

TRUST BOARD – 26th May 2016

Safer Staffing – April 2016 Monthly Review

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 six 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 Trust Board with an analysis of March 2016 Safer Staffing data.

Recommendations

5. The Trust Board is recommended to:
 - Receive this report as 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.

Discussion

Trust Board Responsibilities from June 2014

- Each month, the Chief Nurse presents to the Trust Board an analysis of the following Safer Staffing indicators:
 - Use of temporary workers vs substantive staff
 - Planned vs actual number of staff
 - Skill mix of nursing staff
- Every six months, the Trust 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.
- The monthly reports are publically available via the NHS Choices website and our Trust internet page.
- 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.
- 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 2016

The table below provides an overarching summary of the Trust 'hot spots' with regard to maintain safer staffing

	February 2016	March 2016	April 2016
Community Health Services Directorate	St Lukes Hospital- Ward 1 and Ward 3 Rutland Ward	St Lukes Hospital- Ward 1 and Ward 3	St Lukes Hospital- Ward 3
Families, Young People and Childrens Directorate	-	-	-
Adult Mental Health & Learning Disability Services Directorate	Mill Lodge – Buttercup Ward and Bluebell Ward	Mill Lodge- Bluebell ward	Mill Lodge- Bluebell ward

	Bradgate unit – all wards except Belvoir ward	Bradgate unit – all wards except Belvoir ward	Bradgate unit – all wards except Belvoir ward
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Community Health Services (CHS)

11. The current 'hotspot' area(s) for Inpatient Community Hospitals is:

- St Luke's Hospital - Ward 3

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift)		Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
St Luke's	SL Ward 3	15	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
			96.7%	97.5%	200.0%	100.0%	94.44%	96.7%	42.1%

Table 1 Community Hospital Hot Spots

12. There are no 'hotspot' areas identified with Mental Health Services for Older People (MHSOP). Bennion Centre – Welford Ward as well as Evington Centre - Coleman and Wakerley Wards are red as an exception for the use of temporary workers (22.1%, 40.2% and 33.2% respectively). Bennion Centre - Welford Ward's usage is attributed to increased long term sickness. Evington Centre - Coleman and Wakerley wards' usage is due to an increased number of patients requiring level 1 observation and higher acuity levels resulting in a need for additional staffing to ensure patients' needs have been met and safety maintained.

13. The 'hotspot' area for Community Hospitals shows a higher percentage of temporary workers used (42.1%). There is a clear correlation between high usage of temporary workers to the high numbers of vacancies and increased rates of sickness within this area. Staffing levels have been maintained by the movement of staff from other areas and the use of regular temporary workers.

14. The Safer Staffing dashboard for April 2016 highlights City Beds - Beechwood Ward as using 25.1% of temporary workers. This increase is attributed to additional staff required to provide specialising/ enhanced care to confused patients and due to an increased rate of sickness.

15. The in-month achievement of funded staffing levels for Bennion Centre- Welford Ward, Bennion Centre – Kirby Ward, Hinckley and Bosworth – East Ward and City Beds - Beechwood Wards are currently below 80%. The wards have on occasion not had the planned third registered nurse on duty due to increased sickness; however appropriate staffing levels have been maintained on these occasions.

The risks this presents us with

16. There are potential risks associated with the increased reliance on temporary workers to cover vacancies, sickness and observations which will potentially impact on the quality and effectiveness of patient care and also on patient and staff experience.

Mitigating actions in place to prevent these risks

17. Immediate mitigating actions include:

- Daily risk assessments using the dynamic risk assessment tool to assess patient acuity and ensure all patient clinical needs are met;
- Proactively identifying staffing risks and ensuring subsequent actions are taken, discussed across the service daily and at a weekly staffing conference;
- Movement of staff across the service to address shortfalls and to review skill and experience on a shift by shift basis;
- Reviewing patient experience feedback, Nurse Sensitive Indicator data and risks to ensure quality is not impacted.

18. Mitigating actions in the 'hot spot' areas include:

- St Luke's – Ward 3: Continued implementation of a clinical support plan to address the nurse vacancies and increased clinical incidents linked to Nurse Sensitive Indicators. The actions put into place through the support plan have had a positive impact on patient safety outcomes and patient and staff experience. The plan includes a matron working on site with the new Ward Sister for clinical leadership and support. Continuation of a tailored clinical education programme to enhance staff skills and knowledge as well as planned clinical supervision sessions for all staff;
- Maintenance of staffing levels with the utilisation of regular bank and agency workers and moving substantive staff across from other wards when possible to ensure continuity, quality and safety.

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

19. Longer term plans to eradicate the risks and address staffing issues include:

- Rolling recruitment including, open days, monthly interviews, attendance at local recruitment events/ job fairs;
- Individual ward review of staffing levels shift by shift completed and submitted to commissioners;
- Review of recruitment strategy to develop a proposal to implement a recruitment and retention premium for band 5 posts at St Luke's - Ward 3.
- Scale up and roll out of the specialising/ enhanced care project across all community hospital wards commencing April 2016 by the end of July 2016.

