



SAFER STAFFING REPORT NOVEMBER 2025

Adult Inpatient, Emergency Department and Children and Young People Inpatient Ward, Safer Nursing Care Tool (SNCT) Bi-annual Safer Staffing Review.

Brenda McKenzie: Workforce Lead

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Safer Nursing Care Tool (SNCT) Adult Inpatient Wards

Date of SNCT data collection: June 2025

SNCT review meetings: July/August 2025

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Situation

The Board of Directors are required to receive a Nurse Establishment Review twice a year. This requirement is underpinned by the direction of NHS Improvement (2018) who, in conjunction with the National Quality Board (NQB) (2016), provide a guidance framework containing the key components that should be considered as part of safe staffing review and analysis and in turn enable their nationally endorsed expectations to be met.

HDFT undertook its bi annual safer staffing review using the evidence based, licenced Safer Nursing Care Tool (SNCT) during the month of June 2025.

Background

The NQB guidance framework (2016) is central in supporting us to develop a workforce that is fit for purpose in the context of it being safe, sustainable and productive. It comprises of a principle document which is supplemented by a suite of additional publications that collectively act as improvement resources.

The principle structure of the NQB expectations are illustrated below and together form a framework that facilitates and supports care to be underpinned by;

- delivery of the right care, first time in the right place
- minimising avoidable harm
- maximising the value of available resources

Safe, Effective, Caring, Responsive and Well- Led Care		
<p>Measure and Improve</p> <ul style="list-style-type: none"> -patient outcomes, people productivity and financial sustainability- -report investigate and act on incidents (including red flags) - -patient, carer and staff feedback- 		
<ul style="list-style-type: none"> -implement Care Hours per Patient Day (CHPPD) - develop local quality dashboard for safe sustainable staffing 		
Expectation 1	Expectation 2	Expectation 3
<p>Right Staff</p> <ul style="list-style-type: none"> 1.1 evidence based workforce planning 1.2 professional judgement 1.3 compare staffing with peers 	<p>Right Skills</p> <ul style="list-style-type: none"> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention 	<p>Right Place and Time</p> <ul style="list-style-type: none"> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

The scope for this Safer Nursing Care Tool (SNCT) data collection encompasses the adult in patient wards. This is the fourth set of data that has been collected using the updated SNCT which encompasses the new levels of care for patients with an increased dependency in relation to enhanced care requirements.

Enhanced Care relates to; *patients who require an increased level of care to prevent them harming themselves, others or absconding*. NHSE together with the Shelford Group, have made adaptations to the SNCT tool to incorporate levels of dependency for Enhanced Care within our inpatient wards. These new levels of care will breakdown the 'Enhanced Care' requirements, which will enable us to better monitor and manage how we care for these patients.

Following a business case, investment was made to align the workforce requirements to the outputs of the SNCT in April 2023 and recruitment in to these additional registered nurse vacancies was extremely successful with many wards now recruiting to turnover. This new establishment aligns HDFT to a 60/40 skill mix ratio and has increased our Care Hours Per Patient Day (CHPPD) to above the national average, for peer hospitals, when compared on Model Hospital.

The June data collection ran for the full month. Prior to these collections, the Workforce Lead facilitated an extensive training programme; an hour training session, that was conducted via MS Teams. All attendees were assessed and were required to pass the inter-rater scoring pass levels. This information is stored on the corporate nursing 'shared drive'. It is essential that all scorers are trained to ensure that high quality, reliable data is collected. All the data was peer reviewed by the Matrons to validate and add assurance that the data was an accurate reflection of the patients on the ward and activity during the time of the audit.

The SNCT was used with a 60:40 ratio Registered Nurse (RN) to Care Support Worker (CSW) for all wards with exception of Farndale and Wensleydale, our medical admissions ward and Cardiology and Respiratory ward. For these wards a ratio of 70:30 was used to take into account the additional registered nurse input required to manage the acutely unwell patients, which is recommended by the tool with regards to these areas.

Assessment

The SNCT recommendation is to review the required staffing establishment for each ward bi annually at differing periods/times of the year. A detailed description of each ward and specific staffing, agency and quality indicators were available at the review meetings. As recommended by the SNCT; data collected must be triangulated with quality indicators and professional judgement before any changes to establishments are agreed.

As part of the SNCT process, the Deputy Director of Nursing, Midwifery and AHP's, Associate Director of Nursing (ADoN) for Planned and Surgical Care and Long Term and Unscheduled and Community Care, Matron and Ward Manager from each ward and the Lead for Workforce Assurance and Compliance met to review the SNCT results, quality data, patient flow information, environmental factors (including PLACE inspection results), temporary workforce use, roster KPI performance and apply professional judgement.

The discussions have been found to be useful in identifying support roles that enhance patient care and improve the working lives of each team. Mainly, Nutritional Assistant roles and Ward Clerk hours. Complaints and concerns in relation to poor hydration and nutrition have reduced. Some inpatient wards have highlighted the need for their Ward Clerk hours to be reviewed to meet the needs of the patients and staff. These administration requirements are being reviewed alongside the implementation of NERVE centre (the trusts new electronic patient record) to understand the impact on administrative workload and predicted future requirements.

Acuity and dependency data was provided via the ward managers and all other supportive data was provided by analytics, sitereps, Tendable, finance, electronic roster, NHS Professionals (temporary workforce provider) and Electronic Staff Record (ESR).

All clinical areas recognised the challenges and understood the results. Where there were perceived anomalies, these were discussed and professional judgement applied. This was pertinent to some smaller wards, wards with more than 50% side rooms, those with assessment areas and those that require non-invasive ventilation (NIV) as not all patients requiring NIV are admitted to a high observation/critical care environment at HDFT.

Headroom for each ward is calculated at an overall 25.76% with the following breakdown:

- 14.96% Annual leave
- 1.92% Study leave
- 3.9% Sickness.
- 4.98% Compound adjustment

Maternity leave is backfilled using a 'Maternity' cover fund and is allocated/moved by finance to ensure that recruitment is funded 'like for like' without cost pressure.

On a daily basis. any enhanced care requirements or unfilled shifts should be reviewed as part of the new safer staffing meetings using SafeCare. This is a safer staffing tool which measures the actual acuity and dependency of the patients on each ward against the availability of staff to ensure that we are deploying the right staff with the right skills at the right place and time. Once the acuity and dependency levels have been peer reviewed by the Matron, the appropriate therapeutic interventions and mitigations are considered and were possible implemented in line with the Safer Staffing Policy.

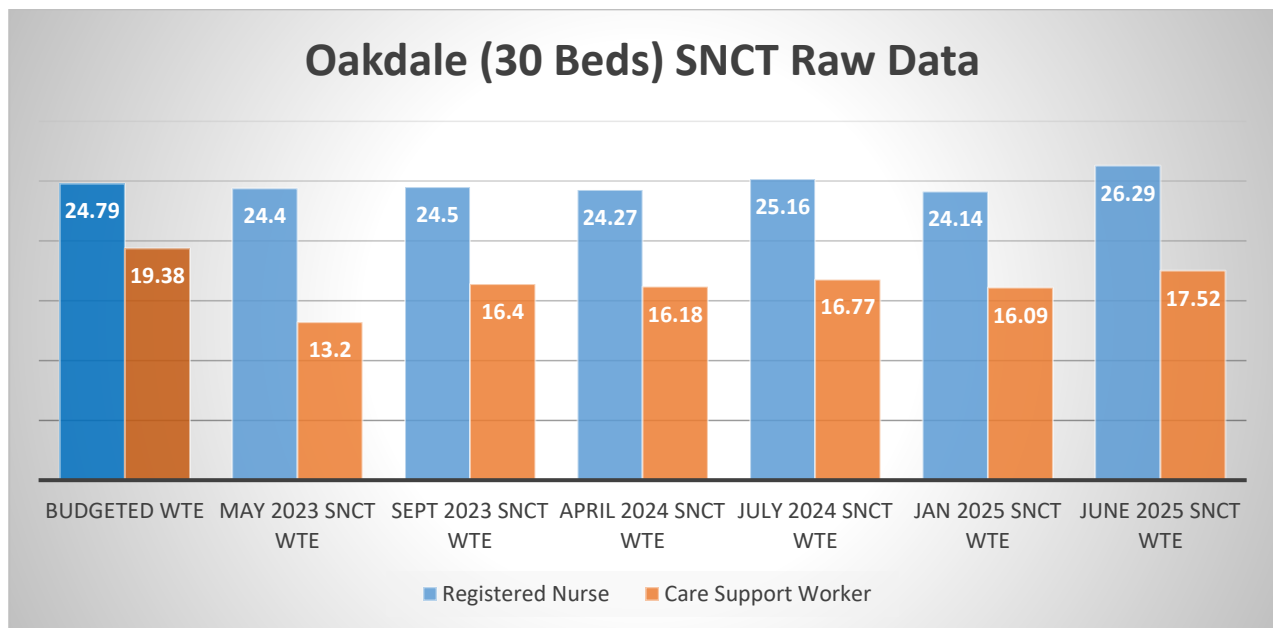
LTUCC Results by Ward

Oakdale

Oakdale is a 30 bedded General Medical, Oncology, Haematology & Endocrine ward.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy



The current staffing template for Oakdale:

	Early	Late	Night
RN	5	5	4
CSW	4	3	3
Nutritional Assistant	7 days 1.4 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	19.79
3	17.98

2 Nutritional Assistant	1.4
2 Ward Clerk	1.0

Discussions and data pack

See appendix 1

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

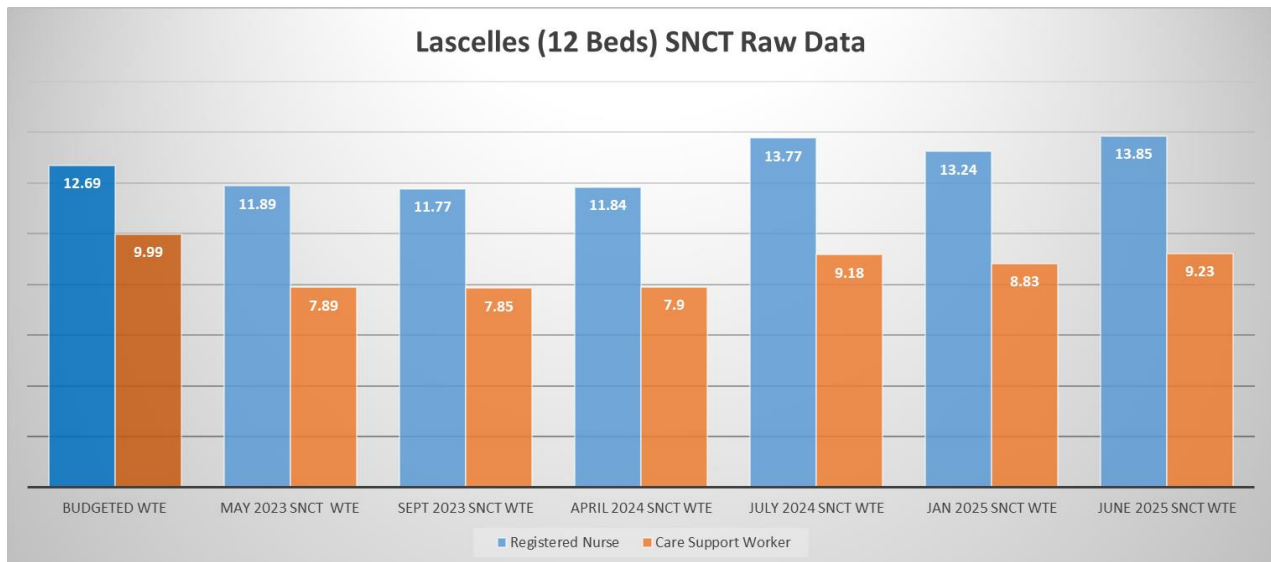
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026.

Lascelles

Lascelles is a 12 bedded Rehab ward, that is based off the main HDFT site.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Lascelles:

	Early	Late	Night
RN	3	2	2
CSW	2	2	1
Nutritional Assistant	5 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1
6	2
5	9.69
3	8.59
2 Nutritional Assistant	1.4
2 Ward Clerk	0.93

Discussion and data pack

See appendix 2

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

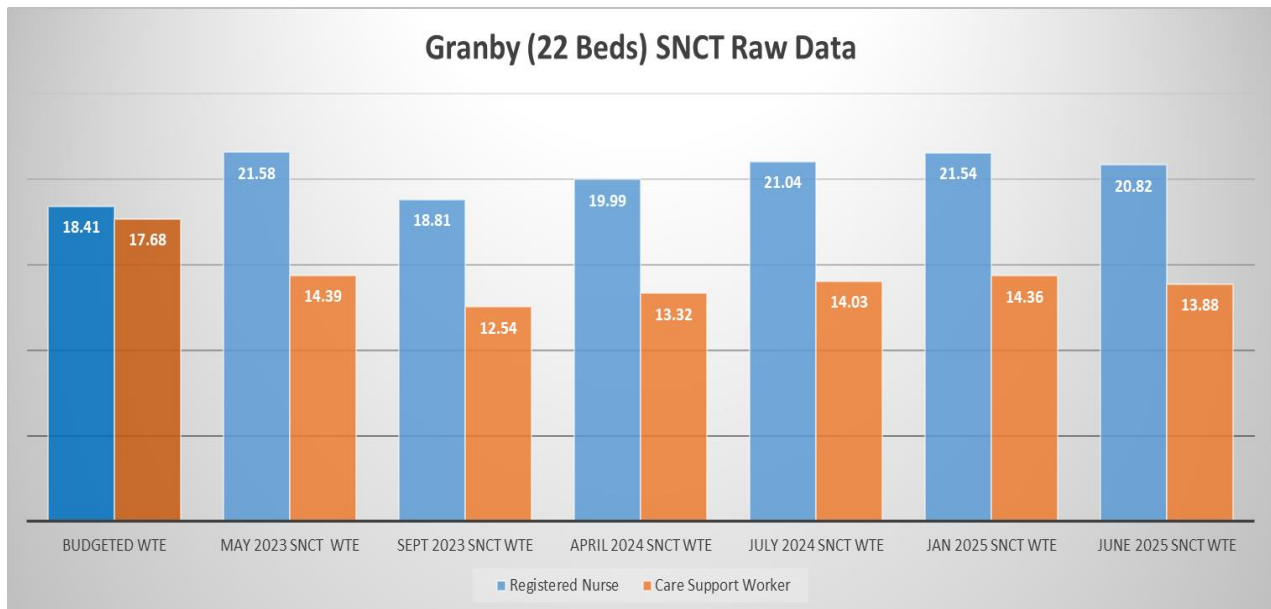
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026

Granby

Granby is a 22 bedded Stroke & Neurology ward.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Granby:

	Early	Late	Night
RN	3	3	3
CSW	3	3	3
RN	Early on Mon Thurs & Fri		
Nutritional Assistant	7 days 1.4 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.70
5	12.91
3	16.28
2 Nutritional Assistant	1.4
4 Ward Clerk	0.73
2 ward Clerk	1.07
7 Specialist Nurse	0.8

Discussion and data pack

See appendix 3

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

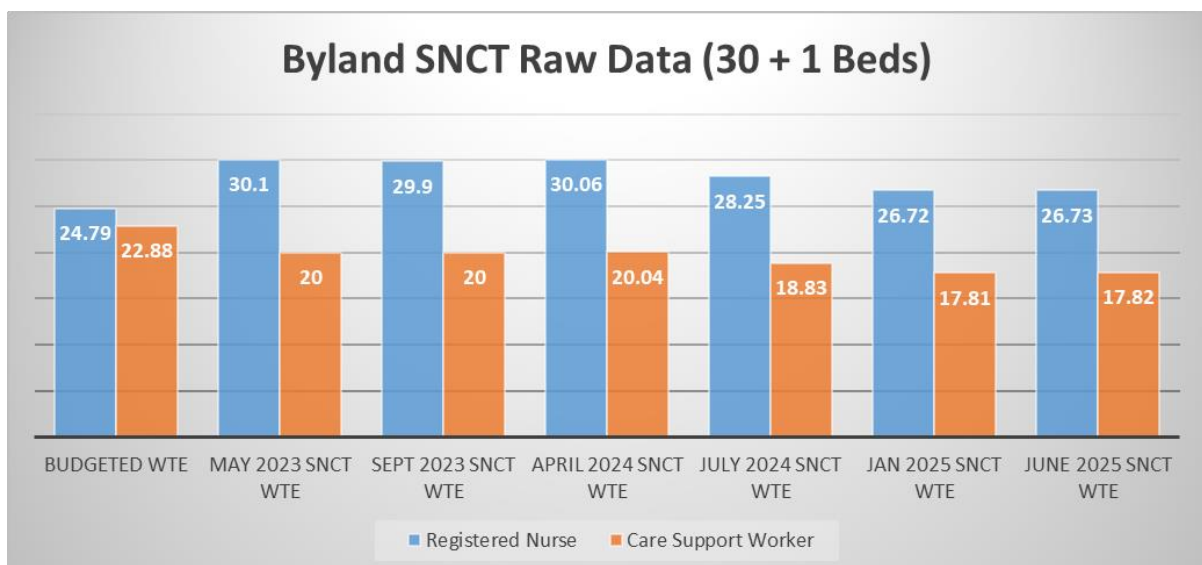
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026

Byland

Byland is a 30 bedded Frailty ward with one escalation bed.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Byland:

	Early	Late	LD	Night
RN	1	1	4	4
CSW Band 2	1	1	3	4
MD	22.5 hours (0.6 WTE)			
Nutritional Assistant	45 hours (1.4 WTE)			

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	19.79
3	21.48
2 Nutritional Assistant	1.4
2 Ward Clerk	0.6

Discussion and data pack

See appendix 4

Recommendations

The outputs of the last SNCT data collection saw the increase in 1 CSW on a night shift.

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an accurate nursing establishment**. No further changes required.

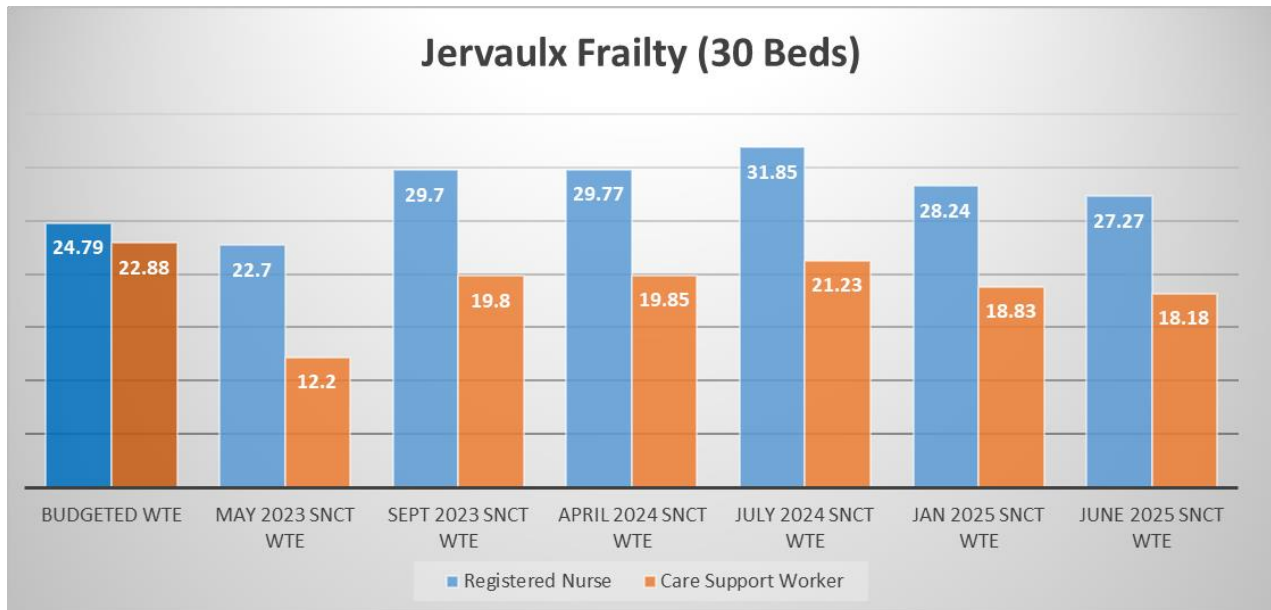
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026

Jervaulx

Jervaulx is a 30 bedded Frailty ward.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy. The July 2024 data was peer reviewed as inaccurate and therefore excluded from the review process.



The current staffing template for Jervaulx:

	Early	Late	LD	Night
RN	1	1	4	4
CSW Band 2	1	1	3	4
MD	22.5 hours (0.6 WTE)			
Nutritional Assistant	45 hours (1.4 WTE)			

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	19.79
3	21.48
2 Nutritional Assistant	1.4
2 Ward Clerk	1.0

Discussion and data pack

See appendix 5

Recommendations

The outputs of the last SNCT data collection saw the increase in 1 CSW on a night shift.

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an accurate nursing establishment**. No further changes required.

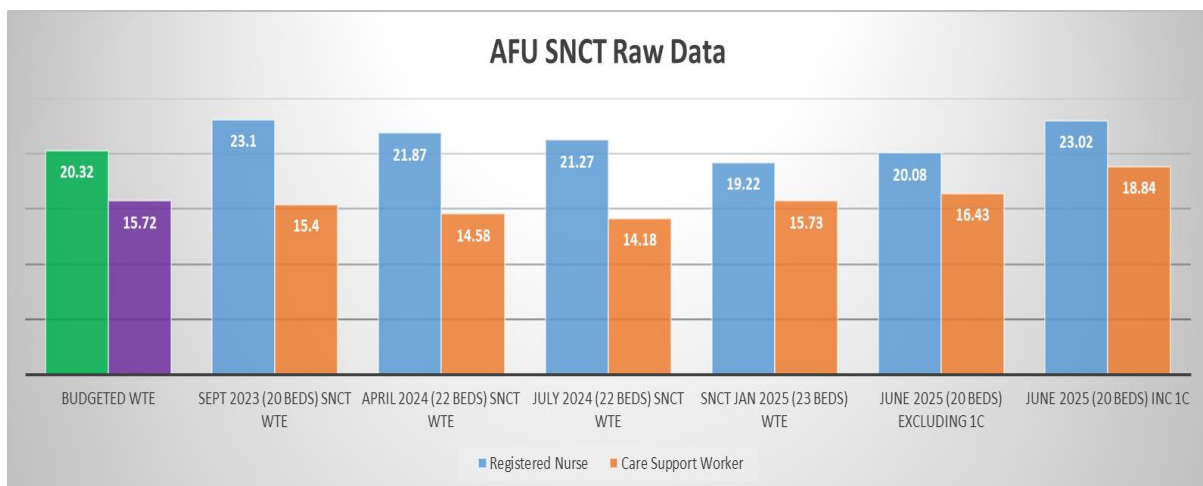
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026

Acute Frailty Unit (AFU)

AFU is an 18 Frailty Admissions Ward with 2 assessment beds. However, due to the demand on Frailty beds the ward opens escalation beds (up to 23).

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for AFU (not including escalation beds):

	Early	Late	LD	Night
RN	1	1	3	3
CSW Band 2	0	1	2	2
CSW Band 3	1	0	0	0
MD	22.5 hours (0.6 WTE)			
Nutritional Assistant	45 hours (1.4 WTE)			

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.38
5	14.94
3	1.76
2	12.56
2 Nutritional Assistant	1.4
2 Ward Clerk	1.0

Discussion and data pack

See appendix 6

Recommendations

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

There is ongoing review of the skill mix requirements on this Frailty admissions ward. This is to be picked back up at the next SNCT review meeting to determine if an increase in Band 6 workforce is required to provide 24/7 cover.

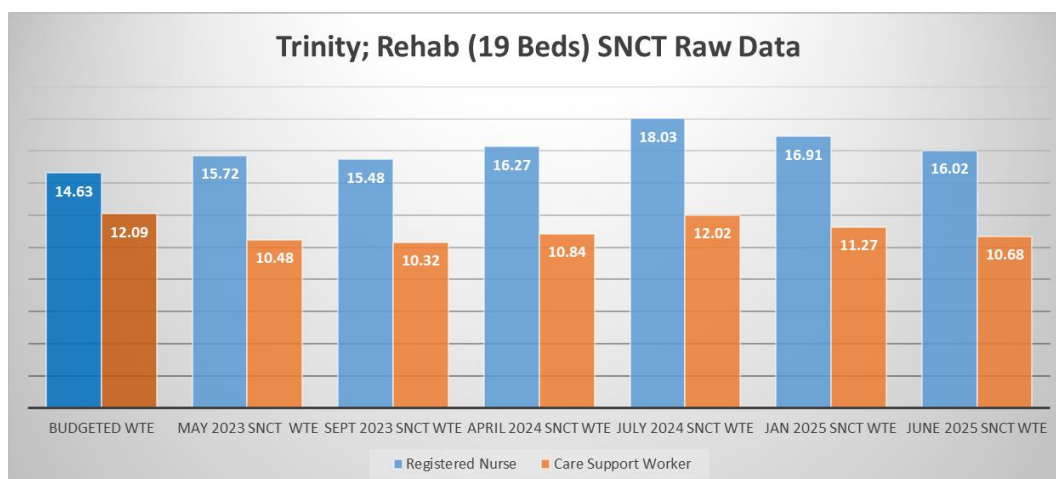
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026

Trinity

Trinity is a 19 bedded Rehab Ward, based within Ripon Hospital (off the main HDFT Hospital site).

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy. The July 2024 data was peer reviewed as inaccurate and therefore excluded from the review process.



The current staffing template for Trinity

	Early	Late	LD	Night
RN	1	1	2	2
CSW Band 2	1	0	2	2
RN	Additional Early RN every Wednesday (MDT)			
Management Time	22.5 hours (0.6 WTE)			

Budgeted Skill Mix

Band	WTE
7	1.0
6	2.64
5	10.99
3	12.09
2 Nutritional Assistant	0.0
2 Ward Clerk	1.92

Discussion

See appendix 7

Recommendations

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

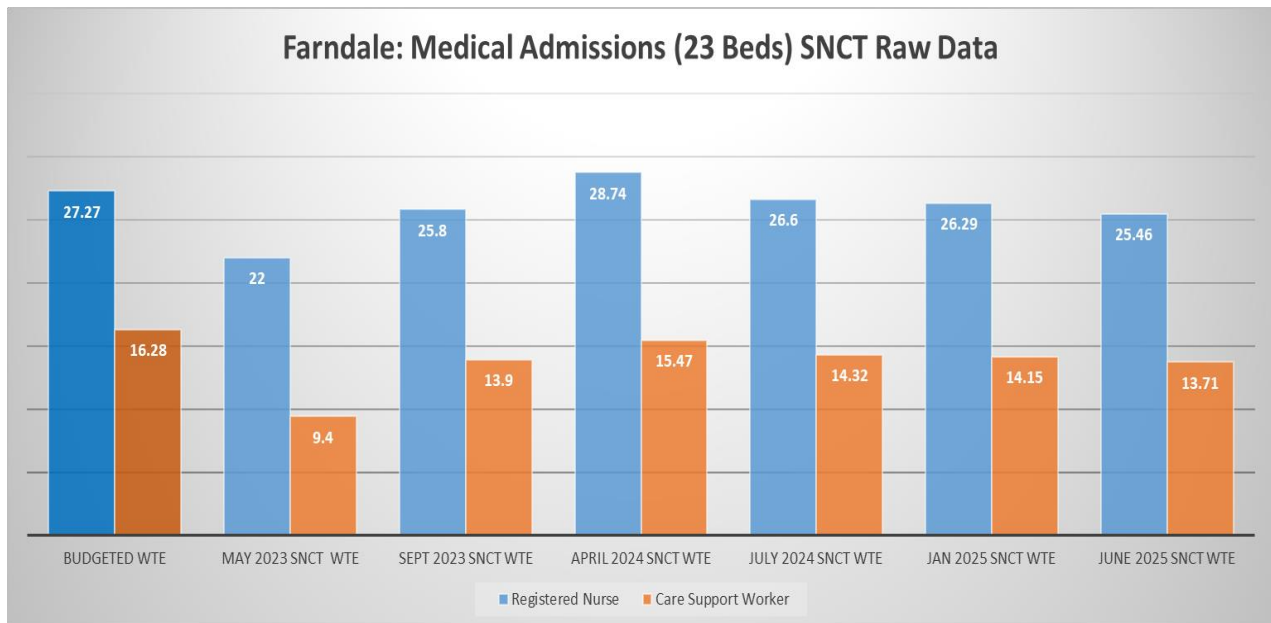
Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026.

