

**Trust Board**

<b>Subject:</b>	Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report	<b>Date:</b>	3 <sup>rd</sup> October 2024		
<b>Prepared By:</b>	Rebecca Herring (Associate Director of Nursing - Workforce) Sarah Ayre (Head of Midwifery) Kate Wright (Associate Chief Allied Health Professional)				
<b>Approved By:</b>	Rebecca Herring (Associate Director of Nursing - Workforce)				
<b>Presented By:</b>	Rebecca Herring (Associate Director of Nursing - Workforce)				
<b>Purpose</b>					
<p>The purpose of this report is to provide the People Committee and 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 (SFH).</p> <p>It is also to assure our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p>				<b>Approval</b>	
				<b>Assurance</b>	X
				<b>Update</b>	
				<b>Consider</b>	
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and wellbeing within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X	X				X
<b>Identify which Principal Risk this report relates to:</b>					
<b>PR1</b>	Significant deterioration in standards of safety and care				
<b>PR2</b>	Demand that overwhelms capacity				
<b>PR3</b>	Critical shortage of workforce capacity and capability				X
<b>PR4</b>	Failure to achieve the Trust's financial strategy				
<b>PR5</b>	Inability to initiate and implement evidence-based Improvement and innovation				
<b>PR6</b>	Working more closely with local health and care partners does not fully deliver the required benefits				
<b>PR7</b>	Major disruptive incident				
<b>PR8</b>	Failure to deliver sustainable reductions in the Trust's impact on climate change				
<b>Committees/groups where this item has been presented before</b>					
People Committee – September 2024 Nursing, Midwifery and Allied Health Committee – September 2024.					
<b>Acronyms</b>					
Sherwood Forest Hospital NHS Foundation Trust (SFH) ICS – Integrated Care System (ICS) Care Hours per Patient Day (CHPPD) Safer Nursing Care Tool (SNCT) NHS England (NHSE) Maternity Support Worker (MSW) Health and Care Excellence (NICE) National Quality Board (NQB) NHS Improvement (NHSI) Operating Department Practitioners (ODPs) Speech and Language Therapy (SLT)					

## **Executive Summary**

### **Background**

1.0 This report aims to provide an overview of the nursing, midwifery, and allied health professional workforce profiles to ensure we have the right number of staff with the right skills and deliver high-quality care at the right time and place. The report will also analyse the Trust compliance with the NICE (2014) safe staffing guidance, NQB (2016) expectations, and the NHSI (2018) Developing Workforce Safeguards recommendations.

### **Nursing and Midwifery Overview**

1.1 Collective nursing and midwifery vacancies at SFH have remained below the national average vacancy position, but it is recognised that there is sustained fragility concerning workforce supply and demand. Furthermore, our band 5 nursing workforce is one of our largest resources, therefore ensuring we have targeted support in reducing the vacancy deficit within this cohort of staff remains our absolute priority.

1.2 Care Hours per Patient Day (CHPPD) at Trust level highlights our position has remained stable within the third of four quartiles at 8.6 and continues to align with an overall peer median of 8.7. Whilst this metric should not be used in isolation, it does indicate that our staffing levels reflect other similar-sized peer organisations across the NHS.

1.3 Agency usage since our last report has continued a positive trajectory overall, however, a sustained reliance on temporary staffing remains to support short-notice absence and enhanced observation support. Nonetheless escalated agency rates (escalation rates 2-Thornbury) usage has been irradiated with zero shifts being requested since April, and only 1 shift per month for escalation rate 1 (Pulse Short Notice) for June and July.

1.4 Since our last report additional resources to provide enhanced patient observations have continued to be a dominant theme within incident reporting and delays in care due to short notice absence or increased acuity and activity dominate the red flag events for nursing. The Trust has registered its interest with the regional NHS England (NHSE) Workforce Team to be part of a working group developing a national enhanced care assessment tool. The initial tabletop discussion has taken place, and we await to hear if the expression of interest has been successful.

1.5 Datix remains the platform of choice for reporting staffing incidents at SFH, and from these reports, we can identify red flag events outlined within NICE guidance (NICE, 2014), however, we acknowledge that underreporting is recognised and other reporting processes are being explored to support our escalation processes.

1.6 A Chief Nurse Clinical Fellow for Safer Staffing has been appointed and is expected to be in post in October. They will lead the development of our operational safer staffing framework and governance processes, with support from the Associate Director of Nursing (Workforce). This will include implementing the SafeCare system and how this will inform our decision-making for daily staffing deployment.

1.7 The Divisional priority for maternity services remains providing high quality, safe and personalised care whilst being the very best place to work. The midwifery workforce requirements to deliver the

Divisional priority are clearly defined through national guidance which supports the Trust in assessing compliance against safer services and transformation programmes. This report presents the six-monthly board update as part of the assessment of progress in meeting the criteria of NHS Resolution Maternity Incentive Scheme (MIS) Year 6 safety action five, Consideration is also given to Better Births (2016), Safer Maternity Care (2016), the NHS Long Term Plan (2019) the Ockenden Report (2022) Saving Babies Lives Care Bundle (2023), Three Year Delivery Plan for Maternity and Neonatal Services (2023) and the Maternity Incentive Scheme Year 6 (2024).

