Meeting: Trust Board In Public

Date of Meeting: 04 September 2026

Item Number: Item Number

Title of Report: Bi-Annual Safe Nursing Staffing Review Board Report – Part Two – The Appendices

Executive Director Lead: Bernadette George, Acting Chief Nurse

Author and Job Title: Ian Moyle-Browning, Associate Director of Acute Nursing and AHPs

Email Address: ianmoyle@nhs.net

Purpose of the Report:

Decision ☐ **Discussion** ☐ **Assurance** ☐ **Information** ☒

This appendix information pack are the support documents to the Bi-Annual Safe Nursing Staffing Review Report Part One: The Report.

Consultation:

The appendix information pack is to be read in conjunction with the above report as supplemental information which supported the review process and recommendations for the report for review report.

Key Risks (please tick one or more):

Clinical ☒ **Financial** ☒ **People** ☒

Reputational ☒ **Legal / Regulatory** ☒

Impact:

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?				
Quality Impact				

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Assessment completed?				
Data Protection Impact Assessment completed?				

Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only:

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Health and wellbeing of the population, including inequalities and wellbeing	
Quality of services provided or arranged by RCHT, including inequalities in benefits from those services	
Sustainable and efficient use of NHS resources by RCHT	

Recommendation(s):

The Committee **is recommended to:**

Use the appendix pack for further supportive information to the Bi-Annual Safe Nursing Staffing Review Report Part One: The Report.

Bi-Annual Safe Nursing Staffing Review Board Report –

Part 2 The Appendices

Contents:

Appendix 1 — **Bi-annual Safe Staffing Review Other Recommendations for next assessment**

Appendix 2 — **Bi-annual Safe Staffing Review 15th September 2025 to 24th October 2025 Recommendations Update**

Appendix 3 — **Wards / Units Included in Review**

Appendix 4 — **National Quality Board: Expectation 1 – Right Staff**

a) Model Health System Benchmarking Data – Care Hours per Patient Day.

b) Model Health System Benchmarking Data – Weighted Activity Unit (WAU).

Appendix 5 — **National Quality Board: Expectation 2 – Right Skills**

a) Appraisal Compliance (Source: Compliance Report – Appraisals and Training 30-04-2026).

b) Statutory and Essential Training Compliance (Source: Compliance Report for Subject Specialist 30-04/2026).

c) Ward Team Permanent Staff Stability Index (Source: ESR).

d) Nurses in Post Against Establishment (Vacancies) (Source: RCHT Ward to Board).

.Appendix 6 — **National Quality Board: Expectation 3 – Right Place, Right Time**

a) Skill Mix (Source: eRoster).

Appendix 7 — **CQC Regulatory Enquires: Bi-Annual Safer Staffing Review Dashboards**

a) Glossary.

b) All Cases.

c) Dashboard Filtered to all Wards with 3 or more enquires.

d) Dashboard Filtered to all Ward who had below 3 enquires.

e) Dashboard Filtered to Emergency Department (6 Enquires).

f) Dashboard Filtered to Kerensa (6 Enquires).

g) Dashboard Filtered to AMU (5 Enquires).

h) Dashboard Filtered to Lowen (5 Enquires).

i) Dashboard Filtered to Phoenix (5 Enquires).

j) Dashboard Filtered to Discharge Lounge (3 Enquires).

Appendix 8 **Evidence Based Tools - SNCT Calculation Breakdown by Ward/Unit**

Appendix 9 **Ward to Board Report April 2026**

Appendix 10 **AMAT**

Appendix 11 **Aspire Ward Accreditation**

a) Overview Outcome.

b) Breakdown of compliance.

Appendix 12 **SERF Dashboard for Roster Period 27/04/2026**

Appendix 13 **National Staffing Guidelines Compliance.**

Appendix 14 **Supervisory Time Achieved / Lost.**

Appendix 15 **Safer Staffing Review Recommendation / Outcome.**

Appendix 16 **Full overview of headline information.**

Appendix 1: Bi-annual Safe Staffing Review Other Recommendations for next assessment:

Trust Wide: Promotion of Incident Reporting of Sub-optimal Staffing on Incident Management System.

Trust Wide: Acting Chief Nurse is allocated a budget to resolve SNCT minor issues and that it is reported through the bi-annual safe staffing review report how it has been allocated.

Trust Wide: Senior Nurse Refresher Training in SNCT for improved validation and practical application of tool.

Trust Wide: Workforce Development plans for Registered Nurse Associates.

Trust Wide: Relaunch the Red Flag process to strengthen safe staffing.

Trust Wide: Where National Guidelines are not meet as highlighted in this paper each Division submit a position statement, risk assessment and improvement plan to the Professional Workforce Group.

Trust Wide: Each Division works on an improvement delivery plan to support compliance with appraisals.

Emergency Department: Ongoing review of Template against changing Capacity and Demand.

CCU: SOP for Flexing Staffing According to Acuity and Dependency in the Coronary Care Unit.

GLU/Grenville/AMU: Focus improvement works with a Care Pathway and Care Plan for the Care of the Adult Patient with Eating Disorders.

Wellington: SOP for Flexing Staffing According to Acuity and Dependency in Respiratory Higher Care.

Lowen: SOP for Flexing Staffing Allocation on Ward – Nurses Allocation by Acuity and Dependency on Lowen Ward.

Lowen: Divisional enquiry on long term delivery plan for Advice Line.

Lowen: Create supportive development plan for Assistant Practitioners to work at top of license on ward.

New KLOE for monitor to further understand nursing impact:

- WCH – Med 2: ETOC Requirement overnight.
- CCU: Lost nursing time for PPCI pathway, Telemetry Demand.
- CIU: Lost time to off ward activity.
- GLU: Bed days (Eating Disorder Patients).

- Grenville: Bed days (Eating Disorder Patients).
- St Mawes: Medical Outliers.
- Wheal Coates: Tracheostomy Patients.
- Fistral: Bed days (Eating Disorder Patients).
- Polkerris: Admission Profiling on PAU, Audit NiC Compliance and Supervisory Status.
- Lowen: Number of Neutropenic patients.

Appendix 2: Bi-annual Safe Staffing Review 15th September 2025 to 24th October 2025 Recommendations Update

1. **That the non-recurrently funded escalation spaces on Zennor and Trauma are considered to be funded substantively as part of the 2026/2027 operating planning round to enable lower cost delivery.**

   Zennor Ward escalation beds and the resulting increased establishment required for their staffing template has been funded as part of their ongoing establishment.

   Trauma 1 and 2 at the point of the review had not reached a substantive resolution and new recommendations were made within this review.

2. **Note that following a staffing review and professional judgement conversation a staffing deficit of 1 RN for LD (11.5 hours) every day was identified on the Renal unit that is a cost pressure and will need review in the next census period.**

   The Renal Unit reviewed operational capacity / demand and funding was achieved to form part of the substantive budget and subsequent FML.

3. **Note that Eden Ward continues to require the 1 health care support worker per night substantively as the day case bay is continuing to be bedded overnight, (2.73 WTE).**

   This clinical area continues to be used regularly as an escalation area and is unfunded.

4. **Note that an update report will be submitted in February 2026 with the census results for the Emergency Department and AMU following the recent workforce redesign.**

   The Emergency Department and AMU have both been operating in new templates and these are undergoing regular reviews.

5. **Note that a further roster review will take of paediatrics with the Head of Nursing and Associate Director of Finance to ensure that rostering matches funded FML.**

   This action had not reached a substantive resolution, and new recommendations were made within this review.

6. **All wards to repeat SCNT from Monday 16th March – Friday 24th April 2026 to reflect seasonality and case mix changes following Trust reconfiguration to ward areas.**

   This review reflects completing this action.

7. **That following the data collection process and professional judgement reviews and check and challenge there are no other material changes to establishments following this review at this time.**

   The review in the section Operational Changes provides an exception report to this recommendation.

Appendix 3: Wards / Units Included in Review

Division of Medicine	
Ward	**Tool Used**
Emergency Department	SNCT ED
WCH – UTC	Consensus
AMU (Inc. MRATs)	SNCT AAU
Phoenix (Inc. HASU)	SNCT AIPW
Kerensa	SNCT AIPW
Tintagel	SNCT AIPW
Zennor	SNCT AIPW
WCH – Med 1	SNCT AIPW
WCH – Med 2	SNCT AIPW
Coronary Care Unit	SNCT AIPW
Cardiac Investigation Unit	SNCT AIPW
Gastro and Liver Unit	SNCT AIPW
Wellington (Inc. RHC)	SNCT AIPW
Grenville	SNCT AIPW
Wheal Prosper	SNCT SSR
Roskear	SNCT AIPW
Marie Therese House	SNCT SSR

Division of Surgery	
Ward	**Tool Used**
ESU (Inc. SDSA)	SNCT AAU
Pendennis	SNCT AIPW
St Mawes	SNCT AIPW
Trauma 1	SNCT AIPW
Trauma 2	SNCT AIPW
Wheal Coates	SNCT AIPW
SMH – St Michaels	Consensus
SNH – St Josephs	SNCT AIPW
EPOC	Consensus
Critical Care Unit	Consensus

Clinical Reasoning / justification for not using patient-based workload-quality SNCT:

- WCH UTC: No tool available for UTC.
- SMH St Michaels: Combination unit of Outpatient Department / Day case.

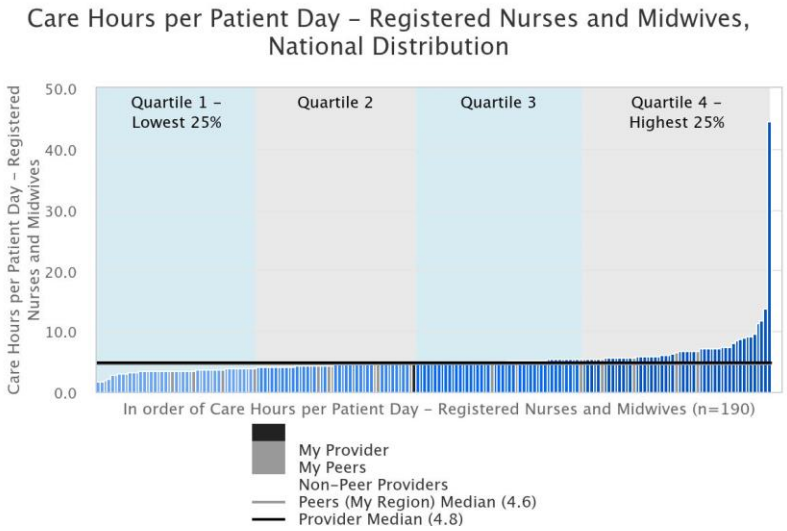
- EPOC: Unit does not operate 7 days therefore tool not valid.

