Appendix 1 December 2017 Six Monthly Ward Staffing Review

1 Introduction

This report has been produced to provide Board members with details of the findings of the Safer Staffing six month review, covering May 2017 to October 2017, in line with NHS Improvement and the National Quality Board [NQB] requirements. The information in this report is based on meetings with staff members, safer staffing group meetings, desk top review, and analysis of data.

The report summarises key actions completed to date and further action required based on the findings of the review.

The review team have continued to engage with the Mental Health safer staffing national programme being led by NHS Improvement. The trust continues to participate in the Hurst national programme and is involved in the Optimum Staffing Project. This programme of work was commissioned by Health Education England to develop a generic tool (multi-disciplinary) that can be used in any service setting for inpatient mental health services. The tool is based on the methodology of Dr Keith Hurst and is akin to the Safer Nursing Care Tool (which received NICE endorsement in 2015).

The October 2017 review was carried out by the Associate Director of Nursing and Therapies (Mental Health and Learning Disabilities) with support from the Head of Performance and Information. The trust adopted the approach from the initial staffing review which recommended the continuous improvement of workforce practices alongside considering safe staffing levels in relation to nursing, the wider Multi-Disciplinary Team (MDT) and other professions.

The reviewers met with representatives from wards including Clinical Service Managers, Ward Managers, Modern Matrons, pharmacy colleagues and Allied Health Professionals in order to discuss issues currently impacting on ward staffing on a shift by shift basis and progress made since the last review. The areas discussed covered the range of factors impacting on nursing care challenges and the delivery of high quality care. The ward representatives were challenged on areas of practice and assumptions in order to support the resulting conclusions and recommendations. The review team undertook analysis of the information available and have made recommendations to the Board within this report.

The general consensus from ward managers and clinical service managers is that staffing establishments are fit for purpose to provide high quality care, however, the availability of staff (due to vacancies and absence) can at times cause pressure.

Since the last review the Children and Adolescent Mental Health (CAMHS) wards have undergone a structured review using the Hurst tool, which is detailed within the report.

1.1 Background to the Ward Nurse staffing review

In order to comply with NHS England and NQB requirements the staffing review report and the Trust's monthly performance are published on CWP and NHS Choices websites. The Director of Nursing continues to have oversight of ward staffing levels and reports directly to the Board of Directors in line with the NQB requirements.

2 Report findings

A key area of focus of this review has been on quality and quality benchmarking. As part of the consultation during the review, ward managers and clinical service managers continue to report the impact of filling vacancies, secondments and restrictions in practice during Human Resource (HR) investigations and the requirement to backfill or cover these posts which is considered within the 'Truth on a page' report.

Note: Truth on a Page is a monthly report issued to CWP senior managers showing the triangulation of Fill Rates, Full Time Equivalents (FTE) in Post, Establishment, Vacancies, Recruitment, Temporary Staffing Usage, Sickness and Compliance levels for Essential Learning, Appraisal and Supervision, broken down by registered and non-registered clinical staff by inpatient area.

The Trusts People Planning group now oversees the strategic approach to safe staffing. Alongside the Inpatient Service Improvement Forum, the following are discussed and considered:

- monitoring staffing levels, turnover, vacancy rates and recruitment timescales, recommending mitigating actions where necessary
- reviewing strategic safer staffing and any necessary mitigating actions to support the delivery of the National Quality Board requirements
- monitoring and taking mitigating action where necessary regarding recruitment campaign success rates, roster effectiveness and bank and agency usage
- monitoring workforce supply and widening participation and engagement programmes to ensure the work is aligned to workforce planning

The report consists of a number of reviews and analysis encompassing a comprehensive programme of work in relation to safer staffing progressed since May 2017 and reviewed in October 2017, comprising the following areas:

2.1 **Care Hours Per Patient Day**
2.2 **Ward reviews and Hurst National Pilot**
2.3 **Follow up actions relating to deep dive and e-roster**
2.4 **Widening the consideration of Multi-Disciplinary Team in relation to Safer Staffing (Occupational Therapy and Pharmacy update)**
3 **Conclusion and Recommendations**

2.1 Care Hours Per Patient Day

Since the last review was undertaken the trust participated in a data collection exercise undertaken by NHSI ((Care Hours per Patient Day (CHPPD)) between 4th September 2017 until 1st October 2017. CHPPD is a calculation derived from dividing the number of actual care hours provided by the number of inpatients in a 24 hour period. NHSI recognise that the needs of patients using these services are often quite different; the CHPPD measure provides a representation of the number of care hours available to patients and is a measure that enables wards/units of a similar size, speciality and patient group to be benchmarked.

NHSI collected 1 months' data from all mental health and community inpatient wards nationally across September 2017. The aim being to undertake further testing to tailor the data collection and metric and ensure that it is fit for purpose ahead of mandating the metric in April 2018. The results of the sampling will be summarised within the next 6 monthly safer staffing review.

2.2 Ward reviews and Hurst National Pilot

Methodology

The six-monthly ward staffing review was undertaken in October 2017. The review included both qualitative and quantitative data and methodology (previously the Telford Model) and the review continues using a consultative approach based on professional judgement and using the Hurst Safer Staffing Pilot outcomes data.

Hurst Tool

During this review period, the Trust has completed the Hurst Tool Safer Staffing Pilot across the two CAMHS wards (Coral and Indigo). Further quality audits are planned for Bollin, Rosewood, Limewalk, Alderley and Eastway which will be completed in the subsequent six month period. The data was analysed by Dr Keith Hurst and the quality scores reported back based on discreet areas the audit focusses on:

- Assessing
- Planning
- Implementing
- Evaluating
- Ward Centred
- Overall

Table 1: Overall Quality Scores

Quality Score Results	Overall*	Last Reported/To Be Completed
Lakefield	94%	May 2017
Brackendale	85%	May 2017
Meadowbank	95%	May 2017
Oaktrees	94%	May 2017
Juniper	80%	May 2017
Cherry	97%	May 2017
Beech	94%	May 2017
Adelphi	89%	May 2017
Croft	95%	May 2017
Saddlebridge	97%	May 2017
Coral	83%	May 2017
Indigo	84%	May 2017
Willow	81%	May 2017
Brooklands	94%	May 2017
Greenways	Figures to be confirmed	December 2017
Rosewood	To be completed	11 January 2018
Limewalk	To be completed	To be arranged
Alderley	To be completed	To be arranged
Eastway	To be completed	To be arranged

| Bollin | To be completed | To be arranged |

*This figure represents the overall percentage across all of the domains included in the audit.

