18.19.121 Appendix 1

Six Monthly Safer Staffing Report

Period of Review May 2018 – November 2018

Introduction

This report to Cheshire & Wirral Partnership (CWP) NHS Foundation Trust (CWP) Trust Board covers the period May 2018 to October 2018 (inclusive) and aims to confirm the status of the organisation's capacity and capability to provide high quality care'[1] through safer staffing. The Board are requested to note the contents of the report and agree the recommendations.

The guidance for Safer Staffing is set out by the National Quality Board (NQB) who seek 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 various locations and specialisms in the Trust, including community, in-patient and specialist services. Specifics that are requested to be considered include

- how evidence-based tools are used to inform nursing and care staff requirements
- how a culture of professionalism and responsiveness is fostered where staff feel able to raise concerns
- in what way a multi-professional approach is taken when setting nursing, midwifery and care staff staffing establishments
- how nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct care duties
- NHS providers clearly displaying information about the nurses and care staff present on each ward
- how NHS providers take an active role in securing staff in line with their workforce requirements.

It is noted that the Board receives monthly communication around staffing capacity and capability, therefore, this report facilitates an overarching review across the 6 month period to include workforce planning, deployment of staff, skill mix and workforce challenges.

Process

The CWP contract details 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 has included;

In-patient safer staffing meetings

[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

These meetings commenced in October 2018 and were held through to December 2018. All in-patient areas were visited with the exception of one whose review was carried out via telephone due to timing and clinical demands. The purpose of these meetings are the facilitated discussions around establishments, recruitment, retention and the clinical management of a specific clinical area to support professional judgement in relation to staffing levels. The narrative received can thereby be appraised and combined with ward data around establishments, supervision/training compliance and fill rates to better understand approaches to maintaining safer staffing. As an example, the majority of in-patient areas work on two or more Registered Nurses per shift, where a Registered Nurse deficit occurred and could not be filled with comparable staff, the preference was to have an experienced Clinical Support Worker (CSW) that knew the ward to enable continuity of care; fill rate data on its own would not reflect this context.

Existing Projects
In addition to the six monthly inpatient safer staffing review (Appendix 1) this report details approaches underway in relation to safer staffing in the following areas:

Appendix 2 Learning Disability
Appendix 3 Community Nursing
Appendix 4 Improving Access to Psychological Therapies (IAPT)
Appendix 5 Place Based Care Mental Health

Effective, Safe, Compassionate and Sustainable Staffing (ESCaSS) for Mental Health Care
As part of workforce planning it is proposed that within Community CAMHS that a pilot takes place using the evidence presented by the National Collaborating Centre for Mental Health in their *guidance Effective, Safe, Compassionate and Sustainable Staffing (ESCaSS) for Mental Health* (NCCMH 2018) . This proposal is in the early stages of planning but is indicative of CWP's intention to use evidence based approaches in setting skill requirements and appraising new opportunities and roles to develop the mental health workforce.

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 has been expansive and evidences the depth of CWP'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** were 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.

Appendix 1 Six Monthly Inpatient Review

The following areas have been considered within the six monthly review:

- Effective Workforce Planning
- New Models of Care
- Training and Supervision
- Resource Managers
- Deploying Staff Effectively
- Redesigning Roles and Skill Mix
- Responding to unplanned Workforce Challenges
- Evidence Based Tools
- Temporary Staffing and Recruitment
- Safer Staffing Fill Rates per Ward

The key findings are summarised within the conclusion of the report under the following themes

- Right Staff
- Right Skills
- Right Place and Time
- Recommendations

Effective Workforce Planning

In-patient services roster staff via Healthroster and this 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. Indeed, the planned rostering within Healthroster also 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 or gender mix. The employment of Healthroster also 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.

Long term sickness can be managed through making arrangements for planned cover, however challenges occur in the short term when unexpected sickness results in unplanned deficits and consequently results in staff moves from one clinical area to another, where this happens however the staff cross cover cannot be captured within the safer staffing returns as only whole shifts can be captured. This is evidenced through the planned and actual return submissions (example below).

[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

Ward		Registered		Care Staff		Registered		Care Staff		Safe Staffing was maintained by:
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	
		1325.00	1227.50	1278.00	1128.00	690.00	690.00	1207.50	1167.50	Nursing staff working additional unplanned hours. Cross cover arrangements. Multi Disciplinary Team actively worked within the staffing establishment.
		1035.50	995.00	1525.50	1470.00	713.00	667.00	793.50	830.00	Nursing staff working additional unplanned hours. Cross cover arrangements. Multi Disciplinary Team actively worked within the staffing establishment.

As highlighted it is the unexpected deficits at short notice that makes safer staffing requirements challenging or additionally a sudden increase in clinical demands requiring increased staff above establishment. CWP's effective workforce planning at such times has relied upon the broader clinical staff team that includes members of the Multi-Disciplinary Team (MDT).

Ward establishments take into account annual leave, uplift for training and also supervision. The obstacles to these in the past six months have included not only unexpected absences such as sickness but also staff being unable to undertake clinical duties; this may be because of a management processes or planned / unplanned leave (for example maternity and carers leave).

