Safe Staffing and Appropriate Utilisation of Human Resource Escalation Policy

Department / Service:	Neonatal & Transitional Care Unit
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Approved by:	Neonatal Guidelines Review Meeting
Date of Approval:	11th November 2022
Date of Review: **This is the most current version and should be used until a revised document is in place**	11th November 2025
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Neonatal & Transitional Care Unit
Target staff categories	Neonatal and Transitional Care Unit staff

Policy Overview:
This policy aims to provide clear guidance for safe staffing and escalation and associated actions required in response to staffing pressures. This will provide a safe operating framework for staff and reduce the level of risk to babies.

Latest Amendments to this policy:
This policy has been updated and aligned to reflect the new HRG and Safe Staffing standards (BAPM). November 2022- Document approved for 3 years with no amendments by Dr Gregory/ Neonatal Guidelines Review Meeting

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

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1. Introduction

This policy aims to provide clear guidance for safe staffing and escalation and associated actions required in response to staffing pressures. This will provide a safe operating framework for staff and reduce the level of risk to babies.

Staff shortage can occur at times of unusually high workload or high patient acuity, at times of increased staff sickness levels and when there are unfilled vacancies. It is imperative that all duty rotas are completed with the correct analysis of staff utilisation.

The Neonatal Service at Worcestershire Acute Hospital Trust has 18 cots on the Neonatal Unit (NNU) and 9 maternal beds on the Transitional Care Unit (TCU). NNU and TCU cots are configured as:

Intensive Care (ITU)	2 cots
High Dependency (HDU)	4 cots
Special Care (SC)	12 cots
Transitional Care (TCU)	9 maternal beds

The neonatal workforce consists of registered nurses, midwives, registered sick children's' nurses, nurses who hold an accredited post-registration qualification in specialised neonatal care (qualified in specialty (QIS), nursery nurses and specialist nurses.

Cot availability will be determined by the Nurse in Charge daily, to ensure there is 1 emergency cot each day on NNU (see Cot Management and Escalation Policy - WAHT-KD-015).

2. Purpose

The purpose of this document is to provide guidance to ensure safe staffing levels for NNU and TCU and escalation process.

3. Scope of this document

This policy applies to all staff working within the Neonatal and Transitional Care Unit. The policy recognises that not all staff groups in all disciplines will have direct involvement in managing safe staffing and escalation, however all members of staff have a responsibility to support this policy.

4. Definitions

Escalation, for the purpose of this Policy identifies when there are sub-optimal staffing levels within NNU and TCU and when specific responses are required.

Normal working hours are how the Trust operates on a day to day basis (Monday to Friday, 9am -5pm).

Out of hours is how the Trust operates between the hours of 5pm – 9am on weekdays and 24 hours on weekends and bank holidays.

4.1 Abbreviations
BAPM: British Association of Perinatal Medicine
HON: Head of Nursing
NIC: Nurse in Charge
NNU: Neonatal Unit
TCU: Transitional Care Unit

5.   Duties and Responsibility

5.1 Head of Nursing

The HON provides strategic leadership and oversight to the Neonatal and Transitional Care Unit, as part of the Divisional Leadership team. The HON is responsible for ensuring safe staffing and appropriate escalation where necessary. The HON will provide support to the neonatal matron.

5.2 Matron

The Matron is responsible for the operational management of the Neonatal and Transitional Care Unit. The matron is available to provide support and advice to the team and to support the ward manager and the NIC in the management of effective safe staffing levels and patient flows. The matron is responsible for ensuring there is a supportive, positive environment that encourages learning and development of all staff, as well as ensuring a quality service through evidence-based guidelines, a robust risk management framework, safe and effective resourcing of equipment, and support systems for new and junior nurses and students. The matron will raise concerns regarding staff shortages to the Head of Nursing and support the ward manager.

5.3 Ward Manager

The ward manager is responsible for the operational running of the Neonatal and Transitional Care Unit. The ward manager is available to provide support and advice to the nurse in charge in the management and effective running of NNU and TCU. The ward manager is responsible for the timely approval of rotas ensuring the rotas are adequately staffed and raise concerns regarding staff shortages to the Matron.

