

<b>Subject:</b>	Nursing, Midwifery and Allied Health Professional Annual Staffing Report.		<b>Date:</b> 26th March 2021	
<b>Prepared By:</b>	Rebecca Herring, Penny Cole and Kate Wright			
<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, Nursing, Midwifery and Allied Health Professional Committee (NMAHP), People, Culture and Improvement Committee and the Board of Directors with an overview for Nursing, Midwifery and Allied Health Professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHFT). Compliance with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement (NHSI) Workforce Safeguards guidance will also be reviewed.</p>			<b>Approval</b>	
			<b>Assurance</b>	
			<b>Update</b>	<b>X</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>
X		X	X	X
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		Triangulated internal reports		
<b>Risks/Issues</b>				
<b>Financial</b>	X			
<b>Patient Impact</b>	X			
<b>Staff Impact</b>	X			
<b>Services</b>	X			
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
Nursing, Midwifery and Allied Health Professional Committee 23/03/2021				
<b>Executive Summary</b>				
<b>1.0 Background</b>				
1.1 The purpose of this report is to provide an overview for nursing, midwifery and AHP staffing capacity and compliance within SFHFT aligned to NICE Safe Staffing Guidance, NQB				

Standards and the NHSI Workforce Safeguards Guidance.

- 1.2** This is supported with an overview of staffing availability over the previous year and progress with assessing acuity and dependency of patients on ward areas. This data will support the review of the nursing and midwifery establishment reviews for 2021/2022.
- 1.3** **Nursing and Midwifery Overview**
- 1.4** The Nursing and Midwifery Council (NMC) has reintroduced [emergency education standards](#) enabling final year nursing students to undertake paid clinical placements in support of the Covid-19 response.
- 1.5** A [study by researchers at King's College London](#) has found that many hospital staff treating the sickest patients during the first wave of the Covid-19 pandemic were left traumatised by the experience. In the [study, which has been published online](#) but has not yet been peer-reviewed, 59% reported good well-being but 45% met the threshold for probable clinical significance for at least one of: severe depression (6%), post-traumatic stress disorder (39%), severe anxiety (11%) or problem drinking (7%).
- 1.6** The vacancy rate at SFHFT has over the past has seen a modest reduction of 3.47% from April 2020 to January 2021. The current vacancy rate within the registered nursing and midwifery workforce is 9.19% and remains below the national average of nursing and midwifery vacancy rates of 12%, with a consistent reduction in the vacancy position since May 2020. The NHS Long Term Plan set a target of reducing nursing vacancies to 5% by 2028 and the Trust remains committed and on track to achieving this.
- 1.7** Agency usage during the first quarter of the year saw a positive reduction with requests for April 2020 reaching 469 subsiding to 53 requests in June. This decline was influenced by the reduced inpatient occupancy seen across the Trust due to the first wave of the Covid-19 pandemic. However due to on-going workforce challenges related directly related to pandemic combined with the impact of the second surge of acutely unwell patient attendances, support from agency staff began to rise from June onwards.
- 1.8** During Quarter 1 of 2020, the overall staffing levels for the Trust consistently remained above 100% of our planned hours. The increase of actual hours compared to planned hours was largely influenced by the redeployment of staff during the pandemic. However moving into Quarter 3 and the impact of the second wave, fill rates began to reduce due to an increased level of staff sickness and absence due to mandated isolation. This also reflects the national picture of significant workforce challenges at this time with many agencies

reporting difficulties providing staff for unfilled duties.

- 1.9** Since April 2020 there have been 274 nursing and midwifery staffing related incidents reported through the Datix reporting system. All of these incidents were recorded as no or low harm and the appropriate actions were taken at the time. Eight of these incidents have been identified as a *red flag* incident (as defined by NICE) due to a delays in care. It is recognised that despite no adverse clinical outcome, these delays in care will have impacted upon the patients and staff overall experience.
- 1.10** The first cycle of acuity and dependency data collection using Safer Nursing Care Tool (SNCT) has taken place across adult in patient areas and concluded in late October. The second data cycle was due to commence in February but due to wide spread service pressures; this has been rescheduled for April 2021. Training and education for the Children’s and Young People SNCT was also delivered to staff in November 2020 but as previously discussed the impact from the on-going pandemic has meant that the data collection cycle has been rescheduled from February 2021 to April 2021. SNCT refresher training is currently in progress.
- 1.11** A multidisciplinary review of the nursing establishments was completed in January and was led by the Chief Nurse with representation from divisional Heads of Nursing/ Midwifery, Divisional Finance Mangers and the Corporate Matron for Staffing. The recommendation from the nursing review highlighted 33.6 WTE posts are required for 2021/2022 at a total cost impact £1,097,808. This increase supports the Emergency Department expansion, EAU staffing for monitored beds and a small number of uplifts to support service improvement.
- 1.12** Since our last report six months ago we have seen a high level of scrutiny on maternity services nationally and the coalition of a number of local work streams and action plans relating to safety and quality improvements at SFHFT.
- 1.13** The content of this paper is predicated upon BirthRate Plus® recommendations and triangulated against the NHR Maternity Incentive Scheme Safety Action 5; local BirthRate Plus® acuity data (which includes midwifery staffing red flags); the maternity dashboard and the perinatal quality surveillance tool; and the national toolkit for workforce planning for midwifery continuity of carer.
- 1.14** The midwifery profile at SFHFT is reflective of the wider regional position – an exclusively female workforce with associated wider caring responsibilities; 75% working part time hours across all settings; persistent vacancy factor which is disproportionate in the community

team; and service provision delicately positioned between 'traditional' and 'transformed' models.

- 1.15** A Maternity Transformation Working Group will focus on the development of a bespoke recruitment approach which aims to consolidate the registered midwife job description, attract external candidates to join SFHFT, and promote our profile using social media. Our newly appointed Consultant Midwife will be working with our teams to develop plans to adopt continuity of carer for the majority of women. This will involve finding a balance between meeting the expectations of women and their families and providing work-life balance for midwives.
- 1.16** We have gained financial support from the Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS) in recognition of our progress against continuity of carer trajectories and a clearly articulated action plan. Non-recurrent funding of £277k has been approved for the recruitment of a third continuity team (6.77 whole time equivalent) and this is factored into the action plan at appendix four. There is a risk that we may not recruit to these roles given the hard to recruit to nature of Team Midwifery. The relationship between the needs of women and the work-life balance of the midwives will be explored, understood and addressed in order for recruitment and retention challenges to be overcome.
- 1.17** The forecast establishment recommendation takes into consideration the transformation requirements – that most women (51%) will receive midwifery continuity of carer through their pregnancy and birth.
- 1.18** The formal BirthRate Plus® workforce review was undertaken and finalised during the financial year 2020/21. This has assessed the current acuity and staffing position, and demonstrates 12.37 WTE posts are required at a total cost of £554,732. This investment has been approved by the executive team for 2021/22 and is likely to be funded by the national funds available to support the Ockenden report. The LMNS have already committed to funding 50% of this.
- 1.19** **Allied Health Professional Overview**
- 1.20** A business case has been submitted to increase the AHP presence on Intensive Care Unit (ICU). Based on recommendations by GPICs (Guidelines for the Provision of Intensive Care Services) it includes Physiotherapy, Occupational Therapy, Dietetics and Speech and Language Therapists (SLT's).
- 1.21** The overall vacancy position in AHPs at SFHFT continues to be in a positive position with a

collective vacancy rate of 0.91% February 2021.

