

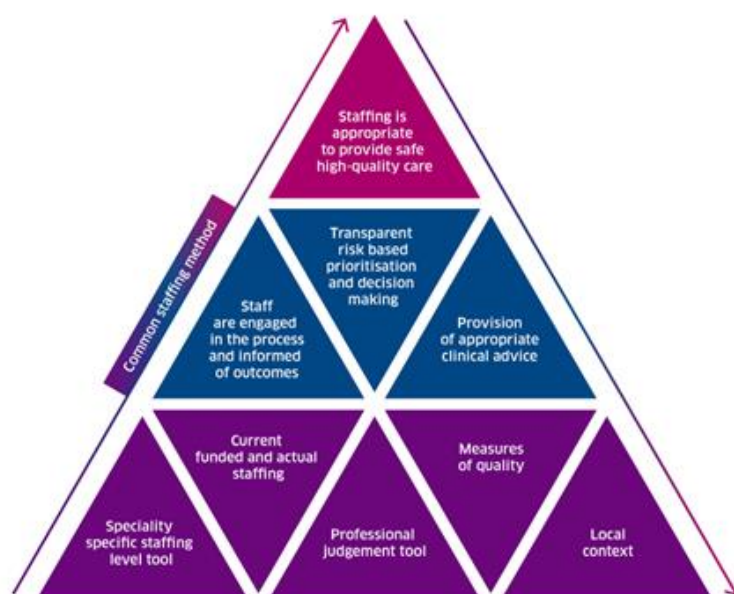
NHS Greater Glasgow and Clyde

Staffing Level Tools

The Common Staffing Method

Standard Operating Procedure

Purpose	Clearly define the system and process for preparation, planning, implementation, quality assurance and reporting of the Staffing Level Tools and Common Staffing Method (CSM).
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V.	Date	Brief Summary of Changes	Author(s)
1.1	01/06/2024	Chief Nurse Consultation period	Lynn Marotta
1.2	23/10/2024	SLWG consultation period	Lynn Marotta

Introduction

The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) (HCSSA) took effect from April 2024. This Standard Operating Procedure (SOP) relates to the duties:

- 12IJ Duty to follow the [Common Staffing Method](#) (CSM)
- 12IK Common Staffing method: types of health care
- 12IL Training and consultation of staff
- 12IM Reporting in staffing

As with all parts of the HCSSA, the CSM needs to be applied alongside the guiding principles and section 12IA Duty to Ensure Appropriate Staffing.

This SOP is to be utilised before, during and after scheduled staffing level tool (SLTs) runs within NHS Greater Glasgow and Clyde (NHSGGC).

Purpose

The application of the CSM will support NHSGGC to ensure appropriate staffing for the health, wellbeing and safety of patients and the provision of safe and high-quality care. It will form part of the evidence that NHSGGC requires to submit to Health Care Improvement Scotland (HIS) and the Scottish Government to demonstrate how we have complied with the HCSSA. The data from these reports will help inform local and national workforce planning, along with health and social care policies.

Scope

Staffing Level Tools

There are 12 SLTs available to Nursing and Midwifery. The purpose of each SLT is to provide information and recommendations on staffing levels. 10 of the tools are speciality specific and workload based. One of these tools, the Emergency Care Provision Tool (ECPT) also includes Emergency Department clinicians. The Professional Judgement Tool (PJT) is used alongside the 10 tools. It can also be used in areas where no speciality specific tool exists.

The Quality tool (QT) is used alongside the '3Cs' tools, these are

- Community Nursing (CN)
- Community Children's and Specialist Nursing (CCSN)
- Clinical Nurse Specialist (CNS)

The tools and toolkits can be accessed here: [Staffing workload toolkits – Healthcare Improvement Scotland](#)

This SOP applies to the NHSGGC areas listed below to fulfil their regulated obligation under the HCSSA to use the CSM to plan their workforce.

