Boards in Common paper J2

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 (Public)					
Date of the meeting:	11 June 2026					
Title:	5.3 (Paper J2) UHN Nursing and Midwifery Biannual Report 2026					
Report presented by:	Julie Hogg, Chief Nurse					
Report written by:	Jillian Floody, Associate Director of Nursing, Workforce					
Action – this paper is for:	Decision/Approval		Assurance	X	Update	
Which Group Priorities does this link to	Transform patient care	X	Strengthen our culture		Deliver our financial plan	X
Where this report has been discussed previously	Nursing, Midwifery and Allied Health Professionals (NMAHP) Committee					
To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which						
UHN19 Ensuring the provision of safe patient care whilst managing workforce numbers and costs.						
Impact assessment						
There are no direct financial, legal or equality impacts arising from this assurance report.						

Purpose of the Report

The UIHN Biannual Nursing and Midwifery report compliments the previous annual establishment review as a 'light touch' view of compliance. It seeks to provide assurance that UHN is meeting Developing Workforce safeguards , including decisions in relation to the Enhanced Therapeutic Observation of Care to support the financial plan.

Recommendation

The Boards of Directors are requested to receive the report and to:

(1) Indicate assurance that wards and departments are safely staffed utilising the Principles of Safe Staffing (evidence-based tools and data, outcomes, and professional judgement) and provides recommendations for operational workforce management following serial Safer Nursing Care Tool cycles,

(2) Accept the recommendation from the Chief Nurse and Medical Director is there is reasonable compliance with the Developing Workforce Safeguards to support that staffing is safe, effective and sustainable (NHS Improvement, 2018). Evidence for compliance is provided in section nine of the report and

(3) Note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.

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

BOARDS OF DIRECTORS
11 JUNE 2026

UHN Nursing and Midwifery Biannual Report 2026

This paper provides an overview of the latest bi-annual establishment review for Nursing, Midwifery and Allied Health Professional (NMAHP) services across the organisation. The review forms part of the Trusts' established cyclical approach to workforce assurance, providing an interim assessment of staffing levels, workforce pressures and quality indicators between the full annual establishment reviews.

The review draws on a triangulated evidence base, including Safer Nursing Care Tool (SNCT) data, workforce metrics, quality indicators, professional judgement and benchmarking, to ensure staffing levels remain aligned to patient acuity, service demand and national guidance.

There are no material concerns identified that require immediate changes to funded establishments at this stage. The review provides continued assurance that staffing across services is being managed in line with the principles of safe, effective and sustainable staffing, supported by ongoing monitoring of performance, quality and workforce indicators.

The Chief Nurse and Medical Director are satisfied that, based on the available evidence, staffing levels are currently safe, effective and sustainable, in line with national expectations and workforce safeguards.

Key themes arising from the review include:

- Continued use of evidence-based tools and data to inform staffing assessments and decision-making
- Ongoing focus on workforce optimisation, recruitment and retention, and alignment of establishments with service demand
- Strengthened governance, oversight and assurance processes, including regular reporting through quality and workforce forums
- Identification of areas requiring continued monitoring and potential further review ahead of the annual establishment review cycle

Enhanced Therapeutic Observation of Care (ETOC)

Where recommendations to support ETOC within establishment template have been proposed, consideration was given to the last three cycles of SNCT data. Where a unit was identified as having an establishment to meet ETOC across three cycles, proposals were put forward that these services can provide the level of care required within their template. If a unit had not met this over three cycles, the recommendation was not proposed in order not to compromise a risk to patient safety.

Each Unit will hold its own risk register in relation to proposed changes.

Training was offered to ensure that patients have an equity in the service provided at ward level in comparison to the ETOC team.

Approval of the ETOC recommendations by the NWAHP Committee supports a reduction in additional duties being approved outside of recommended staffing templates to support 1C & 1D patients with additional resource in those areas identified. This in turn will reduce spend within the ETOC service.

Summary

The review is presented to provide assurance on current staffing arrangements and to maintain organisational oversight of workforce pressures and risks.

In summary, the bi-annual staffing review confirms that the organisation has in place robust processes, triangulated evidence and effective governance to support safe staffing, with no immediate risks to patient safety identified. Ongoing work will continue to strengthen workforce sustainability and ensure alignment between workforce, quality and operational priorities.

UHN Nursing and Midwifery
Evidence-based workforce planning

Biannual Establishment review 2026

Title:	UHN Nursing and Midwifery Biannual Establishment Review Board Report 2026
Responsible Director:	Julie Hogg, Group Chief Nurse
Lead:	Julie Hogg Group Chief Nurse and Robin Binks UHN Director of Nursing
Author:	Jillian Floody, UHN Associate Director of Nursing for Workforce

Purpose	As per the National Quality Board (2016) and NHS Improvement (2018); the purpose of this report is to assure the Board of the biannual establishment review for UHN Nursing and Midwifery in April 2026.
Summary	• The biannual review offers monitoring and oversight of safe staffing across the UHN Group against 2026-2027 establishments which were approved and adopted in the 2025 business planning cycle. The Spring biannual review offers a light touch review to compliment the recommendations set at annual review. It enables operational management adjustments in the interim to respond to NQB (2016) expectations of 'right staff' in the 'right place', at the 'right time' with the 'right skills'. • The April 2026 biannual review offered increased focus on SNCT recommended FTE (across serial audit periods) both inclusive and exclusive of Enhanced Therapeutic Observation of Care (ETOC). This enabled identification of wards/departments with sufficient budgeted establishment to meet their ETOC demand. (see slide 8 for further detail).
Recommendations	• The April 2026 Biannual Establishment Review provides assurance that wards and departments are safely staffed utilising the Principles of Safe Staffing (evidence-based tools and data, outcomes, and professional judgement) and provides recommendations for operational workforce management following serial SNCT cycles. • The recommendation from the Chief Nurse and Medical Director is there is reasonable compliance with the Developing Workforce Safeguards to support that staffing is safe, effective and sustainable (NHS Improvement, 2018). Evidence for compliance is provided in section nine of the report. The Board is asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.

1. Introduction

1.1 This briefing provides the Board with an overview of the biannual Establishment Review which took place for Nursing & Midwifery in April 2026 utilising sequential SNCT audits completed in February 2025, October 2025 & February 2026. The report format is structured as per the 'expectations' set out by the National Quality Board's (2016) 'Safe sustainable and productive staffing' guidance.
In addition, this report includes organisational level of assurance against the NHSI Developing Workforce Safeguards (https://www.england.nhs.uk/wp-content/uploads/2021/04/Developing-workforce-safeguards.pdf 2018) (section 9) .

1.2 The biannual review encompassed all inpatient areas, Emergency Department (ED) & Paediatric Emergency Department (PED); Neonatology was included having been reviewed against national workforce returns. They are scheduled for full review in the annual review process October 2026 when an updated Birthrate Plus® will have been completed. For detailed area by area presentations of the Biannual Establishment Review, please refer to Appendix 1.

2. Background

2.1 The 2025 annual establishment review was approved by the UHN Board in February 2026 (Appendix 2).

The 2025 UHN annual review included the following recommendations that were subsequently approved by the Board:

- Monitor and review of ETOC demand and capacity. Identify units where ETOC is within the budgeted establishment
- Consider alignment of headroom % with UHL – to revisit in NMAER 2026
- Continue collaborative working with finance colleagues to assure financial budgetary alignment for Nursing establishments (following previous discrepancies through 2025)
- Further embedding of the red flag process via the SafeCare application namely at NGH.
- Ongoing UHN alignment in practices between KGH and NGH
- Continued review of Registered % proportion for inpatient areas (resulting in realignments of establishment in accordance with SNCT recommendations).

3. Recommendations

3.1 The recommendation from the Chief Nurse and Medical Director is there is reasonable compliance with the Developing Workforce Safeguards and that staffing is safe, effective and sustainable (NHS Improvement, 2018). Evidence for compliance is provided in section nine of the report. The Board is asked to receive this report and note the ongoing plans to provide safe staffing levels within nursing, midwifery, and AHP disciplines across the Trust.

