

OPEN BOARD OF DIRECTORS 11 January 2017

Open BoD: 11.01.17 Item: 7ii

TITLE OF PAPER	Staffing Capacity and Capability Report, Monthly Return: 1 st – 30 th November 2016
TO BE PRESENTED BY	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
ACTION REQUIRED	Members are asked to receive and note the monthly report, acknowledging the current issues relating to staffing establishments and safer staffing levels Members are asked to note publication of this report on the NHS Choices and Trust websites, in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing

OUTCOME	Board Members are assured the Trust is meeting the National Quality Board requirements on publishing monthly staffing data
TIMETABLE FOR DECISION	January 2017 Board of Directors
LINKS TO OTHER KEY REPORTS/ DECISIONS	<ul style="list-style-type: none"> ▫ 4 August 2015 Letter from Chief Nursing Officer – Next steps in guidance for safe staffing ▫ NQB (NHS England) Staffing Capacity and Capability (2013) ▫ Monthly reports submitted to the Executive Directors Group and Board of Directors ▫ 13 October 2015 Letter from Monitor - Safe Staffing and Efficiency
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	NHS Outcomes Framework HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality <input type="checkbox"/> NHS Constitution: Patients <input type="checkbox"/> Public <input type="checkbox"/> Staff <input type="checkbox"/>
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	N/A
CONSIDERATION OF LEGAL ISSUES	N/A

Authors of Report	Giz Sangha
Designation	Deputy Chief Nurse / Acting Clinical Director Acute & Inpatient Care
Date of Report	21 st December 2016

SUMMARY REPORT

Report to: Open Board of Directors
Date: 11 January 2017
Subject: Staffing Capacity and Capability, Monthly Return: 1st – 30th Nov 2016
From: Liz Lightbown, Executive Director of Nursing, Professions and Care Standards
Authors: Giz Sangha, Deputy Chief Nurse/Acting Clinical Director, Acute & In-patient Care

1. Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
✓		✓			

2. Summary

The 1st – 30th November 2016 report was published on the Trust’s website on the 14th December 2016 and via Unify on the NHS Choices website. This is in compliance with the National Quality Board (NQB) 2013 and NHS England reporting requirements on registered nurse and unregistered staff staffing data publication. The total staffing percentage known as the ‘fill rate’ is reported on a ward-by-ward basis for planned versus actual shifts. Shortfalls and additional staffing are recorded by registered nurse and unregistered staff for both day and night duty. Please see attached Appendices 1 and 2.

Staffing Level Fill Rates

The percentage fill rate is based on the planned number of staff required to work each shift against the actual numbers of staff that worked the shift. Staffing levels are determined by a combination of historical funded establishment, professional judgement, current/available budgets and Meridian productivity work (acute care wards only).

Review of Planned Staffing Levels

The Trust provides 13 in-patient wards detailed below by function and bed numbers per ward, with commentary regarding staffing ratios as reported in Appendices 1 and 2.

The Acute and In-patient Directorate has agreed new ward funded establishments for safe staffing levels; these were reflected in the October Safe Staffing return demonstrating successful recruitment of registered nurses and unregistered staff.

Work in the Learning Disability Directorate to review nurse leadership and staffing has progressed and a business case will be presented to the Business Planning Group in December 2016/January 2017. This has been challenging due to changes in learning disability services in the community, due to potential service closures to ensure resources that require re-deployment are included in the overall planning of nurse leadership/safer staffing reviews.

Work in forensic services to review nurse leadership across all forensic services has commenced and an agreed staffing model is being refined. There has been a delay due to staffing challenges; this will be submitted to the Executive Directors Group for approval in February/March 2017. This is a revised date from November/December 2016.

New E-Rostering Project

The e-rostering project is progressing, installation of the software has been completed and staff training to use the HealthRoster module has commenced on all in-patient wards. The gradual roll-out programme has allowed staff to be supported and the HealthRoster to be embedded in practice.

