Meeting title	**Trust Management Group**	**Date: 27.01.2026**
Report title	**Nursing and Midwifery 6 monthly Safer Staffing Review Report (November 2025)**	**Agenda item: 4.6**
Executive lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perraut, Assistant Chief Nurse, and Maria Lygoura, Lead Nurse for Safer Staffing and Roster Utilisation	
Executive summary	• In line with National Quality Board (NQB) guidance (2016), The bi-annual Nursing and Midwifery Report outlines the Trust's response to the statutory requirements to have safe Nursing and Midwifery staffing identified across Whittington Health. • This 6-month review report includes an overview of the Nursing and Midwifery key performance indicators (KPIs) • The key findings from the 6 monthly Establishment Review of the Nursing and Midwifery workforce are based on the Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits collected in August 2025 for all inpatient areas and Emergency Department (ED). District Nursing teams were also audited against the Community Nursing Safer Staffing Tool (CNSST) • All Nursing and Midwifery Establishment reviews were undertaken from the end of October 2025 to mid-November 2025 using Summertime activity and acuity/dependency. • When funded and staffed to the recommended establishment levels, all areas meet safer staffing standards; with a few exceptions noted through specific recommendations. **(Appendix 4, Page 24-29)** • A more in-depth analysis of Enhanced Care staffing requirements in CYP is in progress outside of this process. Recommendations are included in this report. Nursing leadership is actively engaged in national and regional Enhanced Care workforce initiatives, addressing rising needs of vulnerable patients. • The committee is asked to acknowledge the recommendation to increase the establishment, noted below:	

<table>
<tr><td></td><td>
<table>
<tr><th>Service</th><th>Activity</th><th>Funded establishment
R: Registered
U: Unregistered</th><th>Recommendations</th></tr>
<tr><td>Paeds ED</td><td>67
avg/day</td><td>R: 15.78 wte
U: N/A</td><td>2.5 WTE Band 5 to cover the peak activity.
This is currently staffed as a cost pressure with temporary staff</td></tr>
<tr><th>Ward (ICSU)</th><th>Funded bed capacity</th><th>Funded establishment
R: Registered
U: Unregistered</th><th>Recommendations</th></tr>
<tr><td>IFOR (CYP)</td><td>19</td><td>39.7 wte

R: 31.41 wte
U: 8.29 wte</td><td>5.2WTE Band 3 to be included in baseline establishment to support EC</td></tr>
</table>
</td></tr>
<tr><td>Purpose:</td><td>As per the National Quality Board (2016) (NQB) ‘Expectation 1: Right Staff’ and NHS Improvement (2018), ‘The planning cycle’; this report seeks to assure Board and the public regarding the Trust’s compliance to the statutory requirements to have safe Nursing and Midwifery staffing across Whittington Health</td></tr>
<tr><td>Recommendation</td><td>TMG is asked to:
I. Review that due process was followed in line with statutory requirements to review nursing and midwifery staffing levels bi-annually.
II. Approve the recommendations made in this paper.</td></tr>
<tr><td>Risk Register or Board Assurance Framework</td><td>BAF risk Quality 1 - Failure to provide care which is ‘outstanding’ in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an adverse impact upon staff retention and damage to organisational reputation.

BAF risk People 4- Failure to recruit and keep high quality substantive staff could lead to reduced quality of care, and higher costs.

Risk register: Paediatric ED staffing (reference 1564) Score 15</td></tr>
<tr><td>Report history</td><td>1. Establishment review meetings October 2025 to mid-November 2025
2. Nursing and Midwifery Leadership Group: 22-12-25
3. COM: 19.1.26</td></tr>
</table>

	4. TMG: 27.1.26 5. GGC: 9-12-25 6. QAC: 14-1-25 7. Public Board 30.1.26

Nursing and Midwifery 6 monthly Safer Staffing Review Report (November 2025)

1. INTRODUCTION

- This purpose of this report is to provide assurance to the Board of Directors (BoD) and other committees (see report history section) that the Trust Nursing and Midwifery staffing levels are compliant with the Developing Workforce Safeguards NHS Improvement (2018) incorporating the National Quality Board (NQB) Standards for safe Nursing and Midwifery staffing at Whittington Health NHS Trust. (**Appendix 1**, **Page 16**)

- The guidance sets out the key principles and tools that providers should use to measure and improve their use of staffing resources to ensure safe, sustainable, and productive services, including introducing the care hours per patient day (CHPPD) metric. The three NQB's expectations that form the basis to making staffing decisions are as below:

- The Bi -Annual Nursing and Midwifery Establishment reviews were undertaken in October and November 2025 to review the Nursing and Midwifery requirements. The reviews also provide a progress overview of the outcomes from the earlier Nursing and Midwifery establishment Reviews conducted in May 2025. It also reviews progress on recruitment for all additional safe staffing posts agreed through this process in line with the Trust business planning procedures.

- Each ICSU was represented by their ADoN or nominated deputy, with Matrons and departmental leads in attendance where possible. All members of the Triumvirates and finance team are offered the opportunity to attend. At present, the attendance from the wider MDTs is variable, with continued work in progress to ensure a multi-professional approach.

- Safer staffing and skill mix reviews were undertaken the following clinical areas based on Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits undertaken across August 2025: The review process and data analysis systems provide a standardised approach to assure the Trust board that Nursing and Midwifery staffing is compliant with the required standards outlined in section 1:

  - Inpatient adult and children's wards (EIM, S&C and CYP)
  - Emergency Department (ED) (EIM)
  - Critical Care Unit (CCU) (S&C)
  - NICU (CYP)
  - Maternity services are assessed based on the Birthrate Plus report and national recommendations.

  Exploratory reviews have been undertaken in clinical areas that have currently no recognised national audit tools. Those establishment reviews were undertaken based on activity, acuity and ERoster metrics:

  - Theatres and Recovery (S&C)
  - Day Treatment Centre- DTC (S&C)
  - CCU Outreach Team (S&C)
  - Chemotherapy suite and CNS teams (S&C)
  - General Outpatients and Gynaecology Outpatients (ACW)
  - Endoscopy (EIM)
  - TB services (EIM)
  - Children Ambulatory Care/Day Care and Outpatient (CYP)

  - Community services: The community safe staffing tool, which was piloted last year, has been relaunched following a pause, with audits undertaken in district nursing teams during April and June 2025. To ensure the data reflects year-round activity and can be incorporated into establishment reviews, two further collections are required. Early findings highlight compliance discrepancies that must be addressed and validated for a 3rd data collection in January 2026 before inclusion in the review process. Oversight of this initiative is being provided by the Associate Director of Nursing, supported by the Safer Staffing Lead Nurse, ensuring accountability and alignment with safer staffing assurance.

2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

- As part of the bi- annual establishment review process seen in **Appendix 5, page 29,** all inpatient areas completed a Safer Nursing Care Tool (SNCT ©) audit (and Mental Health Optimal Staffing Tool- MHOST- for CYP) for 30 days during August 2025. This SNCT audit is mandated by the Developing Workforce Safeguards Improvement (2018) and is used to inform the establishment review, alongside professional judgement, to establish safe staffing in the clinical areas.

  The NQB recommend the use of other quality data sets to inform professional judgement including acuity and dependency tools, review of incident data,

completion of key clinical processes such as health roster management, sickness/absence, quality indicators and user feedback.

