

REPORT TO THE TRUST BOARD - 2 June 2015

Title	Safer Staffing – April 2015 Monthly Review
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Executive summary

The aim of this report is to provide assurance to the Trust Board on the Trusts response to the National Quality Board (NQB) safer staffing guidance, to confirm the Trust Board responsibilities and to provide a summary analysis of the April 2015 Safer Staffing data.

In November 2013, the NQB issued guidance to optimize nursing, midwifery and care staffing capability and capacity. The guidance specified expectations for the Trust Board to receive and publish reports describing the staffing capacity and capability on both a shift-by-shift basis.

In response to the NQB guidance, the Trust implemented a ‘Safer Staffing’ portal across all inpatient areas which provided a real time, co-ordinated approach for wards to record staffing levels, capability and ward acuity information for each shift from 1st April 2014.

The ‘Safer Staffing’ analysis uses data submitted from inpatient environments as at 11th May 2015.

Recommendation

The Trust Board is recommended to:

- receive this report on the current Trust position with regards to the NQB Safer Staffing requirements
- receive assurance that all efforts are being employed to ensure the highest level of data quality possible, with detailed internal oversight and scrutiny in place over both completion and performance

Related Trust objectives	Deliver safe, effective, patient-centered care in the top 20% of our peers
Risk and assurance	BAF: 116 If we are unable to recruit or retain our staff then skill mix may be inadequate for service delivery and the provision of quality care
Legal implications/regulatory requirements	CQC Outcomes 12, 13 and 14 relating to staff
Evidence for the Quality Governance Framework	Paper evidences board awareness of potential risks to quality(1B); appropriate quality information is being analysed and challenged (4A); and gives assurance of the robustness of the quality information (4B)

Presenting Director	Adrian Childs – Chief Nurse/ Deputy Chief Executive Officer
Author(s)	Laura Hughes – Integrated Information Manager Neil Hemstock - Lead Nurse Families, Young People and Children’s Division/ Specialist Clinical Director CAMHS Emma Wallis - Lead Nurse Physical Health Michelle Churchard-Smith - Lead Nurse AMH/LD Inpatient Services
*Disclaimer: This report is submitted to the Trust Board for amendment or approval as appropriate. It should not be regarded or published as Trust Policy until it is formally agreed at the Board meeting, which the press and public are entitled to attend.	

Introduction/Background

1. In November 2013, the National Quality Board (NQB) issued guidance to optimise nursing, midwifery and care staffing capability and capacity. The guidance followed national research which demonstrated that staffing levels are linked to the safety of care; and a right for patients and the public to have access to easily accessible information to know how their hospitals and inpatient units are being run.
2. The guidance specified a number of expectations which trusts needed to commit to by the end of June 2014:
 - a) to present a report to Trust Board every 6 months describing the staffing capacity and capability, provide an establishment review and use evidence based tools where possible;
 - b) to display ward level information about the nurses, midwives and care staff deployed for each shift compared to what has been planned;
 - c) to present a report to Trust Board each month containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous month;
 - d) to publish the monthly report on the Trust's website and link or upload the report to the relevant hospital(s) webpage on NHS Choices.
3. This paper responds to expectation c) *to present a report to Trust Board each month containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous month*

Aim

4. The aim of this report is to provide the Board with an analysis of April 2015 Safer Staffing data.

Recommendations

5. It is recommended that the Trust Board receive this report as the current Trust position in regards to the NQB Safer Staffing requirements;
6. It is recommended that the Trust Board receive assurance that all efforts are being employed to ensure the highest level of data quality possible, with detailed internal oversight and scrutiny in place over both completion and performance.

