

Safe Staffing Policy (Nursing & Midwifery)

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History

Issue	Date	Brief Summary of Change	Author
1	Oct 2025	New Policy	Susan Sexton, Associate Director of Nursing TASCC
2	Apr 2023	General update	Deputy Chief Nurse

For more information on the status of this document, please contact:	
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Executive summary

This policy sets out the responsibility for planning and delivering safe nursing and midwifery staffing levels. It defines duties and responsibilities to ensure that staffing levels are planned and reviewed appropriately against service need. This policy sets out the daily process of review of staff resource against template to ensure risk mitigation against peaks and troughs in service need. It defines the management and escalation process to ensure care delivery.

Aligned Policies

Quality Safety & Risk Management Strategy
 Incident Reporting Policy
 Observation and therapeutic intervention Policy.
 Rostering Policy
 Sickness Absence Policy
 Temporary Staffing Policy

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1.0 Introduction

Registered and unregistered Nursing and Midwifery Staff, working as part of a multi-disciplinary team play a critical role in delivering safe, high-quality care to patients and service users. The Trust Strategy and Nursing & Midwifery Strategy, Together We Care, puts patients at the heart of all that we do. A range of reports (Hard Truths Department of Health 2013, Francis Report 2013, Keogh 2013, Berwick 2013) proposit that having the right number of staff delivering care to patients in the right place impacts positively on both clinical outcomes and patient experience.

In November 2013, the National Quality Board (NQB) clearly articulated 10 expectations which require all NHS Trusts to ensure that nursing and midwifery staffing levels are safe and optimal at all times and across all areas. Central to these expectations was the requirement to publish staffing in terms of planned and actual staffing information at a local level in the public domain and to ensure that the roles and responsibilities of those with responsibility for responding to gaps in staffing establishment are clearly determined.

In July 2014 the National Institute for Health and Care Excellence (NICE) published Safe Staffing for Nursing in Adult Inpatient Wards in acute hospitals. It makes recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals. It also identifies organisational and managerial factors that are required to support safe staffing for nursing, and indicators that should be used to provide information on whether safe nursing care is being provided in adult inpatient wards in acute hospitals.

2.0 Scope

This policy is relevant to all nurses and midwives within the Trust.

3.0 Purpose

The purpose of this policy is to set out the process of planning staff establishments, planning staff rosters to meet patient need and the process of daily review of actual staff to mitigate unplanned gaps in rosters against current acuity and dependency. It also clarifies the staffing escalation process in place to meet immediate needs that occur when peak or acute events occur, or actual staffing is less than planned through sickness or other absences. The key questions to answer are:

- How do we know there are enough staff deployed?
- How do we plan the Roster effectively?
- What do we do when there are not enough staff?
- How is this assessed and resolved/mitigated and whom is it escalated when there are concerns?
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Each area has an identified person accountable for the roster planning, publication and management. In nursing and midwifery this is the ward/unit manager. The 'person in charge' of the relevant area of each shift is responsible for assessing that staffing numbers are as expected on the roster and the ward / team is assessed as being safely staffed taking into consideration workload, patient acuity, dependency and skill mix, are allocated appropriately and the roster is updated in realtime. It is the person in charges' responsibility to deploy and allocate the staff to care for a cohort patients within their skill set and to provide oversight and support throughout the shift ensuring patient care is being delivered.

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4.0 Duties and responsibilities

4.1 Chief Nurse /deputy Chief Nurse

- Ensuring that the organisation has an agreed position with regards to safe nurse staffing and skill mix establishment which takes into account professional and evidence based practice standards
- Final sign-off of safe nurse staffing and skill mix establishment, and to conduct regular establishment reviews to ensure that safe staffing and skill mix are being planned to meet service and operational planning needs.
- Ensure that the organisation is compliant with the national requirements (NQB) for monthly submission of Nurse Staffing fill rates on planned and actual staffing.
- To take evidence based staffing levels to the Board every six months (Safe Staffing NQB 2013)
- Approve, with an annual review for refinements, staffing establishments with the Divisional Chief Nurse/Midwife.
- Chief Nurse approves final proposals from set establishments reviews annually.

