

Safer Staffing Bi-Annual Establishment Review

Meeting date: 27th January 2026

Reporting to: Group People Committee

Agenda item No: (to be completed by the Corporate Secretariat)

Report author: Lindsay Garcia, Group Director of Nursing, Debi McKeown, Nursing Workforce Lead

Executive director sponsor: Emma Nunez, Chief Nursing Officer

Action required: (select from the drop-down list for why the report is being received)
Approval

Delegation status (Board only and completed by the Corporate Secretariat):
Jointly delegated item to Group Board

Previously presented to: N/A

UHT strategic objectives supported:

- Putting patients first
- Creating an outstanding experience for our people
- Working with partners
- Reforming models of care
- Developing excellence as a learning organisation
- Using our resources well

CQC domain link:

Choose an item.

Board assurance / risk register this paper relates to

Key discussion points and matters to be escalated from the meeting

ALERT: Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

Recruitment and retention challenges may lead to gaps in establishment, undermining the Trust's ability to deliver sustainable services. Resulting workforce shortages in key clinical areas could adversely affect service delivery, patient safety, and the effective use of resources.

ADVISE: Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The planned over-recruitment of newly qualified nurses will provide additional resilience within the workforce and support the staffing gaps identified through the SNCT data collection period.

The data shows consistent patient acuity scoring, with a reclassification of patients from Level 2 to the more appropriate Level 1c, reflecting improved accuracy and alignment with updated SNCT descriptors.

Professional Judgement (PJ) templates, agreed with the Deputy Director of Nursing and Heads of Nursing, incorporate patient acuity alongside contextual factors. This ensures staffing establishments are data-led and proportionate to ward-specific operational needs.

ASSURE: Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

Compliance with daily data collection has continued to improve, providing increased assurance over data validity and the robustness of the SNCT outcomes.

For the next data collection period in March 2026, a peer-review process led by the Workforce Lead and Therapeutic Care Lead will focus on patients classified as Level 1c and 1d to ensure accuracy and consistency. Data will also be cross-validated against MIYA and ETOC systems to confirm alignment with electronic patient records.

Recommendations:

The Board of Directors is asked to note the contents of this report and to be assured that robust systems and processes are in place to ensure that registered nurse staffing levels are sufficient to support the delivery of safe, high-quality patient care across the Trust.

Safer Staffing Bi-Annual Establishment Review

1. PURPOSE OF REPORT

The requirement to publish bi-annual nurse establishment reviews is outlined by NHS Improvement (NHSI) in Developing Workforce Safeguards (October 2018). This guidance supports healthcare providers in adopting best practices for effective staff deployment and workforce planning. It is complemented by the National Quality Board (NQB) guidance (2016), which sets out key expectations to be considered during safe staffing establishment reviews.

South Tees Hospitals NHS Foundation Trust conducts a comprehensive review of staffing across adult inpatient wards, adult acute assessment units, and children's and young people's inpatient wards. This review utilises the licensed Safer Care Nursing Tool (SNCT), developed by the Shelford Group (2018) and endorsed by NICE. Data collected through SNCT is triangulated with patient quality indicators, financial metrics, and workforce data, and is further evaluated using a professional judgement framework.

The most recent data collection to inform the staffing review was carried out during September and October 2025, with a follow-up collection scheduled for March 2026.

The recommendations from Chief Nursing Officer Duncan Barton in August 2025 highlight the need to recognise the level of vacancies that currently exist across all bands, NHS providers are encouraged to recruit newly qualified nurses before vacancies formally arise. This forward-thinking approach means graduates can transition seamlessly from training into employment, reducing uncertainty and ensuring continuous patient care capacity.

2. RECOMMENDATIONS

The Board of Directors is asked to note the contents of this report and to be assured that robust systems and processes are in place to ensure that registered nurse staffing levels are sufficient to support the delivery of safe, high-quality patient care across the Trust.

3. BACKGROUND

The National Quality Board (NQB) Guidance Framework (2016) supports the development of a workforce that is safe, sustainable, and productive. It provides a structured approach to workforce planning, ensuring that staffing decisions are aligned with patient needs and service delivery requirements. The framework's structure is outlined below

Safe, Effective, Caring, Responsive and Well- Led Care		
Measure and Improve -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback-		
-implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

South Tees Hospitals NHS Foundation Trust has utilised the **Safer Nursing Care Tool (SNCT)** since 2018. The tool was republished in October 2023 and now includes two new multipliers:

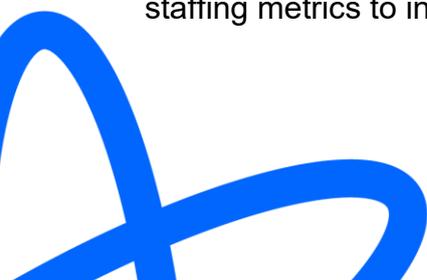
- **1C:** Patients requiring 1:1 care
- **1D:** Patients requiring 2:1 care
- Additional multipliers for units with **≥75% single side rooms**

These enhancements enable a more granular assessment of enhanced care needs, supporting more accurate establishment setting and resource allocation.

To ensure data quality and consistency, the Workforce Lead delivered training sessions to Matrons, Ward Managers, and Sisters. Training was provided both in-person and via Microsoft Teams. Attendees were assessed and required to pass before being granted access to update daily data collection sheets.

Matrons are responsible for peer-reviewing the data to ensure it accurately reflects patient acuity and ward activity at the time of collection.

It is important to note that the SNCT assumes a **22% uplift** in staffing establishments to account for annual leave, sickness, training, and other absences. The Trust currently applies a **21% uplift** for Registered Nurses and a **19.7% uplift** for Care Support Workers for inpatient areas, resulting in a known 1%-2% differential. This variance is not considered a risk, as SNCT outputs are always triangulated with professional judgement and other safe staffing metrics to inform establishment decisions.



Requested Staffing Levels

Staffing levels are planned on a shift-by-shift basis for acute inpatient wards, based on a standard ratio of **1:8 registered nurses to patients**, with additional coordinators in Acute Assessment Units and Acute Stroke Units. Exceptions to this standard include:

- **Acute Stroke:** 1:2 ratio for the first 72 hours post-onset
- **Respiratory Support Units:** 1:2 ratio for the first 24 hours of admission
- **Acute Oncology:** 1:2 ratio for patients undergoing chemotherapy
- **Stroke Rehabilitation:** 1:6 ratio

These ratios reflect the complexity and acuity of care required in specific clinical areas and are aligned with national best practice and clinical judgement.

Each ward within South Tees Hospitals NHS Foundation Trust collects **Safer Nursing Care Tool (SNCT)** data for a minimum of **30 consecutive days**, two to three times per year. The most recent data collection period, conducted during **September/October 2025**, utilised the refreshed SNCT tool and updated descriptors.

This process involves scoring each patient's episode of care, with staffing multipliers applied across acute and dependency levels. These multipliers account for nursing time allocated to:

- Direct and indirect patient care
- Ward management (0.4 WTE)
- Education and training
- Staff performance reviews
- Staff breaks
- Administrative and clerical duties
- Bed occupancy

Following publication of the results, a face-to-face review is conducted involving the **Deputy Director of Nursing, Heads of Nursing, Matrons, Ward Managers**, and the **Workforce Lead**. This group applies professional judgement to interpret the SNCT findings. Where new staffing levels are identified, required establishments are calculated and compared against current funded establishments to determine if adjustments to skill mix or staffing levels are necessary. If changes are indicated, a **business case** is developed to support the proposed amendments.

The **agreed staffing establishments for 2024/2025** were developed in collaboration with the **Chief Nurse and Finance Team**, in alignment with SNCT recommendations.

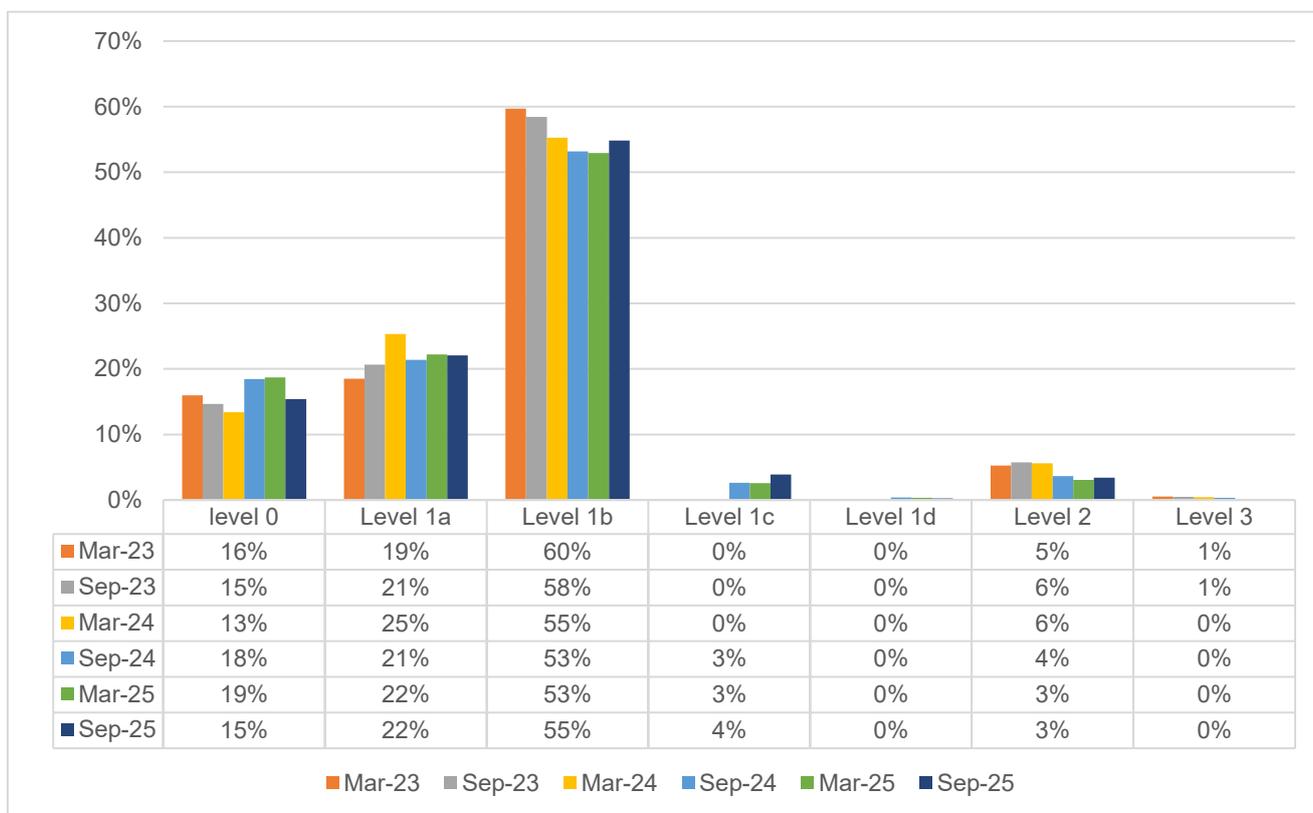
The upcoming **establishment review in November 2025** will compare findings from **Audit 1 (March 2025)** and **Audit 2 (September 2025)**. Comparative analysis is outlined within this report.

4. Establishment Review September/October 25

4.1 SNCT Patient Acuity Levels Trust Wide

The figure below shows a summary of the overall patient acuity levels for the Trust as a percentage for all areas collected over 30 days in September/October 2025 compared to previous reports from March 2023.

Figure 1: Trust Acuity Levels by total %



The data demonstrates consistency in patient scoring across most acuity levels, with a notable shift in the classification of patients previously recorded as Level 2, now more appropriately coded as Level 1c. This change reflects improved accuracy in identifying patients requiring enhanced observations, aligning with the updated SNCT descriptors.

Looking ahead to the next data collection period in March 2026, a peer review process will be undertaken by the Workforce Lead and Therapeutic Care Lead. This will focus specifically on patients recorded as Level 1c and 1d, to ensure assessments are accurate and consistent. Additionally, the data will be cross validated with MIYA and ETOC systems to confirm that the number of patients recorded during the collection period aligns with electronic patient records.

4.2 Headroom Review



When planning ward staffing, it is essential to incorporate an uplift allowance to ensure adequate nurse availability during periods of leave. This ensures continuity of care and supports the delivery of safe, high-quality services.

At South Tees Hospitals NHS Foundation Trust, the uplift applied to ward establishments is: Registered Nurses – 21% uplift per WTE (excluding parenting leave):

- 14% (273 hours) – Annual leave
- 3.9% (70.2 hours) – Sickness absence
- 2.0% (39 hours) – Study leave
- 1.1% (19.5 hours) – Working Day (e.g., management/non-clinical duties)
- Care Support Workers – 19.7% uplift per WTE:
 - 14% – Annual leave
 - 3.9% – Sickness absence
 - 1.8% – Study leave

This headroom calculation is specific to South Tees Hospitals NHS Foundation Trust and has been formally agreed by the Trust Board. It ensures that staffing establishments are resilient and capable of meeting planned service demands while accommodating predictable leave patterns.

4.3 Skill Mix review

The Royal College of Nursing (RCN) recommends a minimum skill mix ratio of 65:35 Registered Nurses to Clinical Support Workers. At South Tees Hospitals NHS Foundation Trust, the agreed average ratio across all inpatient areas is 60:40 Registered Nurses to Health Care Support Workers. This ratio has been established to reflect the specific needs and staffing models within the Trust.

Critical Care areas are excluded from this ratio, as they are subject to a separate staffing review aligned with the Guidelines for the Provision of Intensive Care Services (GPICS) standards.

In some less acute areas, such as specialised rehabilitation units, the ratio of Registered Nurses to Health Care Support Workers may be lower. This is due to the contribution of other roles in delivering patient care, including:

- Registered Nursing Associates (NAs)
- Assistant Practitioners (APs)
- Allied Health Professionals (AHPs)

These roles play a significant part in meeting patient needs and are considered within the overall staffing model to ensure safe and effective care delivery.

4.4 Quality Indicators

Nurse Sensitive Indicators (NSIs) are recognised as key quality metrics that are directly influenced by nursing care. At South Tees Hospitals NHS Foundation Trust, NSIs are used in conjunction with data from the Acuity and Dependency Tool to inform evidence-based workforce planning. This approach supports both the optimisation of existing services and the development of new care models.

NSIs provide valuable insight into the relationship between ward staffing levels and nursing-sensitive outcomes, enabling the Trust to monitor and evaluate the impact of staffing decisions on patient care. By triangulating NSI data with acuity and dependency scores, the Trust ensures that workforce plans are responsive to patient needs and aligned with quality and safety standards.

4.5 Professional Judgement (PJ)

At South Tees Hospitals NHS Foundation Trust, professional judgement is used alongside the Safer Nursing Care Tool (SNCT) to confirm appropriate nurse staffing levels. This professional judgement standardised tool is used in the UK to determine nursing establishments based on patient acuity and staffing needs. It has been influential in healthcare staffing practices, although recent research indicates that staffing is complex and cannot solely be addressed with a formula.

The formula helps in calculating the required number of nurses based on patient classification and shifts, ensuring that nursing units have the appropriate number of staff for effective care and relies on the expertise of experienced nursing staff to determine the number and grade of staff required to deliver safe and effective care on each ward.

Professional Judgement (PJ) templates have been agreed with the Deputy Director of Nursing and incorporate the Trust's uplift allowance (headroom) to calculate the required Whole-Time Equivalents (WTEs) for each ward. In addition to patient acuity and dependency, several contextual factors are considered when determining staffing requirements:

- Ward layout and design: Wards with multiple single rooms or bays may require increased staffing capacity to maintain visibility and responsiveness.
- Availability of support staff: The presence of ward clerks, housekeepers, and other non-clinical staff can reduce the burden on nursing teams by undertaking non-patient-facing tasks.
- Patient throughput: High turnover areas may require additional staff to support patient flow and maintain care standards.
- Supervisory and management time: Time allocated for Ward Managers to fulfil leadership responsibilities, including staff supervision, mentoring of students and newly appointed staff, and completion of management duties.

This blended approach ensures that staffing establishments are not only data-driven but also contextually appropriate, reflecting the unique operational demands of each ward

4.6 Agreed Funded Establishments vs Professional Judgement - September 25

Here is a visual comparison of authorised funded establishments, professional judgement recommended establishments, and actual staffing levels (in WTE) for Registered Nurses and Clinical Support Workers at South Tees Hospitals NHS Foundation Trust:



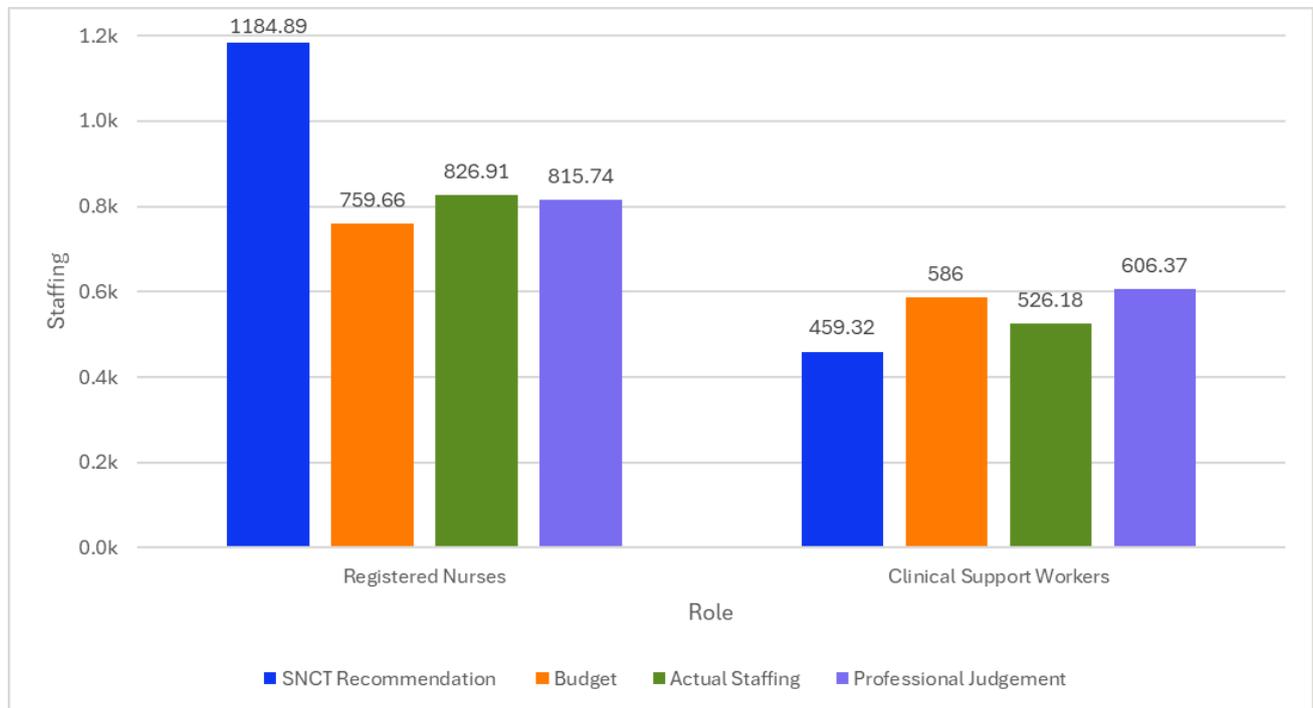
Key Insights:

- Registered Nurses:
 - Budgeted: 759.66 WTE
 - Professional Judgement: 815.74 WTE
 - Actual Staffing: 826.91 WTE
 - Budget vs Actual Staffing: Surplus 67.25 WTE
 - Budget vs Professional Judgement: Deficit 56.08 WTE
- Clinical Support Workers:
 - Budgeted: 586.00 WTE
 - Professional Judgement: 606.37 WTE
 - Actual Staffing: 526.18 WTE
 - Budget vs Actual Staffing: Deficit of 59.82
 - Budget vs Professional Judgement: Deficit of 20.37 WTE

This chart supports the narrative that current staffing levels exceed budgeted figures for RNs but fall short for HCAs, reinforcing the rationale for establishment adjustments to ensure safe care delivery. However, it demonstrates the requirement determined through professional judgement. The shortfall in HCAs reflects the vacancies frequently carried.

