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Mental Health Staffing Framework

New Framework for senior mental health professionals, designed to ensure the right people with the right skills are recruited into the right in-patient mental health settings. This is not intended to be rigid or prescriptive, but aims to provide support in seeking organisational assurance, how to complete a workforce analysis and how you can make it work in your own environment.

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Mental Health Staffing: A Practical Guide has been developed as part of the 'Compassion in Practice programme' led by NHS England. It is based around standards set by the National Quality Board and is expected to inform national Mental Health programmes of work in the future.

This is the first time such guidance has been available to support the specific requirements of Mental Health leaders and places the Mental Health service user at the centre of achieving 'safe' staffing.

Guide Objectives:

- To equip Leaders within Mental Health with the skills, knowledge and competencies to plan and deliver safe staffing
- Assure all stakeholders that the skill mix and staffing numbers are appropriate for safe, compassionate care
- Assure stakeholders that staffing numbers and skill mix are balanced with professional judgment and any other relevant factors
- To provide a means of assessing Mental Health services against agreed best practice



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The National Picture

The National Quality Board (NQB) document, 'How to ensure the right people, with the right skills are in the right place at the right time', should form the organisation's approach to staffing capacity and capability. However, it is acknowledged that the evidence base in relation to workforce planning and effective staffing in this document is less established for Mental Health and learning disability settings than for acute care.

Therefore, Mental Health Staffing: A Practical Guide seeks to address this gap, while focusing on NQB's expectations.





Differences between Mental Health and other care settings

It is vital to recognise and take into consideration these important differences between Mental Health and other areas of care.

- Mental Health services require a higher proportion of interventions
- Interventions are often reactive and unplanned
- Higher proportion of service users are ambulatory rather than bed based
- Length of stay in hospital tends to be longer for Mental Health service users
- Higher percentage of service users are detained rather than there by choice
- Around half service users require a higher degree of security.

Clearly the focus for Mental Health is more on psychological than physical care, with personal and user behavioural risks being key considerations, rather than environmental risks such as surgery errors or infection control.

All these factors demonstrate the need for a purpose-designed framework for effective Mental Health staffing.



A series of research and investigative measures that focus on Mental Health in-patient services have been undertaken in the course of developing Mental Health Staffing: A Practical Guide. A comprehensive literature review was completed to identify and evaluate systematic approaches to estimating types and levels of need on Mental Health in-patient wards.

Literature Reviews – Rapid Evidence Assessment

Literature review

Evidence was gathered on how staffing has been managed to date within a Mental Health setting. It emerged that the challenge of getting staffing right for Mental Health is broadly similar to other care settings, so the NQB expectations provided a useful framework for delivering improvement in this area. However, there remain clinical differences that drive the way staffing and skill mix should be calculated.

Workforce Calculator Tools tests

The National Quality Board requires the use of ‘evidence based tools to inform staffing capacity and capability’. Therefore, two recognised calculator tools were selected to be tested for usefulness and value in a Mental Health context.

[See more](#)

6 Mental Health Trusts were asked to use both tools over a 4-week period, focusing on:

- Adult Acute
- Older Adult
- Psychiatric Intensive Care
- Learning Disabilities

Feedback was provided relating to usability of both tools and their fit within the Mental Health settings. This feedback was applied to the development, design and delivery of a workforce review.

A structured questionnaire was also completed by those staff who used the tool.

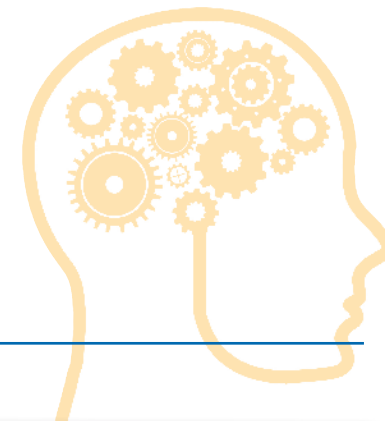
The tools, which have both been used in a Mental Health setting before, were reported to be useful and easy to use, although both needed to be adapted for effective use on the ward and reporting of outputs.

[The Scottish MHLD tool](#)

[Ward Multiplier Tool](#)

Consultation

Finally, Mental Health organisations were consulted through a series of workshops and software testing.



National Survey benchmark criteria

Benchmarking

Due to the lack of benchmarks specific to Mental Health requirements, a national survey has been implemented to build the necessary knowledge base. This survey will gather information to identify common characteristics of existing Mental Health wards and create a helpful baseline. This information alone will not be used to determine fixed staffing levels, but will be useful in informing local decision on staffing numbers.

Literature Reviews - Rapid Evidence Assessment

We carried out a rapid evidence assessment to identify research relevant to Mental Health inpatient staffing requirements. We focused on identifying and evaluating levels and type of need on Mental Health inpatient wards for the purpose of calculating the number of staff and skills required to meet that need. We asked:

What are the needs of the Mental Health inpatient?

Identify and evaluate systematic approaches to estimating levels and type of need on Mental Health inpatient wards for the purpose of calculating the number of staff and skills required to meet that need.

Methods for measuring and categorising clinical need and acuity in Mental Health inpatient care.

What methods are used to determine staffing needs in Mental Health inpatient settings?

Identify and evaluate systematic methods for estimating staffing numbers; skill-mix; staffing characteristics.

How are these adapted for use within Mental Health contexts and measured against successful outcomes in Mental Health?

Summary Headline Findings

Due to the unique and complex needs of Mental Health in-patients, the use of generic approaches is not always appropriate within these care contexts.

There is a paucity of methods / tools that measure or categorise the level / type of patient need in Mental Health.

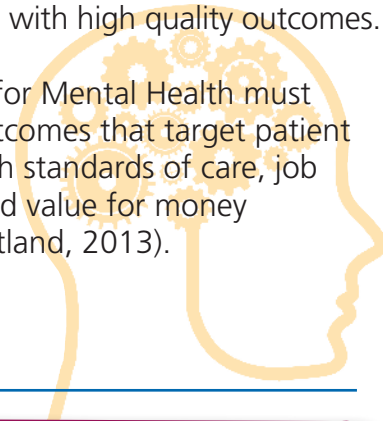
Wide variation in both the costs and levels of staff recorded in in-patient settings - deficits in qualified staff may contribute to the variation in costs observed. Higher numbers of qualified staff associated with reduced levels of aggression; however if proportion of unqualified staff increases, qualified staff are likely to spend less time in direct contact with patients.

