



<b>Meeting title</b>	<b>Quality Governance committee</b>	<b>Date: 14<sup>th</sup> June 2023</b>
<b>Report title</b>	<b>Mid-Year Nursing and Midwifery Mid-year Establishment Review Report (October 2022-April 2023 data)</b>	<b>Agenda item:</b>
<b>Executive director lead</b>	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
<b>Report authors</b>	Marielle Perraut Assistant Chief Nurse Roda Mohamed, Lead Nurse for Safer Staffing	
<b>Executive summary</b>	<ul style="list-style-type: none"><li>• In line with <a href="#">National Quality Board (NQB) guidance (2016)</a>, the Bi-Annual Nursing and Midwifery Establishment Review report outlines the Trust response to the statutory requirements to have safe Nursing and Midwifery staffing identified across Whittington Health  The report includes the following:<ul style="list-style-type: none"><li>○ An update on actions from the annual establishment review undertaken in October 2022.</li><li>○ It will assure the Organisation that, pending recommendations being implemented, the level of Nursing and Midwifery staffing is appropriate to deliver safe care is compliant with national recommendations.</li><li>○ The key findings from the Mid-year 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 November 2022 for all inpatient areas, Emergency Department (ED) in January 2023 and District Nurses teams (Islington North, Islington Urgent Response, Haringey Central and Haringey Urgent response) collected in March 2023</li></ul></li><li>• Where added investment has been identified since last review and supported in principle by the Deputy/Chief Nurse, the ICSU will incorporate this as part of ICSU operational actions/business planning:<ul style="list-style-type: none"><li>○ CCU: 5 WTE Registered Nurses recruited substantively to cover maternity leave. Currently approved as a cost pressure as financially low risk.</li><li>○ CCU: review of bed base with to increase in the bed base to 12 or review establishment based on acuity. North Central London (NCL) Integrated Care System (ICS) has secured some funding to enable the increase.</li></ul></li></ul>	

	<ul style="list-style-type: none"> <li>○ In ED, Band 5 establishment needs to be updated to reflect the 10 WTE budget (£420K, based on 2022-2023 Agenda for Change mid-point costing calculator) that was removed from the Nursing establishment. These are currently running as a cost pressure, as they have been recruited to.</li> <li>○ In ED, 16.3 WTE additional B3 HCAs/TNAs to reflect the current daily staff deployment. This is supporting the new Rapid Assessment and Treatment (RAT) process and is utilised to meet increased enhanced care need for Mental Health patients (narrative in report)</li> <li>○ Maternity Services are undergoing a reconfiguration of the current establishment structure that will not require added financial investment. This will include the recruitment of a lead quality lead Midwife and assure a 24-hour cover for Triage to support the recommendations from Ockenden and CQC reports.</li> <li>● Recommendations and actions to prepare for The Annual Establishment Review that will take place in Autumn 2023</li> </ul>
<b>Purpose:</b>	As per the <a href="#">National Quality Board (2016)</a> (NQB) 'Expectation 1: Right Staff' and <a href="#">NHS Improvement (2018)</a> , '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.
<b>Recommendation</b>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> <li>(i) Review the paper content.</li> <li>(ii) Note establishments adjustments that have been recommended within individual ICSUs.</li> </ul>
<b>Risk Register or Board Assurance Framework</b>	<p>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.</p> <p>BAF risk People 1 - Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs.</p>

<b>Report history</b>	<ol style="list-style-type: none"> <li>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 Healthroster Team (Director of Operations present for CYP and EIM meeting)</li> <li>2. Nursing and Midwifery Leadership Group (NMLG) June 2023</li> <li>3. QGC</li> <li>4. QAC</li> </ol>
<b>Appendices</b>	<ol style="list-style-type: none"> <li>1. CCU increased bed-based establishment.</li> <li>2. ED planned proposal for increased HCAs.</li> <li>3. ED establishment Vs temporary staff Usage</li> <li>4. Seacole's establishment Vs temporary staff Usage</li> <li>5. Maternity Birthrate plus</li> </ol>

