Nursing Establishment Review

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Introduction

Demonstrating safe staffing is one of the essential standards that all health care providers must comply with to meet Care Quality Commission (CQC) regulation, Nursing and Midwifery Council (NMC) recommendations and national policy on safe staffing.

The Developing Workforce Safeguards (2018) was established from safe staffing work when system leaders identified a gap in support around workforce and builds on the National Quality Board (2016) guidance. It identifies that Trusts must ensure the below three components are used in their safe staffing processes:

• Evidence based tools and data
• Professional judgement
• Outcomes

It is well documented that ensuring adequate Registered Nurse (RN) staffing levels on acute medical and surgical wards in line with national recommendations has many benefits including improved recruitment and retention, reduction in staff stress and thus sickness levels, improved patient outcomes including mortality and improved levels of patient care (Royal College of Nursing, 2021; Rafferty et al 2007).

The Trust is compliant with Developing Workforce Safeguards and with the requirement to undertake a Biannual establishment review; assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit, and report to the Trust Board.

At UHD our staff are committed to providing high quality, safe and compassionate care for all our patients. To deliver this, we need to have appropriately trained staff in the right place at the right times. Our staffing levels are reviewed on a twice daily basis for every ward and service to ensure they are safe for both day and night shifts.

Part One Update on Current Nursing Workforce Activities

Pan UHD Safecare data is now available and supports safe staffing by providing twice or thrice daily snap shots of patient acuity and dependency in a clinical area. This data is reviewed at the staffing meetings and enables informed decision making around staffing requirements and deployment.

For the tool to be used most effectively pan UHD compliance is required; results of an improvement project are evidenced in the UHD and Care Group level data below.

UHD Average Weekly Safecare Compliance 2022

Surgical Care Group: SafeCare Compliance - wc 6 June 2022

Medical Care Group: SafeCare Compliance - w/c 6 June 2022

Chart showing SafeCare compliance percentages for the following wards (in ascending order): Lulworth, Acute..., Kimmer..., Ward 5, Ward 24, A5, B5 (Med), Portland, Corona..., Ward 14, OPAU, Acute..., Stroke..., Ward 1, Ward 9, A4, AMU-G, Browns..., Lilliput, Lytchett, RACE, Stroke..., Ward 2, Ward 21, Ward 22, Ward 3, Ward 4.

Specialties Care Group: SafeCare Compliance - w/c 6 June 2022

Unit	Compliance
Mac Unit	~57%
Sandbanks	~57%
Children's Unit	~86%
Durlston	~86%
Forest Holme	~100%
Ward 11	~100%

Safe Staffing Strategic Data (Formerly Unify)
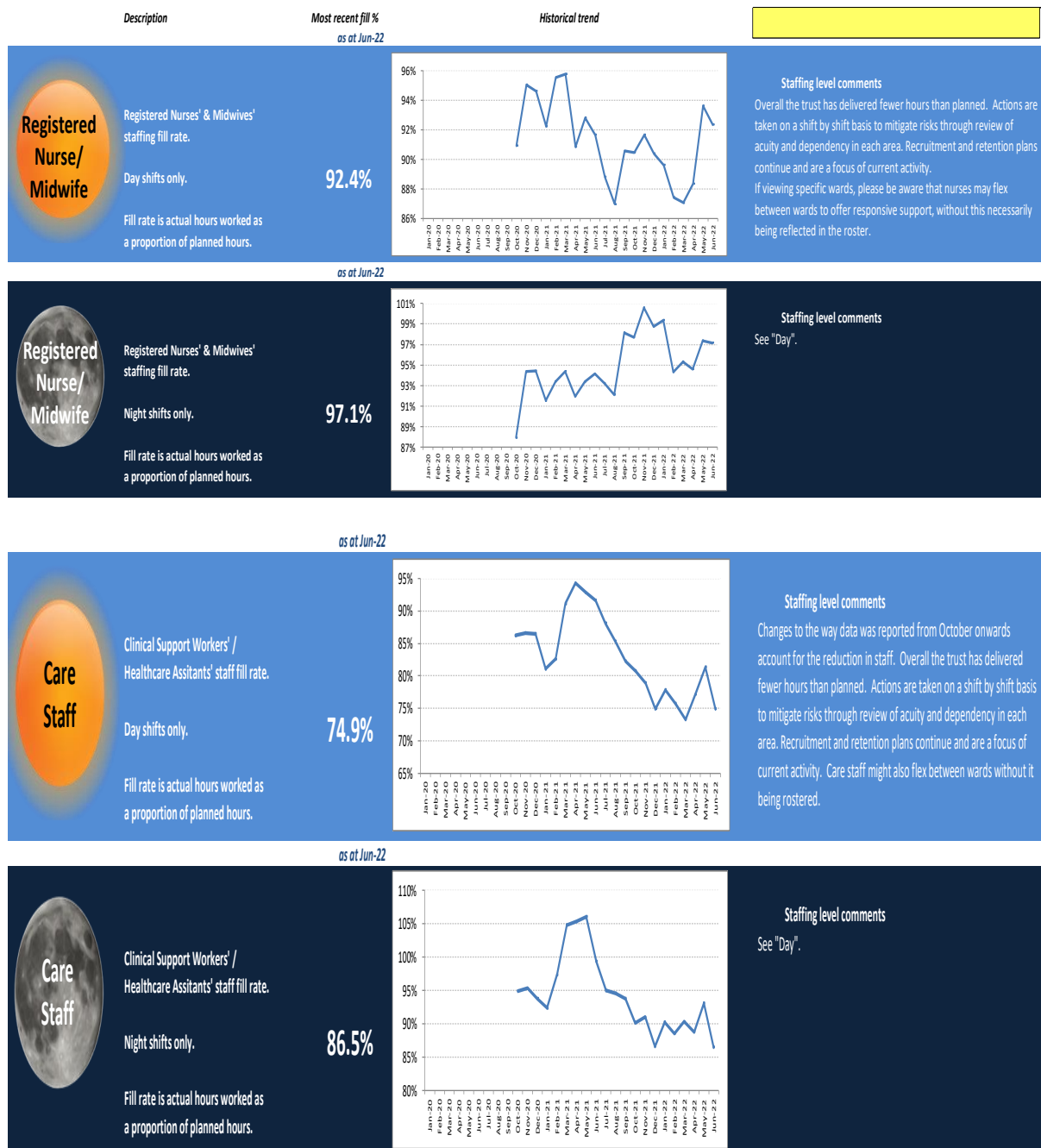
Acute Trusts are required to collate and report staffing fill rates for external data submission to NHSE/I every month. Fill rates are calculated by comparing planned (rostered) hours against actual hours worked for both RN and HCA.

