# TRUST BOARD MEETING – PUBLIC

## Meeting details

**Date of Meeting:** 28 May 2021

**Title of Paper:** Annual inpatient establishment review

**Author:** Tumi Banda, Deputy Director of Nursing and Practise

**Executive Director:** Mary Mumvuri, Executive Director of Nursing, AHPs and quality

## Purpose of Paper

**Purpose:** Discussion

**Submission to Board:** Regulatory Requirement

### Overview of Paper

This annual establishment review has been conducted in line with national regulatory requirements. An evidence based tool, Mental Health Optimal Staffing Tool (MHOST) was used to benchmark all inpatients services. Professional judgement was used to analyse and to make recommendations for the next establishment review. A detailed paper showing benchmarking data and Care Hours Per Patient Day (CHPPD) for each service is available on request and in the Board reading room.

### Items of focus

- KMPT Safer Staffing fill rates were within the set standard of not falling below 80% and not above 130%.
- High levels of acuity and hospital detentions across the care groups, leading to increased use of resources and enhanced observations compared to national benchmarks
- There was adequate staffing for the acuity on the wards during review period
- Vacancies remain high for nursing and medical professionals across all care groups. "Tackling the Vacancy Challenge" paper on the Board agenda sets out the work underway to address this for critical roles.
- New and extended roles and skill mixing is in place to address staffing gaps and to increase therapeutic interventions.
- Review peripatetic model for Allied Health Professionals and psychology with a view to increase resources. This is in order to further support recovery, quality of care and to enhance therapeutic interventions on offer.

### Governance

**Implications/Impact:** Vacancies and use of temporary staff can impact on quality of care

**Assurance:** Reasonable

**Oversight:** Oversight by Workforce Committee

## 1. Background and context

The annual inpatient establishment review is a statutory responsibility for the Executive Director of Nursing, Quality and Allied Health Professionals to complete on behalf of the Board.

The review complies with requirements set within the National Quality Board report (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.

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.

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".

The Board was last presented with an establishment review in January 2020. The review was delayed in 2021 as the Trust prioritised the response to Covid-19 Pandemic.

The review has fully considered multi professional contributions to inpatient care settings across all care groups. The report is unusually lengthy on this occasion due to the additional background, context and deployment of the MHSOT tool. This is in order to ensure the Board is apprised of its relevance to our organisation.

## 2. Methodology

### 2.1 Overview of the evidence based establishment review tool

Of significance this year, the establishments were reviewed using the Mental Health Optimal Staffing Tool (MHOST). The MHOST is a multi-disciplinary evidence based system that enables ward based clinicians to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that ward establishments reflect patient needs in acuity and dependency terms. The tool was developed by The Shelford Group which is an organisation comprising the Chief Executives of ten of the leading NHS multi-specialty academic healthcare organisations in England.

The development of the MHOST was commissioned and funded by Health Education England (HEE). The tool is available to NHS Trust upon application. KMPT applied for the tool in February 2021.

The tool is applicable in the following settings: Working age adult admissions wards; old age functional and dementia ward; forensic (High and Medium secure) wards; Perinatal Mother and Baby Units and Low Secure and Rehabilitation wards. MHOST has not been validated to be used in CAMHS Tier 4 wards, Eating Disorder wards and Substance Misuse rehabilitation wards.

## 3. Deployment of tool and data collection

Three to four staff from each ward/unit were trained over Lifesize prior to data collection. Only staff that had been trained were tasked to collect the data. The collection of the data was supervised by the ward manager of each unit/ward. Wards were provided with the guidance and the data collection tool.

The guidance set out the criteria for acuity levels 1-5 specifically designated for their service, with 1 being the lowest level of dependency and 5 the highest. The staff could use professional judgment in deciding the most appropriate level of acuity. Staff collecting acuity and dependency data must have had an insight into the patient's current care needs and clinical presentation within the last 24 hours and not just how the patient presented at the point of collection at 3pm.

Data was collected over a period of 21 days from 22 March till 11 April 2021. The data was collected at 3pm on each unit/ward. Patients on extended leave more than 4 hours were not included. If they were on overnight leave, they were discounted. Long periods of escorted leave are already included in MHOST tool, they were not added separately.

The data was submitted to a designated email address on 29 March, 5 April and 12 April 2021 and analysed by the Corporate Nursing Team. The initial results were discussed with care groups; they posed queries and provided narratives to the data. Changes were made in response to queries by care groups, senior managerial staff. Roles such as Administration matrons, deputy matrons and service managers were also excluded.

The MHOST required that Full Time Equivalents (FTE) worked by substantive staff, NHSP and agency were included. The data used in the analysis was supplied by Finance department was as of 31 March 2021. This data excluded observations for Covid-19 isolations, maternity leave and career breaks as it would skew the results. Absences such as annual leave and study leave are accounted for in the headroom which is used in the MHOST tool.

The headroom in the Trust varies, in Acute Care Group is 23% and the other are groups have 21%. The recommended headroom in the MHOST tool is not less than 22%.

The Ready for Action (RfA) time is the percentage of time allocated to a staff member for their breaks. Time is set in the MHOST for the particular ward type, ranges between 8.6%-9.1% depending on the type of ward being analysed. This has been set at 8.3% for this review.

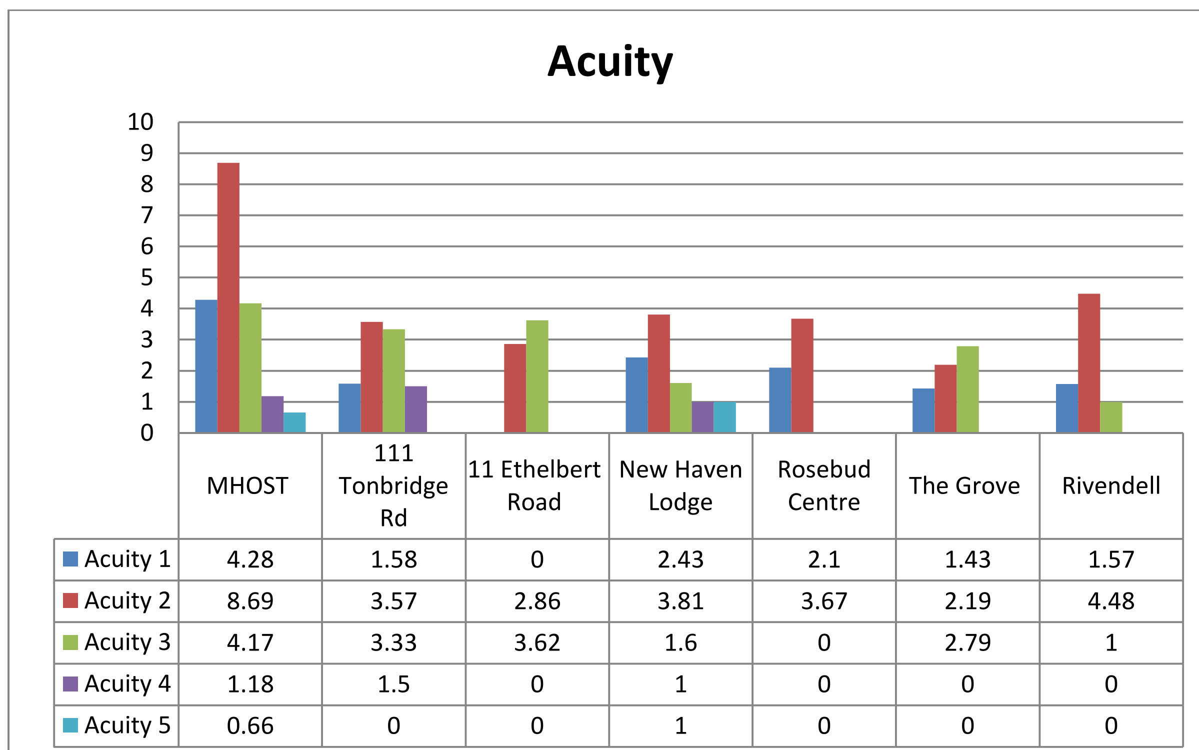
## 4. Results

The results were benchmarked against 431 MHOST wards across the various specialist services similar to the wards in KMPT care groups. All the wards in the MHOST study were

functional wards, and the multipliers account for typical activity on a psychiatric ward. The recommended and actual staffing levels vary in the wards to take into account professional judgement. Full Time Equivalent (FTE) the number of staff utilised substantive, NHSP and Agency, Care Hours Per Patient Day are the hours directed towards direct patient care in a day.

### 4.1 **Community Recovery Care Group (CRCG)**

Data was received from all 6 rehabilitations units.



