

Trust Board

Subject:	Nursing, Midwifery, and Allied Health Professional Annual Staffing Report.		Date: May 2024		
Prepared By:	Rebecca Herring (Associate Director of Nursing - Workforce) Paula Shore (Director of Midwifery and Divisional Director of Nursing) Kate Wright (Associate Chief Allied Health Professional)				
Approved By:	Phil Bolton, Chief Nurse				
Presented By:	Phil Bolton, Chief Nurse				
Purpose					
<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 (SFH).</p> <p>It is also to assure our compliance with the National Institute for Health and Care Excellence (NICE) Safe Staffing Guidance, National Quality Board (NQB) Standards, and the NHS Improvement (NHSI) Developing Workforce Safeguards.</p> <p>It is a national requirement for the Board of Directors to receive this report bi-annually.</p>			Approval	X	
			Assurance	X	
			Update		
			Consider		
Strategic Objectives					
Provide outstanding care in the best place at the right time	Empower and support our people to be the best they can be	Improve health and well-being within our communities	Continuously learn and improve	Sustainable use of resources and estates	Work collaboratively with partners in the community
X			X	X	X
Principal Risk					
PR1	Significant deterioration in standards of safety and care				X
PR2	Demand that overwhelms capacity				
PR3	Critical shortage of workforce capacity and capability				X
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	
Committees/groups where this item has been presented before		
Nursing, Midwifery, and Allied Health Professional Committee March 2024 People, Culture and Improvement Committee, March 2024		
Acronyms		
Allied Health Professional (AHP) Sherwood Forest Hospitals Foundation NHS Trust (SFH). National Institute for Health and Care Excellence (NICE), National Quality Board (NQB) Care Hours per Patient Day (CHPPD) Adult Safer Nursing Care Tool (SNCT) Care Quality Commission (CQC) NHS Improvement (NHSI) Objective Structured Clinical Examinations (OSCEs). Healthcare Support Workers (HCSWs) NHS England (NHSE) Local Maternity and Neonatal Systems (LMNS) Whole-time Equivalent (WTE) Health and Care Professions Council (HCPC). Clinical Services, Therapies, and Outpatient (CSTO) Speech and Language Therapy (SLT) Integrated Care System (ICS) Integrated Care Board (ICB) Nursing and Midwifery Council (NMC) Occupational Therapy (OT)		

Operating Department Practitioner (ODP)

Registered Nurse (RN)

Nursing Associate (NA)

Trainee nursing associate (TNA)

Executive Summary

Background

- 1.0 The purpose of this report is to provide an overview of nursing, midwifery, and AHP staffing capacity and compliance within SFH, which is aligned to NICE Safe Staffing Guidance, NQB Standards, and the NHSI Developing Workforce Safeguards Guidance.
- 1.1 This is supported by an overview of staffing availability over the year, the quality impact upon nurse-sensitive indicators, progress with assessing the acuity and dependency of patients in ward areas, and the outcomes of the 2024-2025 NMAHP inpatient establishment reviews. Furthermore, planning progress will be discussed across the outlined disciplines.

Nursing and Midwifery Staffing Overview

- 1.2 Quarter one of 2023/2024 saw the Trust's collective vacancy rate for nursing, midwifery, and AHPs across all divisions remain at 8%. However, from quarter 2 onwards, there has been a consistent positive reduction of 4% overall.
- 1.3 Collective nursing and midwifery vacancies at SFH have remained favourable compared to the national position average. The Trust remains committed to the national policy drivers in ensuring there are safe and sustainable workforce provisions and has pledged additional investment in local and international recruitment campaigns. With that said, our band 5 nursing workforce is one of our largest safety-critical resources; therefore, maintaining momentum in reducing the vacancy deficit in this cohort of staff remains our absolute priority, albeit an ongoing challenge due to the national workforce pressures.
- 1.4 Since our last report, we have remained under significant operational pressure, with multiple areas working above their baseline capacity. A phased approach over 2023 has been taken to substantivize staffing in several of the longstanding escalation areas; nonetheless, continued reliance on agency staffing across all clinical areas remains, but the overall trend has demonstrated that this is positively reducing.

- 1.5** Aligned to the overall decreasing agency usage, usage at escalated rates has also seen a reducing downward trend. Whilst it is acknowledged there is still work to be done on reducing standard cascade agency usage overall, the targeted focus of higher cost rates has been favourable. Priority focus has been placed on a timely escalation of staffing shortfalls and de-escalation when service needs allow, bespoke roster training for areas, and mandatory refresh training for all band 7s.
- 1.6** Care Hours per Patient Day (CHPPD) at the Trust level has remained stable despite national fragility. Benchmarking data from Model Hospital (October 2023) demonstrates that the Trust value sits within the third of four quartiles at 8.3 and is aligned with an overall peer median of 8.4. This metric should not be used in isolation, but it does indicate that our staffing levels are reflective of similar-sized peer organisations across the NHS.
- 1.7** In addition to Datix reporting, red flags for midwifery services are recorded within the BirthRate Plus® system. The theme of red flags reported aligns with the incidents reported within the Datix system and is themed with delays in inductions of labour or delays in the artificial rupture of membranes. As per our previous report, the themes remain consistent with actions undertaken to meet patient acuity by utilising staff redeployment, matron on-call working clinically, and escalation to managers enacted to mitigate risk.

Establishment Planning Reviews 2024/2025

- 1.8** Since the last establishment review, the Trust has continued with an evidence-based approach to re-setting the nursing and midwifery establishments ensuring we are compliant with the NQB standards. Safer Nursing Care Tool (SNCT) is an objective evidence-based workforce planning tool that provides patient acuity and dependency intelligence, aligned with nurse-sensitive indicators and professional judgement to inform the Trust establishment setting process.
- 1.9** A multidisciplinary review of the nursing and midwifery establishments commenced in late November and concluded in January 2024. The reviews were led by the Director of Nursing/ Deputy Chief Nurse, and the Lead Nurse for Safer Staffing, with representation from the Deputy Chief Financial Officer, Divisional Directors of Nursing/ Midwifery, Divisional Matrons, and Divisional Finance Managers.

1.10 The collective establishment recommendation which was agreed by the Trust Management Team was for an increase of 18.83 WTE and subsequent recruitment within the nursing and midwifery workforce; with a total cost impact of £70,609.

Figure 1:

Division	WTE Requested	Financial Investment Requested
Medicine	8.64	£0
Urgent and Emergency care	0	£0
Surgery	8.12	£0- Funded through TIF and EFR
Clinical Therapies, Services, and Outpatients	0	£0
Women and Children	2.07	£70,609
Total	18.83	£70,609

1.11 The full breakdown of the establishment review and recommendations can be found in Appendix Two.

Nursing Forward Planning

1.12 An executive decision was made to suspend the international recruitment program in November due to feedback from the clinical teams regarding reducing vacancies and difficulties in providing additional clinical support and supervision for staff during their transition into a registrant role. The relevant communications have taken place with our national colleagues, external partners, and the remaining international nurses who were pending start dates. Pastoral support to our new colleagues remains ongoing alongside OSCE preparation training ahead of the upcoming examinations.

1.13 SNCT for adult inpatient areas and adult assessment areas was updated in 2023 to reflect the changing complexities of patients' needs. It has been recognised that enhanced patient observations and areas with a high percentage of cubicles need increased workforce requirements. Therefore, additional levels of care have been included within the new tool to support this. The data cycles have also increased from 20 to 30 days to ensure a greater insight into the themes and trends during that time frame. SFH was one of the pilot sites for the refresh beta testing phase and has been acknowledged in the tool's user manual.

1.14 A Golden Ticket Recruitment Offer Scheme is now available for ward and department leaders who support student nurses within their clinical areas. The scheme is aimed at third-year nurses who have undergone placements at SFH, displayed clinical excellence, and role-modelled the Trust CARE values. Whilst the scheme is currently only available in nursing, significant interest has been generated within maternity and AHP roles; therefore, collaborative working is underway to expand the scope of the scheme.

1.15 The Registered Nurse Degree Apprenticeship students are progressing well, and the Trust is engaging with them to confirm their intentions of employment after they qualify in August 2024.

Midwifery Forward Planning

1.16 The alignment of the maternity support worker workforce with the national framework continues, and plans are in place to support our current staff in meeting educational requirements within this framework. This also aligns with the Three-Year Delivery Plan and the Royal College of Midwifery 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 workforce.