Triangulation NQB methodology 2016 and 2018:

- For this review, 6 months of key workforce data from 1st April 2025 to 31st September 2025 was collected and circulated in advance of the meetings with Locally held information to be completed by ICSUs included the following metrics:

- All Workforce data including vacancies, turnover, sickness, mandatory training, appraisal compliance, temporary staff expenditure (bank/agency)
- Establishment WTE for both funded and staff in post.
- Local budgetary data, year to date (YTD) spend.
- Roster template and budget alignment information
- Roster KPIs include Care Hours Per Patient Day (CHPPD), roster lead time compliance, annual leave percentage.
- Safer Nursing Care Tool (SNCT) inpatient validation audit data
- Red Shifts raised.
- Enhanced Care use information
- Healthcare Support Workers completion of Care Certificate
- Workforce profiles where available (including age and diversity data)
- Falls and pressure ulcer data.
- Complaints and Serious Incident data
- Staff undertaking the Professional Nurse/Midwife Advocate program.
- Advanced and specialist level practitioners and services covered.
- Local/National Guidance/recommendations
- Successes to celebrate in last 6 months period.
- Action plans to prepare further reviews.

- At the review meetings, ICSUs raised concerns and shared examples of innovation and good practice through detailed discussion of the data provided. In parallel, reviews of department roster templates, finance, and ESR alignment were undertaken to assess recent changes. These discussions focused on ensuring that adjustments to financial and rostering templates continue to safeguard patient safety while maintaining financial alignment.

- Consideration was also given to new ways of working, opportunities, and changes in skill mix, including:
  - Nursing Associates and Student Nurse Associate (programs currently paused and impact on pipeline discussed)
  - Advanced Practitioner roles and ability to support training and fund a position when they successfully pass the program.
  - Professional Nurse/Midwife Advocates
  - Vacancies for graduates
  - Enhanced Care delivery and staffing requirements to provide safe and therapeutic support to patients requiring added support and care.

Further detailed workforce planning discussions will take place at the next Establishment Reviews in February 2026 to inform business planning and business case development.

3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS

- At the end of September 2025, ESR reported Whittington Health's Nursing and Midwifery funded establishment at 2095.78 WTE (1456.66 WTE Registered and 639.12 WTE Unregistered), reflecting a marginal 0.17% increase from March 2025 (2092.28 WTE).

- In September 2025, overall staff turnover improved to 8% from 10.38% in March 2025, remaining below the 13% target across all ICSUs for both Registered (7.8%) and Unregistered staff (8.2%) since November 2023 (13.68%).

Table 1- Trust Registered Turnover Sept 2024-Sept 2025

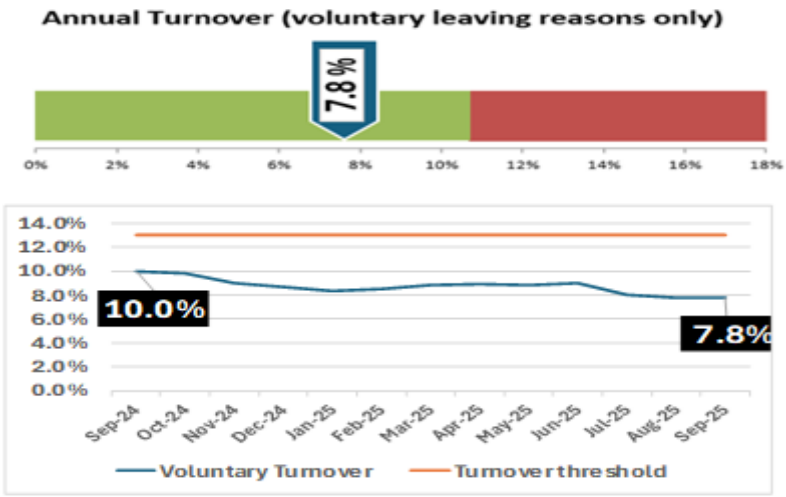
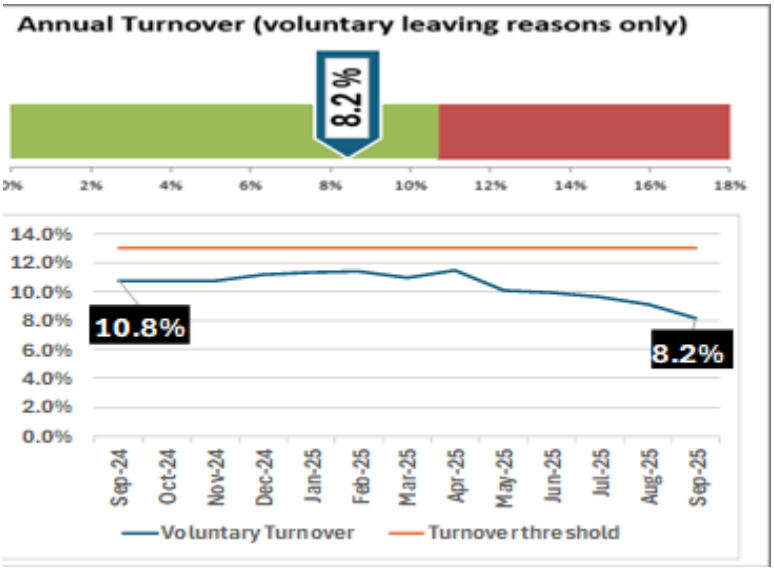


Table 2- Trust Unregistered Turnover Sept 2024-Sept 2025



- In September 2025, staff sickness-related absences averaged 7% across all ICSU (registered and unregistered), remaining above the Trust target of 3.5%. Long-term sickness themes continue to mirror previous reports, primarily mental health, stress and musculoskeletal (MSK) disorders, while short-term absences are largely respiratory and GI issues. Work is ongoing in partnership with HR and Occupational Health to support colleagues' return to work; however, ICSUs highlight challenges in managing sickness due to HR being under-resourced to provide the required support. The most impacted ICSUs remains are ACS and ACW (Midwifery)

Table 3- Trust Registered Sickness Sept 2024-Sept 2025

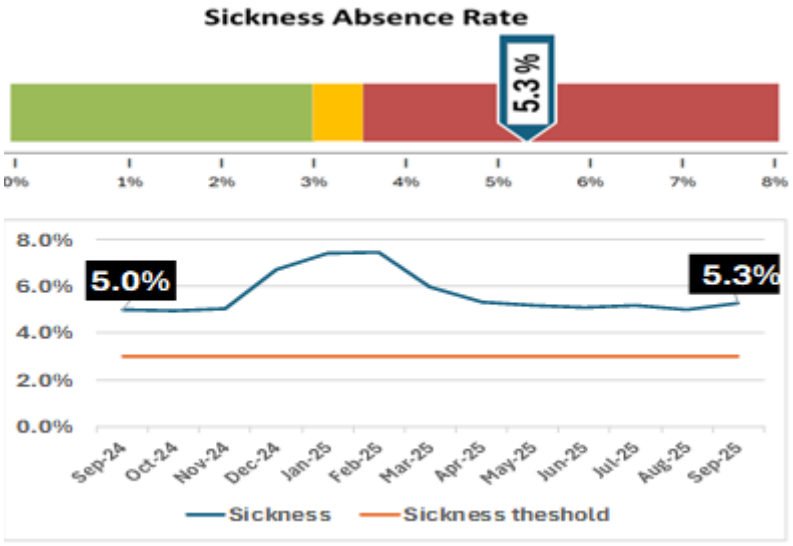
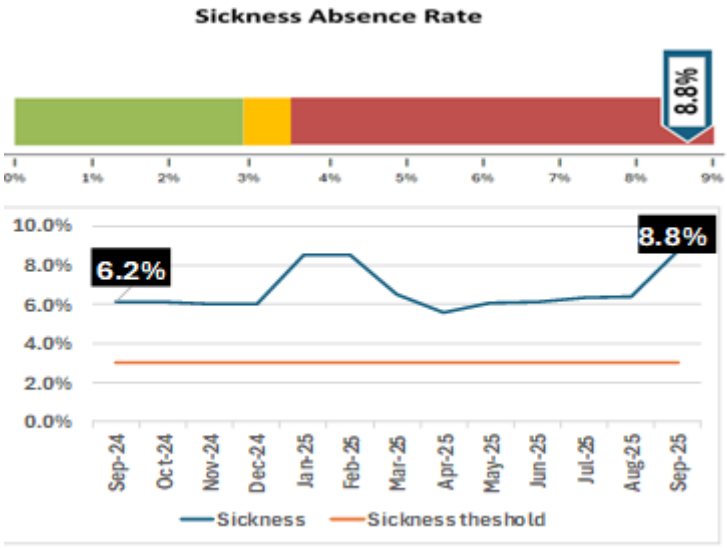


