



STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	October 2015 Six Monthly Ward Staffing Review
Agenda ref. no:	15/16/114
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	27/01/2016
Presented by:	Stephen Scorer, Director of Nursing, Therapies and Patient Partnership

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
35T	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy. CWP policies – policy code FR1	No
35T	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
NHS England and the National Quality Board require trusts to review staffing levels on in-patient wards on a six monthly basis. Following an initial comprehensive review of ward nurse staffing levels in Dec 2013 there have been three follow up six monthly reviews (including this one).

Background – contextual and background information pertinent to the situation/ purpose of the report

In January 2014 the Operations Board and Board of Directors received the initial comprehensive ward staffing review in line with NHS England and NQB requirements. Since June 2014 the Board of Directors has also received a monthly report detailing the daily ward nursing staffing levels. In addition to the monthly reports there have been six monthly reviews to ensure that the Board is kept abreast of ward staffing levels and assured that safe staffing levels are being maintained. Both monthly reports and the six monthly reviews are published on NHS Choices and the trust website. Daily staffing levels are also displayed on wards each day so that patients and the public are aware of the 'real time' situation on that day. Additionally there is acknowledgment nationally that nurse staffing does not support wards independently and that the multidisciplinary team (MDT) plays a significant role in ensuring that wards are safely staffed.

Assessment – analysis and considerations of options and risks

Appendix 5 summarises the proposed approach to provide board assurance in relation to the trusts progress to date and future workstreams in relation to Safer Staffing. The approaches identified are aimed to ensure that identified resources are efficiently and effectively utilised to achieve on-going delivery of high quality care.

An exception to the above proposal is Adelphi ward which is the one ward that remains regularly below planned staffing levels. It should also be noted that Adelphi ward received a minimal uplift (1WTE CSW) in the original staffing review.

Monitoring and driving continuous improvement in achieving these aims will be overseen by the Safer Staffing Group supported by the WM Task and Finish Group, People Planning Group and People Information 'deep dive' review into ward staffing. There is an associated set of recommendations and implementation timeline.

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Trust Board are asked to **approve** the approach suggested within the report. It is recommended that the issues relating to Adelphi nurse staffing levels are additionally considered outside of the proposed process, with operational manager involvement.

Who/ which group has approved this report for receipt at the above meeting?	Stephen Scorer	
Contributing authors:	Gary Flockhart Julie Anne Murray	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Operational Board	December 2015

Appendices provided for reference and to give supporting/ contextual information:

Provide only necessary detail, do not embed appendices, provide as separate reports

Appendix no.	Appendix title
1	October 2015 Ward Staffing Review
2	Mental Health Staffing Framework Board Checklist
3	Adelphi and Juniper Planned Staffing April-September 2015
4	Headroom Calculation
5	Safer Staffing Timeline

15_16_113 Appendix 1 October 2015 Six Monthly Ward Staffing Review

1 Introduction

This report details the findings of the October 2015 Six Monthly Review of Ward Nursing Staffing Establishment, covering April – September 2015, in line with NHS England and the National Quality Board (NQB) requirements. The report uses the template agreed by the Cheshire and Merseyside Directors of Nursing. Within the report the reviewers and ward teams acknowledge the progress made since the significant investment agreed by the Board of Directors in the initial ward staffing review in January 2014. Phase one of the agreed safe staffing levels outlined in the Jan 2014 review, although agreed and funded, has not yet been fully realised due to challenges in recruiting to Registered Nurse (RN) posts and in RN turnover mainly due to a high level of experienced nurses reaching retirement age.

1.1 Background to the ward nurse staffing review

- In January 2014, the Operational Board and Board of Directors received a paper setting out the Trust's current position in relation to ward staffing, vacancies, skill mix and areas for improvement. The paper resulted from a comprehensive review led, on behalf of the Board, by the Associate Director of Nursing & Therapies (MH). 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. Following significant progress being made the programme board was disbanded in July 2015. In recognition of the on-going requirements related to NHS England Safe Staffing initiatives the Director of Nursing (DoN) has set up a Safer Staffing Group to continue the work relating to previous recommendations and to take forward the broader pieces of work relating to wider multi-disciplinary teams and to community. The DoN continues to have oversight of ward staffing levels and reports directly to the Board of Directors in line with the NQB requirements. As part of this approach, a Safer Staffing Group has been established which will report into the Trust-wide People Planning Group, which in turn reports to the People and OD Sub-Committee.
- Since the initial review there have been three six monthly follow up reviews (including this one). Additionally, monthly reports have been provided to the Board of Directors from June 2014 onwards. In order to comply with NHS England and NQB requirements these reports and the Trust's performance are also published on CWP and NHS Choices websites.
- The Oct 2015 review was carried out by the Practice Education Lead with support from the Consultant Nurse (Acute Care). The reviewer met with representatives from each ward including Ward Managers, Modern Matrons, Consultant Psychiatrists 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 care challenges and the delivery of high quality care.
- The ward representatives were challenged on areas of practice and assumptions in order to support the resulting conclusions and recommendations. The review team

undertook analysis of the information available and have made recommendations to the Board within this report. These recommendations include a new plan of future work, to develop the Trust's approach to safe staffing in line with recent national guidance and benchmark the previous methodology

- In October 2015 the Chief Nursing Officer for England, National Director of Patient Safety NHS England, Chief Inspector of Hospitals and Chairman-Designate NHS Improvement sent a joint letter to Trusts acknowledging that *'recent messages to the system on safe staffing and on the need to intensify efforts to meet the financial challenge have been seen as contradictory'* and encourage Trusts to consider staffing in terms of more than just figures and ratios. CWP adopted this approach from the initial staffing review onwards recommending the continuous improvement of workforce practices alongside considering safe staffing levels in relation to nursing, the wider multi-disciplinary team (MDT) and other professions, however the recommendations section at the end of the report outlines how we propose to take this approach further. NHS England published a Mental Health Staffing Framework in 2015 (Appendix two). The framework provides a useful focus on mental health services that was lacking in previous generic guidance. A particularly useful element is the Board Self-Assessment Checklist. This includes 10 questions such as
 - 'Does the Board fully understand the specific characteristics of Mental Health that will have an impact on the approach to capacity and capability?'
 - 'Do they have a clear vision and values around quality and safety and how it is defined differently in a Mental Health setting?'

The framework gives some indications of the differences in mental health care systems by comparison with a typical Acute Hospital setting; including the intensity of the interventions required and the increased multi-disciplinary aspects of care. The Director of Nursing will take a review of these questions and a consideration of the Trust position against them over the coming 6 months, alongside the factors highlighted in the Chief Nursing Officers letter referred to above. This work will be carried out within the safe staffing sub-group and will include seeking the views of Board members. The ten questions are listed at appendix 2 together with a link to the relevant website.

