



Public – To be published on the Trust external website

Safe Staffing Levels Escalation Procedure (Community)

Ref: CLIN-0096-v1.1

Status: Approved

Document type: Procedure

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1 Introduction

Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) is committed to be the healthcare provider of first choice by providing excellent quality, safe, effective and caring services. In order to ensure that this is achievable, sufficient numbers of staff with the right levels of skills and training are required to meet service user needs.

Nursing and care staff, working as part of wider multidisciplinary teams, play a critical role in securing high quality care and excellent outcomes for patients. There are established and evidenced links between patient outcomes and whether organisations have the right people, with the right skills, in the right place at the right time. The impact of nursing and care staffing capacity and capability, on the quality of care experienced by patients and on patient outcomes has been well documented, with multiple studies linking low staffing levels and inadequate skill mix ratios to adverse and poorer patient outcomes (Griffiths et al, 2014)

The National Quality Board (NQB) have defined a set of guidelines for mental health (NQB, 2018) to support the recommendations set out in Francis Report (2013) and Hard Truths Report (2014) by providing a set of expectations to deliver “safe, effective, caring, responsive and well led care”. It makes clear the expectation of all NHS organisations around the need for robust escalation processes, stating that there should be routine daily assessments of staffing requirements, with a protocol for escalating concerns regarding the safety and effectiveness to a senior level. This is referred to Acuity and Dependency based rostering within Tees, Esk and Wear Valleys NHS Foundation Trust.

The escalation procedure will outline the actions to be taken, the people who should be involved in decisions, and outline the contingency steps where capacity problems cannot be resolved. Staff should be aware of the escalation procedures in place, identify where they think staffing capacity and capability falls short of what is required and be able and prepared to use the escalation procedure.

The Trust has systems already in place to ensure that our clinical teams are safely staffed in accordance with and in response to the mandate from NHS England and the Care Quality Commission (NHS England, 2014) that include:

- Publicly available staffing reports detailing staffing capacity and capability, where the Trust has responsibility to act upon this published data as required.
- Reviews of the actual versus planned staffing on a shift-by-shift basis
- Responding to address gaps or shortages where these are identified
- Using systems and processes such as e-rostering, escalation and contingency plans to make the most of resources and optimise care

A Quality Impact Assessment (QIA) is required for changes to all staffing establishment changes or support for any longer-term mitigations for staffing shortages. The QIA template can be found [here](#) and in Appendix 6 of this document.

Our Journey To Change sets out why we do what we do, the kind of organisation we want to become and the way we will get there by living our values, all of the time. To achieve this, the Trust has committed to three goals. This procedure supports two of our goals of Our Journey To Change.

Strategic goal 1: To co-create a great experience for patients, carers and families

This procedure will support the delivery of outstanding and compassionate care at all times by ensuring that there are clear definitions regarding the process of escalating staffing shortages to provide safe levels of care and support, including for the monitoring, recording and oversight of such interventions.

Strategic goal 2: To co-create a great experience for our colleagues

The procedure will ensure that colleagues understand their roles and responsibilities, including for the recording, monitoring, reporting and review of safe staffing levels and any follow up actions. When staff understand their roles and their duties, they can be confident in their involvement and that the actions that they take are appropriate and consistent with best practice.

Strategic goal 3: To be a great partner

The procedure will support our understanding of the needs and the strengths of our communities; the service users and carers, and the multidisciplinary services available within it that will ensure that we will be better able to meet the needs of all within it.

Trust values and behaviours

Having a clear definitions and pathways for staffing escalation will help to ensure we live our values of respect, compassion, and responsibility.

2 Purpose

The purpose of this document is to provide guidance for Community Teams on the daily management of staffing levels to meet service users' needs as determined by risk and level of acuity and complexity. It will further provide clarity to staff on accessing support from managers to identify and redeploy human resources to maintain safety when necessary. Additional to patient safety and wellbeing this procedure will also support and safeguard the health and well-being of staff from the potential pressures of reduced staffing levels to meet the service level demands.

This procedure should be applied in situations where staffing level is insufficient within the Community Teams.

3 Who this procedure applies to

This document applies to all employees of Tees, Esk and Wear Valley NHS Foundation Trust and partner agencies who are working in or have responsibility or accountability for Clinical Services within Community Services.