The safer staffing meetings highlighted the increasing co-morbidities between physical health and mental health. This included increased physical health presentations and interventions such as wound management, diabetes and complexities arising within eating disorders. Consequently, some clinical areas had elected to reconfigure their posts to employ a Registered Nurse in Adult Nursing to expand ward skill mix and multi-disciplinary team skill set. The areas that elected to reconfigure their posts (for example Oaktrees and Meadowbank) reported positive benefits to their staff group knowledge base and the depth of clinical care extended to patients. In terms of broader physical health there has been ongoing work through the Physical Health in Mental Health committee. This committee is considering skills and staffing requirements along the lines of Allied Health Professionals (physiotherapy and podiatry) within adult and older adult acute care. The longer term aims are to ensure parity of access to provision and that there will be sufficient staff with the necessary skills to meet individual care needs.

New Models of Care

The Specialist Mental Health Care Group (Bed Based) has progressed with a work stream in relation to scoping the optimum staffing configuration for wards (New Models of Care). The New Models of Care for adult in-patient/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/Older Adult Workforce Planning. The established work streams are

- Overarching work stream including nursing
- Psychological therapies
- Allied health Professionals
- Personality Disorder Hub

These groups and the overarching Adult and Older Adult workforce planning group will continue to give careful consideration to service delivery including the associated staff and skill mix that will be required to meet proposed clinical scenarios.

Training and Supervision
Workforce planning includes providing time and resource for training and supervision. Both 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). From the safer staffing meetings held there were some challenges in achieving levels of compliance particularly where unplanned staffing deficits occurred. To assist compliance, wards employed a cross covers approach wherever possible. This was to ensure safe staffing levels and to enable colleagues to attend scheduled training and supervision, including team meetings.

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.

Resource Managers
There remains disparity in the Resource Manager provision and also allocated time to in-patient areas. Some wards and clinical areas take overall responsibility and oversight of their workforce requirements whereas in some areas it is shared between the ward manager and resource managers. The Ward Managers that have resource managers rostering and deploying staff report they find this role effective as it increases capacity for ward managers to clinically and managerially focus on their clinical area. Those Ward Managers that have resource managers that are not ward based report spending more time seeking staff to ensure their services are safe and responsive. In general, ward managers report that having an administrative infrastructure to assist their operational management is welcomed. Areas where there is an absence of resource manager (such as Learning Disabilities community respite) reported decreased time that the ward manager could dedicate to ensuring clinical prioritisation. It was noted that during the discussions with ward managers all appreciated having an administrative infrastructure, however, there was consensus that any post reconfiguration would not occur at the expense of direct clinical posts.

Deploying Staff Effectively
CWP has a number of clinical specialisms including acute mental health, psychiatric intensive care, ageless services, LD, older adult mental health and CAMHS, therefore it is understandable that the staffing configuration for each area including the MDT 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. Some areas have allocated Resource Managers that contribute to staff rostering and deployment of nursing staff. The deployment of staff also includes the wider MDT such as Occupational Therapy, which is generally managed centrally and allocated to wards as required. There are some exceptions such as in-patient CAMHS, Eating Disorder and LD wards where OTs are included in the ward establishment but this is not the case in the adult and older adult wards. Despite the two different

modalities of OT provision the service overall was valued in clinical areas and were seen as integral to team composition and were deployed as necessary to maintain safe and effective care.

Redesigning Roles & Skill Mix

Over the past six months there has been role reconfiguration within some of the clinical areas primarily to strengthen the skill mix available. As previously stated the incorporation of Registered Nurses in Adult Nursing has occurred. Moreover, the introduction of a Pharmacy Technician was successfully piloted within one of CWP's older adult in-patient wards (Croft); the clinical feedback is that this role enabled consistent oversight in pharmacological dispensing, ordering and also enabling registered nurses more time to deliver nursing care. The positive benefits of the pharmacy technician role have led to other clinical areas considering whether this was an option for their ward establishment through post reconfiguration.

Other areas of redesign that wards have considered to meet the needs of their patient cohort are the reconfiguration of existing posts for example having psychologists within teams or recruiting a housekeeper. The safer staffing review process demonstrated that clinical teams are receptive to thinking about what might meet their clinical requirements with a freedom to discuss and consider options as part of meeting care demands.

CWP Education continues to work on advancing the skills and development of the workforce, including future planning through the investment and training of staff who can assist advancements of care delivery through evidenced based care, educating others and adaptive working. The last six months has seen the recruitment of eight CWP staff to complete the two year training to attain Advanced Nurse Practitioner status. Successful attainment will promote clinical leadership and advance care through increasing the number of non-medical prescribers contributes to a more responsive service. In addition the three Accelerated Masters students are now in their final year, due to qualify in 2019, once qualified will clinically strengthen the matrix of NURSING staff with diverse skills and knowledge.

The advancement of the Trainee Nursing Associates programme has continued and the first cohort are due to complete their training in January 2019. A summary of the programme completion and their inclusion into the CWP workforce will be appraised at the next bi-annual submission.

One additional post developed in the past six months has been the introduction of the Consultant Practitioner in Training post. This post is within the Adult ASD service and again the impact on staff skills and development will be evaluated at a later date.

