Enhanced Clinical Care Framework

Workforce Development and Career Pathways Subgroup Report

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

1.0 Introduction

The Minister of Health authorised a project to develop a framework to enhance clinical care in Northern Ireland care homes in June 2020. The Project was commissioned by the Chief Nurse Professor Charlotte McArdle. The challenges experienced in providing safe care in the care homes during the covid pandemic were influencing factors in this decision.

The Nursing and Midwifery Task Group Report (NMTG) (DOH, 2022) has served as a strategic influence in the content the Workforce Development Model. The themes within the NMTG Report are presented below.

Table 1: NMTG Themes	
Theme 1	Maximising the contribution of nursing and midwifery to deliver population health and wellbeing outcomes
Theme 2	Maximising the contribution of nursing and midwifery to deliver safe and effective person and family centred practice
Theme 3	Doing the right things in the most effective way and working in partnership:

2.0 Enhanced Clinical Care Framework

2.1 Project Aim

To ensure that people who live in care homes are supported to lead the best life possible, their Human Rights and right to access equitable healthcare provision are fully observed. This includes;

- Ensuring access to the right clinical care
- Ensuring that future surges can be dealt with effectively taking the learning from the first COVID-19 surge.

The outcome is the development of a framework to be available for future COVID-19 surges and to enable continuing safe, high quality and person-centred clinical care within care homes.

This is to include clinical pathways integrated across community, primary, independent and hospital sectors with the benefit of a stronger clinical model, and a robust partnership approach post COVID-19.

2.2 Project Objectives

The project will have the following specific objectives:

- To identify current and future demand for these services taking into account future demographic changes.
- To review the existing policy framework, in NI, ROI and UK Countries, the evidence base, developments across the UK and, taking into account service user and clinical staff views, consider how the future configuration of services can adopt advancements in technology, and new frameworks for clinical care.
- To identify the workforce training needs, career pathways, role requirements and associated costs of future framework including the commissioning model of what is planned, purchased and monitored.

- To identify actions required to ensure services are underpinned by effective governance and quality assurance mechanisms.
- To produce a framework with accompanying costed implementation and investment plans setting out a resilient platform for provision of optimal clinical care in care homes.

2.3 Project Management Structure

The project was managed using a robust project management approach with the Chief Nursing Office identified as the SRO and chair of the Project Board. A Project Group was established, chaired by the Deputy Chief Nursing Officer and three Subgroups to lead on the specific work streams.

- Multidisciplinary Working
- Workforce Development and Career Pathways
- Informatics and Digital Technology

This paper contains a summary of the activities undertaken by the **Workforce Development and Career Pathways** Subgroup.

3.0 Workforce Development and Career Pathways

The Subgroup established to lead on the Workforce Development and Career Pathways with a multi-disciplinary membership with representatives from the Care Home Sector, Health and Social Care Trusts, RCN, NISCC, RQIA, PHA, DOH and Primary Care. The members represented Nursing, Allied Health Professionals, Social Care and Pharmacy.

A Terms of Reference was agreed and the Subgroup agreed that the core actions to improve the workforce and career development opportunities for the staff providing care for the residents in our care homes would include;

- A workforce model to support the complex care demands of residents
- An Acuity Assessment Tool
- A learning needs analysis tool
- A career pathway

The Workforce Development Subgroup established a schedule of meetings on a monthly frequency from February 2021 to November 2022.

3.1 Acuity Assessment Tool

The challenges experienced during the covid pandemic highlighted how vulnerable the staffing levels in the care homes were. Historically staffing levels in care homes were informed by the Rhys Hearn Staffing Model developed in 1974 which has not been responsive to the changing care needs and increasing complexities of care of the residents.

The Subgroup identified at an early stage the need for an acuity assessment tool to enable Senior Nurses to complete and update the assessments as residents needs change and which would help calculate the number of staff required to provide safe care. The literature search was limited to models available within the United Kingdom due to context of care.

Three acuity assessment tools sources

- CHESS Tool – developed and employed by the Four Seasons Group
- The Care Home Staffing Model (NHS Scotland, 2008)
- The Safer Nursing Care Tool (The Shelford Group, 2013)

The Safer Nursing Care Tool was discounted from the options at an early stage as it was developed for use within the acute care sector and did not adequately capture the emotional care needs of care home residents.

CHESS Tool

- Engagement with Four Seasons Health Care Senior Officers in Northern Ireland.
- Acknowledged that Four Seasons was using the tool at a National and Regional Level
- Some members of the Workforce Subgroup had prior experience of using the CHESS Tool albeit an earlier version.
- Four Seasons shared that they were reviewing the assessment criteria and algorithms
- Pilot test in NI care homes
- Two home – one home with nursing, dementia and residential care units, one home that provided care for residents with learning disability.

