

GHR07

Group Safe Staffing Policy- (Non-Medics)

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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 (Appendix 3,7 and 9)

2.0 Definitions

NHSE:	NHS England
NQB:	National Quality Board
SOP:	Standard Operating Procedure
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 **Group Chief Executive/ Group Chief Nursing Officer** 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 monthly – as a whole and not in isolation from each other – and there is evidence of continuous improvements across all these areas”*

As part of the safe staffing review, the **Group Chief Nurse and Group 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 **Group Chief People Officer** is the Executive sponsor and responsible for ensuring robust and effective workforce planning and governance for role developments across the Trust.

4.0 Policy Detail

4.1 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 (Group Chief Nurse and/or Group Chief

Medical Director); see Appendix 2 – 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.

4.2 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-RWT- Standard Operational Procedure (SOP) – Nursing and Midwifery Staffing Guidelines, Ensuring Safe Staffing Levels in Wards/Departments/Services
- Appendix 7- WHT-Standard Operational Procedure (SOP) – Nursing and Midwifery Staffing Guidelines, Ensuring Safe Staffing Levels in Wards/Departments/Services
- Appendix 9-Standard Operational Procedure (SOP) –Registered Health Care Professionals (non-nursing/medical) Ensuring Safe Staffing Levels in Services.

4.3 Assessing Risk and Impact on Quality

- 4.3.1 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 (Appendix 2).
- 4.3.2 The Group Chief Medical Director and/or Group Chief Nurse (as appropriate) must scrutinise and sign off all schemes.
- 4.3.3 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.
- 4.3.4 Services are expected to raise Red Flags when risks are identified and also escalate through safe staffing meetings and their Division if safe staffing is a concern with or without the recognition of a Red Flag.

4.4 Workforce Plans/Staffing Establishment Reviews

- 4.4.1 Service leads must regularly review their workforce plans as and when workforce or operational issues are identified. The plans must also take account of the scheduled establishment reviews and the annual establishment re-set as part of budget setting.
- 4.4.2 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 and Bank 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 consideration 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	Does 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 for RWT 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 weekly Staff Communications, publishing on Trust Intranet site and through senior manager meetings. 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.	Biannual	OWG (RWT)
Red Flags	Corporate Matron for Workforce	Monthly reports to CNO	Monthly	QSOG (both)
Unify Safe Staffing Fill Rates	Corporate Matron for Workforce	Monthly reports to CNO	Monthly	QSOG (both)

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>

Safe, sustainable and productive staffing: An improvement resource for children and young people's inpatient wards in acute hospitals (2018) [safe-staffing-cyp-june-2018.pdf](https://www.england.nhs.uk/safe-staffing-cyp-june-2018.pdf) ([england.nhs.uk](https://www.england.nhs.uk))

Part A - Document Control

Policy number and Policy version:1.0 Policy Number GHR07	Policy Title: Group Safe Staffing Policy-Non medics	Status: Final		Author: Corporate Matron for Workforce RWT & WHT Chief Officer Sponsor: Group Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	August 2026	Corporate Matron for Workforce RWT & WHT	New Policy- Merging of policies for both RWT and WHT
Intended Recipients: All (non-Medics) service managers and senior managers responsible for workforce planning and deployment				
Consultation Group / Role Titles and Date: WHT NMAAF- 2.6.26 WHT JNCC 28.07.26 RWT- JNC 24.06.26 Weekly Joint JNC 29.06.26				
Name and date of Trust level group where reviewed		Group Policy Meeting – July 2026		
Name and date of final approval committee		Executive Sponsor Endorsement – September 2026		
Date of Policy issue		September 2026		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		September 2029 (3 year)		
Training and Dissemination: Staff Communications and Divisional teams of Three. No additional training requirements.				
Publishing Requirements: Can this document be published on the Trust's public page: Yes				
To be read in conjunction with: OP103 Electronic Rostering Policy RWT Electronic Rostering Policy (non-medics) WHT				
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				

Monitoring arrangements and Committee	QSOG
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 new roles QIA and SOPs relating to the relevant clinical groups.	
Key words for intranet searching purposes	Safe Staffing; workforce; workforce planning; deployment; role development
High Risk Policy? Definition: - 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. 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.	No

Appendix 1-RED FLAGS

The National Institute for Health and Care Excellence (NICE) guideline ***Safe staffing for nursing in adult inpatient wards in acute hospitals*** (2014) recommends red flags relating to adult inpatient wards.

Recommendations for the registered nurses on wards who are in charge of shifts are:

- Monitor the occurrence of the nursing red flag events (as detailed below) throughout each 24-hour period. Monitoring other events may be agreed locally.
- If a nursing red flag event occurs, it should prompt an immediate escalation response from the registered nurse in charge. An appropriate response may be to allocate additional nursing staff to the ward or areas in the ward.
- Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events to inform future planning of ward nursing staff establishments or other appropriate action.

Nursing red flags

A list of Red Flags is available within the electronic Safe Care system and is reviewed annually to ensure they remain applicable and include any new guidance / policies.

Red flags **may** include

- Unplanned omission in providing patient medication. Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration placement: making sure that the items a patient needs are within easy reach positioning:
 - making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- A shortfall of more than eight hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (that is, the loss of more than 25% of the required registered nurse time).
- Fewer than two registered nurses present on a ward during any shift.
- Note: other red flag events may be agreed locally.

NICE recommends monitoring to ascertain whether the ward nursing staff establishment adequately meets patients' nursing needs using the safe nursing indicators. These are indicators for which there is evidence that they are sensitive to the number of available nursing staff and skill mix. It is advised that data on these safe nursing indicators is continuously collected (using data already routinely collected locally where available) and the results of regular analysis considered.

The results of the safe nursing indicators should be compared with previous results from the same ward at least every six months. The comparisons should also consider the specific ward and patient characteristics (such as patient risk factors and ward specialty). Reported nursing red flag events should also be reviewed when undertaking this monitoring and prompt an earlier examination of the adequacy of the ward nursing staff establishment

The NICE guideline (2014) also recommends the following safe nursing indicators:

- adequacy of meeting patients' nursing care needs
- pressure ulcers
- medication administration errors
- missed breaks
- planned, required and available nurses for each shift
- falls
- nursing overtime
- high levels and/or ongoing reliance on temporary nursing
- compliance with any mandatory training

References:

National Quality Board, (2018) *An improvement resource for adult inpatient wards in acute hospitals*: Ed: 1. Available from: <https://www.england.nhs.uk/wp-content/uploads/2021/05/safe-staffing-adult-in-patient-appendices.pdf>

NICE (2014) *Safe staffing for nursing in adult inpatient wards in acute hospitals*. Available from: <https://www.nice.org.uk/Guidance/SG1>

Appendix 2

Royal Wolverhampton 

NHS Trust

Quality Impact Assessment

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

What needs to be done and when

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

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
			D
			D
			D
			D

Issues - Something that needs to be addressed now

Details	Significance

Assumptions

Details	Impact if Untrue

Dependencies

Details	Impact

Signed - New role proposer

Signed - Directorate

Signed - Division

Signed - Executive Sponsor

Signed - Director of Workforce

Signed - Chief Medical Director/Chief Nurse

Date

Date

Date

Date

Date

Date

Appendix 3-RWT SOP NURSING

Document Title	Standard Operational Procedure (SOP)- Safe Staffing
Intended readers	Trust Board members, Heads of Nursing/Midwifery, Matrons and all Nursing/Midwifery staff with responsibility for managing a nursing/midwifery workforce
Authors	Senior Nurse Group, Matron Group, Band 7 group
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. Section 7 of this Guideline provides the bibliography and references of all relevant national guidance. Worthy of 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 professionals 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 Support Workers (HCSW, HCA, SCSW, MSW, NSW)** are umbrella term sometimes called 'support staff' and are staff who are not registered with the NMC, including health care assistant, nursing assistant, theatre support worker and maternity support worker.
- **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 patient outcomes. They must be recorded on the Datix system and specifically when fewer than 2 RNs on shift; this incident must be escalated to the Group Chief Nurse.
- **Safe nursing indicators** (Appendix 2) are a range of indicators that aim to provide evidence that staffing was appropriate for the patient's 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, Children and Young people, Community nursing teams (CNSST) and Emergency Department (ED).
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.

- Alongside this the professional Judgement of the senior nurse and matron for each service is considered, allowing for differences in services to be addressed, including ward layout and specialty needs
- **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 throughout 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 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.
- **Enhanced Therapeutic Observation of Care (ETOC)**
ETOC is often referred to as enhanced care, enhanced therapeutic observations, 1:1s are an intervention which contributes to safe and effective care of patients. The intervention should promote recovery and preserve dignity. Typically, ETOC is undertaken by a Healthcare Support Worker (HCSW), Registered Nurse (RN) or a Registered Mental Health Nurse (RMN).
http://intranet.xrwh.nhs.uk/pdf/policies/CP_66_Policy_Printable_Version.pdf

3.0 **Accountability**

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,”*

(National Quality Board (NQB), expectation regarding Board and Commissioning responsibility).

3.2 Group 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 challenges 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.
- Approving 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 Group 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 daily.

3.4 Group 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 Group 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 Matron for Nursing Workforce (MNW) on behalf of the Group Chief Nurse the MNW will:

- Co-ordinate the biannual skill mix review for adult, adult emergency assessment units, paediatric inpatient wards and Emergency Department (ED) 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 support

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.

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, paediatric inpatient wards and Emergency Department (ED) supported by the HON Workforce.
- 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/department budgeted staffing establishment.
- Complete double approval of ward/department e-rosters within agreed timescales and ensuring that ward/department 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-to-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, including the recording of patients who have ETOC needs.
- 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, Registered Nurses (RN) and Registered Midwives (RM) 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 a 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 considered, 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 Group 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.
- In Neonatal Services it is recognised that workforce planning is based on the British Association of Perinatal Medicine (BAPM) standards.
- 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. Many Directorates have Sister/Charge Nurse cover at a weekend, on a planned rota basis – this is supported and encouraged.
- Some Wards/Departments/Directorates may 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 overspend.
- Each Community setting/service has agreed establishments and staffing levels which have been reviewed annually. Workforce planning will be based on the NHS Community Nursing Safer Staffing Tool (CNSST, 2022).
- Areas identified via the Establishment 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 of 80% 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 always. Staffing decisions must be aligned with 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, paediatric inpatient wards and Emergency Department or more frequently if changes to services are planned.
- Annual reviews are also undertaken for Neonatal, Maternity, Community, ICCU, Theatres and specialist nurses.

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 (SNCT), CNSST, BAPM & Birthrate Plus tools 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.
- 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%).

Where required departments may request a review of the allocated "uplift" to support specialized training specifically required for the area.

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 needs.
- **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 periods of the day more appropriately? Conversely the absence of administrative support staff such as ward clerks may increase nurses' workload at 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?

- **Safe Nursing Indicators, to 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)

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) 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 "Fit For the Future" 10-year health plan for England (2025), which need 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, prioritizing 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 (TMC) and Trust Board will receive a monthly report from the Group Chief Nurse (CN) 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 and Social Care (2025) *Fit for the future: 10-year health plan for England*. London: DHSC. Available at: <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>

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 (2018) *Safe, sustainable and productive staffing: An improvement resource for the district nursing service*: London.

