

Nursing & Midwifery Quality and Safe Staffing Report

Quality Assurance Committee

February 2025

Presented for:	Assurance and Information
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Previous Committees:	None

Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Quality of care
Link to CQC Well-led Statement	Capable, Compassionate and Inclusive Leaders
Regulatory Impact	Regulation 18: Staffing

<u>Risk Appetite Framework</u>			
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	Moving Towards
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	Moving Towards

External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards
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Key points	
1. Provide assurance on Nursing and Midwifery Safe Staffing data triangulated with safety and quality indicators.	Assurance
2. Provide assurance that daily monitoring of patient safety and quality risks in relation to the workforce are in place.	Assurance
3. Provide assurance that the programmes in place to close the registered and unregistered nurse vacancy shortfalls are effective.	Assurance

1.0 Introduction

This report provides the Quality Assurance Committee (QAC) with key nursing and midwifery workforce data for November and December 2025, outlining staffing levels in relation to safety and quality of care.

The Trust conducts a monthly Ward HealthCheck (WHC) audit (Appendix 1). Any ward showing reduced WHC performance is reviewed against key staffing and quality indicators (Appendix 2). The combined safety, quality, and staffing dashboard, together with the Trust's triangulated approach, enables monthly monitoring of KPIs to identify improvements and emerging concerns.

This report provides assurance for wards that:

- Averaged below 80% of planned nursing/midwifery establishment
- Showed a corresponding reduction in WHC performance.

Narrative is included for any ward meeting both criteria.

The Trust also submits monthly inpatient staffing data to NHS England (NHSE) to demonstrate compliance with National Quality Board (NQB) 2016 Safe, Sustainable and Productive Staffing guidance.

Additionally, this report summarises:

- Escalation and reporting of safety and quality concerns
- Trust-wide Nursing Red Flags
- Registered Nurse (RN) and Clinical Support Worker (CSW) recruitment projections

2.0 Alert, Advise, Assure Executive Summary

ALERT – Issues requiring Committee attention

- Staffing shortfalls: L51, J88 and L08 fell below the 80% planned staffing threshold in November and December, posing risks to patient experience and staff wellbeing.
- Increase in unsafe shifts: SafeCare red shifts rose to 54 in November and 87 in December, linked to higher acuity, increased enhanced-care demand, short-term absence, and winter pressures.
- Rise in Red Flags: 1,216 Red Flags reported (up 175), mainly due to insufficient skill mix and unmet enhanced-care needs.

Maternity pressures:

- Early-December delays to breaking waters and induction processes occurred when staffing met only 82–83% of need.
- 33.3% (Nov) and 60% (Dec) of planned home births were redirected due to staffing.
- Two women required transfer to another provider; no harm occurred.

ADVISE – Areas to monitor

- Enhanced care demand: The sustained increase in demand for enhanced care, alongside the consolidation period required for new starters, continues to impact care delivery. In response, a trial of a dedicated Enhanced Care Delivery Team has been introduced to strengthen support in high-acuity areas. In addition, enhanced care training has been refreshed and implemented trust-wide, and we are actively collaborating with the NHS England working group to support the development of best practice and ensure alignment with national guidance.
- Seasonal pressures: Winter demand, heightened system pressures, and increased staff sickness have contributed to a reduced skill mix and a greater need for escalation. To mitigate these challenges, flexible workforce plans are being proposed to support high-pressure areas, particularly the Emergency Departments within Urgent Care and SIM CSU which open additional capacity during the winter period.
- Maternity flow: Although acuity cover improved to 94% later in December, delays earlier in the month continued to impact patient experience. A strong recruitment pipeline is expected to help close the remaining vacancy gap and support more consistent flow and safer staffing levels moving forward.
- Temporary staffing pressures: Reliance on bank and agency staffing remains high, with variable fill rates across staff groups (Registered Nurses 62.6%, Registered Midwives 58.5%, and Clinical Support Workers 76.1%). Targeted

plans are being implemented to support CSUs in strengthening oversight and reducing bank and agency utilisation, including replacing overtime with bank shifts where appropriate and expanding the bank workforce to improve fill rates and cost efficiency

- Recruitment: Registered Nurse (RN) vacancy rates have improved to 5.6%, reflecting the positive impact of ongoing recruitment efforts. However, Clinical Support Worker vacancies remain elevated at 14.6%. The rolling recruitment programme is designed to accelerate hiring and reduce time to fill, supporting safer staffing levels and improved service resilience.

ASSURE – Positive assurance

- No serious incidents from staffing shortfalls or red shifts; all harms were low or no harm and reviewed appropriately.
- Strong escalation response: Red Flags and red shifts were escalated promptly, with timely senior nurse actions and completion of all required reviews.
- Robust governance: Daily staffing meetings, WHC, WARM, weekly Quality Meetings and Executive oversight remain firmly in place.
- Improving workforce position: Fewer wards fell below 80% staffing; RN and midwifery vacancies continue to reduce.
- Positive retention: RN turnover (4.31%) and CSW turnover (7.16%) are significantly below national averages, demonstrating strong staff retention.

3.0 Hard Truths Data

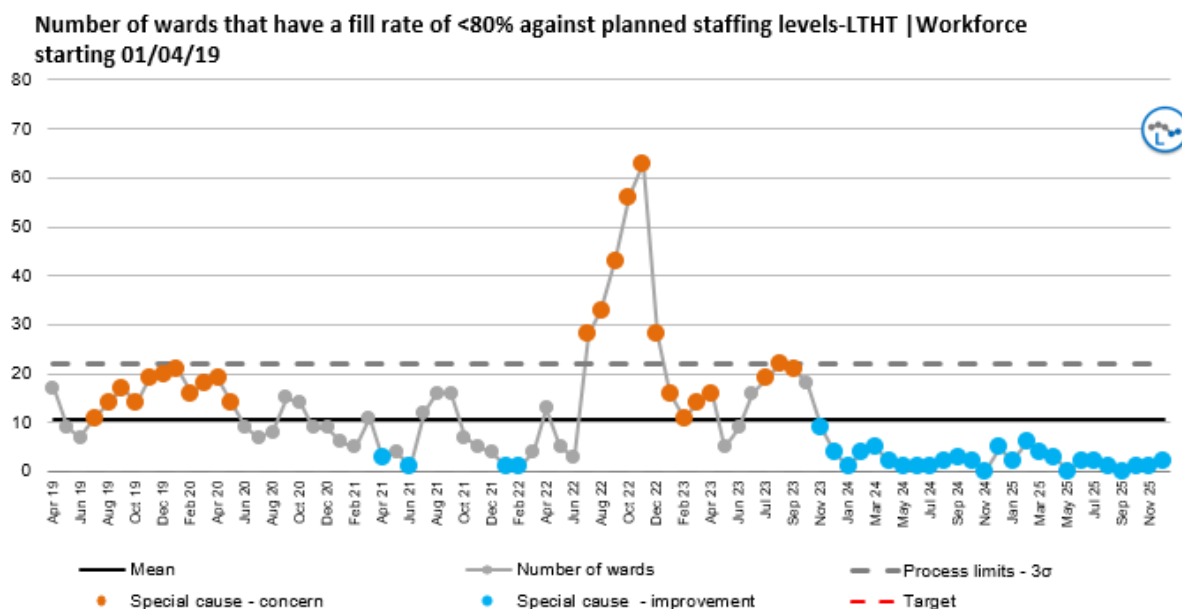
The Trust reports nursing and midwifery staffing numbers including registered, unregistered, substantive, and temporary to NHS England via a monthly Nurse Staffing Return (Hard Truths).

