

Bi-Annual Nursing and Midwifery Safer Staffing Report

Public Board

31 July 2025

Presented for:	Assurance
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Previous Committees:	Quality Assurance Committee receives the Nursing & Midwifery Quality and Safe Staffing Report

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Choose an item.
<u>Regulatory Impact</u>	Regulation 18: Staffing

Key points	
1. Provide assurance that the Trust remains compliant with national safer staffing regulations and requirements.	Assurance
2. Provide assurance that nursing and midwifery workforce establishments are reviewed utilising best practice guidance.	Assurance
3. Outcomes from the 2026/27 Phase 1 Bi-annual Nursing and Midwifery establishment reviews.	Information

Risk Appetite Framework

Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply.	Cautious	Operating within
Operational Risk	Choose an item.	Choose an item	Choose an item.
Clinical Risk	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Operating within
Financial Risk	Choose an item.	Choose an item	Choose an item.
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating within

1. Summary

The purpose of the Nursing and Midwifery Safer Staffing Report is to provide assurance to the Board that the Trust is fully compliant with national safer staffing regulations, policy, and speciality guidance.

The report will provide the outcome and summary of the:

- Safer Nursing Care Tool (SNCT) audit results for Nursing (Adult & Child inpatient areas and Emergency Departments) undertaken in January 2026
- Peer assessment against Care Hours Per Patient Day (CHPPD)
- Overview of the Bi-annual establishment setting review for Nursing and Midwifery which took place between April and May 2026

2. Background

Safer staffing regulations and requirements are set nationally through the Health and Social Care Act (2008) and through guidance from NHS England and the National Quality Board (NQB). Speciality specific guidance is published via the National Institute for Health and Care Excellence (NICE) and through the NQB.

The most recent safer staffing requirements and regulations are provided through the following:

- Care Quality Commission (CQC) through regulation 18 of the Health and Social Care Act (2008)
- Developing workforce safeguards - Supporting providers to deliver high quality care through safe and effective staffing (NHS England 2018)
- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (NQB 2016)

Developing Workforce Safeguards (NHS England 2018) describes the governance and overarching principles that must be in place at a Trust level to provide assurance in relation to safer staffing regulations and requirements.

This paper provides assurance in relation to the following key requirements:

- Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance
- Trusts must ensure the three components (evidence-based tools, professional judgement, and patient outcomes) are used in their safe staffing processes
- An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS England resources. This must also be linked to professional judgement and outcomes

3. Safe Staffing and Safer Nursing Care Tool (SNCT) Compliance

The Safer Nursing Care Tool (SNCT), a NICE-endorsed tool, is used to assess staffing in eligible inpatient and ED areas. Formal SNCT reviews are conducted twice yearly, with daily patient acuity and dependency assessments in eligible areas. Areas outside SNCT criteria, such as Critical Care, Outpatients, Theatres, and Midwifery, use nationally recognised tools or guidance (e.g., GPICs, BR+, demand-based models) to support safe staffing decisions.

3.1 SNCT Results (Adults and Children's Ward and Assessment units)

In January 2026, SNCT data was collected across ten CSUs and 76 eligible wards and units. The Trust's funded nursing and midwifery establishment is 3,177.90 WTE, compared with an SNCT recommendation of 3,319.89 WTE, a difference of 142 WTE (4.3%). This indicates an important level of alignment between current staffing levels and SNCT recommendations. The variance has increased by 1.57%, from 2.73% in July 2025, to 4.3% in January 2026. This may reflect additional winter pressures experienced across the organisation and improved SNCT data compliance, resulting in a more accurate assessment of staffing requirements.

3.2 Exception Report

January 2026 SNCT data was reviewed during Phase 1 2026/27 Nursing/Midwifery Establishment reviews (April-May 2026). All Phase 1 outcomes can be found in **Section 6**.

SIM CSU continues to demonstrate the largest variance between funded establishment and SNCT recommendations, consistent with previous collections. Across eligible ward areas, the funded establishment is 691.81 WTE compared with an SNCT recommendation of 813.62 WTE, a difference of 121.81 WTE. SNCT data entry compliance was 99%, an improvement from 98% in the previous collection.

The variance has reduced from 148.39 WTE in the previous collection to 121.81 WTE, which could reflect improved data quality and providing greater confidence in the findings. Despite this improvement, a significant gap remains between funded staffing levels and the SNCT recommendation, consistent with findings from 2024 and 2025.

