

REPORT TO THE TRUST BOARD OF DIRECTORS' MEETING HELD IN PUBLIC ON 17 DECEMBER 2013

PATIENTS FIRST AND FOREMOST Sheffield Children's NHS Foundation Trust Response - UPDATED

Trust objectives supported by this paper

- The paper supports the achievement of all Trust Objectives

Purpose of the paper

To present to the Trust Board of Directors the continuing response to the Department of Health's paper on actions to be taken following publication of the Mid Staffordshire Public Inquiry report. This update addresses the publications:

- How to Ensure the Right People, with the Right Skills are in the Right Place at the Right Time, A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability, National Quality Board, Nov. 2013*
- Hard Truths, The Journey to Putting Patients First, Dept. of Health, Nov 2013*

Summary of key points

- Alignment of the trust to new quality indicators and national inspection regime
- Observation of the need to involve patients, governors and other public representatives in routine oversight of trust activities
- Strengthening of the nursing oversight of clinical situations
- Continuation of our ranking amongst the lowest risk group of NHS Trusts according to the Care Quality Commission's 'Hospitals Intelligence Monitoring'.

Board Action required

The Board is asked to note the Trust's updated action plan following the Government's further response to Robert Francis QC's report on the Mid-Staffordshire NHS Foundation Trust public inquiry and approve the adequacy of the Trust's response.

| | | |
|---------------------------|--|---------------------|
| Author: | John Reid, Director of Nursing and Clinical Operations | FOR APPROVAL |
| Executive Sponsor: | As above | |

PATIENTS FIRST AND FOREMOST
Sheffield Children's NHS Foundation Trust Response - UPDATED

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1 PATIENTS FIRST AND FOREMOST EXECUTIVE SUMMARY

The Secretary of State published 'Patients First and Foremost'¹ in March 2013, as an initial response to the recommendations of the Public Inquiry into Mid Staffordshire NHS FT. Key recommendations were recently augmented by the publication of 'Hard Truths, The Journey to Putting Patients First'² and 'A Guide to Nursing, Midwifery and Care Staffing Capacity and Capability'³, in November 2013 .

| Recommendation | Sub Recommendation | National Progress <i>(November 2013 DH Update)</i> |
|--|---|---|
| Reducing Regulatory and Information Burdens by One Third | | <p>Health and Social Care Information Centre, April 2013</p> <p><i>Challenging Bureaucracy report – NHS Confed.</i></p> <p><i>A Clinical Bureaucracy Index to support Trusts in tracking how well they are using digital technology to reduce the burden of information collection on front line staff</i></p> |
| Safety in the DNA of the NHS | | <p>The Berwick Review – published Aug 2013</p> <p><i>Patient Safety Collaborative Programme and Patient Safety Improvement Fellowship scheme</i></p> <p><i>NHS England to publish 'never events' data quarterly with immediate effect, and monthly by April 2014</i></p> |
| A new regulatory model | Chief Inspector of Social Care | A Sutcliffe, Appointed. July 2013 |
| | Chief Inspector of Primary Care | Prof S Field, Appointed. Aug 2013 |
| | Chief Inspector of Hospitals | Prof M Richards, Appointed. June 2013 |
| | CQC Fundamental standards of care | in preparation |
| | OFSTED style CQC inspection and rating on compliance with these standards | Commenced Aug 2013 |
| | Specialist teams of peer inspectors – not generalists | up to 10 inspectors with specialist advisors |
| | Publication of Individual Speciality Outcomes | no paediatric outcomes yet published |
| | Time limited failure regime for quality as well as finance | partnership regime announced Sep 2013 |
| | HSE use of criminal sanctions where neglect leads to serious patient harm | first prosecution underway – Mid Staffs, failure to administer insulin, Sep 2013 |
| | Statutory Duty of Candour | <i>A statutory duty of candour on</i> |

1

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170701/Patients_First_and_Foremost.pdf

2

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/259648/34658_Cm_8754_Vol_1_accessible.pdf

