

**Board of Directors**

<b>Subject:</b>	Nursing, Midwifery and Allied Health Professions – Annual Staffing Report		<b>Date:</b> 4 <sup>th</sup> June 2020	
<b>Prepared By:</b>	Rebecca Herring / Yvonne Simpson / Penny Cole / Kate Wright			
<b>Approved By:</b>	Julie Hogg, Chief Nurse			
<b>Presented By:</b>	Julie Hogg, Chief Nurse			
<b>Purpose</b>				
<p>The purpose of this paper is to provide the board of directors with the outcome of the 2019/20 annual staffing reviews which use evidence based tools triangulated with professional judgement to make recommendations for the inpatient nursing and midwifery establishments for the 2019/20 financial year.</p> <p>It is a requirement that every Board of Directors receive a report on a <b>six</b> monthly basis based on these wards/departments. (National Quality Board, 2016).</p> <p>This report has been reviewed by the Chief Nurse and Medical Directors who are satisfied with the outcome the outcome of the establishment reviews and that staffing is safe, effective and sustainable.</p> <p>The board are asked to:</p> <ol style="list-style-type: none"> <li>1. Endorse the proposed annual establishment reviews which have been challenged and supported by the Trust Management Team for 2020/2021.</li> <li>2. Note the on-going plans to provide safe staffing levels within Nursing, Midwifery and Allied Health Professional disciplines across the Trust.</li> </ol>			<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>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		<b>X</b>		
<b>Risks/Issues</b>				
<b>Financial</b>	<b>X</b>			
<b>Patient Impact</b>	<b>X</b>			
<b>Staff Impact</b>	<b>X</b>			
<b>Services</b>	<b>X</b>			
<b>Reputational</b>				

**Committees/groups where this item has been presented before**

Nursing, Midwifery and Allied Health Professional Board May 2020  
Trust Management Team meeting May 2020  
People, Organisational Development & Culture Committee – May 2020

**Executive Summary**

**Background**

- 1.1 The purpose of this paper is to provide the Board of Directors with the Nursing (appendix one), Midwifery (appendix two) and Allied Health Professional (appendix three) staffing positions across the Trust aligned with the National Quality Board (NQB) safer staffing Guidance (2016) and the National Institute for Health and Care Excellence (NICE) Guidance (2014).
- 1.2 This paper will also provide the Board of Directors with the outcome of the annual Nursing and Midwifery staffing reviews which have been triangulated with professional judgement and nurse sensitive indicators to make recommendations for the inpatient Nursing and Midwifery establishments for the 2020/2021 financial year.
- 2.0 **Nursing**
- 2.1 It provides an overview of the nurse staffing capacity and compliance with the NICE safe staffing, and NQB standards. It is a requirement of the NQB standards that every Board of Directors receive report on a six monthly basis.
- 2.2 The Nursing and Midwifery Council (NMC) has been given permission from the UK Government to establish the Covid-19 temporary register. The temporary register became live on 27 March and currently includes Nurses and Midwives who have left the register within the last three years.
- 2.3 Care hours per patient day (CHPPD) has remained stable internally demonstrating we are flexing our workforce in line with demand. Benchmarking data from Model Hospital suggests that at Trust level SFH sits within the upper quartile nationally. The median has been derived from the monthly return to NHS Improvement and includes all 132 Trust providers.
- 2.4 On-going workforce planning continues to ensure the role of the Nursing Associate is established and embedded within the Trust following a successful recruitment campaign of an additional 20 trainee Nursing Associates. These candidates will commence their training programme with Nottingham Trent University in September.
- 2.5 Over the coming year we will focus on retention and career development for our registered Nursing Associate's as we have struggled to retain these individuals at Sherwood Forest Hospitals Trust (SFH). This will include the introduction of the Registered Nurse apprenticeship.
- 2.6 In response to the evolving situation of Covid-19 and in view of the current vacancy rate for registered Nurses at the Trust, consultation at the Workforce Group Meeting agreed to temporarily increase rates of pay for bank Registered Nurses, Health Care Support Workers (HCSW) and Nursing Associates to encourage staff to undertake additional duty in response to the increased demand generated from Covid-19.

- 2.7** It has been recognised that due to the current social distancing and lockdown restrictions enacted by the UK government band 5 Registered Nurse assessment days at SFH are temporarily on hold, therefore an open advert has been created to encourage newly qualified Nurses to apply over the coming months.
- 2.8** At a trust level Nursing and Midwifery staffing has remained consistent throughout the year and has not fallen below the planned hours. Registered Nurse and Midwifery hours have consistently remained above 90% during this annual reporting period.
- 2.9** The recommended establishment change for 2020/2021 is an increase of 15.27 WTE positions in the overall Nursing and Midwifery establishments. The financial impact of this at a trust level is £197,000 of non-recurrent funding. Appendix five and six details the full review and costing.
- 2.10** Staff continue to engage in reporting incidents through the Datix reporting system relating to Nursing and Midwifery staffing concerns. The themes identified relate to requests for additional support with enhanced patient observation, inadequate skill of staff, delay in delivering fundamental care due to the acuity and complex care needs of patients and maternity service closure due to acuity and demand.
- 2.11** The cumulative growth in retention figures since July 2019 represents a successful recruitment programme with more staff being recruited each month than those leaving the Trust. April, August and September will always see peaks in the number of staff recruited due to Nursing and Midwifery students successfully completing their academic studies.
- 2.12** The Trust vacancy position has improved over the second half of the financial year with March 2020 vacancy rate for Registered Nurses and Midwives currently standing at 18.65%. As mentioned previously there is an on-going recruitment drive in place for trainee Nursing Associates and Nursing Associates which will continue support to reduce the vacancy rate further.
- 2.13** In response to Sir Robert Francis's *Speak up Review*, SFH has implemented a Guardian Service to enhance support for staff who may wish to raise a concern and/or seek independent review / support. Feedback from our Nursing and Midwifery teams remains positive and number of concerns reported continues to increase demonstrating confidence in this service.
- 3.0 Midwifery**
- 3.1** Midwifery staffing at SFH is set utilising BirthRate Plus® principles, an accredited methodology which is recommended for use by the National Institute for Health & Care Excellence (NICE CG4, 2015) for safe staffing in Maternity settings. The BirthRate Plus® system includes an acuity tool which has recently been acquired for use at SFH – this is separate from the methodology and background data used to confirm Midwifery staffing establishments.
- 3.2** A formal BirthRate Plus® workforce review is currently underway, using data from February, March and April 2020. This review is overdue at SFH although the current Midwifery establishment has had oversight from a regional Health Education England / NHS England workshop using live workforce and activity data.
- 3.3** The previous Maternity staffing paper (November 2019) acknowledged that the BirthRate Plus® workforce review methodology may not be sophisticated enough to accommodate the maternity transformation agenda. The provision of Midwifery continuity of carer (MCOC) is modelled on a 1:36 caseload rather than a 1:98 caseload, and broadly speaking to reach

the 35% MCOC trajectory by end March 2021 this will require an estimated additional 14.6WTE Midwives. Reaching the national trajectory of 51% MCOC would require an estimated additional 24.16WTE Midwives.

**3.4** There are some uncertainties at the current time associated with the Covid-19 pandemic and the Maternity transformation agenda. It is proposed that an interim staffing paper is prepared for the Board in September 2020 when the establishment review is complete.

#### **4.0 Allied Health Professionals**

**4.1** There is no single guidance or standard approach to inform staffing levels required in services provided by AHPs. Each AHP has profession specific information and guidance only, available to support staffing levels of a particular type of service. Some of the work published by GIRFT is opening the debate further and a business case on AHP's in ICCU has been submitted for consideration in response to guidelines for the provision of critical care services (GPICS).

