

East Suffolk and
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NHS Foundation Trust

Nursing & Midwifery Acuity Review – 6 Month Update

September 2025



Purpose and Introduction

This presentation provides a 6 month update to the Board of Directors following the last establishment and skill mix review, undertaken during the period of September to November 2024, for Nursing and Midwifery staffing.

"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."*

(NHSI 2018)

NHS organisations have a responsibility to undertake an annual comprehensive nursing and midwifery skill mix review, to ensure that there are safe and appropriate staffing levels and skill mix to provide assurance to the Board and our stakeholders that the organisation is safe and to provide high quality care.

The annual establishment review should be "followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate" (NQB 2018).

This finalised report will be approved by the Chief Nurse and Director of Finance. It will also be taken to the People and Organisational Development Team and Executive Management Committee prior to Trust Board.



Background & National Context

- This Acuity review was underpinned by the National Quality Board (2018) guidelines, using a triangulated approach combining relevant evidence-based tools and data available, patient outcomes and professional judgement. It was also informed by NICE guidelines on safe and sustainable staffing for nursing in adult inpatient care in acute wards (2014)
- In line with NQB (2018) guidance, patient outcome data (previously known as Nursing Sensitive Indicators) was reviewed. Including national red flags raised on Safecare, falls, pressure ulcers, infection control breaches and complaints. In addition to this, the staffing data reviewed included; vacancies, skill mix, % annual leave and sickness.
- In line with NHS England Guidelines, in addition to the Emergency Department and Community Safer Nursing Care Tools previously used, Adult Inpatient Ward/Acute Assessment Unit SNCT and Children & Young People Tools are now used to audit Bi-Annually (at a minimum) and generate a recommended Whole Time Equivalent and inform future establishment setting. This will also ensure correct skill mix. Maternity continue to use Birthrate Plus.
- Safecare (RL Datix) software continues to support daily staffing mitigation and supports the Quality Matron for each day in making informed staffing decisions. Consideration is given to templates, Nursing staff to patient ratios and 'Hours owed' reflecting a nursing hour shortfall in relation to patient acuity.



Headline Summary



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Update from 2024 Full review

Progress against recommendations and actions set in the 2024/25 annual Acuity review is positive, with Most actions and recommendations being met. See detail on following slides.
Updates have been provided for exceptions only.

Summary

Each Division has reviewed their Nursing and Midwifery Establishment against the issues and recommendations set out in 24/25 review. Any risks or concerns have also been set out alongside next steps and actions.

Some key challenges relate to MACNEE division at the Colchester hospital site, as noted in the divisional report these include Older Peoples wards where there is higher vacancy and a skill mix which requires enhancing (band 6 24/7 and progression to a higher RN skill mix. The ED SNCT data also indicates that ED staffing requires enhancement (currently mitigated with SVP funding). Surgery have also noted further work taking place to establish the activity and workforce requirements for the CCU's. Use of escalation/corridor care continues to impact available staff and drive bank use at both acute sites; however Colchester is impacted more with circa 31.14 WTE required to maintain all areas open.

CHPPD (Care Hours per Patient Day)

ESNEFT continue to fall below the National average (See Appendix One). Note ESNEFT benchmarks low, this will need to be considered and triangulated with other data sets including SNCT in the annual review.

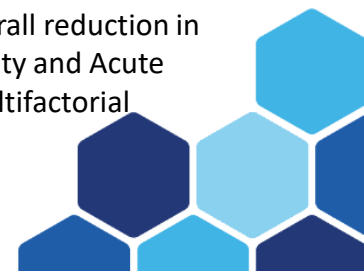
EPIC

At the time of writing this report, EPIC training is underway. The release of staff for essential training has significantly impacted available staffing in July and August, this is reflected in re-deployment figures and temporary staff usage (See Appendix Four).

Overall patient outcome trends

CQC inspection at Colchester hospital reflects challenges with available workforce across medicine, OPS and ED. An improvement notice was issued for medicine & OPS relating to workforce availability.

The IPSE (Integrated Patient Safety & Experience Report – Appendix Three) for July 2025 there has been an overall reduction in hospital acquired pressure damage, but an increase in Community developed pressure damage. Both Community and Acute Hospitals show an overall reduction of falls. IPC, since April C Diff and CPE outbreaks, deteriorated position, multifactorial however lower available RN hours will impact. (See Appendix *)



Care Quality Improvement



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At ESNEFT, priority is given to improvement projects focusing on providing great care and improving patient outcomes. Appropriate workforce, the right staff with the right skills in the right place is a critical enabler.

Accrediting Care at ESNEFT (ACE)

Nursing, AHP, midwifery and care staff, as part of their everyday practice, identify opportunities for transformational change. Change that supports delivery of better outcomes and experiences of those using our services. Nurses and midwives lead innovative, new ways of working and embrace evidenced-based care which, continues to benefit those they care for and work with. Care Accreditation provides us with the tools to undertake a comprehensive assessment of quality of care at ward, unit and team levels. It does this by bringing together key measures into a single, overarching framework, from across nursing and clinical care, as relevant to us and to our patients. Experience shows accreditation programmes can drive continuous improvement in patient outcomes, as well as increase patient satisfaction and staff experience at ward and department level. Clinical areas included are predominantly performing at Bronze level, with Shotley, Debenham and Somersham Wards achieving Silver.

The Fundamentals of Care

The Fundamentals of Care Board launched in July and as part of this, work streams are in place to lead improvements across the wards, starting with MACNEES. The work streams report into the Fundamentals of Care Board.

The work streams are:

- **Workforce Planning, Staff Experience and Leadership Development**
- Patient Environment
- Mental and Complex Health, patient safety, experience and Safeguarding
- Essential Care
- Patient Journey (Admission, Assessment, Communication, Discharge and Advocacy)



Update - 2024 Recommendations

Recommendation/Action	Current Position
<p>Safer Nursing Care Tool Audits (SNCT) – In line with the NQB and NHSE guidelines Adult Inpatient Wards and Children's wards are to complete two x 30 days audits prior to the next acuity review to accurately provide a recommended WTE for future establishment setting.</p>	<p>Of 53 Wards required to complete their SNCT audits, 50 have sufficient senior staff trained and competent to run the audits in line with NHSE guidance and 36 have completed at least one data set. The 3 outliers are Somersham Ward, Tiptree Ward and Hadleigh Ward, all have been followed up for compliance.</p>
<p>Safecare training – Adult Inpatient ward leaders to continue to facilitate the attendance of all staff involved in the use of Safecare, to maximise accuracy of recording, appropriately inform decision making in daily staffing mitigation and encourage appropriate use of red flags.</p>	<p>Safecare training continues to be offered, however current attendance is lower, this was anticipated during the roll out of EPIC training. It was felt important to ensure ongoing access to training.</p>
<p>ESNEFT Acuity Review Framework to be written by Lead Nurse for Safer Staffing and approved by Chief Nurse, to clarify expectations of all involved and articulate the recommended guidance used to inform the process.</p>	<p>The Acuity Review Framework is currently under development. This document is intended to have met approval by the appropriate governance by the end of November 2025.</p>
<p>Introduction of the new Adult Inpatient Ward/Acute Assessment unit SNCT decision matrix to Safecare, incorporating the use of Level 1c (1:1) and 1d (2:1) in order to accurately record and inform daily staffing mitigation.</p>	<p>Licence purchased, and the up-to-date Adult Inpatient Ward SNCT matrix went live on 4th August 2025 in Safecare. This saw the removal of the 1:1 task and more accurate recording of patients requiring Enhanced Therapeutic Observations (ETOC) with the levels 1c and 1d available for selection.</p>
<p>The Divisions are to drive importance of effective capture of red flags to inform decisions on safety.</p>	<p>Red flag reporting peaked following the Acuity review meetings in September/October 2024. There has since been a decline in reporting. (See Appendix Four) It is currently not a reliable indicator but can support triangulation.</p>

Update - 2024 Recommendations

Recommendation/Action	Current Position
Trust-wide approach to review and consider best options for addition of Nursing Associate band 4 roles into skill mix	As part of the work being undertaken a key priority is to define and embed the NA role so that it is understood and utilised to the top of their registration enabling them to be effectively deployed within skill mixes across the Trust. To achieve this, the NA development Group has launched a full governance review and alignment process to ensure that all policies and competencies reflect the NA scope of practice, in line with the NMC Code and Nursing Platforms. This work covers our acute and community wards and teams.
The Divisions are to drive recruitment to template.	The majority of RN vacancies have been filled since 2024 full review (See Appendix* for current vacancies vs establishments) See Divisional highlight summaries below for high level narrative.
Trust-wide review of staff redeployment and focused work on areas that regularly require support from other wards.	For the purpose of this Mid-Point review, data has been pulled to demonstrate wards requiring the most support via redeployment. (See Appendix*)
Decisions required on additional capacity (E.G, Gt Tey Ward, Waldringfield Ward via SVP group)	Great Tey Ward – Permanently established in May 2025 as a Nurse led Frailty Ward under MACNEE Division. Waldringfield Ward – Permanently established in May 2025 as a 7 day short stay ward under MACIES Division.



Update - 2024 Recommendations

Recommendation/Action	Current Position
<p>Workforce projects to continue in order to improve daily staffing, re-deployment, sickness/retention challenges and long term pipeline issues. (i.e., Bures Ward Project, Team Rostering Project and NA Project)</p>	<ul style="list-style-type: none"> • Team rostering - an initiative that allows staff to take responsibility for managing their own shifts, while considering the flexibility both they and the team require. Early indications are of a reduction in bank spend and voluntary turnover, improved skill mix out of hours and a positive impact on staff morale and work life balance. In addition, when asked at 9 months, managers are finding between 1-3 hours of their time is being released and they would recommend Team Rostering to other managers. 41 Clinical areas are now using Team rostering across 9 cohorts (see appendix six). • The Nursing Associate research project has highlighted inconsistencies in how the role was being utilised across the Trust and low morale within the cohort in some areas. The NA Development group has launched and has taken a multi-pronged approach to strengthen and embed the role across the Trust. Directly addressing concerns raised by NAs themselves, supporting wellbeing, reducing sickness, and improving retention. By ensuring the role is clearly defined and consistently understood, NAs can be effectively deployed within daily staffing and redeployment plans, contributing to safer skill mixes and better patient flow. In the longer term, raising the profile of the profession and aligning with national workforce priorities around apprenticeships also supports pipeline development, providing clear progression from HCA → NA → RN.



