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# Report to the Meeting of the Oxford Health NHS Foundation Trust

# Board of Directors

**Paper b: Nursing Establishment Review**

May 2014. For Decision

1. **Introduction**

From June 2014 there is a national requirement for all hospitals to publish information twice a year to demonstrate the nursing establishment has been reviewed on each ward and approved by the Board of Directors. This Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC called for greater openness and transparency in the NHS together with the need to ensure that nursing staffing levels were set and reviewed regularly.

The CQC and NHS England have recently issued guidance to support the implementation of the requirements set out in the National Quality Board report *How to ensure the right people, with the right skills, are in the right place at the right time* and the Governments’ commitments set out in *Hard Truths: The Journey to Putting Patients First*. The purpose of this paper is to share the outcome of the latest nursing establishment review for the wards; this will be reported twice a year to the Board of Directors for approval.

Setting planned levels of staffing is an important standard to set, however if these planned staffing levels are not regularly achieved, there is the potential risk that high quality compassionate nursing care will not be experienced by every patient .To ensure that actual staffing levels are matching planned levels of staffing, a monthly report to the Board of Directors will report on the monitoring and management of safe inpatient staffing levels. This will examine the expected (based on the establishment review) against the actual levels of staffing. The monthly report is called the Inpatient Safe Staffing Report**.**

Both the Inpatient Safe Staffing Report and Nursing Establishment Review report will be published on our website.

1. **Background**

All our 35 wards operate a three shift pattern for nurses: morning, afternoon and night. In addition, a few wards run a shift which covers some of the afternoon and night called a twilight shift. For each ward we have agreed what the expected (also called planned or agreed) staffing levels should be for each shift based on regular nursing establishment reviews.

Each ward has a Ward Manager and the support of a Modern Matron; these roles are not included in the nursing establishments as they provide leadership, management and support in addition to the staff who deliver patient care. This supports a recommendation made by the Francis Inquiry. Each ward is also supported by a multi-disciplinary team which are not represented in the nursing establishment figures presented, however they play a key role in the safety experience and outcomes of care experienced by patient and carers.

We are committed to ensuring that there is an appropriate level and grade and skill mix of nursing and care staff to match the acuity and dependency needs of patients on each ward to provide safe and effective care. In each ward there is a blend of Registered Nurses of the relevant Branch of Nursing (for example, Adult Nurses or Mental Health Nurses) who hold a professional qualification with the Nursing and Midwifery Council and also Healthcare Assistants who are trained and experienced carers supporting care under the direction of registered nurses. At times across a month, wards may require additional staff above those normally expected to meet patient need. These staffing levels are viewed daily and also monthly alongside a range of quality and workforce indicators to monitor the impact and experience for patients.

1. **Evidence Based Tools**

The national guidance recognises that there are limited tools available to help to determine the right staffing levels on wards. The National Institute for Care Excellence (NICE) has been asked to conduct a comprehensive review of the evidence in this area and produce definitive guidelines on safe staffing levels to support local decisions at ward and organisational level. The first two guidelines will be for Safe Nurse Staffing of Adult Wards in Acute Hospitals by July 2014 (currently being consulted on) and Safe Midwifery Staffing for Maternity Settings by January 2015. The West Midlands Local Education and Training Board is undertaking work on safe staffing levels in mental health settings. We are contributing information to that project.

Whilst national guidance is being developed we have completed a recent establishment review based on historical establishments and drawing on professional opinion and insight into local clinical need and context. We are recommending that all wards should have an establishment of a minimum of 50% registered nurses and when possible should seek to increase that to 60%. There is evidence that higher levels of registered staff lead to a safer, more compassionate and effective ward environment. (A.M Rafferty et al).

1. **Outcomes of Latest Establishment Review**

Appendix 1 shows the results of the latest establishment review carried out by each Directorate. As part of the national guidance the quality and workforce measures are reported alongside the results for each ward.

