



Public – To be published on the Trust external website

Title: Safe Staffing Levels Escalation Procedure (In-patient)

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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 wards 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.
- Display boards for patients and visitors in all of our wards that shows the planned and actual staffing available, and their roles, at the start of every shift
- 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 staffing establishment or to support any longer-term mitigations for staffing shortages. The QIA template can be found [here](#) and in Appendix 3 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.

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 on the daily management of the ward ensuring the optimal staffing levels are met which meet the patients' needs as determined by risk and level of acuity. Additionally, when planned staffing levels are insufficient to meet current patient needs from an increased demand due to patient acuity, that staff are clear about how to escalate this for support from senior nurses and managers in order to identify and redeploy human resources to maintain safety as and when necessary.

Effective escalation of staffing shortfalls supports timely interventions to resolve issues to ensure a safe environment is maintained for the patient in addition to the health, safety and wellbeing of the staff members on duty.

This procedure should be applied in situations where the staffing level is insufficient within an inpatient ward/unit.

3 Who this procedure applies to

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

4 Roles and responsibilities

Role	Responsibility
Deputy Medical Director (DMD)	To be involved in the decision making/authorisation process and maintaining a record of contingency actions taken.
Director of Nursing & Quality (DoNQ)	
Managing Director (MD)	
Care Group Directors (CGD)	
General Manager (GM)	
Service Managers (SM)	
On-call managers (OCM)	
Associate Director of Nursing & Quality (ADoNQ)	To hold responsibility and professional accountability for ensuring robust escalation procedures are embedded within their respective inpatient areas and that these are followed in line with this guidance.
Modern Matrons (MM)	
Nurse in Charge (NIC)	To evaluate and risk assess the staffing levels on a shift-by-shift basis utilising the RAG Rating guidance and ensure that the Health Roster is maintained and up to date with any changes actioned
Ward/Unit Manager (WM)	
Duty Nurse Coordinator (DNC)	
Senior Nurse on Duty (SNOD)	

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 Steps required to carry out the staffing escalation process

6.1 Situational assessment and required actions

RAG RATING	Trigger/Impact	Action	Authorisation	SafeCare Factors Considered SafeCare Overall (Data Metric View)
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 and routine tasks will be carried out</p> <p>Allocation of duties, tasks, breaks etc. by Nurse in Charge (NIC)</p>	Nurse in Charge (NIC)	<p>Take Charge Each Shift has an identified Take Charge Nurse</p> <p>Temporary Staffing is less than 29%</p> <p>Missing Skill The unit has skill requirements within the roster template which have been met.</p> <p>Wrong Grade Type All employees are assigned appropriate grade type duties</p> <p>Hours Short The percentage of hours short is between 0% to 5%</p>

