Dorset HealthCare University NHS Foundation Trust

Six Monthly Review of Inpatient Nurse Staffing Establishment: Ensuring Safe Staffing
Part 1 Board Meeting 28 September 2016

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Sponsoring Board Member	Fiona Haughey, Director of Nursing & Quality
Purpose of Report	Dorset HealthCare Trust Board is accountable for ensuring that the organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing. It is also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care. This report provides the evidence and assurance to the Board that these responsibilities are taken seriously and that the Trust can demonstrate to patients, staff and stakeholders how the Trust is meeting the ten expectations of the National Quality Board '*Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time'.*
Recommendation	The Trust Board is requested to: • Receive this report as the current Trust position with regards to the 10 expectations of the NQB Safer Staffing requirements; • Note the ongoing recruitment difficulties and the current work to review workforce roles and structures to support the delivery of safe, effective patient care • Note the content of the report and the actions being taken to ensure the Trust in patient staffing establishments deliver safe care
Engagement and Involvement	
Previous Board/ Committee Dates	February 2016

Monitoring and Assurance Summary

This report links to the Strategic Goals	▪ To provide high quality care; first time, every time; ▪ To be a learning organisation, maximising our partnership with Bournemouth University and promoting innovation, research and evidence based practice; ▪ To have a skilled, diverse and caring workforce who are proud to work for Dorset HealthCare; ▪ To be a national leader in the delivery of integrated care; ▪ To ensure that all of the Trust's resources are used in an efficient and sustainable way

I confirm that I have considered each of the implications of this report, on each of the matters below, as indicated:	**Yes**	**Any action required?**	
		Yes Detail in report	**No**
All three Domains of Quality	✓		✓
Board Assurance Framework	✓		✓
Risk Register	✓		✓
Legal / Regulatory	✓		✓
People / Staff	✓	✓	
Financial / Value for Money / Sustainability	✓	✓	
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓

1. BACKGROUND

1.1 The purpose of this paper is to provide the Trust Board with a six monthly report on nurse staffing within our inpatient wards and to provide assurance that the Trust has a clear and validated process for monitoring and ensuring safe in-patient staffing. This is in accordance with the expectations of NHS England National Quality Board (NQB) and the Care Quality Commission (CQC). During the year detailed monthly staffing reports are discussed at the Executive Quality and Risk Group and presented quarterly to the Quality Governance Committee for overview and scrutiny.

1.2 In October 2014, the Five Year Forward View, made a commitment to‘re-energise’ the National Quality Board (NQB). Recognising the ultimate responsibilities of individual NHS boards for the quality and safety of the care being provided by their organisation, it was also recognised the value in a forum where the key NHS oversight organisations can come together regionally and nationally to share intelligence. Therefore in 2015, the NQB was re-established, with new clinical and professional focused leadership and membership.

1.3 The National Quality Board (NQB) in their updated guidance published in July 2016 - *Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time,* sets out 10 refreshed expectations and a framework within which organisations and staff should make decisions about staffing that put patients first. These expectations are to support provider boards to make local decisions that will deliver high quality care for patients within the available staffing resource. The document replaces the 2013 NQB guidance “*How to ensure the right people, with the right skills, are in the right place at the right time: A guide to nursing, midwifery and care staffing capacity and capability*”.

1.4 Sections 1 and 2 outlines the key principles and tools that provider boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services. Section 3 identifies three updated NQB expectations that form a ‘triangulated’ approach (‘Right Staff, Right Skills, Right Place and Time’) to staffing decisions. An approach to deciding staffing levels based on patients’ needs, acuity and risks, which is monitored from the ‘ward to board’, will enable NHS provider boards to make appropriate judgements about delivering safe, sustainable and productive staffing.

1.5 NHS Improvement is coordinating work to develop safe staffing improvement resources for a range of care settings including: mental health, learning disability and community. These resources are expected to be available later in 2016/17, with approval from the NQB.