**4.2** NHSE/I have mandated all AHP roles are to have job plans by the end of 2020. This was initiated pre Covid-19 and a scoping exercise has been completed to review AHPs being added to Health Roster. AHP job planning will be introduced over the next 6 months at SFHT in line with this requirement.

**4.3** The overall vacancy position in AHPs is not a risk within SFH with a rate of 2.4% as of March 2020. Recruitment in most professions is good with fully established positions in Ultrasound with Sonographers, Dieticians, and Orthotists, nationally recognised as hard to recruit roles.

**4.4** The delivery of apprenticeship schemes in some AHP professions started in September 2019 at Derby and Sheffield Hallam University. Currently there are two trainee Operating Department Practitioners working within the SFH on apprenticeship schemes with Sheffield Hallam University. Other professions are looking at how the apprenticeship scheme can be extended to their workforce as more professional courses are validated. The challenge for the introduction of the training schemes is holding a vacant post for the duration of the course whilst supporting pre-registration staff.

**4.5** Biomedical scientists graduate with a degree but require a registration portfolio in order to be admitted onto the HCPC register. The time frame for this is approximately 18 months. Regionally, there is a shortfall of experienced staff with Health and Care Professions Council (HPCP) registration. To mitigate this, a business case has been submitted to provide a band 4 training post at SFH so we can internally support three graduates a year to achieve registration. It will also aid retention and band 6 succession planning. The Clinical Chemistry Team have an ageing workforce and have identified this as a risk as a number of staff are reaching retirement age in the next couple of years.

**4.6** Radiology is developing a Consultant Radiographer post in Breast Screening and Mammography. The intention is to review and support these advanced roles in line with the Advanced Clinical Practice (ACP) programme.

**4.7** In response to Covid-19, the AHP workforce at SFH have been flexible in utilising skill sets outside their standard job roles. This has included redeployment to critical care to support the nursing and medical workforce. ODPs have been re-deployed to support the Mobile Emergency Rapid Intubation team. MSK Physiotherapists, Occupational therapists and Orthotists have up-skilled to support respiratory patient care and discharges on the wards.

**5.0 Recommendations**

- 5.1** The Board of Directors is asked to endorse the proposed annual establishment reviews which have been challenged and supported by the Trust Management Team for 2020/2021.
- 5.2** The Board of Directors are asked to receive this report and note the on-going plans to provide safe staffing levels within Nursing, Midwifery and Allied Health Professional disciplines across the Trust.

## Appendix 1.0

### Nursing and Midwifery Annual Staffing Paper – June 2020

- 1.0 The purpose of this paper is to provide the Board of Directors with the Nursing, Midwifery and Allied Health Professional staffing based on the Trust position aligned with the NQB Safer staffing Guidance (2016) and the NICE Guidance (2014).
- 1.1 The purpose of this paper is to provide the Board of Directors with the outcome of the annual staffing reviews which have been triangulated with professional judgement to make recommendations for the inpatient Nursing and Midwifery establishments for the 2020/2021 financial year.
- 1.2 It provides an overview of the nurse staffing capacity and compliance with the NICE, safe staffing and NQB standards. It is a requirement of the NQB standards that every Board of Directors receive report on a six monthly basis.
- 1.3 This report will provide a cumulative oversight of the Care Hours per Patient Day (CHPPD) over the previous 12 months.

### **2.0 National Nursing & Midwifery Staffing Context**

- 2.1 The NHS Confederation has launched a new campaign to contribute to the public debate on what the health and care system should look like post Covid-19, entitled 'NHS Reset'. The campaign aims to recognise the sacrifices and achievements of the Covid-19 period rebuild local systems and reset the way we plan, commission and deliver health and care.
  - 2.2 The Institute for Public Policy Research (IPPR) has published new evidence, based on polling and consultation, on the experience of the healthcare workforce during Covid-19 date. It shows that without further bold action in the days, weeks and months to come by the UK Government and NHS England the country's healthcare workforce will face significant health, mental health and welfare challenges. The report finds that one in five healthcare workers is currently saying they are more likely to leave as a result of the Covid-19 experience. The IPPR call for five guarantees, around accommodation, safety, mental health, pay and care to ensure we have 'care fit for carers'.
  - 2.3 The Nursing and Midwifery Council (NMC) has been given permission from the UK Government to establish the Covid-19 temporary register. The temporary register became live on 27 March and currently includes Nurses and Midwives who have left the register with in the last three years.
  - 2.4 The number of student and trainees that have agreed to work an extended paid placement to support workforce resilience during the pandemic has now reached over 30,000. 22,457 are student Nurses and Midwives and 2,423 are Allied Health Professionals. Student nurses in these posts were originally named 'aspirant nurses'. However, the body representing NHS employers has said it will no longer describe third year Nursing students supporting during the coronavirus crisis as "Aspirant Nurses" after leading figures in the profession complained it was confusing and risked undermining the status of registered colleagues as reported in the May (2020) edition of the Nursing Times.
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2.5 There has been a large increase in [applications to work in the NHS](#) with 407,000 applications submitted last month. This was an increase of 13,500 on the same month last year. There were 27,700 jobs advertised in March.

### 3.0 Local Nursing & Midwifery Staffing Context

3.1 In line with national direction, we will focus on the implementation of new roles over the coming year. The Nursing Associate role has been in place for some time at SFH but we have not had a pipeline of trainee posts and we have struggled to retain this cohort of staff as many wish to continue onto Registered Nurse training. We have secured funding from Health Education England (HEE) to introduce the Registered Nurse Apprenticeship and the trainee Nurse Associate Apprenticeship programme. Work is on-going to recruit our first cohorts of these staff.

3.2 In addition a recruitment campaign is currently in progress to attract Registered Nursing Associates. Although the Trust has previously recruited trainees as part of a training programme this will be new opportunity to attract staff that have are already registered. This advert is live and will remain open until the end of May. Currently there are eight applications with 3 weeks left until the advert closes.

3.4 The outbreak of the Coronavirus has created national workforce challenges across the full breath of health and social care system. In response to this, we have successfully recruited an additional 49 Registered Nurses and 214 Health Care Support Workers to join our bank. To expedite staff into clinical practice swiftly during this unprecedented period a bespoke two day induction has been implemented which will run into May 2020. An open advert will continue to run to enable the on-going recruitment of bank Registered Nurses.

3.5 Alongside this we have temporarily increased rates of pay for bank Registered Nurses, Health Care Support Workers and Nursing Associates to encourage staff to undertake additional duty in response to the increased demand generated from Covid-19.

3.6 It has been recognised that due to the current social distancing and lockdown restrictions enacted by the UK government band 5 Registered Nurse assessment days at SFH are temporarily on hold, therefore an open advert has been created to encourage any newly qualified Nurses to apply over the coming months and we will review our processes to ensure on-going recruitment.

3.7 The Trust will welcome six band 4 student Midwives, who will undertake an extended placement from June up until September. This is line with national guidance and funding from HEE.

