

**Trust Board Meeting**

<b>Subject:</b>	<b>Nursing, Midwifery, and Allied Health Professional Annual Staffing Report</b>	<b>Date:</b> 4 <sup>th</sup> May 2023		
<b>Prepared By:</b>	Rebecca Herring (Lead Nurse for Safer Staffing) Paula Shore (Director of Midwifery and Head of Nursing) Kate Wright (Associate Chief Allied Health Professional)			
<b>Approved By:</b>	Phil Bolton Chief Nurse			
<b>Presented By:</b>	Phil Bolton Chief Nurse			
<b>Purpose</b>				
<p>The purpose of this report is to provide the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).</p> <p>It is also to provide assurance on our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p> <p>It is a national requirement for the Board of Directors to receive this report bi-annually.</p>		<b>Approval</b>	<b>X</b>	
		<b>Assurance</b>	<b>X</b>	
		<b>Update</b>		
		<b>Consider</b>		
<b>Strategic Objectives</b>				
<b>To provide outstanding care</b>	<b>To promote and support health and wellbeing</b>	<b>To maximise the potential of our workforce</b>	<b>To continuously learn and improve</b>	<b>To achieve better value</b>
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Identify which principal risk this report relates to:</b>				
PR1	Significant deterioration in standards of safety and care			<b>X</b>
PR2	Demand that overwhelms capacity			
PR3	Critical shortage of workforce capacity and capability			<b>X</b>
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			
<b>Committees/groups where this item has been presented before</b>				
Nursing, Midwifery, and Allied Health Professional Committee April 2023				

## Acronyms

Allied Health Professional (AHP)  
Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).  
National Institute for Health and Care Excellence (NICE),  
National Quality Board (NQB)  
Care Hours per Patient Day (CHPPD)  
Adult Safer Nursing Care Tool (SNCT)  
Care Quality Commission (CQC)  
NHS Improvement (NHSI)  
Objective Structured Clinical Examinations (OSCEs).  
Healthcare support workers (HCSWs)  
NHS England (NHSE)  
Local Maternity and Neonatal Systems (LMNS)  
Whole-time equivalent (WTE)  
Health and Care Professions Council (HCPC).  
Clinical Services, Therapies, and Outpatient (CSTO)  
Speech and Language Therapy (SLT)  
Integrated Care System (ICS)  
Health Education England (HEE)  
Integrated Care Board (ICB)  
Nursing and Midwifery Council (NMC)  
Occupational Therapy (OT)  
Operating Department Practitioner (ODP)

## Executive Summary

### 1.0 Background

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

**1.2** This is supported by an overview of staffing availability over the previous year, nurse-sensitive indicators, and progress with assessing the acuity and dependency of patients on ward areas. This data has informed the review of the nursing and midwifery establishment reviews for 2023/2024 which are discussed in this paper.

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

**1.3** Since our last report the Trust collective vacancy rate for nursing, midwifery and AHPs all has held a relatively stable position ranging from 5.4%-4.7% despite an isolated spike noted in December 2022.

**1.4** The Trust has remained invested in the NHS Long Term Plan commitment to reducing nursing vacancies to 5% by 2028. However, the concern towards the nationwide nursing vacancy position of 11.9% demonstrates the continued fragility across the nursing workforce. Nursing and midwifery vacancies at SFHFT have remained below the national position which is an encouraging indication that recruitment campaigns have been successful. Nonetheless, a strategic approach will be required to assist in the long-term delivery of the Trust priorities.

**1.5** Agency usage within the clinical areas continues to see a sustained demand with significant usage noted in early 2022. The acuity and dependency requirements of our patients attending the hospital have remained high, coupled with unprecedented levels of immense flow and capacity throughout the year. This has resulted in additional surge capacity remaining open beyond the expected winter period. Reassuringly, despite peaks noted towards the end of 2022, the overall trajectory for 2023 to date is positively reducing and is indicative of the ongoing improvement work being undertaken in terms of agency expenditure.

**1.6** In line with the decreasing agency usage, there has been a significant reduction in the use of agency staff at escalated rates. This has been largely influenced by the introduction of several payment initiatives introduced by the Trust which have included, surge payments, enhanced rates for 'hotspot' areas, and the allocation on arrival scheme. To ensure safety and quality care remain the priority – these are continuously reviewed and evaluated to ensure continued safe service provision and long-term financial sustainability.

**1.7** The Care Hours per Patient Day (CHPPD) at the Trust level has remained stable demonstrating where safely possible the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from Model Hospital (December 2022) demonstrates that the Trust value sits within the highest of the four quartiles at 8.5 and is slightly above the national mean of 8.0 and the peer median of 7.7. Whilst this metric should not be used in isolation, it

does indicate that deeper examination into ward-level CHPPD may indicate possible areas for productivity improvement.

- 1.8** Following a recent inspection, the Care Quality Commission (CQC) noted our maternity services had sufficient maternity staff equipped with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment. They noted managers regularly reviewed and adjusted staffing levels and skill mix to meet service needs, and gave bank and agency staff a full induction. Managers appraised staff's performance and held supervision meetings to provide support and development.
- 1.9** Since March 2022, 735 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time (when investigations had been successfully closed). 47 of these incidents have been identified as *red flag* incidents (as defined by NICE) due to a delay in fundamental care, delays in time-critical activity, delays in providing pain relief, unable to provide 1:1 care during established labour or delays in the inductions of labour. It is recognised that despite no adverse clinical outcome, the delays in care in no doubt have had a negative impact on the overall experience of patients and staff.

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

- 1.10** It is expected that The Shelford Group and NHS England will release in the coming months a new version of the Adult Safer Nursing Care Tool (SNCT) which will incorporate enhanced care as a new level of care. A roll-out refresh programme will commence supporting areas with its implementation. This will be led by the Lead Nurse for Safe Staffing and the corporate nursing team.
- 1.11** For the first time in March 2023, the Trust established a Pay Review Panel to review the 15 incoming international nurses and place them on the appropriate pay scale, in line with best practice. This was presented at the Nursing, Midwifery and AHP Committee in March 2023, and agreed.
- 1.12** Following changes to the English Language requirement from the Nursing, Midwifery Council (NMC), many of our international registered nurses working as health care support workers (HCSWs) can undertake their Objective Structured Clinical Examinations (OSCEs). The International Registered Nurse Facilitators are currently providing training to the international

programme, and these nurses are currently waiting on a list, and we are looking at ways in which we can fund these nurses to achieve their goal.

- 1.13** Midwifery recruitment is being supported by the Recruitment and Retention Lead role and has been evaluated positively after the first year following successful recruitment days, revised preceptorship and ongoing pastoral support leading to all early career Midwives recruited staying at the Trust. The role has been extended through bid funds from NHS England (NHSE) and the next phase of this role, whilst continuing to support recruitment, will explore the role of legacy mentors.
- 1.14** The Three-Year Delivery Plan for Maternity and Neonatal Services was launched in March 2023 following a delay. This plan combines findings from recent reports on maternity services nationally whilst looking at a framework for delivery. The expectation is that this will be managed through the local Maternity and Neonatal Systems (LMNS) and as this has only just launched, we are awaiting further plans as to how this will look from a workforce perspective.

#### **Nursing and Midwifery Establishment Review 2023/2024**

- 1.15** Since the last review, the Trust has continued with an evidence-based approach to setting the nursing and midwifery establishments ensuring we are compliant with the 2016 Quality NQB standards and Developing Workforce Safeguards (NHSI, 2018) This has included the implementation of the SNCT across adult inpatient areas, children and young people inpatient areas, and most recently our Emergency Department. SNCT is an objective tool evidence-based workforce planning tool that provides patient acuity and dependency intelligence, which has informed the Trust establishment setting process.
- 1.16** BirthratePlus® is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.
- 1.17** The full establishment review can be located in Appendix One.

**11.18** The Medical Division seeks an additional 10.71 WTE distributed across Ward 42, Ward 44 and Oakham Ward, with a 2.51 WTE reduction in Ward 33. Ward 33 has requested to reduce the overall establishment by 2.51 WTE. This is supported by SNCT acuity and dependency data and still ensures full-service provision. This reduction of WTE will create an £84,241 positive cost saving. The Medicine division is seeking an additional investment of £81,157.

Ward/ Department:	Current WTE	Suggested WTE:	Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median
Ward 42	35.16	37.90	2.74	34.4	£82,699	6.85	7.15
Ward 44	35.16	37.90	2.74	35.6	£82,699	7.32	7.53
Oakham MCH	27.19	32.42	5.23	27.1	0	7.24	NA
Ward 33	37.6	35.16	2.51	32.9	(£84,241)	6.96	7.4

**1.19** The Emergency Care Department has increased its overall WTE by 47.39 within its existing budget capacity by re-purposing finance provided from a previous business case, additional clinical leadership roles will ensure a consistent presence across a seven-day service. The Urgent and Emergency Care division are not seeking any additional investment during the re-setting of the 2023/2024 establishments.

