



Review of Inpatient Nursing Establishment, Capacity and Capability

Mental Health Division

Revised Report: April 2019
Due for Review October 2019

Author: Heidi Cater, Head of Nursing, Mental Health

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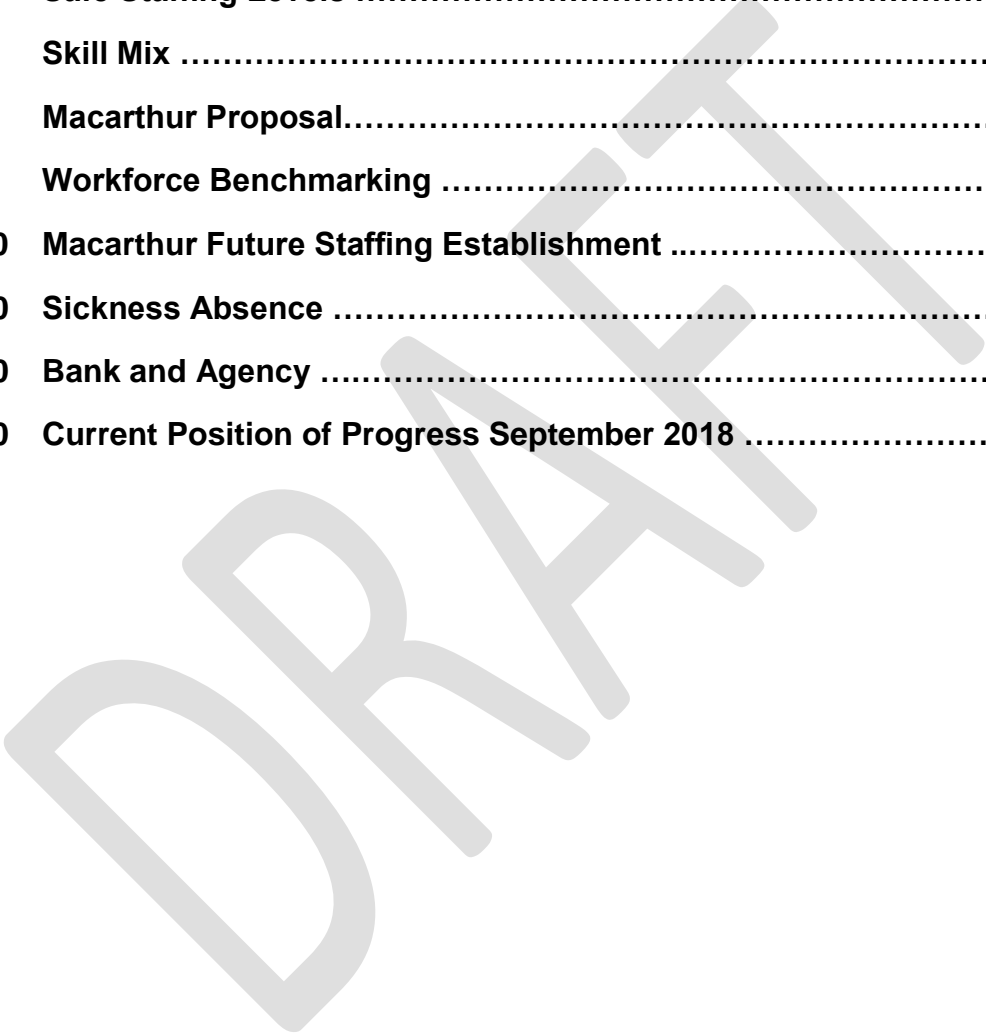
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Review of Inpatient Nursing Establishment, Capacity and Capability, Mental Health

1.0 Introduction

There is an organisational requirement to review the nursing establishment on a six monthly basis across the Mental Health Urgent Care Inpatient Services. This paper has been refreshed to reflect both 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 bed occupancy, patient acuity and delivery of safe and effective care. Also presented is a detailed nursing establishment and skill mix proposal for Macarthur (PICU), developed as part of a wider options appraisal process undertaken to support future delivery of this service.

