Six Monthly Safer Staffing Report

Period of review: November 2018 – April 2019

Introduction

This report details the six month overview of safer staffing for Cheshire and Wirral Partnership NHS Foundation Trust (thereafter referred to as the Trust) for the period November 2018 to April 2019 (inclusive). This is in addition to monthly fill rates reported to the Trust Board. The aim is to provide an overarching review across the six month period to include workforce planning, deployment of staff, skill mix and workforce challenges. Collectively evidencing, the Trust's capacity and capability to provide high quality care[1] via safer staffing.

The guidance for safer staffing is determined by the National Quality Board (NQB). The NQB standards require trusts to provide assurance that organisational practices, skills development and evidence based tools are in place. Primarily this is to assure the delivery of quality clinical care to patients across the range of specialisms in the Trust, including in-patient, community and specialist services. Specifics that are requested to be considered include:

- Evidence-based tools employed to inform nursing and care staff requirements.
- Fostering a professional and responsive culture where staff feel able to raise concerns.
- Employing a multi-professional approach when setting nursing, midwifery and care staff, staffing establishments.
- Providing sufficient time for care staff to fulfil responsibilities beyond direct care delivery.
- Communicating the daily staffing provision per shift.
- Securing staff in line with the workforce requirements.

The information included in this report is derived through various means including data analysis (for example fill rates), temporary staffing and agency use. Additionally, qualitative views from inpatient safer staffing meetings and project updates are considered. Specific project updates are attached as appendices to this report due to the body of the report having the necessary focus on in-patient settings.

[1] The National Quality Board (2013) How to ensure the right people, with the right skills, are in the right place at the right time A guide to nursing, midwifery and care staffing capacity and capability https://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf

Recommendations:

The Trust Board are asked to receive assurance that the NQB safer staffing standards are being met and to approve the recommendations contained within each section of the report.

Process:

The Trust contract requires that information is presented bi-annually to ensure that there is "sufficient appropriately registered, qualified and experienced staff to enable the services to be provided in all respects". The achievement of this is continuous across the year through various work streams, task and finish groups, data accumulation and analysis.

The information received and the contributions towards this six month period have included:

Evidence Based Tools

The previous safer staffing report to Trust Board made reference to the commencement of Care Hours per Patient Day (CHPPD) data. This data has now been submitted for the past six months and an update is reported later in the paper. Additionally, implementation of the Hurst Tool has continued which also provides an evidence based approach which has contributed to our safer staffing enquiry.

Temporary Staffing

A summary position statement relating to Temporary Staffing was obtained and considered, as part of the overall safer staffing evaluation.

The information accumulated for the Inpatient six monthly safer staffing review (section 1) has been expansive and evidences the depth of Trust's investment in its approach to safer staffing. To assist the discursive aspects of the report the key headings of; Effective Workforce Planning, Deploying Staff Effectively, Redesigning Roles & Skill Mix and Responding to Unplanned Workforce Challenges are adopted. These are the headings detailed by NHS Improvement in their *Developing Workforce Safeguards, Supporting providers to deliver high quality care through safe and effective staffing* (NQB, 2018) [2] report.

The safer staffing review has continued to extend and includes approaches underway in relation to safer staffing in the following areas:

[2] NHS Improvement (January 2018) Developing Workforce Safeguards Supporting providers to deliver high quality care through safe and effective staffing
https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf

Section 1 – Inpatient

Section 2 - Improving Access to Psychological Therapies (IAPT)

Section 3 – Specialist Mental Health

Section 4 - Learning Disability

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Section 6 – Community CAMHS

Section 1 – Inpatient Six Month Safer Staffing

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Effective Workforce Planning

Inpatient services roster staff via Healthroster, which enables proactive and planned allocation of nursing staff per shift to be achieved. It also facilitates an evidence base for staff allocation and distribution per shift, week or monthly as required. The planned rostering within Healthroster allows nursing skill mix to be taken into account. This supports clinical care pathways through having the right staff on duty, for example staff trained in the management of violence and aggression, and staff gender mix. The employment of Healthroster facilitates the early identification of staffing deficits whereupon contingency planning can occur, such as in the realigning of existing staff or seeking nursing cover through planned temporary staff use.

Staff working in inpatient areas are able to make requests regarding their shift pattern. However, the pre agreed shift patterns are not always meeting the requests of staff. Ward managers and people services are reviewing this to ensure that the wellbeing needs of staff are met alongside the provision of safe and responsive planned staffing per shift.

Ward establishments have the capacity to permit staff time to maintain planned activities such as training requirements, supervision and planned leave. The use of Healthroster permits data to be extracted that contributes to the recording of planned fill rates and actual fill rates per shift within the inpatient areas. This data is submitted to NHS Digital's Strategic Data Collection Service (SCDS) and permits data analysis. Unexpected absence results in unplanned deficits and consequently results in staff moves from one clinical area to another; where this happens the staff cross cover cannot be captured within the safer staffing returns as only whole shifts can be captured.

New Models of Care

New models of care for adult inpatient/bed based services has continued to be appraised and to consider the most effective way to reconfigure services to meet the clinical needs of patients. As part of the appraisal there are separate work streams that will contribute to the wider adult and older adult workforce planning. The established work streams are; Overarching work stream including nursing; Psychological therapies; Allied health Professionals; Personality Disorder Hub.

A model for psychological therapies and the introduction of an enhanced psychological framework within inpatient areas has been endorsed; the forward plan is to fund posts through existing budgets. The Allied Health Professional work stream has continued to focus on determining the required need. Ongoing analysis of data has taken place during this time period to understand the information before formalising a model of provision.

It is recognised that staff have been responsive to the wider services requirements to maintain safer staffing. Escalation processes have proven to be effective. Staff escalate and seek to redress short term staffing deficits via bleep holders and senior managers. Staff have maintained a professional approach when required to support other wards to maintain safe staffing levels. Staff meetings are held daily and weekly within inpatient units to appraise staffing needs, prioritise safe care and consider the distribution of staff accordingly. The staffing meetings are well established and can assist in the identification of themes and ward specific issues.

