| Meeting title | Quality Governance Committee (QGC) | Date: 14th December 2023 |
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| Report title | **Nursing and Midwifery 6 monthly Safer Staffing Review Report (March 2023-August 2023 data)** | Agenda item: |
| Executive director lead | Sarah Wilding, Chief Nurse & Director of Allied Health Professionals | |
| Report authors | Marielle Perraut Assistant Chief Nurse<br>Maria Lygoura, Lead Nurse for Safer Staffing and Roster Utilisation | |
| Executive summary | <ul><li>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.</li><li>This Mid-Year review report includes the following:<ul><li>A summary of the review meetings held with all 5 ICSUs in November 2023</li><li>An update on actions from the last 6 monthly establishment review undertaken in Summer 2023</li><li>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 June 2023 for all inpatient areas and Emergency Department (ED)</li><li>Recommendations and actions to prepare for the next 6 monthly Establishment Review that will take place in Summer 2024</li></ul></li><li>Where added investment requirements have been identified since last review, and supported in principle by the Deputy/Chief Nurse, the ICSUs will progress as part of their local operational actions/business planning and details included in the report narrative:</li></ul> | |

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| | **Surgery and Cancer (S&C)** |
| | o Business cases are currently being developed by the ICSU leadership team to recommend substantive funding for posts currently funded as fixed term by Macmillan and NCL Cancer Alliance:<br><br>➤ 0.5 WTE Lung CSW Funding ends December 2023<br><br>➤ 0.5 WTE Lung CNS Contract ends February 2024<br><br>➤ 0.5 WTE Urology CSW Contract ends February 2024<br><br>➤ 0.5 WTE UGI CSW Contract ends May 2024<br><br>➤ 0.5 WTE Urology CNS Contract ends 2025.<br><br>➤ 0.2 WTE Gynaecology CNS Contract ends March 2024 |
| | **Emergency and Integrated Medicine** |
| | o A Business case is currently being developed by Emergency and Integrated Medicine (EIM) and S&C ICSUs leadership teams for substantive funding for a joint Enhanced Care (Band 3) Team. WTE to be confirmed.<br><br>o A Business case is currently being developed by EIM ICSU Leadership team for 16.3 WTE band 3 HCSW for ED. This was identified as an action following the last establishment review recommendations.<br><br>o EIM 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.<br><br>• The following services have identified establishment amendment requirements. The Chief Nurse/Deputy Chief Nurse were not able to support these until further work, detailed in report, is completed by the respective ICSUs.<br><br>    o Montushi -2.6 WTE band 2 HCSW for night shift cover<br><br>    o AAU (North and South)- 5.2 WTE band 2 HCSW to increase HCSW cover by 1 on day and 1 on night shift. |

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| |      o  Nightingale -10.3 WTE band 2 HCSW to increase HCSW cover by 2 on days and 2 on night shifts. |
| | **Children and Young People (CYP)** |
| | o  Neonatal ICU -2.62 WTE band 6 RN to support Transitional Care on Celliers Ward (this is currently temporarily funded from Ockendon) |
| | o  Neonatal ICU- 0.5 Advanced Nurse Practitioner (ANP) band 8A needs to be supported by the medical budget as per programme recommendation. |
| | o  Ifor Ward- 0.5 WTE band 7 Practice Development Nurse (PDN) to support current 0.5 WTE in post. |
| | o  Children Ambulatory Care (CAU)- 0.6 WTE band 3 HCSW |
| | o  Children Daycare and Outpatients- 1WTE band 5 RN due to the increase in dental activity and leadership and 3.8 WTE band 3 HCSW as this service is HCSW and Nursing Associate led. |
| **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 Governance Committee is asked to:<br><br>(i)    Review that the proposal with the appropriate level information is provided.<br>(ii)   Approve the establishment adjustments that have been recommended by individual ICSUs and supported 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. |
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| **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 Healthroster Team (Director of Operations present for CYP and EIM meeting) (November 2023)<br>2. QGC (December 2023)<br>3. Nursing and Midwifery Leadership Group (NMLG) TBC<br>4. TMG *TBC*<br>5. QAC *TBC* |

# 6 monthly Nursing and Midwifery Establishment Review Report

## 1.    INTRODUCTION

1.1    This paper provides the Quality Governance Committee (QGC) with an overview of the 6 monthly Nursing and Midwifery Establishment Reviews that took place in November 2023 and an update on proposed actions from the July 2023 report.

