

REPORT TO THE TRUST BOARD – 27th October 2016

Title	Safer Staffing – September 2016 Monthly Review
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Executive summary

The aim of this report is to provide assurance to the Trust Board on the Trust’s response to the National Quality Board (NQB) safer staffing guidance which was issued in November 2013. The guidance specified expectations for the Trust Board to receive and publish reports describing the staffing capacity and capability on a shift-by-shift basis.

Since April 2014, the Trust has had in place a ‘Safer Staffing’ portal across all inpatient areas. This provides a real time, coordinated approach for wards to record staffing levels, capability and ward acuity information for each shift.

This report confirms the Trust Board responsibilities and provides a summary analysis of the September 2016 Safer Staffing data.

Recommendation(s)

- The Trust Board is recommended to:
- receive this report on 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.

Related Trust objectives	Deliver safe, effective, patient-centered care in the top 20% of our peers
Risk and assurance	BAF: 1036 Without recruiting adequate staff we may be unable to run safe and efficient services as our services transform
Legal implications/ regulatory requirements	CQC Outcomes 12, 13 and 14 relating to staff
Presenting Director	Adrian Childs – Chief Nurse/ Deputy Chief Executive
Author(s)	Laura Hughes – Head of Information Emma Wallis - Lead Nurse for Community Hospitals (CHS) Joanne Wilson –Lead Nurse - Physical Health (FYPC) Michelle Churchard-Smith - Lead Nurse for Inpatient Services (AMHLD)

*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.

TRUST BOARD – 27th October 2016

Safer Staffing – September 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 September 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 August 2016

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

	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
Community Health Services	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	Rutland Hospital - Rutland Ward St Luke's Hospital - Ward 3	Rutland Memorial Hospital – Rutland Ward St Luke's Hospital - Ward 3 Fielding Palmer Hospital – General Ward
Families, Young People and Children's Services	-	-	-	-	-	-	-
Adult Mental Health & Learning Disability Services	Mill Lodge- Bluebell Ward Bradgate Unit – all wards except Belvoir Ward	Mill Lodge- Bluebell Ward Bradgate unit – excl. 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	Mill Lodge – Buttercup Ward and Bluebell Ward Agnes Unit Bradgate Unit	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 'hot spot' area(s) for Inpatient Community Hospitals is:

- Rutland Memorial Hospital – Rutland Ward
- St Luke's Hospital - Ward 3
- Fielding Palmer Hospital – General Ward

				Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Actual Hours Worked divided by Planned Hours						
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	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%
Rutland Hospital	Rutland	12	11	99.2%	108.1%	100.0%	96.7%	84.44%	37.8%	16.1%
St Luke's	SL Ward 3	14	13	100.8%	100.8%	200.0%	100.0%	97.78%	100.0%	33.4%
Fielding Palmer Hospital	FP General	9	8	99.1%	92.0%	103.4%	-	88.89%	88.9%	16.7%

Table 2 Community Hospital

12. The 'hotspot' areas for Community Hospitals show Rutland Memorial Hospital – Rutland Ward, St Luke's - Ward 3 and Feilding Palmer Hospital – General Ward as utilising a higher than average percentage of temporary workers (16.10%, 33.4% and 16.7% respectively). There is a clear correlation between high usages of temporary workers to the high numbers of vacancies. Safer staffing levels are reviewed on a daily basis and weekly across the service. Staff are moved between sites to balance need and risk and ensure safer staffing levels are maintained taking into consideration the number of substantive staff and temporary workers. Rutland Memorial Hospital – Rutland Ward have two RNs commencing in October 2016. St Luke's - Ward 3 had two RNs commence on the 19th September 2016 and a newly qualified nurse commencing on the 3rd October 2016.

13. The 'hotspot' areas identified within inpatient Mental Health Services for Older People (MHSOP) this month are Bennion Centre - Kirby and Welford wards as they have been unable to achieve skill mix due to sickness/ annual leave and lack of qualified agency workers available. The 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. Bennion Centre - Kirby and Welford wards are an exception for meeting skill mix (42.22% and 35.58% respectively). Safer staffing levels have been maintained. This is a reflection of moving RNs across services to ensure skill mix and experience is spread to ensure all wards are at safer staffing levels.