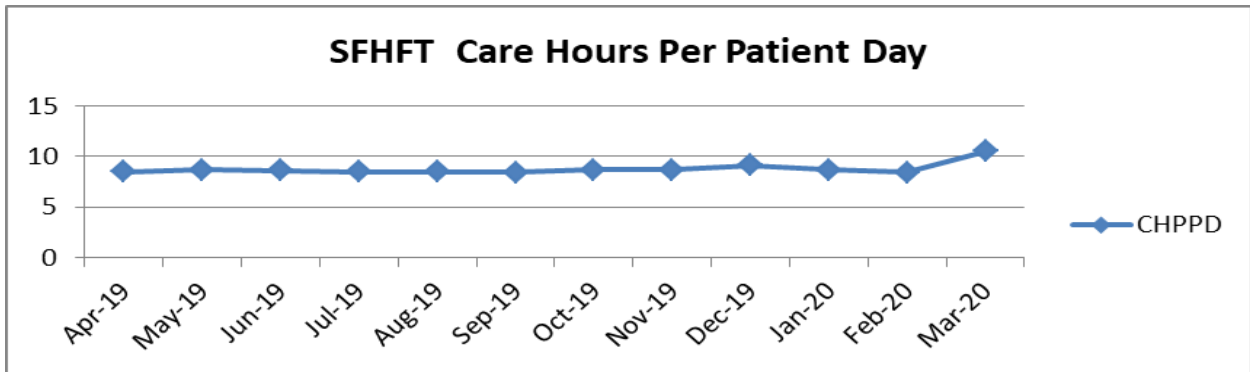
### 4.0 Planned versus Actual Staffing & Care Hours per Patient Day (CHPPD)

4.1 All NHS Trust providers are required to publish Nursing and Midwifery staffing data on a monthly basis. This data shows the planned hours for staffing (e.g., staffing hours that are planned into the roster) based against the actual hours worked (e.g., the number of staffing hours worked by substantive and temporary staff). In addition to this Care Hours per Day (CHPPD) is a reported monthly metric and can be found on the Trust internet site.

4.2 The CHPPD is calculated by adding together the Registered Nursing and Midwifery staff hours with the unregistered Health Care Support Workers and then divided by the number of in patient's admissions every 24 hours. As part of the Carter

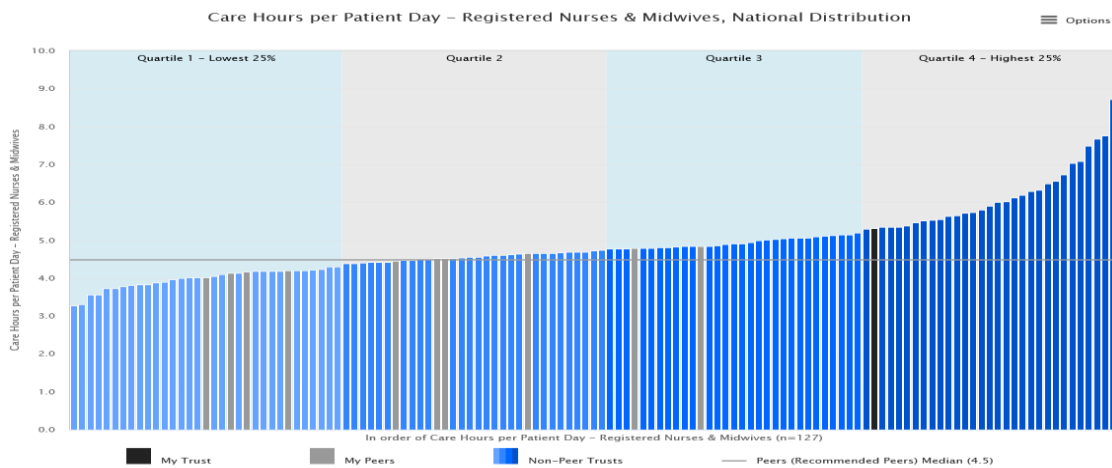
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programme in 2016 NHS Improvement (NHSI) began collecting the data which is represented upon the Model Hospital portal.



Data source: Published Nurse staffing Data (combined substantive and temporary staff)

4.3 The CHPPD has remained stable internally demonstrating the workforce is being flexed in line with patient demand. Benchmarking data from Model Hospital suggests that at a Trust level SFH sits within the upper quartile and above peer Trusts; this is reflective of good fill rates. The median has been derived from the monthly return to NHSI and includes all 132 Trust providers.



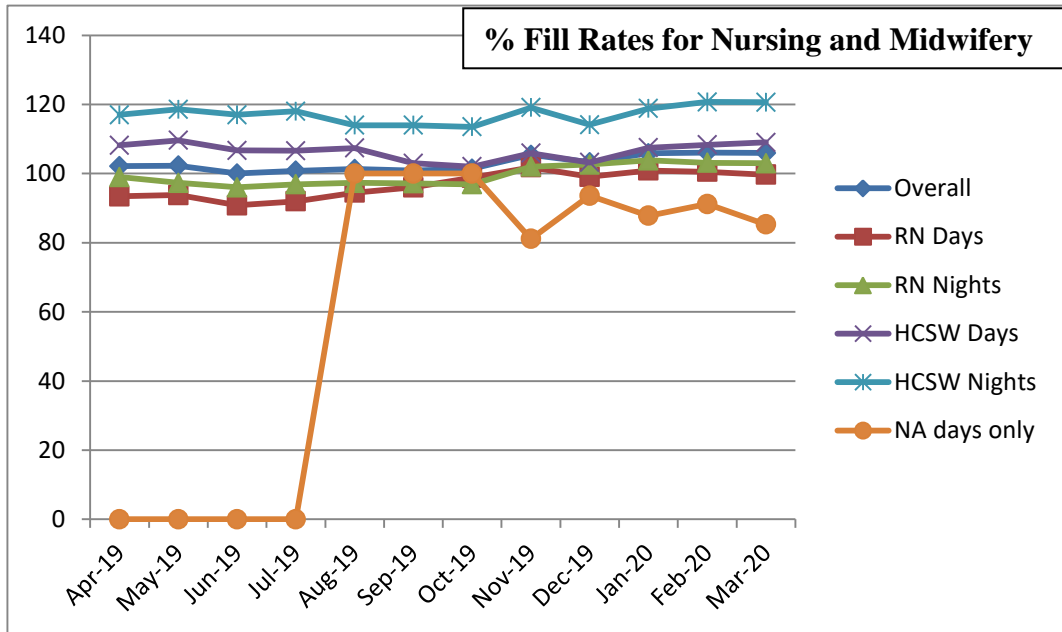
Data Source: Model Hospital

4.4 Cost per Care Hours (CPCH) is the average cost spent on Nursing and Midwifery care per hour. Lower costs do not necessarily indicate reduced quality of care and a higher CPCH may indicate a higher proportion of Registered Nurses compared to non-registered Nurses and Nursing support staff. Safe Staffing and financial returns include substantive, bank and agency staff, therefore a higher cost may also indicate greater reliance on agency staff as a proportion to substantive staff.

4.5 Partnership working with Finance will see the inclusion of CPCH data aligned to the CHPPD data moving into the new financial year. These metrics will help to identify ward variation with skill mix against the national median and peer benchmarking.

4.6 Overall staffing has remained consistent throughout the year and has not fallen below the planned hours. Registered Nurse and Midwifery hours have consistently remained above 90% during this annual reporting period.

