

Board of Directors

SUMMARY REPORT

Meeting Date: 22nd March 2023
Agenda Item: 15

Report Title:	Safe Staffing Biannual Review and Declaration July - December 2022	
Author(s):	Simon Barnitt, Head of Nursing Rehabilitation and Specialist Directorate	
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Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	People Committee Quality Assurance Committee
	Date:	7 th March and 8 th March respectively.
Key points/ recommendations from those meetings	The People Committee requested a future paper to understand how the 'live' staffing decisions are undertaken in view of the high actual versus planned staffing percentages reported within the acute and older adult wards each month.	

Summary of key points in report

The Organisation complies with the requirements of NHS England, the CQC, and the NQB safe staffing guidance. Compliance has been achieved through completing a safe staffing review using an evidence-based tool, recommencing the reporting of safer staffing information on the organisation's website, and commencing biannual safer staffing board reports.

This report presents the outcomes of the second full review of safer staffing requirements within our inpatient wards covering the period from July to December 2022 and a forward plan for the next 6 months.

Demonstration of compliance is achieved through a description of the work that has taken place since the full safe staffing review (December 2021) and 6 monthly update (August 2022) with regards to ward-based nurse staffing levels in the Organisation.

From the information available, it can be concluded that:

- The Organisation now complies with the requirements of NHS England, the CQC, and the NQB Guidance
- Staffing across professional groups in the organisation continues to be one of the areas of highest risk and is demonstrated on the Board Assurance Framework (BAF 0024).
- Recruitment remains an issue for all disciplines, specifically high levels of vacancies are noted for Registered Nurses, Psychology, Occupational Therapy and Nursing Associates. Centralised recruitment has enabled Health Care Support Workers to be fully recruited to.
- SHSC is engaged in several initiatives which are aimed at building a safe and sustainable workforce through the development of new roles, international recruitment, and a regional

approach to employing Health Care Support Workers.

- A thorough review of available data analysed within the establishment review process shows little evidence of correlation between staffing levels and patient safety issues however quality of care is impacted upon via cancelled activity such as escorted leave from the ward.
- Many wards are routinely utilising excess staffing above that of their agreed baseline establishments. Analysis via the Mental Health Optimum Staffing Tool (MHOST) suggests that additional staffing is required in some areas based on the acuity & dependency levels of the patients. We also need to better understand the impact of temporary staffing on this position.
- Environmental aspects within the wards continue to be an issue as these require one staff member per shift on some wards.
- A review of the impact of 12-hour shift working has found that from 7pm until midnight activity remains high however during this period staffing decreases to a reduced night number, a twilight shift is to be considered to mitigate this deficit and risk.

Recommendation for the Board/Committee to consider:

Consider for Action	x	Approval		Assurance	x	Information	
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This Safe Staffing Review provides assurance that there is a robust and reliable process in place for reviewing and reporting on safe staffing within our inpatient services, that we have identified the areas of need and have a plan to address these.

The Board is asked to receive this report.

Please identify which strategic priorities will be impacted by this report:					
Covid-19 Recovering effectively	Yes	x	No		
CQC Getting Back to Good – Continuing to improve	Yes	x	No		
Transformation – Changing things that will make a difference	Yes	x	No		
Partnerships – working together to make a bigger impact	Yes	x	No		
Is this report relevant to compliance with any key standards?			State specific standard		
Care Quality Commission Fundamental Standards	Yes	x	No		
Data Security and Protection Toolkit	Yes		No	x	
Any other specific standard?	Yes	x			National Quality Board 2016 - Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time.
Have these areas been considered? YES/NO				If Yes, what are the implications or the impact? If no, please explain why	
Service User and Carer Safety and Experience	Yes	x	No		If we do not have staff with the right skills in the right place at the right time, then the delivery of safe and effective care may be compromised leading to a substandard experience.
Financial (revenue & capital)	Yes	x	No		The financial implications and recommendations for safe staffing are examined in this paper.
Organisational Development / Workforce	Yes	x	No		The workforce impact on quality of care is highlighted in the paper.
Equality, Diversity & Inclusion	Yes		No	x	The explicit EDI impacts are not discussed in this paper.
Legal	Yes	x	No		Failure to achieve compliance is a breach of the requirements of the Health and Social Care Act.
Sustainability	Yes	x	No		No implications or impact.

