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Trust Headquarters

NHS Lancashire Teaching Hospitals NHS Foundation Trust

Safety and Quality Committee

Meeting of the	**Safety and Quality Committee**	**30th January 2026**
Title of Report	**Annual Safe Staffing Review - Nursing and Midwifery 2025/2026**	
Report Author	Sarah Morrison - Chief Nursing Officer/Deputy Chief Executive Catherine Gregory – Deputy Chief Nursing Officer Nicola Ross – Matron for Patient Safety and Safe Staffing	
Lead Executive Director	Sarah Morrison - Chief Nursing Officer/Deputy Chief Executive	
Recommendation/ Actions required	The Safety and Quality Committee is asked to: Endorse the Annual Safe Staffing Review and confirm that it is satisfied with the assurances provided within the report. Note, in line with NHS Improvement Workforce Safeguards guidance, the Chief Nursing Officer confirms that they are satisfied with the outcome of the annual safe staffing assessment and that, while risks remain, staffing levels are considered safe, effective and sustainable.	
	Decision ☐	**Assurance** ☒ / **Information** ☒
Executive Summary	The Annual Safe Staffing Review for Nursing and Midwifery 2025/26 confirms that staffing levels across all divisions at Lancashire Teaching Hospitals NHS Foundation Trust remain safe, effective and sustainable. The review has been undertaken in accordance with National Quality Board guidance, NHS Improvement Workforce Safeguards, and relevant specialty-specific standards, using a triangulated approach that integrates Safer Nursing Care Tool (SNCT) data, professional judgement, and patient safety and quality metrics. The review covers inpatient wards, assessment areas, children's and neonatal services, maternity services, and critical care spanning the Medicine, Surgery, Women's and Children's, and Diagnostics and Clinical Support (DCS) divisions. Workforce modelling demonstrates that establishments broadly meet patient care needs, with targeted adjustments implemented to reflect changes in patient dependency and acuity, service reconfiguration, and operational pressures. Professional judgement remains a crucial component of the assessment, ensuring that staffing models are responsive to local context, seasonal variation, and evolving clinical demands.	

	Key Workforce Changes: <u>Medicine Division</u> The findings of the safe staffing reviews give assurance that existing staffing levels and skill mix across medical inpatient wards are appropriate to meet service needs with the exception of the following: Rookwood A (CDH) - In response to changes in patient dependency and workload priorities and to better balance workload across the 24-hour period, a test of change is underway to adjust the skill mix between day and night shifts. This involves increasing Band 3 staff over night with a corresponding reduction in Band 3 roles during the day, while maintaining safe and effective staffing. Ward 17 - A realignment of Band 2 and Band 3 roles alongside the removal of Band 4 posts has been implemented to strengthen Band 5 capacity during day shift, ensuring appropriate skill mix and professional oversight in line with patient need. Ward 24 (Gastroenterology) - The temporary RN Day shift uplift tested since the last review has been made permanent, within budget, with corresponding reductions to Band 2 and Band 4 shifts. Bleasdale Ward - The conversion of Band 3 to Band 4 on night shifts with continued interim Band 6 uplift to manage high acuity and leadership oversight. These skill mix changes have been made within budget. Medical Assessment Unit (Chorley) - Increased Fit to Sit capacity for patients awaiting assessment has been recognised and therefore it is proposed to convert 5.48 WTE from recurrent bank usage into substantive posts to reduce variable spend and improve sustainability. Acute Assessment Unit (AAU) - Due to recent specialty changes the review in this ward comprised of a desktop review to identify key learning for any ward reconfiguration process. This will be useful as further changes to ward reconfigurations are made, particularly with respect to the effect on staff morale and patient safety. <u>Emergency Department</u> A business case was approved at the Trust Management Board on 12th November 2025 to convert temporary staffing expenditure into substantive posts within the Emergency Department at Chorley and South Ribble Hospital. This change delivers a 5.5 WTE uplift in registered nurses and a 2.75 WTE uplift in health care assistants, strengthening the department's ability to provide safe and sustainable care. Further work is required to fully understand safe staffing requirements for the Emergency Department at Royal Preston Hospital, aligned to the urgent and

	emergency care workstreams currently in development. A proposal for a safe and effective staffing model for RPH ED will be presented as a separate paper. <u>Surgical Division</u> The findings of the safe staffing review confirms that staffing levels and skill mix review across surgical wards remain appropriate to meet service needs except for the Surgical Assessment Unit (SAU). Surgical Assessment Unit - agreed the introduction of a test of change converting one day RN shift to a twilight shift and an uplift in housekeeping hours to respond to evening demand patterns in line with other assessment areas. Surgical Enhanced Care provision has now been consolidated into Leyland Ward, improving efficiency, pathways and resilience. <u>Women's and Children's Division</u> Gynaecology - The safe staffing review confirms that current arrangements are appropriate to mee patient needs in the gynaecology ward. A staffing model adjustment has been agreed to manage additional triage support for the Gynaecology Assessment Area (GEPAU), this has been managed within existing budget. Paediatric services - Safe staffing has been maintained across Ward 8, PAU, day case and ED services, with seasonal variation and bed occupancy managed via professional judgement to ensure patient safety. The safe staffing review confirms that current staffing arrangements are appropriate to meet service needs. Neonatal Unit - Safe Staffing levels remain compliant with BAPM standards, and no structural changes have been made to the staffing model. Maternity - Services continue to operate in line with national guidance. The Birth Rate Plus assessment has been received and being considered and will be presented to S and Q Committee separately. <u>DCS Division</u> Critical Care Unit staffing adjusted following a successful test of removing one Band 5 RN from the rota. Safe staffing has been maintained in line with Guidelines for the Provision of Intensive Care Services (GPICS) standards through flexible deployment and ongoing acuity monitoring. **Workforce Risks and Mitigations** Across divisions, persistent challenges remain, including: • High demand for Enhanced Therapeutic Observation and Care (ETOC) in complex patient areas.

	• Ongoing HCA and support-worker vacancies affecting flexibility and resilience. • Above-target sickness levels linked to workload pressures. • Seasonal pressures and evening activity surges in assessment and surgical units. Mitigations include strengthened roster design, improved Safecare deployment, targeted recruitment, enhanced oversight via daily safe-staffing forums, and development of monthly HealthRoster good-practice monitoring. The Chief Nursing Officer and Chief Medical Officer confirm compliance with NICE safe staffing standards, NQB expectations, and NHS Improvement Workforce Safeguards. Triangulated analysis demonstrates that staffing models across all divisions continue to support safe, effective, and sustainable care for 2025/26.	
Link to Strategic Objectives 2025/26	**Patients – deliver excellent care:** Improve outcomes, reduce harm and deliver a positive patient experience.	☒
	Performance – deliver timely, effective care: Deliver agreed trajectories in clinical performance.	☐
	People – be a great place to work: Create an inclusive culture with leaders at every level leading colleague engagement.	☒
	Productivity – deliver value for money: Deliver the agreed financial plan including waste reduction programme, maximising use of resources.	☒
	Partnership – be fit for the future: Be an active system partner leading to the delivery of the system clinical strategy, university hospital status and fulfils our anchor and green plan ambitions.	☐
Due Diligence	To give the Committee assurance, please complete the following:	
Operational Group Review:	Name of Operational Group:	Date:
Link to National guidance and Framework:	NHS Improvement - Developing workforce Safeguard National Quality Board Safe sustainable and productive staffing	
Appendices	• Appendix 1 – Breakdown of Overall SNCT Data • Appendix 2 – CHPPD – Northwest Region & Peer Comparison • Appendix 3 – Safe Staffing Quality Assurance Dashboard (Adult inpatients) • Appendix 4 – Children's and Young People Dashboard • Appendix 5 – Structured Professional Judgment • Appendix 6 – Operational risks relating to staffing • Appendix 7 – Cost Centre WTE and Budget Summary by Division • Appendix 8 – Tariff Comparison	

1. Introduction

This report presents the findings of the Annual Nurse and Midwifery Safe Staffing Review at Lancashire Teaching Hospitals NHS Foundation Trust for 2025. The review triangulates workforce data with key indicators of patient safety, patient experience, and clinical effectiveness to provide assurance that nursing and midwifery staffing levels across the Trust remain safe and appropriate to deliver high-quality care.

The report fulfils the requirements outlined in Developing Workforce Safeguards (NHS Improvement, 2018), National Quality Board guidance (NQB, 2016), the Nursing and Midwifery Code of Practice (NMC, 2015), and National Institute for Health and Care Excellence (NICE, 2016) guidance on safe, sustainable, and productive staffing, as well as Care Quality Commission (CQC) Regulation 18(1). These standards ensure providers maintain sufficient numbers of suitably qualified, competent, skilled, and experienced staff to meet people's care and treatment needs in line with fundamental standards of care. Specifically, this includes:

- Improvement and Assessment Framework for Children's and Young People's (CYP) Health Services (2016)
- Safe, Sustainable and Productive Staffing: An Improvement Resource for Neonatal, Children and Young People Services (2017)
- Safe, Sustainable and Productive Staffing – Adult Inpatient Wards in Acute Hospitals (2018)
- Safe, Sustainable and Productive Staffing: An Improvement Resource for Urgent and Emergency Care (2017)

2. Scope

The annual review undertakes a comprehensive triangulation of nursing and midwifery staffing data with associated outcome measures across all four clinical divisions: Surgery, Medicine, Women's and Children's, and Diagnostics and Clinical Support (DCS). This includes admission and assessment units, as well as inpatient areas for Neonates and Children and Young People.

Reviews for the Acute Assessment Unit, Ward 23, and the Enhanced High Care Unit were not included in this cycle due to planned service changes. A desktop review was undertaken for these areas to ensure ongoing oversight. These areas have a formal safe staffing review as part of the revised service models, ensuring compliance with safe staffing principles outside of this reporting period.

