

02 June 2026

Title	Chief Nurse 6 Monthly Safe Staffing Report
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Report for	Information

Report Purpose and Recommendations

The purpose of this report is to provide the Trust Board with assurance that WUTH has met its regulatory requirements in accordance with national guidance 'Developing Workforce Safeguards' (NHSI 2018). National guidance sets out expectations for nurse staffing to ensure the right staff, with the right skills are deployed in the right place at the right time National Quality Board (NQB 2016 & 2018).

In addition, the report demonstrates that the Trust has met effective governance requirements aligned to workforce decisions which promote patient safety and comply with the Care Quality Commission (CQC) fundamental standards.

This report comprises of an Executive summary report to support presentation at Trust Board and a comprehensive full report detailing process, assurance evidence, outcomes and next steps which will be published on the Trust website.

Key Risks

This report relates to the following key risks:

Emergency Department:

- 1091-Staffing Levels & Temporary escalation areas
- 270 – staffing challenges associated with surge in activity and overcrowding
- 2354 – increased falls and challenges to provide staffing to support close observations

Surgical Division:

- 2352 - Pressures to move staff to cover other departments including ED.

Women's & Children's

- 2120- PAU/CED: Lack of sufficient trained staff to transfer to children's ward
- 1782- GOPD: Increased activity and consultant clinic without increase in nursing establishment to support
- 2267 – Neonatal – unable to meet BAPM level 3 guidance in relation to senior supportive nurse roles.
- 2298 – Hospital at home – low staffing levels due to sickness and maternity
- 1981 – Children's ward – reduced staffing at weekends
- 2255- Ward 54 – reduced CSW support
- 2355 – BAPM outreach staffing challenges

Medical Division:

- 2308- Pressures to move staff to cover other departments including ED.
- 2387 – M1 nurse staffing- LLOS – Escalation beds

607- staffing challenges to cover ETOC
DCS:
 435 – Critical Care – potential risks related to fulfillment of optimal staffing levels

Which strategic objectives this report provides information about:	
Outstanding Care: provide the best care and support	Yes
Compassionate workforce: be a great place to work	Yes
Continuous Improvement: maximise our potential to improve and deliver best value	Yes
Our partners: provide seamless care working with our partners	No
Digital future: be a digital pioneer and centre for excellence	No
Infrastructure: improve our infrastructure and how we use it.	Yes

1	Narrative						
1.1	<p>Background</p> <p>The purpose of a safe staffing nursing establishment review is to ensure that sufficient nursing capacity and capability is available to provide individualised, person-centered care in a safe and effective way. This is achieved through consideration of a range of decision-making factors which are detailed in a framework of expectations set out by the National Quality Board (NQB 2016 & 2018) enabling a triangulated approach to staffing decisions. These are;</p> <table border="1" data-bbox="306 1198 1401 1541"> <thead> <tr> <th>Expectation 1</th> <th>Expectation 2</th> <th>Expectation 3</th> </tr> </thead> <tbody> <tr> <td> Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers </td> <td> Right Skills 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention </td> <td> Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency </td> </tr> </tbody> </table> <p>Hospital Trusts are required to comply with the NQB 2016 & 2018 guidance which states that providers:</p> <ul style="list-style-type: none"> • Must deploy sufficient suitably qualified, competent, skilled, and experienced staff to meet care and treatment needs safely and effectively. • Should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service to always keep them safe. • Must use an approach that reflects current legislation and guidance where it is available. <p>These expectations also form part of ‘Developing Workforce Safeguards’ (NHSI 2018), along with other recommendations for consideration to provide a triangulated approach for the review of staffing requirements. Trusts must demonstrate that they have used the following three components as part of their safe staffing reviews:</p>	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
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	<ul style="list-style-type: none"> • Evidence-based tools (where they exist). • Professional judgement. • Outcomes
1.2	<p>Governance</p> <p>Alongside the regulatory requirement to undertake a formal 6 monthly review of nurse staffing establishments, a bi-monthly safe staffing report is presented to People Committee.</p> <p>The bi-monthly report provides an oversight of safe staffing assurances including any known impact on patient care, safety, or experience. Included is a comprehensive dashboard providing a month-by-month review of a range of patient outcome measures, workforce data, Care Hours Per Patient Day (CHPPD) data, shifts that have experienced any 'red flags', and patient experience metrics. Any known risk is highlighted along with mitigations and plans to enhance staffing assurances moving forward.</p> <p>The bi-monthly report provides narrative and statistical process control (SPC) charts based on the data within a staffing assurance dashboard.</p> <p>In addition, WUTH complies with NHSE Digital requirements to submit monthly staffing data in relation to fill rates and calculation of CHPPD. These monthly returns are available for review on the Trust public website as per national guidance recommendations.</p>

