

# Safe Staffing for Nursing and Midwifery

## Trust Policy and Procedure

<b>Approved By:</b>	Policy and Guideline Committee
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<b>Trust Lead:</b>	Lead Nurse for Safe Staffing
<b>Board Director Lead:</b>	Chief Nurse
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## **REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW**

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The Safe Staffing for Nursing and Midwifery Policy & Procedure supersedes the UHL Safe Staffing Nursing Policy (Nov-17 to Feb-23).

# 1 INTRODUCTION AND OVERVIEW

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- 1.1 This policy outlines the guidelines and expectations in relation to safe staffing for nursing and midwifery at University Hospitals of Leicester NHS Trust (UHL). It has been developed to ensure the Trust is adhering to relevant national guidance; specifically, documents published by the National Quality Board, NQB, (2016) and NHS England and Improvement (2018).
- 1.2 There are a number of corresponding reports which identify the direct influence between nursing and midwifery staffing and patient outcomes. Consequently, to ensure the provision of safe, effective and high quality care it is necessary to have 'the right staff, with the right skills, in the right place at the right time'; the NQB (2016) further states that providers:
- Must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
  - Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times.
  - Must use an approach that reflects current legislation and guidance where it is available.
- 1.3 The systematic approach to determining and reviewing nursing and midwifery establishments and skill mix will utilise the 'Principles of safe staffing' which incorporates evidence based tools and data, professional judgement and outcomes (NHS Improvement, 2018). Evidence of this process will be reported to the board on a bi-annual basis as per NQB (2016) guidance.
- 1.4 Acuity and dependency data in acute inpatient areas will be captured and applied in daily operational real-time management of staffing and long term staffing establishment reviews. To support obtaining real-time representative data, the Trust utilises cloud based applications such as daily staffing software and electronic rostering as recommended by Carter (2016).
- 1.5 The following will also outline the escalation process of when and how to raise concerns when staffing levels fall below the requirements; with the objective to prevent potential impact on patient and staff safety and/ or wellbeing. The following questions will be addressed:
1. How do we ensure our wards are safely staffed?
  2. What do we do if there is not enough staff on duty to maintain patient safety?
  3. How are concerns escalated?
  4. How do we make decisions to deploy staff appropriately?
  5. What are the governance and assurance processes in place for Safe Staffing?

## 2 POLICY SCOPE

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- 2.1 This policy applies to all Nursing and Midwifery staff to ensure understanding of safe staffing procedure across the Trust.
- 2.2 This policy should be used in all areas which record patient acuity and dependency, staff attendance and raising concerns on staffing levels which fall below the required level. Where facilitated by SafeCare (daily staffing software) these areas will be required to make use of the functionalities, with alternative methods outlined in this policy for all other areas.

## 3 DEFINITIONS AND ABBREVIATIONS

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- Bank Office – Temporary staffing team
- CHPPD – Care Hours Per Patient Day
- CMG – Clinical Management Group
- HCA – Health Care Assistant
- HealthRoster – Electronic Rostering cloud based software
- Key Performance Indicators- KPIs
- NerveCentre – Software used to record patient acuity
- NQB - National Quality Board
- RM- Registered Midwife
- RN – Registered Nurse
- University Hospitals of Leicester NHS Trust- UHL
- SafeCare – cloud based software used for live visibility of staffing levels and patient demand
- Safer Nursing Care Tool (Shelford Group, 2013)- SNCT

## 4 ROLES

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### 4.1 **Executive Lead - Chief Nurse**

The Chief Nurse is accountable within the Executive Team for ensuring safe nursing and midwifery staffing levels and for the effective implementation and utilisation of this policy and procedure. The Chief Nurse is responsible for ensuring that reviews of the nursing and midwifery establishments are carried out on a bi-annual basis.

### 4.1.2 **Chief Executive**

The Chief Executive retains overall responsibility for the Trust's policies, however may delegate operational responsibility for the development and implementation of policies created by nursing staff to the Chief Nurse.

## 4.2 **Chief People Officer**

- Support the Chief Nurse to ensure that the Trust has a robust strategic workforce plan for Nursing.
- Support the Chief Nurse to minimise Trust reliance on temporary staffing, by delivering a robust strategic recruitment plan for nursing.

## 4.3 **Out of Hours Tactical Command (Nursing)**

The Out of Hours Tactical Nurse will cover the period 12pm-9pm weekdays and 9am-9pm weekends. Pre-12pm Weekdays Tactical Nurse will be within each CMG and sit with the Head of Nursing / Midwifery or Deputy.

The role of the Tactical Nurse is to provide strategic oversight for whole Trust safe staffing ensuring:

- Attendance and chairing of the safe staffing meetings (1200hrs, 1630hrs and optionally at 2000hrs). Ensuring all actions taken to date by the Matron/CMG Bleep Holder at the UHL daily staffing meetings (1200hrs, 1630hrs and optionally at 2000hrs) are safe and appropriate, suggesting any additional measures that may be taken to support the safety of patients. For unmitigated red wards this will include reviewing the potential actions highlighted in the Safe Staffing Escalation Cards – Appendix 1.
- Attend and raise issues at Tactical meetings and complete any actions from the outcome of this meeting in liaison with the CMG Matron and/or Bleep Holder to address and reduce the risk to staff and patients. Feedback outcome to parties involved in the escalation as required.
- Where staffing issues occur that have a potential clinical impact, a Red Flag should be raised on SafeCare and the Out of Hours Tactical Nurse should resolve the red flag documenting the mitigations put in place. Red Flags raised and resolved out of hours should be highlighted to the appropriate CMG Head of Nursing.
- Complete Tactical Nurse Safe Care Action Log saving copy in On Call Managers Shared Drive Silver Command Folder – Silver Daily Records and email copy to all Heads of Nursing / Midwifery, Deputy HoN, Deputy Chief Nurses, Assistant Chief Nurses & Senior Operations Managers

## 4.4 **Assistant Chief Nurse (Workforce). Lead Nurse for Safe Staffing and Matron for Safe Staffing in Maternity**

- Support safe staffing decision-making across the organisation; reporting and escalating concerns where appropriate.
- Obtain and report accurate safe staffing data, liaising with the CMGs, collating exception reports and summarising outcomes and recommendations to the appropriate recipients.

