

Board of Directors

3 November, 2022

Report Title:	Workforce Safeguards Report
Executive/NED Lead:	Giles Thorpe, Chief Nurse Angela Tillett, Chief Medical Officer Deborah O'Hara, Deputy Director of People and Organisational Development
Report author(s):	Angela Tillett, Chief Medical Officer Giles Thorpe, Chief Nurse Deborah O'Hara, Deputy Director of People and Organisational Development
Previously considered by:	Integrated Assurance Committee People and Organisational Development Committee

Approval

Discussion

Information

Assurance

Executive summary

In October 2018 NHSI launched a Workforce Safeguards toolkit https://improvement.nhs.uk/documents/3320/Developing_workforce_safeguards.pdf to direct Trusts to ensure that there are appropriate safeguards in place, that support NHS boards to make informed, safe and sustainable workforce decisions. NHSI will assess our compliance yearly.

The Chief Medical Officer, Chief Nurse and Director of People and Organisational Development have undertaken a second assessment of our compliance against the workforce safeguards toolkit in this financial year. This demonstrated that the Trust has progressed work required to triangulate all of the data available, thereby supporting a clearer view on determining whether all aspects of the workforce are achieving maximum productivity and efficiency.

There remain further areas of focussed work particularly in medical and Allied Health Professions (AHP) staffing groups where there are currently no national standards for safe staffing levels and assessment is reliant primarily on professional judgement.

In line with the Workforce Safeguards toolkit, the Chief Medical Officer, Chief Nurse and Director of People and Organisational Development are satisfied with the outcome of the assessment that staffing is safe, effective and sustainable. Furthermore, the actions that are required form part of the Workforce Planning programme, with key workstreams identified to improve on the identified gaps, in order to further strengthen systems and processes. This report was considered in detail at the Board's People and Organisational Development Committee in September. The report was recommended for presentation to the Board.

Action Required of the Board

The Board is invited to approve the assessment confirming:

- The actions suggested which signal a change to a more proactive approach led by the Workforce Directorate as part of workforce planning.
- The continued delegation of ongoing monitoring of workforce safeguards to the People and Organisational Development Committee, with relevant items being escalated as required.

Link to Strategic Objectives (SO)		Please tick
SO1	Keep people in control of their health	<input type="checkbox"/>
SO2	Lead the integration of care	<input checked="" type="checkbox"/>
SO3	Develop our centres of excellence	<input checked="" type="checkbox"/>
SO4	Support and develop our staff	<input checked="" type="checkbox"/>
SO5	Drive technology enabled care	<input checked="" type="checkbox"/>
Risk Implications for the Trust <i>(including any clinical and financial consequences)</i>	A failure to ensure that the Trust has sufficient safeguards in place to ensure a robust and sustainable workforce due to poor oversight and a lack of clear improvement progress, may lead to the Trust not being an employer of choice, poor staff experience and a negative impact on recruitment and retention.	
Trust Risk Appetite	The Board has a cautious risk appetite when it comes to compliance and regulatory issues. Where the laws, regulations and standards are about the delivery of safe, high quality care, it will make every effort to meet regulator expectations and comply with them and will only challenge them if there is strong evidence or argument to do so.	
Legal and regulatory implications <i>(including links to CQC outcomes, Monitor, inspections, audits, etc)</i>	NHSEI are required to ensure that all Trusts are compliant with the 'triangulated approach' to deciding staffing requirements through a yearly assessment. In addition, the Trust must achieve compliance with Regulation 18: Staffing as outlined in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.	
Financial Implications	A failure to ensure that appropriate workforce safeguards are in place, as outlined above, may lead to increased spend for temporary staffing, due to increased vacancy and attrition of staff.	
Equality and Diversity	Discussions relating to workforce safeguards must also ensure that no decisions made have a negative impact on equality, diversity and inclusion for our workforce.	