2. Summary of key recommendations and actions from previous reviews

- Since the initial comprehensive ward nurse staffing review in Dec 2013 an on-going rolling recruitment programme has been in place to address the staffing requirements identified at that time (47 WTE RN and 34 WTE CSW). The table below indicates the current Trust-wide ward nurse staffing activity and demonstrates, for the first time since the initial review, that the number of RNs will be at the previous review level in the near future. This is the result of a sustained recruitment programme over the past 18 months.

Trust Wards	Current WTE budgeted establishment	Current WTE staff in post	Staffing differential	Current WTE in recruitment
Registered Nurses	303.43	286.46	-16.97	20
Clinical Support Workers	300.42	310.46	+10.04	12

- Phase one of the establishments agreed in the original review are now reflected in the ward budgeted establishments.
- Phase 2 recommendations from the original review are not fully implemented – this included a full time resource manager on each ward and the development of a number of advanced nurse practitioners, although this recommendation requires further review as highlighted later in the report.
- Amended skill mix and uplift to establishments recommended in the December 2014 1st six monthly review have not been fully implemented and additional resources identified although it is recognised that £1.7m already invested.
- The WM T&F group continue to meet monthly and the following initiatives have been taken forward:
 - The implementation of a new values based model of clinical supervision
 - Uniforms agreed and rolled out to all wards with the exception of rehabilitation and low secure wards who are piloting uniforms before a decision is made regarding the way forward and CAMHS who are considering an alternative
 - An Inpatient Intervention Plan, to improve documentation within Carenotes, has been agreed and is being taken forward
 - Review of therapeutic clinical observations
 - Use of the KGV assessment tool (Krawiecka, Goldberg and Vaughn) within acute wards has been agreed and training being rolled out
 - Dissemination of Trustwide and local best practice initiatives such as the National Early Warning Score/Paediatrics Early Warning Score, allocation boards, person centred care planning

3. Methodology

This six-monthly ward staffing review was undertaken in Oct 2015. The review included both qualitative and quantitative data and methodology, following the Telford Model which uses a consultative approach based on professional judgement. To ensure the robustness of this approach, and to reduce bias, quantitative data from a number of sources was used to aid triangulation. The data examined for each ward included:

- current ward MDT establishments

- skill mix ratios
- bank usage
- sickness
- incidents
- uptake of education
- 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.

4 Results

It was evident that the clinical teams remain committed to delivering high quality care with the Trust values of the 6Cs being embedded into practice. There was a noticeable positive impact on morale when compared to the initial review 2 years ago and ward teams noted the impact of the investment in nurse staffing numbers agreed by the board in Jan 2014. Whilst morale was reported to be high a number of themes for consideration arose from the interviews with the ward clinical teams. Some themes related to specific wards or specialities and some were common across a number of wards. Additionally some themes have actions related to them and some are for noting. Adelphi ward is the one area that remains regularly below planned staffing levels, although having a relatively high budgeted establishment, this will be followed up in the benchmarking exercise referred to in the recommendations.

4.1 Themes with actions

4.1.1 Acute and dementia wards (Adelphi, Beech, Bollin, Brackendale, Juniper, Lakefield, Cherry, Croft and Meadowbank)

Findings:

- During the review acute and dementia wards consistently reported significant pressure on beds. This has resulted in an increased workload related to resolving bed management issues, with East in particular being impacted upon. This also carries with it the additional workload related to turnover and the associated admission and discharge processes. The current pressures have resulted in some patients being moved between wards multiple times and in the intense utilisation of rehabilitation beds on Lime Walk. The reasons for these bed pressures are reported to be multi-factorial including reduction in nursing home beds, lack of appropriate placements and inappropriate admissions (eg older people with primarily physical ill-health issues). The Trust-wide review of inpatient beds, reported to Operations Board in October 2015, noted that the Care Quality Commission (CQC) Mental Health Bulletin (September, 2015) identified a number of poor bed management practices, including the utilisation of leave beds which resulted in returning patients being placed on different wards or different types of ward and also patients spending time on several different wards during a single admission episode which disrupts continuity of care and has been reported by

patients as harming their wellbeing. Both of these practices were reported during the review.

Action:

- The recent inpatient bed review also identified that there had been an increase in admissions and discharges within the acute and dementia wards since April 2014 and that problems with accommodation remain the biggest issue in relation to facilitating discharge. Potential efficiencies were also identified and a number of recommendations were put forward and approved by the board. The resolution of these pressures depends on collaboration with external agencies as well as the refining of CWP processes and therefore a reduction in current pressures is unlikely to occur imminently. There is an action plan in place to address bed management issues within the organisation, led at Executive level including the forming of a Trust-wide acute care network led by a senior nurse, standard work being developed and a review of internal practices around a purposeful admission.

4.1.2 Open age acute wards (Adelphi, Brackendale and Juniper)

Findings:

- The increased physical health needs of older adults admitted to these wards has a significant impact on nursing workload in addition to the high number of admissions and discharges highlighted above. The ratio of older adults fluctuates and when there are a higher number of older people on these wards it results in a significant strain on staffing resources to meet the needs of this patient group.
- Both Adelphi and Juniper described nurses working for a significant amount of time beyond the end of their 12 hour shift on occasions due to workload. On Adelphi in particular this has happened on a number of occasions recently and the locality have taken action to mitigate against the follow up impact by ensuring that staff have a minimum of 24 hours rest following any such incidences. It is suggested that risk to patient safety significantly increases when nurses work over 12 hours (Kings College, 2013; HSE, 2012). The ward manager reported frequent high levels of acuity but essential care continues to be delivered.
- The environmental layout of Adelphi creates an additional challenge in terms of observation of patients and of the general atmosphere of the ward.

Triangulation of complaints, incidents and activity

On Adelphi the workload and stresses related to this was at a point where the WM was concerned that staff would leave. Juniper also reported an increase in workload that was challenging to manage on occasions. Brackendale reported being constantly busy but workload was manageable. This prompted analysis of the quantifiable data specifically relating to these wards which found the following for April – Sep 2015:

Metric	Adelphi	Brackendale	Juniper
Complaints	10	0	5
Compliments	25	121	33
Incidents A-B	1	2	1
Incidents C	15	2	8
Incidents D-E	182	127	112
Unfilled hours	2996	547	1708
Bank WTE used	7	3	3
% shifts bank	28	13	15
Maternity/redeployment/LTS WTE	4	1	2

Complaints: In the past six months Adelphi had the highest number of complaints followed by Juniper, while Brackendale had none.

