



Meeting title	Quality Governance Committee	Date: 25.10.2022
Report title	Bi-Annual Nursing and Midwifery Establishment Review Report	Agenda item:
Executive director lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perraut assistant Chief Nurse Roda Mohamed, Lead Nurse for Safer Staffing	
Executive summary	<ul style="list-style-type: none">• In line with National Quality Board (NQB) guidance, 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• It Includes a comprehensive overview of Nursing & Midwifery staffing over 2021/22. Over the past 6 months ESR reports that Whittington health nursing and Midwifery establishment represent 1797.69WTE (1256.71WTE Registered and 540.98WTE Unregistered staff)• The report presents the establishment assessment, and proposal for the establishment of the following areas: -<ul style="list-style-type: none">○ Inpatient adult and paediatric wards (EIM, Surgery& Cancer and CYP)○ Simmons House (CYP)○ Emergency Department (ED) (EIM)○ Intensive Care Unit (ICU) (Surgery and Cancer)○ NICU (CYP)○ Theatres and Recovery (Surgery and Cancer)○ Day treatment centre (Surgery and Cancer)○ Maternity• Additionally, the quality indicators (QI) sensitive to district nursing were considered• Where increase investment has been identified and supported in principle by Chief nurse, the ICSU will incorporate as part of the business planning:<ul style="list-style-type: none">○ Ifor Ward/CAU 2WTE HCA○ Ifor Ward: Fixed term 1 year: 2WTE RMN (B5 and B6) and 2WTE HCA○ Paediatric Day care 1WTE RN B6 (this post was disestablished and converted to non-clinical role)○ Simmons House 2WTE RMN (1B5 and 1B6)	

	<ul style="list-style-type: none"> ○ ED 18WTE RNs and 6WTE HCA (includes 10 RN removed from establishment during covid and put into CIP (narrative in report)) ○ Nightingale 2WTE HCA ○ Cancer and Surgery 1WTE PDN ○ Maternity 1.4WTE Bereavement midwife <ul style="list-style-type: none"> ● Separate cases are under scrutiny to support flex beds and 20 bedded winter ward <ul style="list-style-type: none"> ○ Coyle 11.6WTE (RN and HCAs) ○ Mercers 4.3WTE (RN and HCAs) ○ Victoria 20.8WTE (RN and HCAs) ○ COOP 27.3WTE (RN and HCAs) ○ Winter ward 31WTE (RN and HCAs)
Purpose:	To assure the Quality Governance Committee and the Board of Directors regarding Nursing and Midwifery safe staffing levels across Whittington Health
Recommendation	The Quality Governance Committee is asked to: <ul style="list-style-type: none"> (i) Review the paper content (ii) Note establishments adjustments that will be proposed within ICSUs business planning cycle
Risk Register or Board Assurance Framework	<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>
Report history	<ol style="list-style-type: none"> 1. Establishment review meetings with Chief Nurse, Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing lead nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies and Matrons 2. Quality Governance Committee 3. Nursing and Midwifery Leadership Group (NMLG)
Appendices	<ol style="list-style-type: none"> 1. The NQB's 3 priorities 2. Pack example