- Ensure safe staffing processes at UHL are frequently reviewed, supported by up-to-date literature/ published documents and benchmarking staffing data internally and externally to explore alternatives for continuous improvement.
- Provide educational opportunities to increase understanding of the 'Safe Staffing Principles', including evidence based tools (i.e. SNCT, Birthrate Plus Tool etc.)
- Responsible for ensuring the completion of evidence based tools and to accurately present the findings to the Chief Nurse and other appropriate recipients within the bi-annual establishment reviews.
- Attend the bi-annual establishment reviews, highlighting the outcomes of safe staffing evidence based tools, raising concerns and providing recommendations for consideration.

#### **4.5 CMG Heads of Nursing & Midwifery / Deputy Heads of Nursing**

- To be accountable for the nursing and midwifery response to safe staffing of the relevant CMG and accountable for the escalation of staffing concerns.
- In response to staffing challenges, review clinical activity within the CMG and mitigate appropriately liaising with the CMG Nursing Leadership Team.
- Discuss and/or escalate with the Chief Nurse and the Chief Operating Officer the potential mitigations to optimise staffing and reduce capacity should staffing challenges persist.
- Support Matrons in proactive daily workforce planning across the CMG to ensure staff are allocated according to clinical need, acknowledging skill set and relevant experience.
- Develop the CMG Nursing Leadership team to share and demonstrate an understanding of the 'Principles of Safe Staffing' and creating a reflective environment whereby responses and mitigations to staffing challenges are conversed; enabling continuous improvement.
- Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels, red flags and skill mix. Support the Lead Nurse for Safe Staffing, Assistant Chief Nurse (Workforce) and the Chief Nurse to report accurate and timely data to the Trust Board.
- Provide exception reporting should safe staffing data and metrics differ from daily operational real-time and professional judgement.
- Responsible for ensuring their workforce review is completed within their areas of responsibility within agreed timeframes.
- Twice a year (March and September) undertake a review of ward nursing establishments with the team and plan staffing resources required to meet the needs of their patients by reviewing the required and actual staffing, patient acuity and dependency, red flags and redeployment statistics from the previous year, including service requirements, activity, developments and quality indicators.

- Oversee and lead the CMG Recruitment Team to develop a practical CMG recruitment and retention plan for nursing and midwifery; responding to vacancies and providing the required resource to fill vacant postings.
- Responsible for ensuring that staffing numbers are maintained by timely recruitment into vacant positions. Other absences such as parenting leave and long term sickness absence are mitigated by the use of temporary staffing/recruitment of staff on short term contracts with the agreement of the CMG.

#### 4.6 **Matron**

- Lead the local staffing meeting to review the planned vs. actual staffing, patient demand and temporary staffing fill rate within the CMG.
- To determine mitigations to staffing challenges, such as staff redeployment; taking into consideration areas of expertise and skill; compassionately supporting staff who are affected by the mitigation outcome.
- Support the CMG bleep holder as per the Safe Staffing Escalation Cards and aid development and competence of the role.
- Include the CMG bleep holder with any staffing concerns and liaise with the Ward Managers/Ward Sisters/ Charge Nurses to review required vs. actual staffing across the CMG, ensuring a communication feedback loop and appropriate mitigations are in place.
- Staffing challenges which cannot be mitigated at a local level require escalating to the Deputy Head of Nursing and the Head of Nursing / Midwifery of the CMG as per the Safe Staffing Escalation Cards.
- Represent the CMG at the UHL daily staffing meetings with accurate reporting on actual staffing, action taken and assist with further potential mitigations.
- Review electronic rostering for assigned areas within the CMG, pre-empting and mitigating potential staffing challenges as per the Non-Medical Staff Rostering Policy (Trust Ref B5/2013).
- Send and approve vacant shifts to the Bank Office, escalate shifts for Agency as per Temporary Staffing Policy (Trust Ref B35/2016).
- Monitor the ward/ department daily census on SafeCare and ensure the correct e-rostering access is granted to review non-clinically based nurses within the CMG (i.e. Clinical Nurse Specialists, Research Nurses and Clinical Educators etc.).
- Assess the 'Sunburst' on SafeCare and review the metrics per allocated area which would signify the correlation between patient acuity and dependency and staff on duty; indicating which areas require prioritisation and mitigations. If it is felt that the metrics and colour coding (green, amber and red) are inaccurate/ not reflective to use the Professional Judgement override functionality.

- Review raised Red Flags, close and resolve the Red Flag, documenting the mitigations in place and utilise the Professional Judgement tool if necessary.
- To account for timely recruitment into vacant postings, reporting to the Head of Nursing / Midwifery and Deputy Head of Nursing within the CMG.
- To have oversight and recurrently review absences such as parenting leave and long term sickness absence and formulating appropriate mitigations.
- Support the Head of Nursing/Midwifery and Deputy with the bi-annual establishment reviews (March and September) with the Ward Managers; contributing professional judgement and exception reporting whereby supporting data is not representative of the wards/ units.
- Participate in the collection of data for safe staffing evidence based tools (i.e. SNCT, Birthrate Plus Tool etc.); ensuring Nurses and Midwives within the CMG are equipped to collect data with the required knowledge of acuity and dependency scoring and validating as per recommendations for the selected tool (i.e. on a weekly basis for an area allocated within another specialty/ CMG to reduce potential bias).

#### **4.7 CMG Bleep Holder**

- Undertake proactive daily workforce planning, across respective areas of responsibility to ensure staff are distributed according to clinical need, taking into account skills and relevant experience.
- Ensure the Nurse/ Midwife in Charge on the ward have updated and confirmed their patient Acuity/Dependency and staff check-in has been confirmed at the beginning of each shift in SafeCare.
- Escalate any staffing concerns to the Matron as per the Safe Staffing Escalation Cards providing updates throughout the duration of the duty.
- Maintain effective communication with Ward Managers/Ward Sisters/ Charge Nurses and ensure all are kept up-to-date in relation to escalation and mitigations.
- Review raised Red Flags, close and resolve the Red Flag, documenting the mitigations in place with oversight from the Matron.