SNCT findings should not be considered in isolation and must be triangulated with professional judgement, quality and safety indicators, workforce metrics, and operational factors. The SIM CSU nursing leadership team has reviewed the latest SNCT data alongside previous collection results, nursing quality indicators, and professional judgement. Professional judgement indicates that the higher

recommended establishment is associated with wards caring for patients with increased complexity and unmet enhanced care needs.

A follow-up review meeting has been held with SIM CSU, and a further detailed review is planned. This will support the development of evidence-based and prioritised investment proposals, ensuring any staffing uplift is targeted to areas of greatest patient safety and operational risk. This work will draw on the findings of the Phase 1 2026/27 establishment review, patient safety and quality data, workforce information, and staff feedback.

More than half of CSUs have reported increased staffing recommendations compared with July 2025. This is likely to reflect a combination of factors, including winter pressures, improved compliance with data collection requirements and enhanced SNCT training, resulting in greater consistency in patient acuity and dependency assessments.

4. SNCT Results Emergency Department (ED)

The ED SNCT audit provides reliable estimates of WTE staffing requirements and patient acuity. Results indicate that both Adult ED areas continue to be staffed above the SNCT-recommended WTE levels. In Children's ED, the recommended WTE remains 7.0 WTE above the funded establishment, representing a marginal reduction of 0.2 WTE compared with the previous SNCT audit and demonstrating a consistent position.

4.1 Exception Report

The ED SNCT continues to recommend lower staffing levels than the current funded establishment for both Adult ED areas. However, following review, the CSU Senior Leadership Team advised that these figures do not fully reflect the complexity, operational pressures, and workload associated with delivering safe and effective emergency care. In particular, the previous version of the ED SNCT assumed that patients remained within the Emergency Department for less than 12 hours and therefore did not adequately account for the impact of prolonged ED stays and corridor care on staffing requirements. A national review of the ED SNCT has now been completed, and the updated tool was implemented for the January 2026 data collection. The revised methodology resulted in limited changes to the overall staffing recommendations, with the position remaining broadly consistent.

No changes to the establishment are currently recommended. However, it is recognised that service delivery models may need to evolve in response to changing demand, patient acuity, and operational pressures. Work is already underway to improve patient streaming, flow, and timely access to care across the Emergency

Department, with the aim of optimising workforce utilisation, reducing delays, and enhancing patient experience and outcomes.

In Children's ED a 7.0 WTE gap remains between SNCT recommendation and funded levels. No further changes have been recommended by the CSU senior leadership team, and the CSU will continue to monitor requirements.

5. Care Hours Per Patient Day (CHPPD)

Care Hours Per Patient Day (CHPPD) is a measure of ward level productivity and transparency on variation in staff to patient ratios across wards, specialties, and organisations. CHPPD is calculated using the data supplied to NHS England via a monthly nurse staffing return known as the 'Hard Truths' report. The report calculates CHPPD by looking at the planned number of care hours by professional group (Nursing, Midwifery and Unregistered - Clinical Support Workers) for day and night shifts against the actual number of care hours delivered.

CHPPD can then be viewed for each professional group or as a combined total for benchmarking productivity against regional providers or national peers. The SNCT can provide a recommended 'WTE equivalent' number of staff but this does not differentiate between unregistered and registered staff. CHPPD can be a useful indicator used alongside the SNCT audit to assess productivity and skill mix.

NHS England 'Model Hospital' is used as a data platform to view productivity and CHPPD from across NHS providers in England.

CHPPD broken down by professional group can provide an insight into skill mix (ratio of registered to unregistered staff) however this should not be viewed in isolation. Fluctuations in CHPPD should be interpreted carefully, as increases or decreases may be driven by numerous factors beyond simple staffing numbers. Key influences include recruitment and retention campaigns, vacancy gaps, sickness/leave, patient acuity, ward type (e.g. high dependency areas typically have higher CHPPD) and fluctuating occupancy levels.

For this report, CHPPD has been provided by professional group, using the recommended peers list in the Model Hospital. The data available within the Model Hospital is based on the April 2026 Hard Truths report. The recommended peers are a list of 10 NHS Trusts of a comparable size and function.

