

**'You matter, we care'**

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| Trust Board Meeting (Part 1) | Date: 28 May 2014 |
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|               |                           |
|---------------|---------------------------|
| <b>Title:</b> | Inpatient Staffing review |
| <b>Item:</b>  | BD/14/042                 |

|  |                             |
|--|-----------------------------|
| <b>Executive Director lead and presenter</b> | Alan Metherall              |
| <b>Report author(s)</b>                      | Alan Metherall, Carol Bowes |

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| <b>History:</b> | <i>Follow-up from December, January and March Board reports</i> |
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|----------------------------|---|
| <b>This report is for:</b> |   |
| Decision                   | ✓ |
| Discussion                 |   |
| To Note                    |   |

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| <b>Executive Summary of key issues</b>  |
| <p>The National Quality Board guidance on 'How to ensure the right staff, with the right skills, are in the right place at the right time' details nine expectations of service providers. The Expectations aim to ensure that the services provided are staffed appropriately to provide safe quality care.</p> <p>This paper provides the outcome of the first full establishment review for AWP, following the principles set out in guidance.</p> <p>The first full establishment review using validated tools has been completed and the results triangulated with professional judgement. The following recommendations for establishments have been made;</p> <ul style="list-style-type: none"> <li>• That ward establishments are fixed using local professional judgement until a tool is available which can account for the varied ward sizes within AWP.</li> <li>• To adopt the recommended staffing numbers for all wards.</li> <li>• To adopt the recommendation of developing bronze, silver and gold standard service specifications for future negotiation with commissioners.</li> <li>• To support the revision of band 2 job descriptions to include escorting duties.</li> </ul> <p>A national tool for determining safer staffing in mental health remains unavailable for use.</p> |

NHS England at the time of writing this report are still amending and issuing guidance on how providers will be required to report staffing data from June 2014.

**This report addresses these Strategic Priorities:**

|  |   |
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| We will deliver the best care          | ✓ |
| We will support and develop our staff  | ✓ |
| We will continually improve what we do | ✓ |
| We will use our resources wisely       | ✓ |
| We will be future focussed             | ✓ |

## 1. Introduction

- 1.1. In November 2013 the Chief Nursing Officer (CNO) published guidance, complied with the National Quality Board, on ensuring the right people, with the right skills, are in the right place at the right time. This document detailed 9 provider expectations which would enable staff to provide safe quality compassionate care. It also set an expectation of all providers meeting these expectations or taking active steps to ensure they do so in the near future.
- 1.2. This report will detail the process followed to ensure that Expectation Three has been met. Expectation Three requires evidenced based tools to be used to inform nursing midwifery and care staffing capacity and capability. The paper also highlights other issues connected with setting inpatient staffing levels.

## 2. Establishing Safer Staffing - the Process

The requirements for developing safe ward establishments as detailed by the CNO is detailed in Appendix 1.

- 2.1. The models recommended for calculating staffing establishments in Mental Health Services were reviewed. The Nursing Hours per Patient Day (NHPPD) model was the primary model used to undertake the review as it was recommended in the CNO's guidance and was the only acuity related tool readily available. This model incorporates weighting relating to function and incorporated level of activity. The tool was developed based on research undertaken by the Agency for Healthcare Research and Quality (USA) which identified that a lower nurse-to-patient ratios were associated with higher rates of nonfatal adverse outcomes.
- 2.2. The results have been presented to a clinical focus group and to locality ward managers to enable triangulation of the recommended numbers with professional judgment. The recommended staffing levels identified in some services were consistent with the current establishments and the judgment of the clinicians of what constitutes safe quality services. However the tool also identified a number of establishments which were not consistent with Professional Judgement. In some areas it was felt the recommended establishment would not be sufficient to meet safety and quality standards.
- 2.3. In addition this tool was supplemented by the use of a service user profiling tool, also recommended in the guidance, where the outputs of the NHPPD tool were significantly different to local professional judgement.
- 2.4. Work had been undertaken with ward managers, through the Operations Directorate, to generate staffing establishments using the 'ward calculator'. This work was progressed to enable ward budgets to be set against the establishment

recommended by the tool. The calculations generated by the tools were compared to the ward manager professional judgment constructed establishments.

