NHS
Oxford University Hospitals
NHS Foundation Trust

Cover Sheet

Trust Board Meeting in Public: Wednesday 11 March 2026

TB2026.29

Title:	**Establishment Control Policy**

Status:	**For Information**
History:	**New**

Board Lead:	**Chief People Officer**
Author:	**Marlon Edwards, Assistant Director of Workforce**
Confidential:	**No**
Strategic Pillar:	**Patients, People, Partnerships, Performance.**

Executive Summary

1. The Establishment Control Policy provides a structured framework for managing the Trust's workforce establishment. It ensures that all staffing changes are planned, funded, approved, and executed consistently, transparently, and aligned with organisational objectives, patient safety, and financial governance. The policy applies to all substantive and fixed-term employees across the Trust, excluding temporary staffing unless financial reconciliation is required.

2. Developed in response to Audit Committee recommendations to improve grip and control over establishment management.

3. Follows OUH policy socialisation pathways, with consultation across HR, Finance, Senior Leadership, and Operational teams.

4. Applies to all substantive and fixed-term employees, including medical and dental staff.

5. Excludes temporary staffing except where required for financial coding, reporting, or reconciliation.

6. Establishment Review: Conducted biannually using evidence-based tools (SNCT, acuity tools), triangulated with quality indicators and professional judgement. Medical/dental staff aligned to job planning processes.

7. Change Management: All changes require Establishment Control Form (ECF) submission, funding validation by Finance, and approval by Chief Officers. Major changes require business case and Quality Impact Assessment. This form has been placed in the Reading Room for information.

8. Recruitment: Only permitted against funded, vacant positions, with emergency exceptions documented and reported.

9. Monthly Reconciliation: GL–ESR alignment ensures "one person, one post" integrity; discrepancies escalated.

Previous steps:

1. Policy ratified by People and Communication Committee (Chairs' Action): 9th February 2026.

2. Policy ratified by Trust Management Executive (Chairs' Action): 12th February 2026.

3. Policy ratified by Audit Committee: 25th February 2026

Recommendations

1. The Trust Board is asked to note the launch of the Establishment Control Policy, effective 30th January 2026. See Appendix 1

Appendix 1

Purpose:

- Provides a structured framework for managing the Trust's workforce establishment.
- Ensures all staffing changes are planned, funded, approved, and executed consistently, transparently, and aligned with organisational objectives, patient safety, and financial governance.
- Developed following a recommendation from the Audit Committee to strengthen control and oversight of workforce establishment at OUH.

Scope and Aim:

The policy governs the full lifecycle of workforce establishment, including:

- Annual establishment setting and biannual reviews for most staff groups; medical and dental staff are aligned to job planning and roster processes.
- Approval processes for new posts, changes to existing posts, re-banding, and temporary cover (maternity, career break, secondments).
- Maintenance of accurate workforce and financial records, ensuring alignment between the General Ledger (GL), Electronic Staff Record (ESR), and rostering systems.
- Adherence to Standing Financial Instructions (SFIs) and safe staffing methodologies, including evidence-based tools and professional judgement.

Key Processes:

1. Establishment Review: Biannual assessment of staffing capacity, skill mix, and workforce requirements, triangulated with clinical quality indicators. Medical and Dental staff are subject to separate review arrangements in line with job planning and rostering duties.

2. Change Management: All establishment changes must be processed via an Establishment Control Form (ECF), approved by Finance, Workforce, and relevant Chief Officers. Major changes require business case approval and compliance with organisational change procedures.

3. Recruitment & Workforce Changes: Recruitment and internal movements are only permitted against funded, vacant positions. Emergency exceptions are documented and reported.

4. Governance & Reconciliation: Monthly reconciliation of GL and ESR ensures accurate staffing records. Biannual assurance reports are submitted to the Trust Board and Delivery Committee.

5. Safe Staffing & Evidence Base: Staffing decisions rely on professional judgement, national guidance, benchmarking, and tools like the Safer Nursing Care Tool (SNCT).

Responsibilities:

- Trust Board: Strategic oversight and receipt of biannual reports.
- Chief Officers: Oversight, approval of establishment reviews, and reporting.
- Budget Holders & Divisional Workforce Teams: Day-to-day management of staffing within funded establishments, submission of ECFs, and adherence to approval processes.

- Finance & Workforce Information Teams: Verification of funding, updates to GL and ESR, and monthly reconciliation.

Equality Impact:

A full equality impact assessment indicates neutral effect on protected groups, with any potential individual impacts managed through the Managing Organisational Change Procedure.

Benefits:

- Ensures safe, affordable, and evidence-based staffing.
- Enhances transparency, consistency, and compliance with governance and financial controls.
- Provides a clear framework for workforce planning, recruitment, and organisational changes.

Appendix 1

Establishment Control Policy

Category:	Establishment Control Policy
Summary:	The purpose of this document is to provide a comprehensive framework for employees wishing to use the Trust's Establishment Control Policy. It outlines the processes, responsibilities, and requirements that ensure requests are managed consistently, transparently, and in alignment with organisational workforce planning principles.
Equality Impact Assessment undertaken:	13th January 2026
Valid From:	30th January 2026
Date of Next Review:	3 years Until such time as the review is completed and the successor document is approved by the relevant committee, this policy will remain valid.
Approval Via/Date:	30th January 2026 This policy was approved by People & Communication Committee as chair's action on 30th January 2026 and ratified by the Committee on 9th February 2026 This policy was approved by Trust Management Executive as chair's action on 30th January 2026 and ratified by the Trust Management Executive on 12th February 2026.
Distribution:	Trust-wide
Related Documents:	Job Planning Policy Managing Organisational Change Procedure Rostering and Safe Staffing Policy for All Workforce Groups (excluding Medical Staff)
Author(s):	Assistant Director for Workforce – Workforce Systems, Workforce Planning and Information
Further Information:	Contact Workforce Information Team
This Document replaces:	New policy

Lead Director: Chief People Officer

Issue Date:

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Introduction

1. Establishment control is the formal process an organisation uses to manage, monitor, and authorise its workforce structure to ensure it remains within approved funding, staffing levels, and governance arrangements.