#### **4.8 Ward Managers/Ward Sisters/ Charge Nurses**

- Support the Nurse/ Midwife in Charge, reviewing the staffing and recommending resolutions where possible.
- Ensure that there is enough staff in the right place and the right time, based on the agreed and funded establishment, with the required competencies to meet the needs of the service.
- Compassionately communicating and supporting staff affected by mitigations (i.e. staff member who has been deployed).



- To escalate staffing concerns as outlined in the Safe Staffing Escalation Cards and delegate this responsibility to the Nurse/ Midwife in Charge in their absence.
- Ensure the Registered workforce have the ability to correctly apply acuity and dependency measurements when assessing their patients and updating NerveCentre and SafeCare or collecting data for safe staffing evidence based tools (i.e. SNCT, Birthrate Plus Tool etc.).
- Support the Deputy Head of Nursing/ Head of Nursing / Midwifery with the bi-annual establishment reviews (March and September) with the Matrons; contributing professional judgement and providing recommendations for consideration.

#### **4.9 Nurse/ Midwife in Charge**

- At the earliest convenience to plan the duty ahead; including the setting of breaks for all staff members within the ward/ unit.
- Access and update SafeCare at the beginning of the duty and HealthRoster where appropriate.
- Ensure the acuity and dependency measurements on SafeCare are representative of the patients admitted and support Registered Nurses and Midwives with accurate reporting.
- Review upcoming duties and send vacant duties to the Bank Office via HealthRoster to be filled.
- Liaise with the Ward Manager in the first instance if they are on shift to address shortfalls in staffing to identify actions to mitigate the risk.
- In line with the Safe Staffing Escalation Cards, escalate to the Matron/CMG Bleep Holder any challenging shifts that cannot be mitigated.
- Feedback to the CMG safer staffing meeting on mitigation plans or actions.
- Update the Ward / Unit Board with staffing details at the beginning of every duty.
- Refer to Appendix 2 for Nurse in Charge Escalation Guidance.

#### **4.10 All Staff**

- All staff have a responsibility to adhere to this policy.
- To escalate to the Nurse/ Midwife in Charge concerns relating to staffing levels that prevent them to safely care for patients.
- To ensure patient safety, all staff must be aware that they may be deployed to another area; this includes all staff who work for UHL Bank or with an agency. Staff skills and experience will be taken into account for any proposed move.

- Where staffing issues occur, that have an actual clinical impact affect, a Datix incident report must be completed to reflect staffing concerns and mitigation/actions taken.
- Must report absence from work as soon as possible to the respective line manager or the Nurse/ Midwife in Charge of the ward they are due to attend.
- Ensuring they have given up to date personal details to their Line Manager.

#### **4.11 Electronic Rostering Team**

- The Electronic Rostering Team will monitor and report on the completion of the process and the recording of a professional judgement on every shift. To ensure the system accurately records the staffing data to support local and national reporting.
- To support and provide training for Nurses and Midwives as required for system optimisation.

## **5 POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

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### **5.1 Monitoring of acuity, dependency and staffing levels**

- Acute inpatient areas are required to collect the acuity and dependency levels of patients on a shift-by-shift basis in conjunction with the levels of Registered Nursing/ Midwifery staff and unregistered staff (i.e. Healthcare Assistant/ Maternity Support Worker).
- Acuity and dependency levels of patients and the total Registered and Unregistered workforce should be updated via agreed platforms such as SafeCare and Birthrate Plus.
- Collecting acuity, dependency and staffing levels data allows monitoring and can prompt action when levels fall below the expected requirements. The information allows determination of daily operational support in addition to providing intelligence to support workforce planning.

### **5.2 Bi-Annual Establishment Reviews**

- The Assistant Chief Nurse (Workforce), Lead Nurse for Safe Staffing and Matron for Safe Staffing in Maternity are responsible for ensuring the correct evidence based tools are included within the Bi-Annual Establishment Reviews.
- Bi-Annual SNCT data collection will take place over a 30 day period for the Adult and Children and Young People Inpatient tools, with guidance from the Lead Nurse of Safe Staffing, to provide intelligence to support workforce planning as part of the Bi-Annual Establishment Reviews.
- The Bi-Annual Establishment Reviews are led in partnership by the Corporate Nursing Team and the CMG Senior Nursing Team. Additionally,

the Bi-Annual Establishment Review format will be reviewed for necessity by the Corporate Nursing Team and the CMG Senior Nursing Team prior to each Bi-Annual Establishment Review; ensuring relevancy.

- The Nursing and Midwifery Establishment Review Cycle is located in Appendix 3 and 4.

### 5.3 **Skill Mix**

- Each department will have an agreed total number of staff and skill mix for each shift, this will be agreed by the Head of Nursing/ Deputy Head of Nursing/ Matron within the CMG.
- Any changes in staffing configuration outside the Bi-annual Establishment Reviews should be subject to a quality impact assessment with final sign off by the Head of Nursing and any associated governance process.
- Each area will have an agreed level of staff with specific competencies on each shift. Detailed competencies will be specified for safety reasons and skills should be assigned to staff via HealthRoster for reference.
- Senior nursing/ midwifery staff should be rostered evenly to cover the department with senior presence.
- There should be a designated Nurse/ Midwife in Charge per shift that has been identified as possessing the necessary skills and competence required for a coordinating role. This allocation should also be reflected on HealthRoster.
- If a Senior Nurse/ Midwife has been allocated to work a managerial duty but is deployed to work clinically to cover a vacant duty (instigated by sickness etc.) this should be changed on HealthRoster. A Red Flag should be raised to evidence the mitigations required to maintain safe staffing levels.

### 5.4 **Temporary Staffing (Bank and Agency)**

- Temporary staff cannot take charge of a department unless they are known to the organisation and have been assessed as competent to do so. Approval for this will be made by the Ward Sister/Charge Nurse/Matron for the area.
- No unit/ ward should be staffed solely by temporary staffing and in particularly challenging circumstances; there should be at least one substantive registered member of staff on duty.

