

**REPORT TO THE TRUST BOARD PUBLIC**  
**22 July 2021**

<b>Title</b>	Safer Staffing 6 Monthly Review of In-patient staffing levels and Community Health Teams.
<b>Author's</b>	Claire McKenna, Director of Nursing Mental Health Luton and Bedfordshire Ruth Bradley Director of Nursing for Community Health Andy Cruickshank Director for Mental health London John Peers Safer Staffing Lead.
<b>Accountable Executive Director</b>	Lorraine Sunduza, Chief Nurse

**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.

To propose annual reporting on clinical workforce.

**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).

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 November 2020 – April 2021 on inpatient wards. The paper identifies causes and actions taken to address issues relating to safe staffing.

The report includes the staffing response to Covid19 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	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	The right staffing numbers to meet the service user needs and respond accordingly.
Improved staff experience	<input checked="" type="checkbox"/>	The right staff numbers creates an environment where staff can safely practice and deliver high quality care
Improved value	<input checked="" type="checkbox"/>	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
2 <sup>nd</sup> June 2021	Borough Lead Nurse 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: <ul style="list-style-type: none"> <li>• Inadequate staffing numbers compromise safe and compassionate care.</li> <li>• Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing</li> <li>• Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.</li> <li>• 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.</li> </ul>
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 <a href="https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf">https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf</a> Mental Health Optimal Staffing Tool (MHOST) <a href="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/">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/</a>
c. Safe, sustainable and productive staffing in district nursing services (National Quality Board 2018)
d. Mental Health Optimal Staffing Tool (MHOST) <a href="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/">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/</a>
e. The Model Hospital ( <a href="https://nhsi.okta-emea.com/">https://nhsi.okta-emea.com/</a> )

### 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
MDT	Multi-disciplinary Team
MH	Mental Health

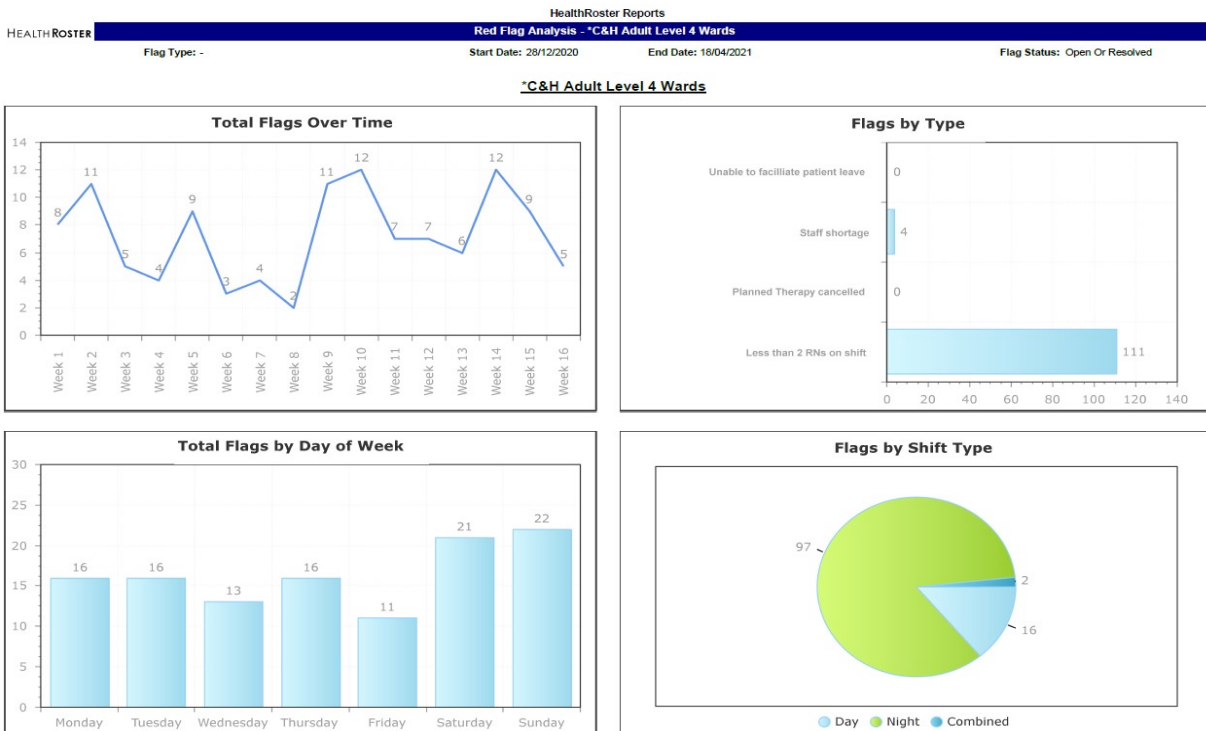
## 1.0 Background

- 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 This is the 11<sup>th</sup> 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 2020 to April 2021.