2	Establishment Review
2.1	<p>Process</p> <p>The Trust has a standardised approach to establishment setting within the adult inpatient wards (SOP, Appendix 1). This consists of reviewing an establishment template includes nurse sensitive indicators, acuity and dependency results, workforce metrics, quality impact measures and finance, incorporating over 80 indicators (Appendix 2). New for this year's template was the inclusion of a professional judgement self-assessment, this RAG rated assessments prompts evaluation of key factors in line with the establishment indicators ensuring there is a more transparent analysis. These templates are used to consult with each localised leadership model i.e., Ward Manager, Matron, and Associate Director of Nursing. Proposals are then presented by the Divisional Nurse Director at a 'confirm and challenge' meeting with the Chief Nurse and supporting specialist leads.</p> <p>Children's services used the Children's and Young Persons (C&YP) SNCT tool.</p> <p>Specialist areas such as Critical Care, Maternity Services, Neonatal Unit and the Emergency Department have specialist specific establishment reviews aligned to the appropriate national guidance which are detailed later in this report.</p>

2.2

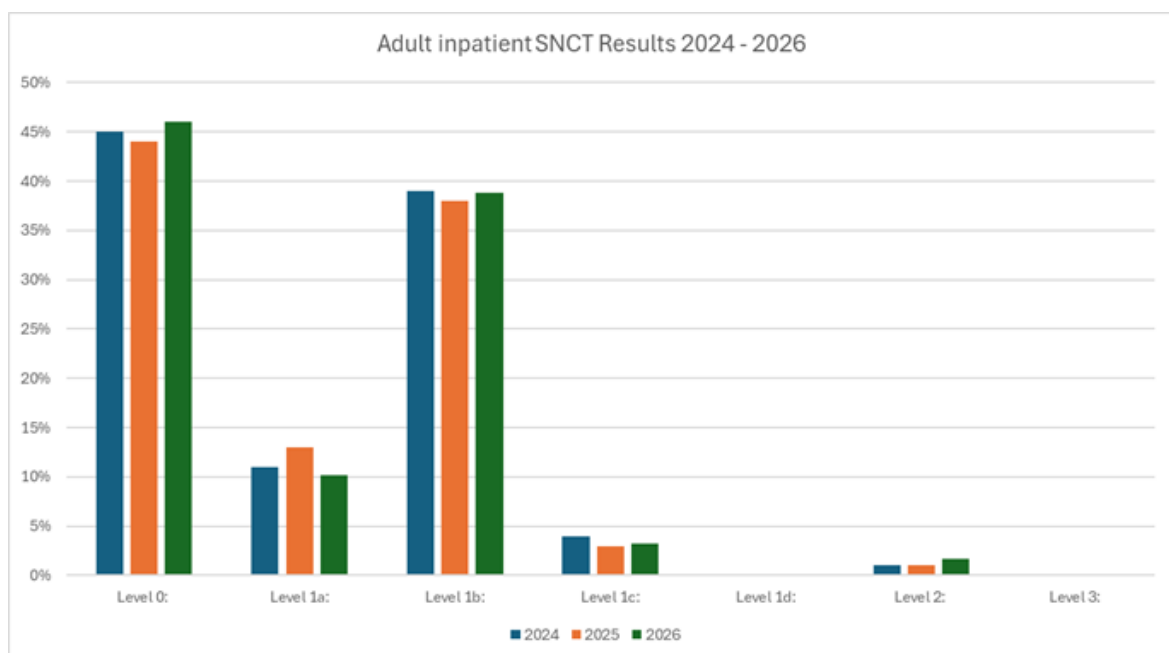
Expectation 1: Right Staff

Adult Safer Nursing Care Tool

The Safer Nursing Care Tool SNCT is a NICE-endorsed evidence-based tool, NHS organisations are required to have a licence to utilise it and staff must undertake training and pass an assessment in order to use it.