Farndale

Farndale is a 23 bedded Medical Admissions ward.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Farndale:

	Early	Late	LD	Night
RN	1	1	4	5
CSW Band 2	1	1	2	3
Nutritional Assistant	1.4 WTE			
Management Time	2.07 WTE			

Budgeted Skill Mix

Band	WTE
7	1.0
6	6.44
5	19.83
3	16.28
2 Nutritional Assistant	1.4
2 Ward Clerk	2.07

Discussion and data pack

See appendix 8

Recommendations

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

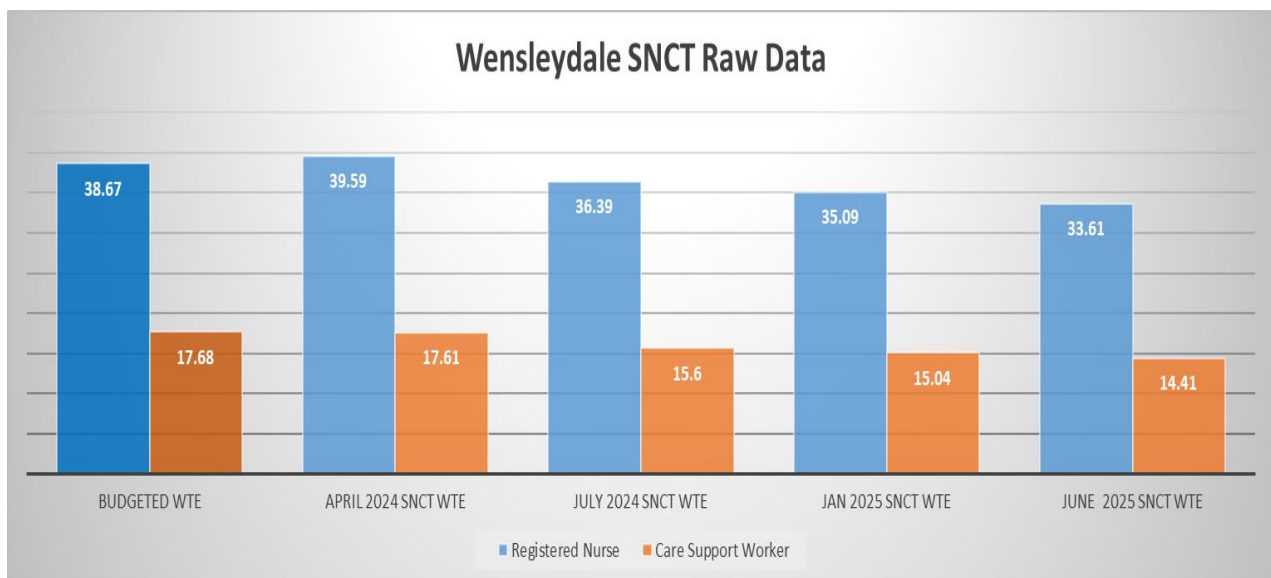
There are plans to move this ward to a different location. When this occurs we have agreed to collect three months of SNCT data in the new environment, to provide assurance that the workforce requirements are accurate or make the necessary changes.

Wensleydale

This is a new Cardio-respiratory ward with MECU beds. This is the fourth SNCT data collection since the ward opened.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Wensleydale:

	Early	Late	LD	Night
RN	1	1	6	7
CSW Band 2	1	1	2	3
Nutritional Assistant	1.4 WTE			
Management Time	0.6 WTE			

Budgeted Skill Mix

Band	WTE
7	1
6	12.51
5	25.16
3	16.28
2 Nutritional Assistant	1.4
2 Ward Clerk	1.4

Discussion

See appendix 9

Recommendations

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an that Wensleydale have optimal workforce and skill mix.**

When 3 MECU beds open on Littondale, the new Medical Admission Unit, Wensleydale will reduce by one RN on a night shift and the budget will be moved to Littondale.

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026.

LTUCC Summary and Overall Requirements

There were minor changes made to the establishments from the last SNCT review, which were funded using the Early/Late factors that were no longer required. This SNCT review has seen a stabilisation of our requirements within LTUCC and no workforce changes have been recommended from this review. The next SNCT review will commence in March 2026.

Ward	Reductions	Increases
Oakdale	No Reductions	No Increases
Granby	No Reductions	No Increases
Farndale	No Reductions	No Increases
Wensleydale	No Reductions	No Increases
Byland	No Reductions	No Increases
Jervaulx	No Reductions	No Increases
Acute Frailty Unit	No Reductions	No Increases
Trinity	No Reductions	No Increases
Lascelles	No Reductions	No Increases

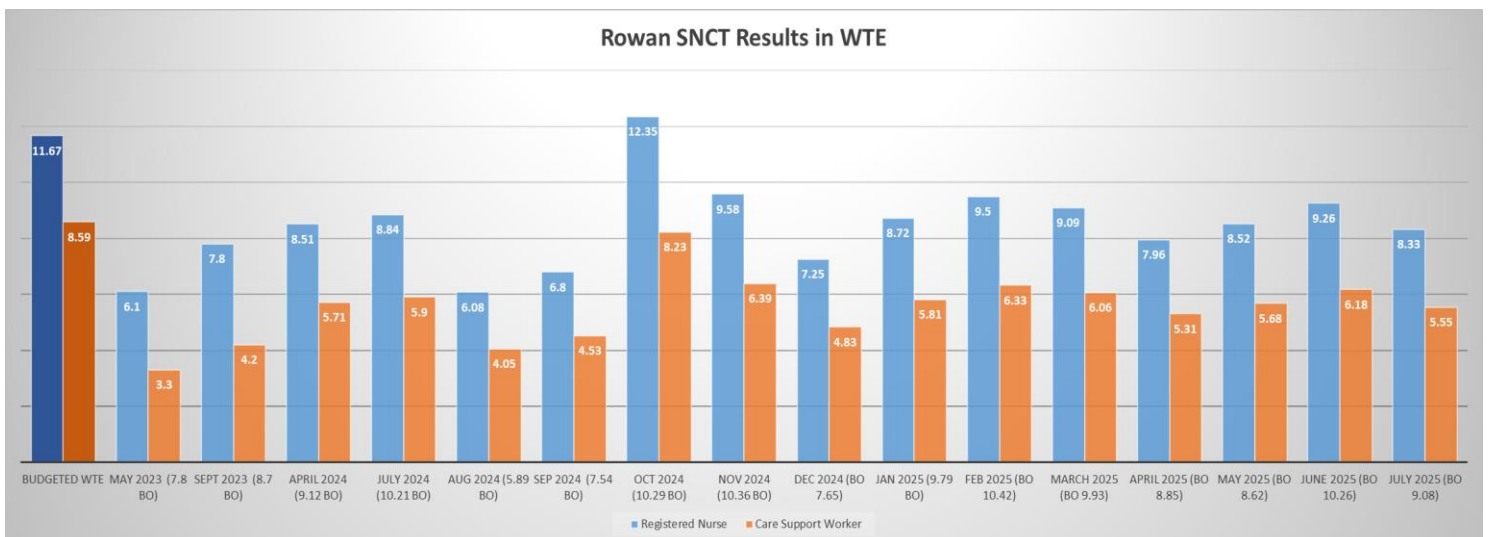
PSCC Results by Ward

Rowan

Rowan is an Elective Orthopaedic ward with 16 beds. As highlighted by the SNCT results, the full bed capacity is not yet being utilised. There is a minimum baseline staffing requirement to maintain quality, safety and performance. Therefore the Budgeted establishment is not able to be changed, but can be flexed, using professional judgement by senior nursing colleagues as part of the daily safer staffing professional judgement redeployment.

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care.



The current staffing template for Rowan:

	Early	Late	Night
RN	2	2	2
CSW	2	2	1
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.0

5	7.67
3	8.59
2 Nutritional Assistant	0
2 Ward Clerk	1.19

Discussion

See appendix 10

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

It was agreed that Rowan would not recruit in to the remaining 2 WTE care support worker positions until activity increases. However, the budget and staffing template would remain the same.

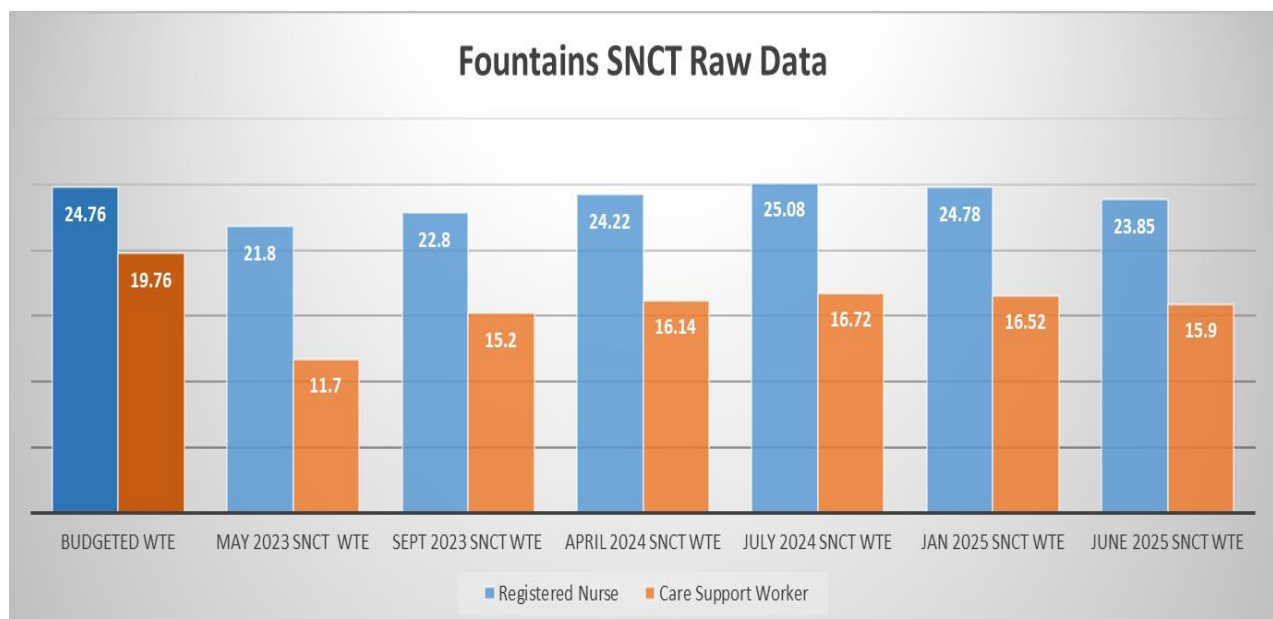
Continue to collect continuous SNCT data, using the new levels of care SNCT tool. The next review of this data will be in March 2026.

Fountains

Fountains is a 28 bedded Trauma and Orthopaedics ward (Non elective).

SNCT Raw Data

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Fountains:

	Early	Late	Night
RN	5	5	4
CSW	4	¾	3
Nutritional Assistant	7 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.0
5	20.76
3 Patient Liaison	1.0
3 CSW	0.0
2	17.76
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Discussion and data pack

See appendix 11

Recommendations

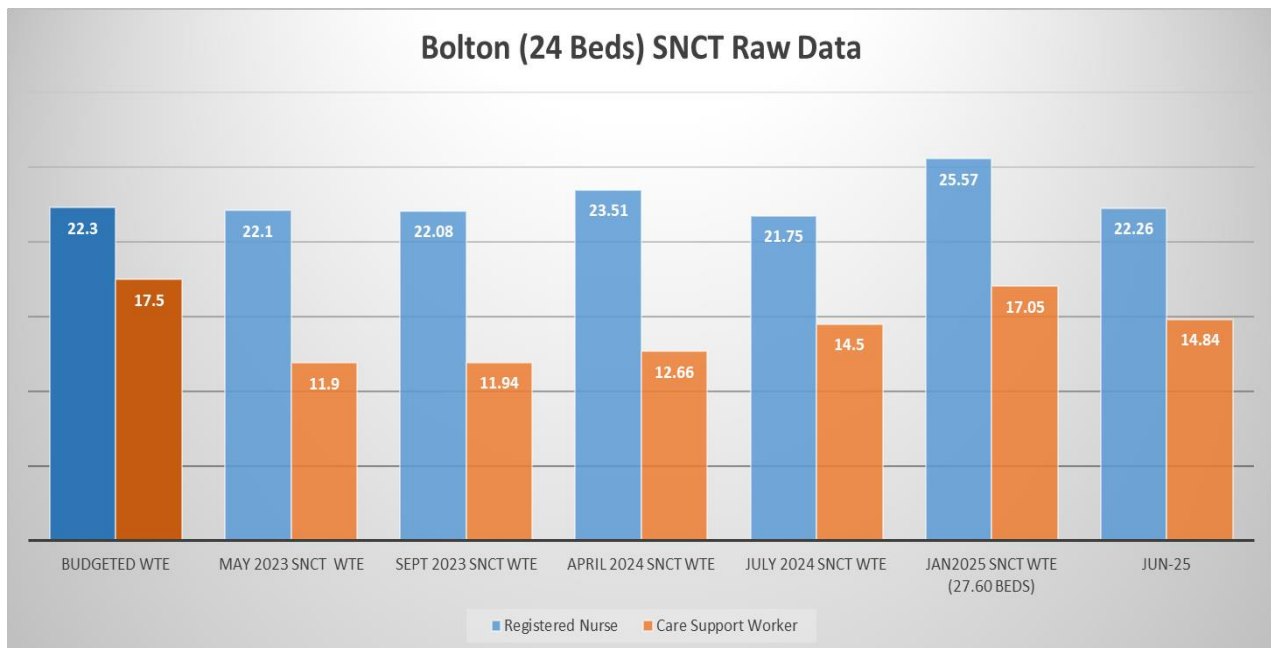
The SNCT data and triangulation **supports the current funded nursing establishment and skill mix.**

Continue to collect bi annual SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026.

Bolton (was Littondale)

Bolton is a 24 bedded, male surgical and gastroenterology ward with a 8 bedded Surgical Assessment Unit.

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Bolton.

This staffing model is for the 24 beds and the 8 beds in the Surgical Assessment Unit:

	Early	Late	Night
RN	5	5	3
CSW	4	4	2
Nutritional Assistant	7 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.15
5	18.15
3 CSW	5.2

2	11.3
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Discussion and data pack

See appendix 12

Recommendations

The SNCT data and triangulation **supports the current funded nursing establishment and skill mix** for the inpatient beds. The Surgical Assessment Unit, is starting to increase in activity. The Matron for this ward will collect activity data to review at the next SNCT review meeting. Additionally it was decided that The Bolton team will collect SNCT acuity and dependency data in November in addition to the standard bi annual SNCT data collection, due in March 2026.

