East London
NHS Foundation Trust

REPORT TO THE TRUST BOARD PUBLIC
21 May 2020

Title	Safer Staffing 6 Monthly Review of In-patient staffing levels.
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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 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 report informs 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 November 2019 to March 2020. 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 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 Safe Care Lead.

26 of the 55 wards showed variance in fill rate with immediate actions taken at the time by the managers. 5 of the 26 occurred in the month of March when Covid 19 staffing issues arose. The mitigation activities are discussed in this paper.

From October 2019 a process for analysing trends where staffing impact ese incidences are called "red flags" and highlight the nature of the staffing issue, steps taken to immediately resolve it and whether these were successful. The purpose of this system is to enable analysis at regular intervals to establish if there are patterns or trends in relation to staffing in any ward or service. This can aid in a more systematic analysis which may prevent the masking of more serious staffing issues; for example, higher rates of sickness absence, prolonged vacancies or more fundamental problems connected to meeting the clinical care needs of a particular patient group.

Regular rota and establishment reviews inform planned and actual staffing decisions.
There are no recommended changes to the current inpatient staffing levels at this time. This may change as further guidance is issued or the prevailing clinical needs of patients changes.

The report includes the staffing response to Covid 19 challenges for our clinical workforce.

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 (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 tenth 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 2019 – March 2020.

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 Trust Website.

3.0 Analysis of Trust Results/Average Fill rates

3.1 There is an increase in the number of wards reporting variances from the designated staffing level during this period 26 in comparison with the previous reported period of 18. There were 18 reports of red variances an increase from the last quarter of just 4 and 8 reported amber variances. there was an increase of variance in March 2020.

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. Individual wards have reported variances to fill rates predominantly created by short term variances amplified by 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 staffing deficits such as substantive staff vacancies or planned absences. However, there have been occasions this year when staffing adequately on certain wards has been very challenging.

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

SAFE STAFFING LEVEL INDICATOR

KEY: 90-100% | 80-89% | 0-79%

WARD / UNIT	MONTH				
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
BED Archer Unit		HCA / RMN	RMN NIGHT		RMN NIGHT HCA NIGHT
BED Townsend Court					
BED Willow Ward			RMN NIGHT		
LU Onyx Ward					HCA NIGHT
Broadgate Ward		RMN NIGHT			
Clerkenwell JHC					
Hoxton Ward					
Morrison Ward		RMN NIGHT			HCA NIGHT
West Ferry		RMN DAY / HCA NIGHT			
Woodberry Ward		RMN NIGHT			
Brett Ward					RMN NIGHT
Conolly Ward					
Joshua Ward					
Mother & Baby Ward					RMN NIGHT
Ruth Seifert Ward				RMN DAY	
Brick Lane Ward					
Columbia Ward	RMN NIGHT				
Globe Ward		RMN NIGHT		RMN NIGHT	
Leadenhall Ward					RMN NIGHT
Roman Ward				RMN NIGHT	
Rosebank Ward				RMN NIGHT	RMN NIGHT
Thames Hse					RMN NIGHT
Emerald Ward					
LONDON Crystal	HCA DAY				HCA DAY
NEW Ivory					
Opal Ward	HCA DAY			RMN NIGHT	RMN DAY / RMN NIGHT
Ruby Triage Ward		RMN NIGHT			
Sapphire Ward	HCA DAY	HCA DAY			RMN DAY
Topaz Ward				RMN NIGHT	RMN NIGHT
Coborn-Galaxy Ward					RMN DAY
Coborn Acute	RMN NIGHT	RMN NIGHT	RMN NIGHT		RMN NIGHT
Coborn PICU	RMN DAY	RMN DAY	RMN DAY	RMN DAY	RMN DAY
Sally Sherman Ward					
Fothergill Ward	HCA DAY	HCA DAY			
Aldgate Ward		HCA DAY	HCA DAY	HCA DAY	HCA DAY

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

4.0 Covid 19 staffing deficits

4.1 Covid 19 staffing response. The data supports the staffing challenges facing our wards during the Covid 19 period. At the onset of Lockdown and shielding we had a high level of clinical staff taken out of direct clinical duties and high levels of Covid-19 related sickness. Our flexible workforce of bank and agency were also highly effected by shielding and Covid related sickness. The immediacy of this deficit made it challenging to strategically respond to.

