Cheshire and Wirral Partnership NHS Foundation Trust

STANDARDISED REPORT COMMUNICATION

REPORT DETAILS

Report subject:	Safer Staffing Six Monthly Review
Agenda ref. no:	16/17/36
Report to (meeting):	Board of Directors
Action required:	Discussion and Approval
Date of meeting:	27/07/2016
Presented by:	Avril Devaney, Director of Nursing, Therapies and Patient Partnership/ Gary Flockhart, Deputy Director of Nursing, Therapies and Patient Partnership

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 November 2015 to April 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 four, 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 January 2016 in relation to:

- Themes arising from ward reviews
- Consistency check with alternative methodology
- Follow up actions relating to deep dive
- Recruitment and retention in relation to original recommendations
- Outcome of care contact time pilot
- National benchmarking
- Widening the consideration of MDT in relation to Safer Staffing
- Context of Safer Staffing within community MH and LD teams
- Safer Staffing Community Physical Health update

The most significant factor emerging in relation to 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. 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 Trust Board are asked 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	
Contributing authors:	Gary Flockhart and Anne Casey	
Distribution to other people/ groups/ meetings:		
Version	Name/ group/ meeting	Date issued
1 2	Operational Board	July 2016

Appendices provided for reference and to give supporting/ contextual information:	
Appendix no.	Appendix title
1 2	Safer Staffing Six Monthly Review Ward fill rates November 2015 to April 2016

16_17_36 Appendix 1
April 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 November 2015 to April 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

- 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). In recognition of the on-going requirements related to NHS England Safe Staffing initiatives the Director of Nursing (DoN) has set up a Safer Staffing Group to continue implementation of actions from the review and to take forward the broader pieces of work relating to wider multi-disciplinary teams and to community. The DoN continues to have oversight of ward staffing levels and reports directly to the Board of Directors in line with the NQB requirements.

- Since the initial review there have been four, 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.

- In October 2015 the Chief Nursing Officer for England, National Director of Patient Safety NHS England, Chief Inspector of Hospitals and Chairman-Designate NHS Improvement sent a joint letter to Trusts acknowledging that *'recent messages to the system on safe staffing and on the need to intensify efforts to meet the financial challenge have been seen as contradictory'* and encourage Trusts to consider staffing in terms of more than just figures and ratios. CWP adopted this approach from the initial staffing review onwards recommending 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 April 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. The reviewer 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.

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 January 2016, comprising the following areas:

2.1 Themes arising from ward reviews
2.2 Consistency check with alternative methodology
2.3 Follow up actions relating to deep dive
2.4 Recruitment and retention in relation to original recommendations
2.5 Outcome of care contact time pilot
2.6 National benchmarking
2.7 Widening the consideration of MDT in relation to Safer Staffing
2.8 Context of Safer Staffing within community MH and LD teams
2.9 Safer Staffing Community Physical Health update

2.1 Themes arising from ward reviews

Methodology
The six-monthly ward staffing review was undertaken in April and May 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.

The range of data was considered alongside the National Benchmarking Report 2014, the National Bed Enquiry (2000) and Boardman (2007), NICE guidelines, CQC essential standards and contractual service specifications.

Key findings
It was evident that the clinical teams remain committed 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 2 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.

2.1.1 Acute wards [Bollin, Beech and Lakefield]

Findings
• The review found that the overall view of the management team is that ward establishments are good and fit for purpose. The management teams are keen to have a flexible approach to manage change to meet clinical need.
• The most significant factors emerging in relation to 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. The Ward Managers, Clinical Service Managers and General Managers are reporting that the role of the Resource Manager is essential to support the management of these issues and ensuring the clinical visibility of the Ward Managers.
• The managers will always respond to change in demand to ensure the safety of patients and staff, which will at times require temporarily increasing numbers on a shift to shift basis. Where extra staff cannot be obtained the wards will work flexibly to cover each other.

Action
• 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.
• Actions will be feedback to the Trust Wide Better Use of Information group and progress will be discussed as a standing agenda item on the Safer Staffing group.

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

Findings
• The review found that, similar to the acute and dementia wards, the most significant factors in relation to safer staffing is not 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.
• The review found that Adelphi and Juniper have a higher proportion of older adults admitted with mobility issues requiring a higher level of care.
• In relation to Adelphi ward the view is that the establishment is correct however similar to previous reviews Adelphi continues to use bank staff to increase establishments whilst maintaining higher fill rates. There needs to be an acceptance that in view of the environmental layout of Adelphi this creates an additional challenge in terms of observation of patients who require their physical health needs and mobility issues to be addressed.

Action
• 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
• 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.
• Meadowbank ward have no concerns regarding baseline establishment although would like to get to capacity and review banding profile.
• Meadowbank and Croft continue to manage sickness with vacancies being an additional factor for Croft.
Action
• Management team in Wirral to review the banding profile on Meadowbank in particular in relation to band 6 and 5 balance.

2.1.4 CAMHS wards [Maple and Pine Lodge]

Findings
• 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. The Resource Manager is effectively supporting the Ward Managers to address absence freeing up clinical time for Ward Managers. The move to Ancora House will resolve the environmental issues and isolation of Pine ward.
Action
• The wards will work with colleagues in recruitment to try to reduce the length of time it takes to recruit into vacant posts.

2.1.5 Eating Disorder ward [Oaktrees]

Findings
• During the review Oaktrees reported a change in dependency level since the unit opened. It is now more common for patients to have a BMI below 12 (compared with 14 – 16 previously). The MARSIPAN pathway cover can also impact (when there is a need to send staff to Aintree to support patients requiring acute medical emergency intervention). The Specialist Commissioners currently provide £70k funding for this.
Action
• Due to changes in clinical activity since the initial safer staffing recommendations, the review would recommend a more comprehensive review during the next period. Clinical Service Manager/General Manager to support arranging cover during this period to monitor safety and effectiveness, (including wider use of MDT support).
• Clinical and Operational services to review the level of funding available for the

MARSIPAN pathway in line with any increase in demand.