Families, Young People and Children’s Services (FYPC)

20. There are two inpatient services within FYPC:

- 15 bedded Adult Eating Disorder Service (Langley Ward)
- 10 bedded Adolescent Unit (Coalville Hospital - Ward 3, formally Oakham House)

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift) Night		Day (Early & Late Shift) Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			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%	<20%
Bennion Centre/ Langley	Langley	17	150.8%	117.5%	50.0%	440.0%	54.44%	95.6%	48.1%
Adolescent Psychiatric Unit	Ward 3 (formally Oakham House)	17	108.8%	158.8%	109.3%	113.0%	95.56%	92.2%	11.8%

Table 2 – Children’s Inpatient Services Hot Spots

21. The Quality Network for Inpatient Child & Adolescent Mental Health Services (QNIC - CAMHS 2009) highlights that a typical unit with 10-12 patients should be staffed with a minimum of two registered nurses (RN) per day shift and one RN per night shift.

22. QNIC are an independent organisation who have developed a range of standards which specialist CAMHS Tier 4 inpatient units can be measured against to achieve accreditation. QNIC Standards are also used by NHS England.

23. The standards measure a range of factors including:

- Environment and Facilities
- Staffing and Training
- Access, Admission and Discharge
- Care and Treatment
- Information, Consent and Confidentiality
- Young People’s Rights and Safeguarding

24. The Leicestershire Medicines Code specifies two RNs are required to administer medication to children at all times.

Glenfield Site - Langley Ward

25. Langley Ward is part of the Leicestershire Adult Eating Disorder Service and is one of the largest and most comprehensive such services in the UK. It has a reputation both nationally and internationally for the clinical work and service model, enhanced by the research department within the service. Langley Ward is a mixed-sex, inpatient ward providing specialist treatment for patients with severe and complex eating disorders. Almost all patients have a diagnosis of anorexia nervosa. The ward has 15 beds which are commissioned by NHS England. Almost all admissions are planned and most are elective. There are usually a small number of patients detained under the Mental Health Act.
26. Inpatients are referred from the outpatient arm of the service, other county partner Eating Disorder Services (Derbyshire, Nottinghamshire, Lincolnshire, Northamptonshire and Milton Keynes) and occasionally from local secondary or tertiary mental health services. Very occasionally, the service also takes referrals from other parts of the United Kingdom, usually due to a bed pressure in the referrer's locality.
27. The funded establishment of the ward allows for an approximate establishment of 4:4:2 (4 staff on an early shift, 4 staff on a late shift; 2 staff on a night shift).
28. Langley Ward is able to operate a safer staffing level of 5:5:3 with a minimum requirement for two registered nurses (RNs) to work on each day shift and one on a night shift. This is achieved because of the income generated by the ward and flexible use of bank workers.
29. The safer staffing dashboard for April 2016 highlights Langley Ward has several "hot spots" firstly in relation to the average fill rate of registered nurses on duty at night and the skill mix met, based on a 1:8 plus 60/40 split. This figure is representative of night duty where there is a reduced RN to Health Care Support Worker (HCSW) skill mix. Previously, Langley Ward were allocated the role of Fire Coordinator on a night shift and in respect of this required two RNs on duty every third week. The Fire Coordinator role is no longer allocated to Langley Ward on night duty and therefore the requirement for two RNs is not required. The unit has met the minimum requirement for one RN on a night shift at all times. Patient needs have been met and patient safety has been maintained with no immediate/ long term risks identified.
30. In addition Langley Ward has utilised additional HCSWs to meet the care needs of the patients and this is reflected in the dashboard in respect of the fill rates for HCSWs.
31. There is also clear correlation between high usage of temporary workers and the number of vacancies within this area.
32. In addition where patient acuity levels have increased, additional staff have been utilised to ensure patient needs have been met and safely maintained.
33. The increased figure for temporary workers also reflects the operation of a safer staffing level of 5:5:3 as opposed to the funded establishment of 4:4:2.
34. No safer staffing incidences relating to Langley Ward have occurred during April 2016.

35. Currently there are vacancies for 3.0 whole time equivalent (wte) RNs. Langley Ward is currently over-established with band 3 HCSWs.
36. Recruitment and retention has been an issue for the ward in the past 18-24 months, where historically this has not been the case. Probable reasons for this include:
- A local and national shortage of qualified nurses – recent recruitment efforts support this reason as the service saw a reduced number of applications for the posts;
 - More choice for prospective and existing staff – in line with the above;
 - A stable but ageing workforce on Langley Ward resulting in several retirements within a short period of time;
 - A lack of nursing students on the ward for a period of more than a year due a potential conflict of professional interest – historically the ward has mostly recruited from student nurses expressing an interest in this area;
 - Possible lack of career progression for band 2 HCSWs staff – this was highlighted by the staff group at the Royal College visit.
37. The applicant previously recruited to a RN vacancy has now commenced employment. The latest round of RN recruitment has seen three nurses offered positions, two due to qualify in September 2016; the other has been recruited from elsewhere within LPT
38. In the most recent recruitment round for HCSW posts, three candidates were offered HCSW posts and all have accepted pending recruitment checks. Two have now commenced in post.
39. There are currently no members of nursing staff on long term sick leave on Langley Ward. Short term sickness is currently at a low level and is managed by the ward manager in conjunction with Human Resources (HR) via regular return to work meetings, ill health reviews and the setting of attendance targets where necessary.
40. Additional pressures previously reported on staffing for March 2016 included a requirement for 'round the clock' nursing input to a patient within University Hospitals of Leicester (UHL) awaiting admission to Langley Ward. This is in line with the joint MARSIPAN care pathway between UHL and the eating disorder service. This nursing input is currently paid for from the Langley Ward staffing budget. This has continued intermittently throughout April 2016 and again reflects the need for additional staff.
41. Additional recruitment within the wider Adult Eating Disorder service has seen an occupational therapist and a deputy ward manager from Langley Ward being recruited to other posts. This too will have an impact on the wider staffing of the ward. Further recruitment is to take place during May / June 2016.

