

Subject:	Nursing, Midwifery and Allied Health Professional Bi-annual Staffing Report.		Date: November 2021	
Prepared By:	Rebecca Herring (Corporate Matron) Paula Shore (Interim Head of Midwifery) and Kate Wright (Associate Chief Allied Health Professional)			
Approved By:	Julie Hogg, Chief Nurse			
Presented By:	Julie Hogg, Chief Nurse			
Purpose				
<p>The purpose of this report is to provide 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).</p> <p>It is also to provide assurance on our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p> <p>It is a national requirement for the Board of Directors to receive this report bi-annually.</p>			Approval	
			Assurance	X
			Update	
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X	X	X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		Triangulated internal / external reports		
Risks/Issues				
Financial	X			
Patient Impact	X			
Staff Impact	X			
Services	X			
Reputational				
Committees/groups where this item has been presented before				
<p>People, Culture and Improvement Committee October, 2021 Nursing, Midwifery and Allied Health Professional Committee October 2021</p>				
Executive Summary				
1.0 <u>Background</u>				

- 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 Developing 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 Amanda Pritchard was announced as the new Chief Executive for NHS England (NHSE). She will be the first woman in history to hold the role, she officially commenced 1st August 2021. Amanda has 25 years of experience working in the NHS, having joined as a Graduate Management Trainee following her graduation from Oxford University in 1997. She has served as Chief Operating Officer and, later, as Chief Executive at Guys and St Thomas's NHS Foundation Trust before taking on her most recent role as Chief Operating Officer at NHSE, which she has held for two years.
- 1.5 The NHS Confederation's Health & Care Women Leaders Network launched a new report, Covid-19 and the Female Health and Care Workforce Survey Update. The report shows that since summer 2020, the impact of the pandemic on the female workforce across health and care has demonstrably worsened and more women are reporting an even greater negative impact on their physical and emotional wellbeing. With 78% of the health and care workforce being female, the impact of the pandemic on women needs to be considered as part of overall recovery plans. Recommendations include flexible working, a greater focus on health and wellbeing including signposting to existing resources, creating opportunities to connect for social support and equal access to opportunities for career progression
- 1.6 Between the months of March to August the vacancy rate at SFHFT saw a modest 2.74% increase from 9.02% to 11.76%. Despite this increase the Trust does not appear to be an outlier as the position is reflective of the 12% vacancy rate seen nationally. It is important to acknowledge that due to the annual re-setting of budgets there has been an incremental increase to the overall establishment affecting the vacancy rate. In line with the NHS Long Term Plan and the objective to reduce nursing vacancies to 5% by 2028, the Trust remains committed to achieving this with strategic and divisional workforce plans in progress.

- 1.7** Sickness absence for all staff groups continues to be an on-going challenge due to the sustained impact presented by the pandemic. Nonetheless the sickness absence rate for all staff groups during August was 4.58% demonstrating a marginal increase of 1% over the previous six months
- 1.8** Sickness absence had showed significant improvements across the maternity workforce however the increasing trend in recent months has reflected the rise in Track and Trace Isolation and subsequent short term sickness (short term sickness 3.4% vs. long term sickness 1.7%). The Maternity Unit has adopted the Trust's risk assessment tool and this has aided the safe return of appropriate staff.
- 1.9** Agency usage within the clinical areas continues to see a sustained demand with the number of shifts increasing month on month since April. Acuity and dependency of patients attending the hospital remains high, all winter capacity remains open and the Critical Care Unit (CCU) remains in surge.
- 1.10** In line with the increasing agency usage, there is a rising trend in the use of escalated rates from April onwards. This has largely been influenced by the increased capacity alongside increased acuity and depending of patients requiring admission combined with the sustained sickness, maternity leave and absence presented by the pandemic. Information provided by the Temporary Staffing Office outline reasons for each request which triangulates with this view, as all shifts documented were required to support additional capacity, vacancies and short term sickness.
- 1.11** The overall staffing levels for the Trust consistently have remained above 95% since March 2021, with a more stable picture being demonstrated in April, May, June, July and August where fill rates have been above 99% of our planned hours. The data for March demonstrated a significant under fill of nursing associates; however it is acknowledged that due to this particular team being small in numbers the fill rate was affected by Covid-19 absence, annual leave and unplanned leave.
- 1.12** The Care Hours Per Patient Day (CHPPD) has remained stable internally demonstrating where safely possible the workforce is being flexed in line with patient activity and acuity. Benchmarking data from Model Hospital (May 2021) demonstrates that at Trust level SFHFT sits within the second quartile. The Trust CHPPD value is 9.1 and is in line with both peer

and national median of 9.1. The median has been derived from the monthly staffing return to NHS Improvement (NHSI) and includes all 132 acute provider trusts.

- 1.13** Since March 2021, 336 nursing and midwifery staffing related incidents have been 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 *red flag* incidents (as defined by NICE) due to a delays in care. It is recognised that despite no adverse clinical outcome, the delays in care will have impacted upon the overall experience of patients and colleagues.
- 1.14** From July onwards separate midwifery red flags identified within Birthrate Plus® are reported within the Midwifery Safe Staffing Monthly Report. This has been developed to enable a focused oversight of the staffing position and workforce activity within maternity services across the Trust. Birthrate Plus® is a method for assessing the needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings.
- 1.15** International recruitment remains a key priority to stabilise the nursing workforce. By the end of August, 39 internationally educated registered nurses were employed by the Trust, with a further eight expected to arrive in late in September. Objective Structured Clinical Examinations (OSCEs) are being undertaken within three to four weeks post induction, no further delays have been experienced since the Nursing and Midwifery Council increased the capacity across the test centres sites. Out of the 39 international educated registered nurses the Trust only has nine waiting to undertake their OSCEs.
- 1.16** We were successful in securing 40 places on the Nursing Apprenticeship Degree Programme with 32 starting an introduction to SFHFT on the 23rd August, and commencing their formal academic programme on the 20th September at Nottingham Trent University (NTU).
- 1.17** We are honoured to host two Health Education England (HEE) Clinical Fellowships this year; the first is a registered Midwife hosting the Maternity Transformation Programme and the second is a registered nurse hosting the Workforce Programme. This commenced on the 1st September as a 12 month secondment opportunity.
- 1.18** Following a successful application process the Corporate Matron for Safe Staffing will join the Chief Nursing Officer Safer Staffing Fellowship Programme due to commence in March 2022. The fellowship (MSc Workforce Planning, Delivery & Assurance) was established in 2019 by NHSE/I as part of a national ambition to deliver safer, effective staffing in all clinical settings

in England. The programme aims to enable Trust leaders to develop and implement evidence-based approaches to staffing decisions, considering all elements that contribute to safer, effective and productive care, and positive patient experience.

- 1.19** The midwifery workforce, and in particular vacancies within the community midwifery team, has fluctuated since the previous paper. This is due to both retirements and staff moving back into acute services following the initial pilot of the midwifery Continuity of Carer. Further to the vacancies the on-going pressures produced by the global pandemic, has led to innovative approaches to recruitment which include the correspondence to recently retired midwives, supported Return to Practice Programmes and the exploration of the role of the registered nurse integrated within maternity services. Alongside this there is a rolling recruitment campaign for registered midwives and internationally educated midwives
- 1.20** As reported in the previous report we have refreshed our approach to setting the nursing and midwifery establishments to ensure as an organisation we are compliant with the NQB Standards and Developing Workforce Safeguards. This included the implementation of the Safer Nursing Care Tool (SNCT), an evidence based 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.
- 1.21** Three cycles of acuity and dependency data collection using SNCT were outlined for 2021 and the Trust is on track to complete the third cycle in late October (as per schedule). The audits have taken place across both adult and paediatric in patient areas: with the exclusion of CCU due to staffing being in line with Guidelines for the Provision of Intensive Care Services (GPICS, 2019). Maternity was also excluded due to this speciality using Birthrate Plus® to inform workforce planning. The acuity data analysed from this year will support the establishment setting process for the new financial year.
- 1.22** The maternity Workforce review included a forecast of additional staffing requirements within the context of the Maternity Transformation Programme noting staffing resource is described as a significant risk to delivery of maternity transformation both on the SFHFT risk register (and on the Local Maternity and Neonatal System (LMNS) risk register. This review seeks to provide assurance around the current midwifery establishment within the context of a completed establishment review, and the requirements of the Maternity transformation agenda.

