



STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Safer Staffing Six Monthly Review
Agenda ref. no:	16_17_116a
Report to (meeting):	Board of Director
Action required:	Discussion and Approval
Date of meeting:	25/01/2017
Presented by:	Gary Flockhart, Deputy Director of Nursing

Which strategic objectives this report provides information about:	
Deliver high quality, integrated and innovative services that improve outcomes	Yes
Ensure meaningful involvement of service users, carers, staff and the wider community	No
Be a model employer and have a caring, competent and motivated workforce	Yes
Maintain and develop robust partnerships with existing and potential new stakeholders	No
Improve quality of information to improve service delivery, evaluation and planning	Yes
Sustain financial viability and deliver value for money	Yes
Be recognised as an open, progressive organisation that is about care, well-being and partnership	Yes
Which CQC quality of service domains this report reflects:	
Safe services	Yes
Effective services	Yes
Caring services	Yes
Well-led services	Yes
Services that are responsive to people's needs	Yes
Which Monitor quality governance framework/ well-led domains this report reflects:	
Strategy	Yes
Capability and culture	Yes
Process and structures	Yes
Measurement	Yes
Does this report provide any information to update any current strategic risks? If so, which?	
See current risk register in the agenda of the public meeting of the Board of Directors at http://www.cwp.nhs.uk/about-us/board-members/our-board-meetings	No
N/A	
Does this report indicate any new strategic risks? If so, describe and indicate risk score:	
See current integrated governance strategy. CWP policies – policy code FR1	No
N/A	

REPORT BRIEFING

Situation – a concise statement of the purpose of this report
This report has been produced to provide Board members with details of the findings of the Safer Staffing six month review, covering May 2016 to October 2016, in line with NHS England and the National Quality Board [NQB] requirements. The information in this report is based on meetings with staff members, safer staffing group meetings, desk top review, and analysis of data.

Background – contextual and background information pertinent to the situation/ purpose of the report

In January 2014, the Operational Board and Board of Directors received and approved a paper setting out the Trust's current position in relation to ward staffing, vacancies, skill mix and areas for improvement following a comprehensive review led, on behalf of the Board, by the Associate Director of Nursing & Therapies (MH). Since the initial review there have been five, six monthly follow up reviews (including this one). Additionally, monthly reports have been provided to the Board of Directors from June 2014 onwards. In order to comply with NHS England and NQB requirements these reports and the Trust's performance are also published on CWP and NHS Choices websites.

Assessment – analysis and considerations of options and risks

The report details findings from actions agreed at the Operational and Trust Boards in July 2016 in relation to:

- Themes arising from ward reviews
- Ward sample triangulation
- Impact on breaks
- Hurst National Pilot and National Benchmarking
- Follow up actions relating to deep dive and e-roster update
- Recruitment and retention in relation to original recommendations
- Widening the consideration of MDT in relation to Safer Staffing (OT update)
- Context of Safer Staffing within community MH and LD teams
- Safer Staffing Community Physical Health update

As per previous six monthly reviews, the overall view of the clinical teams was that rather than issues with ward establishments, they reported ongoing issues in relation to requirements to backfill vacancies and absence. The exceptions to this are Oaktrees and Adelphi which require additional consideration.

Recommendation – what action/ recommendation is needed, what needs to happen and by when?

The Board of Directors is recommended to **approve** the recommendations and approach to future work streams as set out in appendix 1: "Six Monthly Safer Staffing Review"

Who/ which group has approved this report for receipt at the above meeting?	Avril Devaney, Director of Nursing	
Contributing authors:	Gary Flockhart and Anne Casey	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1	Operational Board	18 January 2017

Appendices provided for reference and to give supporting/ contextual information:

Appendix no.	Appendix title
1	Safer Staffing Six Monthly Review
2	Ward fill rates May 2016 to October 2016

October 2016 Six Monthly Ward Staffing Review

1 Introduction

This report has been produced to provide Board members with details of the findings of the Safer Staffing six month review, covering May 2016 to October 2016, in line with NHS England and the National Quality Board [NQB] requirements. The information in this report is based on meetings with staff members, safer staffing group meetings, desk top review, and analysis of data.

The report summarises key actions completed to date and further action required based on the findings of the review.

1.1 Background to the Ward Nurse staffing review

- Since the initial review presented to Board in January 2014 there have been five, six monthly follow up reviews (including this one). Additionally, monthly reports have been provided to the Board of Directors from June 2014 onwards. In order to comply with NHS England and NQB requirements these reports and the Trust's performance are also published on CWP and NHS Choices websites. The Director of Nursing continues to have oversight of ward staffing levels and reports directly to the Board of Directors in line with the NQB requirements.
- The October 2016 review was carried out by the Associate Director of Nursing and Therapies (MH and LD) with support from the Head of Performance and Information, Nurse Consultant in Adult Acute Care (MH) and Senior Occupational Therapists. CWP adopted the approach from the initial staffing review which recommended the continuous improvement of workforce practices alongside considering safe staffing levels in relation to nursing, the wider Multi-Disciplinary Team (MDT) and other professions.
- The reviewers met with representatives from each ward including General Managers, Clinical Service Managers, Ward Managers, Modern Matrons, and Allied Health Professionals in order to discuss issues currently impacting on ward staffing on a shift by shift basis and progress made since the last review. The areas discussed covered the range of factors impacting on nursing care challenges and the delivery of high quality care. The ward representatives were challenged on areas of practice and assumptions in order to support the resulting conclusions and recommendations.
- The review team undertook analysis of the information available and have made recommendations to the Board within this report.
- The review team have continued to engage with the MH safer staffing national programme being led by NHS improvement.

2 Report findings

The report consists of a number of reviews and analysis encompassing a comprehensive programme of work in relation to safer staffing progressed since May 2016 and reviewed in November 2016, comprising the following areas:

- 2.1 Themes arising from ward reviews**
- 2.2 Ward sample triangulation**
- 2.3 Impact on breaks**
- 2.4 Hurst National Pilot and National Benchmarking**
- 2.5 Follow up actions relating to deep dive and e-roster update**
- 2.6 Recruitment and retention in relation to original recommendations**
- 2.7 Widening the consideration of MDT in relation to Safer Staffing (OT update)**
- 2.8 Context of Safer Staffing within community MH and LD teams**
- 2.9 Safer Staffing Community Physical Health update**

3 Conclusion and Recommendations

2.1 Themes arising from ward reviews

Methodology

The six-monthly ward staffing review was undertaken in October 2016. The review included both qualitative and quantitative data and methodology, following the Telford Model which uses a consultative approach based on professional judgement. To ensure the robustness of this approach, and to reduce bias, quantitative data from a number of sources was used to aid triangulation (section 2.2).

