Kingston Hospital NHS

NHS Foundation Trust

Nursing & Midwifery Establishments –
the new guide to nursing, midwifery and care staffing capacity and capability

Trust Board	Item: 7.5
29th January 2014	Enclosure: G
Purpose of the Report: This report provides an outline of the key components of the new guide to nursing, midwifery and care staffing capacity and capability - *How to ensure the right people, with the right skills, are in the right place at the right time,* published by the NHS Quality Board on 20th November 2013, in response to the Francis Enquiry. The report details implications and risks arising from the requirements within this guide and provides a plan of action to address these	
FOR: Information ☐ **Assurance** ☒ **Discussion and input** ☒ **Decision/approval** ☐	
Sponsor (Executive Lead):	Duncan Burton Director of Nursing & Patient Experience
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Assurance Framework – Principle Risk 1 - Failure to improve quality of care Principle Risk 5 – Failure to ensure there are the right staff (numbers, skills and capability) in the right place Corporate Risk Register – T034 Recruitment – not having the required staff in place
Link to Relevant Corporate Objective:	**Objective 1** - To deliver quality, patient centred healthcare services with an excellent reputation **Objective 2** - To deliver care by competent and caring staff working in effective and supportive teams who feel valued by the Trust
Document Previously Considered By:	Executive Management Team
Recommendation & Action required by the Trust Board: The Board is asked to: a) **Discuss** the implications and potential risks placed on the Trust as a result of the guidance; and b) **Review, amend and endorse** the action plan to achieve full compliance with the guidance and note the specific milestones.	

Nursing, Midwifery & Care Staffing Guidance

1.0   Executive Summary

1.1   On 19th November 2013 the Government issued its full response to the 290 recommendations of the Francis Enquiry, which created a requirement for increased transparency in the way in which Trusts determine and meet nursing, midwifery and care staffing levels. It stopped short of mandating minimum staffing levels.

1.2   On 20th November 2013 the NHS Quality Board published the new guide to nursing, midwifery and care staffing capacity and capability - *How to ensure the right people, with the right skills, are in the right place at the right time.*

1.3   The requirements set out in this guide are described in the attached paper which focuses on 10 expectations in the setting, monitoring and achievement of nursing, midwifery and care staffing. Of the 10 expectations; 9 are for provider organisations; and 1 is for commissioning organisations.

1.4   It clarifies it is the role of provider organisations to make decisions about nursing, midwifery and care staffing requirements, working in partnership with their commissioners, based on the needs of their patients, their expertise, and knowledge of the local context.

1.5   It also recognises that simply looking having the right number of staff in place is not enough, as leadership, training and development for staff; and a culture within organisations that support staff to provide high quality care in a supportive and caring environment are also necessary.

1.6   This paper sets out the Trusts current position relative to the guidance and the plan of action to meet the requirements of this guide.

1.7   An analysis of the risks is provided for consideration and will be added to the Trusts risk register following discussion and agreement.

2.0   Introduction

2.1   Changes or deficiencies in the nursing & midwifery workforce can have a profound impact on the quality of patient care.

2.2   Patient outcomes and particularly safety are improved when organisations have the right people, with the right skills, in the right place at the right time. This has been highlighted consistently in various reports, strategies and inquiries such as:

- Compassion in Practice
- the Mid Staffordshire NHS Foundation Trust Public Inquiry
- the Keogh Review into the quality of care provided by 14 hospital trusts in England
- Don Berwick's *A promise to learn, a commitment to act: improving the safety of patients in England*
- The Cavendish review: an independent review into healthcare assistants and support workers.

2.3   On 19th November 2013 the Government issued its full response to the 290 recommendations of the Francis Enquiry, which created a requirement for increased

transparency in the way in which Trusts determine and meet nursing, midwifery and care staffing levels. It stopped short of mandating minimum staffing levels.

2.4   On 20th November 2013 the NHS Quality Board published the new guide to nursing, midwifery and care staffing capacity and capability – '*How to ensure the right people, with the right skills, are in the right place at the right time'.*

2.5   The guidance does not mandate minimum staffing levels but sets out its position for greater transparency in the way in which Trusts set and deliver nursing, midwifery and care staffing levels.

2.6   The guidance makes clear it is the role of provider organisations to make decisions about nursing, midwifery and care staffing requirements, working in partnership with their commissioners, based on the needs of their patients, their expertise, and knowledge of the local context.

