

**Policies, Procedures, Guidelines and Protocols**

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5		

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# **Inpatient Wards Safer Staffing Policy**

## **1. Purpose**

The purpose of this policy is to provide clarity on the monitoring and management of nursing and allied health professional staffing levels across Shropshire Community Health NHS Trust (SCHT) inpatient services.

## **2. Background**

SCHT is committed to ensuring that levels of all non-medical clinicians both registered and unregistered, match the acuity and dependency needs of patients within clinical ward areas. This includes an appropriate level and skill mix of nursing staff and allied health professionals to provide safe and effective care. These staffing levels are reviewed along with the following reported outcome measures, for inpatient units - registered nurse to patient ratios, un-registered staff to patient ratios, Care Hours Per Patient Day Data (CHPPD) and the minimum number of staff per shift required to provide safe and effective patient care, including Allied Health Professionals and support staff.

There is a requirement for all Trusts with in-patient beds to publish their staff fill rates (actual versus planned and CHPPD, taking into consideration day and night shifts and Registered and Unregistered staff. This information appears on the Trust website.

Patients and the public are now able to see how hospitals are performing on this indicator on the NHS Choices website. This data sits alongside a range of other safety indicators.

For in patient areas, the ward establishment may include allied health professionals and other support staff (such as Pharmacists), depending on the model of care being delivered. However it is important to ensure that other support staff that are included as part of the core establishment are both rostered on the ward team's duty rota and are ward based. Staff who provide care on a defined number of session's basis would not be considered as part of the ward core establishment e.g. Mental Health Practitioner.

Each inpatient ward is also required to publically display staff numbers on a shift by shift basis. The Ward Staffing board is required to be updated at the start of each shift by the nurse in charge or Ward Coordinator – detailing the number of expected staff on each shift together with the actual number of staff on each shift. Any shortfalls in numbers will be managed as per the identified process in section three of this policy.

## **3. Responsibilities**

### **Chief Executive**

The Chief Executive has responsibility for meeting all statutory requirements and for implementing guidance issued by the Department of Health in respect of Integrated and Clinical Governance.

### **Director of Nursing and Quality**

The Director of Nursing and Quality is directly responsible for ensuring that the Trust has a structure to provide a safer staffing framework, to respond to escalation as outlined within the policy and that all appropriate healthcare professionals know of and apply the requirements of the policy at all times.

## **Deputy Director of Operations Deputy Director of Nursing and Quality**

The Deputy Directors of Nursing and Quality and Operations are responsible for ensuring that the wards respond to escalation as outlined within the policy and that healthcare professionals apply the requirements of the policy at all times.

### **Managers**

Managers must ensure that clinicians act in line with the Trust's safer staffing policy. They must also ensure that they respond appropriately to escalation as described in the policy. Breaches of the policy should be reported using the Trust's reporting procedures.

Ward Managers will take responsibility for ensuring there is a designated named nurse in charge of each shift 24/7, and this is denoted on the duty rota. In the absence of the Ward Manager, the named nurse in charge of the shift will ensure this policy is followed.

### **Healthcare Professionals**

It is the individual healthcare professional's responsibility to adhere to the Policy. It is a healthcare professional's own responsibility to ensure that when they require to make amendments to staffing numbers that they do so in line with the policy. Healthcare professionals must also be aware of and comply with any guidance on consent issued by their own professional and regulatory bodies.

### **The Board**

The Board is responsible for ensuring, through its sub-committees, that the Trust adheres to safer staffing policy and NICE guidance.

### **Committees and Groups**

#### **Quality and Safety Committee**

The Quality and Safety Committee is responsible to the board for ensuring that quality and safety are at the heart of the Trust, through its structures its role is to scrutinise all areas of the trust's clinical work to ensure appropriate standards of quality are met. In this case, in receiving and questioning establishment reviews and safe staffing reports.

#### **4. Real Time Management of Staffing Levels levels to mitigate risk**

The definition of 'safe' levels is the agreed clinical establishment for registered and unregistered staff within the establishment for each clinical area. This is also met by flexible rotas and ratios of registered versus unregistered staff in line with the patient dependency at the time.

It is expected that the safety huddle is used during all shifts and MUST be used in the event of amber and red shifts.

In the event of shortfalls of staff or unexpected increases in patient acuity and dependency requirements, in particular a rise or anticipated rise in Level 2 dependency the agreed staffing levels are reviewed with escalation actions specified at each level.

**Green shifts** are determined to be safe levels and would not require escalation as these constitute the levels expected through the agreed establishment.

**Amber shifts** are determined to be at a minimum safe level. The Locality Clinical Manager will be alerted, but no further escalation will be required. Staff will prioritise their work and adjust their workload through the shift accordingly, with a continual review of any changes to the acuity and dependence during ward safety huddles and handovers. By mutual agreement cancellation of leave, non-essential training, time owing and management days. The Temporary Staffing Coordinator will be alerted to support with temporary staffing as authorised.

**Red shifts** are determined to be at an unsafe level with inadequate staffing to meet patient needs. A Red shift means that there has been or highly likely to be some of the staffing 'Red Flag' indicators present listed in the NICE guidance NICE (July 2014). Red flags are those occurrences stipulated by NICE (July 2014) which maybe an indicator that the quality of care has declined and patients are being made vulnerable. Any red flag incident must be recorded on Datix and includes:-

These are:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Increased falls or multiple falls from one patient
- Patient vital signs not assessed or recorded as outlined in the care plan. Delays in essential clinical documentation being produced within Trust Policy timescales (e.g. clinical risk assessments, care plans, nursing reports) which have led to a delay in care or process
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
- Inability to provide appropriate monitoring and response to pain: asking patients to describe their level of pain level using the local pain assessment tool and providing analgesia in a timely way.
- Inability to provide for personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
- Inability to provide placement: making sure that the items a patient needs are within easy reach.
- Inability to provide positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- Less than 2 registered nurses present on a ward during any shift.
  
