Front Sheet

Title of Meeting	Trust Board	**Date**	30 January 2020
Title of Paper	Annual Inpatient establishment review		
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Executive Director	Mary Mumvuri: Executive Director of Nursing and Quality		

Purpose: the paper is for:	• **Delete as applicable**
• **Approval and Consideration**	

Recommendation:

The Board is asked to endorse:

- Direction of travel to strengthen skill mix on acute wards in order to reflect the increased demand related to high admission and discharge rates and to meet complexity of health needs.
- Proposal to address retention of direct care staff and strengthen nursing leadership on wards through a competency based process
- Implementation of a career path for front line staff working in rehabilitation units

All these changes will be subject to business case approval as necessary.

Summary of Key Issues: • **No more than five bullet points**

- Staff Nurse Band 5 posts have showed high vacancy rates across all the care groups despite the recruitment and retention initiatives in place
- Staffing levels and Care Hours per Patient compare favourably to other Trusts in the region and the rest of the country.
- The Inpatient Advanced Clinical Practitioner portfolio-based pilot which commenced in November 2018 has been completed and shows demonstrable impact in relation to clinical activity, support and leadership on the wards. Pilot evaluation will be shared in detail at Workforce Committee.
- Positive inpatient satisfaction and feedback gathered through Patient Reported Experience Measures and compliments
- There were no serious incidents related to inadequacy of staffing
- Care Groups have continued to refer to the safer staffing principles in their planning and review of establishments

Report History:

Routine annual report to update the Board on inpatient establishment reviews. The Board was last presented with an establishment review in February 2019.

Strategic Objectives:	• **Select as applicable**
☒ Consistently deliver an outstanding quality of care ☒ Recruit retain and develop the best staff making KMPT a great place to work ☒ Put continuous improvement at the heart of what we do ☐ Develop and extend our research and innovation work ☐ Maximise the use of digital technology ☒ Meet or exceed requirements set out in the Five Year Forward View ☒ Deliver financial balance and organisational sustainability ☐ Develop our core business and enter new markets through increased partnership working ☐ Ensure success of our system-wide sustainability plans through active participation, partnership and leadership	

Implications / Impact:
Patient Safety: Demonstrating safe staffing standards is essential to patient safety
Identified Risks and Risk Management Action: The establishments are set out to comply with Board National Quality Board (NQB)(2016); Supporting NHS providers to deliver right staff, with the right skills in the right place at the right time.
Resource and Financial Implications: Utilisation of staffing resource to meet patients' has financial implications
Legal/ Regulatory: Demonstrating sufficient staffing is one of the essential quality and safety standards required to comply with the Care Quality Commission (CQC) regulation. Board National Quality Board (NQB)(2016); Supporting NHS providers to deliver right staff, with the right skills in the right place at the right time,
Engagement and Consultation: 3 seminars held in November 2019 with the care groups and support services to review relevant data and feedback required in the establishment review.
Equality: No risks identified on Equity
Quality Impact Assessment Form Completed: No

1. Background and context

1.1 The board would be familiar with the expectations of these annual establishment reviews which have been in operation for over five years as mandated by NHS England.

1.2 This is a statutory responsibility for the Executive Director of Nursing and Quality to complete on behalf of the Board. The Board was last presented with an establishment review in February 2019.

1.3 National Quality Board (NQB)(2016); Supporting NHS providers to deliver right staff, with the right skills in the right place at the right time, set out the guidance focusing on the following principles right staff, right skills, right place and time.

1.4 Demonstrating sufficient staffing is one of the fundamental quality and safety standards required to comply with the Care Quality Commission (CQC) regulation. CQC Regulation 18; “To meet the regulation, providers must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times”.

1.5 In January 2018, the National Quality Board (NQB) issued updated guidance and expectations for nursing and midwifery staffing to support the need for a triangulated approach to staffing decisions based on patient’s needs, acuity and risk, using evidence-based tools and triangulated with professional judgement. It acknowledges that staffing reviews need to take into account other inpatient roles that support nursing staff to provide good care; this has been considered in this review.