4.2 Divisional Chief Nurse/Midwife

- Deliver staffing establishment reviews led by the deputy chief nurse annually with the ward/unit manager, matron and team with finance and HR BP's.
- Ensure the Roster Policy is delivered by the ward/unit lead and matron to optimize forward planning for staffing and ensure
- Ensure equity and fairness in roster planning ensuring flexible/worklife balance is optimised
- planned staffing is appropriately skill mixed as per Roster Policy and service needs, within the set budget.
- Ensure recruitment and retention is optimised to reduce turnover and reduce vacancies whilst supporting career progression. This creates optimum Team stability for care delivery.
- Use of temporary staffing is minimized.
- HCSWs and students are directed by RN's to deliver care
- Students are supported with RN oversight and their needs are met.
- Ensure all aligned policies are delivered
 - Flexible Working Policy
 - Managing of Temporary Staffing Policy
 - Sickness Absence Policy
 - Recruitment Policy
 - Observational and Therapeutic intervention policy
- Ensure the divisional system and process of staff review on planned and actual staffing to template is delivered and attendance at the staffing huddle is maintained including robust system in place for assessing clinical risks across the division on a daily basis. Staffing is reviewed and remodelled as appropriate to mitigate risks and be accountable for embedding the process for the Clinical Nurse Leader/Matron/ward/unit manager to deliver this.
- Ensure use of temporary staffing is proportionate to patient/nurse ratios, acuity/dependency and skill mix before any approval of request is made- keeping the divisional service within budget.
- Report staffing incidents through the incident reporting system. These should be reviewed monthly by DCN and reported into the Harms Free Care Oversight meeting.

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- In times of patient care risks due to staffing inform the deputy chief nurse, chief nurse and deputy chief operation officer or out of hours senior team to enable further review and opportunity to support and mitigate.

4.3 Clinical Nurse Leader/Matron

- Ensure Roster Policy is fully implemented and the Roster reflects realtime staffing.
- Ensure effective and efficient use of nurse staffing resources including 21% headroom, to support safe, effective, fair staffing planned in advance by reviewing, revising and authorising the monthly roster
- Proactive daily workforce planning across your services to ensure staff are distributed according to clinical need.
- Reallocate staff across area of responsibility to ensure safe levels throughout.
- Review need for temporary staff before approving and ensure staffing of all areas and mitigations are in place.
- Escalate concerns and mitigations taken to the Divisional Chief Nurse/Midwife as appropriate.
- Daily workforce planning of actual staffing need at the 08:30 staffing huddle meeting working collegially with colleagues to support risk assessment across the Trust.
- Review staffing incidents/Red Flags as a part of ward manager review/staffing meetings and Harm Free Care Review meetings.

4.4 Ward Manager/Charge Nurse

- Ensure the Roster Policy is fully implemented.
- Ensure equity and fairness in roster planning ensuring flexible/worklife balance is optimised
- Respond and resolve unplanned changes to staffing e.g. Sickness
- Ensure staffing is appropriate to changing patient acuity/dependency- flexing up and down accordingly within the Roster for service changes.
- Escalate to Clinical Nurse Leader/Matron or out of hour's Clinical Site Nurse Practitioner where patient needs require staffing adjustment- both an increase or reduction.
- Ensure Roster planning and staffing is within budget.
- Use of temporary staff is assessed as required and within skill mix.
- Ensure a Datix is completed where mitigation is difficult to achieve.
- Complete Close Observation request form for patients requiring additional supervision and submit to T Drive spreadsheet and Clinical Nurse Leader/Matron/Chief Nurse for authorisation prior to BOU fill request.
- Complete Ward Staffing Shortfall Escalation Log detailing the issue and action taken and submit to the Clinical Nurse Leader/Matron (see appendix 3)
- Trusts incident reporting system is completed to reflect staffing concerns and actions taken throughout the use of the RAG tool (see section 6)
- Review staffing incidents/Red Flags as a part of ward manager review/staffing meetings and Harm Free Care Review meetings.

4.5 Clinical Site Nurse Practitioners (CSNPs)

- Out of hours the CSNPs will have an overview of staffing and patient acuity across the whole of the organisation
- Out of hours, escalate to the Senior Support Manager on call where actions to address staffing shortfalls which are impacting on patient care are insufficient
- Where staffing issues occur ensure Datix; Trusts incident reporting system is completed to reflect staffing concerns and actions taken throughout the use of the RAG tool (see section 6)
- Feedback outcome to staff involved in the escalation

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4.6 Out of Hours Senior Manager On-Call (SSM)

