Leicestershire Partnership NHS

NHS Trust

TRUST BOARD –August 2016

Safer Staffing – July 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 July 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 July 2016

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

	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016
Community Health Services Directorate	St Lukes Hospital- Ward 1 and Ward 3 Rutland Hospital - Rutland Ward	St Luke's Hospital - Ward 1 and Ward 3	St Luke's Hospital - Ward 3	St Luke's Hospital- Ward 3	St Luke's Hospital- Ward 3	Rutland Hospital - Rutland Ward Fielding Palmer Hospital – General Ward
Families, Young People and Childrens Directorate	-	-	-	-	-	-
Adult Mental Health & Learning Disability Services Directorate	Mill Lodge – Buttercup Ward and Bluebell Ward Bradgate unit – all wards except Belvoir Ward	Mill Lodge- Bluebell Ward Bradgate Unit – all wards except Belvoir Ward	Mill Lodge- Bluebell Ward Bradgate unit – all wards except Belvoir Ward	Mill Lodge- Bluebell Ward Bradgate Unit – Watermead Ward	Mill Lodge- Bluebell Ward Bradgate Unit – Watermead Ward	Mill Lodge – Buttercup Ward and Bluebell Ward Agnes Unit Bradgate Unit

Table 1 - Summary of Trust 'hot spots'

Community Health Services (CHS)

11. The current 'hotspot' area(s) for Inpatient Community Hospitals is:
    - Rutland Memorial Hospital
    - Fielding Palmer Hospital

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
				Actual Hours Worked divided by Planned Hours						
				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	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Rutland Hospital	Rutland	12	11	104.8%	110.5%	95.2%	100.0%	84.95%	44.1%	13.5%
Fielding Palmer Hospital	FP General	10	9	113.6%	98.8%	113.0%	-	90.32%	91.4%	45.6%

Table 2 Community Hospital

12. There are no 'hotspot' areas identified within inpatient Mental Health Services for Older People (MHSOP), however Evington Centre - Coleman and Wakerley wards remain red as an exception for the use of temporary workers. This remains as a result of the levels of acuity resulting in high levels of one to one observations; and Bennion Centre – Kirby ward only achieved 58.1% fill rate for registered nurses (RNs). This is a reflection of the limited numbers of applicants for Band 5 nursing posts. Community Health Services (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. A recruitment open day specific to MHSOP is to be placed along with plans to instigate a recruitment and retention premium.

13. The 'hotspot' areas for Community Hospitals show Fielding Palmer Hospital – General Ward as utilising a higher percentage of temporary workers (45.6%). There is a clear correlation between high usages of temporary workers to the high numbers of vacancies. The increase is also due to additional staff required to provide one to one care for a patient with unpredictable behaviours. Safer staffing levels have been maintained by the movement of staff from other areas and the use of regular temporary workers. Rutland Memorial Hospital achieved funded safer staffing levels 44.1% of the month. This is a result of staff vacancies that have been filled but are awaiting the preferred candidates to take up post. Health Roster is reviewed on a daily basis and staff are moved between sites to balance need and risk. The Safer Staffing dashboard for July 2016 highlights St Luke's Ward 3 – and Coalville Hospital - Ellistown Ward as using more than 20.0% of temporary workers (25.5% and 36.3% respectively). This increase is attributed to additional staff required to provide specialling/enhanced care to confused patients.

14. The in-month achievement of funded staffing levels for Coalville Hospital - Snibston Ward and St Luke's - Ward 1 (stroke ward) are currently below 80%. The wards flex 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

15. 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

16. 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 mix 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

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

- Rolling recruitment including open days, monthly interviews and attendance at local recruitment events/ job fairs;
- Recruitment of additional staff to both stroke wards to further increase the registered nurse to patient ratios;
- Band 6 development programme focusing on professional, leadership and clinical skills;
- Trainee Assistant Practitioner cohort to complete first six months training. These staff will enrich the existing skill mix once they are qualified.

