



# Review of Inpatient Nursing Establishment, Capacity and Capability

## Mental Health Division

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# Review of Inpatient Nursing Establishment, Capacity and Capability, Mental Health

## 1.0 Introduction

There is an organisational requirement to review nursing staff levels on a six monthly basis across the Mental Health Inpatient services. This paper has been refreshed to reflect progress and provide an updated position for the Division.

The paper outlines the current funded nursing establishment and agreed minimum safe staffing levels required to support the bed occupancy, patient acuity and deliver safe and effective care.

The Mental Health Division has nine inpatient wards across four hospital sites:

- Edward Street Hospital; Sandwell - Older adults
- Hallam Street Hospital; Sandwell - Adults of working age
- Penn Hospital; Wolverhampton, Adults and Older Adults
- Macarthur Centre; Sandwell , Male Psychiatric Intensive Care Unit (PICU)

The inpatient service is described in more detail in table 1

## 1.1 Table 1 – Mental Health Inpatient Services - Urgent Care

Ward	Speciality
<b>Edward Street Hospital</b>	
<b>Salter Ward</b>	Older adults with functional disorders assessment and treatment ward
<b>Chance Ward</b>	Older adults with organic disorders (complex needs), assessment and treatment ward.
<b>Hallam Street Hospital</b>	
<b>Charlemont Ward</b>	Adults of working age
<b>Friar Ward</b>	Adults of working age
<b>Abbey Ward</b>	Adults of working age
<b>Penn Hospital</b>	
<b>Meadow Ward</b>	Older adults assessment and treatment ward (Functional and Organic disorders )
<b>Dale Ward</b>	Adult of working age (female)
<b>Brook Ward</b>	Adults of working age (male)
<b>Macarthur Centre</b>	Male Psychiatric Intensive Care Unit

## 2.0 Shift Patterns Review

Revised shift patterns have been implemented within both Macarthur , January 2016 and Hallam Street March 2016.

The shift systems introduced were staff led and offer greater choice and flexibility to the nursing team. Additional benefits include:

- Continuity of patient care delivery achieved with the long days.
- Staff rest days being together each week.
- Elimination of long stretches ie 6 days plus.
- Improved work life balance/general wellbeing and increased down time.
- Potential reduction in sickness absence

The Division proposes a further review of existing shift patterns utilising the learning from previous sites at both Penn and Edward Street hospitals from January 2017.

## 3.0 Funded Nursing Establishment

### 3.1 Table 2 : Funded Registered Nursing Establishment Urgent Care August 2016

#### Substantive Registered Nurses

Report No	Report Name	WTE Budget	WTE Actual	Variance WTE August 2016	Variance WTE February 2016
213	Charlemont House	15.5	12.59	2.91	7.29
228	PICU	19.87	12.85	7.02	6.79
241	Brook Ward	17.38	13.95	3.43	6.03
212	Friar House	14.43	12.55	1.88	5.45
242	Dale Ward	17.38	12.6	4.78	4.78
214	Abbey House	15.5	10.8	4.7	3.68
246	Meadow Ward	15.91	13.0	2.91	2.91
306	Salter Ward	14.6	13.6	1.0	1.18
304	Chance Ward	14.97	12.98	1.99	0.99
<b>Grand Total</b>		<b>145.54</b>	<b>114.92</b>	<b>30.62</b>	<b>39.1</b>

### 3.2 Table 3 : Funded Healthcare Support Worker Establishment Urgent Care August 2016

Report No	Report Name	WTE Budget	WTE Actual	Variance WTE August 2016	Variance WTE February 2016
228	PICU	11.68	12.0	-0.32	1.52
306	Salter Ward	10.54	8.8	1.74	1.12
242	Dale Ward	10.92	10.0	0.92	1.12
246	Meadow Ward	9.43	10.55	-1.12	0.88
213	Charlemont House	11.31	10.8	0.51	-0.88
214	Abbey House	12.34	10.88	1.46	-0.96
241	Brook Ward	10.92	10.97	-0.05	-1.05
212	Friar House	12.03	11.63	0.4	-1.11
304	Chance Ward	16.38	16.63	-0.25	-1.28
Grand Total		105.55	102.26	3.29	-0.64

Tables 2 and 3 outline the current funded establishments for both registered nurses and healthcare support workers.

