

REPORT TO TRUST BOARD

Enclosure 6.2

Date of Meeting:	08 September 2016
Title of Report:	Six-Monthly Safer Staffing Report July 2016
Presented by:	Maria Nelligan, Executive Director of Nursing and Quality
Author of Report:	Julie Anne Murray, Head of Nursing and Professional Practice
Purpose / Intent of Report:	To review in-patient nurse staffing levels in line with NQB requirements and to summarise progress so far
Executive Summary:	This report details the findings of the July 2016 six monthly review of ward nurse staffing establishment, covering January–June 2016, in line with NHS England and National Quality Board (NQB) requirements.
Seen at SLT or Exec Meeting & date	SLT/EXEC: See by Exec Lead: Maria Nelligan Document Version number: 1
Committee Approval / Review	<ul style="list-style-type: none"> • Quality Committee • Finance and Performance Committee • Audit Committee • People and Culture Development Committee • Charitable Funds Committee • Business Development Committee
Relationship with: <i>Board Assurance Framework</i> <i>Strategic Objectives</i>	<ol style="list-style-type: none"> 1. To provide the highest quality services ✓ 2. Create a learning culture to continually improve. ✓ 3. Encourage, inspire and implement research at all levels. 4. Maximise and use our resources intelligently and efficiently. ✓ 5. Attract and inspire the best people to work here. ✓ 6. Continually improve our partnership working. 7. To enhance service user and carer involvement. 8. Comments:
Risk / Legal Implications: (Add Risk Register Ref [if applicable])	
Resource Implications:	
Funding source:	

Equality & Diversity Implications:	
Recommendations:	It is recommended that Board discuss and note the contents of the report and that they approve the recommendations outlined in Section 6.

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1. Introduction

This report details the findings of the July 2016 Six Monthly Review of Ward Nurse Staffing Establishment, covering January–June 2016, in line with NHS England and National Quality Board (NQB) requirements. Progress has been made in strengthening nurse staffing since the original review in 2014 however nurse recruitment is challenging nationally, and this is evident locally, therefore nurse staffing will remain an area of focus. The NQB have produced further guidance in July 2016 and the requirements of this are discussed within the report.

1.1 Background to the ward staffing review

In June 2014, the Board of Directors received a paper setting out the Trust's position in relation to ward staffing. This review was undertaken by the then Deputy Director of Nursing, using the Hurst tool methodology. Follow up reviews in Jan 2015 and June 2015 were also reported to the Board. Following the appointment of the new Director of Nursing & Quality in October 2015, a further in-depth review was undertaken in January 2016. The areas covered within the review included both qualitative and quantitative data and the review methodology followed the Telford Model which is a recognised consultative approach based on professional judgement. To ensure the robustness of this approach and to prevent bias quantitative data from a number of sources was used to aid triangulation. The data examined for each ward included:

- Current ward nursing and MDT establishment
- Rosters
- Skill mix ratios
- Temporary staffing arrangements
- Sickness
- Vacancies
- Incidents

The same methodology has been applied to this 6 monthly review. The Deputy Director of Nursing & Quality and the Head of Nursing & Professional Practice met with ward managers and modern matrons. The review included a range of factors impacting on nursing and the ability to deliver high quality care. During the review meetings the quantitative data gathered, including areas of practice, staffing and leadership, was explored with the ward representatives to inform the conclusions and recommendations of the review.

The current and recommended staffing levels are detailed in appendix 1.

1.2 NQB update guidance July 2016

The NQB have published further guidance in July 2016 (appendix 2) detailing the next stage for safer staffing reporting. These requirements include the need for greater triangulation of metrics including patient outcomes, productivity, financial sustainability, incident reporting/response and patient, staff and carer feedback on a monthly basis. Until now different interpretation of planned staffing has hindered benchmarking across organisations, the new NQB guidance indicates that in the future trusts will be reporting on establishment,

clinically required and actual hours in order to resolve this. There is no firm date set yet for when this will commence however the trust has actioned this from July 2016. This will bring greater opportunity for benchmarking. The NQB expect trusts to develop a local quality dashboard for safe sustainable staffing therefore a recommendation in respect of this is included within the report.