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

18. There are two inpatient services within FYPC:
    - 15 bedded Adult Eating Disorder Service (Langley Ward)
    - 10 bedded Adolescent Unit (Coalville Hospital - Ward 3)

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Unify2 Return) Actual Hours Worked divided by Planned Hours Day (Early & Late Shift) Average % fill rate registered nurses >= 80%	Average % fill rate care staff >= 80%	Night Average % fill rate registered nurses >= 80%	Average % fill rate care staff >= 80%	Skill Mix Met (based on 1:8 plus 60:40 split) >= 80%	Funded Staffing Levels Met by Shift Based on full bed occupancy >= 80%	% Temporary Workers <20%
Bennion Centre/ Langley	Langley	15	11	122.0%	170.7%	100.0%	174.6%	94.62%	95.7%	16.0%
Adolescent Psychiatric Unit	Ward 3	10	9	115.9%	172.0%	105.1%	110.2%	95.70%	89.2%	44.1%

Table 3 – Children's Inpatient Services

19. 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.

20. 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.

21. 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

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

Glenfield Site - Langley Ward

23. 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.

24. 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.

25. 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).

26. As a result of the safer staffing review undertaken by the Lead Nurse, it is recommended that Langley Ward should 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 currently achieved because of the income generated by the ward and flexible use of bank workers. To maintain this safer staffing level it is proposed that income will be generated into budget to fund substantive staff posts.

27. The safer staffing dashboard for July 2016 highlights that Langley Ward has a lower percentage of temporary workers than previously (16%). There is clear correlation between the use of temporary workers and the number of vacancies within this area. The increased figure for temporary workers also reflect the operation of a safer staffing level of 5:5:3 as opposed to the current funded establishment of 4:4:2.

28. In addition, Langley Ward has utilised additional health care support workers (HCSWs) to meet the care needs of the patients as their acuity has increased and this is reflected in the dashboard in respect of the fill rates for HCSWs. All patients' needs have been met and safely maintained.

29. No safer staffing incidences relating to Langley Ward have occurred during July 2016.

30. Recruitment and retention has been an issue for the ward in the past 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.

31. Of the two recently recruited RNs is due to commence in post in September 2016 following completion of their pre-registration course; one RN has withdrawn. Interviews for the remaining RN vacancies held in July 2016 secured the services of a RN currently working at the Bradgate Unit. The remaining vacancies will be subsequently re-advertised.

32. The vacant Occupational Therapist post has been filled following interviews. The new post holder will commence in September 2016 subject to recruitment checks.

33. 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.

34. Additional staffing pressures over the past month have not abated as the ward has continued to provide 1:1 nursing support to two patients on a continual basis in an effort to support refeeding through naso gastric feeding and to discourage purging and other related behaviours.

35. A new junior doctor has commenced in post on Langley ward at the start of August 2016 relieving the previous pressures faced over medical cover on the unit.

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, particularly covering the RN vacancies. 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

36. 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 skill mix of staff on duty are escalated to the Head of Service;
- 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;
- Contracts team to continue to pursue agreement with UHL regarding payment for specialist nursing input – a face to face meeting has been requested by LPT's contract manager with UHL.

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

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

- Continuation 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;
- Continuance of the 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)

38. 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 at 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.

39. 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.

40. 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.

41. Coalville Hospital – Ward 3 is funded to provide 13.5 wte RNs. The safer staffing review undertaken by the Lead Nurse highlighted that Coalville Hospital - Ward 3 requires a safer staffing model of 5:5:4. This model was agreed by the senior management team resulting in uplifting the staffing ratio to 16.76 wte RNs. Two RNs are designated to provide front line senior leadership to shifts. One RN remains on maternity leave and two RNs are pregnant requiring adjustment to their duties.

42. Previous recruitment into the current vacancies has not been successful, therefore these vacancies remain. Further recruitment plans remain ongoing to fill the RN vacancies.

