Cheshire and Wirral Partnership NHS
NHS Foundation Trust

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Report to:	**Board of Directors**
Date of Meeting:	**28 January 2015**
Title of Report:	**First 6 monthly review of ward nursing staffing establishments in line with the NQB requirements November 2014 and December 2013 submission to NQB**
Action sought:	**For Discussion and approval**
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Presented by:	**Avril Devaney, Director of Nursing, Therapies and Patient Partnership**

Strategic Objectives that this report covers:
SO1 - Deliver high quality, integrated and innovative services that improve outcomes
SO2 - Ensure meaningful involvement of service users, carers, staff and the wider community
SO3 - Be a model employer and have a caring, competent and motivated workforce
SO4 - Maintain and develop robust partnerships with existing and potential new stakeholders
SO5 - Improve quality of information to improve service delivery, evaluation and planning
SO6 - Sustain financial viability and deliver value for money
SO7 - Be recognised as an open, progressive organisation that is about care, well-being and partnership

Distribution

Version	Name(s)/Group(s)	Date Issued
1	Ward Staffing Project Group	16/01/15
2	Avril Devaney	16/01/15

Executive director sign-off

Executive director (name and title)	Date signed-off
Avril Devaney	19/01/15

First 6 Monthly Review of

Ward Nursing Staffing Establishment

November 2014

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1. Introduction

This report sets out the key recommendations from the First 6 Monthly Review of Ward Nursing Staffing Establishment completed in November 2014 in line with NHS England and the National Quality Band (NQB) requirements. Moving forward this review will be carried out at 6 monthly intervals and be reported to the board of directors. A summary of the ward staffing levels monthly reports, previously submitted to the Board of Directors, is included.

1.1 Background to the ward nurse staffing review

- In January 2014 the Operational Board received a paper setting out the Trusts current position in relation to ward staffing, vacancies and skill mix and areas for improvement. Maria Nelligan, Associate Director of Nursing & Therapies (MH) led a review of ward staffing levels on behalf of the Board. The board approved the recommendations of the review and a programme board was established to take forward these recommendations including staffing levels and a programme of continuous improvement. The Director of Operations is the lead executive for the programme board and Avril Devaney, Director of Nursing (DoN), chairs the Ward Staffing Project group. The DoN has oversight of ward staffing levels and reports directly to the Board of Directors in line with the NQB requirements.

- From May 2014 the trust has displayed daily staffing levels on in-patient wards. A six monthly review was undertaken in June 2014 and monthly reports have been provided to the board of directors since from June 2014 onwards. In order to comply with NHS England and NQB requirements these reports and the trusts performance are also published on the trust and NHS Choices websites.

- An in-depth 6 monthly review of ward nursing staffing was undertaken during November and December 2014. The areas covered within the review include both qualitative and quantitative data and the review methodology follows the Telford Model which uses a consultative approach based on professional judgement. To prevent bias quantitative data has also been used to aid triangulation. The review followed the same format of the comprehensive review undertaken in 2013.

- The composition of the review team included the Associate Director of Nursing & Therapies (MH), Practice Education Lead, Programme Manager [Inpatient Bed/Ward Review], Consultant Nurse (Acute Care). The review team met with each ward's representatives, including the Ward Manager, Modern Matron, Consultant Psychiatrist and Allied Health Professionals in order to discuss issues currently impacting on ward staffing on a shift by shift basis, and progress made since the original review in 2013. The areas discussed covered the range of factors impacting on nursing and the ability to deliver high quality care.

- The review team challenged the ward representatives on areas of practice and assumptions in order to support the resulting conclusions and recommendations. The review team undertook analysis the information available and have made recommendations to the Board within this report.

- The data examined for each ward included:

- current ward MDT establishments;
- rosters;
- skill mix ratios;
- bank usage;
- sickness;
- incidents;
- uptake of education; and
- Supervision/appraisal compliance.

The range of data was considered alongside the National Benchmarking Report 2014, the National Bed Enquiry (2000) and Boardman (2007), NICE guidelines, CQC essential standards and contractual service specifications.

1.2 National context to safe staffing levels

- Considerable discussion has taken place regarding the impact nursing staffing levels have on the quality of patient care. Francis (2013), Berwick (2013) and Keogh (2013) highlight the negative impact on patient outcomes where staffing levels are not sufficient. An example being the high profile case of Mid Staffordshire Hospital.

