Meeting title	Quality Assurance Committee	11th Sept 2024
Report title	**Nursing and Midwifery 6 monthly Safer Staffing Review Report (September 2023-February 2024 data)**	Agenda item:
Executive director lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perraut Assistant Chief Nurse Maria Lygoura, Lead Nurse for Safer Staffing and Roster Utilisation	

Executive summary	• In line with National Quality Board (NQB) guidance (2016), the Bi-Annual Nursing and Midwifery Establishment Review report outlines Whittington Health's response to the statutory requirements to have safe Nursing and Midwifery staffing levels.
	
	• This Mid-Year review report includes the following:
	
	   o A summary of the review meetings held with all 5 ICSUs in May 2024
	
	   o An update on actions from the last 6 monthly establishment review undertaken in Autumn 2023
	
	   o The key findings from the 6 monthly Establishment Review of the Nursing and Midwifery workforce based on the Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits collected in January 2024 for all inpatient areas and Emergency Department (ED)
	
	   o Recommendations and actions to prepare for the next 6 monthly Establishment Review that will take place in Autumn 2024
	
	• Where added investment requirements have been identified since last review, and supported in principle by the Deputy/Chief Nurses, the ICSUs will progress as part of their local operational actions/business planning and details included in the report narrative:

	Surgery and Cancer (S&C)
	o CCU requesting that additional budget allocated for peak periods in 23-24 is made recurrent in view of increased acuity.
	o A business case is currently being developed by S&C and EIM ICSU leadership teams with support from safer staffing team for substantive funding for joint Enhanced Care (Band 3) or to consider absorbing the added investment within substantive ward establishment. (WTE to be confirmed)
	o Medical funding transfer for 8A ANPs as per programme recommendation.
	Emergency and Integrated Medicine
	o A business case is currently being developed by S&C and EIM ICSUs leadership teams with support from safer staffing team for substantive funding for a joint Enhanced Care (Band 3) or to consider absorbing the added investment within substantive ward establishment. (WTE to be confirmed)
	o Medical funding transfer for 8A ANPs as per programme recommendation.
	Children and Young People (CYP)
	o Neonatal ICU Advanced Nurse Practitioner (ANP) band 8A needs to be supported by the medical budget as per programme recommendation.
	o Neonatal ICU (under maternity services requests): 2.62 WTE B6 Transitional Care Nurses
	o Ifor Ward- 0.5 WTE band 7 Practice Development Nurse (PDN) to support current 0.5 WTE in post. (Supported at last safer staffing review)
	o Children Ambulatory Care (CAU)- 0.6 WTE band 3 HCSW (Supported at last safer staffing review)
	o Children Daycare and Outpatients- 5 WTE band 3 HCSW as this service is HCSW and Nursing Associate led. (Supported at last safer staffing review)

	o Community Children Nurses: 1WTE band 5 to support succession planning and build pipeline to improve retention.
Purpose:	As per the National Quality Board (2016) (NQB) 'Expectation 1: Right Staff' and NHS Improvement (2018), 'The planning cycle'; this report seek to give assurance to the Board that the mid-year establishment review took place for Nursing and Midwifery between March and June 2023.
Recommendation	The Quality Assurance committee is asked to: (i) Approve the establishment adjustments that have been requested by individual ICSUs and supported in principle by the Senior Nursing and Midwifery Leadership team.
Risk Register or Board Assurance Framework	BAF risk Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation. BAF risk People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs.
Report history	1. Establishment review meetings with Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing Lead Nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies, Matrons and nursing recruitment team, Eroster team (May 2024) 2. Nursing and Midwifery Leadership Group (NMLG) 1st July 24 3. TMG 13th August 24 4. QGC *TBC* 5. QAC 11th September 2024 6. Board of Directors *TBC*

6 monthly Nursing and Midwifery Establishment Review Report

1. INTRODUCTION

1.1 This paper provides the Quality Assurance Committee with an overview of the 6 monthly Nursing and Midwifery Establishment Reviews that took place in May 2024 and an update on proposed actions from the December 2023 report.

1.2 In April 2024, ESR reported that Whittington Health Nursing and Midwifery funded establishment represented 1994.44 WTE (1377.84 WTE Registered and 616.60 WTE Unregistered staff). This is a 4.8% increase from October 2023 (+ 5.5% Registered and +3.3%u). This increase is driven by the partnership with Barnet in Children and Young people community services requiring further investment.

1.3 The NQB's 3 priorities that form the basis to making staffing decisions are as below.

- Right staff
- Right skills
- Right place and time

1.4 Safer staffing and skill mix reviews were undertaken the following clinical areas based on Safer Nursing Care Tool (SNCT) audits undertaken in January 2024:

- Inpatient adult and children wards (EIM, S&C and CYP)
- Emergency Department (ED) (EIM)
- Critical Care Unit (CCU) (S&C)
- NICU (CYP)
- Maternity services were assessed based on Birthrate + report produced in November 2023 and national recommendations.
- On this occasion Simmons House was not included in this review whilst external assessments are being undertaken. Staff are currently deployed across other CYP departments.

Exploratory reviews have been undertaken in clinical areas that have currently no recognised national audit tools. Those establishment reviews were undertaken based on activity, acuity and ERoster metrics.

- Theatres and Recovery (S&C)
- Day Treatment Centre- DTC (S&C)
- CCU Outreach Team (S&C)
- Chemotherapy suite and CNS teams (S&C)
- General Outpatients and Gynaecology outpatient (ACW)
- Endoscopy (EIM)
- Children Ambulatory care/Day Care and Outpatient (CYP)
- Health Visiting (CYP)
- School Nurses (CYP)

- Community services: the community safe staffing tool piloted last year has been paused and will be reintroduced later in the year following national guidance.

- The site team had their 1st establishment review later on the 11th of July 2024 due to availability and the outcome will be shared at later date as part of the formal governance process cycle.

2.   ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

2.1   Whittington Health adheres to the recommendations set out in the "Safe staffing for nursing in adult inpatient wards in acute hospitals" guideline (National Institute for Health and Care Excellence, 2014).

2.2   NHS Improvement published the Developing Workforce Safeguards: Supporting providers to deliver high quality care through safe and effective staffing (October 2018). This guidance addresses any gaps around safe workforce planning and recommendations to ensure a consistent approach to achieve:

- Effective workforce planning
- Staff deployment by using evidence-based tools.
- Governance considerations when redesigning roles/skills mix.
- Responding to unplanned workforce challenges

The NQB recommend the use of other quality data to inform professional judgement including acuity and dependency tools, incident data, health roster KPIs, Workforce KPIs, quality indicators and peer/national benchmarking.

In addition to the safe staffing processes used, Clinical Specialties national guidelines were referenced for this establishment review.

For this review, data was collected from Electronic Staff Record (ESR), QlikView®, Optima®) and SafeCare® .and were assessed against workforce performance KPIs and targets as detailed in table below:

Indicator	Appraisals % Rate	Mandatory Training % Rate	Staff Sickness absence %	Staff Turnover %	Vacancy % Rate against establishment
	>85%	>85%	<3.5%	<13%	<10%

Table 1: Workforce KPIs and Performance targets

2.3   The guiding principles for the inpatient ward establishments are outlined below:

1. RN/NA skill mix ranging from 50/50 to 90/10 (national recommendation 65/35 but varies according to speciality and acuity)

2. Uplift within establishment to cover annual leave, sickness and study leave allowances. It is important to consider that there will be variation from 20.4% to 27% across areas. This is due to different mandatory educational requirements according to specialism and national recommendations (for example ED and CCU will experience higher uplift due to training requirement).

3. The nurse-to-patient ratio as recommended by NICE (1:8) was used where appropriate. Professional judgement was applied, having considered the specialism of each setting, acuity, and quality/safety indicators.

3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS AND ACTIONS

3.1 Regardless of the time of year, safer staffing assurance across the organisation remains a dynamic situation due to short notice staff availability, and changeable establishment requirements to support services increased acuity and additional beds during the winter period (opening of Eddington and Victoria to meet seasonal pressures). This is managed through the Trust daily site and staffing meetings.

The safer staffing morning meeting promotes early actions and mitigations to inform the Site/operational meetings. This promotes mutual aid internally and helps identify opportunities to reduce extra temporary staffing expenditure by promoting internal deployment of staff across ICSUs.
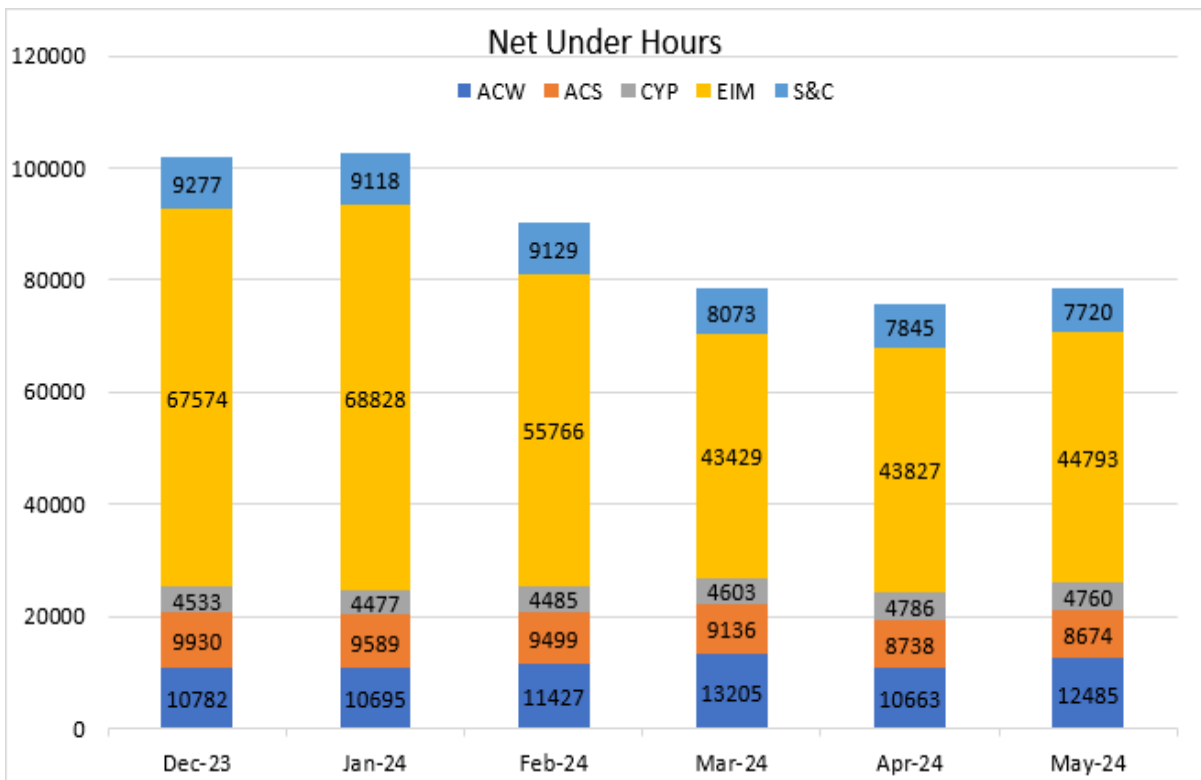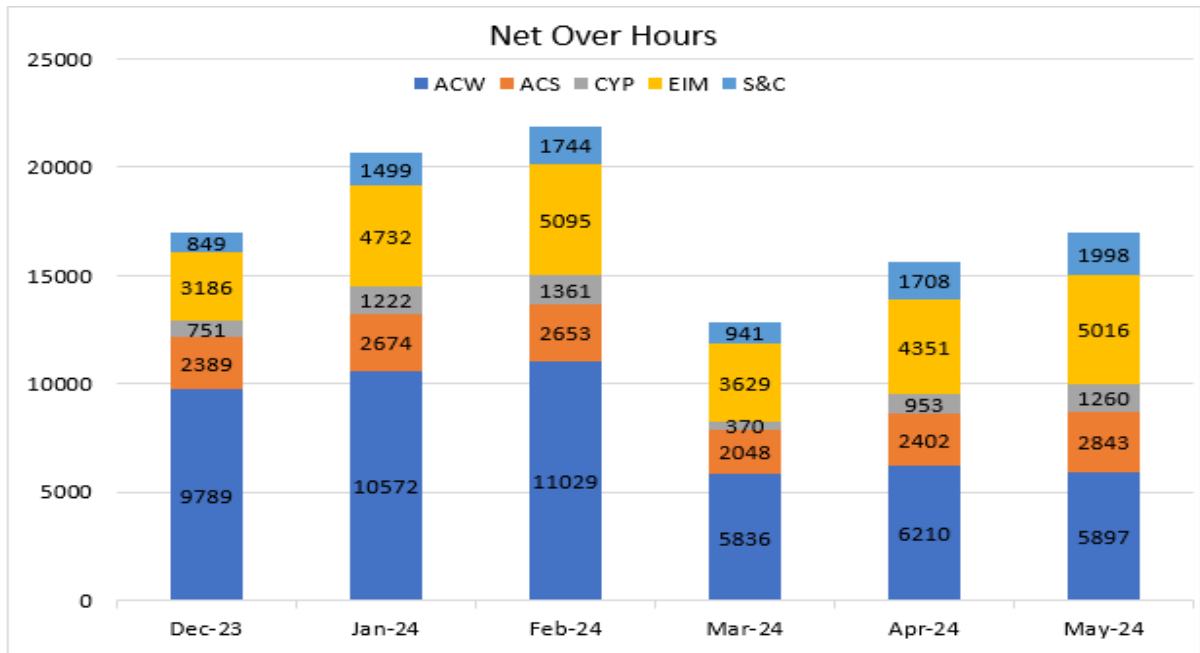
The safer Staffing Lead Nurse and ERoster manager have now completed Rostering challenge meeting with all ICSUs from January to June 2024. This enabled areas to review rosters demand templates and align against establishment budgets. There are some outstanding actions from these meetings, but this new process has strengthened our rostering and safer staffing governance processes. it has also helped identify gaps and training needs across the ICSUs as well has improved clinical colleagues' engagement and partnership with eRostering and safer staffing teams. These meetings will initially be 3-6 monthly depending on clinical areas' needs.

Through the rostering challenges sessions and monthly safer staffing governance reports, it was identified that there is a consistent accumulation of net hours that staff have worked above or below their contracted hours across all ICSUs.
The issue carries a risk to the organisation regarding, staff wellbeing, financial, and legal obligations.

Root causes identified are understanding and compliance to the eRostering policy and staff capacity to manage the Roster effectively.
The following recommendations should be considered: review of some rostering processes, review of training, communication of the eRostering policy, eRostering challenge and tidying up meetings, monthly reporting on progress with KPIs.

Ingoing work has been undertaken by ICSUs and Saperstein/ERostering team to improve the data and a paper will be presented to executive board this summer to decide on next steps.

Net Over Hours

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
S&C	849	1499	1744	941	1708	1998
EIM	3186	4732	5095	3629	4351	5016
CYP	751	1222	1361	370	953	1260
ACS	2389	2674	2653	2048	2402	2843
ACW	9789	10572	11029	5836	6210	5897

Net Under Hours

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24
S&C	9277	9118	9129	8073	7845	7720
EIM	67574	68828	55766	43429	43827	44793
CYP	4533	4477	4485	4603	4786	4760
ACS	9930	9589	9499	9136	8738	8674
ACW	10782	10695	11427	13205	10663	12485

From the 2023 staff survey results 62% colleagues recommended WH as a place to work, improving 1 %. In 2022, lack of career recognition, education opportunities and level of pay were cited as the main reasons for the turnover rates. For registered staff, the main contributors are level of pay, increasing work demands and lack of

work-life balance. All those areas have improved in the last survey but remain below national average.

Listening exercises were undertaken by Organisational Development team to discuss areas for improvement and actions.

A bespoke Whittington Health work-based learning band 7 Development programme will start in Autumn 2024 in partnership with London Southbank University to support Ward Managers and department/team leaders. This programme was devised in response from feedback that often band 7s were overwhelmed with balancing increasing workload and supporting their teams. The programme is focused on practical skills to help managers understand management basics (HR, finance, communication, leading teams, and change)

3.2   In April 2024, the overall staff turnover shows a significant improvement (10.79%) compared to October 2023 (14.5%) and is now below the 13% target across all ICSUs for both registered (10.95%) and unregistered staff 10.63%).
the most marked improvement is noted in CYP (from 15.5% to 11%) and EIM (from 15 % to 11.2%)

Since April 2024, work is currently in progress across NCL to implement the band 2 to 3 uplift of our Health Care Assistant workforce. A working group has been set up including HR and staff side partners. The aim is to finish this work by the Autumn and remunerate accordingly. An added piece of work for back pay will then be started. This initiative does not include non-clinical or temporary staff.

Recruitment and retention (vacancy target below 10 %) has also improved and the vacancy rate across nursing and midwifery was at 9.5% in April 2024 compared to 13.6% in October 2023. The scores improved both for registered and unregistered workforce.

3.3   Staff sickness related absence remains above the Trust target of 3.5% at 4.5%in April 2024, but this is 1% improvement compared to October 2023.
The themes remain the same as previous reports for long term sickness: mental health and musculoskeletal (MSK) disorders.

Work remains in progress with regards to working in partnership with HR and Occupational Health to support colleagues back to work.

3.4   Overall, mandatory training scores remain within 85% target across the organisation with Nursing and Midwifery scoring 88% by the end of April 2024

Appraisal rates show performance below the current target, overall, 77%, but an improvement from 76% in October 2023 at the last review. The 2023 staff survey also reported that 80% had received an appraisal in the previous 12 months.

Managers should be supported to attend the appraiser training to be able to conduct meaningful appraisals going forward.
Employees should also receive guidance on how to prepare their appraisal and think about their career progression and professional development.

4. ICSU REVIEWS AND ANALYSIS

4.1 Children and Young People (Appendix 1 PP30-32)

The ICSU has several services across acute and community settings. This review primarily addresses Ifor ward, CAU, NICU. Simmons House was not included in this review pending review of the facilities.

Health Visiting and School Nursing did not have a formal review as there is currently no formal national tool available, but discussions included recruitment, retention, and ways to measure demand and capacity in future reviews.

Barnet services have been acquired recently but there is not enough data available to include in this review, and it will be part of the Autumn 2024 review.