4.7 Safer Care Nursing Tool Results vs Funded Establishment - September 25

Here is a visual comparison of SNCT recommended establishments, authorised funded establishments, and actual staffing levels (in WTE) for Registered Nurses and Clinical Support Workers across South Tees Hospitals NHS Foundation Trust:



Key Insights:

- Registered Nurses (RNs):
 - SNCT Recommended: 1184.89 WTE
 - Budget (2023/24): 759.66 WTE
 - Actual Staffing: 826.91 WTE
 - Budget vs SNCT: Deficit of 425.23 WTE
 - Actual Staffing vs SNCT: Deficit of 357.98 WTE
- Clinical Support Workers (CSWs):
 - SNCT Recommended: 459.32 WTE
 - Budget: 586 WTE
 - Actual Staffing: 526.18 WTE
 - Budget vs SNCT: Surplus 126.68 WTE
 - Actual Staffing vs SNCT: Surplus of 66.86

This chart highlights the significant shortfall in RN staffing relative to SNCT recommendations and budget, while CSW staffing shows a surplus against budget but still falls slightly short of SNCT recommendations.



Table 1: South Tees Professional Judgement WTE templates compared to Agreed Funded Establishment WTE and AFE compared to SNCT recommended WTE broken down by Collaborative for Registered Nurses

Collab	RN						
	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance	
	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ
Cardio Vas	97.89	102.04	100.27	119.34	116.36	-21.45	-2.38
DDUGs	64.89	85.45	85.82	117.55	116.49	-52.66	-20.93
Growing FHN & Comm	114.58	112.71	118.57	224.02	197.37	-109.44	-3.99
Head, Neck & Ortho	82.27	94.58	91.02	145.87	136.79	-63.60	-8.75
JCCI & Spec Med	63.88	69.52	65.04	87.52	83.34	-23.64	-1.16
Med & Emerg	192.84	213.32	208.68	329.18	306.40	-136.34	-15.84
Neuro & Spinal	92.36	98.40	94.85	131.63	112.62	-39.27	-2.49
Women & Children	50.95	50.89	51.49	29.78	29.78	21.17	-0.54
Totals	759.66	826.91	815.74	1184.89	1099.14	-425.23	-56.08

Table 2: South Tees Professional Judgement WTE templates compared to Agreed Funded Establishment WTE and AFE compared to SNCT recommended WTE broken down by Collaborative for Clinical Support Workers

Collab	CSW						
	Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Budget CSW WTE	Sep 25 Contracted CSW WTE	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ
Cardio Vas	52.00	44.88	53.63	45.91	44.77	6.09	-1.63
DDUGs	70.17	59.21	68.94	45.23	44.82	24.94	1.23
Growing FHN & Comm	125.19	115.07	133.41	86.17	75.93	39.02	-8.22
Head, Neck & Ortho	70.69	59.44	71.51	56.12	52.63	14.57	-0.82
JCCI & Spec Med	35.78	38.48	45.59	33.67	32.06	2.11	-9.81

Med & Emerg	139.15	125.26	150.16	126.61	117.89	12.54	-11.01
Neuro & Spinal	70.12	66.44	67.04	50.64	43.33	19.48	3.08
Women & Children	22.90	17.40	16.09	14.97	14.97	7.93	6.81
Totals	586.00	526.18	606.37	459.32	426.39	126.68	-20.37

5. CONCLUSION

The data highlights notable discrepancies between current budgeted establishments, actual staffing levels, and the recommendations derived from the SNCT tool, alongside professional judgement assessments. These variations emphasise the importance of robust, consistent data collection, as the SNCT tool's effectiveness is contingent on accurate daily submissions reflecting the previous 24 hours of patient care. Operational factors such as ward layout and clinical demand can influence both compliance and data integrity.

As the Trust advances its Workforce Staffing Assurance Programme, it will enable enhanced visibility and understanding of staffing metrics contextualised with Nurse Sensitive Indicators across all Clinical Support Units (CSUs). This strategic initiative will reinforce the critical link between accurate data input, patient acuity, and clinical outcomes—empowering staff to make informed decisions that support safe, high-quality care.

The daily SafeCare process remains a cornerstone of operational delivery, ensuring staffing levels are optimised through dynamic workforce deployment and, where necessary, the integration of temporary staffing solutions. This approach supports the Trust's commitment to maintaining safe staffing and delivering responsive, patient-centred care. As we advance the group model the importance of the group values impact hugely on our workforce and how we recruit and retain an efficient and well supported workforce.

We know that safe staffing is essential for delivering high-quality, compassionate care. Our values guide how we achieve this every day:

- Respect
 - We listen to our colleagues' concerns about staffing levels without judgment.
 - We treat each other with dignity, ensuring workloads are fair and manageable.
 - Respecting staff means valuing their time, skills, and wellbeing—key to retaining a safe and stable workforce.
- Support
 - We support each other during challenging shifts, ensuring no one feels alone or overwhelmed.
 - We advocate for safe staffing levels that allow us to care for patients with kindness and compassion.
 - Supporting staff wellbeing helps prevent burnout and ensures consistent, safe care.
- Collaborate
 - We work together to solve staffing challenges, share responsibilities, and maintain continuity of care.
 - Collaboration across teams ensures that patient needs are met even during times of pressure.
 - By communicating and planning together, we create a safer, more resilient care environment.

It is acknowledged that this report details the bi-annual safer staffing position for the South Tees site only. It has been agreed that the exercise of producing a collective safe staffing report will be brought forward in order to conduct establishment reviews aligned to CSUs and service delivery models.

Debi McKeown
Nursing Workforce Lead

APPENDICES

Appendix 1 Nursing Workforce Establishment Reviews by Collaborative including SNCT Results compared to Agreed Funded Establishment and Professional Judgement



Appendix 1

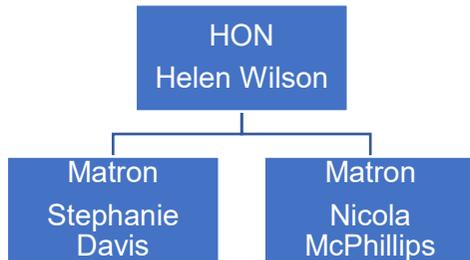
Nursing Workforce Establishment Reviews by Collaborative

Using the data gathered in the SNCT audit and Professional Judgement template assessment, the overall summary indicates whether the Collaborative is optimally staffed against the SNCT criteria or not, comparing Audit 1 (March 25) and Audit 2 (September 25). Helping to identify the areas requiring further workforce planning and support.

Contents

1. Cardiovascular Care
2. Digestive Diseases, Urology & Gastro
3. Growing the Friarage & Community
 - 3.1 Friarage Hospital & H&R Community Services
 - 3.2 Tees Community
4. Head, Neck, Orthopaedic and Reconstructive
5. James Cook Cancer Institute & Specialty Medicine
6. Medicine & Emergency Care
7. Neurosciences & Spinal Care
8. Women & Children

1. Cardiovascular Care



1.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Cardiovascular Care Services

Table 3 below presents the average bed occupancy across the collaborative during September 2025, which stood at 95.48%. The skill mix for this care setting comprised 60% Registered Nurses (RNs) and 40% Clinical Support Workers (CSWs).

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 97.89 WTE
 - Professional Judgement Requirement: 100.27 WTE
 - Deficit: 2.38 WTE
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 52.00 WTE
 - Professional Judgement Requirement: 53.63 WTE
 - Deficit: 1.63 WTE

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 21.45 WTE
- CSW Budget Surplus: 6.09 WTE

Table 3: Cardiovascular Care Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN								CSW					
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW WTE	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
CCU	14	12.60	90.00%	34.90	33.68	32.52	21.76	21.39	13.14	2.38	1.94	2.16	2.68	8.36	8.23	-6.42	-0.74
Ward 28 Vas	30	28.90	96.33%	17.30	20.40	21.68	39.80	39.40	-22.50	-4.38	18.10	16.12	18.77	15.32	15.16	2.78	-0.67
Ward 29	27	26.43	97.90%	18.67	20.12	18.97	24.73	24.73	-6.06	-0.30	13.90	8.64	13.41	9.52	9.52	4.38	0.49
Cardio MB	9	8.70	96.67%	10.93	8.56	10.84	11.18	8.96	-0.25	0.09	5.16	6.16	5.36	4.30	3.45	0.86	-0.20
Ward 32 (JCCT)	21	19.80	94.29%	16.09	19.28	16.26	21.87	21.87	-5.78	-0.17	12.90	11.80	13.41	8.41	8.41	4.49	-0.51
Totals	101	96.43	95.48%	97.89	102.04	100.27	119.34	116.36	-21.45	-2.38	52.00	44.88	53.63	45.91	44.77	6.09	-1.63

Table 4: Cardiovascular Care Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
CCU	103.57%	90.00%	96.79%	34.90	32.52	12.81	13.14	12.97	-1.70	2.38	0.34	1.94	2.68	-6.56	-6.42	-6.49	-0.74	-0.74	-0.74
Ward 28 Vas	95.57%	96.33%	95.95%	17.30	21.68	-23.19	-22.50	-22.85	-4.98	-4.38	-4.68	18.10	18.77	3.36	2.78	3.07	-0.66	-0.67	-0.66
Ward 29	95.07%	97.90%	96.49%	18.67	18.97	-3.78	-6.06	-4.92	-0.89	-0.30	-0.59	13.90	13.41	5.26	4.38	4.82	0.50	0.49	0.50
Cardio MB	97.78%	96.67%	97.22%	10.93	10.84	2.41	-0.25	1.08	-0.51	0.09	-0.21	5.16	5.36	7.65	0.86	4.26	5.57	-0.20	2.69
Ward 32 (JCCT)	96.52%	94.29%	95.40%	16.09	16.26	-6.05	-5.78	-5.92	-0.76	-0.17	-0.47	12.90	13.41	7.48	4.49	5.98	2.69	-0.51	1.09
Totals	96.94%	95.48%	96.21%	97.89	100.27	-17.80	-21.45	-19.63	-8.84	-2.38	-5.61	52.00	53.63	17.19	6.09	11.64	7.36	-1.63	2.87

Table 4 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 96.21%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 19.63 WTE.
- For CSWs, the same comparison showed an average surplus of 11.64 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 5.61 WTE, and a CSW surplus of 2.87 WTE.

1.2 Patient Acuity and Dependency Scores for Cardiovascular Care Services by Ward

Figure 2: Patient Acuity and Dependency scores during the audit period broken down by percentage

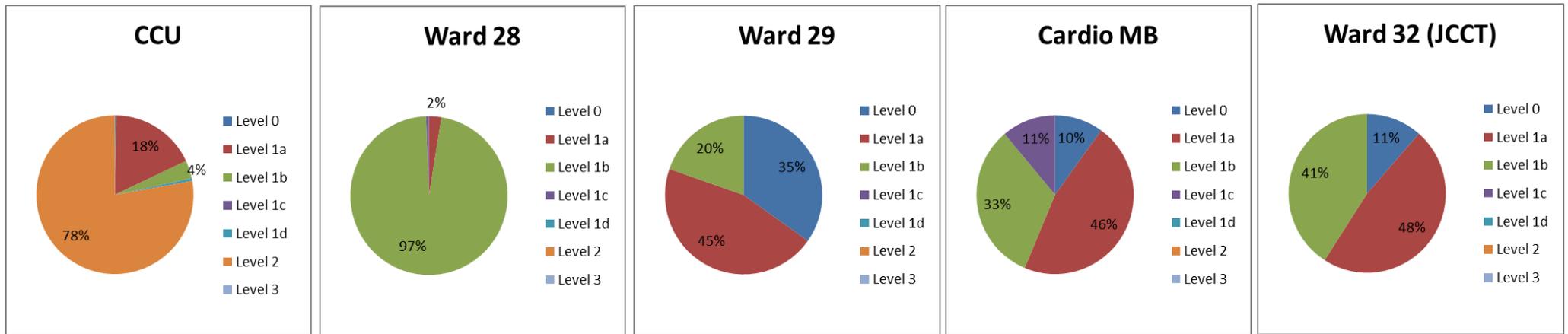
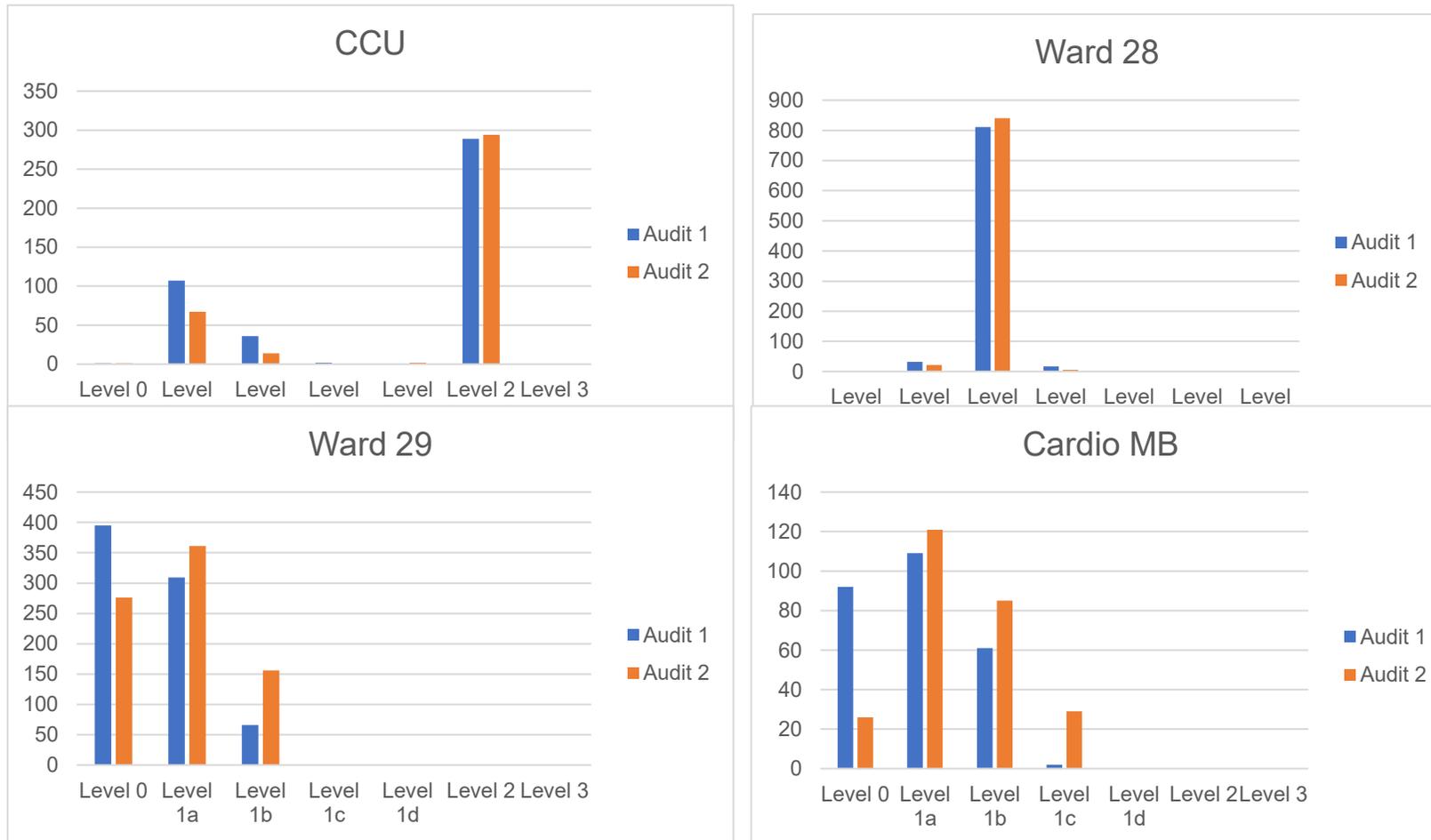
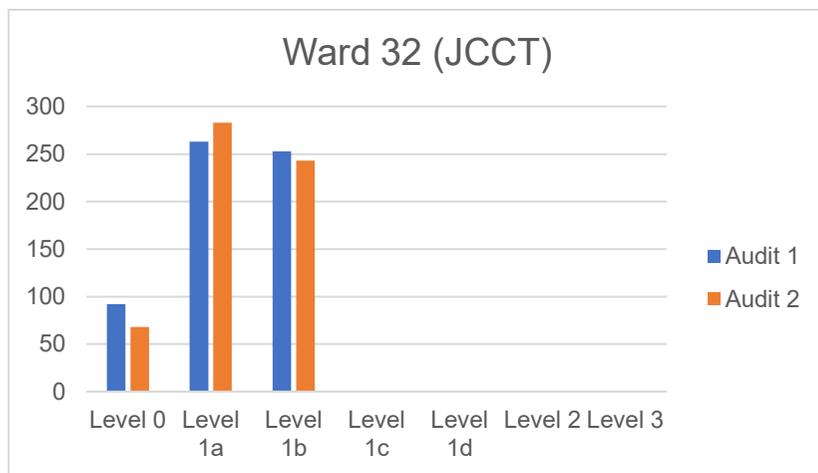


Figure 3: Cardiovascular Patient Acuity and Dependency scores comparison between both audits





1.3 Cardiovascular activity and patient harms recorded during the audit period

Table 5: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
CCU	Audit 1	119	70	33	39	1	5	81	1	11	6				1		100%
	Audit 2	107	63	23	33	0	6	80	7	7	13				1		96.2%
Ward 28	Audit 1	25	66	49	13	0	2	2	0	0	0	7			12		88%
	Audit 2	43	81	67	25	0	1	0	0	0	0	5	3	1	2		100%
Ward 29	Audit 1	55	134	88	25	1	4	21	4	2	3	3	1		4		95%
	Audit 2	70	109	77	30	0	1	13	5	0	0			1	1		100%
Cardio MB	Audit 1	26	39	22	2	0	0	4	1	3	3			2			100%
	Audit 2	13	13	17	4	0	0	4	0	25	8				1		-
Ward 32 (JCCT)	Audit 1	77	98	134	78	19	0	9	0	0	3				1	1	100%
	Audit 2	92	90	113	61	32	0	0	0	0	1				2		100%

1.4 Head of Nursing Comments and Actions – Helen Wilson

Ward 29 – The SNCT recommendation of less HCAs does not reflect the need of additional HCA support to ensure safe patient care at night when there is an increased risk of falls. I recommend the increase in RN numbers for 1 extra nurse during the day as currently no coordinator for a 36 bedded ward, to support the flow throughout the department and coordinate the ACS transfers.

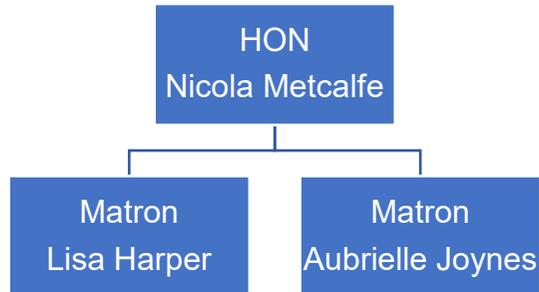
Ward 29 Monitored Bay – Staffing establishment is at the correct levels. We cannot reduce the number of RN's as suggested as we currently only have 2 Nurses for 9 patients and require a HCA around the clock for support and to ensure telemetry is monitored and alarms responded to.

Ward 28 – Based on the current footprint and high acuity, the staffing establishment should remain the same at least with a firm argument to increase numbers to 4 RNs on a night as they currently struggle due to patient acuity. The percentage of level 1B captures the number of patients with complex wounds that takes a considerable amount of time, and numbers of amputee patients who require the assistance of 2 or more nursing team members. Recommend Further review of this on the next SNCT audit.

Ward 32 – SNCT supports the need for an additional RN on nights but not the reduction in HCA numbers as already minimal HCA numbers.

CCU – It is a challenge to determine the exact need on CCU using the SNCT tool due to the level of patient acuity in this area. The audit tool is not fit for purpose for this level of acuity and the responsiveness required to leave the unit for emergency care provision outreaching (cath labs, cardiac arrest bleep).