There have been challenges at times in achieving the required number of planned registered nurses to fill shifts throughout the day. This has been successfully managed in most instances through the Trust's temporary staffing or by overtime. There were particular challenges for Bollin Ward from February to April 2019 where the fill rate for registered nurses was below the expected level during the day and night. This was resolved through discussion and a multi-disciplinary approach to support the ward and maintain safety.

Staffing levels for registered nurses on Bollin ward were low due to increased vacancies, the ward were able to implement the following measures to give assurance that the ward staffing remained safe:

- Staffing levels were monitored closely at the twice weekly staffing meetings.
- The staffing levels for Bollin were escalated to the Head of Clinical Services and the Matron on a daily basis and reviewed at the end of each day to ensure registered nurse cover was in place.

- Occupational therapists worked as part of the multidisciplinary team supporting observations and section 17 leave (this is not captured as part of the return).
- A registered nurse was moved from Adelphi at the beginning of April for a month to support Bollin to ensure safety and consistency of care; registered nurse cover was also rom Saddlebridge and Alderley Unit for the same reason on a daily basis.
- Head of Clinical Services had a more visible presence on the wards to support the team to ensure any shortfalls were addresses without any delay.
- The ward manager was included in the numbers to support the team on a regular basis.
- The ward has now recruited an acting band 6 to backfill into vacant post to provide some additional support and leadership
- The acting Matron has also spent more time on Bollin supporting the team and working in the numbers when needed. This is not reflected on the staffer staffing sheets
- Bollin had 5 registered nurses vacancies a preceptor has now moved onto Bollin leaving 4 registered nurse vacancies.
- Where registered nursing numbers were below planned fill rate there was a corresponding increase in care staff in addition to the increase in registered professionals as outlined above..

Six Month Aggregate Fill Rate by Bed Based Area

Fig 1 Specialist Mental Health - Bed Based Wirral & Psychiatrist Intensive Care Unit (PICU)

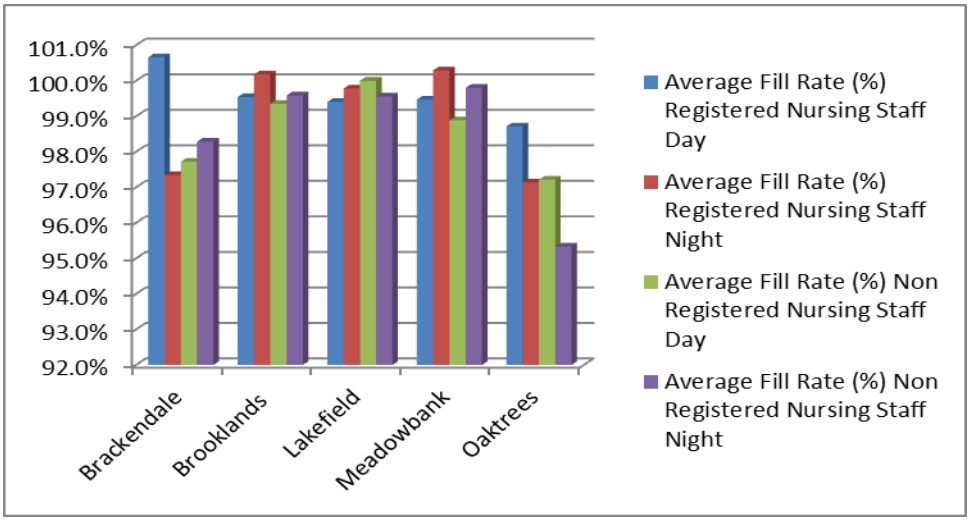


Fig. 2 Children and Young People - Tier 4 Children Adolescent Mental Health Service (CAMHS) & Outreach

