Appendix D Safe Staffing Escalation Plan – NHS Shetland

Time	Event	Assessment	Action
08:00 - 08:30	Hospital Huddle/ Community Huddle – Shift Handover	The SCN/team leader* of each ward, identifies if there are any skill mix or safe staffing*** issues that need to be addressed – which is denoted on Safe Care. This could be due to short term sickness, staff undertaking other duties e.g. patient transfer, or changes in patient acuity or dependency on the ward e.g. NEWS, close observations due to falls risk, paediatric care etc	**Silver Command Acute/Community takes remedial action: 1. Identifying if staff can be moved from one area to another to provide support 2. Identifying if on call staff can come in and provide support 3. Identifying if external input is needed e.g. CPN team, paediatric nurses, senior nurses to provide clinical oversight etc 4. Identifying if discharge/transfer can be accelerated 5. Identifying if elective work needs to be reduced or cancelled to maintain patient safety
13:00		Silver Commanders reviews the situation post ward round to assess if the remedial action plan is effective and/or if further actions need to be taken.	Silver Command Acute/Community **** decides if a patient safety review meeting is necessary (to agree patient transfers/discharges and staffing requirements etc). If yes, then the SCNs, Silver Command Acute/Community, Consultants on call (as necessary) and HSCP will be asked to attend to plan next steps. Options are considered/agreed at the meeting include: accelerated discharge, cancellation of elective work, additional staffing, transfer of patients to other wards/hospitals or fast track into community care etc or provide input to community teams if the pressure/risk is identified in that setting. Plan is communicated back to clinical teams to action before 5pm (e.g. Acute Business Manager is asked to call in additional staff, rosters are changed, elective work is postponed etc). Datix completed and Safe Care updated.
16:00		Silver Commanders reviews the current situation with the action plan agreed at 13:00	If the plan is working and pressures are alleviating then keep a watching brief on patient safety and staffing levels through the evening and overnight. If patient safety issues are not alleviating (at 4pm) then Silver Command Acute/Community will: • Contact the Consultants on call • Contact DNAS & DCHSC OR Gold Command on call if DNAS or DCHSC is unavailable, in order to agree contingency plans to be enacted for the rest of the day/night

*If the SCN/Team leader is not on duty then it is the responsibility of the Nurse in charge of the team
** The Silver Command rota for Acute and Community is held by Main Reception
*** Safe staffing is determined by the professional judgement of the SCN on duty that day and recorded on Safe Care.
**** Team Leaders for Community Nursing and Mental Health will flag through their relevant service manager any safe staffing issues to Silver Command Community & Director CH&SC (DCHSC)

☆ Specific consideration should be given to safe staffing levels to meet the needs of patients with: close observation requirements e.g. NEWS, high falls risk, acute psychiatric care, children admitted in an emergency, patients awaiting transfer to other hospitals, patients requiring daily visits, patients with end of life care or palliative care needs

The protocol shown is to assist with professional judgements for safe staffing issues that are expected to persist for 48 hours or less. Longer term safe staffing issues should be assessed using a formal risk assessment and escalated through line management to the respective Directors. Workforce plans, including remedial plans must be shared with and validated by the Director of Nursing & Acute Services (DNAS) as the executive lead for NMAHP workforce.

Out of Hours/Weekends
Nurse in Charge of the Hospital or Community Team Leader should contact the Silver Command Acute/Community on call if:

- Assistance is needed in identifying additional staff (beyond usual protocol)
- Decisions about bed capacity need to be made to prioritise safe patient care e.g. cancelling elective work, decision to reduce bed numbers temporarily