East London
NHS Foundation Trust

**REPORT TO THE TRUST BOARD PUBLIC**
**May 2021**

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| **Title** | Safer Staffing 6 Monthly Review of In-patient staffing levels 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).

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. 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**

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|---|---|---|
| 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** |
|---|---|
| | Borough Lead Nurse Meeting |

**Implications**

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| 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:<br><br>• Inadequate staffing numbers compromise safe and compassionate care.<br>• Poor monitoring of staffing capacity and capability can give rise to unacceptable patterns of inadequate staffing<br>• Not having the right skill mix in clinical environments can place unacceptable, additional demands upon staff and give rise to unsafe and ineffective care.<br>• 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

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/

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

d. 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/

e. The Model Hospital (https://nhsi.okta-emea.com/)

**Glossary**

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

## 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 11th 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 Covid – 19 Impact on safer staffing inpatient

2.1 The second wave of the pandemic from December 2020 to March 2021 saw a significant impact across services.

2.2 As reported in the previous safer staffing board paper staffing within MH utilises a MDT approach Restoration and Recovery, alongside a second wave pandemic 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.

2.3 Some of the ways in which we created flexibility within our workforce during the report period were;

- 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).
- Increased use of flexible roles working across areas such as Occupational therapy assistants and Psychology assistance who assist with tempering the therapeutic environment.
- Additional flexible roles working across a system such as discharge co-ordinators, duty senior nurse support workers.
- Direct care Infection control roles such as housekeepers and local infection control champions.
- Senior staff providing direct patient care and support.

2.4 During wave one a peripatetic team was created primarily to staff a Covid 19 positive area within units, however it was also operationalised to provide support in the event of increased patient acuity / staffing deficits. This model can be re-established if variable acuity and or staff

deficits occur in the second wave. This enabled a team to work alongside colleagues who know the service users.

## 3.0 Management of Staffing Levels

3.1 From April 2020 to May 2021 staffing availability was significantly affected by Covid-19 related sickness staff sickness. As track and trace protocols were initiated staff attendance has also been affected by self-isolation 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 initiated 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 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 two 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 Escalation processes through the Emergency Structure of Gold, silver, and bronze command are in place and staff have been encouraged to escalate and report staffing incidents and concerns. During the peak of wave 1 the framework of Gold, Silver and Bronze command monitored daily sickness/absence and any potential impact patient on safe care, enabling swift and agile response to any deficits. In wave 2 the structures remain but are less frequent staffing concerns can still be escalated outside of and through these structures.

3.5 Where staffing deficits are identified with 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.

### 3.6 Red Flags

In addition to the datix incident reporting system, ELFT has introduced a red flag function utilising the Allocate Healthroster system 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.