The Trust has set a threshold of 80% with regards to achieving its planned nursing numbers by shift. Any ward that falls below 80% will be reviewed in line with several quality metrics to see if patient care and outcomes has been affected due to the planned establishment not being fully met.

The Hard Truths report reviews inpatient areas. Wards that were closed during the reporting period have not been included in the submission. Wards that are opened on a temporary basis to create additional capacity are not required to form part of the national submission. All temporary wards opened for seasonal and surge capacity and remain open for more than one roster period of four weeks are included in this report.

A Statistical Process Control (SPC) chart is used to show the number of wards that have a fill rate of less than 80% against the planned staffing levels. November and

December 2025 data is within expected limits and the continuous reduction and downward trend continues to highlight special cause improvement. This aligns to the increase in substantive combined nursing and midwifery staff and reduced nursing vacancy gaps.



5.0 December 2025 Results

In December 2025, 95 eligible inpatient areas were reviewed, two areas, J88 and L08, fell below the Trusts 80% threshold of planned nursing numbers by either day or night shift. There were no wards with a correlation between reduction in performance in the WHC process whilst also not meeting the Trusts 80% threshold of planned nursing numbers.

5.1 Exception Report

J88 did not reach the planned number of Registered Nurses (RNs) on several day shifts in December 2025. J88 reported two Nursing Red Flags during this period, both relating to '*number or skill mix of nurses insufficient*'. On both occasions, the narrative explains that patient acuity was high. Each Red Flag was reviewed and resolved by the Matron. J88 did not report any unmitigated safety-concern shifts (red shifts) resulting in patient-recordable harm or serious incidents during this period. Staffing shortfalls were mitigated through the redistribution of staff within the CSU, supported by temporary staffing provision and assistance from other CSUs where required

L08 did not reach the planned number of Unregistered Clinical Support Workers (CSWs) on someday shifts in December 2025. L08 reported one Nursing Red Flag during this period, relating to '*clinical treatment/intervention delayed/missed*'. The narrative explains that patient acuity and requirements for 2:1 care resulted in this escalation. The Red Flag was reviewed and resolved by the Matron. L08 did not report any unmitigated safety-concern shifts (red shifts) resulting in patient-recordable harm or serious incidents during this period. Staffing shortfalls were mitigated through the redistribution of staff within the CSU, supported by temporary staffing provision and assistance from other CSUs where required

6.0 Professional Practice and Safety Standards: Assurance

All wards in escalation stage one, two and three in November and December 2025 were discussed at the Ward Assurance Review Meeting (WARM). WARM is attended by Corporate Nursing Teams, alongside relevant Operational Heads of Nursing (HoN), where a review of safety, quality and staffing data is undertaken to enable focussed assurance visits and the most appropriate support. A summary of the WARM is available in **Appendix 4**. All wards discussed at WARM have action plans in place, continue to be monitored via the WHC programme and are further discussed at the Weekly Quality Meeting (WQM).

7.0 Escalation and Reporting Nurse & Midwifery staffing concerns

The Trust has an internal reporting system that is completed for all wards once per day; SafeCare Professional Judgement (SCPJ). The single system provides a Trust wide overview of available workforce against the acuity and dependency needs of patients.

Wards rate the safety of the early shift, and the predicted status for the late and night shift by 11.00 hours each day in relation to available staff and patient acuity and dependency using professional judgement.

A rating of a 'red' shift in SafeCare indicates unmitigated safety concerns. These concerns are raised to the HoN and escalated to the DCN in hours and to the Clinical Site Manager (CSM) and on call team out of hours. A report is circulated to the Chief Nurse, DCN and HoN's three times per day. Daily staffing meetings, chaired by bed-holding HoNs Monday to Friday, are in place to mitigate any staffing shortfalls.

For any unmitigated red shift's, a Stop the Line (STL) safety review is completed on the next shift led by the CSU HoN or designated deputy. Chief Nurse Workforce team coordinate the review and submit as part of the SafeCare professional judgement report to the Weekly Quality Meeting (WQM) chaired by the Chief Nurse and Chief Medical Officer and a bi-monthly report is shared with Executive Directors.

7.1 November 2025 SafeCare Red Shifts

In November 2025 there were 54 red shifts reported across seven CSU's. This is an increase of 17 red shifts when compared to October 2025.

Table 1 - Number of STL by CSU, ward, or team.

CSU	Wards	Total number of shifts	Red Shifts as a % of total shifts
ACC	Neuro ICU	1	0.2%
AMS	J92	1	0.1%
Children's	J01, L37, L38, L42, L43, L47, L50, Transitional care	19	1.3%
Head & Neck	L23	1	0.7%
SIM	J17, J19, J21, J26, J29, J32, J43	18	1.3%
Urgent Care	ED LGI, SDEC	5	0.7%
Women's	J03, J04, J05, L36, L44	9	1.4%
Trust Total		54	0.53%

7.2 December 2025 SafeCare Red Shifts

In December 2025 there were 87 red shifts reported across eight CSU's. This is an increase of 33 red shifts compared to November 2025.

Table 2 - Number of STL by CSU, ward, or team.

CSU	Wards	Total number of shifts	Red Shifts as a % of total shifts
ACC	Neuro ICU	2	0.4%
AMS	J83	1	0.1%
Children's	J01, L31, L37, L38, L41, L43, L47, Transitional care	17	1.2%
Neurosciences	L21	2	0.4%
SIM	J07, J08, J15, J16, J17, J19, J20, J21, J30, J32, J43	39	2.6%
TRS	L09, L15, L22, L34	8	1.1%
Urgent Care	ED LGI, ED SJUH, J27	14	1.9%
Women's	J03, J04	4	0.6%
Trust Total		87	0.85%

7.3 Exception report

The CSU's reporting red shifts with unmitigated safety concerns share the same themes because of increased short term staff absence, acuity, and enhanced care requirements. The CSU's reported delays during these shifts to meet 1:1 enhanced care needs and conduct safety rounds. There were some delays in recording observations, administering medication, providing personal cares such as washing and re-positioning of patients and delays in or inability for staff to take breaks.

