

## SAFE STAFFING

<b>Trust Board</b>	<b>Item: 10</b>
<b>Date: 28 September 2022</b>	<b>Enclosure: F</b>
<b>Purpose of the Report:</b> This report provides SEMC 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 covers the period Jan-June 2022	
<b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
<b>Sponsor (Executive Lead):</b>	Nichola Kane Chief Nurse
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Corporate objective 5
<b>Legal / Regulatory / Reputation Implications:</b>	National Safe Staffing Reporting Requirements
<b>Link to Relevant CQC Domain:</b> <b>Safe</b> <input checked="" type="checkbox"/> <b>Effective</b> <input checked="" type="checkbox"/> <b>Caring</b> <input type="checkbox"/> <b>Responsive</b> <input type="checkbox"/> <b>Well Led</b> <input checked="" type="checkbox"/>	
<b>Link to Relevant Corporate Objective:</b>	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
<b>Document Previously Considered By:</b>	SEMC on 21 September 2022
<b>Recommendations:</b>  The Trust has sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities.  The Board is asked to note: <ul style="list-style-type: none"> <li>• The improving position in relation to vacancies for Registered Nurses and Healthcare Assistants</li> <li>• The progress being made in relation to the AHP strategy and plans for international recruitment for this cohort of staff             <ul style="list-style-type: none"> <li>• The work being undertaken in Maternity to maintain the required ratios and challenges faced by the Maternity team during this reporting period</li> </ul> </li> </ul>	

## Safe Staffing Report July 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

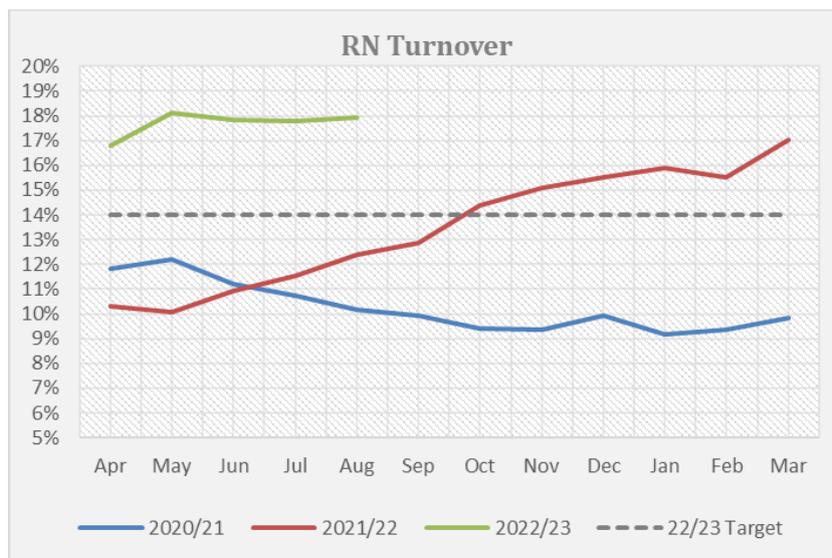
Nursing and medical staffing levels are reviewed daily in real time at each bed meeting and both nursing and maternity staffing are monitored through the safer staffing meeting which is held monthly and chaired by the Deputy Chief Nurse (IDCN). Medical and Allied Health Care Professionals (AHP) are monitored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

