From Francis to the future.

Sharing and learning from innovation and achievement.





"Promoting innovation and accelerating spread of best ideas and treatments is key to our ambition to make the NHS the best healthcare system in the world."

Professor Sir Bruce Keogh, Medical Director of NHS England Commenting on The NHS Innovation Fellowship www.england.nhs.uk

From Francis to the future, learning the lessons to help us meet the aspirations.

The Francis report, Keogh and Berwick reports all revisit common challenges around safe staffing, values, culture and standards of care, and they all raise the question of how accountable individuals, at all levels, assure themselves.

We decided to produce this publication because we wanted to show that although instances of poor care in the NHS have been laid bare, there are many examples at ward, service and organisation level where people are using information effectively to increase the amount of time spent on patient care, ensuring the right skill mix is available on the ward and managing staff to meet predicted future demand. They are using information to ensure that patients are discharged on time, with good quality information shared across organisational boundaries and they are using the standards and regulations to communicate expectations and support their own assurance processes.

No organisation would claim perfection, but it is our hope is that by compiling instances of good practice we can share some of the learning and play our part in helping the NHS meet the aspiration of delivering safer and more compassionate care.

Safe staffing is a complex issue and many factors have to be taken into account. For example: the skills mix of staff, patient numbers and patient needs (including acuity and dependency).

Since the publication of the Francis report the issue of safe staffing has rarely been out of the headlines. While the debate on minimum staffing levels will continue, there is no mandated minimum staff to patient ratio. As a result teams across all settings are using daily intelligence to ensure staff are utilised as effectively as possible.

The different approaches to modelling acuity coupled with complex healthcare needs (e.g. caring for patients with dementia) means safe staffing is more complex than it has ever been.

The Keogh reports highlighted that for front line teams the ability to deliver safe staffing levels is not only about overall staffing numbers, but also about other factors such as how staff are deployed on a shift by shift basis.



The report of the Francis public inquiry into events at Mid Staffordshire NHS Foundation Trust has shone a spotlight on nursing in the acute setting. Its far reaching recommendations have implications for every provider of acute care. The inquiry heard concerns over low staffing levels and skill-mix ratios. This led the report to call for standard procedures and the use of evidence-based tools for establishing what each service is likely to require as a minimum in terms of staff numbers and skill mix

Sir Robert Francis said: "These tools should be created after appropriate input from specialties professional organisations, and patient and public representatives and consideration of the benefits and value for money of possible staff-to-patient ratios."

"Allocate Software and CDD have worked in partnership over the last three years to develop the solution for mutual benefit. The Trust has taken an active role in both regional and national user groups for Healthroster, feeding back to Allocate Software vital user information that is required to make on going improvements for the collective benefit of NHS Trusts"

Glenis Curry,

Associate Director of Nursing, County Durham and Darlington NHS Foundation Trust

County Durham and Darlington MHS

NHS Foundation Trust

The Challenge

With 4,700 whole time equivalent staff and 1,200 beds, County Durham and Darlington NHS Foundation Trust serves a population of 1.2million. It is referenced as an example of a hospital Trust embarking on modernisation to reduce waste, reduce exposure to risk and deliver best quality patient care while working within budget.

The Trust was looking for an e-Rostering system to provide visibility of staff movement across wards. It also wanted to model future staffing scenarios; provide managers with the visibility to allocate shifts according to actual patient requirements.

The Solution

The Trust chose HealthRoster to manage core nursing staff across more than 70 nursing teams across medical and surgical directorates. HealthRoster provides ward managers with information in real-time staff which in turn means matrons and senior nurses make immediate decisions on the movement of staff.

The Outcome

The Trust has created a fairer system for allocating shifts and has freed up 643 extra nurse hours per week across the trust. As a result, it now provides safe levels of staff and care.

HealthRoster ensures the right skills mix of staff on each ward at the right time to maximise care and provide safe care throughout the patient journey. It allows ward managers to see the training and experience of each nurse. It also tracks working hours to ensure that nurses are working fairly, not exceeding 48 hours per week, and therefore most likely to provide optimum patient care.