1.6 This paper presents the progress against the NQB 10 expectations for Right Staff, Right Skills, Right Place and Time to assure the Board that it is meeting its responsibilities.

2. EXPECTATION 1: RIGHT STAFF

2.1 Evidence-based workforce planning

2.1.1 Dorset HealthCare does use evidence based guidance. It should be noted that there is no specific NICE guidance for community hospitals or mental health inpatients. In 2014 the organisation undertook a baseline review against NICE clinical guideline No. SG1. This was revisited as part of preparation for this paper. It is important to note the guideline is aimed at Adult Acute Hospitals.

2.1.2 The Royal College of Nursing (RCN) guidance on safe staffing for older people's wards[1] is used to advise and inform staffing levels and is used by the organisation as a guide when reviewing nursing staffing levels in community hospitals. In the RCN guidance the recommended levels for a 28 bedded ward are as below:

	Skill Mix	Registered Nurse Patient Ratio	Staff Patient Ratios
Basically safe care	50:50	1:7	1:3.3 – 1:3.8
Ideal, good quality care	65:35	1:5 – 1:7	1:3.3 – 1:3.8

2.1.3 Appendix 1 highlights how the Trust community hospital wards compare against this formula. All wards meet the basically safe care standard.

2.1.4 For a number of years the community hospital wards have undertaken an audit of acuity and dependency of patients using the Safer Nursing Care Tool[2].

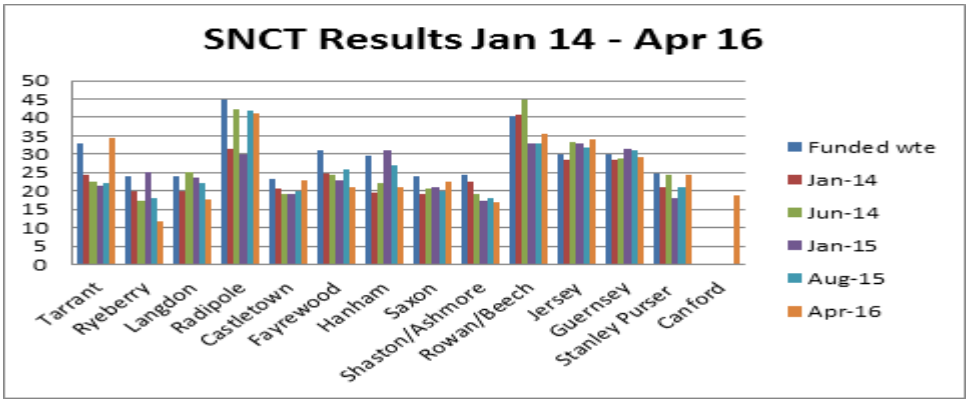
2.1.5 This paper reports results from the audit undertaken in April 2016 and highlights the outcome for each ward using this tool over five rounds. The Safer Nursing Care Tool (SNCT) is one method that can be used to assist Chief Nurses to determine optimal nurse staffing levels for in-patient wards. The tool was originally created in 2007 by Professor Katherine Fenton, Chief Nurse at University College London Hospitals NHS Foundation Trust and Professor Hilary Chapman, Chief Nurse at Sheffield Teaching Hospitals NHS Foundation Trust. At that time, the tool was supported through the Association of UK University Hospitals and known as the AUKUH Patient Care Portfolio. This has been used widely across the NHS, private sector and in some hospitals overseas.

2.1.6 The Safer Nursing Care Tool is made up of 2 elements: a decision matrix based upon the classification of levels of critical care patients (Comprehensive Critical Care, DH 2000). This is used to determine the level of acuity/dependency of all patients. Secondly, nurse sensitive indicators such as infection rates, complaints, pressure ulcers and falls, are monitored to ensure that the staffing levels determined in element 1 are enabling the delivery of patient outcomes we aim to achieve.

