UNISON
the public service union

only enough is enough

Only Enough is Enough

‘They never listen’

The UNISON campaign for safe hospital staffing in the NHS

2024 report

Introduction

Patients and hard-working NHS staff need safe staffing levels

Only Enough is Enough, UNISON's campaign for safe hospital staffing levels, now in its second year, gives NHS staff the tools to monitor staffing in their hospitals and to call for improvements.

Throughout 2024, participating UNISON health branches continued to engage with NHS staff, collecting survey data and campaigning for improvements to staffing in their hospitals. In a number of places UNISON members saw positive changes, with employers working with their union branches and negotiating improvements. UNISON stewards reported surges in the numbers of staff with the confidence to report staffing concerns and demand support from their employers so they could deliver better patient care.

Nationally, data from our campaign has been used in talks with NHS leaders and shared with senior government officials and chief nursing officers, with UNISON demanding investment in staffing and better mechanisms for NHS staff to escalate their concerns.

Yet the demands on clinical staff across the NHS have continued to rise with the winter of 2024-2025 one of the most challenging on record. Patients everywhere have not received the safe care they deserve; many are suffering in corridors or on trolleys whilst hard pressed NHS staff struggle to maintain safe care.

The campaign data we collected in 2024 shows the staffing situation faced in hospitals continued to deteriorate. Analysis of employer board papers and staffing policies by UNISON also shows that NHS organisations are not consistently planning nursing workforce numbers or fully implementing the policies introduced to assure staffing levels and keep patients safe.

Against this backdrop our campaign has grown, with NHS staff across England, Cymru / Wales and Northern Ireland joining to say: Only Enough is Enough. Our findings demonstrate the urgency for widespread, meaningful action to tackle endemic unsafe staffing levels and support those NHS staff calling for help. Participating UNISON branches will continue to hold hospital employers to account and to support their members.

Foreword

As a trade union we are totally committed to supporting our health colleagues in their work. We will not tolerate a situation where so many of our team members are forced to do their best, day in, day out, without the right staffing.

The findings from the first year of *'Only Enough is Enough'* revealed the impossible situation so many NHS staff are in, working without enough staff and enough time to provide safe care.

This year we expanded the number of participating UNISON Health branches and produced more resources and data so that they could effectively challenge their employers. Thousands of UNISON members across Northern Ireland, England and Cymru/Wales supported our campaign; branch leaders got around the table to talk about staffing with their employers and empowered their NHS colleagues to build their confidence to report and tackle staffing gaps.

But our 2024 data again exposes the nightmare many face every day at work with only 31% of shifts reported as being safely staffed. The respondent who told us *'it's the normal situation, we don't expect to be safely staffed'* summed up the feelings of many who have adapted to simply doing the best they can without the right support.

Safe staffing is one of our top priorities and I will continue to ensure that UNISON raises the alarm and calls for meaningful action at every level. We will support our health branches and local leaders as they continue working with NHS staff to say *'Only Enough is Enough'*.

Trudie Martin
Chair, UNISON Nursing and Midwifery Occupational Group Committee

It's now 12 years since the Francis report was published. The report investigated the horrific failings at Mid-Staffordshire Foundation Trust and explored how poor leadership and staffing policies led to a *'completely inadequate standard of nursing.'*

Since then, a range of policy and regulatory measures have been introduced across the UK, including legislation, with the aim of preventing such harm from occurring again.

Yet in hospitals across the UK, as our survey demonstrates, nursing and midwifery staff are still dealing too frequently with unsafe staffing. The severe financial risks faced by NHS organisations, along with national shortages of trained staff, mean that the *'tolerance of poor standards and of risk to patients*' noted by Robert Francis (QC) in 2013 is undeniably still widely prevalent in 2025.

We should be highly alarmed by how easily his description of dangerous *'disruptive...repeated, multi-level reorganisation'* and a culture focussed *'on finance and targets'* could be applied to our current NHS.

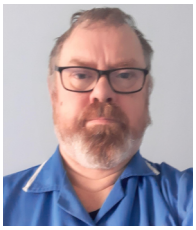
Our various safe staffing laws and policies all recognise the need to pay close attention to the professional judgement of nursing staff, and for senior nurse organisational leaders to hold the oversight and accountability for staffing. National NHS guidance in England demands that employers monitor staffing from *'ward to board.'*

Our data clearly shows that this approach is failing. Nursing staff often judge their staffing to be unsafe and commonly report this, but in the words of one, *'they never listen.'*

Policy analysis by the UNISON Health team shows that NHS organisations are not properly implementing the policies required of them to ensure their nurse and midwifery staffing is safe. Can we say with any confidence that another disaster such as the Mid-Staffordshire scandal is not happening elsewhere in the NHS? Alarmingly, the answer has to be no.

Stuart Tuckwood RN
National Officer for Nursing

Foreword



This survey highlights once again the shocking staffing issues affecting patients, service users and UNISON members in Northern Ireland.

The survey results suggest a widespread view amongst the health and social care workforce in Northern Ireland that there are not enough staff in place to deliver safe care, and a worrying lack of confidence that meaningful action is being taken to address this by employers and decision-makers.

As UNISON reps, we hear more and more from staff that are being pulled from their own place of work to cover short staffing in other areas. Staff shortages are not only putting patients at risk; they also put staff in the difficult position of being expected to provide care when they don't have the proper information on patients.

This is why UNISON has been holding employers and the Department of Health in Northern Ireland to account to tackle the problem, including through calling for the introduction of laws that would require the Department of Health and employers to workforce plan and ensure appropriate staffing levels are in place.

The evidence from this survey will form a crucial part of the next phase of our campaign, as draft legislation is expected to be introduced to the Northern Ireland Assembly in 2025. The results of this survey will be presented to Ministers, MLAs and decision-makers to highlight clearly why legislation must be taken forward as swiftly as possible.

But legislation in of itself will not address the lack of confidence expressed in this survey. New laws must be accompanied by clear measures to give the workforce confidence that concerns raised about staffing levels will be addressed and that significant investment will be made in safe staffing.

Sarah Breen RN and Alan Philson RN
UNISON Northern Ireland

I have worked in the NHS for over 37 years; for the last 20 years as a nurse practitioner in the hospital at night service. I have seen staffing levels change dramatically over that time and many UNISON members have approached me to ask what UNISON is doing about it.

When the Only Enough is Enough campaign commenced we were eager, as a union branch, to take part and start making some positive changes for our colleagues. The initial year confirmed that the majority of staff in Cymru/Wales did not think that their staffing levels on their shifts were safe; despite the Nurse Staffing Levels Act (2016) in place in Cymru/Wales.

The results of the report were discussed with local nursing leaders and managers and on the back of our campaign changes have been made. A recruitment and retention drive has been implemented and the number of vacancies has reduced. Our Branch have supported and engaged in this process. UNISON has also provided guidance for members on how to report staffing concerns and this has led to an increase in the number of reports about safety incidents.

