

From: Sam Foster – Chief Nurse

Title: Hard Truths – Commitments Regarding the publishing of Staffing Data

The report is provided to the Board for:

Decision: Y

Discussion: Y

Assurance: Y

Endorsement: Y

Summary/Key Points:

On March 31st 2014- a joint letter from the CQC and NHS England was issued to all CEOs of Trusts with in-patient areas. The letter followed guidance from the NHS Quality Board to “Optimise Nursing.” Research has demonstrated that staffing levels are linked to the safety of care, and that staffing shortfalls increase the risks of patient harm and poor quality care. It stated that Patients have the right to know how the hospitals that they are paying for are run, in light of this, the Government have made a number of commitments in the document *“Hard Truths – The Journey to putting patients first”* The letter and associated documents gives Trust Boards clear guidance on the delivery of “Hard Truths” commitments associated with publishing staffing data regarding nursing, midwifery and care staff.

The guidance sets out ten expectations of commissioners and providers, to ensure compliance with the NHSQB paper *“How to ensure the right people, with the right skills, are in the right place at the right time.”* This paper details in table form the trust position and key actions in place to enable the Public and the Trust Board to be informed as directed. The key priority areas include agreement of future reporting and production of a robust recruitment and retention plan for nurses and midwives. It is suggested that the Director of workforce co-ordinates this with the site teams and this is presented to Trust board in June as part of the on-going updates required.

Strategic Risk Register:

N/A

Performance KPIs year to date:

Nursing and Midwifery workforce data is submitted as a contractual requirement under section 5.2 of the NHS Contract – the attached table has been cross-referenced with these requirements. It is likely that the CQC/NHS England guidance will supersede section 5.2

Resource Implications (e.g. Financial, HR):

Nil Identified

Assurance Implications:

The Trust is currently compliant with the CQC standards around staffing – the Trust highlighted to the CQC that one of our key challenges is our planned vs. actual nursing and midwifery staffing levels. The Trust Board have been regularly appraised by the Chief Nurse of our current planned staffing levels and our

actions to monitor and mitigate ensuring that our actual staffing levels meets our case mix need. There is however further stretches in the expectations attached – Is recommended by the CQC & NHS England that the Trust Board receive and number of updates from June on a monthly and six monthly basis. This position paper and discussion at Trust board aims to approve future plans for reporting. The CQC/NHS England team plan to take two stock takes of progress- the 1st of those stock takes have been requested and submitted by the Chief Nurse.

Information Exempt from Disclosure:

None – There is a requirement for the Trust to upload the monthly report onto the Trust website and link/upload the report to the relevant hospital (s) NHS Choices webpage.

Reccomendations:

- Trust Board are appraised of requirements
- Trust Board discuss the current position
- Trust Board accept the timescales for the next staffing review
- From June onwards – the Trust Board receive a short exception report on a monthly basis using the format suggested for recording or both workforce data and staffing breach data.
- Trust board accept the 6 monthly reviews required by the CQC/NHSQB.

HEFT Position April 2014 against: Expectations relating to nursing, midwifery and care staffing capacity and capability:

<p align="center">National Quality Board Guidance</p> <p align="center">Cross referenced with NHS Standard Contract section 5.2</p>	<p align="center">Heart of England Position</p> <p align="center">April 2014</p>	<p align="center">Lead</p>	<p align="center">Actions/progress</p>
<p>Expectation 1:</p> <p>Boards take full responsibility for the quality of care provided to patients, and key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.</p> <p>Board reports:</p> <ul style="list-style-type: none"> • Draw on expert professional opinion and insight into local clinical need and context • Makes recommendations to the Board which are considered and discussed • Is presented to and discussed at the public Board meeting • Prompts agreement of actions which are recorded and followed up on. • Is posted on the Trust’s public website along with all the other public Trust Board papers 	<p align="center">CIP quality assurance process currently in place</p>	<p align="center">Medical Director and Chief Nurse</p>	<p>Process initiated via F&PC – All divisions are planned for CIP QIA during May/June 2014</p>
Content from the previous row is shared in this cell	<p>Monthly Workforce performance report currently presented to – Trust Governance & Risk Committee. – Detailing nursing manpower, vacancies, sickness and attrition rates.</p> <p>This dataset needs to be revised to ensure robust assurance by site can be given- refreshed dataset requested form workforce team, – to include;</p> <p>Data set 1: Run rate by site/(Broken down by registered and non-registered)</p> <ul style="list-style-type: none"> • Month on month trend of live vacancies • Month on month filled vacancies • Month on month total vacancies - i.e. Combined of the above as these staff are yet to be in post. • Month on month attrition • A trajectory of recruitment to enable us to assess if we are on track prospectively – this should be moving 	<p>New monthly report to be presented by Chief Nurse at Trust Board – this month report is suggested to report the exceptions against the revised workforce data sets and staffing breach reports- including actions and mitigations.</p> <p>Revised dataset to be produced by workforce information team/performance team</p>	<p align="center">Draft Revised dataset in appendix 1-3</p>

	<p>towards the 120% target</p> <p>Data set 2: Run rate by site and Month on month Registered nurse/midwife sickness</p> <ul style="list-style-type: none"> • Month on month non registered sickness • Month on month maternity leave. • A trajectory for sickness towards trust level. 		
<p>Expectation 2</p> <p>NHS Standard - 5.2.1. And 5.2.3.1.</p> <p>Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.</p> <p>The Trust:</p> <ul style="list-style-type: none"> • Reviews the actual versus planned staffing on a shift by shift basis • Responds to address gaps or shortages where these are identified • Uses systems and processes such as e-rostering and escalation and contingency plans to make the most of resources and optimise care 	<p>E Rostering policy and systems in place to support all clinical teams.</p>	Chief Nurse	In place
	<p>E Rostering rules supports setting of agreed skill sets to support clinical requirements on a shift-by-shift basis.</p>	Chief Nurse	In place
	<p>Daily monitoring of staffing levels/ - planned versus actual.</p> <p>Trust wide Staffing breach performance reports starting May 2014</p>	Chief Nurse	Suggested reporting to be tabled
	<p>Escalation processes in place to support mitigation of shortfalls</p>	Chief Nurse	In place
	<p>Unplanned capacity /staffing requirements fully risk assessed to maintain safe care. Escalated to Site boards to determine mitigation of risks.</p>	Site Head Nurses	In place

	Temporary staffing skill set under review by HR/Faculty	Director of Workforce	Requested
<p>Expectation 3 NHS Standard - 5.2.2 5.2.4</p> <p>Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.</p>	<p>Next - Annual Nursing Staffing review scheduled for July 2014. To include;</p> <ul style="list-style-type: none"> • Safer Nursing Care Tool – Shelford Group • Acuity/Dependency scoring tools. • RCN Guidance • Benchmarking • Safe Staffing Alliance - 1: 8 ratio's • Acuity / dependency tools • Birth-rate Plus (Maternity Tool) • Professional judgement and scrutiny. • Triangulation of results. • This year's review to undertake time allocated to IT technology and training provision. 	Chief Nurse	Next workforce review scheduled for July 2014
<p><u>Expectation 4</u></p> <p>Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.</p>	<p>Development of enhanced 'Raising concerns' policy Open door and reporting culture/forums. Face to face Ward Managers/Matrons meetings x 2 monthly Datix reporting staffing shortfalls. Transparency – Intranet displaying staffing levels daily.</p>	Head Nurses/Workforce/OD	For discussion/wider review
<p><u>Expectation 5</u></p> <p>A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.</p>	<p>Annual nursing establishment review involving key stakeholders – Operational colleagues/Finance director/HR and clinical teams. In addition reviews undertaken when pathways changed, ward numbers, acuity changes planned.</p>	Chief Nurse	Next workforce review scheduled for July 2014

