Introduction

Evidence from an increasing number of studies has shown an association between the level of in-hospital staffing by registered nurses and patient mortality, adverse patient outcomes and other quality measures (Needleman et al, 2011). The Francis report made a broad range of recommendations covering local and national NHS management, governance, quality assurance and staffing. The Keogh review of 14 trusts with higher than expected mortality rates noted a positive correlation between inpatient to staff ratio and a high hospital standardised mortality ratio. The review also showed that staffing levels can vary greatly shift to shift and ward to ward. The report of the National Advisory Group on the Safety of Patients in England, led by Don Berwick, also considered NHS staffing levels.

In January 2014 the Royal Free London NHS Foundation Trust board considered the Government response to the Mid-Staffordshire NHS Foundation Trust Public Inquiry, Hard Truths – The Journey to Putting Patients First and the guidance published by the National Quality Board and the Chief Nursing Officer, How to ensure the right people with the right skills are in the right place at the right time

Hard Truths set out the Government’s requirement that from April 2014 and by June 2014 at the latest, NHS trusts will publish ward level information on whether they are meeting their staffing requirements. Actual versus planned nursing and midwifery staffing will be published every month and every six months Trust boards will be required to undertake a detailed review of staffing using evidence based tools.

This paper is the fourth six monthly report to the board under these arrangements. Each divisional board has considered the staffing review relevant to their division and their conclusions and recommendations’ are included in this paper. Ward sisters/charge nurses and matrons have also applied their professional judgement against the results of the staffing review tool results which have informed the recommendations of the divisional boards.

Minimum Staffing levels

There has been much debate about whether there should be defined nurse staffing ratios in the NHS or whether there should be mandated minimum staffing levels. The published guidance from The National Quality board recognises that there is no ‘one size fits all’ approach to establishing nurse staffing and does not prescribe an approach to doing so, neither does it recommend a minimum staff-to-patient ratio.

The Berwick review made the following statement on staffing levels:

‘. . . we call managers’ and senior leaders’ attention to existing research on proper staffing, which includes, but is not limited, to conclusions about ratios. For example, recent work suggests that operating a general medical-surgical hospital ward with fewer than one registered nurse per eight patients, plus the nurse in charge, may increase safety risks substantially. This ratio is by no means to be interpreted as an ideal or sufficient standard; indeed, higher acuity doubtless requires more generous staffing. We cite this as only one example of scientifically grounded evidence on staffing that leaders have a duty to understand and consider when they take actions adapted to their local context.’
On 13 October Monitor, the TDA, NHS England, the CQC and NICE wrote to Trusts to clarify the recent messages on safe staffing and the need to meet the financial challenge. The letter states that safe staffing guidance supports but does not replace judgements made by professionals at the front line and is designed to support the Board to get the best possible outcomes for patients within available resources and that responsibility for both safe staffing and efficiency rests, as it has always done, with provider boards. The letter stresses that staffing should be looked at in a flexible way which is focused on the quality of care, patient safety and efficiency rather than numbers and ratios of staff. The letter stresses that a 1:8 ratio is a guide not a requirement and should not be unthinkingly adhered to.

**Setting Staffing Levels**

There are a number of different methods of assessing and reviewing ward staffing levels and it is known that different systems applied to the same care environment can give different answers. The use of evidence based tools is one part of making decisions about the correct levels of staffing which should then be triangulated by staff using their professional judgement and scrutiny.

Currently ward establishments' are reviewed and set by the ward sisters/charge nurses, matrons, heads of nursing and divisional nurse directors working in partnership with finance, workforce and operational managers. The Trust is using the Safer Nursing Care (SNC) tool to help inform decision making on the correct level of staff. The data used in this report was collected in September 2015.

The SNC tool was originally developed in conjunction with the Association of UK University hospitals and has, following a review of the tool commissioned by the Shelford Group, been re-launched. The acuity and dependency of patients in a ward is measured over 20 days using rules to capture the data, and then, using nursing multipliers, calculates the total number of nursing staff needed. The tool also considers other activity on the ward which contributes to the workload of nursing staff, for instance the number of admissions and transfers into and out of the ward. The resulting establishments are then quantified as follows:

- **Average WTE Staff**: The WTE staff establishment required for the ward based on the average patient acuity scores over the month.
- **Recommended WTE Staff**: The WTE staff establishment required for the ward based on the acuity scores over the month, taking into account the daily variance in score.
- **Estimated WTE Staff**: The effective WTE staff establishment based on the staff recorded as present on each shift during the month.