Section 1: Analysis and supporting detail

1. Background

- 1.1 In 2013, the National Quality Board (NQB) set out 10 expectations and a framework within which organisations and staff should make decisions about staffing that put patients first. In 2016, to support the NHS Five Year Forward View, the NQB released further 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'.
- 1.2 The NQB guidance requires an organisation's Board to ensure there is sufficient and sustainable staffing capacity and capability to always provide safe and effective care to patients, across all care settings. In addition, NHS Boards should ensure that there is an Annual Strategic Staffing Review, with evidence that this is developed using a triangulated approach; and that it takes account of all the healthcare professional groups and is in line with financial plans. To support this there is also a requirement for a 6-month review.
- 1.3 This report provides assurance through a description of the processes implemented with regards to understanding staffing levels through an analysis of staffing, patient safety, patient experience and financial information, for the period of the review (1 July – 31st December 2022).
- 1.4 The format of this report follows the NQB Guidance (2016), in that it outlines: the right staff, with the right skills, in the right place, at the right time.

Safe, Effective, Caring, Responsive and Well-Led Care		
<p>Measure and Improve</p> <ul style="list-style-type: none"> - patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback - 		
<ul style="list-style-type: none"> - Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing - 		
Expectation 1	Expectation 2	Expectation 3
<p>Right Staff</p> <ul style="list-style-type: none"> 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers 	<p>Right Skills</p> <ul style="list-style-type: none"> 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention 	<p>Right Place and Time</p> <ul style="list-style-type: none"> 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

- 1.5 Work across the organisation to ensure there is appropriate oversight of safer staffing levels has two key components:

- i) The identification of minimum staffing levels for each inpatient ward on a biannual basis based on the Mental Health Optimum Staffing Tool (MHOST) alongside professional judgement and quality measures.
- ii) The monitoring of fill rates of nurses against the minimum staffing levels set on a shift-by-shift, week-by-week, and monthly basis, with appropriate oversight, scrutiny, and actions against the fill rates (this is reported to the NHS Benchmarking as planned versus actual staffing). The outcome of this is also required to be published on our website.

Section 2: TRIANGULATED APPROACH TO STAFFING DECISIONS

2.1 Workforce planning

- 2.1.1 The NQB guidance requires Organisation Boards to ensure that there is an Annual Strategic Staffing Review, with evidence that this is developed using a triangulated approach. The Safe Staffing (establishment) reviews were undertaken in December 2022 with each inpatient service line and were attended by the Head of Nursing, General Manager, Modern Matron, Ward Manager, a senior Finance representative, the Business and Performance team and a senior eRostering representative. Where possible AHP colleagues were also represented.
- 2.1.2 Prior to the meeting, the Review members were provided with a range of information (including patient safety and experience data, performance data, staffing data and finance reports). On the day of the Review, the group members discussed the data with a particular focus on patient safety, experience, and quality of care.
- 2.1.3 This is the second iteration of this process following training in 2021 by NHSE in the methodology. For the purpose of the 2021 review patient acuity and dependency recording was undertaken for all wards at two agreed times, two weeks in September and November 2021. It is notable that the recording of acuity and dependency has continued beyond the 2021 review allowing selected periods in March, September, and October 2022 to be utilised.
- 2.1.4 The Terms of Reference for the Review are contained within the Clinical Establishment Review Policy.
- 2.1.5 The Director of Nursing, Head of Nursing, General Manager and Ward Manager met to discuss the analysis and agree outcomes of the review for each area on the 12th and 13th January 2023.

