

## Nursing Safer Staffing Escalation Standard Operating Procedure

Issue Date	Review Date	Version
May 2018	May 2023	3

### Purpose

- To describe the responsibilities and actions to be taken to inform the decision making by all Senior Nurses to ensure safe staffing levels are maintained in all clinical areas.

### Who should read this document?

- Wards and Departments
- All Nursing Staff
- All Registered Nurses
- Senior Nurse Bleep holder
- Heads of Nursing
- Deputy Chief Nurse
- Chief Nurse
- On Call Managers

### Key Messages

- 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 Care Group Matron is responsible for ensuring safe staffing levels in their clinical areas and escalation on-going concerns to the Heads of Nursing
- To ensure that the procurement of nursing temporary resource is in compliance with the agency rules adopted by NHSI.
- If following all remedial action, the clinical area is still considered by the Heads of Nursing to be at risk this should be escalated to the Chief Nurse to authorise the use of a non-framework agency.
- Where the shift remains unfilled, this is discussed by the Care Group Matron, Head of Nursing and Senior Nurse for the late shift at the 15:30 staffing meeting to find an alternative plan. If this means an area will be working below their established staffing level a risk assessment will be undertaken using patients acuity and dependency scores and professional judgement to redeploy staff to maintain patient safety. This must be recorded on Safe care and the RAG rating changed to reflect the actions taken. Red Flags must be used to highlight where staffing levels are affecting patient care
- The opening of escalation beds must be discussed with the Head of Nursing, Deputy Chief Nurse or Chief Nurse to ensure that these additional beds can be safely staffed. At weekends the Senior Nurse and on call manager can make this decision together.

### Core accountabilities

<b>Owner</b>	Nicola McMinn Senior Matron for Clinical Standards
<b>Review</b>	Nursing and Midwifery Operational Committee (NMOC)
<b>Ratification</b>	Greg Dix, Director of Nursing
<b>Dissemination</b>	Matrons and Ward Managers
<b>Compliance</b>	Nursing and Midwifery Operational Committee

### Links to other policies and procedures

[Clinical Department Rostering Policy](#)  
[Major Incident Plan](#)  
[Sickness Absence Policy](#)  
[Red Flag Policy](#)

#### Version History

<b>V1</b>	September 2014	Initial document approved at NMOC
<b>V2</b>	December 2015	Minor amendments following roll out of Safe care and NHPPD
<b>V3</b>	May 2018	Policy update and amendments to reflect national policy

*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.

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## Standard Operating Procedure (SOP)

### Nursing Safer Staffing Escalation

#### 1 Introduction

There are established and evidenced links between staffing numbers and patient outcomes. Fundamental to ensuring we provide the best possible standards of care is ensuring that Wards and Departments have the correct number of Clinical Staff rostered and working across all clinical areas at all times.

This SOP applies to all adult inpatient areas and the Emergency Department and defines the actions and escalation processes to be followed by Senior Nursing staff to ensure that all wards and relevant departments have the right number of registered and unregistered Nursing staff at all times to deliver safe and effective care. (Separate procedures are in place regarding clinical decision making to ensure appropriate staffing levels in Paediatric and Maternity services)

#### 2 Definitions

RN – Registered Nurse

HCA – Health Care Assistant

NHSP – NHS Professionals; NHSP are the primary provider of temporary non-medical staffing for the trust

#### 3 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

## 4 Key Duties

### Ward Managers

- Complete ward department roster at least 6 weeks in advance of roster period
- Ensure that all staff absence is managed as per Trust Policy
- Where unfilled shifts remain on the roster make all efforts to cover the shift by requesting staff to swap shifts, reviewed planned absence, offer additional hours to staff
- Where shifts remain unfilled or when short notice absence occurs escalate to the Matron or nominated deputy in a timely manner
- Ensure that all unfilled shifts are released from Health roster to NHSP in accordance with Trust policy and that the agency cascade is followed for all shifts that remain unfilled

### Nurse in Charge of Ward/Department

- Where there are concerns regarding unfilled shifts on the roster the NIC must escalate this to the Matron or nominated deputy in a timely manner.
- Patient acuity data to be recorded on Safe Care at 07:00, 13:00 and 19:00 to predict staffing requirements for next shift

### Care Group Matrons

- Be responsible for ensuring that safe staffing levels are maintained across designated clinical areas
- Ensure that all rosters are reviewed 6 weeks in advance and comply with Trust Policy
- Review staffing daily across designated clinical areas using Safe Care to redeploy staff where necessary to ensure an appropriate skill mix of staff is achieved
- Where shifts remain unfilled at the staffing operational meetings, ensure that there is a contingency plan to provide adequate cover for the clinical area and this is discussed with the Senior Nurse out of hours
- Escalate to Head of Nursing where concerns about staffing in their clinical areas remain

### Matron of the Day

- Take handover from the Senior Nurse in ACT at 08:00 regarding staffing requirements across all relevant clinical areas and any concerns
- Take any 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. Record all actions on Safe care and change RAG rating of ward if necessary
- Be responsible for communicating with individual Care Group Matrons regarding any concerns that have been raised overnight for their clinical areas

### 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. Ensure this is recorded on Safe Care and the RAG changed to reflect this intervention.
- 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 as per Trusts Major Incident Policy

### Head of Nursing

- Take responsibility for ensuring all clinical areas are safely staffed with the appropriate nursing skill mix
- Ensure key performance indicators in relation to safer staffing are met and actions put in place when improvements are needed
- Stay up to date with national guidance on safer staffing and ensure this is reflected in local guidance

## **5 Procedure to Follow**

- Safe Care to be used to record all patient acuity and dependency scores and reviewed 3 times a day at operational staffing meetings
- Safe Care will RAG rate the clinical risk based on the safer staffing hours, skill mix and nurse in charge competency. This rating can be changed by the Matron if an intervention takes place to mitigate the risk – this must be recorded on Safe Care.
- During office hours the staffing for all areas is reviewed twice daily at the staffing operational meetings for the night shift and next 24 hours
- Staffing cover for weekend and bank holiday's is reviewed each Friday at 12:30
- If following all interventions the clinical area is still considered to be at risk this should be escalated to the Chief Nurse to authorise the use of a non – framework agency
- All actions taken and decisions made must be clearly recorded on Safe Care with rationale given and any mitigating factors considered. This must be done for all decisions made and for all staff redeployments and temporary staff requests.

### Staffing Escalation Beds

- Opening of escalation beds outside of those agreed as part of the weekend plan, must be discussed with either the Head of Nursing, Deputy Chief Nurse or Chief Nurse prior to these being opened to ensure that these beds can be safely staffed over the weekend.

## **6 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 five years 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.

## **7 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.

## **8 Monitoring and Assurance**

A monthly report will be submitted to NMOC by the Senior Matron for Clinical Standards to ensure practice is fully compliant with this policy.

A CQC action plan is submitted monthly to ensure that staffing levels comply with national guidance from NQB and NICE Safer Staffing Guidance

## **9 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)