

Bi-Annual Nursing and Midwifery Safer Staffing Report

Public Board

31 July 2025

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| Presented for: | Assurance |
| Presented by: | Rabina Tindale, Chief Nurse |
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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 | Cautious | Moving Towards |

| | | | | |
|------------------|---|---|----------------|-----------------|
| | | has access to appropriate levels of workforce supply. | | |
| Operational Risk | | Choose an item. | Choose an item | Choose an item. |
| 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 |
| Financial Risk | | Choose an item. | Choose an item | Choose an item. |
| 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 2025/26 Phase 1 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 January 2025
- Peer assessment against Care Hours Per Patient Day (CHPPD)
- Overview of the Bi-annual establishment setting review for Nursing and Midwifery which took place between March and May 2025

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. Safe Staffing and Safer Nursing Care Tool (SNCT) Compliance

The Safer Nursing Care Tool (SNCT), a NICE-endorsed tool, is used to assess staffing in eligible inpatient and ED areas. Formal SNCT reviews are conducted twice yearly, with daily patient acuity and dependency assessments in scope areas. Areas outside SNCT scope, such as Critical Care, Outpatients, Theatres, and Midwifery, use nationally recognised tools (e.g., GPICs, BR+, demand-based models) to ensure safe staffing decisions.

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

SNCT data was collected across ten CSUs and 77 eligible wards/units. The Trust's funded nursing/midwifery establishment is 3197.89 WTE, compared to an SNCT recommendation

of 3288.76 WTE, a variance of 90.87 WTE (2.76%). This demonstrates close alignment between current staffing and SNCT recommendations.

3.2 Exception Report

January 2025 SNCT data was reviewed during Phase 1 Nursing/Midwifery Establishment reviews (March–May 2025). Based on SNCT results, quality indicators, and professional judgement, no changes to current establishments were recommended by CSU Senior Teams or the Corporate Chief Nurse Team. Phase 2 outcomes are detailed in **Section 6**.

4. SNCT Results Emergency Department (ED)

The ED SNCT audit provides reliable estimates of WTE staffing needs and patient acuity. Results showed both Adult ED areas are staffed above the SNCT-recommended WTE levels. In Children's ED, the recommended WTE exceeds the funded establishment by 6.4 WTE.

4.1 Exception Report

The ED SNCT continues to recommend lower staffing levels than the current funded establishment for both Adult ED areas. However, following review, the ED Senior Team advised these figures do not reflect the complexity and workload of delivering safe, effective care. The current tool also assumes patient stays under 12 hours, limiting its accuracy given rising numbers of patients exceeding this threshold. A national review of the ED SNCT is underway to address this.

No changes to SNCT templates are currently recommended, though it is recognised that service delivery models may need to adapt.

In Children's ED, the establishment was increased in September 2023 based on SNCT data and patient demand. A 6.4 WTE gap remains between SNCT recommendation and funded levels. No further changes are recommended at this time, with a full review planned during the Phase 2 Nursing Establishment Review in September/October 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. Fluctuations in CHPPD should be interpreted carefully, as increases or decreases may be driven by various factors beyond simple staffing numbers. Key influences include recruitment and retention campaigns, vacancy gaps, sickness/leave, patient acuity, ward type (e.g. high dependency areas typically have higher CHPPD) and fluctuating occupancy levels.

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 March 2025 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