5.4 Nurse in Charge of NNU

The NIC should be supernumerary at all times although it is acknowledged that due to activity and staffing this may not be achieved at times. The NIC is responsible for ensuring the smooth running of NNU and TCU ensuring the unit is safely staffed at all times. The NIC is responsible for reporting staffing on Badgernet.

6.0 Staffing Thresholds per Shift

	Shift Name	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	ITU							
Qualified in Speciality (QIS) Nurse Requirement	Early	2	2	2	2	2	2	2
	Late	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2
	Nurse in Charge	**1**	**1**	**1**	**1**	**1**	**1**	**1**
	HDU							
QIS/Registered Nurse Requirement	Early	2	2	2	2	2	2	2
	Late	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2
	SCBU							
Registered /Non-Registered Nurse Requirement	Early	3	3	3	3	3	3	3
	Late	3	3	3	3	3	3	3
	Night	3	3	3	3	3	3	3
TOTAL Requirement per Shift		**8**	**8**	**8**	**8**	**8**	**8**	**8**
	TCU							
Registered /Non-Registered Nurse Requirement	Early	2	2	2	2	2	2	2
	Late	2	2	2	2	2	2	2
	Night	2	2	2	2	2	2	2
TOTAL Requirement per Shift		**2**	**2**	**2**	**2**	**2**	**2**	**2**

7.0 Additional Nursing Workforce (Mon-Fri)

In addition to the operational nursing workforce, there is additional supernumerary and/or specialist nursing workforce available during the day time.

Additional nursing workforce includes:

Nurse in Charge (NIC)
Ward Manager

Patients with high acuity may need 1:1 nursing.

Education Sister
Neonatal Matron
Any nurse on office day

8.0 Allocation

Babies should be allocated according to the babies' level of care (see appendix A - BAPM 2011). If patient acuity is high the patient may need 1:1 nursing. In this instance staff must be prepared to move between NNU and TCU when requested to do so. In addition, the additional nursing workforce (see item 7.0) should take a clinical workload as required.

9.0 Escalation

Any additional human resource to the above must be escalated to the ward manager who will review the usage of NHSP.

When the above measures have not resolved, and the situation is considered clinically unsafe, it is imperative that the following staff are made aware of the situation:

- ➢ Ward Manager (in hours) (see appendix B)
- ➢ Neonatal Matron (in hours) (see appendix B)
- ➢ Head of Nursing for CYP and/or DMT (in hours)
- ➢ On-call Maternity Manager (out of hours) who will then inform the executive on call.

10.0 Staff Breaks

Mandatory breaks in relation to shift hours are:
- ➢ The ward manager, person in charge and the individual are all responsible for ensuring breaks are taken. If breaks are unable to be taken at the agreed time due to clinical need, they should be taken as soon after this point as possible.
- ➢ The nurse in charge is responsible for leading a staff huddle at least twice daily (suggested time 11am and 4pm additional to the morning safety huddle). This will allow staff to escalate any concerns and coordinate staff lunch and supper breaks. Staff huddles must be documented (See Appendix C) for audit purposes.
- ➢ In line with European Working Time Directive (EWTD) breaks are not to be taken at the start or end of a shift or within the first or last hour of the shift as their purpose is to allow rest periods during shifts.
- ➢ Staff are to be actively encouraged to 'take a 30 minute break' every 6 hours

10.0 Implementation

This policy will be used as part of the development and training for all shift leaders on NNU. This policy will be communicated to all NNU shift leaders via email, at the daily safety huddle and team meetings.

11. Monitoring and compliance

This policy will be monitored via the monthly Divisional Reports.

12. Associated Documents

Reference to additional policies is recommended:

- Cot Management and Escalation Policy

Appendix A   **Levels of Care (BAPM 2011)**

Intensive Care

These babies have the most complex problems. A nurse should not be responsible for the care of more than 1 baby in this category and must have achieved neonatal competencies.

