




SAFER STAFFING POLICY

Policy number and category	HR 30	Human Resources
Version number and date	2	January 2024
Ratifying committee or executive director	Transforming our Culture and Staff Experience	
Date ratified	April 2024	
Next anticipated review	April 2027	
Executive director	Lisa Stalley-Green CNO/Executive Director Quality & Safety	
Policy lead	Deputy Director of Nursing	
Policy author <i>(if different from above)</i>	Lead Nurse, Safer Staffing	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

Policy Context

BSMHFT is committed to ensuring that all non-medical clinicians both registered and unregistered, match the acuity and dependency needs of patients within clinical ward areas and clinical community caseloads across the Trust. This includes an appropriate level and skill mix of nursing staff to provide safe and effective care.

Policy Requirement (see Section 2)

- The policy will describe the process by which levels of staffing are audited, determined, changed and reviewed and the process by which unsafe levels of staffing are escalated.
- The policy covers inpatient establishments and there will be a future policy development will cover the full MDT and community settings.
- This section should be a copy of Section 2.

<u>Contents</u>	<u>Page Number</u>
1. Introduction.....	3
1.1. Rationale.....	3
1.2. Scope.....	3
1.3. Principles.....	4
2. Policy.....	4
3. Procedure.....	6
4. Responsibilities.....	8
5. Development & Consultation Process.....	10
6. Reference Documents.....	10
7. Bibliography.....	11
8. Glossary.....	11
9. Audit and Assurance.....	11
10. Appendices.....	12

1. Introduction

1.1 Rationale

Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT) 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.

Nursing, Allied Health Professionals and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for service users. There are established and evidenced links between 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 service users of not taking this issue seriously.

We 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. Following a requirement from the NHS Chief Nursing Officer England and the Care Quality Commission, from June 2014 all hospitals have been required to publish information about the number of nursing staff working on each ward. This initiative is part of the NHS response to the Francis report which called for greater openness and transparency in the health service. There is a requirement for all Trusts with in-patient beds to publish their staff fill rates (actual versus planned) in hours, taking into consideration day and night shifts and Registered and Unregistered staff. This information appears on the NHS Choices 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.

1.2 Scope of the Policy

Staffing will be maintained at levels which can support safe and effective patient care and is within agreed funded establishment. The following principles support this expectation:

- The safety and well-being of patients is paramount and the Trust requires staff to work flexibly to meet these needs, within their scope of professional practice.
- All staff should ensure that they use the Trust e-rostering system to enable the safe and efficient use of human resource to meet service need.
- Safer Staffing Establishment Reviews will be undertaken bi-annually in all inpatient wards and yearly for community teams and the outcome of these reviews will be presented to Trust board.
- Staffing levels will be reviewed on a minimum of shift-by-shift basis which will be undertaken by Ward Managers and/or Matrons, Head of Nursing, Clinical Nurse Managers, Clinical Service Managers to ensure safety and effectiveness.
- Safecare is to be used to measure the staffing levels and the acuity of the service – this is for inpatients only. ([SafeCare - Live \(allocate-cloud.co.uk\)](https://www.safecloud.co.uk))
- Where concerns about safe staffing are made, operational managers have a duty to investigate, respond and resolve in a timely way to maintain safety and provide feedback to those raising concerns.

1.3 Principles

- Safe Staffing levels is necessary to achieve the Trust's Vision and Values of being committed, compassionate and inclusive.

2. The Policy

The purpose of this policy and associated SOP's is to provide clear guidance on the expectations of the Trust of the standards expected to maintain safe and sustainable staffing levels in our inpatient services. This includes when and how clinical services review their budgeted establishments to ensure their staffing levels meet the needs of our service users and their families/ carer's.

It will also set out steps to be taken on our clinical areas where staffing levels are not adequate and the escalation required to ensure clear decisions are taken to keep service users and staff safe.

Clinical areas must escalate when staffing levels are unsafe and follow local procedures.

2.1 Organisation of rosters and delegation of person in charge

- Ward and Team Managers are responsible and accountable for preparing rosters for the teams at a minimum of 8 weeks in advance of the roster becoming live.

