Appendix 1

NHS Winter 2021 preparedness: Nursing and midwifery safer staffing
12 November 2021

Assurance framework – nursing and midwifery staffing –
LPT self-assessment – Version 1 - 6.12.21

NHS Leicestershire Partnership NHS Trust

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
	Guidance notes	*Outline the current Controls (controls are actions that mitigate risk include policies, practice, process and technologies)*	*Detail both the current positive and negative assurance position to give a balanced view of the current position. Assurance is evidence that the control is effective – or conversely is evidence that a control is ineffective / there are still gaps. Recurrent forms of assurance are audit results, key performance indicators, written reports, intelligence, and insight. Effective Assurance should be a triangulated picture of the evidence (staff shortages, sickness absence, patient outcomes, complaints, harm reviews)*	*What is the remaining risk score (using the trusts existing risk systems and matrix)?* *Are these risks recorded on the risk register?*	*Where there are identified gaps in either control or assurance, outline the additional action to be undertaken to mitigate the risk.* *Where the organisation is unable to mitigate fully, this should be escalated to the LRF/region/ national teams and outlined in the following column*	*Provide oversight to the board what the current significant gaps are outline those risks that are currently not fully mitigated /needing external oversight and support*	*Due to the likely prevailing nature of these risks, outlines through what operational channels and how are this active risk being monitored (e.g., daily silver meetings via safe staffing heatmap)*
1.0 Staffing Escalation / Surge and Super Surge Plans							
1.1 1.1	Staffing Escalation plans have been defined to support surge and supersurge plans which includes triggers for escalation through the surge levels and the corresponding deployment approaches for staff. Plans are detailed enough to evidence delivery of additional training and competency assessment, and expectations where staffing levels are contrary to required ratios (i.e intensive care) or as per the NQB safe staffing guidance	Detailed plans are in place as per NQB safe staffing guidance	Each directorate has a surge plan that sets out how they will manage staff and services in the event of a surge in C-19. These plans are under continuous review to ensure they are fit for purpose in the current scenario on analysis of workforce data, nurse sensitive indicators, and performance data. Redeployment checklist is undertaken prior to redeployment to identify individual's skill set, scope of practice, risk assessment and any additional training needs to be completed. Line management involvement and staff	ORR 60 & 61	Trust wide sharing of staffing escalation plans and updates from Directorates to Trust Board	Reduced skilled workforce available to be redeployed. Surge capacity is 2 beds at a time with a trajectory of 5-10-15 beds in-alignment with available workforce for redeployment.	Monthly Safe staffing report to Trust Board, Silver and ICC review.

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cont.			side included where staff member has concerns re: redeployment.				
1.2	Staffing escalation plans have been reviewed and refreshed with learning incorporated into revised version in preparation for winter.	Plan in place should we need to revisit urgently	LPT have delivered 4 Surge Preparedness Exercises, each in preparation for seasonal change or forecasted escalation in C-19 or any other seasonal virus such as Flu and RSV	N/A	Circulate suite of rapid responses with team	N/A	Ongoing monitoring of escalation plans through ICC silver and gold, revised in line with workforce availability.
1.3	Staffing escalation plans have been widely consulted and agreed with trust' staff side committee	Plans have been shared	Yes	N/A	We have not explicitly included staff side in development or agreement of any escalation plans and would need to ensure we consult at an earlier stage.	N/A	Resighting staff side on the escalation plans
1.4	Quality impact assessments are undertaken where there are changesin estate or ward function or staff roles (including base staffing levels) and this is signed off by the CN/MD	QIA are undertaken	Services are expected to undertake quality impact assessments and review/ update where changes are made. These are signed off by Director of Nursing and Medical Director. Decision making tool to close beds has been signed off by DoN. It is an expectation that QIAs have been completed where linked to redeployment and changes to staffing requirements. (Healthy Together) Trust standard template for EQIA's. EQIA's are not held corporately for staffing function. No policy in place currently re: QIA	None	Review of all EQIA's to be undertaken within each Directorate and updated accordingly. EQIA policy in development outlining process for expectation of completion of EQIA and process of sign off.	N/A	Held in Directorate for monitoring and review. Internal audit following presentation and review in Directorate and CRG.
1.4							