2.1.7 Using the two elements together offers nurses a reliable method against which to deliver evidence-based nurse staffing plans. Table 1 below presents the overall results compared to results from January 2014 against funded establishments in Community Hospital physical health wards. Canford ward did not collect data in previous rounds as the ward was opened initially for 6 months.

[1] Royal College of Nursing (RCN), (Sept 2012). *Safe staffing for older people's wards*
[2] The Shelford Group (2013) *The Safer Nursing Care Tool*

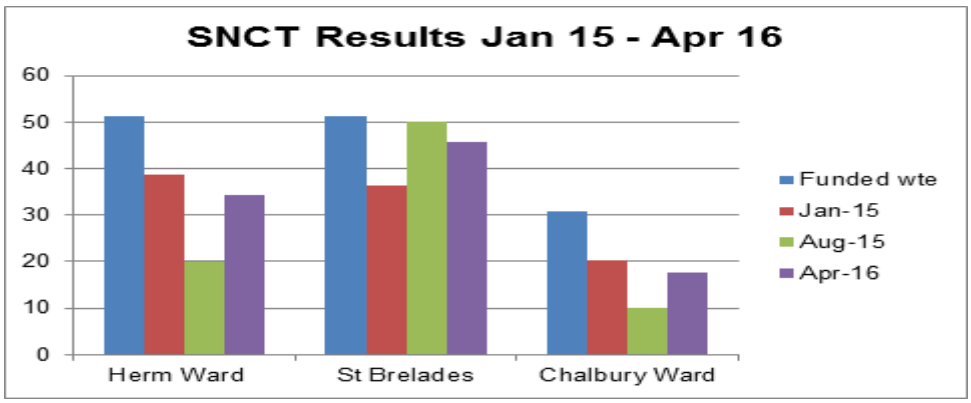
Table 1



2.1.8 From the results it could be concluded that our funded establishments are generally sufficient to care for the patients during this period with the exception of Tarrant and Jersey wards.

- Jersey Ward has exceeded the funded establishment on the last three rounds. However the ward has received additional Occupational Therapy Support Workers this year who are not currently captured using this tool (6.4 wte between 2 wards). Jersey Ward does not feature as an outlier on any of the nurse senstive indicators measured in April 2016.
- Tarrant Ward has exceeded the funded establishment for the first time and discussions are taking place as to what the ward requires to ensure it can be responsive to the needs of its patients. When triangulated with nurse sensitive indicators, Tarrant ward is highlighted on the nurse sensitive indicators as having the highest number of patients falling and had the most patients attending the ward for day treatment - this is in addition to the inpatients.

2.1.9 Three Older People's Mental Health wards (Chalbury, St Brelade's and Herm) have undertaken rounds of the Safer Staffing Tool during the same time period as the community hospitals. The results for older people mental health wards should be considered with the knowledge that the tool was not designed for this area of speciality. The outcome is highlighted below and further work is required to understand the nurse/patient ratio required for the two remaining units now that Chalbury has closed.



2.1.10 Mental Health inpatient units have not used any acuity/dependency tools. However, the ward managers are able to describe and inform using their expert knowledge that informs the organisation of any changes to support patient needs.

2.1.11 The organisation has, however, recently volunteered to join a project to further develop the Mental Health Safe Staffing Multiplier Tool[3]. Three senior staff are attending a workshop in September 2016 to contribute to the tool development. The Associate Director of Nursing and Quality and the Inpatient Mental Health Lead are then joining a 'how to' workshop in November 2016 to start data collection in December 2016. We will then have the opportunity not only to compare internally but to benchmark externally.

2.2 Professional Judgement

2.2.1 The Associate Director of Nursing and Quality has met with all mental health ward managers (with the exception of Nightingale Court, Herm and St Brelades) and community hospital matrons. All were asked for their professional judgement on current agreed levels for their areas of responsibility. The outcomes of these conversations and reflections will be considered in more detail at the Executive Quality and Clinical Risk Group.

