HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	15th May 2018		**Reference Number**	2018 – 5 - 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.					

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. This report also includes the establishment reviews that were completed April 2018.

2. BACKGROUND

In July 2016, the National Quality Board updated its guidance for provider Trusts, which set out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive nursing and midwifery 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.

The last report on this topic was presented to the Trust Board in March 2018 (January 2018 position). This report presents the 'safer staffing' position as at 31st March 2018 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.

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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] 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 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%
Oct-17	83.72%	95.68%	88.29%	100.49%
Nov-17	82.20%	95.90%	92.60%	103.20%
Dec-17	82.50%	93.50%	92.30%	100.30%
Jan-18	84.30%	93.00%	93.80%	101.00%
Feb-18	83.00%	89.00%	92.00%	97.00%
Mar-18	80.60%	83.20%	90.70%	88.90%

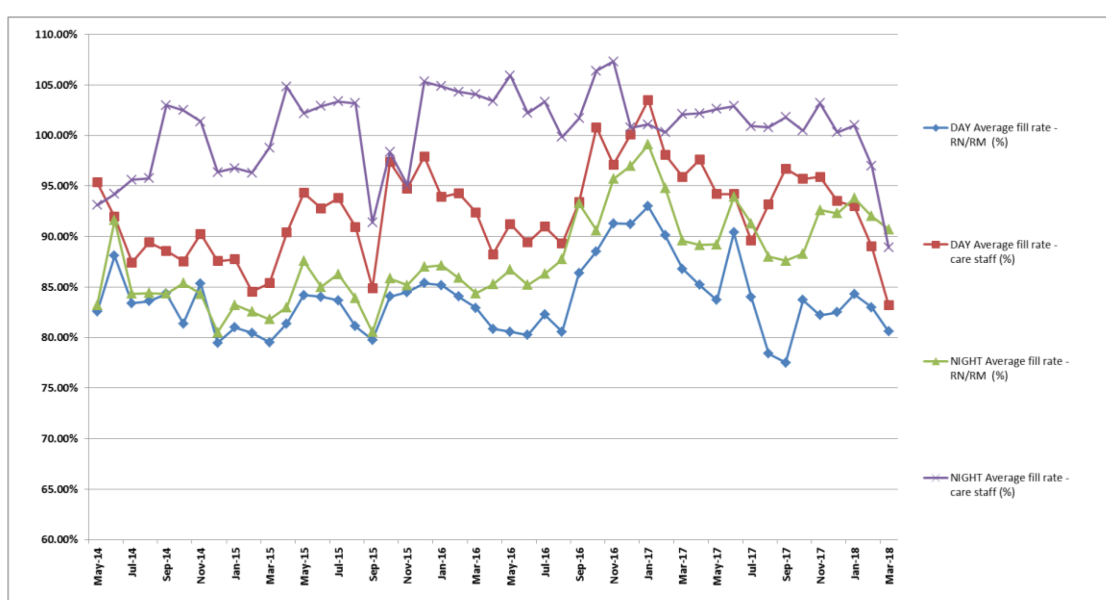
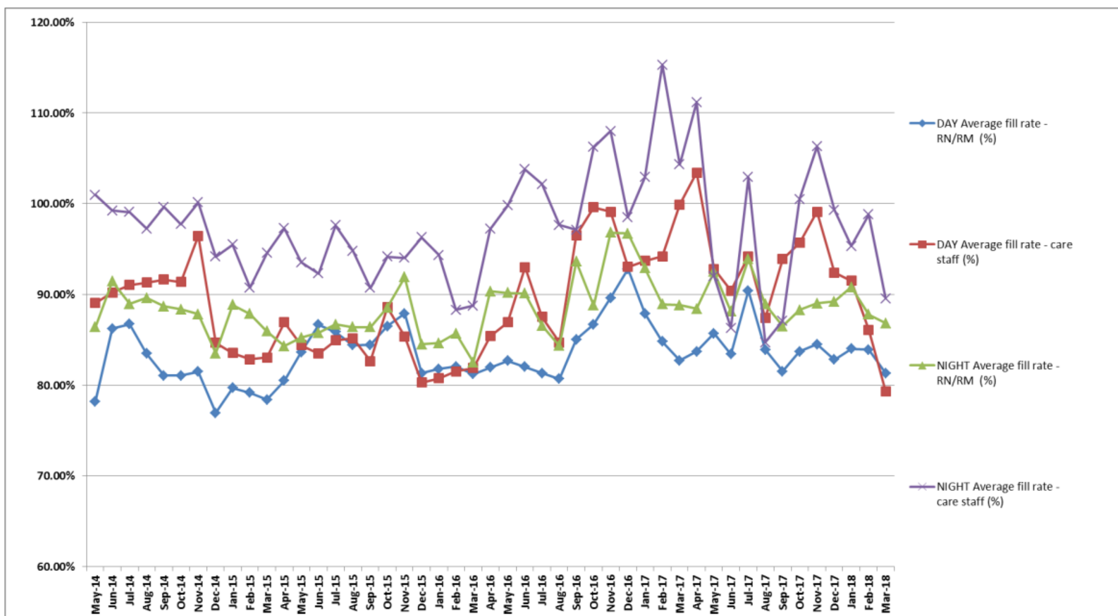


Fig 2: Castle Hill Hospital

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%
Oct-17	83.72%	95.68%	88.29%	100.49%
Nov-17	84.50%	99.10%	89.00%	106.30%
Dec-17	82.80%	92.40%	89.20%	99.30%
Jan-18	84.00%	91.50%	90.80%	95.30%
Feb-18	83.90%	86.10%	87.80%	98.80%
Mar-18	81.31%	79.34%	86.82%	89.55%



As illustrated in the aforementioned tables, the fill rates for both HRI and CHH have dropped over the last two months; with CHH average day fill rates for Care Staff dropping below the desired 80% in March.