- 1.22** Excellent undergraduate placements continue to result in AHPs choosing SFHFT as their preferred place to work. Therapy services have been leading the way in providing two successful virtual student placements throughout Covid-19, in addition to having student's on site.
- 1.23** The Nottingham and Nottinghamshire AHP Integrated Care System (ICS) Faculty have been successful in securing funding from Health Education England (HEE) for two projects. Staff from SFHFT has been successful securing secondments to the Nottingham and Nottinghamshire AHP ICS faculty for:
- An AHP project placement lead has been appointed from Therapy services to support increasing representation of BAME colleagues in the AHP workforce. This is a job share with a Dietician from Nottinghamshire Healthcare Trust (NHC). The secondment is for six months and commences on 1<sup>st</sup> April 2021.
  - Clinical Placement Expansion Programme (CPEP) to review additional placement capacity for AHP students in Nottinghamshire, which commenced in November 2020 for nine months. SFHFT and NHC are working as a job share to support this post. SFHFT are the host organisation with Associate Chief AHPs and named leads.
- 1.24** The majority of the AHP workforce has returned to their usual place of work post Covid-19 re-deployment. Surge plans continue to be in place and will be enacted at the first sign of any further surge in Covid-19 activity. The challenges existing in out-patient and diagnostics services are the restoration and recovery of services with the backlog the Covid-19 pandemic has generated.
- 1.25** Associate Chief AHPs are the nominated SFHFT leads for the ICS Long Covid triage assessment clinics. Long Covid assessment clinics commenced a pilot in March 2021. Challenges of this service is that referrals for treatment post assessment will be into existing services within the ICS. Many AHP services will potentially be affected without additional resource or capacity, e.g. pulmonary rehabilitation.
- 1.26** The Workforce Safeguards published by NHSI in October 2018 are used to assess Trusts compliance with the Triangulated approach to staff planning in accordance with 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.

- 1.27** The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards. Appendix one details the Trust compliance with the Nursing and Midwifery element of the Developing Workforce Safeguards.
- 1.28** The Chief Nurse and Medical Director have confirmed they are satisfied that staffing is safe, effective and sustainable.
- 1.29** **Recommendations**
- 1.30** The Board of Directors is asked to endorse the proposed nursing and midwifery establishment reviews which have been challenged and supported by the Senior Nursing and Midwifery Team for 2021/2022. This represents an investment of £1,652,540.
- 1.31** The Board is asked to note the maternity staffing position and the local position which includes a recruitment and retention risk, which is common with the national profile.
- 1.32** The Board is asked to note the content and submission of this staffing paper as evidence to support SFHFT compliance with NHR Maternity Incentive Scheme Safety Action 5.
- 1.33** 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.
- 1.34** The Board is asked to note that these changes do not cover any service reconfiguration to manage future Covid-19 surges; such as increased Critical Care capacity and the Respiratory Support Unit.

## **Nursing, Midwifery and AHP Annual Staffing Report 2021**

### **2.0 Purpose**

- 2.1** The purpose of this report is to provide an overview for nursing, midwifery and AHP staffing capacity and compliance with the NICE Safe Staffing, NQB Standards and the NHSI Workforce Safeguards guidance.
- 2.2** It will provide a cumulative oversight of Care Hours per Patient Day (CHPPD) and the available data for the Cost per Care Hours (CPCH).
- 2.3** This is supported with an overview of staffing availability over the year and progress with assessing acuity and dependency of patients on ward areas. This data will support the review of the nursing and midwifery establishment reviews for 2021/2022.

## **Nursing and Midwifery Overview**

### **3.0 National Nursing and Midwifery Context**

- 3.1** The NMC has reintroduced [emergency education standards](#) enabling final year nursing students to undertake paid clinical placements in support of the Covid-19 response.
- 3.2** A [study by researchers at King's College London](#) has found that many hospital staff treating the sickest patients during the first wave of the Covid-19 pandemic were left traumatised by the experience. In the [study, which has been published online](#) but has not yet been peer-reviewed, 59% reported good well-being but 45% met the threshold for probable clinical significance for at least one of: severe depression (6%), post-traumatic stress disorder (39%), severe anxiety (11%) or problem drinking (7%).
- 3.3** The British Indian Nurses Association (BINA) has been set up with the support and insight of NHS England (NHSE), NHSI, Health Education England (HEE) and the local BAME community. The aim of the voluntary organisation is to help Indian Nurses joining the NHS to settle in with ease and meet people of similar backgrounds to themselves.
- 3.4** NHS Digital has published sickness absence rates. The provisional data shows that the overall sickness absence rate for England was 6.2%, with the London region



reporting the highest sickness absence rate at 7.2 % and South West reporting the lowest at 4.5%. The most reported reason for sickness absence was anxiety/stress/depression/other psychiatric illnesses at 20.9%.

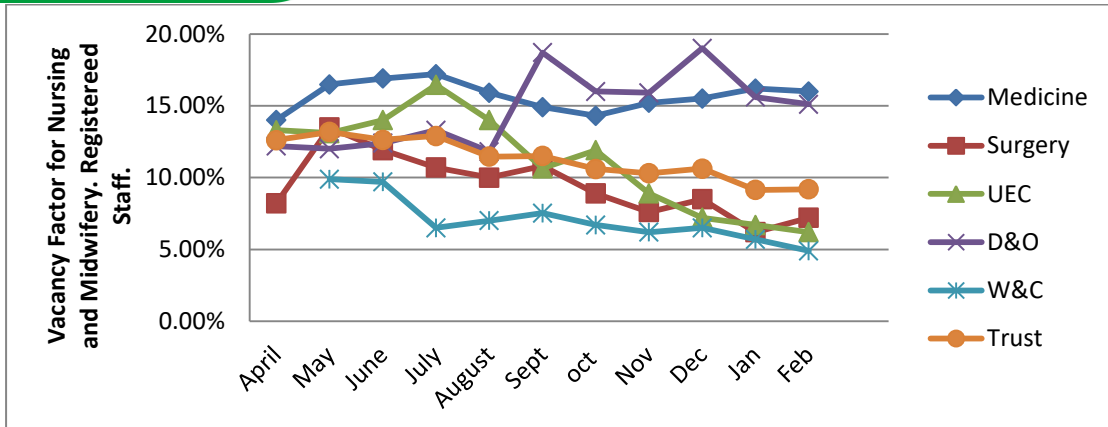
- 3.5** The government and higher education sector have together agreed that all students who achieved the required grades will be offered a place at their first choice university. To support this commitment, the government has [lifted the cap on domestic medicine, dentistry, veterinary science and undergraduate teacher training places](#). Additional teaching grant funding will also be provided to increase capacity in medical, nursing, and other high-cost subjects which are vital to the country's social needs and economy. There are no government caps on university nursing places.
- 3.6** Latest [workforce data from NHS Digital](#) shows that over the last year the number of nurses has gone up by 13,840 and the number of doctors has risen by 9,306.
- 3.7** The Royal College of Nursing (RCN) has released the results of a [major member survey](#), revealing the huge passion but incredible pressure nursing staff have been feeling throughout the Covid-19 pandemic. The survey, completed by almost 42,000 members, explored the impact of working on the frontline and how the crisis has changed the professional lives of nursing staff. [Results show](#) that the vast majority (88%) of respondents remain passionate about the nursing profession, however 76% reported an increase in their own stress levels with more than half saying they're worried about their own physical and mental health and 91% saying they're concerned about the wellbeing of those in the nursing profession generally.

