

SAFE STAFFING

Trust Board	Item: 12
Date: 26 January 2022	Enclosure: I
<p>Purpose of the Report: This report provides board with an update on compliance against the Developing Workforce Safeguards Framework. The report provides assurance around safe staffing within nursing, midwifery, medicine and allied health professionals. The report additionally provides assurance around steps taken to assure safer staffing during the pandemic.</p>	
<p>For: Information <input checked="" type="checkbox"/> Assurance <input type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/></p>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Corporate objective 5.
Legal / Regulatory / Reputation Implications:	National Safe Staffing Reporting Requirements
<p>Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/></p>	
Link to Relevant Corporate Objective:	Strategic Objective 2 – To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
Document Previously Considered By:	Executive Management Committee
<p>Recommendations: The Trust has sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities.</p> <p>Board are asked to note:</p> <ul style="list-style-type: none"> - The Ockenden Review in Maternity and our outstanding benchmarking results - The commencement of the AHP Strategy Project - The Healthcare Assistant Project to improve recruitment and retention of this staff group 	

Safe Staffing Report January 2022

Introduction

The following report will provide the board with assurance around the statutory reporting requirements, as outlined in the Developing Workforce Safeguards document which was published by NHS Improvement in October 2018. This document was developed to support organisations to utilise effective staff deployment by adopting a “triangulated approach” (figure 1) to manage common workforce problems and comply with the Care Quality Commission (CQC) well-lead framework (2018). In addition, the report will provide a summary of key measures taken to ensure safe staffing during these “unprecedented times” and any significant changes related to safer staffing during this time.

Figure 1: Principles of safe staffing



Monitoring

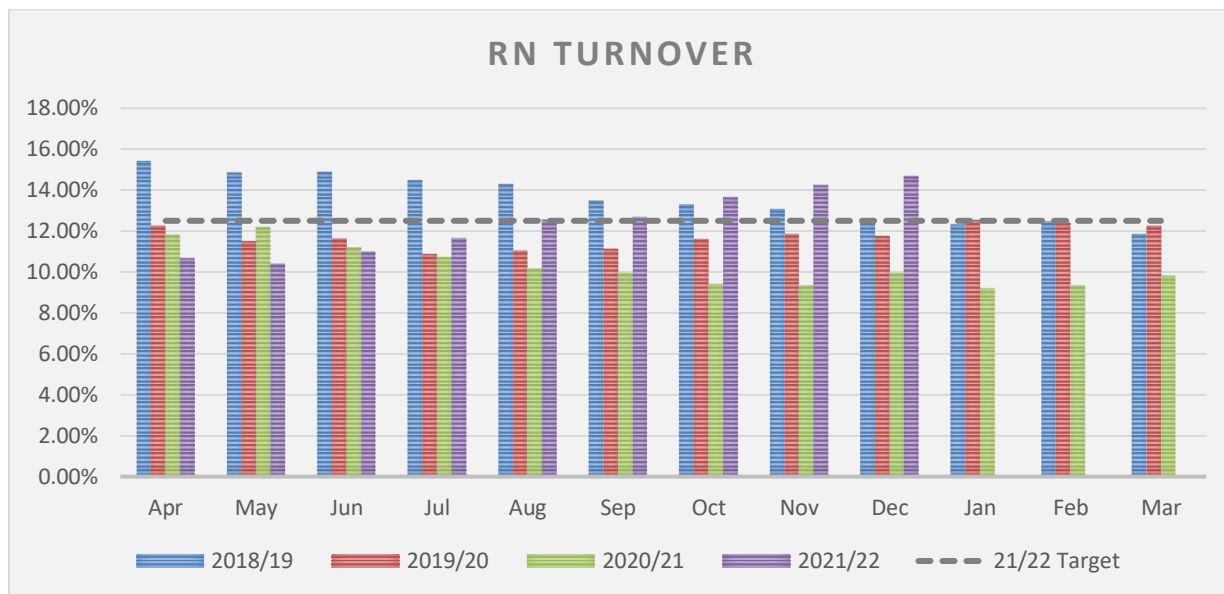
Nursing and medical staffing levels are reviewed daily in real time at each bed meeting and both nursing and maternity staffing are monitored through the safer staffing meeting which is held monthly and chaired by the Interim Deputy Chief Nurse (IDCN). Medical and Allied Health Care Professionals (AHP) are monitored via the Workforce Committee.

The Trust Board receives monthly assurance from the integrated report on the unify data related to ‘care hours per patient day’ (CHPPD).

Registered Nursing (RN)

1. Current Position Turnover

RN turnover is currently 14.65% and above the Trust target rate of 12.5%, but below the Trust overall rate of 15.57%. Turnover for RN's has increased by 4% since Apr-21 and is significantly higher than the same time last year. Some of the rise is attributed to the Pandemic; in particular the supply of international nurse ceasing in 2020 and the number of qualified nurses leaving in 2021 increasing by 39%.