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 Community Nursing Safe Staffing Tool (CNSST) Implementation Guide (2022).

NHS England (n.d.) *Enhanced Therapeutic Observations and Care programme*. Available at: <https://www.england.nhs.uk/nursingmidwifery/enhanced-therapeutic-observations-and-care-programme/>

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. Available at:
<https://www.org.uk/guidance/ng4>

Okenden Report (2022)

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

7.0 **Communication**

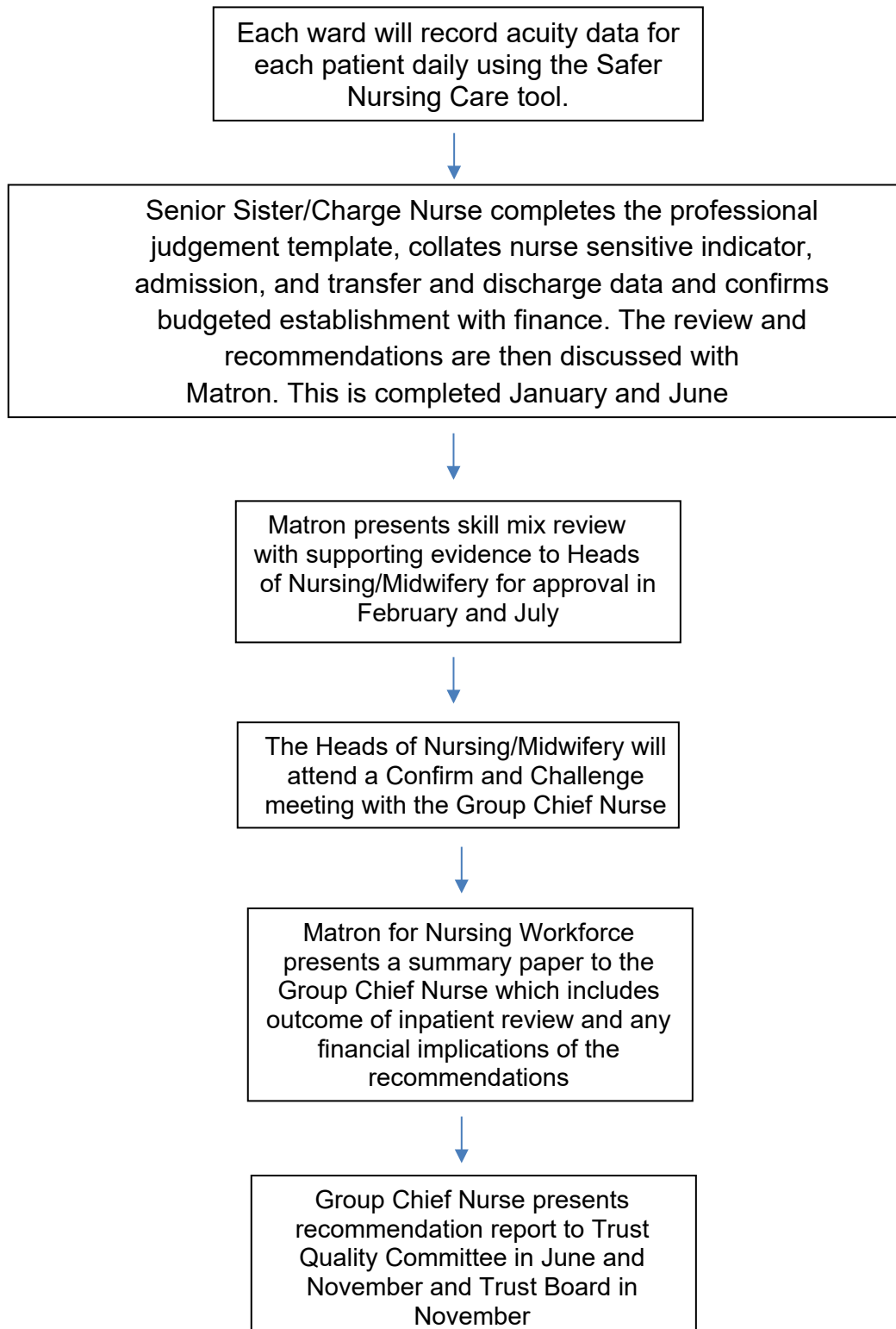
Discussion through the Matrons, Senior Nurses, Midwives and Health Visitors Group Meeting and Nursing, Midwifery and Health Visitors Leaders Group meeting and presented at appropriate forums.

8.0 **Audit/Monitoring**

Criterion	Lead	Monitoring method	Frequency	Committee/Group
Biannual skill mix reviews for acute assessment units; adult and paediatric inpatient wards.	Matron for 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	Matron for Nursing Workforce	Completion in timescale	Annual	Trust Board

Appendix 4- RWT- Nursing Skill Review Flowchart

Adult and Paediatric Inpatient Wards and Acute Medical Unit and Surgical Assessment units



1 Introduction – Establishment Review Process.

Ensuring we have the right staff, with the right skills in the right place is Action Area 5 within Compassion in Practice (NHS Commissioning Board (NHSCB), 2012). This emphasises the need for developing evidence-based, patient need-driven staffing levels in all care settings. The strategy also advocates that there is a twice-yearly public Board level discussion to ratify and agree nurse staffing levels.

The Safer Nursing Care Tool (SNCT & CNSST) are methods that can be used to assist Chief Nurses to determine optimal nurse staffing levels.

The tools provide;

- An evidence-base that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity / dependency terms.
- Appropriate for use in any acute hospital within the UK (although further work is underway to refine the tool for use in particular clinical environments, see section on ongoing development of the tool).
- Used in conjunction with Nurse Sensitive Indicators (NSI), such as patient falls and pressure ulcer incidence, which can be linked to staffing.
- Able to support benchmarking activity in organisations when used across Trusts. This will facilitate consistent nurse-to-patient ratios in line with agreed standards across similar care settings in England.

(The Shelford Group, 2020).

Recommendations:

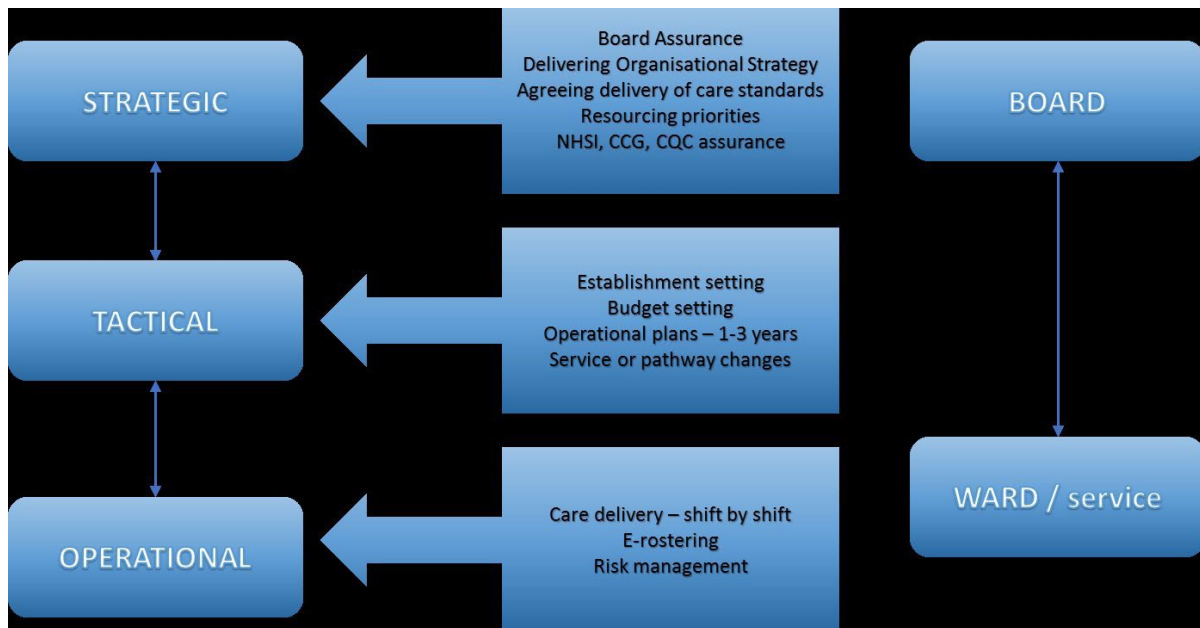
National Quality Board's Guidance states that providers:

- **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 determining the number of staff and range of skills required to meet the needs of people using the service and always keep them safe
- **Must** use an approach that reflects current legislation and guidance where it is available.

Meeting National Quality Board's (NQB) expectations helps providers comply with CQC's fundamental standards on staffing – for example, in the well-led framework³ – and related legislation.

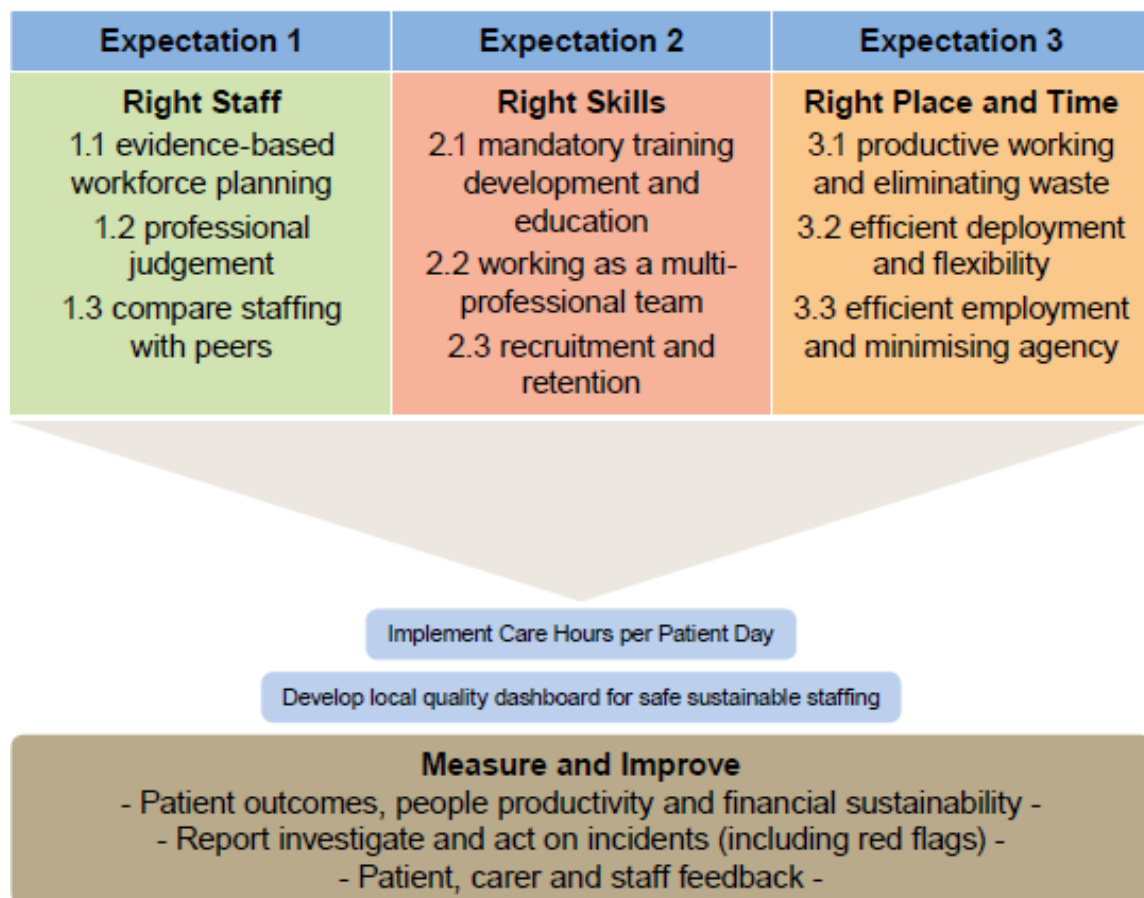
(NQB, 2018).

