The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (PRIVATE)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
Catherine Morgan, Director of Nursing	Decision		High	Med	Low
	Discussion	√	√		
	Information	√			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
Karen Hansed, Head of Service Line Reporting Improvement	Strategic	√			
	Operational	√			
	Governance	√	**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
			Nursing & Midwifery Skill Mix review (July 2016)		
CQC Domain: (safe, caring, effective, responsive, well-led)	All areas				

Meeting Date: **30 August 2016**

Report Title: **Nursing and Midwifery workforce update**

PURPOSE & SUMMARY:

This report provides the Board with its responsibilities in relation to Nursing and Midwifery workforce matters following the recently published national guidance and recommendations. This report has been structured as follow:

- Details of the Board of Directors responsibilities - to ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings at the Trust based on new national guidance. A copy of the National Quality Board (NQB) report is attached at Appendix A.
- An update on the Lord Carter Model Hospital initiative.
- A summary of the work undertaken internally to assess the Trust's progress against the new recommendations emerging from the NQB and the guidance received in relation to the Lord Carter Model Hospital initiative.
- An action plan, set out in Appendix B, details how the Trust will take forward the work required to ensure full compliance, the nominated leads and timescales for delivery.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

Potential saving and quality improvements opportunities will exist. However, these have not been quantified at this time.

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√	√	√

RECOMMENDATIONS:

For information and discussion.

Introduction

This report has been structured as follow:

- Details of the Board of Directors responsibilities - to ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings at the Trust based on new national guidance. A copy of the National Quality Board (NQB) report is attached at Appendix A.
- An update on the Lord Carter Model Hospital initiative.
- A summary of the work undertaken internally to assess the Trust's progress against the new recommendations emerging from the NQB and the guidance received in relation to the Lord Carter Model Hospital initiative.
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Board of Directors responsibilities

In light of the Five Year Forward View[1] and Lord Carter's final report[2], the NQB[3] has revised its workforce recommendations to help trusts better use its available resource. The full document (Appendix A) sets out the key principles and tools which should be used by the Board to measure and improve the use of staffing resources ensuring safe, sustainable and productive services.

Using the new triangulated approach this will help trusts to 'deliver the right staff, with the right skills, in the right place and at the time' and make key informed staffing decisions instead of using basic numbers or ratios of staff to patients, which has previously been used.

The Board also have accountability to ensure the Trust has the right culture, leadership and skills in place for safe, sustainable and productive staffing.

The NQB report is broken down into three sections as follows:

Section 1 : Safe, sustainable and productive staffing : Measurement and improvement
Section 2 : Care hours per patient day (CHPPD)
Section 3 : Updated NQB expectations

A summary of the NQB recommendations include:

- Implement, in full, the Lord Carter recommendations e.g. publishing Care Hours per Patient Day (CHPPD) data.
- Use local quality and outcome dashboards, published locally and discussed in public board meeting. This should include the use of nationally agreed quality metrics.
- Develop metrics to measure patient outcomes, staff experience, people productivity and financial sustainability.
- Compare performance against internal plans, peer benchmarks and the views of the NHS experts taking into account any underlying differences.

[1] Published in October 2014 : *'Five Year Forward View'*.
[2] Published in February 2016 in the report entitled *'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations'*.
[3] National Quality Board revised report: July 2016 *'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'*

- Reduce wasted time by supporting and engaging staff in using their time in the best way possible to provide direct or relevant care or care support.
- Use national good practice checklist to guide improvement actions, as well as taking account of knowledge shared by the top performers.

The NQB's recommendations are broken down into three key expectations as follows:

1. Expectation 1 : Right staff
2. Expectation 2 : Right skills
3. Expectation 3 : Right place and time

Set out below are the key recommendations for Boards:

Expectation 1 : Right staff

The Board should:

Ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations.

An annual strategic staffing review should be developed using a triangulated approach e.g the use of evidence-based tools, professional judgement and comparison with peers, which takes account of all healthcare professional groups and is in line with financial plans. This should be followed up with a comprehensive staffing report to the Board after six months to ensure workforce plans are still appropriate and relevant. There should also be a review following any service change or where quality or workforce concerns are identified.