2. Digestive Diseases, Urology and General Surgery



2.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Digestive Diseases, Urology and General Surgery

During September 2025, the average bed occupancy across this collaborative was 92.27%. The skill mix for this care setting remained at 60% Registered Nurses (RNs) and 40% Care Support Workers (CSWs).

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 64.89 WTE
 - Professional Judgement Requirement: 85.82 WTE
 - Deficit: 20.93 WTE
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 70.17 WTE
 - Professional Judgement Requirement: 68.94 WTE
 - Surplus: 1.23 WTE

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 52.66 WTE
- CSW Budget Surplus: 24.94 WTE

These findings highlight that the current staffing budget does not align with the actual requirements of this collaborative. Although the previous establishment review recommended an increase in both RN and CSW staffing levels, the approved budget fell

significantly short of the requested establishment. The acuity of patients within this collaborative supports the higher staffing requirements indicated by both professional judgement and SNCT outcomes.

Table 6: Digestive Diseases, Urology and General Surgery Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN								CSW					
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Ward 5 Gastro	31	30.10	97.10%	16.39	20.09	20.78	30.75	30.52	-14.36	-4.39	20.31	16.05	17.99	11.83	11.74	8.48	2.32
Ward 6 Short Stay Elective	27	23.17	85.80%	15.78	18.76	21.68	24.63	24.63	-8.85	-5.90	14.74	13.76	13.41	9.48	9.48	5.26	1.33
Ward 7 Colo	31	28.70	92.58%	15.46	22.68	21.68	30.58	30.58	-15.12	-6.22	17.06	13.80	18.77	11.76	11.77	5.30	-1.71
Ward 8	30	27.83	92.78%	17.26	23.92	21.68	31.60	30.76	-14.34	-4.42	18.06	15.60	18.77	12.16	11.83	5.90	-0.71
Totals	119	109.80	92.27%	64.89	85.45	85.82	117.55	116.49	-52.66	-20.93	70.17	59.21	68.94	45.23	44.82	24.94	1.23

Table 7: DDUGs Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Ward 5	99.45%	97.10%	98.27%	16.39	20.78	-12.59	-14.36	-13.47	-5.89	-4.39	-5.14	20.31	17.99	9.16	8.48	8.82	1.55	2.32	1.94
Ward 6 Gastro	85.26%	85.80%	85.53%	15.78	21.68	-13.79	-8.85	-11.32	-5.59	-5.90	-5.75	14.74	13.41	3.37	5.26	4.32	-3.25	1.33	-0.96
Ward 7 Colo	93.65%	92.58%	93.11%	15.46	21.68	-17.38	-15.12	-16.25	-7.82	-6.22	-7.02	17.06	18.77	4.82	5.30	5.06	-1.70	-1.71	-1.71
Ward 8	95.43%	92.78%	94.11%	17.26	21.68	-13.75	-14.34	-14.04	-5.02	-4.42	-4.72	18.06	18.77	6.13	5.90	6.02	-0.70	-0.71	-0.71
Totals	93.43%	92.27%	92.85%	64.89	85.82	-57.51	-52.66	-55.09	-24.32	-20.93	-22.63	70.17	68.94	23.48	24.94	24.21	-4.10	1.23	-1.44

Table 7 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 92.85%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 55.09 WTE.
- For CSWs, the same comparison showed an average surplus of 24.21 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 22.63 WTE, and a CSW deficit of 1.44 WTE

2.2 Patient Acuity and Dependency Scores for DDUGs by Ward

Figure 4: Patient Acuity and Dependency scores during the audit period broken down by percentage

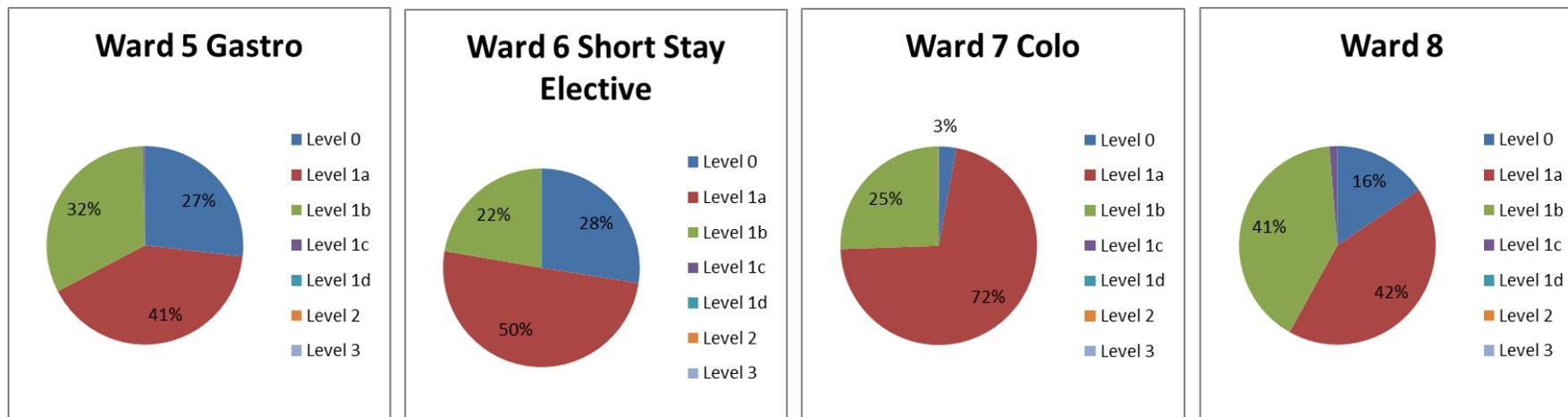
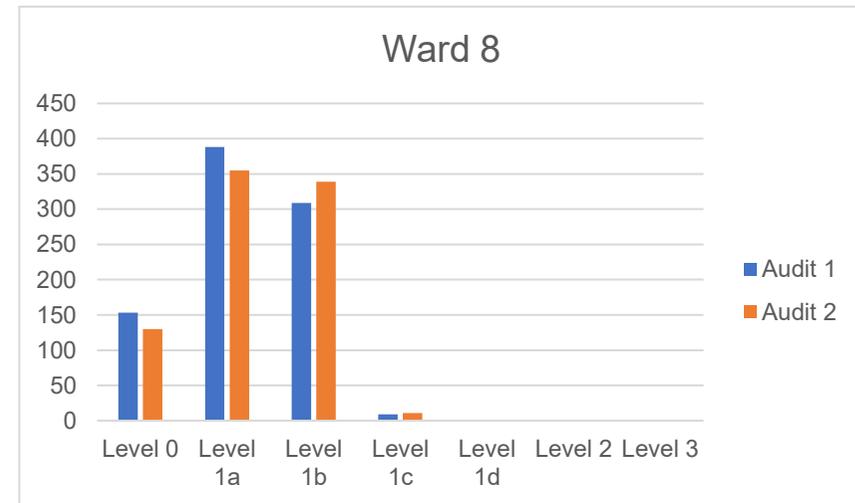
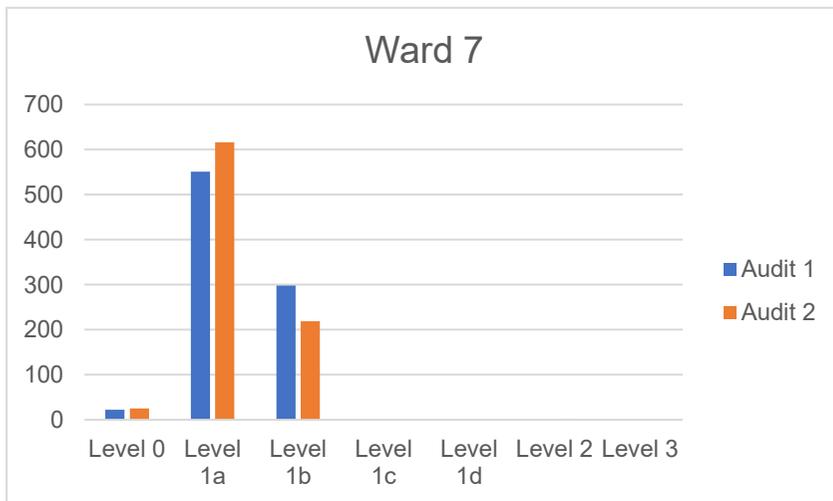
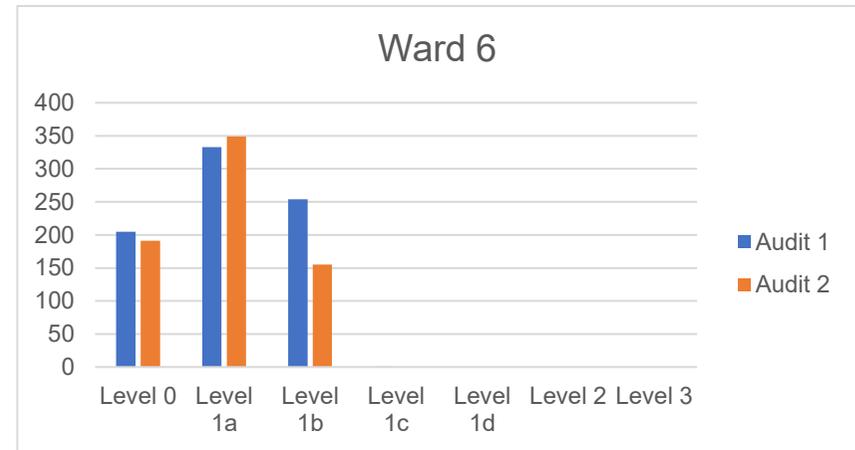
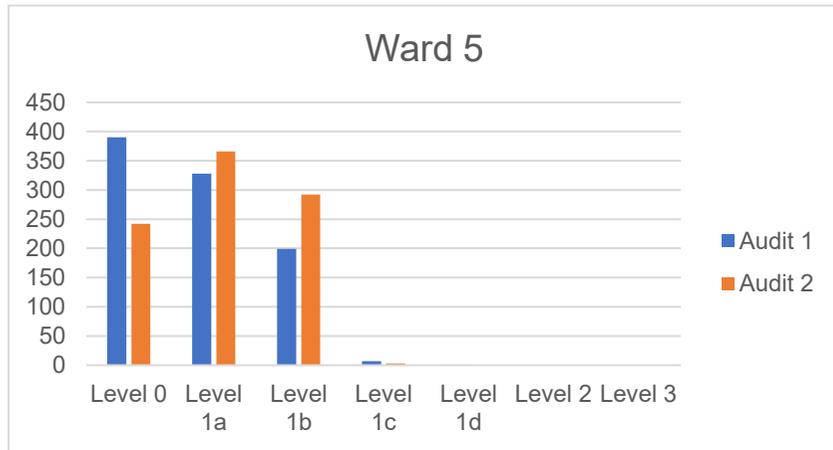


Figure 5: DDUGs Patient Acuity and Dependency scores comparison between both audits



2.3 DDUGs activity and patient harms recorded during the audit period

Table 8: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 5	Audit 1	48	73	58	22	1	4	84	6	4	8	3		5	4		94%
	Audit 2	44	79	104	42	0	3	70	1	2	3			3	3		100.0%
Ward 6 Gastro	Audit 1	84	204	273	192	0	1	18	3	0	4			1	4		97%
	Audit 2	56	208	291	223	0	1	14	0	0	0			1	2	1	83.3%
Ward 7 Colo	Audit 1	51	119	90	25	2	5	10	1	2	0	1		6	8	1	78%
	Audit 2	53	100	97	36	0	2	26	0	0	1					4	81.8%
Ward 8	Audit 1	92	148	135	66	2	2	16	0	1	10	4		1	3	1	100%
	Audit 2	97	148	106	28	0	1	74	0	4	6	1	1	2	7	3	-

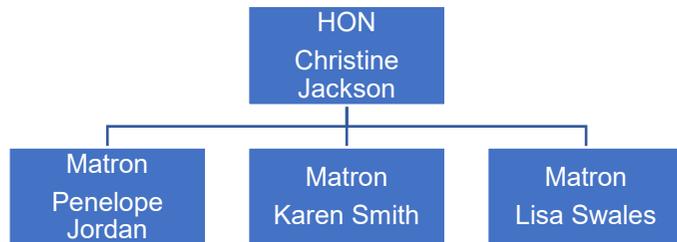
2.4 Head of Nursing Comments and Actions – Nicola Metcalfe

- **Ward 5 Gastroenterology** – The patient cohort for this ward is highly dependent on extensive support from staff. The impact on behaviours due to the nature of their conditions often leads to a higher need for 1:1 support to ensure the patients are safely cared for. This is reflected in the professional judgement and SNCT outcomes. The patient cohort is also known to rapidly deteriorate requiring a higher level of care from Registered Nurses.
- **Ward 6 Short Stay Elective Unit** – This ward area is currently open to 27 beds as they are currently displaced onto Ward 10 whilst the life cycle work is completed on Ward 6. The current staffing budget for the ward is for 28 beds. The ward is planned to reduce to 16 beds over the weekend period and as a result staffing is reduced on a weekend. However, to support the non-surgical admissions across the organisation it is continuously open to 27 beds including the weekend. This will account for the variation between current and actual staffing against professional judgement and SNCT recommendations. From the 17 November 25 the ward will move back into its usual footprint on Ward 6 and will have a total of 29 beds.
- **Ward 7** – The SNCT outcomes show an excessively high requirement for RNs. The acuity of the patients and the often-rapid decline would show the higher need for RN provision. The ward also takes the majority of critical care and PACU step downs who require higher need to RN provision due to TPN, IVAB's, chest drains, complex nutritional patients and complex wound dressings. However, the care provided from the HCAs ensures that safe care is provided alongside the clinical interventions from registered staff.

- **Ward 8** – Ward 8 continues to have a high number of medical outliers; therefore, the professional judgement demonstrated the need for additional nursing staff. The ward also accepts critical care steps downs, patients discharged from PACU and urology patients across the Tees Valley including patients from County Durham and Darlington.

3. Growing the Friarage & Community

3.1 Friarage Hospital & H&R Community Services



3.1.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for FHN & H&R

During September 2025, the average bed occupancy across this collaborative was 90.33%. The standard skill mix for this care setting is 60% Registered Nurses (RNs) and 40% Clinical Support Workers (CSWs), with the exception of Romanby, which operates on a 50/50 split.

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 74.65 WTE
 - Professional Judgement Requirement: 77.92 WTE
 - Deficit: 2.27 WTE
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 71.97 WTE
 - Professional Judgement Requirement: 77.10 WTE
 - Deficit: 5.13 WTE

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 63.88 WTE
- CSW Budget Surplus: 18.29 WTE

Operational Considerations

It is important to note that the Frailty and Health Needs (FHN) unit frequently absorbs the demand for enhanced patient observations, supported by therapeutic care staff and a reliance on NHS Professionals (NHSP) to fill short-notice staffing requests.

Table 9: FHN & H&R Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

				RN							CSW						
Bed Management				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
Ward	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Ainderby	22	20.43	92.88%	14.87	15.33	15.58	39.69	20.35	-24.82	-0.71	16.10	16.88	17.99	15.27	7.83	0.83	-1.89
CDU	22	18.20	82.73%	19.39	18.73	20.78	26.82	26.82	-7.43	-1.39	9.36	9.22	12.85	10.32	10.32	-0.96	-3.49
Friary	18	15.07	83.70%	12.97	9.24	12.99	22.44	22.44	-9.47	-0.02	14.84	12.91	15.42	8.63	8.63	6.21	-0.58
Romanby	22	21.90	99.55%	15.45	16.10	15.58	26.27	25.75	-10.82	-0.13	18.31	16.18	17.99	10.11	9.91	8.20	0.32
Rutson	17	15.63	91.96%	12.97	13.13	12.99	24.31	21.51	-11.34	-0.02	13.36	12.09	12.85	9.35	8.28	4.01	0.51
Totals	101	91.23	90.33%	75.65	72.53	77.92	139.53	116.87	-63.88	-2.27	71.97	67.28	77.10	53.68	44.97	18.29	-5.13

Table 10: FHN & H&R Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
				Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Ainderby	96.56%	92.88%	94.72%	14.87	15.58	-18.11	-24.82	-21.46	-1.31	-0.71	-1.01	16.10	17.99	3.41	0.83	2.12	-1.89	0.83	-0.53
CDU	100.77%	82.73%	91.75%	19.39	20.78	-7.05	-7.43	-7.24	-4.58	-1.39	-2.99	9.36	12.85	-0.81	-0.96	-0.89	-3.48	-0.96	-2.22
Friary	86.50%	83.70%	85.10%	12.97	12.99	-9.55	-9.47	-9.51	-0.61	-0.02	-0.32	14.84	15.42	6.18	6.21	6.19	-0.57	6.21	2.82
Romanby	91.59%	99.55%	95.57%	15.45	15.58	-13.26	-10.82	-12.04	-1.73	-0.13	-0.93	18.31	17.99	7.64	8.20	7.92	0.32	8.20	4.26
Rutson	94.29%	91.96%	93.13%	12.97	12.99	-7.62	-11.34	-9.48	-0.61	-0.02	-0.32	13.36	12.85	5.44	4.01	4.73	-0.22	4.01	1.89
Totals	94.21%	90.33%	92.27%	75.65	77.92	-55.59	-63.88	-59.74	-8.84	-2.27	-5.56	71.97	77.10	21.86	18.29	20.08	-5.84	-5.13	-5.49

Table 10 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 92.27%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 59.74 WTE.
- For CSWs, the same comparison showed an average surplus of 20.08 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 5.56 WTE, and a CSW deficit of 5.49 WTE

1.2 Patient Acuity and Dependency Scores for FHN & H&R

Figure 6: Patient Acuity and Dependency scores during the audit period broken down by percentage