The paper demonstrates a clear commitment by the Division to be both creative and proactive in developing and implementing initiatives to address the ongoing recruitment and retention challenges for our nursing workforce.

2.0 Inpatient Services – Urgent 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 of working age and Older Adults
- Macarthur Centre; Sandwell , Male Psychiatric Intensive Care Unit (PICU)

The inpatient services, their function and bed occupancy are outlined in **Table 1**.

Table 1.0 Mental Health Inpatient Services - Urgent Care

Location	Function	Number of Beds
Edward Street Hospital		
Salter Ward	Older adults with functional disorders Assessment and Treatment ward	20
Chance Ward	Older adults with organic disorders (complex needs) and challenging behaviours, Assessment and Treatment ward.	18
Hallam Street Hospital		
Charlemont Ward	Adults of working age	18
Friar Ward	Adults of working age	18

Location	Function	Number of Beds
Abbey Ward	Adults of working age	18
Penn Hospital		
Meadow Ward	Older adults Assessment and Treatment ward (Functional and Organic disorders)	16
Dale Ward	Adult of working age (female)	16
Brook Ward	Adults of working age (male)	20
Heath Lane		
Macarthur	Psychiatric Intensive Care Unit (Male)	12 (Maximum of 10 beds occupied)

3.0 Funded Nursing Establishment 2019/20

Table 2.0 Nursing WTE Summary for Inpatient Wards

Nursing WTE Summary For Inpatient Wards				
Report Number	Report Name	Qualified	Unqualified	Total
212	Friar House	13.60	13.60	27.20
213	Charlemont House	13.60	13.60	27.20
214	Abbey House	13.60	13.60	27.20
228	PICU	18.96	18.96	37.93
241	Brook Ward	13.60	13.60	27.20
242	Dale Ward	13.60	13.60	27.20
246	Meadow Ward	13.60	13.60	27.20
304	Edward Street - Chance	14.88	14.88	29.77
306	Edward Street - Salter	13.20	13.20	26.40
Total		128.64	128.64	257.28

Table 2.0 outlines the funded nursing establishment for both registered and un-registered nursing workforce introduced 1st April 2018.

The establishment and skill mix review reduced the registered nurse posts by **16.65** WTE across the **9** clinical areas.* Note, Macarthur saw a minimal reduction of 0.66 of a post only. From an unregistered perspective there were an additional **22.14** WTE posts created.

It is important to note all of the funding within the establishment budgets was retained to support the revised skill mix.

A key aim of the April 2018 revised establishment was to address the significant deficit and ongoing challenges evidenced over the previous two years specifically in relation to the recruitment and retention of registered mental health nurses. It is recognised unregistered staff do not replace registered nurses however, the review has enabled the division to :

- Strengthen career pathway opportunities for unregistered staff.
- Develop additional posts at Band 3 level .
- Continue to support the Clinical Apprentice Initiative.
- Introduce Band 4 Nurse Associate posts within the workforce model with a commitment to **9** posts (one per ward) being built into the establishments. ***Note the first cohort of 4 staff are pending registration June 2019.**
- Support continuity of care with a stable unregistered substantive workforce.

The revised registered establishment continues to support 3 RMNs per shift Monday to Friday with a reduction to 2 RMNs per shift at weekends (see Section 7.0 Skill Mix).

4.0 Funded Nursing Establishment

Tables 3.0 and 3.1 Outline the current funded establishments, actual whole time equivalent posts and vacancies for both registered nurses and healthcare support workers.

Table 3.0 Registered Nursing Establishment Urgent Care March 2019

Report No	Report Name	WTE BUD	WTE ACT	WTE VAR
212	Friar House	13.60	7.96	5.64
213	Charlemont House	13.60	9.80	3.80
214	Abbey House	13.60	9.60	4.00
228	PICU	18.96	9.00	9.96
241	Brook Ward	13.60	10.15	3.45
242	Dale Ward	13.60	9.60	4.00
246	Meadow Ward	13.60	12.80	0.80
304	Chance Ward - Ed St	14.88	13.00	1.88
306	Salter Ward - Ed St	13.20	12.33	0.87
Grand Total		128.64	94.24	34.40