Update - 2024 Recommendations

Workforce projects to continue in order to improve daily staffing, re-deployment, sickness/retention challenges and long term pipeline issues. (i.e., Bures Ward Project, Team Rostering Project and NA Project)

The Bures ward pilot was developed initially to support provision of appropriate care staff to support patients with enhanced care needs

The project focussed on reducing the significant use of external security contractors to support vulnerable patients requiring one to one supervision and care, to a model in providing Enhanced Therapeutic Observations & Care (ETOC) in line with NICE guidelines. The 12 month pilot covering adult inpatient wards at Colchester hospital was also supported and endorsed by the ICB and NHSE. This peripatetic team went "live" in April 2025, with 6.5 WTE RNs supporting daily staffing gaps and 20.63 WTE HCSW supporting patients with mental health, learning disability and dementia conditions who are at risk of harming either themselves or others.

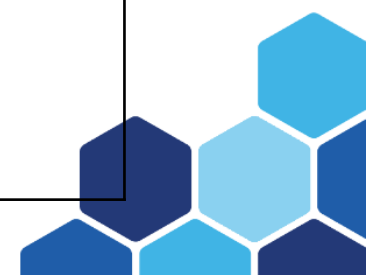
Bures ward has received excellent feedback from patients, relatives and ward staff as well as reducing the spend on security staff. The new model of care has resulted in additional HCSW bank spend to support gaps in Bures provision until Bures is sufficiently grown to meet clinical demand.

Phase 3 plans are in progress to establish the team permanently, expanding the team to facilitate 24/7 ETOC care for the patients who need it and to provide a substantive and reliable contribution to Safer Staffing. The ambition of the Phase 3 business case will include launching the Bures model at Ipswich Hospital. (See current ETOC requirements in Appendix seven)



Highlights - MACNEE

Mid-point Staffing Review Summary – MACNEE Division
<p>Current Divisional Staffing Headlines (exceptions only)</p> <ul style="list-style-type: none"> • ED nursing template (as per last 3 SNCT) shows RN x 1 & HCA x 1 deficit 24/7 for Resus • Easthorpe not commissioned for neuro beds and patient group requires more 1:1 level care and side rooms. Increase of red flags and falls. • ARCU template decreases on weekend by 1 HCA required when side room in use • Risk identified with no Band 6 on OPS wards overnight – consultation to revise skill mix for Band 6 24/7 cover • Headroom insufficient for specialist / role specific training i.e. ED, HOBS, UTC, ARCU • UTC activity growth with need to review workforce requirement to meet demand • UCRS non recurrent funding (BCF) Bid year on year – business case/commissioning in progress • Community nursing CSNCT not yet undertaken • Consistent use of AMSDEC at night - not funded drives temporary staff use and overspend • Band 3 vacancy in Division (Waverly and OPS wards)
<p>Progress against actions since full 2024 review (high level headlines)</p> <ul style="list-style-type: none"> • AECU service merge with AMSDEC 4th week in September 25 – will resolve split template • Review of HOBS data in acuity now that 5 beds and 1:2 ratio • Copford skill mix review in acuity data. • Need to review acuity data for Stroke HASU for L2 patients, if at capacity not a 1:2 ratio • Community wards to review acuity data • Safer Nursing Care Tool audits underway, Safecare training rolled out within the division • Focused recruitment drive within MACNEE (June 9.01%, July 8.56%, Aug 7.33% with further NQN and Band 2 apprentices to be placed (114% apprentices in Division) • Forecasting against turnover and maternity leave with a view to over recruit • SVP funding in ED for Corridor recruited to substantively to reducing redeployment to ED • Planned vs actual showing retention improved in division
<p>Vacancies filled since full 2024 review</p> <p>No Investment or template uplifts</p>
<p>Next steps/Future divisional Plans</p> <ul style="list-style-type: none"> • Consultation underway for introduction of band 6 24/7 on Darcy, Peldon, Tiptree and Birch • Increase of Band 8a ACP to replace GP hours in UTC • Band 4 introduction into EAU • Removal of band 4 post in Langham to accommodate flow coordinator



Highlights - MACIES



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Mid-point Staffing Review Summary – MACIES Division
Current Divisional Staffing Headlines (exceptions only) <ul style="list-style-type: none">• Focus on opening and closing red flags within safecare, ensuring education and compliance.• Review of the ambulance arrival activity led to review of working nurse workforce to move staff to a more dependent area within the department AECU.• 2024 September acuity review within ED for Resus, noted increase in activity 11:00 onwards, additional late long day commenced to support activity.
Progress against actions since full 2024 review (high level headlines) <ul style="list-style-type: none">• Division has embedded check and challenge process across all areas face-face, including the NHSP request to align with the specific reasoning why we require to go out NHSP, correct code on health roster used.• All wards have adopted appropriate level of trained staff to input safecare data x2 per day.• The clinical areas ensure we have accurate recording of all patients requiring enhanced care.• Utilisation of safecare from a Quality Matron perspective is embedded when carrying Trust wide staffing, identifying key areas where staff are being moved to. Ensuring Rapid response shifts are allocated via HR to reflect correctly on safecare.• The division has a robust forward view process in place across all ward areas, mitigating gaps prior to the day. Weekend planning continued to support forward view also remains normal practice.• All first SNCT audits have been completed in relevant areas, with a second audit planned for September.
Vacancies filled since full 2024 review <ul style="list-style-type: none">• EAU now have a consistent trained workforce providing quality of care to patients within the assessment unit for a 16 trolled area. This is no longer being required to be covered by NHSP due to the increase from the acuity review.• We have recruited against Woodbridge additional band 3, 7 days a week.• Waveney staff have now moved to Waldringfiled, CDG 2 are in discussions with CDG3 around aligning staffing establishment against older people's vs acute medicine.
Next steps/Future divisional Plans <ul style="list-style-type: none">• Divisional approval to over recruit areas as part of winter planning by 11 RN's and 11 HCA's across the division and this includes supporting the 'SOUP' initiative.• Further acuity for Kirton Ward, additional staffing requirements suggested however due to recent staffing uplift, division felt further acuity required.• Ongoing recruitment for UTC and ongoing support for ACP, division is aware we are a 3-year plan away from being fully established.• CDG 3 planning for senior cover Band 6 24/7.



Highlights – MSK - SURGERY



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Mid-point Staffing Review Summary Surgery & MSK Division

Current Divisional Staffing Headlines (exceptions only)

- Current hold on RN recruitment for CCU's (workforce in post exceeds budget allocation) whilst bed base and required establishment is agreed.
- Some delays in filling HCA vacancies due to recruitment event process.
- Re-deployment continues to feature as an issue (July/August challenging)
- Aldham/Fordham wards impacted by boarding, impacting workforce & patient dignity.
- Reported increase in patients with dementia and aggression. Requiring 1:1 care.
- ESEOC to monitor staffing via daily Safecare review during first year of ESEOC opening, noting changes in model of post- op care. Mistley ward not been utilised. RN's utilised across service.
- Levington (Spinal) utilisation exceeds funded bed base (15 vs 12) to accommodate elective & Spinal cord injury (SCI) caseload. For establishment review.
- Theatres – vacancies for experienced RN's persist whilst junior workforce developed driving agency spend.

Progress against actions since full 2024 review (high level headlines)

- Ongoing work to identify and agree required CCU bed base and workforce.
- Recruitment to staffing uplift on Wivenhoe ward, however redeployment impacting achieving consistent fill rates.
- To date not achieved movement of 6 SCI patients from Martlesham to Levington due to elective activity and persistent loss of MSKAU capacity (escalation capacity overnight), impact – high acuity on Martlesham bed base maintained at 30.

Vacancies filled since full 2024 review

- All CCU vacancies have been filled since 2024 review, however a recruitment freeze in place as required bed base agreed.
- Funds moved as set out in acuity review to support template alterations; Additional B7 on SAU Ipswich and Brightlingsea now 4+4 instead of 5+3 (additional funds used to support B6 uplift & NHSP)
- 1.0 WTE B5 on SAU Colchester recruited as part of acuity review template & Additional RN from the 2024 acuity review appointed to.
- Vacancies filled for Aldham & Fordham, despite some loss of staff to ESEOC and COE
- Levington vacancies filled since 2024. 1 NQN awaiting start date.
- Martlesham 3 x Band 3 staff on duty at weekends. Needham establishment changes in place & 4/4 staff LD during week & 4/3 on weekends.

Next steps/Future divisional Plans

- CDG to write a risk-based proposal to DMT for CCU.
- Additional 2 WTE B5 being recruited to SAU Ipswich for SDEC project/development 7 embed routine opening of SAU Colchester at 07:00 everyday
- Work in progress to facilitate a high dependency area on Wivenhoe ward (vascular), will include any workforce implications.
- Team Rostering is in place on Aldham & Fordham (CGH) and Needham & Martlesham (IHT), providing more flexibility for staff.
- Band 6 developmental role introduced in Aldham to support leadership and career progression.
- Review days that Risby ward (ESEOC) is open to meet the variation in demand across the week.



Highlights – Cancer & Diagnostics



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Mid-point Staffing Review Summary – Cancer & Diagnostic Division

Current Divisional Staffing Headlines (exceptions only)

The nursing skill mix for HCSW requires adjustment on the roster template as is reflected incorrectly. Action in progress.

