HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	2 nd May 2017	Reference Number	2017 – 5 -	9					
Director	Mike Wright – Chief Nur	rse Author	Mike Wrig	Mike Wright – Chief Nurse					
Reason for the report	The purpose of this reported relation to Nursing and National Quali Commission	Midwifery staffing in	line with the e	xpectations of NHS	ality				
Type of report	Concept paper	Strategic opt	ions	Business case					
	Performance	Information	✓	Review					

4	DECOMMENDATIONS											
1	RECOMMENDATIONS	.4										
	The Trust Board is reques	sted to:										
	Danai ya thia namant											
	 Receive this report Decide if any if any further actions and/or information are required 											
		rtner ac	tions and/or in	rormatioi	n are requ	urea						
2	KEY PURPOSE:											
	Decision		Approval			Discussion						
	Information		Assurance		✓	Delegation						
3	STRATEGIC GOALS:					•						
	Honest, caring and accou	ntable c	culture				✓					
	Valued, skilled and sufficient	ent staff	:				✓					
	High quality care ✓											
	Great local services											
	Great specialist services											
	Great specialist services Partnership and integrated services											
	Financial sustainability											
4	LINKED TO:											
	CQC Regulation(s):											
	E4 – Staff, teams and ser	vices to	deliver effective	ve care a	nd treatm	ent						
	Assurance Framework	Raise	s Equalities	Legal a	advice	Raises sustain	nability					
	Ref: Q1, Q3	Issue	s? N	taken?	N	issues? N						
5	BOARD/BOARD COMMI	TTEE F	REVIEW			-						
	The report is a standing a	genda it	tem at each Bo	oard mee	ting.							
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HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

1. **PURPOSE OF THIS REPORT**

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations)^{1,2} and the Care Quality Commission.

2. **BACKGROUND**

The last report on this topic was presented to the Trust Board in March 2017 (February 2017 position).

In July 2016, the National Quality Board updated its guidance for provider Trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.

This report presents the 'safer staffing' position as at 31st March 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff³.

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL **RATES**

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (nonregistered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust's web-page:

http://www.hey.nhs.uk/openandhonest/saferstaffing.htm

These data are summarised, as follows:

3.1 Planned versus Actual staffing levels

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in Appendix One (data source: Allocate e-roster software & HEY Safety Brief). This appendix now includes some of the new metrics that is it understood will be included in Lord Carter's Model Hospital dashboard, when this is made available with up to date information. These additions are: Care Hours Per Patient Day (CHPPD), annual leave allocation, sickness rates by ward and nursing and care assistant vacancy levels by ward.

2

¹ National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing,

midwifery and care staffing capacity and capability

National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing

When Trust Boards meet in public

The inclusion of all of these additional sets of data is in its early stages. However, over time, it is anticipated that this will help determine more comprehensively what impact nursing and midwifery staffing levels have on patient care and outcomes.

The fill rate trends are now provided on the following pages:

Fig 1: Hull Royal Infirmary

	D/	ΔΥ	NIG	HT
HRI	Average fill rate	_	Average fill rate	_
	RN/RM (%)	care staff (%)	RN/RM (%)	care staff (%)
Apr-16	80.86%	88.23%	85.26%	103.39%
May-16	80.58%	91.24%	86.70%	105.93%
Jun-16	80.25%	89.41%	85.20%	102.22%
Jul-16	82.28%	90.96%	86.30%	103.33%
Aug-16	80.56%	89.30%	87.74%	99.85%
Sep-16	86.38%	93.40%	93.28%	101.70%
Oct-16	88.51%	100.79%	90.58%	106.38%
Nov-16	91.30%	97.10%	95.70%	107.30%
Dec-16	91.23%	100.10%	97.00%	100.76%
Jan-17	93.00%	103.50%	99.10%	101.10%
Feb-17	90.10%	98.10%	94.80%	100.30%
Mar-17	86.80%	95.90%	89.60%	102.10%

