

**Trust Board of Directors**

<b>Subject:</b>	<b>Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report.</b>		<b>Date:</b>	6 March 2025	
<b>Prepared By:</b>	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Chief Allied Health Professional)				
<b>Approved By:</b>	Phil Bolton Chief Nurse & Paula Shore Director of Midwifery.				
<b>Presented By:</b>	Rebecca Herring (Associate Director of Nursing - Workforce)				
<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 within Sherwood Forest Hospitals Foundation NHS Trust (SFH).</p> <p>It is also to provide assurance of 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>				<b>Approval</b>	
				<b>Assurance</b>	<b>X</b>
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>				<b>X</b>
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				<b>X</b>
<b>PR4</b>	Insufficient financial resources available to support the delivery of services				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
<b>Acronyms</b>					
<b>Executive Summary</b>					
<p><b><u>Nursing and Midwifery Overview</u></b></p> <p>Since our last report, ensuring safer staffing provision across our services has remained an ongoing challenge due to a combination of factors. Patient attendance and activity across our services remain high resulting in multiple episodes of the full capacity protocol being enacted, all whilst navigating an average workforce absence rate of 5% or more. This has influenced the flexibility capability to deploy staff where required. However, with that said, clinical leaders continue to risk assess and deploy resources to ensure our staffing levels have not breached our agreed minimal levels.</p> <p>Unsurprisingly, requests for additional resources to provide enhanced therapeutic observations remain a persistent theme when reporting delays in care due to short notice absence, and increased acuity and activity continue to dominate red flag events within nursing. Recognising the increasing dependency for</p>					

enhanced therapeutic observation and care (ETOC), a national key workstream has been developed by NHS England (NHSE). The programme has been designed to focus on clinical assessment and decision-making, workforce deployment models, temporary staffing escalations and, learning from insights through regular reviews. Despite the Trust being unsuccessful in its application to be part of the national working group, the Trust will be represented at the new regional Community of Practice from January.

The Educator Workforce Strategy (2023) has been developed by NHSE to provide context and content to the role of the Clinical Educators as we move to a new era within nurse education. The current model of Practice Development at SFH does not deliver the required focus at ward or department level. Therefore, aligned with the NHSE's sets actions and priorities, the local aim is to implement a framework that will develop a new workforce, training, and education functionality. A pilot of the Clinical Educator Framework was trailed in 2024 and was received well across several areas. Due to its success this has led to other areas across SFH wishing to progress with the implementation this model.

A multidisciplinary review of the establishments commenced late November 2024 were led by the Director of Nursing/ Deputy Chief Nurse, the Associate Director of Nursing (Workforce), the Deputy Chief Financial Officer, Divisional Directors of Nursing, Divisional Matrons and Divisional Finance Managers. The recommendations put forward acknowledged collective work undertaken by divisional teams to self-fund 13.14 WTE of the 14.98 WTE uplift recommended, and approval was received from the Trust Management Team in January 2025 to fund the remaining 1.84 WTE at a cost of £65,487.

The findings from the maternity wide workforce review recognised the significant changes and additional requirements of the service since 2020 (most recent Birthrate Plus review), and in line with NICE recommendations, we have commissioned a repeat Birthrate Plus analysis to commence in 2025.

As we move into 2025, we will be looking to develop our Band 3 maternity non-registered workforce with support from our local maternity and neonatal service (LMNS) which will enable us to offer staff an opportunity to attend the 2-year apprenticeship programme. This will future proof our workforce by creating the N9 ESR requirement within the Band 3 maternity support worker (MSW) role and will improve our national compliance from an NHSE workforce perspective.

The Recruitment and Retention Band 7 Lead post for maternity services has been instrumental in reducing the midwifery vacancy. The themes from exit interviews over the last 6 months have been related to relocation or promotions and we are planning a dedicated and focused Divisional Recruitment Open Day for June 2025.

### **AHP Overview**

All band 5 AHPs (within scope) now have an electronic job plan and have achieved 3rd level final sign off. This includes agreement and sign off by the band 5 AHP, line manager, Chief AHP and Divisional Director of Nursing.

Ongoing concerns for Speech and Language Therapy (SLT) remain with a national vacancy rate of 25-28%. At SFH, our vacancy rate has risen above the national average and the current SLT service provision is fragile and the team are being supported by divisional leadership team. SLT staffing remains on the Clinical Services, Therapies and Outpatients (CSTO) Risk Register.

The Chief Nurse Clinical Fellow (CNCF) AHP preceptorship secondment is due to finish next month. Concerns have been raised regarding the sustainability of AHP preceptorship without dedicated resource to support, especially with the absence of a multi-professional facilitated learning sessions having been established due to clinical restraints limiting the time of the project.

AHP establishment reviews have commenced in CSTO for all AHP groups and is the first time there has been a detailed review of baseline establishments using a grip and control methodology similar to that used across nursing. Embedding confirm and challenges meetings alongside and the triangulation of several data sets including workforce metrics, key performance indicators and financial utilisation is acknowledged as a transformative large piece of AHP work and has not been undertaken at SFH previously.

### **Recommendations**

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

The Board of Directors are asked to note the Nursing, Midwifery and AHP establishment recommendation of a 14.98 WTE increase to the collective workforce, with a total financial impact of £65,487.

The Board of Directors are asked to note the collective work undertaken by divisional teams to self-fund 13.14 WTE of the 14.98 WTE uplift recommended, and approval received from the Trust Management Team in January 2025 to fund the remaining 1.84 WTE at a cost of £65,487.

The Board of Directors are asked to note the Midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support service and strategy development for 2025/2026.

The Board of Directors are asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.

The Board of Directors is asked to note the Developing Workforce Safeguards compliance standards.

Report Title:	Nursing, Midwifery and Allied Health Professional Bi-annual Staffing Report
Date:	February 2025
Author:	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Associate Chief Allied Health Professional)
Executive Sponsor:	Phil Bolton, Chief Nurse Paula Shore Director of Midwifery

## Purpose

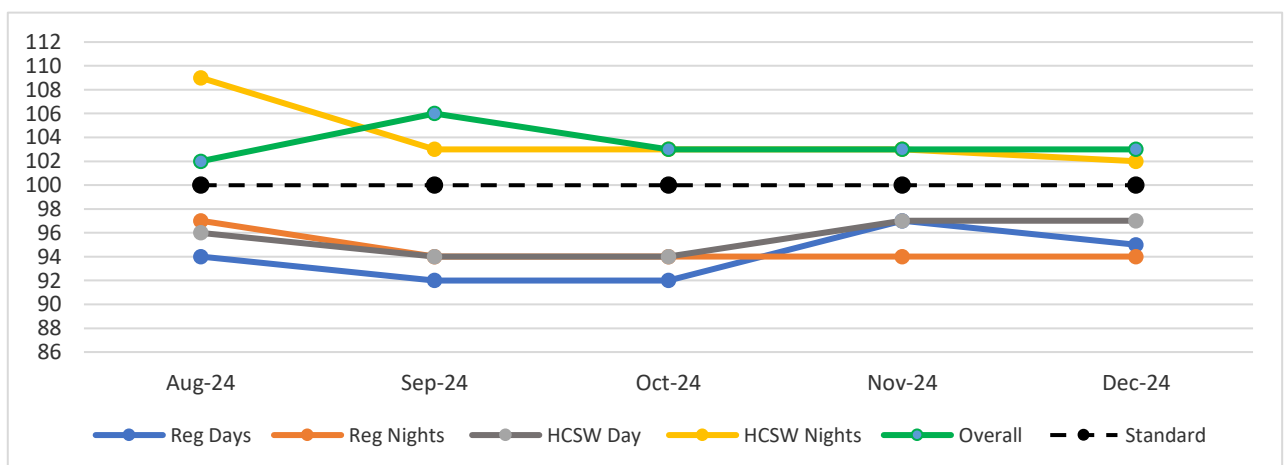
- 1.0 The purpose of this report is to provide an overview of the nursing, midwifery, and AHP workforce to ensure we have the right number of staff, with the right skills, delivering high-quality care at the right time and in the right place.
- 1.1 The report will also analyse the Trust compliance with the NICE (2014) safe staffing guidance, NQB (2016) expectations, and the NHSI (2018) Developing Workforce Safeguards recommendations as well as discuss the recommendations put forward from the NMAHP establishment reviews.