Progress against actions since full 2024 review (high level headlines)

The AOS (Acute Oncology Specialist) shift is in place on West Bergholt (CGH) ward but not on Somersham ward (IHT). This was requested after the acuity review as the process of AOS phone holding changed to site specific.

The SACT shifts are still required to be added to the roster for Collingwood centre.

Vacancies filled since full 2024 review

There have been no template uplifts or reductions, the funded template did not change at the previous review.

No specific recruitment challenges, of note is high levels of maternity leave in the last year

Next steps/Future divisional Plans

No plans for changes at present, await this years SNCT data.



Highlights – Women & Children



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Mid-point Staffing Review Summary – Women & Children's

Current Divisional Staffing Headlines (exceptions only)

Actions from the acuity review are in progress and changes have taken time to reflect in templates for maternity. All changes for Children's Gynae and NNU are now correct.

Progress against actions since full 2024 review (high level headlines)

- All actions met from acuity review- posts recruited into, banding changes complete, training and QIS improvements in NNU noted.
- ED Triage standard met on arrival from nursing perspective Ipswich site with additional resource previously added.

Vacancies filled since full 2024 review

- HDU level 2 funding now recruited to in Paediatrics. Housekeeper changes taken place to remove Housekeeping template Gynae and children's Ipswich site. Funding supported nursing establishments
- CAU staffed 24/7
- Template changes to Gynae OPD now in line with chaperone policy.
- Neonatal unit QIS now in line with BAPM standards and quality roles embedded.

Next steps/Future divisional Plans

- Review neonatal unit cot base Ipswich site in line with acuity.
- CSW in children's Ipswich CAU to reduce as vacancy allows (the match cross site template).
- Review Stour template for untrained overnight weekend.
- Review areas previously not included Children's community nursing, Sexual health and CNS teams.



Highlights - Maternity



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Mid-point Staffing Review Summary – Maternity

Current Divisional Staffing Headlines (exceptions only)

Sickness rates remain high in maternity with actions in place to address and support staff attendance

- Work underway to address high bank spend and possible causes
- Over recruitment into midwifery vacancies is expected to support improvements within the service

Progress against actions since full 2024 review (high level headlines)

- Ongoing recruitment to vacancies
- Annual workforce review undertaken and presented at Board
- Continued compliance with CNST staffing red flags (1:1 care in labour and supernumerary status of the Labour Ward Co-ordinator)

Vacancies filled since full 2024 review

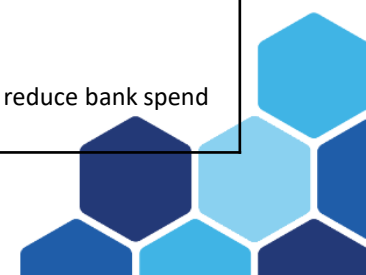
- All outstanding maternity posts have currently been recruited into
- Agreement gained to over recruit NQMW following an increase in government funding to address lack of NQMW jobs for current qualifying cohort
- A successful recruitment day has resulted in 16 newly qualified midwives being offered roles

Further recruitment planned for January 2026

Vacancy in July was 2.5% however, as stated in the mid-point Maternity paper, we have just over recruited by 15wte who will commence in posts over October and November and we will have zero vacancies from that point.

Next steps/Future divisional Plans

- Maternity workforce strategy to be developed
- Continuing recruitment of NQMW to support safer care in maternity, ensure NQMW have the opportunity to consolidate skills and reduce bank spend



Recommendations and Actions

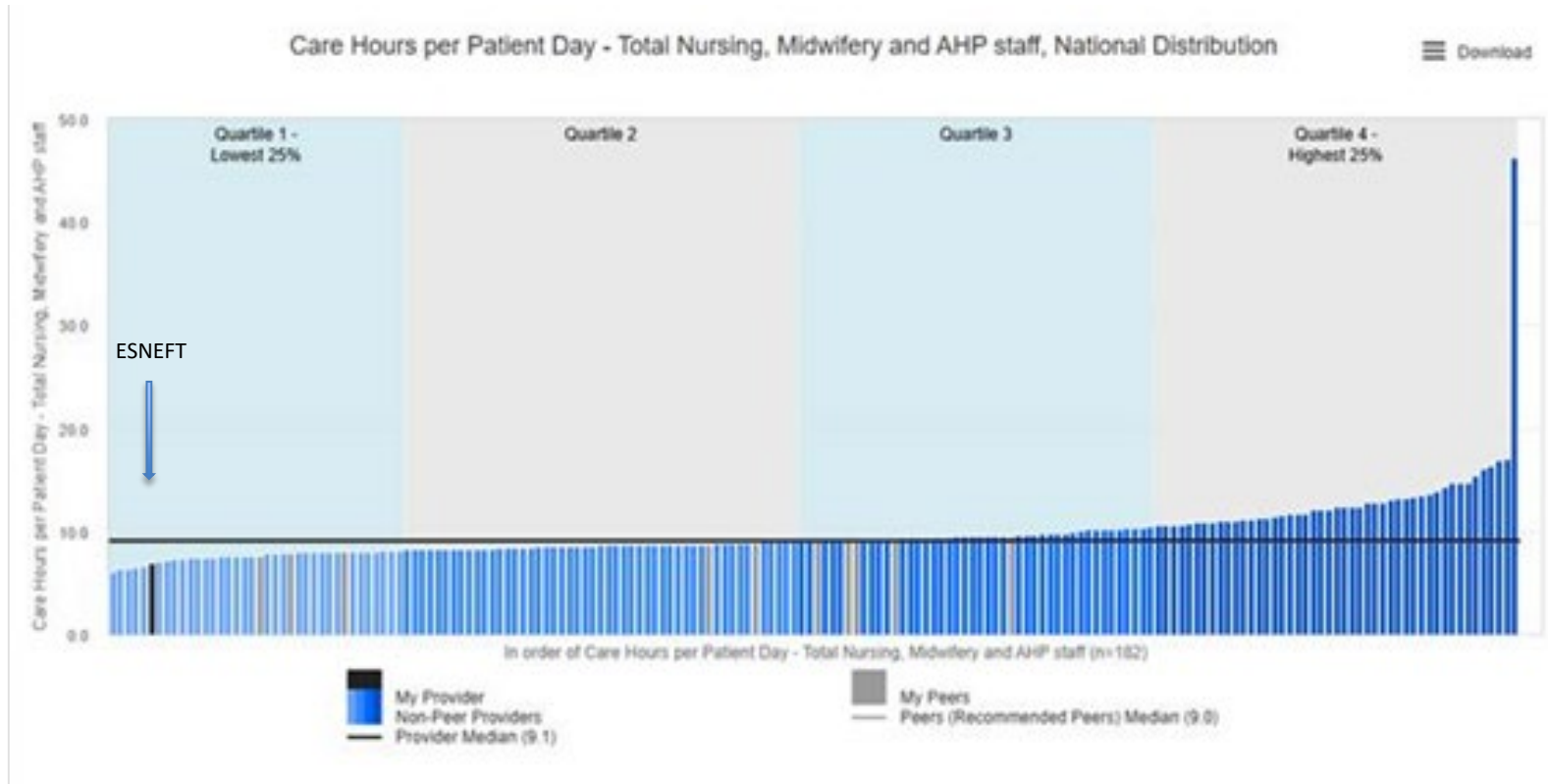
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- Ensure **ALL Safer Nursing Care Tool audits are completed** in line with NHS England guidelines. Adult Inpatient Wards, Acute Assessment Units and Children and Young People Wards are to audit in January and June as of 2026 in order to benchmark against peers and achieve a winter vs summer comparison, as per recommendations **(Action Divisions)**
- **Safecare training** for those who have not completed and are required to input **(Action Divisions)**.
- Drive importance of closing Red Flags on Safecare to demonstrate mitigation/acceptance of risks raised **(Action Divisions)**.
- **Implementation of Recommendations/next steps** for each divisions as per slides **(Action Divisions)**.
- Using redeployment data, investigation into wards requiring the most support from other areas is required by respective divisions to address root causes **(Action Divisions)**.
- **Acuity Review Framework** for completion and approval by end of November 2025 **(Action Chief Nurse)**.
- Continuation of **Clinical Workforce projects** (i.e., Team Rostering, Nursing Associate Development Group and Bures Ward) to achieve safe and sustainable staffing. **(Action Chief Nurse/Divisions)**
- **SNCT data to be reviewed and utilised** to support decisions around appropriate skill mix **(Action Chief Nurse/Divisions)**



Appendix 1 - CHPPD data (May 2025)

A set of metrics devised by NHS Improvement which can be used to describe the staff required and available in relation to a number of patients. It is calculated by adding the hours of RNs to Healthcare Support workers and dividing the total by the number of patients in an inpatient bed at midnight.