The risks this presents us with

- Langley Ward remains underfunded and this poses the risk that the ward will not be able to meet the required safer staffing levels. This staffing risk could affect the successful delivery of the full programme of care; and affect the high levels of routine observations and patient support this specialist programme necessitates;

- The staffing situation will continue to pose a risk through March 2016, particularly covering the RN vacancies. Langley Ward is currently utilising regular bank nursing workers to undertake extra shifts to cover the RN vacancies;
- The risks associated with the increased reliance of temporary workers may impact upon the quality and effectiveness of patient care and also on patient and staff experience;
- There is an increased financial risk to the service and wider Trust as Langley Ward continues to fund nursing cover for patients at UHL.

Mitigating actions in place to prevent these risks

42. Immediate mitigating actions include:

- Commencing a further recruitment process to fill the existing vacancies;
- Continual monitoring of staffing levels on Langley Ward;
- Continued use of pool of regular bank workers who are familiar with the environment and can offer patients consistency in their specialist programme of care;
- Reviewing of patient experience feedback, incidents and risks to ensure quality of care is not impacted;
- Proactively identifying possible staff risks and ensuring subsequent actions are taken and escalated as appropriate;
- Ensuring any issues regarding meeting the expected number and mix of staff on duty are escalated to the Head of Service;
- Completing an incident form where safer staffing levels cannot be met - reflecting exactly what the staffing issue is, why this has occurred, what mitigation was in place to ensure patient safety, who it was escalated to and the outcome;
- Contract team to continue to pursue agreement with UHL regarding payment for specialist nursing input;
- Attendance at the May 2016 recruitment fair hosted by LPT.

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

43. Longer term plans to eradicate the risks and address staffing issues include:

- Continuing to support a member of staff to undertake the Open University course leading to a nursing registration;
- Planning and regulating admissions to Langley Ward according to the staffing resource available;
- Continued review of monthly safer staffing data to ensure standards are maintained and can accommodate changes to the services and pathways;
- Individual ward review of staffing levels, including analysis of acuity and dependency, environmental factors, benchmarking against national recommendations where appropriate and professional judgement;
- Retention strategies to be identified and developed such as “in house” development programmes for staff and staff engagement sessions;
- Identify potential careers fairs to promote recruitment opportunities.

Coalville Hospital – Ward 3 (formally Oakham House)

44. Coalville Hospital - Ward 3 is a CAMHS 10 bedded inpatient ward based within the local community hospital at Coalville. The ward relocated to this site in March 2015. Coalville Hospital remains a temporary location whilst work continues to identify a permanent solution. Coalville Hospital - Ward 3 provides assessment, planning and treatment to adolescents aged from 11 years to 18 years presenting with acute and complex or suspected mental illness. This service is commissioned by NHS England. Admissions are also managed by NHS England in conjunction with the senior clinical team on Coalville Hospital - Ward 3, to ensure young people who present in mental health crisis and who require specialist inpatient admission are placed in the most appropriate inpatient unit where there is bed availability.
45. There is no current commissioned place of safety specifically for children in the area of Leicester, Leicestershire and Rutland. This places Coalville Hospital - Ward 3 in this position by default requiring the appropriate staffing to manage these acute, complex and unpredictable admissions. This has a domino effect on the planned work for Coalville Hospital - Ward 3 and furthermore makes planning the rotas with the appropriate skill mix complex. There is an expectation that Coalville Hospital - Ward 3 staff will provide support to University Hospitals of Leicester (UHL) when such patients present at Accident and Emergency (A&E). This is an area of work which is unpredictable in its nature.
46. The particular QNIC Service Standards (Seventh edition) 2013 used to ascertain staffing levels at Coalville Hospital - Ward 3 relate to:
- **Standard 2.1.1:** Where there are high dependency / high acuity cases (e.g. high levels of observation, use of seclusion, increased risk of violence or self-harm) there is a minimum ward staff to patient ratio of 1:1 to 3:1 for these most highly disturbed cases;
 - **Standard 2.1.2:** Where young people are on general observation there is ward staff to patient ratio of 1:3.
47. Coalville Hospital – Ward 3 is funded to provide 11.47wte RNs and currently has 9.93wte RNs in post. Three RNs are designated to provide front line senior leadership to shifts.
48. Coalville Hospital – Ward 3 also has a Senior RN with a Registered Mental Health Nurse (RMN) qualification with the aim of providing visible leadership and clinical expertise. This post is supernumerary and is not funded as part of the establishment.
49. There is over staffing above these figures to provide staff to cover the emergency department and the Agnes Unit when admissions present and a bed is not available nationally. This overstaffing distorts the staffing ratio in relation to regular staff and bank worker usage and reflects the increased number of temporary workers utilised within this area which can be seen as a “hot spot” on the dashboard
50. Coalville Hospital – Ward 3 has two vacant RN posts. These posts went out to advert with an interview date for the end of March 2016. Candidates offered an interview did

not attend due to successful employment elsewhere, therefore these vacancies remained. Recruitment plans remain ongoing. There is currently one RN on maternity leave.