Our ten community hospital wards have used the evidence based Hurst tool (2002) to guide their staffing needs, however the staffing model is currently based on a combination of clinical judgement and the historical financial precedents. The Shelford Group tool (2013) is currently being used to assess its applicability within the context of community hospitals.

Whilst the Hurst tool (2002) has been considered in our Trust’s mental health wards, the agreed staffing is based on historical establishments with added clinical judgement based on patient need and dependency. This has resulted in an increase in registered nurse staffing in all adult and children’s wards and some older people’s and forensic wards.

We have made an increase in nurse staffing establishments for the following wards within the last six months recognising the increased acuity and dependency of the patients now being admitted to these wards:

* Highfield Unit (Children and Adolescent mental health): increase in establishment from 7:7:6 to new expected levels of 10 staff in the morning, 10 in the afternoon and 9 staff at night (10:10:9).
* Sapphire, Ruby, Allen, Wintle, Vaughan Thomas and Phoenix wards (Adult acute mental health): increase in establishment from 5:5:4 to new expected levels of 6 staff in the morning, 6 in the afternoon and 5 staff at night (6:6:5).
* Cherwell and Sandford (Older Adult mental health): increase in establishment from 5:4:3 to new expected levels of 5 staff in the morning, 5 in the afternoon and 4 staff at night (5:5:4).
* Amber (Older Adult mental health): increase in establishment to 6:6:4 following a move to a new purpose built ward with a different number of bed and different patient mix.
* Fiennes (Older Adult mental health): reduction in establishment as the number of beds has been reduced.
* Watling ward (Forensic mental health): increase the number of registered nurses (overall establishment increase by 3.16WTE) to achieve a minimum of 50% and to achieve 8:8:7.
* Marlborough House (Children and Adolescent mental health): increase in their establishment of registered and sessional staff by 1.48 WTE to achieve 5:5:4 (implementation date to be agreed).
1. **Conclusion**

This report shares the outcome of our latest nursing establishment review for the wards; this will be reported and published twice a year to Board. The paper details a number of changes which have been made to nursing staff establishments across the trust in the last six months recognising the increased acuity and dependency of the patients who need skilled and compassionate inpatient care. Both the Inpatient Safe Staffing Report and Nursing Establishment Review report will be published on our website following discussion and approval by the Board of Directors.

**The Director of Nursing recommends that establishment in Amber ward is subject to further review and adjustment to strengthen registered staffing input as a result of the new model of care.**

**The Board can be assured that the establishment on each ward will be reviewed dynamically and at least twice a year.**

**It is recommended to the Board that this review provides adequate assurance that the planned levels of nursing staff are appropriate to deliver safe and effective care.**

**Appendix 1 – Latest Nursing Establishment Review**

Allowance for planned and unplanned leave is standard across the Trust set at 23%.

Allowance for supervisory staff is standard across the Trust set at 0%.

|  |  |  |  | Quality and Workforce Measures |
| --- | --- | --- | --- | --- |
| Ward | Current establishment (budgeted and actual)  | What evidence based tools have been used to review/ decide on establishment? If no tools are available how have you drawn on professional opinion and judgement? | Based on the review, are there any differences between current and recommended establishment?If yes please detail variances and plans to address these | Essential Standard (April 14)/ CHAT (Q4 13/14) audits | Number of Complaints (last 12 mths) | Total number of incidents (last 6 mths) | % of incidents extreme & high risk (last 6 mths) | Number of infection outbreaks (last 6 mths Q3 & Q4 2013/14) | Patient feedback (last 6 mths)– yes definitely felt involved in care | WTE lost to sickness (March 14) | WTE live vacancies (March 14) | WTE bank, sessional & agency (March 14) |
| Abingdon ward 1Beds: 18Expected: 8:5:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.10 | 2.6 |
|  | **5** | 13.81 | 10.19 |
|  | **7** | 1.00 | 1.0 |
|  | **2** | 14.92 | 16.71 |