Furthermore acute trusts have had to report on Care Hours Per Patient Day (CHPPD) since May 2016 and it is expected that all trusts will be required to do the same in the near future. This process will be relatively straightforward, requiring the patient headcount at 23:59 each day, therefore the trust will be able to respond to such a request promptly when received. At this time it is not clear when this will apply to MH trusts.

Finally the new NQB requirements indicate that triangulation between local reviews, the use of professional judgement models (such as the Telford model) and the use of validated evidence based tools (such as the Hurst tool) are key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way. The trust initially utilised the Hurst tool, the subsequent use of the Telford model concluded the same nurse staffing requirement. The trust is also engaged with the further development of safer staffing tool through the West Midlands LETC MHI Workforce Programme. A national tool, commissioned by NHS Improvement, is being developed and is expected in the autumn of 2016.

2. Findings from the review

It was evident that the clinical teams remain committed to delivering high quality care with the trust values and the nursing 6 C's values being embedded into practice. A number of themes related to specific wards or specialities arose during the review some of which have actions related to them and some of which are for noting.

2.1 Staffing incidents

There were 67 incident forms related to staffing within the six month review period. This was an increase from 39 in the previous six month period, July – December 2015. All of these incidents resulted in no harm. Themes relating to shortfalls in staffing include high vacancy levels, high acuity/observations, temporary staff not reporting for duty, temporary staff not being available at short notice and cross covering wards.

2.2 Sickness

Average monthly sickness rates have reduced within the adult acute and NOAP wards over the past 6 months. However, on average, sickness has risen within the other 5 wards. The table below sets out sickness levels from Jul-Dec 2015 and Jan-Jun 2016. The trust sickness level target is 4.95%.

Average sickness	July-Dec 15	Jan-Jun 16
Ward 1	8.2%	2.1%
Ward 2	11.6%	10.6%
Ward 3	9.1%	4.6%
Ward 5	8.2%	6.3%
Ward 6	9.5%	6.5%
Ward 7	3.2%	1.8%
Florence House	5.1%	10.2%
Summers View	10.9%	13.8%
Darwin Centre	2.1%	3.2%
Assessment and Treatment (A&T)	4.4%	12.1%
Edward Myers	2.0%	7.6%

From Jul-Dec 2015 four wards, Ward 7, A&T, Darwin and Edward Myers met or were below the trust target. During Jan-Jun 2016 sickness levels remained below the trust target on Ward 7 and Darwin; Ward 1 and Ward 3 were also below 5% during this time period. All other wards were above the trust target and this has an impact on the amount of bank and agency that are used. Some of the ward teams are of small numbers and therefore are susceptible to high fluctuation in terms of reporting in %. During the review meetings WMs reported that they are robustly managing sickness with the support of HR.

2.3 Enhancing the multi-disciplinary team (MDT)

All wards reported the benefit of having a MDT and have, as a minimum, input from occupational therapy (OT), psychology and psychiatry. OT presence has recently been strengthened on the acute wards. All wards have activity workers and they work across 7 days, although this is 5 days out of 7 on some wards. The ability to provide meaningful activity is reported to be highly valued by the people who use our services and the wider ward team. The new structure within acute mental health will see the senior OT managing the activity workers. The impact of this, and the strengthened OT team, will be analysed in the next 6 monthly review.

2.4 Acute wards

The acute wards budgeted establishments meet the recommended nurse staffing levels when the place of safety is not taken into account. The issue in the past 6 months continues to be the difficulty in recruiting RNs to acute wards. A high number of RNs will be commencing employment, mostly on the acute wards, over the next 3 months. The challenge now is the number newly qualified and inexperienced nurses that will be beginning their RN journey within the trust at the same time. A robust preceptorship programme has been designed to support this process and preceptorship buddies are being identified within other areas, such as corporate services, in order to assist wards in developing and nurturing this new talent.