<p><u>Expectation 6</u></p> <p>Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.</p>	<ul style="list-style-type: none"> • Supervisory Ward Sister status commenced October 2013. • Nursing performance against 10 KPI's reported to Finance / Performance Committee. • Annual workforce review to take account of equity between wards in relation to administrative support, Housekeepers and other ancillary staff groups. • Annual workforce review to include mandatory training requirements 	<p>Chief Nurse</p>	
<p><u>Expectation 7</u></p> <p>Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis • Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap • Evaluates risks associated with staffing issues • Seeks assurances regarding contingency planning, mitigating actions and incident reporting • Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience • Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly 'safe staffing' area on a Trust website). <p>The Trust will ensure that the published monthly update report</p>	<p>Monthly Nursing Workforce data will be presented to board as previously described above, and published publically as required</p>	<p>Chief Nurse/Director of external affairs</p>	

specified in Row C [i.e. the Board paper on expected and actual staffing] is available to the public via not only the Trust's website but also the relevant hospital(s) profiles on NHS Choices.

The latter can be achieved either by placing a link to the report that is hosted on the Trust website on the relevant hospital(s)' newsfeed on their NHS Choices webpage or by uploading the relevant document to the relevant hospital(s)' NHS Choices newsfeed. For Trusts with multiple hospital sites that have their own NHS Choices webpages, this will require the separate posting of the Trust Board report to each hospital newsfeed.

However, this is likely to reach more patients given that patients tend to review hospital, not Trust, NHS Choices webpages. This approach will also allow you to highlight hospital-specific plans and achievements, which may be of particular interest to a public audience.

Given these requirements, the update reports should be written in a form that is accessible and understandable to patients and the public. This is likely to include ensuring that the information on staffing is not embedded within hundreds of pages of other board papers.

Your own NHS Choices web editor(s), who already provide your Trust and hospital-specific content to NHS Choices, will be able to advise you further on their preferred mechanism for making these documents available on NHS Choices – either via a link or by uploading a .pdf of the Board paper. NHS Choices will also be liaising directly with each Trust's web editors with further information.

--	--	--	--

<p><u>Expectation 8</u></p> <p>NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.</p> <p>The Trust clearly displays information about the nurses, midwives and care staff present and planned in each clinical setting on each shift. This should be visible, clear and accurate, and it should include the full range of patient care support staff (HCA and band 4 staff) available in the area during each shift. It may be helpful to outline additional information that is held locally, such as the significance of different uniforms and titles used.</p> <p>To summarize, the displays should:</p> <ul style="list-style-type: none"> • Be in an area within the clinical area that is accessible to patients, their families and carers • Explain the planned and actual numbers of staff for each shift (registered and non-registered) • Detail who is in charge of the shift • Describe what each member of the team's role is • Be accurate 	<ul style="list-style-type: none"> • All inpatient wards now displaying daily staff numbers and Nurse in Charge details. 	<p>Ward Sisters</p>	<p>In place – Head nurses to agree audit programme to ensure this is in place robustly.</p>
<p><u>Expectation 9</u></p> <p>Providers of NHS services take an active role in securing staff in line with their workforce requirements.</p>	<ul style="list-style-type: none"> • Robust recruitment plans aligned to site-specific service charges are not formally written/approved • Evidence required of robust recruitment and retention strategies are required to be written up / approved • Trust Workforce plans reflect current/long term forecast/reconfigurations/local/national assumptions 	<p>Director of Workforce to co-ordinate with site teams for update to June Trust Board as part of Chief Nurse monthly report.</p> <p>Director of Workforce to co-ordinate</p>	<p>For update and inclusion in June Trust board paper</p> <p>For update and inclusion in June Trust board paper</p>