Key findings

As per previous reviews, the clinical teams continue to demonstrate an ongoing commitment to delivering high quality care with the Trust values of the 6Cs being embedded into practice. There was a noticeable positive impact on morale when compared to the initial review 3 years ago and ward teams noted the impact of the investment in nurse staffing numbers agreed by the board in January 2014. Whilst morale was reported to be high a number of themes for consideration arose from the interviews with the ward clinical teams, as detailed below.

The themes raised below were largely reported as a general overview of any issues or challenges as raised by the clinical and managerial teams. Following on from the previous six monthly report, it was identified that there needed to be an increased focus on available data to aid triangulation. The first iteration of this approach is outlined in section 2.2.

2.1.1 Acute wards [Bollin, Beech and Lakefield]

Findings
<ul style="list-style-type: none"> The review found that the overall view of the management team is that ward establishments continue to be fit for purpose. The management teams are keen to have a flexible approach to manage change to meet clinical need. Similar themes were raised as per the previous six monthly review, in that it was reported that safer staffing does not appear to be in relation to ward establishments but rather the impact of sickness, maternity leave, secondments and restrictions in practice during HR investigations and the requirement to backfill or cover these posts. It was also reported that high observation levels can have an impact on staffing fill rates (i.e. where staff are required in addition to baseline establishment). The Ward Managers, Clinical Service Managers and General Managers continue to report that the role of the Resource Manager is essential to support the management of these issues and this ensures the clinical visibility of the Ward Managers. Where staffing establishments are fully met, this has led to more opportunities for the Ward Manager and Clinical Leads to spend time with staff for education and support. There are occasions where it has been challenging to release staff to attend mandatory training.
Action
<ul style="list-style-type: none"> The safer staffing group now considers “truth on a page” (staffing, vacancy attendance figures) on a monthly basis and clinical services are engaged with Human Resources and workforce development.

2.1.2 Open age acute wards [Adelphi, Juniper and Brackendale]

Findings
<ul style="list-style-type: none"> The review found that, similar to the acute and dementia wards, the most significant factors in relation to safer staffing do not appear to be in relation to ward establishments but rather the impact of sickness, maternity leave, secondments and restrictions in practice and the requirement to backfill or cover these posts. Following the previous staffing review, Juniper has seen a reduction in vacancies, improved management of sickness and a reduction in sickness rates and has also received a positive CQC visit and report.
Action
<ul style="list-style-type: none"> Board are asked to note that Adelphi has consistently higher bank use to support increased observations; inclusive of physical health needs and environmental challenges and should be supported to use additional bank shifts to maintain safer staffing levels where required.

2.1.3 Organic wards [Croft, Cherry and Meadowbank]

Findings

<ul style="list-style-type: none"> • The review found that again the overall view from the management team was that ward establishments are good and the initial staffing review has had a positive effect for patients, carers and staff. • Cherry ward reported good levels of staff work satisfaction with positive morale and staff engagement. Since the last 6 month review there has been a reduction in sickness. • Since the previous review, the Meadowbank staff team feels they are working more cohesively. Meadowbank is currently under budget and are managing bank staff well. The team reported that the new managing absence policy is having a positive effect. • Croft ward reported challenges to recruitment and retention of staff.
Action
<ul style="list-style-type: none"> • To continue to monitor safer staffing fill rates, take mitigating actions to backfill and escalate concerns as appropriate.

2.1.4 CAMHS wards [Coral and Indigo]

Findings
<ul style="list-style-type: none"> • This is the first review since CAMHS relocated to Ancora House, however, the review found that both CAMHS wards are satisfied with their current establishments. The main factors impacting on staffing are high levels of sickness and maternity leave. Absence is being managed as policy with various levels of management stages in place. • Staff have been required to move to different areas but these moves have been predominantly between Coral and Indigo within Ancora ensuring consistent input of specialist nursing knowledge. When staff are moved there has subsequently then been the need for other disciplines in the MDT to be more involved in hands on daily care.
Action
<ul style="list-style-type: none"> • Review the establishment once the unit is at full occupancy to ensure the management team remain satisfied. • Since the review has been undertaken, CAMHS have successfully recruited a nurse consultant.

2.1.5 Eating Disorder ward [Oaktrees]

Findings
<ul style="list-style-type: none"> • The team reported challenges in relation to the ward environment and the level of physical health care required. There are ongoing demands on staff due to the MARSIPAN pathway. • In the past 12 months the team have reported an improvement in effective team working. However, long term sickness in relation to nursing and therapies staff has been an issue and continues to be managed as per the policy. • Following a budget review, some reconfiguration has allowed recruitment of two registered nurses. • The ward is currently engaged in a national pilot in relation to developing a profile for inpatient eating disorder services using the Hurst Safer Staffing Tool.
Action
<ul style="list-style-type: none"> • Clinical and Operational services to review the level of funding available for the

<p>MARSIPAN pathway in line with any increase in demand.</p> <ul style="list-style-type: none"> • Support the ward team with the Hurst national pilot.

2.1.6 Rehabilitation and Recovery wards [CARS, Limewalk House and Rosewood]

<p>Findings</p> <ul style="list-style-type: none"> • The teams reported establishments are good across the three wards. The significant impacts for CARS ward being sickness, vacancies, secondments and difficulty in recruitment. Rosewood is managing long term sickness. <p>Note – since the review CARS ward has been decommissioned.</p>
<p>Action</p> <ul style="list-style-type: none"> • East locality continue to use wider methods of recruitment including exploring ward based O.T.s as part of the staffing establishment.

2.1.7 Saddlebridge and Alderley

<p>Findings</p> <ul style="list-style-type: none"> • Saddlebridge reported some clinical challenges during the review period in relation to maintaining safer staffing in relation to clinical activity (transfer to acute hospital and increased observations). Which has meant the clinical leads have been unable to take their management days in order to cover the ward. • Since the last review, however, Saddlebridge has been able to cut back on bank usage, thus reducing overspend, and reported no issues with the establishment. However, the ward reported a high number of registered nurse vacancies during the period which they are working to resolve. • Alderley reported no issues with the establishment.
<p>Action</p> <ul style="list-style-type: none"> • To continue to monitor safer staffing fill rates, take mitigating actions to backfill and escalate concerns as appropriate.

2.1.8 PICU Wards [Willow and Brooklands]

<p>Findings</p> <ul style="list-style-type: none"> • Both teams reported no issues with the establishment and sickness has improved on Willow. Both wards have successfully recruited consultant psychiatrists.
<p>Action</p> <ul style="list-style-type: none"> • To continue to monitor safer staffing fill rates, take mitigating actions to backfill and escalate concerns as appropriate.

Note: there is a continued commitment for operational services to continue to work with clinical support services to ensure that processes support and enable (and not duplicate)

wards in areas including Human Resources, Finance and recruitment and retention which is an integral component of the safer staffing group.

Proposed Service Redesign Central and East

As part of the 5 year forward view (FYFV) there will be a redesign of mental health services in Central and East. This process has caused some anxiety within the inpatient teams and there is an ongoing risk that staff will seek employment elsewhere, there may be challenges in recruitment which may have an adverse effect on sustaining safe staffing levels. This has been raised as a risk within operational services and is being monitored closely should this become unsustainable.