Progress against actions from last review	o CAU development plan to not lose Health Care Assistant post– cost pressure has been integrated to baseline establishment. o Review of recruitment for Health Visiting and Community children nursing teams – Meetings are being planned for Recruitment team and the local teams
Establishment update	o Community School Nurses and Health Visitors establishments are correct for the activity to be delivered, but recruitment and retention is challenging. o Teams are working to promote student graduate retention once they graduate. The teams are currently implementing and action plan with the corporate nursing recruitment team. o **Added investment required:** o It is important to note that some of the posts below are recurrent from last establishment review. Where indicated, posts were recommended by safer staffing and supported by the Chief Nurse office but subsequently not approved ➢ Neonatal ICU Advanced Nurse Practitioner (ANP) band 8A recommend being supported by the medical budget as per programme recommendation. ➢ Neonatal ICU (under maternity services requests): 2.62 WTE B6 Transitional Care Nurse ➢ Ifor Ward- 0.5 WTE band 7 Practice Development Nurse (PDN) to support current 0.5 WTE in post. (*Supported at last safer staffing review)* ➢ Children Ambulatory Care (CAU)- 0.6 WTE band 3 HCSW *(Supported at last safer staffing review)*

	➤ Children Daycare and Outpatients- 5 WTE band 3 HCSW as this service is HCSW and Nursing Associate led. *(Supported at last safer staffing review)* ➤ Community Children Nurses: 1WTE band 5 to support succession planning and build a pipeline to improve retention.
Workforce data	o The sickness rate has improved, and individuals needing support are managed though HR and occupational health. o Mandatory training rates remain over 90% and appraisal rates have also improved from 83% in the last period to 90% in May 2024. o The team raised that the lack of places on the face-to-face Oliver McGowan programme was impacting on figures. This was noted but acknowledgement that this is a national challenge due to a shortage of expert trainers.
Activity & Acuity impacting on staffing	o Enhanced Care needed to support the increased acuity in Ifor ward incurred a financial overspend. There has been a consistent need for Enhanced Care in last 6 months to support young people with mental health challenges. o The number of mental health related admission has significantly increased. o Ifor has remained at 17 beds throughout the last 6 months and winter pressure beds have remined open. o The information in the appendix is only a snapshot of the activity whilst the audit was undertaken. It is acknowledged that it needs to be read in context with data from the previous review to build a narrative that reflects the actual trend. We also need to collect information from similar centres/department. to benchmark against.
Roster Management and safe deployment of staff	o All Flexible Working arrangement across ICSU have been reviewed in last 12 months. . o Attention needs to be given to annual leave across CYP, so staff take leave evenly throughout the year to support health and wellbeing but also ensure safe service delivery and safe staffing levels. o Matrons continue to review the current rota creation pattern to ensure improved approval lead time and finalisation. o Overall, the current daily staff allocation is accurate. The staffing ratio will change accordingly if the requested investment is approved.

Quality and safety	o There were three pressure ulcers reported in community and were children with complex care needs and were non-mobile. Staff training and education is ongoing, and assessments are all recorded on Rio. It is also noted that most pressure ulcers happen when the child is not in school so there is a heavier burden on parents/family for mobilising/manual handling. o Themes of complaints and learning: o General attitude of treating clinicians – discussed with individuals. Open communication course accessed by one staff member. Reflective accounts and reflective discussions also encouraged. Continue to monitor for certain themes. o Lack of referrals Community and acute issue, lack of service provision or referral to speciality hospital. o Access to services – appointments not booked or delayed. De-escalation involving discussions with clinicians and patients, appointments made as appropriate. o Serious incidents and learning: **Two in Simmons House** o Ongoing learning the unit is currently temporarily closed. **Three in NICU** o Main themes are capacity at UCLH and transfer to WH with no access to records.
Workforce and Succession planning	o Due to increasing numbers of children with complex mental health needs the ICSU is planning an education package addressing mental health and challenging behaviours across the acute site and other departments. To supplement this the leadership team is also looking at reviewing the skill mix of workforce and roles. It is however highlighted that past attempts to recruit RMNs on a substantive basis was unsuccessful. Teams are now looking to "grow their own" through liaison posts or CNSs, but also explore expanding some HCA competencies. o Overall improvement in HCAs completing the Care Certificate. o Established numbers of international nurses across Ifor and NICU. None in the community and no current vacancies o The ICSU has an older experienced nurse's cohort and a newly recruited junior workforce across acute paediatrics. This is a risk for retention. Older Staff opt to work part time for better work-life

	balance and there is a gap in teaching and supervising the newer members of the teams.
	o NICU identified increased activity across its community outreach team that may require additional staffing. The team will gather evidence to present at the Autumn establishment review.
Planning next review	o Ongoing targeted intervention to recruit in community services and implement actions with recruitment team.
	o Team to scope enhanced care need on Ifor
	o CHPPD and establishment benchmarking for Simmons House
	o Medical funding transfer for ANP (for NICU). The Deputy Chief Nurse to discuss this with the Medical Director (for all similar requests across all ICSUs).
	o Barnet HV team to be included to the next establishment review.
	o Review Ifor activity, bed occupancy and Acuity & Dependency (A&D) for next review.
	o Benchmark NICU CHPPD and A&D distribution.
	o Package (education and role expansion) for RNs in Ifor to incorporate MH.
	o Neonates outreach team –gather information to support team expansion.

4.2 **ACW- General Outpatient services, Gynaecology outpatient services (Appendix 2 PP32-33)**

There is currently no national audit tool for safer staffing in outpatient areas.
To enable outpatient services to raise their workforce profile, escalate workforce concerns or identify investment requirements, an exploratory review was undertaken. Activity mapping is being undertaken locally to identify gaps and opportunities with support from Corporate Nursing leadership in preparation for the next review.

Establishment update	o Gynaecology outpatients. Business plan approved in April 2024 to increase B3 by 1 WTE to meet service needs. Some concern from team about National guidance recommending 70% target for having 2 staff members in the room during colposcopy and hysteroscopy procedures to support chaperoning and efficiency. The performance has dropped to 40

	% in last few months. New business case was partially approved. This ongoing issue has been on risk register since 2018. The department is currently mitigating with Students who are doing bank whilst waiting to graduate. o General outpatients No major amendment o **Added investment required:** ➢ Recommendation from safer staffing for existing business case to be approved by finance with regards to admin/clinical B3 role position to backfill long term sickness and support chaperoning to comply with national requirements.
Workforce data	o Vacancy: ➢ Vacancy within 10% o Sickness remains over 3.5 % at 8.5%. ➢ Sickness management is in place to support both managers and staff to remain or return to work safely. ➢ The main themes are stress and musculoskeletal complaints.
Activity & Acuity impacting on staffing	o Incidents reported related to insufficient staffing in Gynaecology outpatients relate to the non-compliance of 2 Staff member per procedure room.
Roster Management and safe deployment of staff	o All Flexible working requests reviewed at time of appraisal. All agreed working patterns have been based on staff work-life balance but also patient experience (earlier or later appointments are being offered following on from patients' feedback) o Annual leave is marginally above 17% target.
Quality and safety	o **Complaints**: Themes identified are linked to: ➢ Communication ➢ Lack of Chaperones
Workforce and Succession planning	o General Outpatients are scoping the possibility to extend opening/working hours. This will be discussed further at the next review meeting and if any support is needed from Safer staffing team. o Substantial progress on HCAs completing the Care Certificate across all outpatients. o There is a high number of CNS in Gynaecology with a plan to expand the workforce within oncology care. The team will share progress for the next establishment review.

	o 1 RN recently completed Colposcopy training and 3 RNs are currently undertaking non-medical prescribing course within Advanced Clinical Practitioner pathway. o Focus on Outpatients to recruit staff and build pipeline through competency achievements. o Focus to recruit internally and foster internal talent.
Workforce success and celebrations	o Hysteroscopy team won Team of the year at the Nursing and Midwifery awards this year. o Accredited Nurse Colposcopist
Planning next review	o When all business cases are finalised/approved, team is to consult with Safer Staffing and eRoster team to undertake roster challenge session and review demand templates. o Outpatient team to consult with Assistant Chief Nurse if support is needed with scoping workforce model for extended clinic hours. o Include in next review some details about patient experience and actions in response to feedback and complaints. o Update on staff age profile.

4.3 **ACW- Maternity services: (Appendix 3 PP 33-36)**

The last Birthrate Plus report was produced in November 2023 across inpatient and outpatient areas with recommendations indicating an exceeding establishment Vs reduced activity.

The Whittington
NHS Trust Birthrate

Summary of Results

Current Funded Clinical, Specialist, Management wte	Birthrate Plus wte	Variance wte
174.80	171.02	3.78

Table 11: Total Clinical, Specialist and Management wte

38. The results indicate a positive variance of 3.78wte from the current funded establishment with 22% uplift.

This needs to be viewed in conjunction with the national recommendations that advise added investment in specialist roles. The Maternity services are undertaking a restructure and undergoing a consultation.

Progress against actions from last review	o Business case for telephone triage following CQC feedback – completed 16.3.2024. o Audit and Quality/Guideline Midwife – 1.0 WTE Band 7 Dec 23 extended to June 24 o Digital Midwife –1.0 WTE Band 7 Jan 24 extended to June 24 o Patient Experience, information, and communication specialist Midwife - 0.30 WTE Band 7 Jan 2024 extended to June 2024 o Maternal Medicine - 0.5 WTE Band 7 extend June 2024

Establishment update	o In Maternity services, the leadership team currently reports that all services establishment within the acute setting are meeting service needs.
	
	o A business case submitted to TMG requesting further investment according to national recommendations was subsequently approved.
	
	o **Added investment required:**
	   ➢ 2.62 WTE Transitional Care Nurse in partnership with NICU
	   ➢ 5 WTE Band 3
	   ➢ 8 WTE Band 7
	   ➢ 2 WTE Band 8
	
	o This was mitigated with the proposed reduction of establishment in band 4 (-1WTE), 6s (-9WTE) and 8B (-1WTE)

Workforce data	o Vacancy/turnover: ➢ the labour unit nurses are fully established with international recruitment. ➢ The vacancies in midwifery services have also reduced because of international recruitment. This has affected the skill-mix as there is a high number of junior staff against reducing numbers of experience midwives. o Sickness 3.6% ➢ This is all short-term sickness and staff are all supported by the Occupation Health and leadership team. ➢ The main themes are stress and musculoskeletal complaints.
Activity & Acuity impacting on staffing	o Incidents reported relate to compromised skill mix in Maternity. o Trends that have impacted on staffing over last 6 months:

	➢ Birth Centre open 85%, suspended 15% and closed 0 (no one requiring birth centre (BC) care on Labour Ward during suspension) ➢ Homebirth services not available 25% due to staffing ➢ Opening of second theatre on 8 occasions.
Roster Management and safe deployment of staff	o Flexible working is a concern within Maternity. o All departments annual leave allocation is above target of 17% and range between 22% in Birth Centre, to 33% on Murray ward. This has an impact on the closing Birth Centre, the skill mix, and temporary staffing spend. Recommendation for Matrons/Managers to address this, review allocation and share the plan for discussion at the next establishment review. o All rota templates are in process of being reviewed but this is a challenge as the individual cost centres are not broken down. The team will share this information with eRoster and Safer Staffing team to support and align demand templates with existing budgets. This will give assurance that duties are allocated appropriately and reflect accurate staff deployment across the ICSU.
Quality and safety	o **Complaints**: Themes identified are linked to: ➢ Communication ➢ Consent o **Serious Incident:** ➢ Screening Incident involving Haemoglobinopathy results of 10 patients who conceived through IVF with donor egg where the Sickle Cell and Thalassemia Screening pathway was not adhered to. As there is only one trained healthcare professional providing the required genetic counselling, there is a risk of lack of resilience within the service, particularly during any unplanned absences.
Workforce and Succession planning	o At the time of the establishment review meeting (May 2024) plans are: ➢ A restructure of the maternity workforce is planned for 2024. ➢ Student recruitment was raised as an area of concern as it is difficult to establish how many vacancies will be available. ➢ As international recruitment not currently continuing in maternity services, mitigation is for maternity services to recruit the graduate students.

	➤ 6 Midwives retired and returned in last 6 months and 4 are planning retirement.
Workforce success and celebrations	o MBE awarded to FGM Lead, Huda Mohamed o New Website launched. o MIS success and rebate
Planning next review	o Team to provide budget breakdown for each area to update roster templates establishment. o TMG paper to be shared with the Deputy and assistant Chief Nurses prior to TMG, so support can be provided with workforce modelling and establishment numbers for recruitment needs. o Review annual leave governance.

4.4 **Surgery and Cancer (Appendix 4 PP 37-41)**

Inpatient areas (Mercers, Coyle, CCU), all Theatres, Day Treatment Centre (DTC), Critical Care Outreach (CCOT) and Chemotherapy services were examined in this establishment review.

Progress against actions from last review	o Vacancy spread sheets have been updated. o Trialled DTC staff to help discharge patients in Recovery at weekend, needs SOP to formalise. o Review of GA and theatre rosters completed. Planned increase of theatre activity to extra 9 sessions weekly starting in June will impact theatre rostering. o Cancer back to the floor month January 2024. CNSs provided education. o All job plans have time allocated for teaching. o Budget was re-purposed PDN post filled starting July 2024 o Resuscitation team is now on Eroster.
Establishment update	o Some repurpose of funds in some departments to invest in new roles. o **Added investment required:** ➤ CCU requesting that additional budget allocated for peak periods in 23-24 is made recurrent in view of increased acuity.

	➢ Enhanced care and how it is delivered across the organisation and financed is under review and a business case will follow. ➢ Medical funding transfer for 8A ANPs as per programme recommendation.
Workforce data	o S&C has experienced a marked improvement in most metrics in the last 6 months. o Vacancies and turnover overall are within range, respectively under 10%. o Mandatory training has deteriorated from 90.5% to 86% overall in the last 6 months. o Appraisal is at 74% down from 79% at the last review. This has been identified as a priority by clinical areas. o Sickness average for Sept 23-Feb 24 remains under the 3.5% target at 2.87% and has improved from the last period (3.2%)
Activity & Acuity impacting on staffing	o Red Flags: No unresolved red shift across S&C over the last 6 months. o 1 Datix completed relating to safe staffing in Coyle ward regarding challenging skill mix: only 2 nurses with EPMA access, due to a high number of temporary staffing. o Having to care for patients in Recovery overnight creates a risk for staff and patients. This is being monitored and will be reviewed to assess the need for staffing resource. Currently, ward staff are moved to Recovery when this happens.
Roster Management and safe deployment of staff	o The ICSU needs to prioritise the lead approval time of 56 days for ERoster to allow staff to access their upcoming pattern with enough notice. Despite work undertaken in last 6 months all areas are still not compliant. o There are a high number of flexible working requests, with the highest identified in Theatres and CCU. CCU reports that they have been able to accommodate all requests and maintain safe parameters of service delivery, The team feels that the management of these is improving. o Annual leave allocation remains within the 12-17% target for all areas. o o It is noted that the acuity across all areas is high, and dependency has also increased. This is often mitigated with

	supernumerary staff and students which impacts on skill mix and the data collected for safer staffing. It is also accepted that the data is only a snapshot of that month period and needs to be looked at in conjunction with previous reports to build up a trend.
Quality and safety	o **Falls** remain at 26 as per the previous 6 months. 3 were low harm; 23 were no harm and none were moderate or severe harm. There was a significant reduction of falls in Coyle ward. Both SWARM learning tool and the falls reflective tool have now been embedded for use post falls. o **Pressure ulcers**: 69 ulcers were reported from stage 2 to unstageable. This is a slight deterioration from 56 reported across the ICSU in last review. There was an overall increase in pressure ulcers in in February 2024. At that time Mercers ward had a patient who developed a Category 4 pressure ulcer. o **Complaints**: At the end of Q4, there were 38 open complaints for S&C. 14 complaints were received in 2023 Themes (not nursing): ➢ Perceived staff attitude ➢ Communication ➢ Delays ➢ Access to care ➢ Clinical care ➢ Recovery overnight stays
Workforce and Succession planning	o Cancer nursing is currently undergoing a workforce review alongside a wider piece of work in NCL. The aim of this project is to: ➢ Provide an all-encompassing review of current CNS workforce. ➢ Explore opportunities for further development of the cancer nursing workforce, including the development of Advanced Clinical Practitioner (ACP) and Nurse Consultant roles. ➢ To demonstrate the changing workload of CNSs over a period. ➢ To benchmark our workforce against comparable size institutions. ➢ Wider understanding of the role within the trust. ➢ Future proof WH cancer nursing service against increasing prevalence of cancer. o The NCL Cancer Nurse Specialist Development Lead post has been advertised. This role will support CNS development and education through mentoring and coaching. o Martha's rule implementation project: Awaiting NHS England implementation guideline but WH will be a pilot trust, which comes with £40K allocation. There are current considerations to

	use some of the funds for a fixed term part time of 0.5 project management position.
	o CCU needs to ensure it can continue to flex to meet the demand and flow of emergency patients as well as prioritising elective surgical pathways.
	o CCOT banding structure is to be reviewed in the next few months by operational teams. Currently the entire team are band 7. Some colleagues have now achieved ACP certification and should be working under the pathway's pillars and expertise at a higher band.
	o Surgical wards: IEN induction programme and Preceptorship program for the new nurses and graduates.
	o Area of focus for the next establishment review is for all areas to explore apprenticeship pathways as recruitment opportunities. As international recruitment is slowing, the ICSU needs to ensure there is a pipeline for upcoming vacancies.
	o The ICSU is commended for achieving 100% compliance for HCSW completing the Care Certificate.
Successes and celebrations	o CCU: Secured funding from NCL for a third PDN to support junior staff achieve competencies.
	o Oncology and chemotherapy: two staff received Stand Out Star nominations.
	o 100% CQIN for the inpatient wards for supporting patients for drinking, eating, and mobility.
	o Dermatology Lead Nurse won the ANP of the year at the Nursing and Midwifery awards.
Planning next review	o Request from Finance and then Optima to change the names of CCU and CCOT in the ledger and eRoster.
	o Add the Resuscitation team on all sections in the next establishment review.
	o Consult with Recruitment to update establishment and vacancies on spreadsheets (POA, Theatres)
	o Remove B2 FSAs from staff balances in the vacancy spreadsheets.
	o The Safer Staffing Lead Nurse and the Cancer Lead Nurse will meet and benchmark staffing for the chemo unit and cancer CNSs.

	o Enhanced care data for budget year to be sent to EIM. o Add the Pre assessment unit for roster challenge and template review.

4.5 <u>Integrated and emergency medicine (EIM) (Appendix 5 PP42-48)</u>

The establishment review assessed the emergency floor, inpatients, and endoscopy services.

Progress against actions from last review	o First round of roster challenge and template updates concluded. o Housekeepers' numbers and reassign to facilities to release some nursing budget and reallocated:3 HK in COOP, 2 in AAUs as FSAs, 1 in ED. To review progress at next review o Enhanced Care business plan: still in progress. o B3 ED business case following safer staffing recommendations is resolved and concluded. o ANP/ACP to come out of medical budget as per recommendation: ongoing discussions.
Establishment update	➢ **ED:** o <u>Adult</u>: At time of meeting the band 3 establishment was not meting the service needs due to pending Business case. This has now been resolved and recruitment in progress. o Wave of band 7 RN resignations over last 6 months (5 WTE). This raises concerns about skill mix. New B7 very junior. Health and wellbeing project is in progress and charge nurses will access the band 7 development programme implemented across the organisation. o <u>Paediatric</u>: department is challenged reflecting the NCL position. At time of meeting the vacancy rate was near 50% but as a small team, the percentage is sensitive. Workforce supported by Adult ED and paediatric areas. ➢ **SDEC** o Establishment suitable at present but expansion of operational days and hours will require a business case for establishment adjustment project finalised.

