

## Board of Directors Meeting in Public - Cover Sheet

<b>Subject:</b>	Nursing, Midwifery and Allied Health Professional Bi-annual Staffing Report.		<b>Date:</b> November 2020	
<b>Prepared By:</b>	Rebecca Herring, Penny Cole and Kate Wright			
<b>Approved By:</b>	Julie Hogg, Chief Nurse			
<b>Presented By:</b>	Julie Hogg, Chief Nurse			
<b>Purpose</b>				
The purpose of this report is to provide the Board of Directors with an overview for Nursing, Midwifery and Allied Health Professional staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHT) with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.			<b>Approval</b>	
			<b>Assurance</b>	
			<b>Update</b>	X
			<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>
X		X	X	
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		Triangulated internal reports		
<b>Risks/Issues</b>				
<b>Financial</b>				
<b>Patient Impact</b>	X			
<b>Staff Impact</b>	X			
<b>Services</b>	X			
<b>Reputational</b>				
<b>Committees/groups where this item has been presented before</b>				
People, Culture and Improvement Committee – October 2020				
<b>Executive Summary</b>				
<p>1.0 The purpose of this report is to provide an overview for Nursing, Midwifery and Allied Health Professional staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHT) with the National Institute for Clinical Excellence (NICE) Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.</p> <p>1.2 This is supported with an overview of staffing availability over the previous six months and progress with assessing acuity and dependency of patients on ward areas. This data will</p>				

support the review of the Nursing and Midwifery establishment reviews for 2020/2021.

- 1.3 The vacancy rate at SFHT has remained fairly static over the last 6 months with a 1.7% variance noted between March and August. The current vacancy rate within the registered workforce is 11.62% and remains just below the national average of Nursing and Midwifery vacancy rates of 12%. The NHS Long Term Plan has set a target of reducing Nursing vacancies to 5% by 2028 and the Trust has remains committed to driving down the vacancy factor within SFHT.
- 1.4 Sickness absence for all staff groups over the last six months has positively reduced from 5.9% down to 3.79% in August.
- 1.5 In May 2020 the Trust commenced a new International Registered Nurse recruitment campaign with King's Commercial Services to recruit 40 Registered Nurses. The Trust's campaign has been extremely successful with a total of 47 Registered Nurses recruited with the first eight from this cohort hoping to arrive in the UK in November 2020. There is a concern about the arrival of some of these Registered Nurses, as those arriving will be required to self-isolate for the first two weeks. However the Trust is currently working through a programme of education to support them whilst in isolation. It has been recognised that pastoral support will also be required to ensure a smooth transition for these nurses arriving to the UK. Our voluntary services are currently working with our colleagues from India and the Philippines by purchasing non-perishable items to support their arrival.
- 1.5 The Trust remains committed in reviewing the roles and the functions within the teams, and have therefore invested in 20 Trainee Nursing Associates to commence their training in October 2020 through Nottingham Trent University. The Trust has introduced this role into the children's and young people's Ward (Ward 25) which will support the on-going development of the role across into various specialities over the next few years.
- 1.6 Agency requests over the previous six months have seen a positive reduction with requests in April reaching 469 compared to 318 requests in September. This decline was representative of the reduced bed occupancy seen throughout the Trust due to the pandemic. However due to on-going challenges the pandemic is presenting to the workforce and an increased patient occupancy the number of requests for agency are beginning to increase again.

- 1.7 Overall staffing levels for the Trust have consistently remained above 100% of our planned hours ranging from 102-108%. The increase of actual hours compared to planned hours has been largely related to the redeployment of staff during the pandemic. Many areas have been operating reduced service provision with additional staff due to redeployment as part of the Covid-19 critical response. The Nursing Associate workforce remains a small cohort of staff across the organisation and work in addition but alongside the nursing workforce. Where the Nursing Associates fill rates have been under filled, the Registered Nurse hours are overfilled indicating the Registered Nurses are filling those duties safely.
- 1.8 The care hours per patient day (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 SFHT sits just within the upper quartile and above other peer Trusts; this is reflective of good fill rates. The median has been derived from the monthly return to NHS Improvement (NHSI) and includes all 132 Trust providers. Divisional narrative from the Matrons validates staffing resource is being flexed safely in line with patient demand, activity and acuity.
- 1.9 During the last six months 54 Nursing and Midwifery staffing related incidents were reported through the Datix reporting system. All of these incidents were recorded as no harm and appropriate action was taken at the time. One incident was identified as a *red flag* incident as defined by NICE due to a delay in care. It is recognised that despite no adverse clinical outcome, this delay in care will have impact upon the patients and staff experience.
- 1.10 The first cycle of acuity and dependency data collection using Safer Nursing Care Tool (SNCT) has taken place across adult in patient areas and concluded early October. Analysis of the data is currently in progress. Training and education for the Children's and Young People SNCT is due to be delivered in October and data collection beginning swiftly after.
- 1.11 The current Midwifery establishment has had oversight from a regional Health Education England (HEE) / NHS England (NHSE) 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.
- 1.12 The BirthRate Plus® workforce review that was completed in September 2020 provided richer detail to the complex variables affecting staffing requirements in a maternity service. The review shows that staffing levels have been safe over the last six months; the workforce review predicts a forecast of establishment requirements based on risk profile

and maternity transformation trajectories around Midwifery continuity of carer (MCOC).

