Meeting title	**Trust Management Group**	**12 August 2025**
Report title	**Nursing and Midwifery 6 monthly Safer Staffing Review Report**	**Agenda item: 3.4**
Executive director lead	Sarah Wilding Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perrault, Assistant Chief Nurse 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 response to the statutory requirements to have safe Nursing and Midwifery staffing identified across the organisation. • This 6-month review report includes the following: • An overview of the organisation nursing and midwifery key performance indicators (KPIs) • Workforce initiative highlights will detail the nursing leadership engagement in national and regional efforts around Enhanced Therapeutic Observations and Care (ETOC), responding to increasing numbers of vulnerable patients needing support. The Trust provides enhanced care to 20–25 patients daily across services including ED. From June 2025, ETOC workforce data will feature in all Provider Workforce Returns. • All Nursing and Midwifery Establishment reviews were undertaken in April and May 2025 • The key findings from the 6 monthly Establishment Review of the Nursing and Midwifery workforce based on the Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits collected in February 2025 for all inpatient areas and Emergency Department (ED) • 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)** • A more in -depth analysis of enhanced care requirements will be undertaken outside of this process. • Investment requirements have been identified and supported in principle by the Deputy and Chief Nurse. Further work will be done with the ICSUs to identify and support the funding steam required • The committee is asked to endorse the establishment increase across the organisation, noted below:	

<table>
<tr><td></td><td>
<table>
<tr><th>Ward (ICSU)</th><th>Funded bed capacity</th><th>Funded establishment
R: Registered
U: Unreg.</th><th>National guidance (RCN/NQB)</th><th>Recommendations</th></tr>
<tr><td>IFOR (CYP)</td><td>15</td><td>36.25 wte
R: 30.65 wte
U: 5.60 wte</td><td>For 15 pts: 42.25 wte (90% R)</td><td>To support staffing up to 17 beds</td></tr>
<tr><th>Service</th><th>Activity</th><th>Funded establishment
R: Registered
U: Unreg.</th><th>National guidance (RCN/NQB)</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>RCPCH 2022
RCN 2024
(Detail in report)</td><td>2.5 WTE Band 5 to cover the peak activity whilst further analysis is undertaken and reviewed</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 the organisation</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 –
BAF risk People 4-
Risk register: Paediatric ED Safer staffing (reference 1564) Score 15</td></tr>
<tr><td>Report history</td><td>1. Establishment review meetings with Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing Lead Nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies, Matrons, and nursing recruitment team, Eroster team: Across April 2025 and May 2025
2. QGC: TBC
3. Nursing and Midwifery Leadership Group (NMLG): 30th June 2025 (circulated to group members week starting 23rd June 2025)
4. EMT: 11 August 2025
5. TMG: TBC
6. QAC: 9th July 2025
7. Public Board TBC</td></tr>
</table>

6 monthly Nursing and Midwifery Establishment Review Report

1. INTRODUCTION

1.1 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 (2016) (NQB) Standards for safe Nursing and Midwifery staffing at Whittington Health NHS Trust. **(Appendix 1, Page 16)**

1.2 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:

1.3 The Bi -Annual Nursing and Midwifery Establishment reviews were undertaken in April and May 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 November 2024. It also reviews progress on recruitment for all additional safe staffing posts agreed through this process in line with the Trust business planning procedures.

1.4 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.

1.5

1.6 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 February 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 1.1:

- Inpatient adult and children 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 produced in November 2023 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 outpatient (ACW)
- Endoscopy (EIM)
- TB services (EIM)
- Children Ambulatory Care/Day Care and Outpatient (CYP)
- Community services: the community safe staffing tool piloted last year has been restarted after a pause. At the time of this report, the audit has been undertaken in some community district nursing team in April 2025. A further collection is planned for June 2025. To be able to include the data in later establishment reviews a further 2 collections need to be undertaken and validated before it is included in the establishment review process.

2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

2.1 As part of the bi- annual establishment review process, all inpatient areas completed a Safer Nursing Care Tool (SNCT ©) audit (and Mental Health Optimal Staffing Tool- MHOST- for CYP) for 30 days during February 2025. This SNCT audit is mandated by the Developing Workforce Safeguards NHS 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:

2.2 For this review, 6 months of key workforce data from 1st October 2024 to 31st March 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 vacancy, 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 including 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 programme.
- 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.

2.3 At the review meetings, detailed discussions on the data provided enabled all ICSUs to highlight any areas of concern and to provide examples of innovation and good practice. Department roster template, finance and ESR alignment support review meetings are being undertaken. These outcomes were discussed to understand changes made to financial and rostering templates, and to ensure the changes continued to support patient safety alongside financial alignment.

Review of new ways of working, opportunities and change of skill mixes were discussed with consideration of roles such as:

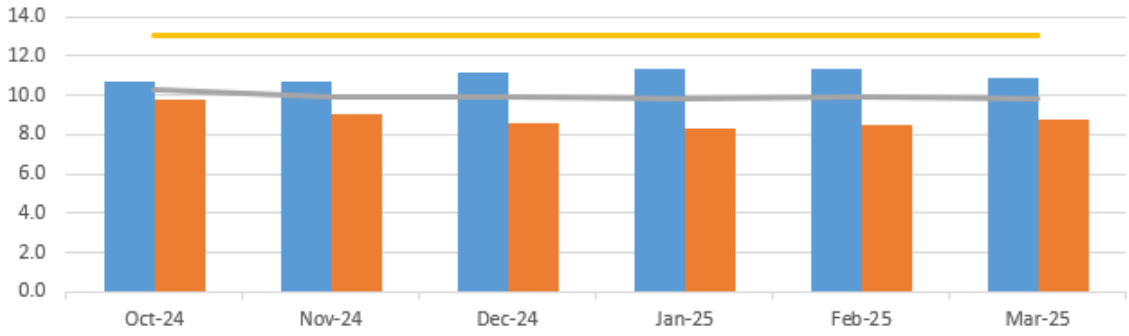
- Nursing Associates and Student Nurse Associate roles
- Advanced Practitioner roles and ability to support training and fund a position when they successfully pass the programme.
- Professional Nurse/Midwife Advocates
- Vacancies for graduates
- Future of Internationally Educated Nurses recruitment

Further detailed workforce planning discussions will be held within the next Establishment Reviews (October-November 2025) to inform the business planning and business case processes.

3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS

3.1 In March 2025, ESR reported that Whittington Health Nursing and Midwifery funded establishment represented 2092.28 WTE (1414.75 WTE Registered and 677.53 WTE Unregistered staff). This is a 2.6 % increase from October 2024 (+ 1.4% Registered and +3.9 % Unregistered).

3.2 In March 2025, the overall staff turnover shows a marginal improvement (10.38%) compared to September 2024 (10.94%) and has now been below the 13% target across all ICSUs for both Registered (10.00%) and Unregistered staff 10.76%) since November 2023 (13.68%).



