NQB safe sustainable and productive staffing

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NHS Providers HR Network
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Patient Safety function from NHS England (including National Learning & Reporting System)
Definition of success, the focus for NHS Improvement

- As many providers as possible achieving “Good” or “Outstanding” CQC ratings
- No providers in Special Measures
- Enable the new care models set out in the Five Year Forward View
- Sustainable achievement of key targets and standards
- Financial control and significant improvements in provider productivity
- Support the development of more effective boards and leaders
Workforce overview

• Joint letter from CQC and NHSI (Jan 2016) to all provider Trust CEOs and Medical, Finance and Nursing Directors:
  o Balancing finance and quality
  o Delivering quality outcomes within available resource
  o Single national framework for assessing quality.

• Implementing the NHS 5 Year Forward View
  o achieving the quality and core access standards for patients
  o restoring and maintaining financial balance, including the position of the workforce.

• Lord Carter Productivity and Efficiency Review
  o Developing new metric looking at care hours per patient day
  o Best practice guidance e.g. e-rostering, specialing
Provider Workforce Statistics

Workforce Trends (latest HSCIC published data – Feb 2016):

- **Nursing and Health Visitors**: 281,000 FTE an increase of 0.9% (2,500) on 2014 and 1.1% (3,000) increase on 2009
- **Medical and Dental**: 110,095 FTE an increase 5% (5560) on 2014 and 17.3% (19,095) increase on 2009
- **Midwives**: 20,900 FTE an increase of 0.5% (96) on 2014 and 10.4% (1,980) increase on 2009
- **Support to Clinical**: 299,000 FTE an increase of 3.3% (9,550) on 2014 and 5.4% (15,500) increase on 2009

Sickness (latest HSCIC published data Feb 2016):
Currently the NHS provider sector (all substantive staff) 12 month rolling average sickness rate (to Jan 2016) is 4.2%. This compares with a rate of 4.5% for Qualified nursing, midwifery & health visiting staff. If the rate for Nursing was to decrease by 1%, this would equate to approximately 3000 FTE additional nurses available over the year.

Vacancy Rates (NHS trust monthly WF collection):
- **All Registered Nursing, Midwifery and Health Visiting Staff** - 10.40%
- **Support to Clinical Staff** - 6.22%
- **Medical Staff** - 10.15%
- **Overall Vacancy Rate (%)** - 8.39%
The 2016/17 workforce plans show a net increase in pay expenditure and increase in WTE numbers

- The substantive staff WTE are increasing by 3.1%, with bank decreasing by 20.1% and agency decreasing by 36.5%
- In paybill terms; substantive staff pay is increasing by 6.3%, bank decreasing by 15.7% and agency decreasing by 32.7%
The challenge

- NHS treating more urgently ill people than ever before
- Unprecedented financial pressures
- Capacity and capability issues
- Workforce planning issues
- High cost of agency usage
- Significant variations across trusts
Workforce Priorities for 16/17

• Reducing reliance on agency and increasing the use of bank

• Improving staff retention and sickness rates

• Developing and implementing metrics for staffing:
  • Care Hours Per Patient Day

• Publishing resources to support providers:
  ➢ Updated NQB staffing guidance
  ➢ Good practice guides (e-rostering, specialling, regional collaboration)
  ➢ Speciality specific frameworks for staffing

• Ensuring workforce improvement activity complements the 5YFW
## Improving compliance among medical locums

- **Reported compliance is lowest for medical locums** and during the workshops we received strong feedback from trusts in the workshops suggested this is where trusts are struggling most.

NHS Improvement is taking further steps to support trusts:

- Provide **evidence and tools to the sector**, including best practice guidance to help Medical Directors (MDs) in enacting the changes required.
- Intensive **support to the poorest performing trusts** to support improved data quality and reduced reliance on medical locums.
- Series of **communications to MDs** focused on clinical engagement and reducing medical spend.

## Agency Controls Update

### Policy update

- **Policy rules have helped to achieve £300m in savings** - this reflects the trusts’ hard work in negotiating with agencies and improved workforce management.

- The **price caps were reduced on 1 April** so that agency and locum staff pay is no higher than substantive staff pay.

- **Wage caps** were introduced on 1 July.

- NHS Improvement has set **agency expenditure ceilings** for all trusts in 2016/17

- The requirement to use **approved framework agreements for procuring all agency staff** took effect on 1 April 2016.
  - Operators are embedding **price and wage caps** into their framework agreements.
  - CCS are negotiating existing agreements with agencies.
  - CPP and HTE are tendering new framework agreements, live by July and 1 November respectively.

### Regional workshops insights

- NHS Improvement has completed a **national programme of 11 regional agency workshops. Over 200 trusts attended.**
- Main focus on sparking **closer collaboration.**

  - NHS Improvement shared trust level data, national and regional trends, and agency best practice.

