NHS
East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD - PUBLIC
11 JULY 2018

Title	Safer Staffing 6 Monthly Review of Staffing Levels
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Purpose of the Report:

To present to the board with a report on in–patient nurse staffing levels in line with the national expectations of NHS providers in providing safe staffing levels and 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 is the eighth report to inform the Trust 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 wards during the period November 2017 to April 2018. The paper identifies variances, causes and actions taken to address issues relating to safe staffing.
There are no recommended changes to the current inpatient staffing levels at this time however this may change as further guidance is issued.

Strategic priorities this paper supports (Please check box including brief statement)

Improving service user satisfaction	☒	
Improving staff satisfaction	☒	
Maintaining financial viability	☒	

Committees/Meetings where this item has been considered:

Date	None

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	There are no financial implications for the period reported on.
Quality	Insufficient staff compromise safe and compassionate 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. Reference: 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 (National Quality Board July 2016)
c. **Mental Health Staffing Frame work** https://www.england.nhs.uk/6cs/wp-content/uploads/sites/25/2015/06/mh-staffing-v4.pdf

Glossary

Abbreviation	

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 eighth report to the Board summarizing the results of the Trust monitoring of staffing levels across all mental health and continuing care wards and covers the six month period November 2017 to April 2018.

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 and are subject to review in the weekly Locality senior nurse meetings and two monthly rota reviews with the Director of Nursing and Lead Nurse HealthRoster.

2.3   The ward staffing information is published monthly on the NHS Choices and Trust Websites

3.0   Analysis of Trust Results/Average Fill rates

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

3.1   There is a significant reduction in the number of wards reporting variances during this period (7) in comparison with the previous reported period (22). 4 wards reports red variances and 5 reported amber variances.

3.2   The wards identified as having the most difficulty in achieving expected staffing levels are listed below in table 1. For each of these wards immediate actions were taken by the ward management team including asking existing staff to work more 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.

3.3   Individual wards have reported variances to fill rates created by short term variances including high levels of activity and short notice absence.

3.4   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
Bevan		HCA				
Coborn Acute				HCA	RMN	RMN
Coborn Galaxy		HCA	RMN/HCA		HCA	RMN
Coborn PICU		HCA			HCA	
Ludgate					HCA	
Onyx					RMN	
Keats				RMN		
Westferry						HCA

4.0 Wards reporting ad hoc variations:

4.1 Actions taken to ensure adequate staffing levels included adjusting the skill mix, redeploying staff, utilising available senior staff.

4.2 Wards reporting consecutive variations:

4.3 Coborn Acute/Galaxy/PICU – Coborn Galaxy opened in December 2017 and work in close conjunction with Coborn Acute and PICU.

Staff are deployed between wards based on acuity and in response to operational need. Variable bed occupancy and acuity allowed for ad hoc adjustments in staffing numbers which were deemed professionally appropriate.

5.0 Care Hours Per Patient Day (CHPPD)

5.1 Early in 2017 Lord Carter was commissioned by NHS Improvement to undertake a review of Efficiency with NHS Mental Health Services in conjunction with 24 Mental Health Trusts.

5.2 A key element of the Carter Review has been improving productivity and efficiency of e-rostering and the development of Care Hours Per Patient Day.

5.3 One of the obstacles to eliminating unwarranted variation in nursing and care staff distribution across and within the NHS provider sector has been the absence of a single means of consistently recording, reporting and monitoring staff deployment. In order to provide to provide a consistent way of recording and reporting deployment of staff providing care in inpatients, the Care Hours Per Patient Day metric was developed. Initially for acute hospitals, the metric has since been tested and adapted for use in mental health and community inpatient wards. From April 2018 all trusts (acute, acute specialist, community and mental health) are required to collect CHPPD monthly for all of their inpatient wards.

5.4   What is CHPPD?

- Care Hours per Patient Day was developed, tested and adopted to provide a single consistent way of recording and reporting deployment of staff working on inpatient wards/units.
- CHPPD gives a single figure that represents both staffing levels and patient requirements, unlike actual hours alone.
- CHPPD allows for comparisons between wards/units. As CHPPD has been divided by the number of patients, the value doesn't increase due to the size of the unit – allowing comparisons between different units of different sizes.
- CHPPD reports split out registered mental health and registered nurses from care staff (healthcare support workers /assistants) to ensure skill mix and care need is reflected. n
- CHPPD is a descriptor of workforce deployment that can be used at ward, service or aggregated to trust level.
- CHPPD is most useful at a clinical ward level where service leaders can consider workforce deployment over time compared with similar wards within a trust or at other trusts as part of a review of staff productivity alongside clinical quality and safety outcomes measures.
- The monthly data set will be published via the model hospital portal.

5.5   As yet there is no national standard, it is envisage a target range will be agreed for each speciality based on evidence provided by the ongoing monthly returns.

5.6   April 2018 return Appendix 1.

6.0   Community Services

6.1   Following the May 2018 Trust Board we are currently reviewing a number of options which will allow reporting on safer staffing conditions within community nursing and multi professional teams. Future safer staffing reports will include an update on the options.

7.0   Summary

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

7.2   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.