1.23 The BirthRate Plus® workforce review was completed in September 2020 provides richer detail to the complex variables affecting overall staffing requirements within a maternity service. The workforce review predicts a forecast of establishment requirement based on national reports and maternity transformation trajectories around midwifery Continuity of Carer with the current review outlined below against our current WTE.

Budgeted WTE	Actual WTE	Vacancies WTE
144.56	118.98	25.58

1.24 The detailed workforce review which was undertaken to inform the business planning for 2022/23 remains under review, reflecting the changes in the national ask for the trajectories of midwifery Continuity of Carer. This is due for release in Quarter 3.

1.25 **AHP Overview**

1.26 The overall vacancy position in AHPs at SFHFT has increased but continues to be in a positive position with a collective vacancy rate of 1.51% (July 2021). Significant staffing constraints exist within Occupational Therapy (OT), Speech and Language Therapy (SLT) and Dietetics. SLT and Dietetics have small specialist staffing establishments and are below the benchmark of other organisations of a similar size when compared to Model Hospital data.

1.27 Therapy services have also not been able to recruit into OT established posts for the first time. This is unfortunately a system wide experience. Three Band 5 OT's have been recruited but this is not sufficient to support upcoming maternity leave cover. 11 maternity leaves are pending in OT at SFHT in addition to two Band 5 vacancies. The division have been asked to develop a plan to address this.

1.28 SLT has added staffing as a clinical risk to the Diagnostics and Outpatients (D&O) risk register. Currently a service line arrangement is delivered by Nottinghamshire Healthcare Trust SLT staff and service provision is currently under active review. Service provision at SFHFT is not sufficient for the demand in SLT services. In addition to this, there are vacancies within establishment. There are identified upcoming periods where there is no SLT cover for Stoke and Medicine services due to long term sickness and vacancies. The SLT team endeavour to complete initial assessments within 72 hours; currently, this is five days and is having an adverse impact on patient care.

- 1.29** Dietetics staffing has also been added as a clinical risk to the D&O risk register. Dietetics has been under significant pressure with recent vacancies. The service has now appointed to a Band 7 role (yet to commence) but have been unsuccessful in recruiting into the Band 6 post in adult diabetes & endocrinology. This has gone back out to recruitment. The existing adult in-patient Band 7 Dietician is being pulled to support complex patients on ICU (where there is no funded establishment until the next financial year), adding increased pressure on the staff member and reducing the provision of ward nutritional support. Dieticians have raised concerns relating to the level of nutritional care they are currently providing to inpatients.
- 1.30** Paediatric dietetics is provided by 1.0 WTE member of staff. There is currently no funded Dietician established for ward 25 or NICCU. The attempts to support these services, is resulting in high volumes of paid and unpaid overtime and significant increase stress on the member of staff. It is a single point of failure if this member of staff goes off sick. There is no service cover for annual leave.
- 1.31** The Consultant Paediatric teams require Dietetic support for eating disorders and weight reduction clinics. The AHP job planning analysis has been undertaken and demonstrates current paediatric provision is 1.2 WTE with a 1.0 WTE member of staff without the additional requirements. The job plan has been submitted to the Women's and Children's division for consideration of additional funding to support increasing the service staffing within Paediatric Dietetics.
- 1.32** There is a national shortage of OT's, Dietician's and SLT's and our attempts to secure locums in these professions have so far been unsuccessful. The additional pressures and demands on these services are having a detrimental impact on the physical and mental health of these staff.
- 1.33** The CT Manager Band 8a post was previously unsuccessful in appointing a candidate. It has been re-advertised as an internal secondment and the successful candidate is now in post.
- 1.34** Severn newly qualified Band 5 Radiographers were appointed earlier this year, five of these are expected to start in September 2021. Two have withdrawn and the posts are back out to recruitment.
- 1.35** Eleven Band 5 Physiotherapy posts have been appointed into. Staff are expected to commence in post September 2021 onwards.
- 1.36** Pathology services continue to be under significant pressure with serology testing. Additional services have commenced for neutralising monoclonal antibodies (nMAB) infusions and

serum testing will be done by SFHFT Microbiology team. This will add to the demand of this team already under pressure.

1.37 SFHFT Associate Chief AHPs continue to be key members of the AHP Faculty, and the Integrated Care System AHP Cabinet. The Nottingham and Nottinghamshire AHP Faculty and ICS Cabinet have various work-streams currently underway to support AHP workforce across Nottinghamshire.

1.38 The Clinical Placement Expansion Programme (CPEP) has been extended and the CPEP team are now working with the Nottinghamshire Alliance Training Hub (NATH) team in order to establish and review AHP provision and placements within GP surgeries and primary care networks. A further bid of £104K funding has been submitted to HEE to continue CPEP in additional AHP professions which will include Dietetics and SLT.

1.39 The Nottinghamshire Integrated Care System has submitted a system bid to Health Education England for £1.6 million Long Covid treatment funding allocation. This will involve significant support and utilisation of the AHP workforce. The need to work collaboratively as a system will be essential in allocating and providing a Long Covid service. If this bid is successful, this will result in a Nottinghamshire wide approach; however concern exists about the ability to recruit into these posts from either within or outside the existing workforce.

1.40 Long Covid assessment clinics commenced in the region in March 2021 and continue to gain pace and demand continues to increase.

1.41 **National Compliance**

1.42 The Developing Workforce Safeguards published by NHSI in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed with compliance on the triangulated approach to deciding staff requirements described within 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.

1.43 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards. Appendix two details the Trust compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations

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

1.45 Recommendations

1.46 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

1.47 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

1.48 The Board is asked to note the AHP staffing and risk position within the report whilst noting the on-going recruitment plans to support each service

Nursing, Midwifery and Allied Health Professional Bi-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 Developing Workforce Safeguards guidance.
- 2.2 It will provide a cumulative oversight of CHPPD and the available data for the Cost per Care Hours (CPCH) each month.
- 2.3 This is supported with an overview of staffing availability since the last report 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 2022/2023.

Nursing and Midwifery Overview

3.0 National Nursing and Midwifery Context

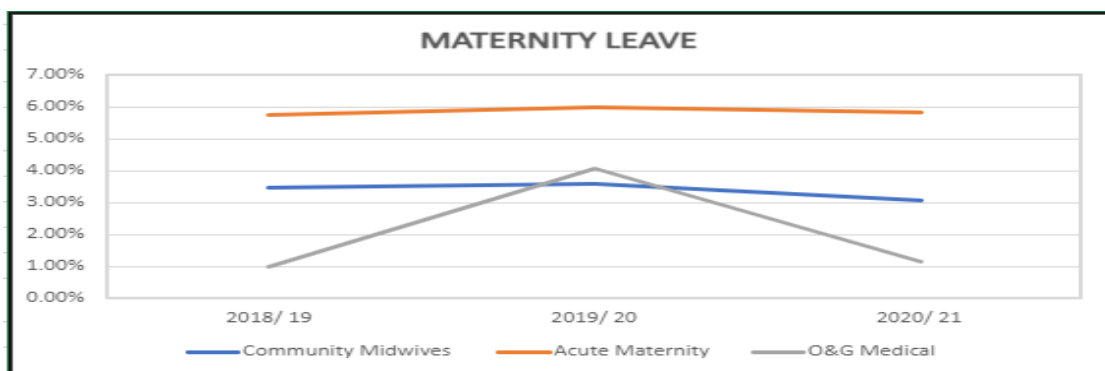
- 3.1 HEE is leading on the 'Long Term Strategic Framework for Health and Social Care Workforce Planning', and has launched a survey calling for feedback from a wide range of stakeholders. Responses will shape this review, which shall lead to the refresh of the 2014 HEE Framework.
- 3.2 Amanda Pritchard was announced as the new Chief Executive for NHSE. She will be the first woman in history to hold the role, she officially commenced 1st August 2021. Amanda has 25 years of experience working in the NHS, having joined as a Graduate Management Trainee following her graduation from Oxford University in 1997. She has served as Chief Operating Officer and, later, as Chief Executive at Guys and St Thomas's NHS Foundation Trust before taking on her most recent role as Chief Operating Officer at NHSE, which she has held for two years.
- 3.3 The Florence Nightingale Foundation and NHSE / NHSI have awarded grants to 12 International Nursing Associations across the UK ranging from £5,000 to £12,000. The grants will be used to support the pastoral care, support of wellbeing, and career development of the highly valued international nursing workforce.
- 3.4 Provisional statistics published last month indicate that there are record numbers of NHS doctors and nurses working in England. The provisional figures indicated that there were 124,078 doctors (5,600 more than in March 2020) and 304,542 nurses (10,800 more than this time last year) working in the NHS as of March 2021. There are also record numbers of hospital and community health staff overall (1,197,747).

