How many more staff do you need to improve the quality of care?

A challenge to the conventional thinking that to achieve better quality automatically means more staff.

Mike Davidge, Director NHS Elect
22 October 2014
How many more staff do you need to improve the quality of care?

The context

THE MID STAFFORDSHIRE NHS FOUNDATION TRUST
PUBLIC INQUIRY – Chaired by Robert Francis QC

The Cavendish Review

An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings

Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

Professor Sir Bruce Keogh KBE

How to ensure the right people, with the right skills, are in the right place at the right time

A guide to nursing, midwifery and care staffing capacity and capability

A promise to learn – a commitment to act

Improving the Safety of Patients in England

National Advisory Group on the Safety of Patients in England

Hard Truths

The Journey to Putting Patients First

Volume Two of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry – Response to the Inquiry’s Recommendations
The systems response

How many more staff do you need to improve the quality of care?

Foundation trust recruitment tops 24k

27 May, 2014 | By Will Hazzard

Foundation trusts saw their surpluses plunge £358m last year as they boosted staff numbers in the overheated recruitment market, a report by Monitor indicates.

The recruitment of 24,000 extra employees in 147 foundation trusts - three times the 8,000 planned - was in part a response to the Francis report and Keogh review, both of which highlighted national care failings.

The majority of new staff were in frontline services, according to Monitor, which said the recruitment surge showed that trusts were tackling “failures of care highlighted by the Francis report and Keogh review”.

The foundation trust sector finished 2013-14 with a £133m surplus, one-third the size of the previous year’s £491m.

• See the most recent NHS vacancies

Forty trusts ended the year in deficit, almost double the 21 according to a shortfall in 2013-14.

International recruitment

Recruiting from overseas is the most viable option available to NHS hospitals when looking to fill vacancies in medical professions that historically suffer from a skills shortage in the UK. Through international recruitment, United Lincolnshire Hospitals NHS Trust is tackling the problems of recruiting to certain posts and reducing costs.

Before looking to recruit from overseas, NHS organisations are required to seek to fill vacancies from the resident labour market, including a national of a country within the EEA. To fill a vacancy for a doctor or consultant where there is no appointable UK or EEA applicant, ULHT uses reputable international agencies, that they have a long history of working with, to recruit from abroad.

Agency costs jump £300m at foundation trusts

21 July, 2014 | By Sophie Barnes

Foundation trusts saw the cost of agency and contract staff shoot up by £300m last year, according to their annual accounts.

The increase is a 27 per cent rise from £1.1bn in 2012-13 to £1.4bn for 2013-14, a report by foundation trust regulator Monitor said last week.

In his introduction to the report, Monitor chief executive David Bennett said foundation trusts “continue to cite difficulties in recruiting to permanent posts”.

• Exclusive: Majority of hospital trusts missed their own nurse staffing targets

Such difficulties had been “exacerbated” by the impact of increasing clinical staffing ratios following the Keogh and Francis reviews.

The annual accounts also revealed the collective surplus of foundation trusts fell by marginally more than stated in Monitor’s last cost-savings report.

Concern over £16m temporary staffing bill for Norfolk and Suffolk mental health trust

21 May, 2014

Mental health bosses pledged to reduce temporary staffing costs in Norfolk and Suffolk after it emerged that an NHS trust spent more than £16m in the space of a year on locums and agency workers.

Adam Griston Health Correspondent

Wednesday, September 17, 2014

0:30 AM

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The impact

NHS faces mounting financial crisis as deficit heads towards £1bn

Three-quarters of hospitals could be in the red by end of year without urgent government bailout, warn NHS leaders in private

Dennis Campbell, health correspondent
The Guardian, Monday 15 September 2014 20.24 BST

NHS trusts in financial difficulty double in number

40% of acute trusts, 20% of ambulance trusts, 11% of specialist trusts and 7% of mental health trusts are in deficit

Seven in 10 trusts 'require improvement' or are 'inadequate', says CQC

Seven out of 10 NHS trusts rated by the Care Quality Commission under its new inspections regime were found to be inadequate or requiring improvement, an HSJ analysis of published ratings reveals.
How many more staff do you need to improve the quality of care?

