Meeting of the Workforce Assurance Committee
20ᵗʰ November 2025

Subject / Title	Nursing Safe Staffing Bi-annual Establishment Review Paper
Author(s)	Kate Robinson: Lead Nurse for Workforce
Presented by	Vicky Sharples: Chief Nurse & Executive Director of Quality
Summary / purpose of paper	The purpose of this report is to assure the board of the six-monthly establishment reviews which took place for Nursing in September 2025. The board are asked to receive this paper as part of our compliance with Developing Workforce Safeguards (NHSI, 2018)
Recommendation(s)	The recommendation is there is good compliance with the Developing Workforce Safeguards (NHSI, 2018) and that staffing is safe, effective and sustainable; evidence for compliance is provided throughout the report.
Background papers / source of assurance	• Workforce, Quality and SNCT Data • Benchmarking
Risk score / BAF reference	BAF Risks 3 and 4
EDI impact/considerations	EDI impact has been considered
Link to: ➢ Trust strategy ➢ Corporate objectives ➢ CQC Quality standard ➢ Regulation	Adherence with NQB (2016) and NHSI (2018) guidance Our Strategy
You are reminded not to use acronyms or abbreviations wherever possible. However, if they appear in the attached paper, please list them in the adjacent box.	Safer Nursing Care Tool© - SNCT National Quality Board – NQB NHS England (NHSE) Whole Time Equivalent – WTE The National Institute for Health & Care Excellence – NICE Developing Workforce Safeguards - DWS

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Nursing Safe Staffing Bi-annual Establishment Review Paper

1. Background

In 2013, Sir Robert Francis released findings from his enquiry into the Mid Staffordshire NHS Foundation Trust's failings, leading to policies in workforce planning and development to ensure safe patient care. The National Quality Board (NQB) released initial guidance in relation to getting staffing right, ensuring the right people, with the right skills, are in the right place at the right time (NQB, 2013[a]) which were updated in 2016. The Developing Workforce Safeguards (DWS) (NHSI, 2018[b]) built upon NQB guidance with fourteen recommendations that Trusts' compliance would be assessed against.

International research links nurse staffing levels to patient outcomes, including association between suboptimal staffing levels and missed care (Griffiths et al., 2018c), adverse patient events (Kane et al., 2007d) and increase in in-patient mortality (Zaranko et al., 2022e).

The Christie NHS Foundation Trust remains committed to embedding the recommendations from national guidance to support the ratification and agreement of nurse staffing levels. The format of this report follows the NQB guidance (2016[f]) providing assurance against the three outcomes: the right staff, with the right skills, in the right place at the right time. Compliance against the DWS recommendations has been included in Appendix 1.

2. Introduction

This briefing provides the Board with an overview of the bi-annual establishment reviews which were undertaken for nursing in September 2025. This six-monthly review forms part of the Trust approach to the systematic review of staffing resources to ensure safe staffing levels effectively meet patient needs, allowing the delivery of high- quality, safe and effective care.

A triangulated approach has been adopted, utilising recommendations from the Safer Nursing Care Tool[g] (SNCT) (an evidence-based staffing tool recommended by NICE), patient outcomes and senior nurse professional judgement. Establishment reviews have been undertaken as a collaborative process between senior nursing, finance and HR colleagues with final approval from the Chief Nurse. An overview of the establishment review cycle is included in Appendix 2.

3. Expectation 1: Right Staff

3.1. Evidence based workforce planning

The NICE endorsed SNCT was created by the Shelford Group to support nursing establishment and skill mix assessments. The Trust hold a valid license obtained from Imperial College Innovations Limited and are compliant with the quality control stipulations (red rules) outlined within the guidance. The tool provides a framework for incorporating professional judgement and assessment of nursing sensitive outcomes as part of a triangulated approach to ensure nursing establishments reflect patient needs in terms of acuity and dependency. The decision matrix allows staff to measure the acuity (how unwell a patient is) and dependency (how dependent a patient is on nursing staff to have their normal needs met). The revised version of the tool published in October 2023 incorporates updated patient levels of care descriptors with two additional levels of care (1c and 1d) for one-to-one care and two to one care, aligned to refreshed nursing resource multipliers. The tool also provides for traditional ward layout with a separate section for side roomed wards. The following table 1 provides an overview of the 7 care levels within the SNCT.

Table 1: SNCT Care level descriptors

Care level	Summary of descriptor
Level 0	Hospital inpatient. Needs met by provision of normal ward care
Level 1a	Acutely ill patients requiring intervention who are unstable or with a greater potential to deteriorate
Level 1b	Patients who are in a stable condition but dependent on nursing care for all/ most of their needs
Level 1c	Patients who are in a stable condition but require continuous observation
Level 1d	Patients who are in a stable condition but require continuous observation by 2 or more staff
Level 2	Deteriorating or acutely unwell patients who may require transfer to a level 2 facility (e.g. HDU)
Level 3	Patients needing advances respiratory or multi-organ support, usually in a level 3 facility.

The following table 2 provides an overview of the SNCT recommendations against the current budgeted establishment for each in-patient ward.

Table 2: Budgeted vs SNCT recommended establishment

Ward	Current Establishment				SNCT Recommended Establishment					Establishment Variance	
	RN	HCSW	Total	CHPPD	RN	HCSW	Additional ETOC	Total	CHPPD	Total WTE variance	Total % variance
Palatine	51.5	17.6	**69.1**	9.6	42.4	14.1	6.4	**62.9**	8.8	6.2	9%
AAU	31.5	14.4	**45.9**	9.3	28.1	13.2	2.2	**43.6**	8.8	2.3	5%
Ward 10	30.2	17.8	**48.0**	7.4	25.9	14.0	0.9	**40.7**	6.2	7.2	15%
Ward 11	26.0	18.5	**44.5**	6.7	26.7	14.4	3.4	**44.5**	6.7	-0.1	0%
Ward 12	25.2	15.8	**41.0**	8.6	20.1	10.8	6.1	**37.0**	7.7	3.9	10%
Ward 2	12.6	11.8	**24.4**	4.9	21.2	11.4	1.8	**34.4**	7.0	-10.0	-41%
Ward 4	29.8	20.0	**49.8**	7.8	27.7	14.9	6.6	**49.2**	7.7	0.5	1%
Total	206.7	115.9	**322.5**		192.1	92.9	27.5	**312.5**		10.1	3%

A total of 27.5 WTE is recommended to support Enhanced Therapeutic Observations of Care (ETOC) for level 1c or 1d patients across the Trust. Due to the fluctuating nature of ETOC requirements, further SNCT data is required before considering the need for an uplift in establishment at either ward or Trust level.

An overview of the SNCT data is outlined below for each ward:

Palatine Ward:
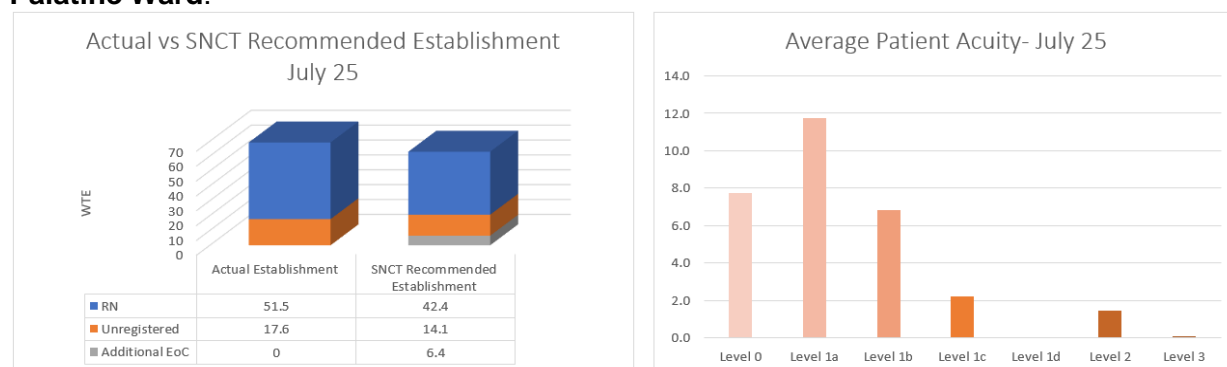
In July, 38% of patients were identified as level 1a, with a further 5% reported as level 2 or 3. This is reflective of the high acuity expected for haematology patients and the complex care provided. 22% of patients were identified as 1b, indicating a higher level of dependency and 7% a level 1c, requiring 1:1 ETOC. This is a particular challenge on Palatine ward due to all patients being cared for in single side rooms and therefore removing the option to cohort.