- 1.13 Across the Midwifery workforce the vacancies in the community midwifery team have been filled but mostly with Midwives already working in the acute team. The overall vacancy rate is 5.6% at the end of August 2020 – newly qualified Midwives have been recruited to the acute team and will commence their preceptorship in September/October.
- 1.14 Sickness absence has remained fairly static across the workforce with a slight improvement in long term sickness absence and minimal impact in August from Covid related absence. Maternity leave is at 2.69% in August.
- 1.15 As with previous maternity staffing papers, this review demonstrates that Midwifery staffing has been safely matched to birth activity over the last six months. Acute staffing shortages occurred during April and May in the community services (resulting in suspension of the home birth service) but the position has returned to a stable position against current establishment.
- 1.16 The detailed workforce review which took place April – June has confirmed the current establishment but clearly demonstrates that maternity transformation will require an investment in staffing across Bands 3 – 8. This is a separate piece of work which will inform business planning for 21/22.
- 1.17 There is no single guidance or standard approach to inform safe staffing levels required in services provided by Allied Health Profession (AHPs). Each AHP has profession specific information and guidance only, available to support staffing levels of a particular type of service. NHSI have mandated all AHP roles have job plans by April 2021. This project has commenced and is on track for delivery.
- 1.18 Physiotherapy, Occupational Therapy and Radiology have a low turnover of staff with good recruitment and a fill rate of 100%. Most staff applying for positions at SFHT report having had an excellent undergraduate experience. This continues to positively correlate with our CQC ratings. Dietetics is now fully recruited.
- 1.19 Operating Department Practitioner (ODP) recruitment is a significant risk. Vacancies are currently 8.16WTE after 8.0WTE ODP's have been appointed (not yet commenced in post). A further 3.6WTE are leaving. Interviews are scheduled with four applicants. Further vacancies will be re-advertised and a review of recruitment options is currently in progress. Currently there are two students on the ODP apprenticeship scheme. Interviews commence

next month to support a further intake of apprentices from the unregistered workforce in order to fill gaps and succession plan.

- 1.20 We have recently appointed two Physiotherapy apprentices from within our Therapy assistant workforce. They are due to commence training in January 2021.
- 1.21 Radiology have developed a Band 7 Clinical Educator role and a band 8a CT/MR Manager, both to be recruited to in the near future.
- 1.22 AHP Integrated People, Care System (ICS) faculty have completed a successful pilot on Therapy student placements. This has led to a further successful bid to secure £50K to continue a CPEP (Clinical placement expansion programme). A further £19.5k of funding has been secured from AHP workforce and transformation board for the ICS to support the development and growth of an AHP faculty. SFHT are the host organisation with Associate Chief AHPs as named leads.
- 1.23 The AHP workforce at SFHT continues to be flexible in utilising skill sets outside their standard job roles. This has included redeployment to critical care to support the nursing and medical workforce. ODP's 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 ward discharges. Advance Respiratory Physiotherapists have supported training to registered nurses working on ICCU and Covid-19 wards. Dietitians have up-skilled junior staff to support ICCU and the Associate Chief AHPs have facilitated Covid rehabilitation pathways across the ICS AHP cabinet.
- 1.24 A Gap analysis of post Covid-19 rehabilitation available has been undertaken by the Associate Chief AHPs with colleagues from CCG in order to improve patients' recovery. This will be presented to board and good progress has been achieved.
- 1.25 The Workforce safeguards published by NHSI 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.

- 1.26 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards. Appendix one details the Trust compliance with the Nursing and Midwifery element of the Developing Workforce Safeguards.
- 1.27 The Chief Nurse and Medical Director have confirmed they are satisfied that staffing is safe, effective and sustainable.

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

### **November 2020**

#### **2.0 Purpose**

- 2.1 The purpose of this report is to provide an overview for Nursing, Midwifery and Allied Health Professional staffing capacity and compliance with the NICE Safe Staffing, National Quality Board (NQB) Standards and the NHS Improvement Workforce Safeguards guidance.
- 2.2 It will provide a cumulative oversight of CHPPD and the available data for the cost per care hours (CHPCH).
- 2.3 This is supported with an overview of staffing availability over the previous six months and progress with assessing acuity and dependency of patients on ward areas. This data will support the review of the Nursing and Midwifery establishment reviews for 2020/2021.

#### **3.0 National Nursing and Midwifery Context**

- 3.1 The People Plan 2020/2021 set out a number of requirements for systems and Trusts. Systems are required to develop local people plans, with organisational level plans encouraged. These local plans will be reviewed by system and regional People Boards. Requirements set out in the update are extensive, with highlights including:
- From 2021, the annual NHS Staff Survey will be redesigned to align with Our People Promise. Using the Staff Survey as the principal way to measure progress.
  - All NHS organisations should have a wellbeing guardian.
  - Free staff car parking at their place of work for the duration of the pandemic.
  - Staff have access to psychological support.
  - From September 2020, every member of the NHS should have a health and wellbeing conversation - which should discuss equality, diversity, and inclusion - and develop a personalised plan.
  - From January 2021, all job roles across NHSE and NHSI and HEE will be advertised as being available for flexible working patterns.

