

<b>NURSING STAFFING SHORTFALL ESCALATION POLICY</b>	<b>Policy Register No: 09114</b> <b>Status: Public</b>
Developed in response to:	National Quality Board Recommendations 2013 NICE Guidelines July 2014
CQC Fundamental Standards:	17

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	Associate Directors of Nursing	28 <sup>th</sup> June 2018
	Clinical Directors	28 <sup>th</sup> June 2018
	Matrons	28 <sup>th</sup> June 2018

<b>Professionally Approved By:</b>		
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## **1.0 Purpose**

- 1.1 The purpose of this policy is to standardise and inform staff groups of the process and procedures for addressing staffing shortfall on a daily basis. It is also to address and adhere to expectation 2 of the National Quality Boards (2013) recommendations of clear and robust escalation policies to address staffing shortfall.

## **2.0 Aims**

- 2.1 Safe levels of staffing and an adequate skill mix are central to the delivery of high quality care (Francis, 2013). Patients have a right to be cared for by appropriately qualified and experienced staff in safe environments, and this is enshrined in the NHS Constitution (Royal College of Nursing (RCN), 2010). Trusts must ensure that they have the right staff, with the right skills, in the right place (NHS Commissioning Board and the Department of Health (DH), 2013). This is a duty of the Trust Board and the Trust must demonstrate safe staffing in order to comply with Care Quality Commission's (CQC) regulatory framework and standards. Furthermore, the Nursing and Midwifery Council (NMC) (2008) makes it clear that all Registered Nurses and Midwives are professionally accountable for safe practice in their sphere of responsibility, ensuring that risk is managed appropriately

## **3.0 Scope**

### **3.1 Inclusion**

All inpatient areas within the Trust

### **3.2 Exclusions**

- Maternity Services - their document 10084 Maternity Escalation Policy applies
- Accident & Emergency
- Theatres

## **4.0 Roles and Responsibilities**

### **4.1 Director of Nursing**

- Ensuring that the organisation has an agreed position with regards to safe nurse staffing and skill mix establishment which takes into account professional and evidence based practice standards
- Final sign-off of safe nurse staffing and skill mix establishment, and to conduct regular establishment reviews to ensure that safe staffing and skill mix are being delivered operationally
- Ensure that the organisation is compliant with the national requirements (NQB) for monthly submission of Nurse Staffing fill rates
- To take evidence based staffing levels to the Board for sign-off at least every six months (Safe Staffing NQB 2013)
- To ensure that any proposed changes to the nurse staffing and skill mix establishment, required to deliver service redesign projects, are also discussed at Board level

## 4.2 Associate Directors of Nursing/Matrons

- To be accountable for safe staffing and skill mix in the clinical area(s) that they are responsible for
- To hold responsibility for the delivery of safe staffing and skill mix in the clinical area(s) that they are responsible for
- To hold responsibility for escalation to the Executive team around areas of concern. Providing regular briefing and exception reporting through the directorate Governance structures
- Matrons to have responsibility for managing day-to-day and potential risk in relation to nurse staffing and skill mix establishment in accordance with Trust policy, escalating to the Associate Director of Nursing as required
- To have responsibility for investigating any adverse incidents relating to nurse staffing and skill mix establishment

## 4.3 Senior Sister or Charge-Nurse

- To be professionally accountable for safe nurse staffing and skill mix establishment in the clinical area they are responsible
- To escalate to Matrons within the respective directorate where nursing levels fall outside recommended guidance and/or present a risk to patient safety and quality of care
- To hold operational responsibility with, Matrons and Associate Director of Nursing for the delivery of safe nurse staffing and skill mix establishment in the clinical area that they are responsible for
- To have responsibility for managing day-to-day actual and potential risk in their ward or department relating to nurse staffing and skill mix establishment in accordance with Trust policy, escalating to the Matron in the first instance

## 4.4 All staff

- To ensure that inadequate staffing is addressed and identified on a daily basis
- To Ensure that if inadequate staffing/skill mix is not resolved, it is identified via incident reporting and red flag events (NICE 2014) are identified and recorded within the incident report/datix
- Take responsibility for working with colleagues to deploy staff effectively in line with their job description, competence and code of conduct to address areas of risk within the organisation
- If persistent staffing incidents are not resolved to escalate concerns to the appropriate line management team as per whistleblowing policy

## 5.0 Equality and Diversity

- 5.1 The trust is committed to the provision of a service that is fair accessible and meets the needs of all individuals. An equality Impact assessment is not required for this procedure document

## 6.0 Staffing Escalation Procedures

- 6.1 The National Quality Board (NQB) Guidance 2013 makes clear the expectation of all NHS organisations around the need for robust escalation processes thereby providing a source of clarity at times of increased pressure and risk. The NQB guidance states that

staff should be aware of the escalation policies in place, flag where they think staffing capacity and capability falls short of what is required and be able and prepared to use the escalation policies

