Kent and Medway NHS

NHS and Social Care Partnership Trust

Meeting	Trust Board – PART 1
Date	5th June 2014
Subject	Enhancing Quality through Safer staffing Levels update
Reporting Officer	Pippa Barber, Executive Director of Nursing and Governance
Purpose	To update the Board of the work being undertaken within the Forensic Service line, OPMHN Community Service Line and CRSL which was not covered within the last paper in March

Please indicate as appropriate	
Principal Objective	Principal Objective 2: To become an exemplary employer, enabling staff to reach their full potential Principal Objective 6: To enhance the quality and safety of the Services by maintaining or exceeding required standards of care
Risks Identified	Patient safety would be compromised due to poor staffing levels
Impact on Quality	Quality of care provided would be compromised
Impact on Equality	N/A
Legal Implications	Service user would have the right to take action against the Trust due to poor quality of care

1. Summary

Following the safer staffing paper that went to the board in March 2014, it was agreed to give an update on the work that is being undertaken in the Forensic Service line on Benchmarking, OPMHN community services and the community recovery Service Line Casandra model.

Forensic Service line

A request was sent out through the national nurse directors network to ask that other forensic units benchmark some of their staffing with ours

the services are the following

- Medium secure ICU and acute ward
- Medium secure sub acute
- Medium secure rehab
- Access controlled pre discharge
- Low secure HDU and acute ward
- Low secure learning disability
- Access controlled rehab learning disability

Forensic staffing ratios May 2014 after safer staffing changes have been implemented from the use of the Hurst Tool

Wards	Beds	Number of registered and unregistered nursing staff per day shift	Number of registered and unregistered nursing staff per Night shift	Patient to staff ratio per day	Patient to staff ratio per night
MSU - ICU and acute – Penshurst Ward	15	7	7	1:2	1:2
MSU - sub acute – Groombridge ward	12	5	3	1:2.4	1:4
MSU – Rehab – Emmetts Ward	16	6	3	1:2.6	1:5.3
MSU - Womens acute/rehab – walmer ward	12	6	4	1:2	1:3
LSU - HDU and acute – Allington Centre	20	8	7	1:2.5	1:2.8
LSU - LD acute- Riverhill ward	10	7	4	1:1.4	1:2.5
LSU - LD sub acute- Marle ward	10	6	3	1:1.6	1:3.3
controlled access LD rehab- Brookfield	12	6	3	1:2	1:4
controlled access – pre-discharge - Bedgebury	10	4	2	1:2.5	1:5

Our LD wards have a higher ratio due to higher level of safeguarding concerns with our LD clients between patient to patient, often patients needing enhanced observation.

Benchmarking Narrative
From the information provided it was difficult to find exact comparisons as many of the wards have different bed numbers, or different patient needs, also what is not clear is whether the other trusts detailed have undertaken a 'safer staffing review', What we can see is that our staffing numbers seem to be slightly increased(not materially) to some other wards of a similar patient group but obviously this is based on our safer staffing work which is complete . Further work will continue on this benchmarking

OPMH Community Services

Community Mental Health Teams for Older People (CMHTOP) comprises eleven services across Kent and Medway. Each is a multi disciplinary team consisting of medical, nursing, psychology, therapy and support staff such as health care workers and administrators. CMHTOPs currently operate traditional office hours and staffed Mondays to Fridays from 8.30am to 17.00pm.

Levels of resource in each team vary and have not been based upon any scientific workforce analysis, but instead have evolved through local commissioning intentions. In recent years, the demand place upon CMHTOPs has grown at a considerable rate. Teams routinely hold large caseloads, and an ageing population ensures that demand for memory services continues to grow.

As there is variation across teams in terms of resource, it is difficult to prescribe exact levels of staffing to maintain safe service, however, from a community perspective the following principles and actions can reasonably be observed:

1. The Locality Services Manager will ensure that planned absence such as annual leave is carefully monitored, preferably via e-rostering to ensure a safe and consistent level of skills across the team
2. When rostering part time workers, it will be important to ensure that key parts of the working week are adequately covered e.g. Friday
3. Vacancies should be carefully monitored and recruitment processes pro-actively pursued when planned vacancies occur
4. Vacancies should be monitored at a directorate level via performance meetings and issues with recruitment should be escalated to the directorate team as appropriate
5. If staffing levels fall below safe levels (identified as 75% of available workforce for CRSL for example), practical measures should be considered
6. Workload and caseloads will be prioritised across the team with routine work being postponed as clinically appropriate.
7. Urgent assessments and patients requiring specific interventions such as depot medication would usually be prioritised, and generally staff would be expected to be flexible in their approach to covering colleague's work
8. Senior members of the clinical team should be expected to prioritise clinical activity if required, for example, undertaking office duty or providing support to frontline clinicians where lone working may present risks
9. Locality Services Managers will ensure good communication between themselves and peers, and senior colleagues to generate ideas and share resources
10. Movement of staff from other CMHTOPs or wards may be considered in more extreme circumstances
11. Covering gaps through the use of apprentices or NHSP staff may be considered if clinically appropriate

If safe staffing requirement cannot be met, a 'Safe Staffing Escalation Report' form at the back of the policy is to be completed.

Community recovery Service Line

In addition to the Transformation work looking at this area a meeting took place on the 5th March to consider a proposal for KMPT community teams to be part of a research programme to look at the team activity for future workforce development. Purpose of the Meeting was discuss potential for an NHS England funded workforce development project as part of the Kent Surrey and Sussex Community Nursing Workforce Project Phase 2.
As part of the recommendations from Phase 1 of the project which was reported in December 2013 it was agreed that an important part of next phase work would be to look at whether there was a suitable tool that would enable KMPT to gather the organisation wide picture it needs to help shape future organisational objectives and develop workforce. It was considered that the phase 2 of the project would be beneficial in assisting the development of the community workforce teams in mental health.

Project Duration:
The project would run from May to December 2014

Project Aim:
To use a workforce development tool across the integrated multidisciplinary workforce in mental health to capture a detailed activity analysis across teams and to identify the unique contribution different types of practitioner makes to the service. The end result will be data that will help to shape a framework to capture the knowledge, skills, competence and numbers of staff skill mix required to deliver future services.

Project Team Sample:

Two Crisis Intervention Teams

- Eastern and Coastal CRHT
- One other to be identified

Two Community Mental Health Teams (Younger Adults)

- Canterbury and Coastal CMHC
- South West Kent CMHC

Two Community Mental Health Teams (Older Persons)

- Two teams need to be identified

Two Early Intervention Teams

- **Canterbury Team**
- **Medway Team**

One Accident & Emergency Liaison

- **A&E Liaison East Team**

Further work in this area may be picked up by separate study being undertaken by England Centre for Practice Development
Other specialist community teams are not part of this project as they offer specialist skills and interventions. Typically these teams are smaller and have lower case load practice.
This work is currently ongoing and will be reported further in the September Board report

Recommendation

For the Board to note the further work that is being undertaken in the community and the forensic services