

OPEN BOARD OF DIRECTORS
14th June 2017

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| Open BoD: 14.06.17 Item: 5ii |
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| TITLE OF PAPER | Safer Staffing Report: Monthly Return 1 st - 30 th April 2017 |
| TO BE PRESENTED BY | Liz Lightbown, Executive Director of Nursing, Professions and Care Standards |
| ACTION REQUIRED | Members are asked to receive and note the monthly report, acknowledging the current issues relating to staffing establishments and safer staffing levels Members are asked to note publication of this report on the Trust websites, in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing |

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| OUTCOME | Board Members are assured the Trust is meeting the National Quality Board (NQB) requirements on publishing monthly staffing data |
| TIMETABLE FOR DECISION | June 2017 Board of Directors |
| LINKS TO OTHER KEY REPORTS/ DECISIONS | <ul style="list-style-type: none"> ▫ 4 August 2015 Letter from Chief Nursing Officer – Next steps in guidance for safe staffing ▫ NQB (NHS England) Staffing Capacity and Capability (2013) ▫ Monthly reports submitted to the Executive Directors Group and Board of Directors ▫ 13 October 2015 Letter from Monitor - Safe Staffing and Efficiency ▫ 21 December 2016 Letter from NHS Improvement - Safe, Sustainable and Productive Staffing improvement resources – for review ▫ Good Practice Guide: Rostering – June 2016 |
| BAF OBJECTIVE No and TITLE | Strategic Objective 1: Improving the Quality and Efficiency of Services. BAF Risk 1.4: Compliance with CQC Registration / Regulation Requirements. |
| LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC | NHS Outcomes Framework HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality <input type="checkbox"/> BME <input type="checkbox"/> Disability Legislation <input type="checkbox"/> NHS Constitution: Staff Rights <input type="checkbox"/> Service users' Rights <input type="checkbox"/> Public's Rights <input type="checkbox"/> Principles <input type="checkbox"/> Values <input type="checkbox"/> |
| IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT | N/A |
| CONSIDERATION OF LEGAL ISSUES | N/A |

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| Authors of Report | Liz Lightbown & Giz Sangha |
| Designation | Deputy Chief Nurse/Acting Clinical Director Acute & Inpatient Care |
| Date of Report | 30 May 2017 |

SUMMARY REPORT

Report to: Open Board of Directors

Date: 14th June 2017

Subject: Safer Staffing Report, Monthly Return: 1st – 30th April 2017

From: Liz Lightbown, Executive Director of Nursing, Professions & Care Standards

Author: Giz Sangha, Deputy Chief Nurse/Interim Clinical Director, Acute & In-patient Care

1. Purpose

| <i>For Approval</i> | <i>For a collective decision</i> | <i>To report progress</i> | <i>To seek input from</i> | <i>For information</i> | <i>Other (please state below)</i> |
|---------------------|----------------------------------|---------------------------|---------------------------|------------------------|-----------------------------------|
| ✓ | | ✓ | | | |

2. Summary

The 1st – 30th April 2017 report was published on the Trust's website on the 15th May 2017 and reported to Unify, in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements.

Planned Staffing Levels

Currently staffing levels are determined by a combination of historical funded establishment, commissioning specifications, professional judgement, Service User need, current / available budgets, Meridian productivity work (Acute), Health Education England Learning Disability Competency Framework and relevant NQB resources.

Executive Summary

The Trust has twelve in-patient wards. In April, on day shifts, seven wards: Burbage, Stanage, Maple, Endcliffe, Dovedale, Forest Close Bungalow 1A and Firshill Rise had registered nurse fill rates below 90% (69.9%- 89.2%). This is an improvement on the March return, as the aforementioned wards are evidencing an increase in fill rates.

On night shifts, three wards, G1, Forest Close Bungalow 2 and Forest Lodge Rehabilitation had registered nurse fill rates below 90% (76.7% - 86.7%).

The key reasons for the staffing shortfalls against plan were due to vacancies; unplanned sickness and absence; attendance for mandatory training; annual leave and turnover of staff.

April has seen an improvement in registered nurse fill rates in Forensic Rehabilitation and on the Learning Disability Ward, although the staffing % for registered nurses on the day shift appeared lower at 69.9%, this is against an increase in the planned staffing to two registered nurses per shift and ensured every shift was covered by one registered nurse, with over two thirds of shifts covered by two nurses. The Assistant Clinical Director had a routine presence on the Ward, along with the continued support of the ward manager and allied health professional (AHP) that are not reflected in the routine captured hours.

