

Board of Directors - Public

SUMMARY REPORT

Meeting Date:
Agenda Item:

25 September 2024

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Report Title:	Safe Staffing Biannual Review and Declaration January to July 2024	
Author(s):	Simon Barnitt, Safer Staffing Lead	
Accountable Director:	Salli Midgley, Executive Director of Nursing, Professions and Quality	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier2 Group/Tier 3 Group	Executive Management Team (EMT) Quality Assurance Committee (QAC) People Committee (PC)
	Date:	5 th September 2024 (EMT) 10 September 2024 (PC) 11 th September 2024 (QAC)
Key points/ recommendations from those meetings:	Board to note that additional work with regards to the skill mix on the acute wards is being led by the acute leadership team with oversight from the Director of Nursing, Quality and Professions and the Director of Operations.	

Summary of key points in report

The Organisation complies with the requirements of NHS England, the Care Quality Commission (CQC), and the National Quality Board (NQB) safe staffing guidance. Compliance has been achieved through the completion of a safe staffing review using an evidence-based tool, the monthly reporting of safer staffing information on the organisation's website, and biannual safer staffing board reports. This report presents a mid-year update following the third full review of safer staffing requirements within our inpatient wards and covers the period of January to July 2024.

Demonstration of compliance is achieved through a description of the work that has taken place since the previous full safe staffing review (January 2024) with regards to ward-based nurse staffing levels in the Organisation.

From the information available, Board should receive this report with the following guidance:

Assure

- The Organisation continues to comply with the requirements of NHS England, the CQC, and the NQB Guidance
- SHSC has engaged in several initiatives which are aimed at building a safe and sustainable workforce through the development of new roles, international recruitment, and a career pathway approach, with a renewed approach on staff development.
- The `nursing plan` provides a focus on the professional group and key opportunities and deliverables to support the workforce.
- A thorough review of available data analysed within the establishment review process shows

little evidence of correlation between substantive staffing levels and recorded patient safety issues. Board should be assured that since the January 2023 establishment review and uplift, and last review in January 2024 there have been **no serious or moderate incidents** impacting on patient care or safety related to lack of staff. Any patient safety staffing issues that are reported via the incident system are investigated at the request of the Director of Nursing. **None have been upheld under scrutiny from Matrons and Heads of Nursing.**

- Board is reminded that reviews of the use of restrictive practices and incidents takes place daily, no alerts have arisen through incident review and that with the staffing model in place the progress to reduce restrictive practice has been significant, attracting national interest. This is a factual data driven, regular report that demonstrates **staffing is safe** and able to drive **best practice**.
- The monthly safer staffing dashboard reports suggest quality of care has been occasionally impacted due to cancelled or delayed activity such as escorted leave from the ward and medication administration. There appears to be a significant demand for escorted leave from the acute wards and the Board are aware that work is being undertaken on the procedure for engagement observations with a pilot taking place on two acute wards.
- Board will also be aware that there are a number of methods to monitor and assess for safe care including fundamental standards of care visits, patient experience reporting and the independent advocates and cultural advocates working into the inpatient wards, alongside the development and implementation of the Safe2share electronic feedback tool. Whilst hotspots and/or issues are reported, there are no systematic themes that indicate any specific ward does not have an establishment to deliver quality patient care; moreover, there is evidence that additional staff do not improve the safety of care delivery and increase responsibility of the nurse in charge to co-ordinate the shift.
- Work has been ongoing since the last report to drive down the use of agency staff on our inpatient wards, this has been very successful and the move to using SHSC bank, who are trained to policy requirements and are inducted to Trust values improves safety and quality for service users.

Advise

- Many wards are routinely utilising excess staffing (usually on bank) above their agreed baseline establishments, there are a number of factors have been reported as leading to this position including:
 - A small number of service users with high levels of physical health need who require additional staff to deliver care, this also includes escorted leave to the acute sector.
 - The degree of mental health need on admission to the acute wards leading to high levels of clinical care observations
 - Mixed sex wards increasing monitoring requirements for sexual safety. (resolved when Maple became single gender on 2 February 2024).
 - Poor rostering skills and compliance with required absence/leave ratios – eRostering have provide additional reviews and training and this is monitored monthly.
 - The number of preceptee's who require prolonged preceptorship periods and supervision aligned to the continued impact of Covid on their training. September 2024 cohort is the first cohort of preceptees where this impact will not be seen. Practice Nurse Educator commence in post in July 2024 to support preceptees.
 - Flexible working agreements impacting on rostering, particularly on night staffing – patterns have been reviewed and reduced. Further work is required.