## Bi-Annual Nursing and Midwifery Establishment Review Report

### 1. INTRODUCTION

- 1.1 This paper provides the committee with an overview of the mid-year Nursing and Midwifery Establishment Reviews that took place between March and June 2023 and an update on proposed actions from the October 2022 report.
- 1.2 In April 2023, ESR reported that Whittington Health Nursing and Midwifery establishment represented 1875.1 WTE (1282.84 WTE Registered and 593.41 Unregistered staff). This is an 4.87% increase (+ 1.92% Registered staff and +7.83% unregistered) from October 2022 and represents the investment for the additional escalation beds and the Wood Green Diagnostic Centre opening.
- 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:
- Inpatient adult and children wards (EIM, S&C and CYP)
  - Simmons House (CYP)
  - Emergency Department (ED) (EIM)
  - Critical Care Unit (CCU) (S&C)
  - NICU (CYP)
  - Theatres and Recovery (S&C)
  - Day Treatment Centre- DTC (S&C)
  - Midwifery
  - A new national Community Nursing Safe Staffing tool was piloted in 4 District Nursing team across Islington and Haringey

### 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 utilised, Clinical Specialties national guidelines were referenced for this establishment review.

For the purpose of this review, data was collected from Electronic Staff Record (ESR), QlikView®, HealthRoster® and SafeCare® .and were assessed against workforce and 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. 20.4% uplift within establishment to cover Annual leave, Sickness and Study Leave allowances (to note there will be variation different mandatory requirements according to specialism)
3. The nurse-to-patient ratios 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 Following the Establishment review undertaken in October 2022, 33 flex beds across EIM (COOP and Victoria) and S&C (Coyle and Mercers) have been funded and 64 WTE Nursing staff (27 WTE registered nurses and 37 WTE Unregistered support staff) are in process of being recruited.
- 3.2 Ongoing operational pressures and an exceptionally busy winter required department reconfiguration and intermittent Thorogood operationalisation. This impacted on ICSUs increased substantive staff deployment to support both department reconfiguration, vacancies, and staff absences.

3.3 Use of temporary high-cost agency nurses remains a challenge in EIM particularly in ED, where work is ongoing re-establish controls and to authorise by exception. This was exacerbated by the outstanding reinstatement of £420K (10WTE band 5 cost) recommended in the October 2022 review.

3.4 Oversight of safe staffing across the Whittington Health remains a challenge due to short notice staff availability, and increased establishment requirements to support services increased acuity and creation of additional capacity. This is managed through Trust daily site meetings.

A new safe staffing morning meeting has been implemented to allow early actions and mitigations to inform the Site/operational meetings at later times. This has proved beneficial it promotes mutual aid internally and avoid extra temporary staffing expenditure.

3.5 The overall turnover remains above target (13%) at 14.25% for the last 6 months. This is an improvement compared to the previous 6-month period where staff turnover was 16.5%. Cost of living and lack of career progression for lower bands are the main reason for the turnover rates. A new trend has been noted where substantive staff join temporary staffing agency where pay is higher and offers greater flexibility to have a better work-life balance.

Recruitment and retention (vacancy target below 10 %) remains a challenge and marginally improved from 15% at last review to 14.1% the last 6 months. The unregistered workforce vacancy rate has improved from 18% to 14.3% and has been achieved through targeted recruitment events held by the Trust.

The recruitment of Internationally Educated Nurses is also part of the wider nursing and Midwifery workforce strategy. In the next 12 months, we will welcome 70 colleagues in our organisation.

3.6 Staff sickness related absence is above the Trust Target of (3.5%) at 4.9% over last 6 months, but there is a noted 1.3% improvement compared to the preceding establishment review.

A higher percentage can be anticipated for this period of time due to seasonal ailments (colds and flu-like symptoms) but mental health and musculoskeletal disorders are the main reasons for long term sickness (over 4 weeks).

The ICSUs report that there is effective support from HR and OH in supporting colleagues to return to work, or to accommodate reasonable adjustment. Return to work interviews and support plans are in place to maximise work attendance.

3.7 Mandatory training is within or nearing 85% targets across all ICSUs.

Appraisal rates show performance below the current target overall 73.3%. It is also noted that there is a noticeable 4% to 10% difference between registered and unregistered staff in CYP, EIM and S&C.

National staff surveys have also highlighted appraisals as being an area for improvement.

