Appendix 1

Review of Inpatient Nursing Establishment, Capacity and Capability Review
Learning Disability Group

Report: April 2017
Due for Review: October 2017
Author: Susan Brady Head of Nursing (LD & CYPF)
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1.0 Introduction

There is an organisational requirement to review nursing staffing levels on a six monthly basis across the learning disability inpatient services. A full review was undertaken in September 2016 following the introduction of two new units The Pines and The Larches and also the closure of Pond Lane Assessment and Treatment Unit. A further 6 monthly review was conducted in March 2017. This paper outlines the current funded nursing establishment and agreed minimum safe staffing levels required to support the bed occupancy, patient acuity and deliver safe effective care.

2.0 Background

The Learning Disabilities Division continues to face a number of challenges in respect of the delivery of assessment and treatment and forensic inpatient beds across the four boroughs of the Black Country, including:

- Occupancy variances and income for bed day costs with the prospect of spot purchasing in the future means that the staffing ratio and numbers per shift and per patient needs to be safe, viable and consistent in the future. This will ensure sustainability. A current review of bed day costs is being undertaken to ensure we meet our contribution.

The culture and practice of the units needs to be continually challenged, in order to ensure financial sustainability and management accountability, against establishments, along with the reduction in bank and agency use. Weekly monitoring of bank and agency spend is in place to ensure agency use is appropriate and to minimise agency spend.

There have been difficulties maintaining safe staffing levels. A number of trigger points have caused this situation over the last 6 months, reaching crisis point for the last 3 months. These relate to escalating high levels of sickness, deteriorating vacancy rates, difficulties in recruiting and suspensions due to poor clinical practice. This has resulted in a significant amount of the workforce being unavailable. The LD Leadership team expressed concern about the clinical quality and safe delivery of inpatient provision, in particular on Ridge Hill and the Pines. Clinical action plans have been developed and implemented. These are to address presenting risks. This is monitored weekly to address and monitor quality and safe provision. There is also robust mitigation plans in place that remains in the view of the LD Leadership team.

The LD Division is implementing a stepped model of care to ensure establishments and safe staffing numbers reflect occupancy levels and reflect efficient use of staff resources. The clinical observation and engagement policy is reviewed on a regular basis by the service Matrons to ensure staffing numbers are based on patient need and changing acuity.

Following the last review of staffing establishment, the Trust has undertaken a further review of A&T beds in 2017. The A&T review within the Learning Disabilities Division utilised an options appraisal approach to identify how BCPFT could provide the most appropriate level of service for A&T beds in Learning Disabilities. It recommended that this can be best achieved through the ‘Transforming Care for People with Learning Disabilities’ programme. This supports a system-wide change, enabling more people to live in the community, with
the right support, and close to home. This is supported by the CCG commissioning intentions to spot purchase beds as required across the Black Country footprint and develop more community provision.

The current national agenda for learning disabilities is to see a reduction of all assessment and treatment beds nationally in line with this agenda a review of the A&T beds across the LD service was conducted. A Community Intensive Support model has been implemented across Wolverhampton with a view to enhance services to work with individuals with complex needs in the least restrictive environment, avoiding any unnecessary hospital admission. This is supported by a robust joint risk monitoring process between Community MDTs and Commissioners. Monthly meetings that consider individuals who present with the greatest risk of hospital admission are discussed, monitored and recorded on a local risk management register. This supports the Positive Behaviour Support (PBS), Care Programme Approach (CPA) and Transforming Care programmes (TCP).

During March 2017, the LD Group sought approval to progress work with Dudley CCG commissioners to close Ridge Hill. This was based on a robust options appraisal against agreed identified domains based on national and regional and Trust wide drivers in conjunction with stakeholders specialising in the specific area. A meeting was held with Dudley CCG on the (8/3/17) to discuss the outcome of the A&T review and update them on the indicative findings. Ridge Hill was the unit proposed for closure. On the (24/4/17) a paper outlining the proposal was presented by Group Director and Head of Nursing to BCPFT Executive Management Board for approval to support a proactive approach to closing Ridge Hill in a planned manner before emergency closure was requested. The Trust Board in April 2017 approved proposal to progress work with Dudley CCG commissioners to close Ridge Hill. This is currently in progress, with a decision made to suspend new admissions and consider alternative environments to provide the A&T provision. This approach promotes a more efficient utilisation of LD services unoccupied bed space within the current A&T provision. A consultation process is underway with a view for a planned closure of Ridge Hill on 31/7/17. 33wte staff will be affected by the closure. There is a plan in place to reintegrate staff into alternative positions across the service. Provision for patients currently accessing Ridge Hill whether this be for assessment and treatment or for respite provision is being examined to ensure there is a planned transition to appropriate placements that are appropriate for patient’s complex needs. Discussions are ongoing with CCG, patients, their families, staff, staff side representatives and Trust Board as this process moves forward.