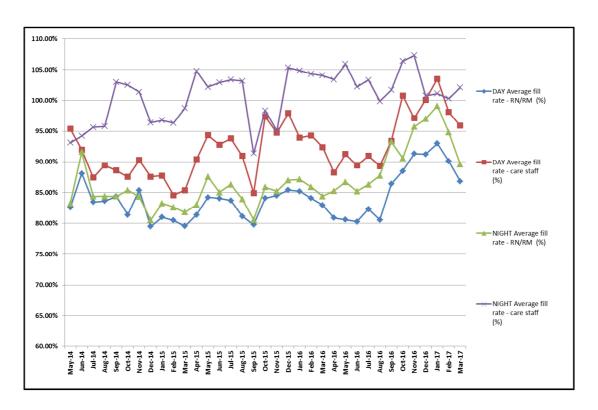
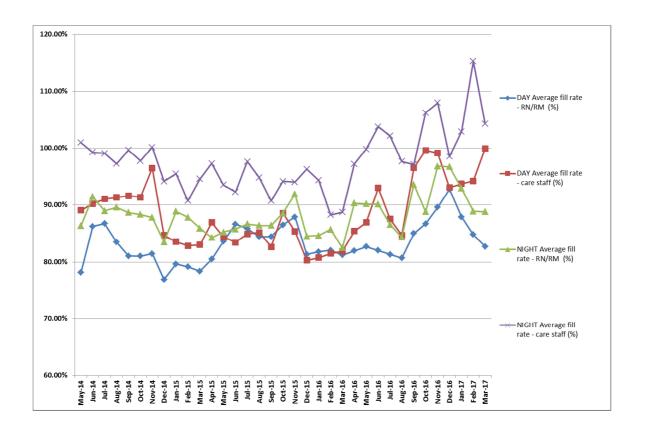


Fig 2: Castle Hill Hospital

	D/	AY	NIG	HT
СНН	Average fill rate -	_	Average fill rate -	_
	RN/RM (%)	care staff (%)	RN/RM (%)	care staff (%)
Apr-16	81.96%	85.40%	90.34%	97.19%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%
Sep-16	85.02%	96.52%	93.61%	97.09%
Oct-16	86.70%	99.59%	88.79%	106.24%
Nov-16	89.60%	99.10%	96.80%	108.00%
Dec-16	92.79%	93.03%	96.70%	98.50%
Jan-17	87.90%	93.70%	92.90%	102.90%
Feb-17	84.80%	94.20%	88.90%	115.30%
Mar-17	82.70%	99.90%	88.80%	104.30%



Fill rates at HRI remain slightly higher than those for CHH, however there has been a reduction in the fill rates at HRI compared to previous months. This reflects a number of issues, which include:

- Increase in annual leave allocation of approximately 2% overall in this month appears to be a contributory factor
- The continuing need to support the winter ward H10. However, this is due to close on 28th April 2017 whereupon staff will return to their substantive wards
- Vacancy rates
- Sickness levels
- There is also some compensation with HCA's being recruited to help fill RN vacancy gaps
- The needs for some patients to have 1:1 supervision due to their care needs

Work continues with recruitment for Registered Nurses. In addition, the Trust is currently exploring with the University of Hull the possibility of increasing the number of student placements in September 2017 by a further 50 places. The Trust is currently exploring its capacity to provide mentorship to support additional student placements.

The Trust has successfully secured 20 placements as part of the National nurse associate pilot programme. The 20 applicants will commence the 2 year programme on 28th April 2017.

4. ENSURING SAFE STAFFING

The twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. This is always achieved. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. However, as has been mentioned earlier in this report, the Trust is still running a winter ward (H10).

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their professional view on the safety and staffing levels that day
- The physical layout of the ward
- The availability of other staff e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

The SafeCare fully automated e-rostering system went live for the wards on Monday 24th April. It is anticipated that in the initial phase of the go live, staff will require some additional support; therefore floor walkers are in place for the initial roll out period to support staff in operating the new system.

The number of red alert declarations, when staff report that they feel staffing levels are not adequate, remains relatively small overall. Going forward, the Red Alert system will be replaced with a Red Flag alert system using nationally defined criteria, although this is not yet available.

