Skill Mix and Safer Staffing Review Inpatient and Neighbourhoods Mental Health Settings

November 2018

1. Introduction

Safe staffing is about the ability of the service to provide a person centred patient pathway that has the right staff with the right skills and for those staff to be in the right place at the right time.

The introduction of the Mental Health Investment Standard in 2015/16 has seen a gradual increase in the amount of funding available for mental health staffing. However, this must be taken against a background of a 13% reduction in full time mental health nurses between September 2009 and August 2017, the loss of the student bursary and significant service redesign. (p 5, King's Fund 2018)

The last skill mix review in May 2018 identified that a dashboard approach to reviewing data and trend analysis would support monitoring of staffing trends but, in addition a more layered approach would be of benefit.

Since that time, there have continued to be a number of staffing related issues and solutions across the organisation and in particular in the campus services across the summer. This paper aims to identify those concerns, present data to quantify the concerns and where necessary report on the plans and solutions that are underway to address the points raised.

2. Background

The DHCFT safer staffing dashboard reflects the criteria recommended by the NHSE Mental health staffing framework (See Appendix 1 for the dashboard with the data added for Q1and Q2 2018/19). In the skill mx update paper in May 2018, it was suggested that in light of the National Quality Board (NQB) improvement resource Safe, Sustainable and Productive staffing, that also had a dashboard tool, we review which version should be used.

The Trust has since that time published a draft Quality Improvement strategy that stresses the need to involve staff in a meaningful way around developments. The NQB dashboard is much more focused on QI methodology and as such we need to be confident that staff have an understanding of the relevant methodology in order to complete it to its best. As a result, we have continued to follow the NHSE dashboard data collection with a view to implementing the NQB version at a later date.

The Heads of Nursing (HoN) are also all now in post and have been able to follow up on skill mix issues through the relevant divisional structures. Issues supported have

included recruitment, skill mix within recruitment, clinical standard work, clinical practice issues and workforce and well-being support.

Campus Services

When looking in more detail at the national picture relating to mental health nursing it is notable that against an overall reduction of mental health nursing numbers of 13% between 2009/17, that campus services have seen a reduction of 25% nationally over the same time period. (P5, King's Fund 2018).

Whilst a significant proportion of this has been through service redesign, other factors are at work. Our own vacancy factor is currently at 11.8% against a national picture of 17%. This has also been offset with a shift of skill mix to more non-registered staff and use of Occupational Therapists (OTs). This has an impact on the workforce profile and services need to be able to manage this shift.

This feeds into another key piece of work ongoing in Campus services relating to managing the message around staffing. Staff perceive that there are too few clinicians and this leads to wellbeing issues. Our staffing picture is favourable when benchmarked against the national picture, but work has been ongoing to support staff with this concern. Below are some examples of responses to specific issues within campus services as part of our skill mix work.

Right Staff

Ward Based OTs (WBOTs) - The use of the WBOTs has had mixed results. The average stay in post of the WBOTs is 8 months. The staff are counted in the numbers of staff on shift and so are used to cover all ward based activities and interventions. Some OT staff feel that this does not allow them to practice their core professional skills and have moved onto other posts. The CQC inspection also noted that the OTs were counted in the ward numbers. The Trust lead Allied Health Professional (AHP) is working with colleagues from operational services to look at ways to develop these roles with an emphasis on meaningful activity.

Discharge nurse role – our older adult wards have encountered difficulties with delayed transfers of care and now have a nurse with designated responsibility to facilitate discharges.

Speech and Language Therapist (SLT) on Cubley – the role of AHPs to support clinical care is well known. We are reviewing the input from SLTs on the Cubley wards to improve the time taken from referral to intervention.

Right Skills

CQC Section 29a Warning notice – Recording of Supportive Observations – our response to the warning notice has been completed and accepted. In addition, a skill mix review has been carried out and accepted as part of the response.

Clinical leads – Clinical lead nurses have been appointed to the Kedleston Low secure unit, Cubley Older adult wards, the Dementia Rapid Response team and the Radbourne Unit. These nurses have the role of reviewing and support clinical practice standards and facilitating improvements where necessary. These posts will enhance our ability to maintain clinical standards and improve quality of care.

Non-Medical Prescribers (NMPs) – we are continuing to look at opportunities for NMPs to support clinical environments.

Right place and time

eRoster - A key issue over the summer months has been maintaining staff cover to safely support each shift. The Trust has an electronic roster (eRoster) that is used to schedule staff shifts. However, the eRoster is not used in the way recommended by NHSI, leading to difficulties and inefficiencies. This also has an impact on staff well-being, as well as service delivery. A proposal for an eRostering confirm and challenge meeting has been submitted as part of the 100 day work plan, under the guidance of the HoN for Kingsway and Children's services who has experience of implementing the e-roster in his previous post. It is anticipated that this will ensure that there is adequate staff cover well in advance of the required shifts, as well as supporting staff well-being by reducing the need for ad hoc additional shifts. Ultimately, this will have an improved effect on patient care by ensuring equity of staff cover and skill mix.