4 Roles and responsibilities

Role	Responsibility
Deputy Medical Director (DMD) Director of Nursing & Quality (DoNQ) Managing Director (MD) Care Group Directors (CGD) General Manager (GM) Service Managers (SM) On-call managers (OCM)	To be involved in the decision making/authorisation process and maintaining a record of contingency actions taken. Outcomes to be fed back to the Team Manager.
Associate Director of Nursing & Quality (ADoNQ) General Managers Modern Matrons (MM)	To hold responsibility and professional accountability for ensuring robust escalation procedures are embedded within their respective community team areas and that these are followed in line with this guidance. Outcomes to be fed back to the Team Manager.
Team Managers (TM) Advanced Practitioners (AP) Clinical Nurse Specialists (CNS) Shift Coordinator (SC) Other members of the leadership team (LT)	To evaluate and risk assess the staffing levels on a day-by-day basis utilising the RAG Rating guidance. Where applicable, ensure that the Health Roster is maintained and up to date with any changes actioned

5 Related documents

This procedure also refers to Trust policies identified below:-

- Business Continuity Policy

- Organisational Risk Management Policy
- Freedom to Speak Up Policy (Whistleblowing/Raising concerns)

6 How to carry out the staffing escalation procedure

6.1 Situational assessment and required actions



The professional judgement of the leadership team will take precedence over this guideline criteria (and percentages) to determine that current staffing levels for the duty shift are sufficient to meet workload demands for this period, and to ensure delivery of safe and effective care.

- **Planned Staffing** is the daily staffing requirement of clinical staff for that specific team that are responsible on a day-to-day basis for delivering direct care to service users (care coordinators and support workers). It is noted that this may fluctuate across the 7-day period in accordance with the demand of the service user population the team is required to care for.
- **Actual staffing (Staff on Duty)** is defined as the actual members of staff on duty that day for the required duration of the shift.
- **Acute staffing shortfall** is where actual staffing is less than 50% of the required planned staffing, unless professional judgement dictates a higher threshold for the team, at the time of experiencing the staffing issues, to deliver the required care to service users. NB; 50% is the absolute minimum threshold for triggering automatic escalation.
Professional judgment may determine a higher figure than 50% to trigger automatic escalation dependent on circumstances such as increased clinical acuity and/or the inability to meet service user demand at that time.
- **Sustained staffing shortfall** is where actual staffing is less than planned staffing for a period of 3 days or more.
- **Acceptable staffing** is where it is required that:
 - Actual staffing is \geq planned staffing levels
 - There is not an acute or sustained staffing shortfall

RAG RATING	Trigger/Impact	Action	Authorisation
Green	<p>Staffing levels: ‘Staff on shift’ matches ‘Planned staffing’</p> <p>Patient acuity & dependency: is within usual expected range for the area</p> <p>Situation: “business as usual”</p>	<p>All care, clinic, appointment and routine tasks will be carried out.</p> <p>Allocation of duties, tasks, allocated within the daily cell meeting.</p>	<p>Team Manager (TM) / Shift Coordinator (SC)</p>
Light Green (i.e. Amber / Green)	<p>Staffing levels: A shortfall has occurred between ‘Staff on duty’ and ‘Acceptable staffing’ e.g., due to staff absence</p> <p><u>and/or</u></p> <p>Patient acuity, complexity & dependency: is increased from that usually expected e.g. a situation has developed that requires unplanned immediate intervention by one or more community staff.</p> <p>Situation: A short term increase in activity that can be resolved by reorganization of available resources.</p>	<p>Use professional judgement to reprioritise need and realign team workload</p> <p>Some non-essential activities (i.e., Nonclinical) may be postponed or cancelled until situation is resolved as determined by the TM/AP/CNS/LT/SC</p>	<p>Situation is discussed between TM, AP, and LT so that all are aware of the situation and the actions taken to manage it.</p> <p>TM/AP/LT informs Locality Manager via the daily huddle or telephone call.</p> <p>Update the above if/when situation is resolved or if actions taken not sufficient to resolve the situation</p>