Type of health care	Location	Employees
Adult inpatient	Hospital wards with 16 occupied beds or more	Registered Nurses
Clinical nurse specialist	Hospitals	RN CNS
	Community settings	
Community Nursing	Community settings	Registered Nurses
Community children's nursing	Community settings	Registered Nurses
Emergency care	Emergency departments	Registered Nurses
		Medical Practitioners
Maternity	Hospitals	Registered Midwives
	Community settings	
Mental Health & Learning Disability	Mental Health units in hospitals	Registered Nurses
	Learning disability units in hospitals	
Neonatal	Neonatal units in hospitals	Registered Midwives
		Registered Nurses
Paediatric inpatient	Paediatrics wards	Registered Nurses
Small ward provision	Hospital wards with 16 occupied beds or fewer on average	Registered Nurses

*Includes other individuals providing care for patients and acting under the supervision of, or discharging duties delegated to the individual by, the registered nurse, registered midwife or medical practitioner

The Common Staffing Method

The CSM is mandated for teams who require to use the SLTs under the HCSSA and have a duty to report on the use of the CSM to plan their workforce. The CSM has 9 equally important components, and it is designed to support clinical leaders to understand and evidence staffing levels and quality of care provided within their

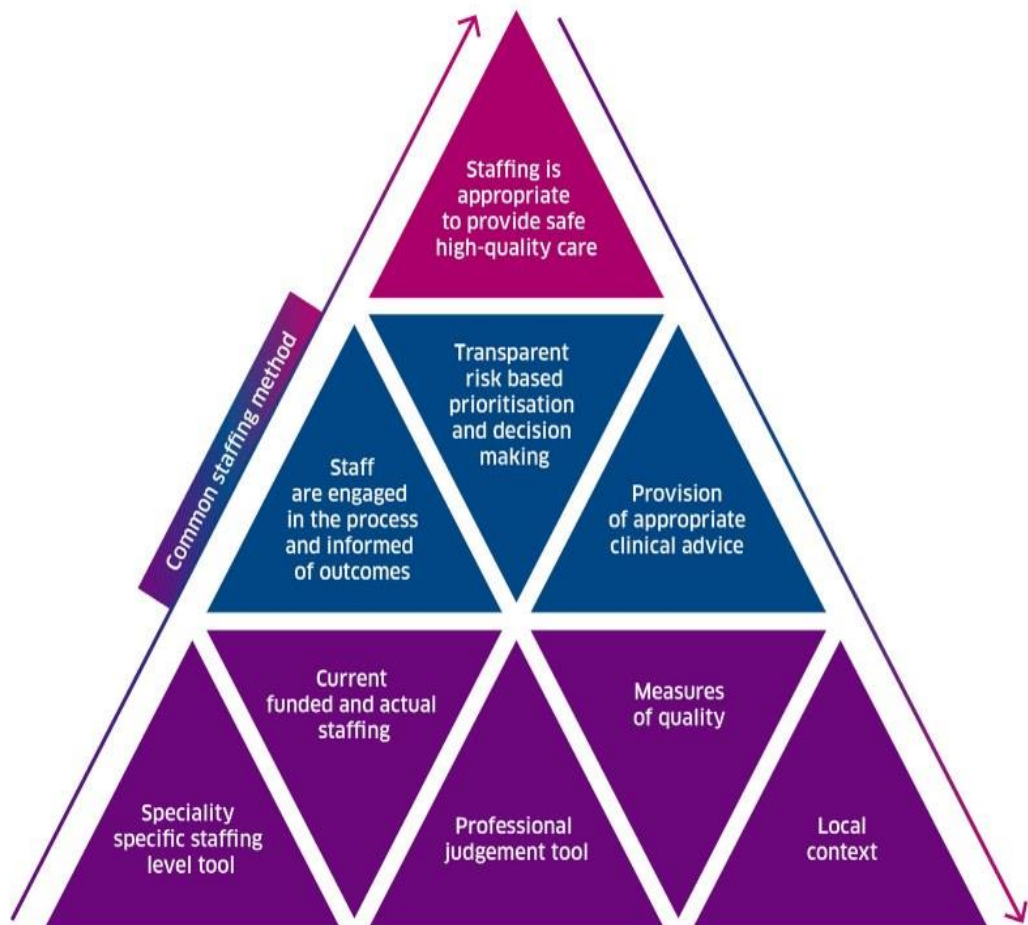
clinical areas. The main purpose of the CSM is to ensure a consistent triangulated approach to decision-making in relation to staffing across NHS Scotland.

The CSM quick guide can be found here: [Sway \(cloud.microsoft\)](#)

The CSM statutory guidance can be found here: [Statutory Guidance Quick Guide CSM V1.0](#)

The CSM toolkit can be found here: [Common Staffing Method \(CSM\) Toolkit 0.4 \(cloud.microsoft\)](#)

The principles of planning appropriate staffing are listed in the CSM diagram below:



Roles and Responsibilities

This section outlines the key roles and responsibilities of each staff group and is not exhaustive.