Table 1 – Areas included in the scope of the annual workforce review

Medicine Division	Surgical Division	Women's and Children	Diagnostic and Clinical Support (DCS)
ED (RPH) including ED Children's	Ward 2a	Ward 8	Critical Care Unit (CrCU)
Acute Assessment Unit	Ward 2b	Paediatric Assessment Unit (PAU)	
Bleasdale Ward	Ward 2c	Paediatric Day case	
NRU (Barton)	Ward 3	Neonatal Unit (NNU)	
AMU	Ward 4	Gynae Ward RPH	

CCU RPH	Ward 10	Gynaecology Early Pregnancy Assessment Unit	
Ward 17	Ward 11		
Ward 18	Ward 12		
Ward 21	Ward 14		
Ward 23	Ward 15		
Ward 24	Ward 16		
Ward 25	Major Trauma Ward		
Enhanced High Care Unit	Ribblesdale Unit		
ED (CDH)	Surgical Assessment Unit		
MAU (CDH)	Surgical Unit (CDH)		
Brindle	Leyland Ward		
Cardiac Unit CDH			
Rookwood A			
Rookwood B			
Hazelwood			

3. Background

Safe staffing establishments are reviewed and formally approved on an annual basis by the Chief Nursing Officer, in collaboration with Ward Managers, Matrons, and Divisional Nursing and Midwifery leaders. Establishments are determined using an evidence-based methodology, supported by validated audit data and aligned to the requirements of the Safer Nursing Care Tool (SNCT). This approach ensures that staffing models remain responsive to patient acuity and dependency while meeting national standards for safe, sustainable, and high-quality care.

Workforce planning is recognised as a continuous cycle of measurement, review, and adjustment, rather than a single event. This cycle includes:

- Measuring patient acuity and dependency over the recommended period using the most appropriate tool (SNCT for inpatient wards).
- Reviewing data alongside professional judgment frameworks to identify factors influencing staffing requirements.
- Comparing calculated establishments to current staffing levels and benchmarking against similar wards or services.
- Reflecting on recommended establishments with reference to evidence and considering implications for daily deployment.
- Justifying establishment decisions and monitoring indicators of staffing sufficiency, including patient and staff outcomes.
- Re-measuring at intervals of 6–12 months or sooner if monitoring indicates a need for change.

Outside the annual review cycle, ward managers are empowered to take immediate actions to maintain safe and responsive staffing levels, including:

- Substantive recruitment to cover maternity leave for Health Care Assistants (HCAs) and Registered Midwives (RMs) band 6.

- Fixed-term recruitment to cover maternity leave for Registered Nurses (RNs) at band 5, with exceptions only for high-turnover areas requiring a specific skill set. This includes Emergency Department (ED), medical assessment units, children's services, neonates, theatres, and endoscopy, where specialist competencies are essential to maintain patient safety.
- Requesting bank staff in response to changes in patient acuity or dependency, subject to approval controls via Divisional Nurse Directors (DNDs), to provide rapid and flexible support during periods of increased demand.
- Initiating an establishment review where the current staffing model does not meet clinical needs or where there has been a change in patient cohort, ensuring alignment with evolving service requirements and patient complexity.
- Formally twice-daily safe staffing forums are undertaken to ensure that staffing is safe and effective, provide real-time oversight, enable escalation of concerns, and allow proactive redeployment of staff across wards to mitigate risk and maintain quality standards.
- Mechanisms for site management arrangements are in place 24/7 that facilitate safe staffing. This includes escalation pathways to address staffing shortfalls promptly, ensuring resilience and continuity of care across all clinical areas.

4. Methodology and Approach

The review draws on outcome metrics for both patients and staff over a 12-month period (September 2024 – August 2025), combined with professional judgment, as recommended by NHS Improvement's Developing Workforce Safeguards (2018).

4.1. Safer Nursing Care Tool (SNCT)

The Safer Nursing Care Tool (SNCT) is a NICE-endorsed acuity and dependency tool, developed by the Shelford Group as an evidence-based decision support mechanism. It enables Chief Nursing Officers and Trust Boards within acute NHS hospitals to measure patient acuity and dependency to inform and approve safe nurse staffing levels. The decision matrix allows for the assessment of patient acuity (severity of illness) and dependency (level of nursing support required to meet fundamental care needs such as mobility, nutrition, and personal care).

The Trust implemented SNCT across adult inpatient and assessment areas, children's inpatient areas, and the Emergency Department (ED) in February 2024. Full-month data collection and validation audits have been conducted every six months since implementation.

4.1.1. SNCT in Workforce Reviews

Workforce reviews are informed by these formal six-monthly SNCT data collections. The Trust is Compliant with all SNCT requirements which include:

- Holding a valid license for use of the tool.
- Collecting a minimum of 30 days of data twice annually.
- Ensuring three senior staff per ward are trained in SNCT methodology.
- Applying external validation processes and inter-rater reliability assessments.
- Running SNCT data through licensed software using approved multipliers applied to acuity and dependency descriptors.

This structured approach ensures that staffing establishments are evidence-based, professionally validated, and aligned with national standards for safe and sustainable care.

The graphs in appendix 1 provide a breakdown of the overall SNCT data collected since commencement in February 2024.

The SNCT data demonstrates an increase in patient dependency over the past 12 months across adult inpatient and acute assessment units. When this is triangulated with coding data for non-elective (NEL), non-elective non-emergency (NELNE) and non-elective short stay (NELST) comparing M1-8 23/24 to M1-8 25/26, there is a broad increase in average tariff across all specialty areas. This suggests a richer case mix and increased patient acuity, which correlates with the trends observed in the SNCT data (appendix 8).

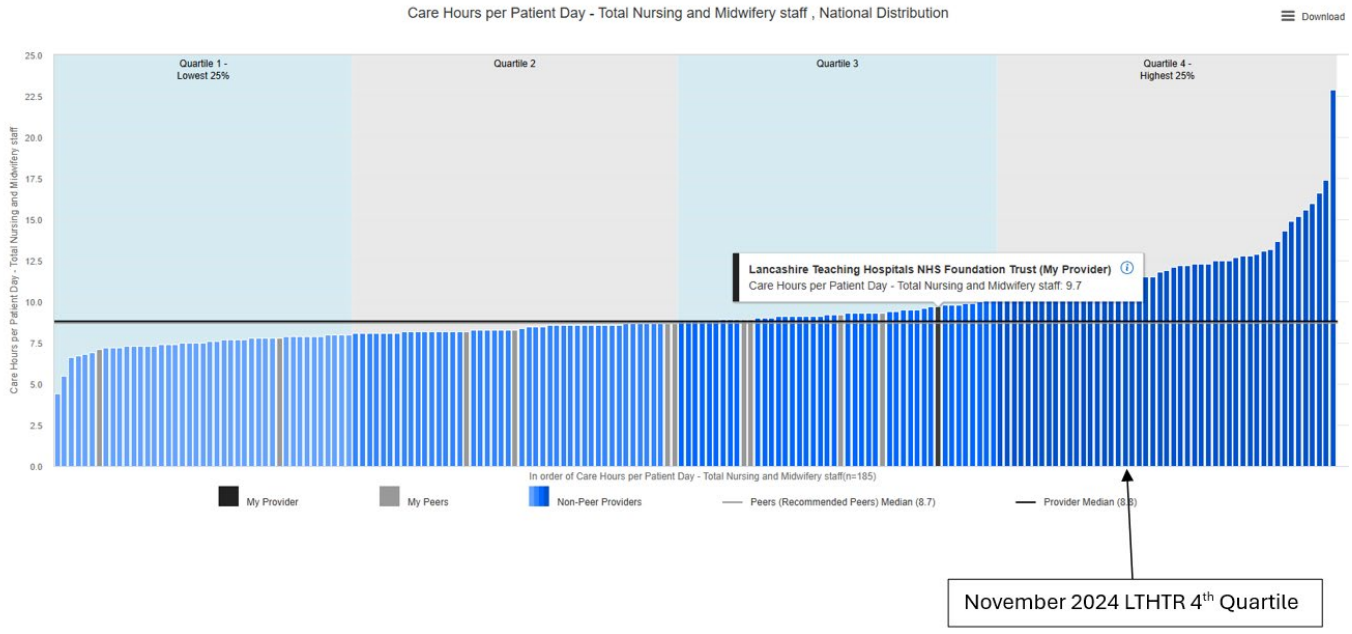
While patient acuity and dependency captured through the Emergency Department (ED) SNCT audit remain relatively stable, the current tool does not fully reflect the care requirements of patients remaining in ED beyond 12 hours. This limitation has been recognised nationally by NHS England and the Shelford Group, and a revised version of the tool was released in December 2025 to address this gap. Until the updated tool is fully implemented, professional judgment supported by established escalation and mitigation processes continue to be applied to manage the additional care demands associated with extended ED stays, providing ongoing assurance of safe staffing.

Withing the children's ward there are consistent variations in acuity and dependency linked to seasonal variation that require professional judgment to ensure flexibility in deployment.

4.2. Care Hours per Patient Day (CHPPD)

The data in Graph 1 reflects Model Hospital benchmarking data from September 2025 and places Lancashire Teaching Hospitals in the third quartile for CHPPD. This position is consistent with other tertiary providers in the North-West, including Northern Care Alliance, Manchester University NHS Foundation Trust and Liverpool University Hospitals Trust.

Graph 1 – Model Hospital Lancashire Teaching using CHPPD – September 2025



CHPPD is a high level, national proxy measure for staffing to bed ratios. While some assurance can be drawn from Lancashire Teaching Hospitals' position relative to peer organisations, it is important to interpret this metric in the context of local configuration and case mix. For example, the Trust operates

seven enhanced high care areas in support of the delivery of tertiary services. As of September 2025, Lancashire Teaching Hospitals is positioned in Quartile 3 nationally, compared to Quartile 4 (highest 25%) in November 2024. This movement from Quartile 4 to Quartile 3 demonstrates effective workforce resource management and improved alignment of staffing to patient need without compromising safe staffing standards.

4.3. Professional Judgement

Professional judgement is a critical component of workforce reviews, providing a balanced approach that combines robust data with the expert insights of those who understand the realities of clinical practice. This ensures that decisions regarding nurse staffing levels reflect both an evidence base and the complexities of the working environment.

Embedding professional judgement within the process promotes collaboration, empowers local teams to take ownership of safe staffing, and supports leadership development. It values the perspectives of staff working directly in clinical areas, while encouraging leaders to proactively address challenges and contribute to practical solutions.