The Trust is investing in training for appraisers to conduct meaningful appraisals that promote development and staff satisfaction but also safe care delivery.

Each ICSU is making appraisal a priority as it links directly to staff retention and wellbeing.

## 4. ICSU REVIEWS AND ANALYSIS

### 4.1 Children and Young People

The ICSU has several services across acute and community settings. This review primarily addresses Lfor ward, CAU, NICU and Simmons House.

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 measure demand and capacity in future reviews.

<p><b>Actions from last review</b></p>	<ul style="list-style-type: none"> <li>○ Reconfiguration of acute paediatric services is underway with an aspiration to formalise a plan by Winter 2023.</li> <li>○ 1WTE HCA was approved substantively and 2 WTE RMN were approved for a 1-year fixed-term in Lfor. The recommendation is then to undertake an impact assessment. This will offer opportunity to rotate RMNs between Lfor ward and Simmons House</li> </ul>
<p><b>Establishment update</b></p>	<ul style="list-style-type: none"> <li>○ No concerns raised with regards to the NICU establishment</li> <li>○ There is no request to invest in additional resources within this mid-year review for acute services.</li> <li>○ In Health Visiting, the vacancy rate is around 21 % and is featured on the ICSU risk register.</li> </ul>
<p><b>Workforce data</b></p>	<ul style="list-style-type: none"> <li>○ The sickness rate has improved from 7.7% to an average of 5.1% from October 2022 to March 2023. It was noted that the main themes were stress and wellbeing related.</li> <li>○ Mandatory training rates are within range over the 6 months period and appraisal marginally below (83%). There is ongoing work within the ICSU to support compliance and arrange time needed for managers to undertake appraisals.</li> </ul>
<p><b>Activity &amp; Acuity impacting on staffing</b></p>	<ul style="list-style-type: none"> <li>○ Enhanced care was the biggest overspend on Lfor Ward over the Winter months. This was due to higher-than-expected number of mental health admissions and the number of beds increased to 17.</li> </ul>

	<ul style="list-style-type: none"> <li>○ The restructure of the department and investment in RMNs will be instrumental in mitigating the temporary staff bill spend.</li> </ul>
<b>Roster Management and safe deployment of staff</b>	<ul style="list-style-type: none"> <li>○ Increased number of flexible working requests mainly related to working from home. The historical arrangements need to be prioritised for review and work is being done with Workforce to outline service requirements whilst being flexible.</li> </ul>
<b>Quality and safety</b>	<ul style="list-style-type: none"> <li>○ No pressure ulcers were reported for this period.</li> <li>○ Themes of complaints/SIs and actions: Staff training/education and communication</li> </ul>
<b>Succession planning</b>	<ul style="list-style-type: none"> <li>○ Ifor/NICU: Rotation posts across acute paediatrics areas including acute ward, Neonatal unit and Paediatric Emergency Department are being considered. It would help promote joint work with CAMHs team.</li> <li>○ Older CNS cohort and junior workforce across acute paediatrics: Consideration is being given to rotate into short term CNS roles for experience.</li> <li>○ Areas of workforce risks in CYP: Recruitment in Community setting (Health visitors) <ul style="list-style-type: none"> <li>➤ Ifor: 1 Band 6's on Ifor ward is on long term sickness and 1 in secondment now into CNS role.</li> <li>➤ Islington Health Visitors: Recruitment of qualified staff remains a challenge. There has been some recent improvements and workforce planning is in place to ensure band 5's develop into SCHPN students and become qualified practitioners.</li> </ul> </li> </ul>
<b>Planning next review</b>	<ul style="list-style-type: none"> <li>○ Conversation with recruitment to target community School Nurse and Health Visitors recruitment day.</li> <li>○ CAU and Ifor restructure plan.</li> <li>○ Review historical Flexible working.</li> </ul>



## 4.2 Maternity as part of ACW

This review was undertaken following the Birthrate Plus report from January 2023 across inpatient and outpatient' areas. Based on the birthing activity at the time, it identified a shortfall of 6WTE band 6 midwives.

Further evidence in last 6 months led to additional discussions as the number of births has reduced since the report was run. The information was refreshed locally around time of the establishment review, and it suggests that the funded establishment is exceeding what is recommended. However, it is essential to understand the context as Birthrate Plus does not consider the complexity and increase acuity of the births.

