

**REPORT TO THE TRUST BOARD  
 - 29<sup>th</sup> January 2015**

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| <b>Title</b> | Safer Staffing – December 2014 Monthly Review |
|--------------|---|

**Executive summary**

The aim of this report is to provide assurance to the Trust Board on the Trusts response to the National Quality Board (NQB) safe staffing guidance, to confirm the Trust Board responsibilities and to provide a summary analysis of the December 2014 Safer Staffing data.

In November 2013, the NQB issued guidance to optimise nursing, midwifery and care staffing capability and capacity. The guidance specified expectations for the Trust Board to receive and publically publish reports describing the staffing capacity and capability on both a shift-by-shift basis and by a 6 month trend analysis.

In response to the NQB guidance, the Trust implemented a 'Safe Staffing' portal across all inpatient areas which provided a real time, co-ordinated approach for wards to record staffing levels, capability and ward acuity information for each shift from 1st April 2014.

December 2014 submission summary:

- 3367 (97.8%) out of 3441 forms were completed by ward staff;
- The inpatient environments were substantively staffed at 74.1%, with the remaining staff made up of 20.2% bank and 5.7% agency.
- 9 wards were able to meet their planned staffing levels on all occasions (100%), with a further 18 wards reporting achievement on 90% or more occasions.

The 'Safer Staffing' analysis uses data submitted from inpatient environments as at 6<sup>th</sup> January 2015.

**Recommendation**

The Trust Board is recommended to:

- receive this report as an accurate and clear reflection of the current Trust position in regards to the NQB Safe Staffing requirements;
- receive assurance that all efforts are being employed to ensure the highest level of data quality possible, with detailed internal oversight and scrutiny in place over both completion and performance;
- consider the content and format of the report and advise of required amendments prior to the production of January 2015 Monthly Review report

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|--|---|
| <b>Related Trust objectives</b>  | Deliver safe, effective, patient-centered care in the top 20% of our peers  |
| <b>Risk and assurance</b>  | BAF: 116 If we are unable to recruit or retain our staff then skill mix may be inadequate for service delivery and the provision of quality care  |
| <b>Legal implications/regulatory requirements</b>  | CQC Outcomes 12, 13 and 14 relating to staff  |
| <b>Evidence for the Quality Governance Framework</b>   | Paper evidences board awareness of potential risks to quality(1B); appropriate quality information is being analysed and challenged (4A); and gives assurance of the robustness of the quality information (4B) |
| <b>Presenting Director</b>   | Adrian Childs – Chief Nurse/ Deputy Chief Executive   |
| <b>Author(s)</b>   | Laura Hughes – Integrated Information Manager   |
| *Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend. |   |

## **Introduction/Background**

1. In November 2013, the National Quality Board (NQB) issued guidance to optimise nursing, midwifery and care staffing capability and capacity. The guidance followed national research which demonstrated that staffing levels are linked to the safety of care; and a right for patients and the public to have access to easily accessible information to know how their hospitals and inpatient units are being run.
2. The guidance specified a number of expectations which trusts needed to commit to by the end of June 2014:
  - a) to present a report to Board every 6 months describing the staffing capacity and capability, provide an establishment review and use evidence based tools where possible;
  - b) to display ward level information about the nurses, midwives and care staff deployed for each shift compared to what has been planned;
  - c) to present a report to Board each month containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous month;
  - d) to publish the monthly report on the Trust's website and link or upload the report to the relevant hospital(s) webpage on NHS Choices.
3. This paper responds to expectation c) *to present a report to Board each month containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous month*

## **Aim**

4. The aim of this report is to provide the Board with a summary analysis of December 2014 Safer Staffing data

## **Recommendations**

5. It is recommended to the Trust Board to receive this report as an accurate and clear reflection of the current Trust position in regards to the NQB Safe Staffing requirements;
6. It is recommended to the Trust Board to receive assurance that all efforts are being employed to ensure the highest level of data quality possible, with detailed internal oversight and scrutiny in place over both completion and performance;
7. It is recommended to the Trust Board to consider the content and format of the report and advise of required amendments prior to the production of January 2015 Monthly Review report.