43. Coalville Hospital – Ward 3 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.

44. There is over staffing when required above these figures in order to provide cover to the emergency bed on Coalville Hospital - Ward 3. 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 as well as the increase in fill rates.

45. There was one safer staffing incident recorded for July 2016. There have been higher than usual levels of acuity on Coalville Hospital - Ward 3 during July 2016 which is reflected in the increased use of temporary workers on the scorecard.

46. A Senior Matron position 0.2 wte has been allocated to this area as a result of a change of structure within the services. This person continues to provide leadership and support to the Coalville Hospital - Ward 3 environment and nursing team.

47. A senior member of staff who had been on an extended period of sickness has now returned to work. The additional experienced nurse from within FYPC who was seconded into post to fill the identified leadership gap and to provide structure and continuity for the team also remains in post. This will be reviewed at the end of September 2016.

48. Short term sickness levels have increased for July 2016; this is monitored and managed by the ward matron in conjunction with Human Resources (HR) via regular return to work meetings, ill health reviews and the setting of attendance targets where necessary.

49. A CAMHS Lead Matron has been appointed and will within their designated job role provide arm's length leadership support to Coalville Hospital - Ward 3. The post holder has a requirement to monitor safer staffing levels.

50. The use of the Agnes Unit has ceased from 31st May 2016. An "Emergency Bed" has been incorporated into the Coalville - Ward 3 environment as an alternative until a national bed can be identified. Additional staff will be needed above the current staffing levels to care for any patient requiring this bed.

The risks this presents us with

- Possible admissions to the "Emergency bed" on Coalville Hospital - Ward 3 pose a risk to the safer staffing levels at Coalville Hospital – Ward 3 due to the requirement to provide additional staff based on increased patient acuity levels;
- Coalville Hospital – Ward 3 utilises 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

51. Immediate mitigating actions include:
- The CAMHS Lead Matron, Deputy Lead Nurse and Senior Matron continue to provide leadership support to the Ward Matron and nursing team at Coalville Hospital;
- Reviewing 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/ escalated as appropriate;
- Escalating safer staffing issues as they arise to the team manager;
- 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 to support shifts clinically if required.

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

52. Longer term plan to eradicate the risks and address the staffing issues include:
- A business case has been submitted to the July 2016 Trust Board to consider supporting the expansion of Coalville Hospital - Ward 3 to a 15 bedded unit. This is to mitigate the risk of increased admissions as the current bed occupancy remains extremely high; a decision is still awaited.
- FYPC have been successful in obtaining non recurrent monies from NHS England in order to increase the CAMHS on call team. This team currently has three band 6 RNs, but a further five RNs are to be recruited. This will be an extended hour's service. The money should be available to Leicestershire Partnership Trust in September 2016. It is envisaged that the expansion of this team will reduce the number of emergency admissions and make the staffing of Coalville Hospital - Ward 3 more predictable;
- The Crisis Home Treatment Team has been approved but is awaiting final procurement sign off, due September 2016;
- Continuance of the 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 explored;
- An "in house" development programme for staff and staff engagement sessions are being explored;
- 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.

53. 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. This was shared and approved at the May 2016 Quality Assurance Committee (QAC).

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) Actual Hours Worked divided by Planned Hours Day (Early & Late Shift) Average % fill rate registered nurses	Average % fill rate care staff	Night Average % fill rate registered nurses	Average % fill rate care staff	Skill Mix Met (based on 1:8 plus 60:40 split)	Funded Staffing Levels Met by Shift Based on full bed occupancy	% Temporary Workers
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
3 Rubicon Close	3 Rubicon Close	4	4	116.1%	172.6%	90.3%	119.4%	92.47%	92.5%	13.8%
Gillivers	Gillivers	5	3	111.1%	174.6%	45.2%	167.7%	80.85%	76.6%	57.8%
The Grange	The Grange	5	2	-	173.3%	-	196.6%	98.88%	100.0%	9.3%

Table 4 – Short Break Home

54. The Short Break Homes continue to meet the required thresholds based on the 1:5 ratio of Registered Nurses to patients. The Grange makes flexible use of Band 3 Health Care Support Workers (HCSW) where a Registered Nurse (RN) is not always required. However, in July 2016 there have been several new referrals with complex needs, which will require additional staffing to ensure patient safety.

