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Royal Cornwall Hospitals NHS Trust

Safecare Nurse Staffing Meetings Standard Operating Procedure

V1.0

May 2020

1. Introduction

1.1. This Standard Operating Procedure (SOP) sets out the framework for the Safecare Nurse Staffing Meetings. The co-ordinating of safe nursing staffing across the Royal Cornwall Hospitals NHS Trust is essential to support our organisational aims of delivering 'Brilliant Care' through 'Brilliant Improvement' by our 'Brilliant People'.

1.2. The Safecare Nurse Staffing Meetings are our local process to support a trust wide overview and assessment of staffing levels and skill mix to highlight hotspots and any potential issues. At the meeting a responsive plan can be developed to maintain safe nurse staffing across our three hospital sites.

1.3. This version supersedes any previous versions of this document.

1.4. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Standard Operating Procedure

2.1. The purpose of this Standard Operating Procedure is to ensure that there are safe nursing staffing levels. This document is to support the chair of the meeting to have a standardised assessment, discussion and response to support safe staffing.

2.2. It is intend that the Safecare Nurse Staffing Meeting will promote an opportunity for an open discussion around:

- Clinical need
- Acuity and Dependency
- Other local circumstances or variable factors

2.3. This information will support an informed professional judgement and a final assessment of safe nursing staff requirements.

3. Ownership and Responsibilities

3.1. *Role of the Deputy Chief Nurse*

The Deputy Chief Nurse is responsible for:

- Maintaining and monitoring safe nursing staffing levels

3.2. *Role of the Heads of Nursing*

Heads of Nursing are responsible for:

- Chairing Safecare Nurse Staffing Meetings
- Maintaining accurate record keeping of meetings
- Formulating and communicating operational staffing plans
- Escalation of safe staffing issues

3.3. *Role of the Clinical Matrons*

Clinical Matrons are responsible for:

- Acting as a Deputy Chair of the meetings
- Chairing Weekend Safecare Nurse Staffing Meetings
- Providing professional check and challenge of ward / unit Acuity & Dependency scoring
- Reporting accurate information at the meetings

3.4. *Role of the Clinical Site Manager*

Clinical Site Managers are responsible for:

- Reporting accurate information at the meetings
- Executing the night Nursing Safe Staffing Plan from 15:30hrs meeting
- Out of daylight hours safe nursing staffing
- Maintaining accurate record keeping of changes to night Nursing Safe Staff Plan
- Providing feedback to Chair on safe staffing overnight

3.5. *Role of Kernowflex*

Kernowflex are responsible for:

- Reporting accurate temporary staffing information at the meetings

3.6. *Role of the Unit/Ward Leaders*

Unit/Ward Leaders are responsible for:

- Accurately reporting Acuity & Dependency on the Safercare system
- Maintaining electronic rosters
- Proactively managing rosters and skill mix
- Proactively requesting temporary workforce solutions

4. Standards and Practice

4.1. Chairing the Safecare Nurse Staffing Meetings:

- It is agreed that the Heads of Nursing will be the nominated rotational chair for these meetings
- In the absence of the nominated Head of Nursing a Clinical Matron from their Care Group will be the designated deputy
- The Head of Nursing is responsible for arranging chairperson cover
- The nominated Chair at the weekends and bank holidays is the duty Clinical Matron
- The Chair is responsible for the co-ordination of all trust standards at the meeting

4.2. Meeting Standards:

- The meetings happen at 08:30hrs & 15:30hrs
- The Safecare meeting will be held electronically on Microsoft Teams
- Where a deputy of a representative is required; only a single occurrence of the appointment should be forwarded and not the series of appointments
- Group Members online should be in a confidential space during the meeting event
- Only those agreed Group Members should be able to hear and participate in the meeting (the use of headphones are promoted)

4.3. Standard Agenda:

- The Chair will follow the agreed standard agenda in Appendix A

4.4. Meeting Records:

- A summary record of the meeting is to be recorded on the agreed template
- The meeting record form is located in Appendix B
- The Chair completes the meeting record
- The Chair is responsible that the record will be scanned after each meeting and deposited into the shared drive located at: S:\TR13\Centralised Bed Management\Staffing\Safe Care Meeting
- Records will be deposited under the respected folder by year and month
- The agreed title format for saving is:
  Year / Month / Day Safe Care Meeting Record Chair
  e.g. 2020 04 25 Safe Care Meeting Record Ian Moyle-Browning

4.5. Safecare Group Membership:

- The nominated Head of Nursing will Chair
- Kernowflex will be represented by a team colleague
- Care Group / Areas will be represented by the Clinical Matrons
- The Site will be represented by the a Clinical Site Manager
- Clinical Matrons can nominate a deputy

4.6. The Safecare Wheel:

- The Safecare Wheel will be displayed and utilised as a 'Heat Wheel' to support a staffing assessment and response
- The Safecare Wheel has a interdependency on the Acuity & Dependency assessment which is input from each of the ward / units (see section 4.8)

4.7. Acuity & Dependency Assessment:

- Wards/Units are responsible for assessing and recording Acuity & Dependency three times a day on the Safecare system.
- The AM assessment will be entered between 06:00-07:00hrs
- The PM assessment will be entered between 11:00-12:00hrs
- The Night assessment will be entered between 18:00-19:00hrs
- Acuity & Dependency will be assessed in relation to definitions in the Shelford Nursing Care Tool (Appendix C) and the Enhanced Care for Adults Policy in regards to Enhanced Care Levels 3 and 4
- To support appropriate Acuity & Dependency the Clinical Matrons will complete regular check and challenge peer reviews

4.8. Clinical Matron Reporting Requirements

- Each Clinical Matron or their nominated deputy is required provide information on staffing processes and numbers with a professional judgement in regards to their staffing being 'Safe' or 'At Risk'
- At the meeting they are required to present the following for their area

- *Safer Care Census (Confirmation that it has been updated)*
- *Status of Area (Safe or At Risk)*
- *At Risk Breakdowns (If 'At Risk', each ward in that area will need a breakdown of ratings i.e. 'Safe or At Risk')*
- *Identify Staffing Shortfall (Identify the ward, shortfall – by grade and number and the wards current staffing levels)*
- *Identify Staffing Excess (Identify the ward and excess by grade and number)*
- *Critical Care will always provide a breakdown of Acuity & Dependency, along with a full breakdown of staffing)*

4.9. Kernowflex Reporting Requirements

- A representative from Kernowflex is required to provide information on staffing numbers in regards to temporary workforce

> - *Number of outstanding shifts (This and next shift – broken down by Registered & Un-registered)*
> - *The resource on any 'Pool' or 'Temporary Roster' (This and next shift – broken down by Registered & Un-registered)*

4.10. Final Assessment of Staffing Requirements:

- The Chair of the meeting is accountable for making the final agreed safe staffing assessment
- The Chair of the meeting is accountable for formulating and communicating the staffing plan

4.11. Executing the Night Nursing Safe Staffing Plan:

- The Chair will hand over the Night Nursing Safe Staffing Plan after the 15:30hrs meeting to The Clinical Site Manager
- The Clinical Site Manager is accountable for holding the plan and executing it when the next shift comes
- The Clinical Site Manager documents any changes / issues on their copy of the form in the site office
- The Clinical Site Manager is accountable for safe staffing during the night shift after it has been handed over by the chair

4.12. Nursing Weekend Safe Staffing Planning:

- Weekend safe staffing is assessed prospectively from Wednesday of a working week
- The template is located in the following shared drive: S:\TR13\Centralised Bed Management\Staffing\Daily staffing
- The Clinical Matrons are responsible for updating the template
- The Chair co-ordinates an assessment with the Clinical Matrons and Kernowflex to formulate a weekend plan for the Duty Clinical Matron working the weekend

4.13. Escalation:

- Escalation of safe staffing issues is through direct contact between the Chair and the Deputy Chief Nurse (or deputy)

5. Dissemination and Implementation

5.1. This document will be shared with the stakeholders and presented to the Clinical Matron group to support setting standards outlined in this document.

5.2. No training is required for the implementation of this SOP

6. Monitoring compliance and effectiveness

Element to be monitored	Weekly Safecare staffing themes for escalation
Lead	Head of Nursing / Care
Tool	Theme Analysis - Adherence to will be monitored as part of the ongoing audit process on a WORD or Excel template.
Frequency	Weekly by exception
Reporting arrangements	Reported by the HoN/C into the weekly HoN/C performance meeting with Deputy Director(s) of Nursing.
Acting on recommendations and Lead(s)	Actions agreed and taken through this meeting
Change in practice and lessons to be shared	Shared both in Care Groups and with Clinical Cabinet.

7. Updating and Review

The SOP is owned by the Senior Nursing Fraternity and will be part on informal ongoing review and will be formally reviewed annually.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

8.2. *Equality Impact Assessment*

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Safecare Nurse Staffing Meetings Standard Operating Procedure V1.0					
Date Issued/Approved:	5th May 2020					
Date Valid From:	May 2020					
Date Valid To:	May 2023					
Directorate / Department responsible (author/owner):	Corporate NMAHP Team (Author: Ian Moyle-Browning, HoN for SSS)					
Contact details:	01872 25 4993					
Brief summary of contents	Procedure to standardise Safecare meetings to ensure robust planning for safe staffing levels across inpatients areas for the next 24hrs.					
Suggested Keywords:	Safe Staffing, Safe Nursing Staffing, Staffing Levels, Safecare					
Target Audience	RCHT	CFT	KCCG			
	✓					
Executive Director responsible for Policy:	Kim O'Keeffe Director of Nursing, Midwifery and Allied Health Professionals.					
Date revised:	Initial version					
This document replaces (exact title of previous version):	New document					
Approval route (names of committees)/consultation:	NMAHP Clinical Cabinet					
Care Group General Manager confirming approval processes	Claire Martin – Deputy Director of Nursing, Midwifery and Allied Health Professionals.					
Name and Post Title of additional signatories	Not Required					
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}					
	Name: Claire Martin					
Signature of Executive Director giving approval	{Original Copy Signed}					
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only			

Document Library Folder/Sub Folder	Clinical / Corporate Clinical
Links to key external standards	NHSE/I Safe Staffing/Model Hospital
Related Documents:	None
Training Need Identified?	Yes

Version Control Table

Date	Version No	Summary of Changes	Changes Made by *(Name and Job Title)*
05/05/2020	V1.0	Initial version	Ian Moyle-Browning Head of Nursing – Specialist Services & Surgery

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Initial Equality Impact Assessment Form

Name of the strategy / policy /proposal / service function to be assessed Safecare Nurse Staffing Meetings Standard Operating Procedure V1.0	
Directorate and service area: Corporate Clinical	**New or existing document:** New
Name of individual completing assessment: Ian Moyle-Browning	**Telephone:** 01872 253439

1. *Policy* Aim* *Who is the strategy / policy / proposal / service function aimed at?*	Those involved in supporting the Safecare Meeting assessment and plan for the Royal Cornwall Hospitals
2. *Policy* Objectives*	Safe Nursing Staffing levels
3. *Policy* – intended Outcomes*	The purpose of this Standard Operating Procedure is to ensure that there are safe nursing staffing levels. This document is to support the chair of the meeting to have a standardised assessment, discussion and response to support safe staffing. It is intend that the Safecare Nurse Staffing Meeting will promote an opportunity for an open discussion around: - Clinical need - Acuity and Dependency - Other local circumstances or variable factors
4. *How will you measure the outcome?	Nursing Workforce Evaluation Plans
5. Who is intended to benefit from the *policy*?	Colleagues and patients

6a Who did you consult with	Workforce	Patients	Local groups	External organisations	Other
	X				
b). Please identify the groups who have been consulted about this procedure.	Heads of Nursing Clinical Matrons Kernowflex People & OD				
What was the outcome of the consultation?	Feedback and SOP changed				

7. The Impact
Please complete the following table.

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence

Age		**X**		
Sex (male, female, trans-gender / gender reassignment)		**X**		
Race / Ethnic communities /groups		**X**		
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		**X**		
Religion / other beliefs		**X**		
Marriage and Civil partnership		**X**		
Pregnancy and maternity		**X**		
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		**X**		

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:

- You have ticked "Yes" in any column above and
- No consultation or evidence of there being consultation- this excludes any *policies* which have been identified as not requiring consultation**. or**
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.	**Yes**		**No**	**X**

9. If you are **not** recommending a Full Impact assessment please explain why.

If a Full Impact Assessment is not indicated following the Initial Impact Assessment then include 'Not indicated' here.

Date of completion and submission	05/05/2020	Members approving screening assessment	Policy Review Group (PRG) **APPROVED**

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.
A summary of the results will be published on the Trust's web site.

Appendix 3. - Standing Agenda – Safecare Meeting

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Royal Cornwall Hospitals NHS Trust

Safecare Meeting
Daily at 08:30hrs & 15:30hrs
Via Microsoft Teams

Group Members:
Head of Nursing (Chair)
Clinical Matrons
Kernowflex
Clinical Site Manager

Minute Secretary: (Chair)

A G E N D A

Item No.		Item Presenter	Timing	Minute No.
1.	**Roll Call / Apologies for Absence**	Chair	1 Min (1)	**16.01**
2.	**Declaration of Any Other Business**	Chair	1 Min (2)	**16.02**
3.	**Ratification of noted of Previous Meeting**	Chair	1 Min (3)	**16.03**
4.	**Matters Arising / Feedback since last meeting**	Chair	1 Min (4)	**16.04**
	Assessment			
5.	• *Safecare Wheel – Census Entry Required* • *Safecare Wheel – Missed Charge Cover* • *Safecare Wheel – Hours Excess / Short* • *Kernowflex – Temporary Staffing Position* • *Professional Staffing Assessment*	Chair Chair Chair K.Flex Matrons	15 Min (19)	**16.05**
	Staffing Plan			
6.	• *Summary Staff Shortfall* • *Summary Staff Excess* • ***When required:*** *Challenge Working Days / Non-Effectives / Study days / Supernumerary* • *Staffing Plan*	Chair	5 Min (24)	**16.06**
7.	**Any Other Business**	Chair	2 Min (26)	**16.07**
8.	**Arrangements of Next Meetings**	Chair	1 Min (27)	**16.08**
9.	**Evaluation of Effectiveness of the Meeting:** • **What worked well?** • **Even more effective if?**	Chair	3 Min (30)	**16.09**

Appendix 4. – Safecare Review Meeting Record

Safecare Review Meeting — One + all | we care — Royal Cornwall Hospitals NHS Trust

Chair		Day		Date	/ /	Time	08:30 / 15:30 Please Circle

	Location	Represented	This Shift	Next Shift	Shortfall / Excess			
					Shortfall		Excess	
					RN	HCA	RN	HCA
RCHT	*Kernowflex*	Yes/No	Unfilled Bank Shifts (RN & HCSW) for Today Unfilled Agency Shifts (RN & HCSW) for Today	Unfilled Bank Shifts (RN & HCSW) for Today Unfilled Agency Shifts (RN & HCSW) for Today				
RCHT	*Clinical Site*	Yes/No	Safe / At Risk (Please Circle) Clinical Site Managers Bed Managers	Safe / At Risk (Please Circle) Clinical Site Managers Bed Managers				
RCHT			Safe / At Risk (Please Circle) RCH Discharge Lounge (Green) RCH Discharge Lounge (Red)	Safe / At Risk (Please Circle) RCH Discharge Lounge (Green) RCH Discharge Lounge (Red)				
SMH	*SMH*	Yes/No	Safe / At Risk (Please Circle) St Josephs St Michaels Theatres	Safe / At Risk (Please Circle) St Josephs St Michaels Theatres				
WCH	*WCH*	Yes/No	Safe / At Risk (Please Circle) UTC OPAL Unit Med 2 Theatres / Surgical Unit Renal Unit	Safe / At Risk (Please Circle) UTC OPAL Unit Med 2 Theatres / Surgical Unit Renal Unit				
Urgent, Emergency & Trauma	*Emergency Care*	Yes/No	Safe / At Risk (Please Circle) ED AMU SDMA	Safe / At Risk (Please Circle) ED AMU SDMA				
Urgent, Emergency & Trauma	*Eldercare*	Yes/No	Safe / At Risk (Please Circle) Kerensa Phoenix • Stroke Nurse = Yes / No Tintagel	Safe / At Risk (Please Circle) Kerensa Phoenix • Stroke Nurse = Yes / No Tintagel				
Urgent, Emergency & Trauma	*Trauma*	Yes/No	Safe / At Risk (Please Circle) Trauma Unit	Safe / At Risk (Please Circle) Trauma Unit				
Specialist Medicine	*Specialty Medicine*	Yes/No	Safe / At Risk (Please Circle) Grenville Wheal Prosper Renal Unit MDU	Safe / At Risk (Please Circle) Grenville Wheal Prosper Renal Unit MDU				
Specialist Medicine	*Cardio-respiratory*	Yes/No	Safe / At Risk (Please Circle) Cardiac Investigations Coronary Care Cardiac Cath Lab Roskear Wellington & RHC	Safe / At Risk (Please Circle) Cardiac Investigations Coronary Care Cardiac Cath Lab Roskear Wellington & RHC				
General Surgery & Cancer	*Surgery*	Yes/No	Safe / At Risk (Please Circle) St Mawes Eden SAL TD	Safe / At Risk (Please Circle) St Mawes Eden SAL TD				
General Surgery & Cancer	*Cancer Services*	Yes/No	Safe / At Risk (Please Circle) Lowen Headland	Safe / At Risk (Please Circle) Lowen Headland				
Specialist Services & Surgery	*Specialist Services*	Yes/No	Safe / At Risk (Please Circle) Gastro & Liver Unit Endoscopy Unit	Safe / At Risk (Please Circle) Gastro & Liver Unit Endoscopy Unit				
Specialist Services & Surgery	*Specialist Surgery*	Yes/No	Safe / At Risk (Please Circle) Kynance (Nee Wheal Coates)	Safe / At Risk (Please Circle) Kynance (Nee Wheal Coates)				
Anaesthetics, Critical Care & Theatres	*Critical Care*	Yes/No	Safe / At Risk (Please Circle) L3 L2 L1 Critical Care Unit Outreach	Safe / At Risk (Please Circle) L3 L2 L1 Critical Care Unit Outreach				
Anaesthetics, Critical Care & Theatres	*Theatres*	Yes/No	Safe / At Risk (Please Circle) Theatres Newlyn	Safe / At Risk (Please Circle) Theatres Newlyn				
Women's & Children	*Gynaecology*	Yes/No	Safe / At Risk (Please Circle) Pendennis	Safe / At Risk (Please Circle) Pendennis				
Women's & Children	*Paediatrics*	Yes/No	Safe / At Risk (Please Circle) Paediatric Unit	Safe / At Risk (Please Circle) Paediatric Unit				