For the purpose of the review current ward establishments have been compared with the average WTE staff derived from the tool.

**Establishment uplifts**

Each ward budget has an assumption of a 21% uplift in establishments. This uplift is to ensure that the establishment is sufficient to provide for planned and unplanned leave and to support continuous professional development. The uplift does not include maternity leave however there is a central budget held for wards to call on to cover for nurses on maternity either by the use of a fixed term contract or temporary staff.
Supervisory ward sister/charge nurse roles

Many reports including the Francis inquiry have highlighted the need for the supervisory status of ward sisters/charge nurses to enable closer monitoring and scrutiny of quality and safety in the ward area.

The establishments of wards at the Royal Free London NHS Foundation trust support the ward sister/charge nurse being a supervisory role.

Divisional recommendations and supporting data

Transplantation and specialist services division

<table>
<thead>
<tr>
<th>Ward</th>
<th>Beds</th>
<th>Funded establishment WTE</th>
<th>SNCT average WTE</th>
<th>Variance wte</th>
<th>Sickness absence %</th>
<th>Falls (April - Sep 2015)</th>
<th>Pressure ulcer (April - Sep 2015)</th>
<th>Attributable Cdiff (April - Sep 2015)</th>
<th>FFT recommendation %</th>
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Based on the above data the divisional senior nursing team made the following recommendations’ to the Transplantation and specialist services divisional board on 21 November 2015:

9 West

The funded bed base is 26 however the ward is constantly open to 33 beds. For September 2015 the average bed occupancy was 87% with an average 29 occupied beds.

The professional judgement of the divisional senior nursing team is that establishment continues to be reviewed to ensure that it is safe and appropriate for 33 beds based on the occupancy. The two liver wards (9West and the previous 10North to be moved to 9North) will be co-located in November 2015 and a workforce review will be undertaken across these wards to so that patient pathways and staffing are appropriately aligned.

Recommendation:
✓ The daily staffing requirement continues to be reviewed to understand the variation in the requirement
✓ Workforce review is undertaken following colocation of liver wards
✓ A business case is written to secure funding for the unfunded beds which are constantly open and currently are staffed through the use of temporary staffing to provide safe levels of care.

10 North

The professional judgement of the divisional senior nursing team is that the establishment continues to be closely monitored as the recommended staff establishment does not allow for the unpredictable variability for patient acuity and dependency. The two liver wards (10North to be relocated to 9North and 9West) will be co-located in November 2015 and a workforce review will be undertaken across these wards to so that patient pathways and staffing are appropriately aligned.
Recommendation:
✓ The daily staffing levels and acuity and dependency and the use of additional staff/specials are closely monitored by the senior nursing team
✓ A workforce review is undertaken following colocation of liver wards

11 East
The SNCT data shows the average 30.50 WTE staff requirement is 3.5 WTE below the funded establishment to meet the acuity and dependency of the ward. The average figures do not take into account the daily ward variation in patient acuity and dependency and because the ward speciality is acute oncology, a significant number of patients are palliative and require end of life care and patients and their families require a high level of psychological intervention to support them at this stage in their disease pathway. The recommended establishment is 36.44 WTE and this would allow for the daily variation in patient acuity and dependency to be managed.

The professional judgement of divisional senior nursing team is that the current establishment is reviewed to ensure that it meets the dependency and acuity needs of the patients.

Recommendation:
✓ The ward occupancy and staffing is reviewed to understand the acuity and dependency requirements, the utilisation of the ‘hot’ rooms and the specialised and expertise staffing required to meet patient care needs.

11 South
The SNCT data shows that the average WTE staff requirement is 1.82 WTE below the funded establishment to meet the acuity and dependency needs of the patients.

The ward is now part of a TUPE transfer of services and the malignant haematology and associated staff are due to transfer out of RFH on the 1st December 2015. Planning and recruiting to the new ward is in progress.

Recommendation:
✓ The recruitment of staff for the non-malignant service is recruited to.

11 West
The funded bed base for the ward is 22 beds. The ward speciality is infectious diseases and the funded establishment from this ward also supports the High Level Isolation Unit (HLIU).