### 5.5 **Escalation Process**

- In order to ensure potential unsafe levels of staffing are raised, escalated appropriately and consistency across UHL, the Safe Staffing Escalation Cards have been developed to support staff in understanding their responsibilities (Appendix 1).

- The Safe Staffing Escalation Cards outlines actions required when it has been determined there is not enough staff with the right skills to provide the care to patients and ensuring staff can all take their breaks.

## 5.6

### **Red Flags**

- Red Flags should be used to indicate potential staffing issues; Red Flags can be raised via SafeCare or HealthRoster (whereby SafeCare is not in use). In Maternity, Red Flags should be raised within Birthrate Plus whereby Birthrate Plus is in use.
- Red Flags should be raised within the same shift period, i.e. not to raise Red Flags for the following shifts; this should be raised to the Matron, Deputy Head of Nursing/ Head of Nursing for mitigation prior to shift commencement.
- There are five Red Flag types in UHL for Nursing as specified in Table 1. If the answer is 'yes', you should raise a red flag.

#### **Table 1: Types of Red Flags (Nursing)**

- Are you 2 or more Registered Nurses below your planned number on this duty?
- Do you have patients that require 1:1 nursing care but you are unable to allocate a nurse to 'special' the patient?
- Do you have concerns about being able to provide safe care for patients with the current level of staffing?
- Is it unlikely, due to staffing, that the staff will be able to take their breaks?
- Does the unit have Rapid Flow/ Boarding of patients?
  - If "yes" to the question above, is staffing below 3 Registered Nurses and 2 Healthcare Assistants on the unit?

- When raising a Red Flag the comments section should be used to provide rationale and transparency as to which type of Red Flag has been raised and why the Red Flag has been raised.
- Any increasing trend or escalation in Red Flags within a given area will undergo further investigation and include quality and performance data triangulating information to provide comprehensive understanding of staffing concerns and impact on patient care.
- Any Red Flags raised by a department will need to be reviewed and actioned by a Senior Nurse at the earliest opportunity to ensure safe staffing levels.
- Once actioned, the Senior Nurse is required to resolve the Red Flag and add a note of the mitigation.
- If a Red Flag is raised out of normal working hours, the responsibility of reviewing and resolving the Red Flag is by the CMG Bleep Holder (Nursing) and the Duty Managers.

- Red Flags should be reviewed and resolved within the same shift period as it was raised.

## 5.7 **Redeployment**

- When staffing levels fall below the requirement, staff may be required to work in other clinical areas to provide a safe and effective service. The Head of Nursing/ Deputy Head of Nursing and the Matron will be responsible for the redeployment of staff predominantly in the CMG and any changes must be reflected through SafeCare or HealthRoster.
- Redeployment should be voluntary where possible, with individual discussions and risk assessments undertaken with the staff to understand personal circumstance as well as competence and skills prior to redeployment.
- It is recognised that staffing should be viewed as whole across the organisation. Should a staff member be required to be moved to an area outside their specialty or CMG, the Matron, Deputy Head of Nursing or Head of Nursing should make an assessment of the Nurse's competence outside their area of practice. A staff skills report can be extracted from HealthRoster to aid the assessment.
- In the event of a Major Incident, staff may be redeployed, taking into consideration their skills and competencies in order to provide the best patient care. HealthRoster will be used to manage redeployment and deployment in the event of a Major Incident.
- In the event of a major incident (such as a pandemic); the Corporate Nursing Team will lead on the response to staff redeployment at a considerable scale in partnership with the CMG Workforce Leads, Matrons, Deputy Heads of Nursing and Heads of Nursing.

## 5.8 **Safer Staffing Meetings**

- Safer Staffing Meetings will be held either locally across CMGs and Trust wide as outlined in the Escalation Process and chaired by the Out of Hours Tactical Command (Nursing).
- All Safer Staffing Meetings are to be held via Microsoft Teams for optimal attendance.
- All staff redeployment to be recorded using the SafeCare redeployment functionality or via HealthRoster.

## 5.9 **Key Performance Indicators (KPIs)**

- CMG performance against a number of KPIs for safe, effective and efficient rostering is monitored on a monthly basis by the Lead Nurse for Safe Staffing and the Matron for Safe Staffing in Maternity.
- Exception reporting received from the CMG per performance of each CMG and sent to the Lead Nurse for Safe Staffing and the Matron for Safe Staffing in Maternity.

- Overall summary reported to the Chief Nurse, Deputy Chief Nurse (for Workforce and Education) and the Assistant Chief Nurse (Workforce) for oversight of performance by the Lead Nurse for Safe Staffing and the Matron for Safe Staffing in Maternity.
- Bi-Annual Establishment Reviews are undertaken by the CMG in association with the Corporate Nursing Team, which include KPIs where applicable, including planned vs. actual hours, required vs. actual CHPPD, redeployment statistics and Red Flags etc.
- Table 2 shows the KPIs for each roster as per the Non-Medical Staff Rostering Policy (Trust Ref B5/2013).

**Table 2: Safe, Efficient and Effective rostering KPIs**

		<i>Amber threshold</i>	<i>Red threshold</i>
Safety	Red Flags	≥ 1 Red Flag remaining open	
	Planned vs. Actual Hours	Planned Hours ≤ Actual Hours	
	Required vs. Actual CHPPD	Required CHPPD ≤ Actual CHPPD	
Efficiency/ Affordability	Additional duties (No of shifts over budget)	No additional shifts	
	Bank Usage	N/A	
	Agency Usage	3-5%	
	Net Hours	The total net hours to be neutral.	
Effectiveness	Annual Leave	10- 10.9% / 17.1- 19.9%	<9.9% / >20%
	Sickness	3.5- 3.9%	>4%
	Study Leave	2.5- 2.9%	>3%
	Total Unavailability/ Headroom/ Uplift Allowance	23- 29.9%	>30%
	Roster Approval (Full) Lead Time Days	42 days	

## 6 EDUCATION AND TRAINING REQUIREMENTS

- All Registered Nurses/ Midwives who are competent to take charge will be trained to follow this policy and procedure on induction.
- Training on the use of SafeCare and HealthRoster will be delivered to Matrons, Ward Managers and their deputies by the Electronic Rostering Team. Matrons and Ward Managers will then cascade this training to all Registered Nurses that are required to act as a Nurse in Charge of a ward.
- Acuity assessment of a patient and recording on NerveCentre will be covered by Matrons and Ward Managers at the induction of each Registered Nurse.
- CMG Bleep Holders will be a Deputy Sister (band 6) or above with a minimum of 6months Deputy Sister post experience or UHL experience if new to UHL. CMG line

manager Matron will be responsible for arranging shadowing experience over a period of 3months with number of shadow shifts dependent on individual need.

