Agenda Item No. 10a

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Emma Hardwick Interim Director of Nursing	Decision		High	Med	Low
	Discussion				
	Information	√			
LEAD MANAGER:			**BAF REFERENCES & RAG:**		
Valerie Newton Deputy Director of Nursing	Strategic				
	Operational				
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
CQC Domain: (safe, caring, effective, responsive, well-led)	All				

Meeting Date: May 30th 2017

Report Title: Review of the Trust's current practice against National Quality Board Draft Proposed Standards in the "Safe, sustainable and productive staffing – an improvement resource of adult inpatient wards in acute hospitals" – update May 2017

PURPOSE:

The following paper provides an update of the Trust's position against the National Quality Boards resource for adult impatient wards in acute hospitals.

SUMMARY:

The NQB published draft standards in December 2016. To date the completed standard resource have not been published.

While these are proposed standards they do provide a framework to benchmark QEHKL current practice against this improvement resource.

It is recommended that the QEH continues to consider these standards and review once resource is released and this is reported via the Workforce Committee

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√			√	√

RECOMMENDATIONS:

That the Board note this report and approve recommendation for future monitoring

REVIEW OF THE TRUST'S CURRENT PRACTICE AGAINST NATIONAL QUALITY BOARD DRAFT PROPOSED STANDARDS IN THE "SAFE, SUSTAINABLE AND PRODUCTIVE STAFFING – AN IMPROVEMENT RESOURCE OF ADULT INPATIENT WARDS IN ACUTE HOSPITALS" – UPDATE MAY 2017

	Proposed standard	QEH current standard	Update May 2017
Right Staff	There must be sufficient and appropriate staffing capacity and capability on adult inpatient wards to provide safe, high-quality and cost-effective care to patients at all times. Staffing decisions must be aligned to operational planning processes so that high quality care can be provided now and on a sustainable basis.	Current skill mix is reviewed 6 monthly to respond to changes in patient dependency/ acuity The trust has a staffing and safety acuity tool that is undertaken on in patient adult wards a minimum of three times a day to respond to operational planning processes – wards are deemed low, medium or high risk and matrons then review what support is required in real time	A review of Trust staffing has been undertaken and a final decision of the senior nursing / midwifery oversight for Trust staffing to be taken by the end of May and new process to be in place from June 2017. Review of staffing and acuity tool outcomes are to be used as part of the senior nurse oversight of Trust staffing. A new reporting system for red flag events to be reported to Quality Committee from end of May 2017. Review of Allocate Safe Staffing software to identify value of this additional resource
Right Staff	The nursing establishment is defined as the number of registered nurses and healthcare assistants who work in a particular ward, department or team. The ward establishment may include allied health professionals and other support staff, dependent on the model of care being delivered. It is important to distinguish between the establishment and number of staff available to be rostered on any given day.	Each in patient adult area has its own dedicated establishment of RNs and nursing support staff and this is clearly reported and submitted via UNIFY data collection AHPs establishments are calculated separately. E roster is in place for nursing staff to identify staffing levels on every shift every day.	Medical staffing rosters are currently being converted to E roster and should be complete by Autumn 2017. AHP roster processes to reviewed and concerted to e roster- work due to commence in September 2017.
Staffing Reviews	Decision-making to determine safe and sustainable staffing must follow a clear and logical process that takes account of the wider multidisciplinary team. Although registered nurses and healthcare assistants provide a significant proportion of direct care, other groups to consider include: • medical staff • allied health professionals	Nursing skill mix is determined using safer nursing tool as well as local data to calculate nurse staffing. Currently AHP staffing and medical staffing is calculated separately. Plans are in place to place AHP and medical personal on E-roster. A reliable method of calculating wider MDT	Nil changes to report

