

Purpose of this workstream is to implement the recommendations of the national policy guidance and share best, effective practice around acute inpatient care and to promote an integrated approach to acute care.

There are several ultimate outcomes for acute care services that are expected to be supported this, key ones include measurable improvements in inpatient services across:

- Setting care standards upon which to base workforce planning (skills capacity and costs)
- Shared clinical operational standards
- Improved service management knowledge and skills
- Relevant Healthcare Commission review process

Work is being undertaken with the following partners:

East Midlands CSIP, Eastern CSIP, South West CSIP, Scottish NHSE, Telford and Wrekin PCT, Healthcare Commission.

Care Services Improvement Partnership **CSIP**

West Midlands  
Development Centre

## What we will provide...

- 1 **An evaluation tool for clinical meetings**
- 2 **Star Wards Initiative**
- 3 **Template for operational standards**
- 4 **Raising the Standards CDROM**

### **Star Wards Initiative:**

CSIP will provide support and guidance to implementation of Star Wards Recommendations in Solihull, South Birmingham and Sandwell. Tool and process information will be available to be utilised by other teams

CSIP will use the evaluation tool which has been developed to assist Trusts measuring themselves against the Star Wards recommendations.

### **An evaluation tool for auditing and improving effectiveness of clinical meetings** (handovers and wards rounds)

The tool will analyse the relationship between the time allocated for ward handovers and the time actually required. The tool will also identify whether the key information for each clients are handed over / discussed in order to help ensure effective clinical communications.

Can facilitate the development of core handover standards which will enable consistency.

A pilot tool has been developed and used in Walsall PCT and will be available to be utilised by other teams.

**Universal template for setting operational standards** and developing associated policies / protocols. This will include a literature search of existing standard formats to establish a template that best fits acute care. This will include the production of a directory of practice based acute care standards and their rationale. Initial Trusts involved in the developmental stage of this product is the new Coventry and Warwickshire Partnership Trust.

### **Raising the Standards CDROM**

Two editions (10 and 11) will be provided with up to 1000 copies of each being distributed nationally.

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## What we will provide...

- 5 **Local workshops on the Acute Workload Calculator**
- 6 **A relational database for analysing and estimating clinical resource requirements**
- 7 **ACF network meetings**
- 8 **ACF local support**

### **Training / Workshops of the Acute Workload Calculator**

Excel based matrix for calculating workforce (capacity and roles) and a rational basis for traditional tariff of "occupied bed days" for commissioning and performance management Acute in-patient services, based on locally set clinical care standards.

**Production of a relational database tool for analysing and estimating clinical resource requirements** (staffing levels and skills) to meet a wide range, or specific set of clients. Production of a data set, SQL queries and analyses that can be included in / linked to Trusts existing information systems to optimise the value of their existing service data. Telford and Wrekin PCT have agreed to be partners in this project and Specialist Services Commissioners for West Midlands have expressed interest in joining the project.

### **ACF Network meetings**

Four one day meetings for sharing good practice, consultation with ACF's, supporting the dissemination of products, workshops and guest speakers on cross cutting themes


### **ACF Local Support**

Local face to face support provided to each ACF

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# Observational study of the ward handover.



Are resources  
being utilised  
effectively?

An evaluation tool for clinical meetings

### **Purpose of study**

To identify whether time allocated for handover was appropriate .

Review the purpose of handover and identify if the clinical profile of each client was handed over effectively.

To explore whether the essential information required for the effective running of the ward was conveyed in the handover. To clarify the process regarding allocation of roles within

### **The process**

Meet with team and identify key service standards. Develop audit tool to evaluate whether standards are being met and undertake pilot to assess the suitability of the tool. Conduct ward studies and evaluate outcomes.

### **Key handover standards**

Mental state update.

Physical care.

Risk assessment review.

Psychosocial update.

Legal status.

Clinical pathway/care coordination.

Relevance of discussion.

Time allocated/taken.

Discussions involving other operational issues.

### **The outcome**


Highlighted that some changes could be made to time allocated for handover resulting in a release of resources. Handovers process could be enhanced by applying specific criteria and recording methods.

