

## Communique

### Normative Staffing Ranges Project

### October 2011

This communiqué has been produced to update Trusts and Health and Social Care organisations of the work going on in the Normative Staffing Ranges Project. This project has been commissioned by the Public Health Agency (PHA) and is being facilitated by the Northern Ireland Practice and Education Council for nursing and midwifery (NIPEC).

### What has happened so far?

Work began in May 2011, to bring together key individuals in Health and Social Care who could contribute to and guide the Project. Terms of Reference and objectives for Phases One and Two of the project, including associated timeframes have been defined. The Project has been profiled in the Nursing Standard (8<sup>th</sup> August 2011 issue), the Joint Commissioning Plan and aligns with issues raised by the general public via the Patient Client Council in *The People's Priorities (2010)* report.

### Testing the Data..

Phase One has required the Working Group to scrutinise a range of data sets within adult medical and surgical general care settings and Emergency Departments. It is intended that this work will form the basis of a set of normative staffing ranges which will be considered, with the aim of agreement for these care settings within acute general hospital services in Northern Ireland. The core purpose of establishing normative staffing ranges is to facilitate constructive conversations about nurse staffing levels between commissioners and service providers and between nurse managers and front line staff.

### Influencing Factors...

The Steering Group and Working Group have recognised from the outset of this Project that there are a number of factors which influence both staffing levels and associated work force planning. These factors are currently being described and agreed, to reach a common understanding of their impact on any staffing range which will be generated by this work.

### Coming Soon...

There will be a number of project outputs published as work progresses. The completion of Phases One and Two late 2011 should provide the beginning of a portfolio of tools which will be helpful resources to commissioners, service providers, nurse managers and staff to determine staffing levels which will support and enable high quality person centred care, which is safe and effective.

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