The key areas that remain particularly tight in terms of meeting their full establishments currently are:

- Emergency Department Registered Nurse Staffing Having only recently recruited to almost full establishment last autumn, the Department has 11,76 wte (9.4%) vacancies. This is a slightly improved position in Registered Nurses in post, though it is recognised there is still a significant vacancy factor. There is a rolling advert in NHS jobs and the team is interviewing a number of staff external to the trust. Currently, 1.8 wte new recruits will commence in May. 14.0 wte of the University of Hull newly qualified nurses will join the department in September 2017. In order to mitigate the challenges in this department, the Teacher/Practitioner and lead Band 7 staff are rostered into the care delivery numbers regularly. Discussions are underway with the nurse bank to try and maximise its support, also. It is likely that some shifts may need to be put out to agencies if they cannot be filled in other ways, although this will be kept to an absolute minimum. Exit interviews are offered to all staff that have left/are leaving. The main reasons are to pursue alternative roles and, also, many are moving to work in minor injuries units as the workload is seemingly less onerous. The latest leavers have all left for promotions. There is a planned meeting in May with the Chief Nurse, the Nurse Director and Senior Matron to understand this further and to agree a more robust recruitment and retention plan.
- Acute Medical Unit (AMU). This unit has 10.64 wte (13.4%) vacancies currently with a further 4 wte predicted for April 2017. These have been advertised and interviews will be held in May.
- Ward C16 (ENT, Plastics and Breast Surgery) has 3.38 wte RN vacancies and 3.35 wte non-registered vacancies (24.22%) at present. Following recent recruitment, all posts have been recruited to; however, this does not address the short to medium term challenges. 2.0 wte RN Agency nurses are being used currently to bridge this gap, which is a cost pressure, but essential to maintain patient safety. The Senior Matron has concluded her cultural review on the ward, and is currently providing feedback to the team. It is hoped this will improve the retention rates on the Ward.
- Neonatal Intensive Care Unit (NICU). Recruitment and retention in this specialty is concerning with 12.13 wte RN vacancies (16.64%). 6 of these have been recruited to and more students are due to join in September. The staffing in the interim is being managed closely by the senior matron, with staff being flexed across all paediatric inpatient and outpatient areas according to patient need.
- H70 (Diabetes and Endocrine) has 9.81wte RN vacancies and 0.84 wte non-registered nurse vacancies (33.1%). This ward is supported in the interim by moving staff from Cardiology, Renal and Respiratory to assist. In addition, from May 1st 2017, 2 wte pool nurses are joining the team for a six month period. Staffing across the health group is balanced daily to help manage any risk. In addition, a Band 6 nurse will be seconded to the ward for a six month period to ensure there is continuation of senior nurse cover including weekends. This ward experienced some challenges recently with its previous leadership and associated care quality concerns, however, the new interim Senior Sister is having a very positive effect and it is hoped that this will help improve the ward's recruitment position.
- Ward H4 Neurosurgery has 3.07 wte RN and 1.41wte non-registered nurse vacancies which equates to (14.0%). The ward is being supported by H40.

- Ward H7 Vascular Surgery has 4.25 wte RN vacancies (12.4%). This group of patients often require specialist dressings. There is a plan to temporarily transfer some nursing resource from within the Health Group until substantive posts are filled.
- Ward C9 Elective Orthopaedic Surgery has 3.88 wte RN and 2.1wte non-registered nurse vacancies (19.2%) There are currently 6 orthopaedic beds closed on C9 to support the number of nursing vacancies. These beds are flexed to minimise the impact on elective activity.
- Ward C10 Elective Colorectal Surgery has 4.77 wte RN and 0.66 wte non-registered nurse vacancies (20.5%). The nursing staff are flexed between C10 and C11.

6. TWICE YEARLY REVIEW OF NURSING AND MIDWIFERY (N&M) ESTABLISHMENTS

The National Quality Board guidance requires trusts to review N&M establishments a minimum of twice a year in order to ensure that these are appropriate and relevant to meet the current needs/acuity of patients. This was last undertaken in October 2016. The process is undertaken by senior nurses and midwives alongside sisters, charge nurses and heads of finance. The guidance requires trusts to use a validated establishment tool, where available, alongside professional judgement in determining required establishments.

This work has commenced and it was hoped to be able to present the results in this report. However, thus far, the work has identified the following issues that need resolving before concluding:

- The need for consistency in terms of how the uplift for annual leave, sickness and study leave are allocated and treated
- The need for consistency with how annual leave and bank holiday entitlement are calculated and allocated
- What is incorporated within each wards budgets as some of these are not immediately clear
- The reviews have also identified some inaccuracies in terms of how the acuity (patient dependency tools) are applied in some wards

This work will be concluded for the next report.