4.2 The actions to ensure patient safety included pulling nursing leadership teams, redeploying wider MDT such as occupational therapy staff and life skills recovery workers into shift working and direct patient care as indicated in local Business continuity plans. This workforce is not captured in the safer staffing percentages as they are not inputted into the rota system.

4.3 During this period 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.

4.4 In line with Business continuity plans there was a constriction of all non-essential activity both internally and externally which supported redeployment of our workforce.

4.5 Due to the increased physical risk to patients during this Covid-19 period where it was safe to do so patients were discharged to enhanced community support, and admission rates were initially greatly reduced resulting in lower level of patients in our ward environments. As a result a number of wards closed for a short period of time and staff were re-located to fill staffing gaps across services. This information is tracked and shared with the CQC.

4.6 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.

4.7 Across Community Health Services there has been an impact of staff sickness / absence which has been monitored in daily safety huddles and team skill mix adjusted accordingly. In addition there has been daily scrutiny of caseload to ensure our most dependent patients are prioritised with face to face visits and less dependent and those that can be educated to meet their own care needs are responded to by staff that unable to visit the patient at home.

The workforce has been responsive to the wider care sector i.e. Care homes, providing training, advice and support which has been a consideration within the daily staffing review.

5.0 Wards Reporting Consecutive Variations:

5.1 Of the 26 variances 5 areas reported this in consecutive months pre March.

5.2 **Coborn Acute/Galaxy/PICU (CAMHS)**
Coborn Galaxy works 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. Recruiting to and retaining registered staff in this clinical area remains challenging. Understanding the reasons for and working to reduce the rate of RN turnover is a priority.

5.3 **Sapphire Ward**
The gaps over this period were caused by 1 Health Care Assistants (HCA) going on maternity leave, 1 long term sickness and 1 leaver. These gaps were filled with bank staff over this period and as of this month the ward is at 100% establishment inclusive of cover for the maternity leave.

5.4 **Aldgate**

The gaps during this period were caused by an HCA on long term sickness following an assault. Ad hoc sickness compounded this and shifts were filled with bank staff.

5.5 **Fothergill**

In Nov / Dec 2019 higher sickness absence was reported amongst HCA; in response, bank shifts were filled according to patient caseload and acuity.

In April 2020 due to the increased sickness absence resulting from the Coronavirus pandemic, where available, Bank staff were employed but in addition the site matron and ward manager would become part of the shift team.

5.6 **Archer –** in Dec / Jan 2019 staff absence was due to both sickness and staff vacancies which was responded to with Bank and Agency staff.

During March staff sickness has been high due to the impact of Coronavirus and vacancies (RN's = 26%; HCA's = 28%). Bank and Agency staff have been employed but it has been more challenging to employ agency since the ward became a Covid positive ward. Where a red flag is reported for night duty, cover arrangements have been put in place with additional HCA's and support from the Community Nursing team.

6.0 Red Flags

6.1 Within the Safecare system red flags can be applied to highlight immediate staffing deficits, notification goes to leaders who are then able to put in and fully document actions taken to reduce the impact of any staffing deficit on service user care. We have now applied these flags to all of our mental health wards from October 2019 and will report on this on the next board report. An additional purpose of this system is to enable analysis at regular intervals to establish if there are patterns or trends in relation to staffing in any ward or service based on the frequency or number of red flag incidents. This can aid in a more systematic analysis which may prevent the masking of more serious staffing issues; for example, higher rates of sickness absence, leavers, prolonged vacancies, patterns at night or weekends or more fundamental problems connected to meeting the clinical care needs of a particular patient group. Please see appendix 1

6.2 The flags system allows clinical leaders to review patterns of staffing deficit and while those deficits might be mitigated by re-deployment of staff they are likely to put significant strain on the unit if they are persistent and frequent. It allows for leads to take strategic action to address deficit moving forwards. We are in the process of embedding red flags on local, and to be looked at as part of a suite of quality and safety markers.

