Safe Staffing
Standard Operating Procedure
Version 4.0

Document Review History

Version Number	Authored/Reviewed by	Active Date
1.0	Yvonne Simpson	10 April 2017
2.0	Yvonne Simpson	12 May 2017
3.0	Yvonne Simpson	25 May 2017
4.0	Yvonne Simpson	30 May 2017

Content:

1.0   Purpose of the document:

The purpose of this document is to provide guidance for all Ward Leaders, Matron, Heads of Nursing and for on-call Managers at Sherwood Forest Hospitals NHS Foundation Trust (SFH) on the standard of Safe Staffing which is expected by the Chief Nurse and understand the steps which are required to ensure that there is adequate staff working on each shift to safely meet the patient's safety.

The document is to provide the usual staffing (established and minimum) levels, and 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.

2.0   Expected outcome of the Standard Operating Procedure:

- To ensure that there is a safe and consistent approach to managing nurse staffing across SFH;

- To ensure that no inpatient area works with less than 50% of SFH Registered Nurses on a shift[1];

- To ensure that areas at risk of falling below the safe staffing of 50% SFH Registered Nurses are easily identified and mitigation is implemented at a divisional level.

3.0   Scope:

This Standard Operating Procedure supports the management of nursing and midwifery staffing levels to ensure the right level of staff and skill mix is available to deliver safe, effective patient care and to robustly manage staffing levels as part of the operational management of the organization. It supports the organization to understand and manage the potential risks associated with staffing levels and seek to decrease agency utilization, in order to improve quality and safety of the care provided to the patients at SFH.

4.0   Operational Standard:

The Standard Operating Procedure for the maintenance of safe staffing is as follows:-

4.1   Annual Review of establishments:

Nursing and Midwifery levels are reviewed annually and triangulated with benchmarks in national guidance and comparable Trusts. Review should be in advance of business planning cycle to ensure these are incorporated into workforce planning within the organization.

Ward establishments are submitted by the Heads of Nursing to the Chief Nurse for the annual Nursing review.

On completion of the annual review no changes to the ward establishments should be made without agreement and formal approval by the Heads of Nursing.

4.2   Dependency and acuity studies:

Each division is required to monitor in practice the dependency of patients using the Safer Care Nurse tool for all general ward areas and specialty tools for other areas, such as BEST for ED. The AUKUH/ SNCT audits are completed daily and data is analysed monthly and is currently under transition, being transferred into Safer Staffing.

The results of the reviews should be reviewed alongside other key quality metrics and professional judgement, both in the triumvirate and among Heads of Nursing, Deputy Chief Nurses and Chief Nurse for appropriate confirm and challenge.

4.3   Sign off – 6 weeks in advance:

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[1] D16/D5 Specification for Adult Critical Care (NHSE, 2014) states clearly that there should be no more than 20% agency staff on a shift

Matrons within each division have responsibility for signing duty rotas off six weeks in advance of the start date to ensure appropriate duty rotas and staffing levels are being maintained against agreed workforce model, and that this is in line with the Rostering Policy.

4.4 Weekly off-duty schedule with key issues identified (future state):

Matrons within each division will complete the weekly staffing schedule in Appendix 1, using the standard template developed. These should then be submitted to the Divisional Heads of Nursing identifying the key issues and plans to mitigate if risks have been identified. All agency Registered Nurses will be identified for each shift and where there are 50% agency nurses this will be identified as an AMBER risk and where there is more than 50% agency nurses this will be identified as a RED risk.

Once the Divisional Head of Nursing has reviewed the template and is content that all risks have been mitigated, this information will then be reviewed in a weekly staffing review meeting. These reviews will take place weekly to review the numbers of staff actually on duty against the numbers of staff planned. This information should be recorded on the weekly RAG rated early warning trigger tool Appendix 2, for ward areas and for service areas, this should then feed into the divisional performance reports.

4.5 Daily Staffing Review by the Duty Nurse Manager (real-time):

Staffing level reviews are completed at the following times throughout the day to ensure effective operational management of staff.

