

Portsmouth HealthCare   
NHS Trust

**A review of nursing in the Department of Elderly  
Mental Health**

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## 1. Introduction

This report summaries the findings of a review conducted into nurse staffing in assessment and continuing care areas, in the Department of Elderly Mental Health, Portsmouth HealthCare NHS Trust. The aim of the review was to provide an objective evaluation on nurse staffing, and to suggest ways in which to develop nursing services in order to provide the best possible patient care. The review was conducted over a six week period and used three main approaches:

- Qualitative data collection - through individual interviews and focus groups with f/g grade nurses
- Observation - of ward environments and working patterns and discussions with a wide range of staff
- Document review

## 2. Background

Demand for older persons mental health services has grown in recent years and will increase further as the population ages. Conditions such as dementia have a very high prevalence - one quarter of people over 85 develop dementia, and between 10 and 16 per cent of people over 65 develop clinical depression. Commonly this age group of people also have co -morbid, medical, functional and psycho-social conditions that exacerbate their psychiatric problems.

Many reports point to the consequences of increased health care needs of the older population (HAS, 2000; SNMAC 2001; DOH, 2001). These accentuate the importance of nursing in the care of older people and point to the effects of increasing workloads. In addition, to increasing workloads and workloads of greater complexity, a national shortage of qualified nurses is affecting virtually all Trusts in this country. Together these factors are considered to combine to further complicate health care provision which is based on high bed occupancy and shorter hospital patient stays.

A review of nursing was conducted by the EMH Division in 2000 which indicated that there was a shortfall in both qualified and unqualified nurses across the division. However, given the change agenda indicated by the NHS Plan and The NSF for Older People, it was considered important to re-review the nursing provision in the light of these policy changes in order to define any numerical and skill gap more specifically. This report is a summary of the key findings and recommendations of the nursing review.

### **3. Findings**

The findings support the view that there are both numerical and skills shortages in the division. However, it also found evidence of other factors which contribute to a nursing shortage. The evidence for these points are:

#### **3.1 Qualitative**

During interviews and focus groups, nurses discussed many factors with implications for the delivery of effective and efficient patient care. Some of these include:

- Variations in leadership style, a lack of clinical leadership/clinical supervision and a shortage of patient care monitoring - leading to variations in nursing practice and differences in staff provision.
- Long standing nurse shortages - with a consequence that nurses have adopted practices focused on immediate the physical aspects of care - such as keeping an older person clean and fed but with little in the way of therapeutic interventions or social activities..
- Low morale - caused by heavy physical and emotional workloads.

#### **3.2 Observation**

Observation of working patterns demonstrated that while care was generally delivered with kindness and good intentions, there was a focus on the immediate care needs of patients. Gaps in staffing were commonly met by bank overtime or agency staff, resulting in a lack of continuity, which carries major implications for quality care delivery. There are occasions where no qualified nurse is available, particularly at night. It was also common for just two staff to be responsible at night for 18 vulnerable and highly dependant people - who are in the end stages of their lives, together with people who are confused.

#### **3.3 Environment**

The environments are sub optimal on Summervale, Harry Cook and Redclyffe. Harry Cook and Redclyffe present hazards to staff and residents, for example as a consequence of a shortage of space to manoeuvre patients in and out of bed. In addition shared wards do not permit individual privacy or safety to be protected.

### 3.4 Operational issues

There are differences in the management style between the two geographical areas, (Gosport and Fareham and St James), which undermines the concept of a whole system service for Older People with Mental health needs. There was considerable evidence for the need for expert leadership at clinical level during the day and at night, in order to help staff resolve nursing issues and operational problems. These are currently designated to a 752 bleep holder at St James (a different situation exists at Gosport and Fareham). The lack of clinical leadership is also reflected in poor overall monitoring of aspects of nursing practice and performance, for example hospital acquired infections and pressure sores, both key indicators of effective nursing care.

## 4. Document Review

It was difficult to obtain relevant information in the same format from the two geographical locations, however, it is clear from available records that a nursing shortage in all areas has existed at least since 1995. Reports from that time, and throughout subsequent years indicate shortages, high sickness levels and recruitment difficulties. On top of what appear to be chronic staff shortages, are increases in service use. Referral rates have increased, in Portsmouth by 10 %, in Havant by 40% and Gosport by 50% over a five year period. Bed occupancy is currently almost 100% in continuing care wards which delays transfer from assessment wards and admissions: All wards now have waiting lists.

