

Safe Staffing Risk Assessment Template

Date	
Time	
Name and title of the person completing the risk assessment (Print)	
Trust safe staffing escalation level (refer to the Safe Nursing Staffing Policy L1-Green - L2-Amber - L3-Red - L4-Black	

Ward/clinical area	Outline the safe staffing shortfalls (refer to the list overleaf and record the relevant code)	What are the risks associated with the staffing shortfall?	L	S	Initial Risk Rating	Actions taken to reduce the risk	L	S	Residual Risk Rating




Ward/clinical area	Name of the person on the ward the staffing move was discussed with and agreed	Role of the person on the ward the staffing move was discussed with and agreed

Signature of the person completing the risk assessment (print name when completed electronically)	
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Safe staffing shortfall reason	Code
Actual staffing level below the planned level (Red Shift)	SS1
Previously known staffing gaps not filled	SS2
Short notice staffing gap (staff sickness/Agency or Bank cancellation/agency or Bank staff non-attendance)	SS3
Multiple patients with high acuity and dependency requiring a different staffing skill mix	SS4
Short notice enhanced care requirements	SS5
High likelihood of Red Flag occurrence due to the staffing shortfall	SS6
Multiple staffing shortfalls across the Trust	SS7
Additional staffing required for opening the extra capacity area	SS8

<p>Red flag events</p> <p>NICE guidance for safe nursing staffing describes red flag events as follows:</p> <ul style="list-style-type: none"> • Unplanned omission in providing patient medications. • Delay of more than 30 minutes in providing pain relief. • Patient vital signs not assessed or recorded as outlined in the care plan. • Regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. This is often referred to as 'intentional rounding' and involves checks on aspects of care such as the following: <ul style="list-style-type: none"> o Pain: asking patients to describe their level of pain level using the local pain assessment tool. o Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration. o Placement: making sure that the items a patient needs are within easy reach. o Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised. • Less than 2 registered nurses present on a ward during any shift. • A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

Likelihood \ Severity	Highly likely 5	Likely 4	Possible 3	Unlikely 2	Rare 1
Extreme 5	25	20	15	10	5
Major 4	20	16	12	8	4
Moderate 3	15	12	9	6	3
Minor 2	10	8	6	4	2
Negligible 1	5	4	3	2	1

Risk Ranking				
	Low (1 – 5)		High Risk (12 – 16)	
	Moderate Risk (6 – 10)		Extreme Risk (20 – 25)	

Additional resources:

- Safe Nursing Staffing Policy.
- Maternity Safe Staffing Policy.
- Enhanced care levels guidance.
- Staffing and acuity assessment tools – Safer Nursing Care Tool, Birthrate Plus Tool and Baseline Emergency Staffing Tool.
- HealthRoster SafeCare software.