Safer Staffing and Escalation for Inpatient Services Policy (N-006)

Version Number:	2.03
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Executive Lead (name & job title):	Hilary Gledhill, Director of Nursing; Allied Health and Social Care Professionals
Name of approving body:	Quality Committee
Date full policy approved: (Version 2.0)	2 May 2018
Date Ratified at Trust Board:	23 May 2018
Next full review date:	Aug-2025

Minor amendments made prior to full review date above (see appended document control sheet for details)	
Date approved by Lead Director:	*QPaS – 11 January 2024*
Date EMT as approving body notified for information:	*January 2024*

Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

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 identified 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.

In January 2018 the National Quality Board published safer staffing resource tools for both Mental Health and Learning Disability services (NQB 2018). These build on the previously published guidance "Supporting NHS providers to deliver the right staff, with the right skill, in the right place at the right time- Safe, sustainable and productive staffing" (NQB 2016).

The latest NQB improvement resources reiterate the need for a comprehensive review of staffing at team/service level which should be reported to the Board twice a year. This has been reinforced in the recently published 'Developing Workforce Safeguards', NHSI (October 2018) which outlines the intention to commence assessment of compliance with deciding staffing requirements using a triangulated approach. NHSI will also use their yearly assessment to ensure organisations are using evidence based tools; professional judgement and outcomes as part of their safer staffing processes.

In May 2019 the Shelford group published the Mental Health Optimal Staffing Tool (MHOST). It is now a requirement that the Trust is signed up to these evidence-based and licensed safer staffing tools including MHOST; LDOST and Safer Nursing Care Tool

2. SCOPE

This policy applies to all staff who are permanent, locum, agency, bank and students working within the Humber Teaching NHS Foundation Trust (herein after referred to as "the Trust").

3. POLICY STATEMENT

The purpose of this policy is to provide effective support to those staff that have delegated responsibility for decision making related to safe staffing on a shift by shift/day by day basis, the considerations to make when proactively planning for care delivery, and actions to take when responding to shortfalls in 'real time'.

It also identifies the process to establish agreed safe staffing levels and a mechanism to identify triggers, actions and escalation for sudden/acute or prolonged staffing shortfalls when senior staff have fully discharged their responsibilities and exhausted all possibilities.

It is the responsibility of the person in charge of the respective ward/unit to ensure that the available staffing numbers are assessed against the anticipated or required numbers on a day to day basis to ensure the team is safely staffed. They should take into consideration:

- Purpose of team or service, workload, patient acuity and dependency, skill mix
- Other demands on the team such as training, annual leave, supervision, students/preceptees, sudden short notice absence, prolonged periods of absence, and regular commitments to attend meetings/MDTs etc. This is not an exhaustive list.

4. ESTABLISHING AGREED SAFE STAFFING LEVELS

All Divisions will have undertaken a process by which the safe staffing establishment for each unit/ward has been assessed utilising the triangulated methods outlined by NQB (2018). , The costs should be calculated for the required establishment and any discrepancies with the budgeted establishment identified and flagged as a future financial commitment for the Trust.

The evidence based tool used to assess the safe staffing by each division will by necessity vary by reference to the function of the unit, the acuity of the patients/service users, the agreed bed base, expected length of stay, usual occupancy levels and percentage of headroom included in order to appropriately cover annual leave, sickness and training. The identified tools licensed for this purpose by the Shelford group include the MHOST; LDOST and the SNCT.

Individual Divisions will have identified the specific safer staffing tool relevant to each service area and completed the safer staffing reviews as outlined by the NQB guidance. This will involve collection of dependency data; using the tool to calculate minimum staffing levels/CHPPD and use of professional judgement and performance data. This information will be triangulated to make recommendations for approval to the executive management team and board through the 6 monthly safer staffing report both in relation to the current safer staffing position and any gaps in the budgeted establishment.