- 2.5. Following the calculation of staffing needs for each ward using the NHpPD model the establishments were checked for Registered Nurse / unregistered staff ratios. This showed that the majority of current establishments are weighted towards unregistered staff.
- 2.6. The results were then represented to a clinical focus group as well as the ward managers and locality staff to enable triangulation with professional judgment.
- 2.7. This process highlighted some concerns regarding the validity of both tools in that they were not able to cope with the wide fluctuation in ward sizes that occurs in AWP. It became evident that the tools did not contain the flexibility to calculate establishment sizes for small wards, leading to identification of staffing numbers which would not have been safe if adopted.
- 2.8. In light of these concerns, a decision was made that the ward establishments would be calculated using local professional judgement until a tool is available which can account for the varied ward sizes within AWP. In light of this ward managers, or when they were not available, the modern matrons, were again consulted on the numbers for ward staffing and signed off levels they believed, through their professional judgment, would provide safe quality care.
- 2.9. Advice was sought from the National Trust Development Agency (NTDA) on benchmarking. They recommended linking with South Safford and Shropshire Mental Health Foundation Trust (SS&S) for this. Benchmarking with SS&S and other Mental Health Trusts has found prioritising professional judgement is a common approach at this time in the absence of an evidenced based model for mental health. The benchmarking exercise also showed that the recommended staffing, found in Appendix A, was comparable to other mental health Trusts numbers for wards of similar size and function. However caution is required as direct comparisons cannot be made as the details of the wards in other Trusts are not known, i.e. if units were stand alone, supporting a s136 suite etc. This exercise also showed the range of 'uplift or 'absence factor' that is applied to establishments across mental health Trusts. SS&S have a 25% uplift with Solent setting a basic 17% which is augmented by different absence percentages added according to each individual's team's level of absence.
- 2.10. Work on a robust evidenced based tool for Mental Health is in progress, being led by SS&S. The National Institute for Health and Care Excellence (NICE) have also published draft guidance on staffing numbers (May 2014). There is no known date when this guidance will be published.

### **3. Safe staffing and Quality staffing.**

- 3.1. Appendix 2 shows the staffing numbers identified for each ward as providing a safe quality service. To provide staffing at this level would require 949 Whole Time Equivalent posts (WTE). This includes every ward manager as supernumerary along with 0.4 WTE of band 6 time, this is similar to other benchmarked trusts and supports AWP's compliance with Expectation 6.
- 3.2. As the wards are providing a continuous service 365 days a year if the Trust only recruited to 949 WTE posts, as soon as a member of staff was absent, due to training annual leave or sickness, the ward would not be able to maintain its planned staffing level. To accommodate for these absences, additional posts have been calculated (the uplift) to enable the wards to always provide the planned staffing level at times of team members absence, this equates to 1143 WTE posts of which 1087 WTE would be substantive posts and the budget for 50 WTE would be held across the wards to temporary staffing costs.
- 3.3. Within in these establishments There is no ability to make a direct comparison to 2012/13 numbers. The rationale is detailed in the risks section of this report. It is estimated 863.3 WTE hours were worked in month 12. This total excludes any detail regarding vacant funded or unfunded posts but does include hours worked by Bank Nurses.
- 3.4. The cost of implementing the initial safer staffing, using the ward managers professional judgment of appropriate staffing levels, is £711,798 over the overall total ward budgets set for 2014/15. Alongside this additional budget of £77,357 needs to be added to intensive teams budgets to make them compliant with expectation 6. This gives a combined total of an additional cost of £789,155.
- 3.5. Localities have identified additional posts required to take them to the new establishments and have been working with the recruitment team to recruit to some of these posts as close to the start of the 2014/15 financial year as possible. Some localities have identified significant difficulties with implementing different establishments, ranging from recruitment to re-commissioning. There 82.26 posts currently in the recruitment process, this includes posts available through turnover and 21 posts for the 136 service in Bristol.
- 3.6. Secure Services is currently undergoing a major redesign, which includes changing functions of some wards, this has caused the service to consider two sets of establishments, which will adapt as the service profile changes
- 3.7. In light of these factors and difficulties the details of each ward establishment (appendix 2) is an initial proposal to provide safe staffing levels. It is expected that the next establishment review will see a number of ward establishments being refined as the process is embedded and refined.

3.8. Localities are working up mid to long term plans to manage the change to their skills mix within their current financial envelopes. This is likely to include the revision of banding between the number of Band 6 to 5 for registered staff and Band 3 to 2 for unregistered staff.

