



REPORT TO THE TRUST BOARD - 30th October 2014

Title Safe Staffing – September 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 September 2014 Safe 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.

- September submission summary:
- 3492 (99.5%) out of 3510 forms were completed by ward staff;
 - During September, the inpatient environments were substantively staffed at 71.9%, with the remaining staff made up of 20.5% bank and 7.6% agency;
 - 3 wards were able to meet their planned staffing levels on all 93 occasions (100%), with a further 22 wards reporting achievement on 90% or more occasions.

The ‘Safe Staffing’ analysis uses data submitted from inpatient environments as at 2nd October 2014.

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 October Monthly Review report

Related Trust objectives	Deliver safe, effective, patient-centered care in the top 20% of our peers
Risk and assurance	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
Legal implications/ regulatory requirements	CQC Outcomes 12, 13 and 14 relating to staff
Evidence for the Quality Governance Framework	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)
Presenting Director	Adrian Childs – Chief Nurse/ Deputy Chief Executive
Author(s)	Laura Hughes – Integrated Information Manager Bal Johal - Deputy Chief Nurse
*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 September 2014 Safe 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.

Discussion

Trust Board Responsibilities from June 2014

7. Each month the Chief Nurse will present to the Trust Board an analysis of the following reports:
 - a) No. of Safe Staffing Submissions

- b) Use of Temporary Staff vs Substantive Staff
- c) Planned vs actual number of staff
- d) Skill mix of nursing staff

8. Every 6 months, the board will be presented with a 'Staffing Capacity and Capability' report which will provide a 6 month review of the monthly reports and associated recommendations.
9. These reports are made publically available via the NHS Choices website and our Trust internet page

Initial Analysis of Safe Staffing Data for September 2014

10. It should be noted that the following analysis is based on data held in the Safe Staffing portal as at 2nd October 2014. Planned staffing levels have been taken from eRoster where possible.

Submissions Analysis

11. In September 2014, a total of 3510 safe staffing submissions were expected to be completed. This accounts for there being 39 wards completing 3 submissions over 30 days:
 - a) 3492 (99.5%) forms were completed by ward staff (an increase from last month);
 - b) 8 (0.2%) forms were marked as duplicate entries and wards were required to identify which record(s) should be deleted from the portal
 - c) 18 (0.5%) 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.
12. Fortnightly updates are sent to ward matrons, lead nurses and key safe staffing leads to identify missing and duplicate submissions.
13. The Chief Nurse has given responsibility to lead nurses for ensuring the accurate completion of the safe staffing information.

Temporary Staffing

14. During September, the inpatient environments were substantively staffed at 71.9%, with the remaining staff made up of 20.5% bank and 7.6% agency.

	Substantive %	Bank %	Agency %
Qualified Staffing	82.9%	7.8%	9.2%
Unqualified Staffing	64.8%	28.7%	6.6%
Total Staffing	71.9%	20.5%	7.6%

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

	Temporary Staffing %	Of which Bank %	Of which Agency %
Thornton	48.5%	45.6%	2.9%
SH Skye Wing	45.8%	45.8%	0.0%
CB Beechwood	42.9%	4.1%	38.8%
Langley	42.0%	42.0%	0.0%
Oakham	52.8%	43.8%	9.0%

16. It should be noted that ML Buttercup, CV Thringstone 4 and The Gillivers were substantively staffed at 90% or above.

Actual vs Planned Analysis

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

Methodology	Measure	Measure Source
Fill Rate Analysis (National UNIFY Return)	Actual hours worked divided by Planned hours (split by Qualified/ HCSW)	NHS TDA (Trust Development Authority)
Skill Mix	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
Planned Staffing Levels Achieved by Shift	Actual headcount worked divided by Planned headcount	LPT QIP Board

18. Each methodology is further explained below:

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 September UNIFY submission will be published on NHS Choices at the end of October 2014 (*See annex 1 – UNIFY Fill Rate Submission*).