The financial impact on the unit/ward safe staffing levels will be acknowledged as part of this process – any financial savings will follow the process for Budget Reduction Schemes, i.e. completion of a Quality Impact Assessment (QIA) and any financial cost pressure will be acknowledged as a future financial commitment which will be factored into the Trust's financial planning and budget setting process for the following financial year.

Where changes to the staffing establishment are indicated, including the introduction of new roles both to enhance the MDT offer to patients or through redesigning skill mix and roles to address hard to recruit vacancies, then a QIA should be completed (included in the NQB guidance – Appendix 2).

5. DUTIES AND RESPONSIBILITIES

Chief Executive and Executive Trust Board has ultimate responsibility for ensuring the provision of high quality, safe and effective services across the Trust, ensuring safe systems and processes are in place to provide safe staffing to meet the presenting clinical needs.

Director of Nursing and Medical Director are responsible for ensuring there are robust systems in place for reviewing and agreeing staffing establishments and reporting against the agreed establishments and impact on care services which includes:

- Hold divisions to account for having appropriate staffing capacity and capability on a shift by shift basis
- Agree with the general manager and clinical lead overall staffing establishments and any planned changes to these
- Analyse and report monthly staffing information to Board of Directors on required vs. actual numbers of staff on duty, CHPPD; KPI relating to safe staffing and actions taken and impact on care and existing staffing due to staffing related incidents
- As part of the safe staffing review, the director of nursing and medical director **must** confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

Chief Operating Officer

- Ensure the divisional 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 agreed staffing establishments and make decisions about staffing safely
- Ensure that there are systems and processes in place to capture accurate data on establishment, staffing levels and skill mix. Support the executive director of nursing, allied health and social care professionals to report accurate and timely data to the Board of Directors
- Support the director of human resources, the recruitment team and service leads to develop a strategic recruitment plan for nursing and the non-medical clinical workforce to respond to vacancies and provide the required resource to fill them
- Lead appropriate actions and decisions where staffing and/or clinical care is compromised significantly including considering closing the ward to admissions and transferring some or all patients and staff to other inpatient settings, where safe staffing levels are already in place, or can be achieved through these actions.

Assistant Director of Nursing and Quality (or nominated deputy)
- Support the clinical leads and modern matrons to undertake the safer staffing reviews for all their teams as per NQB guidance
- Collate the six monthly safer staffing report

Clinical Leads
- Use an approved model to identify and agree a revised staffing establishment, factoring in additional substantive resource to provide headroom for statutory/mandatory training, anticipated maximum target for sickness/absence and annual leave demands
- Ensure any 'Capacity and Demand' work is considered within this exercise
- Escalate staffing related incidents/staffing shortages to the Divisional general manager, Divisional Clinical Leads and the executive team as appropriate as per the escalation process (Appendix 2)

Modern Matron/Service Manager
- Have oversight of the collection and validation of the dependency data for their units as per requirements outlined in their local safer staffing tool
- Ensure effective and efficient use of nurse staffing resources within agreed establishment, to support safe, effective and fair staffing
- Work with the charge nurse to plan in advance rosters, scrutinise them and suggest improvements and authorise in line with the rostering policy
- Ensure charge nurses are aware of the escalation process to ensure any concerns related to safer staffing are reported appropriately
- Respond to clinical teams, and support staff where further escalation of situation is required
- Where indicated, escalate information about ongoing situation, issues or concerns
- Feedback outcome to staff involved in the escalation
- Review the weekly e-rostering dashboard to inform safer staffing.