Eastway and Greenways

There is a Trust-wide review currently being undertaken in line with national guidance related to services for people with learning disabilities and therefore no change to the current staffing levels on these wards is recommended at this time.

2.2 Ward sample triangulation

The NQB released additional guidance in relation to safer staffing in July 2016 which re-emphasised the need to focus on “more than just numbers” and to consider wider indicators in relation to safer staffing, across three domains:

- Expectation 1: Right Staff
- Expectation 2: Right Skills
- Expectation 3: Right Place and time

To further build this approach (detailed in previous reports) a sample of wards were selected for more detailed triangulation in relation to these areas.

Note:

- The information as presented is intended to provide a wider context in relation to ward activity as opposed to suggest any direct correlation between safer staffing and other indicators.
- Incident numbers represent the total number of incidents reported regardless of grade or type.

Summary Data: [Wards were selected for triangulation based on 3 or more occasions over a 6 months period whereby registered nurse fill rate fell below 95%. Fill rates in tables are combined RN and CSW rates]

NQB Requirement	Metric	Score range	Average	Median
Expectation 1: Right Staff	Ward Staffing	Lowest: 86.5% Highest: 101.4%	95.25%	96.05%
Expectation 1: Right Staff	Absence	Lowest: 0.06% Highest: 15.77%	7%	6.34%
Expectation 2: Right Skills	Essential Learning	Lowest: 80% Highest: 92%	87%	87%
Expectation 2: Right Skills	Supervision	Lowest: 10% Highest: 100%	76%	78%
Expectation 3: Right Place and time	Incidents	Lowest: 9 Highest: 51	25.19	26

Adelphi:

NQB Requirement	Metric	May	June	July	Aug	Sept	Oct
Expectation 1: Right Staff	Ward Staffing	95.50%	95.90%	96.80%	98.40%	96.20%	96.20%
Expectation 1: Right Staff	Absence	0.49%	3.09%	1.31%	0.42%	8.93%	5.33%
Expectation 2: Right Skills	Essential Learning	89%	89%	92%	88%	83%	88%
Expectation 2: Right Skills	Supervision	69%	50%	70%	58%	57%	72%
Expectation 3: Right Place and time	Incidents	38	31	32	27	34	27

Beech:

NQB Requirement	Metric	May	June	July	Aug	Sept	Oct
Expectation 1: Right Staff	Ward Staffing	97.7%	98.4%	101.4%	96.2%	94.8%	96.5%
Expectation 1: Right Staff	Absence	0.06%	3.44%	0.73%	0.97%	0.72%	7.44%
Expectation 2: Right Skills	Essential Learning	87%	86%	86%	81%	80%	86%
Expectation 2: Right Skills	Supervision	96%	81%	83%	91%	75%	89%
Expectation 3: Right Place and time	Incidents	26	31	28	29	26	28

Brooklands:

NQB Requirement	Metric	May	June	July	Aug	Sept	Oct
Expectation 1: Right Staff	Ward Staffing	96.8%	94.2%	91.6%	93.4%	94.9%	89.5%
Expectation 1: Right Staff	Absence	3.12%	6.00%	4.76%	4.60%	5.00%	7.69%
Expectation 2: Right Skills	Essential Learning	89%	85%	86%	87%	87%	88%

Expectation 2: Right Skills	Supervision	85%	78%	69%	93%	88%	61%
Expectation 3: Right Place and time	Incidents	23	25	26	21	23	26

Croft:

NQB Requirement	Metric	May	June	July	Aug	Sept	Oct
Expectation 1: Right Staff	Ward Staffing	87.1%	86.5%	89.7%	91.5%	92.2%	94.4%
Expectation 1: Right Staff	Absence	14.41%	11.36%	6.65%	11.06%	10.95%	5.09%
Expectation 2: Right Skills	Essential Learning	88%	86%	87%	89%	89%	87%
Expectation 2: Right Skills	Supervision	61%	62%	70%	10%	41%	58%
Expectation 3: Right Place and time	Incidents	51	28	27	22	30	30

Meadowbank:

NQB Requirement	Metric	May	June	July	Aug	Sept	Oct
Expectation 1: Right Staff	Ward Staffing	99.8%	91.9%	92.1%	95.7%	98.5%	97.9%
Expectation 1: Right Staff	Absence	2.82%	4.44%	8.69%	6.14%	10.53%	8.36%
Expectation 2: Right Skills	Essential Learning	85%	87%	86%	90%	91%	92%
Expectation 2: Right Skills	Supervision	88%	91%	98%	87%	94%	94%
Expectation 3: Right Place and time	Incidents	13	20	10	23	9	17

Rosewood:

NQB Requirement	Metric	May	June	July	Aug	Sept	Oct
Expectation 1: Right Staff	Ward Staffing	94.3%	93.8%	94.3%	97.1%	97.2%	97.6%
Expectation 1: Right Staff	Absence	5.36%	15.77%	14.95%	12.56%	15.44%	13.85%
Expectation 2: Right Skills	Essential Learning	82%	82%	83%	86%	80%	83%
Expectation 2: Right Skills	Supervision	76%	77%	70%	68%	73%	58%
Expectation 3: Right Place and time	Incidents	12	11	34	49	50	23

Impact of Resource Managers

During this review it was reported that the Resource Manager role is highly valued within ward teams across the Trust. Areas of positive impact reported in relation to the role include increase in Ward Managers' visibility, patient and carer engagement and clinical leadership, significant improvements in processes in relation to management of staffing and HR issues. Ward Managers reported increased satisfaction with their role feeling Resource Managers were contributing to this. An impact assessment has been undertaken for consideration by the Director of Nursing.

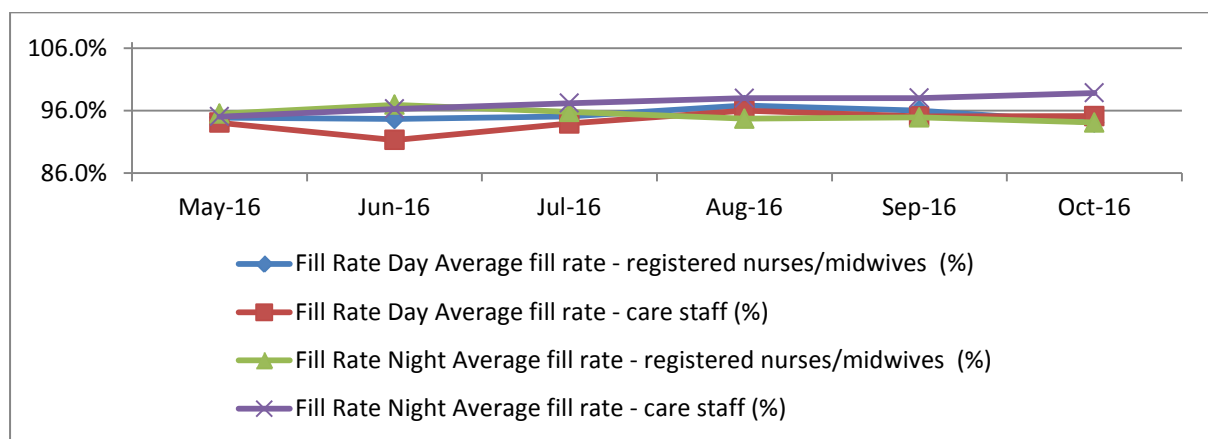
2.3 Impact on Breaks (November 2016 - onwards)