#### **4.0 Local Nursing and Midwifery Context**

- 4.1** The vacancy rate at SFHFT has over the past year has seen a modest reduction of 3.47% from April 2020 to January 2021. The current vacancy rate within the nursing and midwifery workforce is 9.19% and remains below the national average of nursing and midwifery vacancy rates of 12%, with a consistent reduction in the vacancy position since May 2020. The NHS Long Term Plan set a target of reducing nursing vacancies to 5% by 2028 and the Trust remains committed to achieving this. This is also representative within to the divisional vacancy data below:

*Figure 1:*

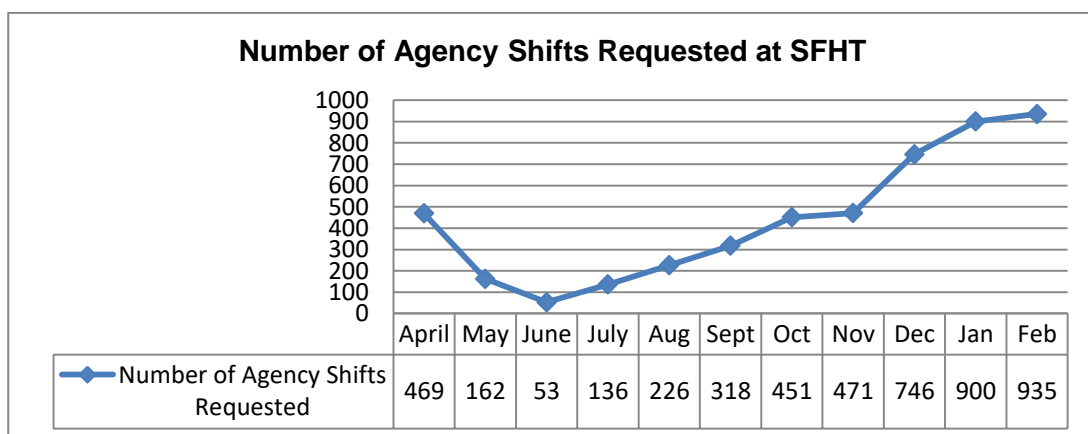




Data Source: Workforce Information.

- 4.2 Sickness absence for all staff groups for the month of February 2021 was 4.38%, this is an improvement compared to the beginning of the financial year where sickness absence for April 2020 was recorded at 5.43%.
- 4.3 Agency usage during the first quarter of the year saw a positive reduction, with requests for April totalled 469 compared to 53 requests in June. This decline was influenced by the reduced inpatient occupancy seen across the Trust due to the first wave of the Covid-19 pandemic. However due to on-going workforce challenges related directly related to pandemic; combined with the impact of the second surge of acutely unwell patient attendances, support from agency staff began to rise from June onwards.

Figure 2:

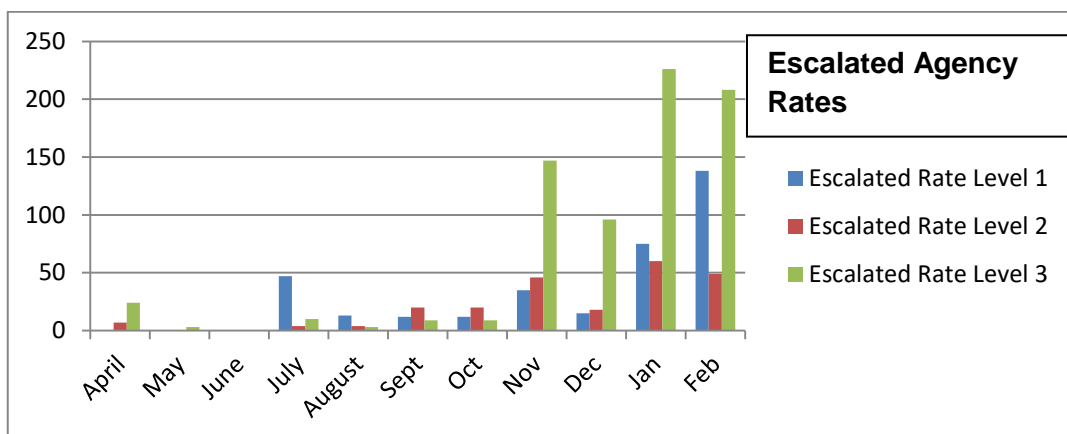


Data Source: Temporary Staffing Office.

- 4.4 During the month of June 2020 there were zero requests for escalated agency shifts. As stated previously this was largely influenced by the reduced patient occupancy, a

large proportion of staff who had not taken annual leave at this time, including an increased number of staff re-deployed to other areas to support during the initial first wave of the pandemic. However, moving into the third quarter of the year reliance upon agency staff began to increase. The data demonstrates December, January and February as peak months for agency usage and is reflective of the height of the second surge, thus resulting in significant operational workforce pressures experienced amongst divisional teams.

Figure 3:



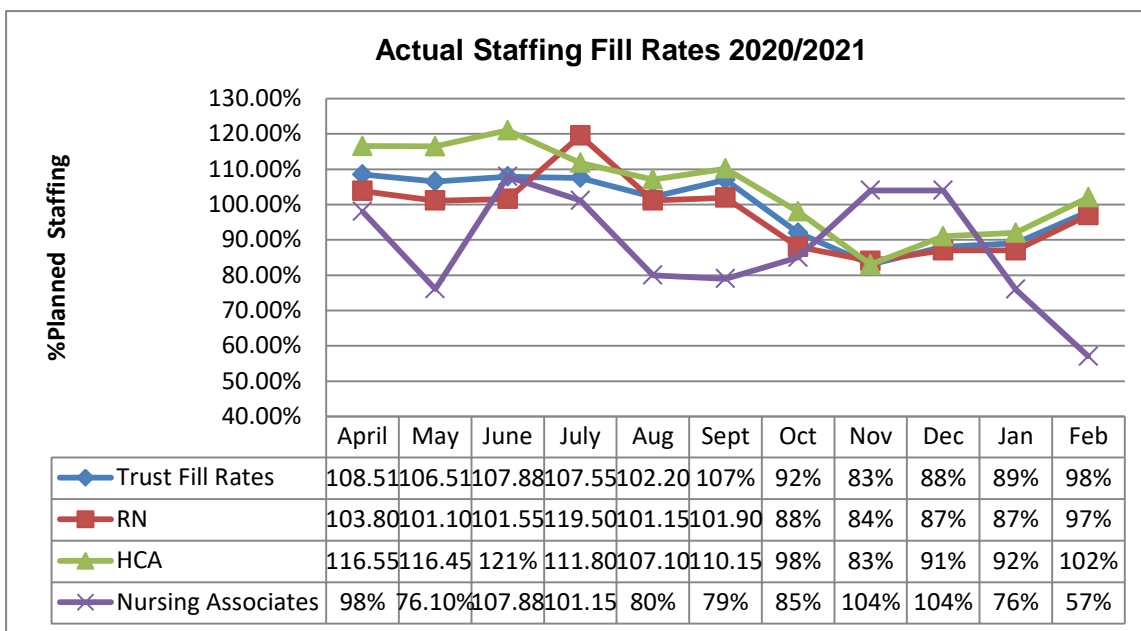
Data Source: Temporary Staffing Office.