Professional judgement is not about requesting additional staff. It is about understanding the unique context of each clinical area and working collectively to identify strategies that prioritise patient safety and mitigate risk. This analysis forms a key part of workforce reviews and is considered alongside nurse-sensitive indicators, financial data, and workforce metrics.

In addition to patient acuity and dependency (SNCT), professional judgement takes into account a wide range of factors that influence staffing requirements, including:

- Ward layout and design – areas with multiple single rooms or bays often require increased staffing capacity and capability.
- Patient visibility and observation needs – including Enhanced Therapeutic Observation and Care (ETOC).
- Availability of support staff – such as housekeepers and other non-clinical roles.
- Patient throughput – higher turnover may necessitate additional staff to maintain patient flow.
- Supervisory time for Ward Managers – to fulfil management responsibilities and provide support, supervision, and mentorship for students and newly appointed staff.
- Skill mix and experience levels – balancing registered nurses, nursing associates, and healthcare support workers, and considering the proportion of newly qualified or inexperienced staff.
- Seasonal or situational pressures – such as winter pressures, flu outbreaks, or surges in elective activity.
- Staff wellbeing – recognising the impact of sustained high workload or sickness absence on team resilience.
- Training and development needs – ensuring time for mandatory training, competency development, and clinical supervision.
- Technology and equipment availability – delays or complexity in using systems can increase workload.
- Dependency on external services – for example, delays in diagnostics or discharge planning that increase patient length of stay.
- Impact of regulatory requirements – compliance with standards such as CQC, NICE guidance, or safe staffing legislation.

Professional judgement ensures that workforce planning remains responsive, realistic, and focused on delivering safe, high-quality care.

4.4. Roster Key Performance Indicators

Effective roster management is a cornerstone of safe and high-quality patient care. As part of the annual safe staffing review process, detailed analysis of rostering Key Performance Indicators (KPIs) is undertaken using comprehensive data from across all divisions. This review goes beyond operational compliance and provides strategic insight into workforce utilisation, skill mix, and patterns of additional staffing.

The annual review evaluates trends in roster performance, including the alignment of planned staffing to patient acuity, the distribution of registered and unregistered staff, and the reasons for additional duties such as enhanced therapeutic observations of care (ETOC). It also highlights areas of high acuity, dependency on temporary workforce, and the effectiveness of Safecare redeployment strategies.

This supports:

- Rosters that are structured to deliver safe staffing within available resources.
- Identification of systemic pressures such as high reliance on bank staff or recurring ETOC needs, enabling targeted workforce planning.
- Financial stewardship by monitoring patterns that drive variable spend and informing strategies to reduce reliance on temporary staffing.
- Provision of evidence for compliance with national guidance and internal governance standards.

The insights from this review, combined with real-time data from the Daily Management System (DMS), ensure that workforce planning remains proactive, responsive, and sustainable.

As part of the evaluation of grip and control arrangements and Healthroster compliance an opportunity has been identified to strengthen and standardise compliance monitoring. This will be taken forward through the development of monthly monitoring against Healthroster good practice guidance, providing improved oversight and assurance.

5. Monthly Reporting for Assurance

Recognising the significance that fill rates have on patient and staff outcomes, the single improvement plan measures fill rates, and these are reported to Trust Board as part of the integrated performance report.

A comprehensive monthly report is submitted to the Safety and Quality Committee as part of the Safety and Quality dashboard. This report provides assurance through comparison of planned versus actual nurse staffing levels, care hours per patient day data (CHPPD) incident reporting and red flag indicators. It is further triangulated with Trust-wide patient safety and experience metrics, bed occupancy and Emergency Department activity, performance and outcome data.

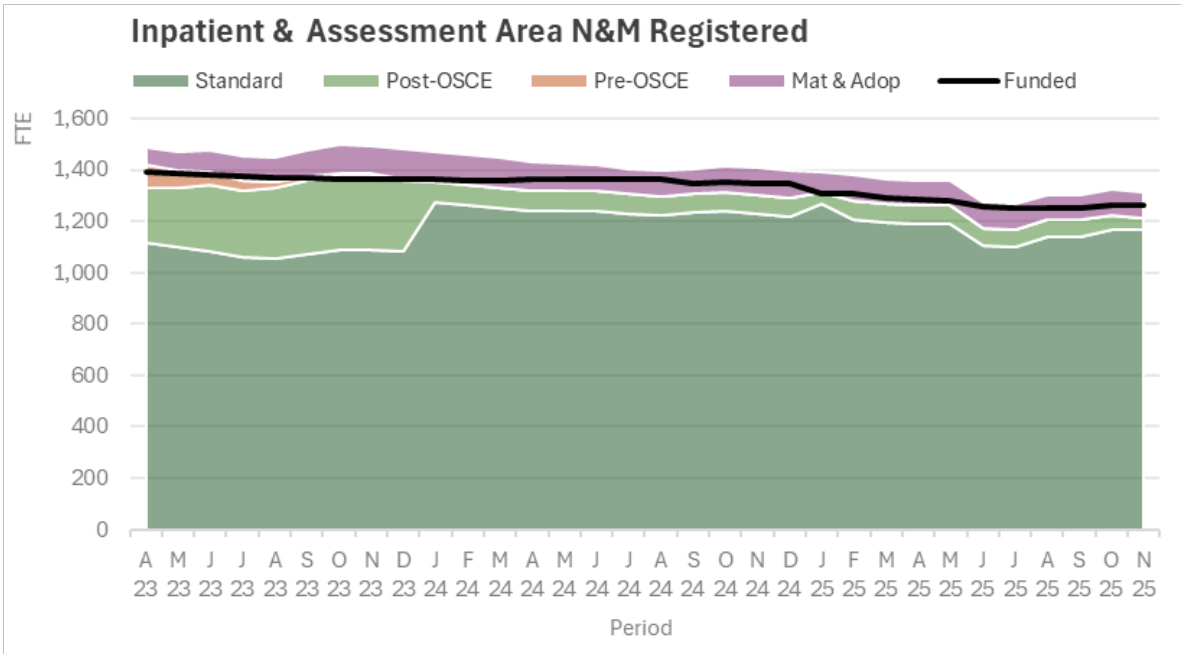
In recognition of the risks associated with Maternity and Children these staffing reports are disaggregated and presented separately to Safety and Quality Committee triangulated against patient outcome measures specific to these specialties. This allows clear line of sight in these services.

Staffing levels are represented as percentage fill rates for each ward as submitted to NHS Choices each month. The fill rate is calculated from the number of actual hours worked by staff as a percentage of the number of hours required. This analysis is then converted to Care Hours per patient day (CHPPD) which is monitored as part of the monthly reporting process.

6. Vacancy Position (inpatient areas)

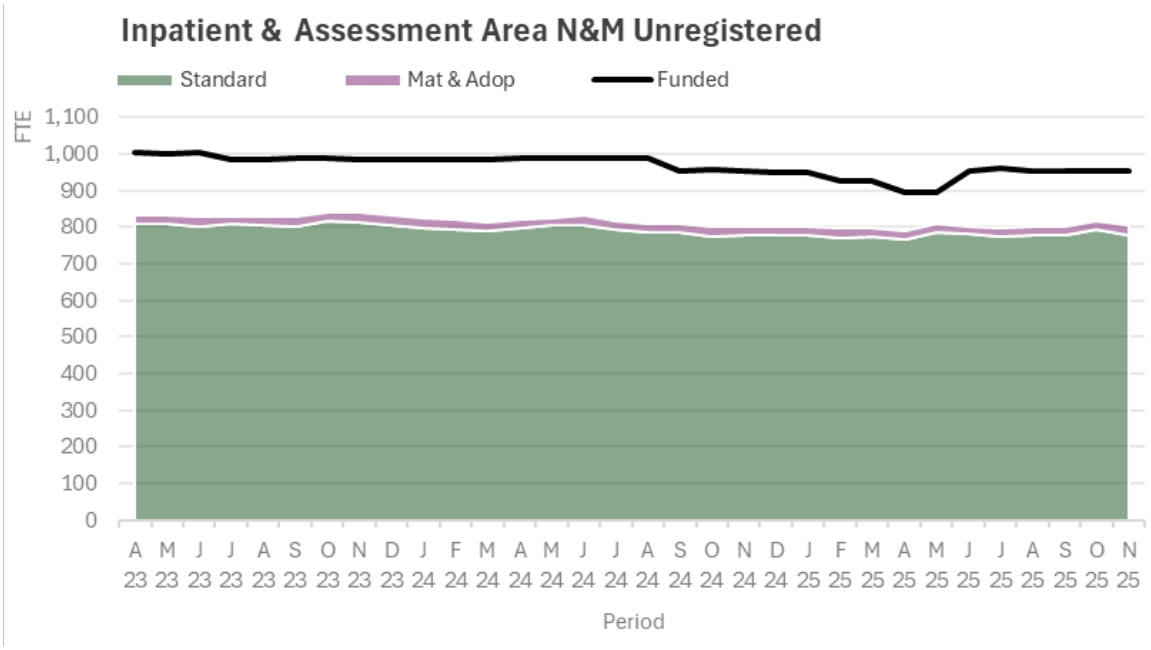
Graph 2 below illustrates the trend in Registered Nurse and Midwifery staff in post versus funded establishment. Staff in post reduced slightly over the past year, with a dip through mid-2025 and a small recovery toward year-end. Substantive staff numbers followed a similar pattern, falling through summer and improving by November. As of 30 November 2025, including staff on maternity and adoption leave, there is an over-establishment of 48.46wte on the Register Nurse/Midwifery establishment. However, when excluding maternity and adoption leave (i.e., substantive staff available to work), there is a shortfall of 51.83wte. The apparent over-establishment reflects staff on maternity/adoption leave who remain on payroll but are not available for clinical duties.

Graph 2 - Registered Nurse & Midwifery establishment versus staff in post



Graph three shows the trend for unregistered staff. The workforce has remained relatively stable overall; however, vacancies have increased slightly since early 2025, which may impact ward-level flexibility and patient support. As of 30 November 2025, there is a vacancy of 148.99wte, including maternity and adoption leave there is a vacancy of 124.6wte vacancies.

