

Board of Directors

Subject:	Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Overview Report.		Date: October 2022	
Prepared By:	Rebecca Herring (Corporate Matron for Safe Staffing) Paula Shore (Director of Midwifery and Head of Nursing) Kate Wright (Associate Chief Allied Health Professional)			
Executive Sponsor:	Phil Bolton (Chief Nurse)			
Presented By:	Phil Bolton (Chief Nurse)			
Purpose				
<p>The purpose of this report is to provide the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).</p> <p>It is also to provide assurance of our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p> <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
PR1 Significant deterioration in standards of safety and care				
PR2 Demand that overwhelms capacity				
PR3 Critical shortage of workforce capacity and capability				
PR4 Failure to achieve the Trust's financial strategy				
PR5 Inability to initiate and implement evidence-based Improvement and innovation				

PR6	Working more closely with local health and care partners does not fully deliver the required benefits	
PR7	Major disruptive incident	
PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	

Committees/groups where this item has been presented before

Nursing, Midwifery, and Allied Health Professional Committee: October 2022.

Executive Summary

1.0 Background

1.1 The purpose of this report is to provide an overview of nursing, midwifery, and AHP (NMAHP) staffing capacity and compliance within SFHFT which is aligned to NICE Safe Staffing Guidance, NQB Standards, and the NHSI Developing Workforce Safeguards Guidance.

1.2 Nursing and Midwifery Staffing Overview

1.3 Since the start of 2022/2023 the overall Trust vacancy rate has held a relatively stable yet static position of approximately 6% and captures all NMAHP staff from band 2 upwards.

1.4 Ongoing efforts have been maintained within nursing and midwifery in reducing the vacancy deficit, especially since the pressures of Covid-19 have remained a constant presence. International recruitment and the expansion of the nursing associate role across services have been well received and plans are in place to continue with these programmes of work. The Trust's commitment to the NHS Long Term Plan to reduce nursing vacancies to 5% by 2028 remains a key priority, nonetheless, the national workforce fragility is acknowledged, and our workforce planning strategies will continue to be aligned with national policy and embedded within the strategic steer for the Trust.

1.5 In line with the agency usage, there has been sustained demand for the use of escalated rates from May to July, however, August saw a significant reduction in the overall usage. Early cautious indications suggest that this has been significantly influenced by the introduction of the surge bank payment initiative in high-usage areas across the organisation. Further reviews are underway to gain a greater understanding of the

potential positive impact this may have had. Themes and trends continue to be monitored by the Temporary Staffing Office regarding the underlying reasons for each request. The leading request reasons since our last report are as expected and triangulate with the correlating information discussed within this report, additional capacity, short-term sickness, Covid-19 sickness, and vacancies remain key themes.

- 1.6** Despite the continued challenges over the previous six months, the Trust overall has consistently remained above 95% of the planned staffing fill rates for registered staff and unregistered staff. Healthcare support worker (HCSW) fill rates are consistently overfilled which is reflective of the increased dependency needs of patients accessing our services. The national narrative supports that there has been an increase in patients who have become physically deconditioned since the start of the pandemic and this is not isolated to the local community accessing services at SFHFT.
- 1.7** Midwifery staffing has been safely aligned to birth activity over the last six months, and we continue to utilise the registered nurse shift in the Maternity Ward. This has been evaluated well and we plan to build this into the establishment.
- 1.8** 374 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system since March 2022. All incidents were recorded as no or low harm, and when documented the appropriate actions were taken at the time. We continue to see persistent themes of high activity, increased capacity, and rising numbers of patients requiring enhanced patient observations; all of which have an impact on staffing resources. 17 of these incidents have been identified as *red flag* incidents (as defined by NICE) and largely due to a delay in fundamental care or delays in time-critical activity. It is acknowledged that despite no adverse clinical outcome, the delays will have had a negative impact on the patient's overall experience.
- 1.9** Reoccurring red flag themes noted within BirthRate Plus® have been the inability to provide 1:1 care to women in established labour, delays in beginning the process for inductions of labour, delays with the artificial rupture of membranes, and the inability to maintain the supernumerary status of the coordinator. Additional quality metrics are monitored and included in the safe staffing reports which are presented to the Maternity Assurance Committee, NMAHP Committee, and the People, Culture, and Improvement Committee.
- 1.10 Recruitment and Retention:**

- 1.11** Since our last report, the Trust has maintained pace with international registered nurse recruitment, with 35 out of the agreed 50 individuals on-site. We are expecting a cohort of seven to arrive in late October and the remainder in December 2022. This will complete the intense national recruitment drive that was set for by NHS England in the recruitment of 50k additional nurses across the NHS.
- 1.12** SFHFT continues to lead the HCSW programme across the Nottingham and Nottinghamshire Integrated Care System (ICS) and the Associate Director of Resourcing will be presenting to the senior nurses and midwives at October's Nottinghamshire Nursing & Midwifery Cabinet.
- 1.13** The Trust is working towards the completion of the NHS England Nursing & Midwifery Retention Self-Assessment Tool and an update will be provided to the NMAHP Committee in October 2022, from this will be a development of an action plan to improve our retention. There are six areas – Health & well-being; autonomy & shared profession; leadership and teamwork; professional development & careers; pride & meaningful recognition and flexible working.
- 1.14** Vacancies within the community midwifery team have stabilised since our last report and this has been influenced by the easing of the pension abatement and the national pause in reporting for Midwifery Continuity of Carer (MCoC).
- 1.15** To support of midwifery workforce the Trust has hosted the Shortened Midwifery MSc programme provided by the University of Birmingham. There are currently five students accessing this course and will they move into year 2 in October, with a further five students commencing studies later this year. Alongside this, there is a rolling recruitment campaign for registered midwives which includes the recruitment days led by our Lead Midwife for Recruitment and Retention
- 1.16** The annual maternity workforce review originally included a forecast of additional staffing requirements within the context of the Maternity Transformation Programme and noted staffing resource was described as a significant risk to the delivery of maternity transformation on the SFHFT risk register (Risk ID 2395, score 6), and, on the Local Maternity and Neonatal System risk register under various classification described as understaffing and capacity, with scores between 9 and 16.