2.3 Compare staffing with peers

2.3.1 The Trust participates in relevant NHS benchmarking projects including community hospitals, mental health and community services, urgent care and CAMHS. These projects include questions regarding workforce, providing an opportunity to benchmark against other participants.

2.3.2 The Trust has an agreed local staffing and quality dashboard which is included in the staffing report to the Executive Quality and Clinical Risk Group on a monthly basis and quarterly to the Quality Governance Committee. It provides details of staffing levels alongside key quality metrics. This is analysed each month to help detect key areas of concern requiring further investigation, and to identify wards which require direct attention to within the report.

2.3.3 Each month the Trust submits data to Unify on the average fill rates of registered staff and non-registered staff in the day and at night per ward. This also forms part of the Trust board integrated dashboard and shows how well wards have been staffed according to their planned levels of staffing.

2.3.4 Over the past six months the levels of staffing have been fairly constant overall, with the combined average fill rate in the day fluctuating between 96% and 102%. At night this has been between 102% and 106% each month. A rise has been noted in the period in the fill rate for registered staff in the day which has increased by 3.6% from 87.2% in March to 90.8% in August 2016.

3. EXPECTATION 2: RIGHT SKILLS

3.1 Mandatory training, development and education

3.1.1 For Trust services which are available 24 hours a day, such as inpatient areas, staffing establishments are calculated with added 23% headroom this is in part to support mandatory training and education.

3.1.2 Ward Managers and Ward Sisters are supernumerary and Band 6 staff are also supernumerary for 2 days per week, providing the opportunity for mentorship and supervision.

[3] Health Education West Midlands working in partnership with NHS England. Mental Health Staffing Framework

3.1.3 Mandatory Training levels are now above 95% and benchmarking shows DHC current levels are above regional and national performance.

3.1.4 Following an online survey and various focus groups, more than 600 staff have given some valuable feedback on the quality of their appraisal and provided suggestions on how we can continue to improve the appraisal experience for everyone. From this feedback the following things have been achieved so far:

- The Appraisal Policy and Guidance document has been updated and made easier to follow and NMC Revalidation/AHP Re-registration have been included in updating these new documents so that discussion around professional registration and its requirements are part of the appraisal process.
- A number of small changes have been made to the appraisal module of Ulysses following the feedback from staff.
- Behaviour and appraisal objective workshops were delivered across the county to capture ideas around objective setting, provide examples for different roles, and educating staff on the need to be aligning their objectives with the Trust priorities. The outcomes of these workshops enabled specific examples of objectives to be written for a range of roles to enable staff to read as part of their appraisal preparation. These are now displayed in the Appraisal Preparation Pack and on the appraisal module of Ulysses.

3.1.5 In Collaboration with the Nursing and Quality Directorate, the Learning and Development Service has worked with the system provider, Ulysses, to develop a Revalidation module so that the Trust can support staff with recording their Nursing and Midwifery Council (NMC) Revalidation which came into effect 1st April 2016.

3.1.6 Staff learning needs are discussed as part of the Appraisal process and a PDP (Personal Development Plan) is agreed at the Appraisal in order to ensure the Appraisee is supported to meet their objectives for the year ahead. As part of the Learning Needs Analysis (LNA) process, all learning needs are extracted from the online Appraisal module of Ulysses twice a year.

3.1.7 The Trust is engaged with Dorset CCG as they develop other models of service delivery through their Clinical Services Review. This will lead to increased flexible working and changes in acuity and dependency of patients. Other pathways including the Mental Health Acute Care Pathway that are in development include and consider the education and training needs of our nursing workforce.

3.1.8 The following provide examples of how the Trust develops leadership skills within the organisation:

- Leadership Forum: a bi-monthly leadership forum to bring together senior leaders to reflect and make decisions on cross-Trust operational and strategic issues and support their development.
- Coaching: Since April 19 applications for coaching have been received, with 47 coaching sessions having taken place.
- Team Development: Since April 2016 fifteen teams held Team Development Away Days and 8 have registered expression of interest.
- The Empowering Leaders: Four cohorts have taken place since April with a total of 58 attending.
- 9 DHC staff have successfully completed the nationally approved HealthCare Leadership Model (HLM) 360° feedback training programme. This has enabled the

roll-out of the HLM 360° feedback assessment tool to 40 senior leaders (Band 8B+) as part of a pilot.

