

Front Sheet

Title of Meeting	Trust Board	Date	31 st May 2018
Title of Paper	In-patient Six monthly Establishment Review		
Author	Teresa Barker – Deputy Director of Nursing & practice		
Executive Director	Mary Mumvuri – Executive Director of Nursing & Quality		

Purpose: the paper is for:	<ul style="list-style-type: none"> • Delete as applicable
<ul style="list-style-type: none"> • Consideration and Approval 	

Recommendation:	
<p>The Board are asked to consider:</p> <ul style="list-style-type: none"> • The ongoing work to ensure compliance with national guidance surrounding staffing levels • Provide feedback on areas that require further improvement • Consider and endorse the recommended principles for use as guidance in operating individual in-patient settings 	
Summary of Key Issues:	<ul style="list-style-type: none"> • No more than five bullet points
<ul style="list-style-type: none"> • Further establishment review has resulted in 15 guiding principles to inform care group in-patient staffing • The guiding principles have been evaluated as being able to be implemented within Acute Care Group current budgets • The areas noted for further development in the previous Board Report of July 2017 have been acted upon with success • The Trust is currently undertaking a pilot of the Safe Care functionality • In June & July 2018, the Trust is undertaking a review of the Care Hours Per Patient Day (CHPPD). This may lead to a further review of establishments 	

Report History:
<p>This is a routine report provided to update Board on the six monthly inpatient establishment reviews. This report follows on from the last Board report provided in July 2017. This report is delayed, in part due to the work being undertaken in two recent establishment workshops and the Safe Care and CHPPD review.</p>

Strategic Objectives:	• Select as applicable
<input checked="" type="checkbox"/> Consistently deliver an outstanding quality of care <input checked="" type="checkbox"/> Recruit retain and develop the best staff making KMPT a great place to work <input checked="" type="checkbox"/> Put continuous improvement at the heart of what we do <input type="checkbox"/> Develop and extend our research and innovation work <input type="checkbox"/> Maximise the use of digital technology <input checked="" type="checkbox"/> Meet or exceed requirements set out in the Five Year Forward View <input checked="" type="checkbox"/> Deliver financial balance and organisational sustainability <input type="checkbox"/> Develop our core business and enter new markets through increased partnership working <input type="checkbox"/> Ensure success of our system-wide sustainability plans through active participation, partnership and leadership	

Implications / Impact:
<p>Patient Safety: Correct staffing levels across disciplines enable patient safety</p>
<p>Identified Risks and Risk Management Action: Incorrect establishments that do not take account of acuity and variety in patient need increase risk to patients and staff</p>
<p>Resource and Financial Implications: Inefficient establishments will result in financial pressure</p>
<p>Legal/ Regulatory:</p>
<p>Engagement and Consultation: Care Group, workforce and finance colleagues engaged well in six monthly establishment review.</p>
<p>Equality: No risks identified</p>
<p>Quality Impact Assessment Form Completed: No</p>

1. Background and context

Following on from the Francis Enquiry (2013) and the subsequent Department of Health publication Patients First and Foremost (2013), NHSI and National Quality Board (NQB) require provider organisation Boards to ensure staffing levels are correct for the acuity and dependency needs of individual patients groups within in-patient settings. This establishment review follows on reports presented to the Board previously, with the last one being in July 2017.

KMPT's Therapeutic Staffing model was introduced in 2015 in response to recruitment challenges and to address the inconsistent and inadequate provision of meaningful activities and therapies on the ward. The model now recognises that it is the ward's full Multi-Disciplinary Team that underpins care delivery, and that all staff make up an entire ward resource, not just nurses. In applying this locally, ward leaders are supported to use staff more effectively to meet the needs of the care groups. Therapeutic Staffing essentially is the provision of multi-disciplinary (registered and unregistered) staff within ward establishments, and recognises the unique contribution of each post holder in the delivery of care.

2. Methodology of review

Further to our previous reviews of national benchmarking data, we presented a set of 12 guiding principles that had been developed collaboratively with care groups leaders across disciplines, in response to a review of national benchmarking data, patient and staff feedback, and professional judgement.

