East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD PUBLIC
25 July 2019

Title	Safer Staffing 6 Monthly Review of In-patient mental health nurse staffing levels and community health district nursing safe caseloads review.
Author	John Peers SafeCare Lead Ruth Bradley Director of Nursing – Intergrated Care
Accountable Executive Director	Lorraine Sunduza – Chief Nurse

Purpose of the report

To present to the Board a report on in–patient nurse staffing and community health safer caseload review levels in line with the national expectations of NHS providers in providing safe staffing inpatient levels, 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. The report also outlines the progress of a district nursing workload and staffing review.

Summary of key issues

This is the ninth report to inform the Board on the steps taken to meet the expectations detailed in the guidance produced by the Chief Nursing Officer 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).

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 within inpatient mental health wards during the period November 2018 to April 2019. The paper identifies variances, causes and actions taken to address issues relating to safe staffing.

Staffing levels on the wards are reviewed shift by shift by ward staff and immediate managers. During daily safety huddles the duty senior nurse has an opportunity to move resources to meet staffing deficits and to address issues of risk or acuity. The review and reallocation of resources is based on occupied beds, acuity and professional judgement. 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 SafeCare Lead.

21 of the 55 wards showed variance in fill rate with immediate actions taken at the time by the managers. There are no recommended changes to the current inpatient staffing levels at this time however, this may change as further guidance is issued.

This paper also includes work currently being undertaken within District nursing to achieve a deeper understanding of patient caseloads, related nursing activity including service quality data across all three services in Tower Hamlets, Newham and Bedfordshire. This provides a benchmark with 450 other English Community Nursing teams in the UK. A final report of the three community services will be presented by Dr Keith Hurst on the 5th August 2019.

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

Implications

Equality Analysis	The Trust has a duty to promote equality in the recruitment of the nursing 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. 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)

b. Mental Health Staffing Frame work

https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf

c. Safe, sustainable and productive staffing in district nursing services (National Quality Board 2018)

https://improvement.nhs.uk/resources/safe-staffing-district-nursing-services/

Glossary

Abbreviation	In full
CHPPD	Care Hours Per Patient Day
CAMHS	Child and Adolescent Mental Health Services
NQB	National Quality Board

1.0 Background

1.1 Further to the Robert Francis Report (2013), the National Quality Board(NCB) 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.

1.3 This is the ninth 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 6-month period from November 2018 to April 2019.

2.0 Management of staffing levels

2.1 To ensure appropriate staffing levels are maintained a number of actions continue to be taken and have previously been reported on.

2.2 Staffing levels by ward are reviewed 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 two monthly rota reviews with the Director of Nursing, Service Lead Nurse and the Safecare Lead.

2.3 The ward staffing information is published monthly on the NHS Choices, Trust Website.

3.0 Analysis of Trust Results/Average Fill rates

Green indicates above 90%, Amber 80-90% and Red Below 80%

3.1 There is an increase in the number of wards reporting variances from the designated staffing level during this period 21 in comparison with the previous reported period of 11. 3 wards report red variances and 18 reported amber variances.

The wards identified as having the most difficulty in achieving expected staffing levels are listed in table 1. For each of these wards immediate actions were taken by the ward management team including asking existing staff to work extra hours, staff who would normally be supernumerary working as part of the nursing team and redeploying staff within a site for part of a shift. Individual wards have reported variances to fill rates created by short term variances including high levels of activity and short notice absence, making forward planning to address deficits more of a challenge. This does however highlight that proactive rota planning and bank booking systems are in place to address known deficits to cover such as substantive staff vacancies or planned absences. . The ward modern matron (B8a), clinical nurse managers (B7) and recovery workers (B4) are supernumerary and their input is not counted within care hour figures. These post holders do provide daily care tasks as part of their role, and will work as part of a shift when required. making forward planning to address deficits more of a challenge. Proactive rota planning and bank booking systems are in place to address known deficits to cover such as substantive staff vacancies

3.2 These results should be read in conjunction with the Care Hours per Patient Day metric in Section 5

Table 1.