Expectation 2: Right skills

The Board should:

Ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services.

Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.

Expectation 3: Right place and time

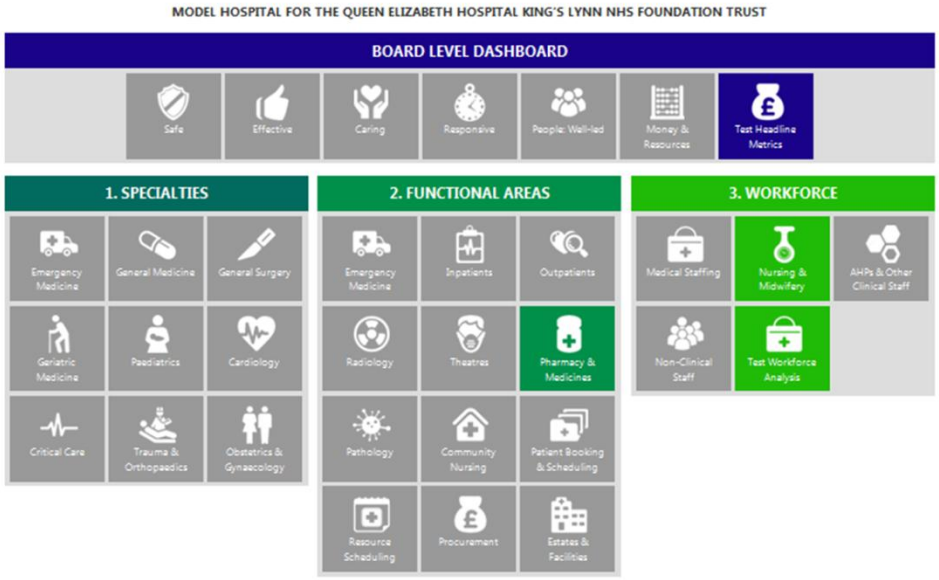
The Board should:

Ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise.

Directors of Nursing, Medical Directors, Directors of Finance and Directors of Workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.

Update on the Lord Carter Model Hospital Initiative

One of the key recommendations emerging from the Lord Carter review was the development of a portal to provide trusts with comparable information and guidance on what 'good looks like'. The Model Hospital portal was launched in March 2016. A screenshot of this new portal is set out below:



The Model Hospital has been structured under the CQC's six domains (Safe, Effective, Caring, Responsive, People: Well-Led and Money & Resources). There are currently only four compartments with have gone 'live' as follows:

Board level:	Trust Headline Matrix
Functional areas:	Pharmacy and Medicine (launched 11 August)
Workforce:	Nursing and Midwifery
Workforce:	Trust Workforce Analysis

The remaining compartments [29], indicated in grey, are still under development. At this time, there has been no specific timetable on the launch dates of the compartments which are still under development.

Within the Nursing and Midwifery (N&M) workforce compartment the ward level analysis is still under development and plans are in place for the NHSI to complete this work by the end of September 2016.

Initial information contained within the N&M workforce compartment will be presented to the N&M Board scheduled to take place on 7 September to agree a plan to use this information on a regular basis. Once all of the information is made available a summary will be presented to the Board.

Internal assessment against the new national NQB recommendations and the Lord Carter Model Hospital guidance

Set out below is a summary of the work undertaken internally to assess the Trust's progress against the new recommendations emerging from the NQB and the guidance received in relation to the Lord Carter's Model Hospital initiative.

