

## **Appendix C: Assurance Framework – Nursing and Midwifery Staffing levels**

(taken from Appendix 5 of the Key actions- Winter 2021 preparedness: Nursing and Midwifery template, NHS England)

Ref	Details	Controls	Assurance (positive and Negative)	Residual Risk Score / Risk register reference	Further action needed	Issues currently escalated to Local Resilience Forum / Regional Cell / National Cell	Ongoing Monitoring / Review
<b>1. Staffing Escalation / Surge and Super Surge Plans</b>							
1.1	<p>Staffing Escalation plans have been defined to support surge and super surge plans which includes triggers for escalation through the surge levels and the corresponding deployment approaches for staff.</p> <p>Plans are detailed enough to evidence delivery of additional training and competency assessment, and</p>	<p>Detailed operational planning for Surge and escalation.</p> <p>Paper presented regarding management of NIV on ward 31. Revised to reflect Omicron variant.</p> <p>Compliance</p>	<p>There is positive assurance of the staffing plans in place and review mechanisms, a full and up to date risk, risk assessment and quality impact assessment (QIA). The negative assurance is the remaining high residual risk despite controls</p>	<p>Risk ID</p> <p>3732</p> <p>3744</p> <p>3730</p> <p>Residual risk score 20</p>	<p>Continue records and escalation documentation.</p>	<p>Current position shared with WYAAT.</p> <p>Local review of staffing take place 3 times daily with escalation to operational command and control meeting and clinical reference groups.</p>	<p>Monthly or where additional capacity / reconfiguration required.</p>

	expectations where staffing levels are contrary to required ratios (i.e intensive care) or as per the NQB safe staffing guidance	with GPICS standards.	and mitigation in place.				
1.2	Staffing escalation plans have been reviewed and refreshed with learning incorporated into revised version in preparation for winter.	Recorded on the staffing RAG to aid decision making. Revised in line with learning or requirements for omicron and ultra green pathway requirements.	Positive assurance that the review of staffing has taken place. The risks remains to reaching the staffing levels detailed in the plans.	As above	No further action	Local review of staffing take place 3 times daily with escalation to operational command and control meeting and clinical reference groups.	Monthly or where additional capacity / reconfiguration required.
1.3	Staffing escalation plans have been widely consulted and agreed with trust' staff side committee	Full and comprehensive establishment review presented to ETM, People Academy and Board of Directors. 6	Process embedded in line with the NQB guidance and Developing Workforce Safeguards (NHS E). Any changes outside of the	No risk identified and plans in place.	Share the 6 month review with JNCC.	None	6 monthly review in place with regular review of appropriateness of staffing plans, professional judgement and

		month review due March 2022 to be presented to same forums.	regular timeframes for establishment review follow chief nurse sign off.				patient quality outcomes.
1.4	Quality impact assessments are undertaken where there are changes in estate or ward function or staff roles (including base staffing levels) and this is signed off by the CN/MD	Overarching QIA in place for staffing held on the risk register along with the risk assessment.	Positive assurance of QIA in place. QIAs required where other changes have taken place with development of new estate and staffing levels.	Specific QIA to sit with care group level risk  3744  3730	Update and review QIAs currently in place at CBU level.	QIAs to be presented as part of establishment review process and logged for CN / MD sign off.	Formal QIA review to be built into 6 monthly staffing review process.
<b>2.0 Operational delivery</b>							
2.1	There are clear processes for review and escalation of an immediate shortfall on a shift basis including a documented risk assessment which includes a potential quality impact. Local leadership is engaged and where possible mitigates the	Clear processes exist for escalation in and out of hours	Following review of the recommendations and assurance document further documentation has been put in place using the templates provided from	Process in place and reviewed to ensure most effective model in place.	Implementation of documentation of the risk assessment to supplement current process (appendix 3 or winter preparedness	None	No further change to current process.