To further enhance analysis of impact, the Resource Managers will report on staff activities cancelled due to staffing levels/clinical activity. This was raised via the health roster project group from November 2016 and will be reported into future safer staffing groups to examine any trends or outliers, this will also inform clinical presence visits by the Associate Director of Nursing and Therapies (MH & LD).

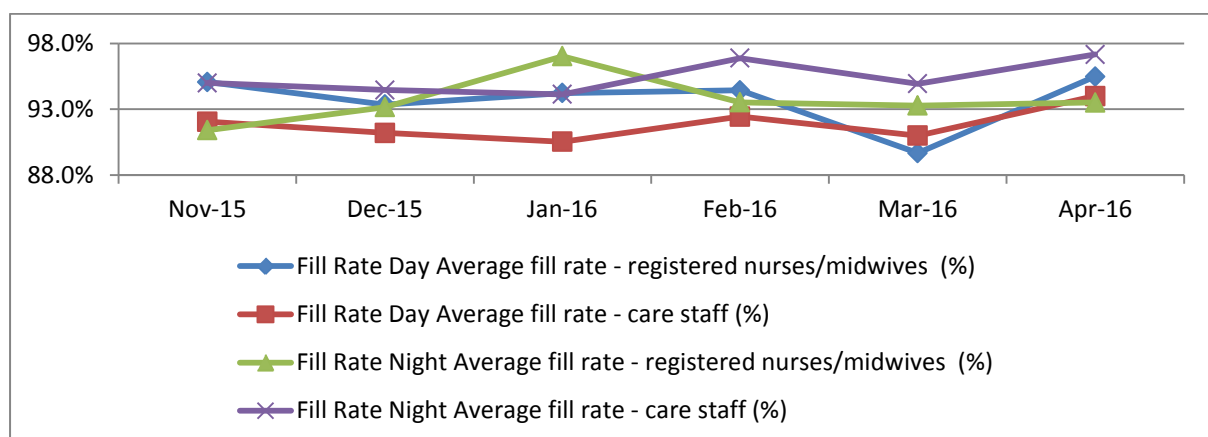
Quality and Safety

This section identifies how wards are maintaining safe staffing levels, the potential impacts and the actions being undertaken currently, alongside future recommended actions, to minimise potential negative impacts.

The CWP reports submitted to UNIFY from May 2016 – October 2016 demonstrate that ward staffing actuals have been over 90% of planned staffing as shown in the graph below:



This is broadly comparable with the previous 6 months reporting period [November 2015 to April 2016]



Interventions to maintain safe staffing levels

The action taken by the Board in agreeing the safe staffing levels recommendations from the initial review alongside the subsequent work of the programme board and ward teams has had a significant impact in ensuring that CWP wards are safely staffed. On an on-going

basis there are a further four key interventions that contribute to maintaining safe staffing levels. Firstly, effective rostering (see section 2.5), secondly the use of temporary staff to backfill shortfalls, thirdly, actions taken by ward staff to mitigate against the potential impact of unfilled shifts, and the involvement of the Multidisciplinary Team, not just nursing staff.

Temporary staffing - bank and agency use

From May - October 2016 the following details temporary staffing activity:

Locality	Total Hours Requested	Total Hours Filled	Bank/Agency Fill Rate (%)	% of Total Planned Hours on Ward covered by Bank/Agency May-Oct 2016	WTE filled by Bank	WTE filled by Agency	Total WTE filled
East	48051	37916	79	19	38.90	0	38.90
West	40050	27481	69	16	27.90	0.3	27.90
Wirral	24730	19782	80	15	20.30	0	20.30
Trustwide	112830	85179	75	17	87.10	0.3	87.10

Bank use has fallen from 97 WTE October 2015 – March 2016 to 87 WTE in this current six monthly review (a PICU ward moved from West to Wirral figures from July 2016). This is compared to 118 WTE 12 months prior to the original staffing review. Agency use has been 0.3 WTE during this time and the agency bookings were within NHS Improvement rules. On average over the six months, based on booking reasons used by the wards, approximately 17% of requests were due to vacancy, 16% due to sickness, 24% due to other absence reasons and 42% due to increased workload reasons. These figures would support information received from the ward teams that these areas have an impact on sustaining safer staffing as opposed to actual establishments.

Actions taken by ward staff

Each month Clinical Service Managers report on the actions taken to maintain safe staffing levels on wards. The same themes arise each month and include:

- Nursing staff working additional hours – either by not taking a break or working beyond the end of their shift.
- Nursing staff cross covering wards to maintain safe staffing.
- RN shifts being backfilled by CSWs when RN cover cannot be sourced.
- Ward Managers working in the numbers rather than supernumerary status.
- Multi-disciplinary teams supporting nursing staff in delivering planned care.
- Patient care being prioritised over non-direct care activities such as mandatory training, supervision and appraisal.
- Patient activities being cancelled or shortened due to nurse staffing levels.

The above themes have previously been raised at Operational Board and are consistent with previous reports.

Managing challenges and risks

Whilst wards at times struggle to achieve maximum fill rates, to support the wards to maintain staff staffing the following are in place to identify issues relating to safe staffing levels or risks relating to staffing and to enable escalation and resolution:

- Locality data packs.
- Exception reporting on a monthly basis to Operational Board via key lines of enquiry for localities [KLOE'S].
- Ward escalation process for safe staffing (currently being reviewed as part of a national consultation).
- Truth on a Page.

Use of lean methodology – inpatient service improvement forum

Following the disestablishment of the Ward Manager Task and Finish Group, an Inpatient Service Improvement Forum has been established. The forum now includes wider representation from inpatient services and closer links with corporate services. The purpose of the forum is to promote an ethos of continuous improvement, part of which will look to address a reduction in unwarranted variation with a focus on lean methodology.

2.4 Hurst National Pilot and National Benchmarking

The National Quality Board requires all NHS Trusts to use evidence based tools to inform safe staffing capacity and capability to ensure the Right Staff, Right Skills in the Right Place and Time.

The trust is currently in the process of implementing the Hurst Tool (led by the Nurse Consultant in acute care). A consistent approach was used to validate quality findings from each ward supported by Lead Occupational Therapists from each area. To proceed to the next stage of the audit a result of 70% success from each ward was required.