University Hospitals of Northamptonshire NHS Group

4. Expectation 1: Right Staff

4.1 Evidence-based workforce planning

4.1.1 Evidence-based guidance

- UHN adheres to the recommendations set out in the "Safe staffing for nursing in adult inpatient wards in acute hospitals" guideline (National Institute for Health and Care Excellence, 2014); for example, incorporating ward factors (such as ward layout and size) into the Bi-Annual Establishment Review.
- UHN acknowledges and incorporates speciality safe staffing recommendations within the Biannual Establishment Reviews; for example, adhering to recommendations set for acute stroke services in compliance with the the National Clinical Guidelines for Stroke United Kingdom and Ireland, (2023).

4.1.2 Workforce tool Safer Nursing Care Tool (the Shelford Group, 2023)

- The workforce tool utilised across UHN is the Safer Nursing Care Tool (SNCT). The approved establishment review cycle is aligned across UHN and this supports facilitating external validation across both organisations (KGH and NGH) enabling comparison of findings.
- The June 2025, October 2025 & February 2026 performance of SNCT was completed utilising the 2023 version of the Acute Inpatient Ward (AIPW) tool. The Emergency Department (ED) and Children & Young People (CYP) tools were updated end of 2025 / 2026. These updated tools were used in the February 2026 SNCT data cycle.
- Further cycles are scheduled for June 2026 and October 2026.
- The February 2026 data was calculated and measured against the Annual Establishment review *2025 SNCT FTE recommendations*. The SNCT results are located within the 2026 biannual establishment review document (Appendix 1).
- UHN has valid licences to utilise the following SNCTs: Adult Inpatient Ward (AIPW), Acute Assessment Unit (AAU), Children & Young People (CYP) and the Emergency Department (ED) tools. All inpatient areas within UHN are assigned a particular SNCT; for example, Skylark Ward utilise the

Site	License	Expiry
KGH	Acute Assessment Unit, Adult Inpatient Ward, Children & Young People, Emergency Department	Application in progress to renew
NGH	Acute Assessment Unit, Adult Inpatient Ward, Children & Young People, Emergency Department	04 November 2027

- UHN SNCT acuity and dependency data collection training was facilitated for each cycle in accordance with Safe Staffing Faculty recommendations for assessment to ensure rigour in the audit process, embed auditor knowledge and maintain reliability of the results. Further rigour was applied through a weekly senior nursing verification process of audit findings.
- The 2025 biannual review offered comparison of sequential acuity & dependency data (June 2025, October 2025 & February 2026) demonstrating greater stability of both hospital and ward level acuity & dependency. It highlighted a need for additional verification of levels of care within CSSCD and Cardiorespiratory based at NGH.

Birthrate Plus®

- UHN is commissioning a group Birthrate Plus review in June 2026. Whilst KGH was completed in October 2024, this will align the process across the group. At the 2026 annual establishment review recommendations identified that each site was compliant with recommendations, but a review of service provision was required to ensure the service demands had the correct allocation

4. Expectation 1: Right Staff

4.2 Professional judgement

- As per the skill mix of staffing; the current RN proportion % is included within the biannual establishment review document (Appendix 1); which was discussed throughout the biannual establishment review
- Divisional Heads of Nursing & their Deputies were invited to & attended the Bi-Annual Establishment Reviews. This supported discussions relating to the recording of patient acuity and dependency, specialty of service, environmental factors, and the influence these factors have on workforce within the services.

4.2.1 Red Flags in nursing

- Red Flags are monitored in accordance with the UHN Safe Staffing for Nursing and Midwifery (NM001) Policy & Red Flag Reporting Standard Operating Procedure (UHN-SOP-NM102).
- These are reported monthly via the Safe Staffing assurance report to the Nursing, Midwifery & Allied Health Professional Committee.
- Maternity services utilise Red Flags via Birthrate Plus®
- Chart 1 illustrates data relating to Nursing red flags raised via the SafeCare application. Chart 2 illustrates Maternity red flags raised via Birthrate Plus® . The UHN SOP also includes reporting of **unresolved** red flags in the Datix reporting application (see chart 3).
- Following a robust relaunch of the UHN Red Flag SOP, a marked increase has been noted at NGH where red flags were not being utilised accordingly. This is recognised as a period of change whilst the processes is embedded. It is anticipated to continue to see this increase over the next quarter before seeing a level of stability. All red flags are highlighted at the twice daily UHN safe staffing cell for follow up and assurance of safe staffing.

Chart 1: Total Red Flags (Nursing) raised per month

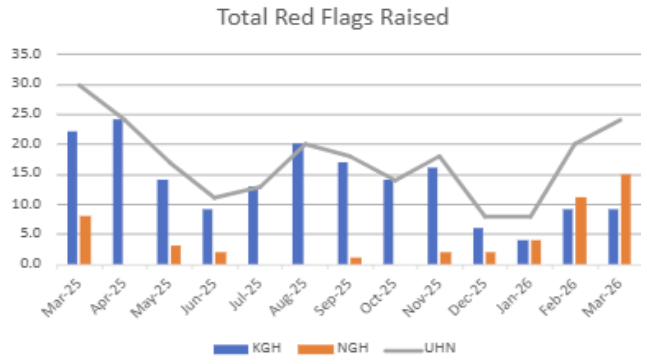


Chart 2: Maternity Red Flags

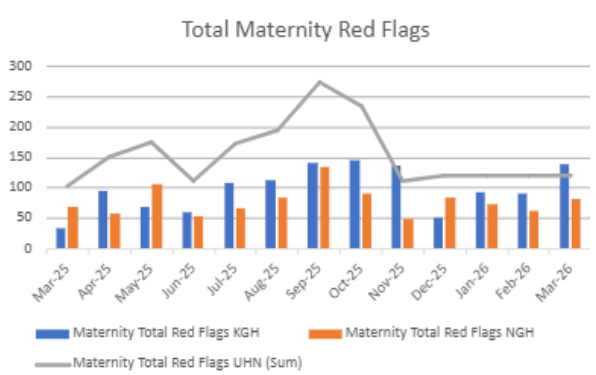
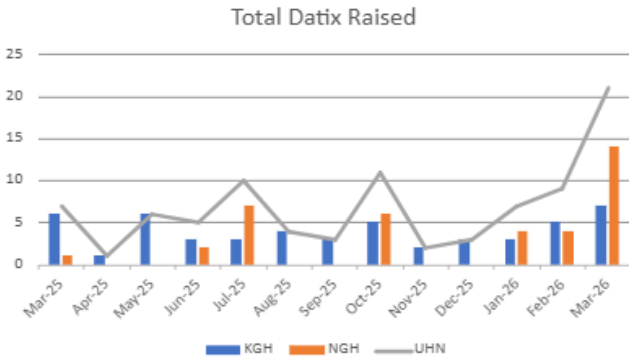


Chart 3: Datix Red Flag Reporting



4. Expectation 1: Right Staff

4.3 Compare staffing with peers

- The monthly Safe Staffing paper for Nursing and Midwifery includes comparison nationally and with peers in relation to Care Hours per Patient Day (CHPPD) (Charts 5&6)
- UHN CHPPD value 9.11 March 2026. The group is not recognised as 1 CHPPD value on model hospital. Chart 6 shows December 2025 data (KGH 8.92 and NGH 9.3 for March 2026. Organisational CHPPD shows in Quartile 3 when benchmarked against other providers (provider median 9.0). *Please note model hospital has not updated beyond Dec '25.*
- From an organisational perspective safer staffing metrics demonstrate organisational fill rates >80% in both registered and unregistered staff groups providing organisational assurance of safe staffing levels. However, ongoing management & control of unregistered fill rates is needed particularly in those areas where actual hours exceeds planned.

