

Meeting - Trust Board	Date: 24 th March 2016
Report Title: Safe Staffing – “Therapeutic Staffing Levels”	
Agenda Item:	Enclosures:
Report Author: Donna Eldridge, Acting Director of Nursing & Governance Malcom McFrederick, Executive Director of Operations	Presenter: Donna Eldridge, Acting Director of Nursing & Governance
Report History: 6 monthly report	Board Lead: Donna Eldridge, Acting Director of Nursing & Governance

Purpose of the Report		
To provide an update to the board on ward establishments following the Service Lines review of therapeutic staffing. Also to provide an update on national context of safe staffing	Performance	x
	Policy	
	Assurance	x
	Strategy	

Strategic Objective		
1	Enhance service user engagement and patient experience	
2	Become an exemplary employer, enabling staff to reach their full potential	x
3	Ensure sound financial management without compromising the quality of care	X
4	Develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services	
5	Maintain and further establish our position as the provider of choice for mental health services	X
6	Enhance the quality and safety of the services by maintaining or exceeding required standards of care	X
7	Incorporate sustainability and environmental management as an essential element of healthcare delivery	

Corporate Impact Assessment:	
Legal or regulatory implications	Service user would have the right to take action against the Trust due to poor quality of care
Financial or resource implications	Financial implications may occur due to poor staffing levels and recruitment costs
Engagement / Consultation	All Service Lines
Risks identified	Patient safety would be compromised due to poor staffing levels
Links to the Board Assurance Framework or Risk Register	To enhance quality and safety of all services
Impact on Quality	Quality of care provided would be compromised
Equality & Diversity	

Recommendation / Action required		
<ul style="list-style-type: none"> To agree the plan of work for safe and therapeutic staffing as outlined by the relevant service lines 	Approval	X
	Discussion	X
	Consideration	

	Noting	
	Information	

1. Executive Summary

NHS England and the National quality board require Trusts to review staffing levels on their in-patient units/wards on a six monthly basis. Following an initial comprehensive review of ward nurse staffing levels in March 2014, there have been three follow up six monthly reviews (excluding this one).

The six monthly reviews ensures that the Board is kept abreast of ward staffing levels and assured that safe therapeutic staffing levels are being maintained. Both monthly unified data reports and the six monthly reviews are published on NHS Choices and the trust website. Daily staffing levels are also displayed on wards each day so that patients and the public are aware of the 'real time' situation on that day. Additionally there is acknowledgment nationally that nurse staffing does not support wards independently and that the multidisciplinary team (MDT) plays a significant role in ensuring that wards are safely staffed. To this end the Trust has now established "Therapeutic Staffing" within their in-patient wards and this report now incorporates this structure.

We continue to work hard to address the reasons why, at times, actual staffing levels do not meet the planned requirement. We are carrying out robust recruitment drives for registered nurses and reviewing issues including staff sickness, vacancies and unavailability of bank or agency staff.

The purpose of this paper is to set out therapeutic staffing levels for each Service Line, ward by ward and to review those staffing levels and vacancies. Currently there is no agreed national tool for mental Health although the Hurst tool is recognised by NHS England as being a useful tool for mental health, which we have adopted.

2. Chief Nursing Officer (CNO) and Safe Staffing

NHS England has launched a new practical guide to help ensure the right people with the right skills are recruited into the right inpatient mental health settings.

The Mental Health Staffing Framework, which focuses on inpatient care, was commissioned as part of the NHS England's 'Compassion in Practice programme'. It was developed by an independent group of directors of nursing who undertook a rigorous review of the available evidence and drew on their extensive experience. Amongst its objectives is to equip mental health leaders with the skills and knowledge to plan and deliver safe staffing, it will also provide a means of assessing services against agreed best practice.

