

TRUST BOARD – 28th July 2016

Safer Staffing – June 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 June 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 June 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	May 2016	June 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	St Lukes Hospital- Ward 3	St Lukes Hospital- Ward 3
Families, Young People and Childrens Directorate	-	-	-	-	-
Adult Mental Health & Learning Disability Services	Mill Lodge – Buttercup Ward and Bluebell Ward	Mill Lodge- Bluebell ward	Mill Lodge- Bluebell ward	Mill Lodge- Bluebell ward	Mill Lodge- Bluebell ward

Directorate	Bradgate unit – all wards except Belvoir Ward	Bradgate unit – all wards except Belvoir Ward	Bradgate unit – all wards except Belvoir Ward	Bradgate Unit – Watermead Ward	Bradgate Unit – Watermead Ward
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Table 1 - Summary of Trust 'hot spots'

Community Health Services (CHS)

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

- St Luke's Hospital - Ward 3

				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				
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
St Lukes	SL Ward 3	30	12	95.8%	97.5%	193.3%	96.7%	92.22%	92.2%	45.5%

Table 2 Community Hospital Hot Spots

12. There are no 'hotspot' areas identified within in-patient Mental Health Services for Older People (MHSOP). However Evington Centre - Coleman and Wakerley wards are red as an exception for the use of temporary workers; and Bennion Centre - Kirby and Welford wards are an exception for skill mix met. This is a result of staff vacancies, sickness and staff suspension. Recruitment processes are on-going, however there are limited numbers of applicants for Band 5 nursing posts. Community Health Services (CHS) recruitment group is looking at dynamic strategies to address this. Robust sickness management processes are in place. Staffing levels have been maintained by the movement of staff from other areas.

13. The 'hotspot' area for Community Hospitals shows a higher percentage of temporary workers used (45.5%). 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 June 2016 highlights Feilding Palmer Hospital – General Ward and Melton Mowbray Hospital - Dalgleish Ward as using more than 20.0% of temporary workers (32.7% and 24.1% respectively). This increase is attributed to additional staff required to provide specialising/ enhanced care to confused patients.

15. The in-month achievement of funded staffing levels for Hinckley and Bosworth Hospital – East Ward, City Beds – Clarendon and Beechwood wards, Rutland Hospital – Rutland Ward, St Luke's - Ward 1 and Coalville Hospital - Wards 1 and 2 are currently below 80%. The wards flex the number of planned staff on the early and late shifts whilst maintaining safer staffing levels in order to best meet the acuity and dependency of the patients.

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

1. Immediate mitigating actions include:
 - 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 mix and experience on a shift by shift basis;
 - Reviewing patient experience feedback, Nurse Sensitive Indicator data and risks to ensure quality is not impacted;
 - Matrons signing off all e-rosters.

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

2. Longer term plans to eradicate the risks and address staffing issues include:
 - Rolling recruitment including open days, monthly interviews and attendance at local recruitment events/ job fairs;
 - Recruitment of additional staff to both stroke wards to further increase the registered nurse to patient ratios;
 - Band 6 development programme focusing on professional, leadership and clinical skills;
 - Trainee Assistant Practitioner cohort to complete first six months training. Once qualified, these staff will enrich the existing skill mix.

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

3. There are two inpatient services within FYPC:
 - 15 bedded Adult Eating Disorder Service (Langley Ward)
 - 10 bedded Adolescent Unit (Coalville Hospital - Ward 3)

				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				
				Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Bennion Centre/ Langley	Langley	15	13	132.2%	180.8%	106.7%	383.3%	95.56%	96.7%	48.3%
Adolescent Psychiatric Unit	Ward 3	10	8	112.1%	173.0%	118.4%	132.7%	90.00%	76.7%	17.7%

Table 3 – Children's Inpatient Services Hot Spots

4. 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.
5. 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.
6. 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
7. The Leicestershire Medicines Code specifies two RNs are required to administer medication to children at all times.

Glenfield Site - Langley Ward

8. 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.