2.2.1 Acute wards [Bollin, Beech and Lakefield]

The management teams are keen to have a flexible unit wide approach to manage change to meet clinical need. Developing this further the wards in Wirral have implemented a super roster which means they are utilising supernumerary shifts four weeks in advance. The safer staffing group to continue to review and to consider "truth on a page" (staffing, vacancy attendance figures) on a six weekly basis to ensure that variance between wards is identified and acted upon.

Consistency between the acute wards will be strengthened, with findings shared and improvement work underway via the inpatient service improvement forum. The inpatient service improvement forum (lead by Consultant Nurses) will continue to develop service improvement initiatives.

Bollin has a GP who visits 3 sessions a week focusing on physical health.

2.2.2 Open age acute wards [Adelphi, Juniper and Brackendale]

As with the adult acute wards the management teams adopt a flexible unit wide approach to manage change to meet clinical need. Whilst recognising that at times due to the physical health needs of the patients that there is increased dependency.

2.2.3 Organic wards [Croft, Cherry and Meadowbank]

The wards are working in partnership with local acute trusts to raise awareness of dementia, share knowledge and skills with acute trust staff. In addition wards are undertaking joint work for the End of Life pathway, specifically around frailty and palliative care. The team on Croft have requested additional training in relation to diabetes, COPD and cardio vascular disease due to the complex physical health needs of patients being admitted.

2.2.4 CAMHS wards [Coral and Indigo]

Using the Hurst tool a detailed review of CAMHS wards was undertaken. In addition to the quality audit, staff activity data was also collected across day and night staff.

Key Findings (compared with national CAMHS inpatient area scores)

Occupancy and Dependency/Acuity (dependency/acuity as scored using Hurst Tool care level descriptors)

The scores reflected that Coral Ward had the same level of occupancy compared with the national average score, while Indigo Ward had higher occupancy. Both wards had proportionally more patients with higher dependency, as scored via the Hurst Tool.

Staff Activity-Direct Care Activity (including general communication; therapeutic communication and interventions; mobility; medication; nutrition; technical procedures; escorting; nursing procedures; ECT; hygiene and elimination; observation)

Across both wards the audit findings indicated that there was less face to face Direct Care than the CAMHS average. On Coral Ward, there was greater engagement in therapeutic communication and a greater degree of non-therapeutic observation.

Indirect Care Activity (Doctor's review and MDT working; report writing; patient communication)

	All 15 Wards	Coral	Indigo
Indirect Care Sub-total	28.7%	28.6%	20.3%

Associated work (Cleaning; clerical; communication; errands; meetings/management; restocking; teaching)

The Associated Work activity was higher than the CAMHS average. Moreover, the findings also reflected that there was scope for registered nurses to be more supported by healthcare assistant colleagues.

Personal time (breaks; other; unoccupied)

The activity audit reflected that staff used their breaks, and by doing so potentially decreasing the risk of burnout. To sustain this it is recommended that staff breaks are rostered within the daily allocation of tasks so that all staff are familiar with these allocated breaks.

Service Quality

The audit scores, which were previously presented, reflected the required level of service quality to progress the Staff Activity Audit (70% or above) and this was completed in September 2017.

Time Out (sickness; maternity leave; compassionate leave; study leave)

The time-out percentage is higher than average however, they are based point of time of audit and require further analysis.

Staffing

Staffing reflected that there was a higher than CAMHS average in terms of staff time out and a greater understanding of this is essential. The allocated staffing for registered nurses was less than the CAMHS average resulting in the utilisation of a greater amount of temporary staff. This will be measured against CHPPD moving forward.

The quality audits for Coral and Indigo were completed by the Lead Occupational Therapist and the Nurse Consultant for CAMHS. Themes arising from the audit have been discussed with individual ward managers and a continuous improvement plan has been developed to implement change.

This includes:-
- Strengthening the roles and responsibilities of the staffing cohort focusing attention on Direct, Indirect and Associated work activities

- Strengthening the Assessment, Planning, Implementation and Evaluation of care
- Appraising time out/absence factors to identify any particular pattern or trends
- Strengthening supervision processes to consider person centred thinking in terms of improving direct care and balancing this with non-direct care.

2.2.5 Eating Disorder ward [Oaktrees]

The team reported the benefits of having Registered General Nurse's as part of the ward establishment and would look to increase the number if recruitment was successful. The ward manager is having increased clinical time and working with the wider MDT. The occupational therapy activities are now provided over extended hours.

2.2.6 Rehabilitation and Recovery wards [Limewalk House and Rosewood]

The teams reported opportunities for staff to work across the pathway with staff from both rehabilitation wards visiting secure services and vice versa. A clinical network is in development whereby the focus is on sharing practice and driving the service forward.

2.2.7 Saddlebridge and Alderley

Saddlebridge reported a strengthened ward team and effective Multi-Disciplinary Team (MDT) with vacancies filled. Alderley reported challenges with being able to recruit learning disability nurses which reflects the national position.

2.2.8 PICU Wards [Willow and Brooklands]

Training is planned for staff from both wards with respect to Emotionally Unstable Personality Disorder [EUPD] due to the increasing number of patients being admitted. This training, delivered by a psychotherapist, has been extended to all inpatient staff.

2.2.9 Learning Disability Assessment and Treatment Units [Eastway and Greenways]

Following on from the last six month review 7.00 wte additional CSW's were recruited. The transforming care agenda will consider the staffing establishments for the learning disability assessment and treatment units.