- Review the actions taken to date by the CSNPs and suggest any additional measures that may be taken to support the safety of patients
- Contact the Executive Director on-call if unable to resolve the risk to patient safety
- Use staffing Roster to assess staffing and patient needs to review possible redeployment. Where staffing mitigations cause concern ensure Datix; Trusts incident reporting system is completed to reflect staffing concerns and actions taken throughout the use of the RAG tool (see section 6)
- Feedback outcome to staff involved in the escalation

4.7 Head of Workforce Planning & Resourcing

- Develop the nursing and midwifery leadership teams so that they can demonstrate an understanding of the principles of workforce planning and can use evidence based tools informed by professional judgement to develop workforce plans and make decisions about staffing safely
- Ensure there are system and processes in place to capture accurate data on establishment, staffing levels and skill mix. Support the Chief Nurse to report accurate and timely data to the Board of Directors
- With the recruitment team and Divisional Chief Nurse/Midwife, develop a strategic recruitment plan for nursing and midwifery to respond to vacancies and provide the required resources to fill them

4.8 All Staff

- All staff must comply with the Roster Policy and aligned Policies which impact on the planned and actual delivery of Safe Staffing.
- To ensure patient safety all staff must be aware that they may be moved to another area if required. This includes all staff who work for Bank on Us or with an agency.
- Report episodes where staffing falls below plan to the Sister/Nurse in Charge/Team Leader
- Where staffing issues occur ensure Datix; Trusts incident reporting system is completed to reflect staffing concerns and actions taken throughout the use of the RAG tool (see section 6)
- Report absence as soon as possible, and always to the person in charge of the ward/team

5. Procedural Information

5.1 Use of Electronic Roster– Planning Ahead

- The Trust E roster tool is used to provide a prospective plan to the budgeted establishment template of staffing per shift per ward. Each ward has pre-determined threshold levels of staff and skill mix against which current staff levels are reviewed.
- The Roster Policy sets out the timeframes to deliver the Roster within. There is always 12 weeks of Roster published to support staff to be able to plan their worklife balance.
- Rosters and their alignment with the Roster Policy and all other aligned polices should be reviewed by the Matron/Divisional Chief Nurse/Midwife to ensure optimisation and identification of need for alteration and training needs.

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5.2. Use of ward-based staffing boards

- The purpose of the ward based staffing boards is to enable staff numbers to be displayed publically on each ward on a shift by shift basis. The boards must be updated by the nurse/midwife in charge at the change of every shift and is a national requirement.

6. Staffing Escalation procedures

- The National Quality Board (NQB) Guidance 2013 makes clear the expectation of all NHS organisations around the need for robust escalation processes thereby providing a source of clarity at times of increased pressure and risk. The NQB guidance states that staff should be aware of the escalation policies in place, flag where they think staffing capacity and capability falls short of what is required and be able and prepared to use the escalation policies. Escalation policies should outline the actions to be taken, the people who should be involved in decisions, in short, medium and long term staffing shortages, and outline the contingency steps where capacity problems cannot be resolved (The Divisional Chief Nurse/Midwife) hold responsibility and professional accountability for ensuring robust escalation procedures are embedded within their respective areas and that these are followed in line with the following RAG Rating guidance (see page 6).
- Ward managers should prospectively review the roster continuously with the NIC doing this when not on shift, for upcoming shift changes/challenges and aim to resolve.
- All nurse in charge Senior Sisters/Sisters /Charge Nurses should evaluate and risk assess the staffing levels on a shift by shift basis utilising the RAG Tool on page 6.
- All wards should maintain a record of decision making around nurse staffing where escalation has been required (appendix 3)
- All Clinical Nurse Leaders/Matrons should maintain a record of escalation, the reasons why and assessments and mitigations taken.
- A staffing huddle at 830 Monday to Friday is attended by Matrons or allocated nominated person to discuss risks and staffing and align and resolve. This is Chaired by a DCN on a roster basis.
- For staffing needs requiring fill on actual staffing this goes to bank. Bank rates can be escalated for a critical fill or unfilled shift, or for shifts which are low to template and require definite fill to be able to run the service to a minimum level. All agency requests for fill need to be reviewed by the DCN first and then to the chief nurse or deputy chief nurse.
- Retrospective usage of staffing in terms of planned and actual, care hours per patient day are completed and collated and sent to Unify data by the Informatics team. The DCNs validate this before submission. Review of temporary staff usage, Roster KPI's and financial expenditure against budget is monthly and to be accountable to the DCN.
- Staff to be redeployed to mitigate risk should be discussed with them when on duty face to face with an explanation. The managers decision is final on the movement for patient safety and refusals or desertion of the shift is to be reported as an incident.

