

**Public Board**

<b>Subject:</b>	<b>Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report.</b>	<b>Date:</b> 2 <sup>nd</sup> November 2023			
<b>Prepared By:</b>	Rebecca Herring (Lead Nurse for Safer Staffing) Paula Shore (Director of Midwifery and Divisional Director of Nursing) Kate Wright (Associate Chief Allied Health Professional)				
<b>Approved By:</b>	Phil Bolton Chief Nurse				
<b>Presented By:</b>	Phil Bolton Chief Nurse				
<b>Purpose</b>					
<p>The purpose of this report is to provide the Board of Directors with an overview of nursing, midwifery, and allied health professional (AHP) staffing capacity and compliance within Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).</p> <p>It is also to provide assurance of our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p> <p>It is a national requirement for the Board of Directors to receive this report bi-annually.</p>			<b>Approval</b>	<b>X</b>	
			<b>Assurance</b>	<b>X</b>	
			<b>Update</b>		
			<b>Consider</b>		
<b>Strategic Objectives</b>					
Provide outstanding care in the best place at the right time	Improve health and well-being within our communities	Empower and support our people to be the best they can be	To continuously learn and improve	Sustainable use of resources and estate	Work collaboratively with partners in the community
<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Identify which Principal Risk this report relates to:</b>					
PR1	Significant deterioration in standards of safety and care				<b>X</b>
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				<b>X</b>
PR4	Failure to achieve the Trust's financial strategy				
PR5	Inability to initiate and implement evidence-based Improvement and innovation				
PR6	Working more closely with local health and care partners does not fully deliver the required benefits				
PR7	Major disruptive incident				

PR8	Failure to deliver sustainable reductions in the Trust's impact on climate change	
<b>Committees/groups where this item has been presented before</b>		
Nursing, Midwifery, and Allied Health Professional Committee August 2023 People, Culture, and Improvement Committee, September 2023		
<b>Acronyms</b>		
<p>Allied Health Professional (AHP)</p> <p>Sherwood Forest Hospitals Foundation NHS Trust (SFHFT).</p> <p>National Institute for Health and Care Excellence (NICE),</p> <p>National Quality Board (NQB)</p> <p>Care Hours per Patient Day (CHPPD)</p> <p>Adult Safer Nursing Care Tool (SNCT)</p> <p>Care Quality Commission (CQC)</p> <p>NHS Improvement (NHSI)</p> <p>Objective Structured Clinical Examinations (OSCEs).</p> <p>Healthcare support workers (HCSWs)</p> <p>NHS England (NHSE)</p> <p>Local Maternity and Neonatal Systems (LMNS)</p> <p>Whole-time equivalent (WTE)</p> <p>Health and Care Professions Council (HCPC).</p> <p>Clinical Services, Therapies, and Outpatient (CSTO)</p> <p>Speech and Language Therapy (SLT)</p> <p>Integrated Care System (ICS)</p> <p>Integrated Care Board (ICB)</p> <p>Nursing and Midwifery Council (NMC)</p> <p>Occupational Therapy (OT)</p> <p>Operating Department Practitioner (ODP)</p> <p>Registered nurse (RN)</p> <p>Nursing associate (NA)</p> <p>Trainee nursing associate (TNA)</p>		
<b>Executive Summary</b>		
<b>1.0</b>	<b><u>Background</u></b>	
<b>1.1</b>	The purpose of this report is to provide an overview of nursing, midwifery, and AHP staffing capacity and compliance within SFHFT which is aligned to NICE Safe Staffing Guidance, NQB Standards, and the NHSI Developing Workforce Safeguards	

Guidance.

- 1.2** This is supported by an overview of staffing availability over the previous 5 months, the quality impact upon nurse-sensitive indicators, and progress with assessing the acuity and dependency of patients in ward areas. Furthermore, forward planning progress will be discussed across the outlined disciplines.

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

- 1.3** Since our last report the Trust's collective vacancy rate for nursing, midwifery, and AHPs across all divisions has seen a persistent increase since March of this year, however, the turnover rate has remained consistently low and in a healthy position. Therefore, the vacancy increase is partially attributed to the increase in the baseline establishments following the re-setting of budgets from April 2023.
- 1.4** The national picture for nursing vacancies remains tumultuous, therefore greater emphasis within the NHS Long Term Workforce Plan (NHSE, 2023) has been placed on growing domestic education, training, and recruitment. Nursing, and midwifery vacancies at SFHFT have remained aligned with the national position and is an encouraging indication that recruitment campaigns are preventing our current position from worsening. Nonetheless, we recognise our band 5 nursing workforce is our largest safety-critical resource, and reducing that deficit remains an ongoing challenge. International recruitment continues to be a key indicator for recruitment and is also being echoed nationally.
- 1.5** A continued reliance on agency staffing across all clinical areas continues as we move through 2023 with several winter capacity areas remaining operational beyond the predicted time frame. Nonetheless, the overall trajectory for 2023 continues to positively reduce and is indicative of the ongoing improvement work and strategic focus work being undertaken in terms of agency expenditure.
- 1.6** In line with the continued decreasing agency usage, agency shifts at escalated rates have also remained on the same positive downward trend. This favourable position continues to be influenced by surge payments, enhanced rates for 'hotspot' areas, and the allocation on arrival scheme. Priority focus has been placed on timely escalation of staffing shortfalls and de-escalation when service needs allow. This has

enabled regular opportunities to review, evaluate, and ensure safety and quality care remain the overarching priority.

- 1.7** Care Hours per Patient Day (CHPPD) at Trust level has remained stable demonstrating where safely possible, the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from Model Hospital (June 2023) demonstrates that the Trust value sits within the third of four quartiles at 8.7 and is very slightly above our peer's median of 8.4. With that said, due to the various productivity workstreams being undertaken, we have seen a positive progression from the fourth quartile (highest), down into the third quartile of the Model Hospital data set.
- 1.8** Since March 2023, 271 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time (when investigations had been successfully closed).
- 1.9** 12 of these incidents have been identified as *red flag* incidents due to delays in fundamental care, delays in time-critical activity, unable to provide 1:1 care during established labour, or delays in the inductions of labour. It is recognised that there is a possibility of underreporting.