- 3.5** On 3rd June 2021, NHSX also published provisional data on NHS vacancy statistics. These provisional figures indicated that, as of March 2021, there remains a total of 76,082 WTE NHS staff vacancies nationally, equating to a vacancy rate of 5.9%. This included 34,678 WTE (9.2%) of registered nursing vacancies, and 6,634 WTE (4.8%) of medical staff vacancies.
- 3.6** The King's Fund, Health Foundation and Nuffield Trust have signed a joint letter to the Secretary of State and Chair of the Health and Social Care Select Committee, setting out recommendations for national workforce planning. The issue has been the subject of many discussions at the Select Committee, as part of their enquiry into the White Paper. During the first evidence session the Health Foundation's Anita Charlesworth had set out the need for transparent, objective and independent workforce planning. At a subsequent session, the Secretary of State shared his doubts over the need for adopting this approach
- 3.7** The NHS Confederation's Health & Care Women Leaders Network launched a new report, Covid-19 and the Female Health and Care Workforce Survey Update. The report shows that since summer 2020, the impact of the pandemic on the female workforce across health and care has demonstrably worsened and more women are reporting an even greater negative impact on their physical and emotional wellbeing. With 78% of the health and care workforce being female, the impact of the pandemic on women needs to be considered as part of overall recovery plans. Recommendations include flexible working, a greater focus on health and wellbeing including signposting to existing resources, creating opportunities to connect for social support and equal access to opportunities for career progression
- 4.0 Local Nursing and Midwifery Context**
- 4.1** Between the months of March to August the vacancy rate at SFHFT saw a modest 2.74% increase from 9.02% to 11.76%. Despite this increase the Trust does not appear to be an outlier as the position is reflective of the 12% vacancy rate seen nationally. It is important to acknowledge that due to the annual re-setting of budgets there has been an incremental increase to the overall establishment therefore affecting the vacancy rate. In line with the NHS Long Term Plan and the objective to reduce nursing vacancies to 5% by 2028, the Trust remains committed to achieving this with strategic and divisional workforce plans in progress.
- 4.2** Sickness absence for all staff groups continues to be an on-going challenge due to the sustained impact presented by the pandemic. Nonetheless the sickness

absence rate for all staff groups during August was 4.58% demonstrating a marginal increase of 1% over the previous six months.

- 4.3 Sickness absence had showed significant improvements across the maternity workforce however the increasing trend in recent month has reflected the rise in Track and Trace Isolation and subsequent short term sickness (short term sickness 3.4% vs. long term sickness 1.7%). The Maternity Unit has adopted the Trust’s risk assessment tool and this has aided the safe return of appropriate staff.
- 4.4 Along with the total sickness, maternity leave has remained static but at an increased rate within both the acute and community midwifery services. Acute maternity service is highlighted at 5.8% and 3.1% within the community.

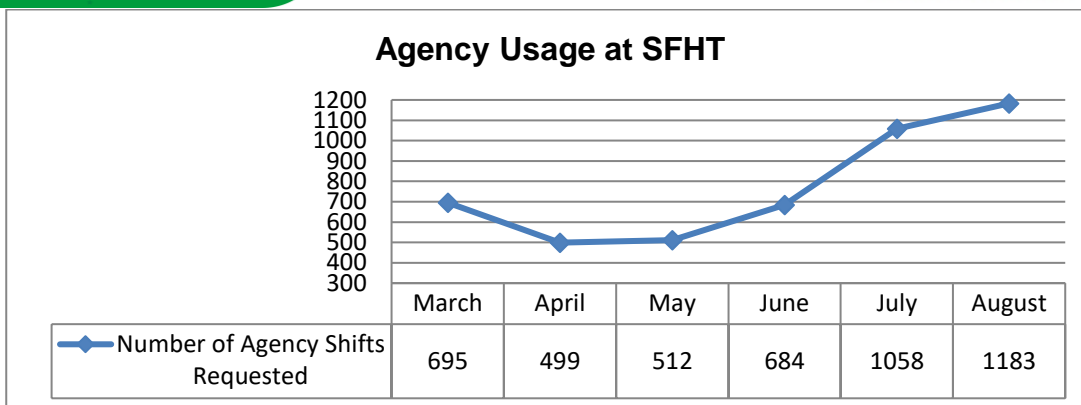
Figure 1:



Data Source: Workforce Information

- 4.5 Agency usage within the clinical areas continues to see a sustained demand with the number of shifts increasing month on month since April. Acuity and dependency of patients attending the hospital remains high with all winter capacity still open and CCU in surge.

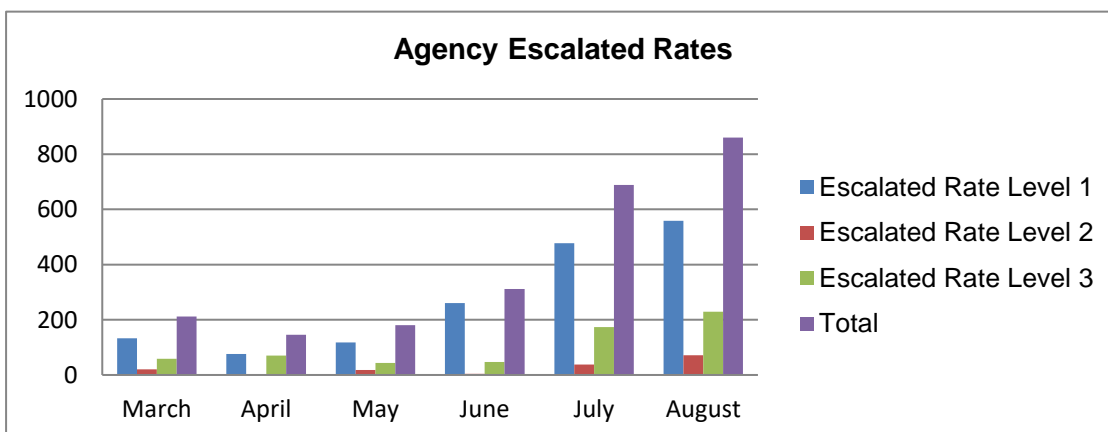
Figure 2:



Data Source: Temporary Staffing Office.

4.6 In line with the increasing agency usage, there is a rising trend in the use of escalated rates from April onwards. This has largely been influenced by the increased capacity alongside increased acuity and depending of patients requiring admission combined with the sustained sickness, maternity leave and absence challenges presented by the pandemic. Information provided by the Temporary Staffing Office outline reasons for each request which triangulates with this view as all shifts were documented as required to support additional capacity, vacancies and short term sickness.

Figure 3:



Data Source: Temporary Staffing Office.

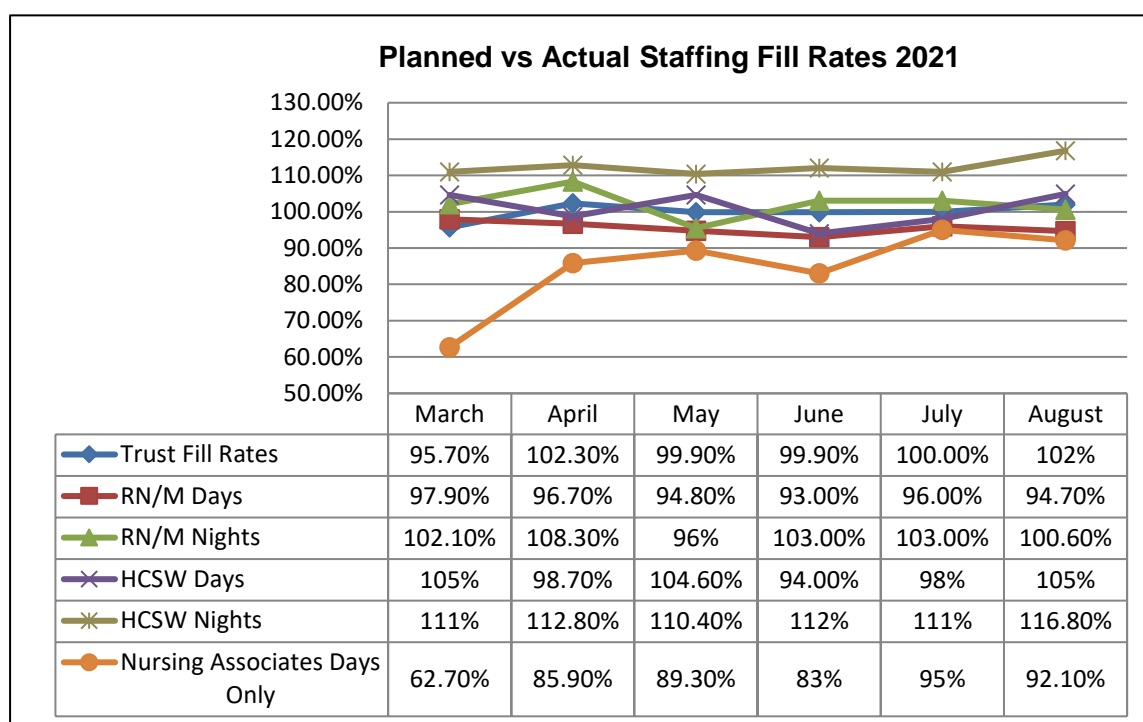
5.0 Planned versus Actual Staffing & Care Hours per Patient Day (CHPPD)

5.1 All NHS providers are required to publish inpatient nursing and midwifery staffing data on a monthly basis and a national exception report is submitted each month. This data highlight the planned staffing hours (hours planned into a working roster template)

aligned to actual staffing hours worked (actual hours worked by substantive and temporary staff). In addition to CHPPD, cost per care hour (CPCCH) is also monitored.