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

Available red flag reports are recorded below

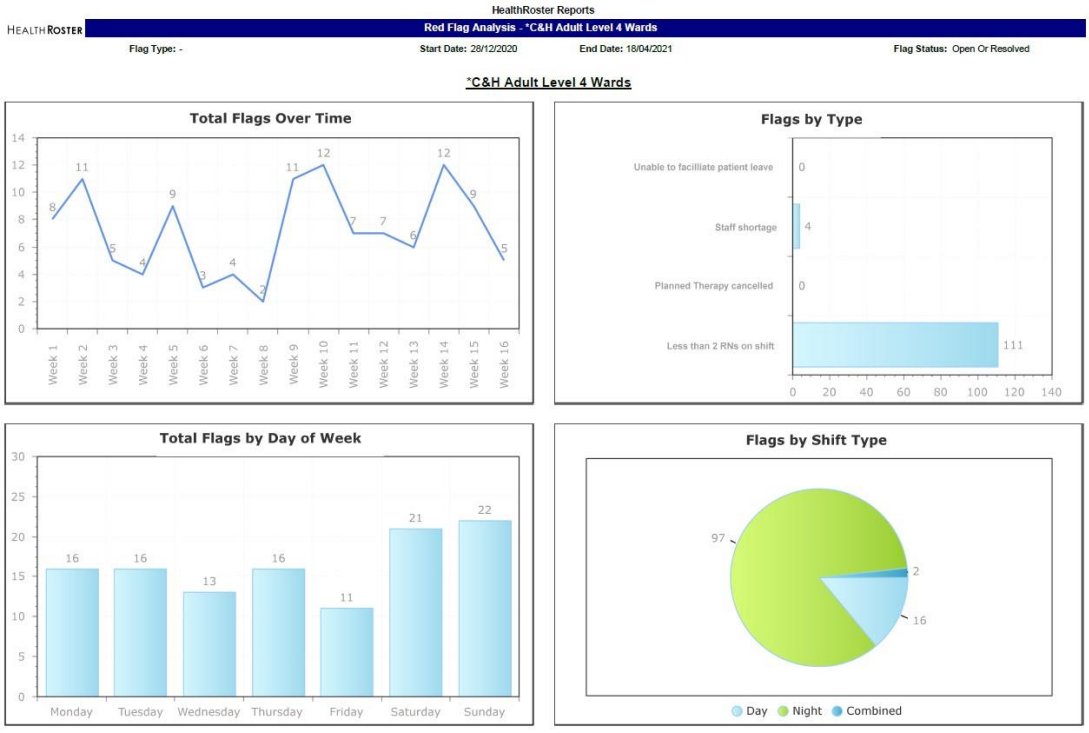
### 3.7 Service issues

### (i) City & Hackney

During the first and second waves there were high levels of absence in the nursing teams due to shielding. Approximately 26 nursing staff were not available to work on site for the duration of the first lockdown. Tasks were allocated that enabled working from home. Inpatient services redeployed 3 staff to the community for the depot clinic. As admission rates reduced, Wards were closed and nursing staff were redeployed across the unit. In January 2021 there was high levels of staff sickness related to Covid-19, upto 30 members nursing staff: By utilising the measures below we were able to keep all wards open and provide safe care.

**How we responded**

- Clinical Nurse Managers and Matrons covered all weekday DSN shifts to enable Clinical Practice Leads to work shifts on the wards.
- Unit wide Safety Huddle with Senior Nurses, and Covid support nurses held daily with focused discussions on ward safety and staffing levels. Daily the numbers of staff off sick, to help us predict the need for additional staffing.
- During peak pandemic periods January - March we introduced Site Manager Shifts at the weekend for Clinical Nurse Managers or Matrons to cover to provide enhanced support and leadership to the DSN out of hours.
- 3rd Year students on extended paid placement – joined teams across the unit to support with safe staffing and delivery of care.
- Supported by a peripatetic staff pool supplied from the central Bank Staff Team




