Developing workforce safeguards - Appendices
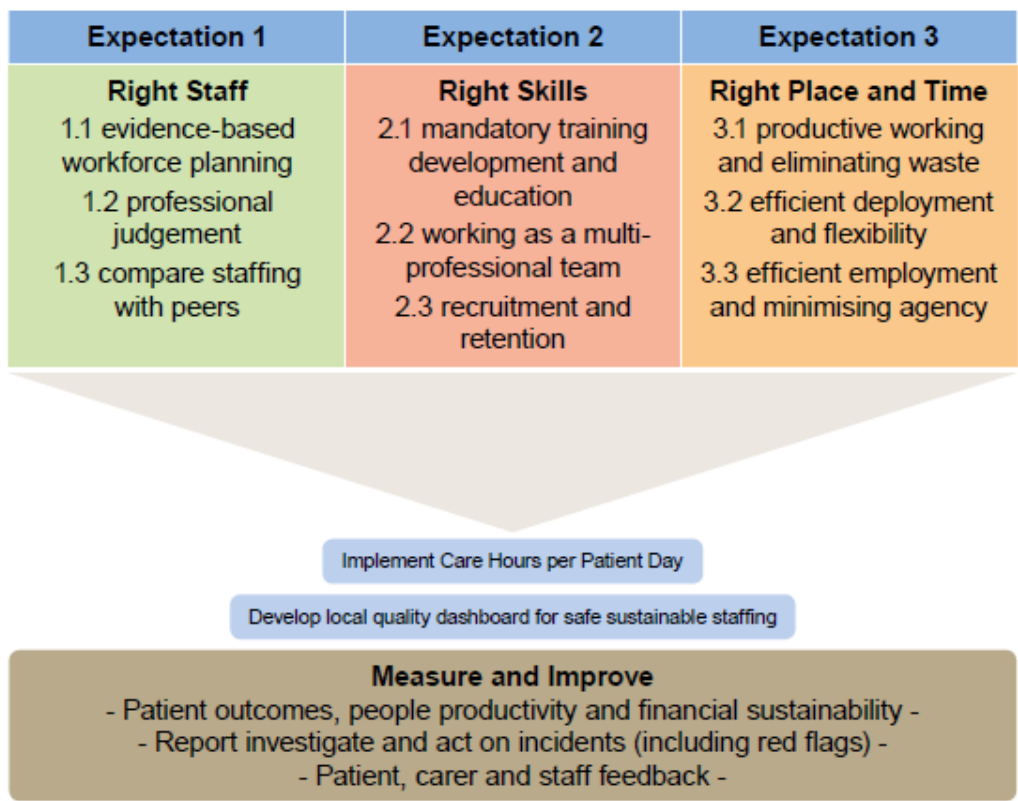
Supporting providers to deliver high quality care through safe and effective staffing

October 2018

collaboration   trust   respect   innovation   courage   compassion

Contents

Appendix 1: NQB's triangulated approach to staffing decisions

Expectation 1	Expectation 2	Expectation 3
Right Staff	**Right Skills**	**Right Place and Time**
1.1 evidence-based workforce planning	2.1 mandatory training development and education	3.1 productive working and eliminating waste
1.2 professional judgement	2.2 working as a multi-professional team	3.2 efficient deployment and flexibility
1.3 compare staffing with peers	2.3 recruitment and retention	3.3 efficient employment and minimising agency

Implement Care Hours per Patient Day

Develop local quality dashboard for safe sustainable staffing

Measure and Improve
- Patient outcomes, people productivity and financial sustainability -
- Report investigate and act on incidents (including red flags) -
- Patient, carer and staff feedback -

For more details: https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf

Appendix 2: Quality impact proforma

Name of scheme:	
Reference:	
Division:	
Indicative value of scheme:	
Saving recurrent or non-recurrent	
Proposed start date:	

Quality Impact Risks
Note: insert extra rows/leave blank rows as necessary.