51. There were nil safer staffing incidents recorded for April 2016 and there were nil admissions to the Agnes Unit for April 2016.
52. The Team Manager who returned from secondment to Coalville Hospital - Ward 3 left the post in March 2016. A Senior Matron position 0.2 wte has been allocated to this area as a result of a change of structure within the services. This person will provide leadership and support to the Coalville Hospital - Ward 3 environment and nursing team.
53. A CAMHS Lead Matron has been appointed and will within their designated job role provide arm's length leadership support to Coalville Hospital - Ward 3. The post holder has now commenced this role and there will be a requirement to monitor safer staffing levels.
54. The Lead Nurse for Mental Health has retired leaving a gap in this service line in relation to mental health knowledge. This affects both Langley Ward and Coalville Hospital - Ward 3. The lead nurse for Physical Health is supporting both areas. In addition, a Deputy Lead Nurse with a mental health focus has been recruited on a six month secondment, this post again will have a requirement to monitor safer staffing levels and provide support to both inpatient areas.

The risks this presents us with

- Possible admissions to the Agnes Unit pose a risk to the safer staffing levels at Coalville Hospital – Ward 3 due to the requirement to provide appropriate and effective staffing to two separate units;
- The unit does use an increased number of temporary workers; there are associated risks with temporary workers which may impact upon the quality and effectiveness of patient care as well as patient and staff experience.

Mitigating actions in place to prevent these risks

55. Immediate mitigating actions include:

- The CAMHS Lead Matron, Deputy Lead Nurse and Senior Matron continue to providing leadership support to the Ward Matron and nursing team at Coalville Hospital;
- Reviewing patient experience feedback, incidents and risks to ensure quality of care is not impacted;
- Proactively identifying possible staff risks and ensuring subsequent actions are taken/escalated as appropriate;
- Escalating safer staffing issues as they arise to the team manager;
- Completion of an incident form where safer staffing levels cannot be met - reflecting exactly what the staffing issue is, why this has occurred, what mitigation was in place to ensure patient safety, who it was escalated to and the outcome;
- Utilising the Band 7 Ward Matron to support shifts clinically if required.

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

56. Longer term plan to eradicate the risks and address the staffing issues include:

- Consideration of the expansion of Coalville Hospital – Ward 4 to mitigate the risk of increased admissions;
- Agreeing changes to the service with Commissioners to develop a Children and Adolescent Mental Health Service (CAMHS) Crisis Team. Three band 6 RNs have been recruited and the expectation is to recruit one band 7 RN post. These posts will form the basis of the new team. It is envisaged this team will reduce the number of emergency admissions and make the planning of staffing on Coalville Hospital – Ward 3 more predictable;
- Individual ward review of staffing levels, including analysis of acuity and dependency, environmental factors, benchmarking against national recommendations where appropriate and professional judgement;
- Retention strategies to be identified;
- An “in house” development programme for staff and staff engagement sessions are being explored;
- Identification of careers fairs to promote the recruitment opportunities;
- The continued reviews of monthly safer staffing data to ensure standards are maintained and can accommodate changes to the service or pathways.

57. The Lead Nurse has now completed an overarching review of staffing across the FYPC wards, taking into account the emerging changes, clarifying the ongoing position and plans; and making explicit any reviewed agreements with service commissioners. This is being shared at the May 2016 Quality Assurance Committee (QAC).

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

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

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift)		Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
3 Rubicon Close	3 Rubicon Close	18	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Gillivers	Gillivers	17	121.7%	190.0%	100.0%	120.0%	100.00%	96.7%	12.6%
The Grange	The Grange	18	85.0%	191.0%	83.3%	116.7%	83.33%	81.1%	16.7%
			-	175.0%	-	203.4%	96.63%	98.9%	20.3%

Table 3 – Short Break Home Hot Spots

58. The Short Break Homes are meeting all thresholds for safer staffing based on the 1:5 ratio of registered nurses to patients in April 2016. The Gillivers and 3 Rubicon Close plan to have a registered nurse on duty to meet the 1:5 ratio, unless the patients’ needs do not dictate this requirement. 1 The Grange does not always need a registered nurse on duty. The band 3 Health Care Support Workers (HCSWs), have received additional training to meet the needs of the service users.

59. The Gillivers has met all of the shifts requiring registered nurses but has used 16.7% of temporary workers this is a reduction of 8.7% from March 2016 due to lower sickness. The Grange has used 20.3% a reduction of 8.7% since March 2016, again due to lower sickness levels. Some of the temporary workers used are substantive staff working bank shifts due to the complexity of patients in the home. This has maintained patient safety, but there is a need to train more bank workers to carry out a range of additional health care tasks; this is being developed with the bank team.

60. The Short Break Homes continue to be an outlier nationally in meeting the safer staffing standards. The rationale for this is related to some of the homes not always requiring registered nurses on duty; this is dependent on patient needs.

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

61. The review using adapted tools in the Mental Health Staffing Framework, developed by Health Education East Midlands and NHS England has suggested that for Rubicon Close and The Gillivers there is the appropriate staffing to meet patient needs, however non nursing duties are not included; therefore there is a need for extra provision in this area. Both homes have small amount of administrative support and housekeeping positions which would support nurse’s time to be left to patient care, however these are in recruitment. As the complexity of patients physical health needs are increasing at The Gillivers the Team Manager and Practice Development Nurse have reviewed the skill mix and are looking at increasing the qualified nurse cover. The Local Authority Short Break Review has commenced again and this will affect the long term plans for the use of the homes.