- **Insights from workshops:**
  - Most trusts have made **good progress in getting a grip on agency spend**, particularly for nursing.
  - **1 April price caps challenging, particularly for medical locums** (see box below).
  - Trusts tend **not to have the same grip on medical workforce.** Few trusts show progress possible with strong MD engagement.
  - **Most trusts willing to work together - but this is currently only prevalent in small pockets** (Herts, East of England etc.).

### Workforce support

- Workforce Efficiency Team provided advisory support to 31 trusts and have worked intensively with a further 5 trusts.
- Across the 5 intensive support trusts have seen a **cumulative reduction in monthly agency spend of over £1m** (£12m annual saving).
- 5 webinars with Directors of Nursing, Finance and Operations.
Enabling Safer Staffing

Priorities for NHS Improvement:

• Publishing safe staffing resources to support providers:
  o updated NQB safe sustainable staffing improvement resource
  o good practice guides (e-rostering, enhanced care)
  o setting-specific safe staffing improvement resources
  o supporting providers with practical help and advice in making right decisions at board

• Reducing Agency Expenditure

• Developing and implementing metrics to measure staff deployment and productivity:
  o Care Hours Per Patient Day (and other Carter recommendations)

• Improving Staff Retention
Background

‘Key to high quality care for all is our ability to deliver services that are sustainable and well-led. In the past, quality and financial objectives have too often been regarded as being at odds with each other and therefore pursued in isolation. As set out in the Five Year Forward View, it is vital that we have a single shared goal to maintain and improve quality, to improve health outcomes, and to do this within the financial resources entrusted to the health service’

This means a relentless focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles:

• Right care:
• Minimising avoidable harm:
• Maximising the value of available resources:
NQB safe sustainable and productive staffing

- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time.

- Safe staffing improvement resource that has been developed by the National Quality Board, which comprises:
  
  o Care Quality Commission
  o NHS England
  o NHS Improvement
  o National Institute for Health and Care Excellence
  o Health Education England
  o Public Health England
  o Department of Health
NQB safe staffing improvement resource

<table>
<thead>
<tr>
<th>Safe, Effective, Caring, Responsive and Well-Led Care</th>
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<tbody>
<tr>
<td><strong>Measure and Improve</strong></td>
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<tr>
<td>- patient outcomes, people productivity and financial sustainability -</td>
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<tr>
<td>- report investigate and act on incidents (including red flags) -</td>
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<tr>
<td>- patient, carer and staff feedback -</td>
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<tr>
<td>- implement Care Hours per Patient Day (CHPPD) -</td>
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<td>- develop local quality dashboard for safe sustainable staffing</td>
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<table>
<thead>
<tr>
<th>Expectation 1</th>
<th>Expectation 2</th>
<th>Expectation 3</th>
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<tr>
<td><strong>Right Staff</strong></td>
<td><strong>Right Skills</strong></td>
<td><strong>Right Place and Time</strong></td>
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<tr>
<td>1.1 evidence based workforce planning</td>
<td>2.1 mandatory training, development and education</td>
<td>3.1 productive working and eliminating waste</td>
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<tr>
<td>1.2 professional judgement</td>
<td>2.2 working as a multi-professional team</td>
<td>3.2 efficient deployment and flexibility</td>
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<td>1.3 compare staffing with peers</td>
<td>2.3 recruitment and retention</td>
<td>3.3 efficient employment and minimising agency</td>
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NQB Safe Sustainable and Productive Staffing

Safe, effective, caring responsive and well lead care
- Putting patients first
- Right staff, right skills, right time and place
- Strong local decision making, based on patient need and best available evidence
- Not just about nursing - multi-professional approach

Measure and improve (Quality and Finance)
- Measure and understand impact of staffing decisions
- Improve presentation and quality of information on staffing with patient outcome measures (nursing dashboard model hospital)
- Improve retention, sickness absence and deployment of staff
NQB Safe Sustainable and Productive Staffing

Leadership and behavioural change
- Individual and collective responsibility of NHS provider board
- Right leadership skills and culture
- Staff feel valued, engaged, enabled to make changes to improve patient care and productivity

Future focused
- New service models, crossing boundaries and pathways
- Developing our existing staff, and new roles

National best practice and continuous improvement
- Learning from experts and each other
- Developing a consistent approach to measurement
- Demonstrating continuous improvement
## Setting Specific Safe Staffing Improvement Resources