Ward 12:
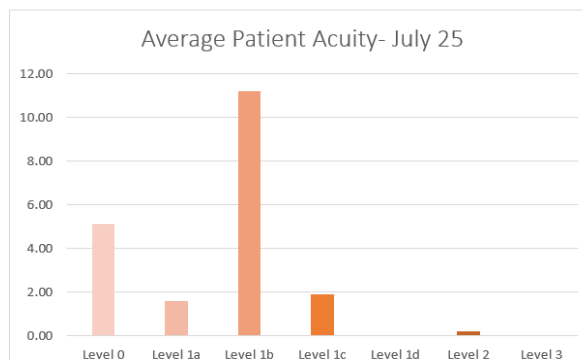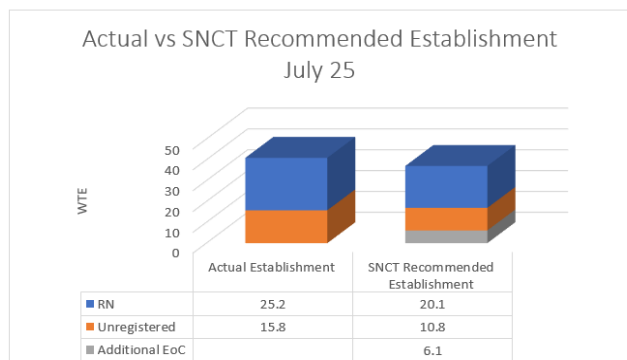
During the July census collection, the ward was temporarily relocated to wards 14 and 15, on different floors of the hospital and each with 10 in-patient beds. 56% of patients were identified as level 1b, and 10% level 1c, indicating a high level of dependency on nursing care and additional resource to maintain patient safety. Whilst the return to Ward 12 has resulted in caring for an additional 8 patients, the nursing resource is no longer split across 2 geographical areas. Further SNCT data will be required to assess the impact of this change on any establishment recommendations although in the short term, some unutilised budget will support an additional HealthCare Assistant (HCA) on each night shift.

Ward 11:
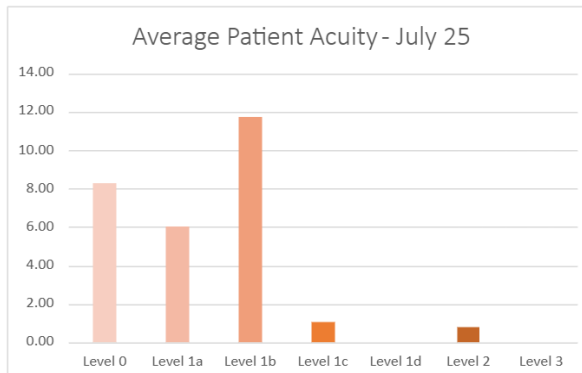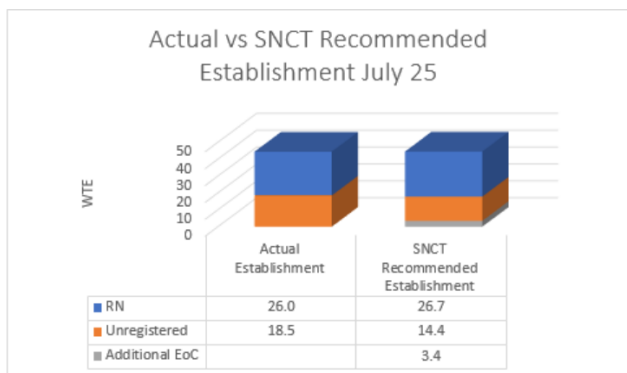
42% of the patients were categorised as level 1b, indicating a reliance on nursing care for support with daily living activities such as washing and mobilising or patients being cared for in their last days of life. 30% were identified as level 0 patients, requiring normal ward level care and 22% were identified as having a greater risk of deterioration and scored as level 1a. This highlights the fluctuation in patient acuity and dependency across the ward although the most recent SNCT data suggests an appropriate establishment is currently employed.

Ward 4:
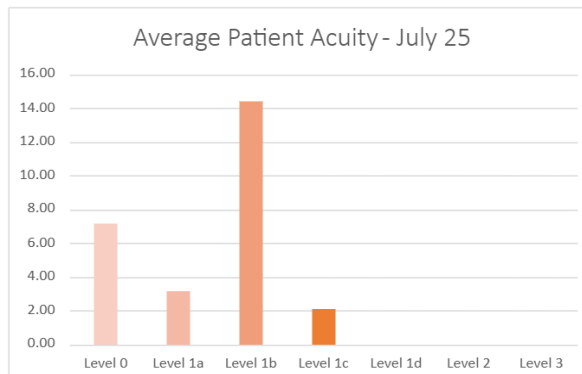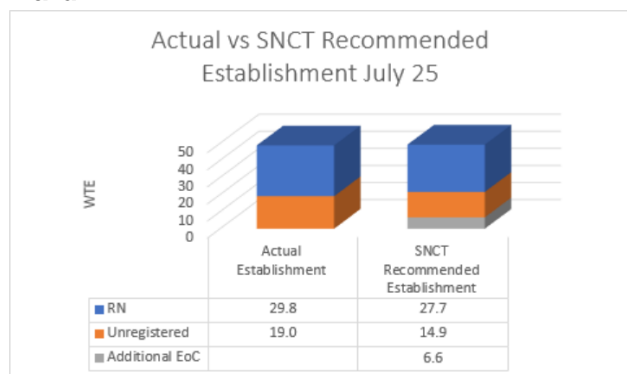
54% of the patients in July were reported as level 1b, identifying an increased reliance on nursing support needs. 8% of patients required 1 to 1 nursing care, categorised as level 1c. Whilst the SNCT recommendations capture the patients on ward 4, the budgeted establishment also includes approximately 5.5 wte RN and 3.5 wte unregistered staff who cover the brachytherapy

unit which is not included in the SNCT data collection. Further SNCT data will be considered prior to any establishment changes which will occur when the ward relocates in 2026.

Ward 2:
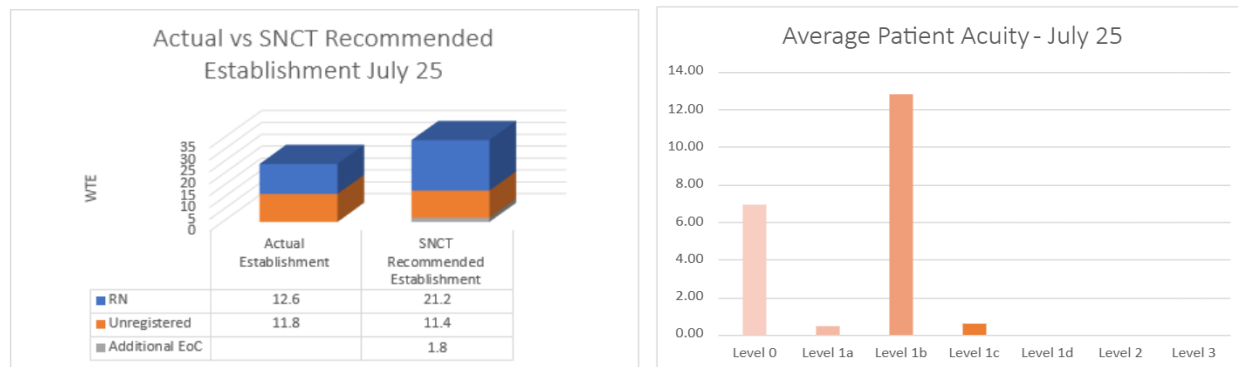
During the July SNCT census period, 62% of patients were identified as level 1b with 33% level 0. This suggests that the majority of patients are stable, but many with a higher level of dependency to meet their care needs. Ward 2 are established for 16 beds to remain open from Monday morning to Saturday afternoon. Due to site pressures and the reduction of open beds whilst ward 12 (and subsequently ward 11) is relocated to wards 14 and 15, this has resulted in 21 open beds on ward 2 which remain open all week. This is currently staffed utilising pressure posts and the longer-term establishment will consider SNCT data alongside quality metrics and the consideration of the move to ward 4 planned for 2026.