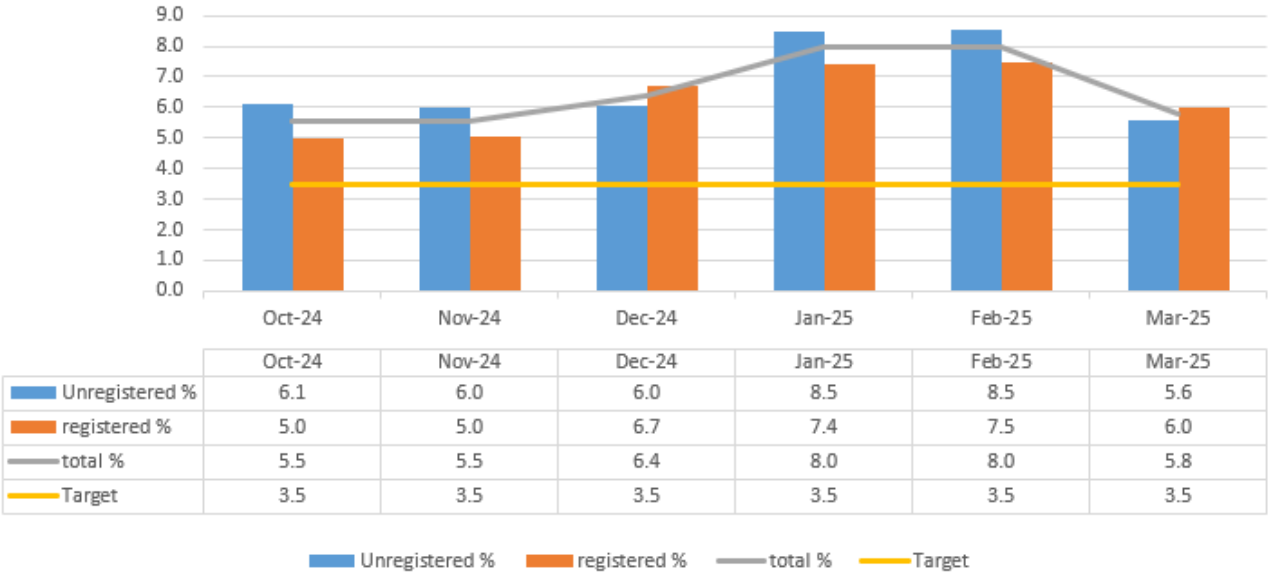
	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Unregistered %	10.7	10.7	11.2	11.3	11.4	10.9
registered %	9.8	9.0	8.6	8.3	8.5	8.8
total %	10.3	9.9	9.9	9.8	9.9	9.9
Target	13.0	13.0	13.0	13.0	13.0	13.0

Table 1- Trust Registered/Unregistered Turnover October 2024-March 2025

Since April 2024, work is progressing across NCL to implement the band 2 to 3 uplift of the Health Care Assistant workforce. A working group has been set up, including HR ,staff side partners and Corporate Nursing to ensure complex financial, HR processes and governance are in place to complete the process in the best interest of the staff and organisation. The detailed business case is currently being reviewed through the relevant decision-making committees.

3.3 Staff sickness related absence remains above the Trust target of 3.5% at 6.5% in October 24 -March 25.
The themes for long term sickness remain as previous reports: mental health and musculoskeletal (MSK) disorders plus seasonal ailments for short term absences.
The average rate over the 6 months period shows a continued deterioration (6.8% Registered Vs 6.3% Unregistered) from last review period (5.1% Registered Vs 4.7% Unregistered)).
Work continues in partnership with HR and Occupational Health to support colleagues back to work.

The most impacted ICSUs are ACS and ACW

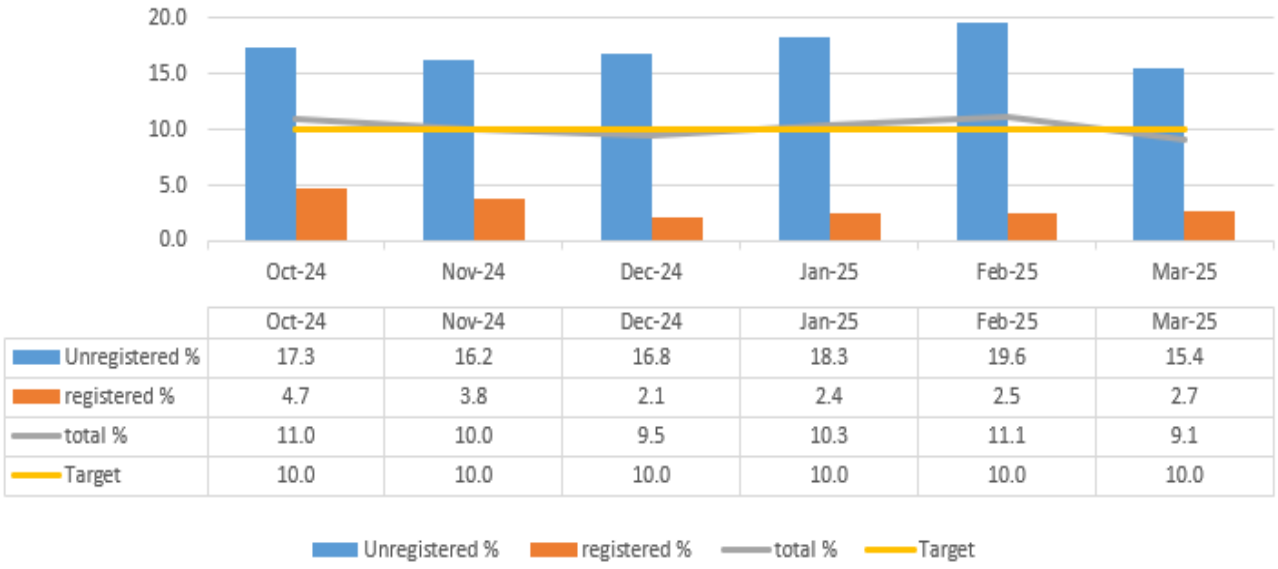


	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Unregistered %	6.1	6.0	6.0	8.5	8.5	5.6
registered %	5.0	5.0	6.7	7.4	7.5	6.0
total %	5.5	5.5	6.4	8.0	8.0	5.8
Target	3.5	3.5	3.5	3.5	3.5	3.5

Table 2- Trust Registered/Unregistered Sickness October 2024-March 2025

3.4 The recruitment vacancy target (below 10 %) has overall improved from 11.3% in September 2024 at the last establishment review to 9.1%. The scores have deteriorated for unregistered staff (17.3% in last 6 months period compared to 15 % the previous review period). In contrast, the registered workforce vacancy rate has remained under 10% with an overall 3% average

vacancy rate from October 24 to end of March 2025 (compared to 5% the previous period).



	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Unregistered %	17.3	16.2	16.8	18.3	19.6	15.4
registered %	4.7	3.8	2.1	2.4	2.5	2.7
total %	11.0	10.0	9.5	10.3	11.1	9.1
Target	10.0	10.0	10.0	10.0	10.0	10.0

Table 3- Trust Registered/Unregistered Vacancy Oct 2024- March 2025

3.5 Further detailed discussions on workforce data and KPIs will be held at the next Establishment Review meetings in October/November 2025 with ongoing monitoring and review of individual ICSU recruitment and retention plans, alongside ongoing monthly monitoring by ICSU leadership and corporate services.

