

TRUST BOARD – 30th June 2016

Safer Staffing – May 2016 Monthly Review

Introduction/ Background

1. In November 2013, the National Quality Board (NQB) issued guidance to optimise nursing, midwifery and care staffing capability and capacity. The guidance followed national research which demonstrated that staffing levels are linked to the safety of care; and a right for patients and the public to have access to easily accessible information to know how their hospitals and inpatient units are being run.
2. The guidance specified a number of expectations which trusts needed to commit to by the end of June 2014:
 - a) to present a report to Trust Board every six months describing the staffing capacity and capability, provide an establishment review and use evidence based tools where possible;
 - b) to display ward level information about the nurses, midwives and care staff deployed for each shift compared to what has been planned;
 - c) to present a report to Trust Board each month containing details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month;
 - d) to publish the monthly report on the Trust's website and link or upload the report to the relevant hospital(s) webpage on NHS Choices.
3. This paper responds to expectation c) *to present a report to Trust Board each month containing details of planned and actual staffing on a shift-by-shift basis at ward level for the previous month.*

Aim

4. The aim of this report is to provide the Trust Board with an analysis of May 2016 Safer Staffing data.

Recommendations

5. The Trust Board is recommended to:
 - Receive this report as the current Trust position with regards to the NQB Safer Staffing requirements;
 - Receive assurance that all efforts are being employed to ensure the highest level of data quality possible, with detailed internal oversight and scrutiny in place over both completion and performance.

Discussion

Trust Board Responsibilities from June 2014

6. Each month, the Chief Nurse presents to the Trust Board an analysis of the following Safer Staffing indicators:
 - a) Use of temporary workers vs substantive staff
 - b) Planned vs actual number of staff
 - c) Skill mix of nursing staff
7. Every six months, the Trust Board receives an 'Inpatient Staffing Establishment Review' report which provides an overview of the work being undertaken to ensure safer staffing standards are met across all our inpatient wards.
8. The monthly reports are publically available via the NHS Choices website and our Trust internet page.
9. The Chief Nurse has given responsibility to lead nurses for ensuring the accurate collection of staffing and acuity information into the Trust's bespoke Safer Staffing portal.
10. A Safer Staffing dashboard is produced each month (see Appendix A) to provide an overview of staffing during the period in review. Lead nurses provide further qualitative narrative to identify particular 'hot spots', the risks they pose and the mitigating actions and longer term plans which are in place to ensure our wards remain safe.

Analysis of Safer Staffing in May 2016

The table below provides an overarching summary of the Trust 'hot spots' with regard to maintain safer staffing.

| Clinical Directorate | February 2016 | March 2016 | April 2016 | May 2016 |
|---|---|--|---|-----------------------------------|
| Community Health Services | St Luke's Hospital - Ward 1 St Luke's Hospital - Ward 3 Rutland Hospital – Rutland Ward | St Luke's Hospital - Ward 1 St Luke's Hospital - Ward 3 | St Luke's Hospital - Ward 3 | St Luke's Hospital - Ward 3 |
| Families, Young People and Children's Services | None | None | None | None |
| Adult Mental Health and Learning Disability Services | Mill Lodge – Buttercup Ward Mill Lodge - Bluebell Ward | Mill Lodge - Bluebell Ward | Mill Lodge - Bluebell Ward | Mill Lodge - Bluebell Ward |
| | Bradgate Unit - <i>all wards except Belvoir Ward</i> | Bradgate Unit - <i>all wards except Belvoir Ward</i> | Bradgate Unit - <i>all wards except Belvoir Ward</i> | Bradgate Unit – Watermead Ward |

Table 1 - Summary of Trust hot spots

Community Health Services (CHS)

11. The current 'hotspot' area(s) for Inpatient Community Hospitals is:

- St Luke's Hospital - Ward 3

| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | |
|------------|-----------|-----------------------------|------------------------------|--|--------------------------------|---------------------------------------|--------------------------------|---------------|-------------------------------------|---------------------|---|-----------------------------|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | | (based on 1:8 plus 60:40 split) | Based on full bed occupancy |
| | | | | Day (Early & Late Shift) | | Night | | | | | | |
| | | | | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | | | | | |
| | | | | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | | |
| St Luke's | SL Ward 3 | 14 | 13 | 99.2% | 99.2% | 200.0% | 100.0% | 93.55% | 94.6% | 42.8% | CHS East 6 | CHS East 6.97wte |

Table 2 Community Hospital Hot Spots

12. There are no 'hotspot' areas identified within inpatient Mental Health Services for Older People (MHSOP). However, Evington Centre - Wakerley Ward is red as an exception for the use of temporary workers (30.3%). Evington Centre - Wakerley Ward achieved funded staffing levels by shift less than 80% of the time. This is a result of staff vacancies, sickness and suspension. Recruitment processes are on-going, however there are limited numbers of applicants for Band 5 nursing posts. The CHS recruitment group is looking at dynamic strategies to address this. Robust sickness management processes are in place. Staffing levels have been maintained by the movement of staff from other areas.

13. The hot spot areas within community MHSOP are the Memory Service and City East Community Mental Health Team (CMHT). The Memory Service has a number of vacancies and is covering using part-time bank and agency workers. Recruitment processes are on-going. The City East CMHT is due to long term sickness, vacancies and suspension. Agency and bank cover is in place but this is often with part time workers.

14. The 'hotspot' area for Community Hospitals shows a higher percentage of temporary workers used (42.8%). There is a clear correlation between high usage of temporary workers, high numbers of vacancies and increased rates of sickness within this area. Staffing levels have been maintained by the movement of staff from other areas and the use of regular temporary workers.

15. The Safer Staffing dashboard for May 2016 highlights Coalville Hospital - Ward 2 as using 20.4% of temporary workers. This increase is attributed to additional staff required to provide specialising/enhanced care to confused patients.

16. The in-month achievement of funded staffing levels for Rutland Hospital – Rutland Ward, St Luke's - Ward 1 and Coalville Hospital - Ward 1 are currently below 80%. Rutland Hospital – Rutland Ward and St Luke's Hospital had a reduction in bed base

and therefore adjusted staffing levels. Coalville Hospital - Ward 1 is a stroke ward and flexes the number of planned staff on the early and late shifts whilst maintaining safer staffing levels in order to best meet the acuity and dependency of the patients.

The risks this presents us with

17. There are potential risks associated with the increased reliance on temporary workers to cover vacancies, sickness and observations which will potentially impact on the quality and effectiveness of patient care and also on patient and staff experience.

Mitigating actions in place to prevent these risks

18. Immediate mitigating actions include:

- Proactively identifying staffing risks and ensuring subsequent actions are taken, discussed across the service daily and at a weekly staffing conference;
- Movement of staff across the service to address shortfalls and to review skill and experience on a shift by shift basis;
- Reviewing patient experience feedback, Nurse Sensitive Indicator data and risks to ensure quality is not impacted;
- Matrons signing off all e-rosters.

Longer term plan to eradicate the risks and address the staffing issues

19. Longer term plans to eradicate the risks and address staffing issues include:

- Rolling recruitment including, open days, monthly interviews, attendance at local recruitment events/ job fairs;
- Individual ward review of staffing levels shift by shift completed and submitted to commissioners;
- Review of the recruitment strategy to develop a proposal to implement a recruitment and retention premium for band 5 posts at St Luke's - Ward 3;
- Scale up and roll out of the NHS Improvement (NHSI) specialising/ enhanced care project across all community hospital wards commencing April 2016 by the end of July 2016.