Nicola Sorsby, new Clinical Nurse Manager, Acute and Inpatient Directorate is a member of the E-Rostering Strategy Group. Shirley Lawson, new Clinical Nurse Manager, Acute and In-patient Directorate is a member of the E-rostering Implementation Group. Both nurse members will now join the Staffing Capacity and Capability Operational Group.

Safe Care Module

The E-Rostering System Administrator, supported by a Senior Operational Manager and Assistant Clinical Director in the Acute and In-patient Directorate, will continue to work with colleagues from the company Allocate, regarding the implementation of the E-Rostering SafeCare Module, which measures patient acuity and dependency. This required a ward to be using the HealthRoster module in order for SafeCare to be utilised. The implementation plan commenced in August 2016 and training held on the 27th September 2016 for ward/deputy ward managers ensured additional formal training took place on SafeCare by the Allocate representative. The anticipated completion date for rollout to all wards remains on track for completion by the end of December 2016.

Staffing Capacity and Capability Operational Group

As the rollout of the E-rostering, Safe care Module is on schedule for completion, the next phase of work is to link this development for monitoring into the current Staffing Capacity and Capability Operational Group. In order to ensure that the work streams remain embedded, from January 2017, the Staffing Capacity and Capability Operational Group will become known as the Safer Staffing Group. The clinical nurse managers mentioned above will become part of this group, for assurance. Once agreed, the new terms of reference (ToR) for the Safer Staffing Group will be attached to the Staffing Capacity and Capability Report, for reference.

Working Age Acute Admission Wards

Stanage Ward

The average fill rate for Registered Nurses against the day shift was 104.3% and Night shift at 98.3%. The fill rate for unregistered staff against the day shift was 84.6% and Night shift at 100.0%.

The fill rates for registered night shift were slightly lower due to:

- Unforeseen sickness on a shift.

The fill rates for unregistered day shifts were low due to:

- Unforeseen sickness on some shifts.

Burbage Ward

The average fill rate for Registered Nurses against the day shift was 70.9% and night shift 82.7%. The fill rate for unregistered staff against the day shift was 98.4% and Night shift at 97.5%.

The fill rates for registered day/night shifts were low due to:

- 0.5 Whole Time Equivalent (WTE) being on maternity leave.
- Short term sickness.

The fill rates for unregistered staff on day/night duty were slightly low due to:

- Cover for annual leave.
- Unforeseen sickness.

Maple Ward

The average fill rate for Registered Nurses against the day shift was 106.0% and night shift was 97.2%. The fill rate for unregistered staff against the day shift was 73.5% and Night shift at 95.5%.

The fill rates for registered staffing on days were slightly high due to:

- Staff sickness.

Older People's Acute Admission Ward

Dovedale Ward

The average fill rate for Registered Nurses on the day shift was 82.8% and the night shift was 87.9%. The fill rate for unregistered staff against the day shift was 84.5% and Night shift at 85.4%.

The fill rates for registered staffing on days were low due to:

- Staff Sickness.

The fill rates for unregistered staff on night duty were low due to

- Staff sickness.

On night duty the plan is for 2 registered nurses (staffing shift model 3:3:2) however there was a minimum of one registered nurse on duty, with night shift staff used to support higher day time clinical activity and this was deemed safe to do so. There were no associated patient safety incidents as a result of a lower than planned registered nurse staffing levels. The new Acting Clinical Director has commenced reviewing and monitoring the current planned Registered Nurse staffing levels required on night duty with the ward.

To mitigate the above risks, the acute care management team continue to work with clinical staff to continually improve the systems for managing service user flow across all in-patient and community care pathways. There is a weekly meeting to discuss and review:

- Admissions,
- Discharges,
- Delayed discharges,
- Delayed transfers,
- Management of high risk clinical cases.