Chart 4: Fill Rate% Nursing and Midwifery Mar 25 to Mar 26

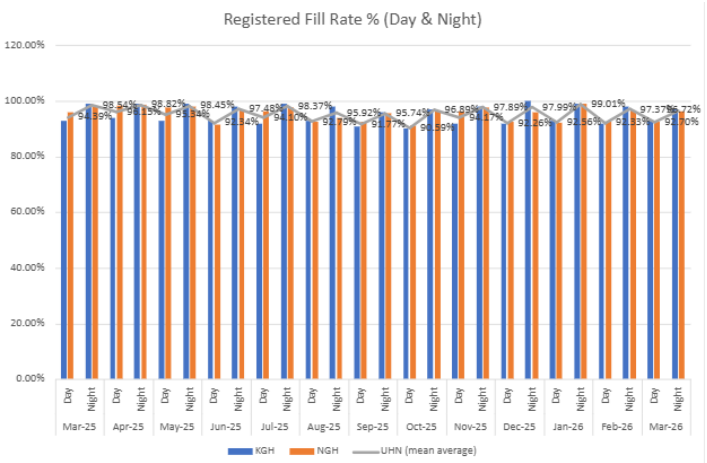


Chart 5: CHPPD Mar 25 to Mar 26

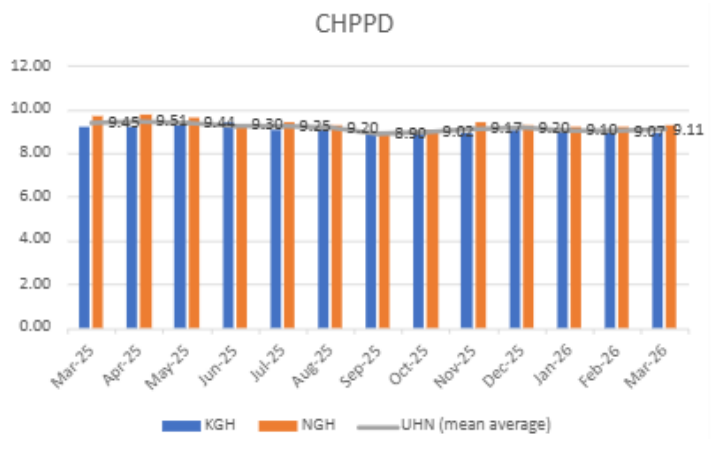


Chart 6: CHPPD via Model Health Application: March 25

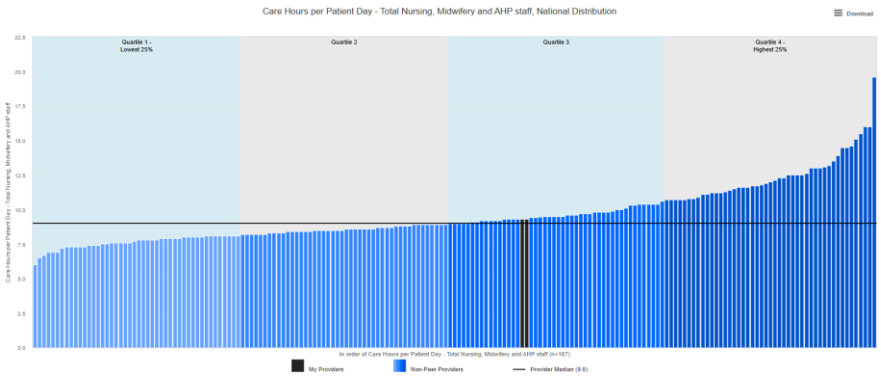
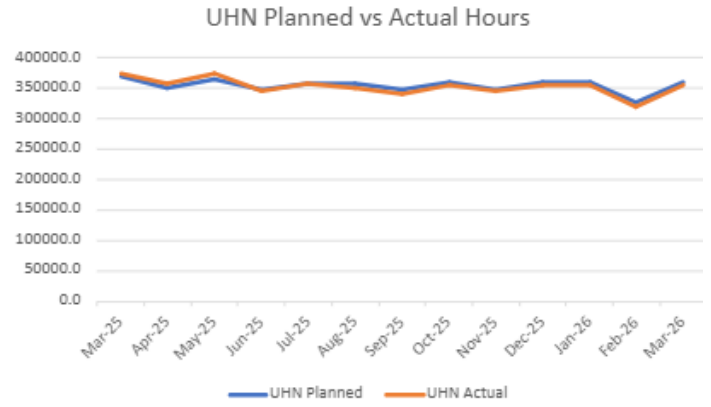


Chart 7: Planned vs Actual Hours Mar 25 - Mar 26



5. Expectation 2: Right Skills

5.1 Mandatory training, development and education

- Mandatory training and appraisal rates are reported monthly by Human Resources within the Performance dashboard and monitored via monthly divisional Performance Review meetings. This data was included in the UHN annual establishment reviews completed in 2025. The 2026 annual review will see further alignment as the 2 organisations will align their data pack for presentation and HR reports are streamlined.

5.2 Working as a multi-professional team

- Overall workforce utilisation was considered at length during the biannual review particularly in relation to enhanced therapeutic observation of care (ETOC) requirements and resource, please refer to section 6.2 for more detail

5.3 Recruitment and Retention

- Budgeted establishment vs actual establishment, subsequent vacancies & the recruitment pipeline were included within the Annual Establishment Reviews. Vacancy and pipeline are also reported for all NMAHP staff groups within the monthly Safer Staffing report.
- UHN operates a rigorous 2 weekly vacancy control panel (VCP) in conjunction with overarching workforce controls. Nursing establishments that have been reviewed through the Trust establishment review process are exempt.
- In addition quarterly vacancy stocktake meetings were welcomed to the group in January 2026. These are supported by People Planning, Workforce and Divisional leads to provide assurance and oversight of an engaged approach to our monthly recruitment centres.

Chart 8: Group Performance Dashboard Feb 26

Kettering General Hospital NHS Foundation Trust

Workforce	Month	Trust Threshold	February Trust Total	Surgery	Family Health	CSS, Cancer and Diagnostics	Cardio & Place-based medicine	Neurology, Renal & Place-based medicine	Non-clinical Division
HR Statistics									
Headcount	Feb	-	5204	1277	543	820	1411	94	1059
Budgeted WTE	Feb	-	5107.32	1234.91	495.15	777.45	1424.00	90.35	1085.46
Whole Time Equivalent (WTE)	Feb	-	4622.51	1141.91	468.13	696.57	1309.48	81.10	925.32
Permanent (WTE)	Feb	-	4205.03	1015.95	402.67	660.37	1185.48	62.51	878.06
Fixed Term Contract (WTE)	Feb	-	417.48	125.96	65.46	36.20	124.00	18.59	47.27
Vacancy Rates WTE	Feb	-	484.81	93.00	27.02	80.88	114.52	9.25	160.14
Vacancy Rates	Feb	8%	9.49%	7.53%	5.46%	10.40%	8.04%	10.24%	14.75%
Sickness Rates (Overall)	Feb	5%	3.80%	3.62%	4.85%	3.60%	3.27%	6.68%	4.11%
Sickness Rates - Short Term	Feb	2.5%	0.56%	0.55%	0.66%	0.44%	0.66%	0.64%	0.48%
Sickness Rates - Long Term	Feb	2.5%	3.23%	3.07%	4.19%	3.16%	2.61%	6.04%	3.63%
Appraisals	Feb	85%	83.07%	85.31%	78.59%	84.03%	81.52%	83.33%	83.65%
Statutory and Mandatory Training	Feb	85%	89.19%	87.84%	91.65%	92.04%	86.61%	83.92%	92.29%
Turnover	Feb	6.5%	6.02%	4.81%	5.28%	8.91%	3.73%	1.83%	9.03%