Initial stage of the Service Quality Audit were completed in December 2016 and externally validated by the national team (Hurst safer staffing). The quality audit covered five domains (assessing, planning, implementing, evaluating and ward centred). The overall scores are detailed below:-

- Oaktrees (EDS): overall 94%
- Beech (acute): overall 94%
- Saddlebridge (low secure): overall 97%
- Brooklands (PICU): overall 94%
- Lakefield (acute): overall 94%
- Cherry (older people): overall 97%

Note: the national team reported that these scores were in the top 10% of wards on the database.

All wards qualified for the national pilot (based on quality audit scores). The next stage requires Ward Managers to collate ward staffing data, establishments and to rate the dependency presentation of all the patients on their ward and to review this consistently over a 14 day period. This will commence first week in January 2017 all Ward Managers will be supported by the Nurse Consultant to complete this audit.

The national database for inpatient wards, using Hurst's safer staffing model, does not contain ward profiles for inpatient eating disorder services. As part of the national pilot, Oaktrees will be participating in the full quality audit, dependency profiling and staff activity data collection. It is envisaged that this will support the action previously identified that Oaktrees staffing levels should be subject to review.

2.5 Follow up actions relating to deep dive and E-Roster Update

The previous 'deep dive' analysis of e-rostering and associated links with bank usage and sickness absence suggested that there was scope for improvement in rostering practices. Support People Services worked with localities to further investigate the themes emerging from the deep dive to examine effective and efficient use of the roster and take remedial actions where necessary.

The recommendations from the ward deep dive exercises were to reinvigorate rostering practice via improved software, agreed standardised operating procedures and a revised overarching policy. In June 2016, a successful business case was developed for investment in the e-rostering product (Healthroster). As part of the implementation, focus groups for stakeholders have been held and the project group has been established to agree the revised processes and policy in order to support the new product and maximise rostering effectiveness in the trust.

The first meeting of the project group was held on 31st October 2016. The key areas of focus for the group are to test software, review, agree and update processes and procedures and deliver an updated draft policy which clearly defines these processes and roles and responsibilities which will deliver effective rostering within the trust. Resource Managers are the primary leads for services and ensure their Ward Managers are updated with progress. The group also has staff side representation included in the terms of reference. The go live date for the new software is 19th January 2017.

Risk Identification from Health Roster Group

One of the key areas to take forward with the new system is how to further improve predictable and non-predictable risk to safer staffing. This will be progressed and reported within the safer staffing group (as well as the health roster project group).

2.6 Recruitment and retention in relation to original recommendations

It was recognised in previous reports that it was difficult to fully realise the benefits of increased staffing establishments when wards still had significant vacancies. In particular due to the number of newly qualified staff requiring preceptorship and the need to balance this against the number of experienced staff.

The table below indicates the establishments, vacancies and numbers in recruitment as at October 2016. The average recruitment time from vacancy created to contract letter was 54.3 days in October which has reduced to 60 days since the introduction of new recruitment software, Trac, in June 2015. Also during this time the Resourcing team have developed an attraction strategy and regularly attend careers and jobs fairs while developing stronger links with the PEF team and universities. On average over the reporting period vacancies as a proportion of establishment have been 5.87% for registered nurses and 4.35% for clinical support workers. In September this reduced to 2.57% for registered nurses and CWP was over established for clinical support workers by 0.87%.

Trust Wards	Current WTE [budgeted establishment]	Current WTE [Staff in post]	Staffing differential	Current WTE in recruitment (from out to advert to start date booked)
Registered Nurses	304.84	287.17	17.67	23.61
Clinical Support Workers	309.22	305.16	4.06	9

2.7 Widening the consideration of MDT in relation to Safer Staffing

Following on from the original ward staffing review it was recommended that a similar review be undertaken in relation to the Occupational Therapy (O.T) inpatient services. This aligns with current national acknowledgment that nurse staffing does not support wards independently and that the Multidisciplinary Team (MDT) plays a significant role in ensuring that wards are safely staffed. A recommendation from the previous safer staffing report was to present an overview of O.T provision across the Trust within inpatient acute mental health services, to contribute to the wider inpatient Safer Staffing review.

Summary of findings from In-patient O.T review, the following recommendations were approved at November People Organisational Development Sub Committee in relation to:

- **Safer staffing** - Workforce planning and service developments within occupational therapy acute care services should be considered within the context of the Safer Staffing agenda, to ensure a sustainable and quality service. Occupational Therapists will be included in the core inpatient Safer Staffing reviews in the future.

CWP is currently piloting a revised edition of the Hurst Tool as part of the Safer Staffing agenda, and occupational therapists are involved in this initiative.

- **Quality and patient experience** - Occupational Therapy services should employ bench marking and audit tools, and reference and adopt current evidence based practice, to ensure they maintain a safe, effective and efficient service. The Lead Occupational Therapists in each locality should continue to consult and share best practice across their services and develop a future plan for audit and evaluation.
- **Leadership** - Skilled professional leadership is required to continue ensuring effective and quality services are delivered in acute care, and to develop future clinical leaders. Occupational Therapists need to strengthen professional and clinical networks locally and nationally. Current professional networking links encompass local, trust wide and regional Allied Health Professional and O.T groups.

2.8 Context of Safer Staffing within community MH and LD teams

Transforming Care Agenda

There is a trust wide project aimed at transforming services for people of all ages with a learning disability and / or autism who display behaviour that challenges, including those with a mental health condition, in line with *Building the Right Support* to implement the national service model by March 2019 by reducing inpatient beds and realigning funding to community-based support. Part of the review will include ensuring effective staffing.

As part of the five year forward view a review of the model of community mental health care is currently being considered by a separate project group to support the development of proposals.

2.9 Safer Staffing Community Physical Health update

An early warning system to support appropriate escalation where demand for resource is beyond the capacity available, has been developed supported by safe services, this tool is being piloted currently and changes to escalation process are being made as part of a PDSA cycle. The service has completed its deep dive into the integrated teams, which has provided a historical and current contextual overview of capacity and demand, which has highlighted that further work is required in between information support and the service to accurately report on activity levels. Feedback sessions with the staff have been undertaken and an action plan to address the recommendations is in development by the service. Several models nationally are emerging which the group will consider to develop a robust framework which provides assurance that these elements are reflected in staffing establishment numbers, and that levels of safe staffing are monitored in line with the in-patient services reports. The Trust is working with West Cheshire Clinical Commissioning Group (WCCCG) to update the service model for community physical health (District Nursing / integrated teams) which will provide the stability of ensuring that work undertaken by the service is commissioned appropriately. This will provide a foundation from which work can

be undertaken to predict demand and highlight what resource is required to meet the demand. Nationally several methods to understanding safe caseload management are emerging, CWP is working with other community providers across Cheshire and Wirral to consider if a health-economy wide approach can be adopted to facilitate benchmarking.