14. There are 10 Band 5 vacancies across MHSOP and in line with the national profile, limited numbers of applicants for Band 5 nursing posts. A recruitment open day will take place on 16 November 2016 along with plans to instigate a recruitment and retention premium.
15. The in-month achievement of funded staffing levels for Coalville Hospital – Wards 1 and 2, St Luke's - Ward 1, Hinckley and Bosworth – East Ward and Rutland Memorial Hospital – Rutland 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 across the service.
16. During September 2016, Evington Centre - Clarendon Ward is an exception for the use of temporary workers, this is due to additional staff requested to support the specialising needs required to meet the safety and care of one patient.

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 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;
- Utilisation of other community services to support areas where required.

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 and attendance at local recruitment events/ job fairs;
- Recruitment of additional staff to both stroke wards to further increase the RN to patient ratios;
- Band 6 development programme focusing on professional, leadership and clinical skills;
- A recruitment open day will take place on 16th November 2016 along with plans to instigate a recruitment and retention premium.

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)

				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%
Bennion Centre/ Langley	Langley	15	10	126.7%	266.4%	106.7%	250.8%	96.67%	97.8%	57.1%
Adolescent Psychiatric Unit	Ward 3	10	8	122.7%	177.3%	124.5%	138.8%	94.44%	84.4%	22.1%

Table 3 – Children's Inpatient Services

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. 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 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.
29. The safer staffing dashboard for September 2016 indicates the high fill rate for Health Care Support Workers (HCSWs) in order to meet the demand posed by the high acuity of patients. There is also 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. At all times patients' needs have been met and safely maintained.
30. One safer staffing incident relating to Langley Ward occurred during September 2016. All mitigations were put into place to ensure patient safety.
31. Currently there are vacancies for 2.0 whole time equivalent (wte) RNs.
32. 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.
33. The band 5 RN vacancies have been re-advertised. The band 6 RN vacancy has closed and interviews are taking place shortly.
34. The new occupational therapist has commenced in post bringing the occupational therapy establishment up to its full compliment.

35. There is currently one member 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.
36. The acuity has lessened following a period of sustained high acuity requiring four additional staff on most shifts throughout August 2016 and September 2016. Currently only one additional member of staff is required per shift. This reduction in acuity has allowed for admissions to the ward to recommence.

The risks this presents us with

37. 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.
38. 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. This correlates to Risk Numbers 1360 and 1513 on the Corporate Risk Register.
39. 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.
40. 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) when required.
41. The inability to admit to the ward during August 2016 and September 2016 has offset the over recovery of income in the preceding months. It is anticipated the service will again be in a position to over recover against income targets, especially as there is a pressure on beds nationally. Commissioners have indicated that they will continue funding for more than the agreed 13 beds and will review this on a regular basis.

Mitigating actions in place to prevent these risks

42. Immediate mitigating actions include:
- Commencing a further recruitment process to fill the existing vacancies;
 - Continual monitoring of staffing levels on Langley Ward on a daily basis;
 - 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

43. 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

44. 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.

45. 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.

46. 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.
47. 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 clinical shifts. One RN is pregnant requiring adjustment to their duties.
48. 2.0 wte RN posts have been recruited to in September 2016 and are awaiting appropriate clearance and date of commencement of employment. A further recruitment for four HCSW posts has been advertised.
49. 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. Due to maternity leave there is currently an experienced nurse acting up into this post for continuity and to maintain high quality, safe and effective patient care.
50. 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.
51. There were no safer staffing incidents recorded for September 2016. There have been high levels of acuity on Coalville Hospital - Ward 3 during September 2016 which is reflected in the use of temporary workers on the scorecard. The extra care suite has been utilised on two occasions necessitating increased staffing levels to maintain safe, effective patient care.
52. A Senior Matron position 0.5 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.
53. Short term sickness levels have reduced for September 2016. This is monitored and managed by the ward senior matron in conjunction with Human Resources (HR) via regular return to work meetings, ill health reviews and the setting of attendance targets where necessary.