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

Findings
• 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.
Action
• 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 PICU Wards [Willow and Brooklands]

Findings
• The review raised no issues with the establishment on Brooklands although the management team report that flexibility is needed to respond to demand due to the nature of the ward, it is at times difficult to fill when they need to increase staff. The review heard that long term sickness can impact.
• The team for Willow described pressures on the ward from a clinical point of view, high level observations, and patients with behaviours that challenge. Extra observations requires an increase in staff but there can be difficulties in getting extra staff to cover.
• Willow advised that at times PICU beds are blocked and unable to use income generating bed due to pressure on acute beds.
• PICU wards reported that staff retention is good which improved quality of patient experience.
• No concerns raised in relation to patient safety.
Action
• Link with the inpatient bed review regarding flow of patients from PICU to acute wards.
• The PICU operational model has recently been reviewed and changes approved at operational board.

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.

Impact of Resource Managers
There have been queries raised related to the value added by the role 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 Manager's visibility, patient and carer engagement and clinical leadership, significant improvements in processes in relation to management of staffing and HR issues.

Ward Manager's reported increased satisfaction with their role feeling Resource Managers were contributing to this.

Gym access

A limitation in accessing gyms across the Trust has been reported in the previous ward staffing reviews and remains an issue. This area will be an area for action within the new In-patient Services Improvement Forum.

Quality & 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 November 15 – April 2016 demonstrate that ward staffing actuals have been over 90% of planned staffing as shown in the graph below:
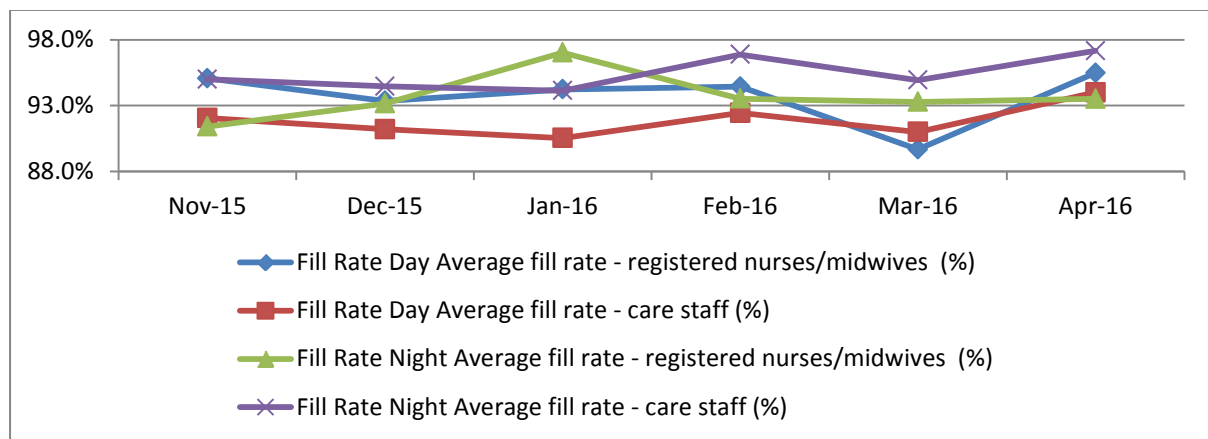
This is broadly comparable with the previous 6 months reporting period [April to September 2015]
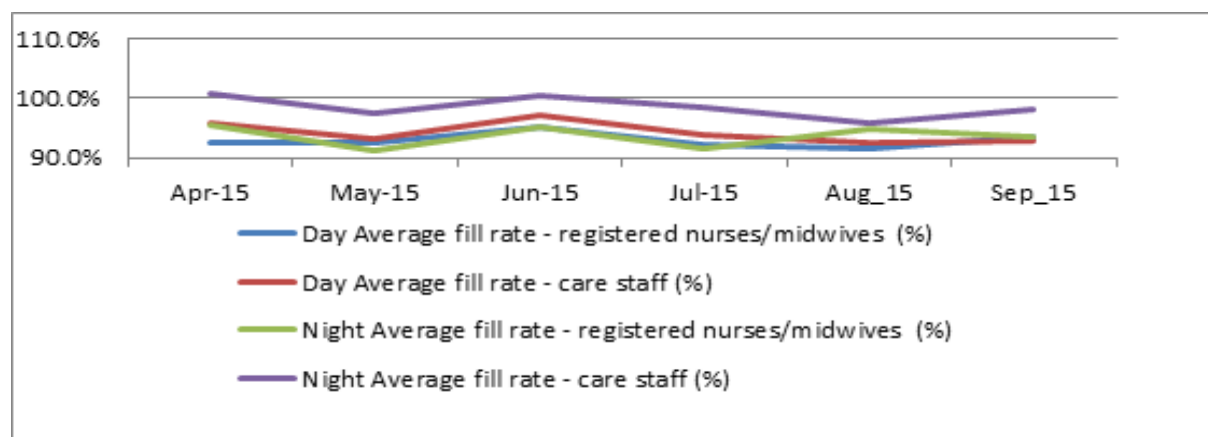
Interventions to maintain safe staffing levels

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 2.3), 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
In order to maintain safe staffing levels, temporary staff continues to be utilised. From October 2015 to March 2016 the following levels were used:

Locality	Total Hours Requested	Total Hours Filled	Bank/Agency Fill Rate (%)	% of Total Planned Hours on Ward covered by Bank/Agency April-Sept 15	WTE filled by Bank	WTE filled by Agency	Total WTE filled
East	48057	37729	79	20	39	0	39
West	40957	29234	71	17	30	0	30
Wirral	36494	27208	75	23	28	0	28
Trustwide	**125508**	**94171**	75	**20**	97	**0**	**97**

Bank use has risen from 94 WTE April-September 2015 to 97 WTE in this current six monthly review. This is compared to 118WTE 12 months prior to the original staffing review. Agency use has been nil in this period. On average over the six months, based on booking reasons used by the wards, approximately 8% of bookings are due to vacancy, 45% due to absence reasons and 47% due to increased workload reasons.