Ward	Nov	Dec	Jan	Feb	March	April
Bed Townsend Court	HCA	HCA				
Mother& Baby	HCA					
West Ferry		HCA				
Brick Lane		RMN			RMN	RMN
Coborn Acute			RMN			RMN
Bed Cedar House			RMN		RMN	
LU Onyx			RMN	RMN	RMN	
LU Poplars			RMN			
Globe			RMN	RMN	RMN	RMN
Millharbour			RMN			
Emerald			HCA			
Bed Willow				RMN		
LU Crystal				HCA		
Shoreditch				HCA		
Lea				RMN		
Bevan					RMN	
Rosebank					RMN	RMN
Ruby Triage					RMN	
Coborn PICU					RMN	
Fothergill					RN	
Coborn Acute						RMN

4.0 Wards reporting adhoc variations:

4.1 Staffing levels on the wards are reviewed shift by shift by ward staff and immediate managers. Actions taken to ensure adequate staffing levels included adjusting the skill mix, redeploying staff, utilising available senior staff.

5.0 Wards reporting consecutive variations:

5.1 **Coborn Acute/Galaxy/PICU (CAMHS)**: Coborn Galaxy opened in December 2017 and work in close conjunction with Coborn Acute and Coborn PICU. Staff are deployed between wards based on acuity and in response to operational need. Variable bed occupancy and acuity allows for ad hoc adjustments in staffing numbers, which were deemed professionally appropriate.

5.2 **Rosebank/Globe/Bricklane (Tower Hamlets):** Staffing levels on the wards are reviewed shift by shift by ward staff and immediate managers. During the daily safety huddles the duty senior nurse has an opportunity to move resources to meet staffing deficits and to address issues of risk or acuity. The review and reallocation of resources is based on occupied beds, acuity and professional judgement. This is not reflected in the planned vs actual report generated as redeployed staff are not recorded via the Healthroster system. Service leads have given assurance that appropriate actions are taken to ensure safe staffing at all times.

Recruitment of new registered nurses has taken place and these recruits are expected to fill vacant posts over the summer period.

5.3 **Luton Onyx**: Short term absences combined with leavers required adjustment to skill mix to ensure safe staffing numbers maintained.

6.0 Assurance

6.1 **Reviewing Establishments:** Establishment reviews occur yearly. Reviews focus on the relationship and appropriate match between clinical need (Safe Care scoring) and staffing. Where these diverge, action is required. A higher frequency of, or poorly controlled divergence requires review by the local senior team. The establishment review involves the Matron and Clinical Nurse Manager, Service Director, Borough Lead Nurse, Director of Nursing and finance and Health Roster team representatives. Data about the rota performance, safe care and CHPPD (please see Section 5 below) is triangulated to understand whether the staffing is correct and what steps can be taken to address any shortcomings in the intermediate and long term. If the establishment review identifies a deficit in staffing within an area this would be escalated to the Chief Nurse and Operations executive with a proposed plan which would include the analysis, risk assessment and proposed action.

6.2 **Rota Reviews**: To further support managers understanding variation in staffing the system will report red flag events, these will be initiated when staffing falls below the expected level. The manager will then have an opportunity to review post the event. They system will allow review over a period of time that will help to identify patterns.

At Quarterly rota reviews the safer staffing and red flag data will be reviewed. The safe care lead, ward manager, Modern Matron and Borough lead nurse are present at this meeting and where patterns of red flags are identified in an area there is required to be an agreed action to address persistent deficits. Quality reviews.

Bi-yearly there is a focused quality review for the different care areas chaired by the chief nurse, safer staffing review is incorporated into these meetings.

7.0 Care Hours Per Patient Day (CHPPD)

7.1 Each NHS Trust now reports CHPPD on each ward monthly via a report to NHS Improvement which is made available and benchmarked via the Model Hospital website.

7.2 CHPPD is calculated on each ward by totalling the number of Nursing and Healthcare Support Worker Hours in a 24hr hour period divided by the number of in-patients at midnight.