## Nursing Overview

### Workforce Position

- 2.0 Since our last report, ensuring safer staffing provision across our services has remained an ongoing challenge due to a combination of factors. Patient attendance and activity across our services remain high resulting in multiple episodes of the full capacity protocol being enacted, whilst navigating an average workforce absence rate of 5% or more. This has then influenced the flexibility capability to deploy staff where required. However, with that said, clinical leaders continue to risk assess and deploy resources to ensure our staffing levels have not breached our agreed minimal levels.

Figure 1: Planned vs Actual Fill Rates



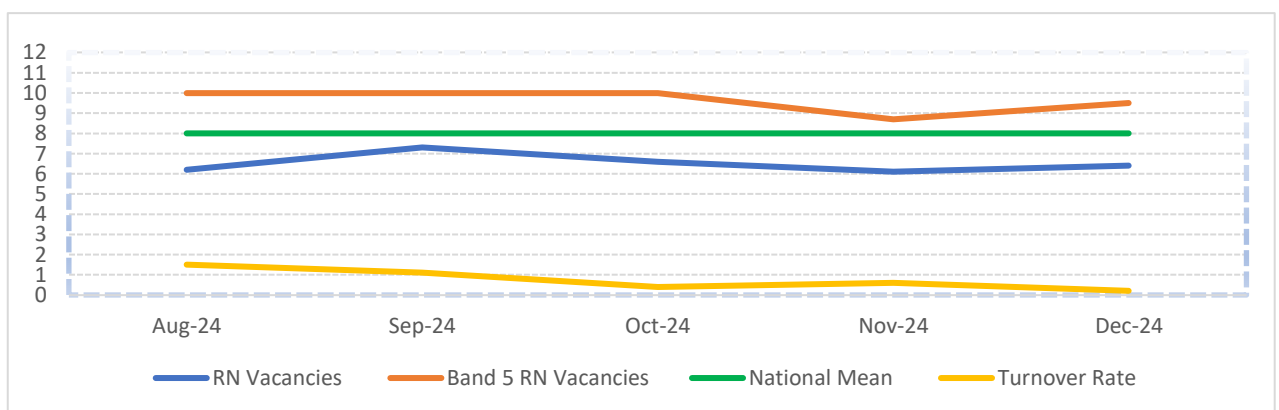
Data Source: Strategic Data Submission NHSE 2024.

- 2.2 Through flexible and risk-assessed deployment, the Trust has remained above 92% of the planned staffing fill rates for registered staff on day duty and 94% of shifts filled for registered staff on night

duty. Nonetheless, it is acknowledged that despite maintaining minimum staffing levels there have been several occasions when optimal staffing levels have not been achieved and this will have had a negative impact on patient and staff experience.

- 2.3 Temporary staffing is a crucial enabler in providing a safe and flexible response to workforce variability, whilst recognising the financial sustainability of this approach. With that in mind, agency usage paid at the standard cascade rates consistently averages approximately 6000 hours or the equivalent of approximately 500 shifts per month, however, usage at escalated rates has remained consistently low (1 shift utilised from August to November) which echoes the continued collaborative efforts from the NMAHP transformation workstream.
- 2.4 Collective nursing and midwifery vacancies at SFH continue to remain below the national average vacancy position of 8%, whilst noting our band 5 nursing remains above this. Our Band 5 cohort is one of the largest elements of the registered workforce and steady improvement is being made in reducing the vacancy deficit despite national fragility concerning workforce supply and demand.

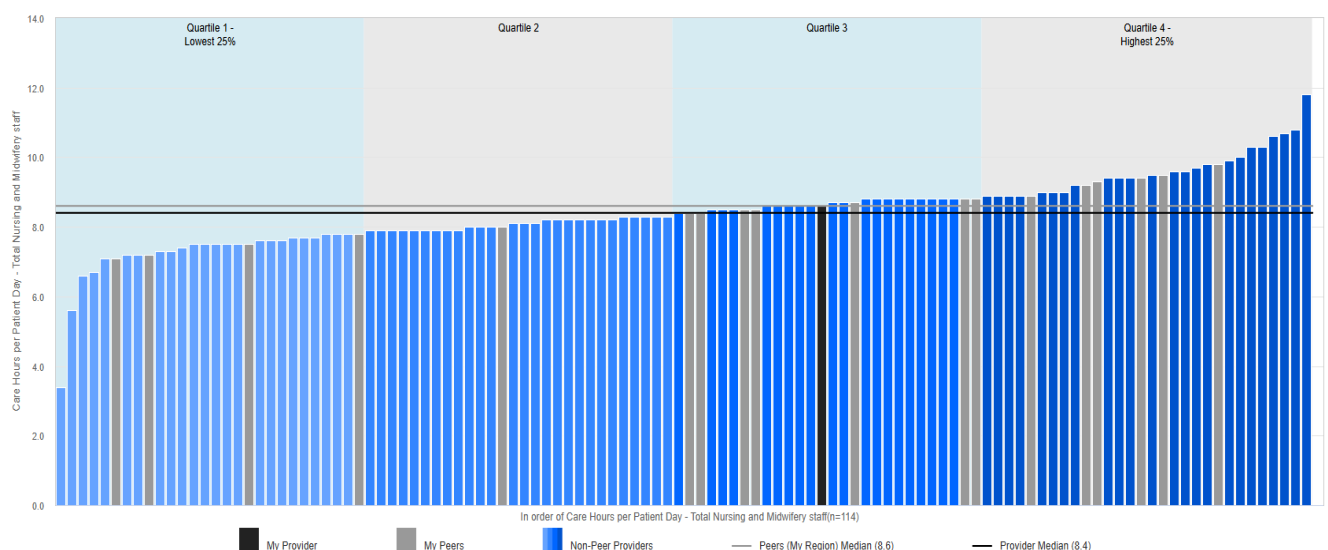
*Figure 1: Nursing and Midwifery Vacancy Position*



*Data Source: Workforce Informatics December 2024*

- 2.5 As part of our triangulated approach to safer staffing, the benchmarking care hours per patient day (CHPPD) metric displayed on Model Hospital demonstrates the average number of actual care hours spent with each patient per day, and data at Trust and ward level assists in reducing unwarranted variation by providing a transparent comparable data set.

*Figure 4: Trust Level CHPPD*



*Data Source: Model Hospital, October 2024*

- 2.6 The chart below represents CHPPD at a Trust level and highlights a position that has remained stable and aligned with an overall peer median of 8.6. Whilst this metric should not be used in isolation, it does indicate that our staffing levels are reflective of other similar-sized peer organisations across the NHS and is not an outlier in terms of efficiency and variation.