In November 2025, during the red shifts, Children's CSU reported two unplanned extubations, with no harm and SIM reported one fall with low harm. These have all been recorded on Datix for local investigation and shared learning. Multiple delays to labour care were reported by Midwifery; all cases were reviewed and classified as low harm.

In December 2025, during periods where red shifts were reported, Children's CSU recorded two medication errors with no harm. SIM CSU reported two falls with no

harm, one medication error with no harm, and one category 2 pressure ulcer, attributed to delayed repositioning. Urgent Care CSU reported one fall with no harm.

All incidents were recorded on Datix, reviewed locally in line with Trust policy, and shared for learning where appropriate.

Women's CSU reported multiple delays to labour care during the same period; all cases were reviewed on an individual basis and were assessed as no or low harm

There were no serious incidents reported on the unmitigated safety concern reviews completed for each red shift during November and December 2025.

During the reporting period all shifts with unmitigated safety concerns were escalated appropriately in and out of hours. Bank rates were temporarily escalated during the reporting period on a shift-by-shift basis to encourage shifts to be filled at short notice.

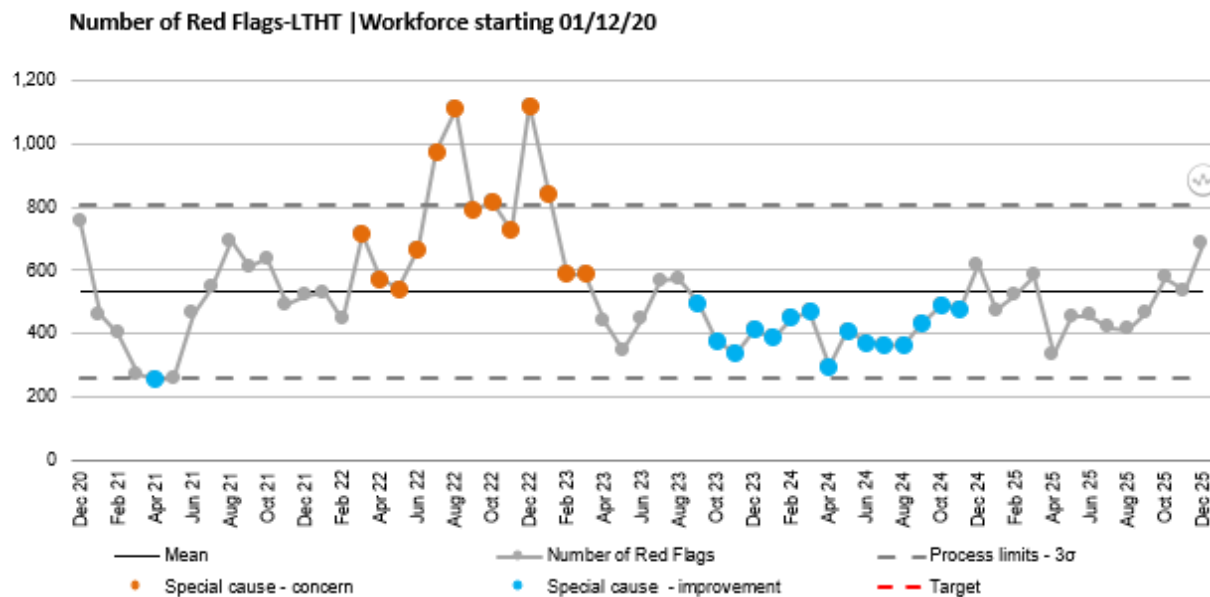
7.4 Red Flag Escalation

Nursing Red Flags are events that have an impact on the way nursing care is delivered to patients, therefore requiring a prompt response by the Nurse in Charge or a more senior nurse to mitigate concerns. Nursing Red Flags can be raised at any point during any shift.

All CSU's record and capture Red Flags in the SafeCare system (except for Women's CSU reporting Red Flags via Birthrate Plus). Red Flags reported through SafeCare are reviewed as part of the daily staffing meeting with the HoN/Ms.

7.5 Red Flags Reported Trust wide in November and December 2025

A Statistical Process Control (SPC) chart is used to show the number of total Red Flags per month Trust wide. The SPC below shows November and December 2025 data is within expected limits.



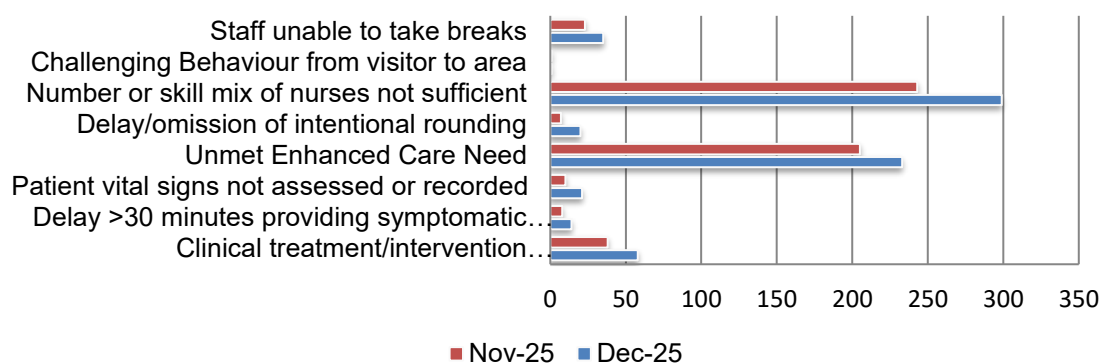
A total of 1216 Red Flags were reported across the Trust in November and December 2025. This is an increase of 175 Red Flags when compared to September and October 2025 data.

During the reporting period the greatest numbers of Red Flags are in relation to:

- Number or skill mix of nurses not sufficient (542)
- Unmet Enhanced Care Need (438)

The chart below (figure 1) presents the total number of Red Flags by category.

Figure 1 - Red Flag by Month and Category



7.6 Analysis of Red Flags

The greatest number of Red Flags is in relation to 'Number or skills mix of nurses not sufficient.' This number has increased by 73 in November and December 2025 when compared to September and October 2025 data.

The second greatest number of Red Flags is in relation to 'Unmet Enhanced Care Needs.' This number has increased by 32 in November and December 2025 when compared to September and October 2025 data.