Escalation and Assurance

Processes are in place to enable staffing establishments to be managed on a shift-by-shift basis.

The Assistant Clinical Directors, Clinical Nurse Managers, Ward Managers and their teams routinely monitor shift-to-shift staffing levels, including the use of agency / bank staffing solutions, seeking to manage immediate deficits in staffing by re-deploying staff to areas of clinical risk.

All Ward Managers are expected to keep their rosters up to date in real time and publish their rota's eight weeks in advance. To assist in this process and ensure daily compliance, Clinical Nurse Managers are trialling the use of electronic iPad's for assurance purposes.

The clinical nurse managers review service user flow daily at the beginning and end of day. The Assistant Clinical Director meets with the Bed Co-ordinator daily to ensure the bed state is updated and identified senior staff has a daily rota to manage gate keeping of beds.

Other professional groups, whilst working on the Wards as part of the wider Multi-disciplinary Team (MDT) including Doctors, Allied Health Professionals and Psychologists are not currently captured in the safer staffing level fill rates on E-rostering, though they attend wards daily and contribute towards safer staffing levels. In due course the intention is to incorporate all MDT members on to the E-rostering system.

The Executive Director of Nursing, Professions & Care Standards has ensured a system of escalation is in place. Senior Nurses have direct access to their Assistant & Service & Clinical Directors to escalate any staffing level concerns as required & to ensure support for Ward Managers and those with responsibility for staffing decisions. Where staffing pressures cannot be managed by Directors, this is escalated to the Deputy Chief Nurse.

Staff routinely complete Risk Management (Safeguard) forms in order to monitor registered nurse low staffing concerns.

Assurance Statement

Whilst staffing wards remains a challenge, in light of the daily actions being taken by senior nurses, and the continued monitoring of ward fill rates the Executive Director of Nursing, Professions & Care Standards & Deputy Chief Nurse can provide assurance that there is sufficient resilience and that the wards are safely staffed and able to meet service user demand.

Additional nursing care (e.g. ward manager & assistant clinical director) input and other MDT members that provide clinical care is not yet recorded via E-Rostering.

E-Rostering Project

The Health roster is in place for all 12 inpatient wards. Ward Manager training for E-Rostering management as per Good Rostering Practice Guidance by NHS Improvement commenced in April 2017 and is now complete.

The Safecare comprehensive training & roll out programme for the staffing acuity tool commenced in May 2017 and will be completed in early June 2017 with testing on schedule for June / July 2017.

This module rollout will support accurate real time acuity information to be available at all shift changes and enable deployment of staff to areas of high clinical activity to retain safer staffing levels on wards.

Safer Staffing Group

The Safer Staffing Group meets monthly to ensure staffing requirements are reviewed as part of a wider review of other existing groups working on Agency, Bank and E-Rostering. The overall aim is to provide assurance that effective governance and delivery systems are in place to monitor, deliver and assure that the required staffing outcomes are in place.

Recruitment

The Safer Staffing Group is working closely with human resource colleagues & commenced a gap analysis of each ward nurse shortfall to understand the challenges to nurse recruitment.

A Micro-systems group is working on nursing recruitment and retention; this has recorded a snapshot of nursing vacancies across the trust at a point in time (2nd May 2017) and noted that there are significant recruitment problems as recruiting managers' report poor applications, applicants not turning up for interviews, staff accepting posts then going elsewhere and that 10% of nursing workforce left last year.

The inpatient directorate is working towards piloting the recruitment of band 5 Occupational Therapists (OT) into some vacant nursing posts for one year. The OT's will work shifts alongside nursing colleagues and perform the same duties (other than statutory nursing requirements i.e. medication and the Mental Health Act. This will enable the wards to have additional staffing resource and ensure activities take place daily on wards, which in turn may help reduce restrictive practices and support early recovery and effective discharge planning, including relapse planning.

A strategic recruitment plan for the next 2 / 3 years is being developed including consideration of international nurse recruitment with local / regional directors of nursing.

Consideration of working towards employing Advanced Practitioners, Assistant Practitioners & Approved Clinicians (AC) is being progressed.

Ward Staffing Level Fill Rates

The total staffing percentage known as the fill rate is reported on a ward-by-ward basis for planned versus actual shifts. Shortfalls and additional staffing are recorded by registered nurse and unregistered staff for day and night duty, see Appendix 1a.

Effective Staffing Governance

Effective Staffing Governance review commenced in March 2017, the Terms of Reference for the new governance group were received & approved at the Executive Directors Group in May 2017.