Table 1 below shows the beds on each acute admission ward, available/actual bed nights used and % bed occupancy including the staffing per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Stanage	18	540	560	103.7	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Burbage	14	420	449	106.9	Early = 5 Afternoon = 5 Night = 3	3 3 2	2 2 1
Maple	17	510	530	103.9	Early = 6 Afternoon = 6 Night = 4	3 3 2	2 2 2

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Total Adult Acute	49	1470	1,539	104.7			
Burbage Substance Misuse	5	150	106	70.7			
Grand Total Adult Acute	54	1620	1,645	101.5			
Dovedale	18	540	572	105.9	Early = 3 Afternoon = 3 Night = 2	1 1 1	2 2 1

In summary

In the Acute and In-patient Directorate there were 54 beds available, 51 admissions and 50 discharges. Clinical activity and acuity remained high with most service users being detained under the Mental Health Act. Where bed occupancy shows over 100%, namely Stanage, Burbage and Maple wards, this was due to the use of leave beds as admissions/discharges did not always run succinctly or in tandem. These issues were discussed weekly in the systems for managing service user flow meetings, across all in-patient and community care pathways. The aspirational position for acute and in-patient care is to have admission / discharge rates running in sync.

Endcliffe Ward

The average fill rate for Registered Nurses against the day shift was 72.8% and against the night shift was 86.8%. The fill rate for unregistered staff against the day shift was 99.5% and Night shift at 100.0%.

The registered staffing ratio was low on day/night shifts due to:

- Staff sickness.
- Staff being moved to another ward due to being persistently targeted or having been assaulted by particular service user/s. One who is awaiting a forensic low secure transfer placement.

Shortfalls in registered nursing were safely covered in the immediate/ short term, using experienced Band 2 unregistered staff, who knew the ward and service users, which meant there were some shifts with 2 registered nurses rather than the planned 3 on duty for the early and late shifts.

Table 2 below shows the beds on Endcliffe Ward, available/actual bed nights used and % bed occupancy including the staffing ratio per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Unregistered staff
Endcliffe Ward	10	300	271	90.3	Early = 6 Afternoon = 6 Night = 4	3 3 2	3 3 2

Endcliffe ward has been operating with 10 beds since June 2016, prior to this showing as 8 beds. There were 2 admissions and 5 transfers in and 2 discharges during November 2016.

Open Rehabilitation

Forest Close

In Forest Close, the number of beds available is 30 (previously 27):

Bungalow 1a = 14 male beds,

Bungalow 2 = 8 female beds

Bungalow 3 = 8 female beds

A clinical decision was taken to re-deploy registered nurses to cover all bungalows, to ensure effective use of staffing resource, based on the clinical care requirements of service users in each bungalow.

Bungalow 1a (previously Pinecroft)

The average fill rate for Registered Nurses against the day shift was 103.6% and the night shift was 97.2%. The fill rate for unregistered staff against the day shift was 100.0% and Night shift at 95.3%.

The fill rate for unregistered staff on day shifts was slightly lower due to:

- Unregistered staff on secondment to a community team.

As the month progressed the staffing situation improved. The new Acting Clinical Director reviewed the secondments with the Clinical Nurse Manager, and negotiation with the community mental health team commenced regarding the return of staff on secondment.

Bungalow 1: The average fill rate for Registered Nurses on the day shift was 78.1% and the night shift was 100.0%. The fill rate for unregistered staff against the day shift was 96.9% and Night shift at 93.3%.

All shifts were covered with 1 registered nurse. There was a shortfall on 2 day shifts due to sickness and the registered nurse from bungalow 2 covered bungalow 1, with additional experienced unregistered staffing.

Bungalow 2: The average fill rate for Registered Nurses on the day shift was 98.9% and the night shift was 93.3%. The fill rate for unregistered staff against the day shift was 95.8% and Night shift at 100.0%.

All shifts were covered with one registered nurse. Additional support, if required, was provided by the Deputy Ward Manager.

The new Acting Clinical Director commenced a review of the staffing levels for Forest Close with the Clinical Nurse Manager.