Peers (recommended peers) median 9.0

Provider mean 9.1

ESNEFT 6.45



Appendix 2 – Staffing data

MACNEE



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Colchester & NEE Community Sites	Vacancy			Fill Rate				
Ward Name	RN	HCA	WTE Budgeted	QU Day	QU Night	UQ Day	UQ Night	CHPPD
432 MED Acute cardiac Unit COH	2.24	-0.67	38.16	70.6%	87.3%	100.2%	128.3%	5.2
432 INT Birch Ward COH	3.56	6.11	48.72	93.9%	119.4%	84.7%	116.1%	5.9
432 MED Copford Ward - COH	-0.8	1.62	27.98	96.3%	97.8%	107.0%	125.9%	6.3
432 INT D Arcy Ward COH	-0.07	4.09	39.31	91.1%	118.4%	91.6%	129.7%	7.4
432 MED Easthorpe Ward COH	0.03	0.87	30.58	96.7%	99.0%	126.1%	159.7%	7.5
432 MED Emergency Assessment Unit COH	4.01	2.74	94.11	86.8%	97.2%	92.7%	97.8%	6.3
432 MED Layer Marney Ward COH	-1.4	2.62	51.01	78.2%	102.0%	82.3%	95.7%	4.6
432 SURG Langham Ward COH	1.11	0.77	40.96	74.9%	94.5%	80.0%	146.2%	5.5
432 MED Nayland Ward COH	0.85	2.19	36.32	93.6%	92.7%	99.9%	158.5%	6.0
432 INT Peldon Ward COH	2.81	4.53	40.2	95.5%	95.3%	74.3%	130.2%	5.4
St Osyth Priory CLC	3.20	1.90	39.06	75.9%	100.8%	97.3%	104.2%	5.1
432 MED Stroke Unit COH	0.94	2.75	63.01	60.2%	75.0%	67.3%	103.2%	4.5
432 INT Tiptree Ward COH	0.76	2.89	39.24	94.1%	100.0%	74.9%	111.8%	5.7
Trinity Ward Harwich ACE	2.89	1.99	37.14	113.0%	86.1%	82.6%	96.6%	4.7
Waverley Rehab Ward HAR	6.94	4.08	37.14	88.5%	89.1%	99.6%	109.7%	4.9



Appendix 2 – Staffing data

MACIES



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Ipswich & East Suffolk Community	Vacancy			Fill Rate					
Ward Name	RN	HCA	WTE Budgeted	QU Day	QU Night	UQ Day	UQ Night	CHPPD	
178 INT Aldeburgh Community Hospital IHT	-0.13	4.83	32.05	137.5%	131.4%	81.1%	87.5%		4.7
178 INT Bluebird Lodge Community Hospital IHT	3.04	5.09	42.56	92.4%	145.2%	64.3%	74.1%		5.2
178 MED Brantham IHT	9.40	1.88	102.67	97.5%	108.4%	73.4%	84.1%		12.5
178 MED Capel IHT	3.26	1.36	37.17	95.1%	99.9%	81.3%	106.9%		5.4
178 MED Claydon IHT	2.8	-0.8	34.09	80.8%	92.3%	110.0%	124.3%		10.5
178 MED Debenham IHT	2.17	2.19	34.15	76.6%	93.5%	99.3%	108.6%		5.6
178 INT Felixstowe Community Hospital IHT	1.32	0.45	28.73	101.2%	101.7%	90.8%	100.0%		7.2
178 INT Grundisburgh IHT	-0.18	2.3	42.42	86.5%	85.3%	98.6%	102.6%		5.9
178 INT Haughley IHT	2.15	0.95	42.42	89.0%	94.6%	87.8%	104.3%		6.5
178 MED Kesgrave Ward IHT	-0.75	3.04	33.59	114.7%	102.3%	73.7%	118.7%		6.1
178 MED Kirton IHT	0.52	0.87	45.19	95.0%	97.0%	89.0%	101.3%		4.4
178 SURG Saxmundham IHT	0.59	2.91	36.75	92.8%	92.5%	97.5%	135.5%		5.5
178 MED Shotley IHT	4.57	-2.53	52.35	88.7%	90.3%	82.8%	110.5%		5.2
178 MED Waldringfield Ward IHT	1.98	3.09	37.19	#REF!	#REF!	#REF!	#REF!		5.8
432 MED Washbrook Ward - IHT	1.66	0.66	36.75	96.5%	99.5%	89.9%	104.2%		5.2
178 MED Woodbridge IHT	3.37	2.05	39.53	87.6%	97.8%	78.6%	95.9%		5.6

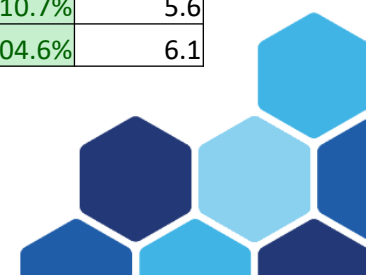


Appendix 2 – Staffing data Surgery & MSK



East Suffolk and
North Essex
NHS Foundation Trust

Colchester & Ipswich Hospitals	Vacancy			Fill Rate				
Ward Name	RN	HCA	WTE Budgeted	QU Day	QU Night	UQ Day	UQ Night	CHPPD
432 MSKSS Aldham Ward COH	2.23	1.6	41.6	91.2%	97.7%	75.0%	102.0%	6.5
432 SURG Brightlingsea Ward COH	0.07	2.05	38.36	72.1%	105.1%	104.6%	122.2%	5.9
432 SURG Critical Care COH	-8.2	3.13	77.73	82.8%	80.6%	50.2%	68.1%	32.5
178 SURG Critical Care Unit IHT	-12.13	0.05	71.92	70.5%	74.6%	63.6%	62.9%	26.5
432 MSKSS Fordham Ward COH	2.00	3.37	41.41	83.9%	96.5%	90.1%	111.2%	6.4
432 MSKSS Great Tey Ward COH	3.39	3.10	27.92	65.6%	99.1%	92.0%	100.7%	5.7
Hadleigh Ward EOC	0.47	2.5	36.92	181.8%	175.9%	153.1%	190.3%	23.9
178 SURG Lavenham IHT	1.73	0.60	23.85	83.0%	103.3%	77.0%	103.5%	7.1
178 MSKSS Levington IHT	1.35	1.55	23.59	72.0%	73.6%	22.8%	31.5%	11.3
178 MSKSS Martlesham IHT	0.20	3.61	37.86	78.6%	94.2%	78.3%	103.6%	5.2
432 SURG Mersea Ward COH	0.33	3.83	41.39	68.8%	91.0%	88.6%	106.5%	6.8
Mistley Ward Admission & Discharge EOC	0.67	2.63	31.16	51.0%	8.0%	44.5%	11.1%	-
178 MED Needham Ward IHT	0.37	4.64	40.06	79.6%	84.6%	101.4%	147.0%	6.3
Risby Ward EOC	0.30	1.39	27.24	83.8%	88.3%	73.7%	92.0%	13.3
432 SURG Surgical Assessment Unit COH	1.25	0.01	11.24	103.2%		46.7%		6.6
432 MED Sproughton Nurse Led IPH	1.68	4.64	45.17	86.9%	98.1%	80.6%	103.1%	N/A
178 SURG Stowupland IHT	1.54	0.00	38.68	95.1%	98.3%	99.6%	146.6%	6.0
432 SURG Stradbroke Ward IPH	4.26	4.85	37.09	80.4%	90.6%	75.7%	110.7%	5.6
432 SURG Wivenhoe Ward COH	0.00	5.25	27.85	74.3%	90.3%	92.6%	104.6%	6.1



Appendix 2 – Staffing data



East Suffolk and
North Essex
NHS Foundation Trust

Women & Children

Colchester & Ipswich			Vacancy		Fill Rate			CHPPD
Ward Name	RN	HCA	WTE Budgeted	QU Day	QU Night	UQ Day	UQ Night	CHPPD
178 W&C Neonatal Unit IHT	4.06	0.9	51.50	78.6%	80.3%	96.1%	51.8%	15.4
178 W&C Stour IHT	0.94	0.53	25.59	93.8%	100.0%	72.5%	100.0%	9.4
432 W&C Childrens Ward COH	6.34	0.04	40.94	83.9%	68.3%	93.4%	100.0%	11.2
432 W&C In Patient Maternity COH	-1.15	-0.59	1.54	89.7%	91.6%	89.2%	92.6%	10.3
432 W&C Neonatal Unit COH	-0.04	0.61	0.00	70.7%	77.3%	70.9%	87.1%	15.1
432 W&C Stanway Ward COH	1.15	0.96	23.39	52.2%	100.4%	79.7%	103.2%	7.3
178 W&C Deben IHT	N/A	N/A	99.23	96.40%	91.60%	79.10%	95.20%	51.8
178 W&C Orwell IHT				94.1%	89.9%	95.0%	85.1%	9.4

Cancer & Diagnostics

			Vacancy		Fill Rate			CHPPD
Ward Name	RN	HCA	WTE Budgeted	QU Day	QU Night	UQ Day	UQ Night	CHPPD
178 C&D Somersham IHT	1.69	2.47	41.95	149.2%	95.2%	80.6%	106.1%	6.6
432 C&D West Bergholt Ward COH	2.16	1.24	38.34	86.9%	100.7%	99.0%	132.3%	5.6



Appendix 2 – Staffing data

MACNEE



East Suffolk and
North Essex
NHS Foundation Trust

Colchester & NEE Community Sites	Vacancy			Fill Rate				
Ward Name	RN	HCA	WTE Budgeted	QU Day	QU Night	UQ Day	UQ Night	CHPPD
432 MED Acute cardiac Unit COH	2.24	-0.67	38.16	70.6%	87.3%	100.2%	128.3%	5.2
432 INT Birch Ward COH	3.56	6.11	48.72	93.9%	119.4%	84.7%	116.1%	5.9
432 MED Copford Ward - COH	-0.8	1.62	27.98	96.3%	97.8%	107.0%	125.9%	6.3
432 INT D Arcy Ward COH	-0.07	4.09	39.31	91.1%	118.4%	91.6%	129.7%	7.4
432 MED Easthorpe Ward COH	0.03	0.87	30.58	96.7%	99.0%	126.1%	159.7%	7.5
432 MED Emergency Assessment Unit COH	4.01	2.74	94.11	86.8%	97.2%	92.7%	97.8%	6.3
432 MED Layer Marney Ward COH	-1.4	2.62	51.01	78.2%	102.0%	82.3%	95.7%	4.6
432 SURG Langham Ward COH	1.11	0.77	40.96	74.9%	94.5%	80.0%	146.2%	5.5
432 MED Nayland Ward COH	0.85	2.19	36.32	93.6%	92.7%	99.9%	158.5%	6.0
432 INT Peldon Ward COH	2.81	4.53	40.2	95.5%	95.3%	74.3%	130.2%	5.4
St Osyth Priory CLC	3.20	1.90	39.06	75.9%	100.8%	97.3%	104.2%	5.1
432 MED Stroke Unit COH	0.94	2.75	63.01	60.2%	75.0%	67.3%	103.2%	4.5
432 INT Tiptree Ward COH	0.76	2.89	39.24	94.1%	100.0%	74.9%	111.8%	5.7
Trinity Ward Harwich ACE	2.89	1.99	37.14	113.0%	86.1%	82.6%	96.6%	4.7
Waverley Rehab Ward HAR	6.94	4.08	37.14	88.5%	89.1%	99.6%	109.7%	4.9



Appendix 3 – IPSE

(Integrated Patient Safety & Experience Report)



East Suffolk and
North Essex
NHS Foundation Trust

Fundamentals of Care Work Stream 1: Workforce Planning, Staff Experience and Leadership Development

Purpose of work stream - To strengthen workforce sustainability by addressing staffing challenges through effective planning, while ensuring our staff feel valued and supported and leadership development at all levels is encouraged to support high-quality patient care

Workforce Planning

Career pathway development

Leadership

Staff Experience

Training Compliance

Scope:

In scope – current actions from existing Improvement plans (e.g., workforce planning, staff experience, ward accreditation)

How do we know this?

