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| **Meeting title** | **Public Board** | **31-01-25** |
| **Report title** | **Nursing and Midwifery 6 monthly Safer Staffing Review Report (March - August 2024 data)** | **Agenda item:** |
| **Executive director lead** | Sarah Wilding, Chief Nurse & Director of Allied Health Professionals | |
| **Report authors** | Marielle Perraut, Assistant Chief Nurse<br><br>Maria Lygoura, Lead Nurse for Safer Staffing and Roster Utilisation | |
| **Executive summary** | • In line with National Quality Board (NQB) guidance (2016), The bi-annual Nursing and Midwifery Report outlines the Trust response to the statutory requirements to have safe Nursing and Midwifery staffing identified across the organisation.<br><br>• This 6-month review report includes the following:<br><br>○ Nursing and Midwifery Establishment reviews were undertaken in November 2024<br><br>○ An update on actions from the last 6 monthly establishment review undertaken in Summer 2024<br><br>○ 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 August 2024 for all inpatient areas and Emergency Department (ED)<br><br>• Where added investment requirements have been identified since the last review and supported in principle by the Deputy/Chief Nurses, the ICSUs will progress these as part of their local operational actions/business planning.<br>The rationale supporting the recommendations are included in the report narrative:<br><br>The Board is asked to note the areas across the organisation where it is recommended to increase the establishment. | |

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| | **Emergency and Integrated Medicine**<br><br>Endoscopy (for 3 rooms): 10.5 WTE (10 Band 5 RN, 0.5 Band 3 HCA).The service is currently using temporary staffing and unfunded posts to meet the service requirements.<br>Nightingale: 5.1 WTE Band 3 HCA The request is to add 1 HCA for both day and night shifts to support the 2 additional flex beds and the increase in patient acuity. Temporary staff are currently being used to safely staff the ward.<br>○<br>○ Montuschi: 2.5 WTE Band 3 HCA. The increased requirements overnight are due to patient acuity and requirements for enhanced levels of nursing care. Temporary staff are currently being used to safely staff the ward<br><br>**Children and Young People (CYP)**<br><br>○ Ifor Ward- 0.5 WTE band 7 Practice Development Nurse (PDN). (Supported in the last 2 safer staffing reviews)<br><br>○ To agree in principle with the additional staffing requirement associated with increased bed base from 15 to 17. Temporary staff are currently being used to safely staff the ward. |
| **Purpose:** | As per the National Quality Board (2016) (NQB) 'Expectation 1: Right Staff' and NHS Improvement (2018), 'The planning cycle'; this report seeks to assure Board and the public regarding the Trust's compliance to the statutory requirements to have safe Nursing and Midwifery staffing across the organisation |
| **Recommendation** | The Board is asked to:<br><br>(i) Review that due process was complied with in line with statutory requirements to review nursing and midwifery staffing levels bi-annually.<br><br>(ii) Approve the recommendations made in this paper. |
| **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, |

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| | an adverse impact upon staff retention and damage to organisational reputation.<br><br>BAF risk People 4- Failure to recruit and retain high quality substantive staff could lead to reduced quality of care, and higher costs. |
| **Report history** | 1. Establishment review meetings with Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing Lead Nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies, Matrons and nursing recruitment team, Eroster team: Across November 2024<br>2. QGC: 10-12-24<br>3. Nursing and Midwifery Leadership Group (NMLG): 23-12-24<br>4. EMT: 06-01-25<br>5. TMG: 14-01-25<br>6. QAC: 15-01-25<br>7. Public Board 31-01-25 *(amendments following reviews and comments)* |

# 6 monthly Nursing and Midwifery Establishment Review Report

## 1. INTRODUCTION

1.1 This purpose of this report is to provide assurance to the Board of Directors (BoD) that the Trust Nursing and Midwifery staffing levels are compliant with the Developing Workforce Safeguards NHS Improvement (2018) incorporating the National Quality Board (2016) (NQB) Standards for safe Nursing and Midwifery staffing at Whittington Health NHS Trust

1.2 The guidance sets out the key principles and tools that providers should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services, including introducing the care hours per patient day (CHPPD) metric. The three NQB's expectations that form the basis to making staffing decisions are as below:


1.3 The Bi -Annual Nursing and Midwifery Establishment reviews were undertaken in November 2024 to review the Nursing and Midwifery requirements. The reviews also provide a progress overview of the outcomes from the previous Nursing and Midwifery establishment Reviews conducted in May 2024. It also reviews progress on

recruitment for all additional safe staffing posts agreed through this process in line with the Trust business planning procedures.

