TRUST BOARD REPORT – 2016 – 4 - 10	
Meeting date:	Thursday 28th July 2016
Title:	Nursing and Midwifery Staffing
Presented by:	Mike Wright, Executive Chief Nurse
Author:	Mike Wright, Executive Chief Nurse
Purpose:	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) and The Care Quality Commission. This report introduces the revised safer nursing and midwifery staffing guidance that has been issued by the National Quality Board in July 2016 and the Trust's response to this.
Recommendation(s):	The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING 28th July 2016

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] and The Care Quality Commission.

2.   BACKGROUND
The last report on this topic was presented to the Trust Board in May 2016 (March 2016 position).

This report presents the 'safer staffing' position as at 30th June and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff[2].

In July 2016, the National Quality Board updated its guidance for provider trusts, which sets out the responsibilities and accountabilities for trust boards for ensuring safe nursing and midwifery staffing levels. The new guidance sets out specifications for the future format of these reports. Future versions of this report from September 2016 onwards will be structured in line with this guidance.

The Trust Board is requested to:

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

3.   EXPECTATION 7
Expectation 7 of the NQB's standards requires Trust Boards to:

- receive monthly updates on workforce information, and that;
- staffing capacity and capability is discussed at a Trust Board meeting in public at least every six months on the basis of a full nursing and midwifery establishment review. This second part was last presented to the Trust Board in January 2016 (as at December 2015).

The first specific requirement of Expectation 7 is for provider trusts to upload the staffing levels for all inpatient areas on a monthly basis into the national reporting database (UNIFY 2). These are then published via the NHS Choices Website.

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 (non-registered) 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:

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[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*
[2] When Trust Boards meet in public

