

## Safe Staffing and Staffing Escalation Policy for Nursing and Midwifery

Reference/Number	POL/COR/0334		
Version:	3.0		
Ratified by:	Nursing Executive Committee		
Ratification Date:	20 November 2019		
Approval Committee	Policy Approval Group		
Date Approved:	02/12/2019		
Date Issued:	02/12/2019		
Executive Owner:	Chief Nurse and Director of Patient Experience		
Name of Author(s) and Job Title(s):	Breeda McManus - Deputy Chief Nurse Maria Lygoura – Lead Nurse for Safer staffing		
Target Audience:	All Nursing Staff - In-patient wards, Midwifery and District Nursing		
Review date:	20/11/2022		
Procedural document linked to/Tagged:	<i>Tick as appropriate</i>	√	
	Regulatory Compliance		
	Organisation- wide	√	
	Directorate	√	Nursing and Patient Experience
	Service		
	Shared document		
Keywords	Safe Staffing, Escalation		

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## Dissemination and Implementation

Responsible person for coordinating dissemination and implementation		Breeda McManus Deputy Chief Nurse	
<b>Methods of dissemination</b>  (Delete as appropriate)	Intranet	Other	Email to key Stakeholders
	Yes	No	Yes

## Consultation

<b>List of those consulted</b>	Chief Nurse Deputy Chief Nurse Assistant Chief Nurse Associate Directors of Nursing and Midwifery Senior Site Manager Emergency Planning Officer
<b>Period of consultation</b>	July – November 2019

## Version Control Summary

Version No	Description of change	Author	Date
1.0	New Guidance	Sue Tokley	12/12/2012
2.0	New guidance and change of practice	Dr Doug Charlton	25/04/2015
2.1	Corrections to reflect actual practice	Dr Doug Charlton	14/10/2015
2.2	Planned update	Maria Lygoura, Breeda McManus	01/10/2019
3.0	Corrections and update of escalation process in District Nursing	Maria Lygoura, Breeda McManus	20/11/2019

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## 1.0 INTRODUCTION

Nursing, Midwifery and Care Staff, working as part of a multi-disciplinary team, play a critical role in delivering safe, high quality care to patients and service users. There is strong evidence from a range of recent reports (Hard Truths Department of Health 2013, Francis 2013, Keogh 2013, Berwick 2013, NIHR 2019) that having the right number of staff delivering care in the right place impacts positively on both clinical outcomes and patient experience. Addressing these issues ensures that we prioritise the safety and experience of our patients and staff.

In July 2016, the National Quality Board (NQB) provided an updated set of expectations for nursing and midwifery care staffing, to help NHS providers make local decisions that will support the delivery of high quality care for patients within the available staffing resource. Central to these expectations is the requirement to publish staffing information in the public domain and to ensure that the roles and responsibilities of those with responsibility for responding to gaps in staffing establishments are clearly outlined.

The Trust must be able to demonstrate safe staffing in order to comply with the Care Quality Commission's (CQC) regulatory framework and standards. Furthermore, the Nursing and Midwifery Council (NMC 2015), makes it clear that all Registered Nurses and Midwives are professionally accountable for safe practice in their sphere of responsibility, ensuring that risk is managed appropriately.

In July 2014 the National Institute for Health and Care Excellence (NICE) published 'Safe staffing for nursing in adult inpatient wards in acute hospitals'. It makes recommendations on safe staffing for nursing in adult inpatient wards in acute hospitals. It also identifies organisational and managerial factors that are required to support safe staffing for nursing, and indicators that should be used to provide information on whether safe nursing care is being provided in adult inpatient wards in acute hospitals.

## 2.0 PURPOSE

The purpose of this policy is to provide effective support to those staff that have responsibility for safe staff decision making on a shift by shift basis. It addresses the following questions:

- How do we know that there is enough staff deployed?
- What do we do when there is not enough staff?
- How and to whom escalation occurs when there are concerns?

The person in charge (Ward manager, Co-ordinator of Midwives, District Nursing Team Manager) of the relevant area is responsible for assessing staffing numbers are as expected

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- Support the Deputy Chief Nurse to report accurate and timely data to the Trust Board.
- Recruitment, together with the Nurse Recruitment and Human Resource colleagues developing a strategic recruitment plan for nursing and midwifery to respond to vacancies and provide the required resource to fill them. Support the recruitment events to provide timely nurse/midwifery resources to deliver effective and safe care.