2. Methodology

The following approaches were taken to complete this review:

2.1 There were 3 workshops arranged with the care groups for the establishment reviews in November 2019. In these workshops, the care groups reviewed the establishments against the 15 Guiding principles, key performance data, safety indicators, productivity data, patients and staff experience.

2.2 The workshops were multidisciplinary supported by the Human Resources and Finance Business Partners, Heads of Nursing and Deputy Director of Nursing. Key performance data was considered alongside professional judgement.

2.3 Data was also reviewed within the context of national benchmarking against other mental health trusts in the country, using the NHSE/I Model Hospital Model Hospital. This enabled reflection and challenge which informed recommendations for the year ahead.

2.4 Additional areas of focus informing this review was the monthly mandatory reporting of safer staffing which has been in operation since 2014 and focuses on safe roster fill rates of above 80% per shift staff. The allocation assumes rate of occupancy of 100% and stability in observations, patients' escorted leave and routine ward work.

2.5 There should be a supervisory Band 7 on every ward as detailed in the Francis recommendations. The NQB publication (2018) highlights the need for the ward manager to operate in a supervisory capacity. We have maintained this standard across the Trust which is crucial in supporting direct care.

3. Review findings

Acute and Psychiatric Intensive Care Unit (PICU)

3.1 The 9 Acute wards and PICU all have ward managers at band 7 in post, with one in acting up position as part of their development. They are all supported and supervised by a Matron responsible for each site. Deputy ward managers provide senior clinical and managerial leadership on the wards including development of clinical competencies and professional standards.

3.2 Ward Managers across the Trust tend to be Registered Nurses (RNs) except in one acute ward where this role is held by an Occupational Therapists. It was a change suggested by the Care Group and supported by the Executive Director of Nursing in response to recruitment challenges on that ward. Clear governance and support processes are put in place to support this model of clinical leadership and to date, the arrangements have worked well.

3.3 Staff Nurse Band 5 vacancies in Acute Care group currently stand at 26% while the junior Health Care Assistants (HCAs) vacancies stand at 19%. Recruitment and retention initiatives continue to be implemented to address vacancies which include support for staff health and well-being through training and development, supervision and reflective practice.

3.4 The acute wards have a shift allocation of 6 staff consisting of 2 Registered Nurses (RNs) and 4 Health Care Assistants (HCAs) for morning and afternoon shifts which is in line with the guiding principles: A minimum of 2 RNs on each shift ensures cover

for breaks, support with medicine administration and ability to fulfil Mental Health Act key roles.

3.5 Through this review, the Care Group have recommended an increase to three RNs on day shifts to enable them respond to increased acuity on the wards and patient flow whereby admissions and discharged rates have increased in the last year.

3.6 In view of the high vacancies for RNs (26%), work is underway to identify some additional incentives to retain RNs on inpatients wards and to encourage a career path that makes inpatient work attractive.

3.7 This includes a proposal to change the skill mix to have a higher proportion of senior nurses who can transition from Band 5 staff Nurses to Band 6 senior staff nurses, informed by clearly demonstrable competencies. The change will enable staff nurses retention as they move into senior roles where they will support, coach and help junior staff with building confidence.

3.8 It will also ensure as much as possible, that there will be senior substantive nurses working alongside temporary staff from NHSP or Agencies to enable continuity of care. While awaiting new incentives to take shape, the Care Group continues to utilise regular staff from NHSP, Agency to provide interim cover where there are gaps. Ward Managers are supernumerary therefore they are also able to provide adhoc cover where there are gaps on the roster.

3.9 In addition to the proposed increase in senior RNs, there is a parallel piece of work to review skill mix of Health Care Assistants by increasing numbers of junior HCAs at band 2 to band 3 thereby reducing the current number of band 2s. The proposal is aimed at improving retention of staff from this group who are likely to leave in search of band 3 posts elsewhere. The national benchmarking data from Model Hospital shows KMPT in the lowest 25% for HCA retention in the country.