7.3   No change to the existing staffing establishments are proposed at this time.

8.0   Action being requested

8.1   The board is asked to note the processes and plans in place to monitor safe staffing levels.

ELFT Care Hours Per Patient Day - April 2018

Ward name	Day		Night		Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
PICU								
Bevan	108.6%	148.6%	98.3%	113.6%	387	4.7	4.7	9.3
Millharbour	87.8%	110.6%	115.0%	210.0%	347	3.9	5.2	9.1
Rosebank	92.4%	142.8%	111.2%	136.4%	212	6.5	13.7	20.2
Jade Picu	118.9%	114.6%	108.1%	113.0%	252	5.8	6.4	12.1
London Crystal	109.5%	130.6%	113.1%	251.8%	319	4.8	6.1	10.9
Admission								
Brett	94.7%	112.1%	94.9%	176.7%	605	2.3	2.8	5.1
Conolly	116.0%	90.3%	98.3%	106.7%	371	4.3	3.4	7.6
Gardner	100.1%	100.2%	96.7%	143.3%	414	3.5	3.6	7.1
Joshua Ward	101.3%	158.2%	95.0%	120.0%	524	2.8	2.9	5.6
Ruth Seifert	91.7%	110.7%	96.7%	130.0%	448	3.1	2.7	5.8
Brick Lane	91.8%	126.2%	96.7%	103.3%	619	2.2	2.0	4.2
Globe	112.6%	102.3%	118.8%	115.0%	562	2.7	1.9	4.5
Lea	99.0%	98.6%	101.7%	116.7%	556	2.7	2.5	5.1
Roman	109.8%	97.1%	116.9%	118.5%	500	3.1	2.6	5.7
Emerald	117.6%	91.3%	115.2%	118.8%	359	4.1	3.0	7.1
Ivory	102.4%	103.7%	226.2%	110.0%	315	4.7	4.7	9.4
Opal	102.0%	108.6%	113.3%	118.8%	480	3.1	2.5	5.6
Sapphire	99.6%	131.2%	113.3%	118.8%	365	4.0	3.5	7.4
Topaz	98.8%	111.5%	114.8%	114.7%	453	3.2	2.7	5.9
Ruby/Triage	128.3%	154.4%	124.5%	131.1%	308	5.7	6.0	11.7
Onyx	122.1%	129.7%	181.4%	206.7%	518	3.0	3.3	6.4
Coral	189.9%	131.1%	130.2%	124.6%	761	3.5	3.2	6.7
(LU) Crystal Ward	155.1%	146.9%	103.6%	103.2%	500	3.9	3.7	7.6
Bed Ash	114.6%	137.4%	200.3%	166.7%	637	2.3	3.9	6.2

Townsend Court	141.7%	152.2%	200.0%	104.3%	567	2.9	3.1	6.0
Willow	126.7%	133.2%	96.7%	103.3%	330	3.5	4.9	8.5

Forensics

Bow	124.8%	162.2%	96.6%	98.5%	390	3.8	4.6	8.4
Broadgate	117.6%	101.0%	105.2%	97.2%	510	2.5	2.9	5.4
Butterfield	107.2%	116.9%	135.5%	181.7%	508	2.5	3.0	5.6
Clerkenwell(LD)	109.3%	184.6%	178.6%	116.4%	450	3.3	5.0	8.2
Clissold	153.8%	119.9%	148.9%	196.5%	510	2.7	3.2	5.8
East India(DSPD)	129.4%	90.0%	113.8%	110.7%	369	3.4	3.9	7.3
Hoxton	124.3%	118.6%	117.4%	178.6%	510	2.9	3.0	6.0
Limehouse	99.9%	109.7%	187.6%	123.6%	480	2.9	2.6	5.5
Loxford	110.8%	127.6%	117.4%	99.7%	507	2.5	3.1	5.6
Ludgate	123.5%	110.2%	190.5%	210.0%	509	3.1	3.1	6.2
Morrison	113.8%	125.1%	150.0%	153.3%	480	2.7	3.1	5.8
Shoreditch(LD)	129.4%	94.8%	116.4%	91.3%	390	4.6	4.4	8.9
Victoria	115.9%	113.3%	163.4%	139.8%	502	2.7	2.7	5.4
Westferry (PICU)	112.0%	76.2%	127.3%	84.5%	273	7.9	7.4	15.3
Woodberry	112.8%	107.7%	145.2%	176.7%	357	3.5	4.0	7.5

MHCOP

Columbia	102.9%	162.7%	120.8%	268.3%	452	3.7	4.5	8.2
Leadenhall	111.7%	167.1%	119.0%	141.8%	433	3.7	3.2	6.9
Poplars	134.1%	125.0%	100.0%	134.9%	453	2.8	4.7	7.5
Sally Sherman	116.1%	154.8%	100.0%	163.0%	421	3.0	9.0	11.9
Thames House	152.9%	121.2%	116.9%	184.0%	333	5.7	4.2	9.9
Fountains Court	185.1%	242.4%	100.1%	127.4%	779	2.5	6.5	9.0

Specialist

The Coppice	109.6%	100.3%	103.4%	131.2%	99	20.5	19.8	40.3
Margaret Oates	96.7%	96.1%	102.9%	153.0%	271	7.4	7.4	14.8
Fothergill	120.9%	176.7%	200.0%	246.0%	729	2.6	5.2	7.8

CAMHS

Coborn Acute	98.5%	164.8%	86.3%	119.6%	320	4.2	6.8	11.0
Coborn Picu	94.3%	122.6%	100.1%	85.7%	119	8.1	11.3	19.4
Coborn-Galaxy Ward	122.0%	116.3%	76.5%	127.9%	244	6.6	9.9	16.5