

Hard Truths Commitments Regarding the Publishing of Staffing Data

Frequently Asked Questions (FAQs)

These FAQs have been developed to support the implementation of the requirements set out in the National Quality Board (NQB) report “How to ensure the right people, with the right skills, are in the right place at the right time”, published 19 November 2013 and the Government’s commitments set out in “Hard Truths”. For further information please see:

<http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270103/35810_Cm_8777_Vol_2_accessible_v0.2.pdf

Version Control

Version	Changes	Status	Published Date
1	Initial publication		31/03/2014
1.1	Version control	New	14/04/2014
1.1	What are the timescales for the stock takes in April and May?	New	14/04/2014
1.1	What exactly do you require for the stock takes?	New	14/04/2014
1.1	Will you require us to submit staffing data centrally to either NHS England or the Department of Health?	New	14/04/2014
1.1	Is a template for the report to the board available to ensure consistency in reporting standards?	New	14/04/2014
1.1	Are patients engaged in this process?	New	14/04/2014
1.1	If my area only has a very small number of staff, how do I protect the identity of the staff?	New	14/04/2014
1.1	What should be communicated to staff?	New	14/04/2014

Staffing Data at Trust Board Level (staffing capacity and capability)

What is the expectation?

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.

What should the Board be doing about this?

Boards should be:

- Managing staffing capacity and capability by agreeing staffing establishments
- Considering the impact of wider initiatives (such as cost improvement plans) on staffing
- Monitoring staffing capacity and capability through regular and frequent reports on the actual staff on duty on a shift-by-shift basis versus planned staffing levels
- Examining trends in the context of key quality and outcome measures
- Asking about the recruitment, training, skills and experience, and management of nurses, midwives and care staff and giving authority to the Director of Nursing to oversee and report on this at Board level.

Why must the Board do this?

Boards must, at any point in time, be able to demonstrate to their patients, carers and families, commissioners, the Care Quality Commission, the NHS Trust Development Authority or Monitor 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 deliver safe and effective care.

How must Boards do this?

The Board should receive 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

What should the Board papers look like?

Papers to the Board on establishment reviews (reported every six months as a minimum) should aim to be relevant to all wards and cover the following points:

- demonstration of the use of evidence based tool(s)
- what allowance has been made in establishments for planned and unplanned leave
- the difference between current establishment and recommendations following the use of evidence based tool(s)
- the skill mix ratio before the review, and recommendations for after the review
- the difference between the current staff in post and current establishment and details of how this gap is being covered and resourced
- details of any element of supervisory allowance that is included in establishments for the lead sister / charge nurse or equivalent
- evidence of triangulation between the use of tools and professional judgement and scrutiny
- details of any plans to finance any additional staff required

- details of workforce metrics - for example, data on vacancies (short and long-term), sickness / absence, staff turnover, use of temporary staffing solutions (split by bank / agency / extra hours and over-time)
- information against key quality and outcome measures - for example, data on safety thermometer or equivalent for non-acute settings, serious incidents, healthcare associated infections (HCAIs), complaints, patient experience / satisfaction and staff experience / satisfaction.

The paper should make clear recommendations to the Board, which should be considered and discussed at a public Board meeting. Actions agreed by the Board should be detailed in the minutes of the meeting, and evidence of sustained improvements in the quality of care and staff experience should be considered periodically.

When should the Board be receiving reports on capacity and capability?

The first report should be seen by the Board by the end of June 2014 and six monthly thereafter.

Who can view staffing information?

Staffing capacity and capability should be accessible to patients and staff. Boards should seek to involve staff at all levels and across different parts of the organisation, facilitating a strong line of communication from ward to Board, and Board to ward, in developing this information. Boards should ensure their organisation is open and honest if they identify potentially unsafe staffing levels and take steps to maintain patient safety in line with Trust's existing policies and procedures.

Staffing data at ward level

What is the expectation?

Processes should be in place so that staffing establishments are met on a shift-by-shift basis. NHS providers should clearly display information about the nurses, midwives and care staff present on each inpatient area. These include Acute, Community, Mental Health, Learning Disabilities and Critical Care settings.

A future stage will consider the requirements for other settings including Outpatients, Theatres and A&E.

What are the Board's responsibilities?

The Executive team should:

- Ensure that policies and systems, such as e-rostering and escalation policies, are in place to support those with responsibility for staffing decisions on a shift-by-shift basis.

The Director of Nursing and their team should:

- Routinely monitor shift-by-shift staffing levels, including the use of temporary staffing solutions
- Manage immediate adverse implications
- Identify trends, where staffing issues have been identified.

What information should a provider display?

The information should contain

- An explanation of the planned and actual numbers of staff for each shift (registered and non-registered)
- Details of who is in charge of the shift
- Description of the role of each team member.

Where should the information be displayed?

The information should be in the clinical area, and accessible to patients and their families and carers.

When should we start?

We already know that some Trusts have started this. The expectation is that all Trusts will be displaying staffing information in ward areas from April and by the end of June 2014 at the latest.

What does this mean in practice?

Daily reviews of the actual staff available on a shift-by-shift basis versus planned staffing levels should be undertaken and discussed between Sisters, Charge Nurses, Matrons and Heads of Nursing (and equivalent posts). Where shortages are identified, they work together to seek a solution – such as the pooling of staff from other clinical areas, or the deployment of bank or agency staff.

What should staff do in the event that there are staff shortages?