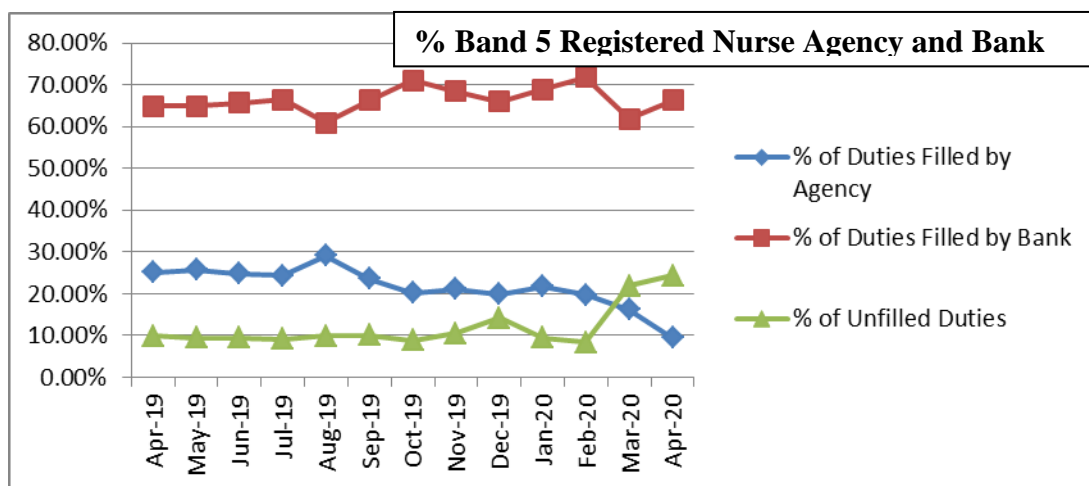




Data source: Published Nurse staffing Data (combined substantive and temporary staff)

## 5.0 Agency Utilisation

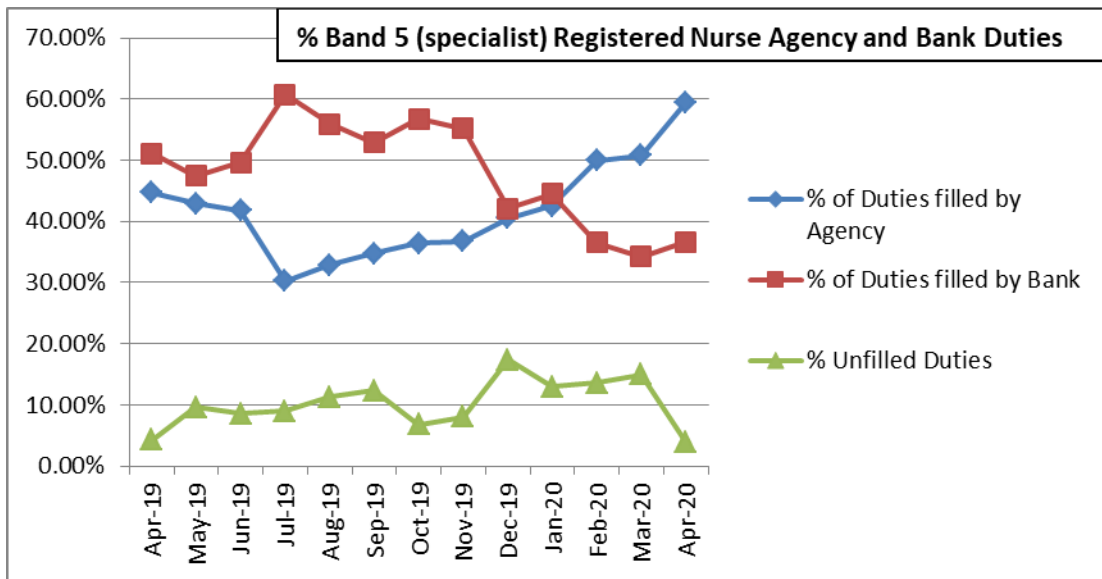
5.1 Monthly agency utilisation of Band 5 Registered Nurses has seen a positive decline from 25.18% at the beginning of the financial year to 9.39% in April 2020. The overall total percentage of duties filled by agency Registered Nurses across the Trust from April to April was 21.9%. However, the collective total of duties filled by bank Registered Nurses was 66.23% demonstrating a larger proportion of duties were filled by bank staff and are more likely to have previously worked within the Trust therefore reducing risk. The percentage of unfilled duties by temporary staffing has seen a steady increased since March reflecting the potential wider impact of COVID19 -19.



Data source: Temporary Staffing Office

5.2 The monthly usage for agency specialist Band 5 Registered Nurses has remained constant over the first half of the financial year; however from November onwards

there has been an increase in usage noted. This would be representative of seasonal demand and capacity over the winter period.



Data source Temporary Staffing Office

- 5.3** Agency utilisation of Health Care Support Workers has continued to remain at 0% for the previous 12 months of the financial year. 82.50% of all duties requested for bank Health Care Support Workers were successfully filled leaving 17.50% of duties unfilled, demonstrating a flexible and reliable temporary workforce.
- 5.4** The distribution of demand for off framework Tier 3 agency usage from April 2019 to April 2020 has the largest demand for requests from Intensive Critical Care Unit, Acute Maternity, Emergency Department and Paediatrics.

### 6.0 Setting Evidence Based Nursing & Midwifery Establishments:

- 6.1** The Senior Leadership Team has an agreed process for setting the nursing and midwifery establishments. As a reminder this process includes a number of important components:
- A multi-disciplinary meeting including the Chief Nurse, divisional Head of Nursing, divisional Matron, divisional Finance Manager, Deputy Chief Financial Officer and the Corporate Head of Nursing.
  - The group ensure professional judgement is applied to ensure wards are not staffed beyond the activity requirements, ensuring the appropriate skill mix of staff is aligned to the acuity of the clinical speciality and considering the financial impact to the setting of ward budgets.
  - Benchmarking using peer organisations is incorporated as part of the review process. Care hours at ward level from comparable trusts are used as part of the review.
  - Agreement is obtained by the Board of Directors prior to proposals being incorporated into the annual planning cycle.
- 6.2** Moving into 2020/2021 we will need to revise our process for setting the nursing and midwifery establishment to ensure we are fully compliant with the National Quality

Board standards. This will include implementation of the relevant objective tool such as the Safer Nursing Care Tool (SNCT) to support and inform the establishment setting process. The SNCT is an evidence-based tool which utilises acuity and dependency scoring to support workforce planning. The tool had been recognised for supporting safe staffing on in-patient wards, and received NICE endorsement in 2014. The tool was originally developed in 2006 by the Association of the United Kingdom University Hospitals (AUKUH) but has since been updated and is now hosted by the Shelford Group in collaboration with NHSI and NHS England (NHSE).

## 7.0 Recommended Establishments for 2020/21:

7.1 Staffing establishments take account of the need to allow Nursing, Midwifery and care staff the time to undertake continuous professional development, and to fulfil mentorship and supervision roles. Core principles in determining the nursing and midwifery establishment are maintained as per previous years, namely:

- The Ward Sister role is supervisory and they use their time to direct care, undertake front line clinical leadership and support unfilled shifts
- The skill mix on the ward is set at a ratio 65:35 for Registered Nurses to Health Care Support Workers in acute wards and 60:40 for sub-acute/rehab wards
- 22% 'headroom' is allocated to ward establishments to allow for annual leave, sickness, maternity leave, training and development. The Carter report recommends 25% at present, however 22% is the minimum 'headroom' allowed with the SNCT and represents a built-in efficiency.

7.2 The Medicine division requires 6.50 WTE additional posts due to increased patient acuity and dependency. The division are proposing to cover their increased establishment from their existing variable pay budgets. This amendment will reduce their reliance on enhanced care and this will be monitored via the NMAHP board.

Division	Ward/ Department:	Current WTE	Suggeste d WTE:	Varian ce	Cost Impact	Variable Pay Budget
Medicine	Sconce - NWK	29.86	35.04	5.18	£181,400	£215,900
Medicine	Stroke Unit	59.92	61.24	1.32	£56,700	£315,600

7.3 Within the Urgent and Emergency Care division, there are two areas requiring uplift based on the SNCT principles and professional judgment. An additional 4.86 WTE is required for SSU; this would enable the team to open up to 42 beds without additional funding and absorb enhanced care within the establishment.