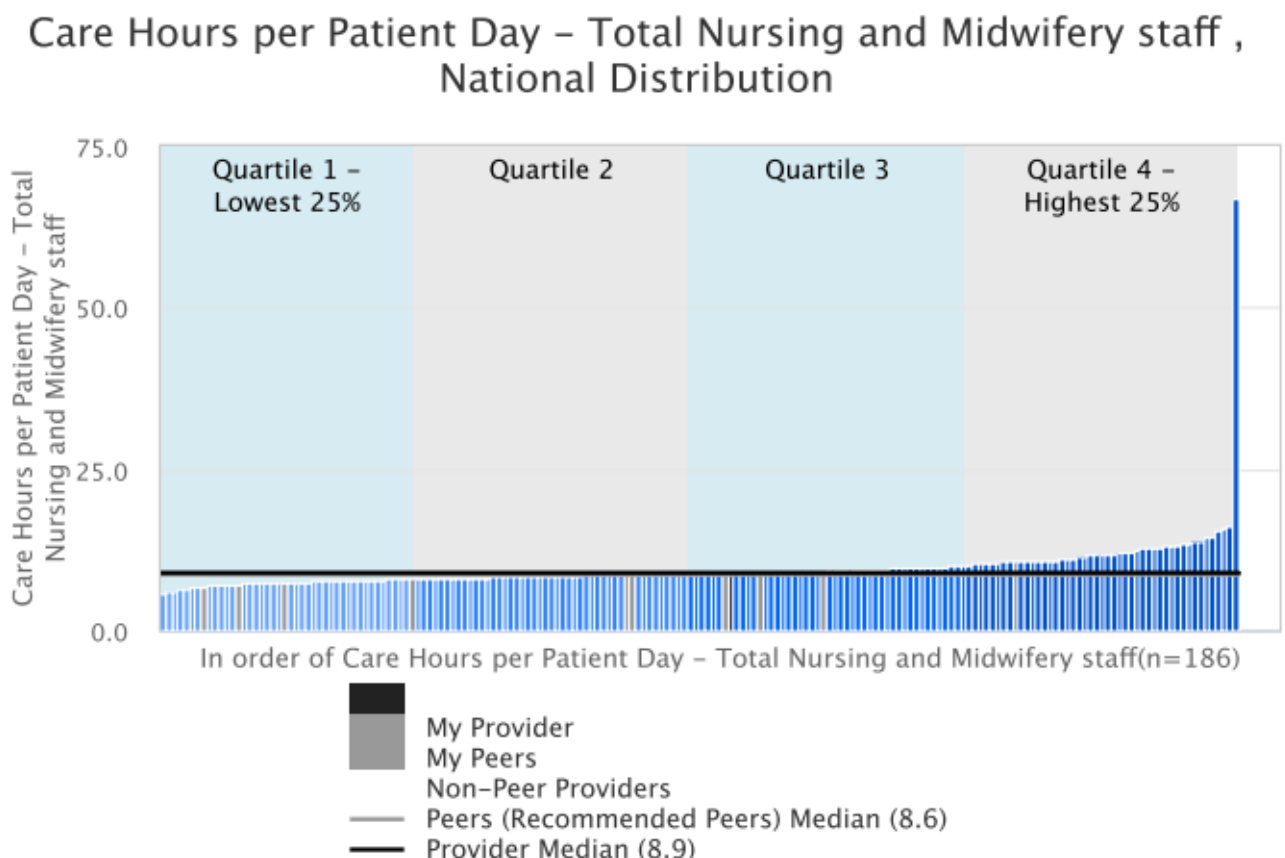
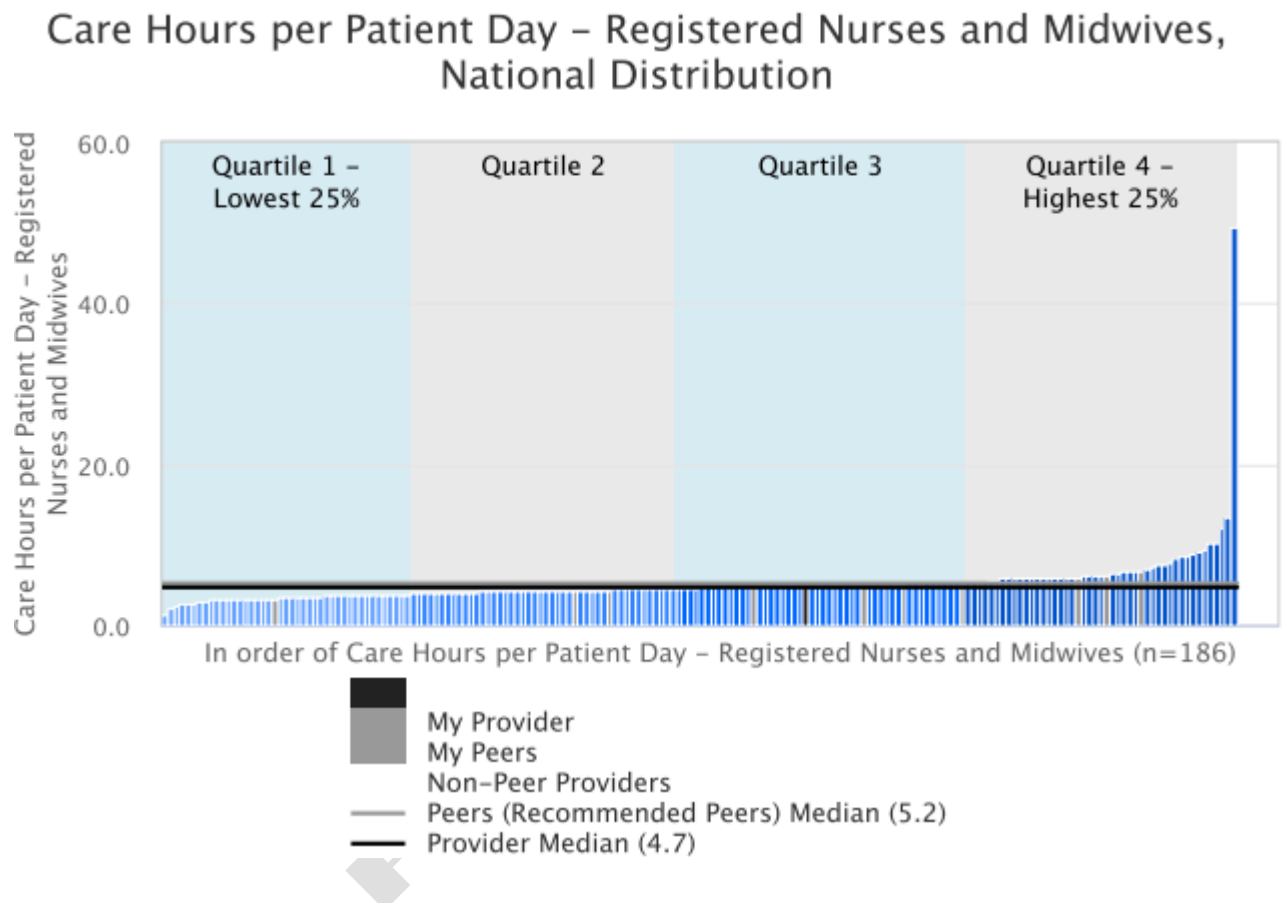
