

TRUST BOARD MEETING – PUBLIC

Meeting details

Date of Meeting:	May 2025
Title of Paper:	Safer Staffing – Annual Establishment Review 2025
Author:	Julie Kirby – Deputy Chief Nurse
Executive Director:	Andy Cruickshank – Chief Nurse

Purpose of Paper

Purpose:	Discussion
Submission to Board:	Regulatory Requirement

Overview of Paper

This paper gives an overview of the methodology and conclusions of the annual establishment review. Included in the review were KMPT acute wards, Forensic and specialist wards, community inpatient rehabilitation wards, Health Based Places of Safety (HBPoS) and our community inpatient detoxification service.

Issues to bring to the Board’s attention

- In conclusion, it is felt the establishments are appropriate and the wards are safely staffed however noting there is a need for a further review of our female acute wards.
- There was a new process introduced this year to include direct feedback from teams with professional narrative discussions being held for every service reviewed. Feedback on this process has been encouraged and will be collated and considered for future reviews.
- The process included triangulating various safer staffing data sets (MHOST, fill rates, CHPPD) with incident data, workforce data and a professional narrative. It is important the inputting of the acuity/ dependency scoring is improved as this was a cofounder in establishing a clear picture of need.
- There are notable differences in the conclusions of reviews for our female younger adult wards, which is explained within the paper.
- Teams continue to under report compliments. The exceptions to this are Bridge House and MBU who have good levels of reporting.

Governance

Implications/Impact:	Patient Safety
Assurance:	Reasonable
Oversight:	People Committee

1. Background and context:

The safer staffing and establishment reviews are a statutory responsibility of the Chief Nurse. The review must comply with set requirements detailed in the following:

- National Quality Board report, 2016
- Developing Workforce Standards – NHS Improvement, 2018
- Health & Social Care Act 2008 – Regulation 18

It is also imperative that staff understand safer staffing levels, including understanding the relationship between skill mix, safety and quality of care. The NMC provides clear expectations in their nursing proficiency standards for registered nurses under platform 6.2:

‘Understand the relationship between safe staffing levels, appropriate skills mix, safety, and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately.’

2. Methodology

The trust has previously undertaken cycles of reviewing staffing using the Mental Health Optimal Staffing Tool (MHOST). This tool is a ‘multi-disciplinary tool, evidence-based system that enables ward-based clinicians to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that ward establishments reflect patient needs in acuity and dependency terms.’

It is advised that the tool is used in conjunction with quality metrics. The information collated for this review included:

- MHOST data for 21 days between 3rd – 24th March 2025
- Current agreed establishment
- Current vacancies
- Sickness levels over 6 months (Sep 24 – March 25)
- Incident data over 6 months (Sep 24 – March 25)
- Complaints and compliments over 6 months (Sep 24 – March 25)
- No of Clinically Ready for Discharge (CRFD) patients over 6 months (Sep 24 – March 25)
- Professional Judgement Discussion meetings for each service

Initial feedback from ward visits indicated that ward leadership teams did not always feel involved in previous safer staffing reviews, and there was enthusiasm for a new process. The following guidance was agreed with the Heads of Nursing and Quality (HoNQ) and matrons in February 2025 and discussed in various forums including with ward leadership teams:



Safer Staffing



Establishment



Establishment

Guidance for Teams - Review Process FlowcReview 2025 Pack Ter

The professional judgement discussion meetings were held over three days between the 28th – 30th April as hybrid events. Each service had their own slot and were encouraged to discuss the relationship between the data and ‘on the ground’ reality. The invitees for these meetings were HoNQ, Service Director, HR Business Partner, Finance Business Partner, Governance Lead, General Manager and for each ward their Matron, Ward Manager, Consultant and AHP lead. Attendance was variable across directorates however notably the matron representation was consistently high.

Once all the reviews were complete the results were analysed before being grouped into service specific areas in order to gain a trust wide analysis as well as a closer analysis at service areas.

