

Nursing & Midwifery Workforce and Workload Planning Programme NMWWPP

Face to Face Contact - Levels of Intervention	Non Face to Face Contact - Levels of Intervention
<p><u>Level 1 Examples</u></p> <ul style="list-style-type: none"> • Provide advice and/or information with no other input required at that point • Simple assessment of a situation that requires advice/information but no other input • Simple post-operative wound that requires removal of suture or a straightforward assessment requiring no further intervention 	<p><u>Level 1 Examples</u></p> <ul style="list-style-type: none"> • Provide advice and/or information with no other input required at that point • Simple assessment of a situation that requires advice /information but no other input
<p><u>Level 2 Examples</u></p> <ul style="list-style-type: none"> • Provide advice and/or information but additional support or wider explanation is required • Assessment of situation results in the need for uncomplicated intervention in one or two aspects of care at that point but once completed no further intervention required • Post-operative wound inflamed requiring observation but not intervention and information provided to carer/patient about signs to look for and how to access intervention should that be required 	<p><u>Level 2 Examples</u></p> <ul style="list-style-type: none"> • Provide advice and/or information but additional support or wider explanation is required • Assessment of situation results in the need for uncomplicated intervention in one or two aspects of care at that point but once completed no further intervention required
<p><u>Level 3 Examples</u></p> <ul style="list-style-type: none"> • Provide advice and/or information requiring detailed explanation and provide support and advice for a complicated situation • Assessment of a complicated situation requiring intervention on more than one or two aspects of care and will require further monitoring and intervention • Post-operative wound, red and tender, general concern of possibility of deterioration. Requires referral for appropriate assessment and treatment. Support and reassurance required 	<p><u>Level 3 Examples</u></p> <ul style="list-style-type: none"> • Provide advice and/or information requiring detailed explanation and provide support and advice for a complicated situation • Assessment of a complicated situation requiring intervention on more than one or two aspects of care and will require further monitoring and intervention.
<p><u>Level 4 Examples</u></p> <ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. Increasing need for support required by the family/carers (i.e. physical and emotional care) • Regular re-assessment of situation required with multiple interventions required. Long-term situation • Post-operative wound open, discharging, patient generally unwell parent/carers upset and anxious. May require re-admission 	<p><u>Level 4 Examples</u></p> <ul style="list-style-type: none"> • Complex situation requiring the coordination of multiple avenues of advice and information. Increasing need for support required by the family/carers (i.e. physical and emotional care) • Regular reassessment of situation required with multiple interventions required. Long-term situation

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Examples of associate work

Specialist Clinical Consultation Guidance	Management/HR Guidance	Administration Guidance (non patient)
<ul style="list-style-type: none"> • Advice to professionals (internal/external) • Advice to external agencies • Communication with MDT other professionals & families • Information sharing, e.g. Ward rounds 	<ul style="list-style-type: none"> • Off duty • Staff salary data • Recruitment • Sickness/absence • Disciplinary • Service planning/strategic planning 	<ul style="list-style-type: none"> • Emails • General phone calls • Travel forms • Database (non patient related) • Monthly reports/statistics • Supplies/ordering (general) • Co-ordination of equipment (general) • Lab results (filing)
<p>Meetings (non child specific) Guidance</p> <ul style="list-style-type: none"> • Senior Nurse meeting • Managed clinical networks • National forums 	<p>Delivery of staff teaching / education / practice development Guidance</p> <ul style="list-style-type: none"> • Mandatory training • Personal Development Review/Personal Development Plan • Clinical supervision • Delivering education and training (lectures, workshops,etc) • Multi-agency teaching • Research and audit 	<p>Personal / Professional development</p> <ul style="list-style-type: none"> • Continuing Professional Development, e.g. Conferences, study days, self-directed learning • Personal Development Review

Cover Ward – Planned

Some nurses are required to provide staff cover in the children's ward as part of their usual workload - where this happens the time should be captured within this section.

Examples of exceptions

It is acknowledged that a community role requires a significant level of flexibility and that continual and sometimes rapid re-assessment and prioritisation of workload is central to the function which allows unexpected / unplanned care needs to be addressed. However, this section on exception reporting provides an opportunity for staff to reflect on the rare extraordinary events which happen rarely and have a significant impact on your capacity to carry out the work and cannot reasonably be anticipated on a day to day basis.

The agreed Exceptions are:

- To cover ward - unplanned only (planned ward cover is included in Associated Workload)
- Other (please note this is only for rare extraordinary events)

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Professional Judgement Tool Guidance

- The professional judgement tool runs for 2 weeks commencing Monday of each week
- The tool on SSTS is to be completed by the team leader.
- It is recommended that data is inputted to the system daily with decisions about skill mix made weekly.
- The purpose of the tool is to document the **ACTUAL** number of staff that was professionally judged to meet the workload activities of the team during an 8, 12 or 24 hour period. This data will be analysed in conjunction with the other workforce tools submitted.
- Please use this sheet to share with them your experience and judgement about staffing during this time to support the team leaders decisions. Ensure you complete and share your data sheet as quickly as possible to inform the process.
- Please use the comments section to inform your team lead of any unusual or additional workload pressures that have influenced your judgement e.g. complex clinical or social situations that required additional support. If you have any queries about what information to include then please contact your line manager or local workforce lead.
- If the available staff in your team exceeds the workload activity please record to indicate the troughs of activity
- As a team ensure the SSTS configuration reflects whether you work within an 8, 12 or 24 hour services