The trend line shows clearly the impact that the pandemic has had on registered nurse levels during waves 1, 2 and 3. A similar trend is noted for health care support workers.

The current data for June 2022 shows that overall, the Trust has delivered fewer hours than planned with fill rates for HCSW lower than 90%, therefore of some concern, however other contributing factors need to be considered.

It should be noted that the fill rates are based on current expected levels and may not reflect the required numbers from SNCT and professional judgement results. It should also be noted that a low fill rate does not always mean that staffing levels were unsafe as bed occupancy may have been lower.

Fill rates also do not take into account the skill mix within an area including what percentage of this fill was temporary staff; all of which are contributing factors to quality and safety within the clinical environment.

Description	Most recent fill % as at Jun-22	Historical trend	
Registered Nurse/ Midwife — Registered Nurses' & Midwives' staffing fill rate. Day shifts only. Fill rate is actual hours worked as a proportion of planned hours.	**92.4%**		**Staffing level comments** Overall the trust has delivered fewer hours than planned. Actions are taken on a shift by shift basis to mitigate risks through review of acuity and dependency in each area. Recruitment and retention plans continue and are a focus of current activity. If viewing specific wards, please be aware that nurses may flex between wards to offer responsive support, without this necessarily being reflected in the roster.
Registered Nurse/ Midwife — Registered Nurses' & Midwives' staffing fill rate. Night shifts only. Fill rate is actual hours worked as a proportion of planned hours.	**97.1%**		**Staffing level comments** See "Day".
Care Staff — Clinical Support Workers' / Healthcare Assitants' staff fill rate. Day shifts only. Fill rate is actual hours worked as a proportion of planned hours.	**74.9%**		**Staffing level comments** Changes to the way data was reported from October onwards account for the reduction in staff. Overall the trust has delivered fewer hours than planned. Actions are taken on a shift by shift basis to mitigate risks through review of acuity and dependency in each area. Recruitment and retention plans continue and are a focus of current activity. Care staff might also flex between wards without it being rostered.
Care Staff — Clinical Support Workers' / Healthcare Assitants' staff fill rate. Night shifts only. Fill rate is actual hours worked as a proportion of planned hours.	**86.5%**		**Staffing level comments** See "Day".

It is important to note here that when clinical areas run short, non-rostered staff are deployed to support safe care. This action mitigates the risk but is not shown on the roster.

An element of the National Institute for Clinical Excellence (NICE) guidelines around safe staffing is that staff and patients should be able to raise a nursing 'red flag' if the NICE safe staffing or local agreed criteria are not being met.

In January 2021 the Trust aligned the red flag parameters across UHD taking the opportunity to create more bespoke flags for critical care, the emergency department, admission areas and neonates and encourage the use of red flags in areas with lower levels of engagement. The flags were rationalized in the autumn 2021 to reduce duplication and incorrect flags being raised.

The rise in red flags over the winter 2021, detailed below is primarily accounted for on the Poole site with low numbers of flags being raised at RBH; the site where staff are more familiar with the use of Datix as a reporting mechanism. However, it should be noted as a caution that closer scrutiny of the submission detail suggests an element of concern regarding staff understanding of safer staffing and when to raise a red flag.
All Red Flags are now being reviewed at least monthly by the Matron to monitor staff compliance and understanding with the process.

A fortnightly drop-in session has been initiated for staff to raise questions or queries with the red flag system and process. Plans for more formal training sessions to reach new staff will be available following the appointment of a Safecare Nurse.
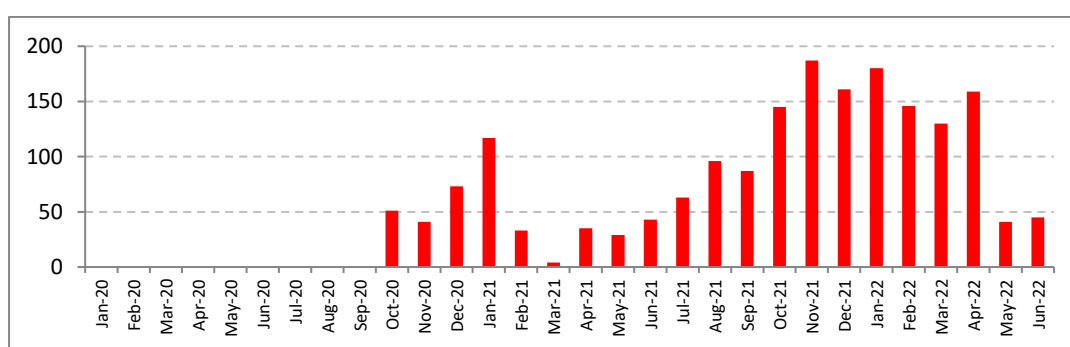
Care Hours Per Patient Day

NHSEI published guidance on Care Contact Hours' in 2018 followed by mandatory reporting of Trusts Care Hours per Patient Day (CHPPD), via the Safe Staffing Strategic Data collection (formerly Unify), introduced in September 2019. The data provides Trusts with the opportunity to benchmark both nationally and against peers.