2. It is a national requirement that all NHS trusts conduct a formal and systematic review of staffing establishment for all staff groups, with best practice recommendations being reviewed biannually. These reviews must utilise evidence-based tools, professional judgement, and clinical quality indicators to determine safe and effective staffing levels.

3. The establishment review process provides a comprehensive assessment of staffing capacity, skill mix, and workforce needs. It informs permanent changes to the establishment and ensures that patient care and ward staffing levels remain safe, efficient, and aligned with service needs.

4. Professional judgement, triangulated evidence, and quality outcomes form the basis of the biannual review process, supporting a structured approach to determining safe staffing requirements across the Trust.

Policy Statement

5. This policy aims to establish a structured framework that supports employees in understanding and appropriately applying the Trust's Establishment Control Process.

   5.1. This policy sets out the Trust's framework for planning, reviewing, funding, authorising, and managing its workforce establishment. It ensures that staffing levels are safe, evidence-based, affordable, and compliant with Standing Financial Instructions (SFIs), while maintaining accurate alignment between workforce and financial systems.

   5.2. The policy brings together establishment review (strategic workforce planning and assurance) and establishment control (operational and financial management) into a single coherent framework.

   5.3. Compliance with this policy is mandatory. Failure to comply may result in escalation under the Standing Financial Instructions and, where appropriate, disciplinary action.

Scope

6. This policy applies to all employees of Oxford University Hospitals NHS Foundation Trust on substantive and fixed-term contracts, including medical and dental employees.

   6.1. Temporary staffing is excluded from the establishment control process, except where financial coding, reporting, or reconciliation requirements apply.

   6.2. This policy applies to those enacting or processing the policy:

   6.3. Trust Board and Executive Directors

   6.4. Chief Officers

   6.5. Divisional and Clinical Directors

   6.6. Budget Holders and Delegated Budget Holders

   6.7. Finance teams

   6.8. The Divisional Human Resources and Workforce Information teams

   6.9. Payroll and Resourcing Teams

Aim

7. The purpose of this policy is to:

   7.1. Provide a clear, Trust-wide framework for the management and maintenance of the funded establishment.

   7.2. The Trust will maintain a funded workforce establishment that:

   - Supports safe, high-quality patient care

   - Is evidence-based and clinically informed

   - Is affordable and financially sustainable

   - Complies with SFIs and audit requirements

   - Ensuring robust financial control of pay expenditure.

   7.3. Provide effective governance for approving, recruiting to, and amending establishment structures.

   7.4. All pay-affecting workforce activity must be supported by:

   - An approved, funded establishment

   - Appropriate authorisation

   - Accurate recording in the General Ledger (GL) and Electronic Staff Record (ESR)

   7.5. Provide accurate workforce planning and system data.

   7.6. The Trust operates a "one person, one post" principle, ensuring that workforce, financial, and rostering systems remain aligned.

   7.7. Provide clear visibility of vacancies and alignment with the Trust's Rostering and Safe Staffing Policy to support consistent and effective workforce management.

Definitions

8. The terms in use in this document are defined as follows:

   8.1. Establishment: The agreed recurrently funded level of staffing for a service, expressed in Whole Time Equivalent (WTE), grade, vocation, and cost centre.

   8.2. The term WTE is Whole Time Equivalent.

   8.3. ESR- Electronic Staff Record

   8.4. DHoW-Divisional Head of Workforce

   8.5. HoF- Head of Finance

   8.6. GL- General Ledger

   8.7. Subject code- refers to a classification or accounting code applied based on professional role, used in ESR and GL.

   8.8. Occupational code- is a standardised numeric or alphanumeric code used to classify jobs or occupations based on the type of work performed, used in ESR.

   8.9. Establishment Control Form (ECF): The formal mechanism for requesting and authorising changes to the funded establishment.

Responsibilities

9. The **Trust Board** are responsible for**:**

   9.1. Providing strategic oversight of workforce risk and assurance.

9.2. Receiving biannual establishment review and exception reports.

10. **Chief Officers** have overall responsibility for establishment control and workforce planning in their portfolio. They are responsible for:

10.1. Approving establishment reviews and their respective areas.

10.2. Reporting outcomes to the Trust Board and Delivery Committee.

10.3. Ensuring effective systems, controls, and compliance with this policy.

10.4. Ensuring alignment with Trust strategy, quality, and financial sustainability.

10.5. Ensure implementation of this policy.

11. The **Chief People Officer** is responsible for the updates.

12. **Divisional Directors of Nursing, Head Nurse for Workforce, Clinical Directors, Divisional Medical Directors and Divisional Directors of Operations** are responsible for:

12.1. Leading establishment reviews within their divisions; and

12.2. Ensuring triangulation of evidence and quality indicators.

12.3. Working within approved budgets and business plans.

13. **Budget Holders** are responsible for:

13.1. Being accountable for managing staffing within their funded establishment.

13.2. Submitting ECFs and ensuring compliance with authorisation processes.

14. The **Finance Team** are responsible for:

14.1. Confirming funding and support budget compliance with the budget holder.

14.2. Updating financial systems and GL, in line with the establishment change process

14.3. Providing the monthly GL file to the workforce information team monthly for reconciliation into ESR on the funded establishment (Budgeted WTE).

14.4. A one-post-per-position approach will be applied, ensuring reconciliation takes place each month to accurately reflect within the establishment.

15. The **Workforce Information Team** is responsible for:

15.1. Maintaining ESR hierarchy and positions

15.2. Supporting establishment control processes and data accuracy, as this enables the Provider Workforce Return (PWR) NHS England monthly submission.