What time?	By whom?	To whom?	Why?
08.00 hours	Night Duty Nurse Manager	To the oncoming Duty Nurse Manager and Silver on-call	As a minimum these review will include staffing for each ward area, number of agency, and the RAG rating for risks on each ward; Gaps against agreed staffing levels; Dependency of patients across the sites; Identify staff who can be deployed to meet minimal staffing assessment; Allocation of the HCA Virtual Ward
11.00 hours	Duty Nurse Manager and Silver on-call	To share with the organization and give an organizational overview	
20.00 hours	Duty Nurse Manager/ Silver on-call	To the oncoming Night Duty Nurse Manager and the organization	

The Duty Nurse Managers and Silver on-call produce a staffing template which is RAG rated depending in the number of SFH registered nurses compared to the number of agency, see Appendix 3. The RAG rating matrix is:

Risk Factor:	RAG rating:	Action by the Duty Nurse Manager	Number of SFH compared to Agency Nurses
Low Risk Green		Staffing is safe, ward team are managing their workload. Ensure staff know to inform Duty Nurse Manager if situation changes unexpectedly. Reassess the situation on next routine walk round	Greater than 50% SFH registered nurses
Moderate Risk		**Caution.** Staffing is at 50% SFH Registered Nurses (both substantive and Bank) and 50%	50%/50%

Amber		agency Registered Nurses. Monitor staffing out of hours, and ensure that wards are visited regularly. In hours, ensure that the Matron for the area has mitigation for the staffing.	
High Risk Red		**Depleted** SFH Registered Nurses – consider area to be a high risk. In hours, ensure that the Matron has assessed the area and has mitigated risks. Out of hours, Duty Nurse Manager to assess the risk, mitigation where able and complete Datix Incident Reporting.	Less than 50% SFH registered nurses
Unmitigated High Risk Black		**Unmitigated** High Risk that has not been mitigated adequately by the Ward based teams and/or the Matron. Divisional Head of Nursing to investigate and mitigate. Datix Incident Reporting.	Unmitigated High Risk

5.0 Tipping Points:

The following points are the tipping points from safe staffing:

- SFH employed registered nurse on each shift (registered nurse to be in charge as described in the Health Roster Policy;
- Minimum of **2** SFH registered nurses on each shift;
- Greater than or equal to 50% of registered nurses on each shift are employed by SFH;
- Critical Care Unit in accordance with the Specification for Adult Critical Care have a maximum of 20% agency;
- No less than 1 registered nurse for 8 patients;
- Sudden changes in the acuity and/or dependency on a ward – these are to be agreed at divisional and ward level.

The tipping points will be reviewed on a shift by shift basis when the prospective looking dashboard indicates a risk. The prospective dashboards are completed on a weekly basis and reviewed by the Deputy Chief Nurse alongside each Matron and Ward Sister. The mitigating actions are identified for all shortfalls and risks, and actions taken to minimize the risks.

6.0 Roles and Responsibilities:

Ward Sisters/ Charge Nurses – Band 7 Ward Sisters/ Charge Nurses remain accountable for the provision of staffing levels to meet patient needs and service demands, and should ensure that the duty rosters reflect the agreed workforce model[2]. If there are gaps in the duty roster then these should be addressed by the Ward Sister/ Charge Nurse in the first instance and then escalated to the Matron if unable to address, and all mitigation against the risks associated with staffing, should be identified to the Matron.

Matron – Band 8a Matrons are responsible for ensuring that each ward is safely staffed within their specialty. Matrons are responsible for the 'sign-off' of rosters six weeks in advance, and that the roster adheres to the Rostering and Annual Leave Policy. Where risks on rosters have been identified by the Ward Sister/ Charge Nurses to the Matron, the Matron should try to assist in any mitigation to ensure that all the rosters are safe and need the patient needs and service demands, and escalate any safety issues to their Head of Nursing.

Head of Nursing – Band 8c Head of Nursing are responsible for ensuring that all wards within their division are safely staffed, and that all risks have been minimized. Where there are risks on the rosters which cannot be reduced, it is the Head of Nursing's responsibility to ensure that the Chief Nurse/ Deputy Chief Nurse is informed.

Chief Nurse – Executive Director is responsible for the overall safe staffing on the wards and departments

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[2] There may be areas such as Critical Care that have key achievement targets and staffing ratios are required.

within the Trust. It is their responsibility to report to the Board of Directors on the safe staffing within the Trust.

7.0   Auditing & Monitoring:

The monitoring and compliance of the safe staffing will be through the weekly meeting to gather the data for the Safe Staffing meeting. This data and regular updates will be presented to the Nursing & Midwifery Board quarterly.