- Feedback from participants in the pilot
- Technical challenges difficult to resolve
- Change in circumstances for NI Four Seasons Care Homes and Senior Officers
- Pilot Test concluded August 2022

Care Home Staffing Model (NHS Scotland, 2008)

- Engagement with colleagues formerly involved in design and development of CHSM
- Exploration of potential to amend/develop the tool
- CHSM available free of charge, no issues with intellectual properties
- Agreed to pilot test in its current format
- Five care homes in NI participated.
- Some initial challenges with the calculations but support available from Scottish colleagues

- Feedback from pilot participants –
- FFAs

Conclusion and Recommendation

The pilot testing of the two acuity assessment tools proved that Senior Nurses would find value in using such a tool to help identify safe staffing levels

The acuity assessment tool will help inform the core registered nursing requirements and care assistants to meet the direct care needs of residents.

Recommendation 1
To develop a bespoke acuity assessment tool for Care Homes in Northern Ireland.

3.2 Workforce Model

With the changing profile of residents being cared for in care homes the Senior Nurses within the Care Home Sector highlighted the need for input from Allied Health Professionals and Specialist Nurses to address the complex care needs

A Task and Finish Group was established from the members of the Workforce Development Subgroup with additional members co-opted from the five Health and Social Care Trusts. The Task and Finish Group was tasked to evaluation models for AHP professionals to input to Care Homes and to make recommendations to the ECCF Workforce Development subgroup on the preferred model of AHP input. Homes.

The models evaluated were categorised into two main groups-models of AHP input from core AHP services and models of AHP input from resource dedicated to care homes. Funding secured through '*No More Silos Initiative*' (NMS) which enabled the provision of dedicated AHP support to specific care homes. These two main models of AHP input have been evaluated to identify findings and themes.

The main reasons for referrals to core AHP services from Care Homes in alphabetical order were:

- Dysphagia-eating, drinking and swallowing difficulties
- Falls
- Mobility
- Nutrition
- Seating and positioning
- Social Isolation

The most common model of accessing AHP services for Care Home residents in Northern Ireland was referral into core AHP services.

There were some examples where core AHP services have allocated staff to work specifically with care home referrals.

There were a number of examples where there was some AHP input dedicated to care homes. Models varied and some were pilots, targeted at specific homes in specific Trust areas, depending on resource capacity and funding. Data was obtained from these examples to compare when AHP input is from core services with when AHP input is from resource dedicated to care homes. The sample of Care Homes that were benefiting from dedicated AHP input was limited to by a small number of examples.

The recommendations presented to the Workforce Development Subgroup are presented below.

(i) The evidence shared from case studies, whole home approaches examples pointed towards improved patient outcomes and whole system benefits when a dedicated AHP service is in place. It is recommended that there is a dedicated AHP service for care home residents in each Trust area, providing a whole home approach, with AHP input from across the five AHP professions of Occupational Therapy, Physiotherapy, Speech and Language Therapy, Dietetics and Podiatry.

(ii) Improved data collection which better details the requirement for and impact of AHP input to care homes in order to ensure best value for money. This should include focus on population outcomes. Consideration should also be given to data mechanisms which enable capturing Trust activity data on this specific group, e.g. building in to Encompass.

A detailed report from the AHP Task and Finish Group is available through the following link. (Insert link)

Specialist Nurses. The learning from the AHP Models Task and Finish Group identified the potential for other Health and Social Care professionals such as Specialist Nurses to contribute to improving the health outcomes of Care Home residents.

Advanced Nurse Practitioners: The role of Advanced Nurse Practitioners based in primary care to support the health care and treatment needs of Care Home Residents. This was explored through the Senior Nurses from the General Practice Federations. The Senior Nurse promoted the role of Primary Care ANPs in the health needs assessments of Care Home residents from a general medical service perspective.

Advanced Nurse Practitioner roles are not available in all General Practice Services but where they are present they have the skills to carryout urgent care assessments and initiate treatments as they are all prescribers.

Support Roles
The opportunity to introduced new roles that would support the nursing team to provide more holistic care for the residents and release nursing time to allow Senior Nurses to focus on care standards were explored. Examples include:

- **Pharmacy Technicians**.
  A significant volume of the registered nurses time in Care Homes is spent on medicines management and associated administration. The Co-Chairs of the Workforce Development Subgroup learned of pilot projects in the Western and Southern Trusts to explore '***Technician-led Medicines Management within Care Homes'***

The overarching aim of the pilot was to improve the quality of care and lives of older people in care homes through the safer and more efficient ordering and use of medicines.