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

- 1.10** Safer Nursing Care Tool (SNCT) acuity and dependency cycles will conclude with its final cycle planned for October, the data will support and inform the establishment setting process scheduled to commence in December, in line with the financial planning phase.
- 1.11** A rolling programme for connected working and development has been commenced for band 7 and band 8 colleagues, which is being led by the Deputy Head of Corporate Nursing. Right-sizing the workforce and the key principles underpinning safer staffing have been recently delivered with a priority focus on upcoming establishment reviews and frontline engagement.
- 1.12** Recruitment support from the corporate senior nursing team has been provided to Lindhurst and Chatsworth Ward for RN and HCSW vacancies due to the

commissioning provided to establish these areas long-term. Outstanding efforts have been made by the team at Mansfield Community Hospital with several days of recruitment taking place during June and early July. Approximately 99% of all RN vacancies have now been recruited with a final drive to recruit to the last remaining HCSW vacancies out to advert.

**1.13** The Trust continues to have representation upon the Chief Nursing Officer Safer Staffing Fellowship delivered by NHSE and Birmingham City University. The Trust Lead Nurse for Safer Staffing will progress into year 2 of the Healthcare Workforce Planning, Delivery, and Assurance Master of Science Degree Programme in October.

**1.14** SFHFT recommissioned a new BirthRate+ Report which was completed in January 2023 to ensure that staffing reflected the increase in activity and acuity and reflected the changes in the national maternity agenda. The recommendations for the report were embedded into the 2023/24 establishments and successful recruitment has continued. Once all recruited midwives commence in post throughout September to January, our maternity services will be fully established. We will continue to advertise vacancies to facilitate over-recruitment to assist with the high levels of maternity leave across the services.

### **Recruitment and Retention**

**1.15** The Recruitment and Retention Lead Midwife role continues to be evaluated successfully. Targeted work supporting preceptorship and ongoing pastoral support remains aligned with NHSE Long Term Workforce Plan (2023), which in fact has highlighted that this role has ensured all midwives that have been recruited have remained in post here at SFHFT. Furthermore, the Trust has been invited to support a Midwifery Retention Project Videography in September in collaboration with NHSE.

**1.16** The Trust currently has two MSc Midwifery programmes in operation, one programme is with Birmingham City University which four student midwives will complete in January 2024, and the second programme is with Derby University where five student midwives will complete in January 2025. Expressions of interest have been invited and drop-in sessions have been communicated.

- 1.17** We have four Nursing Associates (NAs) on the top-up programme who will complete their studies in March 2024, and we are currently working with them to ensure that they get their place of choice as an RN. We will have a further 10 who will complete their top-up in September 2024, and we will support these as they move into their final year.
- 1.18** SFHFT has been awarded further funding from NHSE for a further 70 international RNs by 31 December 2023. To achieve this, the Trust has secured a second recruitment agency to recruit further staff. In July, we interviewed and appointed 26 international RNs, but unfortunately, we did not deploy any in July. We have developed a plan with NHSE Midland's team to meet our trajectory for December, which means we will be looking at deploying approximately 20 international RNs per month.

### **AHP Overview**

- 1.19** AHPs are a wide-ranging group of clinicians who work in diagnosis, treatment, rehabilitation, health promotion, discharge, and improving the quality of life of patients. AHP professional titles are recognised by NHSE, protected by law, and registered and regulated by the Health and Care Professions Council (HCPC). Collectively they are the third largest workforce in the NHS and are essential in the delivery of the NHS People Plan, to support future demands, transform sustainable healthcare, and assist deliverables of the NHS Long Term Plan.
- 1.20** The Speech and Language Therapy (SLT) team has now completed job planning for all bands. Band 5 Job plans for the remaining AHPs are near completion and a band 6 capacity and demand exercise is currently underway in therapy services. Therapy services are in the process of moving physiotherapy, occupational therapy (OT), orthotics, and dietetics onto electronic rostering.
- 1.21** OT is a workforce risk and is on the Clinical Services, Therapies, and Outpatient (CTSO) division risk register. OTs have been deemed by NHSE an 'at risk' professional group. Nationally, there are significant challenges in recruitment across acute settings partnered with limited bank and agency workforce available. Acute

placements are not mandated as part of the undergraduate training of an OT.

- 1.22** Operating Department Practitioners (ODPs) continue to be a workforce risk. Two international ODPs have now commenced but significant recruitment and retention issues remain. Current recruitment workstreams include international recruitment, rolling band 5 recruitment, apprenticeships, video promotion with Care4Notts, and an ongoing communication plan. Substantive staff are covering significant overtime due to a high agency workforce (with less experience) covering vacancies.
- 1.23** Two level 6 physiotherapy apprentices have successfully completed their training and have now qualified. They have both successfully obtained band 5 physiotherapist posts at SFHFT.
- 1.24** The Trust has hosted and supported an ICS AHP Faculty Practice Learning Facilitator, supporting high-quality practice-based learning, and aligning placement capacity with predicted future workforce needs.
- 1.25** SFHFT and the Associate Chief AHP will be the host organisation for NHSE/ICB AHP funds including:
- ICS AHP workforce, training, and education improvement fund,
  - ICS AHP leadership scoping role will be extended until December 2023,
  - Student placement (quality and capacity) and preceptorship workstreams.
- This will include secondment opportunities for AHPs to develop leadership and project manager skills by supporting and delivering these projects for 6 months. These roles are currently out for recruitment.

### **National Compliance**

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

- 1.27** The recommendation from the Chief Nurse and Director of Nursing is that there is good compliance with the Developing Workforce Safeguards.
- 1.28** The Chief Nurse and Director of Nursing have confirmed they are satisfied that staffing is safe, effective, and sustainable.
- 1.29** Appendix two details the Trust's compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations.

### **Recommendations**

- 1.30** The Board is asked to:
- Receive this report and note the ongoing plan to provide safe staffing provisions within nursing, midwifery, and AHP disciplines across the Trust.
  - The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
  - The Board is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.



