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THE NATIONAL WORKFORCE ASSURANCE TOOL

INTRODUCTION

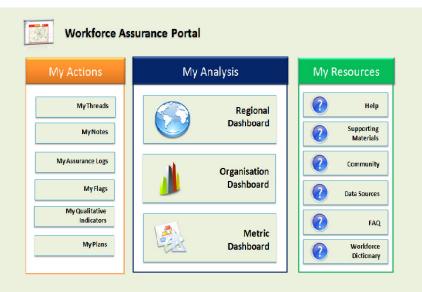
Workforce Assurance is the process of managing risk and assuring that the composition of the workforce delivers safe, effective and high quality care.

The workforce assurance tool was developed to help support this process. The project team responsible for development had representatives from the ten Strategic Health Authorities (SHAs) and the Department of Health (DH). Each SHA formed their own internal project team to engage locally with clinicians and managers and contributed to the development of the metrics within the tool.

WORKFORCE ASSURANCE TOOL

Launched in February 2012 the Workforce Assurance Tool is a web-based application that triangulates workforce activity and finance data so that any issues can be identified as early as possible. This allows workforce risks to be managed, as part of a wider, system-level assurance process, and helps organisations to ensure that their staffing levels and workforce composition (as outlined in their workforce plans), delivers cost effective, safe and high quality care.

The tool can be used by each SHA / LETB to address workforce assurance in their overall Quality Assurance Strategy, due to be submitted to the DH by April 2013. It can also be used by the commissioning clusters and providers, and will accommodate changes to the new structures and systems. This is vital in light of the huge system change coming in Everyone Counts, planning for patients 2013-14 and the multiple references to assurance by the National Commissioning Board



Click here for more information about 'Everyone Counts:Planning for Patients 2013-14

In addition the requirements of the National Trust Development Agency to support the 60 trusts through to Foundation Trust status will demand workforce assurance at all levels.

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BACKGROUND

The impact of workforce on patient safety and experience has increased in priority since serious deficiencies were identified around the quality of care, management, leadership and governance at Mid-Staffordshire NHS Foundation Trust. The resultant Francis Inquiry, released in 2010 made eighteen recommendations, and to help NHS organisations learn from and respond to these recommendations, three reports were published to embed effective governance and prevent such serious failures occurring again. One of these reports, 'Review of early warning systems in the NHS' describes the systems, processes, values and behaviours which make up a system for the early detection and prevention of serious failures. It represents the shared view of the Department of Health, Monitor and the Care Quality Commission (CQC) and makes clear that safeguarding patients is the responsibility of every organisation and every member of staff - from doctors and nurses to

commissioners and those who manage and regulate the system. It is therefore imperative that the NHS has processes in place, such as this assurance tool, to act as an early warning system

The final Francis Report, which has been rescheduled for release in January 2013, is expected to examine in detail why such failures in the system happen, with a focus on workforce safety, skill and grade mix. Due to the delays experienced in releasing the Francis Report another short report entitled <u>'Not the Francis Report'</u> has been released by National Voices, the national coalition of health and social care charities in England. This uses collective wisdom to outline ten recommendations that will ensure that healthcare is safe, effective and responsive to patients' needs.

KEY AIMS OF THE TOOL

The Tool IS NOT intended to be used to publish information, manage performance or collect data (existing data is used). Neither is it a directorate or divisional level tool, as Trusts can use their own granular and often more recent data to explore potential areas for concern. Instead the tool aims to provide:

- The workforce element that will link with wider system-level assurance
- Triangulation between workforce, activity and finance data
- A national platform to workforce assurance that can be adapted as appropriate for each SHA / LETB
- A best practice approach that is built on existing published literature
- An approach which recognises that assurance criteria will change and be refined over time

BENEFITS

The Workforce Assurance Tool enables managers to:

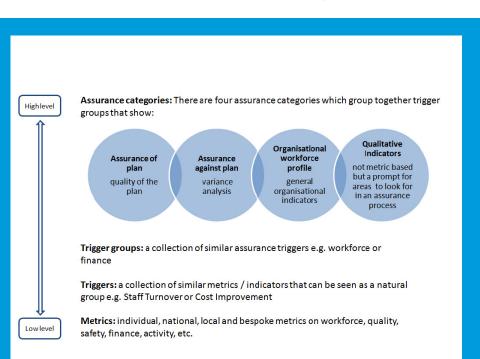
- Create and drive top table discussions
- Change the nature of assurance engagement with Trust Boards and Management Teams
- Call on robust evidence and analysis as support for key decision making
- Take a more integrated approach to assurance activities
- Justify decisions

HOW IT WORKS

The workforce assurance tool is based upon an assurance framework, which identifies both current workforce issues and provides an early warning system when reviewing projected workforce changes. There is a hierarchial structure based around this framework, consisting of several categories and levels.

The Assurance Framework

- Assurance of plan: This assurance group uses metrics comparing planned figures with previous years, and other Trusts to give an overall indication of the achievability and quality of the plan.
- Assurance Against Plan: This assurance group compares actual data to planned figures to give an overall indication of adherence to plan.
- Organisational Workforce Profile: This assurance group gives an overall indication of performance in metrics containing information that is not planned for.
- Qualitative Indicators: This assurance group covers indicators that are not data based, but may still represent a cause for concern, for example 1information from the running of the Trust.



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Data Input

The tool utilises existing national data sources and incorporates them into one location. This enables consideration to be given to the importance of interrelationships between indicators and the triangulation of workforce, activity and finance.

ACTIVITY

- Health Episode Statistics
- Quality Outcomes Framework
- Unify
- Forward looking activity plans
- Information Centre

QUALITY/SAFELTY:

- STEls, Unify
- NHS Patient and Staff Survey
- IC Complaints Data base
- NPSA Incident and CAS Systems, HPA, Monitor
- HPA

WORKFORCE

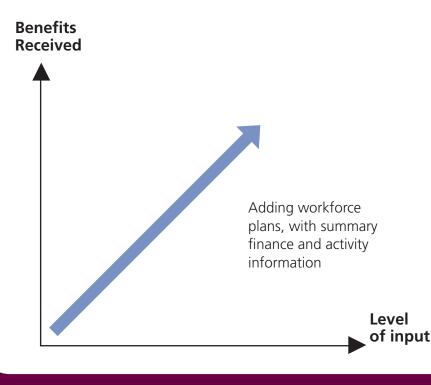
- Electronic Staff Record (ESR)
- Census
- Workforce Plans

FINANCE

- Finance Information Management System (FIMS)
- Forward Looking Plans
- Monitor

It has been designed to require zero / minimal input from Trusts, and can operate with or without forward workforce plans. However, with these plans the value delivered from the tool would be far greater.

Without any workforce plans, the tool will provide triangulation, comparisons, and projection using national data sets covering workforce, quality, safety, activity and finance.



However, by adding a forward plan using a basic template the tool will provide additional functionality. This will include comparison against plan functionality and the ability to use trend projections to test the quality and safety implications of the plan. The scenario modelling element of the tool can be done without providing visibility of the plan to assurers.

All data is provided centrally with two potential exceptions:

- If Trusts wish to upload a workforce plan / scenario into a private part of the tool for review (i.e. Before I submit my plan, can I check if it will flag up any major areas of concern at the SHA?), then this will be possible at the users discretion; and
- Where a regional collection process does not exist, then approved plans may be uploaded by Trusts.

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Different Levels of Access

PROVIDERS

Plans / scenarios can be "reviewed" in private by the Trust before being shared with commissioners and assurers

Benchmarking against peers is anonymous – you will see your position and the distribution, but not who the other data points relate to

Access to the tool can be granted to multiple users - HR, CEO, medical and nursing directorates

COMMISSIONERS

Commissioners will be able to view data related to the providers from whom they commission

SYSTEM ASSURERS

Will have a complete view of the data for those organisations they are responsible for assuring and not those of other regions/areas (NB this may be flexed dependent on changes to the NCB regions in future)

Usage by different Organisations

PROVIDER

Improve workforce monitoring and planning systems

Analyse impacts of increased productivity efforts.