3.6 Following staff feedback about roster fairness, wellbeing and the new flexible working policy the Safer Staffing and Roster Utilisation team is currently implementing Team Based Rostering (or self-rostering) for nurses across the organisation. The aim is to have all clinical areas included by the end of 2026. A post implementation evaluation will be shared in the next establishment review report. Currently 12 clinical areas are enrolled across ACW, EIM, CYP and S&C.

3.7 Over recent months, the nursing leadership teams have been actively engaged in national and regional forums on Enhanced Therapeutic Observations and Care (ETOC), previously known as 1:1 care. This work responds to rising demand for enhanced support, particularly for patients with mental health needs.
The trust provides ETOC to an average of 20–25 patients every 24 hours across services including EIM, CYP, and S&C. Additionally, EC requirements are now being recorded daily in ED, averaging three patients per day.
To improve workforce planning and care insight, ETOC data will be included in all Provider Workforce Returns (PWR) from June 2025. Following 12 months

of detailed data collection and evaluation, a more comprehensive review will be undertaken.

3.8 The work to improve Net hours (under and over contracted hours worked by staff) is continuing and the overall position improving. Further work has been undertaken and the written proposal shared with Executive team to achieve a position where the following can be implemented.:

- That historical net over/under-utilised hours be cleared from the eRostering system as a one-time, exceptional measure. This recommendation follows comprehensive reviews which have confirmed that all reasonable avenues for resolution have been explored. Clearance will allow teams to reset their baseline and ensure more accurate forward planning. From this point onward, ICSUs will be expected to take full accountability for managing Net Hours in accordance with the eRostering Policy, with a renewed focus on compliance to policy standards.
- Supporting in principle, the recommendation to invest financially in the Eroster team recognising the need for additional capacity and expertise to strengthen service delivery, ensure ICSU compliance, and support improvements and projects

4. OUTCOME

4.1 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:

- **Emergency and Integrated Medicine EIM):**

Paediatrics ED: 2.8WTE WTE band 5 Registered Nurse (below summary table. Also refer to **Appendix 4**)

Current position	- Establishment: 15.78 WTE - Coverage: 3 Registered Nurses (RNs) per shift (day and night) - Risk: Paediatric 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 p on the 11:00–23:00 peak period, to cover the peak activity whilst further analysis is undertaken and reviewed -
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

The safer staffing team conducted an activity/acuity audit for paediatric ED (using SNCT and SafeCare) for the first time and independent of Adult ED.
Overall activity was also collected from 2022-2025.

The outcome showed (tables 4 and 5 below):

- Average daily activity of 67 patient per day /day (This aligns with SNCT data period)
- This represents 22% of the total ED activity.
- 64% of the patients received care in Major Paeds (43 average/day)
- 12% of patients triaged were category 1/2 (8 average/day)
- 2 HDU cubicles used.

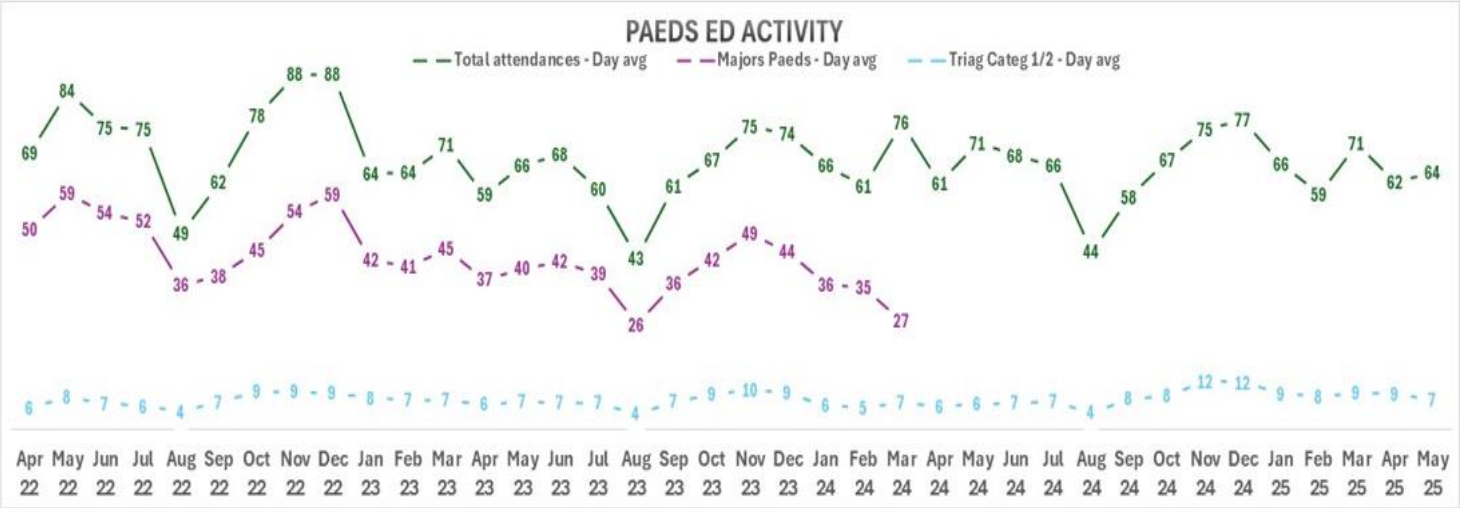


Table 4- Paeds ED activity 2022-2025

- There is increased attendance from 10.00 with a clear peak of higher presentation from 15.00 to 20.00. To meet this demand and complete the patient care pathway, there is a recommendation of an increase in Paediatric ED staffing from 11am to 11pm. (table 5)