## Nursing, Midwifery, and Allied Health Professional Bi-annual Staffing Report 2023

### 2.0 Purpose

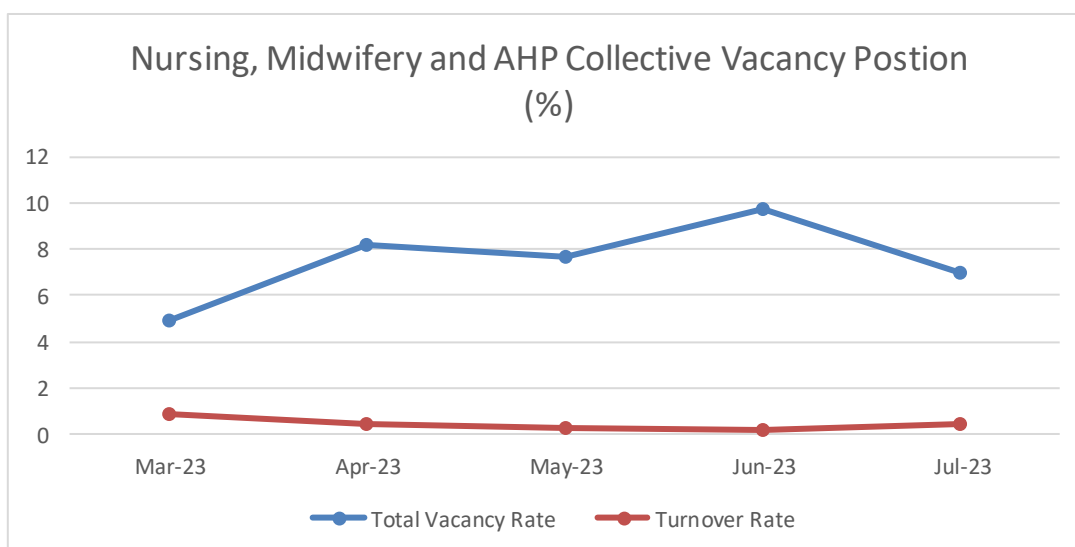
- 2.1 The purpose of this report is to provide an overview of NMAHP staffing capacity and Trust compliance with the NICE Safe Staffing, NQB Standards, and the NHSI Developing Workforce Safeguards guidance.
- 2.2 This is supported by an overview of staffing availability since our last report, oversight of nurse-sensitive indicators, progress with assessing the acuity and dependency of patients across ward areas, ongoing recruitment, and service development across our services.

## Nursing and Midwifery Overview

### 3.0 Local Nursing and Midwifery Context

- 3.1 Since our last report the Trust's collective vacancy rate for nursing, midwifery, and AHPs across all divisions has seen a persistent increase since March of this year. However, the turnover rate has remained consistently low and in a healthy position, therefore the vacancy increase is partially attributed to the increase in the baseline establishments following the re-setting of budgets from April 2023.

Figure 1:

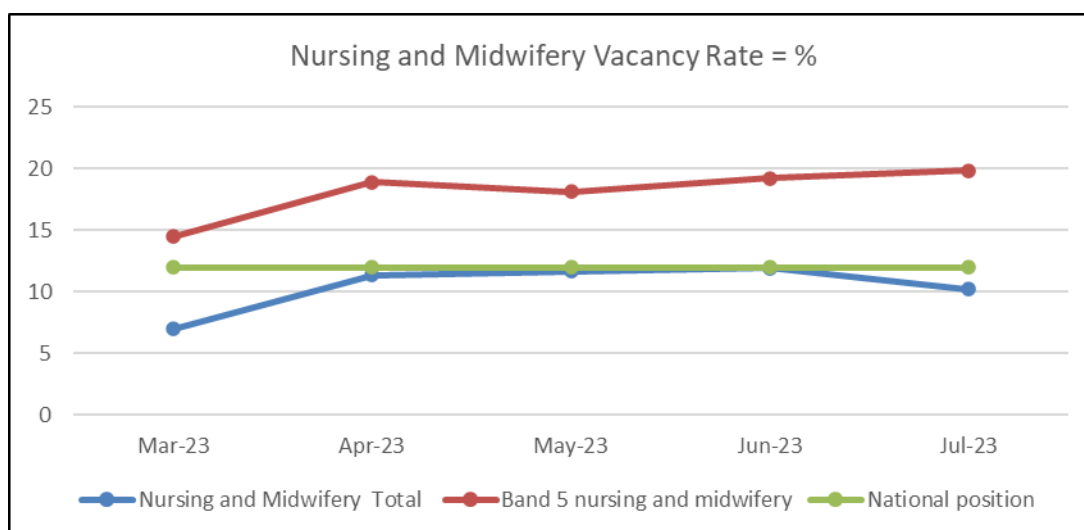


Data Source: Workforce Informatics.

**3.2** The NHS Long Term Workforce Plan (2023) states the NHS has many times the number of staff, including doctors, nurses, therapists, and scientists, and is therefore capable of delivering a far greater volume and breadth of care. But, at the same time, national vacancies total over 112,000. The national picture for nursing vacancies remains tumultuous, therefore greater emphasis within the NHS Long Term Workforce Plan has been placed on growing domestic education, training, and recruitment.

**3.3** Nursing, and midwifery vacancies at SFHFT have remained aligned with the national position and is an encouraging indication that recruitment campaigns are supporting our current position and preventing it from worsening. Nonetheless, we recognise our band 5 nursing workforce is our largest safety-critical resource, and reducing that deficit remains an ongoing challenge but is being supported through international recruitment, which is being echoed nationally.

Figure 2:

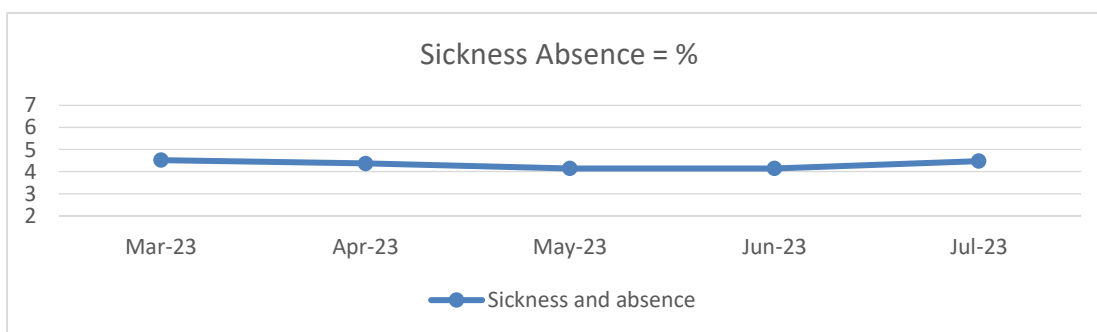


Data Source: Workforce Informatics.