Ward 10:
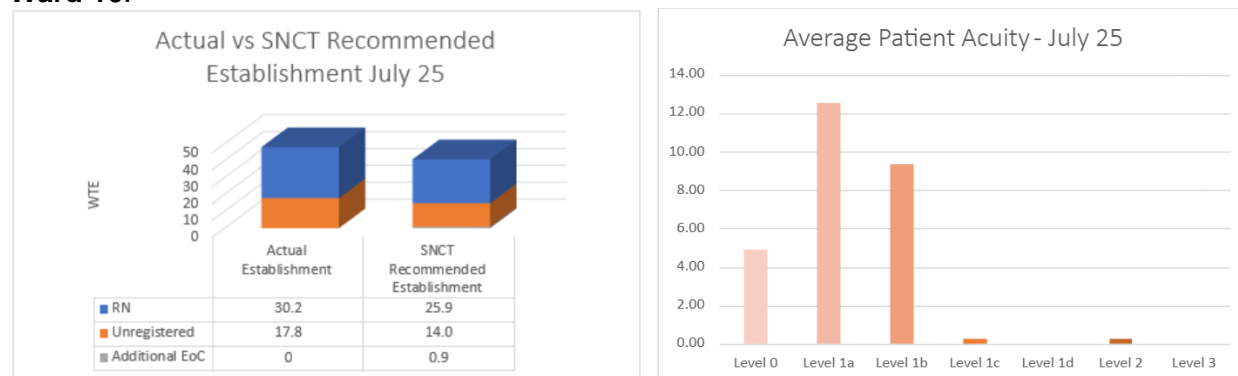
46% of patients on ward 10 were identified as level 1a during July, representative of the post-operative patient with a greater risk of deterioration that would be expected on an acute surgical ward. 34% of patients were level 1b, indicating an additional requirement on nursing support, with 18% identified as level 0. This indicates that the patient demographic on ward 10 are mostly acutely unwell or dependent upon nursing care. Whilst the July SNCT census suggests a slight over-establishment on ward 10, this does not account for the higher nurse to patient ratio that is required following more complex surgeries and further census collections would be required before consideration to reduce the current staffing model.

AAU:
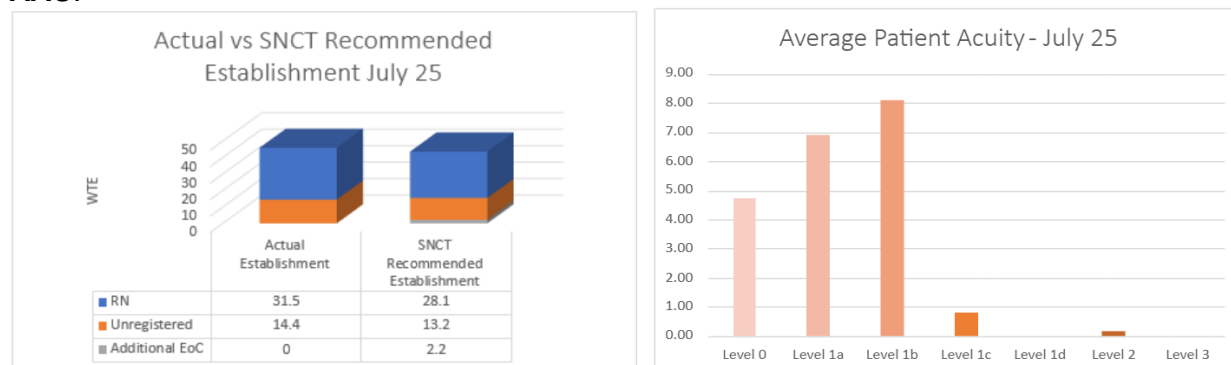
As anticipated for an assessment area, the acuity and dependency of patients varies considerably across AAU, with 39% level 1b, 33% level 1a and 23% level 0 patients reported in July.

CRF: The majority of patients cared for on the Clinical Trials Unit are day case, which is not captured within SNCT and therefore the data cannot be reliably used to recommend nursing establishments. Data is gathered for inpatients to demonstrate trends in acuity and dependency over time and this will be analysed following subsequent census collections. During July, an average of 2.4 inpatients were nursed on the unit each day of which 45% were reported as level 1b, 25% level 0 and 21% 1a. This reflects the dependency of this patient group and the nursing hours which is required to administer treatment and close monitoring thereafter.

Withington Ward: Withington ward shares a nursing establishment with Ambulatory Day Unit, however as SNCT data only captures the 4 in-patient beds, establishment recommendations cannot be made using this data. 98% of the in-patients on Withington ward were identified as level 0 during July. This reflects the high turnover of this patient group requiring ward level care.

SNCT is not recommended for use in critical care areas. Nurse staffing for Oncology Critical Care Unit is therefore based on guidelines for the Provision of Intensive Care Services (Faculty of Intensive Care Medicine, 2022[h]). 80% of patients on OCCU were categorised as level 2 between February and July 2025. Figure 1 highlights the gradual increase in bed occupancy over the last 6 months, particularly at the weekend when staffing levels are reduced. To support this increase, the Divisional Senior Nursing team are looking to reassign unutilised establishment funding from ward 10 to increase the RN and HCA establishment on OCCU.

Figure 1: OCCU bed occupancy
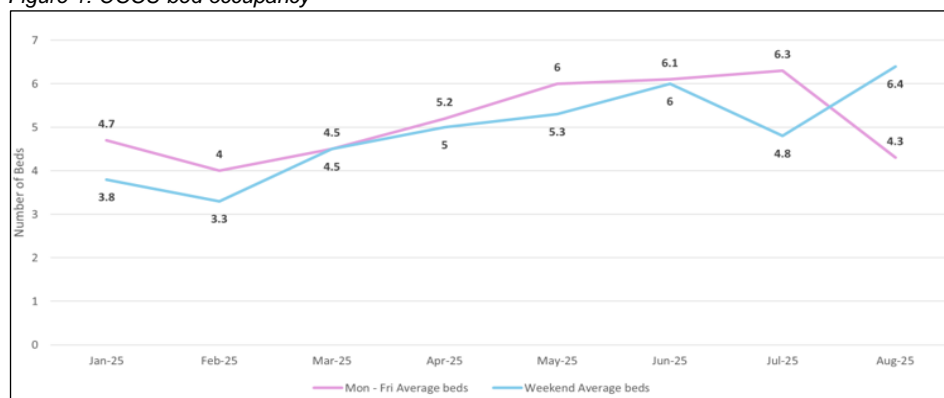
A full establishment review, chaired by the Chief Nurse, has been undertaken for all inpatient areas triangulating the SNCT recommendations, patient outcomes and quality metrics, and professional judgement, utilising The Professional Judgement Framework[i]. SNCT guidance requires review of data from a minimum of two census periods before implementing changes to establishments and therefore no changes have been made based on these SNCT recommendations alone. A further 2 data sets will be considered to ensure accuracy and interpretation of any variances.

3.2. Professional judgement

Professional Judgement is included in workforce reviews to confirm appropriate nurse staffing levels. The Professional Judgement Framework is used to support the consultative approach to the determination of nurse staffing requirements to determine ward staffing requirements, based on the judgement of experienced nurses to agree the number and grade of staff required to provide care on a specific ward. This was discussed at the nursing workforce reviews alongside the Nurse Sensitive Indicators (NSI) and workforce metrics. As well as considering the patient acuity, other factors are considered, including the accuracy of the measurements, any particularities and layout of the individual wards, local staffing context including the administrative and clerical staff employed, and daily activity and demand.

3.3. Red flags

A red flag is submitted via SafeCare (a cloud-based application linked to Health-Roster) in instances where ward leaders assess that nursing staff available on the day does not meet the patients' nursing needs. Red flags are included within the establishment reviews to identify themes where staffing concerns have been escalated. Figure 2 provides a breakdown of red flags entered between February and July 2025. It should be noted that refresher training was provided in May 25 which may account for the increase in red flags in subsequent months.