15.3. Leading monthly reconciliation, highlighting any discrepancies that require finance adjustments.

15.4. A one-post-per-position approach will be applied, supported by reconciliation processes to ensure that each position is accurately reflected within the establishment.

16. The **Divisional Head of Workforce Teams** is responsible for:

16.1. Supporting staff with the following HR policies and procedures.

16.2. Supporting recruitment, change management, and workforce planning.

17. **Payroll** is responsible for:

17.1. Processing establishment-related pay actions.

17.2. Producing payroll costing and GL files.

Establishment Control Workflow

18. The establishment workflow involves coordinated responsibilities across:

   18.1. **Budget Holders:** submission of ECFs, restructuring documentation with approval from the Chief Officers beforehand.

   18.2. **Finance**: budget checks validation, GL updates, finance is responsible for maintaining GL budgets based on Trust approvals, ensuring monthly actual staff costs are accurate in the GL, feeding back to ESR when staff are in incorrect location/coding, reviewing BNR with budget holders.

   18.3. **Workforce Information/HR Systems**: ESR updates, roster alignment, hierarchy maintenance

   18.4. **Payroll:** processing changes and producing GL costing files

19. The Establishment Control Form (see Appendix 2) outlines the stages and decision points (ECFs, restructures, mass moves, and handovers between Finance and Workforce).

Establishment Review Process

20. Establishment control is the governance framework that ensures the Trust's workforce establishment is planned, funded, approved, and managed in a controlled and consistent way.

21. Two formal establishment reviews will take place each financial year, one aligned with the annual budget-setting process and one mid-year review. Medical and Dental staff are subject to separate review arrangements.

22. Reviews will assess staffing capacity, skill mix, and workforce requirements using:

   22.1. Professional judgement.

   22.2. Triangulated evidence.

   22.3. Quality and performance indicators.

   22.4. Nationally endorsed safe staffing tools.

23. All staff groups (Nursing and Midwifery, Add Prof Scientific and Technic, Allied Health Professional, Admin & Clerical, Healthcare Scientists, Additional Clinical Services, and Estates and Ancillary) will be reviewed biannually. Healthcare Scientists may have establishment reviews outside the biannual cycle, where required to align with roster duties or operational service needs.

24. The biannual review process is not currently applicable to Medical and Dental staff. Medical workforce management will be aligned to the job planning process and relevant policy, with establishment review arrangements to be implemented once suitable tools are established and proven effective.

25. Medical staffing reviews will align with job planning and rostered duties.

26. Following approval, Finance GL, then ESR, and eRoster will be aligned to ensure accurate "One Person, One Post" data integrity.

27. No additional reviews will be undertaken outside the biannual cycle without permission from the relevant Chief Officer if required for service change or redesign proposals. This provision does not apply to the Medical and Dental workforce, where staffing review and approval will be managed through the job planning process and associated Medical Workforce policies.

28. The budget holder will conduct a review with support from finance, workforce and operational colleagues. Where required, Divisions will receive evidence packs from leads (relating to safer staffing/clinical evidence).

29. Final reviews will be submitted to the Chief Officers (COs) for approval before forwarding to Finance for implementation in the GL.

30. Any approved changes to establishment numbers or skill mix within existing funded levels must be recorded as part of the review.

31. A formal, approved business case must support any changes requiring additional budget or establishment.

32. Divisions must consider both increases and reductions in establishment as part of their review. If this relates to organisational change, please see the Managing Organisational Change Procedure.

33. The Chief Officers will provide exception reports to the Trust Board/ delivery committee twice yearly in line with establishment reviews. Regarding the Medical and Dental workforce, biannual review and reporting are not currently considered appropriate. Reporting will align with Medical Workforce review processes, with the intention of moving towards an annual review, subject to the availability of suitable tools and assurance.

Safe Staffing Methodology

34. Establishment reviews must therefore be informed by evidence that supports safe, high-quality care and reflects clinically informed workforce decisions, including the evidence sources set out below:

    34.1. Safer Nursing Care Tool (SNCT)

    34.2. BirthRate+ (maternity)

    34.3. Critical care acuity tools

    34.4. Demand and capacity data and modelling

    34.5. Benchmarking and national guidance on staffing

    34.6. Benchmarking and national guidance on quality, including national quality and safety metrics (e.g. NICE quality standards, mandatory national audits, GIRFT)

    34.7. Any regulatory requirements (e.g. from CQC)

35. Staffing tools must not be used in isolation and must be triangulated with quality outcomes and professional judgement.

Approval and Governance

36. Establishment review outcomes must be approved by the relevant Chief Officer.

37. Changes requiring additional funding must be supported by a formal business case and approved through Trust governance routes.

38. Approved changes will be reported to the Trust Board and relevant committees.

Establishment Control Procedure

Annual Establishment Setting

39. The funding establishment for each Operating Unit/Directorate (Cost centre) is agreed annually during the budget-setting process in accordance with Standing Financial Instructions. This will include the budget holder, finance and workforce.

    39.1. Establishment refers to the number of WTE, and the salary structure funded by the Trust.

    39.2. These values are recorded in financial budget reports.

    39.3. No changes may be made outside this policy and the ECF process.

40.   The Workforce Information Team maintains the agreed establishment within ESR and the organisation's hierarchy.

   40.1. Establishment is held at the lowest organisational level/ ward level.

   40.2. Appointments and changes may only be made within the funded establishment.

41. Establishment may only be varied when:

   41.1. New developments are approved through the Business Planning Group or equivalent Trust body; or

   41.2. Changes are funded from existing resources via approval through the Trust Pay Panel.

   41.3. Organisation change or redesign (Transformation).

Budget Setting

42.   Final budget setting will follow an approach to be outlined and agreed at TME ahead of M12 and aligned to the Trust Budget changes policy/ procedure.

