

Bi-Annual Nursing and Midwifery Safer Staffing Report

Public Board

January 2025

Presented for:	Assurance
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Previous Committees:	Quality Assurance Committee receives the Nursing & Midwifery Quality and Safe Staffing Report. This paper reports key patient safety and quality indicators triangulated with workforce data.

Our Annual Commitments for 2024/25 are:	
Reduce wait for patients	✓
Reduce Healthcare Acquired Infections by 15%	✓
Reduce our carbon footprint through greener care	
Use our existing digital systems to their full potential	
Strengthen participation and growth in research and innovation	✓
Deliver the financial plan	✓
Be in the top 25% performing Trusts for staff retention	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply.	Cautious	Moving Towards
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Moving Towards

Key points	
1. Provide assurance that the Trust remains compliant with national safer staffing regulations and requirements	Assurance
2. Provide assurance that nursing and midwifery workforce establishments are reviewed utilising best practice guidance	Assurance
3. Outcomes from the 2024/25 Phase 2 Bi-annual Nursing and Midwifery establishment reviews	Information

1. Summary

The purpose of the Nursing and Midwifery Safer Staffing Report is to provide assurance to the Board that the Trust is fully compliant with national safer staffing regulations, policy and speciality guidance.

The report will provide the outcome and summary of the:

- Safer Nursing Care Tool (SNCT) audit results for Nursing (Adult & Child inpatient areas and Emergency Departments) undertaken in July 2024
- Peer assessment against Care Hours Per Patient Day (CHPPD)
- Overview of the Bi-annual establishment setting review for Nursing and Midwifery which took place in October and November 2024

2. Background

Safer staffing regulations and requirements are set nationally through the Health and Social Care Act (2008) and through guidance from NHS England and the National Quality Board (NQB). Speciality specific guidance is published via the National Institute for Health and Care Excellence (NICE) and through the NQB.

The most recent safer staffing requirements and regulations are provided through the following:

- Care Quality Commission (CQC) through regulation 18 of the Health and Social Care Act (2008)
- Developing workforce safeguards - Supporting providers to deliver high quality care through safe and effective staffing (NHS England 2018)
- Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time (NQB 2016)

Developing Workforce Safeguards (NHS England 2018) describes the governance and overarching principles that must be in place at a Trust level to provide assurance in relation to safer staffing regulations and requirements.

This paper provides assurance in relation to the following key requirements:

- Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance
- Trusts must ensure the three components (evidence-based tools, professional judgement and patient outcomes) are used in their safe staffing processes
- An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the Board by ward or service area twice a year, in accordance with NQB guidance and NHS England resources. This must also be linked to professional judgement and outcomes

3. Safer Nursing Care Tool (SNCT)

Evidence-based decision-making on safe and effective staffing is a requirement for all NHS organisations. The Developing Workforce Safeguards (NHS 2018) and requirements set out by the NQB (2016) support and enable NHS providers to make these decisions, and ensure safe, sustainable, and productive workforce planning and compliance with annual governance reporting on safe staffing.

The Safer Nursing Care Tool (SNCT) is a NICE-endorsed evidence-based tool currently used in the NHS primarily by the nursing workforce. SNCT is licenced and has been developed for use in the following settings: adult inpatient wards in acute hospitals, adult acute assessment units, children and young people's inpatient wards in acute hospitals and emergency departments (ED SNCT).

As part of the safer staffing requirements the Trust undertakes a formal review of patient acuity and dependency twice a year using SNCT. During the reporting period daily assessments of patients are undertaken using the SNCT on eligible ward/areas. Areas outside of SNCT scope include Critical Care, Outpatients, Theatres and Midwifery. These areas use nationally endorsed assessment tools or guidelines such as the 'Guidelines for the Provision of Intensive Care Services' (GPICs), BirthRate Plus (BR+) and activity, capacity, and demand planning to guide safe staffing decisions.

3.1 SNCT Results (Adults and Children's Ward and Assessment units)

Eight CSU's and 76 ward/units were eligible for SNCT data collection. The Trust has an agreed funded Nursing/Midwifery establishment in eligible areas of 3158.36 WTE when compared to the SNCT recommendation of 3160.73 WTE.

The SNCT outcome is consistent with the Trusts current funded establishment; the difference being only 2.37 WTE (0.07%).

