Clinical

Safe Staffing Escalation: Standard Operating Procedure

Document Control Summary

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The ward staffing summary on this sheet will be drawn together by the Hospital co-ordinator and sent to the manager’s distribution list via email a report in the table format (Fig 3). It is designed to give clear staffing information at a glance for each of the inpatient clusters. The layout has been tested and will maintain its formatting on computers as well as smart phones and tablet devices ................. 4
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1. **Introduction**

Nursing, midwifery and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients. There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time. The National Nursing Strategy ‘Compassion in Practice’ emphasised the importance of getting this right, and the publication of the report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry and reviews by Professor Sir Bruce Keogh into 14 trusts with elevated mortality rates, Don Berwick’s review into patient safety, also highlighted the risks to patients of not taking this issue seriously.

South Staffordshire & Shropshire Healthcare NHS Foundation Trust (The Trust) is committed to ensuring that service users receive the highest quality care whilst in receipt of services. To ensure that this is achievable there must be sufficient numbers of staff who have the right levels of skills and training who can be deployed responsively to meet service user needs.

We take the care of our service users very seriously and already have a number of mechanisms in place to ensure that our wards are safely staffed, including displaying boards for patients and visitors in all of our wards that shows the planned and actual staffing available at the start of every shift.

In 2014, a national mandate from the NHS Chief Nursing Officer England and the Care Quality Commission entitled ‘Hard Truths’ outlined 5 commitment which Trusts are required to have in place. The fifth commitment was as follows:

*The Trust:

- Reviews the actual versus planned staffing on a shift by shift basis
- Responds to address gaps or shortages where these are identified
- Uses systems and processes such as e-rostering and escalation and contingency plans to make the most of resources and optimise care*. 

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This SOP outlined how the Trust meets that commitment.

2. Purpose

This SOP is intended to describe a set of procedures which enable staff members to understand the steps which are required to ensure that there is adequate staff working on each shift to meet patients’ needs. Also, when the usual staffing levels are not in place and/or that the usual staffing levels are insufficient to meet patient needs due to increased demand that staff are clear about how to escalate this for support to senior nurses and managers to identify and redeploy human resources to maintain safety as and when necessary.

Note – the intention is that this SOP will be replaced in 2016 with SafeCare module of Allocate E-rostering system – this will occur once the Trust has upgraded to V10 of Allocate

3. Scope

This SOP applies to all staff who are working in or have responsibility or accountability for clinical services.

4. Shift by shift Staffing Summary and Escalation Process
5. Safe Staffing Workbook

The safe staffing workbook is completed during each shift showing the section illustrated in Fig 1 will be populated for the subsequent shift and ensures prompt action to resolve any needs identified for the next duty.

**Fig 1**
Predicted shift status

<table>
<thead>
<tr>
<th>Ward</th>
<th>Number of Beds</th>
<th>Date</th>
<th>Shift</th>
<th>Bed Occup (Excl. Leave)</th>
<th>Shift Estab</th>
<th>Forecasted Staffing Need</th>
<th>Reason for Increased Need 1</th>
<th>Reason for Increased Need 2</th>
<th>Reason for Increased Need 3</th>
<th>Roster Exp.</th>
<th>Band 6/7 expected to be on Ward (any duty)</th>
<th>Forecasted Staffing Status</th>
<th>Reason for Forecasted Staffing Status 1</th>
<th>Reason for Forecasted Staffing Status 2</th>
<th>Reason for Forecasted Staffing Status 3</th>
<th>Initials of NIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norbury</td>
<td>13</td>
<td>30/08/15</td>
<td>Night</td>
<td>13</td>
<td>4.3</td>
<td>3.7</td>
<td>2:1 Observation</td>
<td>2:1 Observation</td>
<td></td>
<td>3.8</td>
<td>Green</td>
<td>Forecasted need met</td>
<td></td>
<td></td>
<td></td>
<td>AK</td>
</tr>
<tr>
<td>Norbury</td>
<td>13</td>
<td>31/08/15</td>
<td>Early</td>
<td>13</td>
<td>4.3</td>
<td>4.7</td>
<td>2:1 Observation</td>
<td>2:1 Observation</td>
<td></td>
<td>4.6</td>
<td>0</td>
<td>Amber</td>
<td>Insufficient HCWS to meet needs</td>
<td></td>
<td></td>
<td>AK</td>
</tr>
<tr>
<td>Norbury</td>
<td>13</td>
<td>31/08/15</td>
<td>Late</td>
<td>13</td>
<td>4.3</td>
<td>4.7</td>
<td>2:1 Observation</td>
<td>2:1 Observation</td>
<td></td>
<td>4.7</td>
<td>0</td>
<td>Green</td>
<td>Forecasted need met</td>
<td></td>
<td></td>
<td>AK</td>
</tr>
<tr>
<td>Norbury</td>
<td>13</td>
<td>01/09/15</td>
<td>Early</td>
<td>13</td>
<td>3.8</td>
<td>3.8</td>
<td>2:1 Observation</td>
<td>2:1 Observation</td>
<td></td>
<td>3.8</td>
<td>0</td>
<td>Green</td>
<td>Forecasted need met</td>
<td></td>
<td></td>
<td>AK</td>
</tr>
<tr>
<td>Norbury</td>
<td>13</td>
<td>01/09/15</td>
<td>Late</td>
<td>13</td>
<td>4.3</td>
<td>4.7</td>
<td>2:1 Observation</td>
<td>2:1 Observation</td>
<td></td>
<td>4.7</td>
<td>0</td>
<td>Green</td>
<td>Forecasted need met</td>
<td></td>
<td></td>
<td>SN</td>
</tr>
<tr>
<td>Norbury</td>
<td>13</td>
<td>01/09/15</td>
<td>Night</td>
<td>13</td>
<td>4.3</td>
<td>3.8</td>
<td>2:1 Observation</td>
<td>1:1 Observation</td>
<td></td>
<td>4.7</td>
<td>0</td>
<td>Green</td>
<td>Forecasted need met</td>
<td></td>
<td></td>
<td>JT</td>
</tr>
<tr>
<td>Norbury</td>
<td>13</td>
<td>02/09/15</td>
<td>Early</td>
<td>13</td>
<td>4.7</td>
<td>4.7</td>
<td>2:1 Observation</td>
<td>2:1 Observation</td>
<td></td>
<td>4.7</td>
<td>0</td>
<td>Green</td>
<td>Forecasted need met</td>
<td></td>
<td></td>
<td>JT</td>
</tr>
</tbody>
</table>