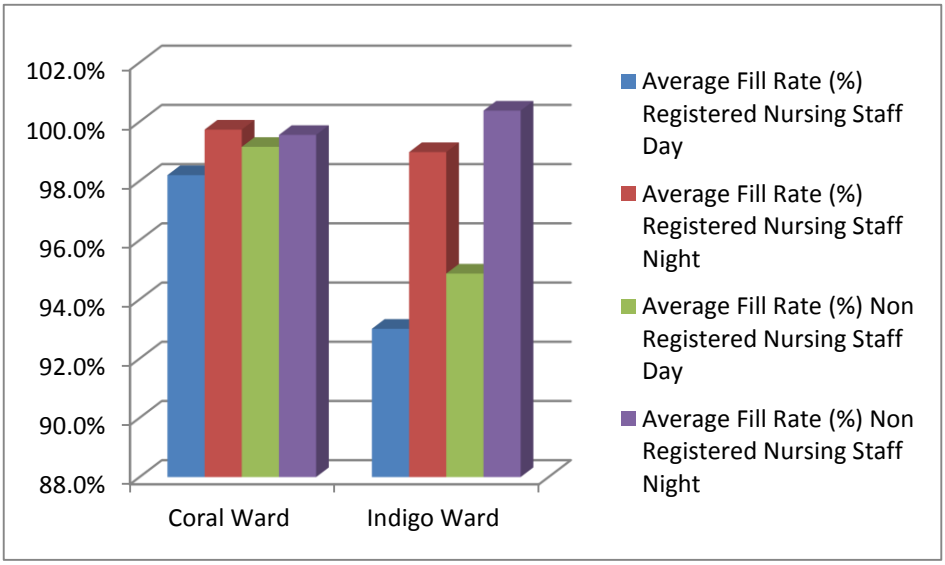


Fig 3 Learning Disabilities & Neurodevelopment Disorder

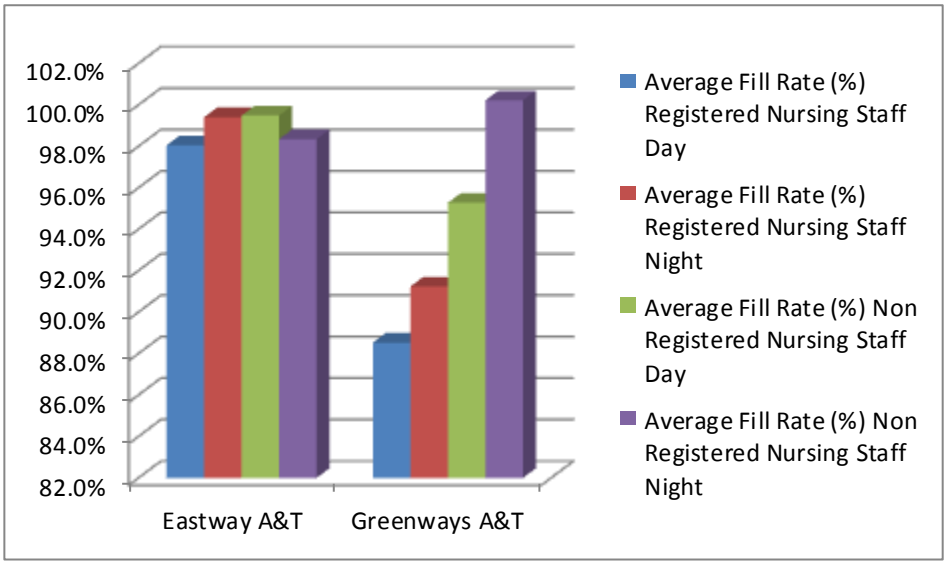


Fig 4 Specialist Mental Health - Forensic, Rehab, Complex Recovery Assessment and Consultation Service (CRAC)

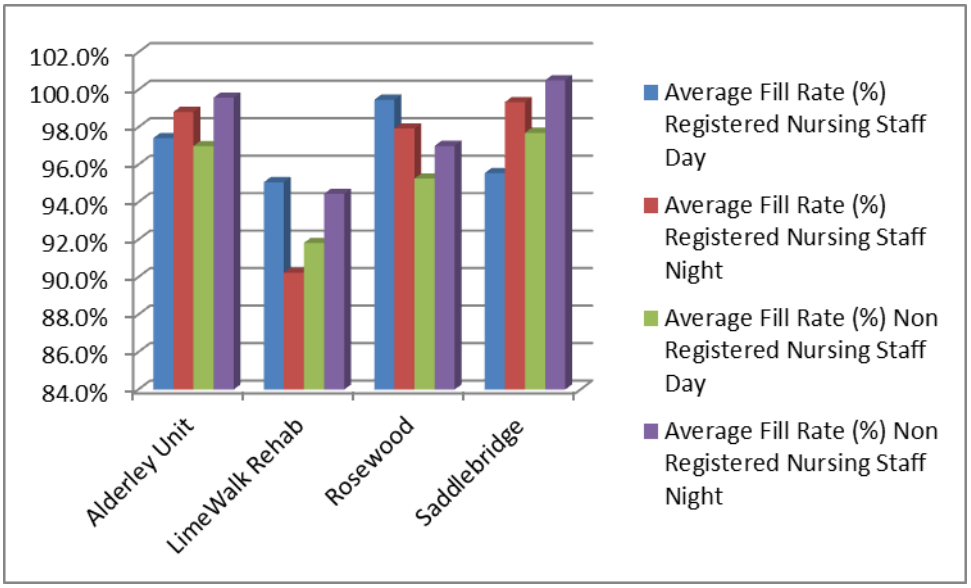
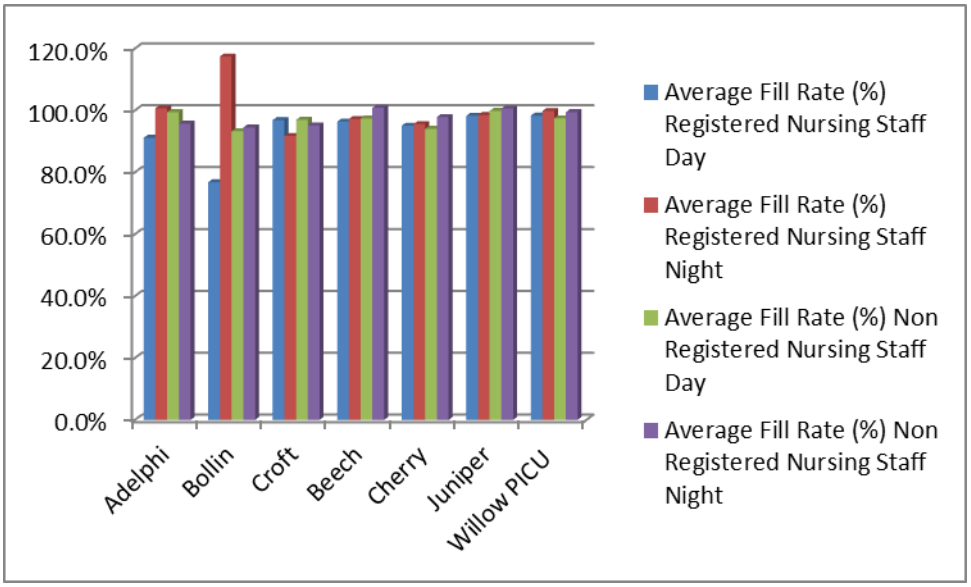


Fig 5 Specialist Mental Health - Bed Based West & East



Recruitment

There are challenges in recruitment of registered nurses nationally; this is an area of priority for the Trust. A rolling programme of recruitment has continued during this period with agreement to recruit in advance of need. Ward managers' report that this has been successful primarily in knowing that there are identified new starters due to commence at a specific time. Furthermore, understanding the turnover rate has enabled the determination of recruitment in advance of need and has helped reduce the impact of any recruitment attrition thus not resulting in longer term vacancy rates.

The recruitment programme has targeted pre-registration nurses due to qualify in March and September 2019. The employment of newly registered nurses requires that there are sufficient numbers of preceptors to provide and support effective learning opportunities. Facilitating learning opportunities to enable experienced registered nurses to gain sign off preceptor status is a priority for Ward Managers and Clinical Leads. Staff are being creative in their approach to the development of preceptors to ensure that preceptees are robustly supported in practice via effective role modelling and in practice training. For example tier 4 CAMHS have facilitated a monthly preceptorship meeting to enhance learning opportunities and aid proficiency.

The table below indicates the establishments, vacancies and numbers in recruitment as at April 2019. The time to hire from vacancy created to contract letter as at April 2019 was 46.4 working days and the average time to hire during this reporting period for the same criteria was 49.8 working days (compared with 52.9 during the last reporting period).

