

## Bi-Annual Nursing and Midwifery Safer Staffing Report

**Public Board**  
**29 January 2026**

<b>Presented for:</b>	Assurance
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<b>Previous Committees:</b>	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.

<b>Link to Strategic Objective</b>	Focus on care quality, effectiveness and patient experience
<b>Link to Provider Capability Assessment</b>	Quality of care
<b>Link to CQC Well-led Statement</b>	Capable, Compassionate and Inclusive Leaders
<b>Regulatory Impact</b>	Regulation 18: Staffing

<b><u>Risk Appetite Framework</u></b>			
<b>Level 1 Risk</b>	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Impact</b>
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

<b>Key points</b>	
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 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 2025
- Peer assessment against Care Hours Per Patient Day (CHPPD)
- Overview of the Phase 2 Bi-annual establishment review for Nursing and Midwifery which took place in October and November 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. 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

SNCT data was collected across ten CSUs and 77 eligible wards/units. The Trust's funded nursing/midwifery establishment is 3163.26 WTE, compared to an SNCT recommendation of 3251.10 WTE, a variance of 87.84 WTE (2.73%), this is 3.03 WTE less than the previous review. This demonstrates consistent close alignment between current staffing and SNCT recommendations.

#### 3.2 Exception Report

July 2025 SNCT data was reviewed during Phase 2 Nursing/Midwifery Establishment reviews (October and November 2025).

There is a significant difference in SIM CSU, consistent with the previous collection. The eligible ward areas across SIM have a total funded establishment of 691.16 WTE and an SNCT recommendation (in isolation) of 839.55 WTE (148.39 WTE difference) with 98% compliance with SNCT data entry.

The SIM CSU nursing leadership team have reviewed the new SNCT data alongside the previous collection, nursing quality indicators and speciality professional judgement. The increase in recommended WTE can be attributed to ward areas with complex patients and unmet enhanced care needs. Overall, the CSU demonstrates strong leadership, effective escalation processes and learning to support safe staffing.

Based on SNCT results, quality indicators, and professional judgement, no immediate 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 7.2 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 has been conducted to address this and remains on-going with The Shelford Group.

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

In Children's ED, the establishment was increased in 2023/24 based on SNCT data and patient demand. A slightly increased gap from 6.4 WTE on the previous collection to 7.2 WTE on this collection remains between SNCT recommendation and funded levels. No further changes are recommended at this time, a full review is planned during the Phase 1 Nursing and Midwifery Establishment Review in April 2026.

#### **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 September 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**