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
ED	163.47	210.86	NA	47.39	0	NA	NA	NA

**1.20** The Women's and Children division has requested to reduce the establishment within Ward 14 by 0.94 WTE. The full-service provision remains across the unit and changes are supported by the SNCT data. This reduction of WTE will create a £32,100 positive cost saving.

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 14	26.05	25.11	0.94	25.6	(£32,100)	7.92	7.64	NA

- 1.21 The surgical division requires an additional 3.39 WTE to the establishment upon Ward 43 to ensure there is appropriate health care support provision overnight, and SNCT reflects the dependency on patients' needs has increased over the previous 12 months. However, the division has sufficient funds within its current financial envelope to mitigate any further investment required.

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 43 (16 beds)	21.18	24.57	25.6	3.39	0	NA	NA	NA

- 1.22 The Clinical Services, Therapies, and Outpatient (CSTO) Division requires an additional 3.5 WTE additional posts to assist outpatient phlebotomy services, the additional resource will support the year-on-year increase seen in activity from 2019 onwards. Despite a 3.5 WTE increase, the division is seeking investment to fund 1.5 WTE only. The CSTO division is seeking a financial investment of £ 37,100.

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Phlebotomy	14.78	18.28	NA	3.5	£37,100	NA	NA	NA

- 1.23 The collective recommended Trust establishment change is an overall increase of 61.54 WTE in the overall establishments with a collective cost impact of £86,157. (This is recognising the cost reduction of £116,341 across Ward 14 and Ward 33).

### AHP Overview

- 1.24 AHPs are a wide-ranging group of clinicians who work in the diagnosis, treatment, rehabilitation, health promotion, discharge and improving the quality of life of patients. AHP professional titles are recognised by NHSE, protected by law, and registered and regulated by the Health and Care Professions Council (HCPC). Collectively they are the third largest



workforce in the NHS and are essential in the delivery of the NHS People Plan, to support future demands, transform sustainable healthcare, and assist deliverables of the NHS Long Term Plan.

- 1.25** In 2023/2024, our AHP professions will be transferred to the electronic health roster system. This will enable an overview of the working hours of all our AHPs electronically and, with the utilisation of job plans will provide an accurate picture of work undertaken mapped against demand. This will provide a further evidence base that will inform a robust process for the AHP establishment setting. Moving forward a quarterly update on the AHP workforce will be presented to the People, Culture, and Improvement Committee.
- 1.26** Constraints regarding substantive recruitment have eased slightly within the AHP services with successful recruitment to several key vacancies, however, recruitment remains a challenge. These are detailed by each profession within the main paper. However, Speech and Language Therapy (SLT) and Dietetics have small specialist staffing establishments and continue to remain below the benchmark of other organisations of a similar size when compared to Model Hospital. AHP agency and bank staffing are increasingly challenging to secure due to competing provider needs within the Integrated Care System (ICS) there is a limited bank and agency resources for the AHP professions nationally.
- 1.27** Our Associate Chief AHP continues to be a key member of the AHP faculty and ICS AHP cabinet. The Nottingham and Nottinghamshire AHP faculty and ICS Cabinet have various recently completed projects and workstreams underway to support the AHP workforce workstreams across Nottinghamshire. NHSE, previously Health Education England (HEE), are no longer funding the ICS AHP Faculty chairs position beyond March 2023. The faculty have utilised funds to continue these posts until June 2023 and will present a gap analysis, recommendations, and action plan for the next steps.

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

- 1.28** Lack of ongoing funding for AHP Faculty Chairs and an unclear route within the ICS for submitting bids and accessing funds, puts the ICS AHP workforce workstreams of recruitment and retention, apprenticeships, placement expansion and professional growth, at significant risk. The AHP maturity faculty matrix notes in the past two years, the move of all areas aligned to the national workstreams (purpose, membership, governance, leadership, QI and project management, data dashboard, workforce priorities, sustainability) has transitioned from *emerging* to *developing*.



**1.29** The Integrated Care Board (ICB) were successful in bidding for HEE funding to scope a pilot of an ICS Chief AHP role for four months. This commenced in March 2023. The Trust is the 'host organisation' with the Associate Chief AHP as the named lead. The Trust will also continue to jointly host two AHP HEE fellowships until September 2023.

### **National Compliance**

**1.30** 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 for compliance with the triangulated approach to deciding staff requirements detailed within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.

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

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

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

### **Recommendations**

The Board is asked to:

- Approve the evidence-based cost-neutral uplifts for Surgery and Urgent and Emergency Care.
- Approve the evidence-based recommendations within the medicine and CSTO division with a collective cost impact of £86,157. (This is recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).
- The Board is asked to receive this report and note the ongoing plan to provide safe staffing provisions within nursing, midwifery and AHP disciplines across the Trust.
- The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- The Board is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.

## **Nursing, Midwifery, and Allied Health Professional Annual Staffing Report 2023**

### **2.0 Purpose**

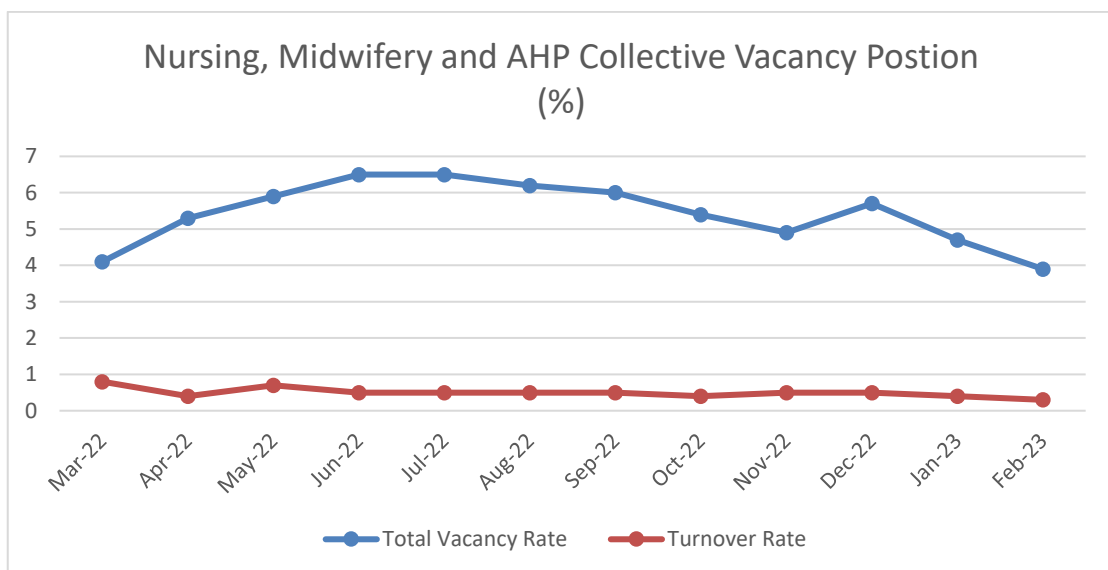
- 2.1** The purpose of this report is to provide an overview of NMAHP staffing capacity and compliance with the NICE Safe Staffing, NQB Standards, and the NHSI Developing Workforce Safeguards guidance.
- 2.2** This is supported by an overview of staffing availability over the previous year, nurse-sensitive indicators, and progress with assessing the acuity and dependency of patients on ward areas. This data has informed the review of the nursing, midwifery, and in-patient therapy services establishment reviews for 2023/2024, and are discussed within this paper.

### Nursing and Midwifery Overview

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

- 3.1** Since our last report the Trust collective vacancy rate for nursing, midwifery and AHPs across all divisions has remained a relatively stable position despite an isolated spike noted in December 2022.

