

**REPORT TO THE TRUST BOARD: PUBLIC**  
**14 NOVEMBER 2018**

<b>Title</b>	Safer Staffing 6 Monthly Review of Staffing Levels
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**Purpose of the report**

To present to the Board a report on in-patient nurse staffing levels in line with the national expectations of NHS providers in providing safe staffing inpatient levels and 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 scope of a District Nursing Workload and Staffing.

**Summary of key issues**

This is the eighth 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 wards during the period April 2018 to October 2018. 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 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 bed, acuity and professional judgement. 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.

11 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.

**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

**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: <i>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</i> (National Quality Board 2013)
b. Mental Health Staffing Framework <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>

**Glossary**

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

**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.
- 1.3 This is the eighth 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 April 2018 to October 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, 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 and the Trust website.

## **3.0 Analysis of Trust Results/Average Fill rates**

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

(Due to reporting timetable October's data is unavailable and will be included in the next report.)

- 3.1 There is an increase in the number of wards reporting variances from the designated staffing level during this period 11 in comparison with the previous reported period of 7. 5 wards report red variances and 8 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 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. 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.
- 3.3 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.
- 3.4 These results should be read in conjunction with the Care Hours per Patient Day metric in Section 5

Table 1.

Ward	May	June	July	Aug	Sept	Oct
Brick Lane				RMN		
Coborn Galaxy	RMN			RMN	RMN	
Coborn PICU				RMN	RMN	
London Crystal	HCA					
Luton Crystal		HCA				
East India	RMN/H CA	HCA	HCA	RMN		
Ivory	HCA*					
Mother & Baby	HCA					
Roman	RMN					
Shoreditch			HCA		HCA	
Westferry			HCA		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.

#### 5.0 Wards reporting consecutive variations

- 5.1 **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 allows for ad hoc adjustments in staffing numbers, which were deemed professionally appropriate. There is a national piece of work to support consistency around calculation of input from CAMHS clinician counted within care hours, many Trusts include occupational therapy and psychology time within their calculation, at this point we do not include these which may further impact on the variance.
- 5.2 **East India** is a specialist service for personality disordered offenders within the medium secure unit. Temporary staff need induction to this ward as it has a specific mode of therapy. Recent recruitment will improve the fill rates and additional training for staff from other clinical areas within the MSU will reduce gaps.

#### 6.0 Care Hours per Patient Day (CHPPD)

- 6.1 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.

- 6.2 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.
- 6.3 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 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.
- 6.4 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.
- 6.5 The ELFT CHPPD data April to October is shown in **Appendix 1**.
- 6.6 NHS Improvement have indicated they will advise on best practise 'ranges' early in 2019.

## **7.0 Community Services**

- 7.1 ELFT now provides district nursing services in Bedfordshire, Newham and Tower Hamlets. A consistent and strategic approach for workforce planning is required across all three services so that we can respond to changing levels of patient dependency as well as local population needs and changing environments.
- 7.2 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 nurses are required to work in close partnership with other health and social care providers.

The district nursing team comprises a range of inter related nursing roles and it is essential that we have a clear understanding of the contribution each makes to person centred, safe and effective care.

- 7.3 In January 2018, the National Quality Board issued '*An improvement resource for the district nursing service*' which aims to create evidence-based standardisation of the approach to determining safe caseloads with metrics used to evaluate the quality of care provided. There are 11 recommendations within the report which ELFT community services are working to achieve. Each community service has been asked to collate its response and to create action plans to address any issues.
- 7.4 A part of this includes a workforce analysis project, currently being conducted using Dr Keith Hurst's 'Workload, Quality and Staffing' tool (2017). It is aimed to complete this project by spring 2019 and a report will be presented to the Board.
- 7.5 Subsequent reports on safer caseloads within district nursing will be presented to the Board, at six monthly intervals alongside the inpatient unit reporting.

## **8.0 Summary**

- 8.1 The Trust continues to monitor and report nurse staffing levels to provide assurance and that deliver safe, effective and high quality care.
- 8.2 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.
- 8.3 No change to the existing staffing establishments are proposed at this time. An establishment review update can be provided in the next report.

## **9.0 Action being requested**

- 9.1 The Board is asked to note the processes and plans in place to monitor safe staffing levels and safer caseloads in community services.

