Leicestershire Partnership **NHS**

NHS Trust

REPORT TO THE TRUST BOARD – 26th January 2017	
Title	Safer Staffing – December 2016 Monthly Review

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 December 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) Claire Armitage - Lead Nurse Adult Mental Health (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 – 26th January 2017

Safer Staffing – December 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 December 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.

Summary of Safer Staffing Hot Spot Trends

11. The table below provides an overarching summary of the Trust 'hot spots' with regard to maintaining safer staffing over the last six months.

	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016
Community Health Services	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	Rutland Memorial Hospital – Rutland Ward St Luke's Hospital - Ward 3	City Beds – Clarendon Ward Bennion Centre - Kirby and Welford wards	City Beds – Clarendon Ward St Luke's Hospital - Ward 1 and 3 Bennion Centre - Kirby and Welford wards
Families, Young People and Children's Services	-	-	-	-	-	-
Adult Mental Health and Learning Disability Services	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	Mill Lodge – Buttercup Ward and Bluebell Ward Agnes Unit Bradgate Unit	Agnes Unit Mill Lodge – New Site Bradgate Unit	Agnes Unit Mill Lodge – New Site Bradgate Unit

Table 1 - Summary of Trust 'hot spots'

Community Health Services (CHS)

12. The current 'hot spot' area(s) for Inpatient Community Hospitals is:
- City Beds – Clarendon Ward
- St. Luke's Hospital – Ward 1 and Ward 3
- Bennion Centre - Kirby and Welford wards

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 and 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%
Bennion Centre	BC Kirby	23	20	74.5%	196.2%	59.7%	140.3%	35.5%	93.5%	22.7%
Bennion Centre	BC Welford	23	21	80.0%	188.2%	53.2%	161.3%	32.3%	95.7%	20.6%
City Beds	CB Beechwood	20	18	101.5%	195.2%	101.6%	116.1%	75.6%	78.0%	21.4%
City Beds	CB Clarendon	23	21	103.2%	203.2%	101.6%	103.2%	86.0%	91.4%	30.2%
Evington Centre	EC Coleman	19	18	106.5%	321.7%	95.2%	262.9%	94.6%	98.9%	43.0%
Evington Centre	EC Wakerley	14	12	107.3%	158.2%	96.8%	191.9%	83.9%	89.2%	34.0%
Feilding Palmer Hospital	FP General	8	8	99.2%	95.7%	100.0%	-	87.1%	88.2%	18.2%
Melton Hospital	MM Dalgleish	17	15	97.6%	125.0%	100.0%	112.9%	97.9%	95.7%	11.3%
Rutland Hospital	Rutland	12	11	95.2%	104.1%	100.0%	109.7%	78.5%	33.3%	13.4%
St Luke's Hospital	SL Ward 1 Stroke	18	17	79.8%	236.3%	100.0%	150.0%	63.4%	33.3%	23.4%
St Luke's Hospital	SL Ward 3	14	13	97.6%	95.9%	196.8%	103.2%	93.6%	93.5%	29.3%
Coalville Hospital	CV Ellistown 2	24	22	143.9%	191.9%	203.2%	129.0%	98.9%	89.2%	15.5%
Coalville Hospital	CV Snibston 1	24	22	81.2%	203.2%	65.6%	101.6%	26.9%	1.1%	6.6%
Hinckley and Bosworth Hospital	HB East Ward	19	17	81.4%	172.7%	100.0%	98.4%	57.0%	72.0%	12.8%
Hinckley and Bosworth Hospital	HB North Ward	19	18	95.2%	171.0%	98.4%	98.4%	92.5%	91.4%	4.9%
Loughborough Hospital	Lough Swithland	24	23	107.3%	183.9%	101.6%	196.8%	97.9%	98.9%	12.4%

Table 2 - Community Hospitals

13. The 'hot spot' areas are utilising a higher than average percentage of temporary workers (30.2%, 23.4% and 29.3% respectively). There is a clear correlation between high usages of temporary workers to the numbers of vacancies for these areas and also additional staff to meet the safety and care of patients requiring specialling. Staff are moved between sites to balance need and risk to ensure safer staffing levels are maintained across the service.