9. 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.
10. 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).
11. As a result of the safer staffing review undertaken by the Lead Nurse, It is recommended that Langley Ward should 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 currently achieved because of the income generated by the ward and flexible use of bank workers. To maintain this safer staffing level it is proposed that income will be generated into budget to fund substantive staff posts.
12. The safer staffing dashboard for June 2016 highlights that Langley Ward has a high percentage of temporary workers (48.3%). There is clear correlation between high use of temporary workers and the number of vacancies within this area. The increased figure for temporary workers also reflect the operation of a safer staffing level of 5:5:3 as opposed to the current funded establishment of 4:4:2.
13. In addition Langley Ward has utilised additional health care support workers (HCSWs) to meet the care needs of the patients as their acuity has increased and this is reflected in the dashboard in respect of the fill rates for HCSWs. All patients' needs have been met and safely maintained.
14. No safer staffing incidences relating to Langley Ward have occurred during June 2016.
15. Currently there are vacancies for 2.0 whole time equivalent (wte) RNs.
16. 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.
17. Two recently recruited RNs are due to commence in post in September 2016 following completion of their pre-registration course. Interviews for the remaining RN vacancies are to be held in July 2016.
18. A vacant Occupational Therapist post has been advertised and interviews are to be held in July 2016.

19. 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.
20. Additional staffing pressures over the past month have arisen through the continued increased acuity in providing 1:1 nursing support to two patients on a continual basis in an effort to support refeeding through naso gastric feeding and to discourage purging and other related behaviours.
21. The ward Senior House Officer (SHO) finished precipitously at the beginning of June 2016, leaving the ward without junior doctor cover. This has brought significant challenges to the ward as newly admitted patients require close medical monitoring. The risks to patient care have been mitigated through a combination of the Associate Specialist for the team effectively 'acting down' to cover ward duties and additional support being supplied by the duty SHO for the Bradgate Unit and Bennion Unit. Despite attempts to procure a locum, no resolution to the situation has been found. A new junior doctor is due to start the next rotational post at the beginning of August 2016. The greatest and most significant impact of the current situation during June 2016 has been when the Associate Specialist has been on leave - subsequently the ward has been left with only duty doctor junior cover. Admissions have been postponed during these weeks.

The risks this presents us with

22. The risks include:

- 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 University Hospitals of Leicester (UHL).

Mitigating actions in place to prevent these risks

23. 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 skill 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;
- Contracts team to continue to pursue agreement with UHL regarding payment for specialist nursing input – a face to face meeting has been requested by LPT's contract manager with UHL.

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

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

- Continuation 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;
- Continuance of the 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)

25. 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 at 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.

26. 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.

27. 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.

28. Coalville Hospital – Ward 3 is funded to provide 11.47 wte RNs and currently has 8.93 wte RNs in post resulting in a vacancy factor of 2.54 wte RNs. Two RNs are designated to provide front line senior leadership to shifts. One RN remains on maternity leave and a further RN is pregnant and has required adjustment to her duties.

29. Previous recruitment into the current vacancies has not been successful, therefore these vacancies remain. Further recruitment plans remain ongoing to fill the vacancies.

30. 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.

31. There is over staffing when required above these figures in order to provide cover to 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 as well as the increase in fill rates.

32. There were six safer staffing incidents recorded for June 2016, this is reflected in the scorecard for the in-month achievement of funded staffing levels for Ward 3 which are highlighted as currently below 80%. A contributory factor to this was two admissions to the Agnes Unit for June 2016. One patient required a staffing level of four carers per shift to maintain the patient's safety due to the high acuity level, thus requiring appropriately trained staff to be distributed through two clinical areas. At all times appropriate staffing levels were maintained by utilising additional support from the senior nursing team.

33. 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 continues to provide leadership and support to the Coalville Hospital - Ward 3 environment and nursing team.

34. There has been an extended period of sickness of a senior member of staff. This identified a leadership gap within the service. An additional experienced nurse from within the FYPC division with an appropriate skill base has been seconded in this post to provide clear leadership, structure and continuity for the team. This post remains and will be reviewed at the end of August 2016.
35. Short term sickness levels have increased for June 2016; this is monitored and managed by the ward matron in conjunction with Human Resources (HR) via regular return to work meetings, ill health reviews and the setting of attendance targets where necessary.
36. 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 a requirement to monitor safer staffing levels.
37. The use of the Agnes Unit has ceased from 31st May 2016. An "Emergency Bed" has been incorporated into the Coalville - Ward 3 environment as an alternative until a national bed can be identified. Additional staff will be needed above the current staffing levels to care for any patient requiring this bed.