Analysis at high level indicates a greater number of clinical areas breaching the desired 17% maximum annual leave allocation,(as illustrated in appendix 2) compared to the previous month, which is likely to be related to ensuring all annual leave is taken prior to the end of the financial year. Work continues with the Senior Sisters/Charge Nurses to ensure that annual leave is distributed evenly across the financial year. From a more granular perspective, the following narrative provides a more comprehensive explanation as to why the fill rates have reduced during February and March 2018.

AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

There are a number of areas that remain particularly tight in terms of meeting their full establishments. These are:

- **H70 (Diabetes and Endocrine)** has 6.90 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.

- **Elderly Medicine [x5 wards]** have 15.78 wte RN vacancies. The specialty has over recruited by 10.04 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)** have 4.65 wte RN vacancies between them. Support continues to be provided from the Nurse Bank to ensure staffing levels are maintained at a safe level. Critical Care have released 2.0 wte RN's to work in the RSU. In addition there are 2.00 wte RNs on rotation from critical care working within the respiratory support unit. This has been favourably received by both clinical areas as it is offering a learning opportunity for the staff involved as well as improving the staffing numbers.

- **H11 and H110** have 11.37 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. Additional support is also being provided by Critical Care, who have released 2.0 wte. Registered nurses to support the HASU.

- **Winter Ward H10 -** supported through the temporary redeployment of staff from all of the Health Groups during February and March. As part of the winter plan, the ward closed as planned April 2018.

- **Ward H4 -** Neurosurgery has 5.08 wte RN, **H40** has 2.35 wte RN vacancies. The band 7's work closely together to minimise the impact of the vacancies.

- **Ward H7 -** Vascular Surgery has 5.52 wte RN vacancies. Support is being provided from within the Health Group until substantive posts are filled.

- **Ward H12 & H120 –** Trauma Orthopaedics have 6.15 wte RN vacancies across the floor.

- **Ward C10 & C11 -** Elective Colorectal Surgery has 7.18 wte RN vacancies across both wards.

- **CICU –** Critical Care Unit at CHH has 5.35 wte vacancies with a further 5 leavers pending. Support is being provided by HICU.

- **Wards 30-33** – Oncology and Haematology have 11.95 RN vacancies. In order to ensure safety the service has closed 5 beds on C31 and staff are moved between the wards following assessment daily by the Senior Matron. A Registered Nurse from the Oncology Health Centre is working on the wards in order to support and C33 have over recruited non registered nurses to ensure patient safety. The Ward Sisters all undertake additional clinical shifts as required, in addition to their three rostered shifts weekly. We now have the second Senior Matron in post and therefore are fully established from a senior nurse perspective, in addition have extended the secondment into a Matrons' post of one of the Ward Sisters specifically to support the roll out and implementation of EPMA but also ensuring there is senior nurse presence, visibility and accessibility to ensure patient safety.

- **Ward C16** - The fill rates for non-registered staff on C16 are as a result of 4.04 wte vacancies. These are fully recruited to and we are waiting a start date, but during both February and March 2018, the ward bed base was reduced to 21 beds to ensure safe staffing levels with 2 registered nurses redeployed to support the Winter Ward so this was safe. In April 2018, the staff returned from the Winter ward and the beds on C16 were reopened and the ward is running 30 beds.

- **Cedar Ward HRI** - The fill rates for Cedar ward are reflective of the changes put in place for winter capacity. The ward supported the winter ward with 1.33wte registered nurses and the use of the ward was temporarily adjusted to take medical step down patients, alongside gynaecology emergencies. Due to the nature of this patient cohort, the 9 beds and 11 trolleys were replaced with 16 in-patient beds to reflect the slower turnover of medical patients. The fill rates reflect the lower staffing ratio required to staff this safely. Cedar Ward returned back to business as usual in April 2018.

- **Ward 35** - fill rates for non-registered nurses have been affected by vacancies and sickness absence, combined with redeployment to alternative departments to support the workforce when it has been safe to do so.

- **Paediatrics** have not recruited into their non-registered posts as they were hopeful of using the money for Nursing Associate posts, but it seems unlikely that Paediatrics will benefit from this in the near future. This, along with sickness absence in a small cohort of staff has impacted on the fill rates, but an agreement has been made to recruit into these posts.

As indicated in the narrative, support is being provided to wards that have staffing shortfalls through the redeployment of registered nurses from elsewhere within the Trust. This has been completed in a planned and coordinated manner, in order to try and minimise the continual movement of staff on a daily basis, although staff are still moved daily in response to further short notice shortfalls and assessments of the workload and patient acuity in clinical areas. Despite the work undertaken, there remain some significant shortfalls in some wards and these are risk assessed and managed each day. There is an expectation that the fills rates will improve slightly in

April as the winter ward is now closed and staff have returned back to their normal ward base.

The Trust Board has been advised of actions that continue to be taken to balance shortfalls, including:

- The closure of identified beds within Family & Women's Health Group (9 beds) and Clinical Support Health Group (6 beds).
- 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 areas).
- 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. This has required the Trust to pay over the NHSI 'capped rate' on a small number of occasions in order to ensure patient safety.

4. RECRUITMENT AND RETENTION

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns and rotational programmes. Following successful interviews, the Trust is currently pursuing 140 student nurses who are due to complete their training in September 2018.

A proposal to support the recruitment of an additional 15 Nursing Associate Trainees and 15 Nurse Apprentices has been endorsed by the Trust Board. Both cohorts will commence their training with the University of Hull in September 2018. The initial recruitment campaign will be focused towards existing Trust staff, in an endeavour to provide a structured career pathway for non-registered staff that wish to progress their career.

Work has also commenced between the Trust, the University of Hull and Hull College to develop a career pathway for young people who wish to enter a career in Nursing. It is envisaged that all three organisations will work together to provide the building blocks, which will enable the student to obtain both the academic and clinical requirements needed to enter the nursing profession.