- Review of Datix's raised by staff
- Outcome of CQC Inspection in May 2025
- Outcome of ACE Visits
- Staff Survey results
- Workforce and WRES data

Proposed Governance Structure:

Weekly task and finish meetings
Monthly report to FoCB

Expected Outcomes:

- ** %reduction in vacancy rates in high-risk wards
- ***% improvement in training compliance
- Staff feedback themes show improved engagement and morale
- ** % of Band 6 nurses engaged in leadership programme

Workforce Planning

Capture ward-level vacancy data and map against RCN staffing guidance
Audit current rostering templates (on D'arcy, Burch, Tiptree, Peldon and Great Tey) and identify 'Team Rostering' wards for comparison
Define and implement sustainable workforce templates aligned to RCN and best practice
Develop and pilot a clinical career pathways framework (Band 2–7)
Build and launch retention dashboard using real-time exit/interview data

Career Pathways

Talent mapping
My Career Matters

Training Compliance

Pull mandatory and role specific training compliance reports for MACNEE and identify areas of concern
Create action plan to address gaps

Leadership

Co-design of Nursing leadership development programme for B5- B6 and B6 – B7 / Nursing Fellowship
Embed trust-wide leadership framework and align development offers within Faculty of Education in house leadership offer
Initiate ward walkarounds with staff listening tool – linking with ACE team and other workstream leads to coordinate
Audit ward communication boards for presence, frequency of updates and usefulness

Staff Experience

Ensure staff are welcomed and valued as unique individuals through our EDI and Civility and Respect Toolkit
Through our Wellbeing Hub we will ensure staff have access to services and support that helps them manage their physical, mental and financial health
To support staff to raise concerns, strengthening psychological safety and following just and learning culture principles.
Through our values of optimistic appreciative and kind, we want to ensure staff have roles that are purposeful and fulfilling, and that every member of staff is treated fairly and with respect. We want our staff to feel valued and an equal part of the team in which they work.

Work stream roles and responsibilities:

- Penny Cason – Director of AHPs (Co-Lead)
- Sarah Johnson – Asst. Director OD & Culture (Co-Lead)
- Marie Alexander – Education and Research
- Sarah Kench – N&M Workforce Planning
- Nic Alexander – AHP Strategic workforce lead
- Therese Elliott - Head of Education, Clinical Education
- Debbie McArthur – Leadership Development
- Deborah O'Hara – People & Workforce
- Jan Ingle – Communications
- Marie Elliott – Quality Improvement
- Claire Lamplugh – Staff Wellbeing

Risks and issues:

- Competing demands on staff time
- EPIC training rollout
- Industrial action risk
- Results medium to long term limited short term impact or quick wins

Dependencies:

Capacity to release staff for support and training
Access to data
Audit resource to monitor continuous

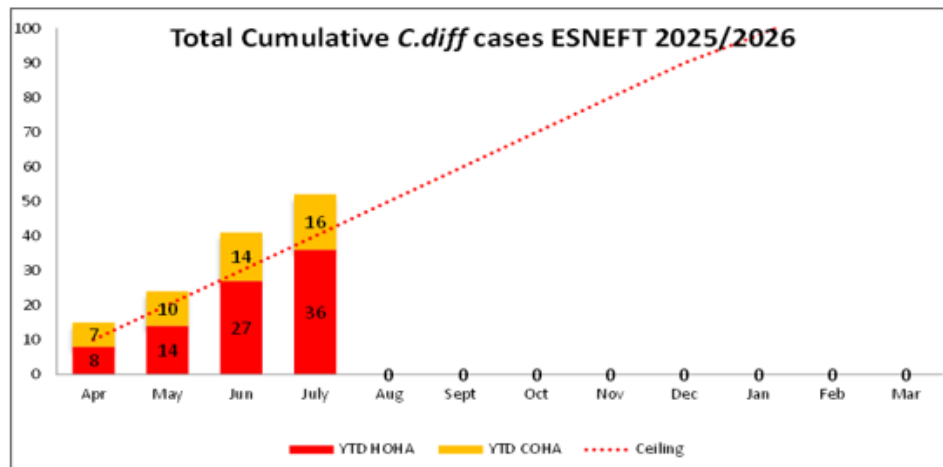
Measures of Success:

1. Audit outcome data
2. Reduction in incidents
3. Improved patient experience through feedback
4. Improved staff experience through staff survey feedback, retention rates and a reduction in sickness absence

Appendix 3 – IPSE

Patient Outcome data - IPC

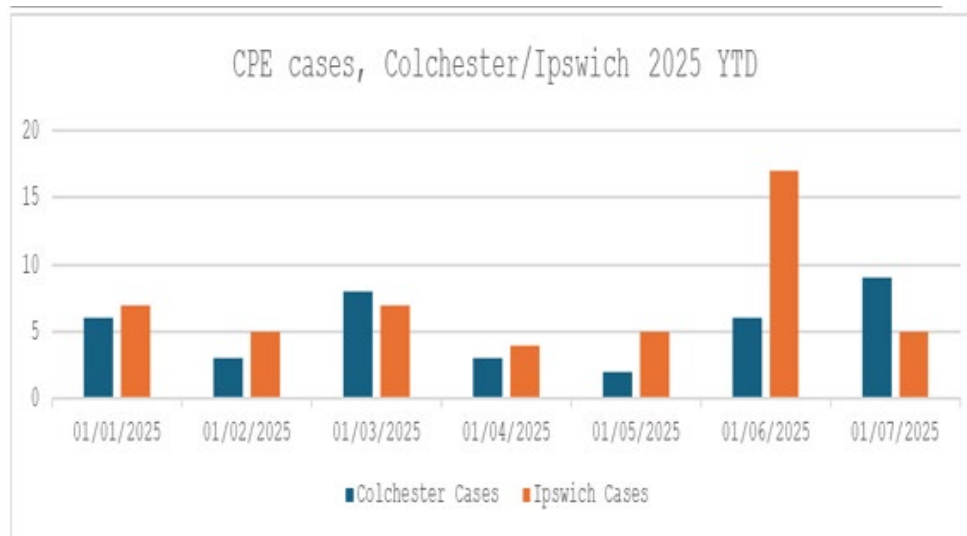
CPE and C diff data and themes



C diff themes and actions:

- Cleaning scores and standards
- Delay in isolation
- PPI and ABX use
- Clinical IPC practice

- Joint work with cleaning contractor re chemicals and practices
- Isolation assessment guidance
- Pharmacy support/audits
- Gloves off campaign



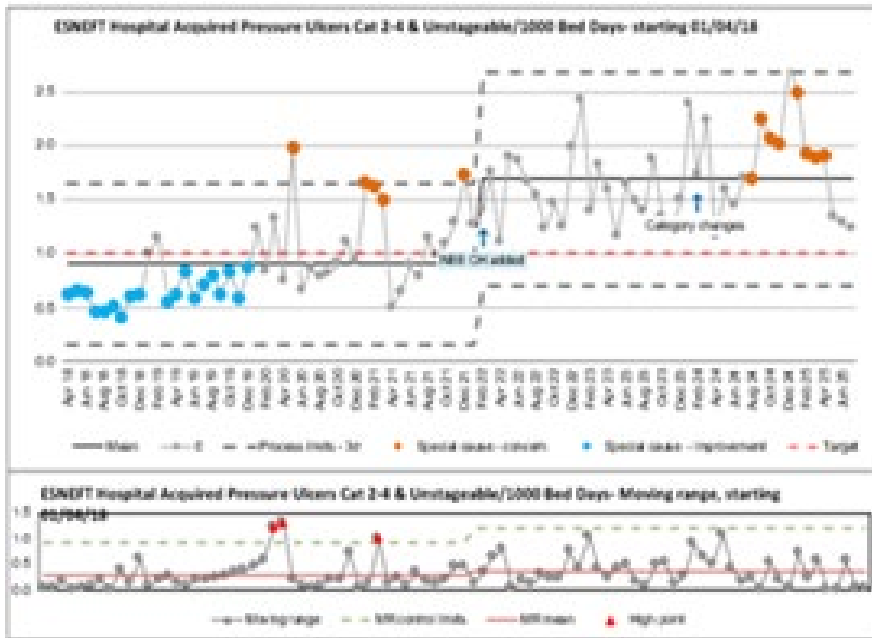
CPE themes and actions

- Specialist typing (plasmid) links cases and environmental links
- Dealy in identifying risks on admission and screening
- Dealy in isolation
- Cleaning scores and standards

- Joint work with cleaning contractor
- Isolation assessment
- Screening regimes and posters
- Education and awareness campaign for CPE