The increase in Red Flags reported in November and December 2025 is likely linked to higher seasonal acuity and winter-related pressures, alongside increased demand for enhanced care. Although the RN vacancy rate has improved and workforce supply is more stable, the period included a high proportion of newly qualified nurses consolidating practice, short-term seasonal sickness absence, and increased operational pressures typical of large acute Trusts.

The following actions are in progress to support a reduction in and to mitigate the highest occurring Red Flag categories. An updated enhanced care assessment document has been implemented, and further training on acuity and dependency scoring within SafeCare is underway. Robust bi-annual establishment reviews continue within each ward and department to ensure staffing establishments are set using a triangulated approach, informed by evidence-based tools and national guidance. CSUs are also embedding the use of the workforce daily dashboard to support proactive management of daily unavailability and closer oversight of both short and long term absences.

All Red Flags reported via SafeCare were escalated to the Matron, or to the Clinical Site Manager (CSM) out of hours. Notification of a Red Flag triggers an immediate response from the senior nursing team, who work directly with ward staff and matrons to assess the situation and allocate additional nursing support to the ward, or within the ward, where this is available.

8.0 Maternity Services Quality Indicators

In alignment with the national Perinatal Quality Oversight Model and the Maternity Incentive Scheme (MIS), a detailed report about midwifery staffing is also presented at the Perinatal Improvement and Assurance Committee which is a subcommittee of the Trust Board with delegated authority.

The Birthrate Plus (BR+) workforce acuity tool continues to be used to monitor midwifery staffing versus patient acuity in conjunction with professional judgement. The birth to midwife ratio was 1:24 (24 births to 1 WTE midwife). The most up to date BR+ Report (2024) recommends a ratio of 1: 21 (21 births to 1 WTE midwife).

There was one occasion in December 2025 where a service suspension occurred, affecting two women who subsequently attended another provider within the Local Maternity and Neonatal System (LMNS). No harm was identified, and apology letters have been sent

There were two documented episodes on BR+ during the reporting period where a Red Flag was raised for loss of supernumerary status of the coordinator. Following

validation, these entries were found not to meet the MIS definition of a loss of supernumerary status. However, they do correlate with periods of increased operational pressure within the system, which is consistent with the wider acuity and flow demands observed during the reporting period

8.1 Maternity Red Flags

Red Flags are monitored via the BR+ acuity tool and are reported daily, every four hours. The greatest number of red flags continues to be in relation to the delay between admission for Induction of Labour (IOL) and the subsequent commencement of the process. During the reporting period there were a total of 392 red flags raised across both sites compared to 492 in the previous reporting period. The number of red flags does not reflect the number of patients affected by a delay in the IOL process due to the frequency of completing the BR+ acuity tool. Delays continue to be reported via Datix which are reviewed by the team leaders and matrons daily.

Acuity, red flags, and OPEL status have been triangulated to understand the drivers behind the increase in red flags raised during the reporting period. Intrapartum acuity data shows that staffing met acuity 82% at LGI and 83% at SJUH between 1–15 December, increasing to 94% at both sites between 16–31 December. This correlates with the pattern of delayed Artificial Rupture of Membranes (ARM) procedures, with significantly fewer delays occurring during periods when staffing more consistently met acuity. The data also aligns with the higher number of red flags raised in the first half of the month, when both acuity and operational pressure were greater.

It is expected that as the incoming midwifery pipeline closes the vacancy gap there will be an associated decrease in the delays in IOL and the number of red flags reported. This will continue to be monitored and triangulated with workforce and acuity data and OPEL status.

During November and December 33.3% and 60% respectively, of women who wanted a home birth were asked to attend hospital for their birth due to inability to staff the homebirth service. The primary reason for suspension being high acuity and available workforce. There was no physical harm associated with these suspensions however, this does not reflect the negative impact this has on patient experience and choice.

The BR+ acuity chart is available in **Appendix 5**.

9.0 Recruitment and Registered Staff Trajectory

In December 2025, the financial ledger showed, based on contracted WTE staff in post, that the Trust had a registered nursing and midwifery vacancy of 218.36 WTE. This equates to a vacancy position of 5.6 % across wards/teams included within the

safer staffing report. For context, many large acute Trusts report vacancy rates between 6% and 8%, but the national mean remains around 6% (NHS Vacancy Statistics 2025). The current RN turnover rate is 4.31%, which is significantly below the national average nurse turnover rate of 10–12% reported across NHS Trusts. This indicates a positive retention position for the organisation, although recruitment to remaining vacant posts continues to be a priority.

Progress against the registered nurse trajectory is reported through the Resource Management Group (RMG).

10.0 Recruitment and Support Worker trajectory

In December 2025, based on contracted WTE staff in post, CSW vacancy position was 351.43 WTE. This equates to a vacancy position of 14.6 % across wards/teams included within the safer staffing report. NHS England does not publish a standalone national vacancy rate specifically labelled as CSW, CSW falls into the broader scope of 'support to clinical staff' category within NHS Vacancy Statistics.

However still the most reliable overall benchmark, the vacancy rate is 8.4% but includes all unregistered clinical support staff and it is acknowledged CSW posts consistently track at or slightly above this NHS-wide vacancy rate, due to high turnover and challenges recruiting into unregistered roles. This indicates our CSW vacancy gap remains above the national position and continues to require focussed action.

Similarly, NHS England does not publish a separate national turnover rate specifically for CSWs. National NHS turnover average of around 10.7% is used as a benchmark and because CSWs are an unregistered workforce with higher mobility and vacancy pressures, their turnover rate is understood to be 10–12%.

The current CSW turnover rate in the Trust is 7.16%, which is significantly below the national NHS turnover average of around 10.7%. This reflects a more positive retention position for the organisation within this staff group, although continued focus on recruitment and reducing the vacancy gap remains essential.

Progress against reducing the CSW vacancy gap and staffing trend is reported through the RMG.

11.0 Bank and Agency Usage

In December 2025, a total of 5964 temporary Registered Nurse (RN) shifts were requested across 14 Clinical Service Units (CSUs). Of these, 62.6% were successfully filled. The primary reason for temporary staffing was to cover established vacancies, accounting for 4047 shift requests (67.8% of the total). The Urgent Care CSU had the highest demand, requesting 1274 shifts.

In December 2025 in Women's CSU, a total of 794 temporary Registered Midwife (RM) shifts were requested, of these 58.5% successfully filled. The primary reason for temporary staffing was to cover established vacancies, accounting for 663 shift requests (83.5% of the total).

In December 2025, a total of 9581 unregistered CSW shifts were requested across 14 CSU's. Of these, 76.1% were successfully filled. The primary reason for temporary staffing was to cover established vacancies, accounting for 6754 shift requests (70.49% of the total). SIM CSU had the highest demand, requesting 2264 shifts.