Table 4- Trust Unregistered Sickness Sept 2024-Sept 2025



- The vacancy target (below 10%) continues to show improvement, reducing from 9.1% in March 2025 to 8.3% in September 2025. This overall score is primarily driven by unregistered staff vacancies, which remain above target at 15.4%. In contrast, the registered workforce vacancy rate has remained well below target, at 1.3% in September 2025 compared to 3% in the previous period. Recruitment challenges persist for newly qualified practitioners in both nursing and midwifery, reflecting the national picture and further exacerbated in the London region. HCA vacancies also remain a concern due to increased Enhanced Care needs, with the strategic focus placed on retention.

Table 5- Trust Registered Vacancy Sept 2024-Sept 2025

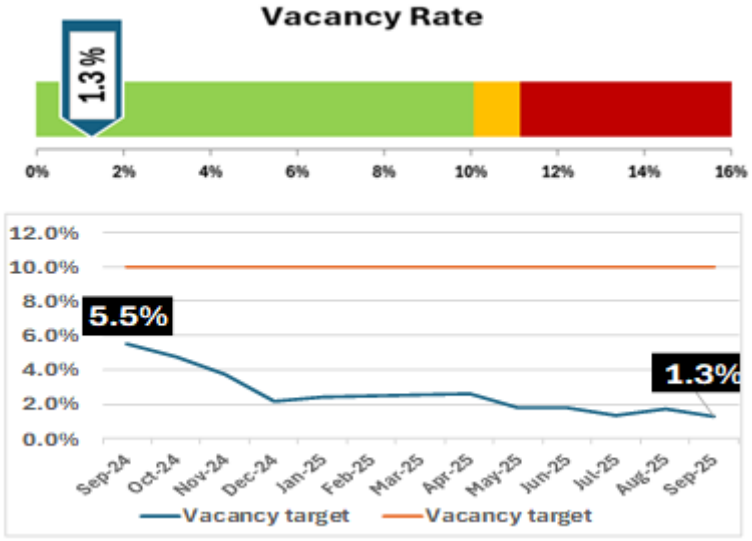
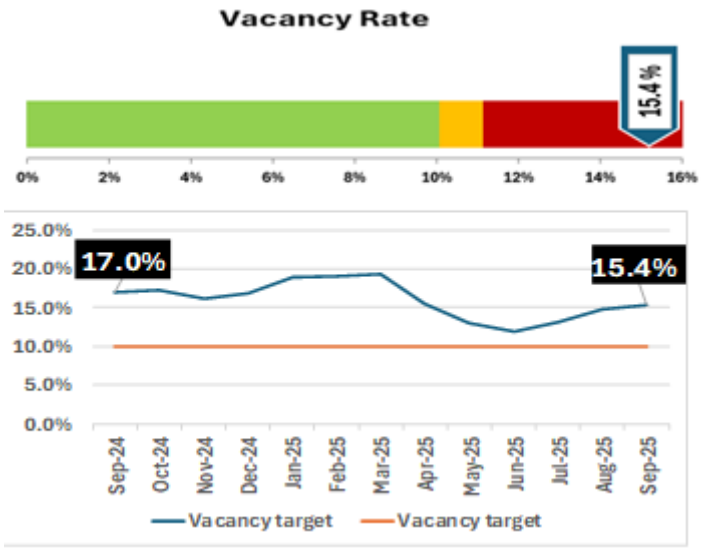
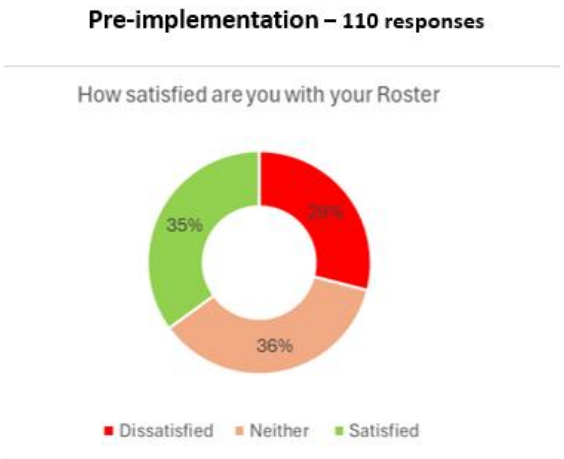


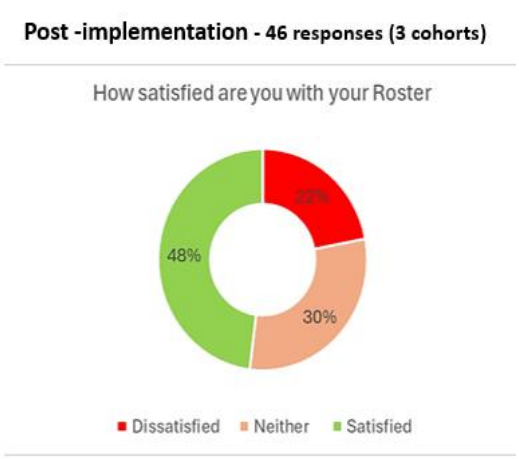
Table 6- Trust Unregistered Vacancy Sept 2024-Sept 2025



- Further in-depth discussions on workforce data and KPIs will continue at monthly Safe Staffing Governance meetings, with a focus on delivering action plans that strengthen retention and reduce reliance on temporary staffing.

- Following staff feedback on roster fairness, wellbeing, and the new flexible working policy, the Safer Staffing and Roster Utilisation team is rolling out Team-Based Rostering (self-rostering) for nurses across the organisation. To date, 27 clinical areas (9 cohorts) have enrolled, covering all inpatient services and selected outpatient areas (ACW, EIM, CYP, and S&C). A further 20 areas are scheduled for enrolment by the end of 2026. While it is too early to identify definitive trends in fully implemented areas, early indications are positive. More detailed data, including performance against KPI metrics, will be presented at the next Establishment Review.





➢ Over the past year, nursing leadership teams have actively engaged in national and regional forums on Enhanced Care, previously known as 1:1

care. This work responds to rising demand for enhanced support, particularly for patients with mental health needs.

The Trust currently provides Enhanced Care to an average of 20–25 patients every 24 hours across services including EIM, CYP, and S&C. In addition, Enhanced Care requirements are now recorded daily in ED, averaging four patients per day. To strengthen workforce planning and care insight, ETOC data has been included in all Provider Workforce Returns (PWR) since June 2025.

Extensive work over the past six months has led to a rebasing of the funded establishment to incorporate Enhanced Care provision. This has resulted in an increase of 12.5 WTE Band 3 posts across EIM, with a further recommendation for 5.2 WTE Band 3 posts in CYP. This will also result in a reduction of temporary staffing expenditure and promote continuity of care.

Alongside this, the Trust is working with NCL partners to explore training opportunities for HCSWs, ensuring they are equipped to care for our most vulnerable patients while delivering therapeutic interventions that emphasise personalised and compassionate care.