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cont.			process although EQIA's reviewed at DMT's for staffing functions and Trust CRG in response to restoration of services.				
2.0 Operational delivery							
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 risk. Staffing challenges are reported atleast twice daily via Silver.	Safer staffing plans are escalated into silver	The ICC produces a daily OPEL report that is a trust wide report and highlights areas of pressure of which staffing both medical and nursing are reported. This report is circulated to the executive team for oversight and a report is submitted to the LLR UEC Team that reports on staffing.	None	Directorate staffing and bed management SOPs to be reviewed. Escalation process for individual areas is being incorporated into a trust wide safer staffing policy. This is in draft and requires review, sign off, adoption and implementation.	Report submitted to LLR UEC	Review of safer staffing, incidents, escalation in adherence to local policy.
2.1 cont.			In hours staffing issues are manged in the directorates with a route of escalation through the ICC if the situation worsens This is discussed at silver Out of hours there is an on-call framework in place 24/7 to support with any staffing issues, this has an escalation route into the LLR Health and Care system command group. There are ICS led daily system calls and frequency is determined by system pressures- OPEL levels are discussed and the partners work collectively to respond to demands & mitigate risk. LPT attend all systems calls.	None	Implementation of safe care deployment module on health roster to provide timely data intelligence, identification of shortfalls in staffing based on acuity / dependency and shift staffing levels	N/A	NSI metrics – falls, medication errors and complaints. Exception reporting for one trained nurse red flag.
2.2	Daily and weekly forecast position is	ORR 60 &61	LPT are currently	None	Weekly safer staffing	N/A	Review of business

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	risk assessed and mitigated where possible via silver / gold discussions. Activation of staffing deployment plans are clearly documented in theincident logs and assurance is gained that this is successful and that safe care is sustained.		operating under the Major Incident Plan and following the command-and-control structure that layer's leadership at the strategic, tactical, and operational levels. LPT have an established Incident Coordination Centre (ICC), the function of the ICC is to support the coordination of a trust wide response to a surge response, this includes logging and discharging actions through an action log,and logging key decisions in the ICC decision log. Trust wide or complex clinical decisions are escalated to the clinical reference group (CRG) for senior clinical review.		output to be shared with silver/ gold command as part of weekly forecast		continuity plans to ensure redeployment plans are included to support safe care delivery
2.3 2.3 cont.	The Nurse in charge who is handing over patients are clear in their responsibilities to check that the member of staff receiving the patientis capable of meeting their individual care needs.	Policy -	Staff are required to work within their scope of professional practice. Staff provide care in a variety of settings, shift patterns and clinical specialties and the complexity of the provision of care puts extra emphasis on the quality of information shared when one team or clinician hands over responsibility of care to the next. The information contained within this document contains the minimum standard expected within the scope of the policy.	None	Further actions to be progressed is review of Nurse In Charge (NIC) checklist	N/A	Audit of handovers and review of handover policy

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			Minimal Registered Nurse to patient ratio is reviewed and escalated to CDM out of hours to support redeployment of suitably trained staff, Nurse in charge provides in depth handover and works to the handover policy and the delegation policy.				
2.4 2.4 cont.	Staff receiving the patient (s) are clear in their responsibilities to raiseconcerns if they do not have the skillsto adequately care for the patients being handed over.	Policy	Registered Nurses report safe staffing incidents and escalate concerns to line manager/ manager on call (out of hours), where a lack of skills to care safely for a patient has been identified immediate review of staffing and patient needs/ acuity/ dependency levels. Preceptorship programmes in place for newly qualified staff. New staff are provided with an induction programme, and this includes undertaking mandatory core training and role essential training. Staff are supported/ supervised (where applicable) to ensure competencies are met. Safe staffing models implemented across services. Evidence based Safer Staffing Establishment reviews are undertaken and identify gaps in staffing -	None	Trust wide safe staffing policy clearly describes staff responsibilities for patient care handover and escalation process. Staff have the required skills to meet patient needs. Induction programmes in all areas are reviewed and enhanced.	N/A	Monthly mandatory training compliance, clinical, managerial & safeguarding supervision monitored. Review of safe staffing incidents undertaken by Matrons& Lead Nurses