5.2 The overall staffing levels for the Trust consistently have remained above 95% since March 2021, with a more stable picture being demonstrated in April, May, June, July and August where fill rates have been above 99% of our planned hours. The data for March demonstrated a significant under fill of nursing associates; however it is acknowledged that due to this particular team being small in numbers the fill rate was affected by Covid-19 absence, annual leave and compassionate leave.

Figure 4:



Data Source: Published Staffing Data

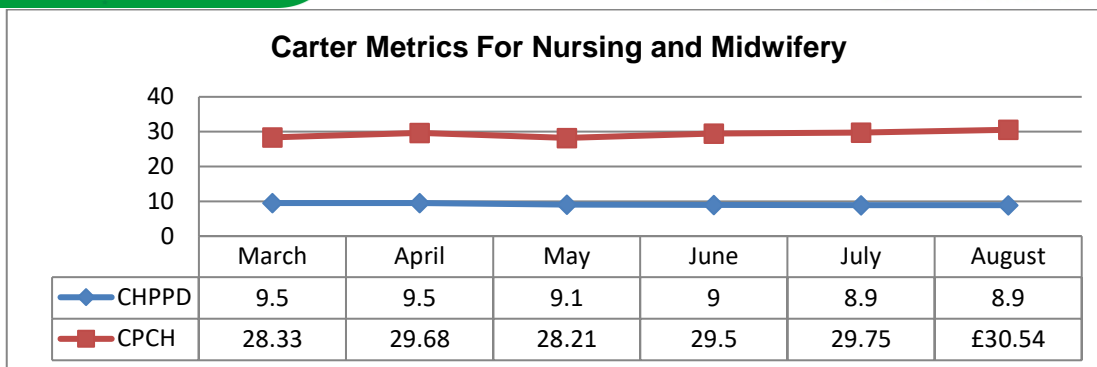
5.3 CHPPD is calculated by adding together the hours of registered nurses/ midwives and health care support staff (HCSW) and dividing the total by every 24 hours of inpatient admissions. This then provides a value which demonstrates the average number of actual registered nursing care hours spent with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

5.4 The CHPPD has remained stable internally demonstrating where safely possible the workforce is being flexed in line with patient activity and acuity. Benchmarking data

from Model Hospital (May 2021) demonstrates that at Trust level SFHFT sits within the second quartile.

- 5.5** The Trust CHPPD value is 9.1 and is in line with both peer and national median of 9.1. The median has been derived from the monthly staffing return to NHSI and includes all 132 acute provider trusts.
- 5.6** Divisional narrative from the matron team highlights staffing resource is being flexed whilst maintaining minimum staffing numbers across all services to meet patient demand, activity and acuity. However the challenges being generated from the pandemic continue to be unprecedented and wide spread.
- 5.7** Midwifery staffing has been safely aligned to birth activity over the last six months, however acute staffing shortages occurred during April, May and June, resulting in the deployment of a registered nurse to support with care delivery where appropriate. To support with on-going challenges the Trust supported midwives in receiving an enhanced payment rate for bank shifts and a review of all non-clinical roles. The shortages within the community service have led to a limited home birth service, in line with supportive guidance from the Royal College of Obstetricians and Gynaecologists and Royal Collage of Midwives. This limited service is reported internally to Trust Board and reported externally to NHS England and Improvement.
- 5.8** CPCH is measured as the average cost spent per hour of care, and benchmarking variance at ward level with peers may help to identify potential savings opportunities in the cost of providing care. Safe staffing and financial returns include substantive, bank and agency staff, therefore a higher cost may also indicate greater reliance on agency staff as a proportion to substantive. Since our last report the variance in CHPPD for March to July illustrates more stable picture, however the CPCH is rising demonstrating an increased reliance on agency and temporary staff as seen below in figure 5.

Figure 5:



Data Source: Published Staffing Data

6.0 Measure and Improvement

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

Figure 6:

	March	April	May	June	July
Staffing related Incidents	55	56	86	87	52
Red Flags	3	0	2	2	1

Data Source: Datix Reporting System

6.2 Since March 2021 336 nursing and midwifery staffing related incidents have been 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* incidents (as defined by NICE) due to a delays in care. It is recognised that despite no adverse clinical outcome, the delays in care will have impacted upon the overall experience of patients and colleagues.

6.3 From July onwards separate midwifery red flags identified within Birthrate Plus® are reported within the Midwifery Safe Staffing Monthly Report. This has been developed to enable a focused oversight of the staffing position and workforce activity within, maternity services across the Trust. Birthrate Plus® is a method for assessing the

needs of women for midwifery care throughout pregnancy, labour and the postnatal period in both hospital and community settings.

- 6.4** It is important to acknowledge specific data sets are inputted at specific times each day in relation to Sherwood Birthing Unit and again for the Maternity Ward noting staffing factors, actions and red flags (as per NICE guidance and local agreement). From that data provided by the tool calculates the required numbers of midwives to meet all of those needs in relation to defined standards and models of care and to local workforce planning needs.
- 6.5** During July there were 56 red flags recorded upon Sherwood Birthing Unit. 20 highlighted the inability to maintain the supervisory status of the of the co-ordinator, 22 highlighted a delay between admission for induction and beginning of process, four identified delayed or cancelled time critical activity, four detailed an occasion when one midwife was not able to provide continuous 1:1 care during established labour and four detailed a delay between presentation and triage.
- 6.6** The Maternity Ward recorded 19 red flags within Birthrate Plus® for the same month. six detailed delayed or cancelled time critical activity, one recorded delays in providing pain relief and 10 identified a delay between admissions for induction and beginning of process and two highlighted the inability to provide continuous 1:1 care during established labour.
- 6.7** A review of the implementation of the tool has demonstrated that training has not been rolled out consistently and there is no process for external validation of the scoring. Following a conversation with the supplier we have been advised to pause use of the tool pending further training as they strongly believe the data is inaccurate. This decision has been supported by the executive team and further training has been scheduled. The refreshed implementation will be overseen by the Corporate Matron for Safe Staffing to ensure a systematic approach.
- 6.8** Focused workforce reviews are underway within the division to support with the challenges being experienced across maternity services both locally and nationally.
- 7.0 Nursing and Midwifery Recruitment and Retention.**
- 7.1** International recruitment remains a key priority for the nursing Workforce. By the end of August, 39 internationally educated registered nurses were employed by the Trust, with a further eight expected to arrive in late in September. OSCEs are being

undertaken within three to four weeks post induction, and no further delays have been experienced since the Nursing and Midwifery Council increased the capacity across the test centres sites. Out of the 39 international educated registered nurses the Trust only has nine waiting to undertake their OSCEs.

