

TRUST BOARD – 23RD FEBRUARY 2017

SAFER STAFFING – JANUARY 2017 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 January 2017 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.

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.

	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017
Community Health Services	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	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	Agnes Unit Mill Lodge – New Site Bradgate Unit	Agnes Unit Bradgate Unit	Agnes Unit Mill Lodge – New Site Stewart House – Skye Wing Bradgate Unit

Table 1 - Summary of Trust 'hot spots'

Community Health Services (CHS)

12. The current 'hot spot' areas for Inpatient Community Hospitals are:

- 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)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
				Actual Hours Worked divided by Planned Hours						
				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%	<20%	
Bennion Centre	BC Kirby	22	19	76.1%	213.4%	71.0%	137.1%	44.09%	97.8%	28.4%
Bennion Centre	BC Welford	22	21	72.9%	195.4%	79.0%	125.8%	47.31%	93.5%	21.3%
City Beds	CB Beechwood	21	20	105.2%	187.2%	96.8%	96.8%	84.95%	80.6%	13.8%
City Beds	CB Clarendon	23	22	114.3%	188.7%	109.7%	122.6%	95.70%	91.4%	25.5%
Evington Centre	EC Coleman	20	17	97.6%	317.9%	98.4%	271.0%	92.47%	98.9%	47.0%
Evington Centre	EC Wakerley	20	17	104.8%	238.9%	98.4%	200%	89.25%	95.7%	31.5%
Feilding Palmer Hospital	FP General	9	9	135.6%	78.6%	106.9%	-	68.82%	97.8%	13.8%
Melton Hospital	MM Dalgleish	16	15	100%	126.6%	100%	103.2%	98.92%	97.8%	11.2%
Rutland Hospital	Rutland	13	12	100.8%	108.6%	101.7%	109.7%	81.72%	35.5%	13.5%
St Luke's Hospital	SL Ward 1 Stroke	18	18	69.8%	222.6%	100%	127.4%	43.01%	33.3%	29.0%
St Luke's Hospital	SL Ward 3	14	13	100.8%	99.2%	193.5%	96.8%	97.85%	98.9%	28.4%
Coalville Hospital	CV Ellistown 2	24	23	135.5%	204.8%	203.2%	143.5%	100%	86.0%	13.6%
Coalville Hospital	CV Snibston 1	24	23	90.9%	214.5%	66.7%	100%	36.56%	6.5%	2.9%
Hinckley and Bosworth Hospital	HB East Ward	18	16	80.2%	175.2%	100%	106.5%	60.22%	80.6%	12.3%
Hinckley and Bosworth Hospital	HB North Ward	13	13	99.2%	147.9%	98.4%	100%	96.77%	95.7%	6.5%
Loughborough Hospital	Lough Swithland	24	23	124.2%	170.2%	103.2%	196.8%	97.85%	98.9%	10.8%

Table 2 - Community Hospitals

13. The 'hot spot' areas are utilising a higher than average percentage of temporary workers.

There is a clear correlation between high usage of temporary workers to the numbers of vacancies and additional staff to meet the safety and care of patients requiring specialising one to one care. Staff move between sites to balance patient need and risk to ensure safer staffing levels are maintained across the service on a daily basis. In addition, a substantive band 6 registered nurse (RN) is moving to St. Luke's Hospital - Ward 3 for a six month period to support continuity and increase senior clinical leadership.