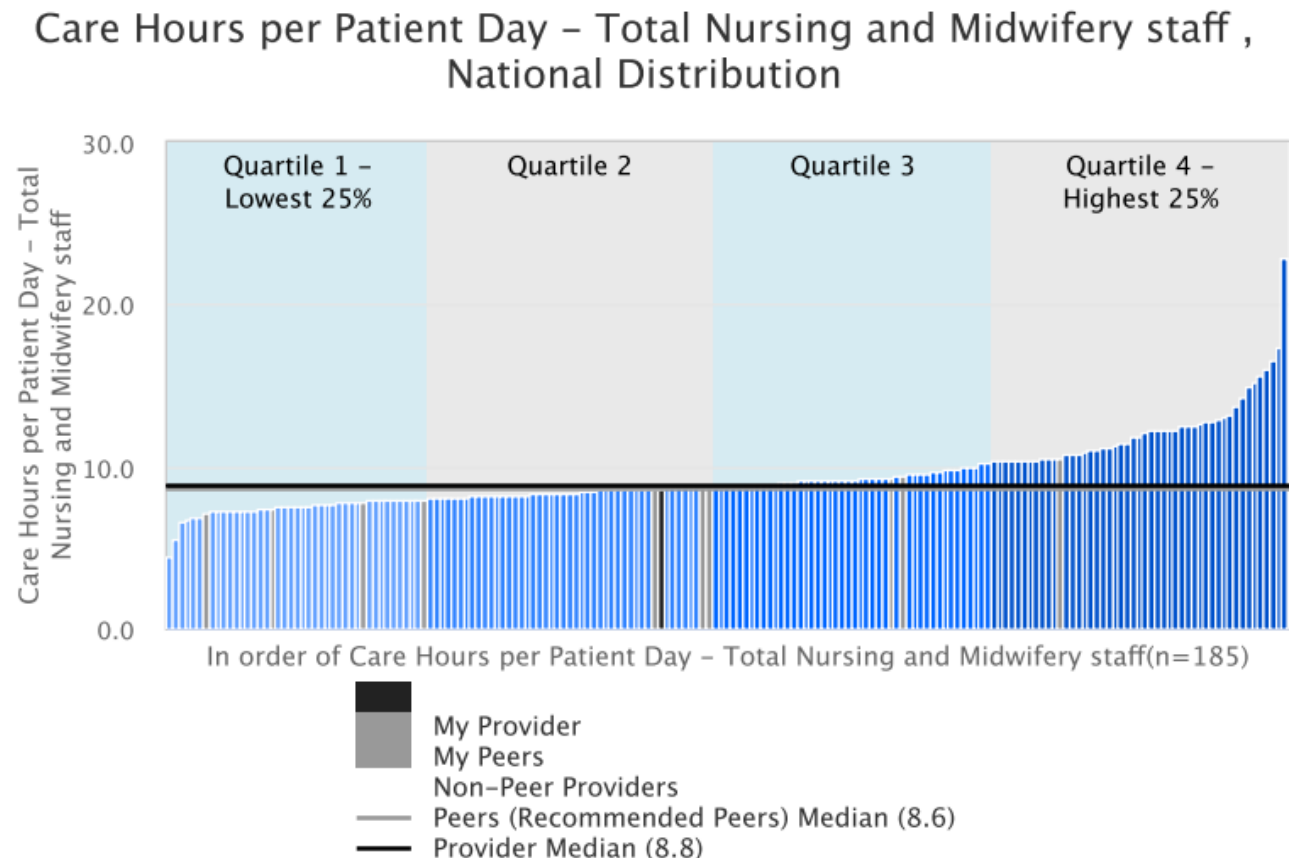


Figure 1 shows that, for combined CHPPD, LTHT has moved from quartile three to quartile two, with a slightly reduced provider median of 8.8 CHPPD. This remains aligned with, and marginally higher than, the peer combined median of 8.6 CHPPD. This represents a reduction of 0.1 CHPPD compared with the July 2025 report.