	<p>risk. Staffing challenges are reported at least twice daily via Bronze.</p>		<p>NHS E to support the evidence of the decisions made at the time and the escalation process and outcome.</p> <p>Actions otherwise embedded into practice.</p>		<p>document) and RAG record as per national guidance.</p>		
2.2	<p>Daily and weekly forecast position is risk assessed and mitigated where possible via silver / gold discussions. Activation of staffing deployment plans are clearly documented in the incident logs and assurance is gained that this is successful and that safe care is sustained.</p>	<p>Daily staffing position process in place, there is a weekly forward view at a local level.</p>	<p>Positive assurance of process in place for review at local levels, requirement to increase the formality of the weekly forward view at the staffing huddles and record of action taken at CBU, care group and corporate level. Formal assurance gained</p>	<p>No further risk, the roster system allows forward view to be taken.</p>	<p>Implementation of documentation of the risk assessment to supplement current process (appendix 3 or winter preparedness document) and RAG record as per national guidance.</p>	<p>None</p>	<p>No further change to current process.</p>

			of staffing via the quality and safety trigger tool.				
2.3	The Nurse in charge who is handing over patients are clear in their responsibilities to check that the member of staff receiving the patient is capable of meeting their individual care needs.	Embedded handover process in place.	<p>There is assurance of the handover process in place and discussion of patient care needs, there is less evidence of the nurse in charge taking responsibility for the receiving staff member skill set / competency.</p> <p>All admissions and transfers are via the command centre who have full visibility and live analytics including ward acuity data / staffing levels.</p>	Not in place.	<p>With the reconfiguration of clinical areas and the turnover of clinical staff the training and learning needs analysis is being refreshed.</p> <p>Seek assurance of the discussion of the patient placement and skill set.</p> <p>Engage with the command centre team in this.</p> <p>Where assurance is not gained</p>	Internal oversight, supported by education for the longer term impact of skill set in areas according to patient need and the change in delivery of services as a result of covid.	Review of datix reports, risk and staffing matron huddle.

					complete risk assessment.		
2.4	Staff receiving the patient (s) are clear in their responsibilities to raise concerns they do not have the skills to adequately care for the patients being handed over.	In place with support from command centre.	Evidence in place of process for patient placement. Evidence contained in datix reports where there has been an escalation and learning as a result.	No risk assessment required.	Continue to encourage staff to speak up via the mechanism in place.	None.	Review of datix reports, risk and staffing matron huddle.
2.5	There is a clear induction policy for agency staff There is documented evidence that agency staff have received a suitable and sufficient local induction to the area and patients that they will be supporting.	Temporary workforce policy in place. Local induction checklist held in each area for new staff / bank and agency staff as well as those deployed to support.	Seek assurance of completion of checklists via brief audit.	No risk assessment required, unless positive assurance not achieved.	Remind all staff of the importance of completion of the checklist and local induction, welcome, support and skill set review for any new / temporary members of staff.	None.	Review and monitoring via the staffing huddles, quality and safety trigger tool and specific audit.

2.6	The trust has clear and effective mechanisms for reporting staffing concerns or where the patient needs are outside of an individual's scope of practice.	In place within existing controls and processes.	Evidence of discussion at huddles, tactical and clinical reference group meetings and formal reports.	Overarching risk referenced in 1.1	Continue these actions.	None.	Existing meeting structure for staffing, command and control and clinical oversight.
2.7	The trust can evidence that the mechanisms for raising concerns about staffing levels or scope of practice is used by staff and leaders have taken action to address these risks to minimise the impact on patient care.	Review of staffing takes account of the staff available, the skill mix, the acuity and dependency of the patients (safe care) and the professional judgement. This is discussed between ward leader and matron and escalated to the matron huddle where required. This	Control is effective and with implementation of documentation referred to in 2.2 will provide evidence of the decision making and action taken in a formalised way.	Overarching risk referenced in 1.1	Implementation of additional documentation.	Held at local level.	Associate Director of nursing oversight of process.

		process is overseen by the deputy associate director of nursing with escalation to the director of nursing as required or where satisfactory mitigation is not achieved.					
2.8	The trust can evidence that there are robust mechanisms in place to support staff physical and mental wellbeing. The trust is assured that these mechanisms meet staff needs and are having a positive impact on the workforce and therefore on patient care.	Full health and well-being package in place to support staff with face to face, virtual, internal and external offerings. Communicated via wellbeing Wednesday, assurance as a part of quality	Review staff survey results and take action as appropriate.  Quality and safety trigger tool results analysis.	Overarching risk referenced in 1.1 which refers to the impact on staff well-being as well as on patient care.	Review and refresh with the restart activity any additional interventions to support.  Review undertaken of the improvement academy publication January 2022	Local level.	Workforce monthly meeting, regular staffing huddles and Nursing and Midwifery Recruitment, Retention and recognition council.