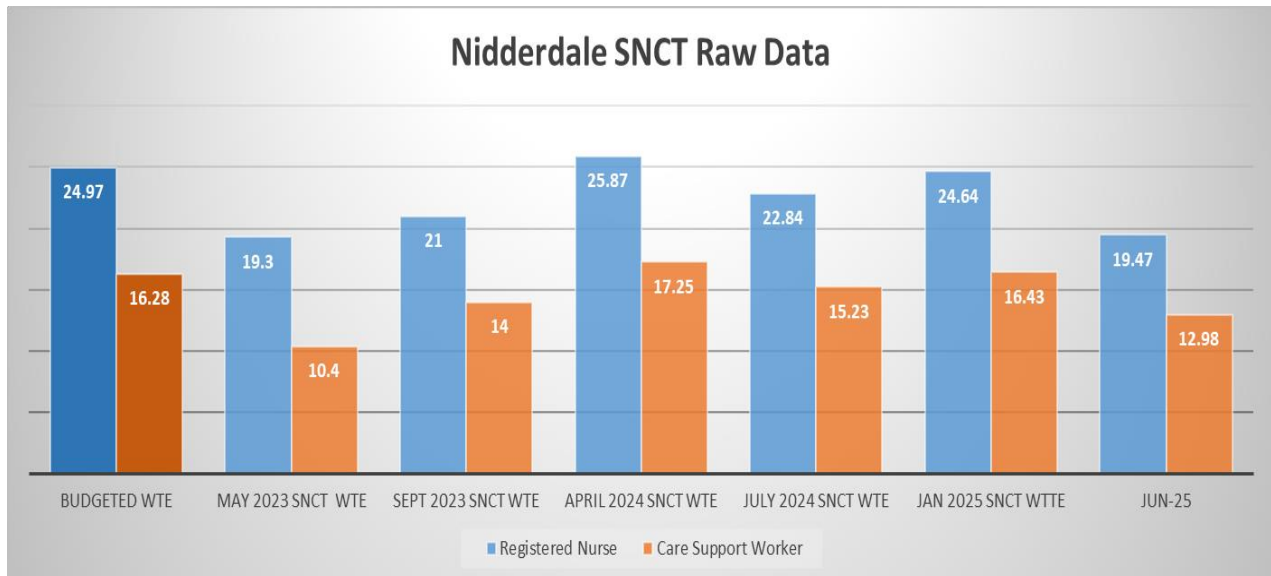
It was acknowledged that additional staffing would be required on Bolton if there were any 1c Enhanced Care requirements on a night, as CSW staffing drops to 2 on a night. This CSW establishment was previously 3; however, the requirement was moved to Littondale in 2024 following a staffing review and EQIA panel.

Monthly planned vs actual data will be reviewed at the next SNCT review meeting to assist with ensuring accurate establishment requirements.

Nidderdale

Nidderdale is a 30 bedded female, multi specialist surgical ward.

The data in the table below includes Enhanced Care, levels of care and is based on a full bed occupancy.



The current staffing template for Nidderdale:

	Early	Late	Night
RN	5	5	4
CSW	3	3	3
Nutritional Assistant	7 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	19.79
3	0.0
2	16.28
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Discussion

See appendix 13

Recommendations

The SNCT outputs from June (data, quality metrics and professional judgement) **indicate an accurate nursing establishment.**

Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026.

PSCC Summary and Overall Requirements

No workforce changes are required to the PSCC ward establishments from the outputs of this bi-annual SNCT review.

Ward	Reductions	Increases
Rowan	No Reductions	No Increases
Fountains	No Reductions	No Increases
Bolton	No Reductions	No Increases
Nidderdale	No Reductions	No Increases



Harrogate and District
NHS Foundation Trust

Emergency Department

Background

Following a National Institute of Clinical Excellence (NICE) endorsed Safer Nursing Care Tool (SNCT) review in 2023, significant investment supported the recommended nurse staffing establishments within the Emergency Department. Therefore ensuring that HDFT are delivering “the right staff, with the right skills, in the right place at the right time” The National Quality Board (NQB) (2018) and addressing the quality, safety and performance issues and align to the overall trust strategy; best quality, safest care and great start in life.

The latest SNCT data collection took place in May 2025 with triangulation of the results with quality data and professional judgement in July/August 2025.

Department Description

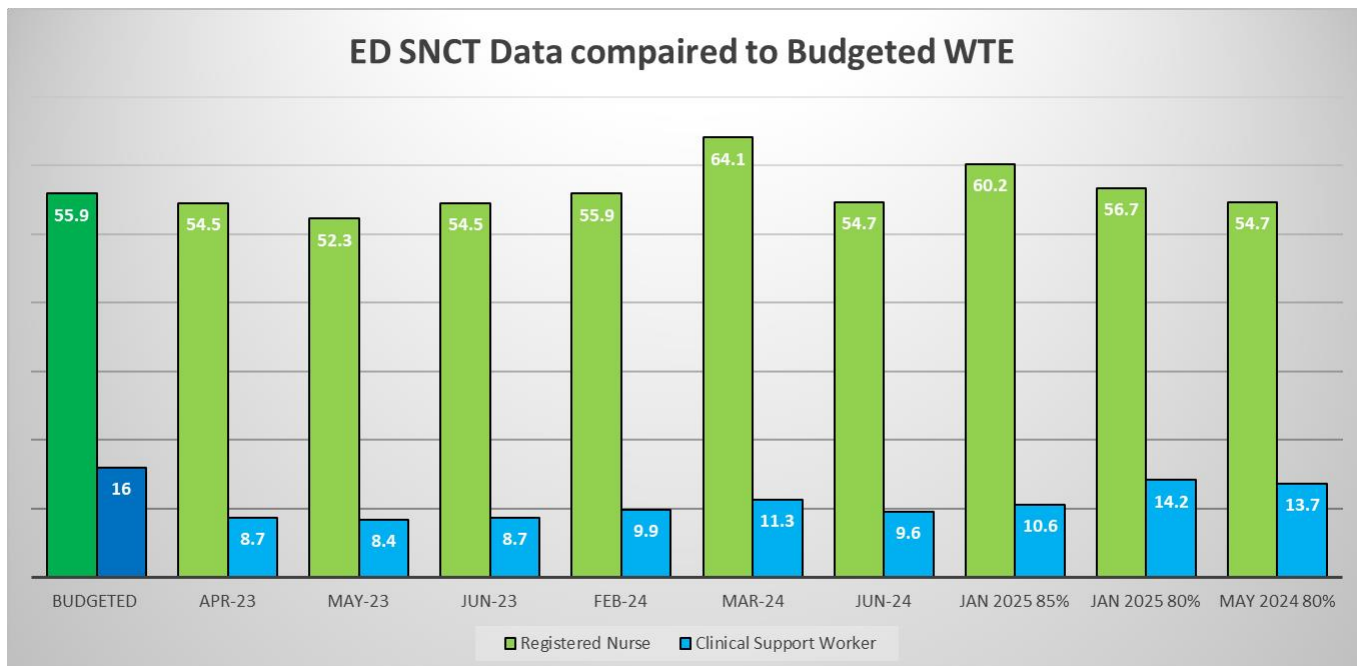
The Emergency Department (ED) is open 24 hours a day, 7 days a week delivering unscheduled care for acutely ill/injured adults and children. The department consists of two areas (ED1 and ED2). ED1 manages those patients presenting with major medical conditions, ED2 manages patients presenting with Minor Illness and injuries.

Management structure: The ED is led by a Triumvirate leadership structure consisting of a Clinical Lead, Service Manager and Matron. The matron is supported by 2 WTE Band 7 Department Managers who have 45 hours management time allocated per week. The workforce model ensures that there will be a band 7 Registered Nurse ‘in charge’ of each shift.

The NIC will consider staff experience, skill and competence when allocating staff to work areas, considering skill mix, workload, clinical priorities and patient dependency. The NIC is responsible for overseeing the team of Registered Nurses and Care Support Workers, ED reception clerks, patient flow in and out of the department (supported by a non-clinical patient flow coordinator and ED senior doctor: EPIC), and having an overview of patient acuity within the department. The NIC works closely with the EPIC and can escalate any concerns regarding prioritisation of patients to be seen. The NIC of each shift allocates staff to patient care areas on a shift basis:

- Streaming
- Triage
- Resuscitation room (2 enclosed cubicles and 1 curtained cubicle)
- Cubicle areas 1 -15 & ED2
- Fit 2 Sit
- YAS Rapid Initial Assessment Treatment

SNCT Raw Data



The current staffing template for the Emergency Department:

	Early	Late	LD	Night	Twilight
RN	3	3	6	10	1
CSW	2	2	1	3	0
Management Days	45 hours a week (1.2WTE)				
Practice Education	67.5 hours a week (1.8 WTE)				

Budgeted Skill Mix

SUMMARY BY BAND - ED Roster	Bavnd	Mgt Day Total Hours per week	Nursing shifts					WTE establishment requirement	WTE Sickness backfill
			Early	Late	Long Day	Twilight	Night		
NOTES Includes Childrens and Young Peoples Lead Nurse Time	B7 Management	45			1		1	2.00	-
	B7 Clinical				1		2	5.20	0.20
	B6 Clinical		1	1	1			11.19	0.43
	B6 Practice Educator							1.60	-
	B5 Clinical		2	2	4	1	7	37.23	1.49
	B3 CSW		1	1	2	0	3	16.00	0.63
	TOTAL						73.22	2.75	

Recruitment and Vacancies

There has been some excellent work within the ED to ensure that the right people are recruited in to the vacant positions. This has assisted the reduction in temporary workforce usage and for the first time in June 2025 ED has reached a zero usage position for Agency.

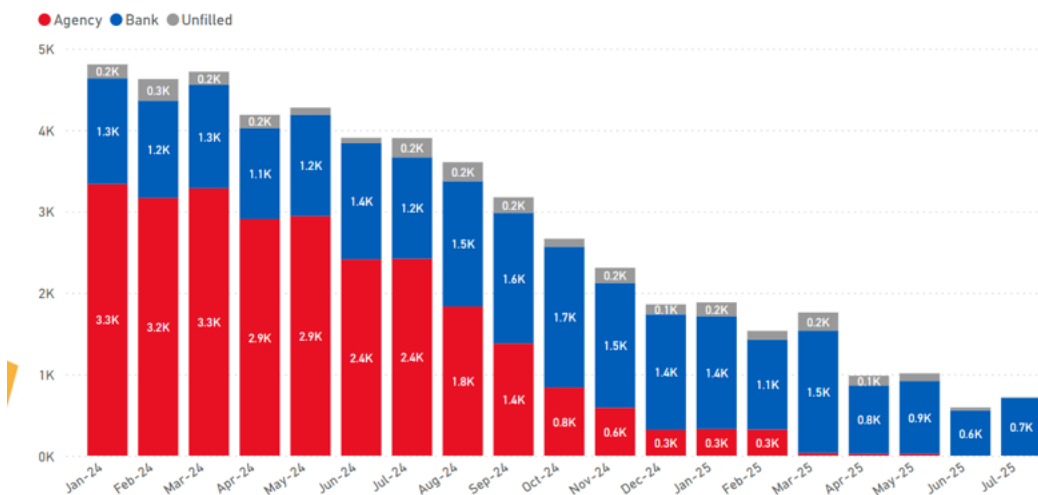
The Band 2 CSW's underwent a re-banding review and are now Band 3 CSW's. The focus is now to recruit in to these remaining vacant Band 3 positions.

Temporary Workforce

Temporary workforce dependency is reducing month on month. In addition reliance on agency staff has reduced to a zero use position.

Registered Nurse Demand and Fill (Agency and NHSP)

NHSP in Blue Agency in Red Un-fill in grey



Discussion, Quality and Performance Data

See appendix 14

Recommendations

The SNCT data and triangulation **supports the current funded nursing establishment and skill mix.**

The change in shift patterns that were made since the last SNCT data collection need further data and review to provide assurance that optimal use of the workforce establishment is being used. Therefore it has been agreed that ED will collect an additional 12 days data in preparation for the next SNCT review meeting.

It was discussed that the Matron would organise to shadow one of the CSW's to review if support staff could work differently to improve efficiency. Additionally, the Matron should link with other NHS Organisations to see how they manage pressures within the CSW workforce. Are we assigning appropriate tasks to the CSW's?

ED should continue to ensure effective rostering to meet the Key Performance Indicators and workforce model outlined in the Business Case.

Farndale will be going to Littondale; an increase of 9 beds. This should make the situation more manageable in ED, especially over the coming winter.

Continue to keep on top of recruitment to vacancies.

Children and Young People; Woodlands Ward

Background

Following a National Institute of Clinical Excellence (NICE) endorsed Safer Nursing Care Tool (SNCT) (2021) review, undertaken biannually. The scope for this SNCT data collection encompasses the Children and Young People inpatient ward. To note, there is another review of Children’s and Young People inpatient services and pathways with the Emergency Department (ED). Specifically in relation to delivering “the right staff, with the right skills, in the right place at the right time” The National Quality Board (NQB) (2018).

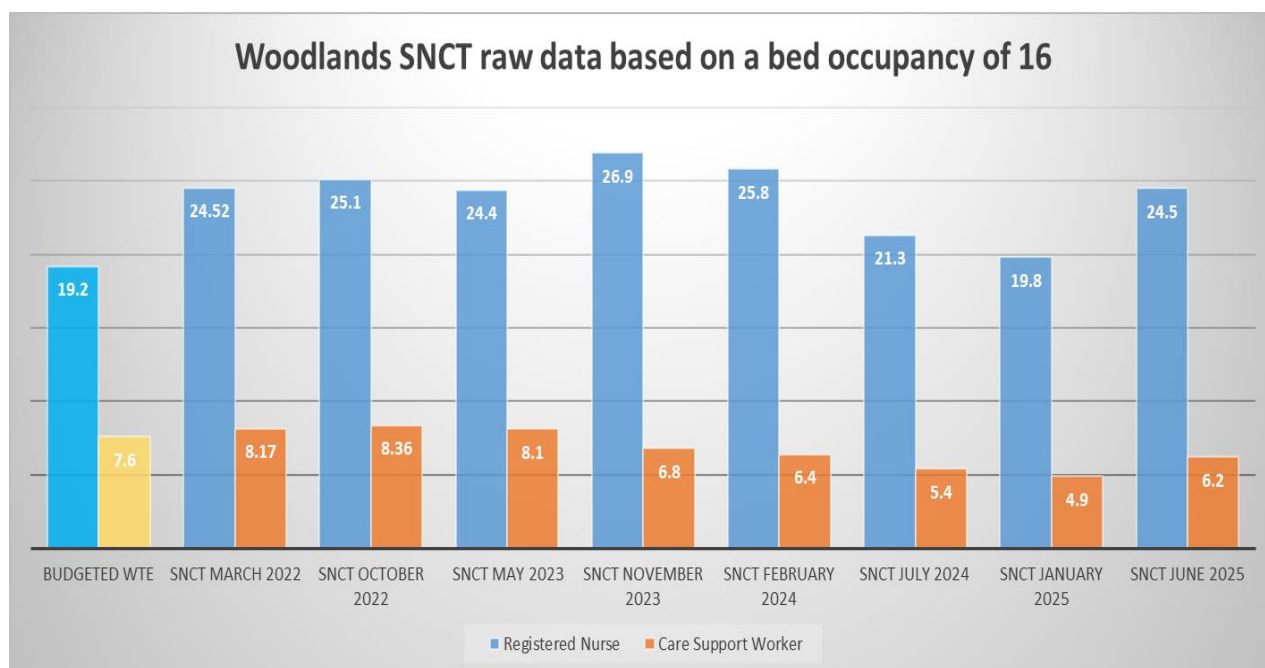
Data was collected in June 2025 with triangulation of the results with quality data and professional judgement in September 2025.