1.17 This review sought to provide assurance about the current midwifery establishment within the context of a completed establishment review, and the requirements of the maternity transformation agenda. However, this may change due to the recent letter published by NHS England (21st September 2022) outlining the changes to MCoC. In response to this, the Trust has produced a system plan which requires approval through our executive partners' meeting prior to the review of any risks. In addition, a request for a revised BirthRate Plus® report has been made given the notable increase in births and the removal of MCoC, we expect to receive this report towards late October 2022.

1.18 **AHP Overview**

1.19 Currently, 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 to support staffing levels of a particular type of service, and where appropriate this guidance is embedded to ensure we have an evidence base for our workforce planning processes.

1.20 With the continued Opel 4 and critical incidents declared, additional bed capacity at SFHFT is continually being flexed and, the AHP workforce covers additional capacity within the existing resources and restraints of the teams. This is extremely challenging and creates pressure on existing staffing and the ability to cover the wards and departments. Additional capacity has been funded by the winter plan, but it is fixed-term, non-recurrent funding therefore the AHP professions rely on agency and limited bank resources to cover the additional winter posts. Agency and bank staffing are increasingly challenging to secure due to competing organisations within the ICS also requiring staff. This balanced with temporary staff needs, for longer-term security with the current cost of living, makes it an ongoing concern.

1.21 Constraints regarding substantive recruitment have eased slightly within the AHP services with successful appointments into several vacancies. Speech and language therapy (SLT) and dietetics have small specialist staffing establishments but continue to remain below the benchmark of other organisations of a similar size (Model Hospital, NHS England).

1.22 Within dietetics we have seen several successful recruitments, these include:

- Paediatrics have successfully recruited into the band 6 dietitian role; the post was approved via a business case supported by an AHP job plan.
- A Dietitian Advanced Clinical Practitioner (ACP) for ICCU (band 8a), has been appointed. The successful candidate was recruited internally which has resulted in a vacancy within the adult in-patient service. It is anticipated that some flexibility with cover between ICCU and the in-patient service will be required whilst recruitment occurs in order to backfill this vacancy.

1.23 SLT at SFHFT has recently completed a month-long pilot supporting patients in the Emergency Department and the Emergency Assessment Unit. Funding to extend the pilot for the winter period has been applied for, and the findings are currently being evaluated. Initial results are extremely positive with patients being seen much quicker on admission and some admission avoidance also being noted as a result of SLT being visible and available in these departments during the working week. Colleagues' response to the pilot both within and external to SLT has been positive.

1.24 Physiotherapy continues to support two therapy assistants on the Physiotherapy Apprenticeship Programme at Sheffield Hallam University. The current apprentices are due to qualify in May 2023 and we hope to retain them at SFHFT via the recruitment process. There are plans to support two additional physiotherapy apprentices who will commence studies in March 2023

1.25 A successful bid resulted in SFHFT supporting 2.0 WTE, one-year Health Education England Fellowship posts that commenced in September 2022. The fellowships are to support workstreams reviewing recruitment, retention, and development of the 'small and vital professions' including Operating Department Practitioners (ODPs), orthotics and prosthetics, podiatry, and therapeutic radiography.

1.26 Therapy services are continuing to work closely with the Integrated Discharge Advisory Team (IDAT) and system colleagues to deliver the Discharge 2 Assess model. An occupational therapist, working with IDAT screens pathway 1 patients for adult social care packages and START, supporting the social care pressures. There are now 15 'trusted screeners' identified within therapy services who are able to recommend care packages. Progress so far demonstrates it is proving beneficial, improving the efficiency of transfer of care between acute and social care and reducing the length of

stay for this cohort of patients. Work is ongoing to secure substantive funding for this model.

1.27 National Compliance

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

1.29 The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable.

1.30 Recommendations

1.31 The Board is asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.

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

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

1.34 The Board is asked to note the compliance standards used in relation to the developing Workforce Safeguards and SNCT, and the ongoing quality of data they provide to underpin the Trust establishment process.

Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report 2022

2.0 Purpose:

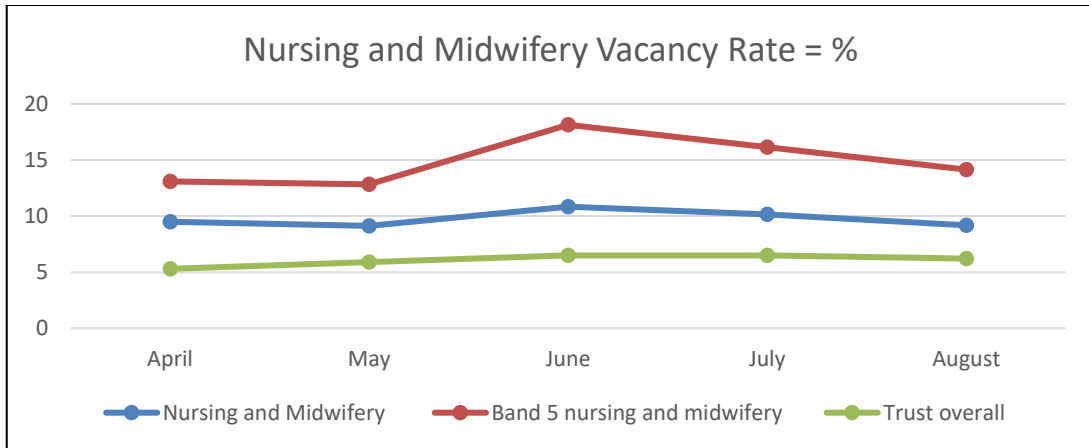
- 2.1 The purpose of this report is to provide an overview of NMAHP staffing capacity and compliance with the NICE Safe Staffing, NQB Standards, and the NHSI Developing Workforce Safeguards guidance.
- 2.2 It will provide a cumulative oversight of CHPPD and the available data for the cost per care hours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

Nursing and Midwifery Overview

3.0 Local Nursing and Midwifery Context:

- 3.1 Since the start of 2022/2023 the overall Trust vacancy rate has held a relatively stable yet static position of approximately 6% and captures all NMAHP staff from band 2 upwards.
- 3.2 Ongoing efforts have been maintained within nursing and midwifery in reducing the vacancy deficit, especially since Covid-19 has remained a constant presence. International recruitment and the expansion of the nursing associate role across services have been well received and plans are in place to continue with these programmes of work. The Trust's commitment to the NHS Long Term Plan to reduce nursing vacancies to 5% by 2028 remains a key priority, nonetheless, the national workforce fragility is acknowledged. Our workforce planning strategies will continue to be aligned with national policy and embedded within the strategic steer for the Trust.

