

Skill mix or establishment change process for clinical roles.

Guidance

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1. INTRODUCTION

- 1.1 Providing high quality care to all patients means that NHS organisations and health economies must use their available resources in the most efficient way possible for the benefit of their community. There should be individual and collective responsibility as an NHS provider board for deploying staff in ways that ensure safe, sustainable and productive services.
- 1.2 There should be clear lines of accountability for all professional staff groups. There should be collaborative decision making between clinical and managerial staff, reporting to boards.
- 1.3 The Trust is proud of the care and services it delivers to communities across Somerset. At the centre of this important work are the staff who support patients, service users and clients from hospital wards to their own homes.
- 1.4 Recent reports have highlighted the continuing challenges facing the supply and retention of the NHS's workforce. Demand for healthcare staff continues to exceed supply, despite increases. Staff within the Trust have risen to this challenge. They continue to provide outstanding care as they develop flexible approaches to their roles, improving efficiencies and maximising their impact on patients' and service users' lives. Innovative ways of working have been introduced to achieve this, alongside new roles and development of existing ones.
- 1.5 Application of this guideline will support the Trust to comply with the requirements set out in '*Developing workforce safeguards – supporting providers deliver high quality care through safe and effective staffing*' which is published by NHSI. NHSI will monitor the Trust through the board assurance framework and regulatory meetings to ensure we can demonstrate safe staffing levels and process.
- 1.6 This guidance is designed to help teams manage common workforce challenges. There are recommendations to support staff in making informed, safe and sustainable workforce decisions, and a governance process is included to support this.
- 1.7 This guidance applies to all clinical roles and clinical teams.

2. ROLES AND RESPONSIBILITIES

- 2.1. The Board: The board are accountable to ensure that the Trust has the right staff, with the right skills in the right place to meet the care and treatment needs of service users safely and effectively. The board will need to

demonstrate compliance with these recommendations, in line with the NHSI publication 'Developing workforce safeguards' (October 2018).

- 2.2. Chief Nurse and Chief Medical Officer: the Chief Nurse and Medical Officer will commission a six monthly inpatient staffing review that will be reported to Board and must confirm that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.
- 2.3. Directors of Patient Care (acute, community, mental health and AHPP's): Will undertake six monthly reviews of staffing levels and respond to any area where concerns are raised about established staffing levels to ensure plans are in place to meet the needs of service users in a safe and sustainable way.
- 2.4. Directorate Leadership Teams: Are responsible for oversight of safe staffing within teams on a day to day basis and to take action to mitigate any risks on a day to day and longer term basis when service needs change.
- 2.5. Team leaders / Sisters: To use staffing resources safely and effectively to meet the needs of service users. Where shortages of staffing are affecting service delivery on a short or longer term basis to discuss this with the Directorate leadership team to consider need for short term or substantive changes or support.

