

Board of Directors
Item number: 12
Date: 24 September 2025

Confidential/public paper:	Public
Report Title:	Safe Staffing Report (Clinical Establishment Review progress)
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Accountable Director:	Dr Caroline Johnson - executive director of nursing, professions and quality
Presented by:	Simon Barnitt – professional lead for nursing
Vision and values:	This report reflects and reinforces our Trust values. It demonstrates how we are respectful and kind by prioritising safe staffing that supports compassionate care and staff wellbeing. It shows how we work together through integrated planning and collaboration across teams. It supports our commitment to keep improving by using data and feedback to drive continuous workforce development. And it ensures we are inclusive by considering diverse workforce needs and promoting equitable access to safe, high-quality care for all service users.
Purpose:	The NQB 2016 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. This report provides a 6-month review.
Executive summary:	<p>This report provides an update on the Trust's progress in delivering safe and sustainable staffing across inpatient services from January to July 2025, in line with National Quality Board (NQB) guidance. It offers assurance to the Board through a triangulated analysis of staffing data, patient safety, experience, and financial metrics.</p> <p>Key highlights include:</p> <ul style="list-style-type: none"> • Planned vs Actual Staffing: Wards are consistently working to planned staffing levels, with limited reliance on additional staffing. CHPPD (care hours per patient day) benchmarking places the Trust in the mid-range nationally, indicating a safe and sustainable staffing model. • Workforce Capability: Continued investment in staff development, including induction, training, and leadership programmes. The Nursing Plan (2023–2026) is under review to ensure alignment with future workforce needs. • Workforce Utilisation: Improvements in rostering and reduced agency use, particularly for health care support workers (HCSWs). Enhanced observation demands remain a pressure point, notably on Endcliffe Ward. • Strategic Review Outcomes: Several recommendations from the 2024 establishment review remain unimplemented due to financial constraints. These include increased non-clinical time for Band 6 and senior nurse practitioner roles. • Next Steps: A safer staffing task and finish group will be established to progress key actions. Further investment is proposed to be delayed

	pending the impact of the enhanced therapeutic observation and care (ETOC) programme.
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Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	Yes		No		
Deliver Outstanding Care	Yes	x	No		
Great Place to Work	Yes		No		
Reduce inequalities	Yes		No		

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.	
<p>The safer staffing 6-month review provides a robust framework for assuring the delivery of safe, effective, and high-quality care. It supports the organisation's compliance with national standards, and statutory duties as outlined below:</p> <ul style="list-style-type: none"> • Delivery of Standards: The review aligns with the National Quality Board (NQB) guidance on safe, sustainable and productive staffing, ensuring that staffing decisions are evidence-based and patient-centred.. • Legal Obligations: The review contributes to meeting statutory requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulation 18 (Staffing). It provides assurance that the organisation is fulfilling its duty of care by maintaining appropriate staffing levels to safeguard patient safety and staff wellbeing. • Workforce Safeguards: In line with NHS England's Workforce Safeguards framework, the review incorporates triangulated data from workforce metrics, patient outcomes, and professional judgement. This ensures that staffing decisions are transparent, accountable, and responsive to changing service demands. 	
Board assurance framework (BAF) and corporate risk(s):	<p>BAF 0024: There is a risk that the organisation fails to meet fundamental standards of care, legal, regulatory, and safety requirements.</p> <p>BAF0025: There is a risk of failure to deliver improvements to environments in the time frame required.</p> <p>BAF0031: There is a risk that the Trust fails to maximise its contribution to reducing inequalities.</p>
Any background papers/items previously considered:	This report is the 6-month review of the full staffing establishment review presented in March 2025.
Recommendation:	<p>The Board of Directors is asked to:</p> <ul style="list-style-type: none"> • Note the report for information.

Safe Staffing Report (Clinical Establishment Review update report)

January – July 2025

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 2016 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 2025).
- 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 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 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 three key components:
- i) The identification of minimum staffing levels for each inpatient ward on an annual 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 NHS Benchmarking as planned versus actual staffing). The data for this is also published on the organisation's website.
 - iii) Comparison of Care Hours Per Patient Day (CHPPD) benchmarking data.