55. The Gillivers have continued to use an increased level of temporary workers to cover sickness, although some of this is achieved with substantive staff working bank shifts. This maintains a good level of continuity of care. There is an increased level of patient complexity that is being addressed through a specific programme to improve bank workers' competencies for physical health care interventions.

56. The Gillivers and Rubicon Close have expected leavers of two RNs and one RN respectively.

The Risks This Presents Us With

57. The Short Break Homes continue to be an outlier nationally in meeting the safer staffing standards. This reflects service decisions, based on patient need for Registered Nurse staffing. There is an increasing trend of higher physical health care needs in addition to complex behaviours and services will need to factor this into all ongoing skill mix reviews.

Mitigating Actions in Place to Prevent These Risks
58. Work continues to support administration and non-nursing duties for both Gillivers and Rubicon Close.   A service plan is being developed to support the recent review of skill mix, which indicated the need for increased Registered Nurses.

59. The Local Authority Short Break Review has commenced again and this will affect the long term plans for the use of the homes. This is being discussed within the service.

60. Interviews have been scheduled in August 2016 for additional Health Care Support Workers.

Agnes Unit

				Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Actual Hours Worked divided by Planned Hours						
				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	(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	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Agnes Unit	Agnes Unit	16	13	146.8%	707.3%	83.9%	512.9%	89.25%	98.9%	14.8%

Table 5 - Agnes Unit

61. The current staffing establishment for this unit reflects a Registered Nurse requirement to supervise the four 'pods', each with four patients. For July 2016, all safer staffing thresholds were met, despite the ongoing challenge to meet high patient acuity, in particular, 2 patients currently requiring 2:1 nursing support. Additionally, the use of temporary workers has improved significantly from 58.1% in June 2016 down to 14.8% for July 2016.

The Risks This Presents Us With

62. The Unit continues to have a high level of vacancies, long-term sickness and maternity leave and is currently considered a 'hotspot' for the Directorate.

Mitigating Actions in Place to Prevent These Risks
63. As reported last month, RN vacancies were recruited to and staff are expected to be available in August/ September 2016. Two further band 5s will be recruited for 12 month contracts. An experienced band 6 secondment post commenced at the end of June 2016.

64. Two newly appointed Health Care Support Workers are now in post; and a further two are awaiting start dates.

65. To provide an immediate response, the service continues to formally review staffing on a weekly basis (as a minimum), ensuring that effective planning is made for the week ahead. It also enables co-ordinated use of bank workers and specifically requires a documented rationale for consideration of agency use.

Low Secure Services – Hershel Prins

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Unify2 Return) Actual Hours Worked divided by Planned Hours				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				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	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Herschel Prins	HP Griffin	6	6	195.3%	206.3%	103.2%	193.8%	98.92%	93.5%	24.8%
Herschel Prins	HP Phoenix	7	6	187.1%	274.2%	100.0%	200.0%	100.00%	66.7%	25.1%

Table 6 - Low Secure Services

66. Hershel Prins - Phoenix Ward has achieved 100% requirement for skill mix in July 2016. Again this month, the actual funded staffing level of 66.7% was below the threshold and 25.1% of temporary workers was used, which was an increase on the previous two months. Four of the six RN vacancies have been appointed, start dates are being negotiated. There are 2.8 wte Health Care Support Worker vacancies and an additional notice recently given.

67. Hershel Prins - Griffin Ward continues to host six male patients from Hershel Prins - Phoenix Ward. Whilst it also fully met the required thresholds for skill mix in July 2016, a similar level as June 2016 (24.8%) of temporary workers were used to support vacancies and a high level of long term sickness.