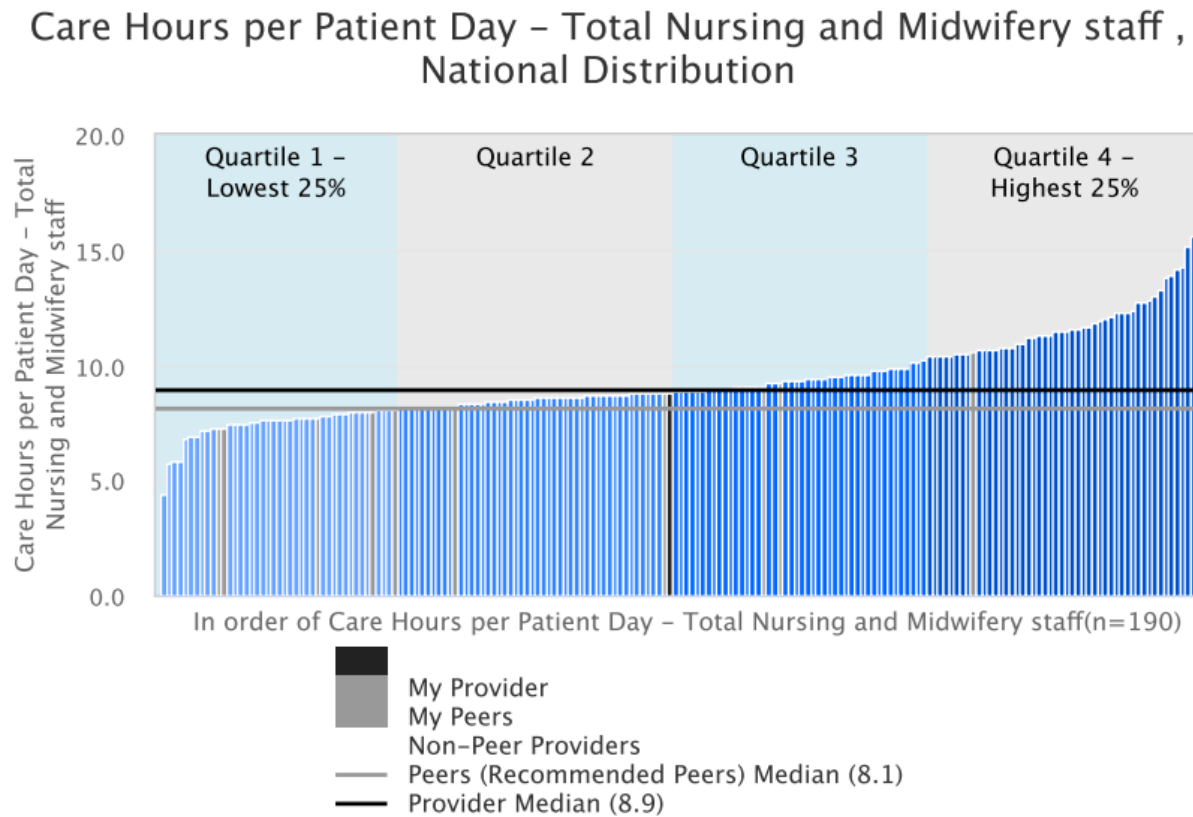
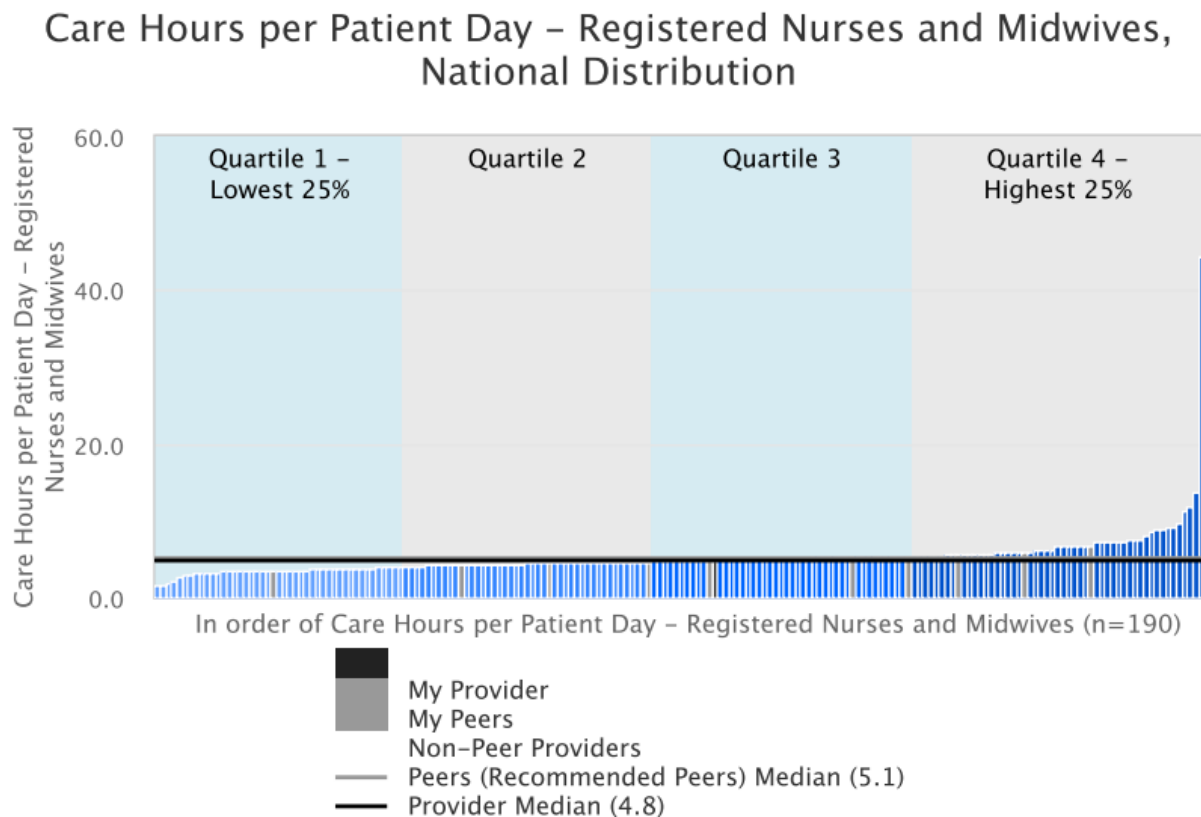
Figure 1: Total Nursing, Midwifery and Unregistered CHPPD