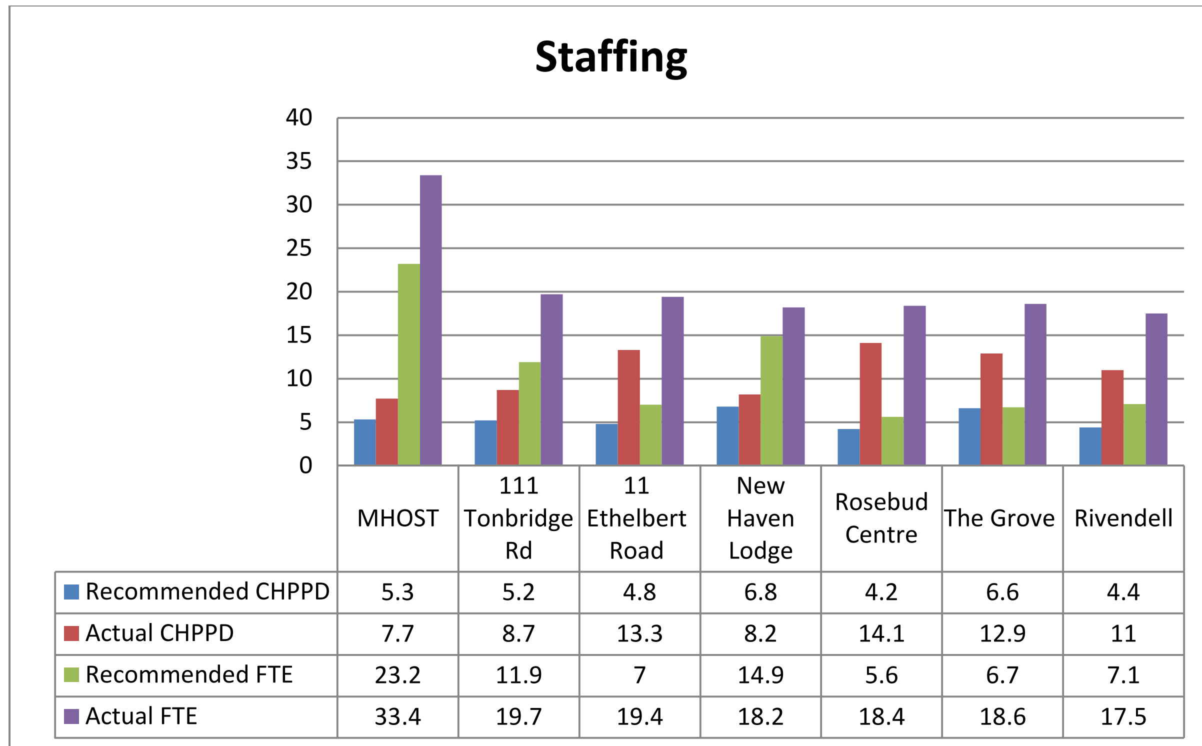

| | MHOST | 111 Tonbridge Rd | 11 Ethelbert Road | New Haven Lodge | Rosebud Centre | The Grove | Rivendell |
|---|---|---|---|---|---|---|---|
| Acuity 1 | 4.28 | 1.58 | 0 | 2.43 | 2.1 | 1.43 | 1.57 |
| Acuity 2 | 8.69 | 3.57 | 2.86 | 3.81 | 3.67 | 2.19 | 4.48 |
| Acuity 3 | 4.17 | 3.33 | 3.62 | 1.6 | 0 | 2.79 | 1 |
| Acuity 4 | 1.18 | 1.5 | 0 | 1 | 0 | 0 | 0 |
| Acuity 5 | 0.66 | 0 | 0 | 1 | 0 | 0 | 0 |

The acuity in the care group was low overall compared to the MHOST benchmark wards. New Haven Lodge had high acuity of 1 patient in level 5, no other units had level 5 acuity. 4 of the 6 units had no patients in Acuity Level 4 either. Level 1-3 includes patients at pre-discharge, patients of low risk, adhering to care plans but may have complex discharge needs.

The low acuity in the rehabilitation units may have been affected by delayed discharges which would have been rated as Level 1 or 2. There were a total of 6 Delayed Transfers of Care (DTOC) evenly spread across four units. The rated of discharge has been impacted by the restrictions during the on-going Covid -19 Pandemic.

There were fewer patients (reduced occupancy) on 4 out of 6 wards. This was a result of the wards going through major refurbishment works during the period the data was collected. Normal staffing levels were maintained to mitigate disruptions to the environment and to ensure provision of a therapeutic programme. This low occupancy and low acuity at the time of data collection gave rise to Care Hours Per Patient Day with the MHOST recommending reduced staffing and hours. Professional judgement was used to overlay the MHOST results

in view of the above narrative, therefore no changes to staffing are recommended at this stage of the review.



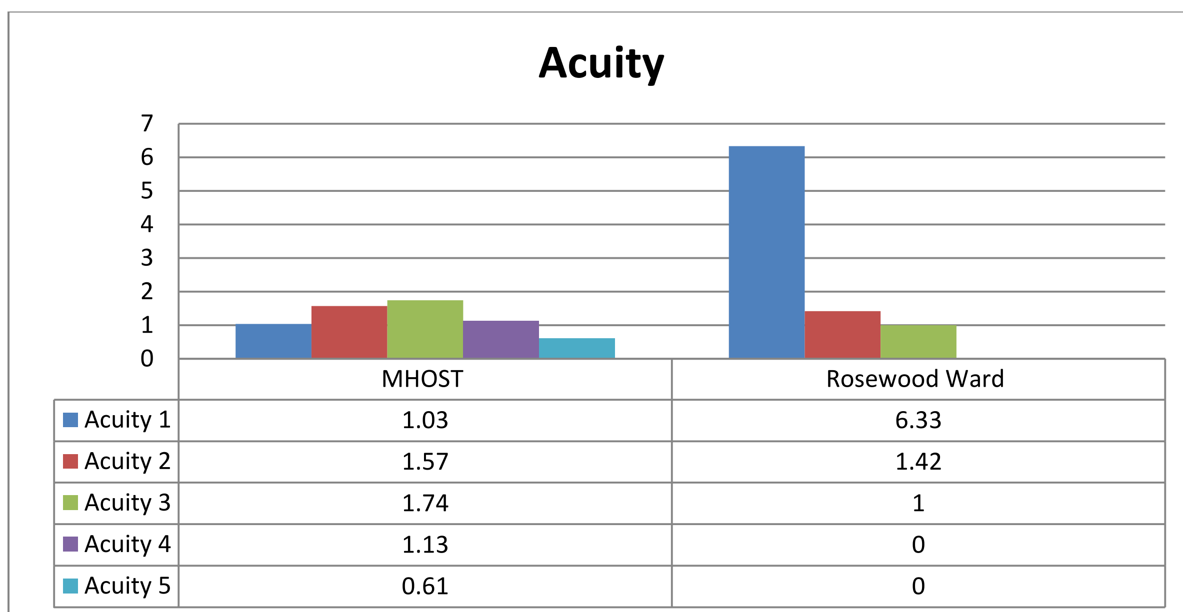

| | MHOST | 111 Tonbridge Rd | 11 Ethelbert Road | New Haven Lodge | Rosebud Centre | The Grove | Rivendell |
|---|---|---|---|---|---|---|---|
| Recommended CHPPD | 5.3 | 5.2 | 4.8 | 6.8 | 4.2 | 6.6 | 4.4 |
| Actual CHPPD | 7.7 | 8.7 | 13.3 | 8.2 | 14.1 | 12.9 | 11 |
| Recommended FTE | 23.2 | 11.9 | 7 | 14.9 | 5.6 | 6.7 | 7.1 |
| Actual FTE | 33.4 | 19.7 | 19.4 | 18.2 | 18.4 | 18.6 | 17.5 |

## 5. Forensics and Specialist Care Group

### 5.1 Rosewood Mother and Baby Unit (MBU)

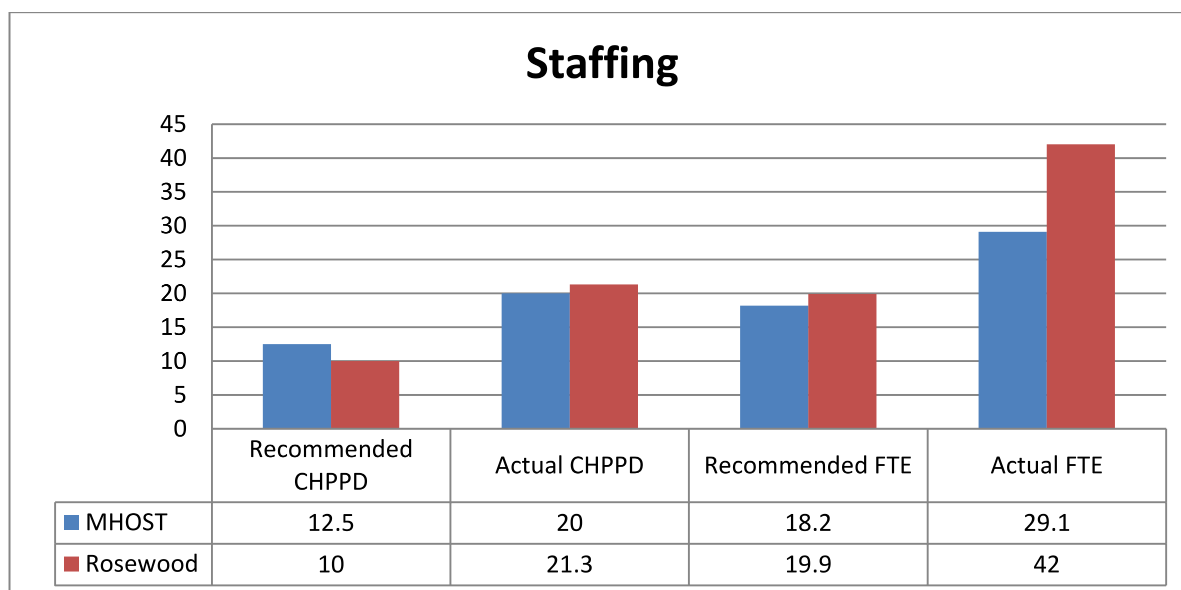
The ward was benchmarked against other 7 MBUs in the MHOST. The acuity was low on Rosewood compared to other MBUs, majority of the patients were in Level 1. Level 1 criteria sets out that patients are Pre-discharge stage, that the mother fully looks after her baby, engages in activities, interaction with baby is safe and consistent, attachment is good, risk level is low and baby requires no support from staff and is on 'general observation' only.

