Safe, sustainable & productive staffing
National Quality Board (NQB)

Summary

This report is a précis and sets out the National Quality Boards framework, expectations, requirements and recommendations for Trusts providing mental health services in how to deliver safe, sustainable and productive staffing.

It describes in outline the three key expectations that Trusts have: the Right Staff (1); with the Right Skills (2); providing care in the Right Place & at the Right Time (3).

It describes the requirements for Clinical Establishment Reviews, how to undertake them and the decision-making, reporting & assurance requirements from Ward/Community to Board.

It ought to be read in conjunction with the NQB requirements for Learning Disability Services & the NHSi Developing Workforce Safeguards as they are interdependent & interrelate.

Next Steps

i.   Undertake a self-assessment against the Board & Clinical Managers leaders / Requirements (Appendices 1 and 2).

ii. Cross Reference with the NHSi 'Developing Workforce Safeguards'.

iii. Use the outcome of the self – assessment/cross referencing to benchmark / baseline our current position and identify gaps and agree areas for development.

iv. Based on i, ii and iii, going forward ensure we have an effective (plan) system for delivering all of the NQB requirements in a systematic, integrated, efficient organised and planned way.

v.   Ensure all concerned from Ward level to Board are informed and aware of their role and responsibility in contributing to the delivery of safe, sustainable and productive staffing.

vi. Review the Terms of Reference of the (strategic) Effective Staffing Group and consider a programme approach to the delivery of this broad workforce agenda.

The NQBs expectations and the framework within which decisions regarding safe, sustainable & productive staffing should be made to improve health outcomes is outlined below.

Safe, Effective, Caring, Responsive and Well- Led Care

Measure and Improve
-patient outcomes, people productivity and financial sustainability-
-report investigate and act on incidents (including red flags) -
-patient, carer and staff feedback-

-implement Care Hours per Patient Day (CHPPD)
- develop local quality dashboard for safe sustainable staffing

Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	**Right Skills** 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	**Right Place and Time** 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Recommendations for Board (see Appendix 1):

1. Accountable for ensuring safe, sustainable and productive staffing &
2. Receiving an Annual Comprehensive Staffing Review

"Board members are individually and collectively responsible for making judgements about staffing & delivering safe, effective, compassionate and responsive care within available resources."

Recommendations for Clinical Leaders & Managers: with responsibility at Team and Service level (see Appendix 2).

This requires a systematic approach to:
1. Clinical Establishment Setting
2. Approval
3. Deployment
4. Monitoring (staffing levels)
5. Taking Action (when these fall short to meet people's needs).

Context MH National Figures 2016:

Inpatient settings = on average 45.6 % of an organisation's WTE (NHS Benchmarking 2016).

Approaching retirement next 5 years / 50 + = 32%
Vacancy rate = 13%
Turnover = 12%
MH Professionals in training < demand

SHSC is engaging in research with ScHARR in the areas of recruitment, retention, and resilience, work is being led by Michelle Horspool, Senior Nurse and Research Manager .

Workforce Planning Staffing Reviews:

Focus On:

1. How staff are currently used /deployed.
2. Strategic planning for future workforce requirements.

Must Show: a transparent process involving staff and service users:

1. How workforce planning links to strategic aims and service delivery outcomes
2. Robust governance: progress reporting against the workforce plan
3. Workforce planning aligned to financial and service activity plans
4. Support for staff transferring from one (clinical / service) model to another
5. An agreed way to deploy staff when service need / staff availability vary (= effective response to unplanned care) and an escalation procedure (see Appendix 3)
6. Quality metrics / measures to inform and monitor workforce plan
7. Service demands are considered: acuity, dependency, complexity of need and caseloads.
8. Evaluate agreed quality metrics & changes in terms of their impact on quality of care (QIA procedure).

Consider Headroom / Annual Uplifts: *"The additional allocation / budget required to cover leave and regular activities that reduce time to care".*

Board to review / agree (at least annually) and ensure the headroom review meets the organisation's needs, is deliverable and accounts for:
- Annual leave
- Study leave
- Mat / Pat leave
- Sickness and absence, carers and compassionate leave
- Clinical supervision (Org policy evaluate for quality)
- CPD

- Professional Revalidation
- Leadership Capacity
- Shift Patterns

Establishment setting needs to include time for Staff Appraisal and additional duties (union)

Three Key Components of Staffing Establishment Reviews:

1. Evidence based tools (Allocate Safe Care Module (based on Keith Hurst) NQB Improvement Resources MH & LD, Optimum Staffing Tool, OST, yet to be published).
2. Benchmarking against peers (NHS Benchmarking tool, Model Hospital, CQC Insight Report, National Staff and Patient Surveys)
3. Professional Judgement (contextual, clinical and managerial knowledge of: environments of care and layouts, travel, lone working, system flow, local services, shift patterns, therapeutic time, competence, skill mix, experience, use of bank and agency etc.)