Compliments: All 3 wards reported receiving compliments in the past 6 months.

Incidents: Adelphi had the highest number of incidents however the Locality Data Pack's issued in October 2015 showed that since April 2014 Adelphi incident reporting profile is on par with Heinrich's model of 300:30:1 (relating to D&E:C:A&B rated incidents). Heinrich's theory is that by recording low level incidents there is a better chance of identifying and rectifying risk. The best teams would therefore be expected to have incident profiles better than the Heinrich model (i.e. more low level harm incidents). On both Brackendale and Juniper, the profile for recorded incidents was slightly better than Heinrich's model. Therefore all 3 wards approaches to incident reporting are commendable; high reporting of low level incidents encourages learning to be shared and contributes to minimising the risk of more serious incidents occurring.

Staffing issues: Examining the unfilled hours, WTE bank used, % of shifts filled by bank and WTE staff unavailable due to maternity/redeployment/long term sickness demonstrates that Adelphi has had noticeably greater issues in relation to each of these areas. In comparison to Brackendale, where staffing levels were reported to be sufficient and workload manageable, Adelphi had significantly more unfilled hours, higher bank usage, a higher proportion of bank staff compared to substantive staff and significantly higher number of staff unavailable (due to maternity leave, redeployment and long term sickness). On Juniper unfilled hours were significantly higher than Brackendale but bank usage and the proportion of bank staff to substantive staff was similar. The number of staff unavailable was higher on Juniper than Brackendale with the last 3 months significantly higher. It is reasonable to conclude that these factors have had a significant impact on the workload of team members within Adelphi and to a lesser extent Juniper. The increased planned staffing demand reported on Adelphi and Juniper is corroborated by the daily staffing reports over the past 6 months (Appendix 3) whereby the staffing levels identified below have been planned to safely staff these wards. It is noteworthy that RN fill rates, on Adelphi do seem to have improved in the two months since the review period.

		Days	Nights
Adelphi	RN	4	2
	CSW	3	3.8
Juniper	RN	4	2
	CSW	3	2

The current budgeted establishment allows for the following staffing levels:

Current establishment		Days							Nights
		Mon	Tue	Wed	Thu	Fri	Sat	Sun	
Adelphi	RN	4	4	4	3	4	3	3	2
	CSW	2	2	2	3	2	3	3	2.4
Juniper	RN	3							2
	CSW	3							2

Actions:

- As identified above Adelphi is the one area of the Trust that has a regular gap between their planned establishment and reported safe staffing levels. Operationally the locality is aware of this issue and attempts are made on a shift by shift basis to meet the shortfall. However the monthly reports suggest demand cannot consistently be met on this basis; this results in on-going challenges in maintaining safe staffing levels that may not be sustainable long term. Therefore consideration should be given to a longer term solution. Existing review methodology would suggest that in order to achieve the fill rate requirements identified over the previous 6 months, staffing levels additional resources of 1.1 WTE RN and 5.1 WTE CSW on Adelphi may be required, however it is considered that the establishment and the support measures required should be subject to the revised review format as outlined in the final recommendations below, and cross-referenced before further action. There is a specific action identified in the recommendations, to review Adelphi in the next quarter of financial year
- Similarly Juniper's gap between budgeted establishment and identified safe staffing levels during the past 6 months is being addressed by the locality at an operational level by using bank. Consideration should be given to the longer term solution of adjusting the budgeted establishment; this would suggest that 2.9 WTE RN would be required to achieve the identified safe staffing levels, with caveat as above, regarding revised review format.
- The approach used in the analysis above is a small scale example arising from the specific issues on the open age wards. The Locality Data Packs collated centrally by Safe Services have aided this analysis. Moving forward this will be developed further to enable a Trust-wide analysis of this depth for the next 6 month report.
- In order to evaluate further, the suggested required increase (as above) analysis will be undertaken using the Hurst safe staffing tool and cross-referred with other staffing work streams as highlighted in the recommendations.

4.1.3 CAMHS wards (Maple and Pine Lodge)

Findings:

- Following the initial review the shift length in both CAMHS wards increased by 15 minutes to facilitate an adequate handover period between shifts. This resulted in a small shortfall in the clinical hours available to cover shifts therefore a small uplift to address this shortfall may be required. Fully meeting this additional time would suggest that an uplift of 0.2 WTE RN and 0.4 WTE CSW on Maple and 0.2 WTE RN and 0.2 WTE CSW on Pine.

Action:

- Operationally the locality currently attempt to meet this small increase in demand within their current resources, or identify alternative support.

4.1.4 Skill mix on East locality Rehab and Recovery wards

Findings:

- On discussion with the clinical team within the review it was decided that the skill mix on Lime Walk and CARS ward should be realigned to increase the number of CSWs. This will be accompanied by a decrease in RN shifts. This reflects the increased need of supporting long term rehabilitation and recovery activities within these wards. The skills mix alteration comprises of a 0.6 WTE RN reduction on CARS and a 2.6 WTE RN reduction on Lime Walk. This is accompanied by a 1.8 WTE increase in CSWs on CARS and a 2.2 WTE increase in CSWs in Lime Walk. The RN reduction in Lime Walk will however be negated by the requirement to increase the RN cover at nights by 2.2 WTE for the advice line (point 4.11). For Saddlebridge the skill mix adjustment will result in a 1.8 WTE reduction in RNs and a 2.6 WTE increase in CSWs.

Actions:

- The locality plan to take forward the alteration in skill mix identified above with their Divisional Business Accountant.
- There is a separate action plan for Saddlebridge unit to address the historical issues on site, which is reported on to the Executive team and is considered to be making good progress overall at this stage. A fuller review of all elements of the action plan including the safe staffing component will take place in January 2016, as part of the handover arrangements for the current extended support.

4.1.5 Impact of resource managers

Findings:

- At a senior level including amongst the Executive Team there have been queries raised related to the value added by the role of resource managers, which are a relatively new development in the organisation.

During this review it was verbally reported that the resource manager role is highly valued within ward teams across the Trust. Areas of positive impact reported in relation to the role include increase in WMs visibility, patient and carer engagement

and clinical leadership, significant improvements in processes in relation to management of staffing and HR issues WM's reported increased satisfaction with their role feeling RM's were contributing to this. However this viewpoint requires more quantitative analysis, as referred to in the action below.

