



Board of Directors

Agenda Item	TB 067/15	Date: 28/07/2015
Report Title	Safer Staffing, Executive Director of Nursing and Quality / National Quality Board Report	
FOIA Exemption	No Exemption	
Prepared by	Tracy Fennell, Associate Director of Nursing	
Presented by	Dee Roach, Executive Director of Nursing and Quality	
Action required	Discussion	
Supporting Executive Director	Executive Director of Nursing and Quality	

PURPOSE OF THE REPORT:

Report purpose	<p>The Trust Board have full responsibility for the quality of care provided to patients and as a key determinant of quality, take full and collective responsibility for nursing and care staffing capacity and capability.</p> <p>This report provides an update on the progress of work being undertaken to ensure appropriate systems and processes are in place to manage staffing establishments in line with national guidance.</p> <p>Background papers relevant:</p> <p><i>“How to Ensure the Right People with the Right Skill are in the Right Place at the Right Time.”</i> Published by the National Quality Board (NQB) with support from other partners (2013).</p>
Strategic Objective(s) this work supports	To provide high quality services
Board Assurance Framework risk	4.2 The Trust does not deliver effective education, training and leadership opportunities resulting in a workforce who are unable to deliver high quality, safe care.
CQC domain	Safe

1.0 Introduction

There are established and evidenced links between staffing levels, skill mix, and capability and patient outcomes. Recent reviews and publications, Francis, Keogh and Berwick detail the impact on quality and patient safety, and the importance of getting this right.

The publication *“How to Ensure the Right People with the Right Skills, are in the Right Place at the Right Time”* (National Quality Board and Chief Nursing Officer of England, November 2013) sets out 10 expectations for nursing, midwifery and care staffing capacity and capability. It is a guide aimed to



support Providers and Commissioners to meet the expectations of the people using their services. These expectations are set out in section 2.

National guidance does not determine minimum staffing ratios but suggests the use of evidence based tools; where available; professional judgement and triangulation of information to determine safe staffing levels.

Following an announcement by Simon Stephens at the NHS Confederation Conference 2015, the Chief Nursing Officer (CNO) has written to all Nurse Directors to inform that the work being led by National Institute for Health and Care Excellence (NICE) in relation to mental health and community staffing would cease. The letter sets out the future approach to review staffing requirements in line with the vision of The Five Year Forward View. The reviews will take a multi professional approach to staffing rather than nursing alone. The vision to outline clear progression for non-registered staff, nurse retention and flexible working remains a strong focus for the future.

2.0 National Quality Board 10 Expectations

An action plan is in place to ensure delivery against the 10 expectations and progress is monitored through the Safer Staffing Group. Assurance is provided to the Quality and Safety Sub-Committee. Risks against the delivery plan are reported and mitigating actions agreed.

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 and capability.

Trust Progress / Actions

Monthly reports detailing actual staff numbers compared to planned staffing numbers are reported to the Quality and Safety Sub-Committee. Safer Staffing reports are accessible through the Public Board discussions and are displayed on the Trust website to maintain openness and transparency. The Executive Director of Nursing and Quality will present the Safer Staffing Report twice a year to the Executive Quality Committee and Trust Board.

Progress against staffing reviews will be reported in January and July of each year based on evidence based tools where available. To date the Board has received a number of papers outlining staffing establishments for services including reviews of the Harbour, Longridge and Guild staffing levels.

The impact of staffing levels on quality is reviewed on a monthly basis considering Friends and Family testing, themes of incidents and any serious incidents, Quality Safety, Effectiveness, Experience and Leadership (SEEL), complaint reviews and intelligence from the wards and care experience workers. This is analysed and has been presented monthly to the Quality and Safety Sub-Committee.

This triangulation provides a more detailed picture of the standards of quality in inpatient areas and reporting will be strengthened by the introduction of Safe Care, the Integrated Quality Reports and the development of ambitious quality goals as part of the Trusts quality plan.

Expectation 2: Processes are in place to enable staffing establishments to be met on a shift by shift basis.

Trust Progress / Actions

The Safer Staffing Action Plan details the implementation of the Electronic Roster system, the temporary staffing improvement work, development of the Safe Care electronic tool, HR recruitment



improvement plan, escalation policy development and associated processes and reviews of staffing establishments. Slippage of some elements of the plan has occurred due to absence and changes of key personnel. This is now resolved and recovery plans will be presented to the August Safer Staffing Group.