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

**3.5** Since our last report, we have continued to maintain a stable position in relation to sickness absence overall for all staff groups, and this is a sustained improvement when compared to 2022.

Figure 3:

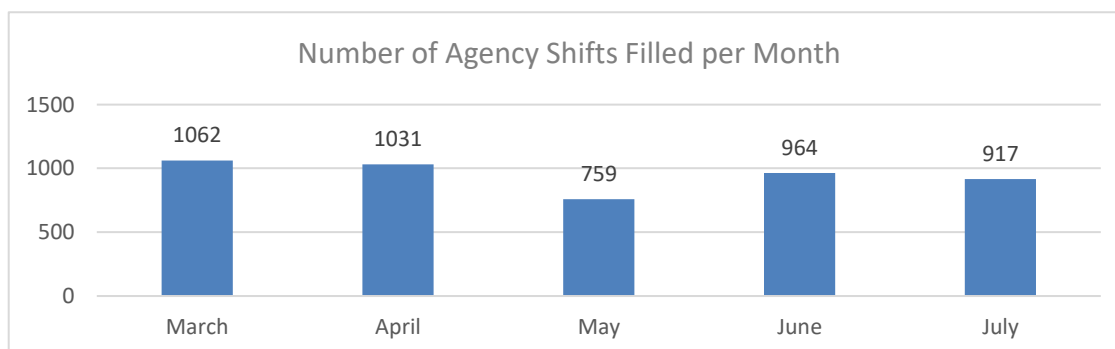


Data Source: Workforce Informatics.

**3.6** A continued reliance on agency staffing across all clinical areas continues as we move through 2023, and several winter capacity areas have remained open beyond the predicted time frame. Acuity and dependency requirements of our patients attending the hospital have continued to remain high, coupled with immense flow and capacity throughout the year. Once again this is not localised to SFHFT as unprecedented pressures across the NHS system are being experienced nationwide.

**3.7** Despite this, the overall trajectory for 2023 continues to positively reduce and is indicative of the ongoing improvement work and strategic focus work being undertaken in terms of agency expenditure.

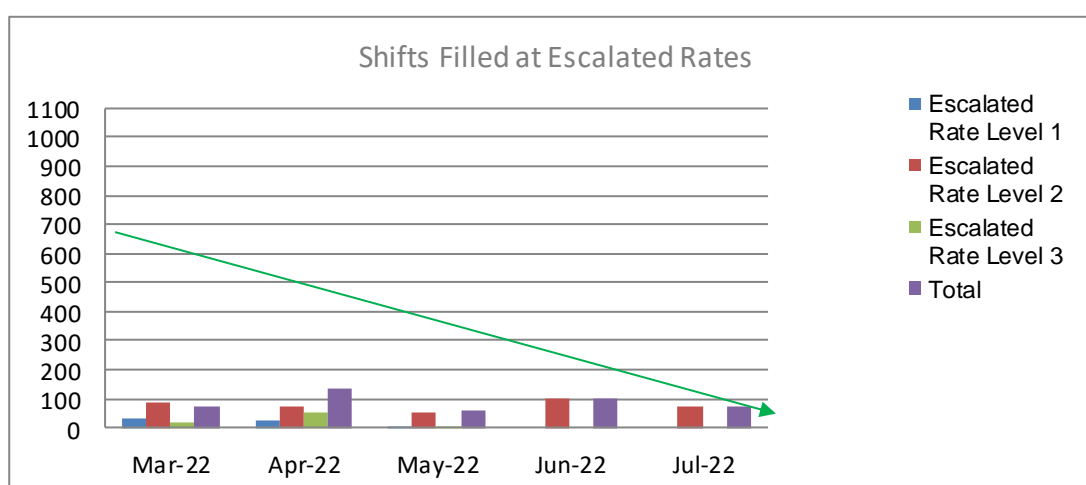
Figure 4:



Data Source: Temporary Staffing Office 2023 Data

3.8 In line with the continued decreasing agency usage, agency shifts at escalated rates have also remained on the same positive downward trend. This favourable position continues to be influenced by surge payments, enhanced rates for 'hotspot' areas, and the allocation on arrival scheme. Priority focus has been placed on timely escalation of staffing shortfalls and de-escalation when service needs allow, which has enabled regular opportunities to review and evaluate the Trust's financial position whilst ensuring safety and quality care remain the superseding priority.

Figure 5:



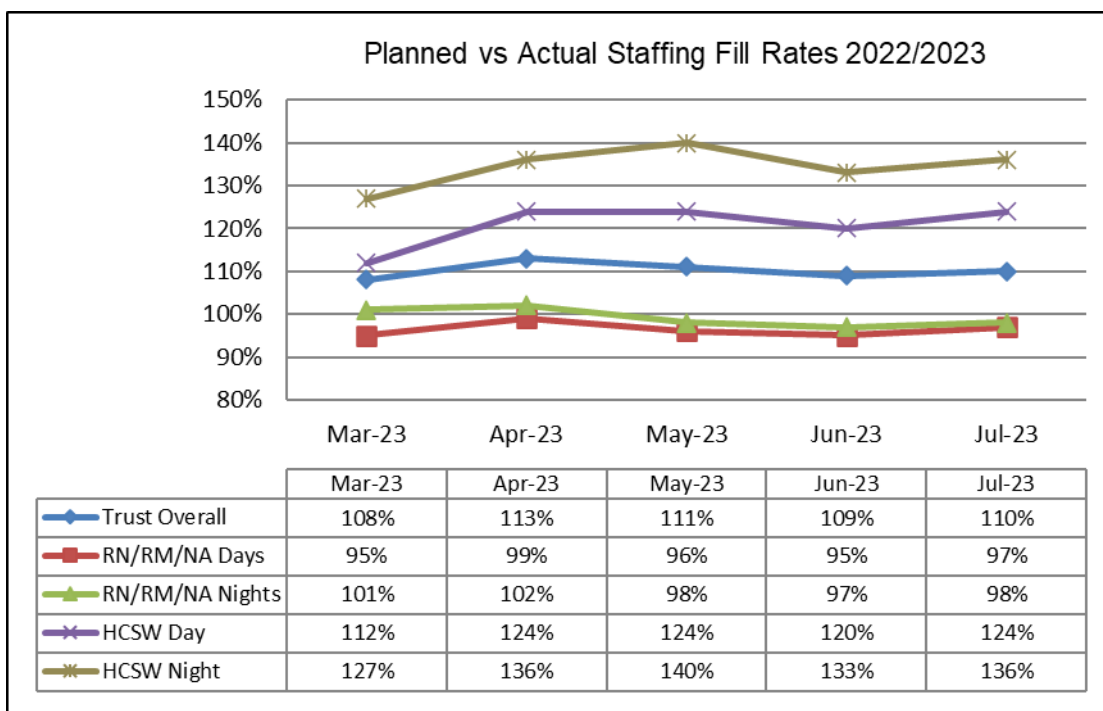
Data Source: Temporary Staffing Office 2023 Data

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

4.1 All NHS providers are required to publish inpatient nursing and midwifery staffing data and a national report is submitted each month. This data highlights the planned staffing hours (hours planned into a working roster template) aligned to actual staffing hours worked (actual hours worked by substantive and temporary staff).

4.2 The previous months have remained challenging for certain areas due to sickness absence and leave, but clinical leaders have worked hard to ensure our staffing levels have remained safe and aligned with national guidance. The Trust overall has consistently remained above 95% of the planned staffing fill rates for registered staff and unregistered staff. The Trust continues to experience a high caseload of patients who require enhanced observations to reduce the risk of harm, and the consistent HCSW fill rates are demonstrative of the increased needs of patients accessing our services.

Figure 6:

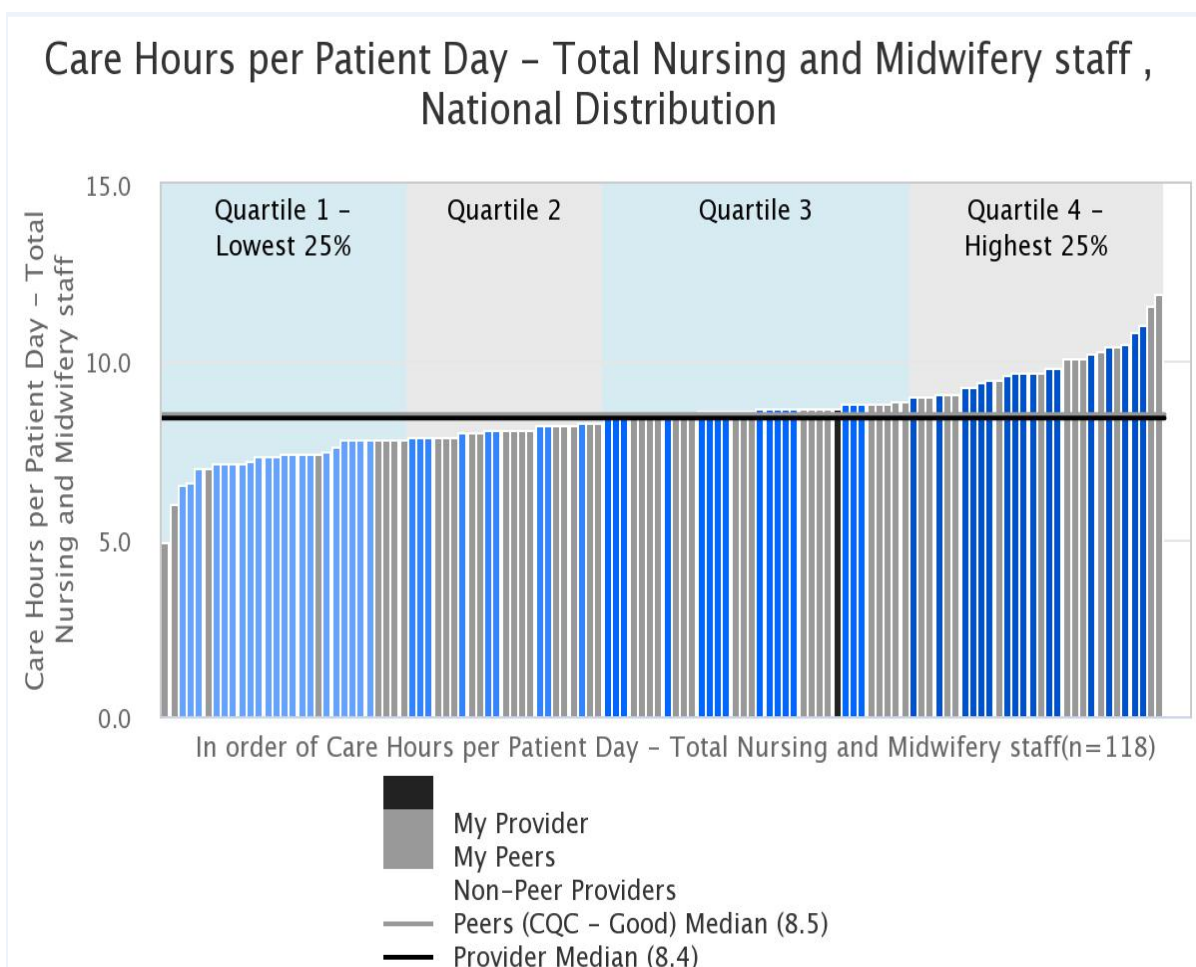


Data Source: Unify Staffing Data.