- Research demonstrates that there are better outcomes for patients in terms of safety and quality where there is a high Registered Nurse ratio. Little research exists for mental health; however the principles are transferable across the nursing disciplines.

- It is recognised that staff shortages have an impact on patients and staff and compromise care directly and indirectly. Recurrent shortages of staff impact on the wellbeing of staff leading to higher sickness and greater dependency on bank, reducing continuity of care and impacting on substantive workload. This has an impact on the quality of care delivered to patients and ability to provide care within the current resources.

- Patients have a right to be cared for by the appropriately qualified and experienced staff in a safe environment. The National Quality Board (NQB) (2013) published guidance which sets out the expectations for all Trusts Boards to "take full responsibility for the quality of care provided to patients and as a key to quality take a full and collaborative responsibility for nursing and care staffing, capacity and capabilities." Pg. 5

- It is recommended by the NQB (2013) that the Board monitors staffing capacity and capability via regular and frequent reports on the actual staff on duty on a shift by shift basis versus planned staffing levels; that they examine trends and review in the context of key quality and outcome measures. It is the expectation that the boards give the Director of Nursing the authority to oversee this at board level.

- Boards will ensure that the organisation is open and honest if they identify potential unsafe staffing levels and take steps to maintain patient safety.

- The NQB (2013) also recommends that staff working within structured teams are able to practice effectively through the supporting infrastructure of the organisation such as the use of IT, deployment of ward clerks, housekeepers and supportive line management. These are key standards for moving our inpatient wards forward.

- It is recommended that staffing establishments take into account the need to allow nurses and care staff to have time to undertake continuous professional development and fulfil mentorship and supervisory roles.

- Commissioners will actively seek assurances from Boards with regards to the staffing establishment and the competency and skills of the workforce; some have started to ask for this information already in contract monitoring meetings.

- The NQB (2013) state that papers to the Board on establishment reviews should aim to be relevant to all the wards and cover the following points:

    - Difference between current establishment and recommendations following the use of evidence based tools
    - What allowances have been made in establishment for planned and un-planned leave
    - Demonstrate the use of evidence based tools where appropriate
    - Details of any element of supervisory allowances that is included in the establishment for the lead Ward Manager
    - Evidence of triangulation between the use of tools and professional judgement and scrutiny
    - The skill mix ratio before the review and the recommendations for after the review
    - Details of any plans to finance any additional staffing required
    - The difference between the current staff in post and current establishment and details how the gap has been covered and resourced
    - Details of workforce metrics, for example data on vacancies; sickness; absence; turnover and use of temporary staffing
    - Information against key quality and outcome measures for example data on safety thermometer; serious incidents; complaints and patient satisfaction

- The Review papers should make clear recommendations to the Board which should be considered and discussed at public Board meetings monthly and reviewed 6 monthly. This data will be part of the CQCs Intelligent Monitoring of NHS Providers.

2. Safe Staffing Levels - National Quality Board Reporting

2.1 Overview of the trust response

In response to the national requirements (NQB), the Trust implemented a system for capturing and reporting daily nursing staffing levels from May 2014. Each month the trust has submitted these figures to UNIFY in the required template (December 2014 submission can be found in Appendix 1).

To further improve this system an automated process for data collection is being developed and the Trust is reviewing how information can be used to monitor and escalate acuity. Having reviewed what is available in the market place and learning from other Trusts the

trust has had and initial meeting with Hedron, (an external supplier) to explore options in taking this work forward.

To date no national thresholds have been set in relation mental health and learning disabilities ward nurse staffing level compliance however trusts are expected to demonstrate month by month improvement in relation to planned and actual staffing levels.

In order to maintain safe staffing levels WMs plan for adequate staffing levels on a shift by shift basis supported by Modern Matrons and Clinical Services Managers. If, however, the required levels are not achieved staff follow an escalation procedure to source additional staffing. Should this be unsuccessful staff then review and evaluate the work of the team and put in place actions to mitigate harm to patients. These measures will include reviewing the workload for the day, prioritising patient interventions, review of non-direct care and cancelling non-essential patient care activities.