At the same time the Actual Shift Data should be completed for the current shift. This records the staffing levels and Staffing Status achieved on the ward (Fig 2).

**Fig 2** Actual Shift Data

<table>
<thead>
<tr>
<th>Shift Change</th>
<th>Actual Staffing Need</th>
<th>Actual Staff on Shift (Current Shift)</th>
<th>Band 6/7 on the Ward Yes/No</th>
<th>Actual Staffing Status (Current Shift)</th>
<th>Reason for Actual Staffing Status 1</th>
<th>Reason for Actual Staffing Status 2</th>
<th>Reason for Actual Staffing Status 3</th>
<th>Initials of NIC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3:8</td>
<td>3:8</td>
<td>1</td>
<td>Green</td>
<td>Actual Need Met</td>
<td></td>
<td></td>
<td>AK</td>
</tr>
<tr>
<td></td>
<td>3:8</td>
<td>4:6</td>
<td>0</td>
<td>Amber</td>
<td>Actual Need Met</td>
<td></td>
<td></td>
<td>CD</td>
</tr>
<tr>
<td></td>
<td>4:7</td>
<td>4:7</td>
<td>0</td>
<td>Green</td>
<td>Actual Need Met</td>
<td></td>
<td></td>
<td>JT</td>
</tr>
</tbody>
</table>

The ward staffing summary on this sheet will be drawn together by the Hospital co-ordinator and sent to the manager’s distribution list via email a report in the table format (Fig 3). It is designed to give clear staffing information at a glance for each of the inpatient clusters. The layout has been tested and will maintain its formatting on computers as well as smart phones and tablet devices.

**Fig 3** Example of summary template emailed to safer staffing e-mail circulation group
<table>
<thead>
<tr>
<th>Ward</th>
<th>Bed Occ.</th>
<th>Shift Status</th>
<th>Senior Nurses on Ward (any duty)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Norbury</td>
<td>13</td>
<td>Green</td>
<td>1 needs met, 136 cover</td>
</tr>
<tr>
<td>Brocton</td>
<td>16</td>
<td>Green</td>
<td>1 needs met</td>
</tr>
<tr>
<td>Milford</td>
<td>12</td>
<td>Green</td>
<td>0 needs met</td>
</tr>
<tr>
<td>Chebsey</td>
<td>8</td>
<td>Amber</td>
<td>2 1 HCSW down, managing on numbers, 136 cover</td>
</tr>
<tr>
<td>Baswich</td>
<td>12</td>
<td>Green</td>
<td>0 needs met</td>
</tr>
<tr>
<td>Bromley</td>
<td>14</td>
<td>Green</td>
<td>0 needs met</td>
</tr>
</tbody>
</table>
6. Shift by Shift Staffing Escalation Process

Planned staffing management

- Forecasting gaps
- Internal solutions/swaps scheduled
- Gaps filled
- Flexible staffing shift requested
  - No
  - Yes: update E Roster

Real time review management and escalation

- Gap identified no internal solutions
- Flexible staffing shift requested
- Site Manager informed
- Able to use inter ward swaps and remain safe?
  - No
  - Yes: Staff moved: update E-Roster and Staffing Summary

Gaps filled?
- Yes
- No: Clinical risks
  - Site Manager to escalate to manager or on call
    - Yes
      - Escalate to senior manager or on call,
        - Clinical risks
          - Yes
            - Complete an incident form
          - No
            - Clinical risks
              - No
                - If unable to resolve escalate to executives, consider business continuity plans, whether this requires a Major Incident and mutual aid response
              - Yes
7. **Process for Monitoring Compliance and Effectiveness**

Compliance with this SOP will be monitored by lead site managers at the Redwoods Centre, Shrewsbury and St Georges, Stafford. This will be undertaken by reviewing data which sits within the staffing workbook and comparing with staffing levels on the wards on a daily basis.

8. **References**

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Mental Health and learning Disability inpatient and community Staffing tools