HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

TRUST BOARD

10 July 2018

Title:	**NURSING AND MIDWIFERY STAFFING REPORT**
Responsible Director:	Chief Nurse - Mike Wright
Author:	Chief Nurse – Mike Wright

Purpose:	The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations) and the Care Quality Commission	
BAF Risk:	BAF 1: Staff engagement and BAF 2: Lack of skilled and sufficient staff	
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	
Key Summary of Issues:	• The Trust continues to meet NQQB standards for Nursing and Midwifery safe staffing • Nursing and Midwifery establishments are set at appropriate levels and reviewed twice per year • The Trust has challenges with recruiting to full establishments • However, these are risk managed robustly each day • Future changes to this report are described	

Recommendation:	The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
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.

Also in this report, errors were identified in the March 2018 safer staffing data that had been reported to UNIFY2 and the Trust Board. Sincere apologies are offered for these errors. These data have been checked and re-submitted and the reasons for them are explained later in this report.

Furthermore, changes to the future reporting of nursing and midwifery staffing levels have been mandated by the Secretary of State for Health and Social Care to take place from July 2018. This report will be re-structured in order to comply with these new requirements. Further information about this is provided in Section 9 of this report.

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 May 2018 (March 2018 position). This report presents the 'safer staffing' position as at 31st May 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:

[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

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.

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

Fig 1: Hull Royal Infirmary

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 (corrected)	89.30%	97.30%	92.70%	102.10%
Mar-18 (error)	(80.60%)	(83.20%)	(90.70%)	(88.90%)
Apr-18	84.40%	94.60%	89.50%	108.40%
May-18	88.80%	98.00%	92.90%	108.10%

Hull Royal Infirmary

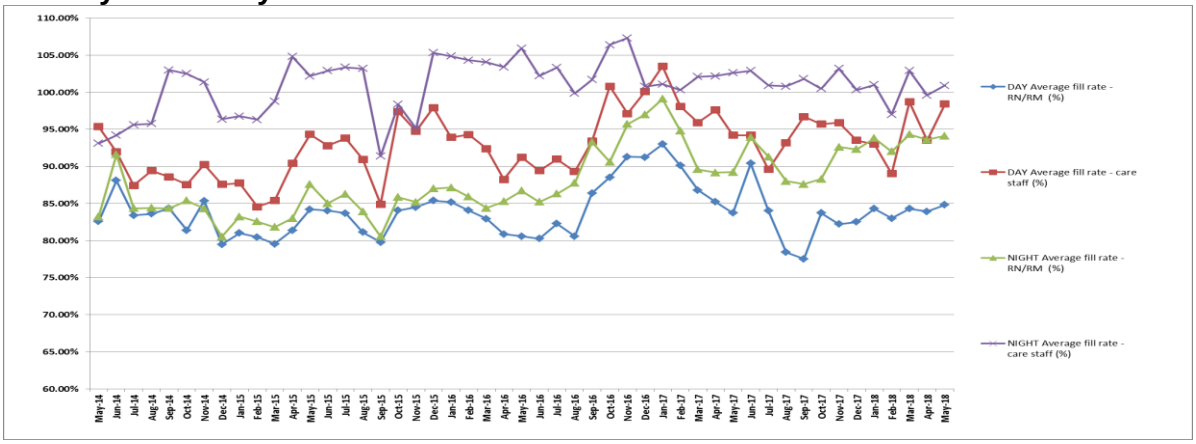
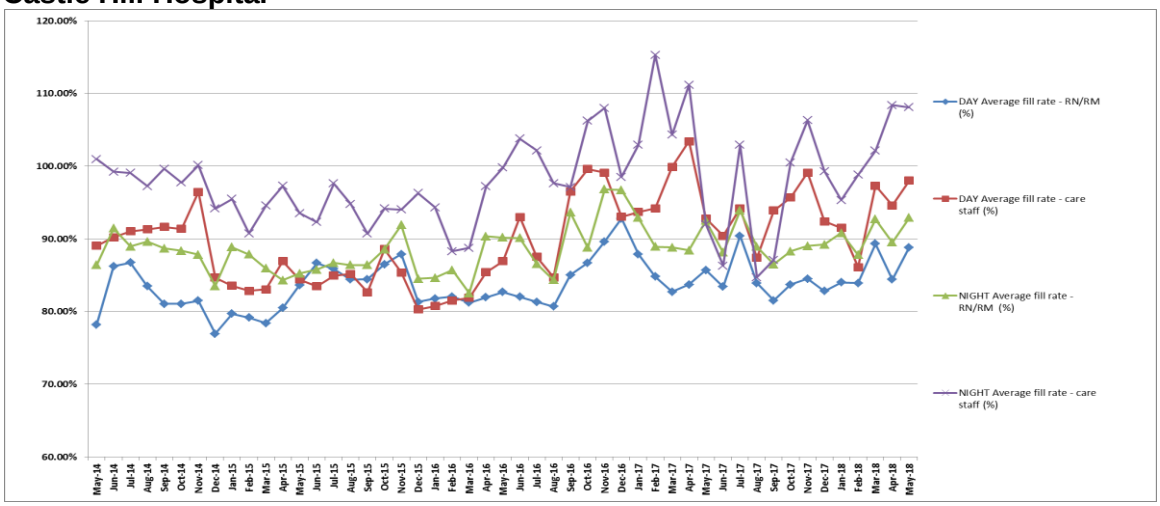