43.   The budgeting setting cycle is detailed in the Budget Holder Manual. The planning cycle closes in March (M12) of the previous financial year. The new year budgets should be in place on the General Ledger by working day 4 of the new financial year (shared with Workforce Information) for mirroring on the ESR Establishment before the close of Month 1.

44.   Budgets should be in line with the Annual Operating Plan, focused on delivering clinical activity and non-clinical support within the financial envelope and targeted activity levels. The upload should include or plan for Successful Business Case Implementation and delivery of identified Cost Improvement Programmes impacting establishment and staffing levels.

Implementing Changes to the Establishment during the Year

45.   All changes to the funded establishment must be requested via an ECF.

46.   Changes may arise from:

   46.1. Approved establishment reviews.

   46.2. Business cases.

   46.3. Service redesign or organisational change.

   46.4. External funding.

   46.5. Re-banding or national pay changes.

47.   Finance and Workforce Information must confirm funding and system updates before changes are enacted.

48.   This is not an exhaustive list, and there will also be other reasons that arise from time to time.

49.   Budget holders and Directors can review, subject to the Chief Officer's approval, the staffing numbers and skill mix within their establishments to meet changing service needs. However, when doing so, they will be required to abide by the following principles:

   49.1. The resultant establishment will be within the set budget unless additional funding has been identified and drawn down.

   49.2. Existing HR policies and terms and conditions will be adhered to – particular control of pay/banding, as well as Consultations and change processes.

   49.3. Changes must be in pursuit of the Trust objectives of service/care/patient output and quality.

49.4. Changes must be in line with clinical models, including safer staffing.

50. Finance should consider the financial implications and confirm funding is available. Any necessary documentation for management accounts must be completed. Finance will also ensure that CO-approved establishment changes are made on the General Ledger.

51. The Divisional Workforce team will be available at any stage of the process for advice and guidance, particularly in relation to change management, workforce planning, changes in skill mix and any associated band/grade implications of changes to establishments. Workforce Information will ensure that agreed-upon establishment changes are applied to the ESR establishment. Approval may be required for some process authorisations.

52. To effect a change to an establishment, a budget holder must:

52.1. For small changes or individual posts – agree costed changes with the financial management team, where appropriate, seek advice from the Divisional Head of Workforce team, obtain approval and raise an Establishment Control Form (Appendix B). Any changes outside the cycle will require prior approval from the CO.

53. Please note that significant changes to an establishment will require a written paper to explain the proposed changes and the rationale behind these. Confirmation that the finance is available to make changes will also be required, as will, where relevant, HR advice and approval, revised job descriptions and person specifications. This documentation must be submitted to the relevant Chief Officer for authorisation. For major changes, it may be necessary to bring such a proposal to the Chief Officers for discussion and agreement.

54. In the event of establishment changes that amount to major organisational change, the Trust's Managing Organisational Change Procedure applies.

55. Where establishment changes are anticipated to arise from requests for re-banding of existing positions through job evaluation or job matching, the relevant finance lead must be engaged to enable an assessment of the budgetary implications of the re-banding. Re-banding cannot be enacted until funding has been drawn down and applied.

56. Transfers of funded positions between budgets must be authorised by both budget holders to ensure they both agree that an adequate transfer of resources or staffing has taken place.

Creation of new Cost Centres

57. Where a new cost centre is being created the following details will be required to be sent to the Workforce Information Team: Cost Centre designation (i.e. 321171264), the name of the cost centre, the primary location address of the unit, the position within the hierarchy (please refer to the Daily Establishment Report) and the specific details of the posts to be created within the cost centre.

Establishment Control Forms

58. To enact changes to an establishment, an Establishment Control Form should be completed by the Budget Holder. This should be done following obtaining the financial costing and approval of the relevant finance lead and Chief Officer, and also the advice and approval from the Divisional Head of Workforce team where appropriate. The form is electronic and is split into 3 sections. The form is submitted to Finance and Workforce Information for changes to the General Ledger and ESR in parallel.

59. Section A is for the closure of existing positions. The current position number, cost centre, account/subjective code and WTE must be detailed. The effective date of the termination of the position must also be detailed. If the position is currently occupied or

has a future occupancy associated, you should detail what is going to happen to the individual (termination form completed effective before the position closure effective date/ change form completed moving them to a new position/ change form pending completion based on creation of a new position in the same ECF form). No position will be closed or reduced to create cost pressure without sign-off from the Chief Officers.

60. Section B is for the modification of the WTE of an existing position. No position will be closed or reduced to create a cost pressure without sign off from sign-off from the Chief Officers.

61. Section C is for the creation of new positions. The cost centre, account/subjective code, vocation, pay scale, DBS requirement, Clinical System Access (CRS) details and WTE must be detailed. The effective date of the creation of the position must also be detailed.

62. Establishment Changes agreed (via ECFs) signed off and delivered to finance before 5 working days prior to the closure of each month will be enacted on the G/L and ESR within 48 hours and will show on the next Establishment Reports (if an immediate change). Forms received after this point will be held over until the next period, then enacted to the same timescale. Confirmation of the changes on ESR will be made to the Budget Holder submitting the form, including the position numbers for use in authorisation processes and will show on the next update to the available establishment reports.

63. Appendix 2 shows the form design and potential drop-down options

Authorisation procedures for all staff groups

64. Changes to Existing Employees Posts or Conditions

    64.1. This section refers to changes that the manager is making to a staff member's hours, position, location, supervisor or a combination thereof.

    64.2. This section is also relevant if you are enacting a technical movement between positions (without HR processes being engaged). Technical movements exclude movement to new roles (that are either a change process or a recruitment process) or a movement between bands (either recruitment or re-banding). They are designed to enable movement into new structures and service redesign, as well as rectifying initial placement errors only.

    64.3. This section also covers the closure of internal recruitments where the candidate is moving from one substantive post to another.

    64.4. This section also applies when an employee is being placed upon or removed from Maternity Leave, Career Break or Suspension.