The Trust has maintained the requirement to report externally as part of strategic data collection and internally as part of the Integrated Performance Report (IPR) on fill rates for registered and unregistered nurses and CHPPD. Any special cause variation is reported on and actions taken. UHD is comparable with our peers.

Model Hospital Data May 2022 Trust value 7.2, Peer median 7.8 and National median 8.3.

Our local data for this reporting period is:

Registered Nurses and Midwives CHPPD	YTD 2021	YTD 2022	Differential
	5.3	4.7	-0.6

The drop in CHPPD 2021 to 2022 aligns with the other Safe care strategic data that reflects the ongoing staffing challenges experienced as a result of the pandemic.

Recruitment Update

Recruitment and retention continues to be a focus for UHD with good collaboration with our HR recruitment team. The Trust continues to work closely with the Integrated Care System (ICS), Regional and National teams to support international recruitment and the apprenticeship framework.

In 2021 the Trust successfully recruited 200 internationally educated nurses and is committed to recruiting a further 140 nurses in 2022, as part of the Chief Nurse for England ambition to recruit 50,000 nurses nationally. The commitment is supported by NHSEI with financial remuneration to support approximately 40% of the cost of international recruitment.
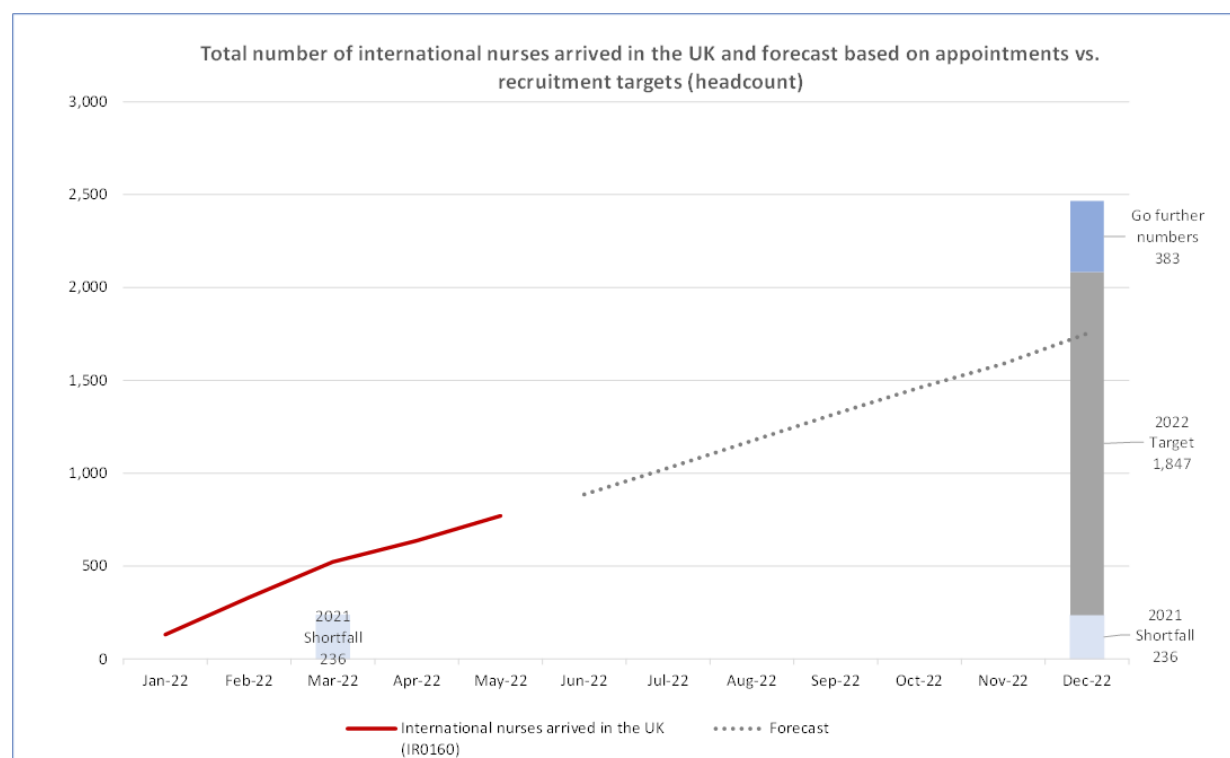
The growth and development of the domestic workforce is supported by collaborative working with ICS partners; including a successful Scholarship programme for people with experience of unemployment and young people leaving school and college with an interest in a career in healthcare. A second cohort of the Scholarship programme is planned for summer 2022.

The Trainee Nurse Associate programme is being maintained to enable the growth of the Band 4 workforce across UHD. The programme also provides a career opportunity for staff seeking to progress to registered nurse level.

An active HCSW recruitment plan is progressing, to address the significant level of vacancy within the workforce; reported to be 210wte in July 2022. An element of this vacancy is due to the success of the internal development of the HCSW workforce progressing to the TNA

and RNDA programmes and increased establishments to maintain safe staffing across wards with increased bed capacity and the ED footprint across UHD.