Appendix 3 – IPSE

Patient Outcome data – Tissue Viability



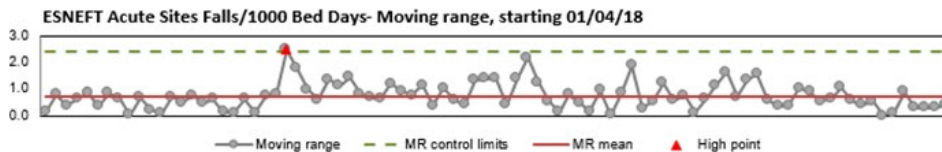
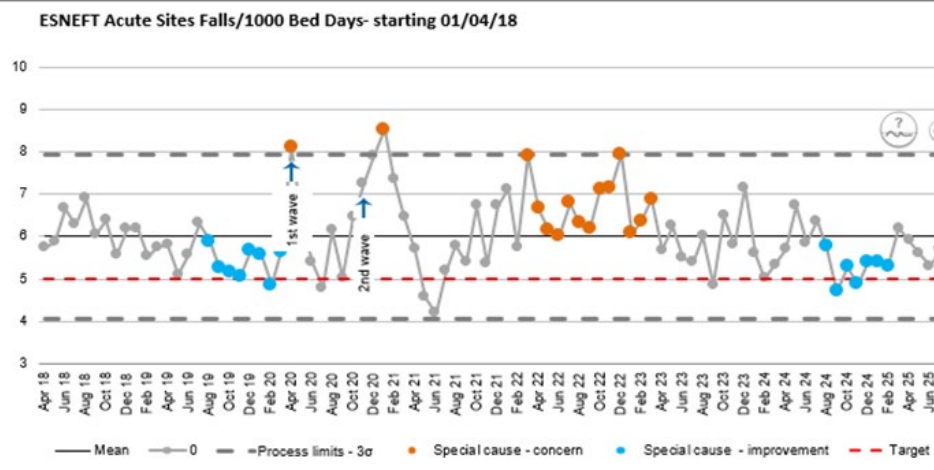
ESNEFT Hospitals total		
	Last Month	This Month
Cat 2	45	44
Cat 3	19	17
Cat 4	1	10
Total	65	↓61
Rate Per 1000 bed days	1.34	1.22

There has been an overall reduction in hospital acquired pressure damage, but an increase in community developed pressure damage. Full detail can be accessed in the ESNEFT IPSE Report (July 2025).



Appendix 3 – IPSE

Patient Outcome data - Falls



Falls Monthly Numbers

	CH	IH	Suffolk	NEECS	Acute Total	Community Total	ESNEFT Total
July -23	115	78	13	14	193	27	220
July -24	92	129	18	20	221	38	259
July -25	107	89	6	6	196	12	208

Whilst there has been an overall reduction in patient falls between July 2024 – July 2025, the acute sites saw a slight increase in falls in July compared to June (184-196).

Some of this related to the weather and increase in dehydration and confusion with some patients.

The community hospitals did however see a reduction in falls (32-12) which is positive.



Appendix 3

IPSE Report 'Accrediting Care at ESNEFT'



East Suffolk and
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Ward	Haughley	EAU	Peldon	Washbrook	Martlesham	Brightlingsea	West Bergholt	Shotley	Stanway	Waveney	Stow-upland	Layer Marney	Birch	Grundisburgh	Needham	Stour	East-horpe	Debenham	Nayland	D'Arcy	Waldringfield	Somersham	
Individualised Care	Bronze	Bronze	Bronze	Silver	Silver	Bronze	Silver	Gold	Silver	Bronze	Silver	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Gold	Silver	Bronze	Bronze	Bronze	Silver	
Dignity and Respect	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Silver	Silver	Silver	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Silver	
Safeguarding, Complex Health and Consent	Silver	Gold	Working towards Bronze	Silver	Working towards Bronze	Silver	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Gold	Gold	Bronze	Silver	Silver	Gold	Working towards Bronze	Silver	Silver	Working towards Bronze	Working towards Bronze	Silver	
Leadership, Education and People	Silver	Bronze	Bronze	Silver	Silver	Working towards Bronze	Bronze	Silver	Bronze	Working towards Bronze	Bronze	Silver	Bronze	Working towards Bronze	Bronze	Silver	Silver	Bronze	Silver	Working towards Bronze	Working towards Bronze	Bronze	
Harm Free Care	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Silver	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze
Delivering Safe Care	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze
Nutrition and Hydration	Gold	Working towards Bronze	Working towards Bronze	Silver	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Bronze	Working towards Bronze	Working towards Bronze	Working towards Bronze	Silver	Silver
Clinical Governance	Silver	Bronze	Silver	Silver	Working towards Bronze	Bronze	Working towards Bronze	Silver	Silver	Bronze	Bronze	Silver	Bronze	Working towards Bronze	Working towards Bronze	Bronze	Silver	Silver	Bronze	Bronze	Silver	Silver	
Infection Prevention and Control & Environment Safety	Silver	Silver	Bronze	Bronze	Silver	Bronze	Gold	Silver	Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Silver
Overall	Silver	Bronze	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Working towards Bronze	Bronze	Bronze	Working towards Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Bronze	Working towards Bronze	Bronze	Silver	

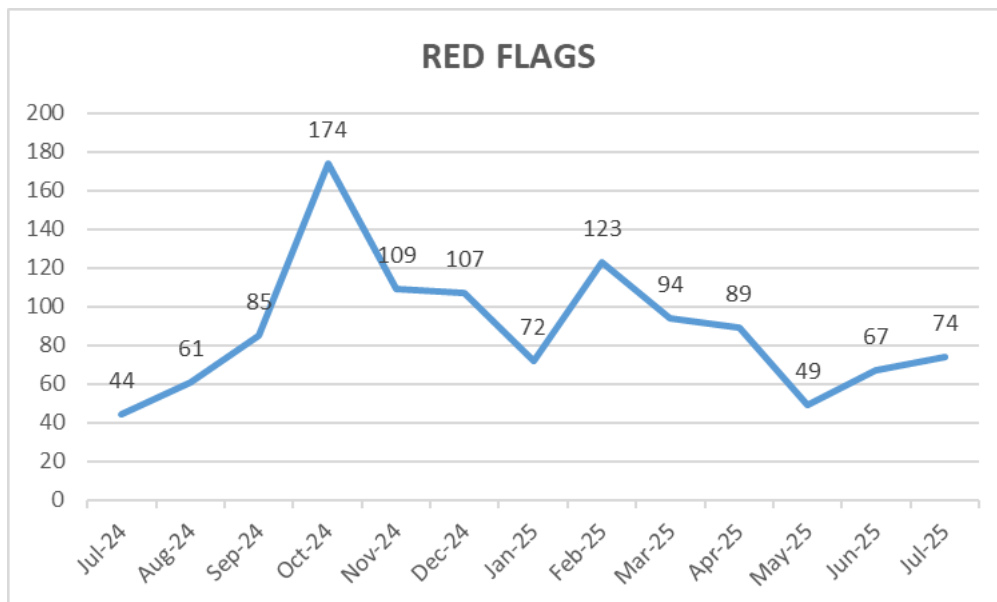
Standard	Most common grading from data so far
Individualised care	Bronze
Dignity and Respect	Working towards Bronze
Safeguarding, Complex Health and Consent	Silver
Leadership, Education and People	Bronze
Harm Free Care	Working towards Bronze
Delivering Safe Care	Bronze
Nutrition and Hydration	Working towards Bronze
Clinical Governance	Silver
Infection Prevention and Control & Environment Safety	Bronze

Percentage of grading across the whole ten wards so far, per standard

- Bronze – 41%
- Silver - 27%
- Gold – 4%
- Working towards Bronze – 28%



Appendix 4 – Red Flags



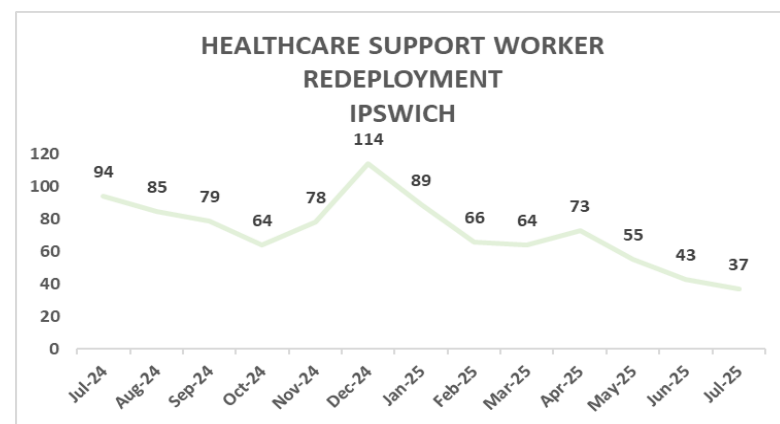
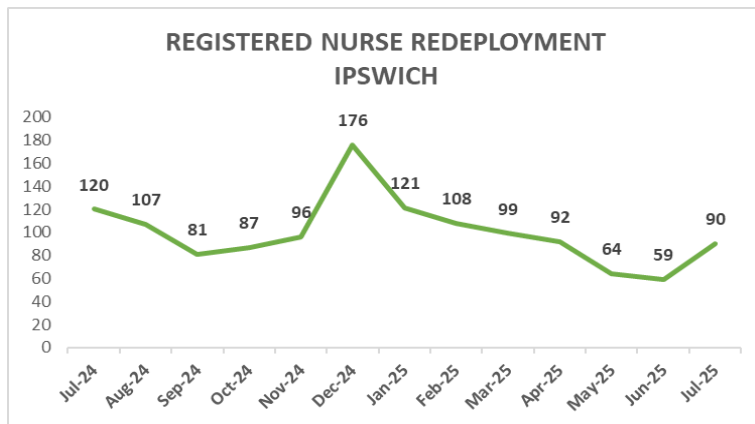
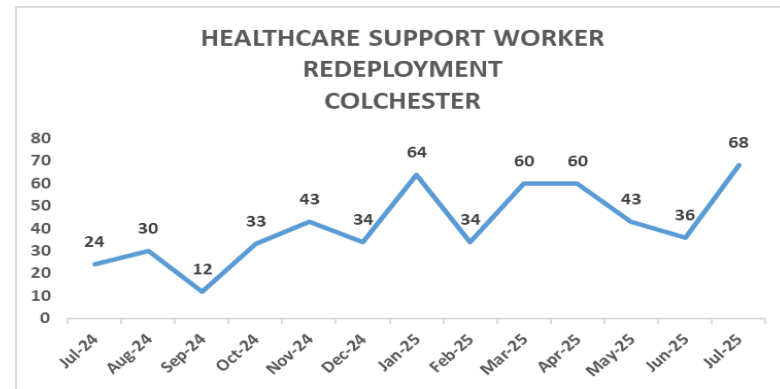
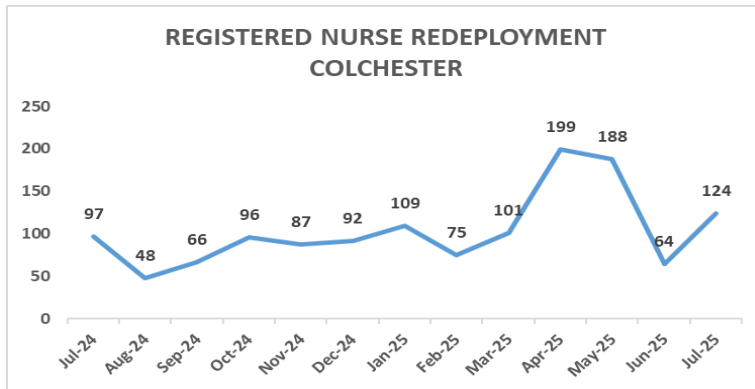
The graph shows total number of Red Flags raised using Safecare across the trust monthly from July 2024 – July 2025.