RN/Midwife

- Complete the TURAS Informed Level training and receive support from line manager
- Have access to [Staffing Level Tool Kits \(sharepoint.com\)](#)
- Understand and carry out delegated roles and responsibilities
- Completion of SLT templates
- Participate in the 4 hourly recording of the PJ tool paper template
- Assure the data on a shift-by-shift basis
- Complete issues log
- Be included through discussion in the completion of the CSM reporting template
- Must have the opportunity to provide, receive and respond to feedback

Senior Charge Nurse/Senior Charge Midwife/Team Lead (SCN/SCM/TL)

- Communicate to the team 6-8 weeks prior to the SLT run
- Complete the self-directed learning
- Pre, during and Post SLT run Complete the [Quality assurance and reporting – Healthcare Improvement Scotland checklist](#). NHSGGC have created a simplified version of the checklist that teams may choose to use, it can be found here: [Staffing Level Tool Kits \(sharepoint.com\)](#)
- Preparation prior to the tool run
- Ensure team are trained to complete the SLT run
- Ensure team understand roles and responsibilities
- Provide quality assurance throughout the SLT run
- Validate the data
- Complete issues log
- Ensure all paper templates data is correctly collated and stored in line with local policy ready for quality assurance and input to SSTS.
- Complete the CSM reporting template within **3 weeks** of the SLT run
- Attend CSM meeting 1 within **6 weeks** of the SLT run
- Follow reporting governance process

- Ensure feedback process is in place and staff are provided the opportunity to respond

Lead Nurse/PNL

- Communication to the relevant SCNs/SCMs/TLs 6-8 weeks prior to SLT run commencement
- Pre, during and Post SLT run complete the [Quality assurance and reporting – Healthcare Improvement Scotland checklist](#). NHSGGC have created a simplified version of the checklist that teams may choose to use, it can be found here: [Staffing Level Tool Kits \(sharepoint.com\)](#)
- Facilitate SCN/SCM/TL completion of self-directed learning
- Arrange CSM meeting 1 with SCN/SCM/TL and the relevant operational management and **agree an outcome within 6 weeks** of the SLT run
- Submit CSM report to Chief Nurse and arrange a further CSM meeting 2 to **discuss outcome within 8 weeks** of the SLT run
- Follow local reporting governance process
- Ensure feedback process is in place and allow opportunity for teams to respond
- Ensure feedback is recorded

Operational Management, e.g. General Manager, Clinical Service Manager

- To attend each CSM meeting
- To contribute to the CSM outcome
- Must “seek and have regard to appropriate clinical advice”. This is required when an individual:
 - is not a clinician
 - is assessing risk, or making a decision, in relation to a clinical workforce for which they are not professionally responsible**and/or**
 - is making a decision in a specialty/setting in which they are not an expert and/or do not normally work.

Associate Chief Nurse/Chief Nurse

- Communication to the relevant LNs/PNLs 6-8 weeks prior to SLT run commencement
- Ensure all SLTs are completed for the time allocated on the staffing level tool planner.

- Arrange CSM meeting with LNs/PNLs to discuss and **agree outcome within 8 weeks of SLT**
- Write a **Sector/service/HSCP CSM report within 12 weeks** of SLT run completion
- Follow reporting governance process, e.g. submission to Senior Management Team
- Submit approved local report to the Deputy Nurse Director within 18 weeks of the SLT run

Deputy Nurse Director

- Review sector/service/HSCP local reports
- Arrange CSM meeting 3 with CNs and operational management within 18 weeks of the SLT run
- Commission CSM board report
- Follow reporting governance process

Finance

- Support with completion of CSM board report
- Assure and verify sector/service/HSCP data
- Provide a current position

Workforce

- Support with completion of CSM board report
- Assure and verify sector/Service/HSCP data
- Provide a current position

Health and Care Staffing Lead Nurse

- Design and deliver training and education model
- Complete quality assurance checks
- Responsible for SOP content
- Chair of the CSM Operational Subgroup
- Support with local CSM reports
- Lead on CSM board reports
- Contribute to national work/requests

Executive Nurse Director & Chief Executive

- Final CSM board report review and sign off
- Communication of outcomes via communication team

Education

You and your team should access the [framework and supporting learning resources on TURAS](#) before commencing a tool run.