Potential Impact of Nursing Bursaries

3.1.9 In July 2016, the Government confirmed its decision (set out in November 2015) to replace NHS bursaries for nursing and allied health professional students in England with student loans. The changes will only apply to nursing students studying in England who begin their undergraduate course from August 2017. There are concerns that the scrapping of bursaries will be detrimental to the recruitment and retention of nurses and midwives.

3.1.10 Research has not been conducted into how the introduction of fees will impact upon the application rate for nursing places. The Government does not know if the introduction of fees will exacerbate the NHS nursing shortage. There is a high risk that a loan system will be an obstacle to people from lower income backgrounds and those changing careers later in life.

3.1.11 The Trust is working with Bournemouth University to consider the potential impact on training places locally and will monitor how this progresses as we head toward the implementation date.

New Roles

3.1.12 Alongside the nursing bursary reforms the Government are introducing apprentice roles for healthcare workers and a new Nurse Associate role to increase access to these professions whilst maintaining the value of degree-level study. Unions are continuing to work with the Government and Department of Health in relation to implementation of these plans. The Trust is involved in these initiatives and working with local education providers to consider how these programmes can be developed.

3.2 Working as a multi-professional team

3.2.1 The Trust was successful in a bid for financial support by Health Education England to develop an Advanced Practice Framework. This project is developing a career framework for nurses and other professionals Band 6 and above. This is providing a clear path for career progression for professional staff and to define roles for the organisation under the banner of 'Advanced Practice'.

3.2.2 DHC has and is working to develop multi professional roles both as part of the Advanced Practice Project and other work streams these include extended roles for health care assistants in the community, occupational therapists within ward establishments in older peoples mental health and Band 4's in prisons.

3.2.3 We continue to be actively engaged in the Community Services Review led by Dorset Clinical Commissioning Group. Clinical staff and management are involved in the shaping of future services and the required workforce required to provide these services. Within some of the community hospitals a new role has been established over the past year. Health and Social Care Coordinators support teams and patients in achieving discharge or support in their home or onwards to an appropriate care setting.

3.2.4 At present it is not easy to capture the hours supporting inpatients provided by physiotherapists, occupational therapists and other professionals. This is due to many of these professionals working in the community and with inpatients. These staff provide essential care and support for patients and it will be increasingly important going forwards to capture this input.

3.3 Recruitment and Retention

3.3.1 The Trust recognises the existing recruitment challenges:

- National shortages of newly registered health professionals
- The large number of small sites from which the Trust provide services, across a wide geographical area (much of it rural)
- Attracting staff to work with the over 65 age group in both physical and mental health services is difficult, but particularly so in mental health services

3.3.2 Similar to other Trusts, DHC continues to be impacted upon by the national lack of available mental health and general nurses particularly at band 5. Proactive workforce analysis, rigorous recruitment and maximising opportunities for commitment to and use of new roles is in progress to continually support the Trust to meet ongoing clinical demands and staffing requirements.

3.3.3 In order to attract sufficient numbers of staff to meet service needs, more innovative and unique approaches to recruitment are already being considered by the Trust. Work has progressed and a Recruitment and Retention Project Group Is considering the collective approach required. A variety of recruitment strategies have been undertaken including, local open days, stands at national and regional recruitment events, targeted advertising and developing, delivering and evaluating a generic recruitment marketing campaign to raise the profile of the Trust as an employer and to highlight the range of opportunities available. Recent events have led to approximately 200 interested job seekers which we are making contact with and sending regular updates to. Additionally:

- A process has been commenced to look at international recruitment for nursing and medical staff. A number of agencies have been invited to provide information on how they could support a recruitment campaign overseas in European as well as further afield countries. This is only in the very initial stages, more updates will be provided in due course.
- To date, 51 new starters have claimed relocation packages since April 2015, to support moving to the area to take up a position with the Trust that is considered hard to recruit to.