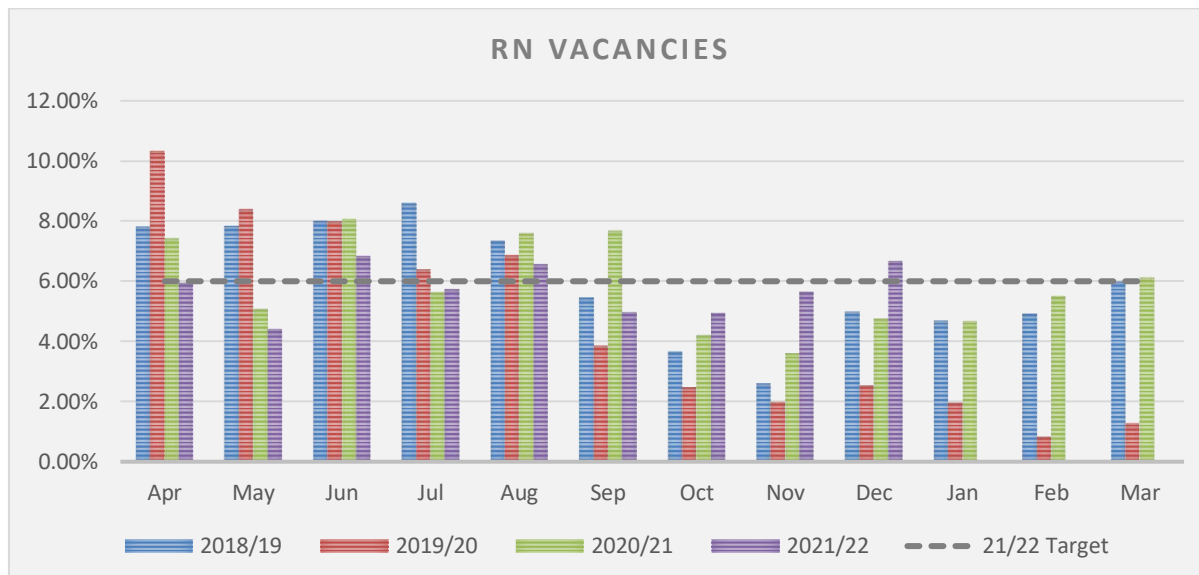


2. Current Position Stability

The stability metric measures the percentage of staff with over one year of service. The measurement for RN's is currently 84.90%, under the 90% target. Stability has decreased this quarter by 3% which means the percentage of RNs leaving the Trust with less than a year's service has increased. Currently 20% of the RN leavers have under a year's service. Most of these staff left for further education or work life balance reasons (9 staff), with a further 6 staff relocating or taking up promotion opportunities at other trusts.

3. Current Position Vacancies

The current vacancy rate is 6.68% a little above the target of 6% and below the overall trust rate of 8.60%. Despite the increase in turnover the vacancy rates for RNs remain low. This is driven by the fact that departments continue to proactively recruit. Data below shows that the highest vacancies are within the Unplanned Care Division.



Current vacancies are:

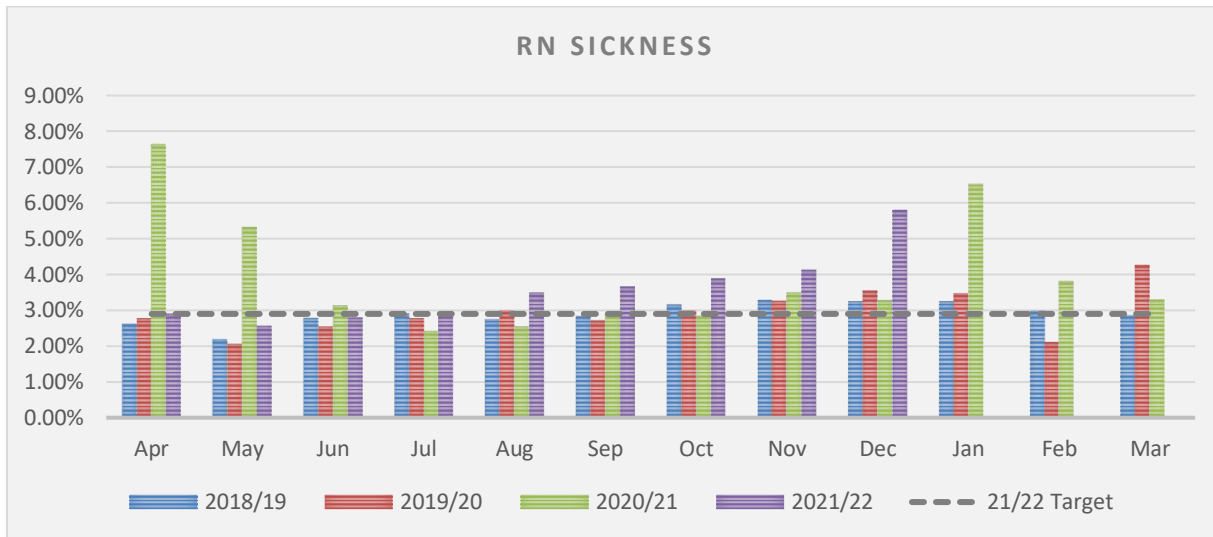
- 24.04 WTE for Planned Care (4.85%)
- 58.14 WTE for Unplanned Care (12.28%)

RNs n Planned Care- Dec-21				
	Budget WTE	Actual WTE	Vacant WTE	% Vacant
Cluster 4	67.80	64.57	3.23	4.76%
Cluster 5	155.78	151.09	4.69	3.01%
Cluster 6	258.47	243.35	15.12	5.85%
Cluster 7	13.64	12.63	1.01	7.40%

RNs in Unplanned Care- Dec-21				
	Budget WTE	Actual WTE	Vacant WtTE	% Vacant
Cluster 1	267.39	230.72	36.67	13.71%
Cluster 2	186.98	166.06	20.92	11.19%
Cluster 3	18.98	18.43	0.55	2.90%

4. Current Position Sickness

RN sickness rates are currently 5.80%, 2.90% above the target rate. Sickness rates have been consistently high since the Pandemic and the graph demonstrates a series of high spikes coinciding with new variants and change in government guidance regarding lockdown. December 2021 highlights one of these spikes which is consistent with a rise in sickness due to Omicron.