Despite challenges presented to inpatient services, both the quality and safety relating to the delivery of care to patients has not been compromised. This is reflected in the LD Divisional scorecard information evidencing that the LD Division continues to work above the contractual KPI.

### 3.0 Learning Disability Inpatient Services - Assessment and Treatment

<table>
<thead>
<tr>
<th>Unit</th>
<th>Location</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penrose House</td>
<td>Heath Lane Hospital</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Sandwell</td>
<td></td>
</tr>
<tr>
<td>Ridge Hill</td>
<td>Dudley</td>
<td>5</td>
</tr>
<tr>
<td>Orchard Hills</td>
<td>Walsall</td>
<td>8</td>
</tr>
</tbody>
</table>
4.0 Learning Disability Inpatient Services - Forensic

<table>
<thead>
<tr>
<th>Unit</th>
<th>Location</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerry Simon Clinic Low Secure Service</td>
<td>Heath Lane Hospital Sandwell</td>
<td>16</td>
</tr>
<tr>
<td>The Larches male step up / step down</td>
<td>Hallam Street Hospital Sandwell</td>
<td>14</td>
</tr>
<tr>
<td>The Pines Female step down</td>
<td>Hallam Street Hospital</td>
<td>4</td>
</tr>
</tbody>
</table>

5.0 Shift Patterns

The shift patterns on each unit vary slightly which has been based on either ongoing review of shift patterns and the introduction of twilight shifts such as at Gerry Simon or based on historical shift patterns that staff have opted to remain with. The nursing establishment has been set in accordance to these existing shift patterns are not currently scheduled for review.

The agreed safe staffing levels for each unit were therefore agreed as follows:

**Assessment and Treatment Units**

Each unit is identified to have a full-time Band 7 Ward Manager in addition (supernumerary) to safe staffing levels. The LD Service current position relating to this is:

- Daisy Bank is shortlisting applicants for Ward Manager post
- Gerry Simon Clinic has an Interim Ward Manager pending recruitment of permanent post
- Ridge Hill has an acting Ward Manager
- Penrose has recently recruited a Ward Manager
- The Larches has a permanent Ward Manager
- The Pines does not have a Ward Manager (Leadership and Operational support is currently being supported by Senior Operational Manager and Forensic Matron)

*Penrose, Daisy Bank, currently operate a long day shift pattern*

<table>
<thead>
<tr>
<th>Unit</th>
<th>Early</th>
<th>Late</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penrose*</td>
<td>6</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Daisy Bank*</td>
<td>5</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Ridge Hill</td>
<td>7</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

**Forensic Units**

Gerry Simon Unit has 3 day care coordinators who are supernumerary and a psychologist within the staff team who work 9-5
The Pines and The Larches have an occupational therapist and a psychologist within the staff team who work 9-5.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Early</th>
<th>Late</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerry Simon Clinic</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>The Pines</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>The Larches</td>
<td>6</td>
<td>6</td>
<td>4</td>
</tr>
</tbody>
</table>

The safe staffing levels are broken down by registered nursing staff and unregistered nursing staff as follows:

**Assessment and Treatment Units**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Early</th>
<th>Late</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penrose</td>
<td>2 Registered Nurses</td>
<td>4 unregistered Nursing staff</td>
<td>1 Registered Nurse 3 unregistered nursing staff</td>
</tr>
<tr>
<td>Daisy Bank</td>
<td>2 Registered Nurses</td>
<td>3 unregistered nursing staff</td>
<td>1 Registered Nurses 2 unregistered nursing staff</td>
</tr>
<tr>
<td>Ridge Hill</td>
<td>2 Registered Nurses</td>
<td>5 unregistered nursing staff</td>
<td>1 Registered Nurse 4 unregistered nursing staff</td>
</tr>
</tbody>
</table>