The results from the pilot project highlighted the volume of activity associated with the medicines management responsibilities. Across the nine months of the pilot project the findings highlighted;

- On average of 411 drugs were ordered each month.
- A total of 141 interventions were made at the order step
- 1 in 4 drug discrepancies identified between the MAR, the physical stock and the GP repeat order records.
- Opportunities for saving in medicines waste were identified from excess stock and unnecessary re-order discrepancies equating to an annual medicine waste in the region of £17k.
- Phone calls to the GP surgery requesting medicines saw a 6-fold reduction in volume, from an average of 84 to 16 calls per month.
- Most frequently occurring query was to request a repeat supply. Calls were shared across all 3 staff groups (GP/GPP/admin).
- 16 hours per month of nursing time were spent from the decision to order medicines to receipting in an average of 411 drugs.

Preliminary findings suggest that deploying a Pharmacy Technician resource to a patient facing role in a Care Home (whose role encompasses the full system), will improve overall quality of medicines management and safety; and reduce waste, medication errors and workloads. This will ultimately increase capacity to care and improve the lives of older people living within our care homes.

Note: The ***Technician-led Medicines Management within Care Homes Pilot'*** was not part of the ECCF Project but the learning has direct relevance to improving safety, efficiency and registered nurse time to care.

- **Activity Therapist roles**
  Activity Therapists roles were identified as important to the holistic care of Care Home residents. The acuity and complexity of care needs of Care Home residents places a continuous demand on the core nursing care staff with no

capacity to attend to the social engagement and functionality of residents. Feedback from the Workforce Development Sub-group members that had the benefit of the Activity Therapists highlight the improvements in care for residents through their presence and level of engagement with residents.

The Workforce Development sub-group will recommend the inclusion of Activity Therapists in the core care team of Care Homes.

- **Administration Support**
  The need for administration support in Care Homes was highlighted by the Workforce Development sub-group. Without regular administrative support much of the administration duties will need to be carried out will fall to the registered nurses. This would be an inappropriate duty for the limited number of registered nurses available.

4.0 Education and Skills Development

The absence of a systematic process for collating the learning needs of care home staff to ensure that they have the necessary skills to meet the increasing technical and complex care needs of care home residents was identified at an early stage in the project.

The Subgroup membership included HSC Staff who had the experience of supporting the assessment of education and training needs in care homes. An existing Learning Needs Analysis tool was shared by the NHSCT which had had been used within the care home sector.

This tool was consulted on across a wide range of stakeholders. A growing number of skills topics were contributed which had to be formulated into a workable model that Senior Nurses within the care homes would be able to use.

The tool incorporates a workforce profile to help the senior nurse priorities what the education and training needs are for the current staff group. The Learning Needs Analysis Tool is attached at Appendix 1.

Recommendation 2
To confirm the use of the Learning Needs Analysis Tool for use across the care home sector.

4.1 Access to Education and Training

Care home staff have experienced challenges in accessing relevant and essential education and training for a number of years. Historically education and training sourced had to be paid for. During the two years of the covid pandemic experience, the CNO enabled care home staff to access education and training, specifically covid related, which has been a positive experience.

The DOH has funded education and training opportunities for care homes staff, provided by a range of approved education providers, which has been very well received. Care home, like HSC Trusts continue to experience challenges in releasing staff to attend this much needed education and training.

Recommendation 3
To establish a commissioning process to improve access to identified education and learning for the Care Home sector.

Recommendation 4
To consider the recommendations from the Review of Post Registration Education and Training to increase the opportunities for multi-disciplinary learning.

5.0 Career Pathway for Care Homes

The level of staff turnover in the care home sector presents significant challenges for Senior Nurses to stabilise their workforce with career development opportunities to improve retention. Nursing staff within the care home sector have experienced challenges in accessing learning and development to improve knowledge and skills to meet the increasing complex care needs of residents.

The Subgroup agreed on the need for a Career Pathway for the care home sector with the aim to produce a framework to enable a consistent approach to career progression across the sector. This was designed to enhance the profile of staff in the Care Homes and inform the recruitment development and retention of staff.

The Guidance Framework. To support the development of Nursing and Midwifery Career Pathways (NIPEC, 2021) informed the development of the Career Pathway. The care home sector has a high degree of variation in organisational structures and the range of roles depending on the categories of care provided.

