Community workforce

Professor Mark Radford
Director of Nursing – Improvement, NHS Improvement

#nursingnhsi
Workforce & Staffing
There is also large variation within type of trust

2016 Nursing turnover rates by trust type

- Community
- Mental Health
- Specialist
- National
- Acute

We are particularly going to be focusing on MH trusts due to the current supply risks associated with the FYFV expansion.

Community trusts are included in our Nursing Direct Support Programme.
Aim: to improve the retention of clinical staff within the NHS and to reduce turnover between providers.

Support available to all trusts

- Masterclasses aimed at DoNs and HRDs
- National programme of one-on-one support, in partnership with NHS Employers
- Retention improvement resources that summarise trusts’ innovative retention approaches

Targeted support

- Nursing Retention Direct Support Programme to help those with high nursing leaver rates
- Mental Health Retention Direct Support Programme to help those MH trusts with above average leaver rates
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

<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>
</tr>
<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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<tr>
<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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<tr>
<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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Summary Progress at a glance - Improvement Resources

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<th>Engagement</th>
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<td>July</td>
<td>November</td>
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<td>August</td>
<td>December</td>
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Adult
LD
MH
District N
CYP
Maternity
Neonatal
UEC

Sub group sign off
ALB Review and sign off
NQB SSS Group
Engagement
Review
Final Draft
Editorial
NQB Sign Off
Publication
## Setting-Specific Safe Staffing Improvement Resources

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

Dr Crystal Oldman
Chief Executive, Queen’s Nursing Institute
Chair of Safe Caseload Management workstream

Jane Robinson
Clinical Improvement Project Lead, NHS Improvement
Professional Lead of Safe Caseload Management workstream
Engagement Update

Responses during engagement period for safe staffing improvement resources

- Adult: 110 responses
- LD: 74 responses
- MH: 86 responses
- District Nursing: 216 responses

*completed or partially completed responses

Responses to economic impact survey

Email responses
Engagement Update

• Responses from:

- NHS Improvement
- QNI (Queen's Nursing Institute)
- VirginCare
- Health Education England
- Royal College of Nursing
- Royal College of Occupational Therapists
- NHS Employers
- MHNAUK (Mental Health Nurse Academics UK)
- West London Mental Health NHS Trust
- UNISON
- Mid Essex Hospital Services NHS Trust
- Chartered Society of Physiotherapy
Introduction

Reproduced with permission from Maybin J, Charles A, Honeyman M (2016)
Understanding quality in district nursing services – learning from patients, carers and staff. London: The King’s Fund.
What does the evidence say?

‘For me, the most significant piece of evidence to emerge from this work stream, particularly the evidence review, is that there is a distinct lack of evidence’

Iain Upton - Working Group patient Lead
A patient’s perspective

From a patient perspective, the ‘do nothing’ option does not sit comfortably.

Instead, a balance between pragmatic common sense and puritanical evidence-based, risk-averse inactivity must be struck – and the unearthing of evidence should continue.

Rather than discussing it again and again, let’s break this ‘unsolvable’ issue into manageable chunks and work together, including patients in the process, to take action. Now.’

Iain Upton
Factors to consider in safe caseload management include, but are not limited to, the following (The Queen’s Nursing Institute, 2016):

- needs of patients, their families and carers
- patient safety
- geography (e.g., urban or rural, implications for travel and ability to use mobile technology)
- housing and the home as an environment for care
- staff safety (e.g., lone working or care that needs to be given by more than one member of staff)
- care pathways and interventions (e.g., collaboration with other services providing care in the home, such as the allied health profession, third sector and social care)
- location of the care environment beyond the patient’s home, including residential nursing homes. Some district nurses hold clinics in GP surgeries and community centres.
The district nursing perspective
Skill mix redesign / Inter-professional working

Typology and practice sphere; Vertical, Horizontal and team

Clinical environment

1. Therapy/Pharma Assistant
2. NA & Band 4
3. AHP
4. RN
5. Snr RN
6. ACP/PA
7. Snr AHP
8. ACP/PA
9. FP Dr
10. Consultant
11. StR
12. ACP
Evidence based caseload management

Population (number of patients)

Patients’ care requirements (complexity)

Demand (workload)

Commissioning & workforce planning

Establishment setting to meet patient need

Caseload allocation day to day (planned & unplanned)

Measurement of caseload outcomes

Professional judgement: what good looks like & workforce required

Variety of tools and metrics used for assurance
The principles of safe caseload management

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<tr>
<th>Safe caseload principles for members of the board, with strategic partners</th>
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<tr>
<td>Organisations should work together locally, to define safety in the context of district nursing and agree a suite of metrics to provide assurance of safety and quality across the system.</td>
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<td>Include metrics regarding: patient safety, patient experience, staff experience with system-wide measures. Standardise collection and monitoring of metrics.</td>
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<tr>
<td>Plan the multiprofessional workforce to provide safe caseload management around the agreed definitions of safety and quality.</td>
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<td>Use technology to support remote monitoring and a more agile workforce.</td>
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<tr>
<td>Use an evidence-informed decision support tool, triangulated with professional judgement and comparison with relevant peers.</td>
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<tr>
<td>Undertake an annual strategic staffing review of all healthcare professional groups.</td>
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<tr>
<td>Review a comprehensive staffing report after six months to ensure workforce plans are still appropriate.</td>
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<td>Review a local dashboard of quality indicators to support decision-making on a monthly basis.</td>
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<tr>
<td>Review local recruitment and retention priorities regularly and maximise flexible employment options and efficient deployment of staff.</td>
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<tr>
<td>Introduce a process to determine additional uplift requirements based on the needs of patients and local demography.</td>
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<tr>
<td>Introduce an escalation process in case staffing does not deliver the outcomes identified in the appropriate plan.</td>
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<tr>
<td>Investigate staffing-related incidents and outcomes on staff, patients, families and carers and ensure action and feedback.</td>
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<tr>
<td>Respond to changing patient requirements and new ways of working/new care models.</td>
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