



# **Regional Principles for Nurse Staffing in Surge Demand during COVID-19**

## **Context and Purpose:**

In line with modelling trends it is expected that future surges will place greater pressure on bed capacity over the course of the next 3 months.

In order to ensure that care is delivered safely and enable good outcomes for people, the principles set out below have been developed to support a risk based approach to workforce planning and the application of the Delivering Care standards.

Whilst recognising everything should be done to maintain Delivering Care standards, it is accepted that nurse staffing levels across acute hospital based environments may be challenging to maintain.

This guidance is designed to support Trusts to use a risk based approach to varying staffing levels, commensurate with the demands placed on services as a result of the COVID-19 pandemic. It is noted that any variation to the agreed NTBR should take account of <https://www.nmc.org.uk/news/coronavirus/>; <https://www.rcn.org.uk/covid-19>; and <https://nipec.hscni.net/resource-section/covid19-surge-capacity/>

## **Principles for the determination of nurse staffing levels include the following:**

1. As part of effective surge planning, any decision to vary nurse staffing levels (in relation to the agreed Delivering Care NTBR) should be escalated to and agreed with the Executive Directors of Nursing.
2. The Ward Sister/ Charge Nurse role will remain supervisory (where possible and for as long as possible) supported by appropriate clinical leadership within the nursing team.
3. In periods of surge demand where it is necessary to vary the NTBR requirements, trusts should utilise the 'Safer Nursing Care Tool'<sup>1</sup> in the formulation of their contingency plan. The application of this tool takes into account the complexity and acuity of clinical care needs in specific areas. This may mean both, increasing the NTBR and/or decreasing the ratio depending on the skill and experience of the senior/ specialist nurses which will inform the level of support required.
4. Any variations to the agreed Delivering Care NTBR will be done in partnership with Staff side Colleagues and the Assistant Director of Nursing Workforce.
5. During periods of surge demand the redeployment of Allied Health Professionals (AHPs) may be required to assist registered nursing staff to maintain patient safety. This will require retraining and cross-skilling of groups of staff to take on roles, tasks, responsibilities that they would otherwise not be expected to undertake, under the delegated authority of registered nurses.

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<sup>1</sup> Regionally the tool deployed by all HSC Trusts in Northern Ireland is: Imperial College London and The Shelford Group. (2013). *Safer Nursing Care Tool: Adult Inpatient Wards in acute hospitals*. Available for download at: <https://shelfordgroup.org/safer-nursing-care-tool/>

6. In addition, nurse staffing ratios can also be supported by additional non-registered healthcare support staff.
7. Robust governance arrangements will remain in place to ensure the delivery of safe and effective care. This includes the application of professional nursing judgement and real time monitoring in order to respond to changes in patient need that may impact on patient and staff safety.
8. During surge and on a risk-assessed basis, non-essential documentation may be stood down.
9. Shift patterns (which currently vary across the region) need to remain flexible to take account of staff needs, organisational needs and staff availability, usually managed within an electronic roster system.
10. The utilisation of students will be informed by the NMC and by any emergency legislation to permit students to be used as in Wave 1.
11. At all times, patient and staff safety is paramount. This includes, where staff are being redeployed, that they are provided with the appropriate learning and support, ward familiarisation, supervision and psychological support.
12. These principles may, on occasion also apply to community settings.



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