Meeting title	**Quality Governance Committee**	**14/04/2026**
Report title	**Nursing and Midwifery 6 monthly Safer Staffing Review Report (January 2026 Data)**	**Agenda item:**
Executive director lead	Sarah Wilding, Chief Nurse & Director of Allied Health Professionals	
Report authors	Marielle Perraut, Assistant Chief Nurse Maria Lygoura, Lead Nurse for Safer Staffing and Roster Utilisation	
Executive summary	• In line with National Quality Board (NQB) guidance (2016), The bi-annual Nursing and Midwifery Report outlines the Trust's response to the statutory requirements to have safe Nursing and Midwifery staffing identified across Whittington Health. • This 6-month review report includes an overview of the Nursing and Midwifery key performance indicators (KPIs) • The key findings from the 6 monthly Establishment Review of the Nursing and Midwifery workforce are based on the Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) audits collected in January 2026 for all inpatient areas and Emergency Department (ED). District Nursing teams were also audited against the Community Nursing Safer Staffing Tool (CNSST) for the 3rd time allowing them to start identifying trends and recommendations. • All Nursing and Midwifery Establishment reviews were undertaken in March 2026 using January 2026 activity and acuity/dependency data. • Nursing leadership continues to be actively engaged in national and regional Enhanced Care workforce initiatives, addressing rising needs of vulnerable patients. • When funded and staffed to the recommended establishment levels, all areas meet safer staffing standards **(Appendix 4)** except for the Site team. • The committee is asked to acknowledge the recommendation to increase the establishment of the Site Practitioners Team	

	following identification of shortfall in uplift, noted below and detailed in report: **Service** | **Funded establishment R: Registered U: Unregistered** | **Recommendations** Site team | **R:** 11.21 | Only 8.5% uplift is currently funded. Need 20% to allow cover of annual leave. (+0.4WTE B7) and cover for floor coordinator on Sundays (+0.4WTE B7) total recommendation 0.8 WTE B7 investment • Skill mix reviews will be undertaken overall but will be a particular focus in ACS and ED to meet changing services and patients' requirements, robust leadership and opportunities for succession planning and professional development. • The focus of the discussions across the meeting also addressed the protected management time for Ward Managers. Benchmarking data was shared (**appendix5**). Whittington is an outlier nationally compared to other organisations. Meetings arranged in April 2026 to address the issue and mitigate. • Reviews of specialist roles funding (ACPs and ANPs) through medical budgets will need to be undertaken to promote nursing/midwifery development but also increase productivity and appropriate allocation of tasks based on expertise.
Purpose:	As per the National Quality Board (2016) (NQB) 'Expectation 1: Right Staff' and NHS Improvement (2018), 'The planning cycle'; this report seeks to assure Board and the public regarding the Trust's compliance to the statutory requirements to have safe Nursing and Midwifery staffing across Whittington Health
Recommendation	The committee is asked to: I. Review that due process was followed in line with statutory requirements to review nursing and midwifery staffing levels bi-annually. II. Approve the recommendations made in this paper.
Risk Register or Board Assurance Framework	BAF risk Quality 1 - Failure to provide care which is 'outstanding' in being consistently safe, caring, responsive, effective, or well-led and which provides a positive experience for our patients may result in poorer patient experience, harm, a loss of income, an

	adverse impact upon staff retention and damage to organisational reputation. BAF risk People 4- Failure to recruit and keep high quality substantive staff could lead to reduced quality of care, and higher costs.
Report history	1. Establishment review meetings with Deputy Chief Nurse, Assistant Chief Nurse, Safer Staffing Lead Nurse, Associate Directors of Nursing and Midwifery (ADoN/M), Deputies, Matrons, and nursing recruitment team, Eroster team: 17th-24th March 2026 2. Nursing and Midwifery Leadership Group (NMLG): 20-04-26 3. TMG: 05-05-26 4. GGC: 14-04-26 5. QAC: 13-5-26 6. Public Board *TBC*

Nursing and Midwifery 6 monthly Safer Staffing Review Report (March 2026)

1. INTRODUCTION

- The purpose of this report is to provide assurance to the Board of Directors (BoD) and other committees (see report history section) that the Trust Nursing and Midwifery staffing levels are compliant with the Developing Workforce Safeguards NHS Improvement (2018) incorporating the National Quality Board (NQB) Standards for safe Nursing and Midwifery staffing at Whittington Health NHS Trust.
  Since the last review in March 2026, the Trust has strengthened its position, improving compliance from three amber ratings to one, demonstrating clear progress in meeting the required criteria. **(Appendix 1)**

- The guidance sets out the key principles and tools that providers should use to measure and improve their use of staffing resources to ensure safe, sustainable, and productive services, including introducing the care hours per patient day (CHPPD) metric. The three NQB's expectations that form the basis to making staffing decisions are as below:

- The Bi -Annual Nursing and Midwifery Establishment reviews were undertaken in to review the Nursing and Midwifery requirements. The reviews also provide a progress overview of the outcomes from the earlier Nursing and Midwifery establishment Reviews.

- Each division was represented by their ADoN or nominated deputy, with Matrons and departmental leads in attendance where possible. All members of the Triumvirates and finance team are offered the opportunity to attend. At present, the attendance from the wider MDTs is variable, with continued work in progress to ensure a multi-professional approach.

- Safer staffing and skill mix reviews were undertaken the following clinical areas based on Safer Nursing Care Tool (SNCT), Community Nursing Safer Staffing Tool (CNSST) and Mental Health Optimal Staffing Tool (MHOST) audits undertaken across January 2026: The review process and data analysis systems provide a standardised approach to assure the Trust board that Nursing and Midwifery staffing is compliant with the required standards outlined in section 1:

  - Inpatient adult and children's wards (EIM, S&C and CYP)
  - Emergency Department (ED) (EIM)
  - Critical Care Unit (CCU) (S&C)
  - NICU (CYP)
  - Community district nurse services (ACS). This 3rd data collection undertaken in January allows to formally include recommendations in this report
  - Maternity services are assessed based on the Birthrate Plus report and national recommendations.

  Exploratory reviews have been undertaken in clinical areas that have currently no recognised national audit tools. Those establishment reviews were undertaken based on activity, acuity and ERoster metrics:

  - Theatres and Recovery (S&C)
  - Day Treatment Centre- DTC (S&C)
  - CCU Outreach Team (S&C)
  - Chemotherapy suite and CNS teams (S&C)
  - General Outpatients and Gynaecology Outpatients (ACW)
  - Endoscopy (EIM)
  - TB services (EIM)
  - Children Ambulatory Care/Day Care and Outpatient (CYP)
  - Site team

2. ESTABLISHMENT REVIEW PROCESS AND METHODOLOGY

- As part of the bi- annual establishment review process seen in **Appendix 6,** all inpatient areas completed a Safer Nursing Care Tool (SNCT ©) audit (and Mental Health Optimal Staffing Tool- MHOST- for CYP) during January 2026. This SNCT audit is mandated by the Developing Workforce Safeguards Improvement (2018) and is used to inform the establishment review, alongside professional judgement, to establish safe staffing in the clinical areas.

  The NQB recommend the use of other quality data sets to inform professional judgement including acuity and dependency tools, review of incident data, completion of key clinical processes such as health roster management, sickness/absence, quality indicators and user feedback.

Triangulation NQB methodology 2016 and 2018:

- For this review, 6 months of key workforce data from 1st August 2025 to 31st January 2026 was collected and circulated in advance of the meetings with Locally held information to be completed by divisions included the following metrics:

- All Workforce data including vacancies, turnover, sickness, mandatory training, appraisal compliance, temporary staff expenditure (bank/agency)
- Establishment WTE for both funded and staff in post.
- Local budgetary data.
- Roster template and budget alignment information
- Roster KPIs include Care Hours Per Patient Day (CHPPD), roster lead time compliance, annual leave percentage.
- Safer Nursing Care Tool (SNCT) and Mental Health Optimal Staffing Tool (MHOST) inpatient validation audit data
- Red Shifts raised
- Enhanced Care use information
- Healthcare Support Workers completion of Care Certificate
- Workforce profiles where available (including age and diversity data)
- Falls and pressure ulcer data.
- Complaints and Serious Incident data
- Staff undertaking the Professional Nurse/Midwife Advocate program.
- Advanced and specialist level practitioners and services covered.
- Local/National Guidance/recommendations
- Successes to celebrate in last 6 months period.
- Action plans to prepare further reviews.

