

Routine guidance in the application of Safe Staffing across all SASH services

This document describes the process for assessing and managing nursing staffing levels across SaSH on a shift by shift basis.

The Nurse in Charge of Ward/Department is responsible for assessing staffing numbers are as expected on the rota and the ward is assessed as being safely staffed taking into consideration workload, patient acuity and skill mix.

Green Status

Staffing numbers are not as expected, but reasonable given current workload

Action by:

Ward Sister/Charge Nurse or Nurse in Charge of shift

Actions to be taken:

- Review the staffing numbers, skill mix and the specific skills and competencies of the ward nurses for the current shift
- Make a professional judgement about the ability of the team to manage workload and any known changes in patient case mix and/ or dependency or reduced numbers of staff
 - Allocate staff to patient workload in the most efficient manner.
 - Assess the need for additional staff and if required review rota in relation to staff rostered on days off, study leave and other leave to assess if these are essential and may be changed.
- Keep Matron informed of decisions at all times.

Ascertain whether remaining staff could safely complete:

- Observations (especially post operative, EWS)
- Adequately provide observation of patients at increased risk (falls/ confusion etc) without "specials" nurse
- Mealtimes and feeding of all patients requiring support
- Hydration of patients (drinks and IV or NG fluids)
- Pressure Area Care
- Drug administration and oxygen therapy on time
- Staff can take their statutory rest breaks

Wards may be busy without a staff member but is more likely to be **unsafe if you cannot complete these 7 tasks**

If a problem in staffing is identified: i.e. the Ward Sister/ Charge Nurse or Nurse in Charge considers the situation to be "unsafe" in relation to staff numbers and the ability to deliver patient care, the following escalation should be applied:

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Amber status

Staffing numbers are not as expected and minor adjustments are made to bring staffing to a reasonable level given workload, acuity and skill mix

OR

Staffing numbers are as expected, but given workload, acuity and skill mix, additional staff may be required

Action by:

Ward Sister/Charge Nurse or Nurse in Charge of shift

Action taken:

- Contact Matron/ CSM to ascertain a broader perspective of available staff.
- Review the rota in relation to staff rostered on days off, study leave and other leave to assess if these are essential and may be changed
- Matron/ CSM will review the unit provision of staffing and reallocate staff across the unit as necessary.
- Ward Sister/ Charge Nurse or Nurse in Charge will contact Bank to submit a request to provide additional bank staff. If this exceeds the available budget then permission from Matron must be sought first. The Bank will liaise with ward first if bank staff are unavailable and agency staff are required.
- Contact Divisional Chief Nurse for permission to request agency staff
- Document all actions and complete an All Purpose Report Form.

If the problem remains and safe skill mix/ numbers as agreed are not achieved as a result of these actions, the following stage should be followed:

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Red Status

Staffing levels inadequate to manage current needs

Action by:

Matron/ Divisional Chief Nurse

Action taken: Monday – Friday 0800 – 17.00 hours

- If bank or agency staff are unavailable then Matron to contact Divisional Chief Nurse to review Trust wide allocation of staff and liaise with peers to action staff movement between wards and departments.
- Consider distribution of nurses including Nurse Specialists and non- ward based nurses etc.
- Consider actions for reducing in-house training requirements to redeploy staff
- Consider movement of patients/ case mix/ dependency within the unit to safely manage the patients within the available skill mix. Liaise with CSM
- Consider at the same time planning staff and patient movement for forthcoming shifts, across the unit.
- Inform Divisional Chief Nurse, (who will decide if at this stage the Associate Director, Chief Nurse and Chief Operating Officer need to be informed) with a view to moving patients across the Trust +/- temporary closure of a bed for less than 2 hours.
- AD to contact Chief Nurse and Chief Operating Officer to review the need to reduce planned patient activity and the possibility of closing beds.
- Document all actions and complete an All Purpose Report Form.

Action by:

Clinical Site Manager/On Call Manager (Out of Hours)

- Review and ensure actions from earlier escalation are in place
- Ensure Matron/CSM have reviewed Trust wide staffing levels and acuity together
- Contact “On Call” Manager to review the need to redirect admissions and the possibility of closing beds.

At no time will beds be closed without prior consultation with the Chief Operating Officer or the Chief Nurse “in hours” and the on-call Director “out of hours”.

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Nurse in Charge of Ward/Department responsible for ensuring staffing numbers are as expected on the rota and ward is assessed as being safely staffed taking into consideration workload, patient acuity and skill mix.

Staffing numbers are not as expected, but reasonable given current workload

Action:

None, keep under review periodically

Staffing numbers are not as expected, but reasonable given current workload and acuity, although may need adjustment if there is a change in workload or acuity

Action:

None, keep under review periodically

Staffing numbers are not as expected and minor adjustments are made to bring staffing to a reasonable level given workload, acuity and skill mix

OR

Staffing numbers are as expected, but given workload, acuity and skill mix, additional staff may be required

Action:

Aim to increase or replace the member of staff. See if any ward staff have indicated they are available for additional shifts. Contact Matron/Divisional Chief Nurses to see if other wards in Division can send staff. Contact bank to provide additional staff. Divisional Chief Nurses to contact Nurse Bank to give permission to use Agency Nurses (in hours)

Office Hours: If Bank/Agency are **unable** to supply staff as per request, notify Divisional Chief Nurse

Out of Office Hours: If Bank/ Agency are **unable** to supply staff as per request, notify Clinical Site Manager. Authorisation of usage Agency from Manager On Call may be required

Staffing levels inadequate to manage current needs

Action:

Consider distribution of nurses including Nurse Specialists and non ward based nurses etc. for ward allocation.

Consider movement of patients/case mix/dependency within the unit to safely manage the patients within the available skill mix. Liaise with the Clinical Site

Consider communications with Community regarding admission/discharge strategies

Advise Divisional Chief Nurses (who will decide if at this stage the Chief Nurse and Director of Operations need to be informed)

AD's to contact Director of Operations, review the need to reduce planned activity and the possibility of closing beds.

Out of hours contact Clinical Site Practitioner who will escalate to on call General Manager as indicated.