- Clinical Nurse Managers and Clinical Services Managers are responsible and accountable for overseeing and approving rosters for their area ensuring that they are balanced and that staffing resources have been deployed effectively in order to meet the service needs
- Designating the person in charge for each shift is the responsibility of the Ward or Team Manager. The Ward or Team Manager must understand that they are delegating authority for the management of the ward for a span of duty in their absence. The Ward Manager needs to be sure that the person to whom they have delegated this responsibility is sufficiently competent, and that he/she will have sufficient knowledge of the service user needs and routines in order to manage the shift safely. This includes undertaking any additional training to understand the rosters. Check and challenge is to be completed before a roster is fully authorised. Check and challenge can be accessed here ([Safer Staffing - Safe Staffing \(sharepoint.com\)](#))
- Agency staff **must not** take charge for any span of duty in BSMHFT unless there are completely exceptional and unavoidable circumstances.
- Bank staff may take charge of a span of duty if the Ward or Team Manager is satisfied that the person taking charge is sufficiently competent and has adequate up to date knowledge of the ward/ team and its service users.
- Each ward has an identified Daily Required Staffing Level (DRS) based on level and mix determined by funded establishment.

2.2 Real time monitoring and management of staffing levels (Appendix 2)

The BSMHFT definition of 'safe' levels is the agreed shift complement of registered and unregistered staff enabled by the funded establishment for the particular team. In the event of shortfalls of staff or unexpected increases in patient acuity and dependency requirements, the agreed staffing levels are reviewed and RAG rated as follows

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

Amber shifts are determined by a shortfall in staff due to absence, increase in patient acuity & dependency e.g., increased therapeutic observations or other staff intensive interventions. Some non-essential activities may be postponed or cancelled until situation is resolved as determined by the Nurse in Charge. Nurse in Charge seeks redeployment of staff from other areas or where this is unsuccessful requests additional TSS cover as required. The Nurse in Charge will advise Unit Manager, Matron or CNM of

situation and actions taken and complete a red flag on safe care and an eclipse form. Update the above if/when actions are fruitless or situation is resolved.

Red shifts are determined when there is a staff shortfall that cannot be met by redeployment of staff from other areas or by TSS. Professional judgement indicates patient acuity and dependency risks are beyond that which can be safely managed without increasing numbers. An urgent situation that requires immediate extra staffing or a longer-term staffing shortfall (3 shifts+) that requires continued planned allocation of additional staff.

All non-essential tasks are suspended, specifics agreed by CNM, Matron, Nurse in Charge. Daily staffing huddle to be initiated. Seek redeployment of staff from other areas, request additional Bank cover and/or agency cover, overtime initiated. Nurse in Charge completes red flag and eclipse. Agree frequency of review of situation but should be reviewed at least daily and involve Associate Director. If overtime is initiated this should be authorised by Chief Nursing Officer/Executive Director Quality and Safety or Deputy Chief Executive.

Individual patient acuity/dependency will be reviewed by MDT and care plan amendments or onward referral agreed where required. Update all above as required and advise when situation is resolved.

Black Shifts are considered to be unmitigated and high risk and is where the staffing shortfall has not been mitigated adequately by the Ward based teams and/or the Matron/CNM. There is a significant risk to safety to either patients or staff. Divisional Head of Nursing to investigate and mitigate. Associate Director to be informed. If risk not mitigated to be informed Chief Nursing Officer/Executive Director Quality and Safety or Deputy Chief Executive to support with mitigating actions. Review periods established and agreed. Local contingency plans activated and Eclipse notification completed. If remains unmitigated, consider

- Redeployment of non-clinical staff to support.
- Implementing major incident plan
- Inform Chief Executive
- Inform Commissioners.
- Out of hours on call manager and on call director to be informed.

3. The Procedure

Safe staffing establishment reviews (Appendix 2)

- 3.1** Establishment reviews need to consider the activity and care each team is required to deliver alongside the capacity and capability there is to deliver safe care. There are many factors that might influence staffing levels.

When undertaking the review, each team should ensure that the four factors of an effective review are addressed. These are reviewing quality data, reviewing workforce data, combining data taken from evidence-based workforce Mental Health Optimum Staffing Tool (MHOST) and applying professional judgement.

- 3.2** Teams should consider the quality of the care which they are providing with the establishment which has been in place since the last review. Data which may be helpful includes (not exhaustive): pressure ulcers, medication administration errors/omissions, incidents of violence or aggression, restraint/ restrictive practice, Safeguarding referrals (particularly allegations of abuse against professionals), Serious Incidents, levels of 1-1 Observations and feedback from trainees. Any incident analysis which has identified staffing as a contributory factor or root cause should be given increased weight.

- 3.3** Workforce data has an important role in informing establishment reviews. The ability of teams to provide safe effective care can be positively or negatively affected by workforce factors. Typical factors can include appraisal compliance rates, bank and agency use, vacancy rates, sickness absence, mandatory training, friends and family test, staff survey results.