Figure 2: Red flags raised Feb- July 25
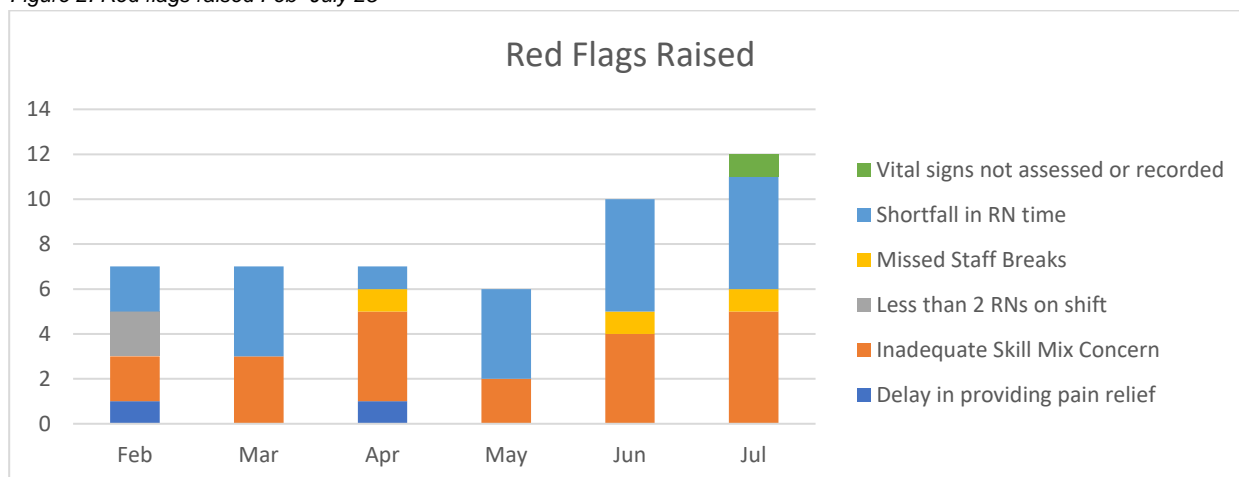
3.4. Compare Staffing with Peers

The NQB (2016) recommend the consideration of Care Hours Per Patient Day (CHPPD) as part of a nursing workforce review. This is a simple calculation which divides the number of actual registered and unregistered nursing hours available on a ward per 24-hour period by the number of patients on the ward that day. The CHPPD for RN and HCA in July 2025 was 8.4. As shown in figure 3, over the last 6 months, CHPPD has averaged at 9.0 across the Christie which is aligned to the national average but slightly lower in comparison to peer Trusts (Clatterbridge and Royal Marsden).

Figure 3: CHPPD peer review
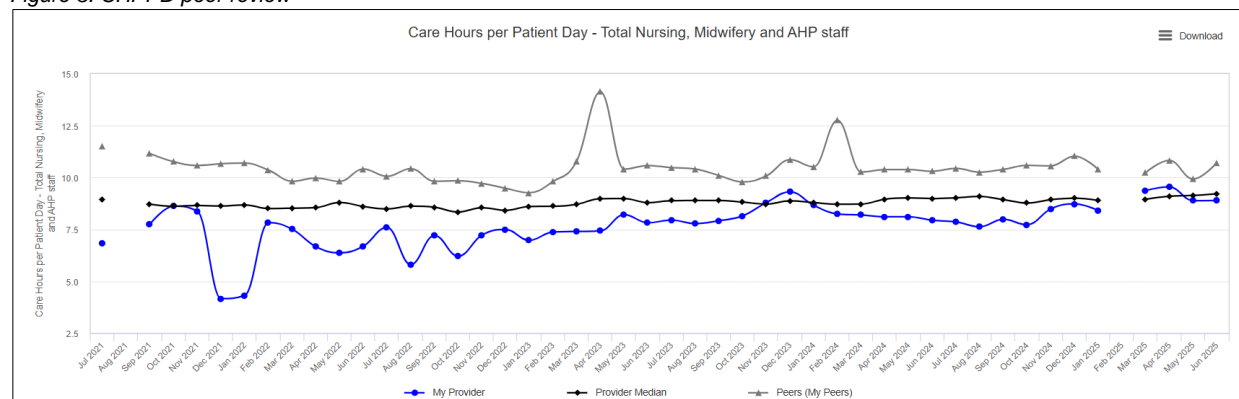
Figure 4 illustrates a comparison of the RN to unregistered nurse ratio which demonstrates a ratio higher than the national average, but slightly lower than the peer Trusts. As recommended by the RCN, a benchmark of RN: HCA minimum ratio of 65:35 is worked towards on all in-patient areas. However, where a ward has a usual higher dependency rather than acuity need, it is accepted the ratio may need change, e.g. patients who require enhanced observations, and a Quality Impact Assessment would therefore be undertaken.

Figure 4: RN: HCA peer review

Qualified Nursing and Midwifery to All Nursing Support(incl HCAs and Others)
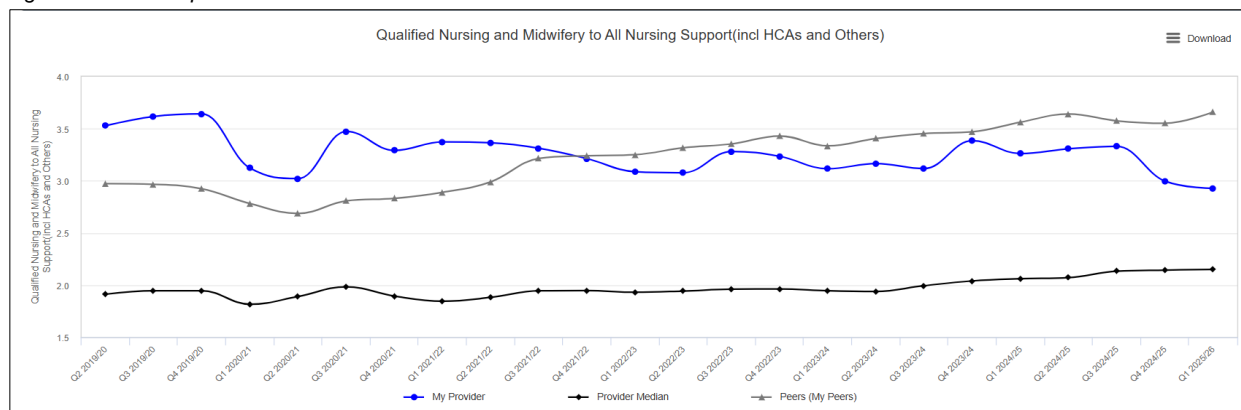
3.5. Staffing Fill Rates

Fill rates are calculated by comparing planned (rostered) hours against actual hours worked for RN and unregistered nurses. Over the last 6 months, the fill rate for RN has remained above 90% and 80% for unregistered nurses, as shown in figures 5 and 6. Some variation has been noted which is thought to be related to where escalation beds have been opened to support site pressures and the increase in patients requiring ETOC.
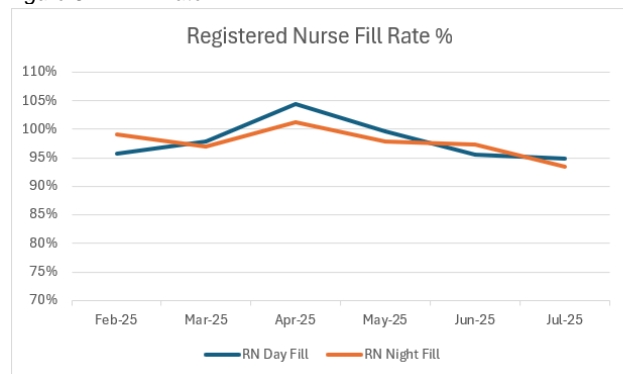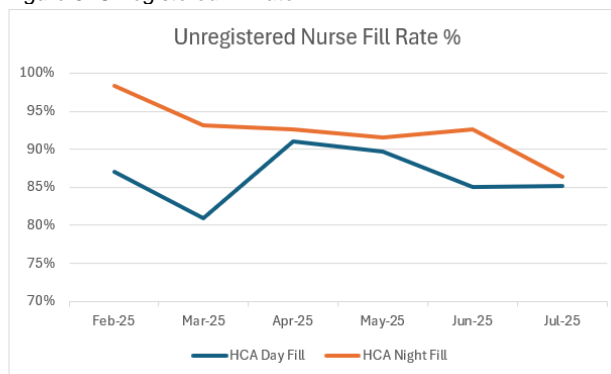
Figure 5: RN Fill rate

Registered Nurse Fill Rate %

Figure 6: Unregistered Fill rate

Unregistered Nurse Fill Rate %

3.6. Enhanced Therapeutic Observations of Care

The Trust reports to NHSE the number of nursing hours utilised each month to undertake the delivery of ETOC. Table 3 demonstrates the number of care hours provided to patients requiring ETOC above budgeted establishment. Ward budgets do not currently include an establishment to deliver ETOC and therefore senior oversight and support and effective strategies are in place to care for this group of patients, with redeployment of staff or the use of bank staff where required. A task and finish group has been established to replicate some of the work undertaken nationally and ensure the Trust ETOC policy aligns to the guidance released by NHSE[j]. The group will focus on defining ETOC; clarifying roles and responsibilities of involved staff; effective assessment, care-planning and discontinuation of enhanced care; education and support for staff delivering ETOC; workforce planning; and implementing governance and oversight mechanisms.