25. During September 2014, 9 inpatient environments had an average fill rate of less than 80%. Of these wards, 2 are short break homes 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	Beaumont	78.7%	147.9%	56.7%	270.0%
Bradgate MHU	Heather	95.7%	121.8%	53.3%	230.0%
Bradgate MHU	Thornton	75.6%	175.0%	67.8%	416.7%
Bradgate MHU	Watermead	85.0%	133.6%	55.0%	230.0%
H&B Hospital	HB East Ward	78.9%	187.6%	98.3%	98.3%
H&B Hospital	HB North Ward	105.0%	156.7%	190.0%	58.3%
Bennion Centre/Langley	Langley	126.0%	151.7%	57.6%	233.3%
*Gillivers	The Gillivers	105.0%	206.7%	73.3%	126.7%
*The Grange	The Grange	75.0%	186.7%	6.7%	193.3%

*Short break homes

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 September 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
Ashby	76.67%
Beaumont	24.44%
Bosworth	44.44%
Heather	47.78%
Thornton	30.00%
Watermead	37.78%
BC Kirby	72.22%
BC Welford	77.78%
HB East Ward	56.67%
HB North Ward	68.89%
Langley	66.67%
The Grange	46.67%

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 September 2014, inpatient environment wards were each required to cover 90 shifts (based on 3 shifts per day over 30 days) with appropriate staffing and report the planned versus actual staffing for each of those shifts.
34. During this period, 3 wards were able to meet their planned staffing levels on all occasions (100%), with a further 22 wards reporting achievement on 90% or more occasions.
35. Initial analysis of the planned versus actual data suggests that nine 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 include:

Ward	Planned Staffing Levels Achieved by Shift
Belvoir Unit	72.2%
HP Griffin	71.1%
ML Bluebell	33.3%
EC Wakerley	27.8%
SL Ward 1 Stroke	58.9%
Ashby General	42.1%
CV Snibston 1	63.3%
CV Thringstone 4	28.9%
HB East Ward	67.8%
3 Rubicon Close*	0%
The Gillivers*	1.1%
The Grange*	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.

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							
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)						
Threshold	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%					
Bradgate MHU	Ashby	101.9%	152.1%	86.7%	260.0%	96.9%	35.7%	There is 1 qualified vacancy. There are also 3 HCSW vacancies. Recruitment is underway for all posts.	1 qualified maternity leave and 2 qualified staff on long term sick leave.		
Bradgate MHU	Aston	105.2%	126.7%	96.7%	266.7%	96.9%	21.3%	The ward is slightly over established for unqualified and slightly under established for qualified – this is being reviewed on next recruitment period.	1 HCSW on maternity leave and 1 qualified nurse on long term sick. During the month there were several short periods of sickness observations.		
Bradgate MHU	Beaumont	78.7%	147.9%	56.7%	270.0%	95.6%	38.1%	There are 6 qualified vacancies, 4 have recently been recruited to and start dates range between October and January. HCSW 0.52 vacancies	3 qualified staff are on maternity leave and 1 is on long term sick leave. 1 HCSW is suspended.		
Belvoir ICU	Belvoir Unit	135.1%	215.5%	100.0%	230.0%	72.2%	26.0%	There is 1x Band 5 qualified vacancy, this has now been filled. 2x HCSW band 2 vacancies are in recruitment process.		There has been a number of level 1 observations required during this month requiring additional HCSW's.	
Bradgate MHU	Bosworth	81.0%	151.7%	81.7%	263.3%	95.6%	38.8%	There are 4 Band 5 qualified vacancies and 2 HCSW all currently in recruitment process. 2 new qualified nurses and 1 HCSW are due to start in October.	There are 2 staff with long term sickness and 1 maternity leave. 1 qualified staff is seconded to Bed Management.		
Bradgate MHU	Heather	95.7%	121.8%	53.3%	230.0%	93.3%	37.9%	has a vacant post which is being recruited to	maternity leave which has an impact on flexibility for night time staffing for the unit		
Bradgate MHU	Thornton	75.6%	175.0%	67.8%	416.7%	100.0%	48.5%	recruiting to two qualified vacancies	maternity leave which has an impact on flexibility for night time staffing for the unit. Increased rate of sickness		
Bradgate MHU	Watermead	85.0%	133.6%	55.0%	230.0%	97.8%	18.1%	pursuing a recruitment drive to achieve 60:40 split	continue to manage increased levels of sickness		
Herschel Prins	HP Griffin	200.0%	208.3%	100.0%	206.7%	71.1%	18.7%		sporadic sickness levels		
Herschel Prins	HP Phoenix	89.1%	198.3%	100.0%	120.0%	95.6%	37.5%				
Mill Lodge	ML Bluebell	126.7%	211.7%	100.0%	120.0%	33.3%	16.7%	a number of vacancies that are currently being recruited to.			
Mill Lodge	ML Buttercup	135.0%	185.0%	93.3%	173.3%	97.8%	6.3%				
Stewart House	SH Skye Wing	114.2%	173.2%	103.3%	150.0%	100.0%	45.8%	recruitment taking place for vacant posts			
The Willows	Willows Unit	143.8%	199.4%	139.8%	211.4%	97.8%	21.5%				
Bennion Centre/ Langley	BC Kirby	87.3%	212.5%	95.0%	111.7%	95.6%	22.5%	newly qualified staff are awaiting start dates.			
Bennion Centre/ Langley	BC Welford	87.7%	183.3%	96.7%	105.0%	87.8%	25.5%	newly qualified staff are awaiting start dates			
Evington Centre	CB Beechwood	100.0%	216.7%	101.7%	155.9%	97.8%	42.9%	2 x RNs new starters on induction (1 newly qualified awaiting PIN, 1 return to practice)	0.5wte HCA on maternity leave 1 RN on long term sickness	Cohort specialising bay of patients – high falls risks	
Evington Centre	OB Clarendon	100.7%	194.1%	98.3%	116.7%	91.1%	33.3%	2.3wte Band 5 vacancies 4.14wte Band 5 vacancies	1 band 5 LTS Short term sickness HCA		
Evington Centre	EC Coleman	104.2%	256.3%	196.7%	228.3%	96.9%	38.2%	newly qualified staff are awaiting start dates	Reduced number of beds by 2		