2.7   The guide recognises there is not a 'one size fits all' approach to establishing nursing, midwifery and care staffing capacity and capability, and this guide does not prescribe the 'right way', or a single approach, to doing so.

2.8   In the longer term, this guidance will be supplemented by the work of the National Institute for Health and Care Excellence (NICE). NICE will be reviewing the evidence in this area, and will produce guidance, and accredit tools to support staffing capacity and capability that is commensurate with high quality care.

2.9   This guidance has been endorsed by the CQC, Monitor and NHS England and therefore there is an expectation that NHS organisations comply with them.

2.10   The CQC will use the guidance to inform the development of their new approach to inspections and subsequently to inform their judgements and ratings for providers.

2.11   The Trust has previously set standards for adult ward areas which are:

- A minimum establishment skill mix of 65:35% Registered Nurse: healthcare assistants (HCA)
- Minimum standard of qualified nurse: patient ratios during the day and night (1:8 day and 1:10 night)
- Supervisory ward sisters/charge nurses.

3.0   The 10 Expectations of the Guidance

3.1   *"How to ensure the right people, with the right skills, are in the right place at the right time".* This expectation sets out 9 expectations for provider organisations and 1 for commissioners. This section details the requirements of each expectation, where the Trust currently stands in relation to them and highlights what else is required in order to comply with the requirements.

3.2   **Expectation 1: *Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.*** This expectation makes it clear that the Trust Board is ultimately responsible for the quality of care and outcomes achieved and decisions regarding nursing, midwifery and care staffing lay with them. They must at any point in time be able to demonstrate to commissioners, Monitor and the CQC that systems and processes are in place to assure themselves that nursing, midwifery and care staffing capacity and capability is sufficient. Key issues to note:

- Establishment reviews should be carried out every 6 months – evaluating the previous 6 months and forecasting the likely requirements for the next 6 months
- Boards should sign off establishments for all clinical areas, articulate the rationale and evidence for agreed staffing establishments, and understand the links to key quality and outcome measures
- Guidance on what should be contained in the Board papers is provided
- Monthly reporting to the Trust Board on staffing capacity and capability – providing details of actual staff available shift to shift versus planned. Exception reporting should highlight wards which frequently fall short of what is required, the reasons, impact and actions to address the issues.
- Boards should seek assurance on the processes in place to highlight risks caused by insufficient staffing capacity and capability.

Where we are now?

The Trust Board have received reports on the nursing & midwifery establishment every 6 months since 2012, and therefore already has significant understanding of the importance of nursing, midwifery and care staffing and its impact to patient care.

What else do we need to do?

Future Board papers need to cover all aspects of the guidance and detail how these expectations are being met. A measure(s) of actual v planned staffing will need to be added to the monthly performance and clinical quality reports to the Trust Board, with definitions for the Trust Board of what these show. These will need to include exception reports as required.

3.3 **Expectation 2: *Processes are in place to enable staffing establishments to be met on a shift-to-shift basis.*** This expectation sets out the requirement for the Executive Team to ensure that systems and processes are in place to support shift-to shift decisions, monitoring and actions to mitigate any identified problems. Key issues to note:

- Daily reviews of actual staffing on a shift-by-shift basis versus planned staffing levels should take place between Sisters, Matrons, Heads of Nursing etc and that where shortages are identified work takes place to seek a solution.
- E-rostering is seen as an enabler
- Escalation policies & contingency plans should be in place to deal with times of increased pressure (high staff sickness; unfilled vacancies; increased dependency), staff know how to use them, and include a clear set of actions to be taken
- Temporary staffing solutions should only be used to fill short term gaps.

Where we are now?

There are processes in place within the Trust for a review of staffing on a shift-by-shift basis and escalation processes are in existence and known. Maternity has a written staffing escalation guide. There is however not a written staffing escalation policy or guideline covering other areas of the Trust.

The Trust has an e-rostering system, introduced in 2012. Variability in the use of this and maximisation of reporting functionality continues, and to maximise the benefits of such a system further work is required.

The Trust has established the elimination of agency staff as a corporate objective 14/15 recognising the necessity for reductions in the overall usage of temporary staffing using bank, rather than agency, when required.

What else do we need to do?

A written Trust wide escalation policy/guideline is required to provide a clear documented system, which is available and known by all staff.