- At the review meetings, divisions raised concerns and shared examples of innovation and good practice through detailed discussion of the data provided. In parallel, reviews of department roster templates, finance, and ESR alignment were undertaken to assess recent changes. These discussions focused on ensuring that adjustments to financial and rostering templates continue to safeguard patient safety while maintaining financial alignment.

- Consideration was also given to new ways of working, opportunities, and

changes in skill mix, including:

- Nursing Associates and Student Nurse Associate (programs currently paused and impact on pipeline discussed)
- Advanced Practitioner roles and ability to support training and fund a position when they successfully pass the program.
- Professional Nurse/Midwife Advocates
- Vacancies for graduates
- Enhanced Care delivery and staffing requirements to provide safe and therapeutic support to patients requiring added support and care.

Further detailed workforce planning discussions will take place at the next Establishment Reviews in September 2026 to inform business planning and business case development.

3. WORKFORCE KEY PERFORMANCE INDICATORS (KPI) FINDINGS

- At the end of January 2026, ESR reported Whittington Health's Nursing and Midwifery funded establishment at 2159.57 WTE (1471.86 WTE Registered and 651.71 WTE Unregistered), reflecting a marginal 1.61% increase from July 2025.

- Overall turnover is showing a positive trend (7.4%), with both registered and unregistered cohorts demonstrating greater stability.
  The main areas for continued focus are ED and specific CYP community, where turnover remains elevated.
  Turnover for registered staff (7.29%) shows a gradual improving trend, with reductions noted across Community, several CYP services.
  However, EIM(particularly A&E, AAU and Paeds ED) continues to experience persistent high turnover, indicating continued pressure on retention in high-acuity, high-demand areas.

Table 1- Trust Registered Turnover January 2025-January 2026

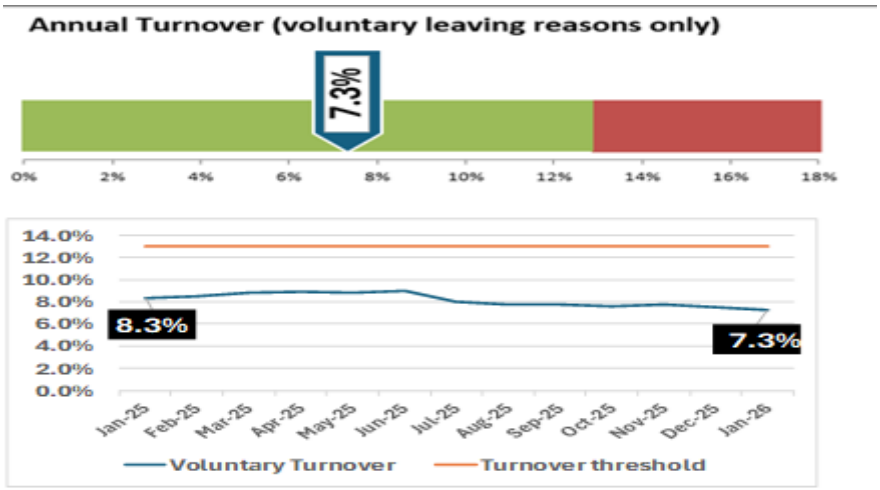
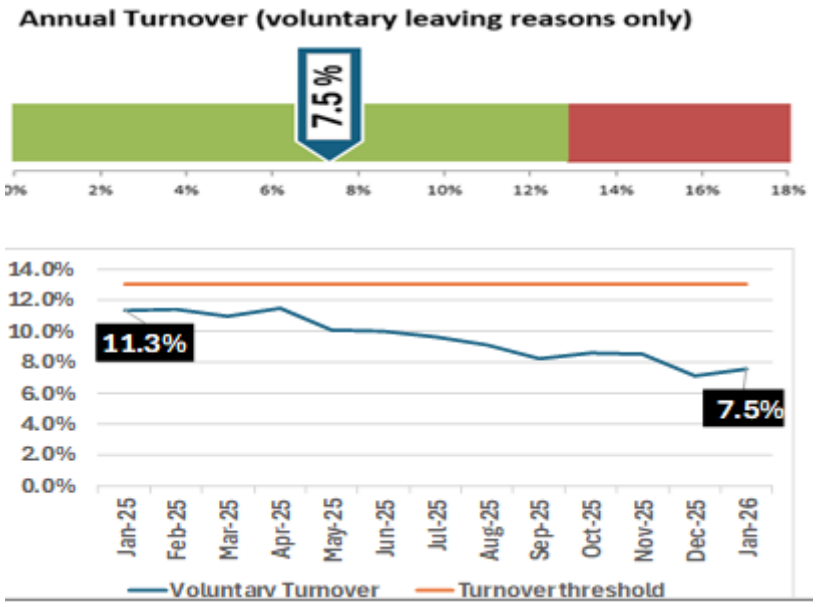


Table 2- Trust Unregistered Turnover January 2025-January 2026



- In January 2026, , staff sickness-related absences averaged 6.5% across all divisions (registered and unregistered), remaining above the Trust target of 3.5%. Long-term sickness themes continue to mirror previous reports, primarily mental health, stress and musculoskeletal (MSK) disorders, while short-term absences are largely respiratory and GI issues. Work is ongoing in partnership with HR and Occupational Health to support colleagues' return to work; however, divisions highlight challenges in managing sickness due to HR being under-resourced to provide the required support. The most impacted divisions remain ACS, ACW (Midwifery) and EIM in acute wards.

Table 3- Trust Registered Sickness January 2025-January 2026

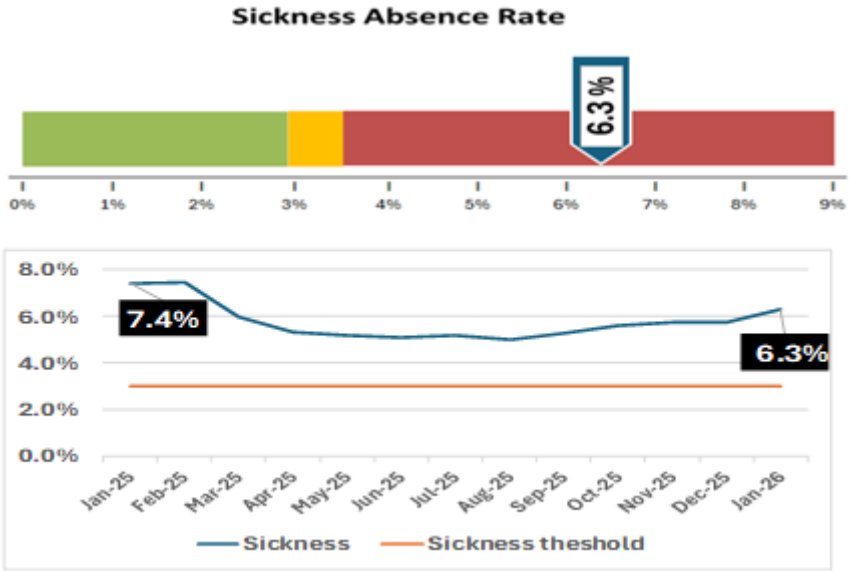
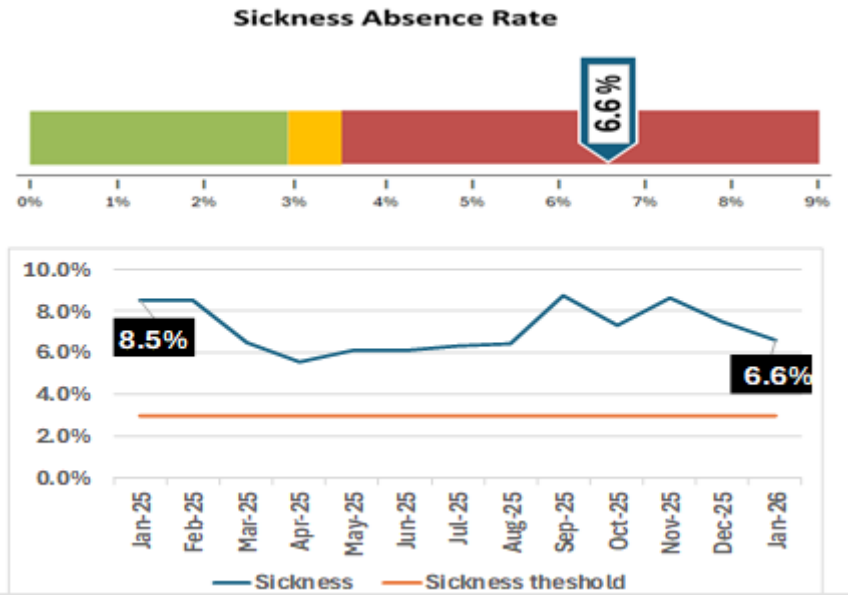


