

## Report to Board of Directors

<b>Title of Report</b>	NQB Safe Staffing Guidance July 2016 and outline of Trust inpatient nurse staffing reviews for 2017/2018
<b>Author</b>	Debbie Reape, Interim Executive Director of Nursing and Christine Platton, Associate Nurse Director
<b>Executive Lead</b>	Debbie Reape, Interim Executive Director of Nursing
<b>Responsible sub-committee</b>	Executive Management Committee
<b>Date of meeting</b>	27 April 2017
<b>Executive Summary</b>	<p>This report will update the Board of Directors on the refresh of the NQB Safe Staffing Guidance in July 2016 and an update from NHS Improvement on Developing Workforce Support and Safeguards for the Provider Sector. This included staged engagement periods for the eight specific improvement resources, developing workforce safeguards, a safe staffing improvement team and operational support for new roles.</p> <p>The report provides an update on additional reviews that have been completed since November 2016 and the outcome of those reviews. The report also outlines the program for the Trust's inpatient staffing reviews for 2017/2018. The planning of the Trust ward staffing reviews has also taken into consideration feedback from Ward Managers from previous six monthly staffing reviews across 40 wards, Paediatrics and Maternity services.</p>
<b>Assurance Framework reference</b>	Ref 13 Staffing
<b>Alignment to Trusts Annual/Strategic Plans or business unit annual plans</b>	N/A
<b>Risk rating (very high, high, medium, low risk)/ any recommended changes</b>	To be rated following Board review.
<b>Compliance/regulatory requirements (if applicable)</b>	N/A
<b>Actions required by the Board</b>	The Board of Directors is asked to review the report and support the recommendations for the timescales for nursing and midwifery staffing reviews for 2017/2018.

**THE NATIONAL QUALITY BOARD SAFE STAFFING GUIDANCE JULY 2016 AND OUTLINE OF  
TRUST INPATIENT NURSE STAFFING REVIEWS FOR 2017/2018  
BOARD OF DIRECTORS, 27 APRIL 2017**

**1. Introduction**

This report will update the Board of Directors on the refresh of the National Quality Board (NQB) Safe Staffing Guidance in July 2016 and progress on engagement on eight specific improvement resources. The report also outlines the programme for the Trust's inpatient staffing reviews for 2017/2018. The planning of the Trust ward staffing reviews in 2017/2018 has taken into consideration feedback from Ward Managers from previous six monthly staffing reviews across forty wards, Paediatrics and Maternity services which were presented to the Board in November 2016.

**2. Additional Ward Reviews**

Since November 2016, additional ward staffing reviews have been undertaken out with the Trust's six month staffing reviews. This has been due to reconfiguration of wards and also to ensure that Ward Managers have had the opportunity to meet with the Executive Director of Nursing (EDoN) at least every six months to discuss the changes to their ward speciality and case mix, staffing levels and any future staffing requirements. The SNCT has not been used in all additional ward review meetings; however, professional judgement was applied. In some reconfigured wards, meetings have been held every three months.

With the service changes across Surgery the EDoN met with Ward Managers, Operational Service Managers (OSM), Matrons and Chief Matrons during the planning, trial of staffing and then a full review to confirm planned staffing levels.

Additional review meetings were completed for the following wards and departments;

North Tyneside General Hospital (NTGH) – Wards 3, 5, 23, and 24

Wansbeck General Hospital (WGH) – Ward 1

The Northumbria Hospital (NSECH) – Short Stay Unit (SSU), Ward 7 (previously Ward 6), Ward 6 (previously Ward 15), Ward 9, Frailty Assessment Service (FAS), Ward 15 (previously Ward 3), Critical Care Unit and Maternity Services.

The ward reviews did not identify any requirements to increase the ward establishments which were agreed by the EDoN, Ward Manager, Matron, Chief Matron and Operational Service Manager. However, post ward reconfigurations and during the trial period some changes were requested by the Ward Managers to change the early and late shift planned numbers within existing establishments which was fully supported (NTGH Ward 3, 5, 23 and 24). At NSECH Ward 15 although a reduction in the wards bed numbers it was agreed the current staffing levels were to remain unchanged to allow time to appropriately review patient flow and activity.

For surgical wards due to changes in clinical services and base sites the safer nursing care tool (SNCT) was repeated in November 2016. The SNCT data was triangulated with activity and nurse sensitive indicators and completed over a 21 day period. This included Wards 7 & 8 at NTGH and Wards 10, 11a and 11b at WGH.

**3. NQB Safe Staffing Guidance 2016**

The National Quality Board (NQB) published in July 2016 its revised Safe Staffing guidance for NHS Provider Boards to help assure the delivery of compassionate, effective, safe and sustainable high quality patient care. The refreshed guidance builds on the 2013 NQB Guidance to provide an updated safe staffing improvement resource.