7. FOCUS ON NURSING AND MIDWIFERY SICKNESS LEVELS

The Trust Board is aware of the of the focused work the Chief Nurse is undertaking with the health group Nurse Directors in relation to N&M sickness levels. To date, this is showing the following:

7.1 Surgery Health Group

The table below is a summary report on the Nursing Sickness Levels for March 2017.

Surgery Health Group Nursing & Midwifery Mar - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	5.85%	4.94%
% Long Term	4.05%	3.27%
% Short Term	1.80%	1.67%
No. Sickess Hearings	4	1
Of which resulted in dismissal	2	0

The main issue for the Health Group relates to Long-term [>4 weeks] certificated sickness. The Health Group has taken a number of actions to address the management of attendance including:

- Weekly Sickness review per ward and department with Senior Matron and HR advisor
- Senior Matron for Staffing & Discharge Rota
- All Nurses on Long-term sick have been reviewed in line with the Trust attendance policy

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 - Review complete of all Nursing staff currently on the policy
- Action to ensure all staff have a referral to Occupational Health
- Confirmation at Sister / Charge Nurse Level of assurance of managing attendance as per policy

As a result of the actions taken there are scheduled a further 4 sickness hearings planned for April – May 2017.

7.2 Medicine Health Group

Medicine Health Group Nursing & Midwifery Mar - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	4.77%	4.16%
% Long Term	2.09%	2.53%
% Short Term	2.68%	1.63%
No. Sickess Hearings	2	4
Of which resulted in dismissal	2	1

Within the Medicine Health Group, there is a discussion on a monthly basis with a Senior Sister and HR Advisor to go through all HR KPI's, including attendance rates for each of their members of staff. This is kept on an action plan and actions followed

up with the Sisters accordingly each month. This action plan also contains a rolling month on month attendance level for their area so that they can assess their performance and whether this is improving or not. The HR Advisors also review individuals with the managers to ensure staff are appropriately managed on the Managing Attendance Policy.

The Health Group is working with Occupational Health to ensure joint meetings take place which include Senior Matrons, to advise on the best way of managing an individual from both a HR and Occupational Health perspective to ensure joined up working and consistent application of the Managing Attendance Policy. These will take place monthly.

7.3 Family and Women's Health Group

Family & Women's Health Group Nursing & Midwifery Mar - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	4.10%	4.92%
% Long Term	2.62%	3.37%
% Short Term	1.48%	1.24%
No. Sickess Hearings	1	0
Of which resulted in dismissal	1	0

In order to improve the robustness of sickness absence management, the Senior Matrons are attending the monthly departmental reviews with HR and Occupational Health. This will provide additional scrutiny and challenge to the current processes at departmental level. The Senior Matrons are also reviewing historical management, along with the HR Business partner for the Health Group, of staff who have been managed on the Managing Attendance Policy for some time, to ensure effective and robust management is in place.

7.4 Clinical Support Health Group

Clinical Support Health Group Nursing & Midwifery Mar - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	6.05%	3.32%
% Long Term	4.01%	1.78%
% Short Term	2.04%	1.54%
No. Sickess Hearings	5	0
Of which resulted in dismissal	4	0

All staff members, Registered and non-registered are being closely monitored and managed appropriately using the Trusts' sickness and absence policy. Staff sickness is taken seriously and Sisters are supported to manage staff members efficiently and effectively.

7.5 Trust Wide

The Band 7 ward sister/charge nurses are all enrolled on the corporate training programme where additional training for the management of attendance is planned. This will include in depth training and understanding of the policy and training on how to write effective referrals to the Occupational Health department and effective management cases where escalation to panel is planned.

A corporate training programme is currently under development for the Senior Matrons who will learn skills in the preparation and hearing of disciplinary cases for the Management of Sickness Absence.

The departmental managers are to be monitored on the completion of 'return to work interviews and the options to add this into the e-roster are being explored.

The reporting of sickness absence out of hours has been agreed at a senior level and will now be reported through the Site Matron for a trial period. It is hoped that this will add a level of challenge and seniority to the management of absence out of hours.

8. SUMMARY

Nursing and Midwifery staffing establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. The next establishment reviews will now be completed by the end of April 2017 and not March as planned originally. However, this is managed very carefully and in a way that balances the risks across the organisation. The challenges remain around recruitment and risks remain in terms of the available supply of registered nurses, although this position has improved in the short-term.