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	Expectation 1 – Right staff			
	Evidence based workforce planning			
1	The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach as referred to in the NQB report.	Compliant ✓	The Trust already uses the guidance produced by national bodies, including, the Birthrate plus (for maternity workforce), BAPM standards for NICU, Safer Nursing Care Tool (SNCT) etc.	Continue to use new national guidance as it is made available.
2	The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and allow benchmarking with peers.	Compliant ✓	The Trust currently uses the SNCT without any modifications being made.	Continue with current practice.
3	Workforce plans contain sufficient provision for planned and unplanned leave, eg sickness, parental leave, annual leave, training and supervision requirements.	Partial compliance	The Trust's headroom is currently set at 22%. However, this headroom has not been reviewed recently.	Action no. 1 – Undertake a review of the Trust's headroom allowance to ensure it is fit for purpose.
	Professional judgement			
4	Clinical and managerial professional judgement and scrutiny are a crucial element of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is key to bringing together the	Partial compliance	The SNCT is used as part of the six monthly N&M workforce review. The SNCT requires both clinical and managerial professional judgement. However, comparison with other similar trusts has not been undertaken to date, as information	Action no. 2 – Compare the Trust's staffing levels using SNCT with other comparable trusts. [This information will be made available on the Model Hospital portal].

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	outcomes from evidence-based tools alongside comparisons with peers in a meaningfulway.		has not been made available.	
5	Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing taken to reflect changes in case mix, acuity/dependency and activity.	Compliant ✓	Professional judgement and knowledge is used to inform skill mix of staff on a daily basis. Individual wards, areas and departments are supported with this by the Trust's two Associate Chief Nurses and Head of Midwifery. There is already a formal protocol in place seven days a week with senior nursing and the bleep holder.	Continue with current practice. Action no 3 - Further develop the safety dashboard which will help to achieve a triangulated approach and trend analysis to staffing.
	Compare staffing with peers			
6	The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.	Non-compliant	The Trust's current N&M workforce reviews are currently undertaken using internal benchmarks only. There is currently limited national / standard comparable data available for the Trust to use.	See Action no. 2 above. The Model Hospital portal will provide this comparable information in the coming months.
7	The organisation reviews comparative data on actual staffing alongside data that provides context for differences in staffing requirements, such as case mix (eg length of stay, occupancy rates, caseload), patient movement (admissions, discharges and transfers), ward design, and patient acuity and dependency.	Non-compliant	The Trust does not triangulate the workforce review alongside other data such as length of stay, occupancy rates etc.	Action no. 3 – The Trust will incorporate additional data (as it is made available) as part of its future N&M workforce reviews. As above the Model Hospital will provide this information in the coming months.

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
8	The organisation has an agreed local quality dashboard that triangulates comparative data on staffing and skill mix with other efficiency and quality metrics: e.g. for acute inpatients, the model hospital dashboard will include CHPPD.	Partial compliance	The Trust has already agreed local quality indicators, but with the availability of the Model Hospital, the Trust will be able to access more comparative information such as the CHPPD.	Action no. 4 – The Trust will incorporate the newly available information such as CHPPD information as part of its local dashboard.
	Expectation 2 – Right skills			
	Mandatory training, development and education			
9	Frontline clinical leaders and managers are empowered and have the necessary skills to make judgements about staffing and assess their impact, using the triangulated approach outlined in the NQB document.	Compliant ✓	The Trust is already using the workforce dashboard, red flags, fill rates and the safety matrix.	
10	Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of pre-registration and undergraduate students.	Compliant ✓	The Trust already builds in 22% for headroom and a review will be undertaken to ensure this is fit for purpose (Action 1). Other initiatives in place include: ward managers are funded full-time as supervisory, allocated mentor time, revalidation processes supported and are in place.	
11	Those with line management responsibilities ensure that staff are managed effectively, with clear objectives, constructive appraisals, and support to revalidate and maintain professional registration.	Compliant ✓	Appraisals are in place at every level where training requirements are discussed and agreed. This also forms part of the revalidation process.	
12	The organisation analyses training needs and uses this analysis to help identify, build and maximise the skills of staff. This forms part of	Partial compliance	Local N&M analysis of training needs and core skills is an ongoing process and forms part of the Continued	Action no 5 – Head of Workforce to undertake organisational wide needs