Charge Nurse (or Deputy)
- Produce monthly staffing roster within time frame set in policy and e-rostering guidance, requesting bank replacement where nursing shortages are identified
- Seek roster approval from the matron/service manager
- Escalate to the Matron/service manager any unaddressed predicted areas of concern for the next four weeks
- Review of roster daily to respond to changing patient acuity/dependency
- Where staffing issues occurs ensure Datix, (The Trust's incident reporting system) is completed including any impact or patient harm using definitions within section 6.3 of this policy. Ensure Datix is investigated to reflect actions in response to staffing issue
- Follow guidance under Section 6 – Real time management of staffing levels (Appendix 2).
- Collate dependency data as per requirements of their local safer staffing tool

Nurse in Charge

- Take actions to try to resolve sudden acute staffing shortfall within their sphere of responsibility, escalate any unmet staffing requirements to the service manager or on call manager
- Update the daily staffing board displaying current level vs. required level of staffing.

All Staff

- To ensure patient safety all staff must be aware that they may be moved to another area if required. This includes requesting staff who work for bank or agency move to affected ward
- Report episodes where staffing falls below plan to the charge nurse/nurse in charge
- Where staffing issues occur, ensure Datix is completed to reflect staffing concerns and actions taken describing impact and level of harm (as per descriptions in 6.3 of this policy) to patients and staff where relevant
- Report absence as soon as possible, and always to the person in charge of the ward/team.

On-call Manager

- Work with the nurse in charge and other senior clinical staff as available to identify where additional resources are that may be re-directed if the shortfall cannot be resolved locally. This should be supported by the escalation process in Appendix 2
- Agree to overtime payments/use of agency where required
- Escalate situations that cannot be resolved/where significant concerns are raised to the on-call director
- Complete 'on-call logs' as appropriate.
- Review safer staffing level concerns via the EPRR meeting

On-call Director

- Take control of any escalating safer staffing situation
- Support and direct the on-call manager/nurse in charge
- Take appropriate actions and decisions if staffing and clinical care is significantly compromised, including considering closing the ward to admissions and transferring some or all patients and staff to other inpatient settings, where safe staffing levels are in place, or can be achieved through these actions.

6. PROCEDURAL INFORMATION INCLUDING ESCALATION PROCESS

6.1 'Real Time' management of staffing levels to mitigate risk

The nurse in charge will use their professional judgement to manage 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 and levels of staff present in order to ensure safe effective care. This will include:

Patient factors

- Individual patients nursing needs (acuity and dependency)
- Individual patient needs (leave, activity and rehabilitation, implementation of care plans etc.)

Ward factors

- Expected patient turnover (including planned, unscheduled admissions, discharges and transfers
- Changes in the management of the environment – building works, unusual admissions (child to adult ward for example).

Staff factors

- Overall staff available on duty that day, many patient needs can be met by a range of staff in the multidisciplinary team

- Competencies of staff on duty, including preceptorship, managed returns from sickness/absence, performance plans and new starters
- Training of staff on duty, including sufficient numbers to respond to an incident utilising restraint, resuscitation
- Nursing activities and responsibilities, 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, performance reviews and staff appraisals.

6.2 Where unresolved

All staff should follow safe staffing escalation process (Appendix 2) reporting escalated status, any actions taken and impact on patients and staff as per descriptions in 6.3 of this policy to the service manager; on-call manager and complete a Datix clearly outlining impact for patients and staff as outlined in 6.3.

6.3 Reporting Staffing Concerns

The Trust utilises Datix as the incident recording and monitoring system. All staff must be inducted on its use and able to log an incident at any time.

When assigning an impact, a short descriptor should be included in the Datix of the specific harms that gives rationale for why level of impact was assigned.