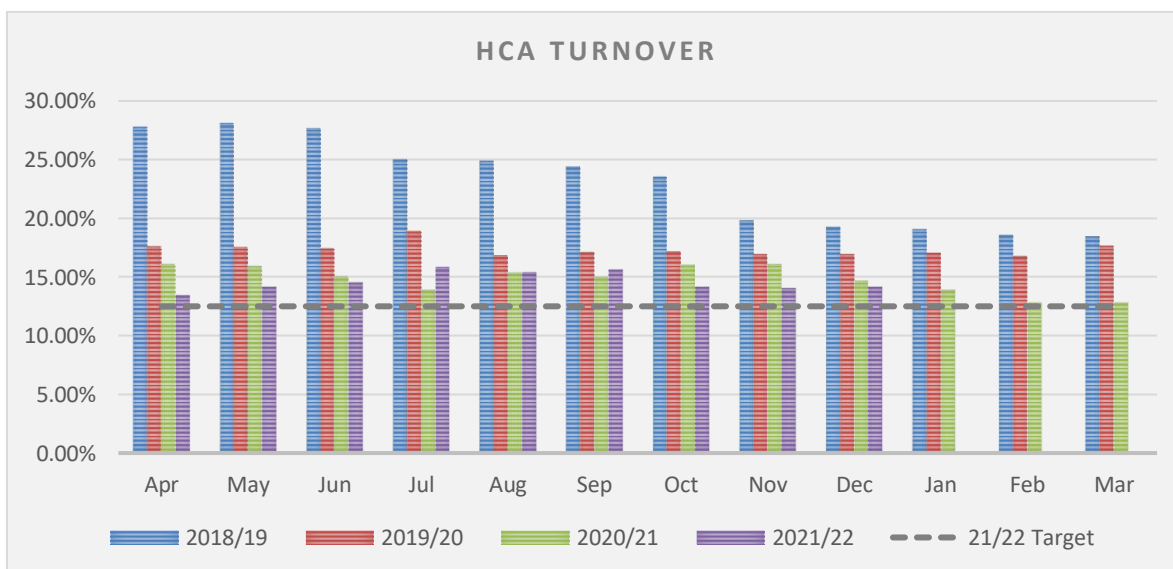


Healthcare Assistants

(Healthcare Assistants, Nursing Associates, Trainee Nursing Associates, Nurse Associates & Associate Practitioners)

1. Current Position Turnover

Healthcare Assistant (HCA) turnover is currently 14.16% against the Trust target of 12.5%. Despite being 1.66% above target, turnover for HCA's is lower than the same time last year and the nearest to target than it has ever been.

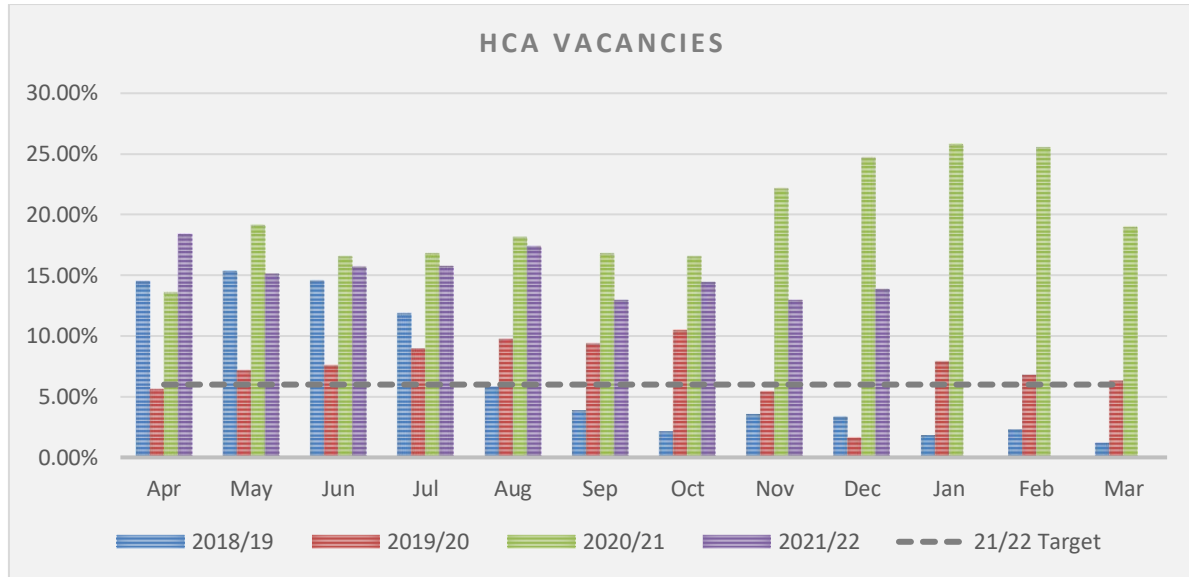


2. Current Position Stability

Stability this month is 81.71%, which is a slight reduction since last quarter and 9% below the target. Of the leavers 42% left with less than one year's service. However, the total number of leavers this financial year is 49% less than for the same period last year. Work is ongoing to address retention in this staff group as outlined later in this report.

3. Current Position Vacancies

The current vacancy rate for HCA's is 13.83%, 7.83% above the trust target. Despite this percentage, it is an improved position and significantly lower than the same time last year. Work on a career pathway from Band 2 to Band 3 for has commenced and is already having a positive impact. Vacancy rates for this staff group are highest in the Planned Care Division which is the converse of the RN Staff Group.