Currently there are no fixed staffing levels for UK Mental Health inpatient wards. To do so may result in less consideration for local needs, and underestimating number of staff required to ensure care delivery maintains therapeutic benefit.

Environmental factors must be taken into consideration and in particular indicators of success for Mental Health. Links between staffing levels, incidents of violence and aggression; and the achievement of financial balance have been explored.

It has been highlighted that low quality outcomes tend to exhibit a lack of nursing leadership and inflexibility of staff to adapt to fluctuations in workload in comparison with high quality outcomes.

Future staffing models for Mental Health must maintain a focus on outcomes that target patient benefit, satisfaction with standards of care, job satisfaction for staff, and value for money (NHS Education for Scotland, 2013).



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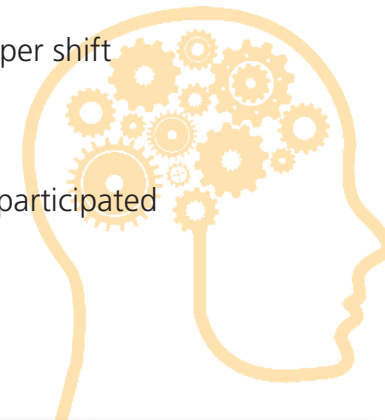


National Survey benchmark criteria

Typical wards have been benchmarked according to the following criteria:

- Ward type
- Criteria for admission
- Number of beds
- Stand-alone unit or part of general hospital
- Shift system
- Staff rotation
- Ward manager's supernumerary time
- Flexibility of ward budget
- Consultant Psychiatrist's base
- Ward's specialist functions
- Numbers of qualified/unqualified staff per shift
- Staff actual/establishment figures
- Number, grades and skill mix of staff

To date, 175 wards from 22 Trusts have participated



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Testing of workforce calculator tools

The purpose of testing the tools

One of the National Quality Board expectations is that “Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability”.

Work within the acute setting has focussed on the use of ‘calculator’ tools as part of this evidence based approach. The purpose of the testing was to identify and assess the 2 tools that could be used in a Mental Health setting.

Which tools did we test?

For the pilot the Scottish MHLTD Tool and Keith Hurst’s Ward Multiplier Tool were selected because they had already been used in a Mental Health and Learning Disabilities setting. There are a number of other tools available that have not been applied to this setting. A good summary is contained in the Royal College of Nursing document “Guidance on safe nurse staffing levels in the UK” (2010, P44) and the NQB guidance (2013).

How did we test them?

We asked 6 Mental Health Trusts to use both of the tools over a 4-week period. They focused specifically on:

- Adult Acute (AA);
- Older Adult (OA);
- Psychiatric Intensive Care Unit (PICU)
- Learning Disabilities (LD)

How was the data collected?

In some trusts individual ward managers collected the data, while others chose a lead to collate all data for both tools.

We provided initial training and then regular support on a 1:1 basis and through conference telephone calls.

How did we assess the tools

We received feedback during the testing about the usability of both tools and their fit within the care setting. We have applied much of this to the development of Section 4 of the document dealing with the design and delivery of a workforce review

Additionally a structured questionnaire was completed by staff who have used the tool. Generally the majority of users found the tools to be adaptable and usable within the different Mental Health settings.



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The use of selected Workforce Calculator tools has been found to be valuable as part of a broader review process when specific Mental Health clinical drivers are taken into full consideration. Research feedback suggested that while both tools were useful and reasonably easy to use, support and training is required to ensure effective results.

Keith Hurst tool

Developed by Keith Hurst, the Ward Multiplier Tool is based on the Association of UK University Hospitals 'Ward Multipliers' system.

This tool comprises an Excel spreadsheet with two tabs:

- Workload Calculations
- Professional Judgment

[See more](#)

NHS Scotland MHL D tool

This tool comprises an Excel spreadsheet with five tabs:

- Admission & discharge
- Patient specific
- Task specific
- Group work
- Workload calculation

[See more](#)