Responding to unplanned Workforce Challenges

All inpatient areas reported challenges in their ability to fully achieve their daily staffing establishment. This was not because of inappropriate baseline establishments but as a result of staffing pressures arising from sickness, unplanned leave, vacancies and staff being unable to undertake clinical duties, for various reasons (for example maternity leave). Individually wards attempted to fill deficits and there were no reports of clinical areas not being permitted to have the necessary staff they required. All areas highlighted that they were able to voice any concerns relating to staffing pressures. The main challenge was where a sum of areas all had unplanned staffing pressures and despite management agreement to fill deficits attaining the staff was onerous and sometimes unsuccessful; despite using the ward's own staff, seeking temporary staffing and offering overtime. This led to occasions where agency staff were required but this was always a last resort.

Where there were high levels of acute need and unplanned staffing pressures the adoption of daily staffing meetings took place to appraise need, prioritise safe care and consider the distribution of staff accordingly. Additionally, wards called upon their extended multi-disciplinary teams to support safe care by working in the establishment. This lead to some expressed views that the broader care needs could not be achieved (such as provision of MDT reports). Nevertheless, the consensus overall was that in the event of unplanned staffing deficits the responsibility for the whole care team was the safe care and treatment of the client cohort in the short term.

The locality bleep holders continued to play an integral role to the deployment of staff and maintain cover across the unit. The Supernumerary Bleep Holder role commenced in August 2018 and there have been challenges to maintain this although staff endeavours to achieve this continue.

Ward Managers continue to report that they are regularly working in the numbers but this is not easily evidenced as there is no uniform record keeping mechanism. However, it is right that the Ward Manager supports safer staffing within their ward but it is also important that the infrastructure of managing staff (such as in completing appraisals and management of sickness and absence) is completed in a timely manner. Ward managers as with other MDT members concurred that the delivery of safe clinical care was always their priority.

Evidence Based Tools

a) Safer Staffing Audit Tool by Dr Keith Hurst

The implementation of the Hurst tool has continued over the past 6 months and the objectives set for this reporting period was that a quality audit would be completed on Bollin Ward and Eastway LD Unit. The Bollin quality audit was completed on 19th October 2018 and the presenting scores were excellent indicating an efficient ward, good leadership, which is person centred. The scores were as follows

	A	B	C
	Ward Code /Source	1. All 149 Admission Ward	Bollin
1	*Questions*	231804	743
2	*Overall*	82.2%	94.0%
3	*Assessment*	78.5%	96.0%
4	*Planning*	76.2%	88.0%
5	*Implement.*	88.1%	95.0%
6	*Evaluation*	81.0%	95.0%
7	*Ward Score*	90.6%	89.0%

Dr Hurst's findings on the quality scores highlighted that they were "above the 70% watermark (Table, Col. C) and all but one category exceeds the 149-ward average. Consequently, staff deserve recognition and praise for their service quality scores".

The Eastway quality audit was booked for November 2018, as this was after the unit temporarily relocated and rearranged for a further date. Additionally, the full Hurst Audit Tool detailing staff activity and dependency analysis commenced in November. The audit commenced on one ward (Brackendale) but it has been planned for 3 wards (Juniper, Brackendale and Cherry) in total. Each ward audit will take three days, inclusive of one day at the weekend. The findings will assist

workforce development through understanding the tasks that staff complete, the skill mix required on the ward and the activities that occupy most staff time. The findings of these audits will be presented at the next bi-annual submission.

b) Care Hours Per Patient Day (CHPPD)

Following the AHP CHPPD pilot in June 2018 the AHP hours were due to be added to the monthly ward staffing return from September 2018, however national technical difficulties developing the submission template at NHS Digital delayed it for two months. The first AHP collection will be for November's data which will be submitted in December.

In October details of the collection were sent out to those involved in the ward staffing return together with a template created based on the pilot collection as the official template was not published until December 1st. Temporary templates have been issued for the wards to use for November and December and a weekly template was issued to all wards in December in time to be used from January.

Guidance has been issued for clarification of what is an AHP role for this return, such as activity co-ordinators, pharmacists social workers and peer support workers. The AHP hours to be included are for those on the roster for a single ward. AHP's who work across wards are not included. Unlike the pilot collection where the type of AHP was required, AHP's in the ward staffing return will only be reported as Registered and Non-Registered.