		and safety trigger tool and senior nursing support allocations.  Launch of Thrive.					
2.9	The trust has robust mechanisms for understanding the current staffing levels and its potential impact on patient care. These mechanisms take into account both those staff who are absent from clinical duties due to required self-isolation, shielding, and those that are off sick. Leaders and board members therefore have a holistic understanding of those staff not able to work clinically not just pure sickness absence.	Review of staffing takes account of the staff available and unavailable. This is discussed between ward leader and matron and escalated to the matron huddle where required. This process is overseen by the deputy associate director of nursing with	Control is effective and with implementation of documentation referred to in 2.2 will provide evidence of the decision making and action taken in a formalised way.  Attendance management policy adhered to.  The staffing RAG is now shared with the daily sit reps to share the detail with the	Overarching risk referenced in 1.1	Implementation of additional documentation.	Held at local level.	Associate Director of nursing oversight of process.

		escalation to the director of nursing as required or where satisfactory mitigation is not achieved.	wider trust.				
2.10	Staff are encouraged to report incidents in line with the normal trust processes. Due to staffing pressures, the trust considers novel mechanisms outside of incident reporting for capturing potential physical or psychological harm caused by staffing pressures (e.g use of arrest or peri arrest debriefs, use of outreach team feedback etc) and learns from this intelligence.	Datix reporting in place, in addition staff are encouraged to raise to the any member of nursing staff as part of the oversight processes in place to support ward and department areas. FTSU in place and 'we are listening' line developed to support.  Use of Quality and Safety	There is evidence of datix reports In line with concerns related to staffing and patient cares, which are reported on as part of the monthly staffing paper. There is evidence that staff report incidents via the quality and staffing matron and commend centre matrons out of hours.	Overarching risk referenced in 1.1	The 'we are listening' line trial will be refreshed to support the raising of concerns in an alternative way to datix.  Datix fields are being reviewed to make it easier to complete.  Learning from harm / near misses continues to be an area of	Local level patient safety group, improvement work streams, place based quality and system quality meetings.	Risk and staffing huddles and quality and patient safety meetings.

		Trigger tool.			focus for improvement. The deteriorating patient and falls improvement work reset and refresh focuses on the importance of safety 2 and shared learning.		
<b>3.0 Daily Governance via EPRR route (when/if required)</b>							
3.1	Where necessary the trust has convened a multidisciplinary clinical and or workforce /wellbeing advisory group that informs the tactical and strategic staffing decisions via Silver and Bronze to provider the safest and sustained care to patients and its decision making is clearly documented in incident logs or notes of meetings.	Covid workforce meeting in place weekly, stepped down to monthly. Minutes and action log held. Established links with the tactical command and control and clinical reference	Evidence of meeting records.	Risks identified as part of the meeting.	Meeting remains in place.	Relevant academy / meeting as required.	Continues Monthly.

		groups. Chaired by HRD with senior operational nursing representation.					
3.2	Immediate, and forecast staffing challenges are discussed and documented at least daily via the internal incident structures (bronze, silver, gold).	There is a robust process in place for record of daily staffing on the RAG.	Daily process in place and effective. Improvements can be made around the robustness of forecast planning.	Overarching risk referenced in 1.1	Introduction of the SBAR and risk assessment for daily oversight and escalation to the internal reporting groups. This document will also take a view of the forecast for the week ahead.	Internal governance processes.	Daily matron huddles with Associate Director of nursing oversight of process.
3.3	The trust ensures system workforce leads and executive leads within the system are sighted on workforce issues and risks as necessary. The trust utilises local/ system reliance	Gold CRG and Executive huddle oversight of staffing. Staffing discussed	Evidence held at meeting level within minutes. Mutual aid process in use not utilised	Risks identified as part of the meeting.	Meeting remains in place.	Relevant academy / meeting as required.	Continues Monthly.

