

**Agency:** \_\_\_\_\_

**Period:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Acute and Sub-acute Services Available and Staffed Beds		Beds
1	Acute Services (excluding mental health) – SAME DAY – OVERNIGHT	
2	Acute Mental Health	
3	Sub-acute	
4	Total	
5	Total from Last Period	

Reason	Occurrence	Estimated Effect	Explanation
Staffing Availability <input type="checkbox"/>	Planned / Seasonal <input type="radio"/>	Short term <input type="radio"/>	
	Unplanned <input type="radio"/>	Long term <input type="radio"/>	
Other (e.g. environmental factors, redevelopment) <input type="checkbox"/>	Planned / Seasonal <input type="radio"/>	Short term <input type="radio"/>	
	Unplanned <input type="radio"/>	Long term <input type="radio"/>	

Short term (i.e. <3 months)

Signed, Chief Executive: \_\_\_\_\_

Date: \_\_\_\_\_