8.0   References:

https://www.engage.england.nhs.uk/consultation/specialised-services-policies/useruploads/adlt-critical-care-serv.pdf

http://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d05/

https://www.ficm.ac.uk/sites/defaults/files/GPICS%20-%20Ed.1%20(2015)0.pdf

Sherwood Forest Hospital NHS FT (2015) – Roster policy

Appendix 1:

Night Duty Nurse Manager reports staffing to the oncoming Duty Nurse Manager and Silver on-call

Nurse staffing is collated by the Patient Flow Co-ordinator/ Duty Nurse Manager and staffing template populated

Weekly scheduled staffing meetings within Divisions

Matrons report staffing issues, and action staffing issues identified on the template

Staffing template is reviewed by Silver on-call, ensure all BRAG ratings are correct and that are risks are mitigated and where they are unable to be mitigated these are escalated to the HoN for the Division

11.00 hours - Staffing template distributed to the Organization

Review staffing template and address staffing issues

20.00 hours - Staffing template distributed to the Organization

Appendix 2:

Ward			Minimum staffing levels	Fri 14th (total numbers)	Fri 14th Agency	Sat 15th (total numbers)	Sat 15th Agency	Sun 16th (total numbers)	Sun 16th Agency	Mon 17th (total numbers)	Mon 17th Agency	Tue 18th (total numbers)	Tues 18th Agency	Mitigation
Medicine	ED	Long Day	9am/10pm+8am/9pm	9/10+8/9	0	9/10+8/9	0	9/10+8/9	0	9/10+8/9	0	9/10+8/9	1	
		Night	10+6	10+6	1	10+6	1	10+6	1	10+6	3	10+6	2	
	UCC	Long Day	3	3	0	3	0	3	0	3	0	3	0	
		Night	2	2	0	2	0	2	0	2	0	2	0	
	EAU	Long Day	10+7	8+8	1	8+8	2	8+8	3	10+8	1	10+7	2	12 beds closed
		Night	9+7	9+7	3	9+7	5	8+7	4	9+7	5	9+7	6	Regular agency on nights
	CDU	Long Day	2+1	2+1	0	2+1	0	2+1	0	2+1	0	2+1	0	
	W22 Gastro	Long Day	4 + 3	4+4	0	4+4	0	4+4	0	4+4	0	4+3	1	
		Night	3+2	3+3	1	3+3	1	3+3	1	3+3	1	3+3	1	
	W23 Cardiology	Long Day	5+3	5+2	2	5+2	1	5+2	2	5+2	1	5+2	0	
		Night	5+2	5+1	2	5+1	1	5+1	3	5+1	1	5+2	2	
	W24 Cardio, Haem	Long Day	4+3	4+4	1	4+3	2	4+3	2	4+4	1	4+3	0	2 regular agency on Sunday LD - Ward Leader happy
		Night	3+2	3+2	0	3+3	1	3+3	1	3+3	1	3+3	1	
	W34 Diabetes	Long Day	4+3	3+3	0	4+3	2	4+3	1	4+4	2	4+3	0	Friday LD out to agency
		Night	3+2	3+3	2	3+3	2	3+3	2	2+2	0	3+3	2	Monday LN out to agency
	W36 Short Stay	Long Day	6+5	6+5	3	6+4	4	6+4	1	6+5	2	5+5	3	
		Night	5+4	5+4	3	6+4	4	5+4	2	4+4	2	5+3	3	
	Discharge Lounge	Day	2+2	2+2	0	2+2	0	2+2	0	2+2	0	2+2	0	Friday to Monday open 10 - 5pm
	W41 Subacute Rehab	Long Day	4+4	4+4	0	4+4	1	4+4	1	4+4	2	4+4	0	
		Night	3+3	3+3	0	3+3	0	3+3	0	3+3	0	3+3	0	