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			propose safe staffing models and include training needs, Registered Nurse to patient ratio and continuous care delivery hours per patient per day. High temporary workforce utilisation can result in staff being redeployed to areas of the Trust whether they haven't worked previously and this requires individual assessment on arrival to an area by NIC.				
2.5 2.5 cont.	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.	Policy	Local inductions are provided to agency staff on arrival to the area of work to include a full handover at the beginning of the shift. Induction checklist is completed with individual agency staff members and an orientation to the ward environment is conducted by a substantive staff member. Bank and agency orientation checklist Listening events conducted with temporary workforce and themes raised to support the need to enhance redeployment experience and strengthen inductions and orientation in ward areas.	N/A	Review and enhance bank and agency induction checklist and align across services	None	Audit of agency induction checklist across inpatient areas
2.6	The trust has clear and effective	N/A	Formal routes are	None	Implementation of the	N/A	Review of safe staffing

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	mechanisms for reporting staffing concerns or where the patient needsare outside of an individual's scope of practice.		available for raising staffing concerns -line manager-through the eIRF reporting system, safer staffing meeting and patient safety. Redeployment checklist is undertaken prior to redeployment to identify individual's skill set, scope of practice, risk assessment and any additional training needs to be completed. Line management involvement and staff side included where staff member has concerns re: redeployment.		safe staffing policy to formally guide the escalation tool and use of redeployment checklist, individual training needs analysis prior to any redeployment in response to surge activity.		incidents/ staff concerns and measures in place to mitigate.
2.7	The trust can evidence that the mechanisms for raising concerns about staffing levels or scope of practice is used by staff and leadershave taken action to address these risks to minimise the impact on patient care.	ORR 60 & 61	As above	As per ORR	As above	N/A	As above
2.8 2.8 cont.	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 andare having a positive impact on the workforce and therefore on patient care.	ORR 27	Health and wellbeing is a risk on the ORR – 27 –actions are included as part of that risk. Comprehensive health and wellbeing offer is in place both at a Trust level and a system level through the mental health and wellbeing hub Initiatives implemented at the start of C-19 to support staff wellbeing continue to be in place and staff encouraged to access. Effectiveness of HWB is	As per ORR	Review of recent staff survey and understanding of staff feedback on their HWB and triangulation of findings. Directorates to produce action plans in response	N/A	Monthly review of staff absence and analysis of themes.

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			measured through the staff survey and also through the TrpleR programme work where staff were asked about HWB and the support available.				
2.9 2.9 cont.	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, andthose that are off sick. Leaders and board members therefore have a holistic understanding of those staff not able to work clinically not just puresickness absence.	Safer staffing and daily OPEL	Monthly holistic triangulated safer staffing review is reported to Trust Board. This includes staffing levels across all areas and sickness/ absence rates. Information is shared at local level, silver and Directorate DMT. Risk assessments and reporting are undertaken for all staff who test positive or have C-19 symptoms. Monthly workforce meeting provides a report of staff members who are self- isolating. Quality Forum deep dive paper provided discussion to describe staffing and impact (October, November 5th SEB and November Quality Assurance Committee)- Trust Board Development session on 23.11.21 led by Head of HR and DoN	As per Daily OPEL	To explore how weekly safer staffing report can be shared through ICC and silver	Daily SITREP	Daily review and frequency increased based on escalation and OPEL level
2.10	Staff are encouraged to report incidents in line with the normal trust processes. Due to staffing pressures, the trust considers novel mechanisms outsideof	N/A	Ulysses supports reporting of all incidents and the Trust policy guides all staff follow incident reporting process.	N/A	Continue to recruit to the PNA role and support debriefing across LPT in alignment with models used in other organisations.	None	Review of eIRF's and staff feedback/ tipping points highlighted through weekly safer staffing meeting.