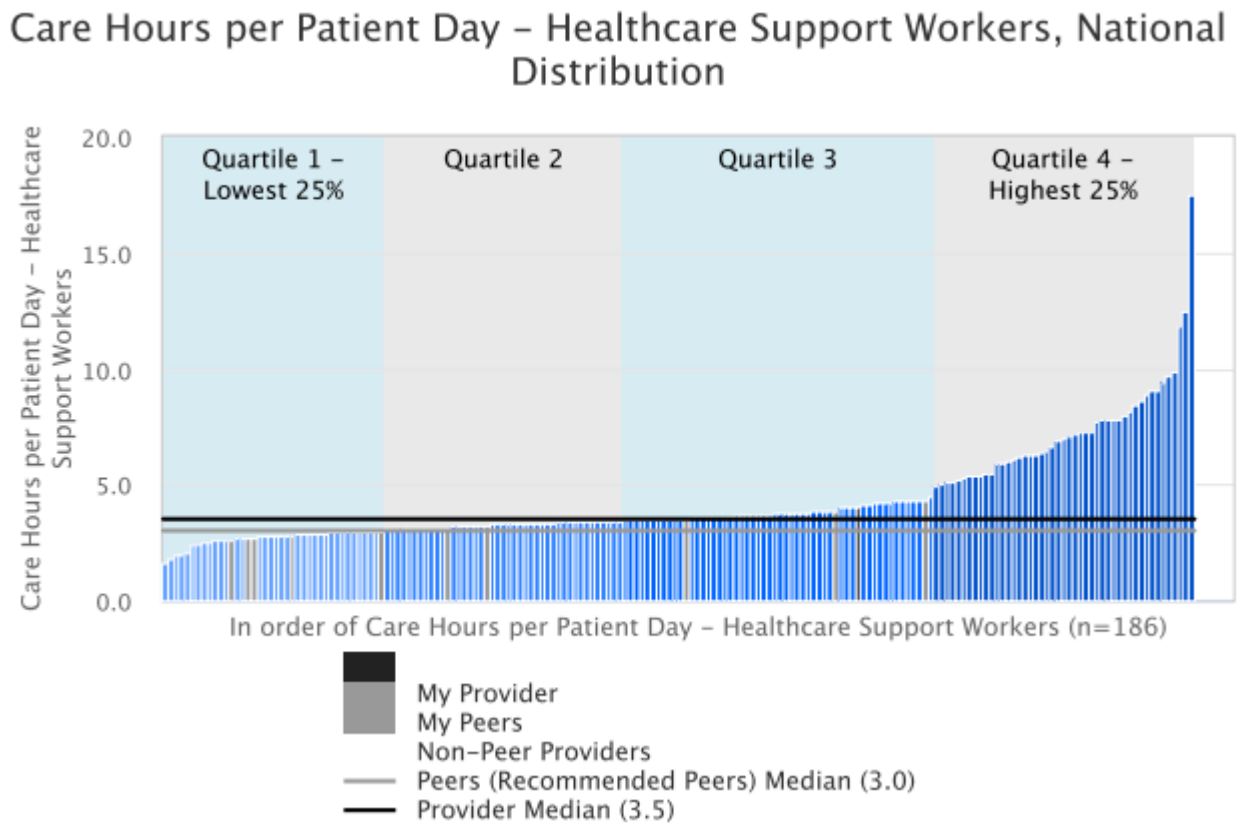


