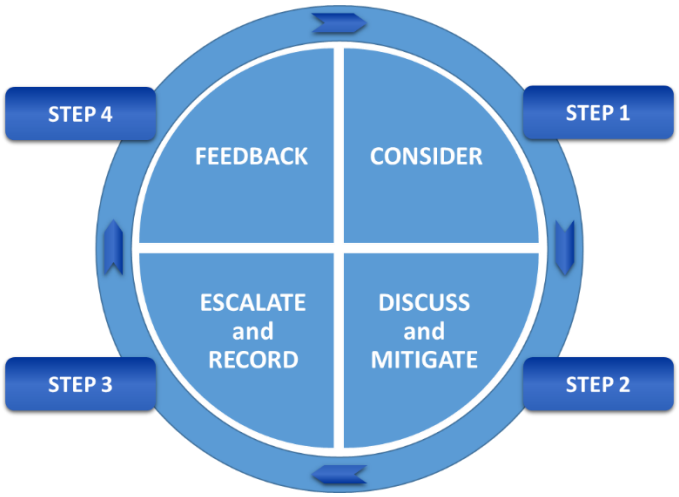
Safe to Start

"Safe to Start" is a process intended to support nurses and midwives when planning the delivery of safe, effective and person centred care at the beginning of, or at any point during, their shift.
It requires professionalism, dynamic risk assessment and clinical judgement of workload and is fundamentally based on the HCSSA (2019) principles of:

- Improving standards and outcomes for service users
- Taking account of the particular needs, abilities, characteristics and circumstances of different service users
- Respecting the dignity and rights of service users
- Taking account of the views of staff and service users
- Ensuring the wellbeing of staff
- Being open with staff and service users about decisions on staffing
- Allocating staff efficiently and effectively
- Promoting multi-disciplinary services as appropriate



Step 1: Proactive considerations at local team level, led by the frontline clinical leader (safety brief/huddle)

Step 2: Discussion between frontline clinical leader and Lead Nurse/Midwife (LN/M) or Team Lead

Step 3: Hospital, Sector or Service level consideration of clinical activity, safety, risk and staffing (safety huddle)

Step 4: Feedback at local level between LN/M or Team Lead and frontline clinical leader and local team

Safe to Start Guidance (Hospital Services)

Step 1:

Considering all of the following factors (using knowledge, experience, situational awareness, professional judgement and the ability to deliver quality care):

- appropriate staffing, considering skill mix and familiarity with clinical environment
- the nature of the particular kind of health care provision
- the local context in which it is being provided
- the number of patients being provided care; e.g. discharges, admissions, transfers, investigations
- the needs of patients being provided care (including acuity and dependency)
- appropriate clinical advice

Identification of Red, Amber, Grey or Green (RAGG) status (see below and page 3) through discussion across the ward team, led by the 'Nurse/Midwife in Charge' of clinical environment during safety huddle and as required. Consider any local ward level mitigations to reach safe to start; e.g. reorganise planned but not time critical activity.

RED	=	**ACTUAL** patient or staff safety risks requiring mitigation; Review resources to consider what actions can be taken to support.
AMBER	=	**POTENTIAL** patient or staff safety risks requiring mitigation; Monitor situation, adapt & support as needed.
GREY	=	Safe and appropriate staffing – NO immediate patient or staff safety risks identified; no mitigations currently required.
GREEN	=	Safe and appropriate staffing – there are excess staffing hours and potentia to support with appropriate priorities.

Step 2:

Lead Nurse/Midwife (LN/M), or Clinical Coordinator out of hours, informed of RAGG status at local departmental huddle and a review process of each clinical area's staffing should be conducted with each SCN/M or RN/M in charge to determine if the ward is 'Safe to Start.' Any immediate mitigations *(see page 3)* should be actioned and documented.

How RAGG status is applied:

There is a natural and inevitable layer of subjectivity to the process of determining RAGG rating; however, this guidance should be used with informed and experienced clinical judgement to apply as uniform interpretation as possible when determining if an area is 'Safe to Start'. The LN/M will provide clinical advice and support to develop the confidence and competency of staff in assessing the safety of their ward/area.

Any staff member identifying any risk relating to patient or staff safety, irrespective of RAGG status, should escalate concerns in real time and record this by completing a DATIX Incident Form.