³ <http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

| | | |
|---|---|--|
| | | <p><i>every health and adult social care provider from 2014, and a professional duty of candour on individuals</i></p> <p><i>Consultation on Trusts to reimburse NHS Litigation Authority (NHSLA) when duty not fulfilled.</i></p> |
| | Criminal Penalties for Disinformation | <i>Consultation on New criminal offence of wilful neglect applicable to individuals or organisations</i> |
| | A Ban on Gagging Clauses | Announced by Sec of State, Mar 2013 |
| Fit and proper person test for managers | Fit and proper persons test, regulated by CQC, for Board-level appointments in public, private and voluntary sector providers | <i>CQC to develop in 2014</i> |
| Nursing | Ward Managers to be supernumerary | Royal College of Nursing (RCN) endorsement, April 2013 |
| | Minimum nursing ratios to be prescribed | <p>RCN published paediatric nursing ratios, April 2013</p> <p><i>National Institute of Clinical Excellence (NICE) guidance and tools on setting safe staffing levels</i></p> <p><i>Trusts to publish ward-level information on staffing each month</i></p> <p><i>Boards to review nurse staffing every six months</i></p> <p><i>CQC to review staffing compliance</i></p> <p><i>Every hospital patient should have the name of the consultant and nurse responsible for their care above their beds</i></p> |
| | Leadership training | Health Education Yorks and Humber launch training, Mar 2013 |
| | National standards for health care assistant training and conduct | Cavendish Report, July 2013 |
| Complaints Handling | Boards to promote a culture of openness and encourage feedback through complaints | <p>Clarity on</p> <ul style="list-style-type: none"> • <i>how to complain,</i> • <i>how to get independent local support</i> • <i>Ombudsman involvement if still dissatisfied</i> • <i>Review of Patient Advice and Liaison (PALs) Service</i> |
| Front line experience for senior NHS management | | Commitment from Sec of State, Mar 2013 – 96% of Department of Health senior staff to have experience by 2014 |

Many of the above recommendations required detailed guidance from NHS England and this has been developing over the year. The Trust outlined its response in May and has been implementing its actions since then.

This paper sets out how Sheffield Children's NHS FT has responded to the report and the regulatory changes that have been developing from it, particularly updating the paper based upon the November Dept. of Health update.

2 PREVENTING PROBLEMS

2.1 Changing Culture

Boards are encouraged to examine the culture within their organisation and to reflect the values within the NHS Constitution. The 2010 publication *The Healthy NHS Board* articulated the role of boards in the NHS and made it clear that patient safety and the quality of services is the key, over-arching priority. The Berwick Review published a report in August 2013 stating⁴:

For NHS Organisation Leaders and Boards:

- Listen to and involve patients and carers in every organisational process and at every step in their care.
- Monitor the quality and safety of care constantly, including variation within the organisation.
- Respond directly, openly, faithfully, and rapidly to safety alerts, early warning systems, and Complaints from patients and staff.
- Embrace complete transparency.
- Train and support all staff all the time to improve the processes of care.
- Join multi-organisational collaborative – networks – in which teams can learn from and teach each other.
- Use evidence-based tools to ensure adequate staffing levels.

At a local level, the following actions were proposed:

| Action | Update | RAG Rating |
|--|--|------------|
| 1. Review of the trust values: A trust wide consultation, led by the HR Dept., on trust values. | The above consultation has led to publication of our values. The values are based around five key points: Committed to Excellence, Teamwork, Accountability, Compassion and Integrity. Our values define the acceptable standards and behaviours within our organisation and will now become a key part of the Trust's strategy and be visible around the organisation. | Green |
| 2. The Director of Nursing and the Medical Director will risk assess all efficiency programs for the effect on patient safety. | All Divisional efficiency proposals have been risk assessed for effect on patient safety. All emerging proposals are subject to risk assessment by the nursing and medical directors. | Green |
| 3. Balanced review of quality, performance and financial status of the trust: All Divisions to be performance managed on a monthly balanced score card that includes key quality indicators. | Monthly Divisional reviews are held by the Executive Team where all aspects of performance are assessed. Key quality indicators have been produced and are being refined as historical trends become evident. | Green |
| 4. Board members involved in a regular program of back to the floor initiatives and site visits. | A program of back to the floor visits has been undertaken. (Appendix 1) | Green |

⁴ *A Promise To Learn – A Commitment To Act. Improving the Safety of Patients in England*, National Advisory Group on the Safety of Patients in England, Aug 2013

2.2 Outcomes Information and Commissioning

The Health and Social Care Information Centre (HSCIC) collects and publishes comparable data on health and care to ensure that appropriate data standards are applied to that information. This data will be available to the public and will be the basis for comparing organisation outcomes and highlighting outlying organisations.