14. During December 2016, the hot spot areas for Mental Health Services for Older People (MHSOP) remain as Bennion Centre - Kirby and Welford wards as these wards did not achieve over 80% for average fill rate of registered nurses (RNs). Bennion Centre - Kirby Ward scored 59.7% and Bennion Centre – Welford Ward 53.2%, which is a further decrease from November 2016. This situation remains as a result of Registered Mental Nurse (RMN) vacancies and a total of six RMNs on long term sick across the two wards. On occasion, the decision has been taken to fill gaps with regular Health Care Support Workers (HCSW) rather than using agency workers. Bennion Centre - Welford and Kirby wards did not achieve over 80% for skill mix met. Bennion Centre - Kirby Ward only achieved the skill mix 35.48% of the time and Bennion Centre - Welford Ward 32.26% of the time. This is as a result of vacancies and long term sickness. Evington Centre - Coleman and Wakerley wards both used over 20% of temporary workers as a result of long term sickness, vacancies and increased staffing to manage patients with behaviours that challenge by using therapeutic observation and interaction.

15. The following wards were exceptions for skill mix met – City Beds - Beechwood Ward (75.6%), Rutland Hospital - Rutland Ward (78.49%), Hinckley and Bosworth Hospital - East Ward (57%), St Luke's Hospital - Ward 1 (63.44%) and Coalville Hospital - Ward 1 (26.9%). The rational for the reduction in compliance for the two stroke wards is the change to the planned staffing numbers to reflect the additional resource allocated to these areas. Staff are moved between sites to balance need and risk and ensure safer staffing levels are maintained across the service. This will affect both the skill mix percentage and percentage of funded staffing levels met by shift based on full bed occupancy.

The risks this presents us with

16. 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

17. 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

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

- Rolling recruitment including open days and monthly interviews;
- A recruitment open morning is planned for the Evington Centre in Jan 2017 which will include interviewing perspective candidates on the day;
- Robust sickness management processes are in place;
- MHSOP to instigate a recruitment premium scheme;
- Continuous review of workforce including new roles to enhance skill mix, including a cohort of trainee Assistant Practitioners and pilot of Nursing Associates (currently recruiting five across the Trust).

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

19. 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				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Day (Early and 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%
Bennion Centre/ Langley	Langley	15	13	154.4%	146.8%	100.0%	145.2%	88.17%	97.8%	42.9%
Adolescent Psychiatric Unit	Ward 3	10	9	109.4%	165.8%	105.1%	111.9%	87.10%	88.2%	24.4%

Table 3 – Children's Inpatient Services

20. The Quality Network for Inpatient Child and 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.

21. 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.

22. 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

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

Glenfield Site - Langley Ward

24. 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.

25. 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.

26. 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).

27. 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 additional substantive staff posts.

28. The safer staffing dashboard for December 2016 indicates the high fill rate for health care support workers (HCSWs) and registered nurses 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.

29. There were two safer staffing incidents relating to Langley Ward during December 2016. The first related to insufficient qualified nursing cover on the shift, although there were

sufficient numbers with extra HCSW support. The second safer staffing incident was due to short notice sickness absence and the inability to cover the shift to meet the safer staffing levels. No adverse outcomes resulted for patient care from this.

30. Currently there are vacancies for 3.0 whole time equivalent (wte) RNs.

31. 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.

32. The ward attended the latest Trust recruitment fair and has three follow up contacts to pursue. The vacancies will be re-advertised in the New Year following a review of the recruitment advert.

33. There is currently one member of nursing staff on long term sick leave on Langley Ward. Short term sickness is currently at a moderate level mainly due to seasonal issues (coughs, colds, upper respiratory tract infections etc.) 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. Currently only one additional member of staff is required per shift to support high levels of acuity. Admissions to the ward continue on a planned basis.

The risks this presents us with

35. Langley Ward remains underfunded and this poses the risk 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.

36. 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.

37. 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.

38. 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.