Where staffing shortages are identified, staff should refer to local escalation policies which provide clarity about the actions needed to mitigate any problems identified.

Staffing Data at Trust Board Level (planned and actual)

What is the expectation?

At a public Board meeting, the Board should receive monthly updates on staffing information.

How should this be carried out?

Boards should receive monthly updates on staffing information, including:

- The number of actual staff on duty during the previous month compared to the planned staffing level
- The reasons for any gaps and the actions being taken to address these
- The impact on key quality and safety outcome measures.

As the monthly and six monthly reports will be discussed at public Board meetings, this information will therefore be made public. This information will, in future, inform CQC's inspections of NHS provider organisations.

When should we start?

The expectation is that all Trust Boards will be reviewing the monthly nurse staffing report from May, and by the end of June 2014 at the latest, at a public Board meeting.

If my organisation already publishes Board papers which include staffing information, do I need to do anymore?

If your Board papers include all the requirements set out in the guidance (Hard Truths Commitments regarding Publishing Staffing Data - Jane Cummings and Professor Sir Mike Richards – 31st March 2014) there is no need to do anything different. If any requirements cannot be met, plans should be made to address this.

Is a template for the report to the board available to ensure consistency in reporting standards?

A reporting template has been suggested to us. We feel that this would be beneficial and are in the process of developing one, which will be available shortly

Is this guidance just about nursing and midwifery staff numbers, what about other staffing groups?

The guiding principles of workforce planning are applicable for all staff groups. The requirements outlined focus initially on nursing and midwifery staff numbers but could be extended to other staff groups in the future.

If my area only has a very small number of staff, how do I protect the identity of the staff?

If there is a risk that the report will disclose elements of personal data, there is a need for organisations to have in place a handling small numbers policy to show which information should not be put into the public domain.

What happens if my Board does not meet monthly?

A report should be produced for each month and reviewed at the next Board meeting.

Are patients engaged in this process?

Patients have not been engaged in the process to date, but there is a plan to engage in the near future.

What should be communicated to staff?

Trusts should ensure that there are good communications in place to staff so that they are made aware of the intention to do this and to consider any issues for individual staff either related to personal or professional life. The way to handle this would be to present more aggregated data instead.

Monthly report published on the Trust's website, linked or uploaded to NHS Choices

How do we publish monthly reports on the NHS Choices website?

The Trust should either place a link to the report that is hosted on the Trust website on the relevant hospital(s)' newsfeed on their NHS Choices webpage, or upload the relevant document to the relevant hospital(s)' NHS Choices newsfeed.

What happens if my Trust has several sites?

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. 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.

How should the reports be written?

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.

Who should be uploading the reports to the NHS Choices website?

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 as well.

General Questions

How do we ensure compliance?

A survey will be sent to all providers on 23rd April and 28th May to determine whether the processes are in place. In future the CQC will be monitoring how well the requirements are being met as part of their inspections.

Should supervisory staff be included in the figures?

Staff included in the rota in a supervisory role should be included in the figures.

If NHS patients are being treated in private inpatient areas, does the guidance apply?

This guidance applies only to NHS inpatient areas. A future phase of work will look at the requirements for private settings where there may be NHS patients.

What are the timescales for the stock takes in April and May?

On Wednesday 23rd April, the stock take will be sent to providers, with a deadline to return by Wednesday 30 April.

On Wednesday 28th May, the second stock take will be sent to providers, with a deadline to return by Friday 6 June.

What exactly do you require for the stock takes?

For both of the stock takes a questionnaire will be sent to you to ask whether you have implemented:

- Staffing Data at Trust Board Level (staffing capacity and capability)
- Staffing data at ward level
- Staffing Data at Trust Board Level (planned and actual)

If implementation has not happened, then we will ask you for an estimate of when this will be in place.

Will you require us to submit staffing data centrally to either NHS England or the Department of Health?

We do not expect you to submit any data to NHS England or the Department of Health currently. We are working up a plan to establish an indicator for safe staffing which will be publicly available and accessible via the NHS Choices website.

Links to Patient safety

How will publishing ward level staffing assure patients and service users that safe care is being delivered?

Data alone cannot assure anyone that safe care is being delivered. However, research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risks of patient safety incidents occurring. Patients and the public have a right to know how the hospitals they are paying for are being run and so making this information publically available is the right thing to do.

What is the “safety website?”

NHS England is working with partners to increase the range and depth of data available to patients and the public regarding patient safety. We intend to make more information available, and provide more information on how that data can be used via the NHS Choices website, which is the largest healthcare website in Europe and which already contains detailed information in relation to the quality of care, including the safety of care.

How does this fit in with the safety thermometer?

NHS Safety Thermometer data will form part of the wider data set that we intend to put on NHS Choices.

What are the safe staffing indicators?

Ultimately, we would like to construct a consistent national indicator around staffing in NHS organisations that allows patients and the public to see whether organisations have the number of staff they require. This is a complex task and work is ongoing to generate this indicator.

How will this information be used by the Chief Inspector of Hospitals/CQC inspections?

This information will inform hospital inspections. CQC already incorporates information on staffing in its Intelligent Monitoring System, and will consider how the national staffing indicator might be incorporated in due course.

Where can I find out more?

There is more information available following the links below:

<http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/270103/35810_Cm_8777_Vol_2_accessible_v0.2.pdf

What are other organisations doing?

There are examples of best practice that can be found on the NHS England website.

How can I show others what we are doing in my organisation?

If you would like to share your work as a best practice please contact neidrake@nhs.net