7.3 CHPPD data gives ward managers, nurse leaders a picture of how staff are deployed and how productively. They can compare a ward's CHPPD figure with that of other

wards in the hospital, or with similar wards in other hospitals using the NHS Improvement model hospital website.

7.4 If they find wide variation between similar wards, they may investigate to make sure the right staff are being used in the right way in the right numbers. CHPPD figures can be added together for groups of wards or for an entire hospital to make further comparisons. CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and student midwives and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight.

7.5 By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective or responsive. It should therefore be considered alongside measures of quality and safety.

7.6 CHPPD is calculated using information that every hospital records in monthly 'safe staffing' reports.

7.7 The ELFT CHPPD data April 2018 to March 2019 is shown in **Appendix 1**. The Trust CHPPD data ranges currently is what is expected based on the ward types

7.8 NHS Improvement have yet to issue guidance on appropriate 'ranges'.

7.9 There are significant variations between Trusts based on shift patterns and the skill mix of nursing teams.

8.0 Community Health Services

8.1 A consistent and strategic approach for workforce planning is required across all three community health services so that we can respond to changing levels of patient dependency as well as local population needs and changing environments.

8.2 The role of District nursing is complex, providing a wide range of nursing care in home and community-based settings, assessing and managing unpredictable situations in a flexible and responsible way, advocating for and co-ordinating care, whether anticipated or unscheduled, with individuals and their families. District Nursing provides care through acute illness, long-term and multiple health challenges and at the end of life. Nurses in the community are required to work in close partnership with other health and social care providers.

8.3 All three community services are part of developing wider Integrated Care systems and therefore as we progress, it is essential that we have data to demonstrate the role of the District Nurse and inter related Community Nursing roles as well as to inform workforce planning; we need to ensure the right skills from the right level of professional is coordinated around a person's care needs. To date the workload, Quality and Staffing Tool (2017) does not include Therapists, with no indicative date planned for inclusion; this will be raised as a potential development with Dr Keith Hurst who has led on this national work.

8.4 In the November Safer Staffing Report, the Board were informed about a workforce analysis project, being conducted across all three community service's nursing teams, using Dr Keith Hurst's 'Workload, Quality and Staffing' tool (2017).The data enables us to benchmark against information gathered in the same way from 450 community nursing teams in England. It had been the intention to complete this project by March /

April 2019 but due to delays in data collection and data correction within some services this will now be finalised in June. The review includes patient dependency, staff activity (Direct/indirect care) and Quality of care as assessed by patients.

8.5 A final report of Workload, Quality and Staffing will be presented by Dr Keith Hurst to the Chief Nurse, Director of Human Resources and Community Health Services Leadership team in July 2019. Subsequent reports on safer caseloads within District Nursing will be presented to the Board, at six monthly intervals alongside the inpatient unit reporting.

9.0 Summary

9.1 The Trust continues to monitor and report nurse staffing levels to provide assurance and that deliver safe, effective and high quality care.

9.2 The Trust has measures in place to manage, monitor and escalate concerns around safe staffing on a shift by shift basis with senior staff providing appropriate support to ward teams.

9.3 No change to the existing staffing establishments are proposed at this time. An establishment review update can be provided in the next report.

10.0 Action being requested

The Board is asked to **NOTE** the processes and plans in place to monitor safe staffing levels and safer caseloads in Community services.

NHS
East London
NHS Foundation Trust

Appendix 1

CHPPD was developed, tested and adopted to provide a single consistent way of recording and reporting deployment of staff on inpatient wards/units.