14. The hot spot areas for Mental Health Services for Older People (MHSOP) are Bennion Centre - Kirby and Welford wards as a result of not achieving the fill rate of 80% for RNs.
15. Bennion Centre – Kirby Ward achieved 76.1% fill rate for RNs for day shifts as a result of an inability to source three RNs for each day shift; and 71% for night shifts when only one RN was available. This situation has now been rectified and off-framework agency is being used to fill outstanding gaps in RN shifts.
16. Bennion Centre - Welford Ward achieved a RN fill rate of 72.9% for day shifts as a result of an inability to source three RNs on day shifts and 79% for night shifts. This situation remains as a result of Registered Mental Nurse (RMN) vacancies and a total of five RMNs on long term sick across the two wards.
17. Evington Centre - Coleman and Wakerley wards used over 20% of temporary workers as a result of long term sickness, vacancies and increased staffing to support those patients who present with 'behavioral and psychological symptoms of dementia,' and are using level one therapeutic observation and interaction.
18. A recruitment and retention premium has been applied to support the attraction and retention of staff. An open morning took place at the Evington Centre in January 2017. Band 5 RN interviews took place in February 2017, which resulted in five RNs being offered posts. Work is also taking place to consider how all disciplines of staff can work in increasingly integrated ways to support and facilitate meeting patient care needs.
19. The fill rate analysis and skill mix met are reporting exceptions for both stroke wards at Coalville Hospital – Ward 1 and St Luke's Hospital – Ward 1. This is largely due to the change to the planned staffing numbers to reflect the additional resource allocated to these areas. The additional funding resulted in an extra 5.6 wte for St Luke's Hospital – Ward 1 and 12.6 wte for Coalville Hospital – Ward 1. Recruitment remains on-going to these additional posts.
20. A number of initiatives are in place to increase patient facing time, which are not reflected through the fill rates. These include:
 - Meaningful activity co-ordinators to deliver therapeutic activities;
 - Increased matron support to provide clinical leadership;
 - An additional therapist support to support clinical skills, development and leadership at the point of care;
 - Increased usage of HCAs to support increased dependency needs.
21. Staff are moved between sites to balance need, risk and ensure safer staffing levels are maintained by ensuring there is a minimum of two RNs per shift.

The risks this presents us with

22. 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

23. Immediate mitigating actions include:

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

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

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

- Rolling recruitment including open days and monthly interviews;
- 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 and increase patient facing time. These include a cohort of trainee assistant practitioners, a pilot of nursing associates, meaningful activity coordinators and a review of the role of pharmacy technicians in medicine management.

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

25. There are no current ‘hot spot’ areas for inpatient services within Families, Young People and Children’s Services.
26. 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 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%
Bennion Centre/ Langley	Langley	15	12	146.0%	185.5%	100%	217.7%	100%	100%	53.6%
Adolescent Psychiatric Unit	Ward 3	10	9	130.8%	308.7%	114.5%	274.5%	97.85%	98.9%	45.0%

Table 3 – Children’s Inpatient Services

Glenfield Site - Langley Ward

27. 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. Langley 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.
28. 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.
29. 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).
30. As a result of the safer staffing review undertaken by the Lead Nurse in 2016, 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 through income generated by the ward and flexible use of bank workers. To further maintain this safer staffing level £100k of income generation was converted to budget during the financial year 2016/2017.

31. The safer staffing dashboard for January 2017 indicates the high fill rate for health care support workers (HCSWs) and RNs in order to meet the demand posed by the high acuity of patients. Levels of acuity on Langley Ward have been significantly higher in January 2017, requiring higher than usual numbers of temporary workers. 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. Patient's needs have been met and safely maintained at all times.
32. There were eight safer staffing incidents relating to Langley Ward during January 2017. Six of these related to insufficient numbers of staff on shift to meet the higher levels of patient acuity and two related to having only one RN on shift when two RNs were required. No adverse outcomes resulted for patient care as a result of this.
33. Currently there are vacancies for 4.0 wte RNs as one member of staff will be leaving at the end of February 2017.
34. Recruitment and retention has been an issue for Langley 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.
35. The ward attended the latest Trust recruitment fair and is actively pursuing plans to attract qualified staff. A recruitment advert for RNs is planned for February 2017.
36. 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 work related stress. This is robustly managed by the ward manager in conjunction with Human Resources (HR) via regular return to work meetings, ill health reviews, setting of attendance targets where necessary and further support for staff where needed.
37. At present, only one additional member of staff is required per morning shift and two per afternoon shift to support high levels of acuity. Admissions to the ward continue on a planned basis.