Ward Description

Woodlands ward is a 16 bedded general paediatric ward admitting acute and elective medical and surgical patients. A Children’s Assessment Unit (CAU) is situated within the ward which can flex the ward to a 22 bedded unit. The ward admits children and young people (CYP) from birth to 17 years old from various referral routes, general practice, emergency department, health visitors, outpatients, midwives etc. The ward has 3 bays of 4 beds but one is the CAU and 10 side rooms, one of which acts as a high dependency unit (HDU).

SNCT Raw Data

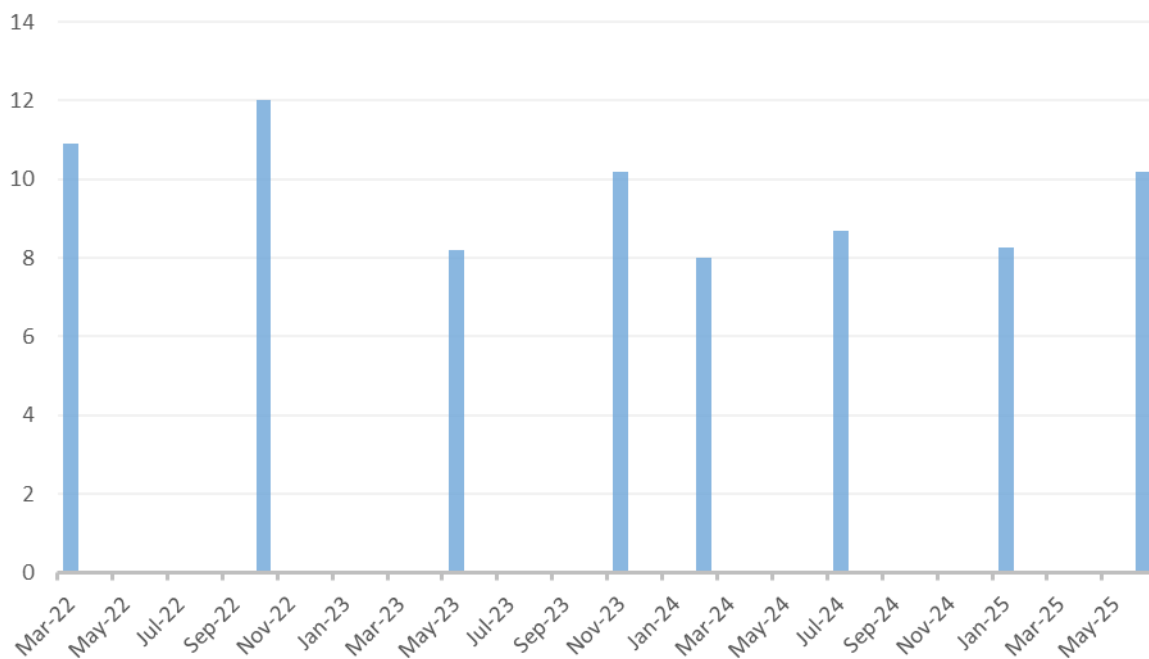
The data in the table below is based on a full bed occupancy.



Actual Bed Occupancy During the SNCT Data Collections

Month/Year	Bed Occupancy
Mar-22	10.9
Oct-22	12
May-23	8.2
Nov-23	10.2
Feb-24	8
Jul-24	8.7
Jan-25	8.25
Jun-25	10.2

Bed Occupancy During SNCT Data Collection Periods



The current staffing template for Woodlands

- Play Specialist 1.0 wte
- Practice Education 0.6 wte
- Admin 1.0 wte
- Management Time 0.8 wte (0.6 funded)

Monday to Friday

	Early	Late	Night
RN	4	3	3
CSW	1	1	1

Saturday to Sunday

	Early	Late	Night
RN	3	3	3
CSW	1	1	1

Budgeted Skill Mix

	Budgeted WTE
Band 7	1.0
Band 6	6.13
Band 5	12.14
Band 4	1.0
Band 3	0
Band 2	5.65
Band 2 ward clerk	1.0

The Band 2 CSW's are in the process of being re banded to Band 3 CSW's. This was a part of the national Band 2 to Band 3 review.

Discussion

See appendix 15

Recommendations

The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment for the current Woodlands Inpatient Ward requirements and that no changes are proposed as a result of this review. However, there is more work required within the Directorate to understand the CAU requirements. The staffing of this area relies on the ward bed occupancy, to be lower, to allow the workforce to provide care to the CAU patients. Therefore, we do not have assurance that the workforce model accurately reflects

this additional workload. Any unmitigated 'Red' shifts should be escalated to the Director of Nursing, Midwifery and AHP's in line with the Safer Staffing policy.

Continue to collect bi annual SNCT data, using the SNCT tool. The next data collection will be in March 2026.

Ensure effective rostering to meet the Key Performance Indicators.

Directorate Quad should to continue working on the CAU 'paper' development. Acknowledgement that there is a need to increase medical staffing.

Appendix 1

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 NHS Foundation Trust

Oakdale Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Tammy Gotts
 Ward Manager: Arti Sivanandarajah
 ADoN: Charly Gill

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Oakdale (General Medical, Oncology, Haematology & Endocrine ward) 30 beds

Oakdale is a 30 bedded general medicine ward specialising in endocrinology, respiratory as well as haem-oncology.

Currently

- 16-18 beds allocated to endocrinology
- 14-16 beds allocated to respiratory
- 4 Haem-oncology side rooms

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 NHS Foundation Trust

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 support workers, including band 7 management time and Nutritional Assistant provision. This shift pattern includes the staffing for 30 inpatient beds.

	Early	Late	Night
RN	5	5	4
CSW	4	3	3
Nutritional Assistant	7 days 1.4 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Staff Mix

Band	WTE
7	1.0
6	4.0
5	10.79
4	1.4
2 Nutritional Assistant	17.06
2 Ward Clerk	1.0

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Registered Nurse Vacancies, Sickness & Turnover Rates

Registered Nurses Vacancies Rates

Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Oakdale Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Registered Nurses Sickness Rates

Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Oakdale Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Registered Nurses Turnover Rates

Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Oakdale Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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 NHS Foundation Trust

Care Support Worker Vacancies, Sickness & Turnover Rates

Care Support Workers Vacancies Rates

Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Oakdale Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Care Support Workers Sickness Rates

Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Oakdale Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Care Support Workers Turnover Rates

Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Oakdale Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

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 Harrogate and District
 NHS Foundation Trust

Planned vs Actual Staffing & CHPPD

Band	Planned			Actual			CHPPD		
	BN	CSW	MD	BN	CSW	MD	BN	CSW	MD
7	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
6	4.0	0.0	0.0	4.0	0.0	0.0	0.0	0.0	0.0
5	10.79	0.0	0.0	10.79	0.0	0.0	0.0	0.0	0.0
4	1.4	0.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0
2 Nutritional Assistant	17.06	0.0	0.0	17.06	0.0	0.0	0.0	0.0	0.0
2 Ward Clerk	1.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0
Total	36.24	0.0	0.0	36.24	0.0	0.0	0.0	0.0	0.0

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SNCT Raw Data

Oakdale (30 Beds) SNCT Raw Data

Bed Occupancy January 2025: 29.69
 Bed Occupancy June 2025: 29.18

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Temporary Staffing Registered Nurses (Hours)

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Temporary Staffing Unregistered CSW's (Hours)

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Oakdale Activity for June 2025

	Total in data collection period	Average per day
Admissions	5	0.16
Discharges	48	1.6
Transfers In	84	2.8
Transfers Out	33	1.1
Deaths	2	0.06
Ward Attenders	0	0

1 x Escort to Leeds on 5th June = 12 Hours

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Quality Indicators (See next slide for details)

Falls	7
Hospital acquired pressure ulcers	0
Medication incidents	3
Staffing Datix	0
Formal Complaints	1

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 NHS Foundation Trust

Quality Indicators Detailed Breakdown

Ward: Oakdale

Falls
 Total = 7 (3 x Low Harm, 4 x No Harm)

Hospital Acquired Pressure Ulcers
 Total = Nil

Medication Incidents
 Total = 3 (1 x Low Harm Prescribing, Incorrect Medication or Dose, 2 x No Harm, 1 Medication not administered, 2 Dispensing - any medication event causing concern).

Staffing Datix
 Total = Nil

Formal Complaints
 Total = 1 (Complainant wants to ask questions about their mother's death, as they feel there was a delay in identifying Sepsis).

Discussion and actions

- Acknowledgement that there are an increase in patients escorts to Leeds Hospital for ERCP procedures. This should be highlighted to the Matron as soon as the requirement is known, so that workforce requirements can be reviewed.
- The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in March 2026.

Appendix 3

Granby Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Tammy Gotts
 Ward Manager: Martine Hartley
 ADoN: Charly Gill

Granby is a 22 bedded Stroke & Neurology ward.

Granby ward is budgeted as a 22 bedded stroke and neuro ward. In extremis patients may be moved to Granby that are care of the elderly or general medicine.

The ward is a "U" shaped ward. There are three six bedded bays, and four single rooms, two of which are en-suite. Two of the beds have toilet facilities. Upon entering the ward immediately on the left is a six bedded bay which is out of sight of the remainder of the ward. Therefore, care is taken when assigning patients to that bay.

The entry corridors to the main area of the ward have a therapy kitchen, patient shower facilities, disposal room, staff kitchen, linen cupboard, entry utility, and staff room. The main area of the ward has a central staff base surrounded by the two bays and four single rooms, except for bay 1, is good.

There is an office that has the respiratory secretaries located, from the time that Granby was the respiratory ward.

The layout of the ward is a challenge with regards fall prevention, as often patients cannot be visualised. Due to this, there may be occasions that an additional CSW is required overnight and sometimes for the additional long day shift.

The physical dependency of the patients on Granby can be extremely high due to many having stroke patients and a medication round compared to other areas take time as long due to most medications needing to be crushed and administered down an oral gastric (OG) tube which requires several checks that it is placed correctly before usage or crushing and placing down a percutaneous endoscopic gastrostomy (PEG) tube and for the patients without feeding tubes they require extra time to have their medications administered orally and swallowing techniques assessed. Many patients will not be independently mobile and will require manual handling equipment which may take 2 or 3 staff to use. There may be gait belt for patients that include 2 hourly toileting and if that patient is a host patient this can take up to 30 mins every 2 hours. It is a rarity that any patients are independent on Granby Ward.

Granby ward has its own specialised allied health professionals; they support with the ward huddle daily.

The ward location is next to Oadkale Ward, therefore mutual aid is often provided from each ward.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 support workers, including band 7 management time and Nutritional Assistant provision. This shift pattern includes the staffing for 22 inpatient beds.

	Early	Late	Night
RN	3	3	3
CSW	3	3	3
Nutritional Assistant	7 days 1.4 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Staff Mix

Band	WTE
12	1.0
6	1.0
5	1.0
4	1.0
3	1.0
2	16.25
1	1.4
2 Nutritional Assistant	1.4
4 Ward Cook	0.73
2 Ward Clerk	0.27
7 Specialist Nurse	0.8

Registered Nurse Vacancies, Sickness & Turnover Rates

Registered Nurse Vacancies Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Long Term and Unfilled Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Registered Nurse Sickness Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Long Term and Unfilled Vacancies	1.14%	2.46%	1.08%	0.80%	0.76%	0.88%

Registered Nurse Turnover Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Long Term and Unfilled Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Vacancies, Sickness & Turnover Rates

Care Support Worker Vacancies Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Long Term and Unfilled Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Sickness Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Long Term and Unfilled Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Turnover Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Long Term and Unfilled Vacancies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Planned vs Actual Staffing & CHPPD

Staffing	Planned						Actual					
	BN	CSW	BA	BN	CSW	BA	BN	CSW	BA	BN	CSW	BA
Actual	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

SNCT Raw Data

Granby (22 Beds) SNCT Raw Data

Bed Occupancy in January 2025: 21.82
 Bed Occupancy in June 2025: 21.19

Temporary Staffing Registered Nurses (Hours)

Month	Planned	Actual	Diff	% Diff
Jan 25	200	217	17	8.5%
Jun 25	200	217	17	8.5%

Temporary Staffing Unregistered CSW's (Hours)

Month	Planned	Actual	Diff	% Diff
Jan 25	200	217	17	8.5%
Jun 25	200	217	17	8.5%

Granby Activity for June 2025

	Total in data collection period	Average per day
Admissions	13	0.43
Discharges	25	0.83
Transfers In	23	0.76
Transfers Out	9	0.3
Deaths	0	0
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Falls	3
Hospital acquired pressure ulcers	1
Medication incidents	1
Staffing Datix	0
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Granby

Falls
 Total = 3 (2 x Low Harm, 1 x No Harm)

Hospital Acquired Pressure Ulcers
 Total = 1 (Low Harm)

Medication Incidents
 Total = 1 (No Harm - Controlled Drug Procedural Discrepancy)

Staffing Datix
 Total = Nil

Formal Complaints
 Total = Nil

Discussion and actions

- Continue to monitor quality metrics to ensure that the 'near' 50/50 skill mix ratio is not impacting on patient outcomes.
- The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in June 2025.

Appendix 4

Byland
Safer Nursing Care Tool (SNCT)
June 2025 Data Collection

Matron: Jo Burns
 Ward Manager: Biju Varughese
 ADo: Charly Gill

Byland

Byland ward is a 30 bedded elderly care ward, which does flex up to 31 beds during escalation.

There are four bays of six and six single rooms, three of which are en-suite. The ward is an "L" shaped ward. Along the entry corridor is the ward office, kitchen, linen room, staff room, treatment room and two single rooms out of sight of the main staff base and around the corner from the main ward area. The staff base is at the apex of the "L" and the dirty utility is immediately adjacent to the staffroom. There is some visibility of bay 1 and 2 and side rooms 2 and 3 are visible to the nurses' station. None of the bays have patient bathroom facilities, shared facilities are located opposite each bay.

The ward is led by an experienced Ward Manager and an experienced Matron. There are also experienced Band 5 Ward Sisters.

Due to the high number of elderly care patients with dementia and delirium, the risk of falls, pressure ulcers and absconding patients is high. The ward requests additional CSW to support with enhanced care requirements.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 and 3 support workers, including band 7 management time and nutritional assistant support. This shift pattern includes the staffing for 30 inpatient beds.