The Trust now has twenty four international recruits that have joined the Trust over the last ten months. Thirteen of the recruits have now passed the OSCE (Objective Structured Clinical Exam), which is the final stage in the process of obtaining an NMC PIN number. The thirteen are now deployed onto a mixture of wards, ICU and in theatres. In addition a further recruit already had a NMC PIN number on arrival.

There are a further three recruits scheduled for OSCE resits on 16 May 2018 and a further two that need to be booked for their resits. In addition five recruits are being booked for their OSCE on the 23 May 2018.

Plans are now in place for a further sixteen recruits to join the Trust during the next three months.

The Chief Nurse has introduced 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-year age/early retirement to see if anything can be done to persuade such staff to stay on, including part-time and flexible hours
- Considering more flexible working opportunities in general
- Looking at skill mix; as one key reason for leaving is due to the apparent lack of career progression opportunities
- Undertaking time/motion work to understand the roles and tasks that RN's are doing compared to that of the non-registered workforce and other healthcare professionals, the initial results of the pilot completed during April should be available for review in early June.
- Review of nursing shift patterns (underway currently)
- Undertake staff surveys about what would make the difference to help keep nurses working here.

In terms of strategic context with nurse staffing, the future supply of registered adult nurses remains the primary 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.

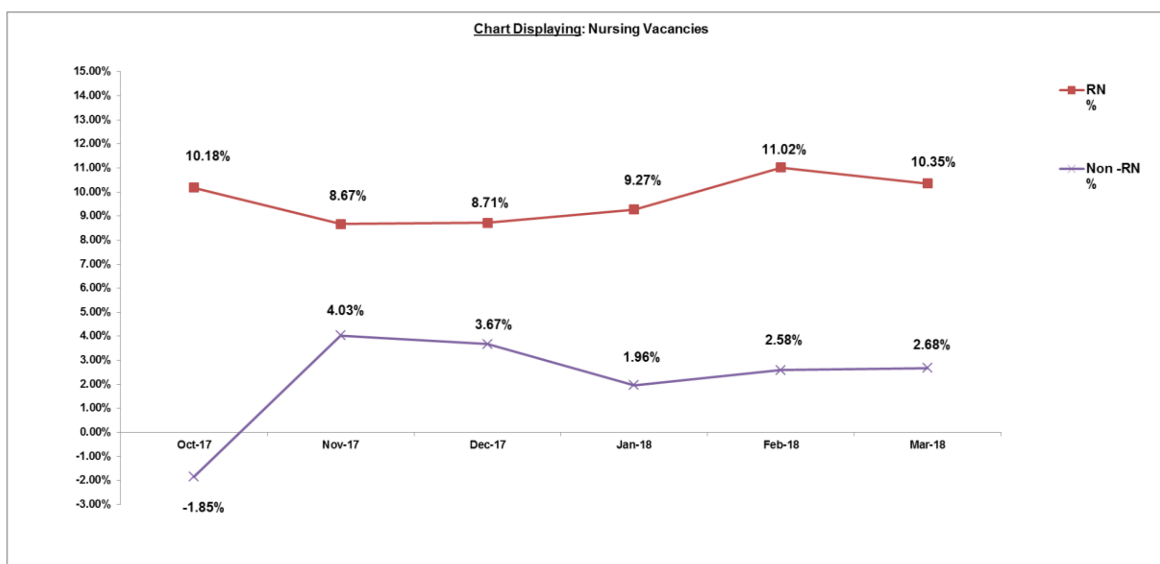
The Chief Nurse chairs the North of England Workforce Group. This group is currently focusing on the following:

- Age profiles and workforce supply.
- Best practice on retention, including how best to support new registrants.

4.1 Current Vacancy Position for Registered and Non Registered Nurses.

The following table illustrates a summary of the Vacancy position for both Registered and Non-Registered nurses (wards and ED) since October 2017.

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.59	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.29	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.04	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.40	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	153.84	1276.47	509.93	1786.4	8.61%
Mar-18	132.15	10.35%	13.66	2.68%	145.80	1276.47	509.93	1786.4	8.16%



In summary, as illustrated above, the RN vacancy rate on the Trust's wards, ED and ICU is 132.15 wte against an establishment of 1276.47 wte (10.35%).The non-registered workforce vacancies are 13.66 wte (2.68%) although a number of wards have over recruited to support the RN vacancies, as mentioned earlier in this report.

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.

5. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed six times each day, are led by a Senior Matron with input from 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 but is extremely challenging on some occasions. 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.

6. 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).

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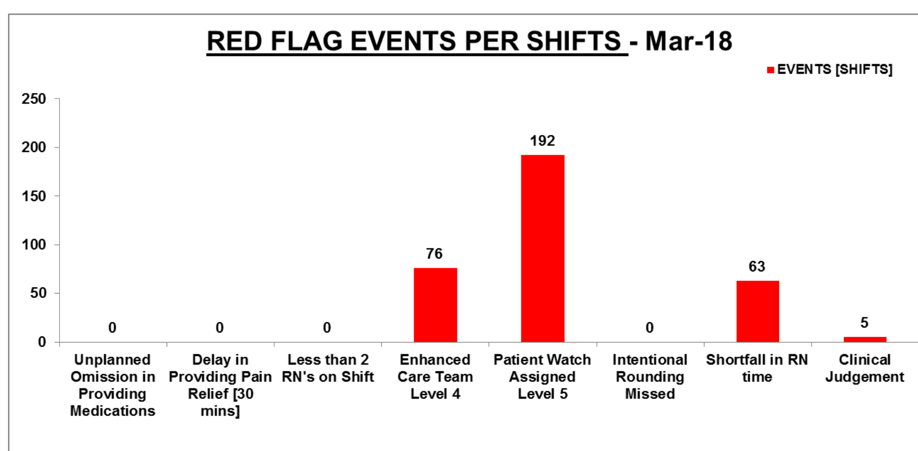
[4] NICE 2014 - Safe staffing for nursing in adult inpatient wards in acute hospitals

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 March 2018. 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.