Table 3: ETOC hours delivered April- July 25

REGISTERED STAFF	April 25 Hours	May 25 Hours	June 25 Hours	July 25 Hours
Overall number of ETOC hours provided in month	0.0	0.0	0.0	0.0
Number of ETOC hours provided by **substantive** staff	0.0	0.0	0.0	0.0
Number of ETOC hours provided by **bank** staff	0.0	0.0	0.0	0.0
Number of ETOC hours provided by **agency** staff	0.0	0.0	0.0	0.0
Number of unfilled hours reported for staff relating to ETOC	0.0	0.0	0.0	0.0
	April 25	May 25	June 25	July 25

| UNREGISTERED STAFF	Hours	Hours	Hours	Hours
Overall number of ETOC hours provided in month	1,911.8	1,739.8	2,182.8	2,277.0
Number of ETOC hours provided by **substantive** staff	746.0	831.0	808.5	746.7
Number of ETOC hours provided by **bank** staff	1,165.8	908.8	1,374.3	1,530.3
Number of ETOC hours provided by **agency** staff	0.0		0.0	0.0
Number of unfilled hours reported for staff relating to ETOC	0.0	0.0	0.0	0.0

4. Expectation 2: Right Skills

4.1. Mandatory training, development and education

4.1.1. Mandatory Training Compliance

Figure 7 demonstrates that across the nursing staff group, overall mandatory training compliance has fluctuated slightly, between 92.24% and 93.85%.

Figure 7: RN Mandatory Training Compliance
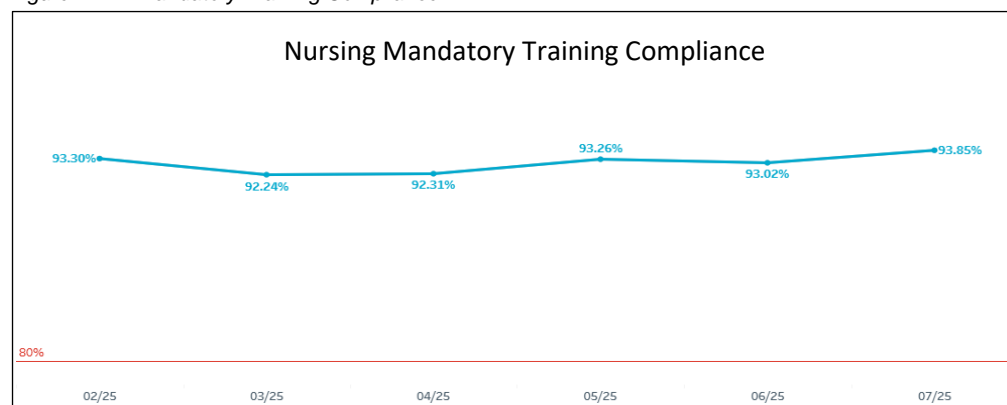
4.1.2. Personal Development Review (PDR) Compliance

As shown in figure 8, PDR compliance has dropped slightly over the last 6 months, although this remains above the Trust target. In July, 88.3% of nurses were compliant with a PDR.

Figure 8: RN PDR Compliance
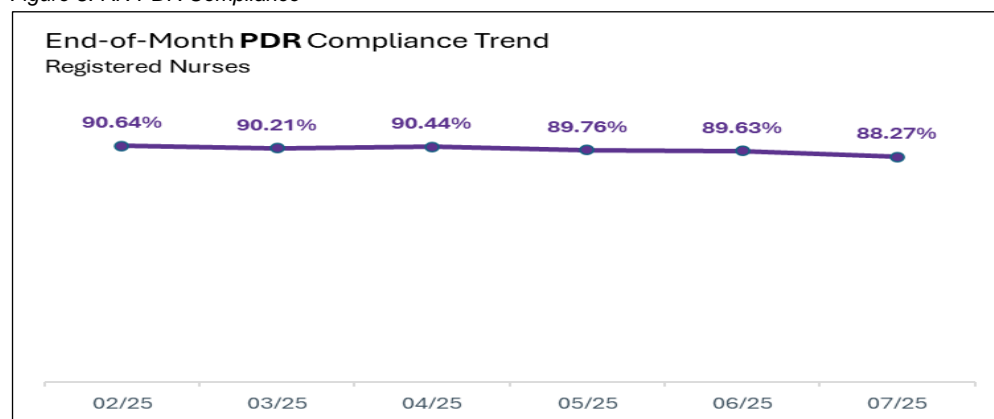
4.1.3. New- starter Induction

A task and finish group has been established to standardise the induction programme for registered and unregistered nurses across the Trust. This aims to provide all mandatory, and clinical training within the first two weeks in post before staff commence work in their clinical areas. The benefits of a streamlined induction programme will improve the experience for new starters, ensure they are fully prepared before commencing in the clinical area and reduce the length of supernumerary time required.

4.1.4. ACCEND

The nationally recognised Aspirant Cancer Career and Education Development programme (ACCEND) is a cancer career and education development programme which provides guidance on the knowledge, skills and capabilities required by all cancer support workers, nurses and AHP who care for people living with cancer across the UK. An ACCEND expert reference group has been established within the Christie to lead the design and implementation of capabilities in practice. The group comprises of 5 colleagues with expertise in clinical leadership, education and quality. An ACCEND mentors' group has also been established with the intention of aligning the work across both groups as ACCEND is embedded across all relevant clinical groups.

4.1.5. Leadership

The Chief Nurse supports 100% supervisory status for all ward managers, ensuring they maintain a visible presence for both staff and patients, provide supervision and mentorship to newly appointed staff, and oversee the maintenance of care quality and professional standards (recommendation 195, the Francis Report, 2013[k]).

In March 2025, the Trust launched the Manager Induction for all newly appointed leaders. A development programme is due to be launched for ward and department managers by the end of 2025. The programme is being developed in collaboration with Nursing, OD and Christie Institute colleagues, focusing on effective leadership and management and embedding quality improvement.

4.2. Multi-professional working

4.2.1. Advanced Practitioners

Across the Trust there are a total of 112 Advanced Practitioners (APs) in post from nursing and AHP backgrounds, with 33 of those currently in training. There is a commitment to invest in roles that develop the service, and this has been demonstrated by the consistent number of advanced practice training posts created each year. The Christie has recently ratified a new policy, 'Advanced Practitioner Framework, Titles, Appraisal and Professional Development', which supports the development and career progression, whilst ensuring governance procedures are in place. This offers assurances to regulatory bodies and supports the AP staff within the workplace, providing confidence to our patients of right person, right place and aligns with the NHS 10-year plan for AP development.