## Measurement and Improvement of Quality Care

- 3.0 Datix remains the governance process for reporting staffing incidents at SFH, and from these reports, we can identify red flag events outlined within NICE guidance (2014); however, other reporting processes are being explored to complement our escalation and governance processes.
- 3.1 Unsurprisingly, additional resources requests to provide enhanced therapeutic observations remain a persistent theme when reporting delays in care due to short notice absence, and increased acuity and activity continue to dominate red flag events for nursing. Recognising the increasing dependency for enhanced therapeutic observation and care, a national key workstream has been developed by NHSE. The programme has been designed to focus on clinical assessment and decision-making, workforce deployment models, temporary staffing escalations and, learning from insights through regular reviews. Despite the Trust being unsuccessful in its application to be part of the national working group, the Trust will be represented at the new regional Community of Practice from January

*Figure 5: Staffing Incidents*



*Data Source: Datix Reporting System December 2024.*

## Recruitment and Retention

- 4.0 The national focus for workforce planning has shifted towards staff retention being the priority focus however, recruitment remains a driver for strategy development. A working group led by the Peoples Promise Manager has redeveloped the exit interview process to ensure managers have the necessary toolkit to support conversations with staff moving on from the Trust. The intelligence gained from these conversations will be fundamental to understanding our workforce needs, themes and future development and will feed into our future staffing reports.
- 4.1 Supporting our early career nurses through their Preceptorship programme has been a large undertaking for the team supporting 126 newly qualified nurses and nursing associates currently within the first year of being a registrant. The supportive programme is delivered through restorative supervision, bespoke clinical support and structured learning events tailored to promote professional development, personal growth, and clinical competence. As part of collaborative working approach, we remain an active member of the Integrated Care System Nursing (ICS) and Midwifery Cabinet Preceptorship Working Group looking at aligning Preceptorship offers and sharing best practice across the ICS..
- 4.2 In line with the People Promise (NHSE, 2021) and the Staff Recognition Framework (NHSE, 2023) the Trust remains committed to celebrating the achievement of those completing

Preceptorship, a celebration event has been scheduled for March 2025. The event will be attended by the Chief Nurse and Deputy Chief Nurse and staff will have opportunity to network at the 'Next steps Marketplace' which has a focus on career opportunities and development at SFH.

- 4.3 Local and regional engagement continues with nursing and midwifery representatives showcasing the professions with students at educational providers. Most recently the corporate nursing team represented SFH at the Newark Careers Expo event for school aged children showcasing nursing and midwifery, as well as raising awareness into the variety of career options available within the NHS. The stand was well attended, and the team were awarded with the most interactive stall from the event organisers. Following on from this, the team have received several invites from schools within the locality to attend upcoming career events.
- 4.4 SFH continues to undertake additional work on the Band 2/3 healthcare support worker (HCSW) JDs in line with NHS Employers national guidance. Following a divisional audit on the roles Band 2 and Band 3 HCSWs undertake, a job description has been written which reflects those results. The Band 2/3 Task and Finish Group continues to meet bi-monthly to support the potential changes across the Trust and has approved the revised job description. The Risk Register (Risk 2898) remains at 16, noting a financial risk, which continues to be updated in line with statutory requirements.
- 4.5 The Educator Workforce Strategy (2023) has been developed by NHSE to provide context and content to the role of the Clinical Educators as we move to a new era within nurse education. The current model of Practice Development at SFH does not deliver the required focus at ward or department level. Therefore, aligned with the NHSE's sets actions and priorities, the local aim is to implement a framework that will develop a new workforce, training and education functionality. A pilot of the Clinical Educator Framework was trailed in 2024 and was received well across several areas. Due to its success this has led to other areas wishing to progress with the implementation this model.
- 4.6 Reflecting the NHS Long Term Workforce Plan (NHSE, 2023), the advanced practitioner workforce at SFH is steadily growing. Drawn from highly skilled (non-medical) registered professionals, advanced practitioners contribute to providing wards, departments, and services with a stable, permanent clinical workforce. It also provides professionals with a clinical career development and progression opportunity, of which there is great appetite for here at SFH.
- 4.7 The number of advanced practitioners qualifying continues to increase with 17 practitioners currently in post, ranging from stroke, emergency medicine and neonatal specialities. Qualified practitioners will achieve a MSc in Advanced Clinical Practice.
- 4.8 Trainee advanced practitioner numbers are also demonstrating growth, and new for 2025, is the introduction of trainee advanced practitioners into the recently established surgical SDEC unit, and i gastroenterology. There are currently 17 trainees across the Trust.
- 4.9 The Advanced Clinical Practitioner Accountability and Assurance Policy was ratified in May 2024 and provides the organisation with a robust governance framework for the recruitment, training and ongoing development of its advanced practitioner workforce.
- 4.10 Principles within the framework are also being considered in relation to the enhanced practice career pathway, and how national guidance supporting this this can be embedded at SFH. Looking forward to 2025, opportunities for the expansion of advanced practitioners into certain services at Mansfield Community Hospital and Newark are being explored, as well as the ongoing workforce planning at the Kings Mill Site.

## **Workforce Planning for 2025-2026**

- 5.0 The workforce planning tool utilised for inpatient areas across SFH is the Safer Nursing Care Tool (SNCT), this objective evidence-based tool provides patient acuity and dependency intelligence, which is aligned with nurse-sensitive indicators and professional judgement to inform the Trust establishment setting process. As per the Imperial licensing agreement two 30-day cycles of SNCT



data collection took place in March and September 2024, which ensured representation of seasonal variation. The principles underpinning SNCT methodology is consistent with the endorsement from NICE and their safe staffing inpatient setting (2014) guidance, and the recommendations within the Developing Workforce Safeguards (2018) guidance.

- 5.1 Birthrate Plus® is the workforce planning tool of choice for maternity services at SFH. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the Birthrate Plus® methodology is consistent with the recommendations in the NICE Safe Midwifery Staffing for Maternity Settings (2015) guidance, including the endorsement by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.
- 5.2 A multidisciplinary review of the establishments commenced late November 2024 were led by the Director of Nursing/ Deputy Chief Nurse, the Associate Director of Nursing (Workforce), the Deputy Chief Financial Officer, Divisional Directors of Nursing, Divisional Matrons and Divisional Finance Managers.
- 5.3 Each review was aligned to the components below:
- ✓ Application of professional judgement,
  - ✓ Consideration of skill mix and environmental factors,
  - ✓ SNCT and Birthrate Plus® modelling,
  - ✓ Speciality and Royal College guidance,
  - ✓ Benchmarking data from Model hospital (Peer ward level CHPPD and national mean CHPPD),
  - ✓ A 12-month overview of nurse sensitive indicators for each area,
  - ✓ Potential future service demand,
  - ✓ Health Roster template confirm and challenge,
  - ✓ Confirm and challenge of financial impacts upon budgets.
- 5.4 Staffing establishments consider the need to enable nursing, midwifery, and HCSW time to undertake professional development and supervision roles, therefore core principles in determining these establishments have remained aligned with previous reviews, namely:
- ✓ 22% 'headroom' is allocated to establishments based on the minimum headroom supported within the SNCT and represents a built-in efficiency. However, ED, Newark Urgent Treatment Centre, SDEC, NICCU and ICU are allocated 25% headroom acknowledging the speciality guidance for additional training requirements for these specific areas.
  - ✓ The ward/department leader role remaining supervisory, enabling them to apply their time to provide direct care, undertake front-line clinical leadership and support unfilled shifts.
  - ✓ The skill split upon ward areas should aim to have a recommended ratio of 65:35% split for registered nurses to HCSW in acute wards, 60:40 for sub-acute wards and 50:50% for rehabilitation wards. However professional judgement is always taken into consideration noting environmental factors and multidisciplinary input across each service.

#### **Medicine Division Review:**

- 5.5 The Medicine Division is not seeking any additional investment during the re-setting of the 2025/2026 establishments. During the professional confirm and challenge discussion the current establishment was deemed to be safe, sustainable and in line with speciality guidance. The SNCT information was triangulated with nurse-sensitive information which informed the discussion, and this recommendation was supported by the Divisional Director of Nursing and the Director/Deputy Chief Nurse.

#### **Surgery Division Review:**

- 5.6 The Surgical Division is seeking an additional uplift of 2.51 WTE (HCSWs) to support Ward 12 with the increasing dependency needs of patients and noting the increasing requirements for enhanced patient observation support. Division is also seeking a 5.26 WTE uplift (2.51 WTE RNs and 2.75



HCSWs), to support Ward 31 with the complex needs of post operative patients returning from theatre and ITU step down into enhanced care beds. During the professional confirm and challenge discussion, the division supported the case of need with a comprehensive breakdown of the additional staffing requests made over a several month period whilst triangulating this with SNCT information, nurse-sensitive information, and staff health and wellbeing feedback since the increasing pressure was noted.

