NHS
East London
NHS Foundation Trust

**REPORT TO THE TRUST BOARD PUBLIC**
**28 November 2019**

| **Title** | Safer Staffing 6 Monthly Review of In-patient mental health nurse staffing levels and community health District Nursing Safe Case Loads Review. |
|---|---|
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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 is the tenth 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 May 2019 to October 2019. 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 SafeCare Lead.

18 of the 55 wards showed variance in fill rate with immediate actions taken at the time by the managers. A new process for analysing trends in this variance – and where failures in staffing may occur – is being introduced from October 2019. These 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.

This paper includes the work undertaken within District nursing between December 2018 – July 2019, to achieve a deeper understanding of patient caseloads, related nursing activity including

| service quality data across all three services in Bedfordshire, Newham and Tower Hamlets. A final report of Workload, Quality and Staffing was presented by Dr Keith Hurst to ELFT's Chief Nurse and Community Health Services Leadership team, August 2019. The presentation with key findings is shown in Appendix 3. |
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**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:<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<br><br>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)<br><br>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(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 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 May 2019 to October 2019.

## 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

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

3.1 There is a decrease in the number of wards reporting variances from the designated staffing level during this period 18 in comparison with the previous reported period of 21 There were 4reports of red variances (the same number as the previous reporting period) and 20 reported amber variances (down from 28 in the previous reporting period).

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 Over August and September in the City and Hackney wards, agency RMNs were used for the first time in many years. In itself, this is a solution to the staffing issue but is worthy of comment as it is unusual to rely on external agencies to manage our internal staffing demands. Further engagement with the senior leaders highlighted some underlying problems with staffing that whilst anticipated in the main, were exacerbated by a combination of factors such as changes in leadership, leavers, clinical demands and high sickness absence. Extra staff and new leadership were introduced in September which successfully ameliorated the immediate issues.

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 | | | | | |
| **West Ferry** | | HCA | | | | |
| **Columbia** | | RMN | | | | |
| **Rosebank** | | RMN | | | | |
| **Fothergill** | | HCA | | | | |
| **Coborn Acute** | | RMN | RMN | | RMN | |
| **Conolly** | | | RMN | | RMN | |
| **Opal** | | | RMN | | | |
| **Cedar** | | | | RMN | | |
| **Onyx** | | | | RMN | | HCA |
| **Bevan** | | | | RMN | RMN | |
| **Brett** | | | | RMN | | |
| **Sapphire** | | | | HCA | | |
| **Coborn Galaxy** | | | | RMN | | |
| **Coborn PICU** | | | | RMN | RMN | |
| **Joshua** | | | | | RMN | |
| **Emerald** | | | | | HCA | |
| **Ruby Triage** | | | | | RMN | |

## 4.0 Wards reporting adhoc variations:

4.1 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.

4.2 **Wards reporting consecutive variations:**

4.3 Although 18 wards were showing variations, only 3 reported this in consecutive months.

4.3 **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.

4.4 **Bevan PICU (City & Hackney).**

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. This is not reflected in the planned vs actual report generated as redeployed staff are not recorded via the Healthroster system. Service leads have given assurance that appropriate actions are taken to ensure safe staffing at all times.

Recruitment of new registered nurses has taken place and these recruits are expected to fill vacant posts over the late summer/autumn period. Very close support and monitoring of enhanced observations is underway by utilising safety huddles attended by senior nursing staff. A Matron post has been created and recruited to in order to better manage the specific and consistent clinical and staffing challenges this team face.

4.5 **Red Flags**

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.

## 5 Care Hours Per Patient Day (CHPPD)

5.1 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.

5.2 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.

5.3 The ELFT CHPPD Average 2018/19 and May 2019 to October 2019 is shown in **Appendix 1**.

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

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

## 6.0 Community Health Services

6.1 A consistent and strategic approach for workforce planning is required across all three community health services so that we can respond to changing levels of patient dependency as well as local population needs and changing environments.

6.2 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 are required to work in close partnership with other health and social care providers.

All three community services are part of developing wider Integrated Care systems and therefore as we progress, 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.

Overall the data established to date from England’s community patients (459 teams in 22 Trusts) lean towards medium to high dependency / acuity which suggests that many dependent / acute patients are not being admitted to Hospital with care shifting from hospital to community. It is important that community staffing is matched to a community team’s increasing workload.

### 6.3 Methodology

East London NHS Foundation Trust data was collated in the same way as information gathered elsewhere in English community nursing teams.