 | Previously Hurst (2002) dependency tool has been used to benchmark staffing levels and the Shelford group model (2013) is currently being explored in community hospitals, however the staffing model is currently based on a combination of clinical judgement and the historical financial precedents. | The Shelford group model (2013) is currently being used to assess its applicability within the context of Community Hospitals. Initial indications appear to be that there are significant variations between what would be recommended and the current establishment across the range of Community Hospitals. Implementation of the Shelford Model is not cost neutral and its introduction may impact upon the capacity of the service to sustain the current configuration number and configuration of beds that are staffed support is not sustainable.  | 87% | 7 | 107 | 17.8% | 0 | 4/12 | 7.4 | 15.6 | 16.9 |
| Abingdon ward 2Beds: 26Expected: 9:6:4 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.50 | 3.0 |
|  | **5** | 14.99 | 12.59 |
|  | **7** | 1.00 | 1.0 |
|  | **3** | 0.80 | 0.8 |
|  | **2** | 16.44 | 15.47 |

 | 85% | 6 | 181 | 2.2% | 1 | 18/29 |  |
| Witney wenrisc wardBeds: 30Expected: 10:9:5 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.49 | 3.09 |
|  | **5** | 20.79 | 20.18 |
|  | **7** | 1.80 | 1.47 |
|  | **3** | 1.36 | 1.8 |
|  | **2** | 19.85 | 21.49 |

 | 79% | 15 | 125 | 9.6% | 1 | 7/18 | 6.8 | 9.3 | 19.2 |
| Witney Linfoot wardBeds: 30Expected: 10:8:5 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.50 | 2.06 |
|  | **5** | 18.68 | 18.02 |
|  | **7** | 1.00 | 1.06 |
|  | **3** | 0.00 | 1.00 |
|  | **2** | 20.66 | 20.19 |

 | 81% | 10 | 198 | 17.7% | 1 | 5/12 |
| Wallingford St Leonards wardBeds: 22Expected: 6:5:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.00 | 2.03 |
|  | **5** | 11.68 | 9.63 |
|  | **7** | 1.00 | 1.00 |
|  | **2** | 12.05 | 14.49 |

 | 90% | 14 | 2 | 0% | 0 | 12/21 | 2.5 | 2 | 5 |
| WantageBeds: 12Expected: 4:3:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 1.50 | 1.12 |
|  | **5** | 10.21 | 10.38 |
|  | **7** | 1.00 | 1.00 |
|  | **3** | 0.80 | 1.21 |
|  | **2** | 6.91 | 6.61 |

 | 94% | 0 | 91 | 9.9% | 0 | 4/10 | 1.3 | 0.8 | 3.3 |
| DidcotBeds: 12Expected: 4:4:3  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.00 | 2.03 |
|  | **5** | 11.68 | 12.49 |
|  | **7** | 1.00 | 1.08 |
|  | **3** | 1.00 | 1.17 |
|  | **2** | 8.92 | 11.37 |

 | 89% | 3 | 98 | 5.1% | 3 | 7/15 | 2.6 | 0 | 10.8 |
| CityBeds: 20Expected: 7:5:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.00 | 2.09 |
|  | **5** | 11.92 | 12.18 |
|  | **4** | 3.00 | 3.00 |
|  | **7** | 1.00 | 1.00 |
|  | **3** | 2.01 | 2.00 |
|  | **2** | 8.97 | 9.85 |

 | 79% | 12 | 109 | 17.4% | 4 | 3/10 | 0.6 | 1 | 3.3 |
| Henley Peppard wardBeds: 14Expected: 4:4:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 2.62 | 2.37 |
|  | **5** | 9.09 | 5.95 |
|  | **7** | 1.00 | 1.00 |
|  | **3** | 1.00 | 1.11 |
|  | **2** | 8.92 | 7.92 |