- ➢ **Urgent care**
- o band 7 ENP recruited and plan to convert one B7 to B8 lead for internal EIM cover. ENP workstream varies from UCC workstream and   work is in progress to streamline and standardise both pathways.

- ➢ **Mary Seacole (North and South):**
- o Due to increased acuity and dependency over the last few months there is a high demand for enhanced care and mental health 1:1.
  The team reports that 2 HCA per shift not currently adequate establishment, need to increase to 3 HCA per shift.
  The leadership team with the safer staffing team is undertaking a ICSU wide review of enhanced care and looking at options to mitigate the risk to staff and patient care.
  The team is also exploring option of enhanced care bay for acutely unwell monitored patients. Intelligence for RMN usage (filled and unfilled rate), LOS of MH pts is currently being gathered.

- ➢ **Montuschi**
- o Requesting 1 HCSW at night (2.6WTE) from zero. This is due to the ward layout and the increase in the need for Baywatch and enhanced care for patients at risk of falls. The ICSU will review and see if will be included in enhanced care ongoing work.

- ➢ **Nightingale**
- o Requesting 10.3 WTE band 2 HCSW to increase deployment by 2 on days and 2 on night shifts due to acuity and dependency increasing. The ICSU will review and see if will be included in enhanced care ongoing work.

- ➢ **COOP**
- o Team highlighted the discrepancy between QlikView and approved (per business case) establishment for the expanded bed base since the cost centres have been separated across all 3 wards. Increase in acuity and dependency of the patients means that the staffing model will be reviewed and discussed at next establishment review after next safe staffing audit.

- ➢ **Endoscopy**
- o No progress from last review for having the staffing for the 4th room funded. 3 different options are being explored.
  Even if 4th room does not get approval, staffing recovery (previously run by DTC) will need to be funded. The team expect there will be more certainty when income stream is finalised.

- ➢ **Enhanced Care**
- o The current budget is for 23 WTE, but usage is 50-60 WTE for EIM only. Although there is evidence of a reduction of RMNs with the EC team, in recent months EC requirement has

and safe	increased and shifts had to be procured by temporary staffing. The ongoing business case help clarify how the team will be use in the next few months. ➢ **ICSU Wide** o 1.8 WTE band 8B Advanced Clinical Practitioner (ACP) Lead is required and will need to be funded from the medical budget as agreed prior to the start of the programme. ➢ **Added investment required:** o A Business case is currently being developed by S&C and EIM ICSUs leadership teams with support from safer staffing team for substantive funding for a joint Enhanced Care (Band 3) or to consider absorbing the added investment within substantive wards establishment. (WTE to be confirmed) o Medical funding transfer for 8A ANPs as per programme recommendation.
Workforce data	o Vacancy: It remains high in paediatrics ED and team will meet with nursing recruitment team to discuss bespoke graduate recruitment event o Overall vacancies have improved compared to last year. o The average appraisal rate is above target with marked improvement. o There are no areas of concern for mandatory training. o Sickness has also improved in the 6-months. It remains over target at 4.6% (marginal deterioration 0.3%) The main themes for long term sickness are stress, mental health and MSK disorders.
Activity & Acuity impacting on staffing	o Red flags reporting has slightly increased to 25 from 19 unresolved events in the previous review period. This reflects the winter seasonal sickness and increased winter acuity (corridor care in ED, patient bedded in SDEC)) and dependency where extra staff is needed. o Actual Vs Planned hours in deficit. Each month the rota plans for set number of shifts/staff hours. In EIM some departments report a deficit with actual hours worked/extra shifts exceeding the planned hours The contributary factors are enhanced care and longer induction period for supernumerary international nurses.
Roster Management and safe	o Flexible working requests are increasing, and some grievances have been submitted when departments are unable to accommodate a request due to service needs. In AAU 70% staff on flexible working, many historical.

deployment of staff	Teams advised to discuss with areas in Surgery and cancer where they have successfully managed the flexible working requests and mitigations to suit both employees and services requirements. o Approval lead time needs to improve as a priority to allow staff to plan work-life balance in advance. No progress made within the last 6 months The Trust target is 56 days, with the ICSU having an 18.5-day lead approval (19-day lead approval last review) o Annual leave allocation is managed with all departments meeting trust target (12%-17%)
Quality and safety	o **Falls**: ➢ There is an improvement in falls with harm across EIM in last 6 months. o **Pressure ulcers:** ➢ Difficult to map PU in ED as some will be community acquired. o Increased in number of PUs in the COOP wards due to the patients' dependency. Protected time for training and support to the wards from link TV practitioners o **Complaints**: ➢ Themes cluster around standards of care communication and long waits in ED
Workforce and succession planning	o Team looked at age profile of CNS workforce. Retire and return or partial retirement actively supported. Significant numbers of retirement requests are in pipeline but recruitment plan in place to address future gaps. o CNSs challenged with high demand in all specialties. Currently focusing on high-risk services like rheumatology, diabetes, respiratory and cardiology who also experience challenges with their workforce. o Ongoing training for ACPs for frailty, acute medicine, and ED. Working on an ACP strategy to employ a band 8b ACP lead. Job description is at job evaluation stage. o Enhanced care discussed earlier in report.
Successes and celebrations	o EIM recognised at the nursing and midwifery awards (chief nurse award, trainee Nursing associate of the year, Nursing Associate of the year) o EIM with S&C were finalists at the best acute sector partnership with the HJS.

	o One of the newly qualified ACPs started as an overseas HCA.
	o The opening of the two winter pressure wards gave the opportunity for personal development and career progression to several colleagues.
Planning next review	o Business case for SDEC and staffing model for increased hours/days of operation.
	o Business case for EC and consider the option of incorporating EC HCA to ward budgets.
	o Business case for enhanced care bay of acutely ill pts for the AAUs.
	o Investigate if extra funding that was approved with business case for the extra beds on COOP is added to QlikView.
	o Review Nightingale and the AAUs activity (A&D) and Benchmark
	o Update Safe Care patient's types to include 1c and 1d.

4.6 <u>Adult community services (ACS)</u>

The National Community Nursing Safer Nursing Tool (CNSNT) was introduced in the Trust in 2023 and piloted 4 district nurse teams (Islington North, Islington Urgent Response, Haringey Central and Haringey Urgent Response). The current tool has been paused nationally whilst analysing the data from piloting sites. We are waiting for further information as to when this will resume.
We undertook a review to support the teams after the restructure and ensure the establishment met the needs of new and repurposed services.

Actions from last review	o Review roster templates – completed challenge meetings, several templates still need updating pending information from the services to be sent to Eroster team.
	o Discuss requirement and approval for number of TNAs – regular meetings with Mercy for TNAs allocation.
	o Deputy Chief Nurse and Assistant Chief Nurse will shadow staff in community. Completed and was enjoyed.
Establishment update	o Vacancy spreadsheets need updating and only include nursing establishment.

	o Following the substantial restructure across the ICSU, there is a need to undertake more detailed work about safe establishment requirement within the district nursing teams. o It is acknowledged that a workforce remodel is needed, based on increasing workload leading to missed and unallocated visits across a sizeable geographical area. o The pausing of the National Safer Staffing Tool for community settings is also impacting on ability to benchmark and audit activity currently. o The safer staffing team and the Chief Nurse Office have committed to actively support the with the ICSU Leadership team further to inform a sustainable action plan in the next few weeks. o The outcome will be shared through operational and strategic forums and later in the next formal safer staffing report.
Workforce data	o The sickness rate for March 23- to August 23 averages 6 % across the ICSU. The teams report challenges with supporting sickness adequately as some staff do not give consent for managers to access occupational health reports. o Vacancy remains a challenge across the ICSU. Some of the reason is the recruitment within newly formed /merged teams and hard to recruit areas in Community District Nurse teams. o Mandatory training rates are within range and remain over 90% (91%) o Appraisal rates continue to improve from 74% to 83% overall. .
Roster Management and safe deployment of staff	o Lead time for rota approval needs to be a focus as none of the areas are compliant with 56 days lead time. o Flexible working agreements are being reviewed but remains challenging as the need must balance with retention and service delivery. Messaging is important as many staff interpret the agreement as permanent. o Annual leave allocation overall managed and within parameters (12-17%)

Quality and performance	o **Falls**: 2 moderate harm in last 6 months
	   ➤ 1 moderate harm-unwitnessed fall reported in Islington podiatry service. Reviewed and closed. All safety measures implemented.
	   ➤ 1 moderate harm-leg ulcer clinic. Patient fell health centre did not want to go to A&E.
	
	o **Complaints:** Nov-3, Dec (1), Jan (4), Feb (1), March (2)
	   ➤ Majority of complaints are related to admission/discharge arrangements and communication. Some of the complaints related to standard of care and lack of professionalism between patients and professionals.
	
	o **Serious Incident:** 1
	   ➤ Related to NRS issue that was part of trust wide investigation.

Workforce and Succession planning	o ACS staff are looking after increasingly elderly, frail patients and patients who have more complex needs. Team collaborating closely with therapists and capitalising on their skill sets to complement each other. o The ICSU is an active recruiter of International Nurses. There is a need to look at other sources when the recruitment stops. The teams are looking at our routes for pipeline of staff. o The ICSU promotes flexi retirement for older experienced nurses. o A challenge to retention is personal staff safety. Several DATIXs about violence and aggression from service users. Staff encouraged to use their safety devices. DNs are lone workers and vulnerable in the community. o Challenges are encountered with recruitment and retention in Haringey community teams due to the lack of Inner London Allowance.
Planning next review	o Options appraisal for all services if international recruitment stops. o Finance to create separate lines for paramedics. o Deep dive with the support of CNO and Safer staffing team to review community nursing.

5. RECOMMENDATIONS

- o The proposed investments detailed in the executive summaries and report narrative are supported to progress through local business planning and business cases.

- o The Nursing and Midwifery establishments will formally be reviewed again at the bi-annual-review in Autumn 2024. The data collection and audits for this period will start in August 2024. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and upcoming rostering challenge meetings.

- o CCOT will continue to work with the Safer Staffing Lead Nurse to collect data to evidence establishment change requirements.

- o All the establishment reviews are used as part of the tools to assess changing demand and capacity to advise on ICSUs strategies. This ongoing work should inform some of the recommendations in the next establishment review.

Appendices

Appendix 1: CYP (census collection Jan/Feb 2024)

➢ NICU

NICU
Source- Qlikview

- Feb24 budget (18 beds): 57.09
- SNCT Jan/Feb24: 37.70
- RCN/NQB Guidance: 64.40

Skill Mix % of Registered staff

- Budget: 89%
- Roster/deployed: 95%

CHPPD Feb 2024

- NICU: 13.10
- NHSE - National avg: 15.00

NHS Whittington Health NHS Trust
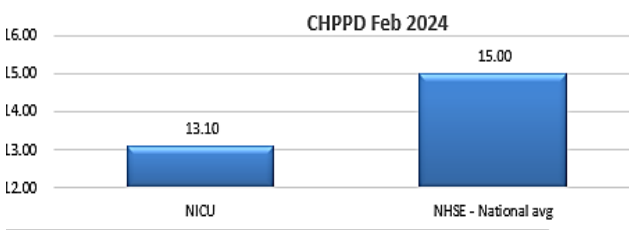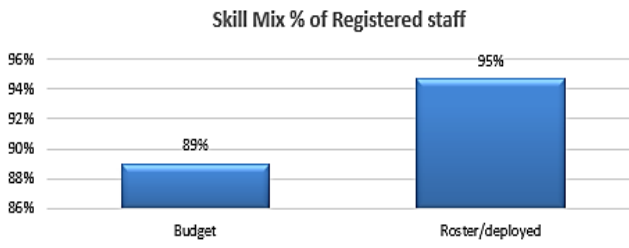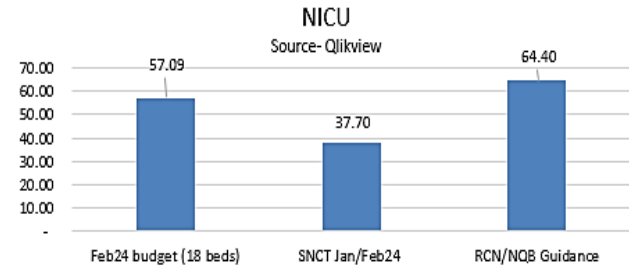
Top Graph on the left demonstrates the current budget for 23 cots and comparison with the recommended establishment per RCN and NQB guidance. SNCT is not suitable tool for Critical care settings.

RCN/NQB Guidance:
Ventilated : 1:1 RN to baby – 31.43wte
HDU: 1:2 RN to child – 15.71wte
Special care: 1:4 RN to baby – 14.40wte

The middle graph on the left demonstrates the skill mix used.
The top left graph shows the Care Hours Per Patient Day (CHPPD) how it compares to the trust CHPPD.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The table below shows the current funded deployment.

Neo-Natal ICU (NICU)

ADON - Jeanette Barnes
Matron - Adesegun Oremule
NICU is funded for 23 cots: **six** intensive care cots, **six** high dependency cots, **eleven** special care cots and four isolation cots (not included in the 23). The special care baby unit is housed on the floor directly above NICU and accommodates babies with lower dependency who do not require ventilation. Current Challenge: fluctuation of bed occupancy, recruitment of nursery nurses

SNCT ACUITY JAN/FEB 2024

Legend: Level 1b, Level 2, Level 3

- Level 1b: 43%
- Level 2: 54%
- Level 3: 3%

➢ Ifor ward

Ifor
Source- Qlikview

- Feb24 budget (15 Beds): 34.95
- SNCT + MHOST Jan/Feb24: 29.00

Skill Mix % of Registered staff

- Budget: 86%
- Roster/deployed: 73%

CHPPD Feb 2024

- Ifor: 14.10
- NHSE - National avg: 8.10

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT in June 2023. The SNCT Census does not include the approx 1 CAMHS pt per day

The middle graph on the left demonstrates the skill mix used.
The top left graph shows the Care Hours Per Patient Day (CHPPD) this compares Model Hospital national average to the Ward.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The table below shows the current funded deployment.

Children & Young People ICSU

ADON - Jeanette Barnes
Ifor Matron - Mary Sellings

15 beds paediatric ward accommodating 12 acute CYP patients (incl level 2 pts) and 3 CAMHS Tier 1&2 pts. There are 9 side-rooms used for IPC or aggressive CAMHS pts. Current challenges include the fluctuation of the overal acuity of the patients and the number of acute CAMHS pts. CAMHS pts with high acuity require 1:1 care.

SNCT ACUITY JAN/FEB 2024
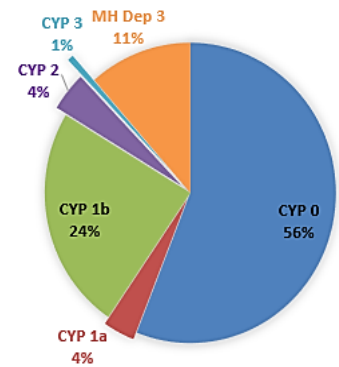
- CYP 0: 56%
- CYP 1a: 4%
- CYP 1b: 24%
- CYP 2: 4%
- CYP 3: 1%
- MH Dep 3: 11%
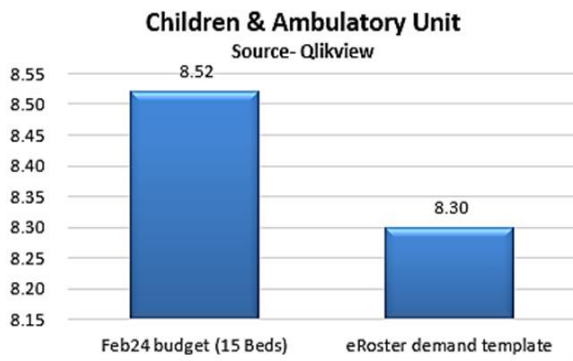
➤ Children's Ambulatory Unit (CAU)

Children & Ambulatory Unit
Source- Qlikview

Feb24 budget (15 Beds): 8.52
eRoster demand template: 8.30

Skill Mix % of Registered staff

Budget: 77%
Roster/deployed: 70%

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT in June 2023. The SNCT Census does not include the approx 1 CAMHS pt per day

The middle graph on the left demonstrates the skill mix used.

The table below shows the current funded

Children & Ambulatory Unit

ADON - Jeanette Barnes
Ifor Matron - Mary Sellings

Located second floor in between Paeds ED and Adult ambulatory - operates 7 days/week from 7:30-20:00 (11.5 hrs)
4 cubicles can host up to 4 patients plus waiting room for 8 pts – patients' type: discharges from Ifor waiting medical review, referrals from ED, IV medication administration, treatment of Amb care.
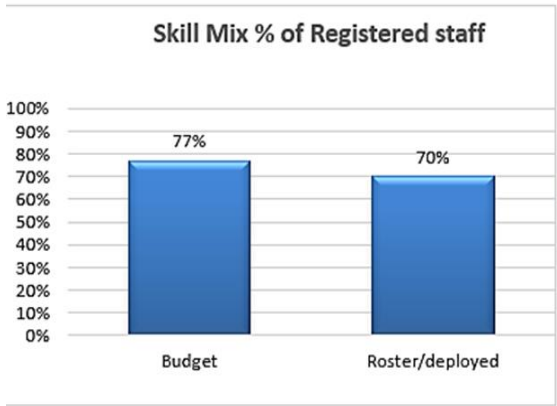
CAU (16Jan24)

Unit Childrens Ambulatory Unit
Number Of Beds 4
Skill Mix 67 % / 33 %

✎ Edit Demand Template
▭ Duplicate Demand Template
⋮ More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom'	Difference
Registered Nurses	4.92 WTE (738.0 Hrs)	5.50 WTE (825.6 Hrs)	22 %	-0.58 WTE (-87.6 Hrs)
Registered AHP	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Unregistered Nurses	2.00 WTE (300.0 Hrs)	2.75 WTE (412.8 Hrs)	22 %	-0.75 WTE (-112.8 Hrs)
Total:	6.9 WTE (1038.0 Hrs)	8.3 WTE (1238.5 Hrs)		-1.3 WTE (-200.5 Hrs)

➤ Outpatient and day care

Paediatric Outpatients & Day Care Department
Source- Qlikview

Feb24 budget (15 Beds): 10.19
eRoster demand template: 14.20

Skill Mix % of Registered staff

Budget: 86%
Roster/deployed: 84%

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT in June 2023. The SNCT Census does not include the approx 1 CAMHS pt per day

The middle graph on the left demonstrates the skill mix used.

The table below shows the current funded deployment.