- CMG Matrons will undertake CMG daily safe staffing lead role within 3months of post if previous UHL Bleep Holder experience or 6months if new to UHL with any required shadow shift being planned and determined on an individual basis by the CMG Deputy HoN line manager.
- All Assistant Chief Nurses, CMG and Corporate Heads of Nursing or Nursing Services (e.g. IPC, Safeguarding, digital, staffing etc.) and respective deputies along with Lead Nurses 8b and above will undertake the Out of Hours Tactical Command (Nursing) role. Individuals will commence on rota three months from commencement if internal promotion and six months from commencement in role if new to UHL.

## 7 Process for Monitoring Compliance

Elements to be monitored	Lead	Tool	Frequency	Assurance
Daily publication of staffing information on ward display boards	Ward Managers and Matrons	Observation	Daily	N/A
Safe staffing metrics (i.e. Planned vs. Actual Hours and Required vs. Actual CHPPD)	Assistant Chief Nurse/ Lead Nurse for Safe Staffing/ Matron for Safe Staffing in Maternity	Unify Report E-Roster Performance Metrics (safety, effectiveness and efficiency)  Red Flag Report  ≤2 RN/ RM on duty Report  Redeployment Report  SafeCare Compliance Report	Monthly	Reports to be shared with Deputy Heads of Nursing/ Heads of Nursing, Assistant Chief Nurses, Deputy Chief Nurses and Chief Nurse.  Exception reports to be summarised and shared with the Chief Nurse and appropriate recipients.
Record and report patient acuity levels and actual staffing levels	Chief Nurse/ Assistant Chief Nurse/ Lead Nurse for Safe Staffing/ Matron for Safe Staffing in Maternity	Evidence Based Tools (i.e. SNCT and Birthrate Plus etc.)	Twice a year	Reported to Trust Board
Risk register entries	Chief Nurse	Risk register	Monthly	Monthly review at Nursing and Midwifery Workforce and Staffing Group and then Bimonthly to Executive People and Culture Board

## 8 EQUALITY, IMPACT AND ASSESSMENT

- 8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

## **9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES**

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Carter (2016). *Operational productivity and performance in English NHS acute hospitals: Unwarranted variations an independent report for the Department of Health by Lord Carter of Coles*. [online] Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/499229/Operational\\_productivity\\_A.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/499229/Operational_productivity_A.pdf).

National Quality Board (2016). *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time*. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>.

NHS Improvement (2018). *Developing workforce safeguards Supporting providers to deliver high quality care through safe and effective staffing*. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2021/04/Developing-workforce-safeguards.pdf>.


## **10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW**

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- The policy and procedure will be reviewed by the Corporate Nursing Team each year. Required changes to go to P&G Committee for approval.
- The updated version of the policy will be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trust's PAGL System.



## Appendix 1- Safe Staffing Escalation Cards



Nursing  
Safe Staffing

# Types of Red Flags

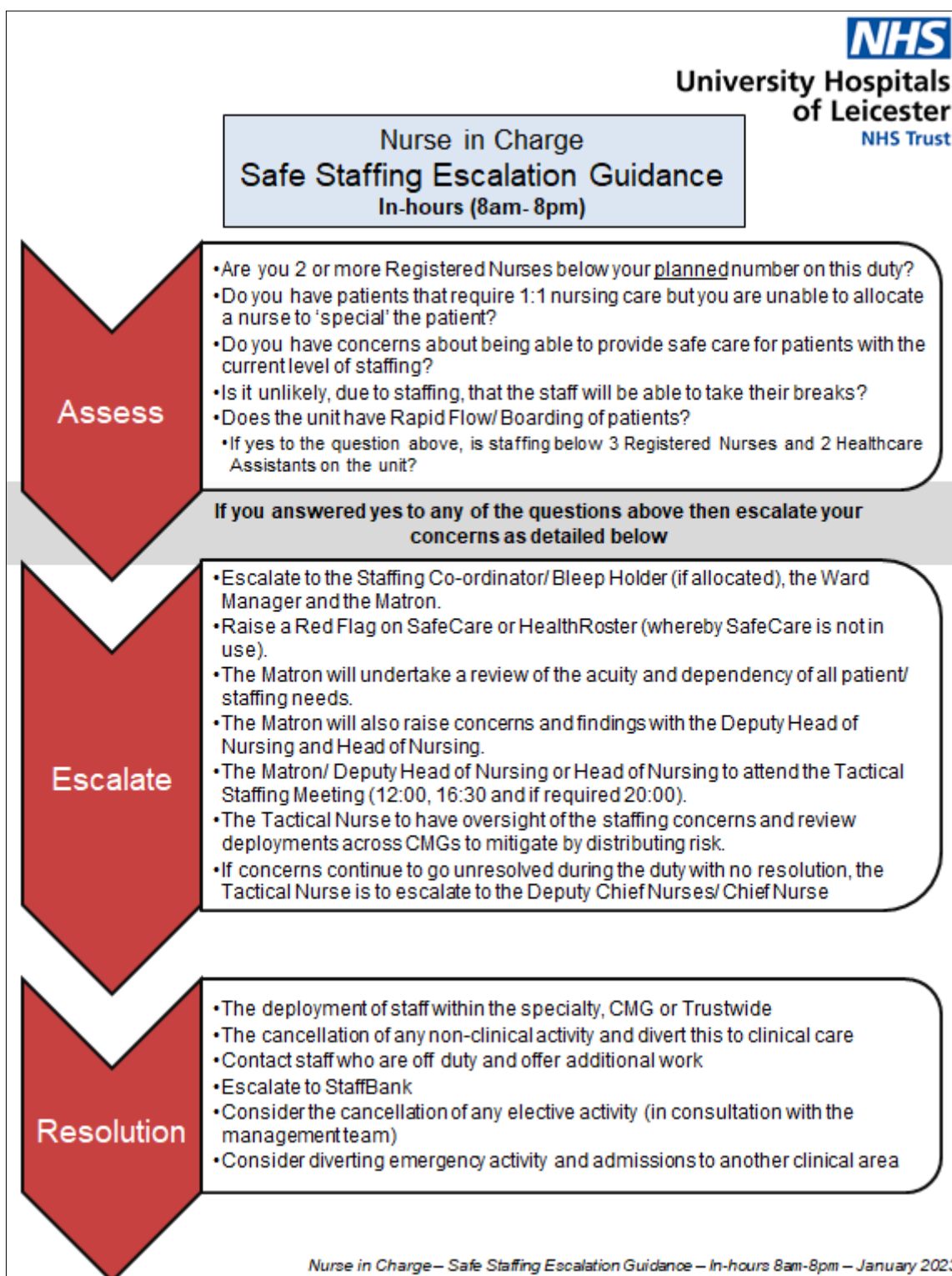
1. Are you 2 or more Registered Nurses below your planned number on this duty?
2. Do you have patients that require 1:1 nursing care but you are unable to allocate a nurse to 'special' the patient?
3. Do you have concerns about being able to provide safe care for patients with the current level of staffing?
4. Is it unlikely, due to staffing, that the staff will be able to take their breaks?
5. Does the unit have Rapid Flow/ Boarding of patients?
  - If "yes" to the question above, is staffing below 3 Registered Nurses and 2 Healthcare Assistants on the unit?