1.2    In October 2023, ESR reported that Whittington Health Nursing and Midwifery establishment represented 1901.21 WTE (1305.02 WTE Registered and 596.19 WTE Unregistered staff). This is a 1.95% increase from April 2023 (+ 1.7% Registered and +0.5% unregistered) from August. This increase comes from the investment in Acute Community services following the restructure.

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 June 2023:

- 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)

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

Maternity services and Adult Community services (ACS):

- The outcome of the Midwifery Birthrate will be available  December 2023 and will be reviewed at the next establishment review.

- Community services have just undergone a restructure and the new Community Nursing Safe Staffing Tool (CNSST) Audit was piloted in March 2023 in 4 District Nursing teams. CNSST audit tool training will start in January 2024 to prepare the teams for an ICSU wide audit in Spring 2024.

## 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 the purpose of this review, data was collected from Electronic Staff Record (ESR), QlikView®, HealthRoster® (Now called 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 |
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| | >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.

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 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 the Trust daily site meetings.

The now embedded safe staffing morning meeting allows early actions and mitigations to inform the Site/operational meetings at later times. This has proved beneficial as it promotes mutual aid internally. It also helps identify opportunities to reduce extra temporary staffing expenditure by finding internal mitigations.

The role of the Safer Staffing Lead Nurse has expanded to include Eroster utilisation to support the Eroster and clinical teams.
The safer Staffing Lead Nurse and ERoster manager are planning a series of Rostering challenge meeting with the ICSUs from early 2024.
This will strengthen our rostering governance, safe staffing and identify gaps and training needs.

3.2 The overall staff turnover remains above target (13%) with a marginal increase from 14.25% at the last review, to 14.5% for March 23-August 23. This is still a marked improvement for the same period last year, where staff turnover was 16.5%. Unregistered staff turnover remains high at 15.7%, versus registered staff at 13.3% averaging over the 6 months period.

From the recent 2022 staff survey results, lack of career recognition, education opportunities and poor pay for lower bands are cited as the main reasons for the turnover rates. For registered staff, the main contributors appear to be level of pay, increasing work demands and lack of work-life balance.

Initiatives such as the HCSW programme, induction tailored for international recruitment, Preceptorship, Trainee Nursing Associate (TNA) pathways, amongst other opportunities, are helping to value our workforce and promote retention and better staff experience.

Scoping work is also underway to appraise the feasibility of re-evaluating clinical band 2 HCSW to band 3, as part of NHS England's work on recruitment and retention of this group of staff.

Recruitment and retention (vacancy target below 10 %) remains a challenge and marginally improved from 14.1% to 13.6% in the last 6 months.
The unregistered workforce vacancy rate has deteriorated from 14.3% to 15% and targeted recruitment events held by the Trust continue, but the cost of living and opportunities to progress, has impacted retention. It is expected that the targeted work with HCSW will improve this going forward.
The registered workforce substantive vacancies remain static at 11%.

3.3  Staff sickness related absence is above the Trust target of (3.5%) at 4.3% over the last 6 months, but there is a continued improvement noted of 0.8% compared to the preceding establishment review.
Mental health and musculoskeletal (MSK) disorders remain the top 2 reasons for long term sickness (over 4 weeks). It is worth noting that there has been a 4% improvement in staff reporting MSK problems over the previous 12 months.

All ICSUs report effective working with HR and Occupational Health in supporting colleagues to return to work, or to accommodate reasonable adjustments.
Return to work interviews and support plans are in place to maximise work attendance, provide support as well as continued review of flexible working arrangements.