Table 3.1: Unregistered Establishment Urgent Care March 2019

Report No	Report Name	WTE BUD	WTE ACT	WTE VAR
212	Friar House	13.60	12.73	0.87
213	Charlemont House	13.60	13.65	(0.05)
214	Abbey House	13.60	12.01	1.59
228	PICU	18.96	17.27	1.69
241	Brook Ward	13.60	13.17	0.43
242	Dale Ward	13.60	10.00	3.60
246	Meadow Ward	13.60	12.85	0.75
304	Chance Ward - Ed St	14.88	15.41	(0.53)
306	Salter Ward - Ed St	13.20	11.00	2.20
Grand Total		128.64	118.09	10.55

The registered nurse recruitment /retention issues for Mental Health Urgent Care remain a challenge. The current funded establishment March 2019 reported **34.40 vacant posts** September 2018 reported **33.61**.

Despite successful recruitment to posts since the last establishment review, overall the position remains unimproved due to the number of leavers. It is also important to acknowledge this is not unique to BCPFT and is reflective of the wider national picture

Macarthur retained all of its existing registered establishment with a minimal reduction of **0.66 WTE** following the 2018 review. However, recruitment and retention of registrants within this service has posed a significant challenge for the last 18 months+ never achieving a full substantive compliment. The registered workforce March 19 reported **9.96 WTE** vacant posts which equates to over **50%** of the funded establishment. The deficit of substantive registrants and inability to recruit successfully over a period of time has led to a need for escalation and further review. (See Macarthur Proposal, page 10)

Safe staffing is currently maintained by utilising regular agency nurses that are rostered on a block booked basis to provide continuity within the team.

March 2019 all nine wards reported a deficit against funded establishment. The Younger Adult, Working Age clinical teams continue to report registered deficits ranging from an average of 25% for Brook ward and 40% Friar ward. However, on a positive note Older Adults maintained a stable workforce with minimal vacancies.

A range of initiatives to address the ongoing registered workforce challenges continue to be actively implemented and progressed including:

- Macarthur options appraisal including full review of clinical team, staffing establishment and skill mix.
- Review of Band 6 posts to support career pathway opportunities
- Strengthening the Preceptorship package to support newly registered nurses.
- Introduction of Nurse Associates.
- Training and professional development opportunities.
- Engaging frontline staff in the Health and Wellbeing agenda including flexible working.
- Return to Practice Initiative.
- Nurse Connect Quarterly Meetings
- Recruitment fairs, rolling adverts
- Close liaison with Wolverhampton University

The increased unregistered workforce continues to be successfully recruited to and provides stability and continuity to the front line. Currently the vacancy variance totals **10.55 WTE** across the nine wards. It is anticipated on appointment to existing vacant posts there will be a positive impact further reducing the need to utilise bank and agency

5.0 Recruitment and Retention

Table 4.0: Current Recruitment Progress April 2019

Ward	Registrants Required	Recruitment Process
Chance	1.88	VAF raised and anticipate advert & interviews June 2019
Salter	0.87	As per Chance above
Meadow	0.8	Staff nurse recruited and start date May 19. Meadow will then have a full complement of registrants.
Dale	4.0	Rolling advert maintained to support recruitment
Brook	3.45	Rolling advert maintained to support recruitment
Macarthur	9.96	X 2 Band 6 interview arranged 4 th June 19 X 3 Band 5 new registrants (conditional offers post April Recruitment event awaiting confirmation of potential start dates)
Friar	5.64	Rolling advert Awaiting update on start dates x 3 new registrants (pending DBS and Right to Work confirmation post Job Fair recruitment)ACROSS HALLAM
Abbey	4.0	Rolling Advert
Charlemont	3.8	Rolling Advert

***Note Macarthur Ward Manager to commence post 12th June 2019**

The Head of Nursing and Human Resources business partners continue to work closely together to analyse the monthly flow of starters and leavers, identify any trends or specific services that require a focus.

It is important to note the Division recognises the age profile of frontline staff, including registrants is that of an ageing workforce and this will have a potential impact over the next 2 to 5 years. This is currently being linked in with Trust wide Workforce Plans. Initiatives including flexible retirement options i.e. Wind Down, Step Down and Retire and Return are available to support retaining experienced members of the workforce.