The purpose of Care Hours Per Patient Day (CHPPD) and Fill Rate data is to monitor and record the extent of which rota hours on a roster are filled and care hours provided. The following shows a breakdown and is discussed within each service section throughout the report.

Ward	Actual CHPPD	MHOST CHPPD Recommended	Actual FTE * Nursing, HCSW, apprentices (exc WM)	MHOST FTE Recommended
Allington Centre	207.67	98.27	43.72	18.20
Amberwood	150.79	104.78	30.25	19.38
Bluebell	122.03	98.11	32.00	18.32
Boughton	119	99.42	31.00	18.56
Bridge House	68.47	50.90	13.95	9.51
Brookfield Centre	136.39	73.17	30.29	13.45
Chartwell	169.77	173.89	28.25	31.78
Cherrywood	128.78	91.26	28.25	17.00
Emmetts	161.52	101.72	35.62	18.99
Ethelbert Road	59.77	59.34	13.80	11.08
Fern	141.08	124.95	28.00	23.33
Foxglove	119.89	116.93	29.00	21.53
Groombridge	101.09	86.62	22.99	16.16
Heather	141.01	92.76	27.00	14.89
Jasmine	137.83	74.13	28.25	13.83
MBU	109.53	50.01	26.43	9.33
Newhaven Lodge	62	39.53	13.20	7.38
Penshurst	267.54	219.88	43.82	39.70
Pinewood	139.39	94.48	28.25	17.53
Rivendell	54.71	84.34	14.00	15.61
Rosebud Rehab	70.96	54.34	14.50	10.15
Ruby	157.97	60.72	29.00	11.33
Sevenscore	136.74	86.27	31.00	15.83
Tarentfort Centre	209.57	93.60	42.64	17.13
The Grove	56.72	44.12	12.70	8.23
The Orchards	154.12	136.54	32.00	24.86
Tonbridge Road	71.16	43.82	14.60	8.18
Upnor	130.53	141.41	24.00	26.37
Walmer	170.82	143.46	39.29	26.52
Willow Suite	249.53	101.10	31.00	18.09
Woodchurch	126.69	61.06	20.85	11.38

Fill Rate Data:

		Mar-25				
		Day		Night		Overall
Care Group	Ward	RN	HCA	RN	HCA	
Acute	Amberwood	73.2%	114.5%	96.9%	100.9%	98.6%
Acute	Bluebell	98.1%	97.3%	98.4%	117.9%	101.6%
Acute	Boughton Ward	116.0%	94.2%	99.9%	113.0%	103.5%
Acute	Chartwell Ward	101.3%	149.1%	100.2%	238.5%	147.6%
Acute	Cherrywood Ward	66.0%	116.6%	100.0%	117.7%	99.1%
Acute	Fern	109.7%	115.5%	100.2%	172.6%	122.7%
Acute	Foxglove	114.4%	95.4%	96.8%	119.4%	104.3%
Acute	Heather	89.1%	107.3%	103.2%	118.1%	105.2%
Acute	Jasmine	91.9%	82.0%	100.0%	82.0%	86.3%
Acute	Pinewood Ward	112.6%	123.7%	101.6%	144.4%	121.2%
Acute	Ruby Ward	87.1%	114.8%	98.4%	143.3%	113.6%
Acute	Sevenscore	99.2%	94.6%	100.0%	115.8%	102.0%
Acute	The Orchards	98.0%	104.7%	98.2%	131.1%	108.7%
Acute	Upnor Ward	86.0%	111.0%	97.8%	123.7%	104.3%
Acute	Willow Suite	99.8%	204.9%	149.9%	240.3%	176.3%
Acute	Woodchurch	79.4%	83.9%	100.0%	100.0%	89.4%
East Kent	Ethelbert Road	116.3%	64.5%	100.3%	103.2%	89.4%
East Kent	Rivendell	78.5%	68.5%	100.5%	99.9%	80.9%
East Kent	The Grove	78.2%	55.1%	100.0%	99.4%	75.5%
Forensic & Specialist	Allington Centre	103.0%	137.7%	100.4%	106.3%	118.0%
Forensic & Specialist	Bridge House	102.1%	97.0%	100.0%	99.6%	99.2%
Forensic & Specialist	Brookfield Centre	98.8%	105.7%	100.0%	150.0%	111.8%
Forensic & Specialist	Emmetts	115.5%	100.4%	99.4%	99.3%	102.9%
Forensic & Specialist	Groombridge	110.4%	97.2%	100.1%	101.5%	101.6%
Forensic & Specialist	Penshurst	110.1%	148.6%	100.8%	189.2%	142.7%
Forensic & Specialist	South Central EDMBU	74.9%	62.3%	99.9%	66.5%	63.9%
Forensic & Specialist	Tarentfort Centre	113.9%	107.5%	100.5%	125.3%	112.1%
Forensic & Specialist	Walmer	106.5%	98.0%	95.6%	108.4%	101.4%
North Kent	Newhaven Lodge	93.4%	143.7%	99.4%	102.1%	124.0%
West Kent	111 Tonbridge Road	114.0%	159.7%	101.9%	99.2%	129.5%
West Kent	Rosewood Lodge	105.1%	205.4%	98.9%	97.2%	141.9%
Grand Total	Grand Total	96.69%	109.97%	101.36%	125.31%	108.83%