- Work to improve Net Hours (under- and over-contracted hours worked by staff) is ongoing, with the overall position showing improvement. A paper has been approved to reset hours over a two-year period, and the Trust has invested in the e-rostering team by appointing two additional members to support this work. At the time of reporting, teams are awaiting confirmation from Executive colleagues on the implementation date, and the retrospective start point. Once agreed, a tracker will be embedded into monthly Safer Staffing Governance meetings, enabling ICSU leaders to evidence their work in maintaining an accurate reflection of under- and over-hours alongside mitigation plans

4. OUTCOME

- The establishment reviews confirm that when nursing and midwifery levels are fully established with the recommended budgeted establishments, all areas meet the safer staffing standards except for the following:

- **<u>Trust wide: Protected Management Time for Ward Managers</u>**
  Ward Managers carry responsibility for leading large teams and delivering critical functions including sickness management, clinical governance, safety and risk oversight, complaints handling, rostering, supervision, and staff development. These responsibilities are central to maintaining safe, high-quality care and compliance with Trust standards.

  At present, Ward Managers are allocated an average of only 15 hours of protected management time per week. This is insufficient given the breadth of their responsibilities and the frequent requirement to cover clinical shifts due to short staffing. The dual burden compromises their ability to provide consistent leadership, oversight, and staff support.

The Trust recognises this as a gap. While the preferred position is that Ward Managers are fully supernumerary to staffing numbers, where this is not feasible, supernumerary should be increased from 15 to 30 hours per week. As the Trust is currently an outlier in this area, this position will be reviewed at the next safer staffing establishment review, with benchmarking against national guidance and other

- **Emergency & Integrated Medicine (EIM)**

- Paediatrics ED: 2.5WTE WTE Band 5 Registered Nurse (below summary table. Also refer to Appendix 4) *This recommendation was already part of the previous establishment review, currently the ICSU uses temporary staffing to maintain safe staffing levels*

Current position	- Establishment: 15.78 WTE - Coverage: 3 Registered Nurses (RNs) per shift (day and night) - Risk: Paediatrics ED Safer Staffing on the Risk Register (Ref 1564, Score 15) - Mitigation: 4th Nurse through temporary staffing
Recommendation	To meet national safer staffing standards and manage clinical risk, the recommendation is: • Increasing to 4 RNs on the 11:00–23:00 peak period, to cover the peak activity whilst further analysis is undertaken and reviewed. • Minimum of 2 paediatric nurses per shift (RCPCH, 2018) • Minimum of 2 paediatric nurses per shift with trauma & emergency training (RCPCH, 2018) • Triage RN (RCPCH, 2022) • Practice development & support (RCPCH, 2018) • 1:1 RN to patient ratio when resuscitation cubicles occupied (RCN) • 1:2 RN to patient ratio when HDU/Level 2 cubicles occupied (RCN)
Expected Benefits	• Enhanced patient safety and reduced clinical risk. • Greater resilience in the face of acuity and demand • Improved training, development, and succession planning

	• Compliance with national and professional standards
Next Steps	• Financial assessments complete; further audits planned to monitor demand trends. • Alignment with long-term staffing models under review

➢ **Children and Young People (CYP):**

- Ifor Ward: *5.2 WTE B3 to be included in Funded establishment baseline to include EC delivery*

Current position (for new 19 beds until March 2026)	- Establishment: 39.4 WTE (+Ward manager, Matron, PDN and Discharge coordinator) - Coverage: 6 Registered Nurses (RNs) per shift 1 HCA per shift (day and night) - Risk: 1) Average 2.6 EC care requirement per 24-hour period. Some required 2 to 1 Enhanced care. 2) Mainly patient requiring Mental health input 3) Having to flex to 23 bed capacity in times of high activity - Mitigation: average 2 WTE HCA and 0.5 WTE RMN usage daily to support EC. Mainly temporary staffing
Recommendation	To meet national safer staffing standards and manage clinical risk, the recommendations are: **1) Enhanced care** • Increasing by 5.2 WTE HCA to enable 1 added HCA on each shift) to reduce temporary staffing expenditure • This will be achieved by using 2wte RMNs (alongside existing 2 WTE MH HCA budget) • Any added Enhanced Care temporary staffing cost due to peak demand will remain a cost pressure. **2) Bed base on Ifor.** • Beds to stay at 19 until March 2026. • Nursing staffing for increased bed base to be recruited as an authorised overspend, reducing temporary staffing dependency. • 1.5 WTE Band 5 budget identified to offset costs.

Expected Benefits	• Enhanced patient safety and reduced clinical risk. • Reduction in temporary staffing • Less sickness (burnout) • Better retention • Better outcome for patients
Next Steps	**1) Enhanced Care** • CYP Leads and finance to quantify the required value to cover added needs for temporary staffing related to EC. **2) Bed base on Ifor.** • CYP leads to further exploring funding options. • Bed base plan to be reviewed at end of March 2025

- Several departments and wards continue to experience staffing pressures due to sickness, vacancies, and higher patient care needs. To ensure patient safety, especially in high-pressure areas, temporary staff are deployed as needed to cover gaps and manage increased patient acuity and dependency. Red shifts/flags are monitored through the daily staffing meeting and Datix and mitigated through deployment or mitigations to reduce risk to patient and staff. A summary can be found in **Appendix 2, page 18**

- As part of the establishment review and staffing requirement assessment, there was a focus on CHPPD analysis. Care hours per patient day (CHPPD) is a metric used in inpatient settings in healthcare to measure the amount of care provided per patient in a 24-hour period. CHPPD gives a picture of how staff are deployed and facilitates benchmarking with other wards in the hospital, or with similar wards in other hospitals. CHPPD covers both temporary and permanent care staff but excludes student nurses and student midwives and staff working across more than one ward. Information for all inpatient areas are detailed in **Appendix 3, page 20**

- Any additional posts requested to provide ongoing safe staffing service expansion/increased patient acuity are reviewed as part of the business planning, vacancy and financial review processes following agreement in principle by the Chief Nurse.

- Outcome summary tables for each clinical area are available in **Appendix 4, page 24**

5. RECOMMENDATIONS

- The Nursing and Midwifery establishments will formally be reviewed again at the bi-annual-review in spring 2026. The data collection and audits will start in January 2026. Staffing metrics will be monitored monthly through various governance and performance forums.
- All the establishment reviews are used as part of the tools to assess changing demand and capacity to advise on ICSUs strategies. This ongoing work should inform some of the recommendations in the next establishment review.
- A deeper dive of enhanced care requirements will be undertaken outside of this process.

Appendix 1: Compliance with Recommendations of the Developing Workforce Safeguards (DWS)

Recommendation	Compliance	Evidence
1. "The Trust is formally using National Quality Board 2016 safer staffing guidance. 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. "	Compliant	• Monthly Nursing & Midwifery Safe Staffing paper set out as per expectations of the NQB (2016) • Safer Nursing Care Tool recommendations with February and August data collection periods. • CHPPD reported monthly in comparison with peers
2.The Trust apply the principles of safer staffing – triangulation. This should include the methodology used to set staffing levels, e.g., output from staffing decision support tools (where available), review of patient quality and safety outcomes and application of professional Judgement	Compliant	• Evident within the Bi-Annual Establishment Review packs • Evidence through safecare data • Evident through daily staffing meeting
3. Evidence-based tools are used where available.	Compliant	• SNCT, MHOST and SNCT ED discussed in the biannual establishment review paper. • Detailed breakdown of SNCT recommendations per ward.
4. Trust to confirm that there is no local manipulation of identified nursing resource from approved evidence-based tools	Compliant	• Internal (within service) and external (from other services) validation take place during data collection period. • Data collection forms are signed by the nurse who carries out the validation. Available in electronic scanned copies
5. Monthly actual vs planned staffing levels are available for review	Compliant	• Monthly Actual v Planned published on trust website. • Aggregated in biannual establishment review report.
6. Director of Nursing & Medical Director must confirm safe staffing review in an annual governance statement to the Public Board	Compliant	• Statement available in annual Board report available on the trust internet page

