

NORTHUMBERLAND TYNE AND WEAR NHS FOUNDATION TRUST

BOARD OF DIRECTORS MEETING

Meeting Date: 28 January 2015

Title and Author of Paper: Hard Truths: The Journey to Putting Patients First – Safer Staffing
Gary O'Hare, Executive Director of Nursing and Operations

Paper for Debate, Decision or Information: Information

Key Points to Note:

In March 2014 NHS England and the Care Quality Commission jointly published guidance on the delivery of the Hard Truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

This Board paper complies with the commitment to publish staffing data from April 2014 and provide a Board report every six months describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible.

The attached skill mix reviews reflect the work undertaken in both the Urgent Care (Appendix 1) and Specialist Care (Appendix 2) Groups since the June 2014 submission to the Board of Directors. This work has been led by the respective Group Nurse Directors and supported by the Executive Director of Nursing and Operations.

The reports will be presented by the respective Group Nurse Directors.

Outcome required:

The Board of Directors are asked to receive the summary of the six monthly establishment and skill mix review.

URGENT CARE GROUP**SAFER STAFFING – 6 MONTHLY SKILL MIX REVIEW****1. Urgent Care Group – Summary of work to date**

Following the stocktake submission to the Trust Board six months a significant amount of work has been undertaken within Urgent Care Group with each service line. In each clinical directorate collaborative meetings have taken place including Directorate Manager, Service Managers, Clinical Nurse Managers, Triumvirate members and Finance to consider current staffing establishments and workforce plans going forward.

This work has included:-

- Interpretation and analysis of the information collated in relation to safer staffing;
- Service by service review of current establishments and plans for any change;
- Analysis of use of supplementary staffing and the rationale for this additional use;
- Analysis of impact of service relocation and any concerns relating to the physical environment which potentially could have impacted on observation and/or risk;
- Careful scrutiny and monitoring of staff vacancies, cover arrangements and position regarding ongoing recruitment;
- Review and further development of the flexi pool arrangements;
- Realignment of budgets working in close collaboration with Finance to reflect the “as is” position and ensure that any workforce changes are reflected within the annual budget setting process for 2015/2016.

2. Service Development and Transformation**2.1 Urgent Care Wards**

With the opening of the new Hopewood Park facility a number of services have been significantly changed and other new services opened including two High Dependency Units. There has been a period of intensive work prior to this new facility opening to ensure an effective workforce within each clinical area. Further review has been ongoing as staff have adjusted to both the new clinical environments and adjusted client cohorts, both of which have had implications regarding staffing establishments.

Some Urgent Care wards have had planned reductions in bed numbers in line with service transformation and whilst there has been an associated slight reduction in staffing establishments the actual staff to patient ratio has improved due to the reduction in beds. This should have a positive impact on the quality and safety of care and degree of therapeutic engagement.

2.2 Psychiatric Intensive Care Unit Provision

The provision of one Psychiatric Intensive Care Unit at Hopewood Park has enabled the focus of specialised skills and resources in one purpose built and appropriately staffed unit. With an improved clinical pathway patient outcomes should improve due to the provision of more intensive treatment regimes leading to reduced lengths of stay and improved transition arrangements. The Psychiatric Intensive Care Unit is up to full staffing establishment in line with the transformation plan for this service.

2.3 Review of the Stepped Care Pathway - North and South of Tyne

Willow View has become the “moving on” ward North of Tyne. The provision of one move on/relapse unit establishes a single focal point for the staff skills and knowledge to the benefit of service users and addresses many of the existing risks and clinical issues. The staffing establishment has required a small increase in line with the service transformation plan.

Further transformation is underway around the Stepped Care pathways in North of Tyne and South of Tyne. Staffing establishments and skill mix in Bridgewell, Brooke House, Kinnersley and Bluebell Court are subject to current review as part of pathway transformation.

Two elements of this pathway transformation in terms of service reconfiguration have already been achieved:-

- Newton Ward at St Georges Park has become the High Dependency Rehabilitation Unit providing a modern recovery based environment and service for this client group who have a high degree of complexity and challenging behaviours. Newton Ward is up to full establishment in line with service transformation.
- Bridgewell at Hopewood Park has become a Complex Care facility and has required an increase in staffing establishment to reflect and enable the effective management of this increasingly more complex client group. The increase in establishment is not yet fully achieved.