There remains a significant variance of **30.62** wte registered nurse posts vacant against the **145.54** funded within the establishments. The variance February 2016 was **39.1**. It is recognised whilst some clinical areas have successfully recruited to registered nurse posts during the last six months ie **Charlemont and Friar**, other teams have been unable to recruit to vacant posts ie **Macarthur, Dale and Abbey**. Retention of existing registered nurses has also impacted on the overall substantive post picture in the main due to ie retirement, promotion opportunities.

Recruitment and retention of registered mental health nurses particularly at Band 5 remains an ongoing challenge for the Division. It is important to note this is not unique to BCPFT and mirrors the national picture. However, recruitment and retention of Healthcare Support Workers maintains a positive position.

#### 4.0 Recruitment and Retention Challenges

There has been significant progress within a range of actions and initiatives supporting the recruitment and retention challenges over the last six months. These are being led by workforce sub groups and local level activities and are monitored via both Nursing Board and Workforce Committee.

Examples include

- Achieve a ‘time to hire’ of 8 weeks in line with the Regional Streamlining. **Now monitored by set KPIs.**
- Electronic vacancy approval form developed **Now in use.**
- Back log of contracts cleared. **Contracts are now prepared prior to start date.**
- Accurate tracking of posts through the whole process **Recruitment database currently being developed to include vacancy approval to appointment.**
- A ‘target’ date for appointment based on 10 weeks from advert. **This will be built into the recruitment database.**
- All vacancy adverts to be forwarded to bank workers . **This is made available via the job bulletin and shared widely.**
- All job bulletins to be available for displaying in clinical areas. **Ward Managers and Team Leads receive and print off.**
- Arrangements to be made for recruitment checks to be undertaken on the day of interviews where appropriate. **Introducing one stop shop model.**
- Improved communications with successful candidates. **Monitored via the new KPIs.**
- Development of a Standard Operating Procedure to outline the roles and responsibilities within the process. **SOP developed and available.**
- Development of the Recruitment and Retention Strategy **Draft strategy complete along with action plan, to be tabled at Workforce Committee November 2016 for approval.**
- Recruitment Campaign Initiatives **New material developed and agreed. First recruitment campaign using this will be the MERIT joint recruitment event on 12<sup>th</sup> November at Birmingham Library.**
- Diagnostic Tool Framework. **Activity monitored via the Nursing Board.**
- Explore potential recruitment of existing agency workers to substantive posts. **Successful recruitment to both internal bank and substantive posts continues to be given a focus.**
- **Introduction of weekly pay for bank work implemented**
- Explore self-rostering opportunities for staff **Work undertaken around improving rostering. Rosters now completed in line with the 8 week timescale. Roster workshops held to support managers with effective roster management. Audit tool now being implemented on an individual ward basis.**
- Progress Agency National Safe Staff Arrangements CAP
- “Shaping our Future”, development of a Modern Nursing Career Pathway Model. **Actively monitored via Nursing Board.**

In addition, the recruitment and retention sub group are working through the action plan to include:

- All new starters to receive a survey to gain feedback on the recruitment process via survey monkey.
- A survey developed for recruitment managers to gain feedback on the recruitment process, via survey monkey.
- A 6 monthly survey to gain further feedback to ensure full induction has taken place.
- Recruitment website to be reviewed and further developed by December.
- Annual recruitment planner/calendar developed.
- New recruitment policy and managers guidance completed and agreed/uploaded to intranet.
- Section on e-bulletin to identify where jobs can be located.
- The use of social media for adverts where appropriate.