3 Conclusion and Recommendations

The review team would like to acknowledge the commitment within clinical services to ensure the ongoing provision of high quality care and in their work supporting the safer staffing six monthly review. The board are respectfully requested to consider and approve the following recommendations:

1. To note the content of the report and the key recommendation that ward establishments should be sustained at current levels to maintain safer staffing.
2. To continue to progress relevant workstreams as detailed within the Safer Staffing Working Group in particular in relation to:
 - The next six monthly safer staffing review.
 - Linking in with national work programmes in relation to safer staffing.
3. There should be recognition and acceptance that due to environmental constraints and high levels of observations required to meet physical and mental health needs, Adelphi requires to use varying degrees of bank use to ensure ongoing safer staffing requirements.
4. Resource Managers to collate and forward staff activities cancelled on a monthly basis for consideration to the safer staffing group.
5. Revisit ward escalation process for safe staffing (currently being reviewed as part of a national consultation).
6. The next six monthly review period will revisit and detail variance across structures and band profiles to support trustwide benchmarking.
7. Undertake activity follows in relation to occupational therapy, specifically looking at support in relation to adult acute wards and maintaining safer staffing.
8. Detail in relation to the triangulation of evidence will be reported to operational board on an ongoing basis.

Appendix 2

Month and Year of Data	Locality	Ward	Day				Night				Fill Rate			
			Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night	
			Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
May-16	East	Adelphi	1343	1287	1371.5	1271	713	702	1403.5	1332.5	95.8%	92.7%	98.5%	94.9%
Jun-16	East	Adelphi	1311	1239	1225	1202	767	767	1163	1057	94.5%	98.1%	100.0%	90.9%
Jul-16	East	Adelphi	1316	1251	1212	1189	747.5	736	1035	989	95.1%	98.1%	98.5%	95.6%
Aug-16	East	Adelphi	1413	1329	1025	1046.25	713	724.5	1081	1035	94.1%	102.1%	101.6%	95.7%
Sep-16	East	Adelphi	1338	1261	1054.5	1036.5	701.5	701.5	1058	977.5	94.2%	98.3%	100.0%	92.4%
Oct-16	East	Adelphi	1287	1162	1017.5	1022.5	713	678.5	1088.5	1077	90.3%	100.5%	95.2%	98.9%
May-16	East	Alderley	874.5	858.5	1328	1316	701.5	639	736	764	98.2%	99.1%	91.1%	103.8%
Jun-16	East	Alderley	879	818.5	1378.5	1387	679	686	717	694	93.1%	100.6%	101.0%	96.8%
Jul-16	East	Alderley	868	790	1419	1416	713	677	713	747.5	91.0%	99.8%	95.0%	104.8%
Aug-16	East	Alderley	906.5	903	1445	1365	713	688.5	713	786	99.6%	94.5%	96.6%	110.2%
Sep-16	East	Alderley	893.5	941	1425.5	1322	678.5	637	769	748	105.3%	92.7%	93.9%	97.3%
Oct-16	East	Alderley	1015	923.5	1407	1355	713	655.5	759	797.5	91.0%	96.3%	91.9%	105.1%
May-16	East	Bollin	1369	1349	1335	1259.5	865.5	846.5	1235	1154.5	98.5%	94.3%	97.8%	93.5%
Jun-16	East	Bollin	1119	1101	1397	1457	744	771	1261	1264	98.4%	104.3%	103.6%	100.2%
Jul-16	East	Bollin	1110.5	1076	1446.5	1423.5	769	757.5	1339	1339	96.9%	98.4%	98.5%	100.0%
Aug-16	East	Bollin	1360	1310	1366.5	1297.5	777	719.5	1247	1235	96.3%	95.0%	92.6%	99.0%
Sep-16	East	Bollin	1217	1204	1312	1296	805	701.5	1154.5	947.5	98.9%	98.8%	87.1%	82.1%
Oct-16	East	Bollin	1340	1221	1299.5	1266.5	747.5	747.5	1357	1276.5	91.1%	97.5%	100.0%	94.1%
May-16	East	CARS	937.5	890.5	1177	1090.5	713	685	713	573.5	95.0%	92.7%	96.1%	80.4%
Jun-16	East	CARS	876	844	1168	1127	702	686	690	551	96.3%	96.5%	97.7%	79.9%