**Forensic Units**

<table>
<thead>
<tr>
<th>Unit</th>
<th>Early</th>
<th>Late</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gerry Simon Clinic</td>
<td>3 Registered Nurses</td>
<td>5 unregistered nursing staff</td>
<td>2 Registered Nurses 4 unregistered nursing staff</td>
</tr>
<tr>
<td>The Pines</td>
<td>1 Registered Nurse</td>
<td>2 unregistered nursing staff</td>
<td>1 Registered Nurse 1 unregistered nursing staff</td>
</tr>
<tr>
<td>The Larches</td>
<td>2 Registered Nurses</td>
<td>4 unregistered nursing staff</td>
<td>1 Registered Nurse 3 unregistered nursing staff</td>
</tr>
</tbody>
</table>
6.0 Funded Nursing Establishment March 2017

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Description</th>
<th>Sum of WTE Budget</th>
<th>Sum of WTE Actual</th>
<th>Sum of WTE Vacancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forensic Gerry Simon</td>
<td>Registered</td>
<td>15.07</td>
<td>13.52</td>
<td>1.55</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>30.83</td>
<td>22.88</td>
<td>7.95</td>
</tr>
<tr>
<td>Forensic Gerry Simon Total</td>
<td></td>
<td>45.90</td>
<td>36.40</td>
<td>9.50</td>
</tr>
<tr>
<td>Larches Ward</td>
<td>Registered</td>
<td>14.10</td>
<td>10.00</td>
<td>4.10</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>14.50</td>
<td>13.71</td>
<td>0.79</td>
</tr>
<tr>
<td>Larches Ward Total</td>
<td></td>
<td>28.60</td>
<td>23.71</td>
<td>4.89</td>
</tr>
<tr>
<td>Daisy Bank - Behavioural</td>
<td>Drivers BAND 2 Registered</td>
<td>1.00</td>
<td>1.00</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>13.83</td>
<td>11.47</td>
<td>2.36</td>
</tr>
<tr>
<td>Daisy Bank - Behavioural Total</td>
<td></td>
<td>22.53</td>
<td>20.47</td>
<td>2.06</td>
</tr>
<tr>
<td>Larches Ward</td>
<td>Registered</td>
<td>8.50</td>
<td>8.23</td>
<td>0.27</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>18.97</td>
<td>17.52</td>
<td>1.45</td>
</tr>
<tr>
<td>Penrose House</td>
<td>Registered</td>
<td>8.50</td>
<td>8.23</td>
<td>0.27</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>18.97</td>
<td>17.52</td>
<td>1.45</td>
</tr>
<tr>
<td>Penrose House Total</td>
<td></td>
<td>27.47</td>
<td>25.75</td>
<td>1.72</td>
</tr>
<tr>
<td>Ridge Hill Client Services</td>
<td>Registered Unregistered</td>
<td>9.33</td>
<td>8.80</td>
<td>0.53</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>27.50</td>
<td>22.70</td>
<td>4.80</td>
</tr>
<tr>
<td>Ridge Hill Client Services Total</td>
<td></td>
<td>36.83</td>
<td>31.50</td>
<td>5.33</td>
</tr>
<tr>
<td>The Pines</td>
<td>Registered</td>
<td>5.53</td>
<td>4.97</td>
<td>0.56</td>
</tr>
<tr>
<td></td>
<td>Unregistered</td>
<td>8.57</td>
<td>7.00</td>
<td>1.57</td>
</tr>
<tr>
<td>The Pines Total</td>
<td></td>
<td>14.10</td>
<td>11.97</td>
<td>2.13</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>175.43</td>
<td>149.80</td>
<td>25.63</td>
</tr>
</tbody>
</table>

7.0 Review

The review consisted of:

- Reviewed CQC report on safety
- Reviewed current practice to support additional clinical need
- Met with the unit managers and Matron to discuss how breaks were currently being managed
- Scope of other services
- Audit of services

7.1 CQC Report

- CQC reported staffing levels as safe stating “ward staffing levels were safe and ward managers had option of increasing levels as required”
7.2 Current Practice