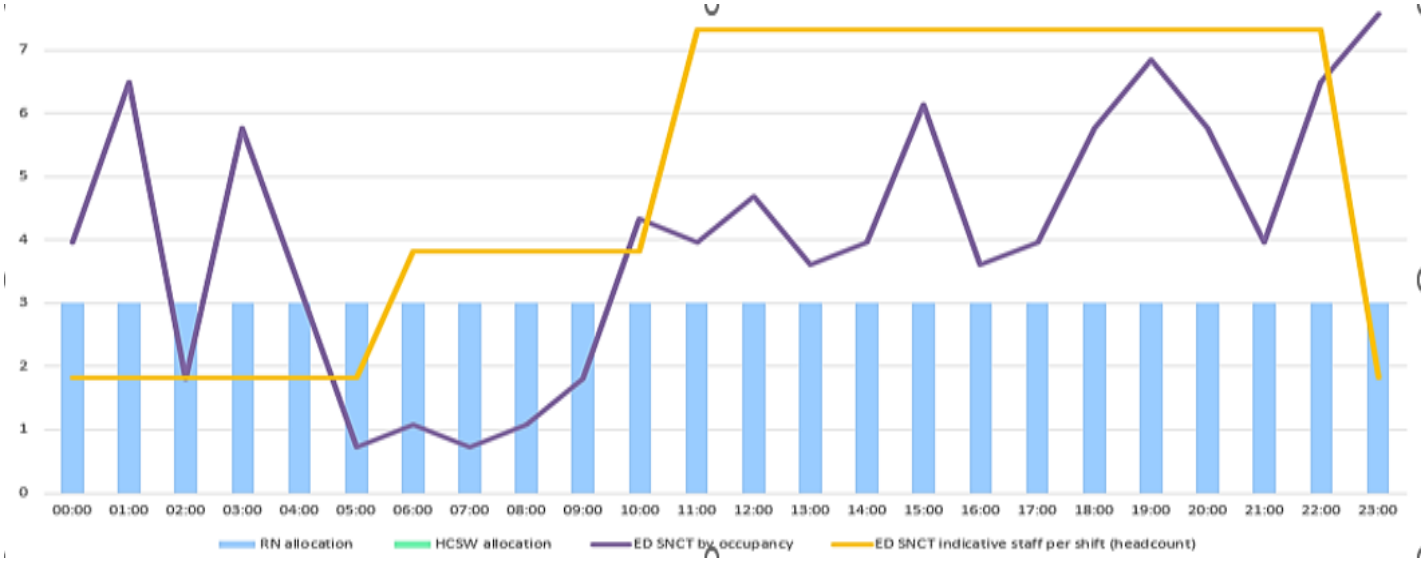


Table 5- Paeds ED – SNCT indicative deployment requirements- Feb 2025

Following the outcome of the review, the recommendations are:

- 5 RNs per shift (SNCT Feb 2025)
- 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)

Further audits will be undertaken over the next 6 months to validate.

To meet safer staffing standards and reduce risk (Risk Register ref 1564, score 15), the leadership team recommends increasing staffing with the request to recruit 2.5 WTE band specifically for 11:00–23:00 peak hours.

Current position	- Establishment: 15.78 WTE - Coverage: 3 Registered Nurses (RNs) per shift (day and night) - Risk: Paediatric ED remains on the Risk Register (Ref 1564, Score 15)

This increase would:

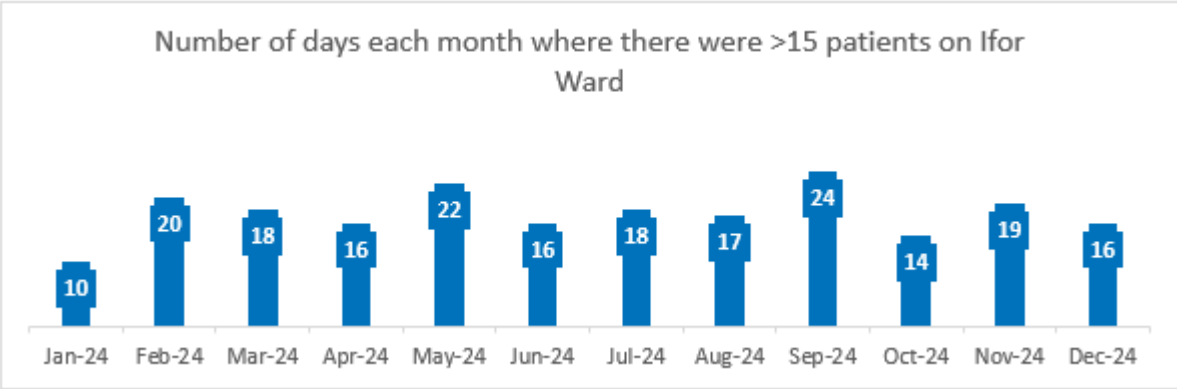
- Address safety concerns and mitigate clinical risk.
- Enhance team resilience and skill mix.
- Support staff training, development, and succession planning.
- Align with RCPCH and RCN standards on paediatric emergency care.

Further audits are planned to support a long-term staffing model based on trends and acuity.

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

<u>Ifor Ward</u>
To agree in principle the increase in staffing associated with an increase in the bed base from 15-17. A business case been shared following joint work with the Safer Staffing team to produce an effective workforce model and skill mix.
Ifor ward is a 15 bedded ward. In October 2023, 2 additional were opened to support winter pressures and since then, it has operated on the basis that 17 patients can be accommodated at any one time. Additional staffing is currently sourced through temporary staffing.

Table 1 shows the number of days there are more than 15 patients in the ward.



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

Ifor Ward: A request to put in 0.5 WTE band 7 Practice Development Nurse (PDN)

This is in addition to the current 0.5 WTE in post. The ward currently has a junior workforce which requires additional training and support to manage increased acuity and complexity of patients' profile (particularly the increase complex mental health needs). Following the review process this request has been declined. Mitigations put in place are the provision of increased training regarding supporting young people with mental health needs, and opportunities for support from the central education team.

4.2 Several departments and wards are experiencing intermittent staffing pressures due to sickness, staff turnover, 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 19**

4.3 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 21**

4.4 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.

4.5 Outcome summary tables for each clinical area are available in **Appendix 4, Page 22**

5. RECOMMENDATIONS

- The proposed investment outlined in the executive summaries and report narrative, are supported to proceed through local planning and business cases.

- The Nursing and Midwifery establishments will formally be reviewed again at the bi-annual-review in Autumn 2025. The data collection and audits for this period will start in August 2025. 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. Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance	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. Trusts must ensure the three components are used in their safe staffing processes: – evidence-based tools (where they exist) – professional judgement – outcomes	Compliant	• Evident within the Bi-Annual Establishment Review packs
3. We will base our assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable	Compliant	• Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable
4. We will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures	Compliant	• Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable
5. As part of this yearly assessment we will also seek assurance through the SOF, in which a provider's performance is monitored against five themes	Compliant	• Quality dashboards developed for nursing and midwifery (e-rostering performance metrics) • Staffing governance meetings review/discuss KPIs and produce action plan with remedial actions for suboptimal performance.
6. As part of the safe staffing review, the Director of Nursing and Medical Director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective, and sustainable	Compliant	• The Chief Nurse or Dep Chief Nurse attends and chairs the Annual Establishment Review meetings. • The Chief Nurse is positioned as responsible director for monthly Nursing & Midwifery safer staffing metrics. • The Chief Nurse plays an active leadership role for Safe Staffing evolvement and aspirations

7. Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting	Compliant	• Evident in the workforce strategy • Safer staffing discussed at a public Board
8. They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month	Compliant	• Quality dashboards developed for nursing and midwifery (e-rostering performance metrics) •
9. An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year, in accordance with NQB guidance5 and NHS Improvement resources. This must also be linked to professional judgement and outcomes	Compliant	• Evident in the format of this paper • Establishment Review Cycle demonstrates bi-annual reporting process following review of establishments
10. There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool	Compliant	• Evident and continuously reviewed by the Lead Nurse for Safe Staffing • Lead Nurse for Safe Staffing is responsible for the training of the Safer Nursing Care Tool (SNCT) and ensuring staff are aware that adaptions to the tool are not condoned
11. As stated in CQC's well-led framework guidance (2018)6 and NQB's guidance7 any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review	Compliant	• QIAs evident and located within the appendices
12. Any redesign or introduction of new roles (inc but not limited to physician associate, nursing associates & advanced clinical practitioners) would be considered a service change and must have a full QIA	Compliant	• QIAs evident and located within the appendices

13. Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance, and staff experience must be clearly described in these risk assessments	Compliant	• Escalation process and guidance included within the Staffing escalation procedure (under review) • Daily operational oversight and leadership for staffing led by allocated Senior Nurse
14. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	Compliant	• Escalation process and guidance included within the Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023) • Daily operational oversight and leadership for staffing led by allocated Senior Nurse

Appendix 2 - Red Shifts/Flags

Table 1: All ICSUs/Divisions

Table 2: Maternity Services

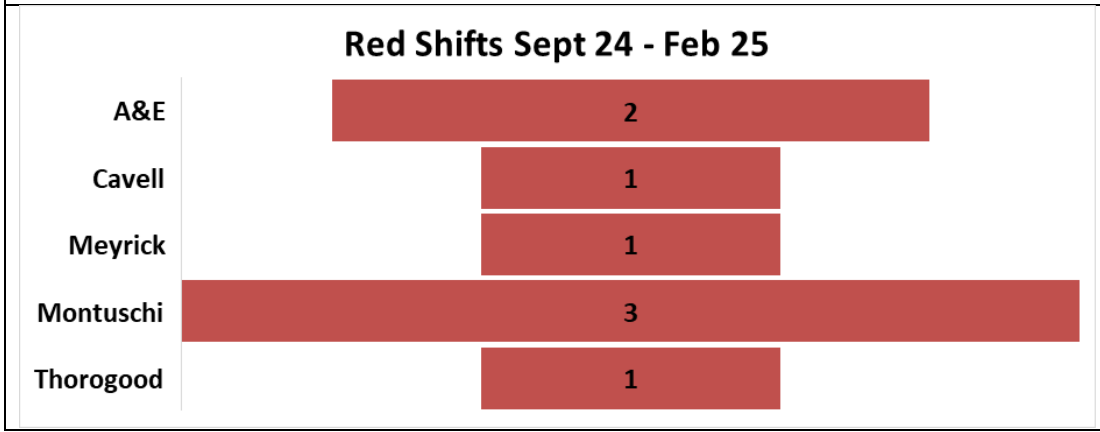
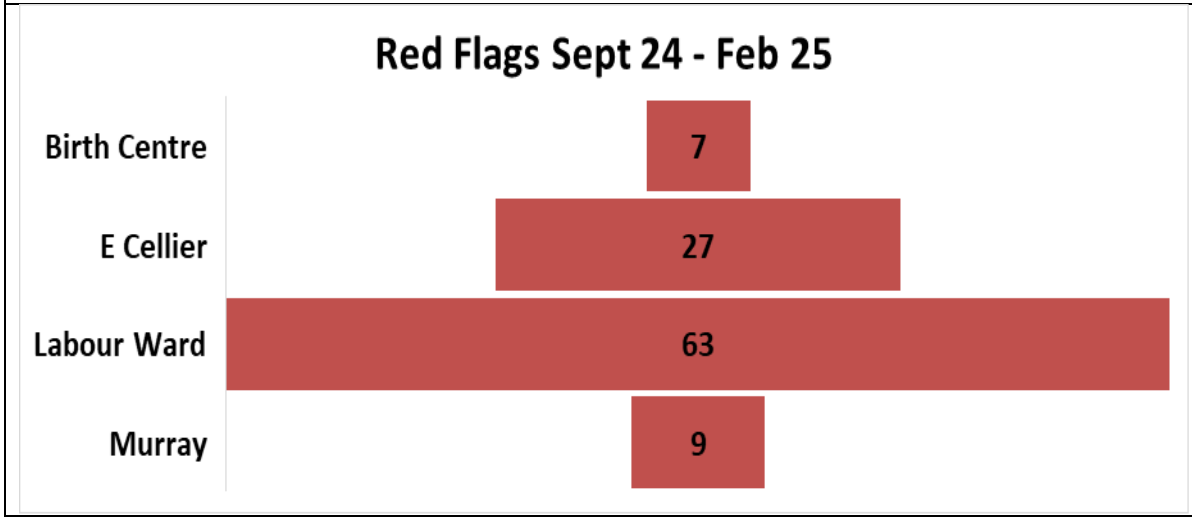
Table 1 (all ICSUS)	**Narrative**
	A total of 8 Red Shifts from September 2024 to February 2025. Several red shifts were downgraded following staff redeployment within the 1st hour of the shift and mitigation of the risk.

Table 2 – Maternity	**Narrative**
	Main reason for the Red Flags were inability for staff to take break and 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

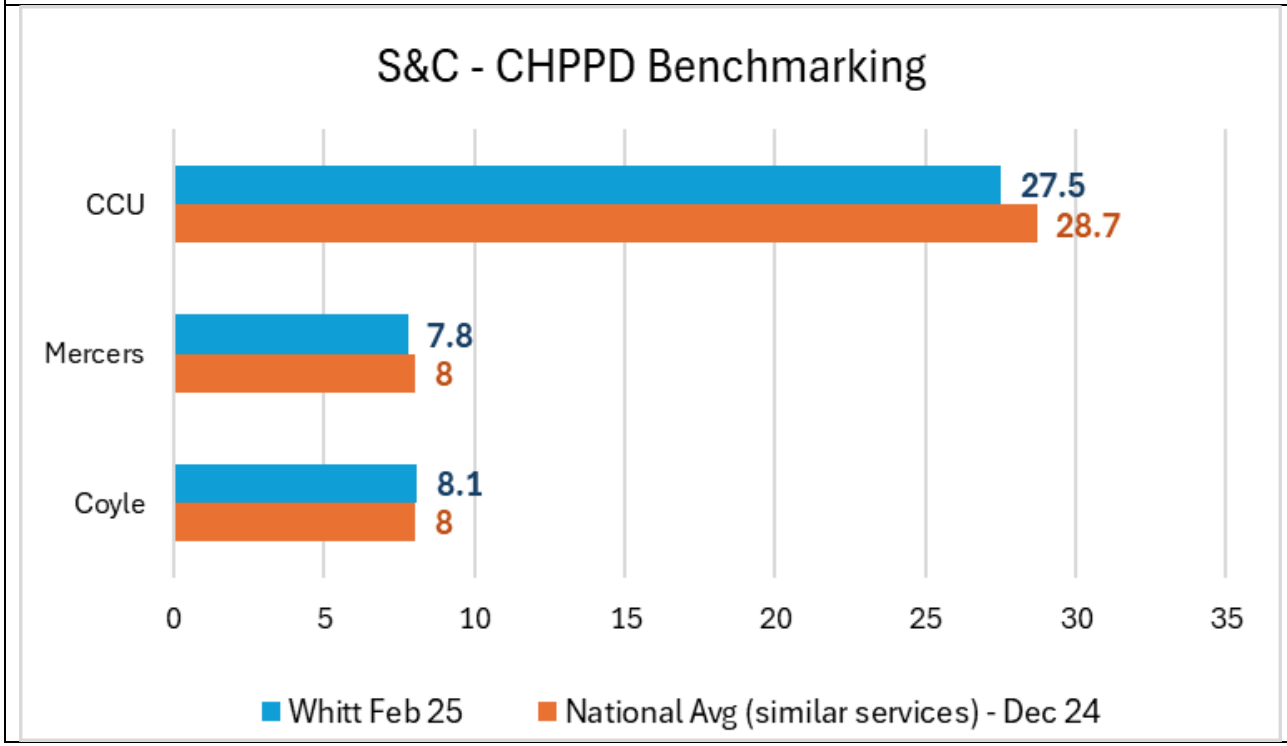
Table 1 – S&C CHPPD	**Narrative**
	CHPPD of the surgical wards was almost aligned with the national average in Feb 25. CHPPD in CCU below the national average (not occurring often) due to increased activity above the funded bed capacity on several occasions.

