THEME 5

WORKFORCE

Theme 5
Workforce

Aim 1

The mental health services plans, organises and manages its workforce to achieve its objectives for high quality, recovery oriented, safe and reliable services.

Indicator 1.1

There are appropriate numbers and skill mix of staff and these are effectively managed to meet the assessed needs of the service users and the size and layout of the service.

These are the features that you need to have in place to meet this indicator:

1. There are written policies and procedures in place for services in relation to the recruitment, selection and vetting of staff.

2. At a minimum, the policies and procedures on staffing include:

- The roles and responsibilities for the recruitment, selection, vetting and appointment processes for all staff within the mental health service.
- The recruitment, selection and appointment process of the service, including the Garda vetting requirements.
- The roles and responsibilities in relation to staffing processes.
- The roles and responsibilities in relation to staff training processes within the approved centre.
- The organisational structure of the approved centre, including lines of responsibility.
- The job description requirements.
- The staff planning requirements to address the number and skill mix of staff appropriate to the assessed needs of service users as well as the size and layout of the approved centre.
- The staff rota details and the methods applied for its communication to staff.
- The orientation and induction training for all new staff.
- The ongoing staff training requirements and frequency of training needed to provide safe and effective care and treatment in accordance with best contemporary practice.
- The required qualifications and accreditation of training personnel.
- The evaluation of training programmes.
- The staff performance and evaluation requirements.
- The use of agency staff

3. Relevant staff have read and understood the staffing policies and procedures. This is documented.

4. Relevant staff can articulate the processes relating to staffing as set out in the policies and procedures.

5. There are sufficient staff with the appropriate qualifications to do their job; to meet the number and assessed needs of the service users, the size and layout of the service and the statement of purpose; and in accordance with the, *Mental Health Act 2001 (Approved Centres) Regulations 2006, Regulation 26, (2), Staffing*.

6. There is a written staffing plan for the mental health service which takes into consideration the following:

   - The skill mix, competencies, number and qualifications of staff
   - The assessed needs of the service user group profile of the service through the following:
     - The size and layout of the centre.
     - The level of acuity of psychiatric illness.
     - The age profile of service users.
     - The length of stay of service users.
     - The physical and psychological care needs of service users.
     - Behaviours of concern exhibited by service users.
     - The level of dependency and need for supervision of the service users.
     - The number of beds available.

7. There is a planned and actual roster in place showing staff on duty during the day and night. Records of changes are tracked, identified and reviewed.

8. There is a documented process for reassignment of staff in response to changing needs and staff shortages.

9. There is a required number of staff on duty at all times to ensure safety of service users in the event of a fire or other emergency.

10. There is a documented process in place for transferring responsibility of care from one staff member to another, e.g. change of shift, inter-agency transfer.

11. There is continuity of care and support provided to service users, particularly where staff are employed on less than a full-time basis.

12. There are sufficient staffing levels to avoid an over-dependency on the use of temporary and agency staff.

13. There is an appropriately qualified and experienced staff member on duty and in charge at all times. This is documented.

14. Strategies for the retention of staff are in place (e.g. provision of additional training, professional development and in-house promotion opportunities).

15. Senior management arrange for additional staff to cover shifts in an emergency (e.g. serious incident, outbreak of infectious disease and in the event of evacuation).

16. There is ongoing workforce planning in the mental health service to avoid gaps in service delivery.

17. The number and skill mix of staff is reviewed against the level recorded in each approved centre's registration.

18. Review and analysis is completed within the mental health service to identify opportunities to improve staffing processes and to respond to the changing needs and circumstances of service users. The findings and lessons learned are shared and documented.

Aim 2

The mental health service recruits staff with the required competencies to provide high quality, recovery oriented, safe and reliable services.

Indicator 2.1

A rigorous recruitment process is in place in the service.

These are the features that you need to have in place to meet this indicator:

1. There are written policies and procedures relating to the recruitment, selection, vetting and appointment of staff, based on Irish and European legislation, and in *accordance with the Mental Health Act 2001 (Approved Centres) Regulations 2006, Regulation 26, (1) Staffing*.

2. The policies and procedures relating to recruitment, selection, vetting and appointment are implemented.

3. The service site management team have read and understand the policies and procedures, and this is documented.

4. The service site management staff can articulate the processes relating to staffing as set out in the policies.

5. Service users, family and carers are involved in the recruitment process, where appropriate.

6. Those involved in recruitment and selection receive relevant training.

7. Staff, including temporary, permanent, contract and volunteers are recruited in accordance with employment and equality legislation[1] and with the legislation governing public service appointments[2] and best practice.

8. Where a recruitment agency is used to recruit staff, only recruitments agencies that are approved by the Commission for Public Service Appointments as "listed recruitment agencies" may be used.

9. The service site manager/head of discipline and /or the National Recruitment Service (NRS) identify the skills, competencies and personal attributes required of staff and recruits accordingly.

