

## 1. Introduction and Who Guideline applies to:

The role of the Tactical Nursing Commander is to provide strategic oversight for whole Trust safe staffing on a day to day basis ensuring actions taken to date by the Matron/CMG Bleep Holder raised at the twice daily UHL staffing meetings (12 midday, 4.30pm) are safe and appropriate, suggesting any additional measures that may be taken to support the safety of patients, a further meeting may be called at 8pm in times of exceptional difficulties. For unmitigated red flag wards this will include reviewing the potential actions highlighted in the Safe Staffing Escalation Cards within the Safe Staffing Policy and where staffing issues occur that have a potential clinical impact, ensuring a Red Flag is raised on SafeCare and orchestrate plans to mitigate, and documenting these mitigations put in place on the SafeCare system. The rota is covered by all Heads of Nursing/Service, Deputies and Lead Nurses of Band 8b and above in Clinical and Corporate services, specific role titles that are required to participate in the Nursing Tactical Command as part of the their role across UHL are detailed in Appendix A.

## 2. Rota Cover:

Each member of the rota is required to work an expected number of shifts as set below (this based on a full establishment with no sickness):

Full Time:	10 shifts a year (3 of which a Sat or Sun) plus an additional shift of a B/H every 3yrs
Part Time:	(≤26hrs): 4 shifts a year (1 of which a Sat or Sun) plus an additional shift of a B/H every 3yrs

**\*failure for all B/H to be covered by self rostering will result in a review of previous 3yr cover and an allocation of a colleague to work unfilled B/H**

This shift allocation covers 386 shifts, the excess then allows for cover due to sickness and doubling up at times of significant crisis, so the requirement may at times be less than detailed above. It is acknowledged that individuals may have a preference over working weekdays or weekends and this will be reflected in those self rostering more than their minimum requirement. The rota is located on Electronic Heath Roster and named Tactical Nursing Command, it is populated on a self-rostering basis and all colleagues must have populated their minimum shift requirement for the whole financial year by the end of April each year.

Full financial year rosters (April-March) will be expected to be populated during the month of April each year. Rota gaps will be covered in the following way:

Short Term Sickness	Rota gaps generated by short term sickness will be the responsibility of the CMGs of the the sick staff member i.e Clinical CMG's or Corporate CMG's. *Priority to cover made by those below their expected shift requirement
Long Term Sickness and Vacancy Gaps	Rota gaps caused by long term sickness and vacancy gaps will be shared amongst all participants of the rota.

	*Priority to cover made by those below their expected shift requirement
Annual Leave	Any shifts that then clash with subsequent annual leave booked will be the responsibility of the individual to arrange a shift swap to ensure continuity of cover.
Other	If any person is unable to cover their shift for any other reason it is their responsibility to arrange a swap with another colleague or request a colleague below their threshold of expected shift allocation to cover if able.