ESNEFT currently only use five nationally recommended Red Flags (i.e., Unplanned omission in providing medication, Delay in providing pain relief, Vital signs not assessed or recorded, Missed 'intentional rounding' and Less than 2 RN's)

Zero red flags were closed across this entire period.



Appendix 5 - Redeployment data (Total Redeployed)

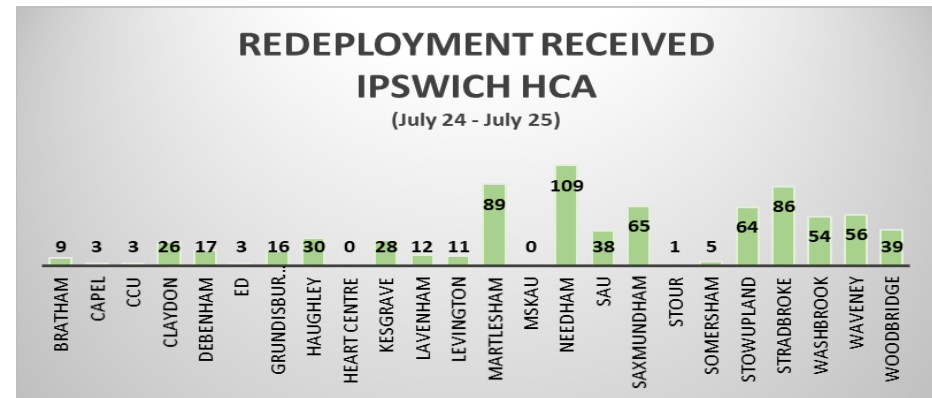
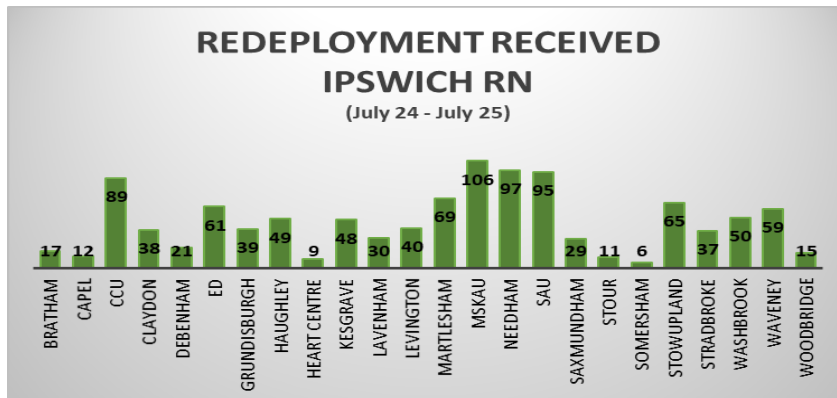
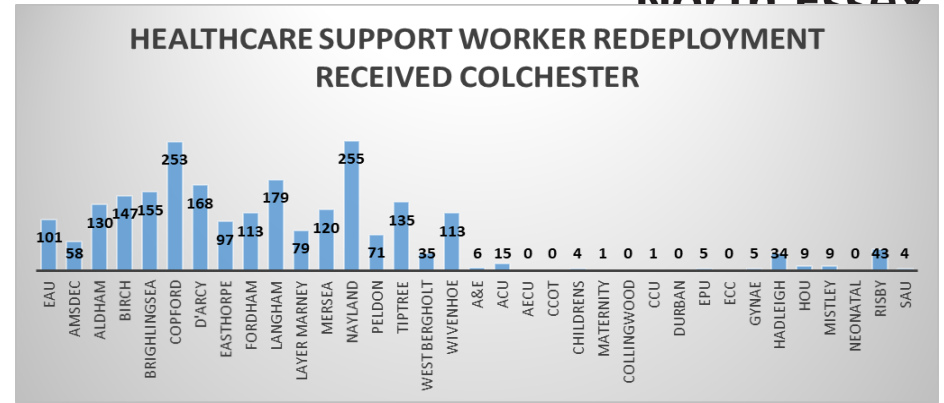
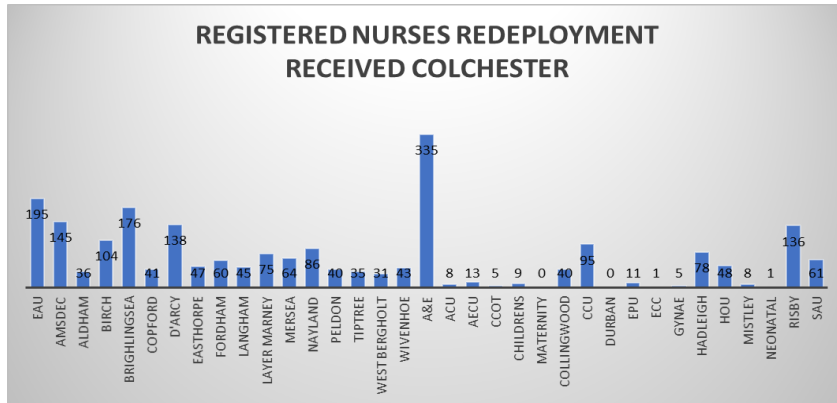


Whilst there is a general upward trend in total redeployments (from) noted in Colchester for both RN and HCSW, following the implementation of Bures Ward in April, we began to see a decline, until EPIC training commenced in July and induced a predicted spike.

Ipswich Hospital showed a noted spike in redeployments during winter pressures, which settled until EPIC training commenced in July, as seen at Colchester. Bures Ward is not yet implemented at Ipswich Hospital.



Appendix 5 – Redeployment data



Data displayed demonstrates number of redeployments each Ward/department received between July 2024 and July 2025 (Broken down by RN and HCSW) Of note areas at Colchester requiring the most RN support are A&E, EAU, Brightlingsea & D'Arcy Ward, with areas requiring the most HCSW support - Nayland, Copford and Langham Ward.

At Ipswich Hospital the areas requiring the most RN support are MSKAU (some deployed from Levington), Needham and SAU, with areas requiring the most HCSW Support being Needham Ward, Martlesham Ward and Stradbroke Ward.

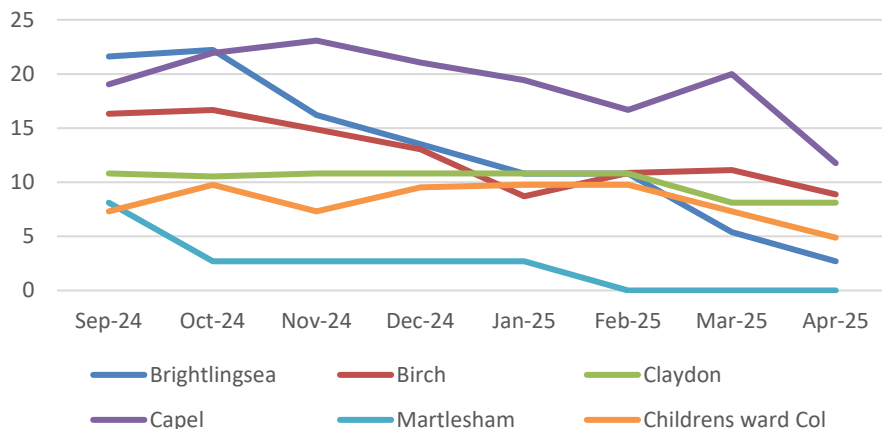
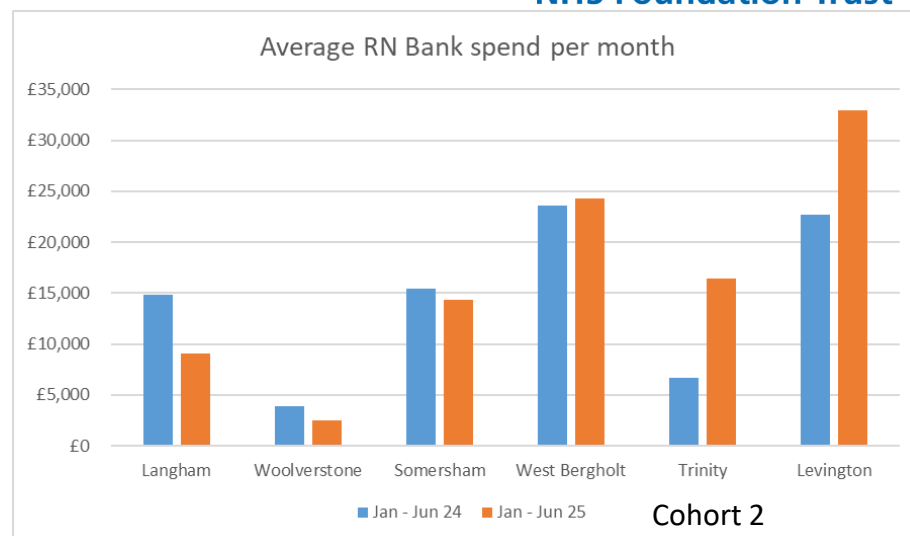
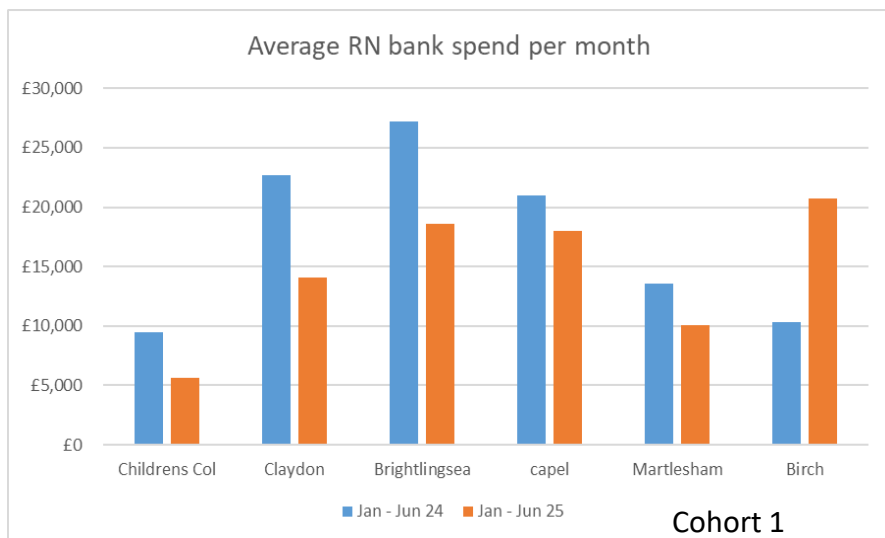
It has been noted that some HCSW support is backfill when an area has deployed an RN to support another area.