- Missed Breaks
- Increased overtime or excessive prolonged working hours to complete a process of care
- No substantive staff on duty only temporary staff
- Delays in response call bells, to alarms or urgent situations

- Delays in meeting care needs which have led to an increase in behaviours' which challenge (e.g. activity, therapeutic intervention, implementation of behavioural support plans).
- Inadequate levels of available staff with Fire, Safeguarding or BLS training.

Additionally

- No therapist availability causing a delay in treatment, debilitation or discharge if intervention that only a therapist can provide is not able to be given due to no therapist being available. This includes Occupational Therapy, Physiotherapy, Speech and Language Therapy and Dietetics.

Should any of these occur, escalation to the Locality Service Manager for investigation should follow immediately. The Locality Clinical Manager, Service Delivery Group Manager and Head of Nursing will be alerted. Out of hours this will be the On Call manager. Mitigating actions will be taken, and documented, which may include actions in line with the protocol for agency and bank staff use. These include

- The movement of staff – including temporary staff, allied health professionals and the wider clinical team from another ward or community care team to cover duties where appropriate.
- Additional hours may be offered at the Managers discretion.
- Utilisation of supernumerary staff within the numbers where appropriate

In exceptional circumstances activity could be reduced through reduction in the number of beds, or caseloads but this is to be agreed by the Director of Nursing.

Logging of the incident on DATIX

Completion of these actions may address / reduce the risk and reduce the shift to an amber rating. Red shift actions when escalated should be monitored by the SDG Manager, Head of Nursing, Deputy Director of Operations, Deputy Director of Nursing for effectiveness. Out of hours this will be the Manager on Call and Director on Call.

If following the red shift actions staffing levels continue to be inadequate with red flag indicators present or likely, the SDG Manager, Head of Nursing, Deputy Director of Operations, Deputy Director of Nursing will

- Review amber and red actions taken
- Consider cancellation of appointment's to release staff from other areas

**And in liaison with the Director of Nursing or covering Executive will;**

- Consider stopping admissions to caseloads or wards in discussion with the CCG
- Consider closing beds
- Consider implementing critical incident/major incident plan
- Inform the Chief Executive
- Inform commissioners

## **5. Daily Process to manage staffing**

Safe staffing levels are managed on a daily basis by the Ward Manager or in their absence the Nurse in Charge using the acuity and dependency tool, a review of nursing staff, AHP and support staff available, engagement in the safety huddle and handover.

AHP's and support staff should be involved in safety handover ( i.e on the late shift) OR be updated on the key safety issues at the earliest opportunity ( i.e on the early shift ) and are expected to work alongside and with nursing staff to support in delivery of patients fundamental care needs. This may include nutrition and hydration, international rounding and (for nursing staff only), rotating to support patient 1:1 'specialing' (for example

Consideration is given to bed capacity and operational activity within the Trust which may impact on safe staffing. Amber and Red Shifts are escalated to the Locality Clinical Manager. Actions are agreed to ensure that all areas are made safe.

Use individual patient's nursing needs as the main factor for calculating the nursing staff requirements for a ward. (The term patient nursing needs is used throughout this guideline to include both patient acuity and patient dependency. However, patients may require more AHPs to mobilise than to transfer using equipment with the nursing staff. Dependency from a nursing perspective would be much lower in this example than the need from therapy.

Make a holistic assessment of each patient's nursing needs and take account of specific nursing requirements and disabilities, as well as other patient factors that may increase nursing staff requirements, such as:

Difficulties with cognition or confusion (such as those associated with learning difficulties, mental health problems or dementia)

End-of-life care

Increased risk of clinical deterioration

Need for the continuous presence of a member of the nursing team (often referred to as 1:1 care or enhanced supervision).

### **Ward factors**

Expected patient turnover in the ward during a 24-hour period (including both planned and unscheduled admissions, discharges and transfers).

Ward layout and size (including the need to ensure the safety of patients who cannot be easily observed, and the distance needed to travel to access resources within the ward)

### **Staff factors**

Nursing activities and responsibilities, other than direct patient care. These include: communicating with relatives and carers

Managing the nursing team and the ward

Professional supervision and mentoring of nursing staff. Student nurses are considered supernumerary

Communicating with and providing nursing clinical support to all healthcare staff involved with the care of patients on the ward

Undertaking audit, and staff appraisal and performance reviews.

Support from non-nursing staff such as the medical team, allied health professionals and administrative staff.

If a staff member has any concerns about the levels of staffing, they should raise this first with their line manager and report it under the clinical incidents policy. If for any reason they don't think this is appropriate or have not had concerns sufficiently addressed they can refer to the SCHT Whistleblowing Policy. Alternatively they can contact the SHFT Freedom to Speak Up Guardian (Contact details to be found on the SCHT Intranet). Should any concerns be raised about safe staffing levels through the formal speak up process this will be investigated by the Deputy Director of Nursing and the findings discussed with the Deputy Director of Operations and Director of Nursing

## **6. Weekly Process to manage staffing**

SDG staffing reviews take place at least on a weekly basis to ensure plans are in place to deliver safe staffing levels for the forthcoming week and to review escalations from the previous week. Temporary staffing requests, absence and acuity and dependency levels are reviewed with team leaders / ward managers / LCMs to provide escalation reporting and to action and resolve known staffing issues.

The Trust Board has ultimate accountability for ensuring that SCHT is compliant to providing safe levels of staff. The shift fill and any concerns are raised through at least weekly meeting held by the Director of Nursing and Operations with the Deputy Director of Nursing and Deputy Director of Operations

## **7. Monthly Review Process to monitor Staffing levels**

Staffing levels are reviewed at Monthly SDG Quality and Performance Meetings and Quality & Safety Committee. Inpatient fill rates are reported externally to NHS England via UNIFY2 and are published on NHS Choices website.