- 1.8 The Board is asked to note that Continuity of Carer remains paused in line with Ockenden recommendations, and national and regional expectations. To embed the model would require significant investment in the midwifery workforce therefore an in-depth midwifery workforce review is underway and will be presented to the Board in early 2025.
- 1.9 There is one emerging midwifery staffing-related risk currently on the agenda and is to be discussed in September at Divisional Governance. This is related to the service's inability to deliver key national recommendations due to a lack of available midwifery workforce and the risk of failing to provide a choice of place of birth to women and birthing individuals as per Better Births (2016). This is related directly to the staffing of a 24/7 homebirth service.
- 1.10 Recruitment of band 6 midwives within the acute services remains a priority focus due to a 6.51 WTE deficit, which predominantly is driven by parenting leave and two recent resignations. Recognising the fragility surrounding retention, exit interview themes over the last 6 months have been reviewed and reassuringly are related to relocation or promotions.
- 1.11 Work is underway to review and strengthen escalation processes within the midwifery service, ensuring increased support is available for the Birthing Unit during out-of-hours periods, mainly weekends and nights. Work undertaken to date includes the embedding of the revised Escalation Policy, which now includes clearer guidance on OPEL status and actions associated with this.

### **AHP Overview**

- 1.12 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs however, each AHP has profession-specific guidance to inform staffing levels of a particular service. At SFH, we directly employ 9 of the 14 AHP professions as defined by NHSE.
- 1.13 The recent recruitment of a band 7 Team Leader in Occupational Therapy (OT) in Neurology/Stroke has been successful, ensuring equity with the other therapy services and showcasing the profile of the profession. The vacant band 6 OT post for Neurology/Stroke remains difficult to recruit and is currently covered by agency staffing. Three staff are pending parenting leave, and it is acknowledged that this will create significant pressure within the service. Therefore, approval for parenting backfill is being progressed as AHPs do not currently have an allowance for headroom embedded within their current establishment.
- 1.14 Ongoing concerns for recruitment nationally for Speech and Language Therapy (SLT) remain with a vacancy rate of 25-28%. SLT at SFH remains a fragile service with recent sickness-challenging service provision. Now in the recovery phase, new starters are commencing in the next few weeks. Work is ongoing with the team to ensure robust prioritisation and streamlining of caseload, job planning, and a workforce review is underway. The SLT Integrated Care Scheme (ICS) rotational scheme continues to be successful and fully recruited. SFH are part of this scheme and have a band 5 post on the ICS rotation.

- 1.15 Operating Department Practitioners (ODPs) continue to be acknowledged as a workforce risk but vacancies are beginning to reduce. Several recent appointments include an international ODP, an additional bank ODP and three ODP apprentices who successfully qualified in June 2024. Three existing Health Care Support Workers from Theatres, and one band 3 ANP commenced their ODP apprenticeship in May 2024.
- 1.16 Job planning and AHP variable pay expenditure reports into the NMAHP Transformation Programme, including transitioning all the AHPs onto the Health Roster within the Clinical Services, Therapies and Outpatients (CSTO) division. This will generate broader visibility of AHPs on the health roster and inform AHP establishments by understanding future AHP productivity and efficiencies. This project has been recognised and will be presented at a national conference in October 2024 by the Chief Nurse Clinical Fellow for AHP Job Planning Lucy Davis.

### **National Compliance**

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

### **Recommendations**

- 1.19 The Board of Directors is asked to receive this report and note the ongoing plans to provide safe staffing levels across nursing, midwifery, and AHP disciplines.
- 1.20 The Board is asked to note the midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 1.21 The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 1.22 The Board is asked to note the Developing Workforce Safeguards compliance standards.

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Executive Sponsor:	Phil Bolton, Chief Nurse Paula Shore Director of Midwifery

## Purpose

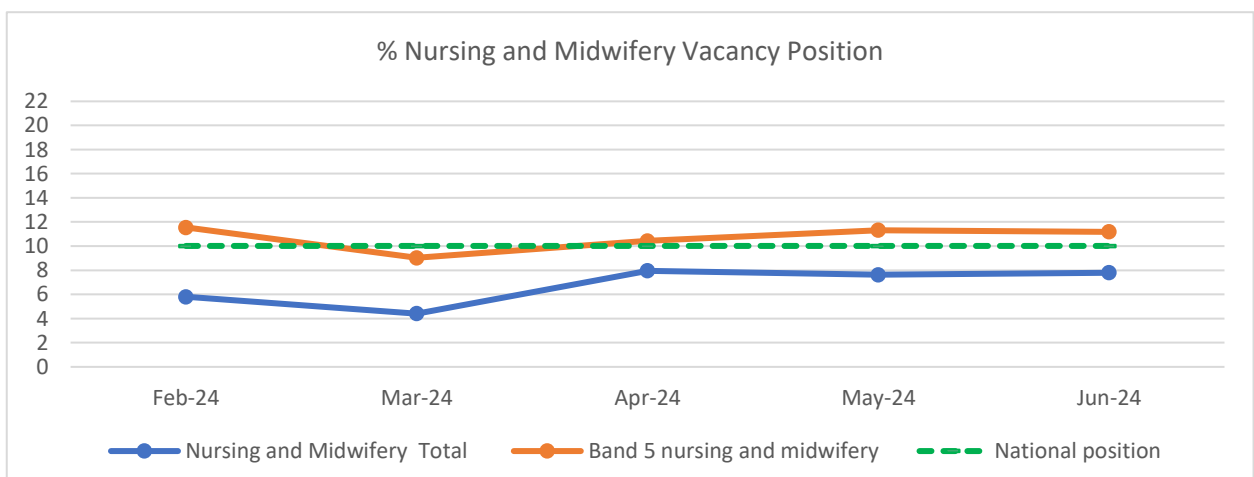
- 1.0 The purpose of this report is to provide an overview of the nursing, midwifery, and allied health professional workforce profiles to ensure we have the right number of staff, with the right skills, delivering high-quality care at the right time and in the right place.
- 1.1 The report will also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

