

SAFE STAFFING – INPATIENT (NURSING)

POLICY REFERENCE NUMBER	CLP84
VERSION NUMBER	2.0
KEY CHANGES FROM PREVIOUS VERSION	N/A
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CONSULTATION GROUPS	Safe Staffing Project Group Clinical Governance Sub-Committee
IMPLEMENTATION DATE	March 2022
AMENDMENT DATE(S)	June 2023
LAST REVIEW DATE	June 2023
NEXT REVIEW DATE	June 2026
APPROVAL BY CLINICAL GOVERNANCE AND QUALITY SUB-COMMITTEE	April 2023
RATIFICATION BY POLICY OVERSIGHT & RATIFICATION GROUP	June 2023
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POLICY SUMMARY
<p>The purpose of this document is to detail the process for safe staffing in terms of inpatient core ward establishment, and does not include wider clinical staff groups who provide care to patients in the ward setting.</p> <p>The aim of this Policy is to describe the process to be followed for determining and reviewing establishments, the management of ward staffing requirements and the escalation process for staffing shortfalls.</p>
<p>The Trust monitors the implementation of and compliance with this Policy in the following ways:</p> <p>Amendments will be made as a result of any updates. These may include (but are not limited to) Trust procedures, National Guidance and Legislative enactments.</p> <p>Compliance with the policy will be monitored at all levels of responsibility and implementation.</p>

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this policy is
Director of Nursing of behalf of the Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SAFE STAFFING - INPATIENT

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SAFE STAFFING - INPATIENT

Assurance Statement

The Trust is committed to ensuring that equality, diversity, and inclusion is considered in all our decisions, actions and processes. The Trust and all trust staff have a responsibility to ensure that they adhere to the Trust principles of equality, diversity, and inclusion in all activities. In drawing up this policy all aspects of equality, diversity, and inclusion have been considered to ensure that it does not disproportionately impact any individuals who have a protected characteristic as defined by the Equality Act 2010.

1.0 INTRODUCTION

- 1.1 The purpose of this document is to detail the process for ensuring safe staffing across all inpatient and community health inpatient services within Essex Partnership University NHS Foundation Trust (EPUT).
- 1.2 The National Quality Board (NQB) in its July 2016 publication [‘Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: Safe, sustainable and productive staffing’](#) outlines the expectations and framework within which decisions on safe and sustainable staffing should be made to improve health outcomes.
- 1.3 In line with the National Quality Boards (NQB’s) recommendations, the organisation will adopt the key principles outlined in their 2016 guidance on ‘safe, sustainable and productive staffing’.

Safe, Effective, Caring, Responsive and Well-Led Care		
<p>Measure and Improve</p> <ul style="list-style-type: none"> - patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback - 		
<ul style="list-style-type: none"> - Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing - 		
Expectation 1	Expectation 2	Expectation 3
<p>Right Staff</p> <ul style="list-style-type: none"> 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers 	<p>Right Skills</p> <ul style="list-style-type: none"> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention 	<p>Right Place and Time</p> <ul style="list-style-type: none"> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

- 1.4 To underpin this, in 2018 NHS Improvement released the document [‘Developing Workforce Safeguards’](#), which makes specific reference to adopting these expectations in mental health services.

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- 1.5 CQC Regulation 18 (1) Providers must provide sufficient numbers of suitably qualified, competent, skilled, and experienced staff to meet the needs of the people using the service at all times and the other regulatory requirements set out in this part of the above regulations
- 1.6 The Nursing and Midwifery Council (NMC 2015), makes it clear that all Registered Nurses and Midwives are professionally accountable for safe practice in their sphere of responsibility, ensuring that risk is managed appropriately.
- 1.7 EPUT is committed to ensuring that all inpatient clinical services provide care appropriate to the patient's needs, taking into consideration acuity and dependency
- 1.8 The aim of this Policy is to describe the process to be followed for determining and reviewing establishments, the management of staffing requirements and the escalation process for staffing shortfalls.
- 1.9 In addition, this policy is to set out the process to be followed by each Care Group for overseeing and planning rosters to ensure safe levels of staffing across a 24-hour rotation.
- 1.10 This policy applies to all inpatient wards and should be read in conjunction with CG22 Rostering Policy and Procedure.