The process of developing the Career Pathway incorporated the following elements;

- Skills and competences required
- Education requirement for roles
- Leadership and Management
- Reviewing Job Descriptions for all roles

Career Pathways for Registered Nurses and Care Assistants in Nursing Homes have been developed. The Link Nurse Framework (NIPEC, 2021) is presented as an opportunity for career development for registered nurses in care homes. Outlines of career pathways for registered nurses and care assistants are presented at Appendices 3 and 4.

A career pathway for Residential Care Homes was also developed. The Subgroup consulted with the Northern Ireland Social Care Council (NISCC) who are developing

a Career Pathway for Social Care Workers. An outline of the Career Pathway for Residential Care Homes is presented at Appendix 5.

The career pathways for Care Assistants and Social Care Workers include the opportunity for these staff to access professional education to progress their careers as Registered Nurses or Social Workers.

The Care Home sectors provides practice placement opportunities for pre-registration nursing students. This is an area that could be expanded to increase the opportunities that student nurses can avail of to experience the role of registered nurses in this important care sector. Feedback from student nurses who do avail of practice placements in Care Homes has highlighted the limited opportunities to work alongside the registered nurses given the low numbers of registered nurse on duty.

The Senior Nurses within Care Homes who were members of the Workforce Development Subgroup members remarked that access to practice education support, similar to what is available in Health and Social Care Trusts would be beneficial. When student nurses have a positive practice placement experience they are will be more likely to choose that clinical area to practice as a registered nurse.

Recommendation 5
To establish a practice education infrastructure for the Care Home sector

6.0 Workforce Development Subgroup Key Deliverables

Acuity Assessment Tool	**Workforce Model**
Feedback from pilot tests of two acuity assessment tools has proven the need for such a resource to be available in the care homes. Recommendation to Project Board to establish a new project to develop a bespoke acuity assessment tool	Acuity Tool will inform staffing requirements to meet care demands Options presented as to how AHP and Specialist Nursing expertise can be provided to improve assessment, care, treatment and outcomes. **Improving holistic care** Dental care Activity Therapists Dementia Companions **Releasing time to care** Pharmacy Technicians Administration staff Support staff – Catering, Domestic, Housekeeping
Education and Training	**Career Pathway**
Confirm the content and format of the LNA Tool	Agreement on core roles and competences

Recommend the use of the LNA tool across the Care Home sector Improve access to education and training for care home staff	Examples of support roles and competences Link Nurse opportunities Career development opportunities Improve retention

7.0 Conclusion

The Workforce Development Subgroup present the elements of the Workforce Development Model to improve the workforce stabilisation within Care Homes in Northern Ireland. Although an appropriate acuity assessment tool was not sourced, the Care Home Senior Nurse Managers that were members of the sub-group identified such a tool as a key resource.

The workforce model presented in the outcome of a significant level of discussion on 'what good looks like' to meet the resident care needs across the care home sector. It is acknowledged that significant investment will be required to improve the staffing levels within care homes to improve the stability of this key part of the health and social care services in Northern Ireland.

The Learning Needs Analysis Tool has already been piloted by a number of Care Home Managers with positive feedback. The Learning Needs Analysis Tool can be implemented with immediate effect. The urgent need is to establish a commissioning process to improve access to training and education for Care Home staff.

The career pathway for care home staff is nearing completion and will be available to inform the career development of all staff employed within the care home sector.

The subgroup Chairs wish to acknowledge the commitment and contribution of the subgroup members. The commitment of Senior Nurse Managers within the Care Home sector is evidence of the value they placed on this work. The subgroup co-chairs would commend the work of the subgroup to the Project Steering Group for consideration for implementation.

Appendix 1 Workforce Subgroup Membership

Name	Area
Brendan McGrath - Chair	Assistant Director of Nursing, Working Planning and Development, Western Health and Social Care Trust
Linda Graham - Chair	Regional Manager, Spa Nursing
Karen Agnew	Healthcare Ireland Group
George Bell	Age NI Consultative Forum representative
Jill Bradley	Assistant Director Allied Health Professions' Governance, Northern Health and Social Care Trust
Janice Brown	Regional Manager, Four Seasons Health Care
Elaine Connolly	Assistant Director, Assurance, Regulation and Quality Improvement Authority
Patricia Cosgrove	Nursing and Midwifery Allied health Professionals Directorate, Department of Health
Jill Curry	Dietetic Service Manager, Northern Health and Social Care Trust
Lizzie Dixon	Association for Real Change Northern Ireland
Catherine Donnelly	Healthcare Policy Group, Department of Health
Mary Emmerson	Allied Health Professional Consultant, Public Health Agency
Loretta Gribben	Nurse Consultant, Palliative and End of Life Care, Public Health Agency
Kayleigh Hunniford	Service manager, Priory Adult Care
Jillian Martin	Social Services Policy Group Department of Health
Cathy McCusker	Senior Professional Officer, Northern Ireland Practice and Education Council for Nursing and Midwifery
Angela McKnight	HR Business Partner, Four Sessions Health Care
Sharon McRoberts	Assistant Director Nursing Workforce and Education, South Eastern Health and Social
Margaret Moorehead	Assistant Director for Allied Health Professions South Eastern Health and Social Care
Heather Murray	Quality and Development Manager, Domestic Care Group
Anne Marie Phillips	Patient Safety, Quality and Patient Experience Nurse Lead, Public Health Agency