## Nursing Overview

### Workforce Position

- 2.0 Collective nursing and midwifery vacancies at SFH have remained below the national average vacancy position, but it is recognised that there is sustained fragility concerning workforce supply and demand. Furthermore, our band 5 nursing workforce is one of our largest resources, therefore ensuring we have targeted support in reducing the vacancy deficit (110 WTE) within this cohort of staff remains our absolute priority. One of the initiatives to support the recruitment of this cohort of staff has been the introduction of the Golden Ticket Recruitment Scheme, aimed at supporting managers in expediting offers of employment to final-year nursing students who have displayed outstanding professional values and behaviours.

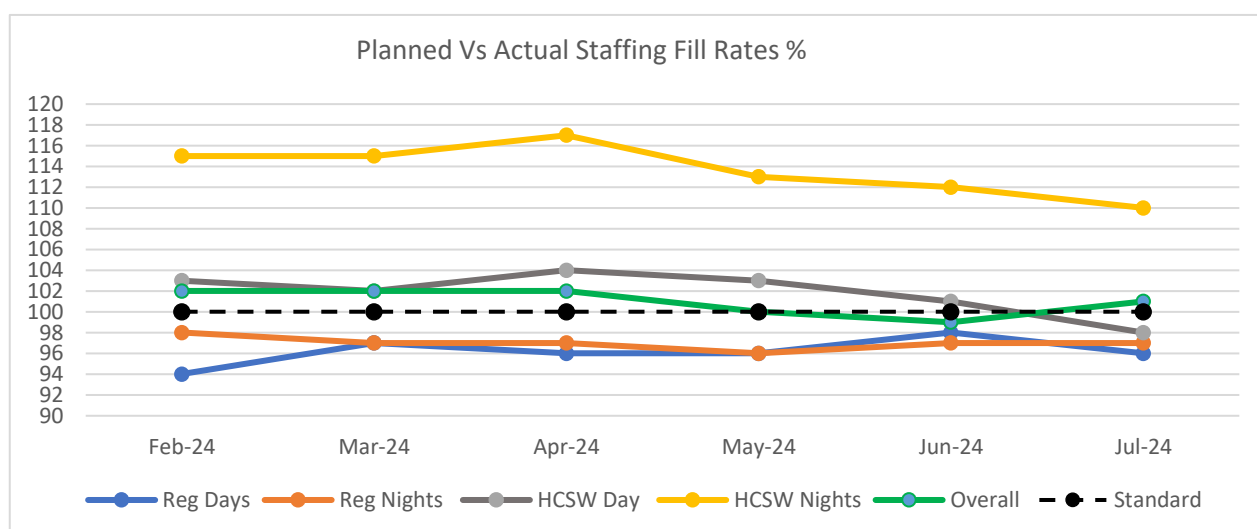
Figure 1: Nursing and Midwifery Vacancy Position



Data Source: Workforce Informatics July 2024.

- 2.1 Whilst staff recruitment remains an ongoing priority, the retention of the current workforce is equally a critical element of the workforce planning strategy. SFH continues to have active membership of the ICS System Retention Working Group co-ordinating a systems approach to flexible working, career conversations and legacy mentor support to assist in retaining nursing and midwifery colleagues.
- 2.2 As previously reported, ensuring safer staffing has remained a dynamic challenge for clinical teams due to high activity resulting in extra capacity utilisation, and sustained high levels of patients requiring enhanced care to prevent avoidable harm. Furthermore, a consistent Trust absence rate of 4% or more continues to impact the capacity to flexibly deploy staff. That said, clinical leaders continue to risk assess daily and deploy resources to ensure our staffing levels have not breached our agreed minimal levels.
- 2.3 Through flexible and risk-assessed deployment, the Trust has remained above 94% of the planned staffing fill rates for registered staff on day duty and 96% of shifts filled for registered staff on night duty.

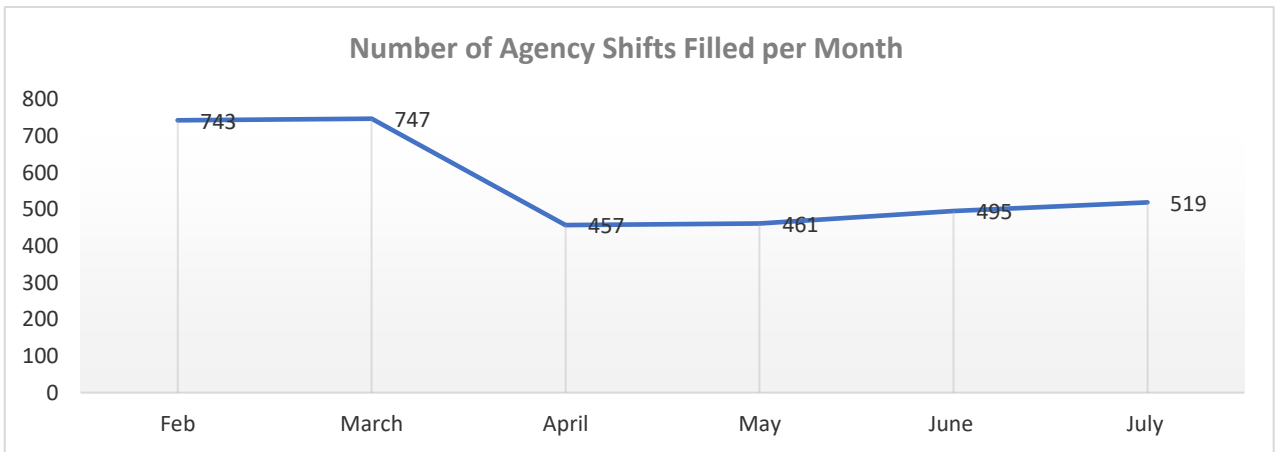
Figure 2: Planned vs Actual Fill Rates



Data Source: Strategic Data Submission NHSE 2024.