The SNCT date indicates that the average funded 27.66 WTE staffing requirement is 0.56 WTE below the funded 28.22 WTE. The funded establishment contributes to the operational running and the mandatory training compliance for the HLIU. When HLIU is operational this is also supplemented by RFL infectious diseases/other suitably trained bank staff

The professional judgement of the divisional senior nursing team is that the establishment currently meets the acuity and dependency needs of the patients cared for on 11 west.

Recommendation: The staffing levels are closely monitored to meet the needs of the ward and flexed to support training and surge planning for Ebola.

10 East
The professional judgement of the divisional senior nursing team is that the establishment currently meets the acuity and dependency needs of the patients cared for on the ward but efficiency needs to be maximised.

Recommendation: To keep the current establishment under review in line with service development and review use of emergency bed and patient flow.
10 South
Since the last 6 month review the establishment of the ward has been reviewed in response to quality indicators and patient feedback. The leadership of the ward has been strengthened and an improvement plan instigated.

The professional judgement of the divisional senior nursing team is that the establishment is reviewed according to the improvement plan to ensure that this meets the acuity and dependency needs of the patients cared for on the ward.

Recommendation: To keep the current establishment and review in line with the service requirement.

5EB
This is a urology ward now open to 22 beds. The SNCT data indicates that the average 20.31 WTE staffing establishment is 7.39 WTE below the funded 27.7 requirement to meet the acuity and dependency of patients on this ward. During September this ward admitted multiple outlying specialities not thought to be representative of urology emergency and complex patients, this may account for the variance.

The professional judgement of the divisional nursing team is that the establishment is reviewed in line with the acute inpatient pathway reconfiguration and urology service redesign.

Recommendation: The current funded establishment is monitored in line with service redesign.

Mulberry Ward
The professional judgement of divisional senior nursing team is that the current establishment requires a review of both shift patterns so that this is aligned with the enlarged division.

Recommendation:
✓ Priority is given to the recruitment of the band 7 post (now achieved)
✓ The current establishment is reviewed and remodelled to take into account service requirements and alignment with the wider organisation.

Surgery and associated services division

<table>
<thead>
<tr>
<th>Ward</th>
<th>Beds</th>
<th>Funded Establishment WTE</th>
<th>SNCT Average WTE</th>
<th>Variance WTE</th>
<th>Sickness absence %</th>
<th>Falls (April - Sep 2015)</th>
<th>Pressure ulcers (April - Sep 2015)</th>
<th>Attributable Cdiff (April - Sep 2015)</th>
<th>FFT recommendation %</th>
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Based on the above data the divisional senior nursing team made the following recommendations to the Surgery and associated services divisional board on 16 November 2015:
7 East A
The data for September 2015 supports previous reports to indicate the staffing levels for the ward should be increased to meet the acuity and dependency of the patients on the ward. This is backed up by observation of the clinical area and review of the patients requiring 1:1 supervision.

*Recommendation*: Increase establishment to support an additional registered nurse on night duty to being the planned staffing to 3 registered nurses and 2 health care assistants.

7 East B
Acuity data suggests that this ward has too high an establishment in relation to recommended wte staff but this is an anomaly of a small ward. Despite only having 13 beds, it is not possible to reduce qualified day or night staffing below acceptable levels to provide safe cover at all times. An establishment of 17 allows for the required staffing per shift. Staff from the ward support 7 East A ward at times of increased acuity.

*Recommendation* – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.

7 West
The professional judgement of the divisional nurse leadership team is that the registered nurse establishment is appropriate for the patient acuity.

*Recommendation* – No changes to current staffing. The priority is to focus on recruiting to registered nurse vacancies.

7 North
*Recommendation* – No changes to current staffing. The priority is to focus on recruiting to registered nurse vacancies.

Beech
Following the last 6 month review the establishment on Beech was increased by 2.1 wte. On consideration of this review the professional judgement of the divisional nurse leadership team is that the registered nurse establishment is appropriate for the patient acuity.

*Recommendation* – no additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.

Cedar
After the 6 monthly review in May the establishment on Cedar was increased by 4.4wte.

*Recommendation* – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently. Review over the next six months the volume of tracheostomy patients who require specialing.

Damson
*Recommendation* – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently. Review over the next six months the patient acuity and patients who require specialing.