    64.5. Depending on the type of change, authorisation to apply the process (whether financial, Workforce or Chief Officer) may apply. The authorisation table is detailed below.

    64.6. The Trust's current Recruitment System (authorisation element) will be replaced with e-forms that conform to the required pathways below. Until they are in place, managers must ensure all relevant checks and authorisations are completed ahead of submission of forms in the current systems.

Approvals Required - Changes to Existing Employees Posts or Conditions

Process Checks	Finance Funding and Post are in place (including correct cost centre, account code, band and WTE) Confirmation any cost pressure posts/ externally funded posts are approved	Workforce Information Position matches (correct cost centre, account code, band and WTE) Position is vacant (or is available for turnover request)	Divisional Head of Workforce Team That the relevant HR Process /Policies and Procedures have been followed	Chief Officer Panel That the incoming liability is required, in line with Trust strategies and operations and are affordable
Location: Only within Current Position	No	No	No	No
Change of Supervisor (within Current Position)	No	No	No	No
Technical Change of Position (Input error by recruitment/ Cost Centre Splits or Aggregations/ Change Process Implementation/Internal Nurse Post Start Movements)	Yes	Yes	No	No
Internal Recruitment, including secondments	Yes	Yes	No	No
Re-banding	Yes	Yes	Yes	No
Status Change (e.g. maternity, Career Break, Suspension)	No	No	Yes - Dependent on the change	No
Increase of Contractual Hours	Yes	Yes	Yes	Yes
Decrease of Contractual Hours	No	No	No	No

64.7. For any changes of role/band, there must be a vacant position for the change, except for the permitted shared position criteria (handover, covering maternity or career break).

64.8. A position must be vacant for the entire period of the enacted change (e.g. cannot be used for a permanent posting if someone is earmarked to return to it) except for the permitted shared position criteria (handover, covering maternity or career break).

65. **Recruitment to Permanent Posts**

65.1. All recruitment to permanent positions must be checked and authorised by Finance, the Workforce Information Team and the Pay Review Panel.

65.2. Requests to recruit must detail each position being sought to be filled. Each position will be checked by finance and the workforce intelligence team to ensure the positions exist and are funded and vacant.

65.3. The Chief Officers panel will ensure that the incoming liability is required, in line with Trust strategies and operations and are affordable.

65.4. Positions that will become vacant can be requested but if the staff member is leaving the termination form must have already been completed and submitted or if an internal movement the agreed start date and Changes to Existing Employees Posts or Conditions Form completed and submitted.

65.5. If a handover period is envisaged this must be detailed on the request to recruit for the post to be temporarily shared for the allotted period ahead of the previous post holder leaving the post as approved by the authorisation process.

65.6. If a supernumerary period is envisaged this must be detailed on the request to recruit for the post to be temporarily shared for the allotted period ahead of the previous post holder leaving the post as approved by the authorisation process.

65.7. Only posts authorised via the Request to recruit will be advertised or offers made against. Once used, positions will no longer be active on the request to recruit process.

65.8. Authorised cost pressures will follow the same process, with the audit of authorisation clearly demarking the cost pressure for executive sign-off.

65.9. The Chief Executive Officer may request a bypass of the process for emergency cases, but the request to recruit must be completed as soon as possible.

65.10. If at any time the funding/position changes or is filled using an internal movement process, the authorisation to recruit to it is revoked, and the manager must inform the recruitment team immediately.

65.11. This procedure includes medical recruitment (excluding HEE resident doctor rotations), but additional processes (i.e. the AAC processes) may apply.

66. **Adding Additional Posts to an existing recruitment**

66.1. If at any time during a recruitment process a manager anticipates they may be able to recruit above the number of positions (and WTE) authorised, they must raise a second request to recruit for the additional posts for approval before any offers can be made. This must be done as a second authorisation that will be linked on the Trust's Recruitment System to the primary offers.

66.2. The Chief Executive Officer may request a bypass of the process for emergency cases, but the request to recruit must be completed as soon as possible.

67. **Recruitment to Fixed Term Posts (or Extensions and Conversions including Medical Clinical Fellows)**

67.1. All recruitment to fixed-term positions must be checked and authorised by Finance, the Workforce Information Team and the Pay Review Panel, including any extension requested to an existing fixed-term posting, including all Clinical Fellowships.

67.2. The Pay Review Panel may be stood down by the Chief Officers at any time which would remove that authorisation from the process.

67.3. Requests to recruit must detail each position being sought to be filled. Each position will be checked by finance and the Workforce Information Team to ensure the positions exist and are funded and vacant.

67.4. Any request for a Locally Employed Doctor will either be Trust Funded or in place to cover a gap in the deanery rotation. In the former case, the Position must be coded in the Job Title as 'LED' (Locally Employed Doctor) to maintain oversight of reserve or operational funding. Those covering gaps in the deanery must be coded and prefixed with the position number in the current establishment of the deanery post (associated against the LDN number) and WTE of that post in the job title. If that rotational position is planned to be covered in the next rotation or is filled in the next rotation, no extension to that fellowship is permitted and a new fixed-term recruitment process with an identified funding stream must be engaged.

67.5. Positions that will become vacant can be requested, but if the staff member is leaving, the termination form must have already been completed and submitted

or if an internal movement, the agreed start date and Changes to Existing Employees Posts or Change Form completed and submitted.

67.6. If a handover period is envisaged, this must be detailed on the request to recruit for the post to be temporarily shared for the allotted period, ahead of the previous post holder leaving the post.

67.7. Only posts authorised via the Request to recruit will be advertised or offers made against. Once used, positions will no longer be active on the request to recruit process.

67.8. Authorised cost pressures will follow the same process, with the audit of authorisation clearly demarking the cost pressure for the Chief Officer's sign-off.

67.9. If at any time the funding/position changes or is filled using an internal movement process, the authorisation to recruit to it is revoked and the manager must inform the recruitment team immediately.