Workforce Safeguards Report

NHSI Board Indicator:

1) Using local quality and outcomes dashboards that are discussed in public board meetings, and nationally agreed quality metrics published at provider level

Strengths:

- The Trust continues to monitor quality and outcomes data, adhering to nationally agreed quality metrics, with robust Board oversight in public.
- There are clear indicators in place for nurse staffing, based on NICE guidance, which ensure the NQB (National Quality Board) recommendations are embedded in the recommended establishments.
- Regular consideration is given to nursing establishment based on acuity and dependency data, and establishments are flexed to meet the need of the patients, under professional advice of the Chief Nurse or their representative.
- Nursing Safe Staffing metrics are presented monthly to the Board in the Integrated Performance Report.
- Bi-annual acuity review is presented to the public Board of Directors for due consideration and scrutiny
- Previously GMC surveys have provided national benchmarking data for training outcomes and medical staffing across inpatient specialities. 7 days services programme remains paused during the pandemic and GMC the survey continues to include additional well-being domains, which are reported through the People & Organisational Development Committee to the Board.
- Quality metrics are monitored regularly through the Divisional Accountability Meetings, chaired by the Chief Executive, the Quality and Patient Safety Committee and ultimately at the Public Trust Board bi-monthly. Quality metrics related to performance are also discussed at the Trust's Performance Committee.
- Staffing and recruitment metrics are detailed in the recruitment trajectory for hard to fill posts, which are overseen by the People and Organisational Development Committee.
- A review of Job Plans continues to be led by the office of the Chief Medical Officer. The programme for completion of job plans has been brought forward and is monitored closely through DAM meetings. Additional roles and associated clinical sessions to improve capacity modelling and identify workforce gaps are being developed across the Trust's services.
- National audit and GIRFT data is used for quality improvement in clinical services which will include aspects of MDT staffing including medical staffing levels.
- A review of evidence based acuity tools (e.g guidance from professional bodies) is used to ensure the Trust is up to date with their response. These are recorded in a central location and support professional groups to deliver on action plans, where gaps are identified

Gaps:

- Lack of clear productivity data, such as job plans that are based on outcomes, is not regularly reviewed at board level as yet; however, developing job planning framework to mitigate this gap.
- Outcome data is not regularly triangulated between staffing levels and safety across the Trust or reviewed at board level
- Model Hospital and GIRFT data is starting to be embedded in service reviews however is not routinely reviewed at board level; however, there is a quarterly report to the Quality and Patient Safety Committee.

- Model Hospital data may be affected by service reconfigurations

Proposed actions to address:

- Further use of NHSI's Model Hospital data. The datasets in model hospital are drawn from provider returns across the UK, and compare productivity, quality and responsiveness data. This gives information on workforce data which can be used for workforce planning, including Care hours per patient per day (CHPPD) and clinical hours to contact (CHtc) data, and cost per contact for non-ward based settings. There remains, some mismatch between data presented; however, this remains a useful tool for peer comparison.
- Information team to work with key stakeholders to link up quality **outcomes** with the metrics contained in the IPR.

NHSI Board Indicator**2. Developing metrics for patient and service user outcomes, staff experience, people productivity and financial sustainability****Strengths**

- Friends and family test metrics in place and national reporting has recommenced.
- Trust IPR inclusive of friends and family test responses and metrics in place.
- Quality programmes contain quality improvement metrics, developed through Trust Executive and updates are presented through board committees (such as QPSC)
- Complaints, compliments and PALS contacts and outcomes discussed at board committees and public Trust Board
- Staff survey and other staff experience metrics monitored at POD Committee and at public Trust Board.
- Financial sustainability metrics regular discussed at Finance and Performance Committee (FPC) and Public Trust Board.
- GIRFT data is regularly monitored at the Quality and Patient Safety Committee
- Contingent staffing controls including bank and agency spend reviewed as part of Divisional Management Team meetings and assurance through Strategic and Operational Workforce groups
- We have designed and embedded a systematic approach to workforce planning, reviewed at Divisional Accountability Meetings, the Strategic Workforce Group and the People and OD Board Sub-Committee

Gaps:

- Although the IPR contains all of the data points detailed in the NHSI toolkit, outcome data for staff and patient experience is not triangulated. e.g. FFT data alongside patient outcome data.
- Productivity metrics visibility are variable at the Board. Board have good oversight of imaging productivity, ED productivity and theatre utilisation.