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	the organisation's training and development strategy, which also aligns with Health Education England's quality framework.		Professional Development (CPD).	analysis on training, leadership requirements, talent management etc to reduce the gap of CPD and ensure alignment with the HEE quality framework guidance.
13	The organisation develops its staff's skills, underpinned by knowledge and understanding of public health and prevention, and supports behavioural change work with patients, including self-care, well-being and an ethos of patients as partners in their care.	Partial compliant	The Trust can demonstrate the knowledge and understanding of public health and prevention. Examples include the Diabetic team, specialist nurses and the treatment of long term conditions where this is well developed. There is recognition that other areas such as respiratory are less developed at this stage.	Action no 6 – Need to further develop a plan to focus on the priorities for the next three years. Reinstate the *'Making Every Contact Count'* (MECC) which encourages conversations based on behaviour change methodologies.
14	The workforce has the right competencies to support new models of care. Staff receive appropriate education and training to enable them to work more effectively in different care settings and in different ways. The organisation makes realistic assessments of the time commitment required to undertake the necessary education and training to support changes in models of care.	Partial compliance	The Trust implemented a number of new models of care / roles such as the Advanced Nurse Practitioners, Assistant Practitioners, Apprenticeships, these roles are being supported through Working Based Learning / Care Certificates. The Trust will continue to look at new national roles as they become available.	Action no 7 – A paper is being drafted (by the Training and Development team) for Executive Directors review on the outputs from the risk assessment as a result of the reduction of funding for staff training which commenced on 1 April 2016.
15	The organisation recognises that delivery of	Partial	Senior N&M (Band 7 and 8)	Action no 8 – Further

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	high quality care depends upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates significant time for team leaders, professional leads and lead sisters/charge nurses/ward managers to discharge their supervisory responsibilities and have sufficient time to coordinate activity in the care environment, manage and support staff, and ensure standards are maintained.	compliance	development programme is now well established. Ward managers are funded as supervisory, although this is not fully achieved – June 2016 : 46% compliance.	development of the existing recruitment plan, to incorporate the emerging new roles and scoping exercise to consider releasing time to care initiative. In addition, an action plan needs to be developed to ensure all ward managers are supervisory.
	Working as a multi professional team			
16	The organisation demonstrates a commitment to investing in new roles and skill mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care.	Compliant ✓	This has been achieved through the new Patient Support Workers role, an increase in the hours as part of the release time to care programme, introduction of the Clinical co-ordinator (Band 4) role and increased use of ward clerks.	Action no 9 – Need to review and assess the value / impact of ward clerk support as further work is recognised in some areas.
17	The organisation recognises the unique contribution of nurses, midwives and all care professionals in the wider workforce. Professional judgement is used to ensure that the team has the skills and knowledge required to provide high-quality care to patients. This stronger multi-professional approach avoids placing demands solely on any one profession and supports improvements in quality and productivity, as shown in the literature.	Compliant ✓	This is reflected in the Annual N&M report. Professional judgements are used to ensure the team has the right skills and knowledge (also see response to the Professional judgement section above).	

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
18	The organisation works collaboratively with others in the local health and care system. It supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demand and able to work across care settings, care teams and care boundaries.	Partial compliance	The Trust already employs community staff e.g. AHPs and paediatrics. Plans are in plan to develop rotational posts in the community and the Long Term Conditions Care Fellowship is in development.	Action no 10 – To form part of the Strategic Transformation Programme (STP) on workforce and recommendations from HEE.
	Recruitment and retention			
19	The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.	Partial compliance	The Trust has an Equality and Diversity Policy which was launched in 2015. The Trust already has a diverse workforce and includes local, national and international staff.	Action no 11 – Conduct a gap analysis against the E&D guidance.
20	The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid over-reliance on temporary staff.	Partial compliance	The Trust is a net exporter of staff within the West Norfolk community. There are strategies in place – however, there is still a heavy reliance on overseas recruitment and agency usage at this time. Links into the need to develop a robust recruitment plan and E-rostering project.	See action no 8 above.
21	In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how	Partial compliance	The Trust has taken into account longer working lives and actively supports the Return to Practice initiative. In addition, there is a	Action no 12 – There is a need to conduct a gap analysis against the 'Mind the Gap' document –