Figure 1:

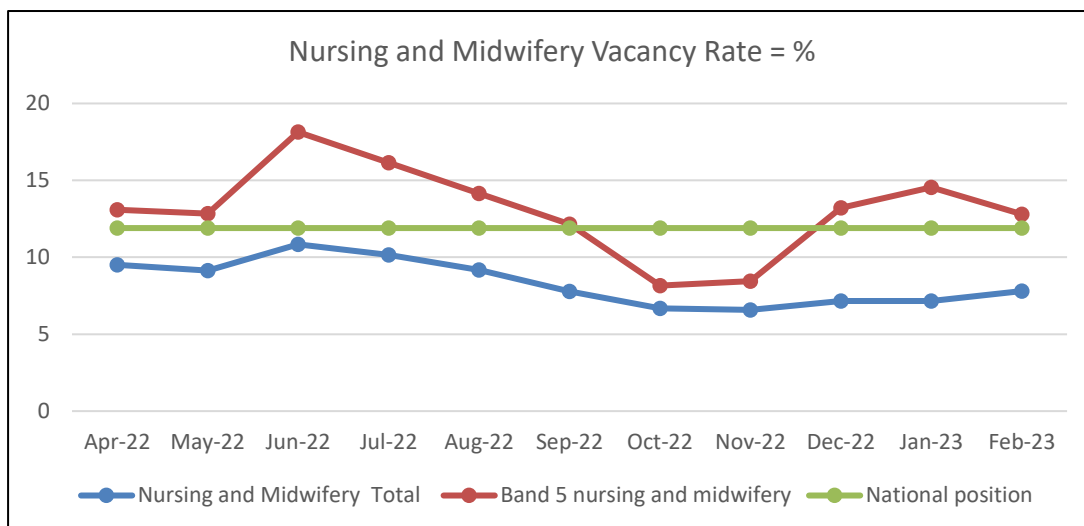


Data Source: Workforce Informatics.

- 3.2** The Trust remains committed to the NHS Long Term Plan commitment in reducing nursing vacancies to 5% by 2028. However, concern remains towards the nationwide nursing vacancy position of 11.9% which demonstrates continuing fragility across the nursing workforce. Despite this, nursing, and midwifery vacancies at SFHFT have remained below the national position and is an encouraging indication that recruitment

campaigns have been successful. Nonetheless, a strategic approach will be required to assist in the long-term delivery of the Trust priorities.

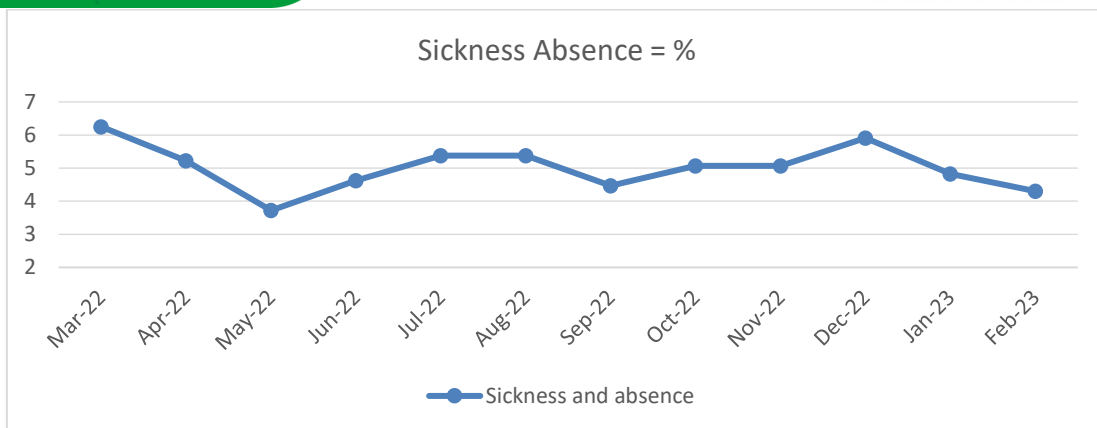
Figure 2:



**3.3** Recognising the importance of a coordinated person-centred approach, an annual band 5 programme for nursing recruitment and pre-registration engagement is being developed to showcase the outstanding teams and core values of SFHFT, but more importantly enabling frontline staff through a shared governance framework to enable this.

**3.4** Overall sickness absence for all staff groups has been a sustained challenge over the previous 12 months with the peak of absences being noted in December of last year. Workforce resources were impacted due to several contributing factors which included the rising prevalence of Influenza, Streptococcus A, and the continued presence of - Covid-19. However, as we move through Q1 of 2023 the overall trend is more favourable than previous months.

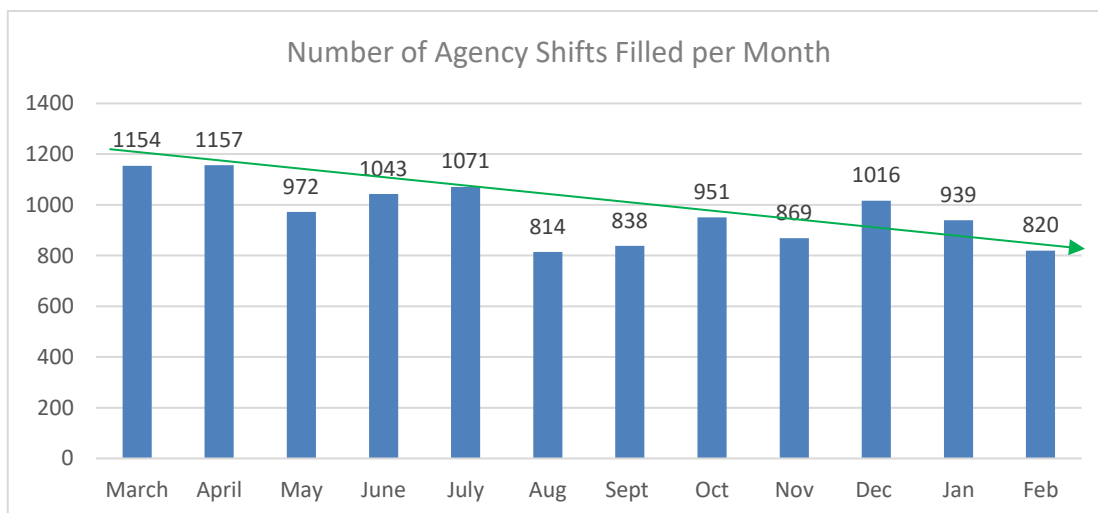
Figure 3:



Data Source: Workforce Informatics.

**3.5** Agency usage within the clinical areas continues to see a sustained demand with significant usage noted in early 2022. The acuity and dependency of our patients attending the hospital have continued to remain high, coupled with unprecedented levels of immense flow and capacity throughout the year. This has resulted in additional surge capacity remaining open beyond the expected winter period. Reassuringly, despite peaks noted towards the end of 2022, the overall trajectory for 2023 is positively reducing and is indicative of the ongoing improvement work being undertaken in terms of agency expenditure.

Figure 4:

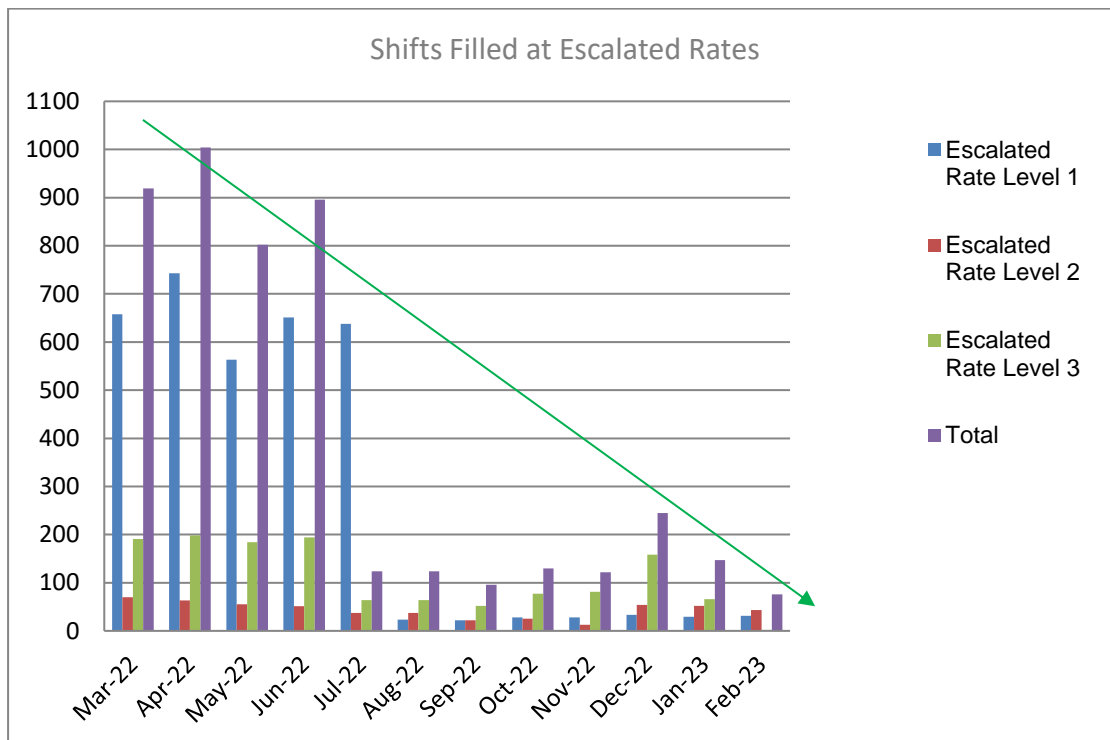


Data Source: Temporary Staffing Office February 2023 Data

**3.6** In line with the decreasing agency usage, there has been a significant reduction in the use of agency rates at escalated rates. This has largely been influenced by the introduction of several payment initiatives introduced by the Trust which has included, surge payments, enhanced rates for 'hotspot' areas and the allocation on arrival

scheme. To ensure safety and quality care remain the priority – these are continuously reviewed and evaluated to ensure continued safe service provision and long-term financial sustainability.