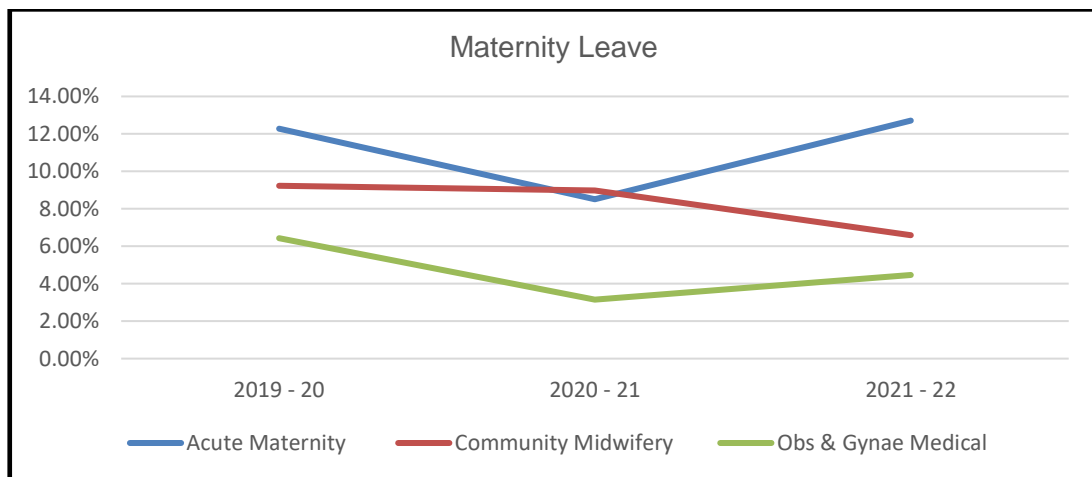
Figure 1:



Data Source: Workforce Informatics

3.3 Sickness absence had showed significant improvements across the maternity workforce and is in line with the Trust reduction of short-term sickness related to Covid-19. Furthermore, workforce loss due to maternity leave has reduced within the community midwifery services but remains at a higher rate within the acute service reflecting previous reports (Figure 2).

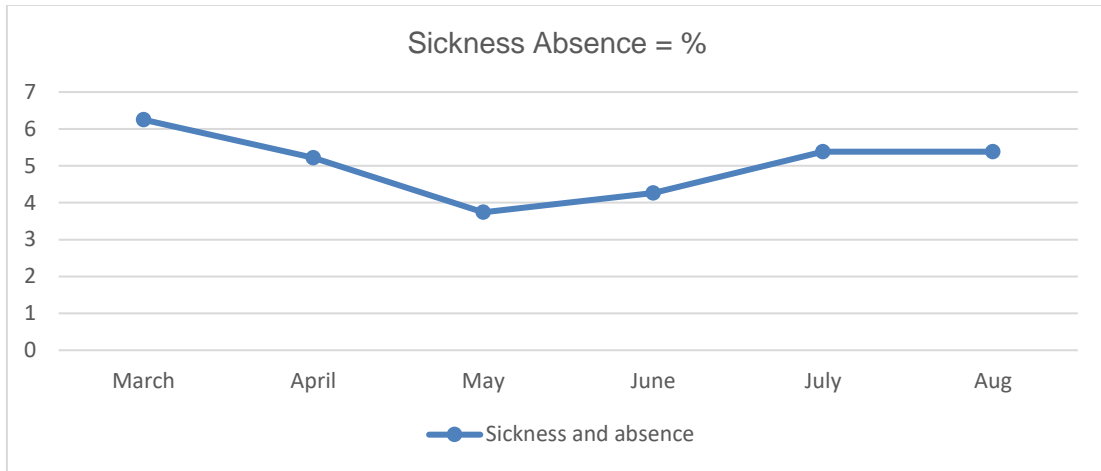
Figure 2:



Data Source: Workforce Information

3.4 Overall sickness absence for all staff groups has continued to be an ongoing challenge, with the peak of absences being noted in March. Following a positive decline from March onwards, May noted a change in the previous trajectory. Contributing factors of unseasonably high service demand and non-covid workforce loss have contributed to the rising trend seen in figure 3.

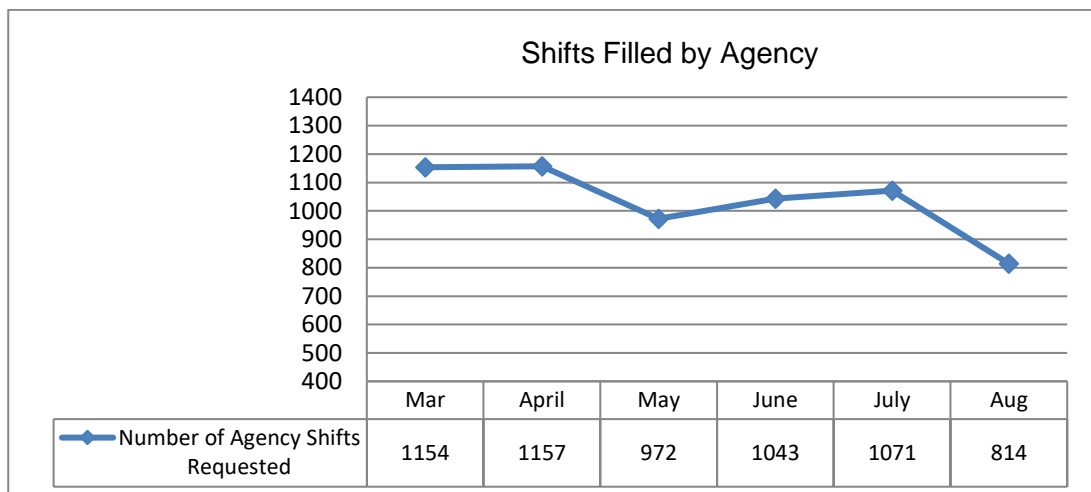
Figure 3:



Data Source: Workforce Informatics.

