HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	7TH November 2017	**Reference Number**	2017 – 11 - 9
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 October 2017 (August 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 30th September 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%
Sep-17	77.50%	96.70%	87.60%	101.80%

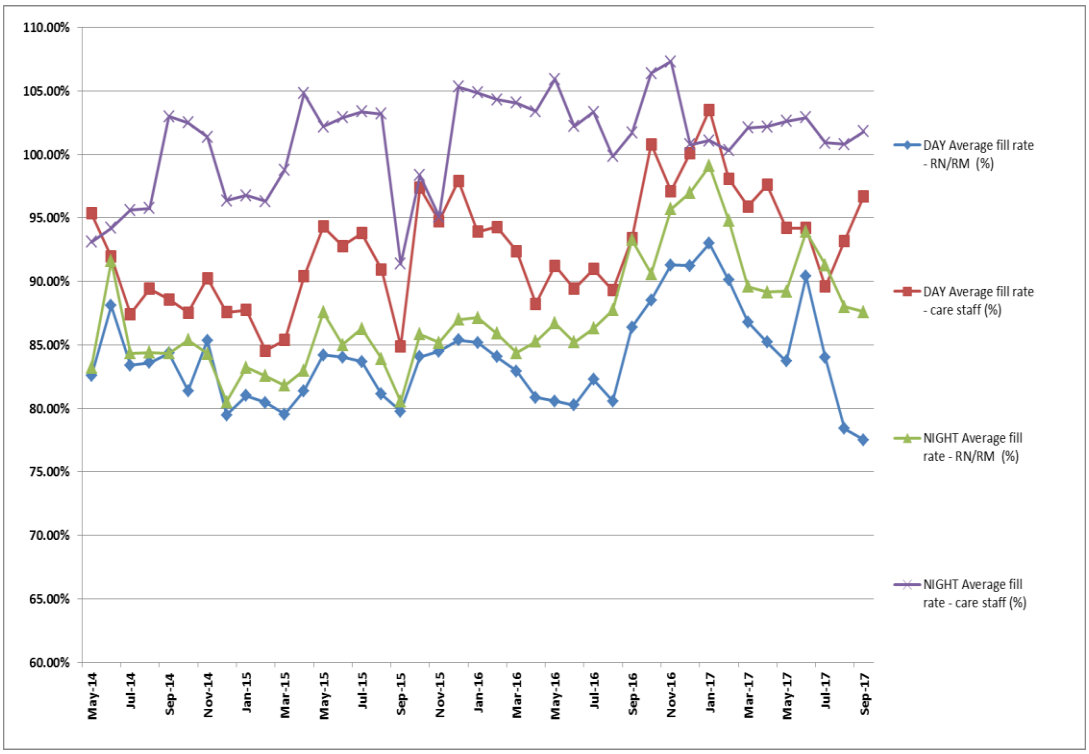
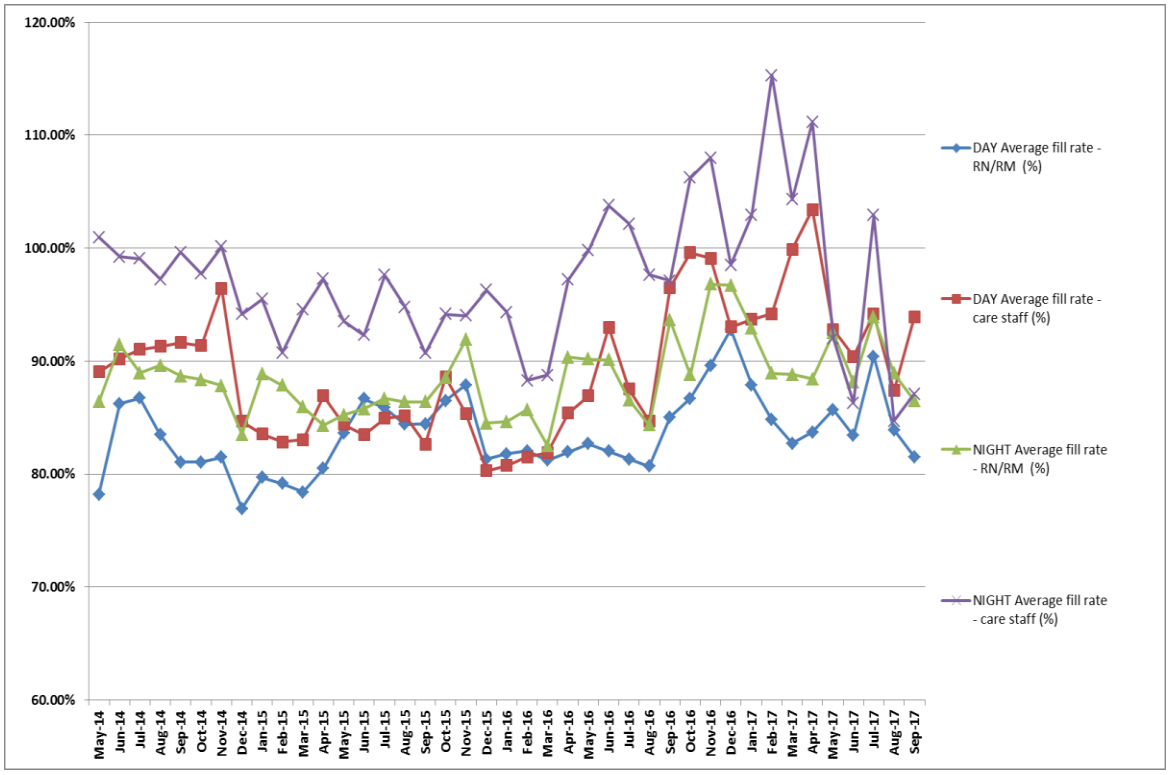