Mar-18	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	76	23%
	Patient Watch Assigned Level 5	192	57%
	Intentional Rounding Missed	0	0%
	Shortfall in RN time	63	19%
	Clinical Judgement	5	1%
	TOTAL:	336	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

Reports, this is being addressed through the implementation of the Enhanced Care Team (ECT), which has now completed its pilot phase. Additional work has been commissioned by the Chief Nurse in order to further validate the results obtained through the pilot and will be presented to the Executive Management Committee in due course.

For information, an ECT level 4 is a patient requiring ward based 1:1 care with a non-registered staff member; these are often patients with dementia, those at high risk of falls and harm or those that are agitated due to their clinical condition. A Patient Watch Level 5 is a patient that is exhibiting violence/aggression that is a risk to themselves and/or others and requires a security staff member to ensure safety is maintained. These requirements for individual patients across the organisation are reviewed on a shift by shift basis and adjusted accordingly

7. 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 2017. 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 process was concluded during April 2018 and is presented in **Appendix 3**.

As indicated in Appendix 3, information obtained using the Safer Nursing Care Tool (SNCT) and Professional Judgement appears to present a shortfall of 5.16 wte (cell p55).

In reviewing the budgets the following issues have been resolved

- Consistency in terms of how the uplift for annual leave, sickness and study leave are allocated and treated
- Consistency with how annual leave and bank holiday entitlement are calculated and allocated
- Implementation of standardised shift patterns.

Narrative is provided in appendix 3 justifying all establishment changes following the review. The majority of the establishment uplifts relating to the Surgical Health Group Wards were part of the Elective Bed Base Reconfiguration, which was undertaken October 2017. The reduction in the overall nursing budget which is presented in cell Y 55, relates predominantly to the closure of ward 8 at CHH and was realised by the Surgical Health Group as part of their 2017/2018 CRES , therefore the budgets have already been disestablished.

Any budget anomalies have been resolved within the agreed and available financial envelope. Even where the establishment review is indicating that additional investment is required, these anomalies will be managed from within existing budgets. As such, no additional corporate investment is required and establishments are set and financed appropriately.

8. 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 risk across the organisation and will continue to be so. The challenges remain around recruitment and with regard to the supply of registered nurses. However, the Trust continues to make positive progress in relation to the implementation of robust recruitment and retention initiatives as outlined within the body of this report.

In summary there are many nurse staffing challenges and difficulties; however, it is recognised that significant effort is being made by many registered and non-registered nursing staff, which includes many working outside their normal area of speciality, to help care for patients in these challenging circumstances.

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
May 2018

Appendix 1: HEY Safer Staffing Report – February 2018
Appendix 2: HEY Safer Staffing Report – March 2018
Appendix 3: HEY Ward Establishment Review – March 2018

