Front sheet: Public Board of Directors
Item number: 12
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Private/ public paper:	Public
Report Title:	**Safe Staffing Report (Clinical Establishment Review progress)**
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Presented by:	Dr Caroline Johnson, Executive director of nursing, professions & quality
Vision and values:	Our vision is to improve the mental, physical and social wellbeing of the people in our communities. Ensuring that the Trust has staff with the right skills in the right place at the right time, supports **the delivery of outstanding care** with **effective use of resources** and impacts on a great place to work.
Purpose and key actions:	The purpose of the report is to provide assurance that demonstration of compliance is achieved through a description of the work that has taken place since the previous full safe staffing review (January 2024) and 6 monthly update (August 2024) with regards to ward-based nurse staffing levels in the organisation. Due to the secondment of the safer staffing lead to the electronic patient record (EPR) programme, community services have been deferred and will be included in future reviews.
Executive summary:	This report presents the outcomes of the fourth full review of safer staffing requirements within our inpatient wards, covering the period from January to December 2024, and a forward plan for the next 6 months. Key highlights to draw to the attention of the Board are: **Assure** - The organisation continues to comply with the requirements of NHS England, the care quality commission (CQC), and the National Quality Board (NQB) Guidance - Staffing across professional groups in the organisation continues to be one of the areas of highest risk however recruitment initiatives for registered nurses and support workers have been successful over the past two years supported by the centralised recruitment lead. - A thorough review of available data shows little evidence of correlation between staffing levels and recorded patient safety issues, noting that additional staff are being utilised in areas of high acuity. - 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 good practice. - Evidence that the organisation and leadership of nursing care has a significant impact on patient safety and staff wellbeing can be seen through the embedding of safety huddles and zonal observations to address falls in older people's services which has had a positive impact. - Any patient safety staffing issues that are reported via the incident system are investigated at the request of the director of nursing. - There are a number of methods to assess for unsafe care including fundamental standards of care visits, patient experience reporting including the new Safe2Share tool, independent advocates and cultural advocates working into the inpatient wards. Whilst issues are reported from time to time, there are no systematic themes that

	indicate any specific ward does not have an establishment to deliver quality patient care. **Advise** • Many wards are routinely utilising excess staffing above that of their agreed baseline establishments, due to flexible working agreements impacting particularly on night staffing, clinical care observations and lack of multi-disciplinary working to support patients on 1:1 care. This will be addressed through the enhanced observations work being led by a deputy director of nursing. • An increase in the registered nurse capacity on Forest Lodge at night (from 2 to 3 nurses) is proposed • Consideration should be given to senior nurse practitioner and Band 6 non-clinical should be increased to support an increased focus on leadership, service development, clinical governance, staff mentoring, and quality improvement initiatives. • The increased staffing from 2022 clinical establishment review (CER) has not been included in ward budgets therefore incurring a cost pressure. **Assurance** on work in progress • The process for implementing and removing enhanced observations requires full implementation. • A review of the scope of practice with clear role and responsibility guidance is required for new roles that have been implemented. Specifically, the roles of senior nurse practitioner and nursing associate were to be reviewed in relation to their fidelity to the perfect ward approach agreed in the 2021/2 clinical establishment review, this review has not been undertaken. • The staffing establishment requirements for Forest Lodge will be further reviewed as part of the clinical model development for the improvement plan.

Which strategic objective does the item primarily contribute to:					
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*		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.
The organisation complies with the requirements of NHS England, the CQC, and the National Quality Board (NQB) safe staffing guidance. Compliance has been achieved through completing a safe staffing review using an evidence-based tool, publishing the monthly reporting of safer staffing information on the organisation's website, and biannual safer staffing board reports from 2022 onwards.