**Figure 2: CHPPD Registered Nurses and Midwives**

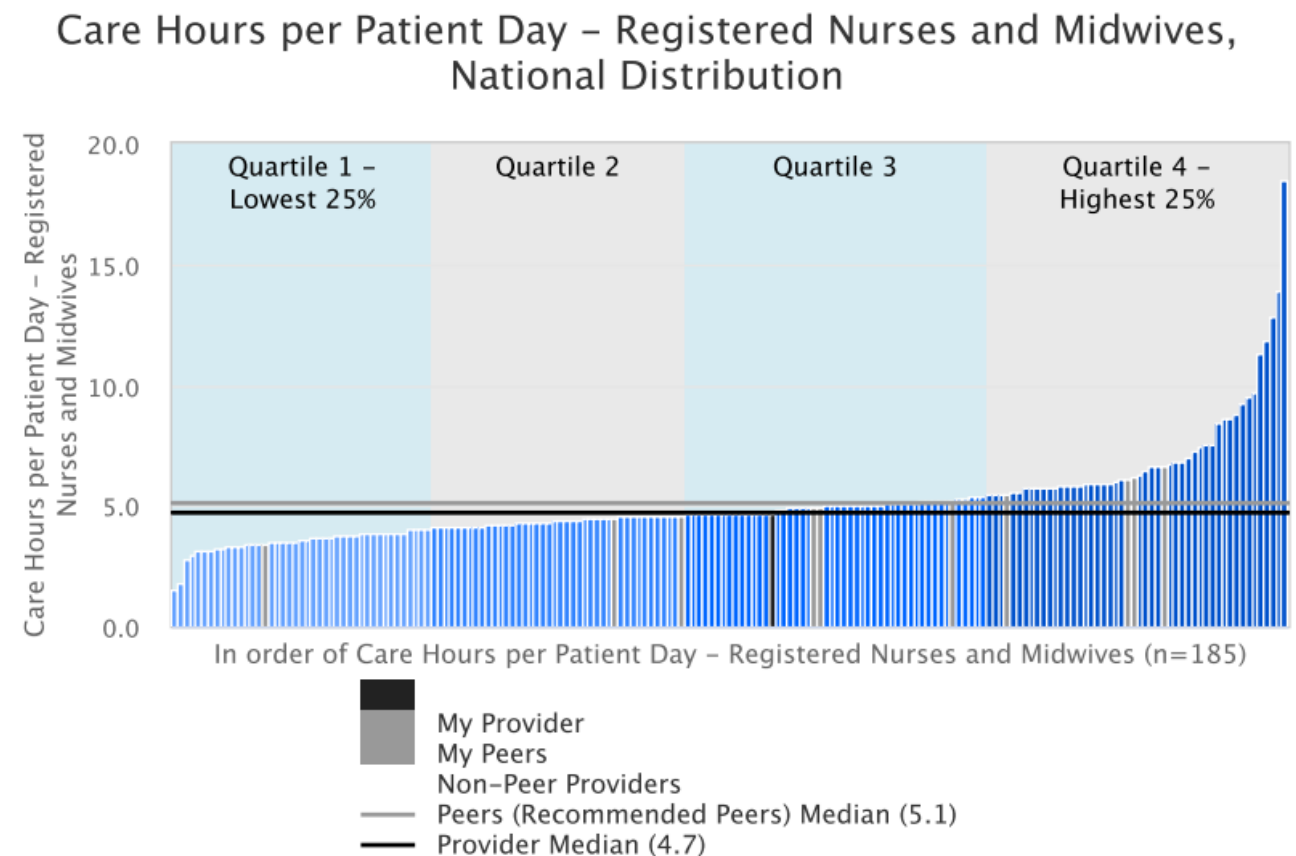


Figure 2 shows that, for Registered Nurses and Midwives CHPPD, LTHT remains in quartile three when benchmarked against recommended peers, with three peer organisations reporting a lower registered staff CHPPD. LTHT has a provider median of 4.7 CHPPD compared with the peer median of 5.1 CHPPD. LTHT's CHPPD remains unchanged from the July 2025 report, while the peer median has reduced by 0.1 CHPPD over the same period.

**Figure 3: CHPPD Unregistered staff (Clinical Support Workers)**

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

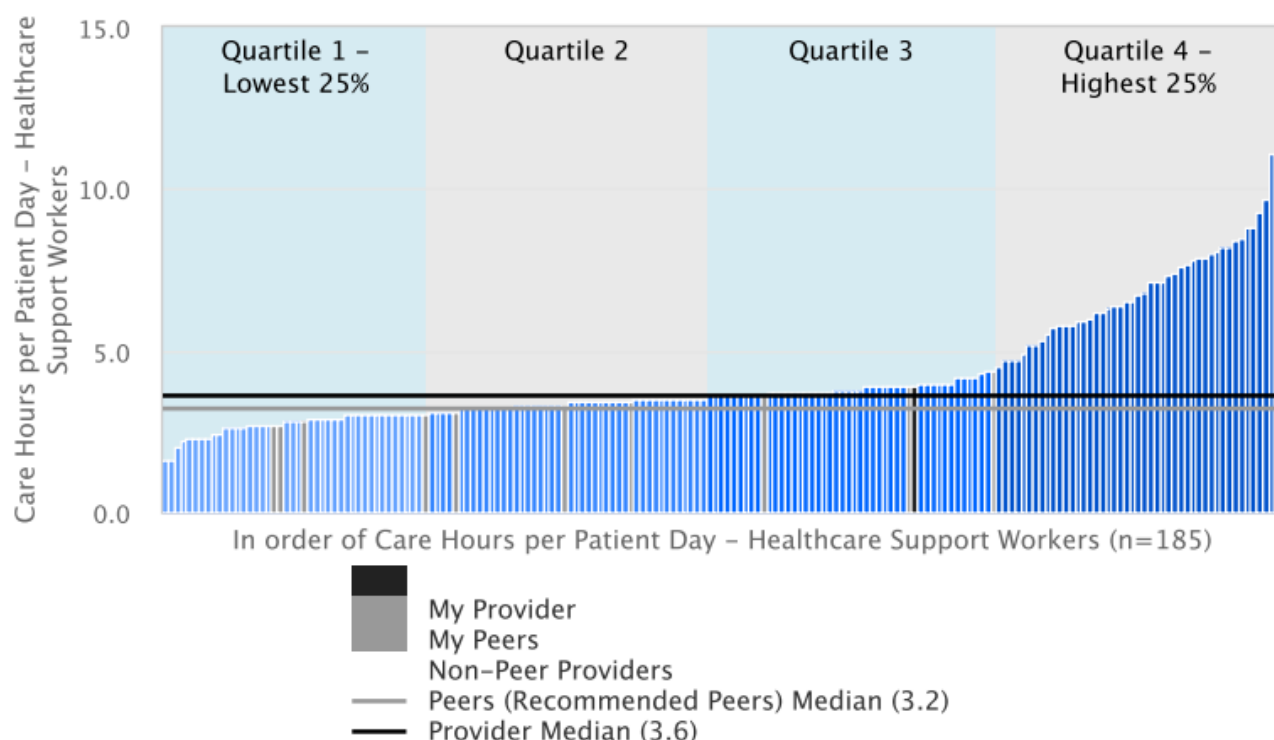


Figure 3 shows that, for unregistered staff CHPPD, LTHT remains in quartile three when benchmarked against recommended peers, with only one peer organisation reporting a higher unregistered staff CHPPD. LTHT has a provider median of 3.6 CHPPD compared with the peer median of 3.2 CHPPD. This represents an increase of 0.1 CHPPD compared with the July 2025 report.

#### 5.1 Exception report

The benchmarking results indicate that, for combined CHPPD, LTHT remains broadly aligned with recommended peers. Registered Nurse and Midwife CHPPD is lower than most recommended peers, with three peer organisations providing fewer CHPPD hours than LTHT and seven peer organisations providing between 0.2 and 1.9 CHPPD more than LTHT, based on September 2025 data.

For unregistered staff, LTHT provides 0.4 CHPPD more than recommended peers. Unregistered staff CHPPD has increased by 0.1 CHPPD, which may reflect targeted work to reduce and sustain a lower Clinical Support Worker (CSW) vacancy gap.

Significant progress has also been made in reducing and maintaining a lower registered nurse vacancy gap, reflected in registered staff CHPPD remaining stable.

Quality of care and patient safety outcomes continue to be monitored through the Nursing and Midwifery Safe Staffing and Quality Report, which is reported bi-monthly to the Quality Assurance Committee (QAC).

## 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 a formal assessment of funded establishment and skill mix and is underpinned using evidence-based workforce tools, where available. The Safer Nursing Care Tool (SNCT) is used to calculate staffing requirements in applicable areas, with the resulting data triangulated against Nurse Sensitive Indicators (NSIs) and clinical and expert professional judgement to inform the overall outcome of the review.

All safe staffing Clinical Service Units (CSUs) participate in bi-annual Nursing and Midwifery Establishment Reviews, chaired by the Deputy Chief Nurse. In addition, dedicated establishment reviews are undertaken for Adult Critical Care, Outpatient Departments and Theatres.

Each review meeting is attended by the CSU Director of Nursing, Head of Nursing/Midwifery, CSU Matron and senior leadership team, with ward and unit managers invited to contribute. Financial oversight is provided through attendance by the CSU Finance Business Partner and the Head of Financial Planning and Reporting, ensuring alignment between safe staffing, workforce planning and financial sustainability.

Phase 1 and 2 2025/26 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 E-Learning for Health's Safe Staffing training and SafeCare training completion rates

Phase 2 2025/26 establishment reviews identified that most CSUs remain within current funded establishments, appropriate to meet existing safer staffing requirements, with no immediate changes required. A small number of exceptions have been identified where additional assurance, business cases, or financial alignment are required. A CSU level summary is outlined in **Appendix 1**.

### 6.1 Maternity Services

A detailed perinatal assurance report including midwifery workforce data is presented to the Quality Assurance Committee bimonthly which provides analysis of workforce data versus birthrate plus recommendations. From January 2026 the perinatal assurance report and the biannual midwifery staffing report will be presented to the Perinatal Improvement Assurance Committee. This is a new committee with delegated authority from the Trust Board to support an increased focus on perinatal services and improvements.



Key performance indicators continue to be monitored and reported through the perinatal assurance report and the biannual midwifery workforce report.

A midwifery workforce matron has been appointed in Q3 to support workforce planning, data analysis and development of effective recruitment and retention strategies. The role will also support increased staff engagement and individualised development and succession planning.

National and local publications, themes and performance indicators are triangulated with local intelligence to ensure that the planned midwifery workforce is responsive to the evolving needs of the service.

A Birth rate plus review was last undertaken in Q4 of 23/24 which identified a clinical gap of 12.6 WTE midwives and a non-clinical specialist and management gap of 14.9 WTE midwives. 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.

Following the review the clinical establishment budget was revised to reflect the recommendations and recruitment supported to close the gap. It was challenging to recruit to all the posts within an optimal timeframe as the centralised Local Maternity and Neonatal System recruitment for early career midwives had already concluded and potential candidates had secured employment with other providers. However multiple approaches to recruit midwives were enacted and a decision made to optimise the next centralised recruitment cycle recognising that it may take 6-12 months to meet the recommendations.

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. Initially weekly submissions of staffing levels were submitted, however as the incoming pipeline has increased this has reduced.

Midwifery staffing remains on the CSU and corporate risk registers with a score of 20. This will be reviewed in Q4 where it is anticipated it will be reduced following the positive recruitment and commencement of registered midwives. To mitigate risks in the interim several actions are in place:

- Daily monitoring of staffing levels and escalation of any risks.
- Optimal use of internal and external bank and agency midwives
- Redeployment of non-clinical specialist and management midwives at times of high acuity
- Liaison with system partners for mutual aid as required
- Live adverts for Band 5 and 6 midwives

Following a review of 3 years data, the Trust Board supported the service to backfill 75% of the maternity leave. This will positively impact the unavailability of registered clinical midwives as the data identified that the actual unavailability inclusive of maternity leave was 28% rather than the 23% that was included within the establishment calculations.

A review of community midwifery services has been supported by one of the NHSE Maternity Improvement Advisors following the MSSP diagnostic assessment in Q1 that suggested that community midwives may need to be deployed to support hospital services as the community establishment exceeded the 2024 Birthrate Plus recommendations. The community recommendation had been triangulated by the leadership team with other data sources and professional judgement used to maintain the community establishment. A finalised report is anticipated imminently and will be shared with member of the Perinatal Improvement and Assurance Committee, but early intelligence suggests that there isn't an excess of midwives working within the community services.

There has been significant investment from the Trust Board during 2025 in the non-clinical specialist and management cohort of midwives with a focus on increasing leadership capacity, personalised care and support and bereavement services. A further workforce paper has been developed which will support closure on the non-clinical gap and alignment with the Birthrate plus recommendations.

## **6.1 Exception Report**

It is recognised that only safer staffing requirements are managed through the bi-annual Nursing and Midwifery Establishment Setting/Review process. Operational and service changes are managed through the Corporate Operations Team, ensuring that workforce decisions remain aligned to service demand and delivery models.

CSU level and Trust wide Workforce Production Boards and forecast trajectories are in place to provide oversight of vacancies, recruitment pipelines and staff unavailability, triangulated with the finance ledger and local operational intelligence, and with close monitoring of skill mix by role and band.

Further monitoring in line with the NHSE minimum dataset for enhanced therapeutic observational care (ETOC) related demand has recently commenced across the Trust, with particular emphasis in SIM CSU. ETOC is currently provided by a mixture of staff, ranging from registered nurses to clinical support workers (predominantly Bank staff) and Bedwatch Vigilant for the most challenging and aggressive patients. Recent audit highlighted that ETOC is both over and under provided, each bringing it associated risk to patient and staff safety as well as financial impact. To address this a pilot project in will commence in SIM CSU, testing a small scale peripatetic team to standardise ETOC assessment, decision-making and delivery, with the aim of improving safety, consistency and value for money.

Development of a comprehensive programme of roster assurance and reset is also underway to strengthen establishment control, improve roster quality and ensure staffing resources are deployed effectively against patient need. This includes Director of Nursing (DoN) led monthly workforce assurance meetings with Heads of Nursing/Midwifery (HoN/M) providing regular oversight of fill rates, vacancy management, agency usage and roster compliance, alongside the newly established Nursing, Midwifery and AHP Workforce Decision-Making Group (NMAWG), chaired by the Chief Nurse, which provides Trust wide strategic oversight and approval of workforce actions. Together, these arrangements

strengthen governance, improve grip on staffing and support a more sustainable and safer workforce model.

## **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

**Appendix 1**

## Phase 2 2025/26 Bi-Annual Nursing and midwifery establishment reviews overview

<b>Phase 2 2025/26 Bi-Annual Nursing and Midwifery Establishment Review Overview</b>		
<b>CSU</b>	<b>Changes Required</b>	<b>Comments</b>
<b>ACC</b>	No changes proposed – headroom increase in progress	Proposed increase in establishment headroom from 23% to 28% to meet study leave and compliance with specialised training required. Business case and formal approval process in progress.
<b>AMS</b>	No immediate changes	Review if the SNCT Assessment Tool is appropriate for high turnover wards such as J42. If eligible will be trialled for next SNCT collection (Winter 2025/26).
<b>CAH</b>	No changes proposed	Ongoing proactive recruitment for C01, C02, C06 to support increased enhanced care.
<b>Cardiorespiratory</b>	No changes proposed	Positive impact of uplifting L16 RN night establishment from 3 to 4 RN. Agreed CSU led CSW recruitment as a test of change to improve staffing resilience.
<b>Children's</b>	No immediate changes	Proposed increase of 11 WTE registered nurses to align with RCN/BAPM workforce standards; increase from 23% to 27%. A business case will be submitted by the CSU to progress this.
<b>Head &amp; Neck</b>	No immediate changes	Proposed increase by 1 RN and 1 CSW on night shift for L23 to maintain safe care given the acuity and additional shift use analysis. The CSU are reviewing SNCT data, including triangulation methodology and will submit a business case.
<b>Neurosciences</b>	No changes proposed	Phase 1 proposed changes implemented with positive outcomes noted.  Funding secured via business case for L21 additional night shift RN addition.
<b>Oncology</b>	No immediate changes	A proposal to split the J80 department, in response to a 14% increase in demand and to support the establishment of a Band 7 post, is under discussion and development with the Finance team.

		<p>A proposal to increase CSW nightshift staffing on J88 and J89 from 2 to 3 posts, in response to increased complexity and safety considerations, is in progress and will be included within the Phase 1 Establishment Review 2026/27.</p> <p>No immediate changes are being implemented at this stage; the above work remains ongoing.</p>
<b>Outpatients</b>	No changes proposed	Successful recruitment to substantive Matron posts.
<b>SIM</b>	No immediate changes	SNCT data using triangulation methodology is under review to guide future investment now there are multiple data sets available with update levels.
<b>Theatres</b>	8.26 WTE increase due to multiple WTE uplifts across CSU	<p>Budget alignment work in progress as a priority. Phase 2 added 8.26 WTE to maintain safety and consistently using temporary staff. Financial gap under discussion with Finance/HoN/DCN.</p> <p>Business cases for PACU and elective list expansion is planned.</p>
<b>TRS</b>	No immediate changes	SNCT recommendation of 61.25 WTE vs 57.07 funded for wards L09 and L34. CSU reviewing using triangulation methodology. Business case suggested for increase in CSW's if required.
<b>Urgent Care</b>	No changes proposed	CSU reported stable workforce with successful recruitment and good morale. Mental Health CSW model via LTHT Staff Bank pool transitioned to substantive roles.
<b>Women's</b>	No immediate changes	<p>Recruitment pipeline is strong and aims to close vacancy gap; additional recruitment agreed pre-Phase 2 Establishment Review by Trust Board to off-set turn over predicted throughout 2026.</p> <p>Pre Phase 2 Establishment Review 14.9 WTE nursing/midwifery staff combined approved by Trust Board for maternity leave backfill with calculators to be updated.</p>