Ward-to-board model for workforce safeguards.



(Developing Workforce Safeguards, 2018)

Triangulated approach to staffing decisions



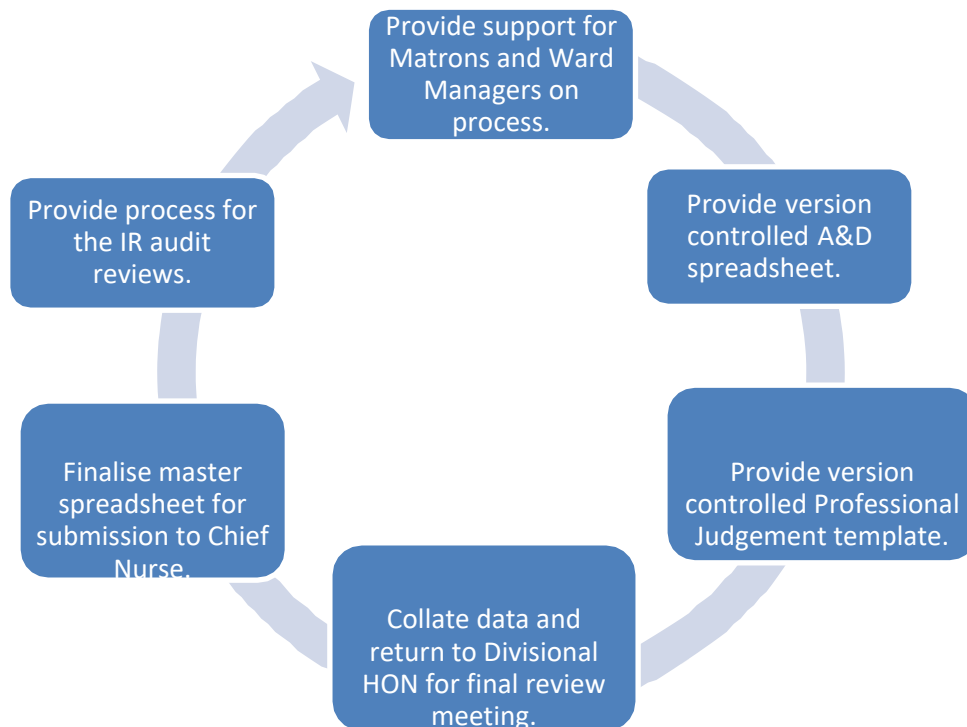
(National Quality Board, 2018).

Adult in-patient, Adult Acute and Paediatric Wards bi-annual Establishment Review Process:

Nursing Workforce responsibilities:

- Support sessions provided to run through 'Establishment Review' process.
- Provide a schedule for the bi-annual 'Establishment Review' process and communicate with Heads of Nursing, Matrons and Ward Managers.
- Provide the Acuity & Dependency (A&D) spreadsheet to Ward Managers and Matrons through a designated Teams Channel.
- Professional Judgment (PJ) template (blue/yellow form) will be reviewed and emailed to Matrons – - this will be version controlled and cell protected.
- Collate submitted A&D data by staff who have been trained and completed the 'Application in Practice' training.
- Collate submitted A&D data, Nurse Sensitive Indicator (NSI) data; Patient Administration System (PAS) data; SafeCare task data (ward attenders, escort duties); and Finance data to Divisional master spreadsheet and return to Divisional HON for review at Divisional meetings with Finance, Matron and Ward Manager to approve professional judgement templates submitted direct to the Divisional HON.
- Collate and finalize master spreadsheet and share with Divisional HON for approval, in readiness for meeting with Nursing Workforces final challenge and confirm meetings.
- Submit final 'master spreadsheet' to Group Chief Nurse (CN), Matron for Nursing Workforce, and Divisional HON in readiness for the final challenge and confirm meeting.
- Oversee process for the inter-rater reliability (IR) audit review for Matrons and Senior Sisters – within the Teams Channel.

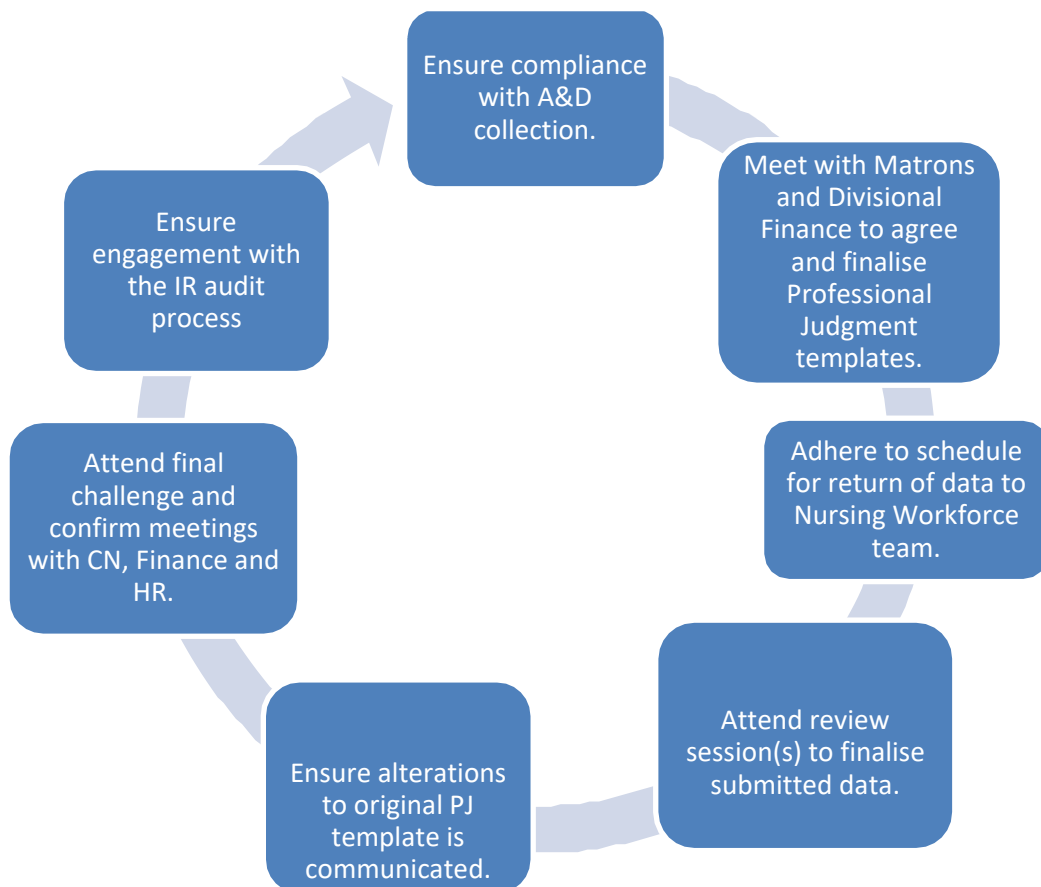
Phase 1 and 2 of the Establishment Review process flow:



Divisional Heads of Nursing responsibilities:

- Ensure Matrons and Ward Managers comply with requirement to collect A&D data over the agreed four-week period in January and June. Emergency Department (ED) will be over twelve days and twice daily, to support accurate completion of the professional judgement for the 'Establishment Review' process.
- Meet with Matrons and ward managers and Divisional finance to approve professional judgement (PJ) templates.
- Adhere to the schedule for the return of PJ templates and agreed finance data to the Nursing Workforce Team to allow timely collation for reporting and progression of the 'Establishment Review' process.
- To attend confirm session with Matron for Nursing Workforce to discuss evidence provided and ensure accuracy of information to be presented.
- To attend 'Challenge and Confirm' meeting with Group Chief Nurse, Finance and Human Resource colleagues.
- Ensure communication of any changes to PJ templates is communicated to Matrons and Ward Managers to support the updates to e-roster and ensure no break in ability to produce rosters for areas when applied.
- Ensure Matrons and Senior Sisters engage with the inter-rater reliability (IR) audit process to ensure quality acuity data in areas outside own management and comply with SNCT license requirements.

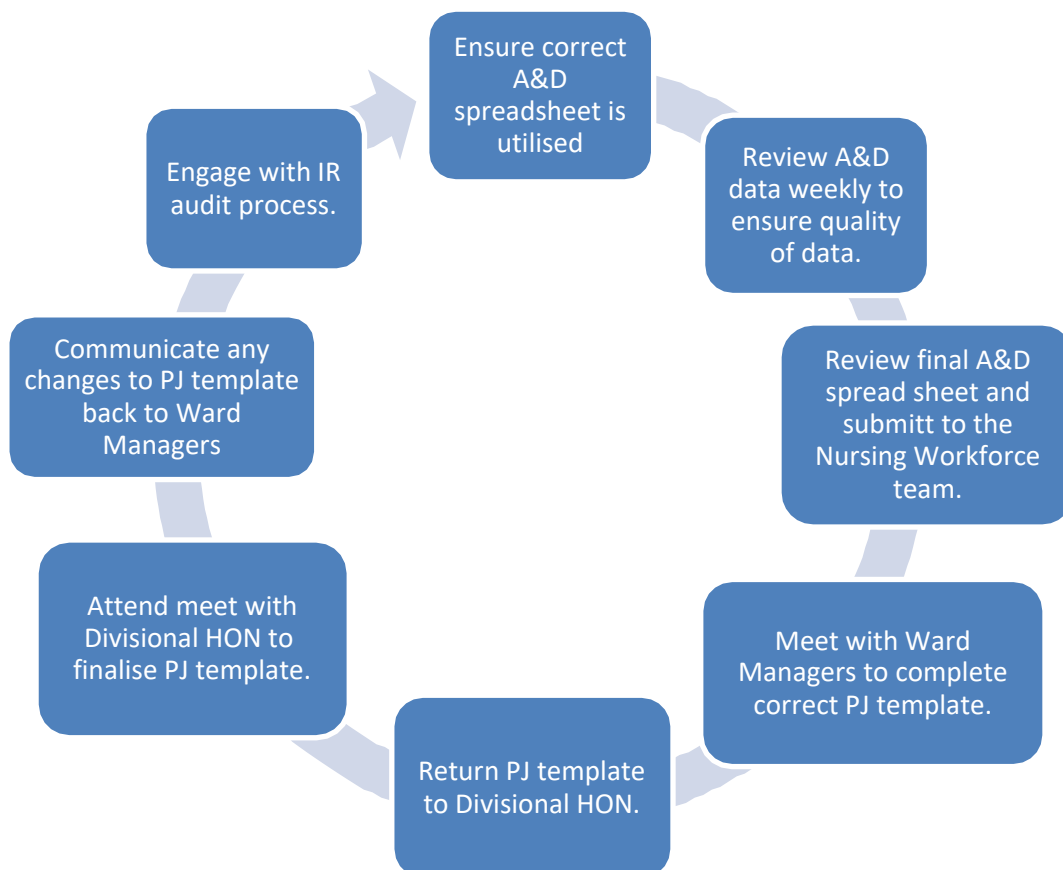
Phase 1 and 2 of the Establishment Review process flow:



Matron responsibilities:

- Ensure correct version of spreadsheet for acuity & dependence (A&D) data collection is completed within the Teams Channel.
- Support own areas to produce accurate quality data for the A&D data collection.
- Review A&D data **weekly** for own areas to ensure completion, and that it is a true and accurate representation of the workload for the area.
- Review final A&D data prior to submission to the Nursing Workforce Team to ensure accuracy and true reflection of ward workload.
- Ensure correct version of the PJ template from the Nursing Workforce is used.
- Complete PJ template **with** ward manager for the area to ensure that entries meet ward rostering requirements and budget requirements.
- Return PJ template direct to your Divisional HON.
- Attend meetings with Divisional HON to discuss and agree final PJ templates.
- Disseminate information back to ward managers if decisions are made to change original entries and rationale for decisions to ensure no break in ability to create rosters.
- Engage with the request to participate in the inter-rater reliability (IR) audit process bi-annually to ensure quality data on wards outside own management.

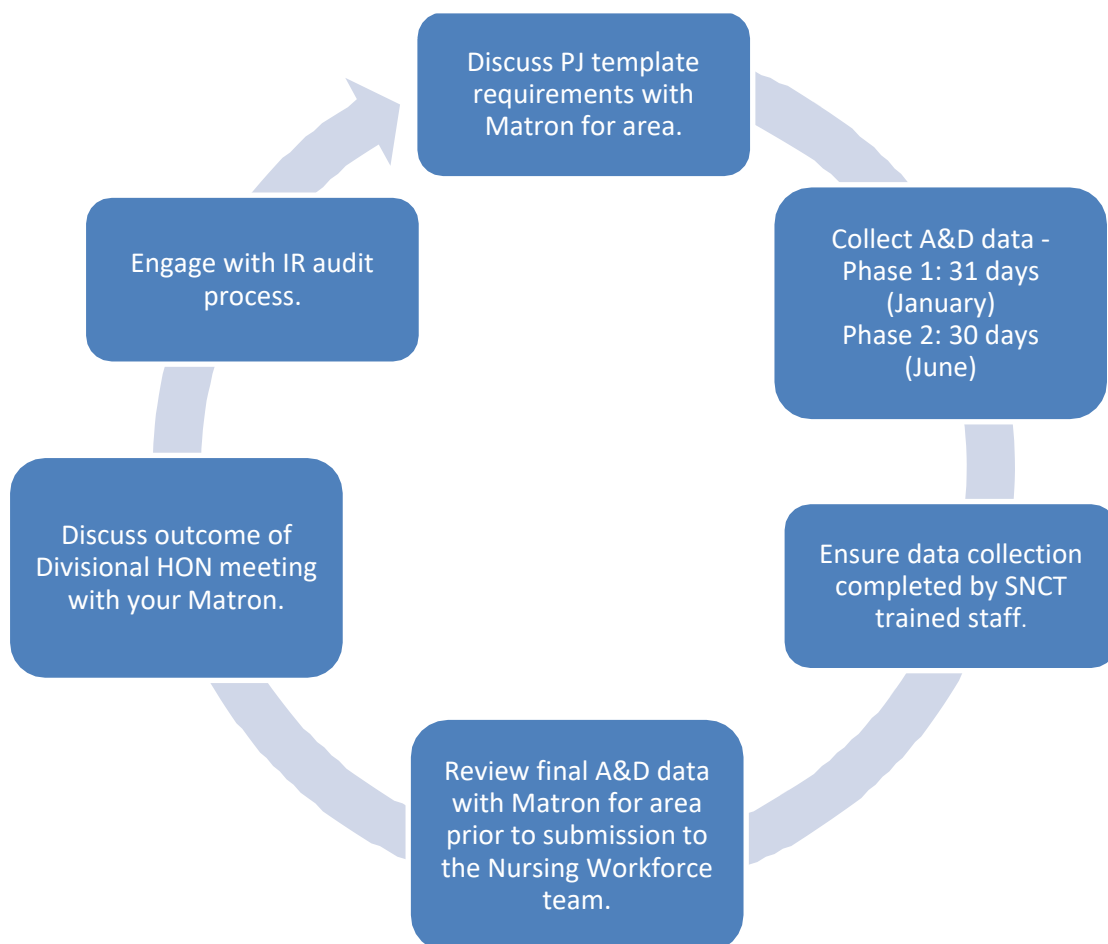
Phase 1 and 2 of the Establishment Review process flow:



Ward Manager responsibilities:

- Ensure correct spreadsheet, within the Teams Channel, for acuity & Dependency (A&D) data collection is being utilised.
- Ensure A&D data collection covers thirty-one (31) days in January, and thirty (30) days in June.
- Ensure staff entering data to the A&D spreadsheet have completed Application in Practice training – details on Nursing Workforce page under ‘Safer Nursing Care Tool’ tab:
- <http://trustnet.xrwh.nhs.uk/departments-services/n/nursing-workforce/>
- Inform Matron of the final A&D data prior to returning to Nursing Workforce for data collation.
- Engage with the request to participate in the inter-rater reliability (IR) audit process bi-annually to ensure quality data on wards outside own management.

Phase 1 and 2 of the Establishment Review process flow:



The Royal Wolverhampton NHS Trust

Nursing Establishment Change Record

Ward / Dept:

Date:

Budgeted Nursing Establishment

Band	Existing wte	New wte from dd /mm/yy
Enter other grade required here		
8b		
8a		
7		
6		
5		
4		
3		
2		
1		
Ward Receptionist		

Advise shifts required if applicable:

Shift	Shift Start Time	Shift End Time	Duration of Unpaid Breaks (Hours)	Total Paid Duration (Hours)	Weekday numbers on shift		Weekend numbers on shift	
					Reg	Unreg	Reg	Unreg
e.g. Long Day	700	2000	1	11.5	3	2	2	2

Staffing budget:

£

Nursing Establishment Change Record

Summary of reasons for change including quality impact assessment on patient safety; clinical effectiveness; patient experiences and staff experience:

(if budget is being transferred to support posts in another ward or dept. then a separate sheet needs completing for each ward/dept and submitted at the same time)

You may be requested to complete a quality impact assessment to support request.

Signed by:

Senior Sister Date

Matron Date

Head of Nursing Date

Divisional Accountant..... Date.....

Nursing Workforce Matron..... Date

Group Chief Nurse Date.....

Copies of this authorisation will be sent by Nursing Workforce to:

1. E-roster Manager
2. Divisional Finance Manager

Appendix 6- RWT- Movement of staff from ICCU to support other ward areas in The Royal Wolverhampton NHS Trust

1.0 Procedure Statement

To formalise the arrangements for moving ICCU staff in support of nursing in other ward areas.

Objectives:

1. To highlight factors to be considered when a request is made to move staff from ICCU to another ward area in the Trust.
2. To sign post calls received from the On-Call Hospital Manager to request ICCU staff move to another ward areas in the Trust where staffing levels are RED on the RAG status.

2.0 Accountabilities

Matron - ICCU.

3.0 Procedure/Guidelines Detail / Actions

1. The ICCU Band 7 floor Leader in conjunction with consultants across the floor, upon receiving a request to move staff to another ward area, will assess the current ICCU acuity (number of level 2 and 3 patients).
2. The ongoing safety will be considered by reviewing skill mix, unit configuration, staff numbers and Outreach activity. Due to ICCU being an emergency portal patients' conditions can fluctuate therefore planned movement of staff is complex and cannot always be facilitated.
3. When a request is made the attached risk assessment will be completed by the floor leader and kept on the ICCU for the Matrons reference (appendix 2).
4. It is imperative that all other options are explored prior to contacting ICCU for staff.
5. In daytime hours ICCU is represented by the Band 7 floor leader at the Division 1 staffing meeting and Trust bed meeting where issues are raised re imminent staffing concerns.
6. Discussions will be initiated regarding the appropriate area for ICCU to support, taking into consideration skill mix, previous experience etc. For example: B8 requires an RGN, ICCU would be best suited to support their staffing due to the nature of shared specialty thus enabling them to continue with their normal patient activity/flow.

Avoid moving individual Staff if:

- They are newly qualified and are still within their preceptorship period.
 - They are new starters to ICCU who are still within their 6-week supernumerary period. (Unless staff member has prior experience of working on ward/dept).
 - Any staff on bank shifts or enhanced rates – (unless otherwise agreed by the
-

member of staff).



Do Move if:

- Staff member regularly does Bank shifts elsewhere in the Trust and agrees to move.
- If **2** or more emergency beds are available across the Unit and no other known potential admissions.

Options Available if ICCU staffing is reduced:

1. In extreme circumstances (escalation level of organization etc.) ICCU will follow 'Critical Care Under pressure' flow chart (appendix 1) any staff who have been redeployed to other areas may potentially be called back to support ICCU once all other avenues have been explored.
2. Out of Hours. In the unlikely event that a level 3 bed is required and unavailable following redeployment of staff to another area, the band 7 in consultation with the Consultants and capacity will attempt to discharge any wardable patient. If this cannot be facilitated the consultant and floor leader will risk assess staffing options and may utilise a shift leader if safe to do so. The decision to utilise shift leaders would not fall on the on-call manager, this would be done in conjunction with the executive on call, ICU consultant and Floor leader.

4.0 Equipment Required

N/A.

5.0 Training

Subject Matter Expert will be the most senior member of staff on duty that shift, ordinarily the Band 7.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An equality analysis has been carried out, and it indicates that:

Tick	Options
	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include:

8.0 Maintenance

This SOP will be kept updated by the Matron and reviewed.

9.0 Communication and Training

- SOP to be circulated amongst the On Call teams around the Trust, including Matrons, HoNs and Executive team.
- SOP to be kept in On Call shared drive.