## **Discussion**

### **Trust Board Responsibilities from June 2014**

8. Each month the Chief Nurse will present to the Trust Board an analysis of the following reports:
  - a) No. of Safer Staffing Submissions
  - b) Use of Temporary Staff vs Substantive Staff
  - c) Planned vs actual number of staff
  - d) Skill mix of nursing staff
  
9. Every 6 months, the board will be presented with an 'Inpatient staffing establishment review' report which will provide an overview of the work being undertaken to ensure safer staffing standards are met across all our inpatient wards.
  
10. These reports are made publically available via the NHS Choices website and our Trust internet page

### **Initial Analysis of Safer Staffing Data for December 2014**

11. It should be noted that the following analysis is based on data held in the Safer Staffing portal as at 6<sup>th</sup> January 2015. Planned staffing levels have been taken from eRoster where possible.

### **Submissions Analysis**

12. In December 2014, a total of 3441 safer staffing submissions were expected to be completed. This accounts for there being 37 wards completing 3 submissions over 31 days:
  - a) 3367 (97.8%) out of 3441 forms were completed by ward staff;
  - b) 74 (2.2%) forms were not entered and action was taken to complete these centrally using information from eRoster where available. These submissions will require wards to enter the relevant patient acuity and bed occupancy information.
  
13. Updates are sent to ward matrons, lead nurses and key safer staffing leads to identify missing and duplicate submissions.
  
14. The Chief Nurse has given responsibility to lead nurses for ensuring the accurate completion of the safer staffing information.

## Temporary Staffing

15. During December 2014, the inpatient environments were substantively staffed at 74.1%, with the remaining staff made up of 20.2% bank and 5.7% agency.

|                       | Substantive % | Bank %       | Agency %    |
|-----------------------|---------------|--------------|-------------|
| Qualified Staffing    | 85.9%         | 8.0%         | 6.1%        |
| Unqualified Staffing  | 66.6%         | 27.9%        | 5.5%        |
| <b>Total Staffing</b> | <b>74.1%</b>  | <b>20.2%</b> | <b>5.7%</b> |

16. The wards which are using more than 40% temporary staff are:

|              | Temporary Staffing % | Of which Bank % | Of which Agency % |
|--------------|----------------------|-----------------|-------------------|
| Ashby        | 47.8%                | 46.4%           | 1.4%              |
| Heather      | 43.3%                | 41.4%           | 1.9%              |
| Thornton     | 49.1%                | 48.0%           | 1.0%              |
| SH Skye Wing | 44.2%                | 44.2%           | 0.0%              |
| EC Coleman   | 40.2%                | 34.6%           | 5.6%              |
| Langley      | 48.1%                | 48.1%           | 0.0%              |
| Oakham       | 41.7%                | 37.5%           | 4.2%              |

17. It should be noted that CV Ellistown 2 and CV Snibston 1 were substantively staffed at 90% or above.

## Actual vs Planned Analysis

18. The Trust has identified 3 methodologies for measuring staffing level performance across our inpatient units.

| Methodology                                       | Measure  | Measure Source                            |
|---|--|---|
| <b>Fill Rate Analysis (National UNIFY Return)</b> | Actual hours worked divided by Planned hours (split by Qualified/ HCSW)                        | NHS TDA (Trust Development Authority)     |
| <b>Skill Mix</b>                                  | 1:8 qualified nurse to patient ratio plus a 60:40 skill mix ratio of qualified nurses to HCSWs | RCN (Royal College of Nursing) guidelines |
| <b>Planned Staffing Levels Achieved by Shift</b>  | Actual headcount worked divided by Planned headcount   | LPT QIP Board                             |

## Fill Rate Analysis (National UNIFY Return)

19. The Trust is required by NHS TDA to publish our inpatient staffing levels on the NHS Choices website via a national UNIFY return. This return requires us to identify the number of hours we *plan* to utilise with nursing staff and the number of hours *actually* worked during each month. This information allows us to calculate a 'fill rate' which can be benchmarked nationally against other trusts with inpatient provisions.
20. This methodology takes into account skill mix and bed occupancy which allow us to amend our 'Planned Staff Hours' based on the needs of the ward and is the most reflective measure of staffing on our inpatient wards.
21. 'Planned Staff Hours' are calculated using the RCN guidance of 1:8 qualified nursing to patient ratio. 1 qualified nurse is equal to 7.5 hours of planned work.
22. The 'fill rate' is calculated by dividing the 'planned staff hours' by the 'actual worked staff hours'.
23. The fill rate will show in excess of 100% where shifts have utilised more staff than planned or where patient acuity was high and necessitated additional staff.
24. A detailed summary of the December 2014 UNIFY submission will be published on NHS Choices at the end of January 2015 (See *annex 1 – UNIFY Fill Rate Submission*).
25. During December 2014, 9 inpatient environments had an average fill rate of less than 80%. Of these wards, 1 is a short break home and would not necessitate the same staffing levels as an inpatient ward.