However, our work surrounding safer staffing is not over. Results for Cymru/Wales this year show that even more clinicians believe their staffing levels are not safe. We will continue our efforts to build on our legislation so that all NHS staff in Cymru/Wales can practice safely and report concerns with confidence.

Andrea Prince RN
UNISON Cymru / Wales

Methods

This report explores staffing in hospitals and presents the findings of the UNISON 'Only Enough is Enough' Campaign 2024.

The first section sets out the results and analysis of shift surveys completed by hospital staff in selected sites throughout October and November 2024.

The second section presents and analyses the findings of UNISON desktop research into the compliance of NHS employers with national safe staffing policy and legislation.

The findings of both sections are integrated in the conclusions and have informed the final recommendations.

Section 1 – Shift surveys

10 UNISON branches in England and Cymru/Wales surveyed hospital staff members in the 2024 campaign:

- Aneurin Bevan Health
- Barking, Havering & Brentwood Health
- BSM (Basildon, Southend & Mid Essex) Health
- Cambridge University Hospitals
- Cardiff and Vale UNISON Health Branch
- Cornwall Acute Health
- Cornwall Health Community
- Liverpool Hospitals Health Branch
- North Cumbria, Northumberland & Tyne & Wear Health
- University Hospitals Birmingham

UNISON Northern Ireland also ran the campaign across all health and care settings.

During October and November 2024, staff in their hospital workplaces were asked to frequently complete short, anonymised surveys as soon as possible after the end of their shifts. Communications were targeted at staff in clinical roles. If staff had immediate concerns about safety, information was shared encouraging them to report that appropriately in line with their professional and organisational duties.

In total surveys were completed for 1,470 shifts in hospital settings.

Each branch receives their own employer specific data to enable them to determine a more accurate picture of the staffing situation in their organisation.

This report presents the data from the 10 branches in England and Cymru/Wales and UNISON Northern Ireland, to give a comprehensive picture of staffing in the national health service across England, Cymru/Wales and Northern Ireland.

Where illustrative we have filtered the data by location or staff group. Where possible data is compared between 2023 and 2024. 'Not applicable' responses have been removed from the analysis.

Responses

Who completed the survey?

Role	Percentage of respondents
Healthcare Support Worker	43.5%
Registered Nurse	31.2%
Admin and clerical staff	8.4%
Porter and domestic staff	8.4%
Allied Health Professionals	2.4%
Registered Midwife	1.6%
Other	4.5%

In what settings did they complete their shift?

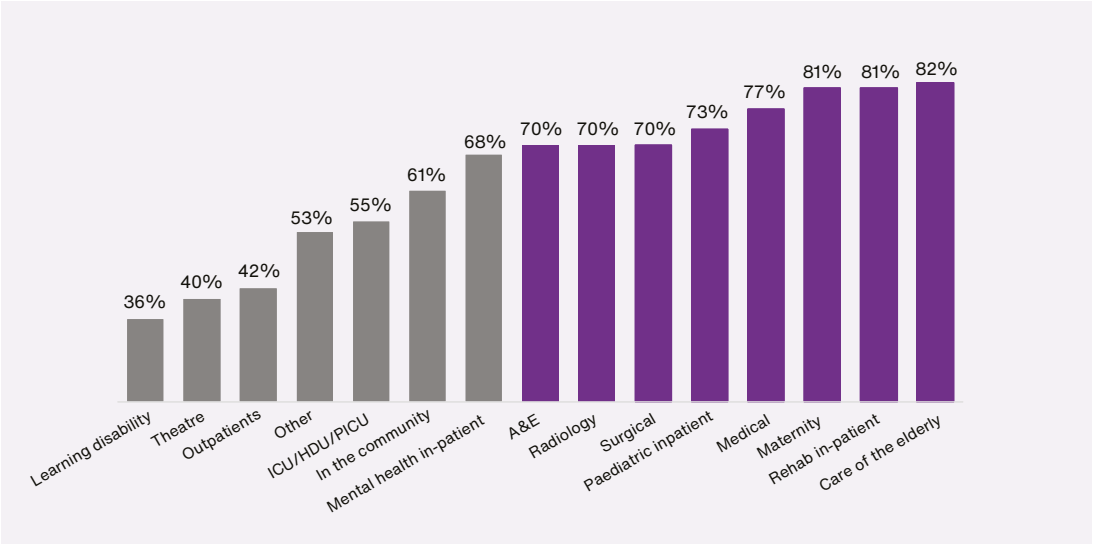
This question was only asked of those in clinical roles: registered nurses and midwives, nursing associates (England only), healthcare support workers, assistant practitioners, Allied Health Professionals (AHPs) and Operating Department Practitioners (ODPs).

Setting	Percentage of responses
Medical	27%
Surgical	17.8%
Care of the elderly	12.3%
Rehab in-patient	8.4%
Outpatients	7.7%
Mental health in-patient	7.2%
Theatre	5.2%
Maternity	3%
In the community	2.8%
A&E	2.3%
ICU/DHU/PICU	1.9%
Other	1.4%
Learning disability	1.2%
Other	4.4%

Were there enough staff to deliver safe patient care on the shift you have just completed? (clinical staff only)

	2023	2024
Yes	479 (37%)	383 (31%)
No	879 (63%)	872 (69%)

The chart below shows the proportion of shifts reported as having unsafe staffing levels by setting. In most settings more than 50% of shifts were reported as having unsafe staffing levels. More than 80% of shifts in maternity, rehabilitation and care of the elderly settings were reported as unsafe.



Were there enough staff to perform your role satisfactorily on your most recent shift? (non-clinical staff)