Agency Spend

The non-medical workforce TEG continues to monitor agency and bank spend against vacancy and work to reduce spend on high costs agency staff. This work reports to the Workforce Strategy Committee (WSC) via the Chief Nursing Officer Report (CNO). Initiatives include:

- Unified golden shift / incentive payments
- Progression of the system wide review of bank pay rates and removal of the incentive payments.
- Working across the system to agree an agency payment framework including lead times
- Enhanced care service delivery and review of the requirement for RMN
- Recruitment to the Bank Mental health support worker role

Midwifery Workforce

Midwifery safe staffing for the period until July 2021 was demonstrated as compliant when submitted for the Year 3 Maternity Incentive Scheme (Appendix 1). The evidence against standards demonstrated an effective system of midwifery workforce planning across all domains. The review of safe standards of midwifery staffing is an on-going process and the midwifery managers continue to provide further evidence of safe staffing when reviewing the Year 4 incentive scheme standards.

The midwifery team manage safe staffing using the OPEL scoring and connect with the twice daily safe staffing meetings in times of escalation; support from the nursing workforce has been provided on occasion to the post natal ward to maintain safety. Work to further align the process for reviewing midwifery and nurse safe staffing, using Safecare is planned.

Allied Health Professionals (AHP)

The six-month safe staffing report is written specifically as an assurance report for Board around inpatient area staffing, therefore AHP workforce progress is omitted. It is important to note however the significant impact that the AHP workforce had on in patient staffing and during the pandemic. The AHP workforce supported the nursing teams to provide care to patients alongside their therapeutic activities. This support was invaluable to the nursing teams and positively impacted on patient care at a time when the nursing workforce was severely challenged.

The adoption of a collaborative approach with the advanced practice agenda is creating a consistent understanding of Advanced Practice (AP) for all AP roles regardless of health and care profession, speciality or job role. A standard requirement for qualifications, training, education and development, with levels of practice in line with the HEE Multi-professional framework for Advanced Clinical Practice will ensure equity in title, banding and job descriptions with a clear governance process for workplace supervision and mentorship, enabling UHD to have the right skills in the right place to benefit our patients and staff.

Covid-19 pandemic

Following the last wave of the pandemic, the Trust has resumed a business as usual approach to manage safe staffing; the twice daily safe staffing meetings allow a full review of staffing to be discussed and actions to mitigate areas at a critical or threshold level to be agreed.

Template reviews

The Safer Nursing Care Tool (SNCT) is an evidence-based tool that enables nurses to assess patient acuity and dependency incorporating a staffing multiplier to ensure that nursing establishments reflect patients' needs in terms of their acuity and dependency. It is used in conjunction with nurse sensitive indicators such as patient falls and pressures ulcers and professional judgement; this triangulation helps to arrive at agreed staffing levels.

There have been continued changes to wards and specialties to meet the demands of activity and Covid within the Hospitals with more planned moves within the Trust, making the biannual staffing review process inconsistent and difficult to use to help adjust establishments.

The postponed 2021 template reviews are being refreshed as part of the autumn 2022 reviews in preparation for sign off by the Chief Nursing Officer. Consistency across the Trust in all areas regarding template development and implementation will support the delivery of safe staffing levels and high-quality care.

Emergency Care

The Trust now has the Emergency Department SNCT multiplier licence. Training has been delivered by the National Team. The tool requires the collection of acuity and dependency data over a 12 day period to capture the full 24 hours of service i.e. Day 1 is 11am and 11pm, Day 2 12pm and 12am etc. The data was collected in July with the aim for analysis and recommendations to be completed in August. This may need to be delayed due to current demands requiring the Matron to prioritise clinical activity.

Since the pandemic commenced in the spring of 2020 the nursing, midwifery and AHP workforce in the Trust has worked tirelessly to maintain safe staffing and support the on-going delivery of care; with staff working long hours in personal protective equipment that can be hot, restrictive and unpleasant to wear. This sustained period of heightened activity alongside the emotional burden of caring for high numbers of Covid-19 patients has impacted upon the psychological wellbeing of our staff.

In response to this the Trust has put several good quality well-being services offers and rewards into place, which have been well received; the on-going nature of the pandemic however, continues to take its toll on the overall well-being of the teams with fatigue and emotional fatigue presenting across the workforce and reflected in sickness rates.

Advancing Levels of Attainment (ALOA) in Heath rostering

The NHS Long Term Plan contains the commitment that "by 2021, NHS Improvement will support NHS trusts and foundation trusts to deploy electronic rosters or e-job plans".

This is a Long-Term Plan and People Plan commitment and is a key priority within the 2022/23 priorities and operational planning guidance, as an enabler and vehicle to achieving service recovery and restoration, supporting staff wellbeing and better matching capacity to patient demand, improving quality care and outcomes.

E-rostering is considered essential for achieving the productivity gains described in Lord Carter's reports and the National Quality Board's expectations on safe, sustainable and productive staffing.

The five 'levels of attainment' enable a trust to benchmark its progress as it adopts e-rostering software. Each level of attainment is underpinned by 'meaningful use standards'. These describe the processes and systems trusts need to meet each level of attainment.

What are the levels of attainment (LOA) & what do they mean?   **NHS**

LoA	E-job planning	E-rostering
Level 0	Fewer than 90% of employees accounted for on e-job planning software	Fewer than 90% of employees accounted for on e-rostering software
Level 1	90% of appropriate clinical staff have recorded on e-job plan	All contracted hours recorded on e-roster, for more than 90% of staff
Level 2	The trust allocates time and resources to job planning. Use of full functionality of e job planning	Software captures staff shift preferences with remotely accessible application
Level 3	Teams establish tam e-job planning meetings that align team objectives to individual job plans and service needs as defined through team capacity and demand	Teams analyse capacity and demand, using evidence-based tools
Level 4	Board-level accountability, with alignment with budgets and objectives	Board-level accountability, with alignment with budgets and objectives

Advancing Levels of Attainment will be available for individual trusts imminently. The results available for Dorset identify:

- E-rostering average LOA has increased from 1.11 to 1.38 with 0 providers at LOA 4 and 4 providers at LOA 0
- E-job planning average LOA has increased from 0.04 to 0.07 with 0 providers at LOA 4 and 4 providers at LOA 0

E-job planning is progressing in therapies and will be more widely rolled out when lessons have been learnt and we can make this a smooth transition for the rest of our AHP and practitioner workforce.