| Site Name                    | Ward name     | Day                                       |                                    | Night                                     |                                    |
|------------------------------|---------------|---|------------------------------------|---|------------------------------------|
|                              |               | Average fill rate – registered nurses (%) | Average fill rate – care staff (%) | Average fill rate – registered nurses (%) | Average fill rate – care staff (%) |
| Bradgate MHU                 | Ashby         | 76.5%                                     | 174.2%                             | 83.9%                                     | 303.2%                             |
| Bradgate MHU                 | Beaumont      | 72.6%                                     | 142.7%                             | 51.6%                                     | 216.1%                             |
| Bradgate MHU                 | Bosworth      | 86.0%                                     | 134.7%                             | 67.7%                                     | 229.0%                             |
| Bradgate MHU                 | Heather       | 83.1%                                     | 136.3%                             | 64.5%                                     | 229.0%                             |
| Bradgate MHU                 | Thornton      | 74.7%                                     | 159.8%                             | 59.7%                                     | 364.5%                             |
| Bradgate MHU                 | Watermead     | 73.8%                                     | 164.5%                             | 61.3%                                     | 296.8%                             |
| Hinckley & Bosworth Hospital | HB North Ward | 119.4%                                    | 148.4%                             | 193.5%                                    | 58.1%                              |
| Bennion Centre/ Langley      | Langley       | 147.6%                                    | 104.9%                             | 68.9%                                     | 245.2%                             |
| The Grange                   | The Grange    | 69.2%                                     | 190.2%                             | 0.0%                                      | 192.3%                             |

\*Short break home(s)

## Skill Mix

26. A 'planned skill mix' calculation has been used to identify whether the appropriate registered nursing to health Care Support Worker (HCSW) ratio was in place on each shift.
27. We currently have 2 measures of 'planned skill mix' staffing:
- a) Budgeted establishment  
and
  - b) RCN guidelines of 1:8 qualified nurse to patient ratio plus a 60:40 skill mix ratio of qualified nurses to HCSWs
28. For the 'planned skill mix' calculation we have chosen to use the measure which results in the lowest staffing levels on a shift by shift basis as this will best account both our budgeted establishment and where beds are not being used for patient care. Where bed occupancy was not recorded, we have used the budgeted establishment as our 'planned skill mix'.
29. It should be noted, these figures are **not** comparable to those shown in the 'Planned Staffing Levels Achieved by Shift' table
30. During December 2014, 12 of our wards met the minimum of 1:8 ratio or the planned staffing based on the budgeted establishment on less than 80% of occasions

| Ward          | Occasions Skill Mix Met |
|---------------|-------------------------|
| Ashby         | 49.46%                  |
| Aston         | 64.52%                  |
| Beaumont      | 17.20%                  |
| Bosworth      | 39.78%                  |
| Heather       | 47.31%                  |
| Thornton      | 19.35%                  |
| Watermead     | 23.66%                  |
| BC Kirby      | 79.57%                  |
| BC Welford    | 75.27%                  |
| HB North Ward | 67.74%                  |
| Langley       | 51.61%                  |
| The Grange    | 48.39%                  |

## Planned Staffing Levels Achieved by Shift

31. 'Planned Staffing Levels by Shift' is based purely on the budgeted headcount and does not reflect the level of bed occupancy or changes in acuity in any of the in-patient environments. It also does not account for skill mix between qualified nurses and HCSWs.

32. The 'planned staffing levels achieved by shift' is calculated by dividing the total number of shifts (early, late, night) where the planned staffing level was achieved by the total number of shifts (early, late, night) worked. This methodology is comparable with the new QIPP report.
33. During December 2014, inpatient environment wards were each required to cover 93 shifts (based on 3 shifts per day over 31 days) with appropriate staffing and report the planned versus actual staffing for each of those shifts.
34. During this period, 9 wards were able to meet their planned staffing levels on all occasions (100%). These wards were Belvoir Unit, ML Bluebell, Willows Unit, BC Welford, EC Coleman, EC Gwendolen, FP General, CV Ellistown 2 and Loughborough Swithland. A further 18 wards reported achievement on 90% or more occasions.
35. Initial analysis of the planned versus actual data suggests that 8 wards have achieved their planned staffing levels on less than 80% of shifts.
36. The wards that achieved the planned staffing levels on less than 80% of occasions are:

| Ward               | Planned Staffing Levels Achieved by Shift |
|--------------------|---|
| HP Griffin         | 67.7%                                     |
| EC Wakerley        | 51.6%                                     |
| SL Ward 1 Stroke** | 65.6%                                     |
| CV Snibston 1**    | 78.5%                                     |
| HB East Ward       | 76.3%                                     |
| 3 Rubicon Close*   | 0.0%                                      |
| The Gillivers*     | 3.2%                                      |
| The Grange*        | 0.0%                                      |

\* Rubicon, Gillivers and the Grange are short break homes and retain different staffing levels to those used for the Trust inpatient areas. As the NHS England requirement for reporting is that they are reported in the same way it is acknowledged that they will always be seen as an outlier.

\*\* The stroke wards are staffed flexibly within their budgeted establishment to account for shifts where patient acuity is high.



## Summary Analysis

| Ward Group                            | Ward name                      | Fill Rate Analysis (National UNIFY Return)   |                                |        |        | Skill Mix Met                   | Budgeted Staffing Levels Met                 | % Temporary Staffing | Vacancy/ Recruitment Comments            | Sickness/ Maternity other Absence Comments | Acuity/ Bed State Comments   |
|---------------------------------------|--------------------------------|--|--------------------------------|--------|--------|---------------------------------|--|----------------------|--|--|--|
|                                       |                                | Day (Early & Late Shift)                     |                                | Night  |        |                                 |  |                      |  |  |  |
|                                       |                                | Actual Hours Worked divided by Planned Hours |                                |        |        | (based on 1:8 plus 60:40 split) | Planned headcount vs actual headcount worked |                      |  |  |  |
| Average % fill rate registered nurses | Average % fill rate care staff | Average % fill rate registered nurses        | Average % fill rate care staff |        |        |                                 |  |                      |  |  |  |
| Threshold                             |                                | >= 80%                                       | >= 80%                         | >= 80% | >= 80% | >= 80%                          | >= 80%                                       | <20%                 | Comments from Wards                      |  |  |
| Bradgate MHU                          | Ashby                          | 76.5%  | 174.2%                         | 83.9%  | 303.2% | 49.46%                          | 95.7%  | 47.8%                |  |  |  |
| Bradgate MHU                          | Aston                          | 88.0%  | 157.3%                         | 90.3%  | 267.7% | 64.52%                          | 98.9%  | 24.4%                |  |  |  |
| Bradgate MHU                          | Beaumont                       | 72.6%  | 142.7%                         | 51.6%  | 216.1% | 17.20%                          | 95.7%  | 31.6%                |  |  |  |
| Belvoir ICU                           | Belvoir Unit                   | 240.3%                                       | 388.7%                         | 132.3% | 425.8% | 98.92%                          | 100.0%                                       | 31.3%                |  |  |  |
| Bradgate MHU                          | Bosworth                       | 86.0%  | 134.7%                         | 67.7%  | 229.0% | 39.78%                          | 96.8%  | 28.0%                |  |  |  |
| Bradgate MHU                          | Heather                        | 83.1%  | 136.3%                         | 64.5%  | 229.0% | 47.31%                          | 93.5%  | 43.3%                |  |  |  |
| Bradgate MHU                          | Thornton                       | 74.7%  | 159.8%                         | 59.7%  | 364.5% | 19.35%                          | 98.9%  | 49.1%                |  |  |  |
| Bradgate MHU                          | Watermead                      | 73.8%  | 164.5%                         | 61.3%  | 296.8% | 23.66%                          | 98.9%  | 36.0%                |  |  |  |
| Herschel Prins                        | HP Griffin                     | 177.8%                                       | 210.6%                         | 100.0% | 190.9% | 97.85%                          | 67.7%  | 20.6%                |  |  |  |
| Herschel Prins                        | HP Phoenix                     | 100.0%                                       | 170.2%                         | 100.0% | 101.6% | 87.10%                          | 96.8%  | 23.5%                |  |  |  |
| Mill Lodge                            | ML Bluebell                    | 241.9%                                       | 211.3%                         | 109.7% | 251.6% | 98.92%                          | 100.0%                                       | 32.1%                |  |  |  |
| Mill Lodge                            | ML Buttercup                   | 124.2%                                       | 195.2%                         | 100.0% | 100.0% | 100.00%                         | 98.9%  | 13.5%                |  |  |  |
| Stewart House                         | SH Skye Wing                   | 119.4%                                       | 146.2%                         | 100.0% | 151.6% | 98.92%                          | 95.7%  | 44.2%                |  |  |  |
| The Willows                           | Willows Unit                   | 137.1%                                       | 208.5%                         | 170.3% | 211.7% | 100.00%                         | 100.0%                                       | 21.3%                |  |  |  |
| Bennion Centre/ Langley               | BC Kirby                       | 96.8%  | 191.4%                         | 98.4%  | 104.8% | 79.57%                          | 98.9%  | 10.8%                |  |  |  |
| Bennion Centre/ Langley               | BC Welford                     | 93.5%  | 199.2%                         | 93.5%  | 119.4% | 75.27%                          | 100.0%                                       | 20.1%                |  |  |  |
| Evington Centre                       | CB Beechwood                   | 111.8%                                       | 220.5%                         | 93.5%  | 138.7% | 94.62%                          | 95.7%  | 25.9%                | 4.94 RN vacancies<br>2.80 HCSW vacancies | 1 x maternity leave<br>2 x LTS             | Additional staff required to provide 1 to 1 nursing care due to patient safety |
| Evington Centre                       | CB Clarendon                   | 96.8%  | 240.0%                         | 101.6% | 153.2% | 89.25%                          | 98.9%  | 30.8%                |  |  | Additional staff required to provide 1 to 1 nursing care due to patient safety |
| Evington Centre                       | EC Coleman                     | 120.2%                                       | 284.3%                         | 101.6% | 279.0% | 100.00%                         | 100.0%                                       | 40.2%                |  |  |  |
| Evington Centre                       | EC Gwendolen                   | 96.0%  | 213.7%                         | 87.1%  | 185.5% | 83.87%                          | 100.0%                                       | 25.5%                |  |  |  |