2.5 Place of safety section 136 suite

A person detained under section 136 requires a minimum of level 3 or level 4 observations dependent on the needs and risks presented, this requires a minimum of 1:1 staffing. The

place of safety currently draws on ward 1 and temporary staffing, when in use. The suite has been used on 128 occasions from Jan-Jun 2016 and on 156 occasions from Jul-Dec 2015. Therefore over the past 12 months the suite has been occupied on 284 occasions. Securing staffing at short notice to support people admitted to the suite is problematic and currently relies on drawing from Ward 1 staffing if cover cannot be sourced. The problem is greater at night when there is less flexibility in staffing and therefore it is recommended that, as a minimum, an additional member of staff is rostered onto each ward 1 night shift specifically to cover the s136 suite. This would result in 2 RN and 3 HCSWs being rostered to each night shift on Wd 1. This will result in an additional 2.58 WTE HCSW being required within the ward 1 establishment.

2.6 NOAP wards

The NOAP wards (wards 5, 6 and 7) have had their substantive staffing increased following the closure of ward 4. This closure resulted in staff from ward 4 being transferred to existing vacancies within the other 3 NOAP wards. Additionally there are 8 WTE band 3 HCSWs from ward 4 who have been deployed on wards 5, 6 and 7 (as a cost pressure at present and not aligned to the establishment). This uplift of 7 WTE HCSW meet the HCSW staffing levels agreed in the previous 6 monthly safer staffing review. These additional posts were required in order for Ward 5 to achieve staffing levels of 3 HCSW on days and 2 HCSW and to allow headroom for wards 6 and 7. A further 6.23 WTE RN are also required to meet safer staffing recommendations as summarised below:

		Recommended establishment	Current establishment	Uplift required	Current staffing
Ward 5	B5	13.76	9.50	4.26	9.50
	HCSW	14.76	12.20	2.56	15.20
Ward 6	B5	13.76	11.90	1.86	11.90
	HCSW	14.76	14.30	0.46	17.30
Ward 7	B5	9.11	9.00	0.11	9.11
	HCSW	14.76	10.80	3.96	13.80

2.7 Substance misuse

The substance misuse ward, Edward Myers, is currently awaiting the outcome of the impact of the announcement that cuts to the Better Care Fund will potentially affect their funding stream. Despite this the WM reports that the ward staff morale is still good given the circumstances and that staff continue to be dedicated to providing high quality care. There are no adjustments recommended to Edward Myers staffing at this time.

2.8 LD Assessment & Treatment

The LD assessment and treatment unit works intensively with people with the aim of minimising the length of stay to no longer than 12 weeks in line with national guidance. During this time the multi-disciplinary team use specialised evidence based interventions within a Positive Behaviour Support (PBS) framework in order to support people. Within a person's treatment plan there is a minimum of 30 hours activity and therapy each week. In order to achieve these intense levels of support there is a need to provide a minimum of 1:1

staffing and specialist assessments and interventions from a MDT comprising of speech and language therapy, social work, nursing, psychology and psychiatry. This model has been agreed with commissioners within the LD transformation programme and means that the staff to patient ratio is consistently high. Whilst this enables the team to provide the intense support needed to meet people's needs a contingency plan is required to identify how the staff will be utilised when beds are not fully occupied. This will ensure that resources are used efficiently and effectively and this work will be led by the Head of Directorate.

Additionally the most senior staff (Band 6) are most visible on day shifts. The ward model have advised that this is assessed based on current in-patients and alteration to skill mix would occur as needed, however consideration should be given to having a more senior presence at nights.

2.9 CAMHS Darwin

The Darwin unit is currently undergoing refurbishment and this has resulted in a reduction in beds from 15 to 10. Nursing staffing has been reduced from 6/6/3 to 5/5/3 due to this reduction. When the unit is reopened it is expected that the staffing levels will return to 6/6/3. There are no alterations recommended to the staffing levels on Darwin at this time.