The data collection period spanned December to July followed by multiple episodes of data cleansing. This process was led by Locality Leads, not coordinated by a single lead.

Community staff were asked to record the following data:

(a) patients they treated each day for up to seven days including out-of-hours, assessing and logging each patient's dependency/acuity score

(b) kept work diaries for up to seven days (including out-of-hours), logging their activities

(c) aligned direct and indirect activities to patient dependency/acuity scores so that a precise workload index (WI) is calculated

(d) evaluated service quality by answering an extensive community service quality questionnaire so that workload and staffing is related to service quality

(e) provided funded, actual and temporary FTEs

Community staff activity data recording template is attached in Appendix 2

6.4 Key findings across all three community services are presented in appendix 3 with findings that are specific to each community service summarised below.

NB: This report is a snap shot in time (spring - summer time) compared to the England benchmark which is all seasons.

**Bedfordshire**

- Data collection is comprehensive and forms an excellent platform for future analysis.
- Overall the recommended staffing is more that funded which suggests investment in needed, however since the workload and staffing project the service has transitioned to a new model, 'Primary Care Home' designed as an integrated multi professional team. The workload project will be repeated, to reflect working within the Primary Care Home in January 2020.
- The workload indicator (WI) highlights heavy and light workloads which varies widely; however, this is most consistently at medium / high dependency.
- 11% more patient facing than the England average.
- Bedfordshire travel time is above the England average.
- There is a higher level of lower dependency 1 patients reported by two teams which requires review to ascertain the need for promoting self-care and / or clinic attendance.

**Newham**

- Some gaps in data, especially relating to quality, however where this was reported there was a high level of service user satisfaction.
- The funded – actual gap for all Newham teams is greater than the England average and indicates that the current staffing resourcing is satisfactory
- The workload indicator is lower than the England average, however the patient dependency is most consistently at medium / high dependency.

**Tower Hamlets**

- Some gaps in data and considerable data cleansing was required.
- Workload indicator is lower than the England average but overall the patient dependency is most consistently medium / high.
- Quality scores recorded are to a high level of service user satisfaction.

6.5 This is the first data set for the Community nursing teams using the safer caseloads tool (2017); staff skills and familiarity of data gathering was variable and despite data cleansing there have been some gaps in data quality. Going forward a member of the team will be assigned from within the team to oversee training for locality managers and to support a more coordinated approach for data collection and screening. By building a robust dataset we will have sufficient evidence for making informed decisions around workforce planning. The current data provides some helpful themes but would caution making changes until the data collection and screening has been further developed.

All three community services have a coordinated and planned approach for recruitment and retention however there will remain a need to employ a temporary workforce for the foreseeable future as confirmed by the workload and staffing data and national shortfall in community Nursing. CHS is working with HR towards building a Bank workforce in order to reduce Agency use, strive for high quality and value for money.

6.6 Subsequent reports on safer caseloads within District Nursing will be presented to the Board, at six monthly intervals alongside the inpatient unit reporting, enabling us to build a robust and more reliable data set for workforce planning and monitoring aligned to patient caseload

## 7. 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. An establishment review update can be provided in the next report.

## 8. Action being requested

The board is asked to note the processes and plans in place to monitor safe staffing levels and safer caseloads in Community services.

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Appendix 1

**CHPPD was developed, tested and adopted to provide a single consistent way of recording and reporting deployment of staff on inpatient wards/units.**

**Its calculated by the total Nursing and healthcare support worker hours in a 24hr period divided by daily count of patients in beds at 23.59**

| PICU | 2018/19 Average | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 |
|---|---|---|---|---|---|---|---|---|
| Bevan | 10.1 | 11.5 | 11.2 | 9.7 | 9.4 | 10.3 | 10.7 | 10 |
| Millharbour | 12.4 | 13 | 13.8 | 12.2 | 11.6 | 10.2 | 12.7 | 11 |
| Rosebank | 19.9 | 15.7 | 12.9 | 15.1 | 15.2 | 15.5 | 14.9 | 15.3 |
| Jade Picu | 15.4 | 19 | 15.1 | 13.2 | 14.3 | 17.9 | 17.2 | 16 |
| London Crystal | 11.4 | 11.9 | 13.4 | 12.1 | 12.2 | 10.6 | 12.1 | 12.9 |