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## Star Wards Project

- Guidance to help improve service user's experience of inpatient care.
- Multi-disciplinary project – focusing on:
  - Recreation and conversation
  - Physical health and activity
  - Visitors
  - Care planning
  - Talking therapies
  - Ward community
  - Patient responsibility



Star Wards

### Star Wards

Star Wards is working with partner organisations to help animate acute mental health wards, to improve patients' quality of time and treatment outcomes. It has collected a range of practical ideas for substantially improving inpatients' daily experiences. They range from the fun (regular comedy evenings) to the functional - a core programme of activities.

### Pilot Sites

20 mental health trusts across the country (and 1 in New Zealand!) are piloting Star Wards' ideas, and enjoying it. Staff are finding it an uplifting and motivating experience and patients are benefiting from the renewed energy and additional structure and activities. It couldn't be simpler to become a pilot site and the benefits (in addition to those directly for patients and staff) include opportunities to share best practice with other wards and an enthusiastic response from the Healthcare Commission and the Mental Health Act Commission. Just email Marion if you're interested: [marion@brightplace.org.uk](mailto:marion@brightplace.org.uk)

### CSIP involvement

Helping 3 Trusts set up pilot projects.

CSIP WM evaluation tool for baseline assessment, action plan, costing, review date and situation.

Overlaps with Healthcare Commission standards

Gives overall % of achievement to date



### Products

A universal template for writing standards and any associated protocols  
A directory of acute care standards and their rationale. The directory will include core and developmental (minimum and best practice) standards.

### Benefits

Provide a reference point for consistent standards across the region.  
Ensure standards are meaningful to front line clinicians and the organisation.  
Help organisations explain and justify clinical practices, for example to commissioners and the Healthcare Commission.

### Approach

Literature search standard formats to establish a template that best fits acute care

Identify local and national themes and existing good practice  
Liaise with CSIP national leads regarding progress of work with the health care commission  
Review the Healthcare Commission acute standards.  
Analyse information generated and establish two groups of standards (minimum and best practice)

Generate a clear rationale for each standard that explains why it should be a standard and why it is considered either minimum and best practice

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# Acute Workload Calculator

Designed to estimate the clinical capacity needed to deliver care to clients, based on a set of standardised care activities and number of clients

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## Mental Health Care Workload Calculator

Edition 1.2 March 2007  
Somewhere Ward

This calculator has been designed to help care teams estimate the workload (and the required clinical capacity) to deliver care to their clients, based on a set of standardised care activities and number of clients that are set locally.  
Work on this will continue up to March 2008 so please contact Nick Adams, Programme Lead, CSIP West Midlands, for information on the latest editions and updates. [nick.adams@csip.org.uk](mailto:nick.adams@csip.org.uk)

**Acknowledgements**  
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Jan Scott	Walsall PCT	Main Kallagher	Scottish NHS Executive
Chris Beasley	Walsall PCT	Jonathon Gray	Scottish NHS Executive
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Mandy Davies	Walsall PCT	Aon Armstrong	Scottish NHS Executive
Agnes Walwark	Walsall PCT		
Alan Howard	CSIP South West	Mary Davies	Shropshire PCT
Louise Brewster	CSIP Eastern	Cathy Prendergast	Shropshire PCT
Bill Peacham	CSIP East Midlands		

Acute Workload Calculator

## Acute Workload Calculator

Designed to estimate the clinical capacity needed to deliver care to clients, based on a set of standardised care activities and number of clients

## Acute Workload Database

Analysing and estimating clinical resource requirements to meet a wide range, or specific set of clients.