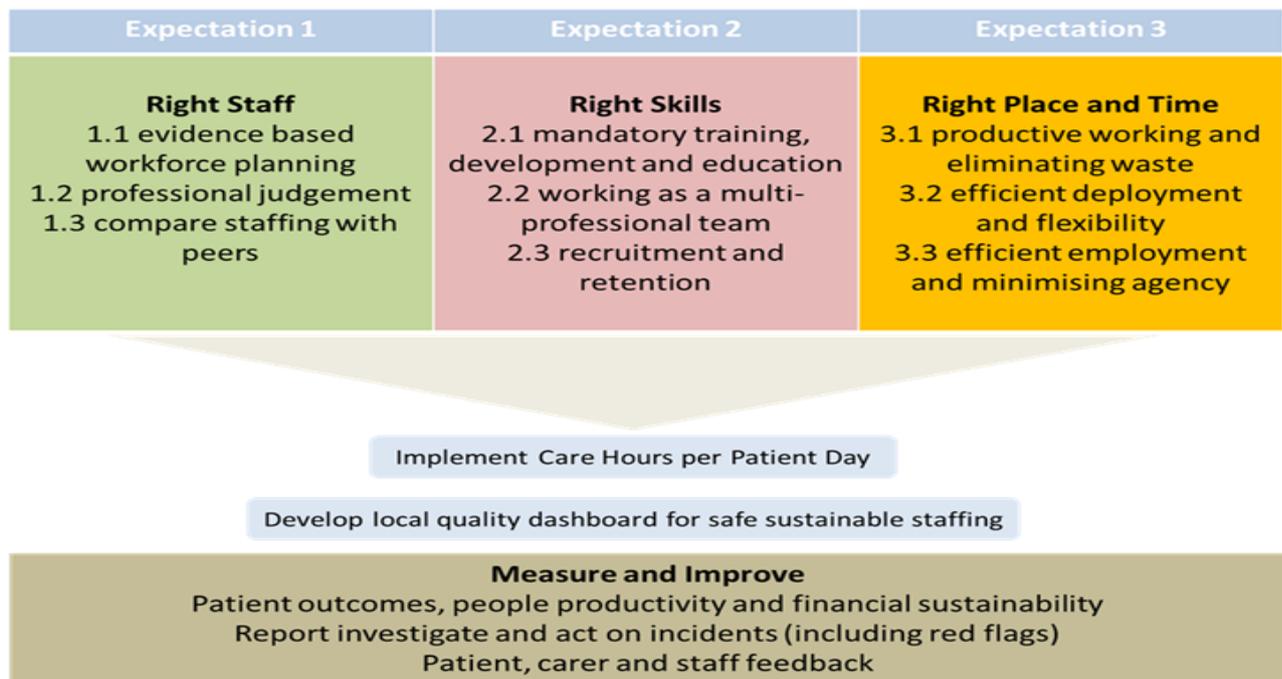
The 2016 guidance:

- Sets out the key principles and tools that Provider Boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services. The previous guidance focussed on Trust Boards and supporting them to achieve safe nursing and midwifery care staffing and the refreshed guidance looks at a broader multi-professional workforce.
- Identifies three updated NQB expectations that form a ‘triangulated’ approach to staffing decisions. The NQB guidance expects that a triangulated approach (right staff, right skills, right place and time) be applied to staffing decisions; a model endorsed by the CQC.
- Provides guidance for local Providers and Commissioners to use other measures of quality, alongside Care Hours Per Patient Day (CHPPD) to understand how staff capacity may affect quality of care.

The revised guidance includes a number of case studies on staffing and workforce and covers a range of themes all linked to the three expectations set out in the NQB Guidance.

### NQB Expectations

The table below outlines how the NQB expectations for right staff, right skills and right place in conjunction with CHPPD and local quality dashboards for safe sustainable staffing will enable Trusts to measure and make sustained improvements;



### 3.1 Staffing Improvement Resources

In December 2016, NHS Improvement (NHSI) to help providers of NHS Services implement the NQB’s expectations launched a national programme to develop setting specific safe, sustainable and productive staffing improvement resources for:

- Acute adult Inpatient Services
- Learning Disability Services
- Mental Health Services
- Maternity Services
- Children and Young People Services

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- Urgent and Emergency Care
- Community District Nursing

The national programmes are at different stages of development and are available on NHSI website for review and comment during staged engagement periods. The improvement resources have since been increased to eight with the addition of Neonates.

### **3.12 Developing Workforce Support and Safeguards for the Provider Sector**

In April 2017, NHSI provided an update on developing workforce support and safeguards for the provider sector. This included staged engagement periods for eight specific improvement resources and developing; workforce safeguards, a Safe Staffing Improvement Team and operational support for new roles.

#### **Staged engagement periods**

As of April 2017 the improvement resources staged engagement periods are:

- Acute Adult Inpatient Services and Learning Disability Services were open for engagement in December 2016 and January 2017 - now closed
- Mental Health Services and Community District Nursing - currently out for engagement
- Maternity Services, Children and Young People, Emergency Care and Neonates - out for engagement in May and June 2017

We are awaiting the publication of the Adult Inpatient Wards in Acute Hospitals Improvement Resource now the engagement period has closed. The draft document identified considering the multi-disciplinary workforce if part of a wards establishment, Boards having an minimum of an annual strategic review, allowing for uplift and using local factors in calculations, Ward Managers supervisory time, comparison of staffing levels with peers and a triangulated approach to professional judgement for staffing decisions.

