Additional Duties Standard Operating Procedure for Medicine Division.

The operating procedure set out below must comply with the Data Quality Standards set out within Trust Data Quality Policy

1. Overview

The purpose of the SOP is to introduce a standardised approach to the use of additional duties within the division of medicine, to be applied in all areas of medicine.

The division has seen an increase in the use of additional duties applied with no robust governance in place.

This SOP describes the standard practice which should be followed when creating additional duties, when all other opportunities to maintain safe staffing ratios or additional activity have been explored.

Referral to and/or utilisation of corporate support teams in hours in addition to robust medical management of patients must be evident to ensure all patients have had a clear assessment and ongoing support plan in place while in the care of UHDB.

Families and friends should be involved to support patients requiring additional support, using a hospital passport/ getting to know me / John's Campaign (appendix one) /dementia bundle to make reasonable adjustments to support patients during their stays.

2. SOP Governance

Department: Information	**No of pages**: 4	**Version & Date**: V1 April 2024
Author: Alison Wadlow	**Authorised by**: Workforce Planning	**Review date**: September 2024

Frequency and Time frame: *reviewed in 6 months*

3. Key indicators, output, or purpose from this procedure

Additional duties should only be applied for clinical areas when there is an additional need recorded on safe care live, that increases the CHPPD (care hours per patient per day) and where clinical areas are unable to support an enhanced level of supervision within their staffing establishment.

In isolation, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside other measures of quality and safety, this may include a patient with additional airway support and secretion support, acute mental health support with suicidal intention - please appendix 2, a patient identified as requiring an enhanced level of supervision as per the Enhanced Care assessment tool.

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff but excludes student nurses and student midwives and staff working across more than one ward. CHPPD relates only to hospital wards where patients stay overnight.

Criteria for Additional shifts

- Applied no further than 48 hours in advance.
- To provide escort and chaperone cover for inter or hospital transfers requiring enhanced support.
- All other avenues to cover have been exhausted, within areas establishment.
- Mitigations and support from specialist support services have been activated for support e.g., dementia team, falls team,
- Clear management plan in place to support additional support required.
- ECB reviewed and in date, in line with MCA, dols and best interests' checklist is applicable.

4. Data Source(s)

Describe and provide hyperlinks where appropriate to shared drive or internet/ intranet sites.

NHS England » Care hours per patient day (CHPPD): guidance for all inpatient trusts

download.cfm (uhdb.nhs.uk)

Search | z UHDB Intranet

5. Process

	1.	Review and justify creation of additional duty required above ward establishment.	☑
ⓘ	2.	In hours, any approval for the creation of additional duties must be agreed via email with a staffing overview, and safe care live analysis as applicable through to Deputy/Divisional Nurse Director (D/DND). This request will be made by the matron for the area/on site and copying in the bleep holder for the day.	☑
	3.	Out of hours, all requests for additional duties should go to the senior nurse on call, via the bleep holder (in an email, copying in the matron) and will only be created for the next clinical shift to maintain safest staffing. These will be retrospectively reviewed by the matron and the D/DND.	☑

6. Validation Checks

Additional duties should be discussed at roster and confirm meetings via the retrospective review process.

7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	XXX	XXX
Supervisor/ Lead review:	XXX	XXX
Information Asset Owner/ Trust Lead:	XXX	XXX

8. Information Governance

Clear email record of escalation and approval from D/DND, with detailed rational for use.

Name/ HN	Bay/ location	Presenting concern	ECB Score	Mitigations taken	Request for staff and review date

9. Export/ use of data

Data to be reviewed in line with reflective confirm and support to validate activity.

10. Detailed Instructions

Process within medicine.

Additional duties

- Additional duties require review and justification prior to creation of additional duties required above ward establishment, for enhanced support in line with agreed triggers.

In Hours

- In hours any approval for creation of additional duties must be agreed in writing, via email with a staffing overview, and safe care live summary as applicable through to Deputy/Divisional Nurse Director (D/DND). This request will be made by the matron for the area/on site and copying in the bleepholder for the day.

Out of Hours Exceptions

- Out of hours, all requests for additional duties should go to the senior nurse on call, via the bleepholder (in an email, copying in the matron) and will only be created for the next clinical shift to maintain safest staffing. These will be retrospectively reviewed by the matron and the D/DND.

Appendix one -

NHS
University Hospitals of Derby and Burton
NHS Foundation Trust

John's Campaign – A guide for staff

A hospital stay may be unnerving for anybody, but for a vulnerable patient who normally relies on a carer, it could make them feel distressed and disorientated. The effect of a hospital stay on a vulnerable person, such as a patient living with dementia, can be catastrophic.

Our Trust has pledged to support these patients by signing up to John's Campaign, which allows open visiting for carers so they can provide the care and support their loved one needs, whenever they need it.

Open visiting guidance for inpatient areas

- Open visiting is available for **any two** main carers. This means spending time with their loved one at the bedside at any time of day, not just during designated visiting hours, and supporting staff with the care of that patient.
- **One** carer may sleep during the night at the bedside or, on RDH site, in the carer's room, known as John's Room, if it is available.

Priority for use of the room should be offered on the basis of:

- The condition of the patient; the distance travelled by the family; length of the patients stay; socio/economic status in relation to transport; the mobility needs of the carer.
- Shower and washing facilities are available for all carers in John's Room, A fridge freezer, microwave, toaster and facilities to make a hot drink are also available in the nearby carer kitchen. These are also available to carers sleeping by the bedside.
- Carers may bring their own food into the hospital which can be stored and prepared in the carer's kitchen. Please make sure you state that any food must be labelled. It is stored at the carers' own risk and an indemnity form should be completed for each new carer.
- Please advise carers to purchase a weekly car parking ticket. It is important to stress this does not guarantee them a space.
- Please ensure carers are aware of the fire procedure.
- Please advise carers using John's Room that they must use the vacant/occupied sign on the door.
- Two other people may visit as normal during ward visiting hours.

To book John's room please complete the requisition form which must be signed by a ward Sister /Charge nurse and return to RDH front desk.

Appendix 2

RMN ASSESSMENT TRIAL sheet .docx