3.4  Overall Mandatory training scores remain within 85% target across the organisation with registered staff averaging 90% and unregistered staff 86%

Appraisal rates show performance below the current target, overall, 76%, but an improvement from 73.3% at the last review. The 2022 staff survey (Nursing and Midwifery, registered and unregistered) also reported that 81% had received an appraisal compared to 78% in 2021.
However, there is still work to do to ensure that this has a positive impact on workforce as only 30% on average felt that this had a positive impact on their work/career.

Managers should be supported to attend the appraiser training to be able to conduct meaningful appraisals going forward.

## 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 Ifor 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 to measure demand and capacity in future reviews.

| **Progress against actions from last review** | o  Reconfiguration of acute paediatric services is ongoing, but it was identified that leadership was needed to support and give momentum to the project. |
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| | o Recruitment of 2 Mental Health HCSW for Ifor ward was successful. The RMN posts have not been recruited to, but interviews are planned for the near future.<br><br>o Review of recruitment for Health Visitors in Highbury and Islington still in progress.<br><br>o Simmons House was allocated NCL budget for extra resources from the last review and are being recruited. |
| **Establishment update** | o Community School Nurses and Health Visitors establishments are correct for the activity to be delivered, but recruitment is challenging. Teams are working to promote student retention once they graduate. Staffing for these specialities remain on the risk register.<br><br>o **Added investment required:**<br><br>➢ Neonatal ICU- 2.62 WTE band 6 RN to support Transitional Care on Celliers Ward (This is currently temporarily funded from Ockendon). This role will be a partnership with Maternity to meet Ockendon recommendations and promote continuity of care.<br><br>➢ Neonatal ICU- 0.5 WTE band 8A ANP should be invested in to add to the current 1WTE. Options should be explored for this to be subsidised by the medical budget as the role has been implemented to provide support for medical workforce.<br><br>➢ Ifor Ward- 0.5 WTE band 7 PDN to support the current 0.5 WTE in post. CNSs also provide training support, but the teaching they deliver is concentrated around clinical skills and competencies. PDNs offer a more holistic support that include preparing band 5 RGNs for more senior roles and enhanced responsibilities.<br><br>➢ Childrens Ambulatory Care (CAU)- 0.6 WTE band 3 HCSW. 2.62 WTE require to efficiently support the unit and only 2WTE currently in place.<br><br>➢ Children Daycare and Outpatient -1WTE band 5 RN required and 3.8 WTE band 3 HCSW required due to the significant increase in dental activity. This service is HCSW and Nursing Associate led, and the increase will enable the service to safely staff for increasing the service from half a day a week, to 2 full days. |
| **Workforce data** | o The sickness rate has improved from an average of 5.1% last review, to 4.8% from March to August 2023. Although remaining |

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| | <ul><li>above the Trust target of 3.5%, the leadership team have a robust plan in place to continue this improvement.</li><li>Turnover remains high at 18.3%. As part of restructure, there are opportunities for junior workforce to rotate across all clinical settings, so they are supported to gain confidence and competencies.</li><li>Mandatory training rates are over 90% and appraisal rates 80% from 83% in the last period.<br>.</li></ul> |
| **Activity & Acuity impacting on staffing** | <ul><li>Enhanced Care needed to support the increased acuity in Simmons House and Ifor ward incurred a financial overspend. There has been a consistent need for Enhanced Care in Simmons House for last 6 months. Activity reduced as expected in Ifor ward in the Summer months but increased acuity and complex social admissions contributed to the need for Enhanced Care provision.</li><li>The seasonal increase from 15 beds to 17 is not within funded establishment and is a cost pressure due to the use of temporary staff. Consideration should be given to including this business planning as a recurrent cost for the Winter months.</li><li>The restructure of the department and investment in RMNs will be instrumental in further mitigating the bank/agency costs.</li></ul> |
| **Roster Management and safe deployment of staff** | <ul><li>Increased number of flexible working requests related to shift pattern.<br>The historical arrangements are prioritised for review.</li><li>CAU rota template currently under review to allocate nurse in charge (NIC) shifts and remove night shift tiles.</li><li>Matrons to review current rota writing pattern to ensure improved approval lead time and finalisation.</li><li>Overall, the current daily staff allocation is accurate. The staffing ratio will change accordingly if the requested investment is approved.</li></ul> |
| **Quality and safety** | <ul><li>There were 2 pressure ulcers reported in community between March and August 2023. These were children with complex care needs. Staff training and education is ongoing.</li><li>Themes of complaints are clinical care and access to therapies.</li><li>Learning from Complaints:</li></ul><ul><li>➢ Information shared with staff via staff notice boards & emails.</li><li>➢ Effective communication and managing expectations previous topic of the month.</li></ul> |