1.4 Each ICSU was represented by their ADoN or nominated deputy, with Matrons and departmental leads in attendance where possible. All members of the Triumvirates and finance team are offered the opportunity to attend. At present, the attendance from the wider MDTs is variable, with continued work in progress to ensure a multi-professional approach.

1.5 Safer staffing and skill mix reviews were undertaken the following clinical areas based on Safer Nursing Care Tool (SNCT) audits undertaken across August 2024: The review process and data analysis systems provide a standardised approach to assure the Trust board that Nursing and Midwifery staffing is compliant with the required standards outlined in section 1.1:

- Inpatient adult and children wards (EIM, S&C and CYP)
- Emergency Department (ED) (EIM)
- Critical Care Unit (CCU) (S&C)
- NICU (CYP)
- Maternity services were assessed based on the Birthrate Plus report produced in November 2023 and national recommendations.
- Simmons House remains temporarily closed at time of report and is not included in the report.

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

- Theatres and Recovery (S&C)
- Day Treatment Centre- DTC (S&C)
- CCU Outreach Team (S&C)
- Chemotherapy suite and CNS teams (S&C)
- General Outpatients and Gynaecology outpatient (ACW)
- Endoscopy (EIM)
- Children Ambulatory care/Day Care and Outpatient (CYP)
- Health Visiting (CYP)
- School Nurses (CYP)
- Community services: the community safe staffing tool piloted last year has been paused. At the time of this report, there has been national communication that the audit tool will be relaunched in time to be included in the spring 2025 safer staffing review.

## 2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

2.1 As part of the bi- annual establishment review process, all inpatient areas completed a Safer Nursing Care Tool (SNCT ©) audit for 30 days during August 2024. This SNCT audit is mandated by the Developing Workforce Safeguards NHS Improvement (2018) and is used to inform the establishment review, alongside professional judgement, to establish safe staffing in the clinical areas.

The NQB recommend the use of other quality data sets to inform professional judgement including acuity and dependency tools, review of incident data, completion of key clinical processes such as health roster management, sickness/absence, quality indicators and user feedback.

Triangulation NQB methodology 2016 and 2018:


2.2 For this review, 6 months of key workforce data from 1st April 2024 to 31st September 2024 was collected and circulated in advance of the meetings with Locally held information to be completed by ICSUs included the following metrics:

- All Workforce data including Vacancy, Turnover, Sickness, Mandatory Training, Appraisal Compliance, temporary staff expenditure (bank/agency)
- Establishment WTE for both funded and staff in post
- Local budgetary data, year to date (YTD) spend.
- Roster template and budget alignment information
- Roster KPIs including Care Hours Per Patient Day (CHPPD), Roster Lead Time compliance, Annual Leave percentage.
- Safer Nursing Care Tool (SNCT) inpatient validation audit data
- Red Shifts raised.
- Enhanced Care use information
- Healthcare support workers completion of Care Certificate
- Workforce profiles where available (including age and diversity data)
- Falls and Pressure Ulcer Data
- Complaints and Serious Incident data
- Staff undertaking the Professional Nurse/Midwife Advocate programme.
- Advanced and specialist level practitioners and services covered.
- Local/National Guidance/recommendations
- Successes to celebrate in last 6 months period.
- Action plans to prepare further reviews.

2.3 At the review meetings, detailed discussions on the data provided enabled all ICSUs to highlight any areas of concern and to provide examples of innovation and good practice. Department roster template, finance and ESR alignment support review meetings are being undertaken. These outcomes were discussed to understand changes made to financial and rostering templates, and to ensure the changes continued to support patient safety alongside financial alignment.