Trust Wards	**WTE [budgeted establishment] as at Apr 19**	**WTE [Staff in post] as at Apr 19**	**Staffing differential**	**% of vacancies against establishment**	**WTE in recruitment as at Apr 19 (from out to advert to start date booked)**
Registered Nurses	300.70	286.07	-14.63	-5.74%	28.80
Clinical Support Workers	302.45	301.46	-0.99	-0.17%	23.14

Training and Supervision

Training and supervision are contract compliance areas and staff are given time to attend supervision and training so as to maintain practice proficiencies. Training and supervision compliance can be referenced through the monthly Locality Data Packs (LDPs). The Associate Director of Nursing and Therapies collaboratively with People and Organisational Development and Education are leading a quality improvement programme of supervision; recommendations will be reported to People and Organisation Development sub-committee who will oversee the implementation of such.

In some clinical areas challenges in achieving training compliance was not necessarily about attending the specified training but the associated travel time to get to and from training. East Cheshire, for example, has on-site training resulting in staff only needing to be released for the period that the training runs, whereas in Wirral the impact is that there is additional travel time as training is off site. The impact on workforce planning is that in Wirral there needs to be account for staffing deficit for a longer period of time and account of this is taken into staff cover arrangements. There is a preference for staff to attend a full day's training rather than for ad-hoc a few hours as this assists capability to consider staffing gaps and fill rates. During the reporting period a review of mandatory training has taken place resulting in the development of "one stop" training in alignment with the regional core skills framework; it is envisaged that this will have a significant positive impact in releasing time to care through the reduction in travel times.

An enquiry was made to the ward managers for the inpatient areas where Registered Nurses (Adult) were employed to understand the supervision elements of their clinical proficiencies as general nurses. The current supervision structure in place is that the Physical Health and Resuscitation Manager facilitates this supervision. There were no expressed concerns with this arrangement but it was recognised that should there be an increase in the number of Registered Nurses (Adult) that the current infrastructure may require review to achieve broader supervisory support. The approach to supervision is a priority area for the Trust; the quality improvement programme will inform the expectations for all clinical staff across all areas.

Deploying Staff Effectively

The Trust has a number of inpatient clinical specialisms including acute mental health, psychiatric intensive care, learning disability (LD), older adult mental health and children and adolescent mental health (CAMHS), therefore it is understandable that the staffing

configuration for each area including the multi-disciplinary varies. However, core proficiencies are attained as part of mandatory training for clinical staff groups and this strengthens the capacity to deploy staff to other clinical areas as their shared baseline knowledge and skills; this is the case for both substantive and temporary staff. By achieving baseline competencies there is the ability to cross cover across clinical areas especially where care demands are dynamic, such as changes in staff requirements due to increased risk and levels of therapeutic observations.

The rostering of staff per shift in a clinical area is the overall responsibility of the Ward Manager. The deployment of staff also includes the wider MDT such as Occupational Therapy, which is managed centrally and allocated to wards in response to patient need. The exception is that in-patient CAMHS, Eating Disorder and LD wards have OTs included in the ward establishment to meet the needs of the patient. The OT provision is valued and seen as integral to team composition to maintain safe and effective care. Ward Managers sought to strengthen their ward staffing through other means including stepping into the shift establishment or seeking assistance from extended team members, such as Occupational Therapy staff. It is recognised that safer staffing is a multidisciplinary responsibility and not purely a nursing responsibility.

Evidence Based Tools

Care Hours per Patient per Day (CHPPPD)

Care hours per patient per day (CHPPPD) consider the distribution of staff to patient ratio with attention to the time allocated to direct patient care. The data submission includes temporary and permanent nursing staff and Occupational Therapy staff; excluding student learners.

The average CHPPD is calculated using information extracted at 23.59 hours, each night against the number of inpatients on the ward at that time. It is difficult to make comparison between wards and determining what the data entails as numbers do not reflect the nature of the care need per patient. The distribution has not allowed for ward specialisms and individual care complexities. CHPPD on its own does not provide qualitative overview of the effectiveness or safety of care thereby contributing as part of the overall safer staffing process. During the next reporting period a more focused piece of work will be undertaken to understand how we can make best use of this data to inform workforce planning.

Redesigning Roles and Skill Mix

All wards with the exception of Eastway have had a quality audit completed in accordance with the Safer Staffing Audit Tool by Dr Hurst (as reported in previous reports) contributing to the safer staffing matrix. The Eastway quality audit will be completed following the refurbishment project.

Following on from the quality audits, focused work has been completed on Brackendale, Cherry and Lakefield using the "Psychiatric Staff Activity Analysis" from the Hurst Tool. The study and analysis of each ward took place in November 2018, December 2018 and January 2019 respectively, auditing three twelve hour shifts, inclusive of one day at the weekend. Understanding the tasks that staff complete and accounting for the activities that engage most of staffs' time will help inform Specialist Mental Health bed based care group developments. The results of the three audits have contributed towards the Specialist Mental Health IT project work.

Fig.6 Results from all bands of ward based staff

	Friday			Sunday			Monday		
	Direct	Indirect	Associate	Direct	Indirect	Associate	Direct	Indirect	Associate
Brackendale *Ageless*	48%	29%	23%	55%	21%	24%	49%	25%	26%
Cherry *Organic*	47%	17%	36%	59%	15%	26%	51%	19%	30%
Lakefield *Acute*	38%	36%	26%	60%	21%	19%	40%	31%	29%

Direct – direct patient care for names patient

Indirect – meetings, red /green board rounds, admin – reports and patient notes

Associate – any other work Inc. breaks

Workforce Initiatives

The need to embrace a multi-disciplinary team approach to safer staffing has been discussed alongside the recognition that ward managers when required to do so are included within establishments to meet clinical demands and maintain clinical safety. It is noteworthy to recognise that this period has seen the continuation of bespoke roles such as the Pharmacy Technician on Croft Ward and Registered Adult Nurses in a number of