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| | <ul><li>➢ Simmons House has created a pathway for all new starters to complete their medication management competency, assessment and calculations test within two weeks of starting to follow a medication error.</li><li>➢ Health visiting teams have adopted a more robust process for checking patients records before adding new information to them and amended the processes to include confirmation of NHS number at every new birth contact.</li></ul><br><ul><li>o Serious incidents and learning: **skull Fracture 5wk old baby.**</li><li>➢ Interprofessional effective verbal communication.</li><li>➢ Ensuring training and supervision includes references to key statutory safeguarding guidance and how to apply in practice.</li><li>➢ Staff to be supported in discussing what they observe e.g., marks/bruises as they could be potential safeguarding indicators / concerns however small.</li></ul><br>**Eating disorder in-patient lost 3.7kg in a week.**<ul><li>➢ Nursing handover documentation has been standardised: all aspects of essential handover covered in a structured approach for the team to use.</li><li>➢ All staff to complete eating disorder training.</li><li>➢ Undertake fluid balance audits with the aim to implement a fluid balance chart specifically for eating disorders.</li><li>➢ Introduced complex weekly handover tool for the consultants.</li></ul> |
| **Succession planning** | <ul><li>o Review of the Epilepsy service based on national guidance.</li><li>o Review HCSW workforce in the community to ensure they complete the HCSW Care Certificate.</li><li>o Ongoing recruitment for international nurses in partnership with GSTT</li><li>o The ICSU has an older CNS cohort and a junior workforce across acute paediatrics:  PDNs and senior staff to mentor junior nurses to develop leadership skills.</li><li>o Areas of workforce risks in CYP: Recruitment in Community setting (Health Visitors)</li><li>o CYP is exploring the creation of apprenticeship workforce model to create new nursing pathways within the ICSU to support Nursing Associates.</li></ul> |
| **Planning next review** | <ul><li>o Ongoing targeted intervention to recruit in community services.</li></ul> |

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| | o Progress the posts agreed in principle when formally agreed by the Trust. |
| | o Repurpose some of the vacancies. |
| | o Review job plans and identify multiskilling opportunities. |
| | o Review Rota templates |
| | o Review CNSs job plans to formally include education to support PDNs and junior staff. |
| | o All teams to prioritise completion of Care Certificate for HCSW. |

### 4.2 **ACW- Maternity services, General Outpatient services, Gynaecology outpatient services**

Maternity services: The last Birthrate Plus local update was undertaken in January 2023 across inpatient and outpatient areas. Based on the birthing activity at the time, it identified a shortfall of 6WTE band 6 Midwives. The next review is due in December 2023, but it is essential to use this this report as a way to track actions and progress from last establishment review.

Outpatient services (Gynaecology and General): 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 undertaken locally to identify gaps and opportunities with support from Corporate Nursing leadership in preparation for next review.