Paediatric Outpatients & Day Care Department

ADON - Jeanette Barnes
Ifor Matron - Mary Sellings
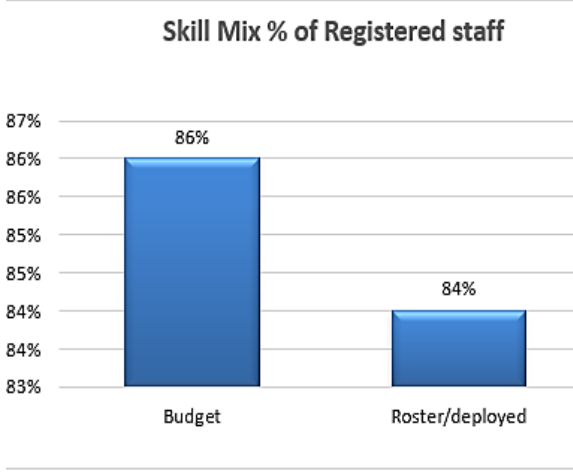
Paeds Outpats (22Feb23)

Unit Paediatric Outpats
Number Of Beds 0
Skill Mix 79 % / 21 %

✎ Edit Demand Templ
▭ Duplicate Demand
⋮ More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom'	Difference
Unregistered	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Registered Nurses	9.80 WTE (1470.0 Hrs)	8.16 WTE (1223.8 Hrs)	Multiple	1.64 WTE (246.2 Hrs)
Registered AHP	3.09 WTE (463.5 Hrs)	2.81 WTE (422.0 Hrs)	0 %	0.28 WTE (41.5 Hrs)
Unregistered Nurses	1.39 WTE (208.5 Hrs)	3.25 WTE (487.2 Hrs)	22 %	-1.86 WTE (-278.7 Hrs)
Total:	14.3 WTE (2142.0 Hrs)	14.2 WTE (2133.0 Hr)		0.1 WTE (9.0 Hrs)

➢ **Children community Nursing**

Children Community Nursing
Source- Qlikview

- Feb24 budget (15 Beds): 15.12
- eRoster demand template: 14.20

Skill Mix % of Registered staff

- Budget: 96%
- Roster/deployed: 92%

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT in June 2023. The SNCT Census does not include the approx 1 CAMHS pt per day

The middle graph on the left demonstates the skill mix used.

The table below shows the current funded deployment.

Children Community Nursing (CCN)

ADON - Jeanette Barnes
Matron - Zara Warner

CCN (25Mar24)

Unit   Childrens Community Nursing
Number Of Beds   0
Skill Mix   96 % / 4 %

- ✎ Edit Demand Template
- ▢ Duplicate Demand Ten
- ⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

🖻 Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom'	Difference
Registered Nurses	14.52 WTE (2178.0 Hrs)	13.39 WTE (2008.0 H	0 %	1.13 WTE (170.0 Hrs)
Unregistered Nurses	0.60 WTE (90.0 Hrs)	0.60 WTE (90.0 Hrs)	0 %	NaN WTE (0.0 Hrs)
Admin & Clerical	2.00 WTE (300.0 Hrs)	2.00 WTE (300.0 Hrs}	0 %	0.00 WTE (0.0 Hrs)
Total:	17.1 WTE (2568.0 Hrs)	16.0 WTE (2398.0 Hr		1.1 WTE (170.0 Hrs)

Appendix 2: ACW- Outpatients staff deployment

➢ **Gynae Outpatient**

WTE Gynae OPD
Source Qlikview

- Feb24 budget: 22.93
- eRoster estbl demand: 18.90

Skill Mix % of Registered staff

- Budget: 74%
- Roster/deployed: 73%

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted establishment and the establishment demand on eRoster

The middle graph on the left demonstates the skill-mix of budgeted staff and skill-mix actually used

Gynae Outpatients

Tara Egan - Lead Nurse

Overview of the service: Outpatients Clinic 4C,

Gynae Outpatients (04Jan24)

Unit   Gynae Outpatients
Number Of Beds   0
Skill Mix   65 % / 35 %

- ✎ Edit Demand Template
- ▢ Duplicate Demand Templa
- ⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

🖻 Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom'	Difference
Registered Nurses	14.94 WTE (2241.0 Hrs)	11.67 WTE (1750.5 H	0 %	3.27 WTE (490.5 Hrs)
Unregistered Nurses	8.00 WTE (1200.0 Hrs)	6.23 WTE (934.0 Hrs)	0 %	1.77 WTE (266.0 Hrs)
Admin & Clerical	0.00 WTE (0.0 Hrs)	1.00 WTE (150.0 Hrs}	0 %	-1.00 WTE (-150.0 Hrs)
Total:	22.9 WTE (3441.0 Hrs)	18.9 WTE (2834.5 Hr		4.0 WTE (606.5 Hrs)

General Outpatient Nursing

WTE Outpatients Nursing
Source Qlikview

(Feb 24 budget: 22.15; eRoster estbl demand: 24.30)

Skill Mix % of Registered staff

(Budget: 53%; Roster/deployed: 57%)

NHS Whittington Health NHS Trust — **Outpatients Nursing**

Top Graph on the left demonstrates the comparison between the budgeted establishment and the establishment demand on eRoster

The middle graph on the left demonstrates the skill-mix of budgeted staff and skill-mix actually used

Tara Egan - Lead Nurse

Overview of the service:

Outpatient Nursing (19Dec23)

Unit Outpatient Nursing
Number Of Beds 0
Skill Mix 55 % / 45 %

Edit Demand Template
Duplicate Demand Ten
More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered	2.00 WTE (300.0 Hrs)	2.00 WTE (300.0 Hrs)	0 %	0.00 WTE (0.0 Hrs)
Registered Nurses	11.07 WTE (1660.5 Hrs)	10.87 WTE (1631.0 H	Multiple	0.20 WTE (29.5 Hrs)
Unregistered Nurses	11.08 WTE (1662.0 Hrs)	11.39 WTE (1708.9 H	21 %	-0.31 WTE (-46.9 Hrs)
Admin & Clerical	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Total:	24.2 WTE (3622.5 Hrs)	24.3 WTE (3639.9 Hr		-0.1 WTE (-17.4 Hrs)

Appendix 3: ACW- Maternity services staff deployment Jan/Feb 2024

➢ Labour ward

Labour 31Jan22

Unit Labour Ward
Number Of Beds 12
Skill Mix 89 % / 11 %

Edit Demand Template
Duplicate Demand Temp
More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Midwives	39.95 WTE (5992.5 Hrs)	33.27 WTE (5011.0 H	0 %	6.68 WTE (981.5 Hrs)
Registered Nurses	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Registered AHP	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Unregistered Nurses	5.20 WTE (780.0 Hrs)	4.29 WTE (644.0 Hrs)	0 %	0.91 WTE (136.0 Hrs)
Admin & Clerical	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Total:	45.2 WTE (6772.5 Hrs)	37.6 WTE (5655.0 Hr		7.6 WTE (1117.5 Hrs)
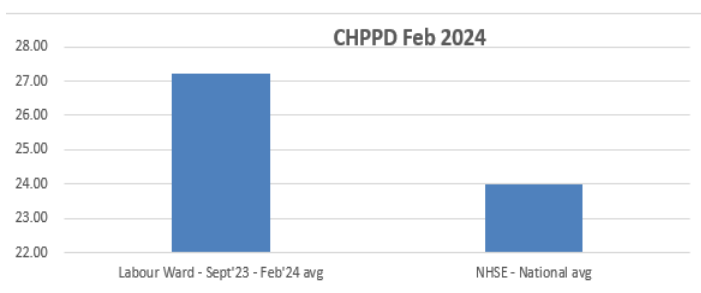
CHPPD Feb 2024

(Labour Ward - Sept'23 - Feb'24 avg: ~27.2; NHSE - National avg: ~24.0)

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates that the demand for establishment on eRoster is 7.6 wte less than the allocated budget for the unit.

The top of the same graph also shows that skillmix of registered midwives with unregistered staff is 89% over 11%

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how this compares Model Hospital national average to the Ward.

On the right side this table shows the % of each level of care for the patients according to the BirthRate plus assessment in November 2023. The higher the category the higher the complexity of the case.

Labour ward

DoM- Isabelle Cornet
ADoM - Alicia St Louis
Matrons Inpatients - Chika Okonkwo
Arinola Erinle
Matron community - Gillian Delamotte

Labour suit of 12 delivery rooms. After the birth mothers and babies stay with on the labour ward for a couple of hours before moving to postnatal ward. Our labour ward is suitable for women who would like to have an epidural, or have experienced obstetric or medical complications during their pregnancy.

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
Delivery Suite	0.7	5.3	13.2	34.0	46.8
		19.2%		80.8%	
DS and Birth Centre	3.8	12.2	12.0	30.4	41.6
		28.0%		72.0%	

Mar-24		Registered Staff			Unregistered staff		
Ward Name		Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
Labour ward		5,332	4,828	91%	713	736	103%

➢ Labour Unit Nurses

Labour Unit Nurses (05Jan24)

Unit Labour Unit Nurses

Number Of Beds 0

Skill Mix 97 % / 3 %

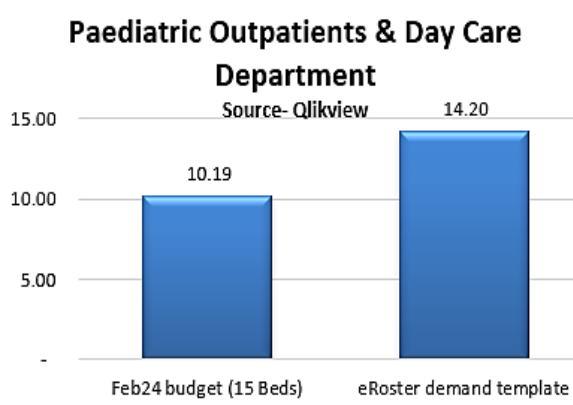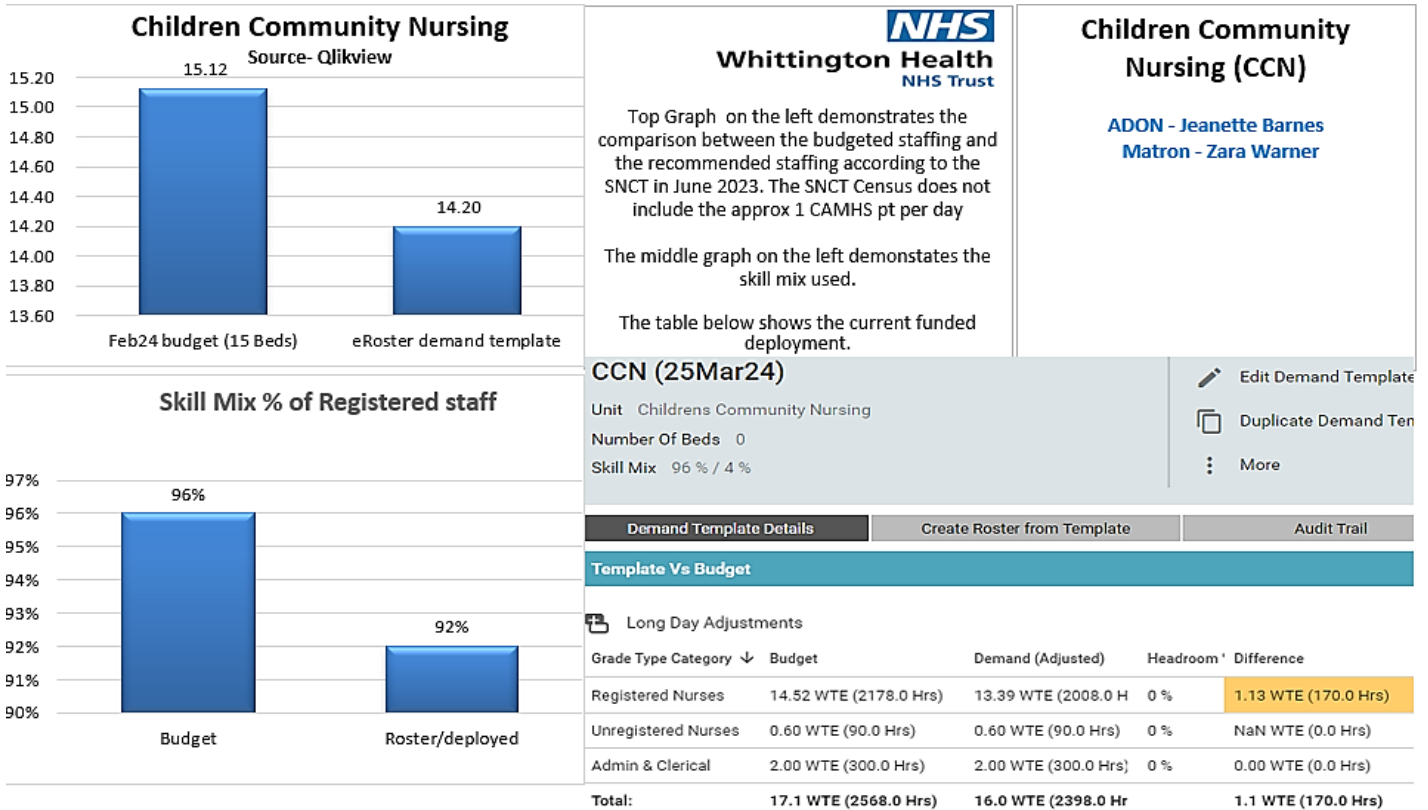| Edit Demand Templat |
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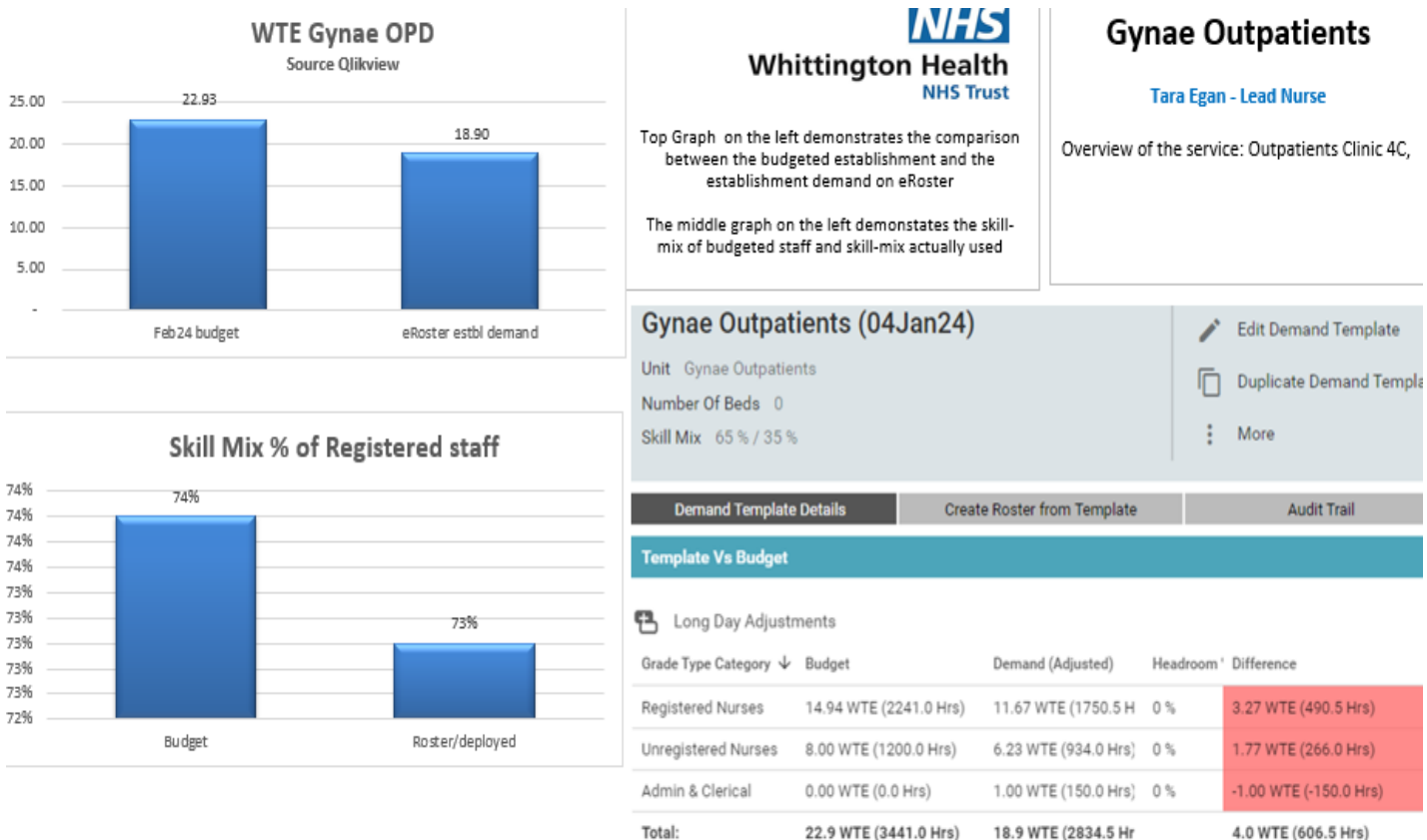| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Midwives	2.00 WTE (300.0 Hrs)	7.38 WTE (1106.3 Hr:	21 %	-5.38 WTE (-806.3 Hrs)
Registered Nurses	8.00 WTE (1200.0 Hrs)	1.27 WTE (189.9 Hrs)	21 %	6.73 WTE (1010.1 Hrs)
Unregistered Nurses	0.00 WTE (0.0 Hrs)	0.20 WTE (30.0 Hrs)	0 %	-0.20 WTE (-30.0 Hrs)
Total:	10.0 WTE (1500.0 Hrs)	8.8 WTE (1326.2 Hrs		1.2 WTE (173.8 Hrs)

Labour Unit Nurses

DoM- Isabelle Cornet

ADoM - Alicia St Louis

Matrons Inpatients - Chika Okonkwo

Arinola Erinle

Matron community - Gillian Delamotte

The demand for establishment on eRoster is 1.2 wte lower than the allocated budget for the unit.

The top of the same graph also shows that skillmix of registered midwives with unregistered staff is 97% over 3% .

