

BOARD OF DIRECTORS' MEETING IN PUBLIC

Thursday 9 December 2021

SUPPLEMENTARY INFORMATION PACK

Containing additional information for agenda items, if required

Item No.	Agenda Item	Documents in Pack
299/21	Bi-Annual Staffing Review	Appendix 1: Workforce Safeguards Gap Analysis Action Plan October 2021

Developing Workforce Safeguards Gap analysis action plan			
Executive Sponsors	Hayley Flavell - Director of Nursing		
Responsible Officers	Clair Hobbs - Deputy Director of Nursing (author) / Tracie Black - Lead Nurse for workforce		
Corporate Nursing Review	13.10.2021		
Report signed by (Executive Lead)	Hayley Flavell - Director of Nursing		

Developing Workforce Safeguards Action Plan

ID	Recommendation	Site	Compliance	Actions required	Deadline	Status
	Recommendations 1 & 2 1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safer staffing governance. 2. Trusts must ensure the 3 components are used in their safer staffing processes (evidence based tools, professional judgement and patient outcomes).	Trust	Fully compliant. ↔	SOP under development to confirm process and annual calendar for training, data collection and inter-rater reliability checks being organised for completeness in regards to the bi-annual staffing process.	01/11/2021	In progress
				Training on acuity and dependency ratings to be agreed with National Team. All band 7 Ward Managers and above to be trained plus at 2 other seniors for each ward area.	31/12/2021	In progress
				Ensure yearly renewal of safer Nursing Care Tool licence	31/10/2021	In progress
	Recommendations 3, 4 & 5 Trusts will be required to confirm their staffing governance processes are safe and sustainable, based on national assessment on the annual governance statement.	Trust	Partially compliant. ↔	Director of Governance and Communications to add statement to future annual governance statement.	31/01/2022	In progress
				Biannual staffing reviews will have a statement from the Medical Director and Director of Nursing regarding assurances in relation to safer staffing.	30/07/2021	Delivered ongoing monitoring
	Recommendation 6 As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement that to their Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	Trust	Partially compliant. ↔	Additional training with senior staff on acuity and dependency.	31/12/2021	In progress
				A further full biannual staffing review to take place in June and July 2021.	30/07/2021	Delivered
				A nursing 5 year workforce plan to be fully completed and agreed.	30/11/2021	In progress
				A full organisational wide process for vacancy oversight from Ward level upwards	30/11/2021	In progress
				Development of a local Safer Staffing Policy which includes establishment setting and will note the requirement to have QIAs for all changes to staffing establishments – signed off by the Director of Nursing.	31/12/2021	In progress
				All Matrons and above to receive an inter-rater reliability assessment as part of their induction	30/11/2021	In progress
				Review monthly staffing paper once dashboard on Gather system to ensure greater triangulation and explicit reference to Care Hours Per Patient Day (CHPPD)	30/11/2021	In progress
				Commence an inaugural Safer Nursing Care Tool assessment on the Emergency Departments once the new tool is released and licence obtained.	31/01/2022	In progress