## 5.0 Planned versus Actual Staffing & Care Hours per Patients Day

5.1 All NHS providers are required to publish nursing and midwifery staffing data on a monthly basis and an exception report is submitted every month. This data shows the planned staffing hours (hours planned into a working roster) against actual staffing hours (actual hours worked by substantive and temporary staff). In addition to CHPPD, CPCH are also monitored.

5.2 During Quarter 1 of 2020, the overall staffing levels for the Trust consistently remained above 100% of our planned hours. The increase of actual hours compared to planned hours was largely influenced by the redeployment of staff during the pandemic. However moving into Quarter 3 combined with impact of the second wave, fill rates began to reduce – being mainly affected by an increased level of staff sickness and staff absence due to mandated isolation. This also reflects the national picture of significant workforce difficulties at this time with many agencies reporting shortfalls in providing staff for unfilled duties. February 2021 illustrates a more stable staffing position with an overall Trust fill rate at 98%.

Figure 4:

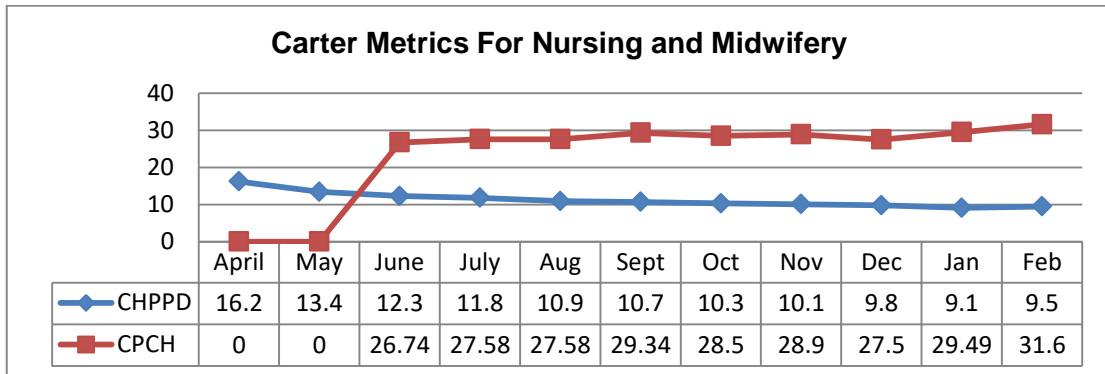


Data Source: Published Nurse Staffing Data

- 5.3** CHPPD is calculated by adding together the hours of Registered Nurses and HCSWs and dividing the total by every 24 hours of inpatient admissions. This then provides a value which demonstrates the average number of actual registered nursing care hours spent with each patient per day. NHSI began collecting CHPPD formally in 2016 as part of the Carter Programme with all data from Trust and ward level for all acute Trusts published on NHS Model Hospital.
- 5.4** The CHPPD has remained stable internally from Quarter 2 onwards demonstrating the workforce is being flexed in line with patient activity and acuity. Benchmarking data from Model Hospital (December 2020) demonstrates that at Trust level SFHFT sits within the upper third quartile and above peer Trusts. The Trust CHPPD value is 9.8 whereby the peer value is measured as 9.0; however the national median value is 9.3 and is relatively more aligned to the Trust value. The median has been derived from the monthly return to NHSI and includes all 132 Trust providers. Divisional narrative from the matron team validates staffing resource is being flexed safely in line with patient demand, activity and acuity, however the challenges during the second wave has been unprecedented and wide spread.
- 5.5** CPCH is measured as the average cost spent on nursing and midwifery per hour of care, whilst benchmarking the variance at ward level with peers may help to identify potential savings opportunities in the cost of providing nursing care. Safe staffing and

financial returns include substantive, bank and agency staff, therefore a higher cost may also indicate greater reliance on agency staff as a proportion to substantive.

Figure 5:



Data Source: Published Staffing Data

## 6.0 Measure and Improvement

6.1 The senior nursing and midwifery team review workforce metrics, indicators of quality and outcomes measures of productivity on a monthly basis within the monthly Safe Staffing Report. It is important to acknowledge these should be reviewed as a collective and not in isolation.

Figure 6:

	April 2020	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan 2021	Feb
Incidents	NA	5	8	5	36	51	46	50	45	28	24
Red Flags	NA	1	0	1	0	2	0	0	3	1	0

Data Source: Datix

6.2 Since April 2020 there have been 274 nursing and midwifery staffing related incidents reported through the Datix reporting system. All of these incidents were recorded as no or low harm and the appropriate actions were taken at the time. Eight of these incidents have been identified as a *red flag* incident (as defined by NICE) due to a delays in care. It is recognised that despite no adverse clinical outcome, these delays in care will have impacted upon the patients and staff overall experience.

- 6.3** Additional duties to provide enhanced observed care to patients who are at risk of avoidable harm remains a consistent theme. The Enhanced Patient Observation (EPO) Matron has begun a pilot of the Reminiscence, Interactive, and Therapeutic Activities (RITA) Platform with the aim to utilising the wider workforce in a more patient centred, efficient and sustainable way across SFHFT.
- 6.4** A collaborative multidisciplinary working group has been established to focus upon a coordinated approach of triangulating fundamental care to support the reduction in patient harm. Representation from the Dementia Specialist Nurse, EPO Matron, Restrictive Practice Practitioner, Therapy Lead, Falls Practitioner and Corporate Matron for Patient Experience has been agreed.

## **7.0 Recruitment and Retention**

- 7.1** Over the past 12 months the Trust has recruited 48 International Registered Nurses from the Philippines and India. By the end of March 2021, there will be 20 individuals working within the Trust and these have been recruited to three of the divisions. The Trust secured funding to escalate the arrival of International Registered Nurses (Strand A – NHSE/I), and this has been difficult due to lockdown in the Philippines and United Arab Emirates.
- 7.2** The Trust is experiencing difficulties with on-boarding these nurses due to the delays within the Objective Structured Clinical Examination (OSCE) assessments, with the next available date being in mid-August 2021. This has been escalated to the Regional and the National Teams and discussions have been going on with the NMC to create more capacity.
- 7.3** The Trust currently has a business case to support Strand B of the NHSE/I international recruitment campaign, outlining 28 International Registered Nurses funded by the Trust, and NHSE/I will fund 12 International Registered Nurses and a Clinical Lead for the International Registered Nurses. There has been further funding for 20 International Registered Nurses (Strand B+, NHSE/I) and the Trust has secured this funding, and is awaiting confirmation to proceed.
- 7.4** Over the last 12 months the Trust has supported 10 International Registered Nurses working as Healthcare Support Workers obtain their registration and work within the Trust as Registered Nurses. There is a further four International Registered Nurses working as HCSWs who will be completing the OSCEs in March 2021, and this will

conclude the funded programme agreed in 2019/20. The Trust has attracted a further 10 International Registered Nurses who are working as HCSWs, and these are now on a waiting list to undertake their OSCE training and examination.