Discussion

Trust Board Responsibilities from June 2014

7. Each month, the Chief Nurse presents to the Trust Board an analysis of the following Safer Staffing indicators:
 - a) Use of Temporary Workers vs Substantive Staff
 - b) Planned vs actual number of staff
 - c) Skill mix of nursing staff
8. Every 6 months, the board receives an 'Inpatient staffing establishment review' report which provides an overview of the work being undertaken to ensure safer staffing standards are met across all our inpatient wards.
9. These reports are made publically available via the NHS Choices website and our Trust internet page.
10. The Chief Nurse has given responsibility to lead nurses for ensuring the accurate collection of staffing and acuity information into the Trust's bespoke Safer Staffing portal.
11. A Safer Staffing dashboard is produced each month (see Appendix A) to provide an overview of staffing during the period in review. Lead nurses provide further qualitative narrative to identify particular 'hot spots', the risks they pose and the mitigating actions and longer term plans which are in place to ensure our wards remain safe.

Analysis of Safer Staffing in April 2015

Community Health Services Division (CHS)

Inpatient areas for Community Hospitals

12. The current 'hotspot' area(s) for Inpatient Community Hospitals are:
 - St Luke's Hospital - Ward 1 & 3
 - Rutland Hospital – Rutland Ward
 - City In-patient Units - Clarendon Ward
 - Coalville Hospital - Ward 2
13. Within Community Hospitals, the wards utilising more than 20% temporary workers correlates with the higher number of vacancies within these areas (see appendix 1). The exception is Hinckley and Bosworth Hospital - East Ward, where the increase in usage of temporary workers is associated with the number of additional beds that have opened.

14. During April 2015, City In-patient Units - Clarendon Ward and Coalville Hospital - Ward 2 experienced an increase in short-term staff sickness absence; as well as increase patient acuity requiring additional staff to provide increased levels of care 'specialling' to patients.

Inpatient Areas for Mental Health Service for Older People (MHSOP)

15. The current 'hotspot' area(s) for MHSOP are:

- Evington Centre - Coleman Ward

16. Evington Centre - Coleman Ward used the highest number of temporary workers across MHSOP during April 2015, with the greatest use being health care support workers (HCSW) on day shifts.

17. For a significant period of the month, there have been 3-4 level one observations on the ward and high levels of activity as most male admissions for a significant period were re-directed to Evington Centre - Coleman Ward as a result of the re-distribution of beds from Evington Centre - Wakerley Ward. This has supported improvement in other areas as staff have been re-allocated across the remaining 4 MHSOP wards.

The risks this presents us with

18. With an increased reliance on temporary workers to cover vacancies, sickness and observations there are potential risks identified associated with the quality and effectiveness of patient care; as well as the impact on patient and staff experience.

Mitigating actions in place to prevent these risks

19. The positive effect of St Luke's - Ward 3, which is due to re-open on the 18th May 2015 is the reduction in extra beds being managed at Hinckley and Bosworth – East Ward. The reduction in beds will reduce the requirement for additional temporary workers on Hinckley and Bosworth – East Ward.

20. There are a number of controls and actions in place to ensure that any associated potential risks to the provision of safer nursing, patient safety outcome measures and staff reported measures are prevented.

21. Actions in place include:

- Sickness management policy is implemented and are reviews in place.
- Staff from neighbouring wards provide support at times of high activity.
- Staff overtime is offered to cover staffing shortfalls.
- Supernumerary Ward Sisters cover staffing shortfalls.

- Movement of staff from wards with higher established areas to City In-patient Units - Clarendon and St Luke's – Ward 1.
- Within MHSOP, level one observations are monitored and reviewed daily. If appropriate, the Shift Unit Co-ordinator will be based on the ward of greatest need.
- Staff from Evington Centre - Wakerley Ward have been re-distributed across the other MHSOP wards which is supporting the reduction in usage of temporary workers across MHSOP.
- Staffing establishments are currently under review within MHSOP.
- A robust system has been set up for the review of level 1 observations to ensure patients are appropriately managed and their needs re-assessed as appropriate.

Longer term plan to eradicate the risks and address the staffing issues?

22. Within MHSOP, beds have been re-configured resulting in Evington Centre - Wakerley Ward currently not being in use. This has supported improvement in other areas as staff have been re- allocated across the remaining 4 MHSOP wards.