- 3.4** As part of any establishment review, there is an expectation that an evidence based demand tool is utilised to supplement professional judgment and the review of quality measures. BSMHFT uses the Mental Health Optimum Staffing Tool (MHOST) to support this process Training has been rolled out to all clinical inpatient wards.

- 3.5** Professional judgement is an integral part of any establishment review undertaken. Ideally this should involve all members of the Multidisciplinary Team (MDT). Different members of the team may have varying perspectives of the needs of the team. This debate must be encouraged, and the team should aim to work together with the Ward Manager and Matron to agree a position based on all team members views.

- 3.6** The Trust requirement for teams is that teams will review their establishments twice a year. The Trust Board receives a report of safe staffing establishment reviews every 6 months. The Board paper

should be discussed at People Committee in the same month prior to going to Trust Board. For any recommended changes in establishment then report needs to also go to The Finance, Performance and Productivity committee in the same month.

3.7 There is a standard template to produce establishment review reports, which can be found at in the Standard Operating Procedure Appendix 3. This aims to provide a standardised format which covers the requirements of the Trust for this process. Once the review report is completed it should be discussed within the clinical team and via clinical services management team structures – ***if the review highlights any urgent deficit of staffing which presents a patient safety issue – this must be escalated to directorate management team immediately***

3.8 If through the establishment review process, it is identified that a change to a ward budget is required, then this must be discussed with the following people prior to being endorsed as a recommendation to the Trust Board:

- Associate Director
- Head of Nursing and Allied Health Professionals
- Clinical Nurse Manager (or Clinical Services Manager)
- Matron/ Ward Manager (or Team Manager for community)
- Financial Business Partner
- Workforce Systems Lead
- Deputy Director of Nursing
- A Quality Impact Assessment must be completed in the event of considering any change to a ward establishment, introduction of new roles or changes to role.

4. Responsibilities

Post(s)	Responsibilities	Ref
Executive Director of Nursing	Accountable for: <ul style="list-style-type: none"> • For ensuring that review of establishments are reviewed as of Operations set out in the NQB guidance. • Ensure that establishments are safe, appropriate and in line with national benchmarks. 	

	<ul style="list-style-type: none"> • Presenting the findings and of establishment reviews to the Trust Board on a six-monthly basis. • Ensuring that staffing levels are adequate to meet the needs of patients on each shift to assure the Trust board as to the safety of staffing levels. • Providing professional and strategic leadership to all nursing staff. 	
Deputy Director of Nursing/Lead Nurse for Safer Staffing.	Is responsible for: <ul style="list-style-type: none"> • Ensuring there is a process in place to support the review of clinical team's establishments as detailed in this SOP and in Trust policy. • For authorising the 6 monthly board report and ensuring the content is reflective of establishment reviews which have taken place. • Ensuring that there are processes in place to maintain appropriate safety and quality for patients. • Provide professional and strategic leadership to all nursing staff. 	
Responsible Clinicians	The Responsible Clinician has overall responsibility for care and treatment for service users being assessed and treated under the Mental Health Act.	
Heads of Service/ Associate Directors / Clinical Nurse Managers/ Clinical Service Managers/ Matrons	Are responsible for: <ul style="list-style-type: none"> • For ensuring that establishment reviews have sufficient senior managerial and clinical oversight to validate the findings and implement changes as required. • Ensuring that human resources are deployed flexibly to meet patients' needs as required in support of Ward Managers/ Team Managers • Ensuring that establishment reviews are undertaken in keeping with the standards and timelines as described within this document. • For coordinating the review process for their clinical area of responsibility and to ensure that anyone who has a delegated role within the review is clear about their responsibilities and is competent to undertake the role. • Are responsible and accountable for the day-to-day monitoring and deployment of staff within their clinical area 	

Ward and Team Managers	Are responsible for: <ul style="list-style-type: none"> Ensuring that establishment reviews are undertaken in keeping with the standards and timelines as described within this document. Coordinating the review process for their clinical area of responsibility and to ensure that anyone who has a delegated role within the review is clear about their responsibilities and is competent to undertake the role. The day-to-day monitoring and deployment of staff within their clinical area to meet patients' needs 	
Clinical staff	Are responsible for <ul style="list-style-type: none"> Have a responsibility to contribute to the review of establishments. Are responsible for working flexibly to meet patients' needs and for raising any safety issues which may arise from staffing levels. 	