Enabling ward managers, matrons and senior nurses to closely manage their staff and absence has resulted in an increased availability of nursing staff releasing 643 hours back into patient care each week. The system also removed the old process of manually entering data from 3,400 timesheets and now automatically processes them for payroll. These hours are now being used to enhance patient care and safety.

Glenis Curry, Associate Director of Nursing, County Durham and Darlington NHS Foundation Trust says: "We will continue to improve and expand the use of HealthRoster across existing and new departments. For example, we are introducing a new skills strategy in the near future and we believe HealthRoster will be a key solution to help manage staff competencies and training across the Trust."

Standards and compliance remain important elements of how organisations demonstrate to themselves and others that they have reached a certain level of safety and quality.

However, how an organisation embraces the standards will determines whether they are used as a compliance exercise or driver for improvement. The new standards from the CQC are yet to be fully understood, but already they promise to be clear in objective and backed with a strong surveillance and inspection regime led by the new chief inspector. The Francis report highlighted the risk organisations run if they treat any standard as a tick box exercise or simply a test to be passed.

Although we have seen tick box compliance behaviour in the past, we have also seen many examples of organisations that use standards as a means of embedding quality and as a way of communicating with the frontline. The best organisations we work with treat the compliance of standards as a by-product of their patient focused quality mechanisms. This makes it easier for clinicians and others to engage with the standards.

When used in a positive way the standards help to encourage self-reflection on good practice versus and highlights practice which falls below an acceptable level. In an environment where resources are limited, the methods used to demonstrate compliance must not add administrative burden to the frontline.



The importance of triangulation

Over the past decade the pendulum has swung in favour of and against different means of demonstrating compliance with standards. At different times the emphasis has changed from evidence to independent audit, or mock inspections, or outcome measures. The best organisations we work with are unaffected by the ebb and flow of regulatory change and inspection.

Why? Because they focus on internal assurance of the standards and they use all the means mentioned above to triangulate that information to piece together a more comprehensive picture of what is happening. So, where a senior member of staff may 'walk-the-floor' to determine compliance they will also cross reference their experience against clinicians self-assessment of quality, patient feedback and outcome measures.

"For too long trusts have exhausted their resources and attention by seeking to back-up everything they do with documentary evidence of good practice; rather than focusing on practicing compliance on a day to day basis, in the field, where it matters."

> Jane Burgess, Standards Assurance Manager, Kent Community Health NHS Trust

Kent Community Health NHS

The Challenge

Kent Community Health NHS Trust has an enlarged workforce of 5,700 staff following a merger. It needed to understand whether each individual service within the trust was compliant with the CQC standards. This was further complicated by the dispersed nature of running a community trust.

The solution

The team wanted to ensure all staff saw the CQC standards as a means of articulating the basic levels of care that any patient or service user should expect. As a result, it combined the monitoring of the standards together with a training and communication programme that has now reached most of its frontline staff, allowing them to understand without technical 'compliance jargon' what the standards mean, why they matter to patients and how you demonstrate that you're delivering them.

The approach required a level of education for all frontline staff and

involves keeping CQC standards front of mind in everything they do. For instance, in order to ensure cleanliness and infection control, staff should ask themselves whether they've washed their hands or used gel before touching a patient, attended training and read the trust's infection control policy. The Trust then introduced HealthAssure as an easy to use tool to support the frontline in capturing this information without placing unnecessary admin burden.

The Outcome

The updating of the CQC standards is routinely completed by frontline staff. Through the dashboard technology in HealthAssure the Trust has instant access to up-to-date information so it can tell at any point in time what assurance is available, what gaps in compliance exist, and what is being done about these gaps. This level of visibility is a fundamental prerequisite for running a successful NHS trust.



Kent Community Health has shifted the spotlight from creating paper trails and searching for proof of protocol, to each member of staff taking personal responsibility for their actions; where the proof will follows as a by-product.

"For too long trusts have exhausted their resources and attention by seeking to back-up everything they do with documentary evidence of good practice; rather than focusing on practicing compliance on a day to day basis, in the field, where it matters."