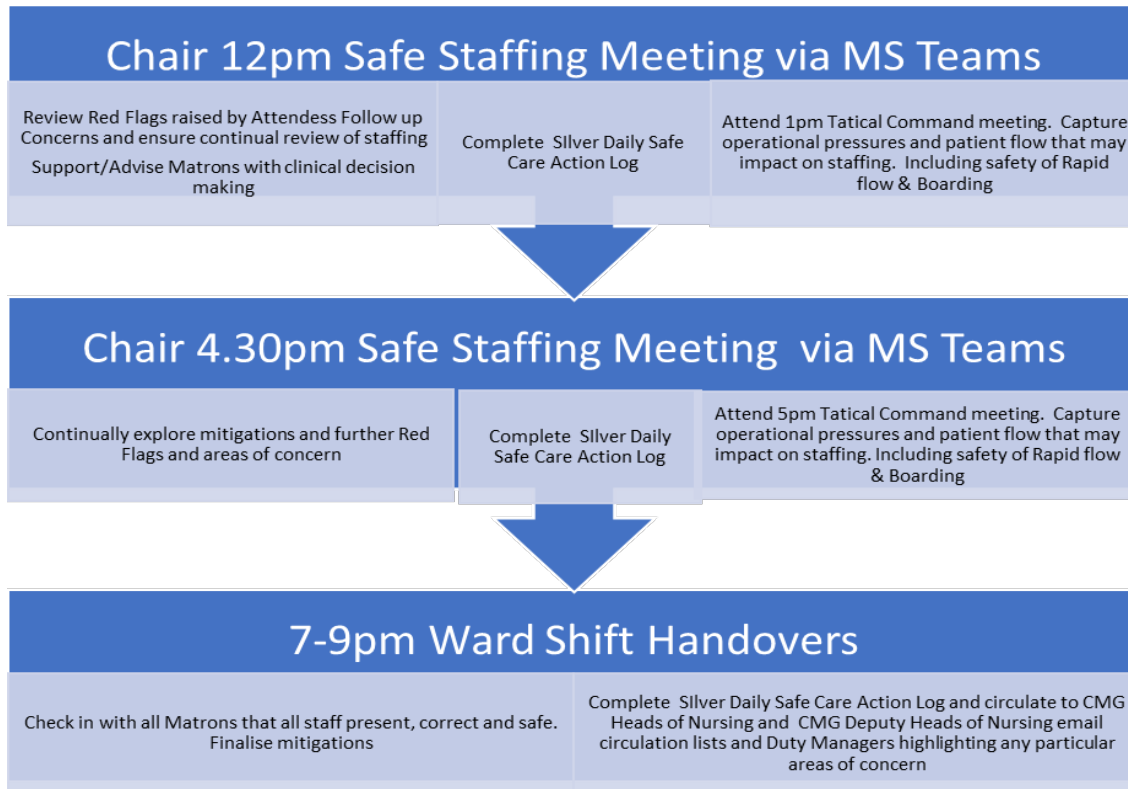
The Tactical Nursing Command will be officially ‘On Duty and On Site’ from 12midday till 9pm during weekdays. Weekends and bank holidays the hours will be from 9am-9pm however, the TNC may not be onsite for this whole period and may use to professional judgement to take calls and manage situations from home before coming onsite if assessed to be safe and appropriate to do this. This will be clearly documented on HealthRoster as described in Appendix C. The TNC’s primary role may require them to be at work additionally outside of these hours on the shift day but during that time they won’t be acting in the role of Tactical Nursing Command and staffing escalations should be managed within the CMG outside of these times. At times operational pressure, escalation or incident there may be a requirement to stay later than 9pm to ensure safe resolution of staffing concerns, detail of this will be evidenced within the Silver Staffing Log and on Health Roster, staff will be paid accordingly for the extra hours of work endured. Equally there may be times when staffing is safe and mitigated post 7.30pm shift change over and it would be appropriate for the Tactical Nursing Command to leave earlier than 9pm and this will be reflect on HealthRoster, staff are expected to be able to apply professional judgement to make these decisions. The staff covering the Tactical Nursing Command will be entitled to claim for all enhanced hours worked at enhanced hours payment rates in accordance with Agenda for Change Terms & Conditions as below.

Pay band	All time on Saturday (midnight to midnight) and any week day after 8 pm and before 6 am	All time on Sundays and Public Holidays (midnight to midnight)
1	Time plus 47%	Time plus 94%
2	Time plus 41%	Time plus 83%
3	Time plus 35%	Time plus 69%
4 - 9	Time plus 30%	Time plus 60%

Hours worked as Tactical Nursing Command will be as part of all colleagues usual working hours and therefore staff will be entitled to time off in lieu as per UHL Non-Medical Staff Rostering Policy.

## **2. Guideline Standards and Procedures**

General structure of shift and responsibilities are outlined below. Inbetween meeting times is opportunity to conduct quality visits to wards and attend Red Flag ward areas face to face if required or conduct normal BAU work related to primary role. Ward visits will generally be determined by acuity and issues dependent on the day and support requirement escalated by the Matron, cross site travel may be required to facilitate.



Complete Tactical Nursing Command (Silver) Safe Care Action Log during each meeting and update as required throughout the shift, saving copy in On Call Managers Shared Drive Silver Command Folder – Silver Daily Records.

Then email copy to:

- Deputy Chief Nursing team
- TNC Nurse for the Next 24hrs
- Site team
- CMG Heads and Deputies that have areas with no robust plans for the following morning

To ensure plans are clearly understood best practice is to also handover verbally to the Senior Manager On-Call.