Rehabilitation

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Unify2 Return) Actual Hours Worked divided by Planned Hours				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				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	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
The Willows	Willows Unit	38	37	144.0%	239.9%	119.4%	250.0%	100.0%	100.0%	31.8%
Mill Lodge	ML Bluebell	9	6	96.8%	163.6%	96.8%	145.2%	91.40%	17.2%	33.7%
Mill Lodge	ML Buttercup	9	8	98.4%	173.0%	74.2%	151.6%	81.72%	100.0%	25.6%

Table 7 - Rehabilitation

68. The Willows Unit is made up of two wards – Maple Ward and Cedar Ward.

69. The Willows Unit met all thresholds for safer staffing throughout July 2016. It continues to experience long term sickness on The Willows Unit - Cedar Ward. The Willows Unit -

Maple Ward has two level 1 observations which contributes to the 31.8% level of temporary workers.

70. Mill Lodge – Bluebell Ward remains a 'hotspot' for funded staffing levels met by shift, as this is very low at 17.2%, but will improve following the completed move of service to new accommodation on the Stewart House site.

71. Mill Lodge – Buttercup Ward is just meeting overall skill mix at 81.72%, but is slightly below the threshold for RN cover at night.

72. Mill Lodge – Bluebell and Buttercup wards collectively used a higher level of temporary workers at almost 60% to cover for significant vacancies for band 2, band 5 and band 7. In addition to short term and long term sickness, Mill Lodge has accommodated two weeks paternity leave, seven days unpaid leave and compassionate leave.

73. Recent resignations in Mill Lodge – Bluebell Ward of one band 5, one band 2 and 0.4wte band 2 retirements will impact in August 2016.

74. Stewart House - Skye Ward has met the thresholds for safer staffing, but has utilised 41.7% of temporary workers to cover short and long term sickness for registered and unregistered staff. Three band 5 RNs have been appointed, confirmation of start dates not yet provided. There are no further vacancies.

The risks this presents us with

75. The service overall is using a high level of temporary workers to meet the required threshold. In particular, resignations in Mill Lodge - Bluebell Ward throughout July 2016, in addition to existing vacancies, will increase staffing pressures in Mill Lodge; and is considered a 'hotspot'.

Mitigating Actions in Place to Prevent These Risks

76. Mill Lodge staffing is under constant review by the Team Manager and escalated to the Service Manager as required. Redeployment of staff from other rehabilitation areas manages any unexpected and sudden staffing issues. There are no other changes to the planned bed reductions ahead of the move in November. This will support the safe transfer of patients and maintain effective staffing management. The Staff Management of Change commenced in June 2016, and the resultant team anxieties are being supported.

77. The Team Manager and Service Manager formally assess the need for booking of regular agency workers and an active recruitment plan is in place for Mill Lodge.

Bradgate Unit

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Unify2 Return) Actual Hours Worked divided by Planned Hours				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				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	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Bradgate MHU	Ashby	21	21	86.0%	222.6%	91.9%	377.4%	66.67%	98.9%	56.2%
Bradgate MHU	Aston	17	17	93.0%	137.1%	85.5%	277.4%	68.82%	93.5%	45.9%
Bradgate MHU	Beaumont	16	15	75.3%	221.8%	96.8%	338.7%	52.69%	98.9%	44.8%
Belvoir PICU	Belvoir Unit	10	9	105.7%	430.9%	100.0%	467.2%	96.77%	100.0%	55.8%
Bradgate MHU	Bosworth	14	14	83.5%	196.7%	85.5%	354.8%	59.14%	98.9%	45.4%
Bradgate MHU	Heather	11	11	81.3%	250.0%	79.0%	474.2%	53.76%	100.0%	60.6%
Bradgate MHU	Thornton	19	19	93.5%	153.2%	100.0%	293.3%	80.43%	100.0%	29.9%
Bradgate MHU	Watermead	20	20	93.0%	127.4%	91.9%	190.3%	67.74%	95.7%	26.4%

Table 8 - Bradgate Unit

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

79. The overall service is considered a 'hotspot' as all wards continue to utilise a high percentage of temporary workers to support the significant patient acuity, RN vacancies, short-term and long-term sickness and maternity leave.