Evington Centre	EC Gwendolen	95.8%	268.3%	173.3%	235.0%	91.11%	100.0%	38.1%	newly qualified staff are awaiting start dates	Reduced number of bed by 1		
Evington Centre	EC Wakerley	100.8%	162.5%	86.7%	141.7%	87.78%	27.8%	23.8%	newly qualified staff are awaiting start dates	has a reduced number of occupied beds by 3	has a reduced number of occupied beds	
Fielding Palmer Hospital	FP General	100.8%	96.7%	98.3%	-	94.44%	95.6%	30.0%	3.54 RN vacancies, currently recruiting			
Melton Mowbray Hospital	MM Dalgleish	104.2%	121.0%	100.0%	100.0%	96.67%	97.8%	12.0%				
Rutland Hospital	Rutland	100.0%	175.0%	96.7%	126.7%	96.67%	86.9%	24.9%	New starters working supernumary. Still have high level of RN and HCA vacancies.	1 x HCA on mat leave.		
St Lukes	SL Ward 1 Stroke	99.3%	197.5%	93.3%	98.3%	85.56%	58.9%	21.5%	Interviews taking place for qualified staff			
St Lukes	SL Ward 3	97.5%	97.5%	100.0%	100.0%	91.11%	92.2%	17.3%	The ward is now closed. As patient numbers were reducing staffing numbers were adjusted accordingly			
Ashby Hospital	Ashby General	148.5%	104.5%	150.0%	-	96.05%	42.1%	21.4%				
Coalville Hospital	CV Ellistown 2	119.2%	195.9%	100.0%	100.0%	97.78%	98.9%	13.2%	Staff are used flexibly depending on patient need			
	CV Sribston 1	103.3%	219.2%	88.3%	90.0%	94.44%	63.3%	12.8%	The ward is closing. As patient numbers have reduced staffing numbers have been adjusted accordingly			
	CV Thringstone 4	98.9%	147.8%	100.0%	127.3%	82.22%	28.9%	6.8%			approximately 50% bed occupancy	
Hinckley & Bosworth Hospital	HB East Ward	78.9%	187.6%	98.3%	98.3%	56.67%	67.8%	33.1%	Average fill rate - registered nurses/midwives (%) . Safe staffing is met with 2 RNs each shift. Budget would allow 3 RNs during the day if vacancies were filled. Skill Mix Met (based on 1:8 plus 60:40 split) . East ward has skill mix of 1:12 RN as budgeted – split is therefore 40 / 60 Planned headcount vs actual headcount worked. Safe staffing is met with 2 RNs each shift. Budget would allow 3 RNs during the day if vacancies were filled. % Temporary Staffing .LTS 1.6 RN plus 0.87 WTE HCA LTS, 0.6 mat leave RN, 1 WTE HCA Mat leave. 1.91 wte RN vacancies. Recruitment update: 1 WTE planned start date 2.11.2014 plus RN from Ashby 0.8 started 28.9.2014. HCA vacancies 3.78 wte. HCA started 28.9.2014. possible re-deployment form Ward 4 Coalville TBC.			

