

Guardians of Safe Working Framework

This framework has been developed to provide non-medical clinical staff, specifically Nurses, Midwives and Allied Health professionals with a bench mark against which to ensure they are providing safe and effective care to our patients, their families/carers and other staff

Related documents and guidance

The framework is based upon the Guardian of safe working hour's guidance for junior doctors (NHS Employers 2016) which provides advice on how organisations may reassure doctors and patients that rotas and working conditions are safe for both groups. The medical workforce guidance is separate to this document. The medical guardian must provide evidence to Trusts via the Trust board through compliance and exception reporting.

This document is intended to provide the same level of assurance for other clinical staff groups. It further enhances safe working to promote an ethos of safety in respect of working environment, working hours, health and safety and learning from incidents. The Working Time Directive Legislation (HSE 1998) later updated (HSE 2003) provide specific guidance on working hours applicable to healthcare workers which is read alongside similar advice published within Agenda for Change (NHS Employers 2004) and has seen a number of revisions. Together these form the terms and conditions agreed nationally.

This framework is aligned to the Trusts strategic priorities:

- To provide outstanding care
- To promote and support health and wellbeing
- To maximise the potential of our workforce
- To learn and improve
- To achieve better value

The framework is based on the following definitions:

- **Safety** The condition of being protected from or unlikely to cause danger, risk, or injury
- **Safety guidance** Denoting something designed to prevent injury or damage
- **Guardian** Person who protects or defends something.

To provide the level of assurance described the measures in place to ensure alignment to current work streams and objectives have been used where appropriate. Where possible we will extend these to a wider workforce. These measures will be collated by division and form part of reporting to Nursing, Midwifery & AHP Board and from this form the assurance report to Trust Board.

- **Divisions**

The Heads of Nursing will provide quarterly reports against a set of KPI's via the Nursing, Midwifery and AHP Board for sign off prior to the Trust Board.

- **The Trust Board**

Will receive quarterly reports against set parameters identified within key performance indicators.