Cherith Rogers	Manager, Health Care Ireland Group
Paul Rooney	Professional Adviser, Northern Ireland Social Care Council
Brenda Rushe	Health Care Assistant Network, Royal College of Nursing
Christine Thompson	Regional Manager, Macklin Group
Aileen Mulligan	Head of Service - Care Home Support Team
Brenda Byrne	Assistant Director AHP Governance, Workforce Development & Training
Heather Finlay	Nursing and Midwifery Allied health Professionals Directorate, Department of Health
Paula Devine	Locality Services Manager Community nursing Western Trust
Barbara Walker	Physiotherapist, Belfast Health and Social Care Trust
Sharon Loane	Operations Manager, Sanville Group Care Homes
Gareth Gilvary	CPNI nominee
Judith Gray	Lead General Practice Pharmacist North Down Federation
Aisling Byrne	Corriewood
Catherine Glover	Pharmacy, RQIA
Gillian Plant	Joe Brogan's Pharm Rep
Patricia McNeilly	Department of Health (ECG)
Oonagh Galway	BHSCT
Julie Foster	NHSCT

Appendix 2: Final version of LNA Tool

LEARNING NEEDS ANALYSIS FOR NURSING AND RESIDENTIAL CARE HOMES

Each nursing home will have access to Support from Trust Care Home Support Teams who can help to facilitate training required in order to provide safe and effective care for residents. They will support your identified registrant and look at developing link nurses for the sector if applicable and assist them to achieve clinical competencies and enhance resident's experience. This will be an on-going partnership with you contributing to the delivery of safe and effective person-centred care as developed by McCormick and McCance (2017). We can review and support any additional training needs as they arise with your residents.

Person-Centred Practice Framework (McCormack & McCance 2017)

Nursing Home Learning Needs Analysis Aims

- Facilitate the manager in identifying at least 2 Nursing Home Champions/ Link Nurses
- Encourage the promotion of a person-centred ethos within the nursing home environment.
- Develop the clinical confidence and enhance the competence of nursing registrants, **live on the NMC register**, to maintain residents safely within the care home settings when their healthcare needs change as opposed to having an avoidable Emergency Department attendance or hospital admissions.
- Provide advice on the development of advanced care plans to include management of long term conditions and end of life care.
- Encourage signposting to appropriate specialists/MDT professionals as necessary.
- Increase knowledge of effective medicines management and how to avail of Medicines service where available.
- Implement preceptorship and reflective supervision as relevant for the NMC registrant in line with the NI Preceptorship Framework (DoH 2022) and Reflective Supervision Framework (DoH 2022)
- Enhance and maintain the clinical competence of registered nursing staff within the care home setting to meet the needs of the resident group.
- Enhance the competence of staff in the recognition and management of the deteriorating resident.
- Improve integrated working with primary care, voluntary and community support structures including General Practice and community nursing staff.
- Sustain communications and professional networking with the health and social care partners
- Adapt for all car roles and staff registered with NISCC

LEARNING NEEDS ANALYSIS

Nursing Home……. Nurse Manager: ……..…… Date Completed : ……..……

Number of Nursing beds: …… Number of Residential beds: …… Number of Intermediate Care Beds: ……

Completed By/With Whom: ……..

Staffing Profile	Please enter the number of staff in each employment experience category		
Staff Group	0-1years in post	2-5 years in post	5 years plus in post
Nurse Manager			
Registered Nurses			
Senior Care Assistants			
Care Assistants			
Activity Coordinator			
Administration Staff			

	No of Current Residents with this condition/ unmet needs if Applicable	Number of staff who require this training	Comments- Does Registrant feel competent in the Management of Conditions/ Clinical Skills
Mandatory Training			
Infection Prevention and Control			
Moving and Handling			
Safeguarding			
Fire Safety			
Distressed Reactions			
First Aid			
COSHH			
Distressed Reactions/ Challenging Behaviour			
Food Hygiene			
MCA/ DOL'S			
Dysphagia			
Clinical Skills Training			
Diabetes Management BG Measurement Management of hypo and hyperglycaemia			
Enteral Feeding PEG / RIG			
Airway management Laryngectomy/Tracheostomy Care Suctioning			
Respiratory Management Oxygen Therapy Nebulisation Respiratory Interventions CPAP/NIV/Airflow			
Catheterisation and Catheter Care			