The new information that is now presented by ward will enable each of these to be scrutinised more closely to ensure that all reasonable efforts are being taken to deploy staff efficiently and, also, manage sickness/absence robustly.

9. RECOMMENDATION

The Trust Board is requested to:

- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright Executive Chief Nurse April 2017

Appendix 1: HEY Safer Staffing Report – March 2017

									HΕ	Y	SA	FE	R	ST	AF	FIN	G F	RE	PO	RT N	IAR	CH-1	7									
	NURS	E STAFFII	NG			FILL R	RATES				URS P		EF	ROT <i>I</i>			NUR			HIG	H LE	VEL Q	UALI	ΓΥ ΙΝ	IDIC	ATO	RS	[which n	nay or may	not be l	inked to nurse :	staffing]
				RED	D	PAY	NIC	GHT			D] [hrs		[20-02	-17 to 1	9-03-17]		NANCE LE				HIGH L	LEVEL			FAL	.LS		HOSPIT		ED PRESS	SURE DAMAGE	
HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	FLAG EVENTS [N]	Average fill rate - RN/RM (%)		Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	ANNUAL LEAVE [11-17%]		N LEAVE	RN	AN [WTE]	TOTAL [WTE]		SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	MINOR	MODERATE	SEVERE /	FALLS TOTAL	1	2 3	рті	PRESSURE SORE UNSTAG. TOTAL	QUALITY INDICATOR TOTAL
	ED	ACUTE MEDICINE	NA	0									16.6%	6.6%	4.2%	14.58	-2.82	11.76			6		4	2			2				0	12
	AMU	ACUTE MEDICINE	45	0	97%	96%	92%	82%	1039	5.4	3.0	8.4	14.2%	4.6%	5.4%	9.53	1.11	10.64	13.4%	100%			1	1			1				0	2
	H1 EAU	ACUTE MEDICINE ELDERLY MEDICINE	22 21	0	83% 92%	83% 105%	103% 85%	118%	575	3.0	3.9	5.3 7.8	19.0%	3.4%	3.8%	2.14	1.89	3.41 4.03	10.8%	100% 100%	2			2			2				0	3
	H5 / RHOB	RESPIRATORY	26	0	81%	89%	96%	91%	596	5.1	2.9	8.0	15.5%	8.9%	0.0%	2.51	0.86	3.37	9.0%	95%							0				0	0
	H50	RENAL MEDICINE	19	0	83%	97%	101%	101%	553	3.2	2.1	5.3	16.7%	5.6%	5.7%	-0.16	0.74	0.58	3.2%	95%			1	1			1				0	2
	H500	RESPIRATORY	24	0	82%	104%	103%	96%	715	2.4	2.6	5.0	15.6%	4.6%	7.4%	3.41	2.53	5.94	20.5%	100%			1				0				0	1
MEDICINE	H70 H8	ENDOCRINOLOGY ELDERLY MEDICINE	30 27	0	82%	158%	62%	94%	896	2.4	2.4	4.8	8.7% 13.4%	7.0%	1.9%	9.81	0.84	10.65	33.1% 6.2%	100% 93%	1		1	1	3		3			1	0	3
MEDICINE	H80	ELDERLY MEDICINE	27	0	86% 82%	93%	103% 102%	104%	815	2.4	2.4	4.8	11.9%	6.8%	0.0%	0.32	0.17	1.85 0.46	1.5%	92%	1		2	1	3		1			•	0	4
	Н9	ELDERLY MEDICINE	31	0	77%	99%	95%	98%	934	2.1	2.0	4.1	14.1%	7.6%	1.9%	1.63	-0.77	0.86	2.9%	97%	3			1			1		1	1	2	6
	H90	ELDERLY MEDICINE	29	0	83%	93%	100%	100%	869	2.2	2.2	4.4	14.8%	5.1%	6.5%	3.44	-1.26	2.18	7.3%	96%	2		1		1		1			1	1	5