- 6.2 Escalation policies should outline the actions to be taken, the people who should be involved in decisions, in short, medium and long term staffing shortages, and outline the contingency steps where capacity problems cannot be resolved (The associate directors of nursing) hold responsibility and professional accountability for ensuring robust escalation procedures are embedded within their respective areas and that these are followed in line with the following RAG Rating guidance Appendix 2).
- 6.3 All Senior Sisters/ sisters /Charge Nurses should evaluate and risk assess the staffing levels on a shift by shift basis utilising the RAG Rating Tool in Appendix 2. All wards should maintain a record of decision making around nurse staffing where escalation has been required.
- 6.4 All Matrons/Lead Nurses should maintain a record of escalation, the reasons why and mitigations taken to address nurse deficiencies.
- 6.5 On discovering a staffing short fall, members of staff should refer to the process prescribed in Appendix 1 and take the appropriate actions to RAG rate the current situation.

#### 7.0 Roles/responsibilities of staff addressing short term staffing deficiencies trained and untrained nursing staff

Roles/Responsibility	Immediate and short term actions
Ward Managers/senior sisters/midwife	<p><b>Green - Business as usual</b></p> <ul style="list-style-type: none"> <li>• Produce monthly nursing roster to trust standard utilising 20% headroom effectively</li> <li>• Request bank replacement where nursing shortages in planned rota are identified</li> <li>• Review on shift by shift basis: responding to unplanned changes as required (sickness, unplanned leave)</li> <li>• Evaluate changing patient acuity and dependency</li> <li>• Ensure that rosters are approved within specified roster approval process</li> </ul> <p><b>Amber- Immediate escalation</b></p> <ul style="list-style-type: none"> <li>• Escalate to Matrons/Lead Nurses where inadequate staffing levels exist</li> <li>• Redeployment of staff with Matrons/Lead Nurse support as required</li> <li>• Book agency/bank staff</li> </ul> <p><b>Red- Immediate escalation</b></p> <ul style="list-style-type: none"> <li>• All of the above</li> <li>• Matron/Lead Nurse to escalate to COMS team and Associate Directors of Nursing (ADoNs)</li> <li>• Risk assessment with medical team to expedite discharges</li> <li>• Risk assessment around reduction of admission or closure of</li> </ul>

	<p>beds</p> <ul style="list-style-type: none"> <li>• Consider ringing staff at home</li> </ul>
Matrons /COMS	<p><b>Green - Business as usual</b></p> <ul style="list-style-type: none"> <li>• Sign off monthly nursing rota to trust standard (see rostering policy)</li> <li>• Sign off and review bank/agency usage</li> <li>• Seek assurance from ward manager on shift by shift basis regarding arrangements for backfilling</li> <li>• Evaluate to changing patient acuity and dependency</li> <li>• Review all staffing provision at daily safety huddle</li> </ul> <p><b>Amber – Immediate Escalation</b></p> <ul style="list-style-type: none"> <li>• Seek assurances from Senior Sister on shift by shift basis around routine shift variances and arrangements for backfill through bank and agency</li> <li>• Liaise / contact bank in the event that backfill is not forthcoming or timely</li> <li>• Take a view of service, wards areas where staff may be redeployed</li> <li>• Review of clinical activities and essential activities with senior sister</li> <li>• Evaluate the changing patient acuity and dependency</li> <li>• Escalate to HON on a shift by shift basis in the event that risk is amber for specific wards daily basis where inadequate staffing levels to meet patient needs still exist.</li> <li>• Consider recalling staff from non-essential study days to support the clinical environment.</li> </ul> <p><b>Red - Immediate Escalation</b></p> <ul style="list-style-type: none"> <li>• All of above - Escalate to appropriate ADoN to review the following</li> <li>• Risk Assessment with medical team around activity on ward and potential discharges/ transfers</li> <li>• Risk assessment around reduction on admissions/ closure of beds</li> <li>• Reallocate staff across area of responsibility to ensure safe levels throughout.</li> <li>• Identify areas where activity could be reduced</li> <li>• Restrict admission with advice when normal patient flow can commence</li> <li>• Transfer high acuity patients</li> <li>• Consider co-horting patient groups</li> <li>• Redeploy from non-ward based areas</li> </ul>
Associate Directors of Nursing	<p><b>Amber - Immediate</b></p> <ul style="list-style-type: none"> <li>• Seek assurance that above actions have taken place</li> <li>• Reallocate staff across area of responsibility to ensure safe levels throughout.</li> <li>• identify areas where activity could be reduced</li> <li>• Restrict admission</li> <li>• Transfer high acuity patients</li> <li>• Consider co-horting patient groups</li> <li>• Redeploy from non-ward based areas</li> </ul> <p><b>Red - Immediate action</b></p> <ul style="list-style-type: none"> <li>• Ensure safe redeployment of staff is maintained</li> </ul>