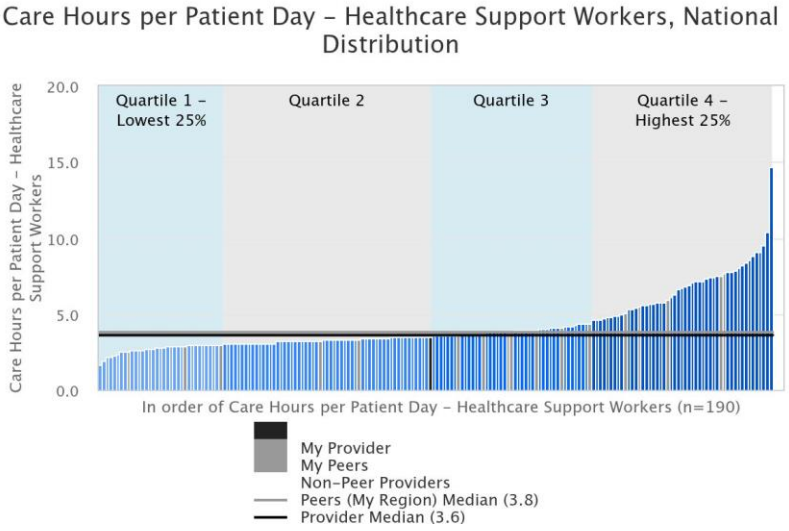
Division of Women and Children's	
Ward	Tool Used
Eden	SNCT AIPW
Fistral	SNCT CYP
Polkerris	SNCT CYP

Division of Clinical Support and Cancer	
Ward	Tool Used
Lowen	SNCT AIPW
[redacted]	

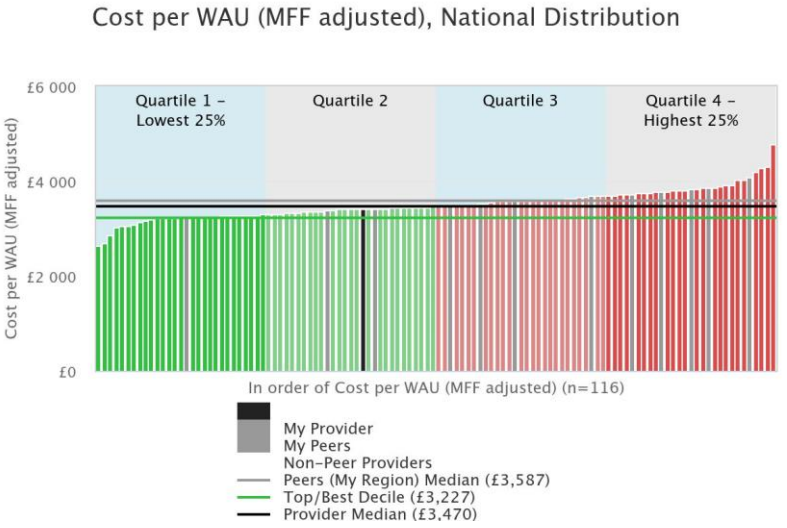
Appendix 4: National Quality Board: Expectation 1 – Right Staff

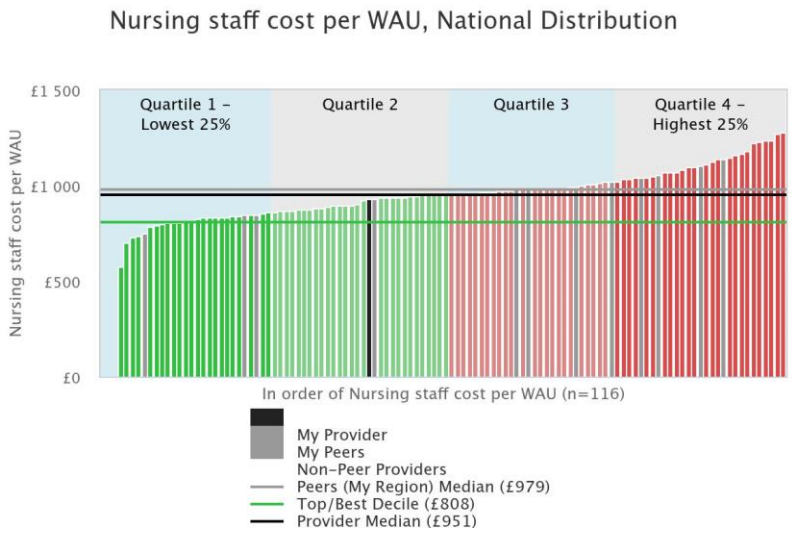
c) Model Health System Benchmarking Data – Care Hours per Patient Day.





d) Model Health System Benchmarking Data – Weighted Activity Unit (WAU)




Nursing staff cost per WAU, National Distribution
£1 500
£1 000
£500
£0
Nursing staff cost per WAU
Quartile 1 – Lowest 25%
Quartile 2
Quartile 3
Quartile 4 – Highest 25%
In order of Nursing staff cost per WAU (n=116)
My Provider
My Peers
Non-Peer Providers
Peers (My Region) Median (£979)
Top/Best Decile (£808)
Provider Median (£951)

Appendix 5: National Quality Board: Expectation 2 – Right Skills

a) Appraisal Compliance (Source: Compliance Report – Appraisals and Training 30-04-2026).

Department	Out Of Date	Appraisal Compliance %
156 Lowen Ward [20420]	23	25.8%
156 Acute Medical Unit [22120]	24	38.5%
156 Emergency Department [22040]	38	60.8%
156 Kerensa Ward [22220]	8	42.9%
156 Phoenix Stroke Ward [22222]	8	68.0%
156 Tintagel Ward [22221]	12	7.7%
156 WCH - Medical Unit 1 [22224]	7	56.3%
156 WCH - Medical Unit 2 [22225]		100.0%
156 WCH Urgent Treatment Centre [22042]	6	64.7%
156 Zennor Ward [22530]	12	25.0%
156 Cardiac Investigation Unit [22347]	11	0.0%
156 Coronary Care Unit [22321]	2	91.3%
156 Gastroenterology and Liver Unit [22620]	1	94.1%
156 Grenville Ward [22720]	1	94.1%
156 Marie Therese House Rehabilitation [22223]	3	76.9%
156 Roskear Ward [22320]	3	66.7%
156 Wellington Ward [22420]	11	42.1%
156 Wheal Prosper Ward [22520]	1	91.7%
156 Emergency Surgical Unit [26120]		100.0%
156 Pendennis Ward [26121]	6	70.0%
156 St Mawes Unit [26123]	1	96.3%
156 Wheal Coates Ward [25720]	7	56.3%
156 St Josephs Ward [25524]	3	81.3%
156 St Michaels Ward [25528]	1	90.9%
156 Trauma 1 [26420]	5	66.7%
156 Trauma 2 [26425]		100.0%
156 Critical Care Unit [25320]	29	60.3%
156 Enhanced Perioperative Care Unit [25322]	5	37.5%
156 Eden Ward (Womens Health) [28423]	6	66.7%
156 Fistral Unit [28025]	1	96.2%
156 Gwithian Unit [28024]		100.0%
156 Polkerris Ward [28021]	5	84.4%
156 Womens & Children Division Total	**12**	85.2%
Grand Total	**240**	**66.2%**

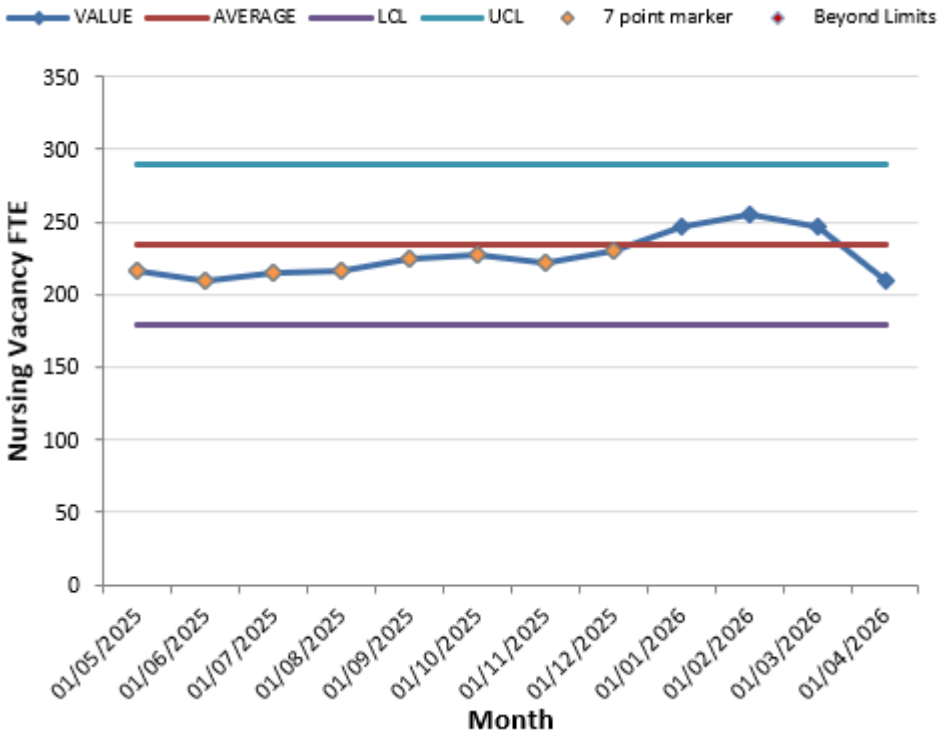
b) Statutory and Essential Training Compliance (Source: Compliance Report for Subject Specialist 30-04/2026)

Department	Number of Requirements	Number of Achieved Competencies	Compliance Rate
156 Critical Care Unit [25320]	3699	3159	85.40%
156 Enhanced Perioperative Care Unit [25322]	352	302	85.80%
156 Wheal Coates Ward [25720]	870	736	84.60%
156 Emergency Surgical Unit [26120]	1220	1107	90.74%
156 Pendennis Ward [26121]	1075	983	91.44%
156 St Mawes Unit [26123]	1267	1188	93.76%
156 St Josephs Ward [25524]	788	718	91.12%
156 St Michaels Ward [25528]	488	460	94.26%
156 Trauma 1 [26420]	845	643	76.09%
156 Trauma 2 [26425]	999	840	84.08%
156 Acute Medical Unit [22120]	2130	1582	74.27%
156 Cardiac Investigation Unit [22347]	638	516	80.88%
156 Coronary Care Unit [22321]	1204	1014	84.22%
156 Emergency Department [22040]	5667	4632	81.74%
156 Wheal Prosper Ward [22520]	640	580	90.63%
156 Kerensa Ward [22220]	745	690	92.62%
156 Tintagel Ward [22221]	890	586	65.84%
156 Gastroenterology and Liver Unit [22620]	1066	956	89.68%
156 Grenville Ward [22720]	939	764	81.36%
156 Marie Therese House Rehabilitation [22223]	640	551	86.09%
156 Roskear Ward [22320]	744	503	67.61%
156 Wellington Ward [22420]	1184	876	73.99%
156 Phoenix Stroke Ward [22222]	1309	1076	82.20%
156 WCH - Medical Unit 1 [22224]	838	751	89.62%
156 WCH - Medical Unit 2 [22225]	692	647	93.50%
156 Lowen Ward [20420]	1723	1473	85.49%
156 Fistral Unit [28025]	1112	772	69.42%
156 Gwithian Unit [28024]	226	194	85.84%
156 Polkerris Ward [28021]	1651	1154	69.90%
156 Eden Ward (Womens Health) [28423]	903	611	67.66%
Grand Total	**36544**	**30064**	**82.27%**

c) Ward Team Permanent Staff Stability Index (Source: ESR)

Dept	Metri	Start	End	Remain	Index
156 Acute Medical Unit [22120]	Headcount	45	43	33	73.33%
156 Cardiac Investigation Unit [22347]	Headcount	14	13	11	78.57%
156 Coronary Care Unit [22321]	Headcount	24	25	22	91.67%
156 Critical Care Unit [25320]	Headcount	81	80	73	90.12%
156 Eden Ward (Womens Health) [28423]	Headcount	21	20	19	90.48%
156 Emergency Department [22040]	Headcount	115	108	98	85.22%
156 Emergency Surgical Unit [26120]	Headcount	26	26	22	84.62%
156 Enhanced Perioperative Care Unit [25322]	Headcount	10	8	8	80.00%
156 Fistral Unit [28025]	Headcount	30	28	27	90.00%
156 Gastroenterology and Liver Unit [22620]	Headcount	19	20	17	89.47%
156 Grenville Ward [22720]	Headcount	18	18	15	83.33%
156 Gwithian Unit [28024]	Headcount	5	5	5	100.00%
156 Kerensa Ward [22220]	Headcount	16	15	13	81.25%
156 Lowen Ward [20420]	Headcount	32	35	29	90.63%
156 Marie Therese House Rehabilitation [22223]	Headcount	13	13	12	92.31%
156 Pendennis Ward [26121]	Headcount	21	22	18	85.71%
156 Phoenix Stroke Ward [22222]	Headcount	27	26	23	85.19%
156 Polkerris Ward [28021]	Headcount	37	45	36	97.30%
156 Roskear Ward [22320]	Headcount	17	16	10	58.82%
156 St Josephs Ward [25524]	Headcount	18	19	18	100.00%
156 St Mawes Unit [26123]	Headcount	21	29	18	85.71%
156 St Michaels Ward [25528]	Headcount	12	11	11	91.67%
156 Tintagel Ward [22221]	Headcount	17	19	13	76.47%
156 Trauma 1 [26420]	Headcount	17	18	13	76.47%
156 Trauma 2 [26425]	Headcount	16	22	16	100.00%
156 WCH - Medical Unit 1 [22224]	Headcount	15	16	15	100.00%
156 WCH - Medical Unit 2 [22225]	Headcount	13	13	11	84.62%
156 WCH Urgent Treatment Centre [22042]	Headcount	18	18	16	88.89%
156 Wellington Ward [22420]	Headcount	24	26	21	87.50%
156 Wheal Coates Ward [25720]	Headcount	18	18	16	88.89%
156 Wheal Prosper Ward [22520]	Headcount	11	13	11	100.00%
156 Zennor Ward [22530]	Headcount	21	21	16	76.19%

d) Nurses in Post Against Establishment (Vacancies) (Source: RCHT Ward to Board)



Appendix 6: National Quality Board: Expectation 3 – Right Place, Right Time

b) Skill Mix (Source: eRoster).