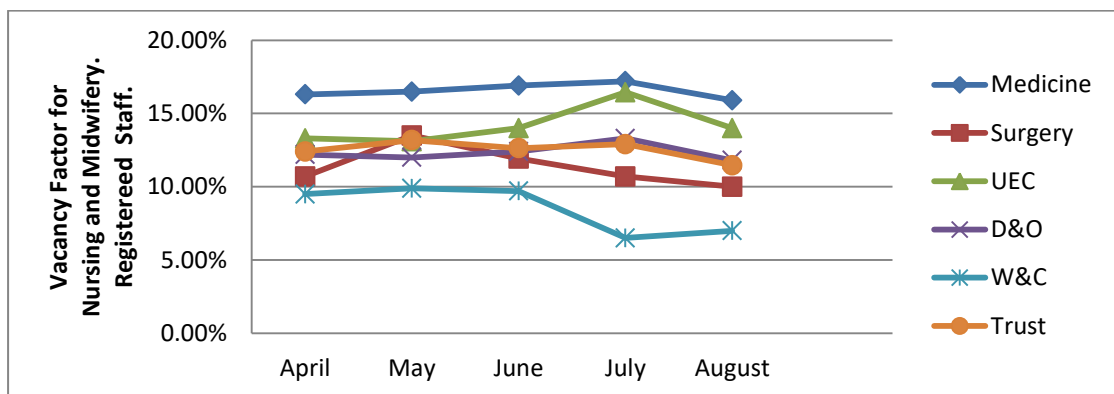
- Employers should roll out the new working carer's passport to support timely, compassionate conversations about what support would be helpful, including establishing and protecting flexible working patterns.
- By October 2020, employers should overhaul recruitment and promotion practices to make sure that staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes.
- Trusts and Foundation Trusts must publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce.
- Over 2020/21, as part of its 'well led' assessment of trusts, the CQC will place increasing emphasis on whether organisations have made real and measurable progress on equality, diversity and inclusion.
- In October 2020, NHS England and Improvement will publish a consultation on competency frameworks for board positions. Once finalised, the frameworks will underpin recruitment, appraisal and development processes for these leadership roles.
- The launch of a new NHS leadership observatory by March 2021, highlighting areas of best practice globally, commissioning research and translating learning into practical advice and support for NHS leaders.
- Employers will need to support national investment in CPD through backfilling staff time during training.

3.2.1 Speaking at the Common's Public Accounts Committee, NHS England Chief Nursing Officer (CNO) Ruth May said that there were more than 6,000 overseas nurses in June 2020 wanting to work at NHS providers. Ms May and fellow national workforce officials indicated to the Committee that they were also working to bolster domestic supply to compensate for the impact Covid-19 lockdowns have had on international nursing recruitment. Mark Radford, Health Education England Chief Nurse and Deputy CNO for England, said the methods to getting a 50,000-net increase in nurses, as promised in the Government's 2019 General Election manifesto, needed to be flexible.

#### **4.0 Local Nursing and Midwifery Context**



4.1 The vacancy rate at SFHT has remained fairly static over the last six months with a 1.7% variance noted between March and August. The current vacancy rate within the registered workforce is 11.62% and remains just below the national average of Nursing and Midwifery vacancy rates of 12%. The NHS Long Term Plan has set a target of reducing Nursing vacancies to 5% by 2028 and the Trust has remained committed to driving down the vacancy factor within SFH. This is represented in to the divisional vacancy data below:



*Data Source: Workforce Information*

4.2 Sickness absence for all staff groups over the last 6 months has positively reduced from 5.9% down to 3.79% in August.

4.3 In May 2020 the Trust commenced a new International Registered Nurse recruitment campaign with King’s Commercial Services to recruit 40 Registered Nurses. The Trust’s campaign has been extremely successful with a total of 47 Registered Nurses recruited, with the first eight from this cohort hoping to arrive in the UK in November 2020. There is a concern about the arrival of some of these Registered Nurses, as those arriving will be required to self-isolate for the first two weeks. However the Trust is currently working through a programme of education to support them whilst in isolation. It has been recognised that pastoral support will also be required to ensure a smooth transition for these nurses arriving to the UK. Our voluntary services are currently working with our colleagues from India and the Philippines by purchasing non-perishable items to support their arrival.

