

Skill Mix Review Inpatient Mental Health Settings and Neighbourhoods

Update May 2018

1. Introduction

The January 2017 the Skill Mix review document was submitted to the Trust Quality Committee and confirmed the need, in line with the National Quality Board (NQB) document 'Safe Sustainable and Productive Staffing', to have the right staff with the right skills in the right place at the right time across the mental health services provided by the Trust.

This current report is part of the ongoing cyclical review of the Mental Health Safer Staffing within the organisation. It updates on the actions set out in the last report in July 2017 and is a brief report that sets the expectation of ongoing work within the organisation looking at safer staffing against clinical practice and provision. This will be reported on in greater detail in the next version (Nov 18) as there has been limited progress on the agreed actions due to the absence in post and subsequent recruitment of the Heads of Nursing.

In addition, the National Quality Board published a series of improvement resources for Safe, Sustainable and Productive Staffing in Jan 2018 that included a version for mental health services. This report sets out clear criteria against which trusts should measure expectations relating to Safer Staffing, both at Trust Board level and at the level of clinical and managerial leaders, and advised that these criteria should be reviewed in dashboard form. The need for a Dashboard had already been identified in the July 2017 Paper and this has been complied over the last 4 reporting Quarters and is benchmarked against national data where this is available. (Appendix 1).

Consideration needs to be given as to whether this approach is preferable to one identified in the July 2017 document.

2. Review of Agreed actions

As stated above the National Quality Board suggests that, as part of the monitoring of safer staffing, that a dashboard is created. We had already identified and agreed

the need for a dashboard and this has been complied over the last 4 reporting Quarters (Appendix 1) the dashboard gathers data from a number of pre-existing reports and aims to identify where there are concerns relating to safer staffing and clinical provision. The DHCFT dashboard explores factors in four areas; clinical acuity, patients and carers, staff and throughput.

Analysis of DHCFT Safer Staffing dashboard

Clinical acuity – the data identifies that the ‘hot spots’ for clinical activity appear to be in the lower end of the respective cluster groups. This data needs to be reviewed carefully as this would imply that the bulk of people using our services are people with lower level needs when we know from assessment, observation and verbal reporting that this is not the case. Feedback from staff leading on clustering work agrees with this analysis and identifies there are issues with staff confidence relating to the clustering process. Activity is underway to train and re-train staff about clustering to ensure that this process is as accurate as possible.

This mismatch between the cluster data, the increase in recorded observations and incident data supports an emerging picture of high levels of acuity of the people using our services.

Patients and carers - the patient and carer data indicates that despite challenges with increasing acuity that we have managed to remain engaged with and responsive to the people using our services. Staff have also been able to look at broadening their use of outcome measures, but this area still needs work.

Staff – this area is encouraging as we are able to benchmark against national data. Our data is significantly lower than the national average and work is being rolled out by the heads of nursing to enable staff to add to their understanding of where the Trust sits nationally in relation to this type of information.

We have continued to publish our Safer Staffing data to the Trust website in accordance with our schedule 6 reporting requirements.

Throughput - whilst our length of stay is longer than the national average, our bed occupancy is lower. The Red to Green project will impact on the length of stay, but in the context of safer staffing we need to consider why our length of stay is longer and how staff skill mix, training and supervision may impact on clinical confidence and assertiveness.

The content of the dashboard summarises existing information and allows for comparison with some national data. However, it currently remains as numerical information rather than a tool to support dialogue relating to clinical staffing. Should the information be felt to be useful in supporting such conversations it would need to be taken to the respective COAT meetings within neighbourhood and campus services for discussion and feedback.

The NQB dashboard takes a different approach (appendix 2) and is a review of evidence relating to safer staffing and is undertaken as a team exercise on an annual basis rather than a gathering of statistical data. Teams are expected to discuss key areas for supporting and underpinning staffing level discussion and agreeing clinical staffing requirements. It has a quality improvement focus rather than an analytical or compliance focus. Again, once completed this information could be fed into the COAT meeting to inform their support of action relating to safer staffing.

As an organisation we need to agree if the internal dashboard is useful and what value it adds as well as agreeing resource to populate it in the future. The NQB dashboard is more founded in quality improvement driven by front facing staff and as such needs to be considered as a viable alternative to driving skill mix decisions.