 | 94% | 8 | 63 | 17.5% | 0 | 3/11 | 1 | 1.1 | 4 |
| BicesterBeds: 11Expected: 4:3:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | **6** | 1.18 | 1.40 |
|  | **5** | 10.77 | 10.35 |
|  | **7** | 1.00 | 0.80 |
|  | **2** | 7.46 | 8.39 |

 | 87% | 3 | 31 | 0% | 1 | 3/8 | 2.1 | 0 | 1.41 |
| SandfordBeds: 17Expected: 5:5:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 6 | 2.00 | 2.00 |
| 5 | 9.20 | 8.66 |
| 3 | 11.20 | 9.02 |
| 7 | 1.00 | 1.00 |

|  |
| --- |
|  |
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|  |
|  |
|  |

 | Establishments have been based on a combination of historical data and professional judgement. In the last 6 months the establishment has been increased from 5:4:3 to 5:5:4.  | It is anticipated that future planning will be based on RCN principles for nursing older people and that the establishment will be increased again over the next 6 months. | 93% | 7 | 237 | 15.2% | 0 | 7/20 | 1.2 | 6 | 8.6 |
| CherwellBeds: 17Expected: 5:5:4 |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Band | Budget | Actual |
|  | 6 | 2.00 | 1.80 |
|  | 5 | 9.20 | 7.05 |
|  | 3 | 11.20 | 8.47 |
|  | 7 | 1.00 | 1.00 |

 | 94% | 4 | 80 | 0% | 0 | 19/58 | 0.4 | 8 | 9.1 |
| FiennesBeds: 10 (17 available reduced number open)Expected: 4:4:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | 6 | 2.00 | 2.00 |
|  | 5 | 9.20 | 6.90 |
|  | 3 | 11.20 | 7.83 |
|  | 7 | 1.00 | 1.00 |

 | Establishment has been based on a combination of historical data and professional judgement. The establishment has been reduced for the past few months in line with the reduction of beds to ensure safe staffing. | It is anticipated that future planning will be based on RCN principles for nursing older people | 94% | 9 | 90 | 2.2% | 0 | 1/5 | 1.4 | 8 | 8.8 |
| AmberBeds: 20Expected: 6:6:4 |

|  |  |
| --- | --- |
| Cromwell |  |
|  | Band | Budget | Actual |
|  | 6 | 2.00 | 2.00 |
|  | 5 | 9.19 | 4.30 |
|  | 3 | 11.20 | 8.27 |
|  | 7 | 1.00 | 0.00 |

 | Establishment has been based on a combination of historical data and professional judgement.Cromwell ward and Harding ward in Feb 2014 became 1 x 20 bedded older adult mental health ward called Amber at the Whiteleaf Centre, Aylesbury. The establishment has changed to reflect the move to a single purpose built ward with 20 beds. | It is anticipated that future planning will be based on RCN principles for nursing older people | 96% | 12 | 227 | 3% | 0 | 8/31 | 2.3 | 7.2 | 11.8 |
|

|  |  |
| --- | --- |
| Harding |  |
|  | Band | Budget | Actual |
|  | 6 | 2.00 | 2.00 |
|  | 5 | 10.20 | 7.90 |
|  | 3 | 11.20 | 9.41 |
| 7 | 7 | 1.00 | 1.00 |

 |
| KestrelBeds: 10Expected: 7:7:6 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 3 |
| 5 | 12 |
| 3 | 19 |