If you had to justify hiring extra staff, what would you say?
Three assumptions

1. To provide quality care we just need to have the right amount of staff.
2. We are already working 100% efficiently – we can’t do any more.
3. We have to use the roles we have, it’s too difficult and too time consuming to do anything else.
Assumption 1

“To provide quality care we just need to have the right amount of staff”

What does right amount mean?
Nurse staffing levels according to NICE
“There is no such thing as a safe level without knowing about the nature of demand.”
The Safer Nursing Care Tool

Evidence-based easy to use tool which uses acuity and dependency to help plan for future workforce requirement.

What are the benefits?

- Review impact of actual staffing levels on the quality and care delivered
- Determine ward team size and mix easily and quickly
- Benchmark against similar wards and departments

Turn data into graphs and reports.
How many more staff do you need to improve the quality of care?

**Ward staffing**

- Patient demand per patient
  - (a) Acuity
  - (b) Dependency
  - (c) Daily living

- Direct nursing time per patient
  - (a) Number of tasks
  - (b) Frequency of tasks
  - (c) Time to do tasks

- Employed nurses per patient
  - (a) Non direct care time
  - (b) Working week
  - (c) Non working time
  - (d) Shift overlap

- Employed nurses per ward
  - (a) Ward size (Pt No’s)
  - (b) Occupancy
How many more staff do you need to improve the quality of care?

The flaw of averages
How many more staff do you need to improve the quality of care?

Variation in patient acuity

Daily Score on CCU
St Elsewhere’s NHS Trust

Daily acuity score

- Daily score
- Mean (7.5)
- Lower (0.0)
- Upper (16.3)
- Staff level (11.9)
How many more staff do you need to improve the quality of care?

Variation by day

Daily average Acuity score on CCU
St Elsewhere’s NHS Trust

<table>
<thead>
<tr>
<th>Day</th>
<th>Acuity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>7.95</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7.82</td>
</tr>
<tr>
<td>Wednesday</td>
<td>4.22</td>
</tr>
<tr>
<td>Thursday</td>
<td>4.71</td>
</tr>
<tr>
<td>Friday</td>
<td>7.99</td>
</tr>
</tbody>
</table>

Average Acuity Scores:
- Monday: 7.95
- Tuesday: 7.82
- Wednesday: 4.22
- Thursday: 4.71
- Friday: 7.99
How many more staff do you need to improve the quality of care?

Key Point

Understand the variation in demand and set your levels accordingly.
Assumption 2

We are already working 100% efficiently – we can’t do any more.
How many more staff do you need to improve the quality of care?

Systems thinking

Input
- Staff time and resources

Process
- The care plans and protocols staff follow

Outcome
- The effect on the customer

Source: “Evaluating the Quality of Medical Care”, Donabedian A, 1966
How many more staff do you need to improve the quality of care?

How much time did staff spend with patients?

% Direct Care Time

*Initial survey results*

Range 25% - 49%
How many more staff do you need to improve the quality of care?

What else were staff doing?

**Activities other than direct patient care**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage of Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motion</td>
<td>18%</td>
</tr>
<tr>
<td>Discussion</td>
<td>16%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
<tr>
<td>Admin</td>
<td>12%</td>
</tr>
<tr>
<td>Handovers</td>
<td>10%</td>
</tr>
<tr>
<td>Medicine Mgt</td>
<td>8%</td>
</tr>
<tr>
<td>Personal Hygiene</td>
<td>6%</td>
</tr>
<tr>
<td>Patient Flow</td>
<td>4%</td>
</tr>
<tr>
<td>Mgt</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>0%</td>
</tr>
</tbody>
</table>
So what is possible?

"The tools of VMPS have helped us eliminate waste and non-nursing activities that took nurses away from direct patient care. Our nurses spend more than 90 percent of their time at the bedside, compared with a national average of less than 50 percent."

Charleen Tachibana,
Chief Nursing Officer,
Virginia Mason Medical Center
Never assume that all staff time is being used effectively.

But also don’t blame the staff for this situation! It is the system **WE** have created or allowed to persist that is the cause.

What is the direct care percentage in your wards and services?