Figure 5:



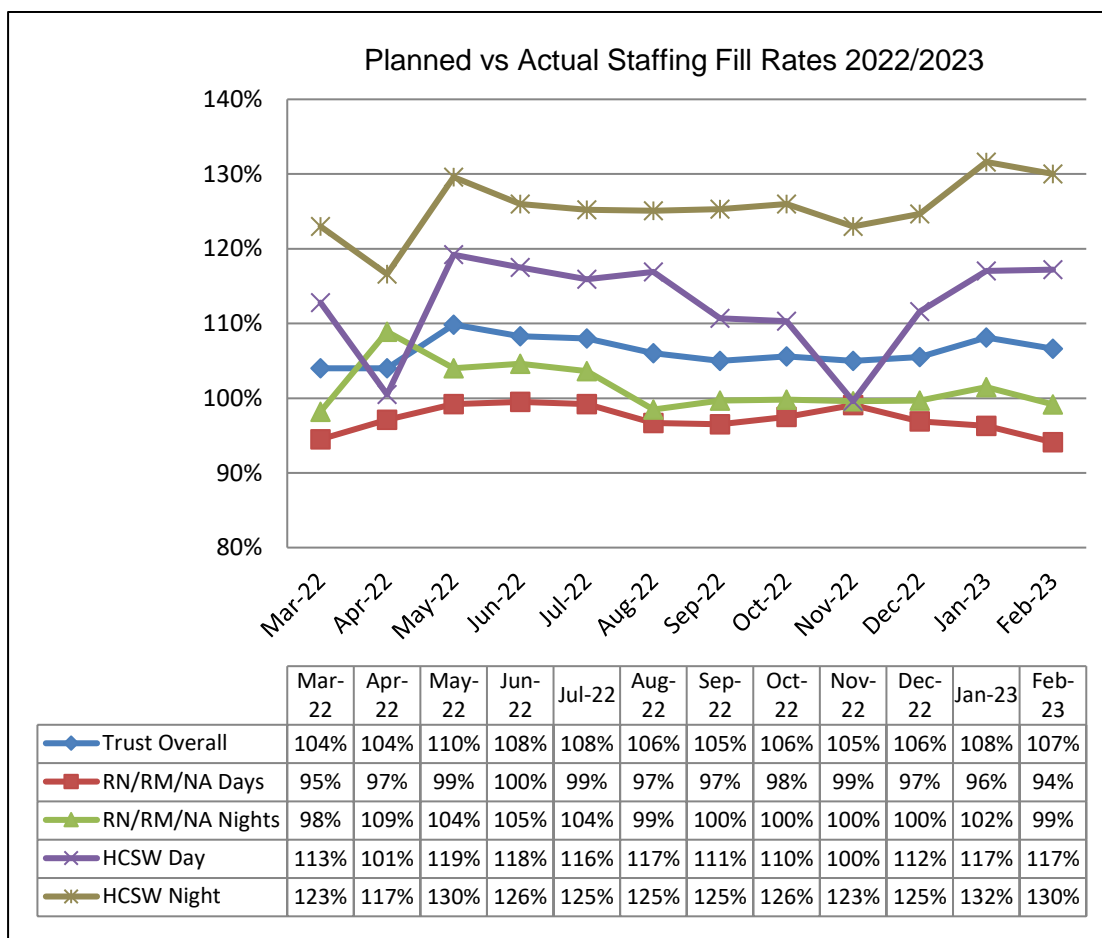
Data Source: Temporary Staffing Office February 2023 Data

#### 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 and a national report is submitted each month. This data highlights the planned staffing hours (hours planned into a working roster template) aligned to actual staffing hours worked (actual hours worked by substantive and temporary staff).

4.2 Despite the continued challenges since our last report, the Trust overall has consistently remained above 94% of the planned staffing fill rates for registered staff and unregistered staff. Whilst this is positive, it is important to note that these fill rates are based on the commissioned bed base of each area and not the additional beds that are open, therefore caution should be applied with this data. The national narrative supports that there has been an increase in patients who have become physically deconditioned since the start of the pandemic and the consistent HCSW fill rates is demonstrative of the increased acuity dependency needs of patients accessing our services at SFHFT.

Figure 6:



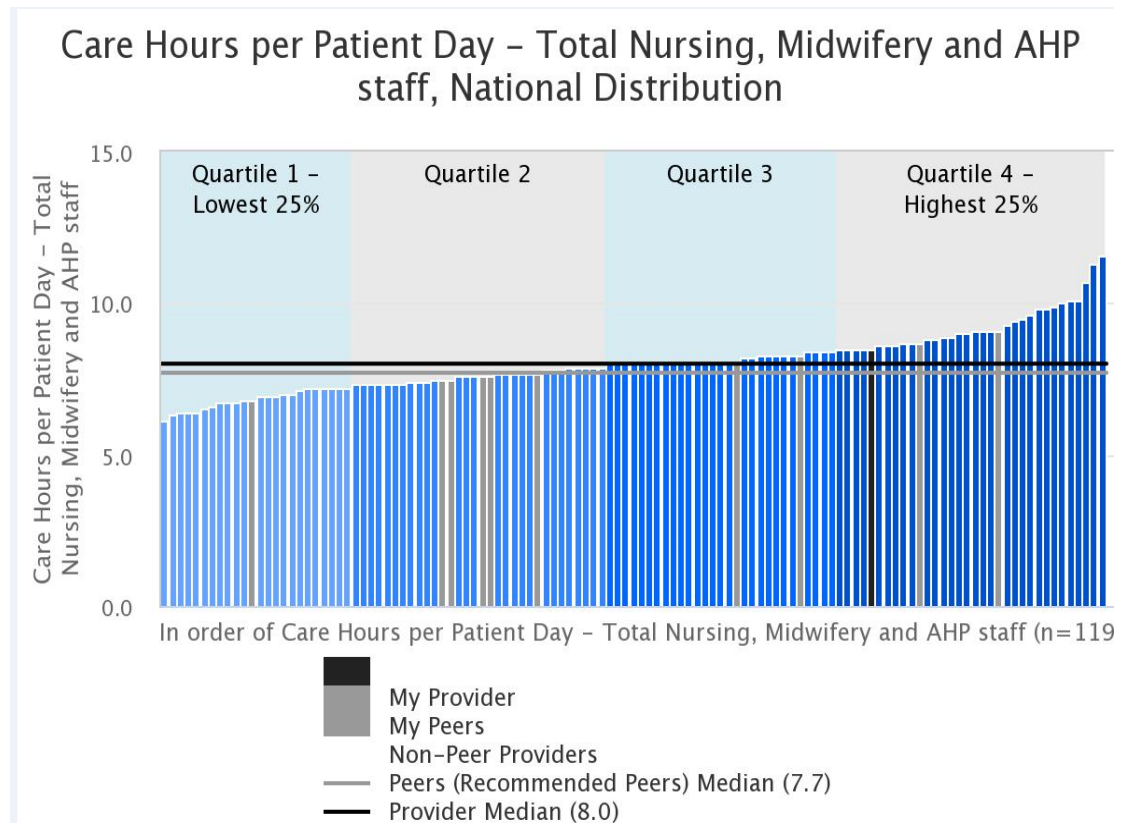
Data Source: Unify Staffing Data.

- 4.3** CHPPD is calculated by adding together the hours of registered nurses/ midwives and health care support staff (HCSW) and dividing the total by every 24 hours of inpatient admissions. This provides a value that demonstrates the average number of actual registered nursing care hours spent with each patient per day. Data from Trust and ward level for all acute Trusts are published on NHS Model Hospital to enable a central and transparent comparable data set. 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 stable demonstrating where safely possible the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from Model Hospital (December 2022) demonstrates that the Trust value sits within the highest of the four quartiles at 8.5 and is slightly above the national and 8.0 peer median of 7.7. Whilst this metric should not be used in isolation, it does



indicate that deeper examination inward-level CHPPD may indicate possible areas for productivity improvement.

