Sandwell and West Birmingham Hospitals **NHS**

NHS Trust

Report Title	Workforce Assurance Plan: Planning for March 20		
Sponsoring Executive	Raffaela Goodby – Director of People and Organisation Development		
Report Author	Raffaela Goodby – Director of People and Organisation Development		
Meeting	Public Trust Board	Date	02nd April 2020

1.

The Trust Board reviewed the NHSI workforce toolkit in depth in February 2019 and through the People and OD Committee. The four key areas for review are to ensure the Trust has a robust approach to a) effective workforce planning b) deploying staff effectively
c) Clearly governed approach to "hard to fill" roles and developing new roles where appropriate and d) responding to unplanned workforce challenges.

The Trust Board are asked to consider the next 6-12 weeks of planned work and combining data sources, to align our 1) available guidance, 2) Quality of care data (e.g skill mix and competence), 3) Impact and consequences, e.g. falls and incidents and 4) data on morale

This paper sets out the requirements of the workforce assurance plan for March 2020 and the progress that has been made, and what is required in the next 6-12 weeks to accelerate our assurance levels.

2. Alignment to 2020 Vision [indicate with an 'X' which Plan this paper supports]

Safety Plan	X	Public Health Plan		People Plan & Education Plan	X
Quality Plan	X	Research and Development	X	Estates Plan	
Financial Plan	X	Digital Plan		Other [specify in the paper]	

3. Previous consideration [where has this paper been previously discussed?]

February 2019 Board, People and OD Committee December 2019, People and OD Committee Jan 2020. People and OD Committee March 2020

4. Recommendation(s)

The People and OD Committee is asked to:

a.	**DISCUSS** the Workforce Assurance standards' four key areas and the Trust response
b.	**DISCUSS** the recommendations for improving against the standard in four key areas
c.	**NOTE** the requirements for the AGS and criteria that will be requested from the CEO

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]

Trust Risk Register		Risk 114					
Board Assurance Framework		BAF 1, BAF 12, BAF 1					
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Public Trust Board. 2nd April 2020

Workforce Assurance Plan: Planning for 20/21

1.0 Introduction

The NHSI Workforce Safeguards toolkit (launched in October 2018) asks all Trusts to make an assessment and offer guidance and support to ensure that they are prepared for all workforce challenges in terms of four key areas. These are:

a) effective workforce planning
b) deploying staff effectively
c) clearly governed approach to "hard to fill" roles and developing new roles where appropriate
d) responding to unplanned workforce challenges

The Trust Board have recently reviewed the vacancy position and trajectory, (October 2019 Board and March 2020 Board), the Trust's hard to fill roles and proposed mitigations (February 2020 Trust Board) and workforce planning for retaining key staff and skills (January 2020 Board). These culminated in a combined workforce plan for 20/21 at the March Public Trust Board meeting.

1.1 The Trust was fully compliant with the STP workforce and finance return on workforce planning during the March deadline.

1.2 The 2020/21 workforce plan that was discussed at the March 2020 board meeting will meet the criterion that is asked for in the NHSI Workforce Safeguards toolkit, but the Board did not feel that these offered assurances on safety as there was not sufficient join up between our staffing levels and the rostering systems that we use.

2.0 The Annual Governance Statement

The Department of Health and Social Care group's accounting manual requires NHS Trusts to include an annual governance statement in their annual report. This states that our Trust must follow NHSI's guidance on the format of the AGS as detailed here https://www.gov.uk/government/publications/dhsc-group-accounting-manual-2018-to-2019

NHSI have added a section to the annual governance statement specifically about staffing and governance processes. In our Trust response to this section, we will describe our position on the above four elements (A-D above) and then NHSI use their usual regulatory arrangements and performance management processes, to monitor this through our regular governance meetings with them.

2.1 NHSI will use our data (that is regularly reported in our IPQR and through the People and OD committee and monthly dashboard) to assess our organisational health, by assessing the information on monthly staff sickness, staff turnover and the volume of temporary staffing our Trust uses, as well as the annual staff survey results. All of these metrics are regularly accessed and presented at Board Committees and discussed in public.

2.2 In their assessment they also review more detailed metrics that are collated within individual trusts. These should be available from 'board to ward' and sourced from ESR, our e-rostering system and financial systems, as well as a quality dashboard, our IQPR, reviewed by the Trust board.