### (ii) Newham

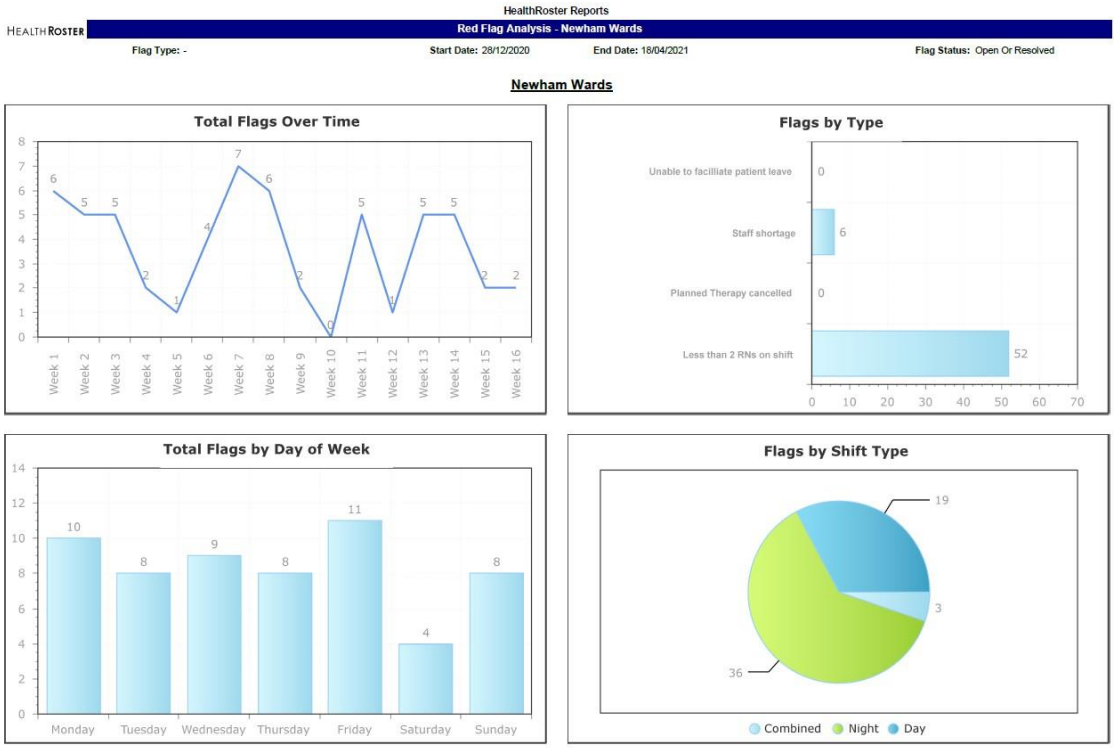
**Challenges**

During the first and second waves there were high levels of absence in the nursing teams due to covid infection, isolation and shielding. At one point during the second wave there were 39 substantive staff not at work. There were 5 clinically vulnerable staff shielding throughout. In both waves Newham also provided designated covid positive wards for the Trust as part of the

covid zoning measures, which added additional challenges to staffing and use of Bank. By utilising the measures below we were able to keep all wards open and provide safe care.

**How we Responded**

- Newham has benefitted from the 'Virtual Wards' staffing initiative facilitated by the Staff Bank. This provides peripatetic staff on day shifts and night shifts who can be redeployed around the unit by the Duty Senior Nurse as needed.
- Active recruitment has continued and the Rotational Nurse Scheme in partnership with Community Health Newham is continuing this year.
- Regular Health Roster Reviews are facilitated to promote effective management of staff rostering and use of resources.
- Clinical Nurse Managers and Matrons cover all weekday DSN shifts to provide enhanced clinical leadership in the unit, and to release Clinical Practice Leads to focus their clinical work on the wards.
- Managers and Matrons carry out the role of onsite manager on weekends and bank holidays to provide senior leadership out of hours and support the DSN and ward teams.
- Recruited 2 x Band 7 Senior Night Co-ordinators (previously band 6 clinical Practice leads) to provide senior leadership across the unit at night. This releases Clinical Practice Leads to focus their clinical work on the wards.
- Recruited 2 x Band 6 Clinical Practice Leads to cover the Section 136 Suite at night.
- Unit-wide Safety Huddles at 9am and 9pm facilitated by the DSN focus on ward safety and staffing levels. This enables the DSN to capture daily the numbers of staff off sick, to help predict the need for additional staffing and where additional 'floating' staff needed.
- 3rd year nursing students on extended paid placement – joined teams across the unit to support with safe staffing and delivery of care.
- In response to the pressures during the pandemic an additional senior nurse manager post was created to provided local leadership and management capacity.



