HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	3 October 2017		**Reference Number**	2017 – 10 – 09		
Director	Mike Wright – Chief Nurse		**Author**	Mike Wright – Chief Nurse		
Reason for the 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) and the Care Quality Commission					
Type of report	Concept paper		Strategic options		Business case	
	Performance		Information	✓	Review	

1	**RECOMMENDATIONS** The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required					
2	**KEY PURPOSE:**					
	Decision		Approval		Discussion	✓
	Information		Assurance	✓	Delegation	
3	**STRATEGIC GOALS:**					
	Honest, caring and accountable culture					✓
	Valued, skilled and sufficient staff					✓
	High quality care					✓
	Great local services					
	Great specialist services					
	Partnership and integrated services					
	Financial sustainability					
4	**LINKED TO:**					
	CQC Regulation(s): E4 – Staff, teams and services to deliver effective care and treatment					
	Assurance Framework Ref: BAF 1 and BAF 2	**Raises Equalities Issues?** N	**Legal advice taken?** N	**Raises sustainability issues?** N		
5	**BOARD/BOARD COMMITTEE REVIEW** The report is a standing agenda item at each Board meeting.					

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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 September 2017 (July 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 August 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff[3].

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 (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:

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 from Lord Carter's Model Hospital dashboard. 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.

[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] 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
[3] When Trust Boards meet in public

The inclusion of all of these additional sets of data is in its early stages. However, they help to provide context and perspective when considering staffing levels and their impact on patient care and outcomes.

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

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 (%)
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%
Apr-17	85.20%	97.61%	89.15%	102.19%
May-17	83.70%	94.20%	89.20%	102.60%
Jun-17	90.40%	94.20%	93.90%	102.90%
Jul-17	84.00%	89.60%	91.30%	100.90%
Aug-17	78.40%	93.20%	88.00%	100.80%