11.0 Risk

The Quality Assurance Committee (QAC) provides oversight of the regulatory, quality and safety patient indicators. The Workforce Committee provides oversight of the workforce supply and deployment of registered nurses, midwives, operating department practitioner and unregistered workforce. There was no material change to the risk appetite statement related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories (workforce, clinical and external risks) set by the Board.

12.0 Publication Under Freedom of Information Act

This paper is available under the Freedom of Information Act 2000.

13.0 Recommendations

The Committee is asked to:

- Note the safety, quality and staffing information for November and December 2025.
- Gain insight and assurance regarding daily processes to monitor and manage nurse and midwifery staffing levels at ward level through the SafeCare system and Red Flag escalation process.
- Take assurance that actions are on-going to monitor the standards of nursing care given within the Trust and support any identified areas with reduced performance.

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Date: 3 February 2026

Appendix 1

Escalation process and KPIs

KPIs: 3/6 KPIs triggered leads to entering stage 1 escalation.

KPI	Patient Care Metrics	Environment Metrics	Nursing Complaints	Infection Prevention and Control	Patient Experience	Incidents
Trigger	A score <80% against a set of questions pertaining to patients care on the ward, or non-submission.	A score of less than 80% against a set of questions pertaining to the ward environment, or non-submission	2 or more complaints with Nursing as the subject or sub-category	2 or more IPC questions with a score of <80% in any domain (patient care or environment metrics)	A score of <90% in the compassion audit or non-submission	A consecutive increase in 1 or more of the incident groups over 2 months (falls/medication/acquired pressure ulcer)

Escalation Process

Escalation Stage	Trigger	Assurance Response	Actions	De-escalation Targets
Stage 1 (3 months)	3 out of 6 KPIs Or stand-alone triggers: 2 months red Patient Care Metrics/2 months red Environment Metrics	- Collate data, inform Chief Nurse Teams and relevant Operational HoNs - Attend monthly ward assurance review meeting - Plan and conduct collaborative assurance visit with relevant chief nurse teams - Report at WQM and send to CSU HoN/ward	- CST meet B7 and Matron to agree action plan - Action plan attached to visit report - CST support as required - CSU to discuss at PW meetings - QI collaborative interventions	- No longer triggering 3 out of 6 KPIs - No longer red in-patient care and environment metrics - CST review of action plan at 6 weeks and actions completed - Follow up visit 8 weeks post de-escalation
Stage 2 (3 months)	3 months in stage 1	- Discuss at monthly ward assurance review - Second collaborative assurance visit - Meeting with DCN/CN/DoN/HoN/PPSS - Report at WQM	- Review and update action plan - CST supportive interventions 2 weekly review meetings - PPSS to attend PW meetings	- No longer triggering 3 out of 6 KPIs - Green Metrics for 2 consecutive months - CST supportive intervention completed - Follow up meeting with CN/DCN/DoN/HoN/PPSS and actions completed - Follow up visit 8 weeks post de-escalation - Agree de-escalation at WQM
Stage 3 (3 months)	3 months in stage 2	- Discuss at monthly ward assurance review - Third collaborative assurance visits - Meeting with CN/DCN/DoN/HoN/PPSS - Report to WQM	- CST supportive interventions - PPSS attend PW meetings - PPSS attend safety huddles/PW link meetings/handovers/team meetings	- Review meeting with CN at 6 weeks - Actions completed - No longer triggering 3 out of 6 KPIs - Green Metrics for 2 consecutive months - Follow up visit at 8 weeks - Agree de-escalation at WQM

Appendix 2

November 2025

	Ward	Metrics Patient	Metrics Environment	Nursing Complaints	IPC	Patient Experience	Incidents	Number of Red KPIs	Escalation	Patient Metrics Score	Environment Metrics Score	Stage of Formal Escalation	Registered Day % Fill	Registered Night % Fill	Unregistered Day % Fill	Unregistered Night % Fill	SafeCare Professional Judgement (SCPJ) Red Shifts	Red Flags
November	J44							3	Entering	Non-sub	Non-sub	1	93%	87%	118%	113%	0	16
	J29							3	Entering	84%	66%	1	88%	100%	98%	104%	4	15
	L10							4	Entering	78%	73%	1	94%	101%	102%	103%	0	0
	J98							3	Entering	85%	94%	1	95%	96%	103%	100%	0	4
	C01							1	Entering	95%	82%	1	97%	99%	119%	167%	0	2
	L16							0	Entering	92%	87%	1	98%	95%	100%	115%	0	0
	J42							2	Remaining	91%	64%	1	99%	91%	95%	139%	0	21
	J12							4	Remaining	76%	52%	1	88%	85%	99%	100%	0	1
	J26							2	Remaining	91%	94%	1	91%	100%	110%	102%	3	23
	J93							3	Remaining	92%	77%	1	94%	87%	102%	101%	0	2
	J96							1	Remaining	91%	94%	1	95%	98%	91%	96%	0	3
	L21							1	Entering	88%	81%	2	83%	91%	88%	116%	0	0
	J24							3	Remaining	95%	52%	3	94%	100%	95%	102%	0	6
	J03							0	Deescalate	95%	93%	3	95%	85%	120%	100%	1	0
	J04							0	Remaining	92%	100%	1	101%	100%	99%	104%	1	8
	J05							0	Remaining	92%	87%	3	94%	100%	92%	97%	2	5
	L44							1	Remaining	82%	86%	3	100%	96%	89%	90%	4	3
	L45							1	Remaining	84%	92%	3	86%	91%	95%	93%	0	0
	L36							1	Remaining	87%	88%	3	97%	99%	97%	100%	1	5