7. A workforce plan must be in place and agreed / signed off annually by CEO & executive leaders and discussed at Public Board meeting	Partially compliant	• Challenging to identify and locate the appropriate and up to date document. • Availability of documents on the web page and local drives requires streamlining and organising.
8. Nursing and midwifery staffing establishments for all clinical areas must be reviewed twice a year and reported to the Public Board	Compliant	• Annual and Bi-annual establishment review papers, establishment review packs for challenge meetings, data collection, and analysis documents.
9. Agreed local quality dashboards on staffing & skill mix are cross-checked with comparative data each month and reported to the board.	Partially compliant	• Evidence of bi-monthly report • Workforce metrics to be added to the Board Iintegrated Board Report. • Several staffing and workforce data must be added to the existing safe staffing report. • Planning to reinstate comprehensive Safe staffing data to the Integrated Board Report and publish monthly along with other workforce metrics.
10. Quality Impact Assessment (QIA) review for service changes including skill mix changes, redesign, or introduction of new roles	Partially compliant	• Not fully embedded by clinical services • QIA forms are held by service leads And Associate Directors of Nursing. Some stored in the Safe staffing folders. • We have increased QIA panels across the ~~O~~organisation to support the QIA process regarding service changes
11. Formal risk management and escalation processes in place for all staff groups outlined within a safe staffing policy with appropriate staffing escalation process clearly identified	Compliant	• Safe staffing and escalation policy in place • Daily staffing meetings • Relaunched the SafeCare application which incorporates staffing red flags alerts
12. Boards to be made aware of continuing or increasing staffing risks	Compliant	• Regular staffing reports to the Board including biannual establishment review reporting

Appendix 2 - Red Shifts/Flags -

Table 1: All ICSUs/Divisions

Table 2**:** Maternity Services

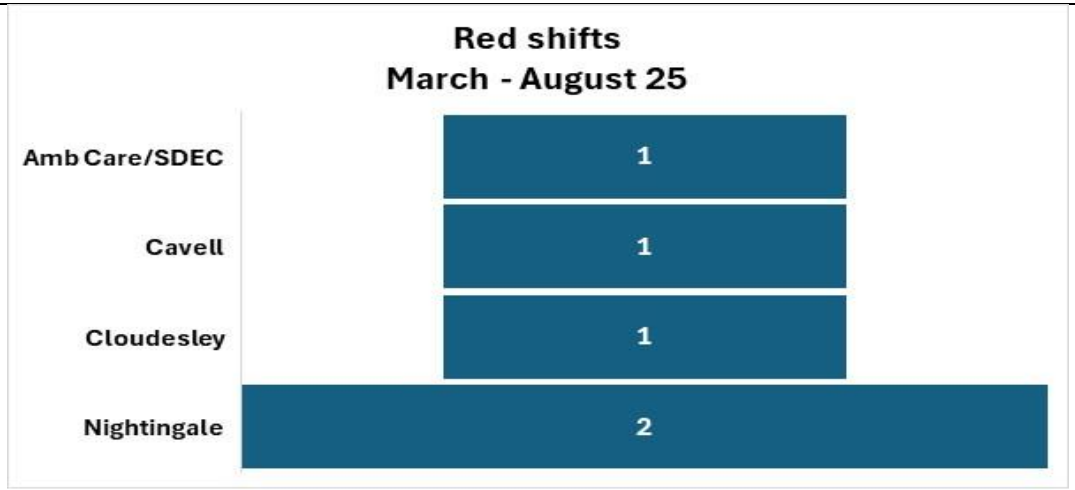
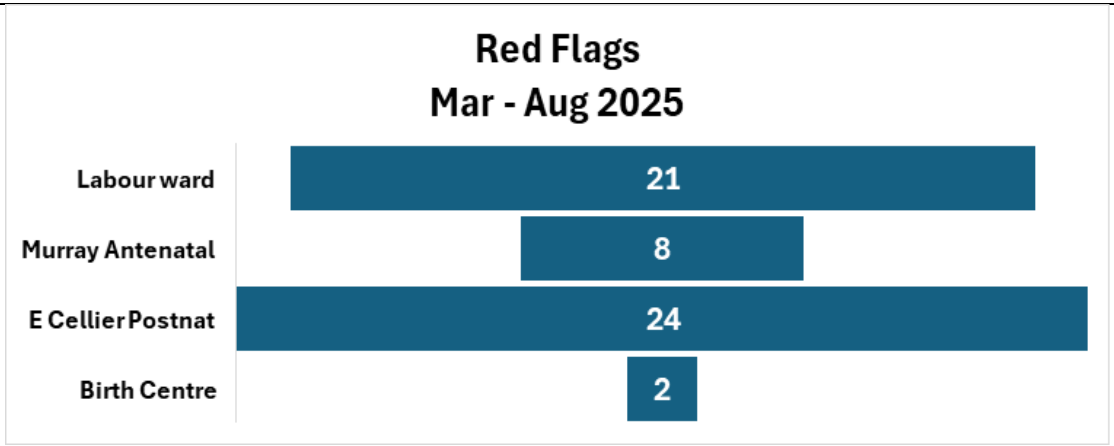
Table 1 (all ICSUs)	**Narrative**
	A total of 6 Red Shifts from March to August 2025. Several red shifts were downgraded following staff redeployment within the 1st hour of the shift and mitigation of the risk.

Table 2 – Maternity	Narrative
	Main reason for the Red Flags was delays in delivery of care or transfer of care. The Birth Centre was suspended on several occasions to redeploy staff and mitigate the risk. Reported causes of the red flags were sickness and activity.

Appendix 3- Inpatients Care hours per patient day (CHPPD)

Table 1: Surgery and Cancer

Table 2: Children and Young People

Table 3: Emergency and Integrated Medicine Table 4: Maternity Services

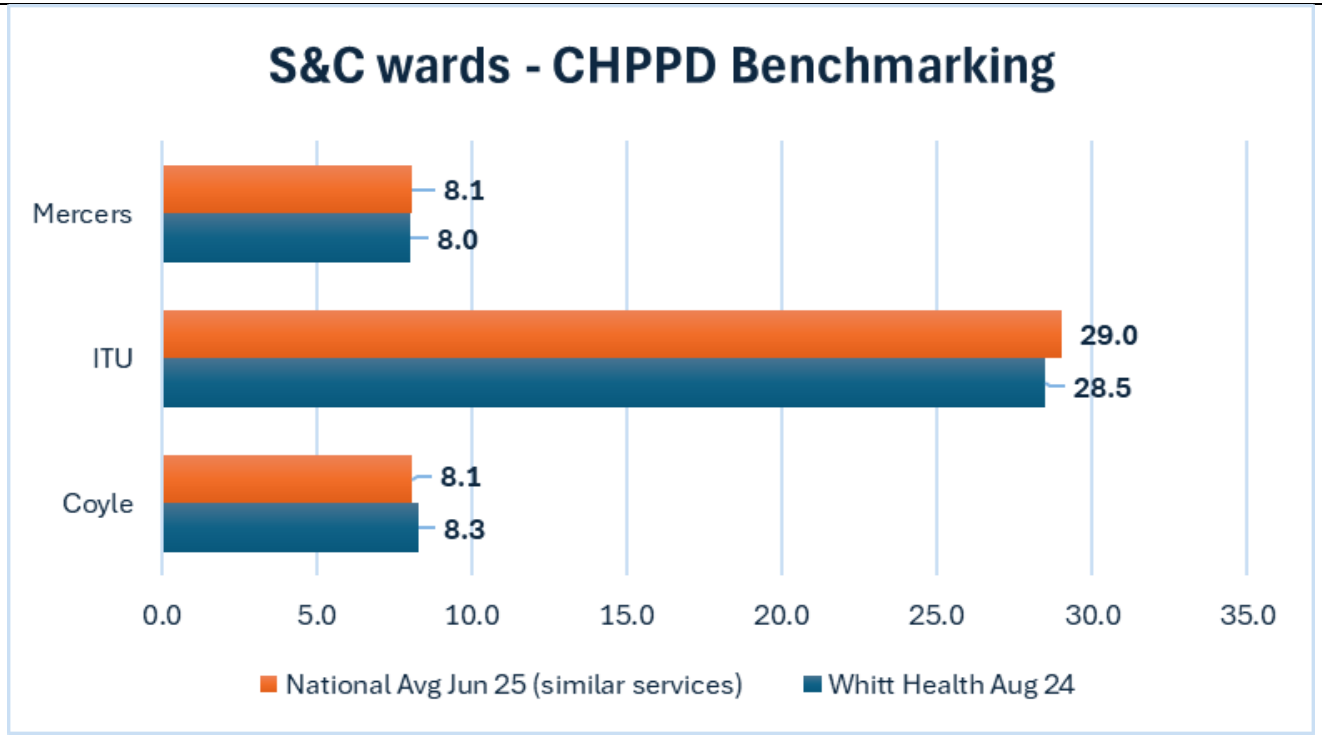
Table 1 – S&C CHPPD	**Narrative**
	CHPPD of the surgical wards was almost aligned with the national average.