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	• pharmacists • advanced clinical practitioners/clinical nurse specialists • volunteers • hostess/support staff • Administrative and managerial staff.	contribution to direct care is not currently available.	
Staffing Reviews	A transparent governance structure, including ward to board reporting of staffing requirements, should be in place for determining staffing numbers and skill mix and monitoring its effectiveness	Governance structure in place with Director of Nursing line managing each Associate Chief Nurse who manages each in patient division. Staffing level are reported to the board on a monthly basis	Skill mix review undertaken February 2017 and reported to public Board in March 2017 Monthly unify data of fill rate reported to the Board
Staffing Reviews	Boards should carry out a strategic staffing review at least annually, aligned to the operational planning process or more frequently if changes to services are planned. The key elements of this planning approach are: using a systematic, evidence-based approach to determine the number and skill mix of staff required exercising professional judgement to meet specific local needs, but ensuring this does not duplicate elements included in the tool being used, for example if the tool takes account of patient turnover an additional allowance for this would be duplication benchmarking with peers (e.g. CHPPD via model hospital) taking into account of national guidelines, bearing in mind they may be based on professional consensus.	Currently a staffing review is undertaken 6 monthly and presented at public Board. Data from Safer Nursing Tool is used Review of specialised services e.g. frailty using local specific data and from Royal Colleges Care hours Per Patient Day (CHPPD) are collected and are reported through the model hospital process – to date limited benchmarking data available from other Trusts.	Skill mix paper reported to the Board March 2017 Model hospital data now able to be accessed by DON, ACNs, matrons and ward managers. NHSI Lead Nurse has provided educational update for Nurse and Midwifery leads. QEHKL contributed to NHSI live testing for ward metrics during April 2017.
Decision Support Tools	In addition boards should ensure there is: • No local manipulation of the identified nursing resource from the evidence-based figures embedded in the tool. Except in the context of a rigorous	This is an area that needs further development within the Trust e.g. • Train all key staff in the use of the tool • Currently 22% is added into nursing establishments for sick, annual, maternity,	DoN currently reviewing the Allocate Safe Staffing software

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	independent research study as this may adversely affect the recommended establishment figures derived from the use of the tool • quality control of the data • staff are trained to use the tool • independent and systematic validation so that the tool is applied consistently across the organisation and as directed by the tool's evidence base • adherence to the guidance on the number of datasets and content required for setting ward establishments • transparency of the results and agreed routes for decision-making • an agreed allowance for planned and unplanned leave • staff are able to respond effectively to changes in patient need and other demands for nursing time that occur often but are not necessarily predictable: for example, patient deterioration, admissions and end-of-life care. Capacity to deal with unplanned events should be built into the ward establishment. This is commonly referred to as 'responsiveness time'.	paternity and study leave	
Allowance for Uplift	Whilst ensuring that leave is managed efficiently and responsibly, nursing establishments for adult inpatient acute wards should include an 'uplift' to allow for the efficient and responsible management of planned and unplanned leave and to ensure that absences are able to be managed effectively. An inpatient ward establishment will include uplift for: • annual leave in line with Agenda for Change or local terms and conditions	Currently the uplift is 22% - this does not allow for changes following agenda for change or paternity leave	DoN/ DoF reviewing current uplift calculation

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	• study leave • parenting leave • Sickness/absence/compassionate leave.		
Allowance for Uplift	Local factors must be considered when calculating the percentage allowances for inclusion in uplift. It is important that the level of uplift is realistic and reviewed at least annually. Some principles you may wish to include when setting your uplift include: • operating a central pool for parenting leave (calculated at ward level and then managed centrally) • leave entitlements will vary with long service enhancements • planning should be based on the organisation's target level of sickness/absence, for example 3% to 4%, and aligned to plans to implement improvements • estimates for study leave should include mandatory and elements of core/job specific training • learning activities such as fulfilling link-nurse roles and participation in quality improvement collaborative • a greater allowance for study leave uplift will need to be made if there is a higher proportion of part time staff5 • As ward based teams become more multi-professional, consideration should be given to applying this allowance across the whole team. *Uplift should also allow for a proportion of supervisory time for the lead sister/charge nurse/team leader within the care team. The extent of supervisory time should be determined locally, with an appropriate	The Trust will need to consider this standard Currently the establishment have the ward managers supervisory within the establishments – however due to vacancy and sickness levels several ward managers are currently included in the staffing numbers in many areas.	Monthly supervisory data of ward managers collected. DoN/ DoF reviewing current uplift calculation