Families, Young People and Children's Services (FYPC)

20. There are two inpatient services within FYPC:

- 15 bedded Adult Eating Disorder Service (Langley Ward)
- 10 bedded Adolescent Unit (Coalville Hospital - Ward 3, formally Oakham House)

| | | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | | | |
|-----------------------------|-----------|--|------------------------------|---------------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---------------------------------|---|-----------------------------|--|--|
| | | Actual Hours Worked divided by Planned Hours | | | | | | | Day (Early & Late Shift) | Night | | Qualified Nurse posts being recruited to |
| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | (based on 1:8 plus 60:40 split) | | Based on full bed occupancy | <20% | |
| Bennion Centre/ Langley | Langley | 15 | 14 | 122.4% | 155.6% | 50.0% | 332.3% | 64.52% | 96.8% | 43.3% | Not currently included in recruitment report | |
| Adolescent Psychiatric Unit | Ward 3 | 10 | 9 | 108.5% | 162.4% | 105.1% | 108.5% | 97.85% | 96.8% | 10.4% | | |

Table 3 – Children's Inpatient Services Hot Spots

21. The Quality Network for Inpatient Child & Adolescent Mental Health Services (QNIC - CAMHS 2009) highlights that a typical unit with 10-12 patients should be staffed with a minimum of two registered nurses (RN) per day shift and one RN per night shift.

22. QNIC are an independent organisation who have developed a range of standards which specialist CAMHS Tier 4 inpatient units can be measured against to achieve accreditation. QNIC Standards are also used by NHS England.

23. The standards measure a range of factors including:

- Environment and Facilities
- Staffing and Training
- Access, Admission and Discharge
- Care and Treatment
- Information, Consent and Confidentiality
- Young People's Rights and Safeguarding

24. The Leicestershire Medicines Code specifies two RNs are required to administer medication to children at all times.

Glenfield Site - Langley Ward

25. Langley Ward is part of the Leicestershire Adult Eating Disorder Service and is one of the largest and most comprehensive such services in the UK. It has a reputation both nationally and internationally for the clinical work and service model, enhanced by the research department within the service. Langley Ward is a mixed-sex, inpatient ward providing specialist treatment for patients with severe and complex eating disorders.

Almost all patients have a diagnosis of anorexia nervosa. The ward has 15 beds which are commissioned by NHS England. Almost all admissions are planned and most are elective. There are usually a small number of patients detained under the Mental Health Act.

26. Inpatients are referred from the outpatient arm of the service, other county partner Eating Disorder Services (Derbyshire, Nottinghamshire, Lincolnshire, Northamptonshire and Milton Keynes) and occasionally from local secondary or tertiary mental health services. Very occasionally, the service also takes referrals from other parts of the United Kingdom, usually due to a bed pressure in the referrer's locality.
27. The funded establishment of the ward allows for an approximate establishment of 4:4:2 (4 staff on an early shift, 4 staff on a late shift; 2 staff on a night shift).
28. Langley Ward is able to operate a safer staffing level of 5:5:3 with a minimum requirement for two registered nurses (RNs) to work on each day shift and one on a night shift. This is achieved because of the income generated by the ward and flexible use of bank workers.
29. The safer staffing dashboard for May 2016 highlights that Langley Ward continues to have "hot spots" firstly in relation to the average fill rate of registered nurses on duty at night and the skill mix met - based on a 1:8 plus 60/40 split. This figure is representative of night duty where there is a reduced RN to Health Care Support Worker (HCSW) skill mix. Previously, Langley Ward were allocated the role of Fire Coordinator on a night shift and in respect of this required two RNs on duty every third week. The Fire Coordinator role is no longer allocated to Langley Ward on night duty and therefore the requirement for two RNs is not required. The fill rate **excluding** the fire co-ordinator role is 96.8% - the fire co-ordinator post will be removed from the calculation in the June 2016 Safer Staffing Update report. Langley Ward has met the minimum requirement for one RN on a night shift at all times. Patient needs have been met and patient safety has been maintained with no immediate/ long term risks identified.
30. In addition Langley Ward has utilised additional HCSWs to meet the care needs of the patients and this is reflected in the dashboard in respect of the fill rates for HCSWs.
31. There is also clear correlation between high usage of temporary workers and the number of vacancies within this area.
32. In addition where patient acuity levels have increased, additional staff have been utilised to ensure patient needs have been met and safely maintained.
33. The increased figure for temporary workers also reflects the operation of a safer staffing level of 5:5:3 as opposed to the funded establishment of 4:4:2.
34. No safer staffing incidences relating to Langley Ward have occurred during May 2016.
35. Currently there are vacancies for 3.0 whole time equivalent (wte) RNs. Langley Ward is currently over-established with band 3 HCSWs.

36. Recruitment and retention has been an issue for the ward in the past 18-24 months, where historically this has not been the case. Probable reasons for this include:
- A local and national shortage of qualified nurses – recent recruitment efforts support this reason as the service saw a reduced number of applications for the posts;
 - More choice for prospective and existing staff – in line with the above;
 - A stable but ageing workforce on Langley Ward resulting in several retirements within a short period of time;
 - A lack of nursing students on the ward for a period of more than a year due a potential conflict of professional interest – historically the ward has mostly recruited from student nurses expressing an interest in this area;
 - Possible lack of career progression for band 2 HCSWs staff – this was highlighted by the staff group at the Royal College visit.
37. The applicant previously recruited to a RN vacancy has now commenced employment. The latest round of RN recruitment has seen three nurses offered positions, two nurses due to qualify in September 2016; the other had been recruited elsewhere internally within the trust. Unfortunately due to concerns raised within the recruitment process, the internal preferred candidate has been informed that recruitment to Langley Ward will not proceed. This post is being re-advertised shortly.
38. In the most recent recruitment round for HCSW posts, three candidates were offered HCSW posts and all have accepted pending recruitment checks. All three have now commenced in post.
39. There are currently no members of nursing staff on long term sick leave on Langley Ward. Short term sickness is currently at a low level and is managed by the ward manager in conjunction with Human Resources (HR) via regular return to work meetings, ill health reviews and the setting of attendance targets where necessary.
40. Additional staffing pressures over the past month have arisen through the increased acuity in providing 1:1 nursing support to two patients on a continual basis in an effort to support re-feeding through naso gastric feeding and to discourage purging and other related behaviours.
41. Additional recruitment within the wider Adult Eating Disorder service has seen an occupational therapist and a deputy ward manager from Langley Ward being recruited to other posts. This too will have an impact on the wider staffing of the ward. Further recruitment is to take place during May/ June 2016.
42. There has been successful recruitment of a Senior Mental Health Practitioner post with a focus on providing continued quality assurance and taking steps to improve Care Quality Commission (CQC) compliance with aspects of care delivery on the inpatient unit. This has already had a positive impact in the compliance with the Mental Health Act Code of Practice as monitored through the monthly mental health act census. In addition, the post holder is committed to improving the specialist training and supervision of inpatient staff which should improve staff retention and morale.