The values and culture of an organisation can override almost all other good intentions, systems and processes.

We believe values and culture has everything to do with leadership and management at all levels and very little to do with software. The manner in which software is delivered can have an impact on culture and should reflect the values of an organisation.

Large organisations are inevitably fractured along what some describe as 'tribal lines' and in order for these fractures to be healed, staff must begin to feel an emotional attachment to the values and culture of the organisation.

Successful leaders recognise this and understand the importance of engaging staff, listening to their feedback and supporting them. Delivering change in such a way that staff feel part of the process is an important part of the improvement process.



How can software support values and culture?

Firstly, we believe that we have a duty to make it easier for frontline staff to deliver care. For us delivering on this duty is about fairness and by being fair to staff organisations are beginning to shape culture and values. Where organisations cut corners and introduce systems and process for productivity alone, where they install software without thought to the processes, training and communications needed they have a potential to undermine values and negatively impact culture.

Compassion in Practice provides a vision for nursing, midwifery and care staff. It outlines the values of care, compassion, competence, communication, courage and commitment. We support these values and while we believe that it is possible to view the use and delivery of software through how i supports these values.

"The e-Rostering team explained that it allows fairer allocation to rotas, each ward can tailor the skill mix needed and it ensures that there is always one senior and one junior nurse on duty. Mandatory training is built in automatically. Staff can see their own rota and when training is planned. It helps flag gaps in staffing, thereby aiding recruitment. Twelve-hour shifts have also recently been implemented.

Surgery staff commented positively on the implementation of e-Rostering and 12 hour shifts, saying that it is better for patients as it provides better continuity of care."

Keogh Rapid Response Review Report, Tameside Hospital NHS Foundation Trust

Hertfordshire Partnership **MHS**



Impartial, fair and helping deliver the very best in clinical care while delivering more benefits for staff.

The Challenge

Achieving the right staffing and skills mix in Mental Health providers is complex as rosters need to reflect the diverse care requirements of service users. Hertfordshire Partnership NHS Foundation Trust's 3,000-strong nursing workforce was historically deployed at ward level by a manually driven paper-based solution and it was acknowledged that the Trust needed a more effective and less time consuming solution. Poor deployment of staff places additional strain on teams, too much reliance on bank and agency staff, while unfair rosters can also lead to an unhappy workforce which in turn can impact patient experience.

The solution

Even when a shift was fully manned, all too often Healthcare workers were pulled away to perform mandatory administrative tasks. HealthRoster is quick and easy to use enabling these skilled workers to spend more time attending to patient needs. Pat Hanson, Ward Manager, explains: "I find it brilliant – it is so easy and simple to use, and saves so much more time than when we were working on paper rosters. Staff always want to change shifts and



working days, so I often have to make changes. With the paper-based process it takes a lot of time, and gets very messy, with HealthRoster it's done at a click of a button."

The solution has also delivered many benefits for staff. Jacky Vincent, Interim Head of Nursing explains the main benefits: "The standardisation of rostering in nursing teams, equally the dividing of shifts and ensuring appropriate skill mix, and secondly, the reports/findings that can be pulled from HealthRoster. These reports give us complete transparency on such areas as the use of unallocated hours, the bank and agency usage and part time hours."

"Staff like it because they are able to change and request shifts and there is visible impartiality of shift allocation which is important when you are trying to create a happy and supportive working environment. At first there was a bit of resistance from staff, but once I reassured them the system is "With HealthRoster, we have increased management information enabling us to use our substantive staff better, and to put our substantive staff on the bank which not only saves the Trust money, but reduces risk and improves patient care due to the consistency of staff in post."

Phildah Chifamba, E-Rostering Project Manager, Hertfordshire Partnership NHS Foundation Trust

easy to use they were fine," says Phildah Chifamba, E-Rostering Project Manager.

All the Trust's Service Managers, Finance and HR have been trained to use the Roster Central module of HealthRoster, a web-based central performance dashboard, which helps to reveal potential rostering difficulties well before they occur.