- 2.4 The actual fill rate for Healthcare Support Workers (HCSW) has continued higher than planned and is driven by the delivery of enhanced observations to reduce the risk of harm to our patients, particularly at nighttime. It is acknowledged that this element of care is dynamic and often difficult to forward a plan due to the need for constant reassessment. However, therapeutic interventions and the Carers Passport initiative are assisting with resource capacity but an essential reliance on non-registered temporary staffing remains.
- 2.5 Agency usage since our last report has continued a positive trajectory overall, however, the previous three months have demonstrated a very slight gradual increase in usage largely influenced by short-notice absence and enhanced observation support. Nonetheless escalated agency rates (escalation rates 2- Thornbury) usage has been irradiated with zero shifts being requested since April, and only 1 shift per month for escalation rate 1 (Pulse Short Notice) for June and July.

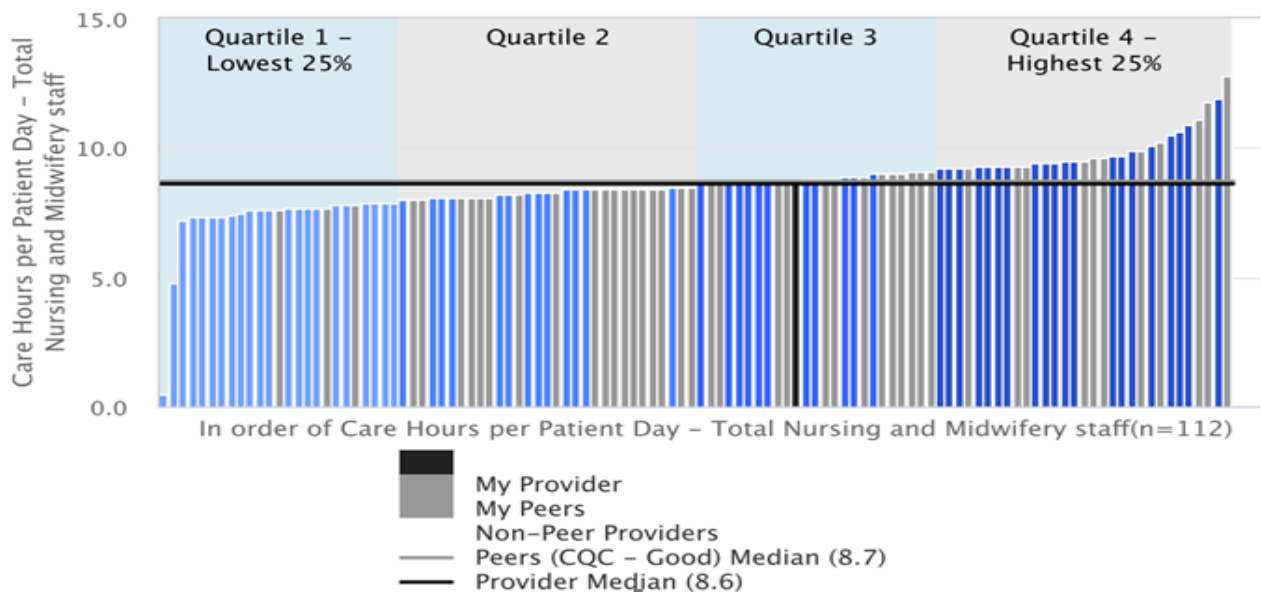
Figure 3: Agency Usage



Data Source: Temporary Staffing Office July 2024.

2.6 CHPPD demonstrates the average number of actual care hours spent with each patient per day, and data at Trust and ward level assists in reducing unwarranted variation by providing a transparent comparable data set. Figure 4 represents CHPPD at Trust level and highlights our position has remained stable within the third of four quartiles at 8.6 and continues to align with an overall peer median of 8.7. Whilst this metric should not be used in isolation, it does indicate that our staffing levels reflect other similar-sized peer organisations across the NHS.

Figure 4: CHPPD at Trust Level



Data Source: Model Hospital, May 2024.

2.7 Safer Nursing Care Tool (SNCT) for adult inpatient areas and adult assessment areas was updated in 2023 to reflect the changing complexities of patients' needs, therefore a full refresh training programme was delivered to all participating areas. The first cycle was collected in April using the new tool and the second cycle will be performed in September.

2.8 With the recent iteration of the SNCT, enhanced care is now identified as a separate recommendation, providing teams with valuable ward-level intelligence to inform the establishment setting reviews commencing from November.