80. Generally, all wards are reaching the required fill rate of RNs during the day and night apart from Beaumont Ward day shift at 75.3% and Heather Ward which is not quite reaching the required level for RNs at night.

81. Meeting the required threshold for a skill mix of 1:8 RN to patient ratio and 60:40 RN to HCSW, is a significant challenge for most of the wards and is only achieved through the very high use of temporary workers.

82. High levels of patient acuity continue to require additional staffing. Ashby Ward and Aston Ward were the only areas not accommodating level 1 observations throughout July 2016. Heather Ward and Belvoir PICU, in particular, had a challenging month with several patients requiring at least 1:1 nursing support. On Belvoir Ward, this amounted to a minimum of six patients requiring 1:1, which equates to 18 additional staff per day.

83. The new establishment for wards based on the remodeling of the workforce was outlined in budgets from May 2016 and is yet to be accurately reflected in the staffing monitoring. This will be detailed in the August 2016 report and not July 2016 as previously indicated.

84. During July 2016, there have been a number of resignations of RNs (3.8 wte) and HCSWs (2 wte). This is in addition to 2.8 wte band 5 and 0.5 wte band 2 new pregnancies, which will require supernumerary shifts.

The risks this presents us with

85. There is a continued risk that failure to reach required staffing levels will impact on ability of nursing staff to adequately support patient leave arrangements, maintain good continuity and standards of care, plan and deliver safe care and ensure accurate and timely documentation.

86. Education, training, supervision and appraisal are becoming irregular and easily deferred whilst priority is given to delivery of direct patient care.

87. As nursing turnover continues, recruited RNs are newly qualified and therefore require preceptorship. This requires additional time from existing RNs to support competency development.

Mitigating Actions in Place to Prevent These Risks

88. As reported in the June 2016 report, the Senior Matrons and Team Manager meet every Monday and Thursday morning with Ward Matrons to review all staffing rotas to ensure 24-hour staffing is effectively co-ordinated through Central Staffing Solutions (bank service). Staffing issues are discussed at the Bed Management Meetings to assess and review bed demand, patient acuity alongside anticipated staffing issues (i.e. seasonal annual leave). All concerns identified are escalated to the Head of Service, Head of Nursing and Senior Management Team (SMT) to develop and authorise contingency plans.

89. The recent investment in four band 7 Duty Managers (all experienced RNs) supports the Ward Matrons in effective planning and redeployment of nursing staff.

90. To support safe and effective night duty, the Unit continues to be managed as 'two ends' to make best use of experienced the allocated two Registered Nurses per ward. The unit has an additional HCSW as the 'unit floater', allocated to wards on a rostered basis. This role supports escorts to other hospitals (for example accident and emergency), escalation of level 1 observations, seclusion observation, response teams and any other increased activity or patient acuity issues.

91. Band 7 Ward Matrons and Senior Matrons provide clinical support when required and have continued to be highly visible to both ward staff and patients.

92. Interest continues to be low in response to service attraction and recruitment advertising, career fair attendance and use of social media. HR are supporting staff with robust sickness and absence management. Service Managers review all internal moves and vacancies to renegotiate start dates for staff transferring to the vacancies in

Community, Crisis Team and other posts. These actions will be reviewed and reported more fully in the August 2016 report.

93. A range of options for remodelling of non-nursing roles, agreed at Directorate Assurance Group (DAG) and Finance Group in May 2016 and June 2016 has resulted in new appointments. These will continue to be discussed and priority actions agreed at the Workforce Planning Group.

Conclusion

94. 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.