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6.1 Roles/responsibilities of staff addressing short term staffing deficiencies trained and untrained nursing staff

RAG	Ward Manager/Midwife	Clinical Nurse Leader/Matron	Divisional Chief Nurse/Midwife	Chief Nurse	Details/Considerations
Green Business is Usual / Minor Impact	Deliver roster as per Roster Policy utilizing 21% headroom effectively <ul style="list-style-type: none"> Request bank to complete template where nursing shortages in planned rota are identified Review on shift by shift basis resolving unplanned changes as required (sickness, unplanned leave) Evaluate changing patient acuity and dependency 	Sign off monthly nursing roster to Trust standard <ul style="list-style-type: none"> Sign off and review Bank usage Seek assurance from ward manager on shift by shift basis regarding arrangements for backfilling Evaluate to changing patient acuity and dependency 	<ul style="list-style-type: none"> Sign off and review agency usage 		Minor Impact Routine sickness absence - infringement on safe staffing levels not impacting safety <ul style="list-style-type: none"> Within 1:8 Nurse/Patient Ratio (Adult day shift) Within 1:9 Nurse /Patient Ratio (Adult night shift) 1:1 Nurse/ Patient Ratio For NICU/ 1:2 ITU 1:4 HDU/ SCU co-ordinator taking patient workload Ash 1:2 / HDU 1:3 <2/ /1:4 over 5 years coordinator taking patient workload (CAMHS patients may require 1:1) PAU 1:4 Staff Shortages not an endemic issue for the ward Skill Mix outside RCN Guidance

<p>Amber Immediate Escalation/ Moderate Impact</p>	<p>Escalate to Clinical Nurse Leader/Matron where inadequate staffing levels exist</p> <ul style="list-style-type: none"> ▪ Redeployment of staff with Divisional Chief Nurse/Midwife support as required ▪ Book agency/bank staff in line with Cap 	<p>Seek assurances from Senior Sister on shift by shift basis around routine shift variances and arrangements for backfill through bank and agency</p> <ul style="list-style-type: none"> • Liaise / contact Bank On Us in the event that backfill is not forthcoming or timely • Take a view of service, wards areas where staff may be redeployed • Review of clinical activities and essential activities with senior sister • Evaluate the changing patient acuity and dependency • Escalate to Chief Nurse/Midwife on a shift by shift basis in the event that risk is amber for specific wards daily basis where inadequate 	<p>Seek assurance that above actions have taken place</p> <ul style="list-style-type: none"> ▪ Reallocate staff across area of responsibility to ensure safe levels throughout. ▪ Identify areas where activity could be reduced ▪ Restrict admission ▪ Transfer high acuity patients ▪ Consider co-horting patient groups ▪ Redeploy from non-ward based areas ▪ 	<p>Seek assurance from Divisional Chief Nurse/Midwife that all above actions are complete</p> <ul style="list-style-type: none"> • Mobilise non clinical support including Clinical Nurse Specialist where available 	<p>Moderate Impact</p> <ul style="list-style-type: none"> • Impairment to some aspect of service delivery • Requirements to redeploy staff/act down • Business Continuity being applied in some Divisions • 1:8 Nurse/ Patient Ratio (Adult day shifts) • 1:10 Nurse/ Patient Ratio (Adult night shifts) • 1:2 Nurse/Patient Ratio For NICU/ITU • 1:4 HDU/SCU co-ordinator taking patient workload • Ash 1:2 / HDU 1:4 <2/ /1:5 over 5 years co-ordinator taking patient workload • PAU 1:5 • Staff Shortages an endemic issue for the ward