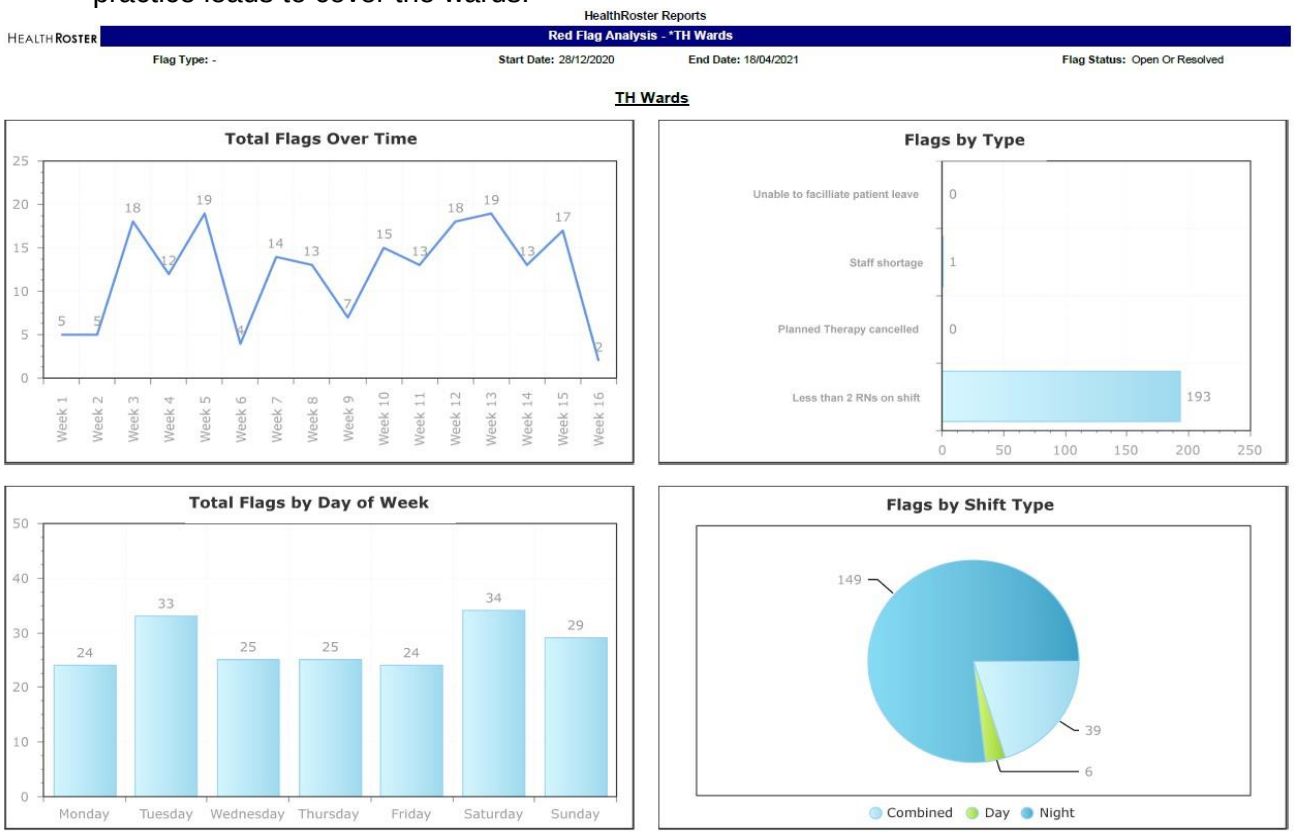
## (iii) Tower Hamlets

### Challenges

During second wave staff availability was significantly affected by covid-19 related sickness and other covid-19 related absences. More staff had to shield at home due to advice from department of health to do so due to pre-existing medical conditions or due to advice through track and trace. Unfortunately some of these absences did not give enough notice to cover shifts and this at times this significantly affected staffing numbers. The two PICU ward were struggling to recruit registered nurses to vacant posts which has had an impact on covering shifts. In February and March of 2021 there was an increase in violence and aggression incidences which impacted on bank staff working on the wards. By utilising the measures below we were able to keep all wards open and provide safe care.

### How we responded

- Peripatetic team provided support and cover our staffing deficits
- Continued with the daily 12pm huddles where capturing acuity and absences and determined if we needed extra staffing
- Continue to actively recruit to vacant posts
- Year 2 and 3 students took up posts as Band 4 Aspiring Nurses as introduced by in response to pandemic
- Clinical Nurse Managers and matrons working in the shift numbers instead of being supernumerary
- Clinical managers and matrons covered duty senior nurse (Unit coordinator) to allow clinical practice leads to cover the wards.