3. Establishment Review Workshops

Further to the workshop in July 2017, we had a further Establishment Review workshop in December 2017, which resulted in us increasing our 12 guiding principles to 13. The additional guiding principle was to work towards Ward Managers and Matrons working flexibly out of hours at their discretion on their ward. This was outside of the clinical lead role and required local caps, but was added in order to offer an element of autonomy in clinical leadership and visibility.

We held a further Establishment review in March 2018, where we extended the Guiding Principles to a list of 15 (see Appendix 1). The additional guiding principles now include the role of the Nursing Associate (for which the Trust currently has 9 staff on this programme and a further 11 about to embark in a second cohort), as well as a commitment to refer and support professional strategies when reviewing establishments.

Care Groups are finding the guiding principles helpful in establishment reviews, and this is supporting consistency in how we develop our in-patient workforce development across the organisation.

The guiding principle to have consistent shift patterns across nursing and Band 5 Occupational Therapy has improved and enabled safe handover processes. This will be further strengthened following consultation with Band 6 Occupational Therapists to adopt a consistent shift pattern

All patients are to have access to clinical psychology

4. Financial balance

Board members were in support of the Guiding Principles of 2017, subject to financial balance. The recent 15 Guiding Principles have been scrutinised for financial balance by the Acute Care Group Finance business partner in a review of Acute Establishments and have been confirmed as possible within budget. This has been enabled by reviewing unregistered roles and vacancy, and taking opportunity to reduce Band 3 roles to allow funding for Nursing Associates and Peer Support Workers. This has been clinically led within the care group and will result in 6-6-4 staffing ratio with 2 Qualified Nurses and 1 Qualified Occupational Therapists on each of the early and late shifts each day. Also included in the reviewed establishment will be 1 WTE RGN, 1 WTE Nursing Associate, 1 WTE Clinical Apprentice and 0.5 WTE Peer Support Worker.

The Finance business partner has since met with Older Adult Care Group (OACG) colleagues to repeat this task. The OACG are abiding by most of the 15 guiding principles already although this exercise has raised the issue of inconsistent funding across wards. The use of the Safe Care system which captures acuity in real time, and the CHPPD will help to rectify this.

5. An update on the areas we pledged to further develop in previous report to Board

5.1 We pledged to review the observation policy to better enable therapeutic experience and make better use of resources. We ratified a revised version of the Observation Policy that reflected the multi-disciplinary establishments on our wards. We now want embark on Quality Improvement projects to see if, when consistently applied, safety huddles result in reduced numbers of patients requiring enhanced levels of observation.

5.2 We wanted to standardise shift patterns in the Acute Care Group. The acute care group are working towards standardised shift patterns although may need to formally consult on this for Band 6 Occupational Therapists. Standardise shift patterns will result in better handover and financial efficiency.

5.3 Through our Nursing Strategy and NHSI retention programme, we will address clinical career pathways to better enable retention. We have had clinical engagement in developing clinical career maps for nurses and are in the

final stages of producing this, with support from the graphic designer within our communications team.

5.4 We will use technology to enable us to work efficiently during enhanced observations for example. We have had the Director of IM&T attend the Senior Nursing Leaders Forum (SNLF) to hear from senior nurses in relation to their technology needs. The suggestions made by the senior nurses now need addressing and the IM&T Director will be invited back to the SNLF in the autumn of 2018 to update on progress.

5.5 We will review our interview processes to ensure consistent application of standards. We have developed a centralised recruitment panel for Band 5 nurses. This will address the needs of all care groups, improve the timeline from application to interview and promote consistent application of standards.

5.6 We will offer flexible employment options. We are addressing this through the NHSI retention programme, with flexible working being one of our 4 work streams in this programme. We have developed a menu of flexible working initiatives, including internal job swaps to flexible support service need, enable our workforce to develop a better understanding of patient pathways and career development opportunities. To support this from a cultural change perspective, we will be addressing the KMPT Leaders Forum on the issue of flexible working in June 2018.

5.7 We will explore skills based job roles, including Nursing Associates. We have 9 staff on the fast followers programme; due to complete their training in April 2019. We have a commitment from the Acute Care Group to support a further 11 places in cohort 2, which is a collaboration across West Kent.