4.2.2. Professional Nurse Advocate

The Trust currently monitors and reports the number of Professional Nurse Advocate (PNA) within the monthly NHSE nursing safer staffing report. Across the Trust, there are 15 PNAs in post against the national recommendation of 46 to ensure 1 per 20 nursing staff in post. Funding has been secured for additional training places with UCLAN University and the Trust PNA lead is supporting staff through the application process. The PNAs deliver restorative clinical supervision to colleagues, supporting both staff wellbeing and retention and quality improvement initiatives.
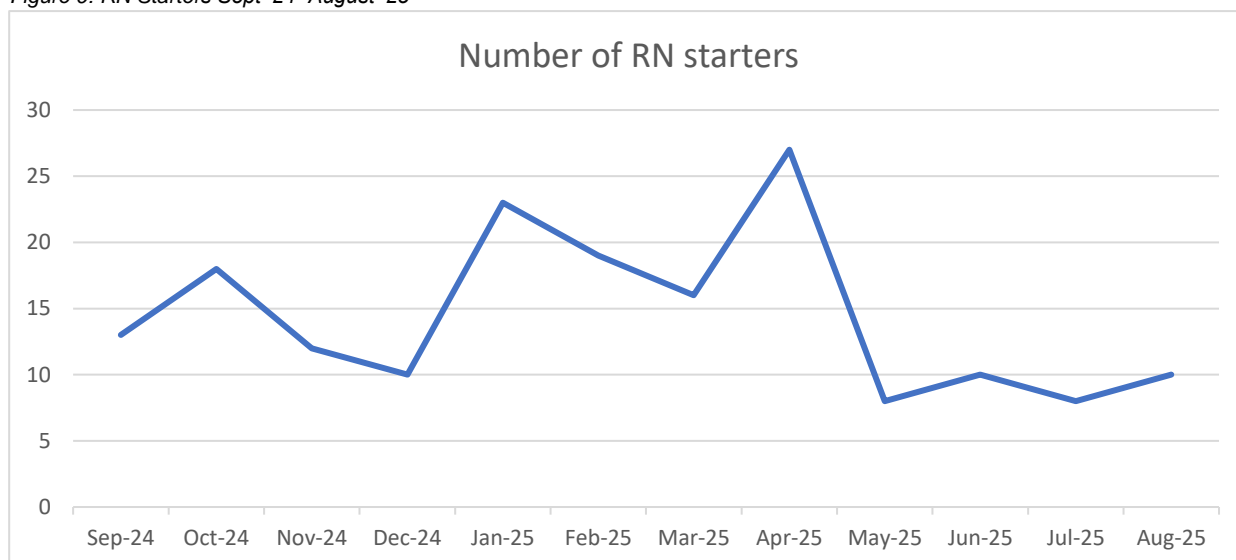
4.3. Recruitment and retention

4.3.1 Registered Nurse Recruitment

Figure 9 shows that a total of 174 RNs have joined the Trust over the last 12 months. The number of new starters is expected to increase over the upcoming months, reflective of the number of graduate nurses currently seeking employment.
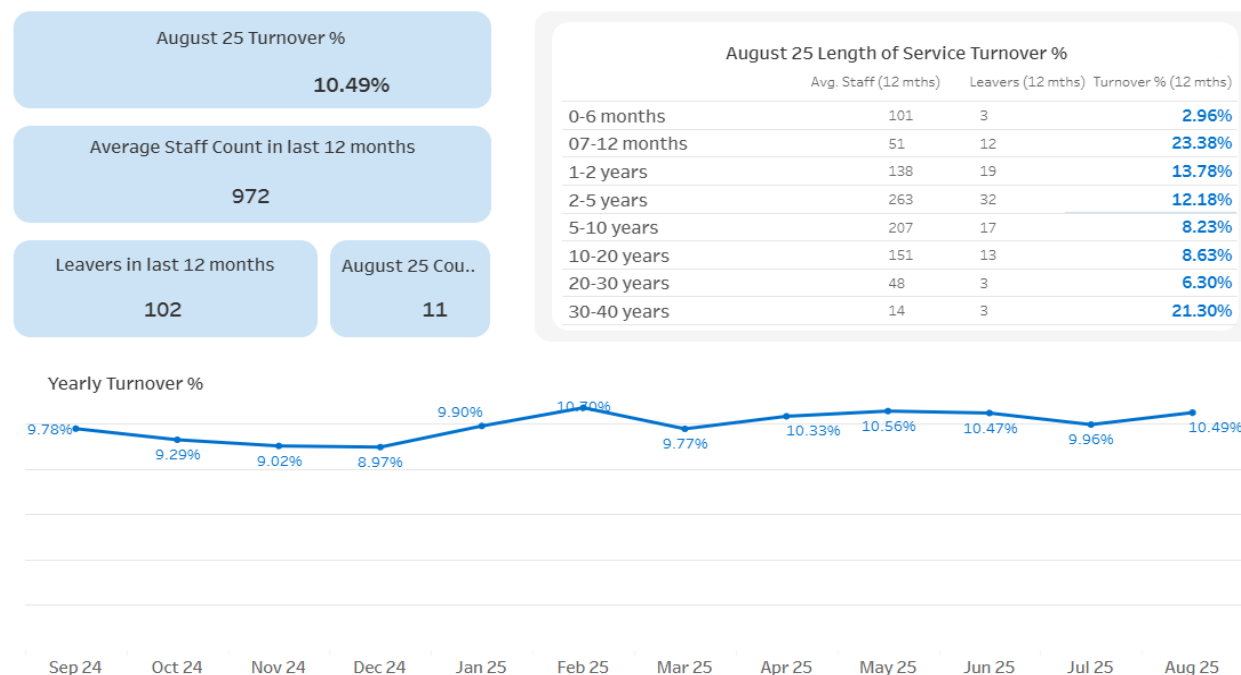
Figure 9: RN Starters Sept '24- August '25

4.3.2 Registered Nurse Retention

As demonstrated in figure 10, as of August 2025, the 12-month turnover rate for Registered Nurses (RNs) was 10.49%, with a total of 102 WTE RNs leaving the Trust. The highest proportion of leavers had been employed for between 7 and 12 months. It is anticipated that this trend will improve through ongoing efforts to standardise and enhance the nurse induction programme as mentioned above.

Figure 10: RN Turnover Sept '24- August '25

August 25 Length of Service Turnover %			
	Avg. Staff (12 mths)	Leavers (12 mths)	Turnover % (12 mths)
0-6 months	101	3	2.96%
07-12 months	51	12	23.38%
1-2 years	138	19	13.78%
2-5 years	263	32	12.18%
5-10 years	207	17	8.23%
10-20 years	151	13	8.63%
20-30 years	48	3	6.30%
30-40 years	14	3	21.30%

## 5. Expectation 3: Right Place and Time

5.1. Workforce Position

5.1.1 Registered Nurses

As shown in figure 11, the number of RNs in post has continued to rise over the last 12 months, increasing from 796.0 wte in August 2024 to 870.5 wte in July 2025. This is a reduction of 5% vacancies with the current vacancy rate at 5.9% (55 wte).
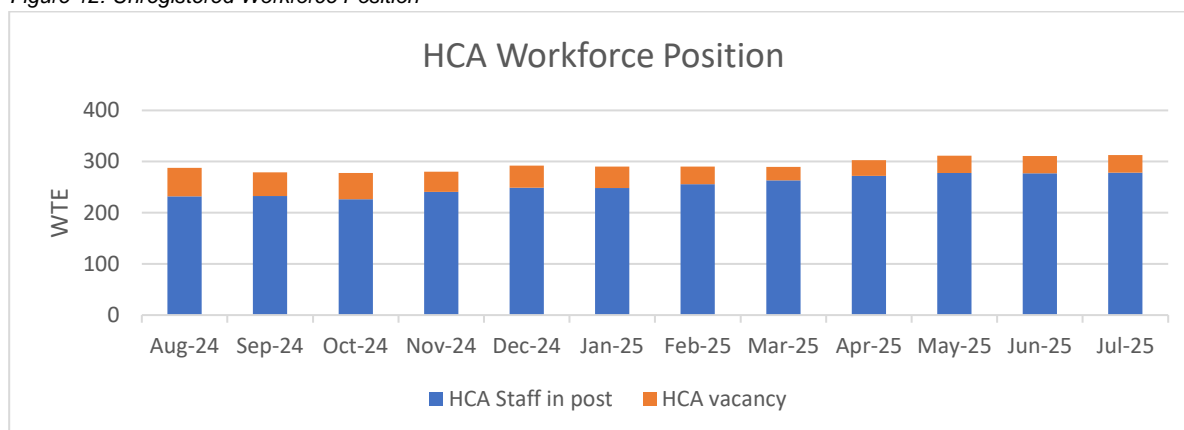
Figure 11: RN Workforce Position