5: Development and Consultation process:

Consultation summary		
Date policy issued for consultation		January 2024
Number of versions produced for consultation		1
Committees / meetings where policy formally discussed		Date(s)
Where received	Summary of feedback	Actions / Response

6. Reference Documents

National Quality Board, 2013 "How to ensure the right people, with the right skills are in the right place at the right time (a guide to nursing, midwifery and care staffing capacity and capability)" Guidance document developed by Jane Cummings, Chief Nursing Officer for England

Keith Hurst, 2013 Using a complex audit tool to measure workload, staffing and quality
Department of Health, NHS England - Hard Truths – The journey to putting patients First, A
Commitment Regarding the Publishing of Staffing Data, 2014

National Quality Board, Safe, sustainable, and productive staffing, An Improvement
Resource, 2018

National Quality Board, 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, 2018

NHSI Developing Workforce Safeguards – 2018

7: Bibliography:

None

8: Glossary:

None

9: Audit and assurance:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Biannual Establishment Reviews	Lead Nurse Safer Staffing	MHOST	Biannual	Trust Board

Appendix 1 – Equality Impact Assessment

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect

<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Safer Staffing Policy		
Person Completing this proposal	Katie Atcherley	Role or title	Lead Nurse for Safer Staffing
Division	Corporate	Service Area	Governance
Date Started	January 2024	Date completed	January 2024
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
The purpose of the policy is to promote safer staffing across our inpatients to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed.			
Who will benefit from the proposal?			
This policy applies to <u>all</u> , including applicants applying for a job, staff including agency, bank and volunteers, services users and carers, visitors, stakeholders, and any other third-party organisations who work in partnership with the Trust			
Do the proposals affect service users, employees or the wider community?			
<i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
The proposal will have a positive effect on services users, employees and wider community. As we will be working towards a safer staffing model inline with National Quality Board 2016 and carrying out twice yearly establishment and skill mix reviews.			
Do the proposals significantly affect service delivery, business processes or policy?			
<i>How will these reduce inequality?</i>			
This is a new policy which will be aligned to the Strategic Priority of People: Creating the best place to work and ensuring we have a workforce with the right values, skills, diversity and experience to meet the evolving needs of our service users			

Does it involve a significant commitment of resources? <i>How will these reduce inequality?</i>				
The Trust is fully committed to ensure that we are working in a safe and effective manner on the wards.				
Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
The proposal relates to Trust wide and will affect all areas/staff and service users in a positive way.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age			v	As part of the Equality Act – Age is a protected characteristic, however, is collated through our recruitment process, dependent on individual being open about their age. It is anticipated that age will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their age.
Including children and people over 65				

Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			✓	WDES Data is showing 9.65% colleagues across our Trust have long-term condition or illness. Currently we have the Disability and Neuro Diversity Staff Network Group who currently support staff with disability. We also support staff with Reasonable adjustment with the Government 'Access to Work' Grant. Therefore, it is anticipated that disability will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their disability. This is dependent if the individual feel comfortable about being open about their disability especially where this may be a hidden disability or mental health issues. This should not affect those who are employed to work on the wards as staff will be signposted to support network and occupational health to have continued support at work.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			✓	Currently gender is collated and there is a disparity around gender pay gap. A mean gap of 8.76% was calculated, this mean gap is lower than the 2021 figure of 9.07%. It is anticipated that gender will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner

				irrespective of their gender identity. The Trust has now set up a Women's Network who will be meeting on a monthly basis
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another</p> <p>Do you have flexible working arrangements for either sex?</p> <p>Is it easier for either men or women to access your service and proposal?</p>				
Marriage or Civil Partnerships			✓	Although this is a protected characteristic, this is not recorded. It is anticipated that marriage or civil partnership will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership. This is dependent on staff feeling comfortable about being open about their Marriage or Civil Partnership
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters</p> <p>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
Pregnancy or Maternity			✓	Although this is a protected characteristic, this is not recorded. It is anticipated that pregnancy and maternity will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. However, the Trust will provide necessary support and reasonable adjustment for an employee who is pregnant or on maternity, paternity or adoption leave and this may be pausing the procedure for a temporary time. This is dependent on staff feeling comfortable about being open about their or their partners pregnancy, including miscarriage. We also