## **8. Six Monthly Review Process to monitor Staffing levels**

A review of the staffing will occur six monthly, will be multidisciplinary and will include as a minimum;

Ward manager  
Representative involved in delivering direct care  
Finance representative  
Workforce and staff side  
Service user or carer attending  
Head of Nursing  
Deputy Director of Operations  
Adult SDG Manager  
A Locality Clinical Manager with Inpatient responsibility  
Deputy Director of Nursing who should chair the review  
Director of Nursing and Operations  
Adult AHP Professional Lead  
Temporary Staffing Coordinator

Before the meeting the review chair will access the relevant information in vacancies, sickness, red flag DaTIX indicators, patient feedback, staff survey feedback, bed occupancy, acuity and

dependency scores, bank and agency usage, This will provide a triangulated approach presenting a rounded view of staffing requirements to support professional judgements and decisions about delivering high quality, safe care to patients. The discussion will review all budgeted establishments/teams including therapists to identify any resource variances.

## **9. Six monthly Acuity and Dependency Measurements to inform Safe Staffing Levels**

The Trust Executive Quality and Safety Committee review six monthly staffing reports with published information on ward level staffing and exception reports, identifying key risks to safer staffing and mitigations. Acuity and Dependency measurements of inpatients and caseloads takes place on a six monthly basis using National evidence based tools and a professional judgment framework.

Results are presented via the Deputy Director of Nursing and Quality to the Trust Executive Board for discussion and approval prior to any establishment changes. This report will also be available to commissioners.

## **10. 'Safer Staffing Information Packs' to support safe staffing levels**

Safer Staffing Information Packs are located within each ward, department providing guidance upon minimum staffing, temporary staff booking procedures and a copy of this policy. Staff members should ensure that they are familiar with the location and content of these Information Packs, and that the policy within it is the most up to date version and contacting their line manager for further guidance if required.

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## **11. Training Requirements**

Ward Managers should undergo training on effective rostering  
Registered staff should be introduced and shown how to use the Shelford Acuity and Dependency tool

## **12. Monitoring Compliance**

As described in the policy, exceptions will be reported on DATIX. Additionally Weekly, monthly and six monthly reviews of safe staffing are undertaken as differing levels of the organisation.

## **13. Consultation**

**Director of Nursing**  
**Deputy Director of Nursing**  
**Deputy Director of Operations**  
**Adult Service Delivery Group Manager**  
**Locality Clinical Manager NE**  
**Locality Clinical Manager SE**  
**Locality Clinical Manager SW**  
**Head of Nursing and Quality for Adults**  
**Ward Manager Bridgnorth**  
**Ward Manager Ludlow**  
**Ward Manager Bishops Castle**  
**Ward Manager Whitchurch**  
**Clinical Quality Lead**

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**AHP Professional Lead  
Temporary Staffing Coordinator**

**14. Policy Review**

Will be undertaken every two years or when there is a change in national guidance or admission criteria.

**15. Supporting References**

NICE guideline SG1 July 2014 **Safe staffing for nursing in adult inpatient wards in acute hospitals** <http://www.nice.org.uk/Guidance/SG1>

**16. Associated Trust Documents**

Incident Reporting Policy

Whistleblowing Policy

SOP Temporary Staffing (Appendix 1)

Admission and Transfers Policy

Community Hospital Staffing Levels wm896697s (Appendix 2)

APPENDIX 1

**Standing Operating Procedure for Agency Request And Sign Off Process For Community Hospitals, Prisons And Adult Community Services**

Document Details		
Title	Standing Operating Procedure for Agency Request and Sign Off Process For Community Hospitals, Prisons and Adult Community Services	
Trust Ref No		
Author	Andy Matthews Service Delivery Group Manager Community Hospitals & Outpatients	
Related Trust Policy	2016-36519	
Approval process		
Approved by (Committee/Director)	Service Delivery Group Adults Performance	
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Amendments History		
No	Date	Amendment
1	13.08.15	Following Comments from Ops Division
2	14.08.15	Following CH CSM's Review
3	18.08.15	Following Deputy Director Ops comments (SAO)
4	20.08.15	Final Changes from SDG Manager (AM)
5	04.09.15	Following ward Managers comments
6	07.09.15	Following Deputy Director Ops comments (PD)
7	08.09.15	Following Conference Call
8	11.09.15	Following Review Director of Nursing & Ops
9	23.09.15	Following Review Director of Nursing & Ops
10	18.11.15	Following CIP Delivery Group
11	15.03.16	Following Conference Call
12	29.04.16	Regarding Complaints Process Agency staff

13	31.10.16	New SOP Format – Updated personnel
14	11.5.17	Addition to Managing The Clinical Environment and new NHSI return requirements
15	25.10.17	Addition - approval required for agency staff costing over £120 per hour by Director of Nursing & Operations and reporting requirements – delegated by Chief Executive Officer
16	9.2.18	Amendments following Trust Wide Agency Group. Update of NHSI reporting requirements
17	30.7.18	Updating NHSI reporting requirements and additional hours of centralised bank and new Locality Clinical Manager (LCM) posts.

## Purpose

To detail the process to ensure authorisation has been granted for the use of agency workers.

## Introduction

This will cover the process in/out of normal working hours and aims to standardise the process across the Community Hospitals, Prisons and Adult Community Services for Shropshire Community Health Trust. The object is to ensure that we are utilising our own staff effectively, considering skill mix and only using agency staff when all other options have been exhausted.

## Scope

This procedure covers the following principles:

- The process for requesting agency staff
- Who can sign off an agency staff requests
- In hours process
- Out of hours process

Agency requests excluding Prisons, Minor Injuries and In-Patient Nursing have to be processed via oracle.