Figure 1, demonstrates that for combined CHPPD, LTHT has remained in quartile three with an improved provider median of 8.9 CHPPD which aligns to the recommended peers combined median of 8.6 CHPPD. This is an increase 0.5 CHPPD when compared to the January 2025 report.

Figure 2: CHPPD Registered Nurses and Midwives



The CHPPD for Registered Nurses and Midwives (Figure 2) shows that LTHT have moved up into quartile three when benchmarked against our recommended peers with four peer organisations reporting a lower number of CHPPD for registered staff. LTHT has a provider median of 4.7 CHPPD against the recommended peer's median of 5.2 CHPPD. This is a decrease of 0.3 CHPPD when compared to the January 2025 report, this aligns to the peer median also reducing by 0.3 when compared to the January 2025 report.

Figure 3: CHPPD Unregistered staff (Clinical Support Workers)

The CHPPD for Unregistered staff (figure 3) shows that LTHT has moved into quartile three when benchmarked against our recommended peers with only one organisation reporting a higher number of CHPPD for unregistered staff. LTHT has a provider median of 3.5 CHPPD against the recommended peer's median of 3.0 CHPPD. This is an increase of 0.2 CHPPD when compared to the January 2025 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 has improved and is now closer to recommended peers. There are four peer organisations providing less CHPPD hours than LTHT (increased from two compared to January 2025 report) and six peer organisations providing between 0.1 to 1.8 CHPPD more than LTHT in March 2025 data.

The CHPPD for unregistered staff showed that compared to our recommended peers unregistered staff are providing 0.5 more CHPPD.

Significant progress has been made in closing the registered nurse vacancy gap through international and newly qualified recruitment and retention which could be reflected in the

increase from quartile two to three for registered staff and is anticipated to improve further as the Trusts nursing vacancy gaps continues to close.

While CHPPD is a valuable metric, it should not be interpreted in isolation. A higher CHPPD does not always equate to the delivery of improved quality care, just as a lower CHPPD doesn't necessarily indicate unsafe staffing. It must be considered alongside quality outcomes (e.g., incidents, complaints), staff feedback and acuity assessments and SNCT results and vacancy data. 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. Ward Exception Report

Following an anonymous concern raised regarding safe staffing on ward L17 (neuro) to the Chief Nurse a review of safe staffing and patient safety incidents was undertaken in December 2024. A further concern escalated in May 2025 noted similar concerns and a further investigation was commissioned by the Chief Nurse to provide assurance of safe staffing and patient safety and experience on L17.