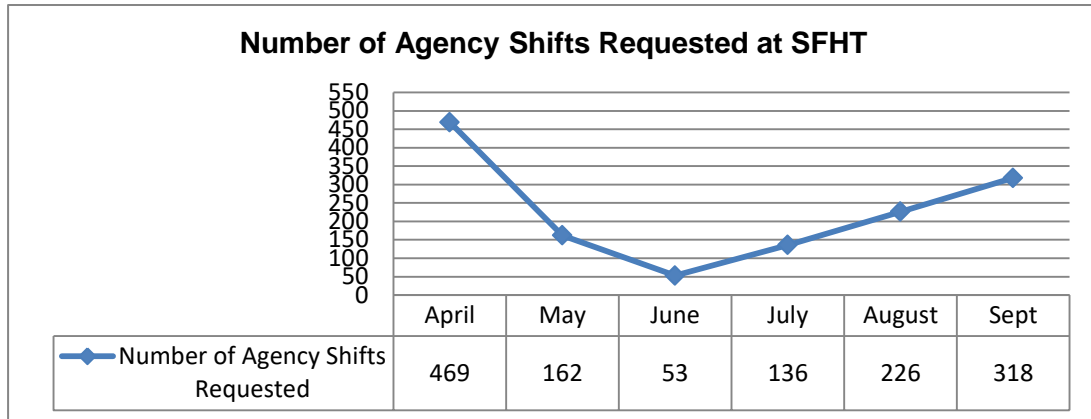
4.3 The allocation of the International Registered Nurses will be 20 to the Medical Division, 17 to the Surgical Division and 10 to Urgent & Emergency Care. In August

2020, the Emergency Department appointed the first International Registered Nurse onto the Advanced Clinical Practitioner Programme which we are very proud of.

- 4.4 There are seven International Educated Nurses working as Healthcare Support Workers within SFHT who have now commenced their Objective Structured Clinical Examination (OSCE) Preparation Programme. They are scheduled to undertake their OSCE at the Nursing and Midwifery (NMC) test centre in late October which will enable them to join the NMC register and practice as a Registered Nurse.
- 4.5 In line with national direction, the Trust has focused upon the implementation of new roles. The Nursing Associate role has been in place for some time at SFHT but previously we have not had a pipeline for trainees highlighting challenges in the retention of this cohort of staff, with many wishing to continue further onto Registered Nurse training. The Trust currently has seven Registered Nursing Associates, three of which are undertaking their second year of the top-up degree, whilst maintaining a part-time role at the Trust.
- 4.6 The Trust remains committed in reviewing the role and the functions within the teams, acknowledging the Nursing Associates role previously been a small cohort of staff within the Trust, and have therefore invested in 20 Trainee Nursing Associates to commence their training in October 2020 through Nottingham Trent University. The Trust has introduced this role into the children's and Young People Ward (Ward 25) which will support the on-going development of the role across into various specialities over the next few years.
- 4.7 This year has been a successful year for newly qualified Nurses with many of the 3<sup>rd</sup> year students joining the Trust during the first wave of the pandemic. Over the coming months 40 newly qualified Nurses will be joining the Trust, with some students who are expected to qualify in 2021 have already secured substantive positions. Urgent & Emergency Care have successfully for the 3<sup>rd</sup> consecutive year implemented the 'Emergency Care Rotation Programme' which has supported the harder recruit to areas (Emergency Admission Unit and Short Stay Unit). This programme for the coming year 2020/21 has approximately 12 newly qualified Nurses currently assigned.

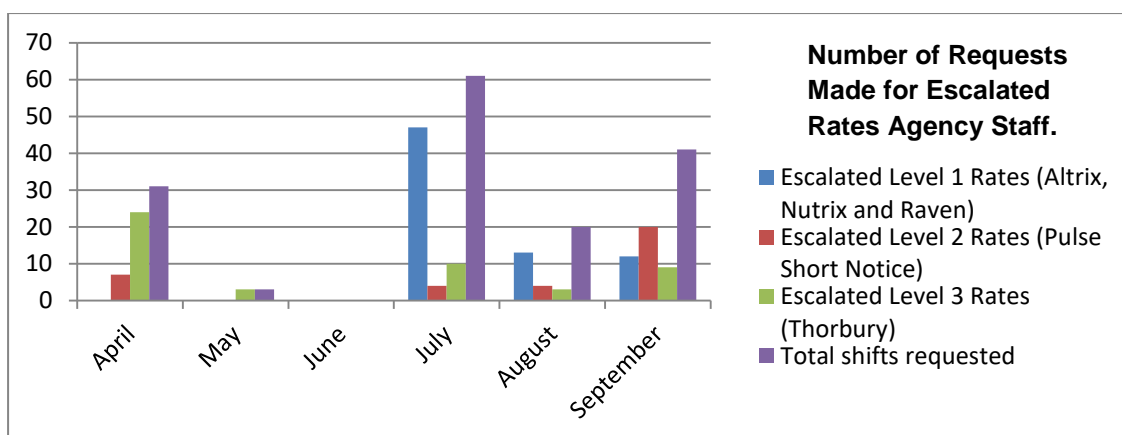
## **5.0 Agency Usage**

5.1 Agency requests over the previous six months have seen a positive reduction with requests in April reaching 469 compared to 318 requests in September. This decline was representative of the reduced bed occupancy seen throughout the Trust due to the pandemic. However due to on-going challenges the pandemic is presenting to the workforce and increased patients occupancy, the number of requests for agency have begun to increase.