## Appendix 1

### Care Hours Per Patient Day (Combined RMN/HCA)

<i>PICU</i>	<i>Apr-18</i>	<i>May-18</i>	<i>Jun-18</i>	<i>Jul-18</i>	<i>Aug-18</i>	<i>Sep-18</i>	<i>Oct-18</i>
Bevan	9.3	10.9	8.6	10.0	10.4	8.6	
Millharbour	9.1	10.2	10.2	9.6	9.5	10.2	
Rosebank	20.2	18.2	16.0	18.6	24.2	26.0	
Jade Picu	12.1	16.4	13.2	15.2	13.4	14.5	
London Crystal	10.9	9.3	11.3	11.1	10.9	13.4	

### *Admission*

#### **City & Hackney**

Brett	5.1	6.1	6.6	7.3	6.7	6.2	
Conolly	7.6	6.4	5.6	4.7	5.8	6.1	
Gardner	7.1	5.5	5.6	5.5	5.5	4.9	
Joshua Ward	5.6	5.6	5.5	5.9	5.6	5.5	
Ruth Seifert	5.8	6.3	6.2	6.2	7.0	7.4	

#### **Tower Hamlets**

Brick Lane	4.2	5.3	5.5	5.4	4.8	5.2	
Globe	4.5	4.6	4.5	4.4	4.9	4.6	
Lea	5.1	5.2	5.4	5.3	5.0	5.1	
Roman	5.7	5.8	5.1	4.9	5.2	5.7	

#### **Newham**

Emerald	7.1	7.4	6.5	5.3	6.0	6.6	
Ivory	9.4	10.7	8.3	10.3	10.5	17.7	
Opal	5.6	5.9	6.0	6.1	5.6	5.9	
Sapphire	7.4	6.3	6.1	5.8	7.0	5.9	
Topaz	5.9	7.3	6.5	5.7	5.6	5.5	
Ruby/Triage	11.7	13.5	11.6	9.8	11.4	9.8	

#### **Bedford & Luton**

Onyx	6.4	7.6	7.9	7.7	7.4	6.1	
Coral	6.7	7.2	6.2	5.9	6.3	6.1	
(LU) Crystal Ward	7.6	6.8	7.3	7.8	10.0	8.6	
Bed Ash	6.2	6.6	6.1	6.0	6.4	6.5	
Townsend Court	6.0	6.4	6.6	6.5	7.8	7.2	
Willow	8.5	7.3	6.8	7.0	6.6	7.6	

#### **Forensics**

Bow	8.4	7.7	7.7	7.5	8.1	8.0	
Broadgate	5.4	5.9	5.3	6.0	5.5	6.0	
Butterfield	5.6	5.6	5.7	5.7	5.8	5.8	

**Care Hours Per Patient Day  
(Combined RMN/HCA)**

<b>PICU</b>	<b>Apr-18</b>	<b>May-18</b>	<b>Jun-18</b>	<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>
Clerkenwell(LD)	8.2	9.3	10.1	10.3	10.1	10.5	
Clissold	5.8	5.4	5.3	6.1	5.9	6.3	
East India(DSPD)	7.3	8.1	8.0	7.4	8.6	8.1	
Hoxton	6.0	6.6	6.0	6.1	5.4	5.9	
Limehouse	5.5	5.6	5.6	5.6	5.7	7.3	
Loxford	5.6	5.2	5.4	5.3	5.4	5.3	
Ludgate	6.2	6.1	5.9	6.1	6.3	5.4	
Morrison	5.8	6.3	5.7	6.2	6.1	9.3	
Shoreditch(LD)	8.9	9.0	9.2	8.5	7.5	7.5	
Victoria	5.4	6.3	5.5	5.7	5.7	5.4	
Westferry (PICU)	15.3	13.8	14.0	13.5	12.7	13.2	
Woodberry	7.5	7.4	7.5	7.6	7.2	7.7	

**MHCOP**

Columbia	8.2	7.4	6.6	7.3	6.5	8.8	
Leadenhall	6.9	6.1	6.0	6.3	6.3	5.7	
Poplars	7.5	7.3	7.7	9.4	9.3	9.6	
Sally Sherman	11.9	12.0	12.3	12.2	12.4	13.4	
Thames House	9.9	10.2	10.9	10.4	9.9	9.6	
Fountains Court	9.0	9.2	8.5	8.8	8.0	8.6	

**Specialist**

The Coppice	40.3	49.8	29.5	25.6	34.9	40.0	
Margaret Oates	14.8	17.6	15.2	15.5	17.6	19.7	
Cedar House	6.2	6.1	6.7	6.8	5.9	6.0	
Fothergill	7.8	7.9	6.9	8.1	6.8	6.9	
Archers Unit	N/A	4.9	6.5	6.9	6.4	6.2	

**CAMHS**

Coborn Acute	11.0	11.4	10.0	10.5	13.2	11.9	
Coborn Picu	19.4	23.7	21.4	26.5	35.8	39.3	
Coborn-Galaxy Ward	16.5	17.8	17.1	20.7	23.6	19.5	