



Review of Inpatient Nursing Establishment, Capacity and Capability Review

Learning Disability Group

Report: April 2019

Due for Review: October 2019

Author: Susan Brady Head of Nursing (Learning Disabilities)

6-Monthly Review of Learning Disability Inpatient Nursing Staffing Capacity and Establishment Update

1.0 Introduction

There is a national and organisational expectation that nursing establishment reviews are carried out every 6 months. This provides an opportunity to review and reflect on the existing establishment and make any necessary adjustments which critical to ensure we have the right staff, with the right skills, in the right place, at the right time to meet the complex needs of our patients.

This report highlights the ongoing challenges to safe staffing during a period of service transformation. The transformation progress is presented along with the current funded nursing establishment, agreed minimum safe staffing levels required to support the bed occupancy, patient acuity and the delivery of safe effective care in line with national and local requirements. This report reflects on the inpatient capacity and capability and forecasts staffing required over the next 6 month period. Data collected from all three LD Inpatient areas (Gerry Simon Clinic, The Larches and Penrose House) have been analysed and detailed workforce metrics and financial information have been enclosed to support the report.

2.0 National Transforming Care (TCP) Strategic Plan

The Learning Disabilities Division continues to work closely in collaboration with the Black Country Transforming Care Partnership (TCP) and Provider Alliance to deliver on requirements to meet the National Service Model for Transforming Care and the NHS Plan. The model promotes responsive person centred, therapeutic care with the aim that services will wrap themselves around individuals to support them with the right level of support in the least restrictive environments. A provision of 10 Assessment and Treatment beds will remain open at Sandwell Heath Lane Hospital, as a single facility to serve Black Country patients. This is in alignment with the national recommended bed provision in proportion to population size.

2.1 Sustainability and Transformation Partnership (STP) bid

BCPFT received confirmation at the beginning of 2019 that the LD Service bid to transform the Assessment and Treatment Unit on the Heath Lane Hospital site was successful. £7.5 million has been awarded. The new planned Assessment and Treatment unit will facilitate robustly the flow of the patient's recovery pathway from admission to discharge over the period of a 12 week pathway. The new adult unit will creatively support and facilitate recovery of those Individuals with a learning disability who may be displaying aggressive or harmful behaviour which places them or others at risk of harm and where treatment could not be safely provided in a community setting. The new unit will also accommodate a full multi-disciplinary team of Nurses, Psychologist, Occupational Therapist, Psychiatrist, Speech and Language Therapist and Administrative staff. Community teams and Clinical Support Services such as Hotel and Catering, Postal, Vehicle Transport will access the building. There is a plan for the existing staff establishment at Penrose House to transition across to the new build once completed.

To support the planned development a Clinical Reference Group (CRG) was formed by the Divisional Director in January 2019, to sit under the Penrose Redesign Programme Board

and alongside the Infrastructure and Capital Group. A one page high level vision document has been produced for the building redesign. This will be incorporated into the procurement pack to engage with a contractor to build the new unit. There is a strong commitment to a co-production approach from the very start of this project.

Our vision has been informed by:

- Site visits to relevant similar developments at Mersey care and Southern Health NHS Trust
- Recognised good practice
- Staff engagement session with Penrose staff

Detailed design comments generated during this process have been collated until such time as the design process commences. The procurement process will conclude around early June when the clinical reference group will reconvene in order to support the full design process.

In the meantime, supporting work is underway:

- The Trust Communication team are working to develop a communication strategy aimed at LD staff, Trust staff and external communications. This is likely to cover wider LD developments of which Penrose redesign will be a key project. The strategy will acknowledge the interdependency of Organisational Development and Inpatient Staff Wellbeing Support in the development of a successful strategy.
- Plans are in the pipeline for an away day with inpatient staff to implement and embed an improved clinical model over the next 18 months. There is a need to enter the new building with much of the clinical model transformation achieved so that the new building can be utilised to the optimum.
- Commissioner representatives have been invited to meet with the Divisional Director to discuss co-production progress and to tell us how BCPFT can support this work. There is potential for some internal preliminary work with existing Penrose patients, their families and other carers. Clinical leads will be contacted shortly to discuss how to take this forward.

