Safe Staffing

Recommendations from the Chief Nursing Officer Guidance How to Ensure the right people, with the right skills are in the right place at the right time

Document Information

Report is a review of the implementation of guidance on Nurse staffing capacity and capability

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Report to the Board

1. Executive Summary

This paper outlines to the Board the review of the 10 expectations from the guidance paper *'How to ensure the right people, with the right skills, are in the right place at the time'* A guide to nursing, midwifery and care staffing capacity and capability document by Jane Cummings, Chief Nursing Officer, NHS England, November 2013. This paper's focus is on the work undertaken to date in the Trust and further actions required to ensure compliance.

This guidance follows the launch of the NHS England's Compassion in Practice Strategy 2012 and the Chief Nursing Officer for England; Vision and Nursing Strategy 2012, outlining the requirements that all nursing establishments across organisations be based on appropriate staffing levels that can deliver quality of care, productivity and good patient experience and recommends that establishments are reviewed at least every 6 months by the Board.

The guidance sets out some of the core expectations of providers and commissioners in respect of ensuring that we get nursing and care staffing right. This paper is a brief review of the recommendations including actions the Trust will need to take to support the implementation of the guidance.

A key requirement for Hospital Boards is to both approve and provide published evidence regarding staffing levels at least every 6 months that is linked to the quality of care and patient experience. All providers will be required to submit assurance by April 2014.

The document aims to support and reinforce the ability and judgement of healthcare professionals and managers to make what are difficult decisions regarding professional roles, skills, capability and capacity on a daily basis and with a longer term perspective.

The Francis Inquiry (Mid Staffordshire NHS Foundation Trust Public Inquiry 2013) recommends that Boards take much greater notice of Nurse staffing levels. The view of the Nurse Director must be considered when the potential impact of any proposed major change including changes to Nurse staffing, which could potentially affect the quality of standards of care being delivered.

There is a strong evidence base that links having consistent quality staff - rights skills, right place, right time to producing better outcomes for our patients.

The following is a summary of the 10 Expectations, the Trust's current position and further actions.

Expectation 1: Boards take full responsibility for the quality of care provided to patients and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. Boards ensure there are robust systems and processes in place to assure themselves that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards, clinical areas, departments, services or environments day or night, every day of the week.

Boards are actively involved in managing staffing capacity and capability, by agreeing staffing establishments, considering the impact of wider initiatives (such as cost improvement plans) on staffing, and are accountable for decisions made. Boards monitor staffing capacity and capability through regular and frequent reports on the actual staff on duty on a shift-to-shift basis, versus planned staffing levels. They examine trends in the context of key quality and outcome measures. They ask about the recruitment, training and management of nurses,

midwives and care staff and give authority to the Director of Nursing to oversee and report on this at Board level.

Board papers are accessible to patients and staff working at all levels, and boards seek to involve staff at all levels and across different parts of the organisation, facilitating a strong line of communication from ward to Board and Board to ward. Boards ensure their organisation is open and honest if they identify potentially unsafe staffing levels, and take steps to maintain patient safety.

Boards must, at any point in time, be able to demonstrate to their commissioners, the Care Quality Commission, the NHS Trust Development Authority or Monitor that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisations is sufficient.

Trust Position:

The Trust has undertaken a nursing skills mix review of the in- patient services and is to invest £2.1 million to ensure we have the right number of nurses per shift and have a profile of 60:40 (qualified to unqualified) on all wards.

Each in patient service has now been reviewed and the necessary budget has been aligned. The Trust has commenced recruitment

Further Action:

To continue current plan

Expectation 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis. The Executive team should ensure that policies and systems are in place, such as e-rostering and escalation policies, to support those with responsibility for staffing decisions on a shift-to-shift basis. The Director of Nursing and their team routinely monitor shift-to-shift staffing levels, including the use of temporary staffing solutions, seeking to manage immediate implications and identify trends. Where staffing shortages are identified, staff refer to escalation policies which provide clarity about the actions needed to mitigate any problems identified.

Trust Position:

The Trust uses e-rostering and has an escalation procedure whereby the ward manager and general manager are responsible for approving off duty and ensuring that any gaps identified are escalated for action e.g. temporary staffing sought.

In addition the ward manager and consultant undertake Siren, the tool has direct questions relating to staffing absence and incidents, this then highlights any short term and long term impact. This information is escalated through the local Borough executive meeting and Directorate Performance group.

E roster has been implemented to all in – patient services and 60% of community teams. The rest of the community teams will be set up to go live on e-roster once the Trust has implemented version 10, this is likely to be at the end of April/ early May. In addition managers receive weekly management information relating to temporary staffing usage. This is closely monitored by the NHSP project manager and Head of Nursing who liaise with team/ward managers and the modern matrons, any issues can be escalated directly.