	2024
Yes	75 (35%)
No	140 (65%)

Red flag events

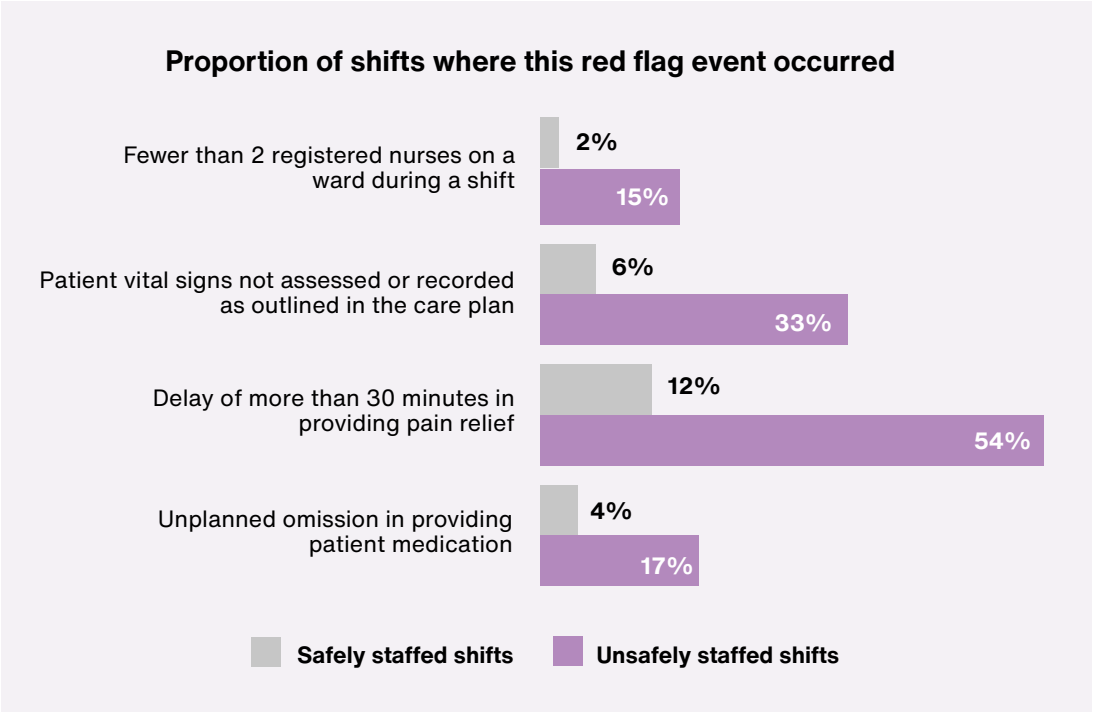
Nursing red flag events

These questions were asked of all respondents in clinical roles (registered nurses and midwives, nursing associates (England only), healthcare support workers, assistant practitioners, Allied Health Professionals (AHPs) and Operating Department Practitioners (ODPs), working in the following settings: medical, surgical, rehabilitation in-patient, care of the elderly, A&E and paediatric inpatient.

In 2014, NICE developed guidelines which introduced nursing 'red flag' events to identify when staffing levels were inadequate in specified inpatient areas.

Respondents were asked to identify if any of the red flag events occurred on their shift and were allowed to select more than one option.

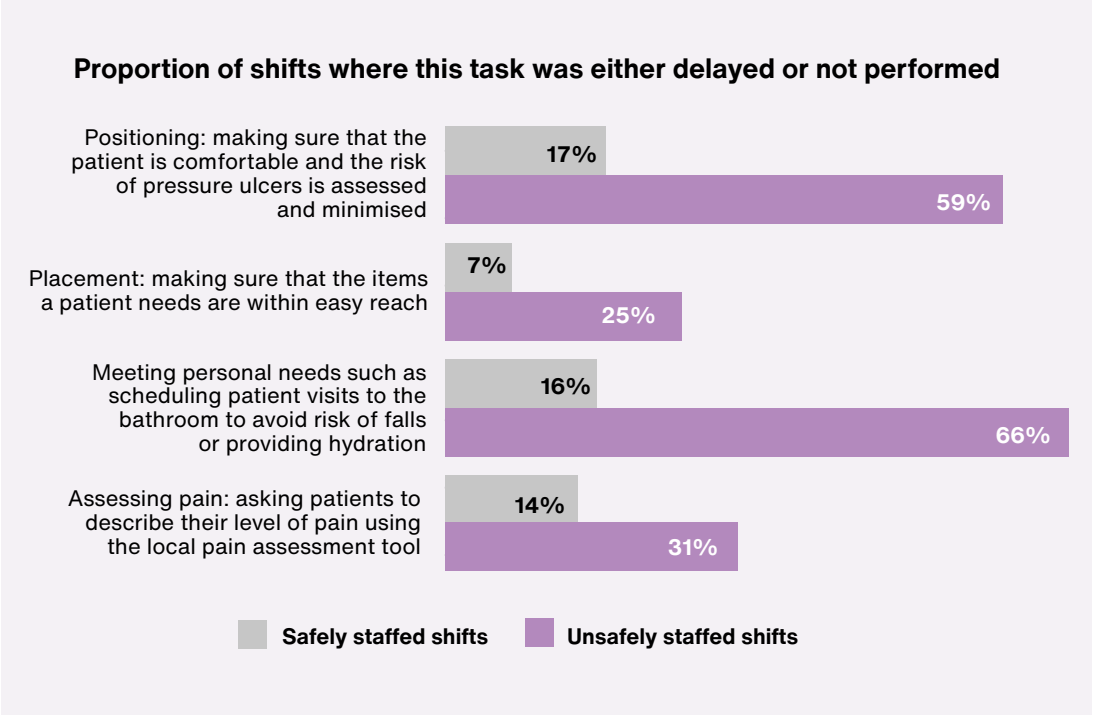
Red flags events occurred on 56% of all relevant shifts (335/597). They occurred on 67% of unsafely staffed shifts compared to only 16% of the safely staffed shifts. The chart below shows the proportion of safely and unsafely staffed shifts where each individual red flag event occurred.



Important nursing tasks delayed or not performed

Respondents were also asked to identify if any important nursing tasks were delayed or not performed; they could select more than one option.

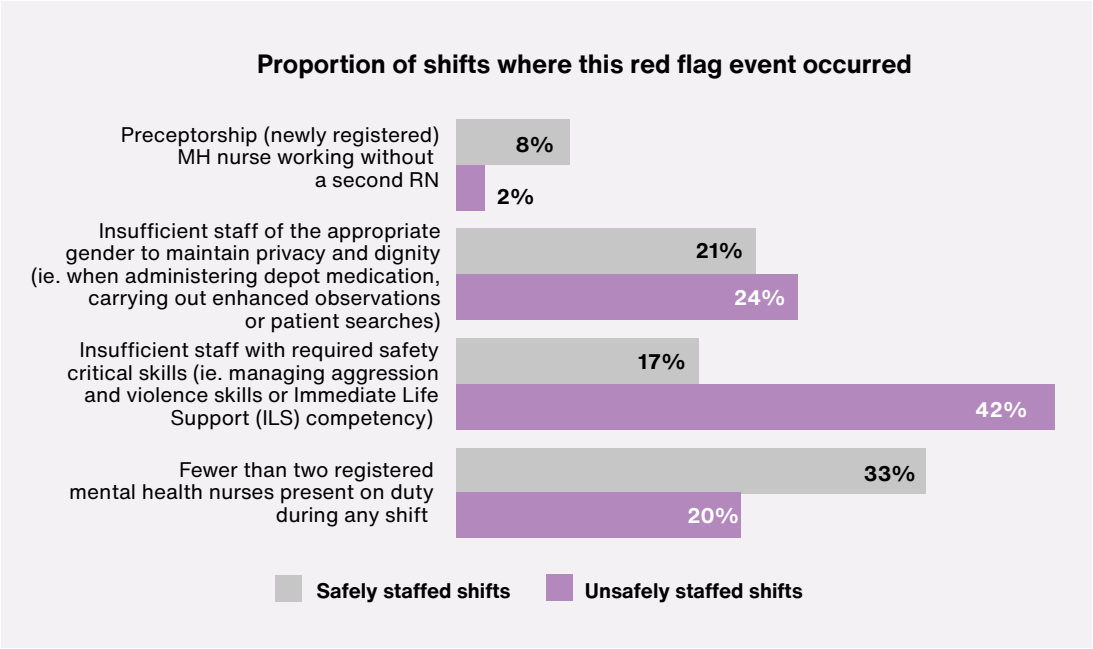
Important nursing tasks were delayed or not performed on 71% of all relevant shifts (440/670). Tasks were delayed or not performed on 83% of unsafely staffed shifts compared to only 28% of the safely staffed shifts. The chart below shows the proportion of safely and unsafely staffed shifts where each nursing task was either delayed or not performed.