39. The inability to admit to the ward during August 2016 and October 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 formally offered to fund 15 beds from 2017/18 and this has been accepted by the Trust.

Mitigating actions in place to prevent these risks

40. Immediate mitigating actions include:

- Commencing a further recruitment process to fill the existing vacancies, following a review of the recruitment advert;
- 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 the Trust's contract manager with UHL;
- Attendance at future careers fairs, in addition organization of a recruitment "drop in" session at De Montfort University in January 2017.

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

41. 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

42. 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.

43. There is no current commissioned place of safety specifically for children in the area of Leicester, Leicestershire and Rutland. Police and/or ambulance personnel will therefore take children under section 136 of the mental health act to the emergency department based at Leicester Royal Infirmary. A proposal for an all age place of safety assessment unit (PSAU) has been put forward for the Bradgate Unit.

44. 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.

45. Coalville Hospital – Ward 3 is currently 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, which resulted 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 on maternity leave.

46. 2.0 wte RN posts were recruited to in September 2016; both RNs have now commenced in post on the unit and are completing their induction and preceptorship periods. 2.76 wte vacancies for RNs remain and further recruitment is on-going. Recruitment for HCSW posts has taken place and 2 new employees have commenced in post. Two further HCSWs were interviewed at a recent trust careers fair and offered employment, which they have both verbally accepted. Recruitment processes are underway.

47. Coalville Hospital – Ward 3 has a Senior RN with a 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.

48. 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.

49. There was one safer staffing incident recorded for December 2016. There have been high levels of acuity on Coalville Hospital - Ward 3 during December 2016 which is reflected in the use of temporary workers on the scorecard. The extra care suite has been utilised on one occasion necessitating increased staffing levels to maintain safe, effective patient care.

50. 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.

51. Short term sickness levels were moderate for December 2016. This has mostly been related to seasonal issues (coughs, colds, upper respiratory tract infections etc.). 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.

52. An interim Operational Lead has taken up post with responsibility for CAMHS Ward 3, commencing January 2017.

53. An "Emergency Bed" has been incorporated into the Coalville Hospital - 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

54. 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.

55. Coalville Hospital – Ward 3 utilises an increased number of temporary workers to offset the current vacancy rate and increase in patient acuity. 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

56. Immediate mitigating actions include:

- The Deputy Lead Nurse, Senior Matron and Interim Operational Lead continue to provide leadership support to the Ward Matron and nursing team at Coalville Hospital - Ward 3;
- 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;
- A staffing escalation policy has been developed giving clear guidance on the processes to follow for the use of temporary workers;
- Escalating safer staffing issues as they arise to the ward matron and to the Lead Nurse through the staffing escalation policy;
- 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;
- An induction pack for temporary workers has been produced in relation to this unit area;
- Where possible, regular bank workers are employed to cover vacant shifts. There is a minimum of one substantive staff member per shift to provide consistency and support to patients and staff.

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

57. 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 Leicester, Leicestershire and Rutland (LLR) and a service specification is being developed. This approval will be a contract variation between commissioner and provider during 2016/17;
- 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.

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

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

				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 and Late Shift)		Night				
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
3 Rubicon Close	3 Rubicon Close	4	3	119.4%	148.4%	87.1%	119.4%	90.32%	83.9%	13.9%
Gillivers	Gillivers	5	3	80.6%	190.3%	48.4%	135.5%	62.37%	73.1%	23.6%
The Grange	The Grange	5	3	-	381.7%	-	171.0%	96.47%	98.8%	23.8%

Table 4 – Short Break Homes

58. Within the Short Break Homes, The Grange and Rubicon Close continue to meet the required thresholds based on the 1:5 ratio of RNs to patients. However, during December 2016, The Gillivers skill mix dropped to 62.37%. As at the end of December 2016, there were no RN vacancies and four Band 3 Health Care Support Worker (HCSW) vacancies across the homes.

59. A recent drop in skill mix at The Gillivers is due to RN sickness and a secondment. The use of temporary workers had increased accordingly, however this appears to have stabilised and during December 2016 temporary workers comprised 23.6% of the workforce.