Amber	<p>Staffing levels: A shortfall has occurred between ‘Staff on duty’ and ‘Acceptable staffing’ that cannot be met in the short term by reorganising staff tasks and responsibilities.</p> <p><u>and/or</u></p> <p>Patient acuity, complexity & dependency: professional judgement indicates that risks presented are beyond that which can be safely managed without cancelling scheduled appointments or clinics.</p> <p>Situation: An urgent situation that requires immediate extra staffing or a longer-term staffing shortfall that requires continued planned and reallocation of tasks and responsibilities.</p>	<p>Some non-essential tasks (i.e., Nonclinical and low risk clinical) are suspended until staffing resolved – specifics agreed by TM/AP/LT.</p> <p>TM and SM agree issues and actions using report template (Appendix 4).</p> <p>Complete DATIX incident report for “Staffing Levels” (refer to section 6 of Community Staffing Escalation SOP).</p> <p>Maintain ongoing communication with all parties. Update ADoNQ, GM and SM (NB ADoNQ will be automatically updated by email via Datix).</p> <p>After mitigation in place, LT to complete risk assessment using risk matrix and present to the service manager.</p> <p>Discuss with SM whether local risk registers should be amended AND discuss with SM whether this should be escalated to “Red”.</p> <p>Consider implementing local Business Continuity Toolkit</p>	<p>Advise MM and/or SM (out of hours - OCM) of situation and seek authorisation for actions to be taken</p> <p>Agree frequency of review of situation with above: short term issues may be reviewed a number of times within a day; longer term issues reviewed at least daily and involve ADoNQ</p> <p>If staffing remains unsafe escalate verbally (follow up with email) to ADoNQ or 2nd OCM</p> <p>Senior Leadership team CGD, ADoNQ, DMD agree actions to be taken in line with BCP</p>
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Red	<p>Staffing levels: A shortfall has occurred between ‘Staff on duty’ and ‘Acceptable staffing’ that cannot be resolved.</p> <p><u>and/or</u></p> <p>Patient acuity, complexity & dependency: professional judgement indicates that risks presented are beyond that which can safely be managed without increasing staff numbers</p> <p>Situation: An urgent situation that requires immediate additional staffing or a longer-term staffing shortfall that requires continued planned allocation of additional staff</p> <p>AND has a significant impact to the ability to deliver or provide a service.</p>	<p>Review (or revisit) Amber actions, confirming RAG status.</p> <p>GM/ CGD/ MD/ ADoNQ/ DoNQ / DoN / CD have emergency discussions and consider use of Trust wide resources, business continuity/ contingency plans.</p> <p>Consider cancelling all but essential appointments.</p> <p>Implement business contingency plan as required.</p> <p>Complete DATIX incident report for “Staffing Levels” (refer to section 6 of Community Staffing Escalation SOP).</p> <p>To be discussed at Care Group level, and Executive Directors as appropriate.</p> <p>Follow up from Senior Management Team to the Team Manager.</p>	<p>GM informs CGD and is then escalated to MD</p> <p>Associate Directors of Nursing and Quality (ADoNQ) / DoNQ informs Director of Nursing (DoN) and Clinical Directors.</p> <p>Outcomes from assurance and governance structures to be fed back to the Team Manager</p>
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Figure 1 – Escalation process

The glossary of terms highlighted above are presented as a guideline to support team managers and service managers in determining their required staffing levels; it is anticipated that individual services set and agree their “planned staffing levels” and use the headroom calculations and required threshold as an indicator to support their decision making. This should also be clearly communicated to all staff concerned. A worked example is shown in Appendix 5.

6.2 Triggers factors to escalate for action, information, and support

This may relate to actual or potential situations which would lead to:

- If there is a sustained staffing shortfall
- Excessive prolonged working hours to complete a process of care e.g., arrange an admission, MHA assessment, arrangement of emergency placement or safeguarding referral.
- Staff working outside of normal role over a sustained and prolonged period to support team function due to shortages in staffing resource or skills.
- Reduced function/availability of Leadership Team.
- Concerns relating to experience / skill mix of team.

- Delay or cancellation of essential appointments/ patient visits due to reduced staffing levels.
- Delay or cancellation of non-urgent appointments/ patient visits due to reduced staffing levels.
- Less than 50% of acceptable staffing levels.
- Cancellation of service user S17 leave from a ward due to CMHT staffing shortfall
- Omission or therapeutically significant delay in administration of medication
- Cancellation of staff training or supervision due to team staffing shortages
- Delay or inability to access or meet care needs which may lead to an increase in behaviours' which challenge the service (e.g., cancellation of planned activity/ therapeutic intervention/ implementation of behavioural support plans)
- Delay in essential clinical documentation within Trust Policy timescales.



Please Note

The list of trigger events is not an exhaustive list, and you should escalate any concerns regarding safety based upon clinical and professional judgements irrespective of trigger factors.

6.3 Additional considerations to ensure safe staffing levels:

- Ongoing assessment of patient acuity and dependency and subsequent review of the existing registered to unregistered staff skill mix could be flexed to meet service users' needs.
- Allocating duties for support staff e.g. administrative staff etc., to help with duties, within their skill set and ability, to support in enabling nursing staff to maximise their patient clinical contact time and improve the level of services for patients
- Flexibly deploying existing clinical staff to undertake work beyond their usual area of expertise, provided they are competent, and it is agreed that they are able to do so.
- Redeployment of suitably qualified and experienced clinical staff from non-frontline duties.
- Utilisation of temporary staffing resource where available may be considered.
- Awareness of staff's immediate health needs and their ability to fulfil required duties on shift at that current time; this may be due to issues that include (but not limited to) physical illness, mental health needs, fatigue, long working hours, exacerbation of a long-term condition, pregnancy, and any immediate impacts upon disabilities.
- Awareness of any discriminatory behaviour towards staff members which may need increased support to that staff member and the staff team.
- Awareness of staff's protected characteristics, flexible working patterns, and reasonable adjustments that are in place.