- Any day where a baby receives any form of mechanical respiratory support via a tracheal tube
- **BOTH** non-invasive respiratory support(e.g. nasal CPAP, SIPAP, BIPAP, duoPAP, HHHFT) **AND** Parenteral Nutrition (amino acids +/- lipids)
- Day of surgery (including laser therapy for ROP, but excluding intraocular injections eg. Bevacizumab)
- Day of Death
- Any day with Umbilical Venous Catheter Present
- Any day with Umbilical Arterial Catheter or Peripheral Arterial Catheter Present
- Any day with a chest drain in situ
- Any day on which Insulin infusion is given
- Any day on which Prostaglandin infusion is given
- Any day on which inotrope or vasodilator (including pulmonary vasodilator) is given
- Day on which exchange transfusion occurs (includes dilutional exchange)
- Any day on which Therapeutic Hypothermia is given (hypothermia treatment given during the initial assessment period should not be counted if ongoing cooling is not required)
- Any day on which a replogle tube is present
- Any day on which an epidural catheter if present
- Any day on which an abdominal silo is present (for anterior abdominal wall defects)
- Presence of External Ventricular drain or intraventricular catheter
- Dialysis (any type)

High Dependency Care

A nurse should not be responsible for the care of more than 2 babies in this category

- Any day where a baby receives any form of non-invasive respiratory support (e.g. nasal CPAP, SIPAP, BIPAP, HHHFT)
- Any day a baby receives Parenteral Nutrition (amino acids +/- lipids)
- Any day a baby receives an infusion of blood products (red cells, fresh frozen plasma, platelets, cryoprecipitate, and intravenous immunoglobulin). It does not include infusion of albumin
- Any day on which a central venous or long line (PICC) is present
- Any day on which a tracheostomy is present
- Any day with a trans-anastomotic (TAT) tube present following oesophageal atresia repair
- Any day with NP airway/nasal stent present
- Confirmed Clinical Seizure(s) today and/or continuous CFM recording
- Ventricular tap (including via reservoir)

Special Care & Transitional Care

A nurse should not be responsible for the care of more than 4 babies in this category.

Any day where a baby does not fulfil the criteria for intensive or high dependency care and requires any of the following:

- Presence of an indwelling urethral or suprapubic catheter
- Oxygen by low flow nasal cannula
- Feeding by orogastric, nasogastric, jejunal tube or gastrostomy
- Care of a Stoma
- Intravenous medication not otherwise specified elsewhere
- Receiving Intravenous Sugar +/- electrolyte solutions
- Receiving drug treatment for neonatal abstinence AND on an observations scoring regimen 4 hourly or more frequently
- Birth weight ≤2kg for first 48 hours after birth
- Gestation at birth 35 weeks for first 48 hours after birth
- Gestation at birth 34 weeks for first 7 days (168 hours) after birth
- Gestation at birth <34 weeks until discharge from hospital
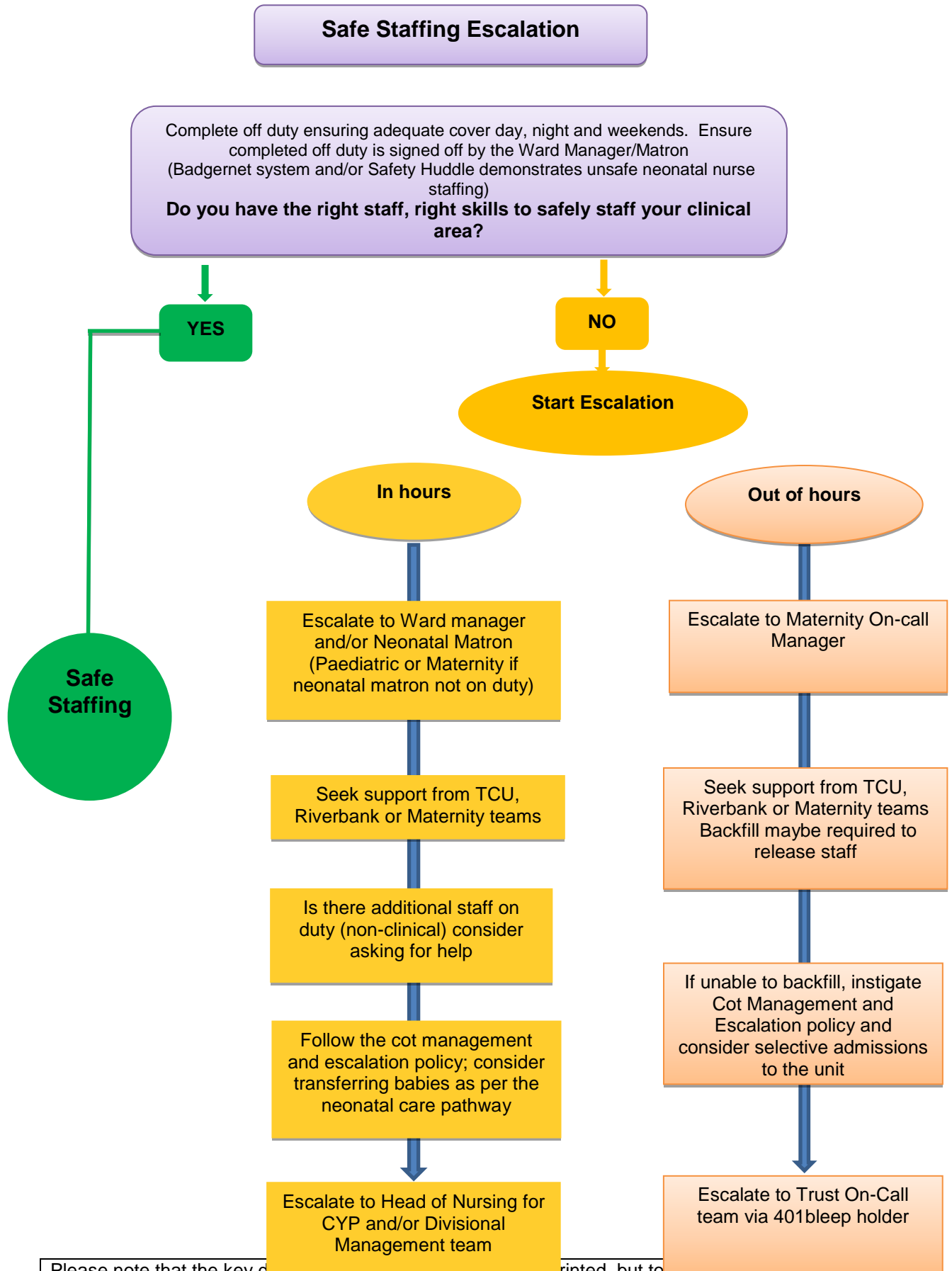
Appendix B