3.5 Agency usage across our clinical areas has continued to demonstrate a sustained reliance, however, the overall trajectory does reflect a positive downward trend as we move further into 2022. The acuity and dependency needs of patients attending the hospital have continued to remain high and this has been combined with unprecedented high levels of flow and capacity. These complex challenges have required additional surge capacity to remain open across the organisation and the required additional workforce to safely support these areas.

Figure 4:

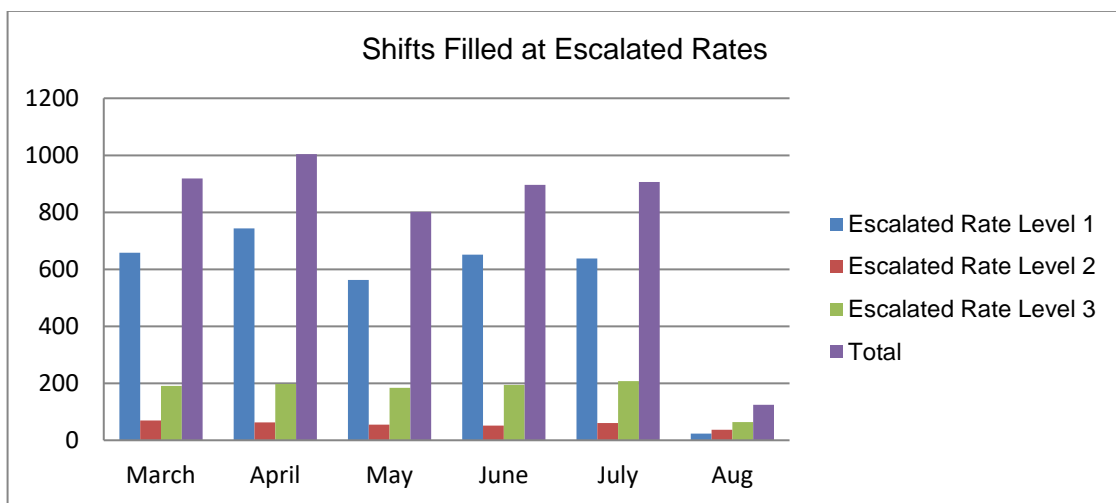


Data Source: Temporary Staffing Office.

3.6 In line with the agency usage, there has been sustained demand for the use of escalated rates from May to July, however, August saw a significant reduction in the

overall usage. Early indications suggest that this has been significantly influenced by the introduction of the surge bank payment initiative in high-usage areas across the organisation. Further reviews are underway to gain a greater understanding of the potential positive impact this may have had. Themes and trends continue to be monitored by the Temporary Staffing Office regarding the underlying reasons for each request. The leading request reasons since our last report are as expected and triangulate with the correlating information discussed within this report, and additional capacity, short-term sickness, Covid-19 sickness, and vacancies remain key themes.

Figure 5:



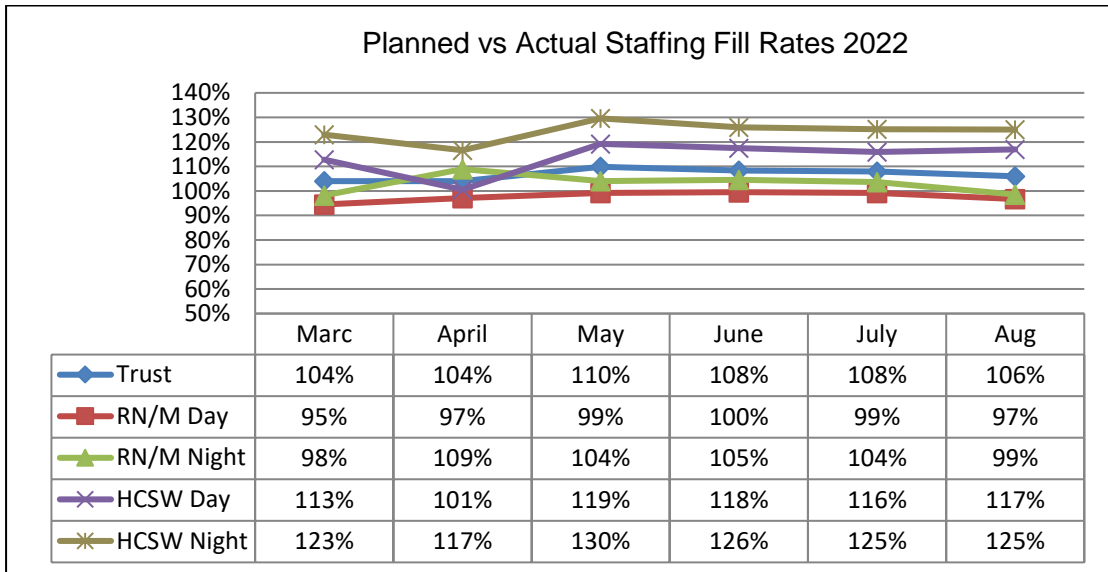
Data Source: Temporary Staffing Office.

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

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

4.2 Despite the continued challenges over the previous six months, the Trust overall has consistently remained above 95% of the planned staffing fill rates for registered staff and unregistered staff. Figure 6 demonstrates HCSW fill rates as consistently overfilled which is reflective of the increased dependency needs of patients accessing our services. The national narrative supports that there has been an increase in patients who have become physically deconditioned since the start of the pandemic and are not isolated to the local community accessing services at SFHFT.

Figure 6:

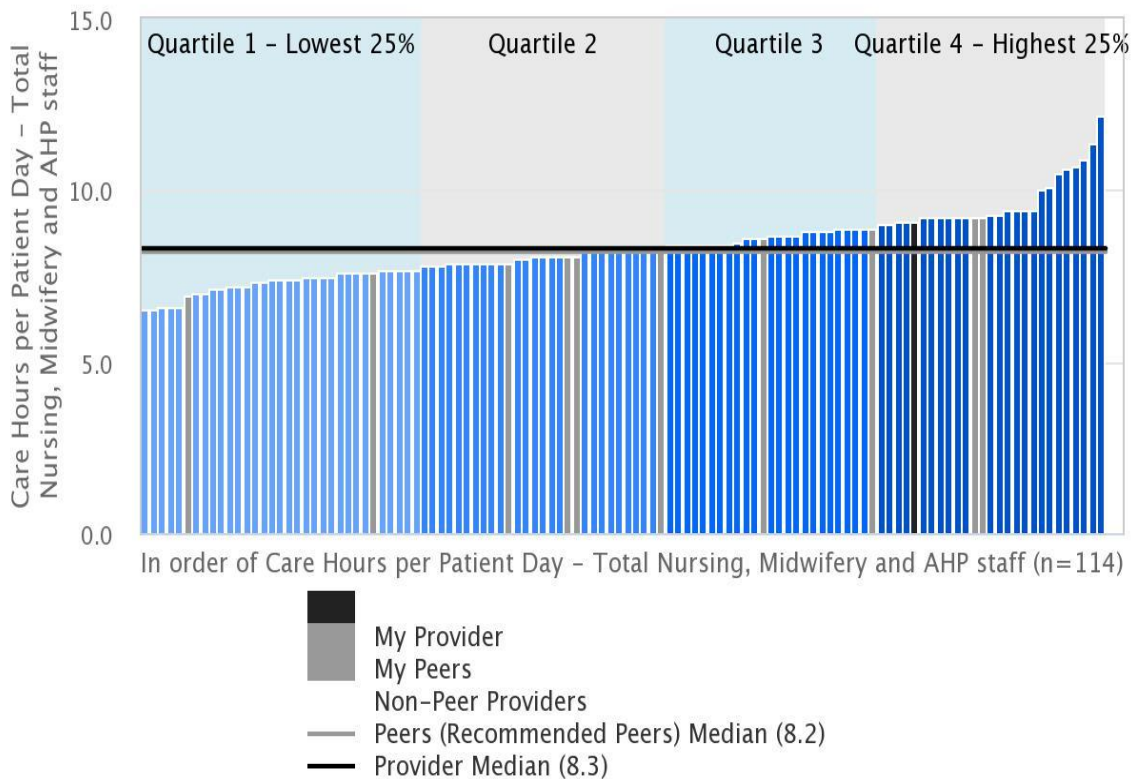


Data Source: Unify Staffing Data.

- 4.3** CHPPD is calculated by adding together the hours of registered nurses/ midwives and HCSWs and dividing the total by every 24 hours of inpatient admissions. This provides a value that demonstrates the average number of actual registered nursing care hours spent with each patient per day. Data from Trust and ward level for all acute Trusts are published on NHS Model Hospital to enable a central and transparent comparable data set. Very low rates may indicate a potential patient safety risk, whereas very high rates may suggest an organisation has several unproductive wards or inefficient staff rostering processes.
- 4.4** The CHPPD at the Trust level has remained consistent demonstrating where safely possible the workforce is being flexed in line to meet patient activity and patient needs. However, benchmarking data from Model Hospital (May 2022) confirms that the Trust value does sit within the fourth quartile at 9.1 and is slightly above the national and peer median of 8.3.

Figure 7:

Care Hours per Patient Day – Total Nursing, Midwifery and AHP staff, National Distribution



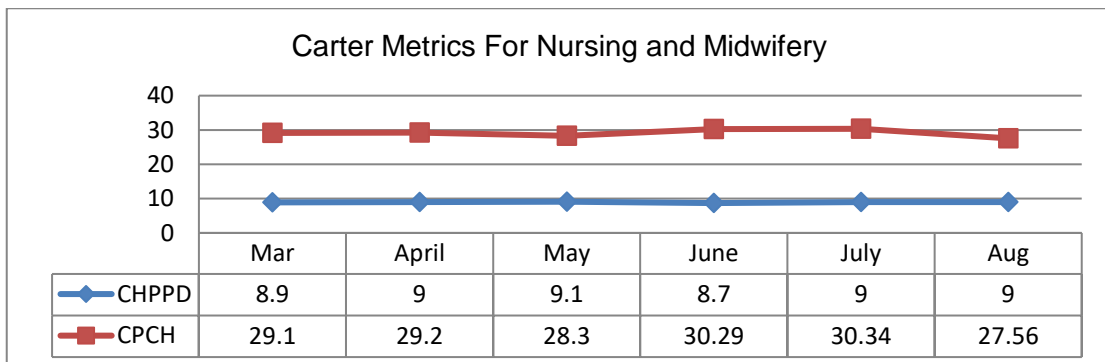
Data Source: Model Hospital

- 4.5** Divisional narrative from the matron team highlights safe staffing remains a constant priority across all services and undoubtedly this has been significantly challenging for all involved. Nonetheless, staffing resource has been flexed and deployed to meet patient demand, activity, and acuity when required.
- 4.6** Midwifery staffing has been safely aligned to birth activity over the last six months, we continue to utilise the registered nurse shift in the maternity ward as this has been evaluated well and we plan to build this into the establishment. We have also successfully recruited a Lead Midwife into the role of recruitment and retention. This role has been created to support the current needs within acute maternity services, providing individualised situated support in the clinical environment for students, return-to-practice learners, and early career midwives. This role has become embedded within the Trust workforce meeting and is evaluating well. The positive impact is being reflected are seen within the retention and recruitment rates.

4.7 To support ongoing challenges the Trust continues to support midwives in receiving an enhanced payment rate for bank shifts. This runs alongside the system engagement work, to review an aligned system pay. The previous shortages within community service have significantly improved through successive recruitment and completion of the revised preceptorship programme, leading to the full reinstatement of the home birth service.

4.8 CPCH is measured as the average cost spent per hour of care, and benchmarking variance at the ward level with peers can help to identify potential savings opportunities in the cost of providing care. Safe staffing and financial returns include substantive, bank, and agency staff; therefore, a higher cost may indicate greater reliance on agency staff as a proportion to substantive. Since our last report, CHPPD illustrates a consistent stable picture, however, the CPCH continues to hold a solid trajectory which may be indicative of persistent reliance on agency and temporary staff. This is illustrated below in figure 9.