Review of new ways of working, opportunities and change of skill mixes were discussed with consideration of roles such as:

- Nursing Associates
- Apprenticeship roles
- Advanced Practitioner roles
- Professional Nurse/Midwife Advocates

Further detailed workforce planning discussions will be held within the next Establishment Reviews (April-May 2025) to inform the business planning and business cases processes.

## 3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS

3.1 In September 2024, ESR reported that Whittington Health Nursing and Midwifery funded establishment represented 2035.31 WTE (1386.78 WTE Registered and 616.60 WTE Unregistered staff). This is a 2.1 % increase from April 2024 (+ 0.65% Registered and +4.2 % Unregistered).

In September 2024, the overall staff turnover shows a marginal improvement (10.38%) compared to In April 2024 (10.94%) and has now been below the 13% target across all ICSUs for both Registered (10.00%) and Unregistered staff 10.76%) since November 2023 (13.68%).

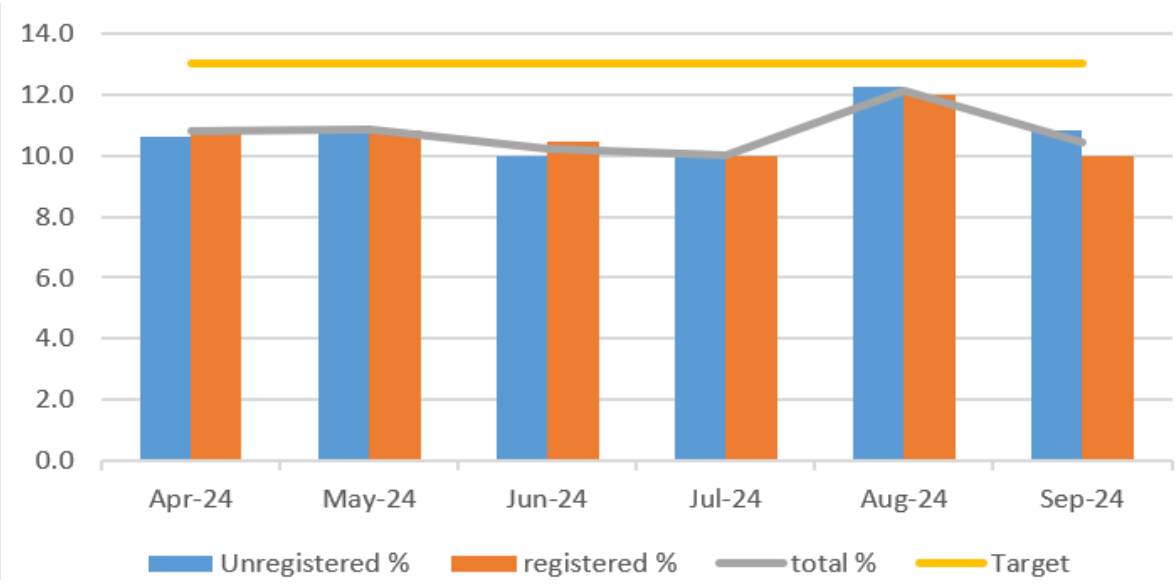


*Table 1- Trust Registered/Unregistered Turnover April-Sept 24*

Since April 2024, work is progressing across NCL to implement the band 2 to 3 uplift of the Health Care Assistant workforce. A working group has been set up, including HR and staff side partners to ensure complex financial, HR processes and governance are in place to enable us to proceed in the best interest of the staff and organisation.

3.2 Staff sickness related absence remains above the Trust target of 3.5% at 5.6% in September 2024, representing a 1% deterioration compared to April 2024.
The themes remain the same as previous reports for long term sickness: mental health and musculoskeletal (MSK) disorders.
The average over the 6 months period shows a slightly higher average of sickness in Registered nurses than for Unregistered (5.1%Vs 4.7%)
Work remains in progress in partnership with HR and Occupational Health to support colleagues back to work.