Jane Cummings, Chief Nursing Officer for England, said: "There is a clear absence of best practice guidance available for mental health staffing at the moment, which is why this newly developed framework is so important. Staffing requirements for mental health wards are completely different to a regular inpatient ward. The focus is obviously more on psychological than physical care, but reactive and unplanned interventions are also more common, people stay for longer and a higher percentage of people are detained rather than there by choice. Developed by nurses for mental health leaders, the framework aims to ensure that mental health inpatient wards have the right staffing level for their specific needs.

The focus of the framework is on inpatient staffing, but work is underway on a similar guide for community mental health services. The framework will be rolled out across the Trust within the next few months to enable Service Line Directors to make a judgement of safe therapeutic staffing within their services.

3. The Hurst Tool

As previously reported, all wards have, for a period of two weeks, undertaken the Hurst tool. This tool looks at the acuity and dependency on the wards as per previous reports.

4. Therapeutic Staffing

A therapeutic staffing implementation plan has been developed and implemented by all service lines in relation to developing costed models for staffing which were approved by the Transformation Board. Areas that were considered include flexible rotas, career development for Health Care Workers, and ensuring safe staffing through therapeutic models involving a wider group of disciplines.

The following reports and updates from the Service lines are now incorporating therapeutic staffing.

4.1 Acute Service Line

The ward establishment moved from the previous rota of 6:6:4 to the therapeutic rota of 4:4:4 core staff plus wider therapeutic rota on 1st February 2016. Consultation with acute staff occurred and minor adjustments to the rota to maximise flexibility of staffing available to meet need have been made where this does not negatively impact on the Trust financially. Recruitment commenced in December 2015.

Details of changes to therapeutic staffing:

- Change of language from ‘safe staffing’ and ‘therapeutic staffing’ to ‘Core Therapeutic Staffing and Therapeutic Staffing’. Nursing staff had reported previous language excluded them from being seen part of the therapeutic delivery of care.
- Change of range of shift patterns for Occupational Therapists – bands 5 & 3; Assistant Psychologists/Associate Practitioners; Physical Health Nurse to:
 - Early shift (start same time as core therapeutic nursing staff)
 - 08:00 - 16:00hrs
 - 09:00 – 17:00hrs
 - 12:00 – 20:00 hrs

*these shifts could potentially run across the 7 days apart from the physical health nurse who would be present Monday - Friday.

- Occupational Therapy Assistant – band 3 has increased from 0.5wte per ward to 1 wte per ward utilising head room for both the OTA and Band 6 OT post. This was in response to the need to provide consistent effective service across 7 days and to strengthen team identity.

Acute Wards	No. of beds	Total nursing number per shift for an early, late and night	Current Status re therapeutic staffing.
Dartford			Successful recruitment to: <ul style="list-style-type: none"> • Inpatient Quality and Development lead • Psychological therapies posts Gaps: <ul style="list-style-type: none"> • Occupational therapy band 6 & 5 • Nursing: band 5 Therapeutic Staffing will be phased ward by ward as recruitment
Cherrywood	17	4 – 4 - 4	
Amberwood	17	4 – 4 - 4	
Woodlands	12	4 – 4 - 4	

			occurs whilst ensuring parity of service delivery as remaining wards await their complement of staff.
Willow	12	7 - 7 - 5	Workstreams identified to review skill mix and develop therapeutic staffing model for intensive care.
Canterbury			<u>Successful recruitment to:</u> <ul style="list-style-type: none"> • Inpatient Quality and Development Lead • Psychological therapies posts • Occupational Therapy Gaps: <ul style="list-style-type: none"> • Some additional nursing and Occupational Therapy but service recruited sufficiently to commence therapeutic staffing roster.
Fern	18	4 – 4 - 4	
Foxglove	18	4 – 4 - 4	
Samphire	16	4 – 4 - 4	
Bluebell	18	4 – 4 - 4	
Maidstone			<u>Successful Recruitment to:</u> <ul style="list-style-type: none"> • Inpatient Quality and Development Lead • Psychological therapies posts • Some band 6 and band 5 Occupational Therapy posts Gaps: Nursing and Occupational Therapy Able to commence therapeutic staffing in Boughton Ward initially. All staff working within their allocated wards whilst ensuring equity of therapeutic intervention across the site. Therapeutic Staffing will be phased ward by ward as recruitment occurs whilst ensuring parity of service delivery as remaining wards await their complement of staff.
Boughton	18	4 – 4 - 4	
Chartwell	18	4 – 4 - 4	
Upnor	16	4 – 4 - 4	