Review Process

1. An Annual face to face in depth review to ask / answer: *Does the staffing establishment meet service user needs productively i.e. are we doing the right thing (clinical effectiveness) in the right way (operational efficiency)?*
2. 6 monthly Review
3. Monthly Dashboard: knowing our real time staffing position

Review Team:
- Chair: Senior Clinical Lead (8a +) Uses completed
    - Self-Assessment Document
    - Acuity and Dependency Data
    - Trend Data (benchmarking etc.)

- Team Manager
- Team Member (a direct care giver)
- Workforce Rep (and Staff side)
- Finance Rep
- Service User / Carer ("*Human communication skills, being able to listen, showing respect, being consistent, showing compassion and having the courage to address things*" a quote about the key skills that make service users feel safe and cared for).

<u>Review Meeting:</u>
1. Team Activity: Patient demand / assessed need; acuity and dependency; complexity and risk; and occupancy / caseloads etc.
2. Required Staffing Levels: (capacity) & capability to meet assessed need / demand
3. Use the Clinical Establishment Review Template (see Appendix 4) and RAG rates.
4. Reviews the Actual Funded Establishment (& compare with other teams / wards).

<u>Reporting Requirements</u>
Review Chair: Compiles a report & submits to the Director of Nursing & Professions.

<u>Director of Nursing:</u>
Collates all Team/Ward Staffing Reviews & compiles the report for Board (& Sub-committees as/if required).

As agreed share with Commissioners

Appendix 1 segment...

The Board will seek Assurance that:

1. Right Staff	
i.	The organisation has systems to monitor staffing requirements across all services (based on acuity and demand) and these are measured and reviewed against actual team staffing levels.
ii.	There is an agreed process for escalating to the board significant issues that affect safe and sustainable staffing.
iii.	Staffing reports take account of local contextual factors which affect safe delivery of services.
iv.	The annually agreed uplift (headroom) percentage reflects organisational needs, is practical and is achieved.
v.	Clinical leaders and managers have allocated sufficient time to supervise and lead effectively.
vi.	The annual review of safe sustainable staffing references benchmarking data available to the organisation (both internal and external).
2. Right Skills	
i.	Processes are in place to identify, analyse and implement evidence-based practice across services.
ii.	Where new care models are developed, a clear plan exists for organisational development support to enable such change to take place safely and affordably and these plans are evaluated (see the national leadership framework for system leadership competencies, developing people – improving care).
iii.	An evidence-based approach in the organisation supports effective team working.
iv.	Systems and processes are in place to promote staff wellbeing and prevent fatigue and burnout.
v.	The organisation has a clear strategy for staff retention, which clearly states learning and development opportunities for all staff groups, and plans for attracting, recruiting and retaining staff that are aligned with the workforce plan.
3. Right Place and Time	
i.	Standard approaches across services identify and prevent unwarranted clinical variation in service provision.
ii.	Technology is available to staff to allow them to undertake their duties safely, efficiently and effectively.
iii.	Embedded quality improvement methods enable clinical teams to identify waste and make changes at service level to improve quality.
iv.	Regular reviews of shift patterns and e-rostering support the efficient delivery of care and treatment.
v.	Thresholds for the use of bank and agency staffing are set, monitored and responded to, with temporary staff recruited wherever possible from in-house staffing banks.

Expectations of Clinical and Managerial Leaders:

	1. Right Staff
i.	Use professional judgement, local quality dashboard data and evidence-based workforce tools when deploying staff.
ii.	Ensure the team has plans to use the workforce flexibly to respond to temporary, unknown and unplanned variations in service need.
iii.	Regularly review the quality metrics and budget statements with a line manager to understand how unplanned need impacts sustainable, safe, effective, caring, responsive and well-led care.
iv.	Consider how the team reflects and responds to the diversity of the people who use its service
v.	Consider the involvement/employment of people with lived experience as peer.
	2. Right Skills
i.	Ensure the clinical team's skills can sustainably meet the needs of people who use services, by completing an annual team-level training needs analysis and evaluation.
ii.	Develop the team using clear objectives and outcomes agreed by the multidisciplinary team (in line with the evidence base for effective team working).
iii.	Support clinical staff to embed and evaluate quality improvements and innovations to improve service delivery.
iv.	Acknowledge and celebrate team members' achievements.
v.	Be aware of and respond to indicators of reduced staff resilience and increased stress.
I.	Ensure access to and uptake of supervision and reflective practice, and check that they are facilitated and monitored.
II.	Involve experts by experience in the selection of staff.
	3. Right Place & Time
i.	Review local systems and processes to ensure they are lean and responsive to the needs of people who use mental health services.
ii.	Identify and prevent unwarranted variations in care and treatment, and implement plans to eliminate them.
iii.	When planning staffing and caseloads, consider (and plan to minimise) community teams' travel time.
iv.	Review the use of technology to ensure it enables staff to work remotely, efficiently and safely.
v.	Ensure staff rosters are used in line with local and national procedural guidance.
vi.	Ensure bank and agency staff have the appropriate clinical skills to meet the needs of people who use mental health services.
vii.	Ensure bank and agency staff receive an effective local induction.
viii.	Identify over-dependence on bank and agency staffing, and reduce it.
ix.	Ensure enhanced observations have the right checks and balances to ensure the resource being used is appropriate and efficiently and effectively deployed with minimum restriction for the service user.

SHSC Escalation Procedure: For Staffing Shortages (In-patient and Community Teams)

LEVEL 1 – GREEN

Insufficient staff available to meet service user need as per planned requirements.
Examples:

Postponement of:

- Training /Supervision
- Section 17 Leave
- Planned Appointments
- Therapy / Intervention

Ward / Team Manager Level Response

- Use professional judgement to reprioritise need
- Report to next line Manager Senior Operational Manager or Deputy Director
- Re-align team work-load
- Inform staff and service users
- Complete incident form

Review and resolve through team management.

If staffing remains unsafe escalate to line manager.

LEVEL 2 – AMBER

Inadequate staffing levels continue following Level 1 response.
Examples:

- Delayed medicines administration
- Delay meeting physical health care
- Postponement of more than 1 consecutive intervention / observation

Line Manager Response (SOM / Deputy Director)

- Revisit Level 1 actions
- Wider clinical team requested to cover clinical duties where appropriate
- Cancel essential but non urgent planned non direct care (e.g. staff training, appraisal)

Review and resolve through operational management.

If staffing remains unsafe, escalate to Associate Director / Associate Clinical Director Level / Silver on Call.

LEVEL 3 – RED

Inadequate staffing levels continue following Level 2 actions.
Examples:

- Inability to respond to crisis assessment
- Inability to meet statutory duties
- Inability to meet observation levels
- Repetitive Level 2 incidents

Director of Operations & Clinical Director in liaison with the Executive Director / On Call

- Review Level 2 actions
- Stop admissions / internal transfer of care
- Implement Critical Incident Plan
- Inform Chief Executive/Gold On Call when out-of-hours
- Inform Commissioners

72 hour review to be completed to identify lessons learnt.

Evidence Reviewed:	RAG	Action Required	Review Date
Expectation 1: Right Staff			
i. There is continuity in the multi-professional team.			
ii. Continuity of team leadership with sufficient allocated time for managerial activities.			
iii. Caseload within evidence-based recommendations/clustering data.			
iv. Administrative support is available.			
v. Benchmark data for an equivalent team.			
vi. Positive staff experience measures.			
vii. Team budget meets requirements, including a review of headroom.			
Expectation 2: Right Skills			
i. Technology to support team function.			
ii. Effective appraisals are conducted.			
iii. Mandatory training standard met.			
iv. CPD plan for all staff in place.			
v. Staff supervision/reflective practice processes in place.			
vi. All staff have had an appropriate induction (including temporary staff), including evidence of implementation.			
vii. Skill mix data reflects need.			
Expectation 3: Right Place & Right Time			
i. Care hours per patient day data (in-patient).			
ii. Fill rate data reflects requirement.			
iii. Team environment appropriate.			
iv. Staff sickness within trust threshold.			
v. Use of bank/agency within threshold.			
vi. Staff turnover measures.			
vii. Shift patterns match patient need.			
viii. Therapeutic activity matches person's needs and is consistently delivered.			
ix. Quality dashboard trend data.			
x. Escalation process and a review of escalated events.			
xi. Dependency/acuity data using evidence-based tools.			
xii. Escalation plans in place.			
xiii. Feedback from regulators.			
xiv. Patient experience measures.			
xv. Feedback from staff/students considered.			
xvi. Incident data.			
xvii. Bed occupancy.			
xviii. Organisational clinical handover standards are met.			