The majority of wards indicated that 0.5 WTE resource manager was sufficient. However acute wards with higher patient numbers and higher turnover continue to require the original recommendation of 1 WTE resource managers per ward. Secure services also have additional administrative demands and require the 1 WTE resource managers.

Actions:

- To date the increased visibility and clinical leadership of WMs is self-reported; the upcoming Care Contact Time pilot will provide evidence as to whether this can be substantiated.
- Due to the relatively new status of the resource manager role and in recognition of the questions raised in terms of the value added it is recognised that further review of this role is required. People Services are piloting a review in East locality which will include examining the role of the resource manager within the context of the wider managerial structure. This review will link with the on-going ward staffing reviews.

4.1.6 Out of hours advice line

Issue:

- The out of hours advice line remains in place on Lakefield (Wirral) and Lime Walk House (East). Wirral are developing plans to manage the advice line in conjunction with Home Treatment and Liaison however at present the ward continues to support the advice line from 22:30 until 08:00. In East the line remains the responsibility of Lime Walk House staff from 21:00 until 09:00 daily.

Action:

- As recommended in previous reviews consideration should be given to resourcing this service in an alternate way. If the advice line is to remain within ward areas then, as identified in previous reviews, additional resources would be required to staff this line.

4.1.7 Therapeutic Observation Policy

Findings:

- The current Therapeutic observation policy (CP25) requires 2 risk reviews to be carried out and documented for each patient each day. The resource implications, practicalities and meaningfulness of the 2 risk reviews per day were raised within the review meetings. Wards reported that the implementation of signing out books helps to ensure that a risk review is undertaken before patients leave the ward.

Actions:

- CP25 is being currently being reviewed by the Consultant Nurse (Acute Care) and the Head of Compliance and this issue is being considered alongside a more individualised approach to clinical observations.

- Lakefield ward are piloting the use of clinical support workers in undertaking lower level risk reviews with safeguards in place to maintain the robustness of the reviews.

4.1.8 IT Enabled

Findings:

'IPads' have been removed from wards at present in order to add the Friends and Family app to them, this is intended to improve engagement with the Friends and Family test and to ensure feedback is received at ward level. This also prompted a review of current usage which was found to be low. Ward managers reported that their teams are generally keen to use this technology however some barriers have arisen including locked access and loss of data; this has resulted in low use and prompted the engagement with this technology to be questioned.

Action:

The barriers need to be investigated to enable them to be addressed and this will be taken forward by the WMs and the IT Enabled Programme Manager. The FFT programme is being developed further by the relevant Associate Director.

4.1.9 Juniper ECT resources

Issue:

Juniper continues to support ECT out-patient recovery however the resource of 0.28 WTE RN to support this, recommended in the 2014 ward staffing review, has not been realised. This demand is currently met within operational service arrangements, but the ongoing activity should be monitored by the Locality and cover arrangements explored.

4.1.10 East locality

Findings:

For patients who are absent without leave (AWOL) Cheshire East Local Authority has decided that it is the healthcare workers responsibility to get the warrant to return the patient and to meet the police in order to enforce this. Previously this would have been the AMHPs responsibility.

Action:

The resource impact of this will need to be monitored over the coming months and escalated within the locality if required.

4.2 Themes for noting

4.2.1 Eastway and Greenways

There is a Trust-wide review currently being undertaken in line with national guidance related to services for people with learning disabilities and therefore no change to the current staffing levels on these wards is recommended at this time.

4.2.2 Pharmacy cover

As previously reported to Operations Board the pharmacy team is currently working to their business continuity plan and this has resulted in an impact on the cover provided to wards. Pharmacy input in ward rounds has been reduced, capacity to undertake the in-depth historical reviews for complex patients has been reduced and there has been less availability to meet with patients and carers. Staff are concerned that the proactive identification of issues at an early stage is at risk with the reduced cover. Additionally there have been delays in responding to requests related to leave and discharge medication. Pharmacy input is seen as a key enabler of safe staffing overall and in line with the recent national guidance it is important to consider the whole multi-disciplinary team within safe staffing considerations. The Operations Board has recently approved the retention of the current pharmacy staffing resources and substantive recruitment is underway. In the meantime the 2 locums that are currently being utilised will remain in place. The Chief Pharmacist has escalated the relevant risks to the risk register.

4.2.3 OT input and meaningful activity

There is a strong multidisciplinary working culture on our wards and OT input is highly valued by our patients and staff teams. The impact of OT in general and meaningful activity in particular in reducing incidents was commented on by numerous ward teams with one ward manager commenting 'there are no incidents when OT are on the ward'. OTs in West routinely work extended hours from Monday to Friday and in Wirral and East OTs work flexibly to deliver planned evening activities on set occasions over the month. Carer engagement is promoted within specific meaningful activities and these encourage carers and patients to feedback and raise any concerns. On acute and dementia wards patients and the ward clinical teams are keen for meaningful activity, supported by OT Technical Instructors, to be available over 7 days. An OT staffing review is being carried out and the findings will be considered within the next safer staffing review.

4.2.4 Gym access

Limitations in accessing gyms across the Trust has been reported in the previous ward staffing reviews and remains an issue. As reported in section 4.9 meaningful activity has been demonstrated to contribute to reducing incidents and, in terms of safe staffing, having appropriately trained staff to enable gym access ensures that physical activity is available to those patients seeking this.

4.2.5 Team away days

Several wards reported that they had held team away days over the past 12 months. The reported benefits to the team included increased staff morale, the opportunity to examine roles and forward plan and a sense that staff feel valued through having these opportunities.

4.2.6 Unannounced visits

Due to the CQC inspection there was only one unannounced ward visit during April – September 2015. This visit was to Adelphi ward in April 2015 with a follow up visit in July 2015. The visit generated an action plan which was reviewed and reduced to six actions following the July visit. These actions are currently being addressed by the ward team.

4.2.7 Initiatives and good practice

Although our wards remain extremely busy the positivity, morale and dedication shown by 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 such as:

- Adelphi ward has protected therapeutic time each day. Safe staffing levels are needed to ensure that the purpose of this time is realised; that is that staff have the time to spend with patients. This will also be reviewed within the contact time approach for next report.
- All of our wards described proactive patient and carer involvement and feedback opportunities such as 'My service – My say', community meetings, carer forums and adapted discharge questionnaire for dementia. Safe staffing levels contribute to these initiatives by ensuring that staff are available to facilitate sessions and other feedback mechanisms. This in turn gives patients the opportunity to raise issues and receive prompt responses to concerns improving patient experience.
- Acute ward patients are able to access rehabilitation programmes on Rosewood earlier (as day cases) which has had positive results. This initiative improves patient experience by enabling the patient journey to progress sooner and has resulted in shorter stays on Rosewood once a bed has become available. Safe staffing levels are needed to ensure that this option is available.

