Recommendation ☐ **DECISION** ☑ **NOTE**	Trust Board are asked to NOTE the contents.
Reporting to:	**Trust Board**
Date	31 May 2018
Paper Title	Workforce Transformation - Ward based pilot
Brief Description	The paper describes the approach to test out a new ward based skills mix model, the aim being to address RN workforce gaps and consequently provide consistent highly effective and responsive care for our patients. This approach will be adopted using our TCPS methodology and anticipates skills alignment of the multi-professional team, to enhance the quality of care provided for our patients day' whilst supporting the ward based teams. This approach will be in conjunction with support from HEE and NHSI and seeks to incorporate validation for external stakeholders. All quality metrics will be monitored regularly and a QIA will be developed prior to implementation of workforce amendments.
Sponsoring Director	Deirdre Fowler, Director of Nursing, Midwifery and Quality
Author(s)	Victoria Maher Workforce Director
Recommended / escalated by	
Previously considered by	This paper was previously considered and approved by Workforce Committee.
Link to strategic objectives	VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce.
Link to Board Assurance Framework	If we do not get good levels of staff engagement to get a culture of continuous improvement then staff morale & patient outcomes may not improve (RR 423)
Equality Impact Assessment	◉ **Stage 1 only (no negative impacts identified)** ◯ **Stage 2 recommended (negative impacts identified)** ◯ negative impacts have been mitigated ◯ negative impacts balanced against overall positive impacts

Freedom of Information Act (2000) status	◉ **This document is for full publication**
	○ **This document includes FOIA exempt information**
	○ **This whole document is exempt under the FOIA**

Workforce Transformation - Ward Model

The organisation continues to have an over reliance on temporary staffing across a number of areas of its workforce, in particular medical and nursing roles. The impact of this high reliance can be seen across the four key areas of the organisation.

Quality and Safety	- Continuity of care - Innovation - Quality metrics
Workforce	- Team effectiveness - Morale - Recruitment and Retention
Operational Delivery and Performance	- Patient Flow - Stranded patients - Operational delivery - Performance - Filling gaps – impact on planning
Finance	- Agency Premiums - Processing of invoices - Overall performance

The current position is unsustainable for both staff and patients; therefore the organisation has challenged itself to consider how it can best deliver care through a team SaTH solution. This will undoubtedly require the organisation to be brave however there is a collective view that an increase in substantive staff and therefore sustainable care hours provided can only be positive.

Vision

To increase sustainable staffing through a refreshed ward model, improving all areas of quality and performance.

Approach

The Trust will be applying the methodology of the Transforming Care Institute (Transforming Care Production System, TCPS). This is important due to this being such a significant change and signals to the organisation the importance of having 'a single change methodology'. TCPS also introduces the discipline of measurement and engagement which will support sustained improvements. Observations are currently being completed by the Deputy Director of Nursing and Head of OD.

Engagement

This is a critical element of this work both internally and externally, as it will ensure the success of the new way of working. Internally numerous conversations have taken place to ensure key colleagues are sighted on the proposal and have plans in place to support. By deploying the TCI methodology, engagement of front line staff we be secured through the prescribed approach. In addition a steering group has been established to drive the programme of work.

Alongside internal engagement a number of external partners have been approached to support the programme. The Trust is fortunate that Health Education England (HEE) have committed to supporting and facilitating the engagement of external stakeholders.

The Director of Nursing has held positive discussions with NHS Improvement and Higher Education Institutes (HEI). The Trust will also be using the wrapit workforce planning toolkit to demonstrate and plan across workforce, activity and finance.

Milestones

A headline milestone plan can be found in appendix 1 of this document, a detailed plan will be shared with Workforce Committee who will monitor delivery and provide assurance to Board.

Art of the possible

A basic understanding has been developed about what could be delivered by applying the methodology. The below chart demonstrates the potential outcomes this financial year.

Best Case	Worst Case	Most likely
• 30,60 & 90 day remeasures demonstrate sustainabilty (Oct 18) • Roll out to 4 other wards before year end	• 30,60 & 90 day remeasures highlight sustainabilty issues • KPO team support process owner • Consideration on rerun RPIW	• 30,60, 90 day remeasures demonstrate sustainability within genba • post RPIW acknowledgment that acuity/ ward geography impacts are more significant than expected • further kaizen event required • Roll out to 2 further wards

Conclusions

Progress to date has been pleasing and the ward based staff are very keen to implement

- Kaizen event planned w/c 11/06/18
- RPIW is planned w/c 30/07/18

			R	Outstanding
			A	In Progress
			G	Complete
			U	Not yet started/due

New Ward - Project Plan

To develop and implement a new workforce model for 1 pilot ward with plan to role out to 7 wards by 2019.	Lead	Status	Scheduled
1 Initial planning and setup			
concept of a ward with a 'different' staffing model discussed with HEE	DF	G	09/04/2018
agree to be pilot site with HEE	DF	G	09/04/2018
Draft Concept of ward staffing model	HJ	G	09/04/2018
present concept of ward staffing model to Exec team	DF/VM	G	09/04/2018
update Trust Bank and Temp staffing of plans so ready to supply	PD	A	25/06/2018
Report to execs methodology of supply of staff to ward and timeline	VM	A	25/06/2018
2 Planning			
select and invite stakeholders to meeting	HJ	G	16/04/2018
hold stakeholder meeting	HJ	G	16/04/2018
apply TCI methodology planning	HJ	G	16/04/2018
observe ward (WARD 25) agree Gemba	HJ/PD	G	23/04/2018
RPIW w/c 30th July planning as precibed = using TCI methodology	PD/VM	U	30/07/2018
30/60/90 day measures	KPO	U	30/07/2018
monthly report at Q&S committee	HJ	U	06/08/2018
monthly report at workforce committee(programme board)	PD/VM	U	30/07/2018
EIA and QIA checked and in place	PD/VM	U	30/07/2018
Develop a timeline for staff to be placed onto e-roster working with workforce	PD/VM	U	03/09/2018
develop timeline for staff to be informed and placed on ward with off-duty	PD/VM	U	30/07/2018
continually professionally advise process	DF/HJ	G	16/04/2018
3 Communications			
update SLT on overarching plan and seek sign up from Support Services	DF	U	
Update SLT with implemetation plan and timeline	VM	U	
arrange ward meeting with ward 25 with ward manager/Matron etc	HJ	U	
meet with care group to update on plans for model and costs	HJ/PD	U	
update NMF, SLT and Care Group Boards	HJ	U	11/06/2018
Communication plan	VM	U	

Identifier	Type of Risk	Title	What could go wrong?	Causes?	Consequences?	Controls already planned / implemented	Likelihood	Impact	Score	Status	Owner	Added	Comments
Example	Clinical	Confirm that Patient details remain clear following each release amendment					Almost Certain	Critical	25	In Progress	Claire Gray	28/11/20..	
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Technical	Almost Certain	Insignificant
Clinical	Likely	Minor
Operational	Possible	Moderate

Lessons Learned		
Date	Issue	Learning