Agnes Unit

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift)		Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
Agnes Unit	Agnes Unit	16	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
			126.2%	605.3%	86.7%	428.3%	88.89%	96.7%	47.5%

Table 4 - Agnes Unit Hot Spots

62. 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 registered nurses to HCSW is usually less than the 60:40 recommended.

63. In April 2016, the unit was compliant with all thresholds but did use 47.5% of bank workers to support 1.6 wte registered nurses vacancies, increased patient acuity and 10.3 wte HCSW vacancies. The Unit has had some patients with difficult challenging behaviour during April 2016 and there has been the need to increase staffing to manage some patient mix and safeguarding risk issues between patients.

The risks this presents us with

64. There is a local staffing risk for the Agnes Unit relating to staffing difficulties posed by registered nurses sickness/ vacancies and HCSW recruitment, which is being managed

by the AMH.LD Service. The vacant HCSW posts are in recruitment; although recent interviews identified few suitable candidates. Regular workers are used to support safer staffing and provide continuity of care. 4.3 wte Band 2 posts have been moved to increase the Band 5 budget to allow recruitment of 3 wte Band 5 nurses.

Low Secure Services

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift)		Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			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%	<20%
Herschel Prins	HP Griffin	-	-	-	-	-	-	-	-
Herschel Prins	HP Phoenix	18	101.7%	207.5%	100.0%	198.3%	88.89%	100.0%	33.1%

Table 5 - Low Secure Service Hot Spots

65. Herschel Prins – Phoenix Ward has met the required thresholds for safer staffing in March 2016, although the ward did use 37.4% of bank workers to support vacancies and short term sickness. From mid-January 2016, Herschel Prins - Griffin Ward was closed for refurbishment and there has been increased night staffing for Herschel Prins - Phoenix to support with any patient incidents (1.0wte RN and 4.0wte HCSW).
66. Herschel Prins – Griffin Ward has been closed for refurbishment during March 2016 and eight staff were distributed to the Bradgate wards. Herschel Prins – Griffin ward is due to re-open in May 2016.
67. Herschel Prins - Phoenix Ward has met the required thresholds for safer staffing in April 2016, however the ward did use 33.1% of bank workers to support vacancies and short term sickness. From mid-January Herschel Prins - Griffin Ward was closed for refurbishment and there has been increased night staffing for Herschel Prins – Phoenix Ward to support with any patient incidents and environmental risks (one registered nurse and four HCSW).

Rehabilitation

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift)		Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			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%	<20%
Mill Lodge	ML Bluebell	17	103.3%	200.0%	96.7%	100.0%	95.56%	14.4%	30.3%
Mill Lodge	ML Buttercup	18	110.0%	232.3%	96.7%	156.7%	95.56%	97.8%	10.8%
Stewart House	SH Skye Wing	15	128.3%	165.6%	193.3%	150.0%	93.33%	98.9%	42.3%
The Willows	Willows Unit	17	162.9%	232.6%	132.5%	259.2%	98.89%	98.9%	27.0%

Table 6 - Rehabilitation Hot Spots

68. The Willows Unit has met all thresholds for safer staffing in April 2016 despite some long and short term sickness across the four wards and a pregnant registered nurse on restricted duties, a registered nurse who has been suspended from duty and increased patient levels of observation on Maple Ward and Acacia Ward. The unit has used 27% of temporary workers to support safer staffing.
69. Mill Lodge – Bluebell Ward is a ‘hotspot’ for funded staffing levels met by shift. Additional HCSW’s were used to support care and the nurses provided cover between Mill Lodge - Bluebell and Buttercup wards. The temporary workers use was 50.1% a reduction of 10.3% across the two wards to support a higher level of maternity leave/ pregnancy and short term staff sickness and 6.0 wte band 5 registered nurse vacancies, 6.2 wte band 2 and 1.0 wte Band 7 vacancy. Incident reporting has highlighted that due to sudden sickness and the deteriorating health of a patient towards end of life care, the unit has had to re-distribute staff to achieve adequate staffing. The Team Manager and Service Manager have reviewed staffing and are introducing the following to manage risks; regular booking of agency workers, active recruitment and using staff from other rehabilitation wards at Mill Lodge. The service is due to move from the site at Kegworth in Autumn 2016 and there are some planned bed reductions taking place prior to the move to facilitate safe transfer of patients and maintain adequate staffing levels.
70. Stewart House - Skye Ward has met the thresholds for safer staffing but has utilised 42.3% of temporary workers due to four registered nurse vacancies that are in the recruitment process and short term sickness.

The risks this presents us with

71. The Lead Nurse and Service Manager have reviewed the increase in patients at Stewart House with the staffing and identified a risk of not meeting safer staffing requirements until the relocation of Mill Lodge to Stewart House is completed as Stewart House has increased its bed numbers to 30. A risk assessment has been completed by the Service Manager and the safer staffing toolkit has been used to assess staffing; recruitment to nursing posts in April 2016 was successful and four staff are in the recruitment process. Mill Lodge staffing is reviewed by the Team Manager each week and redeployment of staff from other rehabilitation areas takes place to meet sudden staffing issues.