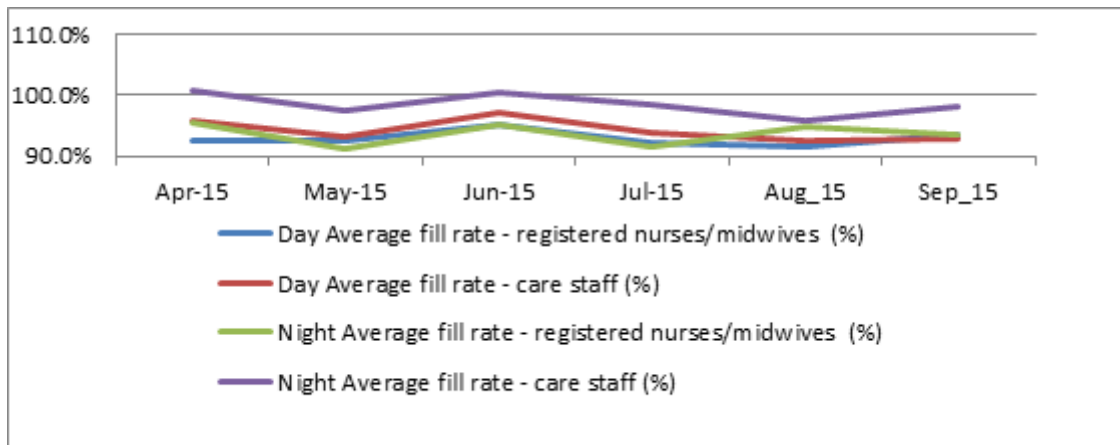
Other positive initiatives included:

- Carers newsletter (Croft)
- Using slideshows to increase service user engagement in ward reviews (Greenways)
- Reflective review groups (Adelphi, Pine, Maple)
- Midday handover (Adelphi)
- Community engagement (Alderley and Saddlebridge)
- Volunteering and fundraising (Alderley, Lime Walk, CARS, Saddlebridge)
- CAMHS monthly training programme (Pine)
- Weekly Sparkle Tea and Chat (Cherry)
- Staff engaging in dementia related CPD (Cherry)
- Apprenticeships in care and admin (Meadowbank)
- Dementia outreach worker (Meadowbank)
- New patient kitchen on Meadowbank - previously many patients were unable to access kitchen activities as going off the ward to was too disorientating
- Monthly staff meetings on night shift (Brooklands)

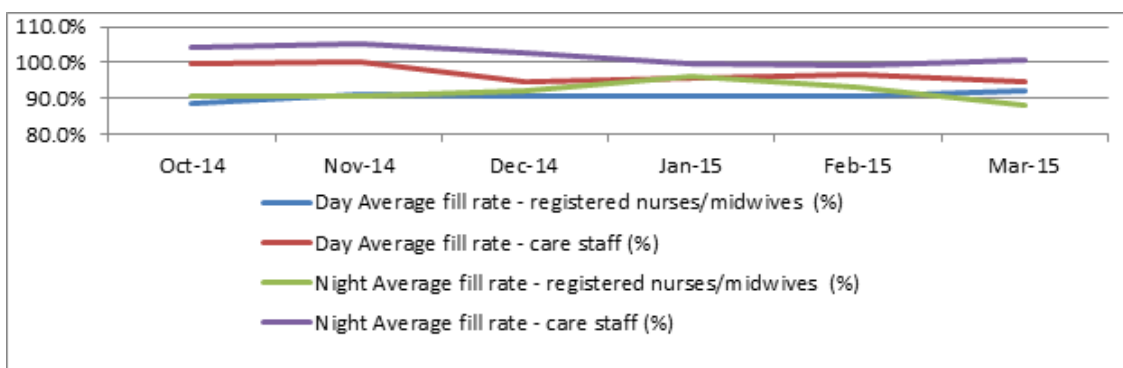
5. Quality & Safety

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 potential negative impacts.

The CWP reports submitted to UNIFY from April – September 2015 demonstrate that ward staffing actuals have been over 90% of planned staffing as shown in the graph below:



This is an improvement on the previous 6 months where RN cover dipped below 90% on 2 occasions (Oct 2014 night shifts and March 2015 day shifts).



5.1 Interventions to maintain safe staffing levels

The action taken by the board in agreeing the safe staffing levels recommendations from the initial review alongside the subsequent work of the programme board and ward teams has had a significant impact in ensuring that CWP wards are safely staffed. On an on-going basis there are a further 3 key interventions that contribute to maintaining safe staffing levels firstly, effective rostering, secondly the use of temporary staff to backfill shortfalls and thirdly actions taken by ward staff to mitigate against the potential impact of unfilled shifts.

5.1.1 Effective rostering

The Head of People Information is leading a 'deep dive' analysis of e-rostering and associated links with bank usage and sickness absence. Within the deep dive there is evidence that improved rostering practices are needed to ensure that the resources we have

are being used efficiently. Initial findings have been shared with wards alongside action plans. To date 9 wards have been involved and the lessons learned will be shared with all wards. 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 as outlined in Sec 5.1.3.

A further contributor to effective rostering is adequate headroom. The NQB report (2013) emphasised that 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 and mandatory training. Currently headroom within the rostered areas of the Trust is set at 22% - this is made up of 14% annual leave (agenda for change average), 5% sickness and 3% mandatory employee learning (MEL).

Headroom was rationalised prior to the initial review by removing sickness headroom from the roster templates, this means that CWP roster template headroom is now lower at 17%. This tighter approach to headroom leaves limited scope for further reduction and therefore the approach of headroom being calculated as mark-up is challenging to manage. The difference between calculating headroom as either margin or mark-up is demonstrated in the example in Appendix 4. Any financial impact of change to headroom calculations will need to be analysed and considered within subsequent reviews.

It should also be noted that both annual leave and mandatory training headroom are currently built into roster templates. However the recommendation from the original staffing review, that sickness headroom is set as a bank budget of 5% within ward staffing establishments has not yet been formally added to ward budgets.

The above points will be reconsidered following the findings of the deep dive review.