95. 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 July 2016

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Fill Rate Analysis (National Unify2 Return) Actual Hours Worked divided by Planned Hours — Day (Early & Late Shift) Average % fill rate registered nurses	Day (Early & Late Shift) Average % fill rate care staff	Night Average % fill rate registered nurses	Night Average % fill rate care staff	Skill Mix Met (based on 1:8 plus 60:40 split)	Funded Staffing Levels Met by Shift Based on full bed occupancy	% Temporary Workers
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Bradgate MHU	Ashby	21	21	86.0%	222.6%	91.9%	377.4%	66.67%	98.9%	56.2%
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Bradgate MHU	Beaumont	16	15	75.3%	221.8%	96.8%	338.7%	52.69%	98.9%	44.8%
Belvoir ICU	Belvoir Unit	10	9	105.7%	430.9%	100.0%	467.2%	96.77%	100.0%	55.8%
Bradgate MHU	Bosworth	14	14	83.5%	196.7%	85.5%	354.8%	59.14%	98.9%	45.4%
Bradgate MHU	Heather	11	11	81.3%	250.0%	79.0%	474.2%	53.76%	100.0%	60.6%
Bradgate MHU	Thornton	19	19	93.5%	153.2%	100.0%	293.3%	80.43%	100.0%	29.9%
Bradgate MHU	Watermead	20	20	93.0%	127.4%	91.9%	190.3%	67.74%	95.7%	26.4%
Herschel Prins	HP Griffin	6	6	195.3%	206.3%	103.2%	193.8%	98.92%	93.5%	24.8%
Herschel Prins	HP Phoenix	7	6	187.1%	274.2%	100.0%	200.0%	100.00%	66.7%	25.1%
Mill Lodge	ML Bluebell	9	6	96.8%	163.6%	96.8%	145.2%	91.40%	17.2%	33.7%
Mill Lodge	ML Buttercup	9	8	98.4%	173.0%	74.2%	151.6%	81.72%	100.0%	25.6%
Stewart House	SH Skye Wing	30	29	136.6%	134.8%	203.2%	156.5%	96.77%	95.7%	41.7%
The Willows	Willows Unit	38	37	144.0%	239.9%	119.4%	250.0%	100.00%	100.0%	31.8%
Bennion Centre/ Langley	BC Kirby	24	22	83.9%	202.4%	58.1%	172.6%	43.01%	98.9%	16.6%
Bennion Centre/ Langley	BC Welford	24	22	84.5%	180.6%	83.9%	133.9%	64.52%	91.4%	21.0%
Evington Centre	CB Beechwood	21	20	94.2%	229.2%	93.5%	140.3%	72.04%	91.4%	17.7%
Evington Centre	CB Clarendon	21	19	101.3%	184.0%	103.2%	106.5%	89.25%	83.9%	19.9%
Evington Centre	EC Coleman	21	20	103.2%	354.8%	98.4%	287.1%	90.32%	100.0%	51.4%
Evington Centre	EC Gwendolen	-	-	-	-	-	-	-	-	-
Evington Centre	EC Wakerley	21	20	112.9%	256.5%	100.0%	196.8%	96.77%	97.8%	50.0%
Fielding Palmer Hospital	FP General	10	9	113.6%	98.8%	113.0%	-	90.32%	91.4%	45.6%
Melton Mowbray Hospital	MM Dalgleish	17	16	98.4%	122.6%	96.8%	122.6%	94.62%	93.5%	19.9%