Fig 2: Castle Hill Hospital

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 (corrected)	84.30%	98.70%	94.30%	102.90%
Mar-18 Error	(81.31%)	(79.34%)	(86.82%)	(89.55%)
Apr-18	83.90%	93.50%	93.60%	99.60%
May-18	84.80%	98.40%	94.10%	100.90%

Castle Hill Hospital



3.2 Error with the submitted March 2018 data

The Trust Board will recall a discussion at the May 2018 Trust Board meeting pertaining to concerns with apparent deterioration in some fill rates for March 2018, particularly with non-registered staff. The Chief Nurse was concerned that these numbers did not necessarily feel intuitive. In view of this, the Chief Nurse requested for these data to be revisited to test their accuracy.

Following this, errors were identified as result of the following:

- There were clear errors in the data that was calculated and submitted for all periods (registered and non-registered staff) for both the HRI and CHH sites. These have now been checked manually against ward rotas and have been corrected in the tables. In addition, the corrected data has been resubmitted to UNIFY2.
- In terms of context, annual leave allocation was high for the month, the winter ward was still open, the Trust was under significant bed pressures and outlying areas were being run to full capacity (7 days per week) to cater for medical outlier patients. Bed pressures were at their peak for the winter and the requirements for extra staff were high.
- What has been identified is that a number of wards across both sites were requesting additional staff to fill vacancies, manage high patient acuity and extra workload.
- The anomalies appear to have occurred as a result of staff creating ‘extra’ shifts on the e-roster, over and above that which they were established for. Instead of off-setting these requests against a vacant post line, ‘extra’ establishment lines were created. What this served to do was to increase the ‘planned’ requirement. As an illustration:

Scenario 1 – three staff in post and one vacancy gives a fill rate of 75%.

Scenario 1	
	Establishment
RN1	in post
NR2	in post
RN3	in post
RN4	vacant
Reconciliation	
Planned Shifts	4
Actual Filled Shifts	3
Planned versus Actual %	**75%**

Scenario 2 – three staff in post and one vacancy. However, instead of booking the bank shift into the vacant line on the e-roster, an 'extra' line was created, bringing the planned shift requirement to five instead of four. This suggests that this is an additional shift required, over and above established levels, as opposed to just filling the already established vacant shift. This then serves to inflate the planned element artificially which, in turn and if not filled, reduces the fill rate percentage, again artificially to 60%.