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development.		Flexible working policy in place. A paper on the Comprehensive Spending Review will be presented to Board in August by the Director of Nursing.	which explores the needs of early career N&M in the workplace and looks at the needs of the typical generation profile of an acute trust.
	Expectation 3 : Right place and time			
	Productive working and eliminating waste			
22	The organisation uses 'lean' working principles, such as the productive ward, as a way of eliminating waste.	Partial compliance	Historically the Trust has made use of the '*Productive Ward*' initiative.	Action no 13 – There is a need to re-evaluate and review the benefits of reinstating the principles from the Productive Ward to identify further opportunities for efficiency and eliminating waste.
23	The organisation designs pathways to optimise patient flow and improve outcomes and efficiency e.g. by reducing queuing.	Partial compliance	This forms part of the Trust's Transformation Nous plan.	Action no 14 – Ensure the design of new pathways are developed to optimise flow and improve outcomes.
24	Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs and making best use of available resources.	Partial compliance	The Trust makes use of Healthroster an electronic rostering system. This system has the ability to roster all staff including AHPs and medical staff. The Trust's rostering policy has been revised and will be ratified in September.	Action no 15 – Develop plans to incorporate other staff groups onto Healthroster e.g. medical staff / AHPs. Further work is needed to routinely review each roster against

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
				a number of KPIs. This scrutiny of rosters will make better use of the existing resource and also help to reduce reliance on agency staff.
25	The organisation focuses on improving productivity, providing the appropriate care to patients, safely, effectively and with compassion, using the most appropriate staff.	Partial compliance	The Trust's 'Aiming for Excellence' initiative focuses on improving the quality, productivity, safety, effective and efficiency of staff. In addition the Trust's makes use of a demand and capacity tool and other workforce dashboards. Further work will be undertaken as part of the E-rostering project.	This work in ongoing and links to E-rostering actions below.
26	The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing time wasted is a key priority.	Partial compliance	The Trust supports staff to use their time to care. This has been achieved through the introduction of new care models and new roles.	Action no 16 – To be further developed as part of the new CHPPD. The Trust will use this new information once it is made available on the Model Hospital portal.
27	Systems for managing staff use responsive risk management processes, from frontline services through to board level, which clearly demonstrate how staffing risks are identified and managed.	Compliant ✓	There are systems in place to support staff to manage risk. The Trust has a Datix system in place and this is reported through the safety matrix. This information is also presented at Board level.	
	Efficient deployment and flexibility			

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
28	Organisational processes ensure local clinical leaders have a clear role in determining flexible approaches to staffing with a line of professional oversight that staffing decisions are supported and understood by the wider organisation, and they are implemented with fairness and equity for staff.	Compliant ✓	Policies are in place.	
29	Clinical capacity and skill mix are aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus making the best use of staffing resource and facilitating effective patient flow.	Partial compliance	The Trust currently undertakes six monthly workforce reviews. These reviews assess the needs of the patient and demand with the existing clinical capacity and skill mix. However, there are a number of challenges particularly in relation to the recruitment of staff.	This forms part of the revised robust recruitment plan (Action 8) and the E-rostering project.
30	Throughout the day, clinical and managerial leaders compare the actual staff available with planned and required staffing levels, and take appropriate action to ensure staff are available to meet patients' needs.	Compliant ✓	Daily processes are in place. Numbers planned vs actual reported daily on the ward boards. Safety matrix includes the acuity and red flags on staffing. Staffing bleep holder available each day and there is a clear escalation protocol in place.	
31	Escalation policies and contingency plans are in place for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care, and staff are aware of the steps to take where capacity problems cannot be resolved.	Compliant ✓	Key policies and plans are in place.	
32	Meaningful application of effective e-rostering policies is evident, and the	Partial	The Trust's Rostering Management Policy has been refreshed to reflect	Action No. 17 – The refreshed Rostering

