

Policy Number HR31

Safe Staffing Policy

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Appendices

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- Appendix 4: Standard Operational Procedure (SOP) – Registered Health Care Professionals (non- nursing/non-medical), Ensuring Safe Staffing Levels in Departments/Services

1.0 Policy Statement

1.1 This policy has been developed in response to the ‘*Developing Workforce Safeguards - Supporting providers to deliver high quality care through safe and effective staffing*’ guidance issued in October 2018 by NHS Improvement (NHSI); which builds on the National Quality Board’s (NQB) guidance on Safe, Sustainable and Productive staffing (July 2016). The NQB guidance states that Providers:

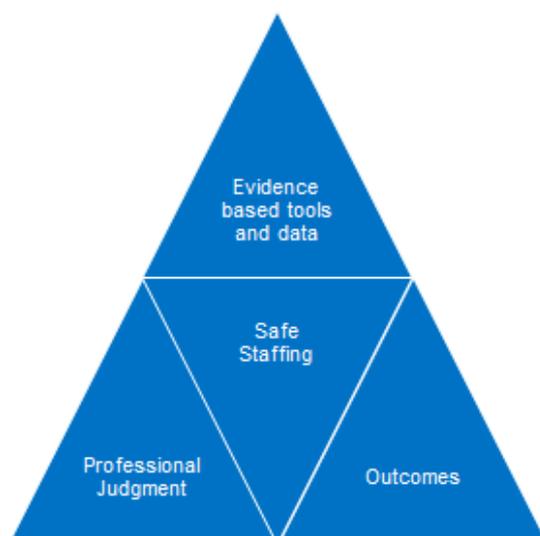
- **Must** deploy sufficient, suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively;
- **Should** have a systematic approach to determine the number of staff and range of skills required to meet the needs of people using the service and to keep them safe at all times;
- **Must** use an approach that reflects current legislation and guidance where it is available.

1.2 Underpinning the above, there is a requirement that a Workforce Safe Staffing Impact Assessment will be undertaken for any service change and efficiency project. This also applies to any workforce development programme which includes skills mix or the introduction of new roles; across all clinical staff roles.

1.3 This policy supports the embedment of the NQB and NHSI guidance and establishes an overarching governance framework, providing assurance that the Trust’s decisions on workforce planning and deployment will promote patient safety (and thereby demonstrate compliance with the CQC fundamental standards, NHSI’s Use of Resources assessment and the board’s statutory duties). This includes ensuring that the following three components are used in safe staffing processes:

- evidence-based tools (where they exist)
- professional judgement
- outcomes

Figure 1: Principles of safe staffing (copied from Developing Workforce Safeguards)



1.4 This policy is supported by Standard Operating Procedures (SOPs) or Guidance Principles for:

- Nursing and Midwifery and
- Other Registered Healthcare Professionals

In adhering to this Policy, all applicable aspects of the Conflicts of Interest Policy (OP109) must be considered and addressed. In the case of any inconsistency, the Conflict of Interest Policy is to be considered the primary and overriding Policy.

2.0 Definitions

CQC:	Care Quality Commission
ESR:	Electronic Staff Record
ODP:	Organisational Development Plans
NHSI:	NHS Improvement
NQB:	National Quality Board
SOP:	Standard Operating Procedure
WODC:	Workforce and Organisational Development Committee
Workforce plan:	a planning process to ensure appropriate levels and skills of staff are available to deliver safe, high quality care to patients and service users.
QIA:	Quality Impact Assessment

3.0 Accountabilities

The **Chief Executive** has ultimate responsibility for governance around staffing decisions across the Trust.

Trust Board: NQB expectation regarding Board and Commissioning responsibility defines: *“NHS provider Boards need to collaborate across their local health and care system, with commissioners and other providers, to ensure delivery of the best possible care and value for patients and the public. In this context, it is critical that Boards review workforce metrics, indicators and outcomes, and measures productivity on a monthly basis – as a whole and not in isolation from each other – and there is evidence of continuous improvements across all of these areas”*

As part of the safe staffing review, the **Chief Nurse** and **Chief Medical Officer** must confirm in a statement to the Trust Board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

The **Chief People Officer** is the Executive sponsor and responsible for ensuring robust and effective workforce planning and governance for role developments across the Trust.

The Operational Workforce Group is responsible for leading on assurance and development of the Trust's workforce model and to provide focus and an organisational steer with regards to:

- Governance for the development and utilisation of new roles, and
- Workforce planning and future RWT workforce model.

Further detailed accountabilities are set out in the attachments for the stated clinical staff groups.

4.0 Policy Detail

4.1 The **Governance Model** for role development in the Trust is demonstrated in the diagram in [Appendix 1](#).

4.2 New and Developing Roles

All skill-mix changes that modify funded establishments to develop new roles or new ways of working within existing roles must be informed by a comprehensive assessment, using evidenced-based tools and a Quality Impact Assessment (QIA) and signed off at executive sign-off level (Chief Nurse and/or Chief Medical Director); see [Appendix 2](#) – New Role Introduction QIA Template.

Any identified risks must be recorded on local and corporate risk registers (depending on severity) as well as the QIA, to enable regular monitoring.

4.3 Standard Operating Procedures/Guidance Principles for Clinical Staff Groups

The following attached Standard Operating Procedures must be referred to in relation to the specific clinical staff groups and these include escalation processes and steps to be followed to meet the demands of short term and long term staffing problems:

- Appendix 3 - [Nursing and Midwifery Staffing Guidelines](#);
- Appendix 4- [Registered Health Care Professionals \(non-nursing/non-medical\) Staffing Guidelines](#).

4.4 Assessing Risk and Impact on Quality

4.4.1 As part of the governance process, service leads are required to assess the potential impact on quality before service changes or where there is any substantial workforce transformation, including the introduction of new roles. This must be done by completing a QIA for new/developing roles ([Appendix 2](#)).

4.4.2 The Chief Medical Director and/or Chief Nurse (as appropriate) must scrutinise and sign off all schemes.

4.4.3 Schemes may be modified (or rejected) because of staff concerns raised through e.g. consultation processes; there should be clear routes for staff to raise concerns at the outset and on an ongoing basis.

4.5 Workforce Plans/Staffing Establishment Reviews

4.5.1 Service leads must regularly review their workforce plans as and when workforce or operational issues are identified. The plans must take account of the six-monthly establishment reviews and the annual establishment re-set as part of budget setting.

4.5.2 As a minimum, workforce plans must achieve the following aims:

- Ensure staffing capacity and capability are sustainable and sufficient to provide safe and effective care to patients and service users, taking account of any predictable patterns of variation in demand
- Minimise or negate the need for agency staff by effectively planning the workforce needed for service requirements
- Include a comprehensive QIA where there is any workforce transformation or redesign including a change in skill mix and/or the introduction of new roles
- Set the standard for expected staffing levels – encouraging transparency and enabling staffing decisions to be based on evidence
- Be formulated by multidisciplinary teams and consider the whole service and the workforce required to deliver the activity, at the required quality standards. From a financial perspective, this should include realistic calculations of workforce ‘headroom’ for all professional groups and support workers and consider likely staffing costs such as a percentage of parental or study leave, to avoid overspending when such leave is required.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Doe the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	None

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that: There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

7.0 Maintenance

The Head of Resourcing will ensure the Policy is kept up to date and the Professional Leads will recommend any changes / amendments.

8.0 Communication and Training

This policy will be communicated through the Trust's standard communication mechanisms, including Senior Managers' Briefing, publishing on Trust Intranet site and Trust Brief. There are no additional formal training requirements for implementation of this policy.