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: HEY Safety Brief) and **Appendix Two** (New Roles).
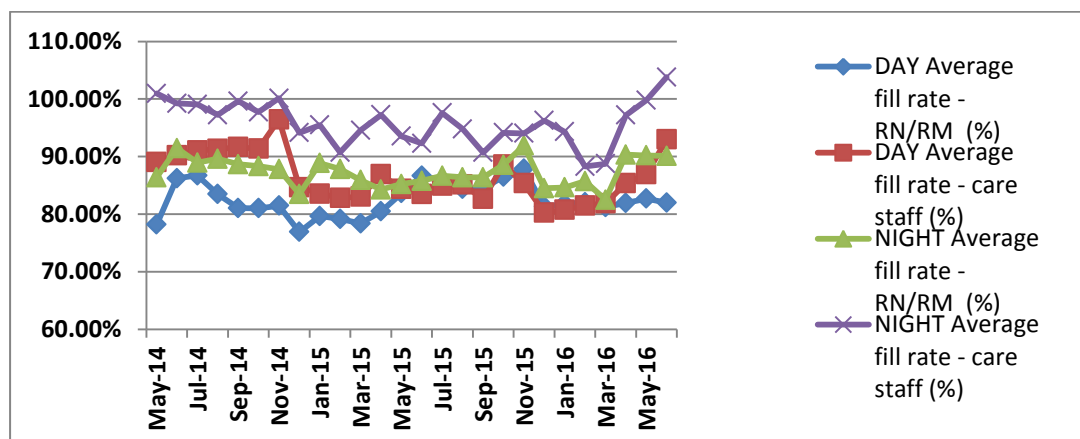
Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	82.56%	95.37%	83.21%	93.09%
Jun-14	88.09%	91.96%	91.61%	94.20%
Jul-14	83.41%	87.43%	84.35%	95.62%
Aug-14	83.58%	89.43%	84.39%	95.77%
Sep-14	84.34%	88.59%	84.36%	102.98%
Oct-14	81.38%	87.54%	85.37%	102.49%
Nov-14	85.35%	90.26%	84.30%	101.38%
Dec-14	79.48%	87.57%	80.51%	96.37%
Jan-15	80.99%	87.74%	83.22%	96.76%
Feb-15	80.46%	84.55%	82.57%	96.31%
Mar-15	79.54%	85.38%	81.81%	98.77%
Apr-15	81.36%	90.39%	82.99%	104.79%
May-15	84.21%	94.33%	87.57%	102.19%
Jun-15	84.03%	92.79%	85.01%	102.89%
Jul-15	83.69%	93.80%	86.28%	103.37%
Aug-15	81.13%	90.95%	83.91%	103.18%
Sep-15	79.77%	84.90%	80.54%	91.38%
Oct-15	84.05%	97.36%	85.85%	98.36%
Nov-15	84.48%	94.74%	85.17%	95.08%
Dec-15	85.39%	97.92%	86.99%	105.33%
Jan-16	85.18%	93.92%	87.14%	104.86%
Feb-16	84.05%	94.29%	85.90%	104.32%
Mar-16	82.93%	92.38%	84.37%	104.05%
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%
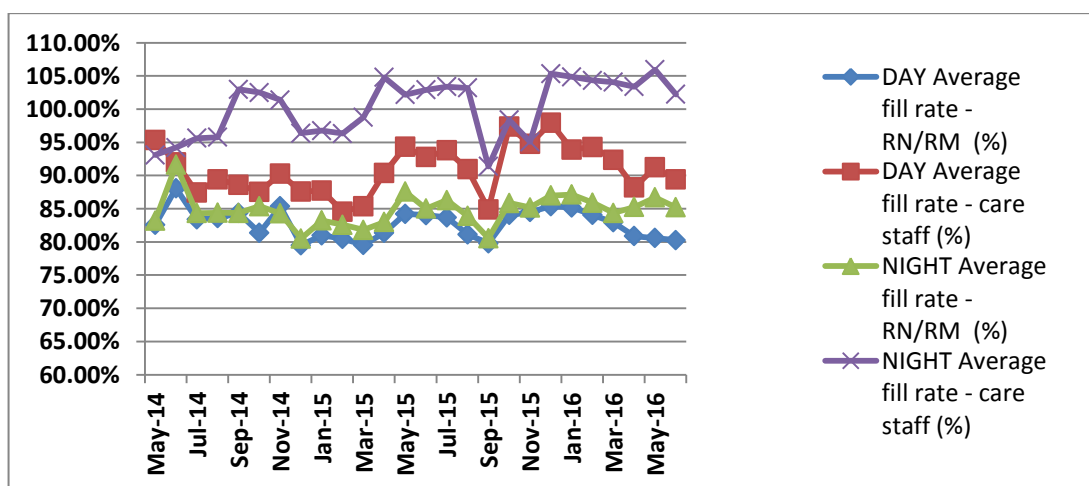
Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	78.19%	89.06%	86.38%	100.95%
Jun-14	86.23%	90.22%	91.44%	99.24%
Jul-14	86.74%	91.05%	88.95%	99.08%
Aug-14	83.47%	91.32%	89.61%	97.23%
Sep-14	81.05%	91.63%	88.67%	99.62%
Oct-14	81.04%	91.36%	88.33%	97.73%
Nov-14	81.47%	96.46%	87.80%	100.13%
Dec-14	76.92%	84.67%	83.50%	94.15%
Jan-15	79.67%	83.55%	88.85%	95.47%
Feb-15	79.15%	82.84%	87.84%	90.74%
Mar-15	78.39%	83.03%	85.92%	94.57%
Apr-15	80.48%	86.92%	84.29%	97.26%
May-15	83.63%	84.39%	85.23%	93.52%
Jun-15	86.65%	83.46%	85.77%	92.28%
Jul-15	85.85%	84.93%	86.68%	97.59%
Aug-15	84.40%	85.16%	86.39%	94.77%
Sep-15	84.44%	82.65%	86.39%	90.71%
Oct-15	86.50%	88.58%	88.56%	94.14%
Nov-15	87.90%	85.36%	91.91%	94.03%
Dec-15	81.31%	80.29%	84.50%	96.26%
Jan-16	81.78%	80.75%	84.64%	94.31%
Feb-16	82.06%	81.50%	85.71%	88.28%
Mar-16	81.22%	81.87%	82.50%	88.74%
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%

Fill rate numbers at Castle Hill Hospital remain relatively stable overall, with improvements in care staff (unregistered), particularly. The situation is slightly different at Hull Royal Infirmary where day registered nursing numbers have seen a steady reduction since November 2015. This is due to a combination of factors, including the re-settling of staff that supported the extra winter capacity ward at HRI

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back at CHH and, also, some attrition. Night time registered nursing numbers remain stable and care staff numbers remain stable for both days and night at HRI.

In order to assure the Trust Board and to set this in context, 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. 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, some pressures remain in recruiting to optimal staffing levels in some areas.

The nursing and midwifery staffing escalation policy is under review and it is possible that the Trust may need to reduce bed capacity if alternative solutions to staffing any shortfalls cannot be found. This is always a last resort but is an option that is available if need in order to keep patients safe.