## 5.0 Safe Staffing Levels

### 5.1 Table 4 : Safe Staffing Levels

Ward	Beds	Early	Late	Night
Salter	20	5	5	4
Chance	18	6	6	4
Charlemont	18	5	5	4
Friar	18	5	5	4
Abbey	18	5	5	4
Meadow	16	5	5	4
Dale	16	5	5	4
Brook	20	5	5	4
Macarthur	12	7	7	6

Table 4 outlines the minimum safe staff levels for each ward on a shift by shift basis.

### 5.2 Work in progress

It is to be noted that Dale ward staff levels factor in the additional function of supporting the 136 Suite activity on Penn Hospital site. However, it is recognised the current staff to patient ratio of 1 : 3.2 ( early and late shifts ) and 1:4 ( nights ) can

create challenges for the clinical team when supporting the function of a facility external to the ward This identified resource pressure needs to be raised within the 2017 contracting round with commissioners.

Brook ward has 20 male beds and the clinical team have been working with the Service Manager and Head of Nursing and finance to explore an increase to the current funded establishment of **554** to **664**. Patient acuity and incidents of physical violence and aggression have been the catalyst. This is a piece of work which will be supported by an options appraisal in relation to the makeup of the additional nursing posts i.e. Band 4, Band 3, Band 2 and will be delivered to Quality and Safety Group Jan 2017. It is anticipated the increase in staff levels will offset the bank and agency use and deliver potential cost savings.

Penn Hospital currently operates a supernumerary Duty Senior Nurse rota for late shifts and nights. To ensure continuity this model is being considered and costed for implementation at Hallam Street .

\*Each ward has a full time Ward Manager in addition to minimum staff levels and functions in a supernumerary capacity.

### 5.3 Skill mix

#### 5.4 Table 5 – Staff Skill Mix

Ward	Early	Late	Night
Salter	3 Registered 2 HCSW	3 Registered 2 HCSW	2 Registered 2 HCSW
Chance	3 Registered 3 HCSW	3 Registered 3 HCSW	2 Registered 2 HCSW
Charlemont	3 Registered 2 HCSW	3 Registered 2 HCSW	2Registered 2 HCSW
Friar	3 Registered 2 HCSW	3 Registered 2 HCSW	2 Registered 2 HCSW
Abbey	3 Registered 2 HCSW	3 Registered 2 HCSW	2 Registered 2 HCSW
Meadow	3 Registered 2 HCSW	3 Registered 2 HCSW	2 Registered 2 HCSW
Dale	3 Registered 2 HCSW	3 Registered 2 HCSW	2 Registered 2 HCSW
Brook	3 Registered 2 HCSW	3 Registered 2 HCSW	2 Registered 2 HCSW
Macarthur	3 Registered 4 HCSW	3 Registered 4 HCSW	3 Registered 3 HCSW



Table 5 outlines the desired skill mix ratio of registered to non-registered staff . However, in the current climate of registered nurse vacancies this is not always achieved. Nevertheless, it must be noted wards continue to maintain their safe staffing level numbers against Planned versus Actual with the rostering of additional healthcare support workers .Compliance is monitored and evidenced monthly by the Safe , Sustainable and Productive Staffing Survey that is then uploaded to the National Unify System.

### **5.5 Safe Staffing Evidence based Tools/Safe Care Pilot**

The Mental Health Group participated in a West Midlands Safe Staffing pilot in early 2015 to support the development of evidence based Safer Staffing tools.

The wards participating in the second phase of the pilot are:

Brook ward – Penn

Charlemont – Hallam Street

Chance ward - Edward Street

Data collection commenced on 1st June 2016 with the wards providing daily information to the bank and rostering team pertaining to each patient's dependency level for each shift.

Nursing teams have raised concerns that the tool is flawed in that it does not accurately reflect the dependency of mental health patients with the tool being predominantly acute care focused. Therefore, the data may produce inaccurate staffing ratios. This has been raised at nursing Board and requires further discussion as to the value of continuing with this activity.

Further national work is underway in relation to Mental Health safe staffing and the Trust awaits the outcome in support of any local opportunity to participate.