## Measurement and Improvement of Quality Care

- 3.0 Assurance that our staffing is safe and responsive is demonstrated in the quality of care being delivered to our patients, therefore the senior nursing and midwifery team review a triangulation of data sets. These include workforce metrics, incident reports, and measures of productivity within the monthly Safe Staffing Reports.
- 3.1 Datix remains the platform of choice for reporting staffing incidents at SFH, and from these reports, we can identify red flag events outlined within NICE guidance (2014), however, we acknowledge that underreporting is recognised and other reporting processes are being explored to support our escalation processes.
- 3.2 Since our last report additional resources to provide enhanced patient observations have continued to be a dominant theme for reporting and delays in care due to short notice absence or increased acuity and activity dominate the red flag events for nursing. The Trust has registered its interest with the regional NHSE Workforce Team to be part of a working group developing a national enhanced care assessment tool. The initial tabletop discussion has taken place, and we await to hear if the expression of interest has been successful.

*Figure 5: Staffing Incidents*

2024/2025	Feb	March	April	May	June	July
<b>Nursing Staffing Incidents</b>	85	118	91	87	70	72
<b>Red Flags</b>	2	9	3	3	2	2

*Data Source: Datix Reporting System 2024.*

- 3.4 Essential to Role Training for Registered Nurses is underway, with 10% of nurses receiving the training. Running concurrently with this is the Fundamentals of Care Training for HCSWs which is being rolled out from September. The Essential to Role training has been evaluated in Q1 and will be reported to the People Cabinet.
- 3.5 A Chief Nurse Clinical Fellow for Safer Staffing has been appointed and is expected to be in post in October. They will lead the development of our operational safer staffing framework and governance processes, with support from the Associate Director of Nursing (Workforce). This will include implementing the SafeCare system and how this will inform our decision-making for daily staffing deployment.

## Forward Planning

- 4.0 Supporting our early career nurses through their Preceptorship Programme continues, with 101 newly qualified nurses and Nursing Associates. Providing restorative supervision, focused support on clinical skills and leadership assists with the transition phase post-qualifying and has shown in national data to support ongoing retention and forms one of the NHSE High Impact Retention Interventions.
- 4.1 Over the coming weeks, the Trust will welcome 14 newly qualified Registered Nurses who have completed their apprenticeship degrees with Nottingham Trent University, across the Surgery, Emergency Care, Medicine and CSTO divisions.



- 4.2 From October 16 Student Nursing Associates will commence their 2<sup>nd</sup> and final year of training, with the previous cohort expected to qualify as Registered Nursing Associates in October. All of which have been allocated posts within SFH.
- 4.3 The Trust is celebrating the success of 3 Registered Nurses who have been awarded places on the highly competitive NIHR INSIGHT programme (Master of Science in Research) at the University of Nottingham, the successful candidates are Katherine Champ, Lauren McCormick and Daniel Housley.

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## Midwifery Overview

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- 5.0 Our priority is to provide high-quality, safe and personalised care for all women, birthing individuals, and their babies, whilst being the best place to work. The Safety of Maternity Services in England (2021) highlights the importance of achieving the right staffing levels in maternity to ensure safe care, however, sub-optimal staffing levels have been an ongoing theme in the Care Quality Commission maternity services inspections nationally. The national priorities discussed within this report provide the key drivers for the quality, safety, and development of the maternity workforce at SFH.

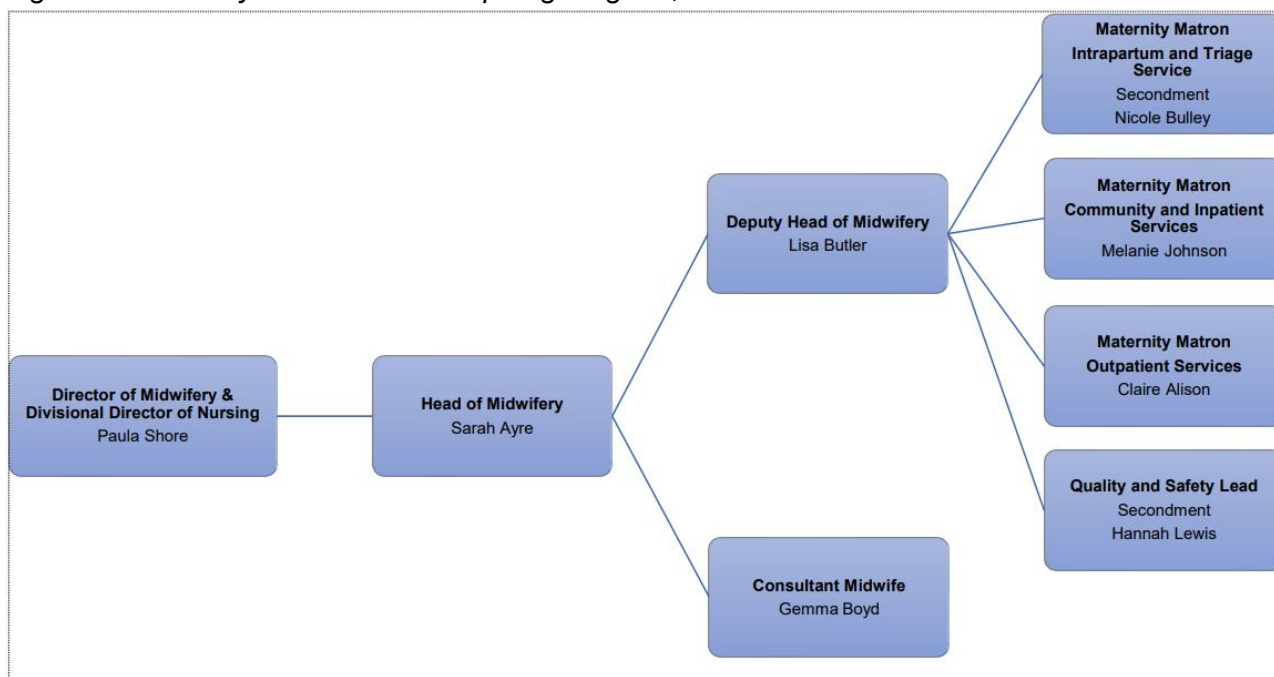
### Maternity Incentive Scheme (MIS) Year

- 6.0 In February 2024, the Trust declared compliance with NHS Resolution's Maternity Incentive Scheme Year 5 and moving forward, Year 6 Safety Action 5 will require evidence that the Trust has embedded a systematic, evidence-based process to calculate midwifery staffing establishment within the last three years.