<b>Actions from last review</b>	<ul style="list-style-type: none"> <li>○ Band 5 preceptorship midwives are now paid at the top of band 5 Agenda for Change (AFC) scale and will be backdated to support retention.</li> <li>○ Specialist bereavement post secondment for 7-days cover has been successfully recruited into and will cover Gynaecology services.</li> <li>○ All band 2 have been uplifted to band 3</li> <li>○ Isabelle Cornet was successfully appointment as substantive of Director of Midwifery.</li> </ul>
<b>Establishment update</b>	<ul style="list-style-type: none"> <li>○ Currently all services within the acute setting are meeting service needs.</li> <li>○ Recommendations to appoint 5.4 WTE B6 to enable 24 hours phone cover for triage and a band 7 Lead Midwife for Quality. This will be achieved through restructure off current establishment.</li> </ul>
<b>Workforce data</b>	<ul style="list-style-type: none"> <li>○ Sickness remains a challenge and remains over 3.5 %. 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.</li> </ul>
<b>Activity &amp; Acuity impacting on staffing</b>	<ul style="list-style-type: none"> <li>○ Some Datix over the last 6 months that were related to compromised skill mix.</li> <li>○ Trends that have impacted on staffing over last 6 months: <ul style="list-style-type: none"> <li>➤ Birth Centre has been open 77%, suspended 23% (41) and closed once.</li> <li>➤ Homebirth services not available 36% (65).</li> <li>➤ The 2nd Theatre was opened on 5 occasions.</li> </ul> </li> </ul>

<b>Roster Management and safe deployment of staff</b>	<ul style="list-style-type: none"> <li>○ 80% staff are working flexible working hours. This can affect safety and the deployment of staff within the unit. HR is supporting reviews and links with Occupational Health.</li> </ul>
<b>Quality and safety</b>	<ul style="list-style-type: none"> <li>○ <b>Pressure ulcers:</b> 1 following operative procedure over 4 hours. Raised BMI was identified as a contributing factor on this occasion. Pressure ulcer was missed then deteriorated. Action: During procedures over 2 hours, theatre team to alert Obstetrician/Anaesthetist and Recovery to continue to check postnatally. Early referral to Tissue Viability Nurse.</li> <li>○ <b>Complaints:</b> Themes identified are linked to birth experience, lack of effective/delayed communication and staff attitude. Action: Identification that a dedicated Quality Lead Midwife may help support the responses and learning from complaints and incidents.</li> </ul>
<b>Succession planning</b>	<ul style="list-style-type: none"> <li>○ Following reduction of birth rate figures seen in recent months, a local review has been completed at the beginning of 2023.</li> </ul> <p>At the time of the establishment review meeting (March 2023) plans are:</p> <ul style="list-style-type: none"> <li>➤ Process of reviewing births and complexity to be in place ahead of the next Maternity Establishment review</li> <li>➤ A restructure of the maternity workforce is planned, and the initial meeting planned for April 2023.</li> <li>➤ Active international midwifery recruitment has taken place and there are currently 10 WTE in post with a further 7 to start later in the year.</li> <li>➤ The Preceptorship pathway was reviewed, and post preceptorship rotation pathways implemented.</li> <li>➤ Support flexi-retirement options for midwives planning retirement.</li> </ul>
<b>Planning next review</b>	<ul style="list-style-type: none"> <li>○ Review of safe staffing within community services</li> <li>○ Repurpose existing vacancies.</li> <li>○ Review job plans and identify multiskilling opportunities.</li> <li>○ Age profiles need formal review.</li> <li>○ Clinical supervision framework needed to support lone workers and specialist midwives.</li> </ul>

### 4.3 Surgery and Cancer

Inpatient areas (Mercers, Coyle, CCU), Theatres and DTC were reviewed in this establishment review.