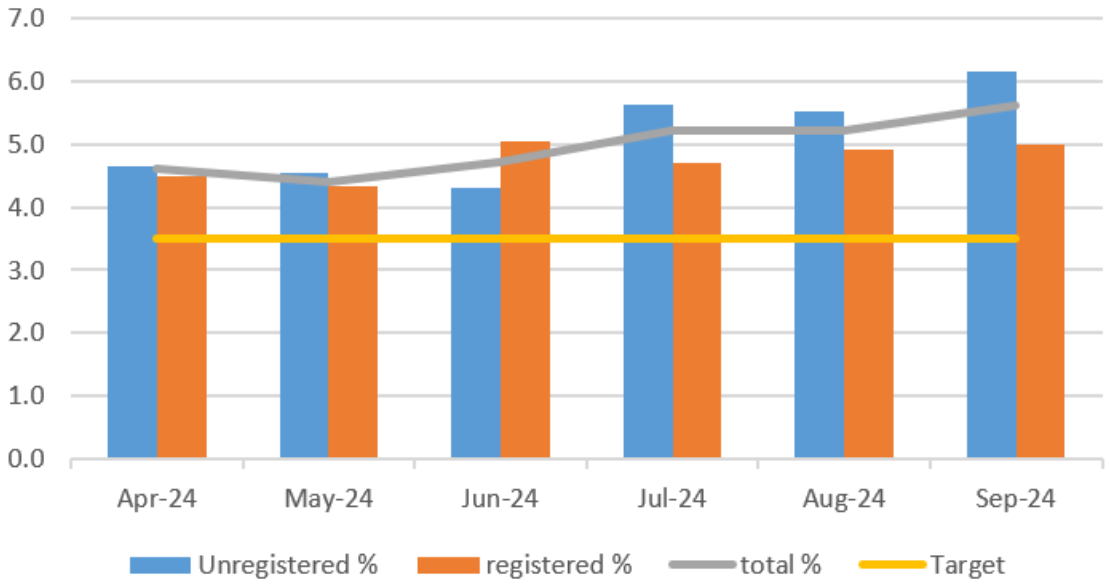


*Table 2- Trust Registered/Unregistered Sickness April-Sept 24*

3.3 The recruitment vacancy target (below 10 %) has overall deteriorated from 9.5% in April 24 to 11.3% in September 24. The scores have markedly deteriorated for unregistered staff (above 15% in last 6 months period). In contrast, the registered workforce vacancy rate has remained under 10% with an overall of 5.5% in September 24.