Table 4- Trust Unregistered Sickness January 2025-January 2026



- The vacancy rate remains under target driven by Registered workforce vacancy at 0.8% in January 2026. As well as being a positive picture, it also pauses challenges when it comes to offering positions to graduates nurses and midwives. This is a national picture.
  Unregistered vacancy much higher at 16.2%, driven by CYP community and EIM. In EIM this can be rationalised by the fact that the division is currently recruiting into positions that were allocated to include Enhanced care into the establishment baseline following last review

Table 5- Trust Registered Vacancy January 2025-January 2026

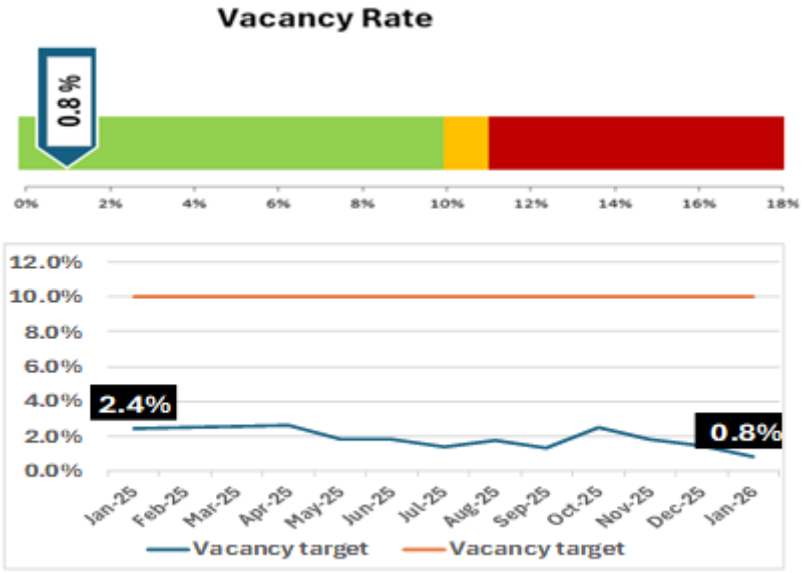
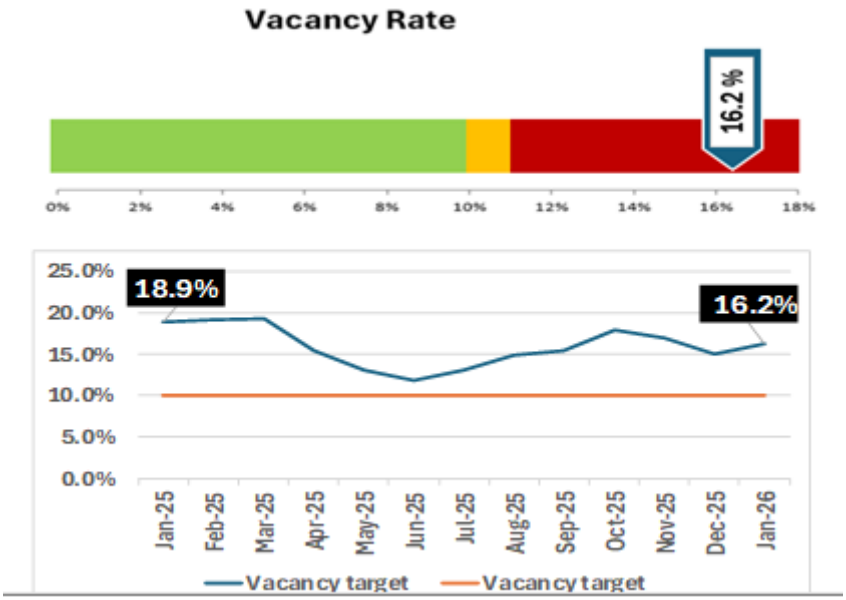


Table 6- Trust Unregistered Vacancy January 2025-January 2026



- Further in-depth discussions on workforce data and KPIs will continue at monthly Safe Staffing Governance meetings, with a focus on delivering action plans that strengthen retention and reduce reliance on temporary staffing.

- Following the end of secondment Team-Based Rostering (self-rostering) for nurses across the organisation has had to be paused until a review of resources is undertaken within safer staffing team . All clinical areas have been implemented apart from ACS and ACW

- Over the past year, nursing leadership teams have actively engaged in national and regional forums on Enhanced Care, previously known as 1:1 care. This work responds to rising demand for enhanced support, particularly for patients with mental health needs.
  The Trust continue to provide Enhanced Care to an average of 20 patients every 24 hours across services including EIM, CYP, and S&C. Enhanced Care requirements are also recorded daily in ED, averaging 2 patients per day. To strengthen workforce planning and care insight, data has been included in all Provider Workforce Returns (PWR) since June 2025.
  The rebasing of funded establishment to include EC provision has resulted in an increase of 12.5 WTE Band 3 posts across EIM.
  This work is ongoing, with a renewed Trust focus on the safe de-escalation of Enhanced Care, improved cohorting, and ensuring patients transition off Enhanced Care at the earliest clinically appropriate opportunity.
  The Enhanced care policy is currently being update as well as assessment tools, and escalation pathways, with particular attention to the growing proportion of mental health related Enhanced Care demand.

- Work to improve Net Hours (under- and over-contracted hours worked by staff) is ongoing, with the overall Trust position continuing to show

improvement. A formal paper has been approved to reset accumulated hours over a two-year period, providing a fair and transparent baseline for all staff. To support this, the Trust has strengthened the e-rostering team by appointing two additional members dedicated to delivering this work.
The e-rostering team is currently preparing for the re-initialisation of hours, with implementation scheduled to begin on 5 February 2024. The Communications Team will share tailored messaging with all individuals affected to ensure clarity, consistency and engagement throughout the process.

4. OUTCOME

- The establishment reviews confirm that when nursing and midwifery levels are fully established with the recommended budgeted establishments, all areas meet the safer staffing standards except for the following:

- **Trust wide: Protected Management Time for Ward Managers**

  Ward Managers carry responsibility for leading large teams and delivering critical functions including sickness management, clinical governance, safety and risk oversight, complaints handling, rostering, supervision, and staff development. These responsibilities are central to maintaining safe, high-quality care and compliance with Trust standards.
  At present, Ward Managers are allocated an average of only 11 hours of protected management time per week. This is insufficient given the breadth of their responsibilities and the frequent requirement to cover clinical shifts due to short staffing. The dual burden compromises their ability to provide consistent leadership, oversight, and staff support.
  Following a benchmarking exercise across 20 trusts nationwide (**Appendix 5**) , it was found that average protected time varies significantly. Acute trusts typically offer 0.5–0.8 WTE, while specialist or children's hospitals provide 0.6–1.0 WTE. Mental health services average around 0.8 WTE. It is recognised that this is not always possible to apply due to clinical and operational demands. Whittington Health is the lowest at 0.3 WTE, sitting well below the typical range.
  To progress this work and agree on a unified Trust-wide position, a nursing leadership meeting will be held on 27 April 2026. The purpose of this session will be to review the benchmarking findings, discuss options, and reach a consensus on the recommendation we will put forward to the Board. Ahead of the meeting, the anonymised benchmarking data will be re-circulated to support local discussions within each division.