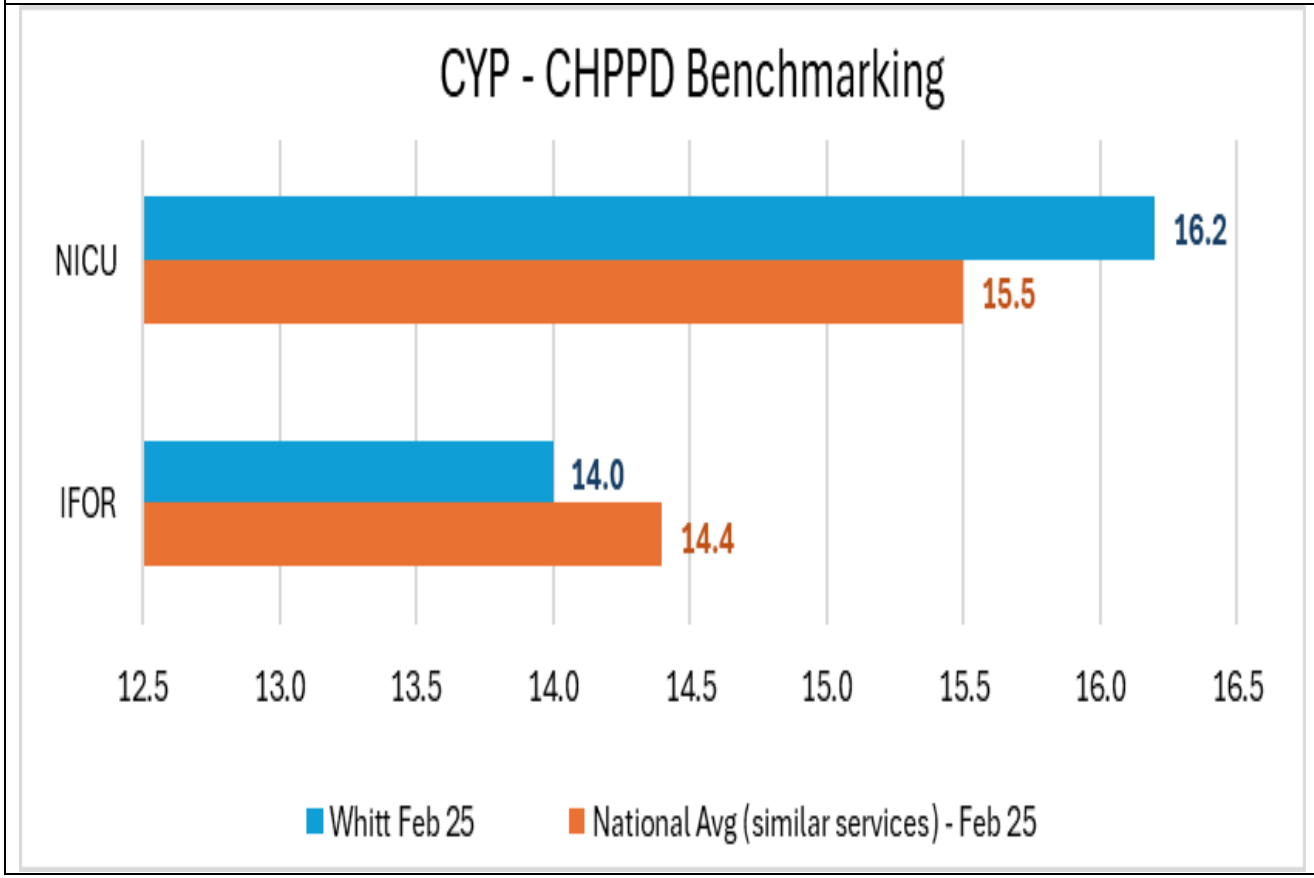
Table 2 – CYP CHPPD	Narrative
	CHPPD on NICU exceed national average by more than 0.5 (unit reported reduced activity during Feb 25, not aways possible to redeploy staff or give annual leave) CHPPD on Ifor ward is below the national average at acceptable level (less than 0.5 variance). Occupancy exceeded funded capacity on several days/shifts. NICU supported where possible.