	Y/N (If yes complete the following)	Risk Description	Initial Asssessment				Post Mitigation				KPI monitoring
			Impact	L	C	Rating	Mitigations	L	C	Rating	
Impact on duty of quality (CQC/constitutional standards)											
Impact on pt safety?											
Impact on clinical outcomes?											
Impact on patient experience											
Impact on staff experience											

Clincal Business unit sign off (e.g division,locality)

Name	Position/ job title	Signature & Date
	Divisional Medical Director*	
	Divisional Nurse Director*	
	Divisional Operations Director*	

* or equivalent titles in the organisatoin

COMMITTEE REVIEW

	Date	Status	Comments & Date of Committee meeting
Clincal Senate / Star Chamber		Unchecked	
Quality Committee		Unchecked	
Trust Management Board		Unchecked	

Medical Director/ Chief Nurse Authorisation
By signing this section employees of the Trust are acknowledging that they have been reasonably assured that appropriate steps have been taken to ensure that this proposal will not put registration

Name	Position/ job title	Signature & Date
	Medical Director*	
	Chief Nurse*	

Appendix 3: References

National Quality Board

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 (2013)

Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe sustainable and productive staffing (2016)

NHS Improvement

Series of improvement resources: Safe, sustainable and productive staffing:

- an improvement resource for adult inpatient wards in acute hospitals (June 2018)
- an improvement resource for learning disability services (December 2016)
- an improvement resource for the district nursing service (March 2017)
- an improvement resource for mental health (March 2017)
- an improvement resource for maternity services (June 2017)
- an improvement resource for urgent and emergency care (June 2018)
- an improvement resource for neonatal care (June 2018)
- an improvement resource for children's and young people's inpatient wards in acute hospitals (June 2018)

Developmental reviews of leadership and governance using the well-led framework: guidance for NHS trusts and NHS foundation trusts (2017)

Care Quality Commission

Well-led trust-wide inspection framework (2018).

Combined trust-level quality and Use of Resources ratings (2018)

National Institute for Health and Social Care

Safe staffing for nursing in adult inpatient wards in acute hospitals (2014)

Safe midwifery staffing for maternity settings (2015)

Appendix 4: More resources

Culture

NHS Improvement has co-designed a culture and leadership programme with trusts, developed in partnership with the King's Fund. It provides practical support to help trusts diagnose their cultural issues, develop collective leadership strategies to address them and implement changes.

https://improvement.nhs.uk/resources/culture-and-leadership-programme-phase-2-design/

Setting appropriate staffing budgets

Establishment Genie: https://improvement.nhs.uk/resources/establishment-genie/

Finance and use of resources: https://improvement.nhs.uk/improvement-hub/finance-and-use-resources

Effective job planning for medical staff and allied health professionals

Best practice guide for consultant job planning: https://improvement.nhs.uk/resources/best-practice-guide-consultant-job-planning/

Best practice guide for AHP job planning: https://improvement.nhs.uk/resources/allied-health-professionals-job-planning-best-practice-guide/

Using agency staff

Reducing expenditure on NHS agency staff: https://improvement.nhs.uk/resources/reducing-expenditure-on-nhs-agency-staff-rules-and-price-caps