Canterbury
The establishment was reviewed following data collection in March 2015. Occupancy remains low on the ward at 46%.

*Recommendation* – Reduce the planned HCA on night duty from 2 to 1 to reflect the acuity and dependency of the ward.
Wellington

The establishment was reviewed following the last 6 monthly review and the number of wte reduced by 7wte due to low occupancy. Occupancy remains low at 42% but the data for Wellington ward needs to be interpreted with the acknowledgment that the majority of patients admitted to the ward are there for less than 23 hours and the SNCT tool is not designed to assess day care areas. However it is beneficial to use the tool and review the data with clinical judgement.

Recommendation – Up to 80% of patients admitted to Wellington ward stay less than 23 hour. It is proposed to staff the ward for 12 overnight beds. This will enable the following recommendations:

1. Reduce planned night staff to 2 RN’s and 1 HCA
2. Increase establishment by 1 Band 6 to provide senior leadership throughout the week
3. Create a band 7 practice educator post, with essential criteria of HDU experience, to support staff across Wellington ward and Canterbury ward in staff development and in preparation for future plans for the new hospital build.

Urgent care division

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<th>Ward</th>
<th>Beds</th>
<th>Funded establishment WTE</th>
<th>SNCT average WTE</th>
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<th>FFT recommendation %</th>
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Based on the above data the divisional senior nursing team made the following recommendations’ to the divisional board on 24 November 2015:

10 west

There is currently no funded band 7 post on the ward. The 8A matron role covers ward management duties as well as other services such as the Heart Attack service and IRCU.

The acuity and dependency highlights a difference between the average and recommended staffing levels with the actual establishment. Excess expenditure against the establishment is consistently required for the closer supervision of patients at risk of falls.

Recommendation: A service and staffing review that is underway be completed where it is anticipated that a business case will be submitted for an increase in nursing staff.

9 north

Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.
8 west
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.

8 north
The actual usage of staff on 8 north is significantly higher that the recommended and actual wte. The high level of acuity and demand for 1:1 specials for patients with Tracheostomies has contributed to a significant over spend on this ward. They also nurse acutely ill adult patients requiring Registered Mental Health nurse input in addition to acute medical and nursing care.

Recommendation: No changes recommended to baseline establishment and to review temporary staffing controls. Explore the concept of cohorting patients with higher nursing needs such as tracheostomies and review of the provision of RMN’s for acute medical wards on both sites.

8 east
Recommendation: Complete recruitment to agreed uplifted establishment in response to opening additional beds in the previously agreed business case

6 south
Both the average wte and recommended wte (46-48) are higher than the funded establishment; however the actual usage is significantly higher at 60wte. Higher levels of acuity recorded with patients with tracheostomies, neurological disorders and those requiring high levels of nursing care and supervision have contributed to this.

Recommendation: Review temporary staffing controls in place to monitor usage and spend and develop a business case to increase the establishment.

Rowan
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.

Coronary care unit
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.

Clinical decisions unit
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently however the front end reconfiguration work may mean alternation to the establishment.

Quince
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently however the front end reconfiguration work may mean alternation to the establishment.

Walnut
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.
Spruce
Recommendation - A business case has been made and approved by the trust executive committee in September 2015 to increase the establishment increased by 3.7 wte band 2 nursing assistants.

Olive
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently as business case approved in September 2015 by the trust executive committee.

Larch
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently as business case approved in September 2015 by the trust executive committee.

Juniper
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently as business case approved in September 2015 by the trust executive committee.

Palm
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently as business case approved in September 2015 by the trust executive committee.

Adelaide
Recommendation – No additional staffing is required to meet the acuity and dependency needs of patients on this ward currently.

Capetown
Recommendation – A full service review of the staffing model to consider allied health professionals and nursing staff in the requirements needed for the patient group on the ward.

Emergency Department
In March 2015 NICE issued guidance with regard to staffing levels in emergency departments. The key recommendations are that there are:

- 2 registered nurses to 1 patient in cases of major trauma or cardiac arrest
- 1 registered nurse to 4 cubicles in either ‘majors’ or ‘minors.

Currently Barnet hospital and the Royal Free hospital emergency departments are compliant with the NICE recommendations and have the appropriate establishments to support the ratios. .