The Trust has offered 74 jobs to the August/September student outtake at the University of Hull. Regular contact is being made with these students to ensure that they feel supported. However, some risk remains as some students block apply for jobs in different trusts and decide which they are taking nearer the time.

The Executive Management Board has agreed a proposal to undertake a recruitment initiative for 101 nurses from the Philippines, subject to final confirmation of the funding needed for this in the context of the Trust's overall financial position. This will be discussed with the health groups at their next performance and accountability meetings. The schedule for this has yet to be determined.

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 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 following table provides information on the number of occasions staff have declared their wards unsafe (Red Alert), ahead of a safety brief. These are the times over each month that this rating has been allocated represented as a percentage of the total number of assessments in that month.
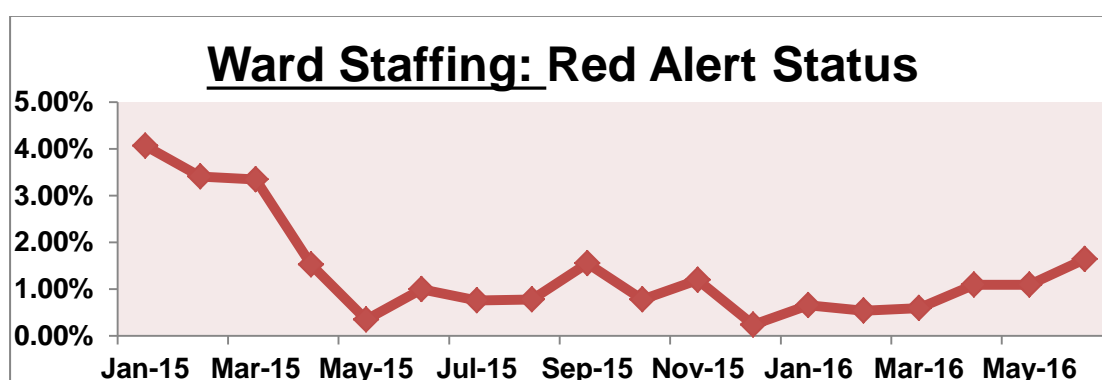
The number of red alert declarations remains relatively small overall but has seen a slight increase in recent months. These are reviewed by nurse directors at the safety briefs and addressed accordingly.

The key areas that remain particularly tight currently are:

- The Clinical Decision Unit (CDU), which is adjacent to the Acute Medical Unit at HRI. Staffing levels in this area should improve in the autumn and jobs have been offered to fill all RN vacancies. In the meantime, staff have been seconded from other wards and, also bank staff are being used.
- H70 (Diabetes and Endocrine). This ward has five RN vacancies which, again, have been offered to new graduates in the autumn. In the meantime, staff from other wards are supporting. There are some quality concerns on this ward but these are being monitored closely by the Divisional Nurse, who provides a lot of additional support to the ward.
- C30, C31 and C33 – Oncology. There are still some staffing gaps in these wards but, again, these are balanced across all wards daily. The Oncology Matron remains ward based and the teaching staff and specialist nurses are supporting the wards, also.
- Critical Care Units and Neonatal Unit. These units each have some vacancies and high levels of maternity leave. Staffing risks are managed on a daily basis and some agency staffing is being utilised in these areas.

However, despite on-going recruitment campaigns, this is still very challenging for the Trust and some risks with securing the required numbers of registered nurses remain.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at rating 12 (Moderate - Major and Possible - ID 2671) on the Risk Register, although every reasonable effort to try and mitigate this risk is being taken on a daily basis.

4. NATIONAL QUALITY - REVISED BOARD GUIDANCE - JULY 2016

The National Quality Board issued revised guidance this month[3], which replaces the original 'Ten Expectations' with a revised 'Ten Expectations' alongside other supplementary requirements. The full document is attached at **Appendix Two** and the reason for attaching this is that there are key responsibilities for Trust Boards in this guidance, part of which are the new reporting requirements, which are summarised in the following table:

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[3] 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

Safe, Effective, Caring, Responsive and Well-Led Care

Measure and Improve
- patient outcomes, people productivity and financial sustainability -
- report investigate and act on incidents (including red flags) -
- patient, carer and staff feedback -

- Implementation Care Hours per Patient Day (CHPPD) -
- develop local quality dashboard for safe sustainable staffing -

Expectation 1	Expectation 2	Expectation 3
Right Staff	**Right Skills**	**Right Place and Time**
1.1 evidence-based workforce planning	2.1 mandatory training, development and education	3.1 productive working and eliminating waste
1.2 professional judgement	2.2 working as a multi-professional team	3.2 efficient deployment and flexibility
1.3 compare staffing with peers	2.3 recruitment and retention	3.3 efficient employment and minimising agency

As the Trust Board is aware from these regular reports, just looking at 'planned' versus 'actual' staffing numbers is only part of the information required when helping to decide if a ward is staffed safely or not. Therefore, the new guidance requires not only 'planned' versus 'actual' staffing levels to be published but, also, a range of other measures and indicators (quality and workforce data) alongside these to help determine safe staffing levels and/or the part they play in delivering high quality care. In addition, the new metrics of 'care hours per patient day' and 'nurse hours per patient day' will need to be reported in the future. These are the new measures recommended by Lord Carter.