10. Garda vetting is carried out on all staff, contractors, volunteers, students on placements and on work place experience, and all other relevant personnel in as required.

---

1. *Employment Equality Acts 1998 to 2015*
2. *Public Service Management (Recruitment and Appointments) Acts 2004 as amended and the Codes of Practice published by the Commission on Public Service Appointments pursuant to that Act.*

11. Contractors on site are obliged to provide evidence of appropriate indemnity and insurance and appropriate records of such indemnity and insurance are maintained by the mental health service and appropriate records are kept of indemnity and insurance.

12. Three satisfactory written references are obtained and verified before staff start working in the service. These include one written reference from each employee's most recent line manager/employer.

13. Where employment records are maintained nationally, records are maintained locally for verification in accordance with the Data Protection Act 1998 – 2003.

14. All staff have a written contract of employment signed by the staff member and on behalf of the employer and a job description and a copy of their terms and conditions prior to taking up their post.

15. Where agency staff are used, there is a comprehensive contract that sets out the agency's responsibilities in relation to:

- Vetting of staff, including Garda vetting and references and vetting from other jurisdictions as appropriate.

- Confirmation of registration with relevant professional organisations/ validation of status (where applicable).

- Confirmation of attendance at mandatory training, as applicable to the service.

- Confirmation of identity.

- Confirmation of entitlement to work in the State, where necessary.

- Professional indemnity.

- Confirmation of staff training.

- Arrangements for responding to concerns and complaints.

- Indemnity for the mental health service in respect of wrong doing on behalf of the employment agency.

Aim 3

The mental health service ensures that its workforce has the competencies and capabilities required to deliver high quality, recovery oriented, safe and reliable services.

Indicator 3.1

Staff are supported in maintaining and developing their competencies.

These are the features that you need to have in place to meet this indicator:

1. Appropriate orientation, induction, probation and ongoing training programmes (including e-learning) are provided to the workforce, including agency staff.

2. A training needs analysis (TNA) is carried out annually on or on behalf of the service and this includes:

   • Circulation of TNA questionnaires

   • Feedback from staff, service managers, Multi Disciplinary Teams, service users and family and carers.

3. The TNA takes account of the following: -

   • Work force reviews.

   • Systems audits.

   • Review of incidents and other key indicators (e.g. complaints, safeguarding issues, safety issues, audit outcomes, changes to service user profiles and changing needs).

4. Training and development plans are reviewed on an annual basis.

5. Annual training and development plans are completed for all disciplines, to reflect the training needs analysis and the assessed needs of the service user group.

6. Staff have access to education and training resources, including local internet access, access to HSE Land, access to appropriate journal publications and HSE regional libraries.

7. Staff are trained to implement therapeutic and recovery based care and support for service users at each stage of his or her care pathway (including: during the assisted admission process; whenever all aspects of care and support are provided; before and during discharge). Training should consider the impact of involuntary admission on service users and their families and associated issues in developing and maintaining therapeutic engagement.

8. Staff training records and logs are maintained by line managers for all disciplines and these are available for review. Training provided is in accordance with professional development planning and linked to the skills required in the service area.

9. All education and training programmes delivered are evaluated and periodically reviewed, and records are maintained of this.

10. Staff are (where appropriate and within available resources) provided with protected time and financial support for education and training, to include academic study, continued professional development requirements for professional registration and research activity.

11. There are resources, facilities and equipment available for staff in-service education and training (whether didactic or through e-learning, demonstration work-based projects, etc.)

12. In-service training is provided by appropriately trained and competent individuals.

13. A copy of the *Mental Health Act (2001) and any Regulations, Rules and Codes of Practice* made thereunder are made available to all staff in the approved centre or on request. In accordance with *Mental Health Act 2001 (Approved Centres) Regulations 2006, Regulation 26,(6) Staffing*.

14. All staff members are made aware of the provisions of the *Mental Health Act (2001)* and all Regulations, Rules and Codes of Practice made thereunder, commensurate with their role, *in accordance with Mental Health Act 2001 (Approved Centres) Regulations 2006, Regulation 26, (5), Staffing*.

15. Records are maintained of management training including supervision, which is provided to all managers who manage front-line staff.

16. Staff are provided with training to meet the assessed needs of service users, in accordance with their roles, responsibilities and areas of work.

17. All healthcare professionals and support staff are trained in the following, in accordance with legislation and best available practice, as pertinent to their role and any CPD requirements:

- Fire safety
- Basic Life Support
- First Aid
- Hazard Analysis Critical Control Points (HACCP)
- Management of violence and aggression (e.g. Therapeutic Crisis Intervention (TCI) /Professional Management of Aggression and Violence (PMAV)
- The Mental Health Act (2001)
- Children First
- Open disclosure
- Manual handling
- Medication management training as appropriate
- Recovery-centred approaches to mental healthcare and treatment, including individual rights
- Infection control and prevention (including sharps, hand hygiene techniques and use of PPE)
- Risk management – individual, organisational and care and treatment provision as appropriate to the staff role
- Incident reporting
- Documentation and record keeping
- Individual Care Planning
- Care of service users with an intellectual disability.