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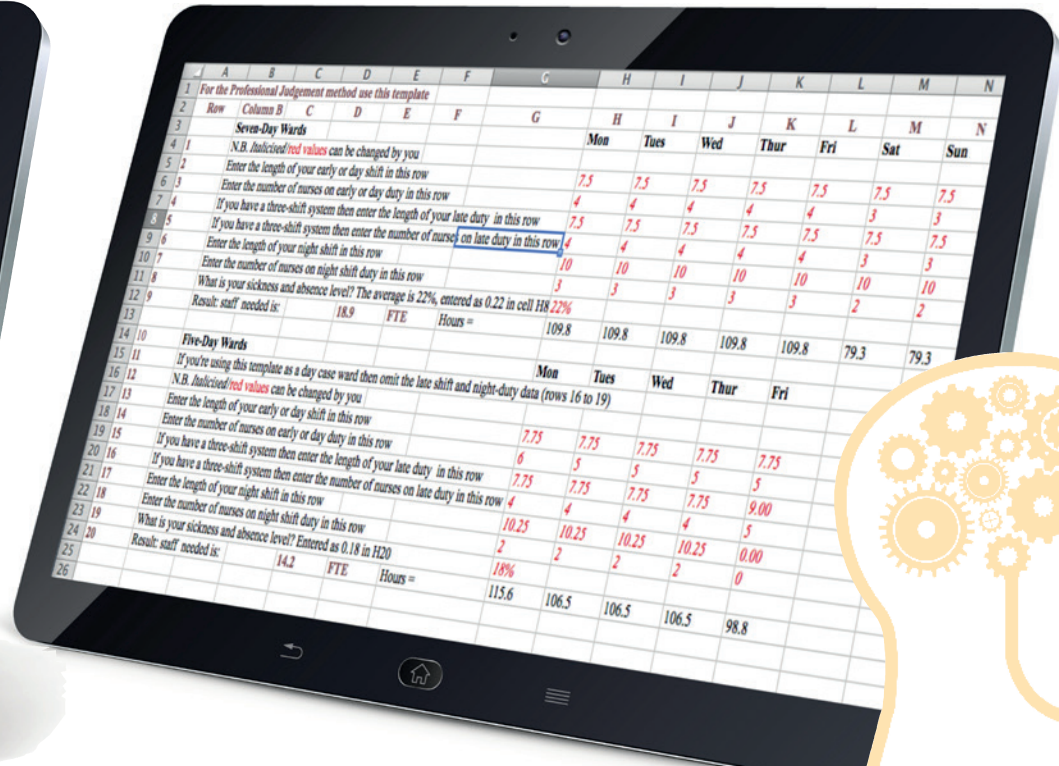
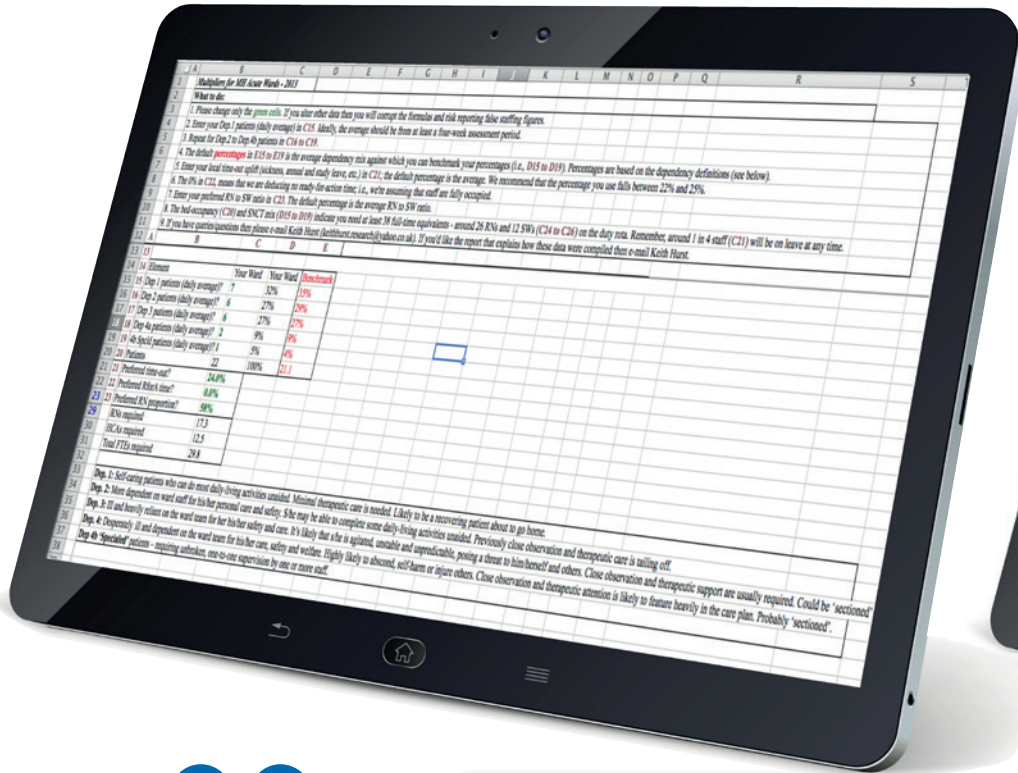
Individual patient care dependency levels are categorised by staff and totalled to provide overall clinical need on the ward. This tool also calculates numbers of registered and unregistered nurses required to meet the need, providing Whole Time Equivalent values (WTE). Professional Judgment information is entered

based on the rota system operated by the ward, giving a result of required WTE.

3 available levels

Some dependency categories have been redefined to aid nurse staffing calculations on Mental Health and learning disability wards.

Example Ward Multiplier Sheets:



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There are three levels available within the Keith Hurst Ward Multiplier Sheet. For the purposes of Mental Health Staffing: A Practical Guide, the Basic level (Level 1) was found to be sufficient to meet the national reporting requirement. However, further levels may be used at a small additional cost and requiring additional input from the users.

These provide some benchmarking and quality assessment that may be useful for wards where there are identified issues.

Keith Hurst Ward Multiplier Sheet – Available levels

Level 1 – Basic

Level 2 - Benchmarking

Level 3 – Benchmarking and Quality



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Level 1 – Basic

Process

- Ward staff and managers complete and return patient dependency/acuity and ward staffing data (data collection packs are provided).

Outputs

- This is a simple and quick exercise, which converts your occupancy, acuity and actual staffing data into a workload index and related staffing.
- Few benchmarks are generated although the outputs should meet the requirements.

When to use

- Opt for this to meet minimum requirements.



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Level 2 - Benchmarking

Process

- This option calls for more work from the Trust. Ward staff will need to complete:
 - (i) the dependency/acuity sheets as in level 1
 - (ii) local staff, unrelated to the ward, conduct staff activity analyses (packs, education and training are provided)
 - (iii) ward managers completes the ward staffing sheet as in level 1

Outputs

- Your data are analysed and you get:
 - (i) your actual, workload index and recommended staffing
 - (ii) your staff activity benchmarked against UK best-practice Mental Health wards
- These data mainly show if your ward is understaffed and if it has the right grade-mix

When to use

- Opt for this to satisfy minimum requirements.
- To enable triangulation and benchmarking with other organisations



Level 3 – Benchmarking and Quality

Process

- Requires further work from the Trust,
 - ward staff complete the dependency/acuity exercise as in levels 1 and 2
 - independent staff conduct the activity analysis;
 - the same independent teams also complete a service-quality audit (packs, education and training are provided)
 - the ward manager completes the staffing sheet

Outputs

- Your data are analysed and you get:
 - a workload index, actual and recommended staffing
 - your team’s activity benchmarked against other Mental Health wards
 - service quality scores, which are compared to other wards in the UK
 - Understand how your skills mix is working on your wards
 - Your care contact time is analysed and benchmarked

When to use

- Opt for Level 3 if establishments are likely and affect service quality.



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Staff record information about daily routine tasks, carried out in a typical week. The workload entered is converted into a Whole Time Equivalent (WTE) outcome based on clinical need, specialism and throughput.

There is a separate spreadsheet to capture the professional judgement of the ward manager regarding staffing hours and skill mix required to manage the clinical needs of Mental Health patients over two weeks.

[Example output charts and tables](#)

[Downloadable Output Sheet](#)

[Online Mental Health workforce calculator tools](#)



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Output charts & tables

During testing the MHLD tool, an output sheet was designed to generate a range of charts and tables that could be used for reporting. Example charts are opposite.