Each organisation will have a significant part of its income made dependent upon achieving locally agreed quality targets based upon national standards. The ultimate target is zero harm, achieved by reviewing incident reports and learning from them.

| Action | Update | RAG Rating |
|--|---|------------|
| 5. The trust will submit regular returns to the HSCIC to ensure that its performance can be benchmarked with appropriately matched services | All returns have been submitted as contractually required, where these have been defined. | Green |
| 6. Where national quality indicators are not appropriate to children's services e.g. national patient survey or the Friends and Family Test, a suitable alternative will be developed, comparable trusts identified and the results published. | Paediatric Scan tool has been in use since April 2013. This requires monthly audits of quality indicators e.g. pain relief, skin integrity, extravasation and paediatric early warning tool usage. NHS England has recently announced that this will be the basis for the Paediatric Patient Safety Thermometer. A Friends and Family test has been in place in A&E since April 2013. The trust achieved in Q1 an 11% response rate (higher than the national 5% target). 80% of respondents were extremely likely or likely to recommend the SCH A&E. Negative comments have formed the basis of change actions by the A&E team. | Green |
| 7. Outcomes that have income dependent upon them will be published along with our achievements or failures in the annual quality report. | All Q1 and Q2 CQUIN targets have been met and Q1 reimbursement agreed. | Green |
| 8. The trust will regularly publish its incident report, <i>Never Events</i> and any root cause analyses, indicating where learning has resulted in safer patient care. | Risk Management has produced and published annual and four monthly incident reports with a summary of all incidents and resultant learning. | Green |

3 DETECTING PROBLEMS QUICKLY

3.1 Inspection

The Care Quality Commission has appointed Prof. Mike Richards as Chief Inspector of Hospitals and he has published his Inspection methodology. The CQC inspection will comprise of unannounced visits to health organisations informed by a review of centrally held quality indicator data. The inspection methodology has been circulated to Trust executive Group and the Director of Nursing now holds quarterly meetings with the CQC.

The CQC published the new quarterly Hospitals Intelligence Monitoring on 24 October 2013. This is an assessment of all acute hospitals against more than 150 different quality indicators. While many of the indicators have no obvious application in children's services, 80 of the applications do have valid returns from the Trust. (See Appendix 2).

- avoidable infections (such as MSSA, MRSA and e-coli infections).
- notifications of deaths, severe and moderate harm and abuse.
- reporting of never events.
- deaths in low risk situations.
- mortality rates in various health care areas.

- results of access measures.
- information from patient and staff surveys.
- information from the 'Your experience form' on our website.
- complaints.

Sheffield Children's NHS Foundation Trust: Rated 6: (i.e. < 2.5 % of indicators that have been identified as 'risk' or 'elevated risk')

This places the hospital in the lowest risk band of 37 hospitals, out of the 161 hospitals assessed.

| Action | Update | RAG Rating |
|--|--|--------------------|
| 9. The trust will ensure that a central electronic directory of evidence will be held against the CQC quality standards and any other indicators that are developed. | Central database is being updated by the Audit and Effectiveness Department and is subject to two monthly reporting to Clinical Governance. | Green |
| 10. The trust will review how the various forms of governance are coordinated to ensure that there is a single, coordinated system of assurance. This function will also oversee the accuracy of central quality data returns. | The Trust has organisationally reviewed the structure of its Information Governance, Risk Management and Audit and Effectiveness departments. The integrated Governance Department will be operational from Feb 2014 and has been subject to £40K investment. | Green Amber |

3.2 Publishing Outcomes and Benchmarking

Most of these outcomes will initially concentrate on adult conditions and treatments: sub specialities such as paediatrics will be required to publish outcomes against specialist dashboard indicators defined by NHS England.

The trust has submitted compliance assessments against core standards for all relevant specialist services standards.