The Trusts performance from May – December 2014, with respect to national reporting of safe staffing levels is included in the table below:

Month	Day				Night				Fill Rate			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night	
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/ Midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)
May-14	20939	19320.75	24768.5	23801.25	13412	12619	18068	18097	92.3%	96.1%	94.1%	100.2%
Jun-14	20124.2	19083	24960.2	22753.5	13612.5	12544.5	16698.4	16806.5	94.8%	91.2%	92.2%	100.6%
Jul-14	20209.9	18955	24322.1	22555.25	13095.5	12451	16989.9	16799	93.8%	92.7%	95.1%	98.9%
Aug-14	19023.75	18248.3	24346	23228.5	12875.5	12314	17344.6	17125.1	95.9%	95.4%	95.6%	98.7%
Sep-14	19329.6	17431.9	24299.5	23672	12912	12144.5	16422.5	16330	90.2%	97.4%	94.1%	99.4%
Oct-14	21376.25	18945.13	24599	24560.5	13453.5	12157	16615.5	17281.65	88.6%	99.8%	90.4%	104.0%
Nov-14	20412	18547.15	24797.9	24873.73	12858.15	11656.3	16750	17643	90.9%	100.3%	90.7%	105.3%
Dec 14	21160.5	19161	26528	25168	13849	12728	17534	18042	90.5%	94.9%	91.9%	102.9%

The figures above demonstrate that the trust has achieved a Registered Nurse (RN) staffing level of above 90% trustwide, across days and nights, on all but one month (Oct 2014). In Oct 2014 the wards reported a high number of RN vacancies contributing to the lower fill rate, although these vacancies were within the recruitment process, staff were not yet in post. Non-registered nurse fill rates were above 90% throughout this time and over 100% on occasions. Where non-registered nurse fill rates exceed 100% this is due to non-registered staff back-filling unfilled RN shifts. It should be noted that these are trust averages and ward by ward monthly averages vary significantly and are highlighted and reported monthly; for example Juniper and Beech wards have consistently fallen significantly below a 90% RN fill rate. To address this and maintain patient safety, additional CSWs were rostered on duty and the MDT worked on the ward with the nursing staff. This situation is mainly due to

recruitment timescales and staff turnover which is detailed below in section 2.3. The locality management team is conscious of this situation and is proactively managing it, additionally they are supported by the Staffing Review Project Group. For the next 6 monthly report to the Board of Directors an analysis of trends over the period will be included in the report.

2.2 Themes from monthly staffing reports to Board of Directors

The monthly staffing reports to the Board of Directors has highlighted recurring themes relating to the challenges faced by ward teams to ensure that safe staffing levels are maintained. Each month these issues are highlighted by the Clinical Service Managers (CSMs) and submitted for the monthly board report .The occurrence and intensity of these themes varies from ward to ward and fluctuates in response to recruitment of substantive staff and bank fill rates. The ward staffing project group will be looking at how this information is reported in a quantifiable format from February 2015. However in general the feedback from the ward teams was positive during the review in 2014 and this was evident in this 6 month review interviews with ward managers and MDTs as detailed in section 2.3.This indicates that the work undertaken since the first review is having a positive impact but there is still more work to be done.

- **Nursing staff working additional unplanned hours** –This includes nursing staff not having an unpaid meal break during the shift or working unplanned extended hours at the end of a shift. This is concerning as it has been found that insufficient rest breaks is one of the contributing factors to an increased risk of errors and is a recognised contributing factor in patient safety incidents (RCN, 2012). With regards to nursing staff working beyond their planned shift time, given that the current shift pattern is predominantly long days, this raises concern as the Health and Safety Executive advises that after working 12 hours the risk of error, accident or injury doubles (HSE, 2012). In addition this time needs to be paid back to staff at a later date. The occurrence of this issue is reducing as we increase the ward establishments and the dependence on bank staff reduces.

- **Ward managers and the multi-disciplinary team supporting the maintenance of safe staffing levels –**Ward managers, who are intended to be supernumerary, and the multi-disciplinary team are frequently supporting shift staffing numbers. This impacts not only on the workload of these staff but also on the direct and indirect care activities that may have to be rescheduled. The introduction of Resource Managers has enabled Ward managers to spend time on direct and indirect patient care and Ward Managers and teams report this is having a positive impact on patient care and the team.