SNCT Areas

Review Period	Ward	Skill Mix	
		Registrant	Non-Registrant
2026 03 - 2026 04	ED	66%	34%
2026 03 - 2026 04	AMU (Inc. MRATS)	57%	43%
2026 03 - 2026 04	Phoenix (Inc.HDU)	57%	43%
2026 03 - 2026 04	Kerensa	36%	64%
2026 03 - 2026 04	Tintagel	41%	59%
2026 03 - 2026 04	Zennor	45%	55%
2026 03 - 2026 04	WCH - Med 1	46%	54%
2026 03 - 2026 04	WCH - Med 2	50%	50%
2026 03 - 2026 04	CCU	84%	16%
2026 03 - 2026 04	CIU	54%	46%
2026 03 - 2026 04	GLU	45%	55%
2026 03 - 2026 04	Wellington (Inc. RSU)	64%	36%
2026 03 - 2026 04	Grenville	47%	53%
2026 03 - 2026 04	Wheal Prosper	47%	53%
2026 03 - 2026 04	Roskear	52%	48%
2026 03 - 2026 04	MTH	52%	48%
2026 03 - 2026 04	ESU	56%	44%
2026 03 - 2026 04	Pendennis	62%	38%
2026 03 - 2026 04	St Mawes	56%	44%
2026 03 - 2026 04	Trauma 1	48%	52%
2026 03 - 2026 04	Trauma 2	39%	61%
2026 03 - 2026 04	Wheal Coates	52%	48%
2026 03 - 2026 04	SMH - St Josephs	59%	41%
2026 03 - 2026 04	Eden	56%	44%
2026 03 - 2026 04	Fistral	74%	26%
2026 03 - 2026 04	Polkerris (Inc. PAU)	79%	21%
2026 03 - 2026 04	Lowen	64%	36%

Non SNCT Areas

Review Period	Ward	Registrant	Non-Registrant
2026 03 - 2026 04	WCH - UTC	97%	3%
2026 03 - 2026 04	SMH - St Michaels	55%	45%
2026 03 - 2026 04	Critical Care	90%	10%
2026 03 - 2026 04	EPOC	54%	46%

Appendix 7: CQC Regulatory Enquires: Bi-Annual Safer Staffing Review Dashboards

(Source: RCHT Internal Case Enquiry Dashboard)

k) Glossary

Divisions
MED: Medicine W&C: Women & Children
SUR: Surgery CSCS: Clinical Support & Cancer Services

Locations
ED: Emergency Department AMU: Acute Medical Unit
CIU: Cardiac Investigation Unit GLU: Gastro & Liver Unit
ICU: Intensive Care Unit UTC: Urgent Treatment Centre
WCH MED UNIT: West Cornwall Hospital Medical Unit

Status
Open: Enquiry remains in progress.
Closed: Enquiry response submitted.
Re-Opened: Further queries received following initial submission.

Types:
- RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
A UK law requiring employers to report specific work-related deaths, serious injuries, occupational diseases, and near misses. CQC can raise enquiries on patient safety related reports.

- LFPSE: Learn from Patient Safety Events
A national NHS system for the recording and analysis of patient safety events that occur in healthcare. CQC review this data and raise queries in response.

- Safeguarding: Section 42 Safeguarding Referrals
A legal duty under the Care Act 2014 requiring local authorities to make inquiries and decide if protection is needed when an adult faces abuse or neglect. CQC are notified of these referrals along with other safeguarding notifications and can raise queries in response.

- PSII: Patient Safety Incident Investigation
A PSII is undertaken when an incident or near-miss indicates significant patient safety risks and potential for new learning. CQC are notified of all PSIIs and we routinely share the outcome reports.

- Complaint: Patient and Family Complaints
Complainants can contact CQC and request oversight of their complaint response. CQC track the response and can raise separate queries in response

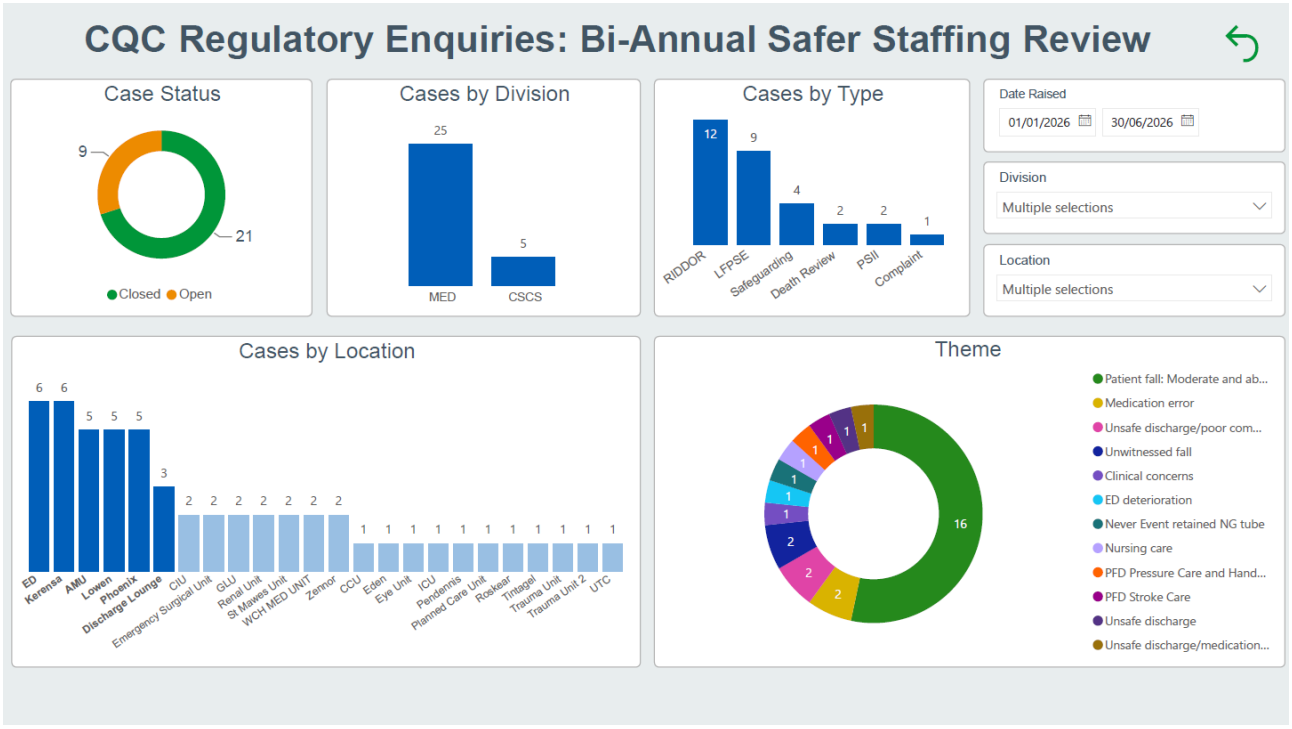
- Death Review - PFD: Prevention of Future Deaths
Also called a Regulation 28 report, a formal written notice issued by a coroner in England and Wales. It is sent to individuals, organisations, or government agencies when an investigation reveals urgent risks that could cause more deaths if left unaddressed. CQC are notified when a PFD is issued and can raise queries in response.

- Other
Any other enquiry from CQC that does not fall under the above - can include concerns raised directly to CQC, questions regarding media or national data sets etc.

