Western Health and Social Care Trust

Trust Board Briefing Paper

Meeting Details:	Trust Board Meeting 3 March 2022
Director:	Mrs Donna Keenan
Topic:	Nurse Staffing Extreme Escalation Protocol
Response Required • **For approval** • **To note** • **Decision to**	To note
Briefing / Implementation Plan post Discussion	The Nurse Staffing Extreme Escalation Protocol has been produced to inform and guide the decision making of Senior Managers, Lead Nurses, Ward Sisters and Charge Nurses in the event that nurse staffing levels are assessed as being significantly below the Delivering Care (Normative) levels. The paper outlines the process for how the Extreme Escalation Protocol for Altnagelvin and South West Acute Hospitals will be activated taking account of the Regional Principles for Nurse Staffing in Surge Demand during Covid19 developed by the Public Health Agency January 2021. **Trigger Factors** The protocol presents a number of trigger factors to differentiate between day to day management decisions to deploy nursing staff to support a small number of wards with staffing challenges and the circumstances that would require the Nurse Staffing Extreme Escalation Protocol to be operationalised. One of the Trigger Factors listed is the need to implement the Full Capacity Protocol in either acute hospital. A hyper link to the Full Capacity Protocol for each hospital will be inserted into the Extreme Escalation Protocol document when the file locations are agreed by the authors and shared. **Risk Assessment and Priority Actions** The protocol presents actions to be taken by the Lead Nurses and Ward Sisters or Charge Nurses to complete a risk assessment on patient acuity within each ward using the Shelford Patient Acuity/Dependency tool. The outcome of this assessment will inform the minimum nurse staffing level for each shift for each ward.

The risk assessment should include the availability of other staff that could be deployed to support the delivery of care on each ward including engaging with family members to support care delivery and supervision where possible.

The protocol provides guidance for nursing staff in the circumstance where they are unable to meet all of the care needs of all patients on each ward.

The care priorities discussed and agreed at the Trust Nursing and Midwifery Governance Committee, December 2021 were **Hydrate, Skin Care, Hygiene, Monitor (NEWS), and Medicate.**

Risk Register
There is a need for a Risk Assessment to be recorded on the Directorate Risk Register to reflect the challenges to providing safe and effective care and the actions being taken to mitigate this within the presenting circumstances is included.

Preparing staff for deployment
The protocol acknowledges the challenges experienced to date when preparing nursing staff for deployment to unfamiliar clinical areas and provides guidance for nursing staff and managers to ensure that this is a less stressful experience.

- Engagement and Communication
- Assessment of skills and training needs
- The importance of local induction
- The need for staff identification to reduce the risk of assuming that they are experienced in that clinical area
- The need for professional support
- Confirmation of professional and regulatory responsibilities during extreme escalation.

Escalation to Corporate Management Team
The protocol outlines the duties of the Senior Service Managers to escalate the need to activate the extreme escalation protocol to the Corporate Management Team members and the need for communications with the Regional partners in Health and Social Care, Trade Unions and the media.

The activation of the Nurse Staffing Extreme Escalation Protocol will be recorded on the Datix System. The template

	attached at Appendix 3 has been adapted from the Datix reporting template to support the timely capture of relevant information. The importance of debriefing sessions for nursing staff at Ward and Departmental level and within the Trust Nursing and Midwifery Governance (TNMG) Committee when the extreme escalation event is stood down is also included. The Regional Principles of Nurse Staffing in Extreme Surge have been incorporated for ease of reference**.**

Western Health and Social Care Trust

Nurse Staffing Extreme Escalation Protocol

Final Version: February 2022

The Nurse Staffing Extreme Escalation Protocol has been produced to inform and guide the decision making of Senior Managers, Lead Nurses, Ward Sisters and Charge Nurses in the event that nurse staffing levels are assessed as being significantly below the Delivering Care (Normative) levels. The protocol incorporates core elements of the Regional Principles for Nurse Staffing in Surge Demand during COVID19 developed by the Public Health Agency January 2021.