**4.3** CHPPD is calculated by adding together the hours of registered nurses/ midwives and health care support staff (HCSW) and dividing the total by every 24 hours of inpatient admissions. This provides a value that demonstrates the average number of actual registered nursing care hours spent with each patient per day. Data at Trust and ward level for all acute Trusts is published on NHS Model Hospital to assist in reducing unwarranted variation by providing a transparent comparable data set.

**4.4** The CHPPD at Trust level has remained stable demonstrating where safely possible the workforce is being deployed to meet patient activity and patient needs. Benchmarking data from Model Hospital (June 2023) demonstrates that the Trust value sits within the third of four quartiles at 8.7 and is very slightly above our peer's median of 8.4. Whilst this metric should not be used in isolation, it does indicate that our staffing levels are reflective of similar-sized peer organisations across the country. With that said, due to the various productivity workstreams being undertaken, we have seen a positive progression from the fourth quartile (highest), down into the third quartile of the Model Hospital data set.

Figure 7:



*Data Source: Model Hospital*

**4.5** Divisional feedback from the matron team indicates safe staffing across all services remains an ongoing priority, particularly with the seasonal variables and the exceptional circumstances of industrial action amongst the teaching profession. With that said, staffing resource has been efficiently flexed and deployed to meet patient demand, activity, and acuity. We recognise that at times, this has meant clinical areas are working with staffing levels that have not been optimum. Nonetheless, minimum staffing levels have been maintained and red flag incidents continued to be monitored and reviewed.

**5.0 Measure and Improvement**

**5.1** Patient care that is of high quality is the absolute driver in our assurance that our staffing is safe and responsive, therefore the senior nursing and midwifery team

reviews workforce metrics, indicators of quality, and measures of productivity monthly within the monthly Safe Staffing Reports.

- 5.2** Since March 2023, 271 nursing and midwifery staffing-related incidents have been reported through the Datix reporting system. All incidents were recorded as no or low harm, and the appropriate actions were taken at the time (when investigations had been successfully closed).

Figure 8:

2022-2023	March	April	May	June	July
Staffing Incidents	58	58	49	52	54
Red Flags	2	2	1	3	4

Data Source: Datix Reporting System

- 5.3** 12 of these incidents have been identified as *red flag* incidents (as defined by NICE) due to a delay in fundamental care, delays in time-critical activity, unable to provide 1:1 care during established labour, or delays in the inductions of labour. It is recognised that there is a possibility of underreporting therefore emphasis is being placed on informing staff of red flag events and detailing the impact upon patient care when staffing concerns are being reported.

- 5.4** In addition to Datix reporting, red flags for midwifery services are also recorded within BirthRate Plus® system. The theme of red flags reported aligns with the incidents reported within the Datix system highlighted above. As per our previous report, the themes remain consistent with actions undertaken to meet patient acuity by utilising redeployment of staff, matron on-call working clinically, and escalation to managers enacted to mitigate risk.

## **6.0 Nursing Forward Planning**

- 6.1** SNCT acuity and dependency cycles will conclude with its final cycle planned for October and the data will support and inform the establishment setting process scheduled to commence in December, in line with the financial planning phase.

- 6.2** A rolling programme for connected working and development has been commenced for band 7 and band 8 colleagues, which is being led by the Deputy Head of Corporate Nursing. Right sizing the workforce and the key principles underpinning safer staffing session has recently been delivered with a focus on the upcoming establishment reviews and frontline engagement.
- 6.3** The Trust continues to have representation upon the Chief Nursing Officer Safer Staffing Fellowship delivered by NHSE and Birmingham City University. The Trust Lead Nurse for Safer Staffing will progress into year 2 of the Healthcare Workforce Planning, Delivery, and Assurance Master of Science Degree Programme in October.
- 6.4** Recruitment support from the corporate senior nursing team has been provided to Lindhurst and Chatsworth Ward for RN and HCSW vacancies due to the commissioning provided to establish these areas long-term. Outstanding efforts have been made by the team at Mansfield Community Hospital with several days of recruitment taking place during June and early July. Approximately 99% of all RN vacancies have now been recruited with a final drive to recruit to the last remaining HCSW vacancies out to advert.
- 6.5** The recruitment support offer has also assisted Castle Ward with RN and HCSW vacancies. Collaboration with the communications team is underway to drive the profile of our Newark site and the range of opportunities it has to offer, starting with short video staff case studies and a review of the Newark site landing page.
- 6.6** From October 2023, we will have 11 trainee nursing associates (TNAs) taking up their NA posts within the Trust, and they were all successful in the areas of their choice.
- 6.7** Ongoing work continues to align our preceptorship programme with the National Preceptorship Framework. An annual review is scheduled to identify areas of improvement to support our journey towards achieving the Quality Preceptorship Mark.
- 6.8 International Recruitment**



- 6.9** The Trust been awarded further funding from NHSE for a further 70 International RNs by 31 December 2023. To achieve this, the Trust has secured a second recruitment agency to recruit further staff. In July, we interviewed and appointed 26 international RNs, but unfortunately, we did not deploy any in July. We have developed a plan with NHSE Midland's team to meet our trajectory for December, which means we will be looking at deploying approximately 20 international RNs per month.
- 6.10** We have continued to train our international RNs to complete their Objective Structured Clinical Examinations (OSCEs) and the current waiting time from arrival to commencing their training is 4 weeks. In July, there were 9 who took their OSCEs, 1 passed the first time, 8 on the second attempt, and 1 passed on the third attempt.
- 6.11** We are reviewing the retention of our international RNs as we are aware that there are 20 who are leaving and moving to Australia. As most of these are in their first year at the Trust, we are looking at the NHS Employee guidance on recuperating costs in line with their recommendations.
- 6.12 Nursing Associates**
- 6.13** The 2022 cohort will move into their second year and are achieving their objectives, and we have appointed 18 TNAs who will commence their training in 2023 at Nottingham Trent University.
- 6.14** We have four NAs on the top-up programme who will complete their studies in March 2024, and we are currently working with them to ensure that they get their place of choice as an RN. We will have a further 10 who will complete their top-up training in September 2024, and we will support these as they move into their final year.
- 6.15 Registered Nurse Degree Apprenticeships**
- 6.16** Our registered nurse degree apprentices will move into their final year in September, and we will commence supporting them in moving into their future posts of choice in September 2024, and will complete this by December 2023.

## 7.0 Midwifery Forward Planning

- 7.1 SFHFT recommissioned a new BR+ report which was completed in January 2023 to ensure that staffing reflected the increase in activity and acuity and was in line with changes in the national maternity agenda.
- 7.2 The recommendations for the report were embedded into the 2023/24 establishments and successful recruitment has continued. Once all recruited midwives commence in post throughout September to January, our maternity services will be fully established. We will continue to advertise vacancies to facilitate over-recruitment to assist with the high levels of maternity leave across the services.
- 7.3 Specialist midwife's roles have also been reviewed and will be factored into future recruitment ensuring the Trust is aligned with the national agenda, mainly the Three-Year Delivery Plan for Maternity and Neonatal Services (March 2023).
- 7.4 The Three-Year Delivery Plan combines findings from reports on maternity services nationally and details a framework for the delivery of its recommendations. The implementation will be led via the Local Maternity & Neonatal Systems (LMNS) which have recently launched the 'LMNS Oversight and Assurance Panel' in response to the plan. The maternity team remains committed to supporting its successful implementation.
- 7.5 The alignment of the MSW to the national framework continues and plans are in place to support our current staff to meet educational requirements within this framework. This also aligns with the Three-Year Delivery Plan and the RCM Position Statement (2022) which outlined that registered nurses should not be used within maternity services and that organisations should look at the development of the Maternity Support Worker (MSW) workforce.
- 7.6 As part of Maternity Transformation within Sherwood Birthing Unit the rollout of the Birmingham Symptom Specific Obstetric Triage System pathway has seen initial success and responds to recommendations within the planned Care Quality Commission (CQC) Maternity Service inspection undertaken in November 2022. Furthermore, the commencement of the elective caesarean section lists has seen

positive responses from both staff and service users and will continue to be monitored to capture data on patient safety and satisfaction.

- 7.7** Our Recruitment and Retention Lead Midwife role continues to be evaluated successfully. Targeted work supporting preceptorship and ongoing pastoral support remains aligned with the Long-Term Workforce Plan (NHSE, 2023), and has highlighted that this role has ensured all midwives that have been recruited have remained in post here at SFHFT. Furthermore, the Trust has been invited to support a Midwifery Retention Project Videography in September in collaboration with NHSE.
- 7.8** The Trust currently has two MSc midwifery programmes in operation, one programme is with Birmingham City University where four student midwives will complete in January 2024, and the second programme is with Derby University where five student midwives will complete in January 2025. Expressions of interest have been invited and drop-in sessions have been communicated.

### **Allied Health Professions Overview**

- 8.0** AHPs are a wide-ranging group of clinicians who work in diagnosis, treatment, rehabilitation, health promotion, discharge, and improving the quality of life of patients. AHP professional titles are recognised by NHSE, protected by law, and registered and regulated by the HCPC. Collectively they are the third largest workforce in the NHS and are essential in the delivery of the NHS People Plan, to support future demands, transform sustainable healthcare, and assist deliverables of the NHS Long Term Plan.
- 8.1** There is no single guidance or standard approach to inform safe staffing levels required within services provided by AHPs. Each AHP has profession-specific information and guidance only, available to support staffing levels of a particular type of service. At SFHFT, we currently employ 9 of the 14 AHP professions as defined by NHSE.
- 8.2** A local AHP tactical profile has been developed, collating workforce data and intelligence. This is currently being validated against ESR and Model Hospital. It initially provides a baseline of AHP profiles at SFHFT. Metrics include skill mix, ethnicity, retention and recruitment, and support workforce. Further analysis, in

addition to job planning, will support the planned development of an AHP quality dashboard.

## **9.0 Job Planning**

**9.1** The SLT team has now completed job planning for all bands. Band 5 Job plans for the remaining AHPs are near completion and a band 6 capacity and demand exercise is currently underway in therapy services. Therapy services are in the process of moving physiotherapy, OT, orthotics, and dietetics onto electronic rostering.

**9.2** The AHP Chief Nurse Clinical Fellow post supporting the implementation of AHP job planning is expected to conclude in November 2023.

## **10.0 AHP Staffing Updates**

**10.1** Therapy posts (physiotherapy, OT, SLT, and dietetics) and additional acute and stroke bed funding have been agreed and substantive recruitment is underway.

**10.2** OT is a workforce risk and is on the CSTO risk register. OTs have been deemed by NHSE an 'at risk' professional group. Nationally, there are significant challenges with recruitment in acute settings partnered with limited bank and agency workforce available. Acute placements are not mandated as part of the undergraduate training of an OT.

**10.3** OT posts vacant at SFHFT include two band 6 OT posts, and two band 5 OTs have also recently given notice. In addition, there are two staff on long-term sickness being supported. This significantly impacts the workforce and the ability to support flow and discharges within this team. Recruitment is underway and if there are successful applicants, over-establishment is being considered. The Associate Chief AHP is undertaking all AHP exit interviews to establish any themes.

**10.4** The ICS OT rotational scheme has been launched to aid recruitment and retention within the Nottingham and Nottinghamshire ICS. It will be the first national OT rotational scheme to incorporate health and social care and the Trust is part of this scheme which is due to commence in October 2023.

- 10.5** The SLT ICS rotational scheme continues to be successful and fully recruited and SFHT has committed to being part of this scheme and has one band 5 post supported. There are currently no vacancies in the SLT service currently. The SLT Head and Neck band 8a specialist post continues to be provided by agency staffing whilst awaiting a surgical business case approval. (The service was previously provided by Nottingham University Hospitals).
- 10.6** Dietetics has recently recruited to a new band 7 post (funded by MacMillan) supporting patients' pre-diagnosis, and undergoing treatment, plus a band 7 young adult post in diabetes, funded by NHSE. A further 1.6 WTE vacancies remain in adult and paediatrics, and this has had a significant impact on the small team. There are current challenges in recruiting ward-based posts therefore the People Directorate and the Associate Chief AHP are supporting recruitment options and advertising. Maternity leave and delays in recruitment to cover posts in ICCU and Outpatients have resulted in a need for agency staff support whilst recruiting.
- 10.7** ODPs continue to be a workforce risk. Two international ODPs have now commenced in post but significant recruitment and retention issues remain. Current recruitment workstreams include international recruitment, rolling band 5 recruitment, apprenticeships, video promotion with Care4Notts, and an ongoing communication plan. Substantive staff are covering significant overtime due to a high agency workforce (with less experience) covering vacancies.
- 10.8** Orthotics are fully established with no vacancies.
- 10.9** Orthoptics have a new band 6 post in recruitment to support additional paediatric clinics. Areas of development and concern include SFHFT not meeting national standards in its provision for learning-disabled patients and there is no screening lead Orthoptist in the community or schools.
- 10.10** Against the national trend, Radiology has been successful in appointing a band 8a PACS manager and band 7 MRI team leader, due to start September 2023. A band 8a team leader has been appointed in reporting radiography and 8 band 5 newly qualified radiographers have been appointed and are expected to commence over the next few months. Ultrasound posts are in recruitment for the early accelerator Clinical Diagnostic Centre.

## 11.0 Apprenticeships

11.1 To support apprenticeships, AHP services need to utilise existing support workforce posts and do not have any supernumerary apprenticeship posts established. There are no support staff in dietetics, SLT, orthotics, or orthoptics so currently, apprenticeships are not able to be considered in these professions. This will have implications for implementing recommendations from the NHS Long Term Workforce Plan.

11.2 Radiology has recently appointed its first level 6 apprentice, who is due to commence in March 2024.

11.3 Two level 6 physiotherapy apprentices have successfully completed their training. They have both obtained band 5 physiotherapist posts at SFHFT.

11.4 In March 2023, therapy supported a further three level 6 physiotherapy apprentices and two OT level 6 apprentices.

11.5 NHSE has just confirmed they will fund NHS providers to support an additional level 3 and level 5 apprenticeship for AHP support workers (to be determined).

## 12.0 Advanced Practice

12.1 A Paramedic Advanced Clinical Practitioner (ACP) into critical care, and they are due to commence in post in November.

## 13.0 ICS AHP Faculty and AHP Cabinet

13.1 The Trust has hosted and supported an ICS AHP faculty Practice Learning Facilitator, supporting high-quality practice-based learning, and aligning placement capacity with predicted future workforce needs. In addition, ICS AHP project posts support NHSE workstreams including:

- Preceptorship and early careers,
- Support workforce,
- Orthotic and prosthetic pipeline

These workstreams are now complete (August 2023) with recommendations submitted to NHSE.

**13.2** SFHFT will be the host organisation for NHSE/ICB AHP funds including:

- ICS AHP workforce, training, and education improvement funds,
- ICS AHP leadership scoping role (extended until December 2023),
- Student placement (quality and capacity) and preceptorship.

This will include secondment opportunities for AHPs to develop leadership and project manager skills, which include supporting and delivering these projects for 6 months. These roles are currently out for recruitment.

### **National Compliance**

**14.0** The Developing Workforce Safeguards published by NHSI in October 2018 were designed to help Trusts manage workforce planning and staff deployment. Trusts are now assessed for compliance with the triangulated approach to deciding staff requirements described within the NQB guidance. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skills are in the right place at the right time.

**14.1** The recommendation from the Chief Nurse and Director of Nursing is that there is good compliance with the Developing Workforce Safeguards (2018).

**14.2** The Chief Nurse and Director of Nursing have confirmed they are satisfied that staffing is safe, effective, and sustainable.

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

### **Recommendations**

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

**15.1** The Board of Directors is asked to note the ongoing recruitment plans to support each service.

- 15.2** The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 15.3** The Board of Directors is asked to note the compliance standards used in relation to SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.
- 15.4** The Board of Directors is asked to note the compliance standards relating to the Developing Workforce Safeguards and the Trust's conformity against these.



**16.0 Appendix One: SNCT Compliance Standards 2023 Assessment**

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

**17.0 Appendix Two: Compliance with Developing Workforce Safeguards, Nursing and Midwifery**

**17.1** The Workforce Safeguards published by NHSI in October 2018 are used to assess compliance with the Triangulated approach to staff planning in accordance with the NQB guidance.

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

Recommendation:	Compliance:
<p><b>Recommendation 1:</b> Trusts must formally ensure NQB’s 2016 guidance is embedded in their safe staffing governance.</p>	<p><b>Compliant</b> SNCT has been embedded within both adult and Paediatric in-patient areas and the emergency department. BirthRate Plus is utilised within Maternity services.</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> SNCT and BirthRate are in use at the Trust to provide an evidence base for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.</p>
<p><b>Recommendation 3 &amp; 4:</b> Assessment will be based on a review of the annual governance statement in which Trusts will be required to confirm their staffing governance processes are safe and sustainable.</p>	<p><b>Fully Compliant</b> Confirmation is included in the 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> We collate and review data every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.</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 their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable.</p>	<p><b>Fully Compliant</b> Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report sign-off.</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> Annual submission to NHS Improvement</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> Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.</p>
<p><b>Recommendation 9:</b> An assessment or resetting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes.</p>	<p><b>Fully Compliant.</b> SNCT is undertaken 2-3 times per year. An annual and bi-annual staffing report is presented to the Nursing, Midwifery, and Allied Health Professional Committee, People, Culture and Improvement Committee, and the Board of Directors.</p>
<p><b>Recommendation 10:</b> There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.</p>	<p><b>Fully Compliant</b> SNCT and Birthrate Plus are in use as per license agreements across ED, adult inpatient areas, adult inpatient assessment areas, and children and young people inpatient areas.</p>
<p><b>Recommendation 11 &amp; 12:</b> As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review.</p>	<p><b>Fully Compliant</b> Completed as part of the establishment setting process and monitored by the Nursing, Midwifery, and Allied Health Committee.</p>
<p><b>Recommendation 13 &amp; 14:</b> Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the Board to maintain safety and care quality.</p>	<p><b>Fully Compliant</b> Daily staffing meetings. Staffing is also discussed at the flow and capacity meetings throughout the day. Staffing escalation process. Safe Staffing Standard Operating Procedure. Maternity Assurance Committee. Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.</p>