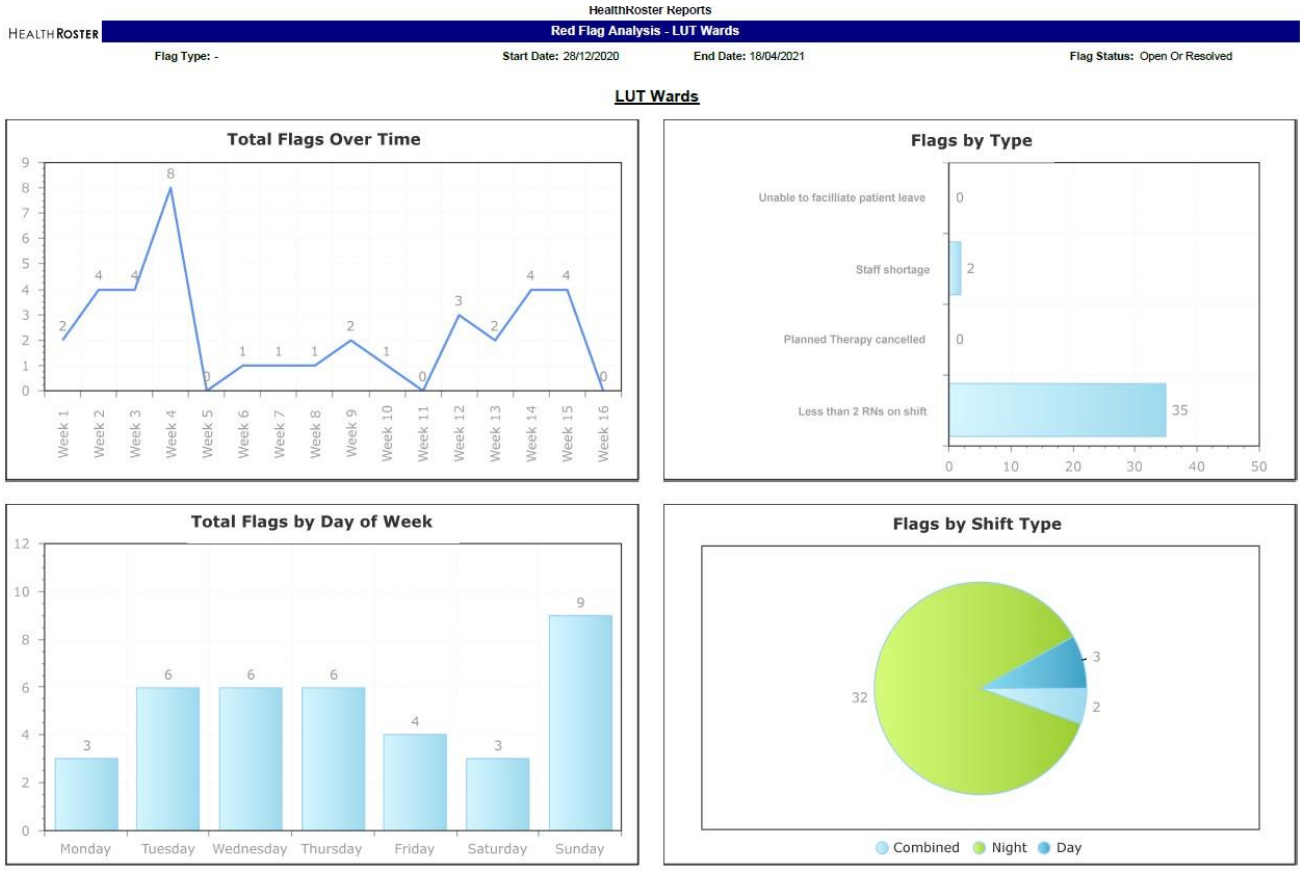

## (iv) Bedfordshire & Luton

### Challenges

Luton and Bedford inpatient services were significantly impacted by a high level of shielding staff, and Covid related absence. In our older peoples wards there has been a number of staff effected by Long Covid impacting staffing levels over an extended period of time. During February and March services saw an increase in inpatient demand and acuity which had an impact on resources. Throughout the pandemic all wards remained open and safe care was provided. By utilising the measures below we were able to keep all wards open and provide safe care.

**How we responded**

- In addition to section 3 above, 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.
- Matrons and Managers convene a daily huddle at 11am At this meeting, discussions about incidents rates, ward safety and staffing support are held to triangulate the care approach.
- Temporary introduction of Agency nurses on short-term block booking (up to 1 month) during the period when permanent staff members were isolating. The wards agreed induction plans and length of agreed commitment with the expectation that they need to work as part of the team for this period - lead on shifts, named nursing responsibilities (care plans, risk assessments).
- Extended Paid Placement students joined our wards on a 30hr per week contracts, after completing induction and learning plans for the placement.
- Recruitment drive for staff continuing as business as usual, combined directorate adverts as well as individual adverts for our standalone units (Fountains Court, Cedar House and Townsend Court).



**(v) East Ham Care Centre**

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.

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.

**(vi) Child & Adolescent Services**

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.

**(vii) Forensics**

Challenges

During the 2nd wave of the Pandemic we were significantly impacted by the covid outbreaks on the wards, there was an increase in the number of staff off sick and isolating due to covid related symptoms, long covid and staff shielding. Consequently we experienced manageable staff shortages across both sites Low secure services and medium secure unit at JHC. During this wave we sadly lost a member of staff and services users' due to covid. With an increase in restrictions on activities, suspension of visits loss of contact with families and friends, no section 17 leave, impact of covid on staff and patients losing their loved ones, staff shortages we begin to notice high acuity on wards and an increase in the number of incidents of violence and aggression and assaults on staff. Another challenge was staff anxiety to work in covid affected wards and discouraging bank staff from working on too many wards to minimise spread of the virus. Staff burnt, working long hours and not able to take all their annual leave.