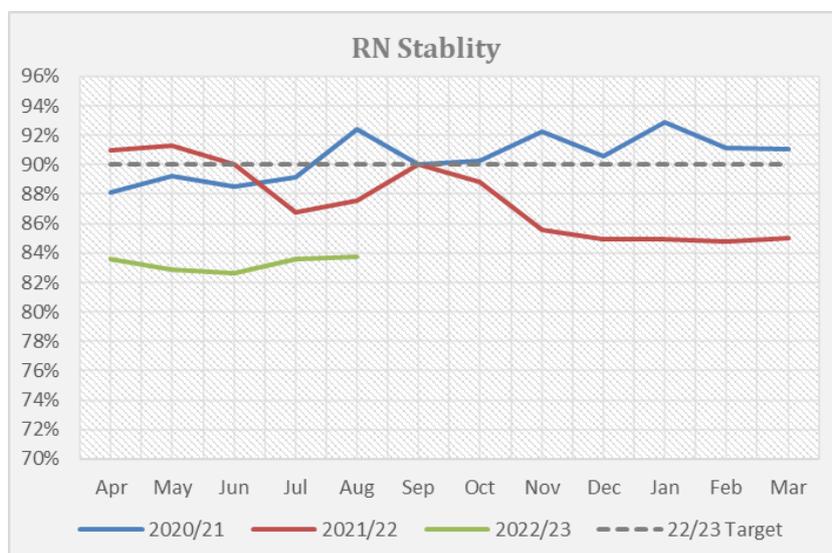
### 1. Current Position Turnover

RN turnover is currently 17.92% which is 3.92% above the Trust target rate, and above the Trust overall rate of 17.75%. Turnover for RN's has been increasing month on month since May-21 and is now 5.53% 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%. 45% of the leavers moved to another NHS Trust, 22% retired and 17% cited work life balance as their reason for leaving. The Turnover rate seems to have stabilised, despite a slight increase this month.



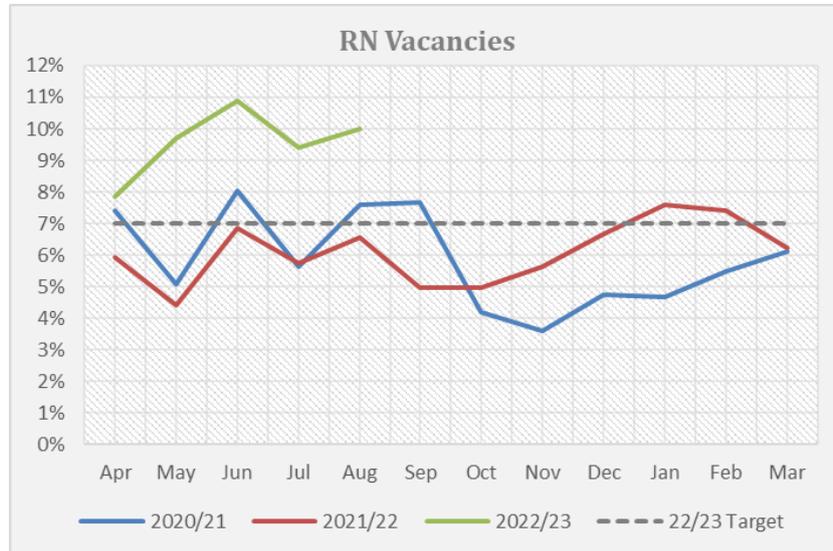
### 2. Current Position Stability

The stability metric measures the percentage of staff with over one year of service. The measurement for RN's is currently 83.77%, under the 90% target but just above the Trust overall rate of 83.33%. Stability has increased this month but is still 3.80% lower than the same time last year. In the last 6 months 12% of the RN leavers have left with under a year's service. 77% of these were in Pay Band 5 and 54% moved to another NHS Trust.



### 3. Current Position Vacancies

The current vacancy rate is 9.98% which is 2.98% above the Trust target of 7% and below the overall trust rate of 10.42%. Despite the increase in vacancies rates compared to the last two financial years the rate of growth compared to turnover is slower. This is driven by the fact that departments continue to proactively recruit. The productive recruitment is currently keeping pace with the leavers rather than making in-roads to the vacancy gap.



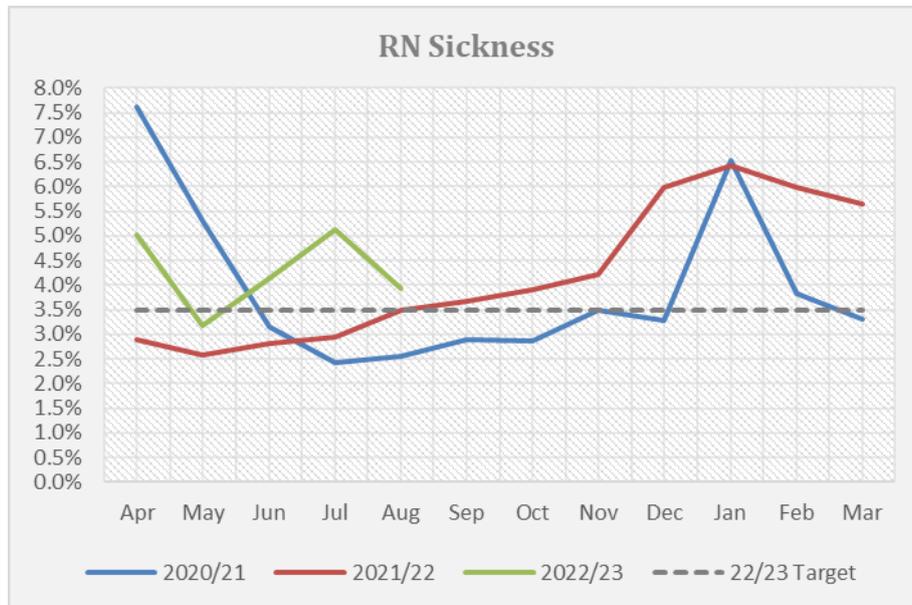
Current vacancies are:

- 52.93 WTE for Planned Care (10.44%) – the largest WTE being in Cluster 6
- 49.15 WTE for Unplanned Care (10.23%) – the largest WTE being in Cluster 1

RNs in Planned Care- Aug-22					RNs in Unplanned Care-Aug-22				
	Budget WTE	Actual WTE	Vacant Wte	% Vacant		Budget WTE	Actual WTE	Vacant Wte	% Vacant
Cluster 4	61.16	61.71	- 0.55	-0.90%	Cluster 1	272.99	240.03	32.96	12.07%
Cluster 5	165.65	141.91	23.74	14.33%	Cluster 2	187.38	171.78	15.60	8.33%
Cluster 6	266.32	235.67	30.65	11.51%	Cluster 3	19.98	19.39	0.59	2.95%
Cluster 7	13.64	14.55	- 0.91	-6.67%	<b>Total</b>	<b>480.35</b>	<b>431.20</b>	<b>49.15</b>	<b>10.23%</b>
<b>Total</b>	<b>506.77</b>	<b>453.84</b>	<b>52.93</b>	<b>10.44%</b>					

### 4. Current Position Sickness

RN sickness rates are currently 3.93% above the target rate but below the Trust overall rate of 4.42%. 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. This Financial year rates are above that of the same time last year and have shown a detrimental upturn in June and July which has taken a downturn in Aug-22.