*Types of Red Flags– Safe Staffing Escalation Cards– February2023*

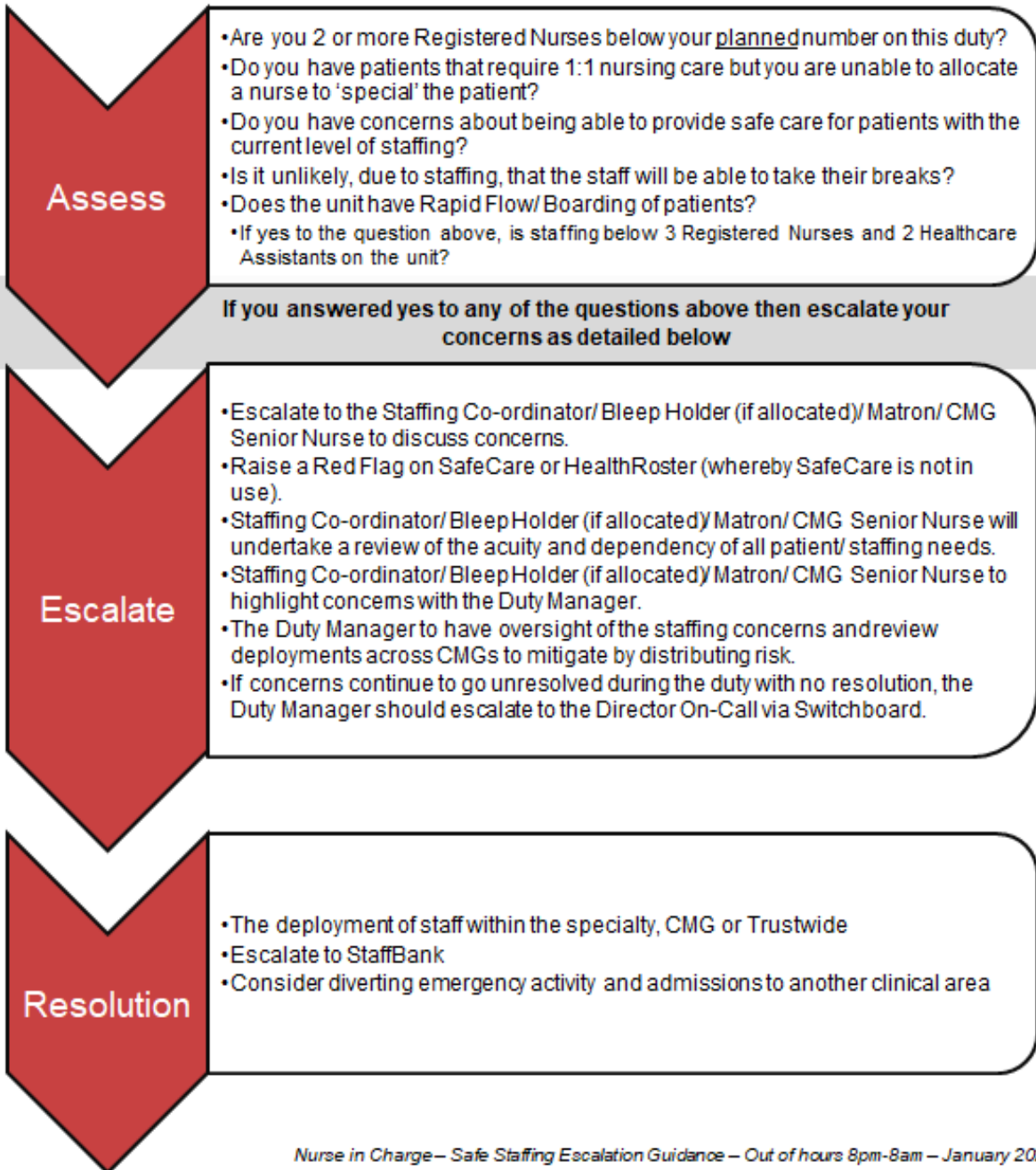
<b>Green</b>	<ul style="list-style-type: none"> <li>• Ensure staff absence is reported on SafeCare or HealthRoster</li> <li>• Complete daily SafeCare census in areas whereby SafeCare is in use</li> </ul>	<b>Tactical Nurse/ Tactical Command (Silver Nurse)</b>	
<b>Amber</b>	<b>In Corporate Working Hours</b>		
	<ol style="list-style-type: none"> <li><b>1. Raise Red Flag</b></li> <li>2. Ensure the Ward Manager and Matron are aware</li> <li>3. Nurse in Charge to be included within the numbers</li> <li>4. Include student/ apprentice contribution to patient care when assessing staffing requirements</li> <li>5. Contact StaffBank to prioritise duties</li> <li>6. Ward Manager to be included within the numbers</li> <li>7. Escalate to Matron and Deputy Head of Nursing</li> <li>8. Consider staff deployment within specialty/ CMG</li> <li>9. Document deployment on SafeCare or HealthRoster</li> <li>10. Continual review during duty and within the Safety Huddles</li> <li>11. Review staff on non-clinical shifts, such as non-mandatory study days.</li> </ol> <ul style="list-style-type: none"> <li>• If the above actions have provided the right staff with the right skills to deliver the care to our patients and staff can take their breaks to <b>close the Red Flag</b></li> </ul>		<ul style="list-style-type: none"> <li>• Lead Safe Staffing Meetings at 12 midday, 4:30pm and optionally at 8pm</li> <li>• Review Red Flags raised with attendees</li> <li>• Support/ advise Matrons with their clinical decision making</li> <li>• Follow-up concerns and ensure continual review of staffing</li> <li>• Capture operational pressures and patient flow which could further impact staffing</li> </ul>
	<b>Out of Normal Working Hours</b>		
<ol style="list-style-type: none"> <li><b>1. Raise Red Flag</b></li> <li>2. Inform CMG Bleep Holder</li> <li>3. Consider staff deployment within specialty/ CMG</li> <li>4. Document deployment on SafeCare or HealthRoster</li> <li>5. Contact StaffBank to prioritise duties</li> <li>6. CMG Bleep Holder to inform Duty Manager</li> <li>7. Prioritise patient need and adjust workload throughout the shift</li> <li>8. Continual review during duty and within the Safety Huddles</li> <li>9. Duty Manager to consider additional support from outside the CMG</li> </ol> <p>If the above actions have provided the right staff with the right skills to deliver the care to our patients and staff can take their breaks to <b>close the Red Flag</b></p>			