3.0 Learning Disabilities Workforce plan

Considerable steps have been taken reviewing national competency frameworks, priorities and building an implementation plan in support of the transition and mobilisation of the enhanced clinical model. The LD Service has participated in the development of the regional workforce plan and provided feedback for wider analysis. The LD Clinical Training Manager is overseeing a bespoke training plan to ensure the inpatient nursing workforce have skills and competencies to meet the changing complexity and acuity of patients that are likely to be admitted now and in the future. It is anticipated that by offering additional training and competency development the nursing workforce will be better equipped to meet the complex needs of patients in their care which should support a more therapeutic safer environment for patients and staff to reside in.

4.0 Benefits of new care model to good quality, safe and sustainable care

The revised care model will provide a number of benefits such as:

- Improved health and care services for people with a learning disability in the Black Country with opportunity for more people to live in the community with the right support and close to home
- The A&T inpatient service will be enabled to have a higher threshold for clinical acuity, which is necessary in future A&T provision, due to Penrose House location having the surrounding support infrastructure on that site
- Contributes to ensuring efficient, sustainable use of resources in the LD Division
- Professional development opportunities linked to implementing new ways of working to support the national agenda: developing a more effective and efficient workforce. Offering career development opportunities for staff. Introduction of new roles such as 'Nursing Associate' and 'Assistant Practitioner', 'Physical Health Nurse' 'Business Apprentices' to support clinical audit programme and the clinical effectiveness agenda
- Improved staff health and wellbeing due to improved staffing levels and structures based on national guidance to support services effectively

5.0 Safe staffing levels

There have been a number of clinical challenges impacting on safe, sustainable staffing over the past 6 months. This includes:

- Staff assaults and injuries
- Staff sickness
- Higher acuity of patients (need for increased observations/staffing)
- Inconsistent roster management
- Embedding culture that supports new model of care

6.0 Current Practice

- The LD Division has implemented 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 has been reviewed with a local protocol to support the utilisation of zonal observations. Matrons and ward managers are ensuring that staffing numbers are based on patient need and changing acuity
- Admission and discharge pathways have been reviewed in line with the new enhanced community model
- An admissions protocol/checklist has been developed to support appropriate admissions
- 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 continues to be implemented
- Suicide prevention training
- Debrief roll out
- Relational security, autism and positive behaviour support training has been prioritised
- The Division has been actively implementing safe staffing tools and safe staffing principles.

- Quality Boards have been implemented which evidence local dashboard information for inpatient services to enable them to monitor compliance against quality and safety indicators that will be in the view of the staff teams, patients and visitors
- Safety Huddles have been introduced during a 12hr shift to allow a stepping off period for staff to reflect and debrief

The Learning Disability Service has recently introduced 'Confirm and Support' monthly meetings. These are chaired jointly by the General Manager and Head of Nursing. Inpatient key staff are invited to attend on a monthly basis to review how their performance for their unit links to the LD Divisional scorecard KPI information. This enables opportunities to focus on areas for improvement but also to recognise good practice and progress. A robust annual audit programme has been implemented to ensure quality and safety of provision is maximised. There are a range of measures in place that are monitored through the Trust Quality and Safety governance process. The outcome of audit programmes, quality improvement priorities and clinical action plans are monitored via our tracker compliance on datix and QIP modules. The Head of Nursing has oversight of these and is working closely with the Divisional Risk Manager, Matrons and Clinical Effectiveness Lead to ensure the Division is on track for these actions. The Matrons and Head of Nursing have been involved in a development with Operational Improvement colleagues and IT to develop a Continuous Improvement module for the Division which holds all information relating to the Divisional audit programme and Continuous Improvement visits.

7.0 Learning Disability Inpatient Services (Assessment and Treatment beds)

Table (1) Assessment and Treatment location and beds

Unit	Location	Number of Beds
Penrose House	Heath Lane Hospital Sandwell	10
Ridge Hill (Service currently closed. Staff consolidated across other inpatient areas)	Dudley	5
Orchard Hills (Service currently closed. Staff consolidated across other inpatient areas)	Walsall	8

7.1 Learning Disability Inpatient Services (Forensic beds)

Table (2) Forensic Units location and beds

Unit	Location	Number of Beds
Gerry Simon Clinic Low Secure Service	Heath Lane Hospital Sandwell	16
The Larches male step up step down	Hallam Street Hospital Sandwell	14
The Pines Female step down (Currently closed to admissions whilst clinical model reviewed. Staff consolidated across other inpatient areas)	Hallam Street Hospital	4

7.2 Shift Patterns

The shift patterns on each unit varies slightly which has been based on either ongoing review of shift patterns and the introduction of twilight shifts such as at Gerry Simon and Penrose 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 and has recently been reviewed again following the full implementation of the new Assessment and Treatment model.