Figure 1 shows the average number of actual nursing care hours spent with each patient per day (all nursing and midwifery staff, including support staff). This demonstrates that for combined CHPPD, LTHT has remained in quartile two with a provider median of 8.9 CHPPD which aligns to the recommended peers combined median of 8.1 CHPPD. This is an increase of 0.1 CHPPD when compared to the January 2026 report. This places LTHT in the middle-to-upper half of the national distribution, indicating staffing levels that are above many providers nationally and consistent with the national median.

Figure 2: CHPPD Registered Nurses and Midwives

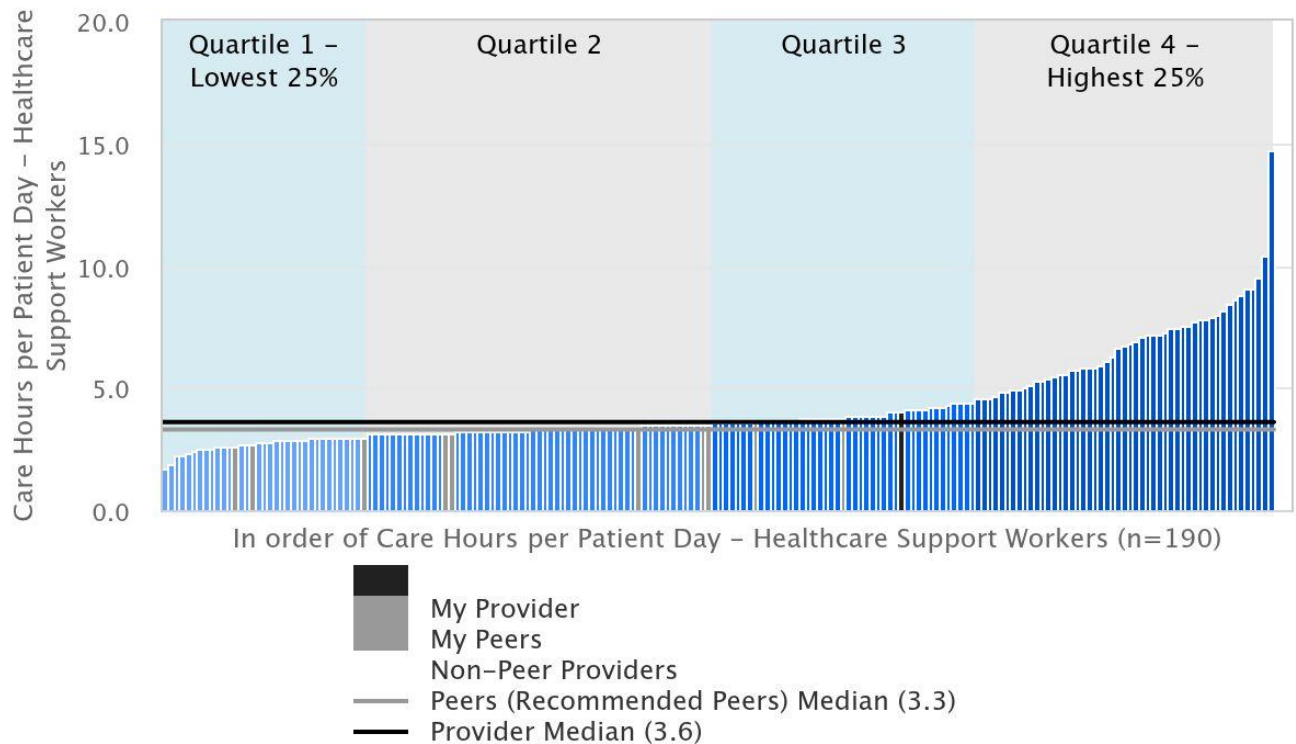


The CHPPD for Registered Nurses and Midwives (Figure 2) shows that LTHT has remained in Quartile 3 when benchmarked against its recommended peers, with five peer organisations reporting a lower registered staff CHPPD. LTHT reports a provider median of 4.8 CHPPD compared with the recommended peer median of 5.1 CHPPD. This represents an increase of 0.1 CHPPD compared with the January 2026 report. Although LTHT remains below the peer median, the increase demonstrates a modest improvement in registered nurse and midwife care hours per patient day and maintains LTHT's position within the upper half of its peer group.

The flat distribution across most providers indicates limited variation in Registered Nurse and Midwife CHPPD, with many organisations reporting similar staffing levels. LTHT's CHPPD of 4.8 remains close to the recommended peer median of 5.1, suggesting only a modest difference in registered staffing hours compared with comparable organisations.

Figure 3: CHPPD Unregistered staff (Clinical Support Workers)

Care Hours per Patient Day – Healthcare Support Workers, National Distribution



The CHPPD for Unregistered Staff (Figure 3) shows that LTHT has remained in Quartile 3 when benchmarked against its recommended peers, with no peer organisation reporting a higher unregistered staff CHPPD. LTHT has a provider median of 3.6 CHPPD compared with the recommended peer median of 3.3 CHPPD. This position is unchanged from the January 2026 report and continues to demonstrate a higher level of unregistered staffing care hours per patient day than comparable organisations.

5.1 Exception report

Overall, LTHT's CHPPD benchmarking position remains stable when compared with recommended peers. Combined CHPPD remains above the peer median and has increased marginally since January 2026. Registered Nurse and Midwife CHPPD has improved and is closer to the peer median, while Unregistered Staff CHPPD remains the highest amongst peer organisations.