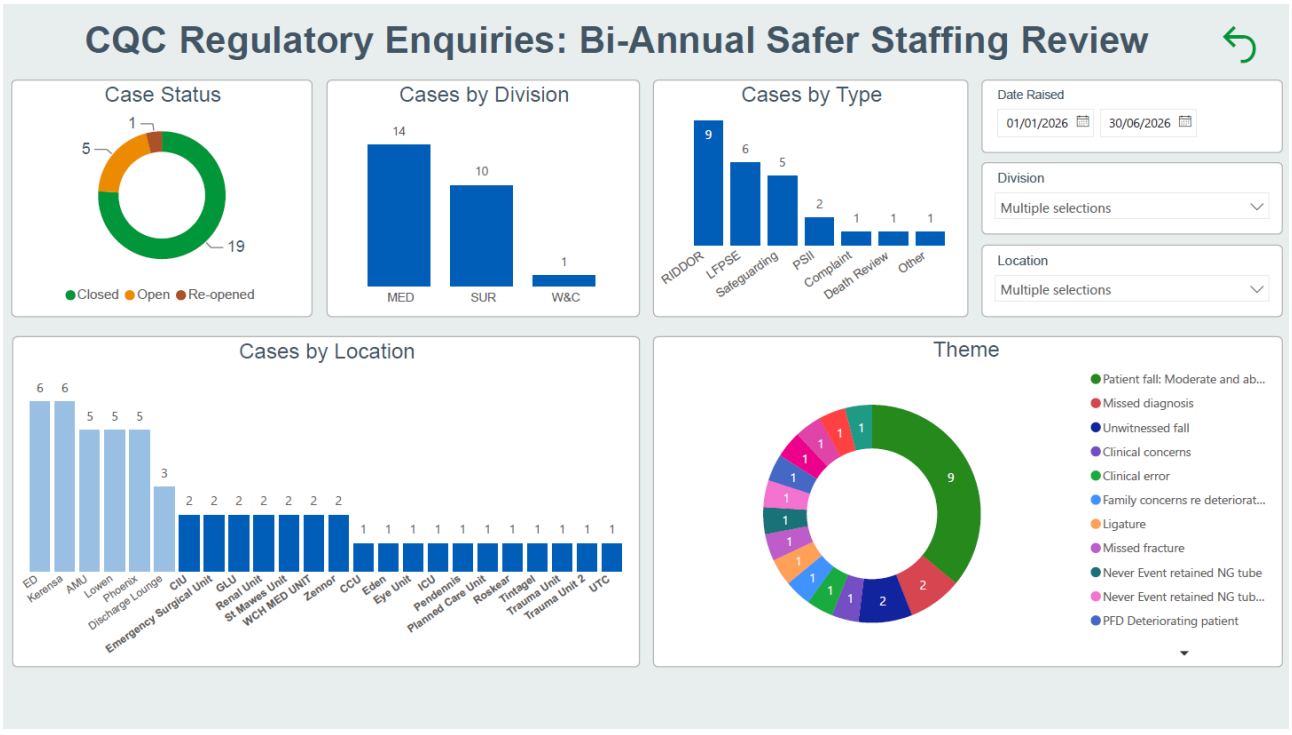
l) All Cases



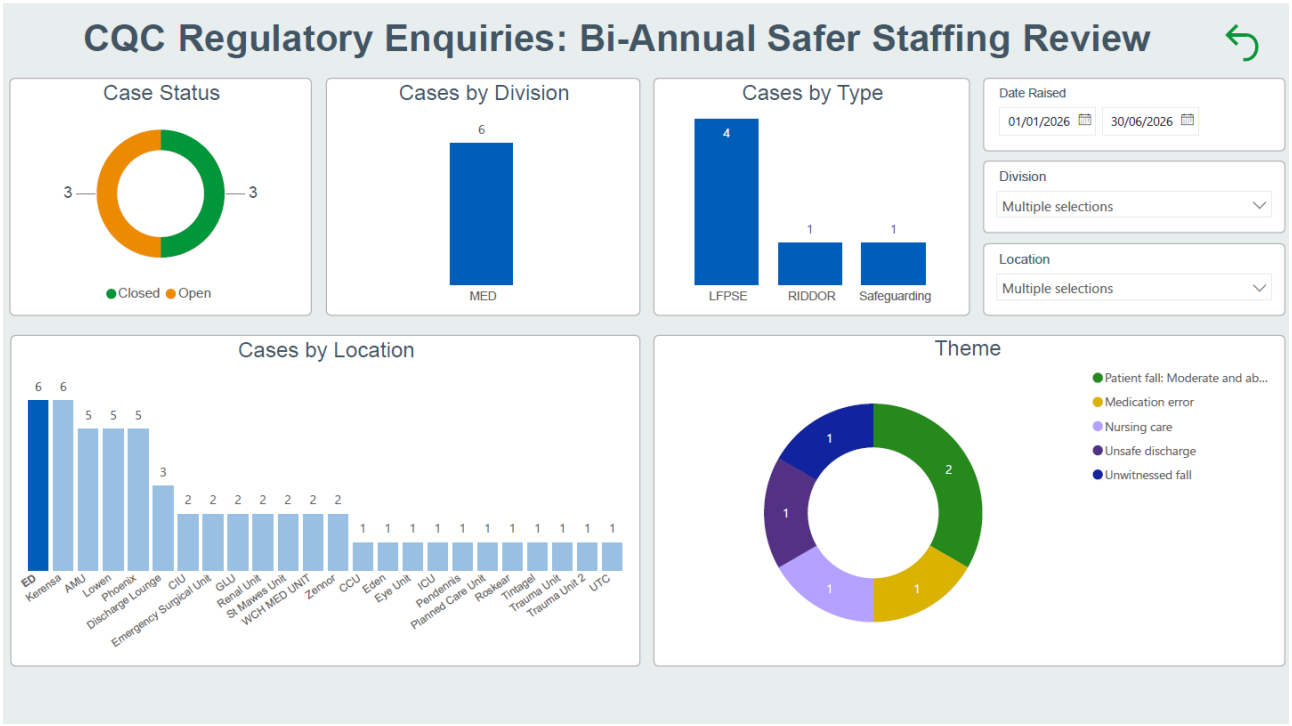
m) Dashboard Filtered to all Wards with 3 or more enquires



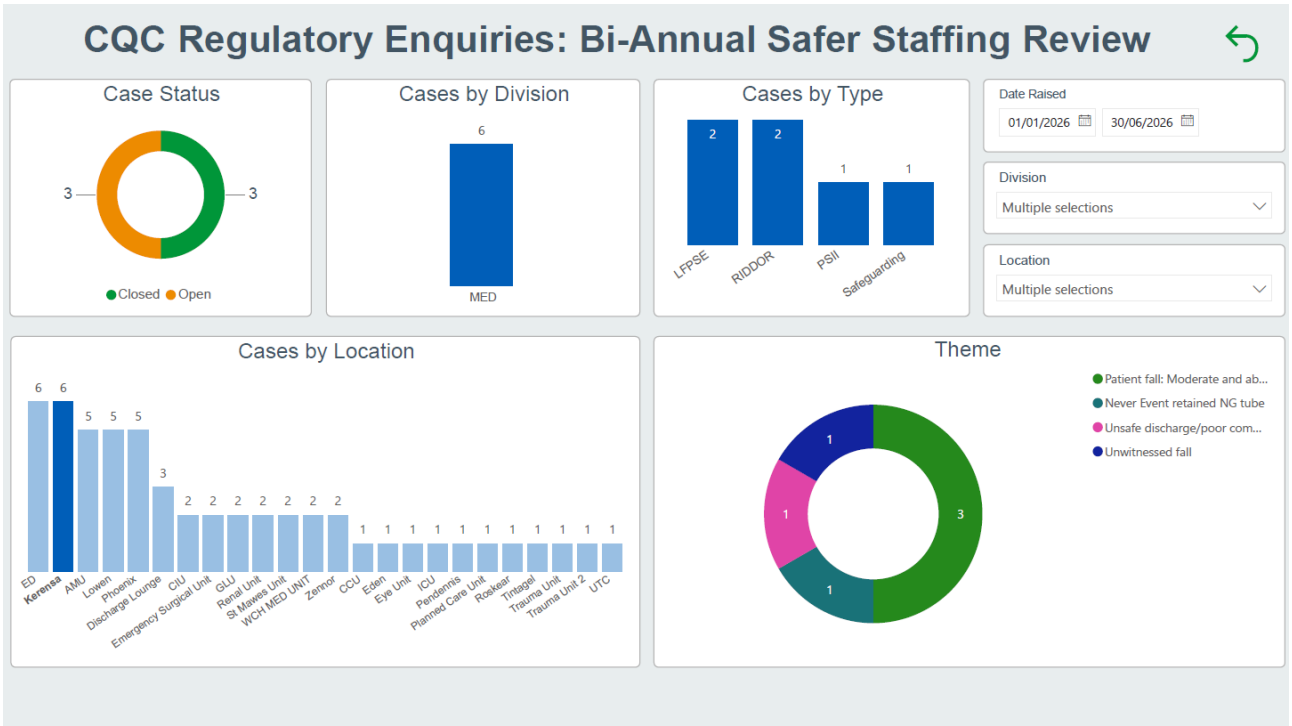
n) Dashboard Filtered to all Ward who had below 3 enquires



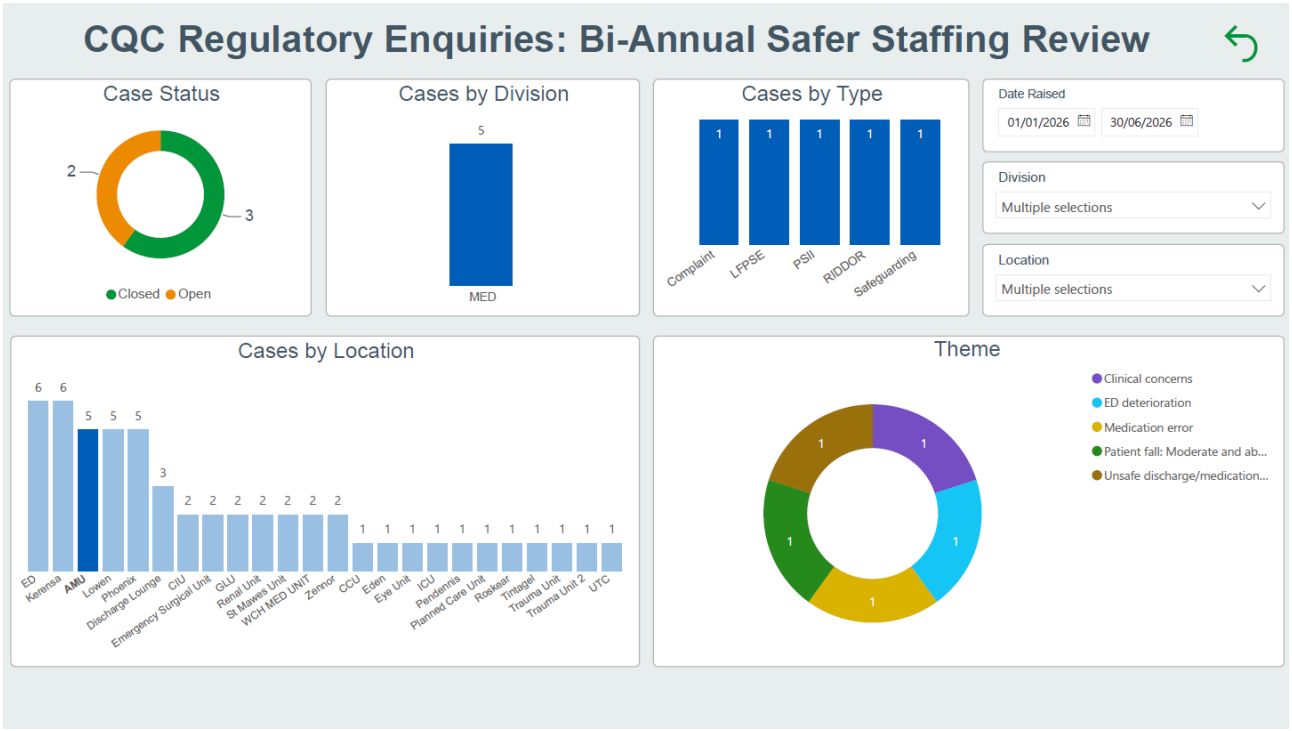
o) Dashboard Filtered to Emergency Department (6 Enquires)



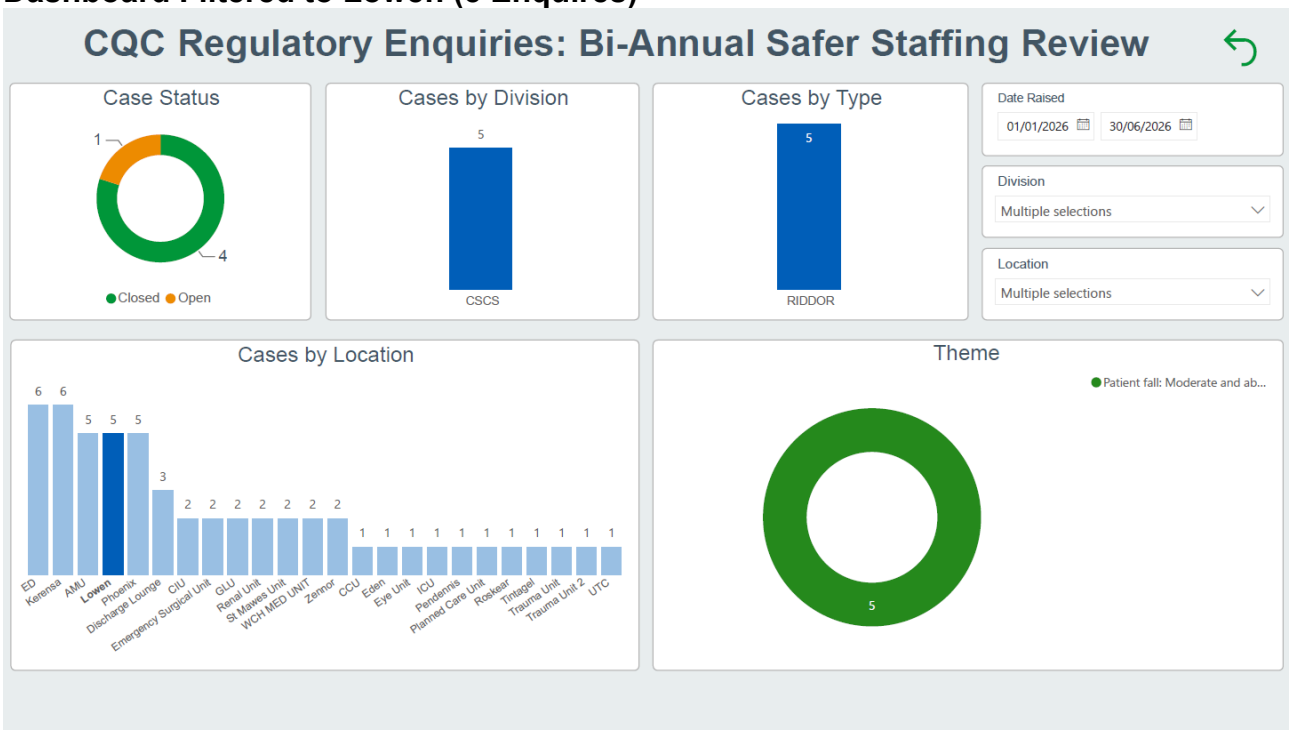
p) Dashboard Filtered to Kerensa (6 Enquires)