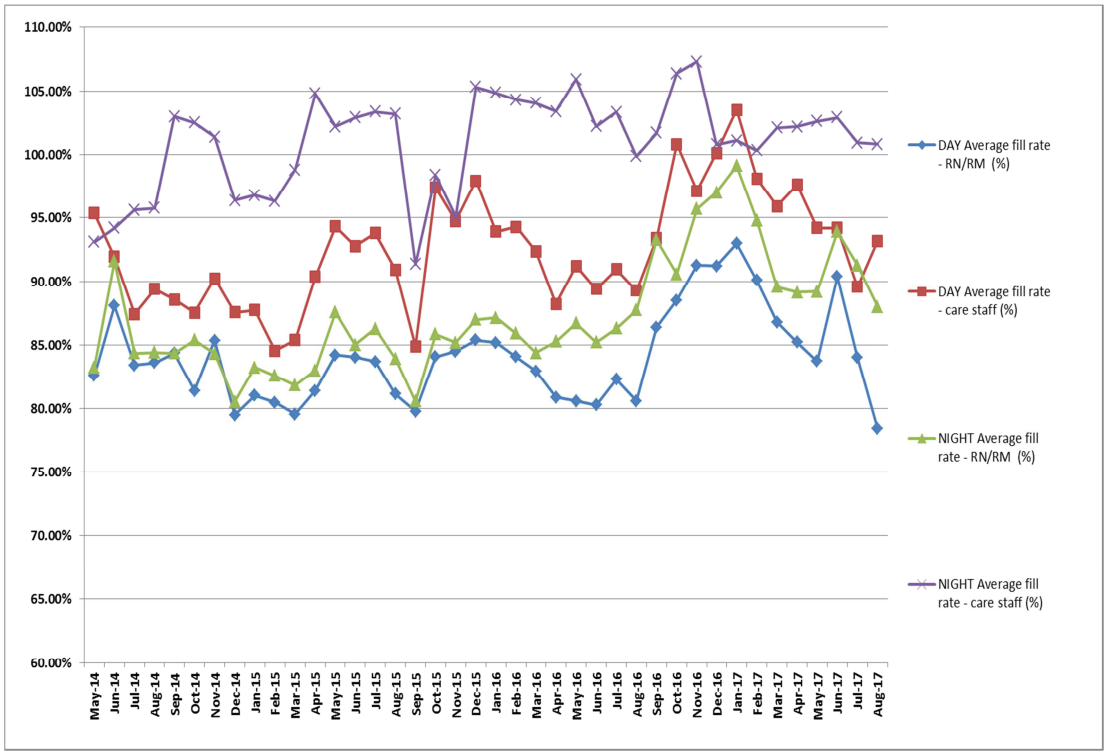
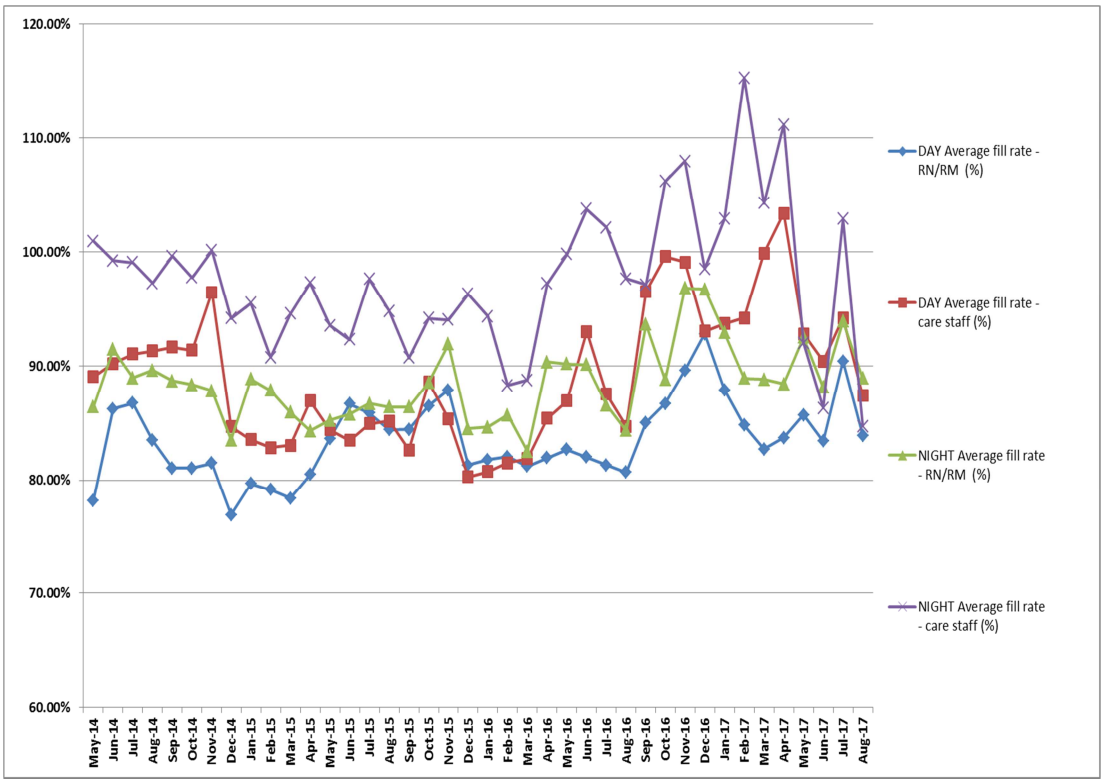


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
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%
Apr-17	83.71%	103.40%	88.41%	111.16%
May-17	85.70%	92.80%	92.50%	92.00%
Jun-17	83.40%	90.40%	88.10%	86.30%
Jul-17	90.40%	94.20%	93.90%	102.90%
Aug-17	83.90%	87.40%	88.90%	84.70%



As can be seen, fill rates for registered nurses in particular are showing concerns in a number of areas. This is for a variety of reasons, including:

- Vacancy rates
- Sickness and maternity leave

- Nursing staffing levels being at their lowest point for the year due to attrition over the year and whilst awaiting the annual intake from the University in October
- Annual leave being at peak levels during the summer holidays.

