Factsheet: Safe Staffing - Acute Staffing Shortage Escalation Pathway

The escalation provisions are currently in the Hours of Work clause 6 of the MECA. As part of the negotiations it was proposed that these provisions were significantly strengthened and further given the nature of same that these provisions are more appropriately placed in the Healthy Workplaces Agreement, Appendix 1(b) of any new ratified MECA.

The proposed escalation process is intended as pathway to an urgent response to situations of unsafe staffing and would be enforceable.

It will however require diligence to ensure that the necessary structure and procedural requirements for each step of the process are in place and functioning. NZNO staff will need to work with delegates and management at each DHB, as soon as possible following ratification of a new MECA, to make that happen so that the new escalation process is effective and delivers relief for members while CCDM is being progressed.

As proposed the revised escalation provisions in any new MECA would now include agreement from DHBs to the following:

To support safe staffing and the escalation pathway DHBs agree to the following:

- Notification of unsafe staffing can now be made by the nursing/midwifery team and not just individual nurses and midwives
- Recognition of Health & Safety legislation and PCBU
- Patients and staff safety and wellbeing are paramount objectives of the process
- Response times shall ensure effective remedial action to address unsafe staffing and will be agreed by the parties for each part of the process
- Timely recruitment process to avoid unwarranted delays
- DHB commitment to manager training on the escalation pathway
- NZNO commitment to training our own staff on the pathway
- Clarification on who has authority to address each stage of the process at each DHB
- Incident reporting is critical to the escalation process
- Ensure consideration is given to appropriate skill mix
- Ensure there is availability of casuals/new grads/resource nurses as is appropriate

In addition the following escalation process shall apply:

When a nursing or midwifery team considers they have reached the limits of safe practice they will be supported to resolve the situation as follows:

- The nurse or midwifery manager or duty manager will be immediately informed of the situation by the nurse or midwife.
- The nurse or midwife will not be required to take additional workload until strategies have been implemented to address the immediate workload issues (e.g. the redeployment of staff or patients), notwithstanding any immediate duty-of-care requirements

If the process outlined above does not resolve the situation, steps will be taken immediately to elevate the issue to that level of nursing service management authorised to resolve the immediate problem and take steps to reduce the likelihood or a recurrence of similar problems.

- The most senior nurse or midwife in the DHB, at the time of the event, will report the event to the most senior manager in the DHB as soon as is reasonably possible. [For example; the Nurse or Midwifery Manager or Duty Manager will immediately advise the Director of Nursing (DoN) or, if the DoN is not available, the Manager responsible for the hospital at that time.]
- Direct assistance will then be given from this level in the organisation, and the event reported to the Chief Executive by the DoN as soon as is reasonably possible.

All incidents shall be reported and investigated and a NZNO delegate will be involved in investigations and corrective measures.