

<b>Standard 3: Effective management of resources &amp; staff governance</b>					
<i>Ward / Department systems and processes enhance safe, effective and person centred care, inclusive of spiritual needs</i>					
<b>3.1</b>	<b>Element: Safe and effective patient care</b>	<b>Process Evidence (CCAAT available as an appendix)</b>	<b>Evidence Compliant</b>	<b>Comments</b>	<b>Mapped to</b>
<b>3.1.1</b>	All nursing/ Midwifery staff are informed of the Health & Care (Staffing) (Scotland) Bill and the guiding principles proposed within it	<b>Discussion:</b> <ul style="list-style-type: none"> <li>• Staff</li> </ul>			
<b>3.1.2</b>	All staff have knowledge and competency skills in the necessary compliance of duty rosters in line with organisational policy and national guidance	<b>Review:</b> <ul style="list-style-type: none"> <li>• Duty rosters</li> <li>• Roster Masterclass Training records (eESS)</li> </ul>			
<b>3.1.3</b>	Ensure prominent leadership for effective and efficient care delivery by identifying the nurse in charge / shift coordinator on every shift	<b>Review:</b> <ul style="list-style-type: none"> <li>• Duty Rosters</li> <li>• If duty leader is displayed e.g. whiteboard</li> <li>• If duty leader is wearing Nurse in Charge Badge</li> </ul>			
<b>3.1.4</b>	All nursing /midwifery staff know their duty to have real-time staffing assessments in place. They are following agreed procedures for risk mitigation. <i>This is by identifying and timeously escalating staffing resource gaps (including skill mix); increases in shift workload and patient dependency/acuity for the health, wellbeing and safety of patients or service users, and the provision of high-quality health care</i>	<b>Review</b> <ul style="list-style-type: none"> <li>• Duty Rosters</li> <li>• Safety Huddles – Safe to Start</li> <li>• Staffing related Datix reports</li> <li>• CCAAT audit results</li> </ul> <b>Discussion:</b> <ul style="list-style-type: none"> <li>• Staff</li> </ul>			
<b>3.1.5</b>	Ensure rostering is in line with the national agreed Predicted Absence Allowance (PAA) and any supplementary staffing usage is in line with budget	<b>Review:</b> <ul style="list-style-type: none"> <li>• Duty Rosters</li> <li>• PAA Monitoring e.g. weekly controls</li> <li>• Absence trends and action plan to resolve</li> </ul>			
<b>3.1.6</b>	All available resources (e.g. equipment) is available and in working order to support safe and effective care delivery	<b>Review:</b> <ul style="list-style-type: none"> <li>• Observation</li> <li>• Check list of equipment</li> <li>• Capital list of equipment</li> </ul>			
<b>3.3</b>	<b>Element: Leading, managing and developing the performance of the team</b>	<b>Process Evidence (CCAAT available as an appendix)</b>	<b>Evidence Compliant</b>	<b>Comments</b>	<b>Mapped to</b>

3.3.1	Provision of appropriate time and resource for leaders of clinical teams to enable them to provide their clinical leadership role	<b>Review:</b> <ul style="list-style-type: none"> <li>Duty Rosters</li> </ul> <b>Discussion:</b> <ul style="list-style-type: none"> <li>Staff</li> </ul>			
3.3.2	All nursing /midwifery staff know of their professional roles and responsibilities including, revalidation and the application of the NMC Code.	<b>Review:</b> <ul style="list-style-type: none"> <li>Data held on professional NMC registration</li> <li>Record of revalidation</li> <li>Local processes are in place for monitoring and reporting NMC Registration - Discuss with staff</li> </ul>			
3.3.3	All staff have completed TURAS and have all PDP reviews documented	<b>Review:</b> <ul style="list-style-type: none"> <li>TURAS figures</li> </ul> <b>Discussion:</b> <ul style="list-style-type: none"> <li>Verbal Description of local processes</li> </ul>			
3.3.4	All staff have undertaken statutory, mandatory, and spiritual needs , training relevant to organisational policies	<b>Review:</b> <ul style="list-style-type: none"> <li>Statutory / Mandatory training compliance</li> <li>Training records (eESS)</li> <li>Managers eLearning reviewer reports</li> </ul>			
3.3.5	Have clearly defined roles and responsibilities for all Link Person/Champions, (including spiritual champions) within the clinical area with evidence of their effectiveness	<b>Review :</b> <ul style="list-style-type: none"> <li>CAS link person folder</li> <li>Records of Link person Network attendance</li> <li>Care Assurance Standards Progress Summary</li> </ul>			
3.2.6	There are appropriately selected, trained and developed mentors to effectively support learning and assessment within the practice environment	<b>Review:</b> <ul style="list-style-type: none"> <li>Practice education mentor database</li> <li>Practice placements sources e.g. QMPLE</li> <li>Training records e.g. eESS</li> </ul>			
3.2.7	Feedback from a range of sources, including spiritual care services, is used to inform and improve practice; including learners and students	<b>Review:</b> <ul style="list-style-type: none"> <li>Practice placement records</li> <li>Student feedback (QMPLE)</li> <li>Discuss with ward /department mentors and/or PEF's</li> </ul>			
3.4	<b>Element: Contributing to the organisation's objectives</b>	<b>Process Evidence (CCAAT available as an appendix)</b>	<b>Evidence Compliant</b>	<b>Comments</b>	<b>Mapped to</b>

3.4.1	Policies (including spiritual care) relating to organisational Human Resources are reliably implemented (HR Connect)	<p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Staff</li> <li>• Senior Charge Nurse/ Senior Charge Midwife</li> <li>• Lead Nurse (LN)</li> <li>• HR Support Managers</li> <li>• Occupational Health</li> </ul> <p><b>Review</b></p> <ul style="list-style-type: none"> <li>• Staff complaints</li> <li>• Attendance records</li> <li>• Disciplinary hearings (if applicable)</li> </ul>			
3.4.2	All staff are informed and/or trained to be fully compliant in the application of the Nationally validated workload tool runs by employing the Common Staffing Method to drive the preparation and required outcomes for safe staffing legislation	<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Training records</li> <li>• Application of workload tool run on SSTS</li> <li>• BOXI report of tool run outcomes</li> <li>• Evidence of triangulation with Line Manager</li> </ul>			
3.4.3	Ward / Department budgets are maintained within agreed levels and the SCN /SCM can identify any financial exceptions	<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Access to ward / department budgets is available</li> <li>• Budgets and escalation of financial exceptions</li> <li>• Stock levels</li> </ul>			
3.4.4	Health and safety legislation and policies are reliably implemented and issues escalated in line with agreed protocols	<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Is the health and safety staff advisor clearly identified?</li> <li>• Clear display and awareness of hazard notices</li> <li>• Datix reports</li> <li>• Stress Risk Assessments</li> </ul>			
3.4.5	Stock levels to deliver safe, effective and person centred care are maintained appropriately and within agreed budget	<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>• Stock levels</li> <li>• Ward / department budgets</li> </ul>			