3.2.1 Quality Surveillance Groups

From April 2013, a network of local and regional Quality Surveillance Groups (QSGs) will bring together commissioners, regulators, local Healthwatch representatives and other bodies on a regular basis to share information and intelligence about quality across the system, including the views of patients and the public, and proactively spot potential problems early on. Such groups will often work with Operational Delivery Networks who have the responsibility to ensure that outcomes and evidence based, quality standards are improved.

The Trust has submitted information on Safeguarding compliance and has met with Sheffield Healthwatch to review how we may work together in the coming year.

3.2.2 Quality Accounts standardisation

The Department of Health will lead work on further standardising Quality Accounts to increase their impact and reduce burdens. Quality Accounts will also include comparable data from a set of quality indicators linked to the NHS Outcomes Framework. This will include the summary hospital-level mortality indicator, infection rates and levels of patient safety incidents.

| Action | Update | RAG Rating |
|---|--|--------------------|
| 11. The Trust is actively engaged in developing and submitting data to national audit programs and specialist Care Quality Indicators (CQUINS). | The trust has failed to meet the submission deadline for one of the national audits in respiratory medicine. All Q1 and Q2 Specialist CQUIN targets have been met and Q1 and Q2 reimbursement agreed. | Amber Green |
| 12. The Trust will collaborate with Quality Surveillance Groups and will host the Yorkshire and Humber Operational Delivery Network for paediatric critical | The Yorkshire and Humber Operational Delivery Network for paediatric critical care and neonatal critical care is established and the trust is contributing to the setting up of other similar clinical networks. | Green |

| Action | Update | RAG Rating |
|--|--|------------|
| care and neonatal critical care. | | |
| 13. Quality Accounts will comply with the guidance from Monitor and the DoH. | No guidance for 2013-14 issued. | Green |
| 14. The trust will work with commissioners to produce a mortality indicator for deaths in children that informs the public. We will continue to submit every death to the Child Death Overview Panel for scrutiny. | The trust submits Paediatric Critical Care mortality data to the PICAnet data set. Mortality data is published annually. All child deaths are submitted to Child Death Overview Panel for scrutiny. | Green |

3.3 Engaging with patients, families and staff

All key organisations within the health and care system need to ensure that they are listening to and understand the views of people who have experience of using the NHS and care services so that the work they do is properly informed by the voice of patients and families.

The views of staff is an important early warning indicator of where care is sub optimal. The National Staff Survey is a valuable tool for benchmarking where staff concerns indicate areas for further investigation. Asking whether staff would recommend their place of work to a family member or friend as a high-quality place to receive treatment and care is one of the ways that the public can take assurance.

Against a national average of 65%, the Trust obtained 83% of staff who would recommend this trust; this places it in the upper quartile of trust results.

| Action | Update | RAG Rating |
|--|---|------------|
| 15. The Trust proposes to engage with patients, governors and families: | | |
| a) Adoption of the '15 Steps' approach: Set up Challenge teams, to include patients, non executive directors, staff, governors and patient groups to go onto wards and departments, using the toolkit to record observations and feed back to the department team. | a) 15 steps approach adopted and 3 visits have been conducted in clinic areas. Improvement suggestions have been submitted to the departmental managers. CAMHs tier 4 and Ophthalmology are planned. | Green |
| b) Encourage patient governors to accompany Matrons on unannounced cleanliness inspections | b) Accompanied inspection rounds commenced October – full schedule of inspections have been sent to Governors. | Green |
| c) Involve governors in clinical governance and trust board meetings | c) Schedule of Clinical Governance Committee (CGC) and Trust Board meetings have been circulated to all Governors with a view to developing a rota of attendance. Public Governor due to attend Dec CGC | Green |
| d) Commission Sheffield University to set up focus groups of children, parents and staff to understand what families need from the trust to get the most benefit from hospital episodes. | d) £70K research project underway to interview and study the needs of inpatient families. Report due late 2104. | Green |
| e) Commission surveys into areas of care that are not subject to national surveys e.g. health visiting and school nursing services. | e) Picker International carrying out pilot survey into community public health services. Report due Dec 2013. | Green |