### **6.0 Sickness Absence**

Sickness absence levels for the Trust as a whole remain higher than the KPI target of **4.5%**, for the Mental Health Division the year to date prediction stands at **5.42%** and is a combined figure for both long and short term sickness levels. The Division continues to fluctuate in its sickness absence levels, for August 2016 the combined figure is at 5.13%, Long term sickness totalling 3.17% and short term sickness 1.96%.

The primary reason recorded for short term sickness continues to be for musculoskeletal problems whilst the primary reason for long term absences remains stress, anxiety and depression.

As previously reported Sickness Absence continues to be actively managed in line with the revised Managing Attendance Policy and is monitored on a monthly basis through the Quality and Safety Board, Divisional Management Board and within the Divisions Performance Assurance meetings.

A significant amount of good practice aimed to reduce absence levels linked to the Health and Wellbeing Committee continues to be developed and progressed including ESR Project which will be implemented from November 2016 onwards to

support the effective use of the ESR and e-rostering self-service system with managers able to have real-time reporting.

The Division will continue to focus on embedding staff health and wellbeing and encourage staff personal responsibility for their own health and wellbeing.

### 6.1 Table 6 – Inpatient Ward Sickness Levels – March 2016 – August 2016

Hospital	Ward	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sickness Levels YTD
Edward Street	Chance	7.60%	7.80%	6.35%	9.87%	9.95%	11.22%	9.02%
	Salter	0.93%	4.02%	4.47%	0.11%	0.55%	0.11%	1.86%
Hallam Street	Abbey	4.60%	7.77%	6.50%	4.33%	9.23%	4.48%	6.48%
	Charlemont	0.89%	5.53%	14.36%	6.69%	6.27%	3.60%	7.34%
	Friar	3.62%	3.35%	0.64%	0.87%	5.39%	5.16%	3.17%
Heath Lane	Macarthur	11.63%	10.42%	7.98%	6.50%	7.50%	11.80%	8.82%
Penn	Brook	11.96%	9.14%	7.81%	8.26%	12.60%	12.31%	10.05%
	Dale	2.89%	9.44%	6.22%	5.56%	4.54%	5.13%	6.14%
	Meadow	6.99%	12.63%	14.12%	14.89%	12.46%	8.47%	12.51%

## 7. Bank and Agency Use

### 7.1 Table 7 :Bank and Agency Use

Report Number	Report Name	Agency Spend £'000	Bank Spend £'000	Total £'000
228	PICU	124	188	312
306	Salter Ward	12	69	81
242	Dale Ward	78	35	113
246	Meadow Ward	161	178	339
213	Charlemont House	16	56	72
214	Abbey House	28	68	96
241	Brook Ward	86	67	153
212	Friar House	32	93	125
304	Chance Ward	86	203	289
<b>Grand Total</b>		<b>623</b>	<b>957</b>	<b>1,580</b>

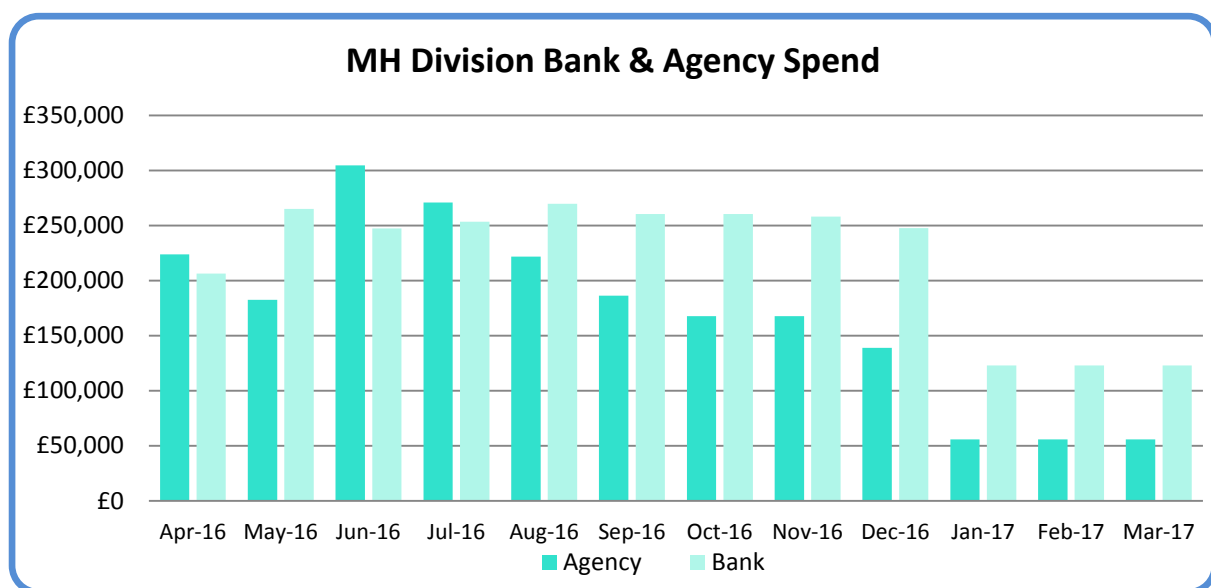
The expenditure on bank and agency staff April to August 2016 has reached £1.6 million across the nine inpatient wards.