2.10 Summers View and Florence House

One WM covers both of these rehabilitation units, this was previously agreed as a pilot. Both units also have a band 6 deputy in post. Having one WM covering 2 units is challenging due to responsibilities required of the WM position. This was acknowledged within the review and discussions took place in relation to strengthening leadership across both wards. The ward team were considering an additional band 6 shared across both wards for this purpose. However the review would recommend that this post is a band 7 to acknowledge the level of responsibility and leadership required to manage a ward. From a financial perspective the cost of a band 7 is generally similar to the cost of a band 6 (as band 6 nurses tend to work shifts and therefore there is the additional cost of unsocial hours enhancements to consider).

On benchmarking the model of one WM across 2 units nationally, it is clear that this model has significant challenges. It is evident that where it has been tried the outcome is generally to revert back to one WM per ward. This is despite other trusts utilising the model in conjunction with 3 band 6 deputies per ward. The location of the 2 units being some distance apart has also been identified as being a challenge by other trusts. In order to strengthen clinical leadership a further 1 WTE B7 RN would enhance the recovery model in place by having a combination of OT and RN leadership. This model would allow for a band 7 to take the lead on each ward but with the flexibility to work multi-professionally on projects in relation to service development. The second band 7 is currently available within the existing establishment.

In addition to this alternate model of one WM to 2 units, the current WM is an Occupational Therapist and therefore cannot apply the Mental Health Act (MHA), this role is taken on by the band 6 deputies. Having an additional band 7 WM who is an RN would address this issue.

On examining Summers View establishment it is evident that the current shift pattern of 4/4/3 cannot be supported in terms of the number of HCSWs in post. A further 3.3 WTE HCSWs

would be needed to meet the demand and this recommendation is supported by the review team due to the client group and the fact that this is an isolated unit. This recommendation was also made within the Jul-Dec 2015 staffing review.

2.11 RN night cover

Traditionally the wards within the trust have been established for 1 RN at night. This was considered within the last review and once the RN vacancies are filled this will be within the budgeted establishment of several wards including wards 1,2 and 3. This will strengthen the clinical leadership on nights and lessen the impact of any short notice shortfalls that arise. The ability to achieve this will be built up over the next 6 months as new starters increase in competence and confidence and are able to support the night rota. The uplift in establishment recommended for wards 5 and 6 also includes 2 RNs on nights.

The Darwin Centre is a standalone unit and has one RN on duty at night. In order to strengthen support at night it is recommended that once the Harplands night staffing is strengthened, through the current recruitment programme, the DSN should make nightly supportive visits to the Darwin Centre.

2.12 Senior nurse cover out of hours

Due to the current vacancy level and to support new RNs commencing employment within the trust it has been identified that a coordinated senior nurse presence across 7 days would strengthen clinical leadership. This senior nurse visibility across the 7 day week, providing cover across weekends and evenings, ensures that experienced nurses are available for advice and support.

2.13 Initiatives and good practice

Although our wards remain extremely busy the positivity, morale and dedication shown by the staff was evident throughout the review. The ward teams were keen to share a number of initiatives and good practice that they are currently demonstrating including:

- The NOAP Innovation Team (comprising of the modern matron, ward managers and deputy managers) meet monthly to review audits, share best practice, consider standards and examine staffing across the directorate. From this monthly meeting the team have been able to evidence improved outcomes and also demonstrate the benefit of working across traditional team boundaries.
- Weekly training programme – a number of wards in acute and NOAP have a weekly training programme in place, these are held at handover, topics are delivered over a month to allow all staff to attend then a new topic is delivered the following month.
- The learning disabilities (LD) directorate secured funding and linked with Keele University to develop a 6 day continuing professional development for staff including topics such as working with families, reflective practice and current issues within LD. Alongside this all staff have been trained in positive behavioural support (PBS) which has strengthened the roll out of an evidence based challenging behaviour pathway to improve patient outcomes.
- CAMHS and Rehabilitation wards have regular community meetings that give service users the opportunity to raise issues so that these can be addressed pro-actively, this

also gives the opportunity for services to engage and consult with service users on any upcoming initiatives.