Considerable progress has been made in reducing registered nurse vacancies through successful recruitment and retention initiatives, including newly qualified nurse recruitment. This is likely to have contributed to the improvement in Registered Nurse and Midwife CHPPD and is anticipated to further strengthen LTHT's position as nursing vacancies continue to reduce. In addition, monthly rolling recruitment to the New to Care Programme continues to reduce healthcare support worker vacancies and is reflected in LTHT's leading position amongst peers for unregistered staff CHPPD.

Whilst CHPPD is a valuable benchmarking metric, it should not be interpreted in isolation. Higher CHPPD does not necessarily equate to better quality care, nor does lower CHPPD automatically indicate unsafe staffing levels. CHPPD should be considered alongside quality indicators, patient outcomes, workforce metrics, acuity and dependency assessments, Safer Nursing Care Tool (SNCT) results and vacancy data. Quality of care and patient safety outcomes continue to be monitored through the Nursing and Midwifery Safe Staffing Report, which is presented bi-monthly to the Quality Assurance Committee (QAC).

6. Bi-annual establishment review

In line with NHS England's *Developing Workforce Safeguards* (2018) and National Quality Board (NQB) (2016) requirements, the Trust conducts bi-annual reviews of nursing and midwifery establishments. The process assesses establishment levels and skill mix using evidence-based workforce tools, primarily the Safer Nursing Care Tool (SNCT) where applicable. SNCT outcomes are triangulated with Nurse Sensitive Indicators (NSIs), quality metrics, and clinical expertise to inform professional judgement and final recommendations.

In the Phase 1 2026/27 reviews, Nursing and Midwifery establishments were assessed using:

- Evidence-based tools and national guidance (SNCT/BR+/GPICS) where available, alongside current funded establishments, staff in post, skill mix, temporary staffing utilisation, and workforce recruitment, retention, and pipeline data.
- A six-month review of nurse and midwifery-sensitive quality indicators for each area.
- Additional quality metrics including Care Certificate compliance, Practice Supervisor and Assessor compliance, and mandatory training completion rates.