Staffing risks

There are currently two risks on the risk register pertaining to safe staffing in nursing. The proposal is to consolidate these risks to one, reflecting the change in impact the pandemic has currently on safe staffing.

Risk: 1056 – risk rating 9 - Inability to consistently fill ward template rosters with substantive nursing and HCSW staff.

Risk: 1343 – risk rating 9 - Risk that the Trust will be unable to provide safe and effective care and support to in-patients across all specialties 24/7 during covid-19; that staff shortage will impact on clinical care and safety standards. Risk that there will be sub-optimal care.

RCN Nursing Workforce Standards Benchmarking 2022

As part of the Trust's annual review process for safe staffing benchmarking against the RCN Nursing Workforce standards has been undertaken. Appendix 1 provides a snapshot of this work. This year's review shows the Trust to be fully compliant for six of the standards with partial compliance for the following eight:

NWS	Title	Rationale for Partial Compliance
1	Senior nurses set nurse staffing and report to Executive Boards.	Due to the omicron wave of the pandemic the annual template reviews were not fully completed.
2	Nurse establishments based on service demand and user need	Rated partial to reflect the impact of operational pressures and staffing levels on the completion of safe care data.
6	Nurse leaders receive dedicated workforce planning time	Nurse leader's management time was impacted upon by the pandemic reducing time available for workforce planning.
7	Practice development time considered when defining workforce	Post-merger the alignment of agreed budgets and uplift has not fully been reflected on Eroster.
9	Substantive nursing workforce below 80% is exceptional	All appropriate processes to review nursing vacancies however a clear vacancy position has not been achievable due to post merger data assimilation issues.
11	Nursing workforce rostering accounts for safe shift working	The new UHD e-roster policy aligning practice across both sites is nearing publication.
12	Nursing workforce is treated with dignity and respect	The staff survey suggests that further work is required in this area in particular for Internationally Recruited staff.
13	Nursing workforce supported in healthy safe environments	The staff survey suggests that staff feel that do not have easy access to break spaces.

Conclusion

It can be concluded that maintaining safe staffing remains a challenge as we move to the recovery phase of the pandemic and resume full services and elective activity.

In order to maintain safe staffing and mitigate the risk of increasing vacancies and reliance on high-cost temporary staff, we remain reliant on the recruitment of internationally educated nurses.

The focus on growing our own workforce through development pathways for the Band 2-4 workforce and cohort recruitment of new to healthcare staff using the Scholarship scheme and apprenticeships is providing us with a workforce for the future.

A focus on staff retention and bespoke development of the internationally educated nurses is a priority for the nursing, workforce and organisational development teams.
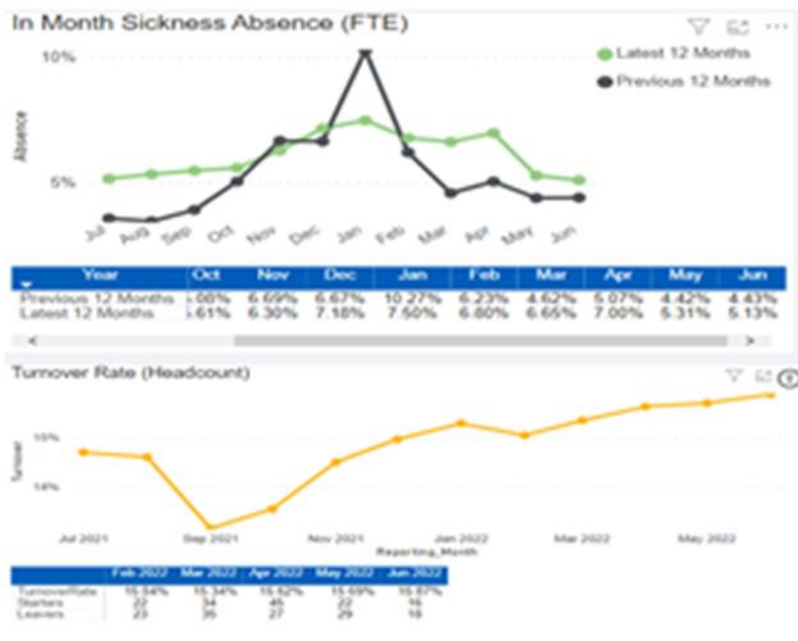
Part Two - Care Group Updates

The following updates from the Care Groups demonstrate the activity within the divisions and specialist teams to maintain safe staffing and support the staff working operationally on a daily basis.

Medicine Care Group

- Ward reviews continue with the GDON in trying to establish requirement and budget particularly on the Poole Hospital Site.
- Ward Hostesses have been added to the Poole Hospital Site Establishment.
- RMN usage and additional scrutiny regarding this workforce continues to be looked at. Work has begun to look at alternative workforce.
- RMN usage continues to be high in Portland due to service requirements this is being worked through with template re-design to ensure the template meets patient needs.
- CCU has moved back into its original footprint with the closure of 'blue ITU' on the RBH site.
- Ward 21 has closed and been repurposed on WD23, challenges around this footprint with reinstating the CIU function.
- Pathway for COVID is reverted to patients being maintained in 'speciality' with the closure of formal 'blue wards'
- OPS continue to have significant vacancies, roughly 120 WTE HCAs and 60 WTE RNs, across both sites. Recruitment plans are being worked up.
- Emergency Department continues to have significant vacancies 25 WTE RN RBH site, Poole site fully recruited from September. Work needs to take place to ensure appropriate ED skills.
- The Care Group continues to take on Internationally Educated Nurses.

