The Dudley Group **NHS**

NHS Foundation Trust

Paper for submission to the Board of Directors on 1ˢᵗ May 2014

TITLE:	Hard Truths Commitments Report		
AUTHOR:	Denise McMahon Director of Nursing	**PRESENTER:**	Denise McMahon Director of Nursing

CORPORATE OBJECTIVE: See below

SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation

SGO2: Patient experience - To provide the best possible patient experience

SUMMARY OF KEY ISSUES:

The 'Hard Truths Commitments' issued on 30ᵗʰ March 2014 set out a set of expectations, this paper covers the Trust position against these.

IMPLICATIONS OF PAPER:

RISK	Y/N		**Risk Description:**	
	Risk Register: Y		**Risk Score:**	
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y	**Details:**	
	NHSLA	Y/N	**Details:**	
	Monitor	Y	**Details:**	
	Equality Assured	Y/N	**Details:**	
	Other	Y/N	**Details:**	

ACTION REQUIRED OF THE BOARD:

Decision	Approval	Discussion	Other
	✓	✓	

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS

For discussion and approval.

<h1>Hard Truths Report</h1>

Background

Hard Truth commitments regarding the publishing of staffing data was issued on 31st March 2014 and authorised by Jane Cummings, Chief Nursing Officer and Mike Richards, Chief Inspector of Hospitals. This guidance applies to Inpatient areas including acute, community, mental health, maternity and learning disability.

Expectations

The expectations are that:

Expectation 1:	A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months.
Our Position:	The safer hospital staffing tool has been repeated. The National database tool was available on 10th April 2014 and we are currently inputting our data. The results will be available within one month.
Expectation 2:	Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level.
Our Position:	This is displayed on 'huddle boards' and data recorded for audit purposes.
Expectation 3:	A Board report containing details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month. To be presented to the Board every month.
Our Position:	This information is collected and will form part of a nurse staffing exception paper to the Board.
Expectation 4:	The monthly report must also be published on the Trust's website and Trusts will be expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices.
Our Position:	This exception report can be made available for the Trust's website and NHS Choices.

Next Steps

Boards must, at any time, be able to demonstrate to their commissioners that robust systems and processes are in place to assure themselves that the nursing, midwifery and care staffing capacity and capability in their organisation is sufficient to provide safe care.

All NHS Trusts are accountable to the NHS TDA[1] and, as stated in the Accountability Framework 2014-15, will be expected to provide the NHS TDA with assurance that they are implementing the NQB[2] staffing guidance and that, where there are risks to quality of care due to staffing, actions are taken to minimise the risk. Monitor approves development of this guidance and expects Foundation Trust to have the right staff, in the right place at the right time. The Care Quality Commission will be looking for compliance with all the actions outlined as part of their inspection regime. Monitor will act where the CQC identifies any deficiencies in staffing levels in Foundation Trusts.

[1] TDA – Trust Development Agency
[2] NQB – National Quality Board

Hard Truths Commitments Regarding the Publishing of Staffing Data

Timetable of Actions

	Action Required by Trusts:	By When:	Periodicity:	Trusts Comments
A	The Board receives a report every six months on staffing capacity and capability which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report page 12 and reflects a realistic expectation of the impact of staffing on a range of factors. This report: • Draws on expert professional opinion and insight into local clinical need and context • Makes recommendations to the Board which are considered and discussed • Is presented to and discussed at the public Board meeting • Prompts agreement of actions which are recorded and followed up on • Is posted on the Trust's public website along with all the other public Board papers	June 2014	Every six months	On plan
B	The Trust clearly displays information about the nurses, midwives and care staff present and planned in each clinical setting on each shift. This should be visible, clear and accurate, and it should include the full range of patient care support staff (HCA and band 4 staff) available in the area during each shift. It may be helpful to outline additional information that is held locally, such as the significance of different uniforms and titles used. To summarise, the displays should: • Be in an area within the clinical area that is accessible to patients, their families and carers • Explain the planned and actual numbers of staff for each shift (registered and non-registered) • Detail who is in charge of the shift • Describe what each member of the team's role is • Be accurate	From April and by June 2014 at the latest	Each shift	Delivered