|                              |                  |        |        |        |        |         |        |       |  |   |  |
|------------------------------|------------------|--------|--------|--------|--------|---------|--------|-------|--|---|--|
| Evington Centre              | EC Wakerley      | 92.7%  | 185.5% | 90.3%  | 125.8% | 81.72%  | 51.6%  | 35.1% |  |   |  |
| Fielding Palmer Hospital     | FP General       | 105.0% | 113.2% | 103.3% | -      | 100.00% | 100.0% | 21.4% |  |   |  |
| Melton Mowbray Hospital      | MM Dalglish      | 100.0% | 124.2% | 100.0% | 100.0% | 98.92%  | 96.8%  | 10.2% |  |   |  |
| Rutland Hospital             | Rutland          | 101.6% | 158.6% | 95.2%  | 109.7% | 92.47%  | 89.2%  | 23.7% | 3.0 wte RN and 3.0 wte HCA vacancies.  | Increased short term sickness<br>3 HCA on mat leave |  |
| St Lukes                     | SL Ward 1 Stroke | 94.1%  | 201.6% | 98.4%  | 100.0% | 80.65%  | 65.6%  | 16.9% | 2.69 wte RN vacancies<br>HCA numbers are flexed between the early and late shift depending on the acuity of the patients which means that we do not consistently achieve the planned early shift numbers | 2 RN mat leave<br>2 RN LTS                          |  |
| St Lukes                     | SL Ward 3        | 97.6%  | 109.7% | 100.0% | 103.2% | 91.40%  | 94.6%  | 11.6% |  |   |  |
| Coalville Hospital           | CV Ellistown 2   | 111.3% | 204.0% | 100.0% | 101.6% | 98.92%  | 100.0% | 6.1%  |  |   |  |
|                              | CV Snibston 1    | 110.5% | 213.6% | 98.4%  | 103.2% | 95.70%  | 78.5%  | 3.5%  | HCA numbers are flexed between the early and late shift depending on the acuity of the patients which means that we do not consistently achieve the planned early shift numbers                          |   |  |
| Hinckley & Bosworth Hospital | HB East Ward     | 91.4%  | 182.3% | 98.4%  | 101.6% | 81.72%  | 76.3%  | 18.8% |  |   | Increase in incidences where shifts have not been filled by agencies or staff have not shown |
| Hinckley & Bosworth Hospital | HB North Ward    | 119.4% | 148.4% | 193.5% | 58.1%  | 67.74%  | 96.8%  | 12.6% |  | 2 RN LTS  |  |
| Loughborough Hospital        | Lough Swithland  | 105.6% | 185.5% | 98.4%  | 203.2% | 96.77%  | 100.0% | 18.1% |  |   |  |
| Bennion Centre/ Langley      | Langley          | 147.6% | 104.9% | 68.9%  | 245.2% | 51.61%  | 83.9%  | 48.1% |  |   |  |
| Adolescent Psychiatric Unit  | Oakham           | 164.0% | 230.3% | 143.2% | 204.5% | 97.85%  | 96.8%  | 41.7% |  |   |  |
| 3 Rubicon Close              | 3 Rubicon Close  | 121.4% | 169.6% | 96.4%  | 114.3% | 98.92%  | 0.0%   | 15.8% |  |   |  |
| Agnes Unit                   | Agnes Unit       | 167.0% | 478.6% | 117.3% | 426.9% | 96.77%  | 97.8%  | 18.9% |  |   |  |
| Gillivers                    | Gillivers        | 103.7% | 209.3% | 96.3%  | 96.3%  | 97.85%  | 3.2%   | 10.4% |  |   |  |
| The Grange                   | The Grange       | 69.2%  | 190.2% | 0.0%   | 192.3% | 48.39%  | 0.0%   | 23.0% |  |   |  |