9.0 Audit Process

This policy supports delivery of the following Trust strategic objective:

Attract, retain and develop all our staff and improve employee engagement.

Criterion	Lead	Monitoring method	Frequency	Committee
Quality Impact Assessments (QIAs) are undertaken with regards to the development and deployment of all new roles	Professional Service Leads	Formal reports to OWG and audits scheduled.	Bi annual	OWG

10.0 References - Legal, professional or national guidelines

Developing Workforce Safeguards - Supporting providers to deliver high quality care through safe and effective staffing, October 2018 (NHS Improvement):

<https://improvement.nhs.uk/resources/developing-workforce-safeguards/>

Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time - Safe sustainable and productive staffing, July 2016 (National Quality Board):

<https://www.england.nhs.uk/wp-content/uploads/2013/04/nqb-guidance.pdf>

Guidance on safe medical staffing – Report of a working party, Royal College of Physicians, July 2018:

<https://www.rcplondon.ac.uk/projects/outputs/safe-medical-staffing>

Part A - Document Control

Policy number and Policy version: Policy Number HR31 Version 2.0	Policy Title: Safe Staffing Policy	Status: Final		Author: Head of Resourcing Chief Officer Sponsor: Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	September 2019	Head of Workforce & OD	New Policy
	2.0	February 2023	Head of Resourcing	Revised (3 yearly review)
Intended Recipients: All service managers and senior managers responsible for workforce planning and deployment				
Consultation Group / Role Titles and Date: JNC, LNC, JSCC				
Name and date of Trust level group where reviewed		Trust Policy Group – February 2023		
Name and date of final approval committee		Trust Management Committee – February 2023		
Date of Policy issue		March 2023		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		February 2026		
Training and Dissemination: Senior Managers’ Briefing, Trust Intranet. No additional training requirements.				
Publishing Requirements: Can this document be published on the Trust’s public page: Yes				
To be read in conjunction with: Appendix 1 Developing Workforce Safeguards – Flowchart Appendix 2 – New Role Introduction QIA; Appendix 3 – SOP Nursing and Midwifery Staffing Guidelines; Appendix 4 – SOP - Registered Health Care Professionals (non-nursing/medical)				
Initial Equality Impact Assessment (all policies): Completed Yes - Full Equality Impact assessment (as required): N/A If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904				
Monitoring arrangements and Committee		Reports and updates to OWG		
Document summary/key issues covered. This policy has been developed in response to the ‘Developing Workforce Safeguards’ guidance issued in October 2018 by NHS Improvement (NHSI); which builds on the National Quality Board’s (NQB) guidance on Safe, Sustainable and Productive staffing (July 2016). It includes a new roles QIA and SOPs relating to the relevant clinical groups.				

<p>Key words for intranet searching purposes</p>	<p>Safe Staffing; workforce; workforce planning; deployment; role development</p>
<p>High Risk Policy? Definition:</p> <ul style="list-style-type: none"> • Contains information in the public domain that may present additional risk to the public e.g. contains detailed images of means of strangulation. • References to individually identifiable cases. • References to commercially sensitive or confidential systems. <p>If a policy is considered to be high risk it will be the responsibility of the author and chief officer sponsor to ensure it is redacted to the requestee.</p>	<p>No (delete as appropriate) If Yes include the following sentence and relevant information in the Intended Recipients section above – In the event that this is policy is made available to the public the following information should be redacted:</p>

Part B**Ratification Assurance Statement**

Name of document: HR 31 Safe Staffing

Name of author: Tracey King

Job Title: Acting Head of Resourcing

I, _____ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: T King

Date: 9/12/22

Name of Person Ratifying this document (Chief Officer or Nominee):

Job Title:

Signature:

- I, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

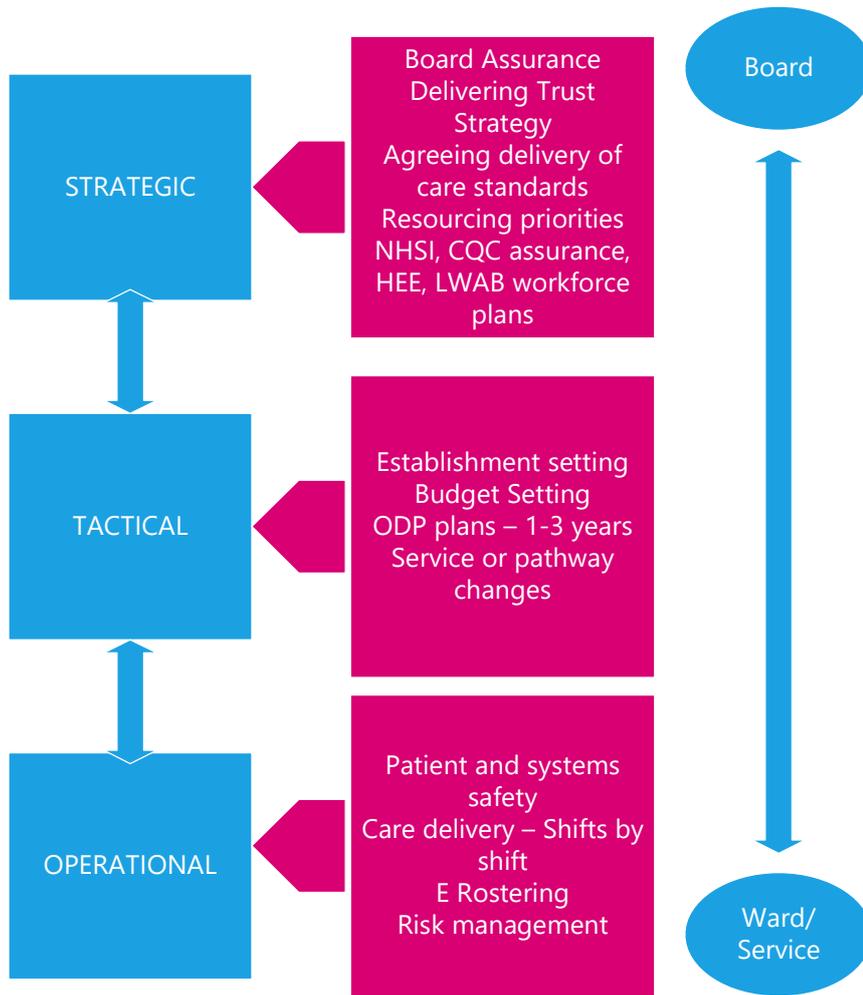
IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

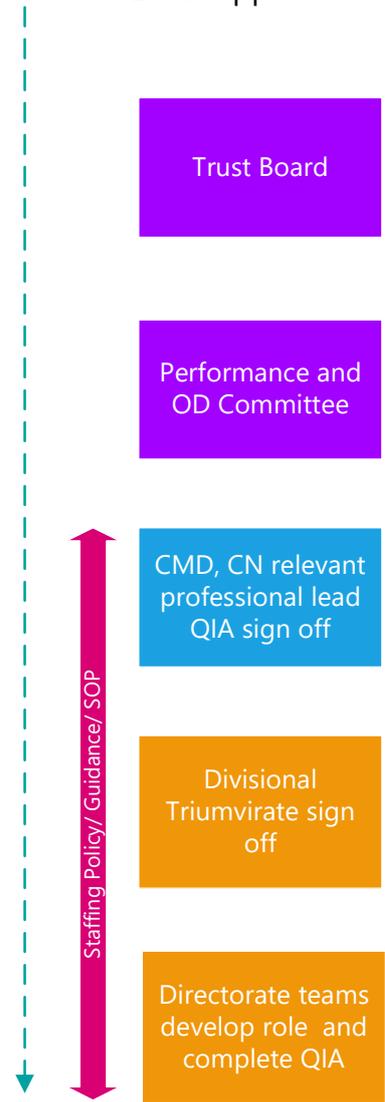
Policy number and policy version	Policy Title: Safe Staffing Policy Final V2.0	
Reviewing Group	Trust Policy Group	Date reviewed: February 2023
Implementation lead: Professional Service Leads		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	N/A	N/A
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	N/A	N/A
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A	N/A
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?		
Financial cost implementation Consider Business case development	N/A	N/A
Other specific Policy issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