Figure 7:



Data Source: Model Hospital

- 4.5** Divisional feedback from the matron team highlights maintaining safe staffing across all services has continued to be a demanding priority, particularly with the seasonal variables ever-present. With that said, staffing resource has been safely flexed to meet patient demand, activity, and acuity, and at times, this has meant clinical areas are working with staffing levels that have not been optimum. Nonetheless, minimum staffing levels have been maintained, but it is recognised that staff well-being and patient experience may have been impacted in these instances. The continued effort given by our teams to ensure continued service, particularly supporting additional capacity, has been outstanding.
- 4.6** Following a recent inspection, the CQC noted our maternity services have sufficient maternity staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction. They also noted T staff were competent in their roles

and managers appraised staff's performance and held supervision meetings to provide support and development.

## 5.0 Measure and Improvement

5.1 To ensure quality is the focal driver in our oversight of safe staffing, the senior nursing and midwifery team review workforce metrics, indicators of quality, and measures of productivity monthly within the monthly Safe Staffing Reports. Since March 2022, 735 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time (when investigations had been successfully closed).

Figure 8:

2022-2023	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Staffing Incidents	76	83	53	45	49	68	82	53	45	65	68	48
Red Flags	5	4	1	2	3	4	4	7	3	4	3	7

Data Source: Datix Reporting System

5.2 47 of these incidents have been identified as *red flag* incidents (as defined by NICE) due to a delay in fundamental care, delays in time-critical activity, delays in providing pain relief, unable to provided 1:1 care during established labour or delays in the inductions of labour. It is recognised that despite no adverse clinical outcome, the delays in care in no doubt have had a negative reception of the overall experience of patients and staff.

5.3 In addition to Datix reporting, red flags for midwifery services are also recorded within BirthRate Plus®. The theme of red flags reported aligns to the incidents reported within the Datix system highlighted above. The supporting actions reported within BirthRate Plus® to meet patient acuity reflected staff redeployment, matron on call working clinically and escalation to managers were enacted to mitigate risk.

5.4 As part of the planned national Maternity Service inspection, Maternity Services at Sherwood Forest Hospital were inspected by the CQC in November 2022. Focusing on two of the five domains (Safe and Well-led), the service maintained its “good” rating.

## 6.0 Nursing Forward planning

- 6.1** SNCT acuity and dependency cycles will continue throughout 2023 with planning underway for June and October with the senior corporate nursing team supporting validation and assurance with data collection.
- 6.2** It is expected that The Shelford Group and NHSE will release in the coming months a revised version of the Adult SNCT which will incorporate enhanced care as a new level of care. A roll-out refresh programme will commence supporting areas with its implementation. This will be led by the Lead Nurse for Safe Staffing and the corporate nursing team.
- 6.3** At the end of March 2023 the Trust had recruited 29 out of the 50 international registered nurses, with a further five arriving in April, and the remaining 16 to arrive in May and June. The Trust has chosen to not apply for further funding from NHSE for the remainder of 2023 and will concentrate on supporting and providing pastoral care to the international registered nurses we already have.
- 6.4** For the first time in March 2023, the Trust established a Pay Review Panel to review the 15 incoming international nurses and place them on the appropriate pay scale, in line with best practice. This was presented at the Nursing, Midwifery and AHP Committee in March 2023, and agreed.
- 6.5** The Trust has also, enhanced the Trust's induction programme for international registered nurses for the April arrivals, ensuring that they have information on the professional responsibilities in line with the NMC, and can look at the diaspora elements the Trust has to offer. This programme will continue until the end of the International Registered Nurse Recruitment Programme which will close in the next few months.
- 6.6** Following changes to the English language requirement from the NMC, many of our international registered nurses working as HCSW can undertake their OSCEs. The International Registered Nurse Facilitators are currently providing training to the International Programme, and these nurses are currently waiting on a list, and we are looking at ways in which we can fund these nurses to achieve their goal.
- 6.7** The Trust has two Trainee Nursing Associate Cohorts in training, Cohort 2021 will qualify in October 2023, and 2022 will move into their second year in October. The Trust has obtained funding from HEE for the next cohort to commence in October 2023, but the business case continues to await approval.

- 6.8** There remain 19 students on the Registered Nurse Degree Apprenticeship route, and all are progressing well.
- 6.9** The Trust is currently working with West Nottinghamshire College to develop an HCSW Apprenticeship, and this will be updated regularly throughout the next six months.
- 6.10** The Trust recently held a recruitment pop-up event and successfully recruited seven registered nurses from the local area and two who are relocating. The Medical division welcomed three newly qualified nurses, Urgent and Emergency Care welcomed four newly qualified nurses, Ward 14 welcomed one newly qualified nurse and ICU welcomed a qualified nurse with previous intensive care experience.
- 6.11** There is a recruitment extravaganza being hosted by the Trust on April 22<sup>nd</sup> where the public will have the opportunity to meet our teams and the opportunity to have an interview on the day. The aim is to have a person-centred approach to recruitment, promoting purpose-driven conversation by the teams delivering the frontline care.

## **7.0 Midwifery Forward Planning**

- 7.1** The Royal Collage of Midwives (RCM) released a position statement in October 2022 which outlined that registered nurses are not to be used within maternity services and that organisations should look at the development of the Maternity Support Worker (MSW) workforce. Whilst this has not altered the already ongoing MSW work at the Trust and its alignment with the national framework, we have had to revise our workforce plans regarding nurses working within maternity services. We have taken the registered nurse role out of the workforce plans, but they remain within the Escalation Policy to support in the areas outlined by the RCM.
- 7.2** The alignment of the MSW to the national framework has gained traction over the last six months following the secondment of the band 4 MSW Lead. We have identified a clear education and training programme for our current band 2 and band 3 MSW, and mitigations are in place for ongoing recruitment for the next three years. Again, this aligns to the ask from the recent Three-Year Delivery Plan for Maternity and Neonatal Services (NHSE, March 2023) and RCM position statement.
- 7.3** Future planning is further supported by the Recruitment and Retention Lead role which has evaluated well after the first year with successful recruitment days, revised preceptorship, ongoing pastoral support leading to all early career Midwives recruited staying within the organisations. The role has been extended through bid funds from

NHSE and the next phase of this role, whilst continuing to support recruitment, will explore the role of legacy mentors.

**7.4** As referred to earlier the Three-Year Delivery Plan for Maternity and Neonatal Services, was launched in March 2023 following a delay. This plan combines findings from recent reports into Maternity Services nationally and looks at a framework for delivery. The expectation is that this will be managed through the LMNS. As this has only just launched, we are awaiting clear plans as to how this will look from a workforce perspective.

**7.5** The Trust currently has two MSc Midwifery programmes in operation, one programme is with Birmingham City University where four student midwives will complete in January 2024, and the second programme is with Derby University where five student midwives will complete in January 2025. The Trust has placed a bid for a further five places ideally with Derby University.

## **8.0 Nursing and Midwifery Establishment Review 2023/2024**

**8.1** Since the last review, the Trust has continued with an evidence-based approach to setting the nursing and midwifery establishments ensuring we are compliant with the 2016 NQB standards and the Developing Workforce Safeguards (NHSI, 2018). This has included the implementation of the SNCT across adult inpatient areas, children and young people inpatient areas, and most recently our Emergency Department. SNCT is an objective tool evidence-based workforce planning tool that provides patient acuity and dependency intelligence, which has informed the Trust establishment setting process.

**8.2** A total of three 20-day cycles of SNCT data collection took place in March, July, and October 2022, ensuring the capture of seasonal variation of patient presentation. During these cycles, it was noted that several areas had additional capacity open during at least one of the data sets.

**8.3** A multidisciplinary review of the nursing and midwifery establishments commenced in early December 2022 and concluded in late January 2023. These were led by the Director of Nursing/ Deputy Chief Nurse, and the Lead Nurse for Safe Staffing, with representation from the Deputy Chief Financial Officer, Divisional Directors of Nursing/ Midwifery, Divisional Matrons and Divisional Finance Managers.

- 8.4** Each review was aligned to the components below:
- Each review panel ensured professional judgement was applied to workforce planning and was representative of activity requirements.
  - The appropriate skill mix of staff was aligned to the speciality.
  - Commissioned bed base modelling (additional winter capacity considered during winter planning processes).
  - Three cycles of SNCT acuity and dependency data were used to inform each confirm and challenge discussion.
  - The financial impact on the setting of budgets was considered.
  - Benchmarking ward-level CHPPD data was aligned with the national mean.
  - A 12-month overview of nurse/midwifery-sensitive indicators for each area was reviewed
- 8.5** The Trust compliance against the SNCT standards has been re-assessed, and conformity is assured. The assessment is located in Appendix Two.
- 8.6** Staffing establishments consider the need to allow nursing, midwifery, and HCSW time to undertake professional development and fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment are maintained as per previous years, namely:
- The ward/department leader role is supervisory, enabling them to apply their time to provide direct care, undertake front-line clinical leadership and support unfilled shifts.
  - The skill mix on a ward should aim to have a recommended ratio of 65:35% split for registered nurses to HCSW in acute wards and 60:40 for sub-acute wards and 50:50% for rehabilitation wards.
  - 22% 'headroom' is allocated to establishments to allow for annual leave, sickness, maternity leave, training and development. The Carter report recommends 25%; however, 22% is the minimum 'headroom' supported within the SNCT and represents a built-in efficiency. ED, Newark Urgent Treatment Centre, NICCU and ICU were allocated 25% headroom acknowledging the speciality guidance for additional training requirements for these specific areas.
- 8.7** BirthratePlus® is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions

as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BirthratePlus® methodology is consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and the Royal College of Obstetricians and Gynaecologists.