Further Action:

To further utilize the e-roster system, enabling real time information on staffing shift-by-shift.

Expectation 3: Evidence–based tools are used to inform nursing, midwifery and care staffing capacity and capability. As part of a wider assessment of workforce requirements, evidence-based tools, in conjunction with professional judgement and scrutiny, are used to inform staffing requirements, including numbers and skill mix. Senior nursing and midwifery staff and managers actively seek out data that informs staffing decisions, and they are appropriately trained in the use of evidence–based tools and interpretation of their outputs. Staff use professional judgement and scrutiny to triangulate the results of tools with their local knowledge of what is required to achieve better outcomes for their patients.

It is well recognised that no nursing workforce planning method is perfect but they can be useful to measure baseline nursing establishments (Dr K Hurst Selecting and Applying Methods for Estimating the Size and Mix of Nursing Teams, Nuffield Institute for Health 2003.) The Don Berwick report into patient safety 2013 states that all organisations need to take responsibility for ensuring that clinical areas are measured to take account of fluctuating levels of patient acuity and dependency and that is in accord with scientific evidence.

There are several methodologies that can be used to calculate nursing establishments for example;

I.   Professional judgement approach – Model based on simply helping you to convert a duty rota into whole time equivalents This method utilises the professional views of nurses to determine how many nurses are required to staff a clinical area. There are three main elements to this system using numerical assessment stage, transportation stage, and summary stage.

II. Nurses per occupied bed method - This is the average number of nurses per occupied beds. This information is presented as a whole time equivalent figure (WTE)

III. Acuity-quality method - Sometimes referred to as the dependency-activity-quality method this approach includes collection of details on patient dependency, nursing workload and quality

IV. Time-task/activity approaches - This approach utilises nursing care plans with associated timeframes or a detailed listing of the frequency and type of nursing interventions to determine the required number of nursing hours However, it should be noted that workforce planning for mental health is far less established and work is underway to look at workforce tools for mental health through compassion in practice, Action area 5. The inpatient nursing review has identified basic establishment and nursing skills mix across all inpatient specialities.

Further Action: The Nursing Directorate will review tools looking at acuity for planning daily skill mix and establishment needs.

Expectation 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns. The organisation supports and enables staff to deliver compassionate care. Staff work in well-structured teams and are enabled to practice effectively, through the supporting infrastructure of the organisation (such as the use of IT, deployment of ward clerks, housekeepers and other factors) and supportive line management.

Nursing, midwifery and care staff have a professional duty to put the interests of the people in their care first, and to act to protect them if they consider that they may be at risk, including raising concerns. Clinical and managerial leaders support this duty, have clear processes in place to enable staff to raise concerns (including about insufficient staffing) and they seek to ensure that staff feel supported and confident in raising concerns. Where substantiated, organisations act on concerns raised.

Trust Position:

Over the last 18 months, the Board has further developed the culture of openness and transparency which has been acknowledged and welcomed by external stakeholders and the Trust's internal staff groups. The Trust initiated Listening into Action which is led by the Chief Executive and this initiative fosters the culture of open dialogue from 'ward to Board'. The Trust has recently applied to the technology fund for IT tablets to access and record patient information and interventions as they happen. This will enable staff to deliver more direct care by freeing up time. The Trust has a proactive Joint Consultative Committee for sharing of information and input. The Trust has also agreed the Duty of Candour parameters with the lead CCGs and is working well. We have had several issues raised that have been classified as whistle blowing and feedback from staff is that they feel able to raise concerns and know that they will be looked into.

Further Actions: Continue with current plan.

Expectation 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments. Directors of Nursing lead the process of reviewing staffing requirements, and ensure that there are processes in place to actively involve sisters, charge nurses or team leaders. They work closely with Medical Directors, Directors of Finance, Workforce (HR), and Operations, recognising the interdependencies between staffing and other aspects of the organisations' functions. Papers presented to the Board are the result of team working and reflect an agreed position.

Whilst the expectation is for joint working and joint ownership, there are some distinct rules and responsibilities for different parts of the organisation. Please see Appendix 1 for the responsibilities as outlined.

Trust Position:

Any new clinical service initiatives/reconfigurations/developments are reported to via the Transformation steering group. All business plans will include workforce information regarding skill mix and capacity to support and deliver the necessary changes.

Further Actions:

There is a gap in terms of an agreed strategy by Heads of Professions and there will be a task and finish group to be led by the Director of Nursing & Quality Standards to develop the strategy. This will then be monitored and evaluated through the Quality Standards Assurance Committee. The Director of Nursing is designing a new process that will assure the Board, in real time, what the expected versus actual in post shift-to-shift position is. This will be presented to the Board monthly as per the guidance.

