

**Trust Board of Directors Meeting
Report Summary**

Date of Meeting: 6th August 2023	
Title of Document: Workforce Safeguards Report	
To be presented by: Dr Giles Thorpe Dr Angela Tillett	Author: Dr Giles Thorpe, Chief Nurse Dr Angela Tillett, Chief Medical Officer Kate Read, Director of People and Organisational Development
1. Status: For Approval	
2. Purpose: To approve the workforce safeguards report considered by People and organizational development committee on 9th May 2023	
Relates to:	
Strategic Objective	Objective 4: Support and develop our staff
Operational performance	Only through ensuring we have robust workforce governance in place that meets the demands of the service can we ensure we deliver on our operational standards across emergency and elective pathways.
Quality	To ensure clinical staffing levels and skill mix are reviewed on a 6 monthly basis to support delivery of patient care and in line with national best practice standards.
Legal/Regulatory/Audit	It is a requirement of NHS provider organisations to undertake a bi-yearly review of workforce safeguards in line with NHSEI requirements. This also acts as evidence to show compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 18: Staffing
Finance	The workforce safeguards review considers the efficiencies of the workforce in terms of activity and acuity, thereby ensuring that appropriate workforce planning is in place that meets operational demand, whilst working within the appropriate financial control.
Governance	Through a review of workforce safeguards the Trust evidences robust oversight and governance of workforce design, development and review.
NHS policy/public consultation	N/A
Accreditation/inspection	The delivery of a robust assessment of workforce safeguards links to our CQC Well-Led position, and also links with Regulation 18: Staffing
Anchor institutions	N/A
ICS/ICB/Alliance	N/A
Board Assurance Framework (BAF) Risk	BAF Risk 5: Workforce
Other	N/A

In October 2018 NHSI (now NHSEI) 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. NHSEI will assess our compliance yearly

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

There remains further areas of focussed work particularly in medical and AHP staffing groups where there are currently no national standards for safe staffing levels; however the Director of AHPs is now working on an acuity tool with ICS colleagues, supported by the national team, in order to develop a pilot. Currently assessment in these clinical groups remains primarily based 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 for 2023/24.

As previously identified, any 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 and are overseen by the Strategic Workforce Group and the Nursing Midwifery and AHP Advisory Council.

4. Recommendations / Actions

The Board is asked to

- Review and approve the Executive Team's assessment of assurance against the workforce safeguard indicators
- Continue the delegation of ongoing monitoring of workforce safeguards to the quarterly People and Organisational Development committee

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 the professional advice of the Chief Nurse or their representative.
- Nursing Safe Staffing metrics are presented monthly to the Board in the Integrated Performance Report.
- A bi-annual acuity review is presented to the public Board of Directors for due consideration and scrutiny, which this year will include the use of nationally benchmarked acuity modelling for Emergency Departments and Community teams.
- Previously GMC surveys have provided national benchmarking data for training outcomes and medical staffing across inpatient specialities. 7 days services programme guidance was refreshed in 2022 with a reduced emphasis on large audits and a focus on triangulation of services with incidents, job planning 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 Assurance 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 deep dive presentations in relation to medical consultant gaps has been presented to POD, as have other deep dives related to nursing and AHP workforce developments, such as the increase in advanced practice and consultant level roles.
- 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 red closely jthrough DAM meetings. Additional blended roles continue to be developed in line with the national ambition across all associated professions
- National audit and GIRFT data is used for benchmarking quality improvement in clinical services which 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 these are presented to the relevant professional group (NMAAC), in order for actions to be agreed by the professional leadership team

Gaps:

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

Proposed actions to address:

- Further use of NHSEI's Model Health System 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.
- Informatics team continue to work with key stakeholders to link up quality outcomes with the metrics contained in the IPR to further enhance traingulation.