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 2025 with each inpatient service line, for this mid-year review a desktop exercise has been undertaken using the monthly safer staffing returns from ward teams, alongside additional data requested from leads of staffing related programmes.

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

- The monthly safe staffing dashboards / ward manager returns for each ward for the period of Jan 2025 – July 2025
- The eRosters of each ward for the last 6 months.
- The Board Assurance Framework
- Restrictive practice reports.
- Incident data
- All other data provided by leads as identified throughout the report.

2.1.3 Care Hours Per Patient Day (CHPPD) relates to the total staff time spent on direct patient care in a 24 hour period including 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 and should therefore be considered alongside measures of quality and safety.

2.1.4 CHPPD (Care Hours per Patient Day) does provide a useful benchmark to understand and benchmark staffing levels regionally and nationally. The most recent data available from Model Hospital (May 2025) shows that the Trust is in mid-range for CHPPD for nursing, support workers and AHPs as per the below tables based on peer and national comparators. The trust does benchmark in the upper quartile for (AHPs) however very few organisations report this data due to AHP staff not being part of the ward rota's. This provides assurance to the Board that the current clinical establishment compares well nationally.

2.1.5 The internal and model hospital data both indicate that the trust sits in the middle of NHS Mental Health providers regionally and nationally giving assurance that we are not an outlier. Whilst this puts the trust in the top 25% for total CHPPD nationally 29 of 46 mental health trusts sit in this percentile with SHSC being 27th of the 46 mental health trusts (Figures 1,2,3)

2.1.6 Table 1 also demonstrates that actual staffing is close to the planned CHPPD indicating a low use of additional staffing and supporting the idea that planned staffing is safe.

Table 1: CHPPD Comparisons May 2025

	CHPPD Overall	CHPPD Total Registered Nurses	CHPPD- Support Workers
Trust planned CHPPD values	10.29	3.41	6.25
Trust actual CHPPD values July 25	10.97	3.75	7.24
Peer Median	10.4	3.9	6.7
National Median	10.8	4.9	7.0

Table 2: Indicates the trust position in relation to all inpatient wards Physical and mental health.