Active recruitment is ongoing in all vacant posts. The new rosters are in place. Where there is insufficient therapeutic staffing available additional nursing shifts are being created. The implementation of the model continues to be phased ward by ward in both Maidstone and Dartford as recruitment is undertaken.

4.2 Rehabilitation Services

The following table outlines the staffing numbers for the Rehabilitation Service Line using the Hirst Tool.

<u>Rehabilitation Units</u>	Total staffing number per shift for an early, late and night	Changed/no change to Staffing Establishment
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11 Ethelbert Road	3 - 3 - 2	No Changes, number would include therapy staff
111 Tonbridge Rd	3 – 2 - 2	No Changes would include therapy staff
Davidson	3- 3 -2	No Changes on staffing. Numbers would include therapy staff
Newhaven Lodge	3 – 3 - 2	No change to the staffing. Additional staff member has been brought in at this time to meet the needs of a higher dependency patient.
Rivendell	3 – 2 - 2	A reduction on previous staffing levels. Numbers would include therapy staff
Rosebud	3 – 3 - 2	No Changes on staffing. Numbers would include therapy staff
The Grove	3 – 3 - 2	No Changes on staffing. The numbers would include therapy staff

There has been little change to staffing numbers across the rehabilitation units. Rehabilitation Services still operate flexibility and bring staff in as required from other units to reduce cost on NHSP and also try to ensure better quality of care. The unit managers also cover their unit when there are staffing difficulties so work very flexibly. This assists the unit to maintain safe therapeutic staffing levels. In most cases this situation occurs when NHSP agency staff does not turn up for a booked shift. Therapeutic staffing, occupational therapy and psychology cover different units and rotate but this can change from day to day so are not part of the staffing numbers provided in the report.

To improve recovery and rehabilitation peer support workers are employed in some units as part of changes to the skill mix. All units still operate seven days a week and have provided for level 1 and 2 dependencies according to the Hurst tool. This report now shows that the dependency levels increasing. However most units show some bed vacancies. The previous report showed full capacity but most units now have at least one vacancy at the time of this report. One reason for this is that each unit now follows the strict process of single sex zoning. This fixes the amount of male and female beds for each unit. Although the vacancies existed at the time of the report patients and community clients are still being referred and assessed for suitability and moved into the units for rehabilitation.

All units carry a small percentage of vacancies which are within the expected Hurst tool figures (21%). Recruitment is completed through normal procedures but units do share recruitment opportunities to help each other. Some units such as Davidson and Rivendell are harder to recruit to, mainly due to locations or concerns on the future of the units and job security. A new manager has been appointed at Rivendell and is addressing some of the skill mix issues.

The Grove

There are a total of eight beds on this unit which is set in a residential area. It has 7 residents at the time of the report. Patient dependency levels average between dependency level 1 and level 3. The expected levels for a rehabilitation unit were previously 1 to 2. Currently there is one Health Care Worker vacancy

New Haven Lodge

This unit is set within the grounds of the Medway Maritime Hospital there is a total eight patients on the unit for eight beds, with dependency level 1 or 4. Most are in the range of dependency 2. There are currently 2 registered nurse vacancies and one Healthcare Worker staff vacancies.

Rosebud

This unit is located in Burling, outside Maidstone. This is a ten bedded unit with 10 patients on dependency levels 1 to 3.

Ethelbert Road

This unit is situated in a residential area. It has ten beds and at the time of the report had one vacancy. Patient dependency levels range as expected between 1 and 3. The unit has one Health Care Worker vacancy, and one registered nurse vacancy.