Critical Care COVID-19 Escalation Phase

Phase 1 CCU SR's		Phase 2 CCU 6 Bedder		Phase 3 CCU 4 Bedder		Phase 4 Trelawney Recovery		Phase 5 WC		Phase 6 #1 & #2		Phase 7 Trelawney Theatres + Newlyn	

PLEASE TURN OVER FOR STAFFING PLAN

Version 16: Ian Moyle-Browning (HoN – Specialist Services & Surgery)

Actions/Plan:				
ED Queue Plan Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:
Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:
Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:	Ward: Issue: Plan: Who To Action:
Chair Signature				

Safecare Hand-back Notes:

To support in accurate hand-back to 'Daylight' operational teams the following information should be noted:

Staff Redeployments/Moves & Operational Issues:				
Ward	Issue	Plan	Executed	eRoster Updated
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
			Yes/No	Yes/No/NA
Clinical Site Co-ordinator Print Name Signature				

Version 16: Ian Moyle-Browning (HoN – Specialist Services & Surgery)

Appendix 5. – Acuity & Dependency Levels

Taken from the Safer Nursing Care Tool – Implementation Resource Pack

Levels of care	Descriptor
Level 0 **Patient requires hospitalisation** **Needs met by provision of normal ward cares.**	**Care requirements may include the following** • Elective medical or surgical admission • May have underlying medical condition requiring on-going treatment • Patients awaiting discharge • Post-operative / post-procedure care - observations recorded half hourly initially then 4-hourly • Regular observations 2 - 4 houry • **Early Warning Score** is within normal threshold • ECG monitoring • Fluid management • Oxygen therapy less than 35% • Patient controlled analgesia • Nerve block • Single chest drain • Confused patients not at risk • Patients requiring assistance with some activities of daily living, require the assistance of one person to mobilise, or experiences occasional incontinence
Level 1a **Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.**	**Care requirements may include the following** • Increased level of observations and therapeutic interventions • **Early Warning Score** - trigger point reached and requiring escalation. • Post-operative care following complex surgery • Emergency admissions requiring immediate therapeutic intervention. • Instability requiring continual observation/invasive monitoring • Oxygen therapy greater than 35% +/- chest physiotherapy 2 - 6 hourly • Arterial blood gas analysis – intermittent • Post 24 hours following insertion of tracheostomy, central lines, epidural or multiple chest or extra ventricular drains • Severe infection or sepsis
Level 1b **Patients who are in a STABLE condition but are dependant on nursing care to meet most or all of the activities of daily living.**	**Care requirements may include the following** • Complex wound management requiring more than one nurse or takes more than one hour to complete. • VAC therapy where ward-based nurses undertake the treatment • Patients with spinal instability / spinal cord injury • Mobility or repositioning difficulties requiring the assistance of two people • Complex Intravenous Drug Regimes - (including those requiring prolonged preparatory/administration / post-administration care) • Patient and / or carers requiring enhanced psychological support due to poor disease prognosis or clinical outcome • Patients on End of Life Care Pathway • Confused patients who are at risk or requiring constant supervision • Requires assistance with most or all activities of daily living • Potential for self-harm and requires constant observation • Facilitating a complex discharge where this is the responsibility of the ward-based nurse