Assurance on work in progress

- The process for implementing and removing enhanced observations is currently under review to support a dynamic multidisciplinary shared risk-taking approach. Work has commenced with a pilot on Endcliffe and Maple wards led by the Senior Matron. This will positively impact the use of enhanced observations which are a restrictive practice and staff intensive. NHSE national team have also commenced a piece of work which SHSC has requested to join.
- A review of the scope of practice with clear role and responsibility guidance has commenced for Ward managers/senior nurse practitioners and Matrons to ensure fidelity to the nursing leadership model as identified in the 2021/22 clinical establishment review.
- Work is required to scope the role and responsibilities of the Nursing Associate to ensure maximum utilisation of their skills aligned to fidelity to the perfect ward approach agreed in the 2021/2 clinical establishment review.
- An in-depth review of the impact of 12-hour shift working is to be completed alongside a review of the nursing models in use across the inpatient services. Recruitment is underway for this time limited project.

In summary, the Director of Nursing, Professions and Quality has initiated further work based on the conclusions from the Safer Staffing Lead as detailed in this review. In conjunction with the Director of Operations these will be taken forward through the leadership structure. No additional investment is requested for the inpatient services, as noted above any adjustments to the establishment will be through review of the additional roles and multi-disciplinary team working in addition to the introduction of a nursing model to support delivery of care.

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	x	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 potential areas for scrutiny and have a plan to undertake this.

Board should be assured that there are no reports or indications that staffing is not `safe`, indeed progress against the quality objectives and related strategies within the wards demonstrates delivery of good care.

Board is asked to receive this paper, noting the further work required which is being led by the Director of Nursing, Professions and Quality. This will report back through to Board in the 6 monthly update.

Please identify which strategic priorities will be impacted by this report:

Effective Use of Resources	Yes	x	No	
Deliver Outstanding Care	Yes	x	No	
Great Place to Work	Yes	x	No	
Ensuring our services are inclusive	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, Engagement 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.
Environmental sustainability	Yes	x	No		No implications or impact.

Safer Staffing Report

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 (Jan – July 2024).

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		
Measure and Improve		
- patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback -		
- Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
Right Staff	Right Skills	Right Place and Time
1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	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 a review of 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 the organisation’s website.

Section 2: TRIANGULATED APPROACH TO STAFFING DECISIONS

2.1 Workforce planning

2.1.1 The NQB guidance requires the Board to ensure that there is an Annual Strategic Staffing Review, with evidence that this is developed using a triangulated approach. A full Safer Staffing Review (Clinical Establishment Review) was undertaken in January 2024 with each inpatient service line, for the mid-year review ward teams were asked to complete a professional judgement review and return to the safer staffing lead.

2.1.2 The data reviewed for this mid-year report included.

- The monthly safe staffing dashboards and ward manager returns for each ward for the period of Jan 2024 – July 2024
- The eRosters of each ward for the last 6 months.
- The weekly Workforce utilisation and additional duties reports for the period May – June
- The Board Assurance Framework

- Restrictive practice reports.
- Incident data
- Complaints information
- The Professional Judgement Framework returns completed by ward managers for the purpose of this review.

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 are ongoing concerns about mandatory training across a number of teams in SHSC, the Operational Management Group has been delegated responsibility from Executive Management Team to drive improvements in mandatory training since July 2024.

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. In 2024 SHSC has commissioned the Royal College of Nursing (RCN) Psychosocial Intervention Certificate and a range of themed learning approaches utilising the continuing professional development funding from NHSE. The Training and Education Department is 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. Leadership development programmes have also been commissioned and undertaken.