Following an analysis of the MHOST data it was evident that there is a training need with regards to the acuity descriptors and how these relate to individual services. This significantly affected the MHOST data returns and recommendations and therefore the triangulation of data and professional narratives were of higher importance.

3. Medium Secure Units (MSU)

Within KMPT we have three male MSU's and one female MSU based on one site. The directorate leadership team are already considering a review of AHP provision across MSU and LSU services and this is supported from this review. Notably there was a lack of AHP representation at the meetings and several wards fed back that a review of this provision would be beneficial.

Zoning observations are not currently in place and a recommendation was for this to be considered in the future.

There is no clear definition for clinically ready for discharge (CRFD) patients across these services and it was recommended to the directorate that this is agreed. It does however appear that these patients impact safer staffing, often significantly if requiring extra care packages. For example, if we look at Penshurst fill rates below this increase was directly attributed to extra care packages.

Penshurst	110.1%	148.6%	100.8%	189.2%	142.7%
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The team also fed back that the current agreed % of headroom does not reflect the needs required for the workforce. It is difficult to ascertain this from a data perspective due to the data inputting.

Significant work is underway in the directorate with regards to racial abuse to staff, which is being led by the leadership team.

It was noted that nursing recruitment and retention is positive and well managed.

Additionally, Walmer Bedgebury and Emmetts Bedgebury were included within their respective wards as staff work across these for a fluid and cohesive workforce. This impacts their staffing and required establishment considerably as these are separate units from the main wards, focusing on recovery.

4. Low Secure Units (LSU)

Within KMPT we have three LSU's based on one site. As stated above the directorate leadership team are considering a review of AHP provision across MSU and LSU wards. Within the professional discussions a lack of OT support due to vacancies and maternity leave was noted and there was a local action for this to be reviewed.

With regards to CRFD patients, the same narrative applies as above for MSU. Local leadership teams are working closely with social care partners, particularly in regards to delays with care act assessments.

Zoning observations are being used in two wards.

Nursing recruitment and retention is notably positive.

5. Mother & Baby Unit (MBU), Bridge House (Detox) & Willow Suite (PICU)

Bridge House has a small but sufficient staffing team. There are risks however due to such low numbers on shift in the event of sickness but this is mitigated by a reliable and effective use of known bank staff, skilled to work in this area. They are a positive outlier for reporting compliments and this was acknowledged in the professional discussion.

MBU was also notably good for recording compliments in addition to a positive recruitment and retention culture.