Rutland Hospital	Rutland	12	11	104.8%	110.5%	95.2%	100.0%	84.95%	44.1%	13.5%
St Lukes	SL Ward 1 Stroke	18	17	88.9%	192.7%	93.5%	91.9%	77.42%	54.8%	16.7%
St Lukes	SL Ward 3	14	13	99.2%	98.4%	200.0%	103.2%	95.70%	96.8%	25.5%
Coalville Hospital	CV Ellistown 2	23	21	119.4%	159.8%	200.0%	100.0%	98.92%	80.6%	36.3%
Coalville Hospital	CV Snibston 1	21	20	126.6%	175.9%	100.0%	98.4%	94.62%	73.1%	5.1%
Hinckley & Bosworth Hospital	HB East Ward	23	22	94.1%	173.4%	100.0%	100.0%	81.72%	82.8%	7.3%
Hinckley & Bosworth Hospital	HB North Ward	16	15	100.0%	164.5%	100.0%	103.2%	100.00%	91.4%	10.9%
Loughborough Hospital	Lough Swithland	20	19	100.0%	183.1%	100.0%	196.8%	98.92%	97.8%	9.3%
Bennion Centre/ Langley	Langley	15	11	122.0%	170.7%	100.0%	174.6%	94.62%	95.7%	16.0%
Adolescent Psychiatric Unit	Ward 3 (formally Oakham House)	10	9	115.9%	172.0%	105.1%	110.2%	95.70%	89.2%	44.1%
3 Rubicon Close	3 Rubicon Close	4	4	116.1%	172.6%	90.3%	119.4%	92.47%	92.5%	13.8%
Agnes Unit	Agnes Unit	16	13	146.8%	707.3%	83.9%	512.9%	89.25%	98.9%	14.8%
Gillivers	Gillivers	5	3	111.1%	174.6%	45.2%	167.7%	80.85%	76.6%	57.8%
The Grange	The Grange	5	2	-	173.3%	-	196.6%	98.88%	100.0%	9.3%

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 shirts 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	21	3	3	2	2	2	1
	Aston	ADULT MENTAL ILLNESS	17	3	3	2	2	2	1
	Beaumont	ADULT MENTAL ILLNESS	16	3	3	2	2	2	1
	Belvoir Unit	PICU	10	2	2	1	3	3	3
	Bosworth	ADULT MENTAL ILLNESS	14	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	11	3	3	2	2	2	1
	Thornton	ADULT MENTAL ILLNESS	19	3	3	2	2	2	1
	Watermead	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
AMH Other	HP Griffin	FORENSIC PSYCHIATRY	6	2	2	1	2	2	2
	HP Phoenix	FORENSIC PSYCHIATRY	7	2	2	1	3	3	2
	ML Bluebell	ADULT MENTAL ILLNESS	9	1	1	1	3	3	2
	ML Buttercup	ADULT MENTAL ILLNESS	9	1	1	1	2	2	1
	SH Skye Wing	REHABILITATION	30	2	2	1	4	4	2
	Willows Unit	ADULT MENTAL ILLNESS	38	4	4	4	8	8	8
CHS City	BC Kirby	OLD AGE PSYCHIATRY	24	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	24	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	21	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	21	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	21	2	2	2	3	3	2
	EC Gwendolen	OLD AGE PSYCHIATRY	21	2	2	2	3	3	2
	EC Wakerley	OLD AGE PSYCHIATRY	21	2	2	2	5	4	2
CHS East	FP General	REHABILITATION	10	2	2	2	2	1	0
	MM Dalgleish	REHABILITATION	17	2	2	2	3	2	1
	Rutland	REHABILITATION	12	2	2	2	4	3	1
	SL Ward 1 Stroke	REHABILITATION	18	3	2	2	5	4	2
	SL Ward 3	REHABILITATION	14	2	2	1	2	2	1
CHS West	CV Ellistown 2	REHABILITATION	23	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	21	2	2	2	6	4	2
	HB East Ward	REHABILITATION	23	3	3	2	4	3	2
	HB North Ward	REHABILITATION	16	2	2	2	4	2	2
	Lough Swithland	REHABILITATION	20	2	2	2	4	2	1
FYPC	Langley	CHILD & ADOLESCENT PSYCHIATRY	15	3	3	1	2	2	2
	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	4	1	1	1	2	2	1
	Agnes Unit	LEARNING DISABILITY	16	3	3	2	8	8	4
	The Gillivers	LEARNING DISABILITY	5	1	1	1	2	2	1
	The Grange	LEARNING DISABILITY	5	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