Proposed actions to address:

- Further use of NHSI's Model Hospital data as per Recommendation 1
- Review of Job Plans linked to productivity data, led by Chief Medical Officer and achieved through divisional analysis and planning
- Chief Nurse, Chief Medical Officer and Director of People and OD to bring regular updates through the quarterly POD Committee, on people productivity.

NHSI Board Indicator

3. Comparing performance against internal plans, peer benchmarks and the NHS Experts' views, taking account of any underlying differences

Strengths:

- Clinical Delivery Groups are held to account through monthly Divisional Management Team meetings, including review of CDG quality and performance metrics
- Review of vacancy, sickness, contingent staffing data on regular basis through; a weekly (Cross Divisional Staffing Group) and monthly (Divisional Accountability Meeting/Performance Committee)
- Good use of GIRFT and national benchmarking data in clinical areas
- Internal plan monitoring through DAMs (for CIP Plans) and monitored through local programme management offices (PMO's) closely overseen by Chief Finance Officer
- Clear Trust Board oversight of mortality metrics presented by the Chief Medical Officer
- Regular Trust Board oversight of ED performance comparable to peers.
- Good oversight of financial performance compared to peers, overseen by Finance and Performance Committee with discussion at Public Trust Board.
- Evidence of collaboration with other Trusts as part of Integrated Care System working
- Operational oversight of performance occurs through established Strategic Workforce Group, with key points of escalation to the Executive Leadership Team
- Chief Nurse, Chief Medical Officer and Director of People and OD are leading regular reviews to ensure national workforce toolkits, or workforce guidance from professional bodies are incorporated within workforce planning processes, which are reported through People and Organisational Development Committee.

Gaps:

- Comparisons and 'best practice', are not integrated into process improvement methodology. e.g. when a change is proposed, there is a checklist that ensures national toolkits are considered, and organisations in the top quartile of performance are researched and/or contacted.
- Good practice visits are yet to be recommended.
- Further use of Model Hospital Data is required for triangulation.
- Limited evidenced and references made of national toolkits for improvements
- ICB and associated governance framework is currently under redevelopment, thereby limiting opportunities for strategic development and benchmarking

Actions to address:

- A central repository has been recently developed (hosted by workforce directorate) and corporate teams will work proactively with local clinical leaders to ensure that a robust response is developed and monitored to identify adherence to, or rationalised variance from, national guidance.
- Chief Nurse and Director of People and Organisational Development to influence at ICS People Board governance framework to include workforce safeguards as part of its TORs.
- Development of a GIRFT dashboard for each clinical service to address priority recommendations.

NHSI Indicator

4. Supporting and engaging staff to remove barriers to help their productivity and ensure their time is used in the best way possible to provide direct or relevant care or care support.

Strengths:

- Engagement events are held based on clinical practise with the purpose of supporting staff to remove barriers to help their productivity
- Chief Nurse's Office has a proactive oversight on establishment and acuity reviews, and analysis of complaints and concerns linked to practise, through the Nursing Midwifery and Allied Health Professionals Advisory Council.
- Chief Nurse and Chief Medical Officer's offices have oversight of rostering improvements, closely linked to financial improvements.
- Embedding of QI approach to support productivity challenges are evidenced through Clinical Effectiveness Group.
- Freedom to Speak Up Guardian is well utilised and linked to the Board
- Improved learning from incidents continues to be evidenced as sustained, with a positive culture of incident reporting which is monitored at DAMs, Executive-Led Groups and Board Committees.
- Medical workforce – flexible working with movement of staff to support where required
- Nursing workforce – increased recruitment pathways offset against bank spend to secure staffing levels to support seasonal variation, thereby removing barriers to productivity.
- Nursing workforce – development of increased advanced practice and associate roles to support flow of patients through system as adjunct roles to medical workforce
- Clear escalation policy to enable staffing movement and use of incentive payments to support safe staffing when required
- Appointment of FTSU Associate Guardians to provide increased opportunities for staff to provide feedback
- Appraisal process re-launched to support how staff can identify and develop productivity opportunities
- Introduction of staff pulse surveys to increase regular feedback from staff

