Essex Partnership University
NHS Foundation Trust

CLP84 - Safe staffing: escalation process flowchart

GREEN

Trigger / Impact: Staffing levels are as planned. Acuity is in usual expected range for the area. 90% of wards are at planned staffing levels.

Action: All care and routine tasks to be carried out. Allocation of duties, tasks, breaks, etc. by nurse in charge.

Authorisation: Ward manager or nurse in charge.

AMBER

Trigger / Impact: A shortfall in staff has occurred, for example due to staff absence, increase in patient acuity/dependency, increased therapeutic observations or other staff-intensive interventions. A short-term (1 or 2 shifts) increase in activity that can be resolved by short-term provision of additional resources or by deferring non-urgent visits. 70-90% of wards at planned staffing levels.

Action: Some non-essential activities may be postponed or cancelled until situation is resolved (to be determined by nurse in charge). Matron to be advised. Ward manager/matron seeks utilisation of clinical staff from other service roles locally, then from wider Trust services, or, if unsuccessful, requests bank/agency cover. Identify what support other members of MDT can provide. Escalate by exception at sit rep call. Complete Datix, record under "Staffing Issues Management". Review next 48 hours rota.

Authorisation: Nurse in charge, matron. Service manager to be advised of shortfall and actions taken. Service Manager to escalate to area director if actions do not mitigate risks (escalation not needed if resolved).

RED

Trigger / Impact: Staff shortfall that cannot be met by utilisation of staff from other roles/areas or temporary (bank, agency) staff. Professional judgement indicates patient acuity and dependency risks are beyond that which can be safely managed without increasing staff numbers. An urgent situation that requires immediate extra staffing, or a longer-term staffing shortfall (3 or more shifts) that required continued planned allocation of additional staff. 60-70% of wards at planned staffing levels.

Action: All non-urgent tasks are suspended: to be determined by matron, service manager and operational director following safety risk assessment. Daily multidisciplinary local (ward/unit) staffing huddle to be initiated and reported via daily sit rep. All MDT members contribute to ward staffing to maintain patient safety. Seek utilisation of staff from across Trust. Request additional bank and/or agency cover – matron and service manager confirm priority shifts with bank office. Complete Datix. Escalate to operational director, director of nursing and chief AHP. If area is red, bank office resources to be prioritised to that area. If more than one area is red, Trust-wide staff huddle to be initiated. Implement business continuity plan.

Authorisation: Inform service manager, operational director, director of nursing, medical director, chief AHP (manager on call if out of hours) of situation; seek authorisation for actions to be taken. Agree frequency of review of situation with those named above – issues to be reviewed at least daily. Individual patient acuity/dependency to be reviewed by MDT, care plan amendments or onward referral agreed where required. Update all named above as required and advise when situation is resolved.

BLACK

Unmitigated high risk: Escalate to Executive Nurse, Medical Director and Chief Operating Officer for emergency plan authorised by executive team. 60% of wards or less at planned staffing levels.