Appendix 1 Developing Workforce Safeguards

National View



Local Application



New Role Introduction

Scheme Number:

Please complete all fields highlighted in

green: -

Division
Directorate
New role proposer
Executive sponsor

Scheme Name

--

New Role Background

--

Benefits of role introduction

--

Add Link To Project Document -
(**PMO USE ONLY**)

What needs to be done and when

Tasks/ Milestones	Expected Date

Who is affected by the change

Stakeholders

What non-financial benefits will the scheme achieve

Benefit	Benefit Type

When will scheme be implemented

--

Risks to delivering the scheme

Details	Consequence	Likelihood	Rating
			0
			0
			0
			0

Issues - Something that needs to be addressed now

Details	Significance

Assumptions

Details	Impact if Untrue

Dependencies

Details	Impact

Signed - New role proposer

Date

Signed - Directorate

Date

Signed - Division

Date

Signed - Executive Sponsor

Date

Signed - Director of Workforce

Date

Signed - Chief Medical Director/Chief Nurse

Date

New Role Introduction
Quality Impact Assessment

Scheme Number:

Please complete all fields highlighted

Scheme Name

Scheme Overview

New role proposer Division

Completed By Reviewed By

Quality Indicator(s)

KPI Assurance - Sources & Reporting to Monitor Quality Indicator(s)

Patient Safety	Details	Consequence	Score
Please record the impact / risks of making this change on Patient Safety. If it includes a new procedure confirm that Trust approval process has been followed			0
Please record the mitigations to be put in place to address the risks / impacts identified	Mitigation	Likelihood	
Clinical Effectiveness	Details	Consequence	Score
Please record the impact / risks of making this change on Clinical Effectiveness			0
Please record the mitigations to be put in place to address the risks / impacts identified	Mitigation	Likelihood	

--	--	--

Patient Experience	Details	Consequence
Please record the impact / risks of making this change on Patient Experience		
		Score
		0
Patient Experience	Mitigation	Likelihood
Please record the mitigations to be put in place to address the risks / impacts identified		

Staff Experience	Details	Consequence
Please record the impact / risks of making this change on Staff Experience		
		Score
		0
Staff Experience	Mitigation	Likelihood
Please record the mitigations to be put in place to address the risks / impacts identified		

Review Committees		
		Overall Risk Score

	Date	Signature and position title
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 the proposal is sound		Chief Nurse
		Chief Medical Director

Document:	Standard Operational Procedure (SOP)
Title:	Nursing and Midwifery Staffing Guidelines – Ensuring Safe Staffing Levels in Wards/Departments/Services
Intended readers:	Trust Board members, Heads of Nursing/Midwifery, Matrons and all Nursing/Midwifery staff with a responsibility for managing a nursing/midwifery workforce
Dissemination:	Senior Nurse Group, Matron Group, Band 7 group
Authors:	Rose Baker Associate Chief Nurse
Date:	1 st February 2023
Review date:	1 st February 2026
Status:	Version 2.0

1.0 Procedure Statement

The purpose of this document is as follows.

- Set out the principles that underpin safe Nursing and Midwifery staffing for the Wards, Departments, Clinics, Primary and Community Services.
- Describe the methodology undertaken to agree funded Nursing and Midwifery establishments and skill mix.
- Demonstrate how these are monitored to ensure that they remain fit for purpose – specifically to ensure appropriate staffing levels are provided to meet the dependency and acuity of patients in our care.
- Detail the process for regular and responsive staffing review.
- Define the levels of responsibility by role regarding staffing levels on a day by day basis and at an establishment setting level.
- Identify the escalation process and steps to be followed to meet the demands of short term and long term staffing problems.
- Detail relevant national guidance and compliance with this.

Scope of the guidelines

These guidelines use the generic term Nurse to refer to Registered Nurses, Registered Midwives, and all staff within Nursing and Midwifery teams (unless specified otherwise). These guidelines should be read in conjunction with the [OP103 Electronic Rostering Policy](#)

Nationally the focus on Nurse staffing is high and will continue to be so for the foreseeable future in light of the shortages of Registered Nurses. Section 7 of this Guideline provides the bibliography and references of all relevant national guidance. Worthy of particular mention are Developing Workforce Safeguards (NHSI 2018) and National Quality Board (NQB) Guidelines (2016): *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing*

2.0 Definitions

- **Registered Nurses (RNs)** are nurses who are registered with the Nursing and Midwifery Council (NMC) and have a valid registration number.
- **Midwives** are registered with the NMC and have undertaken the requisite qualification to be registered and legally practice midwifery and use the protected title 'Midwife'.
- **Nursing Associate** is a nursing role created to bridge the skills gap between healthcare support workers and regulated professionals. As registered professional with the NMC they are accountable for their own professional conduct and practice and to work within their scope of practice.
- **Assistant Practitioner** is a nursing role created to bridge the skills gap between healthcare support workers and regulated professionals. They are unregistered professionals however they will have completed an academic programme and an enhanced competency based framework.
- **Health Care Assistants (HCA)** sometimes called 'support staff' are staff who are not registered with the NMC.
- **Skill mix** is the ratio of registered nurses to non-registered support staff.
- **Risk rated shifts** are shifts in which the number of staff or skill mix falls below the requirements and there has been a detriment to patient care. These must be recorded on Datix system.
- **Red Flag events** (Appendix 1) are significant care incidents that can occur and impact on patient outcomes. They must be recorded on the Datix system and specifically when fewer than 2 RN's on shift; this incident must be escalated to the Chief Nurse.
- **Safe nursing indicators** (Appendix 2) are a range of indicators that aim to provide evidence that staffing was appropriate for the patient needs.
- **Safer Nursing Care Tool** TM
This was originally developed in conjunction with the Association of UK University Hospitals (AUKUH). There are tools for Adult Inpatients, Acute Assessment Units and Children and Young people.
The tool comprises two parts:
 - Acuity and Dependency – developed to help acute NHS hospitals measure patient acuity and/or dependency to inform evidence-based decision making on staffing and workforce and to use this information to calculate total staff needed in a particular ward using nursing multipliers;
 - Nurse Sensitive Indicators (NSIs) – these have been identified as quality indicators of care with specific sensitivity to nursing intervention or lack of intervention. They can be used alongside the information captured using the Acuity and Dependency Tool to develop evidence- based workforce plans to support existing services or the development of new services.
- **Birth-rate Plus** [®]
Birth-rate Plus is the national tool available for calculating midwifery staffing levels.

- **NICE Staffing guidance**

This makes recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals, based on the best available evidence. The guidance focuses on wards that provide overnight care for adult patients in acute hospitals. It does not cover Intensive Care, High Dependency, Maternity, mental health, acute admissions or assessment units or ward or inpatient wards in community hospitals. There is no single nursing staff-to-patient ratio that can be applied across all acute adult inpatient wards. However, there is evidence of increased risk of harm and mortality associated with an RN caring for more than 8 patients during a day shift.