The Performance Dashboard for Safer Staffing reports continues to be improved and is attached for your reference (See Appendix 1b)

3. Next Steps

- 3.1 Continue to work with Human Resources on workforce planning to establish an effective recruitment, retention and nurse rotation programme to more effectively understand and manage nurse vacancies and turnover. A recruitment plan presentation will be provided to BoD in June 2017 by the Deputy Chief Nurse and Assistant Human Resource Director.
- 3.2 Safer staffing group to agree with human resource colleagues a process for Agency use Procurement, to be introduced by July 2017.

4. Required Actions

- 4.1 Members are asked to receive and note the April 2017 monthly report.
- 4.2 Members are asked to note publication of this report on the Trust website in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing.
- 4.3 To note, this report does not appear on the NHS Choices website. The Internal Auditors were unable to locate it on the NHS Choices website. Following the Trust uploading its required data to Unify, the Unify system should then upload to NHS Choices. This is being addressed by the Director of Corporate Governance and Director Information Management & Systems Technology (IMST).

5. Monitoring Arrangements

- 5.1 Via the Monthly Safer Staffing Group chaired by the Deputy Chief Nurse.
- 5.2 Monthly reports are submitted to the Executive Directors Group and Board of Directors.

6. Contact Details

For further information please contact:

Giz Sangha, Deputy Chief Nurse
Giz.Sangha@shsc.nhs.uk

Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
Liz.Lightbown@shsc.nhs.uk

Tel: 0114 271 6713

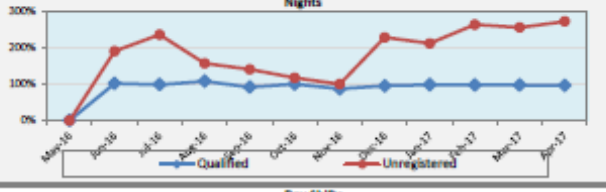
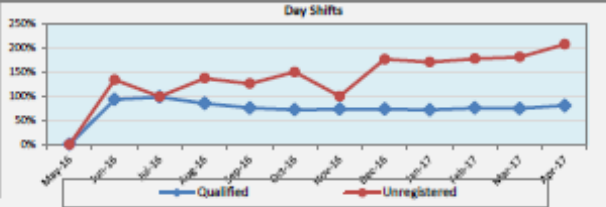
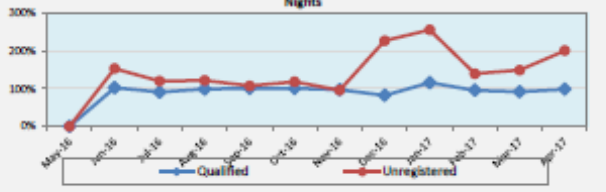
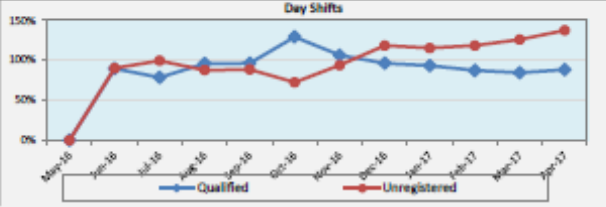
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| Appendix 1a |
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| Ward name | Day | | Night | |
|------------------------------|--|------------------------------|--|------------------------------|
| | Average fill rate registered nurses/midwives | Average fill rate care staff | Average fill rate registered nurses/midwives | Average fill rate care staff |
| ACUTE | | | | |
| Burbage | 89.2% | 137.7% | 92.7% | 220.3% |
| Dovedale | 87.3% | 134.2% | 90.2% | 120.4% |
| Maple | 87.6% | 137.5% | 97.8% | 200.0% |
| Stanage | 86.9% | 204.5% | 100.0% | 290.0% |
| PICU | | | | |
| Endcliffe Ward | 79.6% | 206.7% | 96.3% | 271.9% |
| REHABILITATION | | | | |
| Bungalow 1 | 100.9% | 102.9% | 96.7% | 120.0% |
| Bungalow 1a | 86.6% | 105.7% | 93.3% | 101.7% |
| Bungalow 2 | 96.8% | 100.1% | 76.7% | 100.3% |
| FORENSIC | | | | |
| Forest Lodge Assessment | 107.3% | 135.9% | 100.1% | 132.0% |
| Forest Lodge Rehabilitation | 93.6% | 85.5% | 86.7% | 97.3% |
| DEMENTIA | | | | |
| G1 | 108.5% | 86.1% | 82.4% | 105.4% |
| LEARNING DISABILITIES | | | | |
| Firshill Rise | 69.9% | 152.0% | 107.0% | 259.7% |

Appendix 1b

| Wards | Staffing | March % Fill Rate | March % Fill Rate | April % Fill Rate | April % Fill Rate | Beds | % Occupancy | Admission | Transfers | Discharges | Staff mix | Position To Date | |
|---------|--------------|-------------------|-------------------|-------------------|-------------------|--|-------------|-----------|-----------|------------|--------------------------------------|------------------|--------|
| | | Day Shift | Night Shift | Day Shift | Nights | | | | | | | Day Shifts | Nights |
| Burbage | Registered | 85 | 91 | 89 | 93 | 14+5 ↔ | 94% ↑ | 23 ↑ | 0 ↓ | 17 ↓ | E=3(3 reg) L=3(3reg) N=3(2reg) | | |
| | Unregistered | 145 | 274 | 138 | 220 | Current B5 WTE: 8.9 (inc one secondment), B5 WTE should be: 14.3. Current Support Worker WTE: 9.99. Only one qualified on shift for 8 shifts. Days lost to sickness: 50 (1 LT sick – 28 days). Annual leave & training: 5.6% & 3.4%. Admissions: 23, Discharges: 17. agency/bank usage for support to cover qualified vacancies is included on the roster. Acuity remains high which is reflected in level of admissions which is leading to occupancy above the wards baseline of 14 MH beds +3 detox beds. | | | | | | | |
| Storage | Registered | 85.1 | 100 | 87 | 100 | 18 ↔ | 97% ↑ | 19 ↑ | 0 ↔ | 16 ↑ | E=3(3 reg) L=3(3reg) N=3(2reg) | | |
| | Unregistered | 151.1 | 207 | 204 | 290 | Qualified shifts continue to fall short of 100% during the day due to one person on long term sick and 2 vacancies. 100% was achieved on Nights due to Bank staff and regular staff picking up Bank shifts. Appointments of Qualified staff are not expected to alleviate Storage' shortfall until September due to more urgent needs on other wards. Activity remained high throughout the month with at least one person on 1:1 and several others on 1:1 for short periods, which included one person in seclusion for over 1 week before transfer to Endcliffe. We continued to have 3,4,5 patients on increased observations, making it another extremely busy month. We continue to be over occupied in terms of having 19 patients for most nights in what should be an 18 bedded ward. As such, use of unregistered staff on days and nights remains high, needing numbers of staff per shift to go up to 7,7,3 and some nights needing 6 staff, requiring use of Bank and agency. | | | | | | | |

| Wards | Staffing | March % Fill rate | | April % Fill Rate | | Position To Date | | | | | |
|-----------|--------------|-------------------|-------------|-------------------|--------|--|-------------|-----------|-----------|------------|--------------------------------------|
| | | Day Shift | Night Shift | Day Shift | Nights | Beds | % Occupancy | Admission | Transfers | Discharges | Staff mix |
| | | Mar | Mar | April | April | | | | | | |
| Maple | Registered | 84 | 91 | 88 | 98 | 17 +1 | 107% | 13 | 0 | 7 | E=6(4 reg) L=6(4reg) N=4(3reg) |
| | Unregistered | 139 | 148 | 138 | 200 | Shortfall of qualified staff on day shifts due to unavailability of 29.7% (11.5% annual leave, 6.4% sickness, 4.1% parenting leave and 2.7% study leave). A total of 7.4% of supernumary time was allocated for a range of reasons (MDT, e-learning, provision of therapeutic activities, band 6 management days, audit days) which means that there were 28 shifts where there were additional staff available on the ward to support where necessary and on activity days offering direct support to service users (therapeutic activities). The under representation in registered nurses is backfilled with support workers. Current registered nurses available to work is 16 (AFE 19.70) due to long term sick and maternity leave plus a vacancy. Currently managing this as over AFE with support workers. | | | | | |
| Endcliffe | Registered | 74 | 97 | 80 | 96 | 10 | 94% | 4 | 3 | 1 | E=6(3 reg) L=6(3reg) N=4(2reg) |
| | Unregistered | 263 | 255 | 207 | 272 | Continuous high activity, 20 episodes of seclusion in April and high level of enhanced observations. Majority of days staffed at 9,9,8. Vacancies Qualified 4.3 WTE & 3.37 Unreg, Unreg 1 st LTS. RMN's backfilled with 0.3 bank and 1 agency seeking more agency until new recruit commence September 17. Advert for both closed and interview early June. 20% of shifts work on only 2 registered and on rare occasion 1 when should be 3 on day shifts. Backfill with extra unregistered staff and also have cover from other wards if levels drop below 2 reg per shift. | | | | | |



| Wards | Staffing | March % Fill rate | March % Fill Rate | April % Fill Rate | April % Fill Rate | Position To Date | | | | | | |
|---------------------------|--------------|-------------------|-------------------|-------------------|-------------------|---|-------------|-----------|-----------|------------|--------------------------------------|--|
| | | Day Shift | Night Shift | Day Shift | Nights | Beds | % Occupancy | Admission | Transfers | Discharges | Staff mix | |
| | | Mar | Mar | April | April | | | | | | | |
| Dovedale | Registered | 81 | 85 | 87 | 90 | 18 | 102% | 3 | 1 | 3 | E=5(3 reg) L=5(3reg) N=3(2reg) | |
| | Unregistered | 163 | 214 | 134 | 120 | The ward continues to be busy and continues to run at 102 percent occupancy, there were 2 wte registered nurses sick (255 hrs) and one of the band 6 registered staff seconded to Burbage ward, shifts were safely staffed (2 instead of 3) though outside of the agreed skill mix for the ward, seconded to return on 24th April, the ward is also carrying 1 wte vacancy. Cover of the shortfall has been met with support workers | | | | | | |
| Forrest Close Bungalow 1A | Registered | 81 | 97 | 87 | 93 | 14 | 100% | 0 | 0 | 0 | E=5(2 reg) L=5(2reg) N=3(1reg) | |
| | Unregistered | 103 | 103 | 106 | 102 | The registered day rate was 87% with 1 RMN on shift on some shifts, this was due to one RMN on secondment and one RMN (currently on Bungalow 2) due to return to Bungalow 1a in May. Many of the RMN shortfalls were covered by Band 6 working in the numbers, additional band 3 staff or OT used for escorts. All service users were on routine observations. The registered night fill rate was 93% which was due to permanent ward RMN working overtime shifts on 1st and 2nd April. We have a full time perceptorship nurse starting in September 2017. | | | | | | |

| Wards | Staffing | March % Fill rate | March % Fill Rate | April % Fill Rate | April % Fill Rate | Beds | % Occupancy | Admission | Transfers | Discharges | Staff mix | Position To Date | |
|--------------------------|--------------|-------------------|-------------------|-------------------|-------------------|--|-------------|-----------|-----------|------------|--------------------------------------|------------------|--------|
| | | Day Shift | Night Shift | Day Shift | Nights | | | | | | | Day Shifts | Nights |
| Forrest Close Bungalow 1 | Registered | 85 | 100 | 101 | 97 | 8 | 100 | 0 | 0 | 0 | E=3(1 reg) L=3(1reg) N=2(1reg) | | |
| | Unregistered | 91 | 100 | 103 | 120 | The unregistered nurses are high on nights during this period due to clinical activity | | | | | | | |
| Forrest Close Bungalow 2 | Registered | 113 | 94 | 97 | 77 | 8 | 100 | 0 | 0 | 0 | E=3(1 reg) L=3(1reg) N=2(1reg) | | |
| | Unregistered | 99 | 102 | 100 | 100 | The registered nurses appear to be running low during this period because agency nurses were used and this was not recorded on the rota because we did not know how to do it at that time, this would not happen again as we now know how to record agency staff on the rota. The bungalow was running on safe staffing levels at all times. | | | | | | | |

| Wards | Staffing | March % Fill Rate | March % Fill Rate | April % Fill Rate | April % Fill Rate | Beds | % Occupancy | Admission | Transfers | Discharges | Staff mix | Position To Date |
|------------------------------|--------------|-------------------|-------------------|-------------------|-------------------|--|-------------|-----------|-----------|------------|--------------------------------------|------------------|
| | | Day Shift | Night Shift | Day Shift | Nights | | | | | | | |
| Forrest Lodge Assessment | Registered | 96 | 101 | 107 | 100 | ↔ 11 | ↓ 83.9 | ↓ 0 | ↔ 0 | ↔ 1 | E=3(2 reg) L=5(2reg) N=3(1reg) | |
| | Unregistered | 121 | 118 | 136 | 132 | <p>Through April increased staffing was agreed due to high clinical activity - 1x seclusion and 1x eyesight observation. On termination of seclusion on 28th April patient on 2x staff observations. Staffing numbers - Assessment ward worked 1 HCSW short on 7 shifts through April. On 15 shifts 1x HCSW from Rehab covered short falls on Assessment in order to maintain safety as attempts to recruit were unsuccessful. Skill Mix - On 5 shifts Assessment ward were 1 qualified short, 3 of these shifts were covered by qualified nurse from Rehab, 2 shifts covered by HCSW. Agency HCSW covered the ward on 10 day shifts and 7 night shifts. Forrest Lodge has 1 x vacancy for band 5 nurse in budget and now agreed 2x band 5s can be recruited as substantive using agency budget. 2 attempts to recruit to these vacancies have been unsuccessful. Currently recruitment in process. Assessment ward has had a large amount of sickness with 1 qualified being off from 15th April due to work related and 3x HCSW having lengthy period of sickness during the month. Also 1 HCSW remains on maternity leave</p> | | | | | | |
| Forrest Lodge Rehabilitation | Registered | 75 | 78 | 94 | 87 | ↔ 11 | ↓ 94.2 | ↔ 0 | ↔ 0 | ↓ 0 | E=4(2 reg) L=4(2reg) N=2(1reg) | |
| | Unregistered | 93 | 100 | 86 | 97 | <p>Through April Rehab ward worked 1x HCSW short on 25 shifts, 21 of these shifts were due to 1 HCSW covering on Assessment ward due to high clinical activity on Assessment in order to maintain safety on Assessment. 3 shifts had a flexi worker booked who had then cancelled and 1 shift was due to sickness. Skill Mix - Rehab ward worked 1 qualified nurse short on 15 shifts through April, 12 of these shifts were due to qualified nurse covering Assessment unit in order to maintain safety on Assessment due to high clinical activity. Forrest Lodge has 1x vacancy for band 5 nurse in budget and now agreed to recruit 2x band 5 nurses from agency budget to substantive posts. 2 attempts top recruit to these vacancies have been unsuccessful. Currently recruitment in process.</p> | | | | | | |

| Wards | Staffing | March % Fill Rate | | April % Fill Rate | | Beds | % Occupancy | Admission | Transfers | Discharges | Staff mix | Position To Date | |
|---------------|--------------|-------------------|-------------|-------------------|--------|---|-------------|-----------|-----------|------------|--|------------------|--------------|
| | | Day Shift | Night Shift | Day Shift | Nights | | | | | | | Registered | Unregistered |
| Firshill Rise | Registered | 66 | 107 | 69 | 107 | 7+1 | 87.9 | 1 | 0 | 1 | E=5(2 reg) L=5(2reg) N=3(1reg) * unreg 9 - 5 Reg will alter mid May 2017 to 1 per shift with aspiration of 2 | | |
| | Unregistered | 130 | 195 | 152 | 260 | <p>Firshill Rise minimum staffing levels are 5, 5.3 and x1 9-5 cross over, with x2 registered nurses per shift expected. This is agreed until the end of June 2017 via BPG. It has been impossible to work to x2 registered staff per shift due to long term sickness and challenges with recruitment to such temp posts for 3 months. A plan is agreed to recruit to x2 12 month temp posts, advert to be out next week, commencing 22/5/17. Registered nurse fill rate remains low due to vacancies, sickness, mat leave and training compliance. Support worker staffing remains very high due to unprecedented clinical activity levels. Throughout April x 4 service users on 1:1, 2 24 hours per days, 2 x 16 hours per day. This accounts for high staffing levels, currently operating on 8,8,7 to ensure safety, activity, sec 17 leave and manage observations.</p> | | | | | | | |
| G1 | Registered | 107 | 108 | 108 | 82 | 15 | | | | | E=6(3 reg) L=6(3reg) N=5(2reg) | | |
| | Unregistered | 195 | 96 | 86 | 105 | <p>Short term sickness impacted on registered night fill, ensured safety with increased twilight and alternative reg shift cover till 02.00hrs and increased support staff. Days were higher due to 2 staff returning to work on restricted duties who could not work nights. Support staff cover down due to short notice sickness, unable to cover with bank or agency. 3 support staff on LTS. B6 worked on the ward ensuring safe cover and maintaining a safe and positive outcome service. during the days the ward is also supported with AHP and activity staff which are not included in the numbers but enhance level of care. 1 RMN vacancy. Patient acuity remains high. Note the discharge and admissions. 1 patients on 1:1 and a further 3 on frequent intensive observations.</p> | | | | | | | |