- 7.2** The International Recruitment Programme continues to interview to mitigate the high attrition associated with this programme, as these nurses are often having multiple interviews and have a choice on their deployment. We are working with system partners to ensure that we are not competing against each other.
- 7.3** The Trust is also supporting Nottinghamshire Healthcare NHS Foundation Trust with their initial recruitment of two international educated registered nurses to the John Eastwood Hospice. We will provide accommodation for communal living with our international registered nurses at SFHFT and training.
- 7.4** All the international registered nurses who are working as HCSWs have now completed their programme of training and are working as registered nurses and the Trust will continue to support others that present.
- 7.5** The second cohort of trainee nursing associates is due to complete year one of their two year programme; with 18 of the 20 trainees appointed still remaining. Cohort three has been interviewed and will commence their studies on the 11th October and there are 21 trainee nursing associates in this cohort.
- 7.6** Cohort one will commence revalidation within the next six months and the Trust will support the nursing associates through this process. Over the next six months we will also review how these roles will integrate and compliment the wider nursing workforce.
- 7.7** We were successful in securing 40 places on the Nursing Apprenticeship Degree Programme with 32 starting an introduction to SFHFT on the 23rd August, and commencing their formal academic programme on the 20th September at NTU.
- 7.8** As part of a national programme we have received funding to improve support for all HSCW. We have advertised for a practice development support nurse (PDN) to lead this programme for six months.
- 7.9** The Trust has supported the local community through the Kick Start Programme which is supporting young people into or returning to work having been on the job seekers

allowance. There are currently three; the PDN will support this group to receive their orientation and induction, gain their care certificate, and work alongside HCSWs within the Trust to support this group of young people to gain future employment within the health community.

- 7.10** The Trust has received further funding to support the HCSWs training and ensure that all vacancies are filled. The PDN will develop a plan to support new and existing HCSWs and provide them with career advice and development opportunities.
- 7.11** Following a successful application process the Corporate Matron for Safe Staffing will join the Chief Nursing Officer Safer Staffing Fellowship Programme due to commence in March 2022. The fellowship (MSc Workforce Planning, Delivery & Assurance) was established in 2019 by NHSE/I as part of a national ambition to deliver safer, effective staffing in all clinical settings in England. The programme aims to enable Trust leaders to develop and implement evidence-based approaches to staffing decisions, considering all elements that contribute to safer, effective and productive care, and positive patient experience.
- 7.12** We are honoured to host two HEE Clinical Fellowships this year; the first is a registered midwife hosting the Maternity Transformation Programme and the second is a registered nurse hosting the Workforce Programme. This commenced on the 1st September as a 12 month secondment opportunity.
- 7.13** The midwifery workforce, and in particular vacancies within the community midwifery team, has fluctuated since the previous paper. This is due to both retirements and staff moving back into acute services following the initial pilot of the midwifery Continuity of Carer. Further to the vacancies the on-going pressures produced by the global pandemic, has led to innovative approaches to recruitment which include the correspondence to recently retired midwives, supported Return to Practice Programmes and the exploration of the role of the registered nurse integrated within maternity services. Alongside this there is a rolling recruitment campaign for registered midwives and internationally educated midwives. .
- 7.14** July saw the successful appointments of two Band 6 Community Midwives. A total of 19 WTE early career midwives have been recruited and will commence their preceptorship pathway from September onwards.

7.15 It is acknowledged this is a high rate of recruitment of early career midwives and national data from the Royal Collage of Midwives (2021) has highlighted an alarmingly high rate of early career midwives leaving the profession. Therefore to support this, national funding has been made available for a Recruitment and Retention Lead Midwife. We have been successful in our bid to secure funds and are currently recruiting to the role.

8.0 Nursing Establishment Review

8.1 As reported in the previous report we have refreshed our approach to setting the nursing and midwifery establishments to ensure as an organisation we are compliant with the NQB Standards and Developing Workforce Safeguards. This included the implementation of 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.

8.2 Three cycles of acuity and dependency data collection using SNCT were outlined for 2021 and the Trust is on track to complete the third cycle in late October (as per schedule). The audits have taken place across both adult and paediatric in patient areas: with the exclusion of CCU due to staffing being in line with professional guidance known as GPICS. Maternity was also excluded due to this speciality using Birthrate Plus® to inform workforce planning.

8.3 The acuity data analysed from this year will support the establishment setting process for 2022/23 and will take place towards to end of 2021. This multidisciplinary review of the nursing and midwifery establishments will:

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

8.4 With each staffing review our compliance against the SNCT guidelines is reviewed to ensure validity of the data. The assessment can be found in appendix three.

9.0 Midwifery Establishment Review

- 9.1** The maternity Workforce review included a forecast of additional staffing requirements within the context of the Maternity Transformation Programme noting staffing resource is described as a significant risk to delivery of maternity transformation both on the SFHFT risk register and on the Local Maternity and Neonatal System (LMNS) risk register. This review seeks to provide assurance around the current midwifery establishment within the context of a completed establishment review, and the requirements of the maternity transformation agenda.
- 9.2** The current midwifery establishment has both oversight and sign off at Executive level to increase the previous establishment following recommendations from BirthRate Plus®. The increased establishment review includes the maternity transformation as outlined above. Figure 7 (below) outlines the current establishment breakdown vs. the previous budgeted WTE for comparison.

Figure 7:

	<u>Current.</u>		Total Clinical	<u>Comparison.</u>		Total Clinical
	Birth Rate Plus WTE (90/10 skill mix)			Previous budgeted WTE		
Hospital (core)	RMs	Band 3s	82.95	RMs	Band 3s	78.36
	76.45	6.30		72.07	6.29	
Community (core and caseload)	RMs	Band 3s	49.67	RMs	Band 3s	43.77
	43.17	6.96		39.61	4.16	
Total Clinical WTE	132.6		122.13			
Non clinical WTE based on 9% of clinical	11.94		10.06			
TOTAL WTE	144.56		132.19			

10.0 Midwifery Forecast Position

10.1 The BirthRate Plus® workforce review was completed in September 2020 provides richer detail to the complex variables affecting overall staffing requirements within a maternity service. Whilst Figure 7 (above) shows staffing levels, the workforce review predicts a forecast of establishment requirement based on national reports and maternity transformation trajectories around midwifery Continuity of Carer with the current review outlined in figure 8 (below) against our current WTE.

Figure 8:

Budgeted WTE	Actual WTE	Vacancies WTE
144.56	118.98	25.58

10.2 The detailed workforce review which was undertaken to inform the business planning for 21/22 remains under review, reflecting the changes in the national ask for the trajectories of midwifery Continuity of Carer. This guidance has just been released.

10.3 Birthrate Plus® is a workforce force planning tool used to assess the needs of women for midwifery care throughout pregnancy, labour and the postnatal period, both in hospital and community settings. The functionality of Birthrate Plus® requires information being inputted at set times throughout the day, and with this information, the tool will recommend the numbers of midwives required to meet all of those needs in relation to models of care and local workforce planning needs.

10.4 A meeting took place with the Chief Nurse, Head of Midwifery, Corporate Head of Nursing, Corporate Matron for Safe staffing, Matrons for maternity services and the Birthrate Plus® Leads, to discuss the level of assurance and accuracy being the demonstrated within the acuity reports. It was agreed that the data did identify areas of concern and was highly suggestive of user error.

10.5 The group agreed due to the concerns around the accuracy of the data:

- The use of the tool should be temporarily suspended (with agreement sought by the executive team).
- Previous data should be saved but archived.

- An implementation plan for refresh training would commence. This would be supported by the Birthrate Plus® team, Head of Midwifery and the Corporate Matron for Safe Staffing.
- An external validation process to be developed to ensure on-going user competence and assurance of data accuracy.

Formal agreement by the executive team to data pause was approved w/c 11th October 2021, with plans underway to commence a programme of re-training (see appendix one).

Allied Health Professions Overview

11.0 Safe Staffing Levels

11.1 There is no single guidance or standard approach to inform safe 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. Establishment reviews with the Chief Nurse are planned.

11.2 The overall vacancy position in AHPs at SFHFT has increased but continues to be in a positive position with a collective vacancy rate of 1.51% (July 2021). Significant staffing constraints exist within OT, SLT and Dietetics. SLT and Dietetics have small specialist staffing establishments and are below the benchmark of other organisations of a similar size when compared to Model Hospital data.

12.0 Risks to Services

12.1 Therapy services have not been able to recruit into OT established posts for the first time. This is a system wide experience. Three, Band 5 OT's have been recruited but this is not sufficient to support upcoming maternity leave cover. 11 maternity leaves are pending in OT at SFHT in addition to two Band 5 vacancies. The division have been asked to develop a plan to address this.

12.2 SLT has added staffing as a clinical risk to the D&O risk register. Currently a service line arrangement is delivered by Nottinghamshire Healthcare Trust SLT staff and service provision is currently under active review. Service provision at SFHFT is not sufficient for the demand in SLT services. In addition to this, there are vacancies within establishment. There are identified upcoming periods where there is no SLT cover for

Stoke and Medicine services due to long term sickness and vacancies. The SLT team endeavour to complete initial assessments within 72 hours; currently, this is five days and is having an adverse impact on patient care. To mitigate this risk we are substantively recruiting 1.0 WTE Band 7 and 1.0 WTE Band 6 to support the service over winter whilst the service review is underway.