### Workforce

- 7.0 Three Year Delivery Plan for Maternity and Neonatal Services (NHSE, 2023) details the expectations required to ensure maternity and neonatal care is safer, personalised, and more equitable for women, birthing individuals, babies, and families. One element of the plan concentrates on the midwifery workforce and the development of their skills and capacity to provide high-quality care. Trusts are expected to meet establishments set by midwifery staffing tools and achieve fill rates by 2027/28.
- 7.1 The Head of Midwifery is undertaking an in-depth review and analysis of the midwifery workforce to include a review of budgets, staffing establishments, roles, responsibilities, and the required additional roles needed to ensure compliance with Three Year plan (2023), Ockenden (2022), MIS Year 6, and NICE staffing guidance (2015) in line with the wider national transformation program. The conclusion of this workforce review will be presented to the Board as part of the annual paper anticipated in January 2025.
- 7.2 The Ockenden Reports (2022) and the Safer Maternity Care Progress Report (2021) highlight strong multi-disciplinary leadership teams are essential within maternity services to ensure safety, and there has been a priority focus on the of recruitment midwifery staffing at SFH. The midwifery Senior Leadership Team is outlined in figure 6 below.

Figure 6: Midwifery Senior Leadership Organogram,



Data Source: Midwifery, September 2024

- 7.3 NHSE 2021/22 priorities, requested all organisations provide a maternity service level commitment for continuity of carer to be the default model of care offered to all women and birthing individuals by March 2023. In April 2022, in recognition of acute midwifery staffing shortages nationally, the target date was extended to March 2024. Trusts were asked to assess whether their services could support existing continuity of carer provision; the decision was made by the Head of Midwifery to pause continuity of carer at this time until baseline safe staffing levels could be achieved. Continuity of Carer as of September 2024 remains paused and awaiting a further in-depth workforce review.
- 7.4 One emerging midwifery staffing-related risk is currently on the agenda to be discussed in September at Divisional Governance. This is related to the service's inability to deliver key national recommendations due to a lack of available midwifery workforce and the risk of failing to provide a choice of place of birth to women and birthing individuals as per Better Births (2016). This is related directly to the staffing of a 24/7 homebirth service.
- 7.5 Operational pressures due to midwifery vacancy, sickness absence, secondments and parenting leave continue to contribute to the significant challenges impacting staff experience as demonstrated through the staff survey responses, alongside the orientation experience of the newly registered midwives and international midwives. There is also an impact on the learning and supportive environments provided to student midwives, and both the Head of Midwifery and Lead Midwife for Recruitment and Retention are working closely with the 3 main Universities to improve student experience. These are Nottingham, Derby, and Lincoln.
- 7.6 Recruitment of band 6 midwives within the acute services remains a priority focus due to a 6.51 WTE deficit, which is predominantly driven by parenting leave and two recent resignations. Recognising the fragility surrounding retention, exit interview themes over the last 6 months have been reviewed and reassuringly are related to relocation or promotions.
- 7.7 Work is underway to review and strengthen escalation processes within the midwifery service, ensuring increased support is available for the Birthing Unit during out-of-hours period, mainly

weekends and nights, through the embedding of the revised Escalation Policy, which now includes clearer guidance on OPEL status and actions associated with this.

### **Maternity Support Worker (MSW)**

- 8.0 Band 3 MSW are a critical part of the maternity workforce supporting midwives and the wider maternity teams. Birthrate Plus recognises that not all the clinical work in maternity services is required to be undertaken by midwives and by enriching the skill mix to include MSWs, midwifery time and expertise can be better focused and targeted. In March 2018, the Secretary of State for Health and Social Care announced a package of measures aimed at professionalising the MSW role with Health Education England leading the development of the Maternity Support Worker Competency, Education and Career Development Framework.
- 8.1 Having secured funding from NHSE to embed the framework at SFH over the coming year, the Trust is looking to support all band two healthcare support workers employed within maternity to progress to band three in line with the framework, whilst recruiting into the current six WTE vacancies. The long-term consideration will explore a 20:80 unregistered/registered workforce complement due to the decreasing university applications for midwifery and growing vacancies nationally.

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### **Allied Health Professional (AHP) Overview**

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- 9.0 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs however, each AHP has profession-specific guidance to inform staffing levels of a particular service. At SFH, we directly employ 9 of the 14 AHP professions as defined by NHSE.

#### **Dietetics**

- 10.0 Dietetics are in a favourable position with zero vacancies currently, however, two members of staff have recently handed in their notice (band 6 and band 7). Exit interviews with the Associate Chief AHP will be offered and the posts will be progressed through the recruitment process when agreed at the Vacancy Control Panel.