2.2 Competent and capable workforce

- 2.2.1 The NQB guidance states that Boards should ensure that clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and that there is a staffing resource that reflects a multi-professional team approach. Decisions about staffing should be based on delivering safe, sustainable, and productive services. In addition, clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise where there is an identified need or gap.

- 2.2.2 All new starters in the organisation are provided with a corporate induction and a local, service-based induction. The corporate induction includes the elements of Mandatory and Statutory Training that are essential to their role.
- 2.2.3 Each Clinical Directorate reviews its training compliance monthly at its Quality and Performance Review. Where areas of non-compliance are identified, staff are supported to ensure they undertake the required training, and the Training Team offers flexible approaches to the provision of education and training. There is also specific focus for acute and picu services through the Back to Good Board due to lower levels of compliance.
- 2.2.4 In addition to mandatory training, SHSC has several training and continuous professional development opportunities for staff to enhance the skills of the workforce. The Training and Education Department is well engaged with the National Apprenticeship Programme and has good working relationships with all the surrounding universities (e.g.: University of Sheffield and Sheffield Hallam); staff can access higher training at these establishments.
- 2.2.5 The Director of Nursing, in conjunction with the Heads of Nursing is launching the Nursing Plan to promote a sustainable workforce into the future, the strategy consists of four priorities for nursing.
- Deliver the highest standards of professional practice.
 - Ensuring person centred care through continuous improvement
 - Inspire and support professional development across nursing roles and structures.
 - Attract and retain a diverse nursing workforce by being an employer of choice in the region.
- 2.2.6 Examples of other staff opportunities are:
- A preceptorship programme for staff who are undertaking new roles in the organisation, as well as being in place for newly qualified professionals which links to the Edward Jenner leadership programme.
 - Clinical skills training, which diversifies staff roles for both professionally qualified staff and support staff.
 - External leadership courses for all levels of staff with a plan to develop internal equivalents. (Ward Managers Development programme, NHS Leadership Academy, Compassionate Leadership Course)
 - Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding.
 - Access to the Professional Nurse Advocate programme with an ambition to have one PNA in every clinical team. A PNA lead has recently been recruited and there are 12 trained PNA's with 4 trainees currently.
 - Leadership Development Forum for leaders and managers who are at Band 8a and above focusing on a range of topics and workshops.
 - Modern Matron and Service Manager Network and development days, which supports the organisation's managers to explore issues of professional practice and service development.
 - Clinical, professional, and managerial supervision to support safe clinical practice.
 - The introduction of a number of reflective practice initiatives with many being led by psychology colleagues.
 - Access to the Research Team, who support research and service evaluation as well as providing educational sessions and conferences.
 - Access to a journal club.

- Development of a Nursing Bank Forum to support the professional development and growth of SHSC temporary nursing staffing bank.

2.3 Workforce utilisation

- 2.3.1 The NQB guidance states that NHS Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at Board level, if concerns arise
- 2.3.2 It is worth observing that, over the course of the reporting period, there were a high number of shifts where staffing levels exceeded the minimum safe staffing levels. This was due to the reported high levels of patient observations, increases in patient acuity and dependency; or to manage specific, clinical situations.
- 2.3.3 Analysis of the monthly staffing returns has highlighted that there are a cluster of wards that are consistently going above their planned staffing. The example below is from November however the figures are similar each month. The acute and older adult wards are utilising a high proportion of additional support worker shifts to maintain safety and cover gaps in registered nurse provision with several wards not meeting their planned registered nurse number. This snapshot of actual staffing does not report on how the gaps in planned registered nursing may have been mitigated by Matrons, Ward Managers and Advanced Clinical Practitioners who do not make up part of the planned RN number.