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	impact assessment and analysis. Cognisance should be taken of the Mid Staffordshire Inquiry Report recommendation.		
Measure and Improve	The NQB indicate that Trusts should collect ward and organisation-level metrics to monitor the impact of staffing levels on the quality of patient care and outcomes, the use of resources and on staff themselves. The aim is to continuously improve patient outcomes and use of resources in a culture of engagement and learning.8 Evidence-informed ward-based metrics may focus on: • patient outcomes (e.g. infections, falls, pressure ulcers) • patient and staff experience (e.g. family and friends test and complaints) • staffing data (e.g. appraisal, retention, vacancy, sickness) • process measures (e.g. hand hygiene, documentation standards) • Training and education (e.g. mandatory training, clinical training). A local quality dashboard for safe and sustainable staffing that includes ward-level data should be in place to support decision-making and inform assurance. This should be reviewed on a monthly basis and take account of the budgeted establishment and expenditure to date including temporary staffing.	The Trust meets this standard and is currently reviewing the metrics in use.	Metrics have been reviewed and new reporting to commence in July 2017

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Measure patient outcomes, people productivity and sustainability	It is important to identify the aspects of quality that are linked to safe staffing in adult ward environments. The literature highlights that falls and medication errors are strongly linked to staffing (NICE evidence review, 2014), with other areas including omissions in care, missed or delayed observations and unplanned admissions to ITU providing insights into staffing capacity and capability. However, these indicators can be challenging to monitor consistently and a thorough audit program must be in place to do so.	A quality dashboard is monitored on a weekly basis by the senior nursing team and includes a review in real time of: • pressure ulcers • falls • medication errors • IP&C standards • Complaints In a review of nursing metrics EWS will be included in the change when metrics are revised	New red flag reporting system commenced end of May 2017 to include: • Unplanned omission in providing patient medications • Delay of more than 30 minutes in providing pain relief • Delay in the administration of IV antibiotics of > 60 minutes • Less than 2 RN's present on the ward during any shift • No substantive RN available on any shift • Unavailability of planned 1:1 Enhanced Care • Shortfall of 8 hours or 25% (whichever is reached first) of RN time available • Avoidable patient falls with harm • Avoidable Pressure ulcers (>grade 2)
Report, investigate and act on incidents	Trusts should follow best practice guidance in the investigation of all patient safety incidents, including root cause analysis10 for serious incidents. As part of this systematic approach to investigating incidents, providers should consider staff capacity and capability, and act on any issues and contributing factors identified. NHS providers should consider reports of the 'red flag' issues suggested in the NICE guidance, 12 13 and any other incident where a patient was or could have been harmed, and 14 as part of the risk management of patient safety incidents. Incidents must be reviewed alongside other data sources, including local quality improvement data (e.g. for omitted medication), 15 clinical audits16 or locally agreed monitoring information, such as	Processes are in place to undertake investigations following incidents and staff have training before RCAs Two red flag in relation to delays in administration of pain relief and the antibiotics are collected via the staffing and safety matrix – other red flag incidents will need to be agreed and plans made for how to collect this data.	Red flag reporting system commence end of May – excluding care rounding and observations red flags until robust collection proforma agreed.

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	delays or omissions of planned care.		
Patient, carer and staff feedback	The views of patients, carers and staff can give vital insights to staffing capacity, capability and morale, using mechanisms such as national and local surveys, patient or staff stories, complaints and compliments. The findings of incident and serious incident investigations should also be considered alongside the suggested list of quality indicators so that the nature and causes of any issues can be rapidly identified and acted on. Some national and local surveys include questions with direct or indirect bearing on staffing (for example, asking patients if they think there were enough staff to meet their needs, and whether they had to wait for call bells to be answered, etc.) but wider feedback on the overall experience of receiving or delivering care is also likely to be affected by staffing. Organisations need to be cognisant of feedback from regulators and agree through their governance processes their formal actions in response to this. These may include: 1. feedback from CQC inspections 2. HEE quality visits19 3. NHS Improvement diagnostic reviews 4. CCG reviews.	Processes are in place to collect this data via: • Patient surveys • Family and friends test • Complaints and compliments • Monthly indicators • Weekly review of moderate incidents • Mock CQC infection visits • NEDs 15 steps visits • Visit from HEE, NMC and GMC • CCG reviews	New patient feedback system commenced with Meridian in May 2017.