6.3 Causes and Management

Since the Red Flag system was introduced in November 2019 it has helpfully highlighted gaps in registered nursing and unregistered staff.

These reports are produced at the end of the month and highlight where patterns are emerging on wards prompting Lead Nurses and the Directors of Nursing to explore causes, understand any mitigation and its adequacy.

The picture for November was incomplete but the patterns on wards over the following months has been helpful in shaping local responses – mainly focussed on recruitment and understanding patterns of leaving.

As a general guide, more than 10 red flags associated with less than 2 RNs indicates >2 vacancies in a team. Staffing gaps are most commonly associated with study leave, maternity leave, staff sickness and vacant posts. When two or more of these factors combine then gaps appear in the rota requiring focused local action.

The priority for these teams is to fill vacancies as once this is done, the volume of red flags tends to reduce significantly. Vacancies multiply the effect of any other gaps in staffing – including taking leave within otherwise normal or permitted levels.

In interpreting the red flags on these tables, the teams with the highest volumes have had at least 3 vacancies (Ruby, Opal, Topaz, Globe, Brett, Roman and Sally Sherman Wards) and new starters have been directed to these teams. There will be a significant skewing affect due to the pandemic in the coming months but staffing has returned to near normal in most areas.
A primary advantage of the red flag system is that central oversight of gaps gives the advantage of being able to strategically place staff where they are needed to help.

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. We were unable to access this data for this report but will provide an analysis in the next quarters report

7.3 NHS Improvement have yet to issue guidance on appropriate ‘ranges’.

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

8.0 Community Health Services

8.1 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.

8.2 In the previous report the Board received the first data set for the Community nursing teams using the safer caseloads tool (2017) with the intention to present subsequent reports on safer caseloads within District Nursing at six monthly intervals; this would align with inpatient unit reporting, enabling us to build a robust and more reliable data set for workforce planning and monitoring aligned to patient caseload.

8.3 On the first data collection staff skills and familiarity of data gathering was variable and despite data cleansing there were gaps in data quality. To address this training took place in January 2020 with a Coordinator for safer caseloads, locality team leads and Team leads in attendance. We had intended to do a 2nd data collection in March which has been delayed as a result of the Coronavirus pandemic; this will be rescheduled as soon as possible.

8.4 Health roster in Community – the implementation of Health roster across all three community health services has made steady progress which will accelerate with the appointment of a Project Manager to continue the programme; community teams have been identified as a priority within the programme and will recommence from the end of June 2020.

Appendix 1

Red Flags Report

In July 2014, the National Institute for Health and Care Excellence (NICE) released guidelines for the safe staffing of nursing in adult inpatient wards. They recommend that you record, monitor, and report the problems below that might occur on a ward. Those problems are called red flags.
Below are tables representing the number of red flags logged in SafeCare/HealthRoster during each calendar month.
The current flags in the system are:

- Less than 2 RNs on Shift
- Staff Shortage
- Unable to facilitate patient leave
- Planned therapy cancelled

November 2019

Row Labels	Less than 2 RNs on shift	Staff shortage	Unable to facilitate patient leave	Grand Total
BED Ash Ward		2		2
BED Cedar House			1	1
BED Willow Ward		3		3
Brick Lane Ward	4			4
Clerkenwell JHC		1		1
Columbia Ward	5			5
Fothergill Ward		3		3
Globe Ward	9			9
Lea Ward	3			3
Roman Ward	10	2		12
Grand Total	**31**	**11**	**1**	**43**