The risks this presents us with

38. The risks include:

- Possible admissions to the "Emergency bed" on Coalville - Ward 3 pose a risk to the safer staffing levels at Coalville Hospital – Ward 3 due to the requirement to provide additional staff based on increased patient acuity levels;
- Coalville Hospital – Ward 3 utilises 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

39. Immediate mitigating actions include:

- The CAMHS Lead Matron, Deputy Lead Nurse and Senior Matron continue to provide 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

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

- A business case has been submitted to the July 2016 Trust Board to consider supporting the expansion of Coalville Hospital - Ward 3 to a 15 bedded unit. This is to mitigate the risk of increased admissions as the current bed occupancy remains extremely high;
- FYPC have been successful in obtaining non recurrent monies from NHS England in order to increase the CAMHS on call team. This team currently has three band 6 RNs, but a further five RNs are to be recruited. This will be an extended hour's service. The money should be available to Leicestershire Partnership Trust in September 2016. It is envisaged that the expansion of this team will reduce the number of emergency admissions and make the staffing of Coalville Hospital - Ward 3 more predictable;
- The Crisis Home Treatment Team has been approved but is awaiting final procurement sign off, due September 2016;
- Continuance of the 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 explored;
- 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.

41. 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 was shared and approved 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

				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)	Based on full bed occupancy	
				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 Beds on Ward	Average no. of Occupied Beds	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
3 Rubicon Close	3 Rubicon Close	5	3	80.0%	141.7%	60.0%	103.3%	68.89%	68.9%	14.8%
Gillivers	Gillivers	5	2	63.3%	158.3%	53.3%	93.3%	60.00%	63.3%	10.7%
The Grange	The Grange	5	2	-	202.4%	-	181.8%	98.89%	70.0%	28.6%

Table 4 – Short Break Home Hot Spots

42. 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 (RN) 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.

43. During June 2016, the three homes were closed for five days for staff training. This meant there were no night staff required to work and this has affected the average fill rate. The Gillivers, The Grange and Rubicon Close have met all of the shifts requiring registered nurses but The Gillivers has used registered bank nurses to support this. Temporary workers have been used to support sickness, however some of the temporary workers used are substantive staff working bank shifts as they best support the complex needs of patients in the home. This has maintained the patient's 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 and the first part of the programme has started.

44. 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

45. The review using adapted tools in the Mental Health Staffing Framework, developed by Health Education East Midlands and NHS England has suggested there is the appropriate staffing to meet patient needs at Rubicon Close and The Gillivers; however non nursing duties are not included which means 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 on Ward	Average no. of Occupied Beds	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)	Based on full bed occupancy	
				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	14	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%	
				160.3%	691.3%	108.5%	479.7%	96.67%	97.8%	58.1%

Table 5 - Agnes Unit Hot Spots

46. The Agnes Unit's current staffing reflects the layout of the building and provides care in four pods each with four 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.

47. In June 2016, the Agnes Unit was compliant with all thresholds but did use 58.1% of bank workers an increase of 1.7% to support 1.6 wte registered nurses vacancies, increased patient acuity resulting in one patient continuing to receive care in the extra care suite throughout the month on a 2:1 observation level and 13.9 wte HCSW vacancies. The Agnes Unit has had some patients with difficult challenging behavior during June 2016 and there has been the need to increase staffing to manage some patient mix and safeguarding risk issues between patients. There are also six delayed transfers of care patients (DToC).

The risks this presents us with

48. 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 1.6 wte registered nurse vacancy has been recruited to and staff are expected to be available in August/ September 2016. The 13.9 wte HCSW vacancies are the equivalent number of staff required to staff a pod. This vacancy is covered by high use of bank workers across the unit. Regular bank workers are used to support safer staffing and provide continuity of care; however there have been problems getting bank workers during June 2016 and qualified cover for sickness. The Agnes Unit has implemented the staffing escalation and monitoring process. The process involves reviewing the staffing on a weekly basis for the week ahead and ensuring staffing is appropriate, rotas adjusted where possible and staffing support from other

areas is considered. It also enables coordinated use of bank workers and provides a rationale for consideration of agency use.

Low Secure Services

				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				
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Herschel Prins	HP Griffin	6	6	191.7%	215.0%	103.3%	206.7%	97.78%	96.7%	24.9%
Herschel Prins	HP Phoenix	6	6	180.0%	263.3%	100.0%	196.7%	100.00%	61.1%	16.6%

Table 6 - Low Secure Service Hot Spots

49. Herschel Prins – Griffin Ward reopened in May 2016 following refurbishment and currently supports six male patients from Phoenix Ward. The required thresholds for safer staffing in June 2016 have been met; however the ward used 24.9% of bank workers to cover vacancies, maternity leave and some short term sickness.