2.4 Older People Services

The workforce plan for older people services is to bring both the skill mix and staffing establishment in line with the ratio recommended by the Royal College of Nursing for Older Persons Wards. This work is ongoing at the moment and will be dependent upon investment being secured through other service transformation. This was also recently reflected in the business case for the development of the Northumberland Dementia Care Pathway. The increase in staffing complements will enable enhancement of therapeutic engagement and improved quality and safety.

2.5 Learning Disability Services

As part of service transformation it is proposed that skill mix and staffing establishments are improved to enable enhanced therapeutic engagement and improved quality and safety. This work is currently ongoing.

3. Future Work in Relation to Skill Mix/Safer Staffing

As the transformation programme continues across Urgent Care wards skill mix and staffing establishments will continue to be reviewed in the light of reinvestment opportunities. Where Commissioners have not been able to make decisions this will impact on the service transformation programme resulting in delay and therefore also delay opportunities for reinvestment and further improvement in skill mix and staffing establishment. The underpinning rationale for any potential change to either skill mix or staffing establishments being quality and safety in care delivery, improving patient outcomes, and working within the financial envelope available.

Vida Morris
Group Nurse Director, Urgent Care
22 January 2015

Specialist care group

Safer Staffing - 6 monthly Skill mix review

1 Specialist Care Group (SCG) summary of work to date

Following the stocktake submission to the Trust Board 6 months ago a significant amount of work has been undertaken within Specialist Care Group with each Service Line. Together with Ward Managers, Clinical Nurse Managers and Directorates the group have been able to analyse historical and current activity in line with establishments to ensure workforce plans are clear going forward.

This work has included:

- Analysis of 6 months Safer Staffing monthly submissions i.e. Planned against Actual usage
- Review of historical establishments and current activity i.e. referrals, occupancy and acuity alongside transformation plans for each of services.
- Review of care packages in Forensic, Autism and Children's inpatient wards
- A deep dive into Children's in-patient services at Alnwood and Ferndene due to increased levels of acuity and incidents and complex referrals.
- Review of clinical interventions in areas of high usage of qualified and unqualified staff to ensure the clinical models are meeting the needs of the patients
- Consideration of the impacts on patient and staff safety
- Proposed workforce profiles for each ward based which include Band 2 Support Worker and Band 4 Assistant Practitioners to support qualified nursing staff and augment the therapeutic and clinical time our qualified staff will have with the patients.
- Addressing the vacancy gaps at individual service line as part of the Intensive recruitment of values based Central Recruitment by the production of bespoke adverts and road shows for hard to fill posts i.e. Neurological services and CYPS Inpatients.
- Development of the bespoke flexi-pool at WPH alongside reciprocal arrangements for accessing Registered General Nurse Bank /MH and LD between NUTHs FT and NTW. In addition developing capacity to support the Nurse Pool covering Newcastle and Northumberland wards in SCG and Urgent care as a last resort agency staff to fill unplanned gaps
- Realignment of budgets to better reflect staffing, formalised through the Annual Budget setting process, and proposals to begin funding from the 1st April 2015

2 Increasing skill mix ratios of qualified to unqualified

We reported to the Board that as a Trust we were aiming to improve the ratio of qualified nurses to unqualified nurses. However within Specialist Care some of the staffing levels and skill mix are determined by bespoke care packages commissioned by NHS England have produced some anomalies, which we have provided clear rationale for alongside our published information. The overall aim for the Trust is to move in a stepped approach to 70%qualified: 30%unqualified. however some service lines may not require that approach due to the unique elements of the service model.

The key points to highlight from SCG review are included in appendices 1&2. In summary:

2.1 Forensic Learning Disability

The proposal is to

- Work towards a 50/50 ratio (Q/UQ) in designated medium and low secure wards
- Work towards a 40/60 ratio (Q/UQ) in locked rehabilitation wards

This is based on the specifications of each part of the pathway which dictates those with the highest levels of acuity and risk are cared for in the higher levels of security and therefore will require more expertise in the form of a higher qualified staff ratio.

The lower levels of the pathway, in locked rehabilitation services, of course still recognise the risk and challenges posed by the client group but promote a slower stream habilitation process better suited to higher level qualified input supported by consistent regular staffing of Support worker and Assistant PR actioner roles.

Reference costs available for the MH forensic units indicates we are around 20-25% more expensive than comparable units. Work is underway to establish the reasons behind this.