	forums and regional EPRR escalation routes to raise and resolve staffing challenges to ensure safe care provided to patients.	through the workforce groups at Place, WYAAT Chief Nurse meetings and where there has been agreement to support Nightingale, CMDU, vaccination this is reviewed at place level.	currently.				
3.4	The trust has sufficiently granular, timely and reliable staffing data to identify and where possibly mitigate staffing risks to prevent harm to patients.	Live roster system utilised.	System in place with confirm and challenge process reset for accurate and effective rostering practice to ensure oversight of roster creation and efficient use of workforce	No residual risk identified.	Matron objectives for Q4 focus on back to basics of rostering and timeliness of updates on roster to reinforce best practice.	Internal oversight and support.	Confirm and challenge process

			available.				
<b>4.0 Board oversight and Assurance (BAU structures)</b>							
4.1	The quality committee (or other relevant designated board committee) receives regular staffing report that evidences the current staffing hotspots, the potential impact on patient care and the short and medium term solutions to mitigate the risks.	Monthly BAF staffing report introduced.  Nurse staffing data publication produced quarterly to return to monthly reporting utilising the quality and safety trigger tool, incident data and unify fill rate report.	Papers produced for January 2022 People Academy show a decline in the fill rates across all areas, actions taken to mitigate this risk and ongoing overview and scrutiny of the staffing processes.	Risk ID  3732  3744  3730  Residual risk score 20	Presentation and update of this information monthly.	Monthly reporting processes.	Monthly reporting processes.
4.2	Information from the staffing report is considered and triangulated alongside the trusts' SI reports, patient outcomes, patient feedback and clinical harms process.	Discussed as part of the Quality of care panel and safety event group. Staffing fill rates reviewed against patient	Information available for review, delay in publication of heat map due to resource vacancy. Themes and trends focus of areas for	Current data update to take place.	Work with clinical areas around quality governance to have oversight of ward level metrics.  Continued work with quality	No further escalation.	Weekly quality of care meeting and monthly review and scrutiny of data for publication.

		<p>quality metrics, patient experience information and staffing metrics.</p> <p>Daily review of incidents with monthly overview of trends and themes.</p>	<p>improvement work and addressing alternative ways to reduce risk.</p>		<p>team around data, information and triangulation reports.</p>		
4.3	<p>The trusts integrated Performance dashboard has been updated to include COVID/winter focused metrics.</p> <p>COVID/winter related staffing challenges are assessed and reported for their impact on the quality of care alongside staff wellbeing and operational challenges.</p>	<p>Workforce and quality metric dashboards presented to academies.</p> <p>Impact on quality of care considered for winter and covid as part of the weekly quality of care panel meetings and triangulated</p>	<p>Integrated performance dashboard to be updated.</p> <p>Continued use of the overview template – quality oversight profile.</p>	In place.	Continue current actions.	No significant gaps and monitoring remains in place.	Monthly review at academies with detailed reports presented in line with work plan or where additional assurance is required.

		information seen in the overview template – quality oversight profile.					
4.4	The Board (via reports to the quality committee) is sighted on the key staffing issues that are being discussed and actively managed via the incident management structures and are assured that high quality care is at the centre of decision making.	<p>Detailed in the BAF, nursing workforce assurance document.</p> <p>Risk escalation process in place.</p> <p>CBU risk reviewed and discussed at executive to CBU meetings.</p> <p>Specific reports presented around strategic nurse staffing and maternity staffing as part</p>	Robust mechanism in place with reports presented. Discussion takes place at academies specific to information presented and gaining assurance.	<p>Risk ID</p> <p>3732</p> <p>3744</p> <p>3730</p> <p>Residual risk score 20</p>	Continued review and oversight with nurse staffing assurance framework regular reporting.	No significant gaps and monitoring remains in place.	Monthly review at academies with detailed reports presented in line with work plan or where additional assurance is required.



		of the 6 monthly process					
4.5	The quality committee is assured that the decision making via the Incident management structures (bronze, silver, gold) minimises any potential exposure of patients to harm than may occur delivering care through staffing in extremis.	Bronze, silver and gold tactical and clinical meetings in place with timely escalation and decision making.	Assurance of effectiveness of control and command structures and reporting as business as usual returns.	Risk ID 3732 3744 3730 Residual risk score 20	Presentation and update of this information monthly.	Monthly reporting processes.	Monthly reporting processes.
4.6	The quality committee receives regular information on the system wide solutions in place to mitigate risks to patients due to staffing challenges.	System wide process with review at place and submission of information and discussion at the system quality committee.	Challenges with staffing common across all areas as part of the conversation. Learning shared in terms of safety, approach and initiatives to support.	Risk ID 3732 3744 3730 Residual risk score 20	Presentation and update of this information monthly.	Monthly reporting processes.	Monthly reporting processes.
4.7	The Board is fully sighted on the workforce challenges and any potential impact on	In place via daily practice, daily meetings, weekly and	Risk, mitigation, controls and developments related to the	Risk ID 3732	Presentation, review and update of this information	Monthly reporting and review of	Monthly reporting and review of

