

Safe Staffing Policy in England

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Leading change ; Adding Value



- Commitment Nine
- We will have the right staff in the right places at the right time



Safe, Sustainable Staffing Improvement Resources

Safe, Effective, Caring, Responsive and Well- Led Care		
Measure and Improve <ul style="list-style-type: none">-patient outcomes, people productivity and financial sustainability--report investigate and act on incidents (including red flags) --patient, carer and staff feedback-		
<ul style="list-style-type: none">-implement Care Hours per Patient Day (CHPPD)- develop local quality dashboard for safe sustainable staffing		
Expectation 1	Expectation 2	Expectation 3
Right Staff <ul style="list-style-type: none">1.1 evidence based workforce planning1.2 professional judgement1.3 compare staffing with peers	Right Skills <ul style="list-style-type: none">2.1 mandatory training, development and education2.2 working as a multi-professional team2.3 recruitment and retention	Right Place and Time <ul style="list-style-type: none">3.1 productive working and eliminating waste3.2 efficient deployment and flexibility3.3 efficient employment and minimising agency

Safe staffing policy

Table 2: An overview of national approaches to determining nurse staffing in the four UK countries

	National or local?	Triangulation	Approved 'tools'	Current coverage	Legislation?
England	Local; national guidance	Yes	Three only, from NICE work in 2014-15	Acute surgical: drafts issued for learning disabilities, mental health and adult community nursing services	No
Northern Ireland	Required local use of nationally determined nurse: patient 'ranges'	Yes	No	Medical and surgical, acute Midwifery is reportedly being planned	No
Scotland	Required local use of nationally approved and mandated tools	Yes	Yes, mandatory use of a suite of tested and approved tools	Claimed coverage of '98%' of nursing and midwifery service areas	Commitment to legislate within current parliament
Wales	National legislated approach being developed	Yes	Currently consulting with NHS Scotland on development of suite of tested tools	When legislation is implemented will be 100%, with progressive coverage of tools	Yes, in 2016

* NICE endorsed a fourth tool for adult in-patient in April 2017.

Commonality :

- A formal Process
- Sector work streams
- Triangulation
- Acuity tool
- CHPPD / Hours worked
- Professional judgment
- Outcomes