Neighbourhood Services

The restructuring of mental health services along with the shift of demand away from acute in-patient services to recovery and self-management has mean that community or neighbourhood services have seen a very slight increase in staff numbers between 2009 -17. (p5, King's Fund 2018). However, there is a developing body of evidence that the underlying focus nationally on cost reduction has resulted in increased variation of care coupled with reduced access. The response from DHCFT has been to carry out a neighbourhood services review and look at ways that this concern can be mitigated against.

Right Staff

Recruitment in the Neighbourhood services has remained positive, but this could be said to be at the expense of the Campus services. Staff see community services as a more attractive workplace and want to quickly move from Campus services to the neighbourhoods.

The model of staffing in the neighbourhood team has remained relatively stable and the neighbourhood review has supported the maintenance of the existing structure.

Right Skills

Whilst the training requirements of neighbourhood staff is being reviewed through a task and finish group looking at the training needs analysis and skills gap work, services have benefited from the recruitment of three more NMPs. The NMPs have been able to support the teams with specialist information around medication in response to the Improving access to medicines agenda and are a response to the need to extend skill in nursing staff.

A new role of physical health support worker has been developed to specifically look at the physical health needs of people with complex mental health. These roles will be recruited to over the coming months with the expectation that they will offer physical health screening, monitoring and signposting.

Right place and time

Whilst the neighbourhood services continue to provide their core commissioned services within the hours of 9-5 Monday to Friday, there is an increase in the types and ways that these services are provided**.** There is a project currently underway reviewing the group offer to ensure consistency and equity across the different neighbourhoods and there is an expectation that team will provided clinics as individual appointments.

Actions and progress

Data review – the dashboard data presented in appendix 1 is reflective of seasonal difficulties we have experienced as an organisation, as well as the national picture of increasing acuity. There are no immediate concerns or issues that are highlighted through the dashboard. However, we need to consider the way that skill mix affects the services we provide as the picture does not appear to be changing from one year to the next.

Nationally, we supply continue to supply data to the NHSI Model Hospital Project which is designed to help NHS providers improve their productivity and efficiency. We also continue to contribute to the national recording of care hours per patient day

data (CHPPD) through the submission of our monthly safe staffing reports. Currently the data only includes nursing and health care assistant staff but from October, the numbers will also be collected for AHPs. Reporting commences in November.

Report on Actions

Action	Progress - RAG rated	Timing
Embed agreed alterations to shift alignment across campus services.	Remains under review and negotiation with staff.	Ongoing
Review the need for and complete substance misuse training across all clinical areas.	This work is being progressed as part of the neighbourhood review	End Q4 18/19
Complete an options appraisal for the recruitment of substance misuse workers on Campus sites.	The Head of nursing for Hartington and Radbourne sites continues to work on this option.	End Q4 18/19
Review the viability of expanding the role of support staff in neighbourhoods.	A new role has been developed for physical health care support workers on the back of he completed work.	
Develop and roll out a 3 year neighbourhood training plan for evidence based interventions	This work is being progressed as part of the neighbourhood review	Date review required
Review of the recruitment of OTs and MOTs	Review has been completed and taken through the campus COATs	
Report on the rollout of Paris to the campus services	Complete – staff are now trained as they arrive on the units and the work overall is monitored through the FSR CRG.	
Report on the review of the meaningful activity offer	Report completed and there is a revised offer with a change to the skill mix being worked through.	
Report on the success in increasing the numbers of volunteers and peer support workers	The numbers of peers supporter has increased with a total of 61 people giving their service to help the Trust in LD and MH	

9. Conclusion

The dashboard data supports the national picture of mental health services provision continuing against a backdrop of increasing acuity. Approximately 10% of all of all posts in specialist mental health services are vacant (p7, King's Fund 2018) with a repeating pattern of recruitment and decline.

Safe staffing with the correct skill mix is an essential element of patent safety. The work undertaken around safer staffing since the last report has focused on reshaping the skills of staff, available whilst ensuring that there are the right number of staff to safely cover services. The Carter review highlighted the need for regular qualified

staff to develop consistency to foster effective therapeutic relationships across inpatient and community services.

We need to look at the configuration of how we provide our services, particularly in the Campus sites, so that if we cannot recruit the skill mix of staff our structure requires then, perhaps our structure should change. Centering our provision around the needs of our service users and patients rather than the staff we aspire to recruit, may shift our skill mix and ease our recruitment issues.

We continue to need creative solutions and clear measurable evidence that these solutions will give us the right staff with the right skills in the right place at the right time.

Bibliography

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Funding and staffing of NHS mental health providers: still waiting for parity, Jan 2018, The King's Fund.