7.3 Assessment and Treatment Units (shift pattern)

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:

- Gerry Simon Clinic now has a Ward Manager in post
- Penrose does not currently have a Ward Manager in post as there have been difficulties appointing a suitable candidate. This has now gone out for expressions of interest to local agencies and we are hopeful that we will be able to appoint for a 6 month initial period shortly
- The Larches has an acting/ interim Ward Manager in post

Additional admin support or 'Ward Clerks' have also been funded in support of the nursing establishment. This is to allow nurses to utilise their clinical time in direct patient care.

An enhanced MDT establishment for Penrose has been embedded as part of the transitional arrangements to ensure safety and quality is maintained on the unit.

*Penrose currently operates a long day shift pattern but has introduced twilight shifts to support busy times on the unit. This also supports safe staffing by organising more staff during busy periods throughout the day and when incidents are more likely to occur.

Table (3) Assessment and Treatment Units location and beds

Unit	Early	Late	Night
Penrose*	6		4
Daisy Bank (Service closed. Staff consolidated across other inpatient areas)	5		3
Ridge Hill (Service closed. Staff consolidated across other inpatient areas)	7	7	5

Table (4): Assessment and Treatment unit shift patterns

Unit	Early	Late	Night
Penrose	2 Registered Nurses 4 unregistered nursing staff		1 Registered Nurse 3 unregistered nursing staff
Daisy Bank (Service closed to admissions, Staff consolidated across other inpatient areas)	2 Registered Nurses 3 unregistered nursing staff		1 Registered Nurse 2 unregistered nursing staff
Ridge Hill (Service closed. Staff consolidated across other inpatient areas)	2 Registered Nurses 5 unregistered nursing staff	2 Registered Nurses 5 unregistered nursing staff	1 Registered Nurse 4 unregistered nursing staff

7.4 Forensic Units (shift pattern)

Gerry Simon Unit has 3 day care coordinators who are supernumerary and a psychologist within the staff team who work 9-5

The Larches have an occupational therapist and a psychologist within the staff team who work 9-5

Table (5): Forensic Units shift patterns

Unit	Early	Late	Night
Gerry Simon Clinic	8	8	6
The larches	6	6	4
The Pines (Unit currently closed to admissions whilst clinical model reviewed. Staff consolidated across other inpatient areas)	3	3	2

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

7.5 Forensic Units- safe staffing levels

Table (6): Forensic Units safe staffing establishment

Unit	Early	Late	Night
Gerry Simon Clinic	3 Registered Nurses 5 unregistered nursing staff	3 Registered Nurses 5 unregistered nursing staff	2 Registered Nurses 4 unregistered nursing staff
The larches	2 Registered Nurses 4 unregistered nursing staff	2 Registered Nurses 4 unregistered nursing staff	1 Registered Nurse 3 unregistered nursing staff
The Pines (Service not open to admissions. Clinical business case under review. Staff consolidated across other inpatient areas)	1 Registered Nurse 2 unregistered nursing staff	1 Registered nurse 2 unregistered nursing staff	1 Registered Nurse 1 unregistered nursing staff