The Protocol has been discussed at the following forums within the Trust and the current version reflects the agreed content.

Covid Workforce Working Group	**October – November 2021**
Trade Union Consultation Forum	**24 November 2021**
Trust Nursing and Midwifery Governance Committee	**17 December 2021**
Trust Silver	**20 December 2021**
Corporate Management Team	
Trust Board	

1.0 Introduction

This paper outlines the process for the implementing the nurse staffing Extreme Escalation Protocol for Altnagelvin and South West Acute Hospitals taking account of the **Regional Principles for Nurse Staffing in Surge Demand during Covid19** developed by the Public Health Agency January 2021.

All Trusts were advised to prepare nursing workforce plans to estimate nurse staffing levels for the acute hospitals wards within a context of increasing demand for admissions and/or increase in staff absence.

2.0 Steps to be followed prior to and after approval that the protocol is activated

It is acknowledged that in the day to day management of hospital services, Lead Nurses and Service Managers, in partnership with Ward Sisters and Charge Nurses, review nurse staffing levels and deploy staff between wards to meet the immediate service needs to maintain patient safety and staff wellbeing.

The Alamac reports available for each hospital ward contain valuable data on patient acuity and dependency that will help inform decisions.

2.1 In the event that a number of wards are reporting nurse staffing challenges the following steps should be followed to inform the management of the extreme escalation event.

1.0 A specific group must be established with the Lead Nurses, Service Manages and Service Assistant Directors, available on the day, from the Directorates with services within the hospital facility. This group will be chaired by the Assistant Directors from Acute Services.

2.0 The members of the above group will review the *Daily Nurse Staffing Report to* inform the nurse staffing position across the full range of hospital wards and identify wards that have become, or may become, a concern within 48 hours. Trigger points may include;

- An increase in staff absence across a number of wards
- A decrease in the bank and agency shift fill rate of less than 70%
- A HEWS Assessment of **Black** or a **Score of greater than 40** applicable to Altnagelvin and SWAH
- A decision to activate the **Full Capacity Protocol** in either hospital. Altnagelvin Hospital - when 20% (4/17 wards) wards are reporting nurse staffing and capacity challenges (Hyper link to Full Capacity Protocol Altnagelvin to be inserted when available)
- South West Acute Hospital – when 20% (3/11) wards are reporting nurse staffing and capacity challenge (Hyper link to Full Capacity Protocol SWAH to be inserted when available)

2.2 When a ward team is assessed to be moving into an extreme escalation situation the actions to be taken by the Lead Nurse and Ward Sister, Charge Nurse include:

- Review the patient acuity and dependency assessments to provide an accurate profile of the nursing care workload. The Alamac System has the dependency categories incorporated.
- Agree a minimum nurse staffing required per shift day and night from the available staff and informed by the Principles of Nurse Staffing in Extreme Surge outlined in Section 3.
- Note any temporary staffing assigned to the wards, deployed from another ward or service including Specialist Nurses, bank and/or agency
- Note any changes to the bed profile of the ward such as escalation beds, closed beds, covid protocol.
- Risk Assess the current shift and all shifts up to 48 hours hence
- Deploy nursing staff from wards/departments not experiencing nurse staffing challenges. *Section 2.4 below presents detail on supporting staff for deployment.*
- Liaise with the Nurse Bank Coordinator to re-direct available bank and agency nursing staff to wards experiencing nurse staffing challenges.
- Explore the potential of support from other staff groups. Refer to the Workforce Surge Plan for each service area for examples including
    - Specialist Nurses within the specialism (if not already deployed)
    - House Keeper roles
    - Administration staff
    - Allied Health Professionals
- Explore the availability and willingness of family member as a Care Partner, to attend to support care delivery or supervision of patients with higher dependency, challenging behaviour or dementia. Input from family members in this context is not considered as 'Visiting'. Family members who are available to support care and supervision need to be compliant with covid testing and ppe requirements.