The acuity on the ward was affected by Covid-19 Pandemic restrictions during the collection period and before that. Discharges were disrupted by the pandemic. Leave, support from family and partners and engagement was heavily reduced and restricted in response to the Covid-19 Pandemic. The delays in discharges accounted for the low acuity. Although the mothers were assessed to be at Level 1, support may have been required for the babies.




| | MHOST | Rosewood Ward |
|---|---|---|
| Acuity 1 | 1.03 | 6.33 |
| Acuity 2 | 1.57 | 1.42 |
| Acuity 3 | 1.74 | 1 |
| Acuity 4 | 1.13 | 0 |
| Acuity 5 | 0.61 | 0 |

Staffing levels comparisons are as graph below.




| | Recommended CHPPD | Actual CHPPD | Recommended FTE | Actual FTE |
|---|---|---|---|---|
| MHOST | 12.5 | 20 | 18.2 | 29.1 |
| Rosewood | 10 | 21.3 | 19.9 | 42 |

Rosewood MBU operates an MDT approach, and all staff disciplines required were accounted for. The unit was found to have adequate staff. The patients had input from the MDT of 20 CHPPD compared to 12.5 in MHOST benchmark. The staffing FTE was at 29.1 FTE which was considerable compared to 18.2 in MHOST benchmark data.

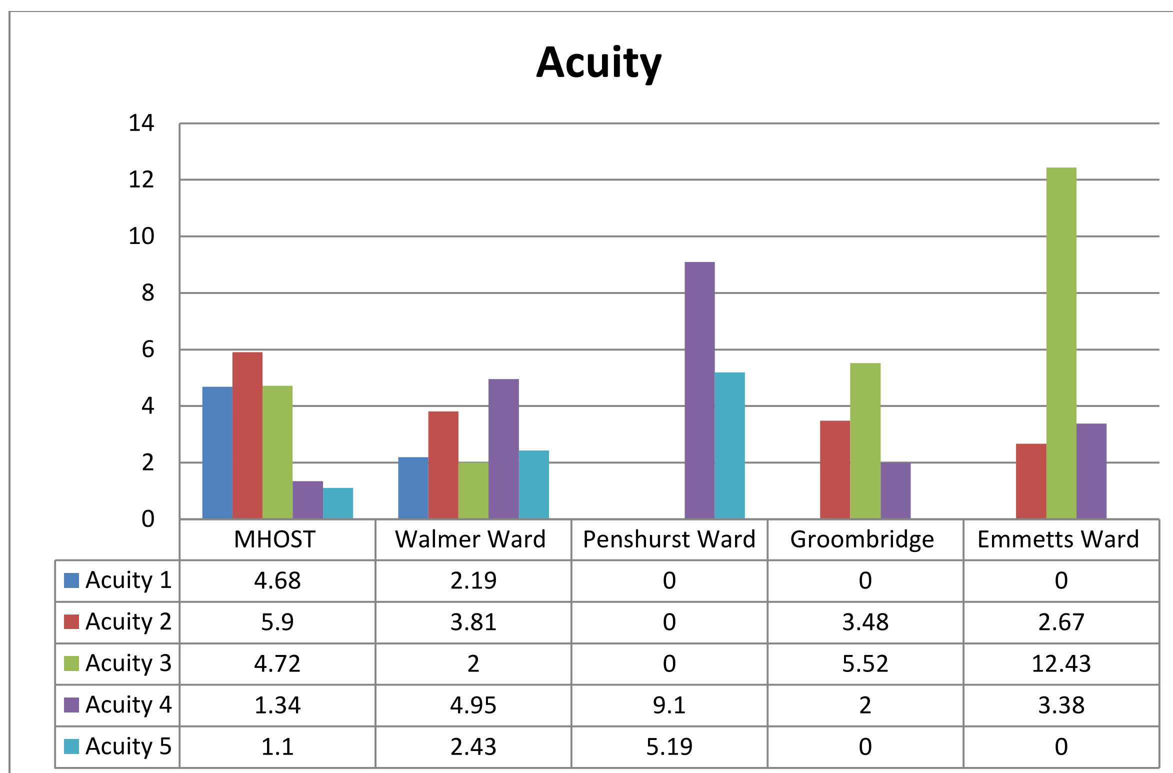
It must be noted that MBUs staffing levels are predetermined by Royal College of Psychiatry: Service Standards for Mother and Baby Units (2014) and NHSE/I. The MDT staffing levels are not varied according to acuity. Rosewood is operating within this guidance and is compliant with the standards.

### 5.2 Medium Secure Unit (MSU)

The acuity was high on Penshurst Ward which is an acute ward in the MSU. Patients on this 16 bed male only unit were either Level 4 or 5 acuity which indicated sustained high-dependency, likely serious aggression or high self-harm risk usually associated with new admissions and a need for long-term segregation or seclusion.

There is high usage of enhanced observations 1:1 or 2:1 and restrictive interventions such as seclusion and long term segregation. This acuity was an outlier compared to the MHOST benchmark wards as well as other MSU wards. Similar high levels of acuity and above the MHOST benchmark wards were also noted on the female acute ward.

Emmetts and Groombridge which are “sub-acute” wards had reduced acuity compared to Penshurst and Walmer which is to be expected. There were no patients at acuity level 5.

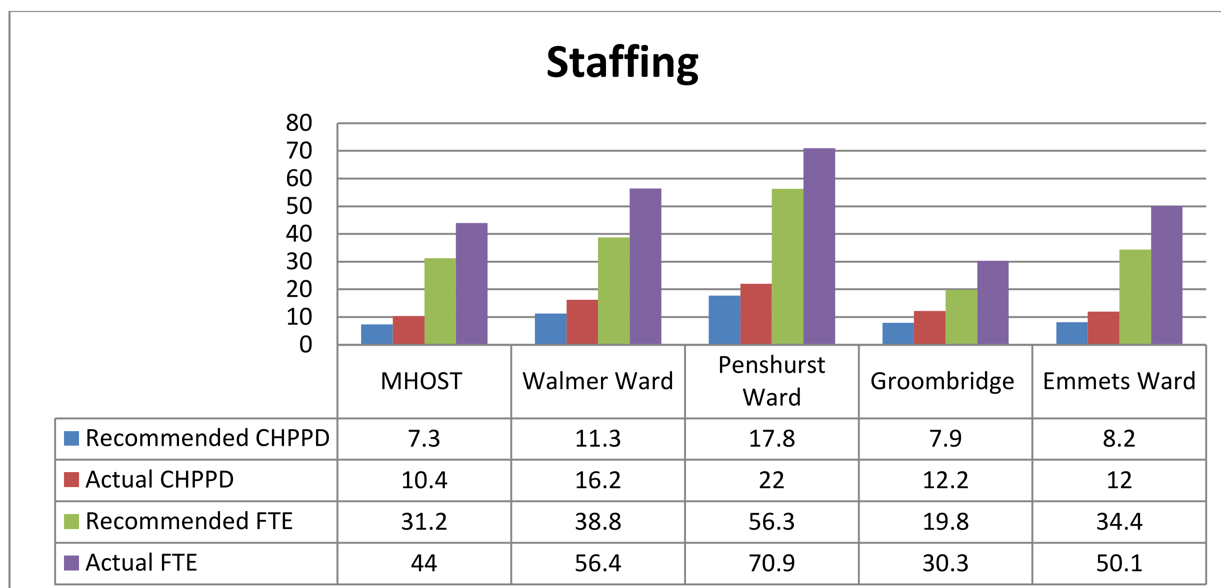



| | MHOST | Walmer Ward | Penshurst Ward | Groombridge | Emmetts Ward |
|---|---|---|---|---|---|
| Acuity 1 | 4.68 | 2.19 | 0 | 0 | 0 |
| Acuity 2 | 5.9 | 3.81 | 0 | 3.48 | 2.67 |
| Acuity 3 | 4.72 | 2 | 0 | 5.52 | 12.43 |
| Acuity 4 | 1.34 | 4.95 | 9.1 | 2 | 3.38 |
| Acuity 5 | 1.1 | 2.43 | 5.19 | 0 | 0 |

Staffing levels in all the MSU wards were reviewed as the MDT. There was adequate staffing for the acuity that was on the wards at the time. Penshurst had high staffing levels due to increased acuity and observations. There were 22 CHPPD most of which is nursing care. The staffing on this ward requires a review, as acuity increases to ensure dynamic input from the MDT. Emmetts staffing was high due to the high acuity, which would have resulted in more nursing staff hours. All the wards had high CHPPD hours above MHOST benchmark wards.