Northampton General Hospital NHS Trust

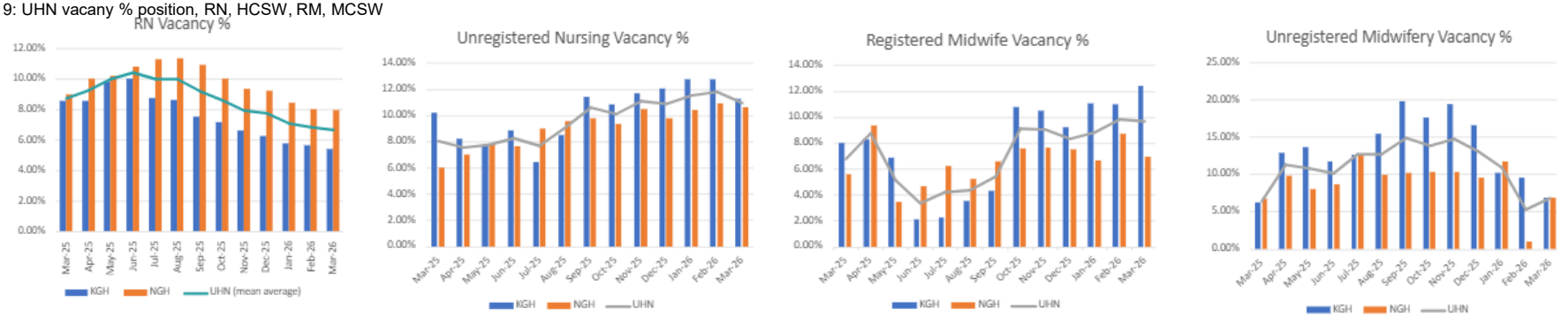
Workforce	Month	Trust Threshold	February Trust Total	Surgery	Family Health	CSS, Cancer and Diagnostics	Cardio & Place-based medicine	Neurology, Renal & Place-based medicine	Non-clinical Division	East Midlands Neonatal Network
HR Statistics										
Headcount	Feb	-	6604	1429	905	1055	266	1641	1287	21
Budgeted WTE	Feb	-	6476.75	1393.08	801.85	1027.72	253.84	1734.79	1250.03	15.20
Whole Time Equivalent (WTE)	Feb	-	5873.75	1292.50	746.02	941.44	244.92	1523.37	1109.36	16.15
Permanent (WTE)	Feb	-	5963.00	1244.00	836.00	1001.00	256.00	1392.00	1215.00	19.00
Fixed Term Contract (WTE)	Feb	-	641.00	185.00	69.00	54.00	10.00	249.00	72.00	2.00
Vacancy Rates WTE	Feb	-	602.76	55.83	55.83	86.28	8.92	211.43	140.67	-0.95
Vacancy Rates	Feb	8%	9.31%	7.22%	6.96%	8.40%	3.51%	12.19%	11.25%	-6.23%
Sickness Rates (Overall)	Feb	5%	5.30%	5.05%	5.70%	5.49%	5.89%	5.38%	4.92%	4.15%
Sickness Rates - Short Term	Feb	2.5%	2.75%	2.71%	2.68%	2.72%	3.00%	2.76%	2.78%	4.15%
Sickness Rates - Long Term	Feb	2.5%	2.55%	2.34%	3.02%	2.78%	2.88%	2.62%	2.14%	0.00%
Appraisals	Feb	85%	75.19%	78.96%	76.46%	81.06%	66.80%	77.56%	66.40%	40.00%
Statutory and Mandatory Training	Feb	85%	82.26%	83.40%	82.69%	84.20%	81.73%	81.23%	80.86%	57.14%
Turnover	Feb	6.5%	5.83%	4.80%	3.72%	6.58%	5.12%	4.02%	9.86%	12.67%

5. Expectation 2: Right Skills

5.4 Recruitment and Retention (continued.)

- An improvement in vacancy % for RN & MCSW staff groups are demonstrated (chart 9). RM & HCSW staff groups continue a variable vacancy position and require further management. Realignment of establishments in April which will support increased registered proportion is recognised to have a pending impact on this position. This has been factored into the April vacancy stock take.
- Turnover: a steady turnover has been maintained across nursing, sitting comfortably below trust target. Midwifery turnover has seen a positive reduction at KGH with a steady position across the group in the registered workforce.

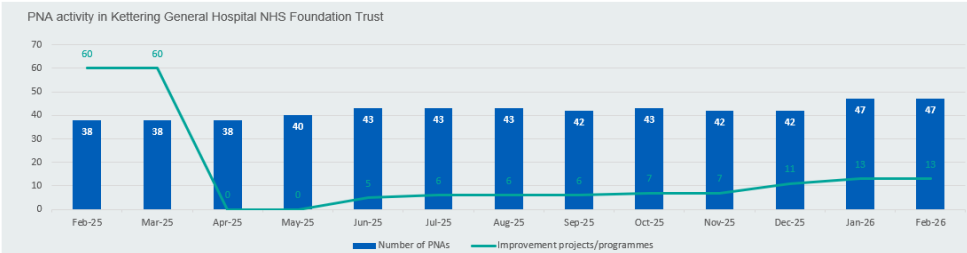
Chart 9: UHN vacany % position, RN, HCSW, RM, MCSW



From Mar 25- Mar 26:

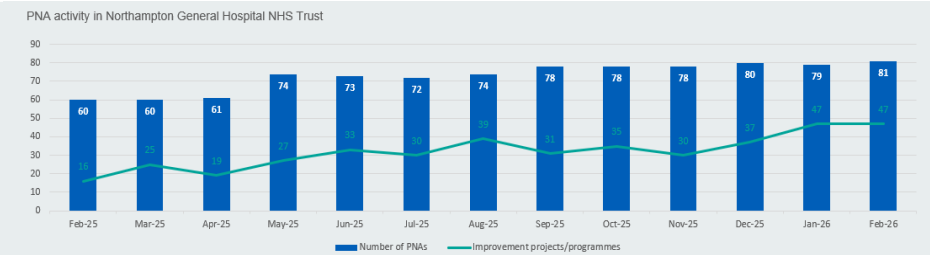
- The organisation continues to support internationally registered individuals to meet English language requirements (via SIFE process) process. 8 employees were supported by the corporate team who went to attain NMC registration via independent OSCE, and more approach their manager directly which provides challenge in data collection.
- There has been no internal OSCE training for the past 12 months following changes to the white paper.
- The Trust has 8 Student Nursing Associates currently training, with 5 individuals due to qualify as Registered Nursing Associates by June 2026.
- Professional Nurse Advocates (PNA) at NGH meets above the national required ratio with 81 qualified PNAs (1:19 ratio)
- PNA at KGH is predicted to meet the national required ratio by June 2026. Currently have 47 qualified PNAs (1:28 ratio)
- We currently have 7 nurses undertaking their PNA training at NGH and 19 nurses at KGH
- PNA activity including restorative clinical supervision sessions are illustrated in Chart 10 and 11

Chart 10: KGH PNA Activity Feb 25- Feb 26



PNA activity in Kettering General Ho	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Number of PNAs	38	38	38	40	43	43	43	42	43	42	42	47	47
Improvement projects/programmes	60	60	0	0	5	6	6	6	7	7	11	13	13

Chart 11: NGH PNA Activity Feb25 - Feb 26



PNA activity in Northampton Genera	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26
Number of PNAs	60	60	61	74	73	72	74	78	78	78	80	79	81
Improvement projects/programmes	16	25	19	27	33	30	39	31	35	30	37	47	47

6. Expectation 3: Right Place and Time

6.1 Productive working and eliminating waste

- The UHN Safe Staffing for Nursing and Midwifery Trust Policy and Procedure (2025) sets out considerations when redeploying staff as well as; escalation guidance and RAG ratings when reviewing safe staffing.
- Following establishment of the UHN group, a twice daily UHN Staffing Cell was implemented 9 June 2025. This monitors actual staffing against planned levels utilising live SafeCare data and local oversight for both sites.
- The redeployment of staff is captured via Allocate Optima (previously Health Roster) and reported monthly within the safe staffing report for Nursing, Midwifery and Allied Health Professionals Committee.
- Effective roster metric meetings occur within the clinical divisions and are chaired by the Heads of Nursing or their Deputy
- The Director of Nursing chairs the Nursing Performance & Productivity Steering Group which provides governance of rostering metrics & temporary staffing utilisation

6.2 Enhanced Therapeutic Observation Care (ETOC)

- The ETOC Team is a service created to provide a closer level of supervision by specially upskilled staff members to patients who have a potential risk of harm to self or others due to their complex physical and emotional health needs. .
- The UHN ETOC team enrolled in the 2024 NHSE ETOC collaborative and are considered a national resource for their expertise.
- UHN has the first ratified policy which was aligned to the NHSE Four Focus Pillars and Ten Commitments and was invited to share a case study in the upcoming workforce planning and deployment guide.
- The April 2026 biannual review was utilised as an opportunity to align UHN practice where inpatient areas that had adequate establishment to provide ETOC and those that still required access to the ETOC team to deliver safe care were identified across the group (refer to appendix 1 for full detail).