50. Herschel Prins – Phoenix Ward has met the required thresholds for safer staffing in June 2016 except for funded staffing levels met by shift, the ward did use 16.6% of bank workers which is a further decrease of 8.2% from May 2016 and supported 6.2 wte band 5 vacancies and some short term sickness. Six beds on Herschel Prins – Phoenix Ward are currently closed for the refurbishment works related to ligature risks and the seclusion facility upgrade.

Rehabilitation

				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				
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
The Willows	Willows Unit	38	36	152.9%	237.1%	126.7%	255.9%	100.00%	100.0%	31.9%
Mill Lodge	ML Bluebell	9	4	91.7%	121.7%	90.0%	113.3%	90.00%	1.1%	38.1%
Mill Lodge	ML Buttercup	9	8	106.7%	252.5%	90.0%	156.7%	92.22%	98.9%	13.0%

Table 7 - Rehabilitation Hot Spots

51. The Willows Unit has met all thresholds for safer staffing in June 2016 despite some long and short term sickness across the four wards, a pregnant RN on restricted duties and increased patient levels of observation on Maple Ward. The unit has used 31.9% of temporary workers to support safer staffing an increase of 6.9% from May 2016.
52. Mill Lodge – Bluebell Ward is a ‘hotspot’ for funded staffing levels met by shift. Additional HCSWs were used to support care and the nurses provided cover between the two wards. The ward currently has reduced bed occupancy as part of preparation for the move of the service to new accommodation on the Stewart House site. Between Mill Lodge - Bluebell and Buttercup wards the temporary workers use was 51.1% an increase of 10% from last month. The bank usage supported a maternity leave/ pregnancy, short term staff sickness and seven band 5 registered nurse vacancies, 7.6 wte band 2 and 1 wte Band 7 vacancy. The Team Manager and Service Manager have reviewed staffing and have introduced the following to manage risks - regular booking of agency workers, active recruitment and using staff from Stewart House at Mill Lodge.
53. Stewart House - Skye Ward has met the thresholds for safer staffing in June 2016 but utilised 44.5% of temporary workers to cover short term sickness, a registered nurses long term sickness and maternity leave. This is a slight reduction of 3% from May 2016. There are now 1.2 wte RN vacancies however these have been recruited to with staff commencing in August/ September 2016.

The risks this presents us with

54. The Lead Nurse and Service Manager have reviewed the increase in patients at Stewart House against the staffing and identified a risk of not meeting safer staffing requirements until the relocation of Mill Lodge to Stewart House is completed. 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 there are no vacancies at Stewart House.
55. 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. The formal staffing escalation process will commence in July 2016. The service is due to move from the site at Kegworth in November 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. The staff management of change commenced in June 2016 and has created anxiety within the staff team.

Bradgate Unit

				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				
Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	Average % fill rate registered nurses	Average % fill rate care staff	Average % fill rate registered nurses	Average % fill rate care staff	(based on 1:8 plus 60:40 split)	Based on full bed occupancy	
				>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	>= 80%	<20%
Bradgate MHU	Ashby	21	21	88.3%	221.7%	93.3%	396.7%	73.33%	100.0%	55.0%
Bradgate MHU	Aston	21	21	97.2%	126.7%	100.0%	243.3%	83.33%	97.8%	38.7%
Bradgate MHU	Beaumont	20	20	88.3%	200.0%	98.3%	380.0%	64.44%	98.9%	38.5%
Belvoir ICU	Belvoir Unit	10	9	121.2%	424.6%	100.0%	489.8%	98.89%	100.0%	55.0%
Bradgate MHU	Bosworth	18	18	86.7%	179.2%	90.0%	320.0%	61.11%	100.0%	31.1%
Bradgate MHU	Heather	17	17	75.0%	225.0%	95.0%	403.3%	47.78%	100.0%	58.0%
Bradgate MHU	Thornton	22	22	92.8%	191.7%	103.3%	406.7%	80.00%	97.8%	36.1%
Bradgate MHU	Watermead	20	20	69.4%	147.5%	90.0%	163.3%	32.22%	94.4%	29.4%

Table 8 - Bradgate Unit Hot Spots

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

57. The Bradgate Unit Wards continue to utilise high numbers of temporary workers to support patient acuity, registered nurse vacancies, sickness absence and maternity cover.