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 are in place and national reporting is ongoing
- The national survey programme has been fully reinstated to ensure that the Trust is able to benchmark experience nationally.
- The Trust's IPR is inclusive of friends and family test responses and metrics for sharing at the public Board bi-monthly.
- Quality programmes contain quality improvement metrics, developed through the quality team and led by the Trust Executive and updates are presented through board committees (such as QPSC)
- Complaints, compliments and PALS contacts and outcomes are discussed at Quality and Patient Safety Committee and public Trust Board
- Staff survey and other staff experience metrics monitored at the Trust's 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 presented by Divisional teams at Clinical Effectiveness Group and 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 Committee as delegated authority from the Board of Directors

Gaps:

- Although the IPR contains all of the data points detailed in the NHSEI 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 NHSEI's Model Health System 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. The national Consultant Information Programme (NCIP) provides access to objective activity and outcomes for key surgical specialties and will expand to include all specialties over time
- Chief Nurse, Chief Medical Officer and Director of People and OD to bring regular updates through the quarterly POD Committee, on effectiveness of workforce, including development of new roles that aid service improvements.

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/model healthcare data in clinical areas and particularly useful collaboration with West Suffolk hospital for HVLC specialties including general surgery, ENT, gynaecology, T+O
- 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 Performance Committee with discussion at Public Trust Board.
- Evidence of collaboration with other Trusts as part of Integrated Care System working
- Regional medical bank and agency meeting allows comparators between organisations at all levels of medical workforce
- 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, such as the use of SNCT for Emergency Departments and SNCCT for community teams.

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.
- Further use of Model Health System data is required for triangulation.
- Limited evidenced and references made of national toolkits for improvements
- ICB and associated governance framework is relatively new, thereby opportunities for strategic development and benchmarking yet to be fully realised

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 continue to influence at ICS People Board governance framework

- Development of a GIRFT dashboard for each clinical service to address priority recommendations has been completed and in process of being refreshed

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, for example pre-operative assessment using synopsis,
- 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
- Appraisal process has been updated as a core priority following review of the staff survey to support how staff can identify and develop productivity opportunities

Gaps:

- Linking up examples of engaging staff with patient outcomes and subsequent improvements made to productivity need to be strengthened at Board level.
- Quality Improvement programmes of work to be highlighted more clear at assurance committees and the Board
- Staff productivity links to PDR objective settings are variable

Proposed Actions to Take:

- Cultural audit analysis is now underway, following completion, to further embed our values and behaviours
- Increased number of staff listening / engagement events supported by staff governors recruitment for new staff network chairs is expected to be completed in the first quarter of 23/24.
- Leadership development programmes in are place and ongoing including sessions on supportive leadership
- Clinical leadership development is being led by Chief Medical Officer and Chief Nurse in order to further strengthen roles and responsibilities at Division and CDG levels.

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:

- Learning and sharing through local ICS fora
- Good use of nursing best practice models – Safer Staffing in all settings, red to green programme robust, NICE guidance.
- Use of model healthcare system data, GIRFT review and clinical networks to identify best practice and learn e.g. stroke care, orthopaedic surgery,
- Ongoing review of job plans linked to productivity data is addressed monthly (through Divisional Accountability Meetings)

Gaps:

- There are multiple national good practice checklists alongside NICE and Royal college guidance - whilst the clinical outcome team will have oversight of national audits and reports there need to be better integration with service teams so that changes can be embedded in to improvement methodology
- Under developed 'learning from others' and implementing resource toolkits

Actions to improve:

- 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
- Integration of Better Births in maternity services into site based decision-making to support movement of staff, and as part of acuity reviews.
- 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 continue 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, midwifery and AHPs 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 unless specialty skill sets required
- Workforce schedules for trainee doctors within medical rotas are compliant with national guidance
- Change from Allocate to Medirota complete and Electronic rostering for medical staff is underway
- Job planning for non-medical consultants and clinical nurse specialists underway following extensive review of roles – programme led corporately.

Gaps:

- Fill rate not consistent for staffing in nursing from NSHP bank and reduced uptake of NHSP bank work over the past year.
- Job planning and rotas are managed locally within clinical delivery groups for doctors, and other staff groups.
- E-rostering not in place for all doctors

Proposed actions to address:

- Job plans need to be electronically linked to productivity outcomes to support business planning across professions.

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/LNC and 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
- AHP workforce planning now has comparative visibility in the Trust, led by the Director of AHPs and AHP workforce lead corporately.

Gaps:

- Medical workforce planning has been largely based on historical vacancies rather than forward planning for what is required for safe patient care
- Baseline assessment required for health care scientists and pharmacy

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
- 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 on a monthly basis
- 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

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.