The reviews undertaken evidenced that L17's SNCT is reflective of the establishment agreed. A review of the Hard Truths data show L17 has not had a month where the average fill rate has been less than 98%, with many months above 100% fill rate.

A review of patient safety incidents and complaints highlighted no statistical significant increase in patient harms or concerns or a decrease in patient experience or outcomes and the ward have not been in escalation as triggered by a declined in their Perfect Ward metrics.

A concern raised was that red shifts were being changed to amber without conversation with the nurse in charge on L17. Interim leadership arrangements have been put in place to support L17 which appear to be addressing issues relating to the escalation of red shifts and there is evidence that shifts are amended following professional judgement from red (as per the SOP).

7. Bi-annual establishment review

In line with NHS England's Developing Workforce Safeguards (2018) and NQB (2016) requirements, the Trust conducts bi-annual reviews of nursing and midwifery establishments. The process assesses establishment levels and skill mix, using evidence-based tools, primarily the SNCT, where applicable. SNCT outcomes are triangulated with Nurse Sensitive Indicators (NSI) and clinical expertise to inform professional judgement and final recommendations.

In the Phase 1 2025/26 reviews, the Trust reviewed Nursing and Midwifery establishments by including:

- Evidence-based tools and national guidance (SNCT/BR+/GPICS) where available, current funded establishments, staff in post, skill mix, 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 1 2025/26 Nursing / Midwifery establishment review identified that the current funded establishments were fit to meet current safer staffing requirements, a summary overview by CSU is shown in **Appendix 1**.

7.1 Maternity services

A detailed perinatal 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).

To support current and future midwifery workforce planning, recruitment, and retention it is essential to continuously monitor and analyse workforce data to support the development of effective and responsive strategies. National publications and themes are triangulated with local intelligence to ensure that the planned midwifery workforce is responsive to the evolving needs of service users and midwifery staff.

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. The final report included a clear breakdown of BR+ calculations to demonstrate how the required establishment has been calculated. 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 Trust received a Section 29a Warning Notice from the Care Quality Commission (CQC) on 14 February 2025 relating to concerns around midwifery staffing levels. The Trust continues to provide weekly assurance to the CQC relating to midwifery staffing fill levels in all areas against those detailed in the 2024 Birthrate+ report.

There are currently two risks on the CSU risk register relating to midwifery staffing levels:

- There is a risk of a deficit of recruited midwives against funded establishment due to a high number of staff on maternity leave and long-term sick resulting in staffing shortages. This has potential to impact on patient safety, health and well-being, and resilience of the existing workforce.

- The service being unable to maintain safe staffing levels. Due to a deficit of clinical and specialist midwives. Resulting in unsafe patient care and experience, impact on staff well-being, health and resilience, and reputational damage.

As of April 2025, the service is funded to the recommended establishment of 367.45 WTE clinical midwives. In June 2025, the clinical midwifery vacancy was 16.41 WTE with 1.8 WTE Band 6 midwives currently onboarding due to start in July 2025.

Recruitment forecasting, accounting for the current attrition rate of 2.25 WTE midwives per month, evidenced recruitment of 40 WTE midwives were required to ensure the service is staffed to reach the BR+ funded establishment of 367.45 WTE each month and maintain this for the next 12 months. As agreed by the services finance team, 40 WTE new graduate midwives have recently been recruited and will start in post between September and December 2025.

As per the Ockenden recommendations a review has been undertaken of the average unavailability of registered midwives over a three-year period. The findings suggest that the uplift for midwifery should be increased from the current 23% to 28% and is reflective of the midwifery training requirements and increased maternity leave within the workforce. A paper detailing this request is awaiting executive review.