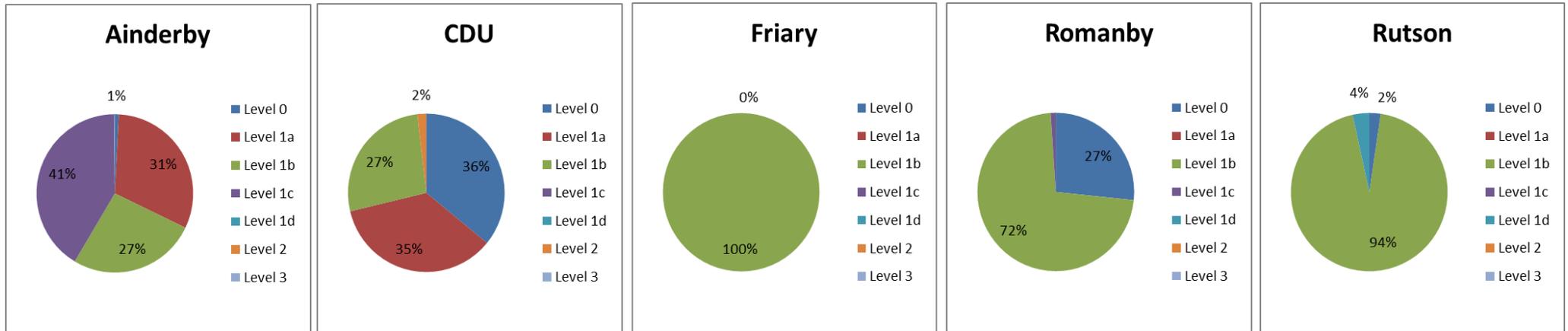
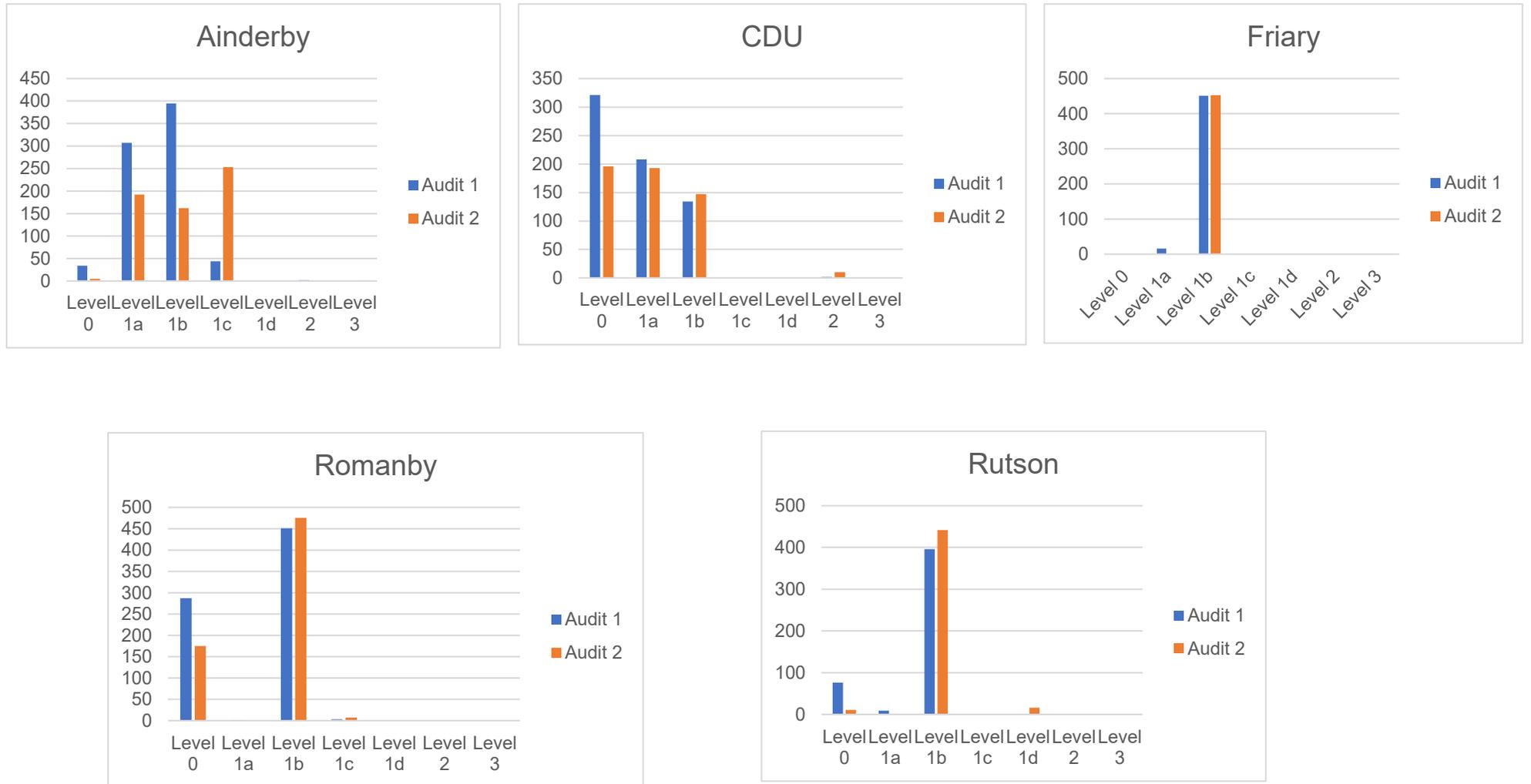


Figure 7: FHN & H&R Patient Acuity and Dependency scores comparison between both audits



3.1.3 FHN & H&R activity and patient harms recorded during the audit period

Table 11: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ainderby	Audit 1	6	43	53	19	9	7	44	0	44	8	2		2	4		91%
	Audit 2	3	64	69	9	0	6	38	0	43	11	2			4		91.7%
CDU	Audit 1	272	146	28	147	0	6	218	0	5	9	4			4		88%
	Audit 2	224	151	57	119	1	2	217	4	21	4	4		2	7	2	81.5%
Friary	Audit 1	19	16	2	3	0	3	0	0	16	2	1			3		100%
	Audit 2	26	17	1	6	0	5	0	0	0	0	1			1		100%
Romanby	Audit 1	2	62	74	12	0	6	17	2	4	0			1	2	1	91%
	Audit 2	0	39	49	8	0	1	10	1	7	0				4		90.9%
Rutson	Audit 1	5	19	19	5	0	2	0	5	0	76			1	3		100%
	Audit 2	3	23	21	0	0	0	2	0	0	0						100.0%

3.1.4 Head of Nursing Comments and Actions – Christine Jackson

Ainderby ward (FHN) – This ward with frail and complex medical patients has a need for additional RN support.

Clinical Decision Unit (FHN) – is a 22 bedded admission ward for medical patient admissions. The need to cover telemetry over a 24 hour period would require additions to the RN workforce on nights.

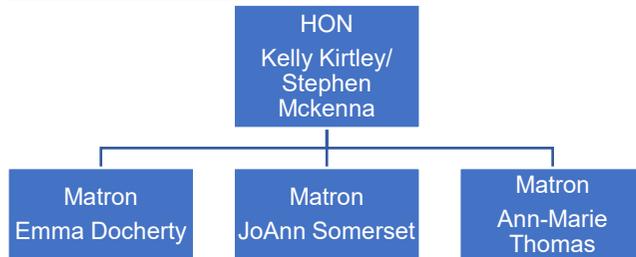
Victoria ward (The Friary Hospital Richmond) – This ward is based in a remote area with no internal support structures, therefore the recommendation from SNCT to increase the nursing establishment does reflect the current need. The ward could run on 1 RN with support from Community staff if syringe drivers were needed for EoL patients.

Romanby ward (FHN) – This 22 bedded medical ward is providing safe care within the current establishment.

Rutson Ward – is a 17 bedded primary care rehabilitation ward with 10 stroke beds and 7 general rehab beds. This ward is ensuring safe care with the current establishment.

The Staffing establishment for FHN does not take into account that the Band 7's and some 6's have to carry the site management 627 bleep from 4pm to 8pm on week days and 8am to 8pm on weekends.

3.2 Tees Community



3.2.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Tees Community

During September 2025, the average bed occupancy across this collaborative was 95.85%. The standard skill mix for this care setting is 60% Registered Nurses (RNs) and 40% Clinical Support Workers (CSWs).

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 38.93 WTE
 - Professional Judgement Requirement: 40.65 WTE
 - Deficit: 1.72 WTE
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 53.22 WTE
 - Professional Judgement Requirement: 56.31 WTE
 - Deficit: 3.09 WTE

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 45.55 WTE
- CSW Budget Surplus: 20.73 WTE

Operational Considerations

Both community hospitals within this collaborative are located in remote areas, with no adjacent wards available to support staffing shortfalls. Additionally:

- Tocketts Ward has a layout that presents visibility challenges, necessitating increased CSW staffing to maintain patient safety.
- Zetland Ward consists entirely of single rooms, and its layout similarly requires additional CSW support to ensure safe patient care.

Table 12: Tees Community Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget csw WTE	Sep 25 Contracted CSW WTE	Required HCA WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Tocketts	30	28.20	94.00%	16.67	18.45	18.97	37.52	36.67	-20.85	-2.30	23.22	21.79	24.13	14.43	14.11	8.79	-0.91
Zetland	31	30.27	97.63%	22.26	21.73	21.68	46.96	43.83	-24.70	0.58	30.00	26.00	32.18	18.06	16.85	11.94	-2.18
Totals	61	58.47	95.85%	38.93	40.18	40.65	84.48	80.49	-45.55	-1.72	53.22	47.79	56.31	32.49	30.96	20.73	-3.09

Table 13: Tees Community Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Tocketts	93.57%	94.00%	93.78%	16.67	18.97	-21.28	-20.85	-21.06	-2.89	-2.30	-2.60	23.22	24.13	8.62	8.79	8.70	-0.91	8.79	3.94
Zetland	97.42%	97.63%	97.53%	22.26	21.68	-18.39	-24.70	-21.55	-1.02	0.58	-0.22	30.00	32.18	14.74	11.94	13.34	-2.16	11.94	4.89
Totals	95.52%	95.85%	95.69%	38.93	40.65	-39.67	-45.55	-42.61	-3.91	-1.72	-2.82	53.22	56.31	23.36	20.73	22.05	-3.07	20.73	8.83

Table 13 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 95.69%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 42.610 WTE.
- For CSWs, the same comparison showed an average surplus of 22.05WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 2.82 WTE, and a CSW surplus of 8.83 WTE

3.2.2 Patient Acuity and Dependency Scores for Tees Community

Figure 8: Patient Acuity and Dependency scores during the audit period broken down by percentage

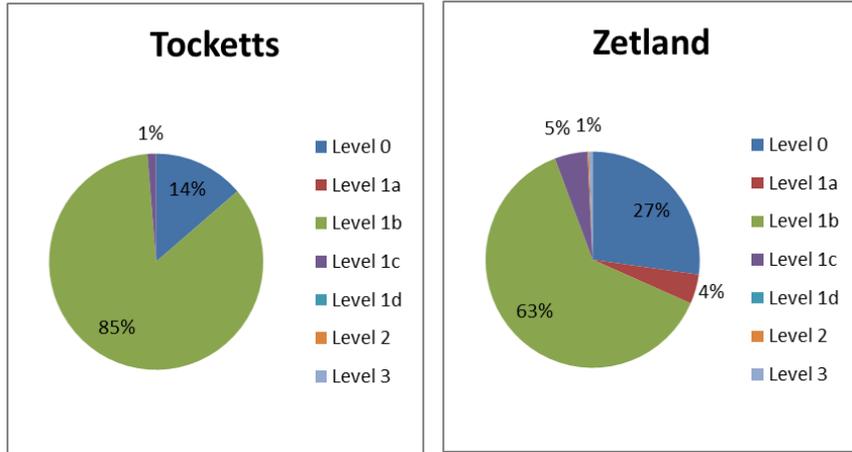
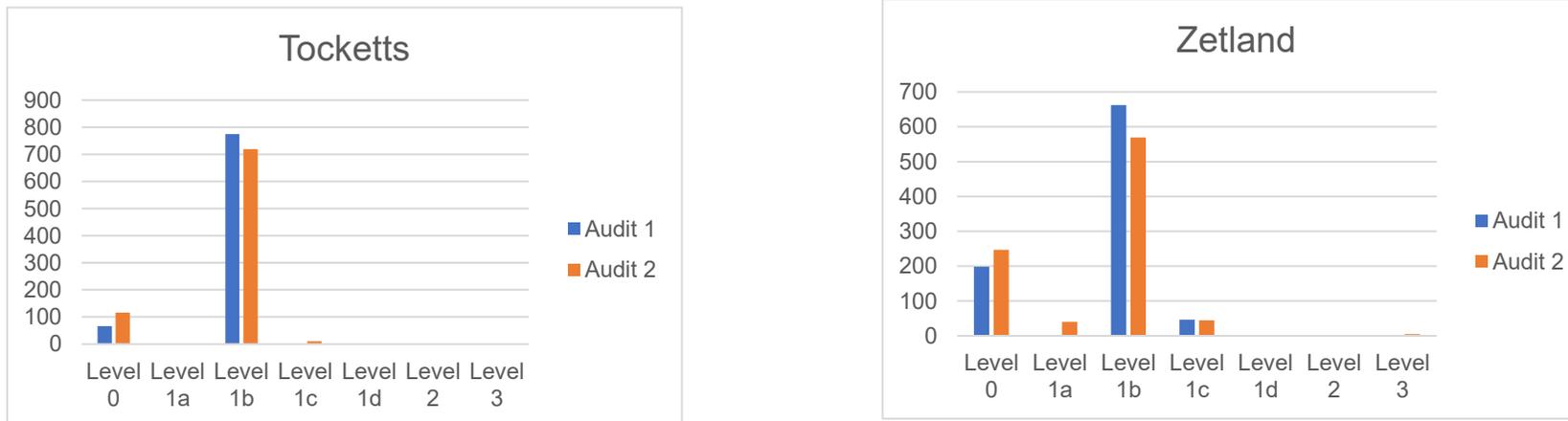


Figure 9: Tees Community Patient Acuity and Dependency scores comparison between both audits



3.2.3 Tees Community activity and patient harms recorded during the audit period

Table 14: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

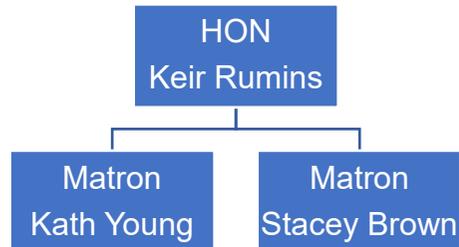
Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Tocketts	Audit 1	33	29	25	4	10	2	0	3	1	9		1		6	1	96%
	Audit 2	40	35	27	6	9	0	2	7	9	17			1	6		100.0%
Zetland	Audit 1	31	21	1	6	3	2	0	7	45	24	4	1		6	1	93%
	Audit 2	21	24	1	1	10	3	5	5	46	30	5			6		92.0%

3.2.4 Head of Nursing Comments and Actions – Stephen McKenna

Zetland Ward (Redcar Primary Care Hospital) – This 31 bedded rehabilitation ward provides care in single rooms. This is the reason that SNCT recommends a decrease in HCAs, however due to the risk to patients in this side room layout there should not be a reduction to HCA workforce. The estate is very problematic and has a difficult footprint being a H- shape with arms coming off intermittently.

Tocketts Ward (East Cleveland Hospital) – The nurse to patient ratio when fully established provides safe care to the patients. The recommendations from SNCT do not match the patient need.

4. Head, Neck, Orthopaedic and Reconstructive



4.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for HNOR

During September 2025, the average bed occupancy across this collaborative was 81.14%. The standard skill mix for this care setting is 60% Registered Nurses (RNs) and 40% Clinical Support Workers (CSWs), with the exception of Ward 25, which operates on a 50/50 split.

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 82.27 WTE
 - Professional Judgement Requirement: 91.02 WTE
 - Deficit: 8.75 WTE
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 70.69 WTE
 - Professional Judgement Requirement: 71.51 WTE
 - Deficit: 0.82 WTE

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 63.60 WTE
- CSW Budget Surplus: 14.57 WTE

Table 15: HNOR Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Gara	21	13.63	64.92%	11.97	13.37	12.99	19.68	19.68	-7.71	-1.02	10.89	8.41	10.28	7.57	7.57	3.32	0.61
Ward 25 Hip/Femur Fracture	21	19.53	93.02%	18.67	19.00	18.97	34.69	32.04	-16.02	-0.30	12.90	12.15	13.41	13.34	12.33	-0.44	-0.51
Ward 27 Elec Ortho	15	6.77	45.11%	10.97	14.33	12.99	14.23	13.91	-3.26	-2.02	9.89	10.28	10.28	5.47	5.35	4.42	-0.39
Ward 35	26	22.83	87.82%	19.78	23.44	21.68	36.47	34.20	-16.69	-1.90	16.37	14.52	18.77	14.03	13.16	2.34	-2.40
Ward 36 Trauma	34	32.17	94.61%	20.88	24.44	24.39	40.80	36.96	-19.92	-3.51	20.64	14.08	18.77	15.70	14.23	4.94	1.87
Totals	117	94.93	81.14%	82.27	94.58	91.02	145.87	136.79	-63.60	-8.75	70.69	59.44	71.51	56.12	52.63	14.57	-0.82

Table 16: HNOR Audit 1 comparison with Audit 2

Ward	Bed Management			Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Gara	58.10%	64.92%	61.51%	11.97	12.99	-6.73	-7.71	-7.22	-1.61	-1.02	-1.32	10.89	10.28	3.70	3.32	3.51	0.62	3.32	1.97
Ward 25 Hip/Femur Fracture	85.57%	93.02%	89.29%	18.67	18.97	-13.50	-16.02	-14.76	-0.89	-0.30	-0.59	12.90	13.41	0.52	-0.44	0.04	-0.50	-0.44	-0.47
Ward 27 Elec Ortho	67.13%	45.11%	56.12%	10.97	12.99	-4.57	-3.26	-3.92	-2.61	-2.02	-2.32	9.89	10.28	3.91	4.42	4.17	-0.38	4.42	2.02
Ward 35	74.62%	87.82%	81.22%	19.78	21.68	-16.50	-16.69	-16.60	-2.50	-1.90	-2.20	16.37	18.77	2.41	2.34	2.37	-2.39	2.34	-0.03
Ward 36 Trauma	93.32%	94.61%	93.97%	20.88	24.39	-22.00	-19.92	-20.96	-4.11	-3.51	-3.81	20.64	18.77	4.15	4.94	4.54	-0.80	4.94	2.07
Totals	78.09%	81.14%	79.62%	82.27	91.02	-63.30	-63.60	-63.45	-11.72	-8.75	-10.24	70.69	71.51	14.69	14.57	14.63	-3.45	-0.82	-2.14

Table 16 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 79.62%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 63.45 WTE.
- For CSWs, the same comparison showed an average surplus of 14.63 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 10.24 WTE, and a CSW deficit of 2.14 WTE

4.2 Patient Acuity and Dependency Scores for HNOR

Figure 10: Patient Acuity and Dependency scores during the audit period broken down by percentage

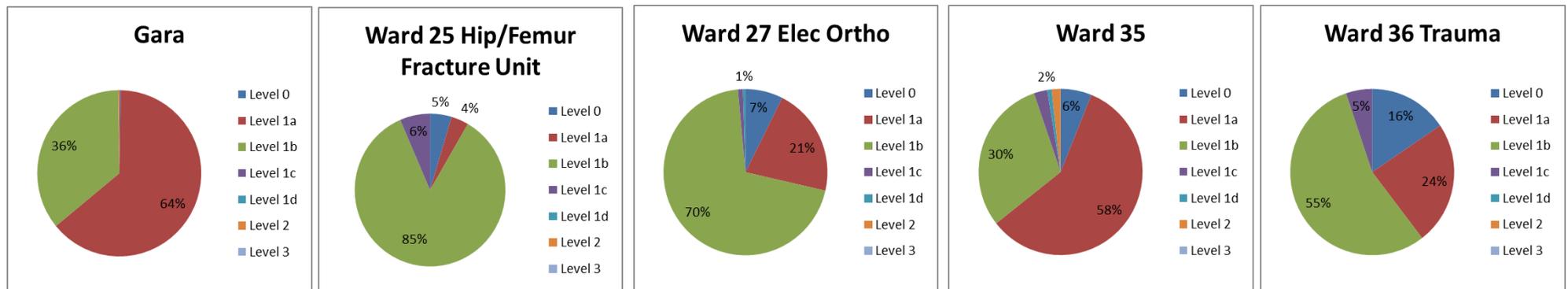
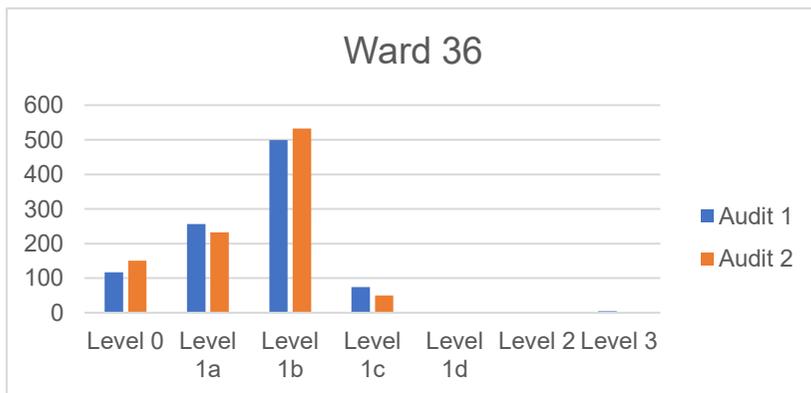
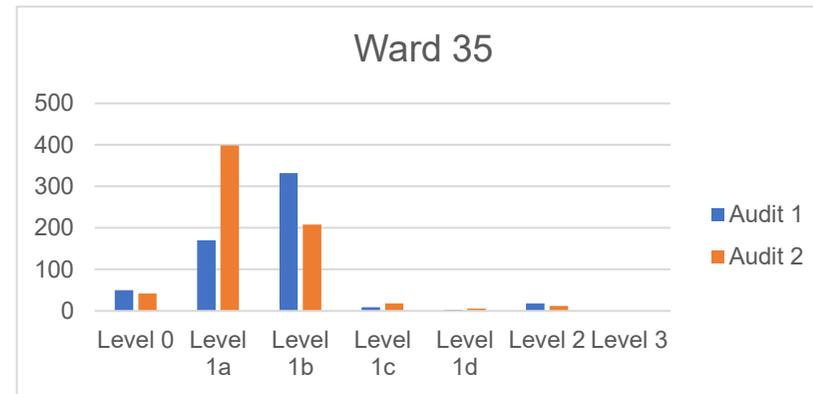
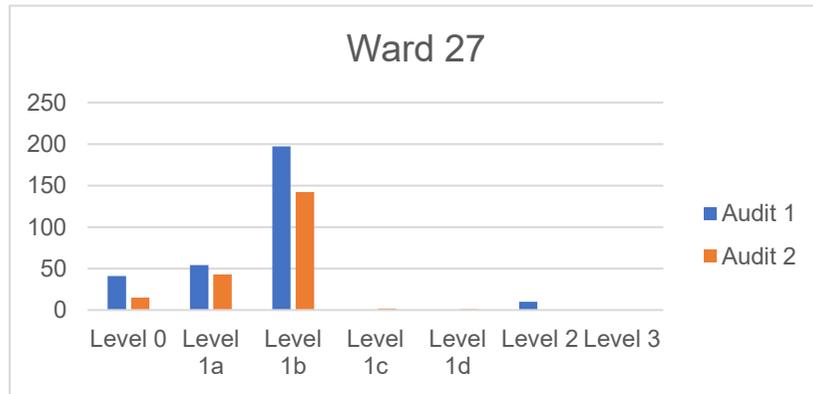
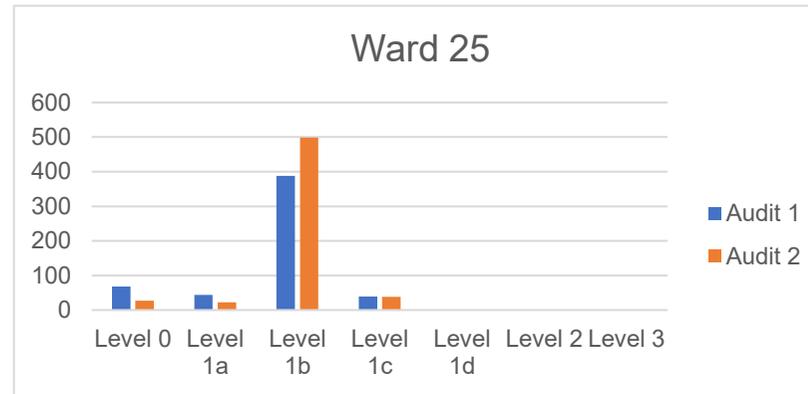
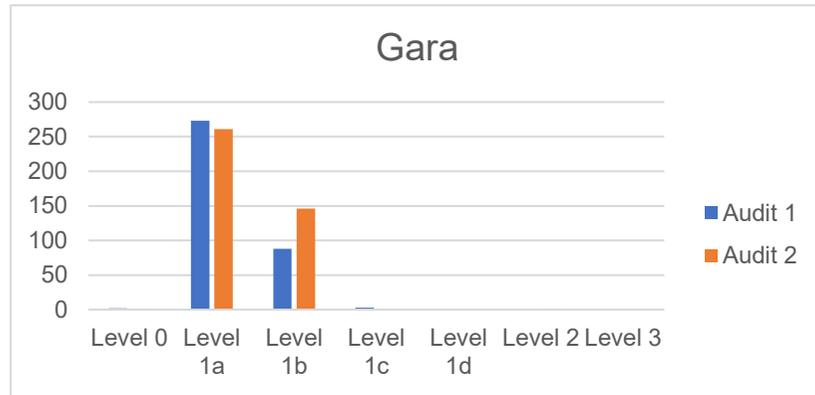