Tactical Operational Command (Silver) will be the point of escalation for any significant adverse events for the Tactical Nursing Command. Following any escalation it will be responsibility of the Tactical Operational Command to escalate to the Strategic (Gold) Command as required

### **3. Education and Training**

All staff in roles required to undertake Tactical Nursing Command will start on the rota 3 months from commencement in post if internal promotion and 6 months from commencement in role if new to UHL. Individuals will be responsible for arranging shadowing experience over a period of 3 months with the number of shadow shifts dependent on individual need.

Any training required on HealthRoster or SafeCare System will be facilitated by the Electronic Rostering team.

Colleagues are required to undertake UHL Tactical Incident Coordination Team Training (EPRR002) to appropriately equip them for this role.

#### **4. Monitoring Compliance**

Formal monitoring of compliance is not required, the Deputy Chief Nurse for Operations will hold overall responsibility and accountability for ensuring no rota gaps.

<b>What will be measured to monitor compliance</b>	<b>How will compliance be monitored</b>	<b>Monitoring Lead</b>	<b>Frequency</b>	<b>Reporting arrangements</b>
Fairness compliance report will be generated monthly by a Corporate PA	Fairness compliance report will be circulated to all rota participants and Deputy Chief Nurse for Operations	Deputy Chief Nurse for Operations	Monthly	Health Roster report via email

Fairness Compliance Report is run on HealthRoster selecting Assigned Hours-Assigned Duties by Person and then completing date boxes and Unit as required. Number of shifts per person will then be compiled into a summary report and sent out.

#### **5. Supporting References (maximum of 3)**

*NHS Staff Council working in Partnership (2023) NHS Terms and Conditions of Service Handbook. TCS Advisory Notice. NHS Employers.*

*Debbie McBride – Assistant Chief Nurse (2013) Non-Medical Staff Rostering Policy. UHL*

Electronic rostering end user SOP 002 (2020) <http://insite.xuhl-tr.nhs.uk/homepage/management/corporate-directorates/nursing/electronic-rostering/rostering-sop>

#### **6. Key Words**

Silver Nurse, Tactical Nursing Command, Senior Nurse

#### Appendix A

	<b>Clinical CMG's</b>
1	HoN EM
2	Deputy HoN EM
3	Deputy HoN EM
4	HoN SM
5	Deputy HoN SM
6	Deputy HoN SM
7	HoN CHUGGS
8	Deputy HoN CHUGGS
9	Deputy HoN CHUGGS
10	HoN MSS
11	Deputy HoN MSS
12	HoN RRCV
13	Deputy HoN RRCV
14	Deputy HoN RRCV
15	HoN ITAPS
16	Deputy HoN ITAPS
17	Deputy HoN ITAPS
18	HoN CSI
19	Deputy HoN CSI
20	HoN Childrens
21	Deputy HoN Childrens
22	HoM Midwifery
23	HoM Midwifery
	Corporate

- 24 Lead Nurse for Safe Staffing
- 25 CNIO
- 26 HoN System Emergency Care
- 27 HoN Discharge Improvement
- 28 Head of Safeguarding
- 29 Head of Patient Experience
- 30 Lead Nurse Pathway to Excellence
- 31 HoN Nursing, Recruitment, Retention & Pastoral Care
- 32 Assistant Chief Nurse Harm Free Care
- 33 Lead Nurse for Infection Control
- 34 Deputy Lead Nurse for Infection Prevention
- 35 HoN Safety & Quality
- 36 Assistant Chief Nurse Research & Innovation
- 37 Lead Nurse for Enhanced Care
- 38 HoN Reconfig & Strategy

## Appendix B (attached)



Silver Staffing Log  
V10 Dec 2022.docx

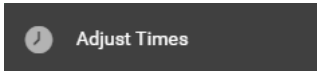
## **Appendix C**

### How to record hours on Health Roster

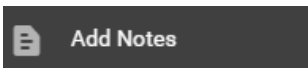
Standard Shift Times will be set as 12-9pm Mon-Fri and Sat/Sun 9-9pm

If hours onsite worked different to standard shift times then hours should be changed