Scenario 2	
	Establishment
RN1	in post
NR2	in post
RN3	in post
RN4	Vacant
Extra Shift booked via bank but not filled	Extra shift line created (but remained vacant)
Reconciliation	
Planned Shifts	5
Actual Filled Shifts	3
Planned versus Actual %	**60%**

This was a new 'behaviour' with the e-roster system that was not known to many staff. In view of this, the Chief Nurse requested for the previous two months' worth of rotas and UNIFY2 submissions to be checked, also. For the months of January and February 2018, only a few 'extra' shifts were identified. These have been corrected but had minimal impact on fill rates and were not material. However, as can be seen from the corrected March 18 data, these percentages are much more in line with previous months.

Also in March 2018, due to the staffing pressures and issues with registered nurse vacancies, wards were allowed to recruit extra non-registered staff to buffer chronic registered nursing shortfalls. Lots of additional staffing requests were made in response to this but were not able to be filled. Therefore, a combination of these factors has led to the numbers being reported incorrectly.

These anomalies have now been corrected and the ability to create 'extra' shift lines has been removed from ward sisters' permissions. This has been a learning opportunity for all concerned as the exigencies of the e-roster system become more apparent over time. Only Senior Matrons and above are now authorised to alter established and 'locked down' rotas'.

In terms of additional assurance going forward, these data will be double-checked manually before being submitted. However, the full methodology for reporting nurse staffing levels is about to change in line with newly mandated requirements. These are described in Section 9 of this report.

A revised data set has been submitted to UNIFY2 and a revised Mar-18 report is included at **Appendix 1** of this report.

4. 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 16.68 wte RN vacancies. The specialty has over recruited 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 5.65 wte RN vacancies between them. Support continues to be provided from the Nurse Bank to ensure staffing levels are maintained at a safe level.

- **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.

- **Ward H4 -** Neurosurgery has 5.08 wte RN, **H40** has 3.50 wte RN vacancies. The band 7's work closely together to minimise the impact of the vacancies.

- **Ward H7 -** Vascular Surgery has 3.91 wte RN vacancies. Support is being provided from within the Health Group until substantive posts are filled.

- **Ward H12 & H120 –** Trauma Orthopaedics have 4.81 wte RN vacancies across the floor.

- **CICU –** Critical Care Unit at CHH has 12.45 wte vacancies. Recruitment is ongoing and it is expected that both sites will be established by October by 2018. In the meantime support is being provided by HICU.

- **Wards 30-33** – Oncology and Haematology have 13.97 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 2.47 wte vacancies and 2.12 wte Registered Nurse Vacancies. The ward is being supported by RN's from the Nurse Bank, breast Unit and ENT OPD.

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.

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

- The closure of identified beds within the Clinical Support Health Group (5 beds).
- The redeployment of staff from CHH to support HRI.
- Critical Care staff redeployed from HRI to support CHH.
- Reduction in the number of Ward Sister/Charge Nurse supervisory shifts within all of the Health Groups continues 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).
- Support being given to wards by specialist nurses and nurse teacher/trainers
- 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.

5. 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.

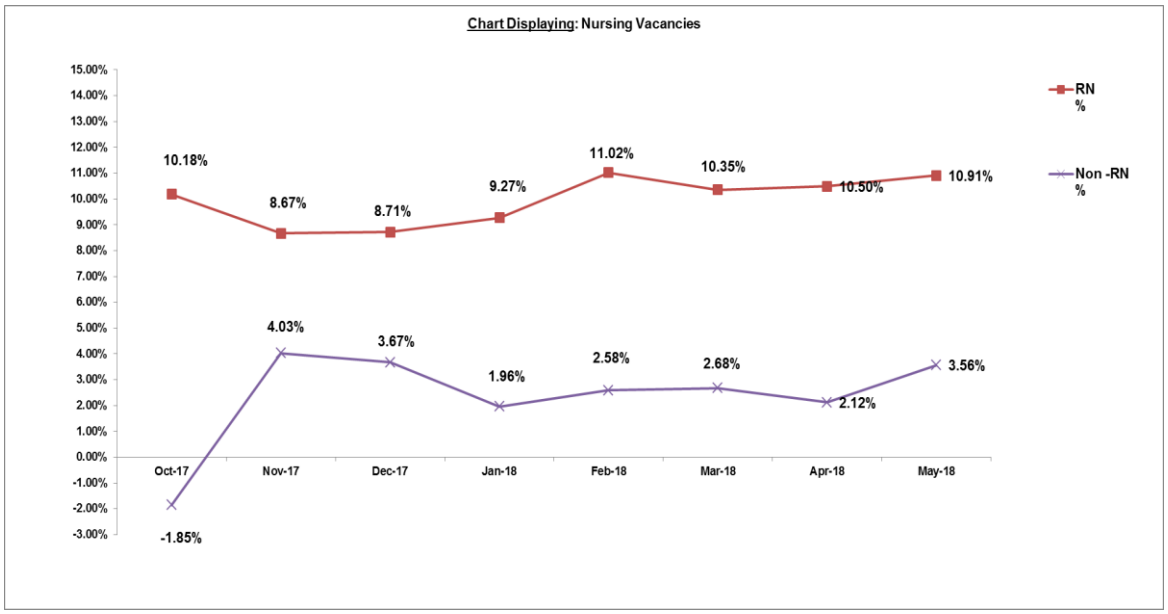
The Trust has offered 15 places on the next Trainee Nursing Associate course that is due to commence in September 2015. In addition, 22 people have been shortlisted to be interviewed for the 15 trainee nursing apprenticeship places, also due to