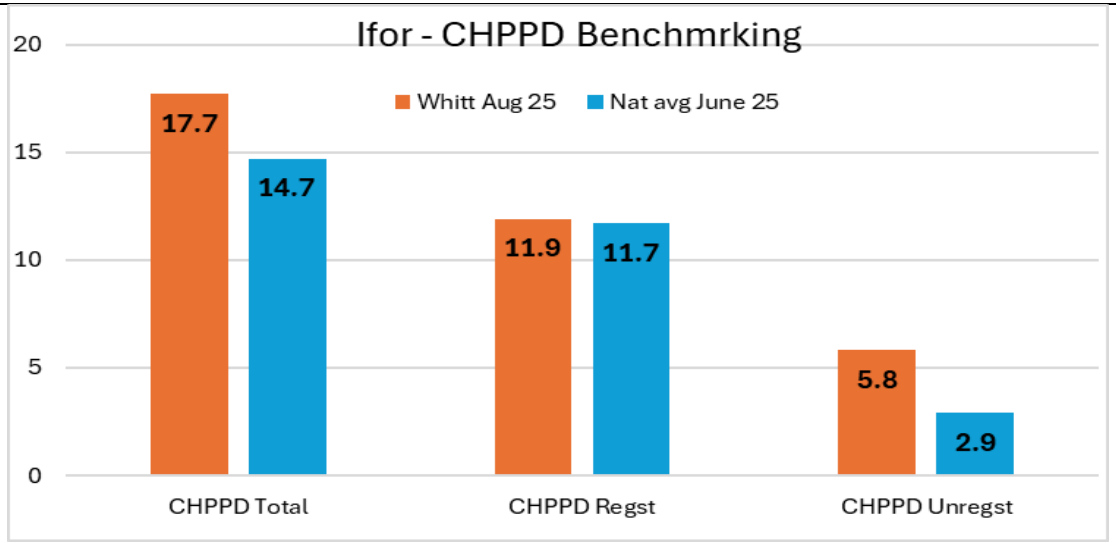
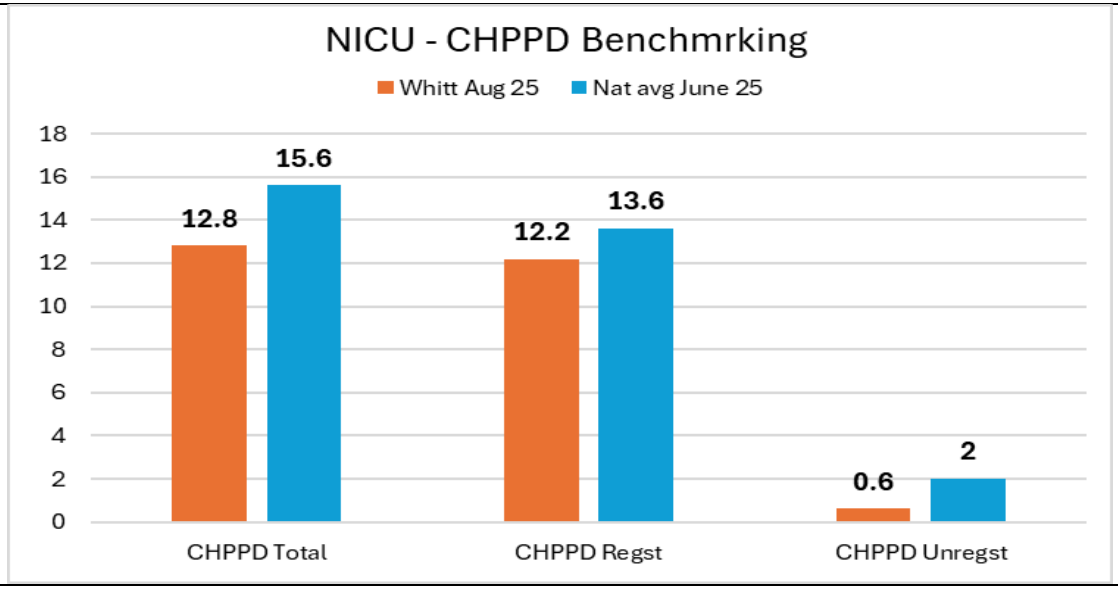
Table 2 – CYP CHPPD	Narrative
	CHPPD on Ifor ward has been consistently above the national average. The main reason has been the Enhanced Care cover with HCAs to care for CAMHS patients.
	CHPPD on NICU was below national average as a result of reduced activity/cot occupancy during March to Aug 25 overall,