The second area that requires amendment is the Emergency Department. The numbers of nursing staff within the area is consistent with the recommendation from the tool; however the ratio of registered staff to unregistered staff is 50:50. This is significantly outside of the standard of 80:20 and the national average. We are therefore proposing to increase the RN establishment and reduce the HCA establishment to bring the registered and unregistered ratio closer to the national standards. This would result in an overall decrease of 2.70 WTE for ED

This would have a cost impact of £459,000; the division are proposing to cover these costs from their existing variable pay budgets. This amendment will reduce their reliance on enhanced care and this will be monitored via the NMAHP board.

Division	Ward/ Department:	Current WTE	Suggested WTE:	Variance	Cost Impact	Variable Pay Budget
UEC	SSU	53.75	58.61	4.86	£305,000	£423,500
UEC	ED	141.14	138.44	- 2.70	£154,000	£611,100

Within the Urgent and Emergency Care division, an additional 12.13 WTE is proposed to support on-going service development of AECU, EAU and the implementation of the Transfer Team.

- An additional 1.91 WTE increase in AECU to support an extended 7 days service within the unit to reduce admissions particularly out of hours.
- An additional 4.85 WTE increase for EAU to implement the higher observation area currently being developed. These beds will reduce critical care occupancy and create capacity to manage the Covid-19 pandemic.
- An additional 5.37 WTE would support an extension of the Transfer team which was successfully piloted in the winter plan enabling safe, timely transfer of patients.

This collective increase in establishment would have a cost impact of £447,700 per annum. We are seeking £336,000 non-recurrent funding for the remainder of 2020/21 whilst we develop the case for recurrent funding.

Division	Ward/ Department:	Current WTE	Suggested WTE:	Variance	Cost Impact	Variable Pay Budget
UEC	AECU	12.51	14.42	1.91	£87,500	£24,400
UEC	EAU	80.96	85.81	4.85	£212,100	£436,100

UEC	Transfer Team	-	5.37	5.37	£148,100	£0
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7.4 Surgery division requires an additional 2.30 WTE. This is based on increased patient acuity and dependency. Surgery would support to cover their increased establishment from their existing variable pay budgets.

Division	Ward/Department:	Current WTE	Suggested WTE:	Variance	Cost Impact	Variable Pay Budget
Surgery	Ward 11/SAU	40.62	42.53	1.91	£56,100	£147,300
Surgery	Ward 21	20.81	21.20	0.39	£14,600	£126,700

7.5 Women's and Children division has made a request to reduce the establishment in three areas creating a collective reduction of 10.40 WTE. A request for an additional 2.58 WTE in Clinic 11 will see the overall reduction at 7.82 WTE and a cost saving of £249,800.

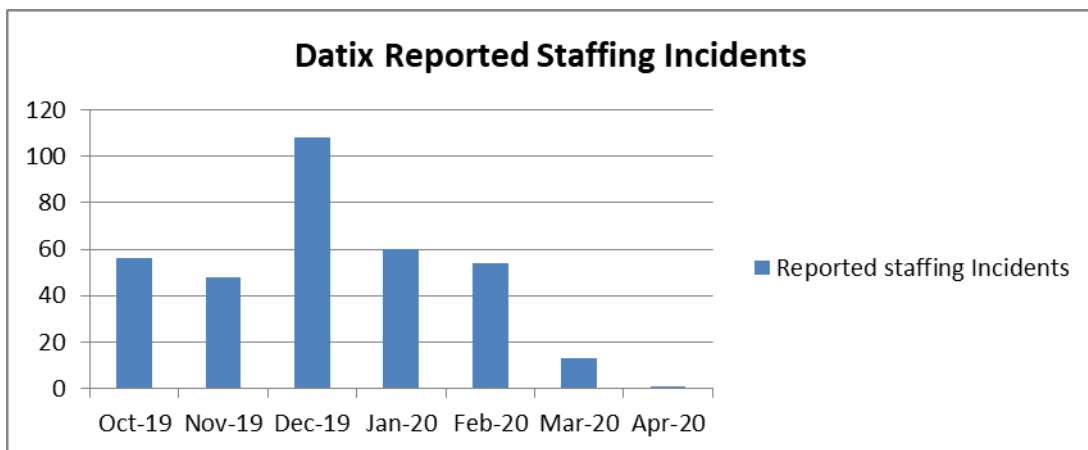
Division	Ward/Department:	Current WTE	Suggested WTE:	Variance	Cost Impact	Variable Pay Budget
W&C	Ward 25	48.91	44.09	-4.82	-£164,000	£54,500
W&C	Ward 14	28.02	24.87	-3.15	-£98,300	£0
W&C	NICU	36.27	33.84	-2.43	-£84,400	£0
W&C	Clinic 11	7.84	10.42	2.58	£96,900	£0

**7.6** The recommended establishment change for 2020/2021 is an increase of 15.27 WTE positions in the overall Nursing and Midwifery establishments. The financial impact of this at a trust level is £197,000 of non-recurrent funding. Appendix five and six details the full review and costing.

**8.0 Measurement and improvement**

**8.1** The Senior Leadership Team review workforce metrics, indicators of quality and outcomes, and measures of productivity on a monthly basis – as a whole and not in isolation from each other.

**8.2** Staff continue to engage in reporting incidents through the Datix reporting system raising Nursing and Midwifery staffing concerns. The themes identified relate to requests for additional support with enhanced patient observation, inadequate skill of staff, delay in delivering fundamental care due to the acuity and complex care needs of patients and maternity service closure due to acuity and demand.

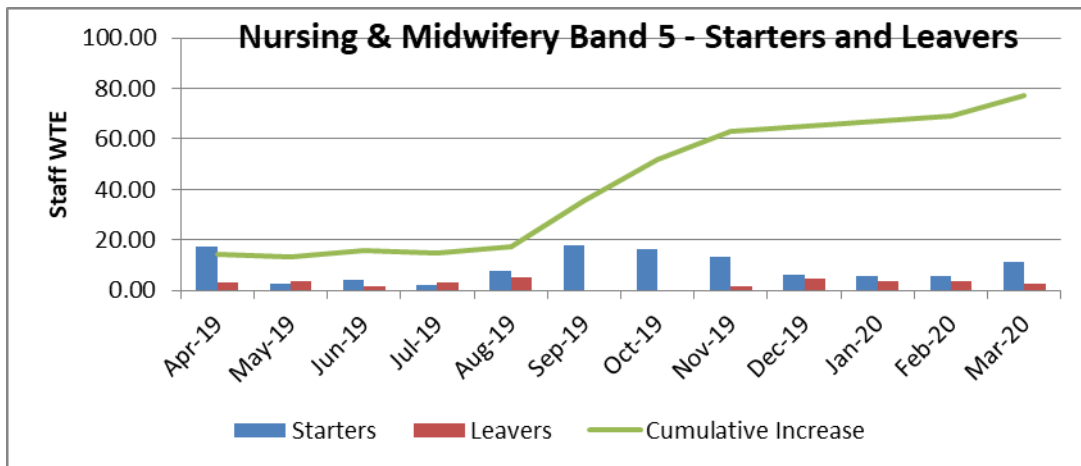


Data source: Datix Reporting System

**8.3** All incidents recorded were categorised as no harm and the appropriate action was taken by the staff at the time. December saw the largest number of concerns reported, which was reflective of the seasonal pressures and demand at that time. However it is recognised that this will have had an impact upon the experience of our staff and patients due to increased work pressures.

**8.4** Further work is due to commence to embed the 'Red Flag' staffing incidents as defined by NICE (2014). This will change our baseline of reported incidents for the next report. We will monitor this via the Nursing, Midwifery and Allied Health Professional (NMAHP) Board.

