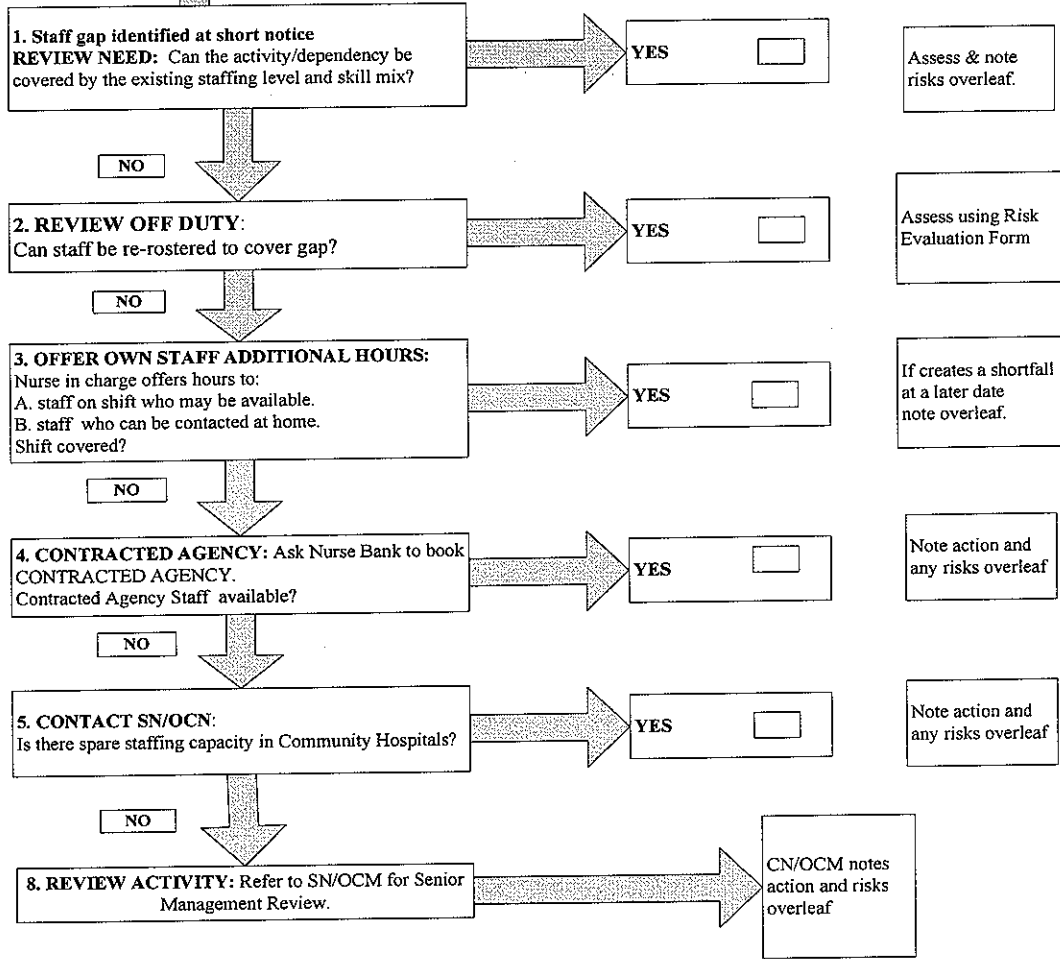


Community Hospitals – Protocol for covering short notice staffing pressures

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).



Completed by: _____ Signed: _____ Date: _____

RETURN COMPLETED FORM TO Nursing services, Westgrove, Melrose

SN = B. Meins / S. Little – 01896 824545 / 825508
OCM = On Call Manager OOH – as rota

Risk Evaluation Form

Risk Identified	Level of Risk	Personnel informed	Actions Taken
<input type="checkbox"/> Inability to monitor patient adequately	Very high		
<input type="checkbox"/> Increased likelihood of fundamental care and dignity compromised	High		
<input type="checkbox"/> Decreased ability to meet complex health care needs	High		
<input type="checkbox"/> Lack of clarity re who is responsible	High		
<input type="checkbox"/> Possible delays in treatment	Very high		
<input type="checkbox"/> Inappropriate skills mix	High		
<input type="checkbox"/> Inadequate staff with knowledge and skills	Very high		
<input type="checkbox"/> Inadequate numbers of staff with appropriate knowledge and skills	Very high		
<input type="checkbox"/> Increased fatigue	High		
<input type="checkbox"/> Increased stress levels	Very high		
<input type="checkbox"/> Increased sickness/absence	Very high		
<input type="checkbox"/> Increased likelihood of errors	Very high		
<input type="checkbox"/> Potential for increase in drug errors	Very high		
<input type="checkbox"/> Miss reading of results	High		
<input type="checkbox"/> Inadequate communication	High		
<input type="checkbox"/> Record keeping inadequate	High		
<input type="checkbox"/> Decreased staff availability to escort patients during transfer	Very high		

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Risk Evaluation Form (continued)

Risk Identified	Level of Risk	Personnel Informed	Actions taken
<input type="checkbox"/> Requirement to re-adjust staffing levels	High		
<input type="checkbox"/> Requirement to re-adjust admission criteria	High		
<input type="checkbox"/> Increased delays in treatment	Very high		
<input type="checkbox"/> Reduced capacity to deal with resuscitation	High		
<input type="checkbox"/> Unable to meet specialist skills requirement i.e. Minor Injuries	Very high		
<input type="checkbox"/> Unable to maintain services locally e. g. Day Hospital	Very high		
<input type="checkbox"/> No registered nurse on duty	High		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

Completed by Nurse in charge.....

Date.....

August 2006

Protocol for Covering Short Notice Absence

SECTION A

In the event that Senior Nurse/On Call Manager 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.

Review Activity: - Senior Nurse or On Call Manager review ward activity with General Manager/Lead Nurse P&CS

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/ /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 organisational imperatives (eg. Close Minor Injury Units/Day Hospitals)
4. What would be the impact on A4C timescales?
5. What arrangements are there for managing patients in other ways (e.g. BGH, divert to other Health Board)?

Options – Such as

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

Action Taken – (see over)

Discussed with:.....

Recommendation:.....

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

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