The risks this presents us with

- Langley Ward remains underfunded and this poses the risk that the ward will not be able to meet the required safer staffing levels. This staffing risk could affect the successful delivery of the full programme of care; and affect the high levels of routine observations and patient support this specialist programme necessitates;
- The staffing situation will continue to pose a risk where RN vacancies need to be covered. Langley Ward is currently utilising regular bank nursing workers to undertake extra shifts to cover the RN vacancies;
- The risks associated with the increased reliance of temporary workers may impact upon the quality and effectiveness of patient care and also on patient and staff experience;
- There is an increased financial risk to the service and wider Trust as Langley Ward continues to fund nursing cover for patients at University Hospitals of Leicester (UHL).

Mitigating actions in place to prevent these risks

43. Immediate mitigating actions include:

- Commencing a further recruitment process to fill the existing vacancies;
- Continual monitoring of staffing levels on Langley Ward;
- Continued use of pool of regular bank workers who are familiar with the environment and can offer patients consistency in their specialist programme of care;
- Reviewing of patient experience feedback, incidents and risks to ensure quality of care is not impacted;
- Proactively identifying possible staff risks and ensuring subsequent actions are taken and escalated as appropriate;
- Ensuring any issues regarding meeting the expected number and mix of staff on duty are escalated to the Head of Service and to the Lead Nurse thereafter;
- Completing an incident form where safer staffing levels cannot be met - reflecting exactly what the staffing issue is, why this has occurred, what mitigation was in place to ensure patient safety, who it was escalated to and the outcome;
- Contract team to continue to pursue agreement with UHL regarding payment for specialist nursing input.

Longer term plan to eradicate the risks and address the staffing issues

44. Longer term plans to eradicate the risks and address staffing issues include:

- Continuing to support a member of staff to undertake the Open University course leading to a nursing registration;
- Planning and regulating admissions to Langley Ward according to the staffing resource available;
- Continued review of monthly safer staffing data to ensure standards are maintained and can accommodate changes to the services and pathways;

- Individual ward review of staffing levels, including analysis of acuity and dependency, environmental factors, benchmarking against national recommendations where appropriate and professional judgement;
- Retention strategies to be identified and developed such as “in house” development programmes for staff and staff engagement sessions;
- Identify potential careers fairs to promote recruitment opportunities.

Coalville Hospital – Ward 3 (formally Oakham House)

45. Coalville Hospital - Ward 3 is a CAMHS 10 bedded inpatient ward based within the local community hospital at Coalville. The ward relocated to this site in March 2015. Coalville Hospital remains a temporary location whilst work continues to identify a permanent solution. Coalville Hospital - Ward 3 provides assessment, planning and treatment to adolescents aged from 11 years to 18 years presenting with acute and complex or suspected mental illness. This service is commissioned by NHS England. Admissions are also managed by NHS England in conjunction with the senior clinical team on Coalville Hospital - Ward 3, to ensure young people who present in mental health crisis and who require specialist inpatient admission are placed in the most appropriate inpatient unit where there is bed availability.
46. There is no current commissioned place of safety specifically for children in the area of Leicester, Leicestershire and Rutland. This places Coalville Hospital - Ward 3 in this position by default requiring the appropriate staffing to manage these acute, complex and unpredictable admissions. This has a domino effect on the planned work for Coalville Hospital - Ward 3 and furthermore makes planning the rotas with the appropriate skill mix complex. There is an expectation that Coalville Hospital - Ward 3 staff will provide support to UHL when such patients present at Accident and Emergency (A&E). This is an area of work which is unpredictable in its nature.
47. The particular QNIC Service Standards (Seventh edition) 2013 used to ascertain staffing levels at Coalville Hospital - Ward 3 relate to:
- **Standard 2.1.1:** Where there are high dependency / high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm) there is a minimum ward staff to patient ratio of 1:1 to 3:1 for these most highly disturbed cases;
 - **Standard 2.1.2:** Where young people are on general observation there is ward staff to patient ratio of 1:3.
48. Coalville Hospital – Ward 3 is funded to provide 11.47wte RNs and currently has 9.93wte RNs in post. Three RNs are designated to provide front line senior leadership to shifts. One of these RNs has now moved jobs internally within the trust and this senior post will not be replaced.
49. Coalville Hospital – Ward 3 also has a Senior RN with a Registered Mental Health Nurse (RMN) qualification with the aim of providing visible leadership and clinical expertise. This post is supernumerary and is not funded as part of the establishment.

50. There is over staffing above these figures to provide staff to cover the emergency department and the Agnes Unit when admissions present and a bed is not available nationally. This overstaffing distorts the staffing ratio in relation to regular staff and bank worker usage and reflects the increased number of temporary workers utilised within this area which can often be seen as a “hot spot” on the dashboard.
51. Coalville Hospital – Ward 3 has two vacant RN posts. These posts went out to advert with an interview date for the end of March 2016. Candidates offered an interview did not attend due to successful employment elsewhere, therefore these vacancies remained. Recruitment plans remain ongoing. There is currently one RN on maternity leave.
52. There has been an extended period of sickness of a senior member of staff. This has identified a leadership gap. An additional experienced nurse with an appropriate skill base from within the division has agreed to act up into this position for a short term period to provide clear leadership, structure and continuity for the team.
53. There were nil safer staffing incidents recorded for May 2016 and there was one admission to the Agnes Unit for May 2016.
54. The Senior Matron position (0.2 wte) allocated to this area as a result of a change of structure within the services has now commenced in post. This person will provide leadership and support to the Coalville Hospital - Ward 3 environment and nursing team.
55. The CAMHS Lead Matron within their designated job role provides arm’s length leadership support to Coalville Hospital - Ward 3. There is a requirement to monitor safer staffing levels within this.
56. The Lead Nurse for Mental Health retired November 2015, leaving a gap in this service line in relation to mental health knowledge. This affects both Langley Ward and Coalville Hospital - Ward 3. The Lead Nurse for Physical Health is currently supporting both areas.
57. The Deputy Lead Nurse (Mental Health Focus) position recruited initially on a six month secondment has been extended for a further six months. This post has a requirement to monitor safer staffing levels, quality assurance and provide leadership support to both inpatient areas.

The risks this presents us with

- Possible admissions to the Agnes Unit pose a risk to the safer staffing levels at Coalville Hospital – Ward 3 due to the requirement to provide appropriate and effective staffing to two separate units;
- The unit does use an increased number of temporary workers. There are associated risks with temporary workers which may impact upon the quality and effectiveness of patient care as well as patient and staff experience.

Mitigating actions in place to prevent these risks

58. Immediate mitigating actions include:

- The Lead Nurse for Physical Health, Deputy Lead Nurse, CAMHS Lead Matron and Senior Matron continue to provide leadership, quality improvement and quality assurance support to the Ward Matron and nursing team at Coalville Hospital;
- The Deputy Lead Nurse further meets with the Senior Matron, Team Manager and deputies weekly to offer leadership support and to support quality improvements;
- Regular review of patient experience feedback, incidents and risks are undertaken to ensure quality of care is not impacted;
- Proactively identifying possible staff risks and ensuring subsequent actions are taken/escalated as appropriate;
- Escalating safer staffing issues as they arise to the Team Manager, Senior Matron and Lead Nurses accordingly;
- Completion of an incident form where safer staffing levels cannot be met - reflecting exactly what the staffing issue is, why this has occurred, what mitigation was in place to ensure patient safety, who it was escalated to and the outcome;
- Utilising the Band 7 Ward Matron and Band 6 Deputies (if on non-clinical shifts) to support shifts clinically if required;
- Continuance to explore recruitment options.