2.0 DUTIES

2.1 Executive Nurse

The Executive Nurse is responsible for:

- Ensuring that clinical staffing establishments are safe, appropriate and in line with national benchmarks.
- Assuring the Trust Board as to the safety of staffing levels.

2.2 Director of Nursing

The Director of Nursing is responsible for:

- Supporting and deputising for the Executive Nurse ensuring adherence to this policy and procedure.
- Ensuring that clinical staffing establishments are safe, appropriate and in line with national benchmarks.
- Commission and oversee regular skill mix reviews.
- Providing professional and strategic leadership relating to safe staffing.
- Ensuring adequate arrangements are in place for the procurement of temporary staffing provision, bank and nursing agencies.
- For ensuring that review of establishments is reviewed as set out in the NQB guidance

2.3 Directors and Service Managers

Directors and Service Managers are responsible for:

- Supporting the Director of Nursing in ensuring that ward establishments are safe, appropriate and in line with national benchmarks.
- Ensuring that this Policy, Procedure and any supporting policies or guidelines are built into local processes in order to maintain compliance.
- Ensuring that establishment reviews are undertaken and reviewed six monthly together using Trust agreed nationally evidenced based tools with ward sister/Charge nurse and Matron to inform workforce review board papers annually
- Ensuring that the Staffing Escalation process is followed and actioned as necessary

2.4 Matrons/Clinical leads

The Matron is responsible for:

- Supporting the Director of Nursing in ensuring that ward establishments are safe, appropriate and in line with national benchmarks.
- Informing the Service Director, Service Manager and Director of Nursing when establishments do not meet the needs of the service and need to be reviewed
- Support and participate in the review of establishments.
- A knowledge of Red Flags and how to escalate these if they occur or are at risk of occurring.
- Ensuring that Ward Sisters/ Ward Managers adhere to Trust policies and use of Safe Care to ensure achievement of required ward establishments and safe daily staffing levels.
- Ensuring the Staffing Escalation process is followed and appropriate actions are taken to mitigate staffing shortfalls.
- The day-to-day monitoring and deployment of staff within their clinical area to meet patients' needs
- Matrons are responsible for the 'sign-off' of rosters 12 weeks in advance, and that the roster adheres to the Rostering and Annual Leave Policy.

2.5 Ward Managers/ Ward Sister

Ward Managers are responsible for:

- Ensuring that ward rosters are created and approved according to the Trust's e-rostering policy of 12 weeks in advance.
- Ensuring that recruitment and selection is carried out in a timely way and according to the Trust's recruitment and selection policy and the Trust's recruitment guidelines.
- Ensuring that shifts are offered to temporary workers in a timely way according to the agreed processes and in line with Trust policy.
- Ensuring that professionally trained staff are familiar with the Safecare element of the electronic health roster.

- Informing the Matron when establishments do not meet the needs of the service and need to be reviewed.
- Ensuring they are aware of the 'Red Flags' and how to escalate these if they occur or are at risk of occurring.
- Ensuring they follow the Staffing Escalation process.
- Supporting with establishment reviews

2.6 Role of Nurse/Clinician in charge of the shift

The Nurse/Clinician in charge of the shift is responsible for:

- Ensuring that the census data is entered into Safecare according to the agreed processes in place.
- Escalating any staffing concerns to the Ward Manager or in their absence Site Officer/Unit Co-Ordinator.
- Ensuring that they are aware of the 'Red Flags' and how to escalate these if they occur or are at risk of occurring.
- Ensuring they follow the Staffing Escalation process.