Level of impact	Risk Assessment Guidance
None	Despite not meeting staffing levels required/ agreed, there was no disruption to service or staff. This may be applicable where the numbers of patients is below full occupancy and therefore there was no need to replace staff. You may wish to assign this to demonstrate that annual leave, study leave or time owing has been cancelled to make up numbers and will be easily rebooked. No patient care has been affected and all care is provided in line with policy, procedure and care-plans.
Low	**Staff Impact:** Staff miss meal breaks, supervision has been cancelled or staff meetings cancelled, this is a rare occurrence and the impact is minimal on the staff team, they can easily rebook meetings/supervision. **Patient Impact:** No 1:1 time for some patients with their allocated worker that shift. Key worker sessional time not undertaken that shift. Medication up to 30 minutes hour late. Leave and visits cancelled but rearranged to occur within 24 hours of cancellation. Ward reviews cancelled but will occur within 24 hours. Group work cancelled. NEWS missed by one hour or less for one patient.
Moderate	**Patient Impact:** Assessment of presentation of individual patients not undertaken. Care plan not adhered to. Medication over one hour late for more than one patient. Leave cancelled and not able to be rearranged within 24 hours or cancelled completely causing patient distress. Visitors denied access to patients due to inability to supervise visits. Treatments/medication delayed by more than one hour. CPA cancelled. Provision of food and drinks is delayed by more than 30 minutes.

Level of impact	Risk Assessment Guidance
	Cumulative impacts: No 1:1 time with more than 25% of patients for more than two shifts. Not providing assessment and treatment as per provider policy. Care plans not followed for more than one shift. Leave cancelled for same patient consecutively. **Staff Impact:** Due to cumulative effects of an ongoing nature a staff member has not received supervision in line with procedure for more than three months or repeatedly cancelled training days/ annual leave and the cumulative impact is leading to staff not meeting mandatory and policy requirements to provide safe effective care to staff. Shift run by 50% or more bank/agency staff who are unfamiliar with the ward (near miss regardless of whether harm occurred).
Severe	**Patient Impact:** No patients are assessed or have interventions delivered all shift, (nights on mental health wards where only two staff are on duty instead of three). Restrictive practices have been utilised to manage patient presentations and care needs in order to maintain safety of all, e.g. use of seclusion or medication to manage an incident that should have been facilitated by ongoing staff de-escalation and constant supervision. Inability to end seclusion due to low staffing. Inability to observe constantly whilst in supervision. Inability to ensure use of toilet/shower whilst in seclusion. Blanket restrictions utilised for all patients – rooms locked off, sent to rooms to reduce freedom of movement. Inability to maintain engagement observations and document as prescribed in care plan leaving at risk patients not observed as required. Patient harm resulting as a direct impact of not having safe staffing numbers on duty, for example, pressure ulcer occurring due to delays in care, NEWS missed leading to failure to identify deteriorating patient, patients not assisted to eat or drink/missing a meal, dressings not changed for a day (or other equipment that directly harms a patient). The ability to assist with personal hygiene including using toilet is delayed by more than 15 minutes leading to patient distress. Patients requiring repositioning has regularly been delayed by more than 30 minutes. **Staff Impact**: a staff injury occurs as a direct result of not having safer staffing in place that shift. No registered nurse on duty. Shift run by 75% or more bank/agency staff unknown to the ward or patient team (near miss regardless of whether harm occurred).

7. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust-approved EIA.

8. IMPLEMENTATION

This policy will be disseminated by the method described in the Policy and procedural documents development and management policy, and will be available on the intranet.

9. MONITORING AND AUDIT

Compliance with the policy will be monitored in the following ways:

- Submission of safer staffing related Datix/Briefing reports
- Safer staffing 6 monthly reports to EMT and Board
- Annual assurance statement by the Director of Nursing and Medical Director

10. REFERENCES

- National Quality Board (Jan 2018) Safe sustainable and productive staffing: An improvement resource for mental health. NHS Improvement.
- National Quality Board (Oct 2018) Developing workforce safeguards. Supporting providers to deliver high quality care through safe and effective staffing
- NICE (2014) Safe staffing for nursing in adult inpatient wards in acute hospitals. NICE

11. RELEVANT POLICIES/PROCEDURES/GUIDELINES

- E-Rostering policy
- Patient Safety Incident Response Framework Policy
- Managing sickness/absence
- Annual leave policy
- Statutory/mandatory training policy
- Clinical risk management policy
- Lone working policy
- Adverse weather policy
- Patient Safety Strategy 2019- 2022
- Business continuity plans
- Where relevant, any risk assessment and associated action plan for specific team/service

Appendix 1 NQB QIA - Available on the Intranet Here

Name of scheme:	
Reference:	
Division:	
Indicative value of scheme:	
Saving recurrent or non-recurrent	
Proposed start date:	

Quality Impact Risks

Note: insert extra rows/leave blank rows as necessary.