3. PROCESS DESCRIPTION

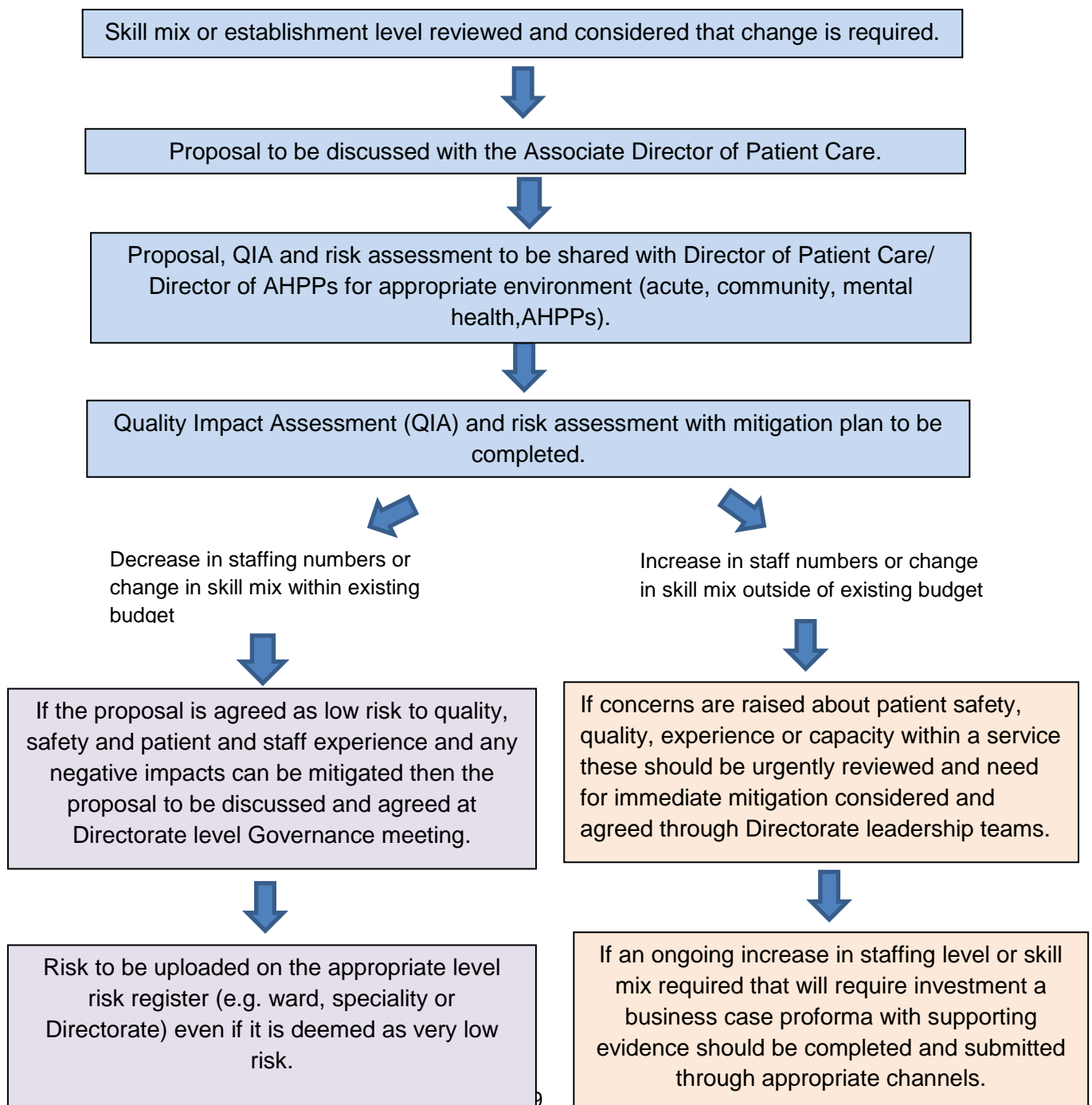
- 3.1. The skill mix and establishment in all clinical teams should be reviewed on a 6 monthly basis, or when concerns are raised, to ensure that the right staff, with the right skills are in place to provide safe and sustainable services.
- 3.2. At times it will be identified that changes are needed to either reconfigure the team or that extra resources are needed. If this is being considered it is vital that good governance and oversight of the process is followed to ensure safety and identify and mitigate any associated risks.
- 3.3. All changes should follow the same process, even where they appear minor as the cumulative effect of minor changes could have unanticipated outcomes.
- 3.4. No changes should be made to clinical staff team's establishments or skill mix without a quality impact and risk assessment being completed. The key steps in a process that demonstrates good governance are described in the