- Using the short shift pattern facilitates greater opportunity for mandatory training and clinical supervision during the handover period and compliance with these non-direct care activities has been improving.

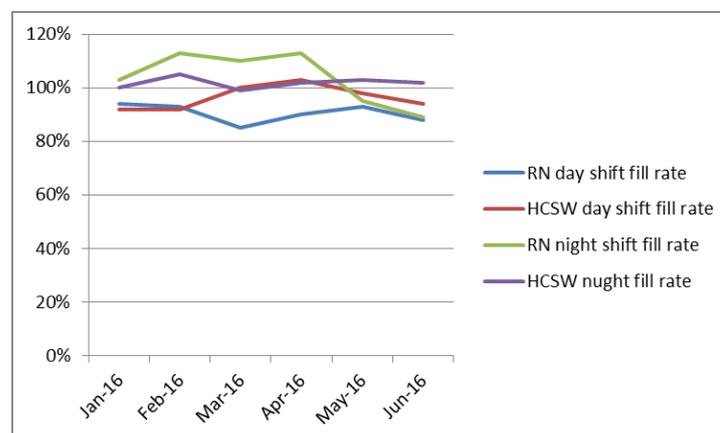
3. CQC MHA unannounced visits

There have been a number of unannounced CQC MHA unannounced visits in recent months. Wards 3, 4, 5, 6 and 7 have all had visits and although outcomes have been positive on the whole with regards to nursing care, there are some themes and actions that have arisen. These include a number of expired deprivation of liberty safeguards (DoLS) applications, consent to treatment documentation, pre section 17 leave risk assessment evidence and risks relating to the changeover from paper based records to a full electronic record. Action plans and audits are in place to address compliance issues and this is overseen by the Mental Health Law Governance Group.

4. Safer staffing performance

This section identifies how wards are maintaining safe staffing levels, the potential impacts and the actions being undertaken currently, alongside future recommended actions, to minimise negative impacts.

The trust safer staffing reports submitted to UNIFY from Jan – Jun 2016 demonstrate the ward actual staffing levels. RN nights are showing a reduction over the six month period partly due to clarification on the definition of planned staffing. Planned staffing is the amount of hours required to meet the clinical needs of patients on each specific shift. Initially wards were reporting the planned nightshift RN cover based on the establishment of 1 RN, however where 2 RNs have been clinically required on wards they now report this as the planned staffing. The HCSW night staffing has been at a 100% or above for the majority of the same time period. Day shifts have been above 92% for HCSWs but have been consistently below planned staffing levels for RNs as shown in the graph below. The current recruitment programme is addressing this issue. Where there have been dips in RN staffing on days HCSW staffing has increased as evidenced in the graph below:



The action taken by the board in agreeing safe staffing levels and the subsequent work of the ward teams has had a significant impact in ensuring that wards are safely staffed.

On an on-going basis there are 4 further key interventions that contribute to achieving and maintaining safe staffing levels. These are recruitment and retention, effective rostering, robust temporary staffing arrangements and finally actions taken by ward staff to mitigate against the potential impact of unfilled shifts.

4.1 Recruitment and retention

The trust has increased recruitment activity in the past 6 months through the introduction of one-stop recruitment fairs and by offering all 3rd year student nurses (MH and LD) at Keele University employment within the trust. This has resulted in the majority of vacancies being filled with starts ranging from August through until October this year. Due to the number new RNs, many of whom are newly qualified, robust induction and preceptorship programmes are planned to ensure that we retain and develop new starters within the organisation.