Fig 2: Castle Hill Hospital

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%
Sep-17	81.50%	93.90%	86.50%	87.10%



As forecasted in the previous Trust Board paper (October 2017), the fill rates for registered nurses reduced throughout the month of September for both HRI and CHH. This is when the Trust hits its lowest point for nursing staffing in the year. Since the last report, 130 newly qualified registered nurses have commenced employment at the Trust from the University of Hull. As such, this position will begin

to improve as the new registrants obtain their NMC PIN numbers and complete their supervisory programmes. Although this has been a difficult period for the Trust, it has still managed to maintain minimum staffing levels of two registered nurses across all ward areas at all times.

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
- Utilisation of some agency shifts, albeit on a controlled basis.

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns. In addition the Chief Nurse has commissioned the development of a Nursing Workforce Committee focused on the delivery of the following:

- 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.

With regards to the recruitment of nurses from the Philippines, in conjunction with the Trusts recruitment partner, Resource Finder, 130 nurses from the Philippines have been interviewed, of which 110 are currently being pursued by the Trust. In terms of process, nurses must have completed their International English Language Testing System (IELTS) successfully, undertake Computer-Based Training (CBT) and apply to the NMC for a decision letter. Once all of these have been completed, the Trust can apply for a certificate of sponsorship to the United Kingdom Visas and Immigration Service (UKVI) and, if approved, the nurses are issued with a visa that allows them to travel to the UK. Once in the UK, the nurses must pass their

Objective Structured Clinical Examination (OSCE) before being issued with an NMC PIN number. Preparation for the OSCE normally takes around two months. Out of the 110 nurses offered posts, 51 have already completed their IELTS successfully, 22 are scheduled to undertake the CBT and 21 are waiting for their NMC Decision letter.

Currently, the Trust has received 5 recruits from the Philippines who, apart from one, are all now preparing for the OSCE. One of the recruits is registered with the NMC already and is working on Ward 27 CHH. A further three nurses are joining the Trust on the 13 November and plans are being finalised for their induction and OSCE preparation. The Trust is also expecting at least four nurses to join in December subject to visas being issued in timely manner.

The newly recruited nurses cannot declare themselves as registered nurses until they have received their NMC PIN Numbers. As such, they will only begin to feature in registered nursing numbers once this has happened. Until then, they will feature on the unregistered staffing lines and numbers. Therefore, fill rates will improve gradually over the coming months. Nonetheless, they have commenced working in their wards and departments and are starting their preceptorship programmes already.

