Nurse Staffing and Skill Mix in Community Nursing – Including the Role of the Commissioner.

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Presentation Overview

• Out of Hospital Care/Community

• Role of the Commissioner

• Community Nursing Workload Tool
National Context

- Integrated Care/Shift of care out of Hospital and into Community Setting
- Care in Local Communities – Vision for District Nursing (Chief Nursing Officer), associated work streams.
- ‘Professional Bodies’ – Queens Nursing Institute, Royal College of Nursing.
- Commissioning and Planning Guidance.
- Focus on quality and safety, including staffing levels (post Francis).
Locally delivering your NHS across North Derbyshire.
Working together for everyone’s health because everyone matters.
Local Context - Derbyshire

- 4 CCGs, County Council, District Councils, (plus Derby City), neighbouring CCG and Local Authorities.
- Population 773,500 Derbyshire (250,000 Derby City)
- Age profile older than rest of East Midlands and rest of the country.
- Mixed economy - large rural areas, ‘Derbyshire villages’, patch work of built up areas (inc. ex coal mining and industrial areas)
Local Context - Derbyshire

- Mix of providers, CCGs with lead commissioner role
- 21st Century consultation
- Models and plans for Integrated Care
- Work with LETC – focus on Community Matrons, Care Coordinators, Practice Nursing – next work stream is Nursing in the Community.
Local Review of Community Nursing

Commissioner

- GP issues and views
- New world of Clinical Commissioning Groups
- Strategic direction/commissioning plans

Provider Organisation

- Aspirant Community Foundation Trust
- Staff engagement and feedback
- Board Assurance
What we knew

- Staff – say need more time, less paperwork, clarity.
- GPs- want DN linked to practice (variety in relationships and workload).
- Staff say workload and complexity already increased and continues to do so.
- Will be expected to do more, and work in more integrated ways (Primary Care and Social Care), Virtual Ward, Integrated Teams etc. Economy.
- There are less nurses being trained in specialist DN qualification across the NHS.
Community Nursing Review (DCHS/NDCCG)

• Staffing for Quality – inpatient areas completed
Community Nursing – priority
• Shared project brief – DCHS/NDCCG (Lead Commissioner)
• Expert Ref Group.
• Community Nursing Questionnaire.
• Community Nursing Focus Groups – refine and test out responses.
• Stakeholders – e.g. patients/GPs etc.
Community Nursing Review

• Looked at teams and skill mix, impact upon workload and how they managed work load, referrals, communication, L&D, Clinical Supervision, GP practices covered, Care Homes covered etc.

• Asked what would improve, vision for future etc.

• Found – variation, local differences, good practice, themes.
Emerging Themes and Priorities

• Can do something about it now

• Needs local agreement/work

• Strategic – DCHS and CCG sign up or awaiting national guidance etc
What have we done?

Recommendations – commissioner and provider

• Provider – ‘Staffing for Quality’ work stream
  - Review of dependency/workload tool.

• Commissioner – CQUIN/Service specifications/workforce development.
Role of the Commissioner

• National Quality Board report – recommendations for commissioners as well as providers.
• Nursing and Quality team – focus upon quality, patient safety, standards of care etc.
• Challenging yet supportive.
• Wider system and partnerships.
• Professional leadership and peer support (Derbyshire Nursing Cabinet).
• Workforce Planning and Development (LETC)
• CQUIN and service specifications
Workload and Patient Dependency

• Tool in use – however......

• Suggestions re how it could be improved.
• Some good practice, not used in some teams, local variations emerging.
• Impact of Electronic Patient record, integrated teams.
• Reviewed what was ‘out there’ for Community Services
Staffing for Quality

Workshop –
Shared good practice, national update/other areas, considered issues and areas for improvement, staff feedback, engagement and ownership.

Need to consider-
• Planning and managing workload day to day.
• On going monitoring, managing staff resource, benchmarking, overview etc
• Reviewing and assuring staffing levels (six month)
• Forward planning.
What we agreed.

Build upon what works well/best parts of current tool
Enhance with Prof K Hurst work
Support with a local CQUIN
Workload/Dependency Tool

- Community Nursing Capacity (weighting) tool – balances patient dependency with available resources. Supported by clinical evidence/policy.
  
  Each patient assessed and allocated units of care.
  
  Each member of team allocation of dependencies.

- Workload planned on a weekly basis – also balance routine/planned care with urgent or unplanned workload.

- Priority Weighting (Traffic Light) Emergency Tool

- Overview DN sister, managing resources – Integrated Team Leader.

- Capacity planning, benchmarking etc.
Workload/Dependency Tool - CQUIN

• Improve efficiency of data capture – S1/TPP
• Update following staff comments – especially in relation to patient acuity, local geography etc.
• Period of diagnostic data capture (Hurst methodology).
• Benchmarking, review and update tool.
• Rollout/consistency in use – communication, training etc.
• CQUIN – provider and commissioner.
Workload/Dependency Tool - CQUIN

Essential.

• GP engagement and support.
• Managing resources within locality integrated teams.
• Benchmarking (internal/external).
• Evidence and information – resources, staffing levels, capacity, efficiency and effectiveness etc.
• Patient Experience.
• Support future care delivery.
Thank you for Listening

Any Questions?

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