Figure 11: HNOR Patient Acuity and Dependency scores comparison between both audits



4.3 HNOR activity and patient harms recorded during the audit period

Table 17: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Gara	Audit 1	103	179	95	1	11	0	0	0	1	0			1	1		100%
	Audit 2	149	151	1	1	4	0	0	1	0	2				2	1	100%
Ward 25 Hip/Femur Fracture	Audit 1	47	39	11	18	0	1	68	1	27	15	2		1	4		86%
	Audit 2	51	38	28	28	0	3	57	3	0	6	4			2		100%
Ward 27 Elec Ortho	Audit 1	42	57	25	0	56	0	65	0	0	14	2			2		100%
	Audit 2	50	28	11	3	35	0	31	2	3	3	1		1	2		100%
Ward 35	Audit 1	113	149	84	42	0	0	4	0	4	4			3	2		96%
	Audit 2	136	166	79	37	3	0	9	0	9	4	1		2	3		92.9%
Ward 36 Trauma	Audit 1	118	116	38	37	2	2	0	0	27	31	2	1	3	2		96%
	Audit 2	126	104	43	61	0	1	0	0	12	20	1	1	3	6		98.2%

4.4 Head of Nursing Comments and Actions – Keir Rumins

Gara (FHN) – Gara has a fully established workforce, with the surgical hub at FHN now opened - I have requested a review (data submitted previously) to ensure appropriate staffing levels are maintained and staffing is incorporated with this focus (SOP produced with surgical hub lead), for the inpatient bed base of 21 and incorporating day case/day zero patients allocated bed space on the ward footprint (who attend the ward for post-surgical care). This will allow for review of elective capacity/footfall aligned with appropriate nurse staffing for the patient group.

Ward 25 – Staffing establishment (due to complexity of patient group, NHSP consistent request/spend re falls risk and frail vulnerable patients requiring intervention on a continual focus, that however do not reach the CG47 threshold (some do)), has been reviewed for both day allocation/ratio and night shift allocation/ratio on current budget, combined with the above data evident/SNCT data.

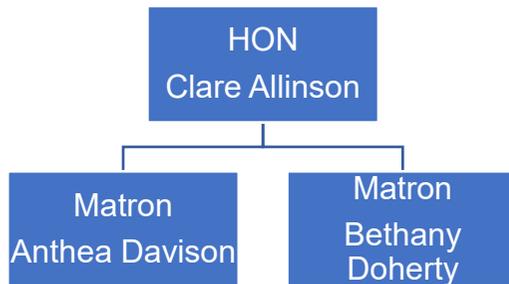
Ward 27 – 15 bedded elective orthopaedic ward, no change is required to the current staffing establishment currently. Regional elective work to be incorporated as this progresses to review staffing and elective footprint/capacity for this green ring fenced ward.

Ward 35 - The ward requires (and has been agreed) an extra RN support (matches the above 2.20 wte suggested) two to three times per week for complex care post-surgery (L2) and to support any emergency high level patients (free flap/trach) (L2) requiring 1:1 observation and oversight. This is factored into the professional judgement calculation above. There is high complexity of patients and patient throughput, daily. The ward also supports the plastics clinics and other drop-in services that is not factored into the ward

staffing calculations (PDC is on the ward however has own staffing model, separately). On a weekend and out of hours the ward supports any patient requiring urgent plastics treatment. An agreement has been given verbally via SLT to have the increase in RN, this needs to progress to budget alignment to allow and recruitment and training.

Ward 36 - The trauma ward is a critical care step down area and sees high numbers of overnight trauma and major trauma patient admissions, as well as in hours (24/7). The ward consistently sees complex patients beyond the trauma speciality in terms of need and mixed speciality care input. As such the staffing template will continue to be reviewed within CSU going forward and escalation as needed to review as skill mix is required to maintain patient safety and patient interventions – this so far comprises of RN and registered NA, + HCSW colleagues.

5. James Cook Cancer Institute & Specialty Medicine



5.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for JCCISM

During September 2025, the average bed occupancy across the collaborative was 94.13%, indicating sustained demand for inpatient services. The current skill mix within this care setting comprises 60% Registered Nurses (RNs) and 40% Clinical Support Workers (CSWs).

Workforce Budget vs. Professional Judgement

Registered Nurses (RNs):

- Budgeted WTE: 63.88
- Professional Judgement Requirement: 65.04
- Deficit: 1.16 WTE
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 35.78
 - Professional Judgement Requirement: 45.59
 - Deficit: 9.81 WTE

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 23.64 WTE
- CSW Budget Surplus: 2.11 WTE

Operational Considerations

- Ward 14 and Ward 33 provide an out-of-hours support line aimed at admission avoidance. While beneficial, this service requires RN time, with calls ranging from 15 minutes to one hour, impacting direct patient care capacity.
- Patients undergoing chemotherapy or living with cancer require enhanced clinical oversight, including:
 - Prolonged psychological support

- Intensive monitoring
- Complex discharge planning

Table 18: JCCISM Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Ward 4	24	23.00	95.83%	22.36	21.60	21.68	32.55	29.68	-10.19	0.68	11.94	12.00	16.09	12.52	11.42	-0.58	-4.15
Ward 14 Oncology	23	22.13	96.23%	21.26	23.60	21.68	26.93	26.07	-5.67	-0.42	11.94	11.68	13.41	10.36	10.03	1.58	-1.47
Ward 33 Specialty	23	20.76	90.26%	20.26	24.32	21.68	28.04	27.58	-7.78	-1.42	11.90	14.80	16.09	10.79	10.61	1.11	-4.19
Totals	70	65.89	94.13%	63.88	69.52	65.04	87.52	83.34	-23.64	-1.16	35.78	38.48	45.59	33.67	32.06	2.11	-9.81

Table 19: JCCISM Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Ward 4	98.75%	95.83%	97.29%	22.36	21.68	-11.05	-10.19	-10.62	-1.08	0.68	-0.20	11.94	16.09	-0.91	-0.58	-0.75	-4.14	-4.15	-4.15
Ward 14	93.17%	96.23%	94.70%	21.26	21.68	-3.13	-5.67	-4.40	-1.02	-0.42	-0.72	11.94	13.41	3.56	1.58	2.57	-0.46	-1.47	-0.97
Ward 33 Sepcialty	81.17%	90.26%	85.72%	20.26	21.68	-1.83	-7.78	-4.81	-2.02	-1.42	-1.72	11.90	16.09	3.40	1.11	2.26	-4.18	-4.19	-4.19
Totals	91.14%	94.13%	92.64%	63.88	65.04	-16.01	-23.64	-19.83	-4.12	-1.16	-2.64	35.78	45.59	6.05	2.11	4.08	-8.78	-9.81	-9.30

Table 19 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 92.64%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 19.83 WTE.
- For CSWs, the same comparison showed an average surplus of 4.08 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 2.64 WTE, and a CSW deficit of 9.30 WTE

5.2 Patient Acuity and Dependency Scores for JCCISM

Figure 12: Patient Acuity and Dependency scores during the audit period broken down by percentage

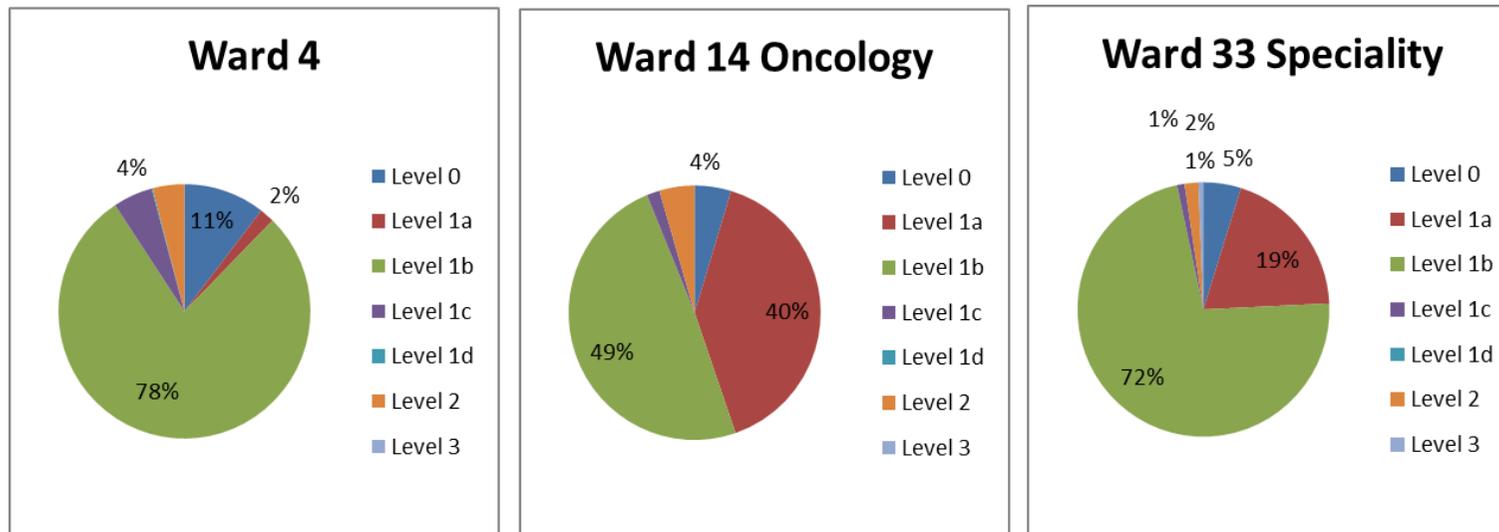
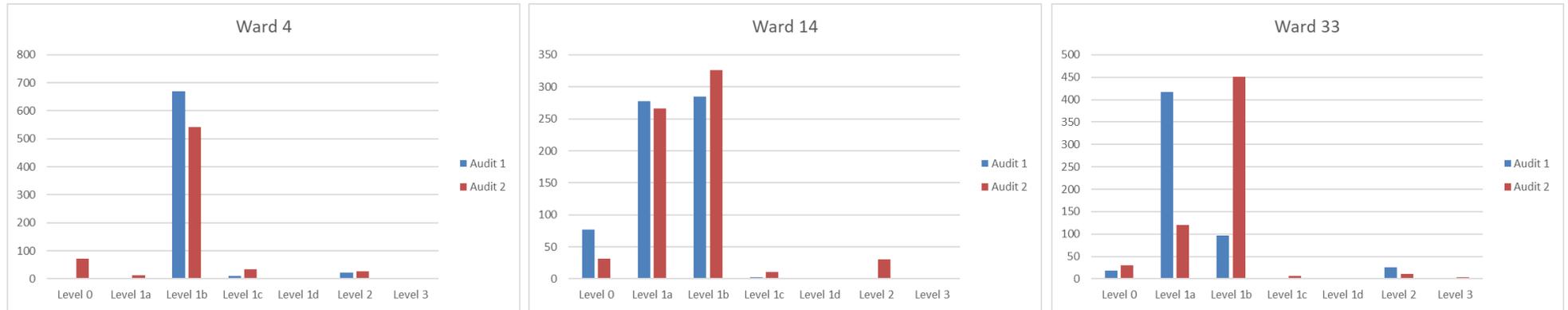


Figure 11: JCCISM Patient Acuity and Dependency scores comparison between both audits



5.3 JCCISM activity and patient harms recorded during the audit period

Table 20: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 4	Audit 1	44	71	64	31	15	6	72	0	2	11	3			3		89%
	Audit 2	54	79	53	17	18	4	76	3	3	11		1	1	5		100%
Ward 14 Oncology	Audit 1	70	81	11	9	15	7	31	0	6	8			2	9		100%
	Audit 2	76	101	16	9	16	7	45	4	9	7			2	1		-
Ward 33 Specialty	Audit 1	32	45	22	9	7	2	19	1	1	14				1		93%
	Audit 2	56	63	22	7	20	4	22	0	10	10	1		1	1		100%

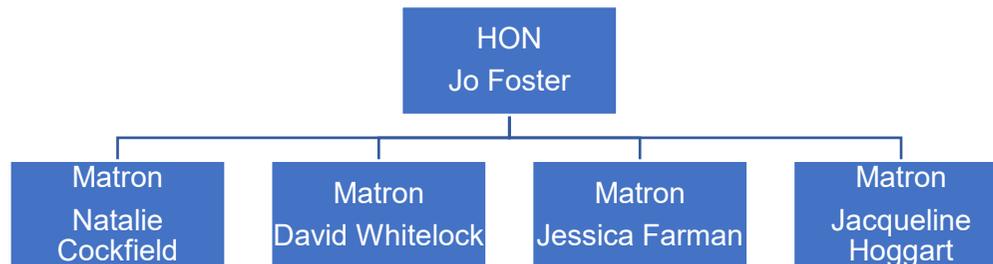
5.4 Head of Nursing Comments and Actions – Clare Allinson

Ward 4 Renal – Whilst the nursing establishment currently provides safe care, the need to increase HCAs has been reflected in professional judgement and SNCT outcomes. Ward 4 offers a telephone support line at night and weekends for patients requiring Nephrology advice this includes renal transplantation open access. Ward 4 also delivers a vascular access service, which requires the assistance of a HCA with the procedure I would support the additional HCA for this as it has never been factored in the establishment, we also have a higher risk of falls due to the patient group and the value for a third HCA overnight would be safer care.

Ward 14 Oncology – No change to establishment is required. Ward 14 offers a telephone support line at nights and weekends for patients requiring oncology advice as per UKONS guidance. It was expected additional HCA support recommendation given the complexities of EOLC patients and complexities of pain management and syringe drivers.

Ward 33 Haematology – Ward 33 offers a telephone support line at nights and weekends for patients requiring haematology advice as per UKONS guidance. The British Society for Haematology staffing guidance for patients who are neutropenic is a ratio of 1:4, the agreed ward staffing on ward 33 is 1:5 during the day and 1:8 during the night as not all patients on the ward are neutropenic, therefore a requirement to increase nurse staffing is recommended.

6. Medicine & Emergency Care



6.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Medicine & Emergency Admission Units

During September 2025, the average bed occupancy across the collaborative reached **97.60%**, reflecting a consistently high demand for inpatient care.

The current skill mix for this care setting is composed of **70% Registered Nurses (RNs)** and **30% Clinical Support Workers (CSWs)**, aligning with the complexity and acuity of patient need.

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 91.16
 - Professional Judgement Requirement: 94.85
 - Deficit: 3.69
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 64.50
 - Professional Judgement Requirement: 67.03
 - Deficit: 2.53

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 47.67
- CSW Budget Surplus: 11.10

Table 21: Admissions Units Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Ward 1 AAU	31	29.17	94.09%	31.58	35.80	32.52	46.66	41.61	-15.08	-0.94	20.64	19.32	21.45	17.95	16.01	2.69	-0.81
Ward 31 AAU	35	35.23	100.67%	28.00	29.68	29.81	51.71	46.33	-23.71	-1.81	23.22	21.76	24.13	19.90	17.82	3.32	-0.91
Ward 37 (AMU)	30	29.30	97.67%	31.58	33.56	32.52	40.46	40.20	-8.88	-0.94	20.64	19.44	21.45	15.56	15.46	5.08	-0.81
Totals	96	93.70	97.60%	91.16	99.04	94.85	138.83	128.13	-47.67	-3.69	64.50	60.52	67.03	53.40	49.29	11.10	-2.53

Table 22: Admissions Units Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Ward 1 AAU	91.61%	94.09%	92.85%	31.58	32.52	-13.10	-15.08	-14.09	-2.53	-0.94	-1.74	20.64	21.45	3.84	2.69	3.27	-0.80	-0.81	-0.81
Ward 31 AAU	99.23%	100.67%	99.95%	28.00	29.81	-25.77	-23.71	-24.74	-2.40	-1.81	-2.11	23.22	24.13	2.54	3.32	2.93	-0.91	-0.91	-0.91
Ward 37 (AMU)	95.33%	97.67%	96.50%	31.58	32.52	-9.05	-8.88	-8.96	-1.53	-0.94	-1.24	20.64	21.45	5.01	5.08	5.04	-0.80	-0.81	-0.81
Totals	95.55%	97.60%	96.58%	91.16	94.85	-47.92	-47.67	-47.79	-6.46	-3.69	-5.08	64.50	67.03	11.39	11.10	11.24	-2.51	-2.53	-2.52

Table 22 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 96.58%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 47.79 WTE.
- For CSWs, the same comparison showed an average surplus of 11.34 WTE.