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.

The Chief Nurse for the North of England is holding a Nursing workforce summit/think tank on 13th December to consider the solutions to the registered nursing shortfalls. This will provide an opportunity to discuss and debate the structure of the future care-giving workforce, the future role of the registered nurse, possible solutions and the likely costs/funding options. The Chief Nurse and Deputy Chief Nurse are part of the working group that is setting up this summit.

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).

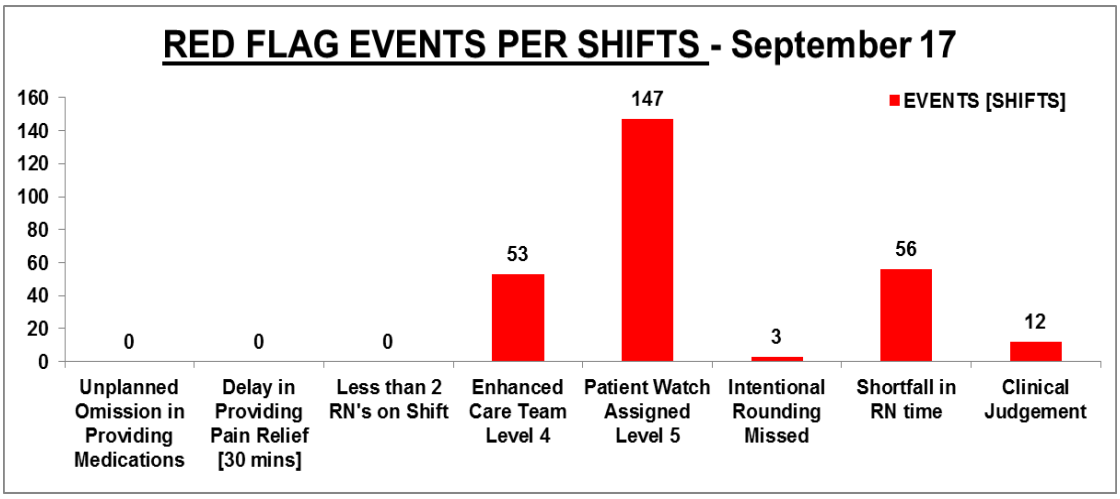
The 'red flags' suggested by NICE, are:

- 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 September 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

Sep-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	53	20%
	Patient Watch Assigned Level 5	147	54%
	Intentional Rounding Missed	3	1%
	Shortfall in RN time	56	21%
	Clinical Judgement	12	4%
	TOTAL:	**271**	**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 January 2018.

5. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

Despite the recruitment of 130 new registrants, there are a number of key areas that remain particularly tight in terms of meeting their full establishments. These are:

- **H70 (Diabetes and Endocrine)** has 7.96 wte RN vacancies. This ward continues to be supported in the interim by moving staff in the Medical Health Group. Additional support has been provided from the Surgical Health Group and nurse bank, therefore reducing the current net vacancies to 2.67 wte in real terms.

- **Emergency Department** has successfully recruited 15.00 wte RN's this will impact on the skill mix in the department, the senior nursing team and teacher will continue to support to develop the newly recruited workforce skills. This leaves a remaining RN vacancy gap of 0.22 wte and is a much improved position.

- **Elderly Medicine [x5 wards]** has 18.3 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. These are all within budget. The Senior Matrons are supporting the ward in the interim by moving staff in the Medical Health Group.

- **H5, RSU and H500 (Respiratory Services)** has 6.85 wte RN vacancies between them. However, the unit is working closely with the critical care team during this transition period until the respiratory skills are improved. The nurse bank is supporting the service with 3.00 wte RN.

- **H11** have 5.77 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.

- **Ward H4 -** Neurosurgery has 2.8 wte RN and 2.03 wte non-registered nurse vacancies, **H40** has 1.35 wte RN vacancies. The band 7's work closely together to minimise the impact of the vacancies.