How we responded

- Temporary redeployments of staff from areas not impacted by covid to areas with outbreaks
- Every ward completed staffing contingency plans during 1st wave , this was helpful during crisis
- Support for staff shielding to work at home
- Continued with the workforce recruitment drive
- Daily unit huddles looking at safer staffing levels
- Support from other disciplines basing themselves on wards assisting with seclusions and observations
- Discussing of staff levels and reviewing of restrictions in the command structure weekly Bronze and silver meeting
- Introduction of infection control Webinars to alleviate staff anxiety
- Continued with the monthly away days for staff support, self-care introduced mindfulness
- Introduced Matrons & CNM weekly checking in forums
- Continued with the violence reduction work monthly and time to think

- Impact assessments completed by wards shaping the future of what we learnt during 1st wave were helpful in the second wave

## 4.0 Safer staffing and care hours per patient day metric

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

4.2 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.

4.3 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.

4.4 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.
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".

## 5.0 Community Health Services

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

### 5.1 Safer Nursing Care tool

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.

## 6.0 Care Hours Per Patient Day (CHPPD)

6.1 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.

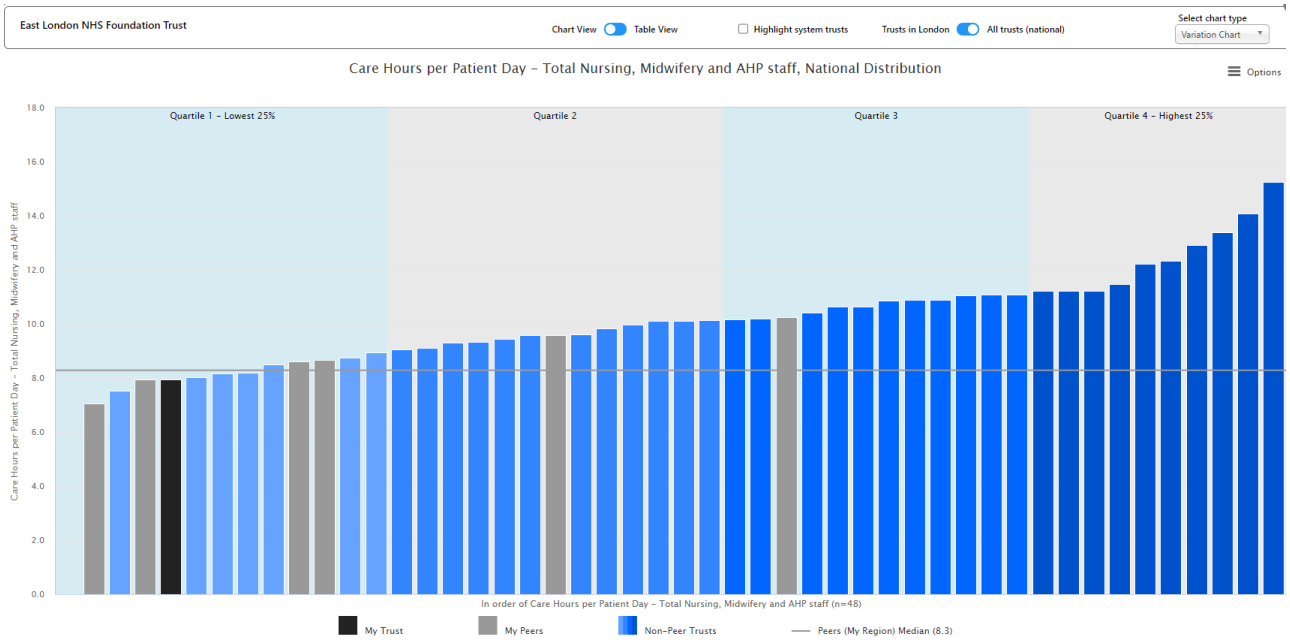
6.2 CHPPD is calculated on each ward by totalling the number of Nursing, Healthcare Support Worker and Allied Health Professional Hours in a 24hr hour period divided by the number of in-patients at midnight.

6.3 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.

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

6.5 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 that allocated shifts which ELFT produces.

6.6 The chart below shows ELFT as the black bar, the grey bars being peer trusts, ELFT is close to the peer median level.




7. Proposal.

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.

8. Recommendations.

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.