2.7 Professional Responsibility

All professionals are responsible to ensure that, within their own practice, they comply with the relevant professional standards as well as the policies and procedures of the Trust.

2.8 Individual Responsibility

All staff, whether permanent or temporary contracted who are responsible for the tasks and duties described in this policy, must be fully aware of their roles and responsibilities and comply with these on a day- to -day basis.

3.0 DEFINITIONS

3.1 Care hours per patient day (CHPPD)

CHPPD data gives ward managers, nurse leaders and NHS leaders a picture of how staff are deployed and how productively. Every month, the hours worked during day shifts and night shifts by registered nurses and healthcare assistants are added together. Each day, the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate a daily average.

3.2 Establishment

This is the term used to describe the number of whole time equivalents funded in an area. This is worked out by detailing the number of staff required on a certain band each shift. A percentage uplift is added to this figure to cover annual leave, study leave and sickness. The establishment is individual to each inpatient area.

3.3 Professional Judgement

Professional judgement could be described as the use of accumulated knowledge and experience, in order to make an informed decision.

3.4 Safe care

Part of the electronic rostering system, Safecare is software that allows acuity and dependency scoring based on the Shelford scoring system. This creates a live view of staffing that takes into account the numbers and needs of patients. Safecare allows visibility of staffing across inpatient wards in real-time.

3.5 Red Flags

Red flags are those occurrences stipulated by NICE (July 2014) that may be an indicator that the quality of care has declined with patients being made vulnerable.

3.6 Skill Mix review

This is the review of staffing levels of both registered and un-registered staff, benchmarked against acuity and dependency scoring. This information is triangulated by clinical judgement and quality data e.g. Datix, complaints etc.

3.7 Safe Staffing definition

Essex Partnership University NHS Foundation Trust definition of 'safe' levels is the agreed clinical establishment for each area. This is reinforced by agreed ratios of registered versus unregistered staff. In the event of shortfalls of staff or unexpected increases in patient acuity and dependency requirements, the agreed staffing levels are reviewed (utilising Safecare) and RAG rated (Red/Amber/Green) with escalation actions specified at each level. Refer to escalation process: Appendix 1.

3.8 Mental Health Optimal Staffing Tool (MHOST)

The Mental Health Optimal Staffing tool (MHOST) is an evidence based tool that calculates clinical staffing requirements in mental health wards based on patients' needs (acuity and dependency), together with professional judgement.

3.9 Safer Nursing Care Tool (SNCT)

The Safer Nursing Care Tools (SNCT) is an evidence based tool used for adult inpatients in acute hospitals, like MHOST it also calculates clinical staffing requirements based on patients' needs (acuity and dependency) which, together with professional judgement, guides chief nurses in their safe staffing decisions

4.0 DETERMINING AND REVIEWING ESTABLISHMENTS

- 4.1 The Director of Nursing, supported by Directors, Service Managers and Matrons, will lead all establishment reviews. A triangulated approach will be used to review establishments including utilising evidence based acuity and dependency tools, multi-professional judgement, patient outcomes and experience, quality and safety sensitive indicators and patient safety incidents.
- 4.2 Inpatient establishments must be reviewed using an evidence based acuity and dependency tool where available e.g. MHOST, SNCT
- 4.3 Any changes to establishment and/or including skill mix must be risk assessed, have a full quality impact assessment and the agreement of the Director of Nursing. This includes the introduction of new roles such as registered Nursing Associates and Advanced Clinical Practitioners.
- 4.4 Any change in ward function will automatically trigger a review of establishment to ensure an appropriate level and skill mix of staff to provide safe and effective care.
- 4.5 The results of establishment reviews will be discussed between the clinical team and the Director of Nursing.

