REPORT TO THE TRUST BOARD PUBLIC
January 2021

Title	6 Monthly Safer Staffing Review of In-patient wards and Community Health Teams.
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Purpose of the Report

To present to the Board a report on in–patient mental health nurse staffing and community health safer caseload review levels. This is in line with the national expectations of NHS providers to providing safe staffing levels in all care settings; this is in line with a requirement to provide the Board with a report outlining the assurance and issues related to safe nurse staffing levels at six monthly intervals.

Summary of Key Issues

This report informs the Board on the steps taken to meet the expectations detailed in the guidance produced by the Chief Nursing Officer of England and the National Quality Board, 'How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability (2013).In October 2018 the NQB issued the Developing Workforce Safeguards "*supporting providers to deliver high quality care through safe and effective staffing*" This report outlines ELFTs processes for informed, safe and sustainable workforce decisions.

This paper focuses on our approach to ensuring that levels of nurse staffing which includes registered and unregistered nursing staff match the dependency needs of patients during the period May 2021 – Oct 2021. The paper identifies causes and actions taken to address issues relating to safe staffing.

The report includes the staffing response to Covid 19 challenges for our clinical workforce and offers assurance of actions taken to mitigate challenges as agreed by the professional leads.

Strategic Priorities this Paper Supports

Improved population health outcomes	☒	
Improved experience of care	☒	The right staffing numbers to meet the service user needs and respond accordingly.
Improved staff experience	☒	The right staff numbers creates an environment where staff can safely practice and deliver high quality care
Improved value	☒	The right staffing resources reduces the need for agency and promotes consistency of practice.

Committees/Meetings where this item has been considered

Date	**Committee/Meeting**
05/01/2022	Borough Lead Nurse Meeting

Implications

Equality Analysis	The Trust has a duty to promote equality in the recruitment of the clinical workforce.
Risk and Assurance	The following clinical risks are associated with inadequate nursing and care staffing capacity and capability: • Inadequate staffing numbers compromise safe and compassionate care. • Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing • Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care. • If staff feel unable to speak out, then potentially unsafe staffing levels go undetected and reported and steps to maintain patient safety not be taken as required.
Service User/Carer/Staff	Inadequate staffing numbers compromise safe and compassionate care.
Financial	Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing
Quality	Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.

Supporting documents and research material

a. Developing workforce Safeguards (National Quality Board 2018)
b. Reference: How to Ensure the Right People with the Right Skills are in the Right Place at the Right Time: A guide to Nursing, Midwifery and Care Staffing Capacity and Capability (National Quality Board 2013)
c. Staffing Assurance Framework for winter 2021 preparedness. (national Quality Board Nov 2021)
d. Safe, sustainable and productive staffing in district nursing services (National Quality Board 2018)
e. Mental Health Optimal Staffing Tool (MHOST) https://www.pslhub.org/learn/patient-safety-in-health-and-care/mental-health/shelford-group-mental-health-optimal-staffing-tool-mhost-10-may-2019-r2303/

Glossary

Abbreviation	**In full**
CHPPD	Care Hours Per Patient Day
CAMHS	Child and Adolescent Mental Health Services
NQB	National Quality Board
CHS	Community Health Service
MHOST	Mental Health Optimum Staffing Tool

1.0 Background

1.1 Further to the Robert Francis Report (2013), the National Quality Board (NQB) have published guidance that sets out the expectations of commissioners and providers for safe nursing and midwifery staffing, in order to deliver high quality care and the best possible outcomes for service users.

1.2 In July 2016, the NQB issued a follow up paper "*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time. Safe sustainable and productive staffing"* which outlines an updated set of NQB expectations for Nurse staffing within Acute Trusts. We are awaiting further guidance in relation to Mental Health Staffing response to Covid 19 demand, outlining "care around the patient "concept.

1.3 In October 2018 the NQB issued the Developing Workforce Safeguards "*supporting providers to deliver high quality care through safe and effective staffing" This document is designed to help trusts manage common workforce problems. It contains new recommendations to support them in making informed, safe and sustainable workforce decisions, and identifies examples of best practice in the NHS. It was developed with sector leaders and frontline staff and builds on the National Quality Board's (NQB) guidance.* In essence, this rolls out the requirement to review and evaluate all clinical services based on a triangulated approach:

- Evidence –based tools (where they exist)
- Professional judgment
- outcomes

1.4 This also includes the 12th report to the Board summarising the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the 7-month period from May 2021 to November 2021. Part 2 is a yearly summary covering January 2021 to January 2022

2.0 Covid – 19 Impact on safer staffing inpatients

2.1 The period May 2021 to November 2021 saw a reduced but noticeable impact of absences due to Covid across all services.