- 12.3** Dietetics staffing has also been added as a clinical risk to the D&O risk register. Dietetics has been under significant pressure with recent vacancies. The service has now appointed to a Band 7 role (yet to commence) but have been unsuccessful in recruiting into the Band 6 post in adult diabetes & endocrinology. This has gone back out to recruitment. The existing adult in-patient Band 7 Dietician is being pulled to support complex patients on CCU (where there is no funded establishment until the next financial year), adding increased pressure on the staff member and reducing the provision of ward nutritional support. Dieticians have raised concerns relating to the level of nutritional care they are currently providing to inpatients.
- 12.4** Paediatric dietetics is provided by 1.0 WTE member of staff. There is currently no funded Dietician established for ward 25 or NICCU. The attempts to support these services, resulting in high volumes of paid and unpaid overtime and significant increase stress on the member of staff. It is a single point of failure if this member of staff goes off sick. There is no service cover for annual leave.
- 12.5** The Consultant Paediatric teams require Dietetic support for eating disorders and weight reduction clinics. The AHP job planning analysis has been undertaken and demonstrates current paediatric provision is 1.2 WTE with a 1.0 WTE member of staff without the additional requirements. The job plan has been submitted to the Women's and Children's division for consideration of additional funding to support increasing the service staffing within Paediatric Dietetics.
- 12.6** There is a national shortage of OT's, Dietician's and SLT's with attempts to secure locums in these professions have so far been unsuccessful. The additional pressures and demands on these services are having a detrimental impact on the physical and mental health of these staff.
- 13.0 AHPs in CCU: Business Planning**
- 13.1** A business case has been submitted to increase the AHP presence on CCU. Based on recommendations the case includes Physiotherapy, OT, Dietetics and SLT's.

Currently there is no provision Dietetics, SLT and Dietetics on ICU, resulting in SFHFT being an outlier in the region for AHP CCU provision.

13.2 The case also proposed additional requirements (as identified by GPIC's) for a full 7 day service for Physiotherapy. The case has been considered and to support affordability and achievability of the whole ICU business case for expansion, it was deemed a staged plan for AHPs was necessary. Recruitment will be staged and commence in H1, 2022.

13.3 There is no established support for CCU during Covid surge and winter 2021 from OT, Dietetics and SLTs.

14.0 Radiology Service Update

14.1 Four Radiology Imaging Assistants (Band 4) have been appointed at the Kings Mill site and Newark site and are in the process of commencing their posts.

14.2 Two new Band 7 Clinical Educators have been appointed. The successful candidates were internal applicants and the vacated posts are currently being back filled and recruited into. The Band 6 CT post closed recently and interviews are imminent.

14.3 The CT Manager Band 8a post was previously unsuccessful in appointing a candidate. It has been re-advertised as an internal secondment and the successful candidate is now in post.

14.4 Severn newly qualified Band 5 Radiographers were appointed earlier this year, five of these are expected to start in September 2021. Two have withdrawn and the posts are back out to recruitment.

14.5 A Band 6 rotational cross site post has been successfully appointed into. The candidate will be based at Newark 3 days per week and will participate in an on call service.

15.0 Physiotherapy Service Update

15.1 Eleven Band 5 posts have been appointed into. Staff are expected to commence in post September 2021 onwards.

16.0 Pathology Services Update

16.1 Pathology services continue to be under significant pressure with serology testing. Additional services have commenced for neutralising monoclonal antibodies (nMAB)

infusions and serum testing will be done by SFHFT Microbiology team. This will add to the demand of this team already under pressure.

17.0 AHP Faculty / AHP Cabinet

17.1 SFHFT Associate Chief AHPs continue to be key members of the AHP Faculty, and the Integrated Care System AHP Cabinet. The Nottingham and Nottinghamshire AHP Faculty and ICS Cabinet have various work-streams currently underway to support AHP workforce across Nottinghamshire.

17.2 The Clinical Placement Expansion Programme (CPEP) has been extended and the CPEP team are now working with the Nottinghamshire Alliance Training Hub (NATH) team in order to establish and review AHP provision and placements within GP surgeries and primary care networks.

17.3 A further bid of £104K funding has been submitted to HEE to continue CPEP in additional AHP professions which will include Dietetics and SLT.

17.4 The funding for the AHP project to support recruitment of BME workforce finishes at the end of September. The AHP cabinet have been successful in gaining £1000k towards continued AHP Faculty projects and Faculty sustainability. As part of this funding, a key performance Indicator for Equality, Diversity and Inclusivity (EDI) will pick up this work stream and continue the progress already made by the BME project.

17.5 As providers, HEE have allocated £62k to AHP leadership and support workers. At SFHFT we are considering an AHP fellowship and support worker role to support the delivery of the key performance indicators. SFHFT are the host organisation for all the above projects with the Associate Chief AHPs as the named leads.

18.0 Discharge to Assess (D2A)

18.1 Therapy services are continuing to work closely with Integrated Discharge Advisory Team and system colleagues to pilot delivery of a D2A model (the pilot is continuing throughout September). An OT team leader from SFHFT is currently working on a pilot with adult social care to review pathway 1 discharges for START and large care packages for adult social care. Progress so far demonstrates it is proving beneficial by improving the efficiency of transfer of care between acute and social care. Although this is not the perception of all particularly those in the hospital, as a result the pilot has been extended for a further six months.

19.0 Covid-19 Status Position

19.1 The AHP workforce has returned to their substantive place of work post Covid-19 re-deployment. Providing support during the CCU surge and to the acuity of respiratory patients whilst providing restored services is hugely challenging. Additional demand is being asked of staff to work additional hours. Furthermore, existing out-patient and diagnostics services are restoring and recovering services with the backlog the pandemic has generated. Managers are also commencing training to support the proning team rota. The critical care business case coming online in April 2022 will alleviate some of these pressures.

20.0 Long Covid Services

20.1 The Nottinghamshire Integrated Care System has submitted a system bid to HEE for £1.6 million Long Covid treatment funding allocation. This will involve significant support and utilisation of the AHP workforce. The need to work collaboratively as a system will be essential in allocating and providing a Long Covid service. If this bid is successful, this will result in a Nottinghamshire wide approach; however concern exists about the ability to recruit into these posts from either within or outside the existing workforce.

20.2 Long Covid assessment clinics commenced in the region in March 2021 and continue to gain pace and demand continues to increase.

20.3 Associate Chief AHPs are the nominated SFHFT leads for the Integrated Care System Long Covid triage assessment clinics.

21.0 National Compliance

21.1 The Developing Workforce Safeguards published by NHS Improvement in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed with compliance on the triangulated approach to deciding staff requirements described within 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.

21.2 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards. Appendix two details the Trust compliance with the

nursing and midwifery element of the Developing Workforce Safeguards recommendations.

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

22.0 **Recommendations**

22.1 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.

22.2 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.

22.3 The Board is asked to note the AHP staffing and risk position within the report whilst noting the on-going recruitment plans to support each service.

23.0 APPENDIX ONE: Birthrate Plus® Status Position Report

Subject:	Birthrate Plus® Workforce Planning Acuity Tool		Date: October 2021	
Prepared By:	Rebecca Herring (Corporate Matron)			
Approved By:	Julie Hogg (Chief Nurse)			
Presented By:	Rebecca Herring (Corporate Matron)			
Purpose				
The purpose of this report is to detail the current position with the Birthrate Plus® workforce planning tool, and the level of assurance regarding the accuracy of the data being generated to support staffing needs within maternity services.			Approval	
			Assurance	
			Update	X
			Consider	
Strategic Objectives				
To provide outstanding care	To promote and support health and wellbeing	To maximise the potential of our workforce	To continuously learn and improve	To achieve better value
X		X	X	X
Overall Level of Assurance				
	Significant	Sufficient	Limited	None
		X		
Risks/Issues				
Financial				
Patient Impact	X			
Staff Impact	X			
Services	X			
Reputational	X			
Committees/groups where this item has been presented before				
None				
Executive Summary				

Background

Birthrate Plus® is a workforce force planning tool used to assess the needs of women for midwifery care throughout pregnancy, labour and the postnatal period, both in hospital and community settings.

The evidence base underpinning the tool is consistent with the National Institute for Health and Care Excellence (NICE) *Safe Staffing Guidance for Midwives in the Maternity Setting* and has received endorsement from the Royal Collage of Midwives and Royal College of Obstetricians' and Gynaecologists.