The Trust Board has been advised already of actions that have been taken to date to balance emerging shortfalls, including:

- The closure of 20 beds within Surgery at CHH and the consolidation of beds and wards teams.
- The redeployment of staff from CHH to support HRI.
- Reduction in the number of Ward Sister/Charge Nurse supervisory shifts within all of the Health Groups on a temporary basis to support the areas where there are significant vacancies. (Additional managerial support is being provided by the Senior Matron for the clinical area).
- The placement of Senior Matrons into clinical shifts across all Health Groups to help boost direct care-giving hours
- Support being given to wards by specialist nurses

However, further action is being considered to secure more reasonable staffing levels until the new recruits arrive. The Chief Nurse has asked all Health Groups to consider their activity, capacity and demand priorities with a view to ensuring that nurse staffing levels are safe and adequate. In addition, the Medicine Health Group has been asked to consider closing a ward temporarily until safer staffing levels can be assured on its wards. This is under review presently.

None of these are popular things to have to do and may generate challenges elsewhere. However, it is also not acceptable to have insufficient nurses to care for and manage sick people. These decisions must be risk-based and be prioritised so that the safest possible patient care can be delivered.

Work continues with recruitment of the new Registered Nurses from the University of Hull and 130 nurses are now due to start at the Trust from October. Those that have their Nursing and Midwifery Council PIN number will be able to be included in the RN fill rates numbers straight away. Those waiting for their PIN numbers will commence as non-registered healthcare assistants and be paid as such until they acquire their legal registration status. Nonetheless, these are new registered nurses that will require inducting, support and nurturing as they take on their new and significant responsibility and accountabilities as registered nurses.

With regards to the recruitment of nurses from the Philippines, the first nurse has arrived and has settled in well. A further 4 are due to commence during October, with a further 5 in November. In addition, a further 20 are in the pipeline, with a possible December 2017 arrival date. There are still delays in obtaining sponsorship approval from the NMC for these nurses to commence employment in the UK, which has reduced the cohort numbers. However, the Chief Nurse and Director of Workforce and OD are in regular contact with the NMC's employer liaison service and this is helping to get some of these nurses' applications processed more quickly.

Appendix 2 shows the current vacancy levels by ward and, also, what the future is starting to look like once the new recruits arrive. It is important to advise the Trust Board that, even though this will all help, some significant shortfalls remain in some wards thereafter. This poses an even greater challenge as winter approaches when there will be the inevitable requirements to commission an extra 'winter' ward. This

will all require a fine balance to be struck each day and will be managed through the usual safety brief processes.

In terms of strategic context with nursing staffing, the future supply of registered adult nurses remains the number one concern for the Trust's Chief Nurse and many other chief nurses, certainly across the Yorkshire and the Humber region. All have similar ageing nursing and care assistant workforces, with many still having the option to retire at 55 yrs. of age. This continues to be a risk to the local health economy.

In order to try and help address this, there are a number of options that the Chief Nurse and his team are considering. These include:

- Improving retention by understanding why staff leave and what can be done to address that beforehand.
- Focused work with those approaching 55/early retirement to see if anything can be done to persuade such staff to stay on
- Considering more flexible working opportunities
- Looking at skill mix; as one big reason for leaving is due to the apparent lack of career progression opportunities
- Undertaking some time/motion work to understand the roles and tasks that RN's are doing compared to that of the non-registered workforce
- Review of nursing shift patterns (underway currently)
- Undertake some staff surveys about what would make the difference to help keep nurses working here.
- Restricting annual leave allocation during peak holiday periods, especially towards the end of the summer school holidays.
- The possibility of pursuing an alternative entry point to nurse training using the apprenticeship route. However, this would require funding from the Trust to support in terms of paying the apprenticeship salary and backfill costs. Options to look at this more closely are being developed. Nonetheless, this is not a short-term solution.

In order to bring the Trust Board up to date fully on the range of strategic issues facing the future supply of registered nurses, the Chief Nurse is proposing that more time should be undertaken at a Trust Board Development session to consider these and the potential solutions.

4. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed six times each day, are 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, albeit this has been extremely challenging to achieve in some areas, of late. The Trust has a minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. Staffing levels are assessed directly from the live e-roster and SafeCare software and this system is working well.