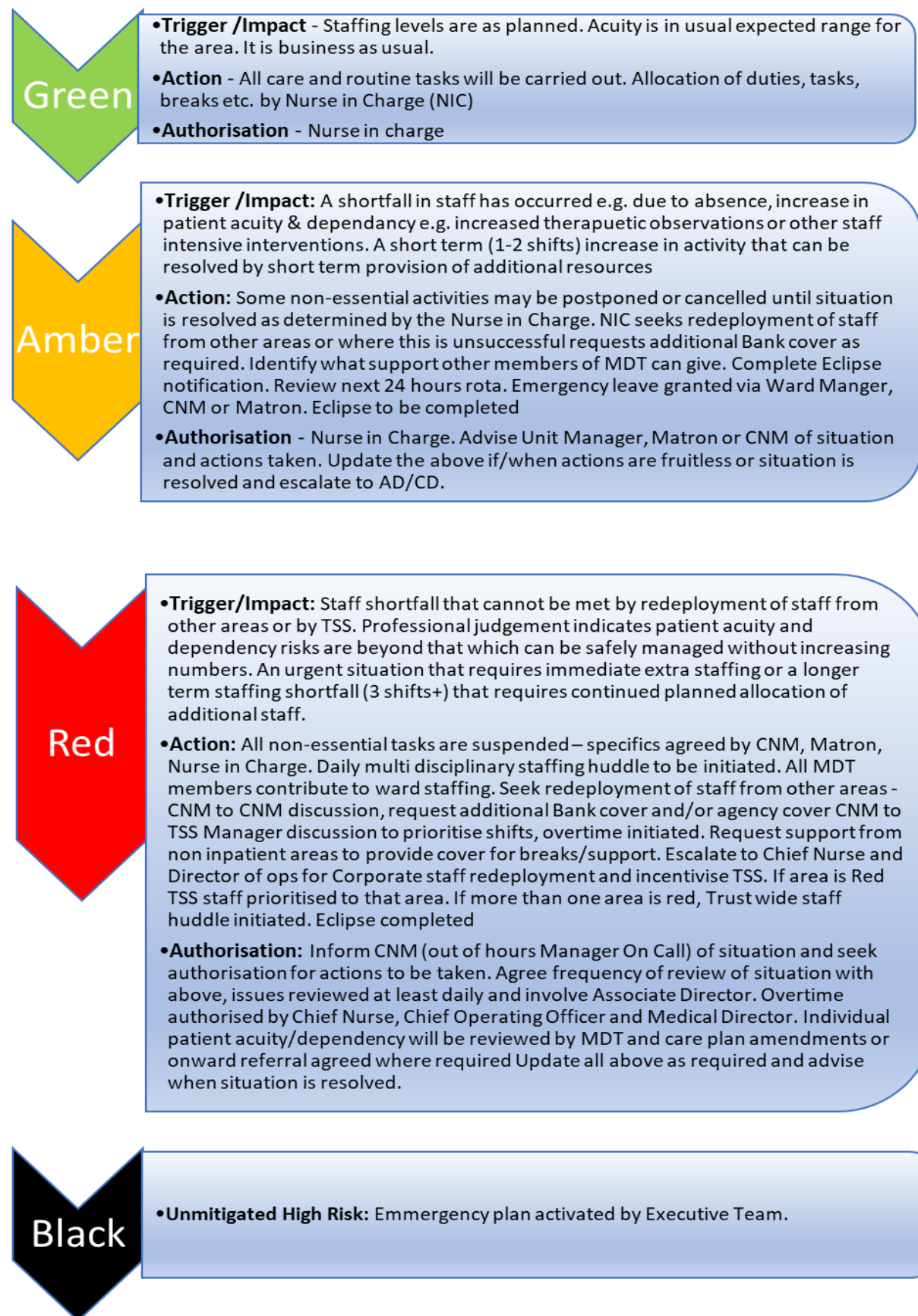
				have started the Women's Network where these matters can be discussed and shared there.
<p>This includes women having a baby and women just after they have had a baby. This also includes miscarriage, still birth and neo natal deaths and this effects men as well as women.</p> <p>Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?</p>				
Race or Ethnicity			✓	Our WRES Data is showing Our black and minority ethnic workforce representation is 39.1% In 2023 we showed a small increase on the 37.6% reported in 2022 (+ive) . There are current workstreams underway highlighting the disparities and the EDI teams are working with specific areas. It is anticipated that Race or Ethnicity will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their heritage or refugee status
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language to find out about your service or access your proposal?</p>				
Religion or Belief			✓	Although this is a protected characteristic, we have some recorded data and this is subject to staff completing this. The Trust will provide necessary support and reasonable adjustment for an employee and we also have the Spiritual Care Team. It is anticipated that religion or belief

				will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their religion or belief. We have flexible working policies in place to support staff if they require certain days/time off to attend religious/spiritual days/events.
<p>Including humanists and non-believers</p> <p>Is there easy access to a prayer or quiet room to your service delivery area?</p> <p>When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</p> <p>Are there any barriers to people of religion or belief to finding out about your service or access your proposal?</p>				
Sexual Orientation			✓	Although this is a protected characteristic we have some recorded data and this is subject to staff completing this. We currently have LGBTQ Staff Network who meet regularly where information is shared. It is anticipated that sexual orientation will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this
<p>Including gay men, lesbians and bisexual people</p> <p>Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?</p> <p>Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</p>				
Transgender or Gender Reassignment			✓	Although this is a protected characteristic, this is not recorded. It is anticipated that Transgender or Gender Reassignment will not have an negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner

				irrespective of this. This is also dependent on staff feeling comfortable about being open about their being Transgender or undergoing Gender Reassignment There is also a Trans and Non Binary Policy to support this.
<p>This will include people who are in the process of or in a care pathway changing from one gender to another</p> <p>Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?</p>				
Human Rights			v	<p>This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed. This is keeping in line with our Trust values, the NHS People's Plan commitment to equality, diversity and inclusion and reflects the provisions of the Equality Act 2010.</p> <p>This policy applies to all, including applicants applying for a job, staff including agency, bank and volunteers, services users and carers, visitors, stakeholders, an any other third-party organisations who work in partnership with the Trust</p>
<p>Affecting someone's right to Life, Dignity and Respect?</p> <p>Caring for other people or protecting them from danger?</p> <p>The detention of an individual inadvertently or placing someone in a humiliating situation or position?</p>				
<p>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</p>				
	Yes	No		

What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
<p>If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.</p> <p>If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead.</p>				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				
Lead Nurse for Safer Staffing will work with the organisation to reduce impact of any detriment experienced by reports of concerns				
How will any impact or planned actions be monitored and reviewed?				
<p>Feedback from reporters of concerns, escalating concerns through governance routes.</p> <p>Regular reviews of establishment and skill mix and communication to managers through Operational Meetings</p>				
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.				
Lead Nurse for Safer Staffing plan and trust wide promotion in ways accessible to ALL staff without the reliance upon electronic communications				
<p>Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.hr@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis</p>				

Appendix 2 – Real Time Monitoring of Staffing & Escalation Process.



BSMHFT Safe Staffing Establishment Reviews - Standard Operating Procedure Document

1. Introduction

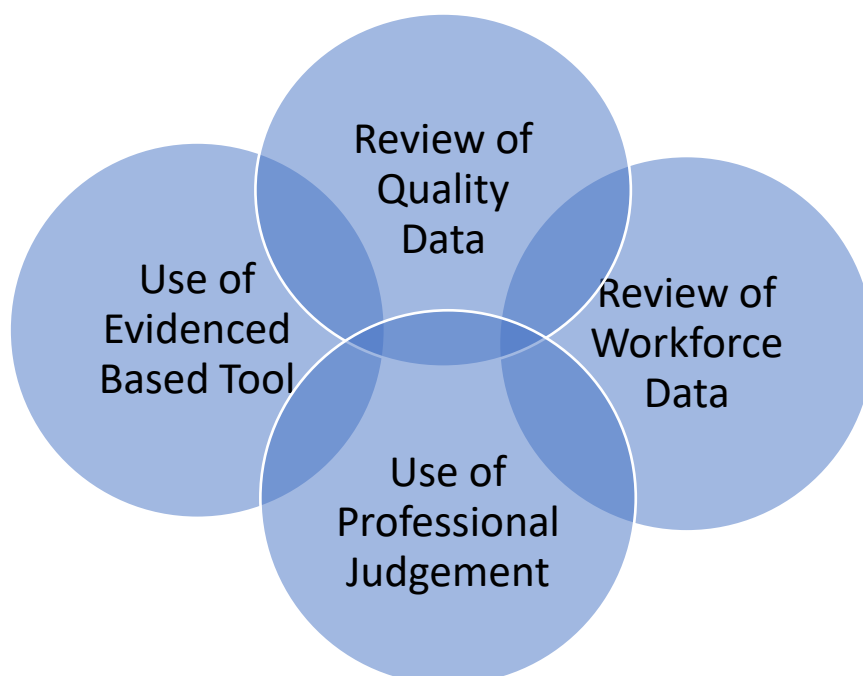
In 2013, the National Quality Board published “How to ensure the right people, with the right skills, are in the right place at the right time. A guide to nursing, midwifery and care staffing capacity and capability”. This report set out expectations about how the NHS would ensure that there are sufficient nurses to provide quality care to patients. This SOP should be read in conjunction with the Trust Policy on Safe Staffing which contains the relevant national and local guidance to support the operational deployment contained here.

2. Purpose

The purpose of this SOP is to provide guidance to staff on how to undertake staffing establishment reviews in clinical teams. This is a nationally mandated requirement of providers in the NHS that teams have appropriate levels of staffing to provide safe and effective care to patients at all times.