Appendix 5: Stakeholder list

External stakeholders

Name	Role/organisation
Jane Avery	Safe Care Lead Northamptonshire Healthcare NHS Foundation Trust
Rose Baker	Associate Chief Nurse Royal Wolverhampton NHS Trust
Suzanne Banks	Chief Nurse Sherwood Forest NHS Foundation Trust
Debrah Bates	Deputy Chief Nurse (Workforce and Education) Lincoln County Hospital
Helen Blanchard	Director of Nursing and Midwifery Royal United Hospitals Bath NHS Foundation Trust
Sue Covill	Director of Development and Employment NHS Employers
Maria Croft	Director of Quality 2gether Foundation Trust
Sir Robert Francis QC	Non-executive Board Member, Care Quality Commission
Helen Inwood	Deputy Chief Nurse Royal Stoke University Hospital
Heather McClelland	Head of Nursing and Midwifery Leeds Teaching Hospital NHS Trust
Stuart Murdoch	Consultant, St James's University Hospital Leeds Teaching Hospitals NHS Trust
Clare Parker	Safe Care Lead Northamptonshire Healthcare NHS Foundation Trust
Carolyn Pitt	Lead Nurse Workforce University Hospitals Birmingham NHS Foundation Trust
Alan Robson	Department of Health and Social Care
Anna Stabler	Deputy Director of Nursing, Midwifery and AHPs North Cumbria University Hospital NHS Trust

Liz Staples	Deputy Director of Nursing Worcestershire Health and Care NHS Trust
Helen Watson	Head of Nursing Workforce Birmingham Women's & Children's NHS Foundation Trust
Hannah White	Senior HR Business Partner Dudley and Walsall Mental Health Partnership NHS Trust
Ellen Armistead	Care Quality Commission

NHS Improvement stakeholders

Name	Role
Helen Brooks	Workforce Insight Manager
Rosalind Campbell	AHP Professional Lead
Ann Casey	Clinical Workforce Lead
Joanne Fillingham	Clinical Director, Allied Health Professionals
Jennie Hall	Programme Director, Strategic Nursing Adviser
Fabian Henderson	Head of Workforce Policy & Improvement
Andy Howlett	Clinical Productivity Operations Director
Jeremy Marlow	Executive Director, Operational Productivity
Ruth May	Executive Director of Nursing
Emma McKay	Senior Clinical Lead
Toni Meyers	Project Manager
Gina Naguib-Roberts	Project Director, Partnerships
Professor Mark Radford	Director of Nursing Improvement
Paul Reeves	Strategic Nurse Advisor
Lorna Squires	Head of Quality Governance
Rebecca Southall	Quality Governance Associate
Karen Swinson	Productivity Lead
Zephan Trent	Assistant Director of Strategic Finance
David Wells	Head of Pathology Services Configuration

Appendix 6: SNCT assessment to meet criteria

1. Where the Safer Nursing Care Tool is used to set establishments the following assessment will be deployed.

2. There should be no local manipulation of the decision matrix and/or the nursing resource, or of the evidence based criteria or the figures embedded in the evidence based tool used.

Criteria	Y/N	Evidence required
Have you got a licence to use the SNCT from Imperial Innovations?	Y	Licence agreement must be signed by board and available for viewing.
Do you collect a minimum of 20 days' data twice a year for this?	Y	A minimum of two datasets of 20 days at distinct points of the year, eg January and June, must be available for review.
Are a **maximum** of three senior staff trained and the levels of care recorded?	Y	Need to see details of training and inter-rater reliability assessment of senior sister/charge nurse and two additional senior nursing staff members for each ward.
Is an established external validation of assessments in place?	Y	Must be evidence of a rota of senior staff with no direct management duties to the allocated ward for each data collection episode/written evidence that this was completed.
Has inter-rater reliability assessment been completed with these staff?	Y	All ward sisters/matrons should be trained as part of induction/management development and inter-rater reliability assessment is inbuilt.
Is A&D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?	Y	Must be data available showing the **daily** acuity/dependency levels for previous 24 hours for the full 20 days (minimum) at two distinct points of the year.

Are enhanced observation (specialed) patients reported separately?	Y	Enhanced care is not factored into SNCT (2013); therefore this is an additional requirement as no evidence base is included for this. How this has been assessed and included must be an additional requirement.
Has the executive board agreed the process for reviewing and responding to safe staffing recommendations based on the output of SNCT and professional judgement?	Y	There must be a local policy setting out how (process) staffing establishments are reviewed bi-annually and reset annually, and agreed by the trust board.

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