The following recommendations were made at biannual review.

Summary & Recommendations

Right Staff

Current total Nursing budgeted establishments encompass evidence based (SNCT) indicative establishments.
Further work is required to inform future workforce planning:

- External validation during June 26 SNCT cycle with focus on: Cardiorespiratory at NGH
- NGH to continue training prior to each cycle to ensure validity and consistent approach applied to data sets

Right Place & Time

Whilst total 2026-27 budgeted establishment is appropriate, further work is required to ensure establishments are in the right place at the right time

- Annual establishment review (September) should address current mismatching of HCSW establishments particularly with regards to ETOC indicative demand and the ETOC team resource
- In the meantime; operational controls for the approval for ongoing ETOC provision outside of establishment is recommended to ensure ETOC resource can be utilised appropriately. *Wards, including adult ED across UHN, identified within this report should manage ETOC within 2026-27 substantive establishments unless exceptional safety exemption e.g. mental health support*

Right Skills

- Replicate previous ETOC additional training for ward substantive HCSW staff to ensure those patients receive equitable & high quality ETOC
- ETOC team to facilitate implementation of above via training to ward based HCSW staff

6. Expectation 3: Right Place and Time

6.4 Efficient employment and minimising agency

- The Safe Staffing Workforce team introduced weekly Bank & Agency reports to UHN in March 2025
- In July 2025, UHN introduced a monthly Nursing Performance & Productivity steering group chaired by the Director of Nursing. The steering group monitors temporary staffing utilisation, measurement against Trust efficiency schemes and roster effectiveness/ efficiency.
- Charts 11 - 13 below depict UHN Nursing weekly & monthly temporary staffing usage.
- Special cause variation is noted the week of 22.12.2025 with this exception agency usage has reduced by 83% and bank by 9.7% since weekly reporting commenced.
- Chart 12 depicts agency usage which demonstrates the significant reduction across both sites. KGH has seen no registered agency use since 06 April 2026. Further work continues to support the NGH reduction.
- Bank demand has increased following the reduction of agency. UHN continue to work on vacancy reduction to support reduced reliance on temporary staffing resources.

Chart 11: UHN Weekly Total Bank and Agency Hours, 18.04.2025 – 20.04.2026

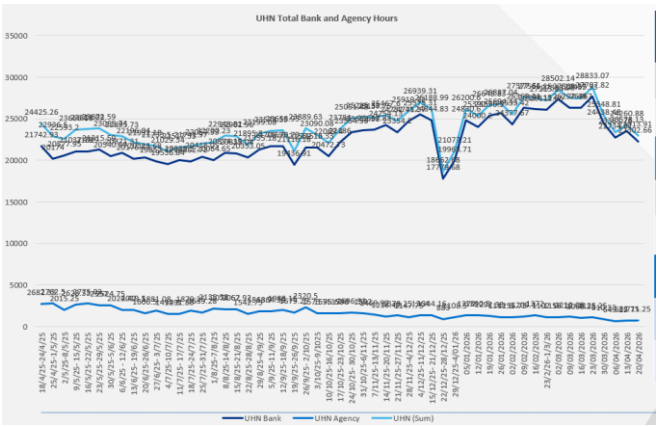


Chart 12: Overall agency progress 18.04.2025 - 20.04.2026

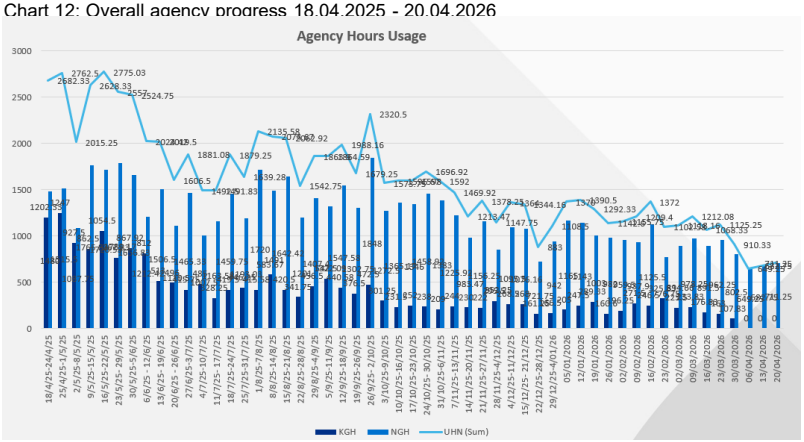
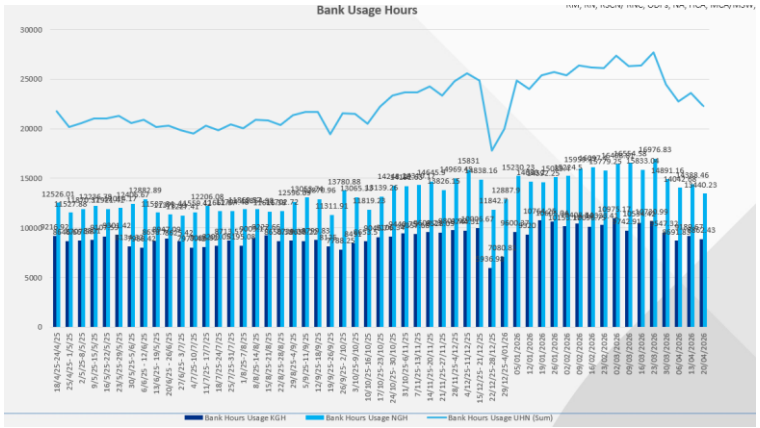


Chart 13: UHN Overall Bank usage 18.04.2025 - 20.04.2026



7. Measure and Improve

7.1 Patient outcomes

- The triangulation of safe staffing metrics and patient harms within establishment review is an essential component in the evaluation of safe staffing. UHN annual establishment review includes both quantitative and qualitative harms data: inpatient falls, falls with harm, infection prevention & control incidences, pressure ulcers, Nursing related patient complaints & Nursing red flags. Each area's harms profile is included within annual establishment review to inform evaluation of current staffing profile, professional judgement and SNCT recommendation

7.2 Assessment and Accreditation Programme

- The UHN Assessment and Accreditation programme relaunched in February 2026 to EAF (Excellence and Accreditation framework). The 2025 annual establishment review included accreditation award status to the metrics profile for each area. This will continue to be reflected in the 2026 metrics, though will reflect both the new EAF assessments and pre-existing accreditation award for areas not yet captured by EAF.

7.3 Staff Survey results

- Following UHL alignment in 2025 UHN incorporates staff survey metrics in the Nursing Annual Establishment Review.

University Hospitals of Northamptonshire NHS Group

8. Appendices

Appendix 1	2026 UHN Biannual Establishment Review	UHN Biannual Review 2026
Appendix 2	2025 Annual Establishment Review Board Report	UHN NMAER 2025