3.2 Exception Report

The July 2024 SNCT data for each eligible CSU has been reviewed in the Phase 2 Nursing/Midwifery Establishment reviews that took place in October and November 2024.

Based on the SNCT data, quality indicators and professional judgement; no changes to the establishments have been recommended by the CSU Senior Team or the Corporate Chief Nurse Team.

The Phase 2 Nursing/Midwifery Establishment review outcomes are discussed in **Section 6**.

4. SNCT Results Emergency Department (ED)

ED SNCT audit data can provide reliable estimates of the number of WTE staff required to provide safe patient care in ED areas alongside an overview of acuity and dependency. The July 2024 ED SNCT recommendations for all three EDs is closely aligned with the funded establishments which has improved when compared to previous collections.

The ED SNCT outcomes demonstrated that both Adult ED areas met or exceeded the ED SNCT recommended WTE staffing when compared to the current nursing establishment. The Children's ED results showed that the recommended ED SNCT WTE was slightly higher (2.5 WTE) than the current nursing establishment.

4.1 Exception Report

The Children's ED establishment was increased in September 2023 supported by ED SNCT results and the sustained increase in patient numbers. The gap between ED SNCT recommendation and funded establishments has improved from 10.49 WTE difference to 2.5 WTE. Based on the SNCT results, patient outcomes, and professional judgement; no changes to the establishment have been recommended by the operational CSU Senior Team or the Corporate Chief Nurse Team.

The next (January 2025) ED SNCT outcome, funded establishment and professional judgment application will be reviewed at the CSU's Phase 1 Nursing Establishment review in April 2025.

5. Care Hours Per Patient Day (CHPPD)

Care Hours Per Patient Day (CHPPD) is a measure of ward level productivity and transparency on variation in staff to patient ratios across wards, specialties and

organisations. CHPPD is calculated using the data supplied to NHS England via a monthly nurse staffing return known as the 'Hard Truths' report. The report calculates CHPPD by looking at the planned number of care hours by professional group (Nursing, Midwifery and Unregistered - Clinical Support Workers) for day and night shifts against the actual number of care hours delivered.

CHPPD can then be viewed for each professional group or as a combined total for benchmarking productivity against regional providers or national peers. The SNCT can provide a recommended 'WTE equivalent' number of staff but this does not differentiate between unregistered and registered staff. CHPPD can be a useful indicator used alongside the SNCT audit to assess productivity and skill mix.

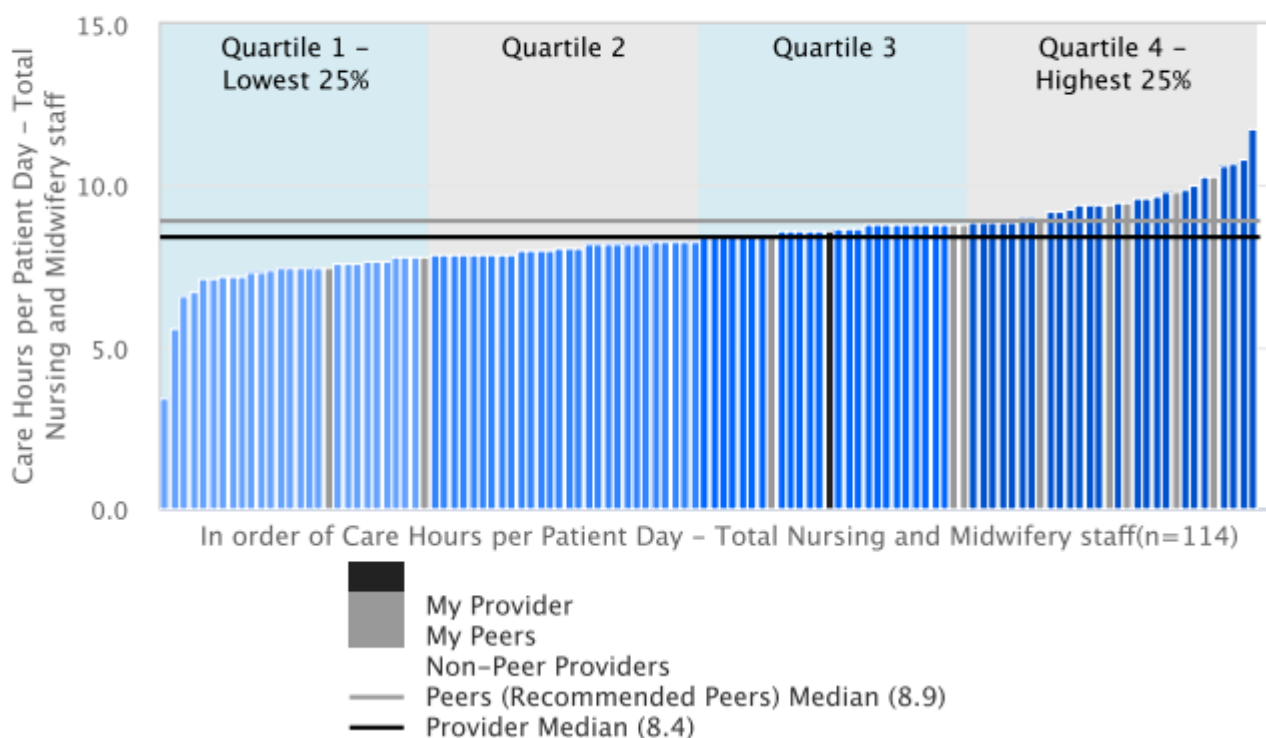
NHS England 'Model Hospital' is used as a data platform to view productivity and CHPPD from across NHS providers in England.