The functionality of Birthrate Plus® requires information being inputted at set times throughout the day, and with this information, the tool will recommend the numbers of midwives required to meet all of those needs in relation to models of care and local workforce planning needs.

Current Position

Implementation and training of the tools usability was rolled out within the maternity services at Sherwood Forest Hospital NHS Foundation Trust (SFHFT) approximately two years ago. However, due to the national workforce review with maternity services over recent months, the data analysis reports have been reviewed to provide greater insight into local staffing needs.

Concerns were raised regarding the level of assurance in the data produced by the tool due to the low confidence factor provided with each report (this should be above 85%). This has been noted to be negatively affecting the moral of staff, particularly when the data recommendations suggests areas are several midwives short; but the confidence factor aligned to the data entries are low.

A meeting took place with the Chief Nurse, Head of Midwifery, Corporate Head of Nursing, Corporate Matron for Safe staffing, Matrons for maternity services and the Birthrate Plus® Leads, to discuss the level of assurance and accuracy being the demonstrated within the reports.. It was agreed that the data did identify areas of worry and was highly suggested of user error:-

- For example; rules not being followed such as unknowingly double counting activity. Accounting for triaging of calls (despite this time spent being already built into the tool).
- Not all colleagues are being included in the numbers as the tool prescribes.
- There are no training records for assessment of competence.
- The matrons have not been trained therefore there is no external validation process.

Next Steps

The group agreed due to the concerns around the accuracy of the data:

- The use of the tool should be temporarily suspended (with agreement sought by the executive team).
- Previous data should be saved but archived.
- An implementation plan for refresh training would commence. This would be supported by the Birthrate Plus® team, Head of Midwifery and the Corporate Matron for Safe Staffing.
- An external validation process to be developed to ensure on-going user competence and assurance of data accuracy.

Formal agreement by the executive team to data pause was approved w/c 11th October 2021, with plans underway to commence a programme of re-training.

Recommendations

The Nursing, Midwifery and Allied Health Professional Committee are asked to note the decision to temporarily suspend Birthrate Plus®.

The Committee are asked to note the on-going plans to address the concerns raised in relation to training and the plan to strengthen the validation process going forward.

24.0 APPENDIX TWO: Compliance with Developing Workforce Safeguards, Nursing and Midwifery

24.1 The Workforce Safeguards published by NHSI in October 2018 are used to assess compliance with the Triangulated approach to staff planning in accordance with the NQB guidance.

24.2 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>Recommendation 1: Trusts must formally ensure NQB’s 2016 guidance is embedded in their safe staffing governance.</p>	<p>Compliant Evidence: SNCT has been embedded within both adult and Paediatric in patient areas. Our overarching staffing policy is currently being reviewed to incorporate the revised establishment setting process.</p>
<p>Recommendation 2: Trust must ensure the three components are used in their safe staffing process.</p>	<p>Fully Compliant Evidence: SNCT in use at the Trust to provide evidence base for our establishment setting process.</p>
<p>Recommendation 3 & 4: 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>Fully Compliant Evidence: Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable.</p>
<p>Recommendation 5: 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>Fully Compliant Evidence: 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>Recommendation 6: 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>Fully Compliant Evidence: Biannual and Annual Nursing, Midwifery and Allied Health Professional Staffing Report sign off.</p>
<p>Recommendation 7: Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive</p>	<p>Fully Compliant Evidence: Annual submission to NHS Improvement</p>

<p>Leaders. The Board should discuss the workforce plan in a public meeting.</p>	
<p>Recommendation 8: They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.</p>	<p>Fully Compliant Evidence: Monthly Safe Staffing paper and staffing dashboard triangulates this information.</p>
<p>Recommendation 9: 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>Partially Compliant. Evidence: Bi-annual review for nursing is not completed across all services; We have implemented the first full cycle data collection of SNCT and will conclude late October. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Inclusivity Committee and the Board of Directors</p>
<p>Recommendation 10: 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>Fully Compliant Evidence: SNCT ready for use with no manipulation</p>
<p>Recommendation 11 & 12: 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>Fully Compliant Evidence: Completed as part of establishment setting process and monitored by the Nursing, Midwifery, and Allied Health Committee.</p>
<p>Recommendation 13 & 14: 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>Fully Compliant Evidence: Daily staffing meetings. Staffing also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe Staffing Standard Operating Procedure. Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.</p>


25.0 APPENDIX THREE: SNCT Assessment Criteria














Criteria	Compliance	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	Yes	Licence renewed which has been confirmed by the Chief Nurse.
Do you collect a minimum of 20 days data twice a year for this?	Yes	Held on central database
Are a maximum of 3 senior staff trained and the levels of care recorded?	Yes	Held on central database: - due to staffing challenges during the pandemic there are some areas that have requested 4 staff (all senior levels) to enable guaranteed continuity.
Is an established external validation of assessments in place?	Yes	Held on central database – A Member of the senior nursing team are allocated to ward areas and undertake validation each week during the cycle. A core group of staff is maintained to ensure consistency.
Has inter-rater reliability assessment been carried out with these staff?	Yes	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?	Yes	Held on central database.
Are enhanced observations (specials) patients reported separately?	Yes	Requests for additional staffing for enhanced patient observations are reported through Datix Reporting System.
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations?	No	In progress












26.0 APPENDIX FOUR: Royal Collage of Nursing Workforce Standards Gap Analysis.











26.1 The Royal Collage of Nursing published their Nursing Workforce Standards in 2021 following the national recognition of the value of the nursing workforce. It was recognised that once the pandemic recedes and staff face the challenge of returning a new normal – the impact upon the workforce will have far reaching consequences. The nursing workforce will be key to the safe and effective restoration of health care services and implementing lessons learnt into the future. The setting of collective standards across the UK has never been achieved before; however there is now a unique opportunity to build on the collective leadership demonstrated during the pandemic and although legislations may differ across the countries, the professional commonalities and ambitions are as one and underpin all aspirations and ambitions for us at the Royal College of Nursing. These standards apply across all areas of nursing and all sectors within the United Kingdom. The standards are designed to support a safe and effective nursing workforce alongside each nation’s legislation.











26.2 The workforce standards are group into three themes: Responsibility and accountability, Clinical Leadership and Safety, and Health, Safety and Wellbeing.





Standard:	Description Against the Standard:	Evidence:	BRAG:
<p>Standard 1 – Executive nurses are responsible for setting nursing workforce establishment and staffing levels. All members of the corporate board of any organisation are accountable for the decisions they make and the action they do or do not take to ensure the safety and effectiveness of service provision.</p>	<p>The establishment reviews were led by the Chief Nurse with support from the Corporate Matron, Head of Nursing/Midwifery and Finance Managers.</p> <p>The Annual paper was circulated via the Nursing, Midwifery and Allied Professional Committee, the People and Inclusion Committee, Trust Management Team and Trust Board.</p>	 Nursing Annual Establishments Review	<p>Green</p>







<p>Standard 2 – Registered nurse and nursing support workers establishment should be set based on service demand and the needs of people using services. This should be reviewed and reported regularly and at least annually. This requires corporate board level accountability.</p>	<p>Professional discussions were held with the Head of Nursing/Midwifery for each division. The principles of the Safer Nursing Care Tool/ Birthrate+ and professional judgement were also embedded within the confirm and challenge meeting led by the Chief Nurse.</p> <p>The Annual Staffing Report was circulated and agreed at the Nursing, Midwifery and Allied Health Professional Board.</p>	<p>  6. Annual Staffing Safer Nursing Care report 2021V3finaldoTool - Adult in-patient</p>	<p>Green</p>
<p>Standard 3 – Up to date business continuity plans must be in place to enable staffing for safe and effective care during critical incidents or events.</p>	<p>During the critical incident over the last 16 months the Trust’s senior nursing team has been reporting daily to the Incident Control Team (ICT). ICT received weekly safe staffing updates, as well as assurance on critical care staffing. All staffing amendments were assessed against a Quality Impact Assessment.</p>	<p>  QIA Stage 2 - Increase ICCU facilities QIA Stage 2 - Increase ICCU facilities</p> <p>  Quality Impact Assessment Stage 1 - Quality Impact Assessment Stage 1 -</p> <p>  Quality Impact Assessment Stage 2 - ICCU second surge - surge plan.xlsx</p> <p>  Assurance on Critical Care staffing - Critical Care proposal RN 21.01.21.docx</p> <p>  Escalation plan for nursing - pandemic Escalation plan for nursing - pandemic cc</p> <p> Escalation plan for nursing - pandemic flt</p>	<p>Green</p>