3.10 The above proposed changes together with the new Nursing Associate roles at Band 4 will create a career path for support staff which has been a gap in the past. The proposal to change the ratio of RNs vs HCAs was considered and supported in principle by the Brilliant People Group in December 2019. The group has asked for a financial impact evaluation across all care groups with a business case to be submitted in February 2020.

3.11 Inpatient staffing in its totality also includes a range of clinical and support staff, some undertaking extended roles such as Registered and Trainee Nursing Associates and trainee Advanced Clinical Practitioners. Both roles are still new nationally and locally and will need to be continuously evaluated for impact. To date, the have been used on the Maidstone and St Martins wards to support care delivery.

3.12 All wards have access to pharmacists, psychologists and Occupational Therapists (OT) with clearly identified leads across all sites and they provide support during working hours. Recruitment to clinical psychologists has remained a challenge throughout the year therefore the resource has been focused on the most challenged areas with complex needs.

3.13 In response to the recruitment challenge for psychologists, the Care group professional leadership team has developed a menu of therapeutic interventions that can be delivered by direct care staff thereby building confidence and maximising their skills and contributions to care, working in a psychologically informed way. The programme of work is now underway and will be reviewed at agreed intervals.

3.14 Ward OTs are supported by OT Assistants (OTA) who work seven days a week, providing a therapeutic activities. The only gap at the moment is in the North (Little Brook Hospital) where recruitment has happened and a start date is awaited.

3.15 The administrative functions are fulfilled by staff allocated to each ward, who work as part of that ward team. These roles provide immense support to the clinical staff and enable them to focus on direct care.

4. Older Adults

4.1 The Care Group has a staffing ratio similar to Acute wards i.e. 2 RNs and 4 HCAs per shift. The arrangements for ward management and support from deputies and Matrons are similar to acute wards. All 7 wards have support from ward administrators and have input from clinical psychologists and OTs who are supernumerary.

4.2 Unlike Acute w**a**rds, OTAs are included in the staffing numbers during day time shifts. There are OT vacancies on three wards which are being recruited to. The staffing ratio on most wards is deemed safe by the care group.

4.3 One ward, Orchards, has struggled in the last few months of 2019 to recruit and retain substantive RNs. This is sufficiently reflected on the Care Group and Trust Risk Registers. The ward hasn't been successful in attracting and retaining experienced nurses with an interest in working with older adults. Two new RNs are however due to commence in April as part of the Nursing Fast track scheme. Bespoke recruitment events are being organised, targeting people who are interested in working with client group.

4.4 The proposed work to review and increase the proportion of inpatient Band 6 posts across all assessment and treatment wards should address the reasons for staff

movement and create a career opportunity for those wishing to remain within inpatient services as there will be more senior posts to apply for.

4.5 Agency and NHS Professionals RNs are currently covering the shifts on the wards and have ensured as part of the staffing mitigations, that they complete relevant essential training to role, receive supervision and function like substantive members of staff. All ward based staff including the senior nursing leadership team are also filling the gaps by providing direct care and support.

4.6 The Chief Operating Officer and the Executive Director of Nursing are continuously monitoring staffing and quality of care in conjunction with care group leadership team.

4.7 The care group highlighted in the establishment review workshops that development of staff to work in needs led service is required to enhance clinical skills required to work beyond a predominantly older adult setting. This should in turn enhance staff retention.

4.8 The care group recommends a development programme of training for their staff. The Head of Nursing is exploring the required training needs with Learning and Development for delivery in 2020.

5. Forensic and Specialist services

5.1 The Care Group vacancy rate for nurses is 13% and band 2 HCA vacancies are at 20%. A few appointments for Registered Nurses have been made, with some due to start in the spring as part of the Nursing Fast Track process.

5.2 The Forensic and Specialist Care Group have improved staff retention of 11.9%, compared to Acute 12.7% and 13.1% in Older Adults as on November 2019. Forensic and Specialist have also had reduced staff sickness absence of 3.11% compared to Acute 4.89%, Community Recovery Care Group 4.68% and Older Adults at 5.27%.

