

Meeting details

Date of meeting:	27 th November 2025
Title of paper:	Safer Staffing – Mid Year Establishment Review
Author:	Julie Kirby – Deputy Chief Nurse
Executive Director:	Andy Cruickshank – Chief Nurse

Purpose of paper

Purpose:	Discussion
Submission to Board:	Regulatory Requirement

Overview of paper

This paper provides a mid-year establishment review. A 21-day cycle of MHOST data was collected alongside CHPPD and fill rate data. This was triangulated with a professional narrative to summarise and conclude on the overall position of our safer staffing.

Issues to bring to the Board's attention

- In conclusion the review evidences that the establishments are appropriate and the wards are safely staffed however noting there continues to be a need for a review of the wider MDT in our female younger adult wards.
- Teams continue to require further support with acuity/ dependency scoring to establish an accurate data picture. This is being provided via NHSE CNO office using the train the trainer approach and is booked for January 2026.
- The trust is part of the national review of the MHOST which has just commenced and will include two wards (one younger adult and one older adult).

Governance

Implications/Impact:	Patient Safety
Assurance:	Reasonable
Oversight:	People Committee

1. Background and context:

The safer staffing and establishment reviews are a statutory responsibility of the Chief Nurse. The review must comply with set requirements detailed in the following:

- National Quality Board report, 2016
- Developing Workforce Standards – NHS Improvement, 2018
- Health & Social Care Act 2008 – Regulation 18

It is also imperative that staff understand safer staffing levels, including understanding the relationship between skill mix, safety and quality of care. The NMC provides clear expectations in their nursing proficiency standards for registered nurses under platform 6.2:

‘Understand the relationship between safe staffing levels, appropriate skills mix, safety, and quality of care, recognising risks to public protection and quality of care, escalating concerns appropriately.’

2. Methodology

This paper provides a mid-year update of the annual safer staffing review.

The trust has previously undertaken cycles of reviewing staffing using the Mental Health Optimal Staffing Tool (MHOST). This tool is a ‘multi-disciplinary tool, evidence-based system that enables ward-based clinicians to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that ward establishments reflect patient needs in acuity and dependency terms.’

It is advised that the tool is used in conjunction with quality metrics. The information collated for this mid-year review included:

- MHOST data for 21 days between 6th – 26th October 2025
- Comparison of both CHPPD and FTE recommendations
- Fill rates per ward for the month of September
- Professional discussion

The purpose of Care Hours Per Patient Day (CHPPD) and Fill Rate data is to monitor and record the extent of which rota hours on a roster are filled and care hours provided. The below table shows a breakdown.

Key Differences from Actual CHPPD

- **Actual CHPPD** = worked hours ÷ patient days (retrospective measure).
- **MHOST CHPPD** = modelled care hours based on acuity and dependency (predictive measure).
- Recommended CHPPD is used for **establishment reviews**, not daily staffing decisions.

Ward	Actual CHPPD	MHOST CHPPD Recommended	Actual FTE	MHOST FTE Recommended
Allington Centre	213.97	209.47	43.72	19.24
Amberwood	140.81	152.38	30.25	14.10
Bluebell	127.33	195.96	32.00	18.30
Boughton	123.57	197.12	31.00	18.40
Bridge House	78.17	87.82	13.95	8.20
Brookfield Centre	131.79	148.90	30.29	13.65
Chartwell	118.42	236.12	28.25	22.00
Cherrywood	206.57	283.19	28.25	25.56
Emmetts	156.69	195.42	35.62	18.24
Ethelbert Road	63.57	99.16	13.80	9.26
Fern	129.50	208.53	28.00	19.38
Foxglove	138.60	228.31	29.00	20.91
Groombridge	151.59	235.72	22.99	21.59
Heather	140.19	120.11	27.00	11.21
Jasmine	137.45	141.29	28.25	13.17
Newhaven Lodge	73.25	73.66	13.20	6.88
Penshurst	223.64	264.61	43.82	24.07
Pinewood	123.76	186.17	28.25	17.30
Rivendell	70.82	154.77	14.00	14.45
Rosebud	75.24	99.84	14.50	9.33
MBU	147.22	136.03	26.43	12.69
Ruby	136.89	138.88	29.00	12.80
Sevenscore	136.17	185.46	31.00	16.99
Tarentfort Centre	232.89	197.99	42.64	18.48
The Grove	66.02	86.84	12.70	8.11
The Orchards	143.16	109.42	32.00	10.20
Tonbridge Road	79.95	76.97	14.60	7.19