Davidson

Davidson ward is situated in the grounds of the St Martins site. It is a ten bedded ward with two vacancies at the time of the report. Patient dependency levels range from 1 to 3. This ward had been susceptible to unplanned transfers from the acute services when bed pressure occurs but this no longer take place. Staffing was 4-4-3 at the time of the last report. This has now been reduced to 3-3-2 as the turn over of patients is less. Currently the ward has three registered nurse vacancies and one health care worker vacancy.

111 Tonbridge Road

The unit is in a residential area. It has nine beds. There was one vacancy at the time of the report. Dependency levels are 1 and 2 as expected for a rehabilitation unit. There is currently one Health Care Worker vacancy.

Rivendell

This unit is set in a quiet residential area. There are ten beds on the unit, with three bed vacancies at the time of the report. Typical dependency levels of 1, 2 and 3 are reported. There are 1.5 registered nurse vacancies and one health care worker vacancy.

4.3 Older People Mental Health Needs - OPMHN

The OPMH Service Line commenced implementation of the Therapeutic Staffing model in October 2015, following consultation with ward staff in September. The objectives were to introduce a consistent staffing establishment across all wards; to reduce spend upon bank and agency staffing through recruitment and retention of a therapeutic workforce; and to promote a more person centred culture of care across all wards

Recruitment

OPMH services worked alongside colleagues from the Acute Service line and recruitment dept. during the planning and implementation process for interviewing and appointing staff. Progress has been steady, however, there are a number of key posts that remain unfilled despite several attempts to recruit. These include OT posts at bands 6 and 5, psychology at band 8a, associate practitioner posts at band 4 and registered nurses at band 5.

At the time of writing, there are a total of 21.3 WTE posts remaining unfilled across nine OPMH wards. On those wards with the highest levels of vacancies remaining. It is difficult for the ward manager to roster effectively, in the absence of a fully established therapeutic staffing multi-disciplinary team (MDT). A temporary compromise is therefore required, and additional RN or HCA shifts are booked to ensure that the ward remains safe.

Establishment

Ward	Bed Numbers	Daily Therapeutic Staffing Establishment	Notes

Cranmer	15	6/6/4	
Woodchurch	15	6/6/4	
Sevenscore	15	7/6/4	
Ruby	14	6/5/4	
Orchards	16 (+ surge bed)	6/6/4	
Jasmine	16 (+ surge bed)	6/6/4	
Littlestone	16	6/6/4	Continuing Care
Heart's Delight (FLU)	20	9/9/7	Continuing Care
Woodstock (FLU)	20	7/7/5	Continuing Care

In the table above, the daily therapeutic staffing establishment for each ward is shown. Wherever possible, given current vacancies, wards will seek to operate with 2 registered members of staff per shift. This may be one RN and one OT for example. A mix of other disciplines such as healthcare assistants and OT assistants/associate practitioners/assistant psychology are then layered onto the roster to give the required daily staffing mix. Staffing levels on Hearts Delight have temporarily increased to 9/9/7 in response to the nursing needs of patients who have complex physical, frailty and dementia care needs. Some of these patients are on an End of life care pathway and often require 'double handed' nursing care.

Twilight Shifts

In order to achieve the optimum efficient use of registered staff, a number of the OPMH wards have been trialling a "twilight" shift, where a registered member of staff works from 16.00 – midnight. This aims to provide additional support to the ward team around mealtimes and for medication rounds, when the ward is at its busiest. However, while this has been successful and greeted warmly by some staff (Orchards and Woodchurch), it has been the source of friction and tension for others, and some wards have suspended the trial until they are fully established, returning to a more traditional pattern (Littlestone and Ruby). Clearly further work is required to evaluate the effectiveness of this shift pattern, and the Service Line will undertake this work via a QIA process.