23. Within Community Hospitals, the registered nurse (RN) vacancies have significantly reduced by 67%. Ongoing recruitment actions include:

- Over recruitment of RN nurses to provide senior clinical leadership and support to new and newly qualified staff. Further interviews planned for the 19th May 2015.
- Rolling RN recruitment with monthly interviews.
- 'Open Days' held at St Luke's Hospital, City In-Patient Units, Coalville; and planned for Rutland and Melton on Saturday 16th May 2015.
- Joint recruitment and rotational posts with University Hospitals of Leicester NHS Trust (UHL) for newly qualified nurses.

24. An options appraisal for bed reconfiguration and safer staffing within Community Hospitals is currently being developed for consultation.

25. The NHS England 'Safer Staffing: A Guide to Care Contact Time' advises that trusts complete a baseline assessment using an endorsed safer staffing toolkit by summer 2015. With the absence of a specific tool for non-acute areas, the Safer Nursing Care Tool descriptors were adapted to reflect patient need within Community Hospitals and MHSOP. The inpatient areas across both Community Hospitals and MHSOP commenced a 20 day data collection process from Monday 12th January 2015 to Friday 6th February 2015 using the Safer Nursing Care Tool.

26. Analysis of the acuity and dependency data has demonstrated that patient acuity has increased overall. There are an increasing number of patients requiring closer monitoring, indicating that there are more acutely ill patients, with a greater potential to deteriorate within MHSOP, there has been an overall increase in acuity and dependency

largely associated with the level of therapeutic observations; and increase in both physical health and nursing care needs.

27. As this is a baseline assessment, it is recommended that the work is triangulated with other guidance including Safer Staffing guidelines, Nurse Sensitive Indicators (NSIs) such as infection rates, complaints, pressure ulcers and falls as well as professional judgment to provide balanced assurance and proposed establishments for each ward. It is also proposed that the acuity and dependency data collection is repeated in June/ July 2015.

Families, Young People and Children's Division (FYPC)

28. The 2 inpatient facilities within the FYPC division are Glenfield Site - Langley Ward and Oakham House which moved to Coalville Hospital in March 2015.

Glenfield Site - Langley Ward

29. Langley Ward is experiencing staffing challenges due to vacancies and difficulty in recruiting to the 3 RN vacancies and 2 HCSW vacancies as well as managing long term absence.

30. The funded establishment afforded to Langley Ward does not meet the Trust's safer staffing levels, therefore the ward continues to use regular temporary workers, which are funded from generated income. The closure of Evington Centre - Wakerley Ward has increased the pool of regular bank staff available to work on Langley Ward.

31. The Accreditation for Inpatient Mental Health Services (AIMS) process noted the lack of a career progression structure within the service which may have implications for recruitment and retention to the speciality.

The risks this presents us with

32. The staffing situation will pose a risk through September 2015 and October 2015, particularly covering the RN requirements on night duty when the ward has to undertake the co-ordinators role.

Mitigating actions in place to prevent these risks

33. A recruitment plan is in place with an advert to go out to include those applicants with an RN adult qualification; and notices have been placed on the student blackboard at De

Montfort University, Leicester to further publicise the employment opportunities available at Langley Ward.

Coalville Hospital – Ward 3 (formally Oakham House)

34. Oakham House has now relocated from Leicester city centre to Ward 3 at Coalville Hospital. The relocation was successful with no reportable incidents and the bed state has been reopened with 10 beds, which are all currently full and staffed in line with Trust and QNIC (Quality Network for Inpatient CAMHS) guidelines.

35. Coalville Hospital – Ward 3 (formally Oakham House) is funded to provide a 3-3-2 establishment (3 staff on early shift; 3 staff on late shift; 2 staff on night shift), however the ward is working to a 5-5-4 model due to the clinical complexity of the patients. The increase in substantive staffing to maintain this model is 5.8 whole time equivalent (wte).

36. In addition, Coalville Hospital – Ward 3 (formally Oakham House) is managing staffing absence and vacancy.

The risks this presents us with

37. The increase in travel time for staff to commute to work remains a risk as some of the experienced staff who do not drive may request redeployment.

Mitigating actions in place to prevent these risks

38. The programme to support staff experiencing issues attributed to the relocation of the ward continued through April 2015 and will remain under review.