Its calculated by the total Nursing and healthcare support worker hours in a 24hr period divided by daily count of patients in beds at 23.59

PICU	*Apr-18*	*May-18*	*Jun-18*	*Jul-18*	*Aug-18*	Sep-18	*Oct-18*	*Nov-18*	*Dec-18*	*Jan-19*	*Feb-19*	*Mar-19*	*Apr-19*
Bevan	9.3	10.9	8.6	10.0	10.4	8.6	11.1	7.3	12.5	12.4	9.4	10.8	11.5
Millharbour	9.1	10.2	10.2	9.6	9.5	10.2	15.9	13.2	13.6	22	closed	13.4	13
Rosebank	20.2	18.2	16.0	18.6	24.2	26.0	22	18.5	22.3	19.8	18.5	15	15.7
Jade Picu	12.1	16.4	13.2	15.2	13.4	14.5	19.4	15.4	14.5	16.1	17.8	17.2	19
London Crystal	10.9	9.3	11.3	11.1	10.9	13.4	11.7	12.4	11.7	11.7	12.1	11	11.9

Admission

City & Hackney

Brett	5.1	6.1	6.6	7.3	6.7	6.2	8.3	5.3	5.6	5.3	5.8	5.1	6.9
Conolly	7.6	6.4	5.6	4.7	5.8	6.1	5.7	5.6	7.2	7.6	6.1	7.2	5.7
Gardner	7.1	5.5	5.6	5.5	5.5	4.9	5.1	5.7	6.4	5	5.4	5.5	6
Joshua Ward	5.6	5.6	5.5	5.9	5.6	5.5	5.9	4.7	6.3	6.4	5.8	5.5	6
Ruth Seifert	5.8	6.3	6.2	6.2	7.0	7.4	7.2	6.1	6.7	7.6	6.9	6	6.5

Tower Hamlets

Brick Lane	4.2	5.3	5.5	5.4	4.8	5.2	5.8	5.2	6	5.6	5.2	5.5	5.9
Globe	4.5	4.6	4.5	4.4	4.9	4.6	5.9	4.2	5.3	5.3	5.5	4.9	5.2
Lea	5.1	5.2	5.4	5.3	5.0	5.1	5.5	4	4.8	5.1	5.1	5.3	5
Roman	5.7	5.8	5.1	4.9	5.2	5.7	5.5	3.7	5.4	5.4	5.2	5.1	5

Newham

Emerald	7.1	7.4	6.5	5.3	6.0	6.6	5.9	6.8	7.0	7.4	5.9	5.2	5.7
Ivory	9.4	10.7	8.3	10.3	10.5	17.7	10.7	9.9	7.9	8.3	7.4	7.4	7.1
Opal	5.6	5.9	6.0	6.1	5.6	5.9	5.1	4.6	4.8	5.1	4.9	6.2	5.2
Sapphire	7.4	6.3	6.1	5.8	7.0	5.9	6.1	7.2	7.1	7.8	5.9	6.1	8
Topaz	5.9	7.3	6.5	5.7	5.6	5.5	5.5	4.2	6.2	6.7	5.1	5.7	6.3
Ruby/Triage	11.7	13.5	11.6	9.8	11.4	9.8	11	9.7	9.9	11.5	9.4	9.7	10.3

Bedford & Luton

Onyx	6.4	7.6	7.9	7.7	7.4	6.1	7.7	7.4	7.2	5.4	6.1	4.9	6
Coral	6.7	7.2	6.2	5.9	6.3	6.1	6.1	5.6	7.8	6.7	7.2	6.9	7.2
(LU) Crystal Ward	7.6	6.8	7.3	7.8	10.0	8.6	10.1	8.9	8.4	8.5	11.7	6.6	6.5
Bed Ash	6.2	6.6	6.1	6.0	6.4	6.5	6.5	7.5	8.2	7.1	7.6	6.3	6.7
Townsend Court	6.0	6.4	6.6	6.5	7.8	7.2	8.6	7	6.1	7.3	6.8	5.6	5.6
Willow	8.5	7.3	6.8	7.0	6.6	7.6	6.9	7.4	7.1	9.8	8.5	8.4	8.3