<p><b>Actions from last review</b></p>	<ul style="list-style-type: none"> <li>○ Development pathway to be reviewed for staff: <ul style="list-style-type: none"> <li>➤ The new recruited RNs including IENs have protected time to do the preceptorship programme.</li> <li>➤ Professional Nurse Advocate lead in S&amp;C: Rae Sy</li> </ul> </li> <li>○ Implementation of roster check meetings: not yet actioned</li> </ul>
<p><b>Establishment update</b></p>	<ul style="list-style-type: none"> <li>○ <u>Mercers and Coyle:</u> <ul style="list-style-type: none"> <li>➤ Following the funding of escalation beds, the establishment meets the service needs.</li> <li>➤ It was also discussed that there is no funding for Enhanced Care currently. This correlates with the current temporary staffing spend. Enhanced Care will be reviewed trust wide.</li> </ul> </li> <li>○ <u>CCU:</u> At the time of meeting, The ADoN discussed the possibility that extra funding will come from NCL to support increasing the bed base to 12 beds. Ongoing work undertaken with the Safer Staffing Lead Nurse to model an establishment based on 12 beds (10 level 3 and 2 Level 2). The calculation also includes a 24.3% uplift that reflects the specialist training needed by CCU staff. (See Appendix 1)</li> <li>○ Overspend over winter months in theatres and recovery was driven by the increased activity.</li> <li>○ In DTC, no concerns were noted but an expansion from 22 bays to 33 is being discussed and this will impact on staffing need. This will be reviewed with the safer staffing team at later date.</li> <li>○ The Chemotherapy unit is undergoing a review of activity which will impact on staffing requirement in the future but no concern at present.</li> </ul>
<p><b>Workforce data</b></p>	<ul style="list-style-type: none"> <li>○ S&amp;C has experienced a marked improvement in the majority of metrics in last 6 months</li> <li>○ Vacancies are below 10% for Mercers and Coyle.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Mandatory training 6 months average remains in low 80s%. Appraisal needs a focus of attention as the average is 57.5%.</li> <li>○ Sickness average over the October 2022 to March 2023 period has improved from 4.55% to 3.22% within Trust target.</li> </ul>
<b>Activity &amp; Acuity impacting on staffing</b>	<ul style="list-style-type: none"> <li>○ Red Flags: Coyle ward remains having large numbers of medical patients on a surgical ward In response to this Coyle is included in the bed reconfiguration work currently taking place.</li> <li>○ CHPPD (Care hours per patient per day) variance is -38% on Coyle. This is rationalised by the extra 8 flex beds (not yet included in ledger) and unbudgeted Enhanced Care for 1:1s for an increase in mental health patient admissions in winter.</li> </ul>
<b>Roster Management and safe deployment of staff</b>	<ul style="list-style-type: none"> <li>○ Following the last review, substantive work has been undertaken relating to flexible working. This was highlighted as an area of concern last year (mainly in Theatres and Recovery). All areas with historical arrangements have now resubmitted new requests. No concern raised at this review.</li> <li>○ There is a request for CNSs and ANP to be visible on Healthroster. This is a long-term project for HealthRoster team to implement across Trust due to Licensing and the scale of undertaking.</li> </ul>
<b>Quality and safety</b>	<ul style="list-style-type: none"> <li>○ <b>Pressure ulcers:</b> 79 were reported across the ICSU, mainly on Coyle and CCU</li> <li>○ <b>Misc:</b> The Chemotherapy unit saw incidents with DVTs in PICC lines. The incidents are being carefully monitored and training has taken place.</li> </ul>
<b>Succession planning</b>	<ul style="list-style-type: none"> <li>○ Review of the Chemotherapy suite staffing in relation to activity-ongoing work.</li> <li>○ Job plans for Cancer nurses being reviewed as many are funded through external organisations.</li> </ul>
<b>Planning next review</b>	<ul style="list-style-type: none"> <li>○ Review of the externally funded cancer Nurses</li> <li>○ Review CCU Bed base</li> <li>○ Focus on appraisal across all staff groups.</li> <li>○ Implementation of rota meetings with Healthroster team.</li> <li>○ Review of the staffing in chemotherapy and DTC post activity review</li> </ul>

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#### 4.4 Integrated and emergency medicine (EIM)

The establishment review assessed the emergency floor and inpatients services.