Staffing and vacancies

3.3.4 Compared with last August, the budgeted establishment has increased by 264.24 posts and 169.61 more full time equivalent staff are in post. The percentage of vacancies has increased to 9.57% as a consequence of the higher establishment.

Measure	31 August 2015	31 August 2016	Change
Actual FTE	4470.95	4640.56	169.61
Vacancy Rate from ledger	8.23%	9.57%	1.34%
Budgeted establishment	4890.25	5154.49	264.24
Vacant fte (excludes vacancies of 0.2 or less)	402.36	493.41	91.05
Nursing vacancies	164.71	197.69	2.98
Nursing establishment	1653.43	1722.24	68.81
Non-nursing vacancies	237.65	295.72	58.07

3.3.5 Nursing vacancies still remain a particularly difficult staff group to recruit to and the previously difficult areas of Organic Older Peoples Mental Health and Prison Healthcare services in Devon have seen reductions in their vacancy factor from 29.61% to 11.37% and 23.87% to 20.68% respectively.

3.3.6 Most of the Community Hospitals have Registered General Nurse vacancies with Swanage, Bridport and Wareham Hospitals reporting the highest vacancy factor at 33.03%, 32.5% and 28.05% respectively. Similarly, our mental health wards are also challenged with recruitment of registered nurses with Twynham Ward at 60%, Waterston and Haven at 39%. This position will change in the next few months as we have recruited 19 newly registered RMNs that will have a positive impact on the mental health ward vacancy rates.

3.3.7 The wards are constantly monitored for staffing fill rates and in the event that staffing falls below an acceptable, safe level and sufficient bank /agency nurses cannot be found decisions are taken to mitigate patient harm. This includes taking decision to reduce bed numbers or close the ward to further admissions. This has occurred within the past six months in Bridport Hospital and Swanage Hospitals with bed numbers being temporarily reduced to ensure patient receive the right care. As mentioned earlier where the staffing resources are not available a ward will be closed with beds relocated to other areas – this has occurred at Weymouth Hospital - Chalbury ward with the relocation of the beds to St Brelades and Herm Wards at Alderney Hospital.

3.3.8 Twynham ward (mental health low secure unit) has the highest numbers of vacancies for mental health inpatient wards at 60.08%. A pilot has been agreed as a recrutiment and retention strategy to offer an initial payment of £1,000 as an introductory incentive for any person taking up a substantive qualified nursing post in Twynham; a further payment of £1,000 would be payable after 12 months. Both of these payments would stipulate a completion of a minimum 2 year deployment which would be reclaimed if the person left the service early. If this is sucessful it will be used to attract staff to other hard to recruit to areas such as older people's mental health. The ward manager has advised he has recently recruited 3 RMN's to commence in November and has further interviews planned.

3.3.9 Alongside attracting the right staff, is maintaining our focus on retaining the good staff the Trust already has. The Recruitment and Retention Project Group will focus energies in this area, we recognise further work is needed. In addition The Associate Director for Nursing and Quality recently submitted a bid to the Burdett Foundation to support a project on retention of Band 5s.

4. EXPECTATION 3: RIGHT PLACE AND TIME

4.1 Productive working and eliminating waste

4.1.1 Nursing staff are encouraged to work across localities and clinical areas working within their own competence and professional standards. The Trust Bank when recruiting staff encourages bank nurses to work across a range of services.

4.1.2 E Roster enables effective use of available resource. It enables ward managers and sisters to have information relating to skill mix, annual leave allocation, unutilised contracted hours and additional duties required.