5.1.2 Temporary staffing - bank and agency use

In order to maintain safe staffing levels temporary staffing continues to be used. From April until September 2015 the following levels were used:

Locality	Total Hours Requested	Total Hours Filled	Fill Rate (%)	% of Total Planned Hours on Ward covered by Bank/Agency April-Sept 15	WTE filled by bank	WTE filled by agency	Total WTE filled
East	47727	37895	79	19	39	0	39
West	41718	29868	72	17	29	2	31
Wirral	29724	23136	78	19	24	0	24
Trustwide	119168	90899	76	18	92	2	94

In the 12 months prior to the original staffing review 118WTE bank were used. This reduced to 88WTE reported in the Dec 2014 Six Monthly Review. In this current six monthly review

the bank use remains high and has risen to 93 WTE. RN bank usage is generally in line with vacancies however CSW bank usage is significantly higher than the demand arising through vacancies and sickness. Acuity and clinical observations contribute to this demand however the deep dive should provide further scrutiny to analyse the issue of continued high demand.

There has been a positive movement in agency use which has diminished between April and September 2015 and is now virtually non-existent.

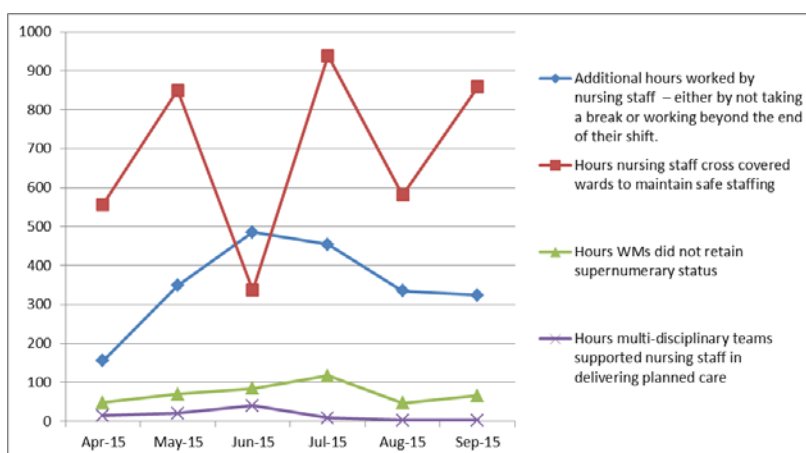
5.1.3 Actions taken by ward staff

Each month Clinical Service Managers report on the actions taken to maintain safe staffing levels on wards. The same themes arise each month and include:

- Nursing staff working additional hours – either by not taking a break or working beyond the end of their shift
- Nursing staff cross covering wards to maintain safe staffing
- RN shifts being backfilled by CSWs when RN cover cannot be sourced
- Ward managers working in the numbers rather than supernumerary status
- Multi-disciplinary teams supporting nursing staff in delivering planned care
- Patient care being prioritised over non-direct care activities such as mandatory training, supervision and appraisal
- Patient activities being cancelled or shortened due to nurse staffing levels

The above themes have been raised at Operational Board

The graphs below demonstrate the level to which the above have occurred between April and September 2015, firstly for additional hours, cross cover, WM and MDT cover:



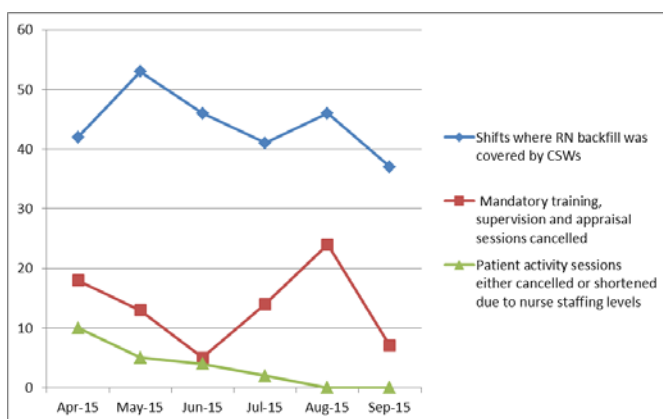
Cross cover between wards: Although cross cover levels are fluctuating in the above graph, this did occur frequently throughout the six month period. The ward teams acknowledge that it is necessary to balance staffing on a shift by shift basis and appreciate that there will be a level of ‘give and take’ between wards. However if this is happening

frequently it can impact on staff morale and also the ability of ward managers to develop their teams.

Nurses working additional hours: This remains a concern particularly when working a 12 hour shift pattern. Lack of rest periods and working beyond a 12 hour shift have been found to increase risks to patient safety (Kings College, 2013; HSE, 2012; RCN, 2012) and have a negative impact on staff well-being and retention (Sherward et al, 2005; RCN, 2010). Although staff receive time off in lieu when they work additional hours this does not mitigate against the potential for increased risk during the shift and can contribute to future staffing issues when they reclaim the time. NHS England commissioned a review of shift patterns *'12-hour shifts: Prevalence, views and impact the overall'* and this was published earlier in 2015. The evidence for and against 8 hour and 12 hour shift patterns is inconclusive and although the report suggests that there is cause to challenge assumptions that 12 hour shifts reduce costs without any detrimental effects, ultimately they do not advise against them at this time.

WMS and MDT support: Although the occurrence of WMs and the MDT supporting safe staffing levels is evident the extent to which this has happened over the past 6 months is not of significant concern.

The second graph below examines the thematic occurrences that are measured in sessions:



RN shifts backfilled by CSWs: It is clear from the graph above that there are occasions when RN shifts are backfilled by CSWs when RN backfill cannot be sourced. Additionally there will be occasions where no backfill is available. Wards reported that there were 218 occasions between April and September 2015 where there was only one RN on duty; the NICE standard for adult acute wards (although this guidance is aimed at Acute General Hospitals, as the NHS England advice for mental health services is in progress) is that there should never be fewer than 2 registered nurses on duty (NICE, 2014). Where this does occur wards are able to access a 2nd RN from neighbouring wards for specific procedures that require input from 2 RNs. An imminent improvement in these figures is expected as the RN recruitment target is being realised and includes 20 newly qualified nurses some of whom have been working as CSWs whilst awaiting their NMC registration.

Mandatory training, supervision and appraisals cancelled: There are occasions when non direct care activity such as mandatory training, supervision and appraisals are cancelled in order to maintain safe staffing levels on wards. Alternate delivery methods are being

explored with Education CWP in order to maximise training delivery but minimising travel time. Additionally the new model of supervision is designed to facilitate the delivery of supervision in a concise way through greater structure.

Patient activities cancelled: In line with previous reviews it is evident patient activities are prioritised by ward teams however there are occasions when patient activities have to be cancelled or shortened due to nurse staffing levels. Although reduced satisfaction in relation to patient experience is a potential impact factor there have been no reports of direct negative outcomes for patients as a result of staffing levels and there is an improving trend.