| Action | Update | RAG Rating |
|---|--|------------|
| f) Facilitate Heathwatch and Local Scrutiny Committee members in hospital visits. | f) Local Scrutiny Committee visit to Home from Home due in December 2013. | Green |
| g) Participate in Patient Led Assessments of the Care Environment (PLACE) – allowing independent visits to scrutinise care and environmental standards. | g) PLACE assessment completed and results published. | Green |
| h) Complaints forum – Governors’ review of a random selection of anonymised complaints responses. | h) Internal audit review of complaints handling completed October. Complaints review panel to be set up November 2013. | Amber |
| i) Parents’ Forum – an online forum for comments on our services. | i) Patients’ Forum active since April 2013. Comments reported to Patient Involvement Group reviews. | Green |
| j) The Trust will ensure that all patients will have the name of the consultant and nurse indicated above the bed. | j) All beds to be fitted with the necessary signage by April 2014 | Amber |
| 16. Continued adherence to the principle that everyone has a duty to raise concerns where patient safety is at stake. | Re-emphasised in our trust values and culture review. | Green |
| 17. Use of the Patient Advice and Liaison service (PALs) to advocate for families and pick up early indications of family dissatisfaction. | Continued involvement in all family advocacy work with extension to CAMHS patients. <i>Review based upon government recommendations on PALs service when published</i> | Green |
| 18. Complaints | <i>Communications Dept. to review complaints notices and ensure prominence around Trust.</i> <i>Health-watch advocacy to be incorporated into Complaints process, publicity and advice.</i> | |
| 19. Finalise the review of the Trust “Raising your Concerns” Policy. | Raising Concerns Policy reviewed and approved. | Green |
| 20. Set up a Staff Engagement Forum to review issues raised in the staff survey. | The ‘Your Voice’ group has been set up and meets regularly to review how staff survey lessons can be learned. Your Voice action plan published September 2013. | Green |

3.4 Duty of Candour

Openness is a key element of healthy organisational cultures in health. There is a requirement to be open in the professional codes of practice for managers, doctors and nurses and the principles are also covered in the NHS Constitution and the Care Quality Commission’s guidance.

The Trust has emphasised its support for this principle in its values and culture review. *It will contribute to the consultations on the reimbursement of the NHS Litigation Authority (NHSLA) when that duty is not fulfilled and on a new criminal offence of wilful neglect applicable to individuals or organisations*

4 TAKING ACTION PROMPTLY

4.1 Fundamental Standards

The Care Quality Commission, working with the National Institute for Health and Clinical Excellence (NICE), commissioners, patients and the public, will draw up a new set of simpler fundamental standards which make explicit the basic standards beneath which care should never fall. This will be in language that both the public and professionals can easily understand. Breaching these standards will have the same status as never events.

| Action | Update | RAG Rating |
|---|--|------------|
| 21.The agreed fundamental standards will form the basis of quality dashboards upon which Divisional performance will be judged. | The fundamental standards are yet to be published by NICE. | |

5 ENSURING ROBUST ACCOUNTABILITY

5.1 Managerial Assurance

The Government is establishing mechanisms to ensure that individuals whose conduct or competence makes them unsuitable for senior roles in healthcare are prevented from securing them and competency of professionals is assured. However, such a scheme needs to be developed very carefully so that it enhances professional esteem for the vast majority of senior leaders and does not discourage capable and experienced individuals from serving in these roles.

| Action | Update | RAG Rating |
|---|---|--------------------|
| 22.Medical revalidation will be rolled out amongst all medical staff according to the timetable set by the General Medical Council. | Revalidation has been rolled out on schedule. | Green |
| 23.Nursing revalidation will be developed according to direction from the NMC. | No template yet agreed. | |
| 24.Barring mechanisms will be incorporated into HR employment checks prior to recruitment and invoked as the mechanisms are developed nationally. | HR processes routinely consult the Disclosure and Barring Service on all new appointments. Board appointments will be in accordance with the Fit and Proper Person Test, as announced. | Green Amber |

6 ENSURING STAFF ARE TRAINED AND MOTIVATED

Organisations should be actively using information such as the NHS Staff Survey results to review and improve staff experience so that staff can provide better care.

| Action | Update | RAG Rating |
|--|---|------------|
| 25.HR will work with managers and Staff Side representatives to agree how to implement performance frameworks that reward high quality patient care. | This work is in progress. | Green |
| 26.The Staff Survey results will be reviewed by a group set up by the HR dept. but comprising of a cross section of staff. It will be the responsibility of line managers to ensure that agreed actions are completed. | Your Voice group set up and action plan reported. | Green |