1.17 The Trust continues to support the MSc midwifery shortened programmes. Our Birmingham City University students completed their studies in January 2024, and our Derby University students will complete their studies in January 2025. A new cohort of student midwives will commence their programme in January 2024 and are expected to complete it in January 2026.

1.18 The maternity team has welcomed the recently appointed Head of Midwifery into their new role, completing the midwifery leadership team structure.

1.19 Planning is underway for a midwifery careers event for students who are in their third year of training, and a reserve list has been commenced for students who have expressed an interest in SFH. All third-year students will be invited to attend.

AHP Overview

1.20 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 NHS England (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.

- 1.21** The SLT head and neck Band 8a specialist post continues to be provided by agency staffing as the service was previously provided via a service line agreement by Nottingham University Hospitals. A business case has now gained recent approval, and two fixed-term posts (band 7 and band 8a) are currently out to advert. Additional SLT posts in recruitment include 0.8 WTE Band 6 ICSS, with the post remaining vacant since January. This has previously been advertised twice with no interest. It has now been added to the band 6 rotation and we have five applicants to shortlist. The High Dependency Unit paediatric band 7 post has been appointed as a job share and is waiting for staff members to start.
- 1.22** Ongoing concerns nationally remain with a vacancy rate of 25-28% within the SLT profession. SFH continues to be in a good position against the national trend due to the huge amount of effort placed on retention. However, this continues to be an ongoing challenge as band 6 SLT posts are particularly difficult to recruit to. The ICS rotational scheme continues to be successful and fully recruited, and SFH continues to hold membership within this scheme with a band 5 post on the ICS rotation.
- 1.23** Occupational Therapy (OT) is a workforce risk and is on the Clinical Services, Therapies, and Outpatient (CTSO) division risk register. NHSE has deemed OTs 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 an OT's undergraduate training.
- 1.24** Operating Department Practitioners (ODPs) continue to be a workforce risk due to having seven open vacancies. Recent updates to support the ongoing recruitment plan include the appointment of an additional international ODP on a one-year fixed-term contract, the recent appointment of a bank ODP, three ODP apprentices are expected to qualify in June 2024, and three existing theatre health care support workers in and one band 3 ANP will commence their ODP apprenticeship programme in May 2024. The team continue to fill staffing gaps with long-term agency staff in the interim.

1.25 Against the national trend, radiology continues to see positive recruitment with current vacancies out to advert. These include a senior mammographer, advanced clinical practitioner, band 8a, band 6 rotational radiographer and an imaging assistant. Our recent successful appointments include a band 7, lead radiographer in CT and a band 7 radiography clinical educator.

Clinical Placement Expansion Programme

1.26 SFH remains the leading provider in the Nottingham and Nottinghamshire ICS regarding the 'fair share' student model. The student numbers and capacity are being evaluated and reviewed to support additional AHP placements. In September 2024, Trent University will commence an undergraduate OT course, and we are working closely with the programme coordinators to support future OT placements here at SFH.

ICS AHP Faculty and AHP Cabinet

1.27 SFH and the Associate Chief AHP continue to host NHSE/ICB AHP funds including:

- ICS AHP support workforce, Higher development awards
- ICS AHP improved practice education – 'quality' (AHP educator development)
- Improving practice education- 'capacity and utilisation' (AHP placement innovation)
- AHP preceptorship

The AHP faculty also supports undergraduate students with AHP leadership placements, which has continued successfully since the pandemic.

National Compliance

1.28 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.

1.29 The Chief Nurse and Director of Nursing recommend that there is good compliance with the Developing Workforce Safeguards.

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

1.31 Appendix Two details the Trust's compliance with the nursing and midwifery element of the Developing Workforce Safeguards recommendations.

Recommendations

1.32 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.
- Receive this report and note the outcome of the establishment setting review for 2024/2025
- 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 with SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.

Nursing, Midwifery, and Allied Health Professional Annual Staffing Report 2024

Purpose

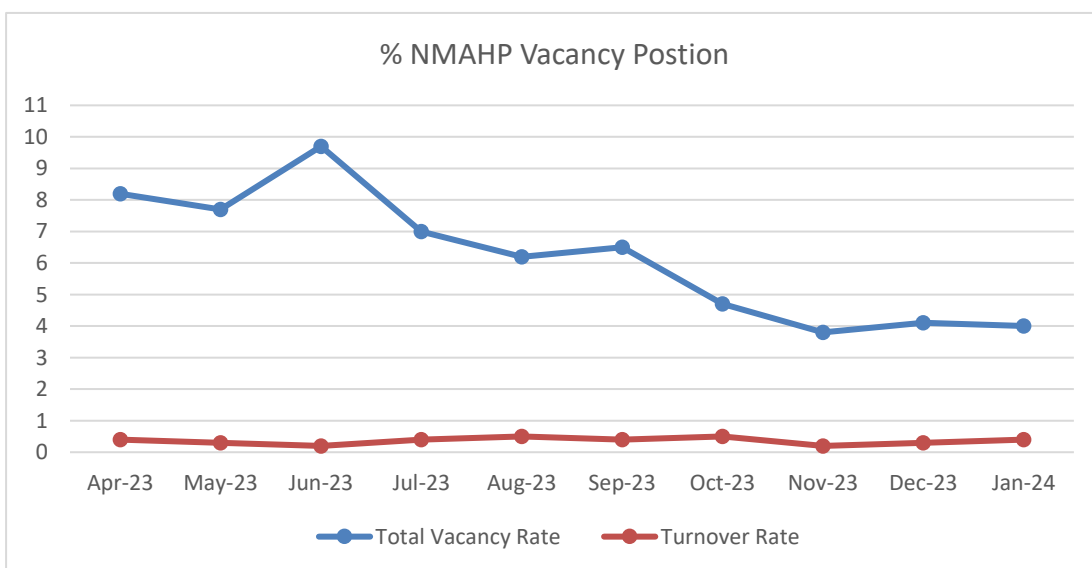
- 2.1 The purpose of this report is to provide an overview of NMAHP staffing capacity and Trust compliance with the NICE (2014) safe staffing guidance, NQB (2016) Standards, and the NHSI (2018) Developing Workforce Safeguards recommendations.
- 2.2 This is supported by an overview of staffing availability, oversight of nurse-sensitive indicators, progress with assessing the acuity and dependency of patients across ward areas, ongoing recruitment, service development across our services, and recommendations from the establishment reviews.

Nursing and Midwifery Overview

Local Nursing and Midwifery Context

3.0 Quarter 1 of 2023/2024 saw the Trust's collective vacancy rate for nursing, midwifery, and AHPs across all divisions remain in the 8% margin. However, from quarter 2 onwards, there has been a consistent positive reduction of 4% overall. SFH has consistently demonstrated a low turnover rate, which is a strong indicator that the Trust's strategic priorities are well aligned with the organisation's micro and macro culture.

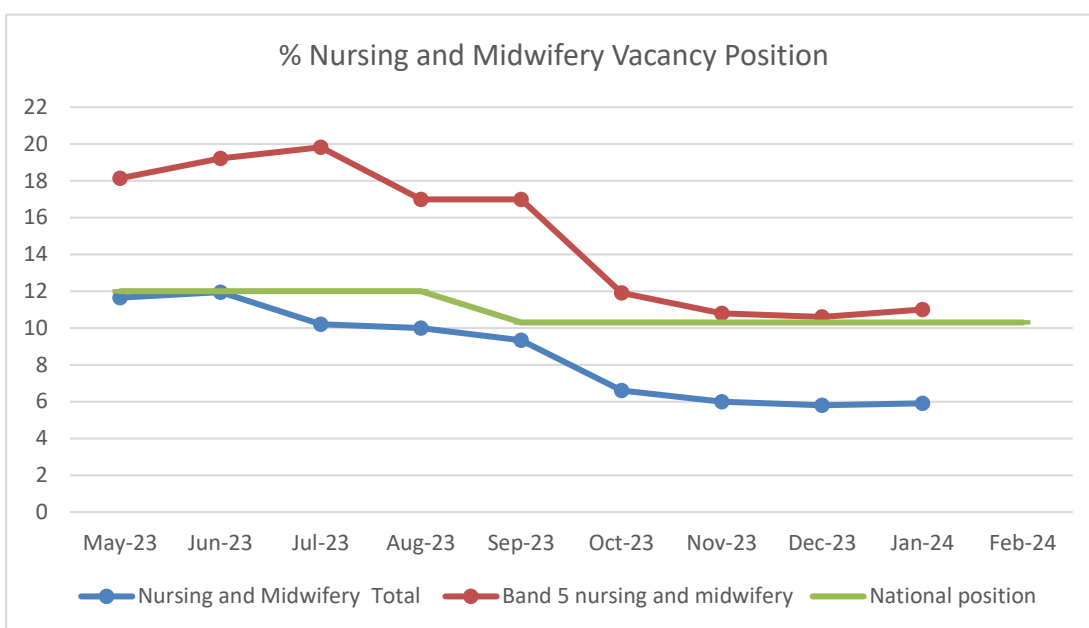
Figure 2:



Data Source Workforce Informatics.