## Definitions

An agency request is requesting to use a member of staff that are NOT employed by Shropshire Community Health NHS Trust (SCHT). This includes ID Medical (master vendor) and any other agencies

## Responsibilities

### In Hours:

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- The person(s) managing the off duty should alert their line manager (delegated manager) to any issues regarding staffing.
- Substantive staff should be approached first if they can cover the shift either by swapping shifts or working additional hours. Overtime payment for full time staff needs to be agreed by Ward Manager /LCM and in line with working time directive guidance in relation to hours worked per week.

All SCHAT Bank staff should be contacted either by telephone or via 'text' alert service if available.

During the hours of 09.00hrs – 17.00hrs Monday to Friday and 08.00hrs – 13.00hrs at weekends and bank holidays, the centralised bank based at Ludlow Community Hospital (Tel 01584 872201) will contact bank and agency staff for the in-patients wards subject to the approval process listed in this document.

- If the shift can still not be covered approval for ID Medical should be sought from the line manager and agreed by the LCM with an explanation as to why there's a need agency staff and agree what skill mix is required for safe staffing.
- Team leaders and service managers/LCM's will formally review the off duty on a weekly basis to determine staffing/agency requirements. Each time the LCM is on site they will visit the ward to monitor progress and advise accordingly.
- Ward Managers/Service leads/LCM should ensure that all other avenues have been tried before approving agency use
- Service Leads/LCM's will carry out a weekly forward look with ward manager's and approve any agency requirement to ensure safer staffing levels are met. Each Monday the agency requirements and usage will be discussed at Hospital/Service level with reports forwarded to the Service Delivery Group Manager.
- Each Tuesday the collated reports will be discussed and actions challenged on a conference call chaired by either the Service Delivery Group Manager or Deputy Director and LCM's. Ward Managers will cover the call in the absence of LCM's. At the end of the week Service Delivery Group Manager/LCM's will take a retrospective look, assess any additional agency usage and ensure it was justified, appropriate approval had been sought and the SOP has been followed.
- Each Friday a conference call will be held to discuss the progress made during the week and highlight any issues for over the weekend.
- Shifts must be provided to ID Medical for a minimum of 1 hour before considering using any other agencies
- ID Medical should respond to the shift request within 1 hour to confirm ability to cover
- Approval for additional agency staff usage MUST be approved by Locality Service Lead/LCM or covering LCM in the first instance or the Service Delivery Group Manager 07799 894965 in their absence
- Should ID Medical be unable to cover the shift only framework agencies should be contacted to cover
- If framework agencies can not cover on the current NHSI price cap then consideration for using framework agencies over the cap will be undertaken with a final approval by the Service Delivery Group Manager or Deputy Director of Operations.
- Approval for off framework agency usage e.g. Thornbury will need to have Director approval.

- Any agency shift that will cost over £100 per hour requires final approval by the Chief Executive Officer with initial approval by the Director of Nursing & Operations.

#### Out of hours:

- Nurse in charge should contact substantive and bank staff via telephone and/or 'text' alert service if in use
- Contact on call duty manager via Shropdoc (Tel: 01743 454903) to discuss staffing issues
- Valid reasons should be given must be given for requiring agency staff use and assurance provided that all other avenues have been exhausted.
- Skill mix must be considered and does the shift need to be replaced like for like
- Approval must be granted before shift can go to ID Medical
- ID Medical must be given a minimum of 1 hour before other agencies use can be considered
- ID Medical should respond to the shift request within 1 hour to confirm ability to cover
- If ID Medical unable to cover re-contact duty manager to discuss
- Should ID Medical be unable to cover the shift only framework agencies should be contacted to cover
- Nurse in charge must document their discussions with on call manager and a robust system put in place to ensure that booking authorisations are recorded effectively for the retrospective review each week.
- Approval for off framework agency usage e.g. Thornbury will need to have Director approval.
- Any agency shift that will cost over £100 per hour requires approval by Director on call.

### **Procedure**

#### Managing The Clinical Environment

The Ward Manager / Nurse in Charge needs to manage the clinical environment regarding staffing. An assessment of patient safety needs to be carried out to identify if an additional member of staff is required. The following factors need to be considered prior to requesting additional staffing resource :-

1. Is the ward dependency as such that additional staff are actually required, is the staffing compliment unsafe?
2. Are there empty beds on the ward and if so has this been taken in to consideration? Are admissions/transfers planned for later on in the day? Is there the potential to temporarily suspend admissions/transfers for the shift?  
For example, if the ratio of staff to patients for that shift is normally 1:4 when there are no vacant beds and there are 4 vacant beds is the full shift compliment required.

#### Bed compliments within the Community Hospitals

- Bishops Castle – 16 Beds
- Bridgnorth – 25 beds

- Ludlow – 24 beds
  - Whitchurch – 32 beds
3. Can changes in the existing roster be initiated e.g. skill mix
  4. Can staff in the hospitals assist and be utilised with duties which will assist staffing e.g. MIU, Therapists, Admin staff.
  5. Are the patients located on the ward to maximise the staffing resource available eg. cohorting same sex patients who require supervision in to a bay. Is the supervision of these patients reviewed on a daily basis.
  6. If cover for the MIU's is required in periods when activity is low consideration needs to be given if to close the Unit (Director level decision).

## **Monitoring**

Monitoring of agency shifts planned and used will be discussed at the twice weekly conference call. The same information and reasons for usage will be produced in a monthly report from finance and included in the monthly safer staffing report for the Service Delivery Group Quality & Safety meeting.