Temporary staffing and Recruitment

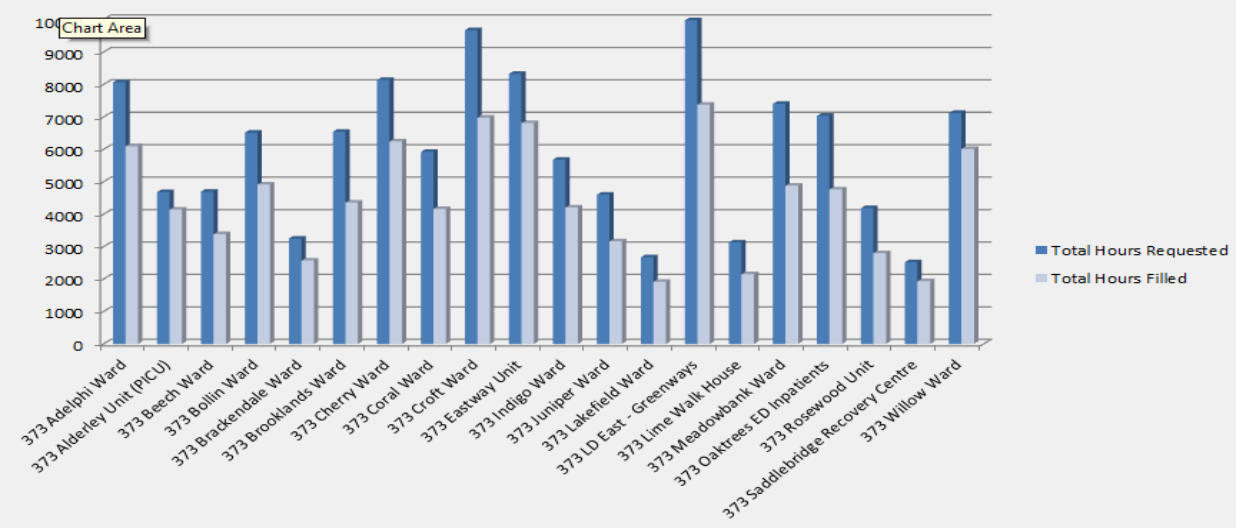
The table below indicates the establishments, vacancies and numbers in recruitment as at October 2018. Over the reporting period there were on average 17.43 WTE (6%) registered nursing inpatient vacancies and 9.84 WTE (3.4%) clinical support worker inpatient vacancies. The time to hire from vacancy advertised to contract letter as at Oct 18 was 49.4 working days and the average time to hire during this reporting period for the same criteria was 52.9 working days. Resourcing are currently working with Finance colleagues to establish rolling recruitment in advance of need and Resourcing will also be rolling out values based recruitment from early 2019 to support rolling recruitment events.

Working closely with clinical services to identify vacant and potentially vacant posts from March 2019, the Trust held an open recruitment day primarily aimed at student nurses in their third year due to qualify in March 2019. This event was well attended (by students in all years of study) and led to 26 employment offers.

Trust Wards	**WTE [budgeted establishment] as at Oct 18**	**WTE [Staff in post] as at Oct 18**	**Staffing differential**	**WTE in recruitment as at Oct 18 (from out to advert to start date booked)**
Registered Nurses	290.78	268.54	-22.24	30.27
Clinical Support Workers	288.94	289.83	+0.89	15.04

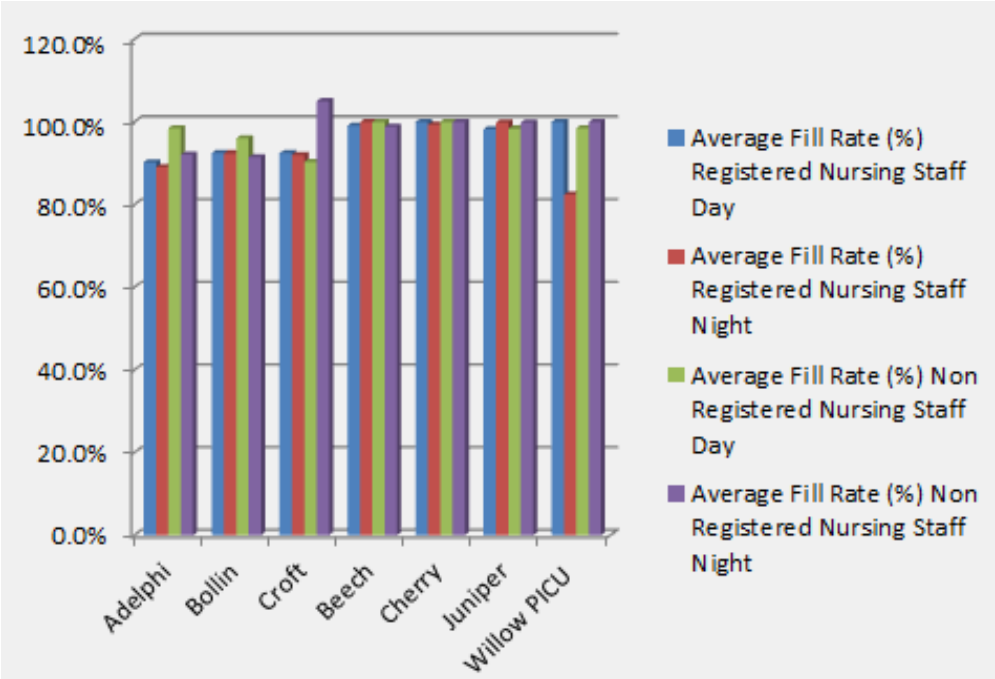
Demand for temporary staffing has risen together with agency use – the total WTE filled has risen from 91.1 WTE Nov 17-April 18 to 120.7 WTE May – Oct 18. The figures include a rise in agency clinical support worker bookings from 3.6 WTE to 6.8 WTE. Due to this increase in demand, bank recruitment for registered and non-registered nursing roles has been prioritised for all areas and there is currently continuous recruitment activity. 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 NHSI cap. This agreement is due to end March 19 and Temporary Staffing are currently involved with Cheshire and Merseyside Health and Social Care Partnership to work collaboratively towards standard rates across the region and a high quality of compliance for supply.