Bradgate Unit

Ward Group	Ward name	Average no. of Beds Occupied	Day (Early & Late Shift)		Night		Skill Mix Met based on 1:8 plus 60:40 split	Funded Staffing Levels Met by Shift	% Temporary Workers
			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%	<20%
Bradgate MHU	Ashby	18	94.4%	175.8%	90.0%	376.7%	74.44%	97.8%	49.3%
Bradgate MHU	Aston	15	94.4%	152.5%	96.7%	240.0%	78.89%	95.6%	36.9%
Bradgate MHU	Beaumont	16	89.4%	191.7%	98.3%	263.3%	67.78%	100.0%	31.2%
Belvoir ICU	Belvoir Unit	18	113.3%	343.8%	113.3%	408.3%	100.00%	100.0%	42.2%
Bradgate MHU	Bosworth	16	82.2%	144.2%	91.7%	176.7%	52.22%	97.8%	21.0%

Bradgate MHU	Heather	17	87.8%	152.5%	96.7%	206.7%	73.33%	98.9%	32.1%
Bradgate MHU	Thornton	14	85.6%	136.7%	96.6%	262.1%	67.42%	93.3%	18.2%
Bradgate MHU	Watermead	15	74.4%	215.8%	96.7%	343.3%	45.56%	98.9%	42.2%

Table 7 - Bradgate Unit Hot Spots

72. The Bradgate Unit is made up of eight wards – Ashby, Aston, Beaumont, Bosworth, Heather, Thornton, Watermead and Belvoir Ward – Psychiatric Intensive Care Unit (PICU).
73. The Bradgate Unit Wards continue to utilise high numbers of temporary workers to support patient acuity, registered nurse vacancies, sickness absence and maternity cover.
74. There are 116.76 wte Band 6 and 5 registered nurses available to work at the unit each month; the band 6 nurses are also part of a co-ordinator rota and are therefore not always available within the ward numbers. A new Duty Manager post will be in place in May 2016 which will release the band 6 nurses back to the wards. At the end of April 2016 there were 30.24 wte registered nurse vacancies and nine RN's were on maternity leave or long term sick. These numbers do not include those nurses at work but cannot work within the numbers due to pregnancy, health issues or investigation or on career break. As at 31st April 2016 this was three nurses. Out of 116.76 wte registered nurses available to work during March 2016 there were 42.24 wte not available due to vacancies, long term sickness, maternity leave, career breaks or other reasons. This is an increase of 4.72 wte nurses from last month. There are also 9.84 wte HCSW vacancies across the eight wards. All wards used bank workers to support vacancies, sickness and patient acuity for level 1 observation.
75. All new appointments to posts for qualified nurses require preceptorship and the current preceptees are coming to the end of this period.
76. Bradgate Unit - Belvoir Ward was the only area to meet the 1:8 and 60:40 skill mix threshold but Belvoir Ward did use 42.2% of bank workers to support sickness and vacancies. This is a reduction of 11.6% from last month.
77. All Bradgate wards apart from Watermead have identified challenges in meeting the fill rate for registered nurses on day shifts. This was due to the number of vacancies and ability to get the required cover for all shifts, but all wards met the fill rate for RNs on night shifts. All Bradgate wards other than Belvoir Ward struggled to meet the 1:8, 60/40 skill mix. This will have been affected by the night staffing expected numbers of night not always being two registered nurses on night duty and three on day shifts.

The risks this presents us with

78. There is a risk that inappropriate staffing levels could lead to the ability of staff to support patients to have leave, maintain good standards of care, ensure continuity of care, facilitate good documentation and allow for staff training and supervision to take place.
79. Types of staffing challenges include:

- Newly qualified nurses employed on each ward;
- Below RN numbers to meet a 1:8 RN to patient ratio;
- Below RN numbers to meet a 60:40 RN to HCSW ratio;
- High usage of temporary workers.

80. Management and Risk Mitigation Strategies in place during April 2016

- a) The Senior Matrons and Team Manager meet every Monday and Thursday morning with Ward Matrons to review the staffing rotas on all wards and ensure that all day and night duty staffing is coordinated and early requests for cover can be made to Central Staffing Solutions (bank service). Staffing issues are discussed at the Bed Management Meetings to review the bed demand and patient acuity alongside staffing to determine if the Bradgate Unit is offering safe and effective care. Any concerns identified are escalated to the Service SMT to consider contingency plans;
- b) The Bradgate Unit has been divided into two ends for the management of night duty safer staffing if the required numbers of qualified nurses cannot be met following bank requests and consideration of agency worker use. Aston, Thornton and Bosworth end of the unit consists of three wards with a total of 61 beds and should have six qualified staff per night; the minimum proposal is four per night, with the allocated ward for that week having two experienced nurses on duty. Ashby, Heather, Beaumont and Watermead have 80 beds at this end of the unit and they should have eight qualified per night, the minimum proposal for this end is five per night, with the allocated ward for that week having two experienced nurses on duty. The wards not allocated to having two experienced staff on duty still try to achieve the two qualified per night and this could be met by an experienced staff member with a preceptorship nurse on duty. The unit has one additional HCSW at night who are the 'unit floater', it is proposed that each end of the unit has one HCSW that is a floater and allocated to wards on a rostered basis. These two staff will support when wards have patients requiring escorts to other hospitals for example Accident and Emergency (A&E), increased levels 1 observations agreed during the night, seclusion observation, response teams and increased activity or patient acuity issues;
- c) The unit co-ordinator is a band 6 Deputy Matron who is not included in ward staffing numbers. From May 2016 there will be permanent Duty Managers in place to cover inpatient areas in the adult mental health service and the band 6 deputies will be part of the ward rota at all times. This will improve the numbers of experienced staff available for the rota;
- d) All issues regarding meeting the expected number and mix of staff on duty should be escalated to the Team Manager/ On Call Manager and where staffing cannot be met as required an incident form should be completed to allow further monitoring. The Team Manager/ On Call Manager will discuss with ward staff patient acuity and safety across the unit and where required authorise the use of agency staff, in accordance with the escalation process for approval. Matrons have been asked to discuss the information required for a detailed incident form that reflects the exact staffing issue, why this occurred, what mitigation was put in place to ensure patient safety and who this was escalated too and the outcome;