As part of the establishment review template the results of the previous SNCT audits are considered, including discussion in relation to any significant variances in data to ensure that there is confidence in the application of the tool. 'Red rules' within the tool indicate that where there has been a change of location, configuration or patient case mix since the previous audit then this should be considered as a new data set and comparison, or judgment cannot be used based on SNCT results until there are two data collection points.

The chart below shows the Adult SNCT levels of care across each of the three audits since using the revised October 2023 tool. The chart shows little variance across the overall Trust results. This would suggest a degree of confidence in a consistent delivery and approach to how the SNCT has been implemented.



There were some level 1d & level 3 patients during the audit however not enough to create a percentage figure.

Patient care levels: Adult inpatient SNCT

- Level 0 – Needs met by provision of normal wards.
- Level 1a – Unstable with a greater potential to deteriorate.
- Level 1b – Stable condition but are dependent on nursing care to meet most of their needs.
- Level 1c – Stable condition but requiring additional intervention to mitigate risk.
- Level 1d – Stable condition but requiring intervention by 2 or more people to mitigate risk.
- Level 2 – Requires management in designated beds / required staffing expertise or transfer to designated level 2 facility.
- Level 3 – Advanced respiratory support / multiple organ failure

<p>2.3</p>	<p>Expectation 1 – Right Staff</p> <p>The Chief Nurse leads the development of a nursing workforce plan for WUTH, this must take into consideration current financial challenges and controls and ensure that the nursing and midwifery workforce is resilient and able to sustain high quality care and patient safety.</p>
<p>2.4</p>	<p>Expectation 2 – Right Skills</p> <p>Mandatory training</p> <p>Ensuring staff have the right skills to undertake their role safely and confidently is a national NHS requirement. WUTH has robust Ward to Board processes in place to monitor the compliance of staff against mandatory and role essential training including a specific Education Governance Group.</p>
<p>2.5</p>	<p>Expectations 2 – Right Skills</p> <p>Recruitment & Retention</p> <p>Data from NHS England reports the national registered nurse (RN) vacancy rate as 6% (Sept 25). WUTH reports nurses' & CSW vacancy data as part of the bi – monthly safe staffing report to People Committee, for ward-based nurses (including Emergency department) WUTH has held a vacancy rate in line with the national or below with the latest vacancy rate at the time of this report 4.77% Mar 26.</p> <p>The Nursing Workforce Lead within Corporate Nursing, works closely with Divisional Directors of Nursing to support timely recruitment of Registered Nurses with a particular focus on supporting newly qualified RNs into band 5 positions.</p> <p>Chart 1</p> <p>CSW recruitment</p> <p>Following the conclusion of a Trust wide organisational change process affecting CSWs, CSW vacancy data continues to be reported as special cause concern. Recruitment and retention work is ongoing with several actions:</p> <ul style="list-style-type: none"> • Local recruitment led by each Division • Planned quarterly recruitment events supported by Trust's workforce team

- A CSW Development programme led by NHS Professionals
- A successful ED specific recruitment event targeting band 3 recruitment

**Expectation 2: Right skill
Enhanced Therapeutic Observation of Care (ETOC)**

Patients who are at risk of falls, cognitive impairment which manifests in behavioural challenges, cared for under a deprivation of liberty (DOL's) patients may require varied levels of ETOC to help maintain patient and staff safety. WUTH has a robust system in place to ensure individual patient risk assessments are completed appropriately and to ensure that the level of observation provided is proportionate. Patients requiring 'within arm's reach' supervision has to be undertaken by CSW band 3 or above. WUTH is part of the regional community of practice (COP), through which organisations are sharing learning outcomes and good practice to ensure quality of care and potential financial efficiencies, some examples include designated ETOC teams and diversional activities co-coordinators. The increased resource demands associated with ETOC patients is a national agenda topic and is reflected in the inclusion of aligned levels within the Adult SNCT and the new C&YP SNCT. Trusts whose demographic population profiles include significant proportions of older people, are therefore more likely to have a greater ETOC requirement. It is imperative that staff are equipped with the relevant skills to support ETOC patients and maintain patient and staff safety. It is anticipated that WUTH will be implementing a set of training competencies through the regional COP work and will continue to enhance its assistive tech approach to aid during Qtr. 2.

