Nursing & Midwifery Workforce Safeguards Current Compliance and Gap Analysis
13 May 2019

Trust Board Report

Meeting Date:	13th May 2019
Title:	Workforce Safeguards current compliance and gap analysis for Nursing and Midwifery
Executive Summary:	The developing workforce safeguards published by *NHS Improvement* in October 2018 will be used from April 2019 to assess Trusts compliance with a more triangulated approach to staffing planning in accordance with the National Quality Board guidance **for all** clinical staff. This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skill are in the right place and time. Trusts compliance with these safeguards will be assessed through the Single Oversight Framework and specific inclusions within the annual governance statements. Although the guidance applies to all clinical staff; this paper will **only** outline Nursing and Midwifery's current compliance with the 14 safeguard recommendations and identify areas for improvement. This report has been to Trust Management committee
Action requested:	Receive and note.
For the attention of the board	
Assure	Of the 14 recommendations within the workforce safeguard document, the Trust is compliant with 3 and partially compliant with 9
Advise	Of the 14 recommendations within the Workforce Safeguards document, the Trust is non-compliant with 2
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CQC Domains	**Safe:** patients, staff and the public are protected from abuse and avoidable harm. **Effective:** care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence. **Caring:** staff involve and treat everyone with compassion, kindness, dignity and respect. **Responsive:** services are organised so that they meet people's needs. **Well-led:** the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Trust Strategic Objectives	1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	Possible requirement to purchase additional licences from Allocate to support use of e-job plan for non-medical staff
Risks:	Non -compliance with Workforce Safeguard recommendations will have potential organisational consequence
Public	
Other formal bodies involved:	Workforce Organisational Committee
References	- Developing Workforce Safeguards – Supporting providers to deliver high quality care through safe and effective staffing. 2018 NHSI - How to quality impact assess provider cost improvement plans. National Quality Board 2012 - Well-led framework guidance. Care Quality Commission 2018 - Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time Safe sustainable and productive staffing National Quality Board July 2016
NHS Constitution	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: - Equality of treatment and access to services - High standards of excellence and professionalism - Service user preferences - Cross community working - Best Value - Accountability through local influence and scrutiny

Report Details

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Background

The workforce safeguards published by *NHS Improvement* in October 2018 will be used from April 2019 to assess Trusts compliance with the triangulated approach to staffing planning in accordance with the National Quality Board guidance (NQB). This combines evidence-based tools with professional judgement and outcomes to ensure the right staff, with the right skill are in the right place and time.

Trusts compliance with these safeguards will be assessed through the Single Oversight Framework and specific inclusions within the annual governance statements.

Although the guidance applies to all clinical staff; this paper will **only** outline Nursing and Midwifery's current compliance with the 14 safeguard recommendations and identify any areas for improvement.

Recommendation 1 - Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance – Fully Compliant

Current compliance is reported in the bi-annual Nursing and Midwifery adult inpatient skill mix report to the Trust Board.

Recommendation 2 - Trusts must ensure the 3 components are used in their safe staffing process – Partially Compliant

Figure 1: Principles of safe staffing

Figure 1 – Data source NHSI, 2018

Whilst the majority of nursing and midwifery reviews will be undertaken using the safer nursing care tool (SNCT) methodology, this is not appropriate for all clinical areas across RWT. The following table outlines where different methodologies and guidelines are available and which should be used in each of the clinical settings

Table 1

Area	Methodology
Wards – adults, paediatrics, AMU and SEU	Safer Nursing Care Tool (SNCT)
Outpatient and Day Care Departments	Professional Judgement as no current validated tool available
Neonatal Unit	BAPM guidelines
Intensive, Coronary & High Dependency Care Units (including outreach teams)	BACCN/RCN critical care forum/ICS guidelines
Theatres	Association for Perioperative Practitioners (AfPP)
Emergency Department	Professional Judgement methodology BEST Activity & Acuity/dependency but as soon as SNCT released for ED this will be utilised
Maternity services	Birthrate+
Community Services	Professional Judgement but reviewing tools which may

	be able to be utilised
Endoscopy	JAG guidance/Professional Judgement methodology
General Practice	Professional Judgement as no current validated tool available

The biannual nursing reports do not currently include outpatient and day care areas, ICCU and outreach teams, theatres, emergency department, community services, endoscopy, general practice or other roles within the nursing workforce e.g. matrons, consultant nurses, advanced nurse practitioners, clinical nurse specialists and clinical practice facilitators.

NHSI recommend providing evidence of all available clinical capacity across the 7 day working week and recommend using e-job plans for all clinical staff not working a 24/7 shift system.

E-roster

- All nursing and midwifery inpatient wards, emergency department, endoscopy, ICCU, majority of outpatients departments and day care areas, majority of community services are on e-roster. However theatres, general practice, advanced nurse practitioners and clinical nurse specialists are not.

E-job plans

- There is a job planning protocol in place for Clinical Nurse Specialists (CNS) and Advanced Nurse Practitioners (ANP); some CNS's and ANP have a job plans held locally. An e-job planning module is being introduced for medical staff and the ambition is to utilise this for this group of staff as yet there is no confirmed date for roll out.

- There is currently no job planning policy or process for CPF's, Matrons or the Chief Nurse Directorate.

- Additional licences will be required to be purchased to add nursing to the e-job plan module

NHSI recommends in addition to these cycles workforce data and financial information are reconciled regularly to reflect changes. This process is currently undertaken at local level and variance is not reported externally.