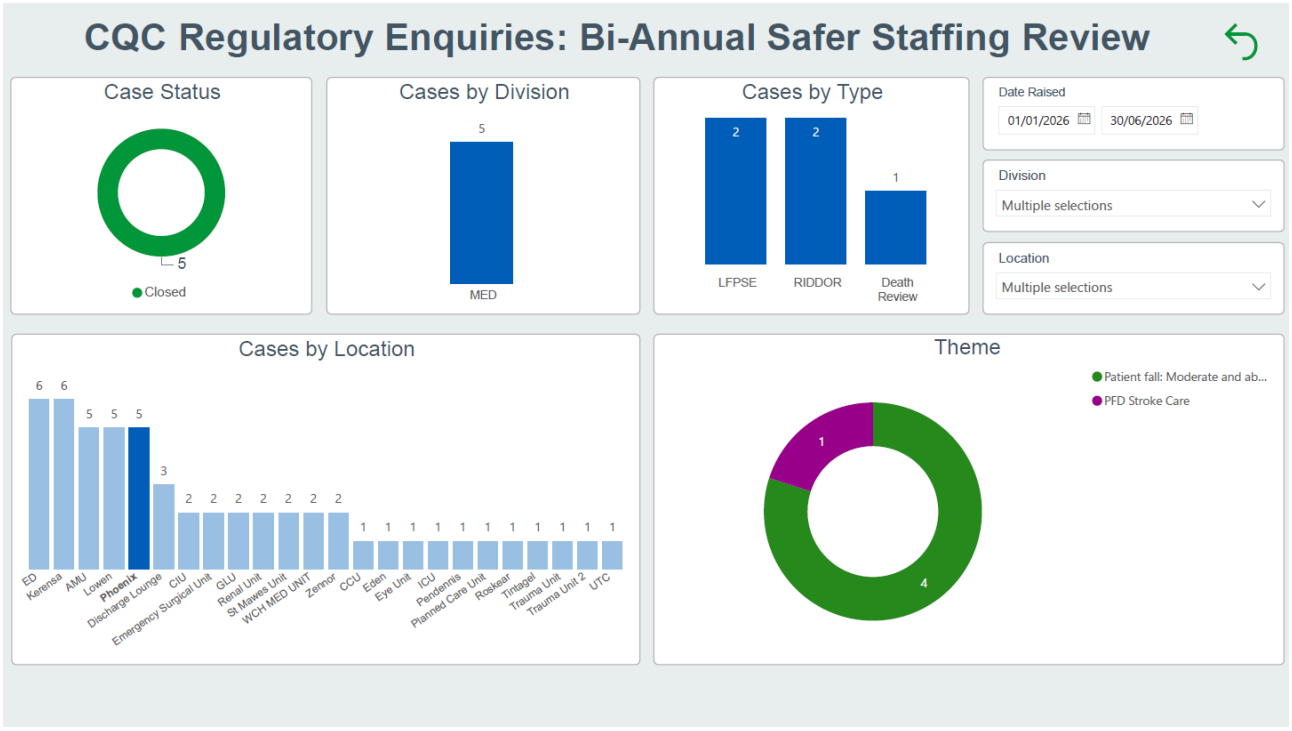
q) Dashboard Filtered to AMU (5 Enquires)



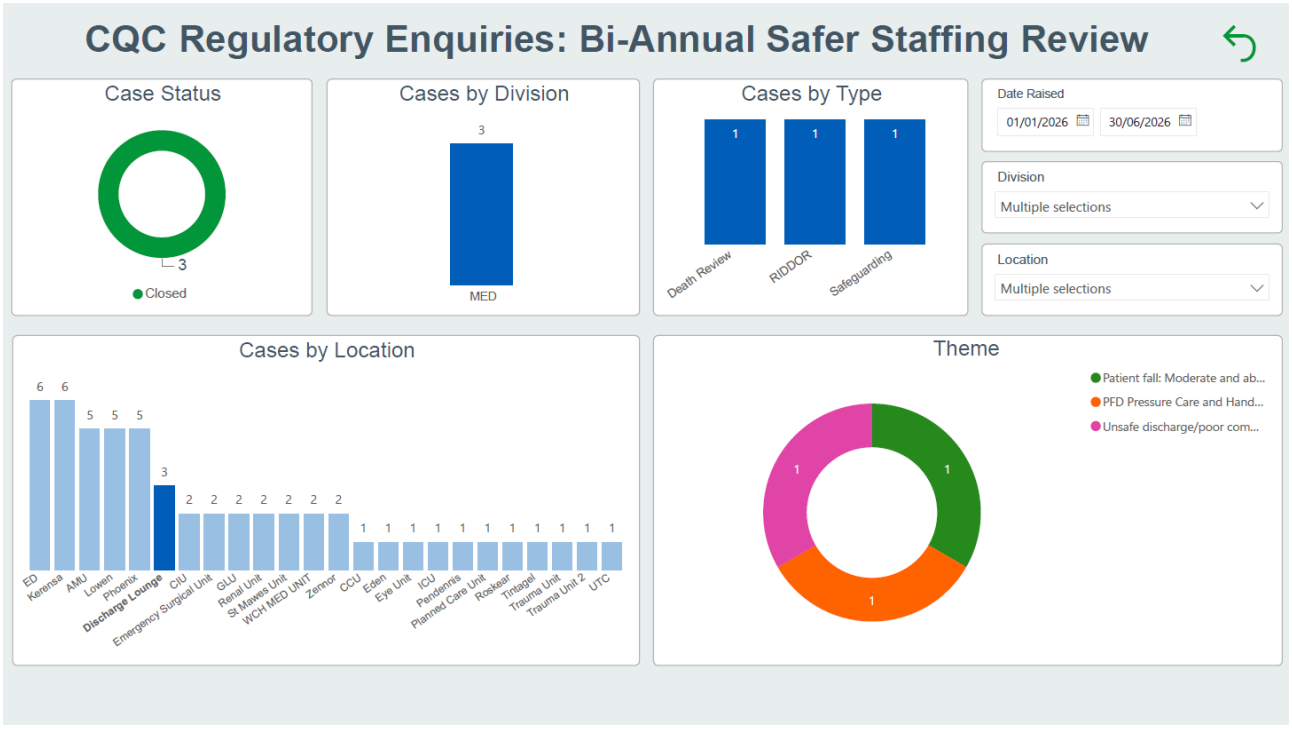
r) Dashboard Filtered to Lowen (5 Enquires)



s) Dashboard Filtered to Phoenix (5 Enquires)



t) Dashboard Filtered to Discharge Lounge (3 Enquires)



Appendix 8: Evidence Based Tools - SNCT Calculation Breakdown by Ward/Unit

(Source: SNCT Calculation Outcome).

SNCT Areas

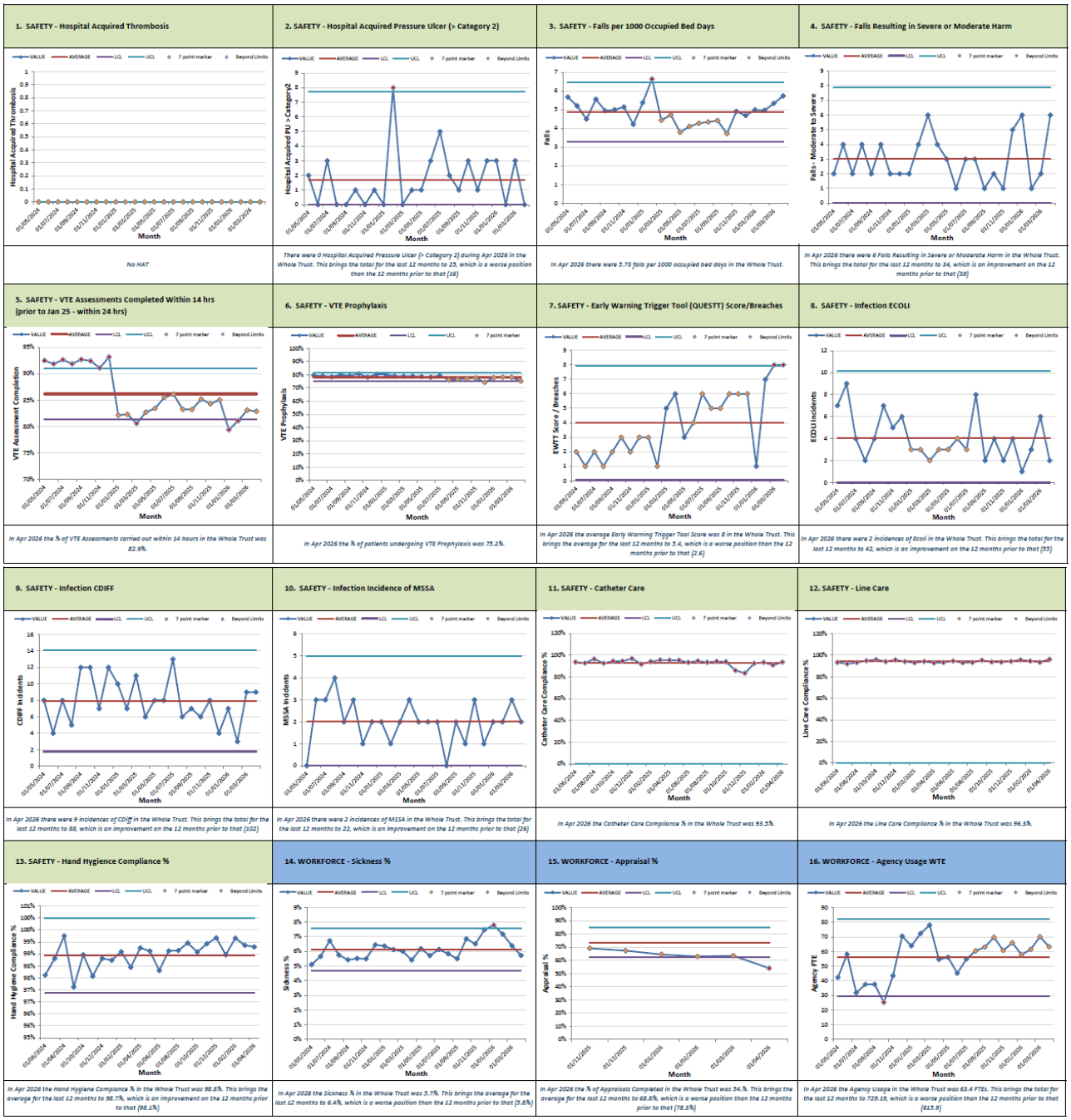
		March - April 2026 Review								
Review Period	InSrvd	Current SNCT Prediction Band 4-6 WTE	Establishment Band 4-6 WTE	Variance Band 4-6 WTE	Current SNCT Prediction Band 2-3 WTE	Establishment Band 2-3 WTE	Variance Band 2-3 WTE	Current SNCT Prediction Total WTE	Establishment Total WTE	Variance Total WTE
2026 03 - 2026 04	ED	92.6	98.68	6.08	24.18	43.54	19.36	116.78	142.22	25.44
2026 03 - 2026 04	AMU (Inc. MRATS)	57.42	62.54	5.12	43.75	43.75	0	101.17	106.29	5.12
2026 03 - 2026 04	Phoenix (Inc.HDU)	26.82	30.51	3.69	26.82	17.09	-9.73	53.64	47.6	-6.04
2026 03 - 2026 04	Kerensa	24.1	18.36	-5.74	46.78	35.55	-11.23	70.88	53.91	-16.97
2026 03 - 2026 04	Tintagel	20.94	21.1	0.16	32.75	32.82	0.07	53.69	53.92	0.23
2026 03 - 2026 04	Zennor	35.63	19.57	-16.06	45.35	24.61	-20.74	80.98	44.18	-36.8
2026 03 - 2026 04	WCH - Med 1	13.32	16.41	3.09	31.08	21.88	-9.2	44.4	38.29	-6.11
2026 03 - 2026 04	WCH - Med 2	15.36	16.41	1.05	35.83	20.91	-14.92	51.19	37.32	-13.87
2026 03 - 2026 04	CCU	19.59	22.44	2.85	4.01	4.5	0.49	23.6	26.94	3.34
2026 03 - 2026 04	CIU	15.22	15.23	0.01	6.52	7.02	0.5	21.74	22.25	0.51
2026 03 - 2026 04	GLU	28.98	25.14	-3.84	25.7	22.35	-3.35	54.68	47.49	-7.19
2026 03 - 2026 04	Wellington (Inc. RSU)	33.16	30.08	-3.08	14.9	13.72	-1.18	48.06	43.8	-4.26
2026 03 - 2026 04	Grenville	21.91	20.84	-1.07	21.05	20.11	-0.94	42.96	40.95	-2.01
2026 03 - 2026 04	Wheal Prosper	13.38	13.67	0.29	10.51	10.95	0.44	23.89	24.62	0.73
2026 03 - 2026 04	Roskear	19.66	19.45	-0.21	18.89	19.33	0.44	38.55	38.78	0.23
2026 03 - 2026 04	MTH	13.33	14.18	0.85	15.03	14.8	-0.23	28.36	28.98	0.62
2026 03 - 2026 04	ESU	22.64	21.88	-0.76	9.7	14.44	4.74	32.34	36.32	3.98
2026 03 - 2026 04	Pendennis	22.73	21.08	-1.65	15.15	13.2	-1.95	37.88	34.28	-3.6
2026 03 - 2026 04	St Mawes	27.62	28.4	0.78	18.41	23.49	5.08	46.03	51.89	5.86
2026 03 - 2026 04	Trauma 1	25.36	21.89	-3.47	25.36	23.36	-2	50.72	45.25	-5.47
2026 03 - 2026 04	Trauma 2	26.85	21.84	-5.01	26.85	21.48	-5.37	53.7	43.32	-10.38
2026 03 - 2026 04	Wheal Coates	14.47	16.41	1.94	14.47	16.41	1.94	28.94	32.82	3.88
2026 03 - 2026 04	SMH - St Josephs	6.45	15.8	9.35	4.36	12.5	8.14	10.81	28.3	17.49
2026 03 - 2026 04	Eden	22.86	20.29	-2.57	8.81	16.16	7.35	31.67	36.45	4.78
2026 03 - 2026 04	Fistral	14.5	21.56	7.06	7.5	6.71	-0.79	22	28.27	6.27
2026 03 - 2026 04	Polkerris (Inc. PAU)	24.1	34.29	10.19	12.2	8.85	-3.35	36.3	43.14	6.84
2026 03 - 2026 04	Lowen	34.39	34.74	0.35	13.37	14.31	0.94	47.76	49.05	1.29

