

Annex A: The Nursing Workforce QIA Assessment: Working with Lower than Planned Staffing Levels

Safe Staffing Daily Risk Assessment Framework: Impact of working with lower than planned staffing levels (Acute Adult Inpatients) during COVID 19 Pandemic

The aim of this safe staffing risk assessment tool is to support the organisation in assessing the impact of staffing workforce shortfalls on the provision of care and levels of escalation and actions that will be applied when nurse /patient ratios deviate from the clinical areas or safe staffing cannot be maintained across the organisation. The assessment should be applied to all acute adult inpatient wards on a shift by shift basis (with the exception of Critical Care).

Three levels of escalation have been identified:

	Green	Amber	Red
<p>General Ward (There is no set nurse to patient ratio for general wards – this is dependent on patient acuity, workload and demand – it is accepted that safety will be compromised if ratios’ s exceed 1:8)</p>	The nurse to patient staff ratio does not exceed: 1:8	The nurse to patient ratio is/ exceeds: 1:10 Daytime 1:12 at night	The nurse to patient ratio is/exceeds 1:12 Daytime 1:14 at night
<p>Assessment Units (AMUs/SAU)</p>	Nurse to patient ratio does not exceed: 1:6	Nurse to patient ratio does not exceed: 1:8	Nurse to patient ratio does not exceed: 1:10

Specialist /Enhanced level of care facilities (surgical/gynae & Medical level 1 facilities, Resp hub, HASU and CCU,)	Nurse to patient ratio does not exceed: Level 1: 1:4 Level 1B: 1:3 Level 2: 1:2	Nurse to patient ratio deviates to 1:5 Follow CC derogation	Nurse to patient ratio deviates to 1:6 Follow CC derogation
Trust Risk score	Safe -staffing shift fill is maintained at 85% or above	Medium -staffing shift-fill maintained at 75% - or above	High - staffing – falls below 75%

Quality Impact Assessment on Care

All escalation actions should be instigated to monitor the impact on the delivery care at ward/directorate/group and organisational level:

RAG	Impact on Quality	Escalation Action
Green	Business as usual	Local <ul style="list-style-type: none"> Ward Manager/NIC conduct daily 72 hour look forward and instigate plan to mitigate any shortfalls any local concerns that cannot be mitigated escalated to Matron Matrons work together across floor to ensure all wards are working to Green nurse to patient ratio's GDOs 0900hrs meeting to review escalation position and action plan Matron 1600hrs meeting to ensure safe staffing at night Rosters review and approved to ensure workforce is optimised across the 24/7 period and out of hours shifts are prioritised

		<ul style="list-style-type: none"> • Matrons monitor e-rostering KPIs supported by GDONS • Level 1/Enhanced care areas – clinical review instigated to ensure patients still require enhanced level of care
<p>Amber</p>	<ul style="list-style-type: none"> • Delays in receiving treatment • Delays in observations being carried out • Delay in administration of medication • Reduced frequency of intentional rounding • Delay in identification of deteriorating patients • Impact on staff well-being – increased sickness • Impact on effective teamwork 	<ul style="list-style-type: none"> • Ward Manager Nurse/NIC escalates to Matron • Nurse in Charge to review ward tasks/activities and prioritise to ensure essential and safe care delivered (non-essential/non –clinical activities stepped down for that shift e.g. meetings) • Review additional resources that support ward e.g. therapy teams, PDN’s, CNS • Matron review of directorate/group staffing and deploy appropriate nurse from Green RAG rated area (review acuity /workload /capacity) • Matron undertakes safety visit to ward • Any shortfalls in care are incident reported <p><u>Trust – Amber</u></p> <p>Amber escalation reported to Chief Nurse and Deputy Chief Nurse</p> <p>GDONS should escalate Amber staffing concerns to Group triumvirate</p> <p>Matrons undertake review of ward acuity and deploy where appropriate</p> <p>GDON daily meeting – review position and instigate action plan for next 24 hours</p> <p>Consideration given to deploy HIT team to support wards</p> <p>GDONS review all safe staffing incidents</p> <p>Senior Capacity and CNP teams informed of staffing position and plans to mitigate further escalation</p>

Red	<ul style="list-style-type: none"> • Delay / failure to recognise deteriorating patients • Delay / potential omission of observations • Increased hospital acquired harms - infections/falls/PU/drug errors • Delay in administration of medication • Failure to meet some basic care needs • Failure to provide intentional rounding • Delays in administration of high priority / risk drugs, e.g.; anti-biotics, Parkinson medication or anti-convulsants • Impact upon ability to meet demand and capacity with significant delay to admissions and discharges. • Impact on well-being and resilience of clinical teams • Impact on physical well-being – timely breaks, hydration, tiredness, fatigue and exhaustion 	<ul style="list-style-type: none"> • All above actions for Amber • GDON reviews safety and acuity of ward if RED escalation exceeds 24 hours • If exceeds 1 week escalation to Chief Nurse – a senior nursing review is completed . • Senior Nursing reviews should be reported and discussed to Group Governance Committees. <p><u>Trust – Red</u></p> <ul style="list-style-type: none"> • Escalation to Chief Nurse or Deputy Chief Nurse in their absence (CN escalates to CEO) • GDON with Deputy Chief Nurse review all ward areas and instigate mitigation plans • All non-essential ward activities cancelled until de-escalation • Corporate nursing teams to visit all hot spot wards areas and offer support to mitigate safety risks to patients • Ward Mangers to be deployed into ward/dept. roster • Groups to review non–ward nursing teams to support • Twice daily safe staffing reviews to be undertaken • Review temp staffing requests • All incident reports in regard to staffing, patient harms, safeguarding or delays in harms reviewed as part of an escalation TTR
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- Out of Hours -Senior Manager on Call to be notified at site capacity call of local/site and Trust escalation RAG
- All staffing incident reports must be assigned to appropriate RED FLAG staffing categories on Safeguarding
- All safe staffing incidents to be reviewed weekly by GDONs