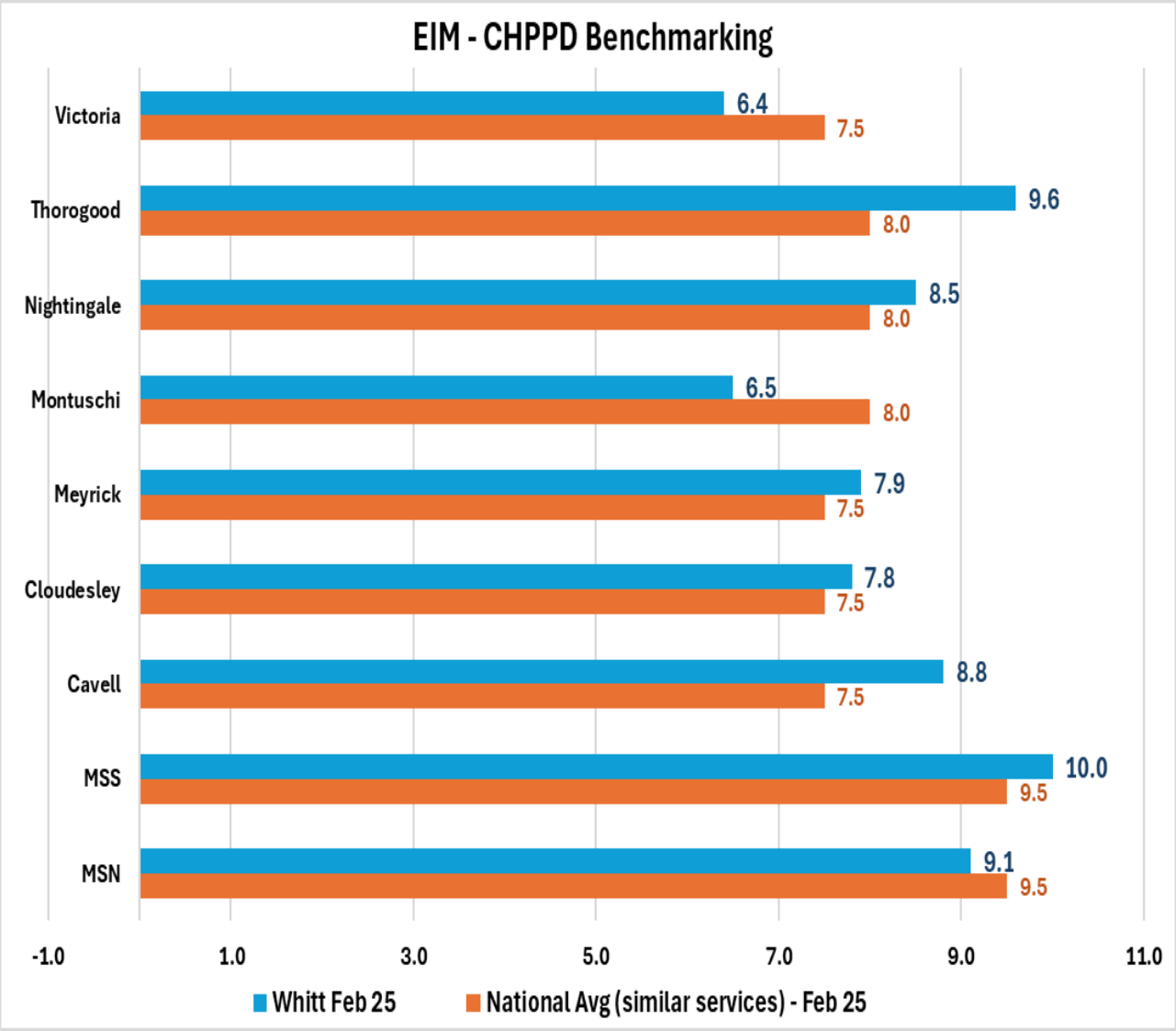
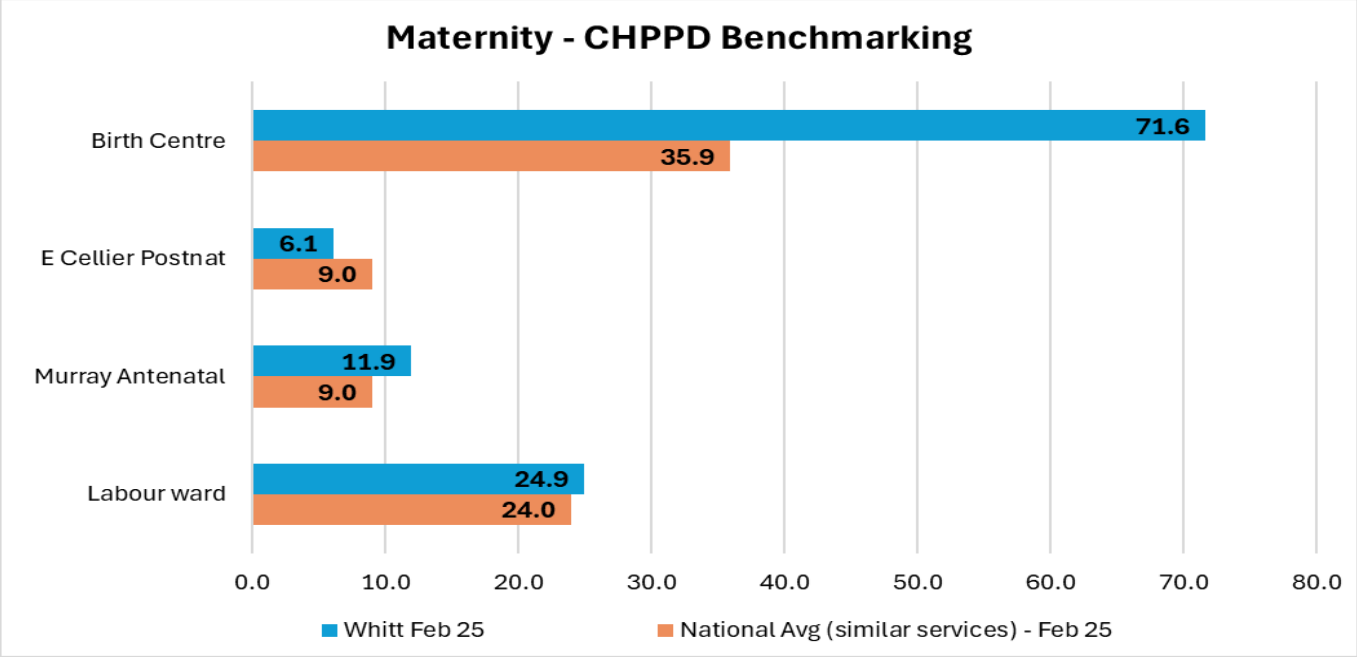
Table 3 – EIM CHPPD	Narrative
	There is a mixed picture of how local CHPPD compared to national average. CHPPD variance in 5 of the 9 wards is less than 0.5 unit. CHPPD on Thorogood and Cavell wards exceed national average by more than 1 unit (both wards know for high acuity and EC requirement) CHPPD on Montuschi, Victoria and MSN wards is below the national avg. CHPPD on Montuschi has been consistently below the national avg. Establishment review in 2024 approved the addition of 1 HCA on the night shifts. Acuity of patients is lower than in a standard cardiology ward.

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. There is likely to be an improvement following the restructure of the maternity service. CHPPD on Murray ward has recently dropped below the national avg. 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

Appendix 4- Outcome summary tables

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** **(Daily average occupancy Feb 25)**	**Funded Establishment Feb 2025 (wte)** **R**: Registered **U:** Unregistered	**SNCT funding recommendation as per Feb 25 Audit (wte).** Enhance Care Excluded	**SNCT funding recommendation as per Feb 25 Audit (wte).** Enhance Care Included	**Professional Bodies & guidelines recommendations**	**Reg : Patients ratio (as per roster planning)**		**Comments, recommendations, actions, proposed from Establishment R/V meeting**
							Day	Night	
Coyle ward	Non-elective orthopaedic, trauma, gen. surgery.	26 beds 23.5 pts/day	47.63 wte 23.73 wte **R** 18.90 wte **U**	39.39 wte 25.60 **R** 13.79 **U**	39.71 wte 25.81 **R** 13.90 **U**	RCN critical Ratio 1RN:8pt 20 RNs wte	1:5	1:7	No change
Mercers ward	Surgical ward for **spinal, bariatric**, emergency laparotomies,	18 beds 16.5 pts/day	31.00 wte 19.70 wte **R** 11.30 wte **U**	25.67 wte 16.69 wte **R** 8.98 wte **U**	25.67 wte 16.69 wte **R** 8.98 wte **U**	RCN critical Ratio 1RN:8pt 14.5 RNs wte	1:5	1:5	No change 8 single-rooms
Critical Care Unit (ICU)	Care of patients with single/multiple organ failure.	10 (+2) 10 pts/day	66.9 wte 66.9 Reg **R**	Not applicable	Not applicable	Intensive Care society: 67.5 – 10 beds 77.9 – 12 beds	1:1 for Level 3 1:2 for Level 2		Fluctuating occupancy above bed-base. 4 single rooms