Local challenges in the environments in the MSU have a direct impact on the staffing levels. Wards in MSU are due to be refurbished. KMPT has had a 5 year Capital Development Programme that has been in place since 2014/15 to 2020/21, this will be followed up with a 5 Year Plan till 2025. MSU Wards are due to refurbished in the next phase. Challenges that the environment poses are managed by increased staffing.

Penshurst has an Extra Care Area separate from the main wards which requires a staffing complement of its own. Walmer and Emmetts also have additional areas completely separate to the main ward (Walmer-Bedgebury and Emmetts-Bedgebury) that require staffing. The lay out of the wards is a challenge that can only be overcome by increased staffing particularly nursing staff. This is professional judgement that the MHOST requires staff to make in response to local challenges.

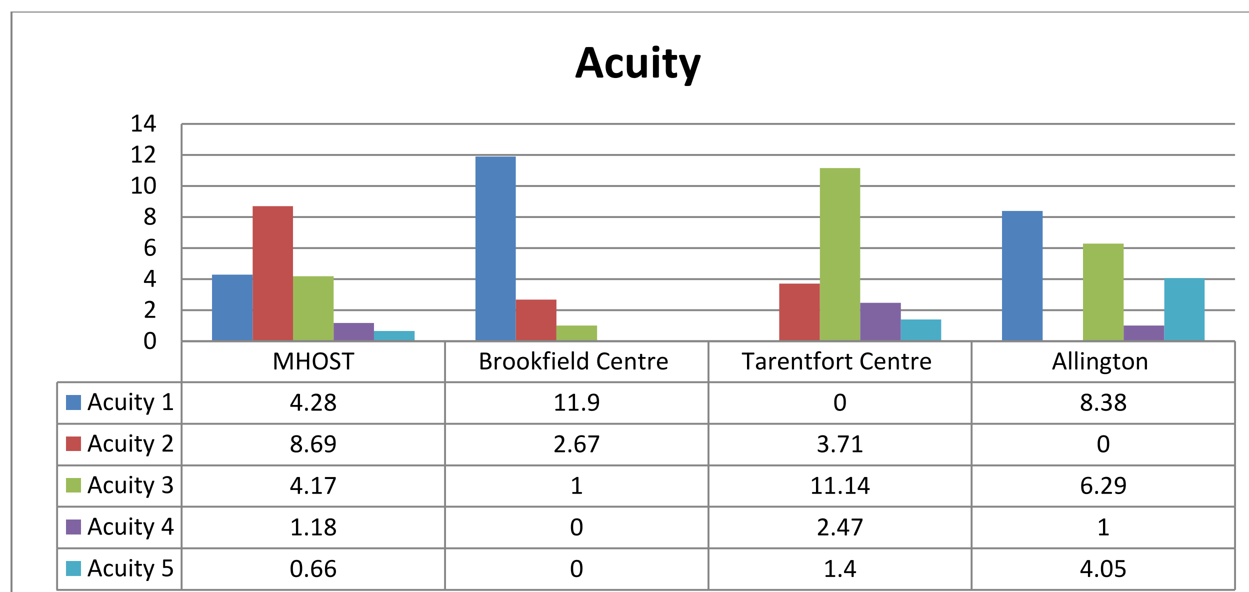



| | MHOST | Walmer Ward | Penshurst Ward | Groombridge | Emmets Ward |
|---|---|---|---|---|---|
| Recommended CHPPD | 7.3 | 11.3 | 17.8 | 7.9 | 8.2 |
| Actual CHPPD | 10.4 | 16.2 | 22 | 12.2 | 12 |
| Recommended FTE | 31.2 | 38.8 | 56.3 | 19.8 | 34.4 |
| Actual FTE | 44 | 56.4 | 70.9 | 30.3 | 50.1 |

The wards in the care group have peripatetic allied health team, with the unregistered staff working on sessional basis. The level of acuity on the wards suggests more therapeutic input is required. In conclusion, all the wards had adequate staffing levels to meet acuity needs.

### 5.3 Forensic Rehabilitation: Low Secure Units

All wards in the Care group apart from Bridge House submitted their data. Bridge House as a substance misuse rehabilitation specialist unit was not included in the MHOST data collection because the tool is not validated to be used in this setting.

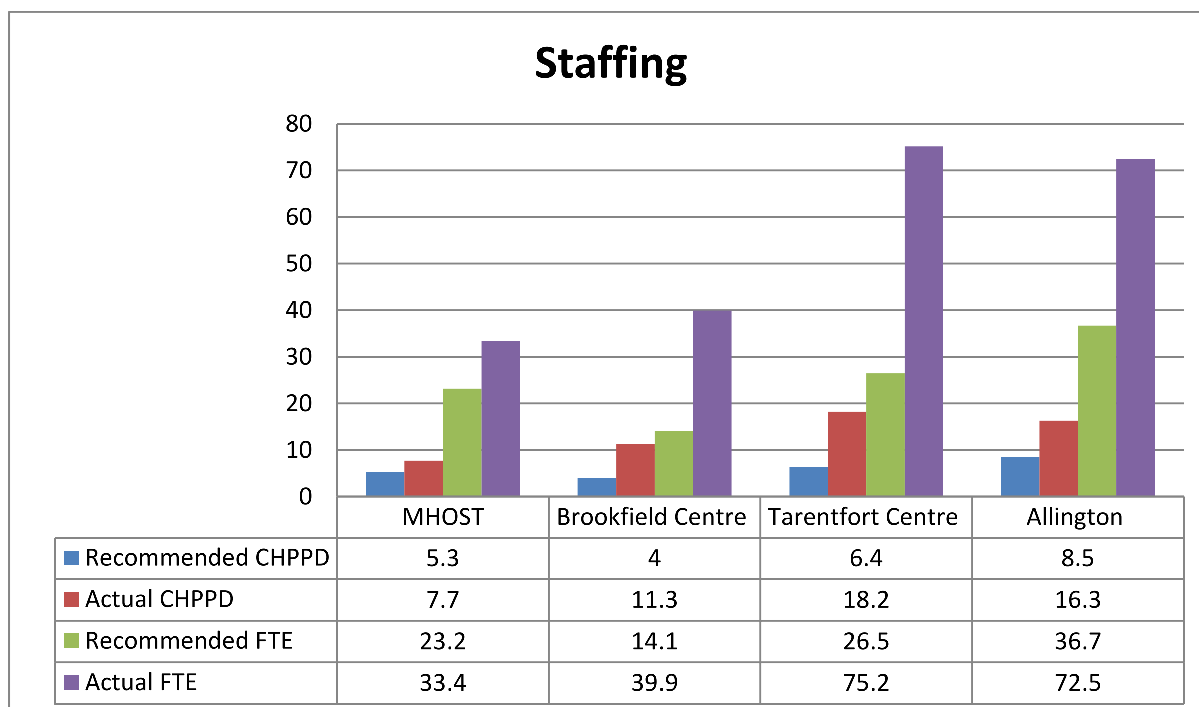



| | MHOST | Brookfield Centre | Tarentfort Centre | Allington |
|---|---|---|---|---|
| Acuity 1 | 4.28 | 11.9 | 0 | 8.38 |
| Acuity 2 | 8.69 | 2.67 | 3.71 | 0 |
| Acuity 3 | 4.17 | 1 | 11.14 | 6.29 |
| Acuity 4 | 1.18 | 0 | 2.47 | 1 |
| Acuity 5 | 0.66 | 0 | 1.4 | 4.05 |

Acuity was high in Allington. Allington is set out to deliver care to patients with high dependency needs. The ward has a High Dependency Unit (HDU). During the collection period, the ward had patients on 2:1 observations throughout the collection period. In addition, there were high numbers on level 1 acuity compared to the MHOST wards.

Tarenfort centre which has two adjacent male wards had high acuity on the unit. There were two patients who had been on the ward for some months who required exceptionally high levels of observations and interventions in response to the care needs. The Trust had worked collaboratively with NHSE to support these patients due to lack of nationally available appropriate beds for their care needs.

