

Use of Red Flags within Safe Care

Issue Date	Review Date	Version
07 April 2018	April 2023	V7

Purpose

The purpose of this Standard Operating Procedure is to provide all clinical staff working within Plymouth Hospitals NHS Trust the essential skills and knowledge to assign red flags on Safe Care in order to monitor and take action to mitigate risks to meet the nursing needs of the patients on the ward. Following the initial pilot period a review and new Standard Operating Procedure will be produced.

Who should read this document?

All Senior Matrons
 Ward Manager
 Nurses
 Medical Staff
 On Call Managers

Key Messages

Raising red flags to inform relevant staff that action needs to be taken to ensure maintenance of effective and safe patient in real time.
 Production of reports to provide evidence on themes and assurance.

Core accountabilities

Owner	Nicola McMinn – Senior Matron for Clinical Standards
Review	Chief Nurse
Ratification	Nursing and Midwifery Committee (NMOC)
Dissemination	Senior Matron for Clinical Standards
Compliance	Included in Monthly Staffing Reports to NMOC

Links to other policies and procedures

Nursing Safer Staffing Escalation Standard Operating Procedure
 Overcrowding in Emergency Department; Standard Operating Procedure
 Maternity Operational Staffing and Escalation Policy

Version History

V1	10 November 2015	Beverley Allingham , Deputy Director of Nursing Nicola Phillips, Matron for Clinical Standards
V2	27 November 2018	Nicola Phillips – changes made following feedback
V3	24 June 2016	Nicola Phillips – pilot complete. For roll out
V4	6 July 2016	Claire Ackerman – changes made following feedback from supplier
V5	8 July 2016	Bev Allingham – final amendments following ratification at NMOC
V6	November 2017	Nicola McMinn – policy review – further red flag events added
V7	April 2018	Nicola McMinn – policy review – minor amendments

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP)

Use of Red Flags within Safe Care

1 Introduction

This policy will provide guidance on the correct procedure to follow when assigning a Red Flag to a clinical shift.

Red Flags should be applied to Safe Care by the Matron in Charge of the area.

2 Definitions

Red Flag Events:

Red flags are those occurrences stipulated by NICE (July 2014) which maybe an indicator that the quality of care has declined and patients are being made vulnerable.

- 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
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan
- Less than 2 registered nurses present on a ward during any shift
- Patient not receiving 1:1 care despite risk assessment demonstrating high risk patient

This list is not exhaustive and the following local red flags apply in the Emergency Department and Critical Care areas

- Prescription Charts in trays and not been picked up , > 5 or > 30 minutes
- Nurse Orders still red on screen as have not been completed > 3 waiting more than 1 hour
- Regular observations (as per care plan) have not been undertaken
- Triage waiting for more than 15 minutes to be assessed
- If multiple call bells are not being answered within a timely manner over a 10 minute period
- Nurse in Charge caring for a patient for the majority of the shift (ITU areas only)

3 Regulatory Background

NICE guidance for Safer Staffing setting out 'red flag events' which warn when nurses in charge of shifts must act immediately to ensure they have enough staff to meet the needs of patients on that ward.

4 Key Duties

Expected Outcomes:

- The nurse in charge will systematically assess that all patient needs are being adequately met by the staff on duty through Safe Care.
- If the nurse in charge has concerns about the safety of the patients on the ward in relation to staffing levels then the Matron will be notified immediately.
- If necessary the Matron will apply a red flag until the risk can be resolved
- The Matron or Senior Nurse will offer the necessary support to ensure the ward staffing levels remain safe.
- Once the issues have been resolved the Senior Nurse/Matron will close the red flag
- If a Datix is submitted in relation to a staffing incident it should be highlighted whether this was a red flag event

5 Procedure to Follow

- Adding Red Flags to Safe Care:
- Using the safe care app:
- Click on the ward name on the left hand side of the screen in order to display the CHPPD screen;
- Click add red flag and ensure the ward name and the shift you are referring are highlighted;
- Using the drop down boxes click on the event you wish to highlight as the red flag event;
- If you have not been able to resolve the risk, click open;
- Add an owner to the event;
- A drop down box will enable you to record your actions;
- Click create to save and this will add the red flag to your acuity and dependency sheet and safe care wheel;
- Once the issue has been resolved click the resolved icon and the actions taken.

Procedure for Escalating Red Flag Events once on:

To ensure that all red flag events are escalated appropriately and action taken to mitigate the risk associated with the red flag:

- The Nurse in Charge will inform the Matron of any potential red flag event during 08:00 and 18:00 hours by pager
- The Matron will add a red flag event to Safe Care if they are unable to mitigate the risks within the current ward nursing establishment or by redeploying staff in their areas
- The Matron will inform the Head of Nursing that support is needed and the reasons why
- Out of Hours – red flags will be raised and monitored via the Senior Nurse on Duty

6 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Nursing and Midwifery Operational Committee (NMOC) and ratified by the Chief Nurse.

Non-significant amendments to this document may be made, under delegated authority from the Chief Nurse, by the nominated author. These must be ratified by the Chief Nurse and should be reported, retrospectively, to the NMOC.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

7 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Chief Nurse and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

8 Monitoring and Assurance

Red Flags will be included in the report produced for the Nursing and Midwifery Operational Committee every month and Trust Board performance reports.

9 Reference Material

Safe staffing for nursing in adult inpatient wards in acute hospitals (NICE 2014)

Safer Staffing Guide; Care Contact Time NHS England (2014)