Monitoring and Escalation

The Trust has systems and processes in place to manage demand should pressures arise.

Quality and Safety

This section identifies how wards are maintaining safe staffing levels, the potential impacts and the actions being undertaken currently, alongside future recommended actions to minimise potential negative impacts.

The CWP reports submitted to UNIFY from May 2017 – October 2017 demonstrate that ward staffing actuals have been over 90% of planned staffing as shown in the graph below:
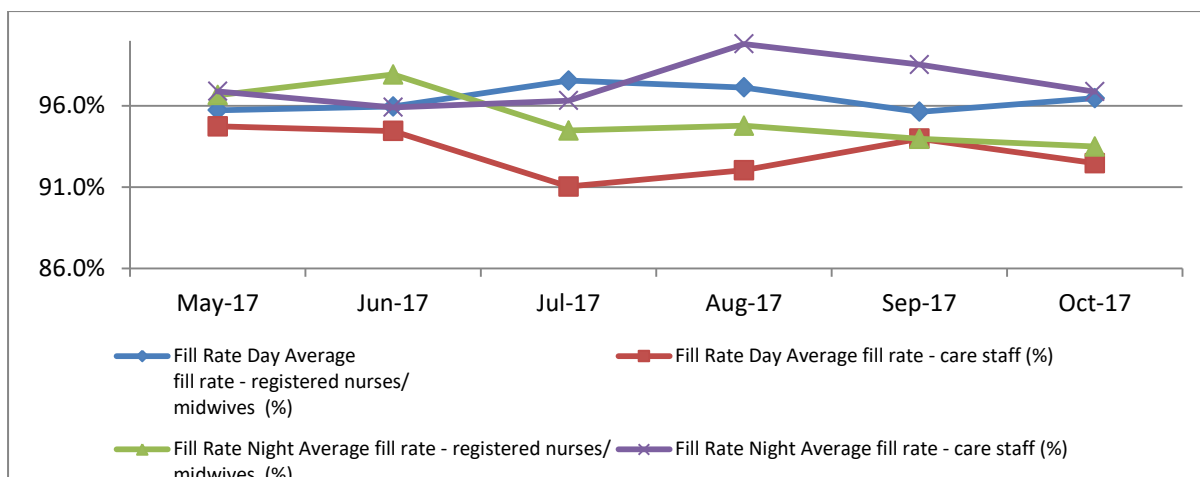
This is broadly comparable with the previous 6 months reporting period [Nov 2016 – April 2017]
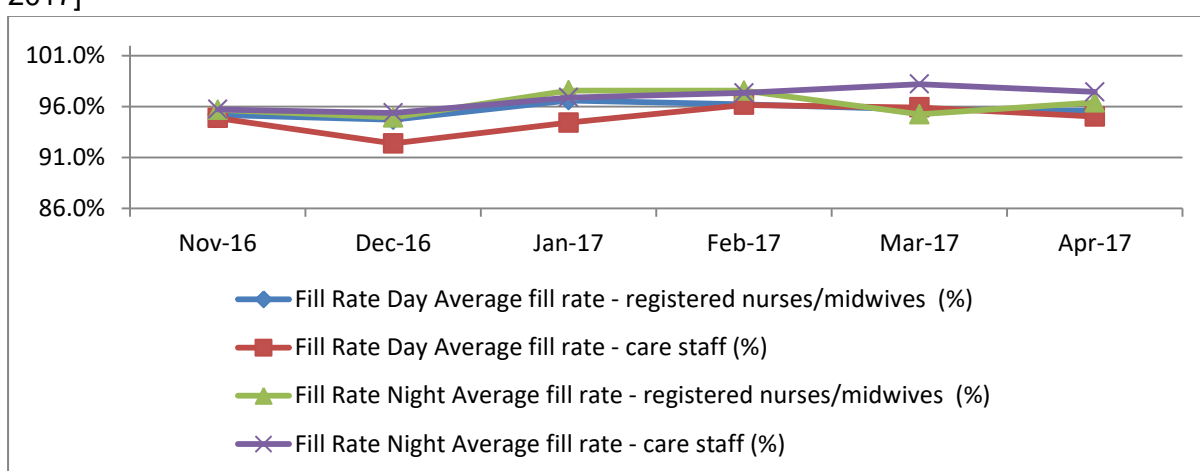
Interventions to maintain safe staffing levels

The action taken by the Board in agreeing the safe staffing levels recommendations from the initial review alongside the subsequent work of the programme board and ward teams has had a significant impact in ensuring that CWP wards are safely staffed. On an on-going basis there are a further four key interventions that contribute to maintaining safe staffing levels. Firstly, effective rostering (see section 2.3), secondly the use of temporary staff to backfill shortfalls, thirdly, actions taken by ward staff to mitigate against the potential impact of unfilled shifts, and the involvement of the Multidisciplinary Team, "more than nursing".

Temporary Staffing Activity:

From May 2017 - October 2017 the following details temporary staffing activity:

Locality	Total Hours Requested	Total Hours Filled	Bank/Agency Fill Rate (%)	% of Total Planned Hours on Ward covered by	WTE filled by Bank	WTE filled by Agency	Total WTE filled

				Bank/Agency			
East	41652	31861	76	17	33	0.7	33
West	39595	27991	71	17	29	0.1	32
Wirral	23277	17574	76	13	18	0	19
Trustwide	**104524**	**77426**	**74**	**16**	**78.6**	**0.8**	**79.4**

Bank use has fallen from 84 WTE Nov 2016 – Apr 2017 to 79.4 WTE in this current six monthly review. This is compared to 118 WTE 12 months prior to the original staffing review. Agency use has remained 0.8 WTE during this time and the agency bookings were within NHS Improvement rules. On average over the six month reporting period, based on booking reasons used by the wards, 22% of requests were due to vacancy, 26% due to sickness, 10% due to other absence reasons and 42% due to increased workload reasons.