3.1 Collective nursing and midwifery vacancies at SFH have remained in a favourable position when compared to the national position average. The Trust remains committed to the national policy drivers in ensuring there are safe and sustainable workforce provisions and has pledged additional investment in local and international recruitment campaigns. With that said, our band 5 nursing workforce is one of our largest safety-critical resources, therefore maintaining momentum in reducing the vacancy deficit in this cohort of staff remains our absolute priority, albeit an ongoing challenge due to the national workforce pressures.

Figure 3:



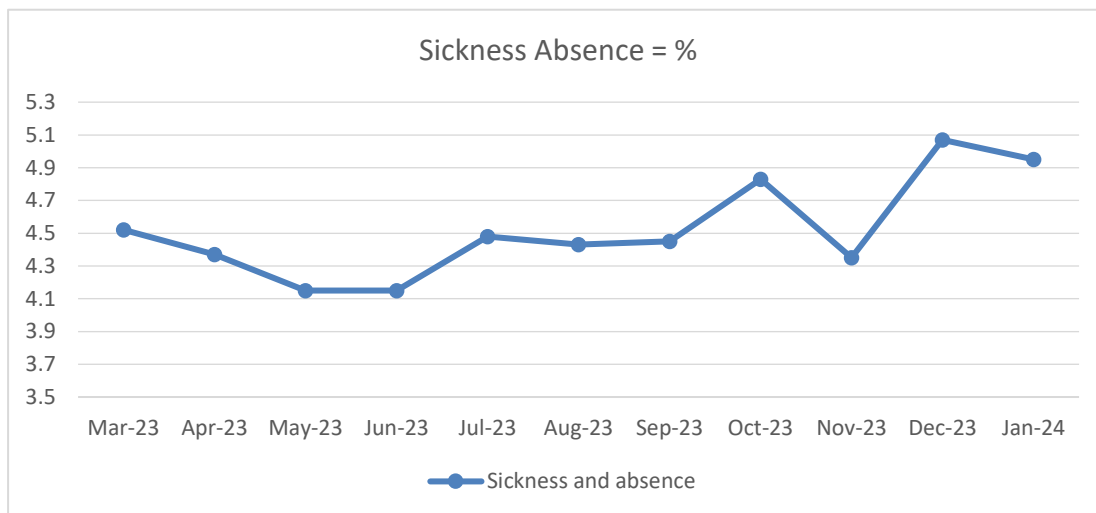
Data Source: Workforce Information.

3.2 The national picture for nursing vacancies remains turbulent, and a concerted emphasis on the NHS Long Term Workforce Plan (NHSE, 2023) has determined growing domestic education and training, and increased training provisions should be the fundamental building blocks of our recruitment and retention strategies. SFH is working in partnership with the ICS Recruitment and Retention Delivery Programme with a focus on three of the five high-impact national actions for retaining nursing and midwifery colleagues (NHSE, 2022).

3.3 Band 5 nursing vacancies are now being tracked through the NMAHP Transformation Group to ensure a more granular oversight of our real-time position. It is anticipated this approach will enable collaborative support for teams where required and strengthen our ability to be innovative with recruitment.

3.4 Since our last report, we have continued to maintain a sickness absence position of approximately 4.5% overall for all staff groups. Whilst this is lower than the baseline during the pandemic, it remains consistently higher than pre-pandemic levels of absence. Many resources and priority focus regarding health and wellbeing services have been embedded across the organisation to support staff and echo the countrywide trend.

Figure 4:

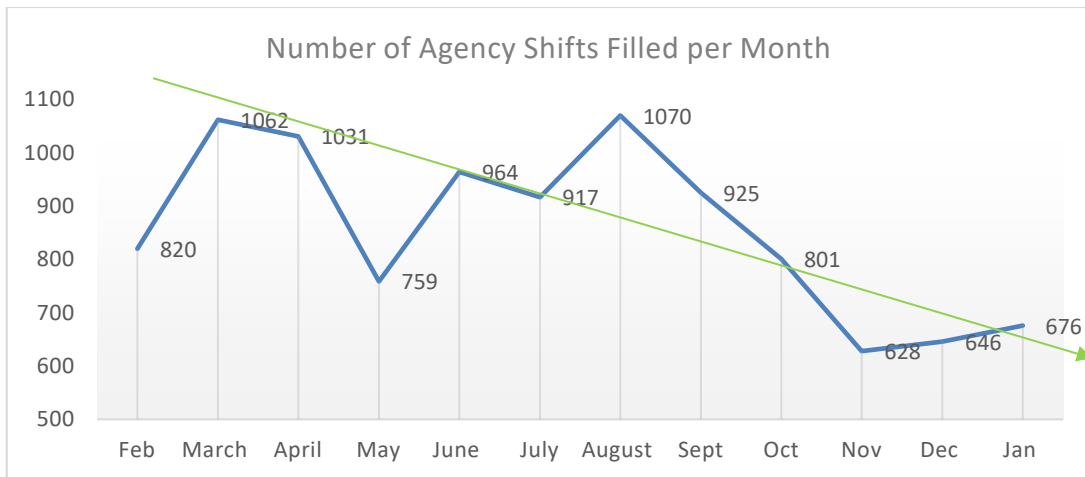


Data Source: Workforce Informatics

3.5 The Trust has remained under significant operational pressure, with multiple areas working above their baseline capacity. There has been a phased approach over 2023 to substantivize staffing in several of the longstanding escalation areas; nonetheless, continued reliance on agency staffing across all clinical areas remains. The acuity and dependency needs of our patients attending the hospital remain high, with many needing complex care coupled with sustained flow and capacity throughout the year.

3.6 These unprecedented pressures are being experienced nationwide, with January 2024 being noted as the busiest month in the history of the NHS. Despite this, the overall trajectory for 2023 continues to reduce positively and indicates the ongoing improvement work and strategic focus work being undertaken regarding agency expenditure.

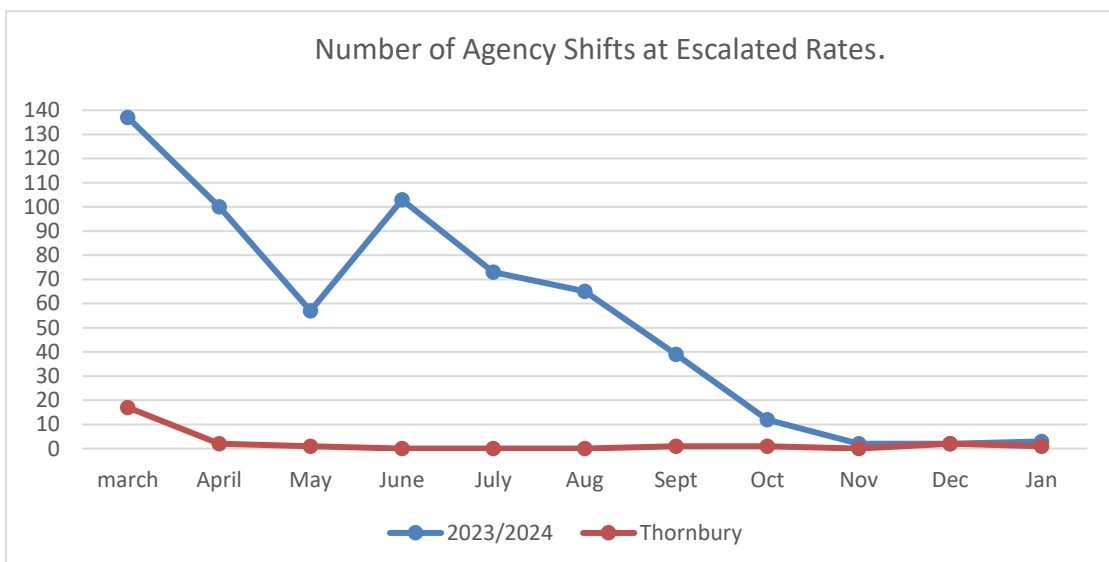
Figure 5:



Data Source: Temporary Staffing Office Data

3.7 In line with the continued overall decreasing agency usage, agency usage at escalated rates has seen a reducing downward trend. Whilst it is acknowledged there is still work to be done on reducing standard cascade agency usage overall, the targeted focus of higher cost rates has been favourable. Priority focus has been placed on timely escalation of staffing shortfalls and de-escalation when service needs allow, bespoke roster training for areas, and mandatory refresh training for all band 7s. This progress is monitored through the NMAHP transformation Group to ensure regular opportunities to review and evaluate whilst ensuring safety and quality care remain the overarching driving priority.