BAF and corporate risk/s:	**BAF.0013** Risk that our staff do not feel well supported, caused by a lack of appropriate measures and mechanisms in place to support staff wellbeing. **BAF.0014** There is a risk of failure to undertake effective workforce planning (train, retain and reform) to support recruiting, attracting and retaining staff. **BAF.0020** Risk of failure as an organisation to live by our values caused by not addressing closed cultures poor behavioural issues and lack of respect for equality diversity and inclusion.
Any background papers/ items previously considered:	This paper was presented to the People Committee for assurance and the Quality Assurance Committee for information in March 2025.

| Recommendation: | The Board of Directors are asked to **note** the suggested further uplifts to establishment as a result of the MHOST review, however, with the exception of the additional night shift registered nurse (RN) on Forest Lodge they are asked to support the proposal to delay further investment pending the implementation of the new enhanced observations policy, which is commencing in April 2025. It is anticipated that the new policy will further reduce the reliance on temporary staffing to support enhanced observation whilst enhancing quality and safety of care delivery.

It is proposed that the Board can safely delay further investment in the wards apart from an additional RN for Forest lodge at night. This is due to the assurance received through the care hours per patient day (CHPPD) for the Trust being in the upper quartile nationally and higher than the median CHPPD for peers. |
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Public Board of Directors

Safe Staffing Report (Clinical Establishment Review progress)

January 2024 - December 2024

1. Purpose

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. The purpose of the report is to provide assurance that demonstration of compliance is achieved through a description of the work that has taken place since the previous full safe staffing review (January 2024) and 6 monthly update (August 2024) with regards to ward-based nurse staffing levels in the organisation. Due to the secondment of the safer staffing lead to the electronic patient record (EPR) programme, community services have been deferred and will be included in future reviews.

2. Background

In 2013, the national quality board (NQB) set out 10 expectations and a framework within which organisations and staff should make decisions about staffing which places the needs of 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'.

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.

This report provides the board with assurance, that staffing levels are safe and compare positively with peers nationally. The report outlines the processes utilised to determine whether staffing levels are safe through analysis of staffing, patient safety, patient experience and financial information, for the period of the review (Jan – December 2024).

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	2.1 mandatory training, development and education	3.1 productive working and eliminating waste
1.2 professional judgement	2.2 working as a multi-professional team	3.2 efficient deployment and flexibility
1.3 compare staffing with peers	2.3 recruitment and retention	3.3 efficient employment and minimising agency

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

1. 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.
2. 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.
3. Comparison of Care Hours Per Patient Day (CHPPD) benchmarking data.

3. Triangulated Approach to Staffing Decisions

3.1 Care Hours Per Patient Day (CHPPD)

CHPPD includes total staff time spent on direct patient care but also on activities such as preparing medicines, updating patient records, and sharing care information with other staff and departments. It covers both temporary and permanent care staff. By itself, CHPPD does not reflect the total amount of care provided on a ward nor does it directly show whether care is safe, effective, or responsive. It should therefore be considered alongside measures of quality and safety (NHSE).

3.2 CHPPD (Care Hours per Patient Day) - benchmarking data

The most recent data available from Model Mental Health Trust (December 2024) shows that the Trust has higher CHPPD for nursing and support workers than the peer and national medians with benchmarking in the upper quartile tables 1 and figures 1 & 2). This provides assurance to the Board that the current clinical establishment not only compares well nationally but exceeds the national average.

Table 1: CHPPD Comparisons

	CHPPD Overall	CHPPD Total Registered Nurses	CHPPD- Support Workers
Trust Value	13.0	12.4	8.4
Peer Median	10.4	10.2	6.7
National Median	10.8	10.8	7.0

Figure 1: CHPPD Total Registered Nurses

Care Hours per Patient Day - Total Nursing, Midwifery and AHP staff, National Distribution