RN vacancy levels within the previous review were reported to be 31.4 WTE and the latest RN vacancies in June 2016 are also reported to be 31.4 WTE. This position is being improved upon as the RNs come into post as a result of the recent recruitment drives. There has been turnover within this period with staff being recruited and staff leaving, therefore to achieve stability the latest cohort of RNs need to be supported in their first few months to ensure that they have a robust induction and become integrated into the organisation. Alternatively the trust is currently over-established in terms of Health Care Support Workers.

4.2 Effective rostering

The current system of paper based rostering within the trust makes it difficult to evidence effective rostering. Efficient rostering is essential to maximise the use of current resources and has the potential to minimise the occurrence of the actions taken by ward staff to maintain safe staffing levels. The trust is currently considering the procurement of e-rostering whereby key performance indicators (KPIs) can be set and measured. This will aid the management of staffing resources at ward, directorate and cross directorate level. A proof of concept for e-rostering is currently being considered by SLT.

4.3 Temporary staffing arrangements

A recent review of current temporary staffing arrangements identified opportunities for improvement in relation to the governance of temporary staffing and of rostering practices within the trust. A paper has been submitted to the Senior Leadership Team (SLT) detailing the current processes and potential solutions required to strengthen governance related to temporary staffing arrangements.

Whilst there have been improvement to temporary staffing processes and the solutions cannot be fully implemented until the trust invests in bank software aligned with e-rostering. The procurement of such software is currently being investigated by the trust.

The temporary staffing costs in the past 6 months within in-patient wards were as follows:

<p style="text-align: center;">In-patient temporary staffing spend Jan-Jun 2016</p>
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Directorate	Agency	Bank	Total
Adult MH	228,388	611,859	840,247
NOAP*	135,150	271,836	406,986
LD	113	152,171	152,284
Substance Misuse	19,419	38,842	58,261
CAMHS	11,566	38,030	49,596
Grand total	394,636	1,112,738	1,507,374

* excludes Ward 4

A significant proportion of temporary staffing use is due to the high number of vacancies being back-filled. Temporary staffing is also used to back-fill sickness and to facilitate increased clinical observations.

4.4 Actions taken by ward staff to maintain safe staffing levels

Each month Ward Managers (WM) report on the actions taken, by ward staff, to maintain safe staffing levels on wards. The same themes arise each month and include:

- **Nursing staff working additional unplanned hours**

Nurses are working additional unplanned hours either by shortening or cancelling their break or working beyond the end of their shift. Although staff receive time-off in lieu when they work additional hours this does not mitigate against the potential increased risk during the shift and can contribute to future staffing issues when the time is reclaimed.

- **Nursing staff cross covering wards**

Cross covering between wards has been evident throughout the six-month period being reviewed. The ward teams acknowledge that it is necessary to balance staffing on a shift by shift basis and appreciate that there will be a level of 'give and take' between wards. However if this is happening frequently this can impact on staff morale and the ability of ward managers to develop their teams.

- **Multidisciplinary support**

There have been occasions when multidisciplinary team (MDT) members have been required to support nursing staff in delivering planned care. Although this has been evident in the past 6 months it is not to the extent that would impact regularly on patient care.

- **Altered skill mix**

There are occasions when RN shifts have been backfilled by Health Care Support Worker's (HCSWs) when RNs cannot be sourced. The opposite also occurs, to a lesser extent, whereby HCSW shifts may be filled by an RN. An improvement in this occurrence is expected in the near future as those staff recruited through the RN recruitment drive come into post.

- **Non patient care activity**

There are occasions when non patient care activity such as mandatory training, supervision and appraisals are cancelled in order to maintain safe staffing levels on wards. When this happens the activity is rearranged but this has the potential to impact on compliance figures.

- **Patient experience**

Patient care is prioritised over non-direct and non-patient care activities however there have been occasions when patient activities being cancelled or shortened. Although reduced satisfaction in relation to patient experience is a potential impact there have been no reports of direct negative outcomes for patients as a result of reduced activities.