To support recording of issues and associated risks, [risk log](#) and a [reporting template](#) are available to help provide a structured approach to the Datix report.

Below sets out the basic principles for easy reference regarding business continuity processes, however it is advised to review the Trust [Business Continuity Policy](#) which explains and details the processes to be utilised for when these actions are required.

Actions for consideration in Level 1 BCP


Should the service indicate a rating of Amber, the GM will review, assess and reduce all non-essential activity to ensure team safety is prioritised i.e., external activity, visitors, patient leaves, etc. This would include:

- Consideration towards cancellation of staff training where appropriate
- Non-essential service meetings
- Professional visits
- All Team Managers, Modern Matrons, Nurse Consultants and Clinical Managers to consider how they may support the team
- Senior clinicians pro-actively review patients’ appointments and rearrange where safe

Actions for consideration in Level 2 BCP

Should the service indicate a rating of Red, the CGD will review, assess and reduce all non-essential activity to ensure team/patient safety is prioritised. This would include:

- Stop initial assessments / consider caseload thresholds
- Team collapses
- Non-clinical staff redeployed onto team from across hospital site/service
- Non-clinical and clinical staff to be redeployed from corporate roles
- Senior clinical leads maintain visible presence in high priority areas and are responsible for providing Board Assurance around patient safety

 Please Note

Services should also consider the impacts surrounding sustained pressures and issues in relation to staffing levels, staffing skill mix and other related workforce issues, and raise a DATIX incident and consider whether the risk requires being raised on the Trust Risk Register.

6.4 DATIX incidents relating to staffing levels

The Team Manager, Advanced Practitioner, Shift Coordinator, or other member of the Leadership Team will create a Datix report relating to the staffing issues/concerns within that day, selecting the coding shown in Figures 2 - 4.

DATIX System coding to be used:

Incident Details	Selection from drop down menu
Incident Type	Staff, contractor, vendor incidents.
Category	Exposure to environmental hazards
Sub Category 1	Workplace stressors/Demands
Sub Category 2	Staffing levels

Figure 2 – Coding for raising a Datix for Staffing Levels concerns

Incident Details

* Category: Exposure to Environmental Hazards

* Sub Category 1: Workplace Stressors/Demands

* Sub Category 2: Staffing levels

* Number of Teams Affected: [Dropdown menu showing 1, 2, 3, 4]

* Select all Teams Affected: [List of team names]

Figure 3 – Indicate the number of teams impacted for Staffing Levels concerns

Incident Details

* Category: Exposure to Environmental Hazards

* Sub Category 1: Workplace Stressors/Demands

* Sub Category 2: Staffing levels

* Number of Teams Affected: 3

* Select all Teams Affected: MHSOP IP Sandwell Pk Wingfield

* Did the Oxehealth System Support in Discovering/Highlighting the: AMH HHR Early Intervention Psy

Figure 4 – Indicate the names of the teams impacted for Staffing Levels concerns

As a minimum, a weekly Datix report should be submitted whilst the staffing issues continue; the frequency may need to be increased according to changing circumstances and priorities.

The [reporting template](#) can be used to support rationale and required detail of the current issue as a basis for the incident report. Ideally this should be a joint undertaking with the Team Manager and Locality Manager itemising the actions already considered and taken. If this joint working has not be possible for whatever reason, the Service Manager and Team Manager can discuss and update the Datix report to provide additional context by providing the update via email to TEWV.CentralApprovalTeam@nhs.net.

You will be required to identify the number of teams that this report relates to by selecting the number from the drop-down list (Figure 3), and then search and select the teams impacted by the incident being raised (Figure 4). The reporting staff member is therefore able to raise, as a single Datix report, an incident which describes the service level concerns. This will prevent unnecessary duplication of work and multiple Datix reports for the same incident/situation. If multiple community teams are impacted by staffing shortages, consideration to all RAG ratings must be given regarding the potential impact upon reduced scope for solutions and effective supporting cross cover.

The [risk log](#) can be used to capture the current risk status and mitigations.

Current and ongoing staffing issues are to be discussed on daily basis between the Team Manager and the Service Manager and further discussed at daily huddle meetings and escalated via the Daily Accountability Board.

Additionally, an email notification will be automatically sent to the relevant Associate Directors of Nursing and Quality on submission/creation of the Datix report that relates to staffing levels using the criteria identified in Figures 2, 3, and 4. It is important to note that the “Team” is correctly input to allow notifications to be sent to operational managers.