Gaps:

- Linking up examples of engaging staff with patient outcomes and subsequent improvements made to productivity need to be strengthened at Board level.
- Staff productivity links to PDR objective settings are variable

Proposed Actions to Take:

- Developing more listening events as a learning tool to engage staff and help identify productivity gains
- Cultural audit ongoing to further embed our values and behaviours
- Increased number of staff listening / engagement events supported by staff governors and recruitment for new staff network chairs
- Leadership development programmes in place and ongoing including sessions on supportive leadership

NHSI Board Indicator

5. Using national good practice checklists to guide improvement action, as well as taking account of knowledge shared by top performers

Strengths:

- Development of Trust-wide LocSSIPs regularly used and reported to Board through IPR and learning shared.
- Learning and sharing through local ICS fora
- Good use of nursing best practice models – Safer Staffing in both acute and community settings, red to green, NICE guidance.
- Ongoing review of job plans linked to productivity data is addressed monthly (through Divisional Accountability Meetings)

Gaps:

- National good practice checklists are used intermittently and action plans are not monitored in one place. Use of toolkits is not embedded in to improvement methodology and best practice visits are limited.
- Under developed 'learning from others' and implementing resource toolkits consistently in all areas.

Actions to improve:

- Review of evidence based acuity tools (e.g guidance from professional bodies) to ensure the Trust is up to date with their response. Record these in a central place (hosted by the Workforce Directorate) and support professional groups to deliver on action plans.
- Information team to work with key stakeholders to link up quality outcomes with the metrics contained in the IPR.
- **To note** - *actions are repeated from elsewhere, as repetitive indicator*

NHSI Indicator

6. Use evidence based decision support tools

Strengths:

- Use of CHPPD in nursing workforce
- Use of SafeCare to ensure daily review of nursing workforce based upon acuity and dependency
- Nursing dashboards are scrutinised at Divisional Accountability Meetings
- UNITY return is based on evidence based tools
- Use of GIRFT, involving clinical leaders across all related services
- Review of evidence-based acuity tools has been completed to maximise use in all clinical areas to support workforce requirements

Gaps:

- Focus on college guidance is not currently benchmarked and needs to be linked into decision-making
- Evidence based tools are not built in to improvement methodology and workforce change processes
- Evidence based tools need to be more visible in medical, maternity and AHP workforce

Proposed actions to address:

- Information team to work with key stakeholders to link up quality outcomes with the metrics contained in the IQPR.
- Maximise use of data for improvement within workforce change processes to be developed
- **To note** - *actions are repeated from elsewhere, as repetitive indicator*

NHSI Board Indicator

7. Use e-rostering and job planning tools to support efficient and effective staff deployment

Strengths:

- E-rostering in place for nursing consistently, and some facilities staff
- Strong relationship between Trust and NHSP as Trust bank to support staff deployment.
- Evidence of minimal short term requests for bank workers.
- Minimal use of agency staffing in nursing/AHP roles
- Workforce schedules for trainee doctors within medical rotas are compliant with national guidance
- Job planning development for AHPs underway, with non-medical consultants and clinical nurse specialists planned in Q3.

Gaps:

- Fill rate not consistent for staffing in nursing from NSHP bank – only 45% of staff registered on NHSP for bank work – reduced uptake of NHSP bank work during last six months.
- Job planning and rotas are managed locally within clinical delivery groups for doctors, and other staff groups.
- E-rostering not in place for junior doctors

Proposed actions to address:

- Job plans electronically linked to productivity outcomes to support business planning across professions
- Change from Allocate to Medirota to improve e-rostering for doctors

NHSI Board Indicator

8 Any workforce review and assessment and safeguards reported should cover all clinical groups, areas and teams. Nursing / midwifery is the most often represented group at board level, but a focus on medical staff, AHP's, healthcare scientists and the wider workforce is needed too