commence in September 2018. This is really positive news in terms of helping to secure the workforce of the future.

Currently, the Trust has twenty three international recruits who have passed their OSCE and are now working as registered nurses. The Trust now has a 100% OSCE pass rate, which is a credit to the Clinical Nurse Educators and to the ward staff who have supported the international recruits. There are a further 3 recruits due to undertake their OSCE shortly, with a further 9 recruits due to arrive in the UK in early July.

5.1 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%
Apr-18	133.97	10.50%	10.81	2.12%	144.78	1276.47	509.93	1786.4	8.10%
May-18	139.27	10.91%	18.15	3.56%	157.42	1276.47	509.93	1786.4	8.81%



In summary, the RN vacancy rate on the Trust's wards, ED and ICU is 139.27 wte against an establishment of 1276.47 wte (10.91%).The non-registered workforce vacancies are 18.15 wte (3.56%) 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 has been revisited this month. This remains a recorded risk at 16 (Likely 4 x Severity 4) until registered nurse staffing levels stabilise more. Whilst it is accepted that more staff are on training places (apprenticeships and associates) and that the Trust is recruiting more non-registered staff to buffer fill rates, the shortage of registered nurses prevails and the risk remains unchanged.

6. 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.

7. 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 fewer 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:

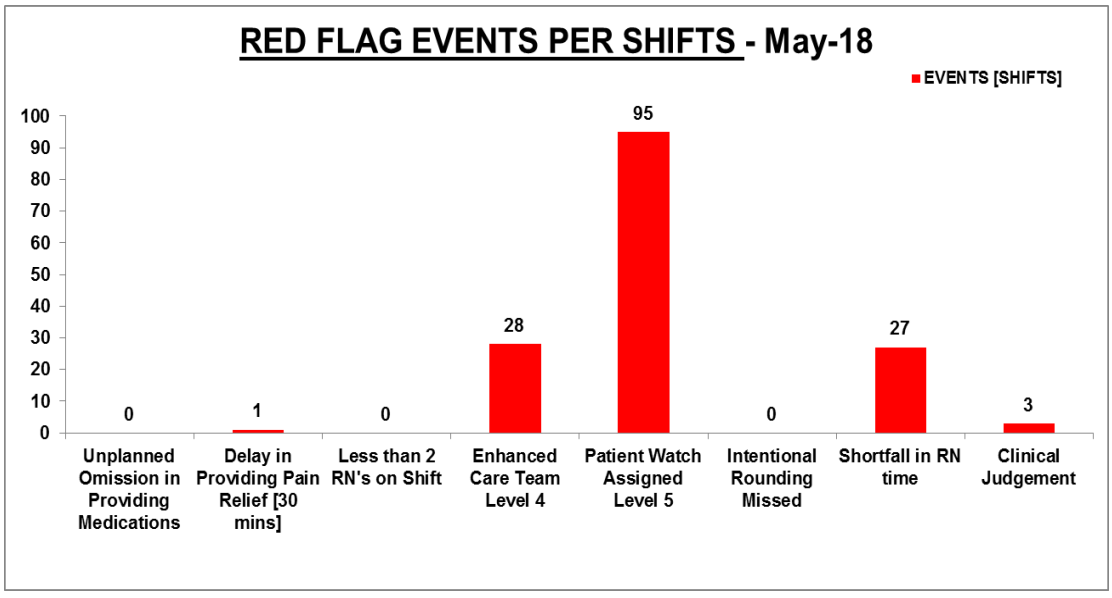
- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined 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.