	W42 Respiratory	Long Day	4+3	4+3	0	4+3	0	4+3	0	4+3	0	4+2	0	1 HCA outstanding 18th April
		Night	3+2	3+2	2	3+2	1	3+2	1	3+3	0	3+2	0	
	W43 Respiratory	Long Day	5+3	5+3	0	5+3	0	4+3	0	5+3	0	5+3	0	16 April out to agency LD
		Night	5+2	5+2	0	5+2	1	5+2	1	5+2	1	5+2	2	
	W44 Respiratory	Long Day	4+3	4+3	1	4+3	1	4+3	1	4+3	0	4+3	1	
		Night	3+2	3+2	1	3+2	0	3+2	1	3+2	0	3+2	1	
	W51 HCOE	Long Day	4+4	4+4	1	4+4	2	4/3+4	1	4+4	1	4+4	0	
		Night	3+3	3+3	1	3+3	2	3+3	2	3+3	0	3+2	1	Sat/Sunday LN Agency works regularly on the ward
	W52 HCOE	Long Day	4+4	4+4	0	4+4	1	4+4	1	4+4	1	4+4	0	
		Night	3+3	3+3	1	3+3	1	3+3	0	3+3	1	3+3	1	
	KSRU Stroke	Long Day	8+5 (weekday) 7+4 (weekend)	7+4	0	7+4	1	7+4	0	7+4	0	8+5	1	
		Night	5+3	5+3	0	5+3	1	5+3	1	5+3	1	5+3	0	
Surgery	W31 4142	Long Day		3+3	0	4+2	0	3+3	0	4+3	0	3+2	0	HCA Tuesday out to Bank, W11 to support
		Night	3+2	3+2	0	3+1	0	3+2	1	3+2	1	3+2	1	
	W32 4140	Long Day		3+3	0	3+3	0	3+3	0	3+3	0	3+3	0	
		Night	3+2	3+2	0	3+2	0	3+2	1	3+2	1	3+2	0	
	SAU	Long Day	3+1	3+1	1	3+1	1	3+1	1	3+1	0	3+1	1	
		Night	2+1	3+1	1	2+2	0	2+2	0	2+2	0	2+2	0	
	Day Case 6061	Long Day		Closed - out of hours list of staff's availabilty								4+1	0	
		Night										2+1	0	
	Critical Care Unit	Long Day	10+1	10+1	1	9+1	2	9+1	2	10+1	1	9+1	1	
		Night	10+1	10+1	1	10+1	1	10+1	1	10+1	1	9+1	1	
T&O	W11 3640	Long Day	2+2	2+2	0	2+2	0	2+2	0	2+2	0	2+2	0	16 beds open
		Night	2+1	2+1	0	2+1	1	2+1	0	2+1	1	2+1	1	
	W12 4144	Long Day	5+5	4+5	1	4+5	0	4+5	2	5+5	2	5+5	1	
		Night	5+5	4+4	2	4+4	2	4+5	2	5+5	2	5+5	2	
Women & Children	W14 4150	Long Day	3+2 (2+2 weekend)	3+2	0	2+2	0	2+2	0	2+2	0	3+2	0	
		Night	2+1	2+1	0	2+1	0	2+1	0	2+1	0			
	W32 Maternity	Long Day	10+3	11+3	0	10+3	0	10+3	0	10+3	0			2 Community Midwives on-call 24/7
		Night	9+4	9+4	0	6+4	0	8+3	0	9+4	0			Maternity Services reviewing the staffing
	W25 Paediatric	Long Day	6+2	6+2	0	6+3	0	6+1	0	6+1	0	7+1	0	
		Night	6+1	6+1	0	6+1	0	6+1	0	6+1	0	6+1	0	
	NICU	Long Day	4+1	4+1	0	5+1	0	5+1	0	4+1	0	5+1	0	Friday/ Saturday/ Monday - supernumeray nurse
		Night	4+1	4+1	0	4+1	0	4+1	0	5+1	0	4+1	0	
Newark	Sconce (5861)	Long Day	3+3	3+3	0	3+2	0	3+3	0	3+3	0		0	HCA Saturday LD - Virtual Ward to cover
		Night	3+2	3+2	0	3+2	0	3+2	0	3+2	0		0	
	Fernwood (5713)	Long Day	1+2	1+2	0	1+2	0	1+2	0	1+2	0		0	
		Night	1+2	1+2	0	1+2	0	1+2	0	1+2	0			
MCH	Oakham (5061)	Long Day	3+3	3+3	1	3+3	0	3+3	1	3+3	1	3+3	1	
		Night	2+2	2+2	0	2+2	0	2+2	0	2+2	0	2+2	0	
	Lindhurst (5110)	Long Day	3+4	3+4	0	3+3	0	3+4	0	3+4	0	4+3	0	
		Night	2+2	2+3	0	2+3	0	2+3	0	2+3	1	2+3	0	
	Chatsworth (5540)	Long Day	3+4	3+4	0	3+4	0	3+4	0	3+4	0	3+4	0	
		Night	2+2	2+2	0	2+2	0	2+2	0	2+2	0	2+2	0	

Appendix 3:

	SFH - Nurse Staffing: Daily Report & Action Log													Date: 10 May 2017 11.30			
	Established:			Minimum:			Actual:										
WARD	E	L	N	E	L	N	E	E - agency	L	L - agency	N	N - agency	VW	CONSTANT	CLOSE	DOLS	Mitigations:
ED	9+8	13+10	10+6	9+8	13+10	10+6	9+8	0	10+9	0	10+6	2					2 x RN twilight; 1 x HCA twilight
EAU	10+8	10+8	9+7	10+8	10+8	9+7	9+8	1	9+8	1	9+7	2					
22	4+3	4+3	3+3	3+3	3+3	3+3	3+6	0	3+6	0	3+3	1	1	JA	4		1 x RN Agency cancelled; 1 x patient on Section 5 - DB
23	5+2	5+2	5+1	5+2	5+2	5+1	5+2	1	5+2	1	5+1	2					
24	4+3	4+3	3+3	3+3	3+3	3+3	4+3	0	4+3	0	3+3	2					
34	4+3	4+3	3+3	3+3	3+3	3+3	4+3	1	4+3	1	3+2	2	1				
36	4+3	4+3	3+2	4+3	4+3	3+2	5+5	3	7+5	4	5+3	3	1	MN			LD - 1 works regularly on Ward 36; LN - none work regularly on Ward 36
41	4+4	4+4	3+3	3+3	3+3	3+3	4+5	1	3+5	1	3+4	0		NM MB	4	NM	
42	4+3	4+3	3+3	3+3	3+3	3+3	3+3	1	3+3	1	3+2	1					
43	5+3	5+3	5+2	5+3	5+3	5+2	6+3	2	6+3	2	5+2	1		DB		DB	1 x RMN LD covering constant; no RMN on LN
44	4+3	4+3	3+3	3+3	3+3	3+3	4+3	1	4+3	1	3+2	1					
51	4+4	4+4	3+3	3+3	3+3	3+3	4+4	0	4+4	0	2+3	0			1		1 RN LN out to agency
52	4+4	4+4	3+3	3+4	3+4	3+3	4+4	0	4+4	0	3+3	1					
KRSU	9+5	9+5	5+3	9+5	9+5	5+3	7+4	1	7+4	1	5+3	0	1	LH AB			
31	3+3	3+3	3+2	3+3	3+3	3+2	4+2	1	4+2	1	3+2	0					
32	3+3	3+3	3+2	3+3	3+3	3+2	3+3	0	3+3	0	3+2	1					
SAU	3+1	3+1	3+1	2+1	2+1	2+1	3+1	1	3+1	1	3+1	0					
11	2+2	2+2	2+1	2+1	2+1	2+1	2+3	0	3+3	1	2+2	1					
12	4+5	4+5	4+3	3+4	3+4	3+4	4+4	0	4+4	0	4+2	2					
14	3+2	3+2	2+1	2+2	2+2	2+1	3+2	0	3+2	0	2+1	0					
25	7+2	7+2	6+1	7+2	7+2	6+1	7+3	0	7+3	0	6+2	0					
NICCU	5+1	5+1	5+1	acuity dependent			4+1	0	4+1	0	5+0	0					
MAT	10+4	10+4	9+3	10+4	10+4	9+3	12+4	0	12+4	0							
DCU	4+1	4+1	2+1	4+1	4+1	2+1	4+1	0	4+1	0	2+1	0					
D.L.	2+3	2+3		2+2	2+2		3+2	0	3+2	0							
CDU	2+1	2+1		2+1	2+1		2+1	0	2+1	0							
ITU	9+1	9+1	9+1	acuity dependent			8+1	2	8+1	2	8+1	0					
OAKHAM	4+3	4+3	2+2	3+3	3+3	2+2	3+3	0	3+3	0	2+2	0					
LINDHURST	4+3	4+3	2+2	3+3	3+3	2+2	4+4	0	4+3	0	2+2	1		CO		CO	
CHATSWORTH	4+2	4+2	2+2	3+2	3+2	2+2	4+3	0	3+2	0	2+1	0					
MINSTER	workload dependent						2+1	0	3+1	0							
SCONCE	3+3	3+3	3+2	3+3	3+3	3+2	3+4	0	3+4	0	3+2	0	am	PS		PS	
UCC	2+1	2+1	2+0	2+1	2+1	2+0	2+1	0	2+1	0	2+0	0					
FERNWOOD	1+2	1+2	1+2	1+2	1+2	1+2	1+2	0	1+2	0	1+2	0					
															Silver on Call -		