- 5.7 The division are not seeking any additional financial investment; this is due to efficiencies made across several of the ward budgets and refining the roster templates. The recommendation was supported by the Divisional Director of Nursing and the Director of Nursing/Deputy Chief Nurse.

#### **Women's and Children Division Review:**

- 5.8 The Women's and Childrens Division is seeking an additional staffing uplift of 5.37 WTE (RMs) across the Acute Maternity Team. The additional resource will support the ongoing challenges and demands seen within the triage service thus enabling right sizing of the workforce in preparation for the commissioned BR+ review. The division have also tracked the unavailable time allocated for parenting and have noted that there has been a consistent elevated demand for parenting leave that exceeds the 0.5% currently allocated. Consequently, the Division has requested that to increase this allocation to support a headroom increase from 22% up to 25% which is contributing to the 5.37 WTE ask.
- 5.9 Due to efficiencies made within the division through improved roster management, variable pay utilisation and the de-establishment of unfilled long-term vacancies, the Division have provided assurance they have the ability fund this ask within their current financial envelope.
- 5.10 In line with rightsizing the registered workforce, the division are requesting an uplift of 1.84 WTE for the MSWs. The additional band 3 staff will support the demand seen within our maternity triage services, whilst ensuring the service provision remains in line with the Birmingham Symptom specific Triage System recommended by the Royal College of Obstetricians and Gynaecologists whilst addressing concerns received from HM Coroner in July 2024. The financial ask to support this recommendation is £65,487.
- 5.11 The overall recommendation from the Women's and Childrens Division is an uplift of 7.21 WTE in totality with a financial ask of £65,487.

#### **CTSO Review:**

- 5.12 The division continues to make excellent progress with a complex detailed transformation review of their current workforce provision by aligning the affiliated therapy services a with the job planning process and a individual service need review. Consequently, the CSTO division have not requested any additional establishment changes to their current services whilst this review remains in progress, and this is supported by the Divisional Director of Nursing, the Chief AHP and the Director of Nursing/Deputy Chief Nurse.

#### **Urgent and Emergency Care Review:**

- 5.13 The Urgent and Emergency Care Division are not seeking any additional investment during the re-setting of the 2025/2026 establishments. During the professional confirm and challenge discussion the current establishment was deemed to be safe and sustainable. The SNCT information was triangulated with nurse-sensitive information which informed the discussion, and the recommendation was supported by the Divisional Director of Nursing and the Director of Nursing/Deputy Chief Nurse.
- 5.14 However, it was recognised that as the capacity within Emergency Care is expected to expand, and services evolve, a full review of the workforce utilisation that is mapped against the patient pathway would be required. It is expected that the intelligence gained from this review will inform the future need of service demand whilst ensuring the quality care remains safe and within a sustainable model of delivery.

Figure 7: Establishments Recommendations

Division	WTE Requested	Financial Investment Requested
Medicine	0	£0
Urgent and Emergency care	0	£0
Surgery	7.77	£0 Funded within Division
Clinical Therapies, Services and Outpatients	0	£0
Women and Children	7.21 (investment being asked for 1.84 WTE only)	£65,487
<b>Total</b>	<b>14.98</b>	<b>£65,487</b>

- 5.15 The nursing, midwifery and AHP establishment recommendation is for an increase of 14.98 WTE to the collective workforce, with a total financial impact of £65,487. Funding was approved by the Trust Management Team in January 2025 in preparation for the 2025/2026 budgets.

## Midwifery Overview

- 6.0 Maternity Services at SFH strives to provide safe and quality care to all women, birthing individuals, and their babies who access our services. Alongside clinical excellence, we aim to be the very best place to work, ensuring our staff's health and wellbeing, alongside their professional development.
- 6.1 The workforce requirements are clearly defined through national guidelines, which support the Trust in assessing compliance against safer maternity services, midwifery workforce, and service transformation programmes: these include Better Births (2016), Safer Maternity Care (2016), the NHS Long Term Plan (2019), the Ockenden Reports of December 2020 and March 2022, Saving Babies Lives Care Bundle version 3 (2023) and the Maternity Incentive Scheme's ten safety actions, currently Year 6 of the scheme, alongside NHSE's national Single Maternity Plan (2023).
- 6.2 Ockenden (2022) acknowledges the urgent need for all Trusts to ensure a robust and fully funded maternity-wide workforce plan, which addresses the present and future requirements for midwives, obstetricians, anaesthetists, neonatal teams, and associated staff working in and around maternity services. In addition, Ockenden (2022) recommends this workforce plan focuses significantly on reducing the attrition of midwives and doctors, since increases in workforce numbers are of limited use if those already within the maternity workforce continue to leave.

## Safe Midwifery Staffing for Maternity Settings

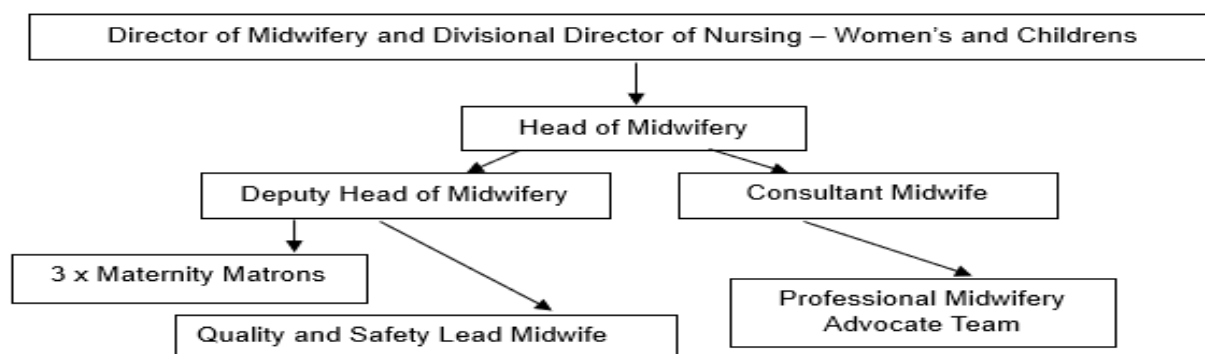
- 7.0 Aligned with the NICE recommendation NG4 (2015), division undertook a systematic process to calculate the midwifery staffing establishment utilising the BR+ toolkit. BR+ is a nationally recognised workforce planning and decision-making system for assessing the needs of women and birthing individuals for midwifery care throughout pregnancy, labour, and the postnatal period, both in hospital and community settings.
- 7.1 The findings from this service wide review provided SFH with a robust analysis of the numbers of staff required to deliver safe maternity care based on the acuity of the women and birthing individuals receiving care for 3 months between February to April 2020. Important consideration is now given to the significant changes and additional requirements of the service since 2020, and in line with NICE recommendations, we have commissioned a repeat audit by BR+ for 2025.

7.2 The outcome from our 2025-2026 establishment review is detailed in within section 5.8 of the report.

## Leadership

8.0 In line with Ockenden (2022) recommendations, the structure within Maternity Services has been strengthened, introducing the Divisional Lead role of Director of Midwifery/Divisional Director of Nursing in 2022, and increasing Matron cover by 1.0 WTE in 2024. Figure 6 below outlines the Senior Leadership Team structure as of January 2025.