- **Site Team**

Current position)	- Establishment: 10.21 WTE band 7 +1 WTE band 8A matron job share - Coverage: 2 Band 7 per shift (day and night) +1 band 8A (Monday-Friday day) - Risks1) Identified 11.5% (0.4 WTE) not accounted for in uplift meaning no Annual leave is covered by substantive staff and needs outsourcing through temporary staffing. - Mitigation: use of temporary staffing or substantive working over their agreed shifts patterns and poor rostering practices - Risk 2) No Floor coordinator on Sundays has detrimental impact on flow due to typically low discharges on Sundays. - Mitigation: currently no sustainable mitigation. When floor coordinator is allocated on a Sunday this has a knock-on effect on the weekday site team cover and may incur temporary staffing expenditure -
Recommendation	• Increase establishment to provide the 20% uplift required (0.4WTE) and a floor coordinator cover on Sunday (0.4 WTE) **Total 0.8 WTE band 7.**

- Some divisions are experiencing skill mix challenges that have been identified though the SNCT, CNSST audits and Datix reporting.
  In ED who highlighted Band 5 competence gaps, Band 6 supervisory overload, and Nursing associates being used as HCAs due to insufficient Registered Nurses supervision.
  In district Nursing teams 60–80% of nursing time is spent on low-acuity tasks (medication prompts, eye drops, simple dressings) that could be allocated to lower band colleagues.
  The divisions will work with leadership and corporate teams to review skill mix that will promote retention, succession planning, patient safe care and resilience.

- Several departments and wards continue to experience staffing pressures due to sickness, vacancies, and higher patient care needs. To ensure patient

safety, especially in high-pressure areas, temporary staff are deployed as needed to cover gaps and manage increased patient acuity and dependency. Red shifts/flags are monitored through the daily staffing meeting and Datix and mitigated through deployment or mitigations to reduce risk to patient and staff.
As part of this establishment review, across all divisions, six red shifts were reported between September 2025 and January 2026. Most were quickly downgraded within the first hour through staff redeployment and other mitigations, ensuring risks to patients and staff were effectively managed. Within Maternity Services, red flags were primarily linked to delays in care or transfer of care, often influenced by sickness and high activity levels. The Birth Centre was suspended on several occasions to allow staff redeployment and maintain safety. Reporting compliance in the BR+ tool was low, meaning the recorded acuity and red-flag data may not fully reflect actual clinical pressures.
A summary can be found in **Appendix 2.**

- As part of the establishment review and staffing requirement assessment, there was a focus on CHPPD analysis. CHPPD (care hours per patient day) was reviewed as part of the establishment assessment to understand how inpatient staffing is deployed. It reflects the total hours of care provided by permanent and temporary staff in a 24-hour period and supports benchmarking across wards and organisations. CHPPD excludes students and staff working across multiple areas.
  For this establishment review, CHPPD analysis showed expected variation across inpatient areas, reflecting differences in activity, acuity and Enhanced Care needs. Surgical wards and NICU were below national averages due to lower activity levels, while several EIM wards and Ifor ward (CYP) were above national benchmarks, driven mainly by higher acuity and mental health related Enhanced Care.
  In maternity services, Cellier remained below national averages, whereas the Birth Centre and Labour Ward were consistently above, influenced by clinical dependency and redeployments not always captured in eRoster.
  Overall, CHPPD patterns align with wider findings of rising acuity, increased Mental Health related demand and uneven distribution of Enhanced Care across services.
  Information for all inpatient areas are detailed in **Appendix 3.**

- Any additional posts requested to provide ongoing safe staffing service expansion/increased patient acuity are reviewed as part of the business planning, vacancy and financial review processes following agreement in principle by the Chief Nurse.
  Outcome summary tables for each clinical area are available in **Appendix 4**

5. CONCLUSION

- The Trust continues to demonstrate strong safe staffing governance processes and resilient local leadership in maintaining safe care. While current staffing establishments broadly meet service needs, there is clear recognition that further work is required. Divisions will need dedicated support to review and optimise skill mix, ensure establishments reflect evolving patients' needs, including increasing mental health demand, and strengthen supervisory time for ward managers and the distribution of work across bands.

- The Nursing and Midwifery establishments are scheduled for review at the bi-annual cycle in September 2026, with data collection and audits beginning in July 2026. Staffing metrics will continue to be monitored monthly through established governance and performance forums to maintain oversight and enable early identification of emerging risks.

- Establishment reviews remain a key mechanism for understanding changes in demand and capacity across services and for shaping divisional workforce strategies. The ongoing findings from this cycle are expected to inform and strengthen the recommendations presented in the next review.

Appendix 1: Compliance with Recommendations of the Developing Workforce Safeguards (DWS). Updated March 2026 and improvement achieved through increased compliance

Recommendation	Compliance	Evidence
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	• Monthly Nursing & Midwifery Safe Staffing paper set out as per expectations of the NQB (2016) • Safer Nursing Care Tool recommendations with February and August data collection periods. • CHPPD reported monthly in comparison with peers
2. The Trust apply the principles of safer staffing – triangulation. This should include the methodology used to set staffing levels, e.g., output from staffing decision support tools (where available), review of patient quality and safety outcomes and application of professional Judgement	Compliant	• Evident within the Bi-Annual Establishment Review packs • Evidence through SafeCare data • Evident through daily staffing meeting
3. Evidence-based tools are used where available.	Compliant	• SNCT, MHOST and SNCT ED discussed in the biannual establishment review paper. • Detailed breakdown of SNCT recommendations per ward.
4. Trust to confirm that there is no local manipulation of identified nursing resource from approved evidence-based tools	Compliant	• Internal (within service) and external (from other services) validation take place during data collection period. • Data collection forms are signed by the nurse who carries out the validation. Available in electronic scanned copies
5. Monthly actual vs planned staffing levels are available for review	Compliant	• Monthly Actual v Planned published on trust website. • Aggregated in biannual establishment review report.
6. Director of Nursing & Medical Director must confirm safe staffing review in an annual governance statement to the Public Board	Compliant	• Statement available in annual Board report available on the trust internet page

7. A workforce plan must be in place and agreed / signed off annually by CEO & executive leaders and discussed at Public Board meeting	Partially compliant	• Challenging to identify and locate the appropriate and up to date document. • Availability of documents on the web page and local drives requires streamlining and organising.
8. Nursing and midwifery staffing establishments for all clinical areas must be reviewed twice a year and reported to the Public Board	Compliant	• Annual and Bi-annual establishment review papers, establishment review packs for challenge meetings, data collection, and analysis documents.
9. Agreed local quality dashboards on staffing & skill mix are cross-checked with comparative data each month and reported to the board.	Compliant	• Evidence of bi-monthly report • Workforce metrics to be added to the Board Integrated Board Report from April 2026
10. Quality Impact Assessment (QIA) review for service changes including skill mix changes, redesign, or introduction of new roles	Compliant	• QIA forms are held by service leads and Associate Directors of Nursing. Some stored in the Safe staffing folders • We have increased QIA panels across the organization to support the QIA process regarding service changes. • Updates on new QIAs biannually at the establishment review meetings
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	Compliant	• Safe staffing and escalation policy in place • Daily staffing meetings • Relaunched the SafeCare application which incorporates staffing red flags alerts
12. Boards to be made aware of continuing or increasing staffing risks	Compliant	• Regular staffing reports to the Board including biannual establishment review reporting