Red	<b>In Corporate Working Hours</b>	Tactical Nurse/ Tactical Command (Silver Nurse)
	<ol style="list-style-type: none"> <li>1. Ensure all Green and Amber actions are completed</li> <li>2. Matron/ Deputy Head of Nursing to inform Head of Nursing</li> <li>3. Head of Nursing to review clinical need across the CMG and if able to flex with all areas Amber or Green, no further escalation required</li> <li>4. Consider and action the deployment of Clinical Nurse Specialists, Practice Development Nurse, Matrons, Deputy Heads of Nursing and Head of Nursing to work within Clinical Teams.</li> <li>5. Head of Nursing to liaise closely with the Silver Nurse on Call</li> <li>6. Head of Nursing to inform DMT to determine if they expedite discharges and inform the Bed Management Team of potential impact on available beds</li> <li>7. Head of Nursing to consider the cancellation of mandatory study days</li> <li>8. Head of Nursing to resolve the Red Flag on SafeCare, including the note "<b>Unresolved Red Flag</b>"; this will be captured and looked into by the Lead Nurse for Safe Staffing</li> </ol>	<ul style="list-style-type: none"> <li>• Ensure all Green and Amber Tactical Nurse/ Tactical Command (Silver Nurse) responsibilities are met</li> <li>• Liaise closely with the Head of Nursing</li> <li>• Continual exploration of potential mitigations across the organisation</li> <li>• Override existing decisions to minimise overall organisation impact on staffing; such as orchestrating further deployments</li> <li>• Liaise closely with the operational team to minimise further potential risks</li> </ul>
	<b>Out of Normal Working Hours</b>	
	<ol style="list-style-type: none"> <li>1. Ensure all Green and Amber actions are completed</li> <li>2. CMG Bleep Holder to escalate to Duty Manager</li> <li>3. Duty Manager to review clinical need across the organisation and if able to flex with all areas Amber or Green, no further escalation required</li> <li>4. Duty Manager to resolve the Red Flag on SafeCare, including the note "<b>Unresolved Red Flag</b>"; this will be captured and looked into by the Lead Nurse for Safe Staffing</li> </ol>	