Longer term plan to eradicate the risks and address the staffing issues

59. Longer term plan to eradicate the risks and address the staffing issues include:

- Consideration of the expansion of Coalville Hospital – Ward 4 to mitigate the risk of increased admissions;
- Agreeing changes to the service with Commissioners to develop a Children and Adolescent Mental Health Service (CAMHS) Crisis Team. Three band 6 RNs have been recruited and the expectation is to recruit one band 7 RN post. These posts will form the basis of the new team. It is envisaged this team will reduce the number of emergency admissions and make the planning of staffing on Coalville Hospital – Ward 3 more predictable;
- Ongoing ward review of staffing levels, including analysis of acuity and dependency, environmental factors, benchmarking against national recommendations where appropriate and professional judgement;
- Retention strategies to be identified;
- An “in house” development programme for staff and staff engagement sessions have been explored. Progression of this aspect continues;
- Identification of careers fairs to promote the recruitment opportunities;
- The continued reviews of monthly safer staffing data to ensure standards are maintained and can accommodate changes to the service or pathways.

60. The Lead Nurse has now completed an overarching review of staffing across the FYPC wards, taking into account the emerging changes, clarifying the ongoing position and plans; and making explicit any reviewed agreements with service commissioners.

Adult Mental Health and Learning Disabilities Services (AMH.LD)

Short Break Homes - The Gillivers, 3 Rubicon Close and 1 the Grange

| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | |
|-----------------|-----------------|-----------------------------|------------------------------|--|--------------------------------|---------------------------------------|--------------------------------|---------------|-------------------------------------|---------------------|---|-----------------------------|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | | (based on 1:8 plus 60:40 split) | Based on full bed occupancy |
| | | | | Day (Early & Late Shift) | | Night | | | | | | |
| | | | | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | | | | | |
| | | | | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | | |
| 3 Rubicon Close | 3 Rubicon Close | 5 | 3 | 119.4% | 162.9% | 100.0% | 138.7% | 98.92% | 87.1% | 16.5% | Not currently included in recruitment report | |
| Gillivers | Gillivers | 5 | 3 | 88.1% | 225.0% | 71.0% | 132.3% | 80.00% | 81.1% | 14.8% | | |
| The Grange | The Grange | 5 | 3 | - | 198.4% | - | 216.1% | 100.00% | 100.0% | 27.2% | | |

Table 4 – Short Break Home Hot Spots

61. The Short Break Homes continue to be an outlier nationally in meeting the safer staffing standards. The rational for this is related to some of the homes not always requiring RNs on duty; this is dependent on patient needs. This flexible approach can reflect as perceived low compliance on the dashboard.
62. The Short Break Homes are meeting all thresholds for safer staffing based on the 1:5 ratio of registered nurses (RNs) to patients in May 2016. The Gillivers and 3 Rubicon Close plan to have a RN on duty to meet the 1:5 ratio, unless the patients' needs do not dictate this requirement. 1 The Grange does not always need a RN on duty. The band 3 Health Care Support Workers (HCSWs) have received additional training to meet the needs of the service users.
63. The Gillivers, The Grange and 3 Rubicon Close have met all of the shifts requiring RNs but The Gillivers has used registered bank nurses to support this due to sickness. The Grange have used 27.2% of bank workers in May 2016 an increase of 7% since April 2016 due to sickness and support to The Gillivers. Some of the temporary workers used are substantive staff working bank shifts due to the complexity of patients in the home. This has maintained the patient's safety, but there is a need to train more bank workers to carry out a range of additional health care tasks. This is being developed with the bank team and the first part of the programme is due to commence in June 2016.

Longer term plan to eradicate the risks and address the staffing issues

64. The review using adapted tools in the Mental Health Staffing Framework, developed by Health Education East Midlands (HEEM) and NHS England (NHSE) has suggested there is the appropriate staffing to meet patient needs at 3 Rubicon Close and The

Gillivers, although there is a need for extra provision in this area as non-nursing duties are not included. Both homes have a small amount of administrative support and housekeeping positions which would support nurse's time to be left to patient care. These posts are in recruitment. The Team Manager and Practice Development Nurse have reviewed the skill mix and are looking at increasing the qualified nurse cover as the complexity of patients physical health needs are increasing at The Gillivers. The Local Authority Short Break Review has commenced again and this will affect the long term plans for the use of the homes.

Agnes Unit

| | | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | | |
|------------|------------|--|------------------------------|---------------------------------------|--------------------------------|---------------------------------|-------------------------------------|---------------------------------------|---|--|--|
| | | Actual Hours Worked divided by Planned Hours | | | | | | | Qualified Nurse posts being recruited to | Residual number of vacancies to fill (wte) | |
| | | Day (Early & Late Shift) | | Night | | (based on 1:8 plus 60:40 split) | Based on full bed occupancy | | | | |
| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Average % fill rate registered nurses | Average % fill rate care staff | | | Average % fill rate registered nurses | Average % fill rate care staff | >= 80% | >= 80% |
| Agnes Unit | Agnes Unit | 16 | 15 | 162.6% | 726.8% | 90.3% | 514.5% | 90.32% | 97.8% | 56.4% | Not currently included in recruitment report |

Table 5 - Agnes Unit Hot Spots

65. The Agnes Unit's current staffing reflects the layout of the building and provides care in four pods each with four patients. Each pod has a RN overseeing safe patient care; however the ratio of RNs to HCSW is usually less than the 60:40 recommended.

66. In May 2016, the unit was compliant with all thresholds but did use 56.4% of bank workers to support 1.6wte RN vacancies, 17.9wte HCSW vacancies and increased patient acuity - including one patient receiving care in the extra care suite throughout the month on a 2:1 observation level. The Unit had some patients with difficult challenging behaviour during May 2016 and there has been the need to increase staffing to manage some patient mix and safeguarding risk issues between patients. There are also eight delayed transfers of care (DToC) patients.

The risks this presents us with

67. There is a local staffing risk for the Agnes Unit relating to staffing difficulties posed by RNs sickness/ vacancies and HCSW recruitment, which is being managed by the AMH.LD Service. There are currently 0.6wte RN vacancies and 17.9wte HCSW vacancies with three further HCSWs expected to move to new job/ retire between June 2016 and September 2016. A new risk regarding patient compatibility, occupancy and DToC has also been added. Due to the occupancy issues, a blue light transforming care patient was unable to be admitted to the Agnes Unit and an out of area placement was found.

Mitigating actions in place to prevent these risks

68. Mitigating actions in place to prevent these risks include:

- Recruitment to the vacant RN and HCSW posts;
- 4.3wte Band 2 posts have been removed to increase the Band 5 budget to allow recruitment of three Band 5 nurses following the skill mix review;
- Regular bank workers are used to support safer staffing and provide continuity of care;
- An agency RN is being utilized to support continuity of care by working three long days a week;
- Consideration of an increase to two nurses is currently taking place.