Expectation 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties. Staffing establishments take account of the need to allow nursing, midwifery and care staff the time to undertake continuous professional development, and to fulfil mentorship and supervision roles. Providers of NHS services make realistic estimations of the likely levels of planned and unplanned leave, and factor this into establishments. Establishments also afford ward or service sisters, charge nurses or team leaders time to assume supervisory status and benefits are reviewed and monitored locally.

Trust Position:

The Trust has robust systems in place that pull together information on patient experience of care and observations on the delivery of care e.g. real time feedback, patient, surveys, 15 step visits.

Further Actions:

To further support the above measures. The Nursing Directorate will implement a Trust wide plan for Productive Ward and Productive Community – releasing time to care initiatives, adding value.

Expectation 7: Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review. Boards receive monthly updates on workforce information, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps, the actions being taken to address these and the impact on key quality and outcome measures. At least once every six months, nursing, midwifery and care staffing capacity and capability is reviewed (an establishment review) and is discussed at a public Board meeting. This information is therefore made public monthly and six monthly. This data will, in future, be part of CQC's Intelligent Monitoring of NHS provider organisations.

Trust Position:

Workforce information is included in the service dashboard, this then gets reported the Directorate Performance review. The data information is included in the information governance report that is submitted to the Trust board this includes vacancies, turnover and temporary staffing.

Further Actions:

As previously stated, the Director of Nursing will produce a monthly update on workforce, presented through the Integrated Governance Report, and provide a six monthly review of the establishment for discussion.

Expectation 8: NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift. Information should be made available to patients and the public that outlines which staff are present and what their role is. Information displayed should be visible, clear and accurate, and it should include the full range of support staff available on the ward during each shift.

Trust Position;

The quality department is working with the performance team to produce information to be displayed on public boards in every Trust service. This will include staffing and also performance indicators and quality information and will be updated monthly. This is on target to be completed by February.

Further Actions:

The Trust will be complaint by April 2014.

Expectation 9: Providers of NHS services to take an active role in securing staff in line with their workforce requirements. Providers of NHS services actively manage their existing workforce, and have robust plans in place to recruit, retain and develop all staff. To help determine future workforce requirements, organisations share staffing establishments and annual service plans with their Local Education and Training Board (LETBs), and their regulators for assurance. Providers work in partnership with Clinical Commissioning Groups and NHS England Area teams to produce a Future Workforce Forecast, which LETBs will use to inform their Education Commissions and the Workforce Plan for England led by Health Education England (HEE).

Trust Position;

The Director of Nursing & Quality Standards and the Director of Human Resources & Organisational Development have reviewed the way in which nursing recruitment has been undertaken in the past. As part of the recruitment process we will no longer advertise individual ward or team areas for band 5 posts. These will be advertised and recruited to as a central pool.

We have also reviewed the way in which our assessment centres operated, the recruitment assessment centre and interview will now be undertaken on the same day, and will include service users and carers .

We have trained a number of staff and a service user in assessment centre and interviews with Mendas. Tools for assessment are psychologically based and include measuring compassion in practice .Mendas have helped develop the London wide graduate recruitment of band 5 mental health nursing.

Three assessment centres are scheduled to run on 22nd & 24th January,13th &14th February 6th &14 March 2014.

Expectation 10: Commissioners actively seek assurance that the right people, with the right skills, are in place at the right time within the providers with whom they contract. Commissioners specify in contracts the outcomes and quality standards they require and actively seek to assure themselves that providers have sufficient nursing, midwifery and care staffing capacity and capability to meet these. Commissioners monitor providers' quality and outcomes closely, and where problems with staff capacity and capability pose a threat to quality, commissioners use appropriate commissioning and contractual levers to bring about improvements. Commissioners recognise that they may have a contribution to make in addressing staffing–related quality issues, where these are driven by the configuration of local services or the setting of local prices in contracts.

The expectation will be that the commissioners will develop contract standards in partnership with the Trust to monitor staffing establishments in relation to the following areas for 2014/15;

   I.   Staffing capacity & capability
  II.   Redesigning & reconfiguring services

NON-EXECUTIVE DIRECTORS OF THE BOARD

- Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision
- Review data on workforce, quality of care and patient safety on a regular basis and hold Executive Directors to account for ensuring that the right staff are in place to provide high quality care to patients
- Ensure that decisions being taken at a board level, such as implementing cost improvement plans, have sufficiently considered and taken account of impacts on staffing capacity and capability and key quality and outcomes measures
- Understand the principles which should be followed in workforce planning, and seek assurance that these are being followed in the organisation