Table 3 below shows the total Rehabilitation beds on the wards, available/actual bed nights used and % bed occupancy including the staffing ratio per shifts for Forest Close and Pinecroft Ward.

Ward	Total Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Reg'd Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff Per Shift
Forest Close	30	900	882	98.0	Early = 7 Afternoon = 7 Night = 3	3 3 2	4 4 3	The registered nurses are shared between bungalows. The staffing ratio is fluctuating to cover clinical activity during refurbishment / reconfiguration.

Forest Close bungalows had 1 admission, 1 transfer and 3 discharges.

Forensic: Low Secure

Forest Lodge Assessment Ward

The average fill rate for Registered Nurses against the day shift was 89.7% and the night shift was 96.7%. The fill rate for unregistered staff against the day shift was 96.9% and Night shift at 97.3%.

The fill rate for registered nurses on day/night shift was slightly lower due to:

- A successful candidate awaiting completion of Human Resource processes, with a resolution date of the end of December 2016. The outstanding shifts were covered using experienced unregistered staff who knew the ward environment and service users, to support the registered nurse.

Forest Lodge Rehabilitation Ward

The average fill rate for Registered Nurses against the day shift was 76.8% and the night shift was 85.5%. The fill rate for unregistered staff against the day shift was 97.4% and Night shift at 103.3%.

The fill rate for registered nurses on day/night shift was slightly lower due to:

- Long term planned sickness.

Shortfalls were covered using experienced unregistered staff which impacted on registered staff being unable to take breaks.

Service user care and safety was maintained on all shifts. The shortfalls were due to planned annual leave, sickness and retirement of one registered nurse, as well as mandatory training attendance. A registered nurse post was recruited into and the successful candidate was awaiting completion of Human Resource processes, with a resolution date of the end of December 2016.

Table 4 below shows the beds on each ward, available/actual bed nights used and % bed occupancy.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff per Shift
Forest Lodge Assessment	11	330	330	100.0	Early = 5 Afternoon = 5 Night = 4	2 2 1	3 3 3	2 registered 3 unregistered staff = 40:60 split 1 registered 3 unregistered staff = 25:75 split
Forest Lodge Rehabilitation	11	330	330	100.0	Early = 4 Afternoon = 4 Night = 2	2 2 1	2 2 1	2 registered 2 unregistered staff = 50:50 split 1 registered 1 unregistered staff = 50:50 split
Forest Lodge Total	22	660	660	100.0				

Learning Disability

Firshill Rise Assessment and Treatment Unit (ATU)

The average fill rate for Registered Nurses against the day shift was 64.3% and the night shift was 100.0%. The fill rate for unregistered staff against the day shift was 142.2% and Night shift at 128.6%.

The fill rate for registered nurses on day shifts shows as being low due to:

- Staff sickness.

The fill rate for unregistered staff on day shifts was higher due to:

- A service user being on 1:1 observations throughout a 24 hour period.
- Support for a service user waiting for a locked rehabilitation placement.

The outstanding shifts were supported by the Ward Manager, who remained on site to support the registered nurse on duty.

The Learning Disability Directorate, Service and Clinical Directors, were asked by the Executive Directors to review their planned staffing levels, at Firshill Rise Assessment and Treatment Unit. Work continues on the proposed new staffing model, the business case submission has been delayed and is due to be presented to the Business Planning Group, pending approval by the Learning Disability Directorate Senior Management Team in December 2016.

Table 5 below shows the beds on each ward, available/actual bed nights used and % bed occupancy including the staffing ratio per shifts:

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Reg'd Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff per Shift
Assessment & Treatment Unit (ATU)	7 +1 <i>One bed is commissioned for use on a cost per case basis by the CCG. Planned staffing on ISS is for 8 beds at all times</i>	240	176	73.3	Early = 6 Afternoon = 6 Night = 4	1 1 1	5 5 3	1:5

Dementia

G1 Ward at Grenoside Grange

The average fill rate for Registered Nurses against the day shift was 116.3% the night shift was 86.0%. The fill rate for unregistered staff against the day shift was 92.4% and Night shift at 99.4%.