Strengths:

- Quality impact assessments are reported at Board Committees and signed off by Chief Nurse and Chief Medical Officer and recorded and monitored centrally. When workforce changes are proposed, changes are made to reflect feedback on quality and safety from different staff groups.
- All workforce review processes are in partnership with Staffside, presented at People and Organisational Development Committee and Trust Board.
- Good representation of nursing and midwifery safeguards reported to POD and Trust Board.
- All staff groups are reviewed during the QIA workforce process, including consultation with LNCC and JCNC and involvement of multi-disciplinary stakeholders
- Revised management of change policy to include talent management and development
- Faculty of Education now in place providing cross-professional education opportunities and strategic direction

Gaps:

- AHP workforce planning has made a very strong start but required full visibility to identify areas of support required to progress further.
- Medical workforce planning has been largely based on historical vacancies rather than forward planning for what is required for safe patient care

Proposed actions to address:

- Continued scrutiny of workforce changes and full involvement of Chief Nurse and Chief Medical Officer in Quality Impact Assessments of Workforce Changes
- Close management of workforce change, that spans professional groups, so impact on quality and safety is understood is further developed
- Speed week for AHP job planning planned to close gap and evidence fully job plans across professions
- Monitor through People and OD Committee, and the Trust Board.

9.NHSI Board Indicator

It is vital that the board see the actual data from the tools used, such as the Safer Nursing Care Tool, Birthrate Plus and other European working time directive reporting such as diary cards and exception reporting info

Strengths:

- The board see data from nursing and midwifery tools in Board committees and at the Trust Board through the IPR
- Clinical Delivery Groups consider and respond to tools available at a local level, with support from relevant Executive Directors
- Trust Board have scrutinised working hours, and impact on quality of care, at Public Trust Board meetings.
- Guardian of safe working is in place for Junior Doctors, with regular reports to the Trust Board via POD Committee
- Implemented a systematic approach to workforce planning, reviewed at Divisional Accountability Meetings, the Strategic Workforce Group and the People and OD Board Sub-Committee
- Review of vacancy, sickness, contingent staffing data including scrutiny of bank hours through at CDG and Divisional Accountability Meetings

Gaps:

- There is a lack of information on our staff who may be working hours at other organisations through an agency and the impact on their working hours, and quality of care.

Actions to address:

- The People and OD Committee review WTD reporting
- Review of evidence based acuity tools (e.g guidance from professional bodies) to ensure the Trust is up to date with their response.

NHSI Board Indicator

10. A clear link between the quality outcomes, operational and financial performance, and patient, service user and staff experience on the ward, department or area. Boards must ensure that intelligence on patient, service user and staff experience is explicitly linked with metrics on quality outcomes, operational and financial performance, so they can oversee and monitor how these areas are independent

Strengths:

- This data is available and reported through EMC, Board committees, including QPSC, POD and Finance & Performance Management Committee with reports to the Trust Board

Gaps:

- Data is not triangulated in to outcomes, as the NHSI toolkit suggests
- Actions as per other items, repetitive indicator

Proposed Actions:

- Actions as per other items, repetitive indicator

NHSI Board Indicator

11. Boards must assure themselves that robust governance systems and processes around staffing systems and processes around staffing and related outcomes are embedded to ward or service level. This may include formally reviewing or adding QIA's to org. policy. Ultimate decisions should sit with the Chief Executive

Strengths:

- Chief Executive accountability is clear in reporting, and annual returns and governance statement
- Board have oversight of ward metrics through reporting in IPR, and will now regularly visit clinical front line areas to test out assumptions in person
- Board members fully involved in visits and scrutinise data and assessment criteria in person.
- Relevant outcome and experience data is shared that is relevant to performance is shared at Trust's Finance & Performance Committee
- Further assurance is gained from external visits from ICS colleagues, NHSEI and invited reviews from royal colleges.

Gaps:

- Workforce productivity metrics may require further review as part of ongoing quality improvement.

Actions to address:

- Summary of all actions noted above
- Actions as per above, as repetitive indicator.