Setting-Specific Safe Staffing Improvement Resources

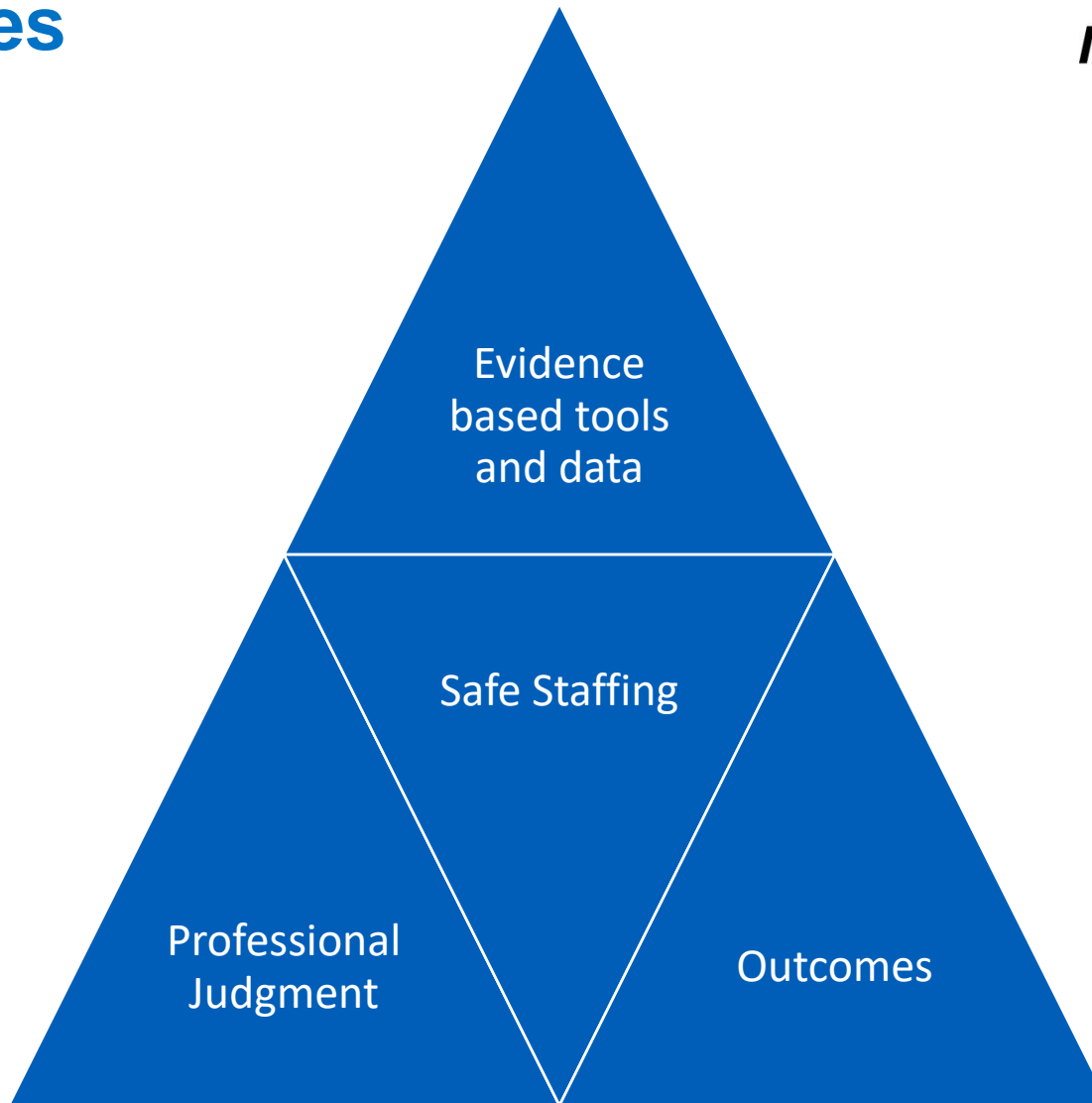
Care Setting	Chair
Inpatient wards for Adult Acute Hospitals	Professor Hilary Chapman, Chief Nurse, Sheffield Teaching Hospital
Urgent and Emergency Care	Pauline Philip, CEO, Luton and Dunstable NHS Trust
Maternity Services	Professor Mark Radford, Director of Nursing – Improvement, NHS Improvement
Children’s Services	Michelle McLoughlin, Chief Nurse at Birmingham Children's Hospital and Birmingham Women’s Hospital
Community Services	Dr Crystal Oldman, CEO The Queens Nurse Institute
Learning Disability Services	Professor Oliver Shanley, Regional Chief Nurse London – NHS England / NHS Improvement Alison Bussey, Director of Nursing/Chief Operating Officer South Staffordshire and Shropshire NHS Foundation Trust
Mental Health	Ray Walker, Executive Director of Nursing Merseycare NHS Trust

Engagement

- Responses from:



Principles



Board Governance

- What good looks like in reports
 - The good Trusts do a full workforce review across all professions and don't see things in isolation. Very few do this
 - They cover all areas and departments. Often missed out are Theatres and other specialist departments. Completely missed areas are areas such as Outpatients and Radiology
 - The best use actual data from the tools they use (BR+, Acuity , PANDA) and clearly triangulate this with other data such as ratios' and fill rates, CHPPD etc..
 - A clear link to the quality outcomes, operational and finance performance achieved on the ward, department or area
 - A clear board governance around staffing and outcome ... clear data sets down to ward level ,
 - Time at board to discuss and a clear set of actions arising from the data.
 - A rationale and approach to 'Worry Wards/departments/services'

- ‘Developing Workforce Safeguards’ came from Safe Staffing work when system leaders identified a gap in support around workforce.
- Builds on NQB (2016) guidance ‘Right Staff, Right Skills, Right Time’
- Strengthens accountability for safe, sustainable and productive staffing across all staff groups
- Includes new recommendations on governance processes from ward to board
- Promotes consistent approach to staffing decisions and supports CQC fundamental standards

Key messages

- Trusts must use key method of triangulation evidence based tools (),
 - professional judgement and
 - outcomes in their staffing planning and decision processes.
- Trust boards must ensure that NQB guidance is embedded in their safe staffing governance
- Provide an assurance in the annual governance statement, Trusts will be asked to describe the extent of their compliance with this guidance (from April 2019)
- Any significant service change with establishment changes must have a full QIA review. This includes introducing Nursing Associates, Physicians Associates, Band 4s etc.