Red Immediate Escalation/ Significant Impact	<p>All of the above</p> <ul style="list-style-type: none"> • Clinical Nurse Leader/Matron to escalate to Divisional Chief/Midwife • Risk assessment with medical team to expedite discharges • Risk assessment around reduction of admission or closure of beds • Consider ringing staff at home 	<p>All of above - Escalate to appropriate Divisional Chief Nurse/Midwife to review the following:</p> <ul style="list-style-type: none"> • Risk Assessment with medical team around activity on ward and potential discharges/transfers • Risk assessment around reduction on admissions/closure of beds • Reallocate staff across area of responsibility to ensure safe levels throughout. • Identify areas where activity could be reduced • Restrict admission • Transfer high acuity patients 	<p>Ensure safe redeployment of staff is maintained</p> <ul style="list-style-type: none"> • Identify any opportunities to allocate staff across Directorates • Ensure Chief Nurse is aware of risks and mitigations 	<ul style="list-style-type: none"> • Seek assurance from Divisional Chief Nurse/Midwife that patient safety is maintained • Update Chief Executive team around patient safety and impact on service delivery • Re establish surge/staff meetings with Staff:patient ratios and acuity and dependency 	<p>Significant Impact</p> <ul style="list-style-type: none"> • All of the above across significant number of wards or sites • Systemic Staffing problems • Outside 1:9 Nurse/Patient Ratio (adults day shift) • Outside 1:10 Nurse/Patient Ratio (adults night shift) • 1:3 Nurse/Patient Ratio for NICU/ITU • 1:5 HDU/SCU co-ordinator taking patient workload • Ash 1:3 HDU 1:5 2/1:6 over 2 years co-ordinator taking patient workload • PAU 1:6 <p>And /or</p> <ul style="list-style-type: none"> • Need to instigate Business Continuity
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		<ul style="list-style-type: none"> • Consider cohorting patient groups • Redeploy from non-ward based areas 		<ul style="list-style-type: none"> • Need to declare internal incident linked to Major Incident Plan
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7. 'Real Time' Management of Staffing Levels to Mitigate Risk

The ward sister/charge nurse or their deputy will use their professional judgement to manage nurse/midwifery staffing levels on a day to day, shift by shift basis. They will use judgement to determine if the activity/acuity of the ward is matched by the skill mix levels of staff present in order to ensure safe effective care. This will include:

Patient Factors

- Individual patients nursing needs (acuity and dependency) – further details can be found in table 1
- Holistic assessment of nursing needs taking into account specific nursing requirements and disabilities – further details can be found in table 2

Ward Factors

- Expected patient turnover (including planned, unscheduled admissions, discharges and transfers
- Ward layout and size- geography
- Pace of the ward in term of admissions discharges and transfers.

Nursing Staff Factors

- Nursing activities and responsibilities to deliver patient care, other than direct patient care e.g. communicating with relatives and carers, managing the nursing team and ward, professional supervision and mentoring, communicating with and providing nursing clinical support to healthcare staff involved with the care of patients on the ward and undertaking audit for assurance and compliance with regulations, performance reviews, staff appraisals.
- Support from the multidisciplinary team e.g. the medical team, allied health professionals and administration also needs to be taken into account

Table 1: On-going Nursing care Activities that Affect Nursing Staff Requirements

	Routine Nursing Care Needs	Additional Nursing Care Needs (about 20	Significant Nursing Care Needs (more than 30
Care Planning	Simple condition and care plan	Complex condition or care plan (such as	Attending multidisciplinary meetings
Direct Contact and Communication	Providing information and support to patients, including all emotional and spiritual needs	Complex multiple health needs	Difficulties with communication including sensory impairment or language difficulties
Eating and Drinking	Ensuring food and drink provided and consumed	Assistance with eating and drinking	Parenteral nutrition
Fluid Management	8 hourly IV fluids	IV fluids more frequently than 8 hourly or blood components	Complex fluid management (such as hourly or requiring monitoring in millilitres)

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Management of Equipment	Simple intermittent (such as catheters, IV access)	Central lines, drains, stomas	Multiple lines, drains, ventilator support
Medication	Regular oral medication	IV medication or frequent PRN medication	Medication requiring complex preparation or administration, or 2 nursing staff
Mobilisation	No assistance required	Assistance needed (such as post-op or during out of hours periods)	Mobilisation with assistance of 2 nursing staff
Observations	4 -6 hourly	2 – 4 hourly	More frequently than 2 hourly
Oral Care	No assistance needed	Assistance needed	Intensive mouthcare needed (such as patient receiving chemotherapy)
Skin and Pressure Area Care	Less frequent than 4 hourly	2 – 4 hourly	More frequently than 2 hourly or requiring 2 nursing staff
Toileting Needs	No assistance needed	Assistance needed	Frequent assistance or 2 nursing staff required
Washing or Bathing and Dressing	Minimal assistance with washing, dressing and grooming	Assistance with some hygiene needs by 1 member of the nursing staff	Assistance with all hygiene needs, or needing 2 nursing staff
Abbreviations: IV, intravenous, PRN medication, medication administered as needed Note: These activities are only a guide and there may be other on-going activities that could be considered			