#### **Developing workforce safeguards and safe staffing improvement team**

During the engagement process for the Improvement Resources for Adult Inpatient Services and Learning Disabilities, the delivery plan and operationalisation of NQB Guidance has been discussed with providers. The feedback has highlighted the requirement for detailed implementation tools and workforce safeguards to ensure quality outcomes for patients. NHSI anticipate that this will be the final set of tools required and will be available in the summer. In addition to this, NHSI have implemented a 'Safe Staffing Improvement Team'; led by senior clinical staff to support the implementation of evidenced based tools and approaches for organisations that require support including NQB guidance. This team will provide onsite support to providers in all Single Oversight Framework segments on areas such as governance process, assurance, KPI development, acuity tools and rostering best practice.

#### **Operational support for new roles**

NHSI is working collaboratively with NHS England (NHSE) and Health Education England (HEE) to develop a series of support programs for workforce development, role redesign and new roles. This includes new roles such as Physician's Associates, Advanced Clinical Practice and Nursing Associates. NHSI identifies that these are critical solutions to some aspects of the workforce challenge and is an area which is highlighted in the recent publication on next steps for the Five Year Forward View (March 2017).

The introduction of new roles is not a new concept for the Trust and we have piloted and implemented new roles which have been reported previously to the Board such as Physician's Assistants, Respiratory Practitioners and Nutritional Assistants. Assistant Technical Officers (ATO's)

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and Discharge Planning Coordinators have also been piloted in a number of wards and these roles are currently being evaluated.

In addition to the six monthly review meetings the EDoN has met with Ward Managers, Matrons, Chief Matrons, General Managers and Operational Service Managers (OSM) to discuss additional supportive roles for our ward teams and workforce. A subgroup has been established with representation from all Business Units who are currently scoping a pilot in Medicine and Surgery with the introduction of new roles which will form part of the wards planned staffing levels. This includes a trained Pharmacist undertaking ward medication rounds, Ward Coordinator roles and generic roles. This work is in the early planning stages and will be presented to EMT and the Board of Directors for approval.

#### **4. Process for Six Monthly Ward Staffing Reviews**

The refreshed guidance includes an annual strategic review to the Board for staffing which is evidenced based using professional judgement and comparison with peers in addition to six monthly reviews of workforce plans.

As provider Trusts are awaiting the improvement resources and implementation tools for implementation of the refreshed guidance there potentially could be a delay in staffing reviews and reports to Board.

To ensure close monitoring and assurance the monthly Ward and Community Nursing Team Assurance report will continue to be presented to the Safety and Quality Committee. This is a detailed monthly report triangulating staffing levels, quality metrics, SUIs and patient experience. The report identifies any wards, departments or nursing team in the community, hot spots and supportive measures in place. The report also includes weekly worked numbers, CHPPD and hard truths fill rates. The monthly assurance report prior to presentation for the past six months has been reviewed by the Business Units to allow local challenge and scrutiny.

In addition to this the Executive Management Team have a monthly presentation from the EDoN on nursing and midwifery staffing which includes, hot spots, vacancies, headcount, sickness, recruitment and CHPPD.

Six monthly staffing reviews have been completed across the Trust in different stages since March 2015 post opening of the Northumbria Hospital. The last review was presented to the Board in November 2016 and was completed in July 2016 - October 2016. This included forty Adult Inpatient wards across nine sites. Following feedback from our Clinical Teams and Managers we plan to complete the six month reviews over a rolling programme for 2017/2018 to ensure timely feedback and decisions on planned staffing levels.

To prevent any delay to the staffing reviews we will continue using the SNCT where appropriate and professional judgement triangulated with nurses sensitive indicators. We will include CHPPD and a review of uplift as indicated in the 2016 NQB Guidance. Once the tools are available from NHSI we will review our current process and update the Board of any additional requirements.

##### **4.1 Proposed Timescales for Six Month Staffing Reviews 2017/2018**

The table below outlines the proposed timetables for the Trust's six month staffing reviews. The timescales may need changed due to potential service reconfigurations or request from Business Units. As the national improvement resources are available these will be reviewed for the appropriate speciality/service.

Quarter 1	The Northumbria Hospital, Emergency Care
Quarter 2	NTGH, PCU, WGH, Maternity
Quarter 3	HGH, Community Hospitals, Child Health, Theatres

Quarter 4	Out patients, Community, Critical Care, Endoscopy
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## 5. Conclusion

The refreshed NQB 2016 Guidance requires tools and improvement resources to support implementation which are still under development. We will, therefore, continue to plan and report on our Nursing and Midwifery staffing reviews across the Trust to prevent potential delay in staffing reviews. When tools and resources become available we will review these and implement accordingly.

## 6. Recommendations

**The Board of Directors is asked to review the report and support the recommendations for the plan and timescales for Nursing and Midwifery staffing reviews.**

**Debbie Reape**  
Interim Executive Director of Nursing

**Christine Platton**  
Associate Nurse Director

**19 April 2017**