- **Impact on patient activities–** Wards report the shortening, rescheduling or cancelling of patient activities each month, examples of this happening were also raised during the review meetings. This has an impact on patient and staff experience and on the quality of care delivered. Alterations in changes to planned activities are reducing and ward teams work hard to ensure activities are rescheduled and not cancelled. Ward managers with Occupational Therapists are developing and implementing initiatives which increase activities on the ward including enhancing CSW skills in delivering meaningful activities; this work is being co-ordinated by the Ward Managers Task and Finish Group.

- **Impact on training and development –** The cancellation of essential learning, supervision and appraisals may impact on quality standards being met and on staff experience. Undertaking these activities help ensure staff feel valued and supported

and are important in promoting the delivery of quality care. Additionally there is a need to meet thresholds in order to advance through incremental pay-points. CWP safe services team, through unannounced visits, have highlighted compliance with essential learning, supervision and appraisal as a recurring issue within wards. Ward Managers have indicated that the introduction of Resource Managers is supporting them carry our appraisals and supervisions on the wards more effectively and implement a rolling programme on the roster for staff to complete Mandatory training. In addition Education CWP with clinical staff have reviewed the mandatory training programme to meet the needs of staff which includes more on the ward skills based training .

- **Diluted skill mix –** NQB staffing level submissions show that skill mix is being diluted due to current RN staffing levels. This occurs when the backfill for vacant shifts is unable to be met by the correct grade of staff. This frequently means that non-registered staff backfill for registered staff and to a lesser extent vice versa. Backfill is required when staffing levels are not met within the substantive staffing establishment due to reasons such as vacancies, sickness and maternity leave. Research demonstrates that there are better outcomes for patients in terms of safety and quality where there is a high registered nurse ratio therefore this dilution of skill mix is a concern. Additionally the Safe Staffing Alliance (2013), recommend that RN-to-patient levels should never fall below 1:8 during the day. The ward staffing levels agreed by the Board of Directors following the 2013 review ensure that CWP wards have the minimum daytime RN to bed ratio of 1:8 however when shifts have to be backfilled by different grades of staff the maintenance of this ratio cannot be assured. It should be noted that this ratio was developed in acute care where the majority of patients are in bed and not ambulant. The Ward Staffing Project Group and Programme Manager is overseeing the implementation of the establishments agreed by the Board and carrying out monthly monitoring and reporting to Services Directors, Executives Directors and Ward Managers. Where there are specific issues identified Ward Managers are supported by CSM and corporate managers.

2.3 Progress of nurse recruitment in response to the 2013 ward nurse staffing review

The implementation of the staffing review is being overseen by the programme board who agreed to look at the recruitment of the staffing levels in 2 phases. Phase one, in 2014, to focus on the recruitment of RNs, CSWs and partial recruitment to Resource Manager posts, with phase two being implemented once this has been completed. There is no current overarching electronic system to manage recruitment; there are multiple people involved in the process, there are dual manual and electronic elements and therefore it is difficult to categorically quantify the length of recruitment. However the ward monitoring tool, developed by the performance and redesign team, shows that the length of time to recruit to posts ranges from 11 weeks to 23 weeks for CSWs and 20 weeks to 25 weeks for RNs. This, combined with turnover rates has impacted on the wards ability to sustain the achieved recommended staffing levels approved by the board. Locally teams are looking at how they can increase recruitment for example recruiting local nursing students and developing staff through the apprentice scheme.

Staff turnover has a significant impact on the wards achieving and retaining the appropriate nursing staffing levels. Since January 2014 the trust has recruited 67.92 WTE RNs and 48.83 WTE CSWs to in-patient positions. Significant work in recruiting and supporting the recruitment of staff has taken place both locally and corporately over the

past 12 months. However, due to recruitment processes and leavers (turnover), the current staffing position is 19.74 WTE RNs below the target approved by the board in January 2014. The locality with the biggest challenge in recruiting nursing staff vacancies currently is CWP West where the staffing gap for RN is 18.42 WTE.

It is recommended that a proactive monthly recruitment drive is implemented in each locality to maintain adequate nurse staffing levels. To support this human resources (HR) are responding to this issue through an improvement project in place which will include:

- reviewing end to end processes, roles, structure and required skills
- developing a proposal for a new recruitment system
- setting up a 'People planning group' to raise the profile and management of vacancy filling

In the interim the ward staffing project group should look at supporting this manually until the electronic system is in place.

The table below shows the trustwide recruitment position statement as of November 2014. The detail of the locality recruitment is in appendix 2. It should be noted that the board approved additional staffing requirements detailed in column 3 do not align to the board approved uplift. This is due to a number of anomalies arising from headroom calculations; this is being addressed with finance and will be resolved imminently.