Temporary Staffing Fill Rates per ward

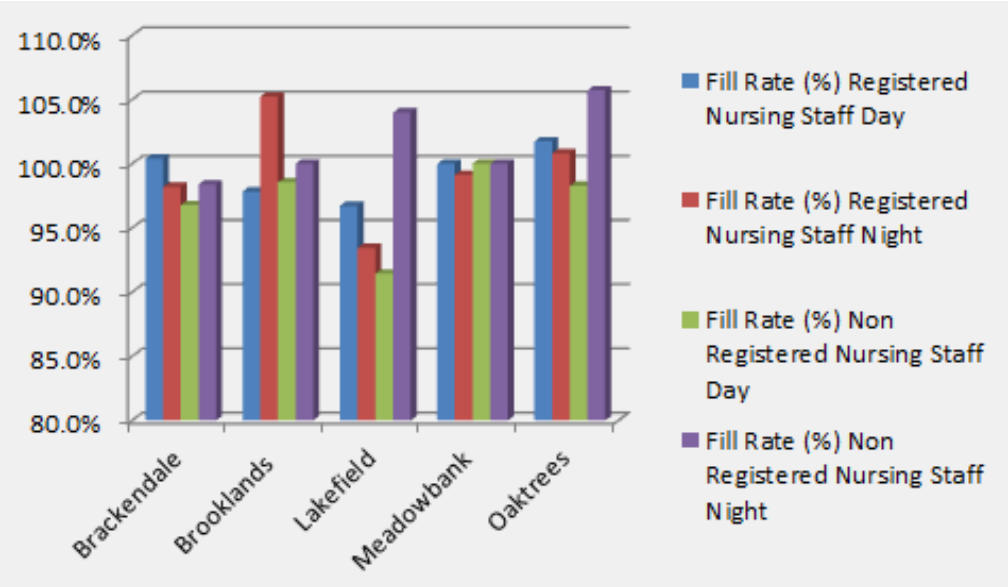


Ward Safer Staffing Average Fill Rates May – October 2018

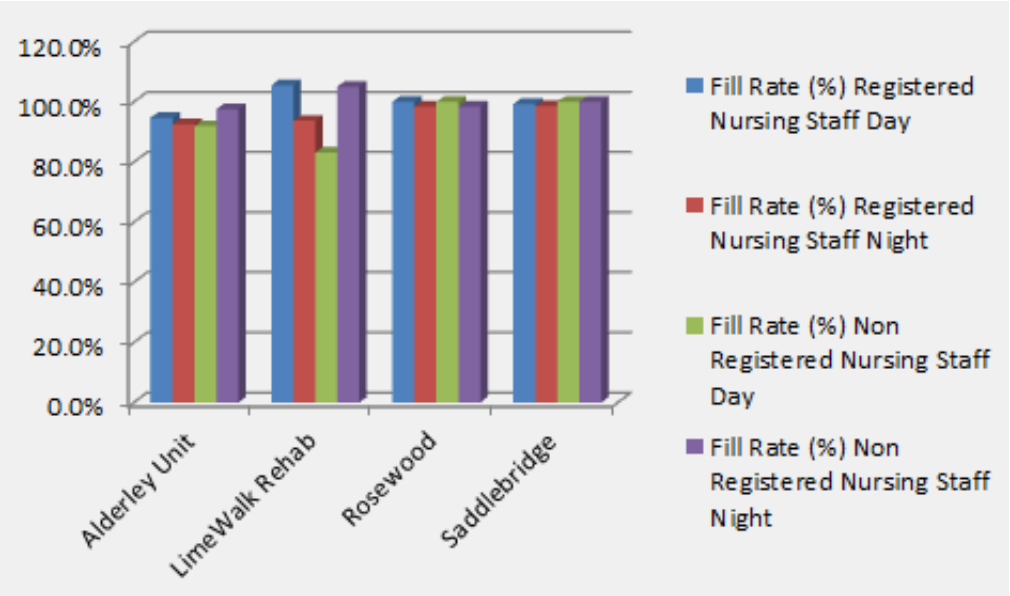
Bed Based West & East including PICU



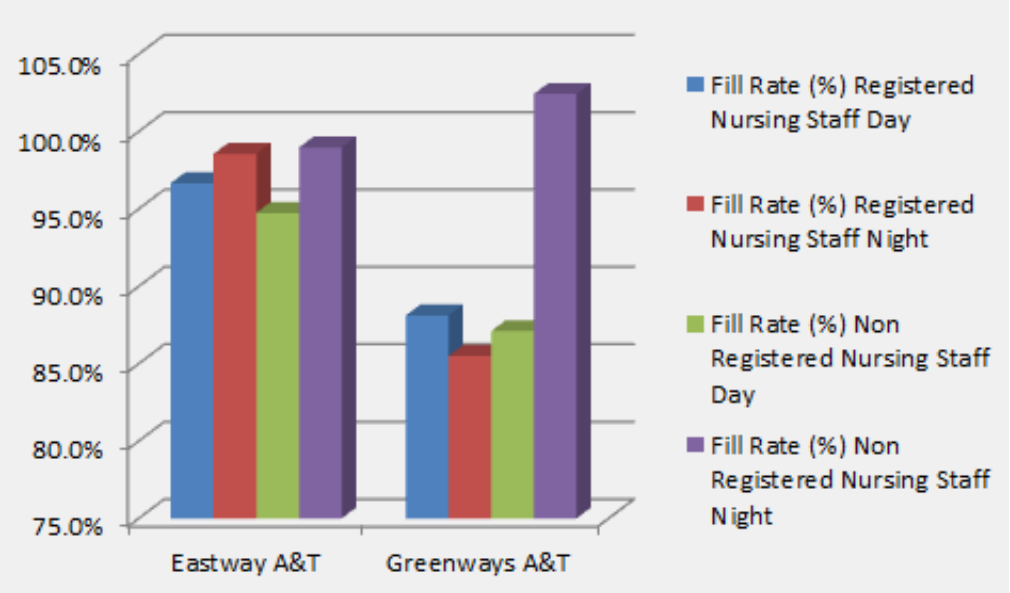
Bed Based Wirral including PICU



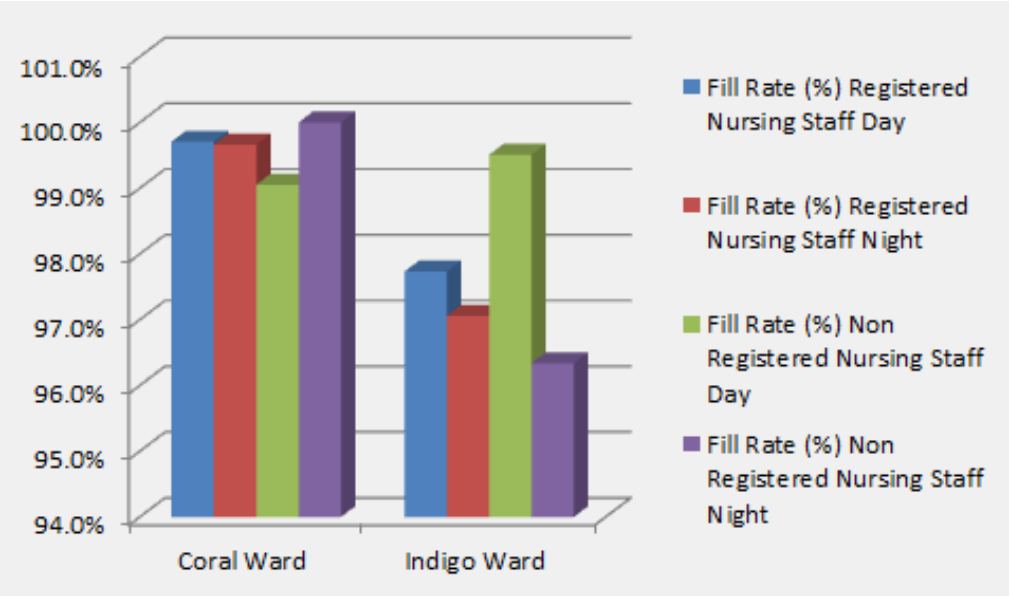
Forensic Rehab and CRAC



Learning Disability



Tier 4 CAMHS



Conclusion and Recommendations

Right Staff

The past 6 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. There was a proactive management approach to address deficits through taking a MDT 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 were accessing staff. There was cross locality management of staffing to safeguard safe staffing levels. There has been ongoing recruitment into vacancies particularly nursing and this remains a challenge and is not unique to CWP as this forms part of national nursing pressures. There remains commitment to attain the right staff and the recent recruitment of student nurses proved a 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

CWP 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 further Trainee Nursing Associates, Advanced Practitioner in Training (including AHP) and Consultant in Training post. As part of the Trust professional networks 'Your Career at CWP' pathways have been

developed and will be promoted. Additionally during 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.

Appendix 2 Learning Disability

A key driver within the transforming care agenda is to be cared for within the community with a care package that meets an individual's care needs. It is well evidenced that those with a Learning Disability who have been admitted to hospital led to significantly protracted lengths of stay and institutionalisation. Redressing this through the transforming care programme includes work in relation to repatriation of inpatients back into the community from out of area hospitals and community placements and also identifying those at risk of admission to consider if admission is in their best interest.

Right staff