<p style="text-align: center;">Light Green (i.e. Amber / Green)</p>	<p>Staffing levels: A shortfall has occurred between 'Staff on shift' matches 'Planned staffing' e.g., due to staff absence</p> <p><u>and/or</u></p> <p>Patient acuity & dependency: Is increased from that usually expected e.g., requiring increased clinical observation levels or other staff intensive interventions</p> <p>Situation: A short term (1-2 shifts) increase in activity that can be resolved by short term provision of additional resources.</p>	<p>Use professional judgement to reprioritise need and realign team workload</p> <p>Some non-essential activities and/or may be postponed or cancelled until situation is resolved as determined by the NIC</p> <p>NIC seeks redeployment of staff from other areas or where this is unsuccessful, requests additional Temporary Staffing cover as required (or overtime as per policy) update Health Roster or redeploy staff using Safe Care software</p>	<p>NIC discuss with WM / DNC / SNOD</p> <p>WM informs MM or SM of situation and actions taken.</p> <p>Update the above if/when situation is resolved or if actions taken not sufficient to resolve the situation</p>	<p>No Take Charge Nurse identified, or the Nurse with the Take Charge Duty assigned does not have the Take Charge Skill</p> <p>OR</p> <p>Temporary Staffing is greater than 29%</p> <p>OR</p> <p>Missing Skill The unit has skill requirements within the roster template which have not been met, e.g., Basic Life Support</p> <p>OR</p> <p>Wrong Grade Type An employee with the wrong grade type is assigned to a shift e.g. a HCA (Health Care Assistant) has been assigned an RN (Registered Nurse) duty</p> <p>OR</p> <p>Hours Short The percentage of hours short out of the total required care for the day</p>
<p style="text-align: center;">Amber</p>	<p>Staffing levels: A shortfall has occurred between 'Staff on shift' matches 'Planned staffing' that cannot be met in the short term by redeployment of staff from other areas or by Bank staffing</p> <p><u>and/or</u></p> <p>Patient acuity & 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 extra staffing or a longer-term staffing shortfall (3 shifts+) that requires continued planned allocation of additional staff</p>	<p>All non-essential tasks are suspended until staffing resolved – specifics agreed by MM / SM / OCM / WM / NIC</p> <p>Seek redeployment of staff from other areas, request additional Temporary Staffing cover and/or overtime – update roster</p> <p>NIC / WM / MM updates Health Roster and reports on DATIX "Staff & Staffing" (refer to section 6 of this document</p> <p>Maintain ongoing communication with all parties. Update ADoNQ</p> <p>Consider use of Trust wide resources and Level 1 Business Continuity Staffing Plan (BCP)</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>	<p>No Take Charge Nurse identified, or the Nurse with the Take Charge Duty assigned does not have the Take Charge Skill</p> <p>OR</p> <p>Temporary Staffing is greater than 29%</p> <p>OR</p> <p>Missing Skill The unit has skill requirements within the roster template which have not been met, e.g., Basic Life Support</p> <p>OR</p> <p>Wrong Grade Type An employee with the wrong grade type is assigned to a shift e.g., A HCA has been assigned an RN duty</p> <p>OR</p> <p>Hours Short The percentage of hours short out of the total required care for the day</p>

Red	<p>Staffing levels: A shortfall has occurred between 'Staff on shift' matches 'Planned staffing' that cannot be resolved.</p> <p><u>and/or</u></p> <p>Patient acuity & 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 extra staffing or a longer-term staffing shortfall (3 shifts+) 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><u>NO REGISTERED NURSE ON DUTY IS A STOP THE LINE EVENT</u></p>	<p>Revisit and review Amber/Red actions.</p> <p>GM / CGD/ DoNQ / ADoNQ have 'stop the line' discussions and consider use of Trust wide resources, business continuity/ contingency plans.</p> <p>Consider to stopping admissions/internal transfers</p> <p>Consider implementation of Level 2 BCP actions</p> <p>MM / SM ensures Health Roster is updated and reports on DATIX "Staff & Staffing" (refer to section 6 of Staffing Escalation SOP)</p>	<p>GM / CGD informed and escalate to MD</p> <p>ADoNQ informs Director of Nursing (DoN).</p> <p>CGD / DoNQ agree action to be taken in line with BCP.</p>	<p>No Take Charge Nurse identified, or the Nurse with the Take Charge Duty assigned does not have the Take Charge Skill</p> <p>OR</p> <p>Temporary Staffing is greater than 29%</p> <p>OR</p> <p>Missing Skill The unit has skill requirements within the roster template which have not been met, e.g., Basic Life Support</p> <p>OR</p> <p>Wrong Grade Type An employee with the wrong grade type is assigned to a shift e.g., A HCA has been assigned an RN duty</p> <p>OR</p> <p>Hours Short The percentage of hours short out of the total required care for the day.</p>
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6.2 Triggers factors to escalate for action, information, and support

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



NO REGISTERED NURSE ON DUTY"

this is a "Stop The Line"/ "Never Event" and should be escalated as such using the guidance notes identified above.