In themselves, they do not mean a great deal. However, the intention is to analyse these numbers alongside other quality and workforce indicators to help develop a more 'rounded' assessment of whether a ward is staffed safely or not and is well managed or otherwise. In summary, this is about considering a broader range of information, other than just staffing numbers, when considering and concluding on safe staffing matters.

Over time, it is proposed that benchmarking information will be made available for provider trusts to be able to compare performance against that of peers. Furthermore, it is likely that a national dashboard or template will be developed for the reporting of all of this in the future.

The Trust Board may also be aware that there has been a great deal of media attention in recent weeks about nursing and midwifery staffing levels, the affordability of same and where this all sits in relation to emerging evidence and ensuring that patients are safe and well cared for. This is proving to be controversial in many professional nursing and midwifery circles. However, the challenge for provider organisations is to use good data and evidence-based patient acuity assessments alongside professional judgements to determine the required levels of nursing and midwifery staffing. We do this now and none of this new guidance really changes this approach.

In the meantime, work will take place over the coming weeks to refresh the structure of this report and appendices in line with this revised guidance and, also, in an attempt to demystify what could be construed as conflicting guidance from the centre. This will be presented to the Trust Board at its next meeting in September 2016. In addition, the next full revisions of nursing and midwifery establishments will take place in September 2016 and March 2017.

5.   NURSING AND MIDWIFERY REVALIDATION
Nursing and Midwifery Revalidation continues to progress well, with no major issues identified to date.

6.   SUMMARY
The Trust continues to meet its obligations under the National Quality Board's Ten Expectations.

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. However, the challenges remain around recruitment and risks remain in terms of the available supply of registered nurses. Recruitment efforts continue.

Work will take place over the coming weeks to refresh the structure of this report and appendices in line with the revised guidance issued recently by the National Quality Board, with the first version to be presented to the September 2016 Trust Board alongside the next establishment reviews.

7.   ACTION REQUESTED OF THE TRUST BOARD
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
July 2016

Appendix 1: HEY Safer Staffing Report - March 2016
Appendix 2: New Roles – March 2016
Appendix 3: 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

