

Whittington Health Trust Board

4 June 2014

Title:	Briefing on the requirements for the Trust to comply with 'Hard Truths Commitments Regarding the Publishing of Staffing Data'		
Agenda item:	14/101	Paper	5
Action requested:	For information and agreement		
Executive Summary:	<p>To provide the Trust Management Group with a further update on its responsibilities for ensuring safe nurse staffing levels.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • The guidance published by the CQC and NHSE has been summarised into the key actions required by the Trust Management Group and Trust Board. • Boards must be able to demonstrate to their patients, carers and families, commissioners, the CQC and NTDA, that robust systems are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in the Trust is sufficient to deliver safe and effective care. • This report builds on the previous paper presented to the Trust Management Group and will subsequently be reported at the next Trust Board meeting. • The first proposed format of a monthly report is attached to this paper (Appendix One) for agreement <p>Implications:</p> <ul style="list-style-type: none"> • The Board will receive a monthly update even though it does not meet monthly. • The Board may have to agree in year changes or additional actions should there be concerns over capacity within the nursing and midwifery workforce. • Publishing of the data at ward level and on our websites increases transparency but may also bring adverse media coverage. 		
Summary of recommendations:	<p>The Trust Management Group is asked to:</p> <ul style="list-style-type: none"> • Note the progress and actions being taken. • Confirm support of the layout and information contained in the attached report which will be uploaded on to the Trust website monthly. • Confirm the support and give the authority to the Director of Nursing to be the senior responsible officer. 		
Fit with WH strategy:			

Reference to related / other documents:							
Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:		Friday 23 rd May 2014					
Author name and title:		Jill Foster Director of Nursing		Director name and title:		Jill Foster Director of Nursing	
Date paper seen by EC		Equality Impact Assessment complete?		Quality Impact Assessment complete?		Financial Impact Assessment complete?	



Briefing on the requirements for the Trust to comply with 'Hard Truths Commitments Regarding the Publishing of Staffing Data'

1.0 Introduction

1.1 The following briefing sets out the actions required by the Trust Management Group and subsequently the Trust Board to comply with the recommendations from the 'Hard Truths' report published in November 2013.

2.0 Background

2.1 This briefing builds on the previous report presented to the Trust Management Group. Given the deadlines for action some of the requirements set out in the report have already been actioned. However there are further requirements which will need to be put in place from June 2014.

3.0 Expectations of the Board

3.1 Boards take full responsibility for the quality of care provided to patients and, as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability. Responsibilities include;

- Managing staffing capacity and capability by agreeing staffing establishments
- Considering the impact of wider initiatives (such as cost improvement plans) on staffing
- Monitoring staffing capacity and capability through regular and frequent reports on the actual staff on duty on a shift-by-shift basis versus planned staffing levels
- Examining trends in the context of key quality and outcome measures
- Asking about the recruitment, training, skills and experience, and management of nurses, midwives and care staff and giving authority to the Director of Nursing to oversee and report on this at Board level.

4.0 How must Boards do this?

4.1 The Board should receive a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in National Quality Board (NQB) report page 12 and reflects a realistic expectation of the impact of staffing on a range of factors. This report;

- Draws 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 Board papers.

5.0 What should the Board papers look like?

5.1 Papers to the Board on establishment reviews (reported every six months as a minimum) should aim to be relevant to all wards and cover the following points;

- Demonstration of the use of evidence based tool(s) (where available)
- What allowance has been made in establishments for planned and unplanned leave
- The difference between current establishment and recommendations following the use of evidence based tool(s) (where available)
- The skill mix ratio before the review, and recommendations for after the review
- The difference between the current staff in post and current establishment and details of how this gap is being covered and resourced
- Details of any element of supervisory allowance that is included in establishments for the lead sister / charge nurse or equivalent
- Evidence of triangulation between the use of tools and professional judgement and scrutiny
- Details of any plans to finance any additional staff required

- Details of workforce metrics - for example, data on vacancies (short and long-term), sickness / absence, staff turnover, use of temporary staffing solutions (split by bank / agency / extra hours and over-time)
- Information against key quality and outcome measures - for example, data on safety thermometer or equivalent for non-acute settings, serious incidents, healthcare associated infections (HCAs), complaints, patient experience / satisfaction and staff experience / satisfaction.

5.2 The paper should make clear recommendations to the Board, which should be considered and discussed at a public Board meeting. Actions agreed by the Board should be detailed in the minutes of the meeting, and evidence of sustained improvements in the quality of care and staff experience should be considered periodically.

5.3 There is a requirement for our Board to receive its first report in June 2014.

6.0 Board and Executive responsibilities

6.1 The Board should ensure that systems, policies and procedures are in place to support decision making for staffing decisions on a shift-by-shift basis. To comply with this the following actions are in place;

- Staffing is monitored daily with escalation alerts in place
- A web based rostering system has been rolled-out across the Trust (paediatrics still to complete)
- All policies and staffing guidance is being uploaded onto the nursing and midwifery webpage to support staff
- The Director of Nursing through the Heads of Nursing, monitors staffing shift by shift and adjustments take place as required
- Workforce trends are reviewed regularly and the Trust has just adjusted the roles of key individuals to provide an effective structure to address any gaps we have.