2.3 Individual trusts are expected to collate and review data every month for a range of workforce metrics, quality and outcomes indicators and productivity measures – as a whole and not in isolation from each other. They also expect evidence of continuous improvements across all these areas. To optimise allocation of workforce resources and improve outcomes, they suggest that boards should implement the NQB (2016) and Carter recommendations together with the information available from the Model Hospital. Our Trust has started this work through GIFRT reviews and regular support on model hospital from within clinical groups.

2.4 The NHSI annual statement will request our data regarding how the Trust can:

• use local quality and outcomes dashboards published locally and discuss in public board meetings, including nationally agreed quality metrics to be published at Trust level

• developing metrics that measure patient/service user outcomes, staff experience, people productivity and financial sustainability

• comparing performance against internal plans, peer benchmarks and NHS experts' views, taking account of any underlying differences

• supporting and engaging staff to remove barriers to their productivity and ensure their time is used in the best way possible to provide direct or relevant care or care support

• using national good practice checklists to guide improvement action, as well as taking account of knowledge shared by top performers

3.0 SWBH response to NHSI Workforce Assurance March 2020

The February 2019 made a number of recommendations for the board to consider in how we respond to the four main areas in the assurance statement.

3.1 Positive Progress
Positive developments have been made on monthly people data metrics, to enable more effective decisions to be made. The People and OD Committee have seen this through the monthly People Metrics Dashboard that is now in use.

There has been progress on 'removing barriers to productivity' in high level discussions at the Clinical Leadership Executive, led by the Chief Executive, on capacity to learn / train and time to care. This is a key feature of the Trust's SBAF.

The Trust's Quality and Safety plan are linked to high performers and comparing performance against internal plans. However the safety plan reporting is behind because of the implementation of UNITY with a clear plan being led by the Chief Nurse to get back on track. Progress has been made on filling vacancies, (from 1100 to 554 WTE in 12 months), in developing retention plans, and in scoping our hard to fill posts and mitigation plans. The Trust have fully contributed to regional and national workforce planning asks, including the recent workforce planning and finance planning return for the STP. The Trust have a clear plan for retention and for expanding workforce capacity through recruiting overseas healthcare professionals, working with 192 regional partners, and recruiting overseas where possible.
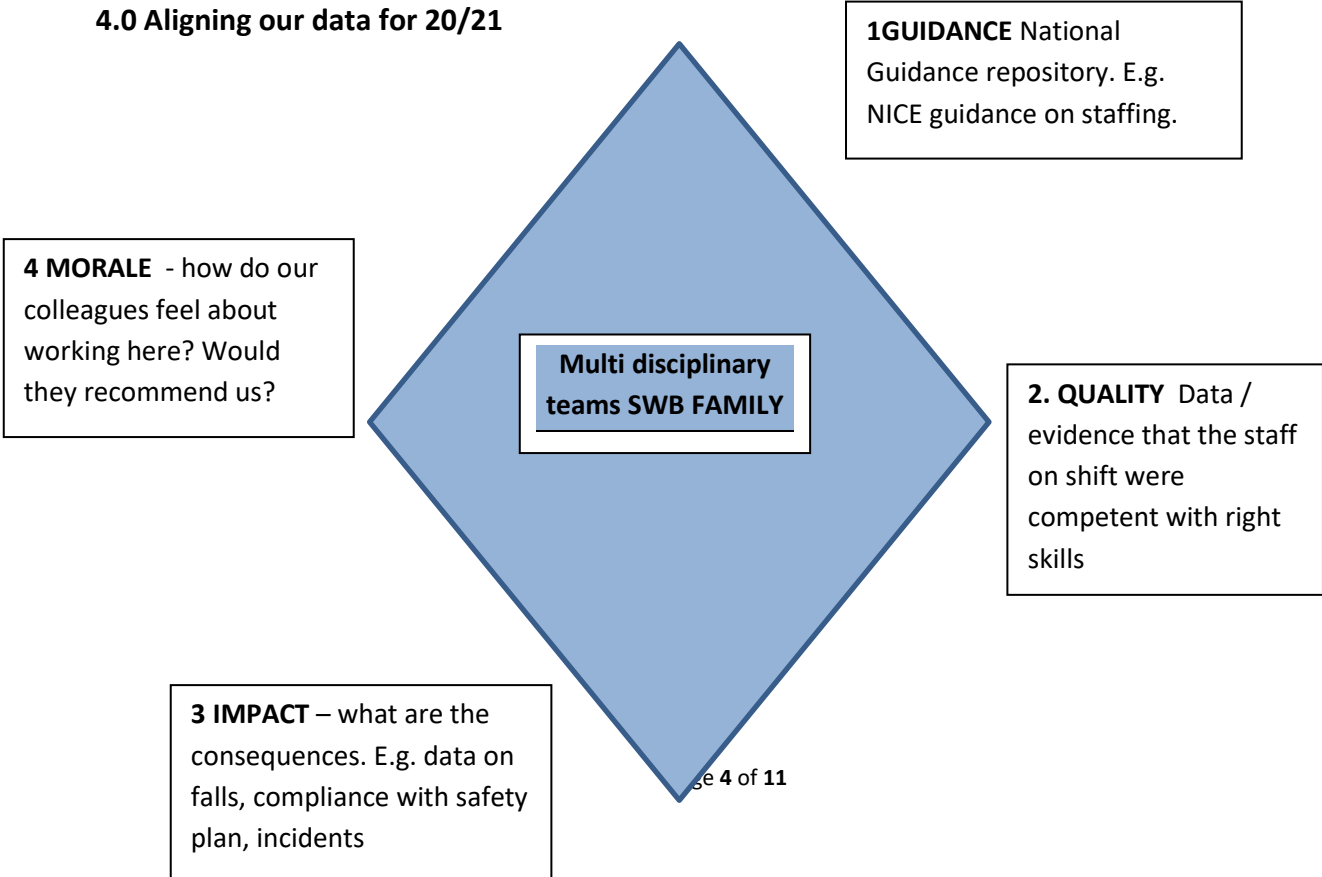
3.2 Lack of progress against the workforce assurance standards