The co-morbidities for those 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 to address this. From a CWP perspective future planning around the capabilities of individual staff and also the combination of skill mix, including nursing, medical and allied health professionals (Physiotherapy, Speech and Language and Occupational Therapy) 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. Developments have started in this area through having an Autism coordinator in Trafford and also Transition practitioners. This will require further evaluation over the next six months to consider how the successes in these roles may help deliver transforming care objectives.

Right skill

Established mechanisms are in place through staff knowledge and training to identify those at risk of admission through the Care and Treatment Review process; within CWP there is the active use of the Dynamic Support Database (DSD) to identify at risk patients and for intervention (intensive support) to negate this where possible. Thus having a community staff team that can dynamically assess risk and intervention via the DSD process means that those patients who can remain in the community are getting timely intervention. It is only those with specific care needs that cannot be met within a community setting and require admission who need to be accessing Learning Disability Assessment and Treatment Services.

Community staff skills and knowledge will enable consideration of what is required for discharge, and support intervention to address this in a timely manner. Transformation objectives to meet bespoke care needs requires a skilled staff group that includes the core proficiencies in understanding Learning Disability and managing the complex challenges around behaviours and the management of risk. An enhanced knowledge base around physical health and mental health is required given the increased co-morbidities within those with a Learning Disability aimed at reducing health inequalities and increase life expectancy. The Trust has recently recruited three Advanced Practitioners in Training within Learning Disability services: a Nurse, Speech and Language Therapist and Physiotherapist.

Right time & place

New specialist practitioner roles to support and develop staff practice in each specialist discipline are being put in place. A Consultant Occupational Therapist (in training) has recently been introduced specialising in Autism Spectrum Disorder (ASD), these new clinical leadership roles will assist in

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

gathering evidence and deliver training as part of staff development to increase skills and capability to meet clinical needs in a timely manner.