The risks this presents us with

38. 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.

39. 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.
40. 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.
41. 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.
42. The inability to admit to Langley Ward during August 2016 and October 2016 has offset the over recovery of income in the preceding months. It is anticipated the service will 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

43. Immediate mitigating actions include:

- Commencing a further recruitment process to fill the existing vacancies;
- £100k of income generation was converted into budget during the financial year 2016/2017;
- Continual monitoring of staffing levels on Langley Ward on a daily basis;
- Continued use of a 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 Lead Nurse and 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 and other recruitment opportunities.

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

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

- 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

45. Coalville Hospital - Ward 3 is a CAMHS 10 bedded inpatient ward based within the local community hospital at Coalville. The ward relocated to this site in March 2015. Coalville Hospital remains a temporary location whilst work continues to identify a permanent solution. Coalville Hospital - Ward 3 provides assessment, planning and treatment to adolescents aged from 11 years to 18 years presenting with acute and complex or suspected mental illness. This service is commissioned by NHS England. Admissions are also managed by NHS England in conjunction with the senior clinical team 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.
46. 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 RNs per day shift and one RN per night shift.
47. 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.
48. 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
49. The Leicestershire Medicines Code specifies two RNs are required to administer medication to children at all times.
50. 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.

51. 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.
52. 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.
53. Currently, there are 2.76 wte vacancies for RNs with ongoing recruitment. Recruitment for HCSW posts has taken place and interviews have been conducted, resulting in three posts being offered subject to LPT Recruitment process. One part time HCSW vacancy remains.
54. 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.
55. There is over staffing when required 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.
56. There were five safer staffing incidents recorded for January 2017 related to insufficient numbers of staff on shift to meet the higher levels of patient acuity. There have been very high levels of acuity on Coalville Hospital - Ward 3 during January 2017, which is reflected in the use of temporary workers on the scorecard. The extra care suite has been utilised on four occasions necessitating increased staffing levels to maintain safe, effective patient care. A patient was also accommodated on the Agnes Unit (an Adult Learning Disability Inpatient Service), requiring an additional four extra staff per shift. This was in addition to the extra staff required on Coalville Hospital - Ward 3. No adverse outcomes for patient care resulted from this.
57. A Senior Matron position (0.5 wte) has been allocated to this area as a result of a change of structure within the service. This role continues to provide leadership and support to the Coalville Hospital - Ward 3 environment and nursing team.

58. Short term sickness levels were low for January 2017. 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.
59. An interim Operational Lead commenced in post in January 2017 with responsibility for CAMHS at Coalville Hospital - Ward 3.
60. 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

61. 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.
62. 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

63. Immediate mitigating actions include:
 - The 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;
 - 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;
 - 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

64. 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 permanent 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). A full Children's Crisis Home Treatment Team will be fully commissioned from April 2017 and has been agreed as part of the two year contract settlement;
- 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)

65. The current 'hot spot' areas for Inpatient Adult Mental Health and Learning Disabilities Services are:

- Agnes Unit
- Mill Lodge (new site)
- Stewart House – Skye Wing
- Bradgate Unit

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 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%				
3 Rubicon Close	3 Rubicon Close	4	3	130.6%	177.4%	77.4%	206.5%	91.40%	97.8%	11.1%
Gillivers	Gillivers	5	3	104.8%	142.4%	67.7%	132.3%	80.65%	66.7%	4.1%
The Grange	The Grange	5	3	-	154.7%	-	418.8%	95.70%	100%	12.8%

Table 4 – Short Break Homes

66. The Gillivers and Rubicon Close have not met the RN fill rate on night duty, however RNs were not a requirement on all night shifts. In January 2017, there were three qualified nurse vacancies and 0.3 wte Band 3 HCSW vacancies across the three homes.

67. The Gillivers skill mix continued to be lower than expected at 66.7% due to there being 2.2 wte RN vacancies and one nurse on a secondment. The use of temporary workers has reduced from 23.6% in December 2016 to 4.1% in January 2017.