Non SNCT Areas

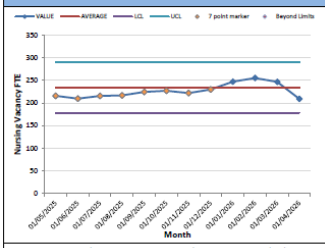
Review Period	InSrvd	Current SNCT Prediction Band 4-6 WTE	Establishment Band 4-6 WTE	Variance Band 4-6 WTE	Current SNCT Prediction Band 2-3 WTE	Establishment Band 2-3 WTE	Variance Band 2-3 WTE	Current SNCT Prediction Total WTE	Establishment Total WTE	Variance Total WTE
2026 03 - 2026 04	WCH - UTC		18.53			0.43			18.96	
2026 03 - 2026 04	SMH - St Michaels		11.82			6.25			18.07	
2026 03 - 2026 04	Critical Care		91.25			6.47			97.72	
2026 03 - 2026 04	EPOC		12.19			5.06			17.25	

Appendix 9: Ward to Board Report April 2026

(Source: RCHT Radar – RCHT Ward to Board Dashboard).

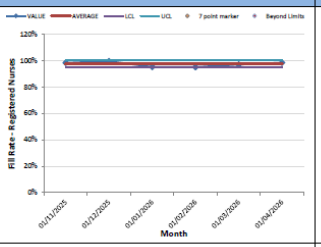


17. WORKFORCE - Nursing Vacancy WTE



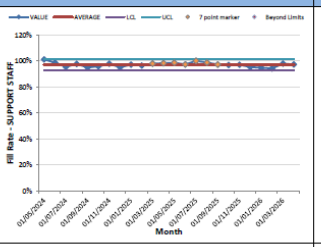
In Apr 2026 the Nursing Vacancy FTEs was 209.19 in the Whole Trust. This brings the average for the last 12 months to 226.6, which is an improvement on the 12 months prior to that (241.8)

18. WORKFORCE - Fill Rate - Registered Nurses



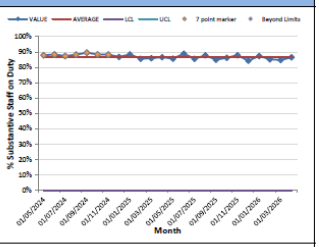
In Apr 2026 the Fill Rate for Registered Nurses was 98.4% in the Whole Trust. This brings the average for the last 12 months to 1.0, which is a worse position than the 12 months prior to that (1.0)

19. WORKFORCE - Fill Rate - Support Staff



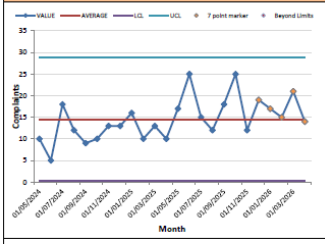
In Apr 2026 the Fill Rate for Support Staff was 97.4% in the Whole Trust. This brings the average for the last 12 months to 1.0, which is a worse position than the 12 months prior to that (1.0)

20. WORKFORCE - % Substantive Staff on Duty



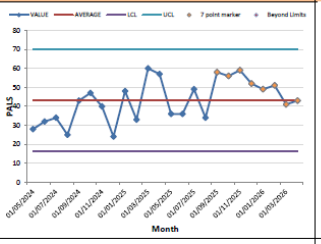
In Apr 2026 the % substantive staff on duty was 86.6%

21. EXPERIENCE - Complaints



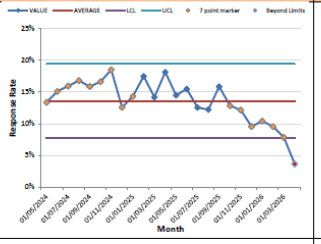
In Apr 2026 there were 14 complaints in the Whole Trust. This is worse than last month (15) and worse than the average over the last 24 months (14.5)

22. EXPERIENCE - PALS



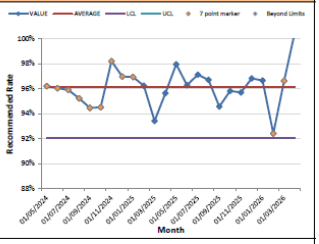
In Apr 2026 there were 43 PALS in the Whole Trust. This is better than both the previous month (51) and the average for the last 24 months (43)

23. EXPERIENCE - Friends & Family Response Rate



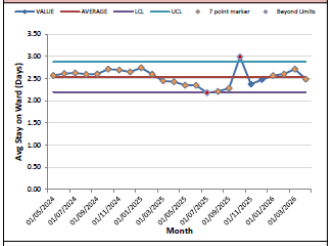
In Apr 2026 the Friends and Family Response Rate was 3.7% in the Whole Trust. This brings the average for the last 12 months to 11.4%, which is a worse position than the 12 months prior to that (13.8%)

24. EXPERIENCE - Friends & Family Recommend %



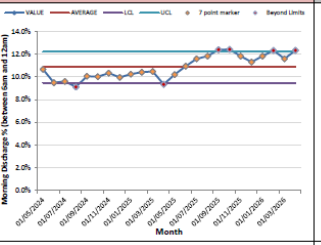
In Apr 2026 the % of friends and family recommending was 100.5% in the Whole Trust. This brings the average for the last 12 months to 96.4%, which is an improvement on the 12 months prior to that (95.8%)

25. OPERATIONAL - Average Length of Stay on Ward



In Apr 2026 the average ward LOS was 2.49 in the Whole Trust. This is better than both the previous month (2.71) and the average for the last 24 months (2.53)

26. OPERATIONAL - Morning Discharge %



In Apr 2026 the % of patients discharged in the morning was 12.3% in the Whole Trust. This is better than both the previous month (11.6%) and the average for the last 24 months (10.8%)

Appendix 10: AMAT

Overview

Audit	Frequency	Compliance over last 6 periods						Current	Improvement	Overdue actions
Safe and Secure Handling of Medicines Pharmacy Annual Audit	A	N/A	N/A	N/A	N/A	Nil	83.7%	83.5%	N/A	4
Catheter Associated Urinary Tract Infection (CAUTI) - Safety Thermometer (only to be completed 3rd Tuesday of each month)	M	87.8%	84.0%	73.5%	96.0%	88.0%	86.7%	N/A	▲	1
Corridor Care (Providing Safe and Good Quality Care in Temporary Escalation Spaces)	M	94.7%	92.2%	95.5%	97.7%	95.1%	95.7%	94.7%	▲	6
Delirium assessment and recognition	M	50.3%	37.0%	36.1%	39.3%	26.8%	41.2%	16.7%	▼	10
Dementia Key Performance Indicator	M	81.9%	82.6%	89.1%	89.6%	85.1%	87.1%	89.3%	▲	5
Discharge and Transfer	M	93.2%	93.1%	95.0%	92.6%	92.8%	95.0%	99.2%	➤	4
Equipment Cleaning Audit	M	95.6%	95.2%	95.7%	95.0%	95.3%	94.7%	95.9%	➤	17
Hand Hygiene	M	99.2%	99.2%	99.3%	99.3%	99.3%	99.6%	99.7%	➤	2
Indwelling Urinary Catheter	M	93.2%	90.8%	93.5%	92.7%	94.4%	92.2%	96.8%	➤	6
Inpatients Resus Trolley Checks	M	100.0%	97.1%	100.0%	99.2%	100.0%	97.8%	100.0%	➤	2
Intravascular Line Audit	M	94.8%	93.8%	96.4%	95.0%	94.0%	93.6%	97.7%	➤	4
Nursing Fundamental of Care Indicators	M	91.7%	91.1%	90.5%	92.1%	90.5%	91.4%	93.2%	➤	50
Uniform and Dress Code Standards - Uniformed Staff	M	Nil	96.7%	97.5%	98.5%	98.4%	98.5%	99.2%	▲	11
Senior Nurse Checklist	M	97.4%	97.9%	97.9%	97.7%	97.7%	97.5%	98.4%	➤	56

Appendix 11: Aspire Ward Accreditation

c) Overview Outcome.