	<ul style="list-style-type: none"> <li>• Identify any opportunities to allocate staff across directorates</li> <li>• Ensure Chief Nurse is aware of risks and mitigations</li> </ul>
Director of Nursing	<p><b>Amber- Immediate action</b></p> <ul style="list-style-type: none"> <li>• Seek assurance from ADoNs that all above actions are complete</li> <li>• Mobilise corporate nursing to support including Clinical Nurse Specialist where available</li> </ul> <p><b>Red- Immediate action</b></p> <ul style="list-style-type: none"> <li>• Seek assurance from ADoNs that patient safety is maintained</li> <li>• Update Managing Director team around nursing deficiencies and impact on service delivery</li> <li>• Liaise with Communications team around adverse publicity</li> </ul>

## 8.0 Escalation Beds

- 8.1 Safe levels of nurse staffing and skill mix for escalation beds will be determined as part of capacity planning and the same principles to set and approve safe nurse staffing and skill mix levels must be applied when planning and opening escalation beds, taking into account the location, case mix of patients and number of escalation beds. There should always be a Trust trained nurse on duty.
- 8.2 Escalation will be managed in accordance with the Full Capacity Protocol (policy no:16020). Furthermore, beds (either escalation or beds in an existing bed base) may be closed where staffing has been deemed, by the Director of Nursing and the executive team, as insufficient to maintain patient safety. The Trust accepts that this may reduce capacity on a temporary basis, during which time every effort is made to re-establish safe staffing to support agreed capacity.

## 9.0 Audit

- 9.1 Staffing shortfalls will be reported to the board on a monthly basis as part of the Patient Safety and Quality Group
- 9.2 Wards where red flag incidents have occurred (NICE 2014) will be required to evidence their escalation log as compliance with this policy

## 10.0 References

Association of UK University Hospitals (2009) Patient Care Portfolio AUKUH acuity/dependency tool: implementation resource pack London: AUHUK

Francis R (2013) The Final Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry London: HMSO

NHS Commissioning Board and the Department of Health (DH) (2012) Compassion in Practice London: DH

National Quality Board (NQB) (2012) How to: quality impact assess provider cost improvement London: NQB

National Quality Board (NQB) (2013) How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery, and care staffing capacity and capability London NQB

National institute for Health and Care Excellence (July 2014) Safe staffing for nursing in adult inpatient wards in acute hospitals NICE

National Renal Workforce Planning Group (2002) Group The Renal Team: A Multi-Professional Renal Workforce Plan for Adults and Children with Renal Disease

Nursing and Midwifery Council (NMC) (2008) The Code: Standards for conduct performance and ethics for nurses and midwives London: NMC

RCN (2003) Defining staffing levels for children and young people's services London: RCN