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

5. RED FLAGS AS IDENTIFIED BY NICE (2014).

Incorporated into the census data collected through SafeCare are a number of `Nursing Red Flags` as determined by the National Institute of Health and Clinical Excellence (NICE 2014).[4]

Essentially, 'Red Flags' are intended to record a delay/omission in care, a 25% shortfall in Registered Nurse Hours or less than 2 x RN`s present on a ward during any shift. They are designed to support the nurse in charge of the shift to assess systematically that the available nursing staff for each shift, or at least each 24-hour period, is adequate to meet the actual nursing needs of patients on that ward.

When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, which provides an audit trail. Actions may include the allocation or redeployment of additional nursing staff to the ward. These issues are addressed at each safety brief.

In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

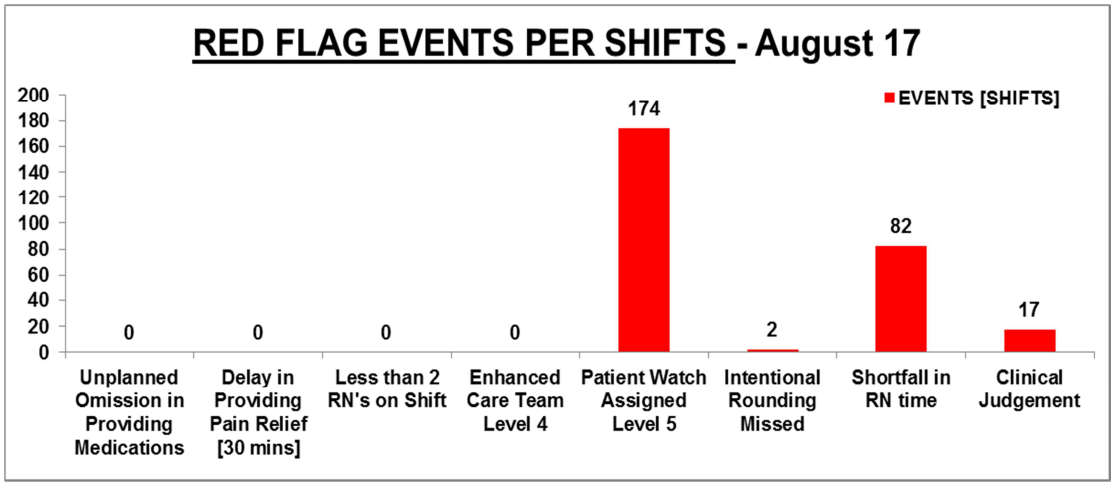
The 'red flags' suggested by NICE, are:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
- Pain: asking patients to describe their level of pain level using the local pain assessment tool.
- Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
- Placement: making sure that the items a patient needs are within easy reach.
- Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

The following table illustrates the number of Red Flags identified during 2017. Please note that the Trust is not yet able to collect data on all of these categories as the systems required to capture them are not yet available, e.g. e-prescribing. This is accepted by the National Quality Board. In addition, work is required to ensure that any mitigation is recorded accurately, following professional review. The sophistication of this will be developed over time.

[4] NICE 2014 - Safe staffing for nursing in adult inpatient wards in acute hospitals

Aug-17	RED FLAG TYPE	EVENTS [SHIFTS]	%
	Unplanned Omission in Providing Medications	0	0%
	Delay in Providing Pain Relief [30 mins]	0	0%
	Less than 2 RN's on Shift	0	0%
	Enhanced Care Team Level 4	0	0%
	Patient Watch Assigned Level 5	174	63%
	Intentional Rounding Missed	2	1%
	Shortfall in RN time	82	30%
	Clinical Judgement	17	6%
	TOTAL:	**275**	**100%**



As illustrated above, the most frequently reported red flag is related to the requirement for 1:1 supervision for patients. As indicated in the previous Board Report, this will be addressed through the implementation of the Enhanced Care Team, which has now commenced as a three-month pilot that will report on its impact in December/January.

6. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

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

- **H11** have 7.77 wte RN vacancies. The impact of this shortfall is supported by part time staff working extra hours, bank shifts and over filling of auxiliary shifts. There are also newly appointed RNs that will join the ward in October. The Senior Matron is reviewing the position continuously with the ward sister.