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	organisation uses available best practice from NHS Employers and the Carter Review Rostering Good Practice Guidance (2016).	compliance	the new Rostering Good Practice Guidance.	Management Policy to be ratified in Sept 2016.
	Efficient employment, minimising agency use			
33	The annual strategic staffing assessment gives the Board a clear medium-term view of the likely temporary staffing requirements. It also ensures discussions take place with service leaders and temporary workforce suppliers to give best value for money in deploying this option. This includes an assessment to maximise flexibility of the existing workforce and use of bank staff (rather than agency), as reflected by NHS Improvement guidance.	Partial compliance	Initiatives are in place to maximise the flexibility of existing workforce and use of bank staff to reduce reliance on agency staff. This includes the use of the Ward Manager supervisory time, non-ward based nurses are used at time of significant challenge e.g. Practice Development Nurses (PDNs), matrons, staff moves are facilitated on a daily basis to reflect demand and patient acuity.	Action no 18 – The next six monthly staff review will provide an annual strategic assessment to Board and medium term view of the use of temporary staff. Action no 19 – The new KPIs on the use of bank and agency staff will be reviewed monthly.
34	The organisation is actively working to reduce significantly and, in time, eradicate the use of agency staff in line with NHS Improvement's nursing agency rules, supplementary guidance and timescales.	Partial compliance	The Trust is actively working to reduce its reliance on agency staff. However, demand exceeds existing capacity. Within N&M the Trust complies with the agency cap (introduced in April 2016) for covering the night shifts. However, at present the Trust breaches the agency cap for the day time shifts. It is recognised further work is required in this area.	Forms part of the robust recruitment plan (Action 8). Action no 20 – KPI developed to ensure rosters are published six weeks in advance of start date will be actively managed to help reduce reliance on agency staff.
35	The organisation's workforce plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan	Compliant ✓	The Trust has been actively involved in the development of the local Sustainability and Transformation	

	NQB recommendations	Compliance	Trust assessment (August 2016)	Next steps
	built around the needs of the local population.		Plan. A number of new roles and changes to the models of care are being discussions across the whole system.	
36	The organisation works closely with commissioners and with Health Education England, and submits the workforce plans they develop as part of the STP, using the defined process, to inform supply and demand modelling.	Compliant ✓	The Director of Nursing chairs the Norfolk and Suffolk workforce partnership meeting with HEE. Information obtained from these meetings are used and reflected within the Trust's plans e.g. demand forecast, workforce hotspots, talent management, staff development initiatives.	
37	The organisation supports Health Education England (HEE) by ensuring that high quality clinical placements are available within the organisation and across patient pathways, and actively seeks and acts on feedback from trainees/students, involving them wherever possible in developing safe, sustainable and productive services.	Compliant ✓	The Trust is supportive of the HEE guidance. All of the KPIs set out within the Quality Improvement and Performance Framework (QIPF) are all rated green for this Trust at this time. The Trust routinely obtains feedback from students / trainees and action plans are developed to act on feedback where shortfalls exist.	

The Lord Carter / Model Hospital Initiative

Lord Carter's final report highlighted a number of opportunities where nursing, midwifery and AHP colleagues could make a contribution to delivering high quality care in a sustainable way. It also highlighted that Directors of Nursing have a clear leadership role in supporting these staff groups and to help develop systems to deliver this. The first area of focus and national guidance to be released is in relation to Rostering practices. The recommendations set out within the Lord Carter final report and the guidance emerging from the Model Hospital as detailed below:

	Lord Carter / Model Hospital guidance	Compliance	Trust assessment (August 2016)	Next steps
	Care Hours per Patient Day (CHPPD)			
1	Commence the collection of CHPPD activity and costing information for submission as part of the monthly APR with sign off obtained from the Director of Nursing.	Compliant ✓	The Trust commenced the collection of CHPPD data in May and this is signed off by the Director of Nursing. This area is being further developed with costing information on CHPPD due from 15 August. This will be submitted monthly thereafter.	
2	Submit daily CHPPD information by April 2017, for ensure this becomes the principle measure of nursing, and healthcare support worker deployment. AHP to be included from April 2017.	Partial compliance	Systems and processes already in place to provide daily CHPPD data for N&M teams. Further work recognised for other staff groups such as. AHPs etc.	Action no 21 – Systems and processes need to be developed to ensure the daily collection of AHP CHPPD is made available before April 2017.
	E-rostering			
3	Implement an effective approval process by publishing rosters six weeks in advance and reviewing against key performance indicators such as proportion of staff on leave, training and appropriate use of contracted hours.	Partial compliance	A review of the Trust's current performance (over the last six months) shows none of the ward areas have been able to publish their rosters six weeks in advance. New KPIs for this area have been developed and these are set out in	See action 20.