84% of the planned shifts were utilised

Mar-24						
	Registered Staff			Unregistered staff		
Ward Name	Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
Labour Unit Nurses	1,113	932	84%	0	0	X

➢ Murray Ward

Murray Ward (21Aug23)

Unit Murray - Antenatal Ward

Number Of Beds 15

Skill Mix 71 % / 29 %

| Edit Demand Templat |
| Duplicate Demand Te |
| More |

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Midwives	11.59 WTE (1738.5 Hrs)	10.59 WTE (1588.0 H	0 %	1.00 WTE (150.5 Hrs)
Unregistered Nurses	5.20 WTE (780.0 Hrs)	4.29 WTE (644.0 Hrs)	0 %	0.91 WTE (136.0 Hrs)
Total:	16.8 WTE (2518.5 Hrs)	14.9 WTE (2232.0 Hr		1.9 WTE (286.5 Hrs)
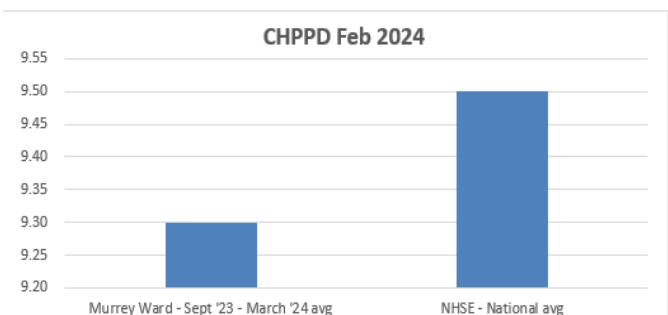
CHPPD Feb 2024

Murrey Ward - Sept '23 - March '24 avg | NHSE - National avg

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates that the demand for establishment on eRoster is 1.9 wte lower than the allocated budget for the unit.

The top of the same graph also shows that skillmix of registered midwives with unregistered staff is 71 % over 29%

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how this compares Model Hospital national average to the Ward.

On the right side this table shows the % of each level of care for the patients according to the BirthRate plus assessment in November 2023. The higher the category the higher the complexity of the case.

Murray ward

DoM- Isabelle Cornet

ADoM - Alicia St Louis

Matrons Inpatients - Chika Okonkwo

Arinola Erinle

Matron community - Gillian Delamotte

14 beds antenatal ward. Care is provided for women admitted during their pregnancy with medical or obstetric complications. Currently low risk inductions are also being carried out.

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
Delivery Suite	0.7	5.3	13.2	34.0	46.8
		19.2%		80.8%	
DS and Birth Centre	3.8	12.2	12.0	30.4	41.6
		28.0%		72.0%	

Mar-24						
	Registered Staff			Unregistered staff		
Ward Name	Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
Murray	1,584	1,481	93%	694	644	93%

➢ **Cellier Ward**

E Cellier (28Feb24)

Unit E Cellier - Post Natal
Number Of Beds 18
Skill Mix 63 % / 37 %

✏ Edit Demand Template
⬚ Duplicate Demand Temp
⋮ More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

📑 Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Other	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Registered Midwives	19.08 WTE (2862.0 Hrs)	19.00 WTE (2849.6 H	Multiple	0.08 WTE (12.4 Hrs)
Unregistered Nurses	13.00 WTE (1950.0 Hrs)	10.73 WTE (1610.0 H	0 %	2.27 WTE (340.0 Hrs)
Total:	32.1 WTE (4812.0 Hrs)	29.7 WTE (4459.6 Hr		2.3 WTE (352.4 Hrs)

CHPPD Feb 2024

(bar chart: E.Cellier Ward - Sept'23 - Feb'24 avg ≈ 5.4; NHSE - National avg ≈ 7.3)

Top Graph on the left demonstrates that the demand for establishment on eRoster is 2.3 wte lower than the allocated budget for the unit.

The top of the same graph also shows that skillmix of registered midwives with unregistered staff is 63% over 37%

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how this compares Model Hospital national average to the Ward.

On the right side this table shows the % of each level of care for the patients according to the BirthRate plus assessment in November 2023. The higher the category the higher the complexity of the case.

E. Cellier ward

DoM- Isabelle Cornet
ADoM - Alicia St Louis
Matrons Inpatients - Chika Okonkwo
Arinola Erinle
Matron community - Gillian Delamotte

Within E. Cellier postnatal ward there are **20 beds** which mainly care for postnatal mothers and babiesand for transitional care babies. The exceptions are babies who are receiving treatment in the neonatal unit.
Babies are seen by a midwife who has an additional training in carrying out Newborn Infant Physical Examination (NIPE), this can also be performed by paediatrician.

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
Delivery Suite	0.7	5.3	13.2	34.0	46.8
		19.2%		80.8%	
DS and Birth Centre	3.8	12.2	12.0	30.4	41.6
		28.0%		72.0%	

Mar-24	Registered Staff			Unregistered staff		
Ward Name	Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
E Cellier	2,787	2,489	89%	1,781	1,470	83%

➢ **Birth Centre**

Birth Centre 31Jan22

Unit Birth Centre
Number Of Beds 5
Skill Mix 68 % / 32 %

✏ Edit Demand Template
⬚ Duplicate Demand Templ
⋮ More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

📑 Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Midwives	11.93 WTE (1789.5 Hrs)	9.19 WTE (1378.0 Hr	0 %	2.74 WTE (411.5 Hrs)
Unregistered Nurses	5.29 WTE (793.5 Hrs)	4.29 WTE (644.0 Hrs)	0 %	1.00 WTE (149.5 Hrs)
Total:	17.2 WTE (2583.0 Hrs)	13.5 WTE (2022.0 Hr		3.7 WTE (561.0 Hrs)

CHPPD Feb 2024

(bar chart: Birth Centre Sept'23 - Feb'24 avg ≈ 53; NHSE - National avg ≈ 25)

Top Graph on the left demonstrates that the demand for establishment on eRoster is 3.7 wte lower than the allocated budget for the unit.

The top of the same graph also shows that skill mix of registered midwives with unregistered staff is 68% over 32%

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how this compares Model Hospital national average to the Ward.

On the right side this table shows the % of each level of care for the patients according to the last BirthRate plus assessment in Novmber 2023. The higher the category the higher the complexity of the case.
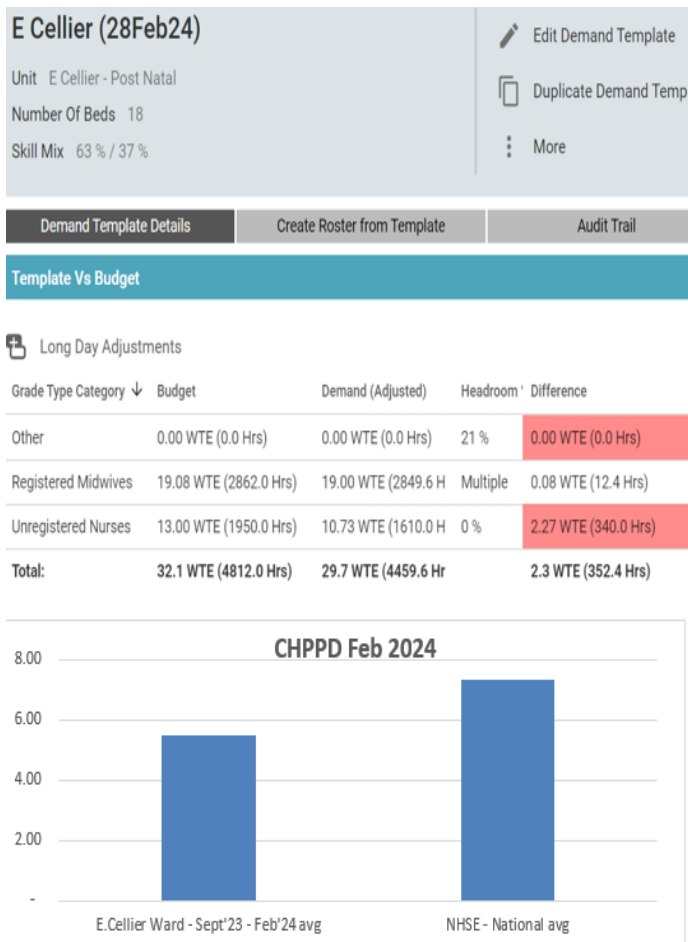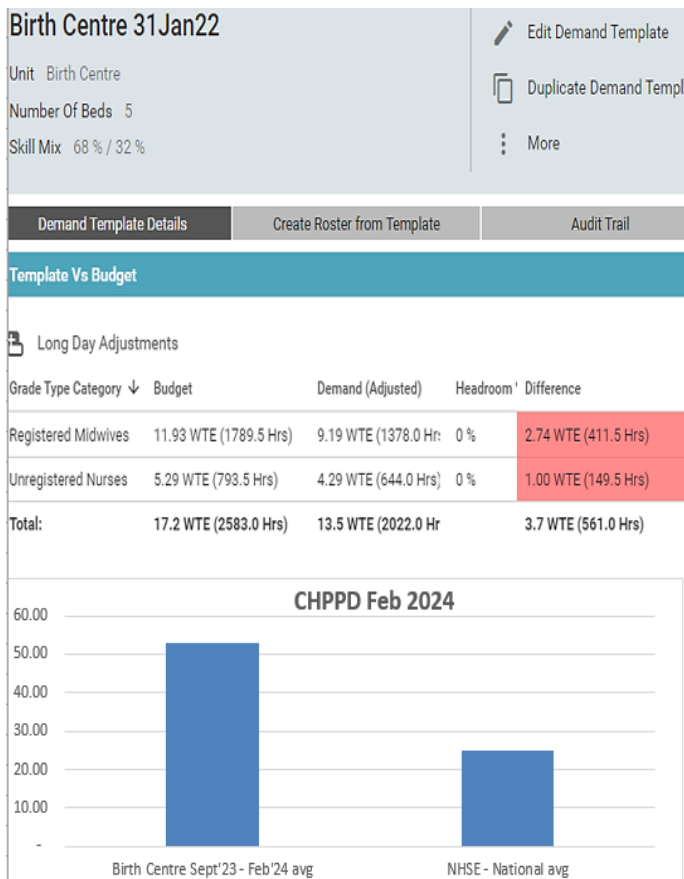
Birth Centre

DoM- Isabelle Cornet
ADoM - Alicia St Louis
Matrons Inpatients - Chika Okonkwo
Arinola Erinle
Matron community - Gillian Delamotte

With 5 delivery rooms, birth centre is ideal for women who want to experience the birth of their baby with one-to-one support from a midwife in the comfort of an en-suite room.

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
Delivery Suite	0.7	5.3	13.2	34.0	46.8
		19.2%		80.8%	
DS and Birth Centre	3.8	12.2	12.0	30.4	41.6
		28.0%		72.0%	

Mar-24	Registered Staff			Unregistered staff		
Ward Name	Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
Birth Centre	1,527	1,395	91%	713	712	100%

➢ **Community midwives**

Comm Midwives (07Mar24)

Unit Community Midwifery Team
Number Of Beds 0
Skill Mix 87 % / 13 %

✎ Edit Demand Template
▢ Duplicate Demand Templa
⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Midwives	49.22 WTE (7383.0 Hrs)	60.53 WTE (9079.9 H	Multiple	-11.31 WTE (-1696.9 Hrs)
Unregistered Nurses	8.17 WTE (1225.5 Hrs)	9.06 WTE (1359.5 Hr:	21 %	-0.89 WTE (-134.0 Hrs)
Admin & Clerical	0.00 WTE (0.0 Hrs)	1.00 WTE (150.0 Hrs)	0 %	-1.00 WTE (-150.0 Hrs)
Total:	57.4 WTE (8608.5 Hrs)	70.6 WTE (10589.4 H		-13.2 WTE (-1980.9 Hrs)

Mar-24

Ward Name	Registered Staff			Unregistered staff		
	Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
Community m/w Teams	8,742	5,385	62%	1,658	821	50%

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates that the demand for establishment on eRoster exceeds the allocated budget for the unit by 13.2 wte.

The top of the same graph also shows that skill mix of registered midwives with unregistered staff is 87% over 13%

CHPPD is not applicable

On the right side this table shows the % of each level of care for the patients according to the last BirthRate plus assessment. The higher the category the higher the complexity of the case.

Community Midwifery Team

DoM- Isabelle Cornet
ADoM - Alicia St Louis
Matrons Inpatients - Chika Okonkwo
Arinola Erinle
Matron community - Gillian Delamotte

8 Teams
Alexandra, Greenstone, Whittington, Goodinge, Antenatal, Hornsey, Safeguarding, Sunflower

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
Delivery Suite	0.7	5.3	13.2	34.0	46.8
		19.2%		80.8%	
DS and Birth Centre	3.8	12.2	12.0	30.4	41.6
		28.0%		72.0%	

➢ **Maternity Triage**

Maternity Triage (17Apr24)

Unit Maternity Triage
Number Of Beds 0
Skill Mix 73 % / 27 %

✎ Edit Demand Template
▢ Duplicate Demand Template
⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Midwives	11.60 WTE (1740.0 Hrs)	12.00 WTE (1799.9 H	Multiple	-0.40 WTE (-59.9 Hrs)
Unregistered Nurses	5.19 WTE (778.5 Hrs)	4.29 WTE (644.0 Hrs)	0 %	0.90 WTE (134.5 Hrs)
Total:	16.8 WTE (2518.5 Hrs)	16.3 WTE (2443.9 Hr		0.5 WTE (74.6 Hrs)

Mar-24

Ward Name	Registered Staff			Unregistered staff		
	Planned Hours	Actual Hours	Fill Rate	Planned Hours	Actual Hours	Fill Rate
MAU (Mat Triage)	1,470	1,466	100%	713	713	100%

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates that the demand for establishment on eRoster is 3.7 wte lower than the allocated budget for the unit.

The top of the same graph also shows that skillmix of registered midwives with unregistered staff is 73% over 27%

CHPPD is not applicable

On the right side this table shows the % of each level of care for the patients according to the last BirthRate plus assessment. The higher the category the higher the complexity of the case.

Maternity Triage

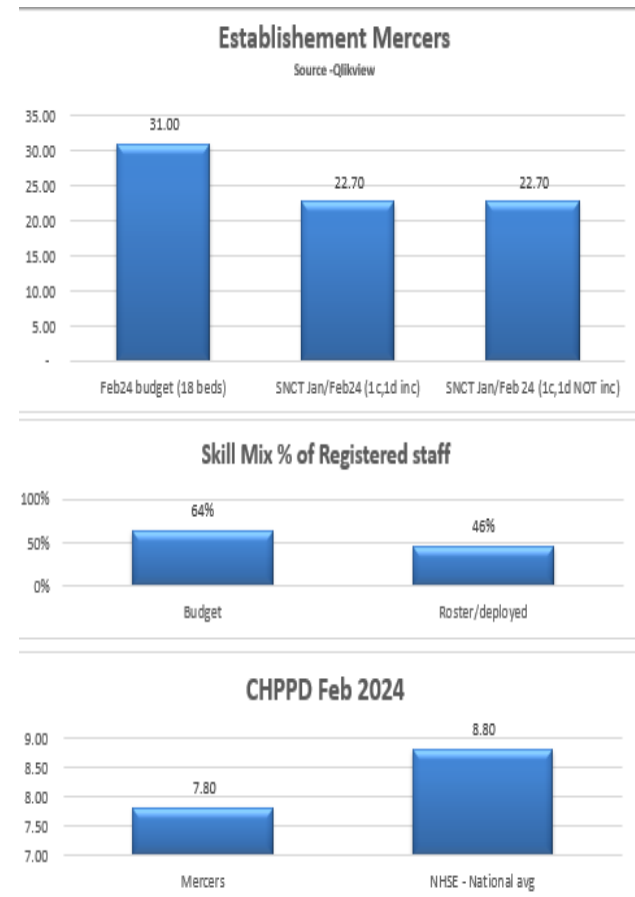**DoM- Isabelle Cornet**
ADoM - Alicia St Louis
Matrons Inpatients - Chika Okonkwo
Arinola Erinle
Matron community - Gillian Delamotte

Casemix	%Cat I	%Cat II	%Cat III	%Cat IV	%Cat V
Delivery Suite	0.7	5.3	13.2	34.0	46.8
		19.2%		80.8%	
DS and Birth Centre	3.8	12.2	12.0	30.4	41.6
		28.0%		72.0%	

Appendix 4: Surgery and Cancer services staff deployment Jan/Feb 2024

➢ Mercers Ward

Establishement Mercers
Source -Qlikview

Bar chart values:
- Feb24 budget (18 beds): 31.00
- SNCT Jan/Feb24 (1c,1d inc): 22.70
- SNCT Jan/Feb 24 (1c,1d NOT inc): 22.70

Skill Mix % of Registered staff

- Budget: 64%
- Roster/deployed: 46%

CHPPD Feb 2024

- Mercers: 7.80
- NHSE - National avg: 8.80

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT **in June 2023**.

The middle graph on the left demonstates the skill mix used.

The top left graph shows the Care Hours Per Patient Day (CHPPD) this compares Model Hospital national average to the Ward.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The tables below shows the current funded deployment and the recommended deployment.

Surgery and Cancer ICSU

ADON - Sharon Pilditch
Matron Rae Brenley Sy

Surgical ward of 18 beds.
Distributed in 8 side-rooms & 2 x 4-beded bays. Mercers accommodates ITU stepdown patients, up to 6 elective spinal pts, elective bariatric and emergency laparotomies.

SNCT ACUITY JAN/FEB 2024
■ Level 0 ■ Level 1a ■ Level 1b

- Level 0: 11%
- Level 1a: 61%
- Level 1b: 28%

➢ Coyle Ward

Establishement Coyle
Source- Qlikview

Bar chart values:
- Feb24 budget (26 beds): 47.63
- SNCT Jan/Feb24 (1c,1d inc): 40.71
- SNCT Jan/Feb 24 (1c,1d NOT inc): 40.39

Skill Mix % of Registered staff

- Budget: 60%
- Roster/deployed: 50%

CHPPD Feb 2024

- Coyle
- NHSE - National avg

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT in **June 2023.**

The middle graph on the left demonstates the skill mix used.