Low Secure Services

| | | | | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | | | |
|----------------|------------|-----------------------------|------------------------------|--|--------------------------------|---------------------------------------|--------------------------------|---------------|-------------------------------------|---------------------|---|-----------------------------|--|--|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | | (based on 1:8 plus 60:40 split) | Based on full bed occupancy | Qualified Nurse posts being recruited to | Residual number of vacancies to fill (wte) |
| | | Day (Early & Late Shift) | | Night | | | | | | | | | | |
| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | | | | | | | |
| | | | | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | | | | |
| Herschel Prins | HP Griffin | 6 | 6 | 179.5% | 190.9% | 100.0% | 200.0% | 98.33% | 98.3% | 21.5% | 5 | 0.33wte | | |
| Herschel Prins | HP Phoenix | 9 | 8 | 139.1% | 237.9% | 100.0% | 209.5% | 94.62% | 83.9% | 24.8% | | | | |

Table 6 - Low Secure Service Hot Spots

69. Herschel Prins – Phoenix Ward has met the required thresholds for safer staffing in May 2016, however the ward did use 24.8% bank workers. This was a decrease of 8.3% from April 2016 and supported six band 5 vacancies and some short term sickness.

70. Herschel Prins – Griffin Ward reopened in May 2016 following refurbishment and has met the required thresholds for safer staffing in May 2016. The ward used 21.5% bank workers due to vacancies and some short term sickness.

Rehabilitation

| | | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | | | |
|-------------|--------------|--|------------------------------|---------------------------------------|--------------------------------|---------------------------------------|-------------------------------------|---------------------|---|--|--------|------|
| | | Actual Hours Worked divided by Planned Hours | | | | | | | Qualified Nurse posts being recruited to | Residual number of vacancies to fill (wte) | | |
| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Day (Early & Late Shift) | | Night | | => 80% | | | => 80% | <20% |
| | | | | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | | | | | |
| The Willows | Willows Unit | 37 | 35 | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | 1 | 0wte |
| Mill Lodge | ML Bluebell | 9 | 4 | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | 1 | 6wte |
| Mill Lodge | ML Buttercup | 9 | 8 | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | | |

Table 7 - Rehabilitation Hot Spots

71. The Willows Unit has met all thresholds for safer staffing in May 2016 despite some long and short term sickness across the four wards, a pregnant RN on restricted duties, a RN who has been suspended from duty and increased patient levels of observation on Maple Ward and Acacia Ward. The Willows Unit has used 25% of temporary workers to support safer staffing.

72. Mill Lodge –Bluebell Ward are a ‘hotspot’ for funded staffing levels met by shift. Additional HCSWs were used to support care and the nurses provided cover between the two wards. The ward currently has reduced bed occupancy as part of preparation for the move of the service to new accommodation on the Stewart House site. The temporary workers use was 41.2% across Mill Lodge – Bluebell Ward and Mill Lodge – Buttercup Ward which is a further reduction from last month. The bank usage supported a maternity leave/ pregnancy, short term staff sickness and 6.6wte band 5 RN vacancies, 7.6wte band 2 and 1wte Band 7 vacancy.

73. Stewart House - Skye Ward has met the thresholds for safer staffing in May 2016 but has utilised 47% of temporary workers due to short term sickness, a RN’s long term sickness and maternity leave.

74. Recruitment to nursing posts in April 2016 was successful and there are no vacancies at Stewart House. Mill Lodge staffing is reviewed by the Team Manager each week and redeployment of staff from other rehabilitation areas takes place to meet sudden staffing issues.

The risks this presents us with

75. The Lead Nurse and Service Manager have reviewed the increase in patients at Stewart House with the staffing and have identified a risk of not meeting safer staffing requirements until the relocation of Mill Lodge to Stewart House is completed. Stewart House has increased its bed numbers to 30. A risk assessment has been completed by the Service Manager and the safer staffing toolkit has been used to assess staffing.

Mitigating actions in place to prevent these risks

76. Mitigating actions in place to prevent these risks include:

- Regular booking of agency staff;
- Active recruitment and using staff from Stewart House at Mill Lodge;
- Moving the service from Kegworth in Autumn 2016. There are some planned bed reductions taking place prior to the move to facilitate safe transfer of patients and maintain adequate staffing levels. The staff management of change commences in June 2016.

Bradgate Unit

| Ward Group | Ward name | Average no. of Beds on Ward | Average no. of Occupied Beds | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | |
|--------------|--------------|-----------------------------|------------------------------|--|--------------------------------|---------------------------------------|--------------------------------|---------------------------------|-------------------------------------|---------------------|---|--|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | | Qualified Nurse posts being recruited to | Residual number of vacancies to fill (wte) |
| | | | | Day (Early & Late Shift) | | Night | | (based on 1:8 plus 60:40 split) | Based on full bed occupancy | | | |
| | | | | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | | | | | |
| | | | | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | | |
| Bradgate MHU | Ashby | 21 | 21 | 94.6% | 194.4% | 100.0% | 422.6% | 86.02% | 98.9% | 50.2% | 7 | -2.79wte |
| Bradgate MHU | Aston | 20 | 20 | 95.2% | 158.9% | 96.8% | 232.3% | 83.87% | 98.9% | 35.6% | | |
| Bradgate MHU | Beaumont | 22 | 21 | 100.0% | 191.1% | 96.8% | 341.9% | 79.57% | 100.0% | 33.6% | | |
| Belvoir ICU | Belvoir Unit | 10 | 10 | 131.7% | 290.2% | 106.5% | 365.6% | 97.85% | 100.0% | 37.2% | | |
| Bradgate MHU | Bosworth | 19 | 19 | 86.0% | 154.0% | 83.9% | 225.8% | 59.14% | 97.8% | 18.4% | | |
| Bradgate MHU | Heather | 18 | 18 | 90.3% | 151.6% | 88.7% | 271.0% | 64.52% | 98.9% | 44.9% | | |
| Bradgate MHU | Thornton | 22 | 22 | 89.2% | 193.5% | 96.8% | 419.4% | 68.82% | 100.0% | 40.9% | | |
| Bradgate MHU | Watermead | 20 | 20 | 73.9% | 161.0% | 95.2% | 209.7% | 44.09% | 100.0% | 27.5% | | |

Table 8 - Bradgate Unit Hot Spots

77. The Bradgate Unit is made up of eight wards – Ashby, Aston, Beaumont, Bosworth, Heather, Thornton, Watermead and Belvoir Ward – Psychiatric Intensive Care Unit (PICU).

78. The Bradgate Unit Wards continue to utilise high numbers of temporary workers to support patient acuity, registered nurse vacancies, sickness absence and maternity cover.

79. Across the Bradgate Unit Wards (excluding Belvoir) there are 116.76wte Band 6 and 5wte RNs available to work at the unit each month. The band 6 nurses are also part of a co-ordinator rota until June 2016 and are therefore not always available within the ward numbers. As the new Duty Manager posts commence in June 2016 it will release the band 6 nurses back to the wards. At the end of May 2016 there were 29.72wte RN vacancies and eight RNs were on maternity leave or long term sick. These numbers do not include those nurses at work but who cannot work within the numbers due to

pregnancy, health issues or investigation or on career break. As at 31st May 2016 this was two nurses. Out of 116.76wte RNs available to work during May 2016 there were therefore 39.72wte not available due to vacancies, long term sickness, maternity leave, career breaks or other reasons. This represents a slight decrease of 2.52wte nurses from April 2016. There are also 9.03wte HCSW vacancies across the seven wards. All wards used bank workers to support vacancies, sickness and patient acuity for level 1 observation.