8.0 Funded Nursing Establishment for LD Inpatient areas

Penrose

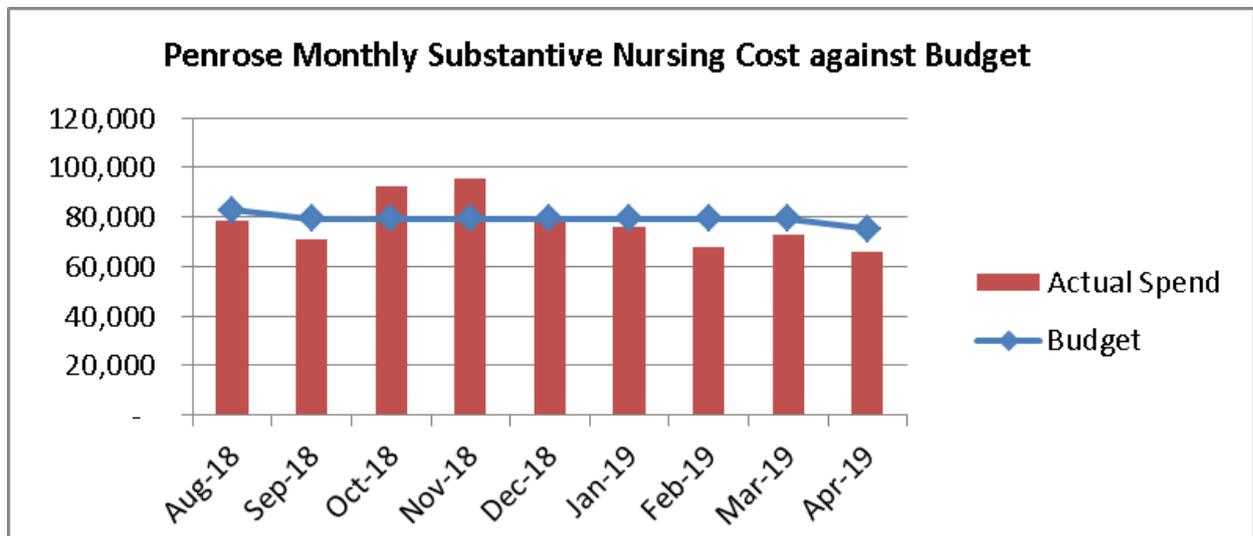
Table (7) Penrose monthly nursing spend against budget (Aug 2018 – April 2019)

Month	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	April 2019
Budget	82,929	79,254	79,254	79,254	79,254	79,254	79,254	79,256	75,169
Actual spend	78,290	70,696	92,329	95,783	80,443	76,102	67,988	72,599	65,735

Table (8) Penrose monthly establishment (April 2019)

Nursing Establishment	Budget (wte)	In Post (wte)	Vacancy (wte)
Qualified Band 5	8.57	4.95	3.62
Qualified Band 6	2.00	2.00	0.00
HCSW Band 2	10.58	13.06	-2.48 (over- established)
HCSW Band 3	7.05	6.23	0.82

Table (9) Penrose monthly substantive nursing cost against budget (April 2019)



Gerry Simon

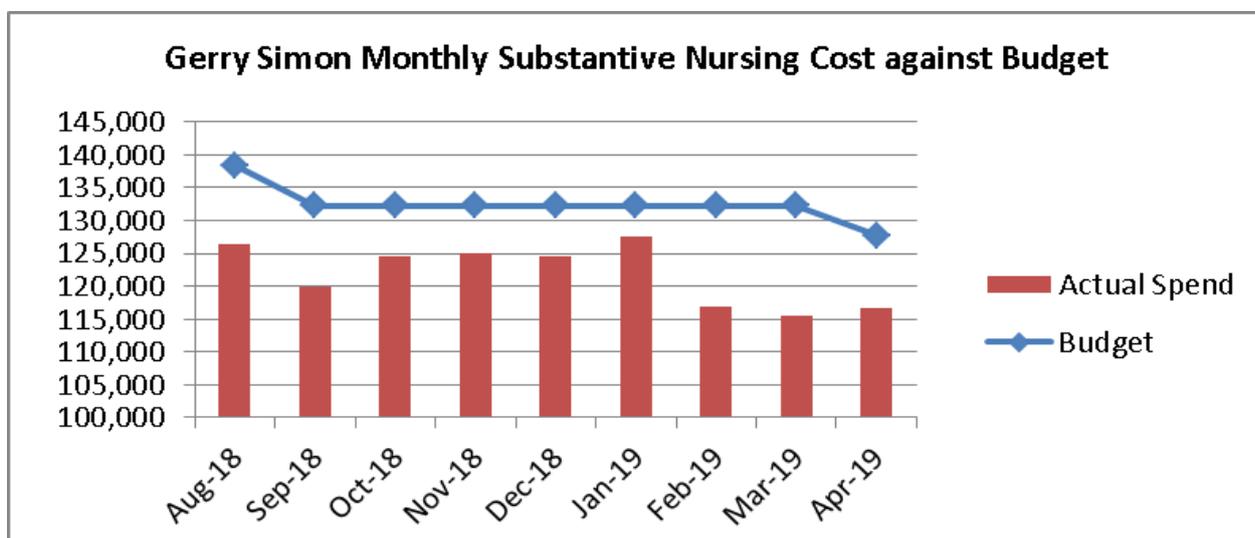
Table (10) Gerry Simon monthly nursing spend against budget (Aug 2018 – April 2019)