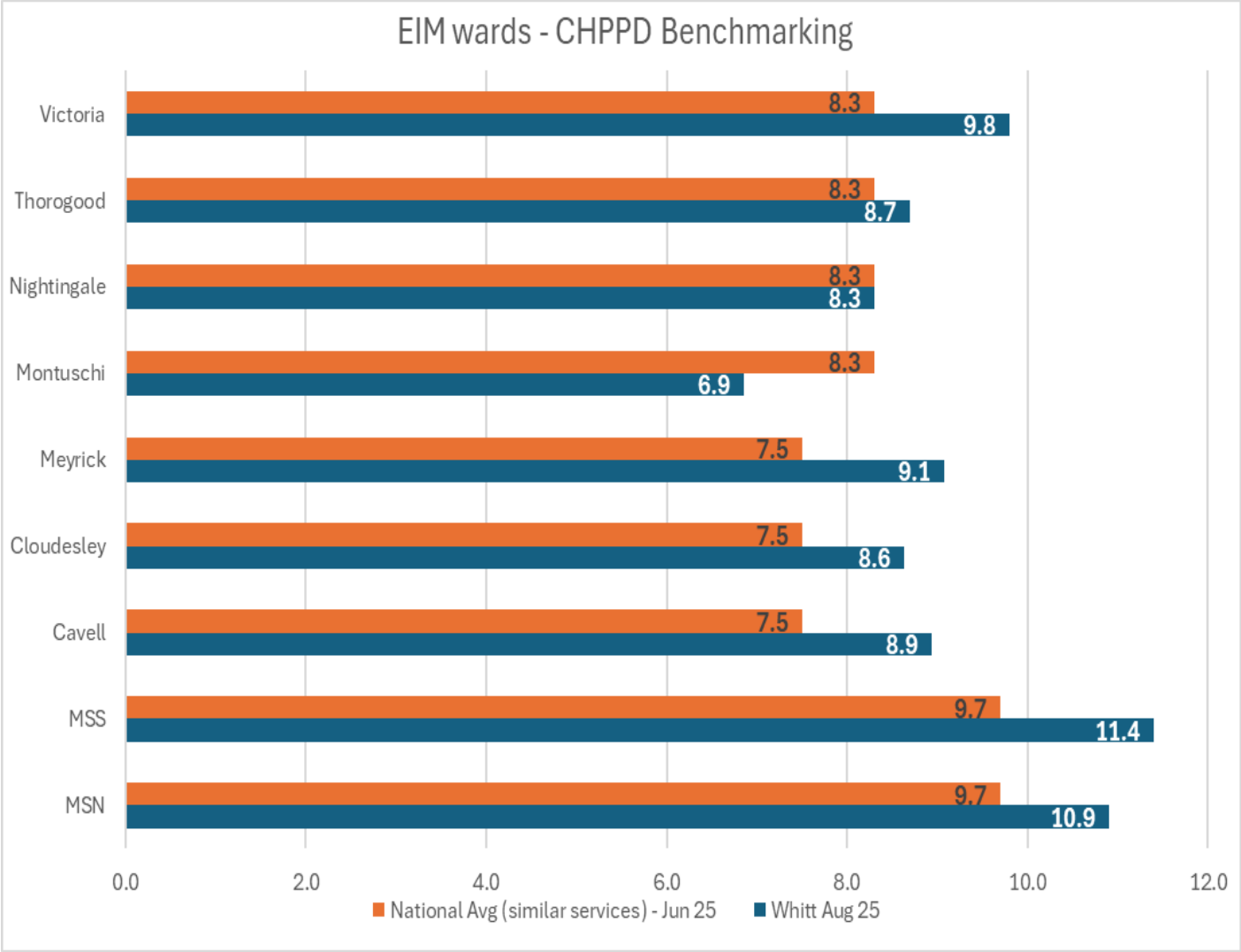
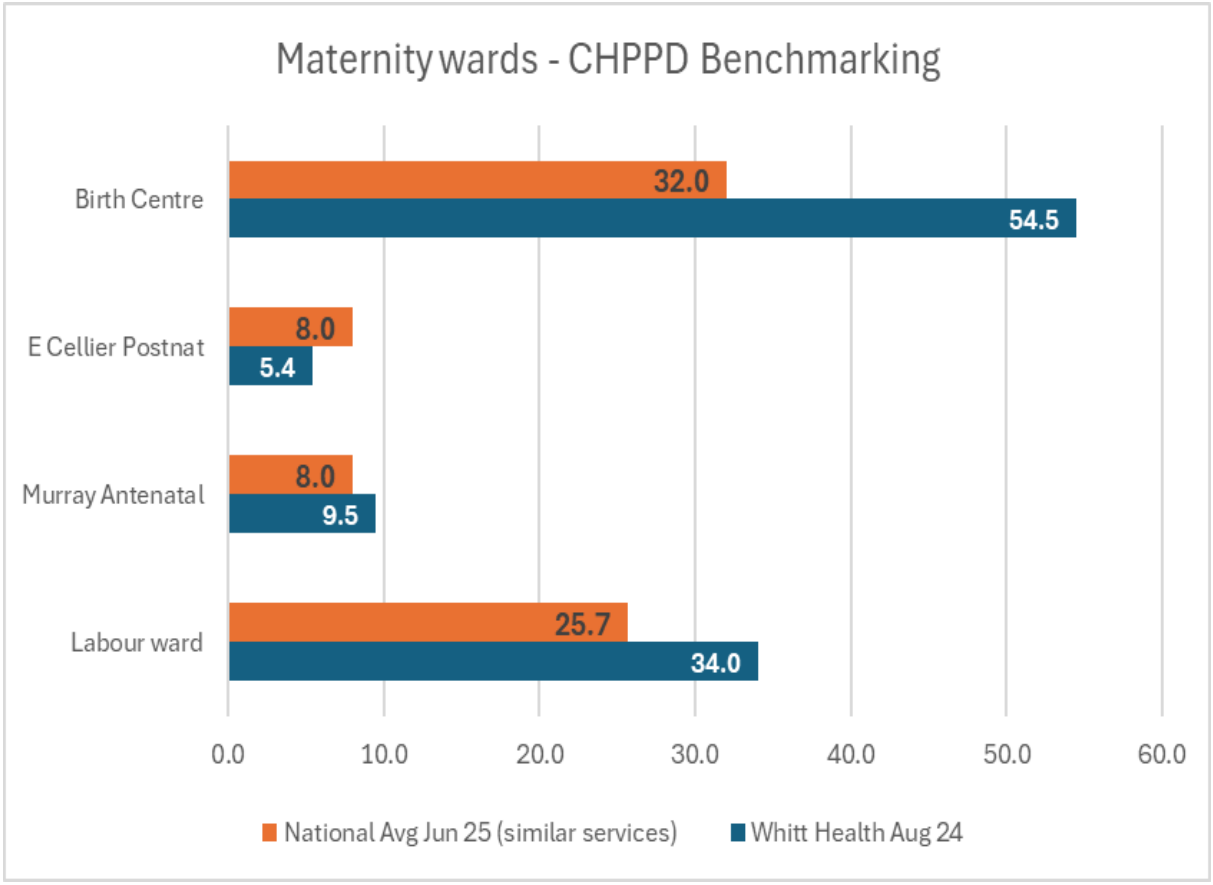
Table 3 – EIM CHPPD	Narrative
	There is a mixed picture of how local CHPPD compares to national average. There is a big variance with the national average CHPPD on the AAUs (MSS, MSN). Higher than usual activity with MH patients. CHPPD on Victoria, Cavell, Meyrick, and Cloudesley wards exceed the national average by more than 1.5 units. Common rationale has been the high acuity and requirement for EC. CHPPD on Montuschi was below the national avg. Acuity of patients is lower than in standard cardiology wards. A HCA at night was added to the daily deployment and establishment.

Table 4 – Maternity CHPPD	Narrative
	CHPPD takes account of mothers and babies. CHPPD on Cellier ward has been consistently below the national avg. CHPPD include all staff on roster plus NIPPE RM. Very high CHPPD in Birth Centre in comparison to the national average for several consecutive establishment review rounds. Service to consider sustainability of the existing service and staffing model. Staff redeployments from Birth Centre are not always reflected in the eRoster, therefore there is a degree of excessive calculation of the CHPPD for the setting and potentially undercalculation for Cellier and Murray wards. CHPPD on Labour ward also significantly above the national average.