The output sheet is available to download. Please see **Resources**



[Downloadable Output Sheet](#)

[Ward multiplier sheets](#)

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Board Checklist

In addition to using calculator tools, organisations responsible for providing Mental Health support to service users need to exercise judgment. This should be informed, appropriate and standardised. To that end, a checklist of questions has been designed for the Board and the broader organisation, to provide assurance and clear evidence that all opportunities for staffing optimisation have been taken.



Board Checklist

How the checklist was developed

Key questions and considerations

The checklist is based on 10 expressed expectations of providers from the National Quality Board document, which have been adapted to meet the specific requirements of Mental Health and learning disabilities contexts. Key areas addressed include:

- Accountability & Responsibility
- Evidence based decision making
- Supporting/fostering a clinical environment
- Openness & transparency
- The role of commissioning



Board Checklist

Do Boards fully understand the specific characteristics of Mental Health that will have an impact on the approach to capacity and capability? Do they have a clear vision and values around quality and safety and how it is defined differently in a Mental Health setting?

Evidence **Compliant**

Are their processes for escalating issues identified by staff, patients or relatives or responsive to the quickly changing acuity and unpredictability of Mental Health services?

Evidence **Compliant**

Is there a clear methodology for the planning and deployment of staffing that is firmly rooted in an evidence based approach? How can the calculator tools be best deployed in delivering this?

Evidence **Compliant**

What practical steps are being taken to develop sound skills in professional judgement because of the less predictable nature of Mental Health services

Evidence **Compliant**

How are the needs of Mental Health service users incorporated in staffing

Evidence **Compliant**

What evidence is there that a multi-professional approach to staffing is being deployed across the organisations? How is the need to spend time simply engaging with and talking to the patients built into workload calculation?

Evidence **Compliant**

As well as staffing measures outlined by the NQB are there measures of improvement or performance that reflect some of the unique characteristics of Mental Health services and specific clinical drivers

Evidence **Compliant**

How might this ward staffing information be presented differently within a Mental Health setting where the ward based team is not the only important resource available?

Evidence **Compliant**

How are the challenges of filling specific Mental Health roles handled? E.g. recruitment training etc.

Evidence **Compliant**

How is the commissioner kept informed about best practice in Mental Health such that informed commissioning decisions are made?

Evidence **Compliant**

Board Checklist

How the checklist was developed

Key questions and considerations



How the checklist was developed

To develop the checklist, the expectations expressed in the NQB document were considered alongside findings from the literature review, software testing and workshop consultations,

to set them in a Mental Health and learning disabilities context. By posing key questions that organisations providing Mental Health support should consider as part of an assurance process,

and looking at what action might be taken at all levels, a strategic overview emerged.

Mental Health questions (click for full commentary)

1 Do Boards fully understand the specific characteristics of Mental Health that will have an impact on the approach to capacity and capability? Do they have a clear vision and values around quality and safety and how it is defined differently in a Mental Health setting?

2 Are their processes for escalating issues identified by staff, patients or relatives or responsive to the quickly changing acuity and unpredictability of Mental Health services?

3 Is there a clear methodology for the planning and deployment of staffing that is firmly rooted in an evidence based approach? How can the calculator tools be best deployed in delivering this?

4 What practical steps are being taken to develop sound skills in professional judgement because of the less predictable nature of Mental Health services?

5 What evidence is there that a multi-professional approach to staffing is being deployed across the organisation

6 How is the need to spend time simply engaging with and talking to the patients built into workload calculations?

7 How might this information be presented differently within a Mental Health setting where the ward based team is not the only important resource available?

8 As well as staffing measures outlined in "Hard Truths" are there measures of improvement or performance that reflect some of the unique characteristics of Mental Health services and specific clinical drivers

9 How are the challenges of filling specific Mental Health roles handled? E.g. recruitment, training etc.

10 How is the commissioner kept informed about best practice in Mental Health such that informed commissioning decisions are made?

11 How are the needs of Mental Health service users incorporated into the planning of safe staffing?

Board Checklist

How the checklist was developed

Key questions and considerations



1 Do Boards fully understand the specific characteristics of Mental Health that will have an impact on the approach to capacity and capability? Do they have a clear vision and values around quality and safety and how it is defined differently in a Mental Health setting?

National Quality Board - expectations of providers

Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

Accountability and Responsibility

Commentary

One of the key messages from the workshop sessions was that organisations in general but boards in particular should be more familiar with and focus on the differences between quality and safety within a Mental Health setting when compared with other settings and that this should be reflected in their consideration of staffing levels. This could be achieved through.

- Board development sessions and regular presentations on staffing to the Board/ Exec from specialist teams
- Regular assurance visits from Board members to the wards/departments in order to learn about and understand the services better
- Presentations on staffing to the board by specific clinical teams



Board Checklist

How the checklist was developed

Key questions and considerations



2 Are their processes for escalating issues identified by staff, patients or relatives or responsive to the quickly changing acuity and unpredictability of Mental Health services?

National Quality Board - expectations of providers

Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.

Accountability and Responsibility

Commentary

Most organisations have a general escalation policy as part of their governance processes that allow issues/problems to be raised quickly in order to ensure that swift remedial actions can be taken. Within these policies there should be specific sections on staffing including:

- Evidence that acuity is regularly and routinely monitored on wards including need for 1:1 observations or other factors that may impact on staffing
- "Stop the line" policies/processes should be available to staff and carers if there is heightened concerns relating to staffing
- Senior decision makers should be available to support wards when staffing issues emerge quickly
- Process of review for learning from any issues/incidents should be in place



Board Checklist

How the checklist was developed

Key questions and considerations



3

Is there a clear methodology for the planning and deployment of staffing that is firmly rooted in an evidence based approach? How can the calculator tools be best deployed in delivering this?

National Quality Board - expectations of providers

Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability

Evidence based decision making

Commentary

- The literature review showed that Mental Health organisations often did not have a clear and clinically driven methodology for planning and deployment of staffing – the methodology should reflect the specific characteristics of each service and take account of these in arriving at the numbers and skill mix
- Some thought should be given to which is the most appropriate calculator tool to use and when it should be deployed.
- Any workforce calculator tool deployed should be tested first to assess its appropriateness for the setting where it is to be used



Board Checklist

How the checklist was developed

Key questions and considerations



4

What practical steps are being taken to develop sound skills in professional judgement because of the less predictable nature of Mental Health services?

National Quality Board - expectations of providers

Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.

