additional funding required	Comments:
Medicine	WTC	7.6	9.6	£ 136,030	Professional judgement has been applied and a 2.0 WTE uplift to the establishment has been recommended. The increase will support the development of the band 6 pathway and strengthen the chemotherapy service. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE.
Medicine	OPAT/ MDCU	7.44	17.56	£ 408,250	Where applicable SNCT principles have been applied including professional judgement. A 10.12 WTE uplift has been recommended as the additional resource will enable an increase in the overall service provision. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE.
UEC	Discharge Lounge	7.8	9.01	£ 44,059	Professional judgement has been applied and 1.22 WTE increase to the establishment has been recommended. This will provide additional leadership support within the team whilst optimising progression opportunities within the team. This is supported by the Matron and Head of Nursing.
UEC	ED	154.88	168.05	£ 405,138	The SNCT principles and professional judgement have been applied and 13.17 WTE uplift has been recommended to the establishment. This increase will provide additional registered nurses on twilight duty 7 days per week. This will facilitate the children's and young people's area to remain open later in the evening providing a more therapeutic patient experience. It has been acknowledged when the area closes— children and young people are managed in adult areas and this is not a suitable quality pathway. Additional registered nurse presence on the day and night shifts will support prompt care delivery across all areas of the department. It has been acknowledged that whilst SNCT has recommended 123.3 WTE, the tool does not recognise leadership positions, specialist roles, and the additional care delivery roles that sit alongside the core workforce. These are roles that are unique to SFHFT and are included in the current establishment. The data set used for SNCT has included several weeks where a national lockdown was in place and the attendance rate was reduced. The layout of the different areas within the department and the staffing requirements in each area has also been taken into consideration. This

					recommendation is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
UEC	HOOH	8.76	9.26	£ 27,311	Professional judgement has been applied and 0.5 WTE increase to the establishment has been recommended. This will provide a clear leadership role within the service. This is supported by the Matron and Head of Nursing.
D&O	KMH - Outpatients	95.8	101.8	£ 180,360	Professional judgement has been applied and a 6.0 WTE increase to the establishment has been recommended. This will support the increase in clinic capacity and activity in urology and the AVH diagnostic hub. This is supported by the Matron and Head of Nursing.
D&O	Phlebotomy	14.78	16.78	£ 48,622	Professional judgement has been applied and a 2.0 WTE increase to the establishment has been recommended. Activity has increased by 9 % since 2019 and the additional resource will continue to support activity and demand. This is supported by the Matron and Head of Nursing.
W&C	Paed SN	9.08	10.98	£ 39,900	Professional judgement has been applied and a 1.9 WTE increase in the establishment has been recommended. This is to increase the hours of the team and uplift a band 6 to band 7. This is supported by the Matron and Head of Nursing

**10.7** There is also a need to align theatre establishments to the evidence base. This has been included within the wider theatre transformation case. It is recommended that the investment in NMAHP staffing of £397,847 is supported when that case is reviewed.

**10.8** The collective recommended establishment change is as follows

- Evidence-based cost-neutral uplifts to the 5 wards and departments increase of 1.79WTE at a cost of £0
- Evidence-based uplifts to the 5 wards and departments increase of 8.94WTE at a cost of £379,328
- Maintenance of Ward 43 and 21 in their current specialty and bed base is an increase of 24.04wte at a cost of £1,063,994
- Additional service improvement requests are an increase of 36.91 WTE at a cost of £1,289,670