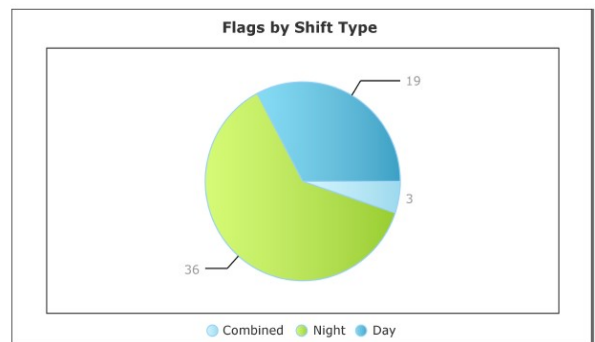
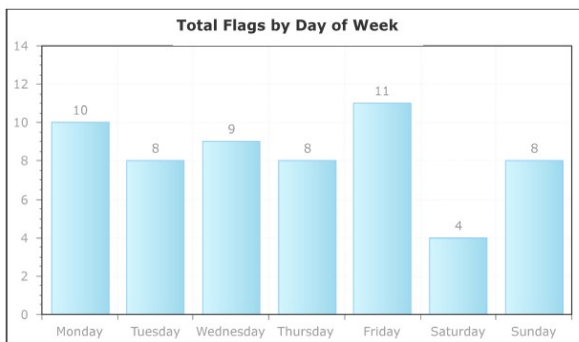
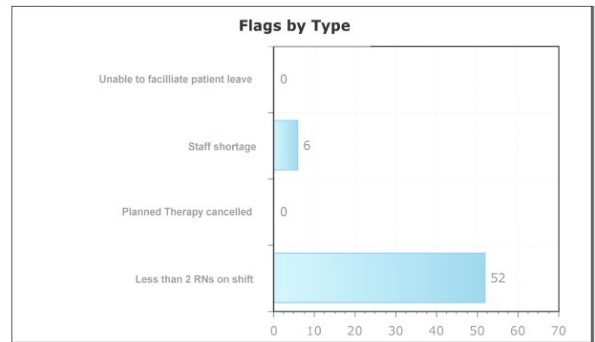
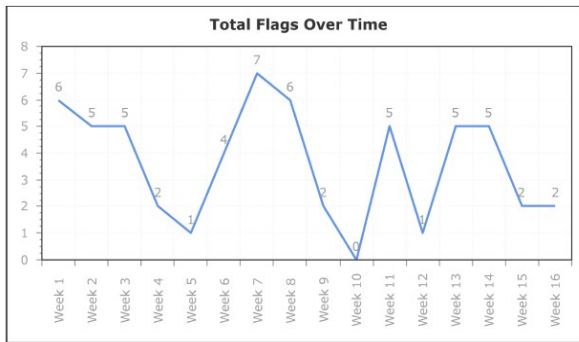
## 2.0 Red Flags

- 2.1 The Trust has introduced a red flag function utilising the Allocate Healthroster system to identify, escalate and monitor ward staffing concerns on the Adult mental health wards, this is in addition to incident reporting.
- 2.2 The second wave of the pandemic from December 2020 to March 2021 had a significant impact across services. inpatient services were impacted by absences either due to COVID19 illness, self-isolation due to contact with positive cases, short notice school/ childcare impact and usual sickness not linked to COVID19 additionally during the first and second waves there were high levels of absence in the nursing teams due to shielding. These absences are often initiated with minimal notice.
- 2.3 There are currently four red flags being reported on.
  - a) Less than two registered nurses on duty
  - b) Staff shortage
  - c) Unable to facilitate leave
  - d) Unable to facilitate planned therapy.
- 2.4 Although the facility for working from home was made available for teams across the Trust, this proves to be difficult as majority to nursing role are face to face, direct clinical care.
- 2.5 When admission rates reduced, some wards were temporarily closed and nursing staff were redeployed across the units. City and Hackney Inpatient services redeployed staff to the community for the depot clinic.
- 2.6 In both waves Newham Centre for Mental Health provided designated Covid19 positive wards for the Trust as part of the Zoning measures, which added additional challenges to staffing and use of bank.
- 2.7 The two Psychiatric Intensive Care Wards in Tower Hamlets Centre for Mental Health had challenges recruiting registered nurses to vacant posts, further impact in February and March of 2021 due to an increase in violence and aggression incidences which impacted on bank staff working on the wards.
- 2.8 Older adults wards had higher numbers of staff effected by Long Covid, therefore impacting staffing levels over an extended period of time.