During the period of March, 50% of beds on MBU were closed due to the installation of air conditioning. This has affected the fill rate as seen below and was considered when analysing the data. It is not recommended from this review that MBU is over staffed.

South Central EDMBU	74.9%	62.3%	99.9%	66.5%	63.9%
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Willow suite is showing as a significant outlier with a considerable fill rate as seen below. Upon exploration of this in the review this can be financially and staffing wise solely attributed to the delayed discharge patient in the ECA. The team felt that in the absence of our patient who is a CRFD the ward establishment meets the needs required safely.

Willow Suite	99.8%	204.9%	149.9%	240.3%	176.3%
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There is a decrease in incidents for Willow suite (shown below) and there was feedback that they are experiencing delays in stepping down to acute wards. It was also noted that the incident decrease was further to a direct impact of the team working effectively together managing a complex patient in the ECA with a clear management, care and treatment plan, which has effectively seen the decrease. The team was acknowledged for their impact on both care and patient safety.

Incidents for period between 1st September 2024 – 1st March 2025

Total Incidents by Type



6. Acute - Older Adult Wards

There are six older adult wards within KMPT, three of each gender and these are located across the county. When looking at establishments there was some inconsistency with the number of deputy ward managers which require clarification with some having two and some three.

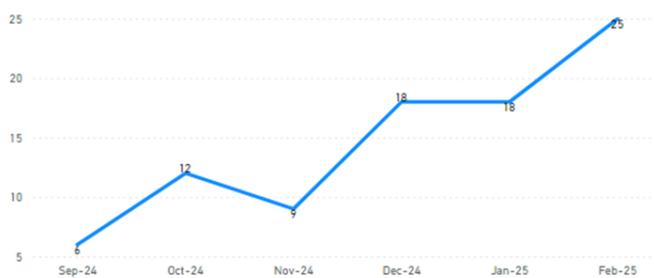
There was positive feedback consistently received regarding the directorate HR business partner and her support in sickness management.

Older adult wards saw a significant decrease in incidents with many teams attributing a factor being the introduction of zonal obs. The main incident category was falls with the exception of Woodchurch where this featured second to violence and aggression.

There is a significant increase in Sevenscore's incidents (falls) as shown below however it should be noted the ward was at 50% capacity following bed closures due to the flooring replacement and most incidents attributed to one patient.

Incidents for period between 1st September 2024 – 1st March 2025

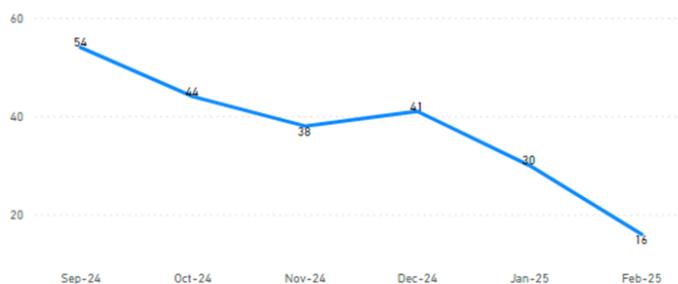
Total Incidents by Type



Jasmine Ward saw more than a 50% reduction in incidents (shown below). The team reported contributing factors as zonal observations, patient mix and MDT (particularly OT and PSS) effective working.

Incidents for period between 1st September 2024 – 1st March 2025

Total Incidents by Type



7. Acute - Younger Adult Wards

There are four male younger adult wards, and five female younger adult wards spread across Maidstone, Dartford and Canterbury sites.

All wards are undertaking zoning observations with the exception of Chartwell where this is being re-introduced. Many spoke about how this impacted staffing positively and decreased incidents. It is acknowledged that there is an environmental challenge on Chartwell and it may be the directorate consider this in line with reviewing the patient population. Fern ward also reported inconsistent use and have been encouraged to fully implement.