Recruitment:

The table below indicates the establishments, vacancies and numbers in recruitment as at October 2017. The average recruitment time from vacancy created to contract letter was 56 days during this reporting period which has fallen from 60 days since the introduction of new recruitment software, Trac, in June 2015. Also during this time the Resourcing team have developed an attraction strategy and are strengthening the recruitment presence in social media. On average over the reporting period vacancies as a proportion of establishment have been 8.64% for registered nurses and 6.42% for clinical support workers.

Trust Wards	Current WTE [budgeted establishment]	Current WTE [Staff in post]	Staffing differential	Current WTE in recruitment (from out to advert to start date booked)
Registered Nurses	291.91	264.59	27.32	26.92
Clinical Support Workers	295.21	272.99	22.22	18.00

Actions taken by ward staff

Each month Clinical Service Managers report on the actions taken to maintain safe staffing levels on wards. The same themes arise each month and include:

- Nursing staff working additional hours – either by not taking a break or working beyond the end of their shift.
- Nursing staff cross covering wards to maintain safe staffing.
- Ward Managers working in the numbers rather than supernumerary status.
- Multi-disciplinary teams supporting nursing staff in delivering planned care.
- Patient care being prioritised over non-direct care activities such as mandatory training, supervision and appraisal.
- Patient activities being cancelled or shortened due to nurse staffing levels.

Right Skills

The Trust has successfully been awarded funding to support new roles and new routes into nursing via Health Education England.

- **Accelerated MSc Pre Registration Nursing:** an accelerated post graduate nurse masters degree programme. On completion of the education programme the staff will be registered nurses, who are supported to further develop their clinical leadership skills through completion of a structured bespoke preceptorship year. The Trust successfully recruited 4 staff to undertake this programme in September 2017.
- **Trainee Nursing Associates:** these are posts which give staff in health care or clinical based support roles the opportunity to develop skills and expertise to a band 4 level. Once qualified, the Nursing Associate role will be regulated and aims to bridge the gap between a Clinical Support Worker and a graduate Registered Nurse. The Trust currently has 8 TNA's who have completed their first year of training and has recruited an additional 4 to commence training in March 2018.
- **Advanced Practitioners:** the Trust was successful in obtaining sponsorship via Health Education England to train 5 Advanced Nurse Practitioners within the Specialist Mental Health [Dementia Services, Home treatment, and Adult acute], Children and Young People [Mental Health or Learning Disability] and Neighbourhood Care Groups, to undertake a 2 year Trainee Advanced Nurse Practitioner programme. On completion of the education programme the successful candidates will be qualified Advanced Nurse Practitioners who will continue to exercise advanced clinical expertise.

Managing challenges and risks

In order to support the wards to maintain staff staffing the following are in place to identify issues relating to safe staffing levels or risks relating to staffing and to enable escalation and resolution:

- Locality data packs
- Exception reporting on a monthly basis to Operational Board via continuous improvement monthly dashboard
- Ward escalation process for safe staffing
- Truth on a Page
- Emergency planning response.

Triangulation of evidence

Since the last ward staffing report the Operational Board continuous improvement performance report focusses on key measures related to local operational risks. The report provides a dashboard view, of performance over time and enables triangulation of key metrics such as attendance rates, vacancy rates, admission levels, numbers of Serious Untoward Incidents and number of avoidable harm incidents.

On a quarterly basis incident information has been presented in the locality data packs using the Heinrich model to identify variation from the expected profile of low harm incidents and specific areas of interest to the Care Quality Commission. This includes the presentation of category and sub category detail to allow variability in the nature of incidents. Going forward the locality data packs, rather than just show data for individual wards, the data pack will show data for wards and other wards in the same peer service group. This will allow a much better understanding of how wards compare with others offering similar or related services; which will support preparedness for the shift to Care Group management structures in 2018. The revised locality data packs were published internally in December 2017.

2.3 Follow up actions relating to deep dive and E-Roster Update

The Healthroster update has been implemented with the following objectives delivered:-

- Upgrade Healthroster version 9 to version 10 including Bank Staff and Employee On Line modules
- Renewed support contract with system supplier
- Train system users in the differences between versions 9 and 10
- Implement system backups in version 10 (MIAA high risk rating).

A post implementation review of Healthroster Version 10 will start in January 2018 and will be conducted by Mersey Internal Audit Agency to assess performance against the audit actions detailed in the Health Rostering Review of August 2016.

There was a delay in finalising the policy, however the final draft was presented at Consultation & Negotiation Partnership Committee Meeting (CNPC) on 14/12/2017; to be followed by presentation at People and OD Services (POD) in January 2018 and subsequent consultation via CWP's intranet.

A key area of development with the new system is enhancing predictable and non-predictable risk to safer staffing. The implementation of the new software is enabling the development of a dashboard which will be received and reviewed by the People Planning Group. The first draft of the dashboard will be available by February 2018 for review and further discussion. The improved workforce analytics will help services provide assurances to Board that rostering has been done effectively by being able to better demonstrate not only the demand/supply ratio but also the rationale for any increased demand i.e. patient driven or workforce driven.

2.4 Widening the consideration of MDT in relation to Safer Staffing (Occupational Therapy and Pharmacy update)

Occupational Therapy: Following on from the Occupational Therapy review presented at People Organisational Development Sub Group (POD) meeting the Hurst Tool staff analysis tool was carried out in each Occupational Therapy department covering Wirral, Chester and Macclesfield.

The Inpatient Occupational Therapy staff working in the Trusts three inpatient areas completed the staff activity section of the Hurst Tool as part of a pilot for Dr Keith Hurst to understand the relevance of this tool to the wider MDT and the results of the pilot were fed back to Dr Keith Hurst. CWP's occupational therapy staff are the first occupational therapy service in the country to use this tool therefore there are no comparison figures. The tool is not specifically designed for occupational therapy and does not differentiate variations in the role in comparison to ward based nursing colleagues. The Hurst Tool used in line with NQB (2017) safer staffing guidelines focuses on a shared commitment to quality; supporting and enabling improvement whilst providing the Trust with the information and intelligence on how the occupational therapy team is functioning.