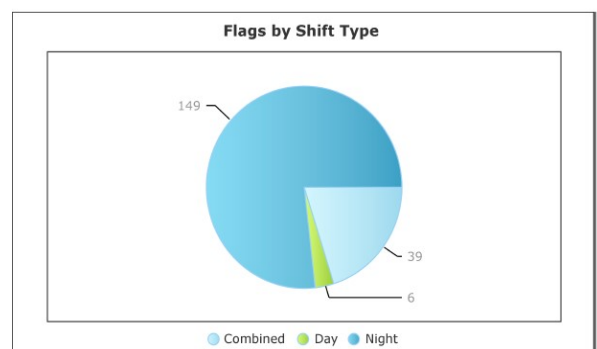
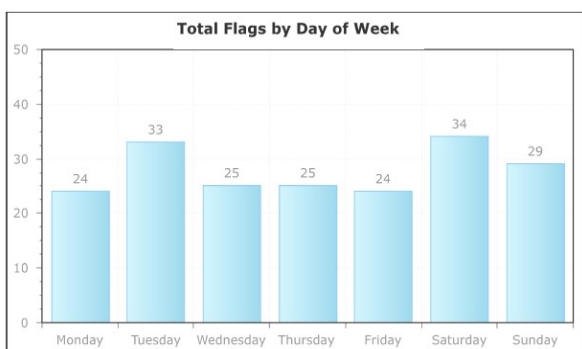
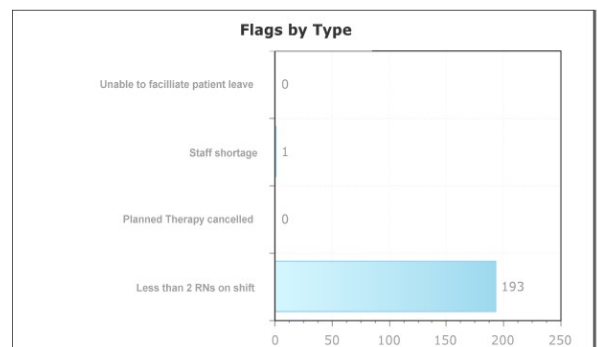
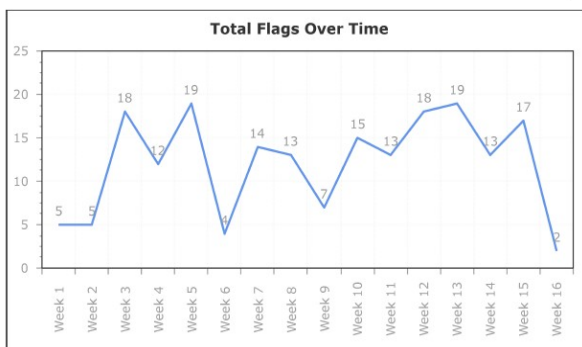
- 2.9 To reduce spreading of infections bank staff had to be limited to working on designated wards or units which had an impact on ability to easily move staff across services.
- 2.10 Red flags data is not a helpful indication of risk for the Coborn for this time period as they were using their staffing in a fluid way across 3 wards this time therefore health roster would not give accurate data.
- 2.11 The available reports have raised awareness and been used as part of specific service and ward reviews to understand local patterns. Red flags reports are below
- 2.12 **Red Flag data for Adult Mental Health**