39. A recruitment process is in place to replace vacancies.

Longer term plan to eradicate the risks and address the staffing issues

40. A paper is being prepared to consider the possibility of over recruiting substantive staff as opposed to the regular use of bank and agency workers.

Adult Mental Health and Learning Disabilities Division (AMH.LD)

Short Break Homes - The Gillivers, 3 Rubicon Close and 1 The Grange

41. All short break homes are meeting the threshold for safer staffing based on the ratio of qualified staff to patient numbers. However, the complexity of patients and the mix of

those patients has increased the need to use temporary workers to support direct patient care and maintain the standards in the short break homes.

Longer term plan to eradicate the risks and address the staffing issues

42. The Short Break Homes have reviewed the Shelford Tool and Acute Hospital Tool to develop a hybrid version to support patient acuity monitoring and the explore the relationship to staff duties and roles. This is expected to be completed by the end of June 2015.

Agnes Unit

43. The Agnes Unit's current staffing reflects the layout of the building and provides care in 4 pods each with 4 patients. Each pod has a RN overseeing safe patient care, however the ratio of RNs to HCSW is usually less than the 60:40 recommended.

44. There continues to be a high number of HCSW vacancies; and the unit continues to manage sickness absence. Temporary workers are being utilised to ensure individualised care is maintained on the Agnes Unit.

The risks this presents us with

45. There is a local staffing risk for the Agnes Unit relating to staffing which is being managed by the AMH&LD Division.

Low Secure and Rehabilitation Services

46. Herschel Prins – Phoenix Ward, Mill Lodge – Buttercup Ward and Stewart House Skye Ward have all utilised high levels of temporary workers, however they have maintained their planned number of substantive staff on duty. These wards are managing to recruit and retain staff with the exception of Mill Lodge where the number of vacancies increased by 3 during April 2015.

The risks this presents us with

47. The Lead Nurse has reviewed the increase in patients with the staffing plans and has identified an increased risk of not meeting safer staffing requirements until the relocation of Mill Lodge to Stewart House is completed. A formal risk assessment has been completed.

Bradgate Unit

48. The Bradgate Unit is made up of 7 wards – Ashby, Aston, Beaumont, Bosworth, Heather, Thornton and Watermead plus Belvoir Ward – Psychiatric Intensive Care Unit (PICU).

49. All 7 Bradgate Unit Wards are utilising high numbers of temporary workers to support RN vacancies, sickness absence and maternity cover. There were 19 vacancies in April 2015, with newly recruited staff expected to be available to work on the wards in July/ August 2015.

50. Whilst the skill mix of staff was achieved in Belvoir Ward (PICU), it was not met on the remaining 7 Bradgate Wards.

The risks this presents us with

51. There is a risk of both an inappropriate skill mix of newly qualified staff employed on each ward and high usage of temporary staffing. This could lead to the inability for staff to support patients to have leave, maintain good standards of care and documentation; and allow for staff training and supervision to take place.

Mitigating actions in place to prevent these risks

52. Immediate mitigating actions commenced on 21st April 2015 and are reviewed weekly by the Divisional Senior Management Team. These actions include:

- To offer all staff in community AMH services excess/ overtime hours to support the Bradgate Wards.
- To arrange for rehabilitation inpatient areas to release experienced qualified staff on a two-weekly basis to provide experience and continuity to wards identified as high risk.
- To explore options for block booking bank/ agency workers to specific wards.
- Service Managers to map out internal vacancies and re-negotiate start dates for staff transferring to the vacancies in community/ crisis posts.
- To release occupational therapists from the METT Centre and Community teams to increase therapeutic activities/ support to wards.
- To review the process for the escalation of staffing concerns and decide the threshold for considering beds/ ward closure as a last resort.

Longer term plan to eradicate the risks and address the staffing issues

53. Recommendations from the divisional Safer Staffing workshop held on the 29th April 2015 included:

- Proactive workforce planning – including staffing changes expected from Service Development Initiatives (SDIs); and workforce profiling such as retirement forecasting.
- Reviewing the findings from discussions on recruitment and retention and identifying those appropriate for implementation in the service.