	Lord Carter / Model Hospital guidance	Compliance	Trust assessment (August 2016)	Next steps
			the new roster policy. All KPIs will be formally reviewed on a monthly basis.	
4	Set up of a formal process to tackle areas that require improvement, with escalation paths, action plans and improvement tracking.	Partial compliance	There are already formal processes in place with meetings taking place with the Director of Nursing every three weeks. The revised policy has been updated to reflect the new national guidance.	Forms part of actions 17, 19 and 20 – Need for greater scrutiny of rostering performance with earlier identification and support in areas where performance is substandard.
5	Develop the associated cultural change and communication plans to resolve any underlying policy or process issues.	Partial compliance	There is a well-established E-rostering steering group in place.	Action no 22 – Steering group to be responsible for supporting the cultural change required and resolving any policies / process issues which arise.
6	Rostering Good Practice Guidance - This simple guide has been designed to support all staff involved in rostering making quick wins on better using the available resource. It also provides a checklist on what information should be contained in a Rostering Management Policy.	Compliant ✓	The Trust's Roster Management Policy has now been revised to reflect the best practice as outlined in the NHSI 'Good Practice Guidance'. This revised policy will be presented at the next N&M Board for review and ratification.	See action 17 - Revised policy to be reviewed and ratification at the Nursing and Midwifery Board (7 Sept).
7	A Rostering Good Practice webinar has been produced by NHSI to help trusts deliver better rostering practices.	Compliant ✓	This webinar has been circulated to all relevant Nursing & Midwifery staff.	

	Lord Carter / Model Hospital guidance	Compliance	Trust assessment (August 2016)	Next steps
	Specialling (Enhanced care)			
8	Implement the guide on Enhanced care by October 2016. This will then be monitored by NHSI.	Partial compliance	An initial checklist has been received from NHSI on Enhanced Care. The Trust's policy is currently being revised to reflect this new guidance.	
	Other recommendations			
10	Continue to adhere to the agency rules set out by NHSI.	Non compliance	See details set out in recommendation 34 above.	

Appendix A – The National Quality Board report

'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staff'

National Quality Board

July 2016

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

Appendix B – Action plan

Set out below is an action plan to address all of the issues highlighted within this report. This action plan will be reviewed and progress challenged by the Nursing and Midwifery Board which is held on a monthly basis. A progress update will be presented to the Board on a regular basis to show progress towards full compliance.

Subject of Action Plan	Reviewing Committee / Group	Review Date	Source of Action Plan *(Failed Target / Regulatory Review/ RCA)*	Lead Officer
Implementation of the National Quality Board and Lord Carter recommendations / guidance	Nursing and Midwifery Board	Monthly	National guidance / recommendations	Catherine Morgan, Director of Nursing

Action ref	RR Ref	CQC Ref	Weighting H, M, L	Action	Nominated lead	Progress update	Date for completion	RAG	Recovery Plan
1	N/A	VFM	M	Undertake a review of the Trust's headroom allowance to ensure it is fit for purpose.	Finance / N&M team / E-roster team		October 2016.	A	
2	N/A	All	M	Future workforce reviews will compare staffing levels with other similar trusts when information made available on the Model Hospital portal.	Model Hospital		September 2016	G	
3	N/A	All	M	Identify data sources for inclusion in future staffing reviews and use within the existing safety dashboard to ensure a triangulated approach to be undertaken.	Information services (IS) / N&M team / Model Hospital		March 2017	G	
4	N/A	All	M	CHPPD information to be added to the Trust's dashboard.	Model Hospital, IS / N&M team		September 2016	G	
5	N/A	All	M	Undertake an organisational wide needs analysis on training, leadership requirements, talent management against the HEE quality framework indicators.	Head of Workforce		November 2016	G	
6	N/A	All	M	Develop a plan for the development/improvement of staff skills through increasing their knowledge and understanding of public health and prevention with focused priorities for the next three year. Also reinstate the MECC.	Director of Nursing supported by the Deputy Director of Nursing		November 2016	G	