Consideration to be given regarding implementing Business Continuity plans for the locality.

- Datix rejected and reasons why
- Incident reviewed and no further action required
- Details of what further action are required and expected outcomes

Incidents will be monitored and progressed as necessary and appropriate to the Organisational and Executive Management Teams via the assurance and governance structures within the Trust that include locality Quality Assurance Groups, Care Group Management Boards, and Quality Assurance Committees, and the Trust Report Out where it is expected incidents/team’s RAG status would be reported by exception. Issues may then be taken to the Trust Board for further oversight as deemed necessary.

Outcomes from the respective assurance and governance structures within the Care Groups should be fed back to the Team Manager for discussion within the leadership group and for cascade via team meetings.

6.5 Raising concerns

If a staff member has any concerns about the levels of staffing, they should raise this first with their line manager. If for any reason they feel they are unable to do this; or it is inappropriate to do so; or have not had concerns sufficiently addressed, they can refer to the TEWV Whistleblowing Policy.

Alternatively, they can contact the TEWV Freedom to Speak Up Guardian (Contact details to be found on the TEWV Intranet site).

For further advice or information please discuss with your Line Manager, Modern Matron, Service Manager, General Manager, Associate Director of Nursing and Quality.

7 Terms and definitions

See [Section 4 Roles and responsibilities](#)

8 How this procedure will be implemented

This currently established process will continue to be embedded within the culture of daily staffing reviews.

- It is published on the Trust intranet and the required printed documentation to be made available for display within the team base (see appendices).
- Team managers to ensure this procedure is discussed and used as part of the daily huddle/discussions and is also included in the induction for all staff new to the team.

8.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Preceptor Nurses	Face to face	1 hour	On commencing in the trust as part of the preceptorship training package.

9 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Number of safe staffing escalation incident reports raised	Monthly / Safe Staffing Report and Staffing metrics dashboard / Safe Staffing Team	QuAC, JCC, Trust Board

10 References

- Griffiths et al, 2014, The association between patient safety outcomes and nurse / healthcare assistant skill mix and staffing levels & factors that may influence staffing requirements.
- National Quality Board, 2018, Safe, sustainable and productive staffing: An improvement resource for mental health
- Francis, R., 2013, Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry
- Department of Health, 2014, Hard Truths: The Journey to Putting Patients First

11 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	25 April 2023
Next review date	25 April 2026
This document replaces	CLIN-0096-v1.0, Safe Staffing Levels Escalation Procedure (Community)
This document was approved by	Executive People Culture and Diversity Group
This document was approved	25 April 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	1 November 2022
Document type	Public
FOI Clause (Private documents only)	N/A

Change Record

Version	Date	Amendment details	Status
1.0	26 Apr 2019	<ul style="list-style-type: none"> to include comments from EA screening 	withdrawn
1.1	25 Apr 2023	<p>Full review with minor changes, including:</p> <ul style="list-style-type: none"> addition of Health Roster reference Added/updated references to BCP protocols Added guidance regarding BCP protocols Added reference to Quality Impact Assessment (QIA). Added Appendix 6 in reference to QIA. Added text regarding raising DATIX and risk around sustained staffing pressures and related issues Updated broken links to supporting documents Aligned colour coding to align with inpatient escalation procedure Updated Roles and Responsibilities section according to new staff titles following Trust restructure. Updated acronyms for roles and responsibilities aligned to the new staff titles following Trust restructure. Standardised mandatory "Journey To Change" header text added at start of document. Formatting adjusted to reflect changes Moved to new Trust template 	Published

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Nursing & Governance
Title	Safe Staffing Levels Escalation Procedure (Community)
Type	Procedure/guidance
Geographical area covered	Trust Wide
Aims and objectives	To provide guidance on the daily management of the team ensuring the optimal staffing levels are met which meet the patients' needs as determined by risk and level of acuity.
Start date of Equality Analysis Screening	21 November 2022
End date of Equality Analysis Screening	31 January 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	Patients and Staff
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO

	<ul style="list-style-type: none"> • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	<p>Potential areas to consider in order to remove any negative impacts when allocating work in attempting to mitigate staffing shortages are:</p> <ul style="list-style-type: none"> • discriminatory impacts to staff around protected characteristics • health, disability and cultural issues during the shift which may also be impacted due to long working hours • Pregnancy risk assessment would need to be reviewed to include consideration of working longer hours • Caring responsibilities may be impacted by working longer hours
Describe any positive impacts	<p>Escalation pathways will support the ability to highlight an individuals need and requirements and therefore the opportunity to discuss any necessary staffing requirements to support them</p>

Section 3	Research and involvement
What sources of information have you considered? (e.g., legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	Yes, please see reference section

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	yes
If you answered Yes above, describe the engagement and involvement that has taken place	Staff working group Trust Equality and Diversity Lead
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	None, procedure will be supported by clinical and operational services.
Describe any training needs for patients	None, procedure will be supported by clinical and operational services.
Describe any training needs for contractors or other outside agencies	None, procedure will be supported by clinical and operational services.