	Early	Even	LC	Night
RN	5	1	4	4
CSW Band 2	1	1	3	4
MD	22.5 hours (0.6 WTE)			
Nutritional Assistant	45 hours (1.4 WTE)			

Skill Mix

Band	WTE
7	1.0
6	4.0
5	19.75
4	21.48
2 Nutritional Assistant	1.4
2 Ward Clerk	0.6

Registered Nurse Vacancies, Sickness & Turnover Rates

Month	Req	Occ	Ill	Turn	Net
Jan-25	1.00	1.00	0.00	0.00	1.00
Feb-25	1.00	1.00	0.00	0.00	1.00
Mar-25	1.00	1.00	0.00	0.00	1.00
Apr-25	1.00	1.00	0.00	0.00	1.00
May-25	1.00	1.00	0.00	0.00	1.00
Jun-25	1.00	1.00	0.00	0.00	1.00

Care Support Worker Vacancies, Sickness & Turnover Rates

Month	Req	Occ	Ill	Turn	Net
Jan-25	1.00	1.00	0.00	0.00	1.00
Feb-25	1.00	1.00	0.00	0.00	1.00
Mar-25	1.00	1.00	0.00	0.00	1.00
Apr-25	1.00	1.00	0.00	0.00	1.00
May-25	1.00	1.00	0.00	0.00	1.00
Jun-25	1.00	1.00	0.00	0.00	1.00

Planned vs Actual Staffing & CHPPD

Staff	Planned			Actual		
	Req	Occ	Ill	Req	Occ	Ill
RN	10	10	0	10	10	0
CSW	5	5	0	5	5	0
MD	0.6	0.6	0	0.6	0.6	0
NA	1.4	1.4	0	1.4	1.4	0

SNCT Raw Data

Byland SNCT Raw Data (30 + 1 Beds)

Bed Occupancy in Jan 2025: 30.22
 Bed Occupancy in June 2025: 30.09

Temporary Staffing Registered Nurses (Hours)

Month	Req	Occ	Ill	Turn	Net
Jan-25	1.00	1.00	0.00	0.00	1.00
Feb-25	1.00	1.00	0.00	0.00	1.00
Mar-25	1.00	1.00	0.00	0.00	1.00
Apr-25	1.00	1.00	0.00	0.00	1.00
May-25	1.00	1.00	0.00	0.00	1.00
Jun-25	1.00	1.00	0.00	0.00	1.00

Temporary Staffing Unregistered CSW's (Hours)

Month	Req	Occ	Ill	Turn	Net
Jan-25	1.00	1.00	0.00	0.00	1.00
Feb-25	1.00	1.00	0.00	0.00	1.00
Mar-25	1.00	1.00	0.00	0.00	1.00
Apr-25	1.00	1.00	0.00	0.00	1.00
May-25	1.00	1.00	0.00	0.00	1.00
Jun-25	1.00	1.00	0.00	0.00	1.00

Byland Activity for June 2025

	Total in data collection period	Average per day
Admissions	2	0.06
Discharges	49	1.63
Transfers In	67	2.23
Transfers Out	10	0.33
Deaths	7	0.23
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Falls	6
Hospital acquired pressure ulcers	3
Medication incidents	5
Staffing Datix	1
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Byland

Falls
 Total = 6 (No Harm).

Hospital Acquired Pressure Ulcers
 Total = 3 (Low Harm)

Medication Incidents
 Total = 5 (1 x Low Harm: Medication Unavailable, 4 x No Harm: 1 x Medication not Administered, 2 x Dispensing Error, 3 x Prescribing-Incorrect Medication or Dose, 4 x Medication not stored correctly).

Staffing Datix
 Total = 1 (Inadequate staff for workload (090625)).

Formal Complaints
 Nil.

Discussion and actions

- The outputs of the last SNCT data collection saw the increase in 1 CSW on a night shift.
- The SNCT outputs from June (data, quality metrics and professional judgement) indicate an accurate nursing establishment. No further changes required.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in June 2025.

Appendix 5

**Jervaux
Safer Nursing Care Tool (SNCT)
June 2025 Data Collection**

Matron: Jo Burns
 Ward Manager: Tammara Millward
 ADoN: Charly Gill

Jervaux; 30 Beds

Jervaux ward is a 30 bedded elderly care ward. There are four bays of six and six single rooms, three of which are en-suite.

The ward is an "L"-shaped ward. Along the entry corridor is the ward office, kitchen, linen room, staff room, and two single rooms out of sight of the main staff base and around the corner from the main ward area. At the bottom of the ward there is a treatment room where the new Omnicell medication machine is located and where all medication is prepared and stored appropriately.

The staff base is at the apex of the "L". Bay 1 and 2 are visible to the staff base as are the single rooms 2 and 3. None of the bays have patient bathroom facilities, shared facilities are located opposite each bay.

The ward is led by an experienced Ward Manager and Matron, there are also experienced Band 6 Ward Sisters.

Due to the high number of elderly care patients with dementia and delirium, the risk of falls, pressure ulcers and absconding patients is high. The ward requests a daily CSW to support with the enhanced care needs of patients.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 support workers, including band 7 management time and nutritional assistant support. This shift pattern includes the staffing for 30 inpatient beds.

	Early	Late	LD	Night
RN	1	1	4	4
CSW Band 2	1	1	3	4
MD	22.5 hours (0.6 WTE)			
Nutritional Assistant	45 hours (1.4 WTE)			

Skill Mix

Band	WTE
7	1.3
6	4.0
5	19.79
3	21.48
2	1.4
2	1.0

Registered Nurse Vacancies, Sickness & Turnover Rates

Registered Nurse Vacancies Rates

Department	Equipment	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Intermediate Care	Jervaux Ward	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Registered Nurse Sickness Rates

Department	Equipment	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Intermediate Care	Jervaux Ward	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Registered Nurse Turnover Rates

Department	Equipment	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Intermediate Care	Jervaux Ward	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Vacancies, Sickness & Turnover Rates

Care Support Worker Vacancies Rates

Department	Equipment	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Intermediate Care	Jervaux Ward	4.50%	-2.00%	-0.20%	-0.00%	2.00%	1.00%

Care Support Worker Sickness Rates

Department	Equipment	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Intermediate Care	Jervaux Ward	0.00%	2.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Turnover Rates

Department	Equipment	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Intermediate Care	Jervaux Ward	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Planned vs Actual Staffing & CHPPD

Ward	Planned				Actual			
	DB	OSW	DB	OSW	DB	OSW	DB	OSW
Jervaux	100%	100%	100%	100%	100%	100%	100%	100%

SNCT Raw Data

Jervaux Frailty (30 Beds)

Bed Occupancy in Jan 2025: 29.69
 Bed Occupancy in June 2025: 29.22

Temporary Staffing Registered Nurses (Hours)

Temporary Staffing Unregistered CSW's (Hours)

Jervaux Activity for June 2025

	Total in data collection period	Average per day
Admissions	1	0.03
Discharges	57	1.9
Transfers In	90	3
Transfers Out	18	0.06
Deaths	9	0.03
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Falls	6
Hospital acquired pressure ulcers	6
Medication incidents	0
Staffing Datix	1
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Jervaux

Falls
 Total = 6 (No Harm)

Hospital Acquired Pressure Ulcers
 Total = 6 (5 x Low Harm, 1 x Moderate Harm)

Medication Incidents
 Total = Nil

Staffing Datix
 Total = 1 (No Harm, Inadequate Staff for Workload, 160625)

Formal Complaints
 Total = Nil

Discussion and actions

- The outputs of the last SNCT data collection saw the increase in 1 CSW on a night shift.
- The SNCT outputs from June (data, quality metrics and professional judgement) indicate an accurate nursing establishment. No further changes required.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in June 2025

Appendix 6

Acute Frailty Unit (AFU) Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Rebecca Heselting
 Ward Manager: Sarah McDaniel
 ADoN: Charly Gill

Acute Frailty Unit (AFU)

AFU is an acute frailty admissions unit designed to be 18 bedded unit with 2 frailty to assessment beds.

AFU has 3x bays can have up to 4 patients in each but very tight due to size so keep 3 patients in 2x bays then 1x4 to keep numbers of patients at 18. The ward has 8 side rooms; used for infections patients and direct admissions.

The ward is long, with side rooms at lower end of ward out of direct view of the main ward. The ward also has 2x Frailty to assess beds for in essence day case patients that can be turned around following treatment or Physiotherapy input to prevent admission to hospital

However, since winter 2023/24 the ward has had to utilise escalation beds. AFU have had a total of 24 open beds (including the assessment beds). Therefore, additional staffing has been resources through temporary staffing.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 and 3 support workers, including band 7 management time and nutritional assistant support. This shift pattern includes the staffing for 18 inpatient beds and 2 frailty assessment beds.

	Early	Late	LD	Night
RN	1	1	3	3
CSW Band 2	0	1	2	2
CSW Band 3	1	0	0	0
MD	22.5 hours (0.6 WTE)			
Nutritional Assistant	45 hours (1.4 WTE)			

Skill Mix

Band	WTE
7	1.0
6	4.50
5	14.84
4	1.75
3	12.56
2	1.4
Nutritional Assistant	1.4
Ward Clerk	1.0

Registered Nurse Vacancies, Sickness & Turnover Rates

Department	Aug-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unbedded Care	19.20%	19.20%	19.20%	19.20%	19.20%	19.20%

Registered Nursing Sickness Rates

Department	Aug-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unbedded Care	3.17%	2.47%	3.55%	2.85%	3.87%	3.25%

Registered Nursing Turnover Rates

Department	Aug-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unbedded Care	18.16%	14.8484%	14.6828%	14.6274%	14.5720%	14.5166%

Care Support Worker Vacancies, Turnover & Sickness Rates

Department	Aug-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unbedded Care	6.62%	6.44%	6.26%	6.08%	5.90%	5.72%

Care Support Workers - Sickness

Department	Aug-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unbedded Care	1.12%	1.12%	1.12%	1.12%	1.12%	1.12%

Care Support Workers Turnover Rates

Department	Aug-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unbedded Care	7.71%	10.44%	8.27%	6.61%	6.20%	5.94%

Planned vs Actual Staffing & CHPPD

Ward	Planned	Actual	CHPPD
Acute Frailty Unit	18	18	0.00%

SNCT Raw Data

AFU SNCT Raw Data

Temporary Staffing Registered Nurses (Hours)

Hours	Full Hours	Bank	FTE % Bank	Agency	Agency	Total	Cost	Cost
AFU	698	659	94.3%	0	0.0%	659	94.3%	£25,940

Temporary Staffing Care Support Workers (Hours)

Hours	Full Hours	Bank	FTE % Bank	Agency	Agency	Total	Cost	Cost
AFU	547	541	95.4%	0	0.0%	541	95.4%	£12,088

Acute Frailty Unit Activity for June 2025

	Total in data collection period	Average per day
Admissions	214	7.13
Discharges	69	2.3
Transfers In	1	0.03
Transfers Out	86	2.86
Deaths	5	0.16
Ward Attenders	1	0.03

Quality Indicators

Falls	14
Hospital acquired pressure ulcers	5
Medication incidents	4
Staffing Datix	5
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Acute Frailty Unit

Falls
 Total = 14: 10 x No Harm, 2 x Low Harm, 1 x Moderate Harm, 1 x Severe Harm.

Hospital Acquired Pressure Ulcers
 5 x Low Harm.

Medication Incidents
 Total = 4: (All No Harm: 1 x Medication administered at incorrect time, 2 x Event causing staff concern, 1 x Medication prescribed when allergy box not completed).

Staffing Datix
 Total = 5: 2 x Communications Issue, 3 x Inadequate Staff for Workload.

Formal Complaints
 Nil.

Discussion and actions

- The SNCT outputs from June (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- There is ongoing review of the skill mix requirements on this Frailty admissions ward. This is to be picked back up at the next SNCT review meeting to determine if an increase in Band 6 workforce is required to provide 24/7 cover.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in June 2025

Appendix 7

Trinity Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Jo Burns
 Ward Manager: Julie Bates
 ADO: Charly Gill

Trinity: Rehab

Trinity Ward is a 19 bedded elderly rehabilitation ward with 2 palliative care beds included in this number. The ward is located within Ripon Community Hospital and is the only 24 hour facility at the Ripon site.

The layout of the ward consists 17 bedded male bay and a side room located in the male bay, a 1 bedded female bay and 1 side room located in the female bay. There is also a palliative care area containing 1 bed that can be male or female. Due to the historic nature of the building not all the beds are visible from the nurses station which is located at the entrance to the ward.

The ward also has a day room for patients which is also used as a meeting room for MDT and other meetings. There is also a garden for patient and staff use.

The ward is predominantly nurse led with medical cover provided by a consultant, ACP's and GPs. ACP's visit Monday and Friday morning and a fully consultant and an ACP visit on a Wednesday when the main MDT is held. 2 local GPs cover the ward and these visit Monday, Wednesday and Friday. The Ward manager also has a site co-ordinator role.

Enhanced care is generally managed within the existing numbers. Very mobile confused patients are excluded from Trinity due to the number of entrances and exits and the close proximity of the ward to the road.

Length of stay on the ward can be from 3 days to weeks depending on the individual patient needs. Patients who come to Trinity usually require a minimum of assistance of 2 people to mobilise. We are also involved in many complex discharge processes.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 support workers, including band 7 management time. This shift pattern includes the staffing for 19 inpatient beds.

	Early	Late	LD	Night
RN	1	1	2	2
CSW Band 2	1	0	2	2
RN	Additional Early RN every Wednesday (MDT)			
Management Time	22.5 hours (0.6 WTE)			

Skill Mix

Band	WTE
7	1.0
5	2.64
3	10.99
2	12.09
2 Nonclinical Assistant	0.87
2 Ward Clerk	1.92

Registered Nurse Vacancies, Sickness & Turnover Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Registered Nurse Vacancies	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
Sickness	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
Turnover	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%

Care Support Worker Vacancies, Sickness & Turnover Rates

Month	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25
Care Support Worker Vacancies	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
Sickness	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%
Turnover	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%

Planned vs Actual Staffing & CHPPD

Staffing Category	Planned	Actual	CHPPD
Registered Nurses	11.0%	11.0%	11.0%
Care Support Workers	11.0%	11.0%	11.0%
Management	11.0%	11.0%	11.0%

SNCT Raw Data

Trinity: Rehab (19 Beds) SNCT Raw Data

Bed Occupancy January 2025: 17.60
 Bed Occupancy June 2025: 16.30

Temporary Staffing Registered Nurses (Hours)

Temporary Staffing Unregistered CSWs (Hours)

Trinity Activity for June 2025

	Total in data collection period	Average per day
Admissions	1	0.03
Discharges	26	0.86
Transfers In	24	0.8
Transfers Out	0	0
Deaths	2	0.06
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Indicator	Count
Falls	11
Hospital acquired pressure ulcers	3
Medication incidents	0
Staffing Datix	2
Formal Complaints	1

Quality Indicators Detailed Breakdown

Ward: Trinity

Falls
Total = 11 (2 x Low Harm, 9 x No Harm)

Hospital Acquired Pressure Ulcers
Total = 3 (Low Harm)

Medication Incidents
Total = Nil

Staffing Datix
Total = 2 (No Harm: Inadequate staff for workload, 230625 & 300625)

Formal Complaints
Total = 1 (Complainant unhappy with the care his father has received - Acquired infection not present on admission / Medical staff).