6.1 Nurse Staffing Levels

Right staffing in terms of numbers and skills is vital for good care, but minimum staffing numbers and ratios risk leading to a lack of flexibility or managers seeking to achieve staffing levels only at the minimum level. The Care Quality Commission will require that evidence-based tools are used to determine staffing numbers. *Compassion in Practice*⁵ recommends that the trust board receives, publishes and endorses information on nurse staffing at least twice a year.

| Action | Update | RAG Rating |
|--|---|--------------------|
| 27. Senior children's nurses will continue to be involved in student nurse selection processes in conjunction with Sheffield Hallam educational staff. | Acute, Public Health and Psychiatric nurses are involved in nursing trainee recruitment. | Green |
| 28. Nursing mentorship programs will provide the basis for clinical supervision of nurses while on clinical placement. | Nursing mentorship programs have been supported by dedicated nurse educators on all wards. | Green |
| 29. The trust will pilot a nursing dependency tool to provide a basis for comparison of nursing workload between wards and critical care areas. | <i>The Trust will evaluate the Paediatric Panda ® Dependency tool as an objective basis for assessing nursing dependency.</i> <i>All nursing establishments will be reviewed six monthly with ward managers and matrons to assess adequacy and sustainability.</i> | Amber Green |
| 30. Nursing establishment details will be available at ward level to the public. | <i>Each Ward and nursing department will have details of the staffing and normal nursing shift allocation on display at the entrance to the ward by April 2014.</i> | Amber |

6.2 Acute Nursing Leadership

There is a wealth of evidence and understanding about what is required to deliver safe, compassionate, high quality care. The challenge of translating understanding into reality is primarily one of leadership.

| Action | Update | RAG Rating |
|---|--|--------------------|
| 31. The Trust should invest in supernumerary ward managers. This would involve an approximate cost of £250K over two years to provide each ward with Band 5 staff nurse backfill for 4 days per week. | Funding and recruitment has been carried out to achieve the yr 1 target. Full phase 1 backfill will be achieved by January 2014. Phase 2 will be achieved by June 2014. Ward Managers will be available to advise Divisions on more efficient and safe management of patient flows and environment. | Green Amber |
| 32. A Band 7 nursing post should be attached to the matron rota to release each matron for an additional 10 hrs per week. | Post holder recruited and commenced Sept. 2013 | Green |
| <i>33. A clear escalation policy and provision for temporary staffing will be available to all Matrons in the event that there is a nursing shortage.</i> | <i>Existing information will be updated and held by Matron on duty. Provision for direct booking of temporary staffing will be available to all Ward Managers.</i> | Green |
| <i>34. The Board will receive a six monthly update on nursing establishments and their adequacy.</i> | Nursing establishments will have adequate allowance for overheads associated with absence, leave, training and other duties. | Green |

⁵ *Compassion in Practice, Nursing, Midwifery and Care Staff. Our Vision and Strategy*, Jane Cummings, the Chief Nursing Officer for England (CNO), NHS Commissioning Board, and Viv Bennett, Director of Nursing at the Department of Health (December 2012). See <http://www.commissioningboard.nhs.uk/files/2012/12/compassion-inpractice.pdf>

| Action | Update | RAG Rating |
|--------|--|------------|
| | Board reports will be produced 6 monthly | Amber |
| | <i>Papers relating to nursing establishments and dependency will be reviewed prior to Board by the multi-disciplinary Trust Executive Group.</i> | Amber |
| | <i>The trust will publish monthly workforce information in keeping with the CQC Intelligent Monitoring requirements. Including gaps in recruitment, actions to address this and effect on quality.</i> | Amber |

6.3 Nursing Leadership Training

There has been a national lack of leadership training for nurses and in particular for ward and department managers. The Trust Learning and Development Department has provided a significant number of valuable component courses over the years that allow managers to top up particular skills, e.g. recruitment and selection, equalities training, IT skills, PDR provision, Handling Difficult Situations, Leaders Empower Organisations (LEO) Courses.

| Action | Update | RAG Rating |
|--|---|------------|
| 35.Divisions will support staff in applying for nationally facilitated courses, where this has been identified in their PDR and release them when application is successful. | 17 staff have been supported to access these courses. | Green |