Current vacancies are:

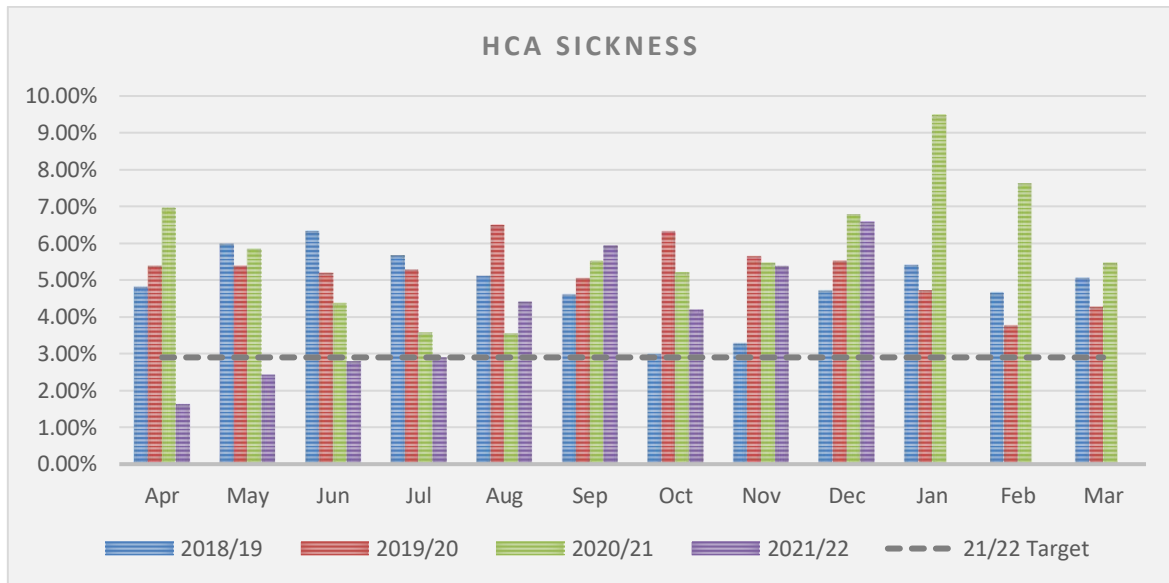
- 27.76 WTE for Planned Care (20.87%)
- 14.58 WTE for Unplanned Care (7.98%)

HCAs in Planned Care- Dec-21				
	Budget WTE	Actual WTE	Vacant WTE	% Vacant
Cluster 4	3.91	2.91	1.00	25.58%
Cluster 5	41.26	30.72	10.54	25.55%
Cluster 6	84.45	68.23	16.22	19.21%
Cluster 7	3.40	3.40	-	0.00%

HCAs in Unplanned Care- Dec-21				
	Budget WTE	Actual WTE	Vacant WTE	% Vacant
Cluster 1	55.29	45.53	9.76	17.65%
Cluster 2	115.22	111.60	3.62	3.14%
Cluster 3	11.82	10.95	0.87	7.36%

4. Current Position Sickness

HCA sickness is at 6.59% this month, 3.69% above target. Despite the high percentage due to Omicron, the percentage is lower than the same time last year



Maternity Workforce

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	12.50%	90.00%	6.00%	2.90%	90.00%	90.00%
Qualified Midwives	12.44%	86.81%	3.31%	8.77%	84.53%	71.26%
Maternity Support Workers	27.31%	75.12%	14.37%	8.25%	85.03%	51.85%

Maternity Overview-

The activity within maternity is unpredictable and can rapidly change. It is therefore essential that there is sufficient staff in all areas with the right skills and experience to provide safe high-quality care to meet the needs of our women and their families. Like other services nationally, the midwifery and maternity support worker staffing levels continue to be affected by Covid-19 related absences. Therefore, it is essential that continuous and regular monitoring of the activity and staffing is maintained to assure safe care.

The maternity service continues to have a daily bleep holder, who has an overview of the service in addition with the support of the senior managers and a midwifery manager on call every day. This maintains oversight and early decision making of all clinical areas, including staff absenteeism, to enable timely decision making around escalating to an amber or red in line with our maternity escalation policy. Thus, ensuring safe care in line with the Trust governance processes. It is equally pivotal that more than ever the multidisciplinary team work together to ensure precedence in clinical priorities and can provide a background around the reasons the delays in clinical care to establish the overall risk

Over the last 5 months we have had 31 reported incidents attributed to staff shortages, with September being the highest. During this period many of the senior managers and team leaders worked clinical shifts to support the shortfalls in staffing levels and maintain the safety of patients and unit.

Staff shortages

Staff shortage reported incidents	
August	0
September	16
Oct	7
Nov	2
Dec	6
Total	31

Trends around delay in patient care due to staff shortages

Despite the highest reportable trend attributed to a delay in patient transfer to the Labour ward from the AN ward for an ARM (artificial rupture of membrane). It is appropriate to note that none of the delays contributed to poor patient care or outcome.

Trend	August	Sept	October	Nov	Dec	Total
Birth Centre closure	0	4	0	0	0	4
Delayed (artificial rupture of membranes) ARM from home	0	4	1	2	1	8
Delayed ARM from AN ward	15	19	11	10	5	60
Delayed C/S	3	5	0	0	1	9

Maternity National Strategies and Birth Rate Plus

The Birthrate Plus Midwifery Services Workforce Planning and Decision-Making Tool is one of the recommended means to calculate the required midwifery staffing levels. It provides an evidence-based methodology for calculating midwifery staffing requirements based on the case mix for women and babies accessing the service every three years. The 2021/22 midwifery workforce ratio was maintained at a budgeted ratio of 1:26 but this is likely to change with the recent completion of birth-rate plus in December 2021, where it was noted that the acuity had increased by 14.1% from the 2016 assessment.

The final report will be shared with the Trust finance and Executive teams once it has been received, to highlight any anticipated gaps in meeting the Birthrate Plus standard for maternity workforce staffing and to meet compliance with the national maternity strategies.