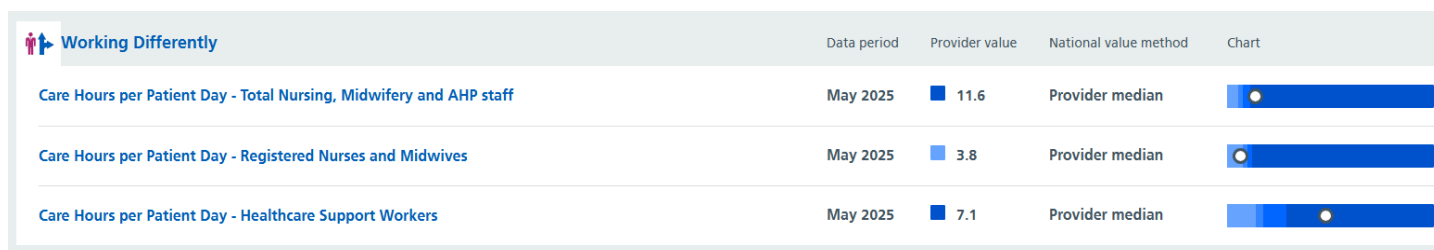


Figure 1: CHPPD Total Registered Nurses within region

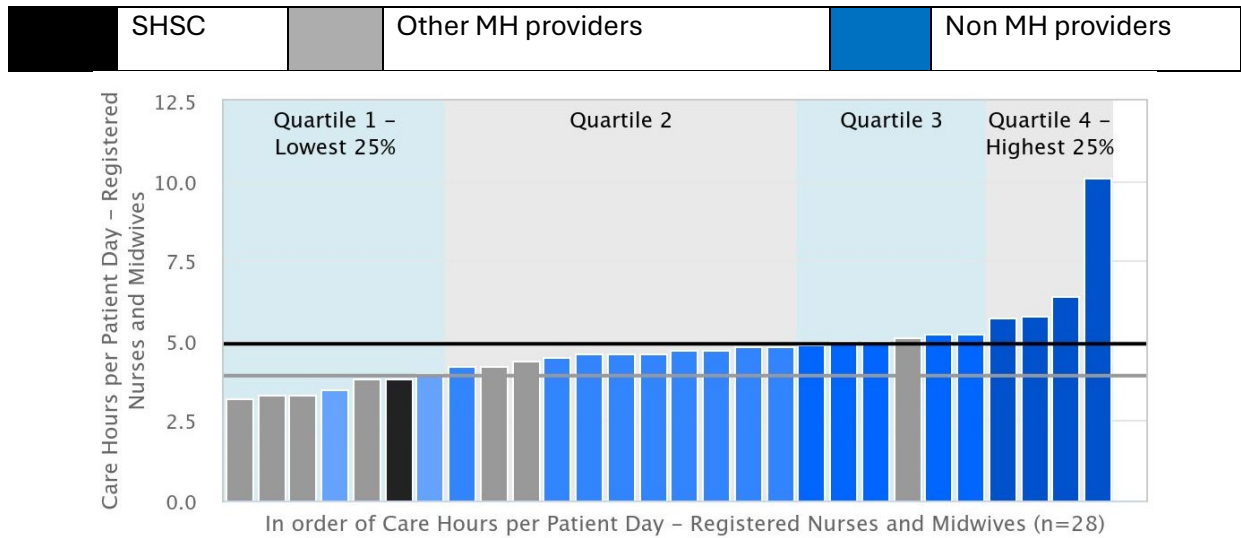


Figure 2: CHPPD Healthcare Support Workers

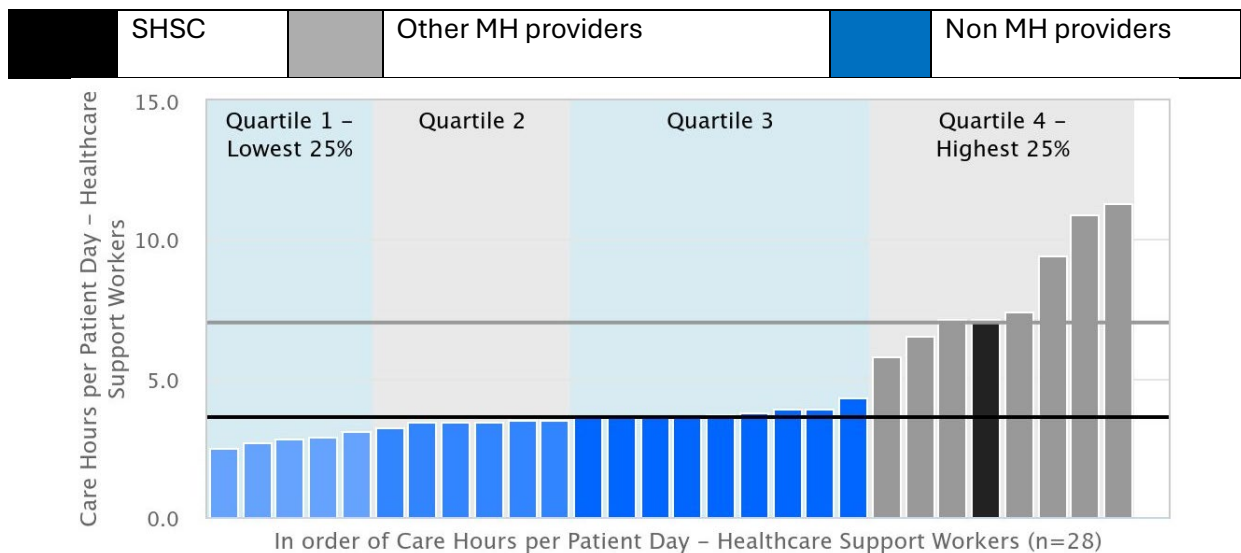
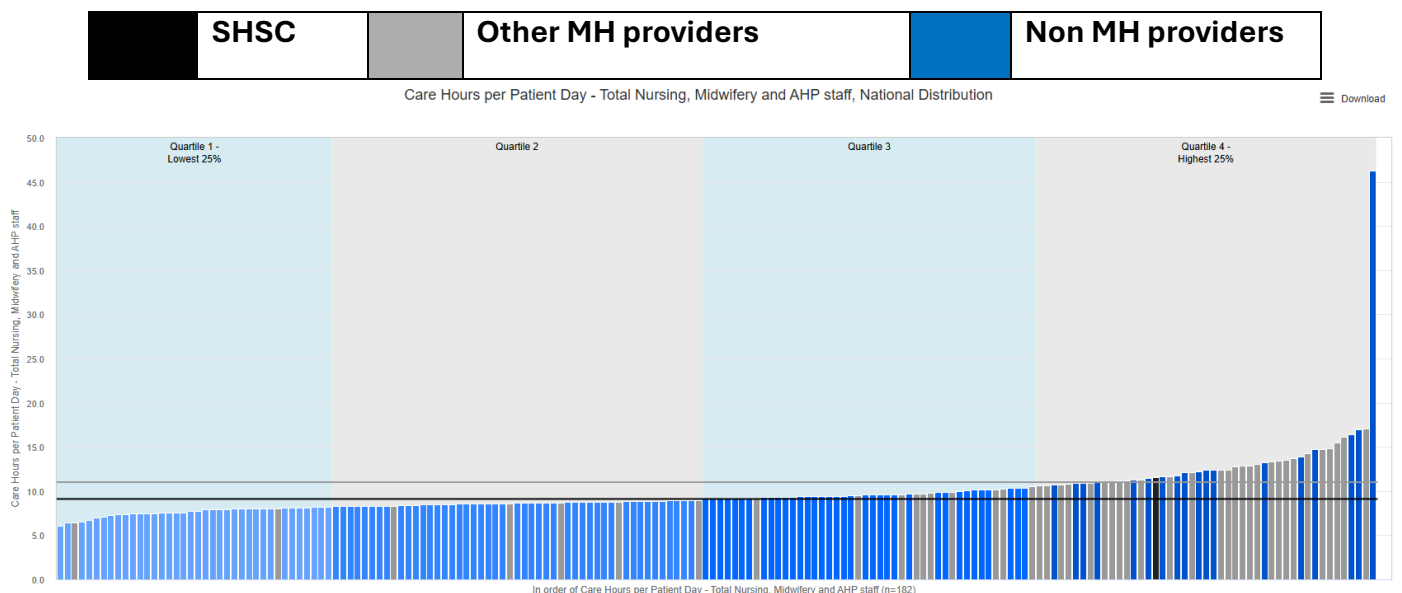


Figure 3: Total CHPPD across mental health and non-mental health providers



2.1 Workforce Planning Methodology

- 2.1.6 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 for the period January to December 2024.
- 2.1.7 This was the fourth iteration of this process following training in 2021 by NHSE in the methodology. The Executive Director of Nursing, Professions and Quality and Professional Lead for Nursing, met to discuss the analysis and agree outcomes of the review for each area prior to writing the report. This report provides an update to the recommendations and an overview of developments within the last 6 months.

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. Following the last review a Principles of Risk Assessment has launched alongside a 40 minute e-learning for all staff who supervise others.
- 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.
- 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 In June the Trust was approached by NHSE to engage in a review of the MHOST evidence based staffing tool. A requirement was to complete a quality audit of



the acute wards taking place, two wards were audited and whilst scoring above the required percentage the care planning score was low and the wards were not approved on this basis. At the time of the audit the CQC visited the same wards and also noted the similar issues. Further care plan audits across the trust have noted the same issues. A care plan improvement programme including training, audit and digital developments has been launched.

2.2.6 The Executive Director of Nursing, in conjunction with the Heads of Nursing 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 is currently being reviewed with a view to being refreshed or replaced.

