

Front Sheet

Title of Meeting	Trust Board	Date	29 November 2018
Title of Paper	In-patient Six monthly Establishment Review		
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Executive Director	Mary Mumvuri – Executive Director of Nursing & Quality		

Purpose: the paper is for:	• Delete as applicable
• Consideration and Approval	

Recommendation:	
The Board are asked to consider:	
<ul style="list-style-type: none"> • The ongoing work to ensure compliance with national guidance surrounding staffing levels • Provide feedback on areas of progress and those that require further improvement • Consider and endorse the recommended guiding principles for use in setting establishments in-patient settings 	
Summary of Key Issues:	• No more than five bullet points
<ul style="list-style-type: none"> • A further establishment review completed with Multi-disciplinary colleagues was facilitated in September 2018 and has resulted in an updated set of 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 May 2018 have been acted upon with success • Further to its pilot, reported in May 2018, the trust has agreed to roll out use of the Safe Care system across all Acute Care Group wards from January 2019 and across Older Adult Wards from April 2019 • The Care Hours Per Patient Day (CHPPD) project that ran in June & July 2018, has been completed and reported to Board by KMPT Director of Finance. 	
Report History:	
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 May 2018.	

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 May 2018.

2. Methodology of review

Further to our previous reviews of national benchmarking data, over the last two years we have developed a set of 15 guiding principles that had been developed collaboratively with care groups leaders across disciplines, in response to a review of national benchmarking data, national innovation, patient and staff feedback, and professional judgement.

3. Establishment Review Workshops

Further to the workshop in March 2018, we had another Establishment Review workshop in September 2018, which resulted in us continuing with our set of 15 guiding principles. This had been increased from a set of 13 the previous year, with the additional guiding principles include 1 WTE Nursing Associate per ward and a commitment to consciously work towards the strategies of each professional group through establishment reviews. This is of particular importance in line with the Nursing Associate collaborations locally and our release of 9 fast followers that will register in April 2019, and a further group commencing their two year Nursing Associate Training in December 2018.

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

It was noted in the establishment review of September 2018 that the Acute Care Group were in early discussion with KMPTs AHP Lead in reviewing the roles of Occupational Therapy staff and considering removing Occupational Therapists (OTs) from ward rosters in order to ensure dedicated OT provision to patients, as well as ensuring the required amount of nursing competencies and expertise on each rota. The aim being that the therapeutic offer for our in-patient becomes further strengthened, and delivered by the Multi-Disciplinary Team cohesively, as well as with Occupational Therapists being able to retain time to deliver specific occupational interventions. The consultation with OT staff is being led by KMPTs Allied Health Professional (AMH) Lead and involving Core Operations Group (COG) and the Joint Negotiations Forum (JNF) for due process. Finance colleagues are supporting this work to ensure financial balance.

4. Financial balance

Board members were in support of the Guiding Principles of early 2018, subject to financial balance. The 15 Guiding Principles have been scrutinised for financial balance by the Acute Care Group Finance business partner in a review of Acute Establishments and were confirmed as possible within budget. This has been enabled by reviewing unregistered roles and vacancy, and taking opportunity to review 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 on each of the early, late and night shifts each day. Supplementary to the ward establishments, and not included in the rotas, will be OTs, RGNs, and peer support workers. The Finance business partner has since met with Older Adult Care Group (OACG) colleagues to repeat this exercise. The OACG are abiding by most of the 15 guiding principles, 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 work will help to rectify this.

5. An update on the areas we pledged to further develop in previous reports 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 are further reviewing this policy early to consider ways of safely and effectively reviewing enhanced levels of observation in a more timely way. We are now embarking 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 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 agreeing this, with support from the graphic designer within our communications team. We have commenced a pilot of Advanced Clinical Practitioners, with one senior nurse working in place of a traditional medical role at St Martins, and one at Priority House. This is a two year internal pilot, that started on 12th November and will be formally evaluated for learning.

5.4 We will use technology to enable us to work efficiently during enhanced observations for example. The Director of IM&T and his team remain engaged with the Senior Nursing Leaders Forum. This has resulted in a recent trip to Somerset together, to see electronic observations being used in the clinical setting. This project is being taken forward as a collaboration between senior nurses and IM&T colleagues; recently co-presented at the Business Care Clinic.

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. WE have written competency based Job Descriptions for use across all care groups.

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. As reported as a commitment to do so in May 2018, this was addressed at the KMPT Leaders Forum in June 2018 and further, we currently have a cross care group rotational post out to advert, on the back of previous care group successes in recruiting to rotational posts.

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. All 9 have guaranteed employment in KMPT as registered Nursing Associates following successful completion of the programme, and will be supported through preceptorship and revalidation in the same way as we do with registered nurses. We have interviewed for a second cohort of Trainee Nursing Associates, and as a result, 11 trainee Nursing Associated will start their training through the West Kent collaborative this winter. We will be attending a workshop with the Mental Health Directors Forum at the end of January to discuss and agree how we deploy NA's in the future, being mindful of their complimentary skill set to that of the registered nurse and their advanced competency and high focus on physical health and wellbeing.

5.8 We will review the current SLAs for treatments including physiotherapy and dietetics. The trust's AHP Lead chaired an initial review meeting and a clinical workshop was facilitated in the summer of 2018, with an aim of clinically reviewing required service provision in advance of the contract renewal date of early 2019. This is now with procurement.

5.9 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.

5.10 We will work to reduce our use of temporary agency staff. We have engaged on an agency reduction programme of work, with the key principle of

stabilising a substantive high quality workforce. We have commenced a pilot of Advanced Clinical Practice, with two senior nurses starting in post in acute care group settings in November 2018, being funded through traditional medical vacancy. This is a one year internal pilot; aiming to help us evaluate the effectiveness of moving away from traditional roles with a focus on competency based on workforce availability.

6 Conclusion

Six monthly establishment reviews enable the organisation to reflect on and renew its establishments within current and emerging national and local contexts. With Board approval, the care groups need to continue to consistently apply the reviewed 15 guiding principles in their establishment review processes.

7 Next steps – key takeaways

The Safe Care system pilot has come to an end, with significant advantages evaluated for acute and older adult care group wards. Therefore, the Executive Director of Nursing has signed off the use of this system (for which there is no financial burden) for use across the Acute Care Group wards in January 2019 and across the Older Adult Care Group wards in April 2019. The dashboard that has been developed to capture safe care data (triangulating acuity against resource) will be used in Care Group Quality Performance Reviews (QPRs) as a helpful way of reviewing required staffing against acuity in real time.

The establishment review session in September 2018 was attended by, and will continue to be attended by Natalie, the trusts Lead for Peer Support. Natalie will continue to attend establishment reviews on an ongoing basis, and has taken an action with the Acute Care Group Head of Service to meet to discuss the full extent of support and expertise that peer workers can bring to our establishments. This is set against a backdrop of our CEOs commitment to significantly increase peer support worker numbers in the coming months and years, and will be considered in comparison to and alongside the benefits of the traditional role of Health Care Assistant.

Appendix 1

In-patient establishment review Guiding Principles - September 2018

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 & provide career pathway.
5. Consistent shift patterns where non-nursing staff are working in the numbers (OTs, Assistant Practitioners for example) *Currently under review in the Acute Care Group*
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 in-patient setting
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 rostered Band 6 clinicians with leadership and line management responsibilities to have one shift per month protected time to complete audits, supervision and appraisals. This will enable succession planning & the development of confidence to step up into senior roles.
11. Substantive staff on Band 5 or 6 will be given opportunity to earn their usual rate of pay when 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