Recommendation 3 – Assessment will be based on review of the annual governance statement in which trusts will be required to confirm their staffing governance processes are safe and sustainable

and

Recommendation 4 – The review of the annual governance statement will be through the usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and financial performance measure – Not

Compliant

> Currently this is not in place but confirmation will be available in the annual governance statement published within the annual report for 2018/2019.

Recommendation 5 – As part of the yearly assessment assurance will be sought through the Single Oversight Framework (SOF) in which performance is monitored against 5 themes – Fully Compliant

> These 5 themes are monitored at Trust Board:

- quality of care
- finance and use of resources
- operational performance
- strategic change
- leadership and improvement capability

Recommendation 6 - As part of the safe staffing review, the director of nursing and medical director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable – Partially Compliant

> Nursing and midwifery staffing is reported in the annual and bi-annual Nursing and Midwifery staffing report to the Trust Board. This report does not currently include outpatient and day care areas, ICCU and outreach teams, theatres, emergency department, community services, endoscopy, general practice or other roles within the nursing workforce e.g. matrons, consultant nurses, advanced nurse practitioners, clinical nurse specialists and clinical practice facilitators.

Recommendation 7 - Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting – Partially compliant

> Nursing and midwifery staffing is reported in the annual and bi-annual Nursing and Midwifery staffing report to the Trust Board. This report does not currently include outpatient and day care areas, ICCU and outreach teams, theatres, emergency department, community services, endoscopy, general practice or other roles within the nursing workforce e.g. matrons, consultant nurses, advanced nurse practitioners, clinical nurse specialists and clinical practice facilitators.

Recommendation 8 - They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month – Partially compliant

> This data is currently triangulated from numerous reports, including a quality nursing dashboard which is presented to Trust Board which includes all inpatient wards. Further consideration needs to be given of how utilisation of the model hospital data is evidenced but extracts will be used in the biannual skill mix Trust board report.

Recommendation 9 - An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit

where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance and NHS Improvement resources. This must also be linked to professional judgement and outcomes- Fully Compliant

Currently reported in the bi-annual Nursing and Midwifery skill mix/staffing report to the Trust Board.

Recommendation 10 - There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool – Partially Compliant

All Nursing and Midwifery staffing tools are implemented as per guidance.

SNCT assessment to meet criteria:

Criteria	Y/N	Evidence
Have you got a licence to use SNCT from Imperial Innovations?	Yes	Licence in place for all SNCT iterations and available to view on request.
Do you collect a minimum of 20 days data twice a year for this?	Yes	31 days collected in January and 30 days in June each year.
Are a maximum of 3 senior staff trained and the levels of care recorded?	Yes	Ward sister/charge nurse and deputies/band 6
Is an established external validation of assessments in place?	Yes	Matrons rota – not allocated to areas of budgetary control. Historic rota available for view on request.
Has inter-rater reliability assessment been carried out with these staff?	Yes	New staff to be signposted to the Associate Chief Nurse by recruitment to provide ongoing training as part of the induction process.
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed to bed ward round review?	Yes	Daily, retrospective scoring collected during each data set.
Are enhanced observations (specialed) patients reported separately?	No	
Has the executive board agreed the process for reviewing and responding to safe staffing	No	

recommendations?		

Recommendations 11 and 12 - As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes and new roles, must have a full quality impact assessment (QIA) review – Partially Compliant

QIA are completed for changes required as part of the Cost Improvement Programme and reviewed via Chief Nurse. Workforce Organisational Development Committee to agree governance process for QIA for new roles. Any changes to skill mix in phase 1 biannual adult inpatient skill mix review will be supported by QIA.

Recommendation 13 - Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.

and

Recommendation 14. - Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality – Partially Compliant

Local nursing, paediatric nursing and midwifery staffing escalation guides are available. Implementation of Allocate Safe Care module and associated protocols/procedures and staffing guidance and escalation will commence May 2019 with an anticipated 9 month roll out.

Conclusion and Next Steps

Review of the current compliance with the workforce safeguards for nursing and midwifery highlights the processes currently in place.

It is recommended that the Trust Board note the current gaps and review the proposed actions:

Action	Lead	Date
Include the review of outpatient and day care areas, outreach teams and other roles within the nursing workforce to the annual and bi-annual Nursing and Midwifery staffing report to the Trust Board.	Associate Chief Nurse	October 2019
Review current e-roster and e-job plan provision across nursing and midwifery and agree timescales for delivery.	Associate Chief Nurse/Head of Resourcing	May 2019
Annual governance statement which confirms staffing governance processes are safe and sustainable to be included in 2018/2019 annual report	Deputy Chief Nurse	April 2019

Review the current reconciliation processes of workforce data and financial information including the use of model hospital data.	Associate Chief Nurse	May 2019
Agree process for capture of enhanced observation patients and how this will be reported	Associate Chief Nurse	May 2019
Trust board to agree process for reviewing and responding to safe staffing recommendations	Chief Nurse	May 2019
Workforce Organisational Development Committee to agree process for quality impact assessment (QIA) for skill mix changes and introduction of new roles	Director of Workforce	May 2019
Commence implementation of Safe Care module and associated protocols and policies	Associate Chief Nurse	May 2019
Recommend Trust Board seek reassurance form AHP and Medical workforce of their current compliance with the workforce safeguards.	Chief Nurse/Medical Director	May 2019