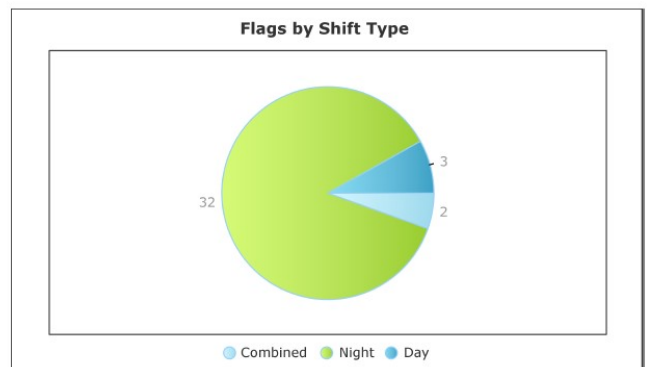
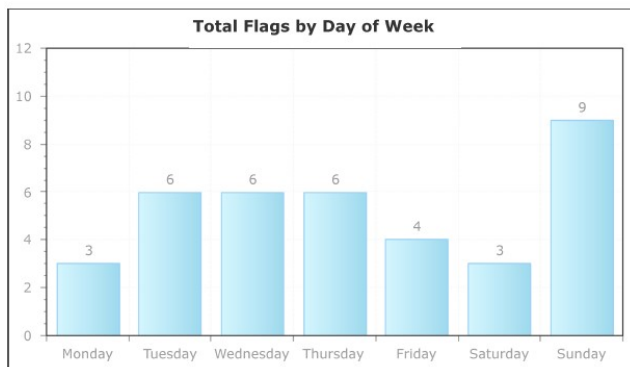
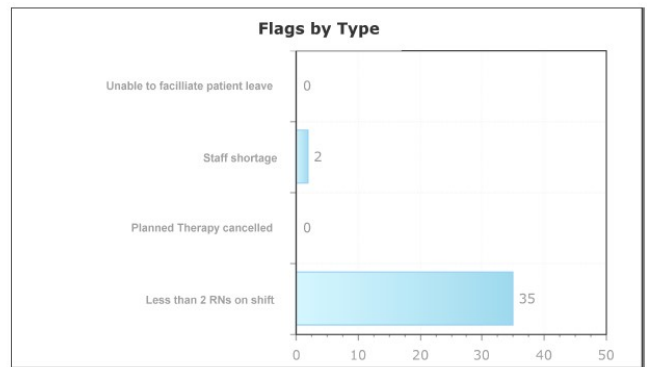
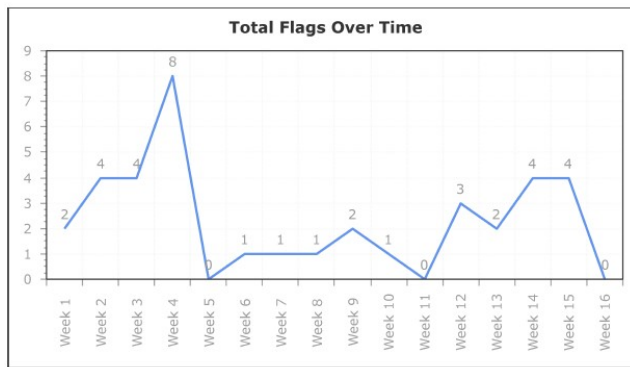
**Newham Wards**



**TH Wards**



**LUT Wards**



**3.0 East Ham Care Centre**

- 3.1 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.
- 3.2 We have now completed the reimplementation of HealthRoster for wards at EHCC to reflect the correct safe staffing ratios and working patterns. The ward managers have been trained to produce the safe rosters and identify staffing issues and trends on the wards with the help of automated HealthRoster reports.

**4.0 Child & Adolescent Services**

- 4.1 The Coborn wards have had significant challenges with nursing staffing in the period covered by this report. It has been effected by Shielding and Covid isolation requirements, the impact has been significant as the Coborn has existing recruitment challenges for registered nursing staff. During this time flexible working practices of the senior nurses and the wider MDT has maintained staffing levels at a safe and effective level. For the Galaxy Unit we have limited admission in accordance with safe staffing levels. For a period of 3-6 months agency staff have been engaged to cover Recruitment strategies are in place to fill staffing gaps to reduce impact to service and care.
- 4.2 Red flags data is not a helpful indication of risk for the Coborn for this time period as they were using their staffing in a fluid way across the unit during this time therefore health roster would not give accurate data