2.5

Clinical Support Workers

Clinical Support Workers (CSWs) are an integral component of the nursing and midwifery workforce supporting registered nurses and midwives to deliver safe and effective care across the Trust.

Following a period of industrial action in 2023, a retrospective pay process was undertaken to recompense CSWs for work undertaken at a band 3 level whilst they were in a band 2 role.

Subsequently a Trust-wide organisational change process has been implemented to significantly increase the number of band 3 CSW roles and create a new Band 2 Health Care Assistant (HCA) role.

During this period, the Trust has experienced an increasing CSW vacancy rate with challenges in reviewing accurate data during the implementation of Trust-wide changes.

Staff development and upskilling is now underway aiming to improve retention and support staff experience and safe patient care.

Trust wide CSW recruitment has been piloted successfully and local recruitment is ongoing. Several approaches for CSW and HCA recruitment are required whilst supporting development and training of current staff to improve staff experience and retention.

A deep dive paper was presented to People Committee 30th March 2026 outlining next steps. The increase in band 3 roles across the organisation has been a key consideration within this round of establishment reviews, their impact aligned to key nursing sensitive indicators will be evaluated through the next set of establishment reviews and on-going safe staffing monitoring to ensure that the Band 2 / 3 models in each area are optimal.

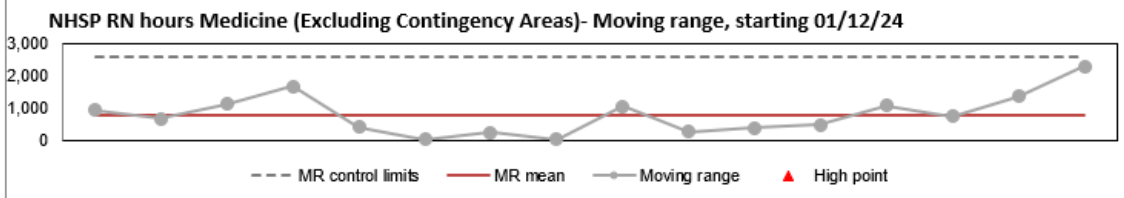
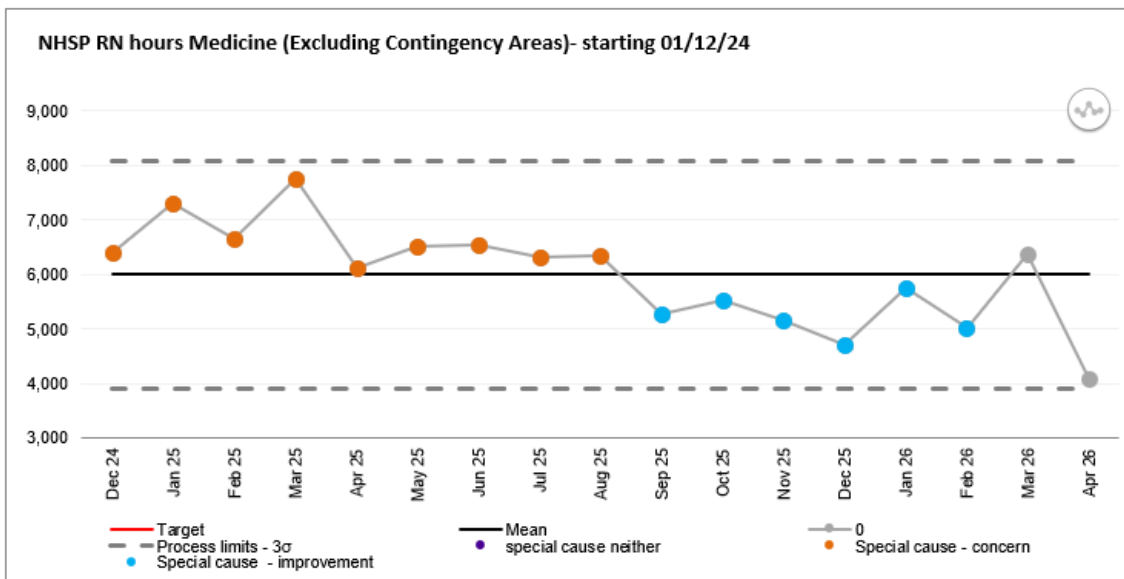
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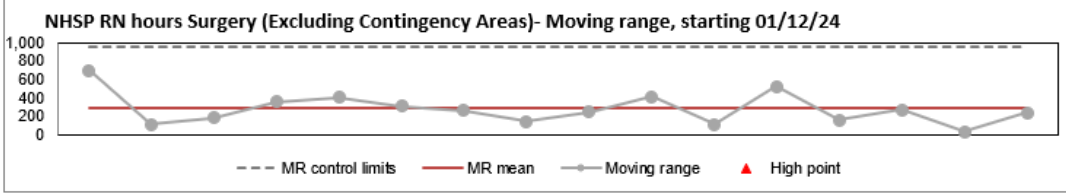
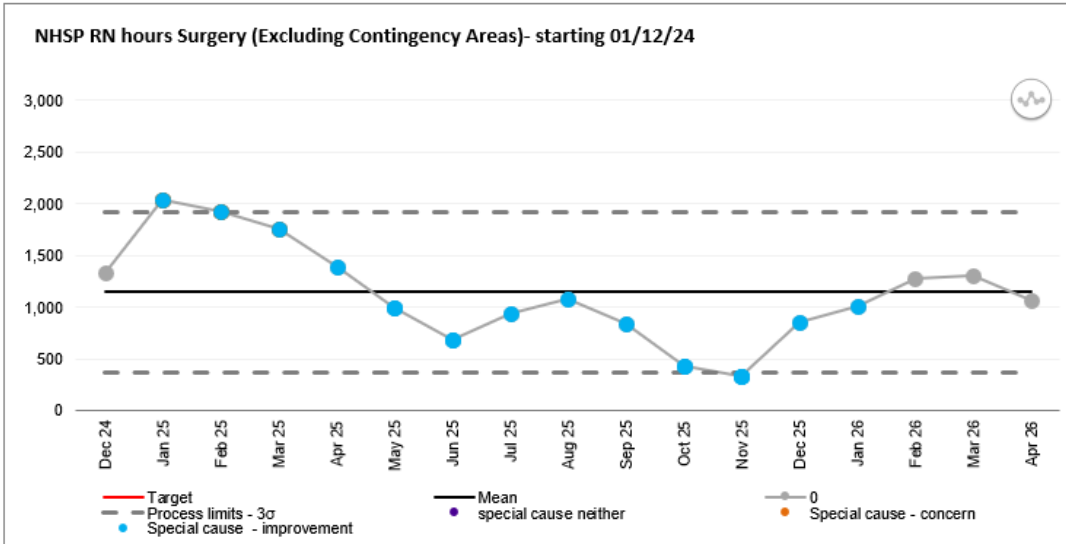
Expectation 3 – Right place and time