SOP to be kept visible on the ICCU to aid a quick response in the event of the request.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
SOP to be reviewed annually with HON Division 1	Senior Matron ICCU	Current staffing and skill mix report of the ICCU and efficacy of the SOP	Annually	Division1 management team

11.0 References - Legal, professional or national guidelines.

The Faculty of Intensive Care Medicine 2022 Guidelines for the provision of Intensive Care services version 2.1

Critical Care Networks National Nurse leads (CC3N) - Moving Critical Care Nursing Staff to a different clinical area – May 2017

Faculty of intensive Care Medicine / Intensive Care Society (2026) Guidance for the provision of intensive care services, Version 3

https://www.ficm.ac.uk/sites/ficm/files/documents/2026-01/GPICS%20V3%202026_0.pdf

Part A - Document Control.

Procedure/ Guidelines number and version	Title of Procedure: Movement of staff from ICU to support ward areas	Status: Final		Author: Gerardine Hardisty Matron ICU For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	1.0	July 2023	Sara Lawley	Implementation of SOP
	2.0	March 2023	Gerardine Hardisty	Review / Update
Intended Recipients: Head of Nursing Division 1, Senior Matron for Critical Care and Band 7 Matron critical care services Key Messages Considered To be circulated to On-Call Managers and Placed on the Intranet				
Consultation Group / Role Titles and Date: Head of Nursing Div 1 Senior Matron Critical Care services Head of Nursing Workforce				
Name and date of group where reviewed		Critical care delivery group 31/03/23 Critical Care Governance 05/04/2023		
Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document).		Virtual Approval – Trust Policy Group – May 2023		
Date of Procedure/Guidelines issue		May 2023		
Review Date and Frequency		February 2026		
Training and Dissemination: Key Messages Considered. To be circulated to On-Call Managers and Placed on the Intranet				
To be read in conjunction with: Appended to HR31, Safe Staffing Policy				

Initial Equality Impact Assessment: Completed Yes / No Full Equality Impact assessment (as required): Completed Yes / No / NA If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.	
Contact for Review	Gerardine Hardisty Matron ICU.
Monitoring arrangements	
Document summary/key issues covered. Movement of staff from ICCU to support other ward areas in The Royal Wolverhampton NHS Trust.	
Key words for intranet searching purposes	ICU, Movement of staff.

Critical Care unit under pressure.

The safety of patients cannot be maintained without additional nurses to work clinically.

Matron, Senior Matron and Head of Nursing to be made aware of situation.

Any wardable patients will be identified by the consultant and Band 7 Floor Leader and escalated to Capacity Manager.

1. Any band 7 Rostered on Admin/meetings will work clinically.
2. Consider dropping a shift leader (only if risk assessed and safe to do so).
3. Any nurses on non-clinical duties or in house study to be called back to unit to work clinically.
4. PEFs to work clinically.
5. PDN to work Clinically.
6. Matron to work Clinically.

This plan is for extreme circumstances and does NOT form part of the day to day running of the Critical Care Unit,

Appendix 2



Critical Care Staffing Status / Risk Assessment

To be completed by co-ordinator for all movement of staff to any ward area.

Date & Time of request:	Ward area that is short staffed:
Name of person requesting staff move from CC	
Person completing form (Senior Nurse on duty) Name & Designation:	

Number of Staff on duty in Critical Care			
Registered			
Non-registered			
Level of Care for patients on the Unit (number of patients)			
Level	Number of Patients	Calculate	Number of nurses required
Level 3 (1:1)		=	
Level 2 (1:2)		Divide by 2	
Delayed Discharges:			
Level 1			
Level 0			
Co-ordinator			
Units with greater than 10 beds +1 member of staff			
TOTAL			

Total number of Nurses on duty	
Total number of Nurses required for dependency	
+/- enough resource (as per National Safe Staffing Standards for Critical Care)	

Other Factors to be considered: Barrier nursed patients; confused /agitated patients; Patients on renal replacement; complex patient /family.
Other Action(s) already taken / to be taken:
Name of Senior Nurse requesting staff Informed: _____ Time: _____

Below required standards	EQUAL	Above required standards
Contact Duty Matron and directorate manager to seek support from other areas	There is insufficient capacity to support other areas of the organisation	Critical Care staff can offer support to other areas of the organisation nurse must be able to return at short notice(<1hour) as required by shift leader

Appendix 7 -WHT Standard Operational Procedure (SOP) – Nursing and Midwifery Staffing Guidelines, Ensuring Safe Staffing Levels in Wards/Departments/Services

Document Title	Standard Operational Procedure (SOP) – 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 responsibility for managing a nursing/midwifery workforce
Authors	Corporate Matron for Workforce
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1.1 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 Trust Erostering Policy (Non-Medics).

Nationally the focus on Nurse staffing is high and will continue to be so for the foreseeable future. Worthy of 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*

2.1 Definitions

- **Registered Nurses (RNs)** are nurses who are registered with the Nursing and Midwifery Council (NMC) and have a valid registration number.
- **Midwives (RMs)** 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 professionals 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 Support Workers (HCSW)** is an umbrella term sometimes called 'support staff' are staff who are not registered with the NMC, including health care assistant, nursing assistant, theatre support worker and maternity support worker.
- **Skill mix** is the ratio of registered nurses to non-registered support staff.
- **Red Flag events** (SOP Appendix 1) are significant care incidents that can occur and could impact patient outcomes. They must be recorded on the Safecare system and where appropriate, also recorded on Datix. Where there are less than 2 RNs on shift; this incident must be escalated to the Chief Nurse.
- **Safe nursing indicators** (SOP Appendix 2) are a range of indicators that aim to provide evidence that staffing was appropriate for the patient's 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, Children and Young people, Community services and Emergency Department (ED).

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 throughout 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 patient activity. It is a simple calculation by dividing the number of actual nursing (both registered and unregistered) hours on a ward over the 24-hour period by the number of patients occupying the beds at midnight.

- **Enhanced Therapeutic Observation of Care (ETOC)**

ETOC is often referred to as enhanced care, enhanced therapeutic observations, 1:1s are an intervention which contributes to safe and effective care of patients. The intervention should promote recovery and preserve dignity. Typically, ETOC is undertaken by a Healthcare Support Worker (HCSW), Registered Nurse (RN) or a Registered Mental Health Nurse (RMN).

3.11 **Accountability**

3.12 **Trust Board will:**

- Review workforce metrics, indicators and outcomes monthly – 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 monthly – as a whole and*

not in isolation from each other – and there is evidence of continuous improvements across all these areas,” (National Quality Board (NQB), expectation regarding Board and Commissioning responsibility).

3.13 Group 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 challenges 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.
- Approving all changes to nurse staffing establishments, the process will include review of Quality Impact Assessments.

3.14 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 daily.

3.15 Group 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.

3.16 Group 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.

3.17 Corporate Matron for Nursing Workforce, on behalf of the Group Chief Nurse, will:

- Co-ordinate the biannual skill mix review for adult, adult emergency assessment units, paediatric inpatient wards, Community services and Emergency Department (ED) in conjunction with the Heads of Nursing/Midwifery.
- Co-ordinate the annual establishment review for identified other nursing services.

- Be responsible for leading the staffing systems and processes which support the monthly monitoring of staffing (Planned versus Actual staffing and CHPPD) and its upload to NHS England and Improvement.
- Provide information monthly to the NMAAF on the nursing workforce.

3.18 Divisional Directors of Nursing/Midwifery and their deputies 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.
- Consider, when planning for staffing establishments, the need to allow nursing, midwifery and care staff the time to undertake professional development and to fulfil mentorship and supervision.
- Work collaboratively with the Corporate Matron for Workforce whilst Divisionally leading the biannual skill mix review for adult, adult emergency assessment units, paediatric inpatient wards and Emergency Department (ED) supported by the HON Workforce.
- Support the annual establishment review for all other nursing services.
- Escalate staffing concerns in a timely manner to the Group Chief Nurse.
- Provide monthly information to relevant Divisional and Trust committees.
- Ensure efficient roster management.

3.19 Matrons will:

- Ensure all information is provided within the agreed reporting timescales.
- Check and challenge the department budgeted staffing establishment.
- Complete approval of ward/department rosters within agreed timescales and ensure that ward/department rosters are updated daily to reflect actual activity.
- Ensure daily completion of acuity/dependency scoring for relevant areas.
- Review and provide exception narrative for reports on any of the RWT 'Red Flags' or 'Safe Nursing Indicators'.
- Work on a day-to-day basis and proactively redeploy staff where safe to do so, to ensure safe levels of staffing, working with Matron colleagues within and between Divisions.
- Follow the processes required within the Trust for the booking of temporary staffing (Bank/Agency).

3.20 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.

- Maintaining an up-to-date roster to ensure visibility of live roster data.
- Ensuring escalation takes place if staffing levels fall below agreed staffing levels
- Ensuring that the daily acuity/dependency score is recorded on every patient, including the recording of patients who have ETOC needs.
- Report any “Red Flag” events, monitor, escalate 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.

3.21 Registered Nurses and Midwives

Where it is deemed to be within their sphere of competence, Registered Nurses (RN) and Registered Midwives (RM) 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.

4.2 Procedure

4.3 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 a recognised or validated acuity tool.

The professional view is formed because of collaboration between Ward Sisters/Charge Nurses, Matrons, Divisional Directors of Nursing/Midwifery and Corporate Matron for Workforce, in conjunction with internal and external (where appropriate) benchmarking the Safer Nursing Care Tool (SNCT). Other relevant acuity, dependency and activity data are considered, 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 Group 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 recommendation is acknowledged

and considered when revising staffing both in acute and community settings.

- In Neonatal Services it is recognised that workforce planning is based on the British Association of Perinatal Medicine (BAPM) standards.
- 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. Many Directorates have Sister/Charge Nurse cover at a weekend, on a planned Rota basis – this is supported and encouraged.
- Each Community setting/service has agreed establishments and staffing levels which have been reviewed annually. Workforce planning will be based on the NHS Community Nursing Safer Staffing Tool (CNSST, 2022).
- All Ward/Department establishments have an allocation for annual leave; study leave and recognition of sick leave; This is called ‘headroom’.
- Supervisory time of 80% 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. In exception, the Senior Sister/Charge Nurses can be utilized for direct clinical care over and above 20% and this must be reported via NMAAF.
- Staffing is reviewed for Establishment and Skill Mix reviews as well as at least twice daily for operational purposes and areas are rated using Red, Amber and Green for escalation purposes. (SOP Appendix 3)

Nurses in Specialist Nursing Roles (NISNR) form an integral part of the Nursing workforce across the Trust. As such Divisional Directors of Nursing are responsible for ensuring the NISNR has 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 always. Staffing decisions must be aligned with operational planning processes so that high quality care can be provided now and on a sustainable basis.

4.1.5 Workforce Planning

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, paediatric inpatient wards, Community Services and Emergency Department or more frequently if changes to services are planned.
- Annual reviews are also undertaken for Neonatal, Maternity, Community, ICCU, Theatres and specialist nurses.

The key elements of this planning approach are as follows: (SOP Appendix 4)

- 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 (SNCT) 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.
- Taking account of national guidelines, bearing in mind they may be based on professional consensus.
- Demand and capacity assessment and planning, based on population size and predicted activity, will take place in Primary care.