	Action Required by Trusts:	By When:	Periodicity:	Trusts Comments
C	The Board: • Receives an update containing details and summary of planned and actual staffing on a shift-by-shift basis • Is advised about those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap • Evaluates risks associated with staffing issues • Seeks assurances regarding contingency planning, mitigating actions and incident reporting • Ensures that the Executive Team is supported to take decisive action to protect patient safety and experience • Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly 'safe staffing' area on a Trust website).	From April and by June 2014 at the latest	Monthly	On plan
D	The Trust will ensure that the published monthly update report specified in Row C [i.e. the Board paper on expected and actual staffing] is available to the public via not only the Trust's website but also the relevant hospital(s) profiles on NHS Choices. The latter can be achieved either by placing a link to the report that is hosted on the Trust website on the relevant hospital(s)' newsfeed on their NHS Choices webpage or by uploading the relevant document to the relevant hospital(s)' NHS Choices newsfeed. For Trusts with multiple hospital sites that have their own NHS Choices webpages, this will require the separate posting of the Trust Board report to each hospital newsfeed. However, this is likely to reach more patients given that patients tend to review hospital, not Trust, NHS Choices webpages. This approach will also allow you to highlight hospital-specific plans and achievements, which may be of particular interest to a public audience. Given these requirements, the update reports should be written in a form that is accessible and understandable to patients and the public. This is likely to include ensuring that the information on staffing is not embedded within hundreds of pages of other Board papers.	By June 2014	Monthly	On plan

	Action Required by Trusts:	By When:	Periodicity:	Trusts Comments
	Your own NHS Choices web editor(s), who already provide your Trust and hospital-specific content to NHS Choices, will be able to advise you further on their preferred mechanism for making these documents available on NHS Choices – either via a link or by uploading a .pdf of the Board paper. NHS Choices will also be liaising directly with each Trust's web editors with further information.			
E	The Trust: • Reviews the actual versus planned staffing on a shift by shift basis • Responds to address gaps or shortages where these are identified • Uses systems and processes such as e-rostering and escalation and contingency plans to make the most of resources and optimise care	Immediate	Each Shift	Delivered

KEY:

	Not Delivered
	Off Plan
	On Plan
	Delivered

The Dudley Group NHS
NHS Foundation Trust

Paper for submission to the Board of Directors on 1ˢᵗ May 2014

TITLE:	Update on Nurse Staffing Tool		
AUTHOR:	Denise McMahon Director of Nursing	**PRESENTER:**	Denise McMahon Director of Nursing

CORPORATE OBJECTIVE:

SGO1: Quality, Safety & Service Transformation Reputation - To become well known for the safety and quality of our services through a systematic approach to service transformation , research and innovation

SGO2: Patient experience - To provide the best possible patient experience

SGO5: Staff Commitment - To create a high commitment culture from our staff with positive morale and a "can do" attitude

SUMMARY OF KEY ISSUES:

In addition to undertaking an additional skill mix review has been undertaken and the safer staffing tool is nearing completion. This involves peer review, professional judgement and the safer staffing Alliance recommendation of one Registered Nurse to eight patients. This has involved individual meetings with every matron and completed a basic data set (Appendix 1).

Using ward bed numbers (not yet adjusted for occupancy rate) this data has been considered to deliver the minimum ratio of one Registered Nurse to eight patients in general ward areas over a 24 hour period.

The Care Support Worker ratio has been defined to meet the needs of the specialty and this ranges from 1:10 to 1:6.

The indicative costings have been completed by the Finance Department and this is being cross referenced with the ALLOCATE rostering system.

This output will then be confirmed by each matron and a final report will be available for the next Finance and Performance Committee and Trust Board Meeting.

IMPLICATIONS OF PAPER:

RISK	Y/N		**Risk Description:**	
	Risk Register: Y/N		**Risk Score:**	
COMPLIANCE and/or LEGAL REQUIREMENTS	**CQC**	Y/N	**Details:**	
	NHSLA	Y/N	**Details:**	
	Monitor	Y/N	**Details:**	
	Equality Assured	Y/N	**Details:**	
	Other	Y/N	**Details:**	

ACTION REQUIRED OF THE BOARD:

Decision	Approval	Discussion	Other
			✓

RECOMMENDATIONS FOR THE BOARD OF DIRECTORS:

To receive the update regarding the Nurse Staffing tool.

STAFFING ESTABLISHMENT

Ward/Area:.. **Matron:** ....

Registered Nurse					
By band	**Funded Establishment**	**Expenditure Against FE**	**Vacancy against band**	**Maternity Leave**	**Long Term Sick**
7					
6					
5					

Bank (WTE) ....

Why: ....

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Clinical Support Worker					
By band	**Funded Establishment**	**Expenditure Against FE**	**Vacancy against band**	**Maternity Leave**	**Long Term Sick**
4					
3					
2					
Cleanliness					
Nutritional					

Bank (WTE) ....

Why: ....

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Comments:

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