			Initial Asssessment				Post Mitigation				
	Y/N (If yes complete the following)	**Risk Description**	**Impact**	**L**	**C**	**Rating**	**Mitigations**	**L**	**C**	**Rating**	**KPI monitoring**
Impact on duty of quality (CQC/constitutional standards)											
Impact on pt safety?											
Impact on clinical outcomes?											
Impact on patient experience											
Impact on staff experience											

Clinical Business unit sign off (e.g. division, locality)

Name	**Position/ job title**	**Signature & Date**
	Divisional Medical Director*	
	Divisional Nurse Director*	
	Divisional Operations Director*	

* or equivalent titles in the organisation

COMMITTEE REVIEW

	Date	Status	Comments & Date of Committee meeting
Clinical Senate / Star Chamber		Unchecked	
Quality Committee		Unchecked	
Trust Management Board		Unchecked	

Medical Director/ Chief Nurse Authorisation

By signing this section employees of the Trust are acknowledging that they have been reasonably assured that appropriate steps have been taken to ensure that this proposal will not put registration

Name	**Position/ job title**	**Signature & Date**
	Medical Director*	
	Chief Nurse*	

Appendix 2: Inpatient Ward Escalation Process

RISK LEVEL	TRIGGERS	ACTIONS TO BE TAKEN (this is a progression list)
OPEL 1	The ward staffing is such that the team can meet the patient flow and anticipated demand within the available resources	No Action Required
OPEL 2	Red Flag Triggered or increased activity/dependency e.g. specialising sickness or absence **ACTION within 30 minutes** at ward level	**IN HOURS** 1. Nurse in Charge to use professional judgement to review staffing requirements and ward activity (see guidance notes) 2. Realign roster including skill mix needed, sharing of staff 3. Ring own part time staff 4. Consider cancelling non clinical activities, training, time owing 5. Contact bank. 6. Contact Service Manager/Matron for support and advice 7. Offer Overtime/contact Agency **OUT OF HOURS** Escalate to On-Call Manager Complete Datix in line with guidance If not resolved, escalate to General Manager and Divisional Clinical Lead
OPEL 3	Inadequate staffing levels still exist after 30 minutes **ACTION within 30 minutes**	**IN HOURS** Shortage not covered in step 1 General Manager and Divisional Clinical Lead to ensure following steps completed 1. Review staffing and workloads across service area within care group and move staff where appropriate 2. Consider other registered nurses who can support from other division 3. Update Datix and feedback outcome of escalation to ward 4. Run with minimum of 1 RN on site and increase HCAs to hold risk. Must be agreed with the Deputy Chief Operating Officer **If inadequate staffing levels still exist escalate to the Deputy Chief Operating Officer-** **OUT OF HOURS** Utilise weekend band 7 staff to support resolving staffing issues On call Manager to check Level 1 and Level 2 steps have been completed Escalate to On Call Director if unresolved. Run with minimum of 1 RN on site and increase HCAs to hold risk. Must be agreed with on call Director if arises out of hours.
OPEL 4	**ACTION within one hour.** If issue continues report to Chief Operating	**IN HOURS** Consider: • Run with minimum of one RN on site and increase HCAs to hold risk. Must be agreed with

	Officer-and Executive Director of Nursing in 30 minutes	the Deputy Chief Operating Officer- • Temporary suspension of activity on the ward/ Closing beds/stop admissions/stop leave and transfers • Divert staffing dependent on risk assessment and temporarily suspend activity on an alternative ward/service • Transfer of high risk/dependent need to another ward where care can be managed. • Align with the appropriate divisional bed management SOP • Update Datix must be registered as moderate or severe harm • Inform Chief Operating Officer/Director of Nursing **OUT OF HOURS** Escalate to Director On Call Rota