- **Ward H7 -** Vascular Surgery has 4.52 wte RN vacancies. This group of patients often require specialist dressings. A competency based teaching package is being developed to enable band 3 staff to undertake this role. 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 7.55 wte RN vacancies across the floor. It is likely that when Maxillofacial services moved to CHH, there may need to be the closure of 6 beds due to the number of RN vacancies. This will remain under review.

- **Ward C9 -** Elective Orthopaedic Surgery has 2.91 wte RN and 2.03 wte non-registered nurse vacancies. There are currently 3 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 5.21 wte RN registered nurse vacancies. The nursing staff are flexed between C10 and C11.

In summary, when all of the current new recruits are accounted for, this leaves an outstanding RN vacancy rate on the Trust's wards, ED and ICU of 98.09 wte against an establishment of 1,813.72 wte (5.4%). The non-registered workforce vacancy rate is 13.71 wte, which brings the cumulative total ward, ED and ICU vacancy rate to 6.2%. This is really positive.

As indicated in the narrative, support will be provided to wards that have staffing shortfalls through the redeployment of registered nurses from elsewhere within the Trust. This will be completed in a planned and coordinated manner, in order to try and minimise the continual movement of staff on a daily basis, which at present is reported as a major concern by a number of nursing teams across the organisation. However, it is important to advise the Trust Board that, even though this will help, some significant shortfalls remain in the above wards thereafter. This poses an even greater challenge as winter approaches, given that the Senior Nursing Team have been requested to review the potential for commissioning a 27-bedded winter ward.

In the last Nursing and Midwifery Staffing paper to the Trust Board in October, the Chief Nurse advised of the possibility of the need to close further bed capacity in order to consolidate the remaining nursing workforce and keep patients safe. This has not needed to happen. Wards H12 and H120 may need to reduce bedded capacity by 6 beds in the future. However, this remains under review. In addition, it is unlikely at this stage that there will be sufficient registered nurses to be able to commission a winter ward. It is essential that the nursing workforce is not diluted to such an extent as to become inefficient and present a risk to both patients and staff. Nonetheless, this will remain under review in the coming weeks as staffing levels settle more.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at 16 (Likely 4 x Severity 4) until staffing levels stabilise more.

6. 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 and will continue to be so. The challenges remain around recruitment and risks remain in terms of the available supply of registered nurses.