5.3 Due to various improvements, Forensic Services are not using agency staff, additional staffing requirements and vacancies are covered by their substantive staff working on NHSP.

6. Community Recovery (Rehabilitation units)

6.1 The staffing establishments within rehabilitation units are varied across the 6 units to reflect the bed capacity and physical design of the unit. They are led by a band 7 Unit manager and there are no vacancies.

6.2 Units are predominantly staffed by RNs with additional sessional input from OTs and psychologists. The units have band 2 or 3 HCAs, some who are peer support workers. In terms of career progression, there are no Support Workers at Band 4 or senior staff nurses at Band 6s in the establishments.

6.3 The CQC recommended that each inpatient rehabilitation unit should have a clear career progression pathway to address these gaps.

6.4 The care group is reviewing the staff structure and establishments for the rehabilitation units with an aim to provide clear career pathways consistently across all the units. The proposed new structure will include introducing band 4 and 6 posts and upgrading band 2 HCAs to band 3 in two units where there are no band 3 staff.

6.5 If required, a business case will be submitted in February 2020 setting out the cost of the proposed changes.

7. Inpatient medical Cover

7.1 The Trust has dedicated inpatient Consultant Psychiatrists who provide senior medical leadership on the wards. The review of this inpatient staffing has therefore taken into account the unique contributions of each discipline in care provision.

7.2 Due to the local challenges of recruiting Psychiatrist in some parts of the Trust, the Executive Medical Director together with Assistant Medical Directors regularly review the medical input on wards to ensure it is safe and that there is timely response to staffing changes.

7.3 In view of the well recognised medical staffing challenges not just locally but nationally, the Trust explored and piloted a creative solution to support inpatient medical staff. The initiative included recruitment of additional clinical capacity, delivered by highly experienced senior nurses with demonstrable advanced skills that support inpatient care e.g. in assessments and formulations, independent prescribing, physical health care and report writing.

7.4 This resulted in the creation of the “portfolio based” Advanced Clinical Practitioner (ACP) role which was launched in November 2018 and piloted for a year, in East and West Kent acute wards. Pilot was funded from vacancies for speciality grade doctors which had been difficult to recruit to and where turnover was high.

7.5 Although aligned to the national Health Education England ACP role profile in terms of advanced practice and core competencies, this bespoke portfolio based pathway recognises people with an existing clinical Masters Degree or other complimentary educational qualifications and experience such as independent prescribing, clinical

leadership, physical health and Approved Mental Health Practitioner background, that can be mapped onto the ACP four pillars of practise.

7.6 Instead of going through another clinical Masters to gain an ACP qualification, the individual develops a portfolio to demonstrate their competencies and scope of practise and are supervised and supported by a Consultant Psychiatrist. This development prepares the individual for expert practice if wishing to purse Consultant practitioner or Approved Clinician roles.

7.7 The aims of the pilot were to:

I. Explore a structured work based pathway for practitioners to gain sufficient skills and competencies to confidently and competently practice at an advanced clinical level within an appropriate scope of practice.
II. Evidence through work based evaluation that advanced clinical practice roles can have a positive impact on medical workforce pressures.
III. Support and justify the implementation of new roles as outlined in the Trusts Workforce and Nursing strategies.
IV. Develop a local competency assurance framework for a work based advanced practice pathway as a framework for future development of advanced clinical practitioners within the organisation.
V. Develop a structured pathway to train and develop ACPs to become consultant practitioners with outcomes being further progression of personal development objectives such as the Approved Clinician role.
VI. Create a vision and guide the development of a sustainable ACP model of care.

7.8 The role has been successful in its aims as indicated by the preliminary results. The full evaluation is being finalised and will be shared with Workforce Committee in March.