 | A review of nursing staff levels and skills mix was completed in 2008 and 2009. The DoH good practice guidance on low and medium secure units does not detail the number of staff that should work on a ward of a given size. Nor do they state the ratio of registered to unregistered staff. They only state that we should:‘Plan the workforce, including reference to appropriate ratios of registered to unregistered nursing staff and appropriate numbers of staff on duty per individual unit within the provider and reflecting the complexity of patient need and the risk associated with that patient group’ (MSU Specification 2007)The Directorate is working to ensure at least 50% of the establishment is registered staff. The number of WTE’s required to staff a ward is calculated by agreeing the number of staff needed per day and night shift to meet the routine needs of the patients and thus how many are required to fill all the shifts in a week. | The establishment for both wards was increased following the 2008 review.Across both wards registered staff make up 65% of establishment.Kestrel operates a 7:7:6 shift requiring 35 WTE staff, currently the ward has 1 WTE less in establishment.Kingfisher operates a 7:7:5 shift requiring 34.6 WTE staff, currently the ward has 0.6 WTE less in establishment. | 90% | 4 | 165 | 1.2% | 0 | No data | 1.4 | 6.1 | 8.7 |
| KingfisherBeds: 16Expected: 7:7:5 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 3 |
| 5 | 14 |
| 3 | 17 |

  | 95% | 8 | 131 | 0% | 0 | No data |
| Woodlands HouseBeds: 20Expected: 5:4:4 (+1 worker 9am-5pm) |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 4 |
| 5 | 12 |
| 3 | 12.75  |

  | Registered staff make up 53% of establishment.Woodland operates a 5:4:4 shift requiring 25.5 WTE staff, currently the ward has 3.25 WTE more in establishment | 98% | 3 | 81 | 1.2% | 0 | No data | 1.1 | 5.2 | 5.1 |
| WenricBeds: 21Expected: 7:6:5 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 4 |
| 5 | 13.75  |
| 3 | 16.60  |

  | The establishment for the ward was increased following the 2008 review.Registered staff make up 57% of establishment.Wenric operates a 7:7:5 shift requiring 35 WTE staff, currently the ward has 0.65 WTE less in establishment | 100% | 15 | 24 | 4.2% | 0 | No data | 3 | 2.5 | 3 |
| Lambourne HouseBeds: 15Expected: 3:3:2 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 2 |
| 5 | 6.2  |
| 3 | 9 |

  | Registered staff make up 53% of establishment.Lambourn operates a 3:3:2 shift requiring 14.5 WTE staff, currently the ward has 2.7 WTE more in establishment | No data | 6 | 65 | 6.2% | 0 | No data | 0.1 | 0.6 | 1.4 |
| KennetBeds: 15Expected: 6:6:5 (+therapy worker 1 shift per day) |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 5 |
| 5 | 12 |
| 3 | 17 |

  | A review of nursing staff levels and skills mix was completed across the medium secure wards by senior clinicians in the Care Group in October 2013. The DoH good practice guidance on low and medium secure units does not detail the number of staff that should work on a ward of a given size. Nor do they state the ratio of registered and unregistered staff. They only state that we should:‘Plan the workforce, including reference to appropriate ratios of registered and unregistered nursing staff and appropriate numbers of staff on duty per individual unit within the provider and reflecting the complexity of patient need and the risk associated with that patient group’ (MSU Specification 2007)The Directorate is working to ensure at least 50% of the establishment is registered staff. The number of WTE’s required to staff a ward is calculated by agreeing the number of staff needed per day and night shift to meet the routine needs of the patients and thus how many are required to fill all the shifts in a week. | Registered staff make up 50% of establishment.Kennet operates a 6:6:5 shift (+therapy worker) requiring 34.6 WTE staff, in Oct 2013 the ward had 0.6 WTE less in establishment. | 94% | 17 | 87 | 1.2% | 0 | No data | 3.4 | 3.3 | 8.2 |
| GlymeBeds: 17Expected: 5:5:3 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 4 |
| 5 | 11.4 |
| 3 | 12.5 |

 | Registered staff make up 54% of establishment.Glyme operates a 6:5:3 shift requiring 25.5 WTE staff, in Oct 2013 the ward had 0.45 WTE more in establishment. | 86% | 5 | 31 | 0% | 0 | No data | 1.5 | 2.1 | 3.6 |
| WatlingBeds: 20Expected: 8:8:7 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 4 |
| 5 | 16 |
| 3 | 23.45 |