The top left graph shows the Care Hours Per Patient Day (CHPPD) this compares Model Hospital national average to the Ward.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The tables below shows the current funded deployment and the recommended deployment.
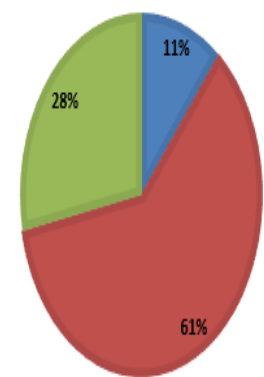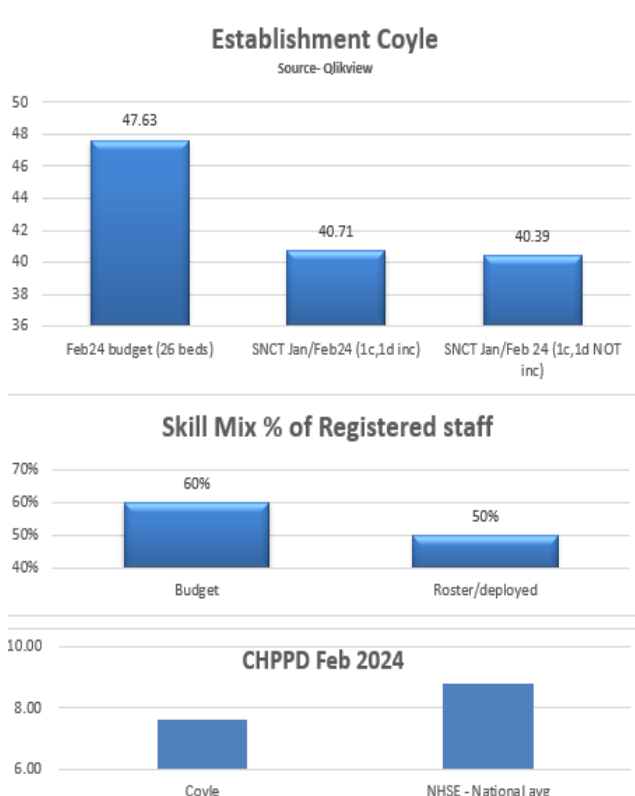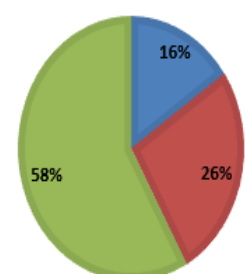
Surgery and Cancer ICSU

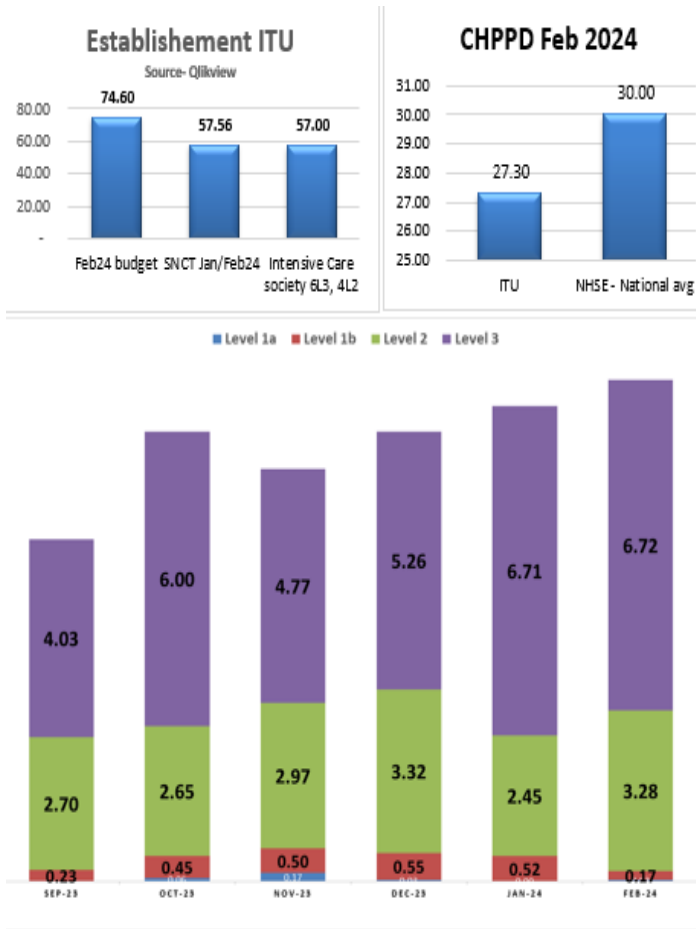ADON - Sharon Pilditch
Matron Rae Brenley Sy

Coyle ward 26 beds, accommodates non-elective orthopaedic/ trauma patients, elective and non-elective urology and Gynae patients.

SNCT ACUITY JAN/FEB 2024
■ Level 0 ■ Level 1a ■ Level 1b

- Level 0: 16%
- Level 1a: 26%
- Level 1b: 58%

➢ Critical Care Unit

Establishement ITU
Source- Qlikview

Bar chart values: Feb24 budget 74.60, SNCT Jan/Feb24 57.56, Intensive Care society 6L3, 4L2 57.00

CHPPD Feb 2024

ITU 27.30, NHSE - National avg 30.00

Legend: ■ Level 1a ■ Level 1b ■ Level 2 ■ Level 3

Month	Level 1b	Level 2	Level 3
SEP-23	0.23	2.70	4.03
OCT-23	0.45	2.65	6.00
NOV-23	0.50	2.97	4.77
DEC-23	0.55	3.32	5.26
JAN-24	0.52	2.45	6.71
FEB-24	0.17	3.28	6.72

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the current budget for 10 beds

The top left graph shows the Care Hours Per Patient Day (CHPPD) this compares Model Hospital national average to the Ward.

The middle graph on the left demonstrates ITU Acuity and Dependency over the last 6 months.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

NICE & Intensive Care Society (RN) recommend:

1:1 for L3
1:2 for L2

Critical Care Unit

ADON - Sharon Pilditch
Matron - Zoe Broadhead

10 Bed unit which cares for ventilated and high dependency patients in single and multiple organ failure. There are 4 side rooms distant to the main unit. The unit can expand to 14 beds during bed pressures periods.

SNCT ACUITY JAN/FEB 2024

Legend: ■ Level 1a ■ Level 1b ■ Level 2 ■ Level 3

Pie chart: 7%, 4%, 43%, 46%
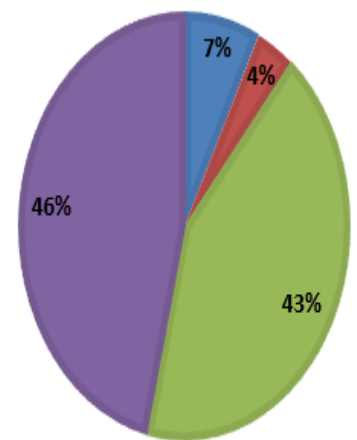
➢ Critical Care Outreach Team (CCOT)

Out Reach Team Critc (29Feb24)

Unit   Out Reach Team Critc
Number Of Beds   0
Skill Mix   100 % / 0 %

Edit Demand Te...
Duplicate Dema...
More

| Demand Template Details | Create Roster from Template | Audit Tra... |

Template Vs Budget

Long Day Adjustments

Grade Type Category	Budget	Demand (Adjusted)	Headroom	Difference
Registered Nurses	5.57 WTE (835.5 Hrs)	5.29 WTE (794.0 Hrs)	0 %	0.28 WTE (41.5 Hrs)
Total:	5.6 WTE (835.5 Hrs)	5.3 WTE (794.0 Hrs)		0.3 WTE (41.5 Hrs)

Establishment CCOT

Budget 5.57, Roster/deployed 5.30, Recommended for activity 6.21

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted and actual staffing a in Oct 2023.

The left middle graph shows that there is CCOT RN cover during the day only.

Care Hours Per Patient Day (CHPPD) is not applicable.

The SNCT is not appropriate instrament for the acuity and workload measurement for CCOT. Most of the Patients seen by the team are deteriorating patients and ITU step down patients that would score 1a or 2.

Profesional judjement informed by the activity of the service and the recommendations from proffesional bodies should guide the establishment setting for CCOT.

Critical Care Outreach Team (CCOT)

ADON - Sharon Pilditch
Matron Zoe Broadhead (seconded)
Acting Matron Lisa Carrie

Critical Care Oureach Team (CCOT) is a nurse led service that provides clinical support to ward staff who are caring for the acutely ill patients in hospital.
During the day the service is nurse led by the advanced nurse practitioners, 8 am to 8.30 pm, 365 days a year. At night the outreach bleep is covered by the critical care doctors

The CCOT Team contribute to an extensive list of teaching (HELP, trache, IEN, transfer course, ALS etc) and carryout audit, QIP, trust committee. All the above work and management/admin time are not factored in to the establishment. Current establishment does not include preferred heardrrom of 27%.

HRoster shows that acual staffing hours match the planned hours in August and Sept 23. However, on occasional teaching days, only one RN is allocated to the CCOT service and staff carryout management and admin tasks on their own time.

The recent lack of Practice Develoment Nurses on the medical wards has presented additional pressure to the CCOT team for delivering training and supporting the teams on the wards.

Day Treatment Centre (DTC) and Day care

DTC & Day Ward (May23)

Unit DTC & Day Ward
Number Of Beds 27
Skill Mix 63 % / 37 %

- Edit Demand Template
- Duplicate Demand Temp
- More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom	Difference
Other	3.00 WTE (450.0 Hrs)	4.00 WTE (600.0 Hrs)	0 %	-1.00 WTE (-150.0 Hrs)
Unregistered	2.00 WTE (300.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	2.00 WTE (300.0 Hrs)
Registered Nurses	16.50 WTE (2475.0 Hrs)	16.95 WTE (2541.9 H	Multiple	-0.45 WTE (-66.9 Hrs)
Unregistered Nurses	9.62 WTE (1443.0 Hrs)	10.63 WTE (1594.9 H	21 %	-1.01 WTE (-151.9 Hrs)
Admin & Clerical	1.64 WTE (246.0 Hrs)	1.20 WTE (180.0 Hrs)	0 %	0.44 WTE (66.0 Hrs)
Total:	32.8 WTE (4914.0 Hrs)	32.8 WTE (4916.8 Hr		0.0 WTE (-2.8 Hrs)

September 23 – February 24				
Ward Name	Planned Hours	Actual Hours	Variance Hours	Fill Rate
DTC and Day Ward	22,192	16,875	5,317	76%

Aligned establishment demand with funded establishment on eRoster.

76% fill rate

Chemotherapy Suite

Chemo Suite (06Mar24)

Unit Chemotherapy Suite
Number Of Beds 0
Skill Mix 100 % / 0 %

- Edit Demand Temp
- Duplicate Demand
- More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom	Difference
Registered Nurses	8.00 WTE (1200.0 Hrs)	8.00 WTE (1200.0 Hr	0 %	NaN WTE (0.0 Hrs)
Unregistered Nurses	0.36 WTE (54.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.36 WTE (54.0 Hrs)
Admin & Clerical	1.00 WTE (150.0 Hrs)	1.00 WTE (150.0 Hrs)	0 %	NaN WTE (0.0 Hrs)
Total:	9.4 WTE (1404.0 Hrs)	9.0 WTE (1350.0 Hrs		0.4 WTE (54.0 Hrs)

September 23 – February 24				
Ward Name	Planned Hours	Actual Hours	Variance Hours	Fill Rate
Chemotherapy Suite	6,825	6,293	533	92%

Demand establishment on eRoster marginally below the budgeted establishment.

92% fill rate

➤ Pre assessment unit

Pre-Assessment (13/01/20)

Unit   Pre-Assessment
Number Of Beds   0
Skill Mix   62 % / 38 %

✏ Edit Demand Templa
⎙ Duplicate Demand T
⋮ More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

🔁 Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Nurses	4.36 WTE (654.0 Hrs)	6.08 WTE (912.7 Hrs)	21 %	-1.72 WTE (-258.7 Hrs)
Unregistered Nurses	3.00 WTE (450.0 Hrs)	3.80 WTE (569.6 Hrs)	21 %	-0.80 WTE (-119.6 Hrs)
Admin & Clerical	2.00 WTE (300.0 Hrs)	1.00 WTE (150.0 Hrs)	0 %	1.00 WTE (150.0 Hrs)
Total:	9.4 WTE (1404.0 Hrs)	10.9 WTE (1632.3 Hr		-1.5 WTE (-228.3 Hrs)

Demand establishment on eRoster exceeds the budgeted establishment by 1.5 wte

Unable to find fill rate information on roster perform.

Completed based on new staffing model post Life box electronic POA.

➤ Theatres anaesthetics

Theatre Anaesthetics (13/01/20)

Unit   Theatres Anaesthetics
Number Of Beds   0
Skill Mix   100 % / 0 %

✏ Edit Demand Template
⎙ Duplicate Demand Ten
⋮ More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

🔁 Long Day Adjustments

Grade Type Category ⟍	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Nurses	10.18 WTE (1527.0 Hrs)	26.11 WTE (3917.0 H	Multiple	-15.93 WTE (-2390.0 Hrs)
Registered AHP	9.80 WTE (1470.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	9.80 WTE (1470.0 Hrs)
Total:	20.0 WTE (2997.0 Hrs)	26.1 WTE (3917.0 Hr		-6.1 WTE (-920.0 Hrs)

September 23 – February 24				
Ward Name	Planned Hours	Actual Hours	Variance Hours	Fill Rate
Theatres Anaesthetics	19,933	17,102	2,831	86%

Demand establishment on eRoster exceeds the budgeted establishment by 6.1 wte

86% Fill Rate

Completed

➢ Theatres general

Theatres General (29Feb24)

Unit   Theatres General
Number Of Beds   0
Skill Mix   73 % / 27 %

- Edit Demand Template
- Duplicate Demand Templ
- More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom'	Difference
Other	3.40 WTE (510.0 Hrs)	3.69 WTE (554.0 Hrs)	0 %	-0.29 WTE (-44.0 Hrs)
Registered	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Unregistered	3.00 WTE (450.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	3.00 WTE (450.0 Hrs)
Registered Nurses	41.66 WTE (6249.0 Hrs)	46.94 WTE (7040.3 H	Multiple	-5.28 WTE (-791.3 Hrs)
Registered AHP	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Unregistered Nurses	13.46 WTE (2019.0 Hrs)	16.84 WTE (2526.5 H	Multiple	-3.38 WTE (-507.5 Hrs)
Admin & Clerical	4.00 WTE (600.0 Hrs)	4.00 WTE (600.0 Hrs)	0 %	NaN WTE (0.0 Hrs)
Support	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Total:	65.5 WTE (9828.0 Hrs)	71.5 WTE (10720.8 H		-6.0 WTE (-892.8 Hrs)

September 23 – February 24				
Ward Name	Planned Hours	Actual Hours	Variance Hours	Fill Rate
Theatres General	65,088	43,064	22,024	66%

Demand establishment on eRoster exceeds the budgeted establishment by 6.0 wte

66% Fill Rate

Completed

➢ Theatres Recovery

Theatre Recovery (13/01/20)

Unit   Theatres Recovery
Number Of Beds   11
Skill Mix   100 % / 0 %

- Edit Demand Template
- Duplicate Demand Ter
- More

| Demand Template Details | Create Roster from Template | Audit Trail |

Template Vs Budget

Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom'	Difference
Registered Nurses	16.79 WTE (2518.5 Hrs)	18.54 WTE (2780.3 H	Multiple	-1.75 WTE (-261.8 Hrs)
Unregistered Nurses	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Total:	16.8 WTE (2518.5 Hrs)	18.5 WTE (2780.3 Hr		-1.7 WTE (-261.8 Hrs)

September 23 – February 24				
Ward Name	Planned Hours	Actual Hours	Variance Hours	Fill Rate
Theatres Recovery	13,985	14,380	-396	103%

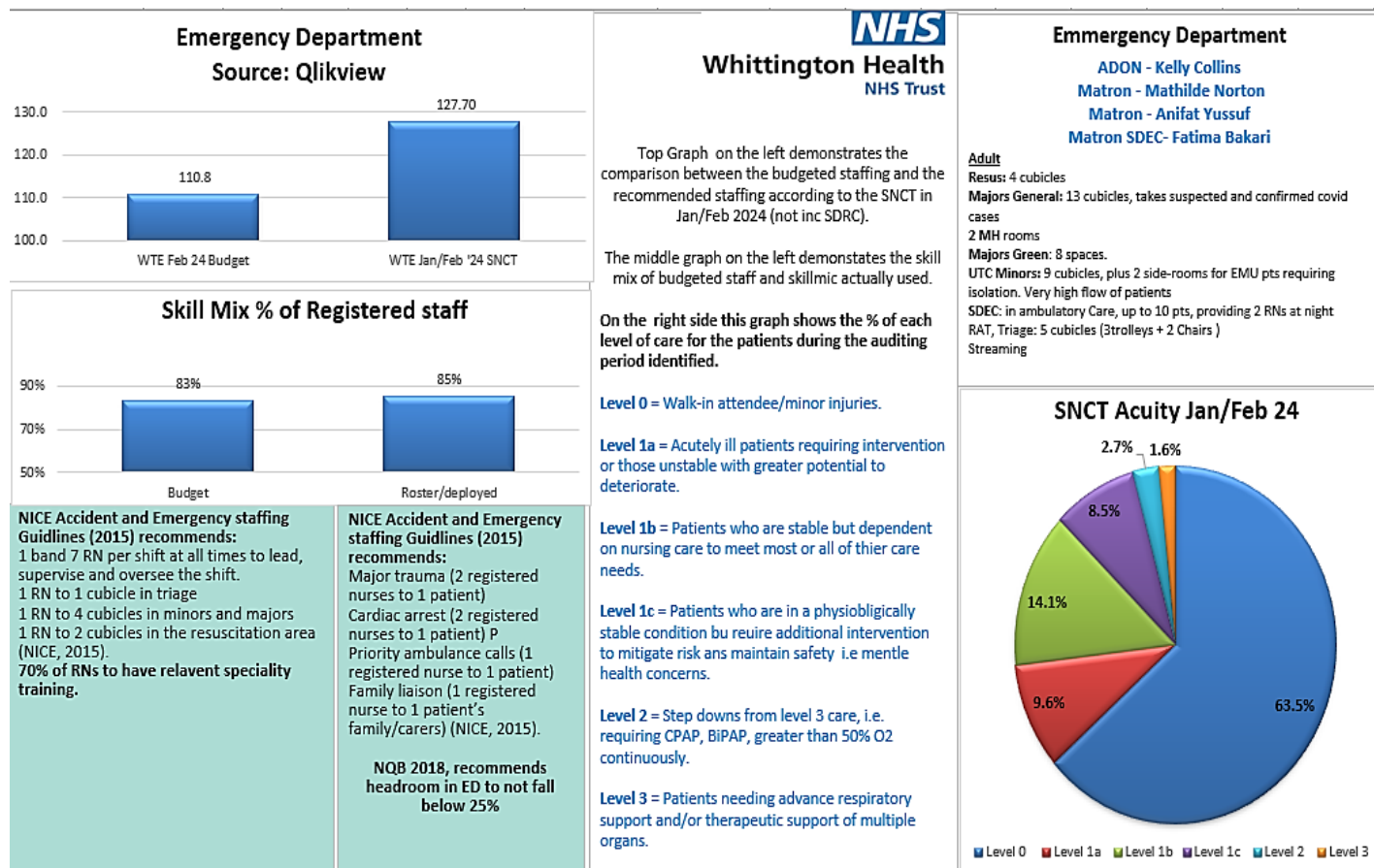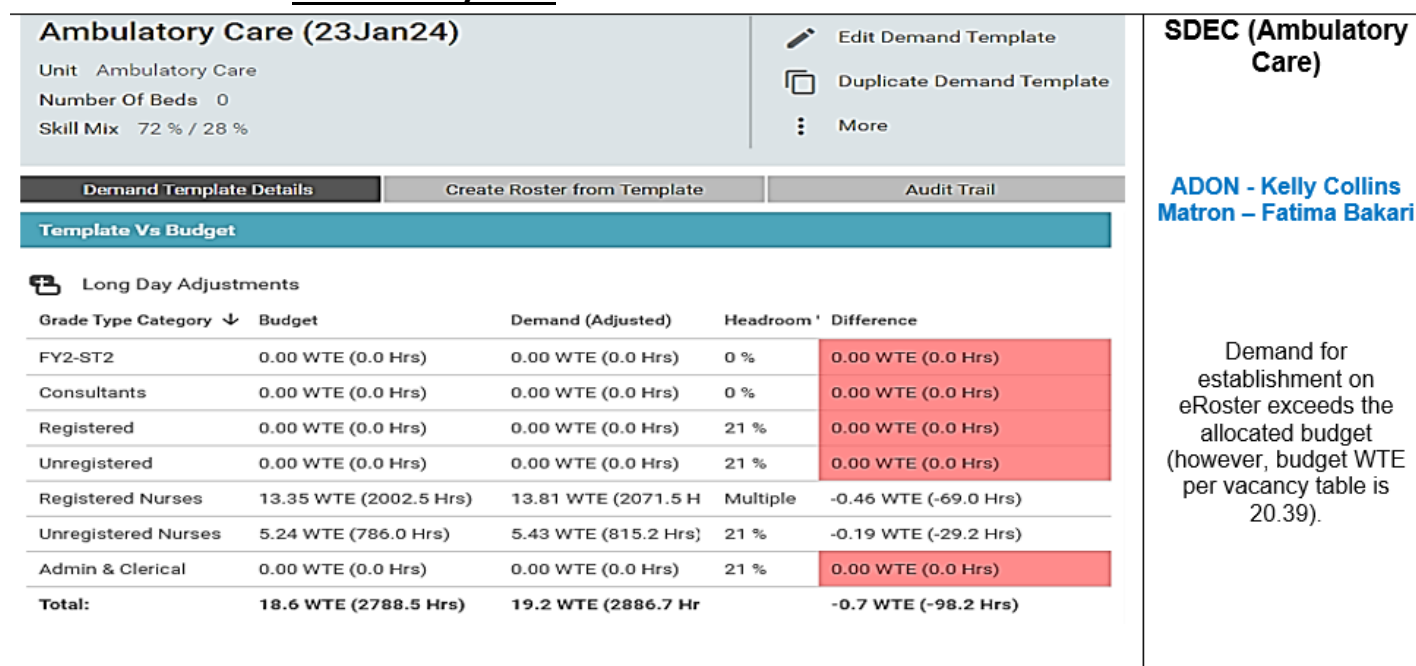Demand establishment on eRoster exceeds the budgeted establishment by 1.7 wte