- e) The Service has a rolling advertisement registered nursing staff; however interest has been low, particularly from experienced staff. Recruitment has been advertised on social media and the service has attended several careers fairs. This is being explored further in the Service Recruitment and Retention Sub Group and the 'Golden Hello' (£200 incentive to join the Trust) has been offered on the current recruitment adverts. HR are supporting staff with robust sickness absence management;
- f) Due to the temporary closure of Hershel Prins - Griffin Ward, an additional eight staff have been released to support the Bradgate Unit Wards for six months;
- g) Block booking bank/ agency workers to specific wards;
- h) Service Managers review internal moves and vacancies to renegotiate start dates for staff transferring to the vacancies in community/ crisis/ other posts;
- i) Band 7 Ward Matrons and Senior Matrons to support shifts clinically when required;
- j) In April 2016, a workshop took place with Matrons to explore other roles on the wards – Secretaries for Matrons, Developmental Band 6 posts, Assistant Practitioner roles, and increased numbers of Psychological therapists were all identified. A paper will be sent to the AMH/LD Divisional Assurance Group and Finance and Performance Committee in May 2016 to agree the plans; this will involve changes to some nursing posts.

81. **Further safer monitoring in the Service** – At the end of January 2016, the nurse staffing has started to be monitored within the Prison Services, Crisis and Community Services. These were refined further in March 2016 and enable refined risk management and staffing escalation when required. A review of the staffing issues in the AMH Community Service Development Initiative (SDI) has taken place and this will be monitored during the new ways of working projects.

Conclusion

82. 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.