Figure 2: CHPPD Support workers

Care Hours per Patient Day - Healthcare Support Workers, National Distribution
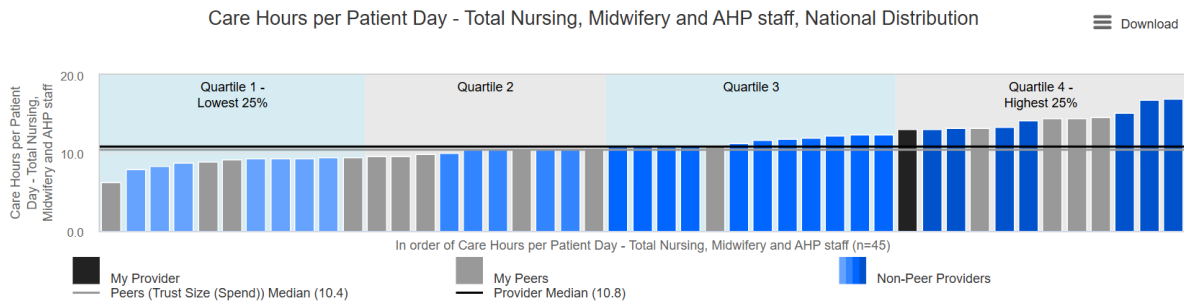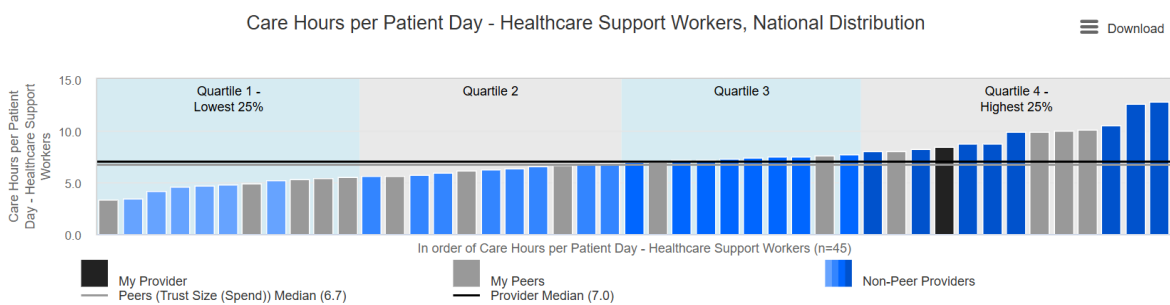
4. Workforce Planning Methodology

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 February 2025 and where possible were attended by the Safer Staffing Lead, Head of Nursing, General Manager, Modern Matron, and the Ward Manager. Ward G1 and Dovedale 1 reviews were via email due to ward manager unavailability.

Prior to the meeting, the ward managers were provided with a proforma to complete based on the Professional Judgement Framework: A guide to applying professional judgement in nurse staffing reviews (Saville, et al. 2023), which seeks 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, quality of care and the MHOST recommended staffing numbers.

This is the fourth iteration of this process following training in 2021 by NHSE in the methodology. For the purpose of the 2024 review patient acuity and dependency recording was analysed from two agreed times, 28 days in March and 28 days in September 2024. This is an increase from previously being 21 days collection given a change in the safer staffing evidence base. The recording of acuity data is embedded into ward practice and allows for the two data collection periods.

The Executive Director of Nursing, Professions and Quality and Head of Nursing, met to discuss the analysis and agree outcomes of the review for each area prior to writing this report.

5. Competent and capable workforce

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.

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.

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.

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.

The Executive Director of Nursing, in conjunction with the Heads of Nursing has launched 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.

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. This year Clinical Record Keeping, Oliver McGowan Tier 2 and Mental Health Act have been commenced.

- 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)

- Engagement in the Culture of Care National Collaborating Centre for Mental Health (NCCMH) programme, a two-year co-produced Quality Improvement (QI) programme which originates from NHS England's Quality Transformation programme. Endcliffe, Dovedale 1 and Dovedale 2 are each working on their change ideas and are receiving fortnightly coaching from the NCCMH.

- Engagement in the Culture of Care Staff Care and Development strand. This is a 6-month programme that is repeated three times. The module will cultivate reflective spaces to implement practical changes to improve staff morale and culture. G1 and Stanage wards are participating in this first module. Both wards have identified change ideas and have participated in the reflective practice training. Forest Close wards 1,1a and 2 have been nominated for module two beginning in March 2025.

