Safe Staffing in DN Service

1) Eroster 42 day's prior- check KPI- plan ahead for booking Bank to address any shortfall in staffing numbers.
2) Matron led Capacity Huddle 10am Mon-Fri- review workload for each team, number of staff on duty, discuss and mitigate any issues presenting on that day.
   Each team's capacity is RAG rated against DN Status Tool- see below.
3) Any team in Amber/Red utilise capacity across the service to address, move staff, co-opt in assistance from other services eg ICares to support OPAT.
4) If all teams are in Red positions escalate to Leadership Team- work together to formalise plan with a Directorate approach to ensure all Red Stream activity is undertaken.
5) Forward plan for position on activity for following week.
6) 17.45 Mon-Fri a Capacity Huddle is undertaken to review current position and any activity scheduled or unscheduled moving into the 18.00-20.00 timeframe.
7) Service approach taken and staff mobilised to cover across Borough.
8) Work in progress with recruiting to a Twilight Service which will run 17.00-22.00 to shore up end of day shift and commencement of night shift. Slow progress, as an interim measure Clinical Lead B6 and CSN B5 will cover their contracted hours to cover until 20.00; this provides an extra layer of capacity towards the end of day shift.
9) Weekends- DN Co-ordinator x1 B7, x1 B6- based in OOH Hub Lyng- utilise AA/ACP's to support more complex needs as required.
10) Push in progress for staff to complete all competencies appropriate to their band within a 12 month timeframe to ensure maximum capacity is achieve for each member of staff.

Definition of DN Status.

To calculate **the maximum** Warrington score that should be allocated to a single clinician:-

(Hours on duty x 4) – 6 = Total Warrington for Shift. eg 7.5 x4=30 – 6=24,

9.5 x4= 38-6=32.

Green	• All staff members are below their potential maximum Warrington score for the day. • There is additional capacity available for team members to be able to take addition red stream work. • This could also include having specific clinician/s assigned to red stream work. • All training and development/meetings/operational work is able to take place as planned.
Amber	• Most staff members are at their potential maximum Warrington score for the day. • There is little additional capacity available for team members to be able to take additional red stream work. • In order to be able to provide some red stream cover, non-urgent visits have been deferred. • The team is unable to assign specific clinician/s to red stream work. • Most training and development/meeting/operational work is able to take place as planned.
Red	• All staff members are at their potential maximum Warrington score for the day. • There is no additional capacity for red stream work. • The team is unable to assign specific clinician/s to red stream work. • All non-urgent visits have been deferred. • No training and development/meeting/operational work is able to take place as planned.

Urgent Visits.

Urgent visits have to take place as scheduled to ensure patient safety and to prevent un-planned hospital admissions. An urgent visit should be considered in the context of the patient and the potential harm that a missed visit may cause. Examples of urgent visits include:-

- Insulin/drug administration.
- Syringe driver replenishment.
- Complex wounds.

Non-Urgent Visits.

Non-urgent visits are those that can be postponed with minimal risk to patient safety. Although inconvenient to the patient, cancelling a non-urgent visit will not cause harm. A carer or relative may also be able to provide care in the interim should a District Nurse be unable to visit. It will be deemed safe to postpone the visit to a more appropriate time or by delivering care in a different format, for example by virtual means. Examples of non-urgent visits include:-

- Continence assessments.
- New patient assessments (while still delivering the primary reason for care).
- Ear syringing.
- Routine catheter change (deferring to the next day).

Activity Expectations

This will be monitored on a monthly basis using chargeable contacts from SystmOne.

Band	**BAND 7**	**BAND 6**	**BAND 5**	**BAND 4**	**BAND 3**
Clinical Work	20 %	80%	90 %	90 %	95 %
Non Clinical Work	80 %	20 %	10 %	10 %	5 %

Clinical work includes;

Face to face visits

Attending an MDT

Telephone triage

Telephone follow up calls

Prescribing

Joint visits

Second opinions

Escalation Process

1) Ensure all aspects of Red definition have been undertaken.
2) Check with sister team for support.
3) If no support available from sister team- Inform Matron who will review from a service perspective.
4) Contact locality Matron ASAP.
5) Feedback status during the morning capacity meeting.