54. 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.
55. An "Emergency Bed" has been incorporated into the Coalville - Ward 3 environment to replace the Agnes Unit Pod. This bed is used for emergency short term care and does not form part of NHS England Commissioned provision. Additional staff will be required above the current staffing levels (if all cost per case beds are full) to care for any patient requiring this bed.

The risks this presents us with

56. 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.
57. 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

58. 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 staff from the CAMHS Learning Disabilities Team to support shifts clinically if required.

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:
- A business case was submitted to the July 2016 Trust Board to consider supporting the expansion of Coalville Hospital Ward 3 in response to regional and national bed shortages. A 15 bedded unit has been proposed as a possible solution. An agreement in principle has been communicated pending a high level feasibility study and development of a full business case to ensure financial viability. This work continues;

- The Crisis Home Treatment Team business case has been approved by the Clinical Commissioning Groups within LLR and a service specification is being developed. This approval will be a contract variation between commissioner and provider during 16/17;
- 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.

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. 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)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Actual Hours Worked divided by Planned Hours						
				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%	<20%	
3 Rubicon Close	3 Rubicon Close	4	4	120.0%	180.0%	100.0%	146.7%	100%	95.6%	15.0%
Gillivers	Gillivers	5	3	103.3%	165.0%	60.0%	133.3%	78.89%	76.7%	10.5%
The Grange	The Grange	5	3	-	186.7%	-	206.5%	98.89%	100%	27.9%

Table 4 – Short Break Home

61. The Short Break Homes continue to meet the required thresholds based on the 1:5 ratio of RNs to patients. The Grange makes flexible use of HCSWs where a RN is not always required. However, in September 2016 there continue to be several new referrals with complex needs having introductory visits and stays, which have required additional staffing to ensure patient safety. This coupled with a HCSW vacancy, a HCSW and RN on long term sick and a RN on a secondment have increased the use of bank workers to 27.9%.

62. The Gillivers have continued to use an increased level of temporary workers to cover a RN secondment and a RN long term 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 worker competency for physical health care interventions.
63. The Gillivers is expecting to lose two RNs in October 2016 to other roles in the service and retirement; and Rubicon Close has a RN expected to leave. Three RNs have been recruited in September 2016 and are in the initial recruitment phase

The Risks This Presents Us With

64. The Short Break Homes continue to be an outlier nationally in meeting the safer staffing standards. This reflects the small number of beds in each home and the staffing levels based on the patients' need for a RN. There is an increasing trend of higher physical health care needs in addition to complex behaviors and services continue to factor this into all ongoing skill mix reviews.
65. RN staffing is expected to be difficult in the Short Break Homes during October 2016 and November 2016, leading to an expected increased use of bank workers.

Mitigating Actions in Place to Prevent These Risks

66. Work continues to support administration and non-nursing duties for both Gillivers and Rubicon Close. A service plan has being developed to support the recent review of skill mix, which indicated the need for increased RNs and this has created band 6 deputy roles within each home and interviews are taking place for RNs and HCSWs.

Agnes 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
				Actual Hours Worked divided by Planned Hours						
				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%	<20%	
Agnes Unit	Agnes Unit	16	14	143.3%	681.7%	91.7%	498.3%	92.22%	97.8%	56.0%

Table 5 - Agnes Unit

67. The current staffing establishment for this unit reflects a RN requirement to supervise the four 'pods', each with four patients. On 1st October 2016, it is expected the commissioned beds will be reduced to 14 as part of the Transforming Care Programme.