- **Emergency Department - Registered Nurse Staffing** - The Department has 16.88 wte RN vacancies. The recruitment drive continues in ED, Senior nurses are also helping to backfill. 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. The department has successfully appointed a further 3.0 wte RNs from outside of the Trust, all of whom are experienced nurses.

- **H70 (Diabetes and Endocrine)** has 9.96 wte RN vacancies. This ward continues to be supported in the interim by moving staff in the Medical Health Group and

additional support has also been provided from each of the other Health Groups, therefore reducing the current vacancies to 3.0 wte. The ward has also successfully recruited 2.0 wte RNs who are already working within the ward following rotation from other Health Groups.

- **Elderly Medicine [x5 wards]** has 22.14 wte RN vacancies. The specialty has over recruited by 10.0 wte auxiliary nurses to support the RNs in the ward areas to deliver nursing care with supervision. The Senior Matrons are supporting the ward in the interim by moving staff in the Medical Health Group.

- **Ward C16 (ENT, Plastics and Breast Surgery)** has 5.12 wte RN vacancies and over-established for non-registered vacancies at present. The RN vacancies have all been appointed to. New staff will commence in post during September and October 2017.In order to support the Ward, short term plans have been agreed to provide temporary cover.

- **Neonatal Intensive Care Unit (NICU).** Recruitment in this specialty has previously been of concern, and there are currently 7.92 wte RN vacancies. All of these posts have been recruited to, and the staff will join the Trust in September 2017, following completion of their training. 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. The Health Group is looking at ways in which it can improve the retention of the staff in this specialty.

- **Ward H4 -** Neurosurgery has 5.88 wte RN and 3.03 wte non-registered nurse vacancies, the ward is being supported by H40.

- **Ward H7 -** Vascular Surgery has 4.52 wte RN vacancies. 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 H12 & H120 –** Trauma Orthopaedics have 8.75 wte RN vacancies across the floor. There is a plan to support with staff from C14 as this will assist in the relocation of maxilla-facial patients to this ward in November 2017.

- **Ward C9 -** Elective Orthopaedic Surgery has 3.65 wte RN and 1.03 wte non-registered nurse vacancies. 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 6.54 wte RN registered nurse vacancies. The nursing staff are flexed between C10 and C11.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk. This had been held previously 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. However, in view of current pressures, this has been increased to 16 (Likely 4 x Severity 4) until staffing levels stabilise more.

7. SUMMARY

Nursing and midwifery establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. This is all 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. However, the organisation may need to reduce further its bed base temporarily in order to keep wards and patient safe. This will continue to be reviewed daily.

8. RECOMMENDATION

The Trust Board is requested to:

- Consider having a presentation and discussion at a Trust Board development session in relation to the future supply of registered nurses and the strategic options therein.
- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
September 2017

Appendix 1: HEY Safer Staffing Report – August 2017
Appendix 2: HEY Nursing and Midwifery Ward Establishments – Vacancy Position

HEY SAFER STAFFING REPORT AUGUST-17

NURSE STAFFING

HIGH LEVEL QUALITY INDICATORS *[which may or may not be linked to nurse staffing]*