All wards reported having proactive measures in place to seek the views of patients during and after admissions. The majority of feedback is reported to be positive and 158 compliments have been registered over the past 6 months. These proactive measures also provide the opportunity to address concerns promptly which again aids patient satisfaction.

6. Supernumerary Ward Managers

CWP has had supernumerary ward managers for a number of years. Ward staffing daily reporting monitors the number of hours that WMs are not supernumerary has been identified in the section above.

7. Care Contact Time

There is a requirement for the Trust to report on Care Contact Time twice yearly (DH, 2014). Four representative wards have been identified to undertake the audit initially, and the data will be collated and analysed from January 2016. In the longer term a more comprehensive review will inform the next 6 month report in July 2016.

8. Challenges & Risks

The challenges and potential risks in relation to safe staffing have been documented in previous reports to the Board of Directors and include therefore the recruitment of RNs in East locality, the recurrent themes from the monthly reports and the financial recovery plan. The progress made in increasing the nursing establishment identified in 2013 was the result of a sustained rolling programme of recruitment; the challenge now is to sustain these nurse staffing levels. The previous identified risks are incorporated in the Trust risk register and the Trusts strategic assurance framework and are monitored by the Quality Committee, Operations Board and Board of Directors.

The DoN has identified that further development is required in meeting the challenges related to NHS England Safe Staffing initiatives, and reviewing the approaches implemented and recommendations made to date, and therefore has set up a Safer Staffing Group and associated actions. The group will continue the work relating to previous recommendations and take forward the anticipated broader pieces of work relating to wider multi-disciplinary teams and to community also extending to Physical Health service.

9. Further refinement of the Trust approach to Safe Staffing

The increase in ward staffing numbers and associated continuous improvement initiatives approved by the Board of Directors in January 2014 were acknowledged by ward teams and ward managers throughout this current review. This significant investment by the Trust may

well have contributed to the Trusts overall rating of 'good' from the CQC and the rating of 'outstanding' in relation to patient care. The positive outcomes of the Safer Staffing Reviews resulted from a substantial amount of on-going work; the approaches suggested below are an additional quality check to provide assurance to the Board in relation to the outcomes of the original and follow up reviews.

This latest update report indicates that there may be some need to review and, in some specific instances, potentially increase staff in addition to the original safe staffing review outcome (2014). Before proceeding with further increases there are a number of significant work streams which have yet to have their impact and outcome analysed. Therefore prior to considering any further increase in staffing levels it is recommended that we pause and benchmark progress and impact against the range of measures below.

The following recommendations have been presented and approved by Operations Board in Dec 2015, in addition we would request the Trust Board to also endorse this set of measures as outlined below, and as per timescale in appendix 5.

9.1 Recommendations

The following recommendations will be managed within the portfolio of the Associate Director of Nursing, supported by the Safe Staffing working group. A suggested timeline for implementation is attached to the report, as Appendix 5, and a more specific action plan will be developed from this following Board discussion of the approach.

1: Consistency check with alternative methodology and National Framework

The Trust has previously endorsed the use of the Telford Model (professional judgement) to calculate the number of registered and non-registered nurses on inpatient wards to deliver safe staffing levels. In order to consistency check the outcome of this approach it was agreed at the recent Safer Staffing Group meeting to benchmark this outcome with a number of wards by utilising Hurst's Safer Staffing Tool. The group will also consider the overall national safe staffing framework including the suggested 'ten Questions for Boards'.

Actions: Identify pilot wards to consistency check against Hurst's model commencing February 2016

Consider the questions raised in the National Framework, including the 'Questions for Board' and liaise with Board members accordingly

2: Follow up actions relating to deep dive

The recent 'deep dive' analysis of e-rostering and associated links with bank usage and sickness absence suggested that there was scope for improvement in rostering practices. In order to ensure that resources are being used efficiently further investigation into the themes arising from the deep dive is required.

Action: Support People Services to work with localities to further investigate the themes emerging from the deep dive to examine effective and efficient use of the roster and take remedial actions where necessary.

3: Recruitment and retention in relation to original recommendations

Following an 18 month rolling recruitment programme inpatient wards are only now at a point where the original staffing recommendations have almost been achieved. At the recent Safer Staffing Group locality Clinical Service Managers (CSM) reported the positive impact of this increased staffing, the full impact of which will be realised over coming months and evaluated in the next 6 monthly report. CSMs also commented on the high number of newly qualified staff now in post requiring preceptorship and the need to balance this with the number of experienced staff.

Action: To continue recruitment and retention initiatives as previously planned, to include a period of consolidation around the considerable recruitment undertaken which will be reflected in the next 6 month review.

4: Outcome of care contact time pilot

NHS England guidance now requires Trusts to examine care contact time twice yearly. In response to this in November 2015 a pilot (measuring care contact time) was undertaken using the activity follows tool. This data is currently being analysed.

Action: Pilot data to be compared with original activity follows data from 2012 to measure impact in relation to Safer Staffing investment and continuous improvement initiatives. Subject to findings, roll out across further settings to inform next staffing paper

5: National benchmarking

To measure the Trust's position against other MH and LD Trusts, national benchmarking data will be examined and considered within the context of wider safety and quality indicators: including safer staffing numbers, beds and admissions.

Action: Consider national benchmarking data and provide a summary comparison of CWP against Trusts meeting highest, lowest and mean indicators.

6: Widening the consideration of MDT in relation to Safer Staffing

Following on from the original ward staffing review it was recommended that a similar review be undertaken in relation to the Occupational Therapy (OT) inpatient services. This aligns with current national acknowledgment that nurse staffing does not support wards independently and that the multidisciplinary team (MDT) plays a significant role in ensuring that wards are safely staffed. Review work was undertaken during 2015 and the report is currently being finalised, the findings will be built into the multi-disciplinary model and considered against national benchmarking.

Action: Impact of review to be considered in relation to future Safer Staffing measures and incorporated into a multi-disciplinary model.

7: Context of Safer Staffing within community MH and LD teams

The focus of safer staffing to date has been on mental health and learning disability inpatient areas. There is a growing recognition that this needs to expand into community teams including physical health services. In order to progress this, the approach will be to consider, in the first instance, the areas that directly impact on inpatient wards, namely Crisis Teams

and Single Point of Access, and incorporate Physical Health teams into the safer staffing review group to explore and implement review methodologies. This also links to some of the CQC report findings.

Action: To benchmark existing staffing levels across localities and consider against quantitative impact indicators such as admissions, discharge and length of stay data. To develop a model for understanding safe staffing in community and physical health settings

Monitoring and driving continuous improvement in achieving these aims will be overseen by the Safer Staffing Group supported by the WM Task and Finish Group, People Planning Group and People Information 'deep dive' review into ward staffing.