- When comparing the current budget to professional judgement, there was an average RN deficit of 5.08 WTE, and a CSW deficit of 2.52 WTE

6.2 Patient Acuity and Dependency Scores for Med & Emerg Admissions Units

Figure 12: Patient Acuity and Dependency scores during the audit period broken down by percentage

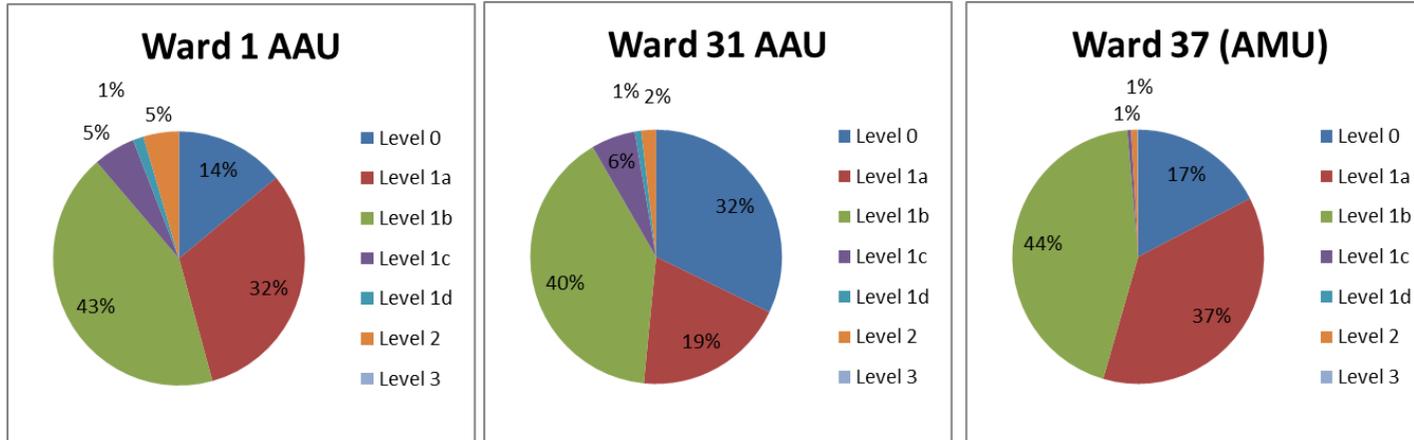
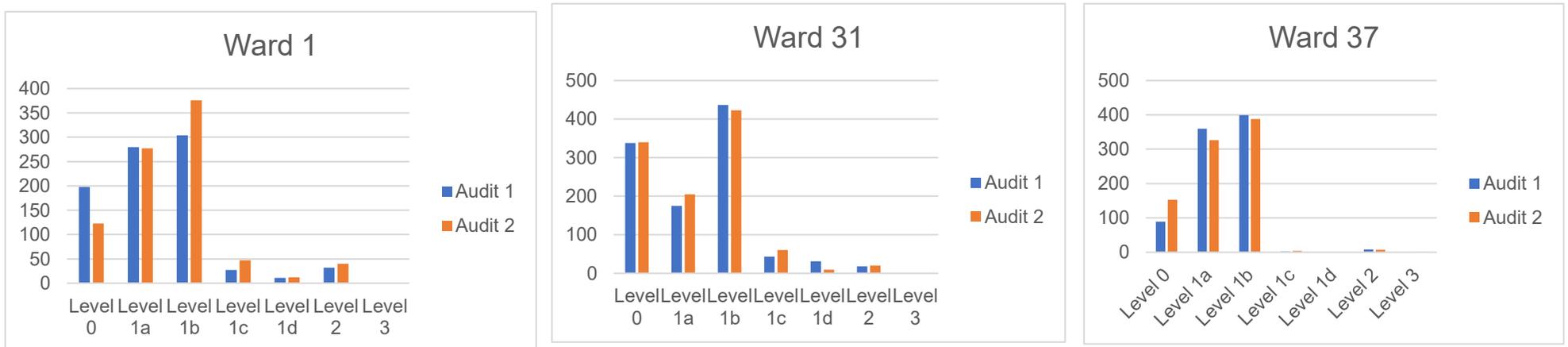


Figure 13: Admissions Units Patient Acuity and Dependency scores comparison between both audits



6.3 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Medicine & Emergency Acute Inpatient Wards

During September 2025 the bed occupancy across this collaborative was an average of 96.58%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs.

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 101.68
 - Professional Judgement Requirement: 113.83
 - Deficit: 12.15
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 74.65
 - Professional Judgement Requirement: 83.13
 - Deficit: 8.48

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 88.67
- CSW Budget Surplus: 1.44

Operational Considerations

To note ward 9 has x 2 Respiratory Support Unit bays requiring 1:2 staffing for the first 24hrs of BIPAP and ward 3 multispecialty assessment ward.

Table 23: Med & Emerg AIW Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Ward 2	30	29.87	99.56%	16.92	22.45	18.97	32.76	30.86	-15.84	-2.05	13.36	12.13	13.41	12.60	11.87	0.76	-0.05
Ward 3	28	26.07	93.10%	18.23	18.43	18.97	33.84	31.34	-15.61	-0.74	12.75	11.53	13.41	13.02	12.06	-0.27	-0.66
Ward 9 incl RSU	34	33.83	99.51%	30.40	32.72	35.24	46.68	46.13	-16.28	-4.84	9.84	8.72	16.09	17.95	17.75	-8.11	-6.25
Ward 11 (OPM)	28	26.87	95.95%	20.46	21.84	21.68	38.81	36.51	-18.35	-1.22	20.64	18.64	21.45	14.93	14.05	5.71	-0.81
Ward 12 OPM	27	25.33	93.83%	15.67	18.84	18.97	38.25	33.44	-22.58	-3.30	18.06	13.72	18.77	14.71	12.86	3.35	-0.71
Totals	147	141.97	96.58%	101.68	114.28	113.83	190.35	178.27	-88.67	-12.15	74.65	64.74	83.13	73.21	68.59	1.44	-8.48

Table 24: Acute Inpatient Wards Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Ward 2	96.10%	99.56%	97.83%	16.92	18.97	-14.08	-15.84	-14.96	-1.86	-2.05	-1.96	13.36	13.41	1.43	0.76	1.10	0.52	-0.05	0.23
Ward 3	92.96%	93.10%	93.03%	18.23	18.97	-20.18	-15.61	-17.90	-0.55	-0.74	-0.65	12.75	13.41	-2.03	-0.27	-1.15	-0.09	-0.66	-0.38
Ward 9 incl RSU	85.21%	99.51%	92.36%	30.40	35.24	-12.36	-16.28	-14.32	-9.16	-4.84	-7.00	9.84	16.09	-6.60	-8.11	-7.35	-5.57	-6.25	-5.91
Ward 11 (OPM)	97.39%	95.95%	96.67%	20.46	21.68	-14.18	-18.35	-16.27	-1.82	-1.22	-1.52	20.64	21.45	7.32	5.71	6.51	1.88	-0.81	0.54
Ward 12 OPM	97.52%	93.83%	95.67%	15.67	18.97	-24.07	-22.58	-23.33	-6.61	-3.30	-4.96	18.06	18.77	2.77	3.35	3.06	-0.70	-0.71	-0.71
Totals	93.49%	96.58%	95.03%	101.68	113.83	-84.88	-88.67	-86.77	-20.00	-12.15	-16.08	74.65	83.13	2.89	1.44	2.16	-3.96	-8.48	-6.22

Table 24 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 95.03%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 86.77 WTE.
- For CSWs, the same comparison showed an average surplus of 2.16 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 16.08 WTE, and a CSW deficit of 6.22 WTE

6.4 Patient Acuity and Dependency Scores for Med & Emerg Acute Inpatient Wards

Figure 14: Patient Acuity and Dependency scores during the audit period broken down by percentage

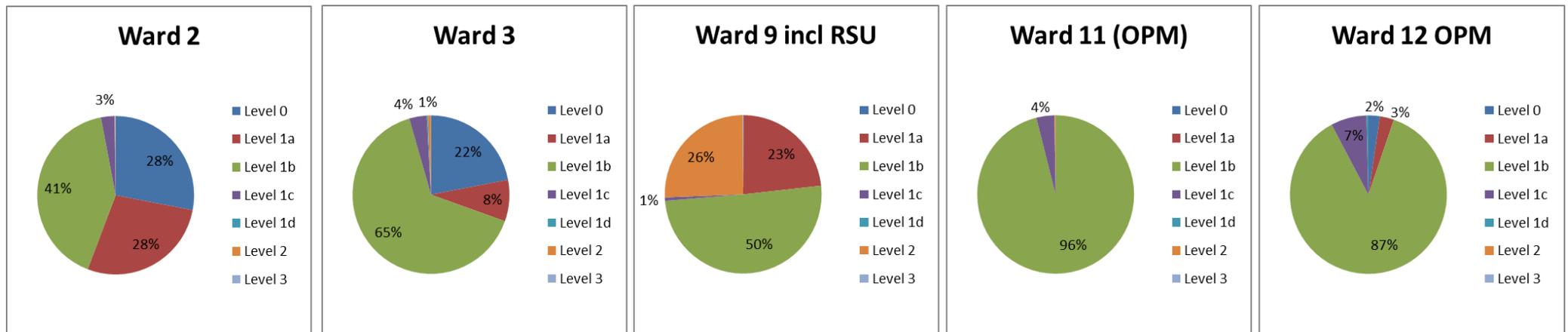
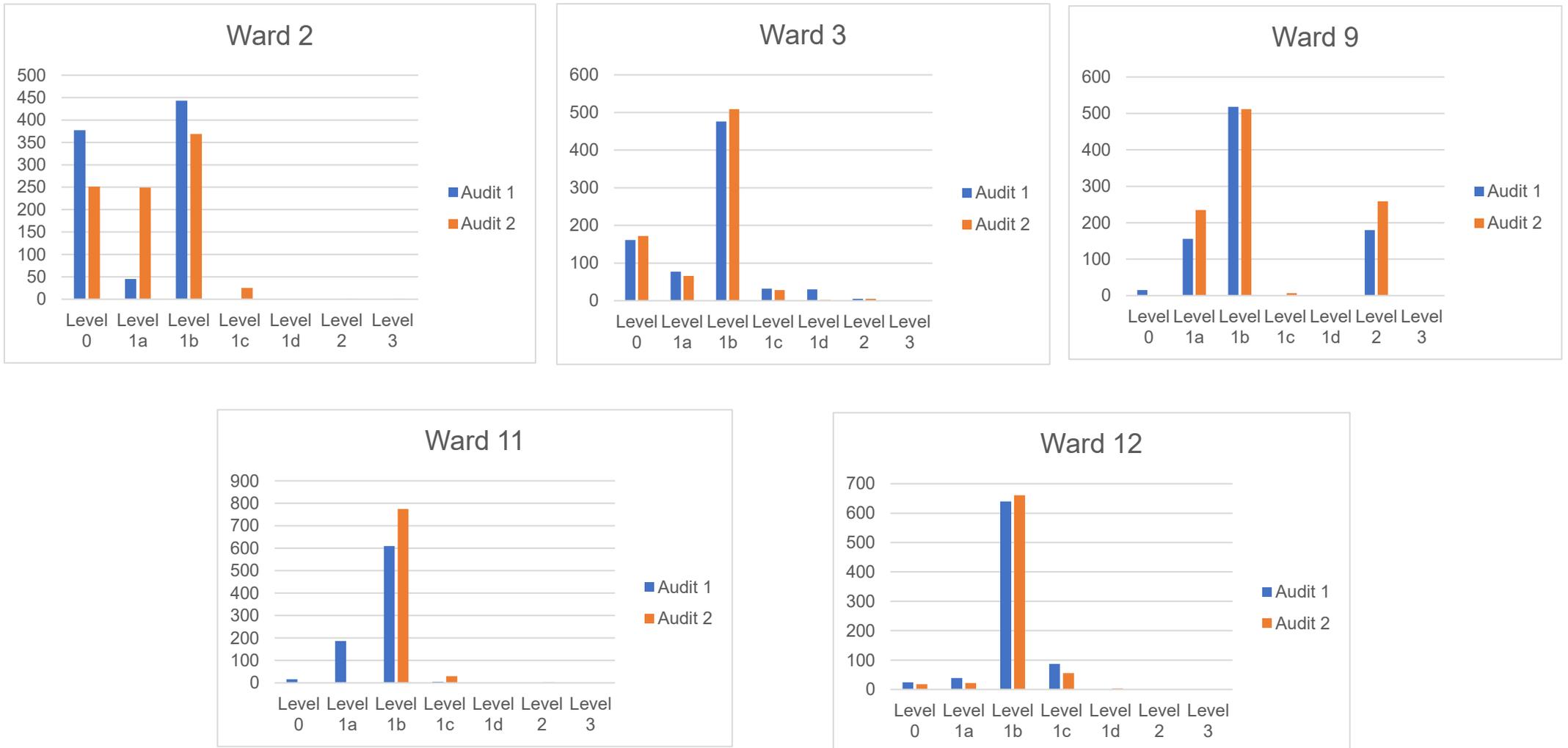


Figure 15: Acute Inpatient Wards Patient Acuity and Dependency scores comparison between both audits



6.5 Med & Emergency Care activity and patient harms recorded during the audit period

Table 25: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 1 AAU	Audit 1	343	233	395	470	54	10	377	0	27	30	3		4	11		91%
	Audit 2	613	213	344	501	15	13	170	12	11	9			1	6		100%
Ward 2	Audit 1	53	77	11	10	12	4	72	20	13	12	4			13		75%
	Audit 2	45	45	4	10	1	4	27	12	12	14	2	1	2	15		100%
Ward 3	Audit 1	3	85	106	6	9	2	66	4	24	19	3	1		5		80%
	Audit 2	12	103	120	18	0	8	80	0	2	21	5		2	6		96%
Ward 9 incl RSU	Audit 1	92	78	8	4	19	10	240	0	2	0	10	1	2	7	1	25%
	Audit 2	99	74	4	8	34	6	270	0	12	6	8	2	1	4	1	75%
Ward 11 (OPM)	Audit 1	48	49	17	5	2	7	35	1	12	25	3			8		100%
	Audit 2	46	59	27	7	0	8	44	3	25	51			2	11	1	100%
Ward 12 OPM	Audit 1	11	47	43	4	0	2	45	0	58	36	1	1	1	9		100%
	Audit 2	23	51	41	6	0	6	43	1	29	46	2		3	8	1	66.7%
Ward 31 AAU	Audit 1	356	347	9	7	2	3	304	0	37	45	1		2	2	2	100%
	Audit 2	378	352	0	19	17	6	365	0	20	59		1		4	1	100%
Ward 37 (AMU)	Audit 1	604	207	7	271	0	12	1057	0	8	3	6		4	10		93%
	Audit 2	643	230	20	302	11	6	1200	51	6	5		1	5	9	1	96.6%

6.6 Head of Nursing Comments and Actions – Jo Foster

Ward 1 Male Assessment Unit – Takes direct admissions from the Emergency Department. There is a high activity level on Ward 1 with high numbers of admissions, discharges, and internal transfers / escorts recorded. In addition to the agreed bed base, the ward has patients waiting for admission via ambulance or with family in a dedicated area. The professional judgement recommends an additional 2 nurses to support the high level of acuity and dependency associated with this area of nursing. The ward has 24-hour supernumerary co-ordination due to the numbers of admissions and discharges. In addition, a designated nurse with ALS skills holds the cardiac arrest bleep 24 hours a day and must be able to leave immediately to attend emergency calls off the ward.

Ward 37 Female Assessment Unit – It takes direct admissions from the Emergency Department and via GP's. There is a high activity level on Ward 37 with high numbers of admissions, discharges, and internal transfers / escorts recorded. In addition to the agreed bed base the ward has patients waiting admission via ambulance or with family in a dedicated area. The professional judgement recommends an additional 2 nurses to support the high level of acuity and dependency associated with this area of nursing. The ward has 24-hour supernumerary co-ordination due to the numbers of admissions and discharges. In addition, a designated nurse with ALS skills holds the cardiac arrest bleep 24 hours a day and must be able to leave immediately to attend emergency calls off the ward.

Ward 31 Short Stay – Professional judgement and actual staffing are appropriate for Ward 31; no change is required.

Ward 3 Infectious Diseases – No change is required, as the SNCT recommendation has included the CMD unit which no longer functions on Ward 3.

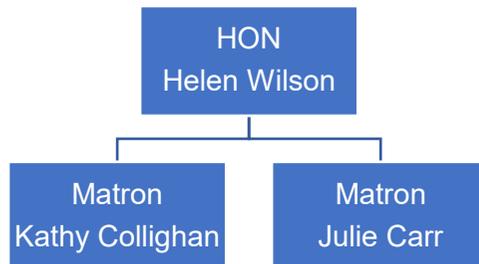
Ward 9 Respiratory - is a 34 bedded respiratory ward. The ward footprint includes 10 ring fenced beds that are used for patients requiring high levels of respiratory support split over 2 bays and 2 siderooms, offering dedicated male and female beds. The ward footprint is large, and this is challenging to manage as there is often a requirement to provide additional respiratory support in side rooms. All RSU beds require British Thoracic Society recommended level 2 nurse to patient ratios (1:2 – 1:4) and this is reflected in the wards funded establishment. In winter the ward's activity, acuity and dependency predictably increase. SNCT and professional judgement both indicate a requirement for an increase in both RN and HCA numbers in this area. This is reflective of the patient need.

Ward 12 –The ward looks after older adults with physical dependency, multiple co-morbidities, clinical frailty, and high requirements for 1-1 observation for both behaviours and psychological symptoms of dementia, delirium and falls prevention. There is a high percentage for patients being scored as 1b, therefore indicative of a need to increase the RN workforce.

Ward 11 Older Peoples Medicine – The ward looks after older adults with physical dependency, multiple co-morbidities, clinical frailty, and high requirements for 1-1 observation for both behaviours and psychological symptoms of dementia, delirium and falls prevention. There is a high percentage for patients being scored as 1b, therefore indicative of a need to increase the RN workforce.

Ward 2 – SNCT recommendations exceeds the requirement of staffing required to provide safe care. The ward has an increase in patients with a higher level of acuity during the collection period. This is not a reflection of usual activity across a full year.

7. Neurosciences & Spinal Care



7.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Neurosciences & Spinal Care

During September 2025 the bed occupancy across this collaborative was an average of 86.53%. The skill mix ratio for this care setting is 60% RNs to 40% HCAs except for ward 26 which was 50/50.