Appendix 2 - Red Shifts/Flags -

Table 1: All Divisions

Table 2**:** Maternity Services

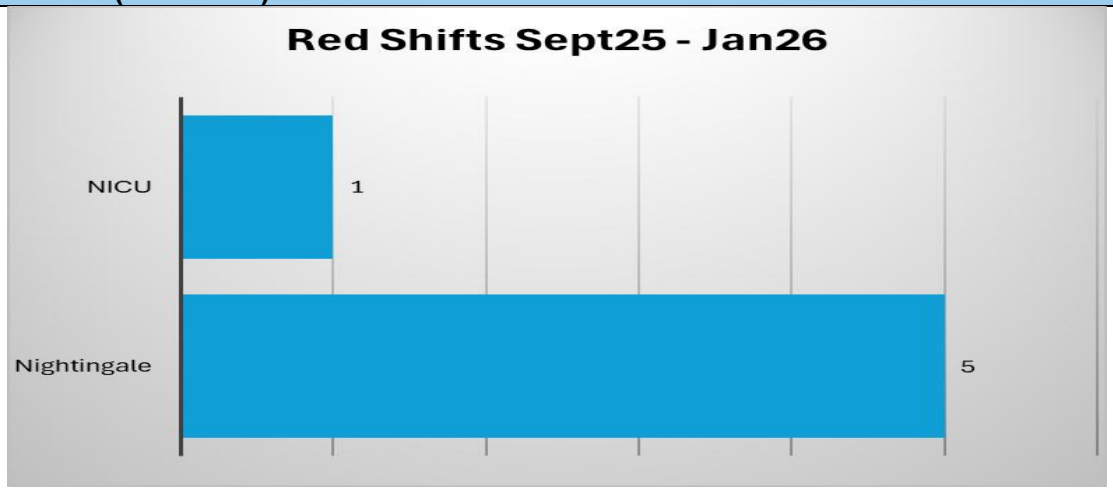
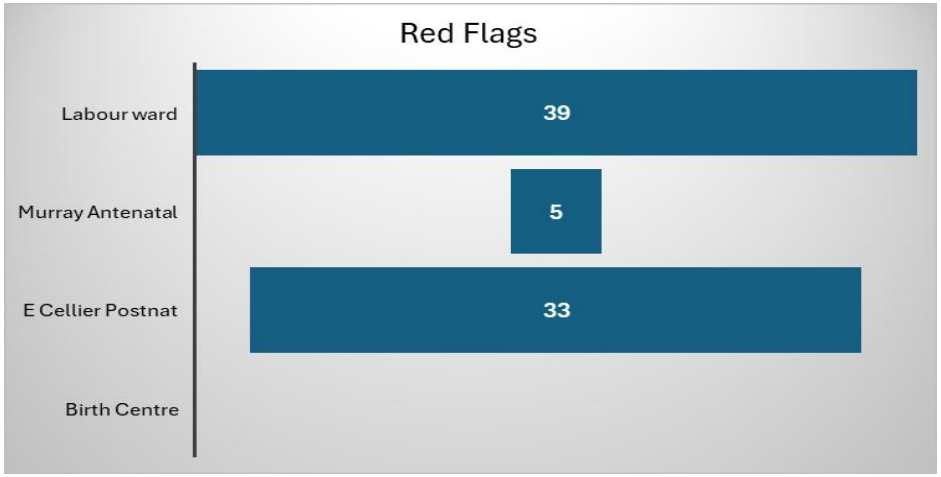
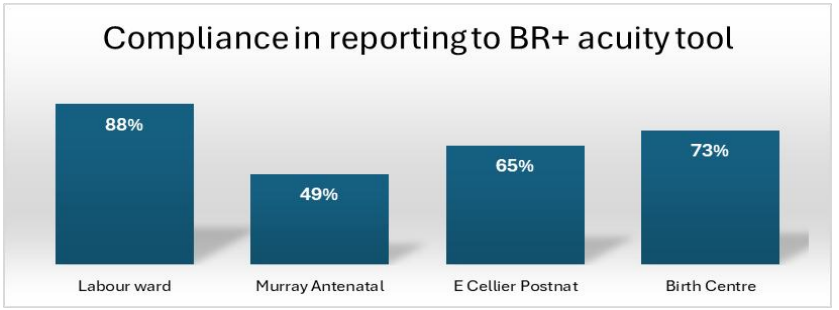
Table 1 (all ICSUs)	Narrative
	A total of 6 Red Shifts from September 2025 to January 2026. Several red shifts were downgraded following staff redeployment within the 1st hour of the shift and other mitigations of the risk.

Table 2 – Maternity	Narrative
	 • Main reason for the Red Flags was delays in delivery of care or transfer of care. • The Birth Centre was suspended on several occasions to redeploy staff and mitigate the risk.

	• Reported causes of the red flags were sickness and activity. • Low compliance in reporting to BR+ tool hence acuity and red flags data caries same level of accuracy

Appendix 3- Inpatients Care hours per patient day (CHPPD)

Table 1: Surgery and Cancer

Table 2: Children and Young People

Table 3: Emergency and Integrated Medicine Table 4: Maternity Services

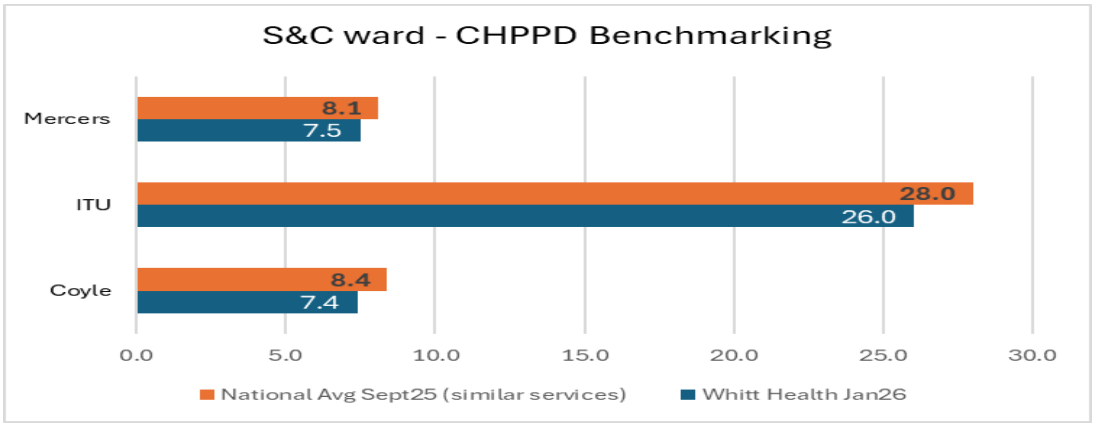
Table 1 – S&C CHPPD	Narrative
	CHPPD of the surgical wards was 0.6 to 1 unit below the national average of similar services. Both services often absorbed enhanced care within substantive staff deployment. The lower CHPPD in ITU compared to the national average is related to decreased activity and acuity during the month.

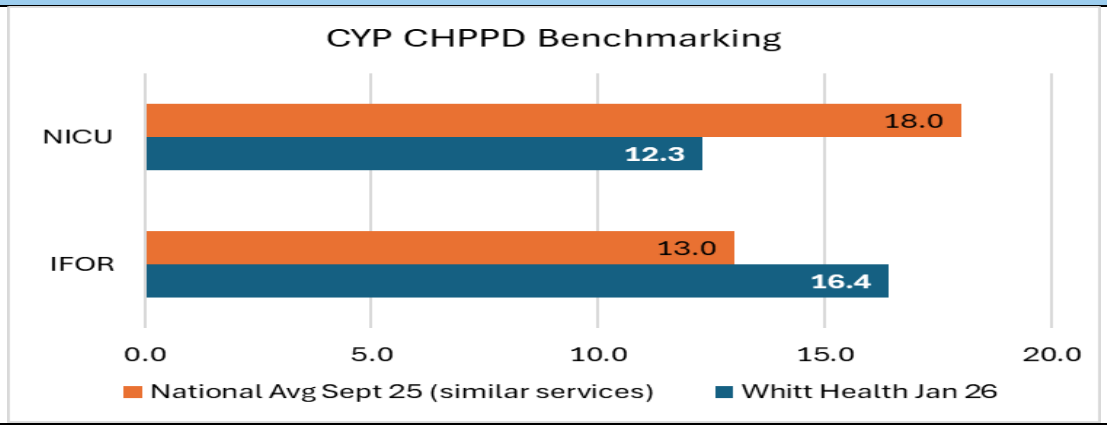
Table 2 – CYP CHPPD	Narrative
	CHPPD on NICU was below national average as a result of reduced activity/cot occupancy. CHPPD on Ifor ward has been consistently above the national average. The main reason has been the Enhanced Care cover with HCAs to care for CAMHS patients.