Trust	Vacancies as at Jan 2014	Board approved additional staffing requirements	Total to recruit Jan 2014	Leavers during 2014	Recruited during 2014	Vacancies currently in recruitment process	Overall target	Current WTE	Staffing gap
Phase one									
RN	29.37	17.71	47.08	59.5	67.92	23.77	256.89	237.15	19.74
CSW	2.39	31.46	33.85	21.31	48.83	17.22	275.18	277.33	-2.15
Total	31.76	49.17	80.93	80.81	116.75	40.99	532.07	514.48	17.59
Phase Two									
RM	1	18	19	1	9.8	0	18	9.3	8.7
AP	0	6	6	0	0.5	0	6	0	6
Total	1	24	25	1	10.3	0	24	9.3	14.7

2.4 Analysis of bank usage Jan – Dec 2014 compared to 2013 ward review data

In the 12 months prior to the 2013 ward staffing review 118 WTE bank staff were used to maintain safe staffing levels on in-patient units. For the same period the vacancies rate ran at an average total of 60 WTE. The 2013 review recommended an up lift of 58 WTE (RN and CSW) therefore the recommended uplift aligned to the corresponding bank usage and vacancies. However as noted in the 2013 review, this did not include sickness backfill and fluctuations in patient acuity.

This year 88 WTE bank staff were used on in-patient wards. This is a reduction of 18% on the previous year. The challenge of recruiting the 58 WTE staff recommended by the 2013 review coupled with the additional recruitment due to 81 WTE leavers continues to have a significant impact on the bank demand. However finance advice that the bank spend during 2014 does not bring the ward nurse staffing spend above the cost of the establishments agreed in the 2013 review despite bank usage remains high.

Bank usage of greater than 5 WTE is deemed as high as this equates, on average, to more than one member of bank staff on each shift throughout the course of a week. Bank staff provide valuable support to wards to mitigate staffing shortfalls however it is acknowledged that high use of bank can have an impact on continuity of care and delivery of quality outcomes. There were 8 wards with high bank usage during the past 12 months including Adelphi, Croft, Greenways, Maple, Meadowbank, Oaktrees, Pine Lodge and Willow. In 2013 there were 9 wards with high bank usage however it should be noted that Saddlebridge was closed for 6 months of the year.

3. Six monthly ward nurse staffing review findings

3.1 Findings from service user focus groups

As part of the staffing review service users focus groups carried out to ensure that the views of our current patients were included within this review. These were carried out by the Consultant Nurse (Acute Care) in December 2014 in the three main inpatient localities (Chester, Wirral, Macclesfield). To align with the 2013 review the same questions were asked as follows:

1) How has your stay been on the ward?

2) What interventions/treatments have you received on the ward?

3) Can you suggest any improvements in terms of staffing on the wards?

The common themes were as follows (Where comments are in brackets these comments were in the localities specified only):

<table>
<tr><td colspan="2">What patients said about nurses:</td></tr>
<tr><td>2013
Positive:
1:1 time with nursing staff is provided.
Nursing staff are good but very busy.
Areas for improvement:
There is little 1 to 1 time with nurses
Staff are often in the office most of the time
Staff are busy with administrative tasks.</td><td>2014
Positive:
They have done lots to promote my independence, increase my confidence and support my recovery
They have helped me work on what I want to especially improving my physical health and mental wellbeing
More 1:1 with nurses
Areas for improvement:
There is inconsistency some days there are enough staff others there are not enough
When they are short this means that plans are cancelled
They try to help but they are always rushing round
The domestics have more time to speak to you than the nurses do</td></tr>
<tr><td colspan="2">What patients said about care and therapy:</td></tr>
<tr><td>Positive:
OT is offered as an intervention.
OT is viewed as good.
Peer worker really helped us as he understand us (CARS)
Areas for improvement:
No talking therapy offered.
When the ward is disruptive it feels scary.
Medication is main intervention.
More staff are needed to drive (Lime walk house, CARS)
If you smoke you get more time outside than if you are a non- smoker</td><td>Positive:
Medication and review of medication.
OT
Recovery star
Education re Drugs and Alcohol
Confidence building course
Making mosaic
One to ones
Best place I have been and I’ve been to a lot
Areas for improvement:
There is no OT at weekends
There is not enough going on at weekends</td></tr>
</table>