 | The split of registered and unregistered should be at least 50% regsitered staff. This is currently lower on Watling ward so the establishment and funding is under review to increase the number of registered staff. Watling operates a 8:8:7 shift requiring 42.3 WTE staff, in Oct 2013 the ward had 3.16 WTE less in establishment. | 92% | 11 | 57 | 5.3% | 0 | No data | 1.1 | 2.3 | 12.1 |
| ChaffronBeds: 8Expected: 3:3:2 |

|  |  |
| --- | --- |
| Band | Budget |
| 6 | 2 |
| 5 | 5 |
| 3 | 7 |

 | Registered staff make up 50% of establishment.Chaffron operates a 3:3:2 shift requiring 14.5 WTE staff, in Oct 2013 the ward had 0.5 WTE less in establishment. | 98% | 0 | 11 | 0% | 0 | No data | 1.3 | 2.6 | 3.0 |
| Highfield UnitBeds: 18+ 4 day placesExpected: 10:10:9 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | 6 | 4 | 5.54 |
|  | 5 | 13.92 | 12.12 |
|  | 4 | 1.39 | 1.39 |
|  | 3 | 23.43 | 26.75 |
|  | 2 | 3.8 | 2.55 |

 | Hurst tool (2002) showed need of higher ratios of staffing. This was supported by the Ward Manager and Modern Matron. | Yes; higher staffing establishment required due to staffing High Dependency Unit and high levels of need with patient group. Increased establishment of 10:10:9 agreed and recruitment underway. | No data | 10 | 206 | 0.5% | 0 | No data | 2.2 | 2.1 | 8.9 |
| Marlborough HouseBeds: 12Expected: 5:5:4 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Band | Budget | Actual | Revised Numbers |
|  | 6 | 2.00 | 3.00 | 3.00 |
|  | 5 | 10.00 | 11.00 | 10.73 |
|  | 3 | 15.00 | 11.74 | 14.75 |

 | Hurst tool (2002) was used – showed dependency of ward was higher than budgeted staffing level.Professional opinion of senior staff to ensure appropriate levels of staff are on duty to safely manage needs of young people – for example, staffing increase to manage levels of patient observations. | Current establishment has been reviewed – implementation date to be agreed. | No data | 6 | 141 | 0.7% | 0 | No data | 2.3 | 0 | 6.9 |
| Cotswold House MarlboroughBeds: 12Expected: 5:5:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | 7 | 1 | 1 |
|  | 6 | 1.9 | 2.0 |
|  | 5 | 7.46 | 8.42 |
|  | 3 | 10.1 | 12.02 |

 | Unit set up based on staffing ratio for eating disorder unit in Oxford. We have learnt over time that 2 trained nurses are needed per day shift to support effective breaks and safe, high quality care. We are proactive at reducing number of staffing at weekend when patients are on home leave and where safe to do so  | It is very difficult to allow 2 trained staff on at night due to staffing levels- H.R advise that 2 registered staff are required to allow for a safe break time  | 93% | 7 | 70 | 5.7% | 0 | No data | 0.4 | 0 | 2.3 |
| Cotswold House OxfordBeds: 14Expected: 5:5:3 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Band | Budget | Actual |
|  | 6 | 3.30 | 3.59 |
|  | 5 | 10.1 | 9.1 |
|  | 3 | 12.70 | 11.1 |
|  | 2 | 2 | 1.8 |
|  | 7 | 2.66 | 2.66 |

 | Establishment was agreed when specialist service was set up and has been reviewed using professional judgement based on bed numbers and the complexity and dependency of the patients |  | 100% | 9 | 71 | 8.5% | 0 | No data | 1.8 | 0 | 6.2 |
| WintleBeds: 16Expected: 6:6:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 3 |
| 5 | 11 | 9.23 |
| 3 | 15 | 12 |
| 6 (OT) | 1 | 1 |
| 3(activity worker) | 1 | 1 |