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| **Progress against actions from last review** | o Band 7 1 WTE Midwife funding identified within current budget and interview planned for November 2023 |
| **Establishment update** | o In Maternity services, currently all services within the acute setting are meeting service needs pending a refresh from Birthrate plus due to take place in December 2023.<br><br>o Gynaecology outpatients. There is a need to increase establishments to meet the demand for additional Nurse Led clinics and to be fully compliant with guidance for Colposcopy clinics. A business case is being written. |
| **Workforce data** | o Vacancy/turnover:<br>➢ Retirement and internal recruitment were cited as the reason for high vacancies in Maternity. This is mitigated with international recruitment.<br>➢ There are no vacancies currently in Gynaecology Outpatients.<br>o Sickness remains over 3.5 %. |

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| | ➢ Sickness management is in place to support both managers and staff to remain or return to work safely.<br>➢ The main themes are stress and musculoskeletal complaints. |
| **Activity & Acuity impacting on staffing** | o Incidents reported related to compromised skill mix in Maternity and insufficient staffing in Gynaecology outpatients.<br><br>o Trends that have impacted on staffing over last 6 months:<br>➢ Birth Centre has been suspended 19%<br>➢ Homebirth services not available 38%.<br>➢ Opening of 2<sup>nd</sup> Theatre-7 occasions |
| **Roster Management and safe deployment of staff** | o 80% of staff have flexible working hours in Maternity services. This may affect safety and the deployment of staff within the unit. HR is supporting Managers undertake reviews of requests.<br><br>o All rota templates need to be reviewed to ensure hours are allocated appropriately and reflect accurate staff deployment across the ICSU. |
| **Quality and safety** | o **Complaints**: Themes identified are linked to:<br>➢ Communication<br>➢ Clinical Decision making (Drs)<br>➢ Lack of weekend scanning<br>➢ Joint complaints with maternity/ ED<br>➢ Consent<br>➢ Birth experience<br><br>o **Serious Incident:**<br>➢ Orthopaedic clinic template update – new documentation and wound care update following sutures not removed 14 days post operation. |
| **Succession planning** | ➢ At the time of the establishment review meeting (November 2023) plans are:<br>➢ A restructure of the maternity workforce is planned for Spring 2024<br>➢ Active international midwifery recruitment has taken place and there are currently 10 WTE staff in post with a further 4 to start later in the year.<br>➢ Outpatient services exploring feasibility of recruiting international nurses in the future.<br>➢ Maternity is reviewing the number of staff nearing retirement, midwifery vacancy rates, preceptees rotating to community and ongoing recruitment campaign for band 6 Midwives and Community Midwives.<br>➢ Review retention planning as junior band 6 Midwives leave when they have finished their preceptorship. |

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| | ➤ Outpatient exploring training posts for highly specialist roles (Uro-gynae, Hysteroscopy nurse)<br>➤ Support flexi-retirement options for all staff planning retirement. |
| **Planning next review** | o Across the ICSU, inform the eRostering team of changes to the team and update the Roster templates 6 monthly as required.<br><br>o Maternity to continue to repurpose existing budget to create new roles/position until Birthrate rate plus (BR+) report is issued.<br><br>o Include Continuity of Care team in next BR+ review<br><br>o Gynae Outpatient and General outpatient senior leadership team to liaise with Corporate Senior nurses to review proposal to increase establishment. |

## 4.3 Surgery and Cancer

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

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| **Progress against actions from last review** | o Review of the externally funded Cancer Nurses is in progress.<br><br>o Review of CCU bed base, required establishment followed by recruitment has been achieved.<br><br>o S&C and EIM are writing a business case for central funding for Enhanced Care. |
| **Establishment update** | o <u>Mercers and Coyle</u>: The current establishments meet the service needs.<br><br>o <u>CCU</u>: At the time of meeting, the establishment meets the service needs following an increase in establishment due to the additional 2 beds opening for Winter.<br><br>o <u>CCOT</u>-there is a need to review the establishment as currently it does not meet the increase in activity and acuity. The team's educational and governance duties are not included in the current job plans and the team is working with Safer Staffing Lead Nurse to collect data internally and externally to benchmark. There will be a formal review at the next establishment review or before if a business case is ready for submission.<br>o Cancer external funding ending early 2024 have business cases being progressed. |