Mental health in-patient red flag events

These questions were asked of all respondents in clinical roles (registered nurses and midwives, nursing associates (England only), healthcare support workers, assistant practitioners, Allied Health Professionals (AHPs) and Operating Department Practitioners (ODPs), working in mental health in-patient settings.

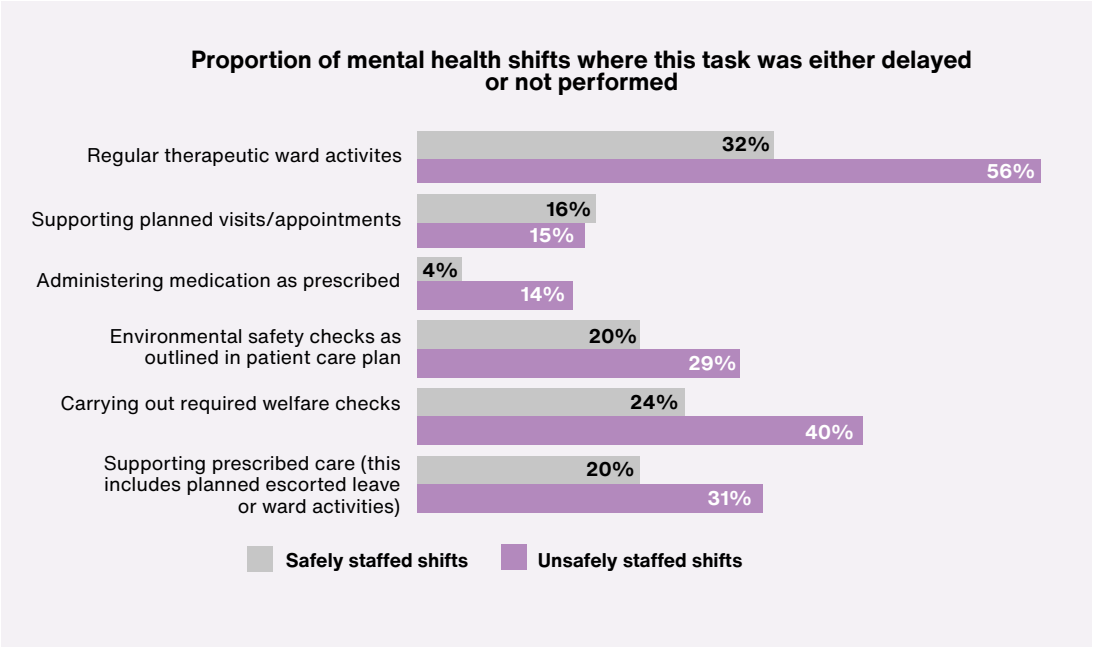
Respondents were asked to identify if any of the red flag events occurred on their shift and could select more than one option. Red flag events occurred on 74% of all mental health in-patient shifts (58/82). They occurred on 78% of unsafely staffed shifts compared to 67% of the safely staffed shifts.



Important tasks delayed or not performed

Respondents were also asked to identify if any important tasks were delayed or not performed, they could select more than one option.

Important tasks were delayed or not performed on 74% of all relevant mental health in-patient shifts (57/80). Tasks were delayed or not performed on 85% of these unsafely staffed shifts compared to 52% of safely staffed shifts. The chart below shows the proportion of safely and unsafely staffed shifts where each task was either delayed or not performed.



Escalation of staffing concerns and organisational response

When staffing gaps appear in clinical teams, whether because of vacancies, unexpected illness or absence, it is essential for patient safety that nursing and midwifery teams can escalate concerns and receive adequate support from their management.

These questions were asked of all respondents in clinical roles *(registered nurses and midwives, nursing associates (England only), healthcare support workers, assistant practitioners, Allied Health Professionals (AHPs) and Operating Department Practitioners (ODPs))* who said that staffing levels on their shift were unsafe.

Did you escalate a safety or staffing concern according to your organisation's policy?

64% of respondents escalated a safety or staffing concern, a decrease from 71% in 2023.

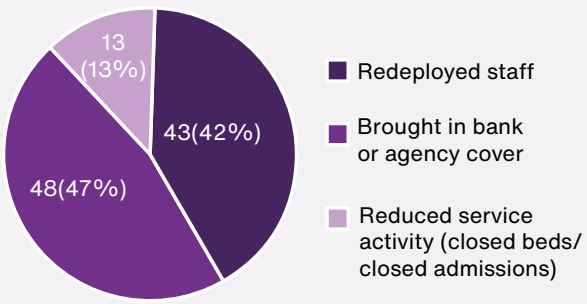
	2023	2024
Yes	405 (71%)	499 (64%)
No	163 (29%)	284 (36%)

We asked the 499 respondents who escalated their concerns whether their employer took action which enabled the delivery of safe patient care.

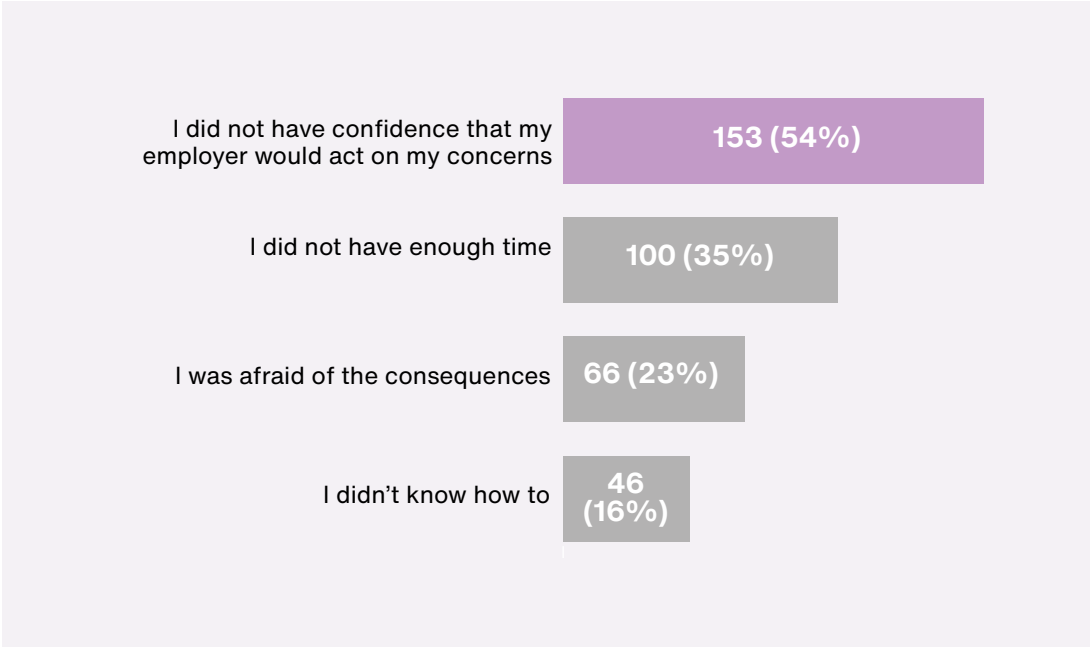
Only 21% of respondents who escalated their concerns were satisfied that their employer took action which enabled the deliver of safe patient care, down from 25% in 2023.