Figure 6:

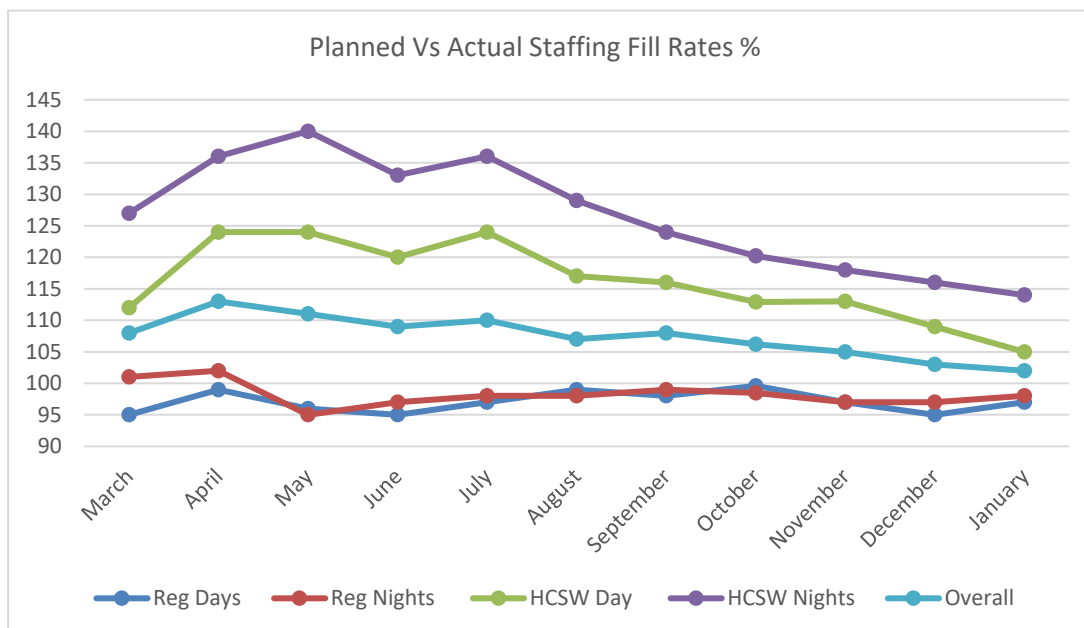


Data Source: Temporary Staffing Office Data

Planned Versus Actual Staffing

4.0 This data highlights the planned staffing hours aligned to actual staffing hours worked (actual hours worked by substantive and temporary staff).

Figure 7:



Data Source: Unify Data

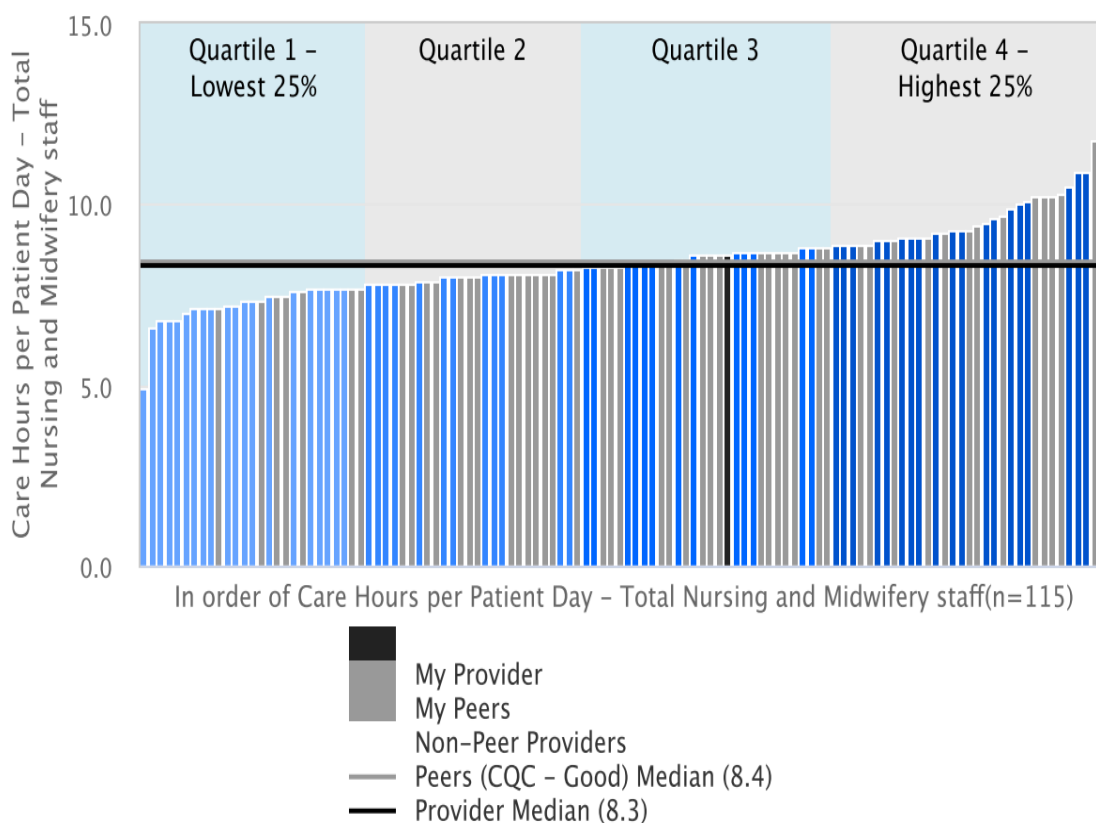
4.1 As previously discussed, ensuring safe staffing has remained challenging due to sickness absence, extra capacity, and patients requiring enhanced care. That said, clinical leaders have worked hard to ensure our staffing levels have remained safe and aligned with national guidance. Through flexible workforce deployment, The Trust has consistently remained above 95% of the planned staffing fill rates for registered staff.

4.2 The Rostering Matron has been working closely with the midwifery matron team in terms of strengthening the roster templates to ensure we are accurately capturing actual work done. Due to the on-call system- shift times are amended to when a midwife has been called in for duty, however, the outstanding shift template that is not required is not being removed. Which, in turn, appears to negatively influence the fill rate position and is not reflective of the true position.

4.3 The fill rate for HCSW consistently remains higher than planned and is driven by the delivery of enhanced observations to reduce the risk of harm to our patients. It is acknowledged that this element of care is dynamic and is difficult to forward plan due to the need for constant reassessment. Ongoing work continues around therapeutic interventions and the promotion of the Carers Passport to strengthen our resource provisions.

- 4.4 CHPPD provides a value that demonstrates the average number of actual care hours spent with each patient per day, and data at the Trust and ward level for all acute providers is published on NHS Model Hospital to assist in reducing unwarranted variation by providing a transparent comparable data set.
- 4.5 CHPPD at the Trust level has remained stable despite national fragility. Benchmarking data from Model Hospital (October 2023) demonstrates that the Trust value sits within the third of four quartiles at 8.3 and is aligned with an overall peer median of 8.4. This metric should not be used in isolation, but it does indicate that our staffing levels are reflective of similar-sized peer organisations across the NHS.

Figure 8:



Data Source: Model Hospital 2024.

- 4.6 Clinical Narrative 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 healthcare profession. However, staffing resources have been efficiently flexed and deployed to meet patient

demand, activity, and acuity. It is recognised, that this has meant clinical areas on occasions have been working with staffing levels below optimum but agreed minimum staffing levels have been maintained. Nurse-sensitive indicators continue to be monitored and reviewed in line with staffing shortfalls.