What the patients said about the environment:	
Positive: • The food is good (West) • I like having my own room (West) • I like having a mixed ward (CARS/West) Areas for improvement: • There is a lack of quiet areas on the wards • The wards can be noisy • I don't like having a mixed ward (West/East)	Positive: • Good, peaceful, being here has helped improve my mental health. • Easy going and relaxed atmosphere. (East rehab wards)

There was positive feedback relating to each of the three areas discussed. Within the care and therapy section patients demonstrated engagement with a wider range of options than in 2013. Feedback relating to nurse staffing levels and workload of nurses demonstrated that there is an impact on patient care and experience when wards are short-staffed and that patients felt the difference when this occurred. This theme has already been identified in the review of the monthly board reports.

The issues, in regards to improving practice and workforce, are being taken forward by the WM T&F group who meet on a monthly basis and report to the ward staffing project group.

3.2 Findings from interviews with WMs and the multi-disciplinary team (MDT)

It was evident to the review team that the clinical teams continue to be committed to delivering quality care to patients. In light of the significant challenges in maintaining safe staffing levels morale in the clinical teams was positive. There is acknowledgement of the impact of the potential benefits of additional resources committed to the wards and additional support that has been given to WMs. In the reviews the 6c's were evident throughout the discussion and examples given by the clinical teams. The clinical team were also realistic in their expectations regarding resources in the current economic climate. To review recommended establishments the requirements for patients and staff were examined on a shift by shift basis by the review team and the ward representatives.

3.2.1 Positive feedback from WMs and MDT evident since the 2013 review:

1) Improved staffing levels on some wards, albeit not fully achieved, have improved the following:

    - Time spent with patients
    - Protected therapeutic time
    - Increased meaningful and therapeutic activity
    - Quality of assessments and care-planning

- Reduced reliance on bank and overtime
- Increased staff morale
- Increased ability to develop outreach work and impact on admission avoidance (LD)

2) The introduction of resource managers has made a significant difference to WM administrative workload allowing them to increase clinical leadership and role model/teach junior staff. For example since the resource managers have been in post WMs report being able to attend MDT ward reviews and handovers; engaging with patients and allowing a greater understanding of who is on their ward.

3) Introduction of IT solutions such as Ipads has had a positive impact where there is adequate infrastructure to support their use. For example where wifi has been available throughout the ward nurses have been able to work on care plans with patients using the devices reducing duplication in work-load.

4) Reduction in the number of ward reviews with consultant psychiatrists has had a positive impact on MDT working and patient experience.

3.2.2 Areas continuing to impact on the ability to provide high quality care include:

1) Enhancing meaningful activity in the following areas:
    - Increased activity at weekends (acute wards)
    - Increased access to gyms
    - Increased physical activity in general
2) Length of time to recruit new starters
3) Reducing incidents of cross cover between wards
4) Improved IT infrastructure, such as adequate wifi coverage and multi-user access to devices, is needed to support IT solutions
5) Patients who have undiagnosed dementia on admission on to open age wards require additional support
6) Access to PICU (East)
7) Access to appropriate care homes when ready for discharge (East and West)

These issues are being addressed in a number of Trust work streams, working together. The Ward Staffing Project Group is leading on recruitment issues and on addressing meaningful activities including looking at increasing physical activities for patients. The IT Enabled Group is addressing IT infrastructure issues and mobile devices. Both are working with the Ward Managers Task and Finish Group which is focusing on enhancing clinical practice and working at implement solutions to improve the ward environment. It is evident from the findings of the 6 month review that the programme of change, to address nurse staffing levels and ward practices, is beginning to have a positive impact. This significant piece of work is being undertaken through a systematic approach by the programme board, ward staffing project group and the ward manager's task and finish group. Whilst progress has

been made in our inpatient wards the continuous improvement this will not be fully achieved until staffing levels can be consistently met by the substantive establishment with bank usage as ad-hoc backfill as intended. The 2013 ward staffing review noted that whilst the Trust has continued to maintain safe staffing levels through the use of bank to continue in this way is not sustainable. Many of the bank staff are existing substantive staff working extra hours, this may be good for patient continuity but is not so good for the health and wellbeing of staff.