It has proven difficult to acquire skill mix ratio information from comparable units for the LD units. Whilst wards are not always comparable, the case study examples demonstrate the general trend in a greater proportion of unqualified to unqualified staff.

Funding

Budget pressures for Forensic Learning Disability wards at Northgate will be funded based on setting a recurring income target for care packages. That will allow funding of the agreed rotas (based on the current working practice – long days) which include an additional (so 3) qualified staff on each day shift.

2.2 Forensic Mental Health

Adjustments have been made to adjust staffing and skill mix to reflect service changes.

Funding

Minor pressures across Bamburgh clinic have been funded as well as pressures in the Bede budget. That being the case these services form the basis of a review to support the Group Financial Delivery plan based on delivering services within the levels of funding.

2.3 Neurological services

Neurological services skill mix review has highlighted the need for additional staffing on Ward 1 and Ward 2, due to acuity of patients including additional requirements of General Physical Health care. The vacancies on Neurological wards have been filled gradually through central recruitment, however some gaps remain and these are being met via overtime and bank provision

Funding

Through the budget setting process, there has been no increase in staffing funding for ward 2 agreed in budget setting at this stage, as the level of income needs to be agreed with commissioners. This will determine the level of funding for staffing. There is a pressure (circa £300k) which is identified as needed to be sufficiently staffing to fill all 14 beds.

There is no funding identified for ward 1, which has overspent in 2014/15. The staffing levels needed will be monitored by the Group nurse management.

2.4 Children's Inpatients

The group has reported via Trust Q and P quarterly report and workforce and Incident reporting that the complexity of Children and Young people being referred to NTW PICU and Medium Secure services are of the highest level. The Clinical Teams and Lead Clinicians have reviewed admission acceptance criteria to ensure it is in line with the specification. However the pressures for beds nationally often results in NTW services being the only facility available to meet the need. This is subject to ongoing discussions with Commissioners regarding the case mix and safety of all patients and staff on a case-by-case basis. The last 6 months has seen an increase in occupancy as all beds in Alnwood have been filled, however the needs of patients has resulted in significant need for increased engagement and observation levels. The higher than average attempts to self-harm have also increased the need for additional qualified staff for support and decision making during significant incidents. The proposal from the clinical teams is to increase qualified Band 6 staff nurse posts and place on duty at critical times i.e. twilight and early hours where the likelihood of incidents has been observed.

Funding

There is a pressure on the Alnwood budgets between the staffing funded at the current price and the service being provided. The Trust is to highlight this in the contracting discussions for 2015/16. If additional funding is secured then the service can operate at the proposed higher level of staffing, but if not then the service provided will have to be delivered within the agreed resource and any additional risks to patient safety identified.

2.5 Specialist Adult

The **Affective Disorder service and Eating Disorder** service have been subject to business cases which outlined the new skill mix model, and the staffing funded will be as per the agreed business cases.

The Autism service will continue to be supported by care packages through the majority of 2015/16. The staffing will recurrently change in line with the agreed business case once the new Autism Unit opens. A review of the business case is required to ensure the staffing levels remain fit for purpose through 2015/16.

3 Conclusion

The SCG Skill Mix proposals as detailed in the appendices highlight the work to date and the plans to achieve the desired skill mix at a substantive level over the next 6 months. In addition the safer staffing monthly returns are able to assure the Board that SCG managers ensure that vacancies are being filled, the use of temporary staffing is reducing and there is a significantly better understanding of the specification requirements of each service line to ensure staffing levels are safe