**8.5** As demonstrated in the chart below the Trust is consistently recruiting Nursing and Midwifery staff month on month. The cumulative growth in new starters since July 2019 represents a successful recruitment programme with more staff being recruited each month than those leaving the Trust. April, August and September will always see peaks in the number of staff recruited due to the Nursing and Midwifery students successfully completing their academic studies.



Data Source: Workforce Information

- 8.6** The Trust vacancy position has improved over the second half of the financial year with March 2020 vacancy rate for Registered Nurses and Midwives currently standing at 18.65% compared to 20.72% at the start of the year. We are developing a resourcing plan for the year to support reduction of this.
- 8.7** In response to Sir Robert Francis's *Speak up Review*, SFH has implemented a Guardian Service to enhance support for staff who may wish to raise a concern and/or seek independent review / support. Feedback from our nursing and midwifery teams remains positive and number of concerns reported is increasing demonstrating confidence in this service.
- 8.8** Our compliance with Duty of Candour requirements and an annual declaration of our commitment to telling patients if a serious incident has occurred is published in our annual Quality Account.
- 8.9** The Board at SFH ensures that they support and enable their executive team to take decisive action when necessary. Commissioners, regulators and other stakeholders are involved any decision to open or close a care environment, or suspend services due to concerns about safe staffing. The following Nursing and Midwifery services have been suspended since the bi-annual staffing report on the basis of Nursing and Midwifery staffing:
1. Homebirth Service – this service has been paused in line with national standards and will recommence on a restricted basis from the 1<sup>st</sup> June 2020.
- 9.0 Compliance with National Staffing Guidelines**
- 9.1** The recommendation from the Chief Nurse is that we have made good progress with implementing the Developing Workforce Safeguards and have robust plans to achieve full compliance. Appendix four details the Trust compliance with the Nursing and Midwifery element of the Developing Workforce Safeguards.
- 9.2** The Chief Nurse and Medical Director have confirmed they are satisfied that staffing is safe, effective and sustainable.

## 10.0 Recommendations

- 10.1 SFH is committed in delivering high quality safe care. This has been achieved over the last year and there is no doubt the Boards commitment in setting the right staffing levels whilst monitoring and mitigating risk.
- 10.2 The Committee is asked to note the proposed annual establishment reviews which have been challenged and supported by the Senior Corporate Nursing Team for 2020/2021.
- 10.3 The Committee is asked to receive this report and note the on-going plans to provide safe staffing levels within Nursing, Midwifery and Allied Health Professional disciplines across the Trust.

## 11.0 References

- <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>
- <http://pathways.nice.org.uk/pathways/safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals>
- [https://improvement.nhs.uk/documents/3320/Developing\\_workforce\\_safe\\_guards.pdf](https://improvement.nhs.uk/documents/3320/Developing_workforce_safe_guards.pdf)
- <https://www.nursingtimes.net/news/workforce/exclusive-aspirant-nurse-title-dropped-after-challenge-from-profession-05-05-2020/>



## Appendix Two

### Maternity Staffing Paper Service review November 2019 – April 2020

#### 1.0 Background

- 1.1 Maternity staffing at Sherwood Forest Hospitals (SFH) is predicated on BirthRate Plus® principles, an accredited methodology which is recommended for use by the National Institute for Health & Care Excellence (NICE CG4, 2015) for safe staffing in maternity settings. The BirthRate Plus® system includes an intrapartum acuity tool which has recently been acquired to support deploy of staff in this setting for use at SFH –this is separate from the methodology and background data used to confirm Midwifery staffing establishments.
- 1.2 This paper seeks to provide assurance around current Midwifery establishment within the context of an on-going establishment review; the Covid-19 pandemic; and the exigencies of the maternity transformation agenda.
- 1.3 The paper will also forecast staffing considerations which are likely to become relevant over the next three to six months in light of this context.

#### 2.0 Current Position (April 2020)

- 2.1 A formal BirthRate Plus® workforce review is currently underway, using data from February, March and April 2020. This review is overdue at SFH although the current midwifery establishment has had oversight from a regional HEE/ NHS England workshop using live workforce and activity data. This 'table top' establishment review is considered compliant with recommendations in the NICE guidance and provides assurance to the Board of the **current position**.

	Ratio Applied	WTE Required (Actual)	Funded WTE
Hospital Births	1:42	77.9	117.34
Home Birth	1:35	0.54	
Community Caseload	1:98	38.9	
Specialist and management Roles**	8%	9.47	9.6
<b>Total</b>		<b>126.81</b>	<b>132.7</b>
<i>Of which Band 3</i>	<i>10%</i>	<i>12.7</i>	<i>9.89</i>

***NB: BirthRate Plus® methodology excludes specialist & management roles, and includes 10% of midwifery establishment at Band 3 (90/10 split).***

#### 3.0 Activity and Absence Data and the Impact of COVID19

- 3.1 In order to support contextual consideration of the midwifery staffing agenda, it is important to note that the birth rate represents only a fraction of the clinical activity. Sherwood Birthing Unit hosts an ambulatory triage service which has provided >4000 appointments in the last year, by midwives who are rostered for the Acute Maternity setting. Pregnancy Day Care is a midwife led outpatient service based in Antenatal Clinic – this service has provided >7000 appointments in the last year.

**3.2** There are two broad themes for consideration during this period. First of these is the baseline vacancy rate in Community Midwifery services (5.22WTE or 12.25% at end March 2020).

**3.3** The second theme is the impact of Covid-19 pandemic which has combined across maternity services with vacancy, maternity leave and other sickness absence and resulted in an overall absence rate of 20-35%.

#### **4.0 Staffing Forecast**

**4.1** The previous staffing paper (November 2019) acknowledged that the BirthRate Plus® workforce review methodology may not be sophisticated enough to accommodate the maternity transformation agenda. The provision of Midwifery continuity of carer (MCOC) is modelled on a 1:36 caseload rather than a 1:98 caseload, and broadly speaking to reach the 35% MCOC trajectory by end March 2021 this will require an estimated additional 14.6WTE Midwives. Reaching the national trajectory of 51% MCOC would require an estimated additional 24.16WTE midwives.

**4.2** It is anticipated that the establishment review will provide useful intelligence around the case mix for SFH and the BirthRate Plus® team are confident of a meaningful outcome to the review. This review is expected to conclude in June 2020.

#### **5.0 Conclusion**

**5.1** Overall the staffing establishment for maternity services at Sherwood Forest Hospitals is correct using the NICE recommended staffing tool. Based on birth rate alone, the service is slightly over established for the last six month period.

**5.2** The BirthRate Plus® establishment review is currently underway; and the maternity transformation work continues as far as the current workforce allows.

**5.3** There are some uncertainties at the current time associated with the Covid-19 pandemic and the maternity transformation agenda. It is proposed that an interim staffing paper is prepared for the Board in September 2020 when the establishment review is complete

#### **6.0 References**

- <https://www.nice.org.uk/guidance/ng4>
- <https://www.hee.nhs.uk/our-work/maternity/maternity-workforce-transformation-strategy>

## Appendix Three

### Allied Health Profession Staffing Paper

#### **1.0 Safe Staffing Levels**

- 1.1 There is no single guidance or standard approach to inform staffing levels required in services provided by Allied Health Professionals (AHPs). Each AHP has profession specific information and guidance only, available to support staffing levels of a particular type of service. Some of the work published by Getting It Right First Time (GIRFT) is opening the debate further and a business case on AHPs in Intensive Critical Care Unit (ICCU) has been submitted for consideration in response to GIRFT standards.
- 1.2 NHS Improvement (NHSI) has mandated all AHP roles have job plans by the end of 2020. This was initiated pre-Covid19 and a scoping exercise completed to review AHPs being added to Health Roster.
- 1.3 AHP staffing levels are generally determined via a range of methods, including demand and capacity data, data collected on patient and non-patient related activity, patient outcomes, patient complexity, patient acuity and patient need triangulated with professional judgement. In addition, guidance that is nationally available for specific clinical services and/or conditions is also used e.g. breast screening, stroke services, critical care and cancer services.