Key Findings

Direct care activity	40.6%	Predominantly therapeutic interventions.
Indirect care	28.2%	Report acknowledged the importance of OT reports; assessments; care and discharge planning.
Associated work	25%	This total includes planning time for assessments and group preparation. The report does indicate that a change in skill mix could result in "boosting" OT clinical activity. Action – OT teams reviewing skill mix, Chester OT service have regraded a vacancy to band 3 to perform "housekeeping" duties. This will be reviewed in other OT teams.
Personal total	6.%	This total indicates that are OT staff are working productively

At the time of the audit there were 4.25 vacancies across the occupational therapy teams.

From the audit data, Dr Keith Hurst indicated two Occupational Practitioners per ward for a Monday to Friday 9 - 5 service. This statement is not related to bed numbers per ward and therefore requires further exploration. Dr Hurst further suggested that staffing include time for team leader managerial responsibilities.

Pharmacy as Part of the Multidisciplinary Approach to Safe, Effective Staffing and Care

Clinical Pharmacists and Technicians are currently an integral part of multidisciplinary teams for inpatient services. As a workforce, the pharmacy sector has been pivotal to

transformation of care and workload alongside nursing and medical colleagues in other healthcare sectors, including general practice over the recent years. Capacity of the specialist mental health pharmacy team is currently focussed on in-patient services. Pharmaceutical provision of care includes reducing risk of harm from medicines and optimising medicines treatment plans, taking into account individual patient characteristics and clinical presentations.

Future Service Model
There is currently scope to develop Specialist Clinical Pharmacy input into Community Mental Health Teams / Home Treatment Teams and there is an opportunity to bridge the current gap, in line with the Forward View. Pharmacists and pharmacy technicians have the potential to support the Community MDTs, patients and their carers in optimising medicines use. In line with emerging workforce redesign across the country, the pharmacy workforce has a significant role to play in safer staffing, and reducing risks relating to medicines harm.

3 Conclusion and Recommendations

The review team would like to acknowledge the commitment of colleagues to ensure the ongoing provision of high quality care and in their work supporting the safer staffing six monthly review. The board are respectfully requested to consider and approve the following recommendations:

1. To note the content of the report and the key recommendation that ward establishments should be sustained at current levels to maintain safer staffing.

2. To continue to progress relevant workstreams as detailed within the Safer Staffing Working Group in particular in relation to:

   - The next six monthly safer staffing review.
   - Linking in with national work programmes in relation to safer staffing.

3. There is recognition and acceptance that due to vacancies, environmental constraints and high levels of observations required to meet physical and mental health needs, Adelphi requires to use varying degrees of bank use and is proactively booking bank shifts to ensure the increased observations to support safe and effective care and the ongoing safer staffing requirements.

4. As the specialist mental health care group becomes more established, safer staffing reviews will be an essential part of the inpatient work stream and will be utilised to support workforce modelling and setting future safe and sustainable staffing.

5. Commencement of CHPPD data collection and report findings in future safer staffing review papers.

Appendix 2

Month and Year of Data	Locality	Ward	Day				Night				Fill Rate			
			Registered midmives/nurses		Care Staff		Registered midmives/nurses		Care Staff		Day		Night	
			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	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses (%)	Average fill rate - care staff (%)
May-17	Central & East	Adelphi	1344	1296	1180	1078	743.5	712.5	1282.5	1206.5	96.4%	91.4%	95.8%	94.1%
Jun-17	Central & East	Adelphi	1196.5	1063.5	1121.5	1011	694	680	1102	1044.5	88.9%	90.1%	98.0%	94.8%
Jul-17	Central & East	Adelphi	1214.5	1202	1169.5	1111	713	686.5	1391.5	1334	99.0%	95.0%	96.3%	95.9%
Aug-17	Central & East	Adelphi	1340.25	1261.75	1152.5	1149.95	713	708	1196	1148	94.1%	99.8%	99.3%	96.0%
Sep-17	Central & East	Adelphi	1381.25	1272.75	1107	1001.5	711.5	711.5	1301	1190	92.1%	90.5%	100.0%	91.5%
Oct-17	Central & East	Adelphi	1387.5	1337.25	966	931.5	724.5	713	1270.5	1259	96.4%	96.4%	98.4%	99.1%
May-17	Central & East	Alderley Unit	1174.5	1102.5	1700	1563	690	692.5	805	763.5	93.9%	91.9%	100.4%	94.8%
Jun-17	Central & East	Alderley Unit	924	792.5	1610	1566	678.5	678.5	701.5	690	85.8%	97.3%	100.0%	98.4%
Jul-17	Central & East	Alderley Unit	984	916.5	1656	1546.5	713	667	713	713	93.1%	93.4%	93.5%	100.0%
Aug-17	Central & East	Alderley Unit	963.5	937.5	1665.5	1527.5	713	655.5	713	770.5	97.3%	91.7%	91.9%	108.1%
Sep-17	Central & East	Alderley Unit	1028	924	1403	1338	690	642.5	690	711.5	89.9%	95.4%	93.1%	103.1%
Oct-17	Central & East	Alderley Unit	1066	974.5	1409	1309.5	713	678.5	713	726.5	91.4%	92.9%	95.2%	101.9%
May-17	Central & East	Bollin	1382	1292.5	1586.5	1389.5	707	707	1442	1315.5	93.5%	87.6%	100.0%	91.2%
Jun-17	Central & East	Bollin	1335	1218	1395	1268.5	690	690	1299.5	1223	91.2%	90.9%	100.0%	94.1%
Jul-17	Central & East	Bollin	1417.5	1340	1306.5	1262.5	713	724.5	1246.5	1191	94.5%	96.6%	101.6%	95.5%
Aug-17	Central & East	Bollin	1284.5	1219.5	1369.5	1218	723	732	1414.5	1370	94.9%	88.9%	101.2%	96.9%
Sep-17	Central & East	Bollin	1256	1141	1372.5	1285	690	644	1346	1288.5	90.8%	93.6%	93.3%	95.7%
Oct-17	Central & East	Bollin	1325	1281	1394.75	1280.75	713	620	1587	1343.5	96.7%	91.8%	87.0%	84.7%
May-17	Central & East	Croft	1189.5	904.5	1791	1722.5	713	621.5	1437.5	1404	76.0%	96.2%	87.2%	97.7%
Jun-17	Central & East	Croft	1177.5	992.5	1653	1643	690	621.5	1518	1426	84.3%	99.4%	90.1%	93.9%
Jul-17	Central & East	Croft	1227	1228.9	1922	1399.4	713	649	1529.5	1510.5	100.2%	72.8%	91.0%	98.8%
Aug-17	Central & East	Croft	1204.5	1215	1922	1487.5	713	667.5	1426	1392.5	100.9%	77.4%	93.6%	97.7%
Sep-17	Central & East	Croft	1192.5	1109	1779.5	1450.25	690	667	1380	1244	93.0%	81.5%	96.7%	90.1%
Oct-17	Central & East	Croft	1197	1290.5	1841.5	1314.5	713	671.5	1426	1408	107.8%	71.4%	94.2%	98.7%
May-17	Central & East	Greenways A&T	1246	1266	1574	1314.75	713	690	1069.5	1023.5	101.6%	83.5%	96.8%	95.7%
Jun-17	Central & East	Greenways A&T	1273	1266	1918	1456	690	632.5	1253.5	984.5	99.5%	75.9%	91.7%	78.5%
Jul-17	Central & East	Greenways A&T	1228	1278.75	1925	1499.5	713	736	1334	1160.5	104.1%	77.9%	103.2%	87.0%
Aug-17	Central & East	Greenways A&T	1237.5	1340	1759.5	1210.5	713	609.5	1000.5	1069.5	108.3%	68.8%	85.5%	106.9%