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	31 January 2023 approved
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	Exec PCDG
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

Appendix 3 – Community Safe Staffing Escalation Procedure

Please print the chart on the following 3 pages and display on each team/unit

Deputy Medical Director (DMD), Director of Nursing & Quality (DoNQ), Managing Director (MD), Care Group Directors (CGD), Service Managers (SM), General Manager (GM), On-call Managers (OCM, Associate Director of Nursing & Quality (ADoNQ), Modern Matrons (MM), Shift Coordinator (SC), Team/Unit Managers (TM), Advanced Practitioners (AP), Clinical Nurse Specialist (CNS), Leadership Team (LT)

RAG RATING	Trigger/Impact	Action	Authorisation
Green	<p>Staffing levels: 'Staff on shift' matches 'Planned staffing'</p> <p>Patient acuity & dependency: is within usual expected range for the area</p> <p>Situation: "business as usual"</p>	<p>All care, clinic, appointment and routine tasks will be carried out.</p> <p>Allocation of duties, tasks, allocated within the daily cell meeting.</p>	<p>Team Manager (TM) / Shift Coordinator (SC)</p>
Light Green (i.e. Amber / Green)	<p>Staffing levels: A shortfall has occurred between 'Staff on duty' and 'Acceptable staffing' e.g., due to staff absence</p> <p>and/or</p> <p>Patient acuity, complexity & dependency: is increased from that usually expected e.g. a situation has developed that requires unplanned immediate intervention by one or more community staff.</p> <p>Situation: A short term increase in activity that can be resolved by reorganization of available resources.</p>	<p>Use professional judgement to reprioritise need and realign team workload</p> <p>Some non-essential activities (i.e., Nonclinical) may be postponed or cancelled until situation is resolved as determined by the TM/AP/CNS/LT/SC</p>	<p>Situation is discussed between TM, AP, and LT so that all are aware of the situation and the actions taken to manage it.</p> <p>TM/AP/LT informs Locality Manager via the daily huddle or telephone call.</p> <p>Update the above if/when situation is resolved or if actions taken not sufficient to resolve the situation</p>

Amber	<p>Staffing levels: A shortfall has occurred between ‘Staff on duty’ and ‘Acceptable staffing’ that cannot be met in the short term by reorganising staff tasks and responsibilities.</p> <p><u>and/or</u></p> <p>Patient acuity, complexity & dependency: professional judgement indicates that risks presented are beyond that which can be safely managed without cancelling scheduled appointments or clinics.</p> <p>Situation: An urgent situation that requires immediate extra staffing or a longer-term staffing shortfall that requires continued planned and reallocation of tasks and responsibilities.</p>	<p>Some non-essential tasks (i.e., Nonclinical and low risk clinical) are suspended until staffing resolved – specifics agreed by TM/AP/LT.</p> <p>TM and SM agree issues and actions using report template (Appendix 2).</p> <p>Complete DATIX incident report for “Staffing Levels” (refer to section 6 of Community Staffing Escalation SOP).</p> <p>Maintain ongoing communication with all parties. Update ADoNQ, GM and SM (NB ADoNQ will be automatically updated by email via Datix).</p> <p>After mitigation in place, LT to complete risk assessment using risk matrix and present to locality manager.</p> <p>Discuss with SM whether local risk registers should be amended AND discuss with SM whether this should be escalated to “Red”.</p> <p>Consider implementing local Business Continuity Toolkit</p>	<p>Advise MM and/or SM (out of hours - OCM) of situation and seek authorisation for actions to be taken</p> <p>Agree frequency of review of situation with above: short term issues may be reviewed a number of times within a day; longer term issues reviewed at least daily and involve ADoNQ</p> <p>If staffing remains unsafe escalate verbally (follow up with email) to ADoNQ or 2nd OCM</p> <p>Senior Leadership team CGD, ADoNQ, DMD agree actions to be taken in line with BCP</p>
Red	<p>Staffing levels: A shortfall has occurred between ‘Staff on duty’ and ‘Acceptable staffing’ that cannot be resolved.</p> <p><u>and/or</u></p> <p>Patient acuity, complexity & dependency: professional judgement indicates that risks presented are beyond that which can safely be managed without increasing staff numbers</p> <p>Situation: An urgent situation that requires immediate additional staffing or a longer-term staffing shortfall that requires continued planned allocation of additional staff</p> <p>AND has a significant impact to the ability to deliver or provide a service.</p>	<p>Review (or revisit) Amber actions, confirming RAG status.</p> <p>GM/ CGD/ MD/ ADoNQ/ DoNQ / DoN / CD have ‘stop the line’ discussions and consider use of Trust wide resources, business continuity/ contingency plans.</p> <p>Consider cancelling all but essential appointments. Implement business contingency plan as required.</p> <p>Complete DATIX incident report for “Staffing Levels”</p> <p>To be discussed at Care Group level, and Executive Directors as appropriate.</p> <p>Follow up from Senior Management Team to the Team Manager.</p>	<p>GM informs CGD and is then escalated to MD</p> <p>Associate Directors of Nursing and Quality (ADoNQ) / DoNQ informs Director of Nursing (DoN) and Clinical Directors.</p> <p>Outcomes from assurance and governance structures to be fed back to the Team Manager</p>