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

- 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 May 2018. 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.

May -18	RED FLAG TYPE	EVENTS [SHIFTS]	%
	Unplanned Omission in Providing Medications	0	0%
	Delay in Providing Pain Relief [30 mins]	1	1%
	Less than 2 RN's on Shift	0	0%
	Enhanced Care Team Level 4	28	18%
	Patient Watch Assigned Level 5	95	62%
	Intentional Rounding Missed	0	0%
	Shortfall in RN time	27	18%
	Clinical Judgement	3	2%
	TOTAL:	**154**	**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 July 2018.

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

8. ESTABLISHMENT LEVELS

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. PUBLICATION OF CARE HOURS PER PATIENT DAY (CHPPD) ON My NHS and NHS CHOICES

NHS Improvement and NHS England have written to trusts to advise of a change in the required reporting of nursing and midwifery staffing levels from July 2018. This has been mandated by the Secretary of State for Health and Social Care.

A number of changes are being made, with the 'Care Hours Per Patient Day' metric replacing the current staff planned versus actual fill rates. This will commence with data for July 2018 being checked and submitted centrally by the 15th August 2018 and for national publication in September 2018. Over time, it is understood that there will be the ability to benchmark the Trust's data with other trusts. A set of revised standards for reporting has been recommended and the Trust is in the process of undertaking a gap analysis against them. As such, the structure of this report will change for its next version, with more explanation of the changes at that time.

10. 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
July 2018

Appendix 1: HEY Safer Staffing Report – March [Revised] 2018
Appendix 2: HEY Safer Staffing Report – April 2018
Appendix 3: HEY Safer Staffing Report – May 2018

APPENDIX 1

HEY SAFER STAFFING REPORT MARCH-18 [REVISED]