Appendix 4 - Outcome summary tables (Enhanced Care included in SNCT recommendations where applicable).
Table 1: Surgery and Cancer

Table 2: Children and Young People

Table 3a and 3b: Emergency and Integrated Medicine

Table 4: Maternity Services

Table 1 – Surgery & Cancer (S&C)							
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded Establishment August 2025 (WTE)- after rebasing paper approval** **R**: Registered **U:** Unregistered	**Establishment recommendation as per August 25 SNCT Audit (WTE)** Enhance Care Included	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**	**Outcome from Establishment review meetings**
						Day / Night	
Coyle ward	Non-elective orthopedic, trauma, general surgery.	26 beds	47.63 wte 23.73 wte **R** 18.90 wte **U**	37.52 wte 27.00 **R** 10.52 **U**	RCN critical Ratio 1RN:8pt	1:5 / 1:5	No change
Mercers ward	Surgical ward for **spinal, bariatric**, emergency laparotomies, 8 single-rooms	18 beds	31.00 wte 19.70 wte **R** 11.30 wte **U**	25.67 wte 16.69 wte **R** 8.98 wte **U**	RCN critical Ratio 1RN:8pt	1:5 / 1:5	No change
Critical Care Unit (ICU)	Care of patients with single/multiple organ failure. Fluctuating occupancy above bed-base. 4 single rooms	10 (+2)	66.9 Reg **R**	Not applicable	Intensive Care Society: 68.5 WTE for 11 beds	1:1 for Level 3 1:2 for Level 2	No Change

Table 2 – Children and Young People (CYP)								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded Establishment August 2025 (WTE)** **R**: Registered **U:** Unregistered	**Establishment recommendation as per August 25 SNCT Audit (WTE)** Enhance Care Included	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**		**Outcome from Establishment review meetings**
						Day	Night	
Ifor ward	For children with acute physical & mental health illness.	15 (19 approved funding Nov 2025-March 2026)	39.7 wte 31.41 wte **R** 8.29 wte **U**	39.6 wte 31.7 wte **R** 7.9 wte **U** **Plus 4 WTE RN for PDN, w/m, matron d/c coordinator**	RCN/NQB guidance for 19 patients 47.91 wte (37.27 RNs, 10.65 HCAs)	1:3	1:4	Approved increased 19 beds occupancy until March 2026. Proposed establishment adjustment as below Repurpose RMN vacancies: convert B5 vacancies to 5.2 x B3 WTE of MH HCAs to meet EC needs and increase 1 HCA on each shift. Recruit as part cost pressure to meet the 19 beds demand (1.5 WTE identified in current budget)
Neo Natal Unit (NICU)	Funded for 6 Level 3, 6 Level 2 and 11 special care cots	23 cots	63.8 wte 57.80 wte **R** 6.0 wte **U**	Not applicable	RCN/NQB guide - 23 cots. 67.40 wte (90% RNs)	1:1 - Level 3 1:2 - Level 2 1:4 - Sp Care		To support Ifor staffing as activity allows No Change

Table 3a - Emergency & Integrated Medicine (EIM) – ED, Urgent care, and AAU								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded Establishment August 2025 (WTE)-** after rebasing paper approval at TMG 12-8-2015 **R**: Registered **U:** Unregistered	**Establishment recommendation as per August 25 SNCT Audit (WTE)** Enhance Care Included	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**		**Outcome from Establishment review meetings**
						Day	Night	
ED- Adult	Emergency department	230 avg attend/day Jan-Sept 2025	99.79 wte 70.50 wte **R** 29.29 wte **U**	98.0 wte 68.60 wte **R** 29.40 wte **U**	NICE 2015 & NQB 2018 See r/v pack	Not applicable		No change
ED- Paeds	Emergency department	61 avg attend/day Jan-Sept 2025	15.78 wte **R**	27.2 wte **R**	RCPCH 2022 & RCN 2024 See r/v pack	Not applicable		Add 2.5 WTE band 5 (for a 4th RN at twilight shift)
SDEC/Amb care	Ambulatory and same day care		19.49 wte 4.25 wte **R** 5.24 wte **U**	Not applicable	Activity, performance & professional judgement	Not applicable		No change
Urgent Care Centre	Consisted of ACPs, ENPs & RD PDNs		13.44 wte **R**	Not applicable	Activity, pathways, performance & professional judgement	Not applicable		No change
Acute Assessment Units (AAU)	For patients admitted from ED and require assessment and treatment prior to discharge or transfer to a ward	**34 beds**	**72.01 wte** **41.44 wte R** **30.66 wte U**	**69.60 wte** **50.09** wte **R** **19.48** wte **U**	**RCN critical Ratio 1RN:8pt** **N/A for AAUs**	1:4.2	1:5.6	No change
Mary Seacole North (AAU)		16 beds	36.05 wte 20.72 wte **R** 15.33 wte **U**	33.71 wte 24.27 wte **R** 9.44 wte **U**	RCN critical Ratio 1RN:8pt N/A for AAUs	1:4	1:5.3	
Mary Seacole South (AAU)		18 beds	36.05 wte 20.72 wte **R**	35.86 wte 25.82 wte **R** 10.04 wte **U**	RCN critical Ratio 1RN:8pt N/A for AAUs	1:4.5	1:6	

			15.33 wte **U**					

Table 3b - Emergency & Integrated Medicine (EIM) – Inpatient wards								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded Establishment August 2025 (WTE)** after rebasing paper approval at TMG 12-8-2015 **R**: Registered **U:** Unregistered	**Establishment recommendation as per August 25 SNCT Audit (WTE)** Enhance Care Included	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**		**Outcome from Establishment review meetings** (Add HCAs from the rebasing paper)
						Day	Night	
Cavell ward	Care of Older People (COOP), high % of pts dependent or require EC.	24 beds	44.19 wte 21.19 wte **R** 23.0 wte **U**	44.00 wte 22.00 wte **R** 22.00 wte **U**	RCN critical Ratio 1RN:8pt 16.5 RNs wte	1:6	1:8	No change
Cloudesley ward		25 beds	44.19 wte 21.19 wte **R** 23.0 wte **U**	51.72 wte 25.86 wte **R** 25.86 wte **U**	RCN critical Ratio 1RN:8pt 17.1 RNs wte	1:6	1:8	No Change
Meyrick ward		25 beds	44.19 wte 21.19 wte **R** 23.0 wte **U**	53.28 wte 26.64 wte **R** 26.64 wte **U**	RCN critical Ratio 1RN:8pt 17.1 RNs wte	1:6	1:8	No change
Montuschi ward	Cardiology ward with 4 Level 2 Coronary Care beds	17 beds	24.08 wte 16.42 wte **R** 7.66 wte **U**	25.52 wte 18.37 wte **R** 7.14 wte **U**	RCN critical Ratio 1RN:8pt 11.7 RNs wte	1:6	1:6	No change
Nightingale ward	Acute & chronic respiratory care, 4 Level 2 beds, 9 single-rooms.	23 beds	40.75 wte 25.45 wte **R** 15.30 wte **U**	35.8 wte 25.26 wte **R** 9.82 wte **U**	RCN critical Ratio 1RN:8pt 16 RNs wte	1:5	1:6	No change

Thorogood ward	Medical ward for patients with low acuity and Haematology patients	20 - 25 beds	Staff in post Aug25 34.18 wte 22.79 wte **R** 11.39 wte **U**	30.58 wte 22.02 wte **R** 8.56 wte **U**	RCN critical Ratio 1RN:8pt 18 RNs wte	1:5	1:6	Funding Oct-March
Victoria ward	Acute medical ward for gastro, endocrine conditions	20 - 25 beds	45.42 wte 26.30 wte **R** 19.12 wte **U**	40.12 wte 28.89 wte **R** 11.23wte **U**	RCN critical Ratio 1RN:8pt 18 RNs wte	1:5	1:6	Th'good & Victoria wards swapped specialty and staff in May 25

Table 4 – Maternity Summary

Ward/ clinical setting/ service	**Description**	**Annual Births activity**	**Additional Annual Intrapartum Activity** (includes postnatal readmissions, antenatal cases requiring 1:1 etc)	**Funded Establishment** **Feb 2025 (wte)** **R**: Registered **U:** Unregistered	**BirthRate Plus workforce assessment. Nov 2023**	**Professional Bodies & guidelines (wte)**	**Comments, recommendations, actions, proposed changes from Establishment r/v meeting**
Maternity	Acute and community maternity services	2983	508	201.61 wte 155.87 wte **R** 45.74 wte **U**	171.02 wte	BR+ endorsed by NICE, RCM & RCOG	Service underwent a restructure in late 2024 resulting in adjustments to the establishments in several parts of the service.

Appendix 5: Nursing & Midwifery yearly Establishment Review and Safer Staffing Processes Timeline