67.10.   This procedure includes medical recruitment (excluding HEE resident doctor rotations), but additional processes (i.e. the AAC processes) may apply.

67.11.   If a fixed-term post is already filled and an extension to the period is sought, a new request to recruit must be completed following the full approval process before the extension may be offered. If approved, the Changes to Existing Employees Posts or Change Form is to be completed, confirming the authorisation has been received.

67.12.   If a manager seeks to make an occupied fixed-term position permanent, the post must follow the full recruitment process. If the original post was not advertised as a permanent posting, the role must be subject to open competition, and the incumbent fixed-term post holder has no primacy in this process. If the incumbent post holder has 2 years of qualifying service in the role and is considered at risk of redundancy, the permanent posting may be restricted to at-risk candidates only.

67.13.   In the rare situation where a fixed-term post holder has been in the same fixed-term post extended for a period of 4 years or more, they may apply to convert the position to permanent. The request-to-recruit process must still be followed to ensure all parties are aware of the change and its implications. The service should then seek advice from the Divisional Head of the Workforce Team on how to amend the contract, and from Finance on the funding implications.

68. **Training Posts/ Awaiting PIN**

68.1. For some positions, it may be possible to advertise and appoint to training roles. This approach is role-specific and does not apply to posts where statutory or professional requirements must be met, such as substantive Consultant roles requiring specialist GMC registration. (i.e. roles where the candidate will be trained on the role to achieve the required criteria for the role). This excludes apprentices on the AP01 scale but includes apprentices in bands 2 to 3.

68.2. Any such role must be raised against a position at the level of the final post, i.e. if a band 6/7 training post, the position must be raised as a band 7.

68.3. The role will follow the same rules whether permanent or fixed term.

68.4. On appointment, the role holder will be installed as a grade override at the lower level of the training post. If and when they finish the training programme satisfactorily, they will be upgraded to the full band of the role. The contract for such roles should define the exit criteria for prolonged failure.

68.5. Where a candidate is recruited into a role awaiting the formal professional body processing, e.g. newly qualified nurse, the recruitment must be at the full position details and the staff member will be installed as a grade override at the lower

level of an unqualified position until the pin is received and the staff member can be deployed in the regulated role and remunerated at the correct band.

69. **Maternity Leave Cover**

   69.1. When a staff member goes on maternity leave, the Trust may be operating fixed-term cover for that post holder.

   69.2. If fixed term cover for the post holder is in operation, a post holder may be covered for the full period of the agreed maternity leave period. The role remains the original post holder, and therefore the post must be advertised as identical cover (role description, name and band) as the post holder. The WTE of the role may not exceed the position's budget.

   69.3. If a handover period is envisaged, this must be detailed on the request to recruit for the post to be temporarily shared for the allotted period ahead of the previous post holder going on the extended leave.

70. **Career Break Cover**

   70.1. When a staff member goes on a career break, the funding for the role remains available.

   70.2. A post holder may be covered for the full period of the agreed career break leave period. The role remains the original post holder, and therefore the post must be advertised as identical cover (role description, name and band) as the post holder. The WTE of the role may not exceed the position's budget.

   70.3. If a handover period is envisaged, this must be detailed on the request to recruit for the post to be temporarily shared for the allotted period ahead of the previous post holder going on the extended leave.

71. **Secondment Cover**

   71.1. When a staff member goes into another role (internally or externally) on secondment, the funding for the role remains available. The provisions of fixed-term approval apply.

   71.2. A post holder may be covered for the full period of the agreed secondment period. The role remains that of the original post holder, and therefore the post must be advertised as identical cover (role description, name and band) as the post holder. The WTE of the role may not exceed the position's budget. The cover dates may not exceed the secondment dates.

72. **Acting-Up Cover**

   72.1. Acting-up arrangements may be used to provide short-term cover during recruitment to a post or while the requirement for the role is being assessed. These opportunities should normally be offered internally at service level and may be managed informally where appropriate.

   72.2. A staff member can only act up into an existing established vacant role.

73. **Retire and Returns**

   73.1. If a manager supports a staff members retire and return, they will complete a termination form for the staff member but flag that they are being re-engaged with the new contractual hours to apply. The staff member will have their old personnel record closed down as a retiree and will be re-engaged in the same position as a new starter.

74. **Honorary Posts**

   74.1. All honorary post holders will be aligned in the structures as a formal position, including role access levels and cost centre/account codes. They are pre-

authorised at the respective recharge WTE position via the Trust's Recruitment System.

74.2. When positions are established for the Honorary Posts, they are to be set prefixed with "HON" (e.g. Hon XXX) in the position title. All other recruitment provisions apply.

75. **Redeployment and Pay Protections**

75.1. The Trust may seek to move staff to vacant positions as part of Trust change processes. During trial periods, the post holder will remain in their existing roles and will be moved into the new position on successful passing of that trial period. In that instance, the HR Consultant/ DHOW will complete the Change Form.

75.2. Any staff member who will be under pay protection provisions will be moved to a role of the new level, and the protected marked time will be applied as an additional element against their assignment.

76. **Organisational Changes**

76.1. Any organisational change process will be managed by managing the organisational change policy.

77. **TUPE Transfers**

77.1. Services that are TUPE transferring out will require termination forms to be completed and actioned before the service line and positions can be eliminated.

77.2. Incoming TUPE transfers should have establishments approved and created during the tendering process, with a mapping of positions against staff in the due diligence period.

78. **Hosted Services**

78.1. Hosted service lines fall outside of the remit of this policy and will have contractually agreed change/authorisation and enacting processes in place.

79. **Medical Consultant Locums (Fixed Term)**

79.1. Where a locum appointment is advertised to cover a substantive medical consultant position, the host substantive role will be left open, and a new role will be created for the locum recruitment, prefixed with the position number of the open substantive position.