3. Scope

This SOP applies to all members of staff who are involved in the reviewing of clinical team establishments.



4. Safe staffing establishment review principles

All inpatient and community teams should review their budgeted establishments to ensure their staffing levels meet the needs of our service users and their families/ carer's twice yearly, this should be done in winter and summer to take account of seasonal variation in acuity. Establishment reviews need to consider the activity and care each team is required to deliver alongside the capacity and capability there is to deliver safe care. There are many factors that might influence staffing levels. A useful data template to use in establishment reviews can be seen at Appendix A. When undertaking the review, each team should ensure that the four factors of an effective review are addressed. These are reviewing quality data, reviewing workforce data, combining data taken from evidence based workforce tool and applying professional judgement. This is represented below:

5. Reviewing Quality Data

Teams should consider the quality of the care which they are providing with the establishment which has been in place since the last review. Data which may be helpful includes (not exhaustive): pressure ulcers, medication administration errors/omissions, incidents of violence or aggression, restraint/ restrictive practice, Safeguarding (child or adult) referrals (particularly allegations of abuse against professionals), Serious Incidents, levels of 1-1 Observations and feedback from trainees. Any incident analysis which has identified staffing as a contributory factor or root cause should be given increased weight.

6. Reviewing Workforce Data

Workforce data has an important role in informing establishment reviews. The ability of teams to provide safe effective care can be positively or negatively affected by workforce factors. Typical factors can include appraisal compliance rates, bank and agency use, vacancy rates, sickness absence, mandatory training, staff survey results

7. Use of evidenced based tools

As part of any establishment review, there is an expectation that an evidence-based demand tool is utilised to supplement professional judgment and the review of quality measures. The Mental Health Optimum Staffing Tool (MHOST) is the only evidenced based tool available for mental health settings.

8. Professional judgement

Use of professional judgement Professional judgement is an integral part of any establishment review undertaken. Ideally this should involve all members of the Multi-Disciplinary Team (MDT). Different members of the team may have varying perspectives of the needs of the team. This debate should be encouraged and the team should aim to work together with the Ward Manager and Matron to agree a position based on all team members views.