The guideline makes recommendations about the factors that must be systematically assessed at ward level to determine the nursing establishment. It then recommends on-the-day assessments of nurse staffing requirements to ensure that the nursing needs of individual patients are met through-out a 24-hour period.

- **Care Hours Per Patient Day (CHPPD)**

CHPPD is a way of representing staffing data that puts the nursing hours in the context of the patient activity. It is a simple calculation by dividing the number of actual nursing (both registered and unregistered) hours on a ward over the 24hour period by the number of patients occupying the beds at midnight.

3.0 Accountabilities

3.1 Trust Board will:

- review workforce metrics, indicators and outcomes on a monthly basis – as a whole and not in isolation from each other (*“NHS provider Boards need to collaborate across their local health and care system, with commissioners and other providers, to ensure delivery of the best possible care and value for patients and the public. In this context, it is critical that Boards review workforce metrics, indicators and outcomes, and measures productivity on a monthly basis – as a whole and not in isolation from each other – and there is evidence of continuous improvements across all of these areas,”* (NQB expectation regarding Board and Commissioning responsibility).

3.2 Chief Nurse will:

- advise the Board and agree the nursing establishment for all clinical areas;
- ensure appropriate policies, systems and processes are in place to make decisions about staffing, provide challenge and apply professional judgement to all decisions;
- ensure systems are in place, i.e. e-rostering and escalation guidance, to support those with responsibility for staffing decisions on a shift-by shift basis;
- oversee the annual and biannual process of reviewing nurse staffing requirements
- ensure that there are processes in place to actively involve Senior Sisters/Charge Nurses in staffing establishment discussions;
- approve all changes to nurse staffing establishments, the process will include review of Quality Impact Assessments.

3.3 Chief Operating Officer (COO) will:

- be informed by the Chief Nurse of the correct staffing establishments required to provide safe and high-quality care to patients;
 - ensure that Divisional structures are in place to operationally manage the correct staffing on a daily basis.
-

3.4 Chief People Office (CPO) will:

- ensure appropriate manpower resources are available to support the staffing capacity and capability to provide high quality care to patients; this will include the provision of effective and efficient recruitment;
- ensure sufficient systems and processes are in place to capture accurate data on establishment, movement, and turnover and that workforce planning is supported by a robust recruitment plan to underpin safe staffing;

3.5 Chief Finance Officer (CFO) will:

- ensure financial decisions which will impact on staffing capacity and capability and thus outcomes for patients are taken into consideration when agreeing budgets.

3.6 Head of Nursing Workforce (HNW)

On behalf of the Chief Nurse the HNW will:

- co-ordinate the biannual skill mix review for adult, adult emergency assessment units and paediatric inpatient wards in conjunction with the Heads of Nursing/Midwifery;
- co-ordinate the annual skill mix review for Maternity services in conjunction with the Head of Midwifery;
- co-ordinate the annual establishment review for all other nursing services;
- be responsible for leading the staffing systems and processes which supports the monthly monitoring of staffing (Planned versus Actual staffing and CHPPD) and its upload to NHS England and Improvement;
- provide information monthly to the Trust board on the nursing workforce;
- review establishments quarterly with Heads of Nursing/Midwifery, Divisional Finance Manager and E-roster manager to ensure they are aligned with budget and e-roster templates.

3.7 Heads of Nursing/Midwifery (HoN/M) will:

- be professionally responsible for nursing establishments in their Divisions;
- guide and support Directorate Management teams in respect of staffing levels and skill mix, supporting Matrons and Group/Directorate Managers to resolve significant problems and to escalate and resolve concerns;
- they will work collaboratively with Matrons to ensure staffing levels are appropriate and monitoring is in place;
- identify and respond to trends;
- set staffing establishments taking account of the need to allow nursing, midwifery and care staff the time to undertake professional development and to fulfil mentorship and supervision;
- be the Divisional lead of the biannual skill mix review for adult, adult emergency assessment units and paediatric inpatient wards supported by the ACN;
- support the annual establishment review for all other nursing services;
- escalate staffing concerns in a timely manner to the Chief Nurse;
- provide monthly information to relevant Trust committees;
- ensure efficient roster management.

3.8 Matrons will:

- ensure all information is provided within the agreed reporting timescales;
- check and challenge the ward/dept. budgeted staffing establishment;
- complete double approval of ward/dept. e-rosters within agreed timescales and ensuring that ward/dept. rosters are updated daily in accordance with Trust policy;
- ensure daily completion of acuity /dependency scoring on the wards;
- review and provide exception reports on any of the RWT 'Red Flags' or 'Safe Nursing Indicators';
- present Directorate staffing data to Directorates at the monthly governance meeting for discussion;
- work on a day by day basis and proactively allocate staff across areas of responsibility to ensure safe levels of staffing, working with Matron colleagues within and between Directorates;
- follow the processes required within the Trust for the booking of temporary staffing (Bank);
- ensure weekly and longer term workforce planning across Directorate is effective and safe.

3.9 Senior Sister/Charge Nurse

The Senior Sisters/Charge Nurses have 24 hour accountability for a defined area and are responsible for:

- recruitment and retention of staff;
- efficient roster management that aligns the establishment blueprint, budgeted establishment and e-roster template;
- daily lock down of rosters to ensure visibility of live roster data;
- ensuring escalation takes place if staffing levels fall below agreed staffing levels (each area will have their own escalation procedure which will reflect the Divisional procedure);
- the daily acuity/dependency score is recorded on every patient;
- report any "Red Flag" events, monitor and feed back to staff;
- after handover, or during staffing briefings, update staff and consider if the available staff meets the needs of the patients and discuss any "Red Flag" events.

3.10 Registered Nurses and Midwives

Where it is deemed to be within their sphere of competence, RN's and Midwives may be required to take charge within their area and should be aware of, and work within, these guidelines. They should take action to address, escalate, and report any difficulties of staffing, or "Red Flag" events in collaboration with colleagues.

4.0 Procedure

4.1 Right staff

The Trust has a strong framework and culture of professional Nursing and Midwifery leadership, included within this is the responsibility for safe and effective staffing levels. As no nationally recognised methodology exists, the Trust supports the methodology of professional judgement triangulated with available national guidance and recognised or validated acuity tool.

The professional view is formed as a result of collaboration between Ward Sisters/Charge Nurses, Matrons, Heads of Nursing/Midwifery and Head of Nursing Workforce, in conjunction with internal and external (where appropriate) benchmarking the Safer Nursing Care Tool (SNCT). Other relevant acuity, dependency and activity data is taken into account, and provides rigor and triangulation.

Regular and responsive review processes are in place, combining professional judgement, metrics, and benchmarking data to agree funded establishment. Any changes to establishment, for example through the Business Planning process must be agreed with the Chief Nurse and a Quality Impact Assessment must be completed.

The principles that have been agreed within the Trust and underpin the establishment reviews are listed below.