## 9.0 Medicine Division

9.1 The Medical Division requires an additional 10.71 WTE distributed across ward 42, Ward 44 and Oakham Ward, with a 2.51 WTE reduction on Ward 33.

9.2 It has been recognised that the speciality of wards 42 and 44 is providing acute respiratory care combined with a high level of dependency needs, for example, tracheostomy care, oxygen dependency and enhanced patient observations. Therefore, the additional staffing will support the rising complex needs of these patient groups. Ward 42 is requiring 2.74 WTE and Ward 44 is also requiring 2.74 WTE.

9.3 An additional 5.23 WTE has been recommended for Oakham Ward. The additional staffing will increase service provision capability and further strengthen the care pathway for these patients. Funding is already being provided through the divisional financial envelope therefore additional investment is not required.

9.4 Ward 33 has requested to reduce the overall establishment by 2.51 WTE. This is supported by SNCT acuity and dependency data and still ensures full-service provision. This reduction of WTE will create an £84,241 positive cost saving.

Figure 9: Medicine Division

Ward/ Department:	Current WTE	Suggested WTE:	Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median
Ward 42	35.16	37.90	2.74	34.4	£82,699	6.85	7.15
Ward 44	35.16	37.90	2.74	35.6	£82,699	7.32	7.53
Oakham MCH	27.19	32.42	5.23	27.1	0	7.24	NA
Ward 33	37.6	35.16	2.51	32.9	(£84,241)	6.96	7.4



9.5 The Medicine division is seeking an additional investment of £81,157.

### 9.6 Urgent and Emergency Care Division

9.7 The Urgent and Emergency Care division has not requested any additional investment during the re-setting of the 2023/2024 establishments. The Emergency Care Department has increased its overall WTE by 47.39 within its existing budget capacity by re-purposing finance provided from a previous business case, additional clinical leadership roles will ensure a consistent presence across a seven-day service.

Figure 10: Urgent and Emergency Care Division

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
ED	163.47	210.86	NA	47.39	0	NA	NA	NA

9.8 The division are not seeking any further financial investment.

### 9.9 Women's and Children Division

9.10 The Women's and Children division has requested to reduce the establishment within Ward 14 by 0.94 WTE. The full-service provision remains across the unit and changes are supported by the SNCT data. This reduction of WTE will create a £32,100 positive cost saving.

Figure 11: Women's & Children's Division

Ward/ Department:	Current WTE	Suggested WTE:	SNCT/ Birthrate Plus	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 14	26.05	25.11	0.94	25.6	(£32,100)	7.92	7.64	NA

9.11 The maternity staffing review sought:

- To clarify the current position of the midwifery establishment area by area,
- To present the local context and practices which preserve the supernumerary status of the labour suite co-ordinator and protect 1-1 midwifery care for women in labour.

- To signpost the next steps which will support safe staffing.

**9.12** Due to the increasing birth-rate noted over the last five years and the change in requirements for Specialist Midwives from the Ockenden Report (2022), we have recommissioned the BirthratePlus® report. This has been factored into the 2023/24 establishment and recruitment plans and focus upon the Specialist Midwives is underway following the release of the Three-Year Delivery Plan for Maternity and Neonatal Services in March 2023.

**9.13** The Women’s and Children’s Division are not seeking any further financial investment.

**9.14 Surgical Division**

**9.15** The surgical division requires an additional 3.39 WTE to the establishment upon Ward 43 to ensure there is appropriate health care support provision overnight, and SNCT reflects the dependency of patients’ needs has increased over the previous 12 months. However, the division has sufficient funds within their current financial envelope to mitigate any further investment required.

*Figure 12: Surgical Division*

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Ward 43 (16 beds)	21.18	24.57	25.6	3.39	0	NA	NA	NA

**9.16** The surgical Division is not seeking any further financial investment.

**9.17 CSTO Division**

**9.18** The CSTO division requires an additional 3.5 WTE additional posts to assist outpatient phlebotomy services, the additional resource will support the year-on-year increase seen in activity from 2019 onwards. Despite a 3.5 WTE increase, the division is seeking investment to fund 1.5 WTE only.

*Figure 13: CSTO Division*

	Current WTE	Suggested WTE:	SNCT	Variance	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill mix %
Phlebotomy	14.78	18.28	NA	3.5	£37,100	NA	NA	NA

- 9.19** The CSTO division is seeking a financial investment of £ 37,100
- 9.20** The collective recommended Trust establishment change is an overall increase of 61.54 WTE in the overall establishments with a collective cost impact of £86,157. (This is recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).

### **Allied Health Professions Overview**

- 10.0** AHPs are a wide-ranging group of clinicians who work in the diagnosis, treatment, rehabilitation, health promotion, discharge and improving the quality of life of patients. AHP professional titles are recognised by NH E, protected by law, and are registered and regulated by the HCPC. Collectively they are the third largest workforce in the NHS and are essential in the delivery of the NHS People Plan, to support future demands, transform sustainable healthcare, and assist deliverables of the NHS Long Term Plan.
- 10.1** There is no single guidance or standard approach to inform safe staffing levels required within services provided by AHPs. Each AHP has profession-specific information and guidance only, available to support staffing levels of a particular type of service. At SFHFT, we are currently developing a quality dashboard which will provide oversight of staffing, sickness, vacancies, productivity, and quality measures.
- 10.2** To support the evidence and collection of this data, we have commenced an AHP Chief Nurse Clinical Fellow project, seconding a band 7 AHP (0.4 WTE) for 12 months to implement job planning across the AHP workforce. This supports NHSE mandatory requirements to job plan AHPs and will also provide an opportunity to review capacity against clinical hour contacts required for each AHP service.
- 10.3** In 2023/2024, our AHP professions will be transferred to the electronic health roster system. This will enable an overview of the working hours of all our AHPs electronically and, with the utilisation of job plans will provide an accurate picture of work undertaken mapped against demand. This will provide a further evidence base which will inform a robust process for the AHP establishment setting. Moving forward a quarterly update on the AHP workforce will be presented to the People, Culture, and Improvement Committee.
- 10.4** The Trust employs nine of the fourteen AHP professions (as defined by NHSE) with

341 AHP staff in posts (302.81 WTE) alongside a support workforce of 129 staff (101.18WTE). The nine AHP professions positions are detailed below.

### **10.5 Dietitians**

**10.6** There are nine dietitians employed (8.4 WTE) at SFHFT and are working across outpatient and inpatient settings. The current workforce risk is the ongoing challenge of attracting enough applicants for recruitment. The service is stretched beyond capacity when additional beds are enacted and there is a very limited agency and bank workforce available for dietetic services.

### **10.7 Occupational Therapy (OTs)**

**10.8** The Trust currently has 61 OTs (53.2 WTE) who are employed at SFHFT, across outpatient and inpatient settings. Nationally OTs have recently been determined by NHSE as an 'at risk' professional group due to the significant challenges in recruitment, especially since post-Covid in acute settings. There are limited bank and agency workforce available, particularly in the acute setting and acute placements are not mandated as part of the undergraduate training of an OT. The ICS workforce modelling plan predicts a 20% reduction in OTs within the system over the next three years if mitigations is not enacted to reduce the predicted workforce losses.

### **10.9 Orthoptists**

**10.10** Across the outpatient clinics there are currently 11 Orthoptists employed (6.9 WTE). However, in 2022 HEE deemed Orthoptists as a 'small and vital' profession to recognise the national workforce risks. There is difficulty in providing full-service provision for the restoration & recovery backlog due to the size of the workforce combined with competing private providers offering attractive pay offers. In addition to this, there are currently limited career progression opportunities at SFHFT that enable advanced practice.

### **10.11 Orthotics**

**10.12** At SFHFT there are four (4.0 WTE) Orthotists working in our outpatient and inpatient services. Like the Orthoptist profession, Orthotics has also been designated a 'small

and Vital' profession by HEE in 2022. Due to the challenges of covering additional restoration and recovery workload, alongside the additional capacity in-patient beds across the three sites, this has been recognised as a workforce risk. As additional contributing factors, private providers are offering attractive pay offers and the long-term strategic direction is restricted due to only 80 undergraduate training places being awarded each year in the UK.