- Admissions to the assessment and treatment units are planned within working hours. The current practice is if clinical need dictates staffing levels are increased to accommodate any additional clinical need and if required extra registered nurses are rostered on
- Safe Wards programme implemented
- Engagement model 'See, Think, Act' programme is being implemented across inpatient areas

7.3 Unit Manager meeting

- The unit managers were able to confirm that the registered nurse on nights does not have a break
- Within Walsall (Daisy Bank) it had been agreed to pay staff for their break as opposed to them taking it, this is not the case for the other units.
- The unit managers felt that numbers of service users on the unit did not clinically warrant two registered nurses and the service users were often asleep at night
- On occasions where the clinical requirement was for additional registered nurse this has been facilitated
- On occasions this has meant utilising a registered mental health nurse with the registered learning disability nurse leading the shift. This was felt acceptable by the team.

The unit managers did accept that it was not appropriate for staff to work twelve hours without a break and could impact on clinical judgement

7.4 Scope of similar services

- A scope of similar services was conducted through learning disability networks and approaching colleagues in surrounding Trusts
- One of the Trusts approached had closed their out lying units in line with the Transforming care agenda. Within the bigger sites they had set up a buddy system where the staffing establishment had been reviewed over a number of units e.g three registered nurses for two units, the additional nurse would facilitate breaks and support where clinical need was most pressing
- Other services offered more social care than health care so were not comparable.
- There are opportunities through the TCT Partnership agenda to review our processes further and make recommendations for going forward

7.5 Audit of services to ensure quality and safety of provision

- Patient Physical Health Records completed
- Clinical Observation and Engagement audit completed
- Senior Manager/Matron/Head of Nursing walk about spot audit
- Infection Control audits ongoing
Appendix 1

- Record keeping audit ongoing
- Resuscitation audit ongoing
- Commissioner review
- CQC review
- NHS England review
- Mental Health Act Commission Review
- WMQR peer review

As a result of these audit outcomes, clinical action plans have been implemented and are being monitored

### 7.6 Recommendation

- The inpatient review will necessitate the need for staff redeployment which should resolve the night staffing concern. Recruiting substantively at this point may disadvantage staff who require future redeployment.
- Unit managers have the autonomy to book extra night staff as and when required to ensure the safe and effective running of the unit

### 8.0 Bank and Agency Spend September (2016- March 2017)

<table>
<thead>
<tr>
<th>Description</th>
<th>Agency Pay</th>
<th>Bank Pay</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered</td>
<td>149,950</td>
<td>108,267</td>
<td>258,217</td>
</tr>
<tr>
<td>Unregistered</td>
<td>148,276</td>
<td>939,170</td>
<td>1,087,446</td>
</tr>
<tr>
<td>Grand Total</td>
<td>298,226</td>
<td>1,047,438</td>
<td>1,345,664</td>
</tr>
</tbody>
</table>

Controlling Agency spend is a priority for the Trust and the Learning Disabilities Group indicate a downward trend on agency spend. Recruitment drives and tighter controls on agency bookings are planned over the coming months. One of the challenges is a lack of registered learning disability nurses on the Trust bank. The service is actively recruiting to the bank and looking at the Transforming Care Together partnership to share trust bank staff across the learning disability work force and wider TCT Partnership

There remains a challenge to the LD Division to maintain safe staffing levels whilst reducing the reliance on bank and agency which is resulting in an overspend

### 9.0 Maintaining patient and staff safety

The changing acuity of patients with increasing complexity of need is resulting in an increase in staff assaults by patients. This is the highest recorded category of incidents on datix. The severity of these incidents is also increasing. This has also had an impact on staff sickness levels. Actions taken to support staff and patient safety:

- A competency framework is planned in support of staff skill development
- Standardised risk management processes implemented
- Safe Wards programme has been implemented and resources needed identified
- Engagement model ‘See, Think, Act’ programme is being implemented across inpatient areas by the Trust Relational Security expert
- Positive Behaviour Support training
- Behaviour Swap cards model
Appendix 1

- Service user councils/ meetings to raise concerns/ worries they may have
- Reducing Restrictive Interventions CQUIN
- Recovery College CQUIN
- Environments are not currently fit for purpose and plans are in place to review impact of this on patient and staff safety. Capital bids have been submitted in support of changes or resources required

10.0 Recruitment and Retention Challenges

There are many actions and initiatives currently being implemented to support the recruitment and retention challenges being faced across the organisation. These are being delivered via a range of workforce sub groups and local level activities and are monitored via both Nursing Board and Workforce Committee

Examples include:

- A detailed review and improvements to the recruitment process
- Achieve a ‘time to hire’ of 8 weeks in line with the Regional Streamlining. Electronic vacancy approval form developed and implemented
- Back log of contracts cleared
- Accurate tracking of posts through the process
- Recruitment team to identify a ‘target’ date for appointment based on 10 weeks from advert
- All vacancy adverts to be forwarded to bank workers directly
- All job bulletins to be available for displaying in clinical areas
- Arrangements to be made for recruitment checks to be undertaken on the day of interviews where appropriate
- Timescales in recruitment process improved to give an optimum advert to in post of 10 weeks (including one month’s notice)
- Improved communications with successful candidates
- Development of a standard operating procedure to outline the roles and responsibilities of the process
- Development of the Recruitment and Retention Strategy
- Recruitment Campaign Initiative
- Diagnostic Tool Framework
- Explore potential recruitment of existing agency workers to substantive posts
- Explore self rostering opportunities for staff
- Progress Agency National Safe Staff Arrangements CAP
- Strengthen existing roster management processes within inpatient services
- " Shaping our Future “development of a Modern Nursing Career Pathway Model

11.0 Sickness levels-

- Sickness levels are currently significantly higher than the Trust target of 4.5%. This is due to a combination of both long and short term sickness. Sickness Absence for the group is at 7.5% Work continues to be undertaken with managers to ensure early engagement with staff is taking place, to avoid lengthy absences
- The primary reason for long-term absence continues to be Stress/Anxiety/Depression
- A development plan is in place to support the staff team and to enhance psychological support to the team as well as a debrief process being scoped
- Sickness/ Absence continues to be actively supported in line with the Managing Attendance Policy and is monitored on a monthly basis through both Quality and Safety and Group Management Board
12.0 Recommendations

- In line with the national agenda and occupancy levels currently within the assessment and treatment units we will continue to review current inpatient services with a view of consolidating them where possible
- Following the night staffing establishment review, a review of the current assessment and treatment units in relation to bed occupancy is currently taking place and will to take into account the isolation of the units and the risks associated with the isolation
- Continue to review of safe staffing on each unit is scrutinised on a daily basis and reported monthly through Divisional and wider Trust governance processes
- Utilisation of national care planning, risk management, patient deterioration and safe staffing tools which is supported by a planned training plan for inpatient staff
- Implementation of nationally agreed CQUINs for 2017/18
- Promote the implementation of Safe Wards programme across LD Inpatient areas
- Staff training to be facilitated by Trust Security expert inline with engagement model to reduce staff and patient incidents ‘Think, See, Act' model of engagement
- Development of an integrated pathway process between Assessment and Treatment, Forensic and Community Services
- Clinical models that support the Transforming Care Commissioning to be considered to ensure future sustainability of service provision
- Actively engage in the activities / sub groups aligned to Workforce Development and Nursing Board to support recruitment to vacant substantive posts and retention of existing staff
- Implementation of Leading Change and adding Value Strategy principles
- Continue to engage at local level with clinical teams to be creative in recruitment processes focussing on target audiences eg, learner nurses pending registration, apprentices, regular temporary staff, registered general nurses and the introduction of new roles including assistant practitioners
- Effectively manage all workforce changes eg, retirement, succession planning
- Actively explore the potential to recruit posts over the funded establishment as and when the opportunity within teams arises
- Minimise the risk of overspend by the continued management of sickness levels towards the Trust target of 4.5%
- Continue to closely monitor the performance against this target within both the Group Management Board and Performance Days (engaging Service and General Managers) on a monthly basis
- Ongoing audit of the implementation, compliance and effectiveness of the revised Clinical Observation and Engagement Policy
- Examine models of engagement to support reduction in incidents and staff support/ debrief

Following implementation of the above recommendations a further Nursing Establishment Review will be undertaken in October 2017