<b>Actions from last review</b>	<ul style="list-style-type: none"> <li>○ Band 5 establishment needs to be updated to reflect the 10 WTE budget (£420K, based on 2022-2023 Agenda for Change mid-point costing calculator) that was removed from the Nursing establishment to 32.5 WTE. <b>Update:</b> This has still not been reflected within the finance ledger</li> <li>○ Funding escalation beds in EIM: <b>Update:</b> Actioned except from Nightingale and Montushi whose establishment has been assessed as safe to accommodate 3 extra beds</li> </ul>
<b>Establishment update</b>	<ul style="list-style-type: none"> <li>○ <b>ED:</b> <ul style="list-style-type: none"> <li>➤ ICSU requests 16.3WTE additional B3 HCAs/TNAs to meet the current deployment to support new RAT process and support enhanced care for MH patients. Currently 13 WTE budgeted. (Appendix 2)</li> <li>➤ Bank and Agency WTE could have been reduced if substantive funding was available to meet the new RATs process requirements and the reinstatement of the 10WTE B5 within the budget. (Appendix 3)</li> </ul> </li> <li>○ <b>Mary Seacole (North and South):</b> <ul style="list-style-type: none"> <li>➤ An increased use of temporary staffing for unregistered workforce was noted. The registered workforce use meets the vacancy rate. (Appendix 4) This is driven by an increase in dependency and mental health attendances. Data is being collected to assess if a business case would be feasible to increase Enhanced care establishment.</li> </ul> </li> <li>○ The team notes that the high cost/usage of temporary staff across the ICSU is a result of having to staff Thorogood ward opened to increase capacity.</li> <li>○ COOP is under one cost centre, so it is difficult to identify individual spending and priorities. Recommendation is to split the budgets to the individual wards.</li> </ul>

<b>Workforce data</b>	<ul style="list-style-type: none"> <li>○ The average appraisal rate for the 6 months period is 71% compared to 80.2% for mandatory training for the same period. As per other ICSUs, this will impact on retention of all grades but particularly unregistered staff and internationally recruited nurses.</li> <li>○ Sickness has also improved in the 6-month data collected. It remains over target at 4.77% but shows a downward trend from February 2023. The main themes for long term sickness remain stress and mental health.</li> </ul>
<b>Activity &amp; Acuity impacting on staffing</b>	<ul style="list-style-type: none"> <li>○ Red flags reporting remains quite high with 57 Red shifts reported in last 6 months since last review, 17 were in AAU and 22 within COOP. This reflects acuity and activity increase over the winter months.</li> <li>○ Actual Vs Planned hours in deficit. This is partly because the funded beds are not shown in budget and not established in Healthroster.</li> <li>○ Trends in increased activity over last 6 months that have impacted staffing: <ul style="list-style-type: none"> <li>➤ All wards and ED /SDEC have redeployed one RN to Thorogood since December 2022 to date.</li> <li>➤ Nightingale required increased staffing levels due to acuity and opening a Tracheostomy Bay between December 2022 and February 2023.</li> </ul> </li> </ul>
<b>Roster Management and safe deployment of staff</b>	<ul style="list-style-type: none"> <li>○ COOP and AAU have reviewed all their existing flexible working and new requests.</li> <li>○ Safe Nursing Care Tool: <ul style="list-style-type: none"> <li>➤ This was the first time ED used the tool following training of all staff. The recommendation of 112.3 WTE is based on the acuity for this period. Headroom recommendation is 25%. The team will explore if split/twilight shifts could be revisited to maximise workforce capacity.</li> <li>➤ No challenge or concerns for the rest of the EIM SNCT audits.</li> </ul> </li> </ul>
<b>Succession planning</b>	<ul style="list-style-type: none"> <li>○ The Team is looking at hybrid roles within the CNS workforce.</li> <li>○ Number of CNS required and job plans are being reviewed.</li> </ul>

	<ul style="list-style-type: none"> <li>○ There is currently an agreed cost pressure to support trainee ACP post in ED, SDEC and frailty.</li> </ul>
<b>Planning next review</b>	<ul style="list-style-type: none"> <li>○ Uplift to be increased to reflect the extra mandatory training for ED staff to reflect acuity and specialism: This will be reviewed at the annual establishment review later this year. <a href="#">The National Quality Board (NQB), p15</a>, recommends that the headroom on average Should be 25%</li> <li>○ Recruitment and retention: ICSU will focus on recruitment into agreed escalation beds.</li> <li>○ Plan to separate COOP cost centres for clarity in spend.</li> <li>○ Hybrid roles with EIM (CNS and ward collaboration)</li> <li>○ Review of Enhanced Care and better utilisation</li> <li>○ 10 WTE to be put back into ED budget.</li> <li>○ Demand for 6 HCA in A&amp;E per shift (16.3WTE)</li> </ul>

