

REASON WHY?

Following a nursing template review 2022/23 in May 2022, it was agreed that there was a need to create a substantive team to provide Enhanced Care and Supervision (ECS) to patients within the Trust to address the escalating temporary staffing costs and improve the service offered to patients requiring supervision.



To create a substantive Enhanced Care and Supervision team that would reduce bank and agency staffing spend for ECS and Improve the quality of ECS for patient safety and experience as evidenced by a reduction in agency spend and feedback from patients, family and staff by September 2024.

PLAN

The appointment of a Clinical Lead for Enhanced Care Team (ECT) in October 2022 was tasked with:

- Recruiting a team of 40 Band 2 Health workers.
- Developing an appropriate training schedule to meet the 1:1 supervision needs of patients with a higher level of risk to themselves or others.
- Disseminating and supporting staff through the changes in this provision.

DO

A review of the ECS usage on the ward, showed that the current provision was offered by Temporary staff.

The existing patient assessment processes and clinical judgements for ECS were reviewed in collaboration with the Mental Health team, the Falls service, the Safeguarding team and Dementia team. The process was developed with extensive guidance on the varying levels of supervision (and less restrictive options).

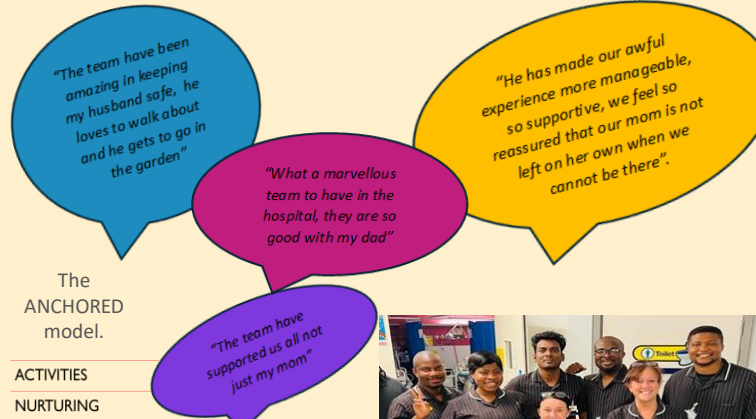
A team was set up using the ANCHORED approach to stable patient care model.

The Patient Activity and Support (PASS) document was developed to capture the patient journey (likes/dislikes triggers/de-escalation/ what was important to them).

A Job description was written based on the vision for ECS and an updated Policy incorporated the improvements/changes.

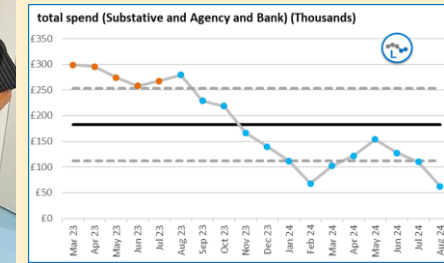
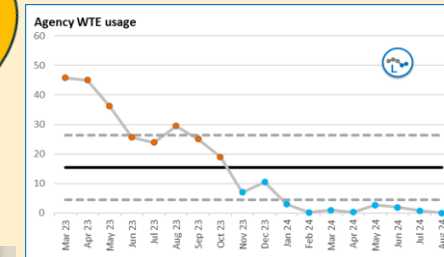
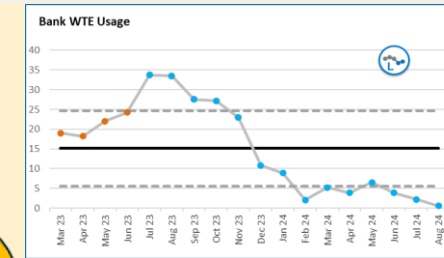
STUDY

Not only did the team make significant savings in agency, bank and overall total spend for staffing, as demonstrated by the SPC charts, but they have also received some fantastic feedback from families of people they have looked after, showing the true value of the team.



The ANCHORED model.

- ACTIVITIES
- NURTURING
- COMMUNICATION
- HOLISTIC CARE
- OBSERVATION
- RECONDITIONING
- EQUITABLE
- DE-ESCALATION



ACT

The Trust has **ADOPTED** the use of a substantive ECS team.

NEXT STEPS.

- Expand upon the skills training of the team e.g. mental health, learning disabilities, substance misuse, SPOT and wider clinical skills.
- Link more closely with therapy teams.
- Improvement work around retention of staff.
- Continue to recruit into vacancies to maintain a sustainable service.
- To continue to capture the qualitative data and patient experience feedback/ patient digital stories.
- Capture the wider support and cost savings the team provide when ECS is not required. E.g ED cover HCA cohorting gaps.
- Propose to develop a cohorting crew to alleviate ward pressures when acuity is high. (SNCT)

ACKNOWLEDGEMENTS & REFERENCES | Thank you to the ECS Team for their flexibility and ongoing commitment to our patients. You make it work . And thank you to the staff who have provided their feedback, demonstrating the value in our service and appreciation of our team.