- Clinical, professional, and managerial supervision to support safe clinical practice.

- The introduction of several 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.

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

Significant work has been undertaken with regards to the development and support offer for the flexible workforce including the permanent recruitment of a nurse lead, regular forums, and a forward plan centred around development and training, support (including post incident), and fostering connection to teams and the trust. The work of the Bank champions has been slow to get off the ground and is up for review in the spring. A higher return of staff surveys completed by bank staff (increase of 17%) was achieved in the 2024 survey and there has been a step improvement in all domains of the people promise.

Access to Nursing Associate and Registered Nurse training, via Apprenticeship funding is currently on hold and has been closed to new applicants throughout 2024. Three-degree apprentices commenced in October 2023 and a further nine started in 2024. In 2024 four Nurses qualified via this route. The combined impact of the pause in these programmes means the organisation currently does not have a career pathway for those entering at the lowest healthcare bands, this requires review in 2025.

The preceptorship programme engaged twenty-four registrants in January 2024, fifteen in September 2024, and 7 in January 2025. The lower numbers relate to no longer over recruiting rather than the availability of newly registered nurses. Over recruitment is a commitment within Priority Four of the nursing plan with Nurse Associate and support worker vacancies has been used to support this previously, with both the pause of the nurse associate programme and over recruitment vacancies will need to be monitored to understand any adverse impact on vacancies and correlations.

Access to the Professional Nurse Advocate (PNA) programme aimed to have one PNA in every clinical team, despite now having 16 qualified PNAs and two trainees nearing qualification, there is little appetite for PNA supervision, and many PNAs lack the time to offer it. This year, £10,000 was allocated for PNA study, but only £2,000 was used due to short-notice course dates preventing staff release. Delegates have also criticised the course for being too generic and not tailored to mental health.
Discussions with Sheffield University have led to the development of a more relevant course which it is hoped will be supported via CPD funding allocation for 2025/26. While PNA supervision is part of the organisations wellbeing offer, referrals from incident review huddles rarely result in uptake, and even when they do, finding an available PNA is difficult. PNA supervision is highly effective but remains underutilised due to financial constraints, lack of interest, and a limited recognition of its value.

6. Workforce utilisation

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

Analysis of the monthly staffing returns has highlighted that several wards are consistently going above their planned staffing. As staffing levels are set on an 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 enhanced observations.

The increased use of HCSW's 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, however Dovedale 1 engagement observation levels are suggesting an increase in staffing is required. The process for implementing and removing enhanced observations should be reviewed to support a dynamic multidisciplinary positive and shared risk-taking approach.

Table 2 Acute Ward,

Adult Acute Inpatient wards								
The MHOST reccommended RN Ratio is 54%								
Trust		Beds	Early	Mid	Late	Twilight	Night	RN Ratio
A	M	19	6 (3 RN, 3 HCSW)	1 RN	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
B	M	16	6 (2 RN, 4 HCSW)	2 RN	6 (2 RN, 4 HCSW)	0	5 (2RN, 3 HCSW)	42%
C	M	20	6 (3 RN, 3 HCSW)	0	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
SHSC	M	16	7 (2RN, 5 HCSW)	0	7 (2RN, 5 HCSW)	1 HCSW	5 (2RN, 3 HCSW)	32%
A	F	19	8 (5 RN, 3 HCSW)	1 HCSW	7 (5 RN, 2 HCSW)	0	5 (3 RN, 2 HCSW)	65%
B	F	16	6 (2 RN, 4 HCSW)	2 RN	6 (2 RN, 4 HCSW)	0	5 (2RN, 3 HCSW)	42%
C	F	20	6 (3 RN, 3 HCSW)	0	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
SHSC	F	12	7 (2RN, 5 HCSW)	0	7 (2RN, 5 HCSW)	1 HCSW	5 (2RN, 3 HCSW)	32%