#### 4.5 **Adult community services (ACS)**

This is the first time that ACS has been part of the establishment review. The National Community Nursing Safer Nursing Tool (CNSNT) was introduced in the Organisation this year. The team opted to pilot it in 4 district nurses' teams (Islington North, Islington Urgent Response, Haringey Central and Haringey Urgent Response). As detailed earlier in the report, this is a starting point and by no means an exact science to determinate a long-term workforce strategy based on 1 week data collection.

The team is also concurrently working with Kingsgate consultancy company to review establishment as the teams are undergoing a restructure at present. At initial review, it appears their conclusions are different from those detailed in this review, this will be discussed before any staffing changes are put forward.

The main challenges identified are difficulties recruiting. The plan agreed is to link with the recruitment team to have targeted recruitment days in community settings.

### 5. **RECOMMENDATIONS**

The Nursing establishments will formally be reviewed again at the annual review in October 2023. The data collection for this period starts at the end of June 2023. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and the integrated board reports.

A review of uplifts will be conducted across all establishments and will consider any variances due to specialist areas specific education requirements (CCU and ED in particular)

Community services will have an in-depth review assessing all metrics the other ICSUs are measured against.

Evaluations are underway within Maternity, Children Ambulatory Unit (CAU), CCU and ED services to assess changing demand and capacity as part of the ICSUs strategies. This ongoing work should inform some of the recommendation in the next establishment review.



## Appendix 1:

CCU Planned establishment to accommodate on 12 beds (10 Level 3 and 2 Level 2).



Shift	Shift Start Time	Shift End Time	Duration of Unpaid Breaks (Hours)	Total Paid Duration (Hours)	Weekday numbers on shift		Weekend numbers on shift		Hands-on WTE required	
					Reg	Unreg	Reg	Unreg	Reg	Unreg
Day	07:30	20:00	1	11.5	14	0	14	0	30.1	0.0
Night	19:30	08:00	1	11.5	14	0	14	0	30.1	0.0
Early (WM)	07:30	15:30	0.5			0	0	0	0.0	0.0
<b>Total</b>									<b>60.1</b>	<b>0.0</b>

Planned Roster and WTE to cover 24 hr shift on 12 beds (10 level 3 and 2 Level 2).

Uplift calculation includes the added study days required for CCU staff

Component	Inputs	Registered Hours	Unreg Hours
Contracted hours of 1 WTE per year	37.5 hrs * 52.143 weeks	1955	1955
Annual Leave days (estimated average per person)	33	247.5	247.5
Bank Holiday days this year	10	75	75
Target Sickness %	4.0%	78	78
Study Leave days: Registered Staff	10	75	NA
Study Leave days: Unregistered Staff		NA	0
Total hours of absence		476	401
Hours remaining after expected absence		1480	1555
<b>% uplift required to cover absence</b>		<b>24.3%</b>	<b>20.5%</b>
<b>Skillmix of the Budgeted Establishment</b>		100%	0%
<b>The required Uplift for this area is:</b>		<b>24.3%</b>	

When Uplift is applied to the roster requirement (24.3%)

	Registered	Unreg	Total	
<b>Hands-on WTE Required</b>	66.4	0.0	66.4	WTE
<b>The value of the uplift</b>	16.3	0.0	16.3	WTE
<b>WTE + Uplift</b>	82.7	0.0	<b>82.7</b>	WTE

Existing budget and difference between existing and requirement

Band	Budgeted WTE
Band 7	5.67
Band 6	22.23
Band 5	27.95
Band 4	0
Band 3	1
Band 2	0
Band 1	0
<b>Total for Rostered Roles</b>	<b>56.85</b>

The difference between our requirement (not including Specials) and our budget is:

**-25.8**

## Appendix 2:

### Planned HCA Roster and WTE to meet RAT process requirements in ED

#### Planned HCA Roster and WTE to meet RAT process requirements in ED.

Shift	Shift Start Time	Shift End Time	Duration of Unpaid Breaks (Hours)	Total Paid Duration (Hours)	Weekday numbers on shift		Weekend numbers on shift		Hands-on WTE required	
					Reg	Unreg	Reg	Unreg	Reg	Unreg
Day	08:00	20:30	1	12		6		6	0.0	13.4
Night	20:00	08:30	1	12		5		5	0.0	11.2
<b>Total</b>									<b>0.0</b>	<b>24.6</b>

When Uplift is applied to the roster requirement (18.8%)

	Registered	Unreg	Total	
<b>Hands-on WTE Required</b>	0.0	24.6	24.6	WTE
<b>The value of the uplift</b>	0.0	4.6	4.6	WTE
<b>WTE + Uplift</b>	0.0	29.3	<b>29.3</b>	WTE

Existing budget and difference between existing and requirement

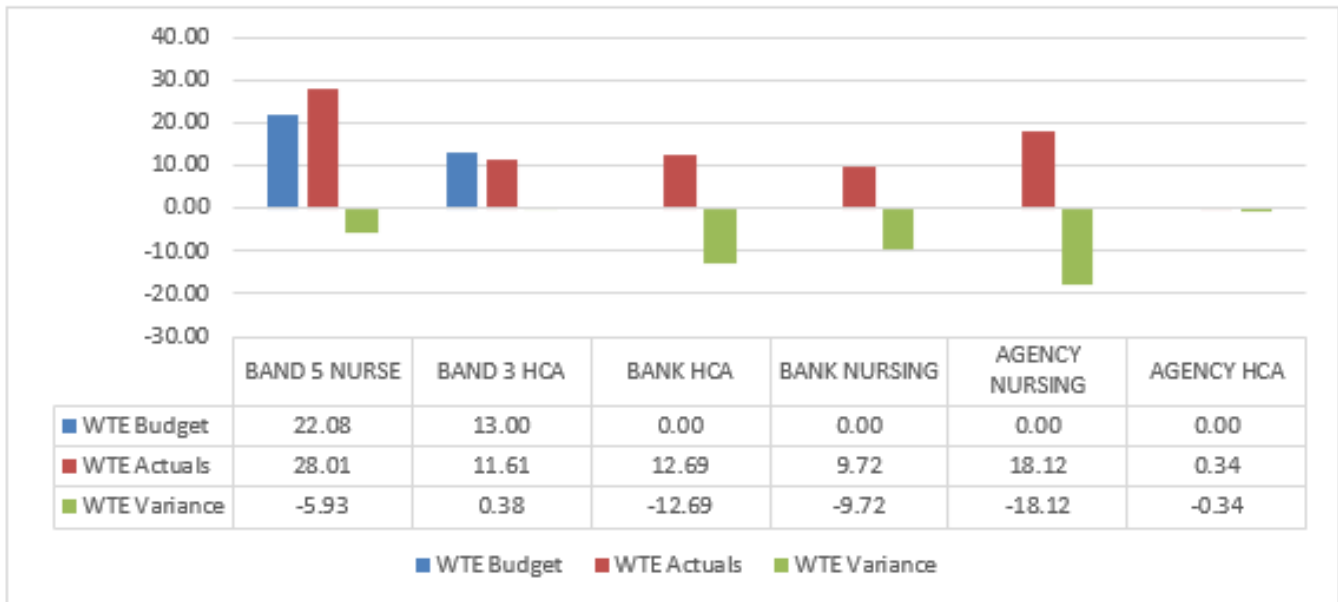
Band	Budgeted WTE
Band 7	
Band 6	
Band 5	
Band 4	
Band 3	13
Band 2	
Band 1	
<b>Total for Rostered Roles</b>	<b>13</b>

The difference between our requirement (not including Specials) and our budget is:

**-16.3**

### Appendix 3:

#### ED WTE funded Vs temporary staffing monthly usage average October 22- Feb 23



### Appendix 4:

#### Seacole's WTE funded Vs temporary staffing monthly usage average October 22- Feb 23