For the Trust's community-based teams the solution is ideal, allowing managers to see where staff are located at any given time.

The Outcome

"We have been able to use our substantive staff in a much more efficient way. By doing this we are delivering more consistent care and reducing staffing costs. The financial savings have been significant with £750k saved since we implemented HealthRoster [to May 2010] – and that's due to simply using our staff better; nothing more," says Keith Loveman, Finance Director.

HealthRoster has also helped to ensure that managers can make more informed decisions related to staffing and more importantly it provides the data to demonstrate resourcing issues.

Sid Sohawan, Deputy team leader, Mental Health for Elderly People, Lambourn Grove Unit says: "I love everything about HealthRoster. I don't get problems with the roster now. Once you know what you are doing with it you can immediately see the improvement of processes. Now I auto-roster and it's all done for me and we can now spend more time doing the job that we are here to do – attending to our patients. What's more, due to HealthRoster's visibility, 'Unsocial hours' rostering is now much safer for patients, as well as much more balanced for staff allowing managers to make good rostering decisions based on staff availability and suitability."



Values based recruitment of Health Care Assistants

York Teaching Hospital **NHS**



The challenge

York NHS Trust suffered a low retention rate for the HCA staff group (15.59 per cent verses a Trust average of 12.10 per cent), which it believed was due to a lack of understanding about the realities of the role. For years the Trust had run a rolling generic advert that attracted a high number of applications, many of which were unappointable.

The Solution

With this in mind, a completely new way of recruiting HCAs was developed, focusing on providing information for applicants prior to them making an application, utilising values based recruitment as part of the selection process and then comprehensively inducting new starters.

The Trust introduced compulsory Open Days prior to the application stage. The Open Days not only inform applicants about the day-to-day tasks of HCAs, but also ensure only candidates who are genuinely interested in the role are able to apply, therefore reducing the number of uncommitted and ill-informed candidates.

At each stage of the recruitment process, a strong emphasis is placed on values. The organisation felt that experience of similar roles or settings should come second to a desire to provide high quality patient care and commitment to the role. The HCA person specification was altered to reflect this and enable more effective shortlisting. Values-based interview questions are used, in addition to scenario and knowledge based questions, to ensure a robust but rounded interview takes place.

The Outcome

Of the 86 HCAs that began employment with the Trust via the new recruitment process since April 2010, only 5 (5.8 per cent) have left the Trust to date (to the end of Jan 2011). Of the HCA leavers in the year (ending December 2010) 34 per cent had less than one-year's service, compared to 52 per cent in the previous year, which demonstrates a quantifiable achievement of the project within less than 12 months of implementation.

Further evidence of the positive impact of the programme on the whole staff group (including those not recruited through the new process) is demonstrated in the significant reduction in the annual sickness absence rate amongst HCAs from 8.49 per cent in December 2009 to 6.21 per cent in December 2010. The sickness absence rate has fallen again and now stands at 6 per cent in October 2012.

In the year ending March 2010 there were 10,444 requests made for unqualified nursing bank shifts. This was an average of 870 shifts per month. In the financial year April 2010 – January 2011 there were 7,834 requests. This was an average of 783 shifts per month.

These trends indicate improved morale, better health and job satisfaction amongst HCAs. This inevitably contributes to improved continuity and quality of patient care due to a more stable staff base.

The structures, processes and systems used to support **governance and assurance** have a material effect on the board's ability to lead and scrutinise care and outcomes.

Many leaders still take on trust the information they use for governance and assurance. We have seen and encouraged more frontline direct observation from leaders as well as from those that support the creation of governance and assurance reports. Where this direct observation is most effective is where it fits into a welldeveloped structure of governance and assurance providing an additional 'sense' when triangulated with other information.

Even though we do not yet know what a single standard for 'governance' might look like, Boards need to be sure that they are seeing a complete picture of how effective care is delivered and how the delivery of care feels to patients, service users, carers and even the staff involved.