	2023	2024
Yes	97 (25%)	104 (21%)
No	294 (75%)	395 (79%)

We asked the 104 respondents whose employers did respond effectively, what action their employer took? Respondents could select multiple options.



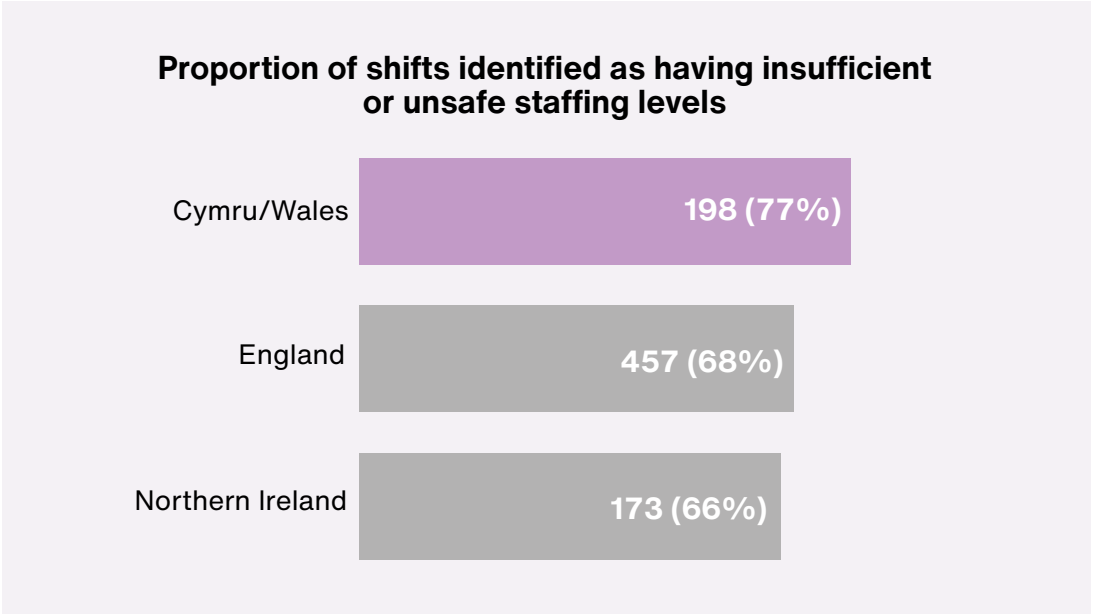
We asked the 284 respondents who did not report their concerns the reason(s) why. Respondents could select multiple options.



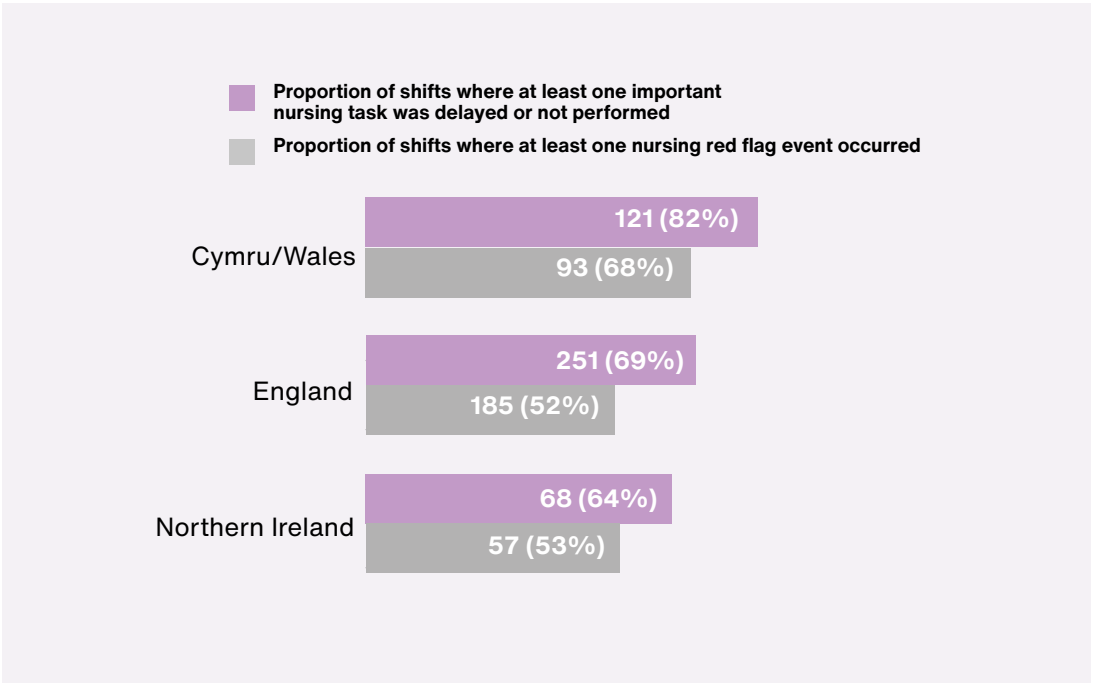
Respondents were able to provide further detail on this question through an open text response. Many of the responses emphasise a worrying lack of confidence that their employer will act in response to their concerns.