E – Roster & temporary staffing

It is well recognised following Lord Carter’s review of productivity and efficiency of NHS Acute hospitals 2016 that good roster control and management will provide efficiencies such as reducing the requirement on bank and agency staff and ensuring that there are the right staff, in the right place, at the right time by planning staffing against activity and demand aligned to experience and skills.

WUTH has a roster control meeting in place, chaired by the Director of Nursing with attendance by senior nurse leaders for each division. These review meetings comprise of monitoring key performance indicators aligned to good roster management and data led discussions in relation to additional control measures, such as mis-match shift reports, retrospective shift allocation and NHSP request rationale and usage. High level outputs are reported within the bimonthly safe staffing report to People Committee. The two SPC charts below demonstrate the improvements achieved in relation to the reduction in RN NHSP shifts excluding escalation areas across the medical and surgical divisions.





SafeCare E-roster Module

WUTH is set to launch SafeCare within the surgical division 1st July 2026. SafeCare within the Allocate E-roster system, provides visibility of staffing levels based on patient numbers and acuity and dependency, enabling day-to-day operational changes to the roster, in real time, which will support any required redeployment of substantive staff across wards and allocation of any temporary staffing. This SafeCare module however is reliant on correct e-rosters being in place and staff inputting patient acuity and dependency 3 times a day. Ward 54 within the women’s and children’s division will be launched 1st August. Preparation for launch within the medical division is underway which includes the cleansing of roster templates and increasing staff trained in the use of SNCT.

Outputs from SafeCare will provide a greater understanding of staffing demands and safe staffing oversight. WUTH will utilise the SNCT model which will capture the requirements of ETOC patients. These data reports will also be utilised as part of the establishment review process and reviewed at regular intervals through the roster review meetings.