Bi-Annual Nursing and Midwifery Establishment Review Report

1. INTRODUCTION

- 1.1 The purpose of this report is to provide assurance to the Quality Governance Committee and the Board of Directors that the Trust Nursing and Midwifery staffing levels are compliant with Developing Workforce Safeguards (NHSI, 2018) which incorporate the National Quality Board Standards (NQB, 2016), for safe Nursing and Midwifery staffing at Whittington Health.
- 1.2 The guidance sets out the key principles and tools that organisations should use to measure and improve their use of staffing resources to ensure safe, sustainable, and productive services. The NQB's 3 priorities that form the basis to making staffing decisions are as below and detailed in *appendix 1*
- Right staff
 - Right Skills
 - Right place and time
- 1.3 The Bi-Annual Nursing and Midwifery Establishment Reviews were undertaken throughout September and October 2022, with the overview of the outcomes of these reviews detailed within this report. The information pack included workforce and staffing data from March 2022 to August 2022
- 1.4 Reviews were led by the Safer Staffing Lead Nurse, Chief Nurse, Deputy chief Nurse and Assistant Chief Nurse
- 1.5 Safer staffing and skill mix reviews were undertaken in September 2022 for the following clinical areas:
- Inpatient adult and children wards (EIM, Surgery& Cancer and CYP)
 - Simmons House (CYP)
 - Emergency Department (ED) (EIM)
 - Critical Care Unit (CCU) (Surgery and Cancer)
 - NICU (CYP)
 - Theatres and Recovery (Surgery and Cancer)
 - Day Treatment Centre- DTC (Surgery and Cancer)
 - Midwifery
- 1.6 Work is in progress to include comprehensive reviews of community services (Health Visiting, School Nursing, District Nursing and Children and Adults Community Nursing) and ambulatory acute services.

2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

- 2.1 Nursing & midwifery staff establishments are formally reviewed biannually or annually for several areas, to ensure that the nursing & midwifery workforce meets the demands of clinical care provision, delivers safe care with a positive patient

experience and aligns with Whittington Health's financial, operational and strategic objectives.

- 2.2 As part of the establishment review process, all ward-based areas completed a Safer Nursing Care Tool (SNCT) or Mental Health Optimal Staffing Tool (MHOST) audits for 30 days in April 2022.

The Acuity and Dependency level of each patient is assessed and recorded on SafeCare® three times daily. The validity of data entered onto SafeCare® is checked by the Matrons and verified by the Lead Nurse for safer staffing. The afternoon census is utilised to apply the SNCT multipliers and generate the SNCT recommended establishment.

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

There is a requirement that Trusts formally ensure NQB's 2016 guidance is embedded in their safe staffing governance and should ensure the triangulated approach is used in their safe staffing processes which include:

- evidence-based tools (SNCT, Birth rate plus, MHOST..)
- professional judgement
- outcomes based on patients' needs, acuity and risks

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.

The SNCT was used to establish the optimal staffing levels for the ward-based adult and paediatric areas. ED used the ED SNCT which implemented in 2021.

The MHOST was used for Simmons House.

In addition, National guidance was used during this establishment review as detailed below:

- Safe staffing assessment for CCU was informed by recommendations issued from the Faculty of Intensive Care Medicine and NICE.
- BirthRate Plus®, completed in 2022, was used to inform the maternity services staffing review assessment
- The Association for Perioperative Practice (AfPP) sets out minimum staffing requirement and its guidance was used to review the establishment in theatres.

- Recommendations from the British Association of Perinatal Medicine (BAPM) and the Royal College of Nursing (RCN), guided the establishment review in the Neonatal Unit (NNU).
- 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.

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	Target
Appraisals % Rate	>90%
Mandatory Training % Rate	>90%
Staff sickness absence %	<3.5%
Staff turnover %	<13%
Vacancy % Rate against Establishment	<10%
Average Time to Hire (Days)	<63 Days

Table 1: Workforce KPIs and Performance targets

Information for national data and benchmarking was obtained from the Model Hospital database and NHSE/I website.

The Quality Indicators (QI) sensitive to Nursing and Midwifery staffing were collated to identify potential association of performance to staffing levels.

Care Hours Per Patient per Day (CHPPD) were also reviewed.

- 2.3 The template for the Bi-Annual Nursing and Midwifery Establishment reviews has been updated for the review process to focus on key areas for discussion, whilst also ensuring that the requirements of the review were included (*Template example in Appendix 2*). The template was circulated in advance of the meeting to the ICSUs with pre-populated data, and the ICSUs were asked to complete the relevant sections.
- 2.4 The discussions were undertaken in September and October 2022 with the ADON/Ms, Deputies and Matrons for some ICSUs. They were led by the Safer Staffing Lead Nurse, Chief Nurse, Deputy Chief Nurse and Assistant Chief Nurse.
- 2.5 Based on the data and information they provided, each ICSU was able to highlight any areas of concern and to showcase innovation and good practice. Requests to increase an establishment were discussed at length. Any increase requests were based on following criteria:

1. Patient Safety
2. Increased acuity and dependency
3. Service redesign, increased footprint or expansion (including flex beds)
4. Quality (staff / patient experience/leadership)

2.6 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. 21% uplift within establishment to cover Annual leave, Sickness and Study Leave allowances
3. Supervisory time for Ward Manager
4. Nurse in Charge to be supernumerary
5. Acknowledgement that operational and seasonal pressures on staffing require support which may include increase of staffing establishment to maintain safe ratios

2.7 Discussions also included :

1. Workforce planning and opportunities to embed new roles or repurpose roles to meet patient and service needs: (Nursing Associates, Registered Nurse Degree Apprentices, Advanced and Specialist Nurses/Midwives, Trainee Nursing Associates)
2. International Recruitment opportunities
3. Service redesign/expansion opportunities
4. Any concerns identified (sickness, HR, recruitment, overspend) and give assurance mitigation plan is in pace and escalate to panel for support.
5. Successes and celebrations that ICSUs wanted to share

3. KEY CHALLENGES

- 3.1 Ongoing operational pressures throughout 2022, due to increased demand and acuity, required some department reconfiguration by flexing beds and intermittent opening of additional beds including Thorogood. Summer 2022 was unprecedentedly busy with higher demand on services and attendances to ED. This translated in increased staff deployment to support both department reconfiguration and higher staff absence levels than expected due to sickness and annual leave that is usually granted over the summer months.
- 3.2 Oversight of safe staffing across the Whittington Health remains a challenge due to short notice changes in staff availability, deployment, and increased establishment requirements to support services increased acuity and creation additional capacity. This is managed through Trust daily site meetings and safe staffing meetings as required to support additional staffing requirements, balancing the risk across the organisation.

3.3 Turn over rates are consistently above target of 13%. Staff turnover (average 6 month 16.5%) over last 6 months with significant and multifactorial contributing factors, these include staff relocation due to cost of living, impact on health and wellbeing due to increased acuity and demand on acute ward (noted in EIM and CYP). It is also noted that unregistered staff are markedly affected (17.6% average) compared to registered staff (15.5%)