103% Fill Rate

Completed

Appendix 5 : Emergency and Integrated Medicine (EIM) staff deployment Jan/Feb 2024

➢ ED

Emergency Department
Source: Qlikview

Bar chart:
- WTE Feb 24 Budget: 110.8
- WTE Jan/Feb '24 SNCT: 127.70

Skill Mix % of Registered staff

- Budget: 83%
- Roster/deployed: 85%

NICE Accident and Emergency staffing Guidlines (2015) recommends:
1 band 7 RN per shift at all times to lead, supervise and oversee the shift.
1 RN to 1 cubicle in triage
1 RN to 4 cubicles in minors and majors
1 RN to 2 cubicles in the resuscitation area (NICE, 2015).
70% of RNs to have relavent speciality training.

NICE Accident and Emergency staffing Guidlines (2015) recommends:
Major trauma (2 registered nurses to 1 patient)
Cardiac arrest (2 registered nurses to 1 patient) P
Priority ambulance calls (1 registered nurse to 1 patient)
Family liaison (1 registered nurse to 1 patient's family/carers) (NICE, 2015).

NQB 2018, recommends headroom in ED to not fall below 25%

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the SNCT in Jan/Feb 2024 (not inc SDRC).

The middle graph on the left demonstates the skill mix of budgeted staff and skillmic actually used.

On the right side this graph shows the % of each level of care for the patients during the auditing period identified.

Level 0 = Walk-in attendee/minor injuries.

Level 1a = Acutely ill patients requiring intervention or those unstable with greater potential to deteriorate.

Level 1b = Patients who are stable but dependent on nursing care to meet most or all of thier care needs.

Level 1c = Patients who are in a physiobligically stable condition bu reuire additional intervention to mitigate risk ans maintain safety i.e mentle health concerns.

Level 2 = Step downs from level 3 care, i.e. requiring CPAP, BiPAP, greater than 50% O2 continuously.

Level 3 = Patients needing advance respiratory support and/or therapeutic support of multiple organs.

Emmergency Department
ADON - Kelly Collins
Matron - Mathilde Norton
Matron - Anifat Yussuf
Matron SDEC- Fatima Bakari

Adult
Resus: 4 cubicles
Majors General: 13 cubicles, takes suspected and confirmed covid cases
2 MH rooms
Majors Green: 8 spaces.
UTC Minors: 9 cubicles, plus 2 side-rooms for EMU pts requiring isolation. Very high flow of patients
SDEC: in ambulatory Care, up to 10 pts, providing 2 RNs at night
RAT, Triage: 5 cubicles (3trolleys + 2 Chairs)
Streaming

SNCT Acuity Jan/Feb 24

Pie chart:
- Level 0: 63.5%
- Level 1a: 9.6%
- Level 1b: 14.1%
- Level 1c: 8.5%
- Level 2: 2.7%
- Level 3: 1.6%

Legend: ■ Level 0 ■ Level 1a ■ Level 1b ■ Level 1c ■ Level 2 ■ Level 3

➢ Ambulatory Care

Ambulatory Care (23Jan24)

Unit   Ambulatory Care
Number Of Beds   0
Skill Mix   72 % / 28 %

✎ Edit Demand Template
▢ Duplicate Demand Template
⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

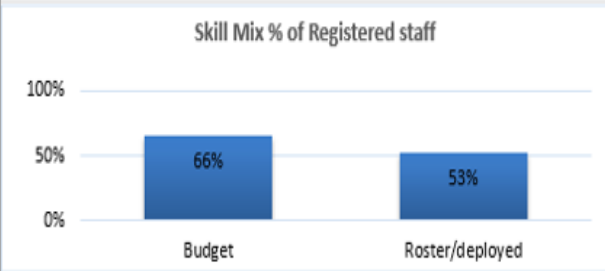**Template Vs Budget**

⏏ Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
FY2-ST2	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	0 %	0.00 WTE (0.0 Hrs)
Consultants	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	0 %	0.00 WTE (0.0 Hrs)
Registered	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Unregistered	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Registered Nurses	13.35 WTE (2002.5 Hrs)	13.81 WTE (2071.5 H	Multiple	-0.46 WTE (-69.0 Hrs)
Unregistered Nurses	5.24 WTE (786.0 Hrs)	5.43 WTE (815.2 Hrs)	21 %	-0.19 WTE (-29.2 Hrs)
Admin & Clerical	0.00 WTE (0.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	0.00 WTE (0.0 Hrs)
Total:	**18.6 WTE (2788.5 Hrs)**	**19.2 WTE (2886.7 Hr**		**-0.7 WTE (-98.2 Hrs)**

Planned Hours	Actual Hours	Variance Hours	Fill Rate
16,202	14,206	1,996	88%

SDEC (Ambulatory Care)

ADON - Kelly Collins
Matron – Fatima Bakari

Demand for establishment on eRoster exceeds the allocated budget (however, budget WTE per vacancy table is 20.39).

Fill rate on eRoster shows that 12% of available shifts were not allocated.

➢ Urgent care centre

Urgent Care Centre (13/01/20)

Unit   Urgent Care Centre
Number Of Beds   0
Skill Mix   100 % / 0 %

✎ Edit Demand Template
❐ Duplicate Demand Template
⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

⧉ Long Day Adjustments

Grade Type Category ⌄	Budget	Demand (Adjusted)	Headroom ‘	Difference
Registered Nurses	14.05 WTE (2107.5 Hrs)	23.88 WTE (3581.5 H	Multiple	-9.83 WTE (-1474.0 Hrs)
Total:	14.1 WTE (2107.5 Hrs)	23.9 WTE (3581.5 Hr		-9.8 WTE (-1474.0 Hrs)

Planned Hours	Actual Hours	Variance Hours	Fill Rate
18,836	7,624	11,211	40%

ADON - Kelly Collins
Matron - Mathilde Norton
Matron - Anifat Yussuf

Demand for establishment on eRoster exceeds the allocated budget

Fill rate on eRoster shows that 60% of available shifts were not allocated.

Note from ML ygoura; Roster challenge and review meeting scheduled for 2/5/24 to review

➢ Mary Seacole North

Mary Seacole North
Source Qlikview

Skill Mix % of Registered staff

CHPPD Feb 2024

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the Jan/Feb 24 SNCT

The middle graph on the left demonstrates the skill-mix of budgeted staff and skill-mix actually used

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how it compares to the national average of similar services.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The table below shows the current funded

AAU - Mary Seacole North

ADON - Kelly Collins
Matron - Fatima Bakari
MSN 16 Beds
Acute Assessment Units (AAU's) consisting of 34 beds (inc 10 side-rooms) located in Mary Seacole North & Mary Seacole South (MSN & MSS) for patients admitted from the ED and require assessment and treatment prior to discharge or transfer to a ward.
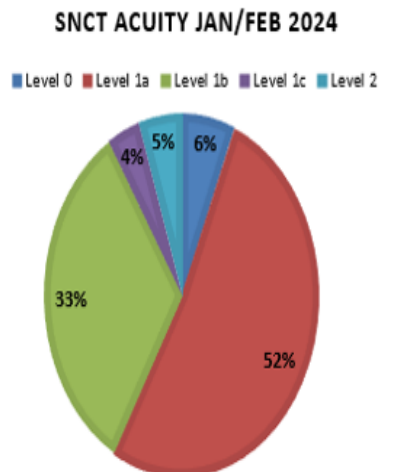
SNCT ACUITY JAN/FEB 2024

Level 0 Level 1a Level 1b Level 1c Level 2

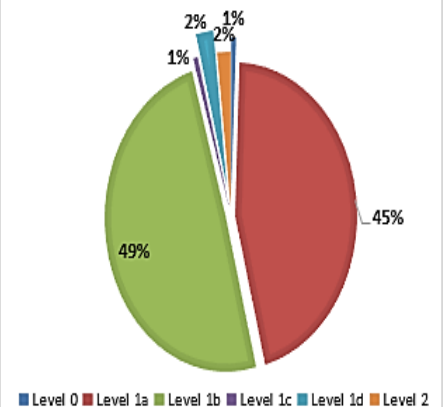## ➢ Mary Seacole south

Mary Seacole South
Source: Qlikview

Bar chart values:
- Feb24 budget (16 beds): 31.12
- SNCT Jan/Feb24 (1c,1d inc): 37.90
- SNCT Jan/Feb 24 (1c,1d NOT inc): 34.80

Skill Mix % of Registered staff
- Budget: 66%
- Roster/deployed: 58%

CHPPD Feb 2024
- Mary Seacole South: 8.90
- NHSE - National avg: 9.20

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the Jan/Feb 24 SNCT

The middle graph on the left demonstrates the skill-mix of budgeted staff and skill-mix actually used

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how it compares to the national average of similar services.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The table below shows the current funded
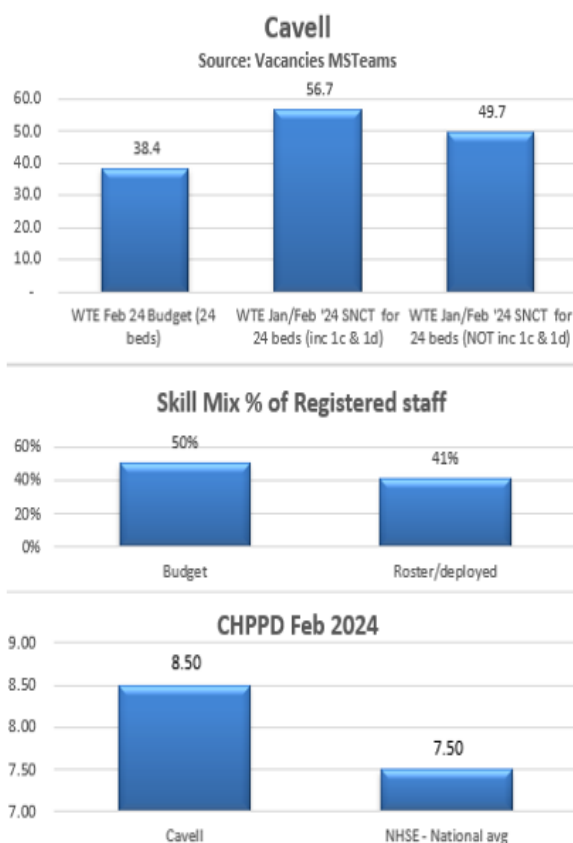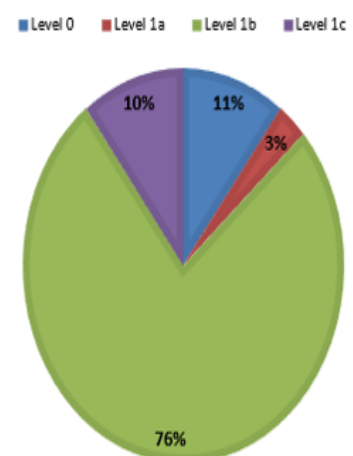
AAU - Mary Seacole South

ADON - Kelly Collins
Matron - Fatima Bakari

MSS- 18 Beds
Acute Assessment Units (AAU's) consisting of 34 beds (inc 10 side-rooms) located in Mary Seacole North & Mary Seacole South (MSN & MSS) for patients admitted from the ED and require assessment and treatment prior to discharge or transfer to a ward.

SNCT ACUITY JAN/FEB 2024

Pie chart values: 2%, 1%, 2%, 1%, 45%, 49%

Legend: Level 0, Level 1a, Level 1b, Level 1c, Level 1d, Level 2

➢ Cavell ward

Cavell
Source: Vacancies MSTeams

Bar chart values:
- WTE Feb 24 Budget (24 beds): 38.4
- WTE Jan/Feb '24 SNCT for 24 beds (inc 1c & 1d): 56.7
- WTE Jan/Feb '24 SNCT for 24 beds (NOT inc 1c & 1d): 49.7

Skill Mix % of Registered staff
- Budget: 50%
- Roster/deployed: 41%

CHPPD Feb 2024
- Cavell: 8.50
- NHSE - National avg: 7.50

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the Jan/Feb 24 SNCT

The middle graph on the left demonstrates the skill-mix of budgeted staff and skill-mix actually used

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how it compares to the national average of similar services.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The table below shows the current funded deployment.
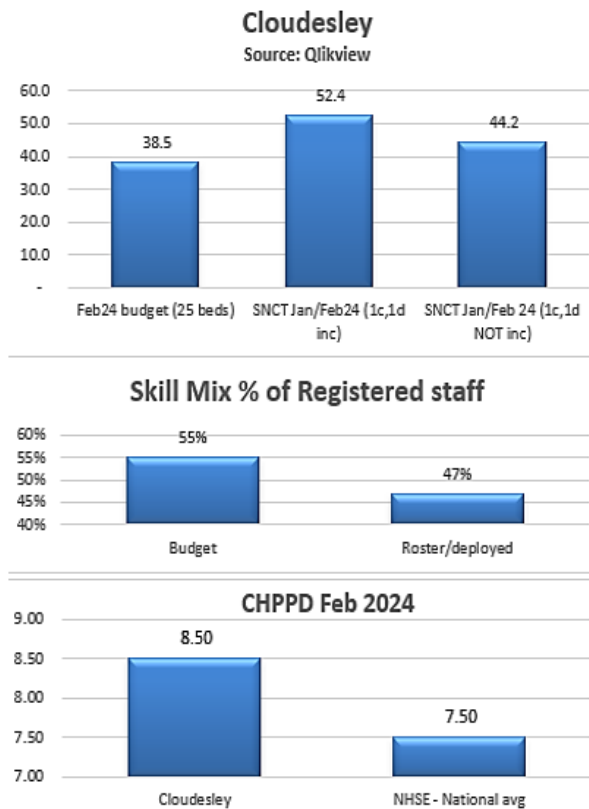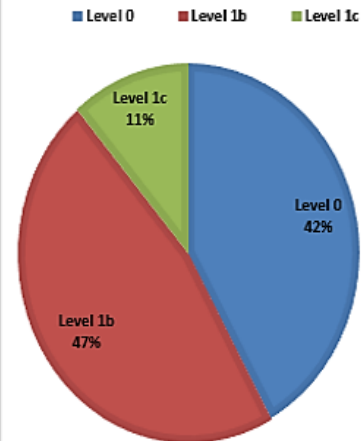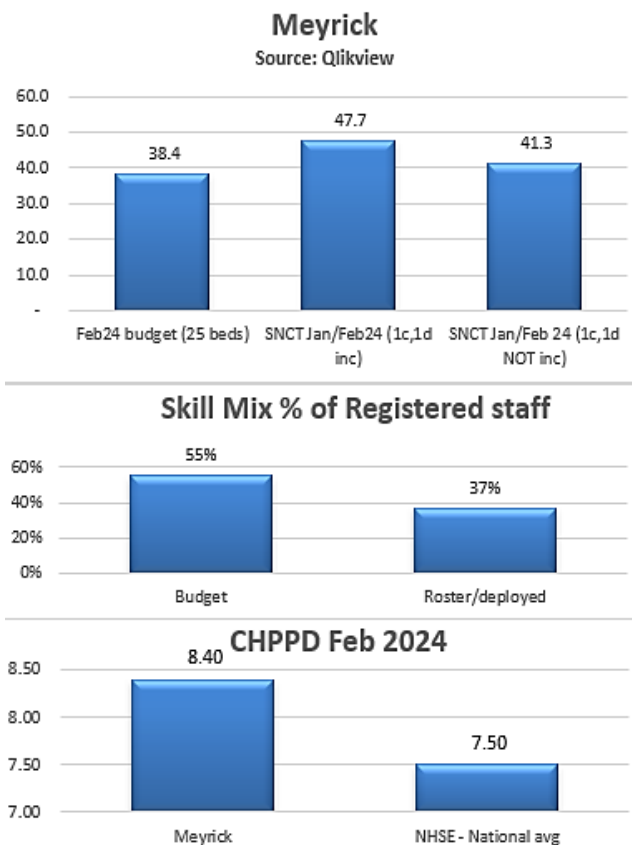
Cavell Ward

ADON - Kelly Collins
COOP Matron - Jack Woellhaf

24 beds (inc 3 side-rooms). One of three care of the elderly wards, most of the patients are highly dependent with high proportion requiring enhanced care.