In Month Sickness Absence (FTE)

Year	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Previous 12 Months	.08%	6.69%	6.67%	10.27%	6.23%	4.62%	5.07%	4.42%	4.43%
Latest 12 Months	.61%	6.30%	7.18%	7.60%	6.80%	6.65%	7.00%	5.31%	5.13%

Turnover Rate (Headcount)

|	Feb 2022	Mar 2022	Apr 2022	May 2022	Jun 2022
TurnoverRate	15.54%	15.34%	15.62%	15.69%	15.67%
Starters	22	34	45	22	16
Leavers	23	35	27	29	18

- Turnover in the Medical Care group is high, there is ongoing work with the recruitment team to look at retention and how we improve this. There needs to be some work to understand internal moves.
- Sickness has been higher in this 12 months than the previous 12 months, this is largely driven by COVID sickness.

Surgical Care Group

UHD Surgical Care Group

- Ward template reviews were in progress, looking at alignment and professional view of staffing levels. Budgetary deficits noted carried forward as a legacy issue, final reviews to be completed by July 2022.

- Recruitment of HCSWs continues to be challenging, with many areas running on high vacancy rates

- Agency usage was high during the winter months. Escalation process was implemented in the care group at the end of March to provide greater governance and assurance.

- Staff redeployment and movement had an adverse effect on staff well being and morale. The senior nursing team reduced movement as soon as they were able.

- Full time supervisory hours were in place at Poole, and 2 days per week at RBH – this is to be aligned across the organisation

- Ward changes during winter and covid pressures; closure of beds in ESCU for 8 weeks to redeploy staff to ICU to continue elective surgery requiring HDU post operatively; surgery and trauma swapped wards in February 2022 to create non covid capacity for surgery; patients with COVID were nursed within their speciality wards. Works were started to develop isolation facilities in Critical Care on the Poole site, Critical Care at RBH de-escalated out of CCU. Decision pending regarding bed modelling for Surgery and Trauma on the Poole site will determine staffing model required

- The Head of Nursing & Professions retired and recruitment of a successor commenced.
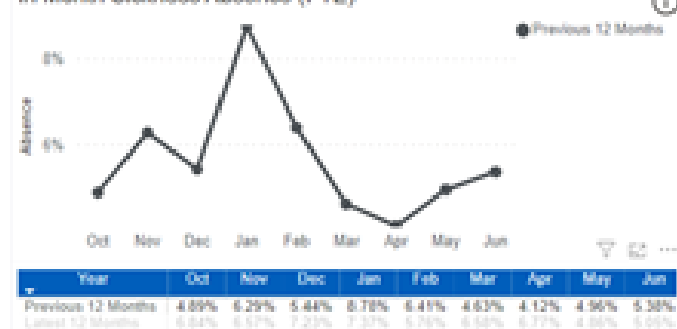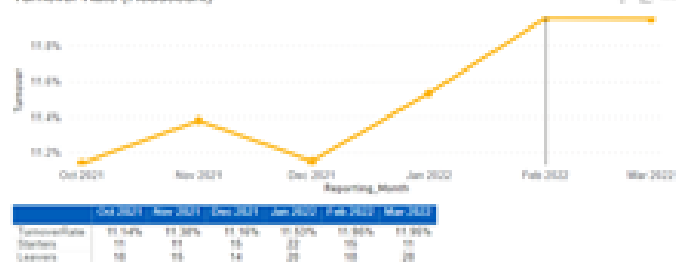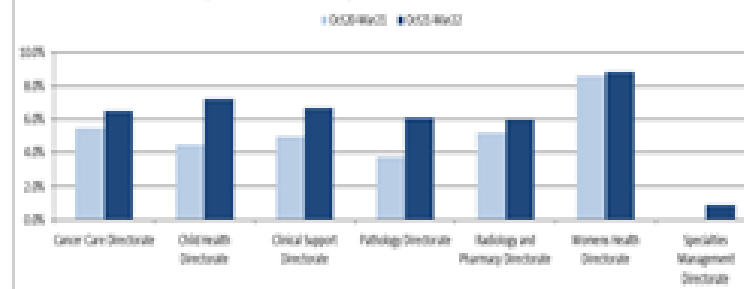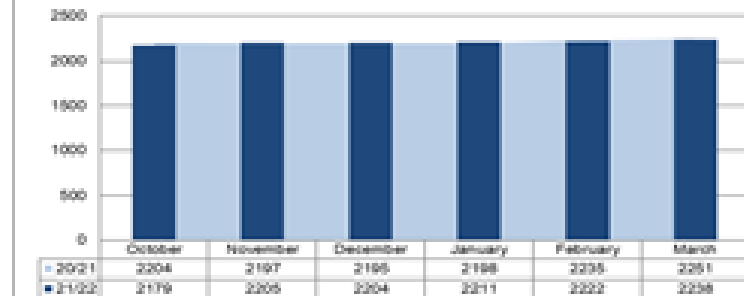
Specialties Care Group

Specialties Care Group

- Template review prioritised for areas where templates did not match budget: Child Health and Cancer Care PGH. Investment required for both wards Cancer Care . Extra requirement reduced by reviewing shift patterns.

- The CG continued to support with Covid support in Q3/4 managing the Covid medicines delivery unit (CMDU). Set up in to respond to national NHSEI to administer Covid medicines to vulnerable patients who had positive Covid status. This was led by pharmacy and B7 nurse with support from MD and GDOP.

- Swabbing/samba testing continued. Due to size of role on both sites, responsibilities were split. Pathology B6 appointed to lead samba and external support put in place to support swabbing reporting into DDOPs.