HEY SAFER STAFFING REPORT JUNE-16

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	Supervisory Charge Nurse	Nurse Staffing Red Alert Status	Day Avg fill RN/RM (%)	Day Avg fill care staff (%)	Night Avg fill RN/RM (%)	Night Avg fill care staff (%)	Early Shift [8:1]	Late Shift [8:1]	Night Shift [10:1]	Acuity 0	1a	1b	2	3	Reported Staffing Incident [DATIX]	Official Complaint	Drug Error [Admin]	Falls Minor	Falls Moderate	Falls Severe/Death	Falls Total	Pressure Grade 2	Grade 3	Grade 4	Deep Tissue Injury	Unstageable	Pressure Sore Total	Quality Indicator Total
MEDICINE	ED	ACUTE MEDICINE	NA	0%	3%	101%	74%	99%	81%										3	5	1		1	2						0	10
	AMU	ACUTE MEDICINE	45	16%	19%	96%	98%	98%	98%	6:1	6:1	6:1	47%	20%	33%	0%	0%	3	1	6				0						0	10
	H1	ACUTE MEDICINE	22	6%	0%	79%	113%	97%	122%	9:1	11:1	7:1	51%	17%	32%	0%	0%							0						0	0
	EAU	ELDERLY MEDICINE	21	6%	0%	100%	85%	73%	98%	6:1	6:1	7:1	46%	1%	53%	0%	0%		1	1	2			2						0	4
	H5	RESPIRATORY	20	3%	0%	82%	96%	91%	102%	10:1	10:1	8:1	27%	24%	49%	0%	0%		1	1		1	1	2	2					2	6
	RHOB	RESPIRATORY	6	6%	6%	95%	79%	85%	93%	3:1	3:1	2:1	0%	1%	3%	95%	0%							0	1					1	2
	H50	RENAL MEDICINE	19	10%	0%	85%	99%	105%	95%	7:1	9:1	6:1	46%	6%	48%	0%	0%				2			2						0	2
	H500	RESPIRATORY	24	16%	10%	80%	95%	95%	101%	9:1	9:1	8:1	58%	5%	36%	1%	0%				1			1						0	1
	H70	ENDOCRINOLOGY	30	6%	3%	80%	99%	80%	102%	8:1	8:1	10:1	17%	15%	67%	0%	0%	5		3	4			4				1		1	13
	H8	ELDERLY MEDICINE	27	10%	0%	86%	79%	98%	100%	7:1	9:1	9:1	5%	1%	95%	0%	0%				2			2						0	2
	H80	ELDERLY MEDICINE	27	16%	0%	84%	97%	80%	83%	8:1	9:1	9:1	2%	2%	96%	0%	0%		1	1	2			2						0	4
	H9	ELDERLY MEDICINE	31	6%	3%	83%	88%	80%	103%	8:1	9:1	10:1	5%	1%	94%	0%	0%				1	1		2						0	2
	H90	ELDERLY MEDICINE	29	19%	3%	83%	91%	80%	100%	8:1	9:1	10:1	16%	2%	83%	0%	0%	2	1	5	5			5						0	13
	H11	STROKE / NEUROLOGY	28	39%	0%	80%	100%	80%	100%	8:1	9:1	9:1	37%	11%	51%	1%	0%	1	1		3			3						0	5
	H110	STROKE / NEUROLOGY	24	13%	0%	97%	109%	107%	96%	6:1	6:1	7:1	29%	13%	55%	3%	0%				3			3				1		1	4
	CDU	CARDIOLOGY	9	29%	0%	88%	80%	100%		3:1	5:1	8:1	24%	76%	0%	0%	0%				1			1						0	1
	C26	CARDIOLOGY	26	26%	0%	91%	91%	98%	93%	5:1	6:1	7:1	46%	25%	26%	2%	0%		1					0						0	1
	C28	CARDIOLOGY	17	32%	0%	81%	91%	87%	80%	6:1	7:1	6:1	12%	37%	50%	1%	0%		1					0	1					1	2
	CMU	CARDIOLOGY	10	26%	0%	81%	91%	87%	80%	3:1	3:1	3:1	0%	18%	18%	62%	1%							0						0	0
SURGERY	H4	NEURO SURGERY	30	26%	0%	83%	122%	80%	119%	8:1	9:1	9:1	32%	0%	67%	0%	0%		2					0						0	2
	H40	NEURO HOB / TRAUMA	15	26%	0%	80%	99%	85%	96%	4:1	5:1	4:1	2%	47%	51%	0%	0%							0						0	0
	H6	ACUTE SURGERY	28	32%	3%	86%	93%	80%	203%	7:1	9:1	9:1	48%	13%	39%	0%	0%		2		2			2	1					1	5
	H60	ACUTE SURGERY	28	19%	0%	95%	98%	92%	204%	7:1	9:1	8:1	39%	12%	49%	0%	0%		1	1	1			1						0	3
	H7	VASCUALR SURGERY	30	19%	3%	82%	116%	87%	115%	7:1	8:1	9:1	30%	12%	58%	0%	0%	2	1	1	1			1				1		1	6
	H100	GASTROENTEROLOGY	24	32%	0%	83%	102%	83%	102%	7:1	8:1	8:1	68%	0%	32%	0%	0%							0				1		1	1