Jul-16	East	CARS	894	855	1233	1180.5	713	679	713	621	95.6%	95.7%	95.2%	87.1%
Aug-16	East	CARS	862	904.5	1255.5	1146.5	701.5	683	713	636.45	104.9%	91.3%	97.4%	89.3%
Sep-16	East	CARS	873	814.5	1168	1103.5	678.5	632.5	644	563	93.3%	94.5%	93.2%	87.4%
Oct-16	East	CARS	879	821	1130.5	1071.5	713	585.5	448.5	513.5	93.4%	94.8%	82.1%	114.5%
May-16	East	Croft	1365.25	1375.05	1577.75	1248	769.5	649	1737	1466.5	100.7%	79.1%	84.3%	84.4%
Jun-16	East	Croft	1057	977.35	1736.5	1366.5	750.5	697	1480.5	1216	92.5%	78.7%	92.9%	82.1%
Jul-16	East	Croft	1060	1018.25	1700	1385.75	736	722	1450	1203.75	96.1%	81.5%	98.1%	83.0%
Aug-16	East	Croft	1103.75	1027.4	1567.023	1369.5	759	729.5	1459	1304	93.1%	87.4%	96.1%	89.4%
Sep-16	East	Croft	959.5	919.45	1446.5	1295.7	690	637.25	1460.5	1327	95.8%	89.6%	92.4%	90.9%
Oct-16	East	Croft	1100.5	1022.5	1573	1522.5	713	621	1437.5	1446.5	92.9%	96.8%	87.1%	100.6%
May-16	East	Greenways	1298	1275	2247.5	2029	713	552	1115.5	1179.5	98.2%	90.3%	77.4%	105.7%
Jun-16	East	Greenways	1267.5	1205.5	2291	1885	690	560	1380	1441.5	95.1%	82.3%	81.2%	104.5%
Jul-16	East	Greenways	1269	1260	2433.5	2159	713	529	1426	1511.5	99.3%	88.7%	74.2%	106.0%
Aug-16	East	Greenways	1241.5	1230.5	2365	2082.5	713	609.5	1391.5	1441.5	99.1%	88.1%	85.5%	103.6%
Sep-16	East	Greenways	1267.5	1209.5	2188	1966.5	690	552	1357	1460.5	95.4%	89.9%	80.0%	107.6%
Oct-16	East	Greenways	1268.5	1045.5	2248.5	2016.5	713	517.5	1414.5	1529.5	82.4%	89.7%	72.6%	108.1%
May-16	East	LimeWalk	1151	1098.5	1044.5	975.5	726	659.5	667	597	95.4%	93.4%	90.8%	89.5%
Jun-16	East	LimeWalk	958.3	913.3	1168	1083	685	652	690	651	95.3%	92.7%	95.2%	94.3%
Jul-16	East	LimeWalk	1079	1067.5	1144	1051	717.5	683	759	695.5	98.9%	91.9%	95.2%	91.6%
Aug-16	East	LimeWalk	1107.5	1068.5	1121	1117	713	683	713	720	96.5%	99.6%	95.8%	101.0%
Sep-16	East	LimeWalk	1203.25	1099.75	966	949	690	678.5	701.5	683	91.4%	98.2%	98.3%	97.4%
Oct-16	East	LimeWalk	1195.5	1146	962.5	839	736	632.5	713	654	95.9%	87.2%	85.9%	91.7%
May-16	East	Saddlebridge	813	778.5	1601.5	1608	742	730.5	975.5	945.5	95.8%	100.4%	98.5%	96.9%
Jun-16	East	Saddlebridge	937	925	1372	1378	678	678	857	857	98.7%	100.4%	100.0%	100.0%
Jul-16	East	Saddlebridge	912.5	895.5	1395.5	1377	690	632.5	746.5	780.5	98.1%	98.7%	91.7%	104.6%
Aug-16	East	Saddlebridge	901	866.5	1398.5	1370.5	667	667	759	759	96.2%	98.0%	100.0%	100.0%
Sep-16	East	Saddlebridge	817.5	806	1270.5	1269.5	667	678.5	713	713	98.6%	99.9%	101.7%	100.0%
Oct-16	East	Saddlebridge	934	911	1442.5	1415.5	644	621	793.5	828	97.5%	98.1%	96.4%	104.3%
May-16	West	Beech	1472.5	1398	1038.5	999.5	721.5	720.5	874	872	94.9%	96.2%	99.9%	99.8%
Jun-16	West	Beech	1278	1187	1144.5	1180.5	632.5	632.5	713	695	92.9%	103.1%	100.0%	97.5%
Jul-16	West	Beech	1173.15	1178	1127	1131	655.5	655.5	690	724.5	100.4%	100.4%	100.0%	105.0%
Aug-16	West	Beech	1225	1186	1081	1062.5	689	664	724.5	676.5	96.8%	98.3%	96.4%	93.4%
Sep-16	West	Beech	1322	1290	1069.5	996	678.5	621	793.5	770.5	97.6%	93.1%	91.5%	97.1%
Oct-16	West	Beech	1421.5	1420	1069.5	953	690	690	766	742	99.9%	89.1%	100.0%	96.9%
May-16	West	Cherry	1265.5	1133.5	1046.5	886	736	701.5	954.5	654	89.6%	84.7%	95.3%	68.5%
Jun-16	West	Cherry	1187.7	1173.2	950.5	933	655.5	632.5	927.5	893	98.8%	98.2%	96.5%	96.3%
Jul-16	West	Cherry	1287	1296	1062.5	1056.04	770.5	736	966	966	100.7%	99.4%	95.5%	100.0%
Aug-16	West	Cherry	1191.5	1163	1056	1056	736	725.5	977.5	957	97.6%	100.0%	98.6%	97.9%
Sep-16	West	Cherry	1096	1038.5	1011	1015	736	732.5	851	862.5	94.8%	100.4%	99.5%	101.4%
Oct-16	West	Cherry	1448	1425	975.5	954.5	724.5	728.5	1023.5	1002.5	98.4%	97.8%	100.6%	97.9%
May-16	West	Eastway A&T	1227	1117	883.5	873.5	593	592.5	720.5	719.5	91.0%	98.9%	99.9%	99.9%