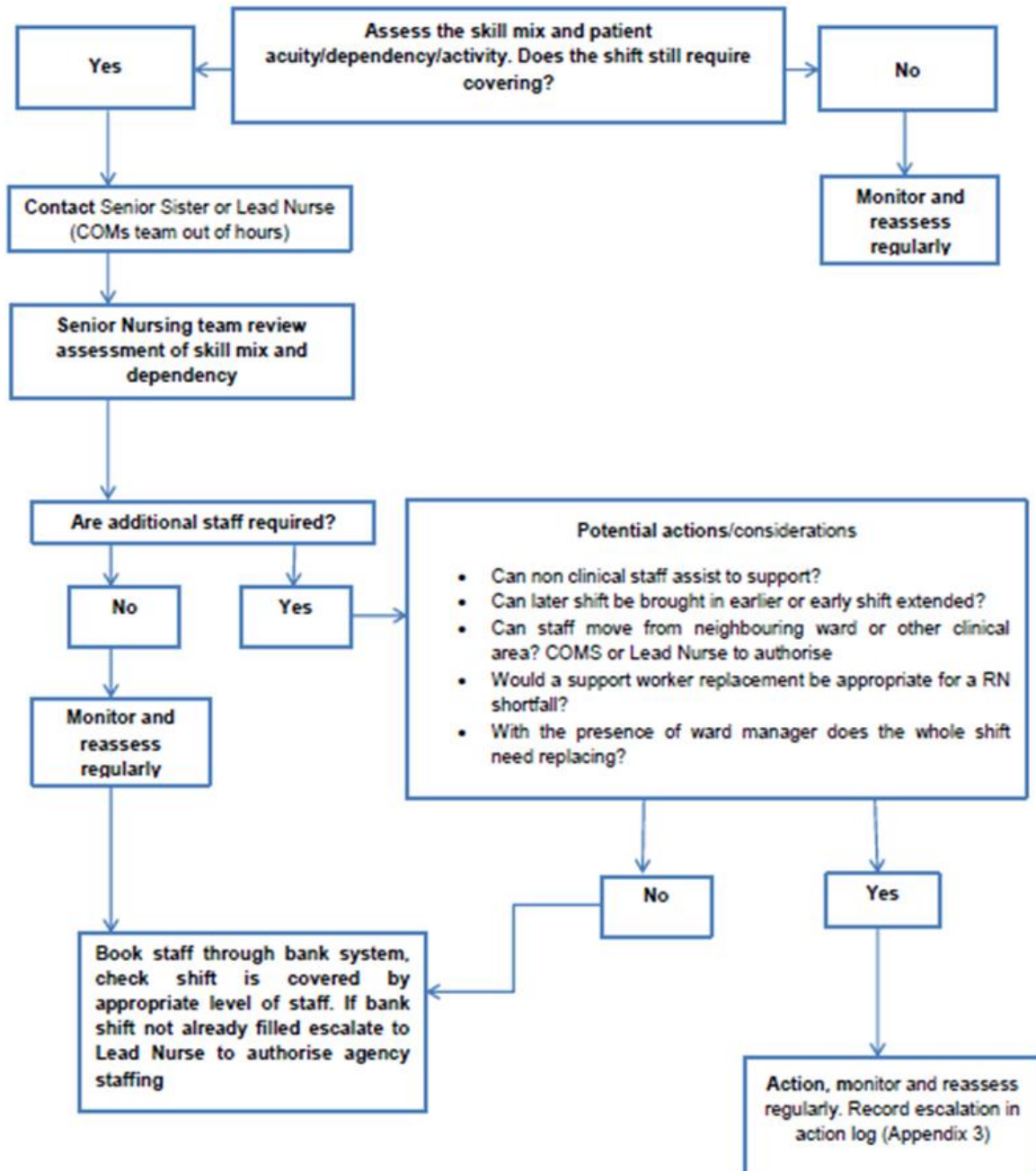
Royal College of Nursing (RCN) (2011) Guidance on safe nurse staffing levels in the UK London: RCN

RCN (2012) RCN Safe Staffing for older peoples wards RCN summary guidance and recommendations London: RCN



## Appendix 1 - Staffing Actions

### Staffing actions/considerations on discovering staffing shortfall APPENDIX 1.



## Appendix 2 RAG Rating for Ward Nurse staffing trained and untrained staffing

RAG	DETAILS
GREEN	<p><b>Minor Impact</b></p> <ul style="list-style-type: none"> <li>• Routine sickness absence - infringement on safe staffing levels not impacting safety</li> <li>• Within 1:7 Nurse /Patient Ratio (Adult day shift)</li> <li>• EAU 1:5 (excluding nurse in charge)</li> <li>• Within 1:3/4 Nurse / Patient Ratio (Paediatrics day shift)</li> <li>• Ward Area meeting all requirements set out in Professional judgment criteria</li> <li>• Staff Shortages not an endemic issue for the ward</li> <li>• Skill Mix outside RCN Guidance</li> </ul>
AMBER	<p><b>Moderate Impact</b></p> <ul style="list-style-type: none"> <li>• Impairment to some aspect of service delivery</li> <li>• Requirements to redeployment staff from non-ward based areas</li> <li>• Business Continuity being applied in some directorates</li> <li>• 1:8 Nurse/ Patient Ratio (Adult day shifts)</li> <li>• 1:4/5 Nurse / Patient Ratio (Paediatrics shifts day shifts)</li> <li>• Ward Area not meeting all requirements set out in Professional judgment criteria</li> <li>• Staff Shortages an endemic issue for the ward</li> </ul>
RED	<p><b>Significant Impact</b></p> <ul style="list-style-type: none"> <li>• All of the above across significant number of wards or site</li> <li>• Systemic Staffing problems</li> <li>• Outside 1:8 PN Ratio (adults day shift)</li> <li>• 1:5/6 Patient Nurse Ratio (Paediatrics day shifts)</li> </ul> <p><b>And /or</b></p> <ul style="list-style-type: none"> <li>• Need to instigate Business Continuity</li> <li>• Need to declare internal incident linked to major Incident plan</li> </ul>

**Ward Staffing Shortfall Escalation Log**

**APPENDIX 3**

WARD STAFFING SHORTFALL ESCALATION LOG				
DATE	NAME	ISSUE	RAG	ACTION