Conclusion

54. The Trust continues to demonstrate compliance with the NQB expectations and associated deadlines. The safer staffing data is being regularly monitored and scrutinised for completeness and performance by the Chief Nurse and reported to NHS England via mandatory Unify2 national returns on a site-by-site basis.

55. Where there are variances in safer staffing standards, the lead nurses have oversight of the plans in place to mitigate risks for each ward to ensure safe care standards are maintained.

Appendix A – Safer Staffing Dashboard

Ward Group	Ward name	Fill Rate Analysis (National Unify2 Return)						Skill Mix Met (based on 1:8 plus 60:40 split)	Funded Staffing Levels Met by Shift	% Temporary Workers
		Actual Hours Worked divided by Planned Hours								
		Day (Early & Late Shift)		Night		Night				
		Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
		>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%	
Bradgate MHU	Ashby	87.2%	169.2%	88.3%	330.0%	88.3%	330.0%	64.44%	98.9%	41.4%
Bradgate MHU	Aston	79.4%	152.5%	81.7%	260.0%	81.7%	260.0%	37.78%	97.8%	44.8%
Bradgate MHU	Beaumont	80.6%	157.5%	58.3%	346.7%	58.3%	346.7%	28.89%	100.0%	31.7%
Belvoir ICU	Belvoir Unit	105.0%	345.8%	103.3%	365.0%	103.3%	365.0%	94.44%	100.0%	47.9%
Bradgate MHU	Bosworth	81.7%	142.5%	76.7%	186.7%	76.7%	186.7%	45.56%	97.8%	23.8%
Bradgate MHU	Heather	85.0%	166.7%	68.3%	376.7%	68.3%	376.7%	50.00%	98.9%	40.0%
Bradgate MHU	Thornton	87.2%	135.0%	65.0%	343.3%	65.0%	343.3%	34.44%	98.9%	36.2%
Bradgate MHU	Watermead	77.2%	150.8%	86.7%	216.7%	86.7%	216.7%	36.67%	98.9%	33.2%
Herschel Prins	HP Griffin	208.3%	221.7%	106.7%	200.0%	106.7%	200.0%	100.00%	81.1%	11.1%
Herschel Prins	HP Phoenix	108.3%	187.5%	100.0%	168.3%	100.0%	168.3%	91.11%	97.8%	28.1%
Mill Lodge	ML Bluebell	193.3%	215.0%	110.0%	210.0%	110.0%	210.0%	97.78%	90.0%	25.8%
Mill Lodge	ML Buttercup	128.3%	136.9%	100.0%	100.0%	100.0%	100.0%	90.00%	98.9%	11.1%
Stewart House	SH Skye Wing	110.8%	152.5%	196.7%	100.0%	196.7%	100.0%	95.56%	96.7%	34.7%
The Willows	Willows Unit	136.7%	180.9%	167.8%	191.6%	167.8%	191.6%	95.56%	96.7%	19.7%
Bennion Centre/ Langley	BC Kirby	91.3%	163.8%	98.3%	101.7%	98.3%	101.7%	71.11%	97.8%	16.4%
Bennion Centre/ Langley	BC Welford	105.4%	166.7%	100.0%	101.7%	100.0%	101.7%	93.33%	97.8%	6.9%
Evington Centre	CB Beechwood	116.7%	196.6%	93.3%	95.0%	93.3%	95.0%	93.33%	91.1%	18.8%
Evington Centre	CB Clarendon	100.7%	237.5%	100.0%	148.3%	100.0%	148.3%	94.44%	96.7%	32.0%
Evington Centre	EC Coleman	117.5%	248.3%	101.7%	185.0%	101.7%	185.0%	95.56%	100.0%	35.0%
Evington Centre	EC Gwendolen	113.3%	215.6%	101.7%	176.7%	101.7%	176.7%	94.44%	100.0%	16.4%
Evington Centre	EC Wakerley	145.2%	214.3%	142.9%	161.9%	142.9%	161.9%	98.41%	6.3%	4.2%
Fielding Palmer Hospital	FP General	106.7%	108.9%	100.0%	-	100.0%	-	96.67%	98.9%	17.4%
Melton Mowbray Hospital	MM Dalgleish	101.7%	125.8%	100.0%	100.0%	100.0%	100.0%	98.89%	100.0%	6.1%
Rutland Hospital	Rutland	100.0%	175.4%	96.7%	163.3%	96.7%	163.3%	97.78%	94.4%	27.9%
St Lukes	SL Ward 1 Stroke	115.3%	265.0%	98.3%	150.0%	98.3%	150.0%	92.22%	96.7%	13.6%