8: Specific Ward Issues

While the additional issues identified for Adelphi ward, and the Saddlebridge unit action plan will also be incorporated into the above measures, it is recommended there is a separate, early approach to understand the issues on these wards and whether any further establishment changes are necessary, to be carried out in conjunction with operational managers. This will be led by the Associate Director of Nursing during Q4 2015/16.

10 References

DH (2014) '*Safer Staffing: a guide to care contact time*': London

NHS England (2015) '*12-hour shifts: Prevalence, views and impact the overall*': London

NICE (2014) '*Safe staffing for nursing in adult inpatient wards in acute hospitals*' <http://www.nice.org.uk/guidance/sg1>

11. Recommended Ward Nurse Staffing Establishments Oct 2015

Unit name	Beds	Role	Staff on Days							Staff on Nights							Clinical Hours Needed	WTE needed with margin headroom	Comment	Minimum RN:patient ratio on days	Minimum RN:patient ratio on nights			
			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Open age acute			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Adelphi	23	RN	4	4	4	4	4	4	4	2	2	2	2	2	2	2	483	15.5						
		CSW	3	3	3	3	3	3	3	3.8	3.8	3.8	3.8	3.8	3.8	3.8	547.4	17.6	Includes B4 assistant practitioner	1:5.8	1:11.5			
Brackendale	20	RN	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9	Excludes 0.27 WTE B5 ECT cover	1:6.7	1:10			
		CSW	3	3	3	3	3	3	3	2.5	2.5	2.5	2.5	2.5	2.5	2.5	442.75	14.2	0.5 relates to twilight					
Juniper	20	RN	4	4.35	4	4	4.35	4	4	2	2	2	2	2	2	2	491.05	15.8	0.35 on Tue and Fri relates to ECT cover	1:5	1:10			
		CSW	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9						
Adult acute			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Bollin	23	RN	4	4	4	4	4	4	3	3	2	2	2	2	2	2	2	460	14.8	0.4 relates to twilight	1:7.7	1:11.5		
		CSW	3	3	3	3	3	3	3	3.4	3.4	3.4	3.4	3.4	3.4	3.4	515.2	16.6	excludes 1WTE Assistant practitioner					
Beech	22	RN	4	4	4	4	4	4	4	2	2	2	2	2	2	2	483	15.5		1:5.5	1:11			
		CSW	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9						
Lakefield	20	RN	3	3	3	3	3	3	3	3	3	3	3	3	3	3	483	15.5	Excludes 0.27 WTE B6 ECT lead	1:6.7	1:10			
		CSW	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9	Includes additional RN on nights for advice line					
Dementia			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Croft	14	RN 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	161	5.2	B6 on every shift	1:4.7	1:7			
		RN 5	3	3	3	3	3	2	2	1	1	1	1	1	1	1	299	9.6						
		CSW	4	4	4	4	4	4	4	3.8	3.8	3.8	3.8	3.8	3.8	3.8	627.9	20.2	Includes B4 assistant practitioner					
Cherry	11	RN 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	161	5.2	B6 on every shift	1:2.75	1:5.5			
		RN 5	3	3	3	3	3	3	3	1	1	1	1	1	1	1	322	10.3						
		CSW	3	3	3	3	3	3	3	3	3	3	3	3	3	3	483	15.5						
Meadowbank	13	RN 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	161	5.2	B6 on every shift	1:4.3	1:6.5			
		RN 5	2	2	2	2	2	2	2	1	1	1	1	1	1	1	241.5	7.8	Excludes 1 WTE B6 outreach practitioner					
		CSW	5	5	5	5	5	5	5	4.5	4.5	4.5	4.5	4.5	4.5	4.5	764.75	24.6	0.5 relates to twilight					
PICU			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Willow	7	RN	3	3	3	3	3	2	2	2	2	2	2	2	2	2	379.5	12.2		1:3.5	1:3.5			
		CSW	2	2	2	2	2	3	3	2	2	2	2	2	2	2	345	11.1						
Brooklands	10	RN	3	2	3	2	3	2	2	2	2	2	2	2	2	2	356.5	11.5		1:5	1:5			
		CSW	3	4	3	4	4	4	4	2	2	2	2	2	2	2	460	14.8						
CAMHS			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Maple	14	RN	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9		1:4.7	1:7			
		CSW	4	4	4	4	4	4	4	3	3	3	3	3	3	3	563.5	18.1						
Pine	12	RN 5	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9		1:4	1:6			
		CSW	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9	Excludes 1 WTE Ass Practitioner					
Eating disorders			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Oaktrees	14	RN 6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	161	5.2	B6 on every shift	1:4.7	1:7			
		RN 5	3	3	3	2	3	2	2	1	1	1	1	1	1	1	287.5	9.2						
		CSW	3	3	3	3	3	3	3	1	1	1	1	1	1	1	322	10.3	Excludes 2WTE dietary HCAs					
Secure services			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
Alderley	15	RN	3	3	3	3	3	3	3	2	2	2	2	2	2	2	402.5	12.9		1:5	1:7.5			
		CSW	4	4	4	4	4	4	4	2	2	2	2	2	2	2	483	15.5	Excludes 1WTE B4 assistant practitioner					
Saddlebridge	15	RN	3	2	3	2	2	2	2	2	2	2	2	2	2	2	345	11.1		1:7.5	1:7.5			
		CSW	4	4	4	4	4	4	4	2	2	2	2	2	2	2	483	15.5	Excludes 1WTE B4 assistant practitioner					
Recovery and rehabilitation			Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun								
CARS	15	RN	3	2	3	2	2	2	2	2	2	2	2	2	2	2	345	11.1	Excludes 1 WTE B6 outreach practitioner	1:7.5	1:7.5			
		CSW	4	4	4	4	4	4	4	2	2	2	2	2	2	2	483	15.5	includes 1 WTE Ass P					
LWH	20	RN	3	3	3	3	3	3	3	3	3	3	3	3	3	3	483	15.5	Includes additional RN on nights for advice line	1:6.7	1:10			
		CSW	4	4	4	4	4	4	4	2	2	2	2	2	2	2	483	15.5	inc 1.7 WTE B4 Ass Practitioner					
Rosewood	18	RN	4	4	4	4	4	3	3	2	2	2	2	2	2	2	460	14.8		1:6	1:10			
		CSW	4	4	4	4	4	5	5	2	2	2	2	2	2	2	506	16.3	Excludes 1.5 WTE assistant practitioners					