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.

Cross cover between wards: The ward teams acknowledge that it is necessary to balance staffing on a shift by shift basis and appreciate that there will be a level of 'give and take'

between wards. However if this is happening frequently it can impact on staff morale and also the ability of Ward Managers to develop their teams.

Nurses working additional hours: This remains a concern particularly when working a 12 hour shift pattern. Lack of rest periods and working beyond a 12 hour shift have been found to increase risks to patient safety (Kings College, 2013; HSE, 2012; RCN, 2012) and have a negative impact on staff well-being and retention (Sherward et al, 2005; RCN, 2010). Although staff receive time off in lieu when they work additional hours this does not mitigate against the potential for increased risk during the shift and can contribute to future staffing issues when they reclaim the time. NHS England commissioned a review of shift patterns *'12-hour shifts: Prevalence, views and impact the overall'* and this was published earlier in 2015. The evidence for and against 8 hour and 12 hour shift patterns is inconclusive and although the report suggests that there is cause to challenge assumptions that 12 hour shifts reduce costs without any detrimental effects, ultimately they do not advise against them at this time.

RN shifts backfilled by CSWs: There are occasions when RN shifts are backfilled by CSWs when RN backfill cannot be sourced. Additionally there will be occasions where no backfill is available. The previous six monthly report identified that wards reported there were 218 occasions between April and September 2015 where there was only one RN on duty, in the subsequent 6 months (November – April 2016) this number had reduced significantly to 80 shifts. Where this does occur, wards are able to access a 2nd RN from neighbouring wards for specific procedures that require input from 2 RNs.

Mandatory training, supervision and appraisals cancelled: There are occasions when non direct care activity such as mandatory training, supervision and appraisals are cancelled in order to maintain safe staffing levels on wards. Alternate delivery methods are being explored with Education CWP in order to maximise training delivery.

Patient activities cancelled: In line with previous reviews it is evident patient activities are prioritised by ward teams however there are occasions when patient activities off the ward have to be cancelled or shortened due to nurse staffing levels. All wards reported having proactive measures in place to seek the views of patients during and after admissions. The majority of feedback is reported to be positive and 462 compliments have been registered over the past 6 months. These proactive measures also provide the opportunity to address concerns promptly which again aids patient satisfaction.

Supernumerary Ward Managers: CWP has had supernumerary Ward Managers for a number of years, Ward Managers will however, continue to be part of planned numbers in order to ensure safe staffing when required.

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.

2.2 Consistency check with alternative methodology

The Trust has endorsed the use of the Telford Model (professional judgement) to calculate the number of registered and non-registered nurses on inpatient wards to deliver safe staffing levels. In order to consistency check the outcome of this approach it was agreed at the recent Safer Staffing Group meeting to benchmark this outcome with a number of wards by utilising Hurst's Safer Staffing Tool in February 2016.

Findings:
The review undertook a week long exercise to test against the Hurst model. The data examined for each ward included:
- current ward MDT establishments
- skill mix ratios
- bank usage
- sickness
- incidents
- uptake of education
- supervision/ appraisal compliance

The review indicated that there may be a requirement to increase establishments, however due to the significant limitations this is inconclusive.

	Beds	Original Telford (and current establishment)									Oct 2015 Telford recommendations									Mar 2016 Hurst				
		M-F days		Sat-Sun days		Nights		RN WTE	CSW WTE	Total	M-F days		Sat-Sun days		Nights		RN WTE	CSW WTE	Total	Days		Nights	RN WTE	CSW WTE	Total
		RN	CSW	RN	CSW	RN	CSW				RN	CSW	RN	CSW	RN	CSW				Total		Total			
Adelphi	23	4	2	3	3	2	2.4	14.0	12.1	26.1	4	3	4	3	2	3.8	15.5	17.6	33.1	8.2		4.2	18.6	15.9	34.5
Brackendale	20	3	3	3	3	2	2.5	12.9	14.2	27.1	3	3	3	3	2	2.5	12.9	14.2	27.1	7.5		3.5	14.1	16.6	30.7
Juniper	22	3	3	3	3	2	2	12.5	12.5	25.0	4.1	3	4	3	2	2	15.8	12.9	28.7	8.0		4.0	17.1	17.1	34.2
Eastway	10	3	2	3	2	2	1	12.9	7.8	20.7	3	2	3	2	2	1	12.9	7.8	20.7	6.4		2.4	14.8	9.9	24.7

Hurst tool limitations:
- No differentiation between weekends and weekdays
- No capture of additional roles such as activity co-ordinators
- No clarity on day-night split calculation
- No split given re RN:CSW in shift by shift outcome
- No longitudinal comparison regarding clinical activity and need

As identified above, these limitations means it is not possible to make any guiding assumptions or suggest consistency or generalisability of findings.

However, as per previous methodologies used Adelphi has again been indicated as an area which may require an increased establishment. Based on feedback from the ward management team it was felt that rather than directly increasing establishment at the moment, the establishment should remain "as is" but with a clear understanding and acceptance that Adelphi will on a shift to shift basis be required to use bank staff to support high levels of observation in relation to physical and mental health needs. Adelphi has also previously been flagged as an area which finds it difficult to achieve its safer staffing levels.

However from January to April 2016 Adelphi has consistently achieved registered and care staff fill rates in excess of 90% (the exception being care staff reported as 85.4% in March (see appendix 2)).