Level 2 **May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility / unit**	• Deteriorating / compromised single organ system • Post-operative optimisation (pre-op invasive monitoring)/extended post-op care. • Patients requiring non-invasive ventilation/respiratory support; CPAP / BiPAP in acute respiratory failure • First 24 hours following tracheostomy insertion • Requires a range of therapeutic interventions including: • Greater than 50% oxygen continuously • Continuous cardiac monitoring and invasive pressure monitoring • Drug Infusions requiring more intensive monitoring e.g. vasoactive drugs (amiodarone, inotropes, gtn) or potassium, magnesium • Pain management - intrathecal analgesia • CNS depression of airway **and** protective reflexes • Invasive neurological monitoring
Level 3 **Patients needing advanced respiratory support and / or therapeutic support of multiple organs.**	• Monitoring and supportive therapy for compromised/collapse of two or more organ / systems • Respiratory or CNS depression/compromise requires mechanical /invasive ventilation • Invasive monitoring, vasoactive drugs, treatment of hypovolaemia /haemorrhage/sepsis or neuro protection

Appendix 6. – Nursing Weekend Safe Staffing

Records Located at: S:\TR13\Centralised Bed Management\Staffing\Daily staffing

Weekend Staffing Saturday										Current Predicted Shortfall					
Service	Ward / Unit	Tel No	DAY				NIGHT		RAG & Notes (RAG needs to represent the Risk)	DAY				NIGHT	
			RN	HCA	RN	HCA	RN	HCA		RN	HCA	RN	HCA	RN	HCA
UET	ED	3115								0	0	0	0	0	0
	SDEC									0	0	0	0	0	0
	AMU	3271								0	0	0	0	0	0
	Trauma	3166								0	0	0	0	0	0
	Kynance	2828								0	0	0	0	0	0
	Kerensa	3841								0	0	0	0	0	0
	Phoenix	2120								0	0	0	0	0	0
	Tintagel	2020								0	0	0	0	0	0
Spec Med	CIU	2226								0	0	0	0	0	0
	CCU	2630								0	0	0	0	0	0
	Roskear	2040								0	0	0	0	0	0
	Wellington	2100								0	0	0	0	0	0
	Grenville	2010								0	0	0	0	0	0
	Renal Unit	2887								0	0	0	0	0	0
	Wheal Prosper	2923								0	0	0	0	0	0
WCH	Med 1	4095								0	0	0	0	0	0
	Med 2	4220								0	0	0	0	0	0
Gen Surgery & Cancer	Theatre Direct	2060								0	0	0	0	0	0
	SAL	2622								0	0	0	0	0	0
	Pendennis	2070								0	0	0	0	0	0
	St Mawes	3032								0	0	0	0	0	0
	Lowen	2050								0	0	0	0	0	0
Site	Discharge Lounge	3866								0	0	0	0	0	0
Specialist Services	Wheal Coates	3830								0	0	0	0	0	0
	Endoscopy	2805								0	0	0	0	0	0
	G&LU	2030								0	0	0	0	0	0
ITU	ITU	3152								0	0	0	0	0	0
SMH	SMH	8844								0	0	0	0	0	0
W&C	Eden	2090								0	0	0	0	0	0
	Paeds									0	0	0	0	0	0
	Total		0	0	0	0	0	0		0	0	0	0	0	0

Staffing Notes:		
No.	Ward / Unit	Staffing Problem / Plan
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

All shortfalls above must correspond to the shifts out to bank or agency on Health roster to support Kernowflex in successful fill rates