

SafeCare Live: Standard Operating Procedure

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Version Control Sheet

This must be completed and form part of the document appendices each time the document is updated and approved

Date dd/mm/yy	Version	Author	Reason for changes
22.07.20	1	Trish Trench, Non-Medical Deployment Manager	New document

Consultation / Acknowledgements with Stakeholders

Name	Designation	Date Response Received
Andrew Heath	ADON	
Jason Flanningan-Salmon	ADON	
Courtney Spinks	ADON	
Samantha Drury	ADON	
Joanna Marshall	ADON	

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1 Introduction / Purpose

Nursing, Midwifery and Care staff, working as part of wider multi-disciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients. There are established and evidenced links between patient 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 using the 6 C's:

1.1 Care

Care is our core business and that of our organisations, and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them, consistently, throughout every stage of their life.

1.2 Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity - it can also be described as intelligent kindness, and is central to how people perceive their care.

1.3 Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

1.4 Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do and essential for "no decision about me without me". Communication is the key to a good workplace with benefits for those in our care and staff alike.

1.5 Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

1.6 Commitment

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health, care and support challenges ahead.

The Trust is committed to ensuring that patients receive the highest quality care whilst in receipt of services. To ensure that this is achievable there must be sufficient numbers of

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staff who have the right levels of skills and training who can be deployed responsively to meet patient needs.

We take the care of our patients very seriously and there are already a number of mechanisms in place to ensure that 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.

In 2014, a national mandate from the NHS Chief Nursing Officer England and the Care Quality Commission entitled 'Hard Truths' outlined 5 commitments which Trusts are required to have in place. The fifth commitment was as follows:

The Trust:

- Reviews the actual versus planned staffing on a shift by shift basis
- Responds to address gaps or shortages where these are identified
- Uses systems and processes such as eRostering, escalation and contingency plans to make the most of resources and optimise care.

This SOP outlines how the Trust will meet that commitment.

2 General Principles / Target Audience

2.1 Purpose

This SOP is intended to describe a set of procedures which enable staff members to understand the steps which are required to ensure that there is adequate staff working on each shift to meet patients' needs. Also, when the usual staffing levels are not in place and/or that the usual staffing levels are insufficient to meet patient needs, due to increased demand, that staff are clear about how to escalate this to senior nurses and managers for support and to identify and redeploy human resources to maintain safety as and when necessary.

2.2 Scope

This SOP applies to all registered nursing staff who are working in or have responsibility or accountability for clinical inpatient services. There are specific accountabilities for the following staff members:

2.2.1 Divisional Management

Prior to each area going Live with the SafeCare Live system there is a requirement for a refresher session on the patient acuity scoring. This is to ensure that all clinical staff are up to date prior to the SafeCare Live system training. The dates for each area will be published to Divisional Management to ensure that this is factored in to the roll-out plan and the Divisions will be responsible for the delivery of this training.

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2.2.2 Nurse in charge of each shift

- During the shift and prior to handover, consideration should be given to the dependency level of each of the patients on the ward.
- The Census on SafeCare Live must be updated during each shift. This can be done at any time, but might show as '**Predicted**'. This input must be made '**Actual**' UP TO 90 MINUTES before the start of the Census period. The Census period timings are visible on the system pages, and explained below in section 6. This means the Nurse in Charge is giving due consideration to the staffing requirements for the oncoming shift.
- Makes decisions about real time management of staff and escalates concerns as necessary. SafeCare Live can be updated at any time to reflect real time situation. This would then show a '**Predicted**' figure for the oncoming shift which would need to be made '**Actual**'.

2.2.3 Ward Managers

- Responsible for ensuring that all registered nurses within their area of responsibility are trained in the use of SafeCare Live and are undertaking their Census activity as required as part of routine supervision.
- Notify e-Rostering when any changes to the number of beds on a Ward are made.

2.2.4 Matrons

- Respond to staffing issues escalated by wards and or site managers, making decisions which require additional authority or resource to resolve specific staffing issues
- Monitor patterns of staffing across their areas of responsibility over time and ensure actions are taken to address any deficits identified
- Undertake monthly reviews on wards to ensure consistency in acuity scoring, addressing any deficits in staff knowledge and skills as necessary.
- Escalate any staffing concerns which cannot be managed within the resources available on site to Divisional Director of Nursing (DDON) and Assistant Divisional Director of Nursing (ADON) as necessary

2.2.5 Data Verifiers

Compliance with this SOP will be monitored by the divisions. This will be undertaken by reviewing Safe Care Live data and comparing with actual staffing levels on the wards. Which will be agreed Divisionally

2.2.6 Rostering Team

The Non-Medical Deployment Team Leaders will be responsible for the System Configuration, Training and Compliance reporting with the support of the Non-Medical Deployment Manager.

