

## **STATEMENT**

To: Name:			
Grade:			
	CNM1, CNM2, CNM3, Assistant Director of Nursing, Dir	ector of Nursing, Local Health Mar	nager
l,		Title,	
	itly in charge of/on duty in umber of staff on duty is, in my opinion, in:	sufficient to provide safe s	Ward/Unit/Service
to:	iniber of staff off duty is, in fifty opinion, in.	sufficient to provide sale s	tandards of patient care due
	tranais's Code for Nurses states "The Nurse sh	•	
	d to the workload of, and the pressures on, Pr	_	
	e action if these are seen to be such as to cons ords of practice" and further "any circumstanc		
	ainst safe standards of practice, shall be made	•	
l have sou	ght your advice and guidance on this matt	er at Time	Date
	gnt your advice and guidance on this matt idvice was: **	er at Time	
** If no res	sponse, please state that fact.		
which doe	s not in my opinion, resolve the situation.		
Signed:	St	atus:	
Time:	Da	ate:	
Guideline	es to the Nurse:		
٠	our immediate Line Manager of the situation, r		

Branch Secretary.