Month	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	April 2019
Budget	138,368	132,239	132,239	132,239	132,239	132,239	132,239	132,213	127,728
Actual spend	126,459	119,933	124,653	125,046	124,542	127,588	116,986	115,407	116,741

Table (11) Gerry Simon monthly establishment (April 2019)

Nursing Establishment	Budget (wte)	In Post (wte)	Vacancy (wte)
Qualified Band 5	12.07	9.56	2.51
Qualified Band 6	3.00	2.00	1.00
HCSW Band 2	16.40	14.00	2.40
HCSW Band 3	14.43	17.12	-2.69 (over- established)

Table (12) Gerry Simon monthly substantive nursing cost against budget (April 2019)



Larches

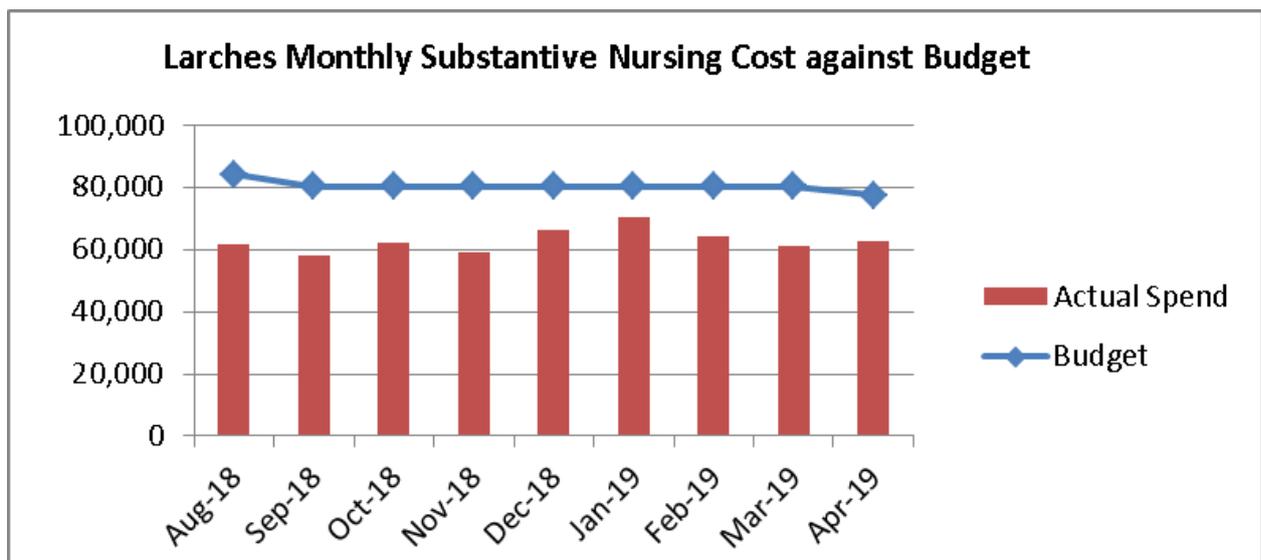
Table (13) Larches monthly nursing spend against budget (Aug 2018 – April 2019)

Month	Aug 2018	Sept 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	April 2019
Budget	84,163	80,434	80,434	80,434	80,434	80,434	80,434	80,418	77,691
Actual spend	61,810	57,934	62,159	59,209	66,597	70,545	64,203	61,102	62,557

Table (14) Larches monthly establishment (April 2019)

Nursing Establishment	Budget (wte)	In Post (wte)	Vacancy (wte)
Qualified Band 5	12.10	5.83	6.27
Qualified Band 6	2.00	2.00	0.00
HCSW Band 2	8.46	5.83	2.63
HCSW Band 3	6.04	8.96	-2.92 (over-established)

Table (15) Larches monthly substantive nursing cost against budget (April 2019)