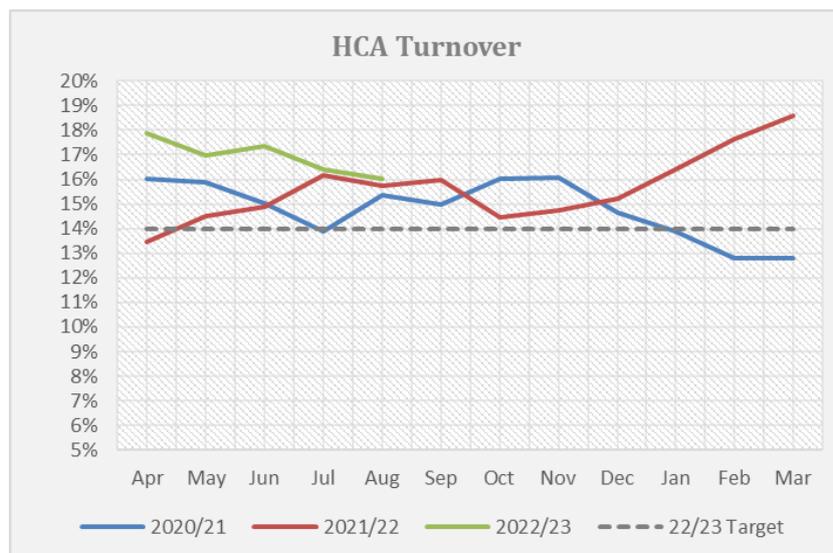


## Healthcare Assistants

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

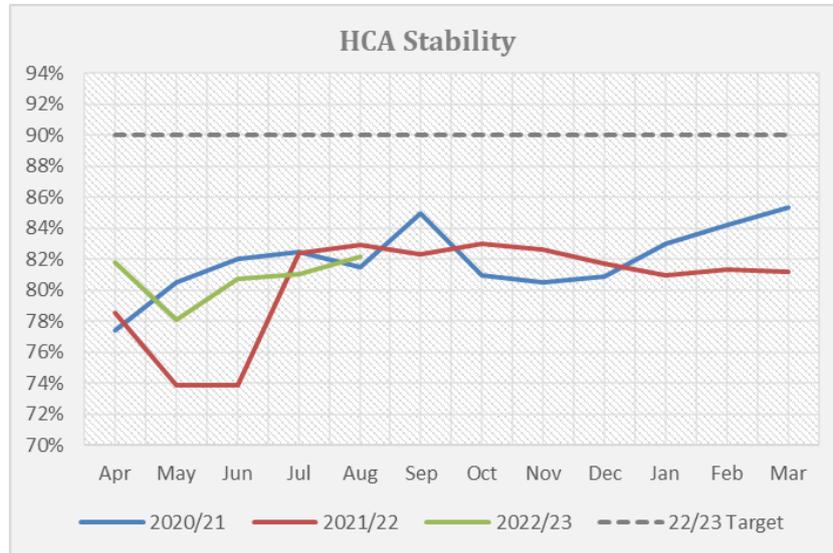
### 1. Current Position Turnover

Healthcare Assistant (HCA) turnover is currently 16.03% which is 2.03% above the Trust target of 14% but lower than the Trust overall rate. 2021-22 saw a large increase in turnover rates from Dec-21 onwards. At the beginning of the financial year rates were the highest they had ever been however the trend is now downwards and although higher the previous two years trend is moving in the right direction. 55% of the leavers located to another NHS Trust and 20% cited work life balance as their reason for leaving.



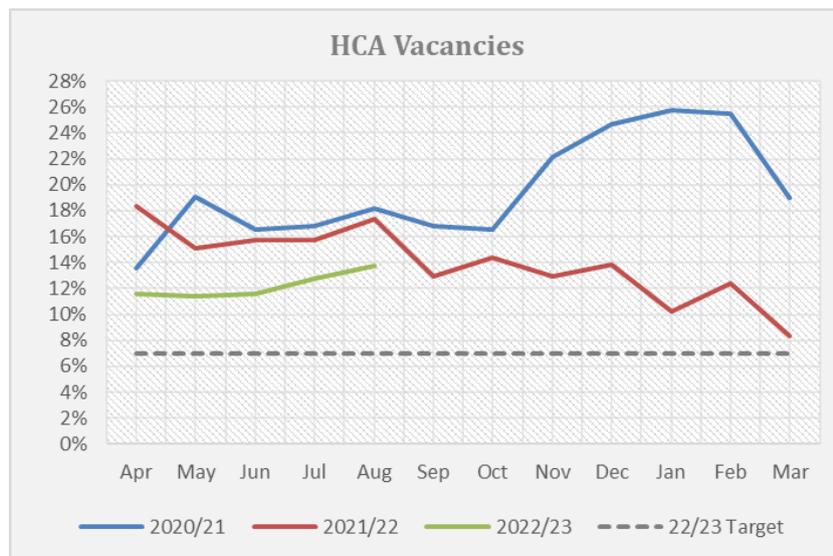
## 2. Current Position Stability

Stability this month is recorded as 82.14%, which is 7.86% below the target and lower than the overall Trust rate. The rate is lower than the same time last year but an improvement on 2020/21 and showing an upward trend. Of the leavers in the last 6 months 40% left with less than one year's service. 63% moved to another NHS Trust, and 88% were in Pay Band 2.



## 3. Current Position Vacancies

The current vacancy rate for HCA's is 13.74% which is 6.74% above the target of 7% and also above the overall Trust rate. Despite this percentage, it is an improved position and significantly lower than the same time in the previous two financial years. Work on a career pathway from Band 2 to Band 3 for has commenced and is already having a positive impact on vacancy rates.



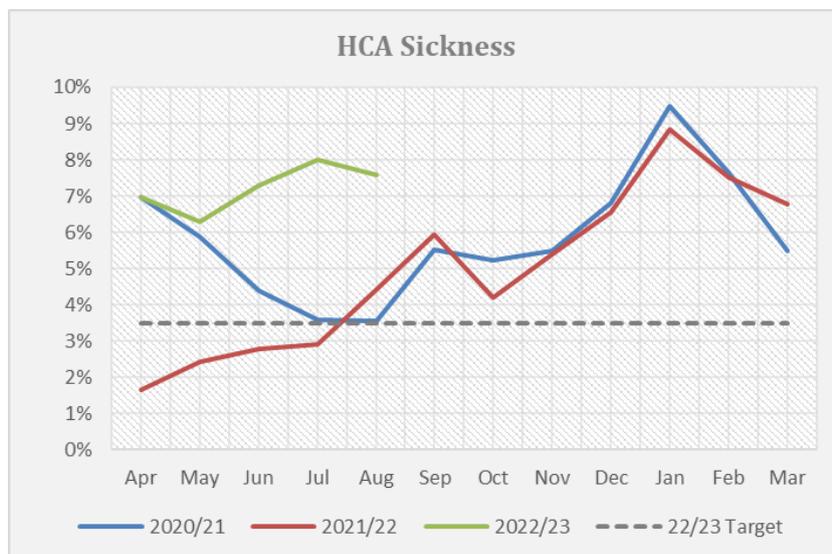
Current vacancies are:

- 27.34 WTE for Planned Care (21.14%) – the largest WTE being in Cluster 6
- 15.83 WTE for Unplanned Care (8.56%) – the largest WTE being in Cluster 2

HCAs in Planned Care- Aug-22					HCAs in Unplanned Care- Aug-22				
	Budget WTE	Actual WTE	Vacant Wte	% Vacant		Budget WTE	Actual WTE	Vacant Wte	% Vacant
Cluster 4	3.74	2.91	0.83	22.19%	Cluster 1	56.82	54.68	2.14	3.77%
Cluster 5	37.93	28.41	9.52	25.10%	Cluster 2	115.55	103.49	12.06	10.44%
Cluster 6	84.85	67.68	17.17	20.24%	Cluster 3	12.58	10.95	1.63	12.96%
Cluster 7	2.82	3.00	- 0.18	-6.38%	<b>Total</b>	<b>184.95</b>	<b>169.12</b>	<b>15.83</b>	<b>8.56%</b>
<b>Total</b>	<b>129.34</b>	<b>102.00</b>	<b>27.34</b>	<b>21.14%</b>					

#### 4. Current Position Sickness

HCA sickness is at 7.57% this month which is 4.07% above target and above the Trust overall rate. This rate is significantly higher than the same time in the last two financial years. Only 9% of the sickness monthly is attribute to long term sick, 91% is short term sick. Top reason for this sickness this month are Gastrointestinal problems and headaches/migraines.



## Maternity Workforce

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	14.00%	90.00%	7.00%	3.50%	90.00%	90.00%
Qualified Midwives	17.92%	83.19%	6.82%	5.92%	84.84%	69.57%
Maternity Support Workers	31.58%	70.90%	3.02%	7.83%	85.00%	63.64%

### 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 staffing levels continue to be affected by staffing shortages. 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 (Opel 2) or red (Opel 3) in line with the regional and local 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 for delays in clinical care to establish the overall risk.

Over the period Jan- June we have had 77 reported incidents attributed to staff shortages, with June being the highest. Team leaders have been brought into the clinical numbers, either working as the bleep holder or within in their own clinical areas. They have been given one 7.5-hour day per week to complete their team leader duties. The managers have also been working two shifts per month in the clinical numbers to support the shortfalls in staffing levels and maintain the safety of patients and the unit.

### Staff shortages

Staff shortage reported incidents	
Jan	5
Feb	5
Mar	17
Apr	11
May	16
June	23
Total	77

## 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	Jan	Feb	Mar	Apr	May	June	July	Aug	Total
Birth Centre closure	2	0	3	0	1	6	5	10	27
Delayed (artificial rupture of membranes) ARM from home	0	1	19	2	4	2	0	3	31
Delayed ARM from AN ward	10	1	42	21	37	48	30	32	221
Delayed C/S	1	2	3	0	2	5	1	0	14

## 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. Birthrate Plus have developed an acuity tool to which calculates the midwifery staffing requirements in real-time. The tool is completed by the bleep holder every four hours to ensure safe staffing is maintained and enable the bleep holder to determine where staff need to be redeployed to. This tool also enables staffing data to be collated for reports and for the senior management team to understand and identify the acuity and shortfalls in staffing. Kingston Maternity will be going live with using the Birthrate Plus acuity tool at the end of September.

## Ockenden Review of Maternity Service (2020)

The first report from the Ockenden Review was published on 10<sup>th</sup> December 2020 and required all NHS Trusts to respond to the 7 Immediate and Essential Actions (IEAs). Following submission of the evidence to meet the 7 IEAs, all Trusts had an assurance visit. The purpose of the visit was to provide assurance against the 7 immediate and essential actions from the interim Ockenden report (December 2020). The assurance visit team used an appreciative enquiry and learning approach to foster partnership working to ensure that the actions taken to meet the Ockenden recommendations were embedded in practice.

Conversations were held with several members of the board, maternity senior leadership team, front line staff and students in a range of job roles. Emerging themes from conversations were organised under the immediate and essential actions.