- As standard, all Wards will have 1.0 Band 7 Sister/Charge Nurse and a minimum of 2 Band 6 Sister/Charge Nurses as Deputies.
- In Maternity Services women in established labour will have one-to-one Midwifery care. The Birth-rate Plus recommendations are acknowledged and considered when revising staffing both in acute and community settings.
- For all Senior Nursing roles (Band 7 and above) in the Trust, including Sister/Charge Nurse and Matron – there is an expectation these will be full-time posts, unless a formal job-share arrangement exists, or specific individual arrangements have been made to suit the needs of the service and the individual.
- For in-patient Wards the Senior Sister/Charge Nurse will work predominantly “Monday to Friday”, although there are exceptions to this, to provide leadership commensurate with the role, it is essential that this is regularly reviewed and negotiated as regularly working out-of-hours can be beneficial in some areas. In particular, many Directorates have Sister/Charge Nurse cover at a weekend, on a planned rota basis – this is supported and encouraged.
- Some Wards/Departments/Directorates will be supported to “over recruit”. This will be agreed and monitored by the recruitment control process, and is designed to maintain cover at establishment level, during periods of staff turnover. It should not incur an over spend.
- Each Community setting/service has agreed establishments and staffing levels which have been negotiated on individual basis and will be reviewed annually
- Areas identified via the skill mix review process to require Sister/Charge Nurse presence 24/7 will include Emergency Department, Assessment wards; Critical Care Areas; Paediatrics; Maternity and Neonatal Unit.
- All Ward/Department establishments have an allocation for annual leave, study leave and recognition of sick leave; this is currently 20% as standard.

- Supervisory time is identified for Senior Ward Sisters/Charge Nurses. Supervisory time means that Senior Sisters/Charge Nurses are not “counted in numbers” on a shift by shift basis to provide direct clinical care, but will work in coordinating leadership and management capacity. This role enables the Senior Sister/Charge Nurse to manage their workload flexibly to meet the needs of their Ward.

Nurses in Specialist Nursing Roles (NISNR) form an integral part of the Nursing workforce across the Trust. As such Heads of Nursing are responsible for ensuring the NISNR have an appropriate team structure to ensure consistent and robust process for communication and management within the teams.

The following key principles should be adhered to:

- Teams should ideally consist of between 4 and 10 members who are line managed by a Team Lead;
- Each Team Lead should be managed by a named Matron/lead nurse;
- Day to day responsibilities of the Team Lead include sickness and absence management, managing and performing of appraisals, clinical supervision if required, NMC registration checks, team activity monitoring and facilitating recruitment and induction of new staff;
- A detailed job plan should be in place which is reviewed as part of the annual appraisal with objectives for the year ahead agreed.

There must be sufficient and appropriate staffing capacity and capability to provide safe, high-quality and cost-effective care to patients at all times. Staffing decisions must be aligned to operational planning processes so that high quality care can be provided now and on a sustainable basis.

4.1.1 Evidence based workforce planning

Staffing reviews

Decision making to determine safe and sustainable staffing must follow a clear and logical process that takes account of the wider multidisciplinary team.

- Biannual review of adult, acute medical unit; surgical assessment unit and paediatric inpatient wards or more frequently if changes to services are planned.

The key elements of this planning approach are as follows (see also Appendix 3).

- Decision support tool (a systematic, evidence-based approach to determine the number and skill mix of staff required). For this the Safer Nursing Care tool will be utilised.
- Utilising professional judgement to meet specific local needs, but ensuring this does not duplicate elements included in the tool being used, for example if the tool takes account of patient turnover an additional allowance for this would be duplication.
- Benchmarking with peers (e.g. CHPPD via model hospital).
- Taking account of national guidelines, bearing in mind they may be based on professional consensus.

- Annual review of Maternity and all other nursing areas.
- Demand and Capacity assessment and planning, based on population size and predicted activity, will take place in Primary Care.

4.1.2 Allowing for uplift

Whilst ensuring that leave is managed efficiently and responsibly, nursing establishments should include 'uplift' of 20% to allow for the efficient and responsible management of planned and unplanned leave and to ensure that absences are able to be managed effectively.

An establishment will include uplift for:

- annual leave in line with Agenda for Change or local terms and conditions (15%);
- study leave (2%);
- sickness/absence/compassionate leave (3%).

4.1.3 Professional judgement

Staffing decisions based solely on professional judgment are considered subjective and may not be transparent. But professional judgement remains an essential element of staffing decisions. For this reason the Trust will use a triangulated approach, which uses a decision support tool in conjunction with clinical quality indicators and professional judgement.

Professional judgement should include consideration of the following.

- **Ward layout/facilities:** The configuration of wards and facilities affect the nursing time available to deliver care to patients, and this can be reflected in staffing establishments through professional judgement. For example, wards with a high proportion of single rooms might make adequate surveillance of vulnerable patients more difficult. Some ward layouts are associated with significantly more walking between patients than others.
- **Escort duties:** This is not captured by the Safer Nursing Care tool. Consideration needs to be given if this role is likely to affect the numbers of staff required, a local data collection and analysis exercise must be undertaken to determine a percentage to be added to the establishment to ensure staffing remains responsive to daily patient care need.
- **Shift pattern:** The type of shifts (long day versus short day) in use may affect the overall establishment required to ensure shift-to-shift staffing levels. These should be monitored to understand the impact and effect on staff and patients.
- **Multi-professional working:** Consider the make-up of the care team for the ward. Would specific AHPs or support roles meet the needs of patient groups at particular periods of the day more appropriately? Conversely the absence of administrative support staff such as ward clerks may increase nurses' workload at particular times.

The following questions will be considered:

- What is the care/treatment to be provided?

- What competencies are required to deliver that care/treatment?
- Which staff member (taking into consideration the wider multidisciplinary team) is competent and best placed to deliver that care/treatment?
- Can aspects of the care/treatment be safely delegated with appropriate education and training (if so, to whom)?
- What are all members of the team responsible for?

4.1.4 Comparing staffing levels with peers

Comparing staffing with peers can act as a 'sense check', particularly on assumptions and professional judgements. Benchmarking can also help stimulate the sharing of best practice.

Care hours per patient day (CHPPD) provides a useful metric for making these comparisons. CHPPD gives a picture of the total ward care workforce but is split between registered nurses and healthcare support workers.

While the summary CHPPD measure includes all care staff, the RN hours must always be considered in any benchmarking alongside quality care metrics (Griffiths et al 2016b) in order to assess the impact on patient outcomes.

4.2. Right skills

Clinical leaders and managers should be appropriately developed and supported to deliver high quality, efficient services, and staffing should reflect a multi-professional team approach. Clinical leaders should use the workforce's competencies to the full, developing and introducing new roles where they identify a need or skills gap.

The nursing workforce, like many in other large sectors and industries, is facing numerous challenges and the landscape of transformation, as set out within the Long-Term Plan (2019) needs to be delivered so we have health and care services that can adapt to the future. In this changing landscape we cannot rely on the traditional solutions to some of our major workforce pressures and so need to think differently moving forwards.

Our ability as a profession to adapt and innovate is critical to achieving high-quality care in the right place and at the right time.

4.2.1 Staff training, development and education

All members of the clinical team must be appropriately trained to be effective in their roles. The Senior Sister, Charge Nurse or team leader is responsible for assessing the training requirements of individual team members, prioritising and developing a plan to meet these using available resources.

This assessment enables opportunities to be identified for up skilling staff to address gaps in patient care. Education and training needs can be met through, for example, local skills training, e-learning, seminars, shadowing, clinical placement exchanges and rotation programmes. Compliance with appraisal and mandatory training is paramount.

4.3 Right place, right time

Staff should be deployed in ways that ensure patients receive the right care, first time, in the right setting, in a sustainable way. This will include effective management and rostering, with clear escalation policies if concerns arise.

4.3.1 Productive working

Work processes should be routinely reviewed at both the hospital and ward level to reduce unwarranted variation and increase productive direct care time with patients.