***Admission***

**City & Hackney**

| Ward | 2018/19 Average | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 |
|---|---|---|---|---|---|---|---|---|
| Brett | 6.1 | 6.9 | 6.6 | 6.1 | 6.7 | 5.9 | 6.3 | 5.8 |
| Conolly | 6.2 | 5.7 | 7.3 | 7.4 | 6.1 | 6.5 | 6.3 | 6 |
| Gardner | 5.5 | 6 | 6.2 | 5.1 | 6.1 | 5.1 | 6.0 | 5.6 |
| Joshua Ward | 5.6 | 6 | 5.5 | 5.2 | 5.6 | 6.2 | 7.0 | 5.3 |
| Ruth Seifert | 6.6 | 6.5 | 6.9 | 6.7 | 7.8 | 8.7 | 7.0 | 7 |

**Tower Hamlets**

| Ward | 2018/19 Average | Apr-19 | May-19 | Jun-19 | Jul-19 | Aug-19 | Sep-19 | Oct-19 |
|---|---|---|---|---|---|---|---|---|
| Brick Lane | 5.3 | 5.9 | 5.4 | 5.5 | 5.9 | 5.1 | 5.1 | 4.9 |
| Globe | 4.8 | 5.2 | 5.6 | 5.3 | 5.2 | 5.0 | 5.0 | 5.7 |
| Lea | 5.1 | 5 | 5.1 | 5.0 | 5.0 | 4.4 | 5.1 | 5.2 |
| Roman | 5.2 | 5 | 5.8 | 5.4 | 4.9 | 5.4 | 6.1 | 5.4 |

**Newham**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Emerald | 6.4 | 5.7 | 5.6 | 5.6 | 5.2 | 5.1 | 5.1 | 6.3 |
| Ivory | 9.8 | 7.1 | 7.1 | 9.0 | 8.6 | 8.3 | 9.0 | 9.1 |
| Opal | 5.4 | 5.2 | 5.0 | 5.4 | 5.5 | 5.1 | 6.2 | 6.3 |
| Sapphire | 6.5 | 8 | 6.7 | 7.2 | 6.0 | 6.1 | 6.2 | 6.9 |
| Topaz | 5.8 | 6.3 | 5.8 | 4.9 | 6.5 | 5.7 | 6.7 | 5.4 |
| Ruby/Triage | 10.7 | 10.3 | 10.4 | 10.5 | 8.4 | 7.6 | 9.1 | 8.5 |

**Bedford & Luton**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Onyx | 6.8 | 6 | 6.5 | 6.1 | 5.8 | 5.5 | 5.9 | 6.2 |
| Coral | 6.5 | 7.2 | 7.0 | 6.7 | 6.0 | 6.5 | 6.3 | 6 |
| (LU) Crystal Ward | 8.5 | 6.5 | 12.1 | 7.2 | 10.9 | 7.3 | 7.8 | 7.4 |
| Bed Ash | 6.7 | 6.7 | 6.7 | 5.9 | 6.1 | 8.1 | 6.5 | 6.1 |
| Townsend Court | 6.8 | 5.6 | 6.4 | 6.0 | 6.2 | 6.5 | 6.2 | 6.2 |
| Willow | 7.6 | 8.3 | 7.9 | 7.7 | 7.4 | 7.4 | 7.5 | 7.3 |

***Forensics***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Aldgate | x | 16.3 | 12.3 | 10.6 | 10.4 | 9.9 | 9.1 | 9.4 |
| Bow | 8.1 | 8.2 | 8.8 | 8.6 | 8.6 | 8.9 | 8.8 | 8.3 |
| Broadgate | 5.9 | 5.8 | 5.7 | 5.4 | 5.9 | 7.2 | 5.8 | 5.9 |
| Butterfield | 5.8 | 5.7 | 5.5 | 5.7 | 5.7 | 7.2 | 6.2 | 5.7 |
| Clerkenwell(LD) | 9.1 | 8.4 | 9.0 | 8.0 | 7.9 | 9.3 | 8.0 | 8 |
| Clissold | 5.6 | 5.5 | 5.4 | 5.7 | 6.7 | 5.7 | 5.2 | 5.4 |
| East India(DSPD) | 8.3 | 7.7 | 7.5 | 8.0 | 7.4 | 7.2 | 7.1 | 6.9 |
| Hoxton | 5.9 | 6.3 | 6.5 | 5.8 | 6.2 | 5.9 | 6.3 | 5.9 |
| Limehouse | 5.6 | 5.4 | 5.4 | 5.4 | 5.6 | 5.3 | 5.2 | 6.2 |
| Loxford | 5.4 | 5.2 | 5.5 | 5.9 | 5.2 | 5.1 | 5.2 | 5.3 |
| Ludgate | 6.1 | 7.9 | 7.6 | 7.3 | 7.6 | 5.9 | 6.6 | 6.4 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Morrison | 6.4 | 6.3 | 5.6 | 5.6 | 5.9 | 6.0 | 6.1 | 5.8 |
| Shoreditch(LD) | 8.6 | 9.8 | 9.8 | 9.8 | 9.3 | 9.2 | 11.0 | 11.2 |
| Victoria | 5.5 | 6 | 5.7 | 5.8 | 5.7 | 5.8 | 5.6 | 6 |
| Westferry (PICU) | 14.2 | 14.4 | 16.5 | 16.3 | 14.7 | 13.6 | 13.8 | 12.9 |
| Woodberry | 7.5 | 7.7 | 8.2 | 7.7 | 7.4 | 7.7 | 7.5 | 7.5 |