7.0 Publishing and displaying data

7.1 It is now a requirement that we publish the planned and actual staffing and description of the team so that it is visible to patients and visitors at ward level, and in the future across all clinical areas.

7.2 We have therefore put in place across all of our wards, a poster which is updated at the start of every shift that includes planned and actual staffing available. This is being rolled out across all areas. All areas are required to provide a description of all staff on duty and specifically who the nurse in charge is.

7.3 We have also developed a report which will be uploaded on to our website and NHS Choices webpage from this month. Attached is the first report. This will be sent to all Board members and updated on the website monthly.

8.0 Governance on managing staffing capacity

8.1 The Director of Nursing is in the process of further reviewing the governance structure for managing safe staffing and proposal for this is set out below. This is in addition to the daily reviews.

- All divisional management teams will discuss the current staffing capacity at their monthly performance management review and the actions they are taking. This will ensure that the Board is not receiving information that has not been considered by the divisions.
- The Director of Nursing will personally lead a review of all staffing teams directly with ward sister/charge nurses and their management teams every six months and will provide a six monthly full report to the Board.
- The Director of Nursing's workforce team will work with the Directorates to agree their workforce actions and support them to achieve these.

9.0 Recommendations

The Trust Management Group is asked to;

- Note the progress and actions being taken
- Confirm support of the layout and information contained in the attached report which will be uploaded on to the Trust website monthly
- Confirm the support and give the authority to the Director of Nursing to be the senior responsible officer.

Appendix One

DRAFT Monthly Report of Nurse Midwifery Staffing Levels May 2014

Executive Summary

Purpose:

- To provide the Board with an overview of nurse midwifery staffing levels in inpatient areas as outlined in the National Quality Board and NHS Commissioning Board, Nurse Staff Guide: 'How to ensure the right people, with the right skills are in the right place at the right time!'
- To provide the Board with an overview of nurse midwifery vacancies across both acute and community services.
- To bring to the attention of the Board any workforce risks.

Key Points:

- To demonstrate compliance with new staffing expectations and staffing guidance.
- Ward establishments are based on evidence based assessment of acuity and dependency using the Telford methodology, alongside professional judgement and key clinical indicators.
- We are now collecting the number of times shifts fell below agreed staffing levels
- Staffing during May was challenging, due to high acuity of patients, vacancies and sickness, and the staffing bank were unable to fill all shifts. This led to staff being moved, other non ward based staff covering shifts and ward sisters having to at times be included into the numbers, to maintain safe staffing levels. In total there were approximately XXX shifts out of a total of XXX (XX%) that fell below the agreed staffing levels.
- Daily acuity measure reviews nurse staffing and skill mix levels against complexity of patient care
- Staffing alerts are escalated to senior nursing and midwifery team via the access team. In May there were XXX staffing alerts, alerts were responded to and the action taken recorded, not all acuity alerts required change in staffing as the skills on duty matched the acuity of patients. The acuity, dependency and complexity of our patients continue to rise.
- 13 wards are amber rated for the month of May, which means while clinically safe, they were operating below optimal staffing levels
- Where individual shifts triggered an alert the agreed Trust escalation process was prompted and contingency plans implemented. However staffing levels remained safe with flexing of staff across wards and department, utilisation of temporary staff and the use of the specials team to care for the unwell patient requiring one to one care
- Sisters and matrons worked clinically and in the numbers to ensure care remained safe
- Vacancy levels vary across wards and departments. There is a continued central drive to recruit and during our May recruitment drive we offered positions to XXX nursing staff across all bands.
- XX new nurses commenced employment in the month of May.
- During May the staff bank has not always been able to fill every shift, gaps have been covered by flexing staff and Sisters and Matrons covering shifts as required.
- Staffing numbers planned versus actual published on each ward on a shift by shift basis – commenced June 2014.
- Difficult to recruit to areas due to a national shortage of specialist nurses, this is an ongoing challenge
- Vacancy shortfall covered by the use of temporary staff
- Senior nurses covering clinical shifts to ensure safe care

- Community areas reporting significant vacancy shortfalls and high sickness. A recruitment campaign has begun, but to manage staffing shortfall at present the following is in place:
 - Community matrons taking a district nurse case load
 - Daily conference calls to manage and share workload
 - Staff flexed across all areas
 - High use of temporary staff to cover vacancy shortfall
 - Plans being worked up to consider viability of overseas recruitment.
- Attendance in April and May at job fairs in Glasgow, Ireland and Leeds to attract nurses to Whittington Health.

Implications:

- Constant focus on recruitment required.
- Continue to review nurse midwifery staffing levels and patient acuity on a shift by shift basis, using escalation procedures as required.
- Director of Nursing to report staffing levels to the board monthly.
- Work to be commissioned to implement current web based rostering system to develop a process to centrally record staffing numbers, planned v actual on a shift by shift basis.

Recommendations:

- The Trust Board is asked to note the information contained in this summary report and the actions we have in place.