4.1.6 Allowing for uplift (headroom)

Whilst ensuring that leave is managed efficiently and responsibly, nursing establishments should include 'uplift' or 'headroom' 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 standard uplift for:

- annual leave in line with Agenda for Change or local terms and conditions
- study leave
- sickness/absence/compassionate leave

Where required departments may request a review of the allocated uplift to support specific pressures or requirements for the area.

4.1.7 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 number of staff required, a local data collection and analysis exercise must be undertaken to determine the percentage to be added to the establishment to ensure staffing remains responsive to daily patient care needs.
- **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 periods of the day more appropriately? Conversely the absence of administrative support staff such as ward clerks may increase nurses' workload at times.
- **Safe Nursing Indicators**
Safe Nursing Indicators utilised during the Establishment and skill mix reviews are listed below. Others relevant to the department can be included so the list below is not exhaustive.

Falls Data

Pressure Ulcer damage

Number of ETOC/1to1 patients

Complaints

Planned vs Actual staffing- fill rates
Use of Temporary Staffing
Sickness/absence levels

4.3. 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 "Fit For the Future" 10-year health plan for England (2025), which need 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.

4.3.1 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, prioritizing 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.

4.5 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.

4.5.1 RAG Rating of ward staffing

Rating	Trigger/Impact	Action	Authorisation
Green	Staffing levels: match planned activity. Patient complexity & dependency is within usual expected range for the area. Situation: "business as usual".	All care and routine tasks will be carried out. Allocation of duties, tasks, breaks etc. by team lead/person in charge.	Team lead/person in charge.
Amber	Staffing levels: a shortfall has occurred between staffing levels and planned activity e.g. due to staff absence <u>and/or</u> Patient complexity & dependency is increased from that usually expected. E.g. requiring increased clinical intervention or other staff intensive interventions. Situation: a short-term (1-2 days) increase in activity that can be resolved by the short-term provision of additional resources.	Reviewed during Virtual Staffing Meeting and redeployment of staff from other services. Some non-essential activities may be postponed or cancelled until situation is resolved as determined by the Team lead/person in charge. Where unsuccessful resolution reached during staffing meeting, consider additional (Bank) cover as required via appropriate approval.	Matron Advise Service/Directorate/ Department Manager of situation and actions taken. Update the above if/when actions are unsuccessful or situation is resolved.
Red	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> Patient complexity & dependency: professional judgement/methodologies indicate that risks presented are beyond that which can safely be managed without increasing staff numbers. 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.	All non-essential tasks are suspended – specifics agreed by Service/Matron/Divisional lead. Seek redeployment of staff from areas outside of rostered areas i.e. Matrons, Tertiary services. Consider requests for Agency via appropriate approval processes. Consider Risk Assessment.	Matron/ Divisional Director Advise Service/Directorate/ Department/Group Manager (out of hours Manager on Call) of situation and seek authorisation for actions to be taken. 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. Individual patient complexity/dependency will be reviewed by MDT and service amendments or onward referral agreed where required. Update all above as required and advise Senior Manager when situation is resolved.

4.5.2 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.

4.6 Internal and External reporting

4.6.1 Internal

The Trust Board will receive a monthly report from the Group Chief Nurse (CN) which will include a dashboard which incorporates workforce, CHPPD and quality data. In addition, they will receive any annual and biannual reviews of specific establishment and skill mix reviews.

4.6.2 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 and Social Care (2025) *Fit for the future: 10-year health plan for England*. London: DHSC. Available at: <https://assets.publishing.service.gov.uk/media/6888a0b1a11f859994409147/fit-for-the-future-10-year-health-plan-for-england.pdf>

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 (2018) *Safe, sustainable and productive staffing: An improvement resource for the district nursing service*: London.

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 Community Nursing Safe Staffing Tool (CNSST) Implementation Guide (2022).

NHS England (n.d.) *Enhanced Therapeutic Observations and Care programme*. Available at: <https://www.england.nhs.uk/nursingmidwifery/enhanced-therapeutic-observations-and-care-programme/>

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. Available at: <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 Corporate Matron for 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 Ward Managers and Matrons meetings along with sharing at Divisional Level.

8.0 **Audit/Monitoring**

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

Appendix 8- WHT- Establishment / Skill Mix Review and Flowchart (using recommended SNCT)

Establishment Review Process.

Ensuring we have the right staff, with the right skills in the right place is Action Area 5 within Compassion in Practice (NHS Commissioning Board (NHSCB), 2012). This emphasises the need for developing evidence-based, patient need-driven staffing levels in all care settings. The strategy also advocates that there is a twice-yearly public Board level discussion to ratify and agree nurse staffing levels

The Safer Nursing Care Tool (SNCT) is one method that can be used to assist Chief Nurses to determine optimal nurse staffing levels. The SNCT is:

- An evidence-based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity / dependency terms.
- Appropriate for use in any acute hospital within the UK (although further work is underway to refine the tool for use in particular clinical environments, see section on ongoing development of the tool).
- Used in conjunction with Nurse Sensitive Indicators (NSI), such as patient falls and pressure ulcer incidence, which can be linked to staffing.
- Able to support benchmarking activity in organisations when used across Trusts. This will facilitate consistent nurse-to-patient ratios in line with agreed standards across similar care settings in England.

(The Shelford Group, 2020).

Recommendations:

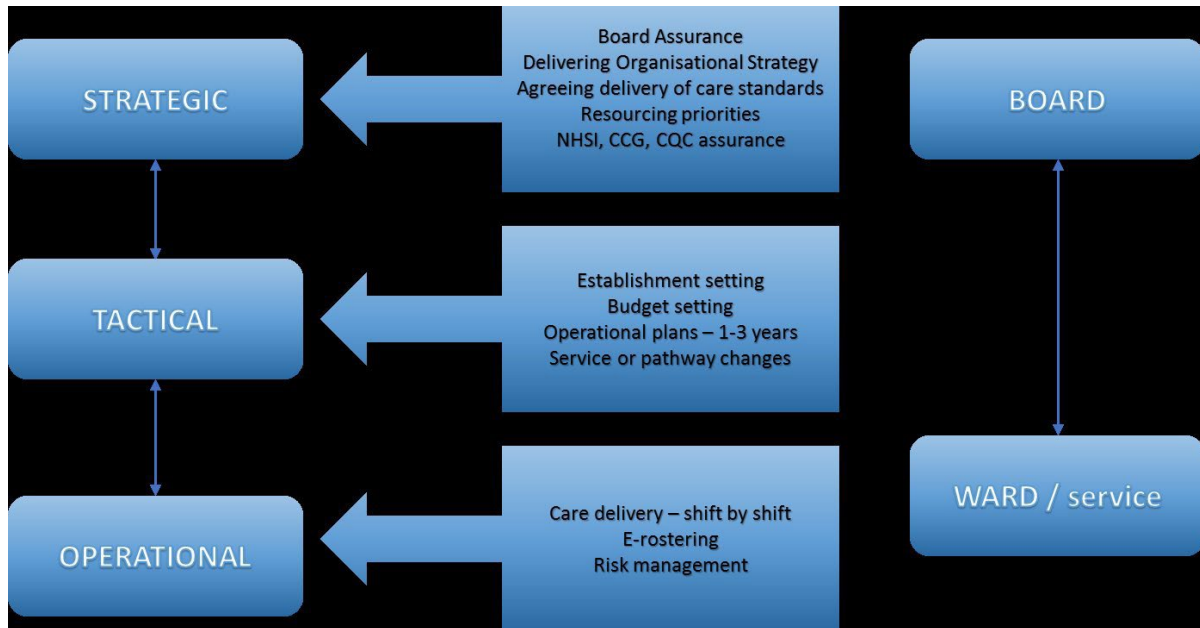
National Quality Board's Guidance states that providers:

- **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 determining the number of staff and range of skills required to meet the needs of people using the service and always keep them safe
- **Must** use an approach that reflects current legislation and guidance where it is available.

Meeting National Quality Board's (NQB) expectations helps providers comply with CQC's fundamental standards on staffing – for example, in the well-led framework³ – and related legislation.

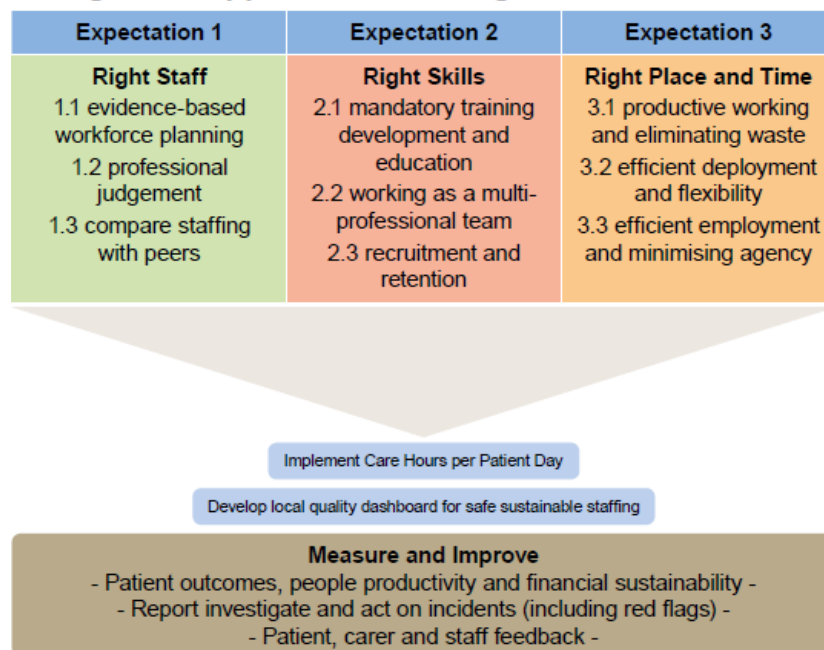
(NQB, 2018).

Ward-to-board model for workforce safeguards.



(Developing Workforce Safeguards, 2018)

Triangulated approach to staffing decisions



(National Quality Board, 2018)

Adult in-patient, Adult Acute and Paediatric Wards bi-annual establishment Review Process:

Corporate Matron for Workforce responsibilities:

- Support sessions provided to run through 'Establishment Review' process.
- Provide a schedule for the bi-annual 'Establishment Review' process and communicate with Divisional Directors of Nursing of Nursing, Matrons and Ward Managers.
- Oversee process for the inter-rater reliability (IR) audit review for Matrons and Senior Sisters.
- Provide the Acuity & Dependency (A&D) spreadsheet to Ward Managers and Matrons
- Collate submitted A&D data by staff who have been trained and completed the relevant training.
- Collate submitted A&D data, Nurse Sensitive Indicator (NSI) data; Patient Administration System (PAS) data; SafeCare task data (ward attenders, escort duties); and Finance and present for review with the Divisional Director of Nursing, Matron, Ward Manager and Finance colleagues.
- Collate and present an Establishment Review report for the Group Chief Nurse where position statement for each area is reviewed.
- Submit final Establishment Review report to Group Chief Nurse in preparation for Trust Board.