68. In September 2016, all safer staffing thresholds were met, despite the ongoing challenge to meet high patient acuity - in particular, patients requiring 2:1 nursing support. The use of temporary workers increased significantly from 14.8% in July 2016 to 57.6% in August 2016 and remains high in September 2016 at 56%. This was related to cover for vacancies (two RNs and nine HCSWs), sickness (three HCSWs), maternity (one HCSW) and four RNs working in other areas due to health issues. One band 7 is also on secondment to Short Break Services.

The Risks This Presents Us With

69. The Agnes Unit continues to have a high level of vacancies, long-term sickness and maternity leave. This could impact on patient care and safety as acuity of patients has been high over the last six months and is currently considered a 'hot spot' for the Directorate.

Mitigating Actions in Place to Prevent These Risks

70. 0.8 wte RNs and seven HCSWs are awaiting induction and start dates. Two further RNs will be recruited for 12 month contracts. An experienced RN commenced as part of a secondment opportunity at the end of June 2016.

71. Seven of the newly appointed HCSWs are now in post.

72. 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 coordinated use of substantive staff and bank workers; and

specifically requires a documented rationale for consideration of agency use. Staff are finding the staffing issues and patient acuity very stressful and increased day activities are being explored by the Unit Management Team. Staff are finding it difficult to attend training and complete supervision.

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)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Actual Hours Worked divided by Planned Hours						
				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%
Herschel Prins	HP Griffin	6	6	227.4%	171.0%	100%	200%	96.67%	94.4%	30.0%
Herschel Prins	HP Phoenix	6	6	203.3%	410.0%	103.3%	396.7%	100%	100%	41.9%

Table 6 - Low Secure Services

73. The wards at Hershel Prins are going through an extensive refurbishment programme this year with an expected completion date for the majority of work in November 2016. Currently, there are six male patients on Phoenix Ward and six on Griffin Ward. The staffing compliment for both wards is being utilised as one team. Both wards have achieved the thresholds for safer staffing in September 2016 with the use of bank workers at 30% - 42% across the two wards to cover vacancies and sickness and a two staff level 1 observation for one patient. All of the six RN vacancies have been appointed to and start dates began in mid-September 2016. There are 7.5 wte HCSW vacancies.

74. The staffing is manageable with the use of bank workers whilst the patient numbers are lower.

Rehabilitation

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		(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%	<20%	
The Willows	Willows Unit	37	36	157.1%	244.8%	123.3%	267.7%	98.89%	98.9%	32.0%
Mill Lodge	ML Bluebell	9	5	86.7%	180.0%	90.0%	116.7%	87.78%	4.4%	29.7%
Mill Lodge	ML Buttercup	9	9	93.3%	120.8%	96.7%	176.7%	87.78%	96.7%	28.3%

Table 7 - Rehabilitation

75. The Willows Unit met all thresholds for safer staffing throughout September 2016. Long term sickness has reduced on Acacia Ward but there is one RN on long term sick on Cedar Ward and one RN on maternity leave. There is one RN and one HCSW on non-clinical duties due to pregnancy and nine HCSW shifts are lost each week to support Open University courses. Extra staffing has been required to support escort duties (2:1) for a patient receiving care in acute hospital and increased patient observations on Acacia and Maple wards. There are currently 1.2 wte RN vacancies at The Willows as one RN has recently withdrawn from recruitment and there are 7.2 wte HCSW vacancies. The use of bank workers has increased to 32%.

76. Mill Lodge – Staff are going through a management of change as the unit is mobilising to move from Castle Donnington to the Stewart House site in Leicester. Several staff have chosen to apply for other roles or leave and this has affected the establishment considerably. There is currently one band 7 vacancy, one band 6 and eight band 5 RN vacancies. Therefore, there are 8.6 wte substantive RNs. There is also one band 5 RN on non-clinical duties and a HCSW on maternity leave.

77. Stewart House - Skye Ward has met the thresholds for safer staffing, but has utilised 48.2% of bank workers to cover short and long term sickness and two patients requiring level 1 observation. Three RNs have been appointed and are awaiting confirmation of start dates and two RNs left at the beginning of September 2016. Two HCSW are undertaking RN training.

