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| **Committee Name:** | **Quality & Performance Committee** |
| **Title of Report:** | **Safer Staffing Report** |
| **Date of Meeting:** | **9.4.25** |
| **Executive Lead:** | **Sarah Rushbrooke, Executive Director of Nursing, Therapies & Quality Assurance** |
| **Report Author:** | **Liz Hanley, Associate Director Nursing & Quality** |
| **Agenda Item Number:** |  |

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| **Action Required:** | **Note** | **Assurance** | **Discussion** | **Decision** |
| **☐** | **✓** | **☐** | **☐** |

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| **Strategic ambitions this paper supports:** | |
| **1. Quality care, every day** | ✓ |
| **2. Person-led care, when and where it is needed** | **☐** |
| **3. A great place to work** | **☐** |
| **4. Sustainable for the long term, innovating every day** | **☐** |
| **5. Working with and for our communities** | **☐** |

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| **Committee / Meetings where this item has been considered** | |  | **Management meetings where this item has been considered** | |
| Audit | **☐** |  | Business Delivery Group – Finance | **☐** |
| CEDAR Programme Board | **☐** |  | Business Delivery Group – Quality and Performance | **☐** |
| Charitable Funds Committee | **☐** |  | Business Delivery Group - Risk | **☐** |
| Mental Health Legislation | **☐** |  | Business Delivery Group - Workforce | **☐** |
| People | **☐** |  | Executive Management Group | **☐** |
| Quality and Performance | **☐** |  | Local Operational Management Group | **☐** |
| Resource and Business Assurance | **☐** |  | Trust-wide Safety Group | **☐** |
| Remuneration | **☐** |  |  |  |
| Other/external (please specify) | **☐** |  |  |  |

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| **Does the report impact on any of the following areas *(please check the box and provide detail in the body of the report)*** | | | |
| Commercial | **☐** | Finance / Value for Money | **☐** |
| Compliance / Regulatory | ✓ | Quality, Safety and Experience | ✓ |
| Environmental | **☐** | Service user, carer and stakeholder involvement | **☐** |
| Equality, diversity and Inclusion | **☐** | System-wide Impact | **☐** |
| Estates and Facilities | **☐** | Workforce | ✓ |



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| **Board Assurance Framework/Corporate Risk Register risks this paper relates to:** |
| SA1 Working together with service users and carers we will provide excellent care. Supporting people on their personal journey to wellbeing.  There is a risk that high quality, evidence based safe services will not be provided if there are difficulties accessing inpatient services in a timely manner due to bed pressures resulting in the inability to sufficiently respond to demands (SA1.4).  SA4 The Trust’s mental health and disability services will be sustainable and deliver real value to the people who use them.  A failure to develop flexible robust Community mental health services may well lead to quality and service failures which could impact on the people we serve and cause reputational harm (SA4). |

**Report to the Quality and Performance Committee**

**9th April 2025 (January and February 2025 data)**

**Safer Staffing Report**

**Executive Summary**

The purpose of the report is to provide assurance on the position across all in-patient wards within CNTW, in accordance with the National Quality Board (NQB) Safer Staffing Requirements. There is also a requirement to provide Care Hours Per Patient Day (CHPPD) planned and actual for registered and unregistered nursing via Unify monthly. The narrative in the report reflects the staffing position for January and February 2025.

Safer Staffing issues to note

The following safer staffing issues are of note:

* Experienced registered nurses continue to be rostered to provide ‘in charge’ cover and preceptees are supported and considered for competency assessment at nine months after registration.
* Fifteen newly registered nurses (Registered Nurse Degree Apprentices) have been appointed to vacancies and will take up post in June or July 2025. Recruitment of student nurses expected to qualify in September 2025 is in progress: 110 applications have been received and the vacancy position to enable recruitment is being established.
* The winter Covid-19 and Influenza vaccination campaign was in progress until 31.1.25 and 31.3.25 respectively for patients and staff, which continued to impact on registered nurse staffing.
* High acuity and complexity of patient need continues, with a high level of observation and engagement and seclusion.
* Physical health needs require additional staffing resource, for example, the administration of nasogastric nutrition in the context of required restrictions and the need for staff to escort patients off-site to receive diagnosis and/ or treatment (South and North Inpatient CBU).
* The impact of sickness, restrictions to the duties of clinical staff whilst investigations are completed and maternity leave.
* Whilst Healthcare Support Worker recruitment and development is welcomed, induction and development programmes result in pressures on staffing.
* Standalone units continue to be identified as being at increased risk of the effects of staffing pressures, including Yewdale ward; Elm House; Rose Lodge; Lotus ward and the Mitford unit.

Staffing related improvements include:

* A range of support and improvement work continues on the Mitford Unit and Rose Lodge.
* The e-Rostering system (Allocate) enables staffing information to be monitored ‘at-a-glance’ and prospectively where this is in operation. Monitoring arrangements for the implementation plan is being strengthened via the e-Rostering Board. The Board will be chaired by the Executive Director of Nursing Therapies and Quality Assurance and safer staffing will be incorporated into the scope of the Board’s Terms of Reference and Work Plan.

Implementation of safer staffing tools

* Review of previous Mental Health Optimal Staffing Tool audit data has identified low ratios of Registered Staff to Non-Registered Staff. MHOST data is being incorporated into the Enhanced Multidisciplinary Team work stream for Older Persons wards and Rehabilitation wards. MHOST audits are planned for Older persons wards on 30.4.25, for 30 days, and for the remaining wards at the beginning of May.
* The NHSE Safer Staffing Gap analysis is in the process of being updated following the Safer Staffing assurance audit meeting with the ICB and NHSE.

**Risks and mitigations associated with the report**

Risks and mitigations are summarised in the narrative pages of the attached safer staffing report.

**Recommendation/summary**

It is recommended that the Quality and Performance Committee receives this report meeting the regulatory requirements for reporting of staffing levels and acknowledges the areas highlighted for increased scrutiny and those areas of improvement noted for assurance.

**Name of author**

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**Executive Lead**

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Executive Director Nursing, Therapies and Quality Assurance