The Phase 1 2026/27 Nursing and Midwifery Establishment Review concluded that current funded establishments are sufficient to meet safer staffing requirements. However, a number of services identified emerging workforce pressures associated with increasing patient acuity, service expansion, enhanced care requirements, specialist workforce demands and training requirements. Further analysis,

triangulation, and business case development are therefore underway in several Clinical Service Units (CSUs), with particular focus on Children's Services, Theatre Services, Oncology, Urgent Care and ACC to determine whether future establishment changes may be required. A summary overview of the review outcomes by CSU is provided in **Appendix 1**.

Where workforce pressures or gaps have been identified, patient safety continues to be maintained through agreed mitigating actions, including temporary staffing, skill mix reviews, workforce redesign, roster changes and targeted recruitment and retention initiatives, while further evidence is gathered and recommendations are progressed through the Trust's governance processes.

In addition, reviews of workforce headroom and unavailability assumptions are underway to ensure establishments appropriately reflect service requirements, education and training commitments, and workforce sustainability. Business cases are being developed and prioritised for areas with evidenced requirements, including ACC and EDs, where increased specialist training demands have highlighted a need to review study leave headroom. The Trust is also actively contributing to NHS England (NHS E) regional and national working groups developing best practice guidance on workforce headroom, helping to inform future workforce planning and establishment setting.

6.1 Maternity services

As per the requirements of year 8 of the maternity (perinatal) incentive scheme, there is a separate biannual perinatal workforce report presented to the Trust Board. This has also been presented to the Perinatal Improvement and Assurance Committee in July 2026.

Key performance indicators continue to be monitored and validated using the Birthrate Plus (BR+) acuity tool and reported through the bimonthly perinatal assurance report as per the NHSE Perinatal Quality Oversight Model.

There has been significant investment and recruitment, particularly within the Maternity leadership space to align with the recommendations of the BR+ assessment. The budgeted establishments align with the clinical, non-clinical, specialist and management recommendations. Following a review of unavailability over a three-year period, the Trust Board gave approval to substantively backfill 75% of maternity leave and this is now reflected in budgeted establishments. A further review of unavailability has demonstrated that there is no meaningful change from the previous review.

There has been a positive response to midwifery recruitment which has facilitated closure of vacancy gaps and supported planning for future demand. Individuals have been recruited to posts; however, the majority will not commence in post until Quarter 3 following professional registration.

Midwifery staffing remains on the risk register and the mitigating actions detailed below remain in place:

- Daily monitoring of staffing levels and escalation of any risks.
- Optimal use of internal and external bank and agency midwives
- Redeployment of non-clinical specialist and management midwives at times of high acuity
- Liaison with system partners for mutual aid as required

The section 29a warning notice from the Care Quality Commission (CQC) received in 2025 remains in place. The community review detailed in the January 2026 report has been completed, actions identified have been incorporated into the overarching improvement plan which will be monitored through internal and external governance processes.

6.2 Exception Report

It is acknowledged that the bi-annual Nursing and Midwifery Establishment Review is focused on assessing establishments against safer staffing requirements. Service developments, operational changes and planned activity growth are considered during the review process; however, these are managed separately through the Trust's Corporate Operations and business planning arrangements.

Workforce Production Boards within each CSU, supported by the Chief Nurse Workforce Team, provide ongoing oversight of vacancy levels, workforce pipelines, unavailability rates, skill mix and establishment utilisation. This includes triangulation against financial information, workforce metrics, and local intelligence to ensure establishments remain aligned to service need.

Areas within the scope of safer staffing continue to recruit substantively to funded establishment levels, with temporary staffing utilised where required to respond to unplanned increases in acuity, patient dependency, or periods of peak demand. This approach ensures patient safety is maintained whilst ongoing workforce pressures, service developments, and future establishment.

7. Workforce Governance and Improvement Programme

Following a Trust-wide external workforce audit, a programme of work commenced in February 2026 to strengthen nursing and midwifery workforce governance, rostering controls, and establishment oversight. This has included enhanced management of key workforce metrics, including vacancies, temporary staffing utilisation, skill mix, roster compliance and hours owed, supported through Director of Nursing-led CSU Workforce Assurance Meetings and Trust-wide governance arrangements.

Progress has been made in improving workforce oversight, data quality and rostering compliance, providing greater assurance regarding workforce deployment and financial stewardship. Workforce information is now subject to enhanced triangulation and review, supporting more informed decision-making and the early identification of workforce risks and pressures.

Progress against the external audit recommendations is reported to the Executive Team fortnightly, with quarterly deep-dive reviews providing additional scrutiny and assurance. Collectively, this work has strengthened the Trust's approach to workforce governance, supporting safe staffing, workforce resilience, and financial sustainability.