#### 5.4 Lead Nurse for Safer Staffing

The Lead Nurse for Safer Staffing is responsible for undertaking 6 monthly reviews of staffing levels using a variety of safe staffing methodology. These reviews will be used to review levels of staffing across each ISCU. A report of the review will be sent to the Trust Board every six months. The Lead Nurse for Safer Staffing will be reviewing the methods and processes for assessing safe staffing in all clinical areas, monitor compliance with the related CQC regulation 18 and report monthly the Safe Staffing figures. The Lead Nurse for Safer Staffing will be responsible for populating the “Staffing Escalation Roster” and will communicate with the ADoNs the options for deployment of staff to the Red wards.

#### 5.5 Matrons, Midwifery co-ordinator and Lead District Nurses

The Matrons, Midwifery co-ordinator and Lead District Nurses are responsible for:

- Ensuring effective and efficient use of nurse and midwifery staffing resources.
- Support safe, effective, fair staffing rotas planned in advance by reviewing, revising and authorising the monthly roster **8 weeks in advance**.
- Proactive daily workforce planning across their areas of responsibility to ensure staff are distributed according to clinical need.
- Redeploy staff across area of responsibility to ensure safe levels throughout the Trust.
- Where possible, request temporary staff on HealthRoster 72 working hours before the shift commences.
- Red shifts (table 4.1) to be discussed at the morning site meeting. Mitigation steps to be put in place. Complete a DATIX form where staffing risk was not mitigated.
- Daily teleconference for District Nursing, led by a lead DN to establish areas where Priority 1 visits (P1') have risen above the agreed threshold (table 4.2) and mitigation steps put in place.
- Red shifts and safe staffing returns are reported monthly at Board reports (Ward only). Shouldn't we report P1 thresholds too
- Escalate to the ADoN/M's the requirement for external agency resources.
- Escalate to ADoN/M's should they consider the level of staffing inappropriate for the type of patient acuity/dependency.

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## 5.6 Clinical Site Management Team

Clinical Site Managers are responsible for:

### *In hours*

- Having an overview of the nurse staffing levels across the site on a shift by shift basis
- Will need to liaise with the Matron where necessary to reallocate staff to ensure safe effective delivery of care.
- Is responsible for escalating nurse staffing issues to the ICSU ADoN/M

### *Out of hours*

- Escalating to the senior manager on call (Silver) where actions by Clinical Site Management Team have been unable to provide safe staffing across the organisation.
- Complete a DATIX form where staffing risk was not mitigated.
- Take the necessary steps to ensure a safe environment for patients in conjunction with the senior manager on-call
- Accept requests for external agency nursing from clinical areas and review the request in line with existing nurses staffing levels across the organisation. Where necessary seek authorization for agency from Silver on call. (see escalation for OOH)

## 5.7 Ward Manager, District Nursing Team Manager

Ward Manager/District Nursing Team Manager is responsible for:

- Produce monthly staffing roster in line with e-roster guidance.
- Request bank replacement where nursing/midwifery shortages in planned rosters are identified and cannot be covered by redeploying existing nurse resources.
- Responding to unplanned changes to staffing e.g. Sickness.
- Respond to changing patient acuity/dependency.
- Escalate to Matron/Lead SDN or out of hours' to Clinical Site Manager where inadequate staffing levels vs. patient needs still exist. Needs slight amendment for community
- Complete a DATIX form where staffing risk was not mitigated.

## 5.8 All Staff

It is the responsibility of all nursing staff to:

- Comply with their Professional Code of Conduct (NMC 2015) with regard to patient safety.
- Where it is felt necessary to ensure patients safety provide care and support outside their usual clinical area.

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- Report episodes where staffing falls below plan to the Sister/nurse/midwife in charge/team leader.
- Report absence as soon as possible, and always to the person in charge of the ward/team.

## **6.0 ESCALATION BEDS**

Safe levels of nurse staffing and skill mix for escalation beds will be determined as part of capacity planning process and the guiding principles used to set and approve safe staffing and skill mix levels must be applied when planning escalation beds. This process must take in to account the location, case mix of patients, type of nurses available i.e. Trust/Bank and /or Agency and the number of escalation beds opened. There must always be a Trust RGN on duty in each escalation area.