Divisional Director of Nursing responsibilities:

- Ensure Matrons and Ward Managers comply with requirement to collect A&D data over the agreed SNCT data collection period.
- Adhere to the schedule for the return of data to the Corporate Matron for Workforce to allow timely collation for reporting and progression of the 'Establishment Review' process.
- To attend session with Corporate Matron for Workforce, Matron, Ward Manager and finance colleagues to review collated evidence, professional judgement and to confirm if any amendment to establishment is being requested.
- Ensure communication of any changes after Trust Board review is communicated to Matrons and Ward Managers to support the updates to e-roster.
- Ensure Matrons and Senior Sisters engage with the inter-rater reliability (IR) audit process to ensure quality acuity data in areas outside own management and comply with SNCT license requirements.

Matron responsibilities:

- Ensure correct version of spreadsheet for acuity & dependence (A&D) data collection is completed.
- Support own areas to produce accurate quality data for the A&D data collection.
- Review A&D data **weekly** for allocated areas to ensure completion, and that it is

a true and accurate representation of the workload for the area.

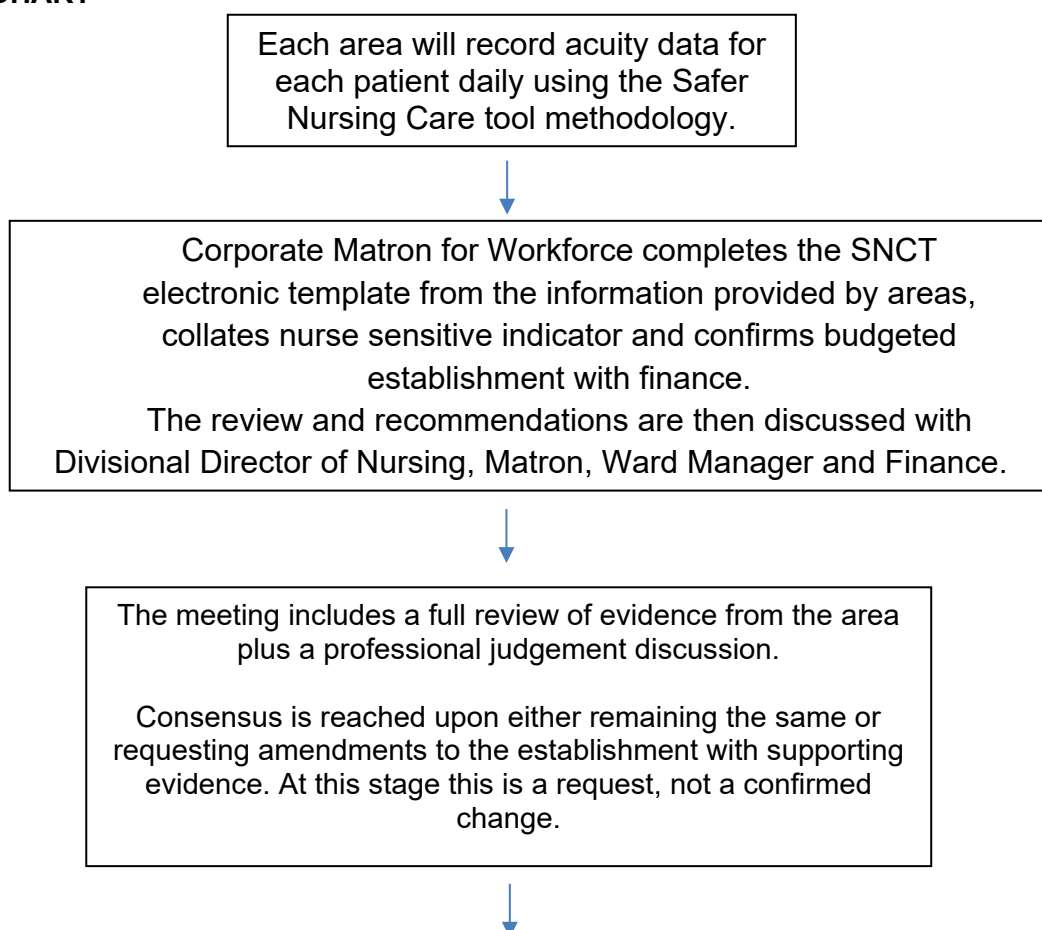
- Review final A&D data prior to submission to the Corporate Matron for Workforce to ensure accuracy and true reflection of ward workload.
- Attend meetings with Corporate Matron for Workforce, Divisional Director of Nursing, Ward Manager and Finance to discuss and agree if any amendments are to be requested.
- Disseminate information back to ward managers if decisions are made to change original entries and rationale for decisions to ensure no break in ability to create rosters.
- Engage with the request to participate in the inter-rater reliability (IR) audit process bi-annually to ensure quality data on wards outside own management.

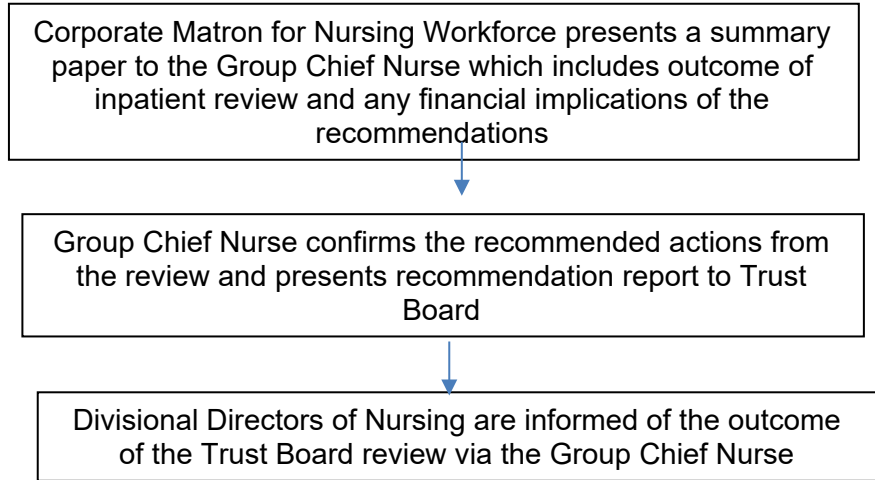
Ward Manager responsibilities:

Ensure correct spreadsheets for acuity & Dependency (A&D) data collection is being utilised.

- Ensure A&D data collection covers the entire data collection period as recommended by SNCT.
- Ensure staff entering data to the A&D spreadsheet have completed relevant training
- Inform Matron of the final A&D data prior to returning to the Corporate Matron for Workforce for data collation.
- Engage with the request to participate in the inter-rater reliability (IR) audit process bi-annually to ensure quality data on wards.

FLOWCHART





END OF SOP

Appendix 9 -Standard Operational Procedure (SOP) Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe staffing Levels in Departments/Services

Document Title	Standard Operational Procedure (SOP) Registered Health Care Professionals (non-nursing/medical) – Ensuring Safe staffing Levels in Departments/Services
Intended readers	Trust Board members, AHP leads, Heads of Service, Matrons and all Nursing/Midwifery staff with responsibility for managing a registered Health care professional workforce
Authors	Chief Allied Health professional
Date	1 st May 2026
Review Date	1 st May 2029
Status	Version 1.0

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 with 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 considering the shortages of some Registered Health Care Professional groups. Worthy of 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
1. Right Staff 1.1 Evidence-based workforce planning. 1.2 Professional judgement. * 1.3 Compare staffing levels with peers.	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. 1.2 Local and profession-specific recommendations. 1.3 Model Hospital.	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 considered, and provides rigor and triangulation. 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 overspend.	Comparing staffing with peers will act as a ‘sense check’, particularly on assumptions and professional judgements. Benchmarking will also help stimulate the sharing of best practice. Staffing numbers will increase to meet patient demand. Services will be temporarily reduced/closed for a defined period until staffing issues are resolved (Attachment 1). Business continuity plans will be implemented where necessary (Attachment 1).
Expectations	Available Measures	Detail	Outcomes/Impact

2. Right Skills 2.1 Trust/Local induction, mandatory training, continuous professional development (CPD), local competency assessments, revalidation and education. 2.2 Working as a multi-professional team. 2.3 Recruitment and retention.	2.1 Mandatory Training database, inclusion in professional register, completed local competency assessments, study leave requests, LBR funding allocation, CPD records and reflective statements. 2.2 Teams' structures. Evidence of MDT working. 2.3 HR KPIs. New roles QIA.	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. 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.	Opportunities will be identified for up-skilling staff to address gaps in patient care. Education and training needs will be met through, for example, local skills training, e-learning, seminars, shadowing, clinical placement exchanges and rotation programmes. Our ability as professionals to adapt and innovate is critical to achieving high-quality care in the right place and at the right time.
3. Right Place and Right Time 3.1 Productive working and eliminating waste. 3.2 Efficient deployment and flexibility. 3.3 Efficient employment and minimizing agency.	3.1 Care hours per patient day, Clinical Hours to Contact, % pharmacist time spent on clinical activities, % pharmacy technician time spent on clinical activities, % pharmacists actively prescribing, % medicines reconciliation within 24 hours, (Model Hospital metrics, updated 02/2026), % aseptic capacity. % of patient's charts seen within 24 hours 3.2 Local KPIs. 3.3 HR KPIs and Agency Monitoring.	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.	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. Directorate establishments, where appropriate, will have an allocation for annual leave, study leave and recognition of sick leave; this is currently 20% as standard.

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?
- **Escalation**

Escalation: How to Carry Out the Escalation Process

Rating	Trigger/Impact	Action	Authorisation
Green	Staffing levels: match planned activity. Patient complexity & dependency is within usual expected range for the area. Situation: "business as usual".	All care and routine tasks will be carried out. Allocation of duties, tasks, breaks etc. by team lead/person in charge.	Team lead/person in charge.
Amber	Staffing levels: a shortfall has occurred between staffing levels and planned activity e.g. due to staff absence <u>and/or</u> Patient complexity & dependency is increased from that usually expected. E.g. requiring increased clinical intervention or other staff intensive interventions. Situation: a short-term (1-2 days) increase in activity that can be resolved by the short-term provision of additional resources.	Some non-essential activities may be postponed or cancelled until situation is resolved as determined by the Team lead/person in charge. Team lead/person in charge seeks redeployment of staff from other areas where applicable. Where this is unsuccessful Team lead/person in charge requests additional (Bank) cover as required via appropriate Manager.	Team lead/person in charge. Advise Service/Directorate/ Department Manager of situation and actions taken. Update the above if/when actions are unsuccessful or situation is resolved.

Red	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> Patient complexity & dependency: professional judgement/methodologies indicate that risks presented are beyond that which can safely be managed without increasing staff numbers. 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.	All non-essential tasks are suspended – specifics agreed by Service/Directorate/Department/Group Manager. Seek redeployment of staff from other areas where applicable, request additional Bank cover and/or agency cover. Consider Risk Assessment.	Advise Service/Directorate/Department/Group Manager (out of hours Manager On Call) of situation and seek authorisation for actions to be taken. 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. Individual patient complexity/dependency will be reviewed by MDT and service amendments or onward referral agreed where required. Update all above as required and advise Senior Manager when situation is resolved.
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4.0 Internal and External reporting

4.1 Internal

- The Trust Management Committee and Quality Committee will receive a monthly report from the Group 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.