- 7.5** The Trust has 18 Trainee Nursing Associates who commenced in October 2020, and are progressing with their studies. The Trust has secured funding for a further 20 Trainee Nursing Associates to commence in October 2021. The recruitment process will commence in May and June 2021.
- 7.6** The Trust has secured funding for Registered Nurse Degree Apprenticeships to commence this year. A job description is being written currently and this will be advertised in April, interviewed in May and planned to commence before the 31st August 2021. This is a three and a half year apprenticeship programme which will be open to 'new to health' individuals.
- 7.7** The Trust has also completed an Expression of Interest to HEE for five Nursing Associate top-up degree apprenticeships; the outcome of this application is currently awaited.
- 7.8** NHSE/I have launched a programme to support the recruitment to all HCSW vacancies, and the Trust has received the funding to support the training and on-boarding of these workers. In February 2021, the Trust reported zero vacancies, and this will be maintained in March 2021.
- 7.9** Advanced clinical practice is a defined level of practice within clinical professions such as nursing, pharmacy, paramedics and occupational therapy. This level of practice is designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries. At SFHFT there are currently 16 Advanced Clinical Practitioners (ACPs) working across the Urgent and Emergency Care and the Medicine Divisions, with discussions continuing in a number of specialities regarding further recruitment of this developing workforce.
- 7.10** A Trust ACP forum, which reports into the NMAHP Committee, has been established within the organisation representing nurses, midwives and AHPs working at an advanced level of clinical practice. The forum links with the Nottinghamshire ICS ACP forum where we have regional representation, and the National Advanced

Clinical Practice Leads' forum. The new HEE Faculty of Advanced Practice (Midlands) also provides the organisation with system level direction and guidance.

## **8.0 Setting Evidence Based on Nursing Establishments**

**8.1** Over the past year 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 which will support and inform the establishment setting process. SNCT is an objective tool which utilises acuity and dependency scoring to support workforce planning. The tool had been recognised for supporting safe staffing on in-patient wards, and received NICE endorsement in 2014. The tool was originally developed in 2006 by the Association of the United Kingdom University Hospitals (AUKUH) but has since been updated and is now hosted by the Shelford Group in collaboration with NHSI and NHSE.

**8.2** The first cycle of acuity and dependency data collection using SNCT has taken place across adult in patient areas and concluded in late October. The second data cycle was due to commence in February but due to wide spread service pressures; this has been rescheduled for April 2021. Training and education for the Children's and Young People SNCT was delivered to staff in November 2020 but as previously discussed the impact from the on-going pandemic has meant this the data collection cycle has been rescheduled from February 2021 to April 2021. SNCT refresher training is currently in progress.

**8.3** A multidisciplinary review of the nursing and midwifery establishments commenced in late January through to February and was led by the Chief Nurse; with representation from divisional Heads of Nursing/ Midwifery, Divisional Finance Managers and the Corporate Matron for Staffing. Each review was aligned to the components below:

- Each review panel ensured professional judgement was applied to staffing and was representative of activity requirements whilst ensuring the appropriate skill mix of staff was aligned to the speciality.
- The financial impact to setting of budgets was considered.
- Benchmarking ward level CHPPD data from peer organisations were incorporated into each review.
- Nurse / midwifery sensitive indicators were aligned to each review.



**8.4** Moving into 2021/2022 we will need to continue to revise the process to ensure the Trust is fully compliant with the NQB standards. This will include undertaking a minimum of two acuity and dependency data cycles each year to further support the evidence base when setting establishments.

**8.5** Trust compliance against SNCT guidelines can be found in appendix two.

**9.0 Recommended Nursing Establishments for 2021/2022**

**9.1** Staffing establishments take into account the need to allow nursing, midwifery and HCSW time to undertake continuous professional development, and to fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment are maintained as per previous years, namely:

- The Ward Leader role is supervisory enabling them 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 for registered nurses to HCSW in acute wards, and 60:40 for sub-acute/rehab wards.
- 22% 'headroom' is allocated to ward establishments to allow for annual leave, sickness, maternity leave, training and development. The Carter report recommends 25% at present, however 22% is the minimum 'headroom' supported within the SNCT and represents a built in efficiency.

**9.2** The full breakdown of the establishment review and recommendations can be found in appendix three.

**9.3** The Medical Division requires 1.7 WTE additional posts to support increased acuity and dependency of patient's needs upon ward 51.

*Figure 7:*

Division	Ward/ Department	Current WTE	Suggested WTE:	Variance	Cost Impact
Medicine	Ward 51	37.89	39.59	1.7	£27,149

**9.4** The Medicine division is seeking an additional investment of £27,149

**9.5** The Emergency and Urgent Care division has requested an additional 25.24 WTE distributed across ED, AECU, and EAU.

- It is recommended using the SNCT principles and professional judgement that the Registered Nurse establishment within ED should be increased by 10.74 WTE to support the expansion of the resuscitation area bed capacity and enabling the safe delivery of care to patients with increased acuity of needs. The division is seeking a financial investment of £478,368.
- An additional 9.26 WTE increase has been recommended within AECU using professional judgement. The additional staff will support the increased service provision and enable additional patient pathways. The division are seeking financial investment of £353,156.
- An additional 5.24 WTE increase to the Registered Nurse workforce within EAU has been recommended to support with the implementation of monitored beds and the associated increased acuity and dependency of patients. The division is seeking a financial investment of £225,477

*Figure 8:*

Division	Ward /Department	Current WTE	Suggested WTE:	Variance	Cost Impact
UEC	ED	151.72	162.46	10.74	£478,368
UEC	AECU	12.51	21.77	9.26	£353,156
UEC	EAU	81.16	86.40	5.24	£225,477

**9.6** The Urgent and Emergency Care Division are seeking a total financial investment of £1,057,001. This is investment formed part of the Emergency Department expansion and is within the plan.

**9.7** The Women’s and Children division requires 1.03 WTE additional posts to support two additional non- winter inpatient beds which will strengthen the ambulatory pathway. A 2.0 WTE increase in establishment to Ward 25 will also support the integration of the Nursing Associate role into the Ward 25 team.

*Figure 9:*

Division	Ward/ Department:	Current WTE	Suggested WTE:	Variance	Cost Impact
----------	-------------------	-------------	----------------	----------	-------------

<b>W&amp;C</b>	Ward 25	44.09	46.09	2.0	£49,852
<b>W&amp;C</b>	Ward 14	24.87	25.9	1.03	£34,358

**9.8** The Women's and Children's Division are seeking a financial investment of £84,210 for these 2 areas. The outcome of the maternity establishment review is described in detail in section 11.

**9.9** The Surgical division are requesting an additional 0.32 WTE although are proposing a cost saving overall of £20,700.

- It is recommended using the SNCT principles and professional judgement that the Registered Nurse establishment upon Ward 31 should be increased by 2.47 WTE. This increase in establishment will support the delivery of enhanced care within 4 designated Post Anaesthetic Care beds. This was supported by the Head of Nursing.
- There has been offset by a slight reduction in the overall establishment for Ward 32 and Ward 12. Nursing numbers per shift remains the same ensuring quality and safety. The associated cost saving attached to these two areas is £109,6000.

Figure 10:

Division	Ward/ Department:	Current WTE	Suggested WTE:	Variance	Cost Impact Over (Under)
<b>Surgery</b>	Ward 31	32.36	34.83	2.47	£88,900
<b>Surgery</b>	Ward 32	33.57	32.31	-1.26	(£75,500)
<b>Surgery</b>	Ward 12	38.39	37.50	-0.89	(£34,100)

**9.10** The collective recommended establishment change is an increase of 33.6 WTE in the overall nursing establishments with a collective cost impact of £1,097,808.

## **10.0 Recommended Maternity Establishments for 2021/2022**

**10.1** Since our last report six months ago we have seen a high level of scrutiny on maternity services nationally and the coalition of a number of local work streams and action plans relating to safety and quality improvements at SFHFT. The previous paper described a midwifery establishment which met BirthRate Plus® principles following a formal assessment (September 2020); but which also described the workforce uplift required to meet the trajectories mandated by the national maternity transformation agenda.