Further work is required with ward sister/charge nurses to ensure consistency of benefits realisation from use of the e-rostering solution, and maximisation of information available from the system, to provide assurance on staffing and trend analysis for improvement.

3.4 **Expectation 3**: *Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability.* This expectation recognises the complexity of determining nursing, midwifery and care staffing requirements and recommends that the numbers and skill mix of staffing is determined through triangulation of evidence based tools, and professional judgement & scrutiny. Key issues:

- There are a variety of evidence based tools available
- In some areas there are no evidence based tools currently available
- Leadership, management culture, team working on the ward, levels of education & training available to staff are also essential factors
- Local contexts and patient needs need to be considered e.g. other support staff available, technology in place
- NICE will be reviewing the evidence base and accrediting tools in this area
- Determining numbers is not enough and professional judgement and local knowledge should also inform the skill mix of staff
- Senior nursing and midwifery staff should be appropriately trained in the use of evidence based tools and interpretation of their outputs.

Where we are now?

Evidence based tools have been used within the adult ward areas and where guidance exists for other areas such as paediatrics, neonates, maternity, and ITU. These have been part of the decision making process within skill mix reviews within the Trust. There are some areas which require tools to be introduced, for example clinical nurse specialists do not currently have a consistent approach to job planning.

A limited number of senior nursing & midwifery staff have expertise in the use of evidence based tools within the organisation. Within the Trust systems are paper based to collect the large volumes of acuity/dependency information which are required in using evidence based tools. These systems are not therefore at maximum efficiency.

What else do we need to do?

As skill mix reviews are required every six-months a shared understanding of what constitutes a review of the skill mix every six months is needed. This is important so that one part of the process for example use of the evidence based tools, is not believed to be the deciding factor alone at the expense of the other components such as professional judgement.

In order to increase the frequency at which evidence based tools are used will require electronic systems to support data collection and analysis. Such systems will need to be sought and a source of funding identified (if required). Key staff will need training in their deployment to increase the level of expertise on evidence based tools within the Trust and to ensure their effective use. A map of all the tools used in each of the clinical areas is required so it is clear which are used at Kingston Hospital. As new guidance is released from NICE the Trust will need to update its use of evidence based tools accordingly.

3.5 **Expectation 4**: *Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.* This expectation highlights the impact that staff engagement has on patient outcomes and the importance that the organisational culture encourages and listens to staff. Key issues to note:

- Clear process in place to raise concerns including whistleblowing policies
- Providers must comply with Duty of Candour requirements
- Staff side representatives can provide support to ensure staff views are considered
- Staff should feel supported to raise concerns
- Line managers should ensure staff are managed effectively, they have constructive appraisals and clear objectives set
- Teams should be wells structured with supportive line management at every level
- Technological advances can free up staff time to focus on delivering patient care.

Where we are now?

Staff are encouraged to raise concerns. The Trust has a whistleblowing policy in place which has been reiterated to staff recently as part of the Trusts response to the Francis Enquiry.

Manager feedback is part of the appraisal process for line managers. All wards have appraisal trees in place and appraisal rates are monitored on a regular basis.

The roll out of electronic documentation and e-prescribing has been delayed from 2013 to take place in 2014. The Trust has submitted a bid to the Nursing IT Fund for additional mobile devices for key nursing and midwifery staff to be deployed in 2013/14. This is aimed at reducing time spent undertaking audits. A further bid for funding available in 2014/15 will be to support device integration.

What else do we need to do?

Deployment of electronic records and prescribing as part of a longer term move to electronic solutions will support release of time to care. Continued deployment of these solutions throughout 2014 and beyond is required.

Launching a written escalation procedures for staffing will provide further opportunities to re-emphasise to staff the processes to raise concerns.

3.6 **Expectation 5**: *A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments.* This expectation sets out the roles and responsibilities for nursing, midwifery and care staffing capacity and capability, recognising the complex interdependencies between this group and other parts of an organisations structure and functions. Key issues to note:

- Directors of Nursing lead the process of reviewing staffing requirements, and ensure there are processes in lace to actively involve sisters, charge nurses or team leaders.
- Papers to the Trust Board are as a result of team working and reflect an agreed position.
- Other Directors – Medical, Finance, Workforce and Operations have responsibilities in this area recognising the clear interdependencies between professions and administrative support to non-clinical aspects of the nursing, midwifery and care staffing workload.
- Ward sister/charge nurses should be empowered to take responsibility for their clinical areas with delegated authority to act, supported by their organisations
- Non-Executive Directors must ensure robust systems and processes are in place to make informed and accurate decisions regarding workforce planning and provision; review data on workforce, quality of care and patient safety and hold Executive Directors to account for ensuring right staff in right place to provide high quality care and ensure

impacts of decisions taken at Board level consider staffing capacity and capability and quality and outcomes measures.