The review team membership will be multidisciplinary and consist of:

- Ward Sister
 - Representative involved in delivering direct care
 - Finance representative
 - Matron
 - Service Manager
 - Allied Health Professional representative
- 4.6 Results of establishment reviews will be presented via the Director of Nursing to the Trust Executive Board for discussion and approval prior to establishment changes.
- 4.7 Following agreement of establishment levels, e-rostering templates will be updated, locked and budgets re-set.
- 4.8 **Establishment Reviews**

Mental Health

A review of establishments will take place bi-annually utilising evidence based acuity and dependency tools (MHOST), multi-professional judgement, patient outcomes and experience, nurse sensitive indicators and patient safety incidents, appropriate to each ward, function and speciality. Appendix 2 depicts the annual cycle.

The review will provide assurance that the existing establishments are delivering safe, effective and quality care, whilst providing a sense check for any changes to acuity/dependency and activity that may need a more in-depth review and/or immediate action.

Learning Disability

Safe staffing in learning disability services will take into account the complex nature of the care models and the number and skill mix of professionals and agencies involved in meeting the healthcare needs of people with a learning disability.

Review of Learning Disability Safe Staffing will take into account the National Quality Board (NQB) principles for [Safe and Sustainable Productive Staffing – An Improvement Resource for Learning Disability Service \(2018\)](#).

Community Health Services Inpatient (Intermediate Care)

A review of establishments will take place bi-annually utilising an evidence based acuity and dependency tool, multi-professional judgement, patient outcomes and experience, nurse sensitive indicators and patient safety incidents, appropriate to each ward, function and speciality. Refer to appendix 2 depicts annual cycle.

The review will provide assurance that the existing establishments are delivering safe, effective and quality care, whilst providing a sense check for any changes to acuity/dependency and activity that may need a more in-depth review and/or immediate action.

5.0 ROSTER CREATION

- 5.1 EPUT uses the Allocate HealthRoster computerised system to assist with the creation of rotas. Refer to CG22 Rostering Policy and Procedure.
- 5.2 Managers should produce a duty roster for at least a minimum of 12 weeks and a maximum of 24 weeks in advance of the period to which the roster relates to and should ensure that the roster reflects the requirements set out in CG22 Rostering Policy and Procedure.
- 5.3 All staff rosters must be composed to safely cover the full operational period of the service (24 hours where appropriate) utilising permanent staff proportionately across all shifts. This will help ensure that bank and agency staff are working with regular staff when used.
- 5.4 Shifts given a high priority on the HealthRoster system must be filled first i.e. night shifts and weekend shifts. This needs to be balanced with current skill mix and staffing levels for the Monday to Friday periods.
- 5.5 The use of bank and agency for night and weekend shifts **should be avoided** wherever possible.
- 5.6 Additional duties **must not** be allocated to any member of staff whilst a roster is showing unused contractual hours by any members of the Team.

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- 5.7 Staff hours and time owing should be balanced each roster period or up to a maximum of 12 hours being owed or owing if agreed by the Ward Manager/Matron, with an agreed plan to balance these hours to minimise any net hours building up or carried over to the next rosters.
- 5.8 If there are exceptional circumstances where additional duties are to be assigned (i.e. to meet urgent patient need/ to ensure safety etc. where staff with unused hours are unable to cover the shift), the reasons for this must be recorded within the HealthRoster system and prior approval given by the roster/Unit Manager.
- 5.9 Additional duties must be removed from HealthRoster when no longer required to ensure that staffing reports (e.g. fill rates) are accurate.
- 5.10 Managers must pay particular attention to any warnings that are flagged on a roster duty ensuring measures are taken to mitigate these

6.0 DYNAMIC ROSTER MANAGEMENT

- 6.1 Once a roster “goes live”, the Ward Managers, Team Leaders take dynamic actions in line with their professional judgement, to recruit to a roster that matches emerging clinical acuity and clinical activity e.g. clinical observation levels, patient dependency, demands or service. Dynamic roster management must be supported by the use of Safecare.