9. DWS Recommendation Compliance (KGH)

	Developing workforce safeguards recommendations	Current Position	Evidence to Support Current Compliance	Gap analysis outcome Red = not yet achieved Amber = partially compliant, in progress Green = compliant	State actions required to meet compliance
1	**The Trust is formally using National Quality Board 2016 safer staffing guidance. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time : Safe sustainable and productive staffing.**	**Expectation 1: Right staff** 1.1 Evidence based workforce planning: KGH completes a triannual SNCT audit across all inpatient areas (using area specific tools AIPW, AAU, CYP, ED). Birthrate+ is used throughout our maternity department in line with specific requirements of the tool. Other areas of ICU are managed within guidelines for the provision of intensive care services, GPICs guidance and Neonates within British association of perinatal medicine, BAPM guidance; each area completing a yearly establishment review within these parameters of the applicable guidance and regulatory requirements of their speciality. These tools are used in accordance with their specific licences which the trust hold the most current version of and training for all staff is completed prior to each of the 3 audit periods per year. This ensures up to date and embedded understanding of the methodologies and application of SNCT. The tools are not modified in any way to maintain reliability and validity of the tool and allow benchmarking with peers. All reviews and workforce plan are inclusive of recommended headroom percentages and associated KPI's for rostering metrics to support planned/ unplanned leave, annual leave, training, and maternity leave etc 1.2 Professional judgement: KGH includes professional judgement reports from all SNCT areas to support in establishment reviews. Ward level staff through to head of nursing contribute to professional judgement submissions each audit period, at point of QIA requirement, noted change in wards, ward moves, establishment changes etc. This is all captured within the annual establishment reviews, alongside full ward level data from all quality and harm free care indicators, workforce: recruitment, retention, mandatory training and appraisals etc. patient/ staff feedback. Secondary to this, this data is assessed through ward accreditation reviews in line with the trust's quality framework, pathway to excellence programme requirements 1.3 Compare staffing with peers: National and regional benchmarking (use of model health) is conducted monthly and documented in the safe staffing report. Benchmarking across UHN and UHL our peer providers is also completed to access and aid SNCT reviews, deep dives, ward moves, transfers and comparative analysis. This comparative data is also obtained and supports the above through NQB monthly submissions NSR/ SDCD reporting for planned and actual staffing. KGH has weekly quality meetings as part of UHN, which provides comparative benchmarking, gap analysis and improvement planning/ outcome assessment to support ward level related concerns. This is further supported through monthly divisional compassionate rostering reviews which address rostering and workforce related KPI management **Expectation 2: Right Skills** 2.1 Mandatory training, development and education. KGH demonstrates through the TNA plan produced yearly, as well as through the rostering metrics and workforce analysis reports which are sent through weekly outlining ward level training -gaps/ needs/ compliance and current retention recruitment position 2.2 Working as a Multi professional team. The organisation demonstrates a commitment to investing in new roles and skill mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care. The organisation recognises the unique contribution of nurses, midwives and all care professionals in the wider workforce. Professional judgement is used to ensure that the team has the skills and knowledge required to provide high-quality care to patients which is demonstrated through the TNA yearly plan and introduction of development roles internally and externally. This stronger multiprofessional approach avoids placing demands solely on any one profession and supports improvements in quality and productivity. The organisation works collaboratively with UHN and UHL partners in the local health and care system, which supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demand and able to work across care settings, care teams and care boundaries. 2.3 Recruitment and retention. The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. This is shown in the TNA plan and work force plan, as well as through the rostering metrics and workforce analysis reports which are sent through weekly outlining ward level training -gaps/ needs/ compliance and current retention recruitment position. **Expectation 3: Right place and time** 3.1 Productive working and eliminating waste. Staffing is managed from ward- divisional level through to operational level and reported into a twice daily staffing cell which is chaired on a rotation basis by divisional heads of nursing. This supports effective decision making, reinforces escalation protocols and addresses safety concerns in real time. This process allows for effective deployment and redeployment of staff with clear governance and senior decision making underpinning the processes. 3.2 Efficient deployment and flexibility. The trust has clear escalation processes for staffing safety issues supported by heads of nursing at a twice daily staffing meeting across UHN. The escalation of saftey concerns and capacity are key principles which underpin the process. The trust uses allocate Erostering as a platform for managing staffing and rostering as per best practice guidance from NHS employers and Carter review rostering good practice 2018 3.3 Effecent employment minimising agency use. The Model group of UHN reports weekly on bank and agency usage across all divisions with performance reporting being initiated this month by CNO for divisional heads of nursing. Alongside this accountable processes specific processes have been introduced to support approval and utilisation of non substantive/ temporary staff to ensure this remains in line with KPIs in place	KGH establishment review 2024 and 2025 in zip file > KGH Biannual establishment review 2025 > KGH Nursing safe staff review 2024 Approved use of methodologies and external review provision of license for SNCT (October 2023) UHN Safe staffing report- March- May 2025 within zip file> UHN safe staffing March- April- May 2025 NSR submissions> blue tabs below January to May 2025 Staffing cell example zip file > Post am pre pm 19.05.25 Workforce plan 2025-26 in zip file > Workforce OP plans 2025-26 > Workforce submission narrative NSR submissions> blue tabs below January to May 2025 Training needs 2025 zip file > TNA main and PDD 2025 Weekly harm free care quality review zip file > UHN HFC weekly update 9th May > UHN HFC weekly update 23rd May QIA 2025 within zip file > new template QIA v5PID Safer staffing policy (SP) within zip file > Safe Staffing policy final aug 2023 Staffing cell SOP 2025 for UHN within zip file > UHN safe staffing cell standard operating procedure Staffing escalation process and guidance within zip file > safe staffing escalation cards Red flag and safe care review 2024/2025 within zip file > safecare review 2024 2025	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
2	**The Trust apply the principles of safer staffing - triangulation**	**Expectation1: Right staff** **1.1 Evidence based workforce planning:** KGH completes 3 audits for SNCT yearly supporting the biannual establishment reviews, across all inpatient areas (using area specific tools AIPV, AAU, CYP, ED). Birthrate+ is used throughout our maternity department in line with specific requirements of the tool. Other areas of ICU are managed within guidelines for the provision of intensive care services, GPICs guidance and Neonates within British association of perinatal medicine, BAPM guidance; each area completing a yearly establishment review within these parameters of the applicable guidance and regulatory requirements of their specialty. These tools are used in accordance with their specific licenses which the trust hold the most current version of. Training for all staff is completed prior to each of the 3 audit periods per year. This ensures up to date and embedded understanding of the methodologies and application of SNCT. The tools are not modified in any way in order to maintain reliability and validity of the tool and allow benchmarking with peers. All reviews and workforce plan are inclusive of recommended headroom percentages and associated KPI's for rostering metrics to support planned/ unplanned leave, annual leave, training and maternity leave etc. (see establishment reviews for 2024 and 2025 and workforce plan document in zip file). **1.2 Professional judgement:** KGH includes professional judgment reports from all SNCT areas to support in establishment reviews. Ward level staff through to heads of nursing contribute to professional judgment submissions each audit period. At point of QIA requirement, noted change in wards, ward moves, establishment changes etc. This is all captured within the annual establishment reviews, alongside full ward level data from all quality and harm free care indicators, workforce: recruitment, retention, mandatory training and appraisals etc. patient /staff feedback. Secondary to this, this data is assessed through ward accrediting reviews in line with the trusts quality framework, pathway to	KGH establishment review 2024 and 2025 in zip file > KGH Biannual establishment review 2025 > KGH Nursing safe staff review 2024 (excel sheet not establishment review- audit only) > KGH Safe staffing review 2023/24	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
3	**Evidence based tools are used where available.**	**Expectation1: Right staff** **1.1 Evidence based workforce planning:** KGH completes 3 audits for SNCT yearly supporting the biannual establishment reviews, across all inpatient areas (using area specific tools AIPV, AAU, CYP, ED). Birthrate+ is used throughout our maternity department in line with specific requirements of the tool. Other areas of ICU are managed within guidelines for the provision of intensive care services, GPICs guidance and Neonates within British association of perinatal medicine, BAPM guidance; each area completing a yearly establishment review within these parameters of the applicable guidance and regulatory requirements of their specialty. These tools are used in accordance with their specific licenses which the trust hold the most current version of. Training for all staff is completed prior to each of the 3 audit periods per year. This ensures up to date and embedded understanding of the methodologies and application of SNCT. The tools are not modified in any way in order to maintain reliability and validity of the tool and allow benchmarking with peers. All reviews and workforce plan are inclusive of recommended headroom percentages and associated KPI's for rostering metrics to support planned/ unplanned leave, annual leave, training and maternity leave etc. (see establishment reviews for 2024 and 2025 and workforce plan document in zip file). **1.2 Professional judgement:** KGH includes professional judgment reports from all SNCT areas to support in establishment reviews. Ward level staff through to heads of nursing contribute to professional judgment submissions each audit period. At point of QIA requirement, noted change in wards, ward moves, establishment changes etc. This is all captured within the annual establishment reviews, alongside full ward level data from all quality and harm free care indicators, workforce: recruitment, retention, mandatory training and appraisals etc. patient /staff feedback. Secondary to this, this data is assessed through ward accreditation reviews in line with the trusts quality framework, pathway to excellence programme requirements (see most recent ward accreditation summary in zip file)	KGH establishment review 2024 and 2025 in zip file > KGH Biannual establishment review 2025 > KGH Nursing safe staff review 2024 (excel sheet not establishment review- audit only) > KGH Safe staffing review 2023/24	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
4	**Trust to confirm that there is no local manipulation of identified nursing resource from approved evidence based tools**	**Expectation 1: Right staff, 1.1, Evidence based workforce planning, 1.2 Professional judgement** The SNCT tools, Birthrate+ and guidance for specific patient groups, namely Neonates BAPM and ICU- GPIC's, are adhered to and not modified in any way. This is further support by external validation for inter- reliability across UHN and UHL. The licenses , contacts- where applicable and guidance for these areas are areas are to date.	Approved use of methodologies and external review provision of license for SNCT (October 2023)	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
5	**Monthly actual vs planned staffing levels are available for review**	**Expectation 1- Right staff 1.3 Compare staff with peers** **Expectation 3- Right place and time 3.2 Efficient deployment and flexibility** KGH submits ward level data of planned and actual staffing levels (registered and unregistered) with a breakdown of CHPPD per ward as well as site level. This is reported monthly to NQB (NHSE), as per safe staffing guidance, and published on the public website as per requirement (see attached NSR monthly submission of this data from Jan- Feb 2025- blue tabs below). KGH completes a twice daily staffing cell to review current/ live staffing. This also reflected in the safecare platform which records 3 periods per 24 hours, across all inpatient areas of dependancy and acuity needs, along with staff allocation, inclusive of skills (example of the staffing cell from June > post am and pre pm 19.0.25 is in the zip file). A safe staffing report is submitted monthly to the board providing oversight of monthly staffing status, inclusive of concerns, actions and improvements and triangulated aginast quality dashboard data. UHN staffing, workforce and safecare data for both KGH and NGH is reported monthly through to IPR, formley IGR. (see zip file for UHN safe staffing reports March- May 2025)	UHN Safe staffing report- March- May 2025 within zip file> UHN safe staffing March- April- May 2025 NSR submissions> blue tabs below January to May 2025 Staffing cell example zip file > Post am pre pm 19.05.25	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
6	**Director of Nursing & Medical Director must confirm safe staffing review in an annual governance statement to the Public Board**	**Expecation 1-Right staff-1.1 Evidence based workforce planning** **Expecation 2-Right skills 2.3 Recruitment and retention** **Expectation 3-Right place and time 3.1 productive working and elimiting waste 3.2 Efficient deployment and flexibility, 3.3 Efficient employment and minimising agency** The staffing establishment annual reports/ reviews are approved by CNO (see attached establishment reviews 2024 and 2025). This is highlighted in the Annual quality report (report within zip file and link in evidence for external public accessibility report) and Annual report and accounts (report within zip file and link in evidence for external public accessibility report)	Annual Report, Quality Account and Statement of Accounts | Kettering General Hospital NHS	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
7	**A workforce plan must be in place and agreed / signed off annually by CEO & executive leaders and discussed at Public Board meeting**	**Expecation 1-Right staff-1.1 Evidence based workforce planning** **Expecation 2-Right skills 2.3 Recruitment and retention** **Expectation 3-Right place and time 3.1 productive working and elimiting waste 3.2 Efficient deployment and flexibility, 3.3 Efficient employment and minimising agency** Workforce plan in zip file 2025 > workforce Op plans 2025-26 excel, with supporting narrative > workforce submission narrative approved by CNO, CEO and executive board 2025	Workforce plan 2025-26 in zip file > Workforce OP plans 2025-26 > Workforce submission narrative	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
8	**Nursing and midwifery staffing establishments for all clinical areas must be reviewed twice a year and reported to the Public Board**	**Expecation 1-Right staff 1.1 Evidence based workforce planning 1.2 Professional judgment and 1.3 Compare with peers** Staffing establishment reviews are completed biannually with 3 audits carried out over 12 months, which is above the recommended NQB guidenace of biannual reviews. These audits are aligned across UHN and work stimultanously with UHL. This approach allows for inter-reliability across sites to further support objectivity and rigour throughout the audit periods. Establishment reviews provide context on methology, use and application of evidenced based tools and the application professional judgment, and a triangulated approach as required in the NQB guidance. These reviews provide SNCT recommendations, breakdown of ward level staffing and costing, indicating service change/ need since last review (approx 3 months), inclusive of any QIA's needed to reflect changes.(QIA from April 2025 establishment review is within zip file> new template QIA v5PID) Establishment reviews 2024 and 2025 within zip file > KGH biannual establishment review 2025 and 2024 > KGH Nursing safe staff review June 2024 .	KGH establishment review 2024 and 2025 in zip file > KGH Biannual establishment review 2025 > KGH Nursing safe staff review 2024 (excel sheet not establishment review- audit only) > KGH Safe staffing review 2023/24	Compliant	Continue with current practices and deliver assurance of meeting the required expectations