## **Conclusion**

37. All wards across the community hospitals and mental health services for older people have contingency plans to manage risk when staffing numbers fall below the budgeted levels. In community hospitals, when this occurs contact is made with Talent agency to procure staff for shifts. Substantive staff are asked to work additional shifts or to swap shifts to cover the shortfall. The acuity of patients is assessed at all sites and dependent upon the emerging risks patients or staff may be moved between wards. The movement of patients only occurs at the Evington centre, whereas across the remainder of the inpatient settings in CHS staff may be moved to accommodate shortfall. The supernumerary band 7 ward managers also backfill clinical shifts and the senior matrons base themselves at sites which may be vulnerable (MHSOP setting).
38. Actions are scheduled to ensure the Trust is compliant against the NQB expectations and associated deadlines; however ongoing support is essential from clinical divisions to ensure the Safer Staffing forms are submitted in a timely and accurate manner.
39. The data is also being regularly monitored and scrutinised for completeness and performance by The Chief Nurse and reported to NHS England via mandatory UNIFY national returns on a site-by-site basis.

## Annex 1 – UNIFY Fill Rate Submission

The 'fill rate' is calculated by dividing the 'planned staff hours' by the 'actual worked staff hours'

| Site Name                    | Ward name        | Day                                       |                                    | Night                                     |                                    |
|------------------------------|------------------|---|------------------------------------|---|------------------------------------|
|                              |                  | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses (%) | Average fill rate - care staff (%) |
| Bradgate Unit                | Ashby            | 76.5%                                     | 174.2%                             | 83.9%                                     | 303.2%                             |
|                              | Aston            | 88.0%                                     | 157.3%                             | 90.3%                                     | 267.7%                             |
|                              | Beaumont         | 72.6%                                     | 142.7%                             | 51.6%                                     | 216.1%                             |
|                              | Belvoir Unit     | 240.3%                                    | 388.7%                             | 132.3%                                    | 425.8%                             |
|                              | Bosworth         | 86.0%                                     | 134.7%                             | 67.7%                                     | 229.0%                             |
|                              | Heather          | 83.1%                                     | 136.3%                             | 64.5%                                     | 229.0%                             |
|                              | Thornton         | 74.7%                                     | 159.8%                             | 59.7%                                     | 364.5%                             |
|                              | Watermead        | 73.8%                                     | 164.5%                             | 61.3%                                     | 296.8%                             |
| Herschel Prins               | HP Griffin       | 177.8%                                    | 210.6%                             | 100.0%                                    | 190.9%                             |
|                              | HP Phoenix       | 100.0%                                    | 170.2%                             | 100.0%                                    | 101.6%                             |
| Mill Lodge                   | ML Bluebell      | 241.9%                                    | 211.3%                             | 109.7%                                    | 251.6%                             |
|                              | ML Buttercup     | 124.2%                                    | 195.2%                             | 100.0%                                    | 100.0%                             |
| Stewart House                | SH Skye Wing     | 119.4%                                    | 146.2%                             | 100.0%                                    | 151.6%                             |
| The Willows                  | Willows Unit     | 137.1%                                    | 208.5%                             | 170.3%                                    | 211.7%                             |