<p>Standard 4 - The nursing workforce should be recognised and valued through fair pay, terms and conditions.</p>	<p>The Trust's pays the nursing staff in accordance with Agenda for Change. All job descriptions are fairly evaluated against the Agenda for Change criteria.</p> <p>The Trust has an in-house Nurse Bank which pays weekly and is an escalated rate at £17.74 per hour plus enhancements. During the pandemic the Trust has escalated these rates further to promote an increase in uptake of shifts and has paid a £200 bonus for the agreed number of bank shifts worked over March 2021.</p>	<p>  Proposal to review escalated rates of Bank Rate of pay, all pay for patient flow -</p> <p>  Extension to Bank Rate of pay - 25 Mar Extension to Bank Rate of pay - Decem</p> <p>  Extension to Bank Rate of pay - Novem Extension to the Bank Rate of pay - M</p> <p>  Extension to Bank QIA Extension to the Rate of pay - Januar Bank Rate of Pay for</p> <p> 3. Nursing bank rates - Options paper</p>	<p>Green</p>
<p>Standard 5 – Each clinical team or service that provides nursing care will have a registered nurse lead.</p>	<p>All wards and departments have a registered nurse lead. All services where required have a registered nurse working collaboratively with the medical team.</p>	<p> Rostering Policy review - January 201</p>	<p>Green</p>
<p>Standard 6 – A registered nurse lead must receive sufficient dedicated time and resources to undertake activities to ensure the delivery of safe and effective care.</p>	<p>All ward and departments leaders have 100% management time allocated. However, to ensure safe and effective care there is occasions where the ward and department lead may need to step in to ensure patient safety.</p>	<p> Rostering Policy review - January 201</p>	<p>Green</p>

<p>Standard 7 – The time needed for all elements of practice development must be taken into consideration when defining the nursing workforce and calculating the nursing requirements and skill mix within the team.</p>	<p>The Trust has invested in Clinical Educators within specialties, such as, Emergency Department, Emergency Admissions Unit, and Critical Care Unit. There is a team of Practice Development Matrons and Support Nurses to support ward areas in specific projects and to deliver quality projects for the Chief Nurse. The Ward Accreditation process which is about to be re-introduced at the Trust will support the delivery of Service Improvement projects within the ward areas, and promote these as been team led and delivered. The Preceptorship programme is designed to focus on practice development and is evidenced within the registered Nurses portfolio.</p>	 Preceptorship policy Hand books v.2.docx for RNs.pdf   Exemplar SOP v.1.docx  Ward Accreditation pillars_v5.pdf  Exemplar Ward Accreditation Panel T	<p>Green</p>
<p>Standard 8 – When calculating the nursing workforce Whole-Time Equivalent (WTE), an up lift will be applied that allows for the management of planned and unplanned leave and absence.</p>	<p>The Trust has a built-in 21% Headroom allowance for planned and unplanned leave and absence. This is allocated at 15% for annual leave, 3% unplanned leave (sickness), and study leave.</p> <p>Maternity /paternity leave is not included within the Headroom.</p>	 Rostering Policy review - January 201	<p>Amber</p>
<p>Standard 9 – If the substantive nursing workforce falls below 80% for a department/team this should be an exception and should be escalated and reported to the board/ senior management.</p>	<p>The Band 5 vacancy is currently reported to Board of Directors monthly, and this currently stands at 18% - 146 FTE.</p> <p>The Board of Directors in March asked for the Quality and Patient Safety Committee to</p>	 4. staffing report April (3).docx  Copy of april unify JR2(3).xlsx  Band 5 deep dive.docx  R_R Action Plan - May 21.docx	<p>Green</p>

	<p>receive a Deep Dive into Band 5 vacancies, and this was presented to this committee in April and the Nursing, Midwifery & AHP Committee in May.</p> <p>As a result of the Quality and Patient Safety Committee, a recruitment and retention action plan has been developed and will form part of the agenda at the Nursing, Midwifery & AHP Transformation Group.</p>		
<p>Standard 10 – Registered nurses and nursing support workers must be appropriately prepared and work within their scope of practice for the people who use services, their families and the population they are working with.</p>	<p>All registered nurses and healthcare support workers receive an orientation and induction on commencing employment at the Trust.</p> <p>All registered nurses and healthcare support workers have an annual mandatory training, which is ‘Gold’ standard and meets all the mandatory and statutory requirements.</p> <p>All registered nurses and healthcare support workers have an annual appraisal where training needs are identified which the individual requires and the ward/service supports.</p> <p>All newly qualified registered nurses and registered nurses new/or returning to the NHS, undertake a 26 week programme of Preceptorship which supports the registered Nurses to gain knowledge and skills for their practice.</p>	 Preceptorship policy for RNs.pdf  Induction Handbook 18112020.pdf  RM (Adult) Mandatory workbook  HCSW Mandatory Workbook contents.p  HCSW.XLSX  Mandatory Programme 2021-22 I  Clinical Induction competencies issued.  RN Paeds Mandatory workbook contents.p  RNRNAODP.XLSX  New - Preceptorship Pack Revised v6.1 An	<p>Green</p>

	All healthcare support workers have to complete competency assessments to provide evidence of learning and assurance of capability.		
Standard 11 – Rostering patterns for the nursing workforce will take into account best practice on safe shift working. Rostering patterns should be agreed in consultation with staff and their representatives.	<p>All wards, departments and teams who are on the Health Roster system have templates for their agreed staffing.</p> <p>All wards and departments should have their rosters challenged by the second checker (usually the matron), however this is less than robust and the Nursing, Midwifery & AHP Transformation Group are looking at a secondment to support robust rosters in future.</p>	 Rostering Policy review - January 201	Amber
Standard 12 – The nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear of detriment and to have these concerns responded to.	<p>Sherwood Forest Hospitals NHS FT has a dedicated Freedom to Speak Up Guardian, where concerns can be raised, and investigated without fear of consequences.</p> <p>Sherwood Forest Hospitals NHS FT staff survey for 2020 was positive from the staff's feedback, and the issues raised previously had been acted and improved.</p>	  FTSU-Index-Report- 2021.pdf Staff Survey YSTWD 21_22 Summary.pptx  NSS20 Results. PCI presentation March 2	Green

<p>Standard 13 – The nursing workforce is entitled to work in healthy and safe environments.</p>	<p>All wards and departments are compliant with the Health & Safety standards, and these are assessed regularly.</p> <p>Where there are concerns the Health & Safety manager will come to the ward and department and assess, and make recommendations.</p> <p>Sherwood Forest Hospitals is a modern hospital with no old estate for operational usage.</p> <p>During the Covid-19 pandemic the Trust has risk assessed staff for safety and encouraged all staff where possible to work from home. All staff who have had risk factors for Covid-19 have had regular risk assessments, and these have been completed by their managers and kept in their personal files. Where appropriate, when staff have been assessed and are unable to work safely, these staff have been shielding to provide them with protection from the virus.</p>	 Health & Safety Audit Form 2017.pdf  RA & Flushing list - Status Update Apr 20  Run Date 04-05-21.xlsx  FLUSHING_RECORD.V5.docx  Audit Form Spreadsheet Current  Water Outlet Risk Assessment Form V2.	<p>Green</p>
---	---	--	---------------------

<p>Standard 14 – The nursing workforce is supported to practice self-care and given opportunities at work to look after themselves.</p>	<p>Sherwood Forest Hospitals has many opportunities for self-care, and over the last 12 months has provided the nursing workforce with support and self-care opportunities, such as, ‘break out room’, counselling, opportunities to speak to Psychologist and food and drink was provided in all areas during the Covid-19 pandemic.</p> <p>Sherwood Forest Hospitals offers counselling services to all the staff.</p> <p>Sherwood Forest Hospitals offers (in non-pandemic times) exercise and yoga classes at King’s Mill Hospital and Newark Hospital. There are canteen/ restaurant facilities at all sites.</p>	<div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center; margin: 5px;">  calm spaces.pptx </div> <div style="text-align: center; margin: 5px;">  rest areas.pptx </div> <div style="text-align: center; margin: 5px;">  exercise videos and virtual SFH group.ppt </div> <div style="text-align: center; margin: 5px;">  physical health offers.pptx </div> <div style="text-align: center; margin: 5px;">  Webinars.pptx </div> <div style="text-align: center; margin: 5px;">  Wellbeing calendar.pptx </div> </div>	
--	--	--	--