

Borders General Hospital - Protocol for covering short notice staffing pressures

PART A

Ward:
Grade:
Shift date:
Start time:
Finish time:

Reason for gap in staffing:

- Short notice staff absence (less than 24hr).
- Nurse Bank unable to fill a requested shift (at least 24hr notice given)
- Additional care needs cannot be managed with existing resources (detail over).

1. Staff gap identified at short notice
REVIEW NEED: Can the activity/dependency be covered by the existing staffing level and skill mix?

YES

Assess & note risks overleaf.

NO

2. REVIEW OFF DUTY:
Can staff be re-rostered to cover gap?

YES

If creates a shortfall at a later date note overleaf.

NO

3. OFFER OWN STAFF ADDITIONAL HOURS:
Nurse in charge offers hours to:
A. staff on shift who may be available.
B. staff who can be contacted at home.
Shift covered?

YES

If creates a shortfall at a later date note overleaf.

NO

4. CHECK UNIT BLEEPHOLDER:
Is there spare staffing capacity in the Unit?

YES

Note action and any risks overleaf

NO

5. CONTACT HB:
Is there spare staffing capacity elsewhere in Hospital?

YES

Note action and any risks overleaf

NO

6. REQUEST COVER BY NURSE POOL / BANK
NURSE: Pool /Bank Nurse available?

YES

NO

7. CONTRACTED AGENCY: HB/CSM ask Nurse Bank to book **CONTRACTED AGENCY.**
Contracted Agency Staff available?

YES

NO

8. REVIEW ACTIVITY: Refer to HB/CSM for Senior Management Review.

HB/CSM notes action and risks overleaf

Completed by: _____ Signed: _____ Date: _____

RETURN COMPLETED FORM TO CSM FOR AREA

HB = Hospital Bleep Holder (Bleep 1412) CSM = Clinical Service Manager for area

To be completed by CSM/Hospital Bleepholder

Problem/ Hazard	Risk Identified	Risk Level	Personnel informed
Patient Care Compromised	<input type="checkbox"/> Inability to monitor patient adequately	High	
	<input type="checkbox"/> Possible admission to ITU	High	
	<input type="checkbox"/> Possibility of inpatient & outpatient elective activity/work being cancelled	Very High	
	<input type="checkbox"/> Increased risk of Healthcare Associated Infection to patient and others	High	
	<input type="checkbox"/> Increased likelihood of fundamental care & dignity compromised	Medium	
	<input type="checkbox"/> Decreased ability to meet complex health care needs	High	
	<input type="checkbox"/> Reduced capacity for emergency admissions	Very High	
	<input type="checkbox"/> Cancelled elective admissions	Very High	
	<input type="checkbox"/> Possible delays in treatment	Very High	
	<input type="checkbox"/> Inappropriate skill mix	High	
Ward Closure	<input type="checkbox"/> Inadequate staff with knowledge & skills	Very High	
	<input type="checkbox"/> Inadequate numbers of staff with appropriate knowledge & skills	Very High	
	<input type="checkbox"/> Increased fatigue	High	
	<input type="checkbox"/> Increased stress levels	High	
	<input type="checkbox"/> Increased sickness/absence	Very High	
	<input type="checkbox"/> Increased likelihood of errors	High	
	<input type="checkbox"/> Inability to comply with study leave requirements	Medium	
	<input type="checkbox"/> Decreased staff availability to escort patients during transfer	Very High	
	<input type="checkbox"/> Requirement to re-adjust staffing levels	High	
	<input type="checkbox"/> Requirement to re-adjust admission criteria	High	
Unavailability of Specialist Nurses	<input type="checkbox"/> Increased delays in treatment	Medium	
	<input type="checkbox"/> Reduced capacity to deal with resuscitation in A&E	High	
	<input type="checkbox"/> Unable to maintain specialist services locally e.g. A&E/Theatre/ITU/Oncology/Child Health Services	High	
Business Continuity	<input type="checkbox"/> Other		

Completed by _____

Date _____

Protocol for Covering Short Notice Absence

SECTION A

In the event that Senior Nurse has been unable to resolve staff shortages in the wards /departments resulting in potential risk to patients and/or staff, the following action will be taken.

1. Review Activity: - In hours with General Managers/Associate Director of Nursing.
Out of Hours with the On-Call Manager

1.1 What are the risks -----

1.2 What is the level of risk -----

1.3 What actions can be taken -----

Resolved → Yes - record action overleaf
↓
No
General Manager/ADN /on call manager refer to Board Director on call with recommendation

SECTION B

Consideration needs to be given by Board Director as follows;

1. How will patient safety be affected?
2. How will quality of care be affected ?
3. What would be the impact on Waiting time targets/other organisational imperatives
4. What would be the impact on A4C timescales?
5. What arrangements are there for managing patients in other ways (e.g. community hospitals, divert to other Health Board)?

Options – Such as

Action Taken – (see over)

1. Accept risk
2. Cancel elective patients
3. Close beds / ward
4. Divert emergencies to other Boards
5. Book non contract agency

Discussed with:.....

Recommendation:.....

Signature of person completing form:.....Title:.....Date -----

Please send a copy of this form to the Associate Director of Nursing, BGH , Clinical Office, BGH and the relevant Board Director if section B has been actioned

Date _____

Summary of actions taken

Signature _____ Title _____

Please send a copy of this form to the Associate Director of Nursing, BGH,
Clinical Office, BGH and the relevant Board Director if section B has been
actioned