## **Risk Assessments**

- Excessive use of agency staff leads to reduced quality of patient care
- Increases substantive and bank staff stress
- Poor patient outcomes
- Increased drug errors
- Budget cost pressures
- Patient dissatisfaction

## **Communication**

### In hours

- Any agency requests must be discussed and approved by the LCMs
- Telford Locality – mob:- 07919 395743
- Central Locality – including Stoke Heath HMP – mob:- 07812 990478
- SE Locality - Bridgnorth Community Hospital – mob:- 07900 648619
- SW Locality - Ludlow & Bishops Castle –mob:- 07789 927798
- NE Locality - Whitchurch Community Hospital – mob:- 07967 767408
- NW Locality - Oswestry – mob:- 07816

If your locality LCM is not on duty then another LCM can be contacted for approval. The reason for agency use must be explained e.g. unplanned absence

Assurance must be obtained that all avenues have been considered before approval is given.

### Out of Hours:

- Ensure substantive staff and bank staff are telephoned or contacted via the 'text' alert system to covert the shift
- If no one is able to cover
- Contact on call duty manger via Shropdoc on 01743 454903
- The reason for requesting agency staff should be given e.g. sickness. Full

assurance must be given that the substantive and bank staff have been contacted and are unable to cover

- Permission must be granted for the shift to go out to ID Medical
- Shifts must be out with ID Medical for a minimum of 1 hour
- If ID Medical are unable to cover after 1 hour the on call duty manager should be contacted again to discuss and gain permission to use other agencies

It should be documented who gave approval for shifts to go to agency for LCM's to review with ward managers and enable them to provide narrative of usage to the divisional manager on a weekly basis

## **Reporting of Overrides of Mandatory Use Of Frameworks**

The use of any non-framework agencies are discussed at the twice weekly conference call and actions put in place where possible to prevent this from re-occurring.

On a weekly basis framework and cap/wage rate breaches are reported to the NHSI. Other information collated includes the number of agency shifts utilised, the top ten highest cost and longest term agency workers, all agency shifts over £100 per hour and reporting of all agency shifts where the worker is paid 50% or more above the price cap, up to £100/hr. These are reported internally to the Temporary Staffing Co-ordinator (Centralised Bank) co-ordinator by 12 midday each Tuesday for the period the week before 12 midnight Sunday to 12 midnight Sunday. The reports are then collated, approved by the Director of Nursing & Operations and reported to the NHSI by 12 midday on the Wednesday.

### Reviews of additional staffing use:

- Team Leaders and LCM's to meet weekly to review staffing levels and needs
- Service Leads/LCM's/Team Leaders to compile a weekly forward look of staffing needs/approvals
- Service leads/LCM's to retrospectively look at staffing usage and report to Service Delivery Group Manager each week with narrative
- Safer staffing report to be completed monthly for Service Delivery Group Manager

## **Agency DNA , Agency Staff Competence, Complaints to Agencies**

Should an agency member of staff not attend, if there are any concerns regarding their level of competency (we can refuse to have that member of agency staff again) or if there is a need to complain to the agency i.e. wrong booking the process is :-

- Inform agency (if ID Medical e-mail is [complaints@id-medical.com](mailto:complaints@id-medical.com) ) copying in your CSM, and the Temporary Staffing Co-ordinator from the centralised bank.
- Complete incident form (datix)

Should a member of ID Medical attend the service and they have not been booked. In hours contact centralised bank (01584 872201). Out of hours then contact ID Medical direct, and contact other community hospital wards in case they are expecting or sourcing agency staff. If the member of staff is required at another ward the usual approval via the on call manager is required.

## **References**

Shropshire Community Trust Safer Recruitment Policy

Agency Request and Sign-off Process – Standard Operating Procedure (SOP) Children & Families

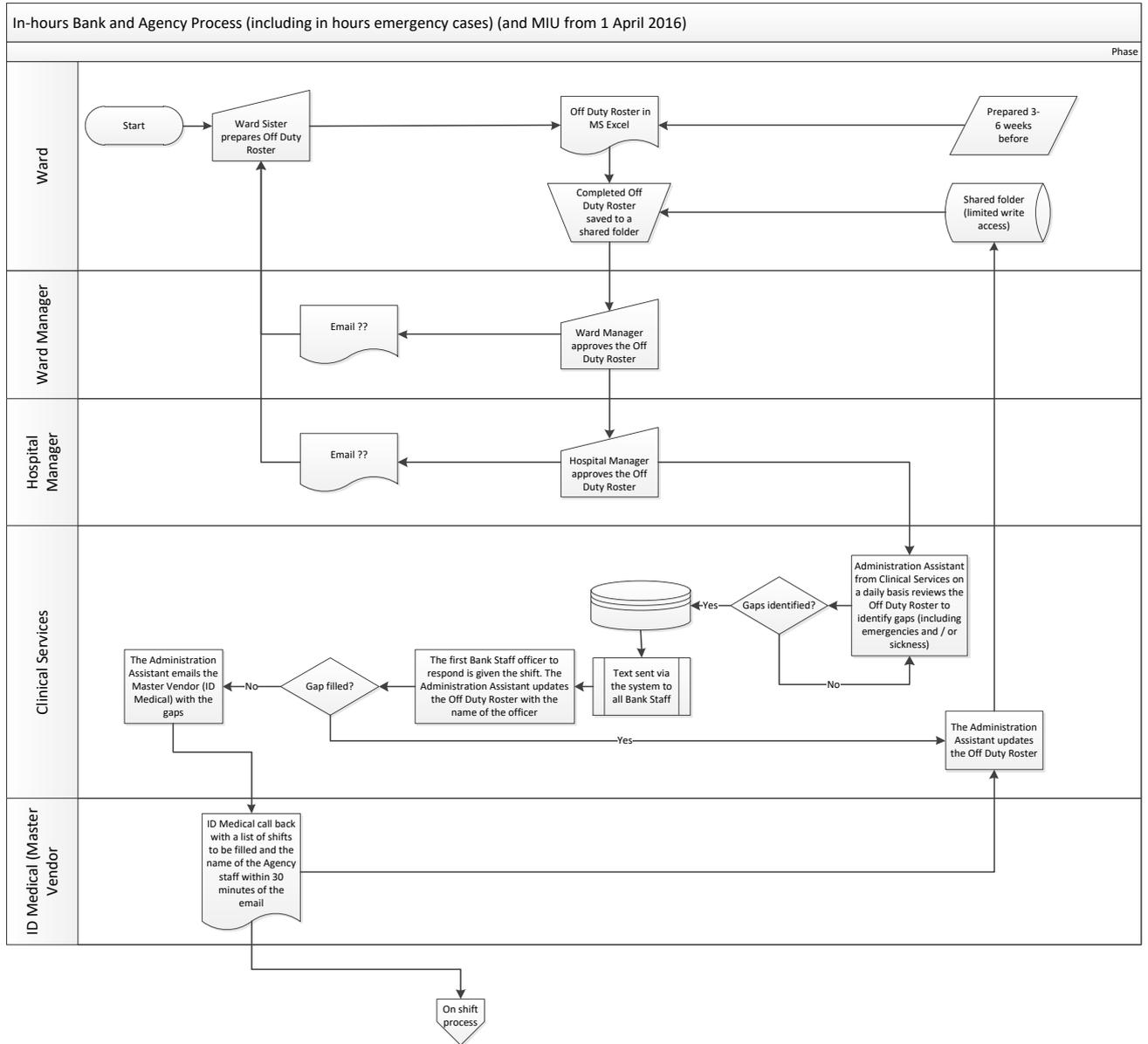
Bank and Agency Internal Audit Report:8.16/17 10 November 2016