Table 3 Older Adult Functional & Organic

Older Adult Functional								
The MHOST reccommended RN Ratio is 47%								
Trust	Gender	Beds	Early	Mid	Late		Night	RN Ratio
A	Mixed	18	6 (3 RN, 3 HCSW)	1 RN	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	53%
B	Mixed	20	6 (2 RN, 4 HCSW)	2 RN	5 (2 RN, 3 HCSW)	1 HCSW	5 (2 RN, 2 HCSW)	42%
C	Mixed	18	6 (3 RN, 3 HCSW)	0	6 (3 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	50%
SHSC	Mixed	16	7 (2RN, 5 HCSW)	0	7 (2RN, 5 HCSW)	0	4 (2RN, 2 HCSW)	33%
Older Adult Organic								
The MHOST reccommended RN Ratio is 47%								
Trust	Gender	Beds	Early	Mid	Late		Night	RN Ratio
A	Mixed	18	6 (3 RN, 3 HCSW)	1 RN	7 (4 RN, 3 HCSW)	0	4 (2 RN, 2 HCSW)	56%
B	Mixed	20	6 (2 RN, 4 HCSW)	2 RN	5 (2 RN, 3 HCSW)	1 HCSW	5 (2 RN, 2 HCSW)	42%
C	Mixed	18	7 (3 RN, 4 HCSW)	0	7 (3 RN, 4 HCSW)	0	5 (2RN, 3 HCSW)	42%
SHSC	Mixed	16	8 (2RN, 6 HCSW)	0	8 (2RN, 6 HCSW)	0	7 (2 RN, 5 HCSW)	26%

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
- Short-term sickness absence, usually at short notice.
- Long-term sickness absence including Long Covid
- Maternity leave
- Staff suspension

eRostering support and challenge meetings take place monthly and are chaired by the respective Matron. Rosters are reviewed against set parameters with the ward managers prior to being approved with six weeks lead time. This process has demonstrated improvement in the ability of ward managers to roster effectively and efficiently confirmed by a review by the Safer Staffing Lead as part of this review.

The rostering team have undertaken a review of demand templates and rostering practice with each ward throughout 2024 improving the ward managers ability to create effective and efficient rosters.

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. 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.

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. Agency cascade processes have been reviewed with a decrease in agency use and certain areas being 'switched off' due to no longer requiring agency cover. HCSW cascade has remained

manual since July 2023 with shifts only being sent to agency when no other option is available.

The temporary staffing workforce has been cleansed to only include active workers; no further HCSW agency workers are being onboarded due to successful recruitment initiatives into the bank. Active recruitment of agency HCSW's on to the bank continues alongside supporting student nurses to become bank registrants, thirty-five in 2024. Mandatory training compliance remains low overall despite efforts to correct this, there is limited capacity within the Bank admin team given the total volume of bank staff. Staff side have agreed to restrict bookings for persistently low staff compliance though has not yet been enacted yet.

The HCSW bank workforce are currently 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.

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.

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. During the pause of the nurse associate training recruitment initiatives for registered nurse associates have been unsuccessful. 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 RN's for the shift the nurse associate is counted as the third RN, given the reduced scope of this role in comparison to an RN this may be a false economy and lead to ineffective use of the RN's. Through the staffing reviews it is clear that ward managers highly value the role of the Nurse Associate and are keen that these remain.

Nursing Associate vacancies had been utilised to support the over recruitment of preceptee nurses due to lack of vacancies in October 2023 for RN's. The over recruitment was absorbed into established RN numbers throughout 2024 due to attrition and internal promotion, the organisation is no longer overrecruiting. The impact on vacancy rates of not overrecruiting should be monitored throughout 2025 in relation to the expected attrition versus ability to recruit newly qualified nurses.

The use of agency staff remains 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 agency meeting has reduced some of the additional staffing request.

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.

- 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?

7. Update on previous actions.

The clinical establishment review of December 2022 and subsequent skill mix, and headroom review were applied to ward establishments in 2023, however these changes have not been reflected in ward budgets and as yet are not fully funded with a recurrent deficit. It is suggested that the budgets be revisited in light of this CER.

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.