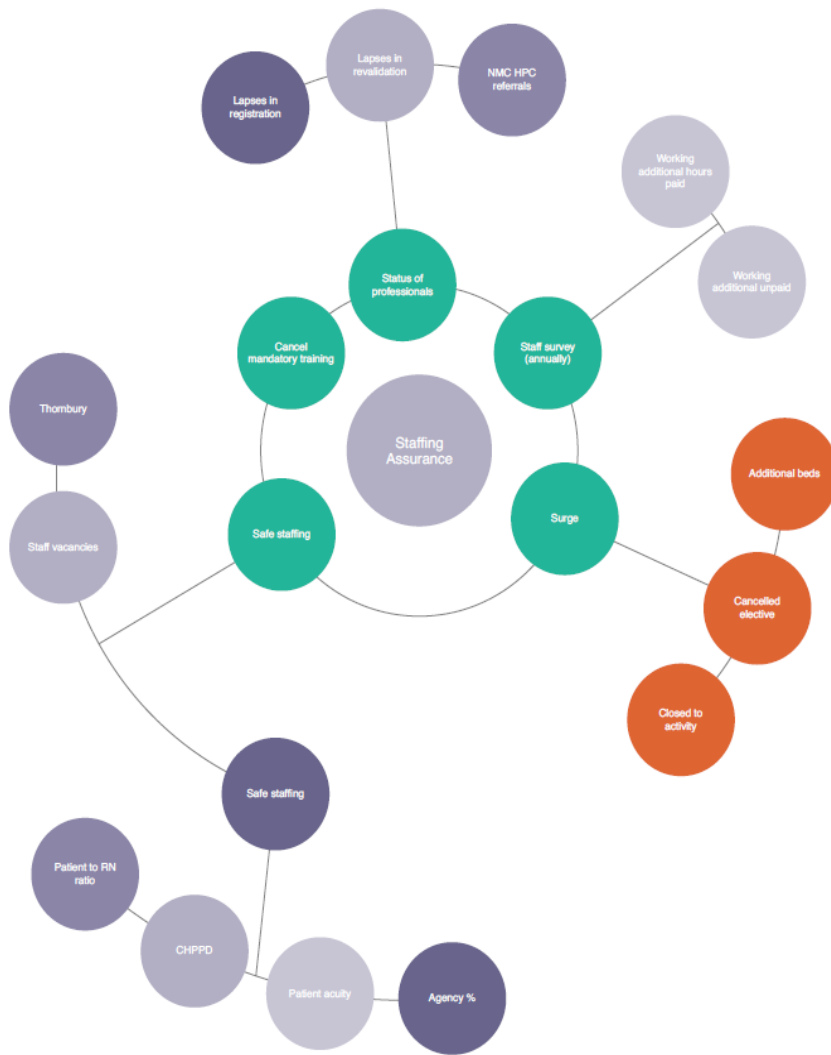


Figure 1 Reporting Structure

The processes in place have been grouped to provide assurance of safe care delivery under 5 headings and each is aligned to several of the strategic objectives.

- **Safe staffing**
- **Surge in Activity**
- **Staff Survey**
- **Staff Training**
- **Status of professionals**

Key performance indicators have been applied to create assurance in each area and are summarised in the infographic below



Division:

| Key performance Indicators | Data | Notes on delivery | Strategic Objective | Comments |
|--|------|-------------------|---------------------|----------|
| Status of professionals | | | | |
| Professional body referrals | | | 1,3,4 | |
| Lapse in revalidation | | | 1,3,4 | |
| Failure to register | | | 1,3,4 | |
| Safe staffing | | | | |
| Thornbury or High cost Agency use | | | 1,2,5 | |
| Nursing, Midwifery & AHP vacancy | | | 1,2,5 | |
| Patient : RN ratio | | | 1,2,5 | |
| Care Hours per patient day (CHPPD) | | | 1,2,5 | |
| Patient acuity | | | 1,2,5 | |
| Surge | | | | |
| Beds additional to normal variation | | | 2,5 | |
| Cancelled elective capacity | | | 2,5 | |
| Closed to activity | | | 2,5 | |
| Staff Training | | | | |
| Mandatory training cancelled | | | 1, 3, 4, 5 | |
| Non mandatory training cancelled | | | 1, 3, 4, 5 | |
| Staff Survey | | | | |
| Barometer of staff feeling and direct feedback | | | 2, 3, 4 | |
| Pulse surveys | | | 2, 3, 4 | |

Comments and exceptions

Information and Assurance

Reports received from the Divisions will be presented via the form found in appendix 1; the information from this will feed into the overarching quarterly report to the Trust board. An annual report will draw together the data and supporting analysis from each financial year.

The reports will form part of the Trusts internal governance processes and so will receive a level of scrutiny afforded to such reports and assurance documents.

Evaluation and effectiveness

The methodology will be reviewed annually via the divisional feedback to respective Heads of Nursing who will bring this to the Nursing, Midwifery and AHP Board. This will allow adaptation of the process to reflect changes in regular measures to be included or removed as metrics develop. This will provide feedback to board via the Chief Nurse.

Appendix 1

Safe Staffing (SO 1,2,5)

- The National Quality Board (NHS England) provides advice on patient safety initiatives in particular around staffing and underpins this heading (narrative). There remains an overall lack of National guidance / clarity around staffing levels in many areas whilst robust mandated levels exist in others. National recommended staffing specifying the mandated staffing levels. Ratios in some areas.
- Guidance ? Gold standard – Best practice is optimal staffing understanding minimum staffing, bed occupancy and acuity.
- Application agreed in Safe Staffing SOP.
- Correlation between safe staffing / staff well being/ patient outcomes.

Surge in activity (SO 2,5)

- Recognition of the impact of the unplanned activity beyond normal variation.
- Recognition of the impact of increased acuity of our patients
- Impact of above on workforce (Nursing ,Midwifery and AHP).

Staff Survey (Annual) (SO 2,4)

- Barometer of how staff feel think (Direct feedback).
- Measured on annual basis.

Staff Training (SO 1,3,4)

- Recognition of need for mandatory training to keep workforce (Nursing, Midwifery and AHP) and patients safe/ competent.
- Staff feeling invested in / valued.
- Requirement for revalidation

Status of professionals (SO 1,3,4)

- Ensuring Nursing, Midwifery and AHP work force meet requirements of their regulatory body
- Provides greater assurance to patients, public, workforce , employers. health care professionals that register. Nursing, Midwifery and AHP are up to date and fit to practice
- NHS9/1
- Proud of professional status