4.1.3 Monthly reports are produced and available for Ward Managers and Sisters to utilise. There have been some comments that the information produced is not always accurate as there can be a time lag between staff leaving or changing contracted hours and update from ESR. Therefore work needs to continue to improve these reports.

4.1.4 In 2015 the Trust launched its Nursing Strategy this reflects 'Compassion in Practice' 2012[4] The organisation continues to focus on improving productivity, providing the

[4] (2012) Compassion in Practice. Nursing, midwifery and care staff our vision and strategy

appropriate care to patients, safely, effectively and with compassion, using the most appropriate staff.

4.1.5 The organisation is continually seeking to ensure that staff use their time to care in a meaningful way. Six community hospital inpatient wards have signed up to the Quality Mark for Elder Friendly Wards. Part of the work to achieve accreditation involves observation of care. This will enable Ward Sisters and Matrons to identify where care is meaningful and where it is not.

4.2 Efficient deployment and flexibility

4.2.1 The Trust aims to maximise clinical capacity and skill mix and ensure this is aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus making the best use of staffing resource and facilitating effective patient flow. This is visible to the organisation via the electronic rostering system and us of activities metrics utilised by the directorates.

4.2.2 E Roster gives ward managers and sisters and senior managers actual staffing levels available and can be compared to the required levels on the template. Ward managers and sisters can access additional duties if the acuity and or dependency of patients are considered to be above these levels.

4.2.3 If planned numbers are not considered to be enough following the utilisation of permanent staff and temporary workforce a Ulysses can be completed and these are copied to the Locality Manager, Associate Director and Director of Nursing. These are considered in monthly staffing exception reports.

4.3 Efficient employment, minimising agency use

4.3.1 The organisation is actively working to reduce agency staff usage in line with NHS Improvement nursing agency rules. Agency Price Caps have been in place since November 2015, this means Trusts could not pay more to agencies than the percentage specified above the rate paid to substantive staff of that Banding without reporting breaches of these pay rates to NHS Improvement on a weekly basis. Wage caps were also introduced in July 2016 with set maximum rates of pay for agency workers. The Trust has reported weekly breaches of the agency caps, since their introduction.

4.3.2 In the last six months there has been significant reduction in the use of agency staff. Agency expenditure for months 1-5 2016/17 is £2.1m compared to £5.9m for the same period last year. The agency expenditure figures for September (month 6) are not yet available but are expected to be maintained at the reduced level that has been seen to date this year.

4.3.3 Work is currently underway to ensure that the significant reduction in the use of agency nurses has not had an adverse impact on quality of patient care or of putting additional pressure on our current workforce by stretching existing resources rather than seeking agency cover.

Trust Bank

4.3.5 Work continues to strengthen the Trust bank to support all our clinical areas as below:

Total number of bank only workers	(801)	Starters since May 2016 (45)	Total (846)
Allied Health Professionals	43	1	44
Healthcare Assistance & Mental Health Support workers	446	32	478
Registered nurses	312	12	324

4.3.6 All new starters are automatically offered an additional bank contract. The Trust bank leadership has been strengthened to ensure that there is continued quality monitoring of bank workers and that the service continues to grow and provide a workforce that meets the needs of services across the organisation.

4.3.7 As part of the local Sustainability and Transformation Plan (STP) the Trust works with partners on workforce planning for the future and is signed up to the Pan Dorset leading and working differently strategy. The Trust is a member of the Dorset Workforce Action Board. Once the STP is more fully formed the Trust will work to ensure that future workforce planning and staffing needs are part of this wider system approach.

4.3.8 The Trust works with local commissioners and submits a quarterly scorecard on workforce metrics to Dorset CCG. The Trust also submits its workforce plans to Health Education England on an annual basis, with details of current workforce provided on a quarterly basis.