2.3 Guidance for nursing staff

During an extreme escalation event nurses and midwives may find that it is not possible to attend to all of the care needs of patients and maintain complete nursing care records. In these circumstances the principles below apply.

- Refer to the review of the patient acuity and dependency assessments of each patient.
- Organise the clinical environment, where possible, to co-locate patients' with similar levels of care needs, who are then matched with small teams of people who have the relevant skills base.

- Agree with the nursing team on duty what the care priorities for each patient are during that shift.
- Care priorities could be considered under the following headings **Hydrate, Skin Care, Hygiene, Monitor (NEWS), Medicate** (Agreed at TNMG December 2021)
- The care priorities agreed will be recorded in each patient's nursing care record, dated and timed for the shift. This process should be repeated for each shift to reflect the changes in the patients' condition.
- Task orientation may be the safest model of providing nursing care during the times where extreme nurse staffing escalation is active.
- Delegate care duties to other members in accordance with the skills and experience of the available nursing staff.
- The nurse in charge of each shift will provide a summary report on the care requirements that have not been able to be met and escalate this to the Lead Nurse. This will inform the handover to the next nursing team.
- A template for recording care not able to be met is attached at Appendix 2.
- A Risk Assessment should be recorded on the Directorate Risk Register to reflect the challenges to providing safe and effective care and the actions being taken to mitigate this within the presenting circumstances.

(Adapted from Respiratory syncytial virus 2021 preparedness.
Children's safer nurse staffing framework for inpatient care in acute hospitals (2021) NHS England and NHS Improvement.

2.4 Preparing nursing staff for deployment

As outlined in the sections above there is a need for some nursing staff to be deployed to meet the care needs of patients in wards experiencing nurse staffing challenges. Planned deployment of staff from other services should be on a voluntary basis.

Key considerations for deployment of nursing staff

- **Engagement and Communication**

Before being deployed it is important to meet with nursing staff to communicate the current staffing challenges and the need to maintain patient safety.

Deploying nursing staff to work in a clinical area that is not their normal practice area will require those staff to be supported to ensure safe practice, safe patient care, staff wellbeing, appropriate clinical supervision and delegation of care

Working patterns may need to be redesigned to support increased staff presence on particular shifts such as night shift. This should, where possible, be discussed and planned in advance with Trade Union representatives.

- A**ssessment of skills and training needs**

Nursing staff should undertake a skills and competency assessment to identify their learning requirements. Clinical competence is context-specific and is not the same as confidence, or necessarily related to seniority

- **Local induction**

All substantive and temporary staff deployed to a new clinical area should receive local induction. This is an important stage to prepare staff and familiarise them with the new work environment. Local induction should include the following:

- Welcome to the team and a person to contact on arrival
- Orientation to the environment and equipment including personal protective equipment (PPE).
- How to access the clinical area using a swipe card.
- Familiarisation with local guidelines/standard operating procedures (SOPs) and training materials
- Introduction to information technology access and orientation
- Introduction to key team members for escalation and support
- Arrangements for breakrooms/rota/shift times/handover
- Introduction to Ward/Department routine and culture/values.

- **Staff identification**

Deployed staff will be moving into unfamiliar teams and settings with the risk that colleagues make assumptions about their levels of experience and expertise. Staff should be issued with and wear identification badges that clearly state their name and role, to inform new members of staff and support safe team working.

- **Professional support available**

Lead Nurses and Service Managers with responsibility for the wards and departments that staff are deployed to will maintain regular contact to ensure that deployed staff are coping with the new clinical area and monitoring their health and wellbeing.

Clinical supervision should be available to provide support, mitigate workplace stress and enhance safety. It can help staff manage the personal and professional demands of their work.

Support from Senior Nurses who are trained to provide confidential restorative clinical supervision should be made available. Or support from other members of the MDT such as Psychology Services.

When deployed staff return to their normal roles, they should be given the opportunity to reflect on their experience, be thanked properly and have their mental wellbeing actively monitored by their receiving supervisors.