Table 2: One off Nursing Care Activities that Affect Nursing Staff Requirements

	Routine Nursing Care Needs	Additional Nursing Care Needs (about 20 -30 minutes per activity)	Significant Nursing Care Needs (more than 30 minutes per activity)
Admission		Admission assessment	Complex admission assessment
Care After Death			Arrangements after the death of a patient, including support for relatives and carers
Discharge Planning	Simple follow-up and transfer home	Coordination of different services	Organising complex services, support or equipment

Patient and Relative Education and support	Routine teaching about condition, routine post- op care	Teaching about a significant new condition (such as diabetes, heart disease or cancer)	Teaching about a new complex or self-managed condition (such as dialysis, colostomies), to patient or their carers or relatives who have difficulties with communication including sensory impairment or language difficulties
Patient Escorts	Routine escorts or transfers for procedures	Escorting a patient off a ward for 2- -30 minutes	Escorting a patient off a ward for more than 30 minutes
Procedures and Treatments	Simple wound dressings, specimen collection	Catheterisation, nasogastric tube insertion, multiple wound dressings	Complex wound dressings (such as vacuum assisted closure), tracheostomy care

Staffing is discussed in line with the overall staffing position by the divisional Clinical Nurse Leaders/Matron at the 08.30 staffing meeting huddle with recoding of actions on the Huddle template and staff aware of actions in the meeting. Out of hours this would be escalated to the CSNP and SSM to support.

Each ward has pre-determined thresholds of staff, against which current staffing levels are reviewed to identify if action is required. These will be monitored against the Red Flags. If any Red Flag is triggered, the escalation process in 6.1 will be activated.

- Delay of more than 30 minutes in providing pain relief
- Patient vital signs are not assessed or recorded as outlined in the care plan
- Inability to undertake 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:
 - Pain: asking patients to describe their level of pain using the pain assessment tool
 - Personal needs: such as scheduling patients visits to the toilet or bathroom to avoid risk of falls and providing hydration
 - Placement: making sure that items are placed within easy reach
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimized
- Unplanned omission in providing patient medications
- Less than 2 Registered Nurses present on a ward during any shift
- A shift where staff feel care needs cannot be met or mitigated.

8. Escalation beds

- Safe levels of nurse staffing and skill mix for escalation beds will be determined as part of capacity planning and the same principles to set and approve safe nurse staffing and skill mix levels must be applied when planning and opening escalation beds, taking into account

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the location, case mix of patients and number of escalation beds. There should always be a Trust trained nurse on duty.

- Escalation will be managed in accordance with the Patient Flow Plan and Winter Surge Plan. Furthermore, beds (either escalation or beds in an existing bed base) may be closed where staffing has been deemed, by the Chief Nurse and the executive team, as insufficient to maintain patient safety. The Trust accepts that this may reduce capacity on a temporary basis, during which time every effort is made to re-establish safe staffing to support agreed capacity.

9. Stakeholder Engagement and Communication

This Policy has been drawn up in consultation with the Chief Nurse, Divisional Chief Nurse's & Midwife and will be communicated to all nurses and midwives in the Trust.1. Approval and Ratification

Ratification of this policy will be sourced from the Nursing Midwifery and Allied Health Professional Board Committee, and Trust Executive Committee prior to final approval by the Trust Board.

10. Dissemination and Implementation

The policy will be disseminated through the Aspire global email and published on the Trust intranet and internet sites. The policy will be implemented by the Divisional Chief Nurse/Midwife and all staff should ensure they are familiar with the content.

11. Review and Revision Arrangements

The policy will be reviewed 3 years from date of approval by the Senior Nursing & Midwifery Leadership Team (SNMLT).

12. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring / Audit Method	Frequency of monitoring	Responsibility for performing	Monitoring reported to which groups committees, inc responsibility for reviewing action plans
Roles & Responsibilities	Audit of Datix reports triangulated with completed	Monthly	Clinical Nurse Leader	Harm Free Care meeting- Divisional and oversight.
Reporting of compliance with staffing against plan	Datix reports and Nurse Staffing UNIFY return	Monthly	Divisional Chief Nurse/Midwife	Trust Board & Integrated Governance Committee
Reporting compliance with public display of nurse/midwife staffing information	Audits	Monthly	Clinical Nurse Leader	Divisional Chief Nurse

13.Supporting References / Evidence Base

Association of UK University Hospitals (2009) Patient Care Portfolio AUKUH acuity/ dependency tool: implementation resource pack London: AUHUK

Francis R (2013) The Final Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry London: HMSO

NHS Commissioning Board and the Department of Health (DH) (2012) Compassion in Practice London: DH

National Quality Board (NQB) (2012) How to: quality impact assess provider cost improvement London: NQB

National Quality Board (NQB) (2013) How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery, and care staffing capacity and capability London NQB

National institute for Health and Care Excellence (July 2014) Safe staffing for nursing in adult inpatient wards in acute hospitals NICE

National Renal Workforce Planning Group (2002) Group The Renal Team: A Multi-Professional Renal Workforce Plan for Adults and Children with Renal Disease

Nursing and Midwifery Council (NMC) (2008) The Code: Standards for conduct performance and ethics for nurses and midwives London: NMC

RCN (2003) Defining staffing levels for children and young people’s services London: RCN

Royal College of Nursing (RCN) (2011) Guidance on safe nurse staffing levels in the UK London: RCN

RCN (2012) RCN Safe Staffing for older peoples wards RCN summary guidance and recommendations London: RCN

Appendix 1: Equality Impact Assessment

Equality Impact Assessment Summary

Name and title: Susan Sexton, Divisional Chief Nurse, Theatres, Anaesthetics, Surgery & Critical Care

Policy: Safe Staffing Escalation for Inpatient Areas Policy (Nursing & Midwifery)

Background
<p>The document author and stakeholders from Nursing & Midwifery and Allied Health professional Board involved in this Equality impact assessment</p> <p>The policy applies to all Nursing & Midwifery staff across the Trust.</p>
Methodology
<p>The policy does not discriminate against any race, ethnic origin, disability, gender, religion/belief, age group or sexual orientation</p> <p>The policy fully supports the use of recommended guidelines regarding safe staffing and numbers</p>
Key Findings

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This is an updated policy for the Trust.

There are no adverse or potential impacts that discriminate against any race, ethnic origin, disability, gender, religion/belief, age group or sexual orientation

Conclusion

Now this document has been updated it provides robust guidance to manage the shortfall in safe staffing across the Trust.

Recommendations

In light of the recent guidance regarding the importance of safe staffing numbers this policy will be implemented and reviewed after 3 years or sooner if new evidence or risk emerges and requires action before then

Appendix 2: Checklist for the Review and Approval of Documents

To be completed (electronically) and attached to any document which guides practice when submitted to the appropriate committee for approval or ratification.

Title of the document: Safe Staffing Escalation for Inpatient Areas Policy (Nursing & Midwifery)

Guideline Author: Sue Sexton

Chief Nurse: Heather Caudle

		Yes/No/ Unsure/ NA	Comments
1.	Title		
	Is the title clear and	Y	
	Is it clear whether the document is a guideline, policy, protocol or	Y	
2.	Scope/Purpose		
	Is the target population clear and unambiguous?	Y	
	Is the purpose of the document	Y	
	Are the intended outcomes	Y	
	Are the statements clear and unambiguous?	Y	
3.	Development Process		
	Is there evidence of engagement with stakeholders	Y	
	Who was engaged in a review of the document (list committees/ individuals)?		SNMLC
	Has the policy template been followed (i.e. is the format	Y	
4.	Evidence Base		
	Is the type of evidence to support the document	Y	
	Are local/organisational supporting documents	N/A	
5.	Approval		
	Does the document identify which committee/group will approve/ratify it?	Y	
	If appropriate, have the joint human resources/staff side committee (or equivalent)	N/A	
6.	Dissemination and		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to	Y	
7.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring	Y	
8.	Review Date		
	Is the review date identified and is this acceptable?	Y	
9.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the	Y	
10.	Equality Impact Assessment (EIA)		
	Has a suitable EIA been completed?		

Equality Impact Assessment (EIA)

Committee Approval –Nursing Midwifery and Allied Health Professional Board.

If the committee is happy to approve this document, please complete the section below, date it and return it to the Policy (document) Owner

Name of Chair	Chief Nurse	Date	:	
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Ratification by Management Executive (if appropriate)

If the Management Executive is happy to ratify this document, please complete the date of ratification below and advise the Policy (document) Owner

Date: n/a

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