### Safe Staffing Escalation Plan – NHS Shetland

**Hospital Co-ordinator/Team Leader 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 or MAPA team, 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

**Hospital Co-ordinator/Team Leader**** decides if a patient safety review meeting is necessary (to agree patient transfers/discharges and staffing requirements etc). If yes, then the SCNs, Hospital Co-ordinator, Elective Service Manager, Consultants on call (as necessary) 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

Plan is communicated back to clinical teams to action before 5pm (e.g. Bank Manager is asked to call in additional staff, rosters are changed, elective work is postponed etc)

Datix completed if residual risks remain

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**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 NMAHP as the executive lead for NMAHP