A range of staff wellbeing guides, apps and resources are available at www.england.nhs.uk/people

2.5 Professional Responsibilities and Regulation during extreme escalation

The deployment of nursing and midwifery staff may cause individuals to be concerned about practicalities of working outside familiar settings, the safety of practice and therefore professional implications.

The Nursing and Midwifery Council (NMC) recognises that nurses and midwives may feel anxious about working outside their familiar area of practice, the potential for concerns being raised about their actions and decisions in these very challenging circumstances.

Whilst the NMC Code expects that registrants support each other in emergency situations, within the bounds of their individual competence, the Council will always consider the specific facts of the case, taking into account the factors relevant to the environment in which the nurse was working. The NMC would also take account of any relevant information about resource, guidelines or protocols in place at the time. Examples of important records that inform decision will include

- The Extreme Nursing Staffing Escalation Protocol
- Principles of Nurse Staffing in Extreme Surge
- The 'SitRep' Reports submitted to Trust Silver on a daily basis detailing the impact of the extreme surge
- Individual ward reports of care not delivered during each shift
- Staff assessments of skills gaps and training provided.

(Adapted from Respiratory syncytial virus 2021 preparedness.
Children's safer nurse staffing framework for inpatient care in acute hospitals (2021) NHS England and NHS Improvement.

2.6 Escalation to the Corporate Management Team

The Extreme Escalation Protocol acknowledges that a level of operational decision making takes place in the daily management of hospital services.

When the nurse staffing challenges are in line with some of the trigger factors listed in Section 2.1, the 'Specific Group' established to manage the hospital wide approach must escalate the circumstance to members of the Corporate Management Team.

- The need to activate the Extreme Escalation Protocol should be communicated to the Director of Acute Services, Executive Director of Nursing and Director of Human Resources by the Service Assistant Director, on duty at the time of the event, or nominated deputy.

- The Extreme Escalation Protocol will be activated by the Director of Acute Services and/or Executive Director of Nursing.

- The Trust Director of Human Resources will engage with Trade Union colleagues to ensure that appropriate actions are taken to maintain staff safety and well-being.

- The Director of Acute Services and/or the Executive Director of Nursing, or nominated deputies will work with the Trust Communications Team to prepare media statements to inform the patients, relatives and carers that the Extreme Escalation Protocol has had to be activated.

- The Assistant Director of Acute Services will arrange for a 'SitRep' report to be completed and submitted to Trust Silver on a daily basis for the duration of the extreme nurse staffing escalation protocol being activated.

- The Assistant Director of Acute Services will complete an Incident Report using the template attached at Appendix 3. The incident must be reported on Datix. The template attached at Appendix 3 has been adapted from the structure of the Datix Incident Report.

- The Director of Acute Services and Executive Director of Nursing will arrange for debrief sessions on the impact of the activation of the extreme escalation protocol on patient safety, experience and staff wellbeing should be undertaken as quickly as possible.

- The Executive Director of Nursing will arrange a debrief session at the Trust Nursing and Midwifery Governance Committee (TNMG) to identify learning points to improve professional practice and governance.

3.0 Principles of Nurse Staffing in Extreme Surge

The Regional Principles for Nurse Staffing in Surge Demand during Covid19 – 19' endorsed by the Chief Nursing Officer and Executive Directors of Nursing January 2021 presented the scenario that it is unlikely that the Delivering Care principles and associated nurse to bed ratios will be able to be upheld in the event of an extreme surge.

In response to the predicted impact the following principles on nurse staffing have to be maintained.

- An absolute minimum of two registered nurses rostered per shift (day and night). One of these nurses should be an experienced nurse who knows the ward environment.
- The Ward Sister, Charge Nurse will be included within the registered nurse numbers per shift.
- A minimum of one designated Senior Nursing Assistant/Nursing Assistant, who knows the ward on each shift (day and night).

- Aim to maintain a skill mix of 60% registered nurses, where possible, to maintain patient safety within the context of the extreme surge.