The risks this presents us with

78. Mill Lodge is now operating the two wards as one staff team and is meeting all safer staffing thresholds apart from funded staffing levels met by shift (attributed to Bluebell Ward at 4.4%). This is being achieved by continued use of bank/ agency workers, which reduced in Bluebell Ward from 42.8% in August 2016 to 29.7% in September

2016. Buttercup Ward remains in a similar pattern of temporary worker use in September 2016 at 28.3%. Recruitment has not been successful with the most recent appointee withdrawing before they started work. Further interviews for RNs are taking place in early October 2016. Mill Lodge is considered a 'hotspot' within the Directorate and staffing is monitored weekly.

Mitigating Actions in Place to Prevent These Risks

79. Mitigating actions include:

- The service formally reviews 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 substantive staff, bank workers and some agency workers that have been booked for an extended period to provide continuous care;
- Where there are gaps in staffing, staff are moved from other rehabilitation units to ensure adequate staffing and there is a recruitment plan in place;
- As the unit is moving, the numbers of patients are being reduced slightly and there are currently 14 patients (eight beds) - this has supported regular skill mixing on shifts

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
				Actual Hours Worked divided by Planned Hours						
				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%	<20%	
Bradgate MHU	Ashby	21	21	91.1%	236.7%	100.0%	416.7%	77.78%	100.0%	54.0%
Bradgate MHU	Aston	17	17	88.3%	168.3%	91.7%	320.0%	67.78%	97.8%	38.7%
Bradgate MHU	Beaumont	22	22	88.3%	199.2%	88.3%	326.7%	65.56%	97.8%	46.4%
Belvoir PICU	Belvoir Unit	10	10	104.2%	294.3%	103.3%	350.0%	93.33%	100.0%	53.7%
Bradgate MHU	Bosworth	16	16	78.3%	146.7%	98.3%	206.7%	58.89%	96.7%	19.2%
Bradgate MHU	Heather	17	17	83.9%	288.3%	98.3%	540.0%	61.11%	100.0%	68.0%
Bradgate MHU	Thornton	24	24	90.0%	185.8%	98.3%	350.0%	74.44%	98.9%	45.7%
Bradgate MHU	Watermead	20	19	85.0%	148.3%	93.3%	236.7%	64.44%	97.8%	39.7%

Table 8 - Bradgate Unit

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

81. The overall service is considered a 'hot spot' 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, maternity leave and some environmental issues.
82. All wards apart from Bosworth Ward (78.3%) met the threshold for average fill rate on day shifts for RNs, which is an improvement on the four wards in August 2016. All wards met the threshold of RNs during the night.
83. 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 by Belvoir Ward. This was a consideration in the staffing establishment review, however due to recruitment difficulties in nursing it was felt that patients would benefit from increased access to psychological therapies and HCSWs with enhanced skills. This will effect meeting this standard going forward. The funded staffing level met by shift has been achieved but there continues to be a high level of bank and agency use, ranging from Bosworth Ward using 19.2% to Ashby Ward using 54% and Heather Ward 68%.
84. Bosworth, Ashby and Heather wards experienced high levels of patient acuity requiring additional staffing for level 1 observations - on some occasions between three and five patients. Wards have also required additional staff to monitor garden doors due to an increased risk of patient absconson.
85. The last report for August 2016 showed the new establishment for wards based on the remodeling of the workforce. It should be noted that although the number of HCSWs has increased by 2.7 wte on each ward, the extra staff will form part of an additional staffing pool coordinated by the Clinical Duty Managers for level 1 observation and activities. When not required they will work on their home ward.
86. Recruitment has started for all posts. A secretary for Matrons is being piloted by agency workers across Watermead and Beaumont Wards. There is ongoing work to ensure adjustment and alignment with vacancy and recruitment figures.
87. Across the Bradgate Unit Wards (excluding Belvoir) there are 105 RNs available to work at the unit each month. At the end of September 2016, there were 22.64 wte RN vacancies, 5.56 wte RNs on maternity leave and five RNs on long term sick. These numbers do not include those RNs at work but cannot work within the numbers due to pregnancy, health issues, under investigation or on career break. As at 30th September 2016 this was three nurses. Out of 105 RNs available to work during September 2016, there were therefore 35.7 wte unavailable to work leaving 69.3 wte substantive RNs available. 29 RN shifts were lost to sickness. There are also 22.91 wte HCSW vacancies across the seven wards.