Evidence based decision making

Commentary

- Professional judgment is often used in conjunction with other methods of workforce calculation in order to provide a degree of triangulation e.g. Keith Hurst's model
- There should be a methodology underpinning this. It relies on an expert group including those with a clinical, workforce and financial perspective, to determine the wards team size and skill mix based on local requirements. It takes into account all activity, including both planned and unplanned workload.
- It should be deployed in a consistent method and some training and regular review of assumptions being made should be undertaken to avoid bias and anecdote



Board Checklist

How the checklist was developed

Key questions and considerations



5

What evidence is there that a multi-professional approach to staffing is being deployed across the organisation?

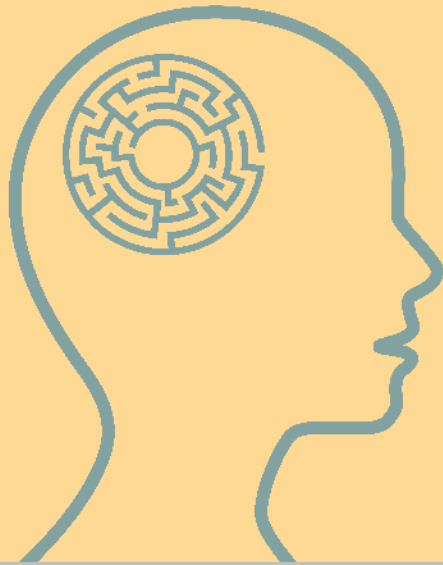
National Quality Board - expectations of providers

A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.

Supporting and fostering a clinical environment

Commentary

Any workforce review should be designed to consider the whole pathway of care and the role of other professionals within the Multi-disciplinary team. Numbers and skill mix of these professionals should be monitored and reported as a measure within any balanced scorecard



Board Checklist

How the checklist was developed

Key questions and considerations



6

How is the need to spend time simply engaging with and talking to the patients built into workload calculations?

National Quality Board - expectations of providers

Nurses, midwives and care staff have sufficient time to fulfill responsibilities that are additional to their direct caring duties.

Supporting and fostering a clinical environment

Commentary

The literature review produced evidence of research that shows reduced numbers of qualified staff within the skill mix reduced the dedicated therapeutic time that qualified staff were able to spend with service users. The suggestion is that this will have an adverse impact on service user outcomes. A method of measuring the impact on therapeutic time with service users is recommended when changes to skill mix are introduced.



Board Checklist

How the checklist was developed

Key questions and considerations



7 How might ward staffing information be presented differently within a Mental Health setting where the ward based team is not the only important resource available?

National Quality Board - expectations of providers

NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.

Openness and transparency

Commentary

As well as those present on the ward the display needs to identify other members of the MDT who are providing regular input but who are not always present and those specialist members of the team who are available and contactable if the need arises. Some thought needs to be given to how a 24 hour period is adequately reflected as opposed to just a 'snapshot'.

[Board Checklist](#)

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8

As well as staffing measures outlined in "Hard Truths" are there measures of improvement or performance that reflect some of the unique characteristics of Mental Health services and specific clinical drivers

Board Checklist

How the checklist was developed

Key questions and considerations



National quality board - expectations of providers

Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.

Openness and transparency

Commentary

A 'balanced scorecard' of measures from the following elements is suggested including but not limited to the following:

- Number of beds and bed occupancy,
- Staff timeout (training, supervision, annual leave, sickness, maternity leave)
- Severity of illness and mix of diagnoses of service users,
- Needs of service users including escorted leave, one to one observations, levels of staff expertise, status of ward manager (supernumerary or otherwise), administrative support and input from other health professionals
- Incidents of aggression, frequency of absconding, self harm, restraint etc.

The measures should be collected at ward level and aggregated up to service and enterprise wide levels as appropriate. Some of these characteristics are currently being collected through the benchmarking exercise other may be available through corporate reports or require periodic audit. The Mental Health Safety Thermometer should provide some useful measures once it is introduced

It is important that some of the measures are presented in a way that demonstrates changes/trends in performance over time as well as simple compliance. There is an example of what a balanced scorecard might look like in the appendices along with a fuller list of potential measures



9

How are the challenges of filling specific Mental Health roles handled?
E.g. recruitment, training etc.

National Quality Board - expectations of providers

Providers of NHS services take an active role in securing staff in line with their workforce requirements.

The role of commissioning

Commentary

Any review of workforce/skill mix should take into account the challenges of recruiting to new roles and the potential impact of unfilled vacancies. In the context of wider workforce planning Local Education and Training Boards are useful partners to ensure that any long term needs are reflected in the education and training plans for a locality and are considered with the requirements from other Mental Health providers



Board Checklist

How the checklist was developed

Key questions and considerations



10

How is the commissioner kept informed about best practice in Mental Health such that informed commissioning decisions are made?

National Quality Board - expectations of providers

Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.

The role of commissioning

Commentary

The variation in Mental Health service delivery including the complexity of care, variety of settings and the current lack of benchmark information means it is challenging to ensure commissioners understand how to meet the needs of service users in a cost effective manner. Also as highlighted in the literature review workforce planning in Mental Health has historically lacked a coherent methodology.

It is recommended that commissioners are actively involved in the development of any workforce/skill mix review methodology so they have some ownership of any outputs.



Board Checklist

How the checklist was developed

Key questions and considerations



11

How are the needs of Mental Health service users and their carers incorporated in staffing?

National Quality Board - expectations of providers

Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.