Ockenden Review of Maternity Service (2020)

The first report from the Ockenden Review was published on 10th December 2020 and required all NHS Trusts to respond to the 7 Immediate and Essential Actions. Trusts were also required to undertake a maternity workforce gap analysis and demonstrate implementation plans to meet Birthrate Plus standards for maternity workforce recommendations. All Trusts in line with CNST maternity safety action 5 were also required to provide a review of the Midwifery workforce which demonstrates an effective system of clinical workforce planning to the required standard, with confirmation to the Regional Chief Midwife by 31 January 2021. Additional funding bided from the Ockenden funds supported an increase in the band 6 midwifery establishment by 12 WTE which increased from 100.45 to 112.45 WTE. In December 2021, the trust achieved 100% compliance with all 7 Immediate and Essential actions. Further Ockenden phase 2 funding's of **£157,916.00** has been secured on the 11 January due to the assurances provided.

Maternity Incentive Scheme:

The trust has achieved compliance with the 10 safety actions for the past 3 years and is on track to achieve 100% compliance for year 4, which was due for submission in July 2022. However, due to the national staffing shortages, this was paused for three months on the 23rd of December 2021, and we are awaiting further instructions. However, our team continues to work towards achieving this at the timescale that has been set

Recruitment & Retention

The maternity service continues to proactively recruit into vacant posts and have an identified senior lead who coordinates this on behalf of the service, with a rolling recruitment. We have successfully bided and been awarded £148,950 to support improvements in maternity by accelerating the recruitment and development of our MSW workforce and support the growth of the workforce more widely. This aligns with the Health Education England (HEE) Maternity Programme and the implementation of the MSW Competency, Education and Career Development. One of the initiatives we are hoping to introduce are discharge coordinators. This role will enable clinicians to focus more on clinical hands-on care and support and streamline and improve our discharge process and flow.

We currently have (9%) 23.53 WTE vacancies, with 22.36 WTE in the pipeline to commence in the coming months. We are in the process of finalising a new preceptee support role that we are assured will add further value to the service by playing a more supportive role to retain and recruit national and international midwives.

Neonatal Staffing

London Neonatal Operational Group has informed the trust that they intend to provide additional funding for the Neonatal Unit (NNU) to support the band 7 registered nurses to be supernumerary. The funding will support the recruitment of additional band 6 registered nurses to enable the band 7s to be supernumerary. NNU are waiting for confirmation when the funding will be available.

Red Flags

As outlined in previous Trust Board reports there is a robust process for reviewing safe staffing levels daily via the Matron of the Day and bed meetings. All red flags are presented by the matron responsible for the clinical area and themes are discussed at the monthly safer staffing meeting.

Between July 2021 and December 2021 there were 184 red flags reported on the Datix System. The months with the highest reported numbers of red flags were August (40) and September (45) and correlate with the opening of escalation beds and reconfiguration of wards to support flow. There has also been an increase in red flag reporting by the Maternity unit with September (16) the month with the highest reported number in this period. Mitigations were put in place including moving staff from other areas, Band 7's working in the numbers, Matrons and Heads of Nursing supporting clinically and non-clinical staff assisting with meal service and as dining companions. We need to say what we have done to mitigate: move staff from other areas, ask the ASP to relieve breaks

Bi-annual Ward Staffing Reviews

Whilst there is no nationally set guidance on nurse staffing, NICE guidance identified evidence of increased risk of harm associated with a registered nurse caring for more than eight patients during the day shifts. Working on Royal College of Nursing Guidance and professional judgment, in the absence of recommendations on minimal staffing levels, the Trust following agreement at the February 2018 Trust Board are currently working to a minimum of 1:8 nurse to bed ratio in the day, and 1:10 at night (with the exception of AAU and orthopaedics which both have a lower ratio of patients to trained staff). One of the recommendations from the Developing Workforce Safeguards is to ensure that a review of staffing is completed twice a year. Below are the reviews from planned and unplanned care:

Planned Care:

Planned care have seen improvement with the recruitment of registered nurses for the general surgical and orthopaedic wards. In turn, this has helped with the reduction in reliance on temporary staff. The recruitment supported promotion for band 5 registered nurses within the hospital to a band 6 post. The promotion for our registered nurses helped both staff development and retention.

Following completion of the staff consultation, both main theatres and DSU are working as one unit. The short stay unit based in the DSU continues. It has supported the elective pathway across the winter months as Alexandra ward (super green elective ward) needed to reduce its bed base to allow an increase in non-elective surgical beds. During this period, Isabella ward transferred to a medical ward to support the non-elective admissions from Unplanned Care. QIA are to be completed for Astor, Alexandra, and Isabella wards to assess the quality impact following the changes in configuration to the wards.

Isabella ward, 22 medical beds, Astor ward, 42 non-elective surgical beds and Alexandra ward, 8 bedded super-green elective ward with 4 PACU beds.

Planned Care have faced challenges through December and January in securing temporary staff to cover sickness absence and annual leave. During this period, we have seen staff ratios deviate from the agreed average of 1:8 day/ 1:10 night, to an average of 1:12 / 1:15. The staffing for all ward areas is reviewed at the site meeting and this allows the Matron of the Day responsible for staffing to transfer staff between wards/ departments to maintain safe staffing levels across the hospital. Any deviation from agreed nurse/patient ratios is initially managed at local level to ensure safe care, reviewed at the daily site meeting, and is then reported through the Red Flag process and monitored through the Safer Staffing Group.

Planned care continues to recruit for ODP / anaesthetic nurse groups working in theatres / DSU. We are currently using regular bank and agency staff to cover the vacancy rate we have within the speciality of ODP's / Anaesthetic nurses to ensure elective recovery programme continues.

Planned Care has successfully implemented a Post Anaesthetic Care Unit (PACU) within Alex ward. The PACU supports patients following complex surgical procedures that require high dependency care. This has reduced the need to transfer patients to the Intensive care Unit (ITU) and freeing up capacity within.