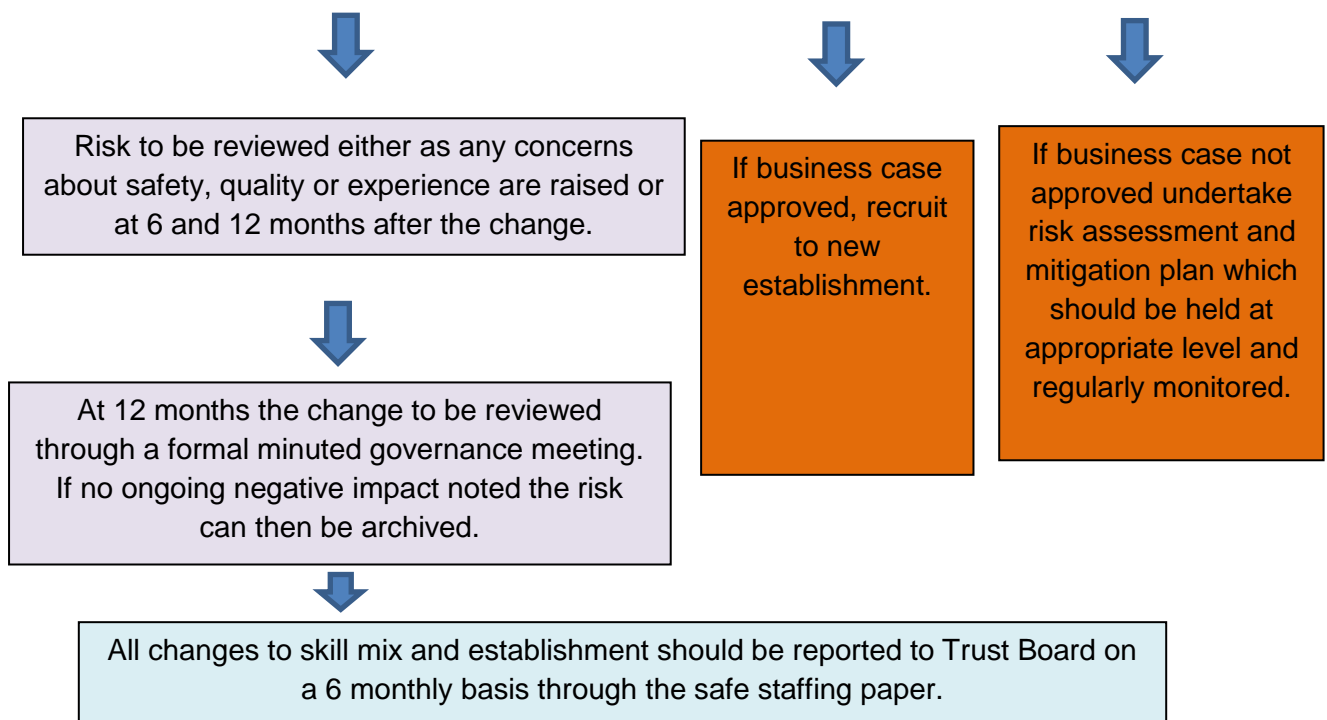
flow chart in section 4.0 and these should be followed for any proposed changes.

- 3.5. A quality impact assessment form can be accessed via your directorate management team. These must be localised to represent frontline risk and experience.

4. FLOW DIAGRAM

- 4.1. The flow diagram below has been created to assist staff with the process that needs to be followed.





5. TRAINING/COMPETENCE REQUIREMENTS

5.1. No specific training or competence is required to enact this guidance.

6. **MONITORING** *Outline the process to monitor compliance to the document. This should relate back to the process description and make clear how the effectiveness of the document will be monitored and measured (e.g. through audit)*

Element of policy for monitoring	Section	Monitoring method - Information source (eg audit)/ Measure / performance standard	Item Lead	Monitoring frequency / reporting frequency and route	Arrangements for responding to shortcomings and tracking delivery of planned actions
Any clinical workforce change		Audit of any requested changes to establishment skill mix and sample review that they have had this process applied.		annually	Delivery of guideline will be tracked by Care Directors as part of the 6 monthly establishment reviews.

7. REFERENCES

7.1. 'Developing workforce safeguards – supporting providers deliver high quality care through safe and effective staffing' NHSI October 2018.

8. DOCUMENT CONTROL

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