Brookfield had low acuity compared to the others wards, there were no patients in acuity level 4 or 5. The ward had 1 DTOC patient during the data collection period.

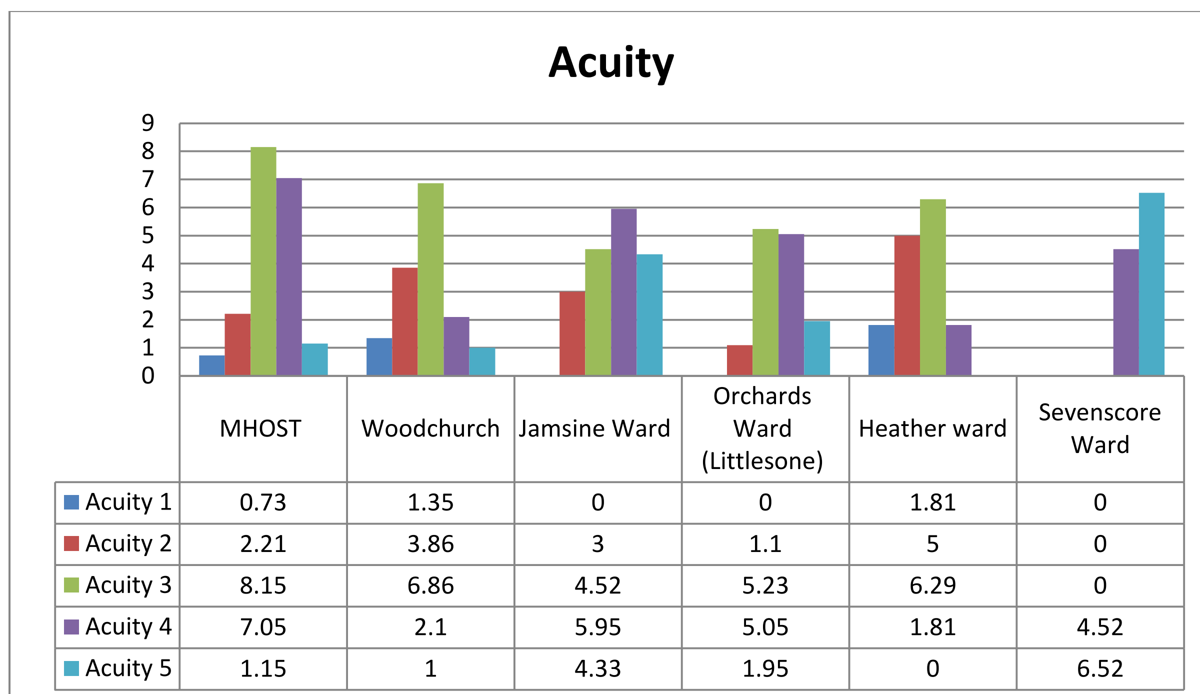



| | MHOST | Brookfield Centre | Tarentfort Centre | Allington |
|---|---|---|---|---|
| Recommended CHPPD | 5.3 | 4 | 6.4 | 8.5 |
| Actual CHPPD | 7.7 | 11.3 | 18.2 | 16.3 |
| Recommended FTE | 23.2 | 14.1 | 26.5 | 36.7 |
| Actual FTE | 33.4 | 39.9 | 75.2 | 72.5 |

The wards had considerable high staff usage in all these settings; however the set up on Allington with an HDU rightly influences this. The national challenges of the Autism Pathways also influenced the services to admit to services that would not otherwise admit patients with these care and support needs. Professional judgement is required to set the staffing levels to reflect the care pathway. However with these challenges it should be noted that resources to manage the high acuity should be reflected in the MDT with input increased across all of the MDT FTE not just nursing.

## 6. Older Adults Care Group (OACG)

The Head of Service of the Older Adults Care Group supported the Corporate Nursing Team to develop and deliver training and deploy the MHOST tool, drawing from previous experience of using the tool in another Trust.
Ruby Ward was closed at the time of the data collection and it was excluded in the MHOST review.

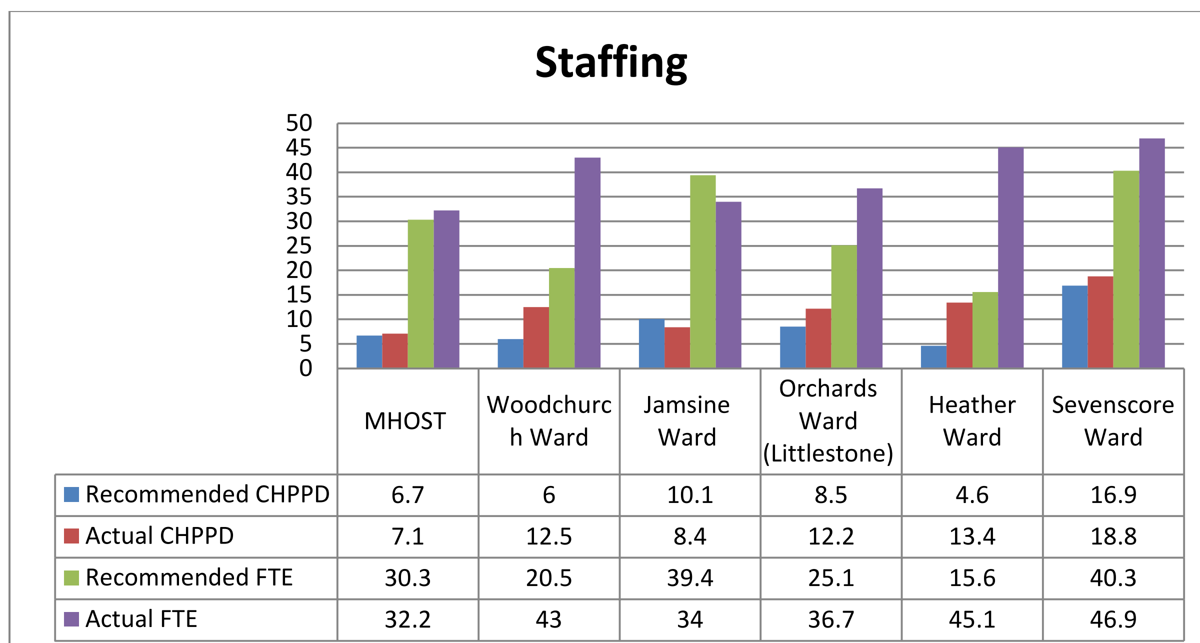



| | MHOST | Woodchurch | Jamsine Ward | Orchards Ward (Littlesone) | Heather ward | Sevenscore Ward |
|---|---|---|---|---|---|---|
| Acuity 1 | 0.73 | 1.35 | 0 | 0 | 1.81 | 0 |
| Acuity 2 | 2.21 | 3.86 | 3 | 1.1 | 5 | 0 |
| Acuity 3 | 8.15 | 6.86 | 4.52 | 5.23 | 6.29 | 0 |
| Acuity 4 | 7.05 | 2.1 | 5.95 | 5.05 | 1.81 | 4.52 |
| Acuity 5 | 1.15 | 1 | 4.33 | 1.95 | 0 | 6.52 |

Sevenscore is a male 12 bed ward for people with dementia. It had high acuity compared to other wards in the care group and in the MHOST benchmark wards. This was because all the patients were reported to be in need of personal care support, which needed a 2-4 staff to undertake due to high incidents of aggression. There was generally high rate of violence and aggression and staff assessed the patients to be either level 4 or 5 acuity.

Jasmine had high acuity with most of their patients in Level 4 and 5, followed by the Orchards. Woodchurch, Heather and Orchards had acuity within range.

The Older Adults Care group had 13 DTOC patients which would have influenced the results; Heather had 3; Jasmine 1; Orchards 2; Woodchurch 3. Sevenscore also had 4 DTOC cases. The rate of discharges had been disrupted by the Covid-19 Pandemic restrictions in older adult community placements.




| | MHOST | Woodchurch Ward | Jamsine Ward | Orchards Ward (Littlestone) | Heather Ward | Sevenscore Ward |
|---|---|---|---|---|---|---|
| Recommended CHPPD | 6.7 | 6 | 10.1 | 8.5 | 4.6 | 16.9 |
| Actual CHPPD | 7.1 | 12.5 | 8.4 | 12.2 | 13.4 | 18.8 |
| Recommended FTE | 30.3 | 20.5 | 39.4 | 25.1 | 15.6 | 40.3 |
| Actual FTE | 32.2 | 43 | 34 | 36.7 | 45.1 | 46.9 |