2.2 As reported in the previous safer staffing board papers staffing within MH utilises a MDT approach Restoration and Recovery, alongside the ongoing pandemic this presents an opportunity to deliver a 'team around the patient' concept. Maximising the use of staff resource in the wider sense and ensuring that there are sufficient staff to meet the increased and changing patient demand.

3.0 Management of In-patient Staffing Levels

3.1 From May 2021 to November 2021 staffing availability was affected by Covid-19 related issues, primarily short-term absences due to self-isolation requirements following contact with an individual with Covid-19. These absences are often initiated with minimal notice and therefore have a significant effect on immediate staff availability and have the ability to negatively impact care. The Trust maintained recording of COVID-19 absences and working from home arrangements supporting accurate reporting and tracking, which enabled early intelligent deployment of staff into teams.

3.2 As stated in previous reports, to ensure appropriate staffing levels are maintained a number of actions continued: a review of staffing levels shift by shift by ward staff and immediate managers, during the daily safety huddle the duty senior nurse has an opportunity to move resources to meet staffing deficits and to address issues of risk or acuity. Overall staffing issues are subject to review in the weekly locality senior nurse meetings and three-monthly rota reviews with the Director of Nursing, Service Lead Nurse and the Safer Staffing Lead.

3.3 Professional judgement has been paramount in managing unplanned absences or increased demand, alongside the skill mix and competencies of the nursing staff. Within Mental Health and Community Health Services wards, who is on duty can be as important as actual numbers. During restoration and recovery, professional judgement is particularly important and experienced staff have been available to support teams to make decisions to provide the safest care possible across the organisation.

3.4 Where staffing deficits are identified a red flag report is recorded in Healthroster, where there is no mitigating action taken a datix incident report is generated and reviewed by the manager for the service. During this period, all incidents reported on datix have been reviewed by the Borough Lead Nurse to ensure patient care has not been impacted, and to review requirement for mitigation to reduce risk of reoccurrence.

3.5 The provision of a virtual wards (a shadow rota) were reactivated and made available to support services in November 2021 due to the increasing prevalence of covid in the wider community and in some inpatient sites

3.6 As a result of establishment reviews and local professional judgement decisions, formal business cases have been submitted for increased staffing levels for the Mother & Baby and the Health Based Place of Safety (HBPOS) services in Hackney, changes to the skill mix on Fothergill and Sally Sherman wards are being proposed to the service director.

3.7 The Coborn (CAMHS) 4 bed Psychiatric Intensive Care Unit ward was temporarily closed in June 2021 to allow for staff to be redeployed to the two larger wards (acute and galaxy), which allowed for an increase in numbers of substantive staff on the wards. This ward was re-opened in November 2021 as a result of the successful recruitment of additional nursing staff. The Coborn service has attracted and developed its own pool of bank staff who provide a distinct and reliable temporary staffing source to the three CAMHS wards.

3.8 To support variable demand and acuity, community health have identified a member of staff who can respond on a daily basis if required working between Fothergill ward and the Community Nursing team; red flags systems are also now in place. As part of managing safe staffing levels and support to staff, when unplanned absence was at a high level, due to the impact of Covid 19, Senior Nursing staff worked flexibly to ensure 7 day cover. Daily safety huddles continued over the past six months.

4.0 Red Flags

4.1 Red Flags

Red Flags utilising the Allocate Healthroster system are used to identify, escalate and monitor ward staffing concerns.

There are currently four red flags being reported on:-

1. Less than two registered nurses on duty
2. Staff shortage

3. Unable to facilitate leave
4. Unable to facilitate planned therapy

4.2 The available reports have raised awareness and been used as part of specific service and ward reviews to understand local patterns.