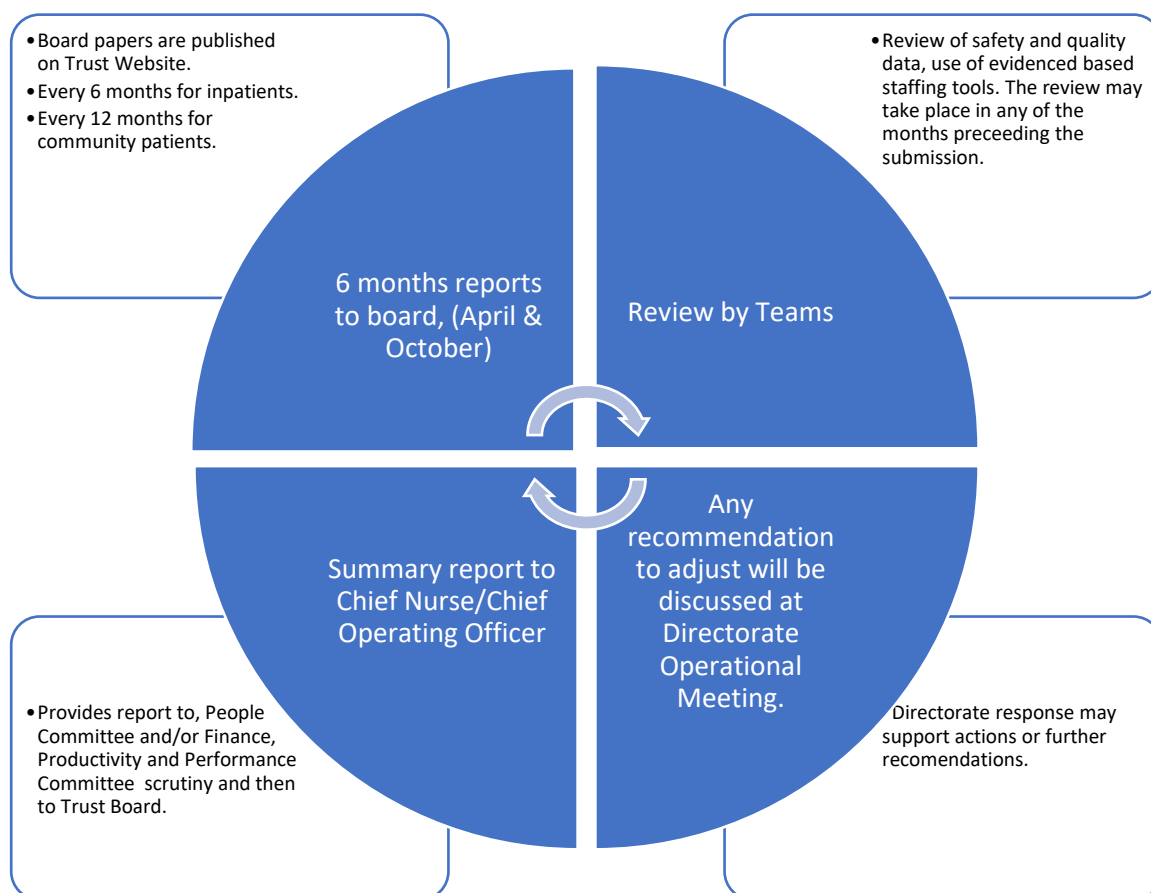
9. Timeline for establishment reviews

The Trust Board receives a report of safe staffing establishment reviews in

January and July each year, with the paper being discussed first People Committee and in the event of changes being recommended to establishments then should also go to Finance, Performance and Productivity Committees to review and scrutinise report before being presented at Board.

The Trust requirement for teams is that community teams will review their establishments once and year and ward teams twice a year.

10. Timeline detail



11. Writing the Review Report

There is a standard template for the production of establishment review reports, which can be found at Appendix 1. This aims to provide a standardised format which covers the requirements of the Trust for this process. Once the review report is completed it should be discussed within the clinical team and via clinical service management team structures including Ward/Team Manager, Matron, CNM/CSM, Head of Service/Associate Director Finance. ***If the review highlights any urgent deficit of staffing which presents a patient safety issue – this must be escalated to service management team immediately***

12. Process for making a change to a ward establishment/ budget

If through the establishment review process, it is identified that a change to a ward budget is required, then this must be discussed with the following people prior to being endorsed as a recommendation to the Trust Board:

- Chief Nurse
- Deputy Director of Nursing
- Associate Director
- Head of Nursing and Allied Health Professionals and In-patient Clinical Nurse Manager
- Matron
- Financial Business Advisor.

Any financial impact will be modelled by finance prior to a request for any changes in establishment being made and presented to Finance and Performance sub-committee.

13.Process for Monitoring Compliance and Effectiveness

Compliance with this SOP will be monitored by Operational managers and the Deputy Director of Nursing six-monthly as the reviews occur.

Appendix A

Ward:

Ward Manager:

Matron:

CNM:

Date of Review:

Ward Type/Division	Ward type, context to ward, add info re environment / challenges etc.		
Budgeted / Actual Establishment	Info from finance		
	WARD	BUDGET	ACTUAL
	TOTAL MPE		
Finance	YTD spend on staff		
Daily Staffing Numbers	Do the numbers work? Are shifts generally filled?		
AHP input into the ward.	Does it work in practice? Are super-nummary shifts feasible? Impact on RN's with night rotations?		
Bed Occupancy	Bed Occupancy data		
Fill Rate	Data taken from fill rate data sent out monthly.		
	Overall fill rate		

	Month											
	RN fill rate											
	Month											
TSS Use	<i>Do shifts get filled, is there challenges?</i>											
MHOST Findings												
Incidents including, self harm, violence & aggression, deficit in care etc.	<i>Run charts from black hole for past 12 months.</i> <i>Overall incident rate</i> <i>Violence / Aggression</i> <i>Restraints</i> <i>Self Harm</i> <i>Staffing/ workforce</i> <i>Falls / other indicators</i> <i>SI's if impacted by staffing.</i>											
Medication omissions or Errors	<i>Can indicate staffing issues</i>											
S17 Leave	<i>Is leave able to happen when planned?</i>											
Activities	<i>Do activities happen? Staff pulled into the numbers when short?</i>											
Complaints	<i>That can linked backed to staffing shortfalls etc.</i>											
Service user feedback												
Vacancy information	<i>Inclusive B1 - 7</i>											
Sickness	From KPI dashboard Date: Sickness: Short term sickness: Long term sickness: <i>Work related stress, industrial injury</i>											
Appraisals	<i>KPI's</i> Date: % The ward clinical activity takes priority, and the acuity levels can make it challenging to free up time.											
Fundamental Training	<i>KPI's</i> Date: %											

Associate Director and Head of Nursing and Allied Health Professionals View.	
Ward Manager, Matron, CNM view.	
Recommendation	

Appendix B



Staffing Assurance
Template 2021.xlsx