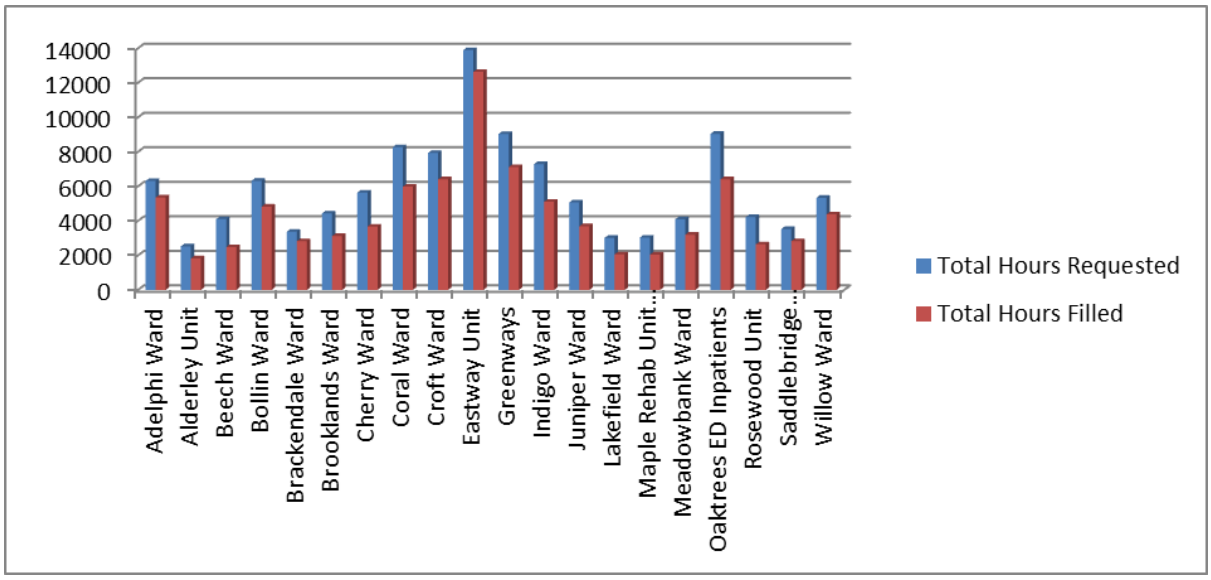
inpatient areas. The evaluations and quality impact assessments of the developing roles are being overseen by the People and Planning group.

The first cohort of Trainee Nursing Associate has successfully qualified and seven staff are successfully registered as Nursing Associates with the Nursing and Midwifery Council (NMC). A total of two are working within in-patient areas and the role is continuing to be embedded. Quality impact assessments have been completed and will be reviewed in six months. There are two current cohorts of Trainee Nursing Associates who will be finishing in March 2020 (4 TNAs) and December 2020 (6 TNAs). The accelerated Masters nursing students are scheduled to complete their training in June 2019 and have been successful in securing a post within their preferred area of practice.

Responding to Unplanned Workforce Challenges – Openness and Transparency

An important factor in the consideration of safer staffing requirement is having a culture of being able to escalate staffing concerns. All inpatient areas, including LD respite (Thorn Heys and Crook Lane) confirmed during the staffing meetings that they were able to raise and escalate staffing concerns. Positive reports of improved support mechanisms for safer staffing in terms of establishment have been received from Thorn Heys; acknowledging that Thorn Heys is now managerially aligned to Wirral place based adult mental health. There was agreement that achieving staffing establishments was essential; staff took a realistic approach to this in offsetting staffing numbers against factors such as having a responsive and capable staff shift. Many of the discussions in this area were related to employing agency staff when other alternatives were assessed as not suitable.

Demand for temporary staffing has fallen (120.7 WTE filled May – Oct 18 to 90.9 WTE filled Nov 18-April 19: The figures include a rise in agency clinical support worker bookings from 6.8 WTE to 9.4 WTE). Bank recruitment for registered and non-registered nursing roles continues to be prioritised for all areas. The Trust has a neutral vendor agreement for agency staffing which has supported increased supply of clinical support workers at a standardised price under the National Health Service Improvement cap.



*Maple Rehab Unit previously named Lime Walk House

Conclusion

This report for the period November 2018 through to April 2019 has evidenced that there is continuing efforts by ward staff, senior managers and modern matrons to promote safer staffing in-patient areas. Staff have demonstrated that they are able to speak up and raise concerns in relation to safer staffing.

Right Staff

The past six months have brought challenges within in-patient areas due to requirements to staff wards particularly as a consequence of unplanned absences and increased clinical demand. Bollin ward has experienced particular challenges. There was a proactive management approach to address deficits through taking a multi-disciplinary approach in staffing a ward, engaging temporary staff, paying overtime and as a last resort the use of agency staff. The were no concerns relating to seeking additional staff to provide safe care but the challenges at times continues to be the availability of staff. There was cross locality management of staffing to safeguard safe staffing levels. There has been ongoing recruitment into vacancies particularly nursing, this is not unique to the Trust as this forms part of national nursing pressures. The approach to recruit in advance of need is a proactive response to safer staffing with the aim to alleviate pressure.

There remains commitment to attain the right staff and the recruitment of student nurses continues to be proven successful iniative. Additionally the development of new roles and the incorporation of a broader skill mix is evolving and includes the incorporation of pharmacy technicians and registered nurses from other branches. What is evident from a

safer staffing perspective is that the delivery of effective care is not only about the numbers of staff, but also the skill mix of the ward teams and the value of an MDT, in the context of changing clinical demands and priorities. Having the right staff has been a continuous process and requires ongoing monitoring.

Right Skills

The Trust has continued to develop its workforce through the development and expansion of new roles and remains committed to doing so. Key developments have included introducing Nursing Associates now qualified and registered with the NMC. Additionally there are key training posts that will impact on our future skill mix; inclusive of Trainee Nursing Associates, Advanced Practitioner in Training (including AHP) and Consultant in Training post. During the review there has been evidence of multi-disciplinary working to enhance the quality of care to meet the care needs of the population served. Supervision and training remain ongoing staffing requirements to embed skills to enhance care; supervision will form a Quality Improvement Initiative (QI) during 2019.