Monitor guidance on Agency price caps

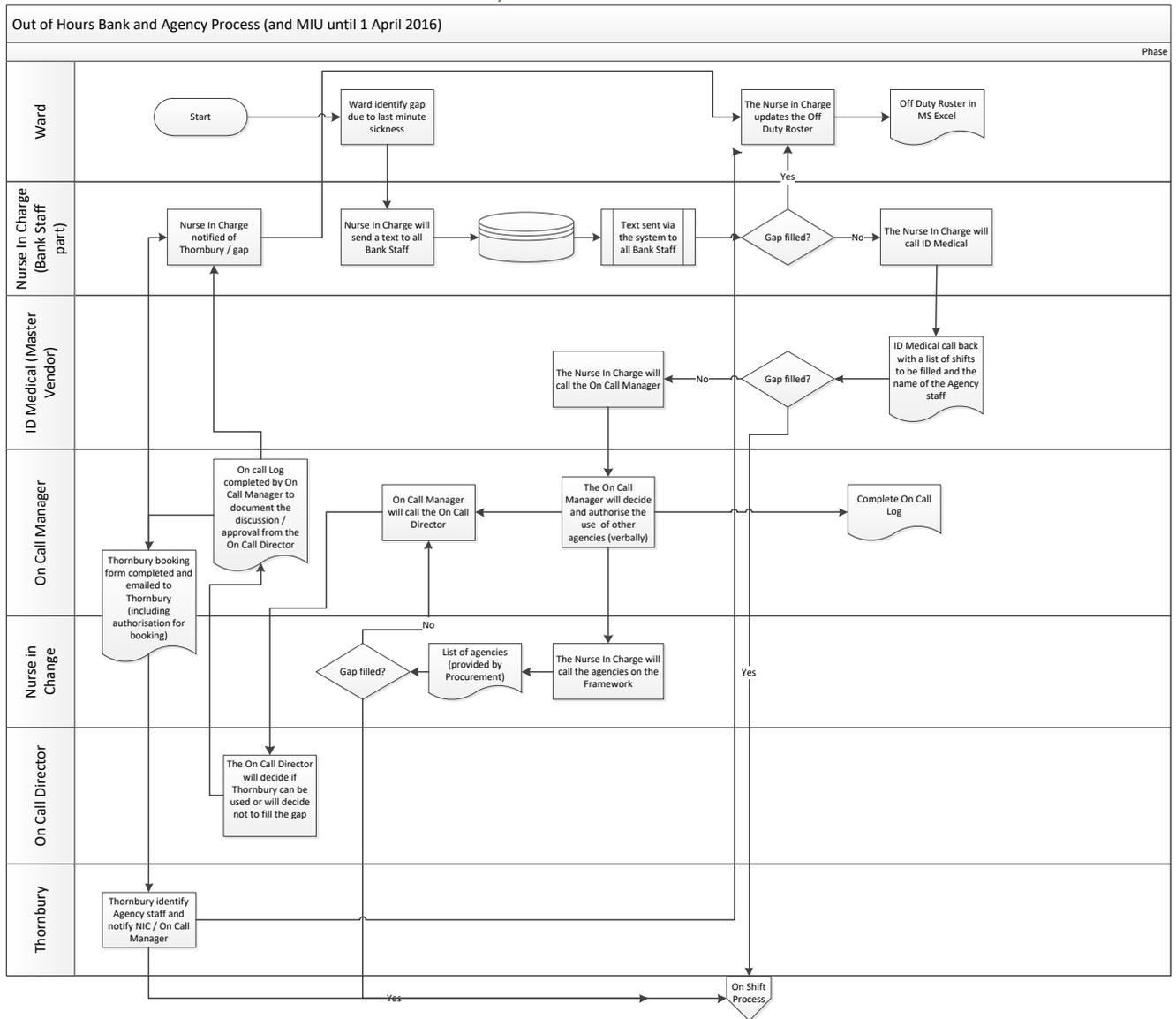
**Forms/templates**

See Appendices below.