Operational productivity and performance in English NHS acute hospitals: Unwarranted variations, Lord Carter of Coles, Department of health , Feb 2016

Safe Sustainable and productive staffing, National Quality Board, July 2016, updated July 2017

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Appendix 1 Safer Staffing Dashboard

Date		2017/ 18 Q1	2017/ 18 Q2	2017/ 18 Q3	2017/ 18 Q4	2018/19 Q1	2018/19 Q2	National benchmark 2016/17 (latest data available)
Clinical Quality								
Acuity/ PbR								
	Cluster 0	0.7%	0.7%	0.7%	0.7%	0.7%	0.6%	
	Cluster 1	0.2%	0.2%	0.2%	0.2%	0.2%	0.1%	
	Cluster 2	0.4%	0.4%	0.4%	0.3%	0.3%	0.3%	
	Cluster 3	1.1%	1.2%	1.2%	1.0%	0.9%	0.8%	
	Cluster 4	11.5%	11.5%	11.4%	11.5%	11.3%	10.9%	
	Cluster 5	8.9%	8.9%	9.2%	9.8%	10.3%	10.3%	
	Cluster 6	3.8%	3.9%	4.4%	4.9%	5.1%	5.3%	
	Cluster 7	12.3%	12.4%	12.9%	13.5%	13.7%	13.9%	
	Cluster 8	6.7%	6.7%	6.8%	6.9%	6.9%	7.0%	
	Cluster 10	2.3%	2.3%	2.3%	2.5%	2.5%	2.6%	
	Cluster 11	10.3%	10.3%	11.0%	11.6%	11.7%	11.7%	
	Cluster 12	5.8%	5.9%	5.8%	6.1%	6.3%	6.5%	
	Cluster 13	3.6%	3.6%	3.4%	3.4%	3.3%	3.2%	
	Cluster 14	0.5%	0.5%	0.5%	0.4%	0.4%	0.4%	
	Cluster 15	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	
	Cluster 16	1.0%	1.0%	1.0%	1.1%	1.0%	1.0%	
	Cluster 17	0.9%	0.9%	0.9%	1.0%	0.9%	0.8%	
	Cluster 18	11.0%	11.0%	10.7%	10.2%	10.6%	11.0%	
	Cluster 19	11.8%	11.6%	10.1%	8.9%	8.2%	7.6%	
	Cluster 20	5.6%	5.6%	5.2%	4.6%	4.1%	4.3%	
	Cluster 21	1.4%	1.4%	1.5%	1.4%	1.4%	1.3%	
Obs Levels								
	Level 1 Obs	64	12	33	52	70	52	
	Level 2 Obs	209	670	762	1,120	1,047	856	
	Level 3 Obs	2,276	5,346	5,576	5,490	5,877	6,129	
	Level 4 Obs	10,530	15,943	15,257	13,881	15,304	15,884	
Total incidents								
	SIs	65	61	75	108	146	64	
	Restraint	127	152	137	163	149	125	107 per 100k bed days (our score was 91 for the same time period)
	Medicines incidents	152	202	152	152	191	132	
	Seclusion	51	48	59	65	55	53	
	Self-harm incidents	118	113	107	137	183	198	

Date		2017/ 18 Q1	2017/ 18 Q2	2017/ 18 Q3	2017/ 18 Q4	2018/19 Q1	2018/19 Q2	National benchmark 2016/17 (latest data available)
Patient and carers								
Proms								
	HONOS	99.86%	99.91%	99.89%	99.88%		99.88%	
	WEMWbbs	3.44%	3.53%	3.58%	3.58%		3.69%	
	ReQol	0.58%	2.11%	2.54%	3.38%		6.02%	
Complaints		47	45	40	60	40	58	
Compliments		281	304	305	298	393	380	
Friends and family		249	193	164	197	1149	1114	Increase due to new data collection method
Staff								
Vacancies		8.49%	7.86%	5.95%	4.97%	12.45%	11.80%	17%
Average on shift		98.7%	104.4%	103.7%	102.6%	96.8%	92.8%	
Bank rates		6.81%	6.54%	5.85%	5.49%	5.24%	5.26%	14%
Agency rates		1.46%	1.73%	1.37%	1.06%	0.92%	1.04%	22%
Training		86.93%	86.88%	86.41%	87.09%	82.35%	82.79%	
Supervision								
	Managerial Supervision	69%	72%	71%	72%	73%	70%	
	Clinical Supervision	58%	61%	62%	61%	67%	65%	
	Professional Supervision	44%	49%	49%	51%	54%	54%	
	Safeguarding Children	90%	88%	85%	79%	82%	76%	
Nos of volunteers							15	
Nos of peer supporters							46	
Throughput								
Length of stay		65.06	57.21	71.46	62.53	60.01	69.78	36.2
Admissions		369	384	345	374	382	358	
Discharges		364	404	346	376	364	363	
Readmission		9.34%	9.41%	7.51%	8.24%	9.89%	4.68%	
Bed occupancy rate		88.91%	92.12%	88.47%	87.66%	89.67%	91.75%	94.9%