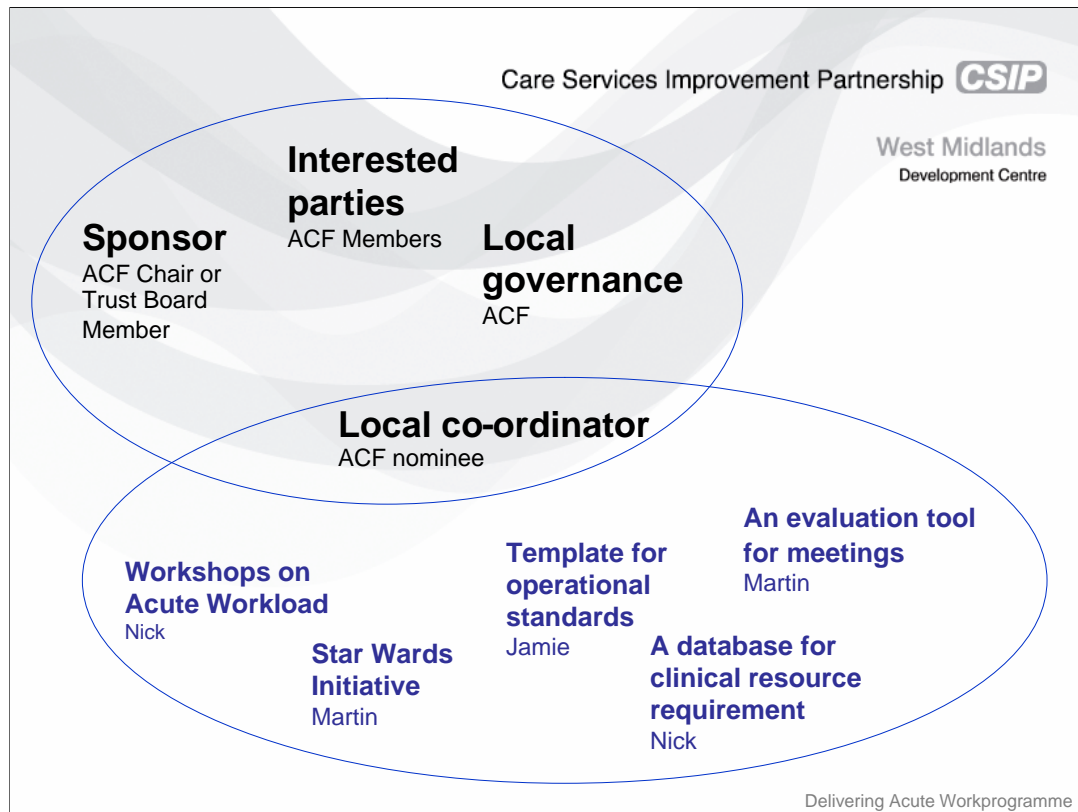
Production of a data set, SQL queries and analyses that can be included in / linked to Trusts existing information systems to optimise the value of their existing service data.

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		Client Groups				
		Group 1	Group 2	Group 3	Group 4	Group 5
Beds	1	Client 1	Client 8	Client 12	Client 17	Client 22
	2	Client 2	Client 9	Client 13	Client 18	Client 23
	3	Client 3	Client 10	Client 14	Client 19	Client 24
	4	Client 4	Client 11	Client 15	Client 20	Client 25
	5	Client 5		Client 16	Client 21	Client 26
	6	Client 6				Client 27
	7	Client 7				Client 28
	8					
	9					
	10					
<b>Workload (care hours per week)</b>		543.78	540.23	511.7	530.2	541.12
<b>Occupied Bed days per week</b>		49	28	35	35	49
<b>Workload per OBD (care hours per OBD)</b>		<b>11.1</b>	<b>19.29</b>	<b>14.62</b>	<b>15.15</b>	<b>11.04</b>

Acute Workload Calculator



### Acute Network Meetings

Four one day meetings for:

- Sharing good practice, consultation with ACF's,
- Dissemination of products,
- Workshops and guest speakers on cross cutting themes
- Face to face networking

### Local Contact for Acute Care Fora

#### Martin Luke

Birmingham  
Solihull  
Dudley  
Walsall  
South Staffordshire  
Herefordshire  
Sandwell

#### Jamie Soden

Coventry  
South Warwickshire  
North Warwickshire  
Wolverhampton  
North Staffordshire  
Shropshire, Telford and Wrekin  
Worcestershire