#### **2.0 Vacancy Position**

- 2.1 The overall vacancy position in AHPs is not a risk within Sherwood Forest Hospitals (SFH) with a rate of 2.4% as of March 2020. Recruitment in most professions is good with fully established positions in Ultrasound with Sonographers, Dieticians, and Orthotists, nationally recognised as being a difficult to recruit into.
- 2.2 The largest risk group of non-medical or nursing professions is Pharmacists with 6.44 WTE vacancies with mitigation actions being the use of overtime, bank and agency. Recruitment options are currently being reviewed.

#### **3.0 Undergraduate Training**

- 3.1 Excellent undergraduate placements lead to many individuals choosing SFH as the place to begin their AHP career. An AHP career experience week split between therapeutic and scientific professions is under development for offer to Higher Educational Institutes (HEI) later in the year.
  - 3.2 The delivery of apprenticeship schemes in some AHP professions started September 2019 at Derby and Sheffield Hallam University. Currently there are two trainee Operating Department Practitioners working within the SFH on apprenticeship schemes with Sheffield Hallam University. Other professions are looking at how the apprenticeship scheme can be extended to their workforce as more professional courses are validated. The challenge for the introduction of the training schemes is holding a vacant post for the duration of the course whilst supporting pre-registration staff.
  - 3.3 We need to consider how we move towards supernumerary vacant positions to accommodate this opportunity. Radiology are introducing a Masters Clinical
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Placements in Radiography. Candidates will have completed a previous scientific undergraduate degree and will now complete shortened 2 year course to gain a HCPC registration in Radiography. Newly developed roles in Radiology include, a band 7 Clinical Educator role and a band 8a CT/MR Manager, both to be advertised imminently

- 3.4** Biomedical scientists graduate with a degree but require a registration portfolio in order to be admitted onto the Health and Care Professions Council (HCPC) register. The time frame for this is approximately 18 months. Regionally, there is a shortfall of experienced staff with HCPC registration. To mitigate this, a business case has been submitted to provide a band 4 training post at SFH so we can internally support three graduates a year to achieve registration. It will also aid retention and band 6 succession planning. The Clinical chemistry team have an aging workforce and have identified this as a risk as a number of staff will reach retirement age in the next couple of years.

#### **4.0 Advancing Clinical Skills**

- 4.1** Therapy and Radiology service have up skilled assistant posts to band 4 roles in order to support service delivery in traditional band 5 positions. Upward skilling in other band roles has allowed senior clinicians to practice extended clinical responsibilities. There are a range of Advance Practice Roles in several AHP groups examples include: Vascular Access Operating Department Practitioner, Physiotherapists administering MSK injections, an increase of Reporting Radiographers, Advanced Physiotherapy Practitioners undertaking MSK Triage and an Accredited Independent and Supplemental Prescribing Physiotherapist.
- 4.2** Radiology is developing a Consultant Radiographer post in Breast Screening and Mammography. The intention is to review and support these advanced roles in line with the Advanced Clinical Practice (ACP) programme.

#### **4.0 Retention Initiatives**

- 4.1** AHPs continue to access the Leadership training opportunities at SFH and supports candidates on the MSc in Strategic Leadership, run in conjunction with Derby University. Externally the Mary Seacole and Rosalind Franklin Programmes. An AHP has successfully secured a funded place on the ICA Internship with Nottingham University. A Physiotherapist is currently on secondment with the regional Health Education England (HEE) RePAIR Recruitment and Retention Project.
- 4.2** In response to Covid-19, the AHP workforce at SFH have been flexible in utilising skill sets outside their standard job roles. This has included redeployment to critical care to support the nursing and medical workforce. ODPs have been re-deployed to support the Mobile Emergency Rapid Intubation team. MSK Physiotherapists, Occupational therapists and Orthotists have up-skilled to support respiratory patient care and discharges on the wards.
- 4.3** Advance Respiratory Physiotherapists have supported training to registered nurses working on ICCU and COVID19 wards. Dieticians have up-skilled junior staff to support ICCU and the Associate Chief AHPs have facilitated COVID19 rehab pathways across the Integrated Care System (ICS) AHP Cabinet.
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**Appendix Four**

**Compliance with the Developing Workforce Safeguards, Nursing and Midwifery**

**1.0 Background**

- 1.1** The Workforce safeguards published by NHS Improvement in October 2018 are used to assess Trusts compliance with the Triangulated approach to staff planning in accordance with the National Quality Board Guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.
- 1.2** Although the guidance applies to all staff, this paper will outline Nursing and Midwifery current compliance with the 14 safeguards recommendations and identify any areas of improvement.

Recommendation:	Compliance:
<p><b>Recommendation 1:</b> Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.</p>	<p><b>Partially Compliant</b>  <b>Evidence:</b> Right staff component not fully met as we do not use evidence based tools to set our establishments. Birthrate plus has not been completed for 12 years. Safecare is in place for deployment but staff have not received training on the tool and external validation is not in place. Our overarching staffing policy does not describe our strategic approach to establishment setting</p>
<p><b>Recommendation 2:</b> Trust must ensure the three components are used in their safe staffing process.</p>	<p><b>Partially Compliant</b>  <b>Evidence:</b> Right staff component not met as we do not use evidence based tools to set our establishments.</p>
<p><b>Recommendation 3 &amp; 4:</b> Assessment will be based on review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.</p>	<p><b>Fully Compliant</b>  <b>Evidence:</b> Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable.</p>
<p><b>Recommendation 5:</b> As part of the yearly assessment assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against five themes.</p>	<p><b>Fully Compliant</b>  <b>Evidence:</b> We collate and review data every month for a range of workforce metrics, quality and outcomes indicators</p>

	and productivity measures – as a whole and not in isolation from each other. We also demonstrate evidence of continuous improvements across all these areas
<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> <b>Evidence:</b> Signed statement
<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> <b>Evidence:</b> Annual submission to NHSI
<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.	<b>Fully Compliant</b> <b>Evidence:</b> Monthly Safe Staffing paper triangulates this information.
<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.	<b>Partially Compliant.</b> <b>Evidence:</b> Bi-annual review is not completed across all services, We will implement SNCT in June and complete Birthrate plus to achieve this.
<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.	<b>Fully Compliant</b> <b>Evidence:</b> SNCT ready for use with no manipulation
<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.	<b>Fully Compliant</b> <b>Evidence:</b> Completed as part of establishment setting process and monitored by NMAHP board.