5.8 We will develop a formal leadership programme to enhance multi-disciplinary clinical leadership. The trusts new Head of Learning and Organisational Development, is developing this programme across the organisation. In the Acute Care Group the newly appointed Head of Nursing has developed a preceptorship programme to support the needs of in excess of 25 new nurses joining the care group between now and September 2018.

5.9 We will review ECT staffing arrangements and practice. The bi-monthly trust wide ECT meeting has been renewed and is now chaired by the interim Head of Service for the Acute Care Group. This group is reviewing staffing arrangements and practice. An ECT Policy review is being led by the Lead ECT consultants and a Business Case is being developed for the centralisation of ECT services in Maidstone. We have strong nurse leadership for ECT in the form of one nurse specifically who works across the Maidstone and Thanet ECT suites to ensure consistent high ECT standards.

5.10 We will review the current SLAs for treatments including physiotherapy and dietetics. The trusts AHP Lead has chaired an initial review meeting and a clinical workshop has been arranged for June 2018 with an aim of clinically reviewing required service provision in advance of the contract renewal date of early 2019.

5.11 We will use the apprenticeship levy to provide bespoke CPD to physical health nurses in mental health care delivery. As new post-graduation courses are developed in line with apprenticeship standards, this will be prioritised for the Physical Health Nurses.

6 Conclusion

There is good engagement from care group colleagues in establishment review processes. This will be further strengthened with the final Head of Nursing coming into post on 21st May 2018. The introduction of a Head of Nursing monthly meeting, chaired by the Deputy Director of Nursing and Practice will include Establishment Review Updates as a standing agenda item. With Board approval, the care groups now need to consistently apply the 15 guiding principles in their establishment review processes.

7 Next steps

We are currently piloting the use of the Safe Care system on four of our in-patient wards. If this proves effective, this system is able to triangulate staffing required against acuity in real time. The pilot is in its infancy and a report will be shared with Board, to share the outcome of the pilot towards the end of the calendar year.

Further to the Carter review of 2016, we are being supported by our Executive Director of Finance to drive efficiency through analysis of KMPT data against the Care Hours Per Patient Day rota management system. We will be reviewing data with sessions booked with each care group individually in June and July 2018. Early analysis presented and discussed at the Executive Assurance Committee suggest potential significant savings.. We will report the outcome of this work to Board once completed.

Appendix 1

In-patient establishment review Guiding Principles

1. Consistent shift patterns for nurses and Occupational Therapists in Acute setting
2. OTs to work weekends in Older Adult wards to ensure support of patient flow
3. At least 2 RMNs/RNLD on each shift on acute wards to ensure cover for breaks, support medicine administration and to fulfil MHA key roles
4. One RGN on each Acute and Older Adult ward, with one of these being a Band 6 RGN per unit in order to facilitate supervision, role model and provide a career path and aid retention.
5. Consistent shift patterns where non-nursing staff are working in the numbers (OTs, Assistant Practitioners for example)
6. Each ward to have dedicated Ward Administrator and Ward Clerk, based on wards to enable release in time to care
7. A minimum of 1 therapeutic intervention available to each patient per shift
8. Staff reflective practice/case discussion groups to be available for every member of in-patient staff – irrespective of care group
9. All Acute and Older Adult Matrons to work clinically at least twice per month and all ward managers to work clinically at least once per week. This allows for role modelling, confidence building of junior staff and the ability to ensure systems and processes underpinning care are evident in practice
10. All Band 6 RMNs/RNLDs/OTs/RGNs to have one shift per month protected time in order to complete audits, supervision and appraisals. This will enable succession planning and the development of confidence to step up into senior roles.
11. Substantive staff will never earn less per hour than their usual rate for working additional hours
12. Ring fence a HCA post for recruitment of a peer support worker on each acute and older adult ward and at least one per unit in Forensic Services.
13. We will work towards Ward Managers and Matrons working flexibly out of hours at their discretion on their ward. This is outside of the clinical lead role and will need local caps applied.
14. One Nursing Associate per ward
15. The strategies of each professional group to be worked towards through establishment planning