7. 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
November 2017

Appendix 1: HEY Safer Staffing Report – September 2017

HEY SAFER STAFFING REPORT SEPTEMBER-17

NURSE STAFFING

FILL RATES

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	DAY: Average fill rate - RN/RM (%)	DAY: Average fill rate - care staff (%)	NIGHT: Average fill rate - RN/RM (%)	NIGHT: Average fill rate - care staff (%)
MEDICINE	ED	ACUTE MEDICINE	NA	1				
	AMU	ACUTE MEDICINE	45	1	100%	63%	92%	93%
	H1	ACUTE MEDICINE	22	24	75%	99%	98%	107%
	EAU	ELDERLY MEDICINE	21	10	77%	116%	66%	95%
	H5 / RHOB	RESPIRATORY	26	1	68%	97%	94%	100%
	H50	RENAL MEDICINE	19	1	74%	99%	101%	101%
	H500	RESPIRATORY	24	3	63%	88%	102%	95%
	H70	ENDOCRINOLOGY	30	19	62%	127%	59%	102%
	H8	ELDERLY MEDICINE	27	12	62%	131%	101%	107%
	H80	ELDERLY MEDICINE	27	1	57%	124%	100%	103%
	H9	ELDERLY MEDICINE	31	1	63%	117%	100%	96%
	H90	ELDERLY MEDICINE	29	3	61%	122%	100%	100%
	H11	STROKE / NEUROLOGY	28	29	55%	177%	68%	98%
	H110	STROKE / NEUROLOGY	24	3	55%	133%	103%	99%
	CDU	CARDIOLOGY	9	0	84%	37%	100%	
	C26	CARDIOLOGY	26	7	77%	87%	76%	93%
	C28 /CMU	CARDIOLOGY	27	26	75%	84%	83%	48%
SURGERY	H4	NEURO SURGERY	30	1	67%	100%	75%	109%
	H40	NEURO HOB / TRAUMA	15	24	77%	93%	109%	100%
	H6	ACUTE SURGERY	28	0	95%	81%	82%	184%
	H60	ACUTE SURGERY	28	4	90%	85%	83%	169%
	H7	VASCULAR SURGERY	30	0	75%	92%	85%	103%
	H100	GASTROENTEROLOGY	24	17	74%	110%	79%	114%
	H12	ORTHOPAEDIC	28	0	67%	99%	76%	149%
	H120	ORTHO / MAXFAX	22	0	81%	112%	84%	112%
	HICU	CRITICAL CARE	22	0	85%	104%	85%	43%
	C8	ORTHOPAEDIC	18	0	103%	102%	106%	101%
	C9	ORTHOPAEDIC	29	0	77%	90%	89%	100%
	C10	COLORECTAL	21	0	96%	88%	98%	128%
	C11	COLORECTAL	22	5	96%	88%	74%	124%
	C14	UPPER GI	27	1	75%	68%	79%	93%
	C15	UROLOGY	26	9	94%	89%	79%	100%
	C27	CARDIOTHORACIC	26	0	91%	80%	92%	103%
	CICU	CRITICAL CARE	22	0	77%	101%	80%	10%
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	68%	127%	107%	66%
	H130	PAEDS	20	0	79%	32%	80%	77%
	H30 CEDAR	GYNAECOLOGY	9	0	96%	56%	107%	
	H31 MAPLE	MATERNITY	20	0	95%	94%	124%	105%
	H33 ROWAN	MATERNITY	38	0	83%	85%	85%	94%
	H34 ACORN	PAEDS SURGERY	20	0	86%	61%	98%	92%
	H35	OPHTHALMOLOGY	12	1	72%	41%	101%	
	LABOUR	MATERNITY	16	0	85%	75%	89%	71%
	NEONATES	CRITICAL CARE	26	0	81%	80%	81%	83%
	PAU	PAEDS	10	0	87%		94%	
	PHDU	CRITICAL CARE	4	0	110%	59%	105%	
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	1	99%	71%	102%	87%
	C29	REHABILITATION	15	58	82%	101%	100%	68%
	C30	ONCOLOGY	22	2	78%	111%	99%	108%
	C31	ONCOLOGY	27	1	81%	98%	102%	101%
	C32	ONCOLOGY	22	0	93%	98%	101%	104%
	C33	HAEMATOLOGY	28	5	78%	156%	81%	126%
		TOTAL:	271		AVERAGE:			

CARE HOURS PER PATIENT DAY [CHPPD] [hrs]

HEALTH GROUP	WARD	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL
MEDICINE	ED				
	AMU	1204	4.3	2.4	6.7
	H1	616	2.6	1.8	4.4
	EAU	581	3.2	3.6	6.8
	H5 / RHOB	716	2.1	1.5	3.6
	H50	564	3.0	2.0	4.9
	H500	691	2.3	2.2	4.5
	H70	880	2.1	2.3	4.4
	H8	795	2.1	2.7	4.8
	H80	794	2.0	2.6	4.6
	H9	922	1.9	2.1	4.0
	H90	859	1.9	2.4	4.3
	H11	824	2.1	2.4	4.4
	H110	528	3.5	3.1	6.6
	CDU	108	8.9	1.0	9.9
	C26	666	3.9	1.6	5.5
	C28 /CMU	668	6.0	1.4	7.5
SURGERY	H4	739	2.8	2.0	4.8
	H40	360	6.2	3.7	9.9
	H6	695	3.1	2.1	5.3
	H60	745	2.9	2.0	4.8
	H7	840	2.8	2.2	5.0
	H100	781	2.3	2.2	4.5
	H12	769	2.6	2.9	5.4
	H120	613	3.1	2.8	5.9
	HICU	491	24.2	1.1	25.3
	C8	235	3.7	2.1	5.8
	C9	604	3.5	2.4	5.9
	C10	462	3.8	2.4	6.2
	C11	487	3.8	2.3	6.1
	C14	727	2.9	1.3	4.2
	C15	701	3.5	2.0	5.5
	C27	670	4.1	1.5	5.6
	CICU	408	21.4	1.7	23.2
FAMILY & WOMEN'S	C16	263	7.0	4.5	11.5
	H130	305	7.7	1.3	9.0
	H30 CEDAR	185	8.0	2.1	10.1
	H31 MAPLE	372	6.1	3.7	9.8
	H33 ROWAN	1089	2.7	1.5	4.2
	H34 ACORN	268	9.0	1.9	10.9
	H35	254	6.8	1.1	7.9
	LABOUR	325	15.4	4.8	20.2
	NEONATES	560	12.5	1.0	13.5
	PAU	54	24.6	0.0	24.6
	PHDU	52	29.6	2.6	32.2
CLINICAL SUPPORT	C20	405	3.4	2.0	5.4
	C29	436	3.2	4.1	7.3
	C30	617	2.7	2.2	4.8
	C31	728	2.3	2.1	4.4
	C32	601	2.8	1.8	4.7
	C33	650	3.9	2.3	6.2
	AVERAGE:	578	5.9	2.2	8.1