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| | ➢ 0.5 WTE Lung CSW funding ends December 2023<br><br>➢ 0.5 WTE Lung CNS contract ends February 2024<br><br>➢ 0.5 WTE Urology CSW contract ends February 2024<br><br>➢ 0.5 WTE UGI CSW contract ends May 2024<br><br>➢ 0.5 WTE Urology CNS contract ends 2025.<br><br>➢ 0.2 WTE Gynaecology CNS contract end March 2024 |
| **Workforce data** | o  S&C has experienced a marked improvement in most metrics in last 6 months.<br><br>o  Vacancies and turnover overall are within range, respectively 10% and 13%<br><br>o  Mandatory training improved from low 80s% to 90.5% exceeding the target for both registered and unregistered staff.<br><br>o  Appraisal at the last review was 57.5%. Although this remains under target, there has been an improvement to 79% (84% for registered and 74% for unregistered staff)<br><br>o  Sickness average for March 23-August 23 period remains 3.2% |
| **Activity & Acuity impacting on staffing** | o  Red Flags: No unresolved red shift across S&C over last 6 months.<br><br>o  Enhanced Care spend between March and August 2023 is equivalent to 3WTE band 3 HCSW. The Matron is working with the EIM Matron to collate data to support a shared business case. |
| **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.<br><br>o  There are a high number of flexible working requests, with the highest identified in Theatres and CCU. The team feels that the management of these is improving and there is good support from HR. |

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| | o All rota demand templates need to be reviewed on 6 months basis. |
| **Quality and safety** | o There is an improvement in some quality metrics (falls and pressure ulcers) which is attributed to improved staffing levels and engaged leadership in clinical areas.<br><br>o **Falls** reduction from 49 to 26 in last the 6 months. Most were low harm; none were moderate or severe harm.<br><br>o **Pressure ulcers**:56 were reported across the ICSU (reduced from 71 at last review) of which 6 were graded moderate harm, mainly on Coyle and CCU.<br><br>o Complaint themes include delays in treatment, documentation, and communication.<br><br>o Use of the Recovery area due to lack of available inpatient beds overnight needs to be noted as a risk and data will be collected over the next few months to assess trends and patient impact.<br><br>o **Serious incidents**: These 2 incidents were not directly nursing attributed, but the shared learning is:<br><br>➤ Non-contributory delay in the follow up of a patient with metastatic cancer.<br>There was a missed opportunity to communicate with relevant teams/the patient's GP when the patient was discharged and there was a lack of documentation regarding discharge on 20th April 2022<br>A position needs to be created to assist with the tracking of patients. A business case will be presented when completed.<br><br>➤ Missing CD medication in CCU<br>Investigation has concluded and a final report is in progress. |
| **Succession planning** | o Further development of ANPs across both cancer and non-cancer with an increase in nurse led activity will potentially reduce medical spend in Oncology, Dermatology and Orthopaedics.<br><br>o Flexible workforce across Theatres with staff able to multiskill (Scrub side and anaesthetics)<br><br>o Recurrent funding for activity peaks and winter pressures in CCU to maintain a stable and skilled workforce.<br><br>o Support retire and return scheme within at-risk areas. |

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| | o Repurpose available budget band 5 RN from Coyle following the bed base reduction, to create a phototherapy Nurse role to free other Dermatology CNS for further nurse-led activity and teaching. |
| | o Developmental roles to increase skill set – this has worked well in the chemotherapy unit and the aim is to replicate this in other areas in S&C |
| **Planning next review** | o Completion of the business cases for externally funded Cancer Nurses |
| | o Assess and monitor the use of Recovery overnight for a possible further establishment review. |
| | o Focus on appraisal across all staff groups. |
| | o Implementation of rota meetings with the Healthroster team. |
| | o Review of the staffing in Chemotherapy and DTC post activity review |
| | o CCOT to continue collecting data to evidence investment agreed in principle. |

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

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

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| **Progress against actions from last review** | o 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. The National Quality Board (NQB), p15, Royal College of Nursing and Royal college of Emergency Medicine recommends that the headroom on average Should be 25% <br> This has been actioned as part of the wider Trust review. The uplift varies according to roles, role-specific educational requirement, number of bank holidays over the year etc. |
| | o Demand for 6 HCSW in ED per shift (16.3WTE): Business case in progress |