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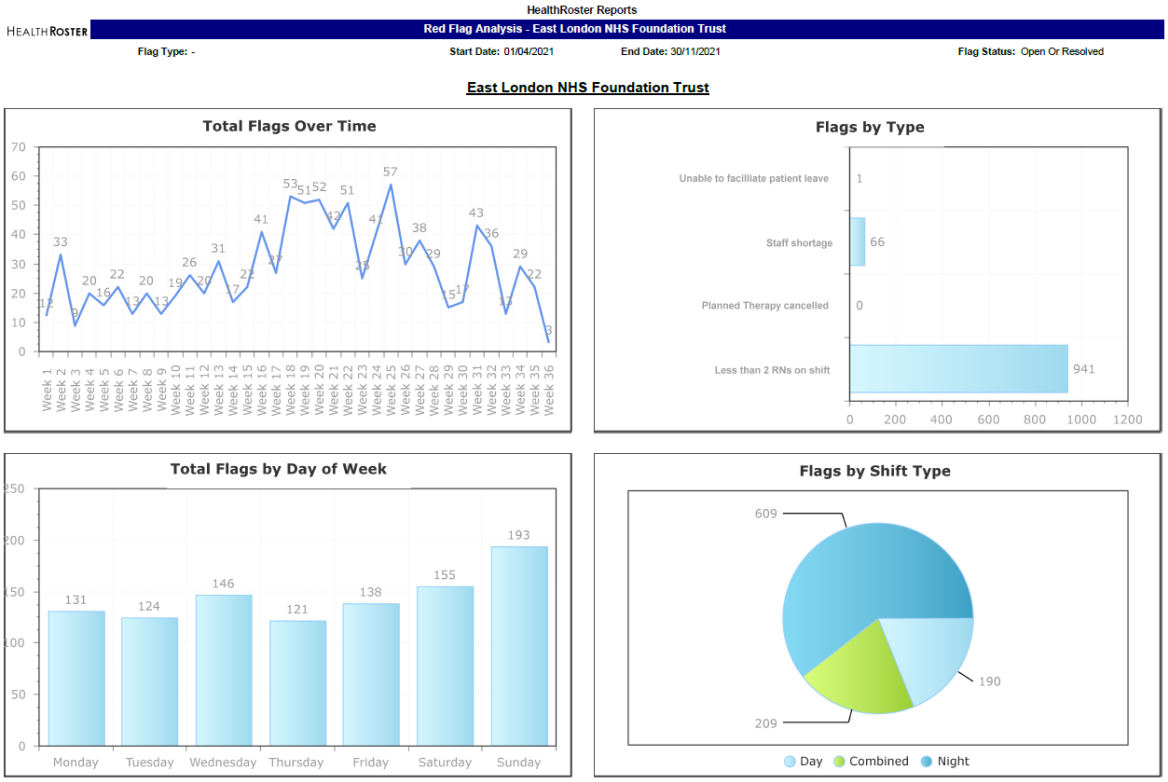

By Directorate:

HealthRoster Reports

HEALTH ROSTER

Red Flag Analysis - *BED Inpatient Ward Services Level 4

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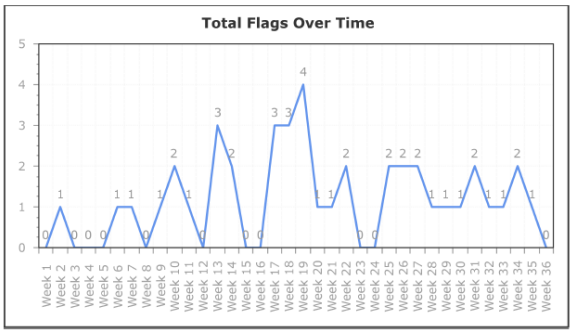
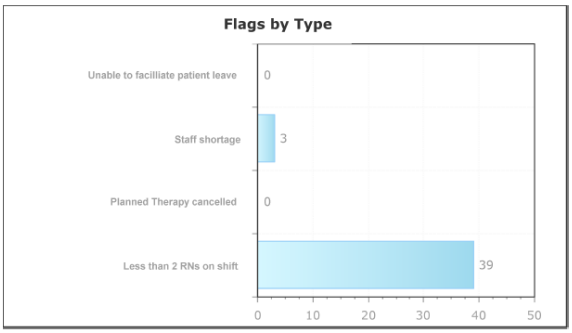
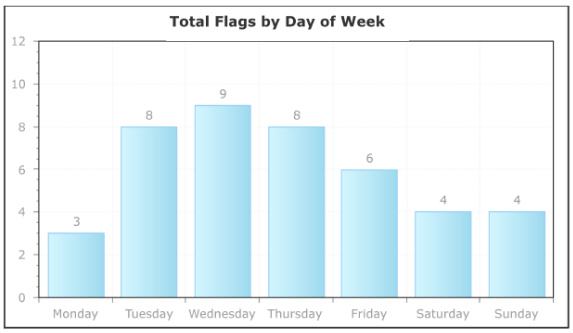
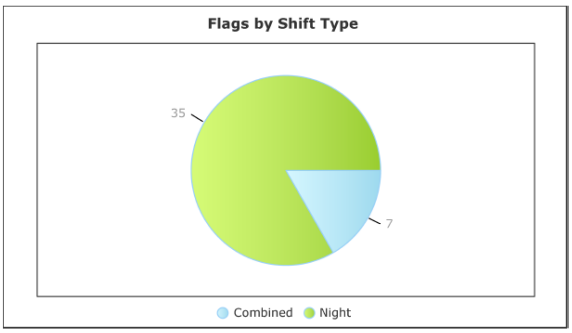
*BED Inpatient Ward Services Level 4