18. Training may also include, but is not restricted to the following:

    •   Safeguarding vulnerable persons / Adults at risk of abuse
    •   Dementia care
    •   End of life care

19. Relevant staff providing support to children are trained on the policy relating to children's education and its implementation.

20. Non-clinical staff receive training to develop an understanding of mental health and recovery.

21. There is oversight and governance of those who provide training to the services to ensure a competent, coordinated, evidenced based approach.

22. There is a collaborative approach to the development and delivery of all new mental health training programmes that are in keeping with a recovery orientated approach, including co-production, co-delivery and co-evaluation. This includes training on the involuntary admission process, including the assisted admission process.

23. Wherever possible staff education and training occurs within a multidisciplinary context.

Indicator 3.2

Regular formal and informal supervision is available to staff to ensure that they perform their job to the best of their ability. See also indicator 4.1 Professional Development Planning

These are the features that you need to have in place to meet this indicator:

1. There are guidelines to govern the implementation of supervision.

2. The guidelines are implemented.

3. There is a formalised written contract of supervision between the supervisor and supervisee.

4. Staff have access to individual, peer or group clinical supervision as per local guidelines.

5. There is a system to track supervision.

6. A written record is kept of any supervision meeting and a copy is given to the member of staff.

Aim 4

The mental health service supports its workforce in delivering high quality, recovery oriented safe and reliable services.

Indicator 4.1

The mental health service has arrangements to support staff in delivering high quality care.

These are the features that you need to have in place to meet this indicator:

1. There are policies and procedures on professional development planning.

2. The policies and procedures on professional development planning are implemented.

3. A documented professional development planning system is in place.

4. Individual professional development plans and system-wide tracking of staff participation are in place.

5. A written record is kept of each professional development planning meeting and a copy is given to the member of staff.

6. The record is signed by the line manager and staff member at the end of each meeting. These records are maintained confidentially.

7. Mechanisms are in place to support staff engagement, consultation and responding to staff feedback. Staff have access to health and safety programmes, employee assistance programmes and occupational health.

8. Staff receive debriefing in a timely manner after incidents or responding to people in crises.

9. There are measures in place to protect the work force by minimising the risk of violence, bullying and harassment by other members of the work force or people using the service.

Indicator 4.2

There is an effective performance management system in place which is collaborative.

These are the features that you need to have in place to meet this indicator:

1. There are policies and procedures on performance management in place, in accordance with HSE Guidance Document 2012.

2. The policies and procedures on performance management are implemented.

3. Team performance is measured and monitored and appropriate action taken to respond to underperforming teams. This includes indicators for each team and audit of each team's performance.

Indicator 4.3

The mental health service has a culture of openness and accountability.

These are the features that you need to have in place to meet this indicator:

1. Staff are supported to critically assess and reflect on their practice and to propose areas for improvement.

2. There is ongoing evaluation and response to feedback about the service from service users and staff.

3. A culture survey is completed on a two yearly basis by a member of senior management and action is taken to respond to issues raised.

4. Staff are aware of policies and are clear on their responsibilities relating to openness and transparency and there is evidence of implementation.

   These include:

   • Complaints Policy

   • Trust in Care Policy

   • Dignity at Work Policy

   • Safeguarding Vulnerable Persons at Risk of Abuse Policy

   • Open Disclosure Policy

   • Protected Disclosure Policy

5. Relevant information that is gleaned from the above policies, procedures are discussed with staff and relevant others and is used to improve the service.

6. Information and data on open disclosure is presented to the management and relevant committees, as appropriate.

7. Staff are appropriately supported if a complaint or concern has been expressed about them.

8. Staff who make a complaint or disclosure are appropriately supported.

Indicator 4.4

The service has formal processes to support and sustain multi-disciplinary teams.

These are the features that you need to have in place to meet this indicator:

1. There are multidisciplinary teams in place which include staff with the appropriate qualification, skills and experience to address the assessed needs of the population in a recovery oriented way, in accordance with *Advancing Community Mental Health Services in Ireland 2012 and Vision for Change 2006*.

2. Teams have clearly defined goals and robust governance structures as well as agreement regarding their model of clinical responsibility.

3. There is a communication protocol about how communication will take place within teams.

4. All team members are aware of their own team roles and target population.

5. All team members understand the roles of other relevant teams in the system.

6. The team co-ordinator is responsible for the coordination and integration of service user care.

7. Minutes are maintained of multidisciplinary team meetings, in accordance with *Advancing Community Mental Health Services in Ireland, 2012 Guidance Paper 5*.

8. Training programmes reflect the benefits of multi-disciplinary practice and strategies to improve this practice.