# APPENDIX A: BANK AND AGENCY PROCESS (IN-HOURS FOR WARDS)



# APPENDIX B: BANK AND AGENCY PROCESS (OUT-OF-HOURS WARDS AND MIU'S)



## APPENDIX 2

### Community Hospital Staffing

**Shift patterns are consistent across all sites;**

**Early 0730-1530, Late 1330-2130, Night 2100-0800**

**Agency and Bank Shift times must be to meet patient and ward need and may not necessarily fit into these standard shift patterns**

Nursing establishments have been revised and approved; having taken into consideration national guidance, ward layout, variations in bed occupancy and the changing nature of patient acuity and dependency. These revised establishments provide adequate staff to deliver a flexible approach for the delivery of safe healthcare to our patients. All vacancies will continue to be actively recruited to.

The staffing and shift requirements for all community hospitals includes flexibility for supporting patients on a 1-1 basis where required or for increased patient acuity. It also allows for flexibility and variation in staffing availability due to unexpected staff sickness or other absence. This will significantly reduce the requirement for additional staff at short notice, for example bank or agency.

Ward managers and other clinical staff available, including therapists should be taken into consideration to support patient needs and achievement of patient goals. Each community hospital will also have a discharge coordinator. A flexible approach to staffing is required to meet patient need including opportunities for adjusted shift start and finish times (see note below re agency and bank shift times).

The staffing levels identified for each community hospital should be consistently applied 7 days a week to facilitate and enable therapeutic intervention for all patients and progress of 'red to green' actions daily.

A flexible approach in this context means and includes:

- Utilising available staff flexibly to deliver safe healthcare in advance of the requirement for agency staff
- Where a reduced bed base is likely to remain across the duration of a shift, consider re-allocating staff to other duties to utilise staff more efficiently
- Utilising AHP's to support the delivery of safe healthcare i.e assisting with patient 1:1 care, nutrition, hydration, patient repositioning and continence needs etc.
- Adopting a pragmatic approach to shift patterns where necessary to meet patient need including opportunities for adjusted shift start and finish times (see note below re agency and bank shift times)
- Ward managers and other clinical staff available, including therapists should be taken into consideration to support patient needs and achievement of patient goals

- Effective use of the discharge co-ordinator to ensure patient flow

Where Nurse and HCA staffing does not meet these numbers for a shift or at a specific time, the Nurse In Charge (the Nurse in Charge should be clearly marked on the off duty for each shift) for the shift should discuss with the ward manager\*\* to determine whether there is an operational need for additional staff (before requesting bank/agency), based upon;

- How many beds are currently occupied, how many patients are expected and what the recent occupancy has been
- Acuity and dependency of existing patients
- Staff availability and attendance
- The acceptable variation of staff numbers identified for the shift
- Mitigation actions taken
- Any specific concerns which the nurse in charge has regarding patients or staff
- What the current escalation status of the urgent care system is ( including SATH escalation status)

\*\*escalate to locality manager/on call manager if ward manager not on duty. The capacity manager, once in post will support this decision making.

**Authorisation for booking agency staff for shifts cannot be made by the ward staff; any requests must be pre-authorised by the Locality Clinical Manager before they are booked. If out of hours, this must be authorised by the on call manager.**

The need for 1:1 patient support has been built into the staffing model; requests for 1:1 patient support will be therefore be in exceptional situations and made via discussion with the Quality Lead for Adults or Head of Nursing for Adults

### **Reporting safety concerns**

Reporting situations where a 'red flag criteria' has occurred is important to support our staff to speak up about concerns relating to delivery of safe healthcare. The mitigating actions to prevent a red flag situation arising must be implemented by the end of September across all in patient areas.

**Safety huddle and bedside handover must be standardised across all sites immediately**

**Safer Staffing; Community Hospital requirements for Registered Nurses, Assistant Practitioners and Health Care Assistants**

(Therapy staff and other support staff are available to support patients on the ward, in addition)

**Bishop’s Castle (max. occupancy 16 beds) – 01588 638220 (Ward Manager; Leanne Morgan; Locality Manager; Katie Turton) (interim Katie Turton supporting as ward manager and locality manager)**

	Approved Nursing Staff Requirements		Safe Variation for Nursing Staff Requirements (RN and HCA)	
	Registered Nurse (RN)	Health Care Assistant (HCA)	Acceptable variation (for 11- 16 patients)*	Acceptable variation (for 10 patients or less)*
<b>EARLY</b>	2	3	2 RN + 2 HCA	1 RN + 2 HCA (roster for 2 RN + 1 HCA)
<b>LATE</b>	2	3	2 RN + 2 HCA	1 RN + 2 HCA (roster for 2 RN + 1 HCA)
<b>NIGHT</b>	2	1	No variation; 2 RN + 1 HCA	1 RN + 2 HCA (roster 2 RN + no HCA)

\*Whilst it should be planned (rostered) for 2 Registered Nurses per shift, it is recognised that there may be occasions when this is not possible. On these occasions and where present, the ward manager will be the 2<sup>nd</sup> RN and support clinically where required. It is acceptable, in exceptional circumstances to have 1 RN on duty for 4 hours or less for 11-16 patients. These instances should be Datix’d. Where the unit has 10 patients or less, the unit can be safely managed with 1 RN in exceptional circumstances which should be alerted to the Locality/On-call manager and Head of Nursing/Quality Lead.