	H11	STROKE / NEUROLOGY	28	0	72%	158%	67%	100%	856	2.3	2.0	4.3	16.8%	3.3%	0.0%	5.2	-1.03	4.17	12.6%	88%							0		2		2	2
	H110 CDU	STROKE / NEUROLOGY CARDIOLOGY	24 9	0	83% 92%	126% 86%	100%	100%	497	4.6	3.2 1.3	7.8 11.7	16.6%	2.3%	7.2%	3.74 -0.21	0.6	4.34 0.42	12.9% 2.7%	93% 100%	1	2	1	1		1	0		1		1	7
	C26	CARDIOLOGY	26	0	83%	91%	80%	98%	735	4.0	1.6	5.7	17.6%	2.6%	3.1%	1.33	1.92	3.25	9.7%	100%	1	1		3			3				0	5
	C28 /CMU	CARDIOLOGY	27	0	81%	108%	87%	68%	716	6.3	1.6	7.9	14.6%	5.3%	5.8%	1.19	0.73	1.92	4.1%	92%		1		2			2			1	1	4
	H10	WINTER WARD	27	0	84%	100%	107%	113%	806	2.6	2.4	5.0	19.1%	9.4%	0.0%					92%		1	1				0		1		1	3
	H4	NEURO SURGERY	30	0	82%	99%	88%	112%	806	3.0	1.9	4.9	20.0%	4.5%	5.1%	3.07	1.41	4.48	14.0%	100%							0				0	0
	H40 H6	NEURO HOB / TRAUMA ACUTE SURGERY	15 28	0	80% 92%	101%	81%	105%	408 626	5.4	3.6	9.1	18.6%	5.7%	3.3%	2.66	-0.78	1.88 3.36	6.1%	100% 92%	3	2		1 2			1 2	1		1	1	3
	H60	ACUTE SURGERY	28	0	95%	86%	91%	179%	712	3.3	2.2	5.5	17.7%	3.2%	3.3%	-0.12	0.37	0.25	0.8%	100%	1	1	1				0		1		1	4
	H7	VASCULAR SURGERY	30	0	85%	79%	86%	99%	854	2.9	2.5	5.4	17.4%	5.8%	3.0%	4.25	0.08	4.33	12.4%	100%			1				0		1		1	2
	H100	GASTROENTEROLOGY	24	0	83%	95%	92%	104%	810	2.5	2.1	4.6	16.4%	6.2%	3.1%	0.59	0.31	0.9	2.9%	100%	1		1	3			3		1		1	6
	H12	ORTHOPAEDIC	28	0	82%	92%	88%	98%	764	2.9	2.6	5.5	16.7%	6.8%	4.1%	2.31	-0.34	1.97	5.7%	91%	1	1	3		1		1		1		1	7
SURGERY	H120 HICU	ORTHO / MAXFAX CRITICAL CARE	22 22	0	91% 89%	117% 114%	100% 84%	110%	617	3.5 24.3	2.8 1.0	6.4 25.3	15.7%	0.5%	0.0% 3.0%	6.08	0.29 1.16	7.24	7.0% 6.5%	100% 87%	1						0		1		1	2
JUNGLINI	C8	ORTHOPAEDIC	18	0	84%	123%	87%	81%	215	4.9	3.4	8.2	8.3%	7.1%		1.63	-0.95	0.68	4.5%	100%	1	1					0		•		0	2
	C9	ORTHOPAEDIC	29	0	83%	91%	80%	98%	735	4.0	1.6	5.7	15.1%	4.5%	0.0%	3.88	2.1	5.98	19.2%	95%			2				0				0	2
	C10	COLORECTAL	21	0	80%	91%	74%	107%	461	4.3	2.4	6.7	17.9%	3.2%	0.0%	4.77	0.66	5.43	20.5%	100%							0				0	0
	C11	COLORECTAL	22	0	89%	81%	91%	97%	605	3.8	1.6	5.4	13.3%	2.1%	0.0%	-0.02	1.5	1.48	5.7%	100%			1				0				0	1
	C14 C15	UPPER GI UROLOGY	27 26	0	86% 82%	90%	85% 87%	128%	701	3.4 4.5	1.9 2.7	5.3 7.3	13.6% 12.5%	5.6% 4.3%	0.0%	-0.91	-1.11 -2.27	0.99 -3.18	3.4% -7.9%	100% 95%			1	1			0				0	1
	C27	CARDIOTHORACIC	26	0	87%	110%	91%	88%	686	3.9	1.8	5.7	14.4%	4.4%	8.9%	1.04	-0.5	0.54	1.7%	100%				•			0				0	0