2.3 Follow up actions relating to deep dive

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.

Update:
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) and the procurement process has recently been completed. It is hoped that implementation of the new software will begin in August 2016. This will take approximately 12 weeks. During this time, focus groups for stakeholders will be established to agree the revised processes and policy in order to support the new product and maximise rostering effectiveness in CWP. A recent audit by MIAA has identified issues identical to those found as part of the deep dive exercise. Of particular concern was how 'time owing' is managed by services which will necessarily be one of the key focusses of this work. People Information have already commenced an audit with the rostered units on their time owing balances in advance of migration to the new software to establish the current position; this will be completed before implementation commences.

2.4 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.

Update:
Since the initial review undertaken in December 2013, an ongoing rolling recruitment programme has been in place. The table below indicates the establishments as at April 2016 and demonstrates significant improvement since the previous six month review. The information is taken from the People Information 'Truth on a page ward profile':

Trust Wards	Current WTE [budgeted establishment]	Current WTE [Staff in post]	Staffing differential	Current WTE in recruitment *
Registered Nurses	319.42	304.03	15.39	28.76

Clinical Support Workers	316.57	301.65	14.92	9

*This figure includes posts out to advert and candidates waiting to start pending checks

2.5 Care Contact Time Summary

In line with the NQB and NHS England requirements the trust examined Care Contact Time during a one week period in November 2015. Four wards were included in the study which followed the same format as the 'Activity Follows' survey undertaken in 2012 across all adult and older people in-patient wards within the trust. The wards included in November 2015 were Cherry (organic), Croft (organic), Saddlebridge (low secure) and Eastway (learning disabilities). All Ward Manager (WM) and Clinical Leads shifts were included in the data capture. One band 5 Registered Nurse and one band 3 and/or 4 Non-Registered Nurse completed the data capture on each day and night shift during the same period.

Summary of findings:
- There was a high level of consistency across the top 4 activities for all staff groups.
- Administration featured in the top 3 activities for all Ward Managers and in the top 4 for all Clinical Leads and Staff Nurses, although the time spent on administration was slightly lower than in 2012 (from 27% to 24% for Ward Managers and from 17% to 11% for Clinical Leads/Staff Nurses).
- Personal and people development was in the top 4 activities for 3 of the 4 Ward Managers – this activity showed an increase of 8% on average from 2012 and includes activities such as supervisions, appraisals, continued personal development.
- Time spent on dealing with staffing issues had reduced significantly for all Ward Managers, Clinical Leads and Staff Nurses.
- Patient/carer contact/interventions and carenotes input were in the top 4 activities for band 5 and 6 nurses across all 4 wards on both day and night shifts.
- Patient/carer contact/interventions and activities supporting other services (eg mental health act and safeguarding) were in the top 4 activities for non-registered staff on all 4 wards on day shifts. Patient/carer contact/interventions remained broadly the same amount of as 2012 activity (40%) however activities supporting other services had increased from 2% to 11%.
- Patient observation activity had reduced for non-registered staff, on days, from 42% in 2012 to 28% in 2015.
- On nights patient observations and patient/carer contact/interventions were in the top 3 activities for all 4 wards with an average of 43% and 28% respectively whereas in 2012 they were the top 2 activities at 48% and 32% respectively.
- Resource Managers appear to have impacted positively time spent on administration and dealing with staffing issues.

However time spent on administration remains high for registered staff and the Safer Staffing Group have identified this as an area for action.

Action: There were again limitations into the generalisability of the care contact time findings; moving forward the plan is to revise the data capturing process from paper lead to

an electronic system with the intention of streamlining the process and supporting data analysis.

2.6   National benchmarking

Through support from Knowledge Management Services the 6 Monthly Safer Staffing reports from a number of local and wider NHS Trusts were retrieved with the ambition of profiling either hours required by wards or base line staffing figures against those of CWPs inpatient units.

Benchmarking ward establishments and safer staffing figures has proved to be challenging with no clear outcomes in relation to either comparison or recommendations, due to a number of factors;

- Varying methods of reporting; percentage vs hours.
- No specific data to allow (even a proxy) comparison to compare wards (e.g. ward type, number of beds).
- No indication of extent of services which offer alternative to admission or in-reach into wards.
- No reporting of wider MDT input and impact on staffing.
- No locality demographic information .

Action: To continue to engage in ongoing work across the wider MH and LD leads network in relation to safer staffing. To continue to support ongoing internal work in relation to the inpatient service and community reviews (see 2.8 below).

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 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.

Summary of findings from In-patient O.T reviews
The O.T reviews were undertaken across the three localities against the following guiding principles:

1. Service users on inpatient units will have Occupational Therapy assessment in a timely manner.
2. Service users will have access to Occupational Therapy treatment to support their recovery.
3. The acute care pathway will serve as a benchmark for good standards of practice. For example, the pathway details standards for assessment and initial contact.

4. Service users across the Trust should have equitable access to service. For example, access to Occupational Therapy should not be affected by postcode or which day of the week a person is admitted to hospital.
5. Occupational Therapists will work as an integrated member of the Multidisciplinary Team and aim to provide continuity of care.
6. Occupational Therapy services should adopt flexible working to meet local needs and best utilise resources available.
7. Occupational Therapy services will be run in a sustainable way to support staff retention and wellbeing, and ensure quality is maintained.

Following the completion of the reviews there are clear variations across the three localities in both the operational model of working for O.T.s and the teams whole time equivalent establishments.

- Central and East have recently piloted a 7 day working model (9am – 5pm) focussing on assessment at weekends.

- West currently work extended hours in most areas. This has been achieved Monday – Friday, by using the existing staffing levels in a more effective and efficient manner across the hours of 7.30am – 7pm depending on service user needs.