*Data Source: Temporary Staffing Office*

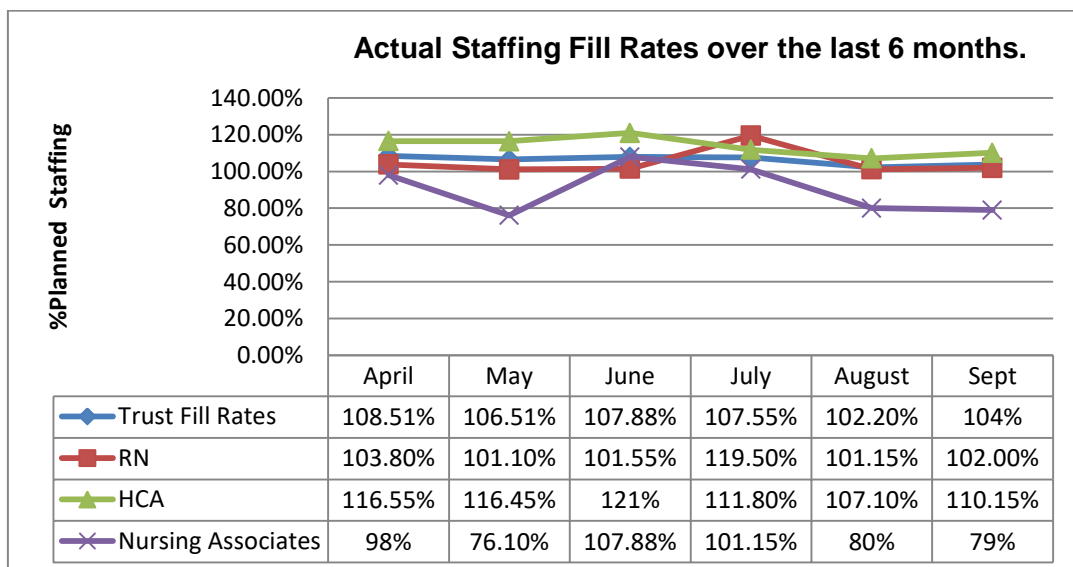
5.2 During the month of June there were zero requests for escalated agency shifts. As stated previously this was largely influenced by the reduced bed occupancy, a large number of staff who had not taken annual leave at this time, and increased number of staff re-deployed to other areas to support during the initial first wave of the pandemic.



*Data Source: Temporary Staffing Office*

## 6.0 Planned versus Actual Staffing & Care Hours per Patients Day

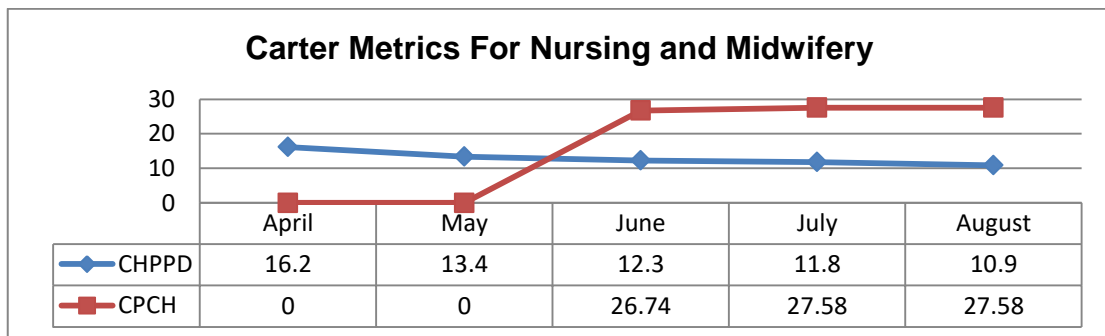
- 6.1 All NHS providers are required to publish Nursing and Midwifery staffing data on a monthly basis and an exception report is submitted every month. This data shows the planned staffing hours (hours planned into a working roster) against actual staffing hours (actual hours worked by substantive and temporary staff). In addition to CHPPD, Cost per Care Hours (CPCH) are also monitored.
- 6.2 Overall staffing levels for the Trust have consistently remained above 100% of our planned hours ranging from 102-108%. The increase of actual hours compared to planned hours has been largely related to the redeployment of staff during the pandemic. Many areas have been operating reduced service provision with additional staff due to redeployment as part of the Covid-19 critical response. The Nursing Associate workforce remains a small cohort of staff across the organisation and work in addition but alongside the nursing workforce. While Nursing Associates fill rates have been under filled, the Registered Nurse Hours are overfilled indicating the Registered Nurses are filling those duties safely.



*Data Source: Published Nurse Staffing Data*

- 6.3 CHPPD is calculated by adding together the hours of Registered Nurses and Healthcare Support Workers and dividing the total by every 24 hours of inpatient admissions. NHSI began collecting CHPPD formally in 2016 as part of the Carter Programme and data at Trust and ward level for all acute Trusts is now published on NHS Model Hospital.

- 6.4 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 SFHT sits just within the upper quartile and above other 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. Divisional narrative from the Matrons validates staffing resource is being flexed safely in line with patient demand, activity and acuity.
- 6.5 CPCH is measured as the average cost spent on Nursing and Midwifery per hour of care, whilst benchmarking the variance at ward level with peers may help to identify potential savings opportunities in the cost of providing Nursing care. Safe staffing and financial returns include substantive, bank and agency staff, therefore a higher cost may also indicate greater reliance on agency staff as a proportion to substantive.