Figure 6: Divisional Structure



## Consultant Midwife

9.0 The role of Consultant Midwife at SFH was initially recruited to support the implementation of Continuity of Carer in February 2021. The role has now transformed with a focus on education, research and innovation alongside leading our work on addressing health inequalities amongst our community. In 2025 our Consultant Midwife will be working closely with the Head of Midwifery to lead and embed improvements in care with an improvement project in collaboration with our Intrapartum Services Matron and Birthing Unit Clinical Lead Obstetrician focusing on prioritising choice and personalisation during labour and birth. Our Consultant Midwife will also be leading on embedding the work of our newly established staff focused Professional Midwifery Advocate for Perinatal Pastoral Care, our new Service User Advocate, alongside improving access for women and birthing individuals to pre and post birth counselling.

## Specialists Midwives

10.0 Ockenden (2022) highlights the need to develop and embed a strategy to support succession-planning for the maternity workforce with the aim of developing potential future leaders and senior managers, with additional focus on Specialist roles.

10.1 We recognise that some women and birthing individuals, such as those with long-term conditions, need more specialist care during pregnancy from our specialist midwives and teams. Specialist Midwives provide expert midwifery care to groups of women and birthing individuals with additional support needs, for example diabetes, those with mental health issues, or substance abuse issues.

10.2 Our Specialist team at SFH are funded both internally and externally, for 2025, as described in the table below.

Figure 7: Specialist Midwife Breakdown.

WTE	Role	Funding source for 2025
1.00	Bereavement Lead	OCKENDEN 5
0.53	Preceptorship Lead	OCKENDEN 5
1.00	Pre-Term Birth Lead	LMNS
0.91	B3 PTB Support	LMNS
0.80	B4 CL Skills Trainer	OCKENDEN 5
0.80	Recruitment and Retention Lead	LMNS
1.00	Saving Babies Lives Lead	NHSR
0.63	Fetal Monitoring Lead	OCKENDEN 5

0.91	Professional Midwifery Advocate	Establishment
0.80	Screening Lead	
1.00	Infant Feeding Lead	
1.00	Audit Lead	
0.40	Bereavement Midwife	
0.71	Governance Lead	
1.00	Deputy Quality and Safety Lead	
0.92	Perinatal Mental Health Lead	
1.00	Diabetes Lead	
0.80	Drug and Alcohol Lead	
0.80	Clinical Facilitator	
0.53	Digital Lead	
0.60	Clinical Facilitator, to commence in post March.	
1.00	B6 Screening Midwife	
0.80	B6 Perinatal Mental Health Midwife	
0.40	B6 Diabetes Midwife to be recruited.	
1.0	B6 Antenatal Services Midwife to be recruited	

### **Lime Green Team**

- 11.0 Following a successful quality improvement pilot in 2023 the team now also provides a daily education round on the postnatal ward (for all parents and all feeding methods), alongside community visits and antenatal classes. Led by the Infant Feeding Lead Band 7 Specialist Midwife, they will support audit, data preparation and assurance reports, achieving and maintaining Baby Friendly accreditation, as well as the in house frenulotomy clinics and staff training and education. Moving forward, the team will be launching an evening class for service users in response to feedback to improve access to education for all service users.
- 11.1 The future ambition of the team is to develop and expand the specialist role of the Band 3 to include further teaching and education elements to their portfolio, expanding their work across the neonatal service and our families, working alongside the Homecare Team and thus look to benchmark the role at agenda for change Band 4.

### **Labour Ward Coordinators (LWC)**

- 12.0 As recommended in the Workforce planning and sustainability Immediate and Essential Actions (Ockenden, 2022), a nationally recognised LWC development and educational framework has been developed by NHSE. The Framework is designed to reflect the special nature of the LWC role and defines the core proficiencies across six domains.
- 12.1 Throughout 2025, our Intrapartum Services Matron will be leading the LWC's engagement in adopting the framework and this will involve attendance at 3 dedicated away days supported by senior management. These are planned for March, June and September 2025 and will be led by the Associate Director for Nursing & AHP Development.
- 12.2 As of January 2025, we have permanently recruited into the Sherwood Birthing Unit Lead Midwife role, this was previously covered by a secondment due to several internal moves and role changes. We have also had a positive response to the current Band 7 LWC advert and are optimistic that we will have filled all vacancies for LWCs by the end of January 2025.

### **Quality and Safety**

- 13.0 In 2024 we strengthened the Maternity Quality and Safety Team with the recruitment of an additional Band 7 Lead Midwife, and this has been further improved by the organisational changes made to the Quality Governance Corporate Team.

### **Maternity Support Workers**

- 13.1 In 2018 Health Education England (HEE) launched a framework to provide all Trusts with a blueprint for the development of support worker roles across maternity services. It was created in response to the Government recognising that professionalising the role of maternity support workers was vital to delivering safe and personalised care within Maternity. In recognition of this, BirthRate use a 90:10 registered to non-registered skill split as part of their algorithm when calculating establishment.

- 13.2 We note that across the wider organisation, work is underway regrading Band 2/3 HCSWS in line with the national work and job profiles. This extensive review has already been completed within maternity due to the HEE framework, and we are now become aligned with the national expectation.
- 13.3 There will no longer be a Band 2 role for maternity support workers (MSWs) within the acute maternity service and future staff will be appointed using the Band 3 MSW job description. This has identified the need to re-band our current Band 2 staff and has informed a quality improvement project undertaken over the last 2 years to ensure training, education, and skills of all staff identified.
- 13.4 As we move into 2025, we will also be looking to develop our Band 3 workforce with support from our local maternity and neonatal service (LMNS) which will enable us to offer staff an opportunity to attend the 2-year apprenticeship programme. This will future proof of our workforce by creating the N9 ESR requirement within the Band 3 MSW role and will improve our national compliance from an NHSE workforce perspective.

### **Newly Qualified Midwives (NQMs)**

- 14..0 Newly qualified midwives (NQMs) commence in post on a 12-month Band 5 preceptorship package. Once all elements are completed, they progress to band 6. This differs from band progression seen in nursing. At present due to the national shortage of qualified and experienced midwives SFH have recruited predominantly newly qualified midwives for the last 18 months and recognises approximately 20% of its current workforce on a rostered clinical shift are considered newly qualified.
- 14.1 At SFH at the start of 2024 our Band 5 midwives reported poor experience of support, teaching, and supervision whilst on shift and escalated to the senior team how they are often moved off supernumerary status when acuity challenges increase. We acknowledge the impact of this experience on retention and the health and wellbeing of our staff. The unavailability on shift of senior midwives to support our NQM has been identified as a key priority to address moving into 2025. Our action plan to date has included the successful recruitment of an additional Band 7 Clinical Facilitator, who commences in post March 2025 alongside increased engagement sessions with a professional midwifery advocate (PMA) via the introduction of Compassion Circles.
- 14.2 In line with Ockenden's (2022) recommendations, going into 2025 we will ensure there are visible, supernumerary clinical skills facilitators to support midwives in clinical practice across all settings. This will be led by our Lead PMA and Consultant Midwife with a starting focus on Sherwood Birthing Unit, as this has been identified by the NQM as their main area requiring additional practice support.
- 14.3 Consideration must also be given to the learning needs and experiences of our student midwives. We work closely with our education partners at Derby and Nottingham Universities and have also been asked to accommodate Lincoln students. We support BSc and MSc Midwifery students, paramedic students and our junior doctors across our acute and antenatal services.

### **Culture: Civility in the Workplace**

- 15.0 Operational pressures due to midwifery vacancy, sickness absence, secondments and maternity leave all continue to contribute to the significant challenges in ensuring overall staff experience as well as staff health and wellbeing. Demonstrated through the staff survey responses, alongside the orientation experience of the newly registered midwives and international midwives, we have taken time as a senior team to listen and embed various strategies in a 'YOU SAID; WE DID' approach. This includes:
- National NHSE Perinatal Quad Work
  - Tree Teams
  - 10@10
  - Review and refresh of Bronze on Call role and responsibilities.
  - B7 LWC engagement days
  - Staff Council
  - Dedicated staff side PMA

- Perinatal Post – improved MDT communication strategies
- Midwife: Doctor Forum

The focus on the retention of midwives in post is of significant concern nationally with a shortage of around four thousand midwives.