- Wirral currently provide O.T service provision 8.30 – 4.30 Monday – Friday, in addition staff work late twice a month on PICU and once a month on other wards to provide an evening social, time taken back as time in lieu.

The 3 models all have clear benefits and challenges based on availability of the team to fulfil all aspects in relation to the guiding principles (as detailed above) due to the challenges of capacity versus demand and variance in whole time equivalents establishments.

Recommendation: The reviews were led by the lead O.T.s in each locality and full summary reports were produced which require more in depth presentation and discussion at Operational Board to explore options in relation to the preferred working model which best meets the needs of service users.

2.8 Context of Safer Staffing within community MH and LD teams

The focus of safer staffing to date has been on mental health and learning disability inpatient areas. There is a growing recognition that this needs to expand into community teams.

Update:
Following a trust wide Bed Review a further review is being undertaken in relation to bed occupancy from a clinical perspective. The review aims to explore the following areas:

- Whether there is effective input from the Community Mental Health Teams (CMHT) and Home Treatment Teams (HTT) prior to admission and whether additional interventions can be put into place to avoid admission for certain individuals.

- Whether early warning signs are picked up on early enough and whether the Crisis Care Plan/ Contingency plans are robust enough to be of assistance to a service user in managing deterioration in their mental health.
- Whether the systems and processes in place within CMHT's, HTT and the inpatient areas are effective in managing service users' individual needs.
- Whether the availability of placements or the application/ funding process extends a service users admission to inpatient services.
- Whether there are gaps in current service provision which extend the service users length of stay.

This piece of work will be undertaken in all three localities during June, July and August with the findings and recommendations being reported to the Inpatient Redesign Project Group.

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.

2.9 Safer Staffing Community Physical Health update

As an adjunct to the work being undertaken within inpatient mental health services, work is underway in Community Physical Health Services to:

- Understand the current demand, capacity, acuity and risks of the current community workload.

- 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.

- In partnership with West Cheshire Clinical Commissioning Group adopt a tool which can support the commissioning of community nursing services and strategic workforce planning.

In January 2016 a revised predictive capacity management tool was implemented to support the safe management of community nursing caseloads, in addition a guidance document for managing community nursing caseloads has been developed and is currently being consulted upon with frontline staff and managers. An early warning system to support appropriate escalation is in development supported by safe services.

The service is currently undertaking a "deep dive" into the integrated teams, which will give a historical and current contextual overview, describe services and, where possible, benchmark them against National and Local metrics, it will also summarise the feedback and analyse the themes from the staff.

This work will collectively begin to inform the project group in the potential resource allocation required to develop a caseload staffing establishment framework which also takes into account a variety of impacting factors for example; demographics, current cultural use of services, and service specification criteria. Existing research offers suggestions of

overarching ideas about possible approaches but do not offer detailed frameworks, models, or tools that could readily be employed.

3 Conclusion and Recommendations

The review team would like to acknowledge the evident 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:

- To note the content of the report and the key recommendation that ward establishments should be sustained at current levels to maintain safer staffing.

- To continue to progress relevant workstreams as detailed within the Safer Staffing Working Group in particular in relation to:

    o The next six monthly safer staffing review.
    o Expand the work already under way in relation to mental health, learning disability, physical health and community services.
    o Working closely with support services to support wards in relation to human resource processes.
    o Linking in with national work programmes in relation to safer staffing.

- The full occupational therapy reviews undertaken across the three localities should be presented and discussed at operational board.

- Due to changes in the clinical profile of patients on Oaktrees a further more detailed review should be progressed by operational and clinical services including consideration of the MARSIPAN pathway.

- 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 References

DH (2014) '*Safer Staffing: a guide to care contact time*': London
NHS England (2015) *'12-hour shifts: Prevalence, views and impact the overall':* London
NICE (2014) *'Safe staffing for nursing in adult inpatient wards in acute hospitals'* http://www.nice.org.uk/guidance/sg1