8. NHS England National Nursing Profile Review

The Trust has commenced initial scoping work to review Band 5 Registered Nurse (RN) job descriptions against the updated national profile. In parallel, a review of Band 6 and Band 7 Clinical Nurse Specialist (CNS) roles has been undertaken, supported by a comprehensive consultation process. The consultation was developed and delivered in partnership with Trade Union colleagues, with multiple engagement opportunities provided to staff within scope to maximise participation and feedback. The consultation phase has now concluded, and feedback is currently being evaluated to inform the next stages of the review programme and implementation planning.

9. Enhanced Therapeutic Observation and Care (ETOC)

LTHT continues to work closely with NHS England through the national Enhanced Therapeutic Observation and Care (ETOC) Collaborative. The Trust submits monthly ETOC workforce and activity data to support regional and national benchmarking, workforce planning and service improvement. Feedback from NHS England on the Trust's ETOC Quality Improvement Plan recognised the strength of LTHT's governance arrangements, stakeholder engagement, and ambition to improve ETOC delivery. Building on this work, an ETOC pilot is being developed across six wards within SIM CSU to test and evaluate enhanced care models, with learning informing future Trust-wide implementation.

10. Risk

The Quality Assurance Committee (QAC) provides assurance oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). There are no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

11. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

12. Recommendation

- Note the content of this report and the ongoing plans to provide safe staffing levels within Nursing and Midwifery across the Trust
- Gain insight and assurance regarding safer staffing governance

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Date: 20 July 2026

Appendix 1**Phase 1 2026/27 Bi-Annual Nursing and Midwifery Establishment Review Overview**

Phase 1 2026/27 Bi-Annual Nursing and Midwifery Establishment Review Overview		
CSU	Changes Required	Comments
ACC	L03/L04: Establishment changes are requested to better align staffing with patient acuity and demand, including rebalancing the Level 3/Level 2 skill mix from 8:6 to 10:4 to support safe service delivery. Uplift in headroom for study leave to reflect the requirements from ACC trained Registered Nurses (RN).	Business case in progress for L03/L04 Business case also in progress for increase in study leave to reflect additional study required in ACC
AMS	No changes	

CAH	C03: Agreed change to reallocate one Clinical Support Worker (CSW) post from day shifts to night shifts has been agreed to better align staffing with service demand and maintain safe care delivery. A detailed triangulated review of CSU's staffing data was agreed, including SNCT findings, bank and agency expenditure, vacancy levels, sickness absence and reported enhanced care activity, to determine whether there is a case to convert temporary staffing expenditure into substantive establishment as the CSU suggested.	C03: No additional funding is required as the change will be accommodated within the existing budget. The CSU will complete an Equality Impact Assessment (EQIA) prior to implementation of the revised template. C01/C06: A review of the suitability of SNCT for these areas will be undertaken, including consideration of relevant UKROC recommendations.
Cardiorespiratory	Trial Catheter Lab Lead role approved.	

	One additional Clinical Support Worker (CSW) increase on L16, redeployed from within the CSU establishment. Equality Impact Assessment (EQIA) has been completed.	
Children's	Children's Services (L43, J01, Transitional Care, L30, L31, L32/33, L37, L38, L40, L41, L42, L47, L49, L50 and L52): A number of workforce establishment changes were proposed across inpatient and specialist children's services, driven by increased acuity, enhanced care requirements, specialist service demand, workforce standards, training requirements and service developments. A paper has been submitted outlining the staffing support required across these areas. A follow-up meeting has taken place with further review planned.	Priority areas include L37 CAT Unit, L40 and L47 (PICU). Five Whole Time Equivalent (WTE) RNs invested into L47 PICU at the time of the review. In the interim, patient safety will continue to be maintained using temporary staffing where required. A follow-up review is planned to further assess risks, existing mitigations, and prioritisation of any additional workforce investment. It is recommended that requirements are reviewed and sense-checked against the newly released Children's SNCT tool, which aligns closely with RCN workforce standards.
Head & Neck	L23: The CSU proposed an increase of 1.0 WTE Registered Nurse on night shifts to support the delivery of safe care, particularly in relation to airway patient acuity. Further triangulation of SNCT data, workforce metrics and patient acuity will be undertaken to assess the evidence base and determine whether a substantive	In the interim, patient safety will continue to be maintained using temporary staffing where required.

