

Medical & Surgical Matron of the Day SOP

| Issue Date | Review Date | Version |
|----------------|------------------------|---------|
| September 2018 | Extended to March 2020 | 2 |

Purpose

- To describe the responsibilities and actions to be taken by the nominated Medical & Surgical Matrons of the day to ensure that inclusive decision making by all Matrons enables safe staffing levels to be maintained in all clinical areas and that the Matron Group is able to identify and respond to The Trusts Operational Pressures Escalation Framework.

Who should read this document?

- Chief Nurse
- Deputy Chief Nurse
- Heads of Nursing
- All Matrons
- Site Manager
- All Registered Nurses
- Senior Nurse Bleep holder
- On Call Managers

Key Messages

- Identify the roles of the Major Incident Nurse & the nominated Medical/ Surgical Matrons of the day.
- To ensure that staffing meetings are more efficiently co-ordinated targeting the key players required at each meeting which will release the Operational Matrons to concentrate on their ward/departmental areas.
- To facilitate ward teams in promoting a patient discharge before 10:00am and throughout the day.
- To establish Ward Managers are responsible for ensuring their wards and departments are safely staffed and to arrange for temporary staff to cover any gaps as required
- Each Operational Matron is responsible for ensuring safe staffing levels in their clinical areas and escalation on-going concerns to their designated Medical / Surgical Matron of the day.
- To ensure that the procurement of nursing temporary resource is in compliance with the agency rules adopted by NHSI.
- If following all remedial action and the clinical area is still considered by the Operational Matron & Medical/Surgical Matron of the day to be at risk & the acuity & Professional Judgement indicates this then The Matrons of the Day will ensure that the Matron team re-group & make safe. Escalation to Head of Nursing may be necessary.
- Red Flags must be used to highlight where staffing levels are affecting patient care delivery.

| Core accountabilities | | |
|--|--|--|
| Owner | Sue Timmins –Matron for Trauma Orthopaedics and Rheumatology | |
| Review | Nursing and Midwifery Operational Committee (NMOC) | |
| Ratification | Greg Dix- Chief Nurse | |
| Dissemination | Matrons and Ward Managers | |
| Compliance | Nursing and Midwifery Operational Committee | |
| Links to other policies and procedures | | |
| Nursing Safer Staffing Escalation Procedure Clinical Department Rostering Policy Major Incident Plan Sickness Absence Policy Red Flag Policy | | |
| Version History | | |
| 1 | September 2018 | Initial document approval by Operational Matron Group. |
| 2 | September 2019 | Extended to March 2020 by Sue Johnson |

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

| Section | Description | Page |
|----------------|----------------------------------|-------------|
| 1 | Introduction | 4 |
| 2 | Regulatory Background | 4 |
| 3 | Key Duties | 4 |
| 4 | Document Ratification Process | 6 |
| 5 | Dissemination and Implementation | 7 |
| 6 | Monitoring and Assurance | 7 |
| 7 | Reference Material | 7 |

Standard Operating Procedure (SOP)

Medical & Surgical Matron Duties of the Day

1 Introduction

This SOP applies to all Trust Operational Matrons, Ward Managers and Duty Senior 355 bleep holders and defines the actions and duties that are to be undertaken on any given day. This SOP links closely to the Operational Pressures Escalation Level (OPEL) framework to ensure the right staff are in the right place at the right time and where necessary, escalation occurs to maintain patient safety.

2 Regulatory Background

- Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. (National Quality Board July 2016)
- How to ensure the right people, with the right skills are in the right place at the right time – a guide to nursing, midwifery and care staffing capacity and capability. (National Quality Board 2013)
- Safe staffing guidance for nursing in inpatient adult wards in acute hospitals (NICE 2014)
- Care Quality Commission fundamental standards relating to staffing (CQC 2014)
- Lessons learnt from the Frances enquiry (2013), Keogh (2013) and Berwick reports (2013) about the provision of the correct level of staffing and monitoring of workforce

3 Key Duties

Major Incident Nurse

- Major Incident Nurse rota will be allocated ideally 12 weeks in advance but at least 8 weeks in advance.
- It is the responsibility of the Major Incident Nurse to find a suitable skilled replacement if the date of the duty is not convenient.
- It is then the responsibility of the Major Incident Nurse to communicate the changes to the Matron responsible for creating the Senior Nurse rota.
- If a change is made within the current month then the Major Incident Nurse must communicate this change to switchboard.
- The rota will be allocated to ensure that the rostered Matron will be one of the Medical/Surgical Matrons of the day.