The Trust has not made progress on the process for a central repository for all workforce standards, with a central process and assurance that the Trust is responding quickly to changes in national or regional staffing guidance and standards. This will be rectified in the next 3 months, with a centralised process being implemented to receive, implement and monitor new staffing guidance. Although this will be a 'corporate' process, professional guidance and advice will be critical to ensure that the Trust is responding to changes in a timely way.

The Trust does not have a clear process for how we compare to peers or to national norms or a clear approach for comparing performance against internal plans, peer benchmarks and NHS experts' views, taking account of any underlying differences.

The Trust has made progress on rostering improvements, mapping out the rostering improvements needed and highlighting the areas of concern. However, the Trust has not managed to link daily patient acuity and staffing levels to the overall rostering system for all staff groups, and this is an improvement that needs to be made and implemented in 2020/21. This means the Trust cannot be fully compliant on 'deploying staff effectively' (b) as we do not have the data set in order to be able to do this.

4.0 Aligning our data for 20/21

1GUIDANCE National Guidance repository. E.g. NICE guidance on staffing.

4 MORALE - how do our colleagues feel about working here? Would they recommend us?

Multi disciplinary teams SWB FAMILY

2. QUALITY Data / evidence that the staff on shift were competent with right skills

3 IMPACT – what are the consequences. E.g. data on falls, compliance with safety plan, incidents

5.0 Recommendations for way forward

In order to improve our position and effectively respond to the workforce safeguards, we must be able to demonstrate clear progress against:
a) effective workforce planning
b) deploying staff effectively
c) clearly governed approach to "hard to fill" roles and developing new roles where appropriate
d) responding to unplanned workforce challenges

This paper outlines the positive progress made against a, c and d, but outlines that the Trust still has some way to go to be able to evidence that we are deploying staff effectively.

The relevant executives will work together to align data together as shown above in the 'Baseball Diagram'. The Trust already holds clear data on 3 out of the 4 items, and has further work to do on item 2, 'skills, competence and expertise of our staff'.

In addition:
5.1 Recommend to improve knowledge of staffing against patient need and acuity, using Model Hospital Data and care hours per patient. The chief nurse is leading a staffing review and already making progress in rostering improvements and metrics and this relates to SBAF item 12.

5.2 The Trust implement the 2021 workforce plan that was agreed at the March Public Trust Board, and keep a close oversight of the workforce metrics through the People and OD Committee and monthly dashboard

5.3 The People and OD directorate implement a 'repository of guidance' and ensure that all changed guidance and staffing recommendations are monitored and implemented with professional advice within the next 6 weeks

5.4 The agreed approach to hard to fill posts (creating new roles) is implemented and closely monitored to ensure that new roles are accelerated to meet demand (e.g. the ACP model and Fellowship Scheme for Doctors).