From a patient feedback perspective the majority of feedback is positive. However this is not always captured centrally with only 6 compliments being registered with the patient experience team (PET) in the past 6 months. The PET is currently delivering training and within this they are reinforcing the message to teams to send through any compliments, concerns or complaints they receive. Anecdotal evidence suggests that a much higher number of compliments are received and therefore wards and teams are being encouraged to highlight these centrally so that all the information is captured. During the same 6 month period 8 complaints were received. These have been responded to and lessons learned have been shared.

5. Recommendations

5.1 Local quality dashboard for safe sustainable staffing

The NQB requires trusts to develop a local quality dashboard for safe sustainable staffing. The Head of Nursing and Professional Practice will link with the performance team in order to identify a way forward with this. Once this is developed it will provide a method of measuring against triangulated data and actions can then be agreed to continually improve on identified areas. There is currently no deadline set by NQB for this development however work will commence on this within the trust during September 2016.

5.2 Preceptorship programme

The clinical placement facilitator (CPF) has developed a robust preceptorship programme with the modern matrons in order to ensure that newly qualifieds are supported through their first 12 months. Staff new to the organisation will also be able to access the programme to assist their integration into the organisation and support their induction. Due to the high numbers of newly qualified nurses within wards 1, 2 and 3 experienced nurses from other areas will assist by acting as preceptors to support the ward teams. Senior nurses from operational and corporate services will be identified as buddies to support preceptors and preceptees.

5.3 Place of Safety s136 Suite

In order to ensure that there is staffing available for the s136 suite it is recommended that, as a minimum, an additional member of staff is rostered onto each night shift on

ward 1 specifically to cover the s136 suite. The current budgeted establishment for ward 1 is 2 RN and 2 HCSW. This should be increased to 2 RN and 3 HCSW due to the frequency of use of the suite and the difficulty in sourcing staff at short notice during the night. If the suite is unoccupied the additional member of staff can be utilised across the Harland's site to support areas with higher acuity, backfill shortfalls or facilitate staff breaks.

5.4 Ward 5 uplift and NOAP ward headroom

The uplift to baseline staffing for ward 5 and the headroom of ward 6 and ward 7, recommended in the January 2016 six monthly review, continues to be required to meet clinical need. Therefore the recommended uplifts should be assigned to the relevant ward budgeted establishments.

5.5 LD assessment and treatment

Due to the high staff to patient ratio and robust MDT a contingency plan should be developed to identify how the staff will be utilised when beds are not fully occupied. The Head of Directorate will lead on this.

Additionally consideration should be given to spreading the senior nursing (band 6) cover over the 24 hour care period.

5.6 Summers View and Florence House

In order to strengthen clinical leadership, and in recognition of the responsibilities of the WM role, a further 1 WTE B7 RN should be employed across the 2 units. This would enhance the recovery model in place by having a combination of RN and OT leadership. The second band 7 is currently available within the existing establishment.

An uplift of 3.3 WTE HCSWs is required in order to meet the staffing requirements of Summers View. This is due to the staffing levels needed to support the client group and the fact that this is an isolated unit. This was recommended in the last 6 month review.

5.7 RN night cover

Once the current cohort of RN recruits are in place there should be a timeline identified for achieving 2 RNS on night duty for wards 1, 2 and 3. This will be dependent on experienced new starters being fully inducted onto wards and newly qualified nurses completing their preceptorship. The ability to achieve this will be built up over the next 6 months as new starters increase in competence and confidence and are able to support the night rota.

The Darwin Centre is a standalone unit and has one RN on duty at night. In order to strengthen support at night it is recommended that once the Harplands night staffing is strengthened, through the current recruitment programme, the DSN should make nightly supportive visits to the Darwin Centre.

5.8 Senior cover out of hours

In order to support staff nurses across 7 days it is recommended that the lead duty senior nurses (DSNs), WMs and nurse practitioners provide cover over weekends and

evenings. This would support our RNs and also increase visibility of senior leadership across the 7 day week. This recommendation has been implemented in August 2016 and will be reviewed in 3 months after our new RNs have commenced and increased in confidence within their new roles.