Appendix 4 – Community Safe Staffing Escalation Procedure Datix Coding

Please print and display the following page on each team/unit

DATIX System coding to be used:

Incident Details	Selection from drop down menu
Incident affecting	Staff, contractor, vendor incidents.
Category	Exposure to environmental hazards
Sub cat 1	Workplace stressors/Demands
Sub cat 2	Staffing levels

Datix Example

Incident Type	
* Incident Type	Staff/Contractor/Vendor Incidents

Incident Details	
* Category	Exposure to Environmental Hazards
* Sub Category 1	Workplace Stressors/Demands
* Sub Category 2	Staffing levels

It is important to note that “Ward/Team” is correctly input to allow notifications to be sent to operational managers

Professional judgement, in addition to trigger factors, will determine whether the current staffing levels for the duty shift are sufficient to meet workload demands for this period, and to ensure delivery of safe and effective care.

To support recording of issues and associated risks, a [risk log](#) and a [reporting template](#) are available on the [Trustwide Shares](#) drive ([T:\Right Staffing Central Documents](#)) at the respective hyperlinks which will help provide a structured approach to the Datix report.

Appendix 5 – Worked Example

The glossary of terms below, discussed for the purposes of this document, are to be used as a guideline to support team managers and locality managers in determining their required staffing levels; it is anticipated that individual services set and agree their “planned staffing levels” and use the headroom calculations and threshold as an indicator to support this decision. This should also be clearly communicated to all staff concerned.

Professional judgement will always take precedence over these guidance criteria to determine that current staffing levels for the duty shift are sufficient to meet workload demands for this period, and risks are mitigated to ensure delivery of safe and effective care. The escalation procedure supports team managers with a common framework that enables trigger factors to be considered as a point of escalation to senior managers for support and visibility of issues that may impact staff wellbeing, patient care and delivery of a quality service.

- **Planned Staffing** is the set daily staffing requirement of clinical staff that are responsible on a day to day basis for delivering direct care to service users (care coordinators and support workers). This should equate to 73% of the current total budgeted team establishment for these staff groups i.e. minus the headroom allowance of 27% headroom.
- **Actual staffing (Staff on Duty)** is defined as the actual members of staff on duty that day for the required duration of the shift.
- **Acute staffing shortfall** is where actual staffing is less than 50% of the required planned staffing, unless professional judgement dictates a higher threshold for the team, at the time of experiencing the staffing issues, to deliver the required care to service users. (NB; 50% is the absolute minimum threshold for triggering automatic escalation. Professional judgment may determine a higher figure than 50% should trigger automatic escalation dependent on circumstances such as increased clinical acuity).
- **Sustained staffing shortfall** is where actual staffing is less than planned staffing for a period of 3 days or more.
- **Acceptable staffing** is where it is required that :
 - Actual staffing is \geq planned staffing levels
 - There is not an acute or sustained staffing shortfall

The following worked example is for guidance to provide a standardised baseline to understand the ongoing workforce staffing requirements on a day to day business as usual basis. Percentages and figures are to be taken in context with respect to the size of the team, the skill mix of the team, the shift patterns of the team, full and part time hours. It assumes that all annual leave is level loaded, and training is planned in accordance to annual leave requirements.

Trust headroom is set at 27.7%, this takes into consideration account the target values of level loaded annual leave, mandatory training, and sickness absence.

Assuming a full team establishment is set at 10 WTEs for example this would mean that at any one time you would expect to have approximately 7 WTE's available on each day.

Ideally this should be calculated separately for registered staff and unregistered staff according to the skill mix requirements of the team to deliver safe and effective care. So for example, if this team of 10 the required skill mix ratio of the full team is 6 registered staff and 4 unregistered staff; the daily planned staffing should ideally be as a minimum of 4 registered WTEs and 3 unregistered WTEs available for each shift.