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Red Flag Analysis - LUT Wards

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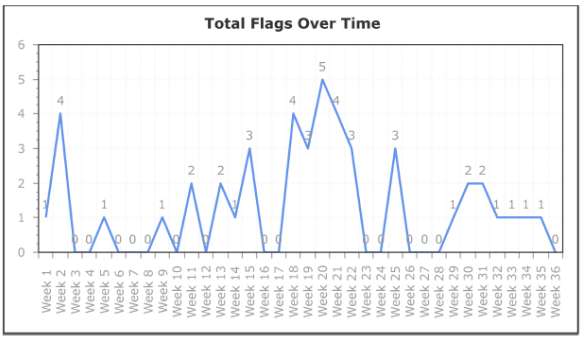
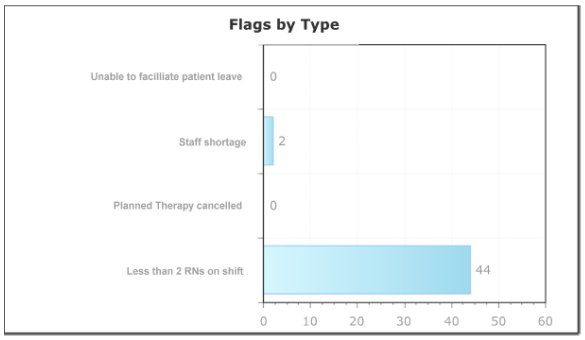
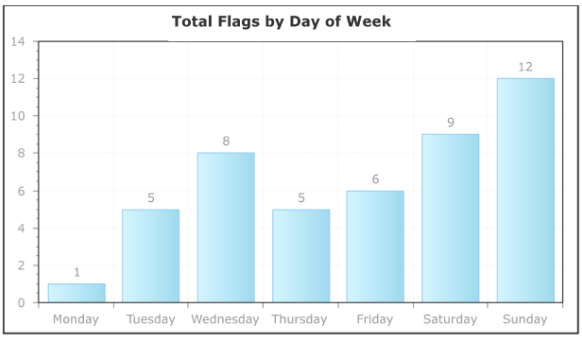
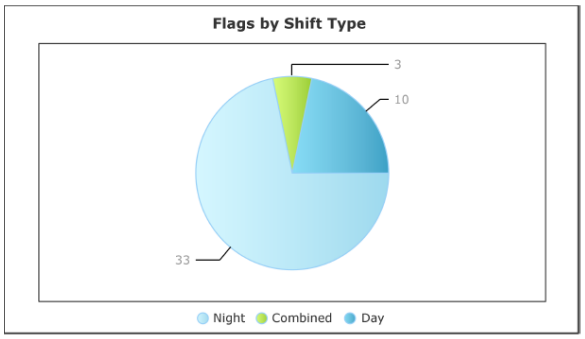
LUT Wards









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HEALTHROSTER **Red Flag Analysis - Newham Wards**

