

Ensuring safe staffing:
***Context and perspective from an NHS
Foundation Trust***

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Outline of the session

- Let's get personal
- Join me on a journey
- Making sense of this....

My role....

- ...monitor nursing and midwifery **staffing levels** and **skill mix** in the organisation, relating these to patient dependency and **ensuring effective use** of the nursing and midwifery workforce.
- ...ensure that they have sufficient **staff** with the right knowledge, experience, qualifications and skills to support their service users and provide a **safe and effective** service.

The Board of Directors



Well Led

Definition:

By well-led, we mean that the leadership, management and governance of the **organisation assures the delivery of high-quality and person-centred care, supports learning and innovation, and promotes an open and fair culture**

There should be:

Effective leadership, governance (clinical and corporate) and clinical involvement at all levels of the organisation, e.g., open reporting culture; learning from complaints; incidents and patient stories/patient safety; clinical supervision; mandatory training; appraisal; risk management; leadership.

Making it personal...



Southern Health
NHS Foundation Trust



NHS
Liverpool
Community Health
NHS Trust



General
Medical
Council

Policy response

- National Quality Board Principles: Trusts expected to use to plan staffing
- NICE safe staffing guidelines: Guideline safe staffing for adult acute wards
- Data Transparency: Wards to display RN numbers Hospitals to publish RN staffing data
- Safer Nursing Care Tool: Endorsed by NICE for use on general acute wards to plan nursing numbers

Policy response

- NHSI/E: Optimising the nursing workforce to support retention
- NHS Dorset: working in collaboration for the integrated care system
- Interim NHS People Plan: developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver care and identifies the actions we will take to help them

The RBCH Culture Change journey so far...

Our Starting Point



Staff Impressions (FFT) Q1	2014
Recommend as place to work	60
Recommend as place for treatment	73
Overall Impression – Mainly Good	86

HAVE YOUR SAY!
NHS Staff Survey 2015

Discovery Phase: January - June 2016

What we did...

- Role modelled the change we wanted to see - collective leadership
- Interviewed all Board members
- Facilitated open and bespoke focus groups with staff
- Reviewed existing Trust data and survey results
- Looked at best practice
- Fed back our findings to a dedicated 4 hour Board development session June 2016
- Went back to staff to tell them what we heard and what next

Inspected and rated

Outstanding ☆



The culture we want to create

Moving to DESIGN Phase

- Every patient feels welcome and safe
- Staff feel valued and supported to do the best for patients
- We all feel proud to work for RBCH and part of one team
- Staff and patient voices are encouraged, heard and listened to
- We are focussed on continually improving patient care and reducing harm
- It is easy to see how our roles contribute to the success of the organisation
- We prefer to communicate face-to-face
- We trust each other to do the right thing
- We always seek to learn from our mistakes and see no value in blame
- We have a reputation for valuing diversity and equality
- Our partners describe us as collaborative and outward looking
- Poor behaviour and performance is dealt with effectively
- It feels safe to raise concerns

DESIGN phase

June 2016- June 2017

- Detailed work programme
- Trust objectives
- Vision
- Leadership model



What makes us proud?

From this...

....to this!

Our Medical, HR and QI Directors



1400 attendees



Communicate - Say it, hear it, do it!

Improve - Change it!

Teamwork - Share it!

Pride - Show it!

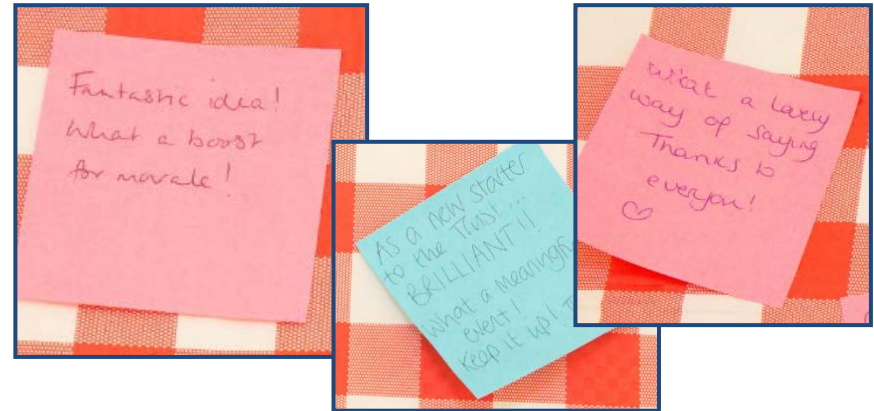
What makes us proud?