Budgeted Establishment (WTE)	Headroom (%)	Planned Staffing (WTE)
4	27.7%	3.1
10	27.7%	7.8
15	27.7%	11.7
20	27.7%	15.7

Figure 4 – Planned Staffing vs. Budgeted Staffing Establishment

Please note these are best practice guidelines to achieve a consistent staffing complement and will need to accommodate current staffing establishment settings, and precise percentages may not be achievable; in this example 7.8 WTEs may not be able to be achievable if there are not any part time hours to utilise.

Acceptable staffing is defined as the actual number of staff on the day is being greater than or equal to the planned number of staff on duty that day, which in this example would be 7.8 WTEs.

In this case an acute staffing shortfall of less than 50% would be 3.4 WTEs, i.e. < 50% of planned staffing. This is recognised as the lowest value to consider escalation; this value may vary dependent upon the team, current demand and capacity to deliver the required care, to which professional judgement must be applied.

Locality managers are able to agree a planned staffing level with Leadership teams in discussion with the QUAG that could be different from that described in this guidance. These should be recorded in the operational policy for the individual teams if that is the case.

For substantive changes to the planned staffing requirement, for example moving to a 7 day working week from a 5 day week, or changing shift periods/times from a 7.5 hour shift pattern to a 12 hour pattern, which will effectively provide teams with a new planned daily staffing requirement, it will require consideration with regard to whether a formal Quality Impact Assessment is required to achieve this change as per normal process and procedure.

An example [template form](#), which may be further developed, can be utilised as a basis to assist with visibility of planned and actual staffing levels.

Appendix 6 – Quality Impact Assessment (QIA) Template

The tool is available on the Trustwide Shared drive:

<\\tewv.nhs.uk\data\Trustwide Shares\Right Staffing Central Documents\Staffing Escalation\Template QIA v1.0.xlsx>

Please see over the page for a screen shot of the tool.

Quality Impact Assessment (QIA)

Name of Clinical Lead Completing QIA		Project Title:		CRES ID	N/A
Date completed or last reviewed		Please update the date here each time you review this QIA, even if no changes are made.			
Frequency of review required (AT A MINIMUM)		Monthly: Overall Risk Score graded as Orange OR at least one individual element is graded as a Red Risk Score. Quarterly (every 3 months): Overall Risk Score graded as Yellow. On request by Programme Manager: Overall Risk Score graded as Green or Zero.			
Date next review due by					

Project Overview Brief description based upon the paper highlighting summary of aims, outcomes, and risks

		Risk rating				Mitigation of Risks (Must be completed for all risks scoring 8 or above - ORANGE)						Monitoring of Quality Indicators				
	Patient Safety - Details of Assessment of Negative Impact on Quality <small>[enter N/A if no negative impact on quality expected]</small>	Consequence Score <small>[only complete for negative impacts on quality, else score zero]</small>	Likelihood Score <small>[only complete for negative impacts on quality, else score zero]</small>	Risk Score	Escalated to Division / Trust risk register (Safeguard)? <small>[Must be done for all risks scoring 8 or above - ORANGE]</small>	If "Yes", please note Safeguard Risk Number here:	Mitigation actions and controls to reduce negative impact on quality <small>[Must be done for all risks scoring 8 or above - ORANGE]</small>	Date mitigation action to be completed by <small>[DD/MM/YYYY]</small>	Date mitigation action completed <small>[DD/MM/YYYY]</small>	Expected residual consequence score after implementing mitigation actions	Expected residual likelihood score after implementing mitigation actions	Residual Score	Descriptions of Quality Indicators to be monitored, where negative impact on quality expected <small>[scroll to bottom of this column for list of examples]</small>	Trigger for escalation	Actions to be taken upon breaching trigger level	Responsible person
Impact on Patient Safety				0								0				
Impact on Clinical Effectiveness	Techniques from			0								0				
Impact on Patient Experience	Patient Experience - Details of Assessment of Negative Impact on Quality <small>[enter N/A if no negative impact on quality expected]</small>			0								0				
Impact on Staff Experience	Staff Experience - Details of Assessment of Negative Impact on Quality <small>[enter N/A if no negative impact on quality expected]</small>			0								0				
Impact on duty of quality (CQC / constitutional standards)	Targets/Performance - Details of Assessment of Negative Impact on Quality <small>[enter N/A if no negative impact on quality expected]</small>			0								0				
Overall Risk Score		0	<small>This is automatically calculated as a sum of all risk scores recorded above</small>													
Mitigated Risk Score											0	<small>This is automatically calculated as a sum of all mitigated risk scores recorded above</small>				