60. The Grange makes flexible use of Band 3 HCSWs where an RN is not always required. The use of temporary workers appears to have stabilised during December 2016, and temporary workers comprised 23.8% of the workforce.

61. Within Rubicon Close, use of temporary workers dropped from 17.7% during November 2016 to 13.9% during December 2016.

The Risks This Presents Us With

62. 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. Although it is notable that no patient acuity issues have been reported for the short break homes during December 2016, overall there is an increasing trend of higher physical health care needs in addition to complex behaviours. Services continue to factor this into all ongoing skill mix reviews.

Mitigating Actions in Place to Prevent These Risks

63.   Immediate mitigating actions include:
- Continuing to support administration and non-nursing duties for both Gillivers and Rubicon Close.   A service plan has been 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;
- Staffing is assessed by the manager of short breaks on a weekly basis to ensure adequate cover across the three homes;
- The Local Authority Short Break Review has commenced and this will affect the long term plans for the use of the homes.

Agnes Unit

				Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Actual Hours Worked divided by Planned Hours						
				Day (Early and 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	14	12	139.2%	607.7%	91.9%	391.4%	91.40%	98.9%	37.8%

Table 5 - Agnes Unit

64. The current staffing establishment for this unit reflects an RN requirement to supervise the four pods, each with four patients. In October 2016, the number of commissioned beds reduced to 14 as part of the Transforming Care Programme. Where possible, it is planned that care will be consolidated within three pods when two beds or more are not in use.

65. All safer staffing thresholds were met in December 2016. The recent downward trend in the use of temporary workers has continued, and use of temporary workers has steadily reduced from 56% in September 2016 to 37.8% in December 2016. As at the end of December 2016, there are three RN vacancies and some short and long term RN sickness. One band 7 RN remains on secondment to the Short Break Services.

The Risks This Presents Us With

66. The Agnes Unit continues to have a high level of sickness and maternity leave; this could impact on patient care and safety as acuity of patients has been high over recent months. The Agnes Unit is currently considered a 'hotspot' for the directorate.

Mitigating Actions in Place to Prevent These Risks

67. Immediate mitigating actions include:

- 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, 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;
- Where admissions allow, the care is being consolidated on three pods to allow better distribution of staff.

Low Secure Services – Hershel Prins

				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 and 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%
Herschel Prins	HP Griffin	2	2	107.1%	171.4%	100.0%	183.3%	91.67%	91.7%	57.4%
Herschel Prins	HP Phoenix	10	10	106.0%	224.6%	109.7%	208.8%	92.47%	95.7%	36.5%

Table 6 - Low Secure Services

68. The wards at Herschel Prins have been through an extensive refurbishment programme during 2016/17. As of 5th December 2016, Herschel Prins - Griffin Ward has closed and Herschel Prins - Phoenix Ward is caring for 12 male patients. Due to the current isolation of Herschel Prins - Phoenix Ward and the lack of a response team, staffing levels have been temporarily increased from 6-6-3 to 6-6-5, and a dynamic risk assessment has been completed to support this change.

69. Both wards have achieved the thresholds for safer staffing in December 2016. Temporary workers have been used to cover vacancies, sickness and level one observation. The percentage of bank and agency workers used on both wards increased

during December 2016. The use of bank workers on Herschel Prins – Phoenix Ward increased from 24.0% during November 2016 to 36.5% during December 2016. The use of bank workers on Herschel Prins – Griffin Ward increased from 49.5% during November 2016 to 57.4% during December 2016.

70. There are currently 1.4 wte RN vacancies and 0.3 wte HCSW vacancies at Herschel Prins.

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	36	158.1%	261.9%	125.0%	278.9%	100.00%	100.0%	37.5%
Mill Lodge	ML New Site	14	13	75.0%	175.0%	93.5%	109.7%	59.14%	43.0%	26.4%
Stewart House	SH Skye Wing	29	24	125.0%	137.6%	200.0%	131.1%	93.55%	87.1%	32.6%

Table 7 - Rehabilitation

71. The Willows met all thresholds for safer staffing throughout December 2016 and 100% of shifts met funded staffing levels. Long term sickness has increased and there are two RNs and two HCSWs on long term sick leave. There remains one RN and one HCSW on non-clinical duties due to pregnancy, and four HCSWs are allocated regular study leave to support Open University courses. There are no RN vacancies at The Willows and there are currently ten HCSW vacancies, for which recruitment is underway. The use of bank workers has remained relatively stable at 35.4% during November 2016 and 37.5% during December 2016. Three of the four wards are currently working on staffing levels of 4-4-4, due to level one observations or risk of violence and absconsion.