Escalation will be managed in accordance with the Whittington Health Escalation/Business Continuity Plan. Furthermore, beds (either escalation or substantive) may be closed where staffing has been deemed by the Chief Nurse as insufficient to maintain patient safety. The Trust accepts that this may reduce capacity on a temporary basis, during which time every effort will be made to re-establish safe staffing levels to support agreed capacity.

### **6.1 Audit**

Staffing shortfalls will be reported to the Trust Board on a monthly basis as part of the overall Safer Nurse Staffing report and Red Shifts report.

## **7.0 POLICY SPECIFIC CONTENT**

### **7.1 Planning Rosters**

It is the responsibility of the Ward Sister/Manager to provide a nurse staffing roster at least 8 weeks in advance. This roster must take into consideration the number of required Registered Nurses per shift to ensure adequate levels of care delivery, bearing in mind the acuity and dependency of patients assigned to their clinical areas. The roster must also provide adequate support staff (Assistant Practitioners/Healthcare Assistants) to ensure a full range of care activities can be delivered safely.

### **7.2 Enhanced Care**

Where the care of a specific patient or group of patients requires extra support or vigilance it may be necessary to consider additional nursing resources. The Nurse/Midwife in Charge must make an assessment of the extra need and take into consideration the patient acuity and dependency of all patients across the ward to determine if they have sufficient nursing capacity to provide the extra support.

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Should the Nurse/Midwife in Charge believe there is insufficient nursing resource to manage the patient need safely they must contact the Matron for that clinical area. The Matron will undertake an assessment of nursing resource out-with the specific ward environment to identify if extra nursing support can be provided from within the existing nursing workforce. Should there not be any available nursing resource in the immediate clinical area the ADoN must be contacted for support and advice.

The ADoN must liaise with colleagues and discuss if there are resources within the organisation which could be utilised. This ensures a level of patient safety and efficient use of nurse resource.

If after review by the ADoN there remains a need to provide extra nursing resource, then a request may be made through the Temporary Staffing Service. In the unlikely event that a bank nurse cannot be provided, the ADoN can make an individual request for additional nursing resource from an Agency through Temporary Staffing Service.

## **8.0 MONITORING COMPLIANCE and EFFECTIVENESS**

This policy will be monitored on a weekly basis by the ADoN/M for each ISCU. A monthly exception report will be made to the Chief Nurse which will form part of the Safer Nurse Staffing report to the Trust Board.

### **8.1 Monitoring of Safe Staffing Levels daily**

Safe staffing levels are monitored by the Site Team, ADoN/M's, Chief Nurse and Deputy Chief Nurse three times daily through the Site Report which is e-mailed to all respondents. This report provides a snap shot of the bed availability across the organisation and the status of nurse and medical staffing. Should the Site Team identify areas of concern relating to nurse staffing this is immediately conveyed to the Matron and ADoN/M's for the individual ISCU.

The Chief Nurse and Deputy Chief Nurse attend the site meeting every morning at 8.00am to review the days staffing requirements on the wards and works with the Matrons and ADoN/M's to resolve any identified issues. The Site Team have authority to move and adjust staffing levels across the Trust to ensure all clinical areas are safe following a risk assessment.

A daily district nursing teleconference will be conducted to monitor staffing levels and provide mitigation as needed. The teleconference report and plan will be shared with the Team Leaders, Matrons, ADoN and Service Manager.

## **9.0 Midwifery Services**

The safe staffing escalation process within the maternity services is under review as part of the review of the maternity escalation policy. The safe staffing escalation process for the maternity service will be added in the present document as an appendix with a hyperlink that's directs to the policy document.

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## 10.0 ASSOCIATED DOCUMENTS

Title	Intranet Hyperlink
Healthroster Management Policy	<a href="https://whittnet.whittington.nhs.uk/document.ashx?id=11341">https://whittnet.whittington.nhs.uk/document.ashx?id=11341</a>
Whittington Business Continuity Plan	<a href="http://whittnet.whittington.nhs.uk/document.ashx?id=6449">http://whittnet.whittington.nhs.uk/document.ashx?id=6449</a>

## 11.0 REFERENCES

Department of Health, (2014) Hard Truths: The Journey to Putting Patients First.

The Mid Staffordshire NHS Foundation Trust (2013) - Report of the Mid Staffordshire NHS Foundation Trust, Public Inquiry.