4.3.9 The Practice Development Team work collaboratively with university partners to ensure that all clinical placement areas are audited at least once every two years. The multi-professional audit tool concentrates on three standards – *Student Support, Progression & Achievement; Quality Monitoring and Practice Assessor Information*. Practice areas are required to provide evidence to demonstrate they meet each criterion. Where there is limited or no evidence an action plan is agreed to improve the highlighted area. The information from audits is triangulated with the university student evaluation form which is completed at the end of each placement and through feedback obtained from student reflection forums and 1-1's. Students are encouraged to share innovative practice improvement ideas during their placements and to involve themselves in team/trust projects.

4.3.10 Shift times are consistent across community hospital within other units there are various shift times as illustrated in Appendix 3. This creates some difficulty when wanting to use staff efficiently and as is illustrated there are a number of shifts that have an odd number of minutes which are difficult to monitor and manage. This inconsistency will be reviewed with a view to rationalising these shift times to agree consistency across the wards.

5.0 CONCLUSION AND RECOMMENDATIONS

5.1 Dorset HealthCare strives to deliver safe, compassionate care at all times and continues to monitor the needs of our patients to ensure that we are providing safe staffing levels staffing levels.

5.2 The Trust continues to be challenged in recruiting to Band 5 registered nursing posts across mental health wards and community rehabilitation wards. All efforts are being taken to attract, recruit and retain a high quality workforce.

5.3 The Trust Board is asked to:

- Receive this report as the current Trust position with regards to the 10 expectations of the NQB Safer Staffing requirements;
- Note the ongoing recruitment difficulties and the current work to review workforce roles and structures to support the delivery of safe, effective patient care
- Note the content of the report and the actions being taken to ensure the Trust in patient staffing establishments deliver safe care

APPENDIX 1

COMMUNITY HOSPITAL INPATIENT WARDS COMPARED TO RCN GUIDANCE

RCN recommended levels

	Skill Mix	Registered Nurse Patient Ratio	Staff Patient Ratios
Basically safe care	50:50	1:7	1:3.3 – 1:3.8
Ideal, good quality care	65:35	1:5 – 1:7	1:3.3 – 1:3.8

Hospital/Ward	Current No of beds	Ratio of Registered Nurses/patients per shift Daytime	Ratio of total staff/patient Ratio per shift Daytime	Measure Using RCN recommendations
Westhaven Radipole	34	E =1:8.5 L =1:8.5	E = 1:3.4 L = 1:4.25	Basically safe care
Blandford Tarrant	24	E =1:11 L =1:11	E= 3.43 L= 4	Basically safe care
Alderney Guernsey	25	E =1:8.3 L =1:8.3	E= 3.57 L = 5	Basically safe care
Alderney Jersey	23	E = 1:7.6 L = 1:7.6	E= 3.2 L = 4.6	Basically safe care
Bridport Langdon (beds reduced June 16)	16 (22)	E =1:7.3 L =1:7.3	E= 3.14 L = 4.4	Basically safe care
Bridport Ryeberry (beds reduced June 16)	8 (16)	E =1:8 L =1:8	E= 2.6 L= 4	Basically safe care
Wimborne Hanham	22	E =1:11 L =1:11	E= 3.7 L = 4.4	Basically safe care
St Leonards Fayrewood	22	E =1:11 L =1:11	E= 3.14 L= 4.4	Basically safe care
St Leonards Canford	16	E =1:8 L= 1:8	E= 3.2 L= 4	Basically safe care
Portland Castletown	16	E =1:8 L =1:8	E= 3.2 L= 4	Basically safe care
Wareham Saxon	16	E =1:8 L =1:8	E= 3.2 L= 4	Basically safe care
Shaftsbury Shaston/Ashmore	16	E =1:8 L =1:8	E= 3.2 L= 4	Basically safe care
Sherborne Beech	15	E =1:8 L =1:8	E= 3 L= 3.75	Basically safe care
Sherborne Rowan	15	E =1:7 L =1:7	E= 3 L= 5	Ideal, good quality care
Swanage Stanley Purser	15	E =1:7.5 L =1:7.5	E= 3 L= 3.75	Ideal, good quality care