Ward	Next ASPIRE Due	Date of Last ASPIRE	Current Rating	Percentage	Position	Date of prior ASPIRE	Prior Result	Percentage
GLU	May-26	Nov-25	Bronze	79%	Decreased	Feb-25	Bronze	82%
Grenville	Feb-26	Aug-25	Bronze	78%	Improved	Jan-25	White	56%
Wheal Coates	Dec-25	Mar-25	Silver	87%	Improved	Feb-24	Bronze	84%
Wheal Prosper	Aug-26	Feb-26	Bronze	76%	Decreased	Jul-25	Bronze	81%
Critical Care	Mar-26	Sep-25	Bronze	81%	Improved	Apr-25	White	61%
EPOC	Oct-26	Jan-26	Silver	89%	Improved	Feb-25	White	61%
Theatres (Tower)	Apr-26	Jan-26	White	62%	N/A	N/A	N/A	N/A
Theatres (Trelawney)	May-26	Feb-26	White	58%	N/A	N/A	N/A	N/A
Theatres (Newlyn)	Jul-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Theatres (SASH)	Jul-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lowen	Jun-26	Sep-25	Silver	92%	Improved	May-25	Bronze	75%
Pendennis	Jun-26	Sep-25	Silver	89%	Improved	Feb-25	Bronze	83%
ESU	Feb-26	Aug-25	Bronze	80%	Maintained	Oct-24	Bronze	80%
St Mawes	Oct-25	Apr-25	Bronze	84%	Decreased	Nov-24	Silver	91%
Eden	May-26	Aug-25	Silver	86%	Improved	Oct-24	Bronze	85%
Polkerris	Mar-25	Dec-24	White	63%	Decreased	Mar-24	Bronze	72%
Fistral, Clic & Harlyn	Mar-26	Sep-25	Bronze	83%	Improved	Nov-24	White	62%
Wheal Rose	Dec-25	Sep-25	White	59%	N/A	N/A	N/A	N/A
Wheal Fortune	Sep-26	Mar-26	Bronze	69%	Improved	Aug-25	White	55%
Delivery Suite and Birth Centre	Dec-25	Sep-25	White	41%	N/A	N/A	N/A	N/A
Neonatal	Jul-25	Jan-25	Bronze	76%	N/A	N/A	N/A	N/A
AMU	Jan-26	Oct-25	White	58%	Decreased	Jul-25	White	62%
ED	May-26	Nov-25	Bronze	67%	Improved	Sep-25	White	51%
Kerensa	Mar-26	Sep-25	Bronze	82%	Improved	May-25	White	62%
Phoenix	Dec-25	Jun-25	Bronze	78%	Decreased	Oct-24	Bronze	80%
Tintagel	Mar-26	Sep-25	Bronze	81%	Improved	Apr-25	White	64%
Coronary Care	Mar-26	Jun-25	Silver	89%	Improved	Nov-24	Bronze	85%
CIU	Nov-25	Feb-25	Silver	89%	Improved	Jul-24	Bronze	76%
Roskear	Mar-26	Sep-25	Bronze	67%	Improved	May-25	White	54%
Wellington	Jan-26	Oct-25	White	48%	Decreased	Mar-25	Bronze	67%
Zennor	Oct-25	Apr-25	Bronze	75%	Improved	Sep-24	Bronze	73%
Med 1	Dec-25	Mar-25	Silver	91%	Improved	Mar-24	Silver	88%
Med 2	Mar-26	Mar-25	Gold	95%	Improved	Apr-24	Silver	87%
St Josephs	Sep-26	Dec-25	Silver	89%	Improved	Apr-25	Bronze	82%
MTH	Dec-25	Jun-25	Bronze	81%	Improved	Jan-25	White	61%
Trauma 1	Oct-25	Apr-25	Bronze	70%	Decreased	Dec-24	Bronze	80%
Trauma 2	Apr-26	Oct-25	Bronze	68%	Decreased	May-25	Bronze	74%
Theatres (SMH)	Jul-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Theatres (WCH)	Jul-25	N/A	N/A	N/A	N/A	N/A	N/A	N/A

d) Breakdown of compliance.

Audit	Frequency	Compliance over last 6 periods						Current	Improvement	Overdue actions
Aspire Programme - Direct Care Time	Q	79.4%	78.1%	72.0%	62.0%	48.1%	57.5%	0.0%	▼	7
Aspire Programme - Documentation	Q	79.1%	79.6%	75.1%	70.8%	75.7%	84.2%	90.9%	▲	40
Aspire Programme - Environment Assessment	Q	81.8%	85.9%	87.7%	82.0%	88.3%	96.6%	97.6%	▲	6
Aspire Programme - Observation of Care	Q	97.6%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	▲	1
Aspire Programme - QuESTT	Q	47.0%	47.4%	56.2%	45.4%	59.0%	39.0%	0.0%	▼	9
Aspire Programme - SERF	Q	53.6%	55.3%	59.4%	61.4%	58.7%	58.7%	100.0%	▲	11
Aspire Programme - Standards of Care	Q	80.3%	80.3%	84.7%	80.6%	81.1%	90.6%	98.7%	▲	12

Audit	Frequency	Compliance over last 6 periods						Current	Improvement	Overdue actions
Aspire Programme - Documentation (Critical Care)	Q	Nil	90.4%	92.2%	Nil	Nil	Nil		▲	
Aspire Programme - Documentation (Paediatrics)	Q	Nil	Nil	69.1%	Nil	Nil	Nil		N/A	
Aspire Programme - Environment Assessment (Critical Care)	Q	Nil	97.6%	97.6%	Nil	Nil	Nil		➤	
Aspire Programme - Patient/Parent Experience (Paediatrics)	Q	Nil	Nil	89.4%	Nil	Nil	Nil		N/A	
Aspire Programme - Patient Experience Survey (Critical Care)	Q	Nil	93.9%	94.9%	Nil	Nil	Nil		➤	

Appendix 12: SERF Dashboard

For Roster Period 27/04/2026.

Roster Start Date	27/04/2026
Period End	24/05/2026
Partial Approval Deadl	09/03/2026
Full Approval Deadline	16/03/2026

			SERF							
			SAFE		Effective		Rostered Fairly			
Division	Group	Units	Unfilled Roster %	Agency Usage %	Additional Duties	Net Hours %	Annual Leave Reg%	Annual Leave Unreg%	Date Partially Approved	Date Fully Approved
Medicine Division	Group 1 - Urgent & Em	A&E RCH Registered [22040]	7.11%	13.25%	0	3.51%	10.60%		09/03/2026	13/03/2026
Medicine Division	Group 1 - Urgent & Em	A&E RCH Unregistered [22040]	6.17%	0.00%	5	1.11%		15.30%	09/03/2026	13/03/2026
Medicine Division	Group 1 - Urgent & Em	Acute Medical Unit [22120]	4.24%	9.83%	14	1.35%	11.00%	10.60%	09/03/2026	26/03/2026
Medicine Division	Group 2 - Medicine 1	Cardiac Investigations Unit [22347]	9.19%	2.19%	8	-0.36%	11.20%	27.00%	09/03/2026	16/03/2026
Medicine Division	Group 2 - Medicine 1	Coronary Care Unit [22321]	5.56%	0.75%	0	1.87%	13.00%	8.40%	06/03/2026	16/03/2026
Medicine Division	Group 1 - Urgent & Em	ED Additional Duties [22040]	23.24%	52.80%	129	0.00%				
Womens & Children	Group 1 - Obstetrics &	Eden Ward [28423]	1.51%	0.00%	6	7.01%	12.70%	9.90%	09/03/2026	16/03/2026
Surgery Division	Group 1 - General Sur	Emergency Surgical Unit [26120]	2.64%	1.08%	3	-0.13%	12.00%	14.70%	15/03/2026	16/03/2026
Surgery Division	Group 3 - Anaesthetic	EPOC Higher Care [25322]	8.31%	5.21%	7	1.41%	9.20%	1.90%	09/03/2026	12/03/2026
Womens & Children	Group 2 - Paediatrics	Fistral Unit [28025]	17.29%	0.00%	0	9.99%	13.20%	15.60%	09/03/2026	16/03/2026
Medicine Division	Group 2 - Medicine 1	Gastroenterology and Liver Unit [22620]	7.01%	4.74%	22	-0.80%	8.40%	9.50%	09/03/2026	23/03/2026
Medicine Division	Group 2 - Medicine 1	Grenville Ward [22720]	6.58%	0.71%	8	1.36%	11.40%	11.50%	09/03/2026	12/03/2026
Surgery Division	Group 3 - Anaesthetic	I.T.U [25320]	29.39%	5.07%	0	0.79%	15.00%	9.60%	09/03/2026	13/03/2026
Medicine Division	Group 1 - Urgent & Em	Kerensa Ward [22220]	4.95%	1.05%	1	0.34%	5.50%	9.80%	21/02/2026	26/03/2026
Clinical Support And	Cancer Services	Lowen Ward [20420]	5.06%	0.95%	3	0.38%	10.50%	11.60%	10/03/2026	10/03/2026
Medicine Division	Group 3 - Medicine 2	Marie Therese House [22223]	4.48%	0.34%	1	-0.33%	11.40%	13.90%	17/03/2026	17/03/2026
Surgery Division	Group 1 - General Sur	Pendennis [26121]	4.13%	1.79%	31	-0.38%	15.00%	8.90%	23/03/2026	23/03/2026
Medicine Division	Group 1 - Urgent & Em	Phoenix Ward [22222]	6.88%	2.41%	86	-0.26%	11.10%	13.60%	09/03/2026	26/03/2026
Womens & Children	Group 2 - Paediatrics	Polkerris Ward [28021]	12.28%	1.33%	0	4.86%	16.20%	14.10%	09/03/2026	16/03/2026
Medicine Division	Group 3 - Medicine 2	Roskear Ward [22320]	8.39%	12.60%	4	1.00%	9.90%	8.50%	16/03/2026	16/03/2026
Surgery Division	Group 2 - Specialist S	St Josephs Ward [25524]	14.19%	1.11%	0	2.98%	15.60%	10.80%	04/03/2026	16/03/2026
Surgery Division	Group 1 - General Sur	St Mawes [26123]	2.82%	1.86%	45	1.21%	14.20%	9.50%	12/03/2026	16/03/2026
Surgery Division	Group 2 - Specialist S	St Michaels Ward [25528]	28.19%	0.00%	0	6.72%	18.20%	3.70%	09/03/2026	16/03/2026
Medicine Division	Group 1 - Urgent & Em	Tintagel Ward [22221]	6.75%	1.86%	3	3.73%	10.10%	13.80%	09/03/2026	26/03/2026
Surgery Division	Group 2 - Specialist S	Trauma 1 [26420]	3.88%	3.59%	61	0.01%	7.40%	3.80%	08/03/2026	16/03/2026
Surgery Division	Group 2 - Specialist S	Trauma 2 [26425]	2.74%	0.61%	29	-1.88%	14.30%	14.30%	07/03/2026	16/03/2026
Medicine Division	Group 1 - Urgent & Em	WCH - Medical Unit 1 [22224]	3.26%	1.66%	0	1.90%	8.20%	10.30%	08/03/2026	16/03/2026
Medicine Division	Group 1 - Urgent & Em	WCH - Medical Unit 2 [22225]	3.57%	1.45%	24	0.83%	13.50%	12.30%	05/03/2026	16/03/2026
Medicine Division	Group 3 - Medicine 2	Wellington Ward [22420]	4.26%	1.55%	5	0.47%	9.60%	15.60%	13/03/2026	16/03/2026
Surgery Division	Group 1 - General Sur	Wheal Coates [25720]	4.94%	0.91%	5	2.76%	13.80%	11.70%	09/03/2026	19/03/2026
Medicine Division	Group 3 - Medicine 2	Wheal Prosper Ward [22520]	5.00%	2.67%	0	1.75%	12.00%	12.10%	23/02/2026	16/03/2026
Medicine Division	Group 1 - Urgent & Em	Zennor [22530]	7.09%	0.45%	104	1.81%	11.20%	7.70%	24/03/2026	26/03/2026

Appendix 13: National Staffing Guidelines Compliance

National Staffing Guidelines Referred to:

GIRFT (2023) Six to Help Fix: Acute Medicine guidance for improving in-hospital flow

National Clinical Guideline for Stroke (2023)

Guidelines for the Provision of Intensive Care Service V3

Respiratory Medicine GIRFT Programme National Speciality Report 2021

The UK Rehabilitation Outcomes Collaborative (UK ROC) https://www.ukroc.org/ukroc

Guidance on Establishing and Delivering Enhanced Perioperative Care Services 2020

Safe, sustainable and productive staffing An improvement resource for children and young people's inpatient wards in acute trusts 2018

Defining Staffing Levels for Children and Young People's Services RCN UK Standards 2025

Haematological cancers: improving outcomes NICE NG47

Guidance to Accompany the FACT - JACIE International Standards for Immune Effector Cells, Third Edition 2025.