## Risk Register

- 16.0 We currently have 6 risks on the Maternity Risk Register that are related to and impacted by midwifery staffing as noted below.

*Figure 8: Maternity Services Risks – Staffing Impact*

Risk No 2893	Birmingham Symptom-specific Obstetric Triage System (BSOTS) triage system has not been fully embedded within Maternity Triage	High risk (12)
Risk No 1246	Deteriorating patient	Medium risk (9)
Risk No 2704	Diabetic Antenatal clinic appointments	Low risk (6)
Risk No 1969	Safe & effective patient care	Medium risk (9)
Risk No 1971	Midwifery Staffing levels	Low risk (4)
Risk No 1970	Staffing levels In-patient Maternity Services	Low risk (4)

- 16.1 There is one risk scored at 12 and is related to BSOTS (risk number 2893). It describes the clinical space, midwifery staffing vacancy, experience and telephone communication as factors that impact the services ability to fully embed BSOTS. A fortnightly improvement group has been developed to ensure mitigations and transformation are progressed to support improvements and an overall reduction in risk.
- 16.2 Currently we are actively recruiting for core Triage Band 6 midwives and have recently welcomed a Lead Midwife specifically for this team. and are continuing to work closely with Skanska to improve the telecommunications.

## Forward Planning

- 17.0 The service acknowledges the immediate requirement to recruit dedicated Triage midwives to ensure we meet the requirement of a 24-hour service, seven days per week, aligned with the BSOTS model. This will ensure a dedicated experienced midwife for Telephone Triage across the 24-hour service, 7 days a week.
- 17.1 Our Pregnancy Day Care unit is weekday days and includes screening, flu, and pertussis services. To ensure we meet the diverse demands of the women and birthing individuals whom we provide care for, Outpatient Clinic services are based on session times and numbers of staff to cover these, rather than on a dependency classification and average hours. BirthRate Plus therefore recommended professional judgement is used to assess the numbers of midwives and support staff required to 'staff' the clinics/sessions. The outpatients' profile is unique to each maternity service.
- 17.2 The Recruitment and Retention Band 7 Lead post for maternity services has been instrumental in reducing the midwifery vacancy. The themes from exit interviews over the last 6 months have been related to relocation or promotions and we are planning a dedicated and focused Divisional Recruitment Open Day for June 2025.
- 17.3 In 2025 Women's and Children's Division will be supporting the Trust pilot on talent management and supporting people who move on quickly; research has shown that most staff who leave will do so in the first 6,9 and 12 months of being in post.
- 17.4 Thinking of Moving conversations will be used alongside the other suite of resources across the Trust which includes wellbeing conversations, 30/60/90-day conversations, appraisal, and talent conversations.

## Specialist Champions

- 18.0 For 2025 the funding for the Digital Lead role will be moved fully over to the corporate team, alongside our safeguarding Lead midwife who is also funded corporately. As these roles are based across the organisation, we are looking to support band 6 development roles into Champions for each of these fields. This will be led by the Recruitment and Retention Midwife as part of the nurturing and development Band 6 Pathway Passport.

## Advanced Clinical Skills Practitioners – Midwifery

- 19.0 In November 2022 HEE published the Advanced Clinical Practice in Midwifery Capabilities Framework which enables organisations to put in place new midwifery roles, helping them better meet the needs of those who use their maternity services. The framework was produced in line with recommendations made by HEE and builds upon examples of good practice from across the midwifery system nationally. Advanced clinical practitioners (ACPs) play a key role in maternity services that deliver safer, more personalised care for all women and birthing individuals, helping to improve outcomes and reduces inequalities. The aim is for a whole time equivalent Advanced Clinical Skills Midwife for each site who will support complex pregnancies, enhance obstetric care, and lead the way in improving and developing standards of practice for all midwives whilst improving the safety and quality of care.

## Allied Health Professional (AHP) Overview

- 20.0 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs however, each AHP has profession-specific guidance to inform staffing resource advised of a particular service.
- 20.1 At SFH, we are gathering data that will support an informed AHP staffing profile, this will provide transparency on the availability of the information we already have and new data we are currently collating. One element contributing to this workstream includes Job planning AHPs, individually and, as a team providing a specific service.

## AHP Job Planning Project Progress Update.

- 21.0 AHPs within scope (according to NHSE AHP job planning guidance), include all our AHPs professions at SFH, except for ODP's. All band 5 AHPs now have an electronic job plan and have achieved 3rd level final sign off. This includes agreement and sign off by the band 5 AHP, line manager, Chief AHP and Divisional Director of Nursing.
- 21.1 In addition to this, job planning is now included on induction and e-learning AHP job planning training webinars have been developed and added to new AHP intranet webpage. Band 6 job plans are progressing well, and activity data analysis has now concluded, and job plans are currently being draft. Band 7 activity data harvesting has concluded and is currently in the analysis stage.
- 21.2 As this project progresses, the benefits of job planning, and data harvesting realised so far include:
- ✓ Identification of actual vs recommended range of direct clinical care, supporting professional activities per band (as defined by NHSE and the HCPC) and the identification of potential gaps.
  - ✓ Sharing activity with team members, resulting in efficiency improvements, for example the duplication of administrative activity releasing time for direct clinical care.
  - ✓ Visibility of workforce activity available to operational leads. Access to this information has enabled team skill mix reviews.
  - ✓ Transparency of equity across AHP bands and services.
  - ✓ Identification of individuals within teams, working beyond or under capacity. Data validation is underway to reduce unwarranted variation.



- ✓ Statistical data from activity exercise (actual) and job planning (planned) is providing standardised capacity, in hours, for different activities, which when developed, will aid establishment planning.
- ✓ Presentation of project at national conference in October 2024 by the AHP CNCF

- 21.3 A pilot collecting in-patient physiotherapy statistics (via Nervecentre) has concluded, and data analysis will be performed by the digital team when capacity allows, prior to potential roll out across the other in-patient AHP teams.
- 21.4 AHP establishment reviews have commenced in CSTO for all AHP groups, and it is the first time there has been a detailed review of baseline establishments using a grip and control methodology similar to that used across nursing. Embedding confirm and challenge meetings alongside and the triangulation of several data sets including workforce metrics, key performance indicators and financial utilisation is acknowledged this is a transformative large piece of AHP work and has not been undertaken at SFH previously.
- 21.5 CSTO division continue to transition all their AHPs onto Health Roster. Five AHP professions are now on Health roster which include Physiotherapy, Occupational therapy, SLT, Dietetics and Orthotics, with Radiography currently transitioning across. Health roster information combined with professional judgement and real time activity data, will support future AHP productivity and efficiencies at SFH.
- 21.6 The CNCF AHP job planning secondment ends 31<sup>st</sup> March and there is no sustainability plan or funding in place to continue this project beyond this date.

### **Dietetics**

- 22.0 The recruitment of the Band 7 Diabetes (young adult) position has been unsuccessful and has been re-submitted through the recruitment process to re-advertise.

### **Occupational Therapy (OT)**

- 23.0 OT is a workforce risk that has been downgraded in severity remains a risk at present. Recruitment continues to improve but significant upcoming maternity leave is creating challenges for service provision in the smaller teams.

### **Operating Department Practitioners (ODP's)**

- 24.0 Recruitment of ODPs continues to be a risk but work is progressing on the reduction of vacancies, namely through the utilisation temporary staffing and supporting the growth of the qualified workforce via apprenticeships.

### **Orthoptists**

- 25.0 Orthoptist substantive posts are currently fully established but the small team is experiencing significant long-term planned and unplanned sickness, impacting staffing and service delivery, because of this Orthoptist staffing has been added to the divisional risk register. To support staffing resource a bank position is currently bank post is out to advert, and variable pay continues to be utilised to support additional clinic capacity.