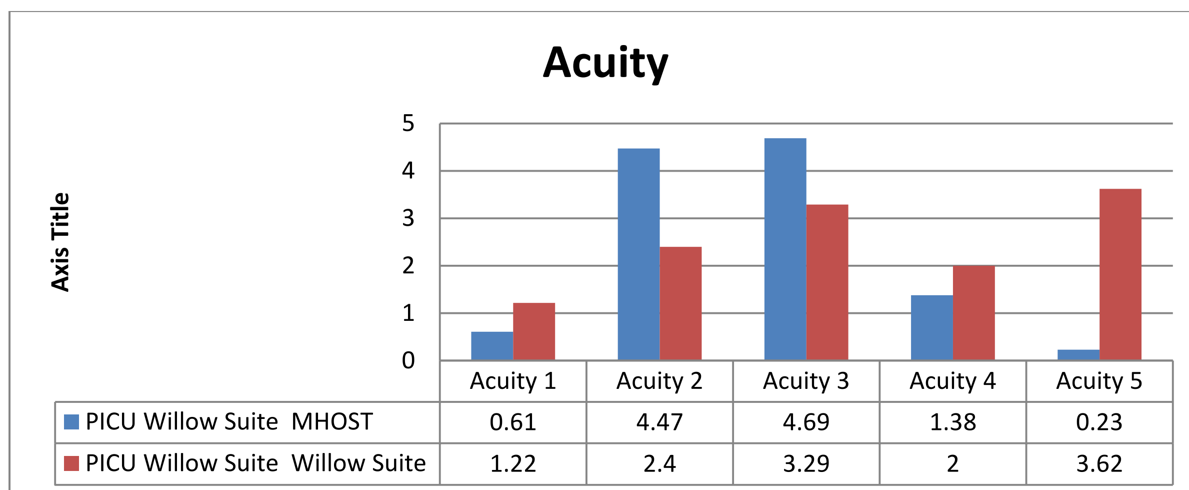
The staffing levels were adequate in 4 of the 5 wards. Jasmine Ward is recommended to have 39.4 FTE however the ward had 34 FTE, against a budgeted establishment of 42.78 FTE. The ward has high number of vacancies and is operating below the recommended CHPPD which stands at 10.1 however the ward is at 8.4 CHPPD.

All the wards had CHPPD above the recommended level with Woodchurch and Heather significantly above the recommended levels. Further investigations are required into the data and will be taken forward by the Care Group.

## 7. Acute Care Group

### 7.1 Psychiatric Intensive Care Unit (PICU): Willow Suite

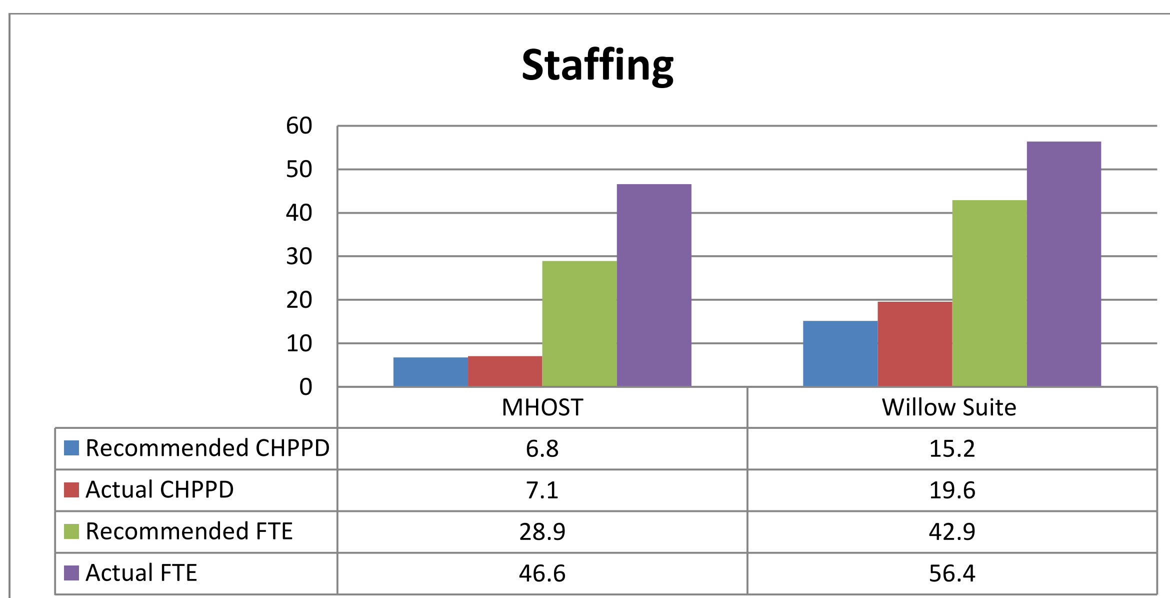
The ward is a 12 bed male ward. During the data collection period, the ward had 4 patients on long term segregation. The ward has had at least one Autistic patient admitted, needing enhanced observation and on an inappropriate care pathway. All patients on Level 5 acuity were therefore on enhanced observations. At least 1 patient was deemed ready for transfer through the collection period. As a result the ward had significantly higher acuity than MHOST benchmark wards.




| | Acuity 1 | Acuity 2 | Acuity 3 | Acuity 4 | Acuity 5 |
|---|---|---|---|---|---|
| PICU Willow Suite MHOST | 0.61 | 4.47 | 4.69 | 1.38 | 0.23 |
| PICU Willow Suite Willow Suite | 1.22 | 2.4 | 3.29 | 2 | 3.62 |

The ward had adequate staff for the acuity for the data collected. The patients had high CHPPD above the recommended levels; however a significant component was nursing. The ward has a low ratio of peripatetic MDT FTE complement that is not varied to meet the high levels of acuity. The peripatetic model of care needs an urgent review to address the acuity, which would reduce the use of enhanced observation and increase therapeutic engagement by the MDT. There are plans underway to increase occupational therapy and psychology provision as part of the additional investment to improve therapeutic interventions and support patient flow in acute environments. This will include sports and exercise technician and more use of the gym facility on the ward.

Overall, the ward had adequate staffing levels. CHHPD was predominantly nursing, driven by high acuity and enhanced observations at 19.6 CHPPD compared to 7.1 in MHOST Benchmark data.




| | MHOST | Willow Suite |
|---|---|---|
| Recommended CHPPD | 6.8 | 15.2 |
| Actual CHPPD | 7.1 | 19.6 |
| Recommended FTE | 28.9 | 42.9 |
| Actual FTE | 46.6 | 56.4 |

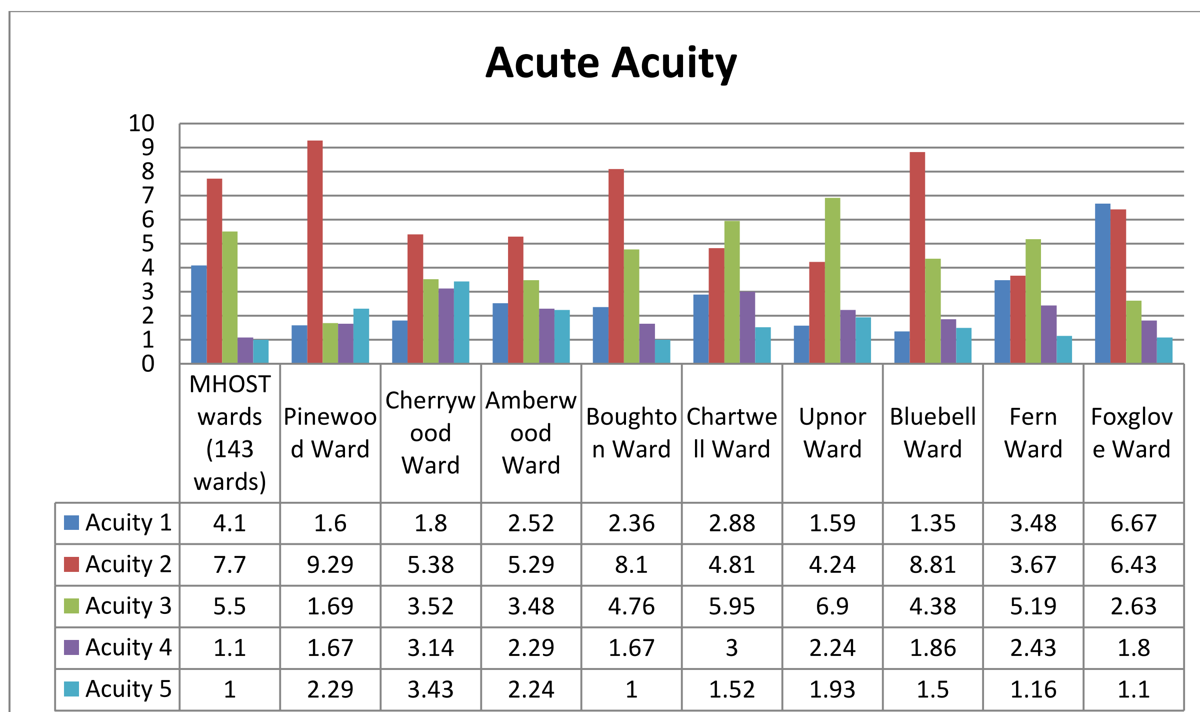
### 7.2 Acute wards

All the nine acute wards had high acuity levels compared to the MHOST benchmark wards. Foxglove had high number of people on level1 acuity (6.67). The DTOC report from 08 April 2021 noted 3 DTOC patients on the ward at the time of data collection. The care group had 15 DTOC patients in total across the wards, Amberwood 2, Fern 4, Foxglove 3, Boughton, Bluebell, Pinewood, Upnor, Chartwell and Cherrywood all had 1 each DTOC case.