Guidelines for the Provision of Intensive Care Service V3)

Professional nurse advocate A-EQUIP model: a model of clinical supervision for nurses 2024

Appendix 14: Supervisory Time Achieved / Lost

Overview:

SNCT Areas

Review Period	Ward	Supervisory Allocated Time				
		No of Hours Per Week	Total Total 6 Roster Periods	Total Hours Achieved	Lost Supervisory Hours	% of Supervisory Time Achieved Against Template
2026 03 - 2026 04	ED	113	2712	1816	896	67.0%
2026 03 - 2026 04	AMU (Inc. MRATS)	74.8	1795.2	967.2	828	53.9%
2026 03 - 2026 04	Phoenix (Inc.HDU)	37.5	900	360	540	40.0%
2026 03 - 2026 04	Kerensa	37.5	900	540	360	60.0%
2026 03 - 2026 04	Tintagel	37.5	900	500	400	55.6%
2026 03 - 2026 04	Zennor	37.5	900	369	531	41.0%
2026 03 - 2026 04	WCH - Med 1	37.5	900	742	158	82.4%
2026 03 - 2026 04	WCH - Med 2	37.5	900	776	124	86.2%
2026 03 - 2026 04	CCU	37.5	900	135	765	15.0%
2026 03 - 2026 04	CIU	37.5	900	255	645	28.3%
2026 03 - 2026 04	GLU	37.5	900	292.5	607.5	32.5%
2026 03 - 2026 04	Wellington (Inc. RSU)	37.5	900	447	453	49.7%
2026 03 - 2026 04	Grenville	37.5	900	422.5	477.5	46.9%
2026 03 - 2026 04	Wheal Prosper	37.5	900	540	360	60.0%
2026 03 - 2026 04	Roskear	37.5	900	304	596	33.8%
2026 03 - 2026 04	MTH	37.5	900	900	0	100.0%
2026 03 - 2026 04	ESU	23	552	379	173	68.7%
2026 03 - 2026 04	Pendennis	23	552	299	253	54.2%
2026 03 - 2026 04	St Mawes	37.5	900	483	417	53.7%
2026 03 - 2026 04	Trauma 1	37.5	900	159.25	740.75	17.7%
2026 03 - 2026 04	Trauma 2	37.5	900	207	693	23.0%
2026 03 - 2026 04	Wheal Coates	37.5	900	195.5	704.5	21.7%
2026 03 - 2026 04	SMH - St Josephs	37.5	900	427.25	472.75	47.5%
2026 03 - 2026 04	Eden	37.5	900	540	360	60.0%
2026 03 - 2026 04	Fistral	27	648	433	215	66.8%
2026 03 - 2026 04	Polkerris (Inc. PAU)	27	648	561	87	86.6%
2026 03 - 2026 04	Lowen	37.5	900	391	509	43.4%

Non SNCT Areas

Review Period	Ward	No of Hours	Total Total 6 Roster Periods	Total Hours Achieved	Lost Supervisory Hours	Lost Supervisory Hours
2026 03 - 2026 04	WCH - UTC	0	0	0	0	na
2026 03 - 2026 04	SMH - St Michaels	37.5	900	631	269	70.1%
2026 03 - 2026 04	Critical Care	80.5	1932	1526.5	405.5	79.0%
2026 03 - 2026 04	EPOC	26	624	286.5	337.5	45.9%

Appendix 15: Safer Staffing Review Recommendation / Outcome

Overview Headline.

SNCT Areas

Review Period	*Ward*	Recommendation / Outcome
		Pick List
2026 03 - 2026 04	ED	No Roster Changes
2026 03 - 2026 04	AMU (Inc. MRATS)	No Roster Changes
2026 03 - 2026 04	Phoenix (Inc.HDU)	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	Kerensa	No Roster Changes
2026 03 - 2026 04	Tintagel	No Roster Changes
2026 03 - 2026 04	Zennor	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	WCH - Med 1	No Roster Changes
2026 03 - 2026 04	WCH - Med 2	No Roster Changes
2026 03 - 2026 04	CCU	No Roster Changes
2026 03 - 2026 04	CIU	No Roster Changes
2026 03 - 2026 04	GLU	No Roster Changes
2026 03 - 2026 04	Wellington (Inc. RSU)	No Roster Changes
2026 03 - 2026 04	Grenville	No Roster Changes
2026 03 - 2026 04	Wheal Prosper	No Roster Changes
2026 03 - 2026 04	Roskear	No Roster Changes
2026 03 - 2026 04	MTH	No Roster Changes
2026 03 - 2026 04	ESU	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Pendennis	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	St Mawes	No Roster Changes
2026 03 - 2026 04	Trauma 1	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Trauma 2	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Wheal Coates	No Roster Changes
2026 03 - 2026 04	SMH - St Josephs	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	Eden	No Roster Changes
2026 03 - 2026 04	Fistral	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Polkerris (Inc. PAU)	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Lowen	No Roster Changes

Non SNCT Areas

Review Period	*Ward*	Pick List
2026 03 - 2026 04	WCH - UTC	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	SMH - St Michaels	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	Critical Care	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	EPOC	Recommendation for change; a case to increase roster establishment

Appendix 16: Full overview of headline information

Overview

SNCT Areas

		March - April 2026 Review									Skill Mix		Supervisory Allocated Time					Access to Practice Education	Ward Establishment Uplift	National Staffing Standard Identified	Confirmation Met	Recommendation / Outcome
Review Period	Ward	Current SNCT Prediction Band 4-6 WTE	Establishment Band 4-6 WTE	Variance Band 4-6 WTE	Current SNCT Prediction Band 2-3 WTE	Establishment Band 2-3 WTE	Variance Band 2-3 WTE	Current SNCT Prediction Total WTE	Establishment Total WTE	Variance Total WTE	Registrant	Non-Registrant	No of Hours Per Week	Total Total 6 Roster Periods	Total Hours Achieved	Lost Supervisory Hours	% of Supervisory Time Achieved Against Template	Yes / No	%	Yes / No	Pick List	Pick List
2026 03 - 2026 04	ED	92.6	98.68	6.08	24.18	43.54	19.36	116.78	142.22	25.44	66%	34%	113	2712	1816	896	67.0%	Yes	21.50%	Yes	Fully Compliant	No Roster Changes
2026 03 - 2026 04	AMU (Inc. MRATS)	57.42	62.54	5.12	43.75	43.75	0	101.17	106.29	5.12	57%	43%	74.8	1795.2	967.2	828	53.9%	Yes	21.50%	Yes	Fully Compliant	No Roster Changes
2026 03 - 2026 04	Phoenix (Inc.HDU)	26.82	30.51	3.69	26.82	17.09	-9.73	53.64	47.6	-6.04	57%	43%	37.5	900	360	540	40.0%	Yes	21.50%	Yes	Fully Compliant	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	Kerensa	24.1	18.36	-5.74	46.78	35.55	-11.23	70.88	53.91	-16.97	36%	64%	37.5	900	540	360	60.0%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	Tintagel	20.94	21.1	0.16	32.75	32.82	0.07	53.69	53.92	0.23	41%	59%	37.5	900	500	400	55.6%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	Zennor	35.63	19.57	-16.06	45.35	24.61	-20.74	80.98	44.18	-36.8	45%	55%	37.5	900	369	531	41.0%	Yes	21.50%	No	Not Applicable	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	WCH - Med 1	13.32	16.41	3.09	31.08	21.88	-9.2	44.4	38.29	-6.11	46%	54%	37.5	900	742	158	82.4%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	WCH - Med 2	15.36	16.41	1.05	35.83	20.91	-14.92	51.19	37.32	-13.87	50%	50%	37.5	900	776	124	86.2%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	CCU	19.59	22.44	2.85	4.01	4.5	0.49	23.6	26.94	3.34	84%	16%	37.5	900	135	765	15.0%	Yes	21.50%	Yes	Partially Compliant	No Roster Changes
2026 03 - 2026 04	CIU	15.22	15.23	0.01	6.52	7.02	0.5	21.74	22.25	0.51	54%	46%	37.5	900	255	645	28.3%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	GLU	28.98	25.14	-3.84	25.7	22.35	-3.35	54.68	47.49	-7.19	45%	55%	37.5	900	292.5	607.5	32.5%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	Wellington (Inc. RSU)	33.16	30.08	-3.08	14.9	13.72	-1.18	48.06	43.8	-4.26	64%	36%	37.5	900	447	453	49.7%	Yes	21.50%	Yes	Partially Compliant	No Roster Changes
2026 03 - 2026 04	Grenville	21.91	20.84	-1.07	21.05	20.11	-0.94	42.96	40.95	-2.01	47%	53%	37.5	900	422.5	477.5	46.9%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	Wheal Prosper	13.38	13.67	0.29	10.51	10.95	0.44	23.89	24.62	0.73	47%	53%	37.5	900	540	360	60.0%	Yes	21.50%	Yes	Fully Compliant	No Roster Changes
2026 03 - 2026 04	Roskear	19.66	19.45	-0.21	18.89	19.33	0.44	38.55	38.78	0.23	52%	48%	37.5	900	304	596	33.8%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	MTH	13.33	14.18	0.85	15.03	14.8	-0.23	28.36	28.98	0.62	52%	48%	37.5	900	900	0	100.0%	Yes	21.50%	Yes	Fully Compliant	No Roster Changes
2026 03 - 2026 04	ESU	22.64	21.88	-0.76	9.7	14.44	4.74	32.34	36.32	3.98	56%	44%	23	552	379	173	68.7%	Yes	21.00%	Yes	Fully Compliant	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Pendennis	22.73	21.08	-1.65	15.15	13.2	-1.95	37.88	34.28	-3.6	62%	38%	23	552	299	253	54.2%	Yes	21.50%	No	Not Applicable	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	St Mawes	27.62	28.4	0.78	18.41	23.49	5.08	46.03	51.89	5.86	56%	44%	37.5	900	483	417	53.7%	Yes	21.08%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	Trauma 1	25.36	21.89	-3.47	25.36	23.36	-2	50.72	45.25	-5.47	48%	52%	37.5	900	159.25	740.75	17.7%	Yes	21.50%	No	Not Applicable	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Trauma 2	26.85	21.84	-5.01	26.85	21.48	-5.37	53.7	43.32	-10.38	39%	61%	37.5	900	207	693	23.0%	Yes	21.50%	No	Not Applicable	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Wheal Coates	14.47	16.41	1.94	14.47	16.41	1.94	28.94	32.82	3.88	52%	48%	37.5	900	195.5	704.5	21.7%	Yes	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	SMH - St Josephs	6.45	15.8	9.35	4.36	12.5	8.14	10.81	28.3	17.49	59%	41%	37.5	900	427.25	472.75	47.5%	Yes	21.50%	No	Not Applicable	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	Eden	22.86	20.23	-2.57	8.81	16.16	7.35	31.67	36.45	4.78	56%	44%	37.5	900	540	360	60.0%	No	21.50%	No	Not Applicable	No Roster Changes
2026 03 - 2026 04	Fistral	14.5	21.56	7.06	7.5	6.71	-0.79	22	28.27	6.27	74%	26%	27	648	433	215	66.8%	Yes	20.77%	Yes	Partially Compliant	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Polkerris (Inc. PAU)	24.1	34.29	10.19	12.2	8.85	-3.35	36.3	43.14	6.84	79%	21%	27	648	561	87	86.6%	Yes	13.76%	Yes	Partially Compliant	Recommendation for change; a case to increase roster establishment
2026 03 - 2026 04	Lowen	34.39	34.74	0.35	13.37	14.31	0.94	47.76	49.05	1.29	64%	36%	37.5	900	391	509	43.4%	Yes	21.50%	Yes	Partially Compliant	No Roster Changes

Non SNCT Areas

Review Period	Ward	Current SNCT Prediction Band 4-6 WTE	Establishment Band 4-6 WTE	Variance Band 4-6 WTE	Current SNCT Prediction Band 2-3 WTE	Establishment Band 2-3 WTE	Variance Band 2-3 WTE	Current SNCT Prediction Total WTE	Establishment Total WTE	Variance Total WTE	Registrant	Non-Registrant	No of Hours	Total Total 6 Roster Periods	Total Hours Achieved	Lost Supervisory Hours	Lost Supervisory Hours	Yes / No	%	Yes / No	Pick List	Pick List
2026 03 - 2026 04	WCH - UTC		18.53			0.43			18.96		97%	3%	0	0	0	0	na	Yes	21.50%	No	Not Applicable	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	SMH - St Michaels		11.82			6.25			18.07		55%	45%	37.5	900	631	269	70.1%	Yes	21.50%	No	Not Applicable	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	Critical Care		91.25			6.47			97.72		90%	10%	80.5	1932	1526.5	405.5	79.0%	Yes	21.50%	Yes	Partially Compliant	Recommendation for change; roster review / adjustment (Cost Neutral)
2026 03 - 2026 04	EPOC		12.19			5.06			17.25		54%	46%	26	624	286.5	337.5	45.9%	Yes	21.50%	Yes	Fully Compliant	Recommendation for change; a case to increase roster establishment