72. Mill Lodge moved from Kegworth, Derbyshire, to the Stewart House site in Leicester on 23rd November 2016. There are currently six band 5 registered nurse vacancies. RN interviews which took place on 6th December 2016 were unsuccessful and the posts have been readvertised. Temporary workers have been used to cover vacancies, sickness and maternity leave. The percentage of bank and agency workers used during December 2016 was 26.4%.

73. Stewart House has met the thresholds for safer staffing, but has utilised 32.6% of bank workers to cover short and long term sickness (however, this represents a significant decrease from 48.4% the previous month). Three band 5 RNs have joined the team as part of the redeployment of Herschel Prins – Griffin Ward staff; and RN posts are being

re-advertised following unsuccessful recruitment in December 2016. Two HCSWs are undertaking RN training.

The risks this presents us with

74. Mill Lodge continues to be considered a 'hotspot' within the directorate and staffing is monitored weekly.

Mitigating Actions in Place to Prevent These Risks

75. 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 coordinated use of substantive staff, bank workers and some agency workers that have been booked for an extended period to provide continuous care;

   • Staff are moved from other rehabilitation units to ensure adequate staffing and there is a recruitment plan in place. Staff members from other rehabilitation services or low secure services are being considered for longer term cover.

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 and 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	20	89.2%	190.3%	104.8%	341.9%	72.04%	96.8%	58.8%
Bradgate MHU	Aston	18	17	98.4%	135.5%	98.4%	322.6%	84.95%	95.7%	35.2%
Bradgate MHU	Beaumont	17	17	77.4%	175.8%	96.8%	267.7%	53.76%	100.0%	39.2%
Belvoir PICU	Belvoir Unit	10	10	98.4%	368.0%	100.0%	368.9%	92.47%	100.0%	50.2%
Bradgate MHU	Bosworth	15	15	79.0%	142.7%	95.2%	171.0%	56.99%	94.6%	21.1%
Bradgate MHU	Heather	11	11	91.1%	138.7%	95.2%	187.1%	73.12%	95.7%	33.4%
Bradgate MHU	Thornton	23	23	91.9%	187.1%	101.6%	383.9%	78.49%	100.0%	46.7%
Bradgate MHU	Watermead	20	20	97.8%	146.0%	100.0%	232.3%	92.47%	97.8%	37.4%

Table 8 - Bradgate Unit

76. The Bradgate Unit is made up of seven acute mental health wards – Ashby, Aston, Beaumont, Bosworth, Heather, Thornton and Watermead plus Belvoir Ward – a Psychiatric Intensive Care Unit (PICU).

77. 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, registered

nurse vacancies, short-term and long-term sickness, maternity leave and some environmental issues.

78. All wards met the threshold for average fill rate on day shifts for RNs, with the exception of Bosworth and Beaumont wards. All wards met the threshold of registered nurses during the night.

79. Meeting the required threshold for a skill mix of 1:8 RN to patient ratio and 60:40 RN to HCSW remains a significant challenge for the wards. During December 2016, this was only achieved by Belvoir, Aston and Watermead wards. 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 affect meeting this standard in the future.

80. The funded staffing level met by shift has been achieved for all wards with a high level of bank and agency use. Bank and agency use varies from ward to ward; however, there has been a slight decrease in use over the past month. Use of bank and agency workers on Bosworth Ward has decreased from 36.1% during November 2016 to 21.1% during December 2016; and on Heather Ward a decrease of 45.65 to 33.4% has been noted. Against this overall trend, bank and agency use on Ashby Ward has increased from 52.9% to 58.8% during the same period.