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<thead>
<tr>
<th>Care Setting</th>
<th>Chair</th>
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<tbody>
<tr>
<td><strong>Inpatient wards for Adult Acute Hospitals</strong></td>
<td>Professor Hilary Chapman, Chief Nurse, Sheffield Teaching Hospital</td>
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<tr>
<td><strong>Urgent and Emergency Care</strong></td>
<td>Pauline Philip, CEO, Luton and Dunstable NHS Trust</td>
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<tr>
<td><strong>Maternity Services</strong></td>
<td>Professor Mark Radford, Chief Nurse, University Hospitals Coventry and Warwickshire NHS Trust</td>
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<tr>
<td><strong>Children’s Services</strong></td>
<td>Michelle McLoughlin, Chief Nurse at Birmingham Children's Hospital</td>
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<td><strong>Community Services</strong></td>
<td>Dr Crystal Oldman, CEO The Queens Nurse Institute</td>
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<tr>
<td><strong>Learning Disability Services</strong></td>
<td>Professor Oliver Shanley, Director of Quality and Safety and Deputy Chief Executive Officer; Hertfordshire Partnership, University NHS Foundation Trust. Alison Bussey, Director of Nursing/Chief Operating Officer South Staffordshire and Shropshire NHS Foundation Trust</td>
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<tr>
<td><strong>Mental Health</strong></td>
<td>Ray Walker, Executive Director of Nursing Merseycare NHS Trust</td>
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Setting-Specific Safe Staffing Improvement Resources

- Working groups established
- Scoping complete
- Building on work completed by NICE
- Up to date review of available evidence, not just nursing
- Multi-disciplinary approach to staffing
- Outcomes focused
- Engagement plan for each setting
- Resources will be released later in 16/17
Acute Inpatient Safe Staffing Improvement Resource

Chair: Professor Hilary Chapman

- Will take account of the evidence reviews and guidance developed by NICE. It will also review how the new CHPPD metric can be used as a measure amongst others.
- Will build on NICE guidelines, and expand to consider other professionals e.g. specialist nurses, pharmacists, AHPs
- Will commission evidence review to update the assessment completed by NICE, to ensure new evidence is included.
- Will likely undertake further focused safe staffing studies on emerging themes from this review.
- Will be looking to include a range of case studies in the resource, particularly around multi-professional models of staffing.
Community (district nursing)
Safe Staffing Improvement Resource

Chair: Dr Crystal Oldman, The Queens Nurse Institute

- Working group (includes DoNs, clinical commissioners, academics and patients).
- QNI’s Community Nursing Executive Network (CNEN) reviewed what would be helpful to support safe caseloads in the District Nursing service.
- Association of District Nurse Educators (ADNE) will explore teaching and research on safe caseloads
- National District Nurse Network (NDNN) meeting in July to examine their needs in supporting the deployment of staff within the District Nursing teams.
- Above to inform review of software and tools which support demand/capacity/rostering/workforceplanning/EPR in the community – exploring with suppliers the requirements of the software tools (based on the evidence gathered).
- Will look at ‘best practice’ and the potential to ‘kitemark’ supplier tools which meet strategic and operational needs of the District Nursing service providers, commissioners and NHS Digital.
Maternity Safe Staffing Improvement Resource

Chair: Professor Mark Radford, University Hospital Coventry and Warwick

- Multidisciplinary focus (Midwives, Obstetricians, Anaesthetists, MSW, Doulas)
- Links directly with National Maternity review
- Making sure services are staffed appropriately is absolutely key to ensuring that patients get the quality of care that they and we rightly expect.
- The work is examining all evidence to support safe and effective staffing of maternity care and this includes the important NICE midwifery evidence assessment.
- Recent NHS review (Better Births) of maternity services showed that there are opportunities for staffing to improve outcomes.
Care hours per patient day

CHPPD is reported as a total and split by registered nurses and healthcare support workers to provide a complete picture of care and skill mix.

Care hours per patient day =

- Hours of registered nurses and midwives alongside
- Hours of healthcare support workers

Total Number of Inpatients
Care hours per patient day

- Implementation and development for CHPPD has transitioned to NHSI from Department of Health

- Continued engagement and support as CHPPD develops through workshops, masterclasses and guidance

- Using data and driving change

- Links through the NQB refresh and workstream activity
NHSI offer to trusts

We will:

• Develop NHS Improvements workforce planning framework to support sustainable, effective workforce planning.

• Develop workforce insight and benchmarking tools to support workforce planning and inform improvement programmes.

• Support trusts improve workforce efficiency and effectiveness, providing programme support, coaching and sharing best practice.

• Provide Hands on support to understand key challenge areas and how to best address them

• Work with system partners such as NHS Employers and Health Education England to influence national workforce policy and align workforce support programmes.

• Undertake workforce improvement programmes with NHS Providers to support local and national workforce challenges, for example a 90 day improvement programme to change the use of nurse “specials”.

Questions

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