Other indicators point to additional pressure on staffing:

- Staff sickness is amongst the highest in the Trust at 11.35 % which in 2000/01, is almost double the Trust average.
- Between 1995/96 - 2000/01 there was a 47½ % increase in the cost of overtime, agency and bank staff, at St James site alone, with a cost of £338,270
- Recruitment has been difficult for a number of years and now 60% of G Grade nurses are aged more than 50 years.

Establishments for nurse staffing were set some time in the past, and although there have been some increases due to ward closures, these do not seem to have impacted on the sense of overwork and overload. In part this relates to the continuance of practices which are long standing and to traditional roles being undertaken by traditional grades of staff. For example there is a heavy weight of administrative responsibilities carried out by trained staff, in other trusts these are carried out by less qualified personnel, and ensures a better use of the scarce qualified nursing resource.

What is required therefore, is not the simple addition of more nurses to carry out the same work, but of a freeing up of the professional resource currently available in order to meet patient care needs more appropriately and to address the modernisation agenda.

## 5. Conclusion

It is concluded that although additional nurses are required, increasing the numbers of nurses alone will not solve the nursing shortage. The answer lies of course with additional staff but also with other changes, including changes in the work performed, and with clinical leadership. Reframing the problem from too few nurses too little appropriate nursing practice may be a useful way to find different solutions than have been tried in the past.

## 6. Recommendations

The recommendations suggest ways in which a nursing shortage for older people with mental health needs in hospital continuing care and assessment areas might be addressed:

- 6.1 The division should be managed as a whole unit, with locality management reporting to one General Management structure. This will diminish variations in management style and will permit the better use of senior clinical nurses.
- 6.2 A new clinical nurse career ladder should be created consisting of one I grade; two 'H' grades, resulting in one H grade per locality (this meets the needs of the Modern Matron Department of Health Initiative to be in place by April 2002). The H and I grades should spend 50% of their time in clinical practice which will immediately help to relieve some nurse shortages. The division should seek a Nurse Consultant appointment as soon as possible to develop the clinical pathway further.
- 6.3 The new I and H Grade 4 will work with ward sisters to review aspects of the role which can be changed especially 752 responsibilities and others which chronically drain time from the wards.
- 6.4 There are qualified nurse shortages on all wards but the grades of these vary. The requirement for most additional staff for wards is around 20 hours a week. There is also a need for Health Care Support Workers, to undertake care or activity co-ordination roles for a minimum of 15 hours a week. The working hours employed will need to be flexible to respond to times when patient needs are greatest.

In addition, in order to help change the ways in which nurses work, housekeepers are required (without these the qualified and health care worker deficit is much higher). This will also meet the Department of Health initiative to ensure that all wards have housekeepers by 2003.

6.5 In order to help staff to work in different ways, a mental health gerontological programme is suggested for all F and G grade nurses.

6.6 Finally, a steering group incorporating East Hants Primary Care Trust will be required to implement the recommendations of this review initially through Divisional Reviews. In addition an implementation group comprising of senior clinical nurses and consultant psychiatrists for Elderly People and Managers will also be required.

## **7. Development Plan**

Since the Department of Elderly Mental Health will move to East Hampshire Primary Care Trust for it's management, certain steps towards achieving some of the recommendations will necessarily require decisions by the Primary Care Trust. However, some aspects of the recommendations can be implemented in the near future (2 - 6 months) and a two phase programme of development is therefore suggested as follows:-

### **7.1 Phase One - 2-6 months**

- Appointment of new senior clinical nursing posts at I and H Grades.
- Review of aspects of role in particular 752 which currently detract from clinical aspects of patient care.
- A specialist Mental Health Gerontological programme is being commissioned from the RCN Gerontological Institute. Pre meetings will be held with F and G participants prior to it's commencement in February/March 2002.

### **7.2 Phase Two - 7 months onwards**

- Discussion with Primary Care Trust regarding:-
  - Single division
  - Nurse consultant
  - Additional recruitment

## 8. Summary

This summary report recognises that there are long standing shortages of nurses in the Department of Elderly Mental Health. It concludes that producing more nurses is part of the solution but not it's whole, and it suggests that changes are required at organisational, clinical and structural levels in order to provide better for the mental health and care needs of older people. It recommended a two phase development plan, the first half to be implemented in the near future, the second will require discussion with East Hampshire Primary Care Trust.

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