Measurement and Improvement of Quality Care

5.0 Patient care that is of the highest quality is the absolute priority 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.

5.1 Since April 2023, 762 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 9:

Datix Staffing Incidents										
2023/2024	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Nursing Staffing Incidents	57	58	49	52	54	93	76	72	93	78
Red Flags	2	2	1	3	4	6	6	3	8	6
Midwifery Staffing Incidents	1	0	6	6	2	2	23	17	14	9
Red Flags	0	0	2	3	2	2	6	6	2	2

Data Source: Datix Reporting System

5.2 Providing enhanced patient observations has continued to be a dominant nursing theme since our last report alongside delays in delivering fundamental care and having to divert services due to high capacity. With the recent iteration of the SNCT, enhanced care is identified as a separate recommendation and it is anticipated that this will

provide ward-level intelligence to support ward-level staffing requirements at the establishment setting reviews going forward.

- 5.3** Work is underway to review the current reporting categories for staffing incidents and align these with the NICE red flag categories. This will enable a more concise process for staff reporting incidents and for those reviewing investigations.
- 5.4** In addition to Datix reporting, red flags for midwifery services are also recorded within the BirthRate Plus® system. The theme of red flags reported aligns with the incidents reported within the Datix system. It has been recognised that there have been some issues with the interpretation of some of the red flag reporting, and staff have been supported in their understanding of this data capture. 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.
- 5.5** In May of 2023, the BirthRate Plus Team launched a review of the Ward Acuity platform, which was first developed by a profession-led Expert Group in 2015. They recognised there had been significant changes in service delivery, clinical practice, and policy in recent years, most notably from the findings of The Ockenden Review and therefore placed a temporary pause on the use of the ward application. The review concluded at the end of 2023, and refresh sessions were offered by the National team for trust-led updates. The Deputy Divisional Director of Midwifery has commenced a programme to refresh staff with a plan for the ward tool to be fully used by February.

Establishment Planning Reviews 2024/2025

- 6.0** Since the last establishment review, the Trust has continued with an evidence-based approach to resetting the nursing and midwifery establishments, ensuring compliance with the NQB standards. SNCT is an objective, evidence-based workforce planning tool that provides patient acuity and dependency intelligence, aligned with nurse-sensitive indicators and professional judgement, to inform the Trust establishment-setting process.
- 6.1** As per the licensing agreement, two 20-day cycles of SNCT data collection took place in March and September 2023, which ensured representation of seasonal variation.

During these cycles, it was highlighted that several areas were operating escalation capacity during at least one of the data sets.

6.2 A multidisciplinary review of the nursing and midwifery establishments commenced in late November and concluded in January 2024. The reviews were led by the Director of Nursing/ Deputy Chief Nurse and the Lead Nurse for Safe Staffing, with representation from the Deputy Chief Financial Officer, Divisional Directors of Nursing/ Midwifery, Divisional Matrons, and Divisional Finance Managers.

6.3 Each review was aligned to the components below:

- ✓ Professional judgement is applied to workforce planning and is representative of speciality and activity requirements.
- ✓ The appropriate skill mix of staff reflective of speciality.
- ✓ Funded bed base modelling whilst acknowledging escalation capacity and winter bed capacity needs.
- ✓ SNCT acuity and dependency data to inform each confirm and challenge discussion.
- ✓ Benchmarking ward-level CHPPD data aligned with the national mean and peer providers.
- ✓ A 12-month overview of nurse/midwifery-sensitive indicators for each area.
- ✓ Consideration of the financial impact of budgets.

6.4 Staffing establishments should consider the need to enable nursing, midwifery, and healthcare support workers (HCSW) time to undertake professional development and fulfil mentorship and supervision roles. Core principles in determining these establishments have remained aligned with previous reviews, namely:

- ✓ The ward/department leader role is supervisory, enabling them to apply their time to provide direct care, undertake front-line clinical leadership, and support unfilled shifts.
- ✓ The skill mix on the ward should aim to have a recommended ratio of 65:35% split for registered nurses to HCSW in acute wards, 60:40 for sub-acute wards, and 50:50% for rehabilitation wards. However, professional judgement is always considered, noting individual environmental factors, multidisciplinary input, and care pathways.
- ✓ 22% of 'headroom' is allocated to establishments. The Carter Report (2016) notes a significant variation amongst Trusts, ranging from 18% to 27%. However, 22% is

the minimum 'headroom' supported within the SNCT and represents a built-in efficiency. ED, Newark Urgent Treatment Centre, NICCU, and ICU were allocated 25% headroom, acknowledging the specialty guidance for additional training requirements for these specific areas.

- 6.5** Birthrate Plus is a framework for maternity workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published. It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the Birthrate Plus methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists.
- 6.6** The Medical Division requires an additional 8.64 WTE distributed across Ward 33, Ward 34, Ward 41, and Ward 52. However, a reduction of 2.45 WTE has been proposed for Ward 51, Ward 53, and Sconce, resulting in the overall ask of 6.19 WTE being requested. The increase in WTE is to enable the alignment of clinical demand with current roster templates and current run rate expenditure. The Medical Division is not seeking any additional financial investment for the 2024/2025 establishment resetting.
- 6.7** The Urgent and Emergency Care Division is not seeking any additional investment during the re-setting of the 2024/2025 establishments. During the professional confirm and challenge discussion the current establishment was deemed to be safe, sustainable, and in line with speciality guidance. The SNCT information triangulated with nurse-sensitive information also informed the discussion and was supported by the Divisional Director of Nursing.
- 6.8** A high level of national focus remains on maternity services as safer staffing provisions continue to headline the national agenda. In line with previous reviews, the content of the maternity establishment review has been predicated upon Birthrate Plus® recommendations. The Trust received the updated workforce proposal earlier in 2023, and through the application of local professional judgement, maternity staffing remains aligned with best practice guidance and an evidence-based workforce modelling tool.

- 6.9** The Women's and Children Division has requested investment to support 1.65 WTE on Ward 25. The reconfiguration of the current staffing will enable a static bed base of 26 beds for 24 hours 7 days per week, thus enhancing the patient pathway experience and optimising operational efficiency. Ward 14 has requested investment to support a 0.42 WTE increase in the Early Pregnancy workforce to provide services for women 7 days per week instead of the current 6-day modelling. The Women's and Children's Division is seeking a financial investment of £70,609 to support an additional 2.07 WTE.
- 6.10** The Surgical Division is requesting an increase of 3.9 WTE on Minster which will align the additional resources provided by the TIF funding stream. 4.22 WTE investment I is also being requested for the Day Case Unit located at KMH, due to two additional ophthalmology lists and additional flexible cystoscopy activity being accommodated. The identified uplift is for HSCWs, and the proposed increase is to be funded via the Elective Recovery Fund 24/25 planning workstream. ITU has recommended a reduction of 0.17 WTE and remains in line with clinical activity and GPICS guidance.
- 6.11** Recognising the complexities of the surgical reconfiguration that has recently been enacted, an additional review was held with Executive representation. The meeting sought a detailed review of the financial reconciliation and workforce position specifically related to the reconfiguration, and assurance was provided by the Divisional General Manager and Divisional Director of Nursing that no additional investment was required from the establishment review process. The Surgical Division does not require any additional financial investment for the 2024/2025 establishments.
- 6.12** CSTO Division has undertaken an in-depth review of their current care delivery provision alongside the affiliated therapy services since the last review, which successfully increased the workforce for SLT, Dietitians, Physiotherapy and Occupational Therapy. Three of these services are identified as 'small and vital professions' by NHS England due to the risk of a fragile workforce with constraints relating to recruitment. However, with that said, all hard-to-recruit posts have been filled and the services have minimal vacancies at SFH. This has been achievable through robust recruitment strategies and flexing roles where possible. It is anticipated the ongoing direction of travel will continue with the advancement of AHP job planning.

- 6.13** Alongside therapy services, outpatient provisions have also been reviewed. During the professional confirmation and challenge discussion the current establishment was deemed to be safe, and sustainable however a wider service review remains in progress and will inform future business cases. Consequently, the CSTO division does not require any additional establishment to current services. This is supported by the Divisional Director of Nursing and the Chief AHP.
- 6.14** The collective establishment recommendation is for an increase of 18.83 WTE and subsequent recruitment within the nursing and midwifery workforce; with a total cost impact of £70,609.