We recommend that all staff complete Informed Level, and that SCN/SCM/TLs complete the Skilled level: [NHSGGC KSF PDP Guidance](#)

SCNs/SCM/TLs must complete self-directed learning prior to completing a tool run, information can be found here: [GGC - Nursing & Midwifery Health & Care Staffing - Home \(sharepoint.com\)](#)

Staffing Level Tool Process and Governance

The Health and Care staffing Lead Nurse will produce an annual schedule for the mandatory tool runs. This will require the relevant teams to complete a tool run once per year for a minimum period of two weeks in compliance with the legislation.

Preparation

The information below is key points and not exhaustive the [Quality assurance and reporting – Healthcare Improvement Scotland checklist](#) or the NHSGGC Quality Assurance check list **MUST** be completed by the SCN/SCM/TL pre, during and after a tool run.

Tools:

- Confirm which SLTs are to be completed for your roster. Remember the PJT tool should be completed alongside any SLT.
- For CN, CCSN & CNS (3Cs) the SLT should be completed alongside the PJT and the QT.
- For areas that do not have a SLT if agreed by CN they can run the PJ tool only.
- Guides, training resources & templates can be found here: [Staffing Level Tool Kits \(sharepoint.com\)](#)

6-8 weeks before the Tool Run

- Ensure all necessary preparatory steps are in place and identify any issues

which may impact on review.

- Confirm SSTS access for relevant staff SCNs/SCMs/TLs/deputies.
- Establish that SSTS is configured correctly prior to SLT run i.e. Number of beds, funded establishment etc.
- Communicate to all staff the SLT run commencement dates
- SCN/SCM/TLs to complete the self-directed learning
- Ensure SCN/SCM/TL educates team including, SLT training, expectations, provision of guidance documents, learning resources and data collection templates e.g. via Healthcare Improvement Scotland Healthcare Staffing Programme. All information can be found here: [Staffing Level Tool Kits \(sharepoint.com\)](https://sharepoint.com).
- Confirm BOXI access and ensure that a review date is set within three weeks of the tool run.
- Confirm who will provide quality assurance throughout the run and feedback to staff when required
- Confirm who will assure the data on a shift-by-shift basis
- Confirm who will validate the data (senior staff member)
- Confirm who will enter the data on SSTS
- Confirm who will complete the issues log
- Ensure staff are clear regarding their roles and responsibilities

*** SSTS passwords will expire if the application has not been used for 90 consecutive days. BOXI user licence will expire if the application has not been used within a 6-month period. For information or issues click here: [GGC-Scottish Standard Time System \(SSTS\) - Home \(sharepoint.com\)](https://sharepoint.com)**

During Tool Run

- Ensure data collection of speciality SLTs are started on time alongside the PJT (and QT for the 3Cs).
- Communicate any real time feedback and issues amongst data collectors
- Ensure all paper templates data is correctly collated and stored in line with local policy ready for quality assurance and input to SSTS.
- Continuous quality assurance of data from team/SCN/SCM/TL and any issues recorded or escalated
- Daily huddles to ensure any variations/concerns with capturing data are resolved and PJT tool is reflective of actual workload activity

After Tool Run

- Ensure all SLTs are completed for the time allocated on the staffing level tool planner.

- Collate all the data and quality assure
- Enter all data on SSTS
- Escalate any concerns to senior staff
- Senior staff should access and validate the tool outputs
- On completion of the SLT access BOXI report
- Follow Roles and Responsibilities

Health Care Staffing Assurance Checks

The Health Care Staffing Lead Nurse will request 10 completed CSM reporting templates 3 weeks after the SLT run from Adult Inpatient and Community services to complete assurance checks and offer feedback prior to the first CSM meeting.

Reporting

The CSM reporting template will be sent via email to the CN 6-8 weeks prior to the tool run.

SCN/SCM/TL to complete the CSM reporting template.

Use the CSM reporting template guide to assist with completion of the Reporting Template. It can be found here: [Staffing Level Tool Runs \(sharepoint.com\)](#)

If you require support with completion, please complete the Health and Care staffing Team support request form: [GGC - Nursing & Midwifery Health & Care Staffing - Home \(sharepoint.com\)](#)

- Ensure report includes quality measures & local context of your service.
- View and analyse tool outputs as part of the CSM.
- Communicate results to all staff.
- Sector/service/HSCP CN to complete local CSM report:
- Health Care Staffing Lead Nurse to complete board CSM report
- Follow the governance and reporting process in **Appendix 1**

Severe and Recurrent Risk

To identify areas of Severe and Recurrent Risk, relating to the CSM NHSGGC Senior Managers shall review local CSM reports annually to identify severe risks and whether there is a trend from the previous local CSM reports. Each Sector/HSCP will be assigned a Safe Staffing Risk within the Datix Risk Module. Until this work is completed continue to use your current risk recording process. This risk should be managed within the Sector/HSCP and reviewed on a monthly basis, ensuring that the Risk Score (Impact and Likelihood) reflects the events that have occurred within the area.