- Two senior appts in the CG leadership team. Head of therapies and Assoc Director Pharmacy.

- Due to structural differences CG delayed appt of Head of Nursing and Professions role. CG however keen to progress this and a 0.6 wte role was advertised. Unfortunately whilst significant interest candidates pulled out to part time nature. CG currently reviewing structure to establish how this can be supported going forward.

- Daily CG senior nurse huddles introduced and working effectively and extended invite for GMS on "silver rota" for touch point if required.

- Funding for 0.6 B5 increased staffing for mortuary following HTA visit.

- Significant staffing pressures across most CG Services with 26 staffing related risks . These include pharmacy, cancer services , radiology , therapies , obs/gynae, maternity, child health and pathology. All risks are reviewed monthly and have clear action plans in place. However the impact of these staffing deficits has impacted on provision of service to patients across the trust as well as the wellbeing of staff.

- Child Health have seen significant increase in children admitted with Mental Health illness and eating disorders which has had impacted on the use of RMN. Work underway with ICB in relation to MOU to ensure children are being cared for in most appropriate environment

- CG continues to support staff with through Trust and CG wellbeing initiatives however this has impacted on staff sickness levels alongside Covid.

Specialties Care Group Non-Medical Sickness Absence Oct-Mar

Specialties Care Group Non-Medical Headcount

	October	November	December	January	February	March
20/21	2204	2197	2196	2196	2236	2251
21/22	2179	2205	2204	2211	2222	2258

The first chart demonstrates increased sickness in the period from Oct 2021-March 2022 from the same period Oct 2020-2021. Sickness absence reflects increased Covid infections and work related stress. The second chart demonstrates reduced head count in 21/22 than 20/21. This is however slowly increasing. Some of this would be related to retirements.

Appendix One:
Nursing Workforce Standards Benchmarking 2022

	Nursing Workforce Standard (NWS)	RAG	Evidence
NWS 1	Senior nurses set nurse staffing and report to Executive Boards.		Annual Ward Template Review SOP (July 2021) sets out the Trust approach to setting and reviewing staffing levels:
	Executive nurses are responsible for setting nursing workforce establishment and staffing levels. All members of the corporate board of any organisation are accountable for the decisions they make and the action they do or do not take to ensure the safety and effectiveness of service provision.		Monthly template reviews by Matron reported to the CGDON
			Post budget setting roster review
			Annual Shelford Acuity and Dependency Audits undertaken in July and February.
			Annual budget setting review undertaken in quarter 2 overseen by the CNO / DCNO
NWS 2	Nurse establishments based on service demand and user need		Twice daily staffing meetings to oversee safe staffing against clinical demand.
	Registered nurse and nursing support workers establishments should be set based on service demand and the needs of people using services. This should be reviewed and reported regularly and at least annually. This requires corporate board level accountability.		The use of the allocate electronic Safecare tool at staffing meeting enabling actual acuity and demand to be measures against staffing levels. Compliance against Safecare usage is audited.
			Eroster, enables robust advanced shift planning
			Regular biannual Shelford audits enable on-going review of acuity and dependency.
			Matron and CGDON regular review of IPR Quality Metrics supports staffing decision making
			Regular review of complaint, LERN and SI data supports template setting.
NWS 3	Business continuity plans enable staffing for safe effective care		The Red Flag and Safe Staffing Escalation policy sets out the Trusts standard approach to managing staffing challenges from day-to-day to extremis levels. Toolkit includes:
	Up-to-date business continuity plans must be in place to enable staffing for safe and effective care during critical incidents or events.		Modified care plans
			Safety briefing tool
			Guidance on appropriate care reductions
			SITREP reporting process
			Post incident review process

			Departmental operational business continuity plans are also in place as part of the Major Incident Plan.
NWS 4	Nursing workforce is recognised and valued		Nursing pay structure is aligned with national guidance and Agenda for Change pay Structure.
	The nursing workforce should be recognised and valued through fair pay, terms and conditions.		There is a golden shift scheme in place to attract staff to work difficult to fill shifts. Recently the scheme has been overused creating an imbalance in bank staff pay. The scheme is currently under review.
			Other Human Resources corporate policies and procedures are in place to fairly manage staff within the organisation.
			There are many staff networks available for staff to join to support them at work.
			The Trust has a strong staff side committee
			There are strong career development and progression plans in place for out staff which are on-going in development to meet new roles such as RNDA and RNA.
NWS 5	Each nursing embedded service has a Registered Nurse Lead		The Trust has a robust nursing leadership structure in place with clear, corporate, care group and directorate level leadership in place.
	Each clinical team or service that provides nursing care will have a registered nurse lead.		All nursing teams have a dedicated team leader or Matron overseeing the service.
			A clear Ward to Board structure is set out in the governance Structure.
NWS 6	Nurse leaders receive dedicated workforce planning time		All in patient nurse templates have as a minimum one AFC band 7 clinical leader with dedicated non-clinical (supervisory) time allotted. This time is protected for:
	A registered nurse lead must receive sufficient dedicated time and resources to undertake activities to ensure the delivery of safe and effective care.		Leadership and team management
			Improvement and monitoring of care quality service delivery
			Workforce monitoring and planning
			General ward management
			Staff wellbeing support
			Each clinical leader is supported with workforce planning by a clinical matron.
NWS 7	Practice development time considered when defining workforce		Clinical templates are designed to provide opportunities for life long learning.