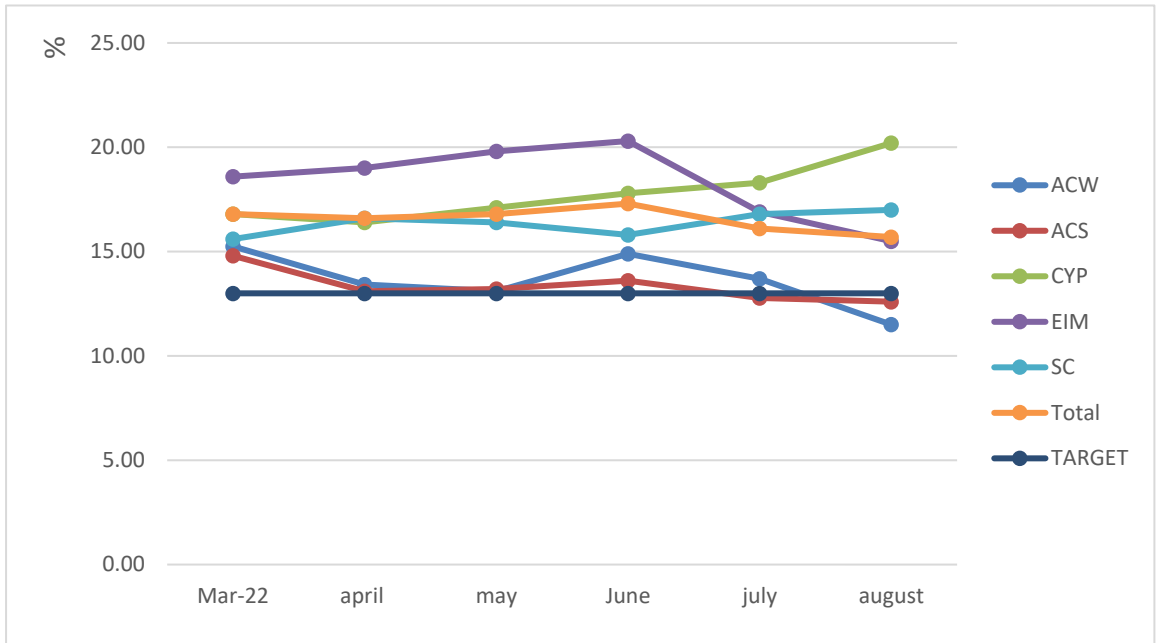


Table 2: Turnover rates by ICSU combined registered and unregistered staff March-august 2022

3.4 Staff health sickness and absence persistently above Trust Target (3%) (although improving in last few months). Staffing pressures, enhanced care needs increase also impacts on staff-patient ratio in many areas.

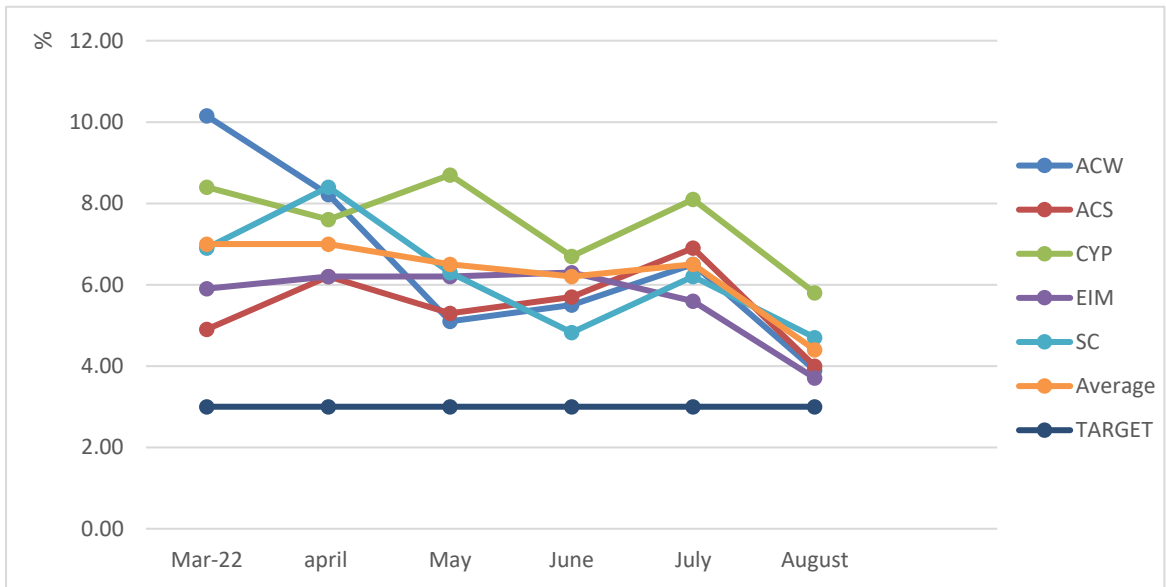


Table 3: Sickness by ICSU combined registered and unregistered staff March-august 2022

3.5 Recruitment and retention (vacancy target 13%) remains a challenge due to the impact of Covid-19, cost of living and staff health and wellbeing. The unregistered workforce is disproportionately affected, with a vacancy rate average of

18.3% compared to registered nursing within target (12.53%)..