**10.2** The maternity staffing overview seeks:

- To clarify the gap between the current midwifery establishment and the transformation establishment required;
- To present the local context and practices which preserve supernumerary status of the labour suite co-ordinator and protect 1-1 midwifery care for women in labour;
- To signpost the next steps which will support both safe staffing and the transformation agenda.

**10.3** The content of this overview is predicated upon BirthRate Plus® recommendations which are the only NICE validated workforce planning tool for midwifery. This is triangulated against the NHR Maternity Incentive Scheme Safety Action 5; local acuity data (which includes Midwifery staffing red flags); the maternity dashboard; and the national toolkit for workforce planning for midwifery continuity of carer.

**10.4** There are two appendices which demonstrate the core staffing requirements over the next two years (appendix four); and the action plan to reach those requirements (appendix five).

- [Maternity-Incentive-Scheme-year-three-final-01022021.pdf \(resolution.nhs.uk\)](#)
- [Continuity of Carer Workforce Modelling Tool \(continuityofcarer-tools.nhs.uk\)](#)

## **11.0 Current Position – Validated Activity & Staffing Data End January 2021**

**11.1** The formal BirthRate Plus® workforce review was undertaken and finalised during the financial year 2020/21 and Figure 11 reflects the staffing ratios recommended in that review (ratio applied and WTE required) against the funded WTE.

Figure 11:

Activity Crude birth rate Home birth rate Bookings/imports/exports	Ratio Applied	WTE Required (Actual)	Funded WTE
Core hospital births	1:28.8	85.56	115
Home Birth/MCOC	1:36	6.22	
Community Caseload	1:94.6	34.72	
Specialist and management Roles**	9%	11.38	10.06
<b>Total</b>		<b>137.88</b>	<b>126.2</b>

## 12.0 Local considerations

12.1 The midwifery profile at SFHFT is reflective of the wider regional position – an exclusively female workforce with associated wider caring responsibilities; 75% working part time hours across all settings; persistent vacancy factor which is disproportionate in the community team (Figure 12); and service provision delicately positioned between ‘traditional’ and ‘transformed’ models.

Figure 12:

Team	Current vacancy WTE	Overall % of team establishment	Projected joiners/leavers to end April WTE
<b>Community</b>	3.85	9.7%	0.83
<b>Acute/Inpatient</b>	3.28	5.47%	(0.28)

12.2 The division has responded to this with the support of the PMO and the establishment of a maternity transformation working group. Current activities include the development of a bespoke recruitment approach which aims to consolidate the Registered Midwife job description, attract external candidates to join SFHFT, and promote our profile using social media. Our newly appointed Consultant Midwife will be working with our teams to develop our plans to adopt continuity of carer for the majority of women. This will involve finding a balance between meeting the expectations of women and their families and providing work-life balance for midwives.

12.3 The Trust has gained financial support from the LMNS in recognition of our progress against continuity of carer trajectories and a clearly articulated action plan. Non-

recurrent funding of £277k was approved for the recruitment of a third continuity team (6.77WTE) and this is factored into the action plan in appendix four. There is a risk that we may not recruit to these roles given the hard to recruit to nature of Team Midwifery (see Risk 2394; score 6), and the relationship between the needs of women and the work-life balance of the Midwives needs to be explored, understood and addressed in order for recruitment and retention challenges to be overcome.

### 13.0 Maintaining safety

13.1 There are a number of safety net processes embedded in practice to mitigate against the immediate risks presented by the relative unpredictability of demand on the maternity unit, including the overarching maternity services escalation policy (SFHFT 2020); the protection of the supernumerary status of the shift co-ordinator; and regular multidisciplinary team safety huddles throughout the day and night.

13.2 Figure 13 below indicates the staffing 'red flags' which are monitored regularly throughout a 24hr period using the BirthRate Plus® acuity tool. From August 2020 to January 2021 there were red flags reported on only 5% of recorded occasions (38/716). The summary data presented monthly to Maternity & Gynaecology Governance demonstrates that 1-1 care in labour and the maintenance of supernumerary co-ordinator status (safety) are prioritised over the timely execution of elective activity (patient experience/quality).

Figure 13:



13.3 Maternal and neonatal outcomes for SFHFT are reported monthly in detail within the organisation; via the national dashboard ([link here](#)); and recently in the regional summary of the national perinatal audit outcomes:

Figure 14:

Mortality indicator	UK	LMNS (Notts)	SFHFT
Stillbirths (>22 weeks gestation)	3.51/1000	3.21/1000	2.92/1000
Neonatal deaths	1.64/1000	1.73/1000	1.06/1000
From 2016 to 2018, the extended mortality rate (stillbirths & neonatal deaths) at SFHFT has <b>decreased by 58.3%</b>			

#### 14.0 Forecast Position

14.1 The forecast establishment recommendation takes into consideration the transformation requirements – that most women (51%) will receive midwifery continuity of carer through their pregnancy and birth. Inevitably this will require uplift to the establishment, and this is described more clearly in Figure 15:

Figure 15:

	BR+ WTE (Bands 3-8)	Current budgeted WTE (Bands 3-8)
Total Clinical WTE	132.62	122.13
Non clinical WTE based on 9% of clinical	11.94	10.06
TOTAL WTE	144.56	132.19
<b>Overall Variance</b>	<b>12.37WTE</b>	

Data Source BirthRate Plus® Report September 2020

14.2 The collective recommended establishment change is an increase of 12.37 WTE in the overall maternity establishment for 2021/2022 (Year 1) with a collective cost impact of £554,732. This investment has been approved by the executive team for 2021/22 and is likely to be funded by the national funds available to support the Ockenden report. The LMNS have already committed to funding 50% of this.

#### Allied Health Professional Staffing Overview

15.0 There is no single guidance or standard approach to informing staffing levels required in services provided by AHPs. Each AHP has profession specific information and guidance only, available to support staffing levels of a particular type of service. AHP job planning has commenced at SFHFT in line with NHSI mandate. The project is nationally behind schedule due to Covid-19 but remains in progress.



- 15.1** A business case has been submitted to increase the AHP presence on ICU. Based on recommendations by GPICs it includes Physiotherapy, Occupational Therapy, Dietetics and Speech and Language Therapists (SLT's).
- 15.2** The valuable contribution AHPs provide to supporting the care of individuals in ICU has been particularly recognised during the Covid-19 pandemic. It is acknowledged as a service provision gap within SFHFT, however there is no further progress to report and an outcome is awaited.
- 15.3** The Trust is in the process of identifying AHP staff groups to support with care delivery upon a designated Respiratory Support Unit (RSU).
- 16.0 Vacancy Position**
- 16.1** The overall vacancy position in AHPs at SFHFT continues to be in a positive position with a collective vacancy rate of 0.91% February 2021. Operating Department Practitioner (OPD) vacancies is an improving position. Vacancies in October were 8.16WTE. A recruitment drive has reduced this to 3.16WTE which includes two student apprentices who are due to qualify in September and have accepted posts at SFHFT. Interviews are scheduled to recruit additional apprentices.
- 16.2** Radiology services are in the process of recruiting to a new Band 7 Clinical Educator post. The CT manager post (Band 8a) was advertised but unsuccessful in recruiting. This is imminently due to go back out to advert. Recent Band 5 recruitment has been successful and all vacancies are fully recruited to. Furthermore, four Band 4 Radiology Imaging Assistants have been appointed at Kings Mill site and Newark site are in the process of commencing their posts.
- 16.3** Dietetic services have been under significant pressure with recent vacancies. The service has now appointed to the Band 7 role and is in the process of advertising a Band 6 post in adult Diabetes. Paediatric Dietetics are undertaking job planning to review capacity in order to establish demand and current capacity. The divisions are working together to review this position.
- 16.4** Pathology services continue to be under significant pressure supporting serology testing but are maintaining lead times.