Appendix 3: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Safer Staffing and Escalation for Inpatient services Policy (N-006)		
Document Purpose	This policy sets the minimum standards for clinical or practice supervision for all staff providing direct patient care and those in non-clinical roles.		
Consultation/ Peer Review:	Date:	Group / Individual	
List in right hand columns consultation groups and dates	August 2022	Quality and Patient Safety Group	
	January 2024	Quality and Patient Safety Group	
Approving Committee:	Quality Committee	Date of Approval:	2 May 2018 (v2.0)
Ratified at:	Trust Board	Date of Ratification:	23 May 2018 (v2.0)
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*	Training is offered as part of the current programme	Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes [✓]	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [✓]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below*		
	• Dissemination to staff via global email • Teams responsible for ensuring policy read and understood		
Monitoring and Compliance:	Compliance with the policy will be monitored in the following ways: Submission of safer staffing related DATIX/Briefing reports Completion of, and analysis of related 'on-call manager' logs Quality Monitoring visits undertaken by the Nursing & Quality Directorate Issues flagged as a result of Non Exec Director/Governor 'Walkarounds'		

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
1.00	*New policy*	*April 16*	*New policy*
1.01	*Review*	*July 16*	*Revision made throughout policy following wider consultation across care groups, specifically revised descriptions duties and responsibilities, consistent wording for e-roster, removed infomration citing 24% headroom in establishments* *Template for 'agreed triggers and action plan' now included as appendix 2 so reflects ongoing revision of establishement works*
		July 16	*Amendments following disucssions at Senior Operational Management Team session to review completed triggers and actions at individual ward level (JMz)*
2.00	*Review*	*Jan 18*	*Removal of trigger and action plan sheets* *Simplification of process* *Adherence to OPEL escalation levels 2016* *Updated in line with improvement resources NQB January 2018*
2.01	*Review*	*Jan 2021*	*Updated to reflect latest NQB guidance October 2018* *Version number amended as minor amends (Aug-22)*
2.02	*Review*	*August 2022*	*Removed old refrences to the Berwick, Francis and Keogh reports.* *Minor changes and additional clairifcation to roles and responsibilities. Addition of nominated deputy to the Deputy Director of nurse role. Matrons/service managers to have oversight of the collection and validation of the dependency data for their units. Link added to the QIA on the intranet* *Approved at QPaS – 18th August 2022*
2.03	*Minor amendments - not a full review*	*January 2024*	*Minor amendments as per actions from the safer staffing internal audit October 2023. Approved at QPaS (11 January 2024).*

Appendix 4: Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Safer Staffing and Escalation for inpatient Services Policy**
2. EIA Reviewer (name, job title): **Tracy Flanagan, Assistant Director of Nursing and Quality**
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? **Policy**

Main Aims of the Document, Process or Service
This policy sets the minimum standards for clinical or practice supervision for all staff providing direct patient care and those in non-clinical roles.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	low	Safer staffing reviews and reporting include consideration of the impact on the entire staff and patient population across all of the inpatient units in the Trust and are based on national NQB guidance
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	low	As above
Sex	Men/Male Women/Female	low	As above
Marriage/Civil Partnership		low	As above
Pregnancy/ Maternity		low	As above
Race	Colour Nationality Ethnic/national origins	low	As above
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	low	As above
Sexual Orientation	Lesbian Gay men Bisexual	low	As above

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	low	As above

Summary

Please describe the main points/actions arising from your assessment that supports your decision. Safer staffing reviews and reporting include consideration of the impact on the entire staff and patient population across all of the inpatient units in the Trust and are based on National Quality Board guidance	
EIA Reviewer: **Tracy Flanagan**	
Date completed: **January 2024**	Signature: **T Flanagan**