Right Place & Time

Although clinical areas roster for their own clinical area there is a philosophy of cross unit working to meet the care needs of patients and ensure safe staffing. During the review period there were occasions where staff had to be relocated due to clinical pressures and demand across the organisation, whilst staff fully understood the rationale and requirement to do this at times they also expressed frustration at not being able to always provide continuity within their role.

Recommendations

The report outlines an extensive programme of work in relation to our approach to safer staffing and workforce initiatives to meet the current and future needs of the populations we care for. The Board are asked to note the developments within the report and approve the continued approach to safer staffing.

Section 2 - Improving Access to Psychological Therapies (IAPT)

Overview

The Improving Access to Psychological Therapies (IAPT) programme supports the NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people with depression and anxiety disorders.

NHS England recommend services employ IAPT trained staff or train their existing staff in the recognised therapy modalities to expand capacity and where services are employing non-IAPT trained staff those staff should be accredited, by the recognised body (i.e. BABCP for CBT therapists) for the modality of therapy they are offering.

The IAPT model is that steps 1 and 2 are provided by low intensity therapy workers trained in cognitive behavioural approaches for people with mild to moderate anxiety and depression. Moving up the stepped approach to level 3, provided by IAPT high intensity therapists trained in Cognitive Behavioural Therapy (CBT).

Right Staff

	Trainee PWPs	Qualified PWPs	Senior PWP	Trainee HITs	Qualified HITs	Qualified Counsellors	Assistant PWPs/HCAs	Total Staffing
South Cheshire and Vale Royal	6	5.74	1	2	9.5	5.3	1	30.54
West Cheshire	4	9.4	1	0	10.9	7.6	0	32.9
South Sefton, Southport & Formby	2	15.49	2	4	11	5.52	0	38.01

Currently the services in West Cheshire and Vale Royal & South Cheshire are lower that the NHSE recommendations for step 2. The current national IAPT model assumes a 60% low intensity work force and a 40% high intensity workforce. To bring South Cheshire & Vale Royal in line with this model we would require an extra 2 whole time equivalent (WTE) qualified Psychological Wellbeing Practitioners (PWPs). Currently we are utilising a higher

percentage of high intensity therapy to meet the demand, this is activity that could be provided by low intensity workforce.

West Cheshire have just recruited 2 trainee PWPs which will bring the service in line with this requirement once they are qualified in 20/21.

Supervision

There are sufficient numbers of supervisors for core PWPs, counsellors, and high intensity therapists (HITs) to meet the NHSE recommendations for IAPT. Within all localities it is identified that there are insufficient supervisors to provide supervision related to Eye Movement Desensitization and Reprocessing Therapy (EMDR). To address this EMDR consultant sessions across the IAPT sites is being purchased to provide the required supervision and a plan has been developed to address this internally in the future. Sufficient number of supervisors to include supervision for counselling for depression is now available as a result of the current trainees qualifying and accessing the Health Education England (HEE) commissioned supervisor course.

Right Skills

Locality	% of PWP Trainee on IAPT approved training	% of IAPT Qualified PWP	% of HIT Trainee on IAPT approved trainee	% of IAPT Qualified HIT	% of Qualified Counsellors with IAPT approved training or commencing training
South Cheshire & Vale Royal	100%	100%	100%	100%	91%
West Cheshire	100%	100%	100%	100%	79%
South Sefton, Southport & Formby	100%	100%	100%	100%	100%

We are assured by reaching 100% compliance for training in accordance with expected standards for all staff groups. It is not mandated that qualified counsellors have IAPT approved training but it is recognised good practice. This is an area of improvement and we

plan to enable our qualified counsellors to access this additional training by the end of the financial year 2019 - 2020.

Right Time / Place

The discussions of individual clinical cases during supervision are prioritised according to clients' needs and a pre-determined schedule. All cases are reviewed within a 2- 4 week period of time; when assessed to be needed supervision is provided for individual clinical cases weekly. The plan is to train a CWP EMDR consultant to provide internal supervision and develop a cascade approach to supervision across the sites. To achieve this we are training 1 EMDR therapist as an EMDR consultant through purchasing external supervision. This requires monitoring to ensure that the supervision standard is met to achieve consultant accreditation.

High intensity activity is currently higher than the national model for step 3 across the IAPT services. Every service offers a stepped care model with all patients being offered a step 2 intervention initially. This enables staff to meet patient need effectively by identifying those with a greater need to continue onto a high intensity programme and enables capacity to be appropriately managed. To ensure we are offering the correct intervention at the right time therapist continually monitor patients improvement through psychometric measure and patients are stepped up to a higher intensity therapy if the patient isn't recovering as expected.

All IAPT services deliver treatment through a range of alternative delivery systems such as telephone, group therapy or 1-1 therapy which is delivered according to the IAPT guidance. All areas offer web based support which is a better use of staff resource to meet patient need.

Recommendations

1. To enable qualified counsellors without IAPT approved training to access courses in the financial year 2019 - 2020.
2. To monitor the provision of internal supervision.

Section 3 - Specialist Mental Health

This section to the safer staffing overview report will seek to provide a position statement with specific reference to the services that fall within the Specialist Mental Health Care Group. It will detail the current position together with the steps currently being undertaken to ensure that services and the workforce are positioned to respond to the *safer staffing* agenda by ensuring *the right staff, the right skills* and *the right place.*

Background

One of the Trust's key priorities is the Transformation of Mental Health Services with key programmes of work focusing upon the:

- Redesign of inpatient services in Central and Eastern Cheshire.
- Development of services outlined within the 5 Year Forward View for Mental Health.
- Transformation of community mental health services as described within the NHS Long Term Plan

Taken in the context of an aging workforce and increasing difficulties in the recruitment to key roles it is imperative that these work programmes take an innovative approach to the development of new roles for both registered and non-registered staff that use the assets and skills of the local community to integrate care delivery. Given the significant changes required to ways of working and staffs' roles, there will be a significant requirement for the skills of Organisational Development as well as a spotlight on the education and training requirements of staff in order to ensure a skilled and motivated workforce.

Looking towards the future, greater emphasis is placed upon ensuring that the Mental Health Services reflect the needs of their population at a Local and Regional level and work in partnership with other agencies to address the wider determinants of health.