| Bennion Centre               | BC Kirby         | 96.8%                                     | 191.4%                             | 98.4%                                     | 104.8%                             |
|                              | BC Welford       | 93.5%                                     | 199.2%                             | 93.5%                                     | 119.4%                             |
| Evington Centre              | CB Beechwood     | 111.8%                                    | 220.5%                             | 93.5%                                     | 138.7%                             |
|                              | CB Clarendon     | 96.8%                                     | 240.0%                             | 101.6%                                    | 153.2%                             |
|                              | EC Coleman       | 120.2%                                    | 284.3%                             | 101.6%                                    | 279.0%                             |
|                              | EC Gwendolen     | 96.0%                                     | 213.7%                             | 87.1%                                     | 185.5%                             |
|                              | EC Wakerley      | 92.7%                                     | 185.5%                             | 90.3%                                     | 125.8%                             |
| Fielding Palmer Hospital     | FP General       | 105.0%                                    | 113.2%                             | 103.3%                                    | -                                  |
| Melton Mowbray Hospital      | MM Dalglish      | 100.0%                                    | 124.2%                             | 100.0%                                    | 100.0%                             |
| Rutland Hospital             | Rutland          | 101.6%                                    | 158.6%                             | 95.2%                                     | 109.7%                             |
| St Lukes                     | SL Ward 1 Stroke | 94.1%                                     | 201.6%                             | 98.4%                                     | 100.0%                             |
|                              | SL Ward 3        | 97.6%                                     | 109.7%                             | 100.0%                                    | 103.2%                             |
| Coalville Hospital           | CV Ellistown 2   | 111.3%                                    | 204.0%                             | 100.0%                                    | 101.6%                             |
|                              | CV Snibston 1    | 110.5%                                    | 213.6%                             | 98.4%                                     | 103.2%                             |
| Hinckley & Bosworth Hospital | HB East Ward     | 91.4%                                     | 182.3%                             | 98.4%                                     | 101.6%                             |
|                              | HB North Ward    | 119.4%                                    | 148.4%                             | 193.5%                                    | 58.1%                              |
| Loughborough Hospital        | Lough Swithland  | 105.6%                                    | 185.5%                             | 98.4%                                     | 203.2%                             |
| Langley                      | Langley          | 147.6%                                    | 104.9%                             | 68.9%                                     | 245.2%                             |
| Adolescent Psychiatric Unit  | Oakham           | 164.0%                                    | 230.3%                             | 143.2%                                    | 204.5%                             |
| 3 Rubicon Close              | 3 Rubicon Close  | 121.4%                                    | 169.6%                             | 96.4%                                     | 114.3%                             |
| Agnes Unit                   | Agnes Unit       | 167.0%                                    | 478.6%                             | 117.3%                                    | 426.9%                             |
| The Gillivers                | The Gillivers    | 103.7%                                    | 209.3%                             | 96.3%                                     | 96.3%                              |
| The Grange                   | The Grange       | 69.2%                                     | 190.2%                             | 0.0%                                      | 192.3%                             |

## Annex 2 – Planned Staffing Levels

The table below shows the planned staffing levels (headcount) by skill mix and shift type.