	CICU	CRITICAL CARE	22	0	82%	90%	86%	82%	491	21.0	1.7	22.8	17.4%	5.6%	6.2%	4.77	1.07	5.84	5.7%	100%			4				0				0	4
	C16	ENT / BREAST	30	0	72%	129%	123%	78%	239	8.5	5.4	13.9	20.8%	5.4%	0.0%	3.38	3.35	6.73	24.22%	100%	1	1	2				0				0	4
	H130	PAEDS CYNAECOLOGY	20	0	90%	25%	96%	83%	413	6.6	0.7	7.3	20.4%	2.5%		-0.74	-0.57	-1.31	-5.47%	100%	1	2	1				0		1		1	3
	H30 CEDAR H31 MAPLE	GYNAECOLOGY MATERNITY	9 20	0	85% 87%	82% 93%	97% 122%	100%	301	8.2 8.0	4.7	10.8	13.5% 14.5%	3.0%	2.9%	-1.12	0.12	-1	-4.48%	100% 100%		2					0				0	0
	H33 ROWAN		38	0	89%	96%	87%	100%	675	4.8	2.7	7.4	15.4%	7.0%		7.53	2.50	10.03	13.69%	100%		3					0				0	3
FAMILY & WOMEN'S	H34 ACORN	PAEDS SURGERY	20	0	90%	85%	98%	115%	340	7.8	2.0	9.8	16.9%	3.9%	0.0%	-0.75	-2.12	-2.87	-10.98%	100%							0				0	0
	H35	OPHTHALMOLOGY	12	0	77%	53%	109%		234	7.9	1.6	9.5	20.5%	8.1%	5.0%	-0.12	1.84	1.72	8.50%	100%		2	1	1			1				0	4
	LABOUR	MATERNITY	16	0	102%	91%	99%	92%	299	19.5	6.2	25.7	17.9%	6.0%	4.2%	-5.67	-2.36	-8.03	-11.90%	100%	6		1				0			1	1	8
	NEONATES PAU	CRITICAL CARE PAEDS	26 10	0	85% 90%	105%	72% 100%	118%	97	10.3	1.3 0.0	11.6 14.8	13.4%	4.3% 6.2%	7.9%	12.13 0.6	-1 0	0.6	16.64% 5.49%	100% 100%	2		1				0				0	0
	PHDU	CRITICAL CARE	4	0	99%	34%	100%		75	19.7	1.1	20.8	17.1%	6.3%	0.0%	3.07	0	3.07	19.54%	100%							0				0	0
	C20	INFECTIOUS DISEASE	19	0	98%	94%	99%	84%	450	3.2	2.2	5.4	15.8%	2.8%	0.0%	0.5	-0.15	0.35	1.8%	100%			1				0				0	1
	C29	REHABILITATION	15	0	85%	129%	100%	274%	450	3.3	4.9	8.2	11.5%	3.3%	0.0%	0.68	3.69	4.37	15.2%	87%							0		1		1	1
CLINICAL SUPPORT	C30 C31	ONCOLOGY	22 27	0	86% 82%	108%	104%	100%	626	2.9	2.0	4.9 4.8	11.3%	1.6%	3.2%	0.09	-0.55	0.1	0.5%	100% 100%			1	2			2		1		1 1	3
	C31	ONCOLOGY	22	0	96%	98%	99%	100%	604	3.0	1.8	4.7	16.8%	4.8%	3.4%	1.06	0.1	1.16	5.3%	91%				3			3		1		1 1	4
	C33	HAEMATOLOGY	28	0	79%	143%	83%	137%	606	4.4	2.5	6.8	17.1%	6.9%	7.6%	-0.75	0.16	-0.59	-1.6%	100%	1			1			1		1		1	3
			AVERAGE:	0			А	VERAGE:	583	5.9	2.4	8.3	15.7%	4.9%	2.7%	124.78	14.79	139.57	7.3%	97%												
																					·											
															TOTALS:				TOTALS:	50	36	18	35	30	5	1	36	1	16 0	7	1 25	150

Mar-17	D	AY	NIG	НТ	CARE HOURS PER PATIENT PER DAY [CHPPPD]					
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative	RN / RM	CARE STAFF	OVERALL		
HRI SITE	86.8%	95.9%	89.6%	102.1%	19956	4.7	2.4	7.1		
CHH SITE	82.7%	99.9%	88.8%	104.3%	9692	4.9	2.2	7.1		