Sep-17	Central & East	Greenways A&T	1170	1276	1734.5	1274	690	563.5	966	1024	**109.1%**	**73.5%**	**81.7%**	**106.0%**
Oct-17	Central & East	Greenways A&T	1227	1100.5	1792	1675	713	598	1069.5	1150	**89.7%**	**93.5%**	**83.9%**	**107.5%**
May-17	Central & East	LimeWalk Rehab	1106.5	1059.5	1013.5	854.25	697	637	754	721	**95.8%**	**84.3%**	**91.4%**	**95.6%**
Jun-17	Central & East	LimeWalk Rehab	1077.5	1085.5	1086	1024.5	652.5	651	709.5	670	**100.7%**	**94.3%**	**99.8%**	**94.4%**
Jul-17	Central & East	LimeWalk Rehab	1234	1129	1038.5	860.5	713	618.5	724.5	707.5	**91.5%**	**82.9%**	**86.7%**	**97.7%**
Aug-17	Central & East	LimeWalk Rehab	1112.5	922.5	1069.5	1167.5	713	631.5	713	747.5	**82.9%**	**109.2%**	**88.6%**	**104.8%**
Sep-17	Central & East	LimeWalk Rehab	1044	868.5	1035	1112.5	690	609.5	690	717.5	**83.2%**	**107.5%**	**88.3%**	**104.0%**
Oct-17	Central & East	LimeWalk Rehab	1101	1042.75	1023.5	912	713	655.5	713	713	**94.7%**	**89.1%**	**91.9%**	**100.0%**
May-17	Central & East	Saddlebridge	987.5	965.5	1327	1307	690	609.5	736	805	**97.8%**	**98.5%**	**88.3%**	**109.4%**
Jun-17	Central & East	Saddlebridge	975.5	927.5	1276.5	1250.15	690	667	690	701.5	**95.1%**	**97.9%**	**96.7%**	**101.7%**
Jul-17	Central & East	Saddlebridge	1018	987	1248.5	1206	644	609.5	782	793.5	**97.0%**	**96.6%**	**94.6%**	**101.5%**
Aug-17	Central & East	Saddlebridge	905.5	914.55	1331.5	1279	713	575	701.5	832	**101.0%**	**96.1%**	**80.6%**	**118.6%**
Sep-17	Central & East	Saddlebridge	1013	966.5	1318.5	1265.5	644	552	724.5	782	**95.4%**	**96.0%**	**85.7%**	**107.9%**
Oct-17	Central & East	Saddlebridge	997	898.5	1414.5	1404	701.5	529	724.5	839.5	**90.1%**	**99.3%**	**75.4%**	**115.9%**
May-17	West	Beech	1388.5	1353	1069.5	994	701.5	701.5	736	694	**97.4%**	**92.9%**	**100.0%**	**94.3%**
Jun-17	West	Beech	1408	1368.5	1089	1066	713	713	770.5	770.5	**97.2%**	**97.9%**	**100.0%**	**100.0%**
Jul-17	West	Beech	1341	1338.5	1057.5	1040.5	686.5	686.5	747.5	736	**99.8%**	**98.4%**	**100.0%**	**98.5%**
Aug-17	West	Beech	1475.5	1474.5	920	920	745.5	745.5	793.5	770.5	**99.9%**	**100.0%**	**100.0%**	**97.1%**
Sep-17	West	Beech	1327.15	1282.65	1012	989	693.5	693.5	717	695	**96.6%**	**97.7%**	**100.0%**	**96.9%**
Oct-17	West	Beech	1360	1348.5	981.5	970	644	635	816.3	824.4	**99.2%**	**98.8%**	**98.6%**	**101.0%**
May-17	West	Cherry	1243.5	1184.5	1168	1168	699	699	1081	1058	**95.3%**	**100.0%**	**100.0%**	**97.9%**
Jun-17	West	Cherry	1286	1231	1173	1173	805	782	1173	1138.5	**95.7%**	**100.0%**	**97.1%**	**97.1%**
Jul-17	West	Cherry	1220	1203	1259	1187.5	724.5	713	1035	933.5	**98.6%**	**94.3%**	**98.4%**	**90.2%**
Aug-17	West	Cherry	1178.5	1147.25	1150	1117	560	561.5	782	782	**97.3%**	**97.1%**	**100.3%**	**100.0%**
Sep-17	West	Cherry	1116	1077	1192.5	1167.5	704.5	693	950.5	919	**96.5%**	**97.9%**	**98.4%**	**96.7%**
Oct-17	West	Cherry	1090.25	1078.75	1162.65	1151.15	598	517.5	1058	1046.5	**98.9%**	**99.0%**	**86.5%**	**98.9%**
May-17	West	Coral	1241	1229.5	1067.5	1067.5	577	577	979.6	979.6	**99.1%**	**100.0%**	**100.0%**	**100.0%**
Jun-17	West	Coral	1153.53	1126.8	1154.5	1127	580	570	874.05	874.05	**97.7%**	**97.6%**	**98.3%**	**100.0%**
Jul-17	West	Coral	1223	1108	1414.5	1334	701.5	598	1058	862.5	**90.6%**	**94.3%**	**85.2%**	**81.5%**
Aug-17	West	Coral	942.25	953.75	1294	1294	532.75	532.75	1071	1071	**101.2%**	**100.0%**	**100.0%**	**100.0%**
Sep-17	West	Coral	1108.5	1051.5	1073	1035	557.5	536	954	954	**94.9%**	**96.5%**	**96.1%**	**100.0%**
Oct-17	West	Coral	1189	1179	1269.5	1235	616.5	605	1061	980.5	**99.2%**	**97.3%**	**98.1%**	**92.4%**
May-17	West	Eastway A&T	1115	1057.5	1077.75	1062.25	419	419	1077.75	1077.75	**94.8%**	**98.6%**	**100.0%**	**100.0%**
Jun-17	West	Eastway A&T	1230.9	1230.9	920.5	892.5	466.5	466.5	956.5	949	**100.0%**	**97.0%**	**100.0%**	**99.2%**
Jul-17	West	Eastway A&T	1133	1134	865.5	858	495.5	495.5	1063.5	1053.75	**100.1%**	**99.1%**	**100.0%**	**99.1%**
Aug-17	West	Eastway A&T	1077.75	1023.75	1080	1080	533	533	893.5	870.5	**95.0%**	**100.0%**	**100.0%**	**97.4%**