<p><b>Recommendation 13 &amp; 14:</b> Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.</p>	<p><b>Fully Compliant</b> <b>Evidence:</b> Twice daily staffing meetings. Staffing also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe staffing SOP and risk documented on the risk register.</p>
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**1.3 SNCT Assessment to Meet Criteria:**

Criteria	Y/N	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	<b>Yes</b>	Licence signed on 17 <sup>th</sup> January 2020
Do you collect a minimum of 20 days data twice a year for this?	<b>Yes</b>	
Are a maximum of 3 senior staff trained and the levels of care recorded?	<b>Yes</b>	
Is an established external validation of assessments in place?	<b>No</b>	
Has inter-rater reliability assessment been carried out with these staff?	<b>No</b>	
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>No</b>	

Are enhanced observations (specialised) patients reported separately?	<b>No</b>	
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations?	<b>No</b>	



**Appendix Five**

**Annual Establishments Review 2020/2021**

Division	Ward/Department:	Current WTE	Suggested WTE:	Variance	CHPPD Actual	CHPPD Peer Median	RN: HCSW skill mix	Comments:
Medicine	22	35.88	35.88	0	6.74	6.71	NA	The safer nursing care tool (SNCT) principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	23	34.46	34.46	0	7.22	8	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Sconce - NWK	29.86	35.04	-5.18	5.72	6.99	56/44	This is an isolated area with only UCC and Fernwood open at night. SNCT principles and professional judgement recommend and increase of 5.18wte. This increase will enable enhanced care to be provided from within establishment.
Medicine	Oakham - MCH	30.75	30.75	0	7.23	6.71	50/50	The safer nursing care tool (SNCT) principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Lindhurst - MCH	29.2	29.2	0	11.87	6.71	50/50	The safer nursing care tool (SNCT) principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 41	37.4	37.4	0	6.89	6.71	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Welcome Treatment Centre	7.6	7.6	0	NA	NA	NA	A proposal to increase staffing was presented, however opportunities to achieve extended hours with a more flexible approach could be identified. No changes to the current establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 24	36.93	36.93	0	6.83	8	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 34	34.91	34.91	0	8.35	6.8	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Stroke Unit	59.92	6124	-1.32	10.97	6.96	61/39	Stroke standards and professional judgement have been applied; recommendation is to increase establishment by 1.32wte to enhanced care. Variable pay should be used to cover this cost. This

								is supported by the Matron and Head of Nursing.
Medicine	Ward 42	34.23	34.23	0	6.72	6.16	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 43	40.75	40.75	0	8.27	6.16	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 44	33.94	33.94	0	6.95	6.16	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 51	35.89	35.89	0	7.04	6.71	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Medicine	Ward 52	40.04	40.04	0	8.08	6.71	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Surgery	Ward 11/AU	40.62	42.53	-1.91	9.12	6.97	57/43	SNCT principles and professional judgement have been applied: recommendation to increase establishment by 1.91 wte based on acuity and dependency. This is supported by the Matron and Head of Nursing.
Surgery	Ward 31	32.49	32.49	0	7.12	6.97	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Surgery	Ward 32	32.57	32.57	0	7.19	6.97	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Surgery	Ward 21	20.81	21.20	-0.39	8.48	7.14	65/35	SNCT principles and professional judgement have been applied: recommendation to increase establishment by 0.39 wte based on acuity and dependency. This is supported by the Matron and Head of Nursing.
Surgery	Ward 12	39.39	39.39	0	7.73	7.14	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Surgery	DCU - King's Mill	34.73	34.73	0	15	6.97	NA	Professional judgement has been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Surgery	Minister - NWK	14.35	14.35	0	NA	NA	NA	Increased funding has been established as part of the divisional business case. Professional judgement has been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
Surgery	Critical Care Unit	65.34	65.34	0	35.5	25.77	NA	Critical care standards and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing. A surge plan is in place for up to 23 beds if required with additional funding approved from Covid-19 funding.

UEC	UCC - Newark	19.36	19.36	0	NA	NA	NA	Professional judgement has been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
UEC	SSU	53.75	58.61	-4.86	6.42	6.99		SNCT principles and professional judgement have been applied; an increase of 4.86fte is recommended. This is supported by the Matron and Head of Nursing.
UEC	EAU	80.96	85.81	-4.85	9.81	10.27	56/44	SNCT principles and professional judgement have been applied; an increase of 4.85wte is recommended to support the implementation of additional monitored beds. This is supported by the Matron and Head of Nursing.
UEC	Discharge Lounge	7.79	0	7.79	NA	NA	NA	Professional judgement has been applied with no changes to establishment recommended for current 5 day service. This is supported by the Matron and Head of Nursing.
UEC	Transfer Team	0	5.37	5.37	NA	NA	NA	Professional judgement has been applied: recommendation to implement 5.37wte to support the provision of the Transfer Team to ensure patient safety and ensure flow through the division.
UEC	AECU	12.51	14.42	-1.91	NA	NA	60/40	Professional judgement has been applied: recommendation to increase establishment by 1.91wte to extend opening ours for service provision. This is supported by the Matron and Head of Nursing.
UEC	ED	141.14	138.44	2.70	NA	NA	67/33	SNCT principles and professional judgement have been applied; recommendation is to increase the RN establishment but reduce the HCA establishment to bring the registered to unregistered ratio in line with national standard as we are a significant outlier. This is supported by the Head of Service and Head of Nursing.
D&O	Fernwood	16.32	0	16.32	9.17	7.04	NA	SNCT principles and professional judgement have been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
D&O	Newark Outpatients		0	0	NA	NA	NA	Professional judgement has been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
D&O	KMH Outpatients		0	0	NA	NA	NA	Professional judgement has been applied with no changes to establishment recommended. This is supported by the Matron and Head of Nursing.
W&C	Maternity			0	18.6	17.51		Maternity staffing at Sherwood Forest Hospitals is predicated on BirthRate Plus® principles, an accredited methodology which is recommended for use by the National Institute for Health & Care Excellence (NICE CG4, 2015) for safe staffing in maternity settings. A formal review of the midwifery establishment in partnership with BirthRate Plus is currently under discussion – this standardised assessment requires bespoke data collection on a retrospective basis, the data then informs establishment calculations and has the benefit of reflecting case mix and acuity rather than simply using the birth rate. The review is proposed to commence in May 2020 and will take around three months for findings to be collated and shared.
W&C	Ward 25	48.91	44.09	4.82	11.84	9.84		SNCT principles and professional judgement have been applied; it is recommended that the establishment is reduced by 4.82wte. This is

								supported by the Matron and Head of Nursing.
W&C	Ward 14	28.02	24.87	3.15	9.9	7.31		SNCT principles and professional judgement have been applied; it is recommended that the establishment is reduced by 3.15wte. This is supported by the Matron and Head of Nursing.
W&C	NICU	36.27	33.84	2.43	12.99	12.12		Neonatal critical care principles and professional judgement have been applied; it is recommended that the establishment is reduced by 2.43wte. This is supported by the Matron and Head of Nursing.
W&C	Clinic 11	7.84	10.42	-2.58	NA	NA		Professional judgement has recommended an increase of 2.58wte in order to ensure that the additional food challenge and sedated MRI lists can be adequately staffed, and the pre-op service can become more robust. This is supported by the Matron and Head of Nursing.

**Appendix Six: Establishment Change Costing's**

Division	Ward/ Department	Current WTE	Suggested WTE:	Variance	Cost Impact	Variable Pay Budget
Medicine	Sconce - NWK	29.86	35.04	5.18	£0	£215,900
Medicine	Stroke Unit	59.92	61.24	1.32	£0	£315,600
UEC	AECU	12.51	14.42	1.91	£87,500	£24,400
UEC	SSU	53.75	58.61	4.86	£0	£423,500
UEC	EAU	80.96	85.81	4.85	£212,100	£436,100
UEC	Transfer Team	-	5.37	5.37	£148,100	£0
UEC	ED	141.14	138.44	-2.7	£0	£611,100
W&C	Ward 25	48.91	44.09	-4.82	-£164,000	£54,500
W&C	Ward 14	28.02	24.87	-3.15	-£98,300	£0
W&C	NICU	36.27	33.84	-2.43	-£84,400	£0
W&C	Clinic 11	7.84	10.42	2.58	£96,900	£0
Surgery	Ward 11/SAU	40.62	42.53	1.91	£0	£147,300
Surgery	Ward 21	20.81	21.2	0.39	£0	£126,700
		<b>560.61</b>	<b>575.88</b>	<b>15.27</b>	<b>£197,900</b>	<b>£2,355,100</b>

NB where cost is stated as £0 – this change has been funded by variable pay budget