- Aim to maintain a nurse to bed ratio of 1.0 – 1.3 where possible for non-covid wards (Normative range 1.25 – 1.6). The regionally agreed nurse to bed ratio for covid wards was 1.8 – 2.0 to allow for the level of enhanced respiratory support require.

- The allocation of 24% to cover planned and unplanned leave will not been included.

  The Flow Chart at Appendix 1 illustrates the stages involved in operationalising the Extreme Escalation Protocol.

Appendix 1: Operationalisation of Extreme Nurse Staffing Escalation Protocol

Establish Senior Manager Group

- Membership to represent all services within the hospital facility
- Members will review 'Daily Nurse Staffing Report' to identify wards experiencing nurse staffing challenges within 48hrs
- Trigger points: 20% wards reporting staffing concerns; Shift fill rate <70%; **HEWS at Black;** Full Capacity Protocol active.

Lead Nurses and Ward Srs

- Agree minimum nurse staffing per shift for next 48hrs in all wards reporting staffing concerns. Follow Principles of Nurse staffing in extreme surge
- Deploy nursing staff from other Wards, Specialist Nurses
- Re-direct booked bank and agency nursing staff
- Staff available from other staff groups - Admin, Support Services, AHPs - Refer to Directorate Surge Plans

Key actions for Ward Nurses

- Assess acuity and dependency of patients on each ward using Shelford Safer Care Tool - available in Alamac
- Co-locate patients of similar acuity/dependency. Delegate nursing staff with appropriate skills to manage care.
- Agree care priorities for each patient for each shift.
- Record care not delivered at end of each shift and escalate to Lead Nurse.

Local Induction

- Support nursing staff for deployment to identify gaps in skills and knowledge to work in designated ward/department
- Orientation; Swipe access; Named contact person; Specific policies and treatment protocol; Medical equipment; ICT Access if different.
- Identification of deployed staff to avoid confusion; Clinical Supervision and other sources of support; NMC Reg concerns

Escalate to CMT and Silver

- Service AD or Deputy to escalate to Dir Acute Services, EDON, HRD to activitate Extreme Escalation Protocol
- HRD to link with Trade Unions to agree actions to maintain staff safety and well-being
- Dir Acute Services/EDOn to link with Comms Team for media statements
- Service AD or Deputy to prepare SitRep for Trust Silver
- Plan debrief sessions

Appendix 2: Template for recording care not able to be provided.

Ward/Dept		RN Shift Lead:	
Date: Shift Time:		Lead Nurse:	
Patient details	Specify the elements of care unable to be provided during the shift.	Outcome for the patient	Action to be taken
Name: H&C No:			
Name: H&C No:			
Name: H&C No:			
Name: H&C No:			
Name: H&C No:			
Name: H&C No:			
Name: H&C No:			

Patient details	Specify the elements of care unable to be provided during the shift.	Outcome for the patients	Action to be taken
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Name: H&C No:			

Appendix 3: Template for Incident Report adopted from Datix System

Nurse Staffing Extreme Escalation Protocol Incident Report Template			
Investigating Manager			
Incident Details			
Date of Incident		**Time of incident**	
Locality where incident occurred			
Facility where incident occurred			
Directorate		**Sub-Directorate**	
Ward/Department (Allows for Hospital site option)			
Location (exact) **Please record the Wards directly affected.**			
Description of Incident (Clear factual details of what happened should be recorded here)			
Immediate Actions Taken			
Any loss/damage (alleged or actual) reported. (Not applicable option available)			
External Notification (Free Text) Include Trade Unions, DOH, PHA, HSCB, and Media.			
Contributing Factors Refer to Trigger Factors within Section 2 of Protocol document.			
Category of Incident. Suggest Clinical Care Issue			
Incident Grading - as per Guidance on the use of Risk Matrix			

Outcomes	
Actual Impact/Severity	
Additional Information	
Reporter of Incident (Acute Services Assistant Director)	