Graph 3 - Healthcare Assistant & Maternity Support Worker establishments versus staff in post



7. Outcome of the Annual Safe Staffing Review

7.1. Children and Young People

Paediatric services at Royal Preston Hospital have continued to operate in line with Royal College of Nursing and NHS Improvement guidance, with compliance monitored through monthly Children and Young People Safety and Quality reports. These reports provide assurance that staffing levels and child-specific outcomes remain safe and effective across all areas.

In the Paediatric Emergency Department, staffing models remain aligned to national standards, supporting emergency resuscitation alongside triage, assessment, and treatment. Professional judgement confirms that current arrangements are appropriate to meet service needs.

Ward 8 has maintained safe staffing throughout the year, with triangulation of SNCT data and professional judgement confirming that skill mix and capacity have remained suitable. Seasonal variation and bed occupancy have been managed effectively, ensuring continuity of care and patient safety. No changes were made to the workforce model or WTE allocation during 2025.

The Paediatric Assessment Unit retained its staffing model, although planned headroom alignment to 22.2% was not implemented at budget setting for 2025 and so will be corrected this year.

Ambulatory care transitioned from Ward 8 to the Paediatric Day Case service, improving patient flow and service efficiency without compromising safety.

The Neonatal Unit remains compliant with British Association of Perinatal Medicine standards. While sickness levels have been high, these have been managed and supported at divisional level. No structural changes were made to the staffing model, with only minor budget adjustments linked to incremental drift.

Overall, paediatric services have sustained safe staffing and compliance with national standards despite operational pressures and service changes. Workforce planning continues to focus on resilience and flexibility to meet future demand.

7.2. Gynaecology

Triangulation of SNCT data for the Gynaecology Ward and Gynaecology Assessment Unit (GEPAU), combined with professional judgement and safety metrics, confirms that staffing levels and skill mix remain appropriate to meet service needs. A staffing model adjustment for GEPAU has been agreed to manage increased triage activity, and this is achievable within budget due to headroom formulas embedded in the staffing model template. Recruitment to address Band 3 vacancies and administrative gaps is ongoing, supported by flexible rostering and bank staff utilisation.

7.3. Maternity

Maternity services continue to operate in line with national guidance and the National Quality Board standards. Recruitment plans for newly qualified midwives are on track, with phased starts from September through November 2025 and over-recruitment agreed to cover vacancies, maternity leave, and anticipated attrition. The updated Birth Rate Plus assessment, commissioned in May 2025, is underway, with findings expected by the end of the year following validation. These will inform future workforce planning and be incorporated into the annual review cycle. Current staffing models, supplemented by professional judgement, continue to meet NICE safe staffing standards, and compliance with CNST Maternity Incentive Scheme priorities remains strong.

7.4. Surgical Division

Triangulation of SNCT data, professional judgement, and safety metrics confirms that staffing levels and skill mix across surgical wards remain appropriate to meet service needs. Most surgical areas maintained their existing staffing models, with targeted adjustments to address pressure points.

In September 2025, the Surgical Enhanced Care Unit was consolidated into Leyland Ward, embedding enhanced care within the ward and improving efficiency, patient pathways, and workforce resilience. Following the annual safe staffing review, the Surgical Assessment Unit will increase housekeeping provision to align with other assessment areas and introduce a test of change for a twilight RN shift, converting one RN Day shift. This later start aims to relieve evening pressures identified as a peak activity period.

Professional judgement highlighted ongoing risks linked to patients requiring ETOC, mitigated through roster redesign and effective safe staffing deployment. Overall, surgical staffing models provide the ability to maintain safe, effective care for.

7.5. Medicine Division (excluding ED)

Triangulation of SNCT data, professional judgement, and safety metrics confirms that staffing levels and skill mix across medical inpatient wards remain broadly appropriate to meet service needs. Most wards retained their existing staffing models, with targeted adjustments to address dependency and skill-mix pressures.

Key changes include Elderly Care – Rookwood A (CDH) skill-mix review introduced a test of change to increase Band 3 staff at night and reduce Band 3 roles during the day, reflecting patient dependency and observation needs.

Ward 17 skill-mix refinements between day and night band 2 and band 3 and removed band 4 roles to increase band 5 provision during the day to better meet care needs of the patients, based on peer review and professional judgement, skill mix undertaken with budget and will be enacted before budget setting.

Gastroenterology Ward 24 temporary changes from last year were made permanent following positive feedback, increasing RN Day cover and reducing Band 2 and Band 4 shifts. This change is within budget.

Bleasdale Ward adjustments to night skill mix (conversion of band 3 to band 4), alongside retention of additional band 6 support as an interim to manage high acuity and complexity. These changes have been achieved within budget.

The Medical Assessment Unit (MAU) at Chorley has increased its Fit to Sit capacity to support patient flow and site pressures. To maintain safety and meet rising demand, MAU has consistently been using additional duties to manage peak activity. Night-time pressures remain linked to ED demand and will be addressed through the Urgent and Emergency Care Pathway and ‘Days Kept Away from Home’ initiatives.

Roster analysis (Jan–Nov 2025) indicates additional shifts have reduced and stabilised at an average of 700 hours per month, equating up to 18 WTE extra per month which is leading to an overspend of £354K as of October 2025, driven by bank usage.

The proposed model converts 5.48 WTE bank usage into substantive posts at a recurrent cost of £249K, delivering savings on variable spend without increasing overall worked headcount and supporting safe, sustainable staffing.

Medicine staffing models remain aligned to national safe staffing standards, providing assurance that patient safety is maintained. While workforce pressures in some clinical areas have required daily redeployment to balance skill mix and support efficiency, these actions are managed through established escalation processes. Work is underway to strengthen Band 5 capacity, with the transfer window now open to correct establishment gaps and improve stability across the division.

A full safe-staffing review was not undertaken for AAU during this cycle due to the recent change in specialty. However, a desktop assessment has been completed, identifying key learning for areas undergoing service reconfiguration. The consultation process highlighted the need for clearer communication pathways, including defined timescales and clear endpoints when undertaking service changes. The feedback emphasised that uncertainty significantly affects staff morale and can ultimately impact patient safety. These insights will inform future service-change processes to ensure improved engagement, transparency, and operational readiness. SNCT data could not be triangulated at this stage because two full audit cycles are required following the specialty change. These will be completed in January, enabling a full triangulated review to be presented in the next reporting cycle.

7.6. Emergency Department

A business case was approved at the Trust Management Board on 12th November 2025 to convert temporary staffing expenditure into substantive posts within the Emergency Department at Chorley and South Ribble Hospital. This change delivers a 5.5 WTE uplift in registered nurses and a 2.75 WTE uplift in health care assistants, strengthening the department's ability to provide safe and sustainable care. The business case also acknowledges the ongoing requirement for overnight escalation cover, which will continue to be managed through escalation arrangements with temporary staffing utilised as necessary.

The Trust remains committed to driving forward improvements and supporting schemes that enable overnight closure where clinically appropriate. The current ambition is to achieve closure for 3.5 nights per week, recognising that this target is challenging but achievable through collaborative working across the wider CDH site. Progress will remain dependent on hospital-wide capacity and patient flow. Further work is required to fully understand safe staffing requirements for the Emergency Department at Royal Preston Hospital, aligned to the urgent and emergency care workstreams currently in development. A proposal for a safe and effective staffing model for RPH ED will be presented as a separate paper.

7.7. Critical Care

The unit continues to operate in line with safe staffing standards and the Guidelines for the Provision of Intensive Care Services (GPICS), ensuring compliance with national benchmarks for Level 2 and Level 3 care.

A skill-mix review was undertaken during 2025/26 to reflect triggers and delayed transfers within the footprint of the unit. This resulted in a reduction of one Band 5 RN per shift. The adjustment was implemented within existing budgets and safe staffing maintained in accordance with acuity and demand which is recognised to be lower for some months of the year.

Professional judgement highlighted the need to maintain flexibility in rostering to accommodate surges in high-dependency activity and elective recovery. Safecare redeployment and daily acuity monitoring remain in place to mitigate risk. Overall, the Critical Care staffing model continues to provide assurance of safe, effective, and sustainable care for 2025/26.

8. Financial Implications (to be approved via financial governance processes)

8.1. Woman's and Children

Net impact of all ward reviews in Womens & Children's is a reduction of 0.31wte with a budgetary reduction of £10k recurrently.

Key changes:

- Paediatric Assessment Unit (PAU) - headroom aligned to 22.2% as not undertaken in 2025/26.
- Gynaecology Ward (RPH) - Additional 12 hours shift added Mon-Fri for GEPAU to support increased triage and phone activity, offset by correction of formula discrepancy in prior year (double counting headroom in 2025/26).

8.2. Surgery

Net impact of all ward reviews in Surgery is an increase of 0.77wte with a budgetary increase of £24k recurrently.

Key changes:

- Surgical Assessment Unit (SAU), which is linked to increase in House Keeper, aligned with peer assessment units - 0.77wte increase to cover longer days 7 days per week.

8.3. Medicine

Net impact of all ward reviews in medicine is an increase of 4.93wte with a budgetary increase of £14k recurrently.

Key changes:

- Medical Assessment Unit (MAU) - Review of triage data and number of patients within triage and waiting room, proposal to convert 5.48 WTE bank usage into substantive posts at a recurrent cost of £249K, delivering savings on variable spend against an exit run rate of £3,768,259, being £458k above a budget of £3,310,239 without increasing overall worked headcount.
- Bleasdale Ward - Adjustments to night skill mix, alongside retention of additional band 6 support as an interim - budgetary decrease £1k.
- Ward 24 (Gastro) - Agreed temporary changes from last year will be made permanent – budgetary decrease £58k.
- Acute Medical Unit (AMU) - Headroom to be aligned to 22.2% - not undertaken at budget setting for 2025, budget needs alignment to staffing model – budgetary decrease £102k.

8.4. DCS

Following a successful trial period of removing 1 nurse 24/7 from the Critical Care rota, agreement has been made to formally remove this from the establishment, giving rise to a recurrent saving of £306k, or 5.51WTE. This saving has already been delivered recurrently via LTH's 25/26 WRP programme.

