SAFER STAFFING SUB COMMITTEE

TERMS OF REFERENCE

1.   Values

The Sub-Committee will role model the Trust values:

Compassionate
   •   Supporting recovery for all and maintaining hope for the future.
   •   Being kind to others and myself.
   •   Showing empathy for others and appreciating vulnerability in each of us

Inclusive
   •   Treating people fairly, with dignity and respect.
   •   Challenging all forms of discrimination.
   •   Listening with care and valuing all voices.

Committed
   •   Striving to deliver the best work and keeping patients at the heart.
   •   Taking responsibility for my work and doing what I say I will.
   •   Courage to question to help us learn, improve and grow together

2. AUTHORITY

2.1   The Sub Committee is constituted as a sub committee of the People Committee and is authorised to investigate any activity within its Term of Reference.

3. PURPOSE

3.1   To monitor and review the staffing levels across the Trust's clinical services to ensure that they are sufficient to meet patient need and to make recommendations for change where concerns are identified.
3.2   To discuss any actions Workforce Planning & Transformation group that need to be addressed in the Safer Staffing Committee,
3.3   To support the workforce to align the principles of safer staffing.

4.   RESPONSIBILITIES AND DUTIES

4.1   To draft, consult and implement the Safer Staffing Policy for the Trust

4.2 To ensure the Mental Health Optimal Staffing Tool (MHOST) CNO Safer Staffing Training is rolled out into clinical areas. To oversee the implementation annual MHOST measurement and to receive the results of these and approve establishment review board report.

4.3 To review the safe staffing levels of each of the Trust's bed-based services using MHOST results and through the triangulation of HR, Finance, patient safety, patient experience and quality reports / data

4.4 To identify whether the current safe staffing levels are sufficient and to determine the levels of assurance that exist to support this position

4.5 To review temporary staffing Trust wide fill rates for bank and agency shifts including long term agency use and vacancy rates across all clinical professions both registered and unregistered.

4.6 To make recommendations through Operational Management Team and People Committee regarding safe staffing levels where concerns / risks are identified

4.7 To provide Operational Management Team and the People Committee with assurances about the Trust's staffing levels and making recommendations for change. Local Finance, performance and productivity meetings are to have authority to sign off budgets and refer to the executive team of budget changes.

4.8 To include the information from the staffing reviews into the 6 month (April and October) staffing declaration (establishment reviews) for the Board of Directors.

4.9 To support and encourage the consideration of alternative roles when reviewing existing and developing new staffing models. Any new proposals are to be taken through local ownership of clinical governance committee. Establishment Reviews are to be supported by the ward management team.

4.10 Any changes to the establishment needs to go through Safer Staffing Committee this is to include inpatient and community teams.

4.11 To review the Quality Indicator Dashboard including the number of incidents reporting relating to staffing levels.

4.12 Monitor the implementation of the Allocate Safe Care Project

4.13 Monitor the implementation of the Safer Staffing project workstreams through monthly project progress updates via Safer Staffing Project Lead and Project Manager. Review progress against project timeline and objectives in addition to review and escalation of any project risks, issues and CQEs.

5. MEMBERSHIP AND ATTENDANCE

Members

5.1 The membership of the Committee will be:

- Chief Nursing Officer/Director of Quality & Safety *(Chair)*
- Associate Chief Nurse for Practice, Policy and Professions *(Deputy Chair)*
- Associate Director of AHPs and Recovery
- Chief Psychologist

- Senior People Partner – Strategy, Resourcing, Analytics and Transformation Workforce Team
- Lead Nurse, Safer Staffing
- Director of Operations
- Deputy Director of Finance
- Heads of Nursing and AHPs
- Lead Nurse – Temporary Staffing Services
- StaffSide representative
- Clinical Nurse Manager from each Division
- Lead for AHP Workforce Development
- Lead Nurse for Non-Medical Education and Development
- Lead for Advanced Practice

5.2 In the absence of the Chair of the Committee, the Deputy Chair will chair the meeting.

5.3 Where members are unable to make the meeting, they are expected to nominate a deputy to attend on their behalf. These attendees will not assume temporary voting rights.

5.4 Members should make every effort to be present at all Committee meetings.

6. QUORACY

6.1 The meeting will be considered quorate with 6 Committee members with representation from at least 2 operational divisions.

7. MEETINGS

7.1 The meeting will be closed and not open to the public.

7.2 Meetings will be held monthly. Members will agree the meeting dates annually in advance.

7.3 The agenda of every Committee meeting will include as standing items a review of how effectively it has discharged its business and how effective the Committee has role modelled the values of the Trust through its decision making.

8. ADMINISTRATION

8.1 The PA to the Chief Nurse will ensure there is appropriate secretarial and administrative support to the Committee.

8.2 The agenda for each meeting will be agreed by the Chair and the agenda, minutes and papers will be issued 5 working days before the meetings.

8.3 An action list and minutes will be compiled during the meeting and circulated within 7 calendar days of the end of the meeting.

9. REPORTING AND LINKS TO OTHER COMMITTEES

9.1 The Committee Chair will report to the People Committee on a monthly basis via an AAA report

9.2   The Committee will submit a six-monthly report on Safer Staffing to the Board of Directors via an AAA report

10.   Declaration of interest

All members must declare any actual or potential conflicts of interest in advance. These must be recorded in the minutes. Members must exclude themselves from any part of the meeting where a potential or actual conflict of interest may occur. Alternatively, if a member is conflicted with an item on the agenda, the Chair shall adopt a sensible and pragmatic approach in managing conflict during the meeting as they may permit the conflicted member to participate and contribute to the debate and discussions on the item (so as to inform better decision-making) but abstain or recuse themselves from any related voting. (Check section 3.12 – Managing conflict of interests during meetings in the Trust`s Declaration of Interest Policy for more details).

Date Updated: November 2025

Date approved by the Safer Staffing Sub-committee: (Approved via Chair`s Action – January 2026).

Date Ratified by the People Committee: 20th January 2026

Date of Next Review: November 2026

Version: 2.2