Appendix 1

Black Country Partnership **NHS**
NHS Foundation Trust

Review of Inpatient Nursing Establishment, Capacity and Capability Review
Learning Disability Group

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Review of Nursing Staffing Capacity, Capability and Establishment Update – Learning Disability

1. Introduction

The purpose of this paper is to update and refresh the staffing paper put forward in 2015 in relation to the staffing review undertaken within Learning disabilities inpatient units. The paper also provides and update on the new forensic step-down male and female units on the Hallam Street Hospital Site (Langley House & Newton House).

2. Background

The Learning Disabilities Division faces a number of current challenges in respect of the delivery of assessment and treatment and forensic inpatient beds across the four boroughs of the Black Country, including:

- Financial challenges in 2015/16 and beyond.

- Occupancy variances and income for bed day costs with the prospect of spot purchasing in the future means that the staffing ratio and numbers per shift and per patient needs to be safe, viable and consistent in the future. This will ensure sustainability.

- Culture and practice of units need to be challenged to ensure financial sustainability and management accountability against establishments and reduction in bank and agency use.

- There is a need for the Division to state its safe staffing levels on all inpatient units, which needs to be based on occupancy not overall establishment. The group now need to work on a stepped model of care to ensure establishments and safe staffing numbers reflect occupancy levels and efficient use of staff resources.

- There has been a significant difference in the Health Care Support Worker (HCSW) skill mix across inpatient units with no agreed ratio of Band 2 to Band 3 HCSW staff.

3. Inpatient Workforce Redesign

In order to ensure that staffing levels meet the clinical requirements of each unit and are consistent across units, consultation has taken place with all unit managers in order to develop a staffing model and skill mix that meets the needs of the service. This consultation has looked at the following aspects of staffing:

- What is clinically required for each unit (based on Unit Managers review of clinical need on each unit)
- Benchmarking all units to ascertain patient to staff ratios
- What are the safe staffing levels for each unit

Current establishments were then reviewed against the safe staffing levels to ascertain how the current budgeted establishments compared to the revised modelling and staffing levels.

In addition, in order to address the current disparity in the HCSW workforce across the Division, it has been agreed that a 60:40 split of Band 2 HCSW to Band 3 HCSW will be applied across all units to ensure an appropriate and equitable skill mix.

The agreed safe staffing levels for each unit were therefore agreed as follows:

Unit	Early	Late	Night
Gerry Simon Clinic	8	8	6
Newton House	2	2	2
Penrose*	6		4
Daisy Bank*	5		3
Pond Lane*	3		2
Ridge Hill	7	7	5
Suttons Drive*	6		3

Penrose, Daisy Bank, Pond Lane and Suttons Drive currently operate a long day shift pattern

The safe staffing levels will be broken down by qualified nursing staff and HCSW as follows:

Unit	Early	Late	Night
Gerry Simon Clinic	3 Qualified Nurse 5 HCSW	3 Qualified Nurse 5 HCSW	2 Qualified Nurse 4 HCSW
Newton House	1 Qualified Nurse 1 HCSW	1 Qualified Nurse 1 HCSW	1 Qualified Nurse 1 HCSW
Penrose	2 Qualified Nurse 4 HCSW		1 Qualified Nurse 3 HCSW
Daisy Bank	2 Qualified Nurse 3 HCSW		1 Qualified Nurse 2 HCSW
Pond Lane	1 Qualified Nurse 2 HCSW		1 Qualified Nurse 1 HCSW

Ridge Hill	2 Qualified Nurse 5 HCSW	2 Qualified Nurse 5 HCSW	1 Qualified Nurse 4 HCSW
Suttons Drive (to close October 2015)	2 Qualified Nurse 4 HCSW		1 Qualified Nurse 2 HCSW
Langley	3 Qualified Nurse 3 HCSW		2 Qualified Nurse 2 HCSW

*Each unit also has a full-time Band 7 Ward Manager in addition (supernumerary)

The agreed staffing levels have been used to develop a new workforce establishment for each service in 15/16 and this has been reflected in budget setting.

Due to the significant increase in the number of Band 2 staff across the Division this has left a high number of vacancies to fill. An external recruitment process has taken place an appointed 12 wte band 2 staff. A further recruitment process is underway to fill the remaining 12 posts following the skill mix review. At the time of writing we have completed the organisational management of change to address over and under- establishments within the band 3 workforce. During this process we have experienced a high level of retirement's which has resulted in a further 4 band 3 vacancies which are currently out to advert.

At the time of writing we currently have a band 6 vacancy which is being filled internally as the post holder is currently acting up in another area. All qualified nursing posts for the new Langley and Newton development have been filled.

4 Shift Patterns

Existing shift patterns are scheduled for review which is also linked to the CIP plans however this will not change at this time until completion of the current mental health review so lessons can be learnt from the process.

5 Sickness levels

The LD Division has made significant progress against the trusts sickness absence target although it is noted to need further work.

The latest reported data for July 2015 provides a sickness absence rate across the division of 6.32%. The group continues to show improvements in this area and generally the trend is positive from a figure .8.2% in June 2015. Sickness Absence meetings are held with Human Resources where all long term sickness cases are reviewed to ensure actions and decisions are appropriate and timely.

6 Conclusion

The review of safe staffing on each unit is scrutinised on a daily basis and reported monthly through Divisional and wider Trust governance processes.