December 2019

Row Labels	Less than 2 RNs on shift	Staff shortage	Grand Total
BED Ash Ward	1	1	2
BED Townsend Court	2		2
Bevan Ward	2		2
Bow Ward	1		1
Brett Ward	12		12
Brick Lane Ward	9		9
Broadgate Ward		1	1
Butterfield Ward	1	1	2
Clissold Ward	3		3
Conolly Ward	8		8
East India	4	1	5
Fothergill Ward		1	1
Gardner Ward	4		4
Globe Ward	16	2	18
Joshua Ward	5		5
Lea Ward	3		3
Leadenhall Ward	6	1	7
Limehouse Unit		2	2
LONDON Crystal Ward	5		5
LU Poplars Ward	4		4
Millharbour Ward	6		6
Morrison Ward	1		1
Mother & Baby Ward	1		1
NEW Ivory	5		5
Opal Ward	6	1	7
Roman Ward	2		2
Rosebank Ward	4		4
Ruby Triage Ward	10		10
Ruth Seifert Ward	3		3
Sapphire Ward	4	1	5
Thames Hse	1		1
Topaz Ward	3		3
Woodberry Ward	2		2
Grand Total	**134**	**12**	**146**

January 2020

Count of Red Flag Type	Column Labels		
Row Labels	Less than 2 RNs on shift	Staff shortage	Grand Total
BED Ash Ward		1	1
BED Willow Ward	1	3	4
Bevan Ward	2		2
Brett Ward	5		5
Brick Lane Ward	5		5
Butterfield Ward	1	1	2
Columbia Ward	6		6
Conolly Ward	4		4
East India	2		2
Emerald Ward		1	1
Gardner Ward	3		3
Globe Ward	11		11
Joshua Ward	4		4
Lea Ward	8	4	12
Leadenhall Ward	3		3
LONDON Crystal Ward	1		1
LU Onyx Ward	2		2
LU Poplars Ward	5		5
LUTON Crystal Ward	2		2
Millharbour Ward	9		9
Mother & Baby Ward	5		5
NEW Ivory	5		5
Opal Ward	2		2
Roman Ward	5		5
Rosebank Ward	4		4
Ruth Seifert Ward	1		1
Sapphire Ward	1		1
Topaz Ward	5	2	7
Grand Total	**102**	**12**	**114**

February 2020

Row Labels	Less than 2 RNs on shift	Planned Therapy cancelled	Staff shortage	Grand Total
BED Ash Ward			1	1
BED Willow Ward	1			1
Brett Ward	5			5
Brick Lane Ward	5			5
Clissold Ward			1	1
Conolly Ward	3			3
Emerald Ward	4			4
Gardner Ward	2			2
Globe Ward	1			1
Joshua Ward	6			6
Lea Ward	1		1	2
LU Coral Ward	2			2
LU Onyx Ward	3			3
LU Poplars Ward	7			7
Millharbour Ward	1			1
Morrison Ward		1		1
NEW Ivory	4			4
Opal Ward	8			8
Roman Ward	5			5
Ruby Triage Ward			2	2
Sally Sherman Ward	19			19
Sapphire Ward	1			1
Topaz Ward	10		1	11
Grand Total	**88**	**1**	**6**	**95**

March 2020

Row Labels	Less than 2 RNs on shift	Planned Therapy cancelled	Staff shortage	Grand Total
BED Ash Ward	3			3
BED Townsend Court	3			3
BED Willow Ward	1		1	2
Brett Ward	6			6
Broadgate Ward	4			4
Clissold Ward	1			1
Conolly Ward	2			2
Fothergill Ward		1		1
Globe Ward	9			9
Hoxton Ward			1	1
Lea Ward			2	2
Limehouse	1			1
LONDON Crystal Ward	1			1
LUTON Crystal Ward			1	1
LUTON Jade	1		1	2
Millharbour Ward	1			1
Opal Ward	13		2	15
Roman Ward	1			1
Rosebank Ward	3			3
Ruby Triage Ward	3			3
Ruth Seifert Ward	5			5
Topaz Ward	11		1	12
Grand Total	**69**	**1**	**9**	**79**