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| | o Review of Enhanced Care and better utilisation: Data collection in progress in partnership with S&C.<br><br>o 10 WTE to be put back into ED budget: Actioned.<br><br>o Plan to separate COOP cost centres for clarity in spend: Actioned but access for Matrons to new codes (AAUL, AAAC) remains a challenge which has been escalated by ADoN. |
| **Establishment update** | o **ED:**<br><br>➤ ICSU developing a business case to fund 16.3WTE additional band 3 HCSW/TNAs to meet the current deployment supporting the new RAT process, and to support the increased enhanced care needs for mental health patients. The current establishment is for 13 WTE. The model is currently delivered as a cost pressure.<br><br>➤ Temporary spend remains a challenge with an equivalent of 33.3 WTE (13 WTE HCA and 20.3 WTERN) spend average over March-August 23. This exceeds the vacancy rate for this period. This is due to the need for more enhanced care, corridor care (patients stranded in ED due to lack of available beds or cubicles), increased acuity, and unavailability of staff.<br><br>o **SDEC**<br><br>➤ Medical staffing remodelling in progress to include extended hours and 7 day working. The nursing staffing model will be dependent on the proposal outcome. The current establishment is to remain unchanged until then.<br><br>o **Mary Seacole (North and South):**<br><br>➤ Due to difficulties backfilling band 4 Nursing Associates, the proposal is to reduce this budget line and repurpose in the band 5 budget line. There will be an internal review to explore why band 4 retention is problematic.<br><br>➤ AAU (North and South) 5.2 WTE band 2 HCSW to increase the numbers by 1 on day and 1 on night shift. However, the recommendation is to review any underspend across the ICSU and to reassess the need for enhanced care and Baywatch.<br><br>o **Montuschi**<br><br>➤ 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 current underspend to see if this can be repurposed for this |

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| | request. |
| | o **Nightingale** |
| | ➢ Requesting 10.3 WTE band 2 HCSW to increase deployment by 2 on days and 2 on night shifts. Following SIs and significant harm from falls, the ward now complies with strict Baywatch. The recommendation is to review the underspend across EIM ICSU review the current request for the number requested. |
| | o **Endoscopy** |
| | ➢ All staff in establishment are on fixed term contracts as funding is based on activity. |
| | ➢ There is no request for investment, but there is a recommendation to convert some income into workforce and to consider recruitment of an 8A Nursing post to strengthen leadership. |
| | o **Enhanced Care** |
| | ➢ The current budget is for 23 WTE, but usage is 50-60 WTE for EIM only. The plan to review this is described earlier in the report. |
| | o **ICSU Wide** |
| | ➢ 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. |
| **Workforce data** | o The average appraisal rate is above target with marked improvement for ED and AAU. There is ongoing work for Enhanced Care and Endoscopy, who average 83% |
| | o There are no areas of concern for mandatory training, with the average for March-August 86.5% |
| | o Sickness has also improved in the 6-months. It remains over target at 4.2% (improved 0.5%) <br> The main themes for long term sickness are stress, mental health and pregnancy related ailments. |
| **Activity & Acuity impacting on staffing** | o Red flags reporting has markedly improved with 19 unresolved events compared to 57 in the previous review period. This reflects the improvement in staffing levels, reduced sickness, and seasonal improvement. |