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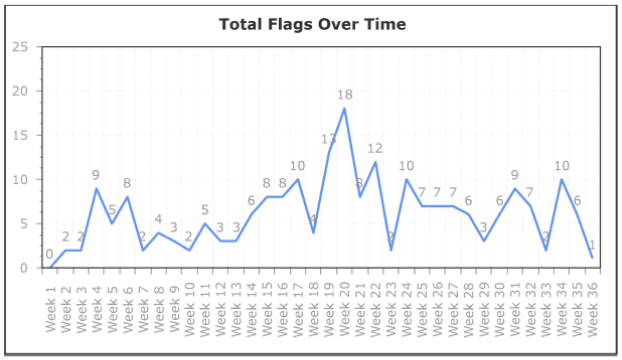
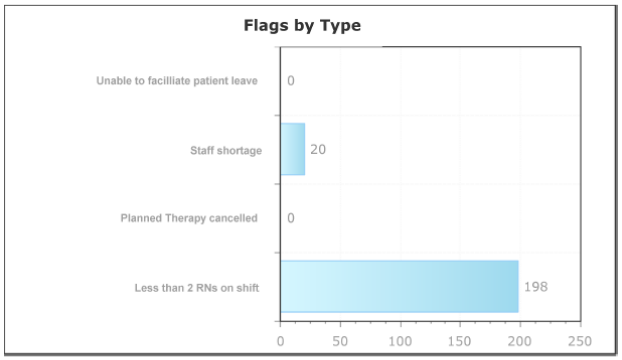
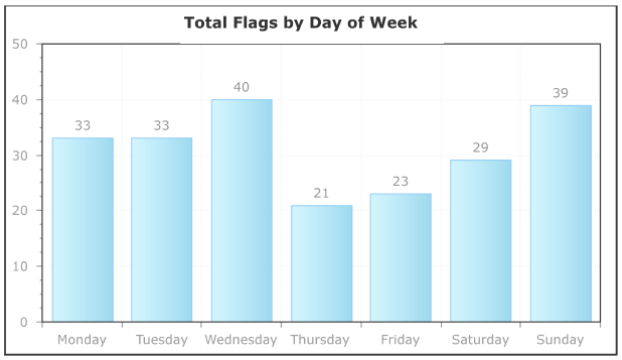
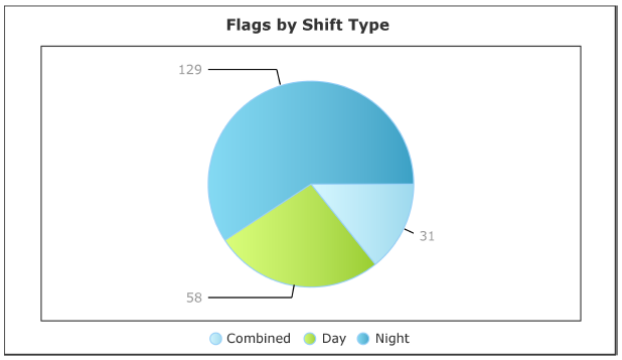
Newham Wards









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HEALTHROSTER **Red Flag Analysis - *TH Wards**

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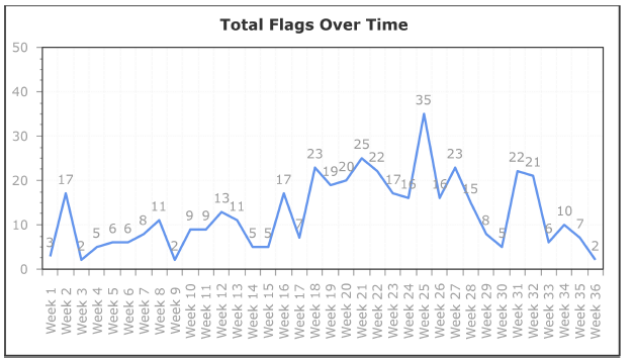
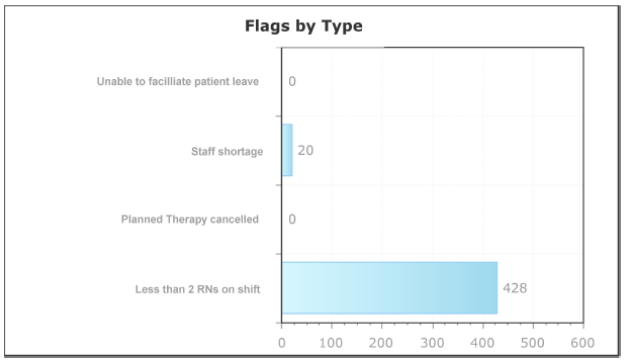
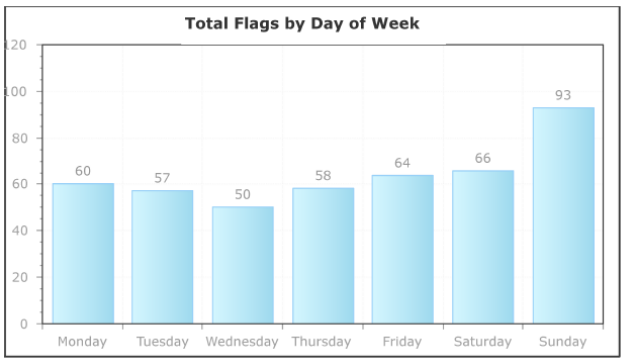
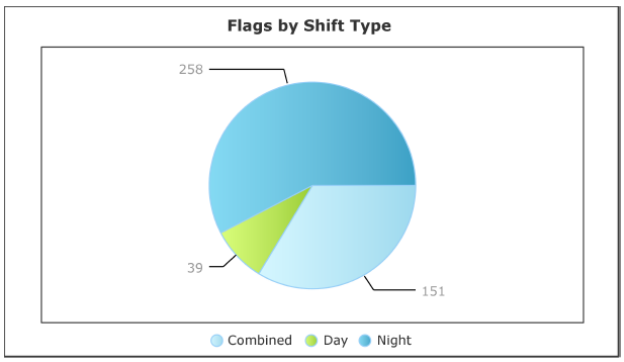
TH Wards