- Delayed admission
- Excessive prolonged working hours to complete a process of care e.g., admission to a service, review of treatment, seclusion
- 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.
- Inadequate levels of available staff with Positive and Safe or BLS training.
- More than 50% non-regular staff – which may or may not include temporary staff.
- Less than 50% of planned registered staff

- Cancellation of service user S17 leave from a ward
- Omission or therapeutically significant delay in administration of medication
- Inability to meet observation requirement
- Cancellation of staff training or supervision
- Delay in responding to alarms or urgent situations.
- 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 nursing skill mix could be flexed to meet patients'
- Allocating duties for support staff e.g., clinical team administrators, pharmacy technicians, 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 nursing staff to undertake work beyond their usual area (provided they are competent to do so)
- Redeployment of suitably qualified and experienced nursing staff from non-frontline duties.
- Awareness of staff's immediate 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, immediate impacts upon disabilities.
- Awareness of any discriminatory and/or inappropriate behaviours towards staff members which may need increased support to that staff member and the staff team.

To support recording of issues and associated risks, a [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 ward 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
- Community leave – individual / group
- Family visits
- All Ward Managers, Modern Matrons, Nurse Consultants and Clinical Managers are ward based
- Senior clinicians pro-actively review inpatients for expedited discharge 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 ward safety is prioritised. This would include:

- Stop admissions/consider admission thresholds
- ward collapses
- Non-clinical staff redeployed onto ward 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 Nurse In Charge (NIC) or Ward manager (WM) will create a Datix report relating to the staffing issues/concerns within that day, selecting the coding shown in Figures 2 and 3.

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

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

The screenshot shows the 'Incident Details' form. The 'Category' is 'Exposure to Environmental Hazards', 'Sub Category 1' is 'Workplace Stressors/Demands', and 'Sub Category 2' is 'Staffing levels'. The 'Number of Teams Affected' is set to 1. The 'Select all Teams Affected' field shows a list of team names: 1, 2, 3, 4, and -.

Figure 3 – Example - indicate the number of teams impacted for Staffing Levels concerns

The screenshot shows the 'Incident Details' form. The 'Category' is 'Exposure to Environmental Hazards', 'Sub Category 1' is 'Workplace Stressors/Demands', and 'Sub Category 2' is 'Staffing levels'. The 'Number of Teams Affected' is set to 3. The 'Select all Teams Affected' field shows a list of team names: MHSOP IP Sandwell Pk Wingfield. Below this, there is a search bar with 'earl' and a dropdown menu with 'AMH HHR Early Intervention Psy'.

Figure 4 – Example - indicate the names of the teams impacted for Staffing Levels concerns

If the situation impacts across multiple wards, it was previously agreed that the Modern Matron or the Duty Nurse Coordinator/Senior Nurse on Duty (or equivalent) would be able to raise this as a single Datix report which describes the service level concerns in order to prevent unnecessary duplication of work and multiple Datix reports for what could be classed as the same incident. This approach however may lead to a false impression of the breadth of the impact of incidents within a service area.

As such the Datix report steps for staffing levels has been updated which supports increased visibility of the number and names of wards/teams being reported upon. 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.

In addition to the Datix incident being reviewed at daily huddle meetings by Modern Matrons and Operational Managers, an email notification will be automatically sent to the relevant Associate Director of Nursing & Quality on submission/creation of the Datix report that relates to staffing levels using the criteria identified in Figures 2 and 3.

Following review and investigation, the Datix “Action Taken” field will then be updated by emailing TEWV.CentralApprovalTeam@nhs.net, stating either:

- If to Datix is to be rejected it MUST include a detailed explanation for the rationale so that it informs the routine monitoring of rejected Datix reports.
- 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 – ‘InTouch’).

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

7 How this procedure will be implemented

This currently established process will continue to be embedded within the culture of daily staffing reviews. It lies at the heart of the currently employed SafeCare software solution employed by the Trust for acuity-based rostering.

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

7.1 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.

8 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 Datix reports raised	Monthly Report / Safe Staffing Team	QuAC