9.0 Recruitment and Retention Challenges

Whilst there have been some challenges to recruitment over the last 6 months, in particular the Unit Manager post at Penrose. Generally the division has made good progress with filling clinical vacancies. We have been successful in recruiting to the majority of posts advertised. The Divisional position shows a clinical vacancy rate at 8.75% this sits below the KPI of <9%. Our non-clinical vacancy rate is currently over the KPI at 24.32%, ([update: non clinical vacancy rate as of June 2019 has improved and is now 12.95%](#)) these relate to the 6 apprentice posts which the division has a plan for moving forward ([update: interviews scheduled the end of July for the apprentice posts](#)) Turnover rates is just within the KPI target at 14.14% against a target of below 15% ([update: the turnover rate is now meeting the KPI target at 11.93%](#)) There are many actions and initiatives currently being implemented to support the recruitment and retention challenges being faced across the organisation. These are delivered via a range of workforce sub groups and local level activities and are monitored via both Nursing Board and Workforce Committee. A detailed review and improvement to the recruitment process has been actioned through Divisional recovery plans. These are monitored on a monthly basis via the Performance Management Board

10.0 Specific workforce priorities that will help with delivery of the new model of care

- Career Pathways Retention pledge
- Care Provider Alliance work
- BCPFT Leadership offer
- BCPFT Careers Pathway offer
- Trust linked to the national Recruitment and Retention Initiative
- Retention and upskilling of inpatient staff
- Development of a positive and integrated culture
- Delivery plan for Training Needs Analysis
- Health and well being focus of staff within Inpatient units
- Staff ability to carry out physical intervention as required
- Succession planning to address the challenges of the ageing workforce across the LD service. In particular it will be a priority for the Trust to develop a 5 year forward plan to ensure effective succession planning is in place
- Value based recruitment

11.0 LD Service priority areas for development to meet the TCP priorities

- Utilisation of the NHS Sustainability tool
- Delivery of the TNA and embedding learning through supervision
- Collaborative recruitment and retention work with HEE and other local LD services
- Development of e-learning platform to support alternative ways of learning and supporting the delivery of the TNA
- Embedding the safe staffing tool and learning
- Capacity and demand scoping and time and motion studies are undertaken to support the identification of priority areas to meet the TCP priorities

12.0 Specific areas of the workforce where we are struggling to recruit

- Band 7 Unit Manager for Penrose. This has been out to advert three times over the last 6 months but unfortunately candidates were not considered suitable for the post ([update: successful recruitment to Unit Manager post who commences within next 2 months. Interim unit manager cover is in place](#))

13.0 Sickness levels

- Sickness levels are currently higher than the Trust KPI target of 4.5% sitting at 7.69% (update: sickness rates are improving and are reported currently at 6.31%) This relates predominantly to long term sickness. Work continues to be undertaken with managers to ensure early engagement with staff is taking place, to avoid lengthy absences
- A development plan is in place to support the staff team and to enhance psychological support to the team aswell 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
- Review and paper produced by Service Manager on staff who are unable to complete MAPA interventions due to health restrictions. This is impacting on staff being available to support clinical observations and interventions, along with increased use of bank and agency staffing

14.0 LD Bank and Agency Spend (April 2018- March 2019)

At the end of (March 2019) our bank spend was £210,031 and agency spend £59,273. A total of £269,304 combined. This shows an increase on last year's spend (April 2018) where bank spend was £195,573 and agency spend at £46,558. A combined total of £242,130 (update: agency spend is currently 5.3% against a target of 5.0%) Bank is currently 16.49% against an annual target of 1.9%. The majority of bank bookings are to cover clinical observations that are scrutinised by Senior Management on a weekly basis via a preforma before sign off)

Table (16): Bank and Agency bookings YTD (April 2019)