Ward Name	Day		Night	
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)
Total	92%	143%	93%	178%
Burbage	105%	169%	85%	264%
Maple	69%	337%	91%	267%
Stanage	112%	126%	87%	239%
Endcliffe Ward	86%	102%	100%	123%
Dovedale 1	100%	110%	74%	174%
Forest Close Ward 1	107%	113%	101%	123%
Forest Close Ward 3	92%	118%	100%	100%
Forest Lodge Assessment	80%	110%	100%	108%
Forest Lodge Rehab	91%	86%	100%	100%
G1	92%	219%	98%	263%

- 2.3.4 The reasons for the variances in the fill rates against the number of shifts that were required are discussed at the Quality and Performance Reviews, the reasons with the most impact are identified below:
- Acuity and dependency levels of service users
 - Vacancies, particularly across the Registered Nurse establishment.
 - Short-term sickness absence, usually at short notice.
 - Long-term sickness absence including Long Covid
 - Maternity leave.
- 2.3.5 eRostering support and challenge meetings take place monthly and are chaired by the respective Head of Nursing. Rosters are reviewed against set parameters with the ward managers and matrons prior to being approved with 6 weeks lead time. This process has demonstrated improvements in the ability of ward managers to roster effectively and efficiently. There remains a need to build on this process in order to move to a real time assurance system based on live acuity, dependency, and other metrics such as is available via the SafeCare live system.
- 2.3.6 Bank and agency availability, whilst an improved position, continues to be subject to cancellations and refusal to move from their booked shift to another ward / area.

- 2.3.7 There continues to be a lack of consistency with regards to the 'make up' of each ward in terms of the multidisciplinary elements specifically activity co-ordinators, O/T provision. The numbers of band 6 staff and Nurse Associates was amended in the 2021 establishment review and is now consistent. Whilst the non-nursing roles may not directly relate to safe staffing, they do impact upon the quality of the care provided.
- 2.3.8 The use of agency staff is a focus for the cost improvement programme aligned to improving the quality of nursing care by utilisation of bank staff and ensuring robust confirm and challenge of additional staffing requests. Ward managers and matrons have been working closely with Heads of Nursing since the new year to scrutinise roster fulfilment and additional staffing requests. This is reducing some of the additional staffing requests.
- 2.3.9 Further work is required in the next 6-month period to introduce a monthly safer staffing overview as part of the IPQR; this work will include red flag indicators for safer staffing breaches and patient safety concerns.

Section 3: Annual Strategic Staffing Review Update

3.1 Update on previous actions.

- 3.1.1 The clinical establishment review December 2021 and subsequent skill mix and headroom review were applied to ward budgets in September 2022. These changes were within the existing financial envelope.
- 3.1.2 The skill mix review was designed to provide a pathway through nursing roles, from band 2 Health Care Support Worker, allowing each role to work at the highest end of their competency. The uplifting of inpatient Health Care Support Workers to Band 3 is currently within its consultation phase.
- 3.1.3 A lead has been recruited for the support worker pathway and a working group is reviewing and developing the recruitment, onboarding, induction, development, and career pathways for this group.
- 3.1.4 Following engagement during 2022 the 2021 recommendation for Advanced Clinical Practitioners to be within the 'on duty' numbers of each ward has been revised as it did not meet the expected requirements for this role. A band 7 clinical lead role was unilaterally supported within the winter 2022 establishment review and can be advanced without requirement for consultation as there are no impacted staff currently in role. This role will work one weekend in four, co-ordinating across the clinical teams to give senior clinical nursing cover/advice every weekend across SHSC inpatient wards.
- 3.1. Consultation is required with ward managers as 2021 CER required ward managers to work one clinical shift per week. This is a change for all ward managers as a required expectation. Consultation may also be required with band 6 staff who will be required to work an agreed number of weekends, in a 4-week period, to support senior leadership cover for the wards.
- 3.1.5 We continue to develop our 'grow your own' schemes including introducing a Level 2 NVQ apprenticeship in care for all Band 2 Non-Registered Nurses, an opportunity to improve / harness skills and to promote the Trainee Nurse Associate programme (TNA). We have supported candidates interested in the TNA programme to undertake their functional skills / GCSE maths and English as this is a re requisite for the Nurse Associate training programme. We are also supporting candidates on to the Registered Nurse Apprenticeship programme.