A lead was recruited for the support worker pathway and a working group has developed the recruitment, onboarding, induction, development, and career pathways for this group. The pathway lead was funded by NHSE for one year which ended in December 2023, the role was extended using underspend however this funding and role ended March 2024, and the work paused.

There is currently a pause on applications to our 'grow your own' schemes including the Student Nursing Associate programme (SNA) and the Registered Nurse Degree Apprenticeship (RNDA). The SNA programme has one person qualifying in March 2025 and two in March 2026. The RNDA programme no longer benefits form an NHSE contribution and there are currently no plans for the organisation to support this. Ten RNDA's are due to qualify in 2026 leaving four on the programme.

Work that had commenced to support and develop the role of Nursing Associates within the Organisation to fully utilise this role within the inpatient wards has not progressed and the scope of practice document has not been fully implemented. The lead for Professions and Practice is currently support a review of this document.

The Organisation continues to support centralised nursing recruitment via a dedicated lead however, services continue to undertake their own recruitment leading to inconsistent requirements being advertised. For example, a Band 3 HCSW advertised without requirement for Level 2 Maths and English and the care certificate as essential criteria, the uplift from Band 2 to Band 3 in 2023 embedded these requirements. The recruitment lead continues to work with human resource colleagues to remove these prior to being advertised having previously been provided with the job evaluation panel and staff side agreed job descriptions.

No International nurse recruitment was undertaken in 2024, the seventeen nurses that commenced in the organisation remain with one nurse progressing to a band 6 post, and another moving to Dovedale 1. Fifteen nurses remain within our care homes and continue to seek opportunities for career progression. In 2025/26 the Director of Nursing will explore opportunities to provide these staff with broader experience across the Trust, to support them in their continued development.

Dovedale 1 – Increase in the staffing to 8 day and 6-night staff (from the current staffing of 7 day and 4 at night staff)

This was based on the acuity and dependency levels of the ward over the past two years showing high 1:1's (an average of 4 but not going below 2). Zonal observations were commenced in March 2024 which have supported a reduction in male service user observations though does require a dedicated member of staff and DD1 Increase staffing from their first 1:1. The MHOST recommendation would suggest the zonal observation and x2 1:1's can be accommodated within the staffing figures of 8 and 6.

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. This was also a recommendation from the 2023 / 2024 clinical establishment review however, was not agreed by the provider collaborative. Currently the night shift has x2 RMN's across the unit and is therefore vulnerable to sickness, search and seclusion requirements (both RMN's required to complete these). The RMN's are also currently unable to take a break from the ward during the night due to lone working. **It is therefore proposed that this increase to night RN staffing is implemented.**

Burbage Ward – An increase in the night staffing from 6 to 7.

This ward currently has 6 staff on a night shift plus a twilight HCSW shift to bridge the gap between the reduction from 8 to 6 staff in the evening. The CER review has demonstrated the ward are routinely booking extra HCSW night staff due to the acuity of the service users along with utilising the HCSW twilight shift, the twilight would appear to be creating an overstaffing for that period. The recommendation is to remove the twilight shift which is predominantly filled by bank staff and increase the night HCSW staffing quota by 1. This would be an increase in staffing of 5 hours per night shift however as the ward are overusing this shift it is likely to be cost effective as it appears the ward are paying for a night and a twilight shift.

Stanage Ward - An increase in the night staffing from 6 to 7.

This ward currently has 6 staff on a night shift plus an HCSW twilight shift to bridge the gap between the reduction from 8 to 6 staff in the evening. As per Burbage ward it is recommended the HCSW twilight is exchanged for a full HCSW night shift as supported by the MHOST data and professional judgement review.