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	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.		The trust is increasing the number of staff trained as Professional Nurse Advocates in recognition of the burn out, mental health problems and widespread stress experienced by staff. The training provides practitioners with the skills to facilitate restorative supervision to colleagues and teams within services the work within and beyond. Review of data and themes from absence reporting and actions taken to support practitioners. Team Huddles, forums for teams to feed into.		Enhance the need for staff to feel confident in raising concerns about their mental health and impact of lived experience throughout the pandemic.		
3.0 Daily Governance via EPRR route (when/if required)							
3.1 3.1 cont.	Where necessary the trust has convened a multidisciplinary clinical and or workforce /wellbeing advisorygroup 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.	N/A	This function is discharged through the ICC to coordinate an MDT action, this will include consultation and input from a number of ICC subgroups to complete an action. Any decision taken will be logged and signed off by a strategic group. The CRG are a decision-making group that review clinical instructions, make strategic recommendations, and make clinical decisions based on the scope of the organisation	Non	Non	Daily minimal reporting	Minimal daily review through silver/ gold command
3.2	Immediate, and forecast staffing challenges are discussed and	Process	This is managed at directorate level	Non	N/A	minimal daily reporting -sitrep and OPEL	Minimal daily review through silver/ gold

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	documented at least daily via the internal incident structures (bronze, silver, gold).		(Tactical, silver) through the DMT. There is an escalation route into the ICC for further action. Business continuity plans are in place for all services and updated as change occurs.				command- sitrep
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 forums and regional EPRR escalation routes to raise and resolve staffing challenges to ensure safe care provided to patients.	ORR	LPT are active members of the LLR Health and Care system. LPT are represented at the Strategic Coordinating Group (SCG) and Tactical Coordinating Group (TCG). Any staffing issues are discussed in these groups with recommendations worked up in the TCG and presented to the SGG for executive system provider sign off. The SCG / TCG structure has subgroups that continually focus on key areas of patient safety such as workforce and the discharge hub.	ORR 60 &52			
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.	ORR 60&61	There is an LLR people and culture board and delivery subgroup. This group discusses the people plan and staffing/ workforce issues across the system. LPT attend and represent at the group. Strengthening workforce information as part of tipping factors as per workforce safeguards Implementation of the	As per ORR	The safer staffing policy will provide process and clarity for escalating staffing risks	Non	Weekly safer staffing review - NSI metrics – falls, medication errors and complaints. Exception reporting for one trained nurse red flag

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			safe care pilot will support staffing and redeployment to areas identified as in need- timely data				
4.0 Board oversight and Assurance (BAU structures)							
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.	N/A	Board development session held 23 November focused on workforce, staffing hotspots and review of actions to mitigate risks Bi-Monthly reports are received into the quality committee detailing staffing areas to note and mitigation plans. Monthly reports are submitted to Trust Board and ORR on the register	As per reporting system	Safe Care Module will support enhanced timely data reporting within committee and Trust Board report	N/A	Monthly reporting to QAC and Trust Board
4.2	Information from the staffing report is considered and triangulated alongside the trusts' SI reports, patient outcomes, patient feedback and clinical harms process.	N/A	NSI metrics – falls, medication errors and complaints. Exception reporting for one trained nurse red flag.	N/A	Further work to triangulate findings from SI's where directly related to staffing to be included in six monthly review	Non	Weekly safer staffing review - NSI metrics – falls, medication errors and complaints. Exception reporting for one trained nurse red flag
4.3 4.3 cont.	The trusts integrated Performance dashboard has been updated to include COVID/winter focused metrics. COVID/winter related staffing challenges are assessed and reported for their impact on the quality of care alongside staff wellbeing and operational challenges.	N/A	The performance dashboard does not include specific data in relation to patients in inpatient wards with Covid-19. However, the daily sitrep provides this level of detail on a separate data report though ICC and into national system. Trust board report does include the collective summary of Covid-19 patients prior to and during admission- hospital acquired infection rate is reported.	N/A	As above	Non	Daily sitrep and review of dashboard and as above-

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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.	N/A	Include deep dives and ongoing focus. Monthly reporting highlights areas to note and informs response through quality summit.	N/A	Non- any actions are implemented on review and escalation	Sickness/ Absence and vacancy levels	As above and triangulated with findings from SI's
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	ORR	Monthly report and Deep dive

