COMMUNITY NURSING SAFER STAFFING REPORT MARCH 2026

Date of CNSST data collection: 02/03/2026-16/03/2026

Adult Community Nursing Teams, Community Nursing Safer Staffing Tool (CNSST) Bi-annual Safer Staffing Review.

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Purpose

This report provides assurance regarding Adult Community Nursing workforce establishments following completion of the March 2026 Community Nursing Safer Staffing Tool (CNSST) review. The report demonstrates compliance with NHS England Developing Workforce Safeguards and National Quality Board expectations through triangulation of evidence-based staffing recommendations, professional judgement, quality indicators, workforce metrics and operational intelligence.

Community Nursing Safer Staffing Tool (CNSST) Background

The Community Nursing Safer Staffing Tool (CNSST) is NHS England's evidence-based workforce planning methodology for community nursing services. It supports organisations to determine safe and sustainable workforce establishments by assessing patient demand, acuity and dependency alongside workforce capacity.

The CNSST is aligned to NHS England's Developing Workforce Safeguards and the National Quality Board (NQB) guidance Supporting NHS Providers to Deliver the Right Staff, with the Right Skills, in the Right Place at the Right Time. It supports providers in meeting the national expectation for six-monthly Board assurance and annual workforce establishment reviews.

The tool compares funded, actual and recommended staffing establishments and provides an objective assessment of workforce requirements. However, in line with national guidance, CNSST outputs are not used in isolation. Workforce recommendations are triangulated with professional judgement, patient quality indicators, workforce metrics, operational intelligence and local service configuration before any establishment changes are considered.

This six-monthly review forms part of Harrogate and District NHS Foundation Trust's safer staffing governance framework, providing assurance that community nursing workforce establishments remain safe, evidence-based and responsive to changes in patient need.

Consistent with Developing Workforce Safeguards and National Quality Board expectations, the CNSST findings were reviewed alongside:

- Patient outcomes – including falls, pressure ulcers, infections, complaints and clinical outcomes.
- Patient and staff experience – including Friends and Family Test, patient feedback and workforce experience.
- Workforce indicators – including vacancies, turnover, sickness absence, temporary staffing utilisation and retention.
- Operational intelligence – including caseload complexity, geography, travel time, deferred care and service demand.

- Professional judgement – provided by community nursing leaders to ensure local operational factors are fully considered.

This triangulated approach provides assurance that workforce decisions are informed by a broad range of quality, safety and operational evidence rather than relying solely on the numerical outputs of the CNSST.

Developing workforce safeguards

This document provides a comprehensive set of guidelines on workforce planning and includes recommendations on reporting and governance approaches. It also shares best practice on workforce decision-making, including stronger board engagement. NHS providers are assessed against their compliance with the recommendations in this guidance to support a consistent approach to workforce decision-making.

- Developing workforce safeguards
- Developing workforce safeguards – appendices

Principles of Safe Staffing

NHS Improvement (2018). Developing Workforce Safeguards. *Supporting providers to deliver high quality care through safe and effective staffing. London. NHSI*

National Quality Board guidance on safe staffing

This guidance sets out the National Quality Board's expectations for nursing and midwifery staffing to help NHS provider boards make local decisions that will deliver high-quality care for patients within the available staffing resource.

- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: safe, sustainable and productive staffing – July 2016

This guidance should also be referred to when using our setting-specific safe staffing improvement resources.

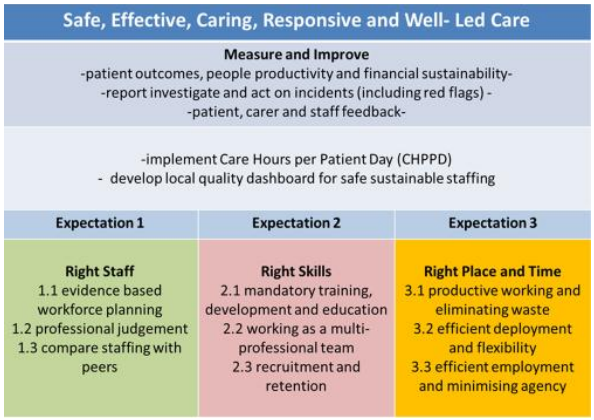
NQB's guidance states that providers:

• must deploy sufficient suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.

• should have a systematic approach to determining the number of staff and range of skills required to meet the needs of people using the service and keep them safe at all times.

• must use an approach that reflects current legislation and guidance where it is available.

Meeting NQB's expectations helps providers comply with CQC's fundamental standards on staffing – for example, in the well-led framework and related legislation.



HDFT Community Care Teams (CCT) CNSST Methodology

The March 2026 CNSST review was undertaken across all Community Nursing teams using the licensed NHS England methodology. Data collection was supported by trained clinical staff and subjected to validation processes to ensure reliability. The CNSST outputs were triangulated through professional judgement, workforce metrics, quality indicators and operational intelligence before review by senior nursing leadership.