The final report has been received and shared with the Trust Board. We achieved all of the IEA's and were congratulated for the Maternity Strategy, CQC maternity survey results as well as the units focus on the continual improvement of the quality of the care that they provide, with an enquiring and curious approach. Areas noted for consideration were around digitalisation of the service including information available to women and birthing people on the website and the rollout of electronic patient records. There is ongoing work in this area working closely with the MVP and Cerner to improve information available to women and the digital roll out over the next 9 months. It was also suggested that we should review the flow through the maternity unit and work is ongoing to look at this. Staff reported feeling disengaged from the senior team, in order to engage more with the wider maternity team, we have ensured regular team meetings and open forums are scheduled to enable staff to have a voice and for the senior team to share and important updates and information.

### **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 is due for submission in January 2023. Therefore, the submission will be ready to come to the Trust Board in November 2022.

### **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 have introduced are discharge coordinators. This role has enabled clinicians to focus more on clinical hands-on care and support, streamline and improve our discharge process and flow.

We currently have (5.1%) 17.43 WTE vacancies, with 17.49 WTE in the pipeline to commence in the coming weeks. We had a new Deputy Director of Midwifery start in post at the end of May who was previously in the Consultant Midwife role. This post has been filled and the new Consultant Midwife commences in post on 26<sup>th</sup> September. We have also welcomed the new Named Midwife for Safeguarding who started on the 5<sup>th</sup> September.

We have submitted a bid for further maternity funding in the 2022/23 financial year covering three areas:

1. Obstetric leadership capacity
2. Bereavement provision
3. Maternity Services Support Workers

The funding includes £9500 to increase the numbers of Pas to support and enhance local obstetric leadership and capacity. The funding will be used to create additional capacity to work with Directors/Heads of Midwifery in the joint operational responsibilities and accountabilities for maternity governance systems and development of strategies to support succession planning programmes for the maternity workforce.

The funding also includes up to £30000 to increase the bereavement service cover to everyday and a universal funding offer of up to £4470 to be used towards ensuring adequate numbers of staff are trained in bereavement care. This will include training in post-mortem consent as well as the purpose and procedures of post-mortem examinations.

The final funding included in the bid is up to £28500 to continue the employment of dedicated resource to enhance the retention and educational development of Band 2,3 and 4 support staff working in maternity services. This funding would be used to employ a BND 4 MSW for recruitment and retention in maternity with a focus on developing and supporting of support workers in maternity.

### **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 January 2022 and June 2022 there were 207 red flags reported on the Datix System. The months with the highest reported numbers of red flags was March (56), this collates with when we had our maximum number of escalation beds open. Of further note, Maternity consistently reported red flags between March and June, with a peak in June of 22 red flags. 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. Further detail on the maternity position is outlined above.

## **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. The Trust has obtained a licence for the use of the Shelford Group Safer Care Nursing Tool (SCNT) and will undertake an establishment review for all inpatient areas, which will be reported on in the second half of the year.

### **Planned Care:**

Planned care have seen improvement with the recruitment of registered nurses for the general surgical and orthopaedic wards with low vacancies rates in these two areas. HCA vacancies remain within surgery, but posts are being filled through cohort recruitment. For much of this period, Alex ward remained on a reduced bed base in support of non-elective surgical workload, and Isabella ward continued as a medical ward with staffing optimised to support this. Theatres and DSU continue to have vacancies for ODP/anaesthetic nurse groups; this is a national shortage and not unique to Kingston Hospital. We continue to use regular bank and agency staff to cover, whilst working with the Recruitment Hub partners to look at alternative recruitment strategies. An action plan is in place, with oversight from the Head of Nursing for planned care and is being monitored through the monthly Safer Staffing meeting.

The Paediatric ward had an increase in turnover in the first quarter of 2022/23, causing higher than average vacancy rates for the area. Successful UK and overseas recruitment will address these vacancies but will not impact until later in the year when staff complete university courses and are deployed from overseas. An action plan is in place to mitigate risks in the interim period, with agreement from the Trust to reduce the bed base to maintain the required ratios.

### **Unplanned Care**

During this period ( 1<sup>st</sup> January 2022- 30<sup>th</sup> June2022), escalation areas remained open on Bronte and Hardy. Due to ongoing demand and capacity pressures, further escalation was opened on Canbury ward in February 2022 and remained open until mid-April.

Staffing ratios were overall maintained across the medical wards, despite the increased staffing requirements related to escalation and redeployment, This was achieved by incorporating the Band 7's into the numbers and the Matrons supporting clinically as required. However, it continued to be challenging to maintain ratios at night which meant that on occasion wards 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.