*Data Source: Published Staffing Data*

## 7.0 Measure and Improvement

- 7.1 The senior Nursing and Midwifery team review workforce metrics, indicators of quality and outcomes measures of productivity on a monthly basis within the Safe Staffing report by acknowledge these should be reviewed as a collective and not in isolation.
- 7.2 During the last six months 54 Nursing and Midwifery staffing related incidents were reported through the Datix reporting system. All of these incidents were recorded as no harm and the appropriate action was taken at the time. One incident was identified as a *red flag* incident as defined by NICE due to a delay in care. It is recognised that despite no adverse clinical outcome, this delay in care will have impact upon the patients and staff experience.

7.3 The request's for additional duties to provide enhanced care to patients at risk of avoidable harm has increased over the years. The introduction of the Enhanced Patient Observation (EPO) Matron to lead on our policy revision to ensure there is a sustainable and patient centred approach to delivering enhanced care at SFHT.

## **8.0 Setting Evidence Based on Nursing and Midwifery Establishments**

8.1 Over the past six months the Trust has refreshed its approach to setting the Nursing and Midwifery establishments to ensure we are fully compliant with the National Quality Board standards. This has included the implementation of the SNCT, an evidence based workforce planning tool which will support and inform the establishment setting process. The SNCT is an objective tool which utilises acuity and dependency scoring to support workforce planning. The tool had been recognised for supporting safe staffing on in-patient wards, and received NICE endorsement in 2014. 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 NHSE

8.2 The first cycle of acuity and dependency data collection using SNCT has taken place across adult in patient areas and concluded early October. Analysis of the data is currently in progress. Training and education for the Children's and Young People SNCT is due to be delivered in October with data collection beginning swiftly after.

## **9.0 Maternity Staffing Overview**

9.1 The previous maternity staffing paper presented to Trust Board in May 2020 described a formal workforce review from BirthRate Plus®. This is an accredited methodology which is recommended for use by NICE (NICE CG4, 2015), for safe staffing in maternity settings. The review was completed in June 2020 and following a consultation the final report was received in September 2020.

9.2 The maternity workforce review included a forecast of additional staffing requirements within the context of the maternity transformation programme – staffing resource is described as a significant risk to delivery of maternity transformation both on the SFHT risk register (Risk 2395, score 10) and on the Local Maternity and Neonatal System risk register (various risks described relating to staffing and capacity, score between 9 and 16).

9.3 This overview seeks to provide assurance around current midwifery establishment within the context of a completed establishment review, and the requirements of the maternity transformation agenda.

### 10.0 Current Position (September 2020)

10.1 The current midwifery establishment has had oversight from a regional HEE / NHSE 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.

<b>Table 1</b>			
<b>Activity</b> <i>Crude birth rate</i> <i>Home birth rate</i> <i>Bookings/ imports/ exports</i>	<b>Ratio Applied</b>	<b>WTE Required (Actual)</b>	<b>Funded WTE</b>
Hospital Births	1:42	77.92	122.13
<b>Home Birth</b>	1:35	0.51	
Community Caseload	1:98	33.94	
Specialist and management Roles**	8%	8.98	10.06
<b>Total</b>		<b>121.35</b>	<b>132.19</b>
<i>Of which Band 3</i>	<i>10%</i>	<i>12.13</i>	<i>10.45</i>

### 12.0 Forecast Position

12.1 The BirthRate Plus® workforce review that was completed in September 2020 provides richer detail to the complex variables affecting staffing requirements in a maternity service. While Table 1 (above) shows that staffing levels have been safe over the last six months, the workforce review predicts a forecast of establishment requirements based on risk profile and maternity transformation trajectories around midwifery continuity of carer (MCOC). The comparison is shown in Table 2:

<b>Table 2</b>	<b>Birthrate Plus wte (90/10 skill mix)</b>	<b>Total Clinical</b>	<b>Current Budgeted wte</b>	<b>Total Clinical</b>

Hospital (core) Including PDC	RMs 76.45	Band 3s 6.30	<b>82.75</b>	RMs 72.07	Band 3s 6.29	<b>78.36</b>
Community (core and caseload)	RMs 44.17	Band 3s 7.67	<b>51.84</b>	RMs 39.61	Band 3s 4.16	<b>43.77</b>
Total Clinical wte	134.59			122.13		
Non-clinical wte based on 9% of clinical	12.08			10.06		
TOTAL WTE	146.67			132.19		
<b>Overall Variance</b>	<b>-14.48WTE</b>					

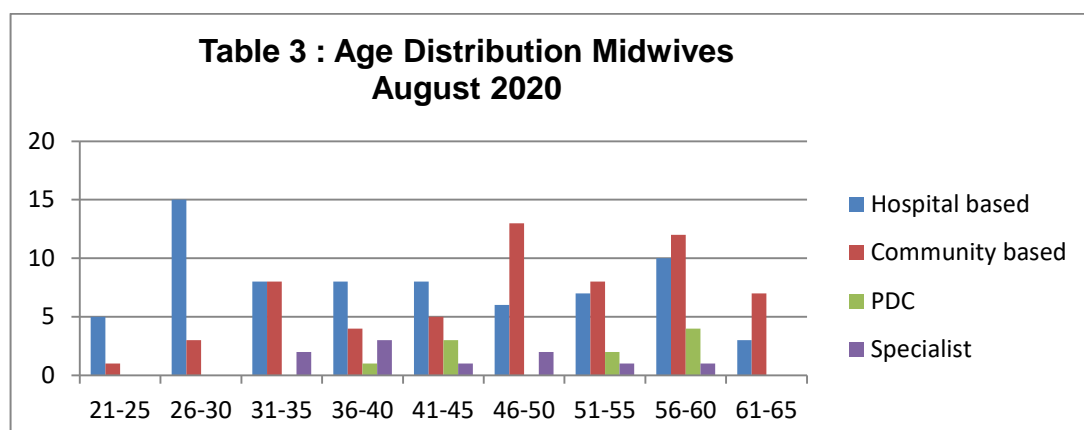
### 13.0 Absence Data, Covid-19 and Age/Skill Profile