Upnor	174.27	168.00	24.00	15.65
Walmer	175.03	251.32	39.29	23.24
Willow Suite	257.69	295.04	31.00	26.10
Woodchurch	133.87	199.68	20.85	18.20

Fill Rate Data:

At the time of writing this report the fill rate data for October was not available therefore September's data has been included to provide an indication. Individual fill rates showing a concern will be discussed in the relevant sections of this report below.

Care Group	Ward	Day		Night		Overall I
		RN	HCA	RN	HCA	
Acute	Amberwood	104.8 %	104.3 %	103.3 %	81.1%	98.8%
Acute	Bluebell	103.0 %	86.5%	100.3 %	118.7 %	99.2%
Acute	Boughton Ward	110.5 %	114.3 %	104.9 %	138.7 %	116.5 %
Acute	Chartwell Ward	96.6%	96.9%	100.1 %	112.1 %	100.6 %
Acute	Cherrywood Ward	65.7%	145.2 %	99.7%	224.6 %	128.0 %
Acute	Fern	96.0%	107.7 %	101.0 %	112.4 %	104.9 %
Acute	Foxglove	95.0%	124.7 %	97.0%	160.5 %	120.4 %
Acute	Heather	89.2%	105.8 %	99.9%	100.9 %	99.7%
Acute	Jasmine	117.8 %	76.7%	103.7 %	74.2%	87.1%
Acute	Pinewood Ward	128.0 %	145.3 %	115.0 %	206.9 %	148.1 %
Acute	Ruby Ward	84.8%	93.1%	98.3%	101.1 %	94.2%

Acute	Sevenscore	77.0%	105.8 %	103.3 %	104.4 %	98.5%
Acute	The Orchards	98.1%	81.9%	100.5 %	102.1 %	93.0%
Acute	Upnor Ward	86.1%	111.6 %	100.1 %	127.2 %	105.5 %
Acute	Willow Suite	95.6%	278.0 %	123.6 %	339.5 %	218.9 %
Acute	Woodchurch	78.7%	87.0%	99.9%	103.2 %	91.0%
East Kent	Ethelbert Road	131.0 %	59.0%	100.0 %	100.0 %	87.1%
East Kent	Rivendell	83.5%	70.6%	99.9%	80.0%	80.1%
East Kent	The Grove	65.7%	64.1%	100.7 %	66.7%	69.8%
Forensic & Specialist	Allington Centre	99.9%	126.4 %	98.6%	144.1 %	122.2 %
Forensic & Specialist	Bridge House	147.4 %	99.7%	100.0 %	109.9 %	111.1 %
Forensic & Specialist	Brookfield Centre	100.6 %	97.9%	100.0 %	105.5 %	100.2 %
Forensic & Specialist	Emmetts	113.2 %	103.9 %	98.4%	75.0%	96.4%
Forensic & Specialist	Groombridge	103.5 %	108.1 %	96.7%	109.9 %	106.1 %
Forensic & Specialist	Penshurst	108.0 %	145.1 %	99.4%	162.3 %	134.1 %
Forensic & Specialist	South Central EDMBU	78.5%	81.1%	100.0 %	94.4%	75.7%
Forensic & Specialist	Tarentfort Centre	114.3 %	129.1 %	100.1 %	148.3 %	127.9 %
Forensic & Specialist	Walmer	113.3 %	98.3%	96.8%	102.2 %	101.8 %
North Kent	Newhaven Lodge	99.7%	112.0 %	99.8%	103.2 %	118.0 %
West Kent	111 Tonbridge Road	129.5 %	151.0 %	99.8%	112.4 %	137.0 %

West Kent	Rosewood Lodge	121.8 %	200.5 %	100.0 %	99.7%	147.7 %
Grand Total	Grand Total	98.44 %	112.32 %	101.47 %	125.89 %	110.31 %

Following an analysis of the MHOST data in the full year review earlier this year it was evident of a training need with regards to the acuity descriptors and how these relate to individual services. One of the recommendations was for the Deputy Chief Nurse and Corporate Head of Nursing and Quality to provide some training for the teams. Since the review and some discussion with the national CNO safer staffing team, training is booked to be provided by the national team in January 2026.