## 17.0 Undergraduate Training

- 17.1** Excellent undergraduate placements continue to result in AHPs choosing SFHFT as their preferred place to work. Therapy services have been leading the way in providing two successful virtual student placements throughout Covid-19, in addition to having student's on site.
- 17.2** In conjunction with Sheffield Hallam University, two Physiotherapy apprentices commenced their training in January 2021 and two ODP apprentices continue on their schemes at SFHFT, due to qualify in September 2021.
- 17.3** Therapy services are reviewing options to support Occupational Therapy apprentice posts. The challenge continues to be holding a vacant assistant post for the duration of the course in supporting pre-registration staff to apply.

## 18.0 AHP ICS Faculty

**18.1** The Nottingham and Nottinghamshire AHP ICS faculty have been successful in securing funding from HEE for two projects. Staff from SFHFT has been successful in securing secondments to the Nottingham and Nottinghamshire AHP ICS faculty for:

- An AHP Project Placement Lead who has been appointed from Therapy services to support increasing representation of BAME colleagues in the AHP workforce. This is a job share with a Dietitian from Nottinghamshire Healthcare Trust (NHC). The secondment is for six months and commences on 1<sup>st</sup> April 2021.

The Clinical Placement Expansion Programme (CPEP) to review additional placement capacity for AHP students in Nottinghamshire. This commenced in November 2020 for nine months. SFHFT and NHC are working as a job share to support this post. SFHFT are the host organisation with Associate Chief AHPs and named Leads.

## 19.0 Advancing Clinical Skills

**19.1** There are a range of Advance Practice Roles in several AHP groups examples include: Vascular Access, ODPs, Physiotherapists administering musculoskeletal (MSK) injections, an increase of Reporting Radiographers, Advanced Physiotherapy

Practitioners undertaking MSK Triage and an Accredited Independent and Supplemental Prescribing Physiotherapist. Radiology is developing a Consultant Radiographer post in Breast Screening and Mammography. The intention is to review and support these advanced roles in line with the ACP programme. Associate Chief AHPs are contributing to a scoping exercise on ACP frailty role across the ICS.

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

**20.1** Therapy services are working closely with Integrated Discharge Advisory Team and system colleagues to pilot delivery of D2A. An adult social care Occupational Therapist is now working with our acute therapy teams at KMH for a year. A productive Multi-discharge Event (MADE) has recently taken place with system colleagues.

## **21.0 Covid-19**

**21.1** The majority of the AHP workforce has returned to their usual place of work post Covid-19 re-deployment. Surge plans continue to be in place and will be enacted at further surge in Covid-19 activity. The challenges existing in out-patient and diagnostics services are the restoration and recovery of services with the backlog the Covid-19 pandemic has generated.

**21.2** Associate Chief AHPs are the nominated SFHFT leads for the ICS Long Covid triage assessment clinics. Long Covid assessment clinics commenced a pilot in March 2021. Challenges of this service are referrals for treatment post assessment will be fed into existing services within the ICS. Many AHP services will potentially be affected without additional resource or capacity, e.g. pulmonary rehabilitation.

## **Compliance with National Safeguards**

**22.0** The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards. Appendix one details the Trust compliance with the Nursing and Midwifery element of the Developing Workforce Safeguards.

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

## **Recommendations**

- 23.0** The Board of Directors is asked to endorse the proposed annual establishment reviews which have been challenged and supported by the senior nursing and midwifery team for 2021/2022. The collective establishment recommendation is for an increase of 76.97 WTE within nursing and midwifery workforce; with a total cost impact of £3,105,892.
- 23.1** The Board of Directors is asked to note that this paper reflects validated data for activity, acuity and workforce from August 2020 to January 2021. Figure 11 is a retrospective analysis of planned vs. actual staffing and should be considered in the context of existing safety protocols and demonstrable outcomes for women and their babies. In summary, a retrospective staffing shortfall has not impacted negatively on safety due to the awareness and responsiveness of clinical, operational and multidisciplinary teams (Figure 14).
- 23.2** The Board of Directors is asked to note:
- The local position which includes a recruitment and retention risk within the service, in common with the national midwifery profile (Figure 12),
  - The established principles, practices and processes which support safety during episodes of high acuity,
  - The assurance provided by clinical outcome data (Figure 14),
  - The forecast establishment uplift required to support safe staffing in line with BirthRate Plus® (Figure 15),
  - The content and submission of this staffing paper as evidence to support SFHFT compliance with NHR Maternity Incentive Scheme Safety Action 5.
- 23.3** 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.

## **APPENDIX ONE: Compliance with Developing Workforce Safeguards, Nursing and Midwifery**

The Workforce Safeguards published by NHSI in October 2018 are used to assess Trusts compliance with the Triangulated approach to staff planning in accordance with the National Quality Board 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.

Although the guidance applies to all staff, this paper will outline nursing and midwifery 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>Partially Compliant</b> <b>Evidence:</b> SNCT has been embedded with adults. Paediatric training for SNCT has been provided but due to Covid-19 data collection has been paused. Data collection for adult and paediatric in-patient areas is scheduled to begin in April 2021. Our overarching staffing policy does not describe our strategic approach to establishment setting, this is currently being reviewed.</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> <b>Evidence:</b> SNCT in use at the Trust to provide evidence base for our establishment setting process.</p>
<p><b>Recommendation 3 &amp; 4:</b> Assessment will be based on 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> <b>Evidence:</b> Confirmation included in 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> <b>Evidence:</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> <b>Evidence:</b> Biannual and Annual Nursing, Midwifery and Allied Health Professional Staffing Report sign off.</p>
<p><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.</p>	<p><b>Fully Compliant</b> <b>Evidence:</b> Annual submission to NHSI</p>
<p><b>Recommendation 8:</b> They must ensure their organisation has an agreed local quality dashboard that cross-checks</p>	<p><b>Fully Compliant</b> <b>Evidence:</b> Monthly Safe Staffing paper and staffing dashboard triangulates this</p>

<p>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>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> <b>Evidence:</b> Bi-annual review is not completed across all services; We have implemented the first data collection of SNCT but due to the pandemic, repeat data collection has been paused. An annual and bi-annual staffing report is presented to the board.</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> <b>Evidence:</b> SNCT ready for use with no manipulation</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> <b>Evidence:</b> Completed as part of establishment setting process and monitored by NMAHP board.</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> <b>Evidence:</b> Daily staffing meetings. Staffing also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe staffing SOP. Monthly Safe Staffing report</p>

**APPENDIX TWO: SNCT Assessment Criteria**

Criteria	Y/N	Evidence
----------	-----	----------

Have you got a licence to use SNCT from Imperial Innovations?	<b>Yes</b>	Licence signed on 17 <sup>th</sup> January 2020
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 central database
Is an established external validation of assessments in place?	<b>Yes</b>	Held on central database – Member of the senior Nursing team are allocated to ward areas and undertake validation each week during the cycle.
Has 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
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations?	<b>No</b>	In progress