2.2.5 The Executive Director of Nursing, Professions and Quality, in conjunction with the Heads of Nursing continue to support the Nursing Plan (2023 – 2026) 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.

The nursing plan has key deliverables for the coming years and is tracked via a monthly update from action owners within Nursing Plan meetings.

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.
- Internal and external leadership courses for all levels of staff supported by the Florence Nightingale Foundation. (Ward Managers Development programme, NHS Leadership Academy, Compassionate Leadership Course)
- Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding. Two Degree apprentices qualified in July, both of whom had completed the shorter 20 month course due to having undertaken the nursing Associate course with the organisation. Three more Degree apprentices are due to qualify later in the year and four have started the course this year. The nursing associate programme has seen three people qualify this year, both programmes demonstrating the organisations commitment to the development and lifelong careers of its staff.
- Access to the Professional Nurse Advocate programme with an ambition to have one PNA in every clinical team. The Deputy Director of Nursing and Quality is leading on the relaunch of the PNA programme which requires focussed leadership and support through the Nursing directorate.
- Clinical, professional, and managerial supervision to support safe clinical practice. Supervision is another area that has focus from the Operational Management Group as recording of supervision remains an issue.
- The introduction of a number of reflective practice initiatives with many being led by psychology colleagues.
- Access to the Change Hub, a combination of Quality Improvement, Programme Management and Research colleagues who will provide support for developing projects, evidence-based practice and evaluation at team level.

2.1.3 Significant work is being undertaken with regards to the development and support offer for the flexible workforce including the permanent recruitment of a nurse lead, the extension of Band 4 bank champions, regular forums, the offer of supervision to registered workers, provision of support (including post incident), and a more assertive approach to mandatory training. The improved approach to the flexible workforce led to a significant increase in staff survey returns from this group which is now shaping forward planning.

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 Analysis of the monthly staffing returns has highlighted that the acute and older adult wards are consistently going above their planned staffing. As staffing levels are set on the mean average of the demand it is expected that wards will require additional staffing at times however, these wards are utilising a higher-than-expected number of additional support worker shifts to maintain safety and cover gaps in registered nurse provision, several wards are not meeting their planned registered nurse number however this is an improved and improving position.

The increased use of Health Care Support Workers (HCSW) is mainly attributable to the levels of enhanced observations. The older adult wards have made progress on reducing these through their work on zonal observations and falls management, the

acute wards require further understanding of their approach to engagement observations as the engagement observation levels are suggesting a significant increase in staffing is required. The process for implementing and removing enhanced observations has been reviewed and two wards are undertaking a pilot, however a reduction in the additional staff required for these wards as a result of improved observation management is not evident at this point. It would appear that the change to a single sex ward for these two wards has had a positive impact on observation levels, incidents, and staff morale.

- 2.3.3 The full safer staffing review completed in January 24 included analysis of the MHOST results, the ward leadership team professional judgement meetings, and regional / national benchmarking. The review suggested that the acute and older adult wards have less than the registered nurse (RN) care hours available to be deemed to be a 'quality ward'. The Executive Director of Nursing, Quality and Professions requested the Safer Staffing Lead complete a further review to ensure that the full nursing resource was considered, this review has been undertaken with Acute inpatient clinical and operational leads and recommendations are currently being scrutinised. A review is required for older adults' inpatient wards.
- 2.3.4 The main reasons for the variances in the fill rates against the number of shifts that were required are identified below:
- Acuity and dependency levels of service users, including physical ill-health.
 - Preceptee's not having been signed off to be in charge.
 - Flexible working patterns impacting on availability.
 - 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 some improvement in the ability of ward managers to roster effectively and efficiently. More recently the eRostering team have reviewed each roster to ensure it is optimised and have supported ward managers to review their flexible working patterns and annual leave arrangements. A previous review found a high use of mid shifts not within the agreed staffing however the Safer Staffing Lead has not found this to be the case from Jan to July 2024. A weekly workforce utilisation report commenced in May 2024 and is provided to the managers to support live roster understanding and change requirements.
- 2.3.6 The (MHOST) multipliers have been added to the SafeCare system, training was provided in January 2024 by the provider of the system and SafeCare Live is now available on the ward tablets. Building the use of SafeCare into daily safer staffing process is the next step.
- 2.3.7 Agency cascade processes have continued to be closely monitored with a decrease in agency use and certain areas being 'switched off' due to no longer requiring agency cover.
- 2.3.8 The HCSW bank workforce are undergoing the equivalent uplift programme to that of the substantive HCSW workforce, from band 2 to band 3, which demonstrates the value of this group and has supported improved morale.
- 2.3.9 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 and O/T provision.
- 2.3.10 The numbers of Nurse Associates was amended in the 2021 establishment review and is now consistent across the wards however there continues to be issues with