3. Medium Secure Units (MSU)

Within the trust we have three male MSU's and one female MSU based on one site. Penhurst report a higher fill rate and higher establishment which is to be expected for an admission ward. As with LSU the increase is in support workers which indicate enhanced observations and/or relational security needs.

The team also fed back that the current agreed % of headroom does not reflect the needs required for the workforce. It is difficult to ascertain this from a data perspective due to the data inputting.

It was noted that nursing recruitment and retention is positive and well managed.

4. Low Secure Units (LSU)

Within the trust we have three LSU's based on one site.

It is noted that both Allington and Tarentfort have higher fill rates for support workers and that both of their MHOST data showed an increase, however the MHOST completion remains inaccurate.

Nursing recruitment and retention is notably positive.

5. Mother & Baby Unit (MBU), Bridge House (Detox) & Willow Suite (PICU)

Bridge House has a small but sufficient staffing team. There are risks however due to such low numbers on shift in the event of sickness but this is mitigated by a reliable and effective use of known bank staff, skilled to work in this area. They are a positive outlier for reporting compliments and this was acknowledged in the professional discussion.

Willow suite continues to show as a significant outlier with a considerable fill rate as seen below. Compared to March this year there is an increase. The reason for the increased staffing is reportedly due to acuity and enhanced observations.

This ward is currently being monitored by the directorate leadership team and support in place including relational security training to support the team reducing restrictive practices affecting fill rates.

March 2025-

Willow Suite	99.8%	204.9%	149.9%	240.3%	176.3%
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September 2025 –

Acute	Willow Suite	95.6%	278.0%	123.6%	339.5%	218.9%
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We can also see that with regards to the MHOST data we would expect to see acuity levels of 3 and above for a PICU however the team reported lower levels on a daily basis, which doesn't align to the sustained heightened fill rate. This can be attributed to a training need for the team relating to MHOST, which is planned for January 2026.