HEY SAFER STAFFING REPORT FEBRUARY-18

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	CHPPD: RN / RM	CHPPD: CARE STAFF	CHPPD: OVERALL	ROTA EFFICIENCY [22-01-18 to 18-02-18]: ANNUAL LEAVE [11-17%]	ROTA EFFICIENCY: SICK RN & AN [3.9%]	ROTA EFFICIENCY: MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M11]: RN [WTE]	RN % [<10%]	NON-RN [WTE]	NON-RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]	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									18.7%	5.3%	2.3%	5.17	5.5%	-0.13	-0.6%	5.04	115.34				3	1			1				1		1	5
	AMU	ACUTE MEDICINE	45	2	106%	78%	107%	100%	1106	4.5	2.3	6.8	17.0%	3.5%	2.6%	8.94	20.2%	0.24	1.0%	9.18	67.57	100%	2		2	1	1		2				1		1	7
	H1	ACUTE MEDICINE	22	23	80%	90%	100%	98%	580	2.6	1.6	4.3	14.4%	5.6%	0.4%	1.76	12.1%	0.33	4.2%	2.09	22.51	100%				2			2						0	2
	EAU	ELDERLY MEDICINE	21	10	92%	92%	67%	85%	552	3.6	3.0	6.6	12.0%	3.7%	4.6%	1.78	9.3%	-5.15	-39.1%	-3.37	32.27	100%		1		1			1						0	2
	H5 / RHOB	RESPIRATORY	26	3	73%	95%	95%	86%	562	2.5	1.7	4.2	22.4%	1.2%	3.3%	5.29	21.4%	1.40	10.6%	6.69	37.84	96%		2					0						0	2
	H50	RENAL MEDICINE	19	8	65%	81%	101%	104%	514	2.8	2.0	4.9	16.4%	7.1%	0.0%	0.31	2.1%	0.43	5.1%	0.74	23.54	100%	1	1	1	1			1						0	4
	H500	RESPIRATORY	24	1	70%	94%	98%	99%	660	2.3	2.4	4.6	18.2%	5.3%	0.0%	3.36	19.8%	0.89	7.3%	4.25	29.10	100%				2			2						0	2
	H70	ENDOCRINOLOGY	30	9	73%	91%	70%	117%	828	2.0	2.0	4.0	16.5%	6.2%	0.0%	8.90	44.4%	0.92	7.6%	9.82	32.22	93%	4	2		1			1	1	1				2	9
	H8	ELDERLY MEDICINE	27	2	65%	97%	102%	108%	748	2.2	2.2	4.4	16.9%	2.1%	4.1%	0.90	5.4%	-0.54	-4.1%	0.36	29.78	100%			2				0						0	2
	H80	ELDERLY MEDICINE	27	0	63%	99%	100%	100%	728	2.2	2.3	4.5	18.1%	5.3%	7.4%	2.63	15.8%	-1.16	-8.8%	1.47	29.78	100%	1	2	1				0						0	4
	H9	ELDERLY MEDICINE	31	23	63%	115%	98%	100%	853	1.9	2.4	4.3	14.8%	4.4%	4.6%	4.82	29.0%	-1.04	-7.9%	3.78	29.78	96%		2		7	1	1	9						0	11
	H90	ELDERLY MEDICINE	29	2	65%	112%	100%	100%	795	2.0	2.2	4.2	15.6%	6.8%	3.5%	4.65	28.0%	-2.35	-17.9%	2.30	29.78	100%		3	1	2			2						0	6
	H11	STROKE / NEUROLOGY	28	48	50%	126%	100%	78%	775	2.0	2.3	4.4	15.9%	9.8%	0.0%	6.89	30.6%	1.57	14.8%	8.46	33.16	96%	1			3			3		2		1		3	7
	H110	STROKE / NEUROLOGY	24	5	61%	106%	66%	90%	504	3.5	2.8	6.4	17.2%	9.9%	0.0%	5.68	25.2%	-0.16	-1.4%	5.52	33.64	100%	2		1	2	1		3						0	6
	CDU	CARDIOLOGY	9	0	75%	28%	100%		91	11.1	1.8	12.9	14.1%	16.5%	1.8%	0.01	0.1%	0.63	21.6%	0.64	15.74	100%		1					0						0	1
	C26	CARDIOLOGY	26	7	84%	79%	76%	93%	639	3.9	1.5	5.4	15.2%	3.4%	12.8%	3.07	11.9%	-0.39	-4.9%	2.68	33.73	100%	1	2		1			1						0	4
	C28 /CMU	CARDIOLOGY	27	4	74%	82%	85%	96%	615	6.2	1.5	7.6	20.2%	3.5%	0.0%	3.30	8.6%	0.69	7.2%	3.99	47.78	96%				1			1						0	1
SURGERY	H4	NEURO SURGERY	30	12	76%	105%	78%	123%	742	2.7	1.9	4.6	17.1%	7.4%	3.6%	5.08	23.3%	0.45	4.3%	5.53	32.28	100%		1		2		1	3						0	4
	H40	NEURO HOB / TRAUMA	15	26	85%	104%	114%	99%	350	6.5	3.7	10.2	18.2%	6.0%	0.0%	1.35	6.5%	1.28	11.5%	2.63	31.95	100%	2	1	1				0		2				2	6
	H6	ACUTE SURGERY	28	2	91%	74%	77%	104%	669	3.0	2.4	5.4	15.3%	5.3%	2.6%	3.91	20.5%	1.11	10.4%	5.02	29.74	100%	2	3					0						0	5
	H60	ACUTE SURGERY	28	0	94%	101%	93%	95%	671	3.2	2.3	5.5	16.7%	2.6%	2.1%	0.56	2.9%	0.38	3.6%	0.94	29.74	100%	1	1	1				0						0	3
	H7	VASCULAR SURGERY	30	0	81%	95%	89%	102%	802	2.9	2.1	5.0	16.9%	3.7%	0.0%	6.52	30.0%	1.09	8.3%	7.61	34.89	92%	1	1		3	1		4		2		1		3	9
	H100	GASTROENTEROLOGY	24	12	79%	104%	81%	109%	693	2.6	2.2	4.8	15.6%	7.3%	8.5%	1.75	9.2%	-0.66	-5.5%	1.09	31.23	95%		1		5			5						0	6
	H12	ORTHOPAEDIC	28	8	75%	89%	81%	144%	731	2.8	2.5	5.3	16.2%	8.3%	2.8%	5.35	24.5%	-2.67	-20.3%	2.68	35.00	96%			1	1			1						0	2