Step 3:

Hospital huddle informed of RAGG status and any further mitigations *(see page 3)* actioned and documented. When risks cannot be fully mitigated, the escalation response must also be documented.

Step 4:

LN/M and 'Nurse/Midwife in Charge' feeds back to team in clinical environment with current status of their clinical environment, the department and the hospital. Local team encouraged to review actions and mitigations on *page 3* and share their views of status and actions taken. Where staff are not in agreement with any mitigations, they should be given the opportunity to request a re-review with feedback

Actions and Mitigations (Adult Acute)

	Safe and appropriate staffing – there are excess staffing hours and potential to support with appropriate priorities.
GREEN	**All staff are jointly committed to:** • **Working as a team: with respect, professionalism and trust, working with other colleagues across all disciplines to assess risk and share responsibility.** • **Staff health and wellbeing is paramount: To care for others, we must care for ourselves and those we work with.** • **Delivery of safe, effective and person-centred care: Patients and their families are at the centre of what we do.** • **Adhere to the professional codes of conduct.** • **Visible clinical leadership: Senior Charge Nurse/Midwife (SCN/M) and/or Register Nurse/Midwife (RN/M) in Charge will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Lead Nurse/Midwife (LN/M) available and contactable for support and guidance.** • **Regular clear and effective multidisciplinary huddles: Demonstrating openness about decisions about staffing and taking account of the views of staff.** • **Support with excess hours to areas of risk (red and amber) or other appropriate duties e.g. quality assurance**
	Safe and appropriate staffing – NO immediate patient or staff safety risks identified; no mitigations currently required.
GREY	**All staff are jointly committed to:** • **Working as a team: with respect, professionalism and trust, working with other colleagues across all disciplines to assess risk and share responsibility.** • **Staff health and wellbeing is paramount: To care for others, we must care for ourselves and those we work with.** • **Delivery of safe, effective and person-centred care: Patients and their families are at the centre of what we do.** • **Adhere to the professional codes of conduct.** • **Visible clinical leadership: Senior Charge Nurse/Midwife (SCN/M) and/or Register Nurse/Midwife (RN/M) in Charge will be a visible presence to ensure effective communication, clear direction, advice, support and reassurance; Lead Nurse/Midwife (LN/M) available and contactable for support and guidance.** • **Regular clear and effective multidisciplinary huddles: Demonstrating openness about decisions about staffing and taking account of the views of staff.**
	POTENTIAL patient or staff safety risks requiring mitigation; monitor situation, adapt & support as needed.
AMBER	**All considerations of the Grey status; *and* consider mitigating actions, such as:** • **Provide an increased visibility of clinical leadership;** • **Assess need and capacity to provide wellbeing support to staff;** • **Explore options to offer changes to rostered shift, considering hybrid shifts where appropriate;** • **Review staffing, including skill mix and familiarity with the ward/area, and consider staff movement where support is required – including potential redeployment of non-case-holding staff (focus on matching skill mix deployment and quality interventions to workload rather than staff numbers exclusively);** • **LN/M to consider SCN/M 'Time to Lead' across the Sectors/Directorates and redeploy as appropriate/required;** • **Consider supplementary hours, such as additional hours or support via Staff Bank;**
	ACTUAL patient or staff safety risks requiring mitigation; review resources to consider what actions can be taken to support.
RED	**All considerations of the Grey and Amber statuses, *and*:** • **Continued increased visibility of clinical leadership and direct escalation to the Chief Nurse/Director of Midwifery and wider Senior Management Team (SMT)*;** • **Initiate short-term deployment of support staff, e.g., Clinical Nurse Specialists and Practice Educators, etc., and review of non-bed-holding areas;** • **Redeploy RN/M/HCSW staff from other areas (local, site, Sector/Directorate, across Acute and Board-wide) with consideration of clinical/staff safety;** • **Consult with LN/M and N/M in Charge for potential escalation to Standard Rate Agency;** • **Provide continuous clinical review of care whilst assessing for risk, in discussion with and through escalation to the SCN/M, LN//M, N/M in Charge and SMT;** • **SMT to consider *extremis* actions.** ***NB: 'Senior Management Team' includes Director of Sector/Directorate, Chief of Medicine, Chief Nurse, Chief AHP, Service Managers, General Managers and Clinical Directors.**