Urostomy Tube Care			
Bowel Management Constipation Stoma Care			
Eating and Drinking MUST Tool Swallow Assessment SLT Referrals Aspirate Pneumonia Dysphagia- IDDSI Framework Fortified Diets Mouth Care			
Palliative -End of life care Pain management Syringe Pump management Advanced Care Planning DNACPR Verification of Life Extinct Breaking Bad News			
Medicines Management Ordering of Medication Safe storage of medicines Safe administration of medicines Covert Administration Self-Administration Oral/ sub cut/ injections Sub cut Fluids Referrals for medication review/ Optimisation Team Involvement			
Dementia Care Delirium			
Risk Management			

Safe and Effective Care			
Managing the Deteriorating Patient/ Restore 2 / Restore Mini Delirium care pathway			
Fundamentals of Frailty- Rockwood Frailty Score			
Falls: Management / Risk Assessments Signposting to falls awareness team Use of assisted technologies			
Wound Care Tissue Viability - Pressure ulcers			
Managing seizures			
Managing challenging behaviours Communication skills De-escalation and Personal Safety MAPA (If appropriate)			
Leadership Development			
Leadership Skills/ Managing in challenging situations Nurse in Charge issues Link Nurse roles			
Quality Improvement Skills QI Initiatives			

1. Priority Learning Needs for this year

……
……
……
……

2. **Can you identify any other training deficits which will assist you and your team to provide person centred care for the residents in your home?**

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……
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3. **What have been the greatest challenges to accessing training to date?**