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Red Flag Analysis - *C&H Adult Level 4 Wards

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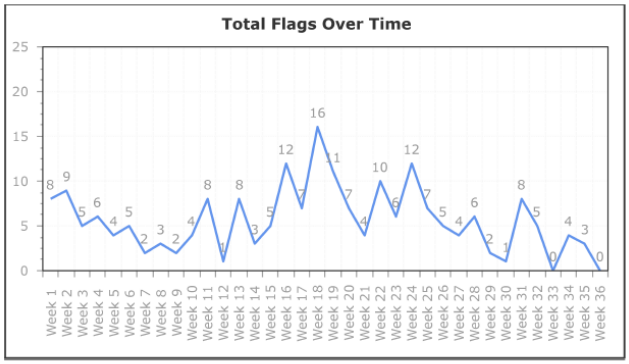
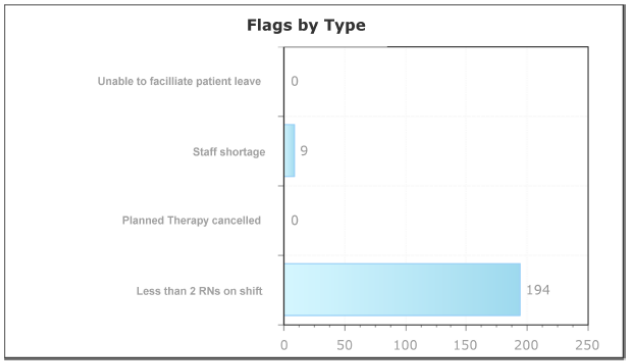
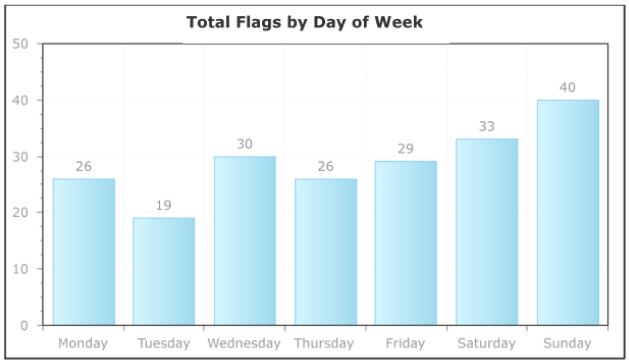
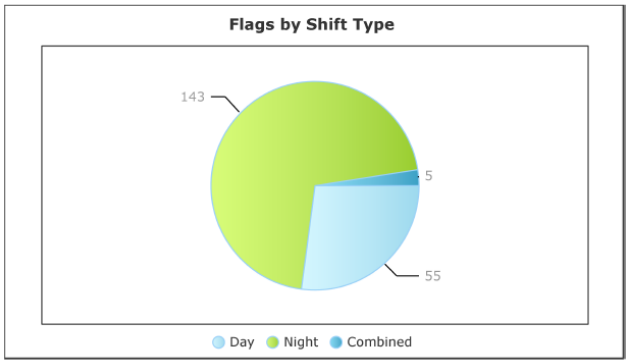
*C&H Adult Level 4 Wards









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Red Flag Analysis - *FOR Forensic Nursing Level 4 Wards