## Allied Health Professions Overview

- 11.0** There is no single guidance or standard approach to inform safe staffing levels required within services provided by AHPs. Each AHP has profession-specific information and guidance only, available to support staffing levels of a particular type of service.
- 11.1 Risks and Constraints**
- 11.2** Since our last report, the staffing challenges and risks within therapy services have begun to improve, this has been influenced by successful recruitment into several vacancies over recent weeks. Speech and language therapy (SLT) and dietetics have small specialist staffing establishments but remain below the benchmark of other organisations of a similar size (Model Hospital).
- 11.3** Therapy services have been unable to recruit occupational therapist (OT) posts for the first time and have been experienced system-wide. Three-band 5 OT's have been recruited but this is not sufficient to support upcoming maternity leave cover. There remain two band 5 vacancies in addition to eleven maternity leaves pending, resulting in the band 5 vacancies out to advert again. The AHP Faculty work includes an increase in OT placements at SFHFT to aid recruitment, and the 'system' is considering an Integrated Care System (ICS) OT rotation. A band 7 post in ICCU has been approved as part of the ICCU business case and it will be advertised imminently. Expectations are recruitment into the specialist post will be more successful than the band 5/6 posts.
- 11.4** Speech and language therapy services have now been TUPE'd over from Nottinghamshire Healthcare and commenced at SFHFT in January 2022. The vacancies have been recruited into and staff are expected to start imminently. A band 5 position remains vacant, but the recruitment process has begun. From June 2022, an ICS rotation is proposed and SFHFT is currently exploring the benefits of this in supporting SLT service delivery, with support from human resource and finance teams via the ICS resourcing meetings. A team leader/ICCU post (band 8a) has been successfully recruited into and is also the dedicated ICCU SLT at SFHT (which is funded via the ICCU business case).
- 11.5** Paediatric dietetics have successfully used AHP job planning to support a business case for additional capacity. An additional band 6 is due to commence in April 2022 to support the paediatric service. The band 6 (diabetic and endocrinology) vacancy was

unsuccessful in recruiting the right candidate and therefore has gone back out to advert. Funding has been obtained via the ICCU business case for a specialist dietitian (band 8a) and will support the adult dietitians who are deployed to support ICCU at the detriment of the ward service provision. The team is currently exploring the potential of this being an advanced clinical practitioner (ACP) role and expects to recruit into this specialist role with ease.

- 11.6** There are no significant issues with recruitment within Physiotherapy at SFHFT. A band 7 Musculoskeletal (MSK) team leader post is in the recruitment process and it is expected an appointment will be made from the calibre of candidates who have applied. We have also successfully recruited a physiotherapy ACP post for ICCU, which has been supported by the ACP lead. Furthermore, physiotherapy continues to support two therapy assistants on the Physiotherapy Apprenticeship Scheme at Sheffield Hallam University.
- 11.7** The lack of a sonographer workforce is causing a risk. There are 3.4 WTE vacancies within the team with the addition of another two maternity leaves pending. One application has been received in response to an advert and the candidate is being interviewed. MSK specialist screening is hard to recruit speciality with limited agency resources is also worth noting that the agency hourly rate has also increased above the capped rate. An open day in April is planned to target school leavers and raise the profile of a career in sonography. An ACP business case is being developed, and radiology has requested two sonographer ACP posts and will continue to support in-house training of ACPs to mitigate future risks.
- 11.8** There are two band 5 radiographer vacancies, and the level of calibre and interest of applicants that have applied is very encouraging, with the recruitment process ongoing. It is anticipated that without the ability to over recruit, further vacancies will be more difficult to recruit into due to undergraduates qualifying in the spring. However, a successful programme of recruitment has seen the appointment of a radiology nurse, a qualified reporting radiographer, two band 7 team leaders and a band 6 position.
- 11.9** There is a current workforce plan underway for the new MRI department which includes two additional scanners planned and will operate seven days a week. It is acknowledged that this will be a challenge to fill the posts required considering that Nottingham University Hospitals currently have 11 band 6 vacancies in MRI. We are developing a robust plan to mitigate this risk.

**11.10** There has been successful recruitment of a band 6 orthotist which has resulted in the service being at its full establishment.

**11.11** Pathology services remain under significant pressure with serology testing. Additional services have commenced for neutralising monoclonal antibodies (nMAB) infusions and serum testing will be performed by the SFHFT Microbiology team.