Figure 9:



Data Source: Finance Services

5.0 Measure and Improvement

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

Figure 10:

2022	March	April	May	June	July	Aug
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Staffing Incidents	76	83	53	45	49	68
Red Flags (within Datix)	5	4	1	2	3	4

Data Source: Datix Reporting System

- 5.2** 374 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system since March 2022. All incidents were recorded as no or low harm, and when documented the appropriate actions were taken at the time. We continue to see persistent themes of high activity, increased capacity, and rising numbers of patients requiring enhanced patient observations; all of which have an impact on staffing resources. 17 of these incidents have been identified as *red flag* incidents (as defined by NICE) and are largely due to a delay in fundamental care or delays in time-critical activity. It is acknowledged that despite no adverse clinical outcome, the delays in care will have a negative impact on the overall patient experience.
- 5.3** In addition to Datix reporting, red flags, clinical and management actions for midwifery services are recorded within Birth Rate Plus®. Reoccurring red flag themes noted within Birthrate Plus have been the inability to provide 1:1 care to women in established labour, delays in beginning the process for inductions of labour, delays with the artificial rupture of membranes, and the inability to maintain the supernumerary status of the coordinator. Additional quality metrics are monitored and included in the safe staffing reports which are presented to the Maternity Assurance Committee.
- 5.4** SNCT continues to provide an evidence-based process to our adult and paediatric inpatient area establishment reviews, and the Trust has supported NHS England with pilot testing of the next iteration of the national tool.
- 5.5** SNCT for emergency departments was recently published and nationwide training has been delivered by NHS England. The Trust has acquired the license for use, and the first cycle of acuity and dependency scoring has taken place. Analysis of the data is underway and will support the establishment review process going forward.
- 6.0 Nursing and Midwifery Recruitment and Retention:**
- 6.1** Since our last report, The Trust has maintained pace with international registered nurse recruitment, with 35 out of the agreed 50 individuals on-site. We are expecting a cohort

of seven to arrive in late October and the remainder in December 2022. This will complete the intense national recruitment drive that was set for by NHS England in the recruitment of 50k additional nurses across the NHS.

- 6.2** The Objective Structured Clinical Examination (OSCEs) continues to be a risk to the Trust, with waits of up to 13 weeks from arrival to test, this has been escalated to the regional and national teams and is recorded as a risk on the NMAHP Transformation Group's risk log. There have been additional concerns raised regarding the Leeds Nursing and Midwifery Council Test of Competence centre, where the rates of failure have been identified as high. Although the Trust has continued to use the test centre, our rates of failure initially were 66%, with only 34% passing the first time. There are currently 11 international registered nurses in training with OSCEs booked for October, and a further eight to commence training with dates scheduled in November.
- 6.3** There have been changes to the NHS Employers Code of Practice for International Recruitment, which the Trust has reviewed and is compliant with all the actions, this will be reported to the NMAHP Committee in September, and this will be sent to the Midlands Nursing Workforce team by the end of September.
- 6.4** The Trust is reviewing its offer to our international colleagues who work for SFHFT and will look towards accreditation for the Pastoral Care Quality Awards, a position is currently in the recruitment process for a full-time chief nurse clinical fellow to support Pastoral Care Quality Awards.
- 6.5** The 2020 cohort of trainee nursing associates will complete their training on the 5th of October and will be registering with the Nursing and Midwifery Council in November 2022, we are also pleased that we will have an additional 16 nursing associates working within the Trust. The 2021 cohort of trainee nursing associates will move into their second year in October and there will be 17 trainee nursing associates. The Trust has successfully recruited 20 trainee nursing associates to commence in October 2022, however, this number has reduced since initial recruitment down to 18, as one healthcare support worker has been accepted for her MSc nursing degree at Derby University, and we will continue to support her in her studies and with additional bank shifts. The second healthcare support worker has sadly had to withdraw from her offer, as she is not eligible for the apprenticeship levy having not resided in the UK for more than three years, nonetheless, we will continue to support and develop her until she is eligible.

- 6.6** There are 19 registered nurse degree apprenticeship students who have moved into their second year, and they have all received their Performance Appraisal and Development Review, along with their annual work plan review to fully comply with the apprenticeship standards.
- 6.7** In September 2022, the Trust held a large recruitment event for HCSWs to work on the bank and support the vacancies in the wards over the winter period, and to support the winter plan and the additional capacity that will be open over the coming months.
- 6.8** SFHFT continues to lead the Healthcare Support Worker programme across the Nottingham and Nottinghamshire ICS and the Associate Director of Resourcing will be presenting to the senior nurses and midwives at October's Nottinghamshire Nursing & Midwifery Cabinet.
- 6.9** The Trust is working towards the completion of the NHS England Nursing & Midwifery Retention Self-Assessment Tool and an update will be provided to the NMAHP Committee in October 2022, from this will be a development of an action plan to improve our retention. There are six areas – Health & well-being; autonomy & shared profession; leadership and teamwork; professional development & careers; pride & meaningful recognition and flexible working.
- 6.10** The Trust has recently appointed a Corporate Matron for Exemplar Rostering; this role will support safe staffing by ensuring effective rostering principles are consistently applied to roster management to strengthen and potentially optimise our workforce capability.
- 6.11** Vacancies within the community midwifery team have stabilised since our last report and this has been influenced due to the easing of the pension abatement and the national pause in reporting for MCoC.
- 6.12** To support of midwifery workforce the Trust has hosted the Shortened Midwifery MSc programme provided by the University of Birmingham. There are currently five students accessing this course and will they move into year 2 in October, with a further five students commencing studies later this year. Alongside this, there is a rolling recruitment campaign for registered midwives which includes the recruitment days led by our Lead Midwife for Recruitment and Retention.

6.13 It is acknowledged by the Royal College of Midwives (2021) that a high proportion of early career midwives are leaving the profession, however since the introduction of the Lead Midwife for Recruitment and Retention position, the support of this role is positively contributing to our low attrition rate in this cohort of staff.

7.0 Midwifery Forward Planning:

7.1 The annual maternity workforce review originally included a forecast of additional staffing requirements within the context of the Maternity Transformation Programme and noted staffing resource was described as a significant risk to the delivery of maternity transformation on the SFHFT risk register (Risk ID 2395, score 6), and, on the Local Maternity and Neonatal System risk register under various classification described as understaffing and capacity, with scores between 9 and 16.

7.2 This review sought to provide assurance about the current midwifery establishment within the context of a completed establishment review, and the requirements of the maternity transformation agenda. However, this may change due to the recent letter published by NHS England (21st September 2022) outlining the changes to MCoC. In response to this, the Trust has produced a system plan which requires approval through our executive partners’ meeting prior to the review of any risks.