Over the past year, the stability index target (85%) where staff remain post over 12 months shows 80% for registered staff and 75% for unregistered colleagues

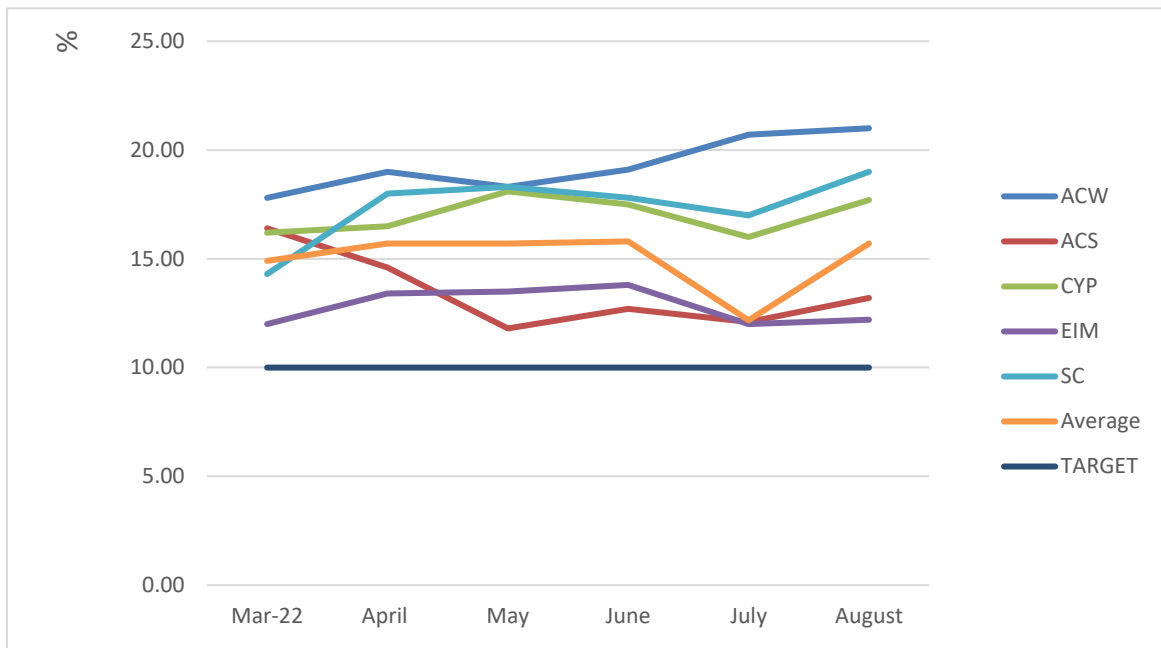


Table 3: Vacancy rates against establishments by ICSU combined registered and unregistered staff March-august 2022

3.6 Challenges in embedding preceptorship and clinical supervision across the Trust due to competing priorities and operational pressures.

4. KEY FINDINGS

4.1 The reviews demonstrated that, when Nursing and Midwifery levels are fully established with the recommended budgeted establishments, all areas will be safely staffed. Temporary staff are utilised, where appropriate, to cover vacancies and also to provide additional staff to maintain patient safety in the areas where the acuity and/or dependency of patients has increased.

4.2 The number of additional posts requested from the establishment reviews to provide ongoing safe staffing of areas and incorporating services expansion/increased patient acuity is under review as part of business planning. The summary of discussion and outcome from individual establishment reviews are included later in this report.

4.3 Workforce planning discussions identified wide scale support for the Nursing Associate role and international nurses within the future establishments and acknowledged the need to further embed the roles within the clinical areas where they already exist. There is recognition that clinical areas need support to enable learners and new starters to receive appropriate level of training and time whilst meeting competing demands and increased patients' acuity and dependency.

5. ICSU REVIEWS AND ANALYSIS

5.1 Children and Young People

The ICSU has several services across both acute and community settings. This review addressed Ifor wards, Children Ambulatory Unit (CAU), Day Care, NICU and Simmons House. Further review later will include Children Community Nurses, School Nurses and Health Visitors.

- **Funded establishment changes:**

Main topic highlighted during the discussion was the increased acuity and complexity of patient across children services and Simmons House and the need for establishment to reflect these changes

There has been an increased use of temporary staffing from agency and staff undertaking extra duties.

The ADoN also raised that during Covid-19 the B6 day care RN post was disestablished and converted to a non-clinical role without consultation from nursing leadership. The team is formally requesting this is reinstated. It is an essential role to support day care activities and planned surgery.