68. The Grange makes flexible use of Band 3 HCSWs where an RN is not always required. The use of temporary workers has reduced further in January 2017 to 12.8%.

69. Rubicon Close use of temporary workers dropped from 13.9% during December 2016 to 11.1% in January 2017.

70. The three short break homes now also support the Agnes Unit with HCSW staffing when safe to do so.

The Risks This Presents Us With

71. 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. During January 2017, The Gillivers experienced challenges in filling RN shifts with bank or agency workers with the required clinical skills. This increased pressure on substantive staff and required them to work extra shifts. Consideration was also given to changing patients' planned stays in the homes.

Mitigating Actions in Place to Prevent These Risks

72. 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 and has created band 6 deputy roles within each home;
- Staffing is assessed by the manager on a weekly basis to ensure adequate cover across the three homes; and bank shifts are offered to substantive staff;
- The Local Authority 'Short Break Review' has commenced and this will affect the long term plans for the use of the homes.

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 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%
Agnes Unit	Agnes Unit	15	15	130.7%	513.4%	83.9%	432.8%	86.02%	100%	29.7%

Table 5 - Agnes Unit

73. The staffing establishment for the Agnes 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. It is planned that care will be consolidated within three pods when two beds or more are not in use.

74. All safer staffing thresholds were met in January 2017. The recent downward trend in the use of temporary workers has continued steadily - reducing from 56% in September 2016 to 37.8% in December 2016 and 29.7% in January 2017. The Agnes Unit also now receives additional HCSW support from the three short break homes.

75. At the end of January 2017, there are three RN vacancies and some short and long term RN sickness. One band 7 and one band 5 RN remains on secondment to the Short Break Services. There are 12.2 wte HCSW vacancies.

The Risks This Presents Us With

76. The Agnes Unit continues to have a high level of vacancies across HCSWs, 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.

77. 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 also finding it difficult to attend training and complete supervision.

Mitigating Actions in Place to Prevent These Risks

78. Immediate mitigating actions include:

- 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;
- Where admissions allow, the care is being consolidated on three pods to allow better distribution of staff;
- The unit receives additional HCSW support from the three short break homes to support in patient care;
- Additional support for clinical supervision, attendance at training and meetings is being given by the Managers and Senior Matron.

Low Secure Services – Herschel 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 and Late Shift)		Night				
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
				>= 80%	>= 80%	>= 80%	>= 80%	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
Herschel Prins	HP Griffin	-	-	-	-	-	-	-	-	-
Herschel Prins	HP Phoenix	11	11	120.2%	191.3%	106.5%	195.2%	98.92%	100%	30.5%

Table 6 - Low Secure Services

79. 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 and a dynamic risk assessment has been completed to support this change.

80. In January 2017, Herschel Prins - Phoenix Ward achieved the thresholds for safer staffing. Temporary workers have been used to cover vacancies, sickness and level one observation. The usage of bank and agency workers has continued to be high at 30.5%.

81. There are currently 0.8 wte RN vacancies and 0.2 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)				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			
				>= 80%	>= 80%	>= 80%	>= 80%	(based on 1:8 plus 60:40 split)	>= 80%	<20%
Stewart House	SH Skye Wing	25	23	118.5%	112.5%	200%	117.7%	88.17%	82.8%	27.1%
The Willows	Willows Unit	38	36	143.5%	242.9%	122.6%	262.1%	98.92%	98.9%	35.1%
Mill Lodge	ML New Site	13	12	66.9%	170.0%	72.6%	129.0%	36.56%	40.9%	35.2%

Table 7 - Rehabilitation

82. The Willows met all thresholds for safer staffing throughout January 2017. Long and short term sickness continues across both RNs and HCSWs. 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. There are currently 10 HCSW vacancies for which recruitment is underway.

83. The use of bank workers has remained relatively stable at 35.1% despite there being increased patient acuity requiring additional nursing support. Three of the four wards continue to work on increased staffing levels of 4-4-4, due to level one observations or risk of patient violence and absconsion.