Progress on Actions from the previous report

Action	Progress - RAG rated
Produce a roll out plan for the recruitment of OTs and MOTs to the campus sites and implement.	Recruitment completed. Project review planned for 12 months post appointment.
Ensure staff wanting to exceed the WTD do so according to policy and procedure and that this is reported and monitored through operational systems.	Monitored through operational structures and workforce and OD. New bank system also now operational.
Embed agreed alterations to shift alignment across campus services.	Still under review and negotiation with staff. Assistant head of Nursing is giving support to the process.
Review and support the continued embedding of the use of Paris EPR in Campus services.	Roll out completed, ongoing support being given by the clinical lead for EPR
Review and implement an improved Therapeutic activity offer across all campus services	Review underway by the lead professional for AHPs
Review the need for and complete substance misuse training across all clinical areas.	Head of nursing for Neighbourhoods appointed and started in post in Jan 18. This work is part of her portfolio and the review is being planned. Training will be rolled out in Q4 18/19
Complete an options appraisal for the recruitment of substance misuse workers on Campus sites.	Head of nursing for Hartington and Kingsway sites is working on this options appraisal.
Support Succession planning and Talent management activities.	This work is ongoing as part of the support given to the work of the People and Culture committee.
Explore the viability and practicality of recruiting social workers within the organisation.	Project not progressed due to complexity of the topic and portfolio constraints.
Review the viability of expanding the role of support staff in neighbourhoods.	Head of nursing for Neighborhoods appointed and started in post in Jan 18. This work is part of her portfolio.
Ensure a regular and sustained increase in the numbers of volunteers and peer supporters employed by the organisation.	The numbers of volunteers has increased and will take a further increase when the Meet and greet volunteers are rolled out at the Radbourne unit.
Develop and roll out a 3 year neighbourhood training plan for evidence based interventions	Head of nursing for Neighborhoods appointed and started in post in Jan 18. This work is part of her portfolio
Support the development of recovery focused job descriptions.	Project not progressed due to complexity of the topic and portfolio constraints.

3. Proposed Future Actions

Action	Allocated to	Timing
Take 2 different dashboard structures to the respective COATS for discussion and analysis. Request and plan recommendation going forward.	Nicola Fletcher	End Q1 18/19
Review of the recruitment of OTs and MOTs	Rachel Chambers	Q3 18/19
Report on the rollout of Paris to the campus services	Anne Munnien and Campus Heads of Nursing	End Q2 18/19
Report on the review of the meaningful activity offer	Rachel Chambers	Q2 18/19
Report on the need for and complete substance misuse training	Vicki Baxendale HoN - Neighbourhoods	Q3
Update on the Review of the viability of expanding the role of support staff in neighbourhoods	Vicki Baxendale HoN - Neighbourhoods	End Q2
Report on the success in increasing the numbers of volunteers and peer support workers	Jo Downing	End Q2
Feedback on the proposal for the neighbourhood training plan	Vicki Baxendale HoN - Neighbourhoods	End Q2

4. Conclusion

We have started to build information to quantify that we have the right staff in the right place at the right time. We have focussed on data gathering which whilst useful, does not encourage and include staff in driving quality improvement initiatives from the bottom upwards.

Taking the data we have gathered alongside the information published by NHSI, we could encourage staff to look in more detail about how they deploy staff and the skill mix within their team, and feel empowered to drive change, where needed through a process of devolved autonomy.

Now that the heads of nursing are in post and re-establishing the practice development group structure, we have the capacity and opportunity to develop this self-assessment process with the support of the COATs, and should see further movement in work being undertaken to recruit, train and develop the staff in our campus and neighbourhood services.

In the November full review, we will examine the progress achieved in the different clinical teams as well as the actions outlined above.