Action ref	RR Ref	CQC Ref	Weighting H, M, L	Action	Nominated lead	Progress update	Date for completion	RAG	Recovery Plan
7	N/A	VFM	H	Share paper with Executive Directors following the withdrawal of the staff training funding budget (from 1 April 2016).	Head of Training and Development		September 2016	R	Escalated to Director of Nursing – review at Executive Directors in Sept 2016.
8	N/A	All	H	The existing recruitment plan needs to be revised to incorporate the emerging new roles and scoping exercise to consider releasing time to care initiative. In addition, an action plan needs to be developed to ensure all ward managers are supervisory.	Head of Workforce with the N&M Team		October 2016	A	
9	N/A	All	L	Need to review and assess the value / impact of ward clerk support as further work is required in some areas.	Head of Business Support		November 2016	G	
10	N/A	All	M	Greater collaborative working across the health system will form part of the Strategic Transformation Programme (STP) on workforce and the recommendations emerging from HEE.	Head of Clinical & Workforce Innovation, Trust Board		Ongoing	G	
11	N/A	All	M	There is a need to conduct a gap analysis against the E&D national guidance.	Head of Workforce		October 2016	G	
12	N/A	All	M	There is a need to conduct a gap analysis against the 'Mind the Gap' document. This document explores the needs of early career nurses and midwives in the workplace and looks at the needs of the typical generation profile of an acute trust.	Deputy Director of Nursing and Lead Practice Development Nurse		November 2016	G	
13	N/A	All	M	There is a need to re-evaluate and review the benefits of reinstating the principles from the Productive Ward to help identify further opportunities for efficiency and eliminating waste.	Deputy Director of Nursing		November 2016	G	
14	N/A	All	H	Ensure that the design of new care pathways are developed to optimise flow and improved outcomes.	Transformation Nous (external support)		Ongoing	G	

Action ref	RR Ref	CQC Ref	Weighting H, M, L	Action	Nominated lead	Progress update	Date for completion	RAG	Recovery Plan
15	N.A	All	H	Plans need to be developed to incorporate other staff groups onto Healthroster e.g. medical staff / AHPs. Further work is needed to routinely review each roster against a number of KPIs. This scrutiny of rosters will make better use of the Trust's existing available resource and reduce reliance on agency staff.	Director of Nursing		April 2017	A	
16	N/A	A;;	H	Further work will be developed as part of the new CHPPD. The Trust will use this new information once it is made available on the Model Hospital portal.	Director of Nursing		Awaiting Model Hospital	A	
17	N.A	All	H	The refreshed Rostering Management Policy to be ratified in September**.**	Director of Nursing		7 Sept 2016	G	
18	N.A	All	H	The next workforce review will provide an annual strategic assessment to Board along with the medium term view and use of temporary staff.	Director of Nursing		January 2017	G	
19	N.A	All	H	The new KPIs on the use of bank and agency staff will be reviewed monthly.	Director of Nursing		Monthly	A	
20	N.A	All	H	A KPI has been developed to ensure rosters are published six weeks in advance of start date. This will be actively managed to make better use of existing staff and help reduce reliance on agency staff.	Director of Nursing		Monthly	A	
21	N.A	All	H	Systems and processes need to be developed to ensure the daily collection of AHP CHPPD is made available by April 17.	Director of Nursing		April 2017	G	
22	N.A	All	M	E-rostering steering group to be responsible for supporting the cultural change required and resolving any policies / process issues which arise.	Deputy Director of Nursing and Matrons		Monthly	G	

Key:

CQC domains:

S	Safe	**E**	Effective	**C**	Caring
R	Responsive	**WL**	Well Led	**VFM**	Value for Money / Resources

Weighting:

H	High priority	**M**	Medium Priority	**L**	Low priority

RAG rating:

G	Complete	**A**	On track for delivery	**R**	Behind plan, action needed