Following the successful bid to fund senior health care assistants, (HCA), Planned Care have recruited into posts on most ward. This has been a very positive move by staff and will help to improve retention for health care assistants by adding a career progression for them to work towards.

Unplanned Care

The ongoing pandemic continues to be a challenge for nursing staffing and nurse to patient ratios.

During this period, it was necessary to open some escalation areas due to the demand and capacity of the Trust. On the 26th of July 2021 Bronte Ward was escalated by 6 beds to 36 patients and then on the 7th September 2021 we added a further 7 beds on Hardy which also meant the MDU had to be relocated. These areas remain open at present.

Staffing ratios were overall maintained across the medical wards; despite the increased staffing requirements related to escalation and redeployment, an increase in staff absence (related to Covid sickness/self-isolation). This was achieved by incorporating the Band 7's into the numbers and the Matrons supporting clinically as required, however it has proven difficult to maintain ratios at night and has meant that we have had to deviate from the agreed standard of 1:10 ratio to 1:15 ratio. Where possible these shifts have been supported by extra healthcare assistants.

ED have had an increased nursing requirement for the duration of the pandemic, and in order to ensure a future proof model, the Trust commissioned the safer care nursing tool for ED. Data collection was undertaken in October and work is ongoing to analyse and interpret this information and the output will inform the nursing rotas as part of business planning. The Acute Assessment Unit (AAU) has maintained an increased number of Band 6 nurses, to provide an increase in senior nurse cover, in support of the higher acuity in the area as the Covid admission ward, and its return to BAU post Covid. This provides

greater senior oversight of patients, whilst also supporting career progression and retention of staff. There has been significant turnover in registered nurses in both these areas post the second wave, with staff taking the opportunity to work in different specialities or move to different organisations; recruitment is ongoing to minimise the impact of these leavers.

Main Outpatients has had a high turnover of fixed term staff that were recruited to manage the outpatient gateway and the recovery programme post outpatient closure. There has been successful recruitment, but a review of the establishment will be undertaken as part of budget setting, to ensure the nursing establishment supports the ongoing recovery programme which includes an element of weekend working. Any deviation from agreed nurse/patient ratios is initially managed at local level to ensure safe care and is then reported through the Red Flag process and monitored through the Safer Staffing Group.

Further Nursing Associate posts have been introduced on AAU, Blyth and Hamble, to add to the numbers already in post in ED, AAU and Bronte; however, they remain a minority of the qualified nursing complement and do not adversely impact the ratios. These roles have integrated well and are fully supported by the rest of the registered nurse workforce, and we are continuing to support recruitment to these roles. The QIA process for ICU was undertaken as part of the business case to increase their beds to 19, with a review of their skill mix undertaken at the same time and a plan to add Registered Nursing Associates to the team. There has not been any progress in recruiting to these posts currently, but trainee nursing associates do have placements in this area. No risks have been identified through this process.

Acuity Data

The Matrons continue to closely monitor the acuity within their clinical area, and this is triangulated at the daily staffing meeting to inform the decision making related to staff moves. The documentation of acuity data is part of the Patient Tracking System on DISCO, however the Head of Nursing for Unplanned care is still working with BI to develop the reports and monitoring of this data. This has been delayed due to operational pressures, but also staffing capacity in the BI team.

Workforce Plan for the Future

RCN Nursing Workforce Standards

The RCN issued new Workforce standards in May 2021, which are being reviewed and discussed through Safer Staffing and a gap analysis/benchmarking process has been undertaken to review KHFT position against these standards. This has been discussed at Safer Staffing in July and further information is required to inform the gap analysis.

Internationally Educated Nurse (IEN) Recruitment Update

In September 2021 the Nursing & Midwifery Council (NMC) introduced a new Test of Competency (TOC) and despite this significant change we have maintained our excellent pass rate which is well above the national average. With the pandemic and lockdown in both the UK and India/Philippines impacting on

deployment dates we have welcomed and supported 48 IENs since March 2021, with 7 planned to arrive in the next few days we remain on target to have 60 deployed before March 2022. Our aim is to recruit an additional 100 nurses internationally between 2022 and March 2023 with MS Teams interviews already commencing and 30 recruited to date.

We are delighted to have a growing multi cultured workforce at Kingston and since October 2020 the Trust has joined the Capital Nurse International Recruitment Consortium which represents 25 Trusts.

This is the first time that London NHS providers have come together to jointly procure and manage international recruitment. The service provides NHS providers with a single point of access for recruiting overseas nurses, allowing them to source the very best staff from multiple countries and agencies at the same time, reducing costs while upholding ethical recruitment principles.

However, the Capital Nurse consortium work does not come without its challenges and significant improvements have been made as a result of the SWL recruitment Hub collaboration and direct feedback from Kingston IR lead which benefits all partners. This is discussed at safer staffing.

On December 23rd NHSE/I communicated to all Trusts that the NMC temporary register was extending to overseas nurses to help with the ongoing effect COVID is having with the national workforce. Kingston Hospital submitted 10 IENs names who meet the criteria for joining the temporary register. To date of the 10 names that we submitted 4 have been added to the permanent NMC register, 4 to the Temporary register with 2 pending a decision.

SWL Internationally Educated Nurses working in Support Roles

In October 2020, supported financially by Health Education England (HEE) Southwest London Bureau commenced a project to support the English Language requirements for registration. As part of an additional funding bid we secured from NHSE/I we are now able to run additional cohorts for this group of staff throughout the next 4 months. We are now on Cohort 2 and supporting international nurses working in various support roles within our Trust achieve the requirements to register with the Nursing & Midwifery Council. The success of cohort 1 allowed 6 staff achieve this qualification and have now taken up staff nurses posts within the Trust.