Hinckley & Bosworth Hospital	HB North Ward	105.0%	156.7%	190.0%	58.3%	68.89%	96.7%	25.9%	<p>Average fill rate - care staff (%) – North ward had previously been budgeted for 1 RN at night and 2 HCAs – following review Jan2014 this was modified to be 2RNs and 1HCA, and the budget adjusted accordingly. This was based on safe staffing, staff feedback and issues with patients receiving medications in a timely manner particularly controlled drugs for palliative patients.</p> <p>Skill Mix Met (based on 1:8 plus 60:40 split), North ward has skill mix of 1:10 RN as budgeted – split is therefore 40/60</p> <p>% Temporary Staffing, LTS IRN, 0.6 adoption leave RN, 2.8 RN vacancies, LTS 1.3 HCA, 1 mat leave HCA, No HCA vacancies.</p> <p>Recruitment update – 1 NON unable to start as planned in Sept 2014 as has not passed medical exam. 1.8 RNs from Ashby Hospital – started 29.9.2014.</p>		
	Loughborough Hospital									5 RN vacancies, currently recruiting	
	Bennion Centre/ Langley									high acuity and a complex admission	
	Adolescent Psychiatric Unit									recruiting to vacant posts	
	3 Rubicon Close										
	Agnes Unit										
	Gillivers										
	The Grange										

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 Safe 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	101.9%	152.1%	86.7%	280.0%
	Aston	105.2%	126.7%	96.7%	286.7%
	Beaumont	78.7%	147.9%	56.7%	270.0%
	Belvoir Unit	135.1%	215.5%	100.0%	230.0%
	Bosworth	81.0%	151.7%	81.7%	283.3%
	Heather	95.7%	121.8%	53.3%	230.0%
	Thornton	75.6%	175.0%	67.8%	416.7%
	Watermead	85.0%	133.6%	55.0%	230.0%
Herschel Prins	HP Griffin	200.0%	208.3%	100.0%	206.7%
	HP Phoenix	89.1%	198.3%	100.0%	120.0%
Mill Lodge	ML Bluebell	126.7%	211.7%	100.0%	120.0%
	ML Buttercup	135.0%	185.0%	93.3%	173.3%
Stewart House	SH Skye Wing	114.2%	173.2%	103.3%	150.0%
The Willows	Willows Unit	143.8%	199.4%	139.8%	211.4%
Bennion Centre	BC Kirby	87.3%	212.5%	95.0%	111.7%
	BC Welford	87.7%	183.3%	96.7%	105.0%
Evington Centre	CB Beechwood	100.0%	216.7%	101.7%	155.9%
	CB Clarendon	100.7%	194.1%	98.3%	116.7%
	EC Coleman	104.2%	258.3%	196.7%	228.3%
	EC Gwendolen	95.8%	268.3%	173.3%	235.0%
	EC Wakerley	100.8%	162.5%	86.7%	141.7%
Fielding Palmer Hospital	FP General	100.8%	96.7%	98.3%	-
Melton Mowbray Hospital	MM Dalgleish	104.2%	121.0%	100.0%	100.0%
Rutland Hospital	Rutland	100.0%	175.0%	96.7%	126.7%
St Lukes	SL Ward 1 Stroke	99.3%	197.5%	93.3%	98.3%
	SL Ward 3	97.5%	97.5%	100.0%	100.0%
Ashby Hospital	Ashby General	148.5%	104.5%	150.0%	-
Coalville Hospital	CV Ellistown 2	119.2%	195.9%	100.0%	100.0%
	CV Snibston 1	103.3%	219.2%	88.3%	90.0%
	CV Thringstone 4	98.9%	147.8%	100.0%	127.3%
Hinckley & Bosworth Hospital	HB East Ward	78.9%	187.6%	98.3%	98.3%
	HB North Ward	105.0%	156.7%	190.0%	58.3%
Loughborough Hospital	Lough Swithland	99.2%	194.1%	100.0%	200.0%
Langley	Langley	126.0%	151.7%	57.6%	233.3%
Adolescent Psychiatric Unit	Oakham	162.4%	255.2%	196.7%	247.6%
3 Rubicon Close	3 Rubicon Close	121.7%	173.3%	103.3%	120.0%
Agnes Unit	Agnes Unit	165.0%	445.8%	96.7%	335.0%
The Gillivers	The Gillivers	105.0%	206.7%	73.3%	126.7%
The Grange	The Grange	75.0%	186.7%	6.7%	193.3%