## **12.0 AHP Faculty/ AHP Cabinet**

**12.1** SFHFT Associate Chief AHPs continue to be key members of the AHP Faculty and ICS AHP Cabinet. The Nottingham and Nottinghamshire AHP Faculty and ICS Cabinet have a number of workstreams underway to support AHP workforce across the region.

**12.2** The Clinical Placement Expansion Programme (CPEP) has been extended and continues to be funded by HEE. The CPEP team is now working with Nottinghamshire Alliance Training Hub (NATH) team in order to establish and review AHP provision and placements within acute providers, and PCN's.

**12.3** The current workstreams include CPEP for physiotherapy, occupational, therapy, SLT and dietetics, retention and support for students and the newly qualified workforce, early careers, apprenticeships, profession-specific growth, and AHP support workforce.

**12.4** At SFHFT we are supporting the following AHPs on secondment to deliver CPEP and the AHP faculty workstreams and including:

- one physiotherapist
- one radiographer
- one occupational therapist
- one operating department practitioner
- one SLT and one dietitian from Nottingham City Healthcare are also supporting delivery against the workstreams.

**12.5** As providers, HEE has allocated £62k to AHP leadership and support workers. Within the Trust, we have a physiotherapist and a radiographer on secondment who will review the AHP support workforce and support the delivery of the key performance indicators.

**12.6** The funding for the AHP project to support the recruitment of BME workforce has been completed and the findings of the report have been shared across the ICS. The AHP cabinet has been successful in gaining a further £1000k towards continued AHP Faculty projects and Faculty sustainability. As part of this funding, a key performance indicator for equality, diversity, and inclusivity will pick up this workstream and continue the progress and recommendations already made by the BME project. SFHFT is the host organisation for all the above projects with the Associate Chief AHPs as the named leads.

### **13.0 Discharge to Assess (D2A)**

**13.1** Therapy services are continuing to work closely with IDAT and system colleagues to deliver the D2A model. An SFHFT occupational therapist, working with IDAT screens pathway 1 patients for adult social care packages and START, supporting the social care pressures. There are now 15 'trusted screeners' identified (awaiting a final sign off by adult social care) within therapy services who are able to recommend care packages. Progress so far demonstrates it is proving beneficial, improving the efficiency of transfer of care between acute and social care and reducing the length of stay for this cohort of patients. Work remains ongoing to secure substantive funding for this model.

### **14.0 Long Covid**

**14.1** The Nottinghamshire ICS has successfully been awarded £1.6 million from HEE for long covid treatment. This involves significant support and utilisation of the ICS AHP workforce. The collaborative system approach is essential in allocating and providing a long covid treatment service. Diagnostic tests required and provided by SFHT are reportedly low. A review of respiratory out-patient provision by providers is currently being scoped for demand.

**14.2** Long Covid assessment clinics for Nottinghamshire ICS continue to be provided on behalf of the system by Nottinghamshire Healthcare. A provider meeting is planned to review funding and additional treatment requirements which are continuing to gain pace with demand increasing.

### **15.0 AHP Leadership**

**15.1** Carl Miller (Reporting Radiographer) has been successful in obtaining the Deputy Chief Nurse and Associate Director of AHPs post and Kate Wright (Physiotherapist) has undertaken the role of Associate Chief AHP full time.

## **16.0 National Compliance**

**16.1** The Developing Workforce Safeguards published by NHS Improvement in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.

**16.2** The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.

**16.3** The Chief Nurse and Medical Director have confirmed they are satisfied that staffing is safe, effective, and sustainable.

**16.4** Appendix three details the Trust's compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations.

## **17.0 Recommendations**

**17.1** The Board of Directors are asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.

**17.2** The Board of Directors are to note the maternity staffing position and the local position which includes a recruitment and retention risk, which is common with the national profile.