80. **Escalation, Winter Pressures or Formal Over recruitment Positions**

80.1. When operational managers are permitted and are instructed in circumstances to over-recruit and take on non-funded liabilities by the Trust Management Executive (TME), the particulars of the authorisation should be noted and included in recruitment paperwork. If posts are to be filled via a fixed-term contract, standard establishment of positions and recruitment processes are to be followed. If the post is to be filled permanently or temporarily, the positions will be set up as 0.00 WTE in the budgeted line and prefixed with "AR" (At risk) in the position titles, and movement to funded positions at a later point will be considered as a technical movement when the long-term position is identified as open (not in recruitment) and funded.

80.2. The flag on the position section of ESR labelled management cost (YES) will be used on these positions.

Recruitment and Workforce Changes

81. Recruitment may only occur against a funded, vacant ESR position.

82. All permanent and fixed-term recruitment must follow the Trust's authorisation process, including executive approval where required.

83. Changes to existing employees' terms, hours, or positions must be supported by an authorised establishment change before enactment.

84. Emergency bypasses must be documented and reported to the chief officers for the respective area.

Establishment Control Process

85. When a change to the establishment is needed, the manager must complete an Establishment Control Form (ECF). The form will capture your current "as is" and your "to be" position. See Appendix 2

   85.1. All sections must be completed in full.

   85.2. The ECF is submitted to the Finance Business Partner for funding review

   85.3. Once funding is confirmed, the GL team will update accordingly.

   85.4. Finance updates financial systems.

   85.5. Workforce Information update ESR, eRoster, and organisational hierarchy structures.

   85.6. Any vacancies associated with updated establishment will progress through the normal vacancies' approval process.

Governance of Establishment Review/ Change

86. The Trust conducts evidence-based establishment reviews for nursing and midwifery inpatient services every six months (twice annually/biannually), with all other staff groups reviewed in line with business planning cycles. Medical staff will be aligned to their respective job plans or work schedules/roster duties.

87. To ensure safe and accurate staffing, the finance ledger, budgets, ESR, and eRoster (including medical eRoster) must remain fully aligned. All changes must follow this policy and the Rostering and Safe Staffing Policy for all Workforce Groups (excluding Medical Staff).

88. Any change involving amendments to skill mix, removal of posts, creation of posts, or redesign of roles constitutes a service change, refer to the managing organisational change procedure and requires completion of a Quality Impact Assessment (QIA).

89. Any request requiring additional budget must be supported by a formal business case and approved in line with Trust governance processes.

90. Triangulated evidence, national guidance, benchmarking and service-related targets will inform professional judgement on staffing needs, in line with the evidence framework set out in paragraphs 34 and 35. (Support from DHoW and HoF).

91. The use of workforce planning and acuity tools, including the Safer Nursing Care Tool (SNCT) and nationally endorsed alternative tools, will be applied in accordance with the principles and requirements described in paragraphs 34 and 35 and must not be used in isolation.

92. Corporate areas will have to provide evidence, for example, of demand capacity to support requirements.

Business Planning Group has delegated authority to consider and approve proposals for new investment or increases to the Trust's workforce establishment.

93. Following business case approval:

   93.1. Budget Holder to complete ECF for update

   93.2. Finance updates the budgeted establishment in the finance system.

93.3. Workforce Information will update ESR and forward to eRoster teams (including medical staff).

93.4. New posts are incorporated into the monthly reconciliation process between Finance and Workforce Information.

93.5. When positions are established for the Business Planning Group, they are to be set prefixed with "BPG" (e.g. BPG XXX) in the position title. All other recruitment provisions apply. Removal of the "BPG" prefix will be subject to confirmation through the appropriate establishment review or governance process.

Establishment Reconciliation

94.   The GL is the system of record for funded establishment.

95.   ESR is the system of record for in-post positions and workforce data.

96.   Finance and Workforce Information will undertake monthly reconciliation to ensure alignment.

97.   Discrepancies must be resolved before month-end reporting or formally recorded as exceptions.

Monthly Reconciliation Process

98.   The Workforce Information Team runs the ESR Position Analysis report, which shows all positions and their budgeted WTEs.

99.   Finance matches each ESR position to the General Ledger (GL).

99.1. The GL may group multiple ESR positions under a single subjective code.

99.2. ESR positions are defined by cost centre, staff group, grade, and subjective code.

100.   To reduce unnecessary maintenance:

100.1.   Establishments in ESR may be consolidated under a single position per cost centre.

100.2.   Individual positions may therefore appear over- or under-established, providing totals match at the cost-centre level.

101.   Finance must notify Workforce Information of any budgetary changes that affect the establishment. If agreed outside of the bi-annual review by the Chief Officers.

102.   Finance issues a monthly establishment report on Working Day 4 to the Workforce Information Team to facilitate the reconciliation process.

103.   ESR and Finance leads reconcile the establishment for the reporting period.

103.1.   All discrepancies must be resolved before the month-end and Board reporting.

103.2.   Any unresolved discrepancies must be documented and jointly understood.

Monitoring and Assurance

104.   Compliance with this policy will be monitored through internal audit and monthly ESR–Finance reconciliation.

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Establishment changes that follow the correct process	Reconciliation data	Assistant Director of Workforce and Head of Financial Performance	Monthly	Delivery Committee
Budget, SIP, temporary staffing and vacancies	PWR	Assistant Director of Workforce	Monthly	Monthly report to CFO and CPO
Biannual Report from COs	Establishment changes	Chief Officers	Bi-Annual	TME and Trust Board

105. Exceptions are escalated to the Finance, Workforce/Staffing and Divisional Workforce Leads.

106. Chief Officers will submit biannual establishment assurance reports to the Trust Board and respective committee.

Exceptions and Escalation

107. Any deviation from this policy must be formally authorised.

108. Unauthorised changes may result in escalation to the Chief Officer.

Review

109. This policy will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy.

110. Until the review is completed and the successor document is approved by the relevant committee, this policy will remain valid.