December 2025

	Ward	Metrics Patient	Metrics Environment	Nursing Complaints	IPC	Patient Experience	Incidents	Number of Red KPIs	Escalation	Patient Metrics Score	Environment Metrics Score	Stage of Formal Escalation	Registered Day % Fill	Registered Night % Fill	Unregistered Day % Fill	Unregistered Night % Fill	Safe Care Professional Judgement (SCPJ) Red Shifts	Red Flags
December	J46							4	Entering	84%	58%	1	89%	90%	90%	98%	0	8
	L35							4	Entering	76%	42%	1	81%	100%	95%	107%	0	19
	J27							3	Entering	96%	65%	1	89%	88%	93%	99%	1	5
	J42							0	Remaining	92%	82%	1	94%	97%	88%	125%	0	18
	J44							3	Remaining	93%	77%	1	83%	89%	108%	126%	0	19
	J12							1	Remaining	85%	87%	1	84%	86%	90%	101%	0	1
	J93							1	Remaining	93%	94%	1	90%	93%	87%	98%	0	0
	J96							0	Remaining	96%	88%	1	88%	98%	87%	100%	0	0
	J98							1	Remaining	88%	88%	1	91%	92%	90%	99%	0	3
	J29							2	Remaining	83%	77%	1	97%	100%	92%	101%	0	14
	C01							0	Remaining	95%	100%	1	101%	100%	110%	176%	0	1
	L16							0	Remaining	98%	93%	1	94%	98%	98%	126%	0	1
	L10							0	Remaining	87%	93%	1	95%	102%	104%	127%	0	2
	L21							1	Remaining	84%	80%	2	83%	90%	83%	115%	2	1
	J26							0	Remaining	88%	100%	1	91%	100%	96%	100%	0	10
	L45							3	Remaining	77%	73%	3	90%	88%	92%	85%	0	0
	L44							0	Remaining	92%	86%	3	99%	99%	94%	93%	0	3
	J05							3	Remaining	Non-sub	Non-sub	3	90%	102%	101%	97%	0	0
	J04							3	Remaining	Non-sub	Non-sub	1	101%	100%	85%	90%	3	5
	J24							2	Remaining	80%	61%	3	80%	90%	103%	103%	0	4

Appendix 3

Safe Staffing Return Data (Hard Truths)

November 2025

Ward name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
J42 Urology	99%	95%	91%	139%
J44 Male Colorectal Surgery	93%	118%	87%	113%
J45 Female Colorectal Surgery	99%	101%	97%	129%
J46 General Surgery	102%	99%	90%	98%
J47 General Surgery	107%	119%	112%	103%
J49 Renal Medicine Male	105%	129%	101%	157%
J50 Renal Medicine Female	98%	104%	100%	101%
J82 UGI & HPB Surgery	108%	92%	101%	113%
J83 Leeds Liver Unit	101%	95%	98%	103%
J91 Gastro	98%	101%	90%	96%
J92 Gastro	101%	114%	95%	113%
J54 Lincoln ICU	93%	80%	90%	107%
J81 Bexley ICU	100%	103%	94%	101%
Neuro HDU/ICU	98%	110%	98%	94%
Cardiac HDU/ICU	99%	102%	93%	97%
General ICU LGI	98%	96%	92%	101%
J06 Adult Cystic Fibrosis	100%	100%	100%	97%
J09 Respiratory Medicine	97%	94%	94%	100%
J10 Respiratory Medicine	99%	86%	94%	90%
J11 Cardiorespiratory MOFD	86%	95%	102%	100%
J12 Respiratory Medicine	88%	99%	85%	100%
L14 Cardiology Day Case	127%	120%	148%	208%
L16 Cardiac Surgery	98%	100%	95%	115%
L18 Cardiology	100%	96%	100%	101%

L19 Cardiology	105%	97%	100%	106%
L20 CCU	102%	99%	96%	113%
C01 Neuro Rehabilitation	97%	119%	99%	167%
C02 Dermatology/Rheumatology/Neuro Rehab	105%	100%	100%	100%
C03 Orthopaedic Centre	90%	98%	99%	119%
C06 Stroke Rehab	99%	108%	100%	131%
J01 Neonatal Unit	107%	128%	109%	108%
Transitional Care - SJH	99%	100%	103%	100%
L30 Childrens Medicine	88%	91%	88%	118%
L31 Childrens Oncology	109%	168%	111%	164%
L32 and L33	82%	82%	93%	100%
L38 Childrens Respiratory/Cystic Fibrosis	96%	87%	90%	119%
L40 Childrens General Medicine	111%	121%	145%	120%
L41 Childrens Surgery	93%	135%	89%	159%
L42 Paediatric Surgery	88%	100%	86%	97%
L43 Neonatal Unit	93%	100%	95%	100%
L47 PICU	89%	123%	100%	144%
L50 Childrens Liver & Renal	85%	95%	90%	100%
L51 Childrens Cardiac Surgery	91%	75%	97%	96%
L52 Childrens Neurosciences	86%	110%	82%	130%
L23 ENT/Spines	90%	103%	112%	124%
L12 MOFD Winter Ward	102%	98%	100%	108%
L17 Neurology	98%	100%	100%	100%
L21 Acute Stroke Unit	83%	88%	91%	116%
L24 Neuro/Spines	88%	95%	99%	99%
L25 Neuro/Spines	89%	96%	99%	99%
L28 Spinal Surgery Unit	100%	100%	100%	100%
J23 Breast Surgery	92%	99%	100%	83%
J84 Thoracic Surgery	102%	89%	104%	90%
J88 Haematology	87%	93%	96%	120%
J89 Haematology BMTU	87%	102%	97%	103%
J93 Oncology	94%	102%	87%	101%

J94 Young Adults Unit	102%	102%	100%	90%
J96 Oncology Assessment	95%	91%	98%	96%
J97 Oncology	91%	102%	106%	100%
J98 Gynaecology	95%	103%	96%	100%
J07 Older Peoples Services	92%	98%	100%	101%
J08 Older Peoples Services	88%	96%	100%	103%
J14 Older Peoples Services	97%	92%	93%	92%
J15 Older Peoples Services	88%	90%	97%	101%
J16 Older Peoples Services	100%	101%	92%	97%
J17 Older Peoples Services	88%	94%	99%	100%
J19 Elderly Admissions	91%	97%	86%	103%
J20 Infection & Travel Medicine	89%	99%	98%	110%
J21 Older Adult Admissions	95%	93%	91%	99%
J26 Diabetes	91%	110%	100%	102%
J29 General Medicine	88%	98%	100%	104%
J32 MOFD	95%	95%	100%	100%
J33 MOFD	96%	93%	99%	100%
J34 MOFD	99%	87%	100%	100%
J43 Medical Base Ward	99%	90%	92%	101%
David Beevers Day Unit - SJH	86%	91%	100%	105%
Ward 01 - WGH	139%	114%	100%	100%
L08 TRS HOBS	104%	103%	94%	108%
L09 Male Trauma and Orthopaedics	95%	98%	83%	104%
L10 Major Trauma Ward	94%	102%	101%	103%
L15 Vascular	103%	105%	104%	104%
L22 Plastics	86%	94%	100%	97%
L34 Orthopaedic Trauma	100%	97%	102%	114%
L35 Female Trauma and Orthopaedics	92%	97%	95%	100%
J27 Acute Assessment Unit	88%	97%	90%	101%
High Observation Ward (HOBS)	100%	103%	100%	100%
J28 Acute Assessment Unit	89%	102%	84%	103%
J03 Delivery Suite	95%	120%	85%	100%
J04 Ante Natal	101%	99%	100%	104%
J05 Obstetrics	94%	92%	100%	97%