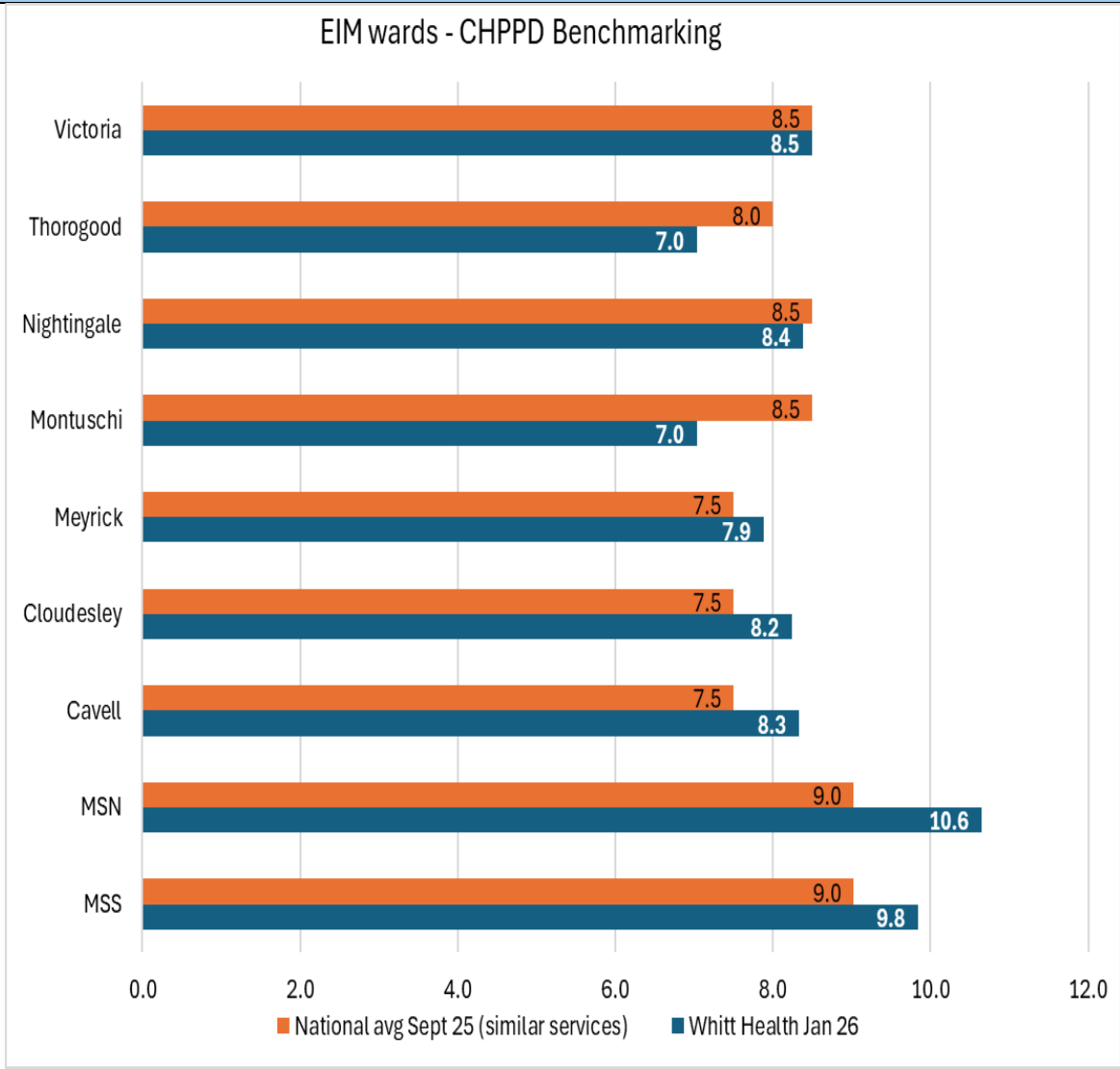
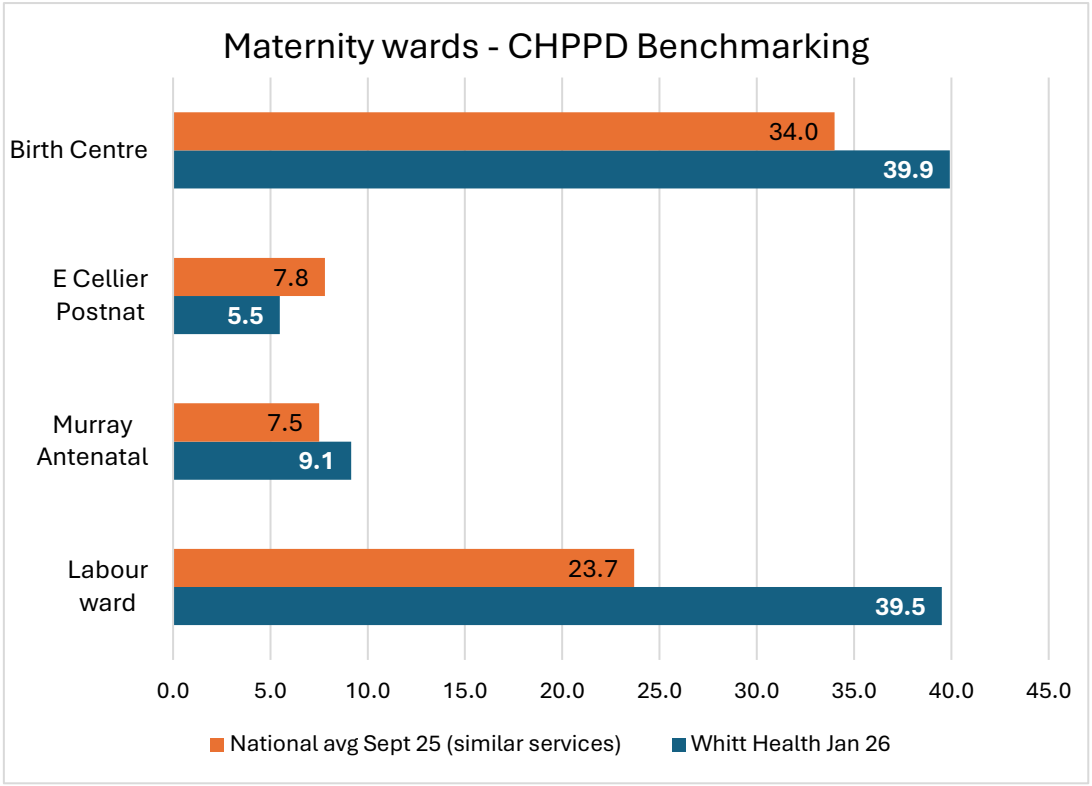
Table 3 – EIM CHPPD	Narrative
	There is a mixed picture of how local CHPPD compares to national average. There is a big variance with the national average CHPPD on the AAUs (MSS, MSN). High activity with MH patients. CHPPD on Victoria and Nightingale wards align with the National average. Cavell, Meyrick, and Cloudesley wards exceed the national average by less than 1 unit. Common rationale has been the high acuity and requirement for EC. CHPPD on Montuschi was below the national avg. Acuity of patients is lower than in standard cardiology wards.

Table 4 – Maternity CHPPD	Narrative
	CHPPD takes account of mothers and babies. CHPPD on Cellier ward has been consistently below the national avg. CHPPD include all staff on roster plus NIPPE and transitional care Nurses. Very high CHPPD in Birth in comparison to the national average for several consecutive establishment review rounds but Centre improved compared to previous reporting periods. Staff redeployments from Birth Centre are not always reflected in the eRoster, therefore there is a degree of excessive calculation of the CHPPD for the setting and potentially undercalculation for Cellier and Murray wards. CHPPD at Labour ward also significantly above the national average.

Appendix 4 - Outcome summary tables (Enhanced Care included in SNCT recommendations where applicable).
Table 1: Surgery and cancer

Table 2: Children and Young People

Tables 3a and 3b: Emergency and Integrated Medicine

Table 4: Site Team

Table 5: (ACW) Maternity Services

Table 6: (ACW) Outpatients

Table 7: (ACS) District Nursing Teams

Table 1 – Surgery & Cancer (S&C)							
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment recommendation as per Jan 26 SNCT Audit (WTE)** Inc Enhance Care	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**	**Outcome from Establishment review meetings**
						Day / Night	
Coyle ward	Non-elective orthopedic, trauma, general surgery.	26 beds	47.39 wte 28.49 wte **R** 18.44 wte **U**	44.98 wte 32.39 **R** 12.59 **U**	SNCT, NQB, RCN critical Ratio 1RN:8pt	1:5 / 1:5	No change
Mercers ward	Surgical ward for **spinal, bariatric**, emergency laparotomies, 8 single-rooms	18 beds	30.12 wte 18.8 wte **R** 11.30 wte **U**	25.23 wte 18.17 wte **R** 7.07 wte **U**	SNCT, NQB, RCN critical Ratio 1RN:8pt	1:5 / 1:5	No change

Critical Care Unit (ICU)	Care of patients with single/multiple organ failure. Fluctuating occupancy above bed-base. 4 single rooms	10 (+2)	67.21 Reg **R**	Not applicable	Intensive Care Society: 77.9 wte - 12 beds	1:1 for Level 3 1:2 for Level 2	No Change