Concerns have been raised regarding the lack of clinical engagement in the development of the Electronic Rostering system resulting in implementation issues, delays, the necessity to use manual reporting and the inability to optimise the systems' full functionality in a timely way. This has been addressed by securing the involvement of Senior Nurses and the Executive Director of Nursing and Quality taking responsibility for the completion of the project. Progress against delivery will be monitored by the Safer Staffing Group and reported to the Quality and Safety Sub-Committee.

Matrons have an integral role in supporting Ward Sisters and Charge Nurses to ensure wards are safely staffed. The skill mix on each ward includes additional support roles to make sure nursing staff are able to deliver direct patient care. These roles include the Ward Clerk, Occupational Therapists, Psychologists, Advanced Practitioners and Violence Reduction staff.

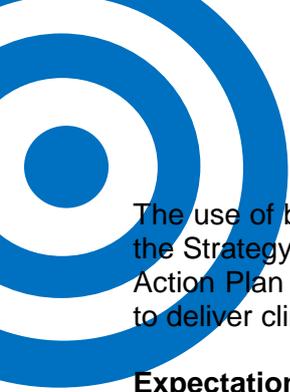
A daily review of nurse staffing is undertaken by the Ward Sister in conjunction with the Matrons to determine whether a ward is staffed to meet the patient's needs. Where shortages are identified, teams work together to identify a solution based on clinical and nursing need. Staff may be deployed from one clinical area to another or alternatively bank or agency staff will be secured to mitigate risk to ensure patient safety.

In Adult Mental Health wards there have been concerns raised in relation to staffing numbers, staff skills and competences. In response and to assist the mitigation of any risks a Red, Amber Green (RAG) rating tool has been developed by Senior Nurses in the Network to grade the safety of each ward in relation to staff skill mix. The tool also allows identification of high risk areas so that experienced nurse cover can be deployed where possible.

Staffing levels are also reported on a shift by shift basis. This process does not focus wholly on staffing numbers, but relies heavily on the professional judgement of the nurse in charge who is required to determine whether the staffing levels and skill mix is safe. A Nurse Escalation Policy is currently in development and is due to be implemented from September 2015. When there are concerns about staffing levels, this is reported through the operational and nurse leadership structures and detailed in the daily situation report which is communicated to Senior Managers, the Senior Manager On Call and the Executive On Call. Mitigating actions can include reducing bed capacity, diverting admissions to other areas, moving staff, and reviewing appropriate allocation of patients based on current staffing levels.

Formal reporting is extrapolated from data in Electronic Roster to provide detailed data of actual verses planned staffing.

Challenges continue with the ability to fill registered nurse bank shifts, it is estimated that 75% of bank shifts are downgraded to Care Support Worker (CSW) level due to the lack of availability of registered bank nurses. A recruitment drive has resulted in 326 bank staff being recruited since August 2014. A recent recruitment event at the Harbour also initiated a further 67 CSW going through the recruitment process and a further 97 candidates have been contacted for interviews. Recruitment in a day processes have speeded up Disclosure and Barring Service (DBS) and pre-employment checks. The availability of face to face mandatory training has caused delays in bank staff commencing work. New trainers have now been recruited and a plan is in place to ensure all bank staff meet their mandatory training requirements.



The use of bank and agency remains high due to patient acuity, sickness and absence. The Delivering the Strategy (DTS) project to reduce the use of bank and agency has been aligned to the Safer Staffing Action Plan to ensure any decisions around bank and agency reduction does not impact on the ability to deliver clinical services safely.

Expectation 3: Evidence based tools are used to inform nursing, midwifery and care staffing and capability.

Trust Progress / Actions

It is recognised that no single nursing workforce planning method is suitable for all care services however, the adoption of a tool ensures consistency of data and supports safer decision making processes.

The Safe Care software tool is currently being piloted within the Children's and Families wards. The Safe Care software will allow more effective Ward to Board visibility on a shift by shift basis, allowing an organisational overview of risks to inform the effective deployment of nurses across the whole organisation. The software will also enable the development of individual acuity and dependency tools and support future establishment reviews based on live evidence. The initial pilot highlighted the need for increased clinical involvement in the ongoing development. This has now been put in place and as previously stated is further enhanced by the transferring of responsibility for delivery to the Executive Director of Nursing and Quality to enhance clinical input and ensure robust monitoring and reporting processes. It is anticipated that a roll out plan will commence on the remaining inpatient wards from Quarter 3, 2015. The date for completion is currently being reviewed in light of capacity challenges within the E-Rostering Team.

