Developing workforce safeguards - Appendices

Supporting providers to deliver high quality care through safe and effective staffing

October 2018
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Appendix 1: NQB’s triangulated approach to staffing decisions

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

- 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 -

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**

<table>
<thead>
<tr>
<th>Risk Description</th>
<th>Impact</th>
<th>L</th>
<th>C</th>
<th>Date</th>
<th>Mitigations</th>
<th>L</th>
<th>C</th>
<th>Rating</th>
<th>PPI monitoring</th>
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<tbody>
<tr>
<td>Impact on duty of quality (CQC/constitutional standards)</td>
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<tr>
<td>Impact on clinical outcomes?</td>
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<tr>
<td>Impact on patient experience</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/ job title</th>
<th>Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Divisional Medical Director*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divisional Nurse Director*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Divisional Operations Director*</td>
<td></td>
</tr>
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</table>

* or equivalent titles in the organisation

**COMMITTEE REVIEW**

<table>
<thead>
<tr>
<th>Date</th>
<th>Status</th>
<th>Comments &amp; Date of Committee meeting</th>
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<tbody>
<tr>
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</tbody>
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**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 at risk.

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/ job title</th>
<th>Signature &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Director*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chief Nurse*</td>
<td></td>
</tr>
</tbody>
</table>

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3 | Appendix 2: Quality impact proforma
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


*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/


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

<table>
<thead>
<tr>
<th>Name</th>
<th>Role/organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Avery</td>
<td>Safe Care Lead&lt;br&gt;Northamptonshire Healthcare NHS Foundation Trust</td>
</tr>
<tr>
<td>Rose Baker</td>
<td>Associate Chief Nurse&lt;br&gt;Royal Wolverhampton NHS Trust</td>
</tr>
<tr>
<td>Suzanne Banks</td>
<td>Chief Nurse&lt;br&gt;Sherwood Forest NHS Foundation Trust</td>
</tr>
<tr>
<td>Debrah Bates</td>
<td>Deputy Chief Nurse (Workforce and Education)&lt;br&gt;Lincoln County Hospital</td>
</tr>
<tr>
<td>Helen Blanchard</td>
<td>Director of Nursing and Midwifery&lt;br&gt;Royal United Hospitals Bath NHS Foundation Trust</td>
</tr>
<tr>
<td>Sue Covill</td>
<td>Director of Development and Employment&lt;br&gt;NHS Employers</td>
</tr>
<tr>
<td>Maria Croft</td>
<td>Director of Quality&lt;br&gt;2gether Foundation Trust</td>
</tr>
<tr>
<td>Sir Robert Francis QC</td>
<td>Non-executive Board Member, Care Quality Commission</td>
</tr>
<tr>
<td>Helen Inwood</td>
<td>Deputy Chief Nurse&lt;br&gt;Royal Stoke University Hospital</td>
</tr>
<tr>
<td>Heather McClelland</td>
<td>Head of Nursing and Midwifery&lt;br&gt;Leeds Teaching Hospital NHS Trust</td>
</tr>
<tr>
<td>Stuart Murdoch</td>
<td>Consultant, St James’s University Hospital&lt;br&gt;Leeds Teaching Hospitals NHS Trust</td>
</tr>
<tr>
<td>Clare Parker</td>
<td>Safe Care Lead&lt;br&gt;Northamptonshire Healthcare NHS Foundation Trust</td>
</tr>
<tr>
<td>Carolyn Pitt</td>
<td>Lead Nurse Workforce&lt;br&gt;University Hospitals Birmingham NHS Foundation Trust</td>
</tr>
<tr>
<td>Alan Robson</td>
<td>Department of Health and Social Care</td>
</tr>
<tr>
<td>Anna Stabler</td>
<td>Deputy Director of Nursing, Midwifery and AHPs&lt;br&gt;North Cumbria University Hospital NHS Trust</td>
</tr>
</tbody>
</table>
### Appendix 5: Stakeholder list

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liz Staples</td>
<td>Deputy Director of Nursing, Worcestershire Health and Care NHS Trust</td>
</tr>
<tr>
<td>Helen Watson</td>
<td>Head of Nursing Workforce, Birmingham Women’s &amp; Children’s NHS Foundation Trust</td>
</tr>
<tr>
<td>Hannah White</td>
<td>Senior HR Business Partner, Dudley and Walsall Mental Health Partnership NHS Trust</td>
</tr>
<tr>
<td>Ellen Armistead</td>
<td>Care Quality Commission</td>
</tr>
</tbody>
</table>

#### NHS Improvement stakeholders

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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Y/N</th>
<th>Evidence required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you got a licence to use the SNCT from Imperial Innovations?</td>
<td>Y</td>
<td>Licence agreement must be signed by board and available for viewing.</td>
</tr>
<tr>
<td>Do you collect a minimum of 20 days' data twice a year for this?</td>
<td>Y</td>
<td>A minimum of two datasets of 20 days at distinct points of the year, eg January and June, must be available for review.</td>
</tr>
<tr>
<td>Are a maximum of three senior staff trained and the levels of care recorded?</td>
<td>Y</td>
<td>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.</td>
</tr>
<tr>
<td>Is an established external validation of assessments in place?</td>
<td>Y</td>
<td>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.</td>
</tr>
<tr>
<td>Has inter-rater reliability assessment been completed with these staff?</td>
<td>Y</td>
<td>All ward sisters/matrons should be trained as part of induction/management development and inter-rater reliability assessment is inbuilt.</td>
</tr>
<tr>
<td>Is A&amp;D data collected daily, reflecting the total care provided for the previous 24 hours as part of a bed-to-bed ward round review?</td>
<td>Y</td>
<td>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.</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td>Details</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>--------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Are enhanced observation (specialed) patients reported separately?</td>
<td>Y</td>
<td>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.</td>
</tr>
<tr>
<td>Has the executive board agreed the process for reviewing and responding to safe staffing recommendations based on the output of SNCT and professional judgement?</td>
<td>Y</td>
<td>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.</td>
</tr>
</tbody>
</table>
Contact us:

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