**APPENDIX THREE: Nursing Annual Establishments Review 2021/2022**

Division	Ward/Department:	Current WTE	Suggested WTE:	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	RN: HCSW skill mix	Comments:
Medicine	22	35.82	35.82	0	0	7.25	6.32	54/46	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	23	35.07	35.07	0	0	8.83	7.02	76/24	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Ward 24	36.93	36.93	0	0	7.8	7.02	48/52	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment This was supported by the Head of Nursing
Medicine	Ward 33	37.40	37.40	0	0	7.80	6.32	48/52	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Ward 34	34.91	34.91	0	0	7.25	6.8	55/45	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Ward 42	35.09	35.09	0	0	12.61	7.47	55/45	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Ward 43	40.85	40.85	0	0	8.82	7.47	63/37	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing

Medicine	Ward 44	34.87	34.87	0	0	7.56	7.47	55/45	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Ward 51	37.89	39.59	1.7	£27,149	7.55	6.32	52/48	The Safer Nursing Care Tool principles and professional judgment have been applied with 1.7wte increase being recommended to the establishment. This will support with the focused care of patients during the twilight period of the day. This was supported by the Head of Nursing
Medicine	Ward 52	41.31	41.31	0	0	10.31	6.32	52/48	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing.
Medicine	Stroke Unit	62.32	62.32	0	0	10.90	7.06	61/39	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Sconce - NWK	35.04	35.04	0	0	8.32	6.27	52/48	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Oakham - MCH	30.80	30.80	0	0	NA	6.71	NA	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Medicine	Lindhurst - MCH	29.24	29.24	0	0	NA	6.71	NA	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
Surgery	Ward 11/AU	42.40	42.40	0	0	12.38	6.52	57/43	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing.
Surgery	Ward 12	38.39	37.50	-0.89	(£34,100)	7.50	6.13	49/51	The Safer Nursing Care Tool principles and professional judgment have been applied with a 0.89 wte reduction to the establishment has been recommended. Shift cover continues to remain the same. The cost saving will support the variable pay budget for 1:1 support.

									This was supported by the Head of Nursing.
Surgery	Ward 21	21.20	21.20	0	0	11.0	6.13	59/41	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing.
Surgery	Ward 31	32.36	34.83	2.47	£88,900	7.24	6.17	60/40	The Safer Nursing Care Tool principles and professional judgment have been applied with a 2.47 wte increase being recommended to the establishment. This increase will support the delivery of enhanced care within the 4 designated Post Anaesthetic Care Unit (PACU) beds. This was supported by the Head of Nursing.
Surgery	Ward 32	33.57	32.31	-1.26	(£75,500)	7.45	6.17	57/43	The Safer Nursing Care Tool principles and professional judgment have been applied with a 1.25wte reduction to the establishment has been recommended. Shift cover continues to remain the same. This was supported by the Head of Nursing.
Surgery	DCU - King's Mill	33.69	33.69	0	0	35.31	6.17	68/32	Professional judgment has been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing.
Surgery	Minister - NWK	18.75	22.00	3.30	0	NA	NA	66/44	Professional judgment has been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing. (Agreed Investment to support additional increase as part of the Orthopaedics Service Development pathway)
UEC	UCC - Newark	19.76	19.76	0	0	NA	NA	84/26	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
UEC	SSU	58.61	58.61	0	0	5.99	6.27	68/32	The Safer Nursing Care Tool principles and professional judgment have been applied with no changes being recommended to the establishment. This was supported by the Head of Nursing
UEC	EAU	81.16	86.40	5.24	£225,477	12.93	6.89	56/44	The Safer Nursing Care Tool principles and professional judgment have been applied and has recommended a 5.24 wte increase to the establishment. This increase in resource will provide a greater distribution of registered nurse across the large footprint of the ward

									area and facilitating pathways for care delivery in designated monitored beds. This is supported by the Head of Nursing.
UEC	Discharge Lounge	7.80	7.80	0	0	NA	NA	50/50	Professional judgment has been applied with no changes being recommended to the establishment .This was supported by the Head of Nursing.
UEC	AECU	12.51	21.77	9.26	£353,156	NA	NA	56/44	Professional Judgement has been applied and a recommendation for an additional 9.26 wte increase to the establishment has been made. This will support the expansion of care delivery t whilst facilitating additional patient pathways within the unit.
UEC	ED	151.72	162.46	10.74	£478,368	NA	NA	68/32	The Safer Nursing Care Tool principles and professional judgment have been applied and has recommended 10.74wte increase to the establishment. The increase to the registered Nursing workforce will support the delivery of care within the extended resuscitation area 24/7. The number of beds is increasing from 7 to12 beds. This is supported by the Head of Nursing
D&O	Fernwood	16.32 (2020)	0	0	0	34.12	8.19	NA	Professional judgement has been applied with no changes recommended to the establishment. This is supported by the Head of Nursing
D&O	Newark Outpatients	15.8	0	0	0	NA	NA	NA	Professional judgement has been applied with no changes recommended to the establishment. This is supported by the Head of Nursing.
D&O	KMH Outpatients	88.1	0	0	0	NA	NA	NA	Professional judgement has been applied with no changes recommended to the establishment. This is supported by the Head of Nursing.
W&C	Ward 25	44.09	46.09	2.0	£34,358	15.93	9.94	70/30	The Safer Nursing Care Tool principles and professional judgment have been applied and has recommended an increase of 2wte to the establishment. This will support the on-going development and integration of the Nursing Associate role into the Registered workforce. This is supported by the Head of Nursing
W&C	Ward 14	24.87	25.90	1.03		10.63	78.92	64/36	The Safer Nursing Care Tool principles and professional judgment

					£49, 852				have been applied and has recommended an increase of 1.03wte to the establishment. This will support the increase in bed base by 2 – totalling 15 bed inpatient beds. The additional resource will facilitate additional support to EPU, Colposcopy and Hysteroscopy services ensuring rotational development opportunities for staff. This is supported by the Head of Nursing
W&C	NICU	33.84	33.84	0	0	34.53	14.18	NA	Professional judgement aligned with BAPM guidance has been applied with no changes recommended to the establishment. This is supported by the Head of Nursing
W&C	Clinic 11	10.42	10.42	0	0	NA	NA	NA	Professional judgement has been applied with no changes recommended to the establishment. This is supported by the Head of Nursing.

**APPENDIX FOUR: Midwifery Establishment 2021/22 and 2022/23**

Band	BR+ Recommend	Budget 20/21	Difference	Uplift 21/22	Uplift 22/23

<b>8A - 8C</b>	5.0	4.92	(0.08)	0.08	0.00
<b>7 (specialist MW)</b>	13.01	11.2	(1.81)	1.81	0.00
<b>7 (clinical)</b>	16.7	14.3	(2.4)	2.4	0.00
<b>5 &amp; 6</b>	109.85	101.77	(8.08)	1.31	6.77
<b>MW</b>	<b>144.56</b>	<b>132.19</b>	<b>(12.37)</b>	<b>5.6</b>	<b>6.77</b>
<b>3 &amp; 2</b>	37.03	37.48	0.45	0.00	0.00

**APPENDIX FIVE: Action Plan to Meet BR+ Staffing Recommendations**

	MAR	APR	MAY	JUNE	JULY	AUGUST

Continue staff engagement with current maternity workforce						
Launch bespoke recruitment campaign to attract external candidates						
Business case to support establishment uplift (over two years to acknowledge non-recurrent LMNS funding)						
Evaluate effectiveness of engagement activity & recruitment campaigns; update action plan						

- **Action plan owned & monitored by the Maternity Transformation Working Group**