ROTA EFFICIENCY [04-08-17 to 01-10-17]

HEALTH GROUP	WARD	ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]
MEDICINE	ED	15.0%	1.6%	3.7%
	AMU	16.1%	3.5%	3.9%
	H1	17.2%	6.6%	0.0%
	EAU	16.0%	4.3%	5.6%
	H5 / RHOB	15.8%	8.4%	0.0%
	H50	12.9%	2.2%	0.0%
	H500	15.3%	6.6%	3.9%
	H70	14.1%	10.3%	0.1%
	H8	12.0%	3.0%	3.2%
	H80	14.7%	12.3%	0.0%
	H9	15.3%	2.8%	2.6%
	H90	18.4%	3.6%	3.2%
	H11	15.8%	2.7%	0.0%
	H110	19.5%	4.5%	7.2%
	CDU	15.8%	16.8%	0.0%
	C26	14.6%	2.2%	15.3%
	C28 /CMU	14.8%	7.8%	1.7%
SURGERY	H4	14.9%	4.7%	4.3%
	H40	15.6%	9.3%	0.0%
	H6	15.8%	4.3%	2.7%
	H60	18.0%	1.6%	2.1%
	H7	13.5%	3.1%	0.0%
	H100	18.3%	3.9%	2.8%
	H12	18.6%	5.9%	4.4%
	H120	14.0%	4.6%	0.0%
	HICU	15.5%	5.9%	3.2%
	C8	17.1%	19.9%	0.0%
	C9	15.5%	7.0%	0.0%
	C10	17.6%	8.4%	0.0%
	C11	15.0%	3.6%	0.0%
	C14	14.7%	5.1%	4.2%
	C15	17.2%	3.6%	4.9%
	C27	17.2%	3.5%	6.0%
	CICU	15.6%	7.0%	3.3%
FAMILY & WOMEN'S	C16	20.3%	8.6%	4.8%
	H130	16.3%	1.3%	6.0%
	H30 CEDAR	11.8%	12.3%	0.0%
	H31 MAPLE	12.7%	7.9%	0.0%
	H33 ROWAN	18.8%	1.9%	2.6%
	H34 ACORN	16.8%	10.7%	0.0%
	H35	16.2%	5.6%	3.5%
	LABOUR	16.5%	0.9%	4.1%
	NEONATES	12.6%	3.0%	5.5%
	PAU	15.0%	2.8%	6.9%
	PHDU	15.6%	0.0%	0.0%
CLINICAL SUPPORT	C20	9.3%	17.9%	5.2%
	C29	16.5%	2.2%	0.4%
	C30	12.0%	12.1%	0.0%
	C31	17.5%	4.4%	0.0%
	C32	16.6%	5.5%	0.0%
	C33	16.4%	2.2%	2.2%
	AVERAGE:	15.7%	5.9%	2.5%
	TOTALS:			

NURSING VACANCIES [FINANCE LEDGER M6]