Discussion and actions

- The SNCT outputs from June (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in June 2025

Appendix 9

Wensleydale
Safer Nursing Care Tool (SNCT)
June 2025 Data Collection

Matron: Rebecca Heseltine
 Ward Manager: Rachael Dealhoy
 ADoN: Charly Gill

Wensleydale: (Cardio-respiratory ward with MECU) 28 beds

Wensleydale is a 28 bedded acute cardiology and respiratory ward, incorporating an 8 bedded Coronary Care Unit and Medical Enhanced Care Unit.

The acuity is high due to this area with a high turnover of patients. The linear ward has recently been refurbished and incorporated digital technology for the nurse call system which enables all staff to identify who needs assistance at any time via hand held devices.

The ward has recruited a full time clinical educator to develop all staff training especially in CCU and MECU, also we are introducing of Nasal Highflow patients and increased medical needs.

The ward has 7 day ward clerk and nutritional support workers to enable clinical staff more time with patient care.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 support workers, including band 7 management time and Nutritional Assistant provision. This shift pattern includes the staffing for 28 inpatient beds.

	Early	Late	LD	Night
RN	1	1	2	3
CSW Band 2	1	1	2	3
Nutritional Assistant	1.4 WTE			
Management Time	0.6 WTE			

Skill Mix

Band	WTE
7	1
6	12.51
5	25.16
4	19.28
3	1.4
2	1.4

Registered Nurse Vacancies, Sickness & Turnover Rates

Department	Headcount	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unsubsidised Care	Wensleydale Ward	2,600	5,07%	5,07%	6,02%	7,12%	7,42%

Care Support Worker Vacancies, Sickness & Turnover Rates

Department	Headcount	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Long Term and Unsubsidised Care	Wensleydale Ward	11,026	11,026	12,206	11,026	11,026	10,216

Planned vs Actual Staffing & CHPPD

Ward	Planned				Actual				CHPPD			
	BN	CSW	BN	CSW	BN	CSW	BN	CSW	BN	CSW	BN	CSW
Wensleydale	100%	98%	100%	98%	100%	98%	100%	98%	100%	98%	100%	98%

SNCT Raw Data: June 2025

Bed Occupancy in January: 25.81
 Bed Occupancy in June: 24.92

Temporary Staffing Registered Nurses (Hours)

Temporary Staffing Unregistered CSW's (Hours)

Wensleydale Activity for June 2025

	Total in data collection period	Average per day
Admissions	188	4.6
Discharges	180	4.33
Transfers In	54	1.8
Transfers Out	35	1.16
Deaths	11	0.36
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Falls	3
Hospital acquired pressure ulcers	7
Medication incidents	5
Staffing Datix	0
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Wensleydale

Falls
 Total = 3 (No Harm)

Hospital Acquired Pressure Ulcers
 Total = 7 (1 x Moderate Harm, 6 x Low Harm)

Medication Incidents
 Total = 5 (All No Harm: 2 x Administration events involving IV medications, 1 x Administration event - medication unavailable, 1 x Prescribing - any event causing staff concern, 1 x Prescribing - incorrect medication / dose prescribed).

Staffing Datix
 Total = Nil

Formal Complaints
 Total = Nil

Discussion and actions

- The SNCT outputs from June (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT Tool. The next data collection will be in June 2025.

Appendix 10

Rowan Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Jonathan Slack
 Ward Manager: Jemma Waddington
 ADoN: Julie Walker

Description of Ward

Rowan is an Elective orthopaedic ward with 16 beds but has 20 physical bed spaces which we have created for the orthopaedic LLP Lists at weekend. If escalation beds these are used, a 3rd RN is required to ensure quality, safety and performance. Turn around of patients can be fast patients aim discharge 1-2 days post surgery. The quantity of admissions varies, from week to week, but from October, this activity will increase. There is a dedicated treatment room where patients return to be reviewed as ward attenders if they have wound problems and they are dealt with by the ward nurses and reviewed by Ortho Registrar.

Current Roster Template

The current staffing template for Rowan:

	Early	Late	Night
RN	2	2	1
CSW	2	1	2
MD	22.5 hours (0.6 WTE)		

Band	WTE
7	1.0
6	3.0
5	7.67
3	8.59
2 National Assistant	0
2 Ward Clerk	1.59

0.4 WTE Band 6 for SSIS

Registered Nurse Vacancies, Sickness & Turnover Rates

Registered Nurse Vacancies Rates	Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Personnel and Support Unit	Personnel	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Registered Nurse Sickness Rates	Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Personnel and Support Unit	Personnel	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Vacancies, Sickness & Turnover Rates

Care Support Worker Vacancies Rates	Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Personnel and Support Unit	Personnel	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Care Support Worker Sickness Rates	Department	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Personnel and Support Unit	Personnel	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Planned vs Actual Staffing & CHPPD

Band	Plan			Actual		
	Day	Night	CHPPD	Day	Night	CHPPD
Band 7	1.0	0.0	0.0	1.0	0.0	0.0
Band 6	3.0	0.0	0.0	3.0	0.0	0.0
Band 5	7.67	0.0	0.0	7.67	0.0	0.0
Band 3	8.59	0.0	0.0	8.59	0.0	0.0
2 National Assistant	0.0	0.0	0.0	0.0	0.0	0.0
2 Ward Clerk	1.59	0.0	0.0	1.59	0.0	0.0

SNCT Raw Data

Temporary Staffing Registered Nurses (Hours)

Temporary Staffing Care Support Workers (Hours)

Rowan Activity August – December 2024

Category	Total	Average
Admissions	111	1.31
Discharges	75	0.91
Transfers In	18	0.22
Transfers Out	42	0.51
Deaths	0	0.00
Ward Attendees	15	0.18

Category	Total	Average
Admissions	111	1.31
Discharges	67	0.81
Transfers In	15	0.18
Transfers Out	62	0.75
Deaths	0	0.00
Ward Attendees	13	0.16

Category	Total	Average
Admissions	123	1.48
Discharges	55	0.67
Transfers In	2	0.02
Transfers Out	69	0.84
Deaths	0	0.00
Ward Attendees	24	0.29

Rowan Activity January – June 2025

Category	Total	Average
Admissions	111	1.31
Discharges	75	0.91
Transfers In	18	0.22
Transfers Out	42	0.51
Deaths	0	0.00
Ward Attendees	15	0.18

Category	Total	Average
Admissions	111	1.31
Discharges	67	0.81
Transfers In	15	0.18
Transfers Out	62	0.75
Deaths	0	0.00
Ward Attendees	13	0.16

Category	Total	Average
Admissions	123	1.48
Discharges	55	0.67
Transfers In	2	0.02
Transfers Out	69	0.84
Deaths	0	0.00
Ward Attendees	24	0.29

Quality Indicators (See next slide for details)

Falls	1
Hospital acquired pressure ulcers	0
Medication incidents	1
Staffing Datax	0
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Rowan

Falls
 Total = 1 (No Harm)

Hospital Acquired Pressure Ulcers
 Total = Nil

Medication Incidents
 Total = 1 (No Harm. Dispensing - Any medication event causing staff concern).

Staffing Datax
 Total = Nil

Formal Complaints
 Total = Nil

Discussion and Actions

- The SNCT outputs (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- It was agreed that Rowan would not recruit in to the remaining 2 WTE care support worker positions until activity increases. However, the budget and staffing template would remain the same.
- Continue to collect continuous SNCT data, using the new levels of care SNCT tool. The next review of this data will be in March 2026.

Quality Indicators Detailed Breakdown

Ward: Rowan

Falls
 Total = 1 (No Harm)

Hospital Acquired Pressure Ulcers
 Total = Nil

Medication Incidents
 Total = 1 (No Harm. Dispensing - Any medication event causing staff concern).

Staffing Datax
 Total = Nil

Formal Complaints
 Total = Nil

Appendix 11

Fountains Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Jonathan Slack
 Ward Manager: Gemma Umpleby
 ADoN: Julie Walker

Description of Ward
 Fountains is a 28 bedded Trauma and Orthopaedics ward (Non elective).

Current Roster Template

The current staffing template for Fountains:

	Early	Late	Night
RN	5	5	4
CSW	4	5	3
Nutritional Assistant	7 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

3 CSW's on a Late Mon to Fri

Band	WTE
7	1.0
6	3.0
5	20.76
3 Patient Liaison	1.0
3 CSW	17.76
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Registered Nurse Vacancies, Sickness & Turnover Rates

Department	Month	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Permitted and Integral Care	Headcount	1,000	1,000	1,000	1,000	1,000	1,000
	Turnover Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Care Support Worker Vacancies, Sickness & Turnover Rates

Department	Month	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Permitted and Integral Care	Headcount	2,000	2,000	2,000	2,000	2,000	2,000
	Turnover Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Planned vs Actual Staffing & CHPPD

Ward	Planned			Actual			CHPPD			Overall
	RN	CSW	NP	RN	CSW	NP	RN	CSW	NP	
Fountains	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

SNCT Raw Data

Fountains SNCT Raw Data

Temporary Staffing Registered Nurses (Hours)

Temporary Staffing Care Support Workers (Hours)

Fountains Activity June 2025

	Total in data collection period	Average per day
Admissions	77	2.56
Discharges	42	1.4
Transfers In	21	0.7
Transfers Out	49	1.63
Deaths	2	0.06
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Falls	2
Hospital acquired pressure ulcers	4
Medication incidents	1
Staffing Datix	0
Formal Complaints	2

Quality Indicators Detailed Breakdown

Ward: Fountains

Falls
 Total = 2 (No Harm)

Hospital Acquired Pressure Ulcers
 Total = 4 (1 x Low Harm, 3 x No Harm)

Medication Incidents
 Total = 1 (No Harm, Pharmacy Discharge Letter)

Staffing Datix
 Total = Nil

Formal Complaints
 Total = 2 (1. Patient's daughter has raised concerns about her father's care on the ward, 2. Patient's wife has raised concerns about her husband's care in ED and on the ward).

Appendix 13

Bolton (was Littondale) Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Lesley Danby
 Ward Manager: Rachel Latimer
 ADO: Julie Walker

Bolton (was Littondale) 24 beds & 8 Assessment beds AND Escalation

Ward Description:
 Bolton Ward is a 24 bedded predominantly male ward. The Ward covers specialities including General Surgery, Urology and Gastroenterology. We have a high turnover and a high acuity. We have both elective and acute patients who can be admitted from GP, ED and Clinics.
 Within Bolton Ward there is a Surgical Assessment Unit where patients have been referred from the Emergency Department, GP for assessment and treatment.

Current Roster Template

The table below shows the breakdown of shifts required by registered nurses, band 2 and 3 support workers, including band 7 management time and nutritional assistant support. This shift pattern includes the staffing for the full 32 beds; 24 ward beds and 8 Surgical Assessment Beds.

	Early	Late	Night
RN	5	5	3
CSW	4	4	3
Nutritional Assistant	7 days 1.0 WTE		
MD	2.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	3.15
5	18.15
3 CSW	5.2
2	11.3
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Registered Nurse Vacancies, Sickness & Turnover Rates

Department	Apr-25	May-25	Jun-25	Apr-25	May-25	Jun-25
Planned and Surgical Care	3,300	3,400	3,200	4.2%	3.8%	3.8%

Care Support Worker Vacancies, Sickness & Turnover Rates

Department	Apr-25	May-25	Jun-25	Apr-25	May-25	Jun-25
Planned and Surgical Care	4,100	4,100	3,800	4.4%	4.4%	3.9%

Planned vs Actual Staffing & CHPPD

Dept	Plan				Actual				CHPPD
	RN	CSW	MD	CHPPD	RN	CSW	MD	CHPPD	
Bolton	15	12	1	0.2	15	12	1	0.2	0.0

SNCT Raw Data

Bolton (24 Beds) SNCT Raw Data

Bed occupancy in Jan 2025: **27.60**
 Bed occupancy in June 2025: **23.82**

Temporary Staffing Registered Nurses (Hours)

Month	Hours	Cost
Mar	142	62,340
Apr	122	54,000
May	176	78,240
Jun	122	54,000

Temporary Staffing Care Support Workers (Hours)

Month	Hours	Cost
Mar	252	12,600
Apr	228	11,400
May	238	11,900
Jun	228	11,400

Bolton (was Littondale) Activity for June 2025

	Total in data collection period	Average per day
Admissions	62	2.06
Discharges	80	2.66
Transfers In	85	2.83
Transfers Out	60	2
Deaths	6	0.2
Ward Attenders	0	0

Quality Indicators (See next slide for details)

Falls	4
Hospital acquired pressure ulcers	2
Medication incidents	2
Staffing Datix	1
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Bolton

Falls
 Total = 4 (No Harm)

Hospital Acquired Pressure Ulcers
 Total = 2 (No Harm)

Medication Incidents
 Total = 2: (1 x No Harm; Administration – Any medication event causing staff concern, 1 x Moderate Harm; Administration – Incorrect medication given on discharge).

Staffing Datix
 Total = 1 (Medical staff did not respond to ward).

Formal Complaints
 Nil.

Discussion and actions

- The SNCT data and triangulation supports the current funded nursing establishment and skill mix for the inpatient beds. The Surgical Assessment Unit, is starting to increase in activity. The Matron for this ward will collect activity data to review at the next SNCT review meeting. Additionally it was decided that The Bolton team will collect SNCT acuity and dependency data in November in addition to the standard bi annual SNCT data collection, due in March 2026.

Appendix 13

Nidderdale Safer Nursing Care Tool (SNCT) June 2025 Data Collection

Matron: Lesley Danby
 Ward Manager: Rachel Little
 ADO: Julie Walker

Nidderdale 30 Beds

Description of Ward

Nidderdale is a 30 bedded female, multi specialist surgical ward. We are a fast paced – high turnover ward, admitting from ED, SAU, GPs and clinics. We care for both elective and acutes and have a ward attender service for Gynae patients. We also have 8 gastro beds in which can have very complex needs.