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

- 11.0 OT is defined by NHSE as 'at risk' profession and is on the Home Office occupation risk register. Locally, this has been acknowledged upon the Trust risk register and has recently been reviewed and downgraded.
- 11.1 Acute placements are not mandated as part of the undergraduate training framework, but from September 2024, Nottingham Trent University have commissioned degree-level undergraduate courses and SFH will provide clinical placements. Nottingham Trent University remains the only higher educational institute to provide OT training.
- 11.2 Recruitment of OTs at SFH is improving due to the appointment of a Professional Practice Occupational Therapist. Agreement has been granted to extend this role for a further six months and, with the support of the Associate Chief AHP, the focus will remain on the workforce recruitment

and retention strategies. Currently, we are fully established for band 5 OT's and continue to be part of the Nottingham and Nottinghamshire ICS OT rotational scheme.

- 11.3 The recent recruitment of a band 7 Team Leader OT in Neurology/Stroke has been successful, ensuring equity with the other therapy services and showcasing the profile of the profession. The vacant band 6 OT post for Neurology/Stroke remains difficult to recruit and is currently covered by agency staffing. Three staff are pending parenting leave, and it is acknowledged that this will create significant pressure within the service. Therefore, approval for parenting backfill is being progressed as AHPs do not currently have an allowance for headroom embedded within their current establishment.

### **Operating Department Practitioners**

- 12.0 Operating Department Practitioners (ODPs) continue to be acknowledged as a workforce risk but vacancies are beginning to reduce. Several recent appointments include an international ODP, an additional bank ODP and three ODP apprentices who successfully qualified in June 2024. Three existing HCSW from Theatres, and one band 3 ANP commenced their ODP apprenticeship in May 2024.

### **Orthoptists**

- 13.0 Orthoptist posts are currently fully established, but areas of service provision concern remain due to SFH not meeting national standards in its provision for learning-disabled patients. Currently, no Screening Lead Orthoptist is providing a service locally to our community or schools and this has been highlighted at Surgical Divisional Performance.
- 13.1 Variable pay continues to be utilised to support additional clinic capacity to meet the increasing service demands.
- 13.2 The National Clinical Guideline for Stroke (2023) recommends vision screening as part of a stroke inpatient admission, therefore the Orthoptics service is undertaking an audit to identify the demand and scope of potential service provision requirements.

### **Orthotics**

- 14.0 Orthotics is out to advert for a band 6 vacancy which equates to a 25% reduction in capacity and remains identified as a 'Small and Vital' profession due to national challenges with recruitment. To engage a broader scope of applicants the vacancy has also been advertised as a band 5-6 development post.
- 14.1 Orthotic technicians are fully established.

### **Paramedics**

- 15.0 SFH employs four paramedics working in Advanced Clinical Practitioners roles at KMH. Two are based within ED triage, one in the Newark Hospital Urgent Care Centre and one is based in the Intensive Critical Care Unit.

### **Physiotherapy**

- 16.0 There are no current concerns with Physiotherapy recruitment (with the exception of Neurology. Neurology is the area of concern for Physiotherapy recruitment at SFHT. A band 6 Stroke post has

been advertised three times with no applications received. This has recently been re-advertised as a band 7 but with no applicants. This post and alternative options are currently under review.

16.1 An ACP Physiotherapist has recently started in the Neurology rehabilitation therapy team.

## **Radiography**

17.0 Despite the national trend, Radiology at SFH continues to positively recruit. A reduction in agency usage is anticipated due to the band 5 recruits commencing in posts over the coming weeks, including two posts funded by the CDC programme workstream.

17.1 Successful appointments also include a band 8a MRI Lead expected to commence in September, a Quality and Governance Manager who joined the team in July 2024, and a band 6 role which NHSE is funding to support the additional scanner. Unfortunately, the rotational Team Leader post responsible for Newark radiology remains vacant and has gone back out to advert for the second time due to unsuccessful interviews.

17.2 Increased expenditure on bank and agency staff for MRI has been successfully converted to substantive funding to provide robust and more cost-effective use of staff and resources. Furthermore, agency expenditure remains high across Ultrasound, and a robust workforce plan has been put in place. This includes a training programme for Sonographers (partly funded by NHSE), that outlines an exit strategy from agency usage and securing a stable workforce plan for the long term.

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

18.0 The SLT Head and Neck band 8A specialist post continues, in part, to be provided by an agency but has recently been agreed substantively by the Surgical Division. The service was previously provided via a service line agreement by Nottingham University Hospitals. The 0.4WTE post has been recruited, and the remaining 0.6WTE is out to advert. The band 7 post, 1.0WTE, has been recruited on a fixed-term basis until March 2025.

18.1 Neurology SLT had a 0.8 WTE band 6 ICSS post vacant since January 2024, however after several advertisements, the post was converted to a rotational post and has now been recruited.

18.2 The High Dependency Unit Paediatric band 7 post had been appointed as a job share, but one candidate has recently withdrawn. There is currently part-time cover in place and the post has been re-advertised.

18.3 Ongoing concerns for recruitment nationally for SLT remain with a vacancy rate of 25-28%. SLT at SFHT remains a fragile service with recent sickness-challenging service provision. Now in the recovery phase, new starters are commencing in the next few weeks. Work is ongoing with the team to ensure robust prioritisation and streamlining of caseload, job planning, and a workforce review is underway. The SLT ICS rotational scheme continues to be successful and fully recruited. SFH are part of this scheme and have a band 5 post on the ICS rotation.