	H120	ORTHO / MAXFAX	22	3	88%	103%	80%	118%	563	3.3	2.9	6.3	17.0%	1.9%	0.0%	2.48	14.9%	0.35	3.0%	2.83	28.42	100%		1					0						0	1
	HICU	CRITICAL CARE	22	1	93%	186%	90%	86%	476	25.1	1.9	27.0	16.6%	5.2%	2.7%	1.50	1.4%	-1.40	-19.1%	0.10	112.20	80%		1	3				0				5		5	9
	C9	ORTHOPAEDIC	35	2	80%	80%	97%	100%	734	3.3	1.8	5.1	14.5%	5.8%	2.0%	1.91	8.8%	0.22	1.9%	2.13	33.39	92%							0		2				2	2
	C10	COLORECTAL	21	0	85%	55%	77%	104%	412	4.6	1.7	6.3	13.1%	3.1%	2.5%	2.54	13.9%	0.71	9.1%	3.25	26.08	100%			1	1			1						0	2
	C11	COLORECTAL	22	6	88%	74%	88%	111%	521	3.8	1.7	5.5	13.4%	5.4%	4.4%	3.16	17.3%	1.79	22.9%	4.95	26.08	100%	2					1	1						0	3
	C14	UPPER GI	27	2	87%	72%	79%	112%	609	3.3	1.6	4.9	17.6%	1.5%	9.1%	0.92	4.5%	0.04	0.4%	0.96	29.38	95%				1			1				1		1	2
	C15	UROLOGY	26	4	92%	77%	94%	102%	585	3.7	2.0	5.7	12.5%	2.8%	3.3%	1.41	6.9%	1.64	13.5%	3.05	32.71	100%							0						0	0
	C27	CARDIOTHORACIC	26	2	91%	83%	95%	100%	666	3.9	1.4	5.4	17.5%	1.6%	8.0%	1.77	7.5%	-0.66	-7.7%	1.11	32.22	100%			1				0	1					1	2
	CICU	CRITICAL CARE	22	0	91%	105%	90%	72%	453	21.6	2.0	23.6	14.5%	7.4%	1.3%	7.03	7.6%	-0.34	-4.5%	6.69	100.50	100%	1						0						0	1
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	82%	66%	98%	67%	403	4.4	2.3	6.8	13.7%	7.4%	12.8%	4.04	21.8%	2.47	22.2%	6.51	29.65	100%	2	1	1				0						0	4
	H130	PAEDS	20	0	90%	34%	87%	68%	443	5.4	1.1	6.6	17.6%	4.7%	0.0%	0.21	1.0%	2.02	38.7%	2.23	26.59	100%		1					0						0	1
	H30 CEDAR	GYNAECOLOGY	9	0	69%	46%	103%	69%	279	4.9	2.0	7.0	13.2%	13.5%	3.5%	0.27	3.6%	0.12	3.1%	0.39	11.33	100%							0		1				1	1
	H31 MAPLE	MATERNITY	20	0	94%	86%	107%	98%	289	7.0	4.1	11.2	16.3%	6.8%	0.0%	-0.46	-1.0%	-1.97	-7.3%	-2.43	73.34	100%	3	2	1				0						0	6
	H33 ROWAN	MATERNITY	38	0	88%	82%	86%	97%	1043	2.8	1.4	4.2	16.1%	1.9%	1.4%							100%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	1	86%	108%	98%	54%	314	7.3	1.8	9.0	18.6%	7.6%	0.8%	-0.82	-4.0%	-0.46	-8.8%	-1.28	26.00	100%			2				0						0	2
	H35	OPHTHALMOLOGY	12	0	95%	36%	107%		286	4.8	0.9	5.7	20.1%	1.4%	20.8%	1.38	12.4%	3.76	138.8%	5.14	13.84	100%			2				0						0	2
	LABOUR	MATERNITY	16	1	97%	88%	101%	91%	244	22.5	6.3	28.8	14.9%	3.6%	1.7%	9.21	18.4%	1.59	11.6%	10.80	63.84	100%		5	1				0						0	6
	NEONATES	CRITICAL CARE	26	0	85%	94%	89%	50%	574	11.9	0.9	12.8	17.1%	6.9%	7.7%	2.02	3.0%	0.00	0.0%	2.02	74.51	100%			3				0						0	3
	PAU	PAEDS	10	0	104%		91%		98	13.4	0.0	13.4	18.9%	5.2%	10.3%	-1.24	-11.9%	0.00	0.0%	-1.24	10.44	100%							0						0	0
	PHDU	CRITICAL CARE	4	0	114%	62%	102%		61	23.4	2.0	25.5	15.0%	0.0%	0.0%	-1.64	-14.1%	0.00	0.0%	-1.64	11.66	100%			1				0						0	1
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	7	104%	88%	103%	185%	355	3.9	3.4	7.3	18.5%	10.8%	0.0%	1.58	13.1%	2.48	30.2%	4.06	20.22	93%			1				0	1					1	2
	C29	REHABILITATION	15	159	101%	90%	100%	90%	419	3.5	4.3	7.8	14.0%	8.6%	0.9%	-0.53	-4.0%	2.11	13.4%	1.58	28.89	100%				2			2						0	2
	C30	ONCOLOGY	22	8	94%	101%	105%	103%	548	3.0	1.9	4.9	17.1%	8.9%	5.3%	2.51	18.0%	1.51	18.9%	4.02	21.97	100%		1					0		1				1	2
	C31	ONCOLOGY	27	0	89%	97%	101%	100%	616	2.6	2.3	4.9	15.9%	6.8%	8.8%	2.26	16.2%	1.33	11.3%	3.59	25.74	95%				1			1						0	1
	C32	ONCOLOGY	22	0	84%	97%	101%	105%	530	2.9	1.9	4.8	14.5%	5.1%	0.0%	2.17	15.5%	2.68	28.0%	4.85	23.57	100%		3					0						0	3
	C33	HAEMATOLOGY	28	0	82%	148%	81%	120%	573	4.4	2.3	6.7	15.5%	5.2%	4.6%	5.01	18.3%	-3.98	-49.8%	1.03	35.44	100%							0					1	1	1
		TOTAL:		403	AVERAGE or TOTAL:				557	5.7	2.2	7.9	16.3%	5.6%	3.6%	140.67	11.0%	13.17	2.6%	153.84	1786.40	98.3%														
																				TOTALS:		48	26	39	31	41	4	3	48	3	11	0	10	1	25	169