#### 4. Quality services

- 4.1. The quality of services provided by the inpatient wards is not just dependant on Nursing staff. Many wards have input from other Allied Health Professionals (AHP's) who enhance the quality of the service provided by the ward nursing staff.
- 4.2. The input from these AHP's, either in numbers of hours available or of Banding of workers, is not consistent across the wards. Nor is there consistency in the hours within which the AHP services are provided, in most places these are only available at times between 9.00-17.00 Monday to Friday, with some Bristol wards , AHP is also available from 08.00-20.00 Monday to Saturday.
- 4.3. It is possible to consider the quality of services on wards within a three point scale. Wards with only maintain safe nursing staffing being classified as 'bronze' . Wards offering a comprehensive service, with high registered to unregistered nursing staff and AHP input seven days a week, 08.00-20.00, classified as a 'gold' level service. Wards within the Trust, if the safer staffing recommendations are accepted, would all meet the Bronze standard with a number of them providing a level and a range of service which could be classified as silver standard service.
- 4.4. It is recommended (see 7.3) that a review of the AHP provision is completed. Arrangements and provision of AHP interventions is not consistent across Localities. Some AHPS only serve inpatient whilst other AHPs cross cover with community teams. The review will also need to consider how any additional resources required to meet required standards could be met.

#### 5. Expectation 7, monthly reporting.

- 5.1. The Expectation requires providers to;
- Publish monthly updates detailing the actual staff available on a shift to shift basis versus the planned staffing levels. The impact this had on relevant quality and outcome measures. In addition these reports will highlight wards where staffing capacity and capability frequently falls short of what is required to provide quality care, the reasons for the gap, the impact and actions being taken to address these and to improve care.
- 5.2. All wards have been asked to provide detailed planned staffing and skills mix to ensure safe quality care can be provided. As described earlier, some wards have provided 2 sets of detailed staffing, one that provides a safe service and one that

provides a quality service. For these wards the safe staffing numbers will be used as the planned staffing for monthly reporting

- 5.3. IQ will report planned staffing against the actual and will be updated monthly. It is recommended this will form part of the Director of Operations monthly quality and performance report to the Board.
- 5.4. The data will also indicate where wards were over their planned staffing, this can then be used to determine if a ward level of acuity is changing significantly, which may need the establishment revising, or if the staff resource is being effectively managed.
- 5.5. The report will also indicate the ratio of substantive to temporary staff as this can be an indicator of quality of care provided.
- 5.6. It is recommended that plans to address resources, resource management and quality impacts of wards that fall consistently short of their planned staffing will be assured through the Quality and Standards committee.
- 5.7. NHS England has communicated with NHS Trust on 11th May the requirement that staffing information must be published on NHS Choices website from June 2014. The details and format of the data reporting have not been finalised by NHS England and are not available at the time of preparing this report.

## 6. Risks

- 6.1. It is not possible to make valid or reliable comparisons to the 2013/ 2014 WTE. Trust systems only detailed the actual staff in post in each cost centre and not the number of staff required to cover the services or where staff actually worked on a shift by shift basis.
- 6.2. The current Trust ratio of Registered Nurses to unregistered staff is a ratio of 48/52. It is acknowledged that some services should have a skills mix weighted towards registered staff whilst others need be weighted toward unregistered staff. The first six month review will provide additional recommendations on skill mix ratios. The recommendations due to be published by NICE may also further impact on skill mix requirements.
- 6.3. The monthly reporting will rely on data from the e-rostering system. The precision of the data currently available is not fully sufficient to capture the full reporting requirements accurately. The current quality of some data entry is poor due to coding of shifts and of timely verification of shifts. Some other Trusts have introduced an

additional manual paper based system to capture their planned against actual staffing numbers.

- 6.4. The financial risk of the increase in staffing is exacerbated by the current Band 2 job descriptions that prevent them from providing escorts for Service Users leaving the ward environments. The patient experience would be significantly enhanced if Band 2 staff, who were appropriately trained were able to provide escorts. The changes would enable changes to the numbers of Band 2 and Band 3 staff in a ward establishment. Further work will be undertaken by the Nursing, Resources and Operations Directorate to redraft Band 2 job descriptions to allow escorting duties to be undertaken, following appropriate risk assessment. This will necessitate consultation and training for the staff concerned.
- 6.5. A review of inpatient services has commenced in Bristol, the outcome of which could be taken by other CCG's to instigate change in the inpatient services they commission.