Expectation 3 – Right place and time

Escalation beds

WUTH has experienced prolonged periods of high levels of activity which has continued outside of the predicted winter months pressures. The table below shows the current number of escalation beds open. WUTH has had to utilise additional staffing resources from NHSP to maintain safe staffing.

In addition to the escalation beds WUTH also operates a continuous flow policy with several wards taking additional patients based upon their predicted discharges. During the time of the SNCT audit 12 wards recorded additional information indicating that they had continuous flow patients, with several wards recording continuous flow patients every day.

Division	Ward (Green = Returned)	Funded Beds (Finance data)	Escalation Beds (SNCT forms)
Medicine & Acute	21	30	1
Medicine & Acute	26	29	4
Medicine & Acute	31	28	2
Medicine & Acute	36	34	1
Medicine & Acute	37	8	1
Medicine & Acute	38	37	1
Medicine & Acute	CCU	6	1
Medicine & Acute	CRC	30	2
Medicine & Acute	M1	30	10
Surgical	10	22	4
Surgical	14	37	1
W&Cs	54 Gynae	8	4

Integration – services redesign – SDEC models

Proposals to significantly increase the offer of Same Day Emergency Care (SDEC) at WUTH are under review. It is anticipated that this enhanced provision of same-day assessment, diagnostics and treatment will transform care and significantly reduce the requirement for escalation areas and beds and the associated temporary staffing pressures.

3.0

Establishment review outcomes

Outcome details of the establishment reviews for each Adult inpatient ward are provided in the tables below. The outcomes have been reviewed by the Chief Nurse and Chief Finance officer for overall approval. There were a total of 5 wards with proposed changes as detailed below. Ward 17/SEU, Ward 21, 22, 27 and ward 33.

As highlighted earlier in the report, utilising Adult SNCT results as a basis for recommendations to changes in establishments should only be done after a minimum of two audits. In addition, national guidance is clear that the decision making for establishment change must be focussed on professional judgement using the triangulation of data intelligence.

Table 1 displays adult inpatient wards with ward 26 and M1 displaying the impact of the escalation beds described further within this report.

Table 1

WUTH 2026 SNCT Results Comparison table					
Division	Ward	WTE Funded Establishment (Excluding house keepers & ward Clerks)	SNCT 2026 Results <i>Excluding level 1c & 1d ETOC*</i>	SNCT 2026 Results Including level 1c & 1d ETOC*	Outcome
Surgical	10	31.21	30.53	30.53	No Change
	11	40.62	38.86	39.07	No Change
	14	53.68	51.5	51.5	No Change

	18	45.23	36.61	36.94	No Change
Medical	21	41.44	45.96	56.01	Skill mix change
	22	41.26	35.29	45.25	Skill mix change
	23	43.07	43.34	44.72	No Change
	24	31.43	27.95	30.82	No Change
	25	37.53	38.8	41.73	No Change
	26	41.20	39.82 (29beds) 42.7 (33beds)	49.85 (29beds) 57.28 (33beds)	No Change
	27	41.32	38.01	40.16	Skill mix change
	31	40.37	42.31	54.16	No Change
	33	38.83	38.86	39.08	Reduction
	36	47.91	47.77	54.26	No Change
	38 & 37	70.07	72.5	73.56	No Change
	CRC	39.72	36.55	42.97	No Change
	M1	40.42	47.61 (30beds) 63.84 (40beds)	49.04(30beds) 64.91 (40 beds)	No Change
	AFU	40.01	50.12	51.41	No Change

The surgical division has two wards where the bed base has “ring fenced” elective activity beds shown in table 2 below.

Table 2

Ring Fenced Elective Orthopaedic Beds					
Division	Ward	WTE Funded Establishment <i>(Excluding house keepers & ward Clerks)</i>	SNCT 2026 Results <i>Excluding level 1c & 1d ETOC*</i>	SNCT 2026 Results <i>Including level 1c & 1d ETOC*</i>	Outcome
Surgical	12 & WAFFU	38.56	35.82	38.28	No Change
	M2 Ortho	18.63	11.85	11.85	No Change

4 wards across the medical, surgical and womens & childrens division who undertook the adult SNCT audit have a combined funded establishments with staff who work across the combined areas of responsibility and whom are managed by the same budget leadership. These combined establishments provide a challenge when reviewing SNCT results as the Adult SNCT is only applicable for bedded overnight stay areas. Table 3 presents the SNCT data for these wards indicating which part of the combined establishment has not been included to provide some additional context.