Return to Practice (RtP)

There is significant work going on to increase the number of RtP nurses by 2024/2025.. The Trust is proud to support this group of staff and assist them in their journey. We have offered 3 staff permanent posts on the completion of this programme which we aim to increase in 2022.

Nursing Associates (NA)

The Trust continues to grow the NA workforce from the initial pilot We are successfully employing 11 Registered Nursing Associates which will increase to 14 within the next 6 months. A further 9 apprentices are at various stages in their academic programmes and are excelling clinically and supported within their base placements.

Student Nurses

The trust is the lead provider in the West Zone to over 200 student nurses and student nursing associates who are developing their knowledge and skills in our clinical environments of care. We continued to welcome our students during the pandemic and did not cancel any placement despite the challenging times. These learners are drawn from Kingston and London Southbank (LSBU) Universities and in the last year we have also secured a learning agreement with Roehampton University to also partner with them supporting students. The Future Nurse undergraduate curriculum, equipping newly qualified nurses with additional skills and proficiencies, is now being delivered to our students at all universities. Work is in progress to ensure that policies and governance are in place to support the students in practicing more advanced skills and we have successfully implemented an addendum around IV Administration. We welcomed the introduction of Electronic Practice Assessment Documents (ePADs) and rolled this training out to all practice assessors and supervisors from August 2021. We have also welcomed students from the University of West London to support their ODP (Operating Department Practitioners) achieve the clinical practical element of their programme and enable Kingston Hospital to teach the theatre workforce for the future and also secure some of these students for our own workforce.

Mentorship and Preceptorship

The NMC Standards for Student Supervision and Assessment (SSSA) are now in use for learners on NMC-validated programmes. The role of “mentor” has been replaced with new roles of practice supervisor and practice assessor.

Preparation to be a practice assessor has moved in-house and over 150 nurses have completed the training since its introduction. This is being delivered virtually using Pan London Practice Learning Group resources. In order to ensure the currency of an individual's qualification to support learning in practice the trust, in collaboration with KU and London South Bank University (LSBU), deliver monthly virtual update sessions. This allows practice assessors/practice supervisors the opportunity to reflect on their experiences and to update themselves with the plethora of changes in the provision of undergraduate nursing across a range of roles in the nursing family.

The preceptorship programme continues for newly qualified nurses and nursing associates, and internationally educated nurses, using the Capital Nurse Preceptorship framework. This framework has been updated to meet the requirements of new NMC guidance on preceptorship. The Practice Development Team (PDT) facilitates a series of workshops for the preceptees who are undertaking this, as well as

providing training and support to the preceptors who are supporting them. This is all now delivered virtually and has been well evaluated by participants.

PNA (Professional Nurse Advocacy)

NHS England and Improvement have a number of fully funded places available on the Professional Nurse Advocate training programme allocated to nursing staff working within South West London (SWL) Integrated Care System (ICS).

The programme delivered virtually and is designed to provide those attending with the skills to facilitate restorative supervision and support nurses to deliver safe and effective practice. KHFT will have 8 PNA who complete the module in December. Unfortunately, 2 withdrew from the course due to clinical commitments and ill health. We have 8 fast followers due to complete by March.

Healthcare Support Worker Project:

The turnover within this staff group was recognised as an area of concern through the Workforce committee, and subsequently a Task and Finish group was set up to investigate the issues with retaining this staff group and develop actions to address this. The task and finish Group is led by one of the Deputy Chief Nurses and a HR business partner and includes a Practice Development team representative, the communications team and the Lead Chaplain. The group have facilitated listening events with our Healthcare assistants to help inform the action plan to support better retention. Themes including feeling undervalued by the organisation, lack of development and career progression opportunities, not having a voice and a lack of pastoral support were identified as part of this process. The task and finish group have agreed the actions to address these concerns, including the development of a supported career pathway with designated practice development support; relaunch of the Trustwide Healthcare Assistant forum; introduction of an 18 month education programme which will facilitate progression to a Band 3 post; appointment of a designated Healthcare Assistant Pastoral Support role within the chaplaincy team and the introduction of a buddying system for healthcare assistants who are new to working in healthcare settings to provide peer support and a longer induction period to improve retention. The trust is also engaged in the national Healthcare Support Worker programme and has been successful in bidding for funds to support this work. This project reports to the workforce committee and the action plan is monitored through that forum.

Medical Staffing

	Turnover	Stability	Vacancy	Sickness	Training
Target	12.50%	90.00%	6.00%	2.90%	90.00%
Medical Staffing	7.26%	94.44%	7.38%	2.22%	72.52%

Unplanned care:

The challenges of medical staffing in the 'third' wave have been (as predicted) characterised by existing staffing vacancies due to a combination of hard to recruit roles and short-term sickness and self-isolation. Some changes in the ability for staff to continue to come to work if a member of their household is positive if they are double vaccinated, PCR -ve and take daily lateral flow tests, has helped absence levels but the infectivity of the Omicron variant has caused staffing issues at all grades of medical staffing. There remain vacancies in the medical staffing across the division mostly covered by short term bank and agency locum staff;

Cluster 1: In August there were 5 vacancies at Consultant level in ED, this figure has much improved with the current status is that ED are recruited to 10.2 WTE against the 12 WTE establishment. The new appointments are a mixture of agency and substantive staff. In addition to this a consultant on 0.6 WTE is returning from Maternity leave in April 2022 and this figure does not include a bank consultant who is taking the equivalent of 1WTE of shifts on a semi- permanent basis. The ED team are now starting work with a recruitment agency with the intention of filling the posts currently occupied by agency locums. There are 4 middle grade vacancies which the department advertising shortly

Cluster 2: In August 2021, the new IMT3 roles started in the Trust. 8 of these posts were funded using a combination of investment in the posts and reallocation of funding for Trust grade roles into these rotations to create a more robust medical registrar rota including a twilight registrar shift (in addition to the day and night shifts), incorporating the discharge SpR as part of the rota (rather than employing locums) as well as protecting the registrar grade from reductions in trainees in the coming years. 2.5 of these IMT posts and one SpR post was unfilled, but we have still managed to staff a 3-tier rota. At the start of the August rotation 5 SHO were also unfilled and have been covered with bank and agency. We have had to provide additional cover to support the induction and familiarisation of 3 SHOs and 1 registrar from overseas who have been supernumerary for up to 3 months (having never worked in the UK before).