Expectation 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff felt able to raise concerns. Staff work in well-structured teams and can practice effectively though the supporting infrastructure of the organisation i.e. IT, Ward Clerks and Housekeepers.

Trust Progress / Actions

The organisation is promoting a culture of responsiveness and professionalism through a variety of mechanisms such as the Values, In Touch sessions, Appreciative Leadership and the Blue Waves of Change programmes. In response to the "Raising Concerns agenda" the Trust has a number of routes to enable staff to raise concerns that include:

- Dear Derek
- Raising Concerns Policy
- Clinical and Professional Leadership Teams
- Manager, Network Directors and the Executive Team
- Trade Unions
- Human Resources (HR) processes and supporting policies.

Work is ongoing to further expand staff opportunities to raise concerns by adopting the Red Flag Events drawn up by NICE. Nurses will be able to report events such as a lack of patient checks, omissions in providing medications and delays in issuing pain relief, which will act as a trigger for considering increasing staff numbers. Another warning sign will be if there are fewer than two Registered Nurses on a ward during a shift. The Trust is developing the system within DATIX to support the reporting of Red Flag Events which will enable Ward Sisters to identify hot spots in real



time which will allow immediate action to be taken to mitigate against the identified risks. It is planned that this will be fully embedded during Quarter 3.

Expectation 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.

Expectation 6: Nurses, midwives and care staff have sufficient time to fulfil care responsibilities that are additional to their direct caring duties.

Trust Progress / Actions

The needs of each area are taken into consideration when reviewing staffing requirements. This includes consideration of other inter-professional relationships and dependencies to ensure that relevant medical and allied health professional workforce skill mix and staffing levels are taken into account.

The interdependent nature of this work is reliant on support services and Networks working together to ensure implementation deadlines are met. All parties are represented at the Safer Staffing Group and will be held to account for delivery by the Quality and Safety Sub-Committee.

Establishments have been reviewed at Longridge Hospital utilising the Royal College of Nursing Acute Hospitals, Safer Staffing Model. Following the review, Longridge is staffed above funded establishment in line with the model. Discussions are currently underway with Commissioners to secure permanent funding.

Bleasdale, Winfell, Langdon and Hermitage wards at Guild Lodge have been reviewed in line with the Dependency and Staffing Scale. Additional funding was agreed at Board to enable increased staffing. Reviews are ongoing for Mallowdale, Elmridge and Forest Beck wards in anticipation to move towards becoming a long stay service from October 2105. Discussions are continuing with Commissioners to support funding to increase staffing in line with requirements.

Recruitment is currently ongoing to support these increased staffing establishments. Despite several successful recruitment events the Network continues to face challenges around large numbers of staff not commencing post after accepting initial offers of employment. This is currently being managed by over-recruiting.

A review of staffing establishments is also underway at Guild for Dutton, Calder, Marshaw, Greensnape, Fairsnape, Fair oak and Greenside wards. The outcome of the review is expected to be presented in Quarter 3, 2015. In the absence of an accredited staffing model all establishments for wards outside the Harbour have been reviewed against current funded establishments and will require a full establishment review taking account of quality, safety and experience factors which affect patient care. These reviews will be completed before the end of Quarter 4, 2015.

The three shift system is currently being implemented at the Harbour, it is expected that this will be fully implemented by mid-August 2015. Issues relating to the internal capacity to process high volumes of recruitment and a significant number of new starters giving back word following formal offers are the main reason for this position. This has necessitated a continued need for high numbers of bank and agency staff and a requirement to continue with the two shift system in the short term.

The ward establishments require sufficient flexibility to ensure safe nurse staffing levels whilst ensuring planned and unplanned staff leave is accommodated. Effective rostering of annual leave and study leave in line with 'rostering rules' assists the wards to run at optimum quality and capacity. Plans are in



place to utilise the performance tools within Electronic Roster to identify where staff require support to implement effective rostering practices.

A review is currently underway to assess the headroom requirements for nurse staffing. Currently Adult Mental Health has 23.03% headroom. This comprises of 15.73% (33 days + Bank Holidays) annual leave 2.30% (6 days) training and 5% (13 days) sickness per Whole Time Equivalent (WTE). It is known that sickness has collectively run overall between 7.84% during January and rising to 9.77% in June across inpatient areas. This is not known to be attributed to one identifiable cause.

Training and professional development is in excess of the allocated 6 days training. The review of the current headroom requirement will take into account opportunities presented by the review of mandatory training requirements and plans to deliver education and training in different ways across the organisation.