Appendix 1 Skill Mix Dashboard Q1- 4 2017/18

Date	Level 2	2017/ 18 Q1	2017/ 18 Q2	2017/ 18 Q3	2017/ 18 Q4	National benchmark 2016/17 (latest data available)
Clinical Quality						
Acuity/ PbR						
	Cluster 0	0.7%	0.7%	0.7%	0.7%	
	Cluster 1	0.2%	0.2%	0.2%	0.2%	
	Cluster 2	0.4%	0.4%	0.4%	0.3%	
	Cluster 3	1.1%	1.2%	1.2%	1.0%	
	Cluster 4	11.5%	11.5%	11.4%	11.5%	
	Cluster 5	8.9%	8.9%	9.2%	9.8%	
	Cluster 6	3.8%	3.9%	4.4%	4.9%	
	Cluster 7	12.3%	12.4%	12.9%	13.5%	
	Cluster 8	6.7%	6.7%	6.8%	6.9%	
	Cluster 10	2.3%	2.3%	2.3%	2.5%	
	Cluster 11	10.3%	10.3%	11.0%	11.6%	
	Cluster 12	5.8%	5.9%	5.8%	6.1%	
	Cluster 13	3.6%	3.6%	3.4%	3.4%	
	Cluster 14	0.5%	0.5%	0.5%	0.4%	
	Cluster 15	0.2%	0.2%	0.2%	0.2%	
	Cluster 16	1.0%	1.0%	1.0%	1.1%	
	Cluster 17	0.9%	0.9%	0.9%	1.0%	
	Cluster 18	11.0%	11.0%	10.7%	10.2%	
	Cluster 19	11.8%	11.6%	10.1%	8.9%	
	Cluster 20	5.6%	5.6%	5.2%	4.6%	
	Cluster 21	1.4%	1.4%	1.5%	1.4%	
Obs Levels						
	Level 1 Obs	64	12	33	52	
	Level 2 Obs	209	670	762	1,120	
	Level 3 Obs	2,276	5,346	5,576	5,490	
	Level 4 Obs	10,530	15,943	15,257	13,881	
Total incidents						
	SIs	65	61	75	108	
	Restraint	127	152	137	163	107 per 100k bed days (our score was 91 for the same time period)

Date	Level 2	2017/ 18 Q1	2017/ 18 Q2	2017/ 18 Q3	2017/ 18 Q4	National benchmark 2016/17 (latest data available)
	Medicines incidents	152	202	152	152	
	Seclusion	51	48	59	65	
	Self-harm incidents	118	113	107	137	
Patient and carers						
Proms						
	HONOS	99.86%	99.91%	99.89%	99.88%	
	WEMWbbs	3.44%	3.53%	3.58%	3.58%	
	ReQol	0.58%	2.11%	2.54%	3.38%	
Complaints		47	45	40	60	
Compliments		281	304	305	298	
Friends and family		249	193	164	197	
Staff						
Vacancies		8.49%	7.86%	5.95%	4.97%	17%
Average on shift		98.7%	104.4%	103.7%	102.6%	
Bank rates		6.81%	6.54%	5.85%	5.49%	14%
Agency rates		1.46%	1.73%	1.37%	1.06%	22%
Training		86.93%	86.88%	86.41%	87.09%	
Supervision						
	Managerial Supervision	69%	72%	71%	72%	
	Clinical Supervision	58%	61%	62%	61%	
	Professional Supervision	44%	49%	49%	51%	
	Safeguarding Children	90%	88%	85%	79%	
Nos of volunteers						
Nos of peer supporters						
Throughput						
Length of stay		65.06	57.21	71.46	62.53	36.2
Admissions		369	384	345	374	
Discharges		364	404	346	376	
Readmission		9.34%	9.41%	7.51%	8.24%	
Bed		88.91%	92.12%	88.47%	87.66%	

Date	Level 2	2017/ 18 Q1	2017/ 18 Q2	2017/ 18 Q3	2017/ 18 Q4	National benchmark 2016/17 (latest data available)
occupancy rate						94.9%

Appendix 2 NQB Safer staffing dashboard

Evidence reviewed	RAG	Action required	Review date
Expectation 1: Right staff			
There is continuity in the multi-professional team			
Continuity of team leadership with sufficient allocated time for managerial activities			
Caseload within evidence-based recommendations/clustering data			
Administrative support is available			
Benchmark data for an equivalent team			
Positive staff experience measures			
Team budget meets requirements, including a review of headroom			
Expectation 2: Right skills			
Technology to support team function			
Effective appraisals are conducted			
Mandatory training standard met			
CPD plan for all staff in place			
Staff supervision/reflective practice processes in place			
All staff have had an appropriate induction (including temporary staff), including evidence of implementation			
Skill mix data reflects need			
Expectation 3: Right place, right time			
Care hours per patient day data (inpatient)			
Fill rate data reflects requirement			
Team environment appropriate			
Staff sickness within trust threshold			
Use of bank/agency within threshold			

Evidence reviewed	RAG	Action required	Review date
Staff turnover measures			
Shift patterns match patient need			
Therapeutic activity matches person's needs and is consistently delivered			
Quality dashboard trend data			
Escalation process and a review of escalated events			
There is continuity in the multi-professional team			
Dependency/acuity data using evidence-based tools			
Escalation plans in place			
Feedback from regulators			
Patient experience measures			
Feedback from staff/students considered			
Incident data			
Bed occupancy			
Organisational clinical handover standards are met			