In summary to develop CWP's safer staffing priorities for Learning Disability services the aim over the next 6 months is to map our current provision with the future needs of our LD cohort using An Improvement Resource for Learning Disabilities Services guidance. [4]

[4] NQB (January 2018) An Improvement Resource for LD Services https://improvement.nhs.uk/resources/safe-staffing-improvement-resources-learning-disability-services/

Appendix 3 Community Nursing

Introduction

The National Quality Board (NQB) (2018) highlights the critical directions in which to start advancing; retaining the focus on safe, sustainable and productive staffing with three key expectations: Right Staff, Right Skills, Right Place and Time.

The principles of setting "safe caseloads" (NQB 2018) within community nursing (physical health) apply where services are reconfigured, such as the development of new health and care models with organisations working together to implement the principles.

This first report is inclusive of all community nurses based within the Community Care Teams (CCT's), Neighbourhood Based Care Group. Future consideration may include allied health professionals and specialist nurses (for example specialist palliative care nurses) to truly reflect the delivery of care through our integrated CCTs.

Staffing

Right staff

Workforce planning:

The current nursing establishment is historically based upon the population size of people aged 65 years and above within identified GP clusters. The integration of services within CCTs ensures that patient needs are managed on a multi-professional requirement.

Although the nursing establishment is based on practice population data; professional judgement is also used to ensure establishments reflect the population need. An example of this is the identification that Ellesmere Port CCT required additional staffing due to them consistently requiring support. The nursing establishment has been reviewed and the team received additional resource resulting in a significant reduction in reliance upon other teams to support their patient demand.

On a daily basis teams submit a capacity tool indicating their capacity predictions for the following day and what they actually achieved the previous day. This tool includes the monitoring of the number of visits that have needed to be 'deferred' on a given day due to clinical priorities. Alongside this, teams prioritise their visits ensuring that those with immediate / urgent need are given highest priority; priority 1. This shared oversight of working amongst teams enables effective communication and enhances the team's ability to collectively respond to patient requirements.

The service is working on the development and introduction of a risk stratification tool as part of the Integrated Care Partnership (ICP). This will assist to identify areas that need to be targeted alongside partnership working within the Care Communities to ensure that staff skill and preventative requirements inform future workforce profiles. This information will inform the nursing workforce is developed in order to meet the current and future healthcare needs of our population.

Right Skills

In November 2017 an Adult Community Nurse Induction Skills Programme was implemented. The two day Skills Programme is accessible each quarter to all new community nursing staff as part of their induction to the service (including non-registered staff) and is in addition to a preceptorship programme for newly qualified nurses. Existing staff that require skills updates are invited to join the programme.

A Clinical Skills Matrix has been developed that identifies the role essential skills and competencies for each community nursing role. This enables each team to ensure that they have the full range of skills and competencies to meet the needs of the population; from a service perspective it enables specialist nursing skills to be identified and share across the service. The clinical skills matrix is used to inform the training needs analysis.

The service reviews the staff skill mix regularly to enable the needs of the population to be met. Administration of insulin by non-registered nursing staff has been a success and demonstrates appropriate development of skills. Likewise, the service has enabled the role of the nursing associate to be introduced and is currently supporting the development of Advanced Practitioners. It is recognised that the current roles, namely community matron and clinical caseload manager, need to be aligned to the wider Trust standards of Advanced Practice and need to be clearly defined to enable effectiveness of these positions to be known.

Recruitment and retention:
Recruitment requirements are centralised through a shared monitoring system which informs recruitment needs and identifies level of vacancies to be appointed to through the rolling recruitment programme for band 5 community nurses. Local soft intelligence is used within CCT's who are best able to interpret such to assist in anticipating the recruitment and retention requirements of community nursing workforce. The Trust wide student nurse recruitment event held in September 2018 supported advance workforce planning, recruiting into current vacancies and horizon scanning for the future.

Turnover rates for vacancies are monitored through determined reporting systems as part of the governance process. Any risk of staff shortages are mitigated locally initially by team leaders having access to a regular pool of bank staff and close liaise with fellow teams and colleagues. Assurance is evidenced by CCTs not requiring support from Locum Agencies in the last 12 months.

Right Place and Time
Information contained within Locality Data Packs assists to inform the reasons for referral of patients to the CCTs. Use of this type of information requires development to inform how patients' needs are met promptly and according to clinical priority.

Community Care Teams currently report activity of patient reallocation and associated risk of not being able to meet patients' needs according to their clinical priority via the Daily Capacity Reporting Tool. This provides assurance that patient's with a priority 1 need, those patients' with a clinical need requiring a community nursing visit that day, have been met. This has been achieved by responding to the determined risks identified by use of the tool, inclusive of the ability to redeploy staff; to care for patients with the greatest clinical need when and as needed; with the most appropriate skill to meet the needs of the patients at a particular point in time. Presently, this tool provides anticipatory data but does not provide information in real-time. To address this, a Daily Situation Report is being developed across Community Care Teams using a quality improvement approach.

Recommendations:

- To review the daily capacity tool and the use of using ‘deferred’ patients as the method of informing capacity and demand.
- Develop the use of locality data packs and determine how the information can be used to inform practice.
- Review the role of community matrons.

