UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 29 May 2014

REPORT BY: Rachel Overfield – Chief Nurse

SUBJECT: HARD TRUTHS COMMITMENTS

- **How to ensure the right people with the right skills are in place at the right time – NHS England guidance (Nursing) November 2013**
- **The publishing of staffing data (Nursing) – NHS England March 2014**
- **NICE Safe Staffing Guidelines Consultation Document – May 2014**

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1. Introduction

The following report is intended to brief the relevant Trust committees and assure the Trust Board that UHL is either compliant or working towards compliance in the recommendations and expectations set out in the above recent documents; all of which relate to health care staffing arrangements.

2. How to ensure the right people, with the right skills are in the right place at the right time - NHS England Guidance November 2013 (Nursing)

2.1 This document issued by Jane Cummings, Chief Nursing Officer England and the National Quality Board was intended to assist organisations to make the right decisions about staffing arrangements to ensure safety, caring, compassionate nursing care could always be provided.

The document acknowledged that it was not possible to give a single formula for calculating nurse staffing ratios and urged organisations to use acuity tools, real time measurements, output quality indicators and staff and patient feedback to make decisions regarding staffing levels.

The guidance set out ten expectations (table 1) and details how organisations could deliver against these expectations.

2.2 The UHL Chief Nurse and senior colleagues assessed where UHL were against the expectations set out in the guidance and have been working towards compliance over the last few months (table 1)

Trust Board paper V

Table 1

	Expectation	RAG	Outstanding Actions Required
1.	Trust Boards take full Responsibility for quality of care provided to patients and as a key determinant of quality, take full and collective responsibility for nursing staffing capacity and capability.		Process/systems are all in place but require final agreement with Trust Board re reporting arrangements / format etc.
	• 6/12 establishment review and report to Trust Board with sign off.	G	
	• Regular updates to Trust Board.	G	
	• Assurance that escalation policies /contingency plans are in place.	G	
	• Use of Dashboards / heatmaps by ward.	G	
2.	Processes are in place to enable staffing establishments to be met on a shift by shift basis.		
	• Daily shift on shift reviews of staffing should happen at 'group' level.	G	Real time staffing in place, bur is not yet fully 'owned' at CMG level.
	• e roster should be in place and used to deploy staff to most needed areas.	A	e roster will be in place in all patient areas by end of June 2014.
	• Escalation / contingency plans should be in place and staff feel enabled to use them.	A	Evidence of escalation is difficult to measure as it is not currently recorded.
3.	Evidence based tools are used to inform on staffing capacity and capability e.g:-		
	• Safer nursing care tool.	A	Will be in place and able to update daily from June.

	• Nurse sensitive indicators	G	Fully in place and reported on ward dashboard.
	• Birth-rate plus (midwives)		
4.	Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	A	£800k Nursing Technology fund – nerve centre roll out plus bedside monitoring. LIA Nursing into Action Chief Nurse clinics. Nursing staff council to be established.
5.	A multi-professional approach is taken when setting nursing and midwifery staffing establishments. • Establishment reviews done and signed off with Chief Operating Officer, Finance Director, Medical Director and Director of Human Resources taking into account all interdependencies, (see appendix 1).	G	New performance review processes with CMGs will support this
6.	Nurses and midwives have sufficient time to fulfil responsibilities that are additional to direct care duties. • CPD Supervision • Suspension / management • Leadership	A R	Whilst some additional funding is included in establishments for supervisory leadership and establishments have a % for non-clinical time included – given the current vacancy factor CPD and supervision is not being met in many cases.
7.	Trust Boards receive monthly updates on workforce information and staffing capacity and capability and discuss in public at least every six months. • Monthly ward dataset. • Staffing on a shift by shift basis. • Staffing related to quality metrics.	G	Included in Quality & Performance report, although requires some modification, Trust Board needs to decide on the potential requirement to have a six monthly nurse workforce paper as well as a Q&P report.
8.	NHS providers clearly display	A	There is a system to enable this

	information about care staff present on each ward, clinical setting and department each shift.		but it is cumbersome. E roster is being rolled out for all wards. We have not commenced work for paediatrics, maternity and all departments yet.
9.	Providers of NHS services take an active role in securing staff in line with their workforce requirements.	**G**	Recruitment strategy. Good retention rates. International recruitment.
10.	Commissioners actively seek assurance that staffing capacity and capability is safe with providers with whom they commission.	**G**	Q&P report shared with commissioners. Nurse workforce information shared with commissioners routinely.