9 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

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	28 September 2022
Next review date	28 September 2025
This document replaces	CLIN-0092-v1.1, Safe Staffing Levels Escalation Procedure (In-patient)
This document was approved by	Executive People Culture and Diversity Group
This document was approved	28 September 2022
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	19th Jul 2018	<ul style="list-style-type: none"> to include comments from EA screening 	withdrawn
1.0	1st Aug 2018	<ul style="list-style-type: none"> addition of Health Roster reference and formatting to accommodate paging 	Withdrawn
1.1	26th Apr 2019	<ul style="list-style-type: none"> Updated to refer to inpatient setting Updated RAG rating coding's to align with OPEL ratings. <ul style="list-style-type: none"> Amber - <input type="checkbox"/> Amber Green Amber Red - <input type="checkbox"/> Amber Paragraph added in section 5 with links to shared drive for report template and risk log tools Paragraph (x2) added in final part of section 6 relating to oversight and monitoring General formatting to align with newly developed Community Escalation Procedure e.g. underlining, font size, additional section header for Appendices) 	withdrawn
1.1	May 2021	<ul style="list-style-type: none"> Review date extended to 26 October 2022 	Withdrawn
1.2	July 2021	<ul style="list-style-type: none"> Added/updated references to BCP protocols Added guidance regarding BCP protocols Added Secure Inpatient Service pathway reference and associated appendix. Added reference to Temporary Staffing Service protocol Added text regarding raising DATIX and risk around sustained staffing pressures and related issues Updated broken links to supporting documents Formatting for consistency 	Withdrawn (note this version was approved but not formally admitted to the policy portfolio)
1.3	July 2022	<ul style="list-style-type: none"> Added reference to Quality Impact Assessment (QIA). Added Appendix 3 in reference to QIA. 	Published

		<ul style="list-style-type: none"> • Add reference to Trust BCP Policy. • Removed SIS specific references to protocols. • Renewed broken links. • Updated tables in relation to the SafeCare (software product in use within the Trust) to reflect how it is maps into the staffing escalation. • Colour codes amended to align with SafeCare to reduce confusion. • 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 	
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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 (In-patient)
Type	Procedure/guidance
Geographical area covered	Trust Wide
Aims and objectives	To provide guidance on the daily management of the ward 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	27 th October 2022
End date of Equality Analysis Screening	1 st November 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	
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

	<ul style="list-style-type: none"> • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • 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>None – previously discussed:</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?	
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		
	Does the document identify how it will be implemented and monitored?	Yes	

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

Appendix 3 – In-patient Safe Staffing Escalation Procedure

Please print the chart on the following 2 pages and display on each ward/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), Nurse in Charge (NIC), Ward/Unit Managers (WM), Duty Nurse Coordinators (DNC) aka Senior Nurse on Duty (SNOD)

RAG RATING	Trigger/Impact	Action	Authorisation	SafeCare Factors Considered
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 and routine tasks will be carried out</p> <p>Allocation of duties, tasks, breaks etc. by Nurse in Charge (NIC)</p>	Nurse in Charge (NIC)	<p>Take Charge Each Shift has an identified Take Charge Nurse</p> <p>Temporary Staffing is less than 29%</p> <p>Missing Skill The unit has skill requirements within the roster template which have been met.</p> <p>Wrong Grade Type All employees are assigned appropriate grade type duties</p> <p>Hours Short The percentage of hours short is between 0% to 5%</p>
Light Green (i.e. Amber / Green)	<p>Staffing levels: A shortfall has occurred between ‘Staff on shift’ matches ‘Planned staffing’ e.g., due to staff absence</p> <p><u>and/or</u></p> <p>Patient acuity & dependency: Is increased from that usually expected e.g. requiring increased clinical observation levels or other staff intensive interventions</p> <p>Situation: A short term (1-2 shifts) increase in activity that can be resolved by short term provision of additional resources.</p>	<p>Use professional judgement to reprioritise need and realign team workload</p> <p>Some non-essential activities and/or may be postponed or cancelled until situation is resolved as determined by the NIC</p> <p>NIC seeks redeployment of staff from other areas or where this is unsuccessful, requests additional Temporary Staffing cover as required (or overtime as per policy) update Health Roster or redeploy staff using Safe Care software</p>	<p>NIC discuss with WM / DNC / SNOD</p> <p>WM informs MM or SM of situation and actions taken.</p> <p>Update the above if/when situation is resolved or if actions taken not sufficient to resolve the situation</p>	<p>No Take Charge Nurse identified, or the Nurse with the Take Charge Duty assigned does not have the Take Charge Skill</p> <p>OR</p> <p>Temporary Staffing is greater than 29%</p> <p>OR</p> <p>Missing Skill The unit has skill requirements within the roster template which have not been met, e.g., Basic Life Support</p> <p>OR</p> <p>Wrong Grade Type An employee with the wrong grade type is assigned to a shift e.g., a HCA (Health Care Assistant) has been assigned an RN (Registered Nurse) duty</p> <p>OR</p> <p>Hours Short The percentage of hours short out of the total required care for the day</p>