Where we are now?

The Director of Nursing leads the nursing and midwifery staffing review processes which includes ward sisters, charge nurses and team leaders. A programme of development for ward sister/charge nurses is in place to encourage empowerment and authority to act. This is being strengthened through the roll out of service line management. The Trust Board already receives monthly staffing information, and 6 monthly establishment review reports, and frequently discusses the link between staffing and quality. Assurance the CIPs process has been presented to QAC in November 2013.

What else do we need to do?

As Executive sponsorship of the staffing paper to the Board is clearly in place it is proposed that this is strengthened with named non-executive sponsorship for each 6 monthly review. As new Trust guidance and policies are put in place in response to this national guidance non-executive members of the Board should be made aware of these systems and processes.

3.7   <u>Expectation 6</u>: *Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties.* This expectation sets out the need to ensure that establishments take account of the requirement for nurses, midwives and care staff to undertake continuous professional development, and to fulfil mentorship and supervision. Key issues to note:

- Establishments should enable time for ward sister/charge nurses or team leaders to assume supervisory status.
- Establishment uplifts should allow for staff training and development; supervision and mentorship roles, including for students and for periods of induction of new staff; planned and unplanned leave.
- These uplifts should be determined by Trusts based on realistic estimations.

Where we are now?

Ward Sister/Charge nurses have been supervisory since 2012. 21% uplift is available in ward establishments to address planned and unplanned leave allowances. A practice development team is in place for nursing and midwifery, to provide additional capacity to support supervision and training of staff.

What else do we need to do?

The 6 monthly reports to the Trust Board will need to include assurance on the establishment uplifts that are in place and how they have been arrived at.

3.8   <u>Expectation 7</u>: *Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.* This expectation aligns to the first expectation and reiterates the Boards accountability. Key issues to note:

- Boards are accountable for patient outcomes they achieve within the staffing capacity and capability in place
- Boards must assure themselves there are systems in place to regularly assure themselves that there is sufficient nursing, midwifery and care staffing capacity and capability on a shift-by-shift basis

- Establishment reviews should be carried out every six months and all nursing, midwifery and care staffing levels and key quality outcomes measures should be discussed at Trust Board level in a public meeting. For those Trusts not already doing so they must start this process by April 2014 and discuss at a Public Board meeting by June 2014
- The Board should receive monthly reports on actual versus planned staffing on a shift-by-shift basis and outline areas where there are gaps, the impact and steps taken to address the issue
- Reports should be published in a form accessible to patients and the public
- By summer of 2014 it is expected that this data is collated alongside an integrated safety data set that will provide information down to ward level, where appropriate, and available by a single national website accessible to patients and the public.

Where we are now?

The Trust Board has received six-monthly reports on nurse, midwifery and care staffing since 2012. These have been primarily focused on ward nursing.

What else do we need to do?

The six-monthly reports to the board will need to ensure that all areas of nursing, midwifery and care staffing are referenced – which includes areas beyond wards.

Additional metric(s) to be added to the monthly Board Performance and Clinical Quality Reports which indicate planned versus actual staffing and exception reports made available for any deficiencies noted.

Once further information is available on the nature of the requirements for reporting via the single website in summer 2014, the Trust will need to ensure it complies with the reporting requirements and is fully aware of risks that comparison with other organisations presents, particularly as Trusts are not all working at the same baseline.

3.9   **<u>Expectation 8</u>: *NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.***

The drive for transparency of staffing information is key within this expectation, which sets out requirements for display of information to patients and the public. Key issues to note:

- Information should be displayed to patients and the public, which outlines what staff, are present and their roles.
- Information displayed should be visible, clear, accurate and helpful
- Additional information such as a guide to uniforms and titles should also be considered for display – appropriate to local needs.
- Should be clear who is in charge and of the ward, the named clinician and nurse in charge of a patients care displayed above the patient's bed.

Where we are now?