80. All new appointments to posts for qualified nurses require preceptorship and the current preceptees are coming to the end of this period.
81. Belvoir, Aston and Ashby Wards were the only areas to meet the 1:8 and 60:40 skill mix threshold. Belvoir used 37.2% of bank workers to support sickness and vacancies, this was again a further reduction of 5% making a 16.6% reduction over two months. Aston used 35.6% of bank workers to support vacancies and sickness and Ashby 50.2%.
82. All wards achieved the fill rate thresholds for registered and care staff apart from Watermead regarding the fill rate for RNs on day shifts, this was due to the number of RN vacancies and ability to get the required cover from bank for all day shifts. All wards met the fill rate for RNs on night shifts

The risks this presents us with

83. There is a risk that inappropriate staffing levels could lead to the ability of staff to support patients to have leave, maintain good standards of care, ensure continuity of care, facilitate good documentation and allow for staff training and supervision to take place.
84. Types of staffing challenges include:
 - Newly qualified nurses employed on each ward;
 - Below RN numbers to meet a 1:8 RN to patient ratio;
 - Below RN numbers to meet a 60:40 RN to HCSW ratio;
 - High usage of temporary workers.

85. Management and Risk Mitigation Strategies in place during May 2016

- a) The Senior Matrons and Team Manager meet every Monday and Thursday morning with Ward Matrons to review the staffing rotas on all wards and ensure that all day and night duty staffing is coordinated and early requests for cover can be made to Central Staffing Solutions (bank service). Staffing issues are discussed at the Bed Management Meetings to review the bed demand and patient acuity alongside staffing to determine if the Bradgate Unit is offering safe and effective care. Any concerns identified are escalated to the Service SMT to consider contingency plans;
- b) The Bradgate Unit has been divided into two ends for the management of night duty safer staffing if the required numbers of qualified nurses cannot be met following bank

requests and consideration of agency worker use. Aston, Thornton and Bosworth end of the unit consists of three wards with a total of 61 beds and should have six qualified staff per night; the minimum proposal is four per night, with the allocated ward for that week having two experienced nurses on duty.

Ashby, Heather, Beaumont and Watermead have 80 beds at this end of the unit and they should have eight qualified per night, the minimum proposal for this end is five per night, with the allocated ward for that week having two experienced nurses on duty. The wards not allocated to having two experienced staff on duty still try to achieve the two qualified per night and this could be met by an experienced staff member with a preceptorship nurse on duty. The unit has one additional HCSW during nights who are the 'unit floater'. It is proposed that each end of the unit has one HCSW that is a floater and allocated to wards on a rostered basis. These two staff will support when wards have patients requiring escorts to other hospitals for example Accident and Emergency (A&E), increased levels 1 observations agreed during the night, seclusion observation, response teams and increased activity or patient acuity issues;

- c) The unit co-ordinator is a band 6 Deputy Matron who is not included in ward staffing numbers. From May 2016 there will be permanent Duty Managers in place to cover inpatient areas in the Adult Mental Health Service and the band 6 deputies will be part of the ward rota at all times. This will improve the numbers of experienced staff available for the rota;
- d) All issues regarding meeting the expected number and mix of staff on duty should be escalated to the Team Manager/ On Call Manager and where staffing cannot be met. An incident form should be completed as required to allow further monitoring. The Team Manager/ On Call Manager will discuss with ward staff patient acuity and safety across the unit and where required authorise the use of agency staff, in accordance with the escalation process for approval. Matrons have been asked to discuss the information required for a detailed incident form that reflects the exact staffing issue, why this occurred, what mitigation was put in place to ensure patient safety and who this was escalated to and the outcome;
- e) The Service has a rolling advertisement registered nursing staff; however interest has been low, particularly from experienced staff. Recruitment has been advertised on social media and the service has attended several careers fairs. This is being explored further in the Service Recruitment and Retention Sub Group and the 'Golden Hello' (£200 incentive to join the Trust) has been offered on the current recruitment adverts. Further incentives have been considered for recruitment and retention and career progression included in the ward establishment remodelling;
- f) HR are supporting staff with robust sickness absence management;
- g) Due to the temporary closure of Hershel Prins - Griffin Ward, an additional eight staff have been released to support the Bradgate Unit Wards for six months from mid-January 2016;
- h) Block booking bank/ agency workers to specific wards;

- i) Service Managers review internal moves and vacancies to renegotiate start dates for staff transferring to the vacancies in community/ crisis/ other posts;
- j) Band 7 Ward Matrons and Senior Matrons to support shifts clinically when required;
- k) In April 2016, a workshop took place with Matrons to explore other roles on the wards – Secretaries for Matrons, Developmental Band 6 posts, Assistant Practitioner roles, and increased numbers of Psychological therapists were all identified. Movement toward this change this will involve changes to some nursing posts. Further work on the remodeling to ensure the proposal met the financial envelope took place in June 2016.

Conclusion

86. The Trust continues to demonstrate compliance with the NQB expectations and associated deadlines. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England via mandatory Unify2 national returns on a site-by-site basis.
87. Where there are variances in safer staffing standards, the lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained.