CNSST Community Care Teams Data

Adult Community Services District Nursing teams cover four localities: Harrogate North, Harrogate South, Knaresborough and Ripon working across a large geographical area. The majority of patients are housebound and are seen either in their own homes or in residential care settings. Harrogate North also provides clinic appointments for patients who are not housebound. A catheter and PICC clinic runs three times a week at Knaresborough Road Health Centre, supporting patients from all four teams. Current patient caseloads load figures: Harrogate North: 293, Harrogate South: 301, Ripon: 273 and Knaresborough: 291.

This dataset, taken over a two week period in March 2026, compares each team's funded establishment, current workforce in post and CNSST recommended levels.

Knaresborough CCT:

Team Name:	Knaresborough CCT		
Date:	01/03/2026		
Team Leader:	Gail Beaumont		
Role	*Funded Staffing WTE*	*Inpost staffing WTE*	*CNSST WTE*
Registered	14.8	15	19.2
Unregistered	10	10.2	6.2
Total	24.8	25.2	25.4

Harrogate North CCT:

Team Name:	Harrogate North		
Date:	01/03/2026		
Team Leader:	Gillian Robinson		
Role	*Funded Staffing WTE*	*Inpost staffing WTE*	*CNSST WTE*
Registered	14.44	11.3	15.65
Unregistered	7	5.8	4.79
Total	21.44	17.1	20.44

Ripon CCT:

Team Name:	Ripon CCT		
Date:	01/03/2026		
Team Leader:	Emma Harvey		
Role	*Funded Staffing WTE*	*Inpost staffing WTE*	*CNSST WTE*
Registered	11.86	11.55	14.66
Unregistered	7.96	7.48	4.56
Total	19.82	19.03	19.22

Harrogate South CCT:

Team Name:	South CCT		
Date:	01/03/2026		
Team Leader:	Cath Wesbroom		
Role	*Funded Staffing WTE*	*Inpost staffing WTE*	*CNSST WTE*
Registered	14.16	12.79	14.13
Unregistered	6.8	4.8	4.54
Total	20.96	17.59	18.67

Summary

The March 2026 Community Nursing Safer Staffing Tool (CNSST) review demonstrates that the current District Nursing workforce continues to support the delivery of safe and effective care. While the CNSST identifies opportunities to optimise the workforce through an increase of 8.38 WTE Registered Nurses and a corresponding reduction of 11.67 WTE unregistered

staff (a net reduction of 3.29 WTE), these recommendations have been considered alongside professional judgement, quality indicators and local operational factors.

The CNSST recommends a workforce skill mix of 75% Registered Nurses. The current District Nursing skill mix is 65.19%, indicating that future workforce planning should continue to strengthen registered nursing capacity. However, the review group concluded that the recommended reduction in unregistered staff is not appropriate at this time, as it would increase operational risk within a service supporting a high proportion of patients requiring routine interventions across a large, predominantly rural geographical area, where travel time and productivity have a significant impact on workforce demand.

This position is supported by CNSST benchmarking data, which demonstrates that Category 1 (routine, non-complex) patients account for 39.3% of the Trust's community caseload compared with the national benchmark of 19.3%, reinforcing the continued requirement for a balanced registered and unregistered workforce.

Despite workforce pressures during the review period, including the deferral of some patient visits, triangulation with quality and workforce indicators provides assurance that patient care has remained safe and effective. Clinical quality measures remained positive, with consistently strong audit (captured via Tendable) performance, low levels of reported harm, positive clinical outcomes and no formal complaints attributable to staffing levels.

Recommendations

Following a workforce review held on 22nd of May 2026 with the Executive Director of Nursing, Midwifery and AHPs, Matron, Locality Managers and District Nursing teams, it was agreed that no establishment changes would be made at this time due to the wider Community Services Review taking place this year. The triangulated review demonstrates that the current funded nursing establishments across all community nursing services remain evidence-based, appropriate to patient acuity, dependency and service demand, and continue to support the delivery of safe, effective and high-quality patient care.

It was agreed that Knaresborough and Ripon teams would be supported to skill mix unregistered workforce hours into Registered Nurse hours when vacancies arise, as required. An Equality Impact Assessment (EQIA) will be submitted to support this proposal.

To strengthen the reliability and validity of future CNSST data, all waiting lists will be incorporated into the District Nursing daily caseload. This will ensure that any deferred care is accurately captured across all teams.

While the service review is ongoing, work is underway to improve service delivery. This includes the development of self-care initiatives, deferred care, care undone reporting and improvements to roster governance. In addition, the Matron is sourcing a pool car for

Knaresborough CCT to support the challenges associated with high mileage and a large geographical patch.

Prior to the next planned CNSST further work is required to review headroom allocation, review and standardise maternity leave allowance percentage and the introduction of daily fill rate reporting is to be coordinated by the Matron.