Recruitment to the 14.5 WTE deficit in the non-clinical specialist and management cohort identified in the 2024 BR+ review is supported by the Trust Board over a 3-year phased period. 5.5 WTE roles have been recruited into, including 2 WTE additional Matron posts and Personalised Care and Choice Specialist Midwife posts. Recruitment of a second Deputy Head of Midwifery is currently underway as advised by MSSP due to the additional complexity of managing cross site services. A midwifery workforce review is underway with support from the MSSP diagnostic to identify the additional non-clinical positions required aligned with local need and national recommendations. To ensure robustness and safe staffing levels, BR+ will be repeated in March 2026 rather than the scheduled March 2027 date.

The supernumerary status of the coordinator and one to one care in labour has been consistently maintained.

The birth to midwife ratio is calculated monthly using BR+ methodology and the actual monthly delivery rate. This is included in the LTHT maternity dashboard so that it can be monitored alongside clinical data. The case mix calculation from the recent BR+ report recommends a ratio of 21 births to 1 midwife; this is reflective of the increased complexity of care in the service. During the reporting period the ratio has been between consistently between 25 and 26 births to 1 midwife.

7.2 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 the Chief Nurse Workforce team 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. Areas within safer staffing scope recruit substantively up to 100% and backfill shifts as required for unplanned acuity or at times of peak demand using temporary staffing.

8. 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.

9. Publication Under Freedom of Information Act

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

10. 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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Date: 7 July 2025

Appendix 1

Phase 1 2025/26 Bi-Annual Nursing and midwifery establishment reviews overview

| Phase 1 2025/26 Bi-Annual Nursing and Midwifery Establishment Review Overview | | |
|---|--|---|
| CSU | Changes Required | Comments |
| ACC | No changes proposed | Headroom increased to 28% to support ACC staff education and training agreed prior to review via CSU and Director of Finance. |
| AMS | Proposed increase of 1.4 WTE unregistered on J44 | Requires further analysis of patient acuity and dependency need and business case |
| CAH | No changes proposed | Some minor redistribution of registered staff to support out of hours service (staff already support this so change is formalising where budget sits) |
| Cardiorespiratory | Proposed reduction of 2.5 WTE registered staff on J11 to support increase on L16 | CSU reviewed patient cohort and acuity and dependency on J11. CSU to finalise adjustment of budget with finance team. |
| Children's | No changes or uplifts requested at the review, however updates provided for L31, L32/33, L37, L38 and L47 due to ongoing reviews/business cases via Corporate Operations | Updated on bed closures to maintain patient safety. CSU are part of mutual aid network nationally for stem cell transplants leading to increased pressures. Ongoing discussions regarding commissioning of additional beds. |
| Head & Neck | No changes proposed | |
| Neurosciences | Proposed increase of unregistered staff on L17, L24 and L25 | All uplifts agreed as CSU have agreed funding with finance (uplifts will replace and reduce the CSUs temporary staffing spend) |
| Oncology | No changes proposed | |
| Outpatients | No changes proposed | |
| SIM | Discussed an uplift of 1.3 WTE unregistered staff on J20 | CSU to further analyse the alternative staffing model and explore internal funding options |

| | | |
|--------------------|--|---|
| Theatres | No changes proposed | Updated on capacity issues within Paediatric Theatres and PACU. If capacity increases the nursing/OPD workforce will need to increase via Corporate Ops business case |
| TRS | No changes proposed | |
| Urgent Care | No changes proposed | Minor adjustments to SDEC staffing model within current budget |
| Women's | Requested additional Band 7s required for J03 and J45 (2 supernumerary wte) and additional Admin / MSW's for antenatal clinic and Birmingham Symptom-specific Obstetric Triage System (2 WTE). A continuous workforce gap of 2.5wte per month from maternity leave and 2.3wte attrition per month, equating to 4.8wte per month is impacting service delivery and staff wellbeing impacting the CSU. | All clinical areas are funded to the Birthrate Plus 2024 recommendation. The new requests are service changes post Birthrate Plus 2024 recommendation and require a business case as the CSU cannot fund. Vacant posts remain a priority to recruit into and extra consideration is being given to redeploy the skill mix appropriately across the CSU/services. CSU to complete benchmarking for supporting parental leave gap and options available to fund. |