Professor Sir Bruce Keogh KBE (2013) - Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report

National Advisory Group on the Safety of Patients in England (2013) - A promise to learn – a commitment to act, improving the Safety of Patients in England.

National Institute for Health and care Excellence (NICE) (2014), Safe staffing for nursing in adult inpatient wards in acute hospitals

National Quality Board (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

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## Appendix 1: Risk Rating details

Risk	Details
<b>GREEN</b>	<p><b>Minor or No Impact</b></p> <ul style="list-style-type: none"> <li>• Routine sickness absence – infringement on safe staffing levels not impacting safety</li> <li>• Within 1:7 ratio Nurse/Patient Ratio (Adult Day Shift)</li> <li>• Within 1:3/4 Nurse /Patient Ratio (Paediatrics Day Shift)</li> <li>• Ward area meeting all requirements</li> <li>• Impairment to some aspect of service delivery not impacting safety</li> <li>• Staff shortages not an endemic issue for the ward</li> <li>• Up to 600 minutes of district nursing unallocated priority 1 work (DN service)</li> </ul>
<b>AMBER (DN service only)</b>	<ul style="list-style-type: none"> <li>• Between 601 and 899 minutes of district nursing unallocated priority 1 work</li> </ul>
<b>RED</b>	<p><b>Moderate to Significant Impact</b></p> <ul style="list-style-type: none"> <li>• Impairment to aspect of service delivery impacting safety</li> <li>• Requirements to redeploy staff from non ward-based areas</li> <li>• Outside 1:4/5 Nurse/Patient ( Paediatric Day Shifts)</li> <li>• Outside 1:8 Nurse/Patient ratio (Adults Day Shifts)</li> <li>• 900 minutes or more of district nursing unallocated priority 1 work</li> <li>• Staff shortages an endemic issue for ward</li> <li>• Systemic Staffing problems</li> <li>• Business continuity being applied in some Directorates (DN service)</li> </ul> <p>And/or</p> <p>Need to instigate Business Continuity plans</p>

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**Appendix 2:**

Escalation process for sudden staffing shortfall – Hospital	
<p><b>Level 1 YELLOW</b> Red flag Triggered or Increased activity or increased dependency e.g. enhanced Care requirement, sickness absence Action within 30 minutes at ward level</p>	<p><b>In Hours:</b></p> <ol style="list-style-type: none"> <li>1. Professional judgement of staffing needs</li> <li>2. Realign roster including skill mix needed of staff, sharing staff</li> <li>3. Ring own part-time staff</li> <li>4. Ring Nurse Unit Bleep holder</li> <li>5. Consider cancelling management time, training, time owing</li> <li>6. Prioritise domiciliary visits according to risk</li> <li>7. Action: Report on Datix</li> </ol> <p><b>Out of Hours:</b></p> <ol style="list-style-type: none"> <li>1. Escalate to Unit Nurse Bleep holder</li> <li>2. Escalate to site manager if unresolved</li> </ol>
<p><b>Level 2 AMBER</b>  Inadequate staffing levels still exist after 30 minutes  Action within 30 minutes at Matron level</p>	<p><b>In Hours:</b></p> <ol style="list-style-type: none"> <li>1. Escalate to Matron responsible for clinical area</li> <li>2. Check Level 1 actions complete and review plans and identify risks</li> <li>3. Review staffing across level of responsibility</li> <li>4. Consider other registered nurses who could support e.g. specialist nurses/PDN's</li> <li>5. Ask other Divisions to review rotas and workload across site to provide support</li> <li>6. Short notice leave cancelled across site/organisation e.g. time owing, annual leave</li> <li>7. Consider additional hours/overtime and agency</li> <li>8. Post pone non-urgent domiciliary visits; inform patients/ next of kin</li> <li>9. Escalate to ADoN/M,</li> <li>10. Report the incident on DATIX and feedback outcome of escalation to ward</li> </ol> <p><b>Out of Hours:</b></p> <ol style="list-style-type: none"> <li>1. Escalate to Clinical Site Management Team</li> <li>2. Site to assess staffing Risk across the Hospital &amp; re-deploy as appropriate</li> <li>3. Site team will assess all enhance care risk assessment and prioritise</li> <li>4. Site will escalate to Silver for Authorisation to fill shift with Agency temp staff</li> <li>5. Make efforts where possible to reduce activity in affected areas</li> <li>6. Site will continue to monitor Staffing Risk</li> <li>7. Advise the ward to report the incident on DATIX</li> </ol>
<p><b>Level 3 RED</b>  Action by ADoN: Within 1 hour if issue continues report to Director level</p>	<p><b>In Hours</b></p> <ol style="list-style-type: none"> <li>1. Make efforts where possible to reduce activity in affected areas</li> <li>2. Consider bed closures</li> <li>3. Cancel elective surgery</li> </ol> <p><b>Out of Hours:</b></p> <ol style="list-style-type: none"> <li>1. Escalate to Clinical Site Management Team</li> <li>2. Site to assess staffing Risk across the Hospital &amp; re-deploy as appropriate</li> <li>3. Site team will assess all enhance care risk assessment and prioritise</li> <li>4. Site will escalate to Silver for Authorisation to fill shift with Agency temp staff</li> <li>5. Make efforts where possible to reduce activity in affected areas</li> <li>6. Consider bed closures</li> <li>7. Site will continue to monitor Staffing Risk</li> <li>8. Advise the ward to report the incident on DATIX</li> </ol>