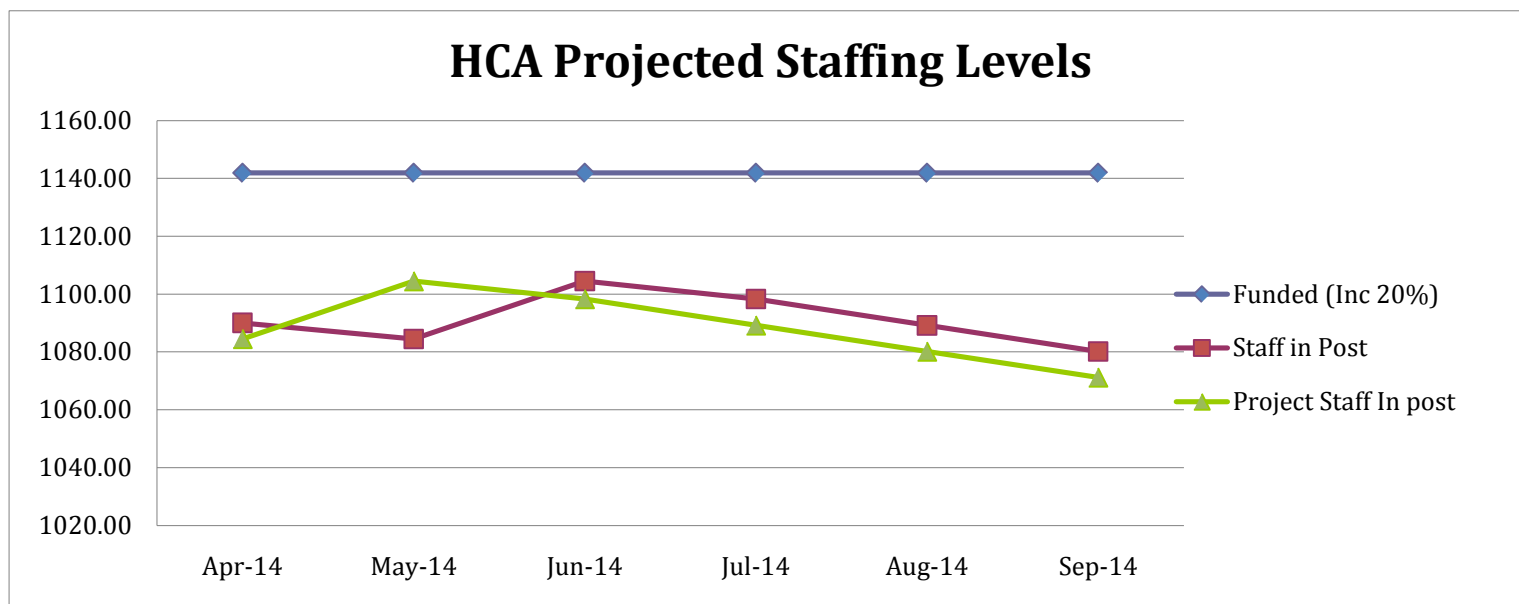
<p><u>Expectation 10</u></p> <p>Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.</p>	<ul style="list-style-type: none"> • Electronic Rostering tool applied to all inpatient areas. Contains skill set functionality to match skills required or shift/against staff in post. • Faculty/Education strategies/provision are driven by the needs of service /patient requirements. • Performance team to support agreement with CCG of how to report information shared with Trust board. 	<p>Chief Nurse/Director of Workforce</p> <p>Director of Workforce</p>	<p>Skill mix review requested from temporary staffing dept.</p> <p>TNA and LBR assumptions requested from Faculty of Education</p>

NB. Revalidation (NHS CONTRACT 5.3.1)– Need to include timescales and process for revalidation of Nursing staff.

Appendix 1 – Data set 1 : Non- Registered nursing staff:

HCA

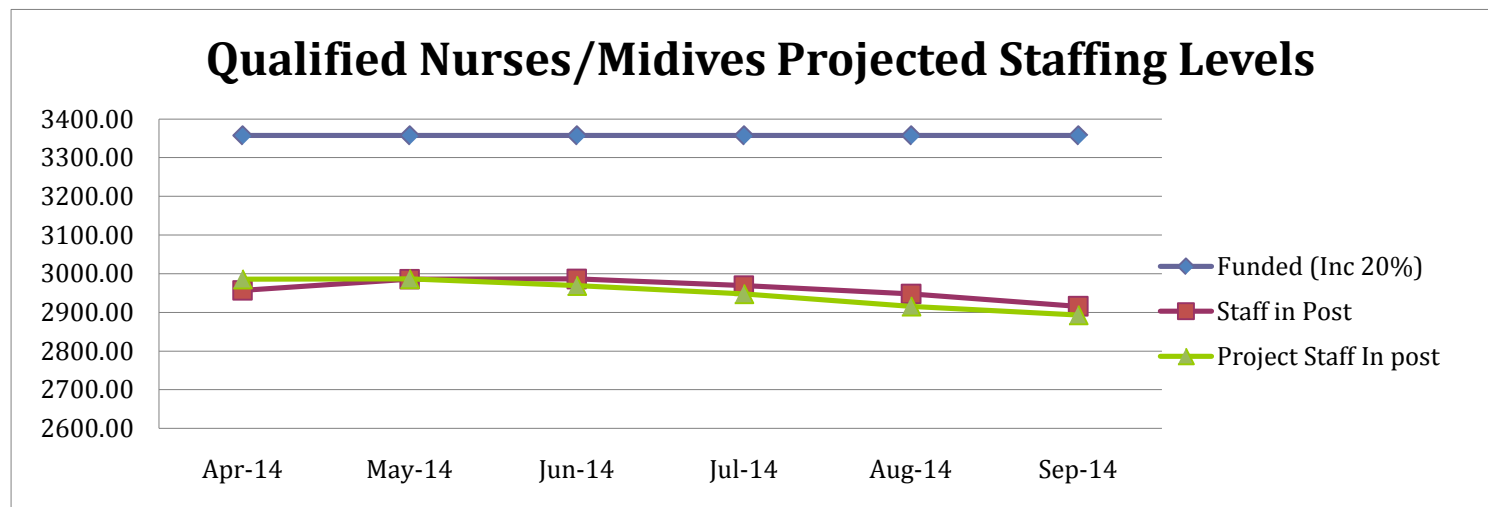
Month	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Funded (Inc. 20%)	1141.94	1141.94	1141.94	1141.94	1141.94	1141.94
Staff in Post	1090.06	1084.50	1104.49	1098.31	1089.18	1080.13
Variance	51.88	57.44	37.45	43.63	52.76	61.81
Starters Offered Post	5.00	26.00	3.00	0.00	0.00	0.00
Forecast Starters	0.00	3.00	0.00	0.00	0.00	0.00
Estimated Leavers	10.56	9.01	9.18	9.13	9.05	8.97
Project Staff In post	1084.50	1104.49	1098.31	1089.18	1080.13	1071.16



Appendix 2: Data set 1 : Registered nurses/midwives:

Qualified Nurses/Midwives

Month	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14
Funded (Inc. 20%)	3357.60	3357.60	3357.60	3357.60	3357.60	3357.60
Staff in Post	2957.03	2985.80	2986.39	2968.97	2947.76	2915.80
Variance	400.57	371.80	371.21	388.63	409.84	441.80
Starters Offered Post	69.00	31.00	8.00	1.00	3.00	12.00
Forecast Starters	0.00	5.00	10.00	13.00	0.00	0.00
Estimated Leavers	40.23	35.41	35.42	35.21	34.96	34.58
Project Staff In post	2985.80	2986.39	2968.97	2947.76	2915.80	2893.22



Appendix 3

Moth	Maternity %	HCA Sick %	Qualified Sick %	Trust wide Sick %
Apr-13	3.35%	7.44%	4.63%	4.27%
May-13	3.48%	5.98%	4.69%	3.79%
Jun-13	3.43%	5.26%	3.89%	3.37%
Jul-13	3.39%	6.27%	3.44%	3.51%
Aug-13	3.41%	6.14%	3.65%	3.37%
Sep-13	3.45%	6.68%	3.41%	3.56%
Oct-13	3.30%	5.93%	3.89%	3.79%
Nov-13	3.32%	7.84%	4.65%	4.51%
Dec-13	3.30%	7.42%	3.81%	3.96%
Jan-14	3.27%	7.37%	4.23%	4.02%
Feb-14	3.44%	7.00%	4.58%	4.31%
Mar-14	3.32%	7.01%	4.51%	4.26%