84. Mill Lodge moved from Kegworth, Derbyshire, to the Stewart House site in Leicester on 23rd November 2016. There were considerable staffing issues in the months prior to the move following the management of change process to change staff work base.

85. Safer staffing thresholds were not met for RNs on day and night shifts or for the skill mix requirements. Funded staffing levels met by shift were the lowest across Adult Mental Health Services at 40.9%. Staffing has continued to be a concern as recruitment has not been successful and there are currently 6.1 wte band 5 RN vacancies. There has also been some long and short term sickness across RNs in addition to maternity and

paternity leave across HCSWs. This has resulted in an increase in the use of bank and agency workers to 35.2% in January 2017.

86. Stewart House – Skye Wing has met the thresholds for safer staffing and has utilised 27.1% of bank workers to cover increased level one observations and short and long term sickness. This temporary worker usage represents a significant decrease from 32.6% in December 2016. Three band 5 RNs have joined the team as part of the redeployment of Herschel Prins - Griffin Ward staff. There are now two band 6 and 3.4 wte band 5 RN vacancies. Two HCSWs are undertaking RN training and one an Open University course.

The risks this presents us with

87. Mill Lodge and Stewart House – Skye Wing are considered to be ‘hotspots’ within Adult Mental Health Services and staffing is monitored weekly.

88. The level of vacancies, sickness and maternity leave at Mill Lodge could impact on patient care and safety. Staff are finding the staffing issues very stressful and are experiencing difficulties in attending training and completing supervision.

Mitigating Actions in Place to Prevent These Risks

89. 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.

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	21	97.8%	211.3%	106.5%	422.6%	88.17%	100%	64.4%
Bradgate MHU	Aston	16	15	93.0%	152.4%	95.2%	267.7%	73.12%	95.7%	39.1%
Bradgate MHU	Beaumont	18	17	82.8%	205.6%	101.6%	335.5%	65.59%	100%	48.3%
Belvoir PICU	Belvoir Unit	10	10	101.6%	310.6%	100%	326.2%	96.77%	100%	44.0%
Bradgate MHU	Bosworth	16	15	102.2%	133.9%	90.3%	193.5%	67.74%	93.5%	18.9%
Bradgate MHU	Heather	13	13	87.1%	141.9%	101.6%	180.6%	72.04%	97.8%	33.9%
Bradgate MHU	Thornton	24	23	84.9%	187.9%	98.4%	322.6%	65.59%	98.9%	37.1%
Bradgate MHU	Watermead	19	19	95.9%	132.5%	97.2%	238.9%	88.17%	97.8%	33.5%

Table 8 - Bradgate Unit

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

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

92. All wards met the threshold for average fill rate on day and night shifts for RNs and HCSWs.

93. 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 January 2017, this was only achieved by Belvoir Unit and Watermead 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 affect meeting this standard in the future.

94. The funded staffing level met by shift has been achieved for all wards, but there continues to be a high level of bank and agency use which varies from ward to ward.

95. Use of bank and agency workers on Bosworth Ward has steadily decreased from 36.1% in November 2016 to 18.9% in January 2017.

96. Heather Ward showed a decrease in temporary worker usage from 45.65% in November 2016 to 33.9% in January 2017.

97. Against this overall trend, bank and agency use on Ashby Ward has increased from 52.9% in November 2016 to 64.4% in January 2017.

98. All wards have experienced high levels of patient acuity requiring additional staffing for level one observation and to cover staff sickness.

99. 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 January 2017, there were 26.9 wte RN vacancies (as compared to 31.1 wte vacancies the previous month). Five RNs were on maternity leave, and two RNs cannot work within the numbers due to pregnancy. There were 1.6 wte RNs on long term sick. There were 69.4 RNs to provide nursing care across the seven wards. There were 88 RN shifts lost to short term sickness (as compared to 30 in December 2016). There are also approximately 39.1 wte HCSW vacancies across the wards, which is an increase from 24.8 wte vacancies in December 2016.