The role of commissioning

Commentary

- Friends and family test
- Responsive issues and complaints process
- Regular engagement with service users and carers at ward level regarding the general quality of their care
- Some services organise informal gatherings to illicit views from service users and carers



Board Checklist

How the checklist was developed

Key questions and considerations



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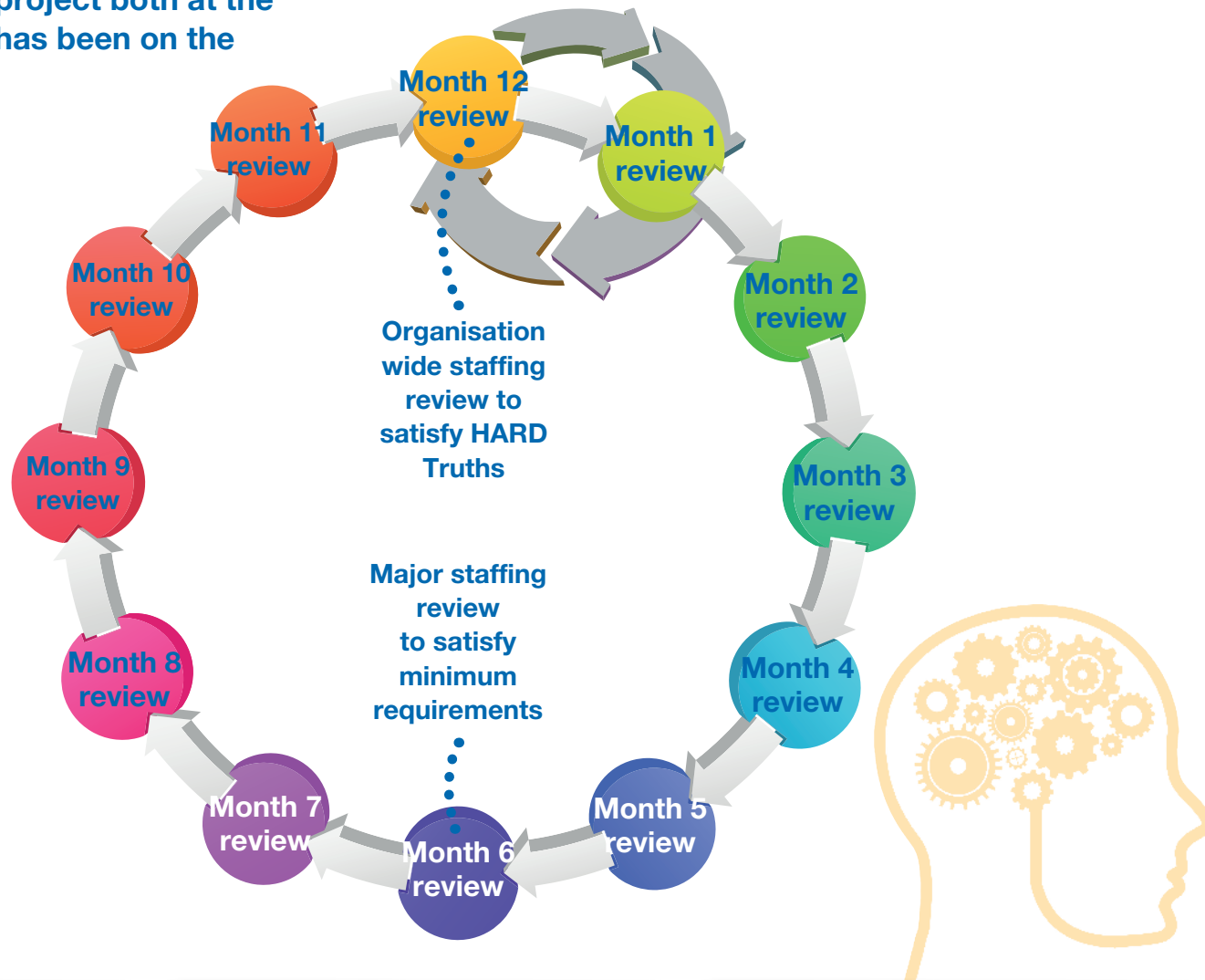
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A significant focus of the discussions during the project both at the workshops and with individual stakeholder sites has been on the workforce review process.

The diagram shows a workforce review process delivered on a six monthly basis and reported to the Board, supported by the deployment of a 'calculator tool'. The review is supplemented by monthly progress reports showing progress against any plans made to address issues or gaps.

Workforce Review Timeline



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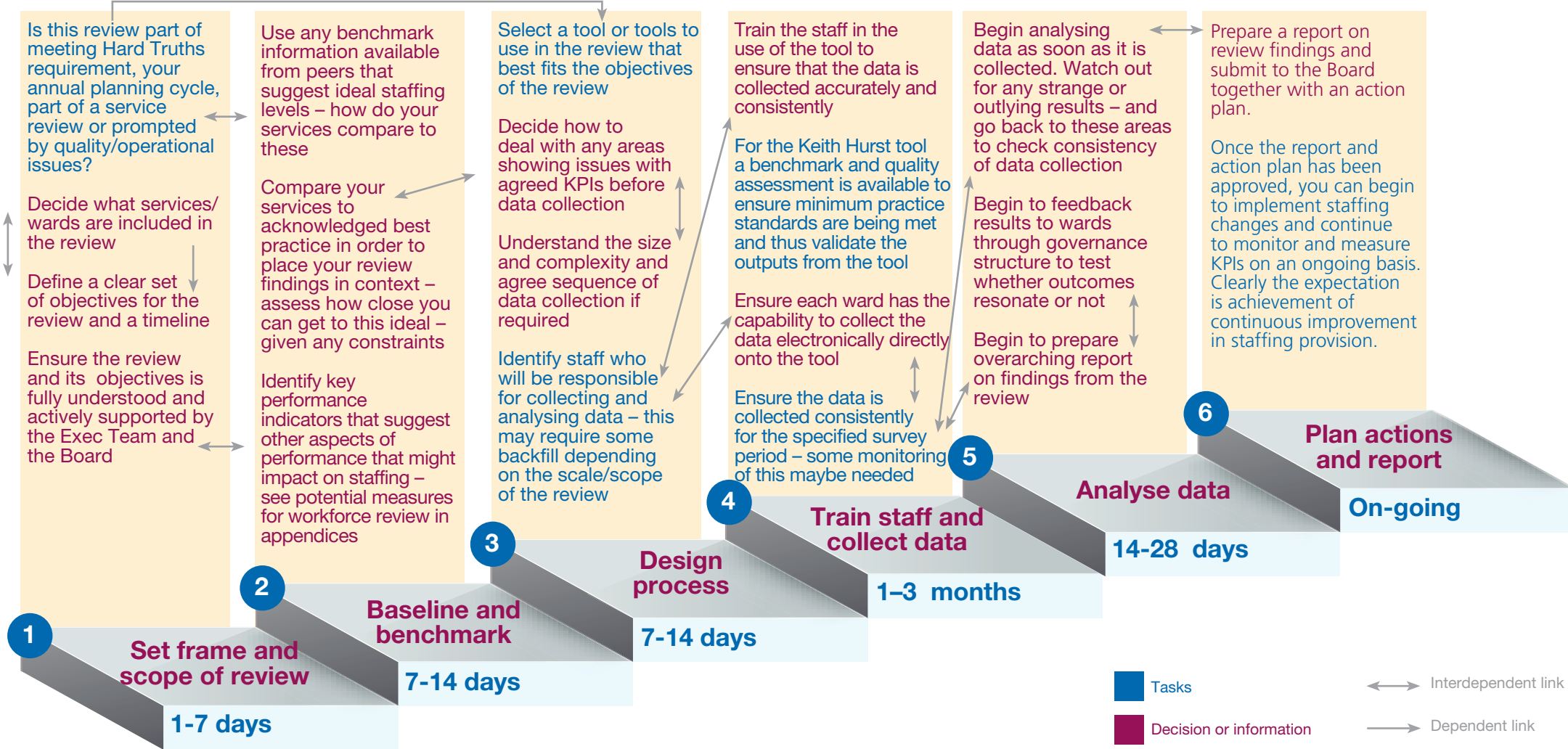
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1 Step 1