Wards currently have a paper-based display which shows the ward sister/charge nurse and matron for the area. These have just been updated to reflect changes in personnel.

With the exception of paediatrics and gynaecology (order placed) boards are in place above patients beds to highlight the name of the clinician and nurse in charge of the patient.

The Executive Team have approved the purchase of electronic screens, which will include key patient information and outcomes and will be publically visible at the entrance to each ward &

department. These will include uniform guides, pictures of the nurse/midwife and consultant leaders of the ward and daily planned versus actual staffing. The positions of the screens have already been identified and are being rolled out during February and March 2014.

What else do we need to do?

Although boards above patients beds are in place the explicit meaning of the nurse in charge of that patient needs to be clearly defined and a common understanding and role definition in place amongst all staff.

The format for displaying actual versus planned staffing and the actual content of the information (e.g. how is the planned and actuals requires definition within the Trust – does it for example include or exclude specials). A guide to what is displayed is required and staff trained in its use.

The photographs of nursing, midwifery and medical leaders will need to be up to date and available for display. A guide to staff uniforms is required to be available on the screens.

The new Trust website provides another vehicle for publishing information on staffing. Each ward will have a web page which provides another opportunity for ward level display of information.

3.10 **Expectation 9**: *Providers of NHS services take an active role in securing staff in line with their workforce requirements.* This expectation sets out the responsibilities on providers, Local Education and Training Boards (LETBs), and Health Education England (HEE). Key issues to note:

- Providers must actively manage their existing workforce and have robust plans in place to recruit, retain and develop all staff.
- Providers share staffing establishments and annual service plans with their LETB in order to inform education and training commissioning plans and strategies.
- Staffing establishment and annual service plans shared with regulators for assurance
- Each provider must be a member, or represented on their LETB
- HEE is responsible for developing a Workforce Plan for England.

Where we are now?

An active programme of recruitment and retention of nursing, midwifery and care staff is in place and has been reported to the Trust Board in November 2013.The Chief Executive represents the Trust at Health Education Southwest London. The Trust responds to all workforce-forecasting requests from the LETB and has responded to add hoc requests regarding the impact of Francis on future requirements for nurses, midwives and care staff. An Education & Training Strategy is being presented to the Trust Board in January 2014.

What else do we need to do?

Once approved implementation of the Education & Training Strategy will be required. Furthermore although interventions are in place to reduce the turnover of nurses and care staff specifically, it is yet too early to determine the impact of these. Reports to the Trust Board will need to continue to monitor turnover in the nursing, midwifery & care staff group, to provide assurance that interventions are effective.

3.11 **Expectation 10**: *Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract.* This expectation although primarily aimed at commissioners, has implications for provider organisations. Key issues to note are:

- When setting local prices in contracts due consideration to impact on staffing should be made.

- Commissioners must monitor maintain a close dialogue regarding any issues related to service safety and staffing levels.
- Commissioners should seek assurance that Cost Improvement Programmes have clinical ownership within providers and do not threaten service quality.
- The 2014/15 standard NHS contract is expected to set out requirement for providers to report data on actual versus planned staff available on a shift-to-shift basis.
- Commissioners share intelligence with regulatory partners.

Where we are now?

The monthly Clinical Quality Review Group (CQRG) between the Trust and commissioners is provided with the nursing & midwifery staffing report, which is given six monthly to the Trust Board. The monthly Performance and Clinical Quality Report are also shared and presented monthly at the CQRG. The process and nature of the Trusts CIPs are shared with commissioners and process for reviewing quality impacts discussed at the CQRG.

What else do we need to do?

Revised monthly metrics reporting planned versus actual staffing will need to be provided to commissioners via the CQRG in line with additions to the Trusts monthly performance reports.

4.0   Meeting the requirements

4.1   Appendix A provides an action plan to ensure all aspects of the guidance are met within the timeframes required. The Trust has in place many of the aspects described already although it is clear that this needs to ensure that all parts of nursing, midwifery and care staffing across the trust are captured in this and that there is sufficient

4.2   The Director of Nursing & Patient Experience is leading the programme of work required to fulfil the actions highlighted. Additional project management capacity to support delivery is being actively sought.

5.0   Risk Analysis

5.1   Delivering the programme of work and the results of information both at an aggregated Trust level and at individual ward levels presents a series of risks to the Trust which need to be considered. The below table highlights the key risks and mitigating actions.