Feb-18	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 DAY [CHPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
SAFER STAFFING OVERALL PERFORMANCE								
HRI SITE	83.0%	89.0%	92.0%	97.0%	18947	4.4	2.2	6.6
CHH SITE	83.9%	86.1%	87.8%	98.8%	8503	4.7	2.1	6.8

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.59	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.29	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.04	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.40	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	153.84	1276.47	509.93	1786.4	8.61%

APPENDIX 1

HEY SAFER STAFFING REPORT MARCH-18

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	CHPPD: RN / RM	CHPPD: CARE STAFF	CHPPD: OVERALL	ROTA EFFICIENCY [19-02-18 to 22-03-18]: ANNUAL LEAVE [11-17%]	ROTA EFFICIENCY: SICK RN & AN [3.9%]	ROTA EFFICIENCY: MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M12]: RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]	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	1									19.4%	4.9%	2.8%	5.69	6.1%	-0.13	-0.6%	5.56	115.34		2		3	1			1						0	6
	AMU	ACUTE MEDICINE	45	3	94%	62%	106%	96%	1193	4.6	2.3	6.9	17.8%	3.5%	1.8%	8.94	20.2%	0.24	1.0%	9.18	67.57	100%				3			3		1				1	4
	H1	ACUTE MEDICINE	22	10	70%	94%	99%	97%	640	2.5	1.8	4.3	14.1%	5.1%	4.8%	1.76	12.1%	0.86	10.8%	2.62	22.51	100%		1					0		1		1		2	3
	EAU	ELDERLY MEDICINE	21	7	88%	92%	68%	84%	634	3.4	3.0	6.4	16.9%	2.9%	4.3%	2.78	14.6%	-5.15	-39.1%	-2.37	32.27	100%			1	2			2						0	3
	H5 / RHOB	RESPIRATORY	26	5	70%	85%	97%	87%	602	2.6	1.7	4.3	17.1%	2.2%	3.3%	4.29	17.4%	1.40	10.6%	5.69	37.84	96%		2					0						0	2
	H50	RENAL MEDICINE	19	18	67%	88%	97%	101%	553	3.0	2.3	5.3	17.8%	5.6%	0.0%	0.31	2.1%	0.43	5.1%	0.74	23.54	100%			1				0						0	1
	H500	RESPIRATORY	24	2	65%	90%	97%	95%	719	2.2	2.3	4.6	18.2%	2.2%	0.0%	0.36	2.1%	0.89	7.3%	1.25	29.10	100%		1		1			1						0	2
	H70	ENDOCRINOLOGY	30	23	73%	97%	72%	87%	919	2.2	2.3	4.5	16.7%	2.3%	0.0%	6.90	34.4%	0.92	7.6%	7.82	32.22	93%	2	1	2	1			1		1		1		2	8
	H8	ELDERLY MEDICINE	27	7	68%	95%	101%	98%	819	2.3	2.3	4.5	18.4%	2.6%	4.1%	0.90	5.4%	-0.34	-2.6%	0.56	29.78	100%	1	1					0						0	2
	H80	ELDERLY MEDICINE	27	8	62%	100%	99%	97%	828	2.1	2.3	4.5	14.8%	5.7%	10.2%	2.63	15.8%	-1.16	-8.8%	1.47	29.78	100%		2	1	2		1	3						0	6
	H9	ELDERLY MEDICINE	31	16	61%	87%	101%	98%	946	1.9	2.4	4.3	16.6%	2.0%	4.8%	4.82	29.0%	-1.84	-14.0%	2.98	29.78	96%		1		4			4						0	5
	H90	ELDERLY MEDICINE	29	9	69%	99%	98%	98%	888	2.1	2.2	4.3	18.6%	6.9%	3.5%	4.65	28.0%	-2.35	-17.9%	2.30	29.78	100%		1		3			3		1				1	5
	H11	STROKE / NEUROLOGY	28	13	49%	112%	97%	76%	833	2.1	2.3	4.3	15.5%	11.6%	2.0%	5.89	26.2%	1.57	14.8%	7.46	33.16	96%		1	1	4			4						0	6
	H110	STROKE / NEUROLOGY	24	1	58%	78%	66%	85%	540	3.6	3.1	6.7	15.8%	10.6%	0.0%	5.48	24.3%	0.02	0.2%	5.50	33.64	100%	3		1	3			3						0	7
	CDU	CARDIOLOGY	9	0	54%	26%	94%		136	7.7	1.2	9.0	10.6%	5.9%	6.7%	0.01	0.1%	0.63	21.6%	0.64	15.74	100%							0						0	0
	C26	CARDIOLOGY	26	15	75%	70%	77%	93%	699	3.8	1.4	5.2	20.4%	6.8%	10.2%	2.12	8.2%	-0.39	-4.9%	1.73	33.73	100%	1	1		1			1						0	3
	C28 /CMU	CARDIOLOGY	27	9	80%	83%	83%	96%	694	6.2	1.5	7.7	21.6%	5.9%	0.0%	4.10	10.7%	1.33	13.9%	5.43	47.78	96%	1						0						0	1
SURGERY	H4	NEURO SURGERY	30	5	69%	74%	80%	96%	802	2.8	1.8	4.6	18.0%	3.5%	7.2%	5.08	23.3%	0.45	4.3%	5.53	32.28	100%		2		1			1						0	3
	H40	NEURO HOB / TRAUMA	15	27	77%	92%	102%	92%	341	6.8	4.0	10.8	20.0%	0.0%	5.1%	2.35	11.3%	1.28	11.5%	3.63	31.95	100%	1						0						0	1
	H6	ACUTE SURGERY	28	1	88%	67%	82%	90%	730	3.1	2.2	5.2	15.2%	3.7%	3.8%	3.91	20.5%	1.11	10.4%	5.02	29.74	100%		1		1			1						0	2
	H60	ACUTE SURGERY	28	1	91%	98%	84%	100%	720	3.1	2.5	5.6	16.1%	1.6%	3.9%	1.56	8.2%	0.38	3.6%	1.94	29.74	100%	7		1	1			1				1		1	10
	H7	VASCULAR SURGERY	30	0	79%	92%	94%	89%	857	3.0	2.2	5.2	14.9%	0.0%	5.0%	5.52	25.4%	1.09	8.3%	6.61	34.89	92%		1					0		1				1	2
	H100	GASTROENTEROLOGY	24	0	80%	95%	84%	97%	792	2.6	2.0	4.6	15.2%	8.0%	4.0%	0.75	3.9%	0.57	4.7%	1.32	31.23	95%		2		1			1		2				2	5
	H12	ORTHOPAEDIC	28	5	71%	88%	81%	89%	811	2.7	2.5	5.2	16.7%	2.8%	5.5%	3.67	16.8%	-2.67	-20.3%	1.00	35.00	96%	2						0		1				1	3