Appendix A – Safer Staffing Dashboard for May 2016

| | | | | Fill Rate Analysis (National Unify2 Return) | | | | Skill Mix Met | Funded Staffing Levels Met by Shift | % Temporary Workers | Vacancy and Recruitment Taken from recruitment report as at 6th June 2016 | | | | | | | |
|------------------------------|------------------|----|----|--|------------------------------|--------|--------|---------------|-------------------------------------|---------------------|---|--------------------------------|--|--------------------------------|---------------------------------|-----------------------------|--|--|
| | | | | Actual Hours Worked divided by Planned Hours | | | | | | | Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses | Average % fill rate care staff | (based on 1:8 plus 60:40 split) | Based on full bed occupancy | Qualified Nurse posts being recruited to | Residual number of vacancies to fill (wte) |
| | | | | Day (Early & Late Shift) | | Night | | | | | | | | | | | | |
| | | | | Average no. of Beds on Ward | Average no. of Occupied Beds | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | >= 80% | <20% | | | | | | |
| Bradgate MHU | Ashby | 21 | 21 | 94.6% | 194.4% | 100.0% | 422.6% | 86.02% | 98.9% | 50.2% | 7 | -2.79wte | | | | | | |
| Bradgate MHU | Aston | 20 | 20 | 95.2% | 158.9% | 96.8% | 232.3% | 83.87% | 98.9% | 35.6% | | | | | | | | |
| Bradgate MHU | Beaumont | 22 | 21 | 100.0% | 191.1% | 96.8% | 341.9% | 79.57% | 100.0% | 33.6% | | | | | | | | |
| Belvoir ICU | Belvoir Unit | 10 | 10 | 131.7% | 290.2% | 106.5% | 365.6% | 97.85% | 100.0% | 37.2% | | | | | | | | |
| Bradgate MHU | Bosworth | 19 | 19 | 86.0% | 154.0% | 83.9% | 225.8% | 59.14% | 97.8% | 18.4% | | | | | | | | |
| Bradgate MHU | Heather | 18 | 18 | 90.3% | 151.6% | 88.7% | 271.0% | 64.52% | 98.9% | 44.9% | | | | | | | | |
| Bradgate MHU | Thornton | 22 | 22 | 89.2% | 193.5% | 96.8% | 419.4% | 68.82% | 100.0% | 40.9% | | | | | | | | |
| Bradgate MHU | Watermead | 20 | 20 | 73.9% | 161.0% | 95.2% | 209.7% | 44.09% | 100.0% | 27.5% | | | | | | | | |
| Herschel Prins | HP Griffin | 6 | 6 | 179.5% | 190.9% | 100.0% | 200.0% | 98.33% | 98.3% | 21.5% | | | 5 | 0.33wte | | | | |
| Herschel Prins | HP Phoenix | 9 | 8 | 139.1% | 237.9% | 100.0% | 209.5% | 94.62% | 83.9% | 24.8% | | | | | | | | |
| Mill Lodge | ML Bluebell | 9 | 4 | 98.4% | 135.5% | 100.0% | 100.0% | 97.85% | 0.0% | 28.5% | 1 | 6wte | | | | | | |
| Mill Lodge | ML Buttercup | 9 | 8 | 106.5% | 271.0% | 96.8% | 167.7% | 95.70% | 100.0% | 12.7% | | | | | | | | |
| Stewart House | SH Skye Wing | 30 | 29 | 126.6% | 175.8% | 200.0% | 169.4% | 94.62% | 97.8% | 47.0% | 1 | -1wte | | | | | | |
| The Willows | Willows Unit | 37 | 35 | 154.4% | 208.8% | 131.5% | 244.4% | 97.85% | 97.8% | 25.0% | 1 | 0wte | | | | | | |
| Bennion Centre/ Langley | BC Kirby | 24 | 21 | 84.5% | 195.2% | 100.0% | 101.6% | 68.82% | 94.6% | 7.0% | MHSOP 4 | MHSOP 13.49wte | | | | | | |
| Bennion Centre/ Langley | BC Welford | 24 | 22 | 87.1% | 191.9% | 96.8% | 116.1% | 69.89% | 98.9% | 17.4% | | | | | | | | |
| Evington Centre | CB Beechwood | 24 | 22 | 106.5% | 212.9% | 100.0% | 116.1% | 90.32% | 94.6% | 8.2% | CHS City 4 | CHS City -1.13wte | | | | | | |
| Evington Centre | CB Clarendon | 23 | 22 | 108.4% | 207.3% | 109.7% | 119.4% | 91.40% | 97.8% | 18.2% | | | | | | | | |
| Evington Centre | EC Coleman | 20 | 19 | 101.6% | 309.3% | 96.8% | 253.2% | 94.62% | 98.9% | 36.3% | MHSOP (see above) | | | | | | | |
| Evington Centre | EC Gwendolen | - | - | - | - | - | - | - | - | - | | | | | | | | |
| Evington Centre | EC Wakerley | 21 | 16 | 96.8% | 228.2% | 98.4% | 182.3% | 93.55% | 77.4% | 30.3% | | | | | | | | |
| Fielding Palmer Hospital | FP General | 10 | 9 | 109.7% | 109.2% | 112.7% | - | 96.77% | 97.8% | 20.8% | CHS East 6 | CHS East 6.97wte | | | | | | |
| Melton Mowbray Hospital | MM Dalgleish | 16 | 14 | 100.0% | 119.4% | 100.0% | 109.7% | 98.92% | 92.5% | 18.8% | | | | | | | | |
| Rutland Hospital | Rutland | 15 | 14 | 96.8% | 124.8% | 100.0% | 116.1% | 93.55% | 46.2% | 13.7% | | | | | | | | |
| St Luke's Hospital | SL Ward 1 Stroke | 17 | 15 | 95.5% | 189.5% | 96.8% | 96.8% | 90.32% | 51.6% | 16.2% | | | | | | | | |
| St Luke's Hospital | SL Ward 3 | 14 | 13 | 99.2% | 99.2% | 200.0% | 100.0% | 93.55% | 94.6% | 42.8% | | | | | | | | |
| Coalville Hospital | CV Ellistown 2 | 24 | 23 | 130.6% | 224.2% | 203.2% | 154.8% | 98.92% | 91.4% | 20.4% | CHS West 2 | CHS West -4.67wte | | | | | | |
| Coalville Hospital | CV Snibston 1 | 23 | 22 | 146.0% | 198.4% | 101.6% | 96.8% | 95.70% | 77.4% | 3.8% | | | | | | | | |
| Hinckley & Bosworth Hospital | HB East Ward | 23 | 21 | 94.1% | 172.2% | 98.4% | 101.6% | 82.80% | 90.3% | 11.8% | | | | | | | | |
| Hinckley & Bosworth Hospital | HB North Ward | 16 | 15 | 100.8% | 168.5% | 100.0% | 100.0% | 98.92% | 95.7% | 12.0% | | | | | | | | |
| Loughborough Hospital | Lough Swithland | 23 | 22 | 100.0% | 202.4% | 100.0% | 200.0% | 100.00% | 100.0% | 15.4% | | | | | | | | |
| Bennion Centre/ Langley | Langley | 15 | 14 | 122.4% | 155.6% | 50.0% | 332.3% | 64.52% | 96.8% | 43.3% | | | | | | | | |
| Adolescent Psychiatric Unit | Ward 3 | 10 | 9 | 108.5% | 162.4% | 105.1% | 108.5% | 97.85% | 96.8% | 10.4% | | | Not currently included in recruitment report | | | | | |
| 3 Rubicon Close | 3 Rubicon Close | 5 | 3 | 119.4% | 162.9% | 100.0% | 138.7% | 98.92% | 87.1% | 16.5% | | | | | | | | |
| Agnes Unit | Agnes Unit | 16 | 15 | 162.6% | 726.8% | 90.3% | 514.5% | 90.32% | 97.8% | 56.4% | | | | | | | | |
| Gillivers | Gillivers | 5 | 3 | 88.1% | 225.0% | 71.0% | 132.3% | 80.00% | 81.1% | 14.8% | | | | | | | | |
| The Grange | The Grange | 5 | 3 | - | 198.4% | - | 216.1% | 100.00% | 100.0% | 27.2% | | | | | | | | |

Annex 1 – Definition of Safer Staffing Measures

1. Temporary Workers

These workers are non-substantive and hold either a bank contract with the Trust or are resourced via a 3rd party recruitment agency

2. Safer Staffing Level Performance

The Trust has identified 3 methodologies for measuring safer staffing level performance across our inpatient units.

| Methodology | Measure | Measure Source |
|--|--|--|
| Fill Rate Analysis (National Unify2 Return) | Actual hours worked divided by Planned hours (split by RN/ HCSW) | NHS TDA (Trust Development Authority) |
| Skill Mix Met | Proportion of shifts where the following was met: 1:8 RN to patient ratio plus 60:40 skill mix ratio of RN to HCSWs | RCN (Royal College of Nursing) guidelines |
| Funded Staffing Levels Met by Shift | No. of shifts where funded staff numbers were met divided by Total number of shifts | LPT Quality Improvement Programme Board (QIP) |

2.1. Fill Rate Analysis (National Unify2 Return)

The Trust is required by the TDA to publish our inpatient staffing levels on the NHS Choices website via a national Unify2 return. This return requires us to identify the number of hours we plan to utilise with nursing staff and the number of hours actually worked during each month. This information allows us to calculate a 'fill rate' which can be benchmarked nationally against other trusts with inpatient provisions.