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. The preceptorship programme is now offered to AHP staff however further work is required on implementation of the AHP Framework from NHSE.
- Clinical skills training, which diversifies staff roles for both professionally qualified staff and support staff. last year Clinical Record Keeping, Oliver McGowan Tier 2 and Mental Health Act were 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. Staffing levels, moves and sickness along with high acuity levels, have impacted on this programme with Burbage Ward having paused involvement.
- 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 participated in this first cohort. Both wards identified change ideas and participated in the reflective practice training. Forest Close wards 1,1a and 2 are coming to the end of cohort two beginning August 2025 to March 2026. Recruitment of Experts by Experience, a key element of the programme, has also been delayed.

- Clinical, professional, and managerial supervision to support safe clinical practice with a new supervision bitesize training being launched.
- The introduction of several reflective practice initiatives with many being led by psychology colleagues and reflective practice forming a key element of the Culture of Care programme.
- Access to the Research Team, who support research and service evaluation as well as providing educational sessions and conferences.
- The Nursing Bank Forum continues to support the professional development and growth of SHSC temporary nursing staffing bank has led to the greater engagement. Supervision is offered but uptake remains poor.

2.2.7 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 (raised as an issue in the 2024 staff survey). The work of the Bank champions was slow to get off the ground and was not funded for 2025/6.

2.2.8 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 bank handbook is currently being updated.

2.2.9 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 having been used to support this previously. The pause of the nurse associate programme and over recruitment to non RMN vacancies will need to be monitored to understand any adverse impact on vacancies and correlations. At the beginning of August, the Chief Nurse for England sent a letter to all Trusts asking for support to ensure all graduates are employed including through the use of alternative vacancies such as HCSW's. The Director of Nursing has tasked the Heads of Nursing with developing a plan to support this.

2.2.10 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 or cannot be released to offer it. PNA supervision is highly effective but remains underutilised due to financial constraints, lack of interest, and a limited recognition of its value.

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 over the six months from Jan – Jul 2025 wards are consistently working to their planned staffing which is a significant improvement on previous reports. As staffing levels are set on an average of the demand it is expected that wards will require additional staffing at times however over this period limited use of higher-than-expected number of additional support worker shifts to maintain safety and cover enhanced observations has only regularly occurred on Endcliffe Ward .

2.3.3 The increased use of HCSW's is mainly attributable to the levels of enhanced observations and requirement to support leave from Endcliffe Ward, something they had not previously undertaken. Endcliffe Ward to explore options in relation to their skill mix, with support from the Professional Lead for Nursing .

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 top reasons remain consistent:

- 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

2.3.5 There remains a need to build 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 on acuity scoring and improved use of the system will be provided over the next 6 months.

- 2.3.6 Following the success of the HCSW cascade starting 2023 and recruitment initiatives including recruiting second year Sheffield Hallam University students to the HCSW bank has stopped the use of HCSW agency from October 2024.
- 2.3.7 Mandatory training compliance for bank workers 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 and this has been enacted.
- 2.3.8 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 however a review of senior leadership roles has been completed and a new structure / model of provision is being developed for the inpatient pathway.
- 2.3.9 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. The Director of Nursing has committed to reviewing the pause on nurse associate training.
- 2.3.10 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. There has been little impact on baseline vacancy as a result on the pause on overrecruiting throughout the first 6 months of 2025.
- 2.3.11 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?

Section 3: Annual Strategic Staffing Review Update

3.1 Update on previous actions.

- 3.1.1 The clinical establishment review of December 2022 and subsequent skill mix, and headroom review were applied to ward budgets throughout 2023 however these changes were not within the existing financial envelope and as yet are not fully funded with a recurrent deficit in excess of £200k.
- 3.1.2 The lead role for the support worker pathway remains unfunded and as such work on the recruitment, onboarding, induction, development, and career pathways for this group stopped in March 2024
- 3.1.3 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.
- 3.1.4 The RNDA programme no longer benefits from an NHSE contribution and there are currently no plans for the organisation to support this. Eight RNDA's are due to qualify in 2025 for which posts have been held.
- 3.1.5 Work that had commenced to support and develop the scope of Nursing Associates to fully utilise this role within the inpatient wards has not progressed and the scope of practice document has not been fully implemented.
- 3.1.6 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. This is being reviewed by the Director of Nursing. A national review of nursing profiles has commenced within the organisation focusing on band's 4 – 7 initially with the intention to have standardised job descriptions for comparable roles.
- 3.1.7 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. The fifteen nurses remain within our care homes and continue to seek opportunities for career progression requesting to undertake their MSc in mental health however, no funding is currently available to support this.