83. 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 for April 2016

			Fill Rate Analysis (National Unify2 Return)				Skill Mix Met	Funded Staffing Levels Met by Shift	% Temporary Workers
			Actual Hours Worked divided by Planned Hours						
			Day (Early & Late Shift)		Night		(based on 1:8 plus 60:40 split)		
			Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff			
Ward Group	Ward name	Average no. of Occupied Beds	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Bradgate MHU	Ashby	18	94.4%	175.8%	90.0%	376.7%	74.44%	97.8%	49.3%
Bradgate MHU	Aston	15	94.4%	152.5%	96.7%	240.0%	78.89%	95.6%	36.9%
Bradgate MHU	Beaumont	16	89.4%	191.7%	98.3%	263.3%	67.78%	100.0%	31.2%
Belvoir ICU	Belvoir Unit	18	113.3%	343.8%	113.3%	408.3%	100.00%	100.0%	42.2%
Bradgate MHU	Bosworth	16	82.2%	144.2%	91.7%	176.7%	52.22%	97.8%	21.0%
Bradgate MHU	Heather	17	87.8%	152.5%	96.7%	206.7%	73.33%	98.9%	32.1%
Bradgate MHU	Thornton	14	85.6%	136.7%	96.6%	262.1%	67.42%	93.3%	18.2%
Bradgate MHU	Watermead	15	74.4%	215.8%	96.7%	343.3%	45.56%	98.9%	42.2%
Herschel Prins	HP Griffin	-	-	-	-	-	-	-	-
Herschel Prins	HP Phoenix	18	101.7%	207.5%	100.0%	198.3%	88.89%	100.0%	33.1%
Mill Lodge	ML Bluebell	17	103.3%	200.0%	96.7%	100.0%	95.56%	14.4%	30.3%
Mill Lodge	ML Buttercup	18	110.0%	232.3%	96.7%	156.7%	95.56%	97.8%	10.8%
Stewart House	SH Skye Wing	15	128.3%	165.6%	193.3%	150.0%	93.33%	98.9%	42.3%
The Willows	Willows Unit	17	162.9%	232.6%	132.5%	259.2%	98.89%	98.9%	27.0%
Bennion Centre/ Langley	BC Kirby	17	81.3%	182.8%	100.0%	110.0%	63.33%	92.2%	8.5%
Bennion Centre/ Langley	BC Welford	16	87.3%	190.8%	95.0%	148.3%	73.33%	95.6%	22.1%
Evington Centre	CB Beechwood	16	97.3%	223.6%	98.3%	141.7%	78.89%	92.2%	25.1%
Evington Centre	CB Clarendon	16	102.0%	185.8%	100.0%	106.7%	86.67%	88.9%	17.5%
Evington Centre	EC Coleman	15	109.2%	306.0%	95.0%	258.3%	95.56%	98.9%	40.2%
Evington Centre	EC Gwendolen	-	-	-	-	-	-	-	-
Evington Centre	EC Wakerley	13	98.3%	210.1%	91.7%	180.0%	92.22%	91.1%	33.2%
Fielding Palmer Hospital	FP General	17	110.8%	95.6%	100.0%	-	93.33%	96.7%	11.8%
Melton Mowbray Hospital	MM Dagleish	11	99.2%	121.1%	96.7%	110.0%	95.56%	93.3%	12.0%
Rutland Hospital	Rutland	15	100.0%	117.4%	100.0%	110.0%	88.89%	50.0%	13.1%
St Luke's	SL Ward 1 Stroke	18	98.3%	167.5%	100.0%	100.0%	95.56%	38.9%	15.7%
St Luke's	SL Ward 3	15	96.7%	97.5%	200.0%	100.0%	94.44%	96.7%	42.1%
Coalville Hospital	CV Ellistown 2	17	132.5%	189.2%	196.7%	141.7%	97.78%	90.0%	17.0%
Coalville Hospital	CV Snibston 1	17	129.2%	220.8%	98.3%	98.3%	97.78%	81.1%	2.6%
Hinckley & Bosworth Hospital	HB East Ward	16	85.6%	195.8%	96.7%	98.3%	72.22%	85.6%	15.0%
Hinckley & Bosworth Hospital	HB North Ward	15	98.3%	163.1%	100.0%	100.0%	97.78%	94.4%	16.0%
Loughborough Hospital	Lough Swithland	17	100.0%	204.2%	100.0%	200.0%	100.00%	100.0%	13.4%
Bennion Centre/ Langley	Langley	17	150.8%	117.5%	50.0%	440.0%	54.44%	95.6%	48.1%
Adolescent Psychiatric Unit	Ward 3 (formally Oakham House)	17	108.8%	158.8%	109.3%	113.0%	95.56%	92.2%	11.8%
3 Rubicon Close	3 Rubicon Close	18	121.7%	190.0%	100.0%	120.0%	100.00%	96.7%	12.6%
Agnes Unit	Agnes Unit	16	126.2%	605.3%	86.7%	428.3%	88.89%	96.7%	47.5%
Gillivers	Gillivers	17	85.0%	191.0%	83.3%	116.7%	83.33%	81.1%	16.7%
The Grange	The Grange	18	-	175.0%	-	203.4%	96.63%	98.9%	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 RN to patient ratio plus a 60:40 skill mix ratio of RNs 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 inpatient 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*	Registered Nurse (RN)			Health Care Support Worker (HCSW)		
				Early	Late	Night	Early	Late	Night
AMH Bradgate	Ashby	ADULT MENTAL ILLNESS	19	3	3	2	2	2	1
	Aston	ADULT MENTAL ILLNESS	21	3	3	2	2	2	1
	Beaumont	ADULT MENTAL ILLNESS	22	3	3	2	2	2	1
	Belvoir Unit	PICU	10	2	2	1	3	3	3
	Bosworth	ADULT MENTAL ILLNESS	20	3	3	2	2	2	1
	Heather	ADULT MENTAL ILLNESS	18	3	3	2	2	2	1
	Thornton	ADULT MENTAL ILLNESS	23	3	3	2	2	2	1
	Watermead	ADULT MENTAL ILLNESS	19	3	3	2	2	2	1
AMH Other	HP Griffin	FORENSIC PSYCHIATRY	-	2	2	1	2	2	2
	HP Phoenix	FORENSIC PSYCHIATRY	12	2	2	1	3	3	2
	ML Bluebell	ADULT MENTAL ILLNESS	8	1	1	1	3	3	2
	ML Buttercup	ADULT MENTAL ILLNESS	8	1	1	1	2	2	1
	SH Skye Wing	REHABILITATION	29	2	2	1	4	4	2
	Willows Unit	ADULT MENTAL ILLNESS	37	4	4	4	8	8	8
CHS City	BC Kirby	OLD AGE PSYCHIATRY	23	3	2	2	3	3	2
	BC Welford	OLD AGE PSYCHIATRY	22	3	2	2	3	3	2
	CB Beechwood	COMMUNITY CARE	16	3	2	2	4	3	2
	CB Clarendon	COMMUNITY CARE	21	3	2	2	4	3	2
	EC Coleman	OLD AGE PSYCHIATRY	20	2	2	2	3	3	2
	EC Gwendolen	OLD AGE PSYCHIATRY	-	2	2	2	3	3	2
	EC Wakerley	OLD AGE PSYCHIATRY	20	2	2	2	5	4	2
CHS East	FP General	REHABILITATION	12	2	2	2	2	1	0
	MM Dalgleish	REHABILITATION	13	2	2	2	3	2	1
	Rutland	REHABILITATION	12	2	2	2	4	3	1
	SL Ward 1 Stroke	REHABILITATION	15	3	2	2	5	4	2
	SL Ward 3	REHABILITATION	13	2	2	1	2	2	1
CHS West	CV Ellistown 2	REHABILITATION	23	2	2	1	5	2	2
	CV Snibston 1	REHABILITATION	22	2	2	2	6	4	2
	HB East Ward	REHABILITATION	22	3	3	2	4	3	2
	HB North Ward	REHABILITATION	13	2	2	2	4	2	2
	Lough Swithland	REHABILITATION	22	2	2	2	4	2	1
FYPC	Langley	CHILD & ADOLESCENT PSYCHIATRY	13	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	3	1	1	1	2	2	1
	Agnes Unit	LEARNING DISABILITY	11	3	3	2	8	8	4
	The Gillivers	LEARNING DISABILITY	3	1	1	1	2	2	1
	The Grange	LEARNING DISABILITY	2	0	0	0	2	2	2

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

** The number of beds has been confirmed by the service as accurate