9. Safe Staffing Governance

Safety and Quality Committee continues to receive monthly safe staffing reports for adult, children, and maternity services.

Safe staffing policies are in place across all areas, with Divisional Nurse Directors accountable for ensuring staff deployment in response to patient demand. Matrons operationalise these moves, supported by site management arrangements in place 24/7 to provide clear lines of escalation and support as situations change.

Equality and Quality Impact Assessments (EQIAs) are completed before any amendments to establishments and require approval by the Chief Nursing Officer.

Operational risks relating to staffing are detailed in Appendix 3. While not all risks directly relate to clinical areas included in this annual review, they have the potential to impact safety within those areas and are reflected within the strategic risk: Consistently Deliver Excellent Care.

10. Conclusion

The 2025/26 Annual Safe Staffing Review has been completed in line with National Quality Board (NQB) guidance, NHS Improvement Workforce Safeguards, and specialty-specific standards. Using a triangulated approach combining SNCT data, professional judgement, and safety and quality metrics the review confirms that nursing and midwifery establishments across all divisions remain broadly appropriate to meet patient care needs.

While overall staffing is assessed as safe, effective, and sustainable, the review highlights ongoing risks that require continued oversight, particularly:

- Enhanced Therapeutic Observation and Care (ETOC) demand in high-dependency and elderly care areas.
- Persistent HCA vacancies, which impact skill mix and resilience.
- Sickness levels above target, linked to workload pressures and complexity of care.
- Seasonal variation and evening activity surges in assessment units and surgical pathways.

Mitigations are in place, including roster redesign, flexible deployment via Safecare, targeted recruitment, and competency planning for enhanced care areas. Divisional governance and monthly reporting to the Safety and Quality Committee will continue. Continuous monitoring will ensure that staffing models remain responsive to service developments, seasonal variation, and workforce challenges.

The Chief Nursing Officer confirms compliance with NICE Safe Staffing Standards, NQB recommendations, and NHS Improvement Workforce Safeguards, and is satisfied that staffing models provide assurance of safe, effective, and sustainable care for 2025/26.

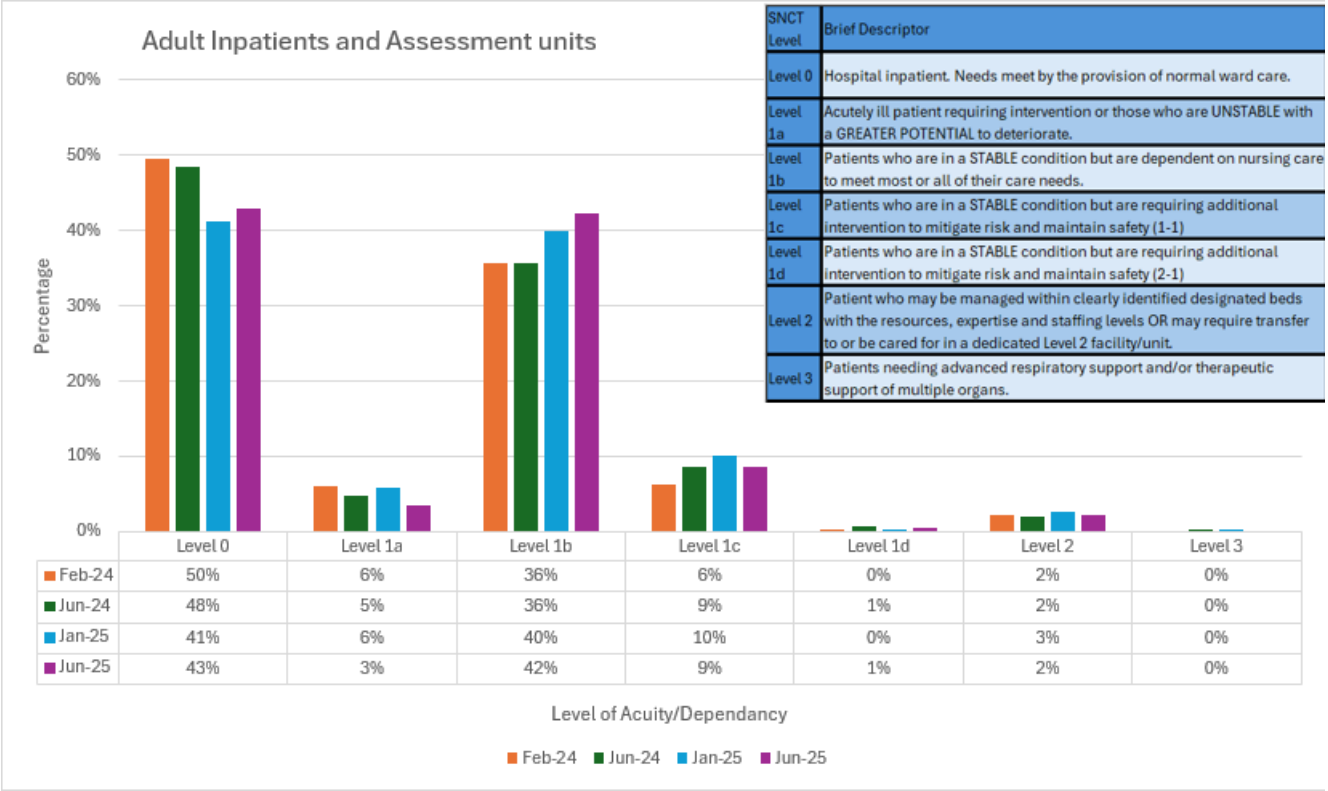
11. Recommendations

It is recommended that:

I. Endorse the annual safe staffing review and confirm it is satisfied of the assurances within the report.
II. Note, in line with the recommendation from NHS Improvement Workforce Safeguards guidance, the Chief Nursing Officer confirms they are satisfied with the outcome of the annual safe staffing assessment and that whilst risks remain present staffing is safe, effective and sustainable.

Appendix 1 – Breakdown of the overall SNCT data

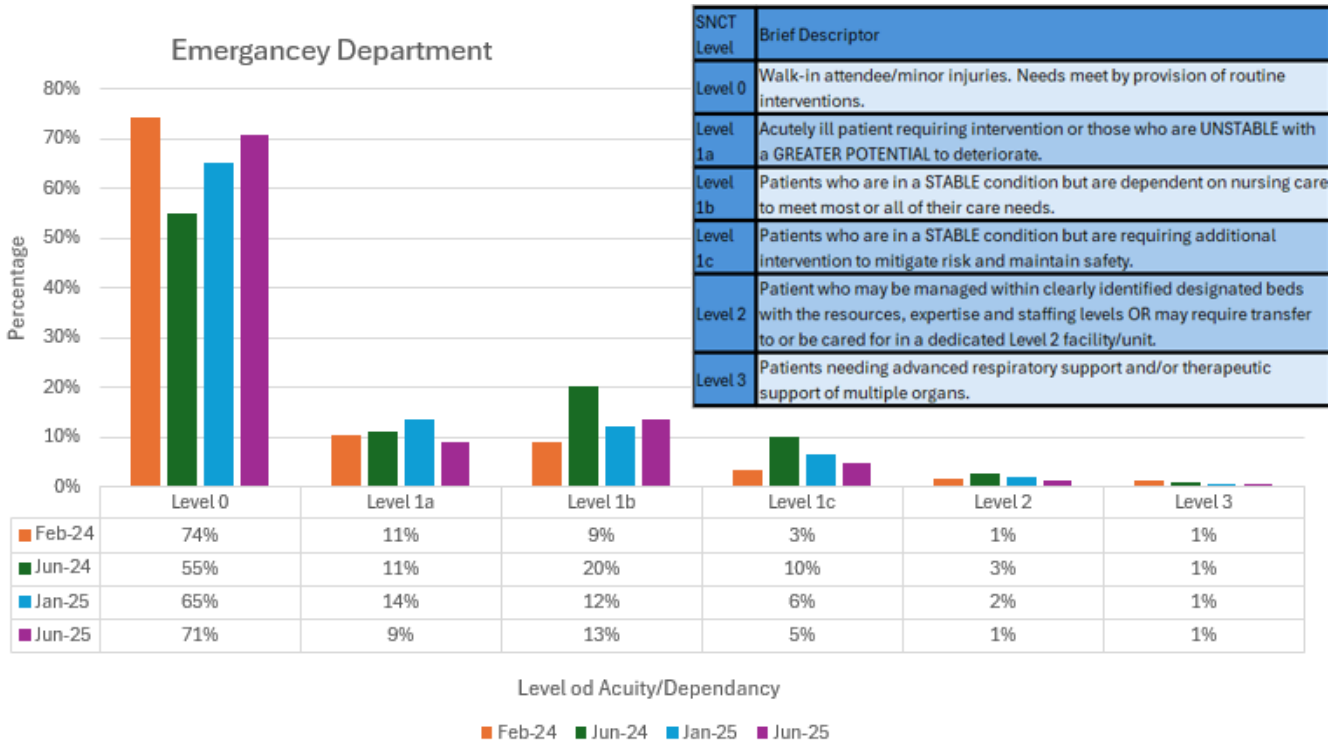
Graph 1 – Adult Inpatient and Assessment Unit Acuity Levels calculated from the validated SNCT tool.



SNCT Level	Brief Descriptor
Level 0	Hospital inpatient. Needs meet by the provision of normal ward care.
Level 1a	Acutely ill patient requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.
Level 1b	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of their care needs.
Level 1c	Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety (1-1)
Level 1d	Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety (2-1)
Level 2	Patient who may be managed within clearly identified designated beds with the resources, expertise and staffing levels OR may require transfer to or be cared for in a dedicated Level 2 facility/unit.
Level 3	Patients needing advanced respiratory support and/or therapeutic support of multiple organs.