The annual expenditure on bank and agency staff reached £3.6 million in 2014-15 across the nine inpatient wards. The figure for 2015-16 saw a further increase to £3.9 million.

Factors that have influenced continued use of temporary staff in order to maintain safe staff levels often exceeding the minimum baseline staffing include:

- Registered nurse vacancies and recruitment challenges across all inpatient sites
- Clinical Observations at Level 3 and Level 4 due to patient clinical presentations requiring support and management of significant risks ie violence and aggression, self-harm
- Cover for staffing shortfalls relating to sickness absence and time out, for example, training.

**7.2 Table 8 - Bank and Agency Spend April 16 – August 16 (forecast September 16 – March 17)**



Vacancies remain the majority reason for registered bank and agency use, whilst clinical observations remain the reason for unregistered.

It is important to note the proportion of agency use has decreased month on month from July to September 2016 and the forecast shows an ongoing trend in reduction.

The Division maintains a commitment to achieving a reduction in Bank and zero Agency usage with the implementation of a range of proactive recommendations including regular safe staffing dial-ins facilitated by the Head of Nursing.

**8.0 Recommendations**

Following this current review of the Inpatient Nursing Establishment the Mental Health Division will :

1. Continue to actively engage in the activities / sub groups aligned to Workforce Development and Nursing Board to support recruitment to vacant substantive posts and retention of existing staff

2. Continue to engage at local level with clinical teams to be creative in recruitment processes focussing on target audiences. ie learner nurses pending registration, apprentices, regular temporary staff, registered general nurses and the introduction of new roles including assistant practitioners.
3. Effectively manage all workforce changes ie retirement, succession planning.
4. Participate and influence the” Shaping our Future “, development of a Modern Nursing Career Pathway Model and its implementation.
5. Review existing shift patterns for Edward Street and Penn January 2017.
6. Complete an options appraisal for the proposed increase in staffing levels on Brook ward.
7. Liaise with commissioners (Wolverhampton) regarding resource to support 136 Suite at Penn.
8. Explore introduction of a supernumerary Duty Senior Nurse model at Hallam Street to align to Penn.
9. Monitor and analyse the data collected from the Safe Care Phase 2 pilot sites and review its value and effectiveness.
10. Actively explore the potential to recruit posts over the funded establishment as and when the opportunity within teams arises.
11. Minimise the risk of overspend by:
  - a. The continued management of sickness levels towards the Trust target of 4.5%
  - b. Continue to closely monitor the performance against this target within both the Divisions Management Board and Performance Days (engaging Service and General managers) on a monthly basis.
12. Continue to engage the nursing and medical team in implementation of the Clinical Observation Policy and monitor compliance with regular review of observation levels.
13. Introduce a formalised approach at local level to a programme of work to support ward managers with effective roster management.

Following implementation of the above recommendations a further Nursing Establishment review will be undertaken March 2017.