Sep-17	West	Eastway A&T	934.25	907.2	1146	1109	545	543.5	855	855	**97.1%**	**96.8%**	**99.7%**	**100.0%**
Oct-17	West	Eastway A&T	1092.5	1092.4	1154	1154	532.5	541	870.5	874.5	**100.0%**	**100.0%**	**101.6%**	**100.5%**
May-17	West	Indigo	975	963.5	1096	1096	514	502.5	1052	1041.5	**98.8%**	**100.0%**	**97.8%**	**99.0%**
Jun-17	West	Indigo	1136.5	1139.5	966.5	966.5	570	570	843.5	843.5	**100.3%**	**100.0%**	**100.0%**	**100.0%**
Jul-17	West	Indigo	964	1120.5	1281.5	1017	690	636.5	713	736	**116.2%**	**79.4%**	**92.2%**	**103.2%**
Aug-17	West	Indigo	1018.25	993.5	1002.5	1002.5	473.25	473.25	877	877	**97.6%**	**100.0%**	**100.0%**	**100.0%**
Sep-17	West	Indigo	918.5	899.5	1091.75	1068.75	638.5	595.5	771.5	760	**97.9%**	**97.9%**	**93.3%**	**98.5%**
Oct-17	West	Indigo	1051	1039.5	1129.5	1075	544	534.5	931.5	929.5	**98.9%**	**95.2%**	**98.3%**	**99.8%**
May-17	West	Juniper	1544.5	1498.5	1005	993.5	759	747.5	831	811.5	**97.0%**	**98.9%**	**98.5%**	**97.7%**
Jun-17	West	Juniper	1258	1246.5	1046.5	1035	707.5	707.5	797.5	774.5	**99.1%**	**98.9%**	**100.0%**	**97.1%**
Jul-17	West	Juniper	1335.5	1323	966	920	644	644	759	757	**99.1%**	**95.2%**	**100.0%**	**99.7%**
Aug-17	West	Juniper	1410.5	1399	1012	1012	751.5	740	736	719.5	**99.2%**	**100.0%**	**98.5%**	**97.8%**
Sep-17	West	Juniper	1199.5	1188	936.5	915	695	695	680	678.5	**99.0%**	**97.7%**	**100.0%**	**99.8%**
Oct-17	West	Juniper	1475.5	1429.5	874	846.5	713	705	724.5	701.5	**96.9%**	**96.9%**	**98.9%**	**96.8%**
May-17	West	Rosewood	1084	1052	1356.5	1355.5	621	621	793.5	793.5	**97.0%**	**99.9%**	**100.0%**	**100.0%**
Jun-17	West	Rosewood	1195	1195	1208.5	1208.5	581.75	581.75	771.25	771.25	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Jul-17	West	Rosewood	1020	1020	1542	1542	704.5	704.5	785	785	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Aug-17	West	Rosewood	962	904.5	1481	1469.5	678.5	678.5	752	752	**94.0%**	**99.2%**	**100.0%**	**100.0%**
Sep-17	West	Rosewood	1016.5	993.5	1353	1353	562.5	555.75	865	865	**97.7%**	**100.0%**	**98.8%**	**100.0%**
Oct-17	West	Rosewood	838.25	837.25	1501	1478	587.25	587.25	963.75	952.25	**99.9%**	**98.5%**	**100.0%**	**98.8%**
May-17	Wirral	Brackendale	1046.5	1056	897	897	759	736	678.5	646	**100.9%**	**100.0%**	**97.0%**	**95.2%**
Jun-17	Wirral	Brackendale	960	908.5	1010.5	930	696	696	667	621	**94.6%**	**92.0%**	**100.0%**	**93.1%**
Jul-17	Wirral	Brackendale	1020.5	1009.55	1007	892	709.5	686.5	724.5	713	**98.9%**	**88.6%**	**96.8%**	**98.4%**
Aug-17	Wirral	Brackendale	1000	977.5	1016	884	724.5	713	701.5	678.5	**97.8%**	**87.0%**	**98.4%**	**96.7%**
Sep-17	Wirral	Brackendale	1050.5	1020	902	871	701.5	690	701.5	701.5	**97.1%**	**96.6%**	**98.4%**	**100.0%**
Oct-17	Wirral	Brackendale	1094	1082.5	911.5	888.5	759	747.5	667	667	**98.9%**	**97.5%**	**98.5%**	**100.0%**
May-17	Wirral	Brooklands	1039.5	994	1256	1256	747.5	713	1000.5	920	**95.6%**	**100.0%**	**95.4%**	**92.0%**
Jun-17	Wirral	Brooklands	1032.5	1032.5	1287	1275.5	690	690	874	839.5	**100.0%**	**99.1%**	**100.0%**	**96.1%**
Jul-17	Wirral	Brooklands	1110.5	1015.5	1229	1217.5	733	637	1084	1060.5	**91.4%**	**99.1%**	**86.9%**	**97.8%**
Aug-17	Wirral	Brooklands	867	771	1148.5	1144.5	704.5	613	931.5	1025	**88.9%**	**99.7%**	**87.0%**	**110.0%**
Sep-17	Wirral	Brooklands	991	941	1115.5	1073.5	597	516.5	769	882.9	**95.0%**	**96.2%**	**86.5%**	**114.8%**
Oct-17	Wirral	Brooklands	1023	941.5	1352.5	1365.5	724.5	655.5	1133.5	1186	**92.0%**	**101.0%**	**90.5%**	**104.6%**
May-17	Wirral	Lakefield	1019	932	978.75	921.25	713	678.5	690	655.5	**91.5%**	**94.1%**	**95.2%**	**95.0%**
Jun-17	Wirral	Lakefield	1187.5	1161	1051.5	985.5	690	678.5	851	839.5	**97.8%**	**93.7%**	**98.3%**	**98.6%**
Jul-17	Wirral	Lakefield	1076	996.1	1046.5	1023.5	713	586.5	839.5	885.5	**92.6%**	**97.8%**	**82.3%**	**105.5%**
Aug-17	Wirral	Lakefield	1028.5	981.5	1022.5	965	713	644	762	839.5	**95.4%**	**94.4%**	**90.3%**	**110.2%**