13.1 Across the midwifery workforce the vacancies in the community midwifery team have been filled but mostly with Midwives already working in the acute team. The overall vacancy rate was 5.6% at the end of August 2020 – newly qualified Midwives have been recruited to the acute team and will commence their preceptorship in September/ October.

13.2 Sickness absence has remained fairly static across the workforce with a slight improvement in long term sickness absence and minimal impact in August from Covid-19 related absence. Maternity leave is at 2.69% in August.

### 14.0 Forward Planning

14.1 The age distribution of the midwifery workforce is depicted in Table 3:





- 14.2 It is evident from this that the community based teams are most vulnerable to impact on skill mix. As the MCOC planning develops a workforce change consultation is likely which may result in midwives choosing to retire. This picture is reflective of the national midwifery workforce profile.
- 14.3 As with previous maternity staffing papers, this review demonstrates that midwifery staffing has been safely matched to birth activity over the last six months. Acute staffing shortages occurred during April and May in the community services (resulting in suspension of the home birth service) but the staffing has returned to a stable position against current establishment.
- 14.4 The detailed workforce review which took place April – June has confirmed the current establishment but clearly demonstrates that maternity transformation will require an investment in staffing across Bands 3 – 8. This is a separate piece of work which will inform business planning for 21/22.
- 14.5 Linked with this is the potential for a workforce change in relation to maternity transformation and the associated impact on experienced Midwives who are at or beyond retirement age.

## **15.0 Allied Health Professional Staffing Overview**

- 15.1 There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHPs. Each AHP has profession specific information and guidance only, available to support staffing levels of a particular type of service. NHSI have mandated all AHP roles have job plans by April 2021. This project has commenced and is on track for delivery.
- 15.2 A business case has been submitted to increase the AHP presence in ICCU. Based on recommendations by GPICs (Guidelines for the provision of Intensive care services) it includes Physiotherapy, Occupational Therapy, Dietetics and Speech and Language Therapists (SLT's). The contribution AHPs make supporting the care of individuals in ICCU was particularly valued during the Covid-19 initial response. It is recognised as a service provision gap within SFHT. SLT's are provided by Nottinghamshire Healthcare NHSFT via a Service Level Agreement providing a defined scope of service. This creates challenges when a more flexible approach to service provision is required.

## **16.0 Vacancy Position**

- 16.1 The overall vacancy position in AHPs is not a risk within SFH with a rate of 1.02% (September 2020). Recruitment in most professions is good with fully established positions in Dietetics and Orthotics, nationally recognised as being a difficult to recruit into. Sonographers remain an ‘at risk’ profession but SFHT has continued to recruit successfully.
- 16.2 Physiotherapy, Occupational Therapy and Radiology have a low turnover of staff with good recruitment and a fill rate of 100%. Most staff applying for positions at SFHT report having had an excellent undergraduate experience. This continues to positively correlate with our CQC ratings. Dietetics is now fully recruited.
- 16.3 ODP recruitment is a significant risk. Vacancies are currently 8.16WTE after 8.0WTE ODP’s have been appointed (not yet commenced in post). A further 3.6WTE are leaving. Interviews are scheduled with 4 applicants. Further vacancies will be re-advertised and a review of recruitment options is currently in progress. Currently there are 2 students on the ODP apprenticeship scheme. Interviews commence next month to support a further intake of apprentices from the unregistered workforce in order to fill gaps and succession plan.
- 16.4 Pharmacist recruitment was previously considered to be an extremely ‘at risk’ staff group. Significant work has resulted in recruitment into all vacancies for the first time in 10 years. Band 6 pharmacists are currently fully established. Current vacancies are due to maternity leave. A band 7 vacancy is being held in order to support a Pharmacy bank and the use of locums to support winter. The technician workforce is now at risk. By November, there will be a 5.6 WTE vacancy. Within Nottinghamshire there is a migration of Pharmacy technicians to the PCNs in order to meet the targets of the NHS Long Term Plan.

## **17.0 AHP Training Support**

- 17.1 We have continued to support students during Covid-19 (within all PHE guidelines) in Physiotherapy, SLT and Radiography, including virtual placements. AHP students will also have the opportunity to participate in placements supported by the Governance Support Unit and Research and Development departments.
- 17.2 Nationally AHP leads are committed to increasing representation of the BAME community. AHP Nottinghamshire ICS are focussing on retention and recruitment to achieve a more equitable, diverse and inclusive workforce.