Alternatively a consistent staff team is needed to successfully develop therapeutic engagement with patients and to establish a cohesive team within a therapeutic environment. Reliance on bank has continued in the past 12 months and proactive monthly recruitment is needed to minimise this. These issues are continuing to be addressed through the ward staffing project group and the Ward managers Task and Finish Group.

4. Recommended staffing levels

4.1 Headroom

When setting nurse establishments it is important to include headroom (NQB, 2013). Headroom is the collective term for planned and unplanned staff absence from the 'numbers' on the ward for example annual leave, sickness, mandatory training etc. Currently headroom within the rostered areas of the Trust is set at 17% - this is made up of 14% annual leave (agenda for change average) and 3% essential learning (EL). Sickness headroom has not been included in the rosters, it was recommended in the last review that this was set aside as a bank budget. It should be noted that headroom needs to be calculated as a margin rather than a mark-up in order to ensure that roster templates and subsequent reporting is accurate.

4.2 Recommended staffing levels following the 6 monthly review

Following the 2014 review the recommended ward nursing establishment have been calculated by identifying the clinical hours needed shift by shift and incorporating headroom (appendix 3). In this six month staffing review the following adjustments are recommended:

- Adelphi – an uplift of 0.4 WTE RN and 3 WTE CSW brings Adelphi's staffing levels in line with the other 2 open-age acute wards; reflecting the higher number of beds and the ward environment.

- Bollin – an uplift of 1 WTE CSW to enhance the meaningful activity on the ward by allowing the assistant practitioner protected time to deliver a daily programme for patients.

- Juniper – an uplift of 0.3 WTE RN is needed to support the on-going pressure of out-patient ECT. This is not reflected in the occupancy figures however pre and post ECT care is delivered to out-patients on the ward.

- Saddlebridge – an uplift of 2.6 WTE CSW to further support enhanced meaningful activities on and off the ward

- Maple and Pine Lodge require uplift in order to maintain staffing levels recommended in 2013. This is due to the move from 11.25 hour long shifts to 11.5 hour long shifts in order to align to other wards.

- Juniper, Lakefield and Lime Walk require an additional RN on duty at weekends and nights to support the carer advice line, this equates to an additional 3.3 WTE band 5 RN on each of the 3 wards. This carer advice line has a significant impact on these wards and wards report that they routinely receive calls within hours. The 2013 review recommended that an alternative to these lines be introduced however they remain in place at this time. This is currently under review by the Acting Director of Operations and a solution has been identified.

In relation to the staffing establishments recommended in the 2013 review, adjustment to skill mix is recommended in the following areas:

- Brackendale, Juniper and Adelphi – increase band 6's by 1 WTE to reflect the complex patient mix, band 5's would be reduced by 1 WTE.

- Brooklands – trainee assistant practitioner post, to focus on physical well-being, to be developed from existing band 3 CSW post through uplift.

- Pine Lodge – **temporary** increase band 6's by 3.2 WTE to allow for one band 6 on each shift until the unit is relocated from the current stand-alone site. The band 5's would be reduced by 3.2WTE.

- Maple and Pine Lodge to consider recruiting a band 6 learning disability nurse to work across both wards within the current establishment.

- The 2013 staffing review recommended that an increase in the number of band 6 RNs, with skills and competencies in complex assessment and care planning, was needed on dementia and eating disorders wards. This recommendation from the 2013 review has not been fully been implemented but there are plans being developed to address this.

The recommended adjustments from this review are summarised in the table below:

Recommended WTE adjustments				
	B6	B5	B4	B3
West	4.2	-3.4	0	0.4
Wirral	1	-1	1	-1
East	1	-0.6	-0.7	7.3
Total WTE	**6.2**	**-5**	**0.3**	**6.7**

NB West B6 include temporary increase of 3.2 WTE and temporary decrease of 3.2 WTE B5

4.3 Next steps

The Chief Nursing Officer published a paper in November 2014 setting out best practice when review nursing staffing levels .The focus on this latest report has been in response to suggestions that nurses are not visible and often busy with administrative tasks thus unable to deliver direct patient care. NICE recommends monitoring patients receiving the nursing care and contact time they need with the emphases on safe patient care not the number of staff available. Nursing time will be distributed between direct patient care, indirect patient care and non-patient care activities. CWP has already undertaken an audit of this nature in 2012 and the results prompted the design and introduction of the resource manager role. The aim of this role is to reduce the non-clinical management activity of clinical staff to free them then to provide more direct clinical care. Commencing from spring 2015 a further programme of activity audits will be carried out to identify how direct patient care can be increased and non-essential activity can be eliminated. This will be introduced in a phased approach and the productive ward releasing time to care instruments will again be used and the findings will be reported in the next staffing review report to board.