**To reflect winter pressure across the health economy it is acknowledged that more than 10 patients at any one time is likely to be the case.**

**We will continue to plan 2 RNs each shift.**

**In the unplanned event that only 1 RN reports for duty, it is important for the Nurse in Charge to assess patient acuity and discuss with the Locality Clinical Manager or On call Manager out of hours whether the balance of risk requires a member of staff to be relocated from another community hospital site.**

**Bridgnorth (max. occupancy 25 beds) – 01746 762641 (Ward Manager, Karen Maynard; Locality Manager, Rachel Mole (interim Phil Atkins))**

	Approved Nursing Staff Requirements		Safe Variation for Nursing Staff Requirements (RN, AP and HCA)	
	Registered Nurse (RN)	Health Care Assistant (HCA)	Acceptable variation for 19-25 patients*	Acceptable variation for 18 patients or less*
<b>EARLY</b>	4	4	3 RN's + 4 HCA	6 staff; min 2 RN
<b>LATE</b>	4	4	3 RN's + 4 HCA	6 staff; min 2 RN
<b>NIGHT</b>	3	2	2 RN + 3 HCA	2 RN + 2 HCA

\*Whilst these staffing numbers should be planned, it is recognised that there may be occasions when this is not possible. On those occasions a RN may be substituted for an HCA or qualified Assistant Practitioner (AP) within any early or late shift. Each shift should have a minimum of 2 RNs on duty.

**Ludlow (max occupancy 24 beds) – 01584 872201 (Ward Manager, Amber Bugler; Locality Manager Katie Turton)**

	Approved Nursing Staff Requirements		Safe Variation for Nursing Staff Requirements (RN, AP and HCA)	
	Registered Nurse (RN)	Health Care Assistant (HCA)	Acceptable variation for 19-24 patients *	Acceptable variation for 18 patients or less*
<b>EARLY</b>	3	4	2 RN + 4 HCA	5 staff; min 2 RN
<b>LATE</b>	3	3	2 RN + 4 HCA	5 staff; min 2 RN
<b>NIGHT</b>	2	2	2 RN + 2 HCA required	4 staff; 2 RN + 2 HCA

\*Whilst these staffing numbers should be planned, it is recognised that there may be occasions when this is not possible. On those occasions a RN may be substituted for an HCA or qualified Assistant Practitioner within any early or late shift. Each shift should have a minimum of 2 RN's on duty.

**Whitchurch (max occupancy 32 beds + 4 winter escalation beds = 36) – 01948 666292 (Ward Manager, Susanne Richardson; Locality Manager Tara Ashley)**

	Approved Nursing Staff Requirements		32-36 patients staffing requirements	Safe Variation for Nursing Staff Requirements (RN, AP and HCA)	
	Registered Nurse (RN)	Health Care Assistant (HCA)	Total staff needed	Acceptable variation for 25-32 patients*	Acceptable variation for 24 patients or less*
<b>EARLY</b>	4	5	9 ( 4 RN)	8 staff; min 3 RNs	7 staff; min 3 RNs
<b>LATE</b>	4	4	8 (4 RN)	7 staff; min 3 RNs	7 staff; min 3 RNs
<b>NIGHT</b>	3	2	6 (3 RN)	5 staff; 3 RN + 2 HCA	4 staff; min 2 RNs

\*Whilst these staffing numbers should be planned, it is recognised that there may be occasions when this is not possible. On those occasions a RN may be substituted for an HCA or qualified Assistant Practitioner (AP) within any shift. Each shift should have a minimum of 2 RNs on duty.

**Shift patterns for bank and agency**

To support the ward staffing and meet patient need, please consider a flexible request for shifts for all bank and agency requirements. This will reduce the need for booking agency and bank shifts as the whole 24 hour period of staffing can be looked at.

The requirement for booking agency MUST be pre-authorized by the Locality Clinical Manager (or the on call manager out of hours).

Suggested shifts are

Day shift; 7:30 am – 8pm (12 hours excluding unpaid break)

Night shift; 7:30pm – 8am (12 hours excluding unpaid break)

If substantive staff offer to work these alternative shifts and it meets the needs of the ward to reduce agency or bank staff requirements, this is acceptable (but is not a requirement of their role).

## Appendix 3

# Staff Action Card: Real Time Management of Staffing Levels to Mitigate Risk

### GREEN SHIFTS : Are determined to be safe levels

and would not require escalation as these constitute the levels expected through the agreed establishment.

### AMBER SHIFTS: Are determined to be at a minimum safe level

- Alert Locality Manager
- Prioritise workload
- Review the patients acuity and dependency at each handover and safety huddle
- By mutual agreement cancellation of leave, non-essential training, time owing and management days.
- The Temporary Staffing Coordinator will be alerted to support with temporary staffing as authorised.

*It is expected that the safety huddle used is during all shifts and MUST be used in the event of amber and red shifts.*

### RED SHIFTS : Are determined to be at an unsafe level

With inadequate staffing to meet patient needs.

A Red shift means that there has been or highly likely to be some of the staffing 'Red Flag' indicators present

Should any of these occur, escalation to the Locality Service Manager for investigation should follow immediately.

The Locality Clinical Manager , Service Delivery Group Manager and Head of Nursing will be alerted. Out of hours this will be the On Call manager.

Mitigating actions will be taken, and documented, which may include actions in line with the protocol for agency and bank staff use.

These include

- The movement of staff – including temporary staff, allied health professionals and the wider clinical team from another ward or community care team to cover duties where appropriate.
- Additional hours may be offered at the Managers discretion.
- Utilisation of supernumerary staff within the numbers where appropriate
- In exceptional circumstances activity could be reduced through reduction in the number of beds, or caseloads but this is to be agreed by the Director of Nursing.
- Logging of the incident on DATIX

If following the red shift actions staffing levels continue to be inadequate with red flag indicators present or likely, the SDG Manager, Head of Nursing, Deputy Director of Operations, Deputy Director of Nursing or on call Manager will

- Review amber and red actions taken
- Consider cancellation of appointment's to release staff from other areas

And in liaison with the Director of Nursing or covering Executive will;

- Consider stopping admissions to caseloads or wards in discussion with the CCG
- Consider closing beds
- Consider implementing critical incident/major incident plan
- Inform the Chief Executive
- Inform commissioners