**10.13** An Orthotic apprenticeship programme recently commenced at Derby University in September 2022, unfortunately, due to the lack of a support ping available within the current establishment, SFHFT were unable to support any Orthotic apprentices at that time.

#### **10.14 Operating Department Practitioners (ODPs)**

**10.15** The current workforce position for ODPs reflects 56 ODPs (51.45 WTE) in post within our inpatient services. Unfortunately, there is a continued risk due to significant recruitment and retention issues at SFHFT, therefore bespoke recruitment workstreams have been commenced. These include international recruitment, rolling band 5 recruitment, apprenticeships, ODP career day (May 2023), promotional videos with Care4Notts and a communication plan.

**10.16** Substantive staff are covering significant overtime due to a high agency workforce (with less experience) covering vacancies, acknowledging there is a significant risk of 'burnout' and the impact on the health and wellbeing of the substantive workforce. In response to this, a task and finish group has convened and will meet monthly to review the ongoing recruitment and retention of ODPs.

#### **10.17 Paramedics**

**10.18** Within the Emergency Department there are two (2.0 WTE) paramedics employed as Advanced Clinical Practitioners.

#### **10.19 Physiotherapy**

**10.20** Supporting our inpatient and outpatient services, there are 110 (98.4 WTE) Physiotherapists. However, there is a workforce risk due to significant difficulty

recruiting into vacancies mainly due to the increased number of First Contact Practitioners (band 7) being appointed into community/PCN roles. Over 50% of musculoskeletal qualified physiotherapists now work in private practice since the pandemic (CSP, 2023).

## **10.21 Radiographers**

**10.22** The Trust has 77 (65.5WTE) Radiographers working within SFHFT and there is a workforce plan underway for the new MRI department. Two additional scanners have been purchased and are scheduled, to operate 7 days per week for extended hours. There is a concern that recruitment into the additional posts will be challenging based on local peer positions (one organisation has 11 vacancies within its MRI service). The Trust workforce plan for the new Community Diagnostic Centre (CDC) requires significant numbers of radiography staff, and SFHFT will support the staffing of the CDC, but the numbers required will be challenging to fully recruit.

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

**10.24** To date there are 11 (9.9 WTE) SLTs, at supporting patients in our outpatient and inpatient settings. As mentioned with several of the AHP professions, there is difficulty attracting applicants for recruitment. Due to the workforce being a smaller team, the service is often stretched beyond capacity when additional beds are opened. And again, there is a very limited agency and bank workforce to utilise the acute sector. The SLTs who implemented an ED focused pilot have been deemed successful in supporting admission avoidance, but the pilot has now ceased due to winter funding ending.

## **11.0 AHP Advanced Practice**

**11.1** Our ACP trainee Dietitian in ICCU, has just successfully completed their non-medical prescribing (NMP) module, and becomes the first NMP Dietitian at SFHFT. Alongside this, there are now two AHP Radiography Consultants in breast care, ACP Physiotherapist and ACP Dietitian in ICCU, an ACP Physiotherapist in paediatrics, a MSK ACP Physiotherapist, Gastroenterology ACP (Dietitian) and two Paramedic ACPs working ED.

## 12.0 AHP Recruitment

12.1 Constraints regarding substantive recruitment have eased slightly within the AHP services with successful recruitment to several key vacancies. SLT and Dietetics have small specialist staffing establishments but continue to remain below the benchmark of other organisations of a similar size when compared to Model Hospital. AHP agency and bank staffing are increasingly challenging to secure due to competing provider needs within the ICS there is limited bank and agency resources for the AHP professions nationally.

12.2 At SFHFT, we have the highest proportion of student AHP placements to our WTE workforce, of all the ICS health and social care providers. This directly translates into our recruitment success for our AHP workforce. SFHFT are actively participating in an ICS rotation pilot for band 5 SLT's and are currently exploring the appetite for band 5 OT and ODP rotations across the system. To ensure we support our staff well-being and maximise the potential of our AHPs as a valued resource, a review of themes from the staff survey is currently underway.

## 13.0 ICS AHP Faculty and AHP Cabinet

13.1 Our Associate Chief AHP continues to be key member of the AHP faculty and ICS AHP cabinet. The Nottingham and Nottinghamshire AHP faculty and ICS Cabinet have various recently completed projects and work-streams underway to support the AHP workforce workstreams across Nottinghamshire. NHSE are no longer funding the ICS AHP Faculty chairs position beyond March 2023. The faculty have utilised funds to continue these posts until June 2023 and will present a gap analysis, recommendations, and action plan for the next steps. Lack of ongoing funding for AHP Faculty Chairs and an unclear route within the ICS for submitting bids and accessing funds, puts the ICS AHP workforce workstreams of recruitment and retention, apprenticeships, placement expansion and profession growth, at significant risk. The AHP maturity faculty matrix notes in the past two years, the move of all areas aligned to the national workstreams (purpose, membership, governance, leadership, QI and project management, data dashboard, workforce priorities, sustainability) has transitioned from *emerging* to *developing*.



**13.2** The ICB were successful in bidding for HEE funding to scope a pilot of an ICS Chief AHP role for four months. This commenced in March 2023 and SFHFT are the 'host organisation' with the Associate Chief AHP as the named lead. The Trust will also continue to joint host two AHP HEE fellowships until September 2023.

#### **14.0 National Compliance**

**14.1** 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 for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.

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

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

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

#### **Recommendations**

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

**15.1** 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.

**15.2** The Board of Directors is asked to approve the collective establishment uplift of 61.54 WTE within the nursing and midwifery workforce; with a total financial impact of £86,157 (recognising the cost reduction of £116, 341 across Ward 14 and Ward 33).

- 15.3** The Board of Directors is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.
- 15.4** The Board of Directors is asked to note the compliance standards relating to the Developing Workforce Safeguards and the Trusts conformity against these.

**16.0 Appendix One: Establishments Outcome Breakdown 2023/2024**

Division	Ward/ Depart	Current WTE	Suggested WTE:	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Comments:
Medicine	Ward 22 (24 beds)	37.90	37.90	0	30.9	0	6.7	7.15	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Ward 23 (24 beds)	35.16	35.16	0	34.5	0	7.13	7.4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Ward 24 (24 beds)	37.9	37.9	0	33.1	0	6.97	7.4	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. It is acknowledged that the speciality on the ward is haematology and cardiology medicine; however, the attendance rate for acute haematology is low and therefore difficult to capture in SNCT. This is supported by the Matron and Divisional Director of Nursing
Medicine	Ward 33 (24 beds)	37.6	35.16	2.51	32.9	(£84,241)	6.96	7.4	The SNCT principles and professional judgement have been applied and have recommended a 2.51 WTE reduction in the registered nurse shift pattern for night duty. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Ward 34 (24 beds)	35.16	35.16	0	37.1	0	6.76	6.75	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. Existing shift numbers have been re-aligned to the current budget/ WTE. The skill mix reflects the higher dependency needs of patients and is supported by the Matron and Divisional Director of Nursing
Medicine	Ward 42 (24 beds)	35.16	37.90	2.74	34.4	£82,699	6.85	7.15	The SNCT principles and professional judgement have been applied and have recommended a 2.74 WTE increase in the healthcare support worker establishment to support complex dependencies during the day. This is supported by the Matron and Divisional Director of Nursing.