- 17.3 We have recently appointed two Physiotherapy apprentices from within our Therapy assistant workforce. They are due to commence training in January 2021.
- 17.4 Radiology have developed a band 7 Clinical Educator role and a band 8a CT/MR Manager, both to be recruited to in the near future.
- 17.5 A band 4 training post in Biomedical Science post has been successfully approved and recruited in to. The post will support graduate trainees achieved HCPC registration aiding retention and recruitment. Clinical chemistry team have a number of staff approaching retirement age. Plans are in place to review succession planning and recruitment initiatives.
- 17.6 The AHP ICS faculty have completed a successful pilot on expanding therapy student placements. This has led to a further successful funding bid of £50K to continue this work. In addition £19.5k of funding has been secured from the AHP workforce and transformation board for the ICS to support the development and growth of an AHP faculty. SFHT are the host organisation with Associate Chief AHPs as named leads.
- 17.7 Return to practice initiative described in the Long term plan have been successfully introduced in Radiology.
- 17.8 In the coming year the Associate Chief AHPs will review supporting the 'Veteran aware scheme' with a view to exploring employment opportunities.

## **18.0 Retention Initiatives**

- 18.1 We continue to raise awareness about the suitability of staff from a range of professional backgrounds beyond the traditional view. An example is the inclusive nature of the ACP forum that now includes representation from the AHP workforce in the diverse range of advanced practice
- 18.2 AHPs continue to access the Leadership training opportunities at SFHT and supports candidates on the MSc in Strategic Leadership, run in conjunction with Derby University.

## **19.0 Covid-19**

- 19.1 The AHP workforce at SFHT continues to be flexible in utilising skill sets outside their standard job roles. This has included redeployment to critical care to support the

nursing and medical workforce. ODP's 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 ward discharges. Advance Respiratory Physiotherapists have supported training to Registered Nurses working on ICCU and Covid-19 wards. Dietitians have up-skilled junior staff to support ICCU and the Associate Chief AHPs have facilitated Covid rehabilitation pathways across the ICS AHP cabinet.

19.2 A Gap analysis of post Covid-19 rehabilitation available has been undertaken by the Associate Chief AHPs with colleagues from CCG in order to improve patients' recovery. This will be presented to board and good progress has been achieved.

19.3 Moving into the next 6 months it has been identified that will be challenges and opportunities for AHPs: recovery and restoration of Outpatient clinics and Diagnostics whilst continuing to deliver a sustained pandemic response.

- D2A (Discharge to Assess) within existing resources during Winter and Covid19.
- Targeted lung health checks – impact on capacity.
- Pressures around CT and MRI capacity.
- Pathology capacity with serology testing.
- Pharmacy retention.
- Reviewing AHP Student facilitator role.
- Community Diagnostic Hubs will pull clinicians from all backgrounds.
- A Physiotherapist is currently on secondment with the regional HEE RePAIR (Reducing pre-Registration Attrition and Increasing Retention) Project.
- CPEP project.
- Dietetic advance role.

## **20.0 Compliance with National Safeguards**

20.1 The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards. Appendix one details the Trust compliance with the Nursing and Midwifery element of the Developing Workforce Safeguards.

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

20.3 Appendix two details compliance with the SNCT following our recent implementation.

**21.0 Appendix One:**

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

- 21.1 The Workforce safeguards published by NHSI 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.
- 21.2 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> SNCT has been embedded with adults. Paediatric training of tool scheduled for October. 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- This is in the final stages of completion.</p>
<p><b>Recommendation 2:</b> Trust must ensure the three components are used in their safe staffing process.</p>	<p><b>Fully Compliant</b> <b>Evidence:</b> SNCT in use at Trust to evidence based 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 and productivity measures – as a whole and not in isolation from each other. We also demonstrate evidence of continuous improvements across all these areas</p>
<p><b>Recommendation 6:</b> As part of the safe staffing review the Chief Nurse and Medical Director must confirm in a statement to</p>	<p><b>Fully Compliant</b> <b>Evidence:</b></p>

<p>their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.</p>	
<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> <b>Evidence:</b> Annual submission to NHSI</p>
<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> <b>Evidence:</b> Monthly Safe Staffing paper triangulates this information.</p>
<p><b>Recommendation 9:</b> An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.</p>	<p><b>Partially Compliant.</b> <b>Evidence:</b> Bi-annual review is not completed across all services; We have implemented SNCT in June (first Data collection cycle September).</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> <b>Evidence:</b> SNCT ready for use with no manipulation</p>
<p><b>Recommendation 11 &amp; 12:</b> As stated in CQC's</p>	<p><b>Fully Compliant</b> <b>Evidence:</b> Completed</p>

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

**23.0 Appendix Two:**

**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>	Held on central database
Are a maximum of 3 senior staff trained and the levels of care recorded?	<b>Yes</b>	Held on central database



Is an established external validation of assessments in place?	<b>Yes</b>	Held on central database
Has inter-rater reliability assessment been carried out with these staff?	<b>Yes</b>	Held on central database
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed to bed ward round review?	<b>Yes</b>	Held on central database
Are enhanced observations (specials) patients reported separately?	<b>No</b>	In progress
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations?	<b>No</b>	In progress