

Report to	Board in Common, DCH	
Date of Meeting	9 th December 2025	
Report Title	Annual Safe Staffing Reports – Inpatients and Maternity Services	
Prepared By	Trudy Goode Safe Staffing Lead & Emma Hoyle Deputy Director of Nursing and Quality (Acute Care)	
Approved by Accountable Executive	Dawn Dawson, Joint Chief Nursing Officer	
Previously Considered By	Quality Committee in Common, 25/11/2025	
Action Required	Approval	Y
	Assurance	-
	Information	-

Alignment to Strategic Objectives	Does this paper contribute to our strategic objectives? <i>Delete as required</i>	
Care	Yes	
Colleagues	Yes	
Communities		No
Sustainability		No
Implications	Describe the implications of this paper for the areas below.	
Board Assurance Framework	SR1 Quality and Safety	
Financial	Direct impact on agency and temporary staffing spend	
Statutory & Regulatory	Performance against a number of local and national metrics and KPIs and linked to legal and regulatory requirements Integral to CQC quality standards	
Equality, Diversity & Inclusion	No implication	
Co-production & Partnership	Patient experience and confidence of local community in services provided. Improving the health of the local community and opportunities for wider engagement	

Executive Summary
<p>The papers outline the process and governance to ensure that Dorset County Hospital can meet national workforce requirements for safe staffing within inpatient wards and the Maternity Service (see Maternity and Neonatal Workforce Report).</p> <p>Completion of the bi-annual audit of acuity, dependency and staffing levels (using the Safer Nursing Care Tool) follows the National Quality Board (2016) requirements and the Developing Workforce Safeguards (2018) guidance to provide a comprehensive review and which concludes with a series of recommendations to the Board to ensure statutory obligations are met. The Annual Safe Staffing Report follows a 6 monthly audit and report submitted previously.</p> <p>In addition to the use of the Safer Nursing Care Tool (SCNT), staffing levels, patient acuity and dependency, and effective utilisation of resources is discussed twice daily at the internal bed/operational flow meetings and at twice daily strategic staffing reviews. Staff are requested to move area of work to ensure safe and effective care of our patients. This review is undertaken in conjunction with the Ward Sisters, Matrons and Heads of Nursing responsible for their respective areas.</p> <p>Since the Annual Safe Staffing Report (2024) the Allocate SafeCare module has been implemented, in line with recommendations from the previous report, across all inpatient wards. Acuity census is required 2 times daily. Further consideration has been given to this tool being adapted and utilised in Maternity Services, outside of current licence and requiring amendments to the descriptors. This is as an addendum to the Maternity Professional Judgement framework and to supplement the completion of BirthRate Plus every 3 years. The Safe Staffing Lead has worked with Maternity and E-Rostering teams</p>

to add a modified version for use within Maternity services including the Maternity Services Professional Judgement and Red Flags tools. The Maternity Service has developed its' own descriptors aligned to that of general wards to reflect the acuity and dependency of patients within the Maternity Unit. This was a requirement for Maternity to be working towards to qualify for the Maternity Incentive Scheme (Year 7, will be "live" from November 2025 and follows similar approaches in other Trusts.

A further project involving the Lead Nurse for Safe Staffing, Purbeck ward, the Quality Improvement team, Education, Allied Health Professionals, Dementia Team and colleagues from Liaison Psychiatry is being progressed using a multi-professional approach to the implementation of Enhanced Therapeutic Observation Care (ETOC). The purpose is to provide more meaningful interaction to patients on a one-to-one basis, for those who require such care including those with Mental Health, Dementia and Learning Disability. This is supported as a nationwide development by NHS England. An additional benefit is that of our own in house staff being trained and educated in the management of such patients since it is known that Dorset Health Care cannot provide such staff and our alternative is expensive agency Registered Nurse (Mental Health) provision when, on most occasions, Health Care Assistants are all that is required to support and interact with this patient group.

Summary

The Trust has reviewed the SNCT audits results for the Inpatient wards and has identified the need for additional staff in specific areas.

The Board is asked to:

- Acknowledge and approve the recommendations of the Annual Safe Staffing Report 2025/26.
- Acknowledge the uplift requirements in headroom from **20.5 % to 22.2%** in inpatient areas and in line with a phased approach as outlined in the targeted investment paper (Joint Executives 18th November 2025).
- Note the recommendation for funding of RNDA posts through slippage and allow for recruitment into HCSW vacancies to offset bank and agency spend (Trust targeted investment paper, November 2025)
- Note and support the uplift in staffing levels in accordance with audit findings.

Recommendation

Members are requested to:

- Acknowledge and approve the recommendations of the Annual Safe Staffing Report 2025/26.
- Acknowledge the uplift requirements in headroom from **20.5 % to 22.2%** in inpatient areas and in line with a phased approach as outlined in the targeted investment paper (Joint Executives 18th November 2025).
- Note the recommendation for funding of RNDA posts through slippage and allow for recruitment into HCSW vacancies to offset bank and agency spend (Trust targeted investment paper, November 2025)
- Note and support the uplift in staffing levels in accordance with audit findings.