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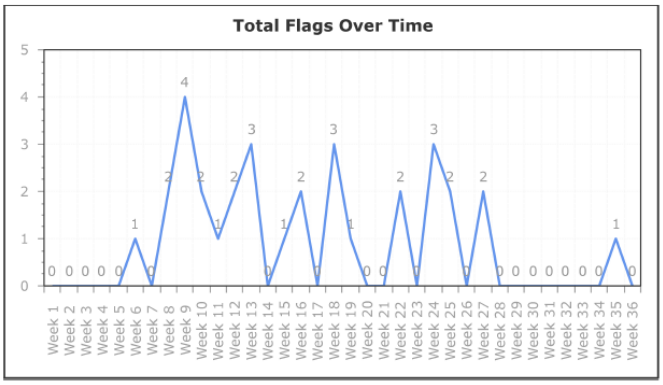
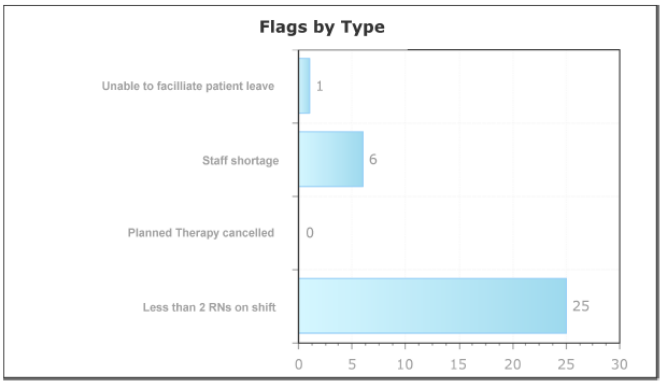
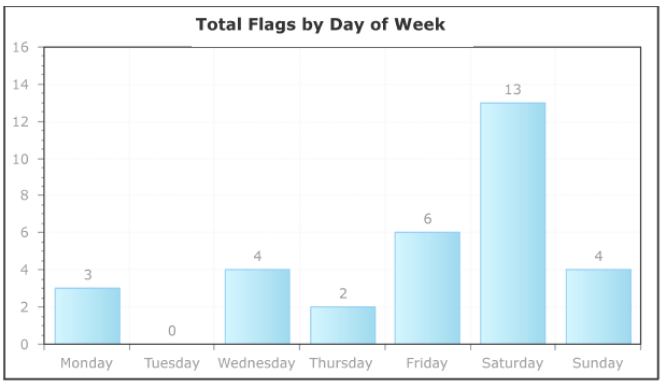
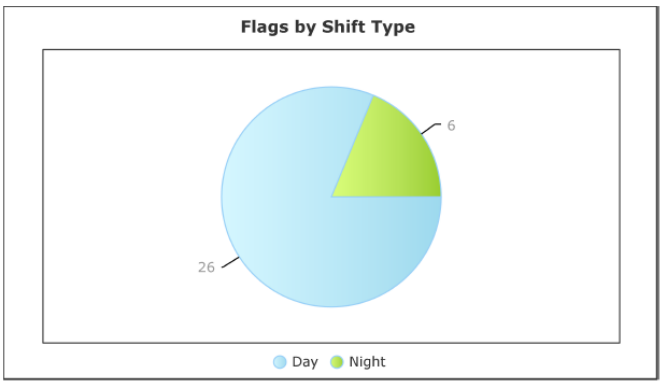
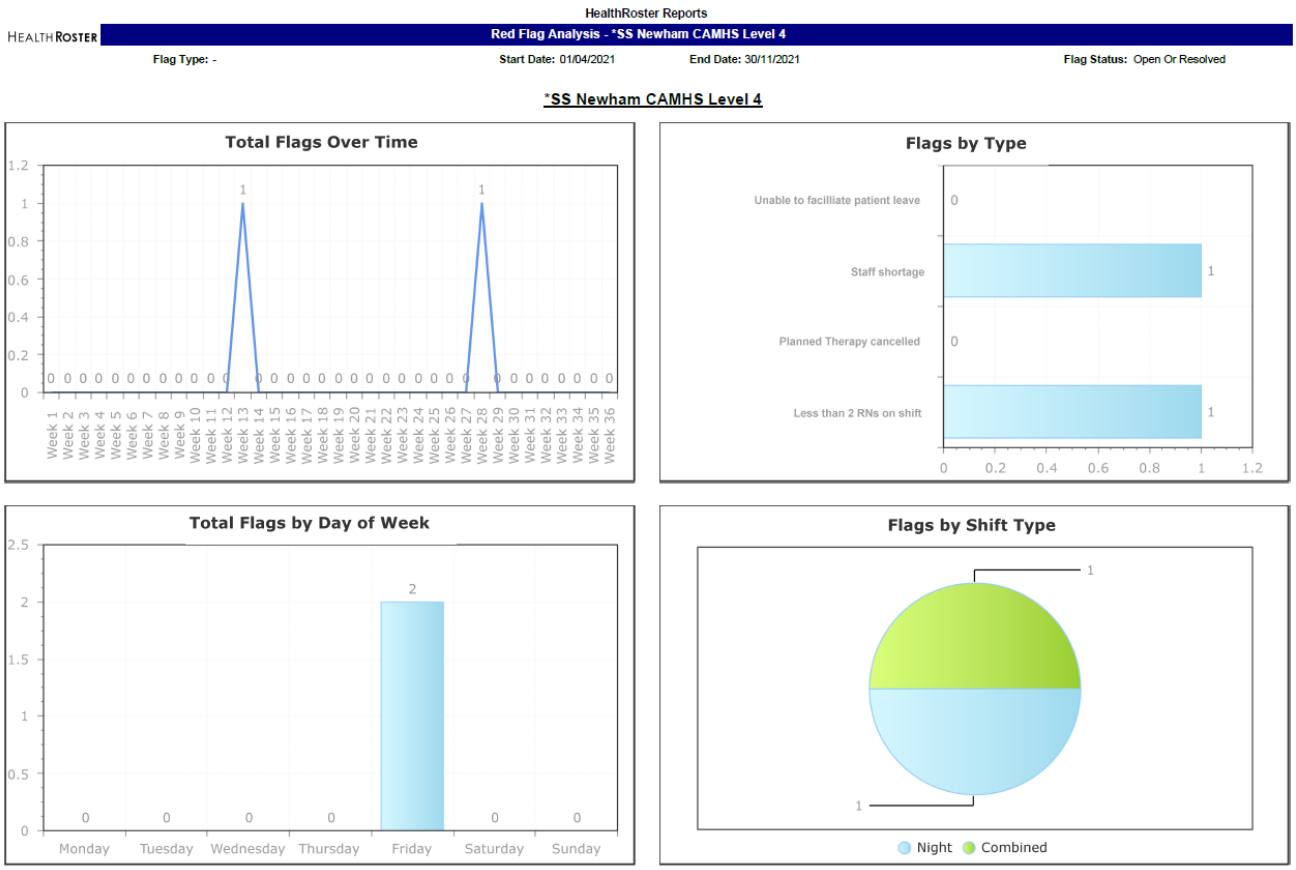
*FOR Forensic Nursing Level 4 Wards