How could you increase that by removing unnecessary tasks and activities?
Assumption 3

We *have* to use the roles we have, it’s too difficult and too time consuming to do anything else.
Two organisations have started to think differently and use workforce in a different way...
How many more staff do you need to improve the quality of care?

In these examples the focus is on uncovering the demand for skills instead of which role, and then working to understand the capacity of the workforce to provide those skills:
How many more staff do you need to improve the quality of care?

5 Boroughs Partnership NHS Foundation Trust

Psychiatrists, Psychologists, Qualified Nurses, Therapists, Health Care Assistants and House keepers, all have agreed on the generic skills needed by patients to agreed points across the inpatient adult mental health pathway.
How many more staff do you need to improve the quality of care?

The context

- Current mental health trust the result of a merger
- Relocation of inpatient mental health service
- No ‘lift and shift’
- Multi-disciplinary workforce: Psychiatrists, Psychologists, Registered Nurses, Therapists, Pharmacists, Healthcare Assistant and Housekeepers
The diagnosis

The team collated and reviewed data that:

• Captured the size and shape of the existing workforce (payroll data)

• Uncovered the demand placed upon workforce (patient flow data)

• Identified how the workforce were utilised (scheduling data)
What they found

Each crisis was different and required a tailored response.

The service struggled to provide the right health worker at the right time to meet the individual or family’s presenting emergency.

Most people had complex health and social care issues.

*BUT* the skills needed to provide the assessment tended to be more generic than originally expected.
How many more staff do you need to improve the quality of care?

The solution

“From this diagnosis, the team created a workforce plan that matched the skills and competencies needed by patients to agreed points across the pathway.”
How many more staff do you need to improve the quality of care?

The results

- Workforce agree on the generic skills needed to support inpatients.
- Recognition that role broadening is important to improve the patient experience.
- Provide CPD based on patient needs.
- Use shift skills and competencies requirements when allocating temporary staff thus reducing costs.
- Staff engagement increased and turnover reduced from 14% to 1.9%.
How many more staff do you need to improve the quality of care?

Nottingham CityCare Partnership

Qualified nurses, social workers, occupational therapists and physiotherapists are all trained in each other’s disciplines up to the level of a general assistant practitioner.
The context

• Convert an existing team into a new crisis response service
• Challenging target response times
• Multi-disciplinary team covering health and social care
  – nurse, physiotherapist, occupational therapist and community care officer
• Wider team support
How many more staff do you need to improve the quality of care?

The diagnosis

Staff recorded what their patients actually required in terms of input.
What they found

Each crisis was different, and required a tailored response.

The service struggled to provide the right health worker at the right time to meet the individual or family’s presenting emergency.

Most people had multifaceted health and social care issues.

**BUT** the skills needed to provide the assessment tended to be more generic than originally expected.
The solution

The team decided to establish a workforce development approach to give each individual a basic grounding across the four professions.

The national assistant practitioner competency framework offered a set of core skills.

Each professional assessed their colleagues’ competence to practice core skills within his or her own discipline.
How many more staff do you need to improve the quality of care?

The results

Individual confidence levels have improved.

Deeper understanding of each other’s profession and contribution.

Release of resources: More can be done in a single visit and less time is taken in referring between disciplines.
How many more staff do you need to improve the quality of care?

It’s not as hard as you think!

• Understand the nature and pattern of demand on multi-professional teams and set your capacity accordingly

• Work to remove the unnecessary tasks that waste staff time

• Focus on skill management rather than staff mix to meet changing demand
  • Unleash the knowledge of existing teams.
  • Put patients needs at the centre of changes you make
How many more staff do you need to improve the quality of care?

Panel Debate

*Panel Chair:*

Margaret Edwards: Vice President, McKesson

*The Panel:*

Mike Davidge: Director, NHS Elect
Robert Sumpter: Workforce Consultant, McKesson
How many more staff do you need to improve the quality of care?

The three assumptions

• Did you recognise them?

• What other assumptions are you making and are they just as invalid?

• Focus on what patients need first then use the whole team to meet that need

• This is not an instant solution but you do need to get started
Shared learning

• Write up your next steps from what you have learned today on your postcard

• Provide your email address to receive a digital summary of today's session
How many more staff do you need to improve the quality of care?

Thank you