CHIEF EXECTIVE

- Ensure that the organisation has the right number of staff with the required knowledge and skills to provide safe and effective patient care
- Ensure that there is an agreed nursing and midwifery establishment for all clinical areas
- Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision
- Ensure that appropriate escalation polices are in place and action is taken when staffing falls below that expected
- Ensure workforce plans are clinically and financially viable, and that they inform education commissioning process in place through the Local Education and Training Board (LETB) and Health Education England (HEE)
- Ensure that the Executive Team have SMART objectives (specific, measureable, achievable, realistic, timely) aligned to staffing and that these are reviewed and performance tracked regularly

EXECUTIVE BOARD MEMBERS

- Report to the Board on nursing, midwifery and care staffing capacity and capability, highlighting concerns and making recommendations where necessary. Workforce data should be triangulated with data on quality of care
- Where staffing capacity and capability is insufficient to provide safe care to patients and cannot be restored, undertake a full risk assessment and consider the suspension of services and closure of wards in conjunction with the Directors of Operation, Chief Executive and Commissioners
- Foster a culture of openness and honesty amongst staff, supported by nursing and midwifery leaders, where staff feel able to raise concerns, and concerns are acted upon

DIRECTOR OF NURSING	DIRECTOR OF WORKFORCE (HR)	CHIEF OPERATING OFFICER/ DIRECTOR OF OPERATIONS	DIRECTOR OF FINANCE
Develop the nursing and midwifery leadership team to ensure that they understand the principles of workforce planning and can use evidence based tools informed by their professional judgement to develop workforce plans and make staffing decisions on a day to day basis Assure the Board that there are nursing and midwifery workforce plans in place for all patient care areas/pathways On a monthly basis, report workforce information to the Board on expected vs actual staff in post on a shift-to-shift together with information on key quality and outcome measures Ensure there is an uplift in planned establishments to allow for planned and unplanned leave and ensure absence is managed effectively	Ensure that human resources support and policies are available to secure sufficient staffing capacity and capability to provide high quality care to patients Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels and skill mix, staff movements, training and turnover to inform decisions on workforce planning Develop and implement policies that support all staff working within areas of competence Develop and implement a strategic recruitment plan to provide the required resources and fill current and future vacancies	Ensure that the management of the organisation supports delivery of the workforce plan and there is sufficient staffing capacity and capability to provide high quality care to patients Ensuring that there are systems and processes in place to capture accurate data on quality of care, patient pathways and volume to inform decisions on workforce planning	Ensure that finance decisions which could have an impact on staff capacity and capability and patient outcomes are taken with consideration of staffing and workforce planning implications, and that these are reflected in any advice provided for decision to the Board, linking proposals to patient outcomes and quality

Ensure there are staff recruitment and retention strategies in place, and regularly review the effectiveness of these

Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels and skill mix, to inform decisions on workforce planning.

NURSING LEADERS: HEAD OF NURSING/MATRON/SENIOR MIDWIFE

- Review and approve rosters submitted from wards
- Reallocate staff and authorise the use of temporary staffing solutions if necessary and where required.
- Continuously review and monitor nursing, midwifery and care staffing capacity and capability across areas of responsibility
- Produce data/information to inform the Board and management of the organisation, and to inform workforce planning
- Hold Service Managers to account for having appropriate staffing capacity and capability on a shift to shift basis, and following escalation procedures where necessary

SISTER/ CHARGE NURSE/TEAM LEADER

- Produce and manage safe and efficient staff rosters
- Measure quality of care and outcomes achieved for patients and the capacity and capability of staff on a ward-to-ward basis
- Respond in a timely manner to unplanned changes in staffing, changing patient acuity/dependency or numbers, including the request for and use of temporary staffing where nursing/midwifery shortages are identified
- Escalate concerns to line manager where staffing capacity and capability are inadequate to meet patient needs
- Understand the evidence based methodology used to determine the nursing and/or midwifery staffing in your area of responsibility

OTHER HEALTH AND CARE STAFF

- Complete data returns where requested about the staffing in your workplace to inform workforce planning decisions
- Participate in discussions and decisions regarding staffing in your clinical area
- Understand the agreed staffing capacity and capability are for your clinical rea on a shift by shift basis
- Raise concerns regarding staffing and/or the quality of clinical care within your organisation when they arise

These roles and responsibilities only seek to cover responsibilities related to nursing, midwifery and care staffing capacity and capability, and are not exhaustive. They are not mandatory and should be read in the context of each organisation and its governance and management structures. It is important to empower ward Sisters/Charge Nurses to take responsibility for their clinical areas with delegated authority to act, supported by their organisations.

Roles will, over time, evolve and change as new innovations come into practice and these guidelines will need to be updated to take this into account.