Key Risk	Risk score	Top 3 actions to mitigate risk	Risk score post mitigation
Publically available staffing information risks the reputation of the Trust, as what is released is based on planned versus actual and does not reflect higher baseline staffing levels than other organisations	S x 4 L x 3 = 12	• Agree definitions for planned v actual and implement • Recruitment activity to mitigate any areas of vulnerability • Early identification of any areas of concern prior to national publication in summer 2014 enabling action	S x 4 L x 2 = 8
Staff fail to update the ward level information on a daily basis in the correct way leading to a loss of confidence by patients and the public	S x 2 L x 3 = 6	• Guidance on requirements & training will be available to ward leads • Centrally created and controlled core messaging e.g. uniforms, leadership, explanations • Monitoring of compliance with requirements forms part of roll out	S x 2 L x 2 = 4

Key Risk	Risk score	Top 3 actions to mitigate risk	Risk score post mitigation
The timeframes for delivery of key components of the guideline are not met	S x 4 L x 3 = 12	• Action plan in place with timelines for completion • Recruitment of dedicated project manager to oversee programme of work with Executive oversight • Pre-work has already commenced	S x 4 L x 2 = 8
Information available is not robust and therefore no confidence in reported planned v actual staffing information	S x 4 L x 4 = 16	• Audit mechanisms established to check on data reliability & validity • Electronic rostering system is in place across all areas of Trust • Recruitment of dedicated project manager to oversee delivery of information requirements	S x 4 L x 2 = 8
Six monthly reviews using evidence based tools creates unmanageable workload within existing resources	S x 3 L x 3 = 9	• Deployment of electronic methods of data collection and analysis • Agreed approach to reviews • Project will establish processes and templates upfront	S x 3 L x 2 = 6

6.0   Conclusion & Recommendations

6.1   It is clear that the Trust has already moved forward in a number of areas in advance of the guidance. There are, however, a number of other actions that are required to deliver full compliance in the timescales required.

6.2   The Trust Board are therefore asked to:

- **Discus** the implications and potential risks placed on the Trust as a result of the guidance
- **Review, amend and endorse** the action plan to achieve full compliance with the guidance and **note** the specific milestones.

Appendix A – Action Plan to meet Requirements of the new guide to nursing, midwifery and care staffing capacity and capability

REF	AREA OF FOCUS	ACTION	LEAD	TIMESCALE	PROGRESS UPDATE	STATUS
1	**Project initiation**	1.1) Discuss implications at ward sister/charge nurses meeting	DB	26/11/14	Completed	
		1.2) Appoint project Manager to oversee delivery of project	DB	31/01/14	CV's provided. Interviews being arranged.	
		1.3) Undertake assessment of risks associated with new guidelines	DB	20/01/14	Completed	
		1.4) Discuss programme of work at Trust Board in January 2014 and update NMAC in February 2014	DB	11/02/14	On agenda's for Trust Board (Part 2) and NMAC	
2	**Staffing Escalation Policy**	2.1) Create a nursing & care staffing escalation policy / guideline – align with existing maternity escalation policy as required	JC	25/02/14		
		2.2) Approve policy/guideline at Executive Management Committee	DB	28/02/14		
		2.3) Publish and communicate the escalation policy to ensure use in practice and sufficient awareness	LC/LW	28/02/14		
3	**E-rostering**	3.1) Work with e-rostering team and ward sisters/matrons to identify and implement further training requirements to maximise benefits realisation of e-rostering and reporting functions	PM	15/02/14		
		3.2) Identify opportunities and requirements to ensure accuracy of data and timeliness of updating required for actual versus planned figures	PM	10/02/14		
4	**Monthly reporting of planned versus actual staffing to Trust Board**	4.1) Agree monthly reporting metric to be used and levels of aggregation	PM	05/02/14		
		4.2) Work with e-rostering team, ward sister/charge nurses, workforce information and business intelligence to map process, methodology and interdependencies for delivering accurate and timely planned v actual staffing figures	PM	10/02/14		