SNCT ACUITY JAN/FEB 2024

Legend: Level 0, Level 1a, Level 1b, Level 1c

Pie chart values: 11%, 3%, 76%, 10%

Cloudesley ward

Cloudesley
Source: Qlikview

Bar chart values:
- Feb24 budget (25 beds): 38.5
- SNCT Jan/Feb24 (1c,1d inc): 52.4
- SNCT Jan/Feb 24 (1c,1d NOT inc): 44.2

Skill Mix % of Registered staff

- Budget: 55%
- Roster/deployed: 47%

CHPPD Feb 2024

- Cloudesley: 8.50
- NHSE - National avg: 7.50

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the Jan/Feb 24 SNCT

The middle graph on the left demonstrates the skill-mix of budgeted staff and skill-mix actually used

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how it compares to the national average of similar services.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.
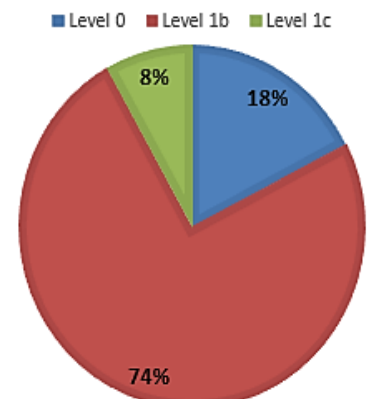
The table below shows the current funded deployment

Cloudesley ward

ADON - Kelly Collins
COOP Matron - Jack Woellhaf

25 beds (inc 3 side-rooms). One of three care of the elderly wards, most of the patients are highly dependent with high proportion requiring enhanced care.
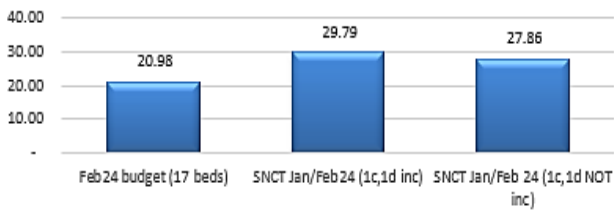
SNCT ACUITY JAN/FEB 2024

- Level 0: 42%
- Level 1b: 47%
- Level 1c: 11%

Meyrick ward

Meyrick
Source: Qlikview

Bar chart values:
- Feb24 budget (25 beds): 38.4
- SNCT Jan/Feb24 (1c,1d inc): 47.7
- SNCT Jan/Feb 24 (1c,1d NOT inc): 41.3

Skill Mix % of Registered staff

- Budget: 55%
- Roster/deployed: 37%

CHPPD Feb 2024

- Meyrick: 8.40
- NHSE - National avg: 7.50

NHS
Whittington Health
NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the Jan/Feb 24 SNCT

The middle graph on the left demonstates the skill-mix of budgeted staff and skill-mix actually used

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how it compares to the national average of similar services.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

The table below shows the current funded deployment

Meyrick ward

ADON - Kelly Collins
COOP Matron - Jack Woellhaf

25 beds (inc 3 side-rooms). One of three care of the elderly wards, most of the patients are highly dependent with high proportion requiring enhanced care.
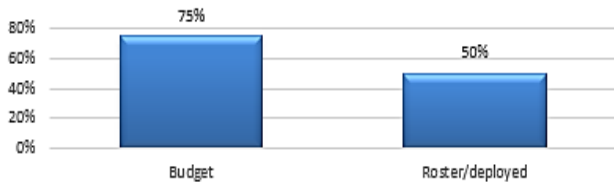
SNCT ACUITY JAN/FEB 2024

- Level 0: 18%
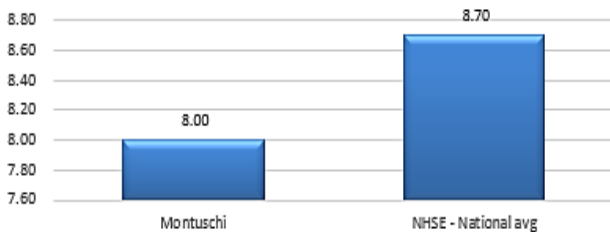- Level 1b: 74%
- Level 1c: 8%

➢ **Montuschi ward**

WTE Montuschi
Source Qlikview

	Feb24 budget (17 beds)	SNCT Jan/Feb24 (1c,1d inc)	SNCT Jan/Feb 24 (1c,1d NOT inc)
WTE	20.98	29.79	27.86

Skill Mix % of Registered staff

Budget	Roster/deployed
75%	50%

CHPPD Feb 2024

Montuschi	NHSE - National avg
8.00	8.70

NHS Whittington Health NHS Trust

Top Graph on the left demonstrates the comparison between the budgeted staffing and the recommended staffing according to the Jan/Feb 24 SNCT

The middle graph on the left demonstrates the skill-mix of budgeted staff and skill-mix actually used

The bottom left graph shows the Care Hours Per Patient Day (CHPPD) and how it compares to the national average of similar services.

On the right side this graph shows the % of each level of care for the patients during the scoring period identified. Level 0 = Usual patients expected to be nursed in this ward, 1a = acutely ill patients who have the potential to deteriorate, 1b = stable patients with increased nursing support needs i.e. assistance with feeding, toileting, at risk of harm due to confusion/mobility, 2= High dependency patients requiring intensive clinical monitoring due to clinical instability.

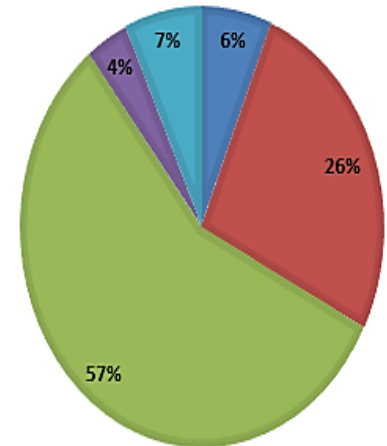The table below shows the current funded deployment

Montuschi ward

ADON - Kelly Collins
Matron - Fiona Long

16 +1 escalation bed acute cardiology ward providing 4 x L2 coronary care, designated area for tracheostomy care
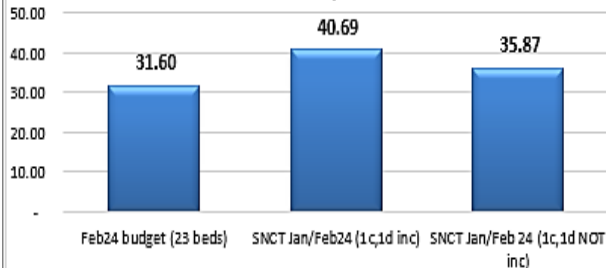
SNCT ACUITY JAN/FEB 2024
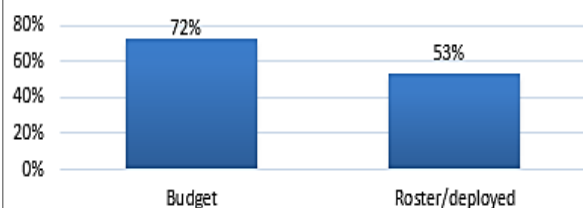Level 0 ■ Level 1a ■ Level 1b ■ Level 1c ■ Level 2

- Level 0: 6%
- Level 1a: 26%
- Level 1b: 57%
- Level 1c: 4%
- Level 2: 7%

➢ **Nightingale ward (Note 23 beds , not 21)**

WTE Nightingale
Source: Qlikview

	Feb24 budget (23 beds)	SNCT Jan/Feb24 (1c,1d inc)	SNCT Jan/Feb 24 (1c,1d NOT inc)
WTE	31.60	40.69	35.87

Skill Mix % of Registered staff

Budget	Roster/deployed
72%	53%

CHPPD Feb 2024

Nightingale	NHSE - National avg
9.40	8.10

NHS Whittington Health NHS Trust

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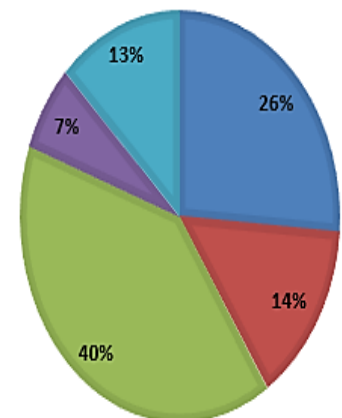The table below shows the current funded deployment

Nightingale Ward

ADON - Kelly Collins
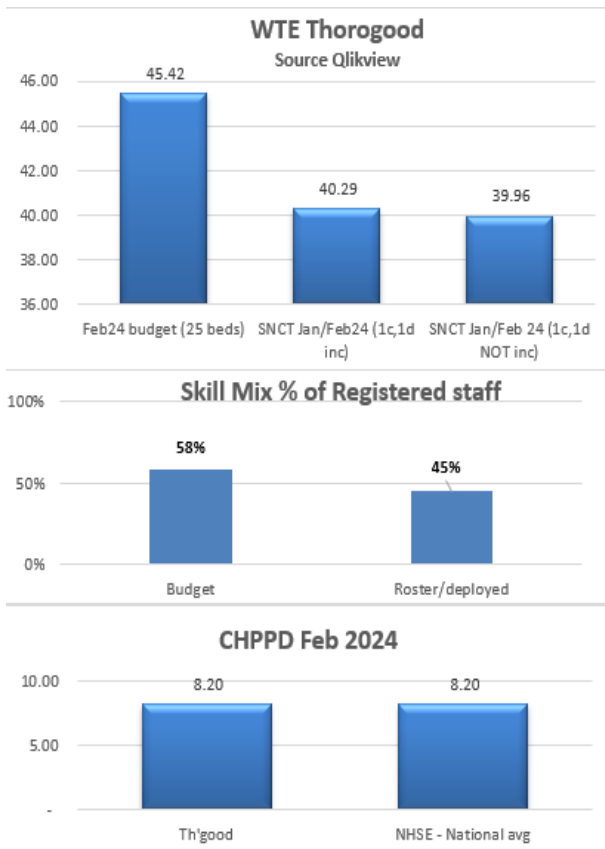**Matron - Fiona Long**

A 21 beds ward consisted of 9 side-rooms and 3 bays of 4 beds each; that include 4 monitored HDU beds . The ward accommodates patients with chronic and acute respiratory conditions, ITU stepdown and tracheostomy care.
Current challenges: fluctuating number of Level 2 patient (inc. ITU stepdown and tracheostomy care)

SNCT ACUITY JAN/FEB 2024
Level 0 ■ Level 1a ■ Level 1b ■ Level 1c ■ Level 2

- Level 0: 26%
- Level 1a: 14%
- Level 1b: 40%
- Level 1c: 7%
- Level 2: 13%

➢ Thorogood ward

WTE Thorogood
Source Qlikview

- Feb24 budget (25 beds): 45.42
- SNCT Jan/Feb24 (1c,1d inc): 40.29
- SNCT Jan/Feb 24 (1c,1d NOT inc): 39.96

Skill Mix % of Registered staff

- Budget: 58%
- Roster/deployed: 45%

CHPPD Feb 2024

- Th'good: 8.20
- NHSE - National avg: 8.20

NHS
Whittington Health
NHS Trust

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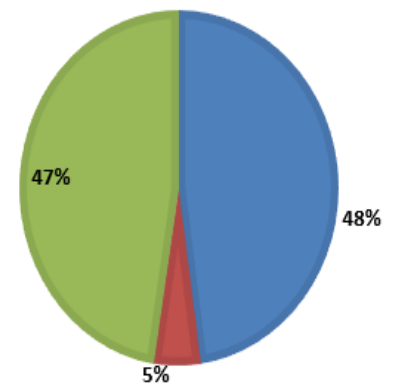
The table below shows the current funded deployment
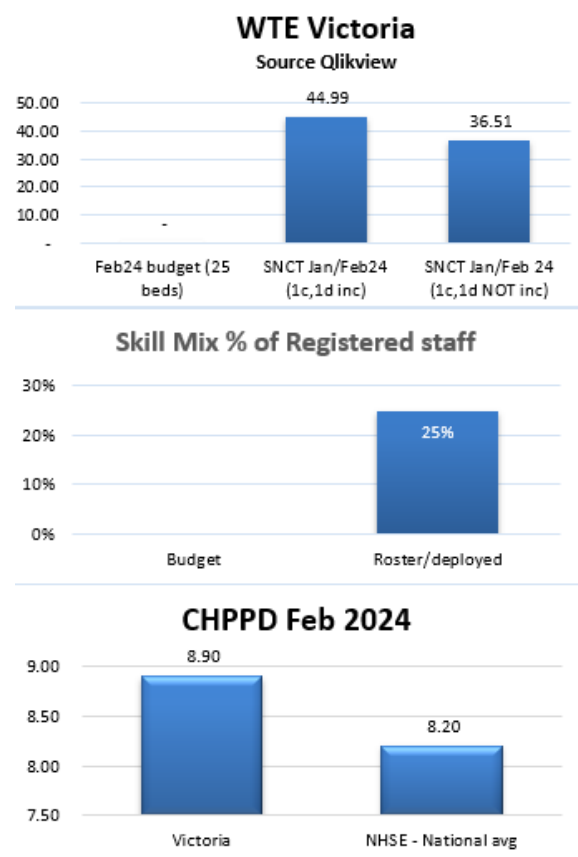
Thorogood ward

ADON - Kelly Collins
Matron - Fiona Long

25 Beds for medical (Gastroenterology & Haematology) patients.

SNCT ACUITY JAN/FEB 2024
Level 0 | Level 1a | Level 1b

- Level 0: 48%
- Level 1a: 5%
- Level 1b: 47%

➢ Victoria ward

WTE Victoria
Source Qlikview

- Feb24 budget (25 beds): –
- SNCT Jan/Feb24 (1c,1d inc): 44.99
- SNCT Jan/Feb 24 (1c,1d NOT inc): 36.51

Skill Mix % of Registered staff

- Budget: –
- Roster/deployed: 25%

CHPPD Feb 2024

- Victoria: 8.90
- NHSE - National avg: 8.20

NHS
Whittington Health
NHS Trust

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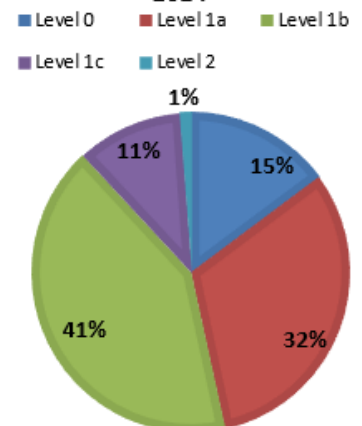
The table below shows the current funded deployment

Victoria ward

ADON - Kelly Collins
Matron - Jack

25 Beds winter pressures ward for medical patients.

SNCT ACUITY JAN/FEB 2024
Level 0 | Level 1a | Level 1b
Level 1c | Level 2

- Level 0: 15%
- Level 1a: 32%
- Level 1b: 41%
- Level 1c: 11%
- Level 2: 1%

➢ Enhanced care team unit

Enhanced care unit (26 Aug 19) SHB

Unit   EIM Enhanced Nursing Care
Number Of Beds   0
Skill Mix   0 % / 100 %

- ✎ Edit Demand Template
- ▢ Duplicate Demand Templat
- ⋮ More

Demand Template Details	Create Roster from Template	Audit Trail

Template Vs Budget

⊞ Long Day Adjustments

Grade Type Category ↓	Budget	Demand (Adjusted)	Headroom '	Difference
Registered Nurses	1.00 WTE (150.0 Hrs)	0.00 WTE (0.0 Hrs)	21 %	1.00 WTE (150.0 Hrs)
Unregistered Nurses	23.61 WTE (3541.5 Hrs)	24.46 WTE (3668.4 H	21 %	-0.85 WTE (-126.9 Hrs)
Admin & Clerical	1.00 WTE (150.0 Hrs)	1.00 WTE (150.0 Hrs)	0 %	0.00 WTE (0.0 Hrs)
Total:	25.6 WTE (3841.5 Hrs)	25.5 WTE (3818.4 Hr		0.2 WTE (23.1 Hrs)

ADON - Kelly Collins
Matron - Deborah Wasley

The ward nursing establishments do not include the provision for the use of staff to provide enhanced care. The EIM Enhanced Care team supports the ICSU to deliver safe care to patients who require enhanced supervision, support, prevention of falls, maintain safety to patients with confusion, learning disabilities or those lacking mental capacity etc.

➢ Endoscopy

Endoscopy
220 Endoscopy Level 5

External Name -
Internal Name -
Cost Centre ENDOSCOPY
Whittington Health > Emergency & Integrated Medicine - ICSU > Endoscopy

Establishment Details		Posts	4 Records		
Unit Skill Requirements	>	Grade Type ↑	Budgeted WTE	Actual WTE	Vacancy
Staff with Working Restrict...	>	∨ FSA	3.00 WTE	1.51 WTE	-1.49 WTE
Edit Unit	>	AfC - Band 3 FSA	0.00 WTE	1.00 WTE	1.00 WTE
SafeCare Configuration	>	AfC - Band 2 FSA	3.00 WTE	0.51 WTE	-2.49 WTE
User accounts with Unit Vi...	>	∨ RN	17.81 WTE	28.01 WT	10.20 WTE
Attached People	>	AFC Band 4 RN	0.00 WTE	1.00 WTE	1.00 WTE
		AfC - Band 5 RN	9.10 WTE	18.01 WT	8.91 WTE
		AfC - Band 6 RN	4.66 WTE	5.00 WTE	0.34 WTE
		AfC - Band 8b RN	3.05 WTE	3.00 WTE	-0.05 WTE
		AfC - Band 7 RN	1.00 WTE	1.00 WTE	0.00 WTE
		∨ TNA	0.00 WTE	3.00 WTE	3.00 WTE
		AFC Band 3 TNA	0.00 WTE	3.00 WTE	3.00 WTE
		∨ HCA	0.00 WTE	2.00 WTE	2.00 WTE
		AfC - Band 3 HCA	0.00 WTE	1.00 WTE	1.00 WTE
		AfC - Band 3 Std N	0.00 WTE	0.00 WTE	0.00 WTE
		AfC - Band 2 HCA	0.00 WTE	0.00 WTE	0.00 WTE
		AfC - Band 4 HCA	0.00 WTE	1.00 WTE	1.00 WTE
		Total:	20.81 WTE	34.52 WT	13.71 WTE

ADON - Kelly Collins
Endoscopy Nurse Manager - Cristina Aguiar Fernandez

The endoscopy unit has 4 fully equipped endoscopy procedure rooms, a recovery area with 12 trolleys and 2 side rooms. The unit is open 8am - 6pm, Monday to Friday and occasionally serves extra lists during the weekend. Emergency endoscopy service is also available out of hours.

The current funded establishment is for 3 endoscopy rooms.

Each room requires 2 nurses (or 1 RN + 1 NA if complexity permits). The unit is preparing to be paperless, and this will have staffing implications. The requirement for staff in the room will increase to 1 additional HCA. Business case is being drafted by the service leads.

Daily staffing requirements:
4 endo Rooms – 8 RNs (or 7 RNs + 1 NA)
Preassessment – 1 RN (need 1.5 per shifts)
Admissions – 2 RNs
Coordinator – 1 B6 RN
Recovery – 4 (3 RNs, 1 HCA) or (2 RNs, 2 NAs)
Unit Manager – 1 RN

There is no one single framework to guide decision-making on the numbers of staff required for the endoscopy departments.
The key factors to consider are:
- Patients' health status.
- The complexity of the endoscopic procedure
- Skills and competence of staff
- The type, size, and layout of the endoscopy unit

British Society of Gastroenterology (2018)