Coalville Hospital	CV Ellistown 2	131.7%	200.0%	100.0%	150.0%	100.00%	94.4%	12.5%
Coalville Hospital	CV Snibston 1	107.5%	252.5%	95.0%	96.7%	97.78%	83.3%	2.7%
Hinckley & Bosworth Hospital	HB East Ward	102.2%	194.9%	100.0%	148.3%	91.11%	97.8%	24.5%
Hinckley & Bosworth Hospital	HB North Ward	120.0%	188.3%	196.7%	76.7%	77.78%	95.6%	15.4%
Loughborough Hospital	Lough Swithland	96.7%	185.0%	100.0%	203.3%	95.56%	98.9%	16.8%
Bennion Centre/ Langley	Langley	156.3%	100.8%	55.0%	183.3%	45.56%	90.0%	39.1%
Adolescent Psychiatric Unit	Oakham	129.1%	164.8%	119.2%	178.8%	83.33%	87.8%	40.4%
3 Rubicon Close	3 Rubicon Close	123.3%	163.3%	100.0%	113.3%	98.89%	0.0%	6.8%
Agnes Unit	Agnes Unit	127.9%	541.7%	93.5%	390.3%	95.56%	100.0%	38.1%
Gillivers	Gillivers	91.7%	196.7%	86.7%	113.3%	90.00%	0.0%	8.6%
The Grange	The Grange	66.2%	173.4%	15.6%	159.4%	45.56%	1.1%	20.3%

Annex 1 – Definition of Safer Staffing Measures

1. Temporary Workers

These workers are non-substantive and hold either a bank contract with the Trust or are resourced via a 3rd party recruitment agency

2. Safer Staffing Level Performance

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

Methodology	Measure	Measure Source
Fill Rate Analysis (National Unify2 Return)	Actual hours worked divided by Planned hours (split by RN/ HCSW)	NHS TDA (Trust Development Authority)
Skill Mix Met	Proportion of shifts where the following was met: 1:8 RN to patient ratio plus 60:40 skill mix ratio of RN to HCSWs	RCN (Royal College of Nursing) guidelines
Funded Staffing Levels Met by Shift	No. of shifts where funded staff numbers were met divided by Total number of shifts	LPT Quality Improvement Programme Board (QIP)

2.1. Fill Rate Analysis (National Unify2 Return)

The Trust is required by the TDA to publish our inpatient staffing levels on the NHS Choices website via a national Unify2 return. This return requires us to identify the number of hours we plan to utilise with nursing staff and the number of hours actually worked during each month. This information allows us to calculate a 'fill rate' which can be benchmarked nationally against other trusts with inpatient provisions.

This methodology takes into account skill mix and bed occupancy which allow us to amend our 'Planned Staff Hours' based on the needs of the ward and is the most reflective measure of staffing on our inpatient wards.

'Planned Staff Hours' are calculated using the RCN guidance of 1:8 RN to patient ratio. 1 RN is equal to 7.5 hours of planned work.

The 'Fill Rate' is calculated by dividing the 'Planned Staff Hours' by the 'Actual Worked Staff Hours'.

The fill rate will show in excess of 100% where shifts have utilised more staff than planned or where patient acuity was high and necessitated additional staff.

2.2. Skill Mix Met

A 'Skill Mix Met' calculation has been used to identify whether the appropriate registered nursing (RN) to Health Care Support Worker (HCSW) ratio was in place on each shift.