- Right click on shift and select Adjust Times

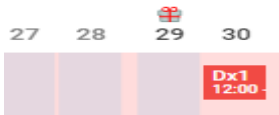


- Alter start and finish times as appropriate
- Add detail within Duty Note as reason for hours worked outside of standard times
- Right click on shift and select Add Notes

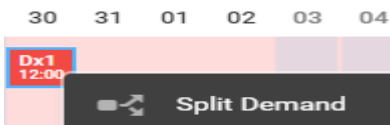


If elements of standard hours are worked from home then these should be recorded as such

- Drag shift back into unfilled shift section of roster



- Right click on shift and select Split Demand



Select appropriate time to split being Onsite & Working from Home (WFH) by adjusting hours as above

- Drag and drop both shifts back into person allocation

To identify hours accrued taking calls and resolving issues change location of one split to WFH for shift

- Right click on shift and select Change Location



- Select WFH as the location
- Adjust hours to log total time spent on calls and dealing with issues whilst working from home.

<b>CONTACT AND REVIEW DETAILS</b>	
<b>Guideline Lead (Name and Title)</b> Kate Hepton Head of Nursing for System Emergency Care	<b>Executive Lead</b> Robin Binks Deputy Chief Nurse for Operations
<b>Details of Changes made during review: new SOP</b>	

Tactical Command/ Silver Nurse:			Date:	
<b>1. Specialty / Group</b>	Represented at call by initials		Acuity Census / Professional Judgement Complete <input type="checkbox"/> MSS <input type="checkbox"/> CHUGGS <input type="checkbox"/> SM <input type="checkbox"/> EM <input type="checkbox"/> RRCV <input type="checkbox"/> ITAPS <input type="checkbox"/> Children <input type="checkbox"/> Neonates <input type="checkbox"/> Maternity  <b>Matrons provide assurance Safe care up to date and reviewed.</b>	
	CMG	Represented by on the 12noon call		If staff was handed over, record initials here:
	MSS			
	CHUGGS – LRI site			
	CHUGGS – LGH/GH site			
	SM			
	EM			
	RRCV			
	ITAPS			
	Childrens			
	Maternity / Gynae / Neonates			
	Bank Office Team			
Red Flag = Any Ward with less than 2 RN's on shift and unable to mitigate must be escalated to DCNO / CNO, and recorded here and Datix completed.				
<b>2. Escalations Areas</b>	Opel status:	<b>Have any additional capacity areas been requested? Can they be safety staffed?</b>		
		GPAU – Requested? <input type="checkbox"/> Staffing plan for overnight? <input type="checkbox"/> Discharge Lounge – Requested? <input type="checkbox"/> Staffing plan for overnight? <input type="checkbox"/> Other areas • • •		
<b>12 midday Silver Staffing meeting notes</b>	<b>CMG</b>	<b>Comments / Professional discussions and interventions:</b>	<b>Any comments / restrictions to Rapid flow or Boarding on the late shift?</b>	
	MSS			
	CHUGGS			

SILVER Daily Safe care Action log - Nursing (V10 Dec. 2022)

	SM		
	EM		
	RRCV		
	ITAPS		
	Children		
	Maternity / Gynae / Neonates		

<b>4.30pm Silver Staffing meeting notes</b>	<b>CMG</b>	<b>Comments / Professional discussions and interventions:</b>	<b>Where has Rapid flow / Boarding been identified for the night shift?</b>	<b>Evening assurance from CMG's</b>	<b>Where did Boarding occur?</b>
	MSS				
	CHUGGS				
	SM				
	EM				
	RRCV				
	ITAPS				
	Children				



SILVER Daily Safe care Action log - Nursing (V10 Dec. 2022)

	Maternity / Gynae / Neonates				
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Handovers and risk for tomorrow:

CMG	Ward / Area	Concerns	Does the CMG already know and have a plan?	Escalation
MSS				
CHUGGS				
SM				
EM				
RRCV				
ITAPS				
Children				
Women's/ Neonates				

**To be Saved daily in:**

- On Call Managers Drive (Z) Silver command, SILVER daily records.

**Emailed/ circulated at the end of the shift to:**

- Deputy Chief Nursing team
- Silver Nurse for the Next 24hrs
- Site team
- CMG Heads and Deputies that have areas with no robust plans for the following morning

**Boarding review:**

- Site team to populate column where boarding did occur