NICE have also published a consultation document to look at developing a staffing tool for acute mental health wards and this will be incorporated in the next 6 monthly review.

The staffing review 2013 recommended a review of staffing levels for OT on our wards. This review has commenced and the recommendations will be reported to the Board of Directors in February 2015.

5. Summary

This report sets out the key recommendations from the 6 monthly Ward Staffing Review completed in November 2014. The report also contains a review of the trusts compliance and performance in relation to delivering the NQB standards on safer staffing levels within CWP. Areas for improvement have been discussed within the paper and the actions that are underway to address these.

The Board is asked to consider the contents of this report and

1. To consider the reviews recommendations set out in section 6.2 in relation to the staffing levels and skill mix on the wards and to ask the Operational Board to make recommendations on how these can be taken forward.

2. To support the implementation of a proactive monthly recruitment drive is implemented in each locality to maintain adequate nurse staffing levels.

3. To note the progress in meeting the NQB requirements.

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Appendix 1:

	Ward	Day				Night				Fill Rate			
		Registered midmives/nurses		Care Staff		Registered midmives/nurs		Care Staff		Day		Night	
		Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
East	Adelphi	1041	986	1492	1446	701.5	621	1173	1115	94.7%	96.9%	88.5%	95.1%
	Alderley Unit	727	717	1518	1514	713	667	816.5	805	98.6%	99.7%	93.5%	98.6%
	Bollin	1146.5	1014	1516	1452	724.5	724.5	1093	1001	88.5%	95.8%	100.0%	91.6%
	CARS	893	795.5	990.5	973.5	736	690	690	697.5	89.1%	98.3%	93.8%	101.1%
	Croft	1311	1116	1955	1635	830.5	830.5	1661	1500	85.1%	83.6%	100.0%	90.3%
	Greenways A&T	1133.5	1016	1784	1645	713	632.5	460	517.5	89.6%	92.2%	88.7%	112.5%
	LimeWalk Rehab	1001	992.5	1068	1004	667.5	635	773.5	786	99.2%	94.1%	95.1%	101.6%
	Saddlebridge	391	402.5	517.5	529	391	345	391	448.5	102.9%	102.2%	88.2%	114.7%
Wirral	Brackendale	931.5	789	1122	1202	713	552	713	782	84.7%	107.2%	77.4%	109.7%
	Lakefield	828	797.5	1151	1078	701.5	690	816.5	837.5	96.3%	93.7%	98.4%	102.6%
	Meadowbank	1302	1110	1783	1969	713	563.5	1426	1438	85.2%	110.4%	79.0%	100.8%
	Oaktrees	946	912	1482	1448	678.5	667	368	368	96.4%	97.7%	98.3%	100.0%
	Brooklands	846.5	827	1139	1128	713	510	713	989	97.7%	99.0%	71.5%	138.7%
West	Beech	1426	1047	1070	1070	713	644	713	701.5	73.4%	100.0%	90.3%	98.4%
	Cherry	1081	1011	995	891	621	598	805	908.5	93.5%	89.5%	96.3%	112.9%
	Eastway A&T	1118.5	1055	1231	1137	758.9	690	920.5	933.4	94.3%	92.4%	90.9%	101.4%
	Juniper	1069.5	963.5	1070	885.5	713	517.5	713	828	90.1%	82.8%	72.6%	116.1%
	Maple Ward	977.5	943	1104	1058	540.5	598	885.5	920	96.5%	95.8%	110.6%	103.9%
	Pine Lodge (YPC)	1012	851	977.5	874	529	506	828	793.5	84.1%	89.4%	95.7%	95.8%
	Rosewood	1219	1036	1656	1272	471.5	506	747.5	784	84.9%	76.8%	107.3%	104.9%
	Willow PICU	759	782	912	960	505.9	540.5	828	889.5	103.0%	105.3%	106.8%	107.4%
	Trust wide	21160.5	19161	26528	25168	13849	12728	17534	18042	90.5%	94.9%	91.9%	102.9%

Cheshire and Wirral Partnership NHS
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