Areas with combined establishments where part of the funded establishment is not included in the SNCT calculation due to the nature of the activity.					
Division	Ward	WTE Funded Establishment <i>(Excluding house keepers & ward Clerks)</i>	SNCT 2026 Results <i>Excluding level 1c & 1d ETOC*</i>	SNCT 2026 Results <i>Including level 1c & 1d ETOC*</i>	Outcome

Surgical	SEU -17 Excluding SEU	51.15	25.06	25.51	Increase
Medical	32 & CCU Excluding Cath lab, Cardiac day ward	64.36	50.31	50.31	No Change
	30 Excluding Haematology Day Ward	37.8	44.63	44.63	No Change
W&Cs	Gynae Excluding Gynae Day Case	25.02	14.03	14.03	No Change

Surgical Division

As highlighted in table 1 there was just 1 surgical ward where a change was proposed. This change was a slight increase in the 2nd ward manager's hours from 0.82WTE to a full time post for SEU / ward 17.

At a divisional level, staff are redeployed appropriately as identified through daily staffing meetings and staffing allocation is planned in line with patient theatre allocation lists. The deployment of Safecare detailed further in this report will support a greater understanding of this redeployment activity.

Medical Division

AMU, MSSW and UMAC are currently undergoing an organisational change process, with the planned closure of MSSW.

4 wards within the medical division proposed changes during the establishment review process with all changes linked to ETOC considerations. Wards 21, 22 and 27 have similar staffing models and patient case mixes as elderly medicine wards. All three wards have a significant number of patients who require some level of ETOC, the proposed changes for these areas are to reduce the 5th registered nurse on the early shift and increase a band 3 CSW on the late shift. This provides a surplus amount within the budget that will be used to support a business case for an additional CSW band 3 on the early shift, with an expectation that this will reduce NHSP spend.

Ward 33 has proposed a reduction of a CSW late shift, however the budget from this would be used to cover the extra costs of additional ETOC across the Division. ETOC provision is one of the biggest reasons for additional NHSP spends within the division however there is no budget for this.

In addition to the provision of ETOC shifts the medical division also have staffing challenges in the provision of safe staffing for additional escalation beds, detailed further in the report.

Emergency Department

WUTH is currently upgrading its Emergency Department (ED) as part of a multimillion-pound capital investment. As ED transitions between the old environment and the new

build the department is accommodated across several different areas which has resulted in some unforeseen staffing resource challenges. In addition, the Trust has experienced ongoing operational activity pressures which has resulted in ED having to utilise several temporary escalation areas which require additional staff to maintain patient safety.

Staff from across the Trust have supported the Emergency Department during significant times of escalation adding additional staffing pressures across other clinical areas. WUTH held a Corridor Care Summit May 2026 with an overarching improvement plan and actions supported by the Trust's service improvement team. In recognition of the changing patient case mix and an increased length of stay, the Imperial College who are responsible for the development and implementation of SNCT have adapted their ED SNCT tool. This revised tool now includes the collection of the number of patients who have been in the ED for >12hours and aligned a specialist staffing multiplier. Whilst details of this multiplier is protected by a licencing agreement, for the purpose of this report it is acknowledged that the staffing requirement for this type of patient i.e. >12 LOS is higher than 4 other levels of patient acuity and dependency highlighting the challenging nature of caring for and ensuring clinical treatment in these temporary environments. The EDSNCT recommends a headroom for EDs at 27%, national recommendations sit at 25% and WUTH's ED headroom is 23%.

The new ED is planned to be completed in summer 2026 and the planned staffing model for the new department layout is being reviewed by the senior Divisional team, with the Director of Nursing.

Daily dynamic risk assessments are in place to support safe staffing within the ED with clear routes of escalation and communication within the organisation which are overseen at executive level.