7.9 Success of the pilot is reflected in activity reports in relation to assessments and reviews undertaken, Mental Health tribunal reports, cost savings where an Agency Doctor might have been employed to cover the gap, continuity of care for patients, junior staff support and career development through the extended roles.

7.10 The initiative has attracted not only regional but national interest especially as the ACP role is new to mental health. Accreditation of this pathway is being explored with relevant education partners.

7.11 In recognition of the value added by these roles, the Acute Care Group has now developed four additional trainee ACP posts to support the acute wards. Post holders will either be on formal ACP training through the University or will follow the portfolio based pathway.

7.12 **Some of the feedback received from service users and the multidisciplinary team is quoted below:**

7.13 **Service users:** "Very open and helpful", "I would happily have her help me"

7.14 **Junior doctors:** "Given her nursing background, she is able to contribute information relating to nursing/social care that medical staff are less experienced in. "shows good leadership skills and involves all members of the MDT to ensure integrated approach to the patients care"

7.15 **Occupational therapy:** "Consistent approach and always follows through plans and actions, she listens to the MDT and includes them in decision making"**.** "Excellent source of support whilst consultant on leave"

7.16 **Nursing:** "A role model to all nurses", "An asset to the team, extremely professional and supportive to junior staff" "The ward feels a safer place when she is on duty"

7.17 **Pharmacy:** "I think overall it has had a positive effect, it provides support for consultants, continuity when seeing patients and very good experience for the rest of us attending ward review"

7.18 Governance arrangements and support for the role

7.19 An ACP forum was developed to strengthen the governance arrangements of these roles and to support trainee ACPs and influence the development of advanced practice within the organisation. The forum is attended by all trainee ACPs and the Non-Medical Practitioner lead.

7.20 The forum meets bi-monthly, has so far held 4 meetings. There are 12 Trainee ACP's in post, 4 of these are in substantive posts. On completion of the course, they will be deployed into a service aligned to their scope of practice.

7.21 At the time we introduced the portfolio based ACP pathway, Health Education England (HEE) had introduced the Advanced Clinical Practitioner role to enhance capacity, capability, productivity and efficiency within multi-professional teams.

7.22 This level of practice is designed to transform and modernise pathways of care, enabling the safe and effective sharing of skills across traditional professional boundaries.

7.23 HEE defined the level of expert practice within clinical professions such as nursing, pharmacy, paramedics and occupational therapy however this was relatively a new development in mental health. Three of the trainee ACPs in the Trust are from a

Pharmacy background, this provides an opportunity for career development for this staff group.

8. Nursing Associates

8.1 In September 2019 the first cohort of 9 Nursing Associates qualified from their training. The Trust marked the graduation of the first cohort with a celebration event on 16 October 2019. 8 of the registrants took up roles in the care groups

8.2 There are 8 Trainee Nursing Associates from the December 2018 Cohort expected to complete their training in December 2020 and 7 in the September 2019.

8.3 The next cohort of 16 trainee nursing associates is planned for September 2020. 6 places will be set aside for rehabilitation units to introduce the role of nursing associates in this setting and offer career development opportunities. There is much enthusiasm from our support staff about this development which allows them to learn on the job and have a registered qualification.

8.4 The Nursing Associate is an important regulated role that bridges the gap between Registered Nurses and HCAs and releases nurses' time to spend on patients with high care needs, much the same way as ACPs are supporting Doctors.

8.5 As the role becomes embedded into the Trust, it will be formally evaluated for its impact and this is scheduled to be included in the next establishments review.

9. Roster Fill Rates

9.1 The Trust submits data externally on a monthly basis as mandated, based on average roster fill rates for RNs and HCAs. The data shows at a glance, safety of staffing by ward for day and night shifts.

9.2 The levels of staffing expected and set in the Trust are between 80% and 130% of the establishment.

9.3 From February to December 2019, wards have fluctuated in their ability to consistently cover the establishments within the set levels. A number of wards have been above 130% due to increased enhanced observations and acuity requiring additional staff to be booked such is the case on female acute wards and PICU. Shortfalls in RN shift fill rates have been covered by Ward Managers, Matrons or experienced HCAs who know the patients and the ward routines. Night time shifts tend to be better staffed than day shifts which maybe explained by enhancements out of hours, this is consistent with the national picture.