5.0 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 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

8.1 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/>

AHP Safe Staffing References/Guidelines

Profession	Guideline
Dieticians	BDA Safe Staffing, Safe Workload (2024) Information from www.diabetes.org.uk (2010) Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2026) Dietitian Staffing on Neonatal Units, Neonatal Sub-Group Recommendations for Commissioning (2022) National Clinical Guideline for Stroke (RCP, 2023) IBD standards (2019) A Multiprofessional Workforce Plan for Adults and Children with Kidney Disease, UK Kidney Association (2025) Standards for the Clinical Care of Children and Adults with cystic fibrosis in the UK (2024) NDiG-Neonatal-Outreach-and-Follow-Up-Framework-2025-BAPM-Endorsed-1.pdf

Occupational Therapists	College of Occupational Therapists Workforce planning in Occupational Therapy (2024) National Clinical Guideline for Stroke (RCP, 2023) Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2024)
Operating Department Practitioners	Association for Perioperative Practice guidelines 'Staffing for Patients in the Perioperative Setting' (2025) Association for Anaesthetists Great Britain and Ireland. Royal College of Anaesthesia
Orthoptists	Professional Judgement as no current validated tool available/in use
Orthotists	Professional Judgement as no current validated tool available
Physiotherapists	Chartered Society of Physiotherapy Workforce Data Modelling Tool (2015) The CSP' Staffing Evaluation System for Leaders (SESL) toolkit (2018) Physiotherapy Staffing Recommendations for Neonatal Units in England (2023) National Clinical Guideline for Stroke (RCP, 2023) Standards for the Clinical Care of Children and Adults with Cystic Fibrosis in the UK (2024) Standards for Physical Activity and Exercise in the Cardiovascular Population ACPICR (2023) Service Specification: Pulmonary Rehabilitation Service DH (2023) Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2026)
Podiatrists	Royal College of Podiatry and HEE(NHSE) Workforce and Education Reform Programme 2021

Radiographers	Professional Judgement as no current validated tool available/in use
Speech and Language Therapists	Royal College of Speech and Language Therapists Calculating hours available to FTE speech and language therapist (2012) A Sense of the whole Public Service Review, Health and Social care 33 (2011) Speech and Language Therapy Staffing Recommendations for Neonatal Units, Neonatal Speech and Language Therapy Stakeholders group (2023) National Clinical Guideline for Stroke (RCP, 2023) Guidelines for the Provision of Intensive Care Services, the Faculty of Intensive Care Medicine and the Intensive Care Society (2026)
Pharmacists and Pharmacy Technicians	There is no nationally recognised methodology for safe staffing levels of Pharmacy Services, and therefore professional judgement triangulated with available national guidance, recognised/validated tools and benchmarking with peers is used to determine the required staffing. Timely escalation, risk assessments, and risk register entries will be made where staffing is below that recommended in national guidance or in instances whereby staffing is insufficient to meet the needs of patients and this is backed by evidence e.g. failure to meet KPI's, patient safety incidents. The following published guidelines provide recommendations for pharmacy staffing in specific areas: Royal College of Emergency Medicine & UK Clinical Pharmacy Association (n.d.) <i>Pharmacists and Pharmacy Services in the Emergency Department: Joint Position Statement</i>. London: RCEM. Available at: https://rcem.ac.uk/joint-statement/pharmacists-and-pharmacy-services-in-the-emergency-department/ (Accessed 25 February 2026). Faculty of Intensive Care Medicine & Intensive Care Society (2026) <i>Guidelines for the Provision of Intensive Care Services (GPICS), Version 3</i>. London: FICM & ICS. Available at: https://www.ficm.ac.uk/ (Accessed 25 February 2026). Professional Groups Affiliated with the UK Kidney Association (2025) <i>A Multi-Professional Workforce Plan</i>

	<i>for Adults and Children with Kidney Disease</i>. London: UK Kidney Association British Association of Perinatal Medicine (2010) <i>Service Standards for Hospitals Providing Neonatal Care</i>. London: BAPM. Neonatal and Paediatric Pharmacists Group & Royal College of Paediatrics and Child Health (2011) <i>Standards for Paediatric Pharmacy Services</i>. London: RCPCH. National Institute for Health and Care Excellence (2015) <i>Medicines Optimisation: The Safe and Effective Use of Medicines to Enable the Best Possible Outcomes (NG5)</i>. London: NICE. National Quality Board (2018) <i>Safe, Sustainable and Productive Staffing in Neonatal Care: An Improvement Resource</i>. London: NHS Improvement. UK Clinical Pharmacy Organisation (2022). <i>Pharmacy Services Needed for Enhanced care</i>: Pharmacy-services-needed-for-enhanced-care-v1-Feb-2022.pdf Royal Stoke Pharmacy Workforce Calculator Alastair Gray. The dedicated ward pharmacy initiative at Royal Blackburn Hospital. Hospital Pharmacy Europe, March 2017. National Homecare Medicines Committee Proposal for the Funding of Pharmacy Homecare Teams 2018. Royal Pharmaceutical Society & NHS Pharmaceutical Quality Assurance Committee (2016) <i>Quality Assurance of Aseptic Preparation Services: Standards. Part A (5th ed.)</i>. London: RPS.
Audiologists	British Academy of Audiology Scope of Practice Document (Nov 2014)
Pathology	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 IBMS (2014) Staffing and Workload for Clinical Diagnostic Services https://www.ibms.org/resources/documents/staffing-and-workload 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
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END OF SOP

Appendix 10- Supernumerary Time Guidelines for Newly Registered Nurses, Nursing Associates, Midwives and ODP's

1. Introduction

1.1 This guideline details the recommended supernumerary time for the following groups of staff:

- a) Newly Registered Nursing Associates who have trained at Walsall Healthcare NHS Trust
- b) Newly Registered Nurses / Midwives / Operating Department Practitioners (ODPs) who have trained at Walsall Healthcare NHS Trust
- c) Newly Registered Nurses / Nursing Associates / Midwives / ODPs trained outside of Walsall Healthcare NHS Trust
- d) Registered Nurses / Nursing Associates / Midwives / ODPs who are new to The Walsall Healthcare NHS Trust
- e) Registered Nurses / Nursing Associates / Midwives / ODPs who have moved to a new specialty within Walsall Healthcare NHS Trust.

1.2 Supernumerary is where a member of staff works in their clinical area, but they are not counted within the staff numbers for that shift. They work alongside a preceptor / mentor and are supervised and supported in practice to take responsibility and support their transition and work as a registered professional.

1.3 This guideline applies to the staff employed in substantive posts as listed in 1.1 and their line managers, preceptors and mentors.

1.4 The recommendations in this guideline can also be used for other staff new to the Trust and individual supernumerary requirements must be discussed; identified at local induction and documented.

2. Guideline Standards and Procedures

2.1 Supernumerary time is acknowledged by professional bodies as best practice in enabling new staff to settle into their work environment, supports confidence building and reduces transition shock.

2.2 Supernumerary time recommended for staff in Walsall Healthcare NHS Trust is summarised in the table attached. National guidance from NHS England (Oct 2022) recommends a **minimum of 75 hours (Nursing) and 150 hours (Midwifery) of supernumerary time**, not including induction or orientation time for newly registered.



Supernumerary Guidance for Newly Registered Nurses, Nursing Associates, Midwives and Operating Department Practitioners (ODP)

Week	Registered Nursing Associates who trained in (insert Trust name)	Newly Registered Nurses/ Midwives/ ODPs trained in (insert Trust name)	Newly Registered Nurses/Nursing Associates/Midwives/ODPs trained outside of (insert Trust name)	Registered Nurses/ Nursing Associate/ Midwives/ ODPs who are new to (insert Trust name)	Registered Nurses/ Nursing Associates/Midwives/ ODPs who have moved to a new speciality in (insert Trust name)
Prior to Registration	Work on their base ward wearing Trainee Nursing Associate uniform	Can not start their Registered role until they have NMC/HCPC registration	Can not start their Registered role until they have NMC/HCPC registration	Not applicable	Not applicable
Week 1 (37.5hrs)	Supernumerary Start local induction for registered role, work with preceptor	Supernumerary Start local induction for registered role, work with preceptor	Supernumerary Start local induction for registered role, work with preceptor	Supernumerary Start local induction for registered role, work with preceptor	Supernumerary Start local induction for registered role, work with preceptor
Week 2 (75hrs)	Supernumerary Continue familiarisation into registered role, work with preceptor	Supernumerary Continue local induction for registered role, work with preceptor	Supernumerary Continue local induction for registered role, work with preceptor	Supernumerary Continue local induction for registered role, work with preceptor	Supernumerary Continue local induction, work with preceptor
Review	Nursing/ODP – line managers discuss progress with new starter and preceptor/mentor. Further supernumerary time to be agreed in partnership with new starter, line manager, preceptor/mentor and clinical education team/practice education facilitator with clear plans for support based on learning needs identified at induction. Midwives - line managers discuss progress with new starter and preceptor/mentor to ensure on track to complete supernumerary at 150hrs				
Week 3 (112.5hrs)	As agreed at week 2 review meeting and based on identified induction needs	Supernumerary – Midwifery only Continue local induction for registered role, work with preceptor. Nurse/ODP as agreed at week 2 review	Supernumerary – Midwifery only Continue local induction for registered role, work with preceptor. RN/NA/ODP as agreed at week 2 review	Supernumerary – Midwifery only Continue local induction for registered role, work with preceptor. RN/NA/ODP as agreed at week 2 review	As agreed at week 2 review meeting and based on needs identified at induction
Week 4 (150 hrs)	As agreed at week 2 review meeting and based on identified induction needs	Supernumerary – Midwifery only Continue local induction for registered role, work with preceptor. Nurse/ODP as agreed week 2 review	Supernumerary - Midwifery Continue local induction for registered role, work with preceptor. RN/NA/ODP as agreed at week 2 review	Supernumerary - Midwifery Continue local induction for registered role, work with preceptor. RN/NA/ODP as agreed at week 2 review	As agreed at week 2 review meeting and based on needs identified at induction
Review	Nursing/ODP – If further supernumerary time is required this will be agreed in partnership with new starter, line manager, preceptor/mentor, clinical education team, Matron and HR with clear plans for support based on learning needs identified. Midwives - line managers discuss progress with new starter and preceptor/mentor. Further supernumerary time to be agreed in partnership with new starter, line manager, preceptor/mentor and clinical education team with clear plans for support based on learning needs identified at induction				
Weeks 5 & 6 (187.5hrs/225hrs)	As agreed at week 4 meeting	As agreed at week 4 meeting	As agreed at week 4 meeting	As agreed at week 4 meeting	As agreed at week 4 meeting
Review	All staff groups – Line manager and new starter to review progress on learning needs identified at induction and plan for ongoing support and development. If supernumerary time to continue; need to involve Matron, Clinical Education team, HR and other support staff. Divisional Heads of nursing/Head of Midwifery must be informed of supernumerary time of 225hrs or more and review every 2 weeks. NB – some specialist areas may have a longer supernumerary period as agreed by Divisional Head of Nursing				