Nov 15 – Apr 16	Locality	Ward	Day				Night				Fill Rate			
			Registered		Care Staff		Registered		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 (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
Nov	East	Adelphi	1288	1184.5	1330	1267	738.75	589.25	1136	1069.5	92.0%	95.3%	79.8%	94.1%
Dec	East	Adelphi	1343	1284.5	1575.5	1294.5	740	733	1380	1196	95.6%	82.2%	99.1%	86.7%
Jan	East	Adelphi	1379.45	1322.5	1386.5	1289.5	849.5	849.5	1289.5	1220.5	95.9%	93.0%	100.0%	94.6%
Feb	East	Adelphi	1259.5	1151.5	1164.3	1134.3	678.5	667	1104	1087	91.4%	97.4%	98.3%	98.5%
Mar	East	Adelphi	1288.5	1184.2	1403.5	1199	736	736	1166.5	1098.5	91.9%	85.4%	100.0%	94.2%
Apr	East	Adelphi	1378.54	1345.5	1294	1204.5	759	747.5	1276.5	1219.5	97.6%	93.1%	98.5%	95.5%
Nov	East	Alderley Unit	952.5	960	1323	1286	598	506	839.5	866.5	100.8%	97.2%	84.6%	103.2%
Dec	East	Alderley Unit	920.5	917	1354	1179.5	701.5	598.5	713	793	99.6%	87.1%	85.3%	111.2%
Jan	East	Alderley Unit	827	830	1353	1321	713	690	713	724.5	100.4%	97.6%	96.8%	101.6%
Feb	East	Alderley Unit	772.5	739	1298	1269	632.5	589.5	701.5	738	95.7%	97.8%	93.2%	105.2%
Mar	East	Alderley Unit	829	819.5	1414.5	1449	690	678.5	736	759	98.9%	102.4%	98.3%	103.1%
Apr	East	Alderley Unit	891	844.5	1322.5	1283	690	604	690	776.5	94.8%	97.0%	87.5%	112.5%
Nov	East	Bollin	1227	1214.5	1482.5	1307.5	724.5	667	1449	1391.5	99.0%	88.2%	92.1%	96.0%
Dec	East	Bollin	1153	1058	1555	1531.5	752	706	1270	1131.5	91.8%	98.5%	93.9%	89.1%
Jan	East	Bollin	1448	1428	1518	1304	782	724.5	1327	1138.5	98.6%	85.9%	92.6%	85.8%
Feb	East	Bollin	1269.5	1263.5	1358.5	1181	721.5	710	1207.5	1096.5	99.5%	86.9%	98.4%	90.8%
Mar	East	Bollin	1396.5	1366.5	1273	1238.5	763.5	763.5	1391.5	1394.5	97.9%	97.3%	100.0%	100.2%
Apr	East	Bollin	1312.5	1279.75	1210.5	1212	793.5	772	1297.5	1263	97.5%	100.1%	97.3%	97.3%
Nov	East	CARS	889	837	1426.5	1345	701.5	661.03	713	676.5	94.2%	94.3%	94.2%	94.9%
Dec	East	CARS	886.5	844	1246	1231	701.5	678.5	724.5	616.53	95.2%	98.8%	96.7%	85.1%
Jan	East	CARS	864	820.5	1304.5	1292.5	701.5	665	701.5	644	95.0%	99.1%	94.8%	91.8%
Feb	East	CARS	900.5	888.5	1081.5	1059	656	623	691	677.5	98.7%	97.9%	95.0%	98.0%
Mar	East	CARS	889	872	1337.5	1238.5	690	657.5	724.5	674.5	98.1%	92.6%	95.3%	93.1%
Apr	East	CARS	929	913	1207.5	1150	690	681.5	717	612.25	98.3%	95.2%	98.8%	85.4%
Nov	East	Croft	1304.25	1304.75	1853	1414	805	781	1871.5	1517.5	100.0%	76.3%	97.0%	81.1%
Dec	East	Croft	1462.5	1396	1662.5	1323.8	770.5	770.5	1762	1409.5	95.5%	79.6%	100.0%	80.0%
Jan	East	Croft	1663.25	1490.5	1478.95	1204.5	778	800.25	1740.5	1361	89.6%	81.4%	102.9%	78.2%
Feb	East	Croft	1280	1317.7	1649	1185	678.5	697.5	1720.5	1517	102.9%	71.9%	102.8%	88.2%
Mar	East	Croft	1302.1	1368.41	1709	1108.3	730	698.5	1748	1539.7	105.1%	64.9%	95.7%	88.1%
Apr	East	Croft	1448.5	1436.5	1421.5	1244.5	770.5	738.5	1656	1481	99.2%	87.5%	95.8%	89.4%
Nov	East	Greenways	1260.5	1169.5	1872	1682	690	598	724.5	774	92.8%	89.9%	86.7%	106.8%
Dec	East	Greenways	1208	1063.5	1806	1577.25	713	655.5	713	747.5	88.0%	87.3%	91.9%	104.8%
Jan	East	Greenways	1279.5	1225.5	1932	1768.5	713	690	736	717.5	95.8%	91.5%	96.8%	97.5%
Feb	East	Greenways	1216.5	1182	1776	1526.5	667	483	667	836	97.2%	86.0%	72.4%	125.3%
Mar	East	Greenways	1297.5	1282	1807.5	1613.5	713	609.5	736	775	98.8%	89.3%	85.5%	105.3%
Apr	East	Greenways	1870	1594.5	1109	1444.5	690	667	690	690	85.3%	130.3%	96.7%	100.0%
Nov	East	LimeWalk	1067.5	1042	1137	1092	664	605	742	693.5	97.6%	96.0%	91.1%	93.5%
Dec	East	LimeWalk	1003	991.5	1155	1088	694	676	747.5	656.5	98.9%	94.2%	97.4%	87.8%
Jan	East	LimeWalk	1167.5	1160.5	1066	1004	713	706	725	694.5	99.4%	94.2%	99.0%	95.8%
Feb	East	LimeWalk	900.5	888.5	1081.5	1059	656	623	691	677.5	98.7%	97.9%	95.0%	98.0%
Mar	East	LimeWalk	1123.5	1106	1097	981.95	690	601.5	736	699.5	98.4%	89.5%	87.2%	95.0%
Apr	East	LimeWalk	1088.5	1034	1130.25	986.75	655.5	610.5	752	671.5	95.0%	87.3%	93.1%	89.3%
Nov	East	Saddlebridge	877	888.5	1297	1280	641.5	607	740.5	768	101.3%	98.7%	94.6%	103.7%
Dec	East	Saddlebridge	871.5	871.5	1437.5	1403	701.5	690	729	740.5	100.0%	97.6%	98.4%	101.6%
Jan	East	Saddlebridge	855.5	834.5	1447.5	1404	644	644	793.5	782	97.5%	97.0%	100.0%	98.6%
Feb	East	Saddlebridge	804.5	793	1395.5	1389.5	630	630	825.5	814.5	98.6%	99.6%	100.0%	98.7%
Mar	East	Saddlebridge	835	824.75	1393	1393	635	623.5	790	794	98.8%	100.0%	98.2%	100.5%
Apr	East	Saddlebridge	844	856	1618.5	1618.5	654	642.5	1043.5	1055	101.4%	100.0%	98.2%	101.1%