Maternity Services

Maternity services use a nationally recognised safe staffing tool Birthrate Plus® which is completed daily and shared across the regional network. Monthly outcome results including the number of red flags, compliance with the tool and any escalation implementations or diverts are reported in the bimonthly Workforce Assurance Committee report for monitoring and escalation. In addition, staffing for maternity services is also reported to the Executive team in relation to Ockendon report updates, progression against continuity of care model implementation and PSQB reports. Following the annual Birthrate Plus® staffing recommendation report March 2025, a business case was presented with an uplifted staffing model to meet recommendations. All of these posts have now been recruited providing a full establishment.

There were no proposed immediate changes to the maternity services establishment, however at the confirm and challenge meeting it was acknowledged that during the recent NHS visit they identified a gap in the provision of dedicated safeguarding maternity posts. It was also agreed that a potential business case would be put forward to increase the current band 6 telephone triage cover to a band 7 post.

Children's Services

The Children's ward was reviewed within the Women's & Children's establishment confirm and challenge meeting chaired by the Chief Nurse. It was acknowledged that the Children's ward is a combined funded establishment with Children's Day case (not captured within SNCT) and whilst there were no proposals to change the current establishment it was acknowledged that there are two risks on the risk register related to the provision of safe staffing. The first 2120 in relation to the proximity of PAU / CED to the ward and the requirement for both areas to support with transfers of patients and cover for breaks etc. This can provide additional pressure at weekends as the Children's ward has a reduced staffing model (risk 1981).

Children's services have specific RCN guidance in relation to staffing levels with suggested patient to registered nurse ratios, also incorporating guidance on acuity levels and alignment to children's age. Whilst this guidance is incorporated as part of the professional judgement in determining staffing levels day to day for the Children's ward, there is currently no mechanism to digitally capture and monitor compliance against this guidance.

There is a specific Children's SNCT with similar implementation requirements to meet the licence agreement criteria. At the time of the audit WUTH utilised the "old" CY&P SNCT. This tool does not always accurately reflect current staffing demands as it does not incorporate ETOC requirements. WUTH regularly supports paediatrics patients with complex care needs including CAMHS patients who require additional therapeutic observation support. The new tool, released by NHS England 13th May 2026 has yet to confirm training dates for its use.

Additional assurances that influence professional judgement include WUTH's attendance at the daily Cheshire and Merseyside network meeting where activity details are recorded and information on acuity shared. WUTH are also a member of four children's services networks, Paediatric, Neonatal, Critical Care and Surgical, these networks provide regional support, scrutiny and gather staffing and patient data in relation to activity and workforce indicators.

Neonatal Unit

There were no proposed changes to the current staffing establishment within the neonatal unit. During the confirm and challenge meeting it was acknowledged that there were some gaps in recommended staffing numbers for supportive roles. The division have covered some of these gaps by flexing some of the roles in Maternity services such as bereavement and IT nurse to support the neonatal unit. In addition it was recognised that there are also gaps in the recommended numbers of Allied Health Professional AHP roles which is on the risk register.

Due to the acute nature of neonatal medicine, it can be difficult to accurately predict required staffing levels and therefore the application of professional judgement using average activity & acuity, aligned to staffing guidance recommendations form the basis of staffing deployment within WUTH's neonatal unit. This approach is in line with the British Association of Perinatal Medicine BAPM guidance. WUTH's neonatal unit is part of a regional neonatal network and is represented at daily meetings to identify any required mutual aid, diverts or escalations.

	<p>Critical Care</p> <p>The current staffing establishment for critical care has been mapped according to the Guidelines for the Provision of Intensive Care Services (2022) (GPICS) developed by the Faculty of Intensive Care Medicine (FICM) and the Intensive Care Society (ICS). This provides a baseline of how the unit is staffed according to the standards. The staffing establishment is sufficient to ensure that the standards are achieved.</p>
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4	Conclusion
4.1	<p>The Trust has met the standards and expectations within Developing Workforce safeguards requirements for adult inpatient wards. In addition, there are evolving processes in place to support professional judgement establishment setting within specialist areas.</p> <p>This report highlights a series of new and proposed workstreams that will ensure standardised approaches to safe staffing. These new initiatives and increased scrutiny and controls will provide a positive impact on patient safety and quality of care whilst also supporting efficiency reviews and increased transparency of staffing metrics.</p> <p>There is confidence that daily staffing monitoring processes are in place with a good system of internal control being applied to ensure gaps are filled and managed effectively in line with the Safe Staffing Escalation Policy.</p>

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