We currently have 2 measures of 'planned skill mix' staffing:

- a) Funded establishment by staff type
and
- b) RCN guidelines of 1:8 qualified nurse to patient ratio plus a 60:40 skill mix ratio of qualified nurses to HCSWs

For the 'Skill Mix Met' calculation, the Trust has chosen to use the measure which results in the lowest staffing levels on a shift by shift basis as this will best account for both our funded establishment and where beds are not being used for patient care.

2.3. Funded Staffing Levels Met by Shift

'Funded Staffing Levels Met' is based on the funded headcount and does not reflect the level of bed occupancy or changes in acuity in any of the in-patient environments. It also does not account for skill mix between RNs and HCSWs.

The 'Funded Staffing Levels Met' is calculated by dividing the total number of shifts where the funded staffing level was achieved by the total number of shifts worked.

Annex 2 – Planned Staffing Levels

The table below shows the planned staffing levels (headcount) by skill mix and shift type.

Group	Ward	Ward Specialty (based on Unify2 categories)	Ave. no. of Available Beds*	Qualified			Unqualified		
				Early	Late	Night	Early	Late	Night
AMH Bradgate	Ashby	ADULT MENTAL ILLNESS	19	3	3	2	2	2	1
	Aston	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
	Beaumont	ADULT MENTAL ILLNESS	22	3	3	2	2	2	1
	Belvoir Unit	PICU	9	2	2	1	3	3	3
	Bosworth	ADULT MENTAL ILLNESS	16	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	17	3	3	2	2	2	1
	Thornton	ADULT MENTAL ILLNESS	24	3	3	2	2	2	1
	Watermead	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
AMH Other	HP Griffin	FORENSIC PSYCHIATRY	6	2	1	1	3	3	2
	HP Phoenix	FORENSIC PSYCHIATRY	12	2	2	1	3	3	2
	ML Bluebell	ADULT MENTAL ILLNESS	9	1	1	1	3	3	2
	ML Buttercup	ADULT MENTAL ILLNESS	9	1	1	1	2	2	1
	SH Skye Wing	REHABILITATION	29	2	2	1	4	4	2
	Willows Unit	ADULT MENTAL ILLNESS	38	5	3	3	5	6	6
CHS City	BC Kirby	OLD AGE PSYCHIATRY	24**	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	24**	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	24**	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	23**	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	19**	2	2	2	3	3	2
	EC Gwendolen	OLD AGE PSYCHIATRY	19**	2	2	2	3	3	2
	EC Wakerley	OLD AGE PSYCHIATRY	18**	2	2	2	5	4	2
CHS East	FP General	REHABILITATION	13**	2	2	2	2	1	0
	MM Dalgleish	REHABILITATION	17**	2	2	2	3	2	1
	Rutland	REHABILITATION	22**	2	2	2	4	3	1
	SL Ward 1 Stroke	REHABILITATION	20**	3	2	2	5	4	2
	SL Ward 3	REHABILITATION	14**	2	2	1	2	2	1
CHS West	CV Ellistown 2	REHABILITATION	25**	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	24**	2	2	2	6	4	2
	HB East Ward	REHABILITATION	23**	3	3	2	4	3	2
	HB North Ward	REHABILITATION	19**	2	2	1	4	2	2
	Lough Swithland	REHABILITATION	24**	2	2	2	4	2	1
FYPC	Langley	CHILD & ADOLESCENT PSYCHIATRY	16	3	3	2	2	2	1
	CV Ward 3 (formally Oakham House)	CHILD & ADOLESCENT PSYCHIATRY	8 (plus 2 cost per case) **	2	2	2	3	3	2
LD	3 Rubicon Close	LEARNING DISABILITY	5	3	3	2	2	2	2
	Agnes Unit	LEARNING DISABILITY	16	4	4	4	2	2	4
	The Gillivers	LEARNING DISABILITY	5	3	3	2	2	2	2
	The Grange	LEARNING DISABILITY	5	3	3	2	2	2	2

*The number of available beds can fluctuate dependant on the ward situation and is shown as an average in the month

**These bed numbers are actual (not average) and have been confirmed by the service as at December 2014