The risks this presents us with

88. 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.

89. Education, training, supervision and appraisal are becoming irregular and easily deferred whilst priority is given to delivery of direct patient care.
90. As nursing turnover continues, recruited RNs are newly qualified and therefore require preceptorship. This requires additional time from existing RNs to support competency development and the number of staff with more than two years' experience has dramatically reduced.

Mitigating Actions in Place to Prevent These Risks

91. Mitigating actions include:

- The Senior Matrons and Team Manager continue to 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 including the use of agency nurses;
- The recent investment in 5.6 wte Band 7 Duty Managers (all experienced RNs) to provide senior cover outside 9am – 5pm supports the Ward Matrons in effective planning and redeployment of nursing staff;
- To support safe and effective night duty, the Bradgate Unit continues to be managed as 'two ends' to make best use of the experienced two RNs 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 Emergency Department), escalation of level 1 observations, seclusion observation, response teams and any other increased activity or patient acuity issues;
- 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;
- Interest continues to be low in response to service attraction initiatives such as recruitment advertising, career fair attendance and use of social media. Human Resources are supporting staff with robust sickness and absence management. Service Managers review all internal moves and vacancies to negotiate start dates for staff transferring to the vacancies in Community, Crisis Team and other posts. Bank workers are being offered a financial incentive to fill shifts at short notice over the summer months.
- A range of options for remodelling of non-nursing roles by using nursing posts was agreed at Directorate Assurance Group (DAG) and Finance Group in May 2016 and June 2016 due to the inability to recruit to the required number of RN posts. Recruitment has commenced for additional developmental Band 6 posts, the

development of Assistant Practitioners, secretary support to Matrons and Psychology posts.

Conclusion

92. 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.
93. 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 September 2016

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		(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%	<20%	
Bradgate MHU	Ashby	21	21	91.1%	236.7%	100.0%	416.7%	77.78%	100.0%	54.0%
Bradgate MHU	Aston	17	17	88.3%	168.3%	91.7%	320.0%	67.78%	97.8%	38.7%
Bradgate MHU	Beaumont	22	22	88.3%	199.2%	88.3%	326.7%	65.56%	97.8%	46.4%
Belvoir ICU	Belvoir Unit	10	10	104.2%	294.3%	103.3%	350.0%	93.33%	100.0%	53.7%
Bradgate MHU	Bosworth	16	16	78.3%	146.7%	98.3%	206.7%	58.89%	96.7%	19.2%
Bradgate MHU	Heather	17	17	83.9%	288.3%	98.3%	540.0%	61.11%	100.0%	68.0%
Bradgate MHU	Thornton	24	24	90.0%	185.8%	98.3%	350.0%	74.44%	98.9%	45.7%
Bradgate MHU	Watermead	20	19	85.0%	148.3%	93.3%	236.7%	64.44%	97.8%	39.7%
Herschel Prins	HP Griffin	6	6	227.4%	171.0%	100.0%	200.0%	96.67%	94.4%	30.0%
Herschel Prins	HP Phoenix	6	6	203.3%	410.0%	103.3%	396.7%	100%	100.0%	41.9%
Mill Lodge	ML Bluebell	9	5	86.7%	180.0%	90.0%	116.7%	87.78%	4.4%	29.7%
Mill Lodge	ML Buttercup	9	9	93.3%	120.8%	96.7%	176.7%	87.78%	96.7%	28.3%
Stewart House	SH Skye Wing	26	25	110.8%	146.8%	240.0%	170.9%	95.56%	93.3%	48.2%
The Willows	Willows Unit	37	36	157.1%	244.8%	123.3%	267.7%	98.89%	98.9%	32.0%
Bennion Centre/ Langley	BC Kirby	21	19	76.0%	179.4%	75.0%	168.3%	42.22%	90.0%	27.7%
Bennion Centre/ Langley	BC Welford	21	20	74.7%	175.6%	58.3%	143.3%	35.56%	94.4%	21.1%
Evington Centre	CB Beechwood	15	14	97.3%	168.3%	101.7%	105.0%	81.11%	87.8%	16.6%
Evington Centre	CB Clarendon	20	19	104.0%	191.7%	106.7%	106.7%	92.22%	90.0%	24.7%
Evington Centre	EC Coleman	15	15	101.7%	315.4%	90.0%	295.0%	86.67%	97.8%	53.7%
Evington Centre	EC Gwendolen	-	-	-	-	-	-	-	-	-
Evington Centre	EC Wakerley	16	14	112.5%	171.5%	95.0%	196.7%	90.00%	92.2%	40.1%