Table 2 – Children and Young People (CYP)								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment recommendation as per Jan 26 SNCT Audit (WTE)** Inc Enhance Care	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**		**Outcome from Establishment review meetings**
						Day	Night	
Ifor ward	For children with acute physical & mental health illness.	19 beds	39.7 wte 31.41 wte **R** 8.29 wte **U**	34.10 wte 26.1 wte **R** 8 wte **U** **Plus 4 WTE RN for PDN, w/m, matron d/c coordinator**	RCN/NQB guidance for 19 patients 47.5 wte (36.5 RNs, 11 HCAs)	1:3	1:4	To Support NICU as activity allows No change
Neo Natal Unit (NICU)	Funded for 6 Level 3, 6 Level 2 and 11 special care cots	23 cots	61.18 wte 55.38 wte **R** 6.0 wte **U**	Not applicable	RCN/NQB guide - 23 cots 67.40 wte (90% RNs)	1:1 - Level 3 1:2 - Level 2 1:4 - Sp Care		To support Ifor staffing as activity allows No Change

Table 3a - Emergency & Integrated Medicine (EIM) – ED, Urgent care, and AAU								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment recommendation as per Jan 26 SNCT Audit (WTE)** Inc Enhance Care	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**		**Outcome from Establishment review meetings**
						Day	Night	
ED- Adult	Emergency department	230 avg attend/day Jan-Sept 2025	100.08 wte 70.79 wte **R** 29.29 wte **U**	97.8 wte 83.1 wte **R** 114.7 wte **U**	ED SNCT NICE 2015 & NQB 2018	1:1 in resus 1:2-4 in majors		Review skill mix
ED- Paeds	Emergency department	61 avg attend/day Jan-Sept 2025	15.78 wte **R**	25.3 wte **R**	ED SNCT RCPCH 2022 & RCN 2024	Min 2 children nurses per shift Total Dep 2:1 High Dep 1:1 Moderate Dep1:2 Low Dep 1:3.5		4 RNs in all shifts now approved.
SDEC/Amb care	Ambulatory and same day care		19.49 wte 14.25 wte R 5.24 wte U	Not applicable	Activity, performance & professional judgement	Not applicable		Separate SNCT data for ED SDEC in next collection
Urgent Care Centre	Consisted of ACPs, ENPs & RD PDNs		12.78 wte R	Not applicable	Activity, pathways, performance & professional judgement	Not applicable		No change
Acute Assessment Units (AAU)	For patients admitted from ED and require assessment and treatment prior to discharge or transfer to a ward	34 beds	72.01 wte 41.46 wte **R** 30.55 wte **U**	72.4 wte 52.15 wte **R** 20.28 wte **U**	RCN critical minimum Ratio 1RN:8pt N/A for AAUs	1:4.2	1:5.6	No change
Mary Seacole North (AAU)		16 beds	36 wte 20.73 wte **R** 15.28 wte **U**	33.55 wte 24.16 wte **R** 9.40 wte **U**	RCN critical minimum Ratio 1RN:8pt N/A for AAUs	1:4	1:5.3	
Mary Seacole South (AAU)		18 beds	36.01 wte 20.72 wte **R** 13.28 wte **U**	38.88 wte 28 wte **R** 10.89 wte **U**	RCN critical minimum Ratio 1RN:8pt N/A for AAUs	1:4.5	1:6	

Table 3b - Emergency & Integrated Medicine (EIM) – Inpatient wards								
Ward/ clinical setting	**Description**	**Funded Bed capacity**	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment recommendation as per Jan 26 SNCT Audit (WTE)** Inc Enhance Care	**Professional Bodies &/or guidelines recommendations**	**Registered staff to patient ratio (per roster planning)**		**Outcome from Establishment review meetings**
						Day	Night	
Cavell ward	Care of Older People (COOP), high % of pts dependent or require EC.	24 beds	44.21 wte 17 wte **R** 27.21 wte **U**	49.89 wte 24.94 wte **R** 24.94 wte **U**	RCN critical minimum Ratio 1RN:8pt 17.4 WTE RNs	1:6	1:8	No change
Cloudesley ward		25 beds	44.22 wte 17 wte **R** 27.22 wte **U**	52.67 wte 26.34 wte **R** 26.34 wte **U**	RCN critical minimum Ratio 1RN:8pt 17.4 WTE RNs	1:6	1:8	No Change
Meyrick ward		25 beds	44.21 wte 17 wte **R** 27.21 wte **U**	50.18 wte 25.09 wte **R** 25.09 wte **U**	RCN critical minimum Ratio 1RN:8pt 17.4 WTE RNs	1:6	1:8	No change
Montuschi ward	Cardiology ward with 4 Coronary Care beds.	17 beds	23.38 wte 14.79 wte **R** 8.59 wte **U**	28.87 wte 20.79 wte **R** 8.08 wte **U**	RCN critical minimum Ratio 1RN:8pt 11.7 RNs wte	1:6	1:6	No change
Nightingale ward	Respiratory care, 4 Level 2 beds, 9 side-rooms.	23 beds	40.10 wte 19.50 wte **R** 20.60 wte **U**	39.14 wte 28.18 wte **R** 10.96 wte **U**	RCN critical minimum Ratio 1RN:8pt 16 RNs wte	1:5	1:6	No change
Thorogood ward	Medical ward for patients with low acuity and Haematology patients.	20 - 25 beds Bed Occupancy 27	46.6 wte 26.00 wte **R** 20.60 wte **U**	48.89 wte 29.33wte **R** 19.56 wte **U**	RCN critical minimum Ratio 1RN:8pt 18 RNs wte	1:5	1:6	Funding Oct-March No change
Victoria ward	Acute medical ward for gastro, endocrine conditions.	20 - 25 beds	45.42 wte 23.30 wte **R** 22.12 wte **U**	40.77 wte 28.57 wte **R** 12.23wte **U**	RCN critical minimum Ratio 1RN:8pt 18 RNs wte	1:5	1:6	No change

Table 4 – Site Team				
Ward/ clinical setting/ service	**Description**	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment guidelines and/or recommendations**	**Outcome from Establishment review meetings**
Site Team	Trust Site and Bed management. Bronze on Call	11.2 WTE - Registered	There are no published guidelines or recommendations. Benchmarking might be challenging due to varied sizes of the organizations and the Job Descriptions of the teams	Cover the gap of 11.5% headroom for AL and Floor coordinator on Sunday day. 0.8WTE band 7

Table 5 – (ACW) Maternity Summary							
Service	**Description**	**Annual Births activity**	**Additional Annual Intrapartum Activity** (inc postnatal readmissions, antenatal cases requiring 1:1 etc)	**Funded Establishment Jan 26 (wte)** **R**: Registered **U:** Unregistered	**BirthRate Plus workforce assessment Nov 2023**	**Professional Bodies & guidelines (wte)**	**Outcome from Establishment review meetings**
Maternity	Acute and community maternity services	2983 (TBC)	508 (TBC)	208.23 wte 161.77 wte **R** 46.46 wte **U**	171.02 wte	BR+ endorsed by NICE, RCM & RCOG	BirthRate Plus Workload assessment and establishment assessment is due by November 2026

Table 6 – (ACW) Outpatients				
Ward/ clinical setting/ service	**Description**	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment guidelines and/or recommendations**	**Comments, recommendations, actions, proposed changes from Establishment r/v meeting**
Gynae OPD	Gynae outpatients and Women Diagnostic Unit	27.17 wte 17.77 **R** 9.4 **U**	Telford Method, a professional judgment-based approach that takes into consideration service activity, workflow, allowance for absence.	No change
Outpatient Nursing	Outpatient Clinics	22.15 wte 11.07 **R** 11.08 **U**		No change