The registered/unregistered staff ratios on day/night shifts fluctuated due to:

- Shifts requiring cover after immediate short term sickness notifications.
- 1:1 constant observation requirements.
- Day shifts requiring additional staff of 2 registered/5 unregistered, to meet care needs.
- Night shifts requiring reduced staff to meet care needs.

To meet the high level of clinical activity, the planned staffing capacity on the ward can change on a daily basis on each shift, therefore senior clinicians/ward manager review clinical activity versus service user physical/mental health needs per shift and staffing levels are increased if required/reduced as acuity levels settle.

Table 6 below shows the beds on G1, available actual bed nights used and % bed occupancy including the staffing ratio per shifts.

Ward	Beds	Available Bed Nights	Actual Bed Nights	% Bed Occupancy	Shifts	Registered Nurses	Support Workers	Ratio of Registered Nurse to Unregistered staff per Shift
G1	16	480	459	95.6	Early = 6 Afternoon = 6 Night = 5	3 3 2	3 3 3	50:50 % ratio of Registered: Unregistered staffs early and afternoon 40:60 % ratio Nights Shift allocation = 6:6:5

Incidents involving Numbers of Staff or Incidents with Low Staffing Levels

12 (18 in Oct, 5 in Sept) incidents related to registered nurses/unregistered staff shortages for in-patient units were reported to the safeguarding incident reporting system in the Trust for the period of 1st – 30th November 2016.

Summary

Staff reporting their shortfalls in a consistent manner to the safeguard system continues to enable Ward Managers and Service and Clinical Directors to use this information to better understand how staffing is affecting patient care, better inform their deployment of staff, undertake skill mix reviews and to work towards ensuring wards are more safely/effectively staffed.

Across Acute In-patient, Rehabilitation, Dementia and Learning Disability, skill mix reviews and proactive recruitment are an on-going imbedded process, to ensure safe staffing levels on wards.

Table 7 below shows a breakdown of incidents per ward for November 2016

Ward	No of Incidents	Reasons – Summarised from Safeguard Reports
Maple Ward	4	<p>08/11/2016 – staff shortages and only female staff on duty.</p> <p>12/11/2016 Person attended 136 suite at 12.50; however was not assessed by AMPH and medic until 20.30, due to clinical activity in community.</p> <p>22/11/2016 136 Admission arrived at the ward at 14.20. Still not seen at 19:24. Over 4 hours time period when patient should be seen. This was a delay/difficulty In undertaking Mental Health Act Assessment due to clinical activity.</p> <p>26/11/2016 Staffing shortage on night shift. Only 2 registered nurses (3 registered nurses recommended due to 2 x136 beds) and 2 x band 2 Unregistered workers. Clinical activity one patient on general medical ward on 1 to 1 basis & 4 patients on intermittent observations.</p> <p>No one available from flexible staffing, first point of call on other wards. Service manager/on call manager Debbie Horne and Andy Cockerill Band 6 on Dovedale updated re situation and the deficits of staff shortages and skill mix.</p>
Stanage Ward	1	<p>25/11/2016 shortage of staff on night shift / high clinical activity. 3 staff on duty (originally 4 staff booked but it had been agreed that we provide a staff member to Maple Ward for the full shift).</p> <p>Impact: a patient went AWOL, noticed missing at 23:00hrs. missing persons procedure implemented.</p>
Forest Close – Bungalow 1	1	<p>2/11/2016 The ward is understaffed by one this morning. Covered by other bungalows</p>
Forest Close – Bungalow 2		<p>23/11/2016 Member of staff phoned in at 13:00 regarding unable to come in on the afternoon shift. Resulting in only x 2 staff members on duty. Support received by other bungalows.</p>
G1 Ward	1	<p>26/11/2016 Ward operated on low staffing level last night due to one bank support worker cancelling her shift and only one qualified was on duty instead of two.</p>
Firshill Rise – Assessment Treatment Unit (ATU)	2	<p>01/11/2016 There is supposed to be 6 staff members during a shift and 2 staff members working 9-5. At 16.30 there were 5 staff members on the unit, and at 18.50 there were 4 staff members on the unit until 20:00 when there were 5 staff members again.</p> <p>Due to low staffing levels a staff member could not be sent to Endcliffe Ward to support an outlier.</p> <p>05/11/2016 Should have been 6 staff on the late shift but 2 support workers have cancelled their shifts, so only 4 staff on after 5pm & 3 staff on a 9-5.</p> <p>One of which should have been asked to move to the late shift.</p>