Comparisons between health administrations

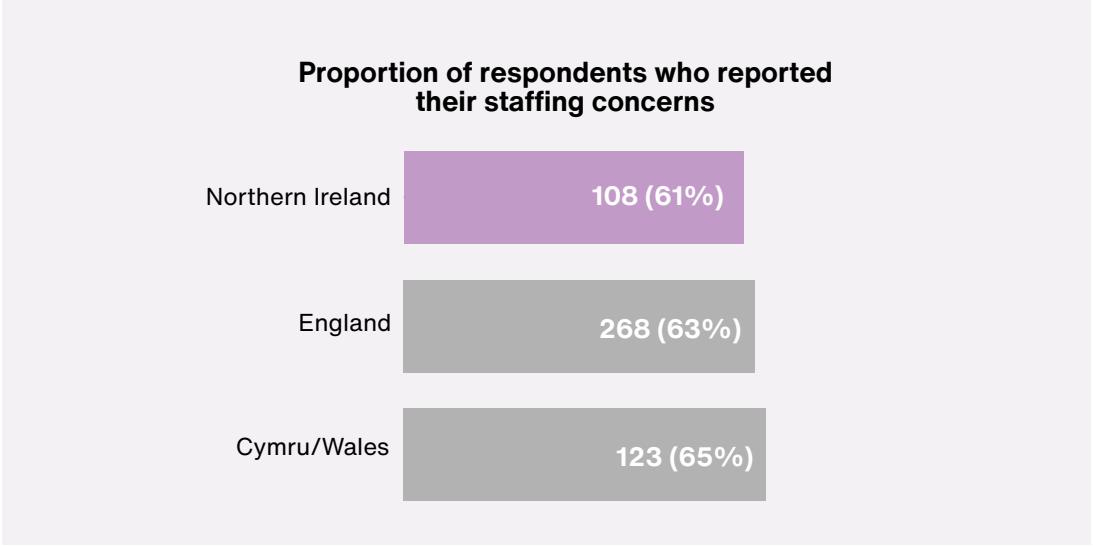
- The proportion of shifts identified as having unsafe staffing levels was higher in Cymru/Wales than in England and Northern Ireland.



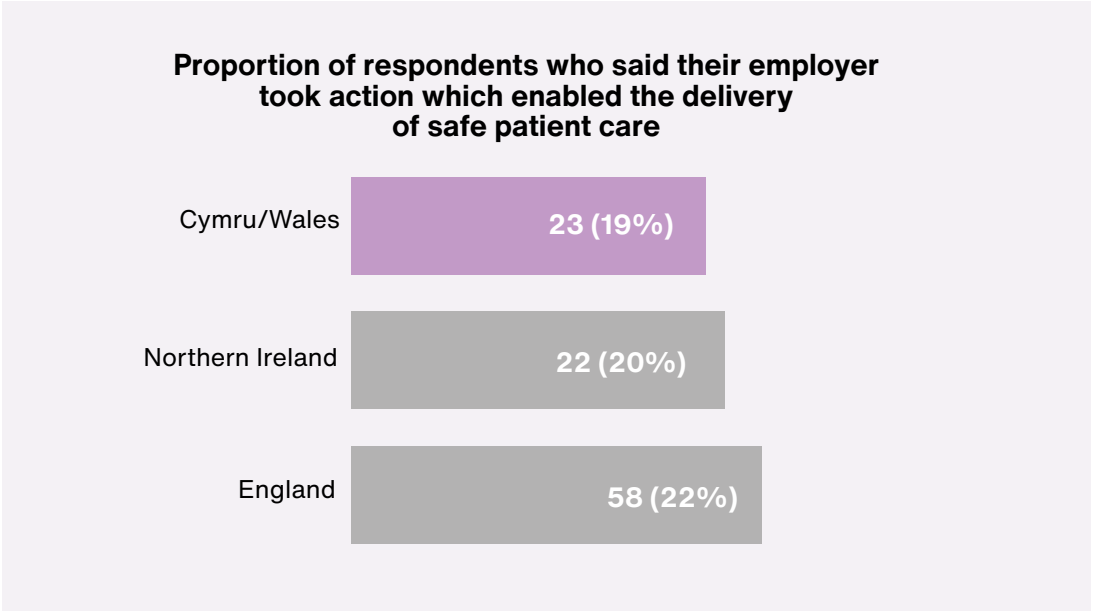
- Respondents in Cymru/Wales were also more likely to report at least one nursing red flag event occurred on their shift. They were also more likely to report that at least one important nursing task was delayed or not performed.



- Clinical staff in Northern Ireland were slightly less likely to report their concerns to their employer than clinical staff in Cymru/Wales and England.



- Employers in Cymru/Wales were slightly less likely to respond to concerns effectively.



- When asked why they didn't report their concerns, respondents in Northern Ireland were the most likely to say they did not have confidence their employer would act on their concerns. Respondents in Cymru/Wales were more likely to say they did not have time.

Day vs night shift experiences

Hospitals and all NHS organisations have a responsibility to maintain safe staffing levels around the clock. Staff, however, often report that gaps are harder to fill at night time and that staff members are re-allocated to cover daytime shifts to ensure service activity such as operations, appointments or therapy can proceed. This presents a risk to patients and staff at night time.

- A greater proportion of night shifts were unsafely staffed than day shifts
- Staff on night shifts were more likely to report their safety or staffing concerns (67% compared to 63% of staff on day shifts).
- When asked why they didn't report their concerns, staff on night shifts were more likely to say they did not have confidence their employers would act on their concerns (63% compared to 51% on day shifts).
- Employers were less likely to respond effectively to reported concerns on night shifts (23% in the day time vs 15% at night).

Experiences of registered nurses and midwives

A large body of evidence has demonstrated that patient safety, mortality and other outcomes are directly related to adequate levels of registered nurses and midwives. Consequently, much of the existing policy and regulation for hospital staffing levels focuses on the deployment of registered nurses and midwives.

We received 482 shift responses from Registered Nurses (RN) and Midwives (RM)

- On 70% of these shifts (335/482), the RN or RM reported they did not have enough staff to deliver safe patient care on their last shift (in line with the proportion of shifts reported as unsafe by non-registered clinical staff, healthcare support workers and assistant practitioners).
- 74% of RNs and RMs escalated their staffing concerns according to their organisation's policy (compared to 59% of non-registered clinical staff).
- Similarly to non-registered clinical staff, 79% of RNs and RMs did not see sufficient action from their employer when they escalated their concerns.
- Similarly to non-registered clinical staff, RNs and RMs who did not escalate their concerns were most likely to say they did not have confidence their employer would act on their concerns.

Analysis of shift survey data

Safe staffing levels on shifts

Despite rises in NHS staffing numbers, escalating demand and acuity clearly continues to outstrip these improvements, with the percentage of respondents reporting unsafe staffing on their last shift increasing from 63% in 2023 to 69% in 2024.

The impact and experience of unsafe staffing varies dramatically between different clinical settings. Areas with historically well-defined and understood staffing ratios, and relatively fixed acuity and workloads, such as Theatres and ICU / HDU, had much lower reported levels of unsafe staffing (40% and 55% respectively) than in areas such as medical in-patient (77%) and care of the elderly (82%). This raises serious questions about the determination of the staffing establishments in such areas and whether they are sufficient to cope with the demand and acuity faced there.