The Emergency Department continued to be under significant pressure during this period, and staffing was adjusted to support the delivery of safe care. The Head of Nursing for Unplanned Care continues to work with the Matron team to review the nurse staffing model for the department, taking into consideration the ongoing challenges with high numbers of patients awaiting beds for significant periods of time. 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 high number of junior Band 5 nurses employed in the area. This area continued to have higher than average vacancies during this period, however, successful UK recruitment and deployment of overseas nurses to the ward had significant impact during this time.

Main Outpatients is fully recruited, and the new Matron was appointed substantively on the 1<sup>st</sup> May 2022. ICU staffing has been optimised during this period with staff moving to assist in other areas of the Trust where staff shortages have occurred.

### **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**

#### **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. We continued to welcome and support our IENs during the lockdown with 60 arriving in 2021 and to date 45 in 2022 with an additional 55 planned to arrive before December. We have also conducted Paediatric interviews via MS Teams and conditionally offered 10 IENs in this total. We are delighted to have a growing multi cultured workforce at Kingston with nurses from the Caribbean, Canada, the middle east, Africa, India, Singapore, and the Philippines strengthening our clinical teams.

Since October 2020 the Trust has solely worked with the Capital Nurse International Recruitment Consortium. This was the first time that London NHS providers came 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 staff from multiple countries and agencies at the same time, reducing costs while upholding ethical recruitment principles. At its inception Capital nurse worked with 6 Trusts but has now increased to 25 in the London area. This has impacted on the numbers of candidates that we are able to interview with Capital Nurse and in August we awarded Drake Medox, our previous International Recruiter a direct contract to help us guarantee our numbers for 2022. This also provides us with the added flexibility of planning ahead and the opportunity to recruit to midwives and AHP posts over the next few years if required. We provide monthly updates at the Trust Safer staffing meetings.

We had our first HRCH IENs join our OSCE preparation programme (Bootcamp) with excellent feedback and collaboration going forward to strengthen the support we provide ensuring consistency across the partnership. Sadly, despite the NMC opening 2 new TOC centres in April there are no available OSCE slots for the remaining of 2022. All employers are working with NHSE/I to co ordinate candidates that have been waiting at length to undertake the OSCE, however we have yet to be impacted with this challenge but have added it to our risk register. Our focus going forward is to continue welcoming our IENs and collating evidence to apply for an NHS Pastoral Care Quality award.

### **SWL Internationally Educated Nurses working in Support Roles**

We continue to support our IENs who are currently employed in support roles within the Trust as part of funding secured from Health Education England (HEE) in collaboration with the Southwest London Bureau. We are about to commence cohort 3 of an English language programme (OET – Occupational English Language) and if successful at the exam will allow the staff to commence the NMC process. All staff that have achieved this exam progress onto our OSCE preparation programme, since its inception in September 2020 we have supported over 20 nurses achieve NMC registration with this pathway.

### **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 the coming months with the options of direct recruitment into this role being developed and the NMC OSCE process rather than a HEI (Higher Education Institute).

## **Nursing Associates (TNA)**

The Trust continues to grow the NA workforce from the initial pilot in 2017. We are successfully employing 14 Registered Nursing Associates which will increase to 18 within the next 2 months. A further 12 apprentices are at various stages in their academic programmes and are excelling clinically and supported within their base placements. We are hopeful that we will have 4 additional trainees commence on the September cohort at Kingston University.

## **Registered Nurse Degree Apprenticeship (RNDA)**

The introduction of the 3.5-year nursing degree apprentice programme at local HEIs enabled us to facilitate the 18 month 'Top up' pathway for our band 4 Registered Nursing Associates and Associate practitioners who wish to progress onto band 5 registered nurse posts. We had 3 commence the programme in December 2021 who will complete in April 2023 with an additional 8 due completion in October 2023.

## **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. All policies and governance are now 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 secure some of these students for our future workforce. In the last few weeks we had also completed learning agreements with University Central London (UCL), University of Sheffield and University of Liverpool to support placements for their Orthoptic degree students in our Royal Eye Unit (REU).

## **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 200 nurses have completed the training since its introduction. This is being delivered as a mix of e-learning and face to face workshop 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, London South Bank University (LSBU) and University of Roehampton, 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.

### **Healthcare Support Workers (HCSW)**

In April 2022 we launched the 'ICARE' (Inspire – Champion - Acknowledge – Retain – Educate) pathway on the back of a significant piece of work led by one of the Deputy Chief Nurses including a HR business partner, Practice Development, Comms and the Lead Chaplain to assist with retention and progression. As a result of impactful listening events the supported career pathway has been developed, introducing an 18-month education programme which will facilitate progression to a Band 3 post; the 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. A monthly Healthcare assistant forum has also been reintroduced to give these valued staff members a voice and address any concerns. We are delighted that this has had such a positive impact on our staff.