	Level 0	Level 1a	Level 1b	Level 1c	Level 1d	Level 2	Level 3
Feb-24	50%	6%	36%	6%	0%	2%	0%
Jun-24	48%	5%	36%	9%	1%	2%	0%
Jan-25	41%	6%	40%	10%	0%	3%	0%
Jun-25	43%	3%	42%	9%	1%	2%	0%

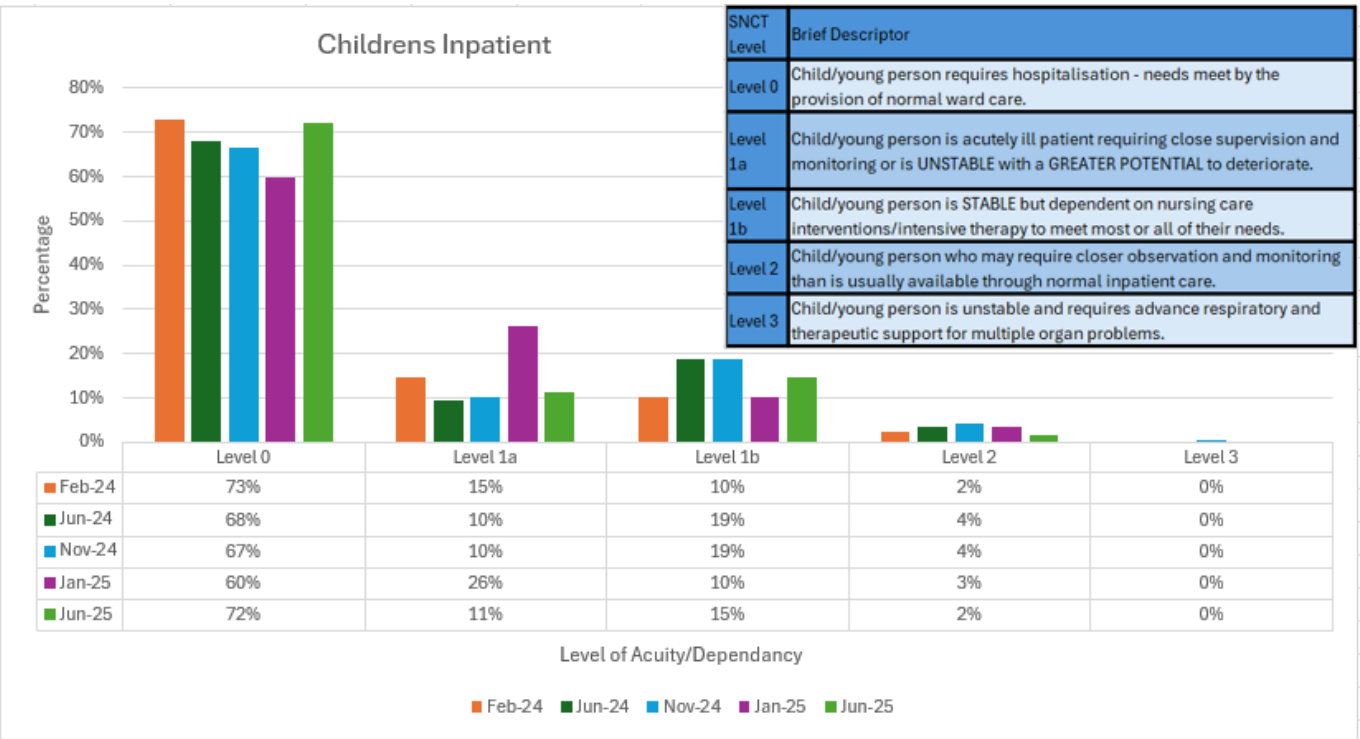
Graph 2 – Emergency Department Acuity Levels



SNCT Level	Brief Descriptor
Level 0	Walk-in attendee/minor injuries. Needs meet by provision of routine interventions.
Level 1a	Acutely ill patient requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate.
Level 1b	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of their care needs.
Level 1c	Patients who are in a STABLE condition but are requiring additional intervention to mitigate risk and maintain safety.
Level 2	Patient who may be managed within clearly identified designated beds with the resources, expertise and staffing levels OR may require transfer to or be cared for in a dedicated Level 2 facility/unit.
Level 3	Patients needing advanced respiratory support and/or therapeutic support of multiple organs.

	Level 0	Level 1a	Level 1b	Level 1c	Level 2	Level 3
Feb-24	74%	11%	9%	3%	1%	1%
Jun-24	55%	11%	20%	10%	3%	1%
Jan-25	65%	14%	12%	6%	2%	1%
Jun-25	71%	9%	13%	5%	1%	1%

Graph 3 – Children's Inpatient Acuity Levels



SNCT Level	Brief Descriptor
Level 0	Child/young person requires hospitalisation - needs meet by the provision of normal ward care.
Level 1a	Child/young person is acutely ill patient requiring close supervision and monitoring or is UNSTABLE with a GREATER POTENTIAL to deteriorate.
Level 1b	Child/young person is STABLE but dependent on nursing care interventions/intensive therapy to meet most or all of their needs.
Level 2	Child/young person who may require closer observation and monitoring than is usually available through normal inpatient care.
Level 3	Child/young person is unstable and requires advance respiratory and therapeutic support for multiple organ problems.

Appendix 2 - CHPPD compared to Northwest Region and Recommended Peer Organisations. (September 2025)

Organisation Name	Organisation Value	Peer	Quartile
Bridgewater Community Healthcare NHS Foundation Trust	5.5	No	Quartile 1
Mid Yorkshire Teaching NHS Trust	7.1	Yes	Quartile 1
Wirral University Teaching Hospital NHS Foundation Trust	7.2	No	Quartile 1
Countess of Chester Hospital NHS Foundation Trust	7.3	No	Quartile 1
Warrington and Halton Hospitals NHS Foundation Trust	7.3	No	Quartile 1
Mid Cheshire Hospitals NHS Foundation Trust	7.8	No	Quartile 1
University Hospitals Plymouth NHS Trust	7.8	Yes	Quartile 1
East Lancashire Hospitals NHS Trust	7.9	No	Quartile 1
Mersey and West Lancashire Teaching Hospitals NHS Trust	7.9	No	Quartile 1
Christie NHS Foundation Trust	8.2	No	Quartile 2
Royal Cornwall Hospitals NHS Trust	8.2	Yes	Quartile 2
Blackpool Teaching Hospitals NHS Foundation Trust	8.3	No	Quartile 2
East Cheshire NHS Trust	8.3	No	Quartile 2
University Hospitals Coventry and Warwickshire NHS Trust	8.3	Yes	Quartile 2
Bolton NHS Foundation Trust	8.5	No	Quartile 2
Clatterbridge Cancer Centre NHS Foundation Trust	8.6	No	Quartile 2
Tameside and Glossop Integrated Care NHS Foundation Trust	8.7	No	Quartile 2
South Tees Hospitals NHS Foundation Trust	8.7	Yes	Quartile 2
North Bristol NHS Trust	8.7	Yes	Quartile 2
University Hospitals of Morecambe Bay NHS Foundation Trust	8.9	Yes	Quartile 3
Northampton General Hospital NHS Trust	8.9	Yes	Quartile 3
Liverpool University Hospitals NHS Foundation Trust	9.0	No	Quartile 3
Wrightington, Wigan and Leigh NHS Foundation Trust	9.1	No	Quartile 3
Liverpool Women's NHS Foundation Trust	9.1	No	Quartile 3
University Hospitals of North Midlands NHS Trust	9.2	Yes	Quartile 3

Northern Care Alliance NHS Foundation Trust	9.3	No	Quartile 3
Stockport NHS Foundation Trust	9.3	Yes	Quartile 3
Manchester University NHS Foundation Trust	9.5	No	Quartile 3
Lancashire Teaching Hospitals NHS Foundation Trust	9.7	No	Quartile 3
Greater Manchester Mental Health NHS Foundation Trust	10.3	No	Quartile 4
Mersey Care NHS Foundation Trust	10.3	No	Quartile 4
Cheshire and Wirral Partnership NHS Foundation Trust	10.9	No	Quartile 4
Pennine Care NHS Foundation Trust	11.9	No	Quartile 4
Walton Centre NHS Foundation Trust	12.3	No	Quartile 4
Lancashire & South Cumbria NHS Foundation Trust	12.5	No	Quartile 4
Liverpool Heart and Chest Hospital NHS Foundation Trust	12.8	No	Quartile 4
Alder Hey Children's NHS Foundation Trust	15.6	No	Quartile 4

Appendix 3 – Safe Staffing Quality Assurance Dashboard (Adult inpatients)

Safe Staffing Quality Assurance Dashboard - Monthly SPC Summary

	Patient Harms				Training Compliance			HR & Staffing Metrics							Patient Experience			Accreditation
	Pressure ulcers	Falls	Missed meds	C Diff	Appraisal compliance	Mandatory training compliance	Sepsis training compliance	Fill rate	Red flags	Sickness	Roster approval lead time	Change since approval	Additional shifts		FFT %	FFT responses	Complaints	STAR Rating
Acute Assessment																		Bronze
AMU																		Bronze
Barton																		Gold
Bleasdale Neurology																		Silver
Brindle																		Bronze
Cardiac Unit																		Silver
CCU																		Gold
EHCW																		Silver
Hazelwood																		Silver
MAU CDH																		Gold
RWA																		Bronze
RWB																		Gold
Ward 17																		Bronze
Ward 18																		Gold
Ward 21																		Gold
Ward 23																		Gold
Ward 24																		Bronze
Ward 25																		Bronze

Click here to see how to read/use this dashboard

Safe Staffing Quality Assurance Dashboard - Monthly SPC Summary

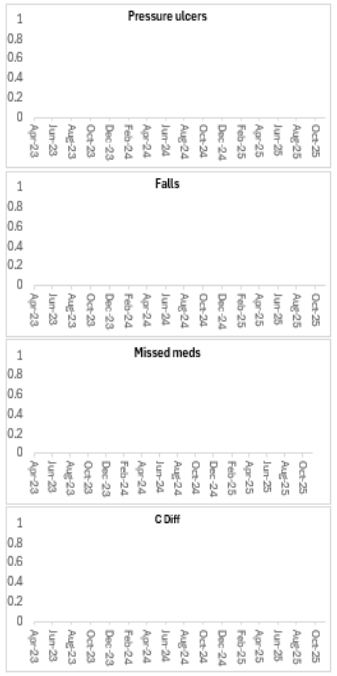
	Patient Harms				Training Compliance			HR & Staffing Metrics							Patient Experience			Accreditation
	Pressure ulcers	Falls	Missed meds	C Diff	Appraisal compliance	Mandatory training compliance	Sepsis training compliance	Fill rate	Red flags	Sickness	Roster approval lead time	Change since approval	Additional shifts		FFT %	FFT responses	Complaints	STAR Rating
Leyland																		Gold
MTW																		Gold
Ribblesdale																		Bronze
SAU																		Bronze
Surgical Ward CDH																		Gold
Ward 2A																		Gold
Ward 2B																		Bronze
Ward 2C																		Gold
Head and neck surgery ward																		Gold
Ward 4																		Gold
Ward 10																		Gold
Ward 11																		Gold
Ward 12																		Gold
Ward 14																		Bronze
Ward 15 Unit 1																		Silver
Ward 15 Unit 2																		Silver
Ward 16																		Gold
ICU																		Gold
Gynaecology																		Gold