NURSE STAFFING					FILL RATES				CARE HOURS PER PATIENT DAY [CHPPD] [hrs]				ROTA EFFICIENCY [19-02-18 to 22-03-18]			NURSING VACANCIES [FINANCE LEDGER M12]						HIGH LEVEL QUALITY INDICATORS [which may or may not be linked to nurse staffing]														
					DAY		NIGHT															HIGH LEVEL				FALLS				HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]						
HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]	RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]	SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	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	102%	78%	105%	100%	1154	4.8	2.4	7.2	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	82%	107%	100%	108%	648	2.7	1.9	4.5	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%	101%	68%	86%	592	3.6	3.3	6.9	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	74%	99%	101%	111%	617	2.6	1.9	4.6	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	68%	119%	101%	101%	570	2.9	2.6	5.5	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	70%	103%	102%	100%	721	2.4	2.5	4.9	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	102%	114%	117%	135%	912	2.7	2.4	5.0	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	62%	108%	102%	103%	812	2.2	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	60%	118%	102%	111%	814	2.1	2.6	4.7	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	67%	114%	103%	108%	873	1.7	2.6	4.4	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	68%	114%	100%	107%	875	2.1	2.4	4.5	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	58%	129%	100%	104%	825	2.3	2.5	4.7	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	63%	177%	67%	97%	544	3.6	3.5	7.2	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	78%	36%	100%		114	9.4	1.5	10.8	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	92%	97%	99%	100%	716	3.9	1.7	5.5	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	91%	101%	98%	102%	665	6.6	1.7	8.3	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	79%	117%	89%	116%	799	3.2	2.1	5.3	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	88%	102%	115%	109%	412	6.3	3.6	9.9	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	90%	78%	90%	88%	729	3.1	2.2	5.4	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	93%	101%	89%	108%	750	3.2	2.4	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	82%	96%	94%	102%	857	3.1	2.3	5.4	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	89%	101%	95%	98%	778	2.9	2.1	5.0	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	77%	101%	83%	132%	810	3.0	2.6	5.6	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	96%	107%	103%	117%	595	3.8	3.4	7.1	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	85%	171%	85%	84%	473	25.6	2.0	27.5	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	90%	95%	100%	101%	741	3.7	2.3	6.0	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	90%	76%	98%	99%	540	4.2	1.7	5.9	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%	88%	87%	102%	509	4.2	2.1	6.3	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	94%	79%	91%	104%	677	3.7	1.7	5.4	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	91%	89%	97%	94%	537	4.5	2.6	7.1	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	97%	89%	99%	99%	723	4.0	1.5	5.5	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	85%	93%	83%	61%	431	22.8	2.0	24.8	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	91%	60%	92%	68%	395	5.0	2.8	7.8	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	85%	60%	76%	84%	334	7.3	2.1	9.5	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	103%	66%	124%		178	9.5	2.7	12.2	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	93%	86%	82%	97%	382	5.9	3.5	9.4	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	88%	87%	99%	100%	1098	2.8	1.6	4.4	16.2%	1.7%	2.1%							100%							0						0	0
	H34 ACORN	PAEDS SURGERY	20	1	82%	112%	97%	61%	280	8.5	2.3	10.7	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	97%	39%	103%		241	6.3	1.2	7.4	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	97%	87%	99%	96%	282	21.5	5.9	27.4	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	93%	81%	95%	77%	669	12.4	0.9	13.3	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	90%		97%		86	16.2	0.0	16.2	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	112%	104%	124%		47	36.8	1.3	38.1	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	112%	96%	100%	211%	302	5.3	4.6	10.0	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	107%	89%	102%	100%	446	3.8	3.6	7.4	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%	106%	98%	100%	637	2.7	1.9	4.6	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	100%	164%	103%	107%	629	2.6	2.3	4.9	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	84%	104%	101%	97%	631	2.7	1.8	4.4	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	83%	141%	90%	172%	649	4.3	2.4	6.7	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:				594	6.3	2.4	8.7	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		NIGHT		CARE HOURS PER PATIENT PER DAY [CHPPPD]			
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative Count	RN / RM	CARE STAFF	OVERALL
HRI SITE	84.3%	98.7%	94.3%	102.9%	19878	4.4	2.5	6.9
CHH SITE	89.3%	97.3%	92.7%	102.1%	9372	5.4	1.9	7.3

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%	120.5917807	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.2866765	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.0371387	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.4026853	1276.47	509.93	1786.4	7.19%
Feb-18	140.67	11.02%	13.17	2.58%	159.8032397	1276.47	509.93	1786.4	8.95%
Mar-18	132.15	10.35%	13.66	2.68%	152.203625	1276.47	509.93	1786.4	8.52%