## **5.0 In response the challenges:**

- 5.1 To ensure appropriate staffing levels are maintained a number of actions were taken across the inpatient services:
- 5.2 Professional judgement has been paramount in managing unplanned absences or increased demand, alongside the skill mix and competencies of the nursing staff. 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.
- 5.3 Clinical Nurse Managers and Matrons covered all weekday Duty Senior Nurse shifts to enable Clinical Practice Leads to work shifts on the wards.
- 5.4 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 senior nurse meetings and two monthly rota reviews with the Director of Nursing, Service Lead Nurse and the Safer Staffing Lead.
- 5.5 From June 2020 to April 2021 year 2 and year 3 student nurses were able to take up aspiring nurses role at band 4 providing front line care. (70 in London, 40 in Luton and Bedford).
- 5.6 Non-nursing members of the MDT worked flexibly outside the normal working hours and providing frontline care.
- 5.7 Additional flexible roles working across a service such as discharge co-ordinators, duty senior nurse support workers.
- 5.8 Virtual Ward teams created with Bank staff to support services at short notice.
- 5.9 A DSN Support role was introduced, offering response and support to those experiencing a mental health crisis. this is a flexible role to assist colleagues to cover service needs, which includes working across the wards in Luton & Bedfordshire.
- 5.10 Recruitment drive for staff continuing as business as usual, including the Rotational Nurse Scheme in partnership with Community Health Newham will continue this year Supported by a peripatetic staff pool supplied from the central Bank Staff Team
- 5.11 Staffing challenges and service reviews were escalated to GOLD via the SILVER command meeting for review by wider Trust Leadership team.

## **6.0 Safer staffing and care hours per patient day metric**

- 6.1 We continue to record safer staffing and use Care Hours per Patient Day metric via a monthly unify report.
- 6.2 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.
- 6.3 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.

- 6.4 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. 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.
- 6.5 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”.

## **7.0 Community Health Services**

- 7.1 The implementation of Health Roster is being phased into Community health services. Tower Hamlets community services have been implemented on Health Roster in the 1<sup>st</sup> wave of implementations based on the budgeted WTEs for this financial year. Implementation work will start in Newham CHS from 24<sup>th</sup> May 2021, followed by Bedfordshire CHS from August/September 2021.

## **8.0 Safer Nursing Care tool**

- 8.1 CHS has previously reported to the Board about the use of the national safer caseload tool (2017) for community Nursing. The development of this tool has now accelerated at a national level. NHSE/I are leading the project to review community nurse staffing decision support tools, for establishment setting ensuring we provide the right care, at the right time, in the right place aligned to patient outcomes. ELFT Community Health Services are members of the Expert Working Group to co- develop the tool, contributing towards the National Community Nursing Plan. Senior Nursing leads will take part in training, from May 2021 to support data collection and submission of dependency/acuity scoring/activity analysis which will inform the ongoing development of the national tool.

## **9.0 Care Hours Per Patient Day (CHPPD)**

- 9.1 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.
- 9.2 CHPPD is calculated on each ward by totalling the number of Nursing, Healthcare Support Worker and Allied Health Professional Hours in a 24hr hour period divided by the number of in-patients at midnight.
- 9.3 ELFT collects its nursing planned vs actual data via Healthroster and submits it via a unify report. AHPs hours are not recorded in Healthroster and therefore not easily accounted for in this data collection. Work is in progress to address this.
- 9.4 NHS Improvement have yet to issue guidance on appropriate ‘ranges’.
- 9.5 There are significant variations between Trusts based on shift patterns and the skill mix of nursing teams. Services that work a three shift pattern benefit from a significant overlap of nursing hours due to the extended handover periods. Other Trusts generate their CHPPD based on total funded hours rather than allocated shifts which ELFT produces.
- 9.6 The chart below shows ELFT as the black bar, the grey bars being peer trusts, ELFT is close to the peer median level.





## 10.0 Proposal

- 10.1 Currently the board receives safer staffing for inpatient report every 6 month. The proposal is to continue with 6 monthly inpatient and community nursing update every 6 months however annually the board will receive a summary of all the clinical workforce challenges and assurance plans in autumn 2021.

## 11.0 Recommendations

- 11.1 The board are asked to agree the planned broader clinical workforce annual summary and note the actions and plans in place to ensure safe staffing.