- The Major Incident Nurse will attend the Site Office at 07:30 to take handover regarding staffing requirements across all relevant clinical areas.
- The Major Incident Nurse will take any further immediate action required to ensure there are sufficient staff in all clinical areas using the Safe Care tool and professional judgement to redeploy staff if necessary. Recording all actions on Safe care.
- The Major Incident Nurse may call upon her Matron of the Day buddy to support any decision making.
- Major Incident Nurse will carry the 0355 bleep and adhere to calls from Switchboard accordingly.
- The Major Incident Nurse will chair the Staffing meeting at 09:15 utilising the INSPIRE Framework. A decision to re-convene at 3:30pm will be made by the Major Incident Nurse if there are concerns around staffing levels.
- The Major Incident Nurse will hand over to the Duty Late shift Matron & the Senior Nurse at 3:30pm

Medical / Surgical Matron of the Day.

- The Matrons of the Day will attend the 09:15 staffing meeting. Where possible communication through instant messaging or bleep will be used as the most efficient route to obtain Matron feedback
- The Matrons of the Day will also attend the 10:00am, 1:00pm & 3:00pm Site Meetings irrespective of OPEL Status. During OPEL 3 & 4 the Head of Nursing will also attend staffing and site meetings.
- The Matrons of the Day will also ensure that any actions identified at Site Meetings are escalated to the correct Operational Matron & ensure a reasonable response is gathered.
- Matrons of the day will make the decisions and call back Operational Matrons to meet at 3:30pm if late staffing plans cannot be orchestrated or if Trust flow is requiring additional support.
- Matrons of the Day will meet at 3:15pm to orchestrate a Night Shift Staffing Plan using Operational Matrons Professional Judgement/ SafeCare/ Patient Acuity Data to ensure our patients are clinically safe.
- Matrons of the day will inform the appropriate Matrons of intended night staffing plans that will affect their areas so that they can communicate the plans to their team where appropriate.
- Operational Matrons will be responsible for informing the duty weekend Matrons of any staffing gaps & any staffing plans to mitigate issues.
- Communication will be the key to success at every stage of this plan & respect will be honoured for decisions that the Medical/Surgical Matrons of the day make. Remember these decisions will be made with robust communication with each other & collaboration of all the Safecare tools that we have at our disposal.

Operational Matrons

- Attendance will be required at the 09:15 staffing meeting by the Operational Matron or their nominated deputy.

- The Operational Matron will be responsible for ensuring that their clinical areas/departments maintain safe staffing levels & that Patient acuity Data & Professional Judgement is present.
- Operational Matrons are to ensure that Ward Managers are in the working day if they have commitments on that shift if not then they are to remain in the Ward Manager shift and ensure that they are able to be released clinically to support own areas.
- Operational Matrons to ensure that if utilising Band 3 Nurses to support a bay then these are not included in the Healthcare assistant numbers.
- Operational Matrons will escalate any staffing concerns at the 09: 15 am meeting along with plans to mitigate any risks they hold.
- Operational Matrons will be responsible to ensure that a weekend staffing plan is in place and if unable to mitigate unsafe duties then this is escalated before 11:00am on the Friday to the appropriate Matron by email & the Heads of Nursing copied in.
- Operational Matrons will be responsible along with ward teams to facilitate a discharge before 10:00hrs every day on each of their wards.

Senior Nurse (355 bleep holder) out of normal office hours and weekends

- Be responsible for ensuring safe staffing levels across all relevant clinical areas
- Review staffing across the Trust using the electronic Safe Care acuity and dependency information and own professional judgement to assess the clinical risk and to redeploy staff between clinical areas to maintain safety.
- Apply Red Flags to clinical areas if any triggers that may compromise patient safety occur or have the potential to occur
- Where staffing is considered to be at a critical level raise an internal critical incident.

4 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of one year from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the NMOC and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated author. These must be ratified by the Chief Nurse and should be reported, retrospectively, to the NMOC

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

5 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

6 Monitoring and Assurance

The Matron Group will initially monitor compliance and effectiveness of this document weekly for the first month at the Thursday Matrons Meeting. A set agenda item will ask for comments on his progress & changes will made as seen appropriate. Comments will be minuted, actioned and distributed to the Matron group.

Following this the document can be reviewed quarterly at the Matrons meeting.

7 Reference Material

- Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. (National Quality Board July 2016)
- How to ensure the right people, with the right skills are in the right place at the right time – a guide to nursing, midwifery and care staffing capacity and capability. (National Quality Board 2013)
- Safe staffing guidance for nursing in inpatient adult wards in acute hospitals (NICE 2014)
- Care Quality Commission fundamental standards relating to staffing (CQC 2014)
- Lessons learnt from the Frances enquiry, Keogh and Berwick reports about the provision of the correct level of staffing and monitoring of workforce (2013)