The expectation within the Mid Staffordshire “Hard Truths” report was that Ward Managers should operate in a supervisory capacity, the minimum time set for supervisory status of Ward Managers according to Chief Nursing Officer for England & National Quality Board Report is two days per week and all inpatient wards at Lancashire Care exceed this standard.

Ward Managers within inpatient environments all have a full time supervisory role. The rationale for exceeding two days per week supervisory status within Lancashire Care was carefully considered and based on the evidence that effective leadership and clear roles and responsibilities supported the Trust’s vision and values. It was recognised that Ward Managers positions were pivotal to facilitate the accountability for the quality of care at the point of access to their clinical areas and strengthen the relationship with Board.

Expectation 7: Boards receive monthly updates on workforce information and staffing capacity is discussed at public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.

Trust Progress / Actions

Monthly updates are presented to the Quality and Safety Sub-Committee and Commissioner Contract meetings. These reports are available on the Trust website and NHS Choices. They are also reported through the Chairs Report to the formal Board meetings quarterly.

The Executive Director of Nursing and Quality provides a six monthly report to Trust Board detailing progress against the National Quality Board (NQB) 10 expectations.

Children and Families wards consistently continue to maintain safer staffing figures above the desired 80% fill rate utilising very low numbers of bank staff. Longridge Hospital also continually reports appropriate staffing numbers. The lower reported UNIFY fill rates at Longridge Hospital are reflective of the ward closure in April and May for the completion of building works.

Areas experiencing consistent staffing challenges include Harbour wards, East Lancashire wards, and Guild wards due to the inability to recruit and retain experienced nurses. These issues are being addressed through the ongoing recruitment drives led by the recruitment workstream and are reported monthly via the Quality and Safety Sub-Committee. Scarisbrick and Orchard also continue to require higher levels of staff due to the continued use of contingency beds. This is being addressed by work within the Networks around Delayed Transfers of Care (DTC) and Out of Area Treatments (OATs).



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.

Trust Progress / Actions

Each inpatient ward area displays each day the staffing establishment on each shift compared to the actual. The Ward Sister/Charge Nurse is responsible for ensuring these are accurate and updated. Compliance against this standard is monitored by the Quality SEEL and during Quality Visits.

The named Consultant and Nurse are displayed both on Team Information Boards (TIBs) and in the majority of areas in the patient bed areas. Named Clinicians are also detailed identifying clearly who has responsibility for care provision.

Expectation 9: Providers of NHS services take an active role in securing staff in line with their workforce requirements.

Trust Progress / Actions

The Trust has submitted its 5 year projections for Workforce Planning to Health Education Northwest. Work is also underway to enable staff to undertake appropriate training and professional development to meet their needs. The development of Bands 1 - 4 and Advanced Practitioner roles and additional skills such as prescribing are planned in order to best utilise the workforce to deliver quality care using a multidisciplinary approach.

The recruitment process has been reviewed and HR support is essential to facilitate a proactive approach to nurse recruitment and retention strategies. In some inpatient areas recruitment has been streamlined and recruitment in "a day" strategies have been employed with good effect. The implications of recruitment on retention of new staff are yet to be fully realised.

Plans are underway to forward plan 6 - 8 weekly recruitment events at various locations aligned with workforce planning initiatives to ensure effective sustainable workforce can be recruited more timely. Challenges continue in recruiting experienced nurses as described in expectation 5.

The challenges we face are reflective of the national picture in relation to the recruitment of registered nurses. This will be addressed in the future by workforce planning and the work driven by the Education, Training and Professional Department.

Expectation 10: Commissioners actively seek assurance that the right people, with the right skills are in the right place at the right time within the providers with whom they contract.

Trust Progress / Actions

Safer Staffing papers are presented monthly to the Commissioner led Quality & Performance meetings. Commissioners are able to actively seek assurance on the Trusts work in this area and respective progress and issues.

3.0 Conclusion

The Trust continues to make progress against the ten expectations set out by the NQB.



Regular and consistent review of day to day staffing levels is undertaken as an integral part of the Trust's daily capacity planning, risk management and escalation process. This includes consistent oversight of staffing rotas and monitoring of compliance with quality standards in line with the Trust's commitment to ensure safety, clinical effectiveness and patient experience.

The improved recruitment practices have made a notable impact, however, further work is required to improve recruitment in secure services and optimise retention.

4.0 Recommendations

The Board is requested to note:

- Progress against the 10 expectations set out in the NQB Report
- Ongoing review of staffing establishments is underway
- The outcome of the headroom review across all services in conjunction with the establishment reviews will be reported in future Board reports.