There are currently 5 Consultant vacancies in elderly care (3 substantive vacancies, 1 long term sickness and 1 sabbatical). In addition, in July / August 2 other Consultants were off with short term sickness and there was locum cover required for 2 maternity leave vacancies in AAU / diabetes and endocrinology.

Other challenges have been the staffing of 22 medical escalation beds on Isabella, moving staff who are able to work on the designated Covid ward (Kennet) and in CAAU, and with a 4 and 3 day BH over Christmas and New Year. We asked for volunteers to sign up for shadow rotas for medicine and ITU at both Consultant and JD levels to cover short notice sickness / isolation and escalated beds in addition to the provision of additional Consultant cover to the medical wards over the bank holiday and Consultant in reach to AAU on Monday 27th and Tuesday 29th December 2021.

Cluster 3: There was a period in radiology in the summer where there were 4 Consultant absences due to 2 long term and 2 short notice sickness, and this did cause some challenge in service provision as it occurred at time when the department needed to honour pre planned annual leave, but the dept.

is now fully staffed and looking at further recruitment in the coming months within the current budget as a result of pay income that has become available to the service as a result of the retirement of senior colleagues and dropping additional programmed activities (PAs).

Planned Care- No update available at time of report

Allied Health Professional (AHP)

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	12.50%	90.00%	6.00%	2.90%	90.00%	90.00%
Allied Health Professions	23.72%	78.42%	7.67%	6.67%	85.16%	82.32%

Physiotherapy and Occupational therapy

Most notably in the past 6 months, the trust has created its first AHP consultant post in respiratory care. This consultant AHP is overseeing the AIR team and leading on the virtual ward roll out. This has included recruiting new physiotherapists and nurses to the virtual ward. The AIR team has recruited to a new role, the Emergency Respiratory Practitioner who is based in ED supporting medical staff with patients with chronic respiratory conditions, with the aim of admission avoidance. With the planned expansion of ICU beds, physiotherapy have recruited new staff to support this, including an 8a clinical lead, band 5 and are in the process of further recruitment to a band 7 role.

Physiotherapy have been able to easily recruit high quality band 5s but have seen a much lower level of applicants for band 6,7 and 8 roles and are starting to recruit from overseas. There has been a significant amount of internal recruitment to more senior positions, resulting in a relatively Junior work force, with a proportion of fixed term contracts; however, each team has been able to maintain a good level of staffing and therefore service provision.

It has been difficult to recruit locum staff so this year instead of recruiting band 6 locums for winter pressures roles, three fixed term band 5s were recruited instead and several have gone on to achieve permanent contracts.

Several band 3 physiotherapy technicians have left in the past 6 months to pursue physiotherapy degrees, which positively reflects on their experience at the trust, but has increased turnover in this band. As part of an AHP workforce project, AHP apprenticeships are being explored to review if this staff group could become qualified through the apprenticeship route and therefore reduce turnover.

A project looking at perioperative physiotherapy in day surgery has involved a physiotherapist being seconded to this area until the end of March 2022. This has been very successful and there is scope to extend this into other perioperative areas.

Recruitment in occupational therapy has been more challenging as previously reported, and despite small improvements in recruitment, it has not changed significantly. Due to the pandemic, a high proportion of OT

students are graduating a band fives without having completed an acute placement and therefore are lacking in acute experience and needing additional support.

A trial of a neuro outlier service for neurological patients outside the stroke unit showed a real need for specialist neuro therapists to support ward therapists in caring for this complex patient group, and supporting the transfer of care hub in the navigation of their onward referrals. A business case is being submitted for a neuro outlier therapy team to give specialist care to non-stroke neurological patients.

The physiotherapy and OT service were aiming to start extending band 5 rotations into the community with HRCH. However, it was unsuccessful during this period, but it is hoped this will happen during 22/23. With gaps in recruitment, supporting health and wellbeing of the work force remains a top priority and the health and wellbeing service are organising some support sessions specifically for the OT department.

There remains a lack of progression opportunities across therapy, but it is hoped this will improve with the AHP strategy project.

AHP Strategy Project Update:

The AHP Strategic Lead commenced in post on 1st December 2021 to work across Kingston and Richmond. This piece of work will focus on several key AHP priorities including Workforce recruitment and retention, (mirroring strategies that have been in place within Nursing and Midwifery for many years) listening events for staff to provide a voice for AHP's at all levels across both organisations; a focus on how the Occupational Therapy team function across acute and community settings, to promote collaboration and earlier interventions for our patients; Undertake a gap analysis on AHP Leadership and agree the roles required going forward; the introduction of job planning for AHP roles in 2022/2023

Conclusion

The Trust continues to closely monitor staffing levels and comply with the recommendations outlined in the Developing Workforce Safeguards Guidance. However, it must be acknowledged that Covid 19 continues to present significant challenges with regards to ensure safe staffing across all disciplines. Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short- and long-term staffing shortfalls, it can be concluded that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities, whilst also supporting development projects for HCA's and AHP's.