4.4 Internal and External reporting

4.4.1 Internal

The Trust Management Committee and Trust Board will receive a monthly report from the CNO which will include a dashboard which incorporates workforce, CHPPD and quality data. In addition they will receive an annual and biannual review of specific establishment and skill mix reviews

4.4.2 External

Trust Board papers will be available on the Trust website. The monthly Planned versus Actual staffing per ward and Care hours per Patient Day will be uploaded to Unify and will be published on the Trust website and by NHSI on the Model Hospital Dashboard.

5.0 References

Department of Health (2013) Care in local communities: A new vision and model for district nursing.

Griffiths P, Ball J, Murrells T, Jones S, Rafferty AM (2016b) Registered nurse, health care support worker, medical staffing levels and mortality in English hospital Trusts a cross sectional study. BMJ open 5:e008751

National Quality Board Guidelines (2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing

NQB (2016) 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 <http://www.england.nhs.uk/ourwork/part-rel/nqb>

NHS England (2019) The NHS Long Term Plan. <http://www.england.nhs.uk/long-term-plan/>

NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery and care staff <http://www.england.nhs.uk/ourwork/leading-change>

NHS Improvement (2018) Developing Workforce Safeguards (2018). <https://improvement.nhs.uk/resources/developing-workforce-safeguards/>

NICE (2013) Safe staffing for nursing in adult inpatient wards in acute hospitals. <http://www.nice.org.uk/guidance/SG1>

NICE Guideline NG4. (2015) Safe staffing for maternity settings. <https://www.org.uk/guidance/ng4>

The Safer Nursing Care Tool **The Shelford Group – 2013**
<http://shelfordgroup.org/resource/chief-nurses/safer-nursing-care-tool> <http://shelfordgroup.org/library/documents/SNCT> A4 pdf

6.0 Maintenance

The Head of Nursing Workforce will be responsible for ensuring this protocol is fit for purpose and meets the National reporting requirements.

7.0 Communication

Discussion through the Matrons, Senior Nurses, Midwives and Health Visitors Group Meeting and Nursing, Midwifery and Health Visitors Leaders Group meeting and presented at appropriate forums.

8.0 Audit/Monitoring

Criterion	Lead	Monitoring method	Frequency	Committee/Group
Biannual skill mix reviews for acute assessment units; adult and paediatric inpatient wards.	Head of Nursing Workforce	Completion in timescale	Biannual	Trust Board
Annual review of Maternity Services	Head of Midwifery	Completion in timescale	Annual	Trust Board
Annual review of all remaining nursing services	Head of Nursing Workforce	Completion in timescale	Annual	Trust Board

Appendix 1

Red Flags include:

NICE Red Flag	RWT Red Flag	How recorded	By Whom	Monitored
Unplanned omission in providing patient medications	Unplanned omission in providing patient medications	Datix	Registered nurse responsible for the patient	Monthly report via governance
Physiological vital signs not assessed or recorded as per plan	Delayed vital sign observation recording <5%	Electronic observation software	All staff undertaking recording of observations via an electronic observation software	Monthly monitoring of performance, reported by the Heads of Nursing to the Quality and Safety Improvement Group
Less than 2 registered nurses rostered on shift	Less than 2 registered nurse actually on shift	Staffing template, E-rostering, Unify data collection, Datix	Senior Sister, Matron, Head of Nursing	Monthly Divisional Head of Nursing report to Trust Management Committee (TMC)
A shortfall of more than 8 hours or 25% of registered nursing time (whichever is reached first) compared to the actual requirement for the shift	A shortfall of 20% of registered nursing time not backfilled by bank or other area	Staffing template, E-rostering, unify data collection, Datix	Head of Nursing Workforce	Monthly Integrated Quality and Performance report to TMC and Trust Board

Appendix 2

Safe Nursing Indicators include:

Patient Reported Outcome **Measure**

- Data can be collected for the following indicators from the National Inpatient Survey:
Adequacy of meeting patients' nursing care needs.
Adequacy of provided pain management. Adequacy of communication with nursing team.

Safety Outcome Measure

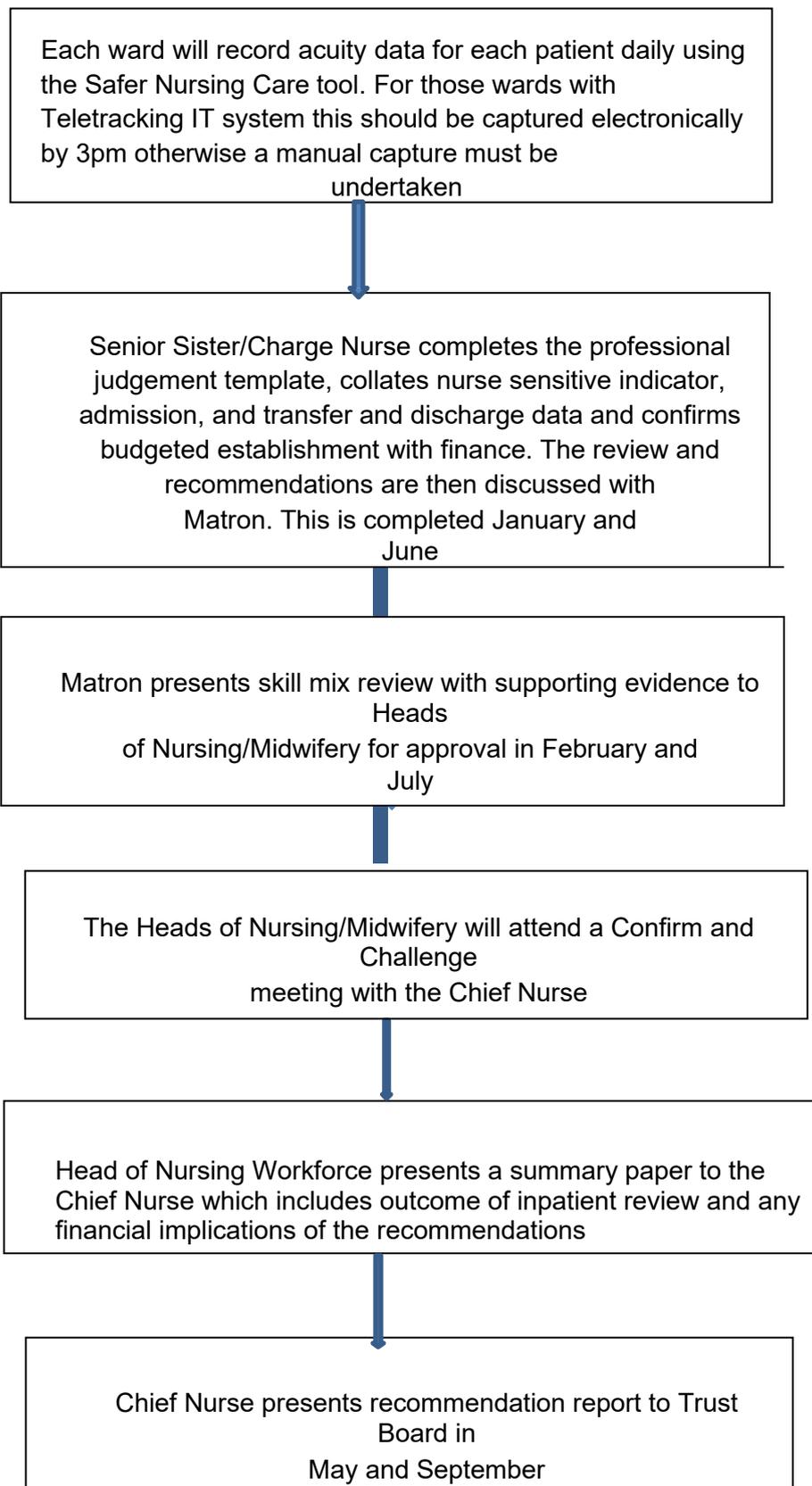
- Falls: any fall that a patient has experienced whilst in hospital.
- Pressure ulcers: avoidable hospital acquired pressure ulcers