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| | 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 deployment of staff** | o Flexible working requests are increasing, and some grievances have been submitted when departments are unable to accommodate a request due to service needs.<br><br>o Approval lead time needs to improve as a priority to allow staff to plan work-life balance in advance. The Trust target is 56 days, with the ICSU having a 19-day lead approval. However, all ICSUs need to improve this overall. |
| **Quality and safety** | o **Falls**:<br>➢ There were a high number (24) in ED between March and August 23 and lower numbers (6) in AAUs due to Baywatch. Overall, numbers are trending down, but there is still work to be done.<br><br>o **Pressure ulcers:**<br><br>➢ Across EIM we observed a downward trend of pressure ulcers between April and September 2023. Between April and September there were no stage 4 pressure ulcers reported, and no unstageable ulcers since June 2023.<br>➢ Between April and June 2023, 5 grade 3 pressure ulcers were reported and 1 reported between July and September.<br>➢ The plan is to continue follow pressure ulcer prevention measures, such as regular repositioning and maintaining personal hygiene for patient.<br>➢ Understand risk factors of developing a pressure ulcer - the role of nutrition and mobility.<br>➢ All pressure areas must be inspected and assessed on daily washing.<br><br>o **Complaints**:<br>➢ Themes cluster around admission, transfer arrangements and discharges<br>➢ Other themes related to 'attitude' 'inconsiderate/uncaring/dismissive' cited as the reasons.<br>➢ Complaint related to 'nursing care' with 'poor standard of care provided' cited as the reason. |
| **Succession planning** | o Number of CNS required, and job plans being reviewed.<br><br>o Ongoing training for ACPs for frailty, acute medicine and ED. |

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| | Working on an ACP strategy to employ a band 8b ACP lead, cited earlier in the report. |
| | o Actively recruiting and retaining Internationally Educated Nurses. Currently employing 40 WTE across the ICSU, with 10 WTE to start in the next 3 months. |
| **Planning next review** | o Review the Housekeeper WTE and discuss moving the cost to Facilities to free budget for nursing investment request. |
| | o All nursing budgets to be reviewed ICSU wide to identify any potential for repurposing before the CNO agrees investments in principle (Montushi, Nightingale and AAU) |
| | o Progress business cases for Enhanced Care and ED 16.3WTE band 3 HCAs |
| | o Include TB services in the next establishment review. |

## 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 Trust this year. The team opted to pilot it in 4 district nurse teams (Islington North, Islington Urgent Response, Haringey Central and Haringey Urgent Response). Since then, the ACS ICSU has undergone a sizeable restructure and will require restarting audit training at a larger scale beginning in January 2024 to allow meaningful audit data collection in the early establishment review in Summer 2024.

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| **Establishment update** | o Following the restructure all existing team establishments meet the service needs. |
| **Workforce data** | o The sickness rate for March 23- to August 23 averages 4.5% across the ICSU. |
| | o Vacancy remains a challenge across the ICSU with a vacancy rate of 16%. 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 are over 90% |
| | o Appraisal rates need to improve as the average is 74% with Islington North Team 55% . |

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| **Roster Management and safe deployment of staff** | o Teams need to ensure Eroster demand templates are reviewed on a 6 monthly basis.<br><br>o Due to the restructure, all daily deployment information will need to be provided to the Safer Staffing Lead Nurse.<br><br>o The ACS team need to share any escalation daily to the central team as part of escalation process. |
| **Succession planning** | o Continue active and targeted band 5 RN recruitment to support reducing temporary staffing expenditure. The team reports a productive partnership with universities to recruit graduates.<br><br>o Team promotes the top up degree for Nursing Associates to become Registered Nurses.<br><br>o Active recruiters of International Nurses, currently hosting 17 and planning to recruit 6 in next 12 months.<br><br>o Actively engaging with Community Safer Staffing Nursing tool audit to help planning for the future and to understand needs better.<br><br>o Promotes flexi retirement for older experienced nurses. |
| **Planning next review** | o Review Rota Demand templates<br><br>o Ensure all staff undertake audit training for safer staffing.<br><br>o Review the number of Trainee Nursing Associate and capacity to employ Nursing Associates once the programme has finished. |

## 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 April 2024. The data collection and audits for this period will start in December 2023. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and upcoming rostering challenge meetings.

o Community services will continue to be assessed against all metrics the other ICSUs are measured against, but also by embedding the Community Safer Nursing Staffing Tool where appropriate.

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

- The general and Gynaecology outpatient services will undergo a separate establishment review from Maternity services in the 2024 establishment review, based on work locally undertaken. Support from the Safer Staffing Lead Nurse will help determine any establishment changes and future investment requests.

- 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.