Table 2 – Children and Young People (CYP)

Ward/ clinical setting	Description	Funded Bed capacity (Daily average occupancy Feb 25)	Funded Establishment Feb 2025 (wte) **R**: Registered **U:** Unregistered	SNCT funding recommendation as per Feb 25 Audit (wte). Enhance Care Excluded	SNCT funding recommendation as per Feb 25 Audit (wte). Enhance Care Included	Professional Bodies & guidelines recommendations	Reg : Patients ratio (as per roster planning)		Comments, recommendations, actions, proposed from Establishment R/V meeting
							Day	Night	
Ifor ward	For children with acute physical & mental health illness.	15 beds 14 pts/day range 10-18 pts/day	36.25 wte 30.65 wte **R** 5.60 wte **U**	33 wte 28.1 wte **R** 5.0 wte **U**	38.8 wte 29.1 wte **R** 9.7 wte **U**	RCN/NQB guidance for 15 patients 42.25 wte (90% RNs)	1:3	1:4	To make a decision to staff up to 17 beds to support activity
Neo Natal Unit (NICU)	Funded for 6 Level 3, 6 Level 2 and 11 special care cots	23 cots 11 pts/day	57.55 wte 54.56 wte **R** 2.99 wte **U**	Not applicable	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

Table 3a - Emergency & Integrated Medicine (EIM)- ED, Urgent care, and AAU									
Ward/ clinical setting	**Description**	**Funded Bed capacity** **(Daily average occupancy Feb 25)**	**Funded Establishment Feb 2025 (wte)** **R**: Registered **U:** Unregistered	**SNCT funding recommendation as per Feb 25 Audit (wte).** Enhance Care Excluded	**SNCT funding recommendation as per Feb 25 Audit (wte).** Enhance Care Included	**Professional Bodies & guidelines recommendations**	**Reg : Patients ratio (as per roster planning)**		**Comments, recommendations, actions, proposed from Establishment R/V meeting**
							Day	Night	
ED- Adult	Emergency department	298 avg attend/day	99.79 wte 70.50 wte **R** 29.29 wte **U**	100 wte 80 wte **R** 20 wte **U**	Not applicable	NICE 2015 & NQB 2018 See r/v pack	Not applicable		No change
ED- Paeds	Emergency department	67 avg attend/day	15.78 wte 15.78 wte **R**	27.50 wte 27.50 wte **R**	Not applicable	RCPCH 2022 & RCN 2024 See r/v pack	Not applicable		2.5 WTE band 5

SDEC/Amb care	Ambulatory and same day care		19.49 wte 14.25 wte **R** 5.24 wte **U**	Not applicable	Not applicable	Activity, performance & professional judgement	Not applicable		No change
Urgent Care Centre	Consisted of ACPs, ENPs & RD PDNs		13.44 wte 13.44 wte **R**	Not applicable	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** **32 pts/day**	**66.66 wte** **41.46** wte **R** **25.2** wte **U**	**65.93 wte** **47.47** wte **R** **18.46** wte **U**	**71.12 wte** **51.21** wte **R** **19.91** 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 15 pts/day	33.33 wte 20.72 wte **R** 12.6 u wte **U**	30.88 wte 22.23 wte **R** 8.65 wte **U**	34.43 wte 24.79 wte **R** 9.64 wte **U**	RCN critical Ratio 1RN:8pt N/A for AAUs	1:4	1:5.3	
Mary Seacole South (AAU)		18 beds 17 pts/day	33.33 wte 20.72 wte **R** 12.6 wte **U**	35.05 wte 25.24 wte **R** 9.81 u wte **U**	36.69 wte 26.42 wte **R** 10.27 wte **U**	RCN critical Ratio 1RN:8pt N/A for AAUs	1:4.5	1:6	

Table 3b - Emergency & Integrated Medicine (EIM)- Inpatient wards								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded Establishment**	**SNCT funding recommendati**	**SNCT funding recommendati**	**Professional Bodies &**	**Reg : Patients ratio (as per**	**Comments, recommendations**

		(Daily average occupancy Feb 25)	Feb 2025 (wte) **R**: Registered **U:** Unregistered	on as per Feb 25 Audit (wte). Enhance Care Excluded	on as per Feb 25 Audit (wte). Enhance Care Included	guidelines recommendations	roster planning)		, actions, proposed from Establishment R/V meeting
							Day	Night	
Cavell ward	Care of Older People (COOP), high % of pts dependent or require EC.	24 beds 23.8 pts/day	43.44 wte 21.19 wte **R** 22.25 wte **U**	42.63 wte 27.71 wte **R** 14.92 wte **U**	50.01 wte 32.51 wte **R** 17.50 wte **U**	RCN critical Ratio 1RN:8pt 16.5 RNs wte	1:6	1:8	No change
Cloudesley ward		25 beds 25 pts/day	43.45 wte 21.19 wte **R** 22.26 wte **U**	38.01 wte 23.70 wte **R** 13.33 u wte **U**	43.79 wte 28.46 wte **R** 15.33 wte **U**	RCN critical Ratio 1RN:8pt 17.1 RNs wte	1:6	1:8	No Change
Meyrick ward		25 beds 24.9 pts/day	43.44 wte 21.19 wte **R** 22.25 wte **U**	43.08 wte 28.00 wte **R** 15.08 wte **U**	47.90 wte 31.13 wte **R** 16.76 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 16.9 pts/day	21.61 wte 16.42 wte **R** 5.19 wte **U**	27.35 wte 19.14 wte **R** 8.20 wte **U**	27.35 wte 19.14 wte **R** 8.20 un wte **U**	RCN critical Ratio 1RN:8pt 11.7 RNs wte	1:6	1:6	Add 1 HCA at night. Approved at est reviews 2024
Nightingale ward	Acute & chronic respiratory care, 4 Level 2 beds, 9 single-rooms.	23 beds 22.6 pts/day	38.25 wte 25.45 wte **R** 12.80 wte **U**	37.33 wte 19.14 wte **R** 8.20 wte **U**	38.29 wte 24.89 wte **R** 13.40 wte **U**	RCN critical Ratio 1RN:8pt 16 RNs wte	1:5	1:6	Add 1 HCA at night. Approved at est reviews 2024
Thorogood ward (Gastro & Haem)	Acute medical ward for gastro and haem conditions	25 beds 27 pts/day	45.42 wte 26.3 wte **R** 19.12 wte **U**	33.93 wte 22.06 wte **R** 11.88 wte **U**	49.35 wte 32.08 wte **R** 17.27 wte **U**	RCN critical Ratio 1RN:8pt 18 RNs wte	1:5	1:6	Th'good and Victoria wards swapped specialty and staff in May 25
Victoria ward (low acuity)	Medical ward for patients with low acuity	25 beds 24.6 pts/day	34.46 wte 22.92 wte **R**	42.21 wte 29.55 wte **R**	42.21 wte 29.55 wte **R**	RCN critical Ratio 1RN:8pt	1:6	1:8	Th'good and Victoria wards

			11.54 wte **U**	12.66 wte **U**	12.66 wte **U**	18 RNs wte			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.