This methodology takes into account skill mix and bed occupancy which allow us to amend our 'Planned Staff Hours' based on the needs of the ward and is the most reflective measure of staffing on our inpatient wards.

'Planned Staff Hours' are calculated using the RCN guidance of 1:8 RN to patient ratio. 1 RN is equal to 7.5 hours of planned work.

The 'Fill Rate' is calculated by dividing the 'Planned Staff Hours' by the 'Actual Worked Staff Hours'.

The fill rate will show in excess of 100% where shifts have utilised more staff than planned or where patient acuity was high and necessitated additional staff.

2.2. Skill Mix Met

A 'Skill Mix Met' calculation has been used to identify whether the appropriate registered nursing (RN) to Health Care Support Worker (HCSW) ratio was in place on each shift.

We currently have 2 measures of 'planned skill mix' staffing:

- a) Funded establishment by staff type
and;
- b) RCN guidelines of 1:8 RN to patient ratio plus a 60:40 skill mix ratio of RNs to HCSWs

For the 'Skill Mix Met' calculation, the Trust has chosen to use the measure which results in the lowest staffing levels on a shift by shift basis as this will best account for both our funded establishment and where beds are not being used for patient care.

2.3. Funded Staffing Levels Met by Shift

'Funded Staffing Levels Met' is based on the funded headcount and does not reflect the level of bed occupancy or changes in acuity in any of the inpatient environments. It also does not account for skill mix between RNs and HCSWs.

The 'Funded Staffing Levels Met' is calculated by dividing the total number of shifts where the funded staffing level was achieved by the total number of shifts worked.

Annex 2 – Planned Staffing Levels

The table below shows the planned staffing levels (headcount) by skill mix and shift type.

| Group | Ward | Ward Specialty (based on Unify2 categories) | Ave. no. of Available Beds* | Registered Nurse (RN) | | | Health Care Support Worker (HCSW) | | |
|--------------|-----------------------------------|---|-----------------------------|-----------------------|------|-------|-----------------------------------|------|-------|
| | | | | Early | Late | Night | Early | Late | Night |
| AMH Bradgate | Ashby | ADULT MENTAL ILLNESS | 19 | 3 | 3 | 2 | 2 | 2 | 1 |
| | Aston | ADULT MENTAL ILLNESS | 21 | 3 | 3 | 2 | 2 | 2 | 1 |
| | Beaumont | ADULT MENTAL ILLNESS | 22 | 3 | 3 | 2 | 2 | 2 | 1 |
| | Belvoir Unit | PICU | 10 | 2 | 2 | 1 | 3 | 3 | 3 |
| | Bosworth | ADULT MENTAL ILLNESS | 20 | 3 | 3 | 2 | 2 | 2 | 1 |
| | Heather | ADULT MENTAL ILLNESS | 18 | 3 | 3 | 2 | 2 | 2 | 1 |
| | Thornton | ADULT MENTAL ILLNESS | 23 | 3 | 3 | 2 | 2 | 2 | 1 |
| | Watermead | ADULT MENTAL ILLNESS | 19 | 3 | 3 | 2 | 2 | 2 | 1 |
| AMH Other | HP Griffin | FORENSIC PSYCHIATRY | - | 2 | 2 | 1 | 2 | 2 | 2 |
| | HP Phoenix | FORENSIC PSYCHIATRY | 12 | 2 | 2 | 1 | 3 | 3 | 2 |
| | ML Bluebell | ADULT MENTAL ILLNESS | 8 | 1 | 1 | 1 | 3 | 3 | 2 |
| | ML Buttercup | ADULT MENTAL ILLNESS | 8 | 1 | 1 | 1 | 2 | 2 | 1 |
| | SH Skye Wing | REHABILITATION | 29 | 2 | 2 | 1 | 4 | 4 | 2 |
| | Willows Unit | ADULT MENTAL ILLNESS | 37 | 4 | 4 | 4 | 8 | 8 | 8 |
| CHS City | BC Kirby | OLD AGE PSYCHIATRY | 23 | 3 | 2 | 2 | 3 | 3 | 2 |
| | BC Welford | OLD AGE PSYCHIATRY | 22 | 3 | 2 | 2 | 3 | 3 | 2 |
| | CB Beechwood | COMMUNITY CARE | 16 | 3 | 2 | 2 | 4 | 3 | 2 |
| | CB Clarendon | COMMUNITY CARE | 21 | 3 | 2 | 2 | 4 | 3 | 2 |
| | EC Coleman | OLD AGE PSYCHIATRY | 20 | 2 | 2 | 2 | 3 | 3 | 2 |
| | EC Gwendolen | OLD AGE PSYCHIATRY | - | 2 | 2 | 2 | 3 | 3 | 2 |
| | EC Wakerley | OLD AGE PSYCHIATRY | 20 | 2 | 2 | 2 | 5 | 4 | 2 |
| CHS East | FP General | REHABILITATION | 12 | 2 | 2 | 2 | 2 | 1 | 0 |
| | MM Dalgleish | REHABILITATION | 13 | 2 | 2 | 2 | 3 | 2 | 1 |
| | Rutland | REHABILITATION | 12 | 2 | 2 | 2 | 4 | 3 | 1 |
| | SL Ward 1 Stroke | REHABILITATION | 15 | 3 | 2 | 2 | 5 | 4 | 2 |
| | SL Ward 3 | REHABILITATION | 13 | 2 | 2 | 1 | 2 | 2 | 1 |
| CHS West | CV Ellistown 2 | REHABILITATION | 23 | 2 | 2 | 1 | 5 | 2 | 2 |
| | CV Snibston 1 | REHABILITATION | 22 | 2 | 2 | 2 | 6 | 4 | 2 |
| | HB East Ward | REHABILITATION | 22 | 3 | 3 | 2 | 4 | 3 | 2 |
| | HB North Ward | REHABILITATION | 13 | 2 | 2 | 2 | 4 | 2 | 2 |
| | Lough Swithland | REHABILITATION | 22 | 2 | 2 | 2 | 4 | 2 | 1 |
| FYPC | Langley | CHILD & ADOLESCENT PSYCHIATRY | 13 | 3 | 3 | 2 | 2 | 2 | 1 |
| | CV Ward 3 (formally Oakham House) | CHILD & ADOLESCENT PSYCHIATRY | 8 (plus 2 cost per case)** | 2 | 2 | 2 | 3 | 3 | 2 |
| LD | 3 Rubicon Close | LEARNING DISABILITY | 3 | 1 | 1 | 1 | 2 | 2 | 1 |
| | Agnes Unit | LEARNING DISABILITY | 11 | 3 | 3 | 2 | 8 | 8 | 4 |
| | The Gillivers | LEARNING DISABILITY | 3 | 1 | 1 | 1 | 2 | 2 | 1 |
| | The Grange | LEARNING DISABILITY | 2 | 0 | 0 | 0 | 2 | 2 | 2 |

*The number of available beds can fluctuate dependant on the ward situation and is shown as an average in the month

** The number of beds has been confirmed by the service as accurate