***MHCOP***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Columbia | 7.7 | 7.4 | 7.2 | 7.1 | 6.7 | 8.1 | 7.4 | 6.7 |
| Leadenhall | 6.3 | 6.5 | 5.6 | 4.4 | 4.7 | 5.7 | 6.2 | 6.2 |
| Poplars | 8.3 | 8.2 | 10.7 | 8.7 | 7.2 | 7.4 | 8.2 | 7.5 |
| Sally Sherman | 12.8 | 12.8 | 13.2 | 10.6 | 12.5 | 11.0 | 11.8 | 11.3 |
| Thames House | 9.1 | 8.3 | 6.8 | 7.2 | 7.7 | 7.2 | 8.0 | 9.4 |
| Fountains Court | 8.5 | 8.5 | 8.3 | 7.5 | 7.6 | 8.0 | 9.1 | 8.5 |

***Specialist***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Margaret Oates | 16.4 | 19.3 | 23.6 | 18.2 | 20.2 | 16.3 | 19.1 | 18.2 |
| Cedar House | 6.1 | 7 | 6.2 | 5.8 | 5.8 | 5.9 | 6.0 | 5.8 |
| Fothergill | 7.9 | 9.9 | 10.6 | 14.4 | 10.3 | 12.1 | 11.2 | 10.1 |
| Archers Unit | 6.7 | 7.1 | 7.1 | 7.2 | 6.7 | 8.1 | 6.1 | 7 |

***CAMHS***

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Coborn Acute | 11.5 | 12 | 13.0 | 11.9 | 10.0 | 12.8 | 13.1 | 12.8 |
| Coborn Picu | 26.1 | 21.2 | 20.1 | 23.0 | 20.3 | 23.9 | 23.3 | 22.5 |
| Coborn-Galaxy Ward | 18.2 | 11.8 | 12.6 | 11.7 | 13.7 | 14.0 | 15.2 | 15.8 |

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## Appendix 2

**Table 1: Community Staff Activity Details recording template**

| | A | B | C |
|---|---|---|---|
| | *Team* | All Teams | Central Team |
| | *Interventions* | | |
| 1 | *Clinical proced.* | | |
| 2 | *Patient com'nctn* | | |
| 3 | *Nutrition* | | |
| 4 | *Hygiene* | | |
| 5 | *Elimination* | | |
| 6 | *Medication* | | |
| 7 | *Movement* | | |
| 8 | *Vital signs* | | |
| 9 | *Specimens* | | |
| 10 | *Nursing proced.* | | |
| 11 | *Escorting* | | |
| 12 | *Teaching patients* | | |
| 13 | *Assisting others* | | |
| **14** | ***Direct Care Ttl*** | | |
| 15 | *Charting* | | |
| 16 | *Reporting* | | |
| 17 | *Cmnctng - staff* | | |
| 18 | *Cmnctng - rel's* | | |
| **19** | ***Indirect Care Ttl*** | | |
| **20** | ***Clinics*** | | |
| 21 | *Teach/learn* | | |
| 22 | *Cleaning* | | |
| 23 | *Clerical* | | |
| 24 | *Administration* | | |
| 25 | *Errands* | | |
| 26 | *Supplies* | | |
| 27 | *Meetings* | | |
| 28 | *Supervising* | | |
| **29** | ***Associated Ttl*** | | |
| **30** | ***Travel Ttl*** | | |
| **31** | ***Exception Ttl*** | | |

## Appendix 3

TeachELFtPresentation.pptx