RN Workforce Position (chart)
WTE axis 0–1000
Months: Aug-24 to Jul-25
Legend: RN Staff in post, RN Vacancy
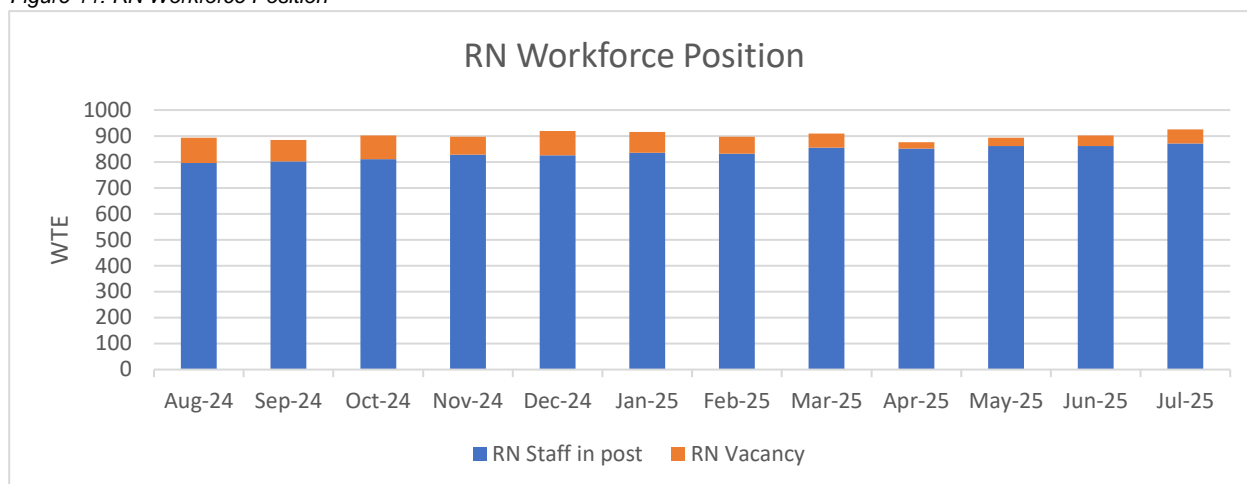
5.1.2 Unregistered Nurses

As shown in figure 12, the number of unregistered nurses in post has also progressively increased over the last 12 months, increasing from 232.1 wte in August 2024 to 278.2 wte in July 2025. This is a reduction of 8.3% vacancies with the current vacancy rate at 11% (34.5 wte).

Figure 12: Unregistered Workforce Position

HCA Workforce Position (chart)
WTE axis 0–400
Months: Aug-24 to Jul-25
Legend: HCA Staff in post, HCA vacancy

5.2. Productive working and eliminating waste

5.2.1 Efficient deployment and flexibility

Daily staffing levels continue to be assessed across each shift to ensure staffing levels meet patient nursing needs within each ward and department across the Withington site. Staffing requirements are reviewed by senior nurses at the twice daily staffing huddles across the hospital sites, which are chaired by a matron, with ward manager representation from each department. Allocate SafeCare is used within the huddles to inform the daily ward and department staffing levels against the acuity and dependency of patients, to identify the staffing escalation position, the identification of any red flag staffing events and support considerations when redeploying staff. A risk rating is calculated with escalation actions specified at each level and clarity of the level of seniority for escalation as determined within the Trust Nursing Safe Staffing Policy.

5.2.2 Efficient employment, minimising agency use

The use of bank and agency staff is a focus for the value improvement programme and divisional senior nursing teams are working closely with the Lead Nurse for Workforce, finance and HR colleagues to scrutinise roster efficiencies and additional staffing requests. The following

- Deputy Chief Nurse (DCN) chairs monthly meetings with attendance from ACNs, Lead Nurse for Workforce, Head of eRostering and Temporary Staffing and Assistant Directors

for finance and Value Improvement, to review nursing bank and agency usage across the Trust.

- All agency shifts are approved by a Lead Nurse or Associate Chief Nurse (ACN).
- Enhanced bank rates of pay for Theatre staff reduced in July 2025 to align with other GM Trusts. As seen at other Trusts, fill rates reduced in the first month with only 2wte of bank staff utilised when compared to an average of 11.5wte over the previous 6 months. Escalation processes are in place with senior oversight and ongoing monitoring of fill rates to ensure services continue to be safely staffed.
- Health Roster KPIs reported monthly and reviewed within the bank and agency meeting with a particular focus on reducing hours owed, additional duties and staff unavailability.
- Health Roster templates in the process of being reviewed for all in-patient areas following the establishment reviews, ensuring roster demand aligns to budgeted establishments.
- Additional Health-Roster training is being provided to managers in areas where improvements in roster planning have been identified as necessary.
- DCN representing the Christie in a GM wide approach for Bank and Agency procurement. The outcomes of this group will dictate the temporary staffing approach across the Trust going forward.

Figures 13 and 14 show the bank and agency usage for RNs and HCAs between February and July 2025. Whilst the above work has only recently commenced, a downward trend in the use of both bank and agency can be seen in the RN staff group and a recent reduction in bank usage in HCAs. To support safe staffing reduce the number of unfilled shifts across both staff groups, ongoing recruitment of HCA and RN onto the staff bank continues. A targeted recruitment campaign for graduate nurses onto the bank continues with a view to reducing agency usage and supporting newly qualified nurses into employment.
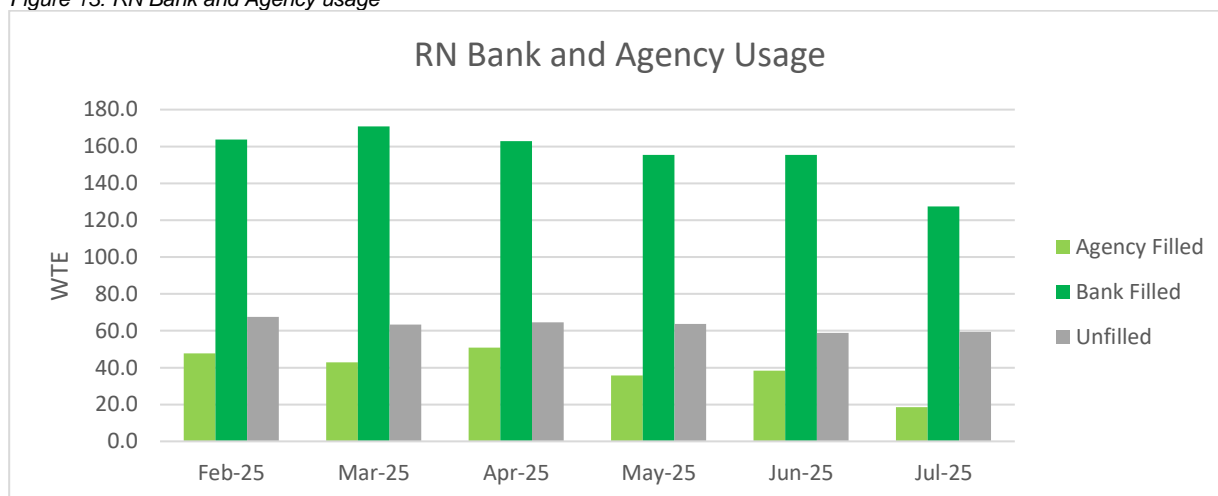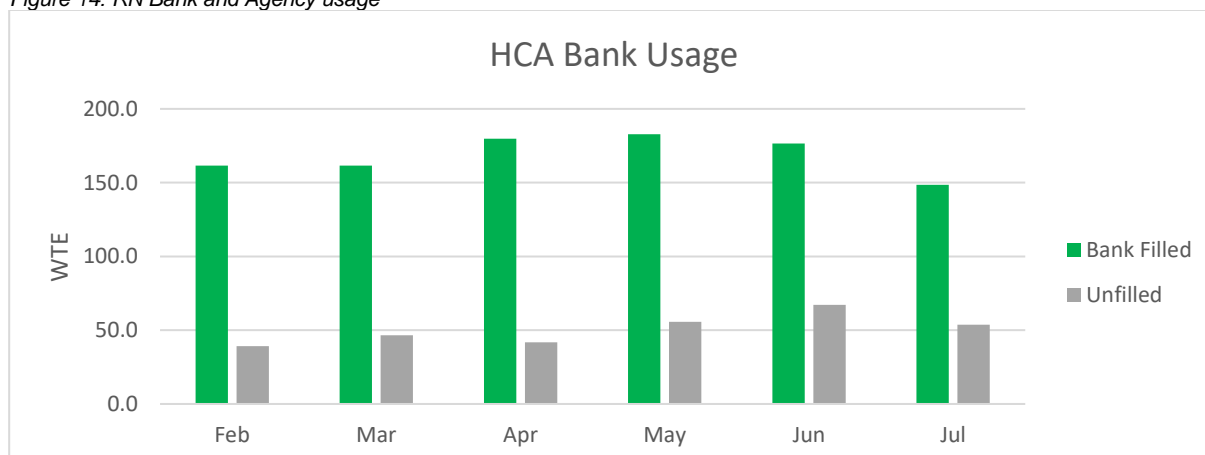
Figure 13: RN Bank and Agency usage