	<p>patient care via the reports from the quality committee.</p> <p>The Board is further assured that active operational risks are recorded and managed via the trusts risk register process.</p>	<p>monthly meetings and reporting. Escalation process in place and overarching risk and quality impact assessment up to date. There remains a high residual risk to patients and staff. There has been a sustained period of reduced staffing, high acuity and dependency of patients have a cumulative effect on wellbeing of staff.</p>	<p>patient care and safe staffing continue to be reviewed under the ongoing governance processes.</p>	<p>3744</p> <p>3730</p> <p>Residual risk score 20</p>	monthly.	processes.	processes.
4.8	The trust has considered and where necessary,	The Board is currently	Assurance in place of process	As above	Presentation, review and	Monthly reporting and	Monthly reporting and

	<p>revised its appetite to both workforce and quality risks given the sustained pressures and novel risks caused by the pandemic</p> <p>The risk appetite is embedded and is lived by local leaders and the Board (i.e risks outside of the desired appetite are not tolerated without clear discussion and rationale and are challenged if longstanding)</p>	<p>reviewing its risk appetite in relation to all strategic objectives and this will be finalised at the Board meeting on 12 May. Initial discussions took place at the Board risk workshop on 9 February which was supported by the Good Governance Institute.</p>	and development described.		<p>update of this information monthly.</p> <p>Additional information provided to the People Academy and the Board related to the strategic staffing review process in line with national guidance.</p>	review of processes.	review of processes.
4.9	<p>The trust considers the impact of any significant and sustained staffing challenges on their ability to deliver on the strategic objectives and these risks are adequately documented on the Board Assurance Framework</p>	<p>The Executive Team and Academies review risks scoring 15 and over on a monthly basis and agree</p>	<p>The impact of staffing challenges is included on the risk register and as it is currently scoring over 15 it is presented to</p>	As above	<p>Presentation, review and update of this information monthly.</p> <p>Additional information</p>	<p>Monthly reporting and review of processes.</p>	<p>Monthly reporting and review of processes.</p>

		<p>additional actions where necessary. The Board reviewed risks over 15 every other month. Risks over 12 are reviewed at Exec to CBU meetings.</p> <p>The BAF is reviewed and updated every other month and is discussed at Executive Team and Board meetings. The BAF is currently being revised to ensure that it clearly presents the risks to</p>	<p>the Executive team, Quality &amp; Patient Safety Academy, People Academy and Board.</p> <p>The current BAF reflects the assurances in place in relation to the achievement of our strategic objectives which include objectives to provide outstanding care and to be within the top 20% of employers. The revised version of the BAF will clearly set out any strategic risks associated with staffing</p>		<p>provided to the People Academy and the Board related to the strategic staffing review process in line with national guidance.</p>		
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		achieving the Trust's strategic objectives and any associated controls, assurances and actions to address any gaps. The revised version will be presented to the Board for approval on 12 May.	challenges.				
4.10	Any active significant workforce risks on the Board Assurance Framework inform the board agenda and focus	Board agendas routinely include a section on both quality and people, including Chair reports from the Quality & Patient Safety and People	Ongoing monitoring of the staffing ensures timely access to accurate information to influence verbal and written updates.	No risk to provision of this information.	Continued responsiveness to review and provision of information.	Data provided and discussed as described earlier in paper with Chief Nurse to enable Board discussions.	Part of regular meeting cycles and agendas and ad hoc as required for escalation or as requested.

		Academies. There is also a standing verbal item on Board agendas relating to 'Looking after our people'.					
4.11	The Board is assured that where necessary CQC and Regional NHSE/I team are made aware of any fundamental concerns arising from significant and sustained staffing challenges	Staffing discussed as part of the chief nurse keep in touch meetings with the CQC.  Staffing reports shared as requested and evidence provided of decision making and approach to manage safe care.  Where specific concerns are	Ongoing monitoring of the staffing ensures timely access to accurate information. This is reviewed in line with any concerns or changes to ward environment, patient care needs.  The Board routinely considers whether any concerns require	No risk to provision of this information.	Continued responsiveness to review and provision of information.	Data provided and discussed as part of system quality committee for wider oversight.	Part of regular meeting cycles and agendas and ad hoc as required for escalation or as requested.

		raised the trust has provided additional assurance on action taken and the outcome.	escalation at the end of each meeting.				
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