## **7. Recommendations**

- 7.1. To agree the safer staffing levels as set out in Appendix 2.
- 7.2. To agree the additional funding required of £789,155 to enable this staffing level to be implemented across all 24 hour services. Further work is required to identify how the additional funding will be internally identified. A request to CCG Commissioners for additional support will be considered after assessment and analysis of safer the staffing levels and the currently funded bed occupancy rates.
- 7.3. To agree the work on developing a service specification for the silver and gold standard services and the cost these would incur.
- 7.4. To agree the work on redefining the Band 2 role to include escorting duties.



## Appendix 1. CNO Checklist for Reporting on Establishment Reviews

Detail from establishment review as required in the How to ensure the right people, with the right skills are in the right place at the right time, guidance and compliance on board reporting of establishment reviews.

|  |   |             |           |                                 |        |
|--|---|-------------|-----------|---------------------------------|--------|
| Guidance   | February 2014 review  |             |           |                                 |        |
| Indicate the difference between current establishments and recommendations following the use of evidenced based tool               | Unable to make direct comparison as described in 6.1  |             |           |                                 |        |
| What allowance has been made in establishments for planned and unplanned leave   | Allowances for planned and unplanned leave for 2013/14 was 20%. A detailed review of this occurred and it is recommended to raise the allowance for 2014/15 to 21.5%  |             |           |                                 |        |
| Demonstration of use of evidenced based tool(s).   | The Nursing Hours per Patient Day (NHpPD) tool was used as the primary tool for this review. For wards where the results of the tool calculations were substantially different from the ward managers professional judgement this was supplemented by K Hurst's Service User Profile Tool   |             |           |                                 |        |
| Details of any element of supervisory allowance that is included in establishments for the lead Sister/ Charge Nurse or equivalent | All band 7 Ward managers are fully supervisory. In addition there is 0.4wte supervisory time of band 6 staff.   |             |           |                                 |        |
| Evidence of triangulation between use of tools and professional judgement and scrutiny   | All results from the tools have been discussed with ward managers and locality management staff. In addition a clinical focus group was convened, consisting of staff from wards, enabling directorates, Operations directorate, Nursing and Quality and Staff Side. This group met on two occasions  |             |           |                                 |        |
| The skill mix ratio before the review and recommendations for after the review   | The average skill mix for the 2014/15 establishments is 48/52 registered/unregistered. There are no plans to formally change this from this review, see detail in 6.2   |             |           |                                 |        |
| Details of any plans to finance any additional staff required.   | It had been agreed that the ward budgets for 2014/15 would be set to allow for a ward establishment that was felt to be safe using the professional judgement of ward managers; this resulted in an increase in ward budgets that has already been incorporated. The raised allowance for planned and unplanned absence has created an additional cost pressure of £789,155k. |             |           |                                 |        |
| How the Difference between staff in post and current establishments and details of how the gap is being covered.                   | The increase of posts was identified in February and local plans are already in place to recruit, with the recruitment process having commenced. Until this process is complete temporary staffing will be used to fill the gap.  |             |           |                                 |        |
| Details of workforce metrics, data on sickness, staff turnover, use of temporary staffing  | <p>Sickness: Month 10 4.44%</p> <p>Month 11 4.42%</p> <p>Month 12 3.79%</p> <p>Staff turnover:<br/>The Trust turnover was 15.85% for Jan 13 – Dec 13 based on FTE.</p> <table border="0"> <tr> <td>Staff Group</td> <td>LTR FTE %</td> </tr> <tr> <td>Add Prof Scientific and Technic</td> <td>15.39%</td> </tr> </table>   | Staff Group | LTR FTE % | Add Prof Scientific and Technic | 15.39% |
| Staff Group  | LTR FTE %   |             |           |                                 |        |
| Add Prof Scientific and Technic  | 15.39%  |             |           |                                 |        |