Jun-16	West	Eastway A&T	1294	1186	906	837	582.5	508	1062	1062	91.7%	92.4%	87.2%	100.0%
Jul-16	West	Eastway A&T	998	888	1021	952	632.5	636.5	990.5	944.5	89.0%	93.2%	100.6%	95.4%
Aug-16	West	Eastway A&T	1152.5	1155.5	1142	1126.5	690	667	934.4	922.9	100.3%	98.6%	96.7%	98.8%
Sep-16	West	Eastway A&T	1155.5	1132.5	954	911.5	567.5	567.5	996.5	996.5	98.0%	95.5%	100.0%	100.0%
Oct-16	West	Eastway A&T	1146.5	1109	973.5	965	586.5	586.5	1150	1150	96.7%	99.1%	100.0%	100.0%
May-16	West	Juniper	1633.5	1586	1034	965.1	713	713	828	828	97.1%	93.3%	100.0%	100.0%
Jun-16	West	Juniper	1599.5	1533	931.5	918	713	689	667	666	95.8%	98.6%	96.6%	99.9%
Jul-16	West	Juniper	1337	1238.5	1194	1165	678.5	678.5	713	713	92.6%	97.6%	100.0%	100.0%
Aug-16	West	Juniper	1286	1243	989	962	701.5	701.5	690	671.5	96.7%	97.3%	100.0%	97.3%
Sep-16	West	Juniper	1269.5	1235	962.5	924	709.5	707.5	747.5	747.5	97.3%	96.0%	99.7%	100.0%
Oct-16	West	Juniper	1326	1286.5	946	923.5	690	678.5	790	767	97.0%	97.6%	98.3%	97.1%
May-16	West	Maple Ward	1104.5	1046.5	1472	1427	540.5	529	943	920	94.7%	96.9%	97.9%	97.6%
Jun-16	West	Maple Ward	1085	1029.5	1242	1115.5	425.5	425.5	977.5	989	94.9%	89.8%	100.0%	101.2%
Jul-16	West	Maple Ward	985.5	917.5	1334	1219	540.5	494.5	920	897	93.1%	91.4%	91.5%	97.5%
Aug-16	West	Maple Ward	889.5	866.5	1587	1518	471.5	414	954.5	977.5	97.4%	95.7%	87.8%	102.4%
Sep-16	West	Maple Ward	1035	1042.5	1587	1541	448.5	448.5	1253.5	1253.5	100.7%	97.1%	100.0%	100.0%
Oct-16	West	Coral	1089	1008.5	1375	1363.5	529	506	1150	1138.5	92.6%	99.2%	95.7%	99.0%
May-16	West	Pine Lodge	985.5	869.5	1184.5	1104	529	494.5	1081	1046.5	88.2%	93.2%	93.5%	96.8%
Jun-16	West	Pine Lodge	963	968	1173	1150	529	529	908.5	897	100.5%	98.0%	100.0%	98.7%
Jul-16	West	Pine Lodge	1009.5	1011.5	1138.4	1092.5	529.034	529	1035	1012	100.2%	96.0%	100.0%	97.8%
Aug-16	West	Pine Lodge	1047	1035.5	1245.5	1199.5	483	483	1000.5	989	98.9%	96.3%	100.0%	98.9%
Sep-16	West	Pine Lodge	1042	1042	1403	1380	609.5	609.5	1092.5	1092.5	100.0%	98.4%	100.0%	100.0%
Oct-16	West	Indigo	1231.5	1164.5	1012	931.5	575	575	966	920	94.6%	92.0%	100.0%	95.2%
May-16	West	Rosewood	1010	845	1376.5	1293.5	379.5	379.5	805	801	83.7%	94.0%	100.0%	99.5%
Jun-16	West	Rosewood	995.5	888.5	1372	1223.5	372	372	713	690	89.3%	89.2%	100.0%	96.8%
Jul-16	West	Rosewood	1006.5	900.5	1521	1457.5	513	490	848.5	817.5	89.5%	95.8%	95.5%	96.3%
Aug-16	West	Rosewood	1095.5	1079	1330	1299.5	494.5	460	952	946	98.5%	97.7%	93.0%	99.4%
Sep-16	West	Rosewood	1060.5	994.5	1220	1194.5	483.5	483.5	925.5	900	93.8%	97.9%	100.0%	97.2%
Oct-16	West	Rosewood	1098	1055.5	1449	1403	437	425.5	1012	1012	96.1%	96.8%	97.4%	100.0%
May-16	Wirral	Brackendale	1087	1049.5	856.5	857.5	712.5	713.5	702	691	96.6%	100.1%	100.1%	98.4%
Jun-16	Wirral	Brackendale	1222.4	1117	684	684	714	714	679	679	91.4%	100.0%	100.0%	100.0%
Jul-16	Wirral	Brackendale	1020	956.5	931.5	862.6	724.5	701.5	690	644	93.8%	92.6%	96.8%	93.3%
Aug-16	Wirral	Brackendale	970	949.5	924	924	678.5	632.5	770.5	770.5	97.9%	100.0%	93.2%	100.0%
Sep-16	Wirral	Brackendale	1028	1024.5	783	731	724.5	678.5	655.5	667	99.7%	93.4%	93.7%	101.8%
Oct-16	Wirral	Brackendale	1058.5	1058.5	828	805	724.5	713	713	708	100.0%	97.2%	98.4%	99.3%
May-16	Wirral	Brooklands	1038.5	903	1490.5	1517.5	722	670	1097.5	1161.5	87.0%	101.8%	92.8%	105.8%
Jun-16	Wirral	Brooklands	1188.5	967.5	1375	1351	675	608	1029	1102	81.4%	98.3%	90.1%	107.1%
Jul-16	Wirral	Brooklands	1150	1059	1311.75	1058.25	713	713	368	345	92.1%	80.7%	100.0%	93.8%
Aug-16	Wirral	Brooklands	1879	1646	2772	2681	717	633	954	963	87.6%	96.7%	88.3%	100.9%
Sep-16	Wirral	Brooklands	1141	953	1329	1335	698	666	1013	1016	83.5%	100.5%	95.4%	100.3%
Oct-16	Wirral	Brooklands	1074.5	924.5	1404.5	1241.5	722	650	1090	1018	86.0%	88.4%	90.0%	93.4%
May-16	Wirral	Lakefield	998.5	964	1091	996	718	703.5	713	724.5	96.5%	91.3%	98.0%	101.6%
Jun-16	Wirral	Lakefield	1174.5	1184.5	1105	997	690	679	679	657	100.9%	90.2%	98.4%	96.8%
Jul-16	Wirral	Lakefield	2145	1855	2740	2628	717	639.5	1118	1117	86.5%	95.9%	89.2%	99.9%
Aug-16	Wirral	Lakefield	939.5	939.5	999.5	976.5	713	690	678.5	632.5	100.0%	97.7%	96.8%	93.2%
Sep-16	Wirral	Lakefield	930.5	919	1038	980.5	678.5	540.5	690	736	98.8%	94.5%	79.7%	106.7%
Oct-16	Wirral	Lakefield	1012.5	960.5	1018	995	727	692.5	720	708.5	94.9%	97.7%	95.3%	98.4%
May-16	Wirral	Meadowbank	892	947.5	1893.5	1870.5	675.5	675.5	1382	1301	106.2%	98.8%	100.0%	94.1%
Jun-16	Wirral	Meadowbank	915.5	840.5	1423.5	1331.5	635	608	975.5	844	91.8%	93.5%	95.7%	86.5%
Jul-16	Wirral	Meadowbank	1107.5	1084.5	876.5	738	713	690	667	597.5	97.9%	84.2%	96.8%	89.6%
Aug-16	Wirral	Meadowbank	1032.5	987.5	1580.5	1551.5	586.5	563.5	1130	1049	95.6%	98.2%	96.1%	92.8%
Sep-16	Wirral	Meadowbank	900.5	881.5	1659	1613	644	644	1081	1069.5	97.9%	97.2%	100.0%	98.9%
Oct-16	Wirral	Meadowbank	1058	1058	1493.5	1436	690	667	1092.5	1081	100.0%	96.1%	96.7%	98.9%
May-16	Wirral	Oaktrees	1267	1185	1549.5	1354	713	702	386.5	375.5	93.5%	87.4%	98.5%	97.2%
Jun-16	Wirral	Oaktrees	1261.5	1237.5	2174	1290	690	702	427	393	98.1%	59.3%	101.7%	92.0%
Jul-16	Wirral	Oaktrees	1037.5	988.5	1670.9	1608	690	690	1184.5	1173	95.3%	96.2%	100.0%	99.0%
Aug-16	Wirral	Oaktrees	1044	996	1192	1157.5	722.5	619	356.5	356.5	95.4%	97.1%	85.7%	100.0%
Sep-16	Wirral	Oaktrees	1064.5	972.5	1291.5	1061	690	644	345	345	91.4%	82.2%	93.3%	100.0%
Oct-16	Wirral	Oaktrees	1075.75	884.25	1288	1207.5	713	701.5	376	284	82.2%	93.8%	98.4%	75.5%
May-16	West	Willow PICU	1046.5	982	1050	1061.5	724.5	713	747.5	724.5	93.8%	101.1%	98.4%	96.9%
Jun-16	West	Willow PICU	1007.5	982.5	966	920.5	667	659.5	724.5	724.5	97.5%	95.3%	98.9%	100.0%
Jul-16	Wirral	Willow PICU	1033.5	1035.5	1159	1159	782	777.5	816.5	809	100.2%	100.0%	99.4%	99.1%
Aug-16	Wirral	Willow PICU	1090.5	1097	1023.5	1012	693.5	626.5	839.5	828	100.6%	98.9%	90.3%	98.6%
Sep-16	Wirral	Willow PICU	1128	1056.25	1081	1000.5	739.5	731	782.5	829	93.6%	92.6%	98.9%	105.9%
Oct-16	Wirral	Willow PICU	1186.5	1201.5	874	839.5	736	720	770.5	746.5	101.3%	96.1%	97.8%	96.9%