	H12	ORTHOPAEDIC	28	16%	19%	84%	89%	88%	100%	8:1	9:1	9:1	11%	2%	87%	1%	0%							0		1				1	1
	H120	ORTHO / MAXFAX	22	16%	3%	84%	88%	87%	126%	6:1	7:1	6:1	15%	12%	73%	1%	0%		1					0		1				1	2
	HICU	CRITICAL CARE	22	52%	0%	90%	93%	88%	79%	2:1	2:1	2:1	0%	1%	1%	55%	43%		1	5				0		1			1	2	8
	C8	ORTHOPAEDIC	18	6%	0%	79%	80%	83%	91%	8:1	9:1	6:1	56%	1%	43%	0%	0%							0				1		1	1
	C9	ORTHOPAEDIC	29	10%	0%	80%	91%	103%	106%	8:1	9:1	10:1	43%	0%	57%	0%	0%							0						0	0
	C10	COLORECTAL	21	26%	0%	83%	83%	79%	97%	6:1	8:1	6:1	51%	2%	47%	0%	0%							0	1					1	1
	C11	COLORECTAL	22	35%	0%	85%	81%	88%	95%	6:1	8:1	7:1	61%	1%	39%	0%	0%							0						0	0
	C14	UPPER GI	27	39%	0%	89%	79%	92%	172%	6:1	8:1	7:1	60%	2%	38%	0%	0%							0						0	0
	C15	UROLOGY	26	13%	3%	81%	90%	93%	99%	6:1	7:1	7:1	59%	3%	38%	0%	0%			2				0	1					1	3
	C27	CARDIOTHORACIC	26	13%	0%	87%	89%	84%	93%	6:1	6:1	6:1	30%	1%	69%	0%	0%							0						0	0
	CICU	CRITICAL CARE	22	58%	0%	91%	101%	93%	95%	2:1	2:1	2:1	0%	0%	1%	64%	36%							0						0	0
FAMILY & WOMEN'S	C16	ENT / BREAST	30	48%	0%	91%	77%	86%	71%	9:1	10:1	9:1	42%	37%	18%	4%	0%		1		1			1					1	1	3
	H130	PAEDS	20	3%	0%	86%	79%	86%	79%	5:1	6:1	5:1	55%	0%	45%	0%	0%							0	1					1	1
	H30 CEDAR	GYNAECOLOGY	9	19%	0%	87%	82%	109%		5:1	6:1	6:1	77%	18%	5%	0%	0%	1						0						0	1
	H31 MAPLE	MATERNITY	20	29%	0%	83%	83%	78%	92%	5:1	5:1	6:1	97%	3%	0%	0%	0%	1						0						0	1
	H33 ROWAN	MATERNITY	38	48%	0%	88%	89%	90%	93%	7:1	8:1	9:1	100%	0%	0%	0%	0%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	48%	6%	78%	81%	92%	164%	5:1	6:1	7:1	91%	0%	9%	0%	0%				2			2						0	2
	H35	OPHTHALMOLOGY	12	10%	0%	101%	79%	107%		6:1	6:1	6:1	69%	6%	25%	0%	0%							0						0	0
	LABOUR	MATERNITY	16	52%	0%	118%	68%	108%	80%	3:1	3:1	3:1	65%	29%	6%	0%	0%	1		1				0						0	2
	NEONATES	CRITICAL CARE	26	42%	0%	82%	81%	81%	91%	3:1	3:1	3:1	3%	2%	47%	38%	10%	3						0						0	3
	PAU	PAEDS	10	6%	0%	85%		94%		5:1	5:1	5:1	54%	0%	43%	2%	0%							0						0	0
	PHDU	CRITICAL CARE	4	39%	0%	100%		100%		2:1	2:1	2:1	2%	0%	21%	77%	0%				1			1						0	1
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	3%	0%	94%	74%	79%	106%	7:1	7:1	6:1	56%	0%	44%	0%	0%				2			2						0	2
	C29	REHABILITATION	15	19%	0%	80%	98%	100%	93%	7:1	8:1	5:1	40%	10%	49%	0%	0%				1			1						0	1
	C30	ONCOLOGY	22	45%	0%	88%	100%	92%	100%	7:1	8:1	7:1	48%	19%	32%	1%	0%		1		2			2	2					2	5
	C31	ONCOLOGY	27	35%	0%	80%	99%	98%	115%	8:1	9:1	9:1	39%	7%	54%	0%	0%				3			3						0	3
	C32	ONCOLOGY	22	26%	0%	99%	100%	99%	97%	7:1	8:1	7:1	15%	2%	83%	0%	0%				2			2						0	2
	C33	HAEMATOLOGY	28	13%	0%	80%	80%	82%	79%	5:1	7:1	7:1	47%	6%	47%	0%	0%			2	1			1	1			1		2	5
		AVERAGE:		22.9%	1.6%					6:1	7:1	7:1	38%	10%	42%	8%	2%														
		TOTALS:																19	21	34	46	1	3	50	14	0	0	5	3	22	146

Jun-16	DAY Avg fill RN/RM (%)	DAY Avg fill care staff (%)	NIGHT Avg fill RN/RM (%)	NIGHT Avg fill care staff (%)
SAFER STAFFING OVERALL PERFORMANCE				
HRI SITE	80.3%	89.4%	85.2%	102.2%
CHH SITE	82.0%	93.0%	90.1%	103.8%

Steve Jessop
Chief Nurse Information Officer