This will require further investigation by divisions, as many do not correlate with areas of concern raised.

*Please note some areas have been omitted - Waldringfield Ward and Great Tey Ward (due to previously being an escalation wards) and areas that move their staff between their internal ward areas, which appear as redeployment (i.e., Shotley/ARCU, Stroke Unit Col/HASU and Kirton Ward/HASU).



Appendix 6 - Team Rostering data



Team rostering KPI data includes Average RN bank spend for each ward in cohort 1 and 2 comparing Jan – July 2025 with the same time frame in 2024. A reduction is demonstrated in majority of wards, exceptions include Birch Ward (vacancy and quality concerns) Trinity Ward and Levington (patient factors & activity related).

Voluntary turnover data is only available for cohort 1 at present, but the positive impact can be seen here, with as decline across the cohort.

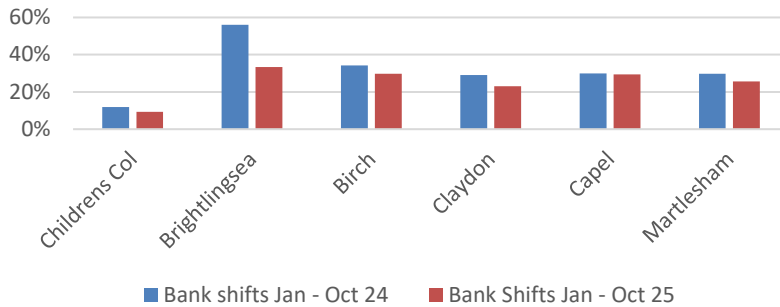
Voluntary Turnover Cohort 1



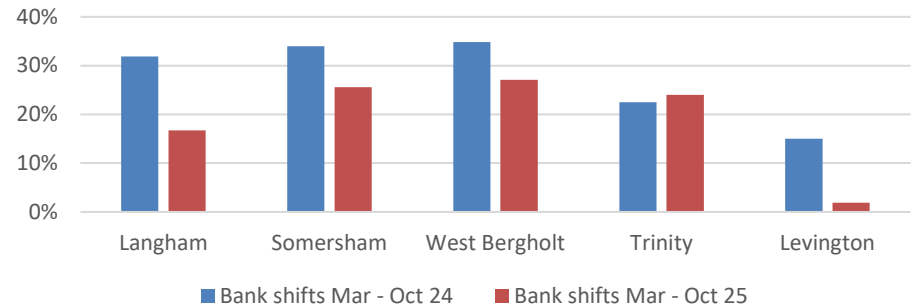
Appendix 6

Team Rostering data

weekend bank shifts average per month



weekend bank shifts average per month

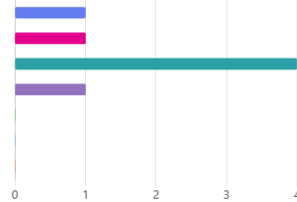


5. How much time do you save when creating your roster?

Manager Feedback

[More details](#)

- No time 1
- 1hr 1
- 2hrs 4
- 3hrs 1
- 4hrs 0
- 5hrs 0
- 6+hrs 0

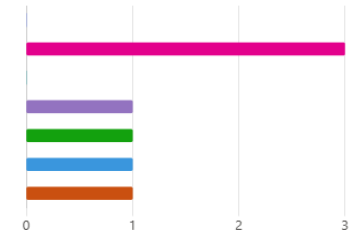


9. What benefits have you identified whilst using team rostering?

[More details](#)

Manager Feedback

- Gained confidence in using the roster system 0
- Reduced time creating rosters 3
- Lower perceived sickness 0
- Increased staff morale 1
- Lower adhoc interruptions 1
- Lower bank usage 1
- Other 1



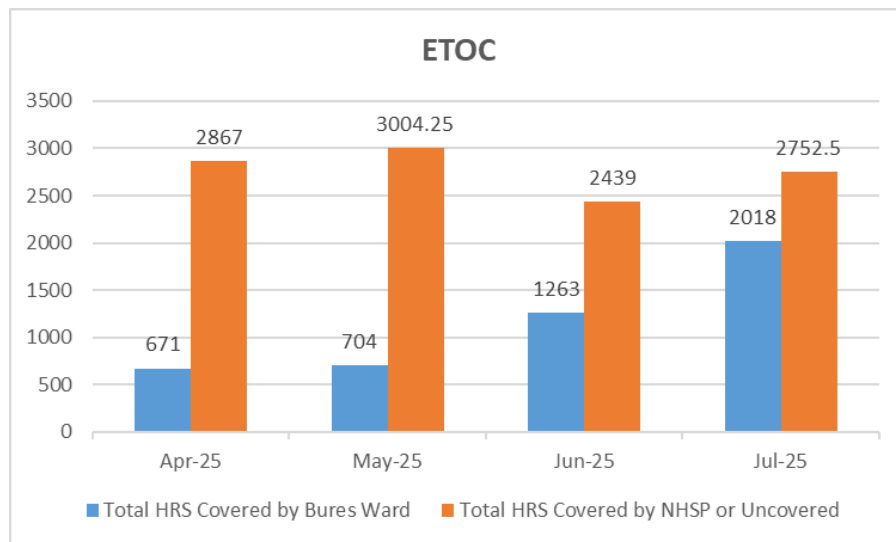
Additional Team Rostering KPI data shown above demonstrates improved skill mix at weekends. Substantive staff have chosen to fill more weekend shifts, resulting in a reduction in NHSP shifts, which can be seen here, comparing March – October 2025 with the same time frame in 2024.

In addition, Team Rostering cohort manager feedback demonstrates significant time released from creating rosters.



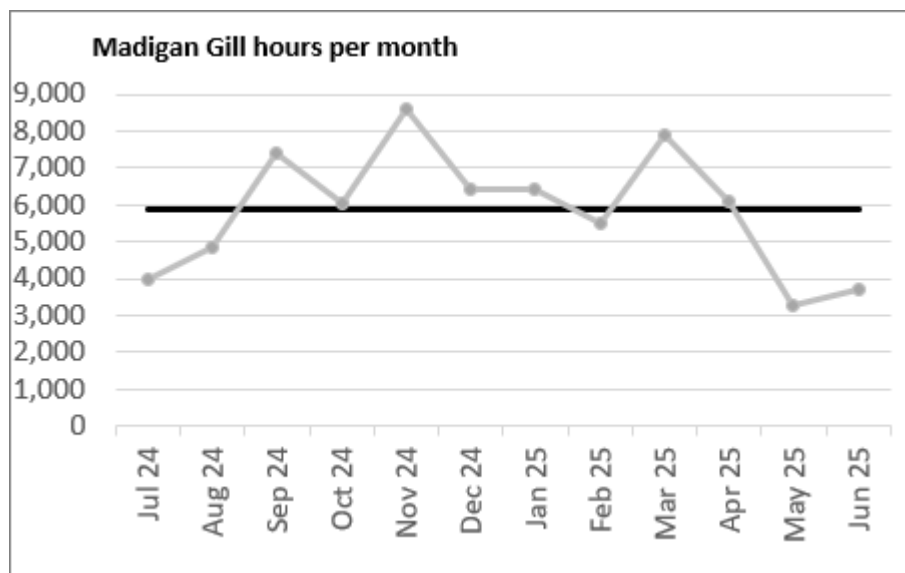
Appendix 7 – Bures Ward KPI data

The charts shown demonstrate both the monthly total hours covered by Bures Ward alongside the total hours still requiring cover by NHSP staff.



The reduction in security spend at Colchester Hospital since the Bures Ward pilot began.

Reinforcing the rationale for the growth and expansion of Bures ward.



References



East Suffolk and
North Essex
NHS Foundation Trust

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