On a positive note a proportion of the registered nurses leaving the inpatient wards are retained within the organisation but migrate to other areas of the Urgent care portfolio ie Crisis Home Treatment or Planned Care services. Key reasons for leaving include: promotion, relocation, work life balance, retirement.

5.1 Retention

Table 5.0: Snapshot of Reasons for Leaving March/April 2019 (Mental Health Division Clinical Staff)

Leaving Reason	Total
Retirement Age	12
Voluntary Resignation – Better Reward Package	1
Voluntary Resignation – Other/Not Known	7
Voluntary Resignation – Promotion	3
Voluntary Resignation – Relocation	1
Voluntary Resignation – Work Life Balance	3
Voluntary Resignation – Health	1
Grand Total	28

6.0 Safe Staffing Levels

Table 6.0 Safe Staffing Levels March 2019

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 6.0 outlines the minimum safe staff levels for each ward on a shift by shift basis (excluding the Ward Managers who function in a supernumerary capacity Monday to Friday, 9.00am – 5.00pm).

All wards currently operate a baseline safe staffing level of **5/5/4** with the exception of Chance **6/6/4** and Macarthur **7/7/6**.

Safe Staffing levels are monitored monthly through the Safe Sustainable and Productive Staffing Survey. Mental Health continue to achieve a combined fill rate (registered and unregistered) of 100% plus on a monthly basis. However, due to the vacancy position for registered nurses the majority of the wards have consistently been reporting below the 90% threshold for the registered element. A high fill rate of unregistered staff are utilised to achieve the safe staff levels required including the use of bank and agency.

It is important to note, despite the current registered funded establishments being in line with or above the national average, the Younger Adult wards and Macarthur are regularly supported by registered agency or backfilled by unregistered staff. This is significantly impacted by the **34.40** WTE vacancies (See Table 3.0).

7.0 Skill Mix

Table 7.0 – Current Nurse Skill Mix March 2019

Ward	Early Mon-Fri	Early Sat-Sun	Late Mon-Fri	Late Sat-Sun	Night
Salter	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Chance	3 Reg 3 HCSW	2 Reg 4 HCSW	3 Registered 3 HCSW	2 Reg 4 HCSW	2 Registered 2 HCSW
Charlemont	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Friar	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Abbey	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Meadow	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Dale	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Brook	3 Reg 2 HCSW	2 Reg 3 HCSW	3 Registered 2 HCSW	2 Reg 3 HCSW	2 Registered 2 HCSW
Macarthur	3 Reg 4 HCSW	3 Reg 4 HCSW	3 Registered 4 HCSW	3 Reg 4 HCSW	3 Registered 3 HCSW

The current skill mix **Table 7.0** supports 3 registered nurses Monday to Friday with a minimum of 2 registrants per shift at weekends **with the exception of Macarthur who retained 3 registrants across the 7 day week including nights**. However due to the 50% deficit of substantive registrants for Macarthur the current skill mix cannot be sustained across all shifts.

8.0 Macarthur Proposal

To address the challenges of Macarthur (PICU) registered workforce a full review of staffing establishment and skill mix has been undertaken as part a wider options appraisal for the service.

Minimum staffing levels are currently set at seven staff on both early and late shifts and six staff at night (7:7:6).The staffing profile was introduced to support 10 bed occupancy.

However, the staffing levels on PICU are dependent upon on a variety of factors including clinical activity, acuity, clinical observations prescribed, staff training and development, skill mix, and non-direct clinical demands. Staff levels are adjusted to meet these needs on a daily / shift by shift basis.

End of March 2019 the vacancy rate was reported at **11.65 WTE** of which **9.96** were registered. From a recruitment / retention perspective Jan to April 2019 there have been **3 starters** and **6 leavers**; which included the Ward Manager.