Right Skills

The Specialist Mental Health workforce is starting to routinely develop and utilise advanced skills and roles within clinical practice: Particular examples include the development of Non-Medical Prescribers, Advanced Practitioner roles, [although to date these positions are generally held by nurses], and the new Nursing Associate role. Historically, there has been little consistency across the organisation with regard to the development of these roles, particularly the Advanced Practitioner, and how the advanced skills are utilised to their optimum.

The emphasis upon developing *the right skills* has never been greater. Whilst there is an emphasis on enhancing the psychological skills available within Specialist Mental Health services to ensure that there is an increased availability of talking therapies, the significant changes in working practice required to deliver services will undoubtedly require the significant development and strengthening of personal skills together with significant support to enhance the culture of current services.

The increased reliance of technology in everyday working practice as well as digital treatment approaches requires the development of IT skills across the entire workforce. Whilst new kit is being rolled out to teams to support increased mobility, associated protocols and training programmes are yet to be developed but are fundamental in ensuring that the required behaviour change amongst staff is supported.

Attention is starting to move towards the development of psychological skills within the workforce with a specific emphasis on those evidence based interventions for people with a severe mental illness: Psychosis, Bipolar Disorder and Personality Disorder. With investment being made available for both training and backfill, the Specialist Mental Health Care Group are currently engaged in the scoping of current capacity to determine the level of training required across services. To support this, the Care Group has recently invested in training approximately 70 people in Structured Clinical Management and is currently developing a strategy for its implementation and use across the Organisation

<u>Right Staff</u>

The identification of skills required to be delivered has enabled an innovative approach to the development of a multi-disciplinary approach enabling a much broader range of professional backgrounds to be involved, including pharmacy. This approach has also provided an increased resilience with regard to some of the roles that are becoming increasingly difficult to recruit to.

Although very much in its infancy, progress is already being made towards addressing the clinical gaps utilising new roles with the Nursing Associate and new Advanced Practitioner roles are a clear example of how Specialist Mental Health services are seeking to ensure that there is a robust approach to the physical health needs of service users.

<u>Right Time</u>

Proposals for the development of Community Mental Health services reiterate the need for greater integration both within and across services and for earlier intervention. This would

result in the abolition of the divide between primary and secondary care services that are based around Primary Care Networks.

Whilst the Care Group has already piloted more integrated ways of working , for example the Mental Health First approach in Central Cheshire, the proposal for Community Mental Health Services would see this work being accelerated alongside the increased availability of peer/ recovery mentors.

Section 4 - Learning Disability

Overview

There are strengths and challenges facing Learning Disability (LD) services as part of the transforming care programme. From an LD perspective this is principally right as there should be the same opportunities for people with a learning disability to live in the community with the most appropriate care and support to meet their individual needs. It is well evidenced nationally that historically patients with a learning disability that have been admitted to hospital led to significantly protracted lengths of stay and the risk of institutionalisation. Redressing this through the transformation of care programme needs to include repatriating patients back into the community from out of area hospital placements and also identifying those at risk of admission to consider if admission is in their best interest. Established mechanisms are in place through staff knowledge and training to identify those at risk of admission through the Care and Treatment Review (CTR) process; within CWP there is the active use of the Dynamic Support Database (DSD) to identify at risk patients and for timely intervention to negate this where possible. Thus having a community staff team that can dynamically assess risk and provide intervention means that those patients who can remain in the community are getting timely admission avoidance intervention and it is only those with specific care need that cannot be met within a community setting who require admission. Discharge planning is critical with consideration for this starting at the point of admission. Strong assessment processes are essential to ensure that all aspects of care are considered.

In order to meet bespoke care needs there is a need for a skilled workforce who can adjust to the needs identified. A skilled staff group is required that includes the core proficiencies in understanding learning disability and managing complex challenges. This, however, is only a relative requirement. A staff skill with an enhanced knowledge base around physical health and mental health is required given the increased co-morbidities of people with learning disabilities and to reduce health inequalities and increase life expectancy. In order to provide a positive experience for patients patient journey we require a staff team whose skills include patient, carer and family involvement.

The co-morbidities with a learning disability are significant and evidence from the Learning Disability Mortality Review[3] will require proactive and pre-emptive planning by health and partner agencies. From a CWP perspective future planning around the capabilities of

[3] University of Bristol (2018) Learning Disabilities Mortality Review http://www.bristol.ac.uk/sps/leder/

individual staff and also the combination of skill mix, including nursing, medical and Allied Health Professionals (Physiotherapy, Speech and Language and Podiatry) has commenced. This is not just exclusive to health but also considering aligned roles such as transformation workers to identify individual care needs and social workers to ensure arrangement around health and social care needs.

Current Position

In the last 12 months the Learning Disability, Neurodevelopmental and Acquired Brain Injury Care Group (LD, NDD and ABI) has commenced with a trust wide approach to delivering on transforming care. The Care Group is aligned fully with learning disability inpatient services with shared management and governance procedures.

There are 4 Adult Community Learning Disability Health teams across CWP (Wirral, West and Vale, South and East, and Trafford).

Right Staff

Each Community team has a Multi-disciplinary team.

These include:

- Psychiatry
- Administrators
- Community Learning Disability Nursing
- Nurse Specialists including Health Facilitators
- Clinical Support Workers
- Associate Practitioners
- Specialist Physiotherapist
- Specialist Occupational Therapist
- Specialist Speech and Language Therapist
- Clinical Psychologists

These teams are supplemented with trust wide leadership roles:

- Strategic Clinical Director
- Specialist Clinical Director
- Head of Clinical Services
- Head of Operations
- Consultant Occupational Therapist
- Patient and Carer Engagement practitioner

To further develop the roles that work well and identified in the last report (Transition and Autism coordinators), we have joined the NHSI Transition Collaborative. Using Quality Improvement methodology specific standards will be identified for transitions between learning disability Children and Adolescent Mental Health and Adult Community Learning Disability Team.