4.3 Inpatient mental health wards in Newham, Hackney and Tower hamlets are showing the most red flags indicating staff shortages at night. Luton and Bedfordshire show a reduced number this is due to their access to agency staffing which is displayed within their rotas and staffing numbers.

4.4 For London services these reported gaps are mitigated by a peripatetic team who provides floating staff both registered and unregistered to fill gaps in services. As the peripatetic team rota sits outside of the ward rota it will be displayed as a staffing deficit but in most cases will be covered by floating staff. In addition, there is a night DSN/Co-coordinator role that monitors acuity and is able to balance staff according to need.

4.5 Where there remain gaps there is escalation to the service directors and out of hours to the managers on call for their services and it is recorded as an incident. The incident sign off process will review whether the gap was avoidable and take forward any learning.

4.6 The Red Flag data and themes are discussed in the Borough Lead Nurse meeting with the Safer Staffing lead and Directors of Nursing for ongoing monitoring and management.

5.0 Community Health

5.1 The recording of safer staffing includes the use Care Hours per Patient Day metric via a monthly unify report.

5.2 The ward staffing information is published monthly on the NHS Choices and Trust Website. Due to the dynamic nature of staff deployment across wards in response to pandemic events and ward reconfigurations, we have not included the detailed analysis in this report.

5.3 Wards are currently in process of undertaking establishment reviews utilising the Mental Health Optimum Staffing Tool (MHOST), only partial results are available at the time of writing this report.

5.4 The MHOST has been developed to help mental health staff measure patient acuity and dependency to inform evidence-based decision making on staffing and workforce.

5.5 The tool, when triangulated with quality metrics and professional judgement, will also offer NHS clinicians and managers a reliable method against which to deliver evidence based workforce plans to support existing services or to develop new services.

5.6 The development and launch of national acuity and dependency tools for inpatient mental health and learning disability services by Autumn 2018 was highlighted as a recommendation in “Carter (2018) NHS operational productivity: unwarranted variations. Mental health services. Community health services”.

6.0 In conclusion:

6.1 All inpatient areas have had challenges related to staffing from both COVID absences in addition to non COVID related reasons. Management and oversight of COVID related impact in clinical services has focussed on staffing challenges. The non-rota managers and the multi-disciplinary teams have worked flexibly to ensure that there is at least minimum cover for safe care delivery with clear processes for escalation and response Ongoing recruitment and retention challenges have had an impact on covering vacancies however the temporary staffing and creation of peripatetic team have been responsive for short notice absences. Longer term recruitment and retention has been a focus along with the creation of new roles to assist clinical workforce.

6.2 Whilst there is have been challenges across the wards, there is a robust system to pick up any gaps and address immediately. There is additional oversight at place lead by the Clinical Service Leads and support from Professional leads and Executive Director Lead.

7.0 The Board is asked to:

a) RECEIVE the report and NOTE asked to note the actions and plans in place to ensure safe staffing.