- 3.1.8 A band 7 clinical lead role, the senior nurse practitioner, was unilaterally supported within the winter 2022 establishment review and has been implemented with most of the wards having recruited to this role. The review paper of 2024 suggested the scope, roles and responsibilities of the senior nurse practitioner be reviewed to ensure they are meeting their intended purpose. A review has not yet taken place but is planned in Q2 2025/26 There has been a universal request from senior leads for SNP's to not be within the wards shift registered nurse numbers. This would enable them to focus on upskilling and supervising staff.
- 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 Update on Inpatient Ward Establishment reviews January to December 2024

- 3.2.1 The recommendations for staffing numbers are based upon the MHOST tool 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 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 – Increase in the staffing to 8 day and 6 night staff (from the current staffing of 7 day and 4 at night staff) – the ward is working to this number according to the eRoster system.

Forest Lodge Assessment Ward – an increase in the qualified staff from one to two on the night shift only. – An additional RMN has been incorporated on to the night shift with the Rehabilitation Ward to support breaks across forest Lodge and Close.

Dovedale 2 – An increase in the night staffing from 6 to 7. – This has not been taken forward with the roster demonstrating the night staffing remains at 6 and the optional twilight is not being used. This position may change as the ward returns to Maple.

Stanage Ward - An increase in the night staffing from 6 to 7. – this has not been progressed, and the night staffing remains at 5 with routine use of the optional twilight.

- 3.2.3 The wards for which the MHOST establishment review, the NHSI safe staffing analysis and professional judgement suggested 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

- 3.2.4 The recommendation to set the registered nurse baseline for the day shift as three RN's across the acute and older adult wards as Endcliffe and Burbage wards has not been progressed.
- 3.2.5 An increase in the non-clinical time of Band 6 staff was 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, has not been progressed. 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.
- 3.2.6 An increase in the non-clinical time of Senior Nurse Practitioners (SNP's) was recommended on all inpatient wards from 0.2 wte to 0.8 wte per week. Whilst ever 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. This has not been progressed and will be reviewed over the next 6 months.
- 3.2.7 These recommendations would require fully costing, however, as there is an NHSE prescribed programme 'Enhanced Therapeutic Observation and Care' ETOC, underway which it is expected to reduce the burden on staffing caused by the overuse of enhanced observations, it is proposed that no further additional investment is made until this programme is embedded. This is supported by the CHPPD data that indicates that the Trust is working to its planned staffing and sits in the middle of mental health providers.

3.3 Next steps

- 3.3.1 The recommendations from this review continue to 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 including reviewing the inpatient skill mix.

3.3.2 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 Therapeutic Observation and Care programme is implemented and evaluated.

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

- The Band 7 senior nurse practitioner role 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.
- Training will be provided by the NHSE MHOST lead to enable the MHOST to be repeated with an increased degree of confidence. Dates are awaited from the regional lead.

3.4 Recommendations

3.4.1 People Committee are asked to note the positive position in relation to working to planned staffing with low vacancy rates and are asked to support the proposal to delay further investment pending the implementation of Enhanced Therapeutic Observation and Care programme, which it is anticipated will further reduce the reliance on temporary staffing whilst enhancing quality and safety of care delivery. In addition, the refreshed training for staff in the use of the MHOST tool will enable the MHOST to be repeated, to provide the Board with an increased level of assurance in relation to the accuracy of the safe staffing levels. It is proposed that the Board can safely delay further investment due to the assurance received through the CHPPD data demonstrating wards are working to their planned staffing numbers.