58. Across the Bradgate Unit Wards (excluding Belvoir) there are 116.76 wte Band 6 and 5 wte registered nurses available to work at the unit each month. The band 6 nurses have now been released back to wards as the new Duty Manager posts commenced in June 2016. At the end of June 2016, there were 31.8 wte registered nurse vacancies and 9 RNs 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, under investigation or on career break. As at 30th June 2016 this was 2 nurses. Out of 116.76 wte registered nurses available to work during June 2016, there were therefore 42.8 wte not available due to vacancies, long term sickness, maternity leave, career breaks or other reasons. This represents a slight increase of 1.5 wte nurses from May 2016. There are also 6.4 wte HCSW vacancies across the seven wards. All wards used bank workers to support vacancies, sickness and patient acuity for level 1 observation. The new establishment for wards based on the re-modeling of the workforce was outlined in budgets from May 2016 and will be reflected in the staffing monitoring form July 2016. This will effectively reduce the qualified nurse requirements at band 5 by 2.5 wte, increase the band 6 by 1 wte and create new posts to support patient care and effective ward management. This will be detailed in the July 2016 report. This accounts for the difference in vacancies reported in the vacancy and recruitment figures.

59. All new appointments to posts for registered nurses require preceptorship and the five new staff recruited recently will commence in September 2016 and require preceptorship.
60. Belvoir, Aston and Thornton Wards were the only areas to meet the 1:8 and 60:40 skill mix threshold. All other wards used additional HCSWs to support registered nurse fill to a minimum of two registered nurses on day shifts.
61. All wards achieved the fill rate thresholds for registered and care staff apart from Watermead and Heather which did not meet the fill rate for registered nurses on day shifts. This was due to the number of registered nurse vacancies and ability to get the required cover from bank or agency for all day shifts. Where this occurred, staff from other areas were moved to wards to ensure safer staffing but this has been challenging throughout June 2016. All wards met the fill rate for RNs on night shifts.

The risks this presents us with

62. 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.
63. 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.

Management and Risk Mitigation Strategies in place during June 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 during nights 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-ordinators (band 6 Deputy Matrons) have been released back to ward rosters during June 2016 as the new band 7 Duty Managers are now in place. The Duty Managers cover inpatient areas in the adult mental health service;
- d) All issues regarding meeting the expected number and mix of staff on duty are escalated to the Team Manager/ On Call Manager. An incident form should be completed to allow further monitoring when staffing cannot be met. The Team Manager/ On Call Manager will discuss with ward staff patient acuity and safety across the Bradgate Unit and where required authorise the use of agency workers 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 to and the outcome;
- e) The service has a rolling advertisement for registered nursing staff; however interest has been particularly low 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. Human Resources (HR) are supporting staff with robust sickness absence management. Further incentives have been considered for recruitment and retention and career progression included in the ward establishment re-modeling;
- f) Block booking bank/ agency workers to specific wards;
- g) Service Managers review internal moves and vacancies to renegotiate start dates for staff transferring to the vacancies in community/ crisis/ other posts;
- h) Band 7 Ward Matrons and Senior Matrons to support shifts clinically when required;
- i) In April 2016, a workshop took place with Matrons to explore other roles on the wards – Secretaries for Matrons, Developmental Band 6 post, Assistant Practitioner roles and increased Psychological Therapists were all identified and a paper was taken to AMH/LD Directorate Assurance Group (DAG) and Finance Group in May 2016 and

June 2016 to agree the plans. This will involve a change to some nursing posts to other roles. Further work on the re-modeling to ensure the proposal met the financial envelope took place in June 2016 and recruitment to posts has commenced.

Conclusion

64. 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.
65. 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 June 2016