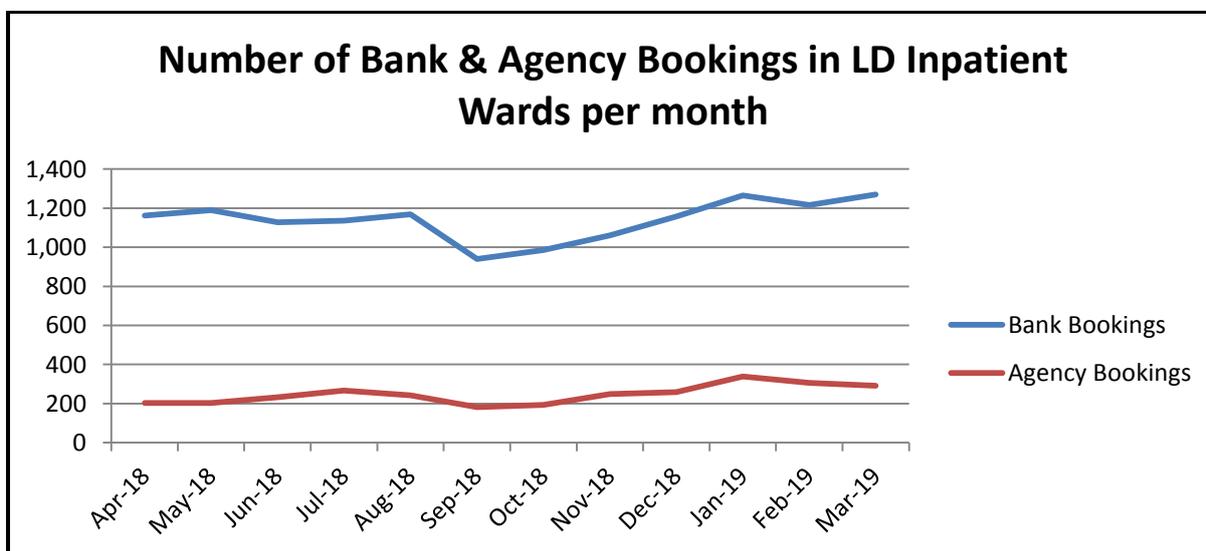
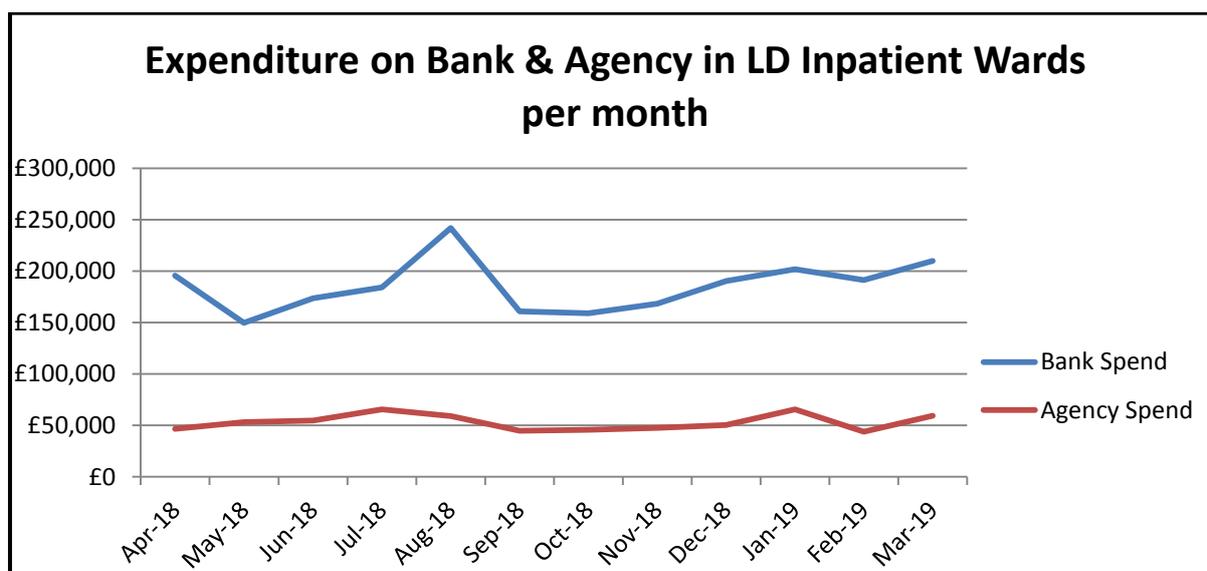


Table (17) Overview of spend YTD (April 2019)



Controlling Agency spend is a priority for the Trust and the Learning Disabilities Group indicate a similar trend with agency spend as in the previous year. Recruitment drives and tighter controls on agency bookings have been implemented. One of the challenges is a lack of registered learning disability nurses on the Trust bank. The service is actively recruiting to the bank. Block booking of regular bank staff with consideration of offering short term contracts is also being considered as an option.

The LD Division has managed to maintain safe staffing levels over the past 6 months. However, whilst the planned staffing for registered and unregistered staffing remains above KPI target there have been real challenges around the actual staffing due to last minutes short term sickness which is impacting on the bank and agency spend. Weekly monitoring of bank and agency spend is in place to ensure agency use is appropriate and to minimise agency spend as there continues to be high numbers of staff on shift above safe staffing levels.