Any nursing budget that is considered for removal or repurpose should first be reviewed and approved by the Chief Nurse.

No concerns raised with regards to NICU establishment level as part of this review

	Patient safety	Service redesign, increased footprint or expansion (including flex beds)	Increased acuity and dependency	Quality (staff and patient experience, Leadership)
IFOR /CAU 2WTW B3 HCAs	x	x	x	
IFOR (fixed term 1 year) 2WTE RMN (1 B5& 1B6) 2WTE 2WTE HCA	x		x	
Day care 1WTE B6 (this post was disestablished and converted to non clinical role. Needs reestablishing)	x		x	
Simmons House 2WTE RMN (1 B5& 1B6)	x		x	

Table 4: CYP increased establishment request criteria applied to

- **Workforce data**

Over the past 6 months, the sickness rate has averaged 7.7%. Over the last 2 months there has been an improvement across both registered and non-registered staff. It was noted that the main theme was stress related and some bereavement leave. There were suggestions during the review to consider rotation between acute care and Simmons House to diversify staff experience and maintain well-being

- **Quality and safety data**

Complaints Themes identified around communication

Pressure ulcers review work being undertaken in NICU

Datix mainly around patients self-harm and aggression towards staff

- **Safer staffing**

Noted that enhanced care has increased and were higher than expected during the summer months

Beds already being flexed from 15 to 17 earlier than expected

The team is currently reviewing model of care on CAU to meet increased demand and improve patient safety and experience.

- **Clinical supervision/staff development**

Development of RMNS and HCAs to support day cases

- **Workforce success and celebration**

Successful recruitment of 9 international nurses across CYP

Morale has improved as establishment is improving and good leadership across the ICSU

- **Succession planning**

Some challenges recruiting 3rd year student. Working with recruitment team on how to attract graduates (cost of living seem to be detrimental to attracting graduates)

Currently CYP has a young ward workforce but mature CNS team

Reviewing skills of temporary RMNs agency/bank

- **Planning next review**

Include CNS team in the review

Include Health visitors and school nurses

Mandatory training and appraisal data to be discussed to ensure safe practices and career conversations are productive

5.2 **Maternity as part of ACW**

This review was based in the Birthrate Plus report from May 2022 across inpatient and outpatients areas.

Within maternity services the Birthrate Plus tool has been used to provide detailed calculation of workload needed based on the needs of the resident population.

- **Funded establishment changes**

The team is actively working to repurpose vacancies to ensure adequate succession planning and offer opportunities for new enhanced roles.

Currently the team reports that the establishment is safe but have identified a need to support bereaved families to provide 7 day service and request an uplift on existing post to have 2WTE bereavement midwives
 It is also noted that uplift is increased to reflect added specialist courses that midwives need to undertake. This will be included in next establishment review.

	Patient safety	Service redesign, increased footprint or expansion (including flex beds)	Increased acuity and dependency	Quality (staff and patient experience, Leadership)
1.4WTE Bereavement midwife	X			X
1WTE 8C nurse consultant (Ockendon recommendation)				X