Table 8.0 – Macarthur Registered Fill Rate from September 2018 to February 2019

			Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19
Adult MH Illness	Heath Lane	PICU	80.4%	75.3%	80.4%	97.5%	83.9%	91.3%

*Information taken from the summary of planned versus actual staffing levels by ward February 2019 report

The table above evidences Macarthur have consistently been unable to meet their registered fill rate for the last 6 months requiring unregistered backfill and block booked registrants via agency and bank.

9.0 Workforce Benchmarking

Workforce benchmarking data from other PICU providers across England has been collated to inform a safe staffing review.

Table 9.0 – National Benchmarking

Area	No of Beds	PICU Type	Staffing Establishments
Northampton	7	Male	5:5:4
Cornwall	8	Mixed	6:6:5
Sheffield	10	Mixed	6:6:4
London	15	Male	6:6:5
Basingstoke	10	Mixed	6:6:5
Essex	10	Not Known	5:5:4
West Sussex	12	Mixed	7:7:6

The only PICU identified as having equal staffing to the Macarthur was West Sussex, however it must be noted that they have higher bed occupancy of 12 and a mixed sex population.

In line with the National Minimum Standards for PICU, 2014 the following workforce ratio is recommended:

- The nursing staff establishment on PICUs should be at least one third higher than on general acute psychiatric wards (weighted per bed)
- On each shift, a third of the nursing staff should be registered, and no less than two per shift
- As an example, minimum shift staff numbers for ten patients in a male PICU **should not fall below six for the early and late shift, and four for the night shift.** These numbers should not include management and other specific therapy staff.

Consideration was given to expanding the core staffing establishment to include the wider MDT staff. This has been discounted as this would reduce the supernumerary staff that support Macarthur. As a stand-alone mental health service sited at Heath Lane there are occasions when Macarthur relies on the flexibility of the wider MDT professionals e.g. during significant incidents, unexpected shortage of staff. Furthermore integrating all professionals into the core staffing is not in line with the national PICU recommendations.

10.0 Macarthur Future Staffing Establishment / Skill Mix Recommendation

The Mental Health Division recommends the implementation of a revised establishment /skill mix for the Macarthur. **The proposal is that the Macarthur staffing levels are reduced from 7:7:6 to a 6:6:5 (42.5/57.5) registered to unregistered split.** The revised skill mix brings Macarthur's registered establishment in line with the acute wards .

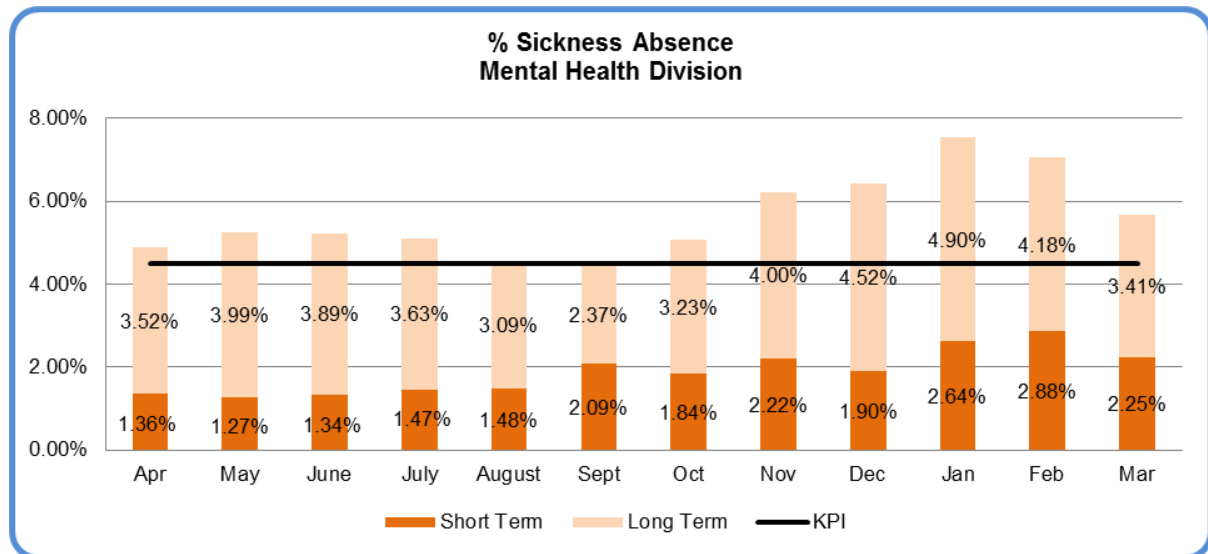
To support this recommendation the Macarthur Paper (to be presented to Executive Committee May 2019) has further detail to underpin the proposal including :