Current Roster Template

The current staffing template for Nidderdale:

	Early	Late	Night
RN	5	5	4
CSW	3	3	3
Nutritional Assistant	7 days 1.0 WTE		
MD	22.5 hours (0.6 WTE)		

Budgeted Skill Mix

Band	WTE
7	1.0
6	4.0
5	19.79
3	0.0
2	16.28
2 Nutritional Assistant	1.0
2 Ward Clerk	1.0

Registered Nurse Vacancies, Sickness & Turnover Rates

Department	Period	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Perinatal and Surgical Care	Headcount	10,000	9,800	9,800	9,800	9,800	9,800
	Turnover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Care Support Worker Vacancies, Sickness & Turnover Rates

Department	Period	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Perinatal and Surgical Care	Headcount	2,870	2,870	2,870	2,870	2,870	2,870
	Turnover	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Planned vs Actual Staffing & CHPPD

Staff	Planned	Actual	CHPPD	Planned	Actual	CHPPD
Acute Paediatric Unit	100	100	100	100	100	100
Acute Medical Unit	100	100	100	100	100	100
Acute Surgical Unit	100	100	100	100	100	100
Community Mental Health	100	100	100	100	100	100
Emergency	100	100	100	100	100	100
General Practice	100	100	100	100	100	100
Geriatrics	100	100	100	100	100	100
Intensive Care	100	100	100	100	100	100
Maternity	100	100	100	100	100	100
Neurology	100	100	100	100	100	100
Paediatrics	100	100	100	100	100	100
Perinatal and Surgical Care	100	100	100	100	100	100
Psychiatry	100	100	100	100	100	100
Specialist Care Units	100	100	100	100	100	100
Therapeutic Communities	100	100	100	100	100	100
Ward	100	100	100	100	100	100
Total	1000	1000	1000	1000	1000	1000

SNCT Raw Data

Nidderdale SNCT Raw Data

Temporary Staffing Registered Nurses (Hours)

Temporary Staffing Care Support Workers (Hours)

Nidderdale Activity June 2025

	Total in data collection period	Average per day
Admissions	123	4.1
Discharges	129	4.3
Transfers In	116	3.86
Transfers Out	99	4.3
Deaths	5	0.16
Ward Attenders	39	1.3

Quality Indicators (See next slide for details)

Falls	5
Hospital acquired pressure ulcers	1
Medication incidents	1
Staffing Datix	0
Formal Complaints	0

Quality Indicators Detailed Breakdown

Ward: Nidderdale

Falls

Total = 5 (4 x Low Harm, 1 x No Harm)

Hospital Acquired Pressure Ulcers

Total = 1 (Low Harm)

Medication Incidents

Total = 1 (No Harm - Event involving IV Medications)

Staffing Datix

Total = Nil

Formal Complaints

Total = Nil

Discussion and Actions

- The SNCT outputs from June (data, quality metrics and professional judgement) indicate an accurate nursing establishment.
- Continue to collect twice yearly SNCT data, using the new levels of care SNCT tool. The next data collection will be in June 2025.

Appendix 14

Data Pack for ED SNCT June 2025

Matron: Amy Carr
 Department Managers: Elvira Obrinja and Rachael Worton

Dates of SNCT data collections:
 May 2025

Description of ED

- The Emergency Department (ED) is open 24 hours a day, 7 days a week delivering unscheduled care for acutely ill/injured adults and children.
- The department consists of two areas (ED1 and ED2).
- ED1 manages those patients presenting with major medical conditions, ED2 manages patients presenting with Minor illness and injuries.

ED1 consists of:

- 15 Majors Cubicles
- 3 X Resus Bays
- 3 X YAS RIAT Bays (Ambulance off load area)
- Relatives room – often used for mental health patients
- Fit 2 Sit – up to 8 Patient capacity
- Triage Room
- Streaming Room

Description of ED

- ED2 Consists of:
 - 3 Minors Cubicles
 - 5 Majors Cubicles
 - 1 Mental Health Assessment room.

Management structure: The ED is led by a Triumvirate leadership structure consisting of a Clinical Lead, Service Manager and Matron. The matron is supported by 2 WTE Band 7 Lead Nurses (managerial roles). The Lead Nurses take on the management and supporting role of 64 WTE nursing staff (from Band 7 – Band 2)

Description of ED

- All patients must be assessed within 15 minutes of arrival.
- Minors - The Emergency Nurse Practitioner (ENP) / Urgent Care Practitioner (UCP) are based in ED2 and when 3 are available per shift (00:00-22:00) patients with minor injuries and illnesses are streamed directly to ED2 for them to see.
- Flow Coordinators (non-clinical) work closely with the Nurse in charge to support patient flow through and out of the department.
- Mental health patients can be referred directly to the mental health liaison team, but will remain in the department for the duration of assessment. There has been a significant increase in the number and complexity of mental health patients in the department, specifically since the closure of the Section 136 suite in Harrogate. There is a MIND wellbeing support worker which has been funded as part of a MIND pilot project. Currently in place until September 2024.
- The NIC will consider staff experience, skill and competence when allocating staff to work areas, considering skill mix, workload, clinical priorities and patient experience. The NIC is responsible for overseeing the team of Registered Nurses (RN), and Care Support Workers (CSW), ED reception clerks, patient flow in and out of the department (supported by a non-clinical patient flow coordinator and ED senior doctor (SPC)), and having an overview of patient acuity within the department. The NIC works closely with the EPIC and can escalate any concerns regarding prioritisation of patients to be seen. The NIC of each shift allocates staff to patient care areas on a shift basis.
 - Streaming
 - Triage
 - Resuscitation room (2 enclosed cubicles and 1 curtained cubicle)
 - Cubicle areas 1-15 & ED2
 - Fit 2 Sit
 - YAS Rapid Initial Assessment Treatment

Current Roster Template

	Early	Late	LD	Night	Twilight
RN	3	3	7	10	0
CSW	2	2	1	3	0
Management Days	45 hours a week (1.2WTE)				
Practice Education	67.5 hours a week (1.8 WTE)				

Proposed Roster Template; changed as per 28/07/25

	Early	Late	LD	Night	Twilight
RN	3	3	6	10	1
CSW	2	2	1	3	0
Management Days	45 hours a week (1.2WTE)				
Practice Education	67.5 hours a week (1.8 WTE)				

Current Workforce

Band	Budgeted	In Post	Vacancies
Band 7 Manager	2.0	2.0	0
Band 7 Clinical	5.35	5.35	0
Band 6 Clinical	12.4	11.88	0.52
Band 6 Practice Educator	1.8	1.8	0
Band 5	34.35	33.5	1.3
Band 3	16	11	1 (4 due to start)

ED SNCT Data over time compared to current budgeted WTE

ED SNCT Data compared to Budgeted WTE

ED attendances by Month

23/24 Total Attendances 57532
 24/25 total attendances 59638

ATTENDANCE TYPE 1 - HED

ED Attendances by Year

ED Attendance

ED Predicted Attendances

Predicted attendances with 2, 4 & 7% growth

4 Hour Performance Data

Type 1 only

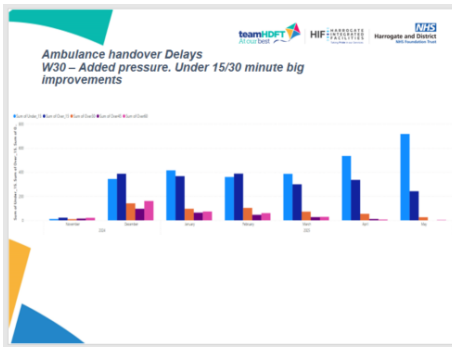
Monthly Perf 24/25

Month	Perf
May 2024	79.60
Jun 2024	79.27
Jul 2024	79.70
Aug 2024	74.22
Sep 2024	79.12
Oct 2024	75.93
Nov 2024	72.28
Dec 2024	68.89
Jan 2025	66.76
Feb 2025	72.25
Mar 2025	73.63

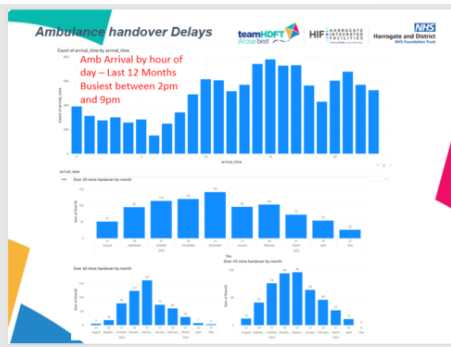
Performance Data: 12 Hour DTA/Stay

Count of 12 hour arrival breach by month

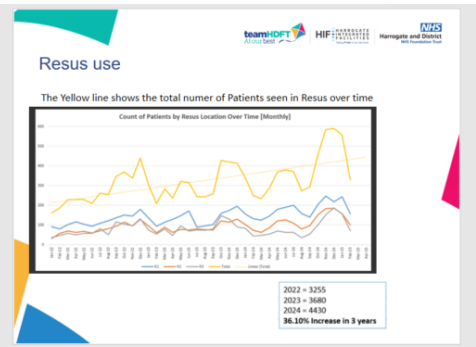
Count of 12 hour DTA breach by month



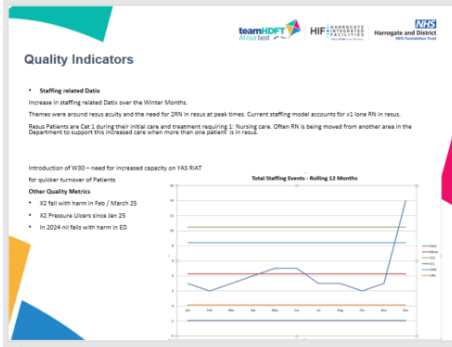
13



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Quality Indicators

Number	Themes
Complaints between August 2024 and January 2025	
Complaints	
Staff feedback:	

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Workforce KPI – Mandatory training and appraisals

- Data for ED staff (excluding doctors)
- Appraisals Compliance

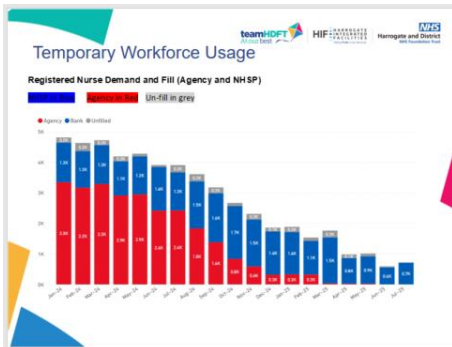
Care Group	Department	Assignments Appraisal	Assignment Count	Percentage Completed
Care Group Emergency Medicine	Emergency Department		75	64
Care Group Emergency Medicine	Emergency Department - UCPCs		16	100%
Total				

- Mandatory Training Compliance

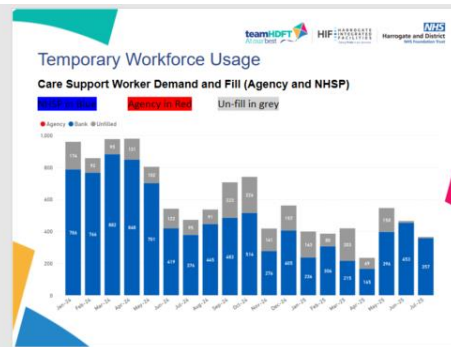
Department	Percentage Compliant
Emergency Department	85%
Emergency Department - UCPCs	86%

Turnover rate of staff is:
 Sickness is:

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Team Overview

What's going well?	What's not going well/risks?	What do you need support with?
<ul style="list-style-type: none"> 2 x Lead Nurse in Post A further 5 B5 Clinical Band 7's Training days and courses and internal skills training - RCN competency framework 2 x NHS external band 8s joined the team Band 9's practice with final/lead subjects (resus training, sickness monitoring, SALS, diabetes) Development of ENP/UCPCs Time to initial assessment meeting 15 minute target regularly CPD safety huddles Improvement huddles Moving RN documentation to Webv Falls reduction (30 days fall free) Pressure Ulcer present on arrival documentation Paediatric safeguarding engagement with teams, referrals, training - Band 7 Paeds Lead in post Recruitment - 9 Newly qualified nurses recruited Ext band 7 recruited Ext band 6 recruited 3 x Band 5 recruited On going recruitment (retention improving) 	<ul style="list-style-type: none"> Ensuring staff can attend study days Mandatory training compliance - monitor the support and paediatric intermediate life support and resus training Rat of 0% and dates Burn out Environment issues: temperature, noise Mixed breaks (especially night shifts) Recent high usage of agency Performance (12hrs OTR, 4hrs to discharge) 	<ul style="list-style-type: none"> Establishment to match adequate shift pattern Supporting mental health patients 1:1 Security arrangements – In house security Changes in access to police support for well-being checks (right care, right person) In house porter Agreed pathways for streaming destinations Recruitment of experienced RN's (skill mix, including children nurses) Training record issues and booking issues for mandatory training Location of Resus Room

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Agreed actions from review

The SNCT data and triangulation supports the current funded nursing establishment and skill mix.

The change in shift patterns that were made since the last SNCT data collection need further data and review to provide assurance that optimal use of the workforce establishment is being used. Therefore it has been agreed that ED will collect an additional 12 days data in preparation for the next SNCT review meeting.

It was discussed that the Matron would organise to shadow one of the CSW's to review if support staff could work differently to improve efficiency. Additionally the Matron should link with other organisations to see how they manage pressures within the CSW workforce. Are we assigning appropriate tasks to the CSW's?

ED should continue to ensure effective rostering to meet the Key Performance Indicators and workforce model outlined in the Business Case.

Farmdale will be going to Littondale; an increase of 9 beds. This should make the situation more manageable in ED, especially over the coming winter.

Continue to keep on top of recruitment to vacancies.

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Woodlands Activity for June 2025

	Total in data collection period	Average per day
Admissions	238	7.93
Discharges	251	8.36
Transfers In	9	0.3
Transfers Out	0	0
Deaths	0	0
Ward Attenders	45	1.5

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Quality Indicators (See next slide for details)

Falls	0
Hospital acquired pressure ulcers	1
Medication incidents	2
Staffing Datix	0
Formal Complaints	0

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Quality Indicators Detailed Breakdown

Ward: Woodlands
Falls
Total = Nil
Hospital Acquired Pressure Ulcers
Total = 1 (Low Harm, Device related)
Medication Incidents
Total = 2 (No Harm: 1: Event involving IV medication. 2: Dispensing - Any medication event causing staff concern)
Staffing Datix
Total = Nil
Formal Complaints
Total = Nil

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Discussion and agreed actions from review

16 beds. CAU data not included and the budget aligned to winter / summer, although roster is the same all year.

Significant variance in August temporary staffing / agency.
 Nita is auditing this, 2-3 - 6 WTE limited each month, due to sickness, maternity leave, and staff in capability measures.
 Woodlands is currently over recruited by 1.49 RNs.

Nerve Centre will enable separate reporting of Ward & CAU admissions data, but could be up to 6 months away. This is needed to understand the level of reliance on CAU.

CAU - need to increase medical staffing - a paper is in progress.

ADoM not assured that we currently have correct staffing. However, the SNCT data repeatedly shows an under utilised bed occupancy, which allows for staffing the CAU demand. Daily staffing concerns are escalated as per safer staffing policy. In addition the ward is also over recruited to targeted vacancies.

Not assured regarding the quality of the June SNCT data collected as not peer reviewed. Matron for the area is now aware that this needs to be done for future SNCT data collections.

Roster template doesn't include surgical staffing.

Matron to send a template to Finance colleagues (Robb), which contains details of the exact staffing requirements, including management Time and Practice & Educator time (2.5 hours / week).

Efforts off the ward are not accurately recorded, so unable to objectively review/add professional judgement. There's a lack of visibility around the data.

The amount of management hours are not budgeted in the current workforce model and therefore a large cost pressure to the Directorate.

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