Figure 10:

Establishment Reconciliation 2024/2025		
Division	WTE Requested	Financial Investment Requested
Medicine	8.64	£0
Urgent and Emergency care	0	£0
Surgery	8.12	£0- Funded through TIF and EFR
Clinical Therapies, Services, and Outpatients	0	£0
Women and Children	2.07	£70,609
Total	18.83	£70,609

- 6.15** The full breakdown of the establishment review and recommendations can be found in Appendix Two.

Nursing Workforce Future Planning

- 7.0** An executive decision was made to suspend the international recruitment program in November due to feedback from the clinical teams regarding reducing vacancies and difficulties in providing additional clinical support and supervision for staff during their transition into a registrant role. The relevant communications have occurred with our national colleagues, external partners, and the remaining international nurses who were pending start dates. Pastoral support to our new colleagues remains ongoing alongside OSCE preparation training ahead of the upcoming examinations.

- 7.1** With the support of NHSE, alternative employment has been arranged at several other NHS Trusts for the remaining candidates who had not been allocated clinical areas, and this completes our pipeline agreement with NHSE.
- 7.2** SNCT for adult inpatient areas and adult assessment areas was updated in 2023 to reflect the changing complexities of patients' needs. It has been recognised that enhanced patient observations and areas with a high percentage of cubicles need increased workforce requirements, therefore additional levels of care have been included within the new tool to support this. The data cycles have also increased from 20 days to 30 days to ensure a greater insight into the themes and trends during that time frame. SFH was one of the pilot sites for the refresh beta testing phase and has been acknowledged in the tool's user manual.
- 7.3** A refresh programme has been led by the Associate Director of Nursing Workforce and the next cycle will commence in March 2024.
- 7.4** A Golden Ticket Recruitment Offer Scheme is now available for ward and department leaders who support student nurses within their clinical areas. The scheme is aimed at third-year nurses who have undergone placements at SFH, displayed clinical excellence, and role-modelled the Trust CARE values. Whilst the scheme is currently only available in nursing, significant interest has been generated within maternity and AHP roles; therefore, collaborative working is underway to expand the scope of the scheme.
- 7.5** Years 1 and 2 of our trainee nursing associate's students are progressing well in their Programme, with no concerns raised.
- 7.6** The Trust currently has four nursing associates who are topping up their qualifications by undertaking registered nurse training with the University of Derby and will qualify in February 2024. Three have posts within our wards and departments, and the fourth has not given her intention of employment following her qualification. There are six top-up students at Nottingham Trent University and two at the University of Derby who will qualify in September 2024, and these are progressing well.
- 7.7** The RDNA students are progressing well, and the Trust is engaging with them to confirm their employment intentions following their qualifying in August 2024.

Midwifery Workforce Future Planning

- 8.0** SFH recommissioned a new BirthRate Plus 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. This report is still reflective of the activity and acuity needs of women accessing our services throughout 23/24.
- 8.1** Specialist midwife's roles are continually reviewed in line with changes in the National Agenda, mainly the Three-Year Delivery Plan for Maternity and Neonatal Services (March 2023). A review of the specialist services is planned to identify fragile services and increase establishment to reduce potential risks.
- 8.2** 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 is being led via the Local Maternity & Neonatal Systems (LMNS) and the 'LMNS Oversight and Assurance Panel' in response to the plan. The maternity team remains committed to supporting its successful implementation.
- 8.3** The alignment of the maternity support worker workforce 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 Royal College of Midwifery 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 workforce.
- 8.4** 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 SFH.
- 8.5** The Trust continues to support the MSc midwifery shortened programmes. Our Birmingham City University students completed their studies in January 2024, and our Derby University students will complete their studies in January 2025. A new cohort of student midwives will commence their programme in January 2024 and are expected to complete it in January 2026.

- 8.6** Planning is underway for a midwifery careers event for students who are in their third year of training and a reserve list has commenced for students who have expressed an interest at SFH. All third-year students will be and will be invited to attend.

AHP Overview

- 9.0** AHPs are a wide-ranging group of clinicians who work in the diagnosis, treatment, rehabilitation, health promotion, discharge and improving the quality of life of patients. AHP professional titles are recognised by NHSE, protected by law, and registered and regulated by the HCPC. There is no single guidance or standard approach to inform safe staffing levels required in services provided by AHP. Each AHP has profession-specific information and guidance only, to support staffing levels of a particular type of service. At SFH, we directly employ 9 of the 14 AHP professions as defined by NHSE.

AHP Job Planning

- 10.0** All band 5 AHPs will have an electronic job plan by 31 March 2023, equating to 28% of the AHP workforce. The CNCF secondment in AHP job planning is due to finish on 31 March 2024. There remains significant potential to realise the use of our resources if the remainder of the AHP workforce is also job planned (NHSE requirements set out pre-COVID-19).
- 10.1** Job planning and the use of AHP variable pay have been added to the NMAHP transformation programme, and reporting against this will occur from April 2024. A business case is in development to support the continuation of the job planning project beyond 31st March 2024. CSTO division is in the process of transitioning AHP teams onto the electronic rostering system, which, along with job planning, will support understanding future potential efficiencies.

AHP Staffing Updates

- 11.0** A diabetes dietitian post is out to recruit, which has been a challenge to recruit. Therefore, it has been advertised as a band 5/6 development role. A successful paediatric dietitian (0.6 WTE) appointment will commence in the post from April; 0.4 WTE remains vacant and is due to return to advert. Unfortunately, a band 7 MacMillan dietitian has recently left the team, so this post is back out to advert soon.

- 11.1** The SLT head and neck band 8a specialist post continues to be provided by agency staffing as the service was previously provided via a service line agreement by Nottingham University Hospitals. A business case has now gained recent approval, and two fixed-term posts (band 7 and band 8a) are currently out to advert. Additional SLT posts in recruitment include 0.8 WTE band 6 ICSS, with the post remaining vacant since January. This has previously been advertised twice with no interest. It has now been added to the band 6 rotation and we have five applicants to shortlist. The HDU paediatric band 7 post has been appointed as a job share and is waiting for staff members to start.
- 11.2** Ongoing concerns nationally remain with a vacancy rate of 25-28% within the SLT profession. SFH continues in a good position against the national trend, due to a huge amount of effort placed on retention. However, this continues to be an ongoing challenge as band 6 SLT posts are particularly difficult to recruit to. The ICS rotational scheme continues to be successful and fully recruited and SFH continue to hold membership within this scheme with a band 5 post on the ICS rotation.
- 11.3** ODPs continue to be a workforce risk due to having seven open vacancies. Recent updates to support the ongoing recruitment plan include the appointment of an additional international ODP on a one-year fixed-term contract, the recent appointment of a bank ODP, three ODP apprentices are expected to qualify in June 2024, and three existing theatre Health care support workers in and one band 3 ANP will commence their ODP apprenticeship programme in May 2024. The team continue to fill staffing gaps with long-term agency staff in the interim.
- 11.4** Orthotist posts are fully established with no vacancies. There has been a recent vacancy in the Orthotic technician team (25% of the in-house manufacturing team), and this is currently out for recruitment.
- 11.5** Orthoptist posts are currently fully established, but areas of service development and concerns remain due to SFH not meeting national standards in its provision for learning-disabled patients. There are no screening lead Orthoptists in the community or schools, and this has been highlighted at the Surgery division service line.
- 11.6** OT is a workforce risk and remains on the CSTO risk register. OTs are defined by NHSE as 'at risk' professionals and are on the Home Office occupation risk register.

Nationally, there are significant challenges in recruitment across acute settings, particularly noting the limited bank and agency workforce available. Acute placements are not mandated as part of the undergraduate training of an OT.