Figure 14: RN Bank and Agency usage

6. Recommendations

- Undertake next SNCT census in January 2026 and bi-annual nurse staffing establishment review in March 2026.
- Changes to budgeted establishments to be enacted following nurse establishment reviews once approved by the Chief Nurse and Directors of Workforce and Finance. In year changes to be signed off by the Chief Nurse and divisional finance teams where required to maintain patient safety and financial sustainability.
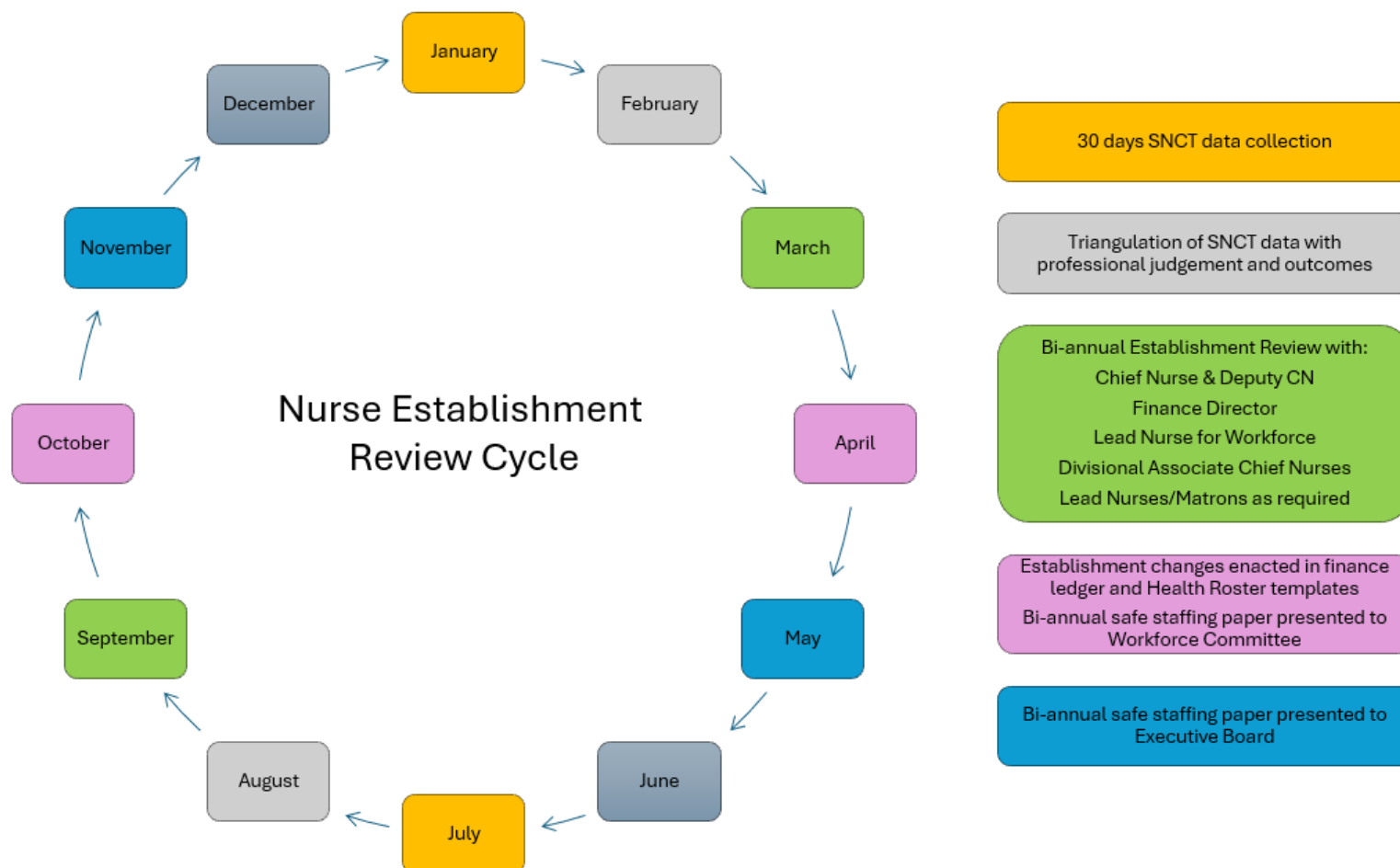
7. Conclusion

The Workforce Assurance Committee is asked to:

- Receive this report and note that the Christie NHS FT remains compliant with the national guidance (NQB 2016; DWS 2018) in relation to safer nurse staffing.
- Approve the recommendations.
- Note the plan to receive mid-year review of the nursing establishments in 6 months.

Appendix 1: Compliance against Developing Workforce Safeguards Recommendations

	Compliant	In progress		Not compliant
	Developing workforce safeguards recommendations	Current Position	Gap analysis outcome	Actions required to meet compliance
1	The Trust is formally using NWB 2016 safer staffing guidance.	Bi-annual safe staffing process and report aligned to the 3 NQB expectations		
2	The Trust apply the principles of safer staffing - triangulation	Changes to funded establishments supported through the triangulation of data. SNCT used within daily SafeCare staffing tool		
3	Evidence based tools are used where available.	SNCT licence held- used across inpatient wards. Education provided to ensure correct use Biannual SNCT collection periods		
4	There is no local manipulation of identified nursing resource from approved evidence-based tools	Data is validated by Workforce Lead Nurse and interpreted utilising Imperial College SNCT workbook		
5	Monthly actual vs planned staffing levels are available for review	Published on Trust website		
6	Director of Nursing & Medical Director must confirm safe staffing review in an annual governance statement to the Public Board	Included in the Annual report		
7	A workforce plan must be in place and agreed / signed off annually by CEO & executive leaders and discussed at Public Board meeting			
8	Nursing and midwifery staffing establishments for all clinical areas must be reviewed twice a year and reported to the Public Board	Reported in biannual staffing report to board		
9	Agreed local quality dashboards on staffing & skill mix that is cross checked with comparative data each month and reported to the board.	Nurse sensitive indicators are reviewed locally against workforce metrics		Dashboard is currently being developed to be published on the Christie data insight platform
10	QIA review for service changes including skill mix changes, redesign or introduction of new roles	QIA completed for new services and for roles that are impacted by service change.		Currently reviewing the NA role and how this can be embedded across other areas and specialities- QIA to be completed and reviewed within this process. Temporary ward moves to have QIA completed going forward
11	Formal risk management and escalation processes in place for all staff groups outlined within a safe staffing policy with appropriate staffing escalation process clearly identified	Safe Staffing Policy updated to include risk assessment and escalation process Staffing tool (SafeCare) utilised within staffing meetings to support decisions before turning to bank/agency Red flags highlight risks to staffing. Actions taken to mitigate risks Health Roster utilised to support effective staff rostering. Assurance provided through monthly Health Roster KPI dashboards		
12	Boards to be made aware of continuing or increasing staffing risks	Low level risk (9) identified on risk register and reviewed at Workforce Assurance Committee		

Appendix 2: Nurse Establishment Review Cycle

Nurse Establishment Review Cycle

January
February
March
April
May
June
July
August
September
October
November
December

30 days SNCT data collection

Triangulation of SNCT data with professional judgement and outcomes

Bi-annual Establishment Review with:
Chief Nurse & Deputy CN
Finance Director
Lead Nurse for Workforce
Divisional Associate Chief Nurses
Lead Nurses/Matrons as required

Establishment changes enacted in finance ledger and Health Roster templates
Bi-annual safe staffing paper presented to Workforce Committee

Bi-annual safe staffing paper presented to Executive Board

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