**17.3** The Board of Directors is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support each service.

**17.4** The Board of Directors is asked to approve the evidence-based cost-neutral uplifts to the five wards and departments identified.

- 17.5** The Board of Directors is asked to approve the evidence-based uplifts to the five wards and departments identified at a cost of £379,328
- 17.6** The Board of Directors is asked to confirm the strategic direction for Ward 43 and 21 and approve the associated investment required.
- 17.7** The Board of Directors is asked to recommend that the additional service improvement requests are progressed via the service development business case route.

**18.0 APPENDIX TWO: Nursing and Midwifery Establishments Review 2022/2023**

Division	Ward/ Department:	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %	Comments:
Medicine	22	35.82	37.89	30.22	2.07	0	7.11	7.09	57/35	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	23	35.07	35.16	33.08	0.09	0	7.31	7.68	77/33	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	Ward 24	36.93	37.89	32.43	0.96	0	7.14	7.68	57/47	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. It is acknowledged that the specialty on the ward is haematology and general medicine; however, the attendance rate for acute haematology is low and therefore difficult to capture in SNCT. This is supported by the Matron and Head of Nursing and existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	Ward 33	37.40	37.67	33.87	0.96	0	7.80	6.32	54/46	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. Existing shift numbers have been re-aligned to the current budget/ WTE. The skill mix reflects the rehabilitation staffing model and is supported by the Matron and Head of Nursing.



Medicine	Ward 34	34.91	35.16	37.39	0.25	0	6.52	6.32	54/46	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. Existing shift numbers have been re-aligned to the current budget/ WTE. The skill mix reflects the higher dependency needs of patients and is supported by the Matron and Head of Nursing.
Medicine	Ward 42	35.09	35.16	33.49	0.07	0	7.17	7.34	54/46	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. Existing shift numbers have been re-aligned to the current budget/ WTE. The skill mix reflects the increased dependency needs of patients and the ward layout and is supported by the Matron and Head of Nursing.
Medicine	Ward 43 (resp)	40.85	40.40	41.09	0.45	0	8.35	7.34		The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	RSU	40.85	53.38	NA	12.53	813,039	NA	NA	NA	The SNCT principles and professional judgement have been applied and a 12.53 WTE increase the establishment recommended. This supports the level 2 and level 3 beds for acute respiratory patients. This is supported by the Matron and Head of Nursing.
Medicine	Ward 44	34.93	35.16	33.77	0.29	0	7.31	7.68	66/34	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	Ward 51	39.59	40.79	35.29	1.20	0	6.89	7.09	46/54	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. The skill mix reflects additional non-registered staff to assist with enhanced patient observations. Currently 1:1, care is not yet captured within the SNCT modelling. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.

Medicine	Ward 52	41.31	40.79	39.05	0.52	0	7.74	7.09	46/54	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. The skill mix reflects additional non-registered staff to assist with enhanced patient observations. Currently, 1:1 care is not yet captured within the SNCT modelling. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	Stroke Unit	62.32	62.85	61.87 RCP	0.53	0	9.49	7.16	60/40	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE. The ward includes 4 HASU beds 25 rehabilitation beds.
Medicine	Sconce - NWK	35.04	35.16	32.26	0.12	0	8.32	6.27		The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to current budget/ WTE
Medicine	Oakham – (Chatsworth) MCH	30.80	27.19	NA	(3.61)	0	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE. Funding is being sought from the 22/23 planning process.
Medicine	Lindhurst/ WD 41 -	29.24	35.16	37.05	5.92. investment required for only 2.74	121,108	NA	6.71	NA	The SNCT principles and professional judgement have been applied and a 2.74 WTE uplift has been recommended to the establishment. This increase will provide additional registered nurses on each day duty 7 days per week. It has been recognised that the speciality of the ward is providing a sub-acute and a rehabilitation patient pathway; therefore, the additional staffing will support the increase in dependency of patients' needs. The uplift has been supported whilst the team are situated at the Kings Mill site and once re-located back to MCH the rehabilitation modelling can be re-instated. This is supported by the Matron and Head of Nursing.

