

**National Quality Board**

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**Edition 1,**

**November 2017**

**Safe, sustainable and productive staffing**

**An improvement resource for  
neonatal care: Appendices**

This document was developed by NHS Improvement on behalf of the National Quality Board (NQB).

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- NHS England
- Care Quality Commission
- NHS Improvement
- Health Education England
- Public Health England
- National Institute for Health and Care Excellence
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# Appendix 1: The neonatal nurse staffing tool (Dinning)

The neonatal nurse staffing tool (Dinning) was designed to support the Trent Perinatal and Central Newborn Networks peer review programmes. It provides a quick analysis of cot-side nurse staffing based on a unit's care activity and nursing budget, identifying any shortfall against the national neonatal service specification.

The tool adjusts for annual leave at various grades and length of service, average sickness and absence rate as well as ascribing time for nurse training and education as suggested by the National Neonatal Nurses Association. As well as nurse staffing requirements, the tool calculates unit occupancy and provides a suggested cot configuration based on one year's activity entered either retrospectively or prospectively. All calculations are specifically aligned to the national neonatal service specification (NHS England 2016) and *Toolkit for high quality neonatal services* (DH 2009). Nurse staffing requirements for roles other than those at cot side – management, education, service improvement, etc – are specified in the toolkit.

The tool was shared across all neonatal operational delivery networks (ODNs) in England in 2013 and is reported and have been in regular use by neonatal ODNs since then. The tool was reviewed by the Clinical Reference Group (CRG) and adopted as part of the National Neonatal Review to provide a national audit of nurse staffing (see revised spreadsheet for national audit). The ability to adjust skill mix to meet local needs was removed from the National Neonatal Review to ensure consistency of audit and simplify data entry.

Of the two versions of the tool we suggest the test revised CRG taskforce staffing analysis is used as with this version you can still adjust skill mix for local needs and updating of pay band costs. The tool simply requires users to complete the yellow sections in the INPUT\_OUTPUT\_SHEET, and results are automatically generated.



revised spreadsheet  
for national audit.ods



test revised CRG  
taskforce staffing anal

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## Appendix 2: Principles of professional judgement

Staffing decisions based solely on professional judgement – the expert opinion of clinical staff – are considered subjective and may not be transparent. But professional judgement and scrutiny should be used when interpreting the results from evidence-based tools to take account of the local context and patient care needs. This element of a triangulated approach is key to bringing the outcomes from evidence-based tools and comparisons with peers together in a meaningful way.

Professional judgment and knowledge should also inform the skill mix of staff and is used at all levels to inform the real-time decisions about staffing that are taken to reflect changes in casemix, acuity/dependency and activity.

The skill mix between registered and non-registered care staff reflects the likely workload and skills and competencies required to care for patients locally.

Principles of professional judgement in the context of this improvement resource include:

- considers the contextual factors in reaching a decision (eg competence, experience, staff known to the patient, familiarity with the team, activities and environment, etc)
- suitable for use in all specialties
- based on both subjective and objective judgement of the lead nurse for each area
- that registered professionals are accountable and responsible for their decisions and actions including legal and ethical considerations
- benefits from multiprofessional peer review where the experience, confidence and competence of those involved in making staffing decisions is monitored
- takes account of actual workload over a specific period of time

- inclusive of all activity, eg planned and unplanned workload, ward attenders and ad-hoc activity
- informs decisions on required numbers
- numbers and skill mix judgements are validated when agreement reached between lead nurse and manager.

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## Appendix 3: Generic statement on care of people with learning disabilities

All healthcare providers must strategically plan for an interdisciplinary workforce that meets the often complex needs of people with learning disabilities. It is a legal requirement that reasonable adjustments are made to ensure that people with learning disabilities have equal opportunities for their health needs to be met (Equality Act 2010).<sup>1</sup> People with learning disabilities are more likely to have undiagnosed or wrongly diagnosed health needs and die prematurely from preventable causes (Healthcare for All 2008, Blair et al 2013).

Meeting these requirements in terms of safe and sustainable staffing includes:

- ensuring the staffing establishment includes sufficient numbers of specialist staff
- providing regular training to the wider workforce to ensure that they can identify people who may present with learning disabilities, autism or other complex communication needs
- embracing flexibility in the way care is delivered to allow enough time and support to enable quality outcomes
- ensuring all staff are aware of their duties under the Mental Capacity Act (2005)<sup>2</sup> and the need to work in partnership with the individual, their families, carers and other multi-agency professionals
- having workforce plans with the capacity to ensure that everyone's right to receive appropriate healthcare is realised

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<sup>1</sup> <https://www.gov.uk/guidance/equality-act-2010-guidance>

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2005/9/contents>

- appropriately liaising with community multidisciplinary teams if reasonable adjustments are insufficient to ensure equality of healthcare

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