CHPPD broken down by professional group can provide an insight into skill mix (ratio of registered to unregistered staff) however this should not be viewed in isolation.

For this report, CHPPD has been provided by professional group using the recommended peers list in the Model Hospital. The data available within the Model Hospital is based on the October 2024 Hard Truths report. The recommended peers are a list of 10 NHS Trusts of a similar size and function.

Figure 1: Total Nursing, Midwifery and Unregistered CHPPD

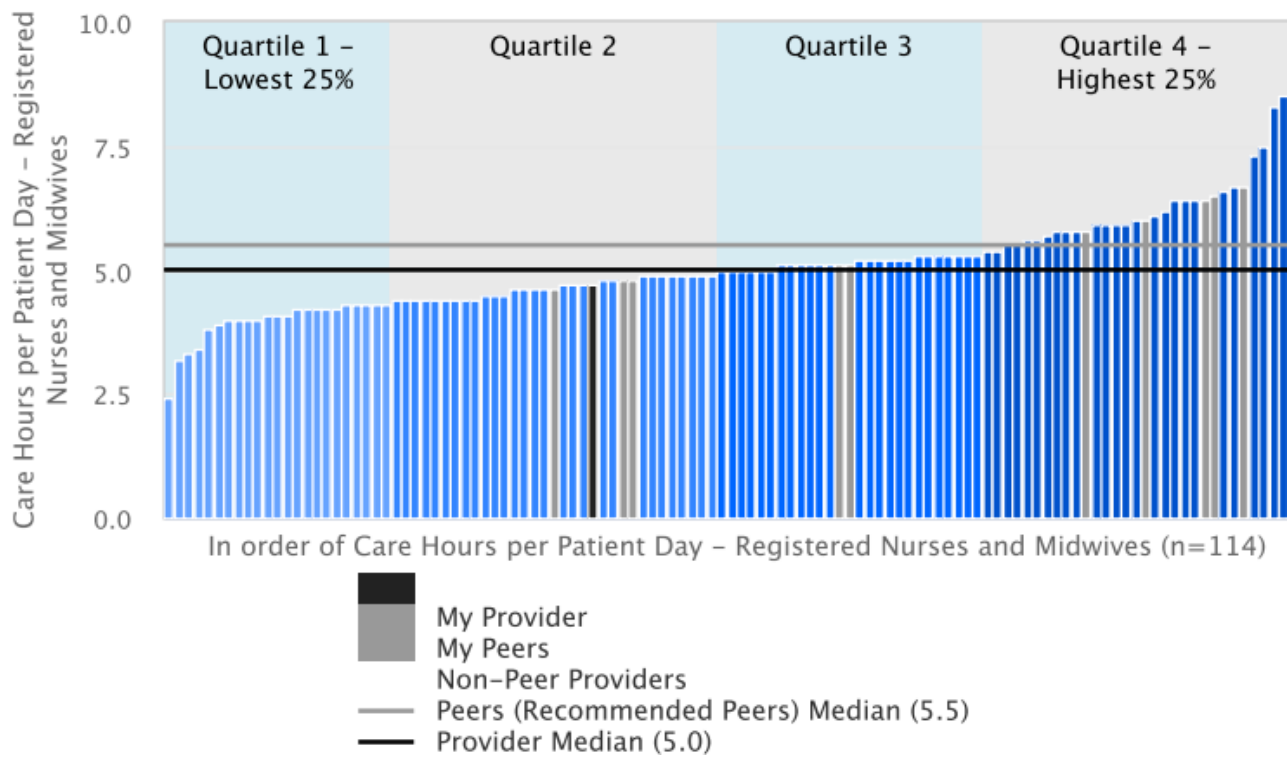
Care Hours per Patient Day – Total Nursing and Midwifery staff ,
National Distribution