7.3 The BirthRate Plus® workforce review that was completed in September 2020 provided richer detail to the complex variables affecting overall staffing requirements within a maternity service. The current position is outlined in figure 11 against our current WTE for Band 5 to 7 RMs and Band 3 Maternity Support Workers. In addition, a request for a revised BirthRate Plus® report has been made given the notable increase in births and the removal of MCoC service, we expect to receive this report towards late October 2022.

Figure 11:

Budgeted WTE	Actual WTE	Vacancies WTE
152.20	135.81	16.39

Data Source: Workforce Information

Allied Health Professions Overview

8.0 Safe Staffing Levels:

8.1 Currently, 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 to support staffing levels of a particular type of service, and where appropriate this guidance is embedded to ensure we have an evidence base for our workforce planning processes.

8.2 We have recently been successful in recruiting an AHP Chief Nurse Clinical Fellow band 7 (0.4 WTE) for six to 12 months and will implement job planning across the AHP workforce at SFHFT. This supports the NHS England mandatory requirement to job plan the AHPs and will enable us to review capacity against clinical hour contacts required for each AHP profession.

8.3 Risks and Constraints:

8.4 With the continued Opel 4 and critical incidents declared, additional bed capacity at SFHFT is continually being flexed and, the AHP workforce covers additional capacity within the existing resources and restraints of the teams. This is extremely challenging and creates pressure on existing staffing and the ability to cover the wards and departments. Additional capacity has been funded by the winter plan, but it is fixed-term, non-recurrent funding therefore the AHP professions rely on agency and limited bank resources to cover the additional winter posts. Agency and bank staffing are increasingly challenging to secure due to competing organisations within the ICS also requiring staff. This balanced with temporary staff needs, for longer-term security with the current cost of living, makes it an ongoing concern.

8.5 Constraints regarding substantive recruitment have eased slightly within the AHP services with successful recruitment into several vacancies. Speech and language therapy and dietetics have small specialist staffing establishments but continue to remain below the benchmark of other organisations of a similar size (Model Hospital, NHS England).

9.0 Dietetics:

9.1 Within dietetics we have seen several successful recruitments, these include:

- Paediatrics have successfully recruited into the band 6 dietitian role; the post was approved via a business case supported by an AHP job plan.

- A Dietitian Advanced Clinical Practitioner (ACP) for ICCU (band 8a), has been appointed. The successful candidate was recruited internally which has resulted in a vacancy within the adult in-patient service. It is anticipated that some flexibility with cover between ICCU and the in-patient service will be required whilst recruitment occurs in order to backfill this vacancy.

9.2 Current recruitment includes:

- The band 6 diabetic and endocrinology vacancy was unsuccessful in appointing, however, there is currently a locum secured for this post and the recruitment process is due to commence again imminently.

9.3 Referral to in-patient dietetics in 2021 increased by 43% in comparison to 2020. It has increased a further 58% in the year ending March 2022 resulting in a 101% increase in referrals to the in-patient service in the previous two years. There has been no increase in the establishment to match this demand. The Royal College of Physicians staffing guidelines for stroke units indicates that at SFHFT, we require an additional 1.0 WTE dietitian to support the increase in beds. This is being reviewed in a current business case.

10.0 **Speech and Language Therapy (SLT):**

10.1 SLT at SFHFT has recently completed a month-long pilot supporting patients in the Emergency Department and the Emergency Assessment Unit. Funding to extend the pilot for the winter period has been applied for, and the findings are currently being evaluated. Initial results are extremely positive with patients being seen much quicker on admission and some admission avoidance also being noted as a result of SLT being visible and available in these departments during the working week. Colleagues' response to the pilot both within and external to SLT has been positive.

10.2 Current recruitment with the service includes:

- An ICS-wide SLT rotation of band 5 staff between SFHFT, Nottinghamshire Healthcare Trust (NHC), and Nottingham University Hospitals (NUH) commenced in October 2022., and all three posts have been recruited and have now commenced in post.

11.0 **Occupational Therapy (OT):**

11.1 Successful recent recruitment includes:

- A newly established band 7 post in ICCU has been appointed and the new staff member is due to commence in post in October 2022. This will support a new rotation for band 6 posts to attract and retain OTs in specialist roles.

11.2 Current recruitment includes:

- A rolling recruitment process to attract band 5 OTs to SFHFT. The main shortfall in staffing is due to a significant percentage of OT staff on maternity leave. The AHP Faculty workstream includes supporting an increase in OT placements across SFHFT to aid recruitment with the 'system' considering an ICS OT rotation.
- There are plans to utilise assistant posts to support two OT apprenticeships which are expected to commence in March 2023.

11.3 As with other AHP professions (with the exception of ODPs), AHP apprenticeship posts are not supernumerary and are supported by the use of existing established assistant posts. However, this does create a shortfall in the support workforce.

12.0 Orthotics:

12.1 We are currently running a fully established service.

13.0 Orthoptists:

13.1 Current recruitment includes:

- Band 6 (0.4 WTE) to be recruited to backfill the orthoptist who has recently been appointed into the chief nurse clinical fellow role for AHP job planning.

14.0 Physiotherapy:

14.1 Successful recent recruitment includes:

- Physiotherapy ACP post for ICCU, (band 8a) at SFHFT

14.2 Current recruitment within the service includes:

- Band 6 musculoskeletal and band 5 rotational physiotherapists.
- Band 7 MSK team leader post.

14.3 Physiotherapy continues to support two therapy assistants on the Physiotherapy Apprenticeship Programme at Sheffield Hallam University. The current apprentices are due to qualify in May 2023 and we hope to retain them at SFHFT via the recruitment process. There are plans to support two additional physiotherapy apprentices who will commence studies in March 2023

15.0 Radiology:

15.1 Successful recent recruitment includes:

- Three sonographers (band 7) have been recruited and are due to commence their ACP training programme.
- Our first AHP consultants at SFHFT have been appointed in radiography. Two breast care radiography consultants have also been appointed.

15.2 Current recruitment within the service includes:

- Band 5 vacancies,
- Band 8a MRI/CT Manager vacancy.

15.3 There is a current workforce plan underway for the new MRI department. Two additional scanners are planned, operating seven days per week and this will be a challenge to fully recruit into these posts. It is acknowledged that NUH currently has 11 band 6 vacancies in MRI.

15.4 There is an ongoing business case for the Community Diagnostic Centre (CDC) that requires significant numbers of radiography staff. SFHFT will support the staffing of this centre but will need a significant increase in established staffing to do so. The resources required will be challenging to recruit. This will be considered within the business case.