attracting and retaining Nursing Associates. Whilst the nurse associate roles may not directly relate to safe staffing, they do impact upon the quality of the care provided. Where nurse associates work on a ward with a baseline of three registrants for the shift the nurse associate is counted as a third registrant BUT is not a registered nurse and cannot be given full autonomy as a registered nurse. They can give out medication and provide some elements of regulated care and treatment, but they may not take charge of the ward in SHSC and the Executive Director of Nursing, Professions and Quality does not permit substitution of RNs with Registered Nurse Associates (RNAs) for safety, quality and regulatory reasons.

- 2.3.11 The use of agency staff is a focus for the cost improvement programme, Ward managers, matrons and general managers have been working closely with Heads of Nursing to scrutinise roster fulfilment and additional staffing requests. A weekly staffing meeting is reducing some of the additional staffing requests.
- 2.3.12 A monthly safer staffing dashboard was introduced in October 2023 which provides key data to the ward managers who are required to provide a narrative return. The narratives and data are analysed by the Head of Nursing for the service and themes incorporated into the Integrated Performance and Quality Review (IPQR); this includes red flag indicators for safer staffing breaches and patient safety concerns and aims to answer the below five questions. These reports have been invaluable in the development of this report illuminating the narrative behind the data each month to allow for a tracked overview.
- What is your current staffing situation?
 - How effectively have you utilised the workforce you have?
 - How well have you achieved your safer staffing levels?
 - What are the quality indicators telling us for this month?
 - How well are you supporting your staff team?

Section 3: Annual Strategic Staffing Review Update

3.1 Update on previous actions.

- 3.1.1 The clinical establishment review December 2022 and subsequent skill mix, and headroom review were applied to ward budgets throughout 2023. These changes were not within the existing financial envelope and as yet are not fully recurrently funded. Any further changes to the establishment need to also factor in the unfunded elements of the previous review.
- 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 uplift programme for inpatient Health Care Support Workers from band 2 to band 3 was undertaken from April to October 2023 with over 80% of the existing HCSW's being uplifted.
- 3.1.3 A lead was recruited for the support worker pathway and a working group developed the recruitment, onboarding, induction, development, and career pathways for this group. The pathway lead was funded by NHS England for one year which ended in December 2023, the role was extended to March 2024 using underspend however this funding ended in March and the post ceased at that time. As a result of this post ending the developments for the Healthcare Support Worker cohort have also ended. A paper has been presented to the financial planning committee and whilst the paper and role was unanimously supported the funding is not available at this time, other avenues are being explored.

- 3.1.4 We continue to develop our 'grow your own' schemes including supporting an RCN Cadet Scheme planned for the October half term, Student Nurse Associates, and Registered Nurse Degree Apprentices.
- 3.1.5 The Organisation continues to support centralised recruitment via a dedicated lead who has supported the mass recruitment of HCSW's due to significant levels of vacancies on the wards.
- 3.1.7 A period of over recruitment in 2023 has resulted in few RN vacant posts in 2024, newly qualifying nurses continue to be recruited alongside the qualifying registered nurse degree apprentices (RNDA's) that have been supported by the organisation.
- 3.1.8 All but one of the seventeen international nurses have remained in the organisation and further opportunities are being explored for their progression.
- 3.1.9 The daily ward safe staffing huddle has been strengthened and identifies staffing issues for the coming week, a critical staffing situation report, and action log is circulated which covers all inpatient areas.