6.3.1 In-Service Training for Staff Nurses and Care Assistants

The Trust has responded to preceptorship needs of newly qualified staff by providing dedicated week long preparatory orientation training for these staff; this is in addition to the Trust Induction Day. The Clinical Skills Unit has been developed as a key resource to ensure that basic skills such as resuscitation, infection control, child protection and medicines management are properly covered and reinforced. This resource is in addition to the general induction training that all new starters obtain.

| Action | Update | RAG Rating |
|--|--|------------|
| 36.Local alternative leadership programmes for staff nurses will be a required pre-requisite for appointment to provide basic management skills. | Courses for junior band 5 induction and senior band 5 staff nurse have been developed and facilitated for staff nurses at the trust. | Green |
| 37.Health care assistant training should be reviewed in line with national recommendations | <i>Adopt the National Care Certificate, as developed, to ensure that Healthcare Assistants and have the right fundamental training.</i> | Amber |
| 38.Training for nurses on 24/7 departments should continue to employ total or partial shut down arrangements to guarantee training release. Every ward must demonstrate that it has a training plan and is achieving it. | All inpatient departments have carried out a week long closure to ensure that all nurses are suitably updated and trained, while department cleaning and maintenance is carried out. | Green |

6.3.2 Training for Advanced Nursing Posts

6.3.2.1 Clinical Nurse Specialists

The hospital has over 75 clinical nurse specialist posts. These posts are largely associated with specialist clinical teams or consultants, have a generally flat structure and, as sub specialisations, are often professionally isolated.

6.3.2.2 Advanced Nurse Practitioner Posts

There has been a growing demand from medical staff to alleviate the load placed upon trainee medical staff. outside 9-5, Monday to Friday. The above posts are an innovative and pragmatic solution to a national medical training problem. Unlike nursing in Project 2000, there is no nationally funded plan to replace the service component of medical training. The numbers of medical trainees is in decline and the time allocated to service is increasingly being restricted.

| Action | Update | RAG Rating |
|---|---|------------|
| 39. The Trust needs to recruit nurses more widely – involving stands at recruitment fairs in London and other cities. | Recruitment fairs have been attended at Manchester and the Trust has advertised for staff in national journals. Over 28 staff nurses were recruited in August with a further 25 applicants qualifying in Jan 2014. | Amber |
| 40. The Trust must work with the Local Education and Training Boards to ensure that medical training allocations reflect a realistic balance between the training requirements and the service delivery infrastructure. | Senior Nurses have been raising the issue with the Y&H Local Education Training Board and at national nursing fora. The trust is in early negotiations with local universities to set up a local ANP training provision. | Amber |

7 APPENDICES

7.1 Appendix 1, Board Back to the Floor Schedule

| Time/Date/Location | Executive | Governor |
|---|--|--------------------------------------|
| 17 January 11 – 1 Paediatric Intensive Care Unit | Simon Morritt, Chief Executive | Nicholas Roe, Nursing |
| 7th Feb 10:30 - 11:30 Diagnostics Department (including Histology, Haematology and Blood Bank) | Nick Jeffrey, Chairman | Clive Bradey, Admin/Management |
| 22 April 9-10am Medical Records | Steven Ned, Director of HR | Phil Ayrton, Admin/Management |
| 13 May evening shift Shadowing a Medical Registrar | Simon Morritt, Chief Executive | |
| 4 June X Ray Department | Meredydd Hughes, Non-Executive Director | Jane Buckham, Other Clinical |
| 4 July 9-11 Intensive Care Unit | Neil MacDonald, Non-Executive Director | Nicholas Roe, Nursing |
| 21 October Becton | Simon Morritt, Chief Executive | |
| 22 October Theatres Admission Unit | Jeremy Loeb, Chief Finance Officer | David Jefferson, Admin/Management |
| 27 November Emergency Department | Simon Morritt, Chief Executive | |
| 2 December Amber Lodge, Becton | Isabel Hemmings, Chief Operating Officer | Joy Owen, Medical / Dental |
| Respiratory Clinic | Isabel Hemmings, Chief Operating Officer | |
| 13 December Outpatients | Isabel Hemmings, Chief Operating Officer | |