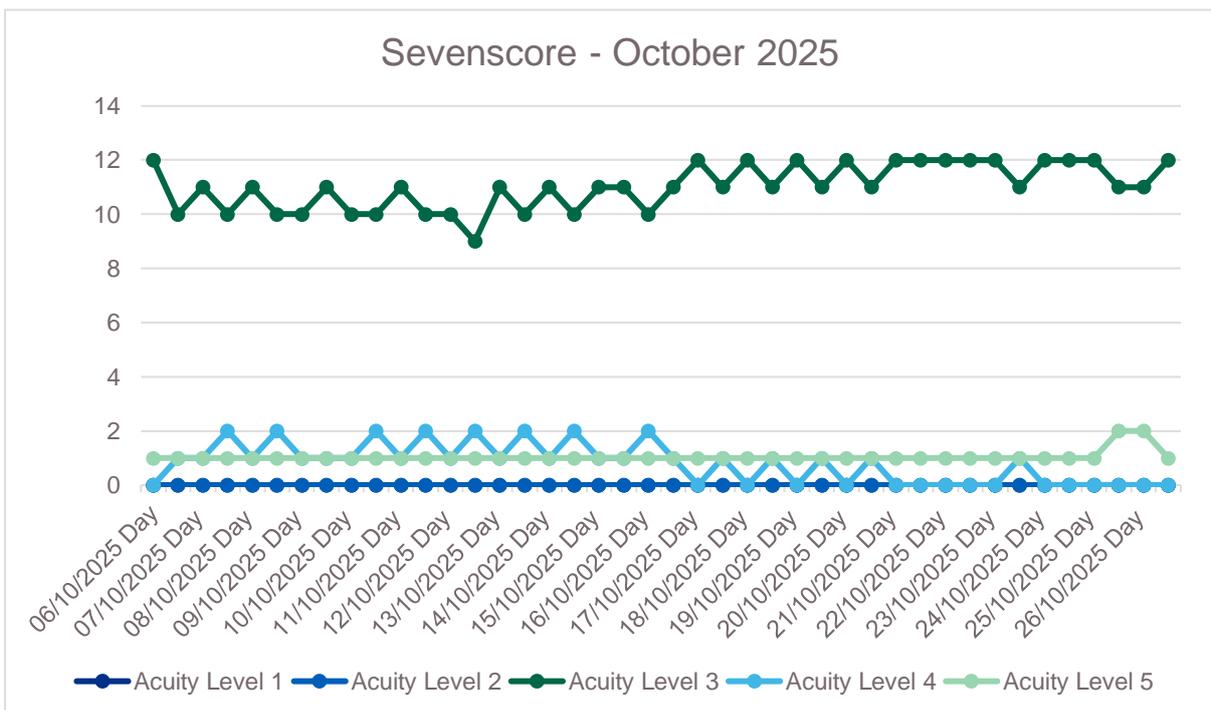
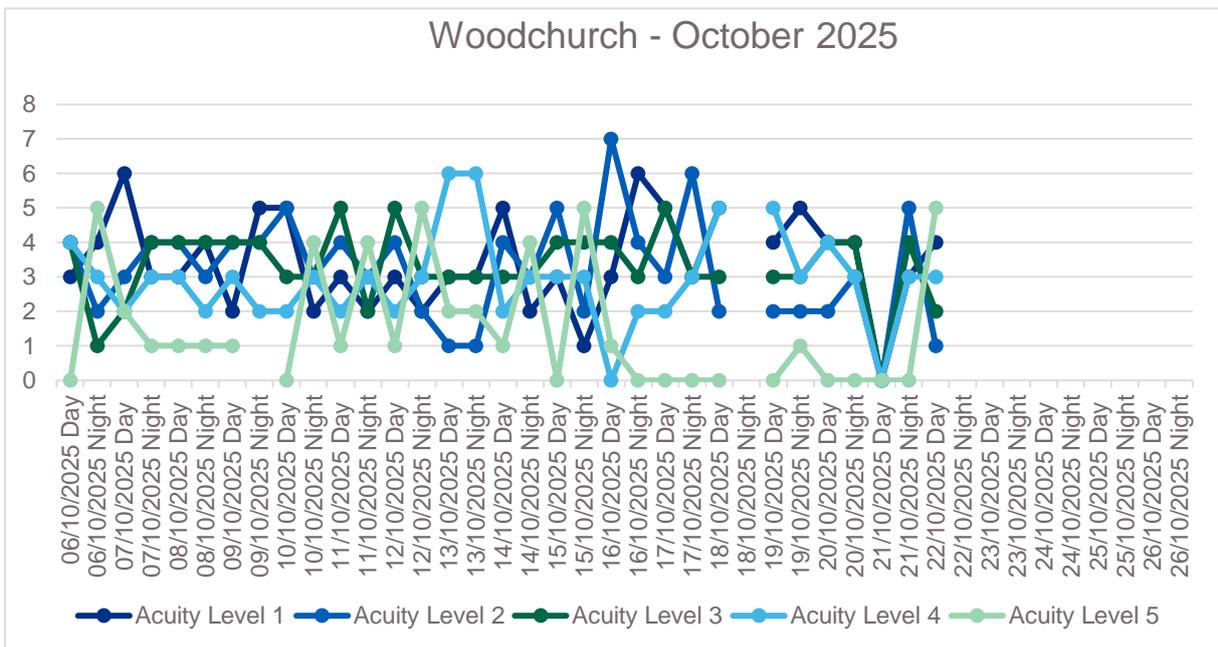


MBU show a low fill rate and are not aligned with MHOST and actual FTE recommendations however it should be noted that this ward do flex their staffing due to capacity and will have less staff on shift if there are fewer admissions. This is felt to be well considered and managed by the team and does not raise concerns regarding safer staffing.

6. Acute - Older Adult Wards

There are six older adult wards within the trust, three of each gender and these are located across the county.

Both Sevenscore and Woodchurch show low levels of fill rates for registered nursing staff however the team feel this is inaccurate due to establishment data errors and plan to rectify. Their MHOST data shows a variance across the wards in data reporting. We can see Woodchurch acuity is particularly variable and this would be unexpected and more likely related to data entry, identifying a training need. Sevenscore however show a more predicted consistent picture. Woodchurch also has missing periods of data from non-completion.