Raffaela Goodby
Director of People and OD
27th March 2020

Annex 1 – SWBH response to the NHSI Toolkit Board Indicators

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**

What goes good look like:
- There are clear indicators in place for Nurse staffing, based on NICE guidance, that ensures the NQB (National Quality Board) recommendations are embedded in the recommended establishments and these are regularly reviewed through the executive quality committee.
- Regular consideration is given to nursing establishment levels based on acuity and dependency data, and establishments are flexed to meet the need of the patients, under professional advice of Chief Nurse or their delegated representative. These are compared to model hospital and a clear audit trail of impact is produced and monitored
- Quality metrics are monitored regularly through the Performance Management Committee, chaired by the Chief Executive, the Clinical Leadership Executive, and ultimately at the Public Trust Board each month.
- Staffing and recruitment metrics are detailed in the recruitment trajectory for hard to fill posts, monitored at Public Trust Board and monthly at clinical group reviews
- The Trust can see a daily position on staffing and make a data driven assessment of 'is it safe'

Actions to address:
- Proactive 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.
- Review of Job Plans linked to productivity data, led by Medical Director completed and communicated
- Information team to work with key stakeholders to link up quality **outcomes** with the metrics contained in the IQPR.
- Nursing establishment review being launched by Chief Nurse in Feb 2020.

NHSI Board Indicator

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

What does good look like?
- IQPR inclusive of friends and family test responses and metrics
- Quality Plan contains quality improvement metrics, developed through Trust Board and updates presented through relevant quality and safety board committees
- Complaints, compliments and Purple Point metrics and outcomes discussed at board committees and Public Trust Board
- Employee engagement metrics regularly monitored at People and OD Committee and at Public Trust Board.
- Speak up scorecard is developed and regularly reviewed with Speak Up Guardians

Actions to address:

- Proactive 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. (March 2020)
- Review of Job Plans linked to productivity data, led by Medical Director and achieved through PDR objective setting
- Chief Nurse, Medical Director and Director of People and OD to bring regular updates through the bi monthly People and OD Board Committee, on people productivity.
- Trust wide communication on employee engagement following National Staff Survey Results publication

NHSI Board Indicator

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

What does good look like?
- Clinical Groups are held to account through bi monthly Group Reviews, including review of clinical group IQPR metrics and performance metrics including CIP's
- Good use of GIRFT in clinical areas and oversight of board
- Clear Board oversight of Mortality Metrics, presented by Medical Director
- Regular Board oversight of ED performance comparable to peers, on a daily and weekly basis
- Good oversight of financial performance compared to peers, overseen by Finance and Investment Committee with monthly discussion at Public Trust Board.
- Evidence of collaboration with other Trusts, for example of A&E Locum price negotiation
- Examples of best practice for NHS in Recruitment, Safety Plan and End of Life Care

Actions to address:
- Hard to fill roles are identified and local leaders take ownership ensuring that national workforce toolkits, or workforce guidance from professional bodies are regularly reviewed.
- Host a 'new roles conference' in partnership with HEE in Spring 2020 including developing ACP / ANP model.

- Governance review needs to put in place structures for local review of staffing guidance, if the Royal College of Paediatrics issues workforce guidance, People and OD will take ownership of identifying the new guidance, working with Women and Child Health to ascertain whether the Trust is compliant, and then work with clinical groups to monitor our response.
- Regular updates will be brought to the People and OD Board Committee and other committees or Board where appropriate.

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 regularly held, e.g T&O Safety Summit, ED Listening in to Action Events, Falls Summit, with purpose of supporting staff to remove barriers to help their productivity
- Imaging are good example of board oversight and support to improve productivity.
- Chief Nurse proactive oversight on establishment reviews, planned and evaluated use of focussed care
- Strong executive oversight of rostering improvements and practice, closely linked to financial improvements and nursing leadership.
- Proactive programme of developing Band 4 nursing workforce, enabling nursing colleagues to work within the maximum of their practice
- Freedom to Speak Up Guardians are well utilised and linked to the Board with regular data on speak up metrics
- Learning from incidents is strong, good culture of incident reporting with issues resolved and monitored at CLE and Board Committees. WeLearn programme developed at Board.