Table 4: Maternity increased establishment request criteria applied to

- Workforce data**

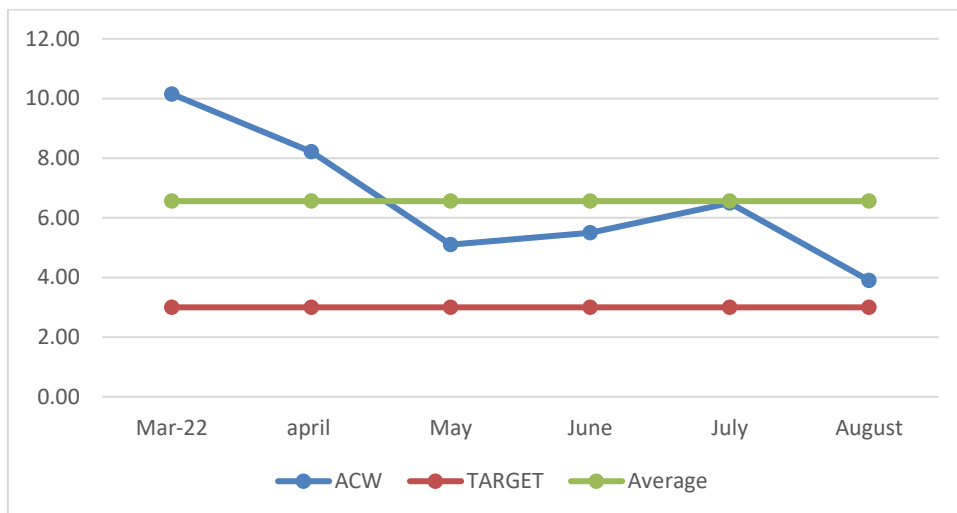


Table 5: ACW trend sickness combined registered and unregistered march-August 2022

Sickness overall sickness remains over 3% target but marked improvement in last 2 month where non- registered staff sickness level was within target (2.57%)
 The team reports some long term sickness
 The main theme is covid related illness, stress and musculoskeletal complaints.
 Discussed importance of compliance to mandatory training including manual handling

- Safer staffing**

Plans to initiate junior midwives being rotated from acute to community setting if robust systems are in place.

- Quality and safety data**

Red flags will going forward be included in birthrate plus data pack to ensure accuracy

Maternity has a sitrep, but team is planning to audit when midwives are moved from birth centre due to staffing pressures. Plan is also to introduce a sitrep audit to the community teams

Flexible working existing but need to be reviewed

Complaints have reduced in last few months. Themes identified are linked to delayed medication and communication

The Ockendon report also highlighted that triage phones are not answered in a timely manner.

The plan is to allocate a midwife or administrative staff to support midwives at triage.

- **Workforce success and celebrations**

Head of midwifery currently undertaking CNO safer staffing fellowship
 Huda Mohamed, Specialist Midwife for FGM awarded CNO gold award
 Matron accepted to King's fund programme
 2 midwives on BAME capital midwife fellowship

- **Succession planning**

High retirement rate and aging workforce
 Recruitment of 10 international midwives from 2023
 Current review of preceptorship pathway and post preceptorship rotation

- **Planning next review**

Introduction of Roster checks and challenge session monthly
 Outpatient services will be included in next review
 Maternity to include when service had to divert and close in next report

5.3 **Surgery and Cancer**

Inpatients areas (Mercers, Coyle, ITU), Theatres and DTC were evaluated in this establishment review

- **Funded establishment changes**

It is to note that Coyle and Mercers establishments do not meet the current requirement for escalation beds currently operational. A separate business case has been submitted to executive consideration and will not be included in this report. Also, an enhanced care proposal has been submitted by the ICSU as currently 50% underfunded.

ITU and DTC have not raised concerns about the current establishment
 Theatres is requesting a 1WTE PDN but suggested that this is a post that could support ICSU wide

	Patient safety	Service redesign, increased footprint, or expansion (including flex beds)	Increased acuity and dependency	Quality (staff and patient experience, Leadership)
1.1WTE B7 PDN				X