- 11.7** There is focused work at SFH to support recruitment and retention. The appointment of a Professional Practice OT (six-month fixed term) will support the workstream, and the Associate Chief AHP will work closely with the local workforce regarding retention strategies. From May, we will be fully established for band 5 OT posts and have recently had approval for a band 7 team leader OT in neurology/stroke, ensuring equity with the other therapies and raising the profile of the profession. The band 6 OT stroke post is currently covered by agency staffing following repeated difficulty in attracting candidates. This remains under review.
- 11.8** The ICS OT rotational scheme has been launched to aid recruitment and retention within the Nottingham and Nottinghamshire ICS. SFH is a member of this scheme and has a band 5 post on the rotation.
- 11.9** We currently employ four paramedics working in advanced clinical practitioner (ACPs) roles at KMH. Two are based in the ED, one is based in the ICU, and the fourth is working at Newark Urgent Treatment Centre.
- 11.10** There are no current concerns over physiotherapy recruitment, and this continues to attract a healthy number of applicants into this workforce. A new ACP post has been established in the neurology rehabilitation therapy team, and an ACP physiotherapist has recently commenced in post.
- 11.11** Against the national trend, radiology continues to see positive recruitment with current vacancies out to advert. These include a senior mammographer ACP band 8a, a band 6 rotational radiographer and an imaging assistant. Our recent successful appointments include a band 7 lead radiographer in CT and a band 7 radiography clinical educator.
- 11.12** The Associate Chief AHP continues to undertake all the AHP exit interviews and is on the MDT Exit Interview Working Group to analyse and identify themes for retention.

AHP Apprenticeships

- 12.0** 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; therefore, apprenticeships are not able to be considered in these professions at this point. It is acknowledged that this will have implications for implementing recommendations from the NHS Long-term Workforce Plan.
- 12.1** The Trust's first radiography apprentice is due to commence in March 2024; two physiotherapy apprenticeships are currently in training, and a further two are expected to commence training in March 2024. One OT apprenticeship is currently underway, with an additional one due to commence in March 2024. The assistant posts are being utilised to support the apprenticeships in radiology and therapy, but it should be recognised that this does impact teams supporting AHP apprenticeships.
- 12.2** The wider ODP team continue to support an apprentice through the ODP apprenticeship scheme. However, as a point of note, supernumerary apprenticeship posts exist in theatres and are utilised as part of the existing nursing establishment.

AHP Preceptorship

- 13.0** NHSE has recently published new standards for AHP preceptorship, therefore, to ensure we are aligned at SFH A chief nurse clinical fellow will lead this programme of work.

AHP Clinical Placement Expansion Programme

- 14.0** SFH remain the leading provider in the Nottingham and Nottinghamshire ICS regarding the 'fair share' student model. There is an ongoing evaluation of the student numbers and a review of capacity to support additional AHP placements. In September 2024, Trent University will commence an undergraduate OT course and we are working closely with the programme coordinators to support future OT placements here at SFH.

ICS AHP Faculty and AHP Cabinet

- 15.0** SFHT and the Associate Chief AHP continue to host NHSE/ICB AHP funds including:

- ICS AHP support workforce, Higher development awards
- ICS AHP improved practice education – ‘quality’ (AHP educator development)
- Improving practice education- ‘capacity and utilisation’ (AHP placement innovation)
- AHP preceptorship

The AHP faculty also supports undergraduate students with AHP leadership placements which has continued successfully since the pandemic.

National Compliance

- 16.0** The Developing Workforce Safeguards published by NHS Improvement in 2018 were designed to support effective workforce planning and staff deployment. Trusts are assessed for compliance with the triangulated approach to deciding staff requirements described within the 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.
- 16.1** The recommendation from the Chief Nurse is there is good compliance with the Developing Workforce Safeguards.
- 16.2** The Chief Nurse has confirmed they are satisfied that staffing is safe, effective, and sustainable.
- 16.3** Appendix One details the Trust’s compliance with the nursing and midwifery elements of the Developing Workforce Safeguards recommendations.

Recommendations

- 17.0** 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.
- 17.1** The Board of Directors 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.
- 17.2** The Board of Directors is asked to receive this report and note the outcome of the establishment setting review for 2024/2025.

- 17.3** The Board is asked to note the AHP staffing and risk position within the report whilst noting the ongoing recruitment plans to support services.
- 17.4** The Board is asked to note the compliance standards used with SNCT, and the ongoing quality of data it provides to underpin the Trust establishment process.

18.0 Appendix One: Developing Workforce Safeguards Compliance Standards

Recommendation:	Compliance:
<p>Recommendation 1: Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.</p>	<p>Compliant</p> <ul style="list-style-type: none"> ✓ SNCT has been embedded within adult in-patient areas, paediatric in-patient areas, and the Emergency Department. ✓ BirthRate Plus is embedded with Maternity services and a refresh of training has been undertaken.
<p>Recommendation 2: Trust must ensure the three components are used in their safe staffing process.</p>	<p>Fully Compliant</p> <ul style="list-style-type: none"> ✓ SNCT and BirthRate are in use at the Trust and provide an evidence-based benchmark for our establishment setting process. Nurse-sensitive indicators information is aligned to each establishment review and professional judgement is always considered.
<p>Recommendation 3 & 4: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Confirmation is included in the annual governance statement that our staffing governance processes are safe and sustainable.
<p>Recommendation 5: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Data is reviewed and collated every month for a range of workforce metrics, quality indicators, and productivity measures – as a whole and not in isolation from each other.
<p>Recommendation 6: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Biannual and Annual Nursing, Midwifery, and Allied Health Professional Staffing Report.
<p>Recommendation 7: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Annual submission to NHS Improvement

<p>Recommendation 8: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Monthly Safe Staffing Reports for Nursing and Midwifery and staffing dashboard triangulates this information.
<p>Recommendation 9: 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>Fully Compliant.</p> <ul style="list-style-type: none"> ✓ A bi-annual review for nursing using SNCT is completed across all services; establishments are reviewed on an annual basis. ✓ An annual and bi-annual staffing report is presented to the Nursing, Midwifery and Allied Health Professional Committee, People, Culture and Improvement Committee, and the Board of Directors
<p>Recommendation 10: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ SNCT and Birthrate Plus are in use as per full license agreements.
<p>Recommendation 11 & 12: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Completed as part of the establishment setting process and any changes in service provision. These are monitored by the Nursing, Midwifery, and Allied Health Committee.
<p>Recommendation 13 & 14: 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>Fully Compliant</p> <ul style="list-style-type: none"> ✓ Daily staffing meetings. Staffing resource is also discussed at the flow and capacity meetings throughout the day. ✓ Staffing escalation process via Matron and Bronze on call. ✓ Safe Staffing Standard Operating Procedure. Maternity Assurance Committee. ✓ Monthly Safe Staffing Report for Nursing and the Monthly Safe Staffing Report for Midwifery.

Developing Workforce Safeguards (NHS Improvement, 2018)

19.0 Appendix Two: Establishments Outcome Breakdown 2024/2025

Division	Ward/ Depart	WTE	Proposed WTE	WTE Variance	SNCT	Cost Impact	CHPPD Actual	CHPPD Peer Median	Skill Mix	Comments:
Medicine	Ward 22 (24 beds)	37.9	37.90	0	30.5	0	6.67	7.05	50/50	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	Ward 23 (23 beds)	35.16	35.16	0	33.8	0	7.22	7.93	70/30	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
	Ward 24 (24 beds)	37.9	37.9	0	31.56	0	7.21	7.8	50/50	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. It is acknowledged that the speciality on the ward is haematology and cardiology medicine; however, the attendance rate for acute haematology is low and therefore difficult to capture in SNCT. This is supported by the Matron and Divisional Director of Nursing
	Ward 33 (24 beds)	35.16	37.89	2.73	37.5	0	7.1	7.72	50/50	The SNCT principles and professional judgement have been applied and a 2.73 WTE increase to the establishment is recommended. No financial investment is required due to the WTE being included within the run rate. This is supported by the Divisional Director of Nursing.
	Ward 34 (24 beds)	35.16	37.89	2.73	36.7	0	6.75	6.25	50/50	The SNCT principles and professional judgement have been applied and a 2.73 WTE increase to the establishment is recommended. No financial investment is required due to the WTE being included within the run rate. This is supported by the Divisional Director of Nursing.
	Ward 41 (24 beds)	35.16	37.89	2.73	36.7	0	7.39	7.05	50/50	The SNCT principles and professional judgement have been applied and a 2.73 WTE increase to the establishment is recommended. No financial investment is required due to the WTE being included within the run rate. This is supported by the Divisional Director of Nursing.
	Ward 42 (24 beds)	37.0	37.90	0	35.4	0	8.33	7.0	50/50	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	21/ RSU (24 beds)	40.40	40.40	0	43.2	0	7.8	7.06	62/38	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.