7.0 MONITORING OF STAFFING LEVEL DAILY & SAFE STAFFING ESCALATION PROCESS

- 7.1 The management of the clinical resource is a dynamic process, which requires significant focus to assess the current and impending acuity of the patient population, alongside the treatment program and general task allocation, central to the smooth running of each ward.
- 7.2 Safe staffing levels are reviewed daily via operational SITREPs utilising Safecare. The SITREPs highlight the areas that are Amber or Red or who have initiated Red Flags. Actions to identify to mitigate against the risks identified, provide professional judgement and, with reference to the Trust’s Safe Staffing Escalation process and required actions, agree escalation status.
- 7.3 Healthroster must be amended to reflect additional staff to include the Ward Manager/Sister if it is necessary for them to be included in the staffing numbers.

7.4 Red Flags

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.

Should any of these occur, escalation for investigation should follow immediately. It could be necessary to increase staffing levels on the basis of these events. Red flag incidents must be Datixed and managed via Safe Staffing Escalation process.

If a nursing red flag event occurs or is identified as being at risk of occurring, it should prompt an immediate escalation response by the registered nurse in charge.

Red Flag Events to be escalated:

- Delay in providing pain relief
- Missed intentional rounding
- Shortfall of registered nursing time
- Unplanned omission in providing patient medications.
- Delay or omission of regular checks/observation on patients to ensure that their fundamental care needs are met as outlined in the care plan (e.g. observations, physical health observations).
- Less than 50% of the required registered nurses present on a ward during any shift (e.g. only one nurse where two were required).
- Care Hours Per Patient Day (CHPPD) below service average =less care hours
- Preceptorship Nurses lone working or working without adequate supervision.
- Inability to respond to clinical emergencies (such as violence and aggression, fire or medical emergency).
- Staff unable to take breaks for the duration of the clinical shifts.
- Inability to meet statutory requirements under the Mental Health Act. (E.g. seclusion /LTS reviews,) or the Mental Capacity Act.
- Increased complaints

7.5 Safe Staffing Dashboard

The staffing dashboard is an electronic system that provides data at a glance relating to staff utilisation, ward activity and establishment information for inpatient units. Access to this is from epunft.data@nhs.net

8.0 OTHER FEEDBACK

- 8.1 If a staff member has any concerns about the level of staffing, they should raise this first with their line manager/matron. If for any reason they do not think this is appropriate or feel they have not had their concerns sufficiently addressed, they can contact the Director of Nursing. Alternatively, they can contact the Freedom to Speak up Guardian ([Freedom To Speak Up](https://www.freedomtospeakup.nhs.uk) ([eput.nhs.uk](https://www.freedomtospeakup.nhs.uk))).

9.0 TRAINING

- 9.1 All Matrons, Ward Managers and Band 6s are required to be trained in HealthRoster, Safecare and roster management.
- 9.2 Matron and Ward Managers are required to be trained to use the evidence based staffing tools e.g. MHOST.
- 9.3 All registered inpatient clinicians are required to be trained in the use of Safecare.

10.0 MONITORING AND COMPLIANCE

- 10.1 Amendments will be made as a result of any updates. These may include (but are not limited to) Trust procedures, National Guidance and Legislative enactments.
- 10.2 Compliance with the policy will be monitored at all levels of responsibility and implementation.

11.0 GLOSSARY

Term	Meaning
<i>MHOST</i>	<i>Mental Health Staffing Optimal Staffing Tool</i>
<i>NICE</i>	<i>National Institute for Health and Care Excellence</i>
<i>NQB</i>	<i>National Quality Board</i>
<i>SNCT</i>	<i>Safer Nursing Care Tool</i>

12.0 REFERENCES

Care Quality Commission Brief guide [BG002]: staffing levels on mental health wards v1, June 2018

Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - National Quality Board (July 2016)

Developing Workforce Safeguards – NHS Improvement (2018)

Safe and Sustainable Productive Staffing – An Improvement Resource for Learning Disability Service - National Quality Board (2018)

END