## **Apprenticeships**

19.0 To support apprenticeships, AHP services utilise existing support workforce posts and do not have any supernumerary apprenticeship posts established. However, there are no support staff deployed to Dietetics, SLT, Orthotics or Orthoptics meaning apprenticeships cannot be considered in these

professions currently and will have implications for implementing recommendations from the NHS long-term workforce plan.

- 19.1 Current AHP apprentices include:
- One Radiography apprentice student started training in March 2024.
  - Two Physiotherapy apprenticeships are currently in training with an additional two staff who commenced apprenticeships training in March 2024.
  - One Occupational Therapy apprenticeship is currently underway with an additional staff member commencing their training in March 2024.
- 19.2 ODPs continue to support the apprenticeship scheme and have appointed three ODP apprentices via this route. Of note: Supernumerary apprenticeship posts exist in theatres and are utilised as part of the existing nursing establishment.
- 19.3 Therapy services are working in collaboration with West Notts College to provide placements for 'T' level students in the therapy module in healthcare. The 'T' level provides entry-level requirements for AHP undergraduate degree courses (equivalent to the 'A' level). Whilst committed to supporting the scheme, this will create additional pressure on the AHP therapy professions with additional student placement requirements not previously required or catered for. Ongoing collaboration is underway to explore how this can be supported and delivered.
- 19.4 The Associate Chief AHP continues to undertake all the AHP exit interviews and is on the exit interview working group to analyse and identify themes for retention.

#### **Chief Nurse Clinical Fellow for AHP Preceptorship**

- 20.0 A Chief Nurse Clinical Fellow commenced in February 2024 to review our AHP Preceptorship provision at SFHT and ensure alignment with the NHSE Standards and Framework. SFH is currently an outlier in this area within the Nottingham and Nottinghamshire ICS. The project will also review the equity of preceptorship support by aligning our AHPs and nursing workforce to deliver multi-professional facilitated learning sessions reflecting the four pillars of clinical practice.

#### **Chief Nurse Clinical Fellow for AHP Job Planning.**

- 21.0 The secondment for this post has been extended and will continue until March 2025, ensuring all band 5 AHPs have a job plan. These are due to be transferred to the e-job plan (as required for NHSE level 1 attainment) by the end of September 2024.
- 21.1 Band 6 AHP data harvesting is now being analysed to inform job plans being created, and band 7 data harvesting has commenced.
- 21.2 Job planning and AHP variable pay expenditure reports into the NMAHP Transformation Programme, including transitioning all the AHPs onto the Health Roster within the CSTO division. This will generate broader visibility of AHPs on the health roster and inform AHP establishments by understanding future AHP productivity and efficiencies. This project has been recognised and will be presented at a national conference in October 2024 by the Chief Nurse Clinical Fellow for AHP Job Planning Lucy Davis.

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## National Compliance

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

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## Recommendations

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- 23.0 The Board of Directors is asked to receive this report and note the ongoing plans to provide safe staffing levels across nursing, midwifery, and AHP disciplines.
- 23.1 The Board is asked to note the Midwifery staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 23.2 The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 23.3 The Board is asked to note the Developing Workforce Safeguards compliance standards.

## Appendix One: Developing Workforce Safeguards Compliance Standards

Recommendation:	Compliance:
<p><b>Recommendation 1:</b> Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.</p>	<p><b>Compliant</b></p> <ul style="list-style-type: none"> <li>✓ SNCT has been embedded within adult in-patient areas, paediatric in-patient areas, and the Emergency Department.</li> <li>✓ BirthRate Plus is embedded with Maternity services and a refresh of training has been undertaken.</li> </ul>
<p><b>Recommendation 2:</b> Trust must ensure the three components are used in their safe staffing process.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ SNCT and BirthRate are in use at the Trust and provide an evidence-based benchmark for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.</li> </ul>
<p><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.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.</li> </ul>
<p><b>Recommendation 5:</b> As part of the yearly assessment, assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Data is reviewed and collated every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.</li> </ul>
<p><b>Recommendation 6:</b> As part of the safe staffing review, the Chief Nurse and Medical Director must confirm in a statement to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report.</li> </ul>
<p><b>Recommendation 7:</b> Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and Executive Leaders. The Board should discuss the workforce plan in a public meeting.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Annual submission to NHS Improvement</li> </ul>
<p><b>Recommendation 8:</b> They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their Board monthly.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.</li> </ul>
<p><b>Recommendation 9:</b> An assessment or resetting of the nursing establishment and skill mix (based on</p>	<p><b>Fully Compliant.</b></p> <ul style="list-style-type: none"> <li>✓ A bi-annual review for nursing using SNCT is completed across all services;</li> </ul>



<p>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>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>
<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></p> <ul style="list-style-type: none"> <li>✓ SNCT and Birthrate Plus are in use as per full license agreements.</li> </ul>
<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></p> <ul style="list-style-type: none"> <li>✓ Completed as part of the establishment setting process and any changes in service provision. These are monitored by the Nursing, Midwifery, and Allied Health Committee.</li> </ul>
<p><b>Recommendation 13 &amp; 14:</b> Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.</p>	<p><b>Fully Compliant</b></p> <ul style="list-style-type: none"> <li>✓ Daily staffing meetings. Staffing resource is also discussed at the flow and capacity meetings throughout the day.</li> <li>✓ Staffing escalation process via Matron and Bronze on call.</li> <li>✓ Safe Staffing Standard Operating Procedure. Perinatal Assurance Committee.</li> <li>✓ Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.</li> </ul>

*Developing Workforce Safeguards (NHSI, 2018)*