#ThankYou! Day

"The best 90mins I have spent at work for a long time..."

"Wow yes it was a great day and I've heard great comments from the ward staff, It appears to have been very positive and well received. I thoroughly enjoyed the day"

"It was lovely for me to be involved in a very small way and to get to see so many people come along"



External recognition

- Nursing Times Workforce Summit – Best employer for staff recognition 2018
- Highly commended HSJ Trust Provider of the Year category 2018
- CQC Inspection 2018 – Outstanding for Well Led
- HSJ winner – Staff Engagement category 2017
- NHSI Culture Programme Toolkit Part 2 case study



What our staff are saying...

National staff survey

	2015	2016	2017	2018	NATIONAL AVERAGE (ACUTE TRUSTS) 2018
Recommend as place to work	66%	68%	73%	76.7%	62.6%
Engagement Score	3.90	3.90	3.96	7.5**	7.0**

**Changes to scoring for themes in 2018



Staff Impressions Survey Data

Q1	2014	2015	2016	2017	2018	2019 **
Recommend as place to work	60%	68%	67%	77%	77%	77
Recommend as place for treatment	73%	84%	83%	89%	89%	90%
Overall Impression – Mainly Good	86%	92%	88%	94%	94%	93%
Completed by	739	544	303	579	1061	822

“Positive. Changes that needed to be made previously are happening. There is an optimistic and upbeat feeling towards future developments.”

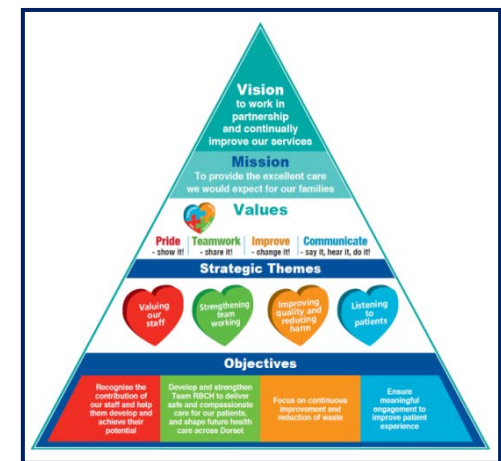
“It is extremely busy but at the end of the week I feel satisfied that I have done the very best I can do”

“It feels positive. Most colleagues are smiling. Which is encouraging to others including patients.”

**2019 Q1 survey still open (results as of 26.06.2019)

Making sense of this....

- There is no easy solution
- Looking after our workforce to look after our patients
- Aspiring to be an outstanding place to work
- Continuing on the journey of improvement
- Continue to engage and communicate with our staff, be their voice and make improvements happen



Board rounds - top tips

I'm Megan, I'm the Discharge Key Worker on Ward 28. My top tip is to invite Social Services to attend, to help us get a defined plan for our patients

Doctors should identify and prioritise at least one patient who will be discharged before 10:00

New patients should be given an Expected Date of Discharge

We're Alex and Abby. We would like you to make sure your Board Rounds promote real Multi-Disciplinary working

I'm Imogen from Ward 2. The leader should ensure everyone has an equal say and that there is collective responsibility

Doctors need to make sure they set the Clinical Criteria for Discharge. This will make it clear to everyone what is needed to get the patient home

My name is Claire. I'm the Sister on Ward 24. You should know who's coming to the Board Round, and make time for introductions. It should take 30 minutes max

Consider sick and unstable patients first. Is the patient deteriorating? What actions are required?

Ensure you look for delays which need expediting

Improve – Change it!



Four key questions every patient, relative/ carer, should know the answer to

What is the matter with me?
(main diagnosis)

What is going to happen today?
(tests, interventions, etc)

What is needed to get me out of hospital?
(clinical criteria for discharge)

When am I expected to be leaving hospital?
(expected date of discharge)

providing the excellent care we would expect for our own families

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Data and policy.....people and feelings



Communicate - Say it, hear it, do it!

Improve - Change it!

Teamwork - Share it!

Pride - Show it!