	establishment change is justified.	
Neurosciences	L21: Funding has been secured for an additional Registered Nurse on night shifts to support the mechanical thrombectomy service. Implementation is planned for the next financial year.	
Oncology	J80: Demand and patient complexity continue to outpace current workforce and training capacity. An uplift of 6.7 WTE Registered Nurses has been identified, increasing to 8.8 WTE over the next 12 months. The Head of Nursing will develop a business case to support consideration of the proposed establishment increase. J84: A workforce model review has been completed and approved through the appropriate governance processes, rebalancing the skill mixes to increase Registered Nurse capacity and reduce unregistered staffing in line with service requirements. The revised establishment is now being implemented. J89: A six-month trial to increase Clinical Support Worker (CSW) night staffing, targeted to five nights per week, has been agreed. The	In the interim, patient safety will continue to be maintained using temporary staffing where required.

	trial will be delivered within the CSU's existing budget. J93: An increase in CSW staffing on long day shifts from 3 to 4 WTE (Monday to Friday), reducing to 3 at weekends where operationally viable has been agreed and will be delivered within the CSU's existing budget. J97: A review identified that current weekend night RN staffing levels do not consistently align with patient acuity requirements. A proposed establishment change has been agreed to move back to three RNs on night shifts, it can be delivered within the CSU's existing budget.	
Outpatients	ENT Outpatients: Following expansion of outpatient capacity, it has been identified a requirement for one additional RN and one CSW to support two additional clinic rooms. The Deputy Chief Nurse will support discussions with corporate operations / operational leads regarding	The CSU continues to experience increasing service demand and complexity, alongside estate expansion, creating challenges in aligning workforce capacity with service requirements. Workforce planning remains under review to ensure staffing models support safe and sustainable care delivery. Financial

	the workforce implications of this service development. Wharfedale Outpatients: Additional staffing requirements were identified following plans to increase clinic room utilisation. The CSU has been asked to recruit to existing vacancies first and then reassess the workforce requirement and impact of increased activity before any establishment changes are considered.	constraints have limited opportunities for proactive investment, resulting in continued reliance on temporary staffing solutions to maintain service provision and meet activity demands.
SIM	J07, J08, J14, J15, J19, J26 and J29: These areas were identified as requiring additional staffing support, reflecting sustained winter pressures and the need to maintain surge capacity. J20: Investment in Band 3 Clinical Support Workers has been made from within CSU resources; however, SNCT findings continue to indicate a staffing shortfall of approximately 4.0 WTE, reflecting the complexity and dependency of the patient cohort.	J07, J08, J14, J15, J19, J26 and J29: A paper has been submitted outlining the staffing support required across these areas in response to sustained demand, winter pressures, and surge capacity requirements. A follow-up review is planned to further assess risks, existing mitigations, and prioritisation of any additional workforce support.
Theatres	Theatre Services Workforce Position: The CSU's Workforce Review identified a workforce requirement of 1,044.48 WTE against a funded establishment of 919.54 WTE. While Theatre Services advised the operational gap may be closer	Work is underway with senior teams to review and align budgets where appropriate, alongside a continued focus on theatre efficiency, productivity, and performance improvement to maximise capacity within available resources.

	to 60 WTE, staffing in post is already above establishment and, including bank and agency usage, the service remains below the workforce required to safely sustain current activity. Increased demand is driven by elective growth, extended day, and weekend working, with additional service developments planned. Activity is currently being maintained through bank and overtime, alongside a focus on theatre productivity and efficiency improvements.	
TRS	No changes	
Urgent Care	Trial change agreed on J27 and J28 to reduce night staffing to three RNs with the fourth RN role reconfigured as a protected Nurse in Charge role. An additional RN will provide daytime leadership and patient flow support across J27 and J28. The changes are cost-neutral and aimed at strengthening leadership and operational flow. SDEC: Uplift requested for 1.5 WTE Registered Nurses, with requirements for additional Band 3 support workers currently being quantified. Further analysis is underway, and a business case is in development to support the proposed workforce changes.	LGI ED: Stream Nurse added to establishment (previously externally funded and agency staffed). Workforce reviews submitted for EDs across both sites to assess headroom requirements linked to increasing headroom for study leave relating to specialist training needed in EDs. Further analysis of TCI activity, transfer times, out-of-hours moves, and specialty trends is underway, with findings to be reported to the DoN. Business cases submitted for MIU banding alignment to support retention and for a dedicated Paediatric Stream Nurse.

Women's	Establishments reviewed with minor adjustments within existing budget. No significant uplifts overall, but reallocation and small increases in key areas.	Establishment deemed safe and above BR+ recommended levels, with additional headroom from maternity leave backfill implemented since the BR+ review was undertaken in 2024. Out of hours on call model is being progressed in response to concerns raised by the CQC and MSSP. Organisational change in progress to support implementation in July 2026. Rising demand of caesarean section rates requires future capacity and workforce expansion via business case.
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