The impact on patients and service users

Red flags related to clinical care continue to occur frequently, in roughly similar proportions to the data collected in 2023. Delays in providing pain relief were the most frequently reported, followed by omissions or delays in recording patient's vital signs. Fundamental nursing care also often remains affected by unsafe staffing, with levels similar to those reported in 2023. The data indicates the difference that unsafe staffing makes to a clinician's ability to provide safe and effective care: delays in providing pain relief occurred on 54% of unsafe shifts but on only 12% of safe shifts. There is a dramatic impact on nursing staff's ability to provide fundamental nursing care: the proportion of staff reporting an inability to meet their patients' personal care needs rises from only 16% of safe shifts to 66% of those when they considered staffing to be unsafe.

For the first time we collected data on the occurrence of 'red flag' events in other clinical settings, based on the most appropriate evidence and policy guidance. Particular concerns have been raised nationally in regards to clinical staffing in mental health settings. These appear to be justified by our data, with 74% of all these shifts seeing a red flag event occurring (compared to 56% in adult and child inpatient areas). Responses indicate that insufficient staffing levels prevent clinicians from pro-actively providing treatment; on 56% of unsafely staffed shifts therapeutic interventions were delayed or omitted.

Escalation of staffing concerns

When staffing is not safe, it is absolutely essential that clinicians report concerns and are supported by their employers with an adequate response. Much of UK legislation and policy guidance depends upon there being systems in place to ensure this happens.

It is extremely concerning that the proportion of our respondents who escalated a concern when they thought staffing was unsafe declined from 71% in 2023 to 64%. Those who did not report a staffing concern, despite considering staffing to have been unsafe, were asked why. The most common reason for not reporting concerns was that they did not have confidence that their employer would act on them, but a lack of time was also a common factor. Alarmingly, a sizeable proportion felt too afraid to report their staffing concerns.

The options employers have to remedy staffing gaps are limited, normally restricted to redeployment, bringing in bank or agency staff, or reducing service demand. 2023/2024 saw concerted action to reduce NHS spending on the use of bank and agency, despite warnings that this could jeopardise such remedial action. This appears to have possibly been the case, with the percentage of those reporting concerns who received a satisfactory response from their employer declining; these responses are also less frequently successful on night shifts.

The professional code of registered nurses and midwives requires them to raise concerns when care is affected; they continue to escalate staffing shortages in higher proportions (75%) than other non-registered clinical staff. The safe staffing legislation in Scotland Cymru / Wales, as well as English national policy, recognises that the professional judgement of nursing and midwifery staff is integral to calculating staffing levels and assuring the safety of their clinical areas. 79% of registrants who reported staffing concerns didn't believe that the response from their employer enabled safe patient care, seriously calling into question the effectiveness of organisational responses.

The impact of differing policy and legislative approaches

Different policy and legislative governance arrangements around staffing exist in the separate UK administrations, with healthcare investment and policy making a devolved matter. Our data varies significantly between the administrations, suggesting that these matters do have a real impact on staffing and patient care; though none could be considered to be doing well.

Cymru / Wales had the highest proportion of staff reporting unsafe staffing and the highest proportion of shifts with nursing red flag events occurring. Employers in Cymru / Wales were the least likely to respond effectively to staffing shortages and clinicians there were the most likely to say they didn't have the time to report their concerns.

NHS staff in Northern Ireland were the least likely to report when their shift was unsafely staffed and had the highest proportion who didn't report concerns because they didn't have confidence that their employers would respond effectively.

Section 2 – Safe staffing policy and guidance

Evidence-based decision-making on safe and effective staffing is a requirement for all NHS organisations. NHS trusts in England must comply with a range of safe staffing policy and guidance. In Cymru / Wales, health boards must comply with the Nurse Staffing Levels Act 2016.

UNISON reviewed publicly available board papers from 2023/24 and 2024/25 from the 14 employers in England and Cymru/Wales who were covered by this year's Only Enough is Enough campaign (12 in England and 2 in Cymru/Wales) to determine to what extent they were complying with the relevant safe staffing policy and legislation. A summary of the findings of the research is included below.

England

Safe staffing guidance for NHS trusts in England is set out in two main documents:

- Developing workforce safeguards: Supporting providers to deliver high quality care through safe and effective staffing (2018)

- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (2016)

The guidance states that NHS trusts in England should:

1. Conduct nursing establishment setting on an annual basis with a mid-year review. There is an expectation that the outcome of the annual establishment setting and mid-year review is reported publicly to trust boards. Establishments should be based on the findings of an evidence-based tool (e.g. Safer Nursing Care Tool), quality/patient safety measures and workforce professional judgement.

2. Have an effective workforce plan for nursing that is updated annually, discussed at a public meeting and signed off by the chief executive and executive leaders.

3. Have an agreed local quality dashboard that cross-checks data on staffing and skill mix with other efficiency and quality metrics. The dashboards should be discussed in public meetings and time should be allocated to discuss and agree required actions in response to the data.

4. Have in place clear escalation policies for when staffing capacity and capability falls short of what is needed for safe and effective care. The policy should make staff aware of the steps to take when capacity problems cannot be resolved.

Compliance with safe staffing policy

1. Establishment setting

8 out of the 12 trusts (67%) conducted annual nursing establishment setting with six-monthly updates that were reported to the trust board. The establishment setting reports set out any proposed changes to the nursing and midwifery establishment on a unit-by-unit basis. Most

trusts used the Safer Nursing Care Tool (or equivalent tools for specific clinical areas) combined with the professional judgement of senior nurses to determine the right level and skill mix of nursing staff for each clinical ward area.

2. Workforce plan for nursing

Only 3 out of the 12 trusts (25%) had a specific workforce plan for nursing. Most trusts have an overarching workforce or people strategy but they do not directly address staffing levels or actions to grow the nursing workforce specifically.

3. Local quality dashboard

While the majority of trusts had an integrated performance report that was presented at each board meeting, only 4 out of the 12 trusts (33%) met the requirements of the safe staffing policy. The most effective performance reports included a number of indicators related to safe staffing:

- Fill rate
- Sickness absence rate
- Vacancy and turnover rate
- NICE red flag events
- Care hours per patient per day
- Patient safety incidents related to staffing levels

They also included clear actions (with timescales) in response to the data.

4. Escalation policy

Only 6 out of the 12 trusts (50%) had a safe staffing escalation policy which set out the steps to be taken when staffing falls short of what is required for safe and effective patient care.

Cymru / Wales

Health boards in Cymru / Wales are bound by the Nurse Staffing Levels (Wales) Act 2016. The law says health boards and NHS trusts in Cymru / Wales must "have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively".

Section 25B of the Act says that in certain kinds of wards, health boards have to:

1. Calculate the number of nurses appropriate to provide care to patients in a specified way
2. Inform patients of this number
3. Take all reasonable steps to maintain it.

These requirements apply to adult acute medical inpatient wards, adult acute surgical inpatient wards and paediatric inpatient wards.