HEALTH GROUP	WARD	RN [WTE]	AN [WTE]	TOTAL [WTE]	% [<10%]
MEDICINE	ED	16.04	1.87	17.91	14.2%
	AMU	9.17	-0.16	9.01	11.2%
	H1	2.84	2.13	4.97	20.3%
	EAU	5.42	-4.95	0.47	1.5%
	H5 / RHOB	3.49	1.20	4.69	12.1%
	H50	1.51	1.87	3.38	17.8%
	H500	4.36	0.59	4.95	16.5%
	H70	9.96	1.76	11.72	34.8%
	H8	4.06	-3.88	0.18	0.6%
	H80	5.19	-3.80	1.39	4.5%
	H9	1.82	-2.36	-0.54	-1.8%
	H90	5.65	-3.63	2.02	6.6%
	H11	7.77	1.76	9.53	27.7%
	H110	6.28	0.01	6.29	18.2%
	CDU	0.86	0.48	1.34	8.5%
	C26	1.51	-0.23	1.28	3.7%
	C28 /CMU	5.23	-0.11	5.12	10.5%
SURGERY	H4	5.88	2.03	7.91	24.5%
	H40	3.99	0.61	4.60	14.9%
	H6	3.91	-1.53	2.38	8.0%
	H60	1.56	1.38	2.94	9.6%
	H7	4.52	-0.15	4.37	12.5%
	H100	3.95	0.82	4.77	15.6%
	H12	7.55	-1.03	6.52	18.6%
	H120	1.20	1.55	2.75	9.6%
	HICU	12.30	0.80	13.10	11.7%
	C8	0.72	-0.83	-0.11	-0.8%
	C9	4.29	2.03	6.32	20.5%
	C10	7.21	0.71	7.92	30.4%
	C11	1.50	1.79	3.29	12.6%
	C14	4.52	0.52	5.04	17.1%
	C15	-0.80	-0.28	-1.08	-3.8%
	C27	1.87	-0.66	1.21	3.8%
	CICU	5.65	1.66	7.31	7.3%
FAMILY & WOMEN'S	C16	5.04	-0.05	4.99	16.8%
	H130	0.21	2.02	2.23	7.9%
	H30 CEDAR	-0.92	0.12	-0.80	-3.6%
	H31 MAPLE	2.94	2.71	5.65	7.9%
	H33 ROWAN				
	H34 ACORN	0.02	-0.46	-0.44	-1.5%
	H35	0.46	1.53	1.99	9.7%
	LABOUR	-0.83	-1.93	-2.76	-4.3%
	NEONATES	5.32	0.76	6.08	8.5%
	PAU	0.76	0.00	0.76	7.3%
	PHDU	-0.84	0.00	-0.84	-6.7%
CLINICAL SUPPORT	C20	2.28	1.44	3.72	18.4%
	C29	1.53	1.11	2.64	9.1%
	C30	2.47	0.03	2.50	11.4%
	C31	0.67	1.33	2.00	7.8%
	C32	0.25	1.72	1.97	8.4%
	C33	5.17	-1.98	3.19	9.0%
	TOTALS:	185.51	10.32	195.83	10.5%

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

HIGH LEVEL

HEALTH GROUP	WARD	SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]
MEDICINE	ED				2
	AMU	91%			2
	H1	100%			
	EAU	100%		1	
	H5 / RHOB	100%			
	H50	94%			
	H500	100%	1		1
	H70	100%	4	1	2
	H8	81%		1	
	H80	100%		1	
	H9	100%		1	
	H90	100%			
	H11	100%	2	1	
	H110	100%	4		1
	CDU	100%			
	C26	100%			1
	C28 /CMU	100%			
SURGERY	H4	100%	1	2	1
	H40	90%			
	H6	100%	1	4	1
	H60	100%	5	1	1
	H7	100%	4	1	
	H100	100%			
	H12	100%	1		
	H120	100%		1	
	HICU	100%	2	1	1
	C8	100%			
	C9	100%	1		1
	C10	100%			
	C11	100%	1		
	C14	100%	2	1	
	C15	100%	1		2
	C27	100%			
	CICU	100%			2
FAMILY & WOMEN'S	C16	100%	1	1	
	H130	100%		1	
	H30 CEDAR	100%			
	H31 MAPLE	100%	1		
	H33 ROWAN	100%	1		
	H34 ACORN	100%			
	H35	100%			
	LABOUR	100%	3	3	
	NEONATES	100%			5
	PAU	100%			
	PHDU	100%			
CLINICAL SUPPORT	C20	100%			
	C29	100%			
	C30	100%			
	C31	96%			
	C32	100%		1	
	C33	100%			
	TOTALS:	50	36	23	23