- 3.1.6 The Organisation has supported centralised nursing recruitment via a dedicated lead which has managed to recruit to all inpatient healthcare support worker vacancies. Nursing posts remain difficult to recruit to with only 1 nurse recruited centrally from within the UK between July – Dec 2022. The first 2 international nurses have commenced in the organisation with a further 14 mental health nurses and acute care nurses pending for both inpatient wards and care homes.
- 3.1.7 Work has commenced to support and develop the role of Nursing Associates within the Organisation to fully utilise this role within the inpatient wards. Expert reference panels have been arranged with nurse associate representation to understand the full applicability of the role. The internal applications for this trainee programme were low and only one person was taken on for the next cohort. Academic preparation sessions are to be provided to enable support workers to understand the requirements for study.
- 3.1.8 A safe staffing / eRoster steering group has now commenced.
- 3.1.9 A daily ward safe staffing huddle has been commenced which identifies staffing issues for the coming week, a critical staffing situation report and action log is circulated which covers all inpatient areas.
- 3.1.10 The planned versus actual staffing is now provided as information within clinical directorate performance reviews for acute and older adults.
- 3.1.11 An agency reduction group has commenced which has embedded an agency cascade process, increased the numbers of agencies available for use within capped rates and enabled weekly reporting on agency use.
- 3.1.12 Bank rates of pay were increased to the top of each band in December 2022 to incentivise and increase internal staffing cover arrangements which is known to be of better quality than agency.
- 3.1.13 Training sessions completed for ward managers and matrons on the optimisation of eRoster and the inputting of acuity and dependency scoring.

3.2 Inpatient Ward Establishment reviews July to December 2022

- 3.2.1 The recommendations for staffing numbers are based upon the MHOST which is a nationally endorsed evidenced based tool for understanding the care hours required to support service users based on their acuity and dependency. The data provided via the MHOST was reviewed alongside professional judgement and quality metrics such as incidents, vacancies, retention, sickness, training, supervision, and service user feedback to develop the 'perfect ward' skill mix.
- 3.2.2 The wards for which the MHOST establishment review, the NHSI safe staffing analysis and professional judgement suggest low assurance and therefore an increase in the nursing establishments is necessary are:

Burbage Ward
Dovedale 2
Ward G1

These wards have a required increase of 1 staff member per shift for the entire 24-hour period.

- 3.2.3 The wards for which the MHOST establishment review, the NHSI safe staffing analysis and professional judgement suggest adequate or good assurance and therefore safe staffing is in place are:

Endcliffe Ward

Maple Ward

Dovedale 1

Forest Close wards 1, 1a and 2

Forest Lodge wards for Assessment and Rehabilitation

- 3.2.4 The introduction of 12-hour shift patterns was noted to impact on safe staffing levels after 7pm whereby lower night staffing numbers are present however the activity remains high. Three wards for whom this has a particular impact and consideration for a twilight shift is required are:

Burbage Ward

Dovedale 2

Maple Ward

Use of 12-hour shifts is not mandated across the wards as it is imperative that staff are attracted to flexible working arrangements. It does however reduce some costs, which may be subsequently lost due to the need to have a twilight shift to support good patient care. It is therefore likely that any cost efficiencies associated with long days is mitigated by the need for shorter twilight shifts to prevent lower staffing at peak patient activity times.

- 3.2.5 The Heads of Service, General Managers and Finance have costed the impact of the recommendations however these cannot be accommodated within the current financial envelope and there is a £378k deficit relating to 15.5 whole time equivalent staff, as demonstrated in the table in section 6.2 Financial Implications.
- 3.2.6 Further analysis is required understand the impact of temporary staffing in relation to quality and safety, the recommended staffing increases do not meet the staffing levels currently in use via bank and agency. Further work is required to understand the use of engagements and observations as a patient safety mitigation tool to reduce risks of harm to patients. A new policy which supports use of zonal observations is being piloted on G1. The main rationale for requesting additional staff is to support enhanced engagement and observation levels on the wards.
- 3.2.7 It should also be noted that several wards utilise a staff member each shift to assure safety due to environmental issues such as garden access, access to trees (ligature anchor points) and safety checks. Further consideration needs to be given to the environmental challenges that require planned staffing to be deployed to manage risk and whether use of nursing support hours is an appropriate use of nursing time.