	H120	ORTHO / MAXFAX	22	1	91%	84%	77%	85%	625	3.4	2.9	6.4	20.9%	0.0%	2.0%	2.48	14.9%	0.35	3.0%	2.83	28.42	100%		2		1			1						0	3
	HICU	CRITICAL CARE	22	0	88%	152%	87%	81%	512	24.4	1.8	26.2	17.1%	2.7%	5.7%	1.18	1.1%	-0.40	-5.5%	0.78	112.20	80%	1		1				0		1		1		2	4
	C9	ORTHOPAEDIC	35	2	78%	78%	97%	87%	742	3.5	1.9	5.5	14.8%	2.0%	8.5%	1.91	8.8%	0.22	1.9%	2.13	33.39	92%	1	2	1		1		1		3				3	8
	C10	COLORECTAL	21	0	83%	71%	86%	88%	551	3.9	1.7	5.5	15.0%	2.6%	1.7%	3.54	19.4%	-0.25	-3.2%	3.29	26.08	100%							0						0	0
	C11	COLORECTAL	22	3	87%	76%	85%	95%	579	3.8	1.8	5.5	13.2%	4.9%	10.8%	3.64	20.0%	0.79	10.1%	4.43	26.08	100%			1				0						0	1
	C14	UPPER GI	27	3	86%	69%	89%	99%	734	3.3	1.5	4.8	18.0%	9.0%	3.4%	-0.08	-0.4%	0.04	0.4%	-0.04	29.38	95%	2	1		1			1						0	4
	C15	UROLOGY	26	1	92%	86%	90%	95%	594	4.1	2.3	6.4	15.2%	3.3%	4.3%	1.97	9.6%	0.44	3.6%	2.41	32.71	100%		1	1	1			1						0	3
	C27	CARDIOTHORACIC	26	1	83%	86%	87%	100%	745	3.7	1.4	5.2	18.2%	7.7%	2.0%	1.93	8.2%	-0.66	-7.7%	1.27	32.22	100%						1	1		1				1	2
	CICU	CRITICAL CARE	22	0	86%	65%	85%	37%	448	23.0	1.7	24.7	15.7%	1.6%	6.9%	5.35	5.8%	0.66	8.7%	6.01	100.50	100%							0						0	0
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	85%	52%	89%	60%	485	3.9	2.0	5.9	12.9%	0.9%	13.0%	4.04	21.8%	2.47	22.2%	6.51	29.65	100%		1		1			1						0	2
	H130	PAEDS	20	0	86%	47%	88%	55%	380	6.9	1.6	8.5	17.9%	2.5%	0.3%	0.21	1.0%	2.02	38.7%	2.23	26.59	100%		1					0						0	1
	H30 CEDAR	GYNAECOLOGY	9	0	91%	57%	107%		325	4.7	2.4	7.1	16.2%	16.6%	8.5%	0.27	3.6%	0.12	3.1%	0.39	11.33	100%		1					0		1				1	2
	H31 MAPLE	MATERNITY	20	0	86%	92%	108%	98%	407	5.6	3.4	9.0	17.4%	6.6%	0.0%	-0.46	-1.0%	0.23	0.9%	-0.23	73.34	100%		2					0						0	2
	H33 ROWAN	MATERNITY	38	0	91%	92%	86%	98%	1162	2.8	1.5	4.3	16.2%	1.7%	2.1%							100%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	1	81%	109%	99%	57%	277	8.8	2.3	11.1	13.4%	7.1%	3.6%	-0.02	-0.1%	-0.46	-8.8%	-0.48	26.00	100%							0				1		1	1
	H35	OPHTHALMOLOGY	12	0	91%	25%	108%		308	5.0	0.6	5.6	10.2%	2.5%	18.2%	0.18	6.6%	3.76	138.8%	3.94	13.84	100%							0						0	0
	LABOUR	MATERNITY	16	1	95%	95%	95%	101%	307	21.0	5.8	26.8	15.8%	4.1%	1.7%	8.21	59.9%	-0.61	-4.5%	7.60	63.84	100%	2						0						0	2
	NEONATES	CRITICAL CARE	26	0	87%	79%	90%	97%	625	12.4	1.0	13.5	19.0%	4.1%	5.6%	1.73	22.9%	0.00	0.0%	1.73	74.51	100%			3				0						0	3
	PAU	PAEDS	10	0	97%		90%		122	11.8	0.0	11.8	14.7%	1.6%	15.6%	-0.76	-7.3%	0.00	0.0%	-0.76	10.44	100%							0						0	0
	PHDU	CRITICAL CARE	4	1	91%	30%	97%		79	21.9	0.9	22.8	21.9%	2.0%	0.0%	-0.64	-5.5%	0.00	0.0%	-0.64	11.66	100%							0						0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	5	98%	86%	100%	89%	403	3.7	3.2	6.9	18.5%	11.0%	0.0%	1.58	19.3%	2.48	30.2%	4.06	20.22	93%		1					0						0	1
	C29	REHABILITATION	15	86	87%	86%	100%	99%	461	3.4	4.1	7.5	17.2%	2.9%	1.7%	-0.53	-4.0%	2.78	17.7%	2.25	28.89	100%							0						0	0
	C30	ONCOLOGY	22	40	91%	97%	93%	100%	631	2.8	1.9	4.7	18.3%	0.7%	5.6%	2.51	18.0%	1.51	18.9%	4.02	21.97	100%			2	2			2						0	4
	C31	ONCOLOGY	27	0	77%	85%	91%	92%	634	2.7	2.3	5.0	17.8%	9.9%	9.2%	2.26	16.2%	1.33	11.3%	3.59	25.74	95%		2	1	2			2						0	5
	C32	ONCOLOGY	22	0	90%	100%	100%	86%	616	2.9	1.7	4.6	20.7%	1.8%	0.0%	2.17	15.5%	2.68	28.0%	4.85	23.57	100%		1		1			1						0	2
	C33	HAEMATOLOGY	28	5	74%	77%	72%	73%	635	4.2	2.4	6.6	17.5%	2.7%	4.7%	5.01	18.3%	-4.98	-62.3%	0.03	35.44	100%			1				0						0	1
		TOTAL:		336				AVERAGE or TOTAL:	614	5.6	2.2	7.8	16.8%	4.4%	4.6%	132.15	10.4%	13.66	2.7%	145.81	1786.40	98.3%														
																					TOTALS:	48	26	33	22	38	1	2	41	0	14	0	5	0	19	141

Mar-18	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 DAY [CHPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
SAFER STAFFING OVERALL PERFORMANCE								
HRI SITE	80.6%	83.2%	90.7%	88.9%	20725	4.5	2.2	6.7
CHH SITE	81.3%	79.3%	86.8%	89.6%	9524	4.5	2.0	6.5

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.59	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.29	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.04	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.40	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	153.84	1276.47	509.93	1786.4	8.61%
Mar-18	132.15	10.35%	13.66	2.68%	145.80	1276.47	509.93	1786.4	8.16%