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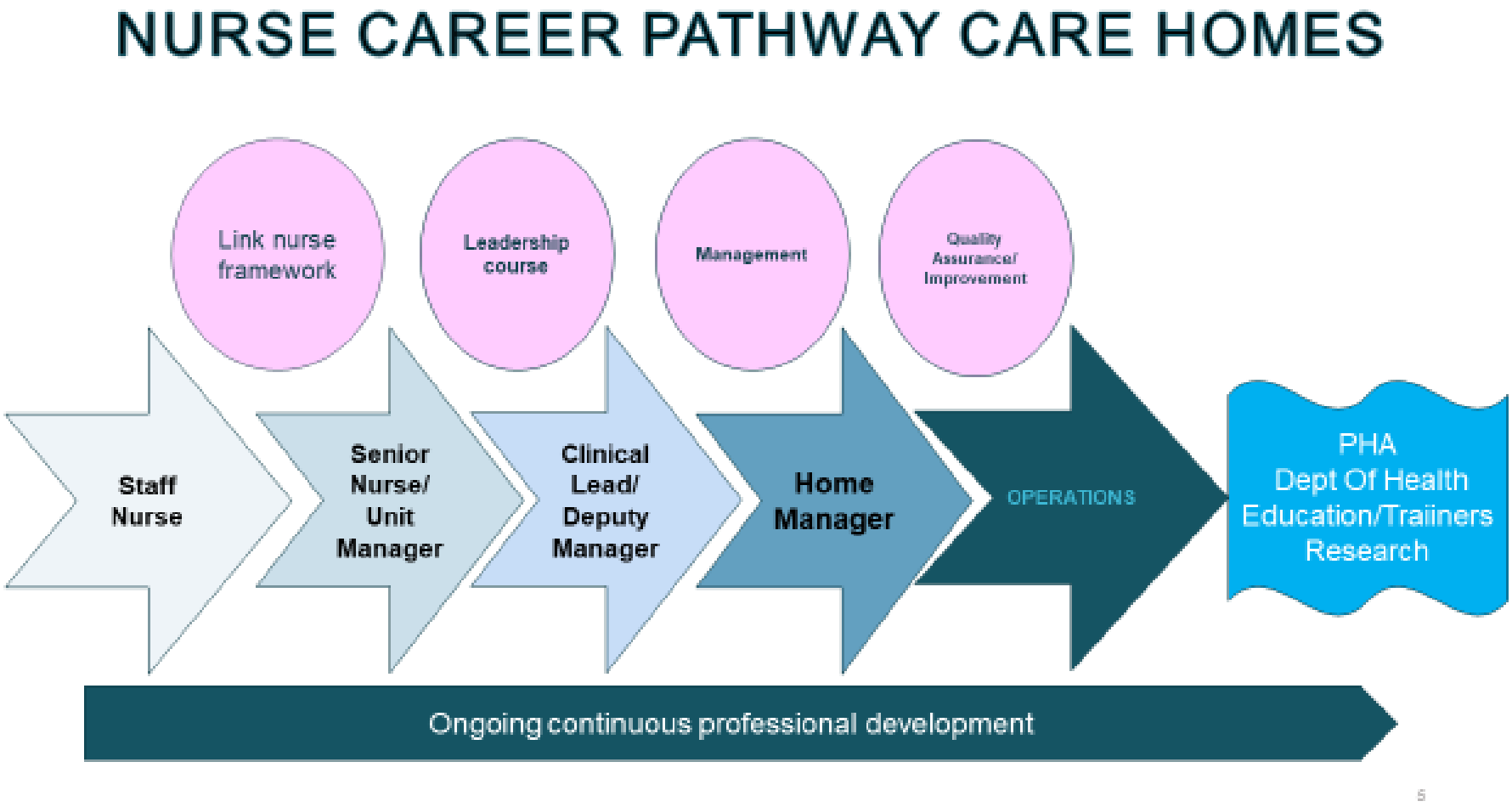
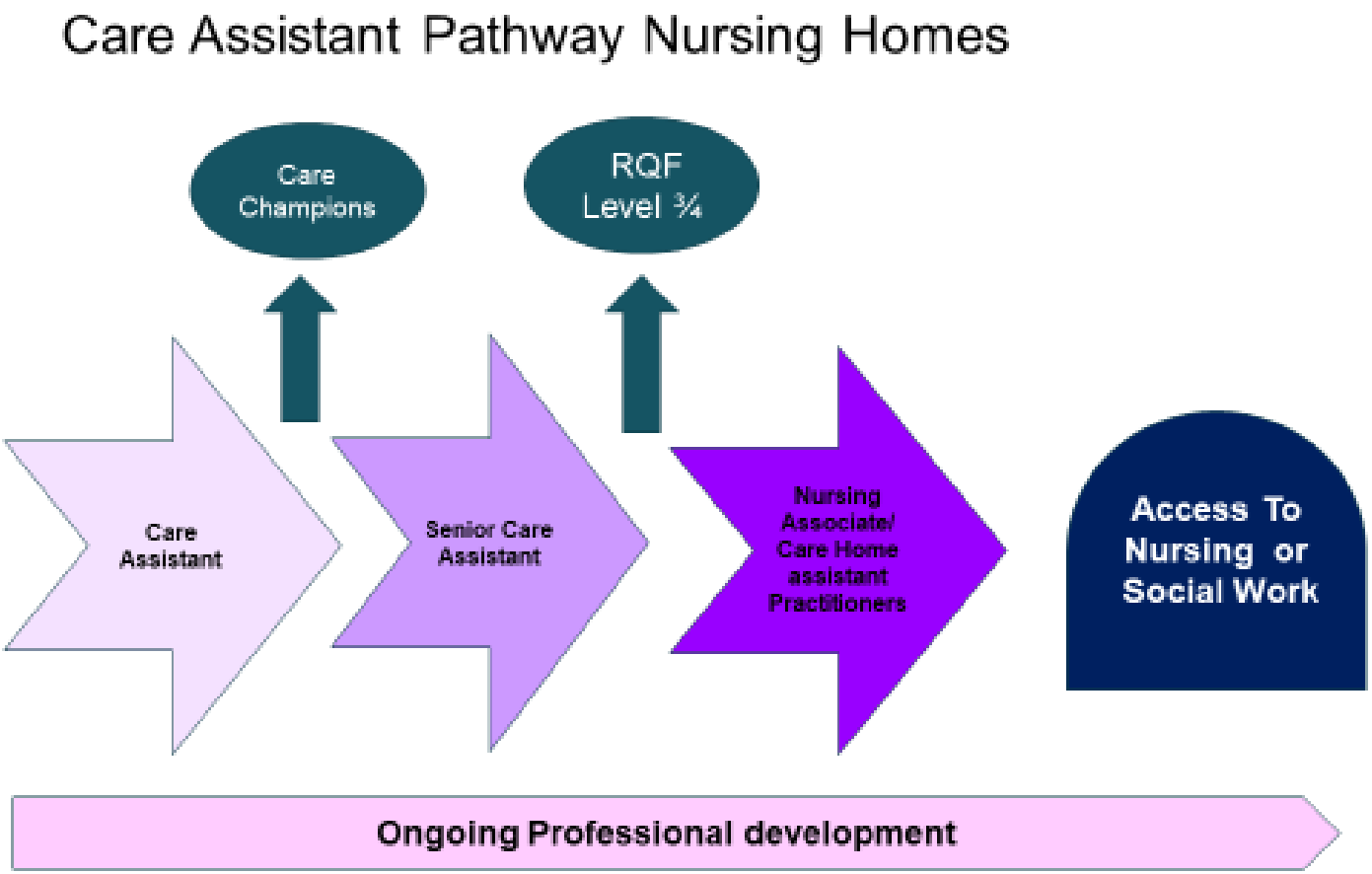
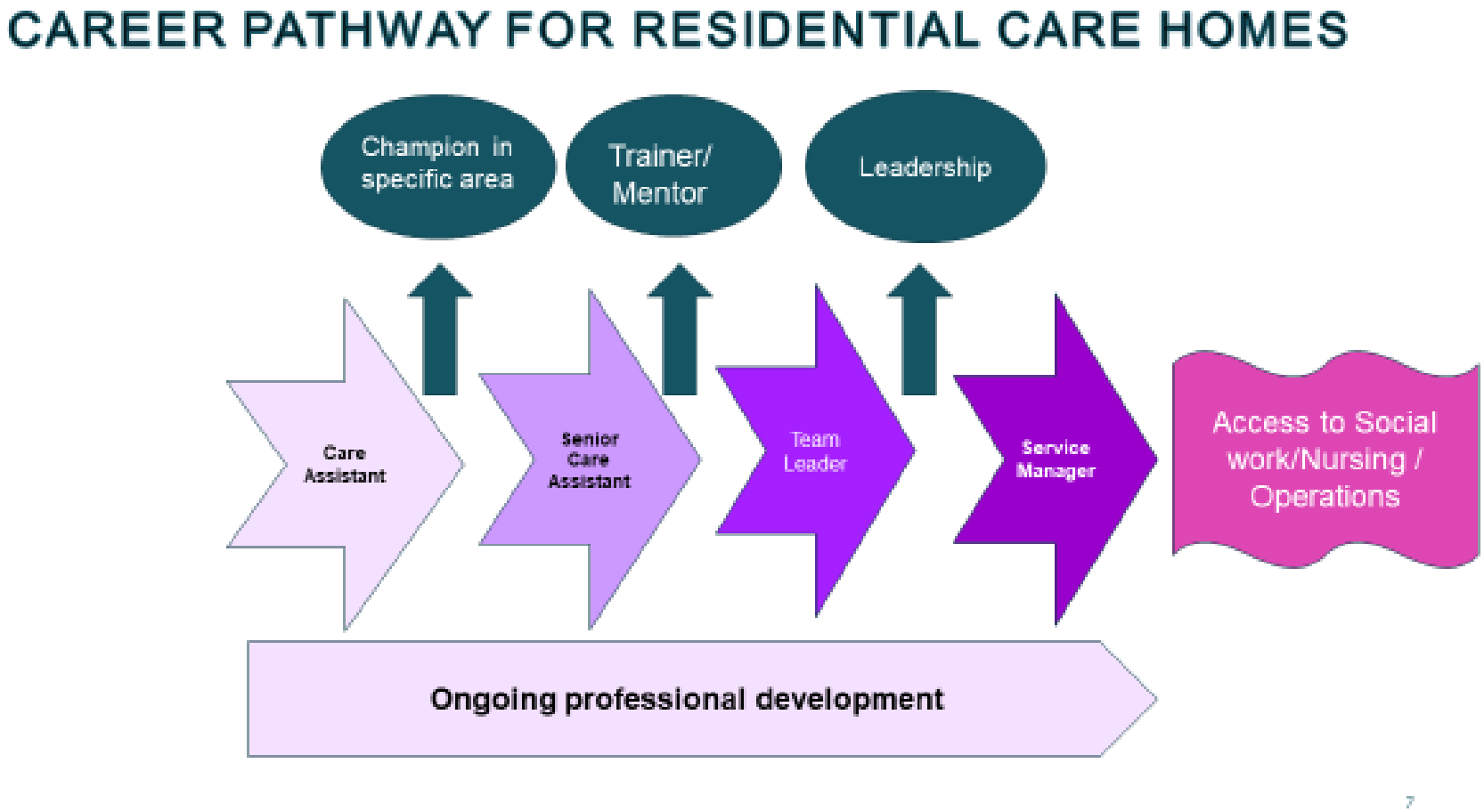
Appendix 3: Nurse Career Pathway for Care Home Sector



Appendix 4: Career Pathway for Care Assistants Nursing Homes



Appendix 5: Career Pathway for Residential Care Homes