

<b>Meeting / Committee:</b>	Board of Directors	<b>Meeting Date:</b>	25 June 2013
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<b>This paper is for: (Only 1 column to be marked with x as appropriate)</b>	Action/Decision	Assurance	Information X
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<b>Title:</b>	Ward Establishment Review Action Plan
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<b>Purpose:</b>	The purpose of this report is to advise the Board of the actions arising from the recommendations in the Ward Establishment Review which the Board received in March 2013.
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<b>Summary:</b>	The action plan has been prepared to address the key recommendations of the 2012 Establishment Review. Some of the actions have already been completed and a number are under way. There are some actions which will require the leadership of the Director of Nursing and Quality Assurance who will take up her post in the Trust in July.
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<b>Prepared By:</b>	Anne Sutcliffe, Acting Director of Nursing	<b>Presented By:</b>	Anne Sutcliffe, Acting Director of Nursing
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<b>Recommendation:</b>	The Board of Directors is asked to receive the action plan.
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<b>Implications (mark with x in appropriate column(s))</b>	Legal	Financial X	Clinical X	Strategic	Risk & Assurance
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RECOMMENDATIONS	ACTIONS	RESPONSIBLE	TIMESCALE
<p>1. Staffing levels should reflect the number of patients with higher levels of acuity.</p> <p>Staffing levels should reflect the achievement of nurse:patient ratios which are lower than 1:8 in areas with higher levels of patient acuity.</p>	<ul style="list-style-type: none"> <li>• Patient acuity should be monitored regularly and consistently using the agreed tool.</li> <li>• Staffing levels should be reviewed as a minimum on an annual basis, when ward reconfiguration is planned or service development is introduced or as indicated by quality indicators.</li> <li>• Gap analysis to be undertaken for achievement of 1 nurse : 8 patients in wards with higher levels of patient acuity for presentation to Director of Nursing &amp; Quality Assurance</li> </ul>	<ul style="list-style-type: none"> <li>• Senior Nurses</li> <li>• Divisional Manager and Senior Nurse</li> </ul>	<ul style="list-style-type: none"> <li>• Review quarterly</li> <li>• September 2013</li> </ul>

RECOMMENDATIONS	ACTIONS	RESPONSIBLE	TIMESCALE
<p>2. Ward budgets should be adjusted to support this but in doing so divisions must significantly reduce their dependency and therefore their spend on bank / agency / overtime</p>	<ul style="list-style-type: none"> <li>• NHSP/ Agency / Overtime spend should be analysed in all wards with targets for reduction agreed.</li> <li>• Full application and achievement of E-Rostering KPIs.</li> <li>• Divisional teams to agree with Director of Finance and Director of Nursing &amp; Quality Assurance process for transfer of spend on bank/agency/overtime to substantive post(s) to realise ratio of 1 nurse :8 high acuity patients</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Finance</li> <li>• Director of Nursing &amp; Quality Assurance</li> </ul>	<ul style="list-style-type: none"> <li>• October 2013</li> </ul>
<p>3. The case for a critical care outreach team should be supported to provide support to ward teams in the management of complex and deteriorating patients.</p>	<ul style="list-style-type: none"> <li>• There is agreement from Commissioners to support a critical care outreach team. A business case for this will go to Formal Management Group on 18 June 2013 (delayed until 2 July 2013)</li> </ul>	<ul style="list-style-type: none"> <li>• Acute Medicine</li> <li>• FMG</li> </ul>	<ul style="list-style-type: none"> <li>• July 2013</li> </ul>

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<p>4. Sickness absence must be reduced as a matter of urgency</p>	<ul style="list-style-type: none"> <li>The management of sickness absence is a key priority. Trust target in place.</li> </ul>	<ul style="list-style-type: none"> <li>All divisions and directorates</li> </ul>	<ul style="list-style-type: none"> <li>In line with monitoring of Trust target</li> </ul>
<p>5. A proactive approach should be taken to filling vacancies. The process should be</p> <ul style="list-style-type: none"> <li>Timely – holding vacancies frequently results in paying higher premiums to cover gaps</li> <li>Joint interviews - areas with vacancies should, whenever possible hold joint interviews to maximise resources and opportunities to appoint</li> </ul>	<ul style="list-style-type: none"> <li>New process being developed for appointment of Band 5 Registered Nurses to include joint appointment process</li> </ul>	<ul style="list-style-type: none"> <li>Senior Nurses and Assistant Director of HR</li> </ul>	<ul style="list-style-type: none"> <li>July 2013</li> </ul>
<p>6. The review of the 21% establishment headroom should be concluded to determine if this meets current needs</p>	<ul style="list-style-type: none"> <li>Outcome of review is being finalised, and needs to be set in the context of this review and its recommendations plus the achievement of E-Rostering KPIs and efficiencies plus the required ward / rota skill mix.</li> </ul>	<ul style="list-style-type: none"> <li>Director of HR</li> <li>Director of Nursing &amp; Quality Assurance</li> </ul>	<ul style="list-style-type: none"> <li>August 2013</li> </ul>

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<p>7. A review of the inclusion of assistant practitioners in establishments should be undertaken to determine the impact on the degree of skilled support this role gives to registered nurses, the impact on skill mix and the impact on nurse:patient ratios.</p>	<ul style="list-style-type: none"> <li>Workforce planning review is currently being undertaken with all divisions. This will reflect divisional staffing requirements. The impact on nurse:patient ratios requires further work in the divisions lead by senior nurse.</li> </ul>	<ul style="list-style-type: none"> <li>Assistant Director of HR</li> <li>Divisional Manager and Senior Nurses</li> </ul>	
<p>8. The Trust should move quickly to enable ward managers to become supervisory in support of excellent patient outcomes and experience.</p>	<ul style="list-style-type: none"> <li>Divisions to produce plans for achievement of this and agree with Director of Nursing &amp; Quality Assurance</li> </ul>	<ul style="list-style-type: none"> <li>Divisional Managers and Senior Nurses</li> </ul>	<ul style="list-style-type: none"> <li>September 2013</li> </ul>
<p>9. The Trust should now build on the process which has been developed to train and support volunteers to be appropriately involved with patients under the supervision of the ward team. In particular this could include providing companionship and engaging in reminiscence therapy</p>	<ul style="list-style-type: none"> <li>Policy and protocols for Volunteers developed and pilot programme developed and implemented in elderly care wards, focussing on assisting patients with eating and drinking</li> <li>Appointment of</li> </ul>	<ul style="list-style-type: none"> <li>Temporary Volunteer Coordinator / Acting Director of Nursing</li> </ul>	<ul style="list-style-type: none"> <li>Completed March 2013</li> </ul>

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activities with patients with dementia.	substantive Volunteer Coordinator	<ul style="list-style-type: none"> <li>• Charitable Funds Officer</li> </ul>	<ul style="list-style-type: none"> <li>• Completed April 2013</li> </ul>
10. In the absence of a national tool an annual ward establishment review should continue supported by Finance, Human Resources and the Performance and Governance teams	<ul style="list-style-type: none"> <li>• Working Group to be established, to oversee annual review process and determine support required and provided by supporting services</li> </ul>	<ul style="list-style-type: none"> <li>• Director of Nursing &amp; Quality Assurance</li> </ul>	<ul style="list-style-type: none"> <li>• September 2013</li> </ul>