Mapping of Establishment Genie to CQC Sector-specific Guidance (v1) for Adult Hospices

March 2019

Version 1.1

Establishment Genie related to CQC KLOEs for Adult Hospices, based on Sector-Specific Guidance v1[1]

To assist hospice members that may be preparing for inspection, we have mapped the key lines of enquiry (KLOEs) from the CQC's adult hospice inspection guidance to the functionality of the Establishment Genie workforce planning and safe staffing tool. We believe there is correlation with 13 KLOEs across the Safe, Effective and Well-led domains, and we offer our thoughts below.

This information is not intended as a prescription for responding to requests from the CQC, but is provided to support members in demonstrating how they may have taken steps to review, compare and remodel their staffing to promote safe and affordable care.

Use of this information is at the hospice's own discretion and own risk. Any feedback on the contents would be appreciated. If further information is needed, please contact us. We hope you find this helpful and wish you the very best for your inspection. If you need any support, please get in touch.

Richard Cooper
Co-founder of Establishment Genie and Director of Services for Hospices
March 2019

Safe:

Mandatory Training - S1.1 & S1.5:

- Annual mandatory study leave provision can be quantified and is specific to specific groups of staff (e.g. RNs and HCAs, or Band 5s and Band 6s, etc).

- The days of Mandatory training that need to be accommodated per year per WTE in the budget is based on the headcount of staff requiring study leave and takes part-time staff into account.

- Study leave for competency training and CPD for individual members of staff can be included under 'Specialty Specific' training. This includes time for attend particular courses, learning conferences and link role events, plus the development of Trainee Nursing Associates where relevant.

- If staff are backfilled during study leave, this contributes to the 'uplift' to cover their shift and maintain consistent staffing levels. For staff who may not be covered for leave (e.g. specialist/unique roles), this contributes to describing the absence from role that the service will incur in 12 months.

- Supernumerary and induction time for any new recruits may also be quantified and included in the uplift. This is informed by the length of time given and the number of new joiners expected in 12 months.

Nurse Staffing - S2.1 & S2.7:

- The Establishment Genie workforce planning tool guides leaders to review, compare and remodel their staffing for safe, affordable and sustainable care. The tool received NICE endorsement (April

[1] Source: https://www.cqc.org.uk/sites/default/files/20180713_9001481_sector-specific_guidance-hospices_for_adults_v1.pdf (accessed 14/02/2019)

2017) for use in acute adult inpatient areas in relation to Safe Staffing Guideline SG1 (see: https://www.nice.org.uk/guidance/sg1/resources/establishment-genie-4427852653).

- The tool is designed to support professional judgement in the planning of staffing levels and the setting of sufficient budgets to enable and maintain consistent care. The tool's benchmarking group enables comparison with 45+ other hospices (Feb 2019).

- In addition to inpatients, Establishment Genie also accommodates community, day therapy and AHP staffing.

- Care metrics include skillmix and staff to patient ratios across the week and across the day, plus the daily average care hours per patient (this is equivalent to the 'CHPPD' metric in hospital wards). In community settings, the amount of staff time available per patient visit is clear.

- Supervisory, management, supporting and specialist roles can be included, to plan and demonstrate their contribution to patient care and outcomes, in addition to the nursing or AHP staff who work 'in the numbers'.

- There is a facility to apply an uplift to each shift or role to cover leave and maintain consistent staffing.

- Operational considerations such as flexing staffing levels according to demand, and making weekly annual leave allocations, are guided by ready reckoners.

- Alternative staffing scenarios can be modelled and compared to current ways of working, to the budget, and to similar teams in other hospices that have used the tool.

.....

Effective:

Patient Outcomes - E2.2, E2.3 & E2.4:

- Outcomes including OACC measures and I Want Great Care domains can be overlaid against staffing levels in the tool to:

a) enable comparison with other providers that may monitor (and have entered) the same outcome,

b) explore any correlation between outcome results and particular staffing models,

c) appraise the effect on quality of making a change to the workforce.

Competent Staff - E3.2, E3.4 & E3.6:

- Provision and content of study leave is clear; see notes for Mandatory Training above.

- Any dedicated Supervisory and Management time of senior staff to coordinate, oversee and support the clinical team can be described in hours, WTE and coverage across the week. This forms part of the WTE requirement to articulate the resources needed to deliver this function.

- Volunteer resources can be reviewed in the tool where appropriate.

Multidisciplinary Working - E4.1:

- The weekly hours and WTE contributed by supporting and specialist roles to patient care can be clearly articulated, even if these staff sit on a different cost centre and/or if their working time is spread across a number of different care settings (e.g. AHPs working across both the inpatient unit and day care service).

- The total demand across the hospice for these roles can be compared to their capacity to deliver.

.....

Well-led:

Performance - W8.1 & W8.5:

- The tool enables scenario planning for making improvements and responding to/preparing for change.

- The reports generated by the tool integrate care levels and costs to inform balanced decision making.

.....

-Ends-