9.4 Registered nurses fill rates were more likely to be below 80% during the day due to vacancies, short term staff absence and inability to secure short term temporary staff.

9.5 As acuity increased on the wards, shifts were likely to remain unfilled by NHSP or agency staff and therefore teams relied on other members of the multidisciplinary team and supernumerary staff to provide cover.

10. Patient Experience

10.1 From December 2018 to December 2019, the care groups had positive feedback about the care patients received on the wards.

10.2 Inpatient services tend to receive fewer complaints than community based services. In this reporting period, for every complaint, the services received 9 compliments. Forensic and Specialist had 40% of the compliments, Acute 33% and Older Adults had 27%. Areas such as Mother and Baby Unit and Bridge House received the most compliments.

10.3 Patient Reported Experience Measure results averaged 94% between May and December 2019, with an average of 97 responses monthly. Friends and Family Test in the same period showed 92% were likely to recommend the service. Overall Patient Experience averaged 93% which is very positive.

10.4 Trust Wide Patient & Carer Experience Group continues to monitor the patient feedback and patient experience.

11. Care Hours Per Patient Day (CHPPD)

11.1 **Formula:** Total care hours worked by staff divided by total patient bed days. Care hours: Sum of day and night actual hours worked for the month. Patient Days: Sum of daily patient count snapshot by ward at 23:59 - added together to give a monthly total. This is also externally submitted data and provides some benchmarking figures to aid reflection and challenge locally with regards efficiency and productivity. It should be noted that CHPPD does not take into account patient acuity, ward environmental issues, patient turn over or movement of staff for short periods or professional judgement.

11.2 Care Hours per Patient across for the Trust is 10.4, the national median is 9.7. The Trust has favourable number of hours for patient care compared to other Mental Health Trusts in the region and across the country.

11.3 Rehabilitation unit Care Hours per Patient national median is 8.13 the Trust ranges from 6.2 to 9.5 across the units.

11.4 Acute wards national median is 9.34 while in the Trust this ranges from 7.3 to 15.2. The acute wards variation is affected by the increased number of enhanced of observations for patient or safety of others in some wards.

11.5 The PICU also has increased level of observations and the Care Hours per Patient national median is 19.55 compared to 18.5 on Willow Suite. The ward has increasing number of patients on 1:1 or 2:1 levels of observations.

11.6 In Older Adults, the national median is 10.29 and local wards are above range, between 11 and 13.6. The exception is Frank Lloyd Unit where this is 21.1 due to the high care needs of the patients.

12. Conclusions and next steps

12.1 Staffing is continuously reviewed on a shift by shift basis and displayed daily on each ward. Gaps can be covered in the short term by supernumerary staff and support from other multi-disciplinary team members undertaking additional or different tasks.

12.2 Plans are underway for the Rehabilitation services to formulate their business case to implement the changes as highlighted in the CQC inspection to introduce band 4 and 6 roles.

12.3 A business case is also being developed to address the proposed changes to the skill mix on all assessment and treatment wards across older adults and acute, to ensure adequate staffing that can respond to the demands of patient flow and complex patients' needs. This is due to be submitted in February 2020. The competencies to support his change have already been developed and are ready for implementation.

12.4 Initial report from the portfolio based ACP Pilot shows that this new role has great potential to provide much needed continuity of support to Doctors, improve the quality of care, give a clinical pathway for nurses and allied health professionals and advance their careers.

12.5 Looking ahead, there are plans to have Nursing Associates roles working across all the units. Through the development of the Peer Support Work strategy, it is envisaged that there will be an increase in these roles to support patients with their care on the wards. In order to ensure the most effective and efficient use of e-roster, a priority in the coming year will be to fully implement the Safe Care module on e-roster which will provide an opportunity for a forward look and support better shift planning.