Nov 15 – Apr 16	Locality	Ward	Day				Night				Fill Rate			
			Registered		Care Staff		Registered		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 (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
Nov	West	Beech	1389.5	1225	1138.5	1065	678.5	680.5	701.5	680.5	88.2%	93.5%	100.3%	97.0%
Dec	West	Beech	1454	1346.5	1139.5	1045	770.5	661	678.5	663	92.6%	91.7%	85.8%	97.7%
Jan	West	Beech	1378	1222	1167	1050	724.5	724.5	724.5	724.5	88.7%	90.0%	100.0%	100.0%
Feb	West	Beech	1366.5	1134.5	1069.5	997.5	667	667	747.5	724.5	83.0%	93.3%	100.0%	96.9%
Mar	West	Beech	1477.5	1180.5	1238.5	1102	699.5	676.5	874	791.5	79.9%	89.0%	96.7%	90.6%
Apr	West	Beech	1401.5	1286	1081	1014	701.5	667	724.5	724.5	91.8%	93.8%	95.1%	100.0%
Nov	West	Cherry	1255	1169.5	1104	931.5	736	552.04	1058	885.5	93.2%	84.4%	75.0%	83.7%
Dec	West	Cherry	1104.06	1122.5	1081	1019.5	713	678.5	989	1000.5	101.7%	94.3%	95.2%	101.2%
Jan	West	Cherry	1148	1126.25	1202	1134.5	713	678.5	1023.5	966	98.1%	94.4%	95.2%	94.4%
Feb	West	Cherry	879	810	1215	1184.5	724.5	563.5	920	908.5	92.2%	97.5%	77.8%	98.8%
Mar	West	Cherry	1224.5	1167.5	937.5	893.5	747.5	637	1035	922.3	95.3%	95.3%	85.2%	89.1%
Apr	West	Cherry	1204.5	1158.5	977.5	943	713	632.5	989	924.5	96.2%	96.5%	88.7%	93.5%
Nov	West	Eastway	974	871	1345	1291.5	644	575	805	805	89.4%	96.0%	89.3%	100.0%
Dec	West	Eastway	894	894	1400.5	1335	678.5	632.5	756.5	745	100.0%	95.3%	93.2%	98.5%
Jan	West	Eastway	857	798	1231	1196.5	586.5	540.5	793.5	793.5	93.1%	97.2%	92.2%	100.0%
Feb	West	Eastway	694.5	684.5	1258.5	1201	586.5	552	736	701.5	98.6%	95.4%	94.1%	95.3%
Mar	West	Eastway	861	831.5	1252.5	1149	633	621.5	754	702.5	96.6%	91.7%	98.2%	93.2%
Apr	West	Eastway	1126.25	1126.25	868.5	822.5	531	531	809	809	100.0%	94.7%	100.0%	100.0%
Nov	West	Juniper	1485	1445.3	1035	1035	747.5	736	839.5	828	97.3%	100.0%	98.5%	98.6%
Dec	West	Juniper	1412.5	1334.5	1023.5	922.5	724.5	674	724.5	718.5	94.5%	90.1%	93.0%	99.2%
Jan	West	Juniper	1530.5	1375.5	1058	918	713	713	722	669	89.9%	86.8%	100.0%	92.7%
Feb	West	Juniper	1416.5	1266	1000.5	918	713	701.5	722	609.5	89.4%	91.8%	98.4%	84.4%
Mar	West	Juniper	1578.5	1392.6	1150	885.5	782	770.5	793.5	655.5	88.2%	77.0%	98.5%	82.6%
Apr	West	Juniper	1503	1406.5	1031.5	901.5	655.5	655.5	724.5	682	93.6%	87.4%	100.0%	94.1%
Nov	West	Maple	1162	932	1368.5	1219	690	655.5	701.5	736	80.2%	89.1%	95.0%	104.9%
Dec	West	Maple	1170	894	1345.5	1299.5	724.5	621	713	759	76.4%	96.6%	85.7%	106.5%
Jan	West	Maple	1235	1212	1575.5	1311	736	678.5	1058	1058	98.1%	83.2%	92.2%	100.0%
Feb	West	Maple	1144	983	1357	1230.5	667	471.5	885.5	977.5	85.9%	90.7%	70.7%	110.4%
Mar	West	Maple	1144	880	1403	1230.5	724.5	552	954.5	839.5	76.9%	87.7%	76.2%	88.0%
Apr	West	Maple	1087.5	911	1403.2	1196	690	494.5	1046.5	862.5	83.8%	85.2%	71.7%	82.4%
Nov	West	Pine	1100.5	1001	1012	908.5	690	506	690	713	91.0%	89.8%	73.3%	103.3%
Dec	West	Pine	1109	787	1242	1150	724.5	598	897	862.5	71.0%	92.6%	82.5%	96.2%
Jan	West	Pine	1158	1146.5	1104	966	701.5	644	851	770.5	99.0%	87.5%	91.8%	90.5%
Feb	West	Pine	1040.5	1006	1046.5	908.5	667	609.5	770.5	782	96.7%	86.8%	91.4%	101.5%
Mar	West	Pine	1166	887.1	1069.5	1142.5	713	632.5	966	943	76.1%	106.8%	88.7%	97.6%
Apr	West	Pine	1112	1001	1035	1127	690	471.5	816.5	1035	90.0%	108.9%	68.3%	126.8%
Nov	West	Rosewood	1284.5	1172.5	1402.5	1266.5	448.5	402.5	701.5	669	91.3%	90.3%	89.7%	95.4%
Dec	West	Rosewood	981.5	958.5	1563	1471	552	494.5	747.5	724.5	97.7%	94.1%	89.6%	96.9%
Jan	West	Rosewood	1024	978	1276.5	1081	402.5	402.5	966	839.5	95.5%	84.7%	100.0%	86.9%
Feb	West	Rosewood	888	888	1233.5	1176	379.5	379.5	782	747.5	100.0%	95.3%	100.0%	95.6%
Mar	West	Rosewood	1030.5	962.5	1284.5	1223	488.5	442.5	793.5	770.5	93.4%	95.2%	90.6%	97.1%
Apr	West	Rosewood	943	924.5	1269.5	1200.5	471.5	448.5	759	701.5	98.0%	94.6%	95.1%	92.4%
Nov	West	Willow	965	931.75	1035	1046.5	736	736	770.5	747.5	96.6%	101.1%	100.0%	97.0%
Dec	West	Willow	990.5	1000.5	993	924	713	690	724.5	724.5	101.0%	93.1%	96.8%	100.0%
Jan	West	Willow	1046	1062.5	1123	1068	759	754	877.5	870	101.6%	95.1%	99.3%	99.1%
Feb	West	Willow	877.5	864.5	1007.1	992	678.5	678.5	770.5	761.5	98.5%	98.5%	100.0%	98.8%
Mar	West	Willow	972.5	946.5	1184.5	1161.5	747.5	713	966	977.5	97.3%	98.1%	95.4%	101.2%
Apr	West	Willow	999	984	1012	1012	667	632.5	839.5	862.5	98.5%	100.0%	94.8%	102.7%