5.9 Safer staffing group

The safer staffing group, led by the DoN, will be strengthened to include the Director of Finance. The function of the group will be to take forward the clinical and financial recommendations for safer staffing highlighted within this report.

6 Conclusion

Safer staffing for the 6 month period continues to be maintained by WMs and their teams through the use of temporary staff and the prioritising of clinical work. Moving forward safer staffing will be sustained through new recruits coming into substantive posts and the implementation of an e-rostering system to ensure that our resources are being utilised as efficiently as possible.

With regards to establishment, this 6 month safer staffing review has captured the same figures as the previous 6 month review. Wards continue to face challenges in consistently achieving safe staffing levels due to high RN vacancies in particular. This is expected to resolve over the next 3 months as the majority of vacancies are filled. There will be a period of intense support needed over the coming months to induct new starters and meet the preceptorship requirements of newly qualified nurses. There is a preceptorship programme planned to commence at the end of September and there will also be support provided by senior operational and corporate nurses.

NOAP wards require the uplifts recommended in the previous six months to be allocated to their budgeted establishment. This is in relation to baseline staffing in ward 5 and headroom adjustment in wards 6 and 7. Summers View also requires an uplift in HCSWs. Additionally the place of safety s136 suite requires dedicated staffing at nights due to the difficulty in sourcing cover during this period. The safer staffing group will progress the recommendations in relation to establishments as part of the overall workplan of the group.

The trust will need to plan a way forward in response to the latest NGB guidance (July 2016) whereby a local quality dashboard for safe sustainable staffing needs to be developed. The guidance includes suggestions as to where the data may already be gathered therefore a whole system approach is needed to reduce duplication. The Head of Nursing will work with the Performance, Finance and HR teams to progress this.

7 Appendices

7.1 Appendix 1 Current and recommended establishments

Ward	Role	WTE inc headroom	Current establishment	Variance	Recommendations
Ward 1	B6	2.00	2.00	0.00	No change
	B5	13.37	13.27	0.10	
	HCSW	17.85	15.27	2.58	
Ward 2	B6	2.00	2.00	0.00	No change
	B5	13.37	13.27	0.10	
	HCSW	15.37	15.27	0.10	
Ward 3	B6	2.00	2.00	0.00	No change
	B5	13.37	13.27	0.10	
	HCSW	15.37	15.27	0.10	
Ward 5	B6	1.00	1.00	0.00	Uplift required
	B5	13.76	9.50	4.26	
	HCSW	14.76	12.20	2.56	
Ward 6	B6	1.00	1.00	0.00	Uplift required
	B5	13.76	11.90	1.86	
	HCSW	14.76	14.30	0.46	
Ward 7	B6	1.00	1.00	0.00	Uplift required
	B5	9.11	9.00	0.11	
	HCSW	14.76	10.80	3.96	
Summers View	B7	1.00	1.00	0.00	Uplift required
	B6	1.00	1.00	0.00	
	B5	8.42	8.20	0.22	
	HCSW	11.90	8.60	3.30	
Florence House	B7	1.00	1.00	0.00	No change
	B6	1.00	0.00	1.00	
	B5	4.95	6.60	-1.65	
	HCSW	9.42	9.43	-0.01	
Darwin	B6	2.00	2.00	0.00	No change
	B5	10.90	10.80	0.10	
	HCSW	15.39	12.64	2.75	
Telford	B6	5.60	5.60	0.00	No change
	B5	7.30	6.88	0.42	
	HCSW	17.88	16.72	1.16	
Edward Myers	B6	1.00	1.30	-0.30	No change
	B5	8.42	8.26	0.16	
	HCSW	11.90	11.28	0.62	

NB the above exclude ward managers except Summers View and Florence House

7.2 NQB Guidance July 2016 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time'



nqb-guidance
2016.pdf