Ward Group	Ward name	Average no. of Beds on Ward	Average no. of Occupied Beds	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)	Based on full bed occupancy	
				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%	<20%	
Bradgate MHU	Ashby	21	21	88.3%	221.7%	93.3%	396.7%	73.33%	100.0%	55.0%
Bradgate MHU	Aston	21	21	97.2%	126.7%	100.0%	243.3%	83.33%	97.8%	38.7%
Bradgate MHU	Beaumont	20	20	88.3%	200.0%	98.3%	380.0%	64.44%	98.9%	38.5%
Belvoir ICU	Belvoir Unit	10	9	121.2%	424.6%	100.0%	489.8%	98.89%	100.0%	55.0%
Bradgate MHU	Bosworth	18	18	86.7%	179.2%	90.0%	320.0%	61.11%	100.0%	31.1%
Bradgate MHU	Heather	17	17	75.0%	225.0%	95.0%	403.3%	47.78%	100.0%	58.0%
Bradgate MHU	Thornton	22	22	92.8%	191.7%	103.3%	406.7%	80.00%	97.8%	36.1%
Bradgate MHU	Watermead	20	20	69.4%	147.5%	90.0%	163.3%	32.22%	94.4%	29.4%
Herschel Prins	HP Griffin	6	6	191.7%	215.0%	103.3%	206.7%	97.78%	96.7%	24.9%
Herschel Prins	HP Phoenix	6	6	180.0%	263.3%	100.0%	196.7%	100.00%	61.1%	16.6%
Mill Lodge	ML Bluebell	9	4	91.7%	121.7%	90.0%	113.3%	90.00%	1.1%	38.1%
Mill Lodge	ML Buttercup	9	8	106.7%	252.5%	90.0%	156.7%	92.22%	98.9%	13.0%
Stewart House	SH Skye Wing	30	29	137.5%	135.0%	186.7%	140.0%	93.33%	93.3%	44.5%
The Willows	Willows Unit	38	36	152.9%	237.1%	126.7%	255.9%	100.00%	100.0%	31.9%
Bennion Centre/ Langley	BC Kirby	24	22	82.0%	197.5%	83.3%	108.3%	61.11%	94.4%	9.5%
Bennion Centre/ Langley	BC Welford	24	22	84.7%	182.5%	93.3%	110.0%	68.89%	93.3%	17.1%
Evington Centre	CB Beechwood	24	23	100.7%	218.3%	100.0%	148.3%	83.33%	90.0%	13.7%
Evington Centre	CB Clarendon	21	19	100.7%	217.4%	103.3%	115.0%	85.56%	93.3%	18.0%
Evington Centre	EC Coleman	17	16	98.3%	341.7%	100.0%	286.7%	94.44%	100.0%	48.8%
Evington Centre	EC Gwendolen	-	-	-	-	-	-	-	-	-
Evington Centre	EC Wakerley	21	20	103.3%	274.2%	100.0%	201.7%	95.56%	94.4%	44.5%
Fielding Palmer Hospital	FP General	10	9	116.3%	121.2%	111.3%	-	93.33%	96.7%	32.7%
Melton Mowbray Hospital	MM Dalgleish	17	15	99.2%	130.3%	101.7%	130.0%	93.33%	94.4%	24.1%

Rutland Hospital	Rutland	13	11	100.8%	110.0%	98.3%	116.7%	84.44%	51.1%	13.3%
St Lukes	SL Ward 1 Stroke	18	17	83.1%	192.5%	93.3%	96.7%	68.89%	60.0%	19.2%
St Lukes	SL Ward 3	30	12	95.8%	97.5%	193.3%	96.7%	92.22%	92.2%	45.5%
Coalville Hospital	CV Ellistown 2	24	22	135.3%	177.3%	200.0%	118.3%	98.89%	84.4%	12.1%
Coalville Hospital	CV Snibston 1	24	23	145.0%	225.8%	98.3%	91.7%	95.56%	86.7%	4.1%
Hinckley & Bosworth Hospital	HB East Ward	23	21	97.8%	169.2%	100.0%	96.7%	87.78%	81.1%	10.7%
Hinckley & Bosworth Hospital	HB North Ward	16	15	100.8%	175.8%	100.0%	100.0%	100.00%	95.6%	9.3%
Loughborough Hospital	Lough Swithland	21	20	100.0%	197.5%	100.0%	200.0%	100.00%	100.0%	11.9%
Bennion Centre/ Langley	Langley	15	13	132.2%	180.8%	106.7%	383.3%	95.56%	96.7%	48.3%
Adolescent Psychiatric Unit	Ward 3 (formally Oakham House)	10	8	112.1%	173.0%	118.4%	132.7%	90.00%	76.7%	17.7%
3 Rubicon Close	3 Rubicon Close	5	3	80.0%	141.7%	60.0%	103.3%	68.89%	68.9%	14.8%
Agnes Unit	Agnes Unit	16	14	160.3%	691.3%	108.5%	479.7%	96.67%	97.8%	58.1%
Gillivers	Gillivers	5	2	63.3%	158.3%	53.3%	93.3%	60.00%	63.3%	10.7%
The Grange	The Grange	5	2	-	202.4%	-	181.8%	98.89%	70.0%	28.6%

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	1	2	2	2
	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