Month and Year of Data	Locality	Ward	Day				Night				Fill Rate			
			Registered		Care Staff		Registered		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 (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
Nov	Wirral	Brackendale	1056.5	1033.5	1025.5	945	690	690	690	667	97.8%	92.2%	100.0%	96.7%
Dec	Wirral	Brackendale	1087	1053.5	921	898	701.5	667	724.5	724.5	96.9%	97.5%	95.1%	100.0%
Jan	Wirral	Brackendale	1127	1147	902.5	799	701.5	678.5	736	736	101.8%	88.5%	96.7%	100.0%
Feb	Wirral	Brackendale	1016.5	1134.5	859.5	813.5	667	667	690	667	111.6%	94.6%	100.0%	96.7%
Mar	Wirral	Brackendale	1060.5	988	920	793.5	724.5	719	713	690	93.2%	86.3%	99.2%	96.8%
Apr	Wirral	Brackendale	1071.5	1027.5	926	891.5	701.5	690	690	690	95.9%	96.3%	98.4%	100.0%
Nov	Wirral	Brooklands	1012.25	1015.4	1477	1477	640.5	604.5	1196	1196	100.3%	100.0%	94.4%	100.0%
Dec	Wirral	Brooklands	1160	1009	1370	1189.5	736	713	1035	989	87.0%	86.8%	96.9%	95.6%
Jan	Wirral	Brooklands	1272	960.35	1619	1474.5	724.5	689	1265	1208.5	75.5%	91.1%	95.1%	95.5%
Feb	Wirral	Brooklands	1106	856.5	1524.5	1413	667	682.5	1298	1211	77.4%	92.7%	102.3%	93.3%
Mar	Wirral	Brooklands	1232.5	941.5	1416	1326.5	717	625.5	1426	1380.5	76.4%	93.7%	87.2%	96.8%
Apr	Wirral	Brooklands	930.5	815	1305.5	1344	713	638.5	808	837.5	87.6%	102.9%	89.6%	103.7%
Nov	Wirral	Lakefield	1040	1051	1104	977.5	690	687	690	678.5	101.1%	88.5%	99.6%	98.3%
Dec	Wirral	Lakefield	1177.5	1096	1203.5	1031	713	678.5	729	671.5	93.1%	85.7%	95.2%	92.1%
Jan	Wirral	Lakefield	1124.5	1053.5	1206.5	1046	713	690	632.5	632.5	93.7%	86.7%	96.8%	100.0%
Feb	Wirral	Lakefield	804.5	793	1395.5	1389.5	630	630	825.5	814.5	98.6%	99.6%	100.0%	98.7%
Mar	Wirral	Lakefield	1153.25	1034.5	1076	972.5	713	678.5	713	747.6	89.7%	90.4%	95.2%	104.9%
Apr	Wirral	Lakefield	1271.75	1077.25	1108.5	971	713	724.5	713	655.5	84.7%	87.6%	101.6%	91.9%
Nov	Wirral	Meadowbank	1099.5	1080.5	2248	2064	619.5	510.5	2096	1889	98.3%	91.8%	82.4%	90.1%
Dec	Wirral	Meadowbank	1141	1112.5	2129.5	2072	713	609.5	1752	1682	97.5%	97.3%	85.5%	96.0%
Jan	Wirral	Meadowbank	1090	1034.5	2285.5	2189	713	678.5	1829	1794.5	94.9%	95.8%	95.2%	98.1%
Feb	Wirral	Meadowbank	1048	897	2356	2216.5	586.5	458	1712	1553	85.6%	94.1%	78.1%	90.7%
Mar	Wirral	Meadowbank	1041	1028.5	2279.5	2193.5	724.5	644	1478	1398.53	98.8%	96.2%	88.9%	94.6%
Apr	Wirral	Meadowbank	1916.5	1832.8	824	1690.3	563.5	540.5	1449	1380	95.6%	205.1%	95.9%	95.2%
Nov	Wirral	Oaktrees	1351	1326.5	1519.5	1369	678.5	678.5	963	858.5	98.2%	90.1%	100.0%	89.1%
Dec	Wirral	Oaktrees	1303.5	1213.5	1492	1185.5	735	723.5	605	501.5	93.1%	79.5%	98.4%	82.9%
Jan	Wirral	Oaktrees	1354	1167	1455	1157	713	713	437	425.5	86.2%	79.5%	100.0%	97.4%
Feb	Wirral	Oaktrees	1200	1126.5	1310.5	1120.5	667	655.5	345	322	93.9%	85.5%	98.3%	93.3%
Mar	Wirral	Oaktrees	1335	1185.5	1419.5	1256.5	713	713	356.5	345	88.8%	88.5%	100.0%	96.8%
Apr	Wirral	Oaktrees	1388	1325	1459.5	1315	690	678.5	356.5	345	95.5%	90.1%	98.3%	96.8%