## Appendix 2- NIC Safe Staffing Escalation Guidance



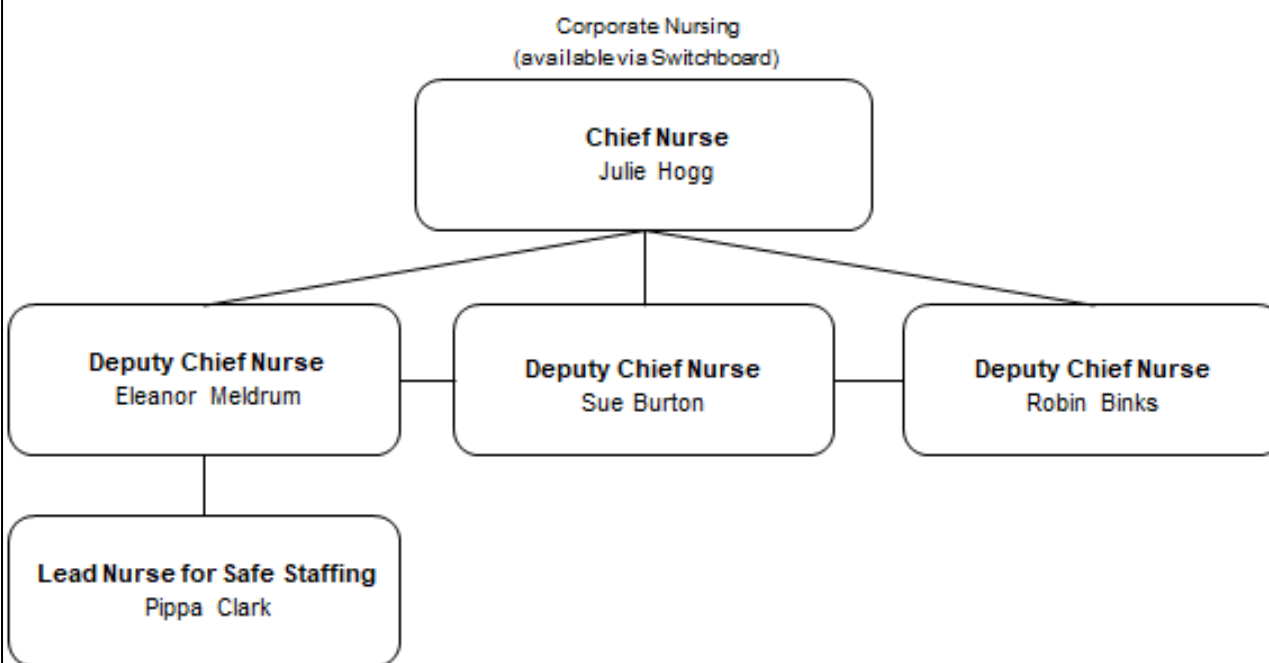
**Nurse in Charge  
Safe Staffing Escalation Guidance  
Out of hours (8pm- 8am)**



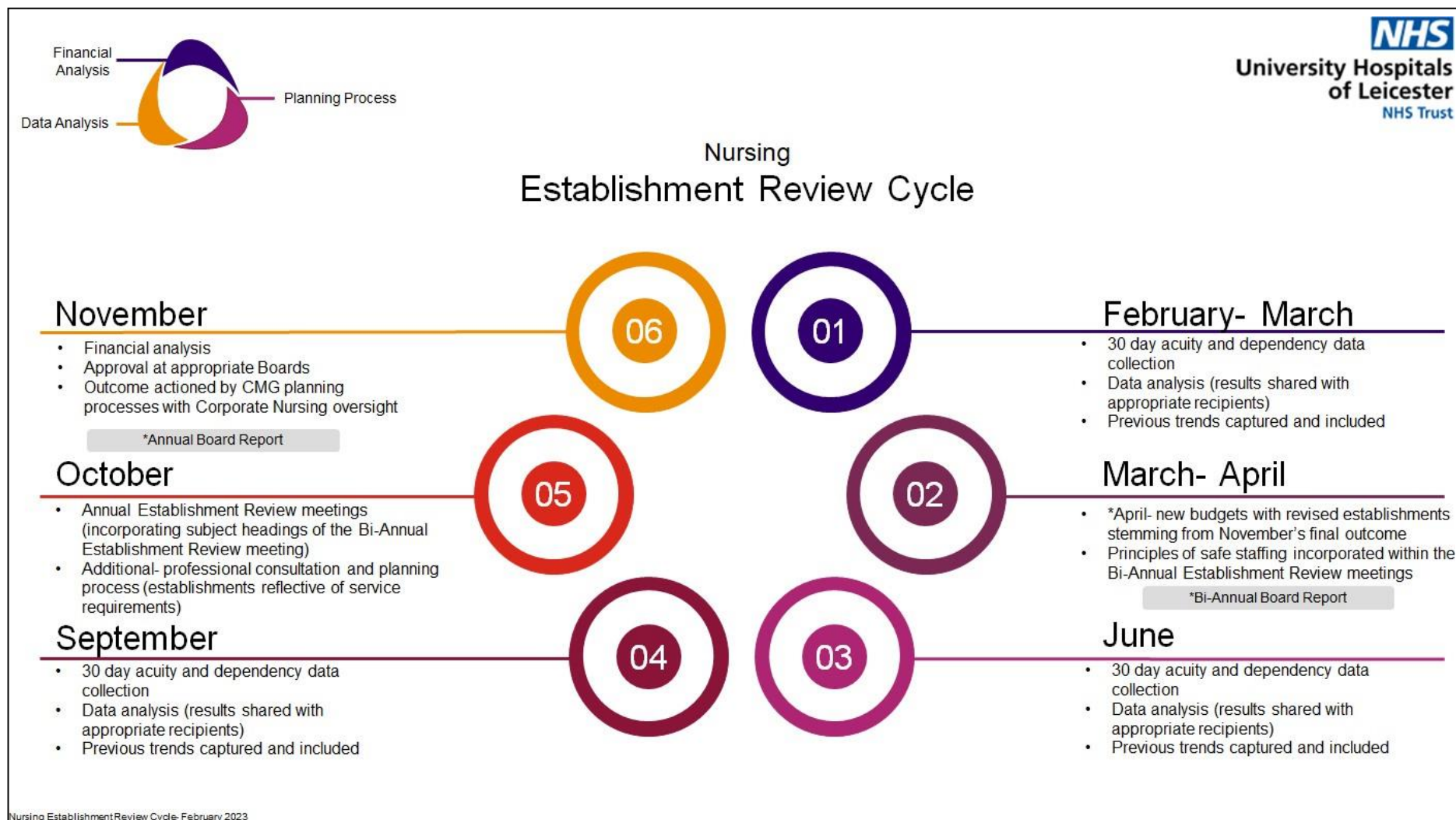
**Nurse in Charge  
Safe Staffing Escalation Guidance  
Key Contacts**

**Area:** \_\_\_\_\_

<b>Head of Nursing</b> Mobile: _____	<b>Deputy Head of Nursing</b> Mobile: _____	<b>CMG Matron on-call</b> Mobile: _____
<b>Staffing Co-ordinator/ Bleep Holder</b> Mobile: _____	<b>Duty Manager</b> Mobile: _____	<b>Other:</b> _____ Mobile: _____



## Appendix 3- Nursing Establishment Review Cycle



## Appendix 4- Midwifery Establishment Review Cycle