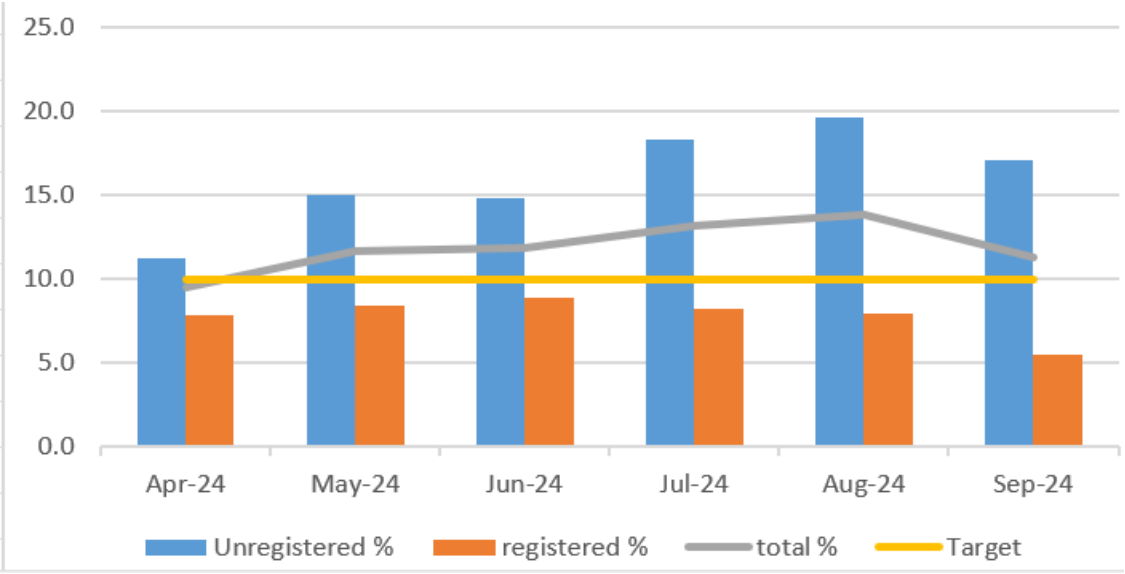


*Table 3- Trust Registered/Unregistered Vacancy April-Sept 24*

3.4 Appraisal rates show performance below the current 85% target, at overall, 80% in September 24. This is an improvement from 77% in April 24.
Managers are encouraged to attend the appraiser training to be able to conduct meaningful appraisals going forward.
Employees should also receive guidance on how to prepare their appraisal and think about their career progression and professional development.

3.5 Further detailed discussions on workforce data and KPIs will be held in the next Establishment Review meetings in April/May 2025 for recommendations of ongoing monitoring and review of individual ICSU recruitment and retention plans, in addition to ongoing monthly monitoring by ICSU leadership and corporate services.

## 4. OUTCOME

4.1 The establishment reviews confirmed that, when nursing and midwifery levels are fully established with the recommended budgeted establishments, all areas meet the safer staffing standards except for the following recommendations

- **Emergency and Integrated Medicine EIM):** Endoscopy (for 3 rooms): 10.5 WTE (10 B5, 0.5 B3):
  Current establishment 14WTE. Workforce modelling uplift shows optimal establishment to be 24.5WTE. The service is currently using temporary staffing and unfunded posts to meet the service requirements. This expenditure would cease if the establishment reflected the activity and staffing demand. JAG standards (2021) supported this recommendation in conjunction with the endoscopy department activity and current staffing levels.

- **Emergency and Integrated Medicine (EIM):** Nightingale: 5.1 WTE Band 3
  Current deployment is not meeting service needs considering the increased patient acuity and lay out of ward that includes 9 single rooms.
  It is also acknowledged that the ward has incorporated 2 additional flex beds into their “business as usual” bed base with no added funded establishment.

The safer staffing Lead Nurse also reviewed usage of the single rooms and supports an increase to the funded establishment to maintain safe staffing and patient safety.
The request is to add 1 HCA to both day and night shifts.

- **Emergency and Integrated Medicine (EIM):** Montuschi: 2.5 WTE B3
  There is currently no budget to provide a HCA at night and temporary staff are currently used instead. The ICSU is not able to redeploy any of the Enhanced Care Team to Montuschi as they are allocated to higher risk areas.

- **Children and Young People (CYP):** Ifor Ward: 0.5 WTE band 7 Practice Development Nurse (PDN) to support current 0.5 WTE in post.

- **Children and Young People (CYP):** To agree in principle with the increased staffing associated with an increased bed base from 15-17. A business case is being written and the team will consult the Safer Staffing team to produce a safe workforce model and skill mix.

4.2 In addition, there are some Departments/Wards facing periodic pressures relating to staff absence due to sickness, turnover, vacancy and increased patient acuity/enhanced care requirements. Temporary staff are used, where appropriate, to cover vacancies and to provide additional staff to maintain patient safety in the areas where the acuity and/or dependency of patients has increased. This is particularly prevalent in ED.

4.3 Any additional post requested to provide ongoing safe staffing service expansion/increased patient acuity are reviewed as part of the business planning, vacancy and financial review processes following agreement in principle by the Chief Nurse.

## 5. RECOMMENDATIONS

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

- The Nursing and Midwifery establishments will formally be reviewed again at the bi-annual-review in Spring 2025. The data collection and audits for this period will start in February 2025. All safe staffing metrics will continue to be monitored monthly via performance meetings, safe staffing governance meetings and upcoming rostering challenge meetings.

- 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.