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs):
 - Budgeted WTE: 92.36
 - Professional Judgement Requirement: 94.83
 - Deficit: 2.49
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 70.12
 - Professional Judgement Requirement: 67.04
 - Surplus: 3.08

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Deficit: 39.27
- CSW Budget Surplus: 19.48

Table 26: Neurosciences & Spinal Care Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Spinal Injuries +HDU	20	20.23	101.17%	29.60	32.72	29.81	29.67	27.61	-0.07	-0.21	24.22	22.00	21.45	11.42	10.63	12.80	2.77
Ward 24	23	19.37	84.20%	19.67	18.40	18.97	31.14	22.29	-11.47	0.70	13.90	12.84	13.41	11.98	8.58	1.92	0.49
Ward 26	19	17.47	91.93%	13.51	15.08	13.55	25.80	22.51	-12.29	-0.04	12.90	12.48	13.41	9.92	8.66	2.98	-0.51
Ward 34 NASU	34	26.00	76.47%	29.58	32.20	32.52	45.02	40.21	-15.44	-2.94	19.10	19.12	18.77	17.32	15.46	1.78	0.33
Totals	96	83.07	86.53%	92.36	98.40	94.85	131.63	112.62	-39.27	-2.49	70.12	66.44	67.04	50.64	43.33	19.48	3.08

Table 27: Neurosciences & Spinal Care Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance									Current Budget 23/24	Professional Judgement (PJ)	Variance		
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Spinal Injuries +HDU	113.00%	101.17%	107.08%	29.60	29.81	-5.18	-0.07	-2.63	-1.40	-0.21	-0.80	24.22	21.45	10.84	12.80	11.82	0.10	2.77	1.44
Ward 24	86.65%	84.20%	85.43%	19.67	18.97	-6.89	-11.47	-9.18	-0.89	0.70	-0.09	13.90	13.41	4.07	1.92	2.99	-4.86	0.49	-2.19
Ward 26	94.05%	91.93%	92.99%	13.51	13.55	-17.65	-12.29	-14.97	-1.85	-0.04	-0.95	12.90	13.41	0.91	2.98	1.95	-0.50	-0.51	-0.51
Ward 34 NASU	84.91%	76.47%	80.69%	29.58	32.52	-17.00	-15.44	-16.22	-8.96	-2.94	-5.95	19.10	18.77	1.18	1.78	1.48	-6.17	0.33	-2.92
Totals	92.99%	86.53%	89.76%	92.36	94.85	-46.72	-39.27	-43.00	-13.10	-2.49	-7.80	70.12	67.04	17.00	19.48	18.24	-11.43	3.08	-4.18

Table 27 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 89.76%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a deficit of 43 WTE.
- For CSWs, the same comparison showed an average surplus of 18.24 WTE.
- When comparing the current budget to professional judgement, there was an average RN deficit of 7.80 WTE, and a CSW deficit of 4.18 WTE

7.2 Patient Acuity and Dependency Scores for Neurosciences & Spinal Care

Figure 16: Patient Acuity and Dependency scores during the audit period broken down by percentage

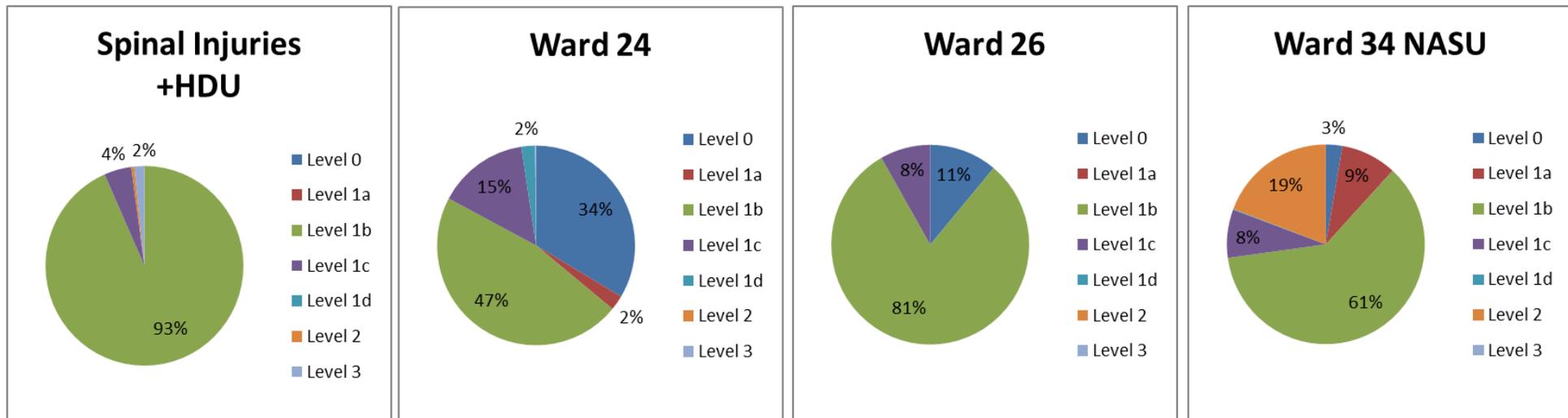
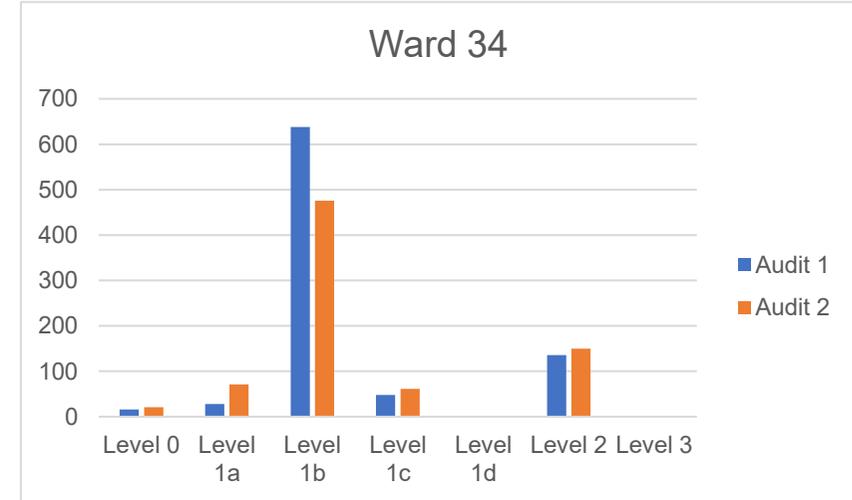
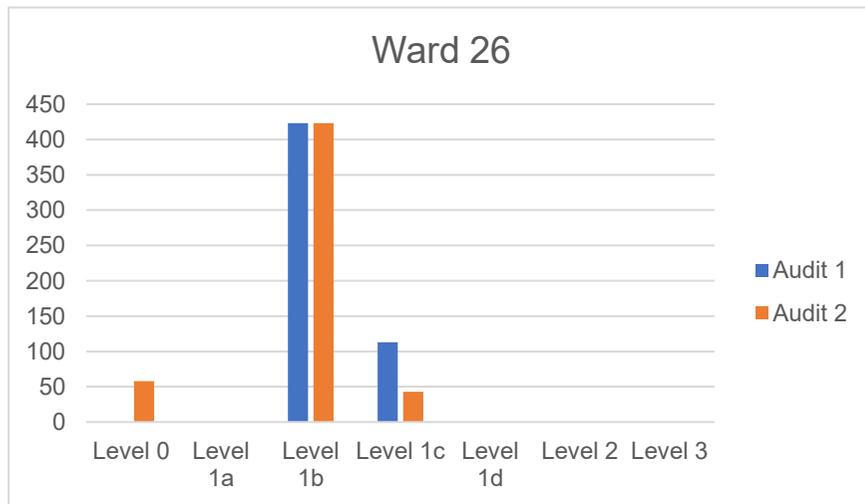
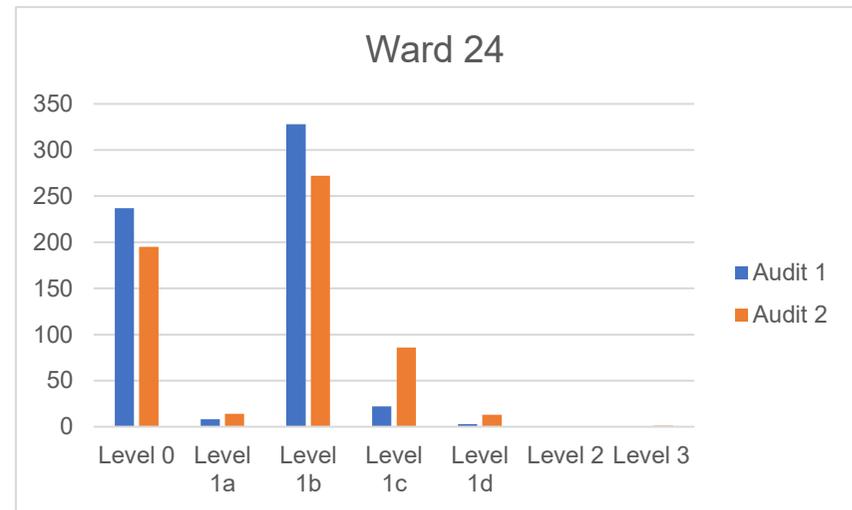
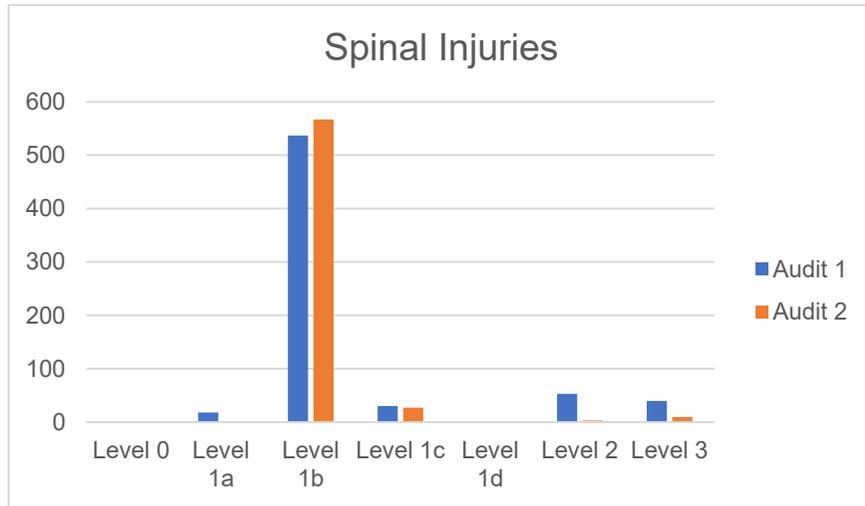


Figure 17: Neurosciences & Spinal Care Patient Acuity and Dependency scores comparison between both audits



7.3 Neurosciences & Spinal Care activity and patient harms recorded during the audit period

Table 28: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Spinal Injuries +HDU	Audit 1	18	18	2	0	0	0	0	0	1	0						100%
	Audit 2	23	13	7	2	1	0	2	2	10	16			2	1		100%
Ward 24	Audit 1	44	75	63	29	40	0	27	0	20	14						100%
	Audit 2	32	73	67	25	22	1	20	2	59	53	1			6		100%
Ward 26	Audit 1	0	7	9	0	14	0	6	0	100	15				2		100%
	Audit 2	6	10	5	0	4	0	7	0	24	3				5		90%
Ward 34 NASU	Audit 1	85	60	12	12	25	5	157	7	44	27	2			3		100%
	Audit 2	87	58	22	19	30	5	104	0	38	57	1	1	1	5		-

7.4 Head of Nursing Comments and Actions – Helen Wilson

Ward 24 – There has been an ongoing requirement for an increase in HCAs with a consistent additional spend on NHSP for falls and acuity, we have asked for this to be added into the budget each year however has not been realised in the budget. It is not safe to reduce NHSP spend on this ward for HCSW however the number of RNS in budget is appropriate.

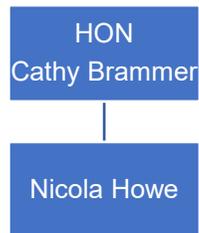
Ward 26 – The data suggests the ward would benefit from an increase in RN establishment which I would agree as it feels we have a short fall of RN's during the day requiring an increase to 4 rather than 3. We have requested an increase year on year for HCA on this ward due to the number of patients requiring 1-1 level care due to the risk of falls and cognitive problems, again unable to reduce NHSP spend due to the requirement to maintain safety.

Ward 34 - Ward 34 is a 34 bedded NASU including a 6 bedded hyper acute stroke bay and 1 thrombolysis side ward. The remaining beds are a combination of Acute Strokes and Neurology patients and 2 telemetry beds Monday to Friday which are constantly monitored by a Health care assistant with the beds used for sleep studies on a weekend. As a combined ward, there is a requirement to increase both RNs and HCAs to ensure that safe care is provided across the ward and monitored bay area. The monitored bay requires an increase in RN's to 3 day and nights, due to patient acuity and being a level 2 facility. In addition the nurses spend a significant amount of time away from the ward with emergency admissions having diagnostics as part of the pathway for example. Although SNCT recommends a further uplift the investment requested here would be adequate.

Spinal injuries – As a regional spinal injury unit, the unit should be commissioned for 1 RN and 1 HCA per 4 patients with a supernumerary coordinator for the ward during the day with 3 RNs overnight. The Spinal HDU should be 2 RNs days and night with an HCA. The recommendations from professional judgement and SNCT support this requirement. However, the reduction in the number of HCA wouldn't allow the spinal injuries unit to run safely and patient care and safety couldn't be maintained at the levels if reduced to SNCT figures. The HCA figures are not capturing the level of support and care that is required for this type of injury.

Overall for the majority of the areas the increase in the numbers of the RNs including level 1C and D should be represented in the HCA column which would justify the increase that has been requested over recent years.

8. Women & Children



8.1 Professional Judgement WTE vs Budget WTE vs Safer Nursing Care Tool WTE for Women & Children

During September 2025 the bed occupancy across the paediatric ward areas was an average of 53.73%. The skill mix ratio for this care setting is 70% RNs to 30% HCAs.

Workforce Budget vs. Professional Judgement

- Registered Nurses (RNs): 50.95
 - Budgeted WTE:
 - Professional Judgement Requirement: 51.49
 - Deficit: 0.54
- Clinical Support Workers (CSWs):
 - Budgeted WTE: 22.90
 - Professional Judgement Requirement: 16.09
 - Surplus: 6.81. However, these surplus hours are filled by play support staff who appear on the HCA budget line and have a very separate, non-clinical role.

SNCT Tool Analysis

Using the Safer Nursing Care Tool (SNCT), the following variances were identified:

- RN Budget Surplus: 21.17
- CSW Budget Surplus: 7.93

Operational Considerations

Paediatric surgery has a lot of short stay patient activity, as can be seen on ward 22 with children only staying overnight if necessary following surgery.

Table 29: Women & Children Bed Management, Professional Judgement WTE Templates compared to Agreed Funded Establishment WTE and Safer Nursing Care Tool Recommended WTE Comparison

Ward	Bed Management			RN							CSW						
				Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT RN		Variance		Current Budget 23/24	Actual Staffing	Professional Judgement (PJ)	SNCT CSW		Variance	
	Open Bed Capacity	No of Patients Mar 25	% Occupancy	Budget RN WTE *includes WM	Sep 25 Contracted RN WTE *includes WM	Required RN WTE *includes WM	Trust Headroom 21% (including 1c&1d)	Trust Headroom 21% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	RN Variance Budget to PJ	Budget CSW WTE	Sep 25 Contracted CSW	Required CSW WTE	Trust Headroom 19.7% (including 1c&1d)	Trust Headroom 19.7% (not including 1c&1d)	Excess or deficit (-) SNCT against the Current Budget	CSW Variance Budget to PJ
Ward 21	25	13.90	55.60%	33.20	32.12	32.52	18.72	18.72	14.48	0.68	13.20	9.68	10.73	9.41	9.41	3.79	2.47
Ward 22	17	8.67	50.98%	17.75	18.77	18.97	11.05	11.05	6.70	-1.22	9.70	7.72	5.36	5.56	5.56	4.14	4.34
Totals	42	22.57	53.73%	50.95	50.89	51.49	29.78	29.78	21.17	-0.54	22.90	17.40	16.09	14.97	14.97	7.93	6.81

Table 30: Women & Children Audit 1 comparison with Audit 2

Ward	Bed Management			RN									CSW						
				Current Budget 23/24	Professional Judgement (PJ)	Variance						Current Budget 23/24	Professional Judgement (PJ)	Variance					
	% Occupancy Audit 1	% Occupancy Audit 2	% Occupancy Average	Budget RN WTE *includes WM	Required RN WTE *includes WM	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	RN Variance Budget to PJ Audit 1	RN Variance Budget to PJ Audit 2	RN Variance Budget to PJ Average	Budget CSW WTE	Required CSW WTE	Excess or deficit (-) SNCT against the Current Budget Audit 1	Excess or deficit (-) SNCT against the Current Budget Audit 2	Excess or deficit (-) SNCT against the Current Budget Average	CSW Variance Budget to PJ Audit 1	CSW Variance Budget to PJ Audit 2	CSW Variance Budget to PJ Average
Ward 21	83.20%	55.60%	69.40%	33.20	32.52	5.73	14.48	10.10	0.20	0.68	0.44	13.20	10.73	-0.63	3.79	1.58	1.20	2.47	1.84
Ward 22	62.94%	50.98%	56.96%	17.75	18.97	4.16	6.70	5.43	-0.17	-1.22	-0.70	9.70	5.36	2.83	4.14	3.49	0.46	4.34	2.40
Totals	75.00%	53.73%	64.37%	50.95	51.49	9.89	21.17	15.53	0.03	-0.54	-0.25	22.90	16.09	2.20	7.93	5.06	1.66	6.81	4.24

Table 30 provides a comparison of bed occupancy across both audits, with an average occupancy rate of 64.37%. It also presents the average variance between the current budget, the Safer Nursing Care Tool (SNCT) recommendations, and professional judgement for both Registered Nurses (RNs) and Clinical Support Workers (CSWs).

Across both audits:

- The average variance between the current RN budget and SNCT indicated a surplus of 15.53 WTE.
- For CSWs, the same comparison showed an average surplus of 5.06 WTE.

- When comparing the current budget to professional judgement, there was an average RN deficit of 0.25 WTE, and a CSW Surplus of 4.24 WTE

8.2 Patient Acuity and Dependency Scores for Women & Children

Figure 18: Patient Acuity and Dependency scores during the audit period broken down by percentage

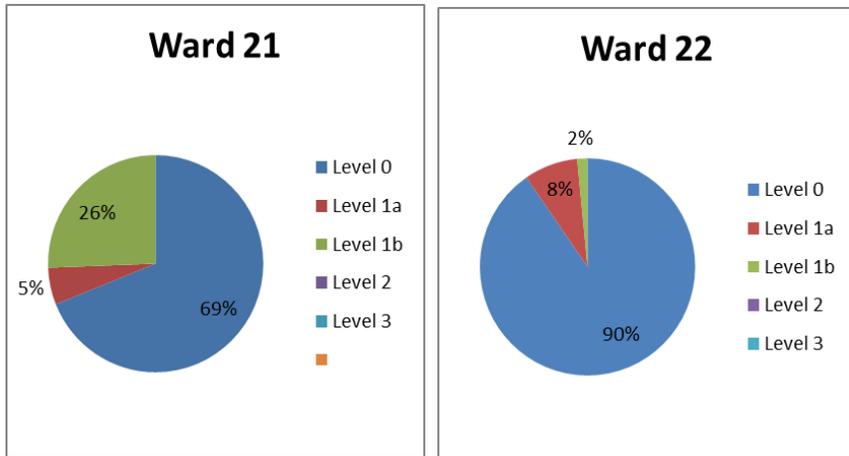
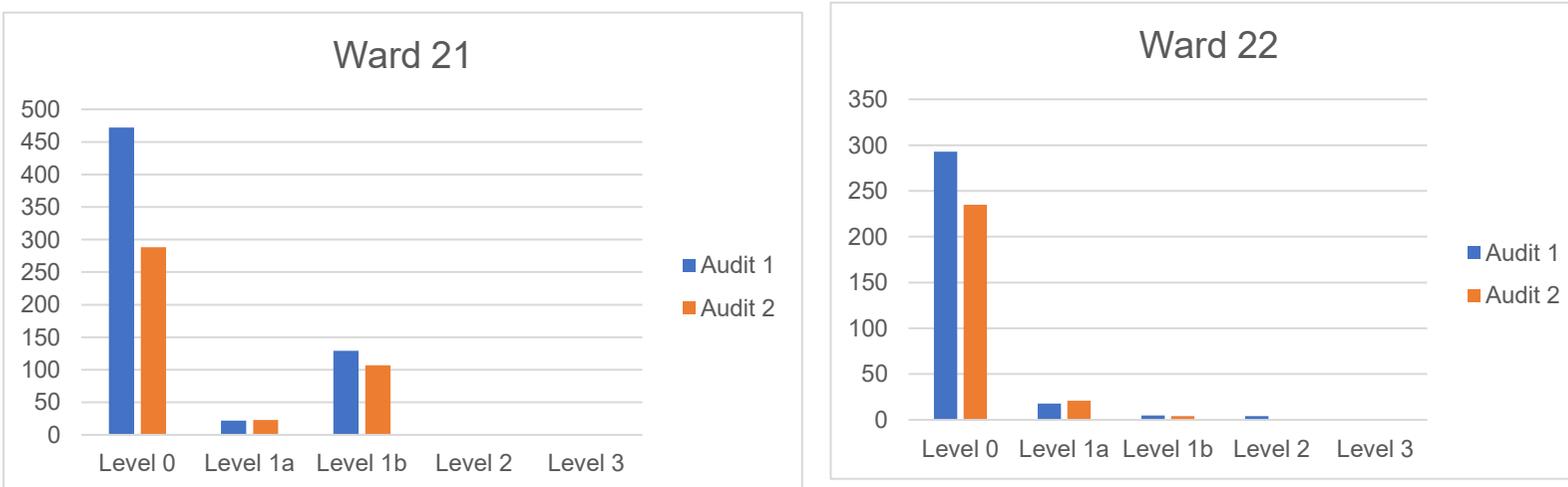


Figure 19: Women & Children Patient Acuity and Dependency scores comparison between both audits



8.3 Women & Children activity and patient harms recorded during the audit period

Table 31: Activity and Patient Harms by Ward for Audit 1 (March 25) vs Audit 2 (September 25)

Ward	Audit	Admissions	Discharges	Transfers in	Transfers Out	Ward Attenders	Deaths	Escorts on site	Escorts off Site	No of Patients requiring 1:1 care	No of Patients requiring Level 2	New or Deteriorating PU 2's (inpatient)	New or deteriorating PU 3's (inpatient)	Medication Incidents	Falls	Complaints	Inpatient Survey
Ward 21	Audit 1	153	153	23	4	16	0	12	1	0	0						95%
	Audit 2	187	172	8	3	7	0	23	1	0	0						100%
Ward 22	Audit 1	160	155	20	11	30	0	323	0	0	0						97%
	Audit 2	151	146	22	1	51	0	269	0	0	0						100%

8.4 Head of Nursing Comments and Actions – Cathy Brammer

The data suggests a significant surplus of registered nursing staff across both wards based on bed occupancy at the time of the data collection HCA establishments would suggest being accurate when taking into consideration play staff. Bed occupancy and levels of acuity fluctuate greatly on a day-to-day basis across children and young people services. Bed occupancy on Ward 22 (children's surgery) is greatly impacted by the frequency and population of theatre lists for children and young people and this is continuing to increase but is not yet back to a level seen pre-covid. Ward 21, children's medicine sees continued higher levels of occupancy throughout October to April.