7. Acute - Younger Adult Wards

There are four male younger adult wards, and five female younger adult wards spread across Maidstone, Dartford and Canterbury sites.

Pinewood fill rates remain high, in March this was attributed to four new starters however this remains high in October. We have identified a need in our male wards for staff to have support with regards to relational security and restrictive practices, notably enhanced observations.

Fern ward was a notable outlier in March with higher levels of observation required, zonal observations inconsistently used, and the team reporting a high admission and discharge rate. Over the past few months there has been significant improvement with regards to observations and flow and we can see this reflected in the fill rate.

It was identified in March that for acute wards the MHOST only returned two wards recommended for higher levels of staffing, and these were both female younger adult wards, Chartwell and Upnor. It was however noted with caution as we were aware of the need for further support with a full understanding of MHOST acuity levels. The recent review in October evidenced further the training need as the MHOST data shows a reduction in acuity, which is not supported with other quality metrics.

8. Community Inpatient Rehabilitation Services

There are six community inpatient rehab wards across the county. Across these services it was clear that MHOST requires further support and understanding to how the tool can be applied for rehab services.

We can see variances in fill rates, with the Grove showing particularly low rates, and both 111 and Rosewood showing higher rates. This is attributed to the need for an e roster review due to inaccuracies with the reported establishment.

9. Health Based Place of Safety (HBPoS)

There are currently three HBPoS's across the county. These were not included in the MHOST collection as the tool is not adequate for this setting.

10. Trust Wide Analysis

Fill rates on several wards appear to show a concern that staffing may be low at times however on every occasion the teams reported this wasn't reflecting accurately. The wards indicated have been advised to meet with the e roster lead for further exploration and advice.

Notably staff reported feel less supported at night, which further supports the case for 24/7 Duty Senior Nurse onsite cover. There is a proposal for this to be consulted upon within the next month.

During the period of time between reviews the clinical model across all wards has changed and HCSW's have been supported into band 3 positions. The only band 2 HCSW positions across wards are now apprenticeship roles.

At the current time the acuity descriptors for MHOST are completed on a daily basis and often completed by admin staff. The evidence for MHOST suggests this is more effective when only completed over two 21-day periods and purely for the use of establishment reviews. These should also be completed by a senior clinician and should reflect the clinical presentations of acuity on the ward.

From both the initial review and this mid review we can see that the MHOST data recording is both inconsistent and unreliable. Therefore, to improve the data quality it is proposed that this is discontinued and adapted to the national guidance of twice a year for 21 days and completed by a band 6 or above trained member of clinical staff.

11. Summary and Conclusion

In summary this review concludes the current establishments do meet the safer staffing requirements for the wards as they are defined, and that wards are safely staffed. There is an identified need for further work on relational security and reducing restrictive practices across our male wards, and women's health on our female wards. Both these areas have work underway.

Overall the MHOST and CHPPD data generally indicates that most wards are over staffed however when considering the data inputting and professional narrative this appears inaccurate. The MHOST acuity descriptors are widely mis interpreted by teams with most teams under rating their acuity levels significantly.

The new process commenced this year has been welcomed by teams and has encouraged discussion regarding safer staffing. There is however an identified need for further training. This was to be provided by the Deputy Chief Nurse and Corporate Head of Nursing and Quality however since this was agreed links have been developed with the CNO Safer staffing team who have offered train the trainer sessions. These were felt to be more thorough and detailed and are booked for January. Every ward manager across acute and F&S, alongside a matron from each site are all planned to attend.

The trust also responded to an invite to participate in the MHOST tool review and this has commenced recently, with two wards being a part of the review. Alongside a financial incentive for each ward, benchmarking data and activity will be shared within the review group and there is an increased opportunity for networking and sharing.

12. Recommendations

- 1- Safer staffing training to be delivered by NHS CNO team in January 2026
- 2- Daily acuity completion for MHOST to discontinue and be completed for two 21-day periods over 12 months by a band 6 (or above) trained clinician
- 3- Full establishment reviews to be undertaken post training in March/ April 2026