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## Appendix 3:

### Escalation process if sudden staffing shortfall in **District Nursing**



#### In Hours

1. Staff shortage is reported at 9am to the designated risk stratification Lead DN at the teleconference
2. Review of unallocated priority1 units
3. Share plan with adjustments to the allocation of units
4. Consider cancelling management time, training, time owing
5. Postpone non-urgent domiciliary visits; inform patients/ next of kin
6. Report on Datix



#### “Out Of Hours” Shortage of 1 or more registered staff

1. **Twilight Hours** (*5pm to midnight, Mon-Fri and 8pm to midnight on weekend and bank holidays*)
  - Escalate to the on-call Lead DN (Band 8a)
  - Band 8a/TWL Lead to make every effort to cover the overnight service and update site if cover is not found by 7pm
  - Band 8a/TWL Lead to call the patients under Palliative Care pathway and establish if there will be a need for call out
  - Band 8a/TWL Lead to update site about staffing status before signing out
2. **Night shift** (*Midnight to 8:30 am*)
  - Escalate to Site Team
  - **Site to make request for Agency cover**
  - Site will triage the calls and advise as appropriate ie for patients to come to ED or wait till am call out
  - Site will request from 111 to see palliative care patients



#### “Out Of Hours” Shortage of 1 or more HCA

1. **Twilight Hours** (*5pm to midnight, Mon-Fri and 8pm to midnight on weekend and bank holidays*)
  - Escalate to the on-call Lead DN (Band 8a)
  - Band 8a/TWL Lead to make every effort to cover the overnight service and update site if cover is not found by 7pm
  - Band 8a/TWL Lead to call the patients under Palliative Care pathway and establish if there will be a need for call out
  - Band 8a/TWL Lead to update site about staffing status before signing out
2. **Night shift** (*Midnight to 8:30 am*)
  - Escalate to Site Team
  - Site to deploy 1 HCA from a "**Green Ward**" ward if appropriate
  - Site to request agency/bank to provide a band 2 HCA non driver
  - RN and HCA to book a taxi and visit patients
  - If agency cannot provide a band 2 HCA non driver- nurse will Triage calls and only visit essential calls i.e. palliative and catheter care where appropriate i.e. when care can be provided by one person

## 12.0 EQUALITY IMPACT ANALYSIS:

<b>1. Name of Policy or Service</b>
Safe Staffing and Staffing Escalation for Nursing and Midwifery
<b>2. Assessment Officer</b>
Maria Lygoura, Lead Nurse for Safer Staffing
<b>3. Officer responsible for policy implementation</b>
Breeda McManus, Deputy chief Nurse
<b>4. Completion Date of Equality Analysis</b>
02 December 2019
<b>5. Description and aims of policy</b>
Definitions of safe staffing and escalation process to ensure safe staffing

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## 6. Initial Screening

An initial analysis has been carried out to explore whether the Safe Staffing Policy is likely to have a detrimental impact in terms of people included in one or more of the following equality categories:

- Race
- Disability
- Gender
- Age
- Sexual orientation
- Religion and belief
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity

## 7. Outcome of initial screening

Screening of the policy does not demonstrate any bias or discrimination of any group

## 8. Monitoring and review/evaluation

Policy will be monitored on a regular basis

## 9. Publication of document: Intranet

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