Amber	<p>Staffing levels: A shortfall has occurred between ‘Staff on shift’ matches ‘Planned staffing’ that cannot be met in the short term by redeployment of staff from other areas or by Bank staffing</p> <p>and/or</p> <p>Patient acuity & 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 extra staffing or a longer term staffing shortfall (3 shifts+) that requires continued planned allocation of additional staff</p>	<p>All non-essential tasks are suspended until staffing resolved – specifics agreed by MM / SM / OCM / WM / NIC</p> <p>Seek redeployment of staff from other areas, request additional Temporary Staffing cover and/or overtime – update roster</p> <p>NIC / WM / MM updates Health Roster and reports on DATIX “Staff & Staffing” (refer to section 6 of this document</p> <p>Maintain ongoing communication with all parties. Update ADoNQ</p> <p>Consider use of Trust wide resources and Level 1 Business Continuity Staffing Plan (BCP)</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>	<p>No Take Charge Nurse identified, or the Nurse with the Take Charge Duty assigned does not have the Take Charge Skill</p> <p>OR</p> <p>Temporary Staffing is greater than 29%</p> <p>OR</p> <p>Missing Skill The unit has skill requirements within the roster template which have not been met, e.g., Basic Life Support</p> <p>OR</p> <p>Wrong Grade Type An employee with the wrong grade type is assigned to a shift e.g., A HCA has been assigned an RN duty</p> <p>OR</p> <p>Hours Short The percentage of hours short out of the total required care for the day</p>
Red	<p>Staffing levels: A shortfall has occurred between ‘Staff on shift’ matches ‘Planned staffing’ that cannot be resolved.</p> <p>and/or</p> <p>Patient acuity & 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 extra staffing or a longer-term staffing shortfall (3 shifts+) 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><u>NO REGISTERED NURSE ON DUTY IS A STOP THE LINE EVENT</u></p>	<p>Revisit and review Amber/Red actions.</p> <p>GM / CGD/ DoNQ / ADoNQ have ‘stop the line’ discussions and consider use of Trust wide resources, business continuity/ contingency plans.</p> <p>Consider to stopping admissions/internal transfers</p> <p>Consider implementation of Level 2 BCP actions</p> <p>MM / SM ensures Health Roster is updated and reports on DATIX “Staff & Staffing” (refer to section 6 of Staffing Escalation SOP)</p>	<p>GM / CGD informed and escalate to MD</p> <p>ADoNQ informs Director of Nursing (DoN).</p> <p>CGD / DoNQ agree action to be taken in line with BCP.</p>	<p>No Take Charge Nurse identified, or the Nurse with the Take Charge Duty assigned does not have the Take Charge Skill</p> <p>OR</p> <p>Temporary Staffing is greater than 29%</p> <p>OR</p> <p>Missing Skill The unit has skill requirements within the roster template which have not been met, e.g., Basic Life Support</p> <p>OR</p> <p>Wrong Grade Type An employee with the wrong grade type is assigned to a shift e.g., A HCA has been assigned an RN duty</p> <p>OR</p> <p>Hours Short The percentage of hours short out of the total required care for the day.</p>

Appendix 4 – In-patient Safe Staffing Escalation Procedure Datix Coding

Please print and display the following page on each ward/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

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

Figure 3 – Example - indicate the number of teams impacted for Staffing Levels concerns

Figure 4 – Example - indicate the names of the teams impacted for Staffing Levels concerns

Appendix 5 – Quality Impact Assessment (QIA) Template

The tool is available on the Trustwide Shared drive [here](#)

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								
Impact on Patient Safety	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>	# '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
				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	This is automatically calculated as a sum of all risk scores recorded above				Mitigated Risk Score		0	This is automatically calculated as a sum of all mitigated risk scores recorded above						