- Review of 18/19 Incident Data
- Registered Nurse Activity
- Skill Mix Roles / Responsibilities
- Additional Supportive Measures i.e. Introduction of a Duty Senior Nurse Role across Heath Lane Site
- Quality Impact Assessment
- Benefits v Risks of revised establishment.
- Ongoing Monitoring via Quality Indicator Matrix post implementation.

There will be no change to the establishment until formal approval is secured at Trust level.

11.0 Sickness Absence

Table 10.0 – Mental Health Division Sickness/Absence April 2018 to March 2019



Sickness absence has seen a 1.40% decrease overall with March 2019 figures totalling 5.66% (2.25% short term and 3.41% long term), seeing a decrease in both short and long term sickness.

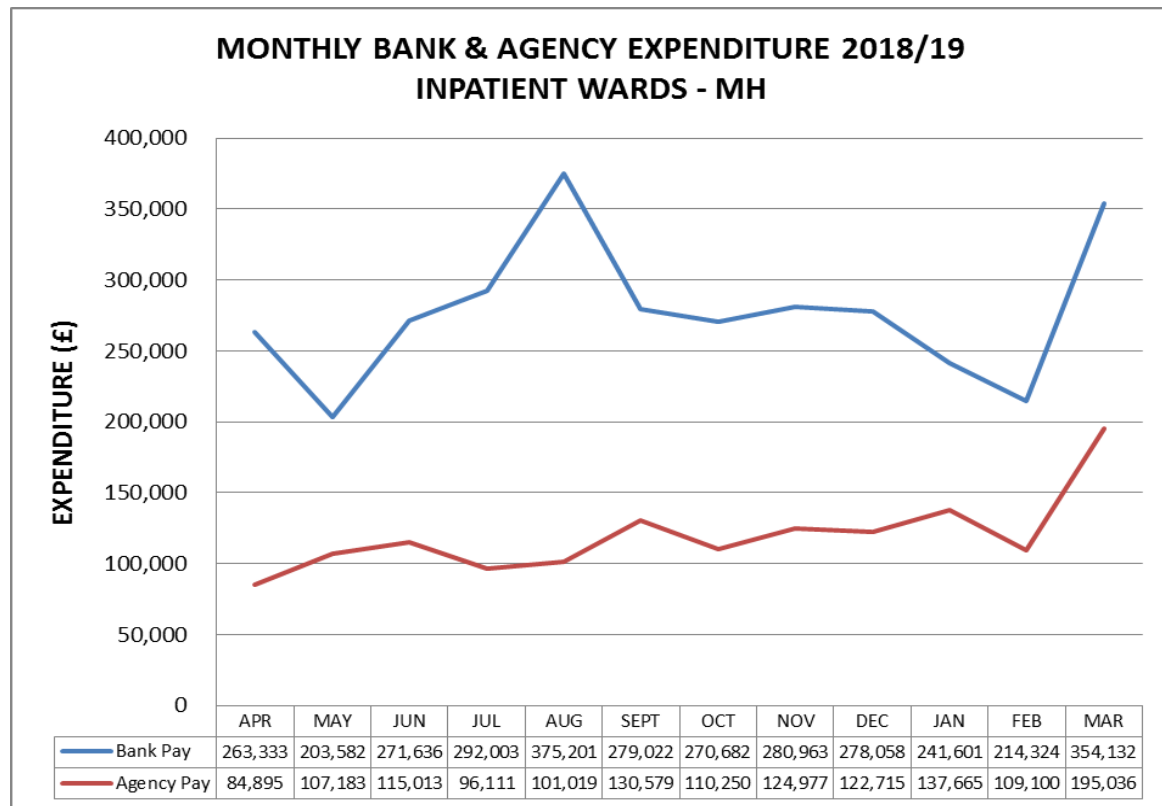
Sickness absence reported in **March 2019 for Urgent Care is at 6.82%** (improved position on previous month); YTD = 6.13%; LTS = 3.90% (worsened position previously 3.61%) and STS = 2.23% (improved – 3.20% previously reported) with a cost totalling £62,832.27. This is an overall improved position for the service.