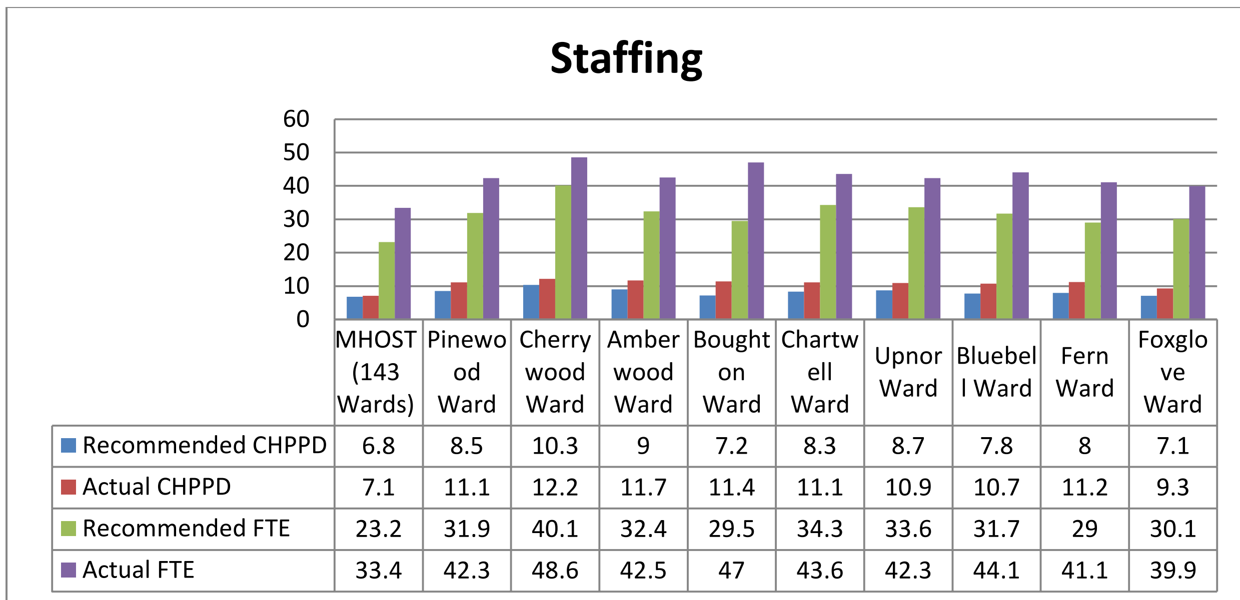
The wards had acuity Level 4 and 5 above the 143 MHOST benchmark wards. The patients on Level 5 in the care group were on 1:1 or long term segregation. It has been noted that the wards have nursing vacancies and inexperienced staff who require increased clinical leadership support to enhance their confidence with decision making.

There is a dedicated Occupational Therapist and an assistant on each ward including 0.5 FTE for psychology, however there is no backfill. There are a number of vacant psychology posts for which there is ongoing recruitment. All wards have dedicated inpatient consultants, mainly in substantive roles apart from two which are filled by long-term Locum consultants. They are supported by qualified or trainee Advanced Clinical Practitioners or Consultant Nurse which ensures continuity of care in the event of medical cover changes.

Due to limited extra care facilities on one of the hospital sites, in addition to some environmental improvements during the data collection period, the care group have mitigated the risks to safety by using increased levels of observations. This is reflected in the resources utilised.




| | MHOST wards (143 wards) | Pinewood Ward | Cherrywood Ward | Amberwood Ward | Boughton Ward | Chartwell Ward | Upnor Ward | Bluebell Ward | Fern Ward | Foxglove Ward |
|---|---|---|---|---|---|---|---|---|---|---|
| Acuity 1 | 4.1 | 1.6 | 1.8 | 2.52 | 2.36 | 2.88 | 1.59 | 1.35 | 3.48 | 6.67 |
| Acuity 2 | 7.7 | 9.29 | 5.38 | 5.29 | 8.1 | 4.81 | 4.24 | 8.81 | 3.67 | 6.43 |
| Acuity 3 | 5.5 | 1.69 | 3.52 | 3.48 | 4.76 | 5.95 | 6.9 | 4.38 | 5.19 | 2.63 |
| Acuity 4 | 1.1 | 1.67 | 3.14 | 2.29 | 1.67 | 3 | 2.24 | 1.86 | 2.43 | 1.8 |
| Acuity 5 | 1 | 2.29 | 3.43 | 2.24 | 1 | 1.52 | 1.93 | 1.5 | 1.16 | 1.1 |




| | MHOST (143 Wards) | Pinewood Ward | Cherry wood Ward | Amber wood Ward | Boughton Ward | Chartwell Ward | Upnor Ward | Bluebell Ward | Fern Ward | Foxglove Ward |
|---|---|---|---|---|---|---|---|---|---|---|
| Recommended CHPPD | 6.8 | 8.5 | 10.3 | 9 | 7.2 | 8.3 | 8.7 | 7.8 | 8 | 7.1 |
| Actual CHPPD | 7.1 | 11.1 | 12.2 | 11.7 | 11.4 | 11.1 | 10.9 | 10.7 | 11.2 | 9.3 |
| Recommended FTE | 23.2 | 31.9 | 40.1 | 32.4 | 29.5 | 34.3 | 33.6 | 31.7 | 29 | 30.1 |
| Actual FTE | 33.4 | 42.3 | 48.6 | 42.5 | 47 | 43.6 | 42.3 | 44.1 | 41.1 | 39.9 |

In conclusion for acute wards, there was adequate staffing for the acuity recorded. The staffing was predominantly nursing and there is low FTE MDT for the levels of acuity. The Actual CHHPD was all above the recommended levels, however this is influenced by the nursing enhanced observations that are in place.

## 8. Quality and Safety Review

### 8.1 Acute Care Group

The staffing levels from Acute and PICU remain unchanged from the previous report in January 2020. 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. The first 1:1 enhanced observation is conducted from this staffing base, enhanced observations required after the first will require additional staff based on the clinical risk assessment.

From April 2020 to March 2021, the acute wards had an average 75.6% of bed occupancy by detained patients under MHA (1983). The table below shows the percentage of bed occupancy by patients detained in each month in that period.

| Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 106 | 117 | 117 | 112 | 117 | 112 | 111 | 104 | 109 | 114 | 109 | 108 |
| 75.7 % | 76.0 % | 76.0 % | 77.8 % | 73.6 % | 74.7 % | 73.5 % | 77.0 % | 77.9 % | 74.5 % | 73.2 % | 77.1% |

The majority of the patients were on Section 2 or 3 of Mental Health Act (1983). The patients admitted were likely to be acutely unwell and detained under the MHA. With high number of detentions, there is increased demands on the Responsible Clinicians and registered nurses on the wards to meet the MHA requirements, from MHA assessments, patients' rights, MHA related review such as consent and first tier tribunals. The MHA requirements are met in the current establishments. The workload related to this group of patients' advances a recommendation to have a skill mix of at least 2 RNs per shift with a third registered professional being a Registered Nursing Associate.

According to the Inpatient and Community Mental Health Benchmarking March 2020, Adult acute beds per 100,000 registered populations at 31st March 2020, KMPT is in the lowest quartile bed stock of 11.9; the national average is 19.8. This requires a high patient turnover, high acuity on the wards and high workload for the MDT.

The Acute Care Group from April 2021 to March 2021 had 1944 admissions to the acute ward excluding the PICU, which is an average of 5.3 admissions per day. The care group had 1895 discharges in the same period, which translates to 5.2 discharges per day across all acute wards. Bed availability in many instances requires transfers to be conducted which increase the workload and therefore a safer staffing resource to match this demand.

There was a different dimension to violence and aggression in the last year due to restrictions that were in place on the wards in response to Covid-19 pandemic. Patients were required to isolate when suspected of Covid-19, awaiting results or recovering from the illness. The various outbreaks on the wards at the height of the pandemic saw increased restrictions being put in place to minimise risk of transmission. Some of the patients were not willing to adhere to the restrictions which led to incidents of conflict with staff and other patients.

The Care group has been proactive in gathering feedback from patients and have consistently exceeded the response rate of 10% set by the Trust. Patients experience tends to be rated as good on the PREM scores and the outlier areas are in relation to food and in one ward environmental.

### 8.2 Medical establishment in Acute Care Group

The medical establishment includes Advanced Clinical Practitioners (ACPs) in Maidstone and Canterbury and one Consultant Nurse. Since 2018, KMPT has developed 12 practitioners to undertake the ACP training programme. 4 of these practitioners have qualified and hold the role of ACP and 8 still in training. Of the 8; 4 will qualify in June 2021, 1 in 2022 and 2 in 2023. As part of advancing clinical practise in the Trust, there is a development plan to recruit and train more multidisciplinary ACPs to cover all the settings and care groups in the coming year, with a pathway to further develop into consultant roles. The Acute Care Group has been leading the way with recruitment and deployment of these roles with already 3 qualified ACPs and one trainee.