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)	No. of Available Beds*	Qualified			Unqualified		
				Early	Late	Night	Early	Late	Night
AMH Bradgate	Ashby	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
	Aston	ADULT MENTAL ILLNESS	21	3	3	2	2	2	1
	Beaumont	ADULT MENTAL ILLNESS	22	3	3	2	2	2	1
	Belvoir Unit	PICU	10	3	3	1	3	3	3
	Bosworth	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	18	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	21	2	1	1	3	3	2
	HP Phoenix	FORENSIC PSYCHIATRY	20	2	2	1	3	3	2
	ML Bluebell	ADULT MENTAL ILLNESS	24	1	1	1	3	3	2
	ML Buttercup	ADULT MENTAL ILLNESS	21	1	1	1	2	2	1
	SH Skye Wing	REHABILITATION	24	2	2	1	4	4	2
	Willows Unit	ADULT MENTAL ILLNESS	24	5	3	3	5	6	6
CHS City	BC Kirby	OLD AGE PSYCHIATRY	23	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	17	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	13	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	22	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	19	2	2	1	3	3	3
	EC Gwendolen	OLD AGE PSYCHIATRY	15	2	2	1	3	3	3
	EC Wakerley	OLD AGE PSYCHIATRY	16	2	2	2	5	4	3
CHS East	FP General	REHABILITATION	24	2	2	2	2	1	0
	MM Dalgleish	REHABILITATION	25	2	2	2	3	2	1
	Rutland	REHABILITATION	18	2	2	2	4	3	1
	SL Ward 1 Stroke	REHABILITATION	26	3	2	2	5	4	2
	SL Ward 3	REHABILITATION	19	2	2	1	2	2	1
CHS West	Ashby General	REHABILITATION	24	2	2	2	3	2	0
	CV Ellistown 2	REHABILITATION	16	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	30	2	2	2	6	4	2
	CV Thringstone 4	REHABILITATION	9	2	2	1	4	3	2
	HB East Ward	REHABILITATION	6	3	3	2	4	3	2
	HB North Ward	REHABILITATION	10	2	2	1	4	2	2
	Lough Swithland	REHABILITATION	14	2	2	2	4	2	1
FYPC	Langley	CHILD & ADOLESCENT PSYCHIATRY	12	3	3	2	2	2	1
	Oakham	CHILD & ADOLESCENT PSYCHIATRY	6	2	2	2	3	3	2
LD	3 Rubicon Close	LEARNING DISABILITY	19	3	3	2	2	2	2
	Agnes Unit	LEARNING DISABILITY	5	4	4	4	2	2	4
	The Gillivers	LEARNING DISABILITY	6	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