Sep-17	Wirral	Lakefield	1079.5	1033.5	954.5	977.6	690	609.5	736	701.5	**95.7%**	**102.4%**	**88.3%**	**95.3%**
Oct-17	Wirral	Lakefield	1176.5	1146	1052.5	1018.5	714	702.5	713	690	**97.4%**	**96.8%**	**98.4%**	**96.8%**
May-17	Wirral	Meadow bank	1167	1133	1429.5	1383.5	713	667	1194	1182.5	**97.1%**	**96.8%**	**93.5%**	**99.0%**
Jun-17	Wirral	Meadow bank	1080	1057	1361	1234.5	690	667	1058	1035	**97.9%**	**90.7%**	**96.7%**	**97.8%**
Jul-17	Wirral	Meadow bank	1088.9	986	1661	1649.5	701.5	655.5	1122	1059	**90.6%**	**99.3%**	**93.4%**	**94.4%**
Aug-17	Wirral	Meadow bank	1099	1099	1433	1345.5	747.5	701.5	1008.5	744	**100.0%**	**93.9%**	**93.8%**	**73.8%**
Sep-17	Wirral	Meadow bank	1120.5	1109	1449.5	1417.5	701.5	647.5	1104	1029.5	**99.0%**	**97.8%**	**92.3%**	**93.3%**
Oct-17	Wirral	Meadow bank	1326.5	1292	1457	1108.5	736	567	1000.5	736	**97.4%**	**76.1%**	**77.0%**	**73.6%**
May-17	Wirral	Oaktrees	1183	1145.75	927	800.5	713	701.5	356.5	356.5	**96.9%**	**86.4%**	**98.4%**	**100.0%**
Jun-17	Wirral	Oaktrees	1103.5	1014	897	770.5	690	678.5	425.5	414	**91.9%**	**85.9%**	**98.3%**	**97.3%**
Jul-17	Wirral	Oaktrees	1295	1242	796	589	713	690	356.5	333.5	**95.9%**	**74.0%**	**96.8%**	**93.5%**
Aug-17	Wirral	Oaktrees	1250.5	1178.5	872.5	515.5	713	678.5	356.5	345	**94.2%**	**59.1%**	**95.2%**	**96.8%**
Sep-17	Wirral	Oaktrees	1040.5	987	861.25	769.75	690	690	391	379.5	**94.9%**	**89.4%**	**100.0%**	**97.1%**
Oct-17	Wirral	Oaktrees	1191.4	1092	1007.75	812.25	713	736	563.5	483	**91.7%**	**80.6%**	**103.2%**	**85.7%**
May-17	Wirral	Willow PICU	1163	1142	917.5	906	732.5	732.5	885.5	839.5	**98.2%**	**98.7%**	**100.0%**	**94.8%**
Jun-17	Wirral	Willow PICU	1081.5	1081.5	913	913	717.5	683	751.5	736	**100.0%**	**100.0%**	**95.2%**	**97.9%**
Jul-17	Wirral	Willow PICU	1147.5	1147.5	920	885.5	754	700.5	839.5	828	**100.0%**	**96.3%**	**92.9%**	**98.6%**
Aug-17	Wirral	Willow PICU	1024.5	1024.5	888	842	644	621	897	885.5	**100.0%**	**94.8%**	**96.4%**	**98.7%**
Sep-17	Wirral	Willow PICU	1041	1017	899	832	690	614.5	793.5	751.5	**97.7%**	**92.5%**	**89.1%**	**94.7%**
Oct-17	Wirral	Willow PICU	1050	951	926	834	713	701.5	828	733.5	**90.6%**	**90.1%**	**98.4%**	**88.6%**