Ward nursing staff establishment measures

- Planned versus Actual nurse staffing for each shift
- Number of wards below an average 80% fill rate day and night
- Compliance with mandatory training in accordance with Trust policy

NICE (2013)

Skill Review Flowchart
Adult and Paediatric Inpatient Wards and Acute Medical Unit and Surgical Assessment units



Document:	Standard Operational Procedure (SOP)
Title:	Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe Staffing Levels in Departments/Services
Intended readers:	Trust Board members, Heads of Nursing/Midwifery, Professional Leads and staff with a responsibility for managing a registered workforce
Dissemination:	Department Managers and appropriate Seniors Meetings
Authors:	Rosalind Leslie Chief AHP (AHP Lead), Angela Davis Clinical Director of Pharmacy, Clare Ford Consultant Clinical Scientist
Date:	1st February 2023
Review date:	1 st February 2026
Status:	Version 2.0

1.0 Procedure Statement

Registered Health Care Professionals form an integral part of the workforce across the Trust. As such Professional Leads are responsible for ensuring that they have an appropriate team structure to ensure consistent and robust processes for communication and management within the teams. There must be sufficient and appropriate staffing capacity and capability to provide safe, high-quality and cost-effective care to patients at all times. Staffing decisions must be aligned to operational planning processes so that high quality care can be provided now and on a sustainable basis.

Nationally the focus on safe staffing is high and will continue to be so for the foreseeable future in light of the shortages of some Registered Health Care Professional groups. Worthy of particular mention are the Developing Workforce Safeguards (NHSI 2018) and National Quality Board (NQB) Guidelines (2016): *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing.*

Purposes of this Document

- Detail relevant national guidelines that underpin safe Registered Health Care Professional (non-nursing/medical) staffing for the areas in which they work.
- Outline the methodology undertaken to agree funded Registered Health Care Professional establishments and skill mix.
- Demonstrate how these are monitored to ensure that they remain fit for purpose – specifically to ensure appropriate staffing levels are provided to meet the dependency, acuity and complexity of patients in our care.
- Detail the process for regular and responsive staffing review.
- Identify the escalation process and steps to be followed to meet the demands of short term and long term staffing problems (Attachment 1).
- Clarify the expected outcomes and impact of safe staffing.

2.0 Definitions

This document uses the generic term Registered Health Care Professional to refer to professionals registered with the following professional bodies:

- Health and Care Professions Council (HCPC)
- General Pharmaceutical Council (GPhC)
- General Optical Council (GOC)
- The Registration Council for Clinical Physiologists (RCCP)

3.0 Procedure

Expectations	Available Measures	Detail	Outcomes/Impact
<p>1. Right Staff</p> <p>1.1 Evidence-based workforce planning.</p> <p>1.2 Professional judgement.*</p> <p>1.3 Compare staffing levels with peers.</p>	<p>1.1 Safe Staffing guidelines and methodologies (Attachments 2, 3 and 4). A detailed job plan should be in place which is reviewed as part of the annual appraisal with objectives for the year ahead agreed.</p> <p>1.2 Local and profession-specific recommendations.</p> <p>1.3 Model Hospital.</p>	<p>Where no nationally recognised methodology exists, the Trust supports the methodology of professional judgement triangulated with available national guidance and recognised or validated tools. The professional view is formed as a result of collaboration in conjunction with internal and external (where appropriate) benchmarking. Other relevant acuity, dependency, complexity and activity data is taken into account, and provides rigor and triangulation.</p> <p>Some Directorates will be supported to “over recruit”. This will be agreed and monitored by the recruitment control process, and is designed to maintain cover at establishment level, during periods of staff turnover. It should not incur an over spend.</p>	<p>Comparing staffing with peers will act as a ‘sense check’, particularly on assumptions and professional judgements.</p> <p>Benchmarking will also help stimulate the sharing of best practice.</p> <p>Staffing numbers will increase to meet patient demand.</p> <p>Services will be temporarily reduced/closed for a defined period until staffing issues are resolved (Attachment 1).</p> <p>Business continuity plans will be implemented where necessary (Attachment 1).</p>

Expectations	Available Measures	Detail	Outcomes/Impact
<p>2. Right Skills</p> <p>2.1 Trust/Local induction, mandatory training, continuous professional development (CPD), local competency assessments, revalidation and education.</p> <p>2.2 Working as a multi-professional team.</p> <p>2.3 Recruitment and retention.</p>	<p>2.1 Mandatory Training database, inclusion in professional register, completed local competency assessments, study leave requests, LBR funding allocation, CPD records and reflective statements.</p> <p>2.2 Teams' structures. Evidence of MDT working.</p> <p>2.3 HR KPIs. New roles QIA.</p>	<p>All members of the clinical team must be appropriately trained to be effective in their roles. Team leads are responsible for assessing the training requirements of individual team members, prioritising and developing a plan to meet these using available resources.</p> <p>Compliance with appraisal and mandatory training is paramount. Team leads must use the workforce's competencies to the full, developing and introducing new roles where they identify a need or skills gap.</p>	<p>Opportunities will be identified for up-skilling staff to address gaps in patient care.</p> <p>Education and training needs will be met through, for example, local skills training, e-learning, seminars, shadowing, clinical placement exchanges and rotation programmes.</p> <p>Our ability as professionals to adapt and innovate is critical to achieving high-quality care in the right place and at the right time.</p>
<p>3. Right Place and Right Time</p> <p>3.1 Productive working and eliminating waste.</p> <p>3.2 Efficient deployment and flexibility.</p> <p>3.3 Efficient employment and minimizing agency.</p>	<p>3.1 Care hours per patient day, Clinical Hours to Contact, % pharmacist time spent on clinical activities, % pharmacists actively prescribing, % medicines reconciliation within 24 hours, Sunday ON WARD Clinical Pharmacy Hours of Service (Model Hospital metrics).</p> <p>3.2 Local KPIs.</p> <p>3.3 HR KPIs and Agency Monitoring.</p>	<p>Metrics will be used for making comparisons with peers. Work processes will be routinely reviewed to reduce unwarranted variation and increase productive direct care time with patients.</p>	<p>Staff will be deployed in ways that ensure patients receive the right care first time in the right setting in a sustainable way. This will include effective management and rostering, with clear escalation policies if concerns arise.</p> <p>Directorate establishments, where appropriate, will have an allocation for annual leave, study leave and recognition of sick leave; this is currently 20% as standard.</p>

* Professional judgement should include consideration of:

- What is the care/treatment to be provided?
- What competencies are required to deliver that care/treatment?
- Which staff member (taking into consideration the wider multidisciplinary team) is competent and best placed to deliver that care/treatment?
- Can aspects of the care/treatment be safely delegated with appropriate education and training (if so, to whom)?
- What are all members of the team responsible for?

4.0 Internal and External reporting

4.1 Internal

The Trust Management Committee and Trust Board will receive a monthly report from the Chief Nurse which will include a dashboard incorporating registered (non-medical/non-nursing) workforce data. In addition they will receive an annual review of establishment.