Ward	No of Incidents	Reasons – Summarised from Safeguard Reports
Forest Lodge – Rehabilitation Ward	2	27/11/2016 should have been 4 staff on shift, namely 2 registered nurses and 2 unregistered staff. There was one registered nurse, who was unable to take a break. Patient care and safety maintained. 30/11/2016 Only one registered nurse worked on the Early and Late shift and Only one unregistered staff worked on the Late shift. Unable to cover shortfall, Patient safety and care was maintained.
Total	12	

Actions taken to address Staffing Shortfalls in Qualified Nurses and Unregistered Staff Ratios

- Where possible staff were deployed to wards with higher clinical activity/staffing requirements.
- Incident reporting is embedded in routine practice and senior managers are alerted to short staffing issues immediately.
- Risk Department collate data for the whole month prior to report submissions to NHS Improvement, together with auditing and tracking trends in shortfalls.
- Directors were requested to undertake review of registered nurse requirements/consider re-basing of the staffing requirements into the funded establishment and revised commissioning specifications.

3. Next Steps

The Staffing Capacity and Capability Operational Group will continue to:

- Oversee this work, ensuring all wards have a single format for data collection.
- Take forward work to refine data interpretation, evaluation of safe staffing levels and appropriate skill mix.
- Ensure the E-rostering and Allocate system are rolled out across the inpatient units
- Ensure the Hurst adapted Acuity Tool is embedded into practice to evidence safer staffing levels on wards.
- Work towards amalgamating the E Rostering Strategy Group into the Staffing Capacity and Capability Operational Group. New Terms of Reference (ToR) will be developed and attached to the Staffing Capacity and Capability Report, for reference.

4. Required Actions

Members are asked to receive and note the November 2016 monthly report.

Members are asked to note publication of this report on the NHS Choices and Trust website in compliance with the National Quality Board (NQB) 2013 requirements on safe staffing.

5. Monitoring Arrangements

Monthly reports will be submitted to the Executive Directors Group and Board of Directors, providing information on planned versus actual staffing.