Appendix 4 Improving Access to Psychological Therapies (IAPT)

Core Improving Access to Psychological Therapies Safer Staffing Report

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 (British Association for Behavioural and Cognitive Psychotherapies (BABCP) for Cognitive Behavioural Therapists) for the modality of therapy they are offering.

Right Staff:

	Trainee PWPs	Qualified PWPs	Senior PWP	Trainee HITs	Qualified HITs	Qualified Counsellors	Assistant PWPs/HCAs	Total Staffing
South Cheshire and Vale Royal	3	5.74	1	2	9.5	5.3	1	27.54
West Cheshire	1	9.4	1	0	10.9	7.6	0	29.9
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 5 whole time equivalent (WTE) qualified Psychological Wellbeing Practitioners (PWPs) and West Cheshire would require an additional 2 WTE PWPs. Currently we are utilising a higher percentage of high intensity therapy to meet the demand.

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 will be purchased to provide the required supervision by February 2019. Sufficient number of supervisors to include supervision for counselling for depression will be available by December 2019; this will be as a result of the current trainees qualifying and accessing the Health Education England (HEE) commissioned supervisor course.

The impact of this is limited as we are providing core IAPT supervision to across the sites and this would be and additional offer.

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 2019.

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 regularly reviewed within a reasonable period of time (2-4 weeks) with some services delivering weekly supervision.

High intensity activity is currently higher than the national model for step 3 across the IAPT services. All services are offering a compliant stepped care model with all patients being offered an initial step 2 intervention. This enables staff to meet patient need effectively by identifying those with a greater need to continue onto a high intensity programme. 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 is not recovering as expected. The services have the capacity to deliver this offer through the stepped care model.

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 apart from South Sefton Southport and Formby offer web based support which is a better use of staff resource to meet patient need. This is an identified area of improvement and we will be working with our delivery partner to ensure that this is offered for 2019.

Recommendations:

1. To work with our delivery partner in South Sefton and Formby for web based support to be available to patients as a step 2 intervention.
2. To enable qualified counsellors without IAPT approval training to access such in 2019.
3. To progress with the provision of internal supervision for EMDR and Counselling for Depression.

Appendix 5 Place Based Care Mental Health

Overview

This appendix to the safer staffing update will seek to provide a position statement with specific reference to the services that fall within the Specialist Mental Health: Place Based portfolio and particularly focusing upon place based, specialist mental health services. 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 its signature quality initiative programme focusing upon the *Responsive Care in Communities* programme which seeks to ensure a Trust wide approach to the delivery of specialist mental health services that reduces unwarranted variation in practice, quality, experience and outcome of both physical and mental health and supports the delivery of place based care that uses the assets and skills of the local community to deliver integrated care. Taken in the context of an aging workforce and increasing difficulties in the recruitment to key roles it is imperative that this work programme takes an innovative approach to the development of new roles for both registered and unregistered staff that uses the assets and skills of the local community to integrate care delivery.

It should be noted that there are considerable interdependencies with the wider redesign of specialist mental health services, including the programme of work being done across Central and Eastern Cheshire to ensure that services are safe and sustainable; clinically effective and accessible whilst providing a good service user experience within the current financial envelope. This potentially results in changes to staffs' roles resulting in some early planning with CWP Education and Organisational Development as part of the programme of work to ensure a skilled and motivated workforce.

The CMHT 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 not been a strategic plan 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, Recent training positions have sought to address this and have been developed in a considered manner with the vision for services and the desire to address '*the right staff, the right skill, the right place*' agenda in mind.

Right Skills

The current review of community services entails a clinically-led review of the current Care Clusters to ensure that they are NICE concordant together with the identification of the skills required to undertake each intervention and that it is delivered by the *right person, with the right skills in the right place* throughout the clinical journey. This will support services to identify an appropriate skill mix and optimise their capability, enabling recruitment and training and development to be considered in a planned way that maximises teams' capability through the use of innovative roles.

The programme of work has focused upon identifying the skills required to meet the needs of service users in terms of being able to deliver the evidence-based interventions recommended within NICE clinical guidance. This approach has been taken at every level of the workforce – from support worker to consultant level. This approach has then supported the identification of the roles required to deliver the necessary skills.

An audit completed across place based, specialist mental health services revealed a limited number of people who held advanced skills and a number of those lack current experience in their use – particularly the use of psychological interventions. Thus, a comprehensive training strategy together with a full programme of organisational development and culture change is required to support the full transformation programme.

Right Staff

The identification of skills required to be delivered has enabled an innovative approach to the development of a multi-disciplinary 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 skills gaps utilising new roles with the Nursing Associate and new Advanced Practitioner roles are a clear example of how Specialist Mental Health: Place Based services are seeking to ensure that there is a robust approach to the physical health needs of service users.

Right Time

It is important to recognise that the wider redesign of health and care systems impact upon the delivery of care within Place based, specialist mental health services too as the move to deliver Place Based care that addresses the needs of local populations' gains momentum.

Whilst the move towards integrated models of delivery is at different stages across the organisation, there is a unilateral acknowledgement of the need to develop increased links with Primary Care services – either through closer working practices or the development of new roles, to provide earlier intervention, reduce duplication and unnecessary consultations/ contacts and to address the mental health needs of people with other long term health conditions. Several 'pilot' programmes are in progress across the organisation trialling models with the aim of providing earlier support and intervention for the local populations.