J24 Gynaecology	94%	95%	100%	102%
L36 Maternity	97%	97%	99%	100%
L44 Maternity	100%	89%	96%	90%
L45 Delivery Suite	86%	95%	91%	93%

December 2025

Ward name	Day		Night	
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)
J42 Urology	94%	88%	97%	125%
J44 Male Colorectal Surgery	83%	108%	89%	126%
J45 Female Colorectal Surgery	91%	91%	95%	116%
J46 General Surgery	89%	90%	90%	98%
J47 General Surgery	98%	100%	102%	96%
J49 Renal Medicine Male	97%	119%	100%	150%
J50 Renal Medicine Female	98%	95%	104%	122%
J82 UGI & HPB Surgery	91%	95%	100%	101%
J83 Leeds Liver Unit	97%	97%	97%	103%
J91 Gastro	100%	98%	100%	99%
J92 Gastro	96%	104%	96%	106%
J54 Lincoln ICU	97%	80%	99%	109%
J81 Bexley ICU	99%	94%	99%	97%
Neuro HDU/ICU	99%	103%	101%	104%
Cardiac HDU/ICU	96%	93%	99%	100%
General ICU LGI	100%	100%	100%	112%
J06 Adult Cystic Fibrosis	93%	109%	100%	100%
J09 Respiratory Medicine	88%	83%	88%	100%
J10 Respiratory Medicine	91%	80%	95%	93%
J11 Cardiorespiratory MOFD	86%	86%	99%	105%
J12 Respiratory Medicine	84%	90%	86%	101%
L14 Cardiology Day Case	126%	131%	126%	133%
L16 Cardiac Surgery	94%	98%	98%	126%
L18 Cardiology	90%	98%	100%	101%
L19 Cardiology	97%	94%	101%	102%
L20 CCU	98%	98%	95%	126%
C01 Neuro Rehabilitation	101%	110%	100%	176%

C02 Dermatology/Rheumatology/Neuro Rehab	96%	96%	100%	96%
C03 Orthopaedic Centre	96%	86%	99%	135%
C06 Stroke Rehab	91%	83%	100%	105%
J01 Neonatal Unit	108%	114%	106%	113%
Transitional Care - SJH	95%	103%	101%	90%
L30 Childrens Medicine	113%	144%	121%	181%
L31 Childrens Oncology	87%	103%	99%	103%
L32 and L33	97%	115%	103%	100%
L38 Childrens Respiratory/Cystic Fibrosis	112%	88%	104%	108%
L40 Childrens General Medicine	107%	117%	139%	119%
L41 Childrens Surgery	94%	112%	87%	167%
L42 Paediatric Surgery	89%	103%	90%	100%
L43 Neonatal Unit	100%	100%	100%	100%
L47 PICU	88%	94%	99%	181%
L50 Childrens Liver & Renal	83%	109%	87%	129%
L51 Childrens Cardiac Surgery	94%	80%	101%	100%
L52 Childrens Neurosciences	96%	89%	97%	118%
L23 ENT/Spines	88%	91%	120%	130%
L12 MOFD Winter Ward	97%	90%	107%	105%
L17 Neurology	96%	90%	100%	101%
L21 Acute Stroke Unit	83%	83%	90%	115%
L24 Neuro/Spines	89%	91%	102%	111%
L25 Neuro/Spines	83%	83%	90%	115%
L28 Spinal Surgery Unit	87%	91%	100%	105%
J23 Breast Surgery	95%	93%	93%	84%
J84 Thoracic Surgery	92%	88%	104%	100%
J88 Haematology	78%	84%	93%	111%
J89 Haematology BMTU	81%	87%	100%	129%
J93 Oncology	90%	87%	93%	98%
J94 Young Adults Unit	94%	108%	100%	123%
J96 Oncology Assessment	88%	87%	98%	100%
J97 Oncology	93%	97%	104%	108%

J98 Gynaecology	91%	90%	92%	99%
J07 Older Peoples Services	89%	88%	100%	99%
J08 Older Peoples Services	85%	85%	100%	99%
J14 Older Peoples Services	96%	85%	93%	99%
J15 Older Peoples Services	87%	83%	99%	98%
J16 Older Peoples Services	92%	89%	91%	100%
J17 Older Peoples Services	93%	90%	100%	98%
J19 Elderly Admissions	85%	90%	93%	104%
J20 Infection & Travel Medicine	87%	85%	100%	103%
J21 Older Adult Admissions	89%	95%	95%	105%
J26 Diabetes	91%	96%	100%	100%
J29 General Medicine	97%	92%	100%	101%
J30 MOFD (opened 3/12/2025)	110%	81%	102%	88%
J32 MOFD	99%	83%	102%	100%
J33 MOFD	94%	85%	100%	99%
J34 MOFD	98%	88%	100%	104%
J43 Medical Base Ward	98%	82%	88%	102%
David Beevers Day Unit - SJH	105%	99%	89%	95%
Ward 01 - WGH	139%	123%	100%	100%
L08 TRS HOBS	101%	79%	101%	89%
L09 Male Trauma and Orthopaedics	85%	85%	81%	104%
L10 Major Trauma Ward	95%	104%	102%	127%
L15 Vascular	100%	99%	103%	103%
L22 Plastics	84%	90%	99%	100%
L34 Orthopaedic Trauma	83%	82%	99%	116%
L35 Female Trauma and Orthopaedics	81%	95%	100%	107%
J27 Acute Assessment Unit	89%	93%	88%	99%
High Observation Ward (HOBS)	95%	92%	100%	106%
J28 Acute Assessment Unit	89%	90%	85%	99%
J03 Delivery Suite	93%	111%	94%	95%
J04 Ante Natal	101%	85%	100%	90%
J05 Obstetrics	90%	101%	102%	97%
J24 Gynaecology	80%	103%	90%	103%
L36 Maternity	89%	86%	99%	88%

L44 Maternity	99%	94%	99%	93%
L45 Delivery Suite	90%	92%	88%	85%

Appendix 4

WARM Summary – December 2025

Ward	KPIs and metrics detail	WARM discussion and visit findings
J05	Feb 2025: entered stage1, red IPC and environment metrics, no compassion audit May: entered stage 2, environment metric, IPC Aug: entered stage 3, environment metrics/IPC/incidents Sep -Dec remained stage 3, 4 red KPIs patient, environment, IPC metrics and compassion audit	Feb-Aug: assurance visit, metrics, and compassion audit completion (PPSST), local action plan Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support group commenced Nov/Dec: ongoing CST support, Genba walks, auditor training
J03	Feb 2025: entered stage1, red IPC and environment metrics, no compassion audit April: entered stage 2, environment, and patient amber metrics Jun: entered stage 3, environment metrics Aug/Sep/Oct: remained stage 3, green/amber metrics Nov - Green metrics	Feb-Aug: assurance visit, metrics, and compassion audit completion (PPSST), local action plan Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support group commenced Dec - Deescalated
L36	Feb 2025: entered stage1, red IPC and environment metrics, no compassion audit Apr: entered stage 2, environment, and patient amber metrics Jul: entered stage 3, amber metrics Aug - Dec: remained stage 3, Amber metrics	Feb-Aug: assurance visit, metrics, and compassion audit completion (PPSST), local action plan Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support group commenced Nov/Dec: ongoing CST support, auditor training
L44	Feb 2025 by exception, post CQC support Mar: no triggers Apr: entered stage 1, red patient metrics for 2 consecutive months Jul: entered stage 2, environment metrics, IPC Oct: entered stage 3, amber patient/environment metrics	Feb-Aug: assurance visit, metrics, and compassion audit completion (PPSST), local action plan Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support group commenced