Monthly nurse sensitive indicators (where triangulation of data and concerns indicate staffing concerns, there is a clear methodology to focus on staffing. Quality Committee, commissioners and CQC are notified. | ORR 60&61 | Continuous review and triangulations of findings from NSI metrics – falls, medication errors and complaints. Exception reporting | As per highlight reporting | Sitrep and daily updates via Silver and Gold Includes temporary workforce utilisation |
| 4.6 | The quality committee receives regular information on the system wide solutions in place to mitigate risks to patients due to staffing challenges. | As per ORR | As above. | As per ORR | Ongoing monthly review of risks and routine scanning for emerging risk | | Routine review at all committees and the Trust Board |
| 4.7

4.7 cont. | The Board is fully sighted on the workforce challenges and any potential impact on patient care via the reports from the quality committee.

The Board is further assured that active operational risks are recorded and managed via the trusts risk register process. | Risk Management Policy / Training / Ulysses System / routine reporting | The trust board receives a highlight report from the Quality Committee Form which details any areas to note and mitigations.

Highlight reports from the level 2 and 1 Committees provide consistently high assurance. The Audit and Assurance Committee provides a high assurance rating over the arrangements in place to manage risk to the Trust on a quarterly basis | .N/A | Ongoing monthly review of risks and routine scanning for emerging risk | none | Routine review at all committees and the Trust Board |
| 4.8 | The trust has considered and where necessary, revised its appetite to both workforce and quality risks given the sustained pressures and novel risks | The Trust's risk appetite was revised in November 2021. Appetite for 'People' and | The revised appetite was developed and approved by the Trust Board and has been | N/A | Annual Review of appetite following any strategic objective refresh | None | Appetite drives discussions around residual risk scores on a monthly basis with the |

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	caused by the pandemic 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)	'Quality' is Seek – this is a significant appetite leading to a tolerance score between 16-20. The application of appetite is used via the tolerance levels on each risk on the ORR and is used in discussions at committee and Trust Board level.	approved and rated green (high assurance) by the level 1 Committees (Quality Assurance Committee and the Finance and Performance Committee) in November 2021.				operational and executive director risk owners.
4.9	The trust considers the impact of any significant and sustained staffing challenges on their ability to deliver on the strategic objectives and theserisks are adequately documented on the Board Assurance Framework	The impact of staffing on the achievement of strategic objectives has been a core component of the ORR refresh (following the strategic objective refresh) in November 2021. It also forms part of ongoing discussions. There are two staffing related risks on the ORR, and the impact of staffing on other ORR risks is discussed by committees. All assurance reports contain a governance table which makes reference to the relevant ORR risk number to aid discussion	The ORR refresh was driven by and approved by the Trust Board, and was approved by the level 1 committees in November 2021 which gave the ORR high assurance (green rating) on the highlight report for Trust Board	ORR risks 60 and 61 have a residual score of 12. These are being mitigated in line with / below appetite	Annual Review of the impact of staffing on our strategic objectives as part of the ORR refresh.	None	On-going monthly review of progress against actions to mitigate the risks
4.10	Any active significant workforce risks on the Board Assurance Framework inform the board agenda and focus	The ORR and regular staffing reports are received by the Trust Board at each meeting. Additional items are discussed at agenda planning meetings which include executive director level input and the Chair of the Trust to ensure that significant risks are adequately addressed on the Trust Board agenda.	The Trust Board is assured over the arrangements in place to determine the agenda, and receive assurance over the management of workforce risks on the ORR	As per ORR	N/A	Shred through highlight report, daily OPEL and weekly safe staffing report and highlighted to Trust Board through current reporting mechanisms	Ongoing review of workforce risk at Trust Board
4.11	The Board is assured that where necessary CQC and Regional NHSE/I	CQC notifications reported through Exec	There is a clear process for formal notification to	N/A	Non	Via current reporting and escalation	Trust Board safer staffing and daily sitrep

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	team are made aware of any fundamental concerns arising from significant and sustained staffing challenges		CQC regarding any quality concerns. There are regular engagement meetings with the CQC, CEO and Director of Nursing AHP's and Quality where concerns can be raised. The CQC are informed of any quality summits the Trust is undertaking. Furthermore, where concerns are raised by staff or patients directly to CQC or FTSU guardian, these are fully investigated and responded to by LPT.			processes	through silver and gold commend