										Existing shift numbers have been re-aligned to the current budget/ WTE.
Medicine	WTC	7.60	9.60	NA	2.0	136,030	NA	NA	NA	Professional judgement has been applied and a 2.0 WTE uplift to the establishment has been recommended. The increase will support the development of the band 6 pathway and strengthen the chemotherapy service. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE.
Medicine	OPAT/MDCU	7.44	17.56	NA	10.12	408,250. 10	NA	NA	NA	Where applicable SNCT principles have been applied including professional judgement. A 10.12 WTE uplift has been recommended as the additional resource will enable an increase in the overall service provision. This is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to budget/ WTE.
Division	Ward/ Department:	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %	Comments:
Surgery	Ward 11/AU	42.53	42.74	42.74	0.21	£7,103	9.85	6.95	57/43	The SNCT principles and professional judgement have been applied and a 0.21 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.

Surgery	Ward 12	37.50	37.90	37.50	0.40	16,873	7.56	7.46	50/50	The SNCT principles and professional judgement have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 21 (24 beds)	21.20	32.71	-	11.51	£400,955	7.82	7.46	67/43	The SNCT principles and professional judgement have been applied and an 11.51 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership and will support the unit to a full capacity of 24 beds. This is supported by the Matron and Head of Nursing.
Surgery	Ward 21 (16 beds)	21.20	23.51	23.51	2.31	55,443	7.82	7.46	67/43	The SNCT principles and professional judgement have been applied and an 11.51 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
Surgery	Ward 31	34.83	35.23	34.83	0.40	15,375	5.88	7.54	62/38	The SNCT principles and professional judgement have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	Ward 32	32.31	32.71	32.71	0.40	£4,685	7.18	6.95	62/38	The SNCT principles and professional judgement have been applied and a 0.40 WTE increase to the establishment has been recommended. The additional resource will enable the ward leader to work in a supervisory role providing support and leadership. This is supported by the Matron and Head of Nursing.
Surgery	ITU	98.01	98.39	GPICS	0.38	£56 585				The GPICS principles and professional judgement have been applied and a 0.38 WTE increase to the establishment has been recommended. The additional resource will support the addition of the Rehab Family Support Nurse. This is supported by the Matron and Head of Nursing.

Surgery	DCU - King's Mill	33.64	34.34	NA	0.70	£18,800	23.01	8.25	NA	Professional judgement has been applied and a 0.70 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing
Surgery	Minister - NWK	22.00	23.24	NA	1.24	42,765	NA	NA	NA	Professional judgement has been applied and a 1.24 WTE increase to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
Division	Ward/ Department:	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %	<b>Comments:</b>
UEC	UCC - Newark	18.76	21.87	NA	2.11	114,575.11	NA	NA	NA	The SNCT principles and professional judgement have been applied and a 2.11 WTE increase to the establishment has been recommended. The additional resource will support the ENP service provision. This is supported by the Matron and Head of Nursing.
UEC	SSU	58.61	58.61	53.31	0	0	6.51	7.45	68/32	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing.
UEC	EAU	86.41	86.41	82.06	0	0	11.30	7.99	55/45	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing.
UEC	Discharge Lounge	7.80	9.01	NA	1.22	44,058.86	NA	NA	NA	Professional judgement has been applied and a 1.22 WTE increase to the establishment has been recommended. This will provide additional leadership support within the team whilst optimising progression opportunities within the team. This is supported by the Matron and Head of Nursing.
UEC	SDEC	21.77	21.77	NA	0	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Head of Nursing.
UEC	ED	154.88	168.05	123.3	13.17	405,137.29	NA	NA	NA	The SNCT principles and professional judgement have been applied and 13.17 WTE uplift has been recommended to the establishment. This increase will provide additional registered nurses on twilight duty 7 days per week. This will facilitate the children's and young people's area to remain open later in the