Table 6: Surgery and cancer increased establishment request criteria applied to

- Workforce data**

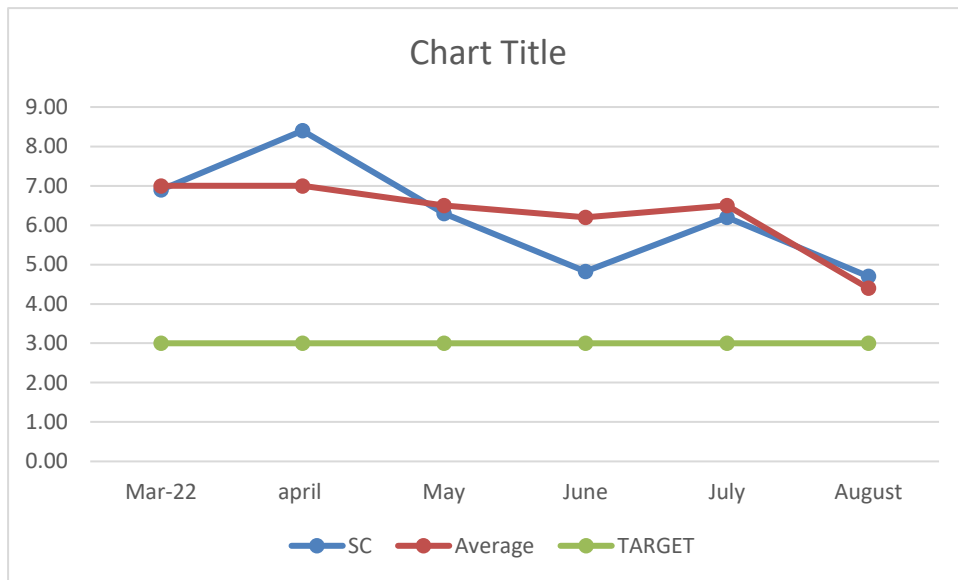


Table 7: S& Ctrend sickness combined registered and unregistered march-August 2022

Sickness although above target shows trend of improvement across the ICSU
 Some concerns raised around flexible working and its management. Some historical arrangement with poor documentation difficult to challenge.

- Safer staffing**

Main barrier to meet roster KPI are time pressure and conflicting demands
 Considering multiskilling of staff
 Suggestion to use dual roles in ITU- clinical/education to help retention of experienced staff

- Workforce successes and celebrations**

Reduction in pressure ulcers down to 1 per month.

- Succession planning**

ITU clear pathway
 International recruitment successful across ICSU including theatres and DTC

- Planning next review**

Include CNSs and cancer services in next review
 Review CNS job planning and clinical supervision

5.4 Integrated and emergency medicine (EIM)

The establishment review assessed emergency floor and inpatients areas
 It is to noted that COOP and Victoria establishments do not meet the current requirement for escalation beds currently operational. A separate business case has been submitted to executive consideration and will not be included in this report.

	Patient safety	Service redesign, increased footprint or expansion (including flex beds)	Increased acuity and dependency	Quality (staff and patient experience, Leadership)
Nightingale 2WTE HCA	x		x	
ED 18WTE RNs and 6WTE HCA including 10 Cipped RN posts (10+8)	x	x	x	x

Table 8: EIM increased establishment request criteria applied to

SDEC, pediatric ED, Montushi, Urgent care establishments are meeting the demand.

ED establishment is not meeting the demands and the increased acuity and pressures of increased attendances. 10 WTE were put into CIPS without consultation from nursing leadership The team is formally requesting this is reinstated. It is an essential role to support day care activities and planned surgery. Any nursing budget that is considered for removal or repurpose should first be reviewed and approved by the Chief Nurse.

Nightingale requests 2WTE HCA to increased ratio at night. Currently 1 HCA on night duty and raises safety risk due to increased acuity, lay out and 9 side rooms

- **Workforce data**

Sickness still above threshold but overall trend of improvement. Team reports the main barrier is the management time to address short term sickness. Long term sickness managed well with HR support and plans in place
 Common themes for sickness are Musculo skeletal complaints and stress

- **Safer staffing**

Red flags were high during the summer due to staffing pressures and opening of escalation beds/ward. Now appear to ease across EIM

Roster KPIS not always complaint as charge nurses currently in numbers

- **Planning next review**

Include outpatient reviews
 Include endoscopy information and data
 Ensure workforce and quality KPIs are analyzed and reported

7. RECOMMENDATIONS

The Nursing establishments will formally be reviewed again at the biannual review in April/May 2023. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and the integrated board reports.

The next review will also include Adult community services, Health Visitors, School Nurses and all acute ambulatory settings

A review of uplifts will be conducted across establishment and consider any variances due to specialist areas' specific education requirements

Appendix 1 - National Quality Board expectations



Appendix 2 - Establishment review pack



Establishment
 Annual Reviews ten