The risks this presents us with

100. 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.

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

102. Recently recruited RNs have generally been 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

103. Mitigating actions include:

- The Senior Matrons and Team Manager continue to meet every Monday and Thursday morning with Ward Matrons and review all staffing rotas to ensure 24-hour staffing is effectively co-ordinated through Centralised Staffing Solutions (LPT internal bank service);
- Staffing issues are discussed at the Bed Management Meetings to assess and review bed demand and 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;
- Nursing staff are moved between wards and services if required to ensure adequate nursing cover;

- To support safer 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;
- Due to the inability to recruit to the required number of RN posts, a range of options for remodelling vacant nursing posts into non-nursing roles was agreed at Directorate Assurance Group (DAG) and Finance Group in May 2016 and June 2016. 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

104. 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.
105. 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 January 2017

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		(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%	
AMH Bradgate	Ashby	21	21	97.8%	211.3%	106.5%	422.6%	88.17%	100%	64.4%
AMH Bradgate	Aston	16	15	93.0%	152.4%	95.2%	267.7%	73.12%	95.7%	39.1%
AMH Bradgate	Beaumont	18	17	82.8%	205.6%	101.6%	335.5%	65.59%	100%	48.3%
AMH Bradgate	Belvoir Unit	10	10	101.6%	310.6%	100%	326.2%	96.77%	100%	44.0%
AMH Bradgate	Bosworth	16	15	102.2%	133.9%	90.3%	193.5%	67.74%	93.5%	18.9%
AMH Bradgate	Heather	13	13	87.1%	141.9%	101.6%	180.6%	72.04%	97.8%	33.9%
AMH Bradgate	Thornton	24	23	84.9%	187.9%	98.4%	322.6%	65.59%	98.9%	37.1%
AMH Bradgate	Watermead	19	19	95.9%	132.5%	97.2%	238.9%	88.17%	97.8%	33.5%
AMH Other	HP Griffin	-	-	-	-	-	-	-	-	-
AMH Other	HP Phoenix	11	11	120.2%	191.3%	106.5%	195.2%	98.92%	100%	30.5%
AMH Other	SH Skye Wing	25	23	118.5%	112.5%	200%	117.7%	88.17%	82.8%	27.1%
AMH Other	Willows Unit	38	36	143.5%	242.9%	122.6%	262.1%	98.92%	98.9%	35.1%
AMH Other	Mill Lodge (New Site)	13	12	66.9%	170.0%	72.6%	129.0%	36.56%	40.9%	35.2%
CHS City	BC Kirby	22	19	76.1%	213.4%	71.0%	137.1%	44.09%	97.8%	28.4%
CHS City	BC Welford	22	21	72.9%	195.4%	79.0%	125.8%	47.31%	93.5%	21.3%
CHS City	CB Beechwood	21	20	105.2%	187.2%	96.8%	96.8%	84.95%	80.6%	13.8%
CHS City	CB Clarendon	23	22	114.3%	188.7%	109.7%	122.6%	95.70%	91.4%	25.5%
CHS City	EC Coleman	20	17	97.6%	317.9%	98.4%	271.0%	92.47%	98.9%	47.0%
CHS City	EC Wakerley	20	17	104.8%	238.9%	98.4%	200%	89.25%	95.7%	31.5%
CHS East	FP General	9	9	135.6%	78.6%	106.9%	-	68.82%	97.8%	13.8%
CHS East	MM Dagleish	16	15	100%	126.6%	100%	103.2%	98.92%	97.8%	11.2%
CHS East	Rutland	13	12	100.8%	108.6%	101.7%	109.7%	81.72%	35.5%	13.5%
CHS East	SL Ward 1 Stroke	18	18	69.8%	222.6%	100%	127.4%	43.01%	33.3%	29.0%
CHS East	SL Ward 3	14	13	100.8%	99.2%	193.5%	96.8%	97.85%	98.9%	28.4%
CHS West	CV Ellistown 2	24	23	135.5%	204.8%	203.2%	143.5%	100%	86.0%	13.6%
CHS West	CV Snibston 1	24	23	90.9%	214.5%	66.7%	100%	36.56%	6.5%	2.9%