	The time needed for all elements of practice development must be taken into consideration when defining the nursing workforce and calculating the nursing requirements and skill mix within the team.		A flexible approach to template uplift for annual leave, sickness and personal development time has been applied. Areas where higher levels of mandatory training is required receive higher uplift. The current breadth of uplift is 22.2 - 27%
				The Trust continues to roll-out the CLIP (collaborative Learning in Practice) model for supervising student nurse placements.
				Plans to incorporate learning placement allocations in ward templates is on-going. This will enable better consideration of staffing levels on the learning environment.
				The Trust has a dedicated Practice Educator workforce who support post registration nurses during preceptorship and internationally educated nurses to complete the OSCE process and achieve NMC registration at ward level.
NWS 8	Apply sufficient uplift when calculating nursing workforce			The Trust uses the Shelford Safer Nursing Care Tool for nursing workforce establishment calculations. The tool overlays acuity and dependency data against workforce parameters such as annual leave, sickness and study leave.
	When calculating the nursing workforce Whole-Time Equivalent (WTE) uplift will be applied that allows for the management of planned and unplanned leave and absence.			In 2021 / 2022 the Trust adjusted the uplift to clinical areas as follows:
				Emergency Department - 27%
				Critical Care, RACE, AMU, SAU, OPU - 25%
				All other areas - 22%
				The variation is in recognition of the different levels of mandatory training required in some areas.
NWS 9	Substantive nursing workforce below 80% is exceptional			A monthly review of vacancies is completed at ward/department level by the Ward Leader & Matron and quarterly by the Care Group HON/P and GDON.
	If the substantive nursing workforce falls below 80% for a department / team this should be an exception and should be escalated and reported to the board / senior management.			The Vacancy Review Panel process allows for Band 2 HCSW and Band 5 RN vacancies to be replaced like for like to minimise delays in the recruitment process.

NWS 10	**Nursing workforce is prepared and works within scope of practice**		All nursing staff working as substantive or bank members of staff undergo a robust induction period and undertake mandatory training as required. Each member of staffs training records are accessible to the individual through the Green Brain electronic tool and their line manager on the electronic staff record.
	Registered nurses and nursing support workers must be appropriately prepared and work within their scope of practice for the people who use services, their families and the population they are working with.		
NWS 11	**Nursing workforce rostering accounts for safe shift working**		Electronic rostering (E-rostering) is fully established in all clinical nursing teams across the Trust. Allocate Insight reporting is now available to monitor rostering practice and measure compliance with policy. Self-rostering is in operation in ED and is being piloted in Critical Care.
	Rostering patterns for the nursing workforce will take into account best practice on safe shift working. Rostering patterns should be agreed in consultation with staff and their representatives.		
NWS 12	**Nursing workforce is treated with dignity and respect**		Staff expect to be treated in accordance with the Trust values; developed with staff for staff. Networks that represent the diverse workforce provide support to staff and encourage them to speak out safely. Policies are in place to support staff to feel safe and secure in the workplace, this includes appraisal, balancing work and family life, Diversity and Inclusion and raising concerns. There is a strong learning culture in the Trust which encourages staff to report near misses through the LERN process and our #sharetocare campaign.
	The nursing workforce should be treated with dignity, respect, and enabled to raise concerns without fear or detriment, and to have these concerns responded to.		
NWS 13	**Nursing workforce supported in healthy safe environments**		Annual staff wellbeing audits show that not all staff working in clinical areas have easy access to protected break areas.
	The nursing workforce is entitled to work in healthy and safe environments.		

NWS 14	Nursing workforce is supported to practice self-care		The Trust is committed to enabling our workforce to make healthy lifestyle choices with on-site eateries providing healthy options and schemes that staff can engage in such as the "cycle-to-work" scheme, mindfulness and running club. The Trust provides wellbeing and employee assistance services, providing information on health, wealth and welfare.
	The nursing workforce is supported to practice self-care and given opportunities at work to look after themselves.		

RAG Rating:

	Fully meets the standard
	Partially meets the standard
	Does not meet the standard

Appendix Two:

July 2021 Submission for Maternity Incentive Scheme 3 – demonstrating an effective system of midwifery workforce planning to the required standard

Requirements number	Safety action requirements	Requirement met? (Yes/ No /Not applicable)
1	Has a systematic, evidence-based process to calculate midwifery staffing establishment been completed?	Yes
2	Has your review included the percentage of specialist midwives employed and mitigation to cover any inconsistencies?	Yes
3	Has an action plan been completed to address the findings from the full audit or table-top exercise of Birth Rate+ or equivalent been completed, where deficits in staffing levels have been identified?	Yes
4	Do you have evidence that the Maternity Services detailed progress against the action plan to demonstrate an increase in staffing levels and any mitigation to cover any shortfalls?	Yes
5	Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with **supernumerary labour ward co-ordinator** status in the scheme reporting period? This must include mitigations to cover shortfalls.	Yes
6	If trust did not meet this standard, has an action plan been produced detailing how the maternity service intends to achieve 100% supernumerary status for the **labour ward coordinator** which has been signed off by the Trust Board, and includes a timeline for when this will be achieved?"	N/A
7	Do you have evidence from an acuity tool (may be locally developed), local audit, and/or local dashboard figures demonstrating 100% compliance with **1:1 care in labour** in the scheme reporting period? This must include mitigations to cover shortfalls.	Yes
8	If trust did not meet this standard, has an action plan been produced detailing how the maternity service intends to achieve 100% compliance with **1:1 care in labour** has been signed off by the Trust Board, and includes a timeline for when this will be achieved?"	N/A
9	Do you have evidence that a review has been undertaken regarding COVID-19 and possible impact on staffing levels to include: - Was the staffing level affected by the changes to the organisation to deal with COVID? - How has the organisation prepared for sudden staff shortages in terms of demand, capacity and capability during the pandemic and for any future waves?	Yes
10	Has a midwifery staffing oversight report that covers staffing/safety issues been submitted to the Board at least once every 12 months within the scheme reporting period?	Yes