The total cost of sickness for the Division in March 2019 was £124,420.77.

The primary reason managers recorded for short-term sickness were Cold, Cough, Flu - Influenza. The primary reason for long-term absences was Anxiety/stress/depression/other psychiatric illnesses.

12.0 Bank and Agency

Table 11.0 - Bank and Agency Use April 2018 to March 2019



The top five areas for Bank bookings to date are Macarthur, Chance, Friar, Abbey and Charlemont.

The top five areas for Agency bookings are Dale, Macarthur, Abbey, Charlemont and Friar.

Registered nurse vacancies remain the greatest factor for registered agency use, whilst clinical observations remain the main factor for unregistered staff.

Factors that continue to influence the use of temporary staff in order to maintain safe staff levels include:

- Registered nurse vacancies and recruitment and retention challenges.
- Clinical Observation and Engagement 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 backfill to release staff to access mandatory and specialist training.

The Division maintains a commitment to achieving a reduction in Bank and the ambition of Zero Agency. There are a range of proactive recommendations currently being implemented including weekly scrutiny of bank and agency usage supported by the Divisional Director and Head of Nursing and monthly monitoring via Divisional Confirm and Support Meetings. The Division is also actively involved in corporate initiatives including, Agency Cap, Retention Strategy, Workforce and Staff Health and Wellbeing.

13.0 Current Position of Progress March 2019

- Macarthur Unit has seen a significant uplift of HCSW both Band 2 and 3 following reset of the establishment April 2018. However, a further detailed service review / options appraisal has now been completed which includes safe staffing levels and skill mix recommendations aligned to national PICU benchmarking.
- Associate Nurse Posts Band 4 will see the first Cohort of 4 registrants appointed June 2019. The nurses will be part of the Older Adult Service with a Job Description developed in line with the national template but reflective of service needs with a physical health focus. A detailed update of the first 6 months post reg will be reported in Oct 19 Establishment Review.
- Introduction of a strengthened Preceptorship package to support newly registered nurses, successfully launched in Older Adults Jan 2019 and principles to be adopted across the Division.
- Exploration of bespoke training/ professional development opportunities for specific clinical teams that will be incorporated into future recruitment advertising.
- Maintaining a rolling recruitment campaign and active engagement in local, regional, national job fairs / initiatives.
- Engagement in the Agency Cap Meetings
- Weekly monitoring of bank and agency use, scrutinised by Divisional Director and Head of Nursing and challenge to and assurance sought from clinical teams via monthly Confirm and Support Meetings..
- Engaging frontline staff in the Health and Wellbeing agenda.
- Effectively manage all workforce changes i.e. ageing workforce, retirement, succession planning ie Flexible Retirement Opportunities.
- Continued scrutiny of reasons for staff leaving supported by workforce and exit interview process.
- Community Preceptorship Model (Planned Care) formally approved Feb 2019 following positive feedback from the first registered recruit to Nursing Board January 2019.
- Ongoing participation in the BCPFT Safe Staffing and Quality Improvement Summits
- Continue to participate in sub-groups aligned to Workforce Committee and Nursing Board to support the recruitment retention agenda
- Engage at local level clinical teams to think creatively in the recruitment processes for target audiences, student nurses, apprentices, temporary staff and the introduction of new roles i.e. Nurse Associates, Non Medical Prescribers, Advanced Nurse Practitioners / Nurse Consultants.
- Engagement of Executive Team via PPMB to actively support initiatives proposed via recovery plans and investment to support the recruitment agenda.

In conclusion this report continues to evidence the ongoing commitment of Mental Health Division to address the recruitment and retention challenges, whilst continuing to deliver safe, sustainable, productive staffing and safe and effective care.