Table 7 – (ACS) District Nursing Teams			
Ward/ clinical setting/ service	**Funded (WTE) Establishment Jan 26** **R**: Registered inc NAs **U:** Unregistered inc Band 4	**Establishment recommendation per Jan 26 CNSST Audit (WTE)**	**Outcome from Establishment review meetings recommendations**
Haringey Central	17.05 wte 11.2 **R** 5.85 **U**	15.2 wte 11.4 **R** 3.8 **U**	Case review & skill mix review
Haringey East	24.4 wte 10.89 **R** 13.51 **U**	24.4 wte 18.3 **R** 6.1 **U**	Case review & skill mix review
Haringey West	27.11 wte 17.75 **R** 5.85 **U**	25.5 wte 19.1 **R** 6.4 **U**	Case review & skill mix review
Haringey Twilight	7.15 wte 3.84 **R** 3.32 **U**	10.9 wte 8.2 **R** 2.7 **U**	Case review & skill mix review
Haringey Triage		**1.7 R wte**	Allocate WTE demand to the teams
Islington Central	33.46 wte 21.86 **R** 11.6 **U**	21.1 wte 15.8 **R** 5.3 **U**	Case review & skill mix review
Islington North	18.73 wte 18.27 **R** 7.0 **U**	21.2 wte 15.9 **R** 5.3 **U**	Case review & skill mix review
Islington South	17.05 wte 10.73 **R** 8.0 **U**	17.8 wte 13.3 **R** 4.4 **U**	Case review & skill mix review
Islington Twilight	8.43 wte 4.12 **R** 4.31 **U**	11.2 wte 8.4 **R** 2.8 **U**	Case review & skill mix review
Islington Triage		**1.7 R wte**	Allocate WTE demand to the teams

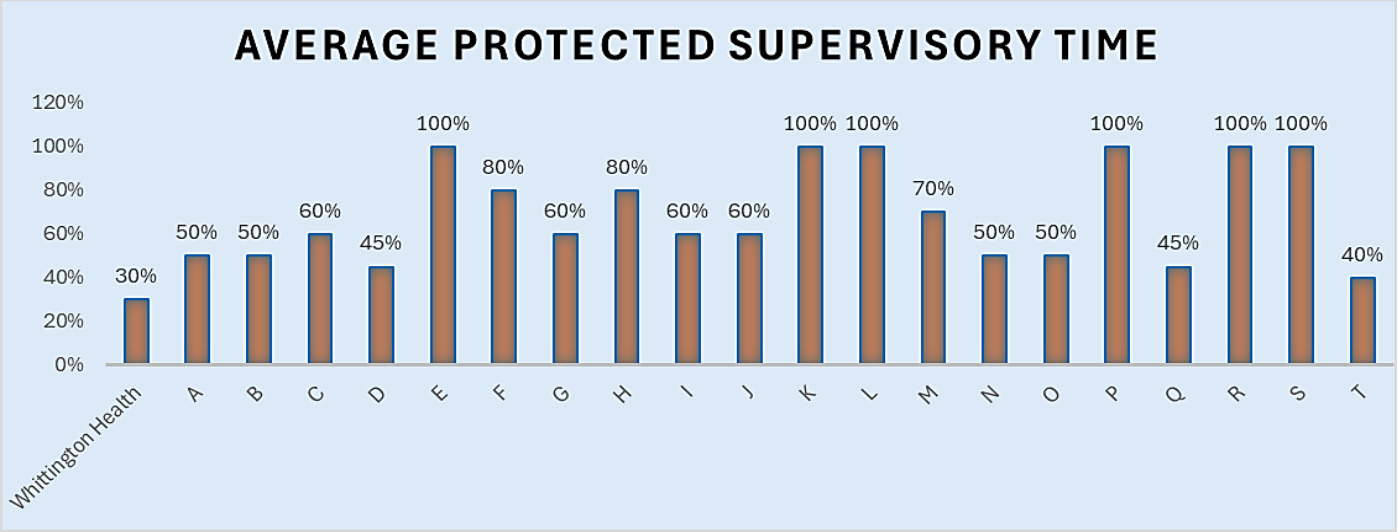
Appendix 5: Benchmarking Analysis: Protected Management Time for Ward/Unit Managers

Overview

The dataset contains benchmarking information from multiple NHS Trusts on **protected management/supernumerary time** allocated to Ward Managers.

Values range from **20% to 100%**, with wide variation depending on:

- Size of the ward
- Specialty
- Presence of multiple Band 7s
- Clinical demand and staffing escalation policies
- Organisational expectations (e.g. Francis recommendations)



Organisation	**average** protected supervisory time	Protected Supervisory time for ward/unit manager with breakdown and comments	Comments
Whittington Health	30%	20% of wte for wards under 20 beds. 40% for wards equal to or over 20 beds	Additional time is given as required. Ward managers occasionally are pulled into the clinical numbers when staffing risk dictates (staffing escalation policy)
A	50%	40% of their time within the clinical care giving numbers and 60% supervisory	Part of the clinical numbers for 5 Long shifts per roster (40%) including 1 night or w/end. Aim to support junior staff and learners and engaging with staff at all shifts and ensuring quality and safety
B	50%	60% or 40% for wards under 20 beds/smaller establishments. Areas with more than 1 band 7 will have an agreed % of management time shared between all the band 7 (e.g. ED/ITU)	This time is not fully protected and ward managers will be pulled into the clinical numbers when staffing risk dictates (as per staffing escalation policy).
C	60%	50-75% protected/supervisory time for Ward/Department Mangers	Some areas such as theatres and Critical Care the WM will only have 10-20% protected time (but several Managers per team ?)
D	45%	1.5% of total establishment. Epectation is that minimum 60% of this total is allocated to WM and the remainder to SSN/Jnr Sr	SOP in place to get authorised an additional day if HR and other issues to manage. All our appraisals get done within a small window of time so extra time is allowed for this.
E	100%	100%	All Ward managers are supernumerary
F	80%	All ward managers are expected to do 1 x clinical shift in the numbers a week, rest is management time -80%	Ward managers can work additional clinical hours in the numbers to mitigate risk when staffing low
G	60%	60% of wte management	Additional time is given as required. Ward managers occasionally are pulled into the clinical numbers when staffing risk dictates
H	80%	80%, 30 hrs a week management, 7.5 hours clinical	This is the start point every day in staffing safecare huddle if staffing is reduce ward managers are deployed. It is fair to say our wards managers are regularly working clinically.
I	60%	60% supernumerary time for our ward managers	This may be spread between the team, i.e.. a day of this given to each band 6 once a month for leadership skills development
J	60%	60% supernumerary time for our ward managers	This may be spread between the team, i.e.. a day of this given to each band 6 once a month for leadership skills development
K	100%	100% inpatient areas, Variable for OPA	1 WTE for each inpatient area, that the ward manager then shares with their team to allow management time and supernumerary support. For OPA we do not have standardisation
L	100%	100%	ward managers are not included in the clinical numbers but troubleshoots and cover only if staff unavailable due to sickness
M	70%	100% for large units of 36 beds, 40% for Medical, 40-60% for Surgical areas	Individually assessed within workforce reviews per cross site speciality and ward configuration. There is currently a larger steer on wanting all wards 100% supervisory but we just cannot afford that

N	50%	50%	Equal split of clinical and management time
O	50%	50%	
P	100%	100%	
Q	45%	40% supervisory for adult wards, 50% ED, Critical Care and Paediatrics / Neonatal	Ward managers are deployed into the clinical numbers to mitigate short notice roster gaps, increased acuity etc. **Ward Managers for Peads wards cover Peads ED**
R	100%	100% supervisory per Francis recommendation 195	Stepping in the numbers when needed
S	100%	100%	Ward Managers are expected to support safer staffing numbers when shortfalls occur that cannot be filled/mitigated
T	40%	Ward Managers work 2 days per week managerial and 3 days per week clinical	We advocate for ward managers to be at least 75% managerial as the current split is not congruent to the demands of a ward manager.

Key Benchmarking Insights

- Protected management time ranges from 20% to 100% with 60% being the most common.
- Several Trusts provide 100% supervisory status as standard.
- *Whittington Health is the lowest of all organisations benchmarked, at average of 30% (20-40%), creating operational and governance risk.*
- Many Trusts note that protected time is compromised by staffing pressures; however, they still *start* with more protected time.
- Specialist and paediatric settings require higher management allocation: 60-100%
- Mental Health Services: Around 80% but often not fully protected

Summary:

Whittington Health is a significant outlier with substantially lower protected time, risking:

- Manager burnout
- Reduced oversight of governance, quality, safety
- Limited time for carrying out essential aspects of the role and professional development
- Poorer retention of Band 7 leaders

Next steps:

- Options appraisals - Consider increase to Minimum Benchmark of 60%
- Present Benchmarking Summary to stakeholders
- Identify Ward-by-Ward Need at the upcoming establishment review discussions

Appendix 6: Nursing & Midwifery yearly Establishment Review and Safer Staffing Processes Timeline 2026/2027