| Group        | Ward             | Ward Specialty (based on UNIFY categories) | Ave. no. of Available Beds* | Qualified |      |       | Unqualified |      |       |
|--------------|------------------|--|-----------------------------|-----------|------|-------|-------------|------|-------|
|              |                  |  |                             | Early     | Late | Night | Early       | Late | Night |
| AMH Bradgate | Ashby            | ADULT MENTAL ILLNESS                       | 19                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Aston            | ADULT MENTAL ILLNESS                       | 23                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Beaumont         | ADULT MENTAL ILLNESS                       | 22                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Belvoir Unit     | PICU                                       | 9                           | 2         | 2    | 1     | 3           | 3    | 3     |
|              | Bosworth         | ADULT MENTAL ILLNESS                       | 17                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Heather          | ADULT MENTAL ILLNESS                       | 16                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Thornton         | ADULT MENTAL ILLNESS                       | 24                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Watermead        | ADULT MENTAL ILLNESS                       | 20                          | 3         | 3    | 2     | 2           | 2    | 1     |
| AMH Other    | HP Griffin       | FORENSIC PSYCHIATRY                        | 6                           | 2         | 1    | 1     | 3           | 3    | 2     |
|              | HP Phoenix       | FORENSIC PSYCHIATRY                        | 12                          | 2         | 2    | 1     | 3           | 3    | 2     |
|              | ML Bluebell      | ADULT MENTAL ILLNESS                       | 9                           | 1         | 1    | 1     | 3           | 3    | 2     |
|              | ML Buttercup     | ADULT MENTAL ILLNESS                       | 9                           | 1         | 1    | 1     | 2           | 2    | 1     |
|              | SH Skye Wing     | REHABILITATION                             | 28                          | 2         | 2    | 1     | 4           | 4    | 2     |
|              | Willows Unit     | ADULT MENTAL ILLNESS                       | 38                          | 5         | 3    | 3     | 5           | 6    | 6     |
| CHS City     | BC Kirby         | OLD AGE PSYCHIATRY                         | 24**                        | 3         | 2    | 2     | 3           | 3    | 2     |
|              | BC Welford       | OLD AGE PSYCHIATRY                         | 24**                        | 3         | 2    | 2     | 3           | 3    | 2     |
|              | CB Beechwood     | COMMUNITY CARE                             | 24**                        | 3         | 2    | 2     | 4           | 3    | 2     |
|              | CB Clarendon     | COMMUNITY CARE                             | 23**                        | 3         | 2    | 2     | 4           | 3    | 2     |
|              | EC Coleman       | OLD AGE PSYCHIATRY                         | 19**                        | 2         | 2    | 2     | 3           | 3    | 2     |
|              | EC Gwendolen     | OLD AGE PSYCHIATRY                         | 19**                        | 2         | 2    | 2     | 3           | 3    | 2     |
|              | EC Wakerley      | OLD AGE PSYCHIATRY                         | 18**                        | 2         | 2    | 2     | 5           | 4    | 2     |
| CHS East     | FP General       | REHABILITATION                             | 13**                        | 2         | 2    | 2     | 2           | 1    | 0     |
|              | MM Dagleish      | REHABILITATION                             | 17**                        | 2         | 2    | 2     | 3           | 2    | 1     |
|              | Rutland          | REHABILITATION                             | 22**                        | 2         | 2    | 2     | 4           | 3    | 1     |
|              | SL Ward 1 Stroke | REHABILITATION                             | 20**                        | 3         | 2    | 2     | 5           | 4    | 2     |
|              | SL Ward 3        | REHABILITATION                             | 14**                        | 2         | 2    | 1     | 2           | 2    | 1     |
| CHS West     | CV Ellistown 2   | REHABILITATION                             | 25**                        | 2         | 2    | 1     | 5           | 2    | 2     |
|              | CV Snibston 1    | REHABILITATION                             | 24**                        | 2         | 2    | 2     | 6           | 4    | 2     |
|              | HB East Ward     | REHABILITATION                             | 23**                        | 3         | 3    | 2     | 4           | 3    | 2     |
|              | HB North Ward    | REHABILITATION                             | 19**                        | 2         | 2    | 1     | 4           | 2    | 2     |
|              | Lough Swithland  | REHABILITATION                             | 24**                        | 2         | 2    | 2     | 4           | 2    | 1     |
| FYPC         | Langley          | CHILD & ADOLESCENT PSYCHIATRY              | 16                          | 3         | 3    | 2     | 2           | 2    | 1     |
|              | Oakham           | CHILD & ADOLESCENT PSYCHIATRY              | 8 (plus 2 cost per case) ** | 2         | 2    | 2     | 3           | 3    | 2     |
| LD           | 3 Rubicon Close  | LEARNING DISABILITY                        | 5                           | 3         | 3    | 2     | 2           | 2    | 2     |
|              | Agnes Unit       | LEARNING DISABILITY                        | 16                          | 4         | 4    | 4     | 2           | 2    | 4     |
|              | The Gillivers    | LEARNING DISABILITY                        | 5                           | 3         | 3    | 2     | 2           | 2    | 2     |
|              | The Grange       | LEARNING DISABILITY                        | 5                           | 3         | 3    | 2     | 2           | 2    | 2     |

\*The number of available beds can fluctuate dependant on the ward situation and is shown as an average in the month

\*\*These bed numbers are actual (not average) and have been confirmed by the service as at December 2014