	Nov/Dec: remained stage 3, amber metrics	Nov/Dec: ongoing CST support, auditor training
L45	Feb 2025 by exception, post CQC support Mar: no triggers Apr: entered stage 1, red patient metrics for 2 consecutive months Jul: entered stage 2, environment metrics, incidents Oct: entered stage 3, amber metrics Nov/Dec: remained stage 3, red metrics	Feb-May: assurance visit, metrics, and compassion audit completion (PPSST), local action plan Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support group commenced Nov/Dec: ongoing CST support, auditor training
J24	Feb 2025 by exception, post CQC support Mar: no triggers Apr: entered stage 1, 3 KPIS, red patient metrics, red environment, and IPC. Jul: entered stage 2, patient & environment metrics, IPC Oct: entered stage 3, 4 red KPIS patient/environment/IPC metrics, incidents Nov/Dec: remained stage 3, red metrics	Feb-May: assurance visit, metrics, and compassion audit completion (PPSST), local action plan Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support offered Nov/Dec: awaiting local action plan and peer support attendance, ongoing CST support, auditor training, documentation training, ETOC training
J04	Mar 2025: entered stage 1, red patient metrics for 2 consecutive months, red patient experience May: remaining stage 1 Jun: de-escalated from formal process, remains part of wider CSU support Jul/Aug/Sep not in formal escalation Oct: re-entered stage1, 4 consecutive, months red/amber patient/environment metrics Nov/Dec: remained stage 3, amber metrics	Mar: assurance visit (PPSST/ MMPS), local action plan Apr- May: assurance walkround and metrics compassion audit completion (PPSST) Jun: CSU/DCN meeting Sep: Matron metrics auditor training Oct: Ward Leader Peer support group commenced Nov/Dec: ongoing CST support, auditor training
L21	Aug 2025: entered stage 1, environment metrics, IPC, incidents Sep/Oct: remained stage1, 3 red KPIS, environment, IPC, incidents Nov: entered stage 2, amber metrics, incidents Dec: remained stage 2, amber metrics red IPC	Aug: local action plan, monitor Sep: Monitor Oct: Enhanced care and documentation training Nov: ongoing CST support, PPSST Metrics Dec: ETOC visit
J93	Oct 2025: entered stage 1, 4 red KPIS, environment/IPC metrics, compassion audit, incidents	Oct: MMPS visit and action plan, PPSST Metrics

	Nov/Dec: remained stage 1, 3 red KPIs, red metrics	Nov: Local action plan implementation Dec: de-escalate
J96	Oct 2025: entered stage 1, 3 red KPIs, patient, environment IPC metrics Nov/Dec: remained stage 1, red/amber metrics	Oct: PPSST metrics, action plan Nov: Local action plan implementation Dec: Falls visit
J12	Oct 2025: entered stage1, 2 consecutive red environment Nov: remained stage 1, 4 red KPIs Dec: remained stage 1, red compassion audit	Oct: PPSST metrics, action plan, ETOC falls visit Nov: MMPS CST visit Dec: B7 peer support, CST metrics
J26	Oct 2025: entered stage 1, 3 red KPIs Nov/Dec: remained stage 1, 2 red KPIs, amber metrics	Oct: Local action plan, monitor Nov: local action plan implementation, senior leadership walkround, ETOC/Falls visit, TV support Dec: IPC Genba
J42	Oct 2025: entered stage 1, consecutive red environment metrics Nov/Dec: red/amber metrics	Oct: Local action plan, monitor Nov/Dec: local action plan implementation, CST metrics
J44	Nov 2025: entered stage 1, 3 red KPIs Dec: remained stage 1, 3 red KPIs	Nov: local action plan, monitor Dec: local action plan implementation, B7 peer support offered, MMPS support
L16	Nov 2025: entered stage 1, consecutive amber metrics Dec: remained stage 1, green metrics	Nov: Local action plan, MMPS support Dec: local action plan implementation, de-escalate
C01	Nov 2025: entered stage1, consecutive amber metrics Dec: green metrics	Nov: local action plan, ETOC training, MMPS support Dec: local action plan implementation, de-escalate
J98	Nov 2025: entered stage 1, 3 red KPIs Dec: remained stage 1, red IPC	Nov: local action plan, Genba walk (TV/IPC/ETOC/TVKPO), MMPS support Dec: local action plan implementation
J29	Nov 2025: entered stage 1, 3 red KPI Dec: remained stage 1, 2 red KPIs	Nov: local action plan, TV audit, ETOC support, IPC Genba walk, senior leadership walkround. Dec: local action plan implementation, FFT deep dive, falls/ETOC visit

L10	Nov 2025: entered stage 1, 4 red KPIs Dec: remained stage 1, amber metrics	Nov: local action plan, IPC audit Dec: local action plan implementation, B7 peer support offered, ETOC Genba
L35	Dec 2025: entered stage 1, 4 red KPIs	Dec: local action plan, B7 peer support commenced
J27	Dec 2025: entered stage 1, 3 red KPIs	Dec: local action plan, Falls Genba, monitor
J46	Dec 2025: entered stage 1, 4 red KPIs	Dec: local action plan, CST metrics, TV support
Falls	Radiology LGI: increase in falls Nov J08: 11 Falls December J34: 7 falls December J43: 10 falls December	Falls prevention visits conducted and Genba walks for all wards raised at WARM with increased falls. All wards developed local action plans

Appendix 5

Birthrate Plus (BR+) Workforce vs Acuity – November and December 2025

Delivery Suites	LGI Nov	LGI Dec	SJUH Nov	SJUH Dec
% recording where >2.5 Midwives short	2%	1%	0%	0%
%recording where up to 2.5 midwives short	13%	11%	12%	12%
% recording where staffing levels meet acuity	85%	88%	88%	88%
Data input compliance	98.33%	100%	100%	97.85%