Male younger adult wards all had violence and aggression as their highest incident category however there were notable decreases in both Pinewood and Boughton (see below). Both attributed this to the violence and aggression improvement work, with Pinewood further commenting that they have effective MDT working which has directly impacted this.

Pinewood Ward:

Incidents for period between 1st September 2024 – 1st March 2025

Total Incidents by Type



Boughton Ward:

Incidents for period between 1st September 2024 – 1st March 2025

Total Incidents by Type



The high fill rate for Pinewood as shown below was discussed and during March there were four new staff on supernumery induction which accounts for the increase.

Pinewood Ward	112.6%	123.7%	101.6%	144.4%	121.2%
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Bluebell Ward has seen an increase in violence and aggression incidents and discussed that they attribute this to both delays to PICU and CRFD patients awaiting social care placements.

Female younger adult wards show significant differences in several areas. Four of the five wards report work related stress is a reason for sickness, which is not a theme seen in other areas.

Fern ward has high fill rates as shown below and attributes this to higher levels of observation required, with zonal observations inconsistently used, and the team reporting a high admission and discharge rate.

Fern	109.7%	115.5%	100.2%	172.6%	122.7%
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It was identified that for acute wards the MHOST only returned two wards are recommending higher levels of staffing, and these were both female younger adult wards, Chartwell and Upnor (as per below). It should be noted with caution however as we are aware of the need for further support with a full understanding of MHOST acuity levels.

Chartwell	169.77	173.89	28.25	31.78
Upnor	130.53	141.41	24.00	26.37

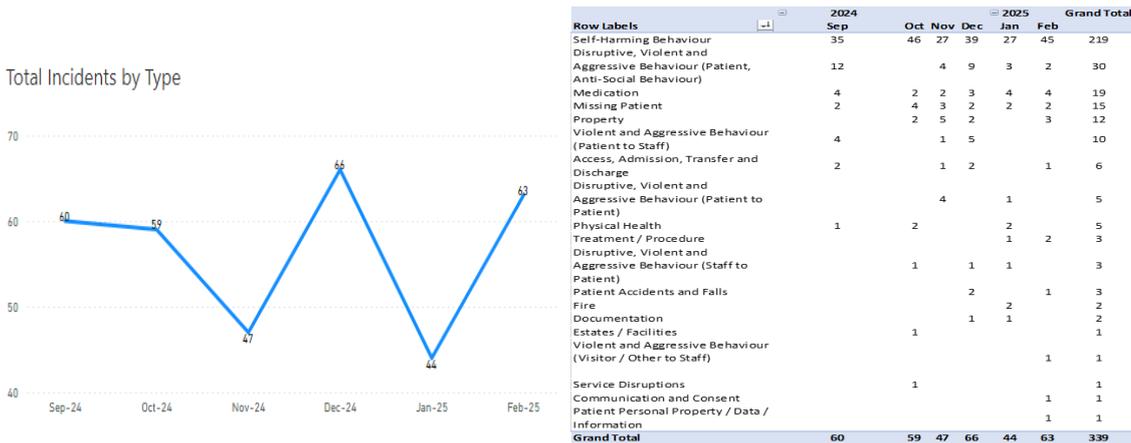
Chartwell ward are an outlier for both high fill rates and incident data. It should be noted that Chartwell are currently being supported in these areas.

As seen below in the fill rates, the team attributed this to higher levels of observation, particularly at night.

Chartwell Ward	101.3%	149.1%	100.2%	238.5%	147.6%
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When reviewing self-harm data there is an increase of almost 50% in Chartwell incidents compared to other female younger adult wards, notably 219 incidents compared to 149, 113, 72 and 37.

Incidents for period between 1st September 2024 – 1st March 2025



Cherrywood Ward is an outlier in several areas. They do not report work place stress as an area of concern for sickness, their highest type of incident is violence and aggression as opposed to all other female younger adult wards being self-harm. They strongly attribute this to effective working with psychology and OT. The team feel the staffing levels are safe, and the ward have regular collaborative psychology input

With the exception of Cherrywood, the four other female younger adult wards all stated that further psychology and peer support workers would make a significant impact on the ward, with one comment being they felt as if they were 'specialist wards without specialist input'.