3.3 General recommendations and next steps

- 3.3.1 The staffing model recommendations are to be provided to the Heads of service and General Managers for consideration as to how to achieve safe staffing including utilisation of the multidisciplinary team.
- 3.3.2 From the information considered by the Review Group, several general recommendations were made which are outlined below:
- A band 7 clinical lead post should replace the planned advanced clinical practitioner post within the 'on duty' staffing numbers. This post will work 4 clinical shifts per week (0.8WTE)

- There was a continued recommendation that Ward Managers should aim to spend around 20% of their working time involved in clinical care delivery as part of the allocated nursing numbers, and that Band 6 Charge Nurses should be budgeted to have around 20% of their working time allocated to leadership work. This was in place in most wards.
- There is variance in the availability of AHP and Psychology resource. Some wards have shared occupational therapy and psychology; this was deemed not to be successful in most cases as it was apparent that often one ward consumed time available over another.
- A review of Occupational Therapy provision to support evening and weekend working with dedication personnel per ward is underway. A way to include Allied Health professionals who are completing shift work within the safer staffing numbers should be explored.
- A review of psychology provision within inpatient wards will also be undertaken to understand the consistency and roles of psychological practitioners within the establishments.
- The organisation would benefit from the introduction of a dedicated resource for leading safer staffing.
- Focussed budget review work has commenced with oversight from the Director of Nursing, Director of Finance and Director of Operations to seek assurance on the current total inpatient staffing models and fund the required nursing uplift from the Winter 2022 clinical establishment review.

3.3.3 The next 6-month period will see the following steps being undertaken:

- The suggested increase in ward clinical establishments are agreed and additional funding applied to the ward budget.
- Continued recruitment drives for nursing via the recruitment lead including internationally.
- The organisation's Nursing Plan implementation plan will be launched.
- Work will be completed in relation to identifying the role and responsibilities of Nursing Associates within the organisation and provide a career pathway to improve retention within inpatient services.
- The uplift of healthcare support workers to Band 3 within inpatient wards will be concluded.
- Consultation will complete on the clinical hours for ward managers and band 6 deputy ward managers.
- Band 7 clinical lead roles will be rolled out subject to agenda for change job description approval.
- Continued investment in the national Professional Nurse Associate (PNA) training programme with the intention of having a minimum of one per team.
- A review of the Bank Staff handbook and expectations to support the requirement to move between areas as required.
- The Organisation will consider its approach to the live review and analysis of safe staffing levels to support each individual ward with its patient acuity through the utilisation of the SafeCare Live system.
- A quality monitoring dashboard is to be developed which includes workforce measures pertinent to safe staffing and will include red flags.

Section 4: Risks

- 4.1 There is a risk that we are unable to recruit into the vacant posts due to lack of availability of registrants now and in the future owing to the impact of the

pandemic on nursing numbers, reputation of the organisation following the 2021 CQC report and the spotlight the strike action has brought to the conditions of nursing more generally.

- 4.2 There is a risk that safe staffing will not be achieved due to the long-term effects of the pandemic specifically short- and long-term sickness rates. Staff have been asked to work excess hours to ensure safe staffing is achieved and are exhausted.
- 4.3 There is a risk that without specific input into this program of work and recommendations, safe staffing will not be the priority it needs to be due to ongoing organisational pressures.
- 4.4 There are several initiatives in place or in train to develop the approach to staffing levels. These initiatives do not have a single point of reporting and therefore there is a risk that the safe staffing agenda may be lost.
- 4.5 There is a risk that the budget increase is not found to fund the clinical establishment review, this will result in ongoing overspending on meeting patient safety needs and undermine the work of the CER and reduction of agency spend improvement programme.