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**
> **Dovedale 2 Ward – this ward will need a review in preparation for the move back to Maple ward.**
> **Forest Close wards 1, 1a and 2**
> **Forest Lodge Rehabilitation Ward**
> **Ward G1**

It is recommended to set the registered nurse baseline for the day shift as three RN's across the acute and older adult wards. This is currently in place on Endcliffe and Burbage wards, and should be expanded to Dovedale 1, Ward G1, Stanage and Dovedale 2. All reviews demonstrated a need for an additional registered member of staff on duty particularly on ward round days but for many other tasks that are leaving the ward and staff vulnerable when only 2 RN's are on duty. This would require approximately 3.5 full time equivalent registered staff per ward however the third registered professional can be a Registered nurse Associate and having previously factored in 2 RNA's per ward. The increase to 3 registered staff would be supported by a reduction of 1.5 HCSW wte roles for the increase of 1.5 wte RN roles per ward for the 4 wards that do not currently have 3 RN's agreed. Budgets will be reviewed to determine the investment required.

An increase in the non-clinical time of Band 6 staff is recommended on all inpatient wards, from 0.1 whole time equivalent (WTE) to 0.2 wte to allow for additional capacity to engage in ward programmes, supervision, auditing, and monitoring of ward performance. It is suggested that Band 6 numbers be reduced from 3 to 2 per ward to accommodate this increase in non-clinical time and to support an increase in SNP non-clinical time. The overall recommended increase is from 0.3 to 0.4 wte total band 6 non-clinical time per week following a reduction to 2 Band 6 RNs per ward.

The ward managers and matrons advocate an increase in the non-clinical time of Senior Nurse Practitioners (SNP's) on all inpatient wards from 0.2 wte to 0.8 wte per week. It is suggested that while the SNPs are the second nurse on duty on a ward and are working clinically the organisation will not be receiving the full benefit of this role. It is suggested that by increasing their non-clinical time it will allow SNPs to focus on leadership, service development, clinical governance, staff mentoring, and quality improvement initiatives. This will potentially enhance patient care, improve staff support and retention, and ensure that the organisation maximises the strategic and operational contributions of SNPs beyond direct patient care. The Executive Director of Nursing and Chief Operating Officer propose to review the role of the SNP as part of a broader leadership review.

8. Conclusion

The recommendations to increase establishments outlined in this report require fully costing and need to be considered alongside the review of the enhanced observations policy. It is anticipated that the revised approach to enhanced observations will reduce the burden on

staffing caused by their overuse. In addition, a review of the SNP role is required to determine benefit and the amount of supernumerary time required. It is proposed that only the uplift to the Forest Lodge nighttime RN numbers from 2 to 3 be considered for immediate implementation. The remaining recommendations will be considered through a review of the impact of the observations policy and a review of the SNP role. Overall, the Board can gain some assurance that although there are some recommendations to increase establishment in some areas, the CHPPD data indicates that the Trust is in the upper quartile for staffing ratios nationally.

9. Next steps

- The recommendations from this review will be discussed in the senior nurse leadership group with oversight from the Executive Director of Nursing, Professions and Quality. A Safer Staffing task and finish group will be set up to progress specific pieces of work arising from this latest report.
- Where investment has been suggested as a potential cost improvement, to reduce bank spend on enhanced engagements this will be considered once the new enhanced engagement policy is implemented and evaluated.
- It is proposed that the immediate investment in Staff nurse resource for Forest Lodge night shift be considered.

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

- The Band 7 senior nurse practitioner role (SNP) will be reviewed in relation to its fidelity to the perfect ward approach agreed in the 2021/2 clinical establishment review with a view to releasing additional time.

- Continued investment in the national Professional Nurse Associate (PNA) training programme with the intention of having a minimum of one per team.

10. Recommendations

The Board of Directors are asked to **note** the suggested further uplifts to establishment as a result of the MHOST review, however, with the exception of the additional night shift registered nurse (RN) on Forest Lodge they are asked to support the proposal to delay further investment pending the implementation of the enhanced observations policy, which it is anticipated will further reduce the reliance on temporary staffing whilst enhancing quality and safety of care delivery.

It is proposed that the Board can safely delay further investment in the wards apart from an additional RN for Forest lodge at night. This is due to the assurance received through the care hours per patient day (CHPPD) for the Trust being in the upper quartile nationally and higher than the median CHPPD for peers.