|   | <p>Additional Clinical Services 18.29%</p> <p>Administrative and Clerical 15.97%</p> <p>Allied Health Professionals 11.30%</p> <p>Estates and Ancillary 12.02%</p> <p>Medical and Dental 35.71%</p> <p>Nursing and Midwifery Registered 11.88%</p>  |                   |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
|---|---|-------------------|--------|-----|------|-------|------|--------|------|-----|----------|--|--|------|------|----|--------|-----|-----|----------|--|--|------|------|-----|--------|-----|------|----------|--|--|------|------|-----|--------|-----|-----|
|   | <p>Temporary staffing:</p> <table border="1"> <thead> <tr> <th>2013/14 Apr–March</th> <th>Shifts</th> <th>WTE</th> </tr> </thead> <tbody> <tr> <td>Bank</td> <td>50272</td> <td>1341</td> </tr> <tr> <td>Agency</td> <td>5668</td> <td>151</td> </tr> <tr> <td>Month 10</td> <td></td> <td></td> </tr> <tr> <td>Bank</td> <td>3413</td> <td>91</td> </tr> <tr> <td>Agency</td> <td>203</td> <td>5.4</td> </tr> <tr> <td>Month 11</td> <td></td> <td></td> </tr> <tr> <td>Bank</td> <td>3863</td> <td>103</td> </tr> <tr> <td>Agency</td> <td>168</td> <td>4.48</td> </tr> <tr> <td>Month 12</td> <td></td> <td></td> </tr> <tr> <td>Bank</td> <td>4643</td> <td>124</td> </tr> <tr> <td>Agency</td> <td>230</td> <td>6.1</td> </tr> </tbody> </table> | 2013/14 Apr–March | Shifts | WTE | Bank | 50272 | 1341 | Agency | 5668 | 151 | Month 10 |  |  | Bank | 3413 | 91 | Agency | 203 | 5.4 | Month 11 |  |  | Bank | 3863 | 103 | Agency | 168 | 4.48 | Month 12 |  |  | Bank | 4643 | 124 | Agency | 230 | 6.1 |
| 2013/14 Apr–March                                     | Shifts  | WTE               |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Bank  | 50272   | 1341              |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Agency  | 5668  | 151               |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Month 10  |   |                   |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Bank  | 3413  | 91                |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Agency  | 203   | 5.4               |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Month 11  |   |                   |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Bank  | 3863  | 103               |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Agency  | 168   | 4.48              |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Month 12  |   |                   |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Bank  | 4643  | 124               |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Agency  | 230   | 6.1               |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |
| Information against key quality and outcome measures. | This is reported monthly through IQ   |                   |        |     |      |       |      |        |      |     |          |  |  |      |      |    |        |     |     |          |  |  |      |      |     |        |     |      |          |  |  |      |      |     |        |     |     |

## Appendix 2; Ward staffing

| Area           | Ward type       | Ward              | No Beds | Early | Late | Night | Mid shifts | WTE needed | WTE current | Gap   |
|----------------|-----------------|-------------------|---------|-------|------|-------|------------|------------|-------------|-------|
| Specialised    | D&A             | Acer              | 8       | 3     | 3    | 2     |            | 14.04      | 13.93       | 0.11  |
| Bristol        | Rehab           | Alder             | 10      | 2     | 2    | 2     |            | 16.31      | 16.18       | 0.13  |
| Wiltshire      | LL functional   | Amblescroft North | 20      | 6     | 6    | 3     |            | 32.99      | 31.50       | 1.49  |
| Wiltshire      | LL organic      | Amblescroft South | 20      | 8     | 7    | 4     | 1          | 38.72      | 38.41       | 0.31  |
| Swindon        | Acute           | Applewood         | 18      | 7     | 7    | 7     |            | 41.72      | 24.25       | 17.47 |
| Wiltshire      | PICU            | Ashdown           | 9       | 6     | 6    | 4     |            | 35.28      | 35.00       | 0.28  |
| Bristol        | LL functional   | Aspen             | 24      | 7     | 7    | 4     |            | 36.78      | 35.34       | 1.44  |
| Secure         | MS rehab        | Avon              | 10      | 4     | 4    | 3     |            | 23.76      | 24.58       | -0.82 |
| Wiltshire      | Acute           | Beechlydene       | 21      | 6     | 6    | 5     | 1          | 39.35      | 29.29       | 10.06 |
| Bristol        | Rehab           | Blaise View       | 10      | 2     | 2    | 2     |            | 16.31      | 16.18       | 0.13  |
| Secure         | MS PICU         | Bradley Brook     | 8       | 6     | 6    | 4     |            | 36.97      | 38.36       | -1.39 |
| Secure         | MS Complex care | Cary              | 8       | 4     | 4    | 3     | 1          | 26.13      | 25.93       | 0.2   |
| Specialised    | EDU             | Clifton           | 10      | 4     | 4    | 2     |            | 19.94      | 13.54       | 6.4   |
| North Somerset | LL functional   | Cove              | 15      |       |      |       |            |            |             |       |
| North Somerset | LL organic      | Dune              | 10      | 8     | 8    | 5     |            | 41.49      | 41.18       | 0.31  |
| Secure         | LS rehab        | Cromwell          | 14      | 4     | 5    | 3     | 1          | 24.81      | 26.25       | -1.44 |
| Bristol        | PICU            | ECH               | 10      | 5     | 5    | 4     |            | 31.65      | 31.40       | 0.25  |
| North Somerset | Rehab           | Elmham Way        | 7       | 2     | 2    | 2     | 1          | 15.34      | 14.92       | 0.42  |
| Secure         | LS admission    | Fairfax           | 8       | 4     | 5    | 4     | 1          | 28.88      | 29.99       | -1.11 |
| Bristol        | PICU            | Hazel             | 12      | 6     | 6    | 5     |            | 34.8       | 34.76       | 0.04  |
| Swindon        | LL functional   | Hodson            | 12      | 5     | 4    | 2     |            | 21.39      | 20.74       | 0.65  |
| Secure         | LS cont care    | Hopton            | 7       | 4     | 4    | 3     |            | 23.7       | 23.51       | 0.19  |
| Wiltshire      | Acute           | Imber             | 20      | 6     | 7    | 6     | 1          | 41.72      | 31.64       | 10.08 |
| North Somerset | Acute           | Juniper           | 20      | 5     | 5    | 5     | 1          | 31.89      | 26.96       | 4.93  |
| Secure         | MS cont care    | Kennet            | 15      | 5     | 4    | 3     |            | 34.07      | 31.64       | 2.43  |
| Secure         | MS acute        | Ladden            | 12      | 6     | 6    | 4     |            | 35.28      | 35.00       | 0.28  |