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	FILL RATES: DAY Average fill rate - RN/RM (%)	FILL RATES: DAY Average fill rate - care staff (%)	FILL RATES: NIGHT Average fill rate - RN/RM (%)	FILL RATES: NIGHT Average fill rate - care staff (%)	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: Cumulative Count Over The Month of Patients at 23:59 Each Day	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: RN / RM	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: CARE STAFF	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: OVERALL	ROTA EFFICIENCY [07-08-17 to 03-09-17]: ANNUAL LEAVE [11-17%]	ROTA EFFICIENCY [07-08-17 to 03-09-17]: SICK RN & AN [3.9%]	ROTA EFFICIENCY [07-08-17 to 03-09-17]: MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M5]: RN [WTE]	NURSING VACANCIES [FINANCE LEDGER M5]: AN [WTE]	NURSING VACANCIES [FINANCE LEDGER M5]: TOTAL [WTE]	NURSING VACANCIES [FINANCE LEDGER M5]: % [<10%]	HIGH LEVEL: SAFETY THERMOMETER HARM FREE CARE [%]	HIGH LEVEL: REPORTED STAFFING INCIDENT [DATIX]	HIGH LEVEL: OFFICIAL COMPLAINT	HIGH LEVEL: DRUG ERROR [ADMIN]	FALLS: MINOR	FALLS: MODERATE	FALLS: SEVERE / DEATH	FALLS: FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]: 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
MEDICINE	ED	ACUTE MEDICINE	NA	0									17.7%	3.3%	3.5%	16.88	0.66	17.54	16.2%		1		2				0									0	3
	AMU	ACUTE MEDICINE	45	6	96%	76%	87%	104%	1018	5.0	3.2	8.1	18.8%	4.1%	4.2%	9.17	-0.14	9.03	12.0%	96%				2			2		1				1	3
	H1	ACUTE MEDICINE	22	18	75%	97%	100%	101%	627	2.6	1.8	4.4	21.6%	4.7%	0.0%	2.84	1.13	3.97	18.2%	100%				1			1						0	1
	EAU	ELDERLY MEDICINE	21	13	86%	109%	84%	87%	436	4.2	4.5	8.7	17.9%	8.3%	3.4%	5.42	-0.41	5.01	18.7%	100%				1			1						0	1
	H5 / RHOB	RESPIRATORY	26	4	88%	93%	97%	92%	590	2.7	1.8	4.4	18.1%	5.0%	2.1%	2.49	1.20	3.69	10.6%	100%		2					0						0	2
	H50	RENAL MEDICINE	19	9	77%	103%	102%	99%	570	3.1	2.1	5.2	20.3%	5.8%	0.0%	1.71	0.39	2.10	11.1%	100%			2	2			2						0	4
	H500	RESPIRATORY	24	1	69%	93%	102%	99%	726	2.3	2.4	4.8	15.6%	4.7%	3.7%	4.36	0.99	5.35	18.8%	91%		3		1			1	1					1	5
	H70	ENDOCRINOLOGY	30	32	57%	105%	58%	83%	898	2.1	2.0	4.1	17.6%	8.7%	0.2%	9.96	0.76	10.72	33.8%	90%	4		4	1			1		1				1	10
	H8	ELDERLY MEDICINE	27	22	59%	122%	102%	101%	821	2.1	2.5	4.5	16.8%	3.6%	3.2%	4.06	-0.44	3.62	12.2%	100%				1	1		2						0	2
	H80	ELDERLY MEDICINE	27	8	56%	111%	100%	104%	812	2.0	2.5	4.5	14.4%	17.0%	0.0%	5.19	0.64	5.83	19.6%	100%							0		1				1	1
	H9	ELDERLY MEDICINE	31	14	67%	115%	100%	100%	938	1.9	2.2	4.1	14.1%	5.1%	2.2%	1.82	-0.36	1.46	4.9%	100%		3		3	1		4		1				1	8