4.2 External

Trust Board papers will be available on the Trust website.

5.0 Maintenance

The Professional Leads will be responsible for ensuring this protocol is fit for purpose and meets the National reporting requirements.

6.0 Communication

Discussion through the professional meetings and presented at appropriate forums.

7.0 Audit/Monitoring

Criterion	Leads	Monitoring method	Frequency	Committee/Group
Annual review of establishment against existing methodologies: All Registered Health Care Professionals	Registered Health Care Professional Leads	Completion in timescale	Annual	Trust Board

8.0 References

National Quality Board Guidelines (2016): Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing

NHS England (2019) The NHS Long Term Plan. <http://www.england.nhs.uk/long-term-plan/>

NHS England (2016) Leading Change, Adding value: A framework for nursing, midwifery and care staff <http://www.england.nhs.uk/ourwork/leading-change>

NHS Improvement (2018) Developing Workforce Safeguards (2018). <https://improvement.nhs.uk/resources/developing-workforce-safeguards/>

Escalation: How to Carry Out the Escalation Process

Rating	Trigger/Impact	Action	Authorisation
Green	<p>Staffing levels: match planned activity.</p> <p>Patient complexity & dependency: is within usual expected range for the area.</p> <p>Situation: "business as usual".</p>	<p>All care and routine tasks will be carried out.</p> <p>Allocation of duties, tasks, breaks etc. by team lead/person in charge.</p>	<p>Team lead/person in charge.</p>
Amber	<p>Staffing levels: a shortfall has occurred between staffing levels and planned activity e.g. due to staff absence <u>and/or</u></p> <p>Patient complexity & dependency: is increased from that usually expected. E.g. requiring increased clinical intervention or other staff intensive interventions.</p> <p>Situation: a short term (1-2 days) increase in activity that can be resolved by short term provision of additional resources.</p>	<p>Some non-essential activities may be postponed or cancelled until situation is resolved as determined by the Team lead/person in charge.</p> <p>Team lead/person in charge seeks redeployment of staff from other areas where applicable.</p> <p>Where this is unsuccessful Team lead/person in charge requests additional (Bank) cover as required via appropriate Manager.</p>	<p>Team lead/person in charge.</p> <p>Advise Service/Directorate/ Department Manager of situation and actions taken.</p> <p>Update the above if/when actions are unsuccessful or situation is resolved.</p>
Red	<p>Staffing levels: a shortfall has occurred between staffing levels and planned activity that cannot be met in the short term by redeployment of staff from other areas or by Bank staffing <u>and/or</u></p> <p>Patient complexity & dependency: professional judgement/methodologies indicate that risks presented are beyond that which can safely be managed without increasing staff numbers.</p> <p>Situation: an urgent situation that requires immediate extra staffing or a longer term staffing shortfall (3 shifts+) that requires continued planned allocation of additional staff.</p>	<p>All non-essential tasks are suspended – specifics agreed by Service/Directorate/ Department/Group Manager.</p> <p>Seek redeployment of staff from other areas where applicable, request additional Bank cover and/or agency cover.</p> <p>Consider Risk Assessment.</p>	<p>Advise Service/Directorate/ Department/Group Manager (out of hours Manager On Call) of situation and seek authorisation for actions to be taken.</p> <p>Agree frequency of review of situation with above: short term issues may be reviewed a number of times within a day; longer term issues reviewed at least daily and involve a Senior Manager.</p> <p>Individual patient complexity/dependency will be reviewed by MDT and service amendments or onward referral agreed where required.</p> <p>Update all above as required and advise Senior Manager when situation is resolved.</p>

Attachment 2

AHP Safe Staffing Guidelines

Profession	Guideline
Dieticians	<p>BDA Safe Caseload Management (2012)</p> <p>BDA Safe Staffing, Safe Workload (2016)</p> <p>Information from www.diabetes.org.uk (2010)</p> <p>Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2019)</p> <p>Dietitian Staffing on Neonatal Units, Neonatal Sub-Group Recommendations for Commissioning (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>IBD standards (2013)</p> <p>CREST (2006)</p> <p>British Renal Society (2002)</p> <p>Standards for the Clinical Care of Children and Adults with cystic fibrosis in the UK (2011)</p>
Occupational Therapists	<p>College of Occupational Therapists Workforce planning in Occupational Therapy (2010)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2019)</p>
Operating Department Practitioners	<p>Association for Perioperative Practice guidelines 'Staffing for Patients in the Perioperative Setting' 2014.</p> <p>Association for Anaesthetists Great Britain and Ireland.</p> <p>Royal College of Anaesthesia</p>
Orthoptists	<p>Professional Judgement as no current validated tool available/in use</p>
Orthotists	<p>Professional Judgement as no current validated tool available</p>

Physiotherapists	<p>Chartered Society of Physiotherapy Workforce Data Modelling Tool (2015)</p> <p>Calculating Staffing Levels in Physiotherapy Services (2000)</p> <p>Physiotherapy Staffing Recommendations for Neonatal Units in England (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>Standards for the Clinical Care of Children and Adults with Cystic Fibrosis in the UK (2011)</p> <p>Standards for Physical Activity and Exercise in the Cardiovascular Population ACPICR (2015)</p> <p>Service Specification: Pulmonary Rehabilitation Service DH (2012)</p> <p>Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2019)</p>
Podiatrists	<p>College of Podiatry Developing a Sustainable Podiatry Workforce for the UK Towards 2030 (2013)</p>
Radiographers	<p>Professional Judgement as no current validated tool available/in use</p>
Speech and Language Therapists	<p>Royal College of Speech and Language Therapists Calculating hours available to a FTE speech and language therapist (2012)</p> <p>A Sense of the whole Public Service Review, Health and Social care 33 (2011)</p> <p>Speech and Language Therapy Staffing Recommendations for Neonatal Units, Neonatal Speech and Language Therapy Stakeholders group (2018)</p> <p>National Clinical Guideline for Stroke (RCP, 2016)</p> <p>Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2019)</p>

Pharmacy Safe Staffing Guidelines

Specialty	Guideline
<p>Pharmacists and Pharmacy Technicians</p>	<p>Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2019).</p> <p>The Renal Team a Multi-professional Workforce Plan for Adults and Children with Renal Disease. Recommendations of the National Renal Workforce Planning Group (2002).</p> <p>The following have been published and make recommendations on optimal staffing levels and service models with regards to improved patient outcomes and patient experience:</p> <p>Royal Stoke Pharmacy Workforce Calculator</p> <p>Alastair Gray. The dedicated ward pharmacy initiative at Royal Blackburn Hospital. Hospital Pharmacy Europe, March 2017.</p> <p>National Homecare Medicines Committee Proposal for the Funding of Pharmacy Homecare Teams 2018.</p>

Healthcare Scientists Safe Staffing Guidelines

Profession	Guideline
Audiologists	British Academy of Audiology Scope of Practice Document (Nov 2014)
Pathology	<p>NHS Improvement (2018) Template structure for essential services lab – Blood sciences provision https://improvement.nhs.uk/documents/2366/Template_structure_for_ESL_blood_sciences_RE03.pdf</p> <p>IBMS (2014) Staffing and Workload for Clinical Diagnostic Services https://www.ibms.org/resources/documents/staffing-and-workload</p> <p>ACB & RCPATH (2002) NHS Clinical Biochemistry ‘A profession under siege’ https://www.rcpath.org/uploads/assets/6e1c4bdd-fc57-4a22-a6544e9bfa3c6a75/nhs-clinicalbio-profession-under-siege-may02.pdf</p>