3.2 Inpatient Ward Establishment reviews January to December 2023- update

- 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 (using the revised methodology), and quality metrics such as incidents, vacancies, retention, sickness, training, supervision, and service user feedback, to develop the ward establishment.
- 3.2.2 The wards for which the 2023 / 2024 establishment review suggest low assurance and therefore an increase in the nursing establishments is necessary are below.

Dovedale 1 – an increase in the night staffing to five staff (2 RN's, 3 HCSW's). This was based on the acuity and dependency levels during the night shift remaining consistently high requiring five staff, and a generally accepted reduction of two from the day shift rather than the current three less staff on duty. The ward have continued to roster in this way at this staffing level and over the course of the next 6 months will be supported to maximise the current available resources to support the required night time activity within the existing funding arrangements.

Stanage, Burbage, Dovedale 1 and Ward G1 – request an increase in the qualified staffing baseline for the day shift from two to three RNs on duty. The Director of Nursing, Professions and Quality / Director of Operations have supported that clinical teams may adjust their skill mix according to desired need but that no additional funding is available. Overall shift "numbers" are not requested to change and with the previous evidence of significant progress with quality improvements on these wards, would not be accepted.

Forest Lodge Assessment Ward – an increase in the qualified staff from one to two on the night shift only. This will be a change from HCSW to RN and will become 2 RN's and 2 HCSW's. The funding requested from the provider collaborative to support this change has not reached an outcome.

Forest Lodge Unit – an increase in the ward RN support for ward round and discharge co-ordination. Forest Lodge is not part of the scope to move to three RNs on the day shift however does have a significant demand with respect to ward round and discharge planning which frequently requires the RN to escort the service user of the unit. It is recommended that a 9-5 shift be available five days per week to support this, the funding requested from the provider collaborative to support this change has not reached an outcome.

- 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

Forest Close wards 1, 1a and 2

Forest Lodge Rehabilitation Ward

3.3 General recommendations and next steps

3.3.1 The recommendations from this review will be discussed in the senior nurse leadership group with oversight from the Director of Nursing, Professions and Quality.

3.3.2 An advert for expressions of interest has been circulated for a nurse to work 3 days per week alongside the Professional Lead for Nursing to lead on the following projects for a limited time period.

- Implementation of Night Standards with Matrons/Ward Managers
- Review of 12-hour shifts
- Writing a Safer Staffing SOP and escalation procedure
- Other small projects may be included to support the Nursing Plan

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

- A review of the additional support provided to the newly qualified nurses through the preceptorship programme and Practice Nurse Educator directly into the wards.
- Use of 12-hour shifts is not mandated across the wards as it is imperative that staff are attracted to flexible working arrangements. The value of Long Days including the impact on quality, training, supervision, and morale should be reviewed to ensure the attractiveness to the workforce is not unduly impacting on the quality of the care provided. An in-depth review of the impact of 12-hour shift working (which is only implemented on the 4 acute wards) will be completed alongside a review of the nursing models in use across the inpatient services.
- The Band 7 senior nurse practitioner role was implemented following repeated concerns with regards to the lack of clinical leadership and support for junior RNs on the wards. This role will be reviewed in relation to its fidelity to the perfect ward approach agreed in the 2021/2 clinical establishment review.
- Continued investment in the national Professional Nurse Advocate (PNA) training programme with the intention of having a minimum of one per team.
- The process and policy for implementing and removing enhanced observations will be reviewed, ratified, and implemented to support a dynamic multidisciplinary positive and shared risk-taking approach.

Section 4: Risks

- 4.1 There appears to be limited risks, recruitment and retention of nursing staff is in a favourable position with many more applications than posts.

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.

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, this has had a renewed focus over this review period with effective reporting, engagement and scrutiny releasing further efficiencies.

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.

6.2 Financial

The safer staffing review has been completed but requires further scrutiny to ensure that all resources are considered and utilised to support any changes in establishment and skill mix. The impact of incorrectly used staffing resources gives significant financial risk to the organisation, in addition overstaffing units leads to increased risks of patient safety issues arising due to lack of clarity and role confusion. There are no anticipated cost increases for safer staffing across the inpatient areas aligned to this staffing review.

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.