Fundamentally assess their workforce changes and the impact on quality and safety.

Benchmarking allows Trusts to compare themselves to other Trusts in their cluster or specialty.

Assurance Support

ANALYSIS OF METRICS

- Metrics have individual thresholds set – RAG rated
- Comaprison against peer mean
- Change from previous month(s)
- Performance against national clinical guidance

INTEGRATED DASHBOARD

 Comparison against safety activity, finanace and quality

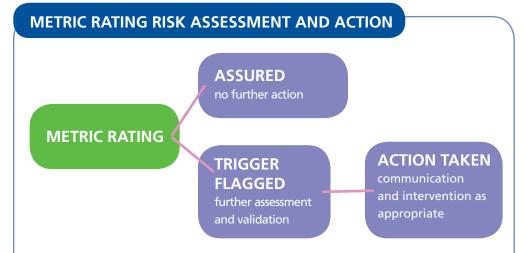
COMMISSIONERS/ CLUSTERS

Undertake assurance with respect to quality and safety of providers.

Provides an evidence base for WFA.

SHAS / LETB / DH

Exercise appropriate judgement on assurance responsibilities given the system pressures.





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DIFFERENCE IN APPROACH

Originally workforce assurance was conducted by SHAs attempting to triangulate (finance, workforce and activity) and square this with quality, patient safety, staff safety and outcomes.

This more systematic approach enables rigorous, structured evaluation of metrics and is underpinned by robust statistics. There are thresholds for triggers which allow any issues to be detected early, and it is possible to analyse the relationship between each trigger. The use of established escalation routines also enables issues to be escalated in a structured manner.

RISKS/CONSIDERATIONS

- Continued Investment for the Tool - to ensure the Tool remains contemporary is subject to continued evaluation. The Tool continues to be developed and funding has been approved by the Workforce Leaders Group (WLG) for 2012/13. Discussions are in train for funding in 2013/14 onwards
- Ongoing costs will be associated with accessing the data feeds e.g. the Information Centre costs. There is a need to understand if the LETBs will have access in the same way as the SHA to e.g. the data warehouse.

- **FT Compliance** there is a debate around performance vs. benchmarking vs. surveillance.
- FOI Considerations Any risks need to be managed and a clear steer around the role and function of the tool to include absolute clarity about how data is used.

NEXT STEPS

Workforce assurance will take place in the proposed new structure for the NHS. With the challenges facing the NHS there is a strong rationale for this being done by an overall assurer. This is, of course, to be decided and could be the remit of the National Commissioning Board, Health Education England or Local NHS Education and Training Boards.

The tool will continue to provide a robust way of assuring the workforce for commissioners and providers alike. It will give Clinical Commissioning groups (CCGs) and Commissioning Clusters confidence in current workforce performance and workforce plans, in relation to quality, safety and patient experience. It will also simplify negotiations around workforce plans and assurance which could condense timescales and potential tensions. In June 2012 a national metric review was conducted by Webex for each specialty including; Acute, Community, Mental Health, Orthopaedic, Women's, Children's and Ambulance. This was very successful and the process will be repeated for future metrics.

ONGOING DEVELOPMENTS

Feedback is captured on a continuous basis which allows for ongoing evaluation of the tool. In response to feedback changes have been made to metrics and plans are already underway to make the below enhancements:

- Sandboxing Trusts will be able to submit various plans to compare against various scenarios, currently uploaded plans and actual data. This will enable trusts to analyse plans before they are viewed by their reviewers.
- Metric dashboard in pop-up window: - this will enable metrics to be viewed without affecting the organisational dashboard.
- Custom dashboards

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