Anne Moore
Specialist Care Group Nurse Director
December 2014

Ward	What is your current establishment le What is being used on a monthly basis	What is your funded establishment	Are you working within this funded establishment - we need to understand why and there are some reasons / examples – please add Reason may include <ul style="list-style-type: none"> increased clinical activity environment difficulties re observations sickness / absence / disciplinary / maternity leave 	Are you working under your establishment Reason may include <ul style="list-style-type: none"> Under capacity relocation of services organisational change 	Explain where the establishment came from. Please add anything that may be missed. Is it <ul style="list-style-type: none"> Inherited traditional not reviewed following organisation change part of skill mix review part of the rebasing exercise (took place approximately 4 years ago)
Cheviot	21.5 (8Q and 13.5 UQ)	24 (9Q and 15UQ)	No – working under establishment	Yes- vacancies	Historical
Hadrian	20.73 (9Q and 11.73UQ)	20.73 (9Q and 11.73UQ)	Yes	N/a	Historical
Lindisfarne	25 (10Q and 20UQ)	25 (10Q and 15UQ)	No- working over establishment	Clinical activity. Extra input from UQ	Historical
Wansbeck	24.48 (9Q and 18.48UQ)	24.48 (9Q and 15.48UQ)	No- working over establishment	Clinical activity. Extra input from UQ	Historical
Tweed	36 (10Q and 29UQ)	36 (10Q and 26UQ)	No -working over establishment	Clinical activity and physical layout of ward. Extra input from UQ.	Historical
Alnwick	21.55 (10Q and 20.55UQ)	21.55 (9Q and 12.55UQ)	No - working over establishment	Clinical activity. Extra input from Q and UQ. Care packages	Historical
Tyne	44.21 (9Q and 37.71UQ)	44.21 (9Q and 34.71UQ)	No - working over establishment	Clinical activity and physical layout. Extra input UQ. Care packages	Historical
Longhirst	48.15 (Q:11.35 and UQ:33.8)	48.15 (Q:14.35 and UQ:33.8)	No – working slightly under establishment	Vacancies and reduced clinical activity.	Historical
Bede	20.3 (Q:10.3 and UQ 9)	20.3 (Q:10.3 and UQ10)	No slightly under establishment.	Vacancies and low clinical activity.	Historical

Aidan	28 (14Q and 14UQ)	28 (14Q and 14UQ)	No variations	N/a	Historical
Cuthbert	24 (13Q and 11UQ)	24 (13Q and 11UQ)	No variations	N/a	Historical
Oswin	27 (14Q and 13UQ)	27 (14Q and 13UQ)	No variations	N/a	Historical
Ingram and the Bungalows	78.8 (22.77Q and 62.11 UQ)	78.8 (16.77Q and 62.11 UQ)	No - working over on qualified staff	Clinical activity	Historical
Woodside	53 (13Q and 44 UQ)	53 (11Q and 42 UQ)	No- working over	Clinical activity	Historical
Fraser	37 (12Q and 24UQ)	37 (13Q and 24UQ)	No- working under	Vacancies	Historical
Stephenson	39 (14Q and 25UQ)	39 (14Q and 25UQ)	No variation		Historical
Riding	32 (12Q and 20UQ)	32 (12Q and 20UQ)	No variation		Historical
Redburn	44 (23Q and 21UQ)	44 (23Q and 21UQ)	No variation		Historical
Ashby	43 (15Q and 58UQ)	43 (15Q and 28UQ)	Yes- significantly over establishment. Additional input from UQ.	Clinical activity	Historical
Lennox	39 (14Q and 44UQ)	39 (11Q and 28UQ)	Yes – significantly over establishment. Additional input Q and UQ	Clinical activity	Historical
Wilton	40.96 (14Q and 33.0 UQ)	40.96 (14Q and 26.96UQ)	Yes- working slightly over establishment	Clinical activity	Historical
WGP W1	37 (19.67Q and 27.67 UQ)	37 (19.67Q and 17.67 UQ)	Yes – over establishment	Clinical activity and physical layout of the ward	Historical
WGP W2	25.28 (13Q and 44.28UQ)	25.28 (12Q and 13.28UQ)	Yes significantly over establishment	Clinical activity and increased capacity to allow full use of 16 beds	Historical

WGP W3	33 (17Q and 16UQ)	33 (17Q and 16UQ)	No variation		Historical
WGP W4	32 (19Q and 22 UQ)	32 (17Q and 15UQ)	Yes- working over establishment	Clinical activity	Historical
Affective disorders	18 (12Q and 12 UQ)	12.99 (8.2Q and 4.7 UQ)	Working over establishment – base budget was not correct following split of in-pt and partial functionality	Acknowledgement of poor historical ward budget	Historical
Mother and Baby	17.46 (9.82 Q/ 12.24 UQ)	17.46 (8.82 Q/ 8.24 UQ)	Yes- working over establishment	Variable clinical activity which fluctuates a lot month to month	Historical
Eating Disorders	21 (11Q and 17UQ)	21 (11Q and 10UQ)	Yes- working under establishment	Reduced clinical activity on in-pt wards – ongoing mix of work in partial and wards until Jan 15	Historical