Safe Staffing Escalation

Complete off duty ensuring adequate cover day, night and weekends. Ensure completed off duty is signed off by the Ward Manager/Matron
(Badgernet system and/or Safety Huddle demonstrates unsafe neonatal nurse staffing)
Do you have the right staff, right skills to safely staff your clinical area?

YES

NO

Start Escalation

Safe Staffing

In hours

Out of hours

Escalate to Ward manager and/or Neonatal Matron (Paediatric or Maternity if neonatal matron not on duty)

Escalate to Maternity On-call Manager

Seek support from TCU, Riverbank or Maternity teams

Seek support from TCU, Riverbank or Maternity teams Backfill maybe required to release staff

Is there additional staff on duty (non-clinical) consider asking for help

Follow the cot management and escalation policy; consider transferring babies as per the neonatal care pathway

If unable to backfill, instigate Cot Management and Escalation policy and consider selective admissions to the unit

Escalate to Head of Nursing for CYP and/or Divisional Management team

Escalate to Trust On-Call team via 401bleep holder

Appendix C

Staff Huddle

Date	
Time	
Attendees		

Work together, celebrate together	
What has gone well	
Have staff had a drink/break	

No delays, every day	
Capacity	
Acuity and Dependency	
Any update since previous huddle	
Any concerns with babies that require escalation	
Safeguarding	
Potential transfers (TCU/Postnatal/External)	
Discharges	

We listen, we learn, we lead	
Lesson of the week	
Team concerns	
Parent concerns	
Clinical incidents / near miss	

Do what we say we will do

Undertake any actions as agreed	
Escalate issues as required	

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Appendix D   **Equality Impact Assessment Tool**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the Policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the Policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	NA	
6.	**What alternatives are there to achieving the Policy/guidance without the impact?**	NA	
7.	**Can we reduce the impact by taking different action?**	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Appendix E   **Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval