Boards in Common Paper J1

Meeting title:	Boards of Directors of Kettering General Hospital NHS Foundation Trust (KGH), Northampton General Hospital NHS Trust (NGH) (University Hospitals of Northamptonshire NHS Group - UHN) and the University Hospitals of Leicester NHS Trust (UHL) Meeting together					
Date of the meeting:	11th June 2026					
Title:	Nursing and Midwifery Bi-Annual Establishment Review Board Report 2026					
Report presented by:	Julie Hogg, Group Chief Nurse					
Report written by:	Pippa Clark, Assistant Chief Nurse for Workforce (UHL)					
Action – this paper is for:	Decision/Approval		Assurance	**X**	Update	
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture	x	Deliver our financial plan	
Where this report has been discussed previously	• NMAHPCs 14/05/2026 • PCC 28/05/2026					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which
The report provides assurance that safe staffing governance is robust and mitigates risks related to workforce supply, temporary staffing reliance, patient safety and staff wellbeing.

Impact assessment
• **Patients** Strengthens patient safety and quality of care through improved safe staffing oversight, evidence-based workforce planning, and enhanced ability to respond to demand and acuity. • **Workforce** Supports staff wellbeing, retention and productivity through improved e-rostering practices, strengthened workforce planning, and initiatives such as sickness reduction programmes and the Cavell support partnership.

Purpose of the Report

This report provides the Board with assurance on the outcomes of the March 2026 Nursing and Midwifery Bi-Annual Establishment Review, including progress on safe staffing, workforce planning, and e-rostering improvements across UHL.

Recommendation

The recommendation from the Chief Nurse and Medical Director is there is good compliance with the Developing Workforce Safeguards (2018) and that staffing is safe, effective and sustainable; evidence for compliance is provided in section seven of the report.

This paper does not require a decision or approval from the Board but is intended to provide assurance, including confirmation that the workforce plans arising from the Nursing and Midwifery Annual Establishment Review 2025 remain appropriate.

Summary

- Winter demand: sustained high bed occupancy, winter escalation capacity and increased enhanced patient observation requirements resulted in increased workforce demand and additional staffing requirements, particularly in January and February 2026.
- Temporary staffing increases were planned and controlled: increased use of bank and agency staffing reflected planned winter capacity expansion and is projected to gradually return to baseline levels as winter pressures subside.
- The Nursing Workforce Recruitment and Retention Plan FY 2026-27 has been developed and provides a structured approach to future workforce supply (located within the appendices).

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST AND UNIVERSITY HOSPITALS OF NORTHAMPTONSHIRE GROUP

BOARD OF DIRECTORS
11 JUNE 2026

Main report detail

This report provides a comprehensive overview of the Nursing and Midwifery Bi-Annual Establishment Review (March 2026), demonstrating continued compliance with National Quality Board guidance and Developing Workforce Safeguards, with assurance that staffing is safe, effective and sustainable.

Over the past 18 months, significant progress has been made to strengthen safe staffing and workforce systems across UHL. This includes embedding a structured establishment review cycle, enhancing the use of evidence-based tools such as SNCT, and strengthening triangulation of staffing, quality and outcome metrics.

There has also been a notable improvement in e-rostering governance, with the introduction of a performance metrics dashboard, Annual Roster Reviews, and “Roster Review and Reflect” meetings to improve roster quality, efficiency and accountability.

Workforce transformation has been supported through initiatives such as the Data-Driven Recruitment Forum (DDRF V2), improved recruitment and retention planning, and continued focus on reducing reliance on temporary staffing through strengthened bank and agency controls.

In addition, there has been increased focus on workforce wellbeing, including the establishment of a sickness review group and partnership with the Cavell charity to enhance support available to nursing and midwifery staff.

University Hospitals of Leicester NHS Trust

Nursing and Midwifery

Bi-Annual Establishment Review 2026

Title:	Nursing and Midwifery Bi-Annual Establishment Review Board Report 2026
Responsible Director/s:	Julie Hogg, Group Chief Nurse Sue Burton, Deputy Chief Nurse and Pathway to Excellence Programme Director
Author/s:	Pippa Clark, Assistant Chief Nurse for Workforce

Purpose:	As per recommendations set out by the National Quality Board (2016, pg. 15) "Expectation 1: Right Staff" and NHS Improvement (2018, pg. 11) "The planning cycle"; the purpose of this report is to assure the Trust Board of the six-monthly establishment review which took place for Nursing and Midwifery in March 2026.
Key issues summary:	• Winter demand: sustained high bed occupancy, winter escalation capacity and increased enhanced patient observation requirements resulted in increased workforce demand and additional staffing requirements, particularly in January and February 2026. • Temporary staffing increases were planned and controlled: increased use of bank and agency staffing reflected planned winter capacity expansion and is projected to gradually return to baseline levels as winter pressures subside. • The Nursing Workforce Recruitment and Retention Plan FY 2026-27 has been developed and provides a structured approach to future workforce supply.
Recommendations:	• The recommendation from the Chief Nurse and Medical Director is there is good compliance with the Developing Workforce Safeguards (2018) and that staffing is safe, effective and sustainable; evidence for compliance is provided in section seven of the report. • This paper does not require a decision or approval from the Board but is intended to provide assurance, including confirmation that the workforce plans arising from the Nursing and Midwifery Annual Establishment Review 2025 remain appropriate.

Acronyms and Abbreviations (non-exhaustive)

AfC – Agenda for Change pay scale/ bandings

BAPM – British Association of Perinatal Medicine (BAPM)

CHPPD – Care Hours per Patient Day

CMG – Clinical Management Group

DDRF V2- Data-driven Recruitment Forum Version 2

EM – emergency medicine

HCSW – Healthcare Support Worker

KPI – Key performance indicator

MCA – Maternity Care Assistant

NQB – National Quality Board

NMAHPCs – Nursing, Midwifery and Allied Health Professions Committee

NMAER – Nursing and Midwifery Annual Establishment Reviews

NHSE – NHS England

QIA – Quality Impact Assessment

QIS – Qualified in specialty (neonatal workforce term)

RM – Registered Midwife

RN – Registered Nurse

RNA – Registered Nursing Associate

SNCT – Safer Nursing Care Tool

UHL – University Hospitals of Leicester NHS Trust

WTE – Whole-time equivalent

1. Introduction

1.1

- This briefing intends to provide the Trust Board with an overview of the Bi-Annual Establishment Review which took place for Nursing and Midwifery on 27/03/2026. The following format will be structured as per *the triangulated approach to staffing decisions; expectations 1 to 3,* set out by the National Quality Board (2016, pg.14).
- For access to the Microsoft Teams channel, containing the supporting files for this report, please contact Pippa Clark (Assistant Chief Nurse for Workforce).

2. Background

2.1 • Previous Nursing and Midwifery Establishment Review reports are listed below with a brief synopsis of outcomes:

Annual Nursing and Midwifery Staffing Report **October 2022**

Author: Debbie McBride (Assistant Chief Nurse for Workforce)

- Approval of increase of 248.66wte in 97 ward-based establishments and departments; funding to be phased in over a three- year period.

Nursing and Midwifery Bi-Annual Establishment Review Board Report **April 2023**

Author: Pippa Clark (Lead Nurse for Safe Staffing)

- Assurance: good compliance with Developing Workforce Safeguards (2018); staffing is safe, effective and sustainable.
- Aspirations for Safe Staffing (2023-2025) developed; acknowledgment of alignment of financial planning required across all applications such as electronic rostering (e-rostering) and Electronic Staff Record (ESR).

Nursing and Midwifery Annual Establishment Review Board Report **November 2023**

Author: Pippa Clark (Lead Nurse for Safe Staffing)

- Assurance: good compliance with Developing Workforce Safeguards (2018); staffing is safe, effective and sustainable.
- Primary recommendation: alignment of financial planning across all applications.

Nursing and Midwifery Bi-Annual Establishment Review Board Report **April 2024**

Author: Pippa Clark (Lead Nurse for Safe Staffing)

- Assurance: good compliance with Developing Workforce Safeguards (2018); staffing is safe, effective and sustainable.
- Action: continuation of budget alignment across all applications.

Nursing and Midwifery Annual Establishment Review Board Report **November 2024**

Author: Pippa Clark (Interim Assistant Chief Nurse for Workforce)

- Approval of recommended investments (for EM and Neonates), which were offset by reductions from MSS. Action: continuation of budget alignment across all applications.
- Assurance: good compliance with Developing Workforce Safeguards (2018); staffing is safe, effective and sustainable.

Nursing and Midwifery Bi-Annual Establishment Review Board Report **April 2025**

Author: Pippa Clark (Interim Assistant Chief Nurse for Workforce)

- Assurance: good compliance with Developing Workforce Safeguards (2018); staffing is safe, effective and sustainable.
- Action: focus on registered proportion % and seniority on duty (AfC Band 6).

Nursing and Midwifery Annual Establishment Review Board Report **November 2025**

Author: Pippa Clark (Assistant Chief Nurse for Workforce)

- Assurance: good compliance with Developing Workforce Safeguards (2018); staffing is safe, effective and sustainable.
- Approval of reorientation of funding across 29 units (nursing and midwifery establishments), delivering a saving of £65,227.

3. Recommendations

3.1 Summary

- In accordance with NQB (2016) guidance, this report provides the comprehensive staffing update to the Board, confirming that the workforce plans arising from the Nursing and Midwifery Annual Establishment Review 2025 remain appropriate.
- This report is provided for assurance and does not require a decision or approval from the Board.
- The Chief Nurse and Medical Director recommend that there is good compliance with the Developing Workforce Safeguards (2018), and that staffing is safe, effective, and sustainable; evidence supporting this compliance is provided in section seven of the report.

4. Expectation 1: Right Staff

4.0

- The UHL Nursing and Midwifery Bi-Annual Establishment Review is often described as a “light-touch” process, focusing on discussion of evidence-based workforce planning. Although contextual information, such as unit layout and operational knowledge, is shared in line with the Professional Judgement Framework (Saville et al., 2023), this review differs from the Nursing and Midwifery Annual Establishment Review (NMAER). The latter provides a detailed unit profile for each area, outlining the year’s workforce findings and the required establishment, and is scheduled to take place in September.

4.1 Evidence-based workforce planning

4.1.1 The Safer Nursing Care Tool, SNCT, (the Shelford Group, 2013; 2021; 2023)

- The licensing to use the Safer Nursing Care Tools (SNCT) has been obtained from Imperial College Innovations Limited, as outlined in the table below.
- All inpatient areas within UHL have been assigned a particular SNCT; e.g., the Children’s Hospital utilise the Children and Young People SNCT.

Material	Authorised signatory	Due for renewal	Licensee Contact Person
Adult Acute Assessment SNCT	Julie Hogg Chief Nurse	Term: 24 months	Pippa Clark Assistant Chief Nurse for Workforce
Adult Inpatient Ward SNCT	07/10/2025	07/10/2027	
Children and Young People SNCT	Julie Hogg Chief Nurse	Term: 24 months	
Emergency Department SNCT	24/09/2024	24/09/2026	

4. Expectation 1: Right Staff

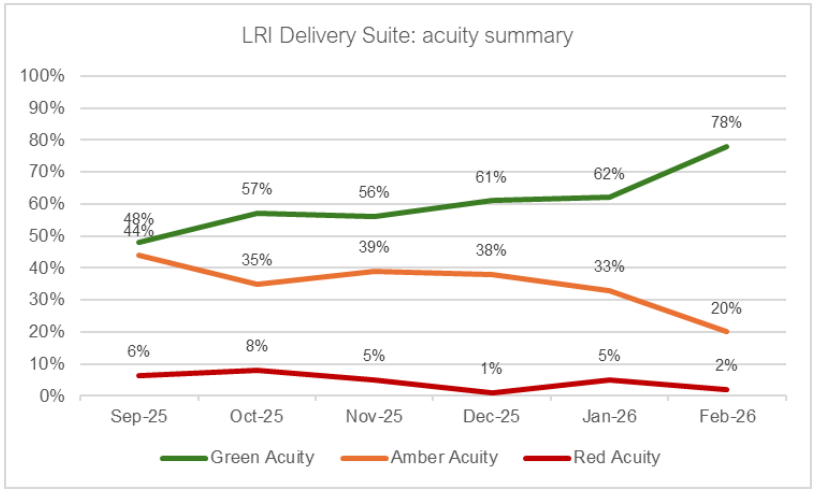
4.1 Evidence-based workforce planning

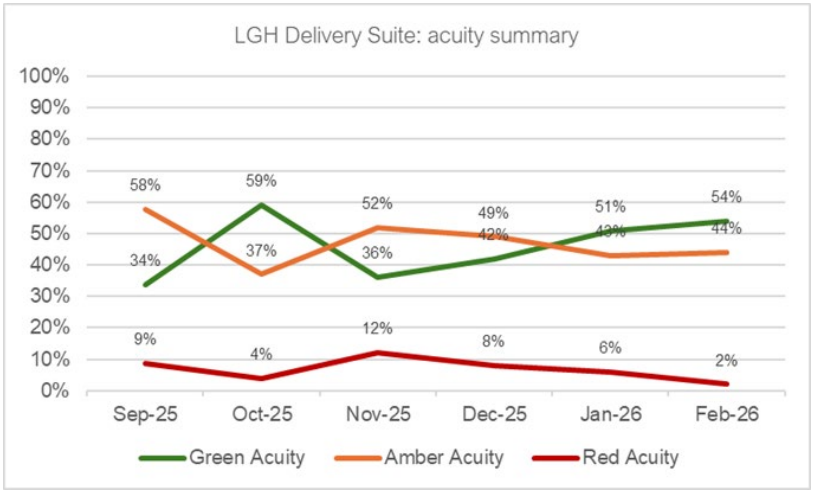
4.1.1 The Safer Nursing Care Tool, SNCT, (the Shelford Group, 2013; 2021; 2023) continued.

- SNCT results from October 2025 and February 2026 were reviewed during the Bi-Annual Establishment Review, with the next data collection scheduled for June 2026.
    - It was agreed that the results for two units GH CDU and GH Ward 20 should be interpreted with caution. Data collection relating to acuity and dependency will continue; however, the workforce multipliers will not be applied. As per meeting discussion, the SNCT is not considered an appropriate tool for these areas.
    - All SNCT results were acknowledged; however, no changes were agreed at this time. Decisions will be deferred until all findings are presented within the unit profiles as part of the NMAER, including comparison to the budgeted establishment, dates set for September 2026.

4.1.2 Birthrate Plus®

- The latest Birthrate Plus® UHL Midwifery Workforce Report was published in February 2024, during the NMAER 2025, Birthrate Plus® recommendations were compared against the current budgeted WTE, with no negative variances identified.
- The latest Birthrate Plus® UHL Midwifery Workforce Report published in February 2024 stemmed from January to December 2023 datasets.





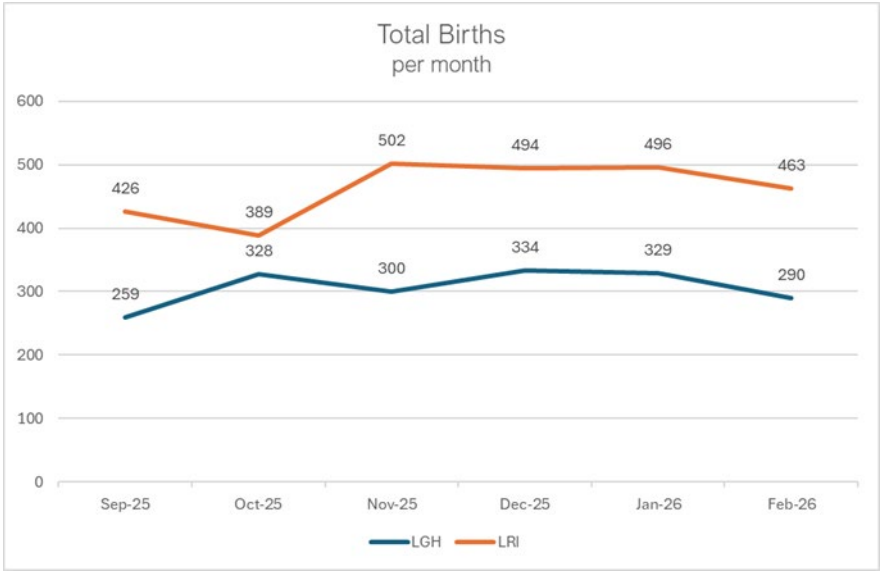
4. Expectation 1: Right Staff

4.1 Evidence-based workforce planning

4.1.2 Birthrate Plus® *continued*

- Birthrate Plus® compliance exceeds the 85% threshold required for reliable reporting at both sites (LRI 85.14%; LGH 87.23%).
- LRI consistently records a higher number of monthly births than LGH, while both sites demonstrate only minimal variation across the six-month reporting period.
- In March 2026, Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) approved the relocation of birth services from St Mary's Birth Centre to the midwife-led unit at Leicester General Hospital. Antenatal and postnatal clinics, home visiting, and infant-feeding support in Melton Mowbray will continue.
- Recent developments in workforce planning and midwifery include the Independent Review of the Birthrate Plus® methodology, commissioned by Birthrate Plus® and chaired by Birte Harlev-Lam OBE (2026) as a response to the Ockenden Review (2022). The review concludes that the methodology requires updating to better reflect contemporary midwifery practice; the Maternity services at UHL recognises this need and is supportive of, and prepared to implement, the anticipated changes.

⚠ New Birthrate Plus® workforce assessment requested for UHL in 2026.



4. Expectation 1: Right Staff

4.2 Professional consensus

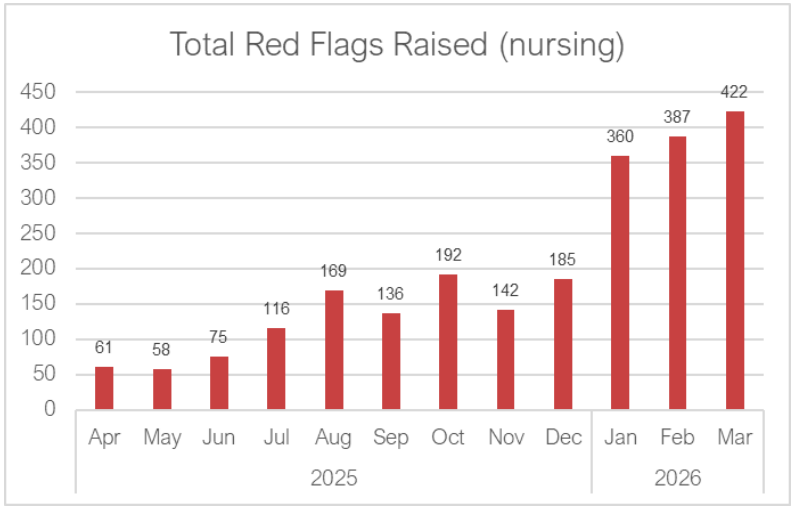
4.2.1 British Association of Perinatal Medicine (BAPM)

- During NMAER 2025, an investment of 3.36 wte posts was made to align staffing with the Neonatal Workforce Tool recommendations.
- The Qualified in Specialty (QIS) currently sits at 61%.
    - Staffing standards set by the Department of Health and Social Care in 2009 require at least 70% of nurses in a neonatal service to be QIS.
- There has been marked progress over recent years, with current efforts focused on balancing risks and QIS coverage on duty, which is reviewed and scrutinised monthly.
- The UHL Neonatal leadership team regularly meets with the East Midlands Operational Delivery Network, to discuss workforce reflections, current position and projections.
- Ongoing work continues with strong emphasis on meeting BAPM standards, supported by trajectories indicating that recruitment to BAPM levels is anticipated FY 26-27.

4.3 Professional judgement

4.3.1 Red Flags (nursing)

- For maternity services, Red Flags are raised via Birthrate Plus®.
- As per the graph below, for nursing, Red Flags have seen a sharp rise for January to March 2026.
    - Please note, there is no key performance indicator (KPI) in relation to how many Red Flags are raised; the KPI is directed at the status of Red Flags (i.e., the status of a Red Flag does not remain open).
- There appears to be a notable relationship between bed occupancy levels (pg.8) and the volume of nursing red flags raised.

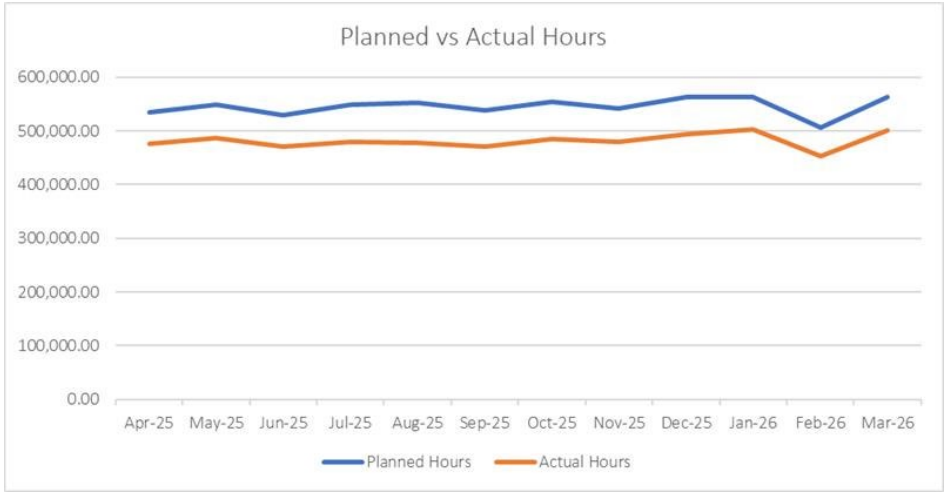


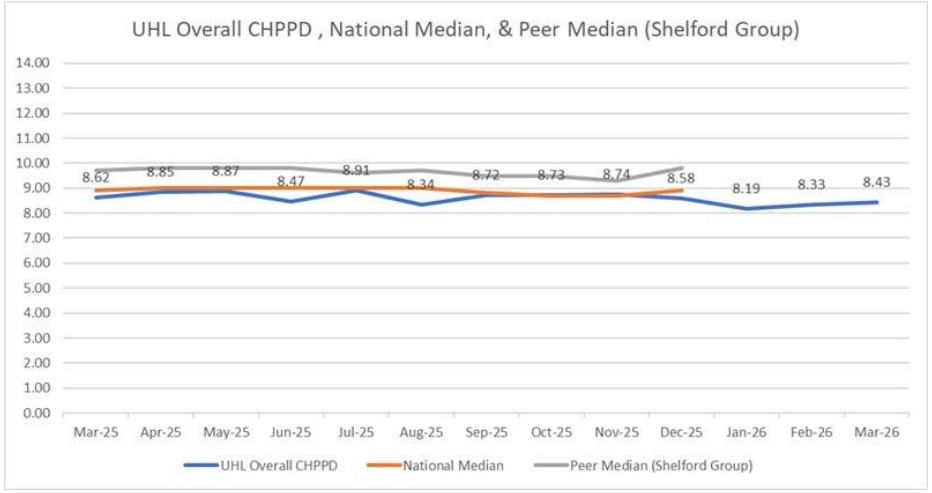
4. Expectation 1: Right Staff

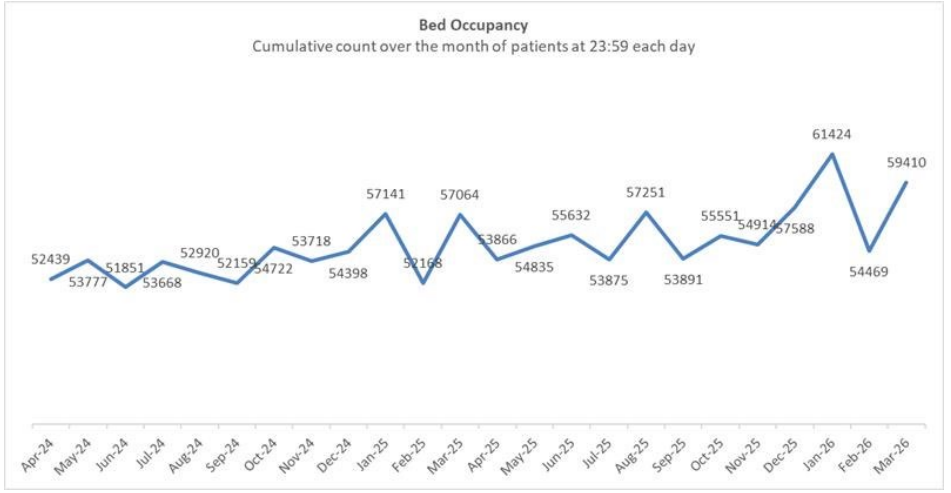
4.4 Compare staffing with peers

4.4.1 Safer staffing metrics

- Bed occupancy shows sustained pressure, including notable peaks in early 2026.
- January bed occupancy represents the busiest month on record since 2023.
- February appears lower in comparison due to the shorter month, where the reduced number of days affects the denominator and results in an apparent dip rather than a true reduction in planned hours, actual hours and bed occupancy.
- There is a partial correspondence between rising bed occupancy and increased actual hours in January and March 2026, suggesting responsiveness to peaks in demand.





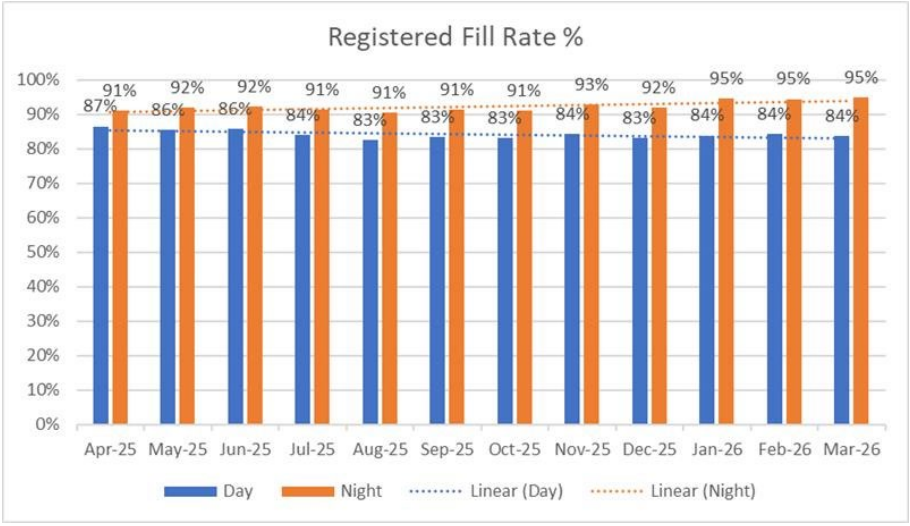


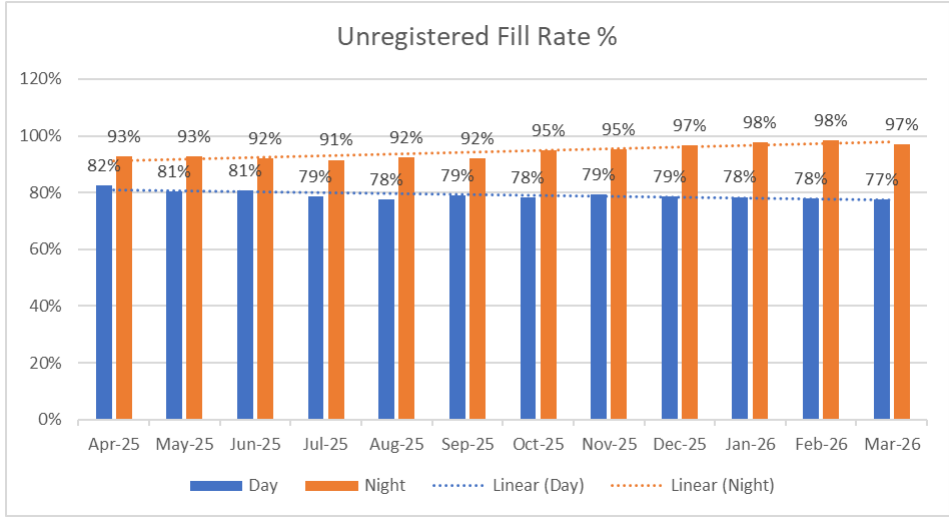
4. Expectation 1: Right Staff

4.4 Compare staffing with peers

4.4.2 Safer staffing metrics – Fill Rate %

- Day fill challenges are most pronounced for unregistered staff, with persistent gaps highlighting the need for increased focus on HCA recruitment and retention.
- Night fill rates are consistently high for both registered and unregistered staff, this will be influenced by lower overall demand at night compared with daytime activity, alongside unsocial hours payments as a key incentive.
- During January–March, increased planned hours associated with winter escalation beds increased demand, contributing to a reduction in daytime fill rates.





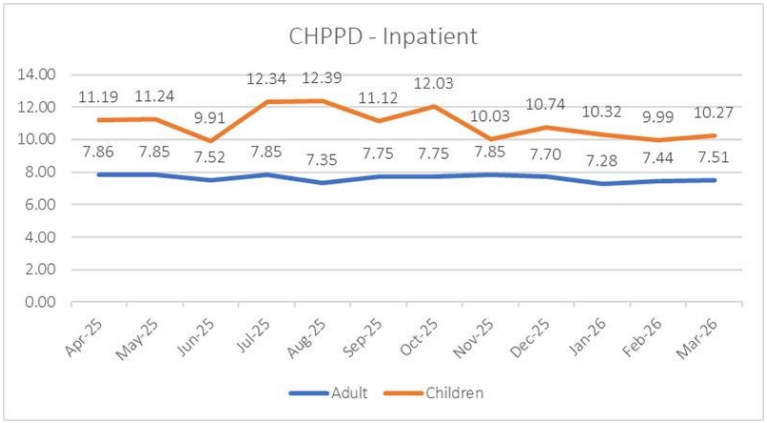
4. Expectation 1: Right Staff

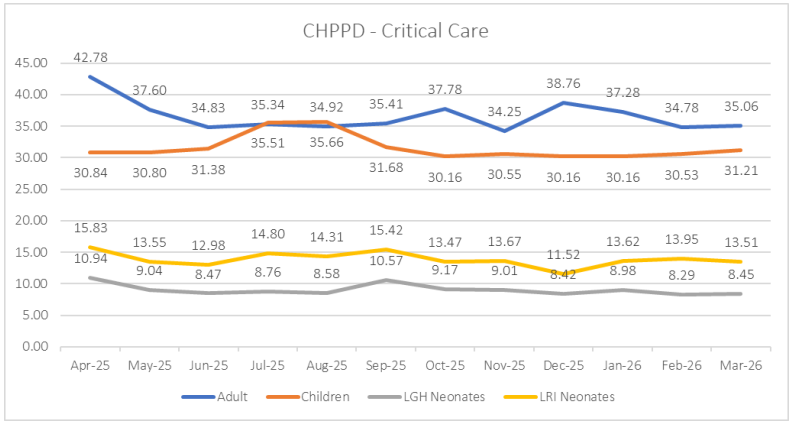
4.4 Compare staffing with peers

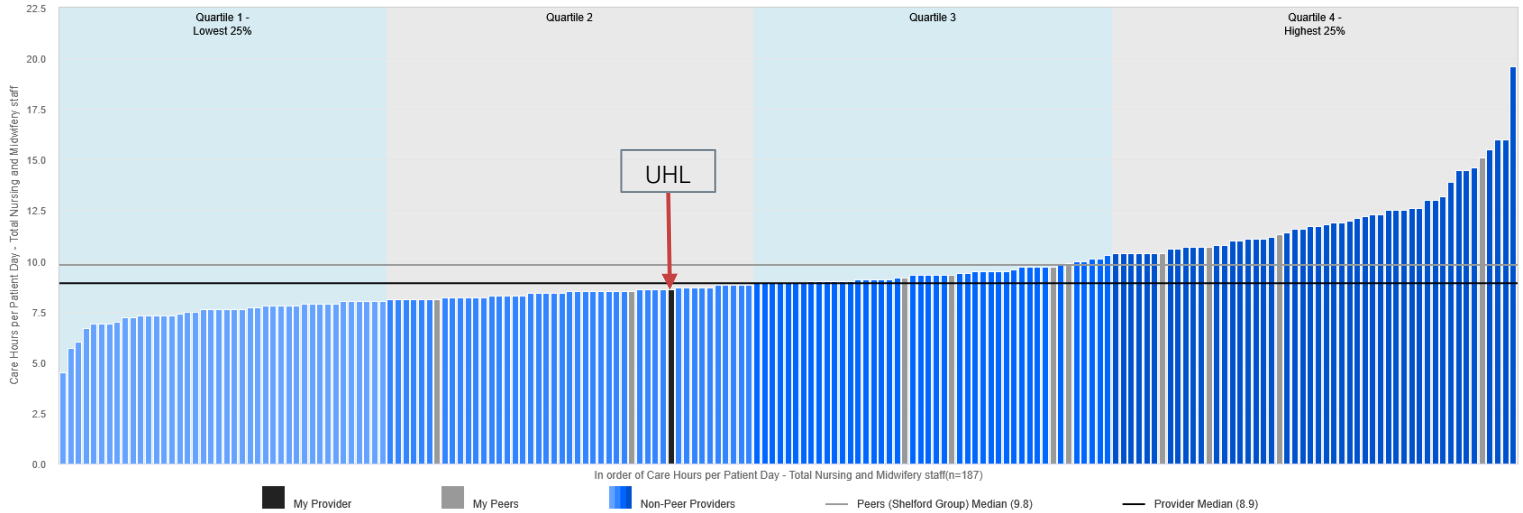
4.4.3 Safer staffing metrics – CHPPD specific

The Model Hospital graph below demonstrates UHL's CHPPD (mid-table) in comparison to the national findings for Dec-25. January to March 2026 data is yet to be updated on The Model Hospital.

- LRI Neonates is closely monitored, the required CHPPD is 13.8, Feb-26 data reflects a CHPPD of 13.95 (+0.15). The required CHPPD calculation is based on commissioned cots; however, it may not fully reflect the actual case mix, as the proportion of HDU vs. ITU babies can vary.







5. Expectation 2: Right Skills

University Hospitals of Leicester NHS Trust

5.1 Mandatory training, development and education

5.1.1 International Recruitment and Internal Candidates Summary

- International recruitment has been held, with the focus now on domestic supply and recruitment priorities aligned with the Nursing and Midwifery Recruitment and Retention Leads (such as ensuring positions for newly qualified recruitment to meet the graduate promise).
- Internal programmes continue for HCSWs who are registered nurses oversees.

5.1.2 Statutory and mandatory training compliance

- Mandatory Training Compliance remains at 94% for the Trust in April 2026.
- Nursing Bank overall compliance with statutory and mandatory training is projected to improve in upcoming months due to contract cleanses.
    - 1200 terminations of bank contracts across all staff groups, this will affect nursing bank contracts which have been inactive for >6 months; as HELM is not live with ESR this is showing a reduced percentage.

5.1.3 Professional Nurse Advocate (PNA)/ Professional Midwifery Advocate (PMA)

- UHL currently monitors the number of Professional Nurse Advocates (PNAs) and Professional Midwifery Advocates (PMAs) within the monthly nursing and midwifery safer staffing report. The role of PNAs and PMAs is to provide restorative supervision for colleagues (NHS England, 2023).

Recommendation	Compliance
"Chief Nurse to identify a senior registered nurse who is responsible for the oversight and implementation of PNAs (within their organisation) and to liaise with the NHS England regional PNA advisor."	Jo Moore UHL Lead PNA
"Create a live register of the PNAs employed in the organisation: this will allow succession planning and maintenance of a 1:5 to 1:20 PNA-to-nurse ratio, dependent on setting."	Current PNA-to nurse ratio:1:82
"Establish a PNA community of practice."	✓
"Ensure completion of the provider workforce return (PWR) and that qualitative data from PNAs is reported monthly, to enable local, regional and national oversight and evaluation of the implementation of the PNA role and A-EQUIP model (data collection on PWR started on Monday 1 November 2021)."	✓

Statutory and Mandatory Training Compliance Report By CMG	Total
Nursing Bank	87%
CHUGGS	92%
Clinical Support & Imaging Services	94%
Corporate Nursing	94%
Emergency & Specialist Medicine	91%
ITAPS	95%
MSK & Specialist Surgery	91%
RRCV	92%
Women's & Children's	91%

5. Expectation 2: Right Skills

5.2 Working as a multi-professional team

5.2.1 Registered Nursing Associate

- Nursing Associate Scope of Practice Policy published 2019 (ref: B21/2019); latest approval 2024; set for review 2028.
- As per CQC guidance (2019) and Developing Workforce Safeguards (2018) the quality impact assessments (QIAs) for UHL are evident, stored by the Assistant Chief Nurse for Workforce, reviewed annually and signed by Julie Hogg, Chief Nurse.
- As of Apr-26; there are approximately 135 Registered Nursing Associates at UHL, with 70 within training.

5.2.2 Advanced Nurse Practitioners and Acute Clinical Practitioners

- Policy for the Development and Governance of Advanced Clinical Practitioners published 2023 (ref: B8/2023); latest approval Aug-25 (next review Aug-30).
- There are area specific roles such as emergency care, neonatal care and vascular; with some areas in development (maternity).
- The Advanced Clinical Practitioner Conference 2025 took place 17/10/2025 which was considered to be highly received with an attendance of approximately 120 staff.

5.3 Recruitment and retention

5.3.1 The Nursing Workforce Recruitment and Retention Plan FY 2026-27

- A year-long recruitment plan has been developed, using quarterly workforce modelling across 2026–2027 to track projected starters, turnover assumptions and vacancy levels.
- Retention is underpinned by two complementary career frameworks: one for Registered Nurses and Registered Nursing Associates, and a second for Healthcare Support Workers. Each framework sets out clear development routes, progression opportunities and support mechanisms, strengthening career clarity and supporting long-term retention across UHL.

5.3 Recruitment and retention

5.3.2 Data-driven Recruitment Forum (DDRF V2)

- The nursing and midwifery DDRF was set up in April 2025 to enable direction through analysis of current performance, providing the opportunity for CMG Recruitment and Retention Leads to articulate their position and present their plans for improvement.
- Version 2 (V2) was launched on the 23rd January 2026; the new submission templates incorporates details of postings and ESR position numbers to underpin a clear and accurate felt-vacancy position and stronger grip on headcount.

5.3.3 Vacant posts

- At this current time, the vacancy figures from ESR have been influenced by a CIP recorded in the ledger; this is being closely reviewed.
- Below are the results of calculations conducted by ESR and the Nursing and Midwifery Workforce / Safe Staffing Team, which appear to provide a more reliable reflection.
- Midwifery appears overrecruited within the table below, reorientation of funding is underway with the budgets to increased registered workforce (utilising unregistered funding from vacant positions).

5.3.4 Strength-based recruitment and career coaching conversations

- At this current time, strength-based recruitment and career coaching conversations continue to be rolled out across UHL and UHN.
- Over 300 colleagues have been trained in Strength Based Recruitment across the region, with dates booked until the end of 2026.
- Additionally, within the Developing Diverse Senior Leaders programme, which is currently underway, colleagues have received career coaching conversations.

Budget WTEs	Staff in post WTEs	Vacancy WTEs	Vacancy %	
Adult Nurses	2,623.1	2,484.5	**138.5**	5.3%
Children's Nurses	320.7	298.0	**22.7**	7.1%
Registered Midwives	255.9	267.2	**-11.3**	-4.4%
Registered Nursing & Midwifery Staff	**3,199.7**	**3,049.7**	**149.9**	4.7%
Support workers (excluding Maternity services)	1,521.2	1,383.8	**137.3**	9.0%
Support workers in Maternity services	84.6	76.6	**7.9**	9.4%
Health care assistants and other support staff (Nursing)	**1,605.7**	**1,460.5**	**145.3**	9.0%

6. Expectation 3: Right Place and Time

University Hospitals of Leicester NHS Trust

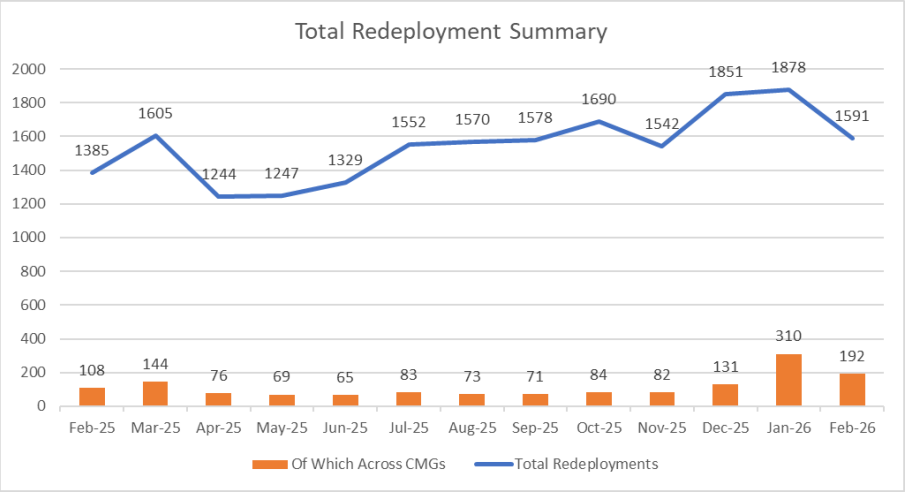
6.1 Productive working and eliminating waste

6.1.1 Redeployment and flexibility

- The chart below shows sustained redeployment activity across the period, with total redeployments peaking during winter 2025/26 and a notable increase in cross-CMG redeployments in January which corresponds with the safer staffing metrics (pg. 8).
- While redeployment continues to support workforce flexibility during periods of heightened demand, this area remains under review to improve alignment of staff availability and reduce reliance on temporary staffing.

6.1.2 Electronic rostering (e-rostering)

- There are several initiatives taking place within the field of e-rostering for nursing and midwifery including:
    - Nursing and Midwifery E-Rostering Performance Metrics dashboard
    - Roster Review and Reflect meetings, chaired by the Matron for Safe Staffing (derived and refinement from the previously known Confirm and Challenge meetings)
    - Annual Roster Reviews
    - Twice monthly e-rostering support drop in sessions
    - Redesigned training programmes, requiring attendance prior to obtaining system access
        - These measures are to be extended to the AHP and Estates and Facilities workforce.



6. Expectation 3: Right Place and Time

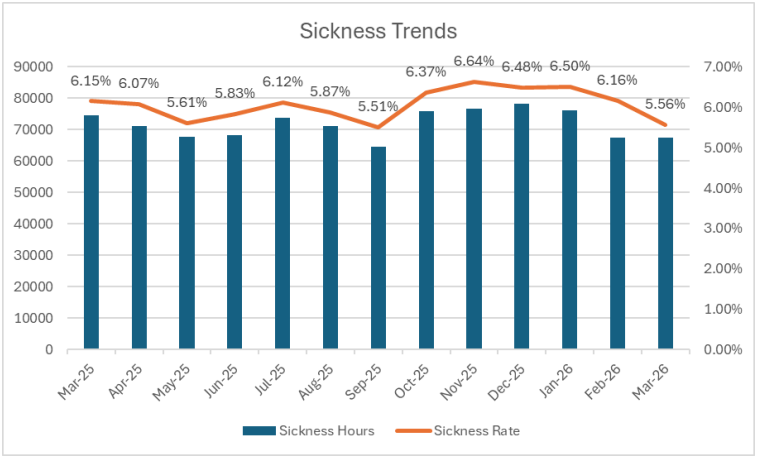
6.1 Productive working and eliminating waste

6.1.3 Total unavailability vs. Headroom/ Uplift allowance

- Nursing and midwifery at UHL currently has a 23% headroom allowance, which is broken down within the Non-Medical Staff Rostering Trust Policy and Procedure (ref: B5/2013).
    - Areas which deviate from the 23% headroom allowance are due to professional consensus compliance and are factored within NMAER (this includes Neonatal Intensive Care and Paediatric Intensive Care set at 25%).
- As of the 16th April, total unavailability for UHL is 29.9% as per the RLDatix NHS Workforce Oversight Report for March 2026;
    - The national average is reported at 30.5% (UHL comparison ↓ 0.6%)
    - A study conducted by Drake (2020) demonstrated that the higher variation for unavailability is 33.6%; data obtained from 87 NHS Trusts.
- There will be an upcoming review of parenting arrangements – with the intention of establishing a Trust-wide strategy, including exploring the option of recruiting substantively into approximately 50% of parenting WTE to improve stability and reduce repeat temporary staffing requirements.

6.1.4 Sickness absence reduction

- A Nursing and Midwifery Sickness Review group has commenced, led by Sue Burton (Deputy Chief Nurse and Pathway to Excellence Programme Director) with work underway to support sickness reduction.

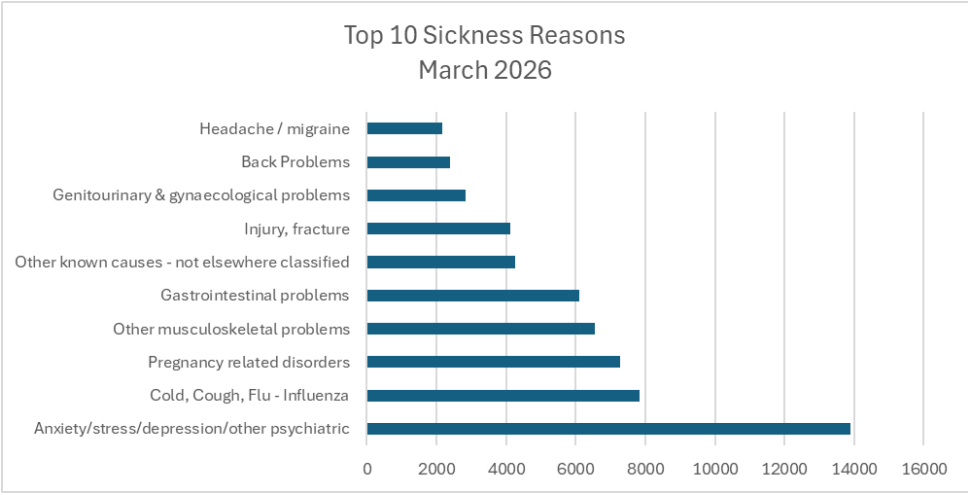


6. Expectation 3: Right Place and Time

6.1 Productive working and eliminating waste

6.1.4 Sickness absence reduction (continued)

- For nursing and midwifery, the highest cause of sickness (reason) is Anxiety/ stress/ depression/ other psychiatric.
- As of the 1st of April, UHL has partnered with the charity Cavell, to strengthen the support available to the workforce and ensure confidential help is accessible to colleagues. This also includes financial grants available to registered nurses and midwives.



6.1.5 Enhanced Patient Observation Team

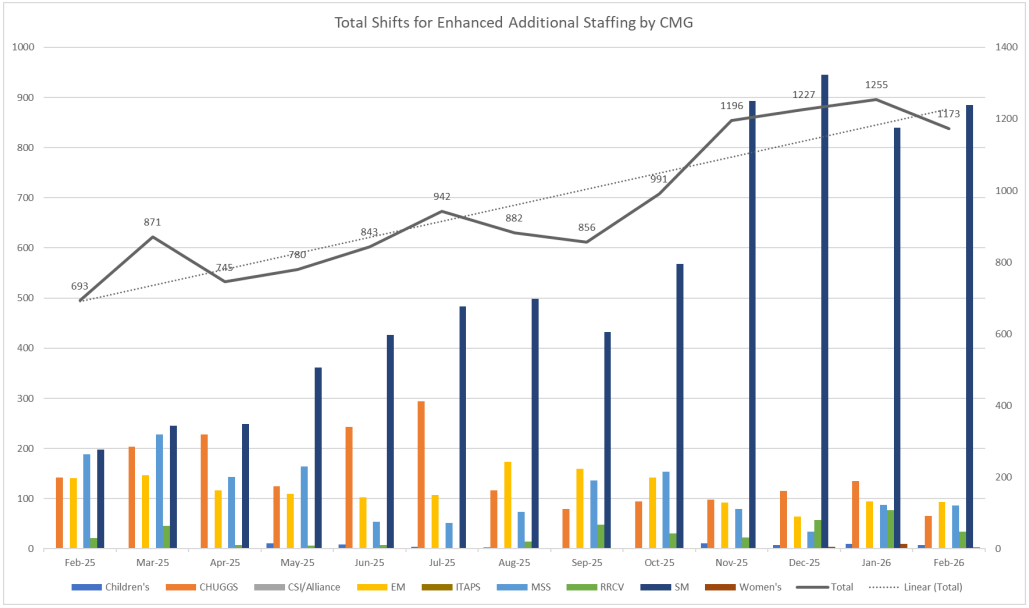
- The Enhanced Patient Observation (EPO) Team continue to recruit to meet patient demand on a shift-by-shift basis to provide 1-2-1 care as opposed to the usage of temporary staffing; improving continuity of care.
- In recent developments, the EPO Team have rolled out support to Specialist Medicine elderly care wards.
- There is national recognition of the additional supervision burden associated with enhanced care. UHL's approach focuses on optimising appropriate assessment and understanding the underlying reasons, the “why?”, behind the need for additional observation.
- UHL are included as an example of good practice on the NHSE webpage ‘Enhanced therapeutic observation and care: developing a local policy’ (2025).

6. Expectation 3: Right Place and Time

6.1 Productive working and eliminating waste

6.1.5 Enhanced Patient Observation Team (continued)

- The table highlights a period of heightened workforce demand between November 2025 to February 2026.
- The EPO Team continue to expand, increasing from the NMAER 2025 Board Report by 6.51wte.
  - With further plans to increase and train the Band 3 HCSW workforce.



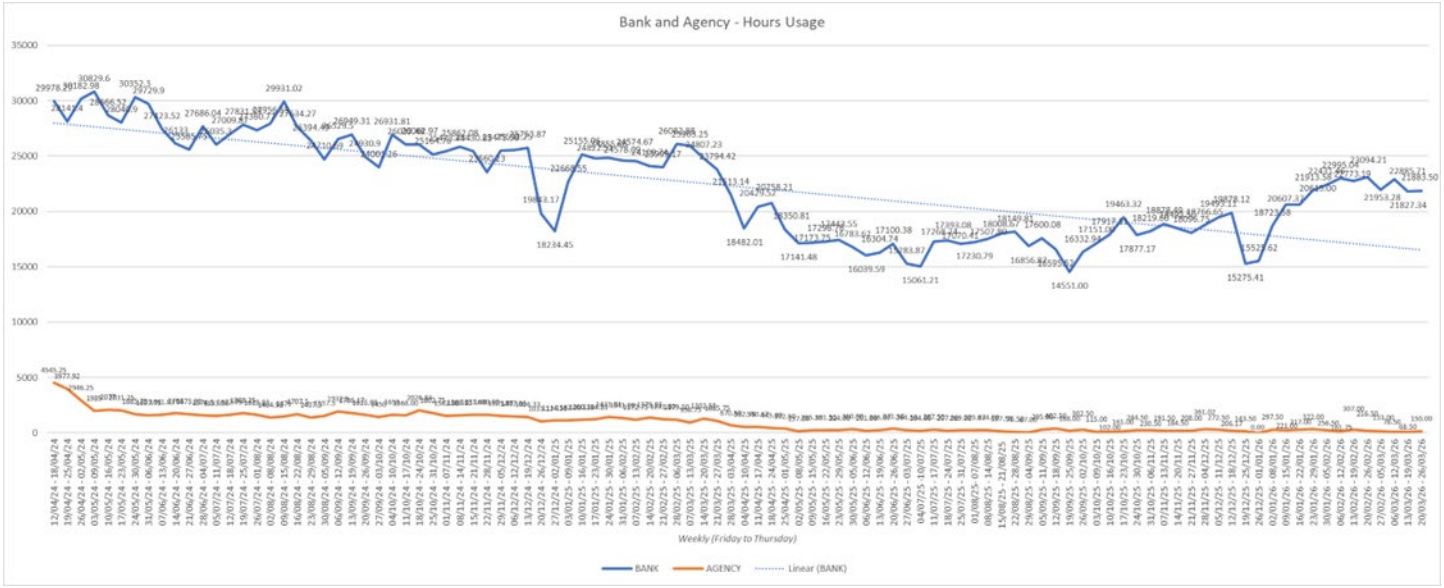
EPO Team composition	
Band 8a Occupational Therapist	1.00
Band 7 Registered Nurse	1.00
Band 6 Registered Nurse	4.00
Band 3 Health Care Assistant	46.33
Band 3 A&C	1.00
Total WTE	**53.33**

6. Expectation 3: Right Place and Time

6.2 Temporary staffing usage

6.2.1 Efficient employment and minimising agency

- The primary objective is to maintain safer staffing levels via effective workforce planning, utilising temporary staffing where appropriate.
- There has been a continuation of Weekly Bank and Agency Usage Hours report (Friday- Thursday)- commenced mid-April 2024.
- Nursing and midwifery have set rules to ensure appropriate governance and approval processes.
- E.g., currently agency usage will be related to a specific skillset requirement.
- Areas whereby agency is in use have demonstrated workforce plans to eliminate the requirement for agency.
- The increase in bank and agency usage below was anticipated as part of the expansion in winter capacity, and levels are projected to gradually reduce as winter capacity is stood down.

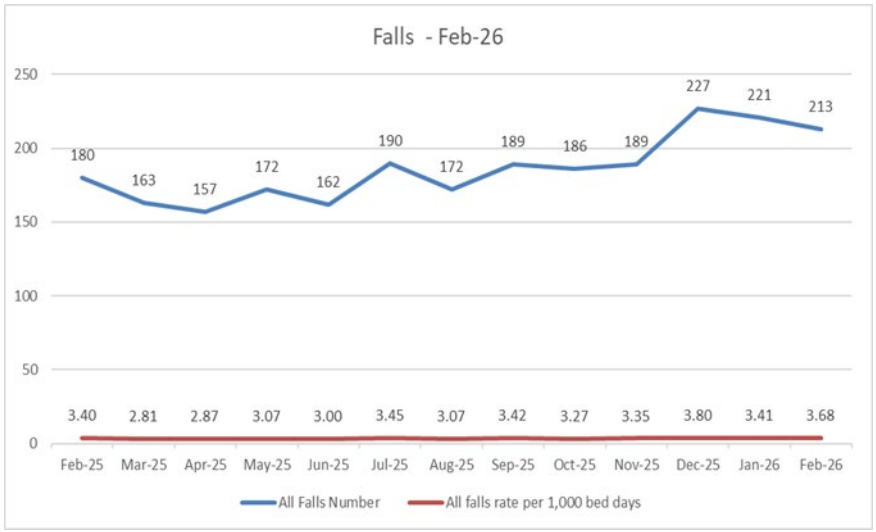


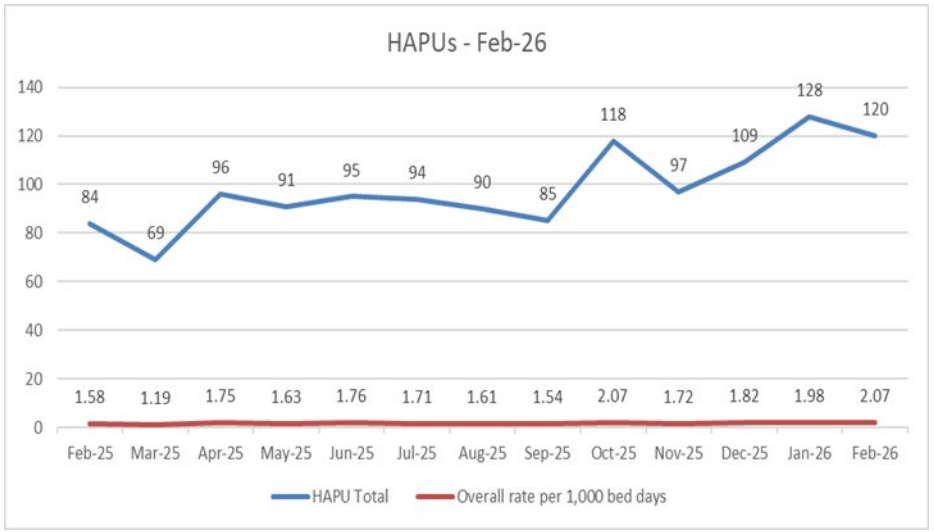
7. Measure and improve

7.1 Patient outcomes

7.1.1 Triangulation of harm metrics to safer staffing metrics (pgs. 8-10)

- Both overall falls and HAPUs have reduced from Jan-26 data; however, rate per 1,000 bed days have all increased.
- After standardising to bed days, Feb-26 rates show no significant variation, confirming that the lower total numbers are explained by the shorter month rather than changes in performance or staffing levels.
- This corresponds with the increase in Red Flags raised during this period and safer staffing metrics which demonstrate the increased demand due to increased winter capacity and increased enhanced patient observation (pg. 17).





8. DWS Recommendations Compliance (1)

University Hospitals of Leicester NHS Trust

Recommendation	Compliance	Evidence
1. Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance	Compliant	• Monthly Nursing & Midwifery Safe Staffing paper set out as per expectations of the NQB (2016) • Safer Nursing Care Tool recommendations; with Feb, Jun and Oct set as data collection periods; SNCT average recommendation 2026 to be determined per participating area (similarly to NMAER 2025) • CHPPD reported monthly in comparison with peers
2. Trusts must ensure the three components (see Figure 1 below) are used in their safe staffing processes: – evidence-based tools (where they exist) – professional judgement – outcomes	Compliant	• Evident within the Bi-Annual Establishment Review and the Annual Establishment Review unit profiles
3. We will base our assessment on the annual governance statement, in which trusts will be required to confirm their staffing governance processes are safe and sustainable	Compliant	• Confirmation included in annual governance statement that UHL's staffing governance processes are safe and sustainable
4. We will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures	Compliant	• Confirmation included in annual governance statement that our staffing governance processes are safe and sustainable
5. As part of this yearly assessment we will also seek assurance through the SOF, in which a provider's performance is monitored against five themes	Compliant	• Quality dashboards developed for nursing and midwifery (e-rostering performance metrics, monthly clinical dashboard, LEAF and MEG) • Electronic rostering LOA reported and areas of improvement acknowledged
6. As part of the safe staffing review, the director of nursing and medical director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable	Compliant	• The Chief Nurse attends and chairs the Annual Establishment Review meetings • The Chief Nurse is positioned as responsible director for monthly Nursing & Midwifery safer staffing metrics • The Chief Nurse plays an active leadership role for Safe Staffing evolvement and aspirations at UHL
7. Trusts must have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting	Compliant	• Evident in the previous Annual Nursing and Midwifery Staffing Reports (successions located within page 3). • The Trust workforce plan is led by People Services (HR).

8. DWS Recommendations Compliance (2)

University Hospitals of Leicester NHS Trust

Recommendation	Compliance	Evidence
8. They must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should report on this to their board every month	Compliant	• Quality dashboards developed for nursing and midwifery (e-rostering performance metrics, monthly clinical dashboard, LEAF) • Electronic rostering LOA reported and areas of improvement acknowledged
9. 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 guidance5 and NHS Improvement resources. This must also be linked to professional judgement and outcomes	Compliant	• Evident in the format of this paper • Establishment Review Cycle, updated Feb-25 and demonstrates bi-annual reporting process following review of establishments
10. There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool	Compliant	• Evident and continuously reviewed by the Interim Assistant Chief Nurse for Workforce. • The Interim Assistant Chief Nurse for Workforce and Matron for Safe Staffing is responsible for the training of the Safer Nursing Care Tool (SNCT) and ensuring staff are aware that adaptions to the tool are not condoned.
11. As stated in CQC's well-led framework guidance (2018)6 and NQB's guidance7 any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review	Partially-compliant *(area of focus 2026)*	• QIAs evident. • QIA is an area for improvement for UHL Safer Staffing; to be prioritised in 2026 for areas which do not comply with expectations set out by UHL.
12. Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA	Compliant	• QIAs evident.
13. Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments	Compliant	• Escalation process and guidance included within the Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023) • Daily operational oversight and leadership for staffing led by the Tactical Nurse Command role.
14. Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	Compliant	• Escalation process and guidance included within the Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2023) • Daily operational oversight and leadership for staffing led by the Tactical Nurse Command role.