Training

111. There is no mandatory training associated with this policy (or applicable). Individuals' training needs will be identified through annual appraisals and supervision

112. Training requirements will be addressed through budget holder training and local induction.

Equality Impact Assessment

113. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in Appendix 1.

List of Appendices

114. Appendix 1 – Equality impact assessment.

115. Appendix 2- Establishment Control Form

116. Appendix 3 - Detailed breakdown of the individual data items in the Establishment Report

117. Appendix 4 – Divisional Establishment Review Checklist

Document History

Date of revision	Version number	Reason for review or update

Appendix 1: Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed	New Policy
Job title of staff member completing assessment	Assistant Director for Workforce – Workforce Systems, Workforce Planning and Information
Name of policy / service / function:	Establishment Control Policy
Details about the policy / service / function	To provide a comprehensive framework for employees wishing to use the Trust's Establishment Control Policy. It outlines the processes, responsibilities, and requirements that ensure requests are managed consistently, transparently, and in alignment with organisational workforce planning principles.
Is this document compliant with the [Web Content Accessibility Guidelines](#)?	Yes
Review Date	Three years
Date assessment completed	January 2026
Signature of staff member completing assessment	*Marlon Edwards*
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

No - full equality impact assessment not required

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.

- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.

- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex		No			The policy sets out the rules to ensure consistent application of establishment control management to OUH employees. Potential impacts that may arise in relation to this procedure are addressed as part of the Managing Organisational Change Procedure, in which each individual change is required to be equality impact assessed.
Gender Re-assignment		No			As above.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other		No			As above.
Disability - disabled people and carers		No			As above.
Age		No			As above.
Sexual Orientation		No			As above.
Religion or Belief		No			As above.
Pregnancy and Maternity		No			As above.
Marriage or Civil Partnership		No			As above.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.		No			As above.

Sources of information

List any sources of information used

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation
N/A	

Consultation with others

HR Consultants and Advisers

People and Communication Heads of Service, Senior Leadership Team and Committee

Finance colleagues

UHB Payroll Services Team

4.   Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

The policy sets out the rules to ensure consistent application of establishment control management to OUH employees. Potential impacts that may arise in relation to this procedure are addressed as part of the Managing Organisational Change Procedure, in which each individual change is required to be equality impact assessed.

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

N/A

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

N/A

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

N/A

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date

Appendix 2: Establishment Control Form

The form has been placed in the Reading Room for information.

The completed form should be sent to positionrequest@ouh.nhs.uk

Appendix 3 - Detailed breakdown of the individual data items in the Establishment Report (Detailed Dashboard)

Established Posts	Staff Coded Against the Positions
Division	In Post WTE
Directorate	Employee Number
Service	Assignment Number
Site Service	Primary Assignment
Site	Full Name
Department	Assignment Status
Cost Centre	Person Pay scale
Account Code	
Occupation Code	
Staff Group (Level 1)	
Staff Group (Level 2)	
Band	
Position Number	
Position Title	
Budgeted WTE	
Active/Frozen	

Appendix 4: Divisional Establishment Review Checklist:

Action	Who- Dates	Complete Yes/No
Collate and save latest SNCT data and copy of latest CNO approved Establishment Template in new labelled folder on Teams, within the Divisional Establishment Review channel. Share information with DDN, matrons, Unit Managers.	**Lead Nurse Safe Staffing** **By the First week of every September and February.**	
Review SNCT data, and all other triangulated metrics, and discuss current staffing levels and support roles. Optional support from safe staffing team. Note any proposed changes. Ensure Budgeted WTE and Spend in the Establishment Templates are correct (tie back to Finance Ledger)	**Matron and Unit Manager.** **HoFs**	
Meet with Divisional Workforce team member, HoF, DDN, matron, Unit manager and optional support safe staffing team, to agree staffing at divisional level. Note any divisionally agreed cost neutral changes and complete QIA if required. Note any cost improvements or cost pressures. Estimate cost improvement or cost pressure, using cost per WTE, per band, per CC, based on budget.	**DDN, DHoW, HoF, Matron, Unit Manager.** **By the end of every September and end of every February.** **HoFs**	
CO Review of Divisional presentations of proposed staffing for next 6 months, any cost neutral changes or no changes will be locked down for next 6 months. (Actions and week long deadlines captured in transcript by Head Nurse for Workforce). Agreed changes made to roster templates in meeting. Any	**CO, Divisional Head of Workforce-Coordinator, Corporate senior Finance, Head Nurse for Workforce/Lead Nurse for Safe Staffing, Strategic Recruitment Lead, DDN, HoF, HoW, Matron, Unit Manager. Rostering support.** **By the end of every October and end of every March.**	

changes to staffing that require additional cost will need to be agreed to go to Business Planning Process. Cost neutral changes will need to be reflected in the budget too and will be done vis the following window for budget changes, according to the budget protocols,	**HoFs**	
Locked down approved establishment template following above approvals and costed correctly including any QIA and completed actions to be sent to Head Nurse for Workforce.	**Matron/DDN** **In meeting if possible, if not within 1 week of meeting.**	
Cross checks of approved establishment review templates. Any further changes made to roster templates following actions.	**Head Nurse for Workforce, Divisional Head of Workforce-Coordinator, Senior Corporate Finance. Roster Manager.** **By every first week of November and every first week of April.**	
Template locked down and saved in Teams folder.	**Head Nurse for Workforce.** **By end of every November and end of every April**	
Board paper to TME and Board to approve and finalise safe staffing.	**Head Nurse for Workforce, Senior Corporate Finance.** **By end of every December and end of every May.**	
Any Board approved changes made to Ledger, local budgets and ESR.	**Senior Divisional Finance**	
Any changes in proposed staffing that results in a cost pressure require business case proposal and go via that process, with update at next establishment review.	**DDNs and teams.** **HoFs support.**	

Notes and actions: No Changes to be made to staffing or budgets outside of this six-monthly process.