Key

- Showing negative pattern recently
- Showing positive pattern recently
- Close to showing negative pattern, keep an eye on measure
- Close to showing positive pattern, keep an eye on measure

Click here to view detailed methodology

Patient Harms | None Selected



Appendix 4 – Children's and young People Dashboard

Indicator	Oct -24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
Senior review within 4 hours weekday %	98%	88%	87%	96%	96%	95%	92%	92%	83%	92%	96%	90%	97%
Senior review within 4 hours weekend %	97%	93%	97%	96%	94%	92%	96%	91%	78%	94%	86%	100%	97%
Consultant review within 14 hours weekday %	86%	74%	85%	61%	82%	84%	79%	80%	83%	78%	87%	64%	80%
Consultant review within 14 hours weekend %	76%	77%	77%	75%	73%	75%	71%	73%	73%	47%	71%	43%	72%
Discharges against medical advice	1	4	1	3	2	3	5	2	2	2	2	4	3
Medicines safety audit	82%	68%	68%	89%	79%	75%	68%	79%	86%	86%	93%	86%	89%
Monthly inpatient STAR	83%	82%	92%	90%	86%	84%	84%	93%	82%	83%	81%	88%	83%
Mattress audit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Hand hygiene	90%	80%	100%	80%	100%	80%	80%	80%	x	100%	60%	80%	90%
Intra vascular devices	100%	100%	96%	97%	100%	94%	100%	93%	96%	100%	93%	93%	100%
Monthly commode audit	100%	100%	100%	100%	100%	100%	100%	100%	x	100%	100%	100%	100%
Deteriorating patient matrons audit	91%	92%	92%	88%	86%	90%	88%	93%	89%	89%	92%	88%	86%
CD audit 3 monthly	73%	#	#	100%	#	#	89%	#	#	90%	89%	90%	90%
Number of incidents	51	54	57	95	47	74	55	50	76	106	59	76	82
No harm	40	46	39	80	39	52	47	36	62	97	52	64	74
Near miss	5	0	4	1	7	9	3	7	5	7	2	4	4
Harm (low)	11	8	18	15	8	21	8	12	14	9	6	12	7
Harm (moderate and above)	0	0	0	0	0	1	0	0	0	0	1	0	1
Number of child deaths	0	0	0	0	0	1	0	0	0	0	0	0	2
Number of complaints	1	2	1	0	0	2	1	2	2	6	4	4	4
Number of PALS	12	12	2	2	8	8	3	6	3	10	0	1	1
Friends and family Inpatient	94	92	90	92	93	93	92	97	95	98	89	95	91%
Friends and family day case	100	96	100	100	99	98	93	98	89	97	100	95	95%
Friends and family Outpatients	94	97	93	86	90	95	93	95	97	98	100	99	99%
Appraisal rate	91%	90%	92%	92%	92%	94%	88%	87%	88%	89%	92%	90%	89%
Safeguarding children level 3	96%	96%	97%	98%	98%	98%	98%	99%	99%	100%	99%	100%	98%
Prevent	98%	98%	99%	99%	98%	96%	96%	98%	98%	98%	99%	99%	98%
PBLS	95%	97%	93%	93%	92%	98%	100%	97%	100%	100%	99%	100%	97%
APLS	82%	88%	79%	79%	77%	71%	NA	72%	83%	95%	90%	100%	100%
Moving and handling	88%	89%	88%	89%	83%	81%	90%	95%	98%	97%	94%	91%	93%
ANTT	92%	95%	94%	90%	93%	83%	88%	88%	92%	91%	98%	90%	91%
Ward 8 Registered Nurse Day	81%	81%	78%	88%	89%	81%	81%	83%	93%	93%	87%	86%	83%
Ward 8 Un registered Nurse Day	78%	77%	79%	70%	66%	69%	83%	81%	80%	88%	91%	90%	97%
Ward 8 Registered Nurse Nights	86%	92%	80%	89%	89%	80%	79%	81%	88%	88%	81%	87%	82%
Ward 8 Unregistered Nurse Nights	100%	122%	98%	106%	99%	94%	95%	95%	97%	98%	92%	103%	95%
Roster publishing 100%	no	no	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
RCN Compliance ward 8	86%	58%	86%	83%	90%	52%	88%	92%	90%	88%	89%	87%	66%
Ward 8 Vacancies WTE band 5	5	6	10	9*	9*	12*	14*	15*	2	2	2	2	2
ED Registered Nurse Day	98%	92%	95%	92%	94%	94%	101%	103%	107%	98%	110%	98%	109%
ED Un Registered Nurse Day	82%	81%	81%	69%	82%	89%	78%	97%	98%	86%	77%	88%	91%

Appendix 5 – Structured Professional Judgment Template

Professional Judgement Framework	
Ward/Dept Name	
Name of reviewer (must be minimum 8a or above)	
Date of Review	

Key	
Areas of Concern	Red
Requires improvement	Amber
Compliant	Green

Evidence Required	RAG (choose from drop down)	Supporting Narrative / Comments e.g. change in position, supporting data	Prompts/considerations for answering
Expectation 1: Right Staff			
Continuity of team leadership over the last year			any changes in leadership or any gaps
Sufficient allocated time for managerial activities			is management time being allocated, how much, is it consistent (70/30, 60/40)
Multiprofesssional team support is available			are there gaps in MDT support, who/what is needed
Administration/supportive roles available			any changes, right skills, gaps in support, ward clerk, house keepe
Positive staff experience measures			regular 1:1's, staff meetings, feedback mechanisms, reward and recognition
Budget meets requirements, including a review of headroom			under/overspent? Is headroom sufficient for requirements
SNCT Data (or equivalent e.g BAPAN, Birth rate plus) collected by trained staff			3 senior trained staff members and validated, next due to be collected
Expectation 2: Right Skill			
Sufficient technology to support team function. All staff trained to a sufficient level			Is IT accessible and all staff trained? Any gaps, any mitigations being used?
Effective appraisals are conducted (note compliance %)			Any gaps, plans in place to complete
Mandatory training standard met (note compliance %)			Any gaps, plans in place to complete to Trust targets
CPD/PDP plan for all staff in place			Do all staff have a development plan documented and reviewed regularly?
Staff supervision/reflective practice processes in place			regular clinical supervision, mentors, buddy's, PNA's
All staff have had an appropriate induction (including temporary staff), including evidence of implementation			Checklists, induction plans, competency docs used
Skill mix data reflects needs of the patients			Lots of new starters/junior staff, adequate NIC cover, right skills for clinical area, any gaps?
Expectation 3: Right place and time			
The ward has a standard level of patient turnover/throughput for clinical speciality.			is patient turnover higher than expected for clinical speciality, are there increased moves, outliers, long stay patients, include LOS data if approriate
The layout of the ward/unit is optimal, not adding excessive workload such as long distances or difficulty observing patients.			layout compact, spread out, lots of siderooms, difficulty in observing patients
The amount of work is consistent across different times of the day and days of the week. (Details to be provided if there is variation)			Is there predictable variation by time of day and day of week, do rosters match known variation? Is demand unpredictable?
Enhanced/1:1 care requirements are minimal			if high use, how much, what type of patients, how are breaks covered if enhanced care used, are ELOC assessments completed and support this?
Staff sickness within trust threshold (note % from roster analyser)			sickness management in place?
Roster published a minimum of at least 6 weeks in advance .			as per Roster Management Policy and NMC requirements
Shift patterns match patient/staff need			Sufficient staff to cover patients needs across day/night/week day variations, lengnth of shift and adequate break times
Flexible working agreements have been reviewed within the last 12months.			% of staff that have a flexable working agreement, is there any impact on the ability to maintain safe staffing levels?
Patient experience measures in place			FFT feedback, complaints/concerns, learning from complaints/concerns demonstrated, patient advocates used
Student feedback considered			Student feedback surveys, 1:1s, listening to concerns raised, students who joined the ward when qualifying
Escalation plans in place and reviewed			is staffing adjusted to allow for escalation and is this included in budget? Is safe care completed 3 times a day?

Appendix 6 – Operational risk's relating to staffing as of 10th December 2025.