The Head of Nursing is working with clinical teams to continually consider and challenge high utilisation of temporary staffing and the financial implication of this. Encouraging staff to consider other ways to manage shift safely through adapting shift patterns, appropriate clinical observations and meaningful engagement with patients. Units have also been over established in an attempt to reduce bank and agency spend.

Gerry Simon and Penrose have experienced particular problems over the past 6 months. The recently filled registered Nurse posts should have a positive impact on this. There are also 2 Associate Nurse Practitioner commencing in May 2019 following successful completion of their training. The Trust now has a temporary staffing group to continually review use of temporary staffing and an action plan to consider ways to manage any staffing difficulties. A monthly analysis of reasons for increased temporary staffing is also in place.

The LD Service reasons for use of temporary staffing is monitored robustly and reviewed by Head of Nursing and General Manager at the monthly Confirm and Support meetings. The predominant reason for requesting bank and agency is to support patient clinical observation levels which have increased in line with the new TCP service model as patients are being admitted with much higher need than in previous years. Safe staffing establishment levels have not been adjusted to support this change in need. The Head of Nursing is jointly

undertaking a review of the Clinical Observation and Engagement Policy with the Head of Nursing for Mental Health. This is so that it supports the new care model that has been adopted and promotes the least restrictive environment for patients.

15.0 Recommendations

➤ **To continue to review of inpatient services in line with the national agenda**

To review current nursing establishment and occupancy with a view of consolidating inline with future service need. Embedded support via an enhanced MDT for inpatient areas as part of the arrangements to support nursing establishment and competence

Continue to strengthen the integrated pathway process between Assessment and Treatment, Forensic and Community Services. Continued development of an enhanced community provision to support the pathways utilising the new Intensive Support Team and Forensic Team for the Learning Disability Service

➤ **Safe staffing**

To review safe staffing levels for each unit on a daily basis. This will be reported monthly through Divisional and wider Trust governance processes. Examine models of engagement to support reduction in incidents and staff support/ debrief. Develop a local quality and safety dashboard for Inpatient areas. Promote the continued implementation of Safe Staffing tools and the Safe Wards programme across LD Inpatient areas

➤ **Workforce retention**

To continue to engage at local level with clinical teams to be creative in recruitment processes focussing on target nursing audiences with an introduction of new roles including assistant practitioners. Effectively manage all workforce changes e.g, retirement, succession planning. Actively explore the potential to recruit posts over the funded establishment as and when the opportunity within teams arises. 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

➤ **Provider Alliance work**

The LD Service is involved in the Provider Alliance workstreams which includes workforce planning. The sharing of good practice and development of regional strategy will support future workforce planning and development

➤ **Minimise the risk of overspend**

By the continued management of sickness levels towards the Trust target of 4.5% and the continued reduction in bank and agency spend through continued scrutiny of the Bank and Agency spend. 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

➤ **Income for observations**

Ensure additional income for clinical observations that falls outside the contract arrangement is accurately identified, recorded and invoiced to responsible commissioner

➤ **Detailed review of all Learning Disability inpatient units**

This is planned between May 2019 and July 2019 and outcome will be fed back to the Trust Performance Board. The purpose of the system review is to consider:

- If current establishments are appropriate to support the changing need of patients being admitted
- Consider further skill mix and review to ensure workforce supports new model
- Consider benchmarking current provision against other units nationally that offer a similar provision
- Examine more creative ways to recruit and retain staff
- Continue with recruitment drives, careers events and links to colleges and university career workshops
- Continue with Preceptorship for new nurses and nurse connect programme in support of nurse retention
- To examine any gaps in efficiency and quality
- To scrutinise use of temporary staffing and consider appropriate alternatives to support service delivery
- To consider new models of care in support of an efficient, safe, quality service provision

16.0 Sources of information for the establishment review

- Confirm and Support meetings data
- CTR Outcomes
- BCPFT workforce review
- Ward Manager feedback
- External visit feedback/ CQC report on safety
- Staff direct feedback
- Reviewed current practice to support additional clinical need
- Met with the Unit managers and Matrons
- Scope of other services
- Audit of services
- Financial and workforce plan
- TCP evaluation
- Provider Alliance Information

Following implementation of the above recommendations a further Nursing Establishment Review will be undertaken in October 2019