Women and children’s Division

Maternity staffing
There have been a number of changes in relation to maternity staffing since the publication of the last report. These include the following:

- Harmonised cross site maternity escalation policy including the implementation of on call maternity manager across the maternity services.
- Plan to over recruit band 6 midwives across the Division into maternity leave to contribute to the reduction in the Trust’s agency spend.
- Increase of 7% in the predicted delivery rate for 2015 to 2016 across the maternity services when compared to 2014-2015.
A business case has been developed to request funding for an increase in midwifery staffing within the maternity units in response to the increase in the activity at the Trust which will be submitted to TEC in November 2015.

**Midwifery staffing and midwife to birth ratio**

The RCOG/RCM recommend that all Maternity units should have a minimum funded midwife to birth ratio of 1:28. This standard is currently not met at either the Royal Free hospital or Barnet hospital, as the midwife to birth ratio is 1:32.8 and 1:29.1 respectively over the reporting period May 2015 – October 2015.

**Monitoring of maternity staffing**

The maternity unit has contingency plans to address short term staffing shortfalls as a consequence of increased workload, sickness and other staff absences. Due to a highly successful over recruitment programme led by the Heads of Midwifery, there will be no vacancies in the current funded establishment of midwifery posts when all new-starters are in post by January 2016. The most recently recruited midwives are awaiting their NMC registration numbers and completion of joining processes. The service will continue to over-recruit to cover the higher clinical activity, maternity leave and support secondments.

**Developments in Maternity Staffing**

The RCOG document Safer Childbirth: Minimum standards for the organisation and delivery of care in labour recommends a minimum midwife to birth ratio of 1:28.

The recent NICE ‘Safe midwifery staffing for maternity settings’ guidance published in February 2015 provides specific recommendations for staffing within maternity services. This guideline also places focus on the systematic assessment of safer staffing indicators and midwifery red flag events as a means of identifying and monitoring factors which may have a direct positive or negative impact on the delivery of maternity care. Since the publication of the last report the midwifery red flag events have been incorporated into the escalation policy. It details the operational responsibilities of the midwife in charge when the traffic light system for amber/red is initiated.

<table>
<thead>
<tr>
<th><strong>Safer staffing indicators</strong></th>
<th>are positive and negative events that should be reviewed when reviewing the midwifery staffing establishment.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A midwifery red flag event</strong></td>
<td>is a warning sign that something may be wrong with midwifery staffing. Although, midwifery red flag events are often acknowledged on an individual basis as part of day to day maternity care, NICE recommends a much more systematic approach to the monitoring of these events where there is a direct connection to midwifery staffing.</td>
</tr>
</tbody>
</table>

*NICE ‘Safe midwifery staffing for maternity settings’ published in February 2015*

Both sites are compliant with the monitoring of the safer staffing indicators.
## One to one care in labour compliance: Royal Free Hospital

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>No of women in established labour</th>
<th>No of women in established labour receiving 1:1 midwife care</th>
<th>One to one compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Royal Free Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2015</td>
<td>58</td>
<td>58</td>
<td>100%</td>
</tr>
<tr>
<td>July 2015</td>
<td>56</td>
<td>56</td>
<td>100%</td>
</tr>
<tr>
<td>September 2015</td>
<td>93</td>
<td>93</td>
<td>100%</td>
</tr>
<tr>
<td>Barnet Hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>August 2015</td>
<td>82</td>
<td>82</td>
<td>100%</td>
</tr>
<tr>
<td>September 14&lt;sup&gt;th&lt;/sup&gt; – 20&lt;sup&gt;th&lt;/sup&gt; 2015</td>
<td>77</td>
<td>77</td>
<td>100%</td>
</tr>
<tr>
<td>September 21&lt;sup&gt;st&lt;/sup&gt; – 27&lt;sup&gt;th&lt;/sup&gt; 2015</td>
<td>78</td>
<td>78</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Gynaecology staffing

Willow ward is a female surgical ward accommodating gynaecology inpatients at Barnet hospital managed by the Women’s division. The gynaecology inpatient ward at Royal Free hospital (7 North) is amalgamated with plastics and is managed by the SAS division and the gynaecology matron and gynaecology medical staff provide specialist input.

On Willow ward, there is one band 7 nurse and a band 6 nurse who are responsible for the operational management of the ward. The establishment provides for a nurse: patient ratio of 1:5.3 supported by nursing assistants. Any shortfalls in staffing or peaks in activity are escalated to the gynaecology matron or divisional director of midwifery, gynaecology and paediatric Nursing.