Set frame and scope of review

While the NQB guidance sets out the type of staffing information to be presented to the Board on a six monthly basis, driven by evidence-based tools, it is also important to set up any workforce review process so that it is aligned with other workforce planning exercises taking place.

The review will need to cover the whole organisation, but there may be specific wards/teams that require particular focus so the process should support and respond to emerging issues.



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2 Step 2

Set baseline and benchmark

It is necessary to set a baseline so that you can subsequently measure the impact of changes that may be made as a result of the initial review. There should be an agreed methodology for collecting data the baseline and for collecting data on an ongoing basis. Some measures may be available from corporate systems, others may require structured audits to collect them.

Review outputs should be triangulated with measures that provide a fuller picture of the staffing solution and allow for triangulation of staffing measures, quality and outcome measures. Hard Truths provides examples of these. See table under Resources tab for further potential measures for a Mental Health setting.



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3 Step 3

Design the process

The Keith Hurst Ward Multiplier and the NHS Scotland MHLD tool both provide helpful and realistic staffing measures, but the deployment of each is very different. It may be worth considering using both tools together to aid the process of triangulation.

The NHS Scotland MHLD tool is more rigorous and therefore requires more upfront training. It was more time consuming to implement and therefore is probably best suited to an annual review process.

The Ward Multiplier tool is easier to use, but relies more on the competency and experience of staff to produce consistent results. As it is less time consuming, it is better suited to regular ward based use to measure quality or operational issues.

Whichever tool you select, don't forget to factor in the need to train staff in using the software and collecting data. Analysing results may also require dedicated support from a business manager.



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4 Step 4

Design the process

A benchmark and quality assessment is available for the Ward Multiplier tool, ensuring minimum practice standards are being met and validating outputs.

Ensure each ward has the capability to collect the data electronically directly onto the tool and that the implementation team is familiar with the definitions used and is competent to input the data.

The team should include Matrons/Lead Nurses and Service Managers, who can provide validation and checking as well as support for the review process.

Provision of an effective and prompt process for issue resolution and response to queries is critical in terms of ongoing use and engagement.



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5 Step 5

Analyse data

To assist in the process of checking outputs, triangulating and analysing data, an automated spreadsheet has been developed, which allows sites to input data from the NHS Scotland MHL D tool and create graphics. This helps place the baseline information in context and includes:

- Total staffing charts
- Bank/Agency/Vacancies
- Band split
- Staff turnover
- Feedback from students/trainees/others

At this stage, you should begin to prepare an overarching report on review findings. To avoid Boards simply looking at numbers when considering results of the workforce planning tools, it is advisable to include context and discussion in any Board report.



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6 Step 6

Plan actions and report

The Board will expect to see a report that meets the minimum requirements of the NQB guidance.

The report should clearly indicate where there are issues and gaps, together with a recommended plan to resolve these. It should provide an indication of trends, not just 'RAG' rated compliance/noncompliance information.

Managers at all levels of the organisation should be able to see at a glance whether or not they are improving and what qualitative impacts any changes are having on the service. The example scorecard under the Resources Tab shows how a reporting framework might look and the type of information it could include.



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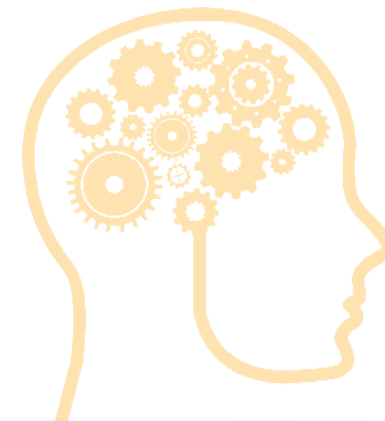
Potential measures for workforce review

Outputs of workshop 1 Core competencies/ Board assurance activities

Example Balance Scorecards

Staffing Numbers

Quality Indicators



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Example Balance Scorecards

Staffing Numbers

Quality Indicators

This two page report sets out the current position in relation to staffing (sheet 1) and performance against a set of key indicators (Sheet 2).

It includes trend analysis so that some judgement as to whether the position is changing over time is possible

The quality indicators can be selected based on the specialty being assessed

The same format can be used for ward, department and organisation wide

These charts were generated from the calculator tool



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Example Balance Scorecards

Staffing Numbers

Quality Indicators

Text report highlighting:

- actions taken in preceding months
- impact on the staffing figures
- impact on quality as shown by these measures
- Further actions planned before next report
- and anticipated impact on figures and quality



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Example Balance Scorecards

Staffing Numbers

Quality Indicators

Potential baseline measures for workforce review and balanced scorecard

Clinical Quality	Patient/Carer	Staff	Throughput	Finance
<ul style="list-style-type: none"> • Clinical Outcome • Acuity • Incidents • Incidents of violence or aggression* • SUIs • 1:1 observations • No. absconders • No. restrained • Medication omission* • Patient Reported Outcome Measures • Seclusion • Feedback from students and trainees 	<ul style="list-style-type: none"> • Complaints • Compliments • Self harm* • Psychological safety* • Friends and family test 	<ul style="list-style-type: none"> • Vacancies • No. staff in establishment • No. staff in post • Actual staff on shift • Time to recruit • Sickness absence rates • Bank/Agency rates • Skill Mix • Training and Development • Competencies • Ward leader – supernumerary • Staff survey results • Friends and family test 	<ul style="list-style-type: none"> • Length of stay • No. Admissions • No. Discharges • Readmission rates 	<ul style="list-style-type: none"> • Cost per case/episode • Recruitment costs • Training costs