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3 Definitions and Abbreviations

ADON	Assistant Divisional Director of Nursing
DDON	Divisional Director of Nursing
DoH	Department of Health
SOP	Standard Operating Procedure

4 References and Associated Documents

Allocate, 2020. *SafeCare*. [Online]

Available at: <https://lew.allocate-cloud.com/SafeCareMobile/SCMLEW/Account/Login>
[Accessed 21 07 2020].

DoH, NHS Commissioning Board, 2012. *Compassion in Practice - Nursing, Midwifery and Care Staff, Our Vision and Strategy*. [Online]

Available at: <https://www.england.nhs.uk/wp-content/uploads/2012/12/compassion-in-practice.pdf>

[Accessed 21 07 2020].

DoH, 2014. *Hard Truths - The Journey to Putting Patients First - Volume One of the Government Response to the Mid Staffordshire NHS Foundation Trust Public Inquiry*. [Online]

Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270368/34658_Cm_8777_Vol_1_accessible.pdf

[Accessed 21 07 2020].

5 Responsibilities (Ownership and Accountability)

See Divisional Management Section 2.2.1

6 SafeCare Live Census Update

The following overarching guidelines should be used.

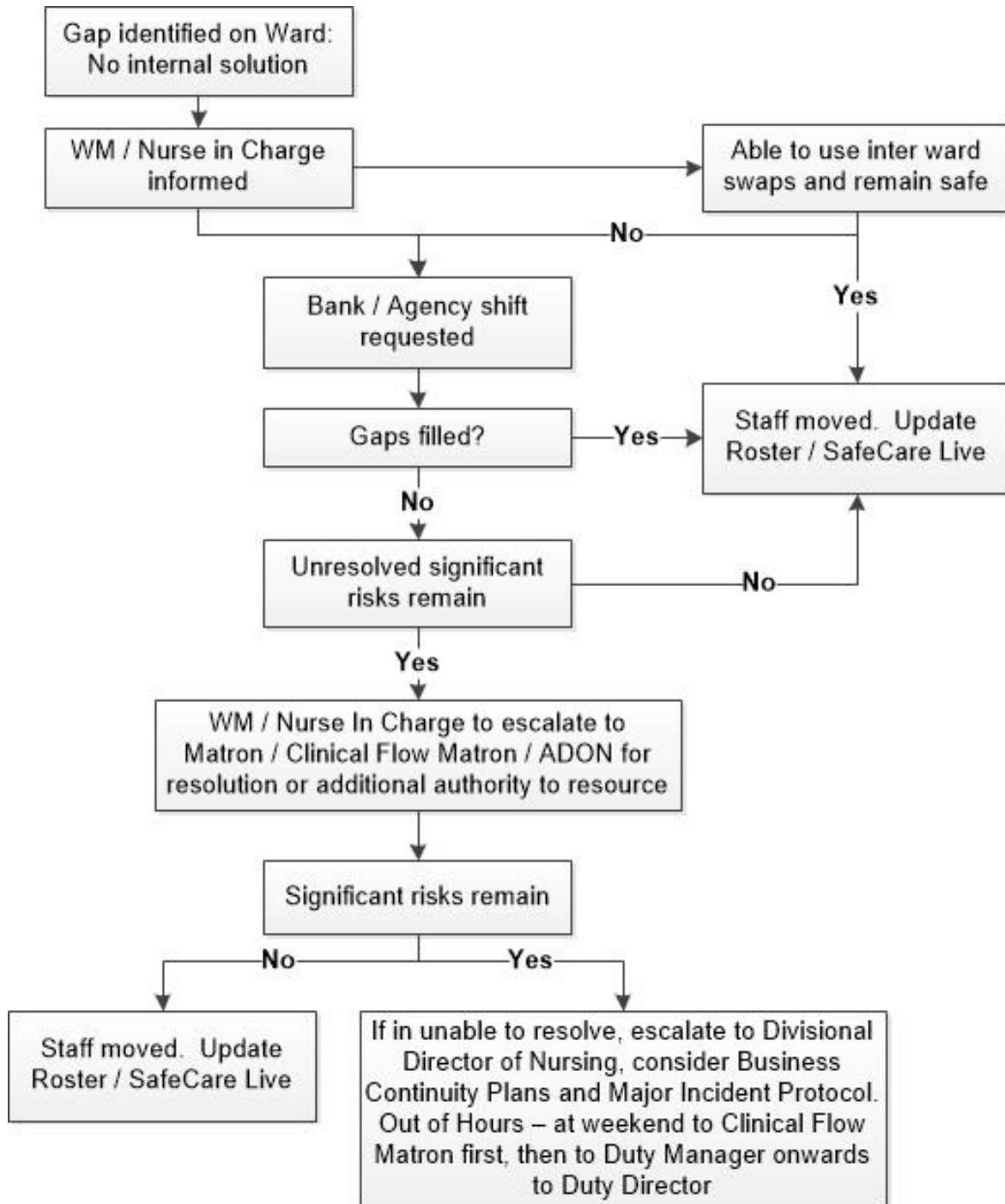
- Census should be updated 3 times per day, AM, PM and NIGHT.
- There is a 90 minute window **before** the Census period for making any 'Predicted' data into 'Actual'.