9. DWS Recommendation Compliance (KGH, Pg2)

9	Agreed local quality dashboards on staffing & skill mix that is cross checked with comparative data each month and reported to the board.	**Expectation 1 Right staff 1.3 Compare with peers** **Expectation 2 Right skills 2.1 mandatory training, development and education** **1.3 Compare staffing with peers:** National and regional benchmarking (use of model health) is carried out monthly and documented in the safe staffing report (see attached reports in zip file > UHN Safe staffing report March–May 2025). Benchmarking across UHN and UHL our peer providers is also completed to assess and aid SNCT reviews, deep dives, ward moves, transfers and comparative analysis. This comparative data is also obtained and supports the above through NGR monthly submissions/NBR BCDC reporting for planned and actual staffing. **2.1 Mandatory training, development and education** UHN is supported by weekly Quality reviews from the harm free care team (fortnightly site specific KGH) which provide dashboard data across all quality indicators at ward/site level, using comparative benchmarking locally and nationally, and supports and identifies learning/improvement opportunities via gap analysis. UHN TNA - training needs analysis within zip file > TNA main and PED 2025 and This is further supported by divisional comparative rostering reviews, chaired by divisional heads of nursing, addressing rostering performance and KPI's management across divisions at ward level, example of this in zip file > UHN HFC weekly update 5th May > UHN HFC weekly update 23rd May	UHN Safe staffing report March–May 2025 within zip file: UHN safe staffing March–April–May 2025 NGR submissions: blue tabs below January to May 2025 Training needs 2025 zip file > TNA main and PED 2025 Weekly harm free care quality reviews zip file > UHN HFC weekly update 5th May > UHN HFC weekly update 23rd May	Compliant	Performance review meetings with CNO have been set up to further support divisions with aligned dashboard metrics across all rostering KPI's at NGH and KGH. This is starting 30th June 2025
10	Quality Impact Assessment (QIA) review for service changes including skill mix changes, redesign or introduction of new roles	**Expectation 1-Right staff-1.1 Evidence based workforce planning** **Expectation 2-Right skills 2.3 Recruitment and retention** **Expectation 3 Right place and time 3.1 productive working and eliminating waste 3.2 Efficient deployment and flexibility, 3.3 Efficient employment and minimising agency** As part of planned changes to ward establishments and ward moves as well as the closure of an offsite bedded facility, Solihull [illegible], which was utilised to support additional capacity over winter 2024. A QIA was submitted to reflect establishment needs applicable to these areas. These reviews have been included in the establishment setting for 2025 and approved by CNO, UHN CNO and board at KGH. QIA is within zip file > new template QIA v5PID	QIA 2025 within zip file > new template QIA v5PID	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
11	Formal risk management and escalation processes in place for all staff groups outlined within a safe staffing policy with appropriate staffing escalation process clearly identified	**Expectation 1 Right staff 1.2 Professional judgment** **Expectation 3 Right place and time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility** KGH reviews staffing across all sites once twice daily. These meetings are documented in staffing cell spreadsheet (see example in zip file > Post am prep pm [illegible]) with live changes being inputted as needed. The supporting SOP - see zip file > UHN safe staffing cell SOP provides guidance on RAG rating and management of workforce escalations through an adapted evidence based workforce scoring system (outlined in SOP). Escalation routes for escalations and management and roles and responsibilities of staff in hours and out of hours. There is a daily report send to all Matrons covering staffing, outlining red flags and professional judgements escalated in real time and up to past 7 days of incident being raised. This is further supported by an annual review of safecare compliance and escalations - red flags and professional judgments across all divisions, see zip file > safecare annual review 2025. Allied flag and associated data data is included in the monthly safe staffing report	Safe staffing policy SSP1 within zip file > Safe Staffing policy final Aug 2023 Staffing cell SOP 2025 for UHN within zip file > UHN safe staffing cell standard operating procedure Staffing escalation process and guidance within zip file > safe staffing escalation cards Red flag and safe care review 2024/2025 within zip file > safecare review 2024-2025	Compliant	Continue with current practices and deliver assurance of meeting the required expectations
12	Boards to be made aware of continuing or increasing staffing risks	**Expectation 1 Right staff** **Expectation 3 Right place and time, 3.1 productive working and eliminating waste, 3.2 efficient deployment and flexibility** Day to day staffing, safety, acuity and dependency needs are reviewed twice daily in across site UHN staffing cell, chaired by divisional heads of nursing, who report into capacity bed meetings twice daily to ensure board/executive teams are aware of escalations and concerns impacting patient care and staffing. Out of hours this is managed through the on call escalation management team and onsite capacity managers. The trust board receive the monthly staffing reports and biannual establishment reviews for approval and overall oversight	Safe staffing policy SSP1 within zip file > Safe Staffing policy final Aug 2023 Staffing cell SOP 2025 for UHN within zip file > UHN safe staffing cell standard operating procedure Staffing escalation process and guidance within zip file > safe staffing escalation cards Red flag and safe care review 2024/2025 within zip file > safe care review 2024-2025	Compliant	Continue with current practices and deliver assurance of meeting the required expectations

