

Meeting - Trust Board	Date: 24 September 2015
Report Title: Safe Staffing – “Therapeutic Staffing Levels”	
Agenda Item: TBI/15-16/069	Enclosures: N/A
Report Author: Donna Eldridge, Deputy Director of Nursing, Malcolm McFrederick, Director of Operations and Pippa Barber, Executive Director of Nursing and Governance	Presenter: Pippa Barber, Executive Director of Nursing and Governance
Report History: 6 monthly report	Board Lead: Pippa Barber, Executive Director of Nursing and Governance

Purpose of the Report		
To provide an update to the board on ward establishments following the Service Lines review of therapeutic staffing. Also to provide an update on the national context of safe staffing.	Performance	x
	Policy	
	Assurance	x
	Strategy	

Strategic Objective		
1	Enhance service user engagement and patient experience	
2	Become an exemplary employer, enabling staff to reach their full potential	x
3	Ensure sound financial management without compromising the quality of care	x
4	Develop dynamic and innovative clinical models, enhancing the quality, safety and effectiveness of services	
5	Maintain and further establish our position as the provider of choice for mental health services	x
6	Enhance the quality and safety of the services by maintaining or exceeding required standards of care	x
7	Incorporate sustainability and environmental management as an essential element of healthcare delivery	

Corporate Impact Assessment:	
Legal or regulatory implications	Service users would have the right to take action against the Trust due to poor quality of care.
Financial or resource implications	Financial implications may occur due to poor staffing levels and recruitment costs.
Engagement / Consultation	All Service Lines.
Risks identified	Patient safety would be compromised due to poor staffing levels.
Links to the Board Assurance Framework or Risk Register	To enhance quality and safety of all services.
Impact on Quality	Quality of care provided would be compromised.
Equality & Diversity	

Recommendation / Action required		
<ul style="list-style-type: none"> To agree the plan of work for safe and therapeutic staffing as outlined by the relevant service lines 	Approval	x
	Discussion	x
	Consideration	

<ul style="list-style-type: none"> To approve the therapeutic staffing plans for the next six months as outlined in this report 	Noting	
	Information	

1. Executive Summary

The importance of appropriate staffing was reinforced by the Francis Reports into failings at Mid Staffordshire NHS Foundation Trust. Appropriate staffing plays an important part in the delivery of safe and effective health and care. Safe staffing can be a complex area and has to take account of multiple factors. It must be matched to patients' needs and is about skill-mix as well as numbers, about other staff as well as nurses, and other settings as well as hospitals.

The National Quality Board (NQB) document, 'How to ensure the right people, with the right skills are in the right place at the right time', should form the organisation's approach to staffing capacity and capability. However, it is acknowledged that the evidence base in relation to workforce planning and effective staffing in this document is less established for mental health and learning disability settings than for acute care.

Within the Kent and Medway NHS & Social Care Partnership Trust we continue to be committed to providing useful and timely information to our patients and visitors. We publish our monthly information about our staffing levels on our website and on the front entrances to our wards. This demonstrates transparency in the work that we are continually doing around our therapeutic staffing levels and recruitment.

We are working to address the reasons why, at times, actual staffing levels do not meet the planned requirement. We are carrying out robust recruitment drives for registered nurses and reviewing issues including staff sickness, vacancies and availability of bank or agency staff.

The purpose of this paper is to set out therapeutic staffing levels for each Service Line, ward by ward and to review those staffing levels and vacancies. Currently there is no agreed national tool for mental health, although the Hurst tool is recognised by NHS England as being a useful tool for mental health, and it will now be included under disciplines than just nurses.

2. Chief Nursing Officer (CNO) and Safe Staffing

In June 2015 the CNO wrote to Directors of Nursing informing them of the way forward with an update on the next steps on the shared work programme to improve the safety and quality of NHS staffing.

Firstly the CNO makes it clear that we must take into account all the staff involved, not just nurses. As the NHS Five Year Forward View acknowledges, healthcare is increasingly delivered by a multi-professional workforce – for example, nurses, care assistants, psychiatrists, psychologists and AHPs are all crucial to a well-run mental health service. Getting the right mix of staff in these multi-disciplinary teams is vital.

The CNO states that this is not just about filling rotas or looking only at numbers or input measures. It is also about how much time nurses spend with or supporting patients, their families and carers and what the outcomes for those people are.

Underpinning these will be the work which sets out the need for career progression for non-registered staff, nurse retention and flexible working.

The CNO also states that we must recognise that, unlike in acute wards, there is as yet little research or evidence into what safe staffing looks like for other care settings. There is a need to find a new approach to testing what is right, which includes looking at what evidence exists, commissioning new research and national and international best practice.

The CNO acknowledges that these principles will guide NHS England in their planned next steps. They will continue to use NICE for commissioning evidence reviews where appropriate and also

bring in other independent professionals and experts to guide them. This will include professional organisations such as the RCN, RCM, QNI, AHP organisations and medical Royal Colleges.

The Mental Health Taskforce has agreed to lead the work on establishing what is the right balance of staff in the many settings treating those with mental illness. They will report back to the Chief Nursing Officer (CNO) by the end of the year and take into account the mental health staffing guidance that has recently been developed with colleagues from the Mental Health Directors of Nursing Network and commissioned through the Compassion in Practice Strategy.

The work programme will look at the following:

- Take a multi-professional approach that takes into account all staff involved, not just nurses;
- Take into account that there are many care settings that are not in a hospital and span organisational boundaries;
- Remember that this is not just about filling rotas or looking only at numbers or input measures;
- Recognise that there is no one-size fits all approach for new models of care and the mix of staff we need;
- That the work should be underpinned by the need for career progression for non-registered staff, nurse retention and flexible working;
- Recognise that, other than in acute wards, there is as yet little research or evidence into what safe staffing looks like for other care settings.

These next steps are guided by the need to:

- Improve experience of care for patients and staff;
- Improve the effective and safe clinical outcomes of our patients; and
- Achieve an improved efficiency and productivity in every pathway of care and staffing guidance

Currently Mental Health Trusts are required to continue to review their staffing using a validated tool such as the Hurst Tool. A further update will be provided on this piece of work in the next board report in March 2016.

3. The Hurst Tool

As outlined in previous reports, all wards have, for a period of two weeks, undertaken the Hurst tool. This tool looks at the acuity and dependency on the wards as per previous reports.

There are three levels available within the Keith Hurst Ward Multiplier tool. For the purposes of Mental Health Staffing: A Practical Guide, the Basic level (Level 1) was found to be sufficient to meet the national reporting requirement.

Process

- Ward staff and managers complete and return patient dependency/acuity and ward staffing data to the Lead Nurses.

Outputs

- This is a simple and quick exercise, which converts the wards occupancy, acuity and actual staffing data into a workload index and related staffing.

4. Nursing and Midwifery Council (NMC)

The revised Code “Professional Standards of Practice Behaviour for Nurses and Midwives” sets out the core standards of ethics and practice expected from nurses. It is intended to support registrants in ensuring their practice meets the standard required of the professions.

Environmental factors like staffing levels can affect nurses' ability to uphold the values of the Code. The Code states that:

"You must put the interests of people using or needing nursing or midwifery services first. You must make their care and safety your main concern and make sure that their dignity is preserved."

For nurses in England, this would include existing guidance developed by the National Institute for Health and Clinical Excellence (NICE) on safe staffing, and the National Quality Board/Chief Nursing Officer's 2013 guidance, 'How to ensure the right people, with the right skills, are in the right place at the right time'.

5. Therapeutic Staffing

In line with national guidance to look at all members of the MDT a therapeutic staffing implementation plan has been developed by all service lines which are approved by the Transformation Board. Areas for consideration will include flexible rotas, career development for Health Care Workers, and ensuring safe staffing through therapeutic models involving a wider group of disciplines.

This work was taken forward by the Director of Operations through the Operational Service Group (OSG). All plans have been subject to the Quality Impact Assessment process, from the professional leads in the Trust.

6. Acute Service Line

The current ward establishment runs on a 6:6:4 rota. This does not include therapeutic/psychological staffing who currently provide an in-reach service to the acute inpatient wards (09:00-17:00 hrs, Mon – Fri), which is in addition to the ward establishment. It is important to note that psychological and therapy provision across acute services in KMPT varies so impact will vary based on locality.

Details of proposed changes

- Change towards safer staffing rota and therapeutic staffing rota.
- Nursing staffing will consist of 4:4:4 (2 qualified nurses and 2 healthcare assistants).
- Therapeutic staffing will include therapy and psychological staffing into ward establishment.
- Therapeutic staffing will ensure that critical mass of staff available when demand is at its greatest to support key tasks such as admissions.
- Therapeutic staffing will ensure that a range of therapeutic interventions (group and individual) will be available in hours extending past 17:00 hrs Monday – Friday and at weekends.
- Robust clinical management team consisting of ward manager; deputy ward managers; consultants, Occupational Therapy lead, Psychological practitioner lead which will provide leadership, direction and continuity which in turn will improve patient safety, experience and quality of clinical care.
- Shifts developed within new establishment include:
 - Twilight shift – qualified staff (support admissions during peak time).
 - 9- 5 Mon- Fri fixed hours – Physical Health practitioner
 - 12:00 – 20:00hrs 7 days a week band 3 releasing time to care assistant
 - 10:00- 20:00hrs (flex) 7 days a week band 4 associate practitioner
 - 09:00 – 20:00hrs (flex) 7 days a week band 5 occupational therapist
 - 09:00 – 20:00hrs (flex 0.5WTE per ward) band 3 occupational therapy assistant
 - 08:00 – 16:00hrs Mon-Fri band 6 Occupational therapy with lead for acute care pathway and holding some deputy ward manger tasks (0.5 WTE per ward)
 - Psychological practitioner band 7 (0.5 WTE per ward 09:00 – 20:00 –flex-Mon-Fri)
 - Ward management team: ward manager band 7 (Mon-Fri 09:00-17:00); Deputy ward manager x2 band 6 qualified nurse (shifts 7 days a week); Psychological Lead band 8b

(0.25 wte per ward, mon- fri 09:00-20:00 flex); Occupational Therapy Lead (0.25 wte per ward, mon- fri 09:00-20:00 flex); Consultant Psychiatrist – 7 day a week (flex)

The following table outlines the staffing review for the Acute Service Line

<u>Acute Wards</u>	No. of beds	Total nursing number per shift for an early, late and night	Changed/no change to Staffing Establishment from previous report
Cherrywood	16	4 – 4 - 4	Reduction in Nursing and increase by Therapy staff
Samphire	16	4 – 4 - 4	"
Woodlands	12	4 – 4 - 4	"
Fern	18	4 – 4 - 4	"
Foxglove	18	4 – 4 - 4	"
Amberwood	16	4 – 4 - 4	"
Boughton	18	4 – 4 - 4	"
Bluebell	18	4 – 4 - 4	"
Chartwell	18	4 – 4 - 4	"
Upnor	16	4 – 4 - 4	"
Willow	12	7 - 7 - 5	No change

Financial Implications

Whilst the driver is to improve the quality of inpatient care and improve the accessibility to therapeutic interventions over an extended period of time, the changes in the ward establishment providing safer and therapeutic staffing will create some efficiencies and savings re use of bank, agency, sickness absence and potentially on the baseline staffing.

However there are potential costs to this model such as protected pay and excess travel that could be incurred.

Overall the cost of the new structure compared to the existing structure will provide a saving of c £200k; this does not take into account any pay protection elements.

Recruitment

The service line held a very successful two days Recruitment Fair at Littlebrook Hospital in July; 6 qualified positions were offered to candidates on the day. The event took place on a week day night and a Saturday; potential candidates were offered a tour of the wards, a discussion with staff and an interview. Further Recruitment Fairs are planned for Priority House in September and St. Martin's in October. To support the service line's recruitment position a number of posts have been skill mixed, rotational posts have been developed and adverts revised. As well as supporting Trust wide national recruitment events the service line has an in-depth Recruitment and Retention action plan.

7. Forensic Service Line

The following table outlines the staffing review for the Forensic & Specialist Service Line

Wards	No. of beds	Total nursing number per shift for an early, late and night	Changed/no change to Staffing Establishment from previous report
Penshurst	12	7 - 7 - 7	No change
Groombridge	12	5 - 5 - 3	No change
Emmetts	16	6 - 5 - 3	No change
Bedgebury	9	4 - 4 - 2	No change
Walmer	11	6 - 6 - 4	No change
Allington	19	8 - 8 - 7	No change
Riverhill	9	7 - 6 - 4	No change
Marle	10	6 - 6 - 3	No change
Brookfield	12	6 - 6 - 3	No change
Bridge House	5	4 - 4 - 2	No change
Knole Centre	8	5 - 5 - 4	No change
Tulip House	5	3 - 3 - 2	No change

The overall numbers of nursing staff have not changed in the revised model however, the service lines are introducing skill mix to their therapeutic model.

- Introducing 1x band 4 to some of the forensic wards This will replace one band 5 staff nurse, this will be on some of the forensic wards and the service line will complete a detailed piece of work to ensure it does not affect safety or delivery of care to patients. A drafted job description will go to JNF and then once agreed how these roles will be used and developed the recruitment process will commence.
- The service line will be looking at introducing 'Winter Hours' reduction with staffing. This will involve through the months of October to the beginning of March reducing where possible one unqualified staff member per late shift within the forensic wards. The reason they could look to do this safely will be that the current staffing establishments are our 'therapeutic' number to carry out a range of care and activities with patients, including being able to escort on leave. Once they hit winter time and the nights are dark by 16.00 hours and therefore do not carry out escorted leave during darkness, hence being able to look at reducing one staff member per late shift.

Recruitment Plans

The Service line is holding the next Saturday Recruitment Open Morning on Saturday 12 September in Dartford which will run from 10.00-12.00 and all Service Lines have been invited to attend. This event is advertised on NHS Jobs and we will be advertising this internally and with external education providers such as local universities.

The service line continues to monitor the Vacancy Rate on a monthly basis to ensure that all current vacancies are being acting upon immediately. In addition, rolling adverts remain in place for vacancies such as HCW and Staff Nurses.

Promotional work is taking place to encourage Apprentices to join us as the recruitment to apprenticeship positions seems to have slowed significantly.

In addition, the lead nurse and HRBP are due to attend the Kent Lead Career Coordinators' Meeting on Friday 11 September to discuss how schools can contact the service line for career talks about working in Mental Health and the different disciplines that we employ

8. OPMHN Service Line

The service line implemented safer staffing establishments in 2014/15 and the out turn was £700K above the agreed budget. This financial year, 2015/16, the service line is forecast to

achieve an overspend of £800K. This is not sustainable in the current financial climate for the Trust, and with the government expectation that the NHS will reduce spend upon agency staffing.

The service line has reviewed practice regarding use of e-rostering system, ensuring safe and efficient practice. It has ensured that the e-rostering team are providing additional support and training for ward managers. It has also reviewed safer staffing establishments via re-audit using the Hurst Tool.

The provision of therapeutic services is currently inconsistent across OPMH acute and continuing care, ward-based services. This is mainly as a result of differing commissioning intentions over the years, leading to diverging provision across wards. For example, some units have access to physiotherapy services, while others do not. Some have good access to OT provision while others do not. This review will deliver a more consistent approach to the provision of these services across weekdays, evenings and weekends. This will be more clinically effective for patients, more equitable across the Trust, and will ultimately increase the quality of care.

The service line held a therapeutic staffing workshop on 22nd June, where all wards sent a number of representatives to contribute to the development of a new therapeutic staffing model. While the exact details of the changes will vary slightly from ward to ward, depending upon numbers of beds and ward type, the changes to establishments will see a reduction in the numbers of registered nursing posts and a commensurate increase in the numbers of occupational therapists, psychologists and physiotherapists available on each ward, across an extended day, from 08.00 – 20.00, and also at weekends.

More flexible and creative shift patterns will be introduced to maximise the availability of therapeutic activity. This in turn, will promote a shift in culture on all OPMH wards towards person-centred practice.

The roles of all staff groups will be reviewed, and the service line will seek to ensure that these are re-designed to be more flexible and interesting positions. For example, Occupational Therapists at Band 6 are likely to have increased levels of responsibility, and be required to contribute to the leadership on a shift on their ward, alongside the ward manager.

There is no risk of staff redundancy. A complete mapping of the OPMH acute service will be completed in September 2015. Changes in staffing required to achieve the new therapeutic staffing model will be achieved through natural wastage such as retirement and staff turnover. It will also be achieved through the movement of staff between units and skill mixing.

Financial Implications

The proposed staffing mixes for individual wards have been priced at top of scale and compared to the current recommended safer staffing mix, also priced at top of scale. This will result in an anticipated reduction in ward pay costs of around £70k per annum.

These changes are to be introduced in a phased manner responding to the specific workforce arrangements for each individual ward. Implementation will commence in earnest from September across the service line as a whole. The reduction in costs anticipated will not be fully achieved in 2015/16. It is anticipated that there will be an impact on costs from the end of August 2015 increasing in scale towards the end of the financial year 2015/16.

The proposed changes will improve the opportunity to recruit substantive staff from across the disciplines to contribute to the day to day operation of the ward thus enhancing the quality of care and associated patient experience together with a reduced reliance on temporary staffing. The service line has commenced the financial modelling to demonstrate the increased cost efficiency in the model and this will be reported through the monthly service line finance report.

The following table outlines the staffing review for the OPMHN Service Line

Wards	No. of beds	Total nursing number per shift for an early, late and night	Changed/no change to Staffing Establishment from previous report
Cranmer	14	4 – 4 – 4	Reduction in Nursing and increased by Therapy staff
Ruby	12	4 – 4 – 4	"
Jasmine	16	4 – 4 – 4	"
Littlestone	16	4 – 4 – 4	"
The Orchards	17	4 – 4 – 4	"
Ogden Unit	15	6 – 6 – 4	"
Hearts Delight	20	5 – 5 – 5	"
Woodstock	20	5 – 5 – 5	"
Woodchurch	20	6 – 5 – 4	1 twilight shift 4pm - midnight
Sevenscore	15	6 – 5 – 4	1 twilight shift 4pm - midnight

Cranmer, Ruby, Jasmine, Littlestone, The Orchards, Ogden, Frank Lloyd

The enhanced Therapeutic Staffing model will provide:

- Establish a 4/4/4 nursing roster, which will be enhanced by additional therapy staff to achieve a 6/6/4 roster for the ward 7 days per week. For FLU, this template is increased to 5/5/5 nursing roster, to reflect that the wards there have 20 beds.
- Monday – Sunday 6 on the early, 6 on the late, 4 at night of which 2 are registered.
- Deputies to be rostered to work night shifts to support colleagues at night.
- Enhanced ward leadership through a Band 6 on each shift with the exception of the weekend which is enhanced by the presence of 2 band 5's instead.

The rosters take account of demands such as ward rounds and address this through an overlap of staffing. The rosters ensure that Ward Rounds include a member of all disciplines. Additionally, regular staff training sessions which happen after handovers and 'specialling' for one patient is accounted for, or escorting for treatments such as ECT. The model factors all staff into the ward numbers, such as OTA's Psychology and Occupational Therapists.

The therapeutic staffing template provides good opportunities for carer development for unregistered staff, through the creation of new roles at bands 3 and 4. It is proposed that through consultation, the Service Line will explore with these staff how the roles might be developed and re-named, to reflect the increase in therapeutic activity undertaken.

The introduction of these new responsibilities will enable therapeutic interventions to be integrated into the culture of the ward, making it the business of all staff. The wards will be upskilling all staff in the delivery of therapeutic interventions ensuring a 24/7 approach to therapies as appropriate and in response to patient need.

Sevenscore and Woodchurch

- Establish a 6/5/4/nursing roster, layering on additional therapy staff to further enhance the roster.

- There will be two registered staff on each shift apart from at night, when one ward will operate with a single registered member of staff, while the other ward will have two, in case the need to cover arises.
- The wards will introduce a twilight shift 4.00 pm – midnight that will better support both ward teams and patients
- At present the wards do not have sufficient access to physical services as these are not substantive posts and the new model addresses this with the introduction of physiotherapy. There is currently good access to psychology, art therapy, music therapy, drama therapy & family therapy.

Recruitment

In the last 24 months the Service line has proactively sought to recruit and retain staff through the delivery of a recruitment and retention plan. Actions have included:

- Reviewing and refreshing job descriptions and job advertisements
- Advertising in the local press and in national professional journals
- Actively encouraging staff to join NHSP and facilitating enrolment of this
- Joining recruitment fairs and following up with interested attendees
- Reviewing team establishments to consider alternative bandings of staff and to enhance the multi-disciplinary workforce
- Engaging inpatient units in the development of Therapeutic Staffing

These initiatives have had some success however the recruitment and retention of sufficient numbers of registered nursing staff is a persistent challenge which necessitates the use of bank and agency staff. It is well documented that temporary staffing can impact on the quality of patient care and experience as well as financial management.

9. Rehabilitation Services

The following table outlines the staffing review for the Rehabilitation Service Line

<u>Rehabilitation Units</u>	No. of beds	Total nursing number per shift for an early, late and night	Changed/no change to Staffing Establishment
111 Ethelbert Road	9	3 - 3 - 2	No Changes, numbers do not include therapy staff or the Unit Manager.
111 Tonbridge Rd	8	2 – 2 - 2	"
Davidson	9	4 – 5 - 3	"
Newhaven Lodge	8	2 – 2 - 2	"
Rivendell	10	3 – 2 - 2	"
Rosebud Lodge	10	3 – 3 - 2	"
The Grove	8	3 – 3 - 2	"

There has been no change to staffing numbers across the rehabilitation units. Rehabilitation Services still operate flexibility and if possible, will bring staff in as required from their other units to reduce cost on NHSP. The unit managers also cover the unit when there are staffing difficulties so work very flexibly. This assists the unit to maintain safe levels of staffing. In most cases this situation occurs when NHSP/Agency staff do not turn up for a booked shift. The Occupational Therapy and Psychology staff work across the different units. Peer Support Workers are employed in some units as part of changes to the skill mix.

Recruitment is completed through normal procedures but units do share recruitment opportunities to help each other. Some units such as Davidson and Rivendell are harder to recruit to, mainly because of underlying concerns on the future of the unit, job security and location of Rivendell. However, most vacancies are recruited to relatively quickly, and all vacancies are processed through recruitment as soon as they arise

All vacant posts are currently in the process of recruitment.

10. Trust wide Recruitment & Retention

Since the early summer 2014 there continues to be a concerted effort to address nursing recruitment to meet vacancies and safer staffing requirements.

A recruitment and retention plan and strategy has been developed addressing the following areas which is monitored within the workforce committee

Governance

- Recruitment Group: Standing agenda item to monitor progress against plan
- Workforce & Organisational Development Committee: Receives monthly reports on progress against plan
- Executive Management Team [EMT]: Agree workstreams
- EMT: Receives exception reports on progress against plan
- Performance Monitoring Meeting [PMM] (by Service Line): Vacancy & hot spot reports

Skill Mix

- Identify posts to skill mix (by Service Line)
- Identify supervision & development needs (skill mix) (by Service Line)
- Develop supervision & development plan (by Service Line)
- Implement supervision & development plan (by Service Line)
- Evaluate supervision & development plan (by Service Line)
- Identify number of Registered Mental Health [RMN] & Learning Disability [LD] nurses to recruit
- Recruit RMN & LD nurses
- Identify number of Peer Support Workers to recruit
- Recruit Peer Support Workers

Generating Supply

- Explore overseas opportunities (Royal College of Nursing [RCN] / Nursing & Midwifery Council [NMC])
- Develop holding pool of interested applicants
- Develop Return to Practice Campaign
- Targeted advertising (e.g. 1 x registered nurse per acute ward)
- Career fairs

Retention

- Develop New Nurse Development Programme
- Implement New Nurse Development Programme
- Evaluate New Nurse Development Programme
- Develop Staff Recognition Plan
- Implement Staff Recognition Plan

Career Fairs

- Evaluate new hire bonus
- Continue new hire bonus beyond end of March 2015
- Re-location allowance (up to £8k in policy)
- Accommodation (physical via EKHUFT or allowance)

These areas are also taken forward with the Trustwide Recruitment and Retention group.

11. Agency Usage

Following guidance from the TDA, through use of the DH Toolkit, the Trust is working to reduce the use of agency nurses except in exceptional circumstances. This activity will be monitored and taken forward by the Director of Performance who will be working with Service Lines in the reduction of agency staff.

Monitor and the NHS Trust Development Authority (TDA) have jointly launched a set of rules for nursing agency spend on the 1 September 2015. The final details of these rules will be sent but had not been received at the time of the report. These new rules are for nursing agency spend, which will include the spend ceiling for the Trust.

The new approach to nursing agency spend is part of a national programme of work to assist Trusts meet the complex workforce challenges facing the sector and to help improve patient safety. For our Trust they apply to agency spend on registered nurses only and rules on other agency staff will follow shortly.

The safer staffing requirement remains in place and the Staffing Escalation Policy will be updated to reflect this new guidance.

12. Conclusion

The national guidance on safer staffing has been further developed. We are required to follow a dependency model tool and the Hurst Tool has been used on all inpatient areas within the Trust in line with NHS England Guidance. Therapeutic staffing levels have now been developed to include a wider discipline of staff than just nurses. In addition, agency controls have been put in place to manage the use of agency nurses whilst maintaining safe therapeutic staffing levels. Service lines will develop plans to move to these levels once they have been agreed.

13. Recommendation

To agree the plan of work for safe and therapeutic staffing as outlined by the relevant service lines. To approve the therapeutic staffing plans for the next six months as outlined in this report.