|              |            |                |    |   |   |   |   |                |                |              |
|--------------|------------|----------------|----|---|---|---|---|----------------|----------------|--------------|
|              |            | Brook          |    |   |   |   |   |                |                |              |
| Bristol      | Rehab      | Larch          | 10 | 2 | 2 | 2 |   | 16.31          | 16.80          | -0.49        |
| Bristol      | LL organic | Laurel         | 20 | 8 | 8 | 4 | 1 | 39.93          | 37.69          | 2.24         |
| Swindon      | LL organic | Liddington     | 14 | 6 | 6 | 4 |   | 31.21          | 26.22          | 4.99         |
| Bristol      | Acute      | Lime           | 23 | 5 | 5 | 4 |   | 31.94          | 29.05          | 2.89         |
| Bristol      | 136 suite  | Mason          | 4  | 4 | 4 | 4 |   | 24.04          | 23.85          | 0.19         |
| Specialised  | M&B        | New Horizons   | 4  | 3 | 3 | 2 |   | 17.28          | 16.90          | 0.38         |
| Bristol      | Acute      | Oakwood        | 23 | 6 | 6 | 5 |   | 34.8           | 34.76          | 0.04         |
| Bristol      | Acute      | Silver Birch   | 19 | 5 | 5 | 4 |   | 29.28          | 29.05          | 0.23         |
| Secure       | MS rehab   | Siston         | 7  | 2 | 2 | 2 |   | 14.61          | 14.50          | 0.11         |
| B&NES        | Acute      | Sycamore       | 23 | 5 | 5 | 5 |   | 35.21          | 31.64          | 3.57         |
| Secure       | MS acute   | Teign          | 12 | 7 | 7 | 5 |   | 38.67          | 38.36          | 0.31         |
| B&NES        | LL organic | Ward 4         | 12 | 4 | 5 | 3 | 1 | 27.83          | 25.74          | 2.09         |
| Secure       | MS rehab   | Wellow         | 8  | 4 | 4 | 4 |   | 26.13          | 25.93          | 0.2          |
| South Glos   | Rehab      | Whittucks Road | 15 | 3 | 3 | 2 | 1 | 16.79          | 15.94          | 0.85         |
| Swindon      | Rehab      | Windswept      | 12 | 2 | 3 | 2 | 1 | 16.31          | 14.50          | 1.81         |
| <b>TOTAL</b> |            |                |    |   |   |   |   | <b>1142.69</b> | <b>1070.18</b> | <b>72.25</b> |