Actions to address:

- Friends and Family Test roll out, led by Chief Nurse, will link to nursing dashboards, and set patient outcomes alongside this data. E.g. falls linked to staff experience, and patient experience metrics
- Ongoing use of Listening in to Action events, Safety Summits as a learning tool and full implementation of the Welearn actions including Scwharz rounds
- Improved oversight of rostering practice and process mapping

NHSI Board Indicator
5. Using national good practice checklists to guide improvement action, as well as taking account of knowledge shared by top performers
What does good look like?
 • Use of WHO checklist, regularly used and reported to Board and learning shared • Evidence of visits to other areas of excellence • Demonstrable use of Nursing best practice models. E.g. safer staffing, good discharge, golden patient, red to green, ten before ten, NICE guidance evidenced in board papers and clinical group reviews • Learning and sharing through local STP forums • National Awards for best practice, e.g. Safety Plan, Equality Awards
Actions to improve: • Proactive 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. • Review of evidence based acuity tools (e.g guidance from professional bodies) to ensure the Trust is up to date with their response with clear evidence in board papers and delegated committees on use of these models to undertake reviews • Information team to work with key stakeholders to link up quality **outcomes** with the metrics contained in the IQPR.

NHSI Indicator
6. Use evidence based decision support tools
What does good look like? • Good use of CHPPD in nursing workforce metrics • Nursing dashboards scrutinised at Performance Management Committee and Executive Quality Committee • Widespread use of GIRFT, involving executive and board members • Use of national toolkits and guidance from professional bodies when making clinical decisions

NHSI Board Indicator
7. Use r-rostering and job planning tools to support efficient and effective staff deployment
What does good look like? • Integrated Trust Bank that operates nurse, AHP, doctor, admin and all posts. • Rostering / planning for doctors rostering for 2020 • E-rostering in place for nursing consistently, and some facilities staff. • Collaboration and consistency with other organisations in the region is evident • CEX sign off of NHSI agency returns • Close oversight of agency approvals and spend
Actions to address: • Consideration could be given to regional bank and workforce planning to address skill

gaps. (March 2020)
- Consideration of electronic rostering tools for all professional groups
- Job plans electronically linked to production plan and productivity outcomes to be developed

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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 and scientists and the wider workforce is needed to

What does good look like

- Quality impact assessments are reported at the Trust Board and board committees and signed off by Chief Nurse and Medical Director and recorded and monitored centrally.
- All workforce review processes are in partnership with Staffside, presented at Quality Committee and Trust Board regularly.
- Good representation of nursing and midwifery safeguards reported at board level.
- Trusts have a director of midwifery on their senior leadership team
- All staff groups are reviewed during QIA workforce process, including consultation with LNCC and JCNC and involvement of multi disciplinary stakeholders.
- Intergrated workforce planning across acute and community settings

Actions to address:
- Continued scrutiny of workforce changes and full involvement of Chief Nurse and Medical Director in Quality Impact Assessments of Workforce Changes
- Close management of workforce change, that spans professional groups, so impact on quality and safety is understood
- Monitor through People and OD Board Committee, and the 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

What does good look like?
- The board see data from nursing and midwifery tools in committees and the Board
- Clinical groups consider and respond to tools available at a local level, with support from relevant clinical executive
- Board have scrutinised working hours, and impact on quality of care, at Public Trust Board meetings.
- Hours worked is monitored and reported for Bank Workers at a central level
- Safe Hours Guardian in place for Junior Doctors, with regular reports to the LNCC to the Trust Board.

- Junior Doctor well being lead appointed with medical lead on well being
- There is a clear planned focus on environments that may give rise to safety concerns, for example in creating stress

Actions to address:
- The People and OD Committee revie

- Ongoing scrutiny of bank hours worked through the rostering team

- Review of evidence based acuity tools (e.g guidance from professional bodies) to ensure the Trust is up to date with their response) and support professional groups to deliver on action plans to mitigate hard to fill roles.

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

What does good look like?
- Data is available and reported through the governance structure across the organisation with exception reporting to the Trust Board
- Patient feedback on changes is clearly articulated in the board space, with feedback loops clear and available
- Data should be triangulated in to outcomes for patients

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, and regularly visit clinical front line areas to test out assumptions in person
- Board members fully involved in 'mock inspections' and scrutinise data and assessment criteria in person
- Board have oversight of CQC improvement plans and regularly scrutinise the strategic BAF through an independent chair
- Policies are up to date and well communicated to relevant people