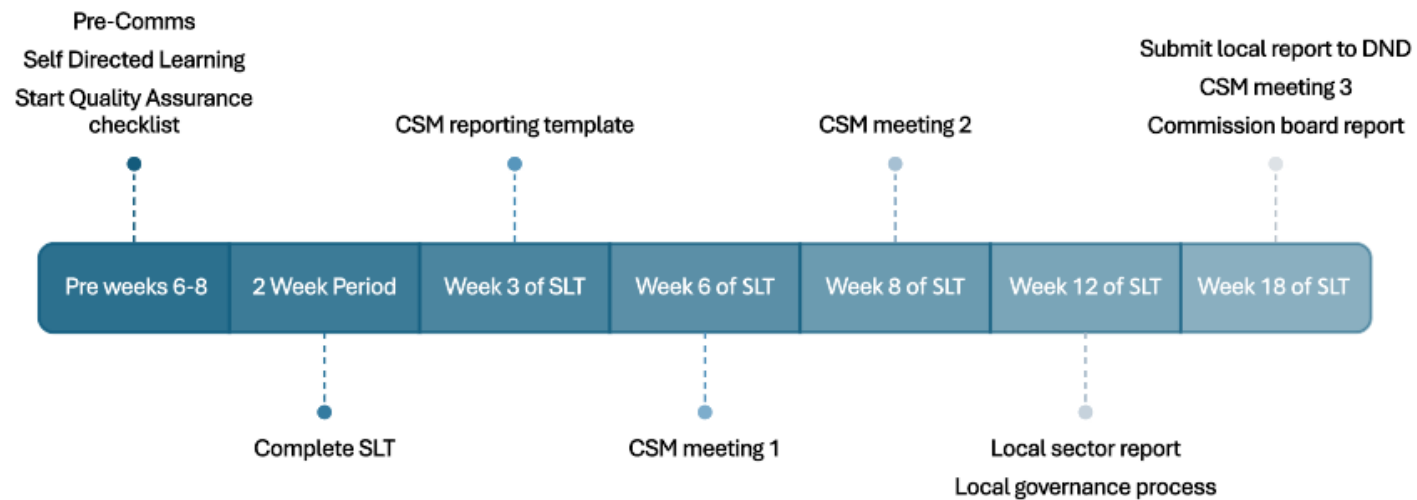
Each year the Senior Management Team should review the local CSM report and use this data to inform the likelihood and impact of the staffing risk occurring. The controls in place should be reviewed monthly and actions identified to prevent a recurrence. Each action should have an owner and due date. The Risks should be discussed at each monthly Senior Management Team meeting. Where there are increased risk levels, discussion should be held to ensure appropriate actions have been identified. The [Risk Register Policy and Guidance for Managers](#) must be used to systematically identify, analyse, evaluate and manage RTS risks consistently and at an appropriate level. Risks are assessed on impact and likelihood using a 5x5 impact matrix as noted in the Policy.

Normally risks would be escalated to another level where they require further management. However, the Safe Staffing Risk should remain at the Sector/HSCP level to provide visibility of Staffing Risks across each Sector/HSCP. Should any actions require to be taken to manage this risk further at a higher level, these actions should be discussed at Senior Management Team meetings as noted above and actions identified in the Action Management Section, with clear action owners and timescales. To provide visibility of Safe Staffing Severe and Recurrent Risks across NHSGGC the Safe Staffing Risks will be reviewed by the relevant members of the senior management and corporate team on a quarterly basis.

Senior Management teams must provide a quarterly report on their Staffing Risk which includes the current risk score and changes over the last quarter.

This should include details of the mitigating actions planned to inform the quarterly board report. The GGC Risk Management Strategy details the Risk Hierarchy in place for the escalation of Risks. For example, Risks escalated from Sector Director would be escalated to Corporate Director.

Appendix 1 Governance Time Flow Diagram



V1.2