	H90	ELDERLY MEDICINE	29	7	63%	113%	100%	105%	864	2.1	2.3	4.4	13.7%	2.2%	3.3%	5.65	-1.35	4.30	14.4%	92%				1			1			1			1	2
	H11	STROKE / NEUROLOGY	28	1	53%	162%	100%	100%	848	2.0	2.3	4.3	19.0%	1.2%	0.0%	7.77	1.76	9.53	31.4%	92%	3	1		2			2						0	6
	H110	STROKE / NEUROLOGY	24	5	59%	140%	102%	91%	519	3.6	3.1	6.6	14.2%	4.6%	10.0%	6.28	-0.15	6.13	19.4%	100%		1					0						0	1
	CDU	CARDIOLOGY	9		84%	88%	97%		121	9.3	1.0	10.3	18.1%	9.3%	0.0%	0.86	0.48	1.34	10.1%	100%							0						0	0
	C26	CARDIOLOGY	26	21	76%	89%	79%	103%	713	3.8	1.6	5.4	15.5%	3.1%	12.0%	1.51	0.77	2.28	6.8%	96%	2			4			4						0	6
	C28 /CMU	CARDIOLOGY	27	12	77%	71%	83%	48%	688	6.1	1.3	7.5	16.1%	11.1%	3.0%	3.39	-0.11	3.28	7.3%	100%	3	1		1			1						0	5
SURGERY	H4	NEURO SURGERY	30	0	81%	79%	78%	103%	763	2.9	1.8	4.7	17.0%	3.5%	3.9%	5.88	3.03	8.91	27.6%	100%	2	2					0						0	4
	H40	NEURO HOB / TRAUMA	15	2	74%	96%	98%	96%	326	6.6	4.2	10.9	18.1%	7.6%	0.0%	3.99	0.09	4.08	13.5%	100%							0						0	0
	H6	ACUTE SURGERY	28	6	91%	80%	75%	202%	701	3.0	2.3	5.3	17.4%	5.9%	3.6%	3.91	2.47	6.38	21.5%	100%	1	1					0						0	2
	H60	ACUTE SURGERY	28	5	91%	80%	88%	188%	713	3.1	2.2	5.3	16.9%	1.0%	2.1%	1.56	1.38	2.94	9.6%	100%	6	1					0						0	7
	H7	VASCULAR SURGERY	30	0	76%	78%	85%	107%	831	2.8	2.4	5.3	18.2%	4.2%	0.8%	4.52	-1.11	3.41	10.3%	100%	1	1		2			2					1	1	5
	H100	GASTROENTEROLOGY	24	24	92%	102%	79%	106%	758	2.4	2.2	4.6	17.7%	3.2%	5.8%	3.95	0.82	4.77	16.0%	100%				1			1		1				1	2
	H12	ORTHOPAEDIC	28	14	73%	92%	79%	139%	707	2.9	3.1	6.0	17.0%	6.8%	3.8%	8.19	-1.15	7.04	20.7%	100%		2	1	1			1						0	4
	H120	ORTHO / MAXFAX	22	1	84%	101%	88%	108%	571	3.6	2.9	6.4	15.9%	4.1%	0.0%	0.56	2.35	2.91	10.5%	100%			1				0		1				1	2
	HICU	CRITICAL CARE	22	0	86%	102%	87%	39%	515	24.2	1.0	25.2	18.1%	3.9%	3.3%	7.29	1.62	8.91	7.9%	100%			3				0		2				2	5
	C8	ORTHOPAEDIC	18	0	78%	75%	93%	60%	194	4.5	2.3	6.9	15.9%	13.1%	0.0%	1.32	-0.23	1.09	7.5%	100%							0						0	0
	C9	ORTHOPAEDIC	29	0	91%	83%	99%	88%	643	3.5	2.2	5.6	15.2%	7.5%	0.0%	3.65	1.03	4.68	15.7%	100%	1	1	1				0					1	1	4
	C10	COLORECTAL	21	1	88%	54%	95%	97%	366	5.1	2.1	7.2	20.3%	6.8%	0.0%	6.54	2.59	9.13	36.4%	100%							0						0	0
	C11	COLORECTAL	22	1	84%	79%	94%	114%	473	4.2	2.3	6.5	20.1%	2.7%	0.0%	1.50	1.79	3.29	13.7%	100%	2						0						0	2
	C14	UPPER GI	27	1	86%	59%	84%	111%	674	3.4	1.4	4.8	17.5%	8.2%	0.0%	3.89	1.52	5.41	18.9%	100%			1	1	1		2						0	3
	C15	UROLOGY	26	0	90%	67%	78%	92%	561	4.4	2.4	6.8	19.4%	2.6%	4.9%	2.00	0.75	2.75	10.0%	100%				1			1						0	1
	C27	CARDIOTHORACIC	26	0	92%	78%	95%	100%	746	3.9	1.3	5.2	16.5%	2.0%	3.6%	1.87	1.34	3.21	10.2%	100%		1					0		1				1	2
	CICU	CRITICAL CARE	22	0	83%	71%	80%	15%	381	21.8	1.5	23.3	16.4%	5.1%	4.0%	7.29	1.62	8.91	9.1%	100%			1				0						0	1