3.0 Hard Truths Commitments regarding the Publishing of Staffing Data

Jane Cummings and Professor Sir Mike Richards wrote to CEO's at the end of March 2014 giving clear guidance regarding the delivery of the Hard Truth Commitments associated with publishing staff data. Staffing data is to be published by June 2014 at the latest. This is to be done in the following ways:-

- **6 monthly establishment reviews to the Trust Board using evidence based tools**

  Trust Response
  The Trust Board signed off and agreed investment in new ward establishment in August 2013. Due to recruitment difficulties these establishments are not yet fully in place.

  Recommend Trust Board receives a review of where we are ward by ward against new establishments in June with a plan to carry out a full acuity based assessment of establishments for October. This is to include maternity, paediatrics and departments.

- **Information about nurses, midwives and care staff deployed for each shift compared to what has been planned, displayed at ward level.**

  Trust Response
  This will be in place across all adult wards by June and in Women's and Children's and departments by September.

- **Monthly Board report detailing shift by shift variance of planned vs actual staffing by ward**

Trust Response
We already have the ability to collect this but are struggling to embed the system within wards and groups. Some reporting is possible but will not yet be entirely accurate.

- **Reports must be provided on the Trust website and on NHS Choices.**

Trust Response
Working towards being able to do this and expect to be in place by June – this will be a mixture of data taken from 'manual' systems and e roster initially.

3.1 Stock takes on compliance with these duties are taking place which the Trust has responded positively to.

3.2 The TDA and CQC will include compliance with these actions as part of their assurance regimes.

4.0 NICE Safe Staffing Guidance

NICE have just issued a consultation document on safe staffing levels in adult patient wards in acute hospitals. The consultation period runs from 12 May to 6 June 2014.

The document recognises that there is no single nurse to patient ratio that can be applied across all areas. The guidance recommends factors that need to be systematically applied at ward level to assess staffing needs. These factors are very similar to those described in the previous two documents described in this report, i.e:-

- Ensure the right culture is in place to support staff;
- Use evidence based tools to calculate staffing needs;
- Regularly review staffing arrangements;
- Link staffing level to quality outcomes;
- Recognise environmental factors. Assess all patient needs over and above those clinically admitted with e.g:- LD, dementia.

5.0 Conclusion

There is now clear guidance and expectation placed on providers to plan, monitor and respond to nursing, midwifery and care staffing requirements. Gaps in planned staffing will be published publicly both at ward level and on NHS Choices.

UHL has systems and processes in place to meet most of these expectations but further work is required to fully roll out and embed these processes by June deadline.

The Board has previously had information regarding nursing workforce, vacancies, quality impact and impact of staffing groups. The Board now need to decide in what format and frequency it wishes to receive this information in the future.

NON-EXECUTIVE DIRECTORS OF THE BOARD

- Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
- Review data on workforce, quality of care and patient safety on a regular basis and hold Executive Directors to account for ensuring that the right staff are in place to provide high quality care to patients
- Ensure that decisions being taken at a board level, such as implementing cost improvement plans, have sufficiently considered and taken account of impacts on staffing capacity and capability and key quality and outcomes measures
- Understand the principles which should be followed in workforce planning, and seek assurance that these are being followed in the organisation

CHIEF EXECUTIVE

- Ensure that the organisation has the right number of staff with the required knowledge and skills to provide safe and effective patient care
- Ensure that there is an agreed nursing and midwifery establishment for all clinical areas
- Ensure there are robust systems and processes in place across the organisation to make informed and accurate decisions concerning workforce planning and provision.
- Ensure that appropriate escalation policies are in place and action is taken when staffing falls below that expected
- Ensure workforce plans are clinically and financially viable, and that they inform education commissioning process in place through the Local Education and Training Board (LETB) and Health Education England (HEE)
- Ensure that the Executive Team have SMART objectives (specific, measurable, achievable, realistic, timely) aligned to staffing and that these are reviewed and performance tracked regularly.