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 monitored through that forum.

### **PNA (Professional Nurse Advocacy)**

Launched nationally in March 2021 the PNA programme delivers training and restorative supervision to nurses. A PNA is a practising nurse, trained to support the workforce by facilitating nurses to lead and deliver quality improvement initiatives through restorative supervision, in response to service demands and changing patient requirements. The PNA role facilitates the **A-EQUIP** (**A**dvocating for **E**ducation & **Q**uality **I**m**P**rovement)

NHS England and Improvement have fully funded places available on the Professional Nurse Advocate training programme allocated to nursing staff working within Southwest London (SWL) Integrated Care System (ICS) across a variety of HEIs. As an ICS we are working collaboratively to launch this role, with the support of our Chief and Deputy chief nurses and the implementation of a strategy document and the processes.

Currently we have 10 PNAs who have completed the programme to date, with 3 due to complete in the next few months and we are awaiting dates to be released centrally before any additional staff member can book. The national (NHSE/I) recommendations are that each organisation will have 1 PNA to every 20 nurses by 2025.

### **Medical Staffing**

	Turnover	Stability	Vacancy	Sickness	Training
Target	14.00%	90.00%	7.00%	3.50%	90.00%
Medical Staffing	7.22%	95.39%	8.72%	1.54%	70.78%

**Unplanned care: No update available at time of report**

**Planned Care: No update available at time of report**

### **Allied Health Professional (AHP)**

	Turnover	Stability	Vacancy	Sickness	Training	Appraisal
Target	14.00%	90.00%	7.00%	3.50%	90.00%	90.00%
Registered Allied Health Professionals	19.23%	78.74%	14.91%	3.05%	91.33%	80.45%
Support Allied Health Professionals	15.80%	67.41%	2.44%	9.01%	83.89%	81.58%

### **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 1<sup>st</sup> 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.

As part of the workforce supply work, The NHS plan has identified that 27,000 more AHP's will be need by 2024. A AHP Workforce supply Lead was recruited in February 2022 to lead on this work.

**Return to Practice** Recognising there is no specific contact or process for RtP AHP's we are working collaboratively with the SWL recruitment hub to develop a streamline process for all AHP return to practice recruits to use across the network. The plan is to run a recruitment campaign and support periods of adaptation for returnees across SWL on a larger scale once the process is refined.

**Apprenticeships/ ACP** – Developing the workforce is key to retention and working closely with education/apprentice leads, we are identifying the enormous interest of AHP's to undertake level 3-7 apprenticeships. The plan is to run an AHP apprenticeship showcasing event for HEI's and develop a business case to support more AHP's to undertake apprenticeships. Supporting AHP's ACP and advanced training and roles is also part of this work.

**Preceptorship** – Workforce data reveals that the turnover of newly qualified AHP staff is high. An AHP preceptorship lead has been in post since April and is working with Band 5 AHP staff to identify requirements for a preceptorship programme and help retention.

### **Students-**

Undergraduate students – Despite the need to increase placement capacity we recognise the challenges to the fair share model for student placements particularly in OT and SALT. Work is underway for the student co-ordinators across AHP's to work collaboratively, evaluating student placements and working closer together to support and enhance AHP student placements.

Pre – registration – we have been successful in supporting the first level T students to the Trust who are undertaking a Health and Social care qualification, offering shadowing experience with each of the AHP professions.

Careers Fairs –A campaign has begun to raise the profile of AHP professions. We are targeting careers advisors at local schools and colleges, attending careers fairs to raise profile of all AHP's & hope to run an AHP open day/work experience event at the Trust later in the year.

**Support workers** – An AHP support worker lead has been in post since March. He has been targeting and engaging this staff group in career talks, helping support a culture of ‘grow your own’, set up support workers forums across the network and is using the HEE support workers framework to further develop the workforce. We are also investigating the possibility of using the Prince’s Trust to recruit support workers to help increase the diversity and retention in this essential staff group.

**International Recruitment** – we have joined the Capital AHP International consortium and are working collaboratively to recruit internationally trained OT’s and diagnostic radiographers as these professionals have the highest vacancy rates. .In addition, we are learning from nursing development colleagues for best international recruitment practices and requirements for professional and pastoral support.

## **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 sustained demand and capacity issues presented 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.