Census Period	Data inputted and made ACTUAL between:
AM	0700 – 0830 hours
PM	1300 – 1430 hours
Night	1930 – 2100 hours

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- The inputting of dependency levels for each patient on the ward during the census period are the method by which the SafeCare Live system calculates how many nurses and care staff are required to provide safe care for the next shift.
- The guidance for scoring is available in Appendix 1 of this SOP and provides guidance as to the presentation of patients in each Dependency Level.

7 Escalation Process Flow Chart



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Appendix 1: Guidance on Scoring

When considering which category best describes the patient, please refer to the points below:

- Only patients who are physically on the ward should be included in the census. The only exception to this would be if a member of staff is present with the patient whilst they are not on the ward for the duration of the census period e.g. escorting the patient to X-ray
- Scoring should be objective in order to maintain consistency. The census should be completed during the shift handover and is a Registered Nurse Team activity with the Nurse in Charge having overall responsibility for inputting the data.
- Use the descriptors provided when deciding the patient category to ensure scoring is not unduly influenced by personal opinion. Once the census is complete, review the hours needed to make sure it feels correct. If SafeCare Live is saying you are understaffed but the ward does not feel stretched, then it is likely that you scored the patients too high and vice versa.

To further help with your assessment, please see below for the main differences between patient categories:

Level 0	Patient requires hospitalisation Needs met by provision of normal ward cares.
Level 1a	Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate
Level 1b	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of the activities of daily living.
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.
Level 3	Patients needing advance respiratory support and/or therapeutic support of multiple organs

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Appendix 2: Tasks

A Task is a duty carried out by a staff member or members which is recorded as 30 minutes per task. They are categorised as follows:

- Ad Hoc Training
- Escort Offsite
- Ward Attenders
- Bleep Holder
- Crash Call
- Patient Flow
- Escort Onsite
- Acute NIV
- Complex Dressing
- 1 to 1 Patient (1 hour intervals)
- Complex Discharge Planning Meeting
- Discharge Count

This list is not exhaustive and may be added to with the Agreement of Divisional Management.

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Appendix 3: Safecare User Guide

<http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Attachments/CORP-SOP-023/Appendix%203%20Training.pdf>

Appendix 4: Equality Impact Assessment Form

Department	Service or Policy	Date Completed:		
GROUPS TO BE CONSIDERED				
Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.				
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED				
Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.				
QUESTION	RESPONSE		IMPACT	
	Issue	Action	Positive	Negative
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The Procedural Document is to ensure that all members of staff have clear guidance on processes to be followed. The target audience is all staff across the Organisation who undertakes this process.	Raise awareness of the Organisations format and processes involved in relation to the procedural document.	Yes – Clear processes identified	
Does the service, leaflet or policy/ development impact on community safety	Not applicable to community safety or crime	N/A	N/A	
<ul style="list-style-type: none"> • Crime • Community cohesion 				
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	No	N/A	N/A	
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	No	N/A	N/A	
How does the service, leaflet or policy/ development promote equality and diversity?	Ensures a cohesive approach across the Organisation in relation to the procedural document.	All policies and procedural documents include an EA to identify any positive or negative impacts.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	The Procedure includes a completed EA which provides the opportunity to highlight any potential for a negative / adverse impact			
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	Our workforce is reflective of the local population.			

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Will the service, leaflet or policy/development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A			
Does the service, leaflet or policy/development promote equity of lifelong learning?	N/A			
Does the service, leaflet or policy/development encourage healthy lifestyles and reduce risks to health?	N/A			
Does the service, leaflet or policy/development impact on transport? What are the implications of this?	N/A			
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	No			
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could exclude disadvantaged or marginalised groups?	No			
Does the policy/development promote access to services and facilities for any group in particular?	No			
Does the service, leaflet or policy/development impact on the environment ● During development ● At implementation?	No			

ACTION:

Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author:	Trish Trench	Date Signed:		24.07.20
Signature of Author:		Date Signed:		
Name of Lead Person:		Date Signed:		
Signature of Lead Person:		Date Signed:		
Name of Manager:		Date Signed:		
Signature of Manager		Date Signed:		

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