Ward 44 (24 beds)	37.90	37.90	0	34.9	0	7.26	7.0	50/50	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
Ward 51 (24 beds)	40.82	40.71	-0.22	36.4	0	7.44	7.05	50/50	The SNCT principles and professional judgement have been applied with a 0.22 WTE reduction to the establishment recommended. Staffing provision is not being reduced across the service on a day-to-day level, but the roster template has been reviewed to reflect actual staffing. This is supported by the Divisional Director of Nursing.
Ward 52 (24 beds)	40.82	41.72	0.45	39.9	0	8.13	7.05	50/50	The SNCT principles and professional judgement have been applied and a 0.45 WTE increase to the establishment is recommended. No financial investment is required due to the WTE being included within the run rate and being aligned to roster templates. This is supported by the Divisional Director of Nursing.
Stroke Unit (35 beds, 4 HASU and 31 acute stroke beds)	75.78	74.95	0.83	72	0	9.65	7.39	60/40	The SNCT principles of professional judgement and RCP stroke guidance have been applied and a 0.83 WTE reduction to the establishment is recommended. No financial investment is required due to the WTE being included within the run rate and being aligned to roster templates. This is supported by the Divisional Director of Nursing.
Sconce (24 beds & 6 escalation beds)	45.63	44.12	-1.51	42.4	0	6.8	8.02	50/50	The SNCT principles and professional judgement have been applied with a 1.51 WTE reduction to the establishment recommended. Staffing provision is not being reduced across the service on a day-to-day level, but the roster template has been reviewed to reflect actual staffing. The increase for HCSWs is absorbed by the run rate. The reduction in band 5 WTE is based on a vacant 8 shift not utilised, cost was not being incurred thus no savings. This has enabled an alignment of WTE (per substantivizing paper). This is supported by the Divisional Director of Nursing.
Castle (18 beds- escalation)	27.19	27.19	0	26.4	0	8.88	7.54	50/40	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
Chatsworth MCH (16 beds- escalation)	24.69	24.69	0	NA	0	7.53	7.52	40/50	Professional judgement has been applied with no changes to the overall establishment recommended. 1 WTE Band 5 to be uplifted to Band 6 to provide continued leadership in the absence of the Department Leader. This will be funded through variable pay. This is supported by the Divisional Director of Nursing.
Lindhurst (19 beds- escalation)	27.19	27.19	0	32.1	0	7.06	6.78	40/50	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. The pathway 2 pilot if continued will remain as cost pressure to the division. This is supported by the Divisional Director of Nursing.

	Oakham MCH (24 beds)	32.42	32.42	0	34.4	0	6.15	7.05	50/50	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
Surgery	New Ward 11 T&O (24 beds)	0	37.90	37.90	NA	0	NA	NA	50/50	Professional judgement has been applied and no increase to the establishment has been recommended. This ward has formed part of the divisional reconfiguration and funding has been agreed from a separate business case, this included amalgamating financial resources from Ward 43 and additional capacity expenditure. This is supported by the Divisional Director of Nursing.
	Ward 12 (24 beds)	37.9	37.9	0	39.2	0	7.21	8.5	50/50	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Divisional Director of Nursing.
	Ward 14B- Elective (11 beds)	24.57	24.57	0	NA	0	NA	NA	60/40	Professional judgement has been applied and no increase to the establishment has been recommended. This ward has formed part of the divisional reconfiguration and funding has been agreed from a separate business case, this included amalgamating financial resources from Ward 43 and additional capacity expenditure. This is supported by the Divisional Director of Nursing.
	Ward 31 (24 beds)	35.19	35.19	0	35.5	0	6.94	7.91	57/43	The SNCT principles and professional judgement have been applied and no changes to the establishment have been recommended. This is supported by the Divisional Director of Nursing.
	Ward 32 (24 beds)	37.95	37.95	5.24	35.59	0	7.11	7.91	50/50	The SNCT principles and professional judgement have been applied and a 5.24 WTE increase to the establishment alignment is recommended. No financial investment is required due to the WTE being included with the run rate and had an agreement in May 2023 from the Executive Directors as part of the Substantivizing the Workforce Report. This is supported by the Divisional Director of Nursing.
	Ward 33 SAU/SDEC (17 beds, 5 recliners and 4 trolleys)	42.74	36.82	(6.91)	43.7	(270,400) repurposed for reconfiguration	9.5	8.22	66/34	The SNCT principles and professional judgement have been applied and due to the reconfiguration of services, a 6.91 WTE reduction has been recommended. This resource will be utilised in the workforce for new Ward 11 T&O. This is supported by the Divisional Director of Nursing.
	ITU	99.26	99.09	0.17	GPICS	(£3,682) repurposed for reconfiguration	49.77	27.48	GPICS	The GPICS principles and professional judgement have been applied and a 0.17 WTE reduction to the establishment has been recommended. This is aligning the WTE. This is supported by the Divisional Director of Nursing.
	DCU - King's Mill	34.34	38.56	4.22	NA	0	NA	NA	54/36	Professional judgement has been applied and a 4.22 WTE increase to the establishment has been recommended. This will align the workforce to the EFR funding stream being provided. This is supported by the Divisional Director of Nursing.

	Minister - NWK	23.23	27.19	3.96	NA	0	NA	NA	NA	Professional judgement has been applied and a 3.9 WTE increase to the establishment has been recommended. This will align the workforce to the TIF funding stream being provided. This is supported by the Divisional Director of Nursing.
UEC	UCC - Newark	21.76	21.76	0	NA	0	NA	NA	NA	Professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	SSU (40 beds)	57.84	57.84	0	54.3	0	7.09	8.02	58/42	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Matron and Divisional Director of Nursing.
	EAU (40 beds)	85.41	85.41	0	79.1	0	11.74	8.13	57/43	The SNCT principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	Discharge Lounge	7.16	7.16	0	NA	0	NA	NA	50/50	Professional judgement has been applied and professional judgement has been applied with no changes to the establishment recommended. This is supported by the Divisional Director of Nursing.
	SDEC	21.77	21.77	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Divisional Director of Nursing.
	ED	208.86	208.86	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the financed establishment has been recommended. This is supported by the Divisional Director of Nursing.
	HOOH	9.28	9.28	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Matron and Divisional Director of Nursing.
	CSTO	Inpatient Dietetics	15.8	15.8	0	NA	0	NA	NA	NA
Inpatient SLT		14	14	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been recommended to fully explore the wider extent of the service provision balanced with service needs and system-level support. This is supported by the Divisional Director of Nursing.

	Inpatient Orthotics	8	8	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. This is supported by the Divisional Director of Nursing
	Inpatient PT and OT	99.52	99.52	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service review has been undertaken and funding is being explored from various funding streams. This is supported by the Divisional Director of Nursing and the Chief AHP.
	Outpatients	96.86	96.86	0	NA	0	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service provision and productivity review are underway. This is supported by the Divisional Director of Nursing.
W&C	Ward 25	50.06	51.74	1.65	48.0	£54,113	11.7	12.42	75/25	The SNCT principles and professional judgement have been applied and a 1.65 WTE increase to the establishment is recommended. This will enable a static bed base for the ward areas 7 days per week, enhancing the patient experience pathway and optimising operational efficiency. This is supported by the Deputy Divisional Director of Nursing and Divisional Director of Nursing
	Ward 25 (HDU)	7.82	7.82	0	NA	0	NA	NA	PICS	Professional judgement and Guidance from PICS guidance have been applied with no changes to the establishment recommended. This is supported by the Deputy Divisional Director of Nursing and Divisional Director of Nursing
	Ward 14 (13 beds)	26.21	26.63	0.42	24.2	£16,496	8.48	8.28	57/43	The SNCT principles and professional judgement have been applied and a 0.42 increase to the establishment recommended. This will enable the expansion of the EPU service from 6 days to 7 days per week. This is supported by the Matron and Divisional Director of Nursing
	NICU	39.47	39.47	0	BPAM	0	13.36	12.27	BAPM	The BPAM principles and professional judgement have been applied with no changes to the establishment recommended. This is supported by the Deputy Divisional Director of Divisional Nursing and Divisional Director of Nursing.
	Midwifery	189.07	189.07	0	Birthrate Plus	0	NA	NA	Birthrate Plus	The BirthRate Plus principles and professional judgement have been applied and no changes to the establishment are recommended. This is supported by the Director of Midwifery
	CYP clinic 11	18.84	18.84	0	NA	NA	NA	NA	NA	Professional judgement has been applied and no change to the establishment has been recommended. A service provision and productivity review are underway. This is supported by the Divisional Director of Nursing.