REF	AREA OF FOCUS	ACTION	LEAD	TIMESCALE	PROGRESS UPDATE	STATUS
		4.3) Set exception reporting thresholds (RAG Ratings)	PM	15/02/14		
		4.3) Produce template and requirements for exception reporting		20/02/14		
		4.4) Provide assurance and evidence of accuracy of figures to be reported on scorecards	PM	28/02/14		
		4.6) Report weekly and monthly figures to Executive Board and Service lines	DB	05/03/14		
		4.7) Define on going audit process to provide assurance on figures	PM	28/02/14		
		4.8) Report first set of monthly figures to Quality Assurance Committee via Clinical Quality Report	DB	17/04/14		
		4.9) Report first set of monthly figures to public Board meeting via Clinical Quality Report & Performance Reports	DB	29/05/14		
5	**6 monthly establishment review reports to Trust Board**	5.1) Establish recurrent template for Trust Board report based on guideline of items for inclusion	JC	28/02/14		
		5.2) Identify NED lead to provide non-executive sponsorship of staffing paper	SB	28/02/14		
		5.3) Report first establishment review to Executive Management Committee in line with new template and requirements	DB	11/06/14		
		5.4) Report first establishment review to Public Board meeting in line with new template and requirements	DB	30/7/14		
6	**Establishment reviews using evidence based tools**	6.1) Create map of tools used at Kingston Hospital across all ward & departmental areas	PM	20/02/14		
		6.2) Create annual plan for review of establishments based on guidance and Trust requirements	PM	20/02/14		
		6.3) Create CNS Job planning guideline and approve	JC	15/03/14		

REF	AREA OF FOCUS	ACTION	LEAD	TIMESCALE	PROGRESS UPDATE	STATUS
		6.4) Review potential electronic solutions for collecting and analysing acuity/dependency information including any cost implications	PM	15/03/14		
		6.6) Undertake training needs analysis (TNA) in use of evidence based tools and establishment review process	PM	15/03/14		
		6.7) Put in place training for key staff as identified by TNA	PM	10/04/14		
		6.6) Undertake review of all establishments using evidence based tools and triangulate for establishment review	PM	15/05/14		
7	**Ward level display of daily staffing & key staffing information – actual v planned, uniform guides**	7.1) Identify requirements for information screens on wards and identify funding.	DB/LW	18/12/13	Completed.	
		7.2) Complete instillation of all screens on wards/departments	LW	15/03/14		
		7.2) Create uniform guide and make available in format for ward screens	LW	28/02/14		
		7.3) Update pictures of all ward sister/charge nurses and Matrons and create profiles for display on ward screens	LW	28/02/14		
		7.4) On Trust website create page(s) detailing the Trusts approach to setting nursing, midwifery and care staffing	LW	30/03/14		
		7.5) Complete purchase and installation of remaining overhead boards in paediatrics and gynaecology	MC	15/02/14		
		7.6) Agree role definition of nurse in charge of patients when used in overhead beds, publish to ward staff	JC	28/02/14		
		7.7) Agree policy for what is displayed at ward level and key responsibilities for managing daily	PM	20/02/14		
		7.8) Agree template for local display of information	PM	20/02/14		
		7.9) Provide training to ward staff in updating staffing information on local information screens	PM	15/02/14		

REF	AREA OF FOCUS	ACTION	LEAD	TIMESCALE	PROGRESS UPDATE	STATUS
		7.10) Local information displayed in all ward/department areas	PM	01/04/14		
8	**Reporting planned versus actual staffing to external website**	8.1) Once further information on requirements received agree internal process for reporting to external website including sign off of information to be submitted	Business Intelligence	*TBC*		
9	**Reporting to CQRG**	9.1) Provide update to CQRG on actions taking place to meet requirements of the nursing, midwifery & care staffing guideline	DB	19/03/14		
		9.2) First set of monthly reporting shared with CQRG as part of Clinical Quality Report	DB	18/06/14		
		9.3)Next 6 monthly staffing report presented to CQRG following Trust Board	DB	20/08/14		

Progress Status:

Complete
Underway, on track
Some slippage/ will be delivered (possibly late)
Significant slippage/ may not be delivered
Not yet commenced

Key personnel:

DB	Duncan Burton	Director of Nursing & Patient Experience	JC	Jane Champion	Senior Nurse - Corporates
PM	TBC	Project Manager	LW	Lisa Ward	Head of Communications
LC	Lisa Cheek	Deputy Director of Nursing – Emergency Services	SB	Sian Bates	Chairman
FK	Fergus Keegan	Deputy Director of Nursing – Patient Safety	MC	Maggie Clancy	Head of Nursing