Since Willow opening in June 2013, and over the past two years the activity, acuity and staffing has been monitored and reviewed. A business case was developed in September 2015 to reflect the required staffing establishment and this is currently being finalised to be submitted to TEC.

### Neonatal staffing

There is a 30 cot Level 2 unit on Starlight neonatal unit at Barnet hospital and a 14 cot level 1 neonatal unit, including 2 cots for stabilisation on 6 West B at the Royal Free hospital. Using the British Association of Perinatal Medicine standards, staffing for the Neonatal unit is dependent on the level of care each infant requires.

- Intensive care: 1:1
- High Dependency is 2:1
- Special care is 4:1.

Starlight has an agreement to proactively plan over recruitment of staff to ensure that the establishment remains stable. This was agreed in February 2015 and will reduce the dependency on bank and agency staff by decreasing the amount of time the ward is below establishment through normal turnover, and recruitment pipeline timeframes. Current staffing levels meet the RCN guidelines and they also effectively flex the staffing to meet the needs of more dependent neonates. The workforce has been determined as 11 staff including at least 7 Neonatal trained nurses in the day and 10 including at least 6 Neonatal trained nurses at night. Unless the unit is at full capacity (30) cots the unit is usually staffed.
to 10 in the day and 9 at night. The unit had some periods of decreased activity during May to October, and staff were given the opportunity to take short notice annual leave where appropriate. There were no unsafe shifts during the above period of time and the patient to staff ratio met the expected standard for neonatal nursing levels of care.

6 West B Neonates have no changes to current establishment. Current staffing levels meet the RCN guidelines and they also effectively flex the staffing to meet the needs of more dependent neonates. The workforce has been determined as 4 nurses day and night. This includes at least 2 neonatal trained nurses. The neonatal unit from May to October was relatively quiet and staff were moved to cover the neonatal unit at Barnet and also assist on the paediatric ward at the Royal Free Hospital on occasion as required, or given the opportunity to take short notice annual leave.

Paediatric staffing
The paediatric wards consist of 20 beds on 6 North at the Royal Free and 30 beds on Galaxy at Barnet. Both wards take high dependency patients requiring respiratory support in the form of Continuous Positive Airway pressure (CPAP), and mental health patients that often require 1:1 nursing observation (and occasionally more intensive observation has been required with 2:1 and even 3:1 Nursing care). Nursing ratios are as follows:

- Unstable patients; mental health patients assessed as posing a risk to themselves and others: 1:1 Nursing care (or more if required)
- High Dependency patients: 2:1 Nursing care
- Other patients 4:1 Nursing care

For paediatric services across the site there has been an agreement in February 2015 to proactively plan recruitment of staff to ensure that the establishment remains stable. This will reduce the dependency on bank and agency staff by decreasing the amount of time the ward is below establishment through normal turnover, and recruitment pipeline timeframes.

6 North
Current staffing levels meet the RCN guidelines and they also effectively give the ability to adjust the staffing to meet the needs of more dependent children. These include CAMHS patients awaiting in-patient beds who can often experience delays. However they are often cared for 1:1 by RMN’s. During May to October the dependency on the ward was not unexpectedly high, but there were several vacancies at both band 5 and band 6 levels. Active recruitment programme’s and the direct employment programme helped to fill most of these vacancies. However this has led to a period of decreased skill mix on the ward due to the majority of new starters being newly qualified. The lead practice educator commenced in post at the beginning of October, and has already identified a number of areas to improve staff education and is currently developing teaching sessions, training programmes and training data bases.

Galaxy
Current staffing levels meet the RCN guidelines and they also effectively flex the staffing to meet the needs of more dependent children. These include CAMHS patients that are often cared for by 1:1 RMN’s when available.

Conclusion
The staffing review has demonstrated that broadly most wards have the required establishment to care for the patients currently nursed both in the professional judgement of the senior nursing teams and the results from the SNCT. It can be demonstrated that previous reviews have led to alterations in establishments.
Whilst this is a 6 monthly formal review the nursing requirements on each ward are dynamic and are reviewed before and during each shift to ensure that the appropriate nursing needs of the patients being cared for are met and escalated when extra support is required.