81. All wards have had high levels of patient acuity requiring additional staffing for level one observation.

82. Across the Bradgate Unit wards (excluding Belvoir Unit) there are 105 Band 6 and Band 5 RNs employed to work each month. At the end of December 2016, there were 31.1 wte RN vacancies (as compared to 30.6 wte vacancies the previous month). Four RNs were on maternity leave, and three RNs cannot work within the numbers due to pregnancy. There were 2.6 wte RNs on long term sick. There were 30 RN shifts lost to sickness (as compared to 65 the previous month). There are also approximately 24.8 wte HCSW vacancies across the wards, which is an increase from the November 2016 figure of 14 wte vacancies.

The risks this presents us with

83. There is a continued risk that failure to reach required staffing levels will impact on the 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.

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

85. 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 significantly reduced.

Mitigating Actions in Place to Prevent These Risks

86. 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 the Trust's Centralised Staffing Solutions (CSS) 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 one 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 the community, Crisis Team and other posts;

- 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 and Nursing Associates and secretarial support to matrons and psychology posts.

Conclusion

87. 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.

88. 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 November 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				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Day (Early and 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%
AMH Bradgate	Ashby	21	20	89.2%	190.3%	104.8%	341.9%	72.04%	96.8%	58.8%
AMH Bradgate	Aston	18	17	98.4%	135.5%	98.4%	322.6%	84.95%	95.7%	35.2%
AMH Bradgate	Beaumont	17	17	77.4%	175.8%	96.8%	267.7%	53.76%	100.0%	39.2%
AMH Bradgate	Belvoir Unit	10	10	98.4%	368.0%	100.0%	368.9%	92.47%	100.0%	50.2%
AMH Bradgate	Bosworth	15	15	79.0%	142.7%	95.2%	171.0%	56.99%	94.6%	21.1%
AMH Bradgate	Heather	11	11	91.1%	138.7%	95.2%	187.1%	73.12%	95.7%	33.4%
AMH Bradgate	Thornton	23	23	91.9%	187.1%	101.6%	383.9%	78.49%	100.0%	46.7%
AMH Bradgate	Watermead	20	20	97.8%	146.0%	100.0%	232.3%	92.47%	97.8%	37.4%
AMH Other	HP Griffin	2	2	107.1%	171.4%	100.0%	183.3%	91.67%	91.7%	57.4%
AMH Other	HP Phoenix	10	10	106.0%	224.6%	109.7%	208.8%	92.47%	95.7%	36.5%
AMH Other	SH Skye Wing	29	24	125.0%	137.6%	200.0%	131.1%	93.55%	87.1%	32.6%
AMH Other	Willows Unit	38	36	158.1%	261.9%	125.0%	278.9%	100.00%	100.0%	37.5%
AMH Other	Mill Lodge (New Site)	14	13	75.0%	175.0%	93.5%	109.7%	59.14%	43.0%	26.4%
CHS City	BC Kirby	23	20	74.5%	196.2%	59.7%	140.3%	35.48%	93.5%	22.7%
CHS City	BC Welford	23	21	80.0%	188.2%	53.2%	161.3%	32.26%	95.7%	20.6%
CHS City	CB Beechwood	20	18	101.5%	195.2%	101.6%	116.1%	75.61%	78.0%	21.4%
CHS City	CB Clarendon	23	21	103.2%	203.2%	101.6%	103.2%	86.02%	91.4%	30.2%
CHS City	EC Coleman	19	18	106.5%	321.7%	95.2%	262.9%	94.62%	98.9%	43.0%
CHS City	EC Wakerley	14	12	107.3%	158.2%	96.8%	191.9%	83.87%	89.2%	34.0%
CHS East	FP General	8	8	99.2%	95.7%	100.0%	-	87.10%	88.2%	18.2%
CHS East	MM Dalgleish	17	15	97.6%	125.0%	100.0%	112.9%	97.85%	95.7%	11.3%
CHS East	Rutland	12	11	95.2%	104.1%	100.0%	109.7%	78.49%	33.3%	13.4%
CHS East	SL Ward 1 Stroke	18	17	79.8%	236.3%	100.0%	150.0%	63.44%	33.3%	23.4%
CHS East	SL Ward 3	14	13	97.6%	95.9%	196.8%	103.2%	93.55%	93.5%	29.3%
CHS West	CV Ellistown 2	24	22	143.9%	191.9%	203.2%	129.0%	98.92%	89.2%	15.5%