Section 5: Assurance

5.1 Benchmarking & Triangulation

The recommendations are based upon the MHOST which is a nationally endorsed evidenced based tool for understanding the care hours required to support service users based on their acuity and dependency. The data provided via the MHOST was reviewed alongside professional judgement and quality metrics such as incidents, vacancies, retention, sickness, training, supervision, and service user feedback.

The safe staffing review is to be completed at 6 monthly intervals within which the impact of previous recommendations will be reviewed.

5.2 Engagement

Service users were not directly approached with regards to this process on this occasion however as the process develops the service user engagement strategy should be utilised to develop the approach.

Within the clinical establishment review meeting ward managers, matrons and the general manager were asked to provide information on any complaints, concerns and investigations that related to safe staffing. Service user feedback gained with regards to the experience of care was also discussed.

Section 6: Implications

6.1 Strategic Priorities and Board Assurance Framework

- Deliver outstanding care.
- Create a great place to work.
- Effective use of resources.
- Ensure our services are inclusive.

There continues to be a risk of not being able to recruit to the nursing posts required and not retaining staff which will impact on the quality of care. (Inpatient healthcare support worker roles are now fully recruited via the centralised recruitment process).

SHSC is aware of its risks in relation to the provision of safe staffing levels through its governance and reporting framework. This is evidenced by issues relating to staffing being on the organisation's BAF.

SHSC is engaged in several initiatives which are aimed at supporting the organisation to build a safe and sustainable workforce.

Within the reporting period, the directorates have been actively managing their staffing levels and associated risks.

The directorates are extending the numbers of multi-professional and diverse roles that enhance patient care and experience, as well as building a sustainable work force.

Through analysis of the available data in this report, and via the monthly Safer Staffing Reports, there are no known correlations between staffing levels and patient safety issues.

It would appear both locally and nationally that the acuity and dependency of inpatient services users is increasing.

6.2 Financial

Increasing staffing numbers has a direct and immediate financial cost. The Heads of Service, General Managers and Finance have costed the impact of the recommendations however these cannot be accommodated within the current financial envelope and there is a £378k deficit as per the table below. The wards with low assurance and requiring increased baseline staffing are highlighted with the end column indicating the increase required in agreed funded establishment.

Row Labels	Sum of Current Budget	Sum of Proposed Budget	Sum of Diff	Sum of 22/23 forecast spend	Sum of Current AFE	Sum of Proposed AFE	Sum of AFE Diff
Burbage Ward	1,396,659	1,541,435	144,776	1,536,154	31.65	36.12	4.47
Dovedale	1,511,417	1,480,268	- 31,149	1,974,703	35.10	35.09	- 0.01
Endcliffe Ward	1,712,423	1,671,683	- 40,740	2,065,673	39.86	39.87	0.01
Flow Team	61,515	-	- 61,515	-	0.89	-	- 0.89
Forest Close 1&2	1,464,482	1,474,492	10,010	1,360,926	32.98	32.98	-
Forest Close 1a	1,108,264	1,116,166	7,902	1,018,395	25.77	25.77	-
Forest Lodge	2,082,597	2,096,207	13,610	1,903,931	48.07	48.07	-
G1 Ward	1,695,067	1,857,870	162,803	2,474,194	39.69	45.42	5.73
Maple Ward	1,602,711	1,630,070	27,359	1,870,234	37.12	38.84	1.71
Stanage Ward	1,396,659	1,541,435	144,776	1,632,124	31.66	36.12	4.46
Grand Total	14,031,795	14,409,626	377,831	15,836,334	322.80	338.27	15.48

6.3 Compliance - Legal/Regulatory

No direct risks or implications to patient safety, or CQC compliance from the staffing data have been identified in this 6-monthly report.

The organisation is required to publish its staffing figures monthly which it is achieving having recommenced January 2021.