										evening providing a more therapeutic patient experience. It has been acknowledged when the area closes– children and young people are managed in adult areas and this is not a suitable quality pathway. Additional registered nurse presence on the day and night shifts will support prompt care delivery across all areas of the department. It has been acknowledged that whilst SNCT has recommended 123.3 WTE, the tool does not recognise leadership positions, specialist roles, and the additional care delivery roles that sit alongside the core workforce. These are roles that are unique to SFHFT and are included in the current establishment. The data set used for SNCT has included several weeks where national lockdown was in place and the attendance rate was reduced. The layout of the different areas within the department and the staffing requirements in each area has also been taken into consideration. This recommendation is supported by the Matron and Head of Nursing. Existing shift numbers have been re-aligned to the current budget/ WTE.
UEC	HOOH	8.76	9.26	NA	0.5	27,310.92	NA	NA	NA	Professional judgement has been applied and a 0.5 WTE increase to the establishment has been recommended. This will provide a clear leadership role within the service. This is supported by the Matron and Head of Nursing.
<b>Division</b>	<b>Ward/ Department</b>	<b>Current WTE</b>	<b>Suggested WTE:</b>	<b>SNCT</b>	<b>Variance</b>	<b>Cost Impact</b>	<b>CHPPD Actual</b>	<b>CHPPD Peer Median</b>	<b>Skill mix %</b>	<b>Comments:</b>
D&O	Newark Outpatients	15.8	15.8	NA	0	0	NA	NA	NA	Professional judgement has been applied and no changes to the establishment have been recommended. This is supported by the Matron and Head of Nursing.
D&O	KMH Outpatients	95.8	101.8	NA	6.0	180,863	NA	NA	NA	Professional judgement has been applied and a 6.0 WTE increase to the establishment has been recommended. This will support the increase in clinic capacity and activity in urology and the AVH diagnostic hub. This is supported by the Matron and Head of Nursing.

D&O	Phlebotomy	14.78	16.78	NA	2.0	48,622	NA	NA	NA	Professional judgement has been applied and a 2.0 WTE increase to the establishment has been recommended. Activity has increased by 9 % since 2019 and the additional resource will continue to support activity and demand. This is supported by the Matron and Head of Nursing.
	Ward/ Department	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %	Comments:
W&C	Ward 25	45.97	45.97	46.7	0	0	10.86	11.79	68/38	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing.
W&C	Ward 14	24.73	24.73	23.57	0	0	9.06	7.85	63/37	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing.
W&C	NICU	39.67	39.67	BPAM 38.1	0	0	13.99	11.45	NA	The BPAM principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Head of Nursing.
W&C	Clinic 11	10.42	10.42	NA	0	0	NA	NA	NA	Professional judgement has been applied and no changes to the establishment have been recommended. This is supported by the Matron and Head of Nursing
W&C	Gynae SN	1.28	1.28	NA	0	0	NA	NA	NA	Professional judgement has been applied and no changes to the establishment have been recommended. This is supported by the Matron and Head of Nursing.
W&C	Paed SN	9.08	10.98	NA	1.90	39,900	NA	NA	NA	Professional judgement has been applied and a 1.9 WTE increase in the establishment have been recommended. This is to increase the hours of the team and uplift a band 6 to a band 7. This is supported by the Matron and Head of Nursing
W&C	Colposcopy	4.80	4.80	NA	0	0	NA	NA	NA	Professional judgement has been applied and no changes to the establishment have been recommended. This is supported by the Matron and Head of Nursing.
W&C	Midwifery	167.52	169.67	BirthRate Plus	2.15	£117,000	NA	NA	NA	The BirthRate Plus principles and professional judgement have been applied and an additional 2.15 WTE increase to the establishment has been





**19.0 APPENDIX THREE: Compliance with Developing Workforce Safeguards, Nursing and Midwifery**

- 19.1** The Workforce Safeguards published by NHSI in October 2018 are used to assess compliance with the Triangulated approach to staff planning in accordance with the NQB guidance.
- 19.2** Although the guidance applies to all staff, this paper will outline nursing and midwifery's current compliance with the 14 safeguards recommendations and identify any areas of improvement.