6. Contact Details

For further information please contact:
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Hospital Site name	Ward name	Main 2 Specialities on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
		Speciality 1	Speciality 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
				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								
MICHAEL CARLISLE CENTRE	Burbage	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1489	1055.08	1626.25	1600.33	700	579	790	770	70.9%	98.4%	82.7%	97.5%				
MICHAEL CARLISLE CENTRE	Dovedale 1	715 - OLD AGE PSYCHIATRY	715 - OLD AGE PSYCHIATRY	1387.25	1148.22	1342.5	1134.5	620	545.25	410	350.25	82.8%	84.5%	87.9%	85.4%				
THE LONGLEY CENTRE	Endcliffe Ward	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1399.5	1019	2045.5	2035.75	635	551	1140	1140	72.8%	99.5%	86.8%	100.0%				
FOREST CLOSE	Bungalow 1	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	742.5	580.25	977.37	947.37	296	296	296	276.27	78.1%	96.9%	100.0%	93.3%				
FOREST CLOSE	Bungalow 2	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	450	444.87	966	925.87	296	276.27	296	296	98.9%	95.8%	93.3%	100.0%				
FOREST LODGE	Forest Lodge Assessment	712 - FORENSIC PSYCHIATRY	712 - FORENSIC PSYCHIATRY	1035	928.58	1421	1376.25	300	290	900	876	89.7%	96.9%	96.7%	97.3%				
FOREST LODGE	Forest Lodge Rehab	712 - FORENSIC PSYCHIATRY	712 - FORENSIC PSYCHIATRY	920.58	707.33	903.5	879.83	320	280	310	320.33	76.8%	97.4%	87.5%	103.3%				
THE LONGLEY CENTRE	Maple	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1534.5	1626	1504.1	1105.1	720	700	670	640	106.0%	73.5%	97.2%	95.5%				
FOREST CLOSE	Bungalow 1a	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	886.5	918	1359	1321.5	305.87	305.87	631.47	601.87	103.6%	97.2%	100.0%	95.3%				
MICHAEL CARLISLE CENTRE	Stanage	710 - ADULT MENTAL ILLNESS	710 - ADULT MENTAL ILLNESS	1379.5	1438.55	1316.75	1113.75	600	590	510	510	104.3%	84.6%	98.3%	100.0%				
INTENSIVE SUPPORT SERVICE	Firshill Rise	700- LEARNING DISABILITY	700- LEARNING DISABILITY	873.5	561.25	1801.75	2562.43	300	300	600	771.75	64.3%	142.2%	100.0%	128.6%				
GRENOSIDE GRANGE	G1	715 - OLD AGE PSYCHIATRY	715 - OLD AGE PSYCHIATRY	903.25	1050.58	2491.5	2301.42	800	515.92	1545	1535.17	116.3%	92.4%	86.0%	99.4%				
TOTAL				13001.08	11477.71	17755.22	17304.1	5692.87	5229.31	8098.47	8087.64								

Site Name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	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								
ARBOURTHORNE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BEECH HILL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BEIGHTON HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BOLE HILL RESIDENTIAL HOME	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
BRAESIDE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
CASTLE MARKET BUILDING	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
CENTENARY ANNEXE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
FIRST START NURSERY	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
FOREST CLOSE	2079	1943.12	3302.37	3194.74	897.87	878.14	1223.47	1174.14	93.5%	96.7%	97.8%	96.0%	0	-	-	-
FOREST LODGE	1955.58	1635.91	2324.5	2256.08	620	570	1210	1196.33	83.7%	97.1%	91.9%	98.9%	0	-	-	-
FOX HILL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
GREENACRES	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
GRENSIDE GRANGE	903.25	1050.58	2491.5	2301.42	600	515.92	1545	1535.17	116.3%	92.4%	86.0%	99.4%	0	-	-	-
HURLFIELD VIEW	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
INTENSIVE SUPPORT SERVICE	873.5	561.25	1801.75	2562.43	300	300	600	771.75	64.3%	142.2%	100.0%	128.6%	0	-	-	-
MANSFIELD VIEW	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
MICHAEL CARLISLE CENTRE	4255.75	3641.85	4285.5	3848.58	1920	1714.25	1710	1630.25	85.6%	89.8%	89.3%	95.3%	0	-	-	-
MILLBROOK	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
NORTHERN GENERAL HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
OAKWOOD YPC	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
PRESIDENT PARK	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
PSYCHIATRIC OUT PATIENTS	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
RIVERMEAD UNIT	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
ROYAL HALLAMSHIRE HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
SHIRLE HILL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
ST GEORGE'S COMMUNITY BASE	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
THE LONGLEY CENTRE	2934	2645	3549.6	3140.85	1355	1251	1810	1780	90.1%	88.5%	92.3%	98.3%	0	-	-	-
THE YEWS	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
THORNLEA	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
WAINWRIGHT CRESCENT	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-
WATHWOOD HOSPITAL	0	0	0	0	0	0	0	0	0.0%	0.0%	0.0%	0.0%	0	-	-	-