Technology provides an additional dimension to the ward and service visits, providing board to ward and vice versa visibility out objectives, outcomes and risks. This visibility is not limited to what has happened or what is planned but extended to demonstrate that lessons are learnt and acted upon, providing assurance for not only the board but also staff and patients.



Robert Francis commented that the Board at Mid-Staffordshire NHS Foundation Trust

"took false assurance from good news, and yet tolerated or sought to explain away bad news."

Appropriately used technology, alongside robust governance and assurance processes can safeguarc against these behaviours.

By providing a transparent 360° view of all the areas that may influence the board's assessment of news, with input from the frontline and even patients, by removing interpretation and adjustment, and by demanding transparent decision making and follow up actions, it is harder to ignore areas that require attention.

"HealthAssure takes it to the next level in terms of triangulation because it means we can take them back to staff and get them directly involved"

Lisa Reid Head of Governance & Assurance. Rotherham NHS Foundation Trust



Challenge

Rotherham NHS Foundation Trust provides a large number of community services from other sites across Rotherham alongside acute hospital care from its main site. In 2011 the responsibility for assuring Care Quality Commission compliance was split from the responsibility for delivering compliance at Board level. The Trust's Chief of Corporate and Legal Affairs was initially charged with assuring CQC compliance. When this responsibility was transferred it fell to the Assurance Unit to assure the Trust's compliance with the CQC outcomes.

Solution

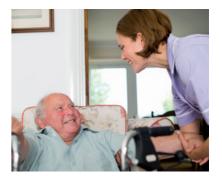
Lisa Reid, Head of Governance & Assurance, decided that a 'deep dive' audit was needed as a first step to identify the systems and processes in place at clinical directorate level to assess CQC compliance. The trust used HealthAssure, which provides a dynamic framework to manage, monitor and report on regulatory regimes, quality standards, business objectives, plans and risks.

The audit revealed that each directorate had a different approach to how often compliance should be refreshed on the system and differing opinions as to what constituted robust evidence of compliance.

The outcome

The feedback resulted in a number of changes including the introduction of regular quarterly self-assessments. Each directorate was asked to rate its compliance and where there was non-compliance to put a remedial plan in place. One element of the process that stood out was the way lead clinicians for each directorate became involved and accepted responsibility for their directorate. Each Clinical Director agreed to sign a governance declaration verifying the accuracy of assessments. This internal statement reflects the Monitor quarterly return and helps to focus the clinical leadership on demonstrating quality and identifying improvements.

HealthAssure is used to support the process. "The good thing about the



latest version is that HealthAssure automatically populates our assurance document. The reporting functionality is also greatly improved especially in terms of reporting through to board trust-wide compliance", says Lisa.

HealthAssure allows staff to view assessments across departments. It means that those owners undertaking self-assessments (usually matrons) and their sponsors (usually business managers or clinical directors) can see each other's assessments. For example, clinicians in general surgery can see what clinicians in medicine are doing.



Would you like to know more?

The examples outlined in this booklet are not our achievements; they are those of our customers. In some examples our software and expertise has contributed, while in others such as York Teaching Hospitals we have simply felt compelled to share great work we see happening within our customer community.

Tell us what you think

We intend to bring you more examples like those in this booklet, including some externally judged as part of The Allocate Awards 2013.

We are considering including innovations around managing the consultant workforce, planning science services to support 24-7 service, as well as examples of streamlining patient flow while removing the data collection effort required by frontline staff.

y @AllocateS #allosuccess and tell us what you would like to see in the next publication.

To find out more details about the ideas shared in this booklet, request a demo of solutions or to join one of our online communities email liz.jones@allocatesoftware.com

You can also hear our customers share their own stories at www.allocatestories.com

About Allocate Software

Allocate Software brings in-depth market knowledge and wide-ranging expertise. Our solutions are the most widely-used workforce management, governance and compliance tools in healthcare. HealthSuite solutions include e-Rostering with HealthRoster, medic workforce solutions with HealthMedics, risk and compliance with HealthAssure and PatientFlow and Emergency Department solutions with RealTimePatientFlow.







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