The Royal College of Nursing staffing guidance for CYP (RCN 2013) is available to benchmark staffing against and is used nationally when setting nursing establishments for CYP areas. It forms part of CQC inspection criteria when evaluating staffing establishments. This guidance stipulates a set of core standards to be applied in services providing health care for children and young people which includes a nurse-to-patient ratio of 1:3 for patients under 2 years and 1: 4 for over. NHSE&I have published a Children's safer nurse staffing framework for inpatient care in acute hospitals (NHSE&I, 2021). It also suggests a 70/ 30% ration of registered to unregistered staff rather than 66%/ 36% used above and a headroom of 25% as opposed to the Trusts 21%. This document identifies as a minimum; there should be a co-ordinating nurse on each shift who is supernumerary. Further guidance published by the Association of British Paediatric Nursing in September 2025 reinforces RCN guidance and suggests higher headroom of 27% (Standards for safe staffing in Children and Young Peoples wards and departments, ABPN, 2025)

There is a general perception that children always have carers present however this is not an accurate reflection of reality. Children in general are a vulnerable patient group who are unable to be left unsupervised due to their age and development. Parents and carers often also need a high level of support, education and reassurance. There has been a noticeable increase in the number of young people admitted requiring mental health/ social care support with increased pressure on inpatient mental health beds locally and nationally. These patients need an enhanced level of care and support.

Staffing within neonatal and all paediatric areas including PCCU and CYPED is reviewed on a daily basis and reallocated as needed, as due to the skill set, help cannot be sourced from any other areas of the Trust. Due to this, NHSP spend across paediatrics and neonates is minimal.

Actions

- Continue to review staffing on a 6 monthly basis in line with NHSI workforce Safeguards
- Promote robust data entry particularly in relation to day case/ ward attender patients
- Review staffing as part of group model and streamline any efficiencies

Appendix 2

Actual staffing v SNCT outcomes

Collab	Ward	SNCT Outcome RN	Actual RN	Variance (- deficit)	SNCT Outcome HCA	Actual HCA	Variance (- deficit)	HON Comments
Cardiovascular Care	CCU	21.74	33.68	11.94	8.36	2.16	-6.20	It is a challenge to determine the exact need on CCU using the SNCT tool due to the level of patient acuity in this area. The audit tool is not fit for purpose for this level of acuity and the responsiveness required to leave the unit for emergency care provision outreach (cath labs, cardiac arrest bleed).
	Ward 28 Vas	39.79	20.40	-19.39	15.31	16.12	0.81	Based on the current footprint and high acuity, the staffing establishment should remain the same at least with a firm argument to increase numbers to 4 RNs on a night as they currently struggle due to patient acuity. The percentage of level 1B captures the number of patients with complex wounds that takes a considerable amount of time, and numbers of amputee patients who require the assistance of 2 or more nursing team members. Recommend Further review of this on the next SNCT audit.
	Ward 29	24.73	20.12	-4.61	9.52	8.64	-0.88	The SNCT recommendation of less HCAs does not reflect the need of additional HCA support to ensure safe patient care at night when there is an increased risk of falls. I recommend the increase in RN numbers for 1 extra nurse during the day as currently no coordinator for a 36 bedded ward, to support the flow throughout the department and coordinate the ACS transfers.
	Cardio MB	11.18	8.56	-2.62	4.30	6.16	1.86	Staffing establishment is at the correct levels. We cannot reduce the number of RN's as suggested as we currently only have 2 Nurses for 9 patients and require a HCA around the clock for support and to ensure telemetry is monitored and alarms responded to.
	Ward 32	21.87	19.28	-2.59	8.41	11.80	3.39	SNCT supports the need for an additional RN on nights but not the reduction in HCA numbers as already minimal HCA numbers.
Digestive Diseases, Urology & Gastro	Ward 5	30.75	20.09	-10.66	11.83	16.05	4.22	The patient cohort for this ward is highly dependent on extensive support from staff. The impact on behaviours due to the nature of their conditions often leads to a higher need for 1:1 support to ensure the patients are safely cared for. This is reflected in the professional judgement and SNCT outcomes. The patient cohort is also known to rapidly deteriorate requiring a higher level of care from Registered Nurses.
	Ward 6	24.63	18.76	-5.87	9.48	13.76	4.28	This ward area is currently open to 27 beds as they are currently displaced onto Ward 10 whilst the life cycle work is completed on Ward 6. The current staffing budget for the ward is for 28 beds. The ward is planned to reduce to 16 beds over the weekend period and as a result staffing is reduced on a weekend. However, to support the non-surgical admissions across the organisation it is continuously open to 27 beds including the weekend. This will account for the variation between current and actual staffing against professional judgement and SNCT recommendations. From the 17 November 25 the ward will move back into its usual footprint on Ward 6 and will have a total of 29 beds.

	Ward 7	30.59	22.68	-7.91	30.26	13.80	-16.46	The SNCT outcomes show an excessively high requirement for RNs. The acuity of the patients and the often-rapid decline would show the higher need for RN provision. The ward also takes the majority of critical care and PACU step downs who require higher need to RN provision due to TPN, IVAB's, chest drains, complex nutritional patients and complex wound dressings. However, the care provided from the HCAs ensures that safe care is provided alongside the clinical interventions from registered staff.
	Ward 8	31.60	23.92	-7.68	30.42	15.60	-14.82	Ward 8 continues to have a high number of medical outliers; therefore, the professional judgement demonstrated the need for additional nursing staff. The ward also accepts critical care steps downs, patients discharged from PACU and urology patients across the Tees Valley including patients from County Durham and Darlington.
Friarage Hospital & H&R Community Services	Ainderby	39.71	15.33	-24.38	15.28	16.88	1.60	This ward with frail and complex medical patients has a need for additional RN support.
	CDU	26.83	18.73	-8.10	10.32	9.22	-1.10	is a 22 bedded admission ward for medical patient admissions. The need to cover telemetry over a 24 hour period would require additions to the RN workforce on nights.
	Friary	22.44	9.24	-13.20	22.20	12.91	-9.29	This ward is based in a remote area with no internal support structures, therefore the recommendation from SNCT to increase the nursing establishment does reflect the current need. The ward could run on 1 RN with support from Community staff if syringe drivers were needed for EoL patients.
	Romanby	26.29	16.10	-10.19	10.12	16.18	6.06	This 22 bedded medical ward is providing safe care within the current establishment.
	Rutson	24.33	13.13	-11.20	9.36	12.09	2.73	is a 17 bedded primary care rehabilitation ward with 10 stroke beds and 7 general rehab beds. This ward is ensuring safe care with the current establishment.
Tees Community	Tocketts	37.50	18.45	-19.05	14.43	21.79	7.36	This 31 bedded rehabilitation ward provides care in single rooms. This is the reason that SNCT recommends a decrease in HCAs, however due to the risk to patients in this side room layout there should not be a reduction to HCA workforce. The estate is very problematic and has a difficult footprint being a H- shape with arms coming off intermittently.
	Zetland	46.94	21.73	-25.21	18.06	26.00	7.94	The nurse to patient ratio when fully established provides safe care to the patients. The recommendations from SNCT do not match the patient need.
Head, Neck, Orthopaedic and Reconstructive	Gara	19.68	13.37	-6.31	7.57	8.41	0.84	Gara has a fully established workforce, with the surgical hub at FHN now opened - I have requested a review (data submitted previously) to ensure appropriate staffing levels are maintained and staffing is incorporated with this focus (SOP produced with surgical hub lead), for the inpatient bed base of 21 and incorporating day case/day zero patients allocated bed space on the ward footprint (who attend the ward for post-surgical care). This will allow for review of elective capacity/footfall aligned with appropriate nurse staffing for the patient group.
	Ward 25	34.69	19.00	-15.69	13.34	12.15	-1.19	Staffing establishment (due to complexity of patient group, NHSP consistent request/spend re falls risk and frail vulnerable patients requiring intervention on a continual focus, that however do not reach the CG47 threshold (some do)), has been reviewed for both day allocation/ratio and night shift allocation/ratio on current budget, combined with the above data evident/SNCT data.
	Ward 27	14.25	14.33	0.08	5.48	10.28	4.80	15 bedded elective orthopaedic ward, no change is required to the current staffing establishment currently. Regional elective work to be incorporated as this progresses to review staffing and elective footprint/capacity for this green ring fenced ward.

	Ward 35	36.47	23.44	-13.03	14.03	14.52	0.49	The ward requires (and has been agreed) an extra RN support (matches the above 2.20 wte suggested) two to three times per week for complex care post-surgery (L2) and to support any emergency high level patients (free flap/trach) (L2) requiring 1:1 observation and oversight. This is factored into the professional judgement calculation above. There is high complexity of patients and patient throughput, daily. The ward also supports the plastics clinics and other drop-in services that is not factored into the ward staffing calculations (PDC is on the ward however has own staffing model, separately). On a weekend and out of hours the ward supports any patient requiring urgent plastics treatment. An agreement has been given verbally via SLT to have the increase in RN, this needs to progress to budget alignment to allow and recruitment and training.
	Ward 36	40.79	24.44	-16.35	36.57	14.08	-22.49	The trauma ward is a critical care step down area and sees high numbers of overnight trauma and major trauma patient admissions, as well as in hours (24/7). The ward consistently sees complex patients beyond the trauma speciality in terms of need and mixed speciality care input. As such the staffing template will continue to be reviewed within CSU going forward and escalation as needed to review as skill mix is required to maintain patient safety and patient interventions – this so far comprises of RN and registered NA, + HCSW colleagues.
James Cook Cancer Institute & Speciality Medicine	Ward 4	32.55	21.60	-10.95	12.52	12.00	-0.52	Whilst the nursing establishment currently provides safe care, the need to increase HCAs has been reflected in professional judgement and SNCT outcomes. Ward 4 offers a telephone support line at night and weekends for patients requiring Nephrology advice this includes renal transplantation open access. Ward 4 also delivers a vascular access service, which requires the assistance of a HCA with the procedure I would support the additional HCA for this as it has never been factored in the establishment, we also have a higher risk of falls due to the patient group and the value for a third HCA overnight would be safer care.
	Ward 14	26.91	23.60	-3.31	10.35	11.68	1.33	No change to establishment is required. Ward 14 offers a telephone support line at nights and weekends for patients requiring oncology advice as per UKONS guidance. It was expected additional HCA support recommendation given the complexities of EOLC patients and complexities of pain management and syringe drivers.
	Ward 33	28.04	24.32	-3.72	10.79	14.80	4.01	Ward 33 offers a telephone support line at nights and weekends for patients requiring haematology advice as per UKONS guidance. The British Society for Haematology staffing guidance for patients who are neutropenic is a ratio of 1:4, the agreed ward staffing on ward 33 is 1:5 during the day and 1:8 during the night as not all patients on the ward are neutropenic, therefore a requirement to increase nurse staffing is recommended.
Medicine & Emergency Care	Ward AAU 1	46.66	35.80	-10.86	17.95	19.32	1.37	Takes direct admissions from the Emergency Department. There is a high activity level on Ward 1 with high numbers of admissions, discharges, and internal transfers / escorts recorded. In addition to the agreed bed base, the ward has patients waiting for admission via ambulance or with family in a dedicated area. The professional judgement recommends an additional 2 nurses to support the high level of acuity and dependency associated with this area of nursing. The ward has 24-hour supernumerary co-ordination due to the numbers of admissions and discharges. In addition, a designated nurse with ALS skills holds the cardiac arrest bleep 24 hours a day and must be able to leave immediately to attend emergency calls off the ward.
	Ward AAU 31	32.79	22.45	-10.34	12.61	12.13	-0.48	Professional judgement and actual staffing are appropriate for Ward 31; no change is required.

	Ward 37 AMU	33.82	18.43	-15.39	13.01	11.53	-1.48	It takes direct admissions from the Emergency Department and via GP's. There is a high activity level on Ward 37 with high numbers of admissions, discharges, and internal transfers / escorts recorded. In addition to the agreed bed base the ward has patients waiting admission via ambulance or with family in a dedicated area. The professional judgement recommends an additional 2 nurses to support the high level of acuity and dependency associated with this area of nursing. The ward has 24-hour supernumerary co-ordination due to the numbers of admissions and discharges. In addition, a designated nurse with ALS skills holds the cardiac arrest bleep 24 hours a day and must be able to leave immediately to attend emergency calls off the ward.
	Ward 2	46.68	32.72	-13.96	17.96	8.72	-9.24	SNCT recommendations exceeds the requirement of staffing required to provide safe care. The ward has an increase in patients with a higher level of acuity during the collection period. This is not a reflection of usual activity across a full year.
	Ward 3	38.80	21.84	-16.96	14.93	18.64	3.71	No change is required, as the SNCT recommendation has included the CMD unit which no longer functions on Ward 3.
	Ward 9	38.24	18.84	-19.40	14.71	13.72	-0.99	is a 34 bedded respiratory ward. The ward footprint includes 10 ring fenced beds that are used for patients requiring high levels of respiratory support split over 2 bays and 2 siderooms, offering dedicated male and female beds. The ward footprint is large, and this is challenging to manage as there is often a requirement to provide additional respiratory support in side rooms. All RSU beds require British Thoracic Society recommended level 2 nurse to patient ratios (1:2 – 1:4) and this is reflected in the wards funded establishment. In winter the ward's activity, acuity and dependency predictably increase. SNCT and professional judgement both indicate a requirement for an increase in both RN and HCA numbers in this area. This is reflective of the patient need.
	Ward 11	51.19	29.68	-21.51	19.69	21.76	2.07	The ward looks after older adults with physical dependency, multiple co-morbidities, clinical frailty, and high requirements for 1-1 observation for both behaviours and psychological symptoms of dementia, delirium and falls prevention. There is a high percentage for patients being scored as 1b, therefore indicative of a need to increase the RN workforce.
	Ward 12	40.49	33.56	-6.93	15.58	19.44	3.86	The ward looks after older adults with physical dependency, multiple co-morbidities, clinical frailty, and high requirements for 1-1 observation for both behaviours and psychological symptoms of dementia, delirium and falls prevention. There is a high percentage for patients being scored as 1b, therefore indicative of a need to increase the RN workforce.
Neuroscience & Spinal Care	Spinal Injuries & HDU	29.69	32.72	3.03	11.42	22.00	10.58	As a regional spinal injury unit, the unit should be commissioned for 1 RN and 1 HCA per 4 patients with a supernumerary coordinator for the ward during the day with 3 RNs overnight. The Spinal HDU should be 2 RNs days and night with an HCA. The recommendations from professional judgement and SNCT support this requirement. However, the reduction in the number of HCA wouldn't allow the spinal injuries unit to run safely and patient care and safety couldn't be maintained at the levels if reduced to SNCT figures. The HCA figures are not capturing the level of support and care that is required for this type of injury.
	Ward 24	31.16	18.40	-12.76	11.99	12.84	0.85	There has been an ongoing requirement for an increase in HCAs with a consistent additional spend on NHSP for falls and acuity, we have asked for this to be added into the budget each year however has not been realised in the budget. It is not safe to reduce NHSP spend on this ward for HCSW however the number of RNS in budget is appropriate.

	Ward 26	25.81	15.08	-10.73	9.93	12.48	2.55	The data suggests the ward would benefit from an increase in RN establishment which I would agree as it feels we have a short fall of RN's during the day requiring an increase to 4 rather than 3. We have requested an increase year on year for HCA on this ward due to the number of patients requiring 1-1 level care due to the risk of falls and cognitive problems, again unable to reduce NHSP spend due to the requirement to maintain safety.
	Ward 34	45.04	32.20	-12.84	17.33	19.12	1.79	Ward 34 is a 34 bedded NASU including a 6 bedded hyper acute stroke bay and 1 thrombolysis side ward. The remaining beds are a combination of Acute Strokes and Neurology patients and 2 telemetry beds Monday to Friday which are constantly monitored by a Health care assistant with the beds used for sleep studies on a weekend. As a combined ward, there is a requirement to increase both RNs and HCAs to ensure that safe care is provided across the ward and monitored bay area. The monitored bay requires an increase in RN's to 3 day and nights, due to patient acuity and being a level 2 facility. In addition the nurses spend a significant amount of time away from the ward with emergency admissions having diagnostics as part of the pathway for example. Although SNCT recommends a further uplift the investment requested here would be adequate.
Women & Children	Ward 21	18.72	32.12	13.40	9.41	9.68	0.27	<p>The data suggests a significant surplus of registered nursing staff across both wards based on bed occupancy at the time of the data collection HCA establishments would suggest being accurate when taking into consideration play staff. Bed occupancy and levels of acuity fluctuate greatly on a day-to-day basis across children and young people services. Bed occupancy on Ward 22 (children's surgery) is greatly impacted by the frequency and population of theatre lists for children and young people and this is continuing to increase but is not yet back to a level seen pre-covid. Ward 21, children's medicine sees continued higher levels of occupancy throughout October to April.</p> <p>The Royal College of Nursing staffing guidance for CYP (RCN 2013) is available to benchmark staffing against and is used nationally when setting nursing establishments for CYP areas. It forms part of CQC inspection criteria when evaluating staffing establishments. This guidance stipulates a set of core standards to be applied in services providing health care for children and young people which includes a nurse-to-patient ratio of 1:3 for patients under 2 years and 1: 4 for over. NHSE&I have published a Children's safer nurse staffing framework for inpatient care in acute hospitals (NHSE&I, 2021). It also suggests a 70/ 30% ration of registered to unregistered staff rather than 66%/ 36% used above and a headroom of 25% as opposed to the Trusts 21%. This document identifies as a minimum; there should be a co-ordinating nurse on each shift who is supernumerary. Further guidance published by the Association of British Paediatric Nursing in September 2025 reinforces RCN guidance and suggests higher headroom of 27% (Standards for safe staffing in Children and Young Peoples wards and departments, ABPN, 2025)</p> <p>There is a general perception that children always have carers present however this is not an accurate reflection of reality. Children in general are a vulnerable patient group who are unable to be left unsupervised due to their age and development. Parents and carers often also need a high level of support, education and reassurance. There has been a noticeable increase in the number of young people admitted requiring mental health/ social care support with increased pressure on inpatient mental health beds locally and nationally. These patients need an enhanced level of care and support.</p> <p>Staffing within neonatal and all paediatric areas including PCCU and CYPED is</p>

							<p>reviewed on a daily basis and reallocated as needed, as due to the skill set, help cannot be sourced from any other areas of the Trust. Due to this, NHSP spend across paediatrics and neonates is minimal.</p> <p>Actions</p> <ul style="list-style-type: none">• Continue to review staffing on a 6 monthly basis in line with NHSI workforce Safeguards• Promote robust data entry particularly in relation to day case/ ward attender patients• Review staffing as part of group model and streamline any efficiencies
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