CHS West	HB East Ward	18	16	80.2%	175.2%	100%	106.5%	60.22%	80.6%	12.3%
CHS West	HB North Ward	13	13	99.2%	147.9%	98.4%	100%	96.77%	95.7%	6.5%
CHS West	Lough Swithland	24	23	124.2%	170.2%	103.2%	196.8%	97.85%	98.9%	10.8%
FYPC	Langley	15	12	146.0%	185.5%	100%	217.7%	100%	100%	53.6%
FYPC	CV Ward 3 (CAMHS)	10	9	130.8%	308.7%	114.5%	274.5%	97.85%	98.9%	45.0%
LD	3 Rubicon Close	4	3	130.6%	177.4%	77.4%	206.5%	91.40%	97.8%	11.1%
LD	Agnes Unit	15	15	130.7%	513.4%	83.9%	432.8%	86.02%	100%	29.7%
LD	The Gillivers	5	3	104.8%	142.4%	67.7%	132.3%	80.65%	66.7%	4.1%
LD	The Grange	5	3	-	154.7%	-	418.8%	95.70%	100%	12.8%

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 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)	Registered Nurse (RN)			Health Care Support Worker (HCSW)		
			Early	Late	Night	Early	Late	Night
AMH Bradgate	Ashby	ADULT MENTAL ILLNESS	3	3	2	2	2	1
	Aston	ADULT MENTAL ILLNESS	3	3	2	2	2	1
	Beaumont	ADULT MENTAL ILLNESS	3	3	2	2	2	1
	Belvoir Unit	PICU	2	2	1	3	3	3
	Bosworth	ADULT MENTAL ILLNESS	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	3	3	2	2	2	1
	Thornton	ADULT MENTAL ILLNESS	3	3	2	2	2	1
	Watermead	ADULT MENTAL ILLNESS	3	3	2	2	2	1
AMH Other	HP Griffin	FORENSIC PSYCHIATRY	2	2	1	2	2	2
	HP Phoenix	FORENSIC PSYCHIATRY	2	2	1	3	3	2
	SH Skye Wing	REHABILITATION	2	2	1	4	4	2
	Willows Unit	ADULT MENTAL ILLNESS	4	4	4	8	8	8
	ML Mill Lodge (New Site)	ADULT MENTAL ILLNESS	2	2	2	4	4	2
CHS City	BC Kirby	OLD AGE PSYCHIATRY	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	2	2	2	3	3	2
	EC Gwendolen	OLD AGE PSYCHIATRY	2	2	2	3	3	2
	EC Wakerley	OLD AGE PSYCHIATRY	2	2	2	5	3	2
CHS East	FP General	REHABILITATION	2	1	2	2	2	0
	MM Dagleish	REHABILITATION	2	2	2	3	2	1
	Rutland	REHABILITATION	2	2	2	4	3	1
	SL Ward 1 Stroke	REHABILITATION	4	4	2	5	4	2
	SL Ward 3	REHABILITATION	2	2	1	2	2	1
CHS West	CV Ellistown 2	REHABILITATION	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	4	4	3	6	5	2
	HB East Ward	REHABILITATION	3	3	2	4	3	2
	HB North Ward	REHABILITATION	2	2	2	4	2	2
	Lough Swithland	REHABILITATION	2	2	2	4	2	1
FYPC	Langley	CHILD & ADOLESCENT PSYCHIATRY	3	3	1	2	2	2
	CV Ward 3 (formally Oakham House)	REHABILITATION	2	2	2	3	3	2
LD	3 Rubicon Close	LEARNING DISABILITY	1	1	1	2	2	1
	Agnes Unit	LEARNING DISABILITY	3	3	2	8	8	4
	The Gillivers	LEARNING DISABILITY	1	1	1	2	2	1
	The Grange	LEARNING DISABILITY	0	0	0	2	2	2