Activities Programme

The move towards a more therapeutic and person centred culture across the wards is developing slowly on a ward by ward basis, and is directly connected to the levels of established therapeutic staff each ward has managed to recruit. None of the OPMH wards are able yet to report a robust and consistent programme is in place, however, all have elements that are in progress. The on-going development of this work and improvements to the culture of care and team working will be supported by the introduction of a therapeutic staffing monitoring meeting, overseen by professional leads. This group has already met, and have prioritised training, in particular induction for new staff, as a key area for focus.

4.4 Forensic and Specialist Service Line

The following table outlines the staffing review for the Forensic & Specialist Service Line

Wards	No. of beds	Total nursing number per shift for an early, late and night	Changed/no change to Staffing Establishment from previous report
Penshurst	15	7 - 7 - 7	No change
Groombridge	12	5 - 5 - 3	No change
Emmetts	16	6 - 5 - 3	No change
Bedgebury	10	4 - 4 - 2	No change
Walmer	12	6 - 6 - 4	No change
Allington	20	8 - 8 - 7	No change
Riverhill	10	7 - 6 - 4	No change

Marle	10	6 - 6 - 3	No change
Brookfield	13	6 - 6 - 3	No change
Bridge House	9	4 - 4 - 2	No change
Total Vacancies			Qualified = Unqualified =

To date in March 2016 we continue to strive to achieve the staffing numbers set in March 2014. We recommend **no** change to staffing requirements for any wards at this review. We are fully recruited on some wards now, and a few vacancies overall.

FSSL have just gone through a robust recruitment process to employ 1 band 4 member of staff per ward. They have now been interviewed and should be in post by mid-end of April 2016. Maidstone wards have completed this first and we are just commencing the recruitment process for Dartford wards. The band 4 staff will be supporting band 5 qualified nurses, and in the next board paper I will be able to give a full review of how this implementation has gone, and the benefit of having the band 4 staff. They will replace a band 5 nurse on some shifts to allow a reduction to one band 5 on some shifts. We do not see any impact on patient care as this has been very carefully thought about, and the implementation is on our main forensic sites where we have multi wards who work very well to support each other. We will however do a deeper review of the band 4 roles and review once they are in post and I will provide this for the next board paper.

Changes since the last board report

Since the last board paper in September 2015 the Knole Centre Neuro rehabilitation has now closed, and Tulip House Eating Disorders inpatient service has now changed to a day service only with no inpatient overnight care.

Agency use

FSSL continue to use only NHSP staff to fill where we have vacancies. We need **no** agency support.

Recruitment Plans

The Service line held the last recruitment day on Saturday 23rd January 2016 where we had over 100 people through the door to talk about vacancies. We had representation from all disciplines there to support the day.

The service line continues to monitor the Vacancy Rate on a monthly basis to ensure that all current vacancies are being acting upon immediately. In addition, rolling adverts remain in place for vacancies such as HCW and Staff Nurses.

We continue to visit schools to talk about careers within mental health and the apprenticeship schemes we also run, although difficult to gage at the time if they are successful, the last open day one of the students attended to talk about careers once she finishes school as she was inspired from our visit to her school. Therefore these appear to have a positive influence.

As detailed before within FSSL the Hurst tool is a difficult tool to use with many of the wards due to the changing dependencies of patients through each day. In many of the ward environments it has been found difficult using the Hurst Tool to set a 'safe staffing number' as dependencies of patients continuously fluctuate, week by week, day by day. For example on one of the acute wards across a two period week there could be a court escort requiring 4 staff for several days, and hospital appointments requiring 3 staff for each appointment, if the Hurst Tool was evaluated during these weeks/times it would set a safer staffing number much higher than needed for the ward. Therefore ward mangers constantly use their clinical judgements to ensure the ward is 'safely' covered. Ward managers look at the risks, the patient mix, the support available from other wards, and most importantly their Clinical Judgements to think about the

staffing number required for their ward. All ward managers and team leaders are confident to be able to decide if they feel their ward is unsafe, and they use the FSSL staffing escalation policy to address any staffing concerns when needed.