### **Orthotics**

- 26.0 Orthotics are currently out to recruitment for a Band 5/6 vacancy equating to a 25% reduction in capacity. There has been a good response with the re-advertisement of this post (previously no applicants) and Interviews are pending. Orthotic technicians are fully established.

## **Paramedics**

- 27.0 We continue to employ four paramedics working as advanced clinical practitioners (ACPs) at KMH. Two ACPs are based within ED triage, one in the Newark hospital Urgent Treatment Centre and one in based in ICCU.

## **Physiotherapy**

- 28.0 There are no concerns with current physiotherapy recruitment and SFH continue to attract a healthy number of applicants into the workforce. However, exception is noted for Neurology due to a Band 7 position needing to be re-advertised with an annexe 21 to progress and band 6 to a band 7.

## **Radiography**

- 29.0 Five vacancies in radiology will be progressed to advert in February with a target audience of the undergraduate workforce due to qualify in the spring 2025.
- 29.1 Sonography recruitment continues to be a significant challenge with 10.5 WTE vacancies. 6.0 WTE of the vacant posts are being utilised with trainee sonographers resulting in 4.5 WTE vacant posts overall. 2.0WTE qualified sonographers, who have completed their preceptorship at SFH, have recently resigned and has resulted in increased use of temporary staffing to support the current service.
- 29.2 It is anticipated resourcing MRI staffing for the Community Diagnostic Centre will be challenging, therefore, to test the current market, hybrid rotational posts have been proposed as part of the Vacancy Control Panel process.

## **Speech and Language Therapy (SLT)**

- 30.0 SLT have recently seen a recent high attrition rate of experienced staff with three band 7's having left the Trust. In addition to this, the recent Band 7 SLT Neurology post received no applicants and is back out to advert. 0.6 WTE Band 7 Paediatrics and 0.6 WTE head and neck posts are also being re-advertised after unsuccessful recruitment. There has been successful recruitment of the Band 7 General Medicine SLT post, and the candidate is expected to start in March 2025.
- 30.1 Ongoing concerns for recruitment nationally for SLT remain with a vacancy rate of 25-28%. At SFH, our vacancy rate has risen above the national average and the current SLT service provision is fragile and the team are being supported by divisional leadership team. SLT staffing remains on the CSTO Risk Register.
- 30.2 Therapy services continue to work in collaboration with West Notts College to provide placements for 'T' level students accessing the therapy module in healthcare. The 'T' level provides entry level requirements for AHP undergraduate degree courses (equivalent to 'A' level), and on-going collaboration is underway to encourage students to consider Occupational Therapy training.

## **Chief Nurse Clinical Fellows (CNCF) - AHP Preceptorship**

- 31.0 Each of our AHP Professions has a designated preceptorship lead, and with the support of the AHP Preceptorship CNCF and the new AHP Preceptorship champions, AHP preceptorship provision at SFH (aligned to NHSE guidance) has been redesigned.
- 31.1 All newly qualified AHP practitioners are now accessing preceptorship support; they have all been assigned trained preceptors who provide one-to-one structured monthly meetings over a 12-month period, with access to a newly developed toolkit of resources and guidance on the AHP intranet. Initial trialling of cross-profession AHP preceptor support is underway, and AHP preceptors can access ongoing development and support opportunities through newly developed training and peer support forums.

- 31.2 The CNCF AHP preceptorship secondment is due to finish next month. Concerns have been raised about the sustainability of AHP preceptorship without dedicated resource to support, especially with the absence of a multi-professional facilitated learning sessions having been established due to clinical restraints limiting the time of the project.

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## **National Compliance**

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- 32.0 The Developing Workforce Safeguards published by NHSI in 2018 were designed to support effective workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This approach combines evidence-based tools with professional judgement and patient outcomes to ensure the right staff with the right skills are in the right place at the right time.
- 32.1 Appendix One details the Trust's compliance with the nursing and midwifery elements of the Developing Workforce Safeguards recommendations. The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.
- 32.3 The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable

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## **Recommendations**

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- 33.0 The Board of Directors are asked to receive this report and note the ongoing plans to provide safe staffing levels across nursing, midwifery, and AHP disciplines.
- 33.1 The Board of Directors are asked to note the Nursing, Midwifery and AHP establishment recommendation of a 14.98 WTE increase to the collective workforce, with a total financial impact of £65,487.
- 33.2 The Board of Directors are asked to note the collective work undertaken by divisional teams to self-fund 13.14 WTE of the 14.98 WTE uplift recommended, and approval received from the Trust Management Team in January 2025 to fund the remaining 1.84 WTE at a cost of £65,487.
- 33.3 The Board of Directors is asked to note the Midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support services and strategy development for 2025/2026.
- 33.4 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 services.
- 33.5 The Board of Directors is asked to note the Developing Workforce Safeguards compliance standards.

## 34.0 Appendix One: Developing Workforce Safeguards Compliance Standards

Recommendation:	Compliance:
<b>Recommendation 1:</b> Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ SNCT has been embedded within adult in-patient areas, paediatric in-patient areas, and the Emergency Department.</li> <li>✓ BR+ is embedded with Maternity services and a refresh of training has been undertaken.</li> <li>✓ Monthly, Biannual and annual reporting to Trust Board</li> </ul>
<b>Recommendation 2:</b> Trust must ensure the three components are used in their safe staffing process.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ SNCT and BirthRate are in use at the Trust and provide an evidence-based benchmark for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ Data is reviewed and collated every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report.</li> </ul>
<b>Recommendation 7:</b> 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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ Annual submission to NHS England</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ A bi-annual review for nursing using SNCT is completed across all services; establishments are reviewed on an annual basis. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Improvement Committee, and the Board of Directors.</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ SNCT and BR+ are in use as per full license agreements.</li> </ul>
<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.	<b>Compliant</b> <ul style="list-style-type: none"> <li>✓ Completed as part of the establishment setting process and any changes in service provision. These are monitored by the Nursing, Midwifery, and Allied Health Committee.</li> </ul>

<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>Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Staffing resource is also discussed at the flow and capacity meetings throughout the day.</li> <li>✓ Staffing escalation process via Matron and Bronze on call.</li> <li>✓ Safe Staffing Standard Operating Procedure. Perinatal Assurance Committee.</li> <li>✓ Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.</li> </ul>
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*Developing Workforce Safeguards (NHSI, 2018)*

### 35.0 Appendix Two: Establishments Outcome Breakdown 2025/2026

	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
Medicine	Ward 22 (24 beds)	37.9	37.90	0	30	0	6.6	5.88	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 23 (23 beds)	35.16	35.16	0	32.4	0	7.16	7.63	77/33	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 24 (24 beds)	37.9	37.9	0	31.6	0	6.64	7.63	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. It is acknowledged that the speciality on the ward is haematology and cardiology medicine; however, the attendance rate for acute haematology is low and therefore difficult to capture in SNCT. This is supported by the Matron Divisional Director of Nursing and Deputy Chief Nurse.
	Ward 43 (24 beds)	37.90	37.90	0	34.5	0	7.5	6.6	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 34 (24 beds)	37.89	37.89	0	40.3	0	6.86	6.35	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 41 (24 beds)	37.89	37.89	0	37.9	0	6.84	76.64	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 42 (24 beds)	37.89	37.89	0	38.2	0	7.24	6.64	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	21/ RSU (24 beds)	40.40	40.40	0	38.7	0	7.75	6.64	67/33	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 44 (24 beds)	37.90	37.90	0	34	0	6.89	6.64	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 51 (24 beds)	40.71	40.71	0	32.4	0	7.13	7.02	40:60	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 52 (24 beds)	41.27	41.27	0.	40.3	0	7.56	7.02	50/50	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief

											Nurse
	Stroke Unit (35 beds, 4 HASU and 31 acute stroke beds)	74.95	74.95	0	68.2	0	9.58	7.26	56/44	1:3	The SNCT principles of professional judgement and RCP stroke guidance have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Sconce (24 beds & 6 escalation beds)	44.12	44.12	0	44.4	0	6.36	7.5	50/50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse.
	Castle (18 beds-escalation)	27.19	27.19	0	26.5	0	7.1	7.5	40/60	1:9	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Chatsworth MCH (16 beds-escalation)	24.69	24.69	0	NA	0	6.64	7.56	40/60	1:8	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Lindhurst (19 beds-escalation)	27.19	27.19	0	28.5	0	7.57	7.02	40/60	1:9	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Oakham MCH (24 beds)	32.42	32.42	0	33.1	0	5.88	7.56	50/50	1:8	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse

	Ward/Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
SURGERY	Ward 11 (24 beds)	37.9	37.9	0	38.1	0	New Ward	New Ward	50:50	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 12 (24 beds)	37.92	40.43	2.51	39.1	0	6.95	8.02	50/50	1:6	The SNCT principles and professional judgement have been applied and a 2.51 WTE increase to the establishment is recommended. No financial investment is required due to the service efficiencies made within division. The uplift will support the increasing demand for enhanced patient observations (1;1 care) out of hours. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	Ward 14B (12 beds)	24.57	20.88	- 3.69	16.5 (small ward)	Repurposed	New Ward	New Ward	60/40	1:4	The SNCT principles, professional judgement and Roster efficiencies have been undertaken to ensure roster templates align with budgets for transparency and this has realised a 3.69 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse, and the relevant QIA have been undertaken.
	Ward 31 (24 beds)	35.19	40.45	5.26	35.35	182,300 (funded by division)	6.91	7.54	57/43 1:6	1:6	The SNCT principles and professional judgement have been applied and a 5.26 WTE increase to the establishment is recommended. No financial investment is required due to the service efficiencies made within the division. The uplift will support



											the increasing complexities of the post-operative patients and those patients who have been stepped down from ICU care. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	Ward 32 (24 beds)	37.95	37.95	0	37.03	0	7.84	7.54	50/50 1:6	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and Deputy Chief Nurse
	Ward 33 SAU/SDEC (17 beds, 5 recliners and 4 trolleys)	35.55	34.76	- 0.79	Ward reconfig ured	Repurposed	0	0	67/33	NA	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. Roster efficiencies have been undertaken to ensure roster templates align with budgets to ensure transparency and this has realised 0.79 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse, and the relevant QIA have been undertaken.
	ITU RN	99.09	97.73	- 1.36	GPICS	Repurposed	38.48	30.99	GPICS	NA	The GPICS principles and professional judgement have been applied and no changes to the establishment have been recommended. Roster efficiencies have been undertaken to ensure roster templates align with budgets for transparency and this has realised a 2.36 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	DCU - King's Mill	39.01	39.09	0.08	NA	2,800 (funded by division)	23.77	7.91	54/36	NA	Professional judgement has been applied an a 0.08 WTE increase to the establishment has been recommended. This is to ensure the roster template is aligned with the budget This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	Minister - NWK	25.74	22.64	3.1	NA	Repurposed	NA	NA	64/36	NA	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. Roster efficiencies have been undertaken to ensure roster templates align with budgets to ensure transparency and this has realised a 3.1 WTE improvement. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse the relevant QIA has been undertaken.

	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
UFC	UCC RN - Newark	21.62	21.62	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	UCC - Newark	6.20	6.20	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	SSU (48 beds)	70.83	70.83	0	70.82	0	7.09	8.02	58/42	1:6	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron, Divisional Director of Nursing and Deputy Chief Nurse.
	EAU (46 beds)	95.88	95.29	0	88.7	0	10.29	8.4	57/43	1:4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.

	Discharge Lounge	27.01	27.01	0	NA	0	NA	NA	50/50	NA	Professional judgement has been applied and professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	SDEC	21.77	21.77	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Divisional Director of Nursing.
	ED RN	130.36	130.36	0	117.1	0	NA	NA	62/38	NA	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	ED HCA	78.70	78.70	0	29.3	0	NA	NA	38/62	NA	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	ED ENP	9.41	9.41	0	NA	NA	NA	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse.
	HOOH	9.29	9.29	0	NA	0	NA	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.

	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	RN Ratio	Comments:
W&C	Ward 25 (26 beds)	50.06	53.20	0 Budget and roster template being aligned	53.5	0	16.57	15.21	67/23	1:3.7	The SNCT principles and professional judgement have been applied with no changes to the establishment. Budget and roster templates have been aligned to ensure transparency. This is supported by the Divisional Director of Nursing and Divisional Director of Nursing
	Ward 25 (HDU)	7.82	7.46	- 0.36	NA	Repurposed	NA	NA	PICS	PICS	Professional judgement and guidance from PICS guidance have been applied with no changes to the establishment recommended. This is supported by the Deputy Divisional Director of Nursing and Divisional Director of Nursing
	Ward 14 (12 beds)	26.60	26.63	- 3.06	23.54	Repurposed	8.48	8.28	57/43	1:6	The SNCT principles and professional judgement have been applied and a 3.06 WTE decrease has been recommended. This has been based on 2 posts being redeployed to support the service from an outpatient setting. This is supported by the Divisional Director of Nursing and the Deputy Chief Nurse
	NICU RN	29.33	28.60	- 0.73	BAPM	Repurposed	13.89	14.14	84/16	BAPM	The BPAM principles and professional judgement have been applied with no changes to the establishment recommended. Roster templates and budget codes have been re-aligned to ensure transparency. This is supported by the Deputy Divisional Director of Divisional Nursing and Divisional Director of Nursing.
	NICCU HCA	5.24	5.24	0	BAPM	0	1.79	1.79	16/84	BAPM	The BPAM principles and professional judgement have been applied with no changes to the establishment recommended. Roster templates and budget codes have been aligned to ensure transparency. This is supported by the Deputy Divisional Director of Divisional Nursing and Divisional Director of Nursing.

	Midwifery RM	92.19	97.56	5.37	Birthrate Plus	(funded by division)	8.58	9.87	Birthrate Plus	Birthrate Plus	Professional judgement and the Birthrate Plus principles have been applied and a 5.37 WTE increase has been recommended. to the establishment. This is to enable the increase in headroom from 22-25% and align the increased demand for parenting leave, The increase will also the senior midwifery presence in triage. This is supported by the Divisional Director of Nursing.
	Midwifery MSW	29.15	30.99	1.84	Birthrate Plus	£65,487	2.30	2.79	Birthrate Plus	Birthrate Plus	Professional judgement and the Birthrate Plus principles have been applied and a 1.84 WTE increase has been recommended. to the establishment. The increase will also the clinical support presence in triage and align the model of care with BSOTS. This is supported by the Divisional Director of Midwifery and the Deputy Chief Nurse.
	Community Midwives	46.23	45.04	- 1.19	Birthrate Plus	0	NA	NA	Birthrate Plus	Birthrate Plus	Professional judgement and the Birthrate Plus principles have been applied and a 1.19 WTE decrease to the establishment has been recommended. This has resulted from improved roster efficiency and the disestablishment of a long-term unfilled post. This is supported by the Director of Midwifery and the Deputy Chief Nurse.
	Specialist Midwives	12.84	19.34	6.5 Roster aligned with external funding streams	Birthrate Plus	0	NA	NA	Birthrate Plus	Birthrate Plus	The BirthRate Plus principles and professional judgement have been applied and no changes to the establishment are recommended. The external funding stream have been transacted and reflected into the budget planning to ensure transparency. This is supported by the Director of Midwifery and the Deputy Chief Nurse.

- The nursing, midwifery and AHP establishment recommendation is an increase of 14.98 WTE to the collective workforce, with a total financial impact of £65,487.