## 9. Allied Health Professionals

The allied professional in the care group have peripatetic staffing model. The staff group work across the various wards, proving sessional input. This is a static establishment that is not adjusted to acuity. The review recommends that this input of allied health professional is increased to meet the challenging acuity on the wards.  The care group has high usage enhanced observations, it is likely that the patients require ward based activities to minimise risk to self and others. On ward activities for patients on enhanced observations needs to be increased in order to reduce use of restrictive interventions.

## 10. Psychology Establishments

Psychology input has peripatetic approach to staffing. There are high rates of vacancies in the care group and NHSP staff have been utilised to fill some of the post while pursuing substantive recruitment. . The review recommends creating new roles for the care group such as psychology assistants to support the team on the wards and increase input, the current psychology assistants are from NHSP.

## 11. Community Recovery Care Group: Rehabilitation units

The staffing establishments within rehabilitation units are varied across the 6 units to reflect the bed capacity and physical design of the unit. The teams are more stable with low turnover which ensures greater levels of therapeutic engagement and continuity of care.

There is ongoing work to resolve the issues of career progression for RNs in these units where there are no Band 6 positions. The care group has found a way of developing this career pipeline while awaiting a firm strategic position. This change should ensure they retain staff who are committed and are experience working with this patient group. The Rehabilitation units recorded high levels of satisfaction from the patients as evidenced in feedback from their service evaluation and therapeutic programme, PREM surveys, family and friends with a total of 46 compliments, 1 complaint and 2 PALS Concern/Enquiry from January 2020 to December 2020.

## 12. Older Adults Care Group

The care group had high levels of patients family and friends satisfaction recorded from complaints and compliments. From January 2020 to December 2020 the inpatient services received 110 compliments, 5 complaints and 17 PALS concern or enquiry and they tend to score above 8 out of 10 in the PREM scores which indicates “very good” care.

The wards have an establishment of 1 FTE band 6 OT; 1.5 FTE band 5 OT and 1 FT band 3 OTA. Majority of the interventions in the care group are OT led and the care group has identified a need to increase their OT capacity by 0.6WTE on each ward to be able to offer the full range of interventions.

There is additional input from physiotherapists, Art and Music Therapists on sessional basis. This skill mix ensures access to a range of therapeutic interventions necessary for individuals’ recovery. Majority of the interventions in the care group are OT led and the care group has identified a need to increase their OT capacity by 0.6WTE on each ward to be able to offer the full range of interventions.

The care group has identified in the Ward Menu of Intervention work, a gap in family interventions which could be Nurse or OT. At present, the care group does not have enough of either profession to undertake family interventions work. The care group does not have Peer Support Workers on the wards at present and they would hugely enhance their interventions and make them more person-centred and robust. This role in not budgeted in the current establishment and will be factored into wards skill mix.

Two wards that continue to present with recruitment difficulties will have their skill mix changed to build in new roles such as Registered Nursing Associates and Adult Nurses but ensuring there is a minimum of one mental health nurse per shift.

## 12. Forensic and Specialist Care Group

The care group has now recruited a Head of Nursing in line with the nursing structure in the rest of the care groups. In order to strengthen nursing leadership and professional practise, the Medium Secure Unit is currently recruiting to a new matron post to be consistent with Low Secure Services in Dartford and Rosewood Mother and Baby Unit. (MBU)

The MBU staffing was found to be in line with the NHSE and Royal College of Psychiatry Guidance. The nursing vacancies are currently under recruitment however the establishment is fully recruited to in Doctors and other disciplines.

There is high level of patients, family and friends satisfaction from Rosewood MBU. There were 56 compliments and 4 PAL concern/enquiry reported from January to December 2020.

The service received 8 complaints, 57 compliments and 33 PAL concerns or enquiries and recorded high levels of satisfaction from January to December 2020.

The levels of satisfaction in the Low secure service were also high, similar MBU and MSU with 2 complaints 2 PALS concerns or enquires and 33 compliments in the same period

## 13. Roster Optimisation

The Safecare Steering Group has been driving the roster optimisation across all care groups. There was focused work done in the last year to ensure that the Safecare templates capture all activity on the ward and guide the wards and units on safe staffing levels. There has been increased usage of Safe Care with Acute Care Group leading the way in compliance.

There were Check and Challenge Roster meetings led by the executives Director of Nursing, and Director of Workforce and Communications to drive roster optimisation. The group ensured that the rosters were signed off in time, use of NHSP was optimised through rosters, safe staffing was achieved and rosters were available to staff. There has been a change in leading time of roster from 6 weeks to 12 weeks in line with the People Plan. Compliance to this target has rose to 95% in April 2021. Safecare only captures input from the nursing team, it is recommended that AHP input and CHHPD is recorded using the eRoster to have an MDT approach to safe staffing.

KMPT Safer Staffing fill rates from May 2020 to March 2021 ranged from 106% to 114%, which is within the set standard not to fall below 80% and not above 130%.

## 14. Nursing Vacancies

Recruitment across the Trust continued throughout the pandemic, interviews, induction and training for new started has been conducted within the pandemic restrictions and utilising virtual platforms. Vacancies remain high across Nursing and Medical posing the most significant challenges across all care groups. There is a pipeline and work underway to address vacancies now and in the future which includes fast tracking into substantive posts, students trained in the Trust, international recruitment, “Grow our own” through the Nursing degree apprenticeship and Nursing Associates training.

There are currently 40.43FTE vacant band 5 and 6 posts in the inpatient wards, 20.37 FTE in ACG, 9.6 FTE in OAG and 11 in FSCG. These posts are at various stages of the recruitment process in the care groups. There are 40 student nurses due to complete their training from

Christ Church Canterbury University and Greenwich University in September 202 have been offered posts in the Trust through the Fast Track initiative.

KMPT is engaged in the “Strand U” NHSE/I Nursing International Recruitment; KMPT is funded to recruit 30 Nurses by end of 2021. The programme started in March 2021 and the Trust has partnered with Yeovil NHS Trust to deliver this initiative. There is a delivery group comprising of the Support Services and the care groups working on this reporting to the Trust Nursing Advisory Council. Progress is being made, various interviews have been conducted and more dates are lined up. A number of offers have been made to candidates. Candidates are being ethically recruited from NHSE/I approved countries.

The Centre for Practice Learning (CPL) is enhancing the workforce development within KMPT. In September 2020 6 Nursing Associates completed their training through apprenticeship and they are now in substantive posts. 8 Nursing Associates will be completing their training in September 2021. September 2021 will also see the largest cohort for trainees start their nursing associate apprenticeship start with 20 places allocated. Recruitment is underway across all care groups. These new roles support Registered Nurses and bridge the gap between nurses and health care assistant, as such, will be deployed to cover one RN per shift.

The CPL from September 2020 started the Registered Nursing Apprenticeship which is a 4 year programme, 10 trainees are on the programme. This will include Nursing Associates that will be progressing to registered nursing from previous cohorts on a 2 year programme.

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## 15. Conclusion

The MHOST review and quality data evidences that the staff have been able to deliver safer staffing, meeting the required standards across all care groups, despite the challenges posed by the Covid-19 Pandemic, high acuity, national scarcity of health care professionals. There are high levels of acuity across the care groups, compared to MHOST national benchmark, however safer staffing was in place and took into account local professional judgement and patient needs.

The review noted that nursing FTE have been varied to meet the rising acuity for the safety of the patients and staff. Input from other disciplines need to be varied to meet these levels of acuity. This will reduce restrictive interventions, promote recovery and contribute to safe caring environments.

The review brings about opportunities to recruit to new roles and increase existing roles in inpatient services namely, Occupational Therapy Assistants, Sports and Exercise technicians, Psychology Assistants, Peer Support Workers, Family Intervention Workers in Older Adults, Nursing Associates, Advanced Clinical Practitioners, non-Medical Responsible Clinicians and Social Therapist. Social workers maybe a valuable addition to assist with DTOC in Patient Flow Team, this option will be explored in detail in the Bed Stock Review which is currently under way.

**Recommendations**

- Conduct an immediate review of wards that are outliers in terms of acuity to ensure that staff are supported and avoid burnout of staff.
- Review the peripatetic approach to Allied Health Professional with a view to increase input wards.
- The workload remains high in all settings. The review recommends that 2 RMNs and 1 Nursing Associate are in place on day shifts as minimum staffing level for Acute wards. Other wards can skill mix by fully utilising the role of the Registered Nursing Associate to cover tasks that may have traditionally been fulfilled by Registered Nurses.
- The MHOST will need to be repeated in 6 Months to in line with national guidance. Safecare will need to be used following the repeat review to capture the establishment templates