This demonstrates that for combined CHPPD, LTHT has remained in quartile three with a slightly improved provider median of 8.4 CHPPD which aligns to the recommended peers combined median of 8.9 CHPPD. This is an increase of 0.1 CHPPD when compared to the July 2024 report.

Figure 2: CHPPD Registered Nurses and Midwives

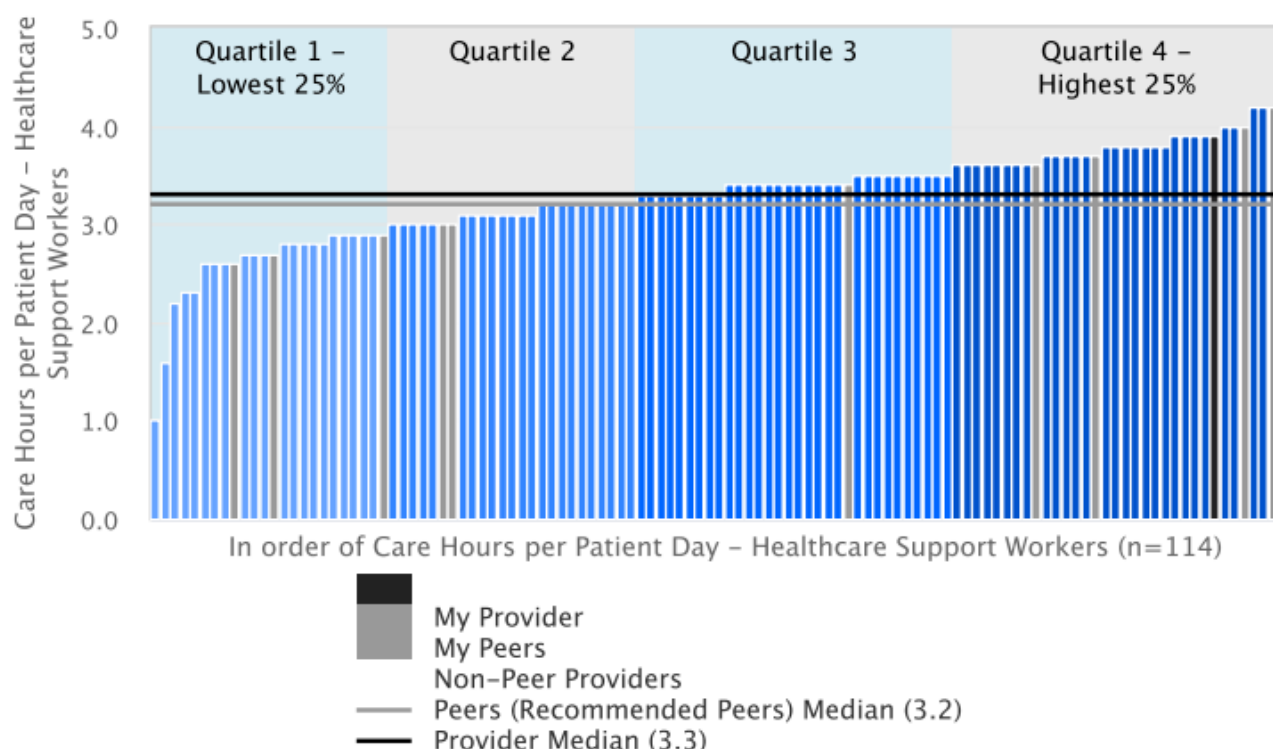
Care Hours per Patient Day – Registered Nurses and Midwives,
National Distribution



The CHPPD for Registered Nurses and Midwives shows that we remain in quartile two when benchmarked against our recommended peers with one peer organisations reporting a lower number of CHPPD for registered staff. LTHT has a provider median of 5.0 CHPPD against the recommended peer’s median of 5.5 CHPPD. This is an increase of 0.1 CHPPD when compared to the July 2024 report.