 | The revised staffing levels (6:6:4) were determined as part of the remodelling of mental health services. This process examined current staffing levels identifying additional requirements, including observation levels, benchmarking against other organisations, and the identified need for additional clinical leadership.  | Vacancies (whilst actively recruiting) are being covered with a combination of sessional staff, NHSP and staff moves. In exceptional circumstances the use of agency is considered. | 72% | 24 | 179 | 2.8% | 0 | 2/5 | 3.1 | 2.6 | 6.2 |
| Vaughan ThomasBeds: 18Expected: 6:6:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 3 |
| 5 | 11 | 8.54 |
| 3 | 15 | 6.85 |
| 6 (OT) | 1 | 1 |
| 3(activity worker) | 1 | 1 |

 | 77% | 11 | 146 | 2.1% | 0 | 13/28 | 4.8 | 5 | 11.1 |
| AllenBeds: 21Expected: 6:6:4  |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 2 |
| 5 | 11 | 8.05 |
| 3 | 15 | 9.31 |
| 6 (OT) | 1 | 1 |
| 3(activity worker) | 1 |  |

 | 82% | 22 | 128 | 0.8% | 0 | 5/14 | 2.1 | 7.3 | 9.8 |
| PhoenixBeds: 21 (+S136 place of safety)Expected: 6:6:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 3 |
| 5 | 11 | 9.25 |
| 3 | 15 | 11.2 |
| 6 (OT) | 1 | 1 |
| 3(activity worker) | 1 | 1 |

 | 84% | 9 | 113 | 3.5% | 1 | 2/4 | 2.5 | 1.8 | 11.3 |
| RubyBeds: 20Expected: 6:6:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 4 |
| 5 | 11 | 11 |
| 3 | 15 | 12 |
| 6 (OT) | 1 | 1 |
| 3(activity worker) | 1 | 1 |

 | 70% | 16 | 295 | 0.7% | 1 | 5/10 | 0.7 | 3.4 | 8.5 |
| SapphireBeds: 20 (+S136 place of safety)Expected: 6:6:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 4 |
| 5 | 11 | 10.6 |
| 3 | 15 | 15 |
| 6 (OT) | 1 | 1 |
| 3(activity worker) | 1 | 0 |

 | 82% | 1 | 262 | 0.8% | 1 | 2/6 | 0.1 | 0.7 | 8.9 |
| Opal (recent change from Mandalay House)Beds: 20Expected: 4:4:4 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 7 | 1 | 1 |
| 6 | 3 | 3 |
| 5 | 8.5 | 8 |
| 3 | 15 | 8.4 |
| 6(OT) | 1 | 1 |
| 5(OT) | 1 | 1 |
| 7(Psychologist) | 1 | 1 |
| 4 (psychologist assistant) | 1 | 1 |
| 3 (activity worker) | 1 | 0 |

 | The staffing levels were reviewed and determined as part of the remodelling of mental health services. | no | 89% | 6 | 68 | 8.8% | 0 | 12/51 | 0.2 | 3.3 | 3.2 |
| Ashurst PICUBeds: 13 (+S136 place of safety)Expected: 8:8:6 |

|  |  |  |
| --- | --- | --- |
| Band | Budget | Actual |
| 8a | 1 | 1 |
| 7 | 1 | 1 |
| 6 | 4 | 3 |
| 5 | 16 | 13.62 |
| 3 | 19 | 19 |
| 7(OT) | 1 | 1 |
| 3(activity worker) | 1 | 0 |

 | The staffing levels were reviewed and determined as part of the remodelling of mental health services. | no | 85% | 35 | 325 | 1.5% | 0 | No data | 2.7 | 4 | 14.4 |