Forensics

Aldgate	0	0	0	0	0	0	0	0	0	0	53.3	18.7	16.3
Bow	8.4	7.7	7.7	7.5	8.1	8.0	8	8	8.4	8.9	8.8	8.5	8.2
Broadgate	5.4	5.9	5.3	6.0	5.5	6.0	5.6	6.8	6.2	6.4	6.7	6.2	5.8
Butterfield	5.6	5.6	5.7	5.7	5.8	5.8	6.4	6.5	5.6	5.9	6.1	5.6	5.7
Clerkenwell(LD)	8.2	9.3	10.1	10.3	10.1	10.5	9.1	8.2	8.2	8.7	8.4	9	8.4
Clissold	5.8	5.4	5.3	6.1	5.9	6.3	6.3	5.3	5.2	5.7	5.3	5.4	5.5
East India(DSPD)	7.3	8.1	8.0	7.4	8.6	8.1	9.7	8.9	10.0	8.6	7.8	8	7.7
Hoxton	6.0	6.6	6.0	6.1	5.4	5.9	6	5.7	5.5	5.6	6.1	6.6	6.3
Limehouse	5.5	5.6	5.6	5.6	5.7	7.3	5.6	5.4	5.5	5.6	5.3	5.6	5.4
Loxford	5.6	5.2	5.4	5.3	5.4	5.3	5.2	5.6	5.6	6.1	5.5	5	5.2
Ludgate	6.2	6.1	5.9	6.1	6.3	5.4	6.2	5.6	6.9	6.6	6.1	6.6	7.9
Morrison	5.8	6.3	5.7	6.2	6.1	9.3	7	6.3	6.9	5.5	5.8	6.1	6.3
Shoreditch(LD)	8.9	9.0	9.2	8.5	7.5	7.5	8.3	9.9	8.4	8.9	8.7	9	9.8
Victoria	5.4	6.3	5.5	5.7	5.7	5.4	5.4	5.5	5.6	5.5	5.4	5.8	6
Westferry (PICU)	15.3	13.8	14.0	13.5	12.7	13.2	13.7	17	15.8	13.9	13.8	14.4	14.4
Woodberry	7.5	7.4	7.5	7.6	7.2	7.7	7.4	7.9	7.2	7.4	7.6	7.9	7.7

MHCOP

Columbia	8.2	7.4	6.6	7.3	6.5	8.8	9	9.3	8.1	7.6	7.2	7.3	7.4
Leadenhall	6.9	6.1	6.0	6.3	6.3	5.7	5.8	5.1	8.3	7.1	6.4	6.1	6.5

Poplars	7.5	7.3	7.7	9.4	9.3	9.6	7.9	7.2	8.6	8.1	9.9	7.7	8.2
Sally Sherman	11.9	12.0	12.3	12.2	12.4	13.4	15.2	14	14.3	13.9	9.9	12.7	12.8
Thames House	9.9	10.2	10.9	10.4	9.9	9.6	8.8	8.9	8.0	8	7.2	7.9	8.3
Fountains Court	9.0	9.2	8.5	8.8	8.0	8.6	8.4	8.4	8.8	8.5	8.8	8.2	8.5

Specialist

Margaret Oates	14.8	17.6	15.2	15.5	17.6	19.7	15	12.4	16.6	18.2	19.3	15.2	19.3
Cedar House	6.2	6.1	6.7	6.8	5.9	6.0	5.8	5.9	5.8	6.2	6.1	6.4	7
Fothergill	7.8	7.9	6.9	8.1	6.8	6.9	7.5	8.4	8.2	7.4	10.1	9.3	9.9
Archers Unit	N/A	4.9	6.5	6.9	6.4	6.2	7.2	7.7	7.5	6.9	6.4	7.2	7.1

CAMHS

Coborn Acute	11.0	11.4	10.0	10.5	13.2	11.9	12.7	12.5	11.4	11	11.2	11.8	12
Coborn Picu	19.4	23.7	21.4	26.5	35.8	39.3	28	27.8	21.7	17.7	17.8	34.2	21.2
Coborn-Galaxy Ward	16.5	17.8	17.1	20.7	23.6	19.5	19.1	18.4	18.5	17.4	15.5	14.8	11.8

NHS
East London
NHS Foundation Trust