ID	Opened	Title	Division	Rating (current)	Risk level (current)	Last Review Date	Approval status
65	19/12/2019	Lack of Diabetic Specialist Nurse Coverage affecting diabetic services	Division of Medicine - Trustwide	20	High Risk =>15	24/06/2025	Controlled risks
581	16/09/2016	Maternity Staffing Deficit impacting upon the quality & safety of service provided, experience and levels of satisfaction.	Division of Women's and Children's Services - RPH	15	High Risk =>15	28/11/2025	Active risks
126	20/07/2020	Unable to provide sufficient nursing establishment at BAPM standard to manage peak neonatal activity/acuity	Division of Women's and Children's Services - RPH	12	Significant 8-12	26/09/2025	Active risks
178	17/03/2016	Increased level of activity, acuity, suboptimal skill and establishment of nursing staff impacting on patient care	Division of Women's and Children's Services - RPH	12	Significant 8-12	15/10/2025	Active risks
452	11/03/2019	Gynae ward safe nurse staffing	Division of Women's and Children's Services - RPH	12	Significant 8-12	11/11/2025	Active risks
558	19/06/2023	Paediatric ED staffing	Division of Medicine - RPH	12	Significant 8-12	03/12/2025	Active risks
988	04/04/2022	Current staffing template does not reflect establishment required to achieve standards for level 1 ED & MT Centre	Division of Medicine - Trustwide	12	Significant 8-12	30/10/2025	Active risks
1004	14/12/2020	Neurology specialist nurse teams are currently under established.	Division of Medicine - RPH	12	Significant 8-12	25/06/2025	Controlled risks
1325	30/08/2022	Lack of Endocrine Specialist Nurse to support the service	Division of Medicine - Trustwide	12	Significant 8-12	24/06/2025	Controlled risks
1708	25/04/2023	Deferring and rearranging planned consultations in midwifery led services (community midwifery).	Division of Women's and Children's	12	Significant 8-12	30/09/2025	Active risks

			Services - RPH				
2030	14/11/2024	Reduced Staffing Lancashire and South Cumbria Regional Ventilation Service	Division of Medicine - RPH	12	Significant 8-12	09/09/2025	Controlled risks
942	07/12/2020	Lack of staffing resources available within our Children's Community and Specialist Nursing Teams impacting patient safety.	Division of Women's and Children's Services - RPH	10	Significant 8-12	28/11/2025	Active risks
1189	01/09/2021	HFN support for follow up of patients with heart failure across Acute and Community	Division of Medicine - RPH	10	Significant 8-12	30/06/2025	Controlled risks
647	21/10/2020	Risk to patient care due to nurse staffing gaps (HCAs and RNs)	Division of Medicine - Trustwide	9	Significant 8-12	20/10/2025	Active risks
1399	17/03/2023	Lack of Chemotherapy trained staff impacting on capacity for service delivery on the Chemotherapy Unit	Division of Surgery - RPH	9	Significant 8-12	12/11/2025	Active risks
1680	08/03/2023	Risk to patient safety and staff wellbeing due to working outside of GPICS staffing standards	Division of Diagnostics & Clinical Support Services - RPH	6	Moderate 4-5	13/01/2025	Controlled risks
2021	27/11/2024	Inability to provide 6-7 day in-patient pain service over two sites with the current nursing WTE establishment	Division of Diagnostics & Clinical Support Services - RPH	6	Moderate 4-6	14/10/2025	Controlled risks
1535	27/02/2023	Risk to Specialist Workforce & Service Continuity, affecting LTH’s role as the regional centre	Division of Women's and Children's Services - RPH	4	Moderate 4-6	13/11/2025	Controlled risks
729	11/06/2020	Lack of sexual offence examiner (SOE) rota cover for SAFE Centre	Division of Women's and Children's Services - RPH	3	Low 1-3	28/08/2025	Controlled risks

Appendix 7 – Cost Centre WTE and Budget Summary by Division

Budget Summary

	Division	Sum of Funded 25/26 WTE	Sum of Professional Judgement Nov'25	Sum of Proposed Change to Funded WTE 25/26	Sum of Proposed Change to Recurrent Budget wte	Sum of Current Annual Budget 25/26	Sum of Proposed incr/(dec) In Year budget 24/25 requirement	Proposed incr/(dec) Recurrent budget £
Acuity Review Outcome	W&Cs	326.26	350.48	-11.27	-0.31	£17,358,393	£ 1,005,245	-£ 10,507
	Surgery	682.27	683.04	0.77	0.77	£ 2,295,563	-£ 32,979	£ 23,758
	Medicine	888.94	893.87	4.93	4.93	£40,852,265	£ 28,348	£ 14,453
	DCS	204.08	198.57	-5.51	-5.51	£10,823,133	-£ 324,204	-£ 306,649
	Total	**2101.55**	**2125.96**	**-11.08**	**-0.12**	**£71,329,354**	**£ 676,410**	**-£ 278,945**
Changes / approvals outside budget setting - excluded from annual review	CrCU WRP Scheme				-5.51			-£ 306,649
	Changes / approvals outside budget setting Total	**0.00**	**0.00**	**0.00**	**-5.51**	**£ -**	**£ -**	-£ 306,649
Revised Ask / (Reduction)	W&Cs	326.26	350.48	-11.27	-0.31	£17,358,393	£ 1,005,245	-£ 10,507
	Surgery	682.27	683.04	0.77	0.77	£ 2,295,563	-£ 32,979	£ 23,758
	Medicine	888.94	893.87	4.93	4.93	£40,852,265	£ 28,348	£ 14,453
	DCS	204.08	198.57	-5.51	0.00	£10,823,133	-£ 324,204	£ -
	Revised Total	**2101.55**	**2125.96**	**-11.08**	**5.39**	**£71,329,354**	**£ 676,410**	**£ 27,704**

Appendix 8 – Tariff Comparison

		M1 - 8 25/26			M1 - 8 23/24			Tariff Change v 25/26
POD	Specialty	Spells	Price	Av Tariff	Spells	Price	Av Tariff	
NEL	Acute Medicine	4,749	25,631,553	£ 5,397	5,408	23,622,026	£ 4,368	£ 1,029
NEL	Cardiology	426	2,243,954	£ 5,265	348	1,398,895	£ 4,020	£ 1,245
NEL	Diabetes	1,046	5,770,594	£ 5,515	1,653	7,512,664	£ 4,545	£ 970
NEL	Elderly Medicine	2,457	13,780,491	£ 5,609	3,213	14,819,946	£ 4,612	£ 997
NEL	ENT	327	775,819	£ 2,374	277	534,139	£ 1,928	£ 445
NEL	Gastroenterology	194	1,265,724	£ 6,523	272	1,416,685	£ 5,208	£ 1,315
NEL	Gynaecology	267	676,795	£ 2,537	195	372,264	£ 1,909	£ 628
NEL	Max Fax/Oral	148	376,629	£ 2,550	88	242,821	£ 2,759	-£ 210
NEL	Neurology	186	2,525,914	£ 13,584	51	467,094	£ 9,159	£ 4,425
NEL	Neurosurgery	636	9,764,492	£ 15,344	591	7,677,732	£ 12,991	£ 2,353
NEL	Oncology	213	1,261,213	£ 5,935	186	949,868	£ 5,107	£ 828
NEL	Orthopaedics	1,233	11,857,227	£ 9,613	1,138	8,632,890	£ 7,586	£ 2,027
NEL	Paediatrics	4,848	6,494,667	£ 1,340	5,214	5,833,275	£ 1,119	£ 221
NEL	Plastics	463	1,508,201	£ 3,257	599	1,659,001	£ 2,770	£ 487
NEL	Renal	687	4,224,298	£ 6,147	285	1,456,103	£ 5,109	£ 1,038
NEL	Respiratory	795	4,675,066	£ 5,883	547	2,818,372	£ 5,152	£ 731
NEL	Stroke	777	6,440,963	£ 8,287	112	746,799	£ 6,668	£ 1,619
NEL	Upper GI/Colorectal	2,022	11,135,538	£ 5,506	1,855	8,041,810	£ 4,335	£ 1,171
NEL	Urology	612	2,591,751	£ 4,234	548	1,744,951	£ 3,184	£ 1,050
NEL	Vascular	270	4,478,304	£ 16,569	260	3,008,885	£ 11,573	£ 4,996
NELNE	Gynaecology	45	193,092	£ 4,247	69	119,167	£ 1,727	£ 2,520
NELNE	Midwifery	2,701	13,170,737	£ 4,876	2,407	9,296,158	£ 3,862	£ 1,013
NELNE	Neurology	27	280,588	£ 10,288	34	228,867	£ 6,731	£ 3,556
NELNE	Neurosurgery	108	1,656,384	£ 15,340	133	1,509,770	£ 11,352	£ 3,989
NELNE	Obstetrics	422	2,269,665	£ 5,383	497	2,028,469	£ 4,081	£ 1,302
NELNE	Orthopaedics	34	418,844	£ 12,278	36	379,216	£ 10,534	£ 1,745
NELNE	Paediatrics	32	76,202	£ 2,394	73	77,364	£ 1,060	£ 1,335
NELNE	Plastics	103	280,822	£ 2,715	111	337,810	£ 3,043	-£ 329
NELNE	Renal	59	427,933	£ 7,240	56	323,283	£ 5,773	£ 1,467
NELNE	Vascular	67	1,062,604	£ 15,845	78	959,084	£ 12,296	£ 3,549
NELST	Acute Medicine	5,594	4,423,840	£ 791	5,003	3,525,168	£ 705	£ 86
NELST	Cardiology	118	119,067	£ 1,013	81	78,701	£ 972	£ 42
NELST	Diabetes	628	616,637	£ 982	792	673,329	£ 850	£ 132
NELST	Elderly Medicine	1,109	1,099,723	£ 992	1,333	1,323,642	£ 993	-£ 1
NELST	ENT	297	310,525	£ 1,044	263	193,818	£ 737	£ 307
NELST	Gastroenterology	55	62,698	£ 1,134	63	67,156	£ 1,066	£ 68
NELST	Gynaecology	2,434	1,998,203	£ 821	1,759	1,186,563	£ 675	£ 146
NELST	Max Fax/Oral	43	68,619	£ 1,611	38	86,540	£ 2,277	-£ 667
NELST	Neurology	48	677,491	£ 14,002	62	732,726	£ 11,818	£ 2,184
NELST	Neurosurgery	114	1,041,530	£ 9,138	106	1,006,338	£ 9,494	-£ 356
NELST	Oncology	634	678,494	£ 1,070	16	11,879	£ 742	£ 328
NELST	Orthopaedics	213	551,139	£ 2,586	183	389,033	£ 2,126	£ 460
NELST	Plastics	485	532,687	£ 1,098	554	510,581	£ 922	£ 176
NELST	Renal	309	295,932	£ 958	167	141,831	£ 849	£ 109
NELST	Respiratory	275	297,024	£ 1,079	199	214,747	£ 1,079	-£ 1
NELST	Stroke	268	479,291	£ 1,785	63	96,205	£ 1,527	£ 258
NELST	Upper GI/Colorectal	2,036	2,146,361	£ 1,054	1,589	1,472,202	£ 926	£ 128
NELST	Urology	831	852,732	£ 1,026	641	546,203	£ 852	£ 174
NELST	Vascular	65	195,050	£ 3,023	46	123,849	£ 2,692	£ 331
Total								£ 51,417