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	72%	133%	109%	62%	264	7.3	4.5	11.8	20.0%	10.6%	2.8%	5.12	-0.06	5.06	17.5%	100%	2		1				0						0	3
	H130	PAEDS	20	1	74%	36%	78%	56%	272	8.6	1.3	9.9	19.8%	0.6%	8.3%	0.25	2.02	2.27	8.9%	100%			2				0						0	2
	H30 CEDAR	GYNAECOLOGY	9	0	83%	51%	105%		123	12.0	3.1	15.1	19.1%	9.3%	0.0%	-1.00	0.12	-0.88	-3.9%	100%							0						0	0
	H31 MAPLE	MATERNITY	20	0	92%	94%	122%	105%	325	7.0	4.4	11.4	14.2%	4.6%	1.6%	2.94	1.75	4.69	6.6%	100%							0						0	0
	H33 ROWAN	MATERNITY	38	0	91%	84%	85%	98%	1131	2.8	1.5	4.3	18.0%	5.8%	2.0%					100%	1						0						0	1
	H34 ACORN	PAEDS SURGERY	20	0	90%	43%	99%	72%	259	10.2	1.5	11.7	16.6%	7.4%	0.0%	0.02	0.54	0.56	2.1%	100%		1	1				0						0	2
	H35	OPHTHALMOLOGY	12	0	91%	53%	96%		174	10.7	2.1	12.8	21.7%	5.4%	0.0%	-0.15	1.53	1.38	6.8%	100%		2					0						0	2
	LABOUR	MATERNITY	16	0	81%	85%	92%	86%	305	16.8	6.1	22.9	16.0%	2.1%	4.2%	-1.47	-1.93	-3.40	-5.3%	100%		4	2				0						0	6
	NEONATES	CRITICAL CARE	26	0	79%	85%	82%	81%	612	11.6	1.0	12.6	17.7%	1.7%	6.2%	7.92	0.00	7.92	11.9%	100%			1				0						0	1
	PAU	PAEDS	10	0	88%		94%		53	26.2	0.0	26.2	23.4%	2.2%	3.2%	0.76	0.00	0.76	7.3%	100%							0						0	0
	PHDU	CRITICAL CARE	4	0	103%	107%	97%		70	21.3	1.4	22.7	24.2%	5.9%	0.0%	-1.48	0.00	-1.48	-11.8%	100%							0						0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	0	100%	96%	102%	90%	419	3.4	2.1	5.5	15.6%	15.3%	5.0%	2.24	0.96	3.20	16.6%	100%	1		1	2			2						0	4
	C29	REHABILITATION	15	34	85%	105%	100%	73%	430	3.4	4.2	7.6	19.9%	4.9%	0.0%	1.53	2.42	3.95	15.1%	93%							0						0	0
	C30	ONCOLOGY	22	0	83%	119%	102%	111%	625	2.7	2.1	4.8	22.4%	12.3%	2.1%	2.50	0.03	2.53	14.5%	100%	1			3			3						0	4
	C31	ONCOLOGY	27	3	87%	98%	100%	97%	769	2.3	2.0	4.3	13.2%	6.5%	0.0%	-0.33	1.33	1.00	5.0%	100%		1		1			1					1	1	3
	C32	ONCOLOGY	22	0	98%	93%	100%	105%	638	2.9	1.6	4.5	21.5%	5.6%	0.8%	-0.37	0.12	-0.25	-1.4%	100%			1				0						0	1
	C33	HAEMATOLOGY	28	9	79%	135%	91%	145%	625	4.3	2.1	6.4	16.5%	8.7%	2.1%	3.17	-1.99	1.18	3.6%	95%				2	1		3						0	3
		TOTAL:	275		AVERAGE:				564	6.2	2.3	8.5	17.8%	5.9%	2.4%	178.92	32.57	211.49	12.4%	98.9%														
														TOTALS:					TOTALS:		49	31	28	25	34	4	0	38	1	9	0	2	2	14	136

Aug-17	DAY Average fill rate - RN/RM (%)	DAY Average fill rate - care staff (%)	NIGHT Average fill rate - RN/RM (%)	NIGHT Average fill rate - care staff (%)	CARE HOURS PER PATIENT PER DAY [CHPPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
SAFER STAFFING OVERALL PERFORMANCE								
HRI SITE	78.4%	93.2%	88.0%	100.8%	19024	4.5	2.4	6.9
CHH SITE	83.9%	87.4%	88.9%	84.7%	9330	4.7	2.0	6.7