CHS West	CV Snibston 1	24	22	81.2%	203.2%	65.6%	101.6%	26.88%	1.1%	6.6%
CHS West	HB East Ward	19	17	81.4%	172.7%	100.0%	98.4%	56.99%	72.0%	12.8%
CHS West	HB North Ward	19	18	95.2%	171.0%	98.4%	98.4%	92.47%	91.4%	4.9%
CHS West	Lough Swithland	24	23	107.3%	183.9%	101.6%	196.8%	97.85%	98.9%	12.4%
FYPC	Langley	15	13	154.4%	146.8%	100.0%	145.2%	88.17%	97.8%	42.9%
FYPC	CV Ward 3 (CAMHS)	10	9	109.4%	165.8%	105.1%	111.9%	87.10%	88.2%	24.4%
LD	3 Rubicon Close	4	3	119.4%	148.4%	87.1%	119.4%	90.32%	83.9%	13.9%
LD	Agnes Unit	14	12	139.2%	607.7%	91.9%	391.4%	91.40%	98.9%	37.8%
LD	The Gillivers	5	3	80.6%	190.3%	48.4%	135.5%	62.37%	73.1%	23.6%
LD	The Grange	5	3	-	381.7%	-	171.0%	96.47%	98.8%	23.8%

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	18	3	3	2	2	2	1
	Beaumont	ADULT MENTAL ILLNESS	17	3	3	2	2	2	1
	Belvoir Unit	PICU	10	2	2	1	3	3	3
	Bosworth	ADULT MENTAL ILLNESS	15	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	11	3	3	2	2	2	1
	Thornton	ADULT MENTAL ILLNESS	23	3	3	2	2	2	1
	Watermead	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
AMH Other	HP Griffin	FORENSIC PSYCHIATRY	2	2	2	1	2	2	2
	HP Phoenix	FORENSIC PSYCHIATRY	10	2	2	1	3	3	2
	ML Bluebell	ADULT MENTAL ILLNESS	29	1	1	1	3	3	2
	ML Buttercup	ADULT MENTAL ILLNESS	38	1	1	1	2	2	1
	ML New Site	ADULT MENTAL ILLNESS	14	2	2	2	4	4	2
	SH Skye Wing	REHABILITATION	23	2	2	1	4	4	2
	Willows Unit	ADULT MENTAL ILLNESS	23	4	4	4	8	8	8
CHS City	BC Kirby	OLD AGE PSYCHIATRY	20	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	23	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	19	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	14	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	8	2	2	2	3	3	2
	EC Gwendolen	OLD AGE PSYCHIATRY	17	2	2	2	3	3	2
	EC Wakerley	OLD AGE PSYCHIATRY	12	2	2	2	5	4	2
CHS East	FP General	REHABILITATION	18	2	2	2	2	1	0
	MM Dalgleish	REHABILITATION	14	2	2	2	3	2	1
	Rutland	REHABILITATION	24	2	2	2	4	3	1
	SL Ward 1 Stroke	REHABILITATION	24	3	2	2	5	4	2
	SL Ward 3	REHABILITATION	19	2	2	1	2	2	1
CHS West	CV Ellistown 2	REHABILITATION	19	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	24	2	2	2	6	4	2
	HB East Ward	REHABILITATION	15	3	3	2	4	3	2
	HB North Ward	REHABILITATION	21	2	2	2	4	2	2
	Lough Swithland	REHABILITATION	18	2	2	2	4	2	1
FYPC	Langley	CHILD AND ADOLESCENT PSYCHIATRY	17	3	3	1	2	2	2
	CV Ward 3 (formally Oakham House)	CHILD AND 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	14	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