Figure 3: CHPPD Unregistered staff (Clinical Support Workers)

Care Hours per Patient Day – Healthcare Support Workers, National Distribution



The CHPPD for Unregistered staff shows that LTHT is in quartile four when benchmarked against our recommended peers with two organisations reporting a higher number of CHPPD for unregistered staff. LTHT has a provider median of 3.3 CHPPD against the recommended peer's median of 3.2 CHPPD. There has been no change to LTHT's median CHPPD when compared to the July 2024 report.

5.1 Exception report

The results suggest when benchmarking the combined CHPPD, LTHT is aligned to the recommended peers. Registered Nurse and Midwife CHPPD is less than most recommended peers. There is one peer organisation providing less CHPPD hours than LTHT and nine peer organisations providing between 0.2 to 1.7 CHPPD more than LTHT in October 2024 data.

The CHPPD for unregistered staff showed that compared to our recommended peers there are only two organisations providing 0.3 CHPPD more than LTHT for unregistered staff and eight peer organisations providing up to 1.3 CHPPD less than LTHT. Significant progress has been made to maintain the reduced registered nurse vacancy gap after international and newly qualified recruitment which is reflected in the 0.1 CHPPD increase.

Quality of care and patient safety outcomes are monitored through the Nursing and Midwifery safe staffing report which is reported to the Quality Assurance Committee on a bi-monthly basis.

6. Bi-annual establishment review

As part of the safer staffing requirements set by The Developing Workforce Safeguards (NHS England 2018) and requirements set out by the NQB (2016) the Trust undertakes a bi-annual review of Nursing and Midwifery establishments.

The Nursing and Midwifery establishment review process provides an assessment of the establishment and skill mix and must include an evidence-based toolkit where available. The SNCT evidence-based tool is used to calculate staffing requirements where appropriate, and the outcome data is triangulated with Nurse Sensitive Indicators (NSI) and clinical/expert staff views to form an overall professional judgement discussion at the review meeting.

In the Phase 1 and 2 2024/25 reviews, the Trust reviewed Nursing and Midwifery establishments by including:

- Evidence-based tools and national guidance (SNCT/BirthRate Plus/GPICS) where available, current funded establishments, staff in post, temporary staffing utilisation and workforce recruitment, retention, and pipeline data
- A 6-month overview of nurse/midwifery-sensitive quality indicators for each area
- Additional quality metrics including care certificate compliance, practice supervisor and assessor compliance and mandatory training completion rates

The outcome of the Phase 2 2024/25 Nursing/Midwifery establishment review identified that the current funded establishments were fit to meet current safer staffing requirements.

6.1 Maternity services

A detailed maternity service assurance paper is presented bimonthly to the Quality Assurance Committee (QAC) which provides analysis of workforce data versus BirthRate Plus (BR+) recommendations. It demonstrates the measures in place to support safe staffing in line with the requirements of the maternity incentive scheme (MIS).

A BR+ review was commissioned in late 2023 with a final report received in March 2024. This is a nationally recognised systematic, evidence-based process to calculate midwifery staffing establishment. This was shared with the QAC in April 2024. The review demonstrated that there has been a significant increase in the complexity of women requiring care since the 2021 review and an increased number of babies requiring more complex care.

The clinical gap of 12.6 WTE registered midwives identified in the 2024 BR+ report was discussed at Phase 1 Establishment reviews and agreement and support provided by the Trust Board to recruit clinical midwives to close this gap over a 6-month phased period commencing in November 2024 and concluding in April 2025.

6.1 Exception Report

It is acknowledged and recognised that only safer staffing requirements should be managed through the bi-annual Nursing/Midwifery Establishment setting process, operational changes, and future changes to service are discussed but are managed via the Corporate Operations team.

Workforce production boards by CSU and an internal workforce return has been developed to support monitoring the vacancy position, pipeline, and unavailability's; cross-referencing with the finance ledger and local intelligence as well as ensuring skill mix (role/band) is monitored closely.

7. Risk

The Quality Assurance Committee (QAC) provides assurance oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). There are no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

8. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

9. Recommendation

- Note the content of this report and the ongoing plans to provide safe staffing levels within Nursing and Midwifery across the Trust
- Gain insight and assurance regarding safer staffing governance

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