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Example Balance Scorecards

Staffing Numbers

Quality Indicators

Competencies/skills and knowledge required for effective staff planning – Outputs from Workshop 1

Core competencies

Ward Managers

- Balanced staff rostering / shift planning / skill mix
- Appropriate use of Bank / Agency
- Assessing the competency of staff
- Effective recruitment processes
- Managing training requirements – contracts / service user / CQUIN
- Objective setting / appraisal
- Managing leave / sickness absence
- Creating a training environment
- Person centered care planning and treatment
- Assessing dependency of patients and required observation levels – ensuring time for therapeutic interventions (1:1 / Groups / Carers), having a clear idea of the context / model of care / physical health of patients

- Seeking patient feedback – gaining detailed patient stories about the impact of staff skills / numbers
- Awareness of patient group dynamics
- Encouraging implementation of Quality Improvement Initiatives / Innovation

Middle managers

- Support and knowledge of client group and services
- Understanding of roles and approaches within different service areas
- Quality agenda and outcome requirements
- Other discipline roles and responsibilities
- Workforce planning
- Workforce review
- Succession planning
- Role modeling

Board

- Balancing quality and cost
- Interpreting data/information
- Responsiveness to changing conditions
- Confident and clear decision making – listen and act

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Example Balance Scorecards

Staffing Numbers

Quality Indicators

Competencies/skills and knowledge required for effective staff planning – Outputs from Workshop 1

Skills/Qualities

Skills

- Leadership/influencing/negotiating
- Observation and engagement
- Assertiveness
- Supervision
- Team building
- Budget management
- Use of data / IT to facilitate empowered knowledge
- Risk management
- Communication
- Supervision
- Shadowing
- Buddying
- Preceptorship
- Mentoring
- Life skills
- Project management
- Presentation skills
- Encouraging students to learn by doing
- Anticipate fluctuation / dynamic planning / looking forwards
- Incident reporting
- Workforce planning

Qualities

- Initiative
- Confidence
- Caring and role modeling
- Empathy / Compassion
- Humour
- Humility
- Being proactive not reactive

Knowledge

- Workforce planning and Professional Judgement tools
- Knowledge base of client group – MH / LD / PICU / Older People etc.
- Observation/engagement policies
- Risk policies
- Security policies
- Critical incident policies
- CQC Essential Standards
- Advancing quality measures – CQUIN requirements and contracting
- Organisation Quality/Safety objective
- Understanding of service need
- Governance/Escalation processes
- Reflective practice

- Working time directive
- Knowledge of strategic objectives
- Awareness of nursing preceptorship – leaders are important
- HR / Performance / Finance policies

Information

- Allowing time for the recording of information onto systems – patient / client information
- Visual dashboard – staffing + clinical measures
- Attendance rates
- Vacancy rates
- Workforce Plan
- Incident analysis
- Complaints feedback
- Population diversity
- National good practice

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Outputs of workshop 1 Core competencies/ Board assurance activities

Example Balance Scorecards

Staffing Numbers

Quality Indicators

Designing Board Assurance - Outputs from workshop 1 – OPTION 2

Core Activities

- Triangulation of data to arrive at informed conclusions and make robust decisions
- Focus on the skill mix of staff and quality of outcome measures not just the quantity of staff
- Routine consideration of staffing 'hot spots' based on agreed indicators
- Turnover and succession planning / managing student placements / monitoring number of active mentors
- Engagement of LETB / academic health network re: workforce planning

Do's and Don'ts:

- Do, DONs lead on staffing
- Do support nursing structure
- Do prepare leaders for their roles before you take them on

- Do have Board level champions / NED sponsors for staffing
- Do communicate a consistent view on headroom
- Do implement a uniformed approach to setting establishment
- Do consider publishing staffing levels quarterly
- Do have teams presenting workload assessment results to the Board
- Don't focus entirely on numbers – also look at skill mix / activity and KPI's

Ask the right questions:

- Service users / carer / staff - 'Does it feel as though there is enough staff on the ward?', 'Does it /do you feel safe?'
- Ward Managers – 'Are you clear about the process for setting establishments and escalating concerns?'
- Middle Managers – 'What is your approach to setting establishments in this area, is it consistent?', 'Is best practice identified and shared across organisations?'
- DONs – 'Are you assured that workforce plans will meet the needs of service delivery?'

Skills/Qualities Knowledge

- Calculating / understanding headroom
- How was % calculated?
- What is it based on?
- What works, what doesn't
- Test new initiatives against headroom %
- Access to sufficient information to make decisions on Service Development
- Understanding of competency assurance

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Quality Indicators

Designing Board Assurance - Outputs from workshop 1 – OPTION 2

Other types of board engagement

- More than just Board meetings - 'Presence with a purpose'
- Listening events
- Scenario planning
- Ward visits with questions e.g. 'How would your staff deal with....?', 'what has changed?', 'what should change?', 'what's missing from the team' – ask for staff views and suggestions
- Board development sessions
- Use patient experience feedback
- Include questions about the impact of staff skill mix / numbers in SI investigation/ PALS complaints

- Speed dating with members of exec team – their role is just to listen – followed by implementing some quick wins – to implement that they demonstrate their listening
- Agreed schedule of reports on workforce assessment (6 monthly as a minimum)

Information

- Regular reporting of workforce data by wards:
 - Workforce Tool results
 - Professional Judgement results
 - Total Establishment
 - Total staff in post
 - Total vacancies
 - Establishments versus actual
 - Bank & agency use
 - Excess hours / Overtime
 - Skill mix
 - Sickness levels
 - Appraisal
 - Attendance training
 - Acuity measures including SI data and complaints
 - High impact harms where staff related
 - Trend analysis – correlation with staffing

- Predictive reporting
- Local governance structure for staffing
- Benchmarking
- Research and use the learning from productives and lean improvement methodologies



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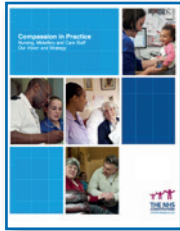


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Compassion in Practice Programme by NHS England
<http://www.england.nhs.uk/nursingvision/>



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 produced by NHS England



NHS Education for Scotland
 Annual Report 2012 – 2013



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