Fielding Palmer Hospital	FP General	9	8	99.1%	92.0%	103.4%	-	88.89%	88.9%	16.7%
Melton Mowbray Hospital	MM Dalglish	17	16	100.0%	122.5%	100.0%	100.0%	97.78%	95.6%	13.2%
Rutland Hospital	Rutland	12	11	99.2%	108.1%	100.0%	96.7%	84.44%	37.8%	16.1%
St Luke's	SL Ward 1 Stroke	18	17	88.3%	173.4%	98.3%	95.0%	68.89%	52.2%	17.2%
St Luke's	SL Ward 3	14	13	100.8%	100.8%	200.0%	100.0%	97.78%	100.0%	33.4%
Coalville Hospital	CV Ellistown 2	24	23	120.8%	154.2%	200.0%	100.0%	97.78%	76.7%	4.7%
Coalville Hospital	CV Snibston 1	21	20	119.2%	161.5%	100.0%	100.0%	91.11%	63.3%	6.4%
Hinckley & Bosworth Hospital	HB East Ward	17	16	87.7%	153.3%	96.7%	96.7%	71.11%	72.2%	7.2%
Hinckley & Bosworth Hospital	HB North Ward	16	15	105.8%	169.2%	101.7%	98.3%	94.44%	96.7%	8.9%
Loughborough Hospital	Lough Swithland	20	19	101.7%	169.2%	100.0%	200.0%	97.78%	96.7%	15.1%
Bennion Centre/ Langley	Langley	15	10	126.7%	266.4%	106.7%	250.8%	96.67%	97.8%	57.1%
Adolescent Psychiatric Unit	Ward 3 (formally Oakham House)	10	8	122.7%	177.3%	124.5%	138.8%	94.44%	84.4%	22.1%
3 Rubicon Close	3 Rubicon Close	4	4	120.0%	180.0%	100.0%	146.7%	100.00%	95.6%	15.0%
Agnes Unit	Agnes Unit	16	14	143.3%	681.7%	91.7%	498.3%	92.22%	97.8%	56.0%
Gillivers	Gillivers	5	3	103.3%	165.0%	60.0%	133.3%	78.89%	76.7%	10.5%
The Grange	The Grange	5	3	-	186.7%	-	206.5%	98.89%	100.0%	27.9%

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	21	3	3	2	2	2	1
	Aston	ADULT MENTAL ILLNESS	17	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	16	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	17	3	3	2	2	2	1
	Thornton	ADULT MENTAL ILLNESS	24	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	6	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	26	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	21	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	21	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	15	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	20	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	15	2	2	2	3	3	2
	EC Gwendolen	OLD AGE PSYCHIATRY	-	2	2	2	3	3	2
	EC Wakerley	OLD AGE PSYCHIATRY	16	2	2	2	5	4	2
CHS East	FP General	REHABILITATION	9	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	24	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	21	2	2	2	6	4	2
	HB East Ward	REHABILITATION	17	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 – taken from safer staffing portal

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