EXECUTIVE BOARD MEMBERS

- Report to the Board on nursing, midwifery and care staffing capacity and capability, highlighting concerns and making recommendations where necessary. Workforce data should be triangulated with data on quality of care
- Where staffing capacity and capability is insufficient to provide safe care to patients and cannot be restored, undertake a full risk assessment and consider the suspension of services and closure of wards in conjunction with the Directors of Operations, Chief Executive and Commissioners
- Foster a culture of openness and honesty amongst staff, supported by nursing and midwifery leaders, where staff feel able to raise concerns, and concerns are acted upon

Appendix 1

DIRECTOR OF NURSING

Develop the nursing and midwifery leadership team to ensure that they understand the principles of workforce planning and can use evidence based tools informed by their professional judgement to develop workforce plans and make staffing decisions on a day to day basis

Assure the Board that there are nursing and midwifery workforce plans in place for all patient care areas/pathways

On a monthly basis, report workforce information to the Board on expected vs actual staff in post on a shift-to-shift together with information on key quality and outcome measures

Ensure there is an uplift in planned establishments to allow for planned and unplanned leave and ensure absence is managed effectively

DIRECTOR OF WORKFORCE (HR)

Ensure that human resources support and policies are available to secure sufficient staffing capacity and capability to provide high quality care to patients

Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels and skill mix, staff movements, training and turnover to inform decisions on workforce planning

Develop and implement policies that support all staff working within areas of competence

Develop and implement a strategic recruitment plan to provide the required resources and fill current and future vacancies

CHIEF OPERATING OFFICER/DIRECTOR OF OPERATIONS

Ensure that the management of the organisation supports delivery of the workforce plan and there is sufficient staffing capacity and capability to provide high quality care to patients

Ensuring that there are systems and processes in place to capture accurate data on quality of care, patient pathways and volume to inform decisions on workforce planning

DIRECTOR OF FINANCE

Ensure that finance decisions which could have an impact on staff capacity and capability and patient outcomes are taken with consideration of staffing and workforce planning implications, and that these are reflected in any advice provided for decision to the Board, linking proposals to patient outcomes and quality

Ensure there are staff recruitment and retention strategies in place, and regularly review the effectiveness of these

Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels and skill mix, to inform decisions on workforce planning

NURSING LEADERS: HEAD OF NURSING / MATRON / SENIOR MIDWIFE

- Review and approve rosters submitted from wards
- Reallocate staff and authorise the use of temporary staffing solutions if necessary and where required
- Continuously review and monitor nursing, midwifery and care staffing capacity and capability across areas of responsibility
- Produce data / information to inform the Board and management of the organisation, and to inform workforce planning
- Hold Service Managers to account for having appropriate staffing capacity and capability on a shift to shift basis, and following escalation procedures where necessary

SISTER / CHARGE NURSE/TEAM LEADER

- Produce and manage safe and efficient staff rosters
- Measure quality of care and outcomes achieved for patients and the capacity and capability of staff on a ward-to-ward basis
- Respond in a timely manner to unplanned changes in staffing, changing patient acuity / dependency or numbers, including the request for and use of temporary staffing where nursing/midwifery shortages are identified
- Escalate concerns to line manager where staffing capacity and capability are inadequate to meet patient needs
- Understand the evidence based methodology used to determine the nursing and/or midwifery staffing in your area of responsibility

OTHER HEALTH AND CARE STAFF

- Complete data returns where requested about the staffing in your workplace to inform workforce planning decisions
- Participate in discussions and decisions regarding staffing in your clinical area
- Understand the agreed staffing capacity and capability are for your clinical area on a shift by shift basis
- Raise concerns regarding staffing and/or the quality of clinical care within your organisation when they arise

These roles and responsibilities only seek to cover responsibilities related to nursing, midwifery and care staffing capacity and capability, and are not exhaustive. They are not mandatory and should be read in the context of each organisation and its governance and management structures. It is important to empower ward Sisters/Charge Nurses to take responsibility for their clinical areas with delegated authority to act, supported by their organisations.

Roles will, over time, evolve and change as new innovations come into practice and these guidelines will need to be updated to take this into account.