Medicine	21/ RSU (24 beds)	40.40	40.40	0	42.7	0	8.96	NA	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Ward 44 (24 beds)	35.16	37.90	2.74	35.6	£82,699.	7.32	7.53	The SNCT principles and professional judgement have been applied and have recommended a 2.74 WTE increase in the healthcare support worker establishment to support complex dependencies during the day. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Ward 51 (24 beds)	40.79	40.82	0.03	34.6	0	7.91	7.15	The SNCT principles and professional judgement have been applied with a 0.03 WTE increase to the establishment recommended. The skill mix reflects additional non-registered staff to assist with enhanced patient observations. Currently 1:1, care is not yet captured within the SNCT modelling and additional non-clinical specialist roles have been included. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Ward 52 (24 beds)	40.79	40.82	0.03	41.7	0	7.94	6.78	The SNCT principles and professional judgement have been applied with a 0.03 WTE increase to the establishment recommended. The skill mix reflects additional non-registered staff to assist with enhanced patient observations. Currently 1:1, care is not yet captured within the SNCT modelling and additional non-clinical specialist roles have been included. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Stroke Unit (29 beds)	62.85	62.85	0	62.9	0	9.66	7.13	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. The ward includes 4 HASU beds and 25 rehabilitation beds. This is supported by the Matron and Divisional Director of Nursing
Medicine	Sconce (24 beds)	35.16	35.16	0	43.7	0	6.21	8.04	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Oakham MCH (24 beds)	27.19	32.42	5.23	27.1	0	7.24	NA	The SNCT principles and professional judgement have been applied and have recommended a 5.23 WTE increase in the healthcare support worker establishment to support complex dependencies during the day. No further investment is required as this is within the

									divisional financial envelope. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Castle	0.0	0.00	0	27.8	0	NA	NA	Winter-funded ward ONLY. Rehabilitation modelling. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Chatsworth MCH	0.00	24.69	0	NA	0	NA	NA	Winter-funded ward ONLY. Rehabilitation modelling. This is supported by the Matron and Divisional Director of Nursing.
Medicine	Lindhurst/ WD 41 – (24 beds)	35.16	35.16	0	37.1	0	7.06	6.78	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
Medicine	MDCU	0.00	9.76	0	NA	0	NA	NA	Divisionally funded as part of OPAT/VW. This is supported by the Matron and Divisional Director of Nursing.
Medicine	OPAT/VW	28.98	28.98	0	NA	0	NA	NA	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	Ward 11/AU (24 beds)	42.74	42.74	0	43.7	0	9.5	8.22	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	Ward 12 (24 beds)	37.9	37.9	0	39.2	0	8.8	7.46	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	Ward 43 (16 beds)	21.18	24.57	3.39	25.6	0	NA	NA	The SNCT principles and professional judgement have been applied and a 3.39 WTE increase to the establishment has been recommended. The resource will support additional staffing during the night shift to support the increased dependency needs of our patients. no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.

Surgery	Ward 31 (24 beds)	35.19	35.19	0	35.1	0	7.07	8.22	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	Ward 32 (24 beds)	32.71	32.71	0	34.4	0	6.75	8.22	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	ITU	99.02	99.02	0	GPICS	0	49.77	27.48	The GPICS principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	DCU - King's Mill	34.35	34.35	0	NA	0	14.24	7.73	Professional judgement has been applied and no increase to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
Surgery	Minister - NWK	23.23	23.23	0	NA	0	NA	NA	Professional judgement has been applied and no increase to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	UCC - Newark	21.76	21.76	0	NA	0	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	SSU (40 beds)	58.34	58.34	0	54.3	0	6.9	8.04	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	EAU (40 beds)	85.41	85.41	0	79.1	0	10.51	7.97	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	Discharge Lounge	7.78	7.78	0	NA	0	NA	NA	Professional judgement has been applied and professional judgement has been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
UEC	SDEC	21.77	21.77	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.

UEC	ED	163.47	210.86	47.39	NA	0	NA	NA	Professional judgement has been applied and no change to the financed establishment has been recommended. The WTE establishment has increased to support the swabbing team and the ENP team. The existing budget has been re-purposed to highlight clinical leadership roles across a 7-day service. This is supported by the Matron and Divisional Director of Nursing.
UEC	HOOH	9.28	9.28	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
CSTO	Inpatient Dietetics	11.8	11.8	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision and service need. This is supported by the Service Lead, Matron and Divisional Director of Nursing.
CSTO	Inpatient SLT	8.5	8.5	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision balanced with service needs and system-level support. This is supported by the Service Lead, Matron and Divisional Director of Nursing.
CSTO	Inpatient Orthotics	3.5	3.5	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Head of Therapies and the Divisional Director of Nursing
CSTO	Inpatient PT and OT	85.43	85.43	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision balanced with service needs and system-level support. This is supported by the Service Lead and Divisional Director of Nursing
CSTO	Outpatient s	87.04	87.04	0	NA	0	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing
CSTO	Phlebotomy	14.78	18.28	1.5	NA	£37,100 (Investment only required for 1.5 WTE)	NA	NA	Professional judgement has been applied and a 3.5 WTE increase to the establishment has been recommended. Activity has continued to increase by approximately 9% since 2022 and the additional resource will continue to support activity and demand. This is supported by the Matron and Divisional Director of Nursing
W&C	Ward 25	50.06	50.06	0	47	0	11.9	11.02	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing

W&C	Ward 14 (13 beds)	26.05	25.11	0.94	25.6	(£32,100)	7.92	7.64	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing
W&C	NICU	39.47	39.47	0	BPAM	0	13.36	12.27	The BPAM principles and professional judgement have been applied with no changes to the financed establishment recommended. The non-registered support worker will increase from x1 per shift to x2 per shift 7 days per week. Rebalancing and repurposing of existing finances will enable ratio change. This is supported by the Matron and Divisional Director of Nursing
W&C	Midwifery	188.18	188.18	0	Birthrate Plus	0	NA	NA	The BirthRate Plus principles and professional judgement have been applied and no changes to the establishment recommended. This is supported by the Matron and Director of Midwifery.



**17.0 Appendix Two: SNCT Compliance Standards 2023 Assessment**

Criteria	Compliance	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	<b>Yes</b>	The licences for all participating areas (Children and Young People, Adult in-patient Areas, Adult Assessment Areas and The Emergency Department) were renewed in 2022.
Do you collect a minimum of 20 days of data twice a year for this?	<b>Yes</b>	Data analysis is held on central database.
Are a maximum of 3 senior staff trained and are the levels of care recorded?	<b>Yes</b>	Held on a central database: - due to staffing challenges during the pandemic and increased capacity areas, there are some areas that have requested 4 staff (all senior levels) to enable guaranteed continuity.
Is an established external validation of assessments in place?	<b>Yes</b>	Information is held on central database – A member of the senior nursing team is allocated to ward areas and undertake validation each week during the cycle. A core group of staff is maintained to ensure consistency. This is led by the Lead Nurse for Safe Staffing
Has inter-rater reliability assessment been carried out with these staff?	<b>Yes</b>	Information is held on central database – A member of the senior nursing team is allocated to ward areas and undertake validation each week during the cycle. A core group of staff is maintained to ensure consistency. This is led by the Lead Nurse for Safe Staffing
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?	<b>Yes</b>	Held on central database.
Are enhanced observations (specials) patients reported separately?	<b>Yes</b>	Requests for additional staffing for enhanced patient observations are reported through Datix Reporting System.
Has the executive board agreed on the process for reviewing and responding to safe staffing recommendations?	<b>Yes</b>	SNCT, BirthRate Plus and speciality guidance applied to support an evidence-based approach. A triangulation of nurse sensitive indicators, benchmarking data and rostering metrics.

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

- 18.1** 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.
- 18.2** Although the guidance applies to all staff, this paper will outline nursing and midwifery's current compliance with the 14 safeguards recommendations and identify any areas of improvement.

Recommendation:	Compliance:
<b>Recommendation 1:</b> Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	<b>Compliant</b> SNCT has been embedded within both adult and Paediatric in-patient areas. BirthRate Plus is utilised within Maternity services.
<b>Recommendation 2:</b> Trust must ensure the three components are used in their safe staffing process.	<b>Fully Compliant</b> SNCT and BirthRate in use at the Trust to provide an evidence base for our establishment setting process. Nurse sensitive indicators information is aligned to each establishment review and professional judgement is always considered.
<b>Recommendation 3 &amp; 4:</b> Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.	<b>Fully Compliant</b> Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.
<b>Recommendation 5:</b> As part of the yearly assessment, assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.	<b>Fully Compliant</b> We collate and review data every month for a range of workforce metrics, quality indicators and productivity measures – as a whole and not in isolation from each other.
<b>Recommendation 6:</b> As part of the safe staffing review, the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	<b>Fully Compliant</b> Biannual and Annual Nursing, Midwifery and Allied Health Professional Staffing Report sign off.
<b>Recommendation 7:</b> Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.	<b>Fully Compliant</b> Annual submission to NHS Improvement
<b>Recommendation 8:</b> They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data	<b>Fully Compliant</b>

<p>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>Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.</p>
<p><b>Recommendation 9:</b> An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.</p>	<p><b>Partially Compliant.</b> Bi-annual review for nursing is not completed across all services; but SNCT is undertaken 2-3 times per year. An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Inclusivity Committee and the Board of Directors.</p>
<p><b>Recommendation 10:</b> There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.</p>	<p><b>Fully Compliant</b> SNCT and Birthrate Plus in use as per license agreements.</p>
<p><b>Recommendation 11 &amp; 12:</b> As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.</p>	<p><b>Fully Compliant</b> Completed as part of the establishment setting process and monitored by the Nursing, Midwifery, and Allied Health Committee.</p>
<p><b>Recommendation 13 &amp; 14:</b> Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.</p>	<p><b>Fully Compliant</b> Daily staffing meetings. Staffing also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe Staffing Standard Operating Procedure. Maternity Assurance Committee. Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.</p>