8. Community Inpatient Rehabilitation Services

There are six community inpatient rehab wards across the county. Across these services it was clear that MHOST requires further support and understanding to how the tool can be applied for rehab services. The leadership team at Ethlebert Rd have done some work on this during this review and it is intended that this work is shared. Their MHOST and CHPPD recommendations are shown below and the team feel these are close to accurate.

Ethelbert Road	59.77	59.34	13.80	11.08
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In East Kent the establishments had been reviewed prior to this process and there were proposed reductions in some establishments through vacancies. This review supports those proposals.

It was discussed within several rehab services that at times there is increased acuity due to delays with admissions to acute wards. Escalation in these instances was discussed. Social care delays, especially with care assessments in East Kent were also a factor causing a delay in discharges.

All of the services spoke of the importance of physio/ sports tech provision which compliments OT however feel this could be improved as currently this is an additional 'drop in' service. Each team felt an increase would be beneficial.

9. Health Based Place of Safety (HBPoS)

There are currently three HBPoS's across the county. These were not included in the MHOST collection as the tool is not adequate for this setting. However, the establishment was reviewed including vacancies and quality data to aid a professional narrative discussion.

There is one team leader across the services and a consultant lead. The team reported the staffing numbers currently feel safe and there is a daily medical rota which works effectively.

Vacancies and sickness are generally covered well with regular staff on NHSP.

10. Trust Wide Analysis

There are some overall themes which have emerged, notably the impact of long-term sickness (16 wards) and CFRD's (21 wards) across the organisation. It is only female younger adult wards where work related stress is a significant contributing factor. It is noted that generally ward managers feel supported with managing sickness.

With the exception of Bridge House and MBU compliments are not being formally recorded and we have encouraged teams to improve this.

Fill rates on several wards appear to show a concern that staffing may be low at times however on every occasion the teams reported this wasn't reflecting accurately. The wards indicated have been advised to meet with the e roster lead for further exploration and advice.

Notably staff reported feel less supported at night, which further supports the case for 24/7 Duty Senior Nurse onsite cover.

Throughout the professional narrative discussions, we often heard of 'patient population' being the main cause for any decreases in incident data however when we explored the safety culture bundle and zoning observations implementation, it was then they realised their impact. We encouraged staff to take pride in their achievements in these areas and acknowledge the considerable work undertaken by teams in changing cultures on their wards.

11. Summary and Conclusion

Overall the MHOST and CHPPD data generally indicates that most wards are over staffed however when considering the data inputting and professional narrative sessions this appears inaccurate. The recent review in East Kent rehab services which showed some reductions is supported from this review.

The amount of CRFD patients is notably affecting staffing across all areas.

Within acute, three female wards (1 OA and 2 YA) discussed how the multi-disciplinary working within the ward team could be more effective and how this impacts staffing, including decisions regarding observations levels for example, which directly impacts staffing. It is also noted that it is two of our female acute wards who have not fully implemented zoning observations.

All teams with the exception of female acute wards identified their wards establishments as being appropriate for their services. Female acute wards are recognised as requiring reviews of the therapeutic model and approach, with Cherrywood evidencing that effective inter professional working, particularly with psychology and OT directly impact incident levels, staff sickness and therefore safer staffing levels.

The establishment review process undertaken this year has enabled teams to fully explore the understanding of safer staffing, however this requires embedding and further support.

12. Recommendations

- Completed establishment review packs including service specific recommendations have been shared with directorate leadership teams
- Feedback has been encouraged regarding the new process used and will directly feed into future establishment reviews
- Safer Staffing training to be delivered per team by DCN and Corporate HoNQ
- Review of actions and further 21-day cycle of MHOST to be completed in six months