15.5 As with other AHP professions, the staffing capacity remains the biggest risk with additional beds open due to the increased surge and demands upon our services. The AHP workforce continues to be responsive to Opel 4 and is providing additional support to weekend working with additional overtime being utilised in some services.

15.6 The in-patient therapy professions (Physio, OT, SLT, Dietetics, and OT), are commencing establishment and pathway reviews to ensure the maximising usage of

staff and review alternative ways to support the discharge to assess (D2A) model within and outside the scope of existing establishments. Job planning will aid this process.

16.0 AHP Faculty and AHP Cabinet:

16.1 The Associate Chief AHP for SFHFT continues to be a key member of the AHP Faculty and ICS AHP cabinet, and, the Nottingham and Nottinghamshire AHP Faculty and ICS Cabinet have various work-streams currently underway to support AHP workforce across Nottinghamshire.

16.2 The AHP Faculty Lead post remains a fixed term contract funded by Health Education England supports operationalisation of the workstreams and has dedicated time to support the faculty in representation at ICS workforce forums and as a senior project manager. This is a 1.0 WTE post, currently a job shared by a physiotherapist from SFHFT (0.6WTE) and an SLT from NHC (0.4 WTE). This post is funded until March 2023.

16.3 Workstreams recently concluded (October 2022) include:

- Continue professional expansion programme (CPEP) for Physiotherapy, Occupational therapy, SLT, and dietetics.
- Retention and support for students, newly qualified workforce, and early careers,
- Apprenticeships,
- Profession-specific growth,
- AHP support workforce.

16.4 SFHFT has been the host organisation for all the above projects with the Associate Chief AHP as the named lead. A gap analysis, recommendations, and action plans have been submitted to Health Education England and shared with the ICS and providers for consideration of the next steps. An 18-month ICS workforce plan that included SFHFT, NCH, and NUH, was submitted to Health Education England in July 2022.

16.5 A successful bid resulted in SFHFT supporting 2.0 WTE, one-year Health Education England Fellowship posts that commenced in September 2022. The fellowships are to

support workstreams reviewing recruitment, retention, and development of the 'small and vital professions' including ODPs, orthotics and prosthetics, podiatry, and therapeutic radiography.

16.6 An additional Radiography Health Education England Fellowship has been awarded to SFHFT to enable a clinical educator to support radiology services at SFHFT. This is due to commence in October 2022. The posts are jointly supported by Health Education England and the Associate Chief AHP at SFHFT.

17.0 Discharge to Assess (D2A):

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

17.2 In addition to D2A, Hospital at Home models of care are being explored by therapy services.

National Compliance

18.0 The Developing Workforce Safeguards published by NHS Improvement in 2018 were designed to support effective workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach to deciding staff requirements described within the 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.

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

18.2 The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable.

18.3 Appendix one details the Trust's compliance with the nursing and midwifery elements of the Developing Workforce Safeguards recommendations.

Recommendations

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

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

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

19.3 The Board of Directors is asked to note the compliance standards used in relation to the developing Workforce Safeguards and SNCT and the ongoing quality of data they provide to underpin the Trust establishment process.

APPENDIX ONE: Compliance with Developing Workforce Safeguards (Nursing, and Midwifery):

- 20.0** The Workforce Safeguards were published in 2018 by NHS Improvement and are used to assess compliance with the Triangulated approach to staff planning in accordance with the National Quality Board guidance.
- 20.1** Although the guidance applies to all staff, this paper will outline nursing and midwifery’s current compliance with the 14 safeguards recommendations and identify any areas of improvement.

Recommendation:	Compliance:
<p>Recommendation 1: Trusts must formally ensure NQB’s 2016 guidance is embedded in their safe staffing governance.</p>	<p>Compliant</p> <ul style="list-style-type: none"> ✓ SNCT has been embedded within adult in-patient areas, paediatric in-patient areas, and the Emergency Department. ✓ BirthRate Plus is embedded with Maternity services and a refresh of training has been undertaken.
<p>Recommendation 2: Trust must ensure the three components are used in their safe staffing process.</p>	<p>Fully Compliant</p> <ul style="list-style-type: none"> ✓ SNCT and BirthRate are in use at the Trust and provide an evidence base benchmark for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.
<p>Recommendation 3 & 4: Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.</p>	<p>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.
<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</p> <ul style="list-style-type: none"> ✓ Data is reviewed and collated every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.
<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</p> <ul style="list-style-type: none"> ✓ Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report sign off.

<p>Recommendation 7: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Annual submission to NHS Improvement
<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</p> <ul style="list-style-type: none"> ✓ Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.
<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.</p> <ul style="list-style-type: none"> ✓ A bi-annual review for nursing is not completed across all services; establishments are reviewed on an annual basis. ✓ An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Improvement Committee, and the Board of Directors
<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</p> <ul style="list-style-type: none"> ✓ SNCT and Birthrate Plus are in use as per license agreements.
<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</p> <ul style="list-style-type: none"> ✓ Completed as part of the establishment setting process and any changes in service provision. These are monitored by the Nursing, Midwifery, and Allied Health Committee.
<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</p> <ul style="list-style-type: none"> ✓ Daily staffing meetings. Staffing resource is also discussed at the flow and capacity meetings throughout the day. ✓ Staffing escalation process via Matron and Bronze on call. ✓ Safe Staffing Standard Operating Procedure. Maternity Assurance Committee. ✓ Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.

APPENDIX TWO: SNCT Assessment Criteria:

Criteria	Compliance	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	Yes	✓ Licence was renewed which has been confirmed by the Chief Nurse.
Do you collect a minimum of 20 days of data twice a year for this?	Yes	✓ Held on central database
Are a maximum of 3 senior staff trained and are the levels of care recorded?	Yes	✓ Held on the central database: - due to staffing challenges during the pandemic there are some areas that have requested 4 staff (all senior levels) to enable guaranteed continuity.
Is an established external validation of assessments in place?	Yes	✓ Held on the central database – A member of the senior nursing team is allocated to ward areas and undertakes validation each week during the cycle. A core group of staff is maintained to ensure consistency.
Has an inter-rater reliability assessment been carried out with these staff?	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 on the process for reviewing and responding to safe staffing recommendations?	Yes	✓ Escalation process and SOP in place.