Right Skills

A key development within the care group maturity requirements is that of workforce planning. The LD, NDD and ABI Care Group workforce plan is a dynamic document that articulates current need and future need to support planning. In order to continue to develop the workforce and respond to the challenges we have invested in the following development opportunities:

- Trainee Advanced Practitioner (Speech and Language Therapy)
- Trainee Advanced Practitioner (Nursing)
- Trainee Advanced Practitioner (Physiotherapy)
- Trainee Nursing Associates
- Quality Improvement Skills

And for the year ahead:

- Approved (Non-medical) Clinician training
- Further Quality Improvement skills training

Continuing professional development is a requirement for all practitioners. Our aim will be to ensure that all development is consistent with professional need and supports the vision and aims of the Care Group. An example of this is following an increase in the use of Court of Protection applications (to support discharges from hospital), alongside our CCG commissioners, relevant training has been accessed.

Right Time

Delivering safer staffing alongside having the right staff and the right skills also requires consideration to an ability to have a timely response to need. This need could be generated through vacancies or population demand. Transforming Care has resulted in teams needing to review their skills to reflect a changing population.

Recruitment of staff at the right time can be a challenge. The care group has recognised this and is supporting through The Centre for Autism, Neurodevelopmental Disorder and Intellectual Disability (CANDDID) a wider plan for ensuring our workforce is both proficient,

accessible and present. This is an academic centre that alongside developing the body of knowledge relevant to the Care group will also develop the access to training for our workforce and the wider community workforce, thus supporting discharges and community resilience.

Centre of Autism Neurodevelopmental Disorder Intellectual Disability (CANDDID) is working in collaboration with universities to both contribute to critical research but also develop academic modules that support the workforce.

We have recognised that where there are disciplines within teams that have small numbers of practitioners and where recruitment is an identified risk, considering this across a wider footprint increases options for maintaining patient safety.

In recognising that learning disability nursing is experiencing a shortage of nurses the Care Group has engaged with recruitment campaigns to support addressing this.

Recommendations

- Continued use of dynamic strategic planning through workforce planning document.
- To monitor the outcomes of the CANDDID approach and determine the need for wider investment to enhance quality of care for people.
- The recruitment of research assistants to support the existing clinical leadership.
- Identify and strengthen core skills and competencies that are generic to the whole of the multi-disciplinary team.

Section 5 - Community CAMHS

Overview

The Children, Young People and Families Care Group has developed and implemented a priority project for Community CAMHS models of care across the Trust footprint. The purpose of the priority project is to ensure models of care across the care group are consistent in the provision of our core offer ensuring unwarranted variation is minimised across all Community CAMHS for Cheshire and Wirral. The priority project is being delivered via the following work streams to ensure the model of care delivered to young people and their families is effective, safe, compassionate and sustainable:

- Operations and workforce;
- Outcomes;
- Data & Reporting;
- Self-Harm;
- Participation & Engagement

A key element of the initial stages of the priority project has included developing an organisational baseline via the operational and workforce work stream. The focus of the work stream is providing the baseline to inform the services current and future skill requirements and opportunities for roles to develop the mental health workforce.

To date the work stream has undertaken a mapping of all CYP CAMHS community services; reviewed the staff whole time equivalents, skill mix, job titles and professional qualifications in each team and is gathering data regarding the pathways in place across CYP services. This baseline is informing the project's steer to standardise and align service operational processes, service structures and the development of clinical pathways across Community CAMHS; ensuring equitable delivery (where possible) informed by CYP and Families feedback on value looks and feels like for them, 'best practice', local and national guidance

Section 6 - Neighbourhood Community Nursing

Overview

The focus of this report is upon the safer staffing requirements of nursing within the Care Community Teams (CCT's) in the Neighbourhood Based Care Group.

Right Staff

The current community nursing establishment is based upon the population size of people aged 65 years and above within identified GP clusters. The development of the Primary Care Networks (PCN), alongside the recognition of varied needs within the populations has provided an opportunity to analyse community nursing staffing in accordance with Primary Care Network populations. This analysis has identified that the current community nursing staffing levels within Ellesmere Port and Princeway Community Care Teams (CCTs) in relation to the PCN general practice populations need to be uplifted. Further understanding is required to determine the skill mix requirements for these teams.

The capacity reporting process has been reviewed allowing reporting of the current status rather than a retrospective position. The Care Community Safer Staffing report (Sitrep) has been developed and provides an overview of the number of clinical available hours, number of planned visits and the number of hours available to provide a response to unplanned patient contact care which requiring on the same day as the request is received. This is reported for community nursing and community therapy within each CCT. The report includes the OPEL status. The Sitrep enables the CCT's to plan and report any additional support required to maintain safer staffing levels.

Right Skills

There is a continued commitment to the trainee advanced practitioner programme. The review of the community matron and the clinical case manager role is being completed. This work will be aligned to the system wide offer with partner providers, in particular the next phase of the Hospital at Home programme.

The CCTs have actively engaged with the community diagnostics programme as part of the Integrated Care Partnership work stream to inform the development of competencies to meet the needs of the population. CCT members from all roles and bands have been taking part in events and workshops based on their local populations.

Right Time & Right Place

There has been no requirement for the use of agency nursing staff since the report submitted in November 2018: Alongside the Sitrep this demonstrates that the establishment is fit for purpose to provide safe and effective care. An emergent theme is the movement of nursing staff to meet the needs of teams; this is being addressed by the review of the community nursing establishment based on the PCN practice populations.

Analysis of the retention rate for band 5 community nurses has been completed. This has enabled the rate of recruitment in advance of need per quarter to be determined. Recruitment in advance of need has been commenced in June 2018. This will reduce the period further the gap between the post holder leaving and the new recruit coming into post. The current recruitment in advance of need is being utilised to address the uplift requirements in Ellesmere Port and Princeway CCTs.

Values based recruitment has been embedded within community nursing and there is currently work underway to align job descriptions to the values based recruitment process.

Recommendations

- Data analysis of activity from the Sitrep will be provided in a consistent manner that enables each team to demonstrate their level of tolerance.
- Deep dive into clinical practice to understand any variances in the response required to meet the needs of the local population.
- To further develop the daily situation report in response to staff feedback.
- Determine the skill mix requirements for Ellesmere Port and Princeway CCTs.