FALLS

HEALTH GROUP	WARD	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL
MEDICINE	ED	1			1
	AMU	1			1
	H1				0
	EAU	3	1		4
	H5 / RHOB				0
	H50				0
	H500				0
	H70				0
	H8				0
	H80				0
	H9	2	1		3
	H90	1			1
	H11	3			3
	H110	1			1
	CDU				0
	C26	1			1
	C28 /CMU	1			1
SURGERY	H4	1			1
	H40	1			1
	H6	1			1
	H60				0
	H7				0
	H100	3			3
	H12				0
	H120	1			1
	HICU				0
	C8				0
	C9	1			1
	C10				0
	C11	1			1
	C14				0
	C15				0
	C27				0
	CICU				0
FAMILY & WOMEN'S	C16				0
	H130				0
	H30 CEDAR				0
	H31 MAPLE				0
	H33 ROWAN				0
	H34 ACORN				0
	H35	2			2
	LABOUR				0
	NEONATES				0
	PAU				0
	PHDU				0
CLINICAL SUPPORT	C20	2			2
	C29	2			2
	C30				0
	C31	1			1
	C32	1			1
	C33				0
	TOTALS:	31	2	0	33

HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]

HEALTH GROUP	WARD	1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL
MEDICINE	ED						0
	AMU		1		1		2
	H1						0
	EAU				1		1
	H5 / RHOB						0
	H50						0
	H500						0
	H70						0
	H8						0
	H80						0
	H9						0
	H90						0
	H11	1					1
	H110		1				1
	CDU						0
	C26		1				1
	C28 /CMU						0
SURGERY	H4				1		1
	H40	1					1
	H6						0
	H60						0
	H7						0
	H100						0
	H12						0
	H120					1	1
	HICU				1		1
	C8						0
	C9						0
	C10		1				1
	C11						0
	C14						0
	C15						0
	C27						0
	CICU						0
FAMILY & WOMEN'S	C16						0
	H130						0
	H30 CEDAR						0
	H31 MAPLE						0
	H33 ROWAN						0
	H34 ACORN						0
	H35						0
	LABOUR						0
	NEONATES						0
	PAU						0
	PHDU						0
CLINICAL SUPPORT	C20						0
	C29						0
	C30						0
	C31				1		1
	C32						0
	C33						0
	TOTALS:	2	4	0	5	1	12

QUALITY INDICATOR TOTAL

HEALTH GROUP	WARD	QUALITY INDICATOR TOTAL
MEDICINE	ED	3
	AMU	5
	H1	0
	EAU	6
	H5 / RHOB	0
	H50	0
	H500	2
	H70	7
	H8	1
	H80	1
	H9	4
	H90	1
	H11	7
	H110	7
	CDU	0
	C26	3
	C28 /CMU	1
SURGERY	H4	6
	H40	2
	H6	7
	H60	7
	H7	5
	H100	3
	H12	1
	H120	3
	HICU	5
	C8	0
	C9	3
	C10	1
	C11	2
	C14	3
	C15	3
	C27	0
	CICU	2
FAMILY & WOMEN'S	C16	2
	H130	1
	H30 CEDAR	0
	H31 MAPLE	1
	H33 ROWAN	1
	H34 ACORN	0
	H35	2
	LABOUR	6
	NEONATES	5
	PAU	0
	PHDU	0
CLINICAL SUPPORT	C20	2
	C29	2
	C30	0
	C31	2
	C32	2
	C33	0
	TOTALS:	127

Sep-17 SAFER STAFFING OVERALL PERFORMANCE

	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
HRI SITE	77.5%	96.7%	87.6%	101.8%	19486	4.2	2.3	6.5
CHH SITE	81.5%	93.9%	86.5%	87.1%	9436	4.5	2.1	6.6