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9. DWS Recommendation Compliance (NGH)

	Developing workforce safeguards recommendations	Current Position	Evidence to Support Current Compliance	Gap analysis outcome Red = not yet achieved Amber = partially compliant, in progress Green = compliant	State actions required to meet compliance
1	The Trust is formally using National Quality Board 2016 safer staffing guidance. Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time : Safe sustainable and productive staffing.	Compliant	Each unit recieves a detailed "unit profile" detailing previous six months to a year data sets (incl. acuity and dependency, vacancies, falls, HAPUs, Red Flags, mandatory training, skill requirements, amongst other metrics). Unit profiles, the Trust Board Paper and the monthly safer staffing paper are all set out as per NQB (2016) expectations. Within the unit profiles, the current required staffing and the desired required staffing (from professional judgement) is displayed, alongside registered proportion to aid decision-making within the Annual Establishment Reviews. Any unit which deviates from safer staffing will undergo a Quality Impact Assessment. The UHN safe staffing cell monitors actual staffing numbers and skill mix of clinical staff on duty against planned numbers and skill mix, on a shift-by-shift basis. A clear audit trail is available with mitigation evident also.		• Continuation and evolvement of current outputs
2	The Trust apply the principles of safer staffing - triangulation	Compliant	The Trust utilises the Professional Judgement Framework (Saville *et al.*, 2023) when creating and assessing required staffing. For example, during the Annual Establishment Reviews, upon discussing each unit and reviewing the unit profile; colleagues incorporate professional judgement. This includes the ward layout, the count of siderooms, temporary staffing usage, enhanced patient observation etc. For nursing, the Safer Nursing Care Tool (SNCT) is utilised and Birthrate Plus® in Maternity. Outcomes are incoporated and themes are assessed to ensure the principles of safe staffing have been applied.		• Continuation and evolvement of current outputs
3	Evidence based tools are used where available.	Compliant	The Trust has valid licences for the following: Adult Acute Assessment Units (AAU) SNCT, Adult Inpatient Ward (AIPW) SNCT, Children and Young People (C&YP) SNCT, Emergency Department (ED) SNCT and Birthrate Plus®. The Nursing and Midwifery Establishment Review Cycle sets out the frequency of data collection, interpretation and incorporation into reviewing the establishments.		• Continuation and evolvement of current outputs
4	Trust to confirm that there is no local manipulation of identified nursing resource from approved evidence based tools	Compliant	The Trust's Safer Staffing Team which includes workforce informatics' are able to demonstrate/ supply *step by step* files from data collection, transcription, SNCT calculator to MASTER results, of which each step is stored to evidence rigor. The SNCT training for colleagues stipulates no local manipulation/ adaptation		• Continuation and evolvement of current outputs
5	Monthly actual vs planned staffing levels are available for review	Compliant	The monthly staffing submission of actual vs. planned staffing levels have been delegated to the Interim Assistant Chief Nurse by the Chief Nurse to validate and review. The Interim Assistant Chief Nurse will then summarise the position to the Chief Nurse. Trends are stored separately to the monthly submission to capture progress.		• Continuation and evolvement of current outputs
6	Director of Nursing & Medical Director must confirm safe staffing review in an annual governance statement to the Public Board	Compliant	Evident within Annual and Bi-Annual Establishment N&M Review board papers; included within front summary page.		• Continuation and evolvement of current outputs

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9. DWS Recommendation Compliance (NGH, pg 2)

7	**A workforce plan must be in place and agreed / signed off annually by CEO & executive leaders and discussed at Public Board meeting**	Compliant	The Workforce Plan is led by People Services and is approved by the Chief Executive and executive leaders. In addition this is submitted to People Committee which has full delegation from the Board.	COMPLIANT	• Continuation and evolvement of current outputs
8	**Nursing and midwifery staffing establishments for all clinical areas must be reviewed twice a year and reported to the Public Board**	Compliant	Evident as per the Nursing and Midwifery Establishment Review Cycle and the Nursing and Midwifery Bi-Annual and Annual Establishment Review Board Reports. In addition this is submitted to People Committee which has full delegation from the Board.	COMPLIANT	• Continuation and evolvement of current outputs
9	**Agreed local quality dashboards on staffing & skill mix that is cross checked with comparative data each month and reported to the board.**	Compliant	Triangulation of workforce (including safer staffing) and patient outcomes is summarised and incoporated into the monthly nursing and midwifery safer staffing papers. This information is abstracted from the following dashboards which have undergone recent developments and continued review; • Nursing and Midwifery e-rostering performance metrics • Northamptonshire & Leicester Excellence Assurance Framework (NLEAF) - under development • Month __Finance Dashboard (containing vacancy data) The above reports are all submitted to the People Committee which has full delegation from the board.	COMPLIANT	• Continuation and evolvement of current outputs
10	**Quality Impact Assessment (QIA) review for service changes including skill mix changes, redesign or introduction of new roles**	Compliant	A Trust review on Safer Staffing Quality Impact Assessments (QIA) is currently underway. There are minimal areas which support the Nurse Associate Role in their workforce despite supporting this training programme. QIA's are underway to review the introduction of the NA role into the wider working teams.	COMPLIANT	• Continuation and evolvement of current outputs
11	**Formal risk management and escalation processes in place for all staff groups outlined within a safe staffing policy with appropriate staffing escalation process clearly identified**	Partially compliant	Evident within the Nursing and Midwifery Trust Policy and Procedure. The trust currently does not have red flag escalation practices embedded, though staff utilise the datix system and are aware of local escalation via senior staff members in the event of safe staffing concerns. The embedding of red flags practice has been factored into the policy and training on this practice is planned. The datix system is monitored and reported on within the safe staffing report monthly.	COMPLIANT	• continue with red flag training processes to move away from datix system for recording safe staffing events.
12	**Boards to be made aware of continuing or increasing staffing risks**	Compliant	On an operational day by day basis risks are escalated to the Executive and On-Call nursing team via the safe staffing cell chair. The Clinical Operations Team support in the declaration of incidents; the close of wards, beds etc. is jointly approved by the Executive team, On-call executive team out of hours and the Operations team. When staffing risks occur, the Trust utilises the Trust Risk Register. The Trust Board papers and the monthly safer staffing paper provides reassurance and assurance that safer staffing risks are monitored and mitigations are in place; specifically noting the observation of trends.	COMPLIANT	• Continuation and evolvement of current outputs