Recommendation:	Compliance:
<p><b>Recommendation 1:</b> Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.</p>	<p><b>Compliant</b> SNCT has been embedded within both adult and Paediatric in-patient areas. BirthRate Plus is embedded with Maternity services and a refresh of training has been undertaken.</p>
<p><b>Recommendation 2:</b> Trust must ensure the three components are used in their safe staffing process.</p>	<p><b>Fully Compliant</b> SNCT and BirthRate in use at the Trust to provide an evidence base for our establishment setting process. Nurse sensitive indicators information is aligned to each establishment review and professional judgement is always considered.</p>
<p><b>Recommendation 3 &amp; 4:</b> Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.</p>	<p><b>Fully Compliant</b> Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.</p>
<p><b>Recommendation 5:</b> As part of the yearly assessment, assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.</p>	<p><b>Fully Compliant</b> We collate and review data every month for a range of workforce metrics, quality indicators and productivity measures – as a whole and not in isolation from each other.</p>
<p><b>Recommendation 6:</b> As part of the safe staffing review, the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.</p>	<p><b>Fully Compliant</b> Biannual and Annual Nursing, Midwifery and Allied Health Professional Staffing Report sign off.</p>
<p><b>Recommendation 7:</b></p>	<p><b>Fully Compliant</b></p>

<p>Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.</p>	<p>Annual submission to NHS Improvement</p>
<p><b>Recommendation 8:</b> They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.</p>	<p><b>Fully Compliant</b> Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.</p>
<p><b>Recommendation 9:</b> An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.</p>	<p><b>Partially Compliant.</b> Bi-annual review for nursing is not completed across all services; We have implemented the first full cycle data collection of SNCT for 2022 will conclude in late October. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Inclusivity Committee and the Board of Directors</p>
<p><b>Recommendation 10:</b> There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.</p>	<p><b>Fully Compliant</b> SNCT and Birthrate Plus in use as per license agreements.</p>
<p><b>Recommendation 11 &amp; 12:</b> As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.</p>	<p><b>Fully Compliant</b> Completed as part of the establishment setting process and monitored by the Nursing, Midwifery, and Allied Health Committee.</p>
<p><b>Recommendation 13 &amp; 14:</b> Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.</p>	<p><b>Fully Compliant</b> Daily staffing meetings. Staffing also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe Staffing Standard Operating Procedure. Maternity Assurance Committee. Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.</p>

**20.0 APPENDIX FOUR: SNCT Assessment Criteria**

Criteria	Compliance	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	<b>Yes</b>	Licence renewed which has been confirmed by the Chief Nurse.
Do you collect a minimum of 20 days data twice a year for this?	<b>Yes</b>	Held on central database
Are a maximum of 3 senior staff trained and the levels of care recorded?	<b>Yes</b>	Held on the central database: - due to staffing challenges during the pandemic there are some areas that have requested 4 staff (all senior levels) to enable guaranteed continuity.
Is an established external validation of assessments in place?	<b>Yes</b>	Held on the central database – A Member of the senior nursing team are allocated to ward areas and undertake validation each week during the cycle. A core group of staff is maintained to ensure consistency.
Has an inter-rater reliability assessment been carried out with these staff?	<b>Yes</b>	Held on central database.
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?	<b>Yes</b>	Held on central database.
Are enhanced observations (specials) patients reported separately?	<b>Yes</b>	Requests for additional staffing for enhanced patient observations are reported through Datix Reporting System.
Has the executive board agreed on the process for reviewing and responding to safe staffing recommendations?	<b>Yes</b>	Escalation process and SOP in place.