Establishment setting

Section 25C of the Act prescribes the method to be used to calculate the nurse staffing level on 25B wards (known as 'establishment setting'). This should be calculated using a triangulated approach, taking into account patient acuity, professional judgement and quality indicators

(patient falls, pressure ulcers and medication administration errors). This process should involve the use of an evidence-based workforce planning tool. The Act requires establishment setting to be undertaken at least every six months.

Monitoring of unsafe staffing

Boards are also required to put in place systems that allow them to review and record every occasion where the number of nurses deployed varies from the planned roster.

Compliance with the Nurse Staffing Levels (Wales) Act 2016

Establishment setting

Both health boards conduct establishment setting on a six-monthly basis in line with the requirements of the Act. The results of the establishment setting exercise are presented to the board with any recommended changes to the funded establishment for each ward. Both health boards take a triangulated approach to establishment setting, drawing on a range of information including staffing, care quality and patient acuity data and the professional judgement of registered nurses.

Monitoring of unsafe staffing

Only one of the health boards was able to accurately report the extent to which the planned staff roster has been maintained within 25B wards.

Summary of findings

England

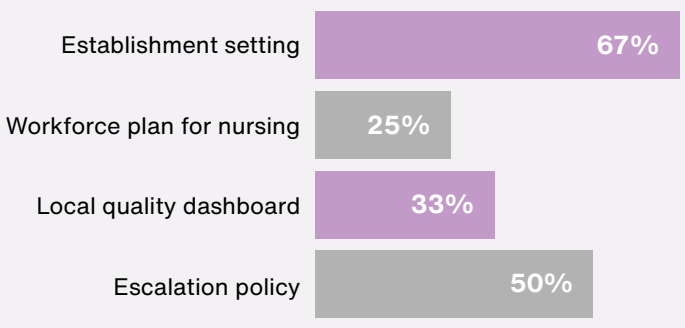
The current nursing and midwifery safe staffing policy in England was introduced in the years following the publication of the Francis report, which highlighted nurse staffing as a patient safety factor that contributed to the care failings at Mid Staffordshire NHS Foundation Trust. The aim of the policy is to ensure that all NHS trusts in England have the right staff, with the right skills, in the right place, at the right time; recognising the link between adequate staffing and safe, effective patient care.

Rather than merely viewing it as a tick-box exercise, the effectiveness of safe staffing policy relies on trusts taking accountability for their staffing and following up with remedial action in response to the data. However, when looking at board minutes, it was clear that few trusts actually allocated time at board meetings to discuss and agree clear actions in response to concerning safe staffing data.

Whilst most of the trusts examined had documented their nurse staffing establishment setting, few had specific nursing workforce plans or proper oversight of red flags and other quality metrics necessary to effectively monitor staffing levels. Our survey data shows a high prevalence of red flag events, especially on shifts that were deemed to have unsafe staffing levels. However, only a quarter of trusts included in this study regularly presented data to their board on staffing and skill mix with a consideration of such quality measures. This means that many trusts boards are not sighted on the risks of unsafe staffing and the impact this may be having on patient care. Without access to all of the necessary information boards will not be able to make well-informed decisions about staffing.

Only 63% of respondents in England reported their staffing concerns to their employer. Most who didn't report their concerns did not because they lacked confidence that their employer would act on them. This is unsurprising given many of the trusts examined did not even have safe staffing escalation policies. All NHS staff should have access to policies which clearly set out both how they can escalate their concerns about staffing and what they should will happen when they do so.

England NHS employers: compliance with safe staffing policy



Overall, only 1 trust out of the total 12 in England followed all four components of the safe staffing policy; presenting a very worrying picture. Employers are not consistently setting nursing workforce numbers with the proper leadership, accountability and consideration of all the necessary information. Many are not fully implementing the national policy set to keep patients safe and ensure there is sufficient staffing to provide safe care to patients.

Cymru / Wales

Both Welsh health boards meet the requirements of the legislation to conduct regular nurse establishment setting in '25B wards' using the prescribed triangulated approach and report this at board level, ensuring boards are fully appraised on compliance. Unlike some of the trusts in England, the reports also set out the actions that were taken when the nurse staffing level was not maintained in section 25B wards. In a welcome step, both health boards also conducted establishment setting (using the triangulated approach set out in the legislation) for wards which fall outside the statutory requirements of section 25B of the act, including emergency departments and care of the elderly units.

The legislation recognises the need to pay close attention to the professional judgement of nursing staff when calculating safe staffing levels. However, our survey data shows that employers in Cymru/Wales were the least likely to respond effectively to concerns about staffing from registered nurses and midwives, suggesting there is some way to go to ensure health boards fully appreciate the voices and concerns of nursing staff when determining safe staffing levels.

Only one of the health boards was able to accurately record if nurse staffing levels had been maintained on a shift-by-shift basis. This is concerning as the ability to monitor the reality of staffing levels on a daily basis is crucial for maintaining safe patient care and ensuring boards are able to make well-informed decisions about workforce planning.

Conclusions

- The proportions of unsafely staffed shifts in hospitals are increasing. Areas of particular concern are medical in-patient settings, maternity, rehabilitation and care of the elderly.

- Red flag events are occurring across all areas but are much more frequent when staffing is unsafe; fundamental nursing tasks like repositioning patients and meeting personal care needs are much more likely to be omitted when shifts are unsafe.

- The proportion of NHS staff reporting concerns when their staffing is unsafe has declined. In most cases this was because staff didn't trust their employers to act on their concerns; the proportion who did receive an effective response from their employer when they reported staffing concerns has fallen.

- When employers did respond effectively, the actions they took almost always depended upon redeploying staff or bringing in bank or agency.

- Few NHS employers are fully following the safe staffing policy requirements required of them by policy or law.

UNISON Health is calling for:

1. NHS employers to urgently review how they assure safe nursing and midwifery staffing levels in their settings from ward to board level; engaging with local staff side representatives to listen to the concerns of their staff. This must include reviews of the mechanisms and policies by which staff report concerns, ensuring that satisfactory responses are assured.

2. Investment in recruitment, retention and staffing to be protected and prioritised by the UK Government in the forthcoming comprehensive spending review; ensuring sufficient funding flows through to the devolved administrations. Initiatives to expand treatment options and shift care into the community must acknowledge the scale of the challenge to ensure safe staffing in hospitals; measures to restrict bank and agency spend should be carefully considered to ensure they do not put patients at risk.

3. Governments around the UK to explicitly commit to national partnership working with healthcare unions to improve the policy and legislation for ensuring safe nurse and midwifery staffing in hospitals; England in particular needs stricter enforcement and legislation to ensure hospitals comply with safe staffing measures.

4. Healthcare regulators, such as the CQC and devolved equivalents, must collaboratively review their approach to interrogating the safety of hospital staffing, ensuring they pay close attention to the systems for ensuring clinical staff can report staffing gaps.

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Published and printed by UNISON, UNISON Centre, 130 Euston Road, London NW1 2AY
CU/March 2025/701/UNP16963/150