HEY SAFER STAFFING REPORT APRIL-18

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 [19-03-18 to 15-04-18] ANNUAL LEAVE [11-17%]	ROTA SICK RN & AN [3.9%]	ROTA MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M1] RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]
MEDICINE	ED	ACUTE MEDICINE	NA	0	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	15.3%	3.9%	2.4%	8.04	8.6%	-0.13	-0.6%	7.91	115.34
	AMU	ACUTE MEDICINE	45	8	96%	60%	103%	106%	1119	4.7	2.4	7.1	16.9%	6.6%	1.3%	9.95	22.5%	1.09	4.7%	11.04	67.57
	H1	ACUTE MEDICINE	22	19	75%	103%	100%	107%	622	2.6	1.8	4.3	11.9%	7.6%	8.9%	1.76	12.1%	0.86	10.8%	2.62	22.51
	EAU	ELDERLY MEDICINE	21	2	82%	113%	67%	82%	577	3.4	3.4	6.8	13.2%	4.6%	5.4%	2.78	14.6%	-5.11	-38.8%	-2.33	32.27
	H5 / RHOB	RESPIRATORY	26	3	73%	103%	103%	121%	552	2.9	2.2	5.1	13.3%	2.5%	3.2%	4.29	17.4%	0.64	4.9%	4.93	37.84
	H50	RENAL MEDICINE	19	0	70%	103%	99%	104%	555	3.0	2.4	5.3	15.1%	1.4%	0.0%	0.88	5.8%	0.43	5.1%	1.31	23.54
	H500	RESPIRATORY	24	0	70%	99%	100%	100%	703	2.3	2.5	4.8	21.1%	1.4%	0.0%	1.36	8.0%	0.89	7.3%	2.25	29.10
	H70	ENDOCRINOLOGY	30	13	79%	111%	94%	134%	885	2.3	2.4	4.6	16.2%	3.2%	0.0%	6.90	34.4%	0.92	7.6%	7.82	32.22
	H8	ELDERLY MEDICINE	27	8	67%	107%	102%	106%	792	2.3	2.4	4.6	16.1%	3.3%	3.4%	1.70	10.2%	0.66	5.0%	2.36	29.78
	H80	ELDERLY MEDICINE	27	2	62%	113%	102%	105%	798	2.2	2.5	4.6	16.8%	5.6%	9.9%	2.63	15.8%	-0.96	-7.3%	1.67	29.78
	H9	PDU	30	6	59%	135%	100%	110%	882	1.9	2.5	4.4	13.2%	4.7%	5.1%	4.82	29.0%	-1.84	-14.0%	2.98	29.78
	H90	ELDERLY MEDICINE	29	2	71%	114%	100%	109%	853	2.1	2.4	4.5	13.2%	7.8%	0.2%	4.75	28.6%	-2.35	-17.9%	2.40	29.78
	H11	STROKE / NEUROLOGY	28	0	57%	122%	100%	85%	813	2.2	2.5	4.7	13.3%	8.2%	3.8%	5.89	26.2%	1.57	14.8%	7.46	33.16
	H110	STROKE / NEUROLOGY	24	0	69%	156%	73%	102%	536	3.4	3.7	7.1	22.1%	9.1%	1.8%	5.48	24.3%	-0.98	-8.8%	4.50	33.64
	CDU	CARDIOLOGY	9	0	91%	54%	101%	[redacted]	147	6.3	1.3	7.6	17.0%	3.7%	7.0%	1.00	7.8%	0.15	5.1%	1.15	15.74
	C26	CARDIOLOGY	26	0	80%	77%	82%	100%	722	3.8	1.4	5.2	23.4%	4.0%	8.6%	2.52	9.8%	0.61	7.7%	3.13	33.73
	C28 /CMU	CARDIOLOGY	27	5	81%	91%	85%	112%	681	6.3	1.6	7.9	18.2%	5.9%	0.0%	4.10	10.7%	1.33	13.9%	5.43	47.78
SURGERY	H4	NEURO SURGERY	28	1	70%	95%	83%	108%	734	3.0	1.9	4.9	19.6%	4.8%	3.5%	5.08	23.3%	0.45	4.3%	5.53	32.28
	H40	NEURO HOB / TRAUMA	15	52	88%	104%	113%	111%	347	7.2	4.3	11.5	15.4%	1.2%	0.0%	3.50	16.8%	0.14	1.3%	3.64	31.95
	H6	ACUTE SURGERY	28	0	91%	70%	85%	102%	711	3.1	2.3	5.4	20.9%	0.6%	3.7%	3.91	20.5%	1.35	12.7%	5.26	29.74
	H60	ACUTE SURGERY	28	0	96%	102%	94%	100%	705	3.4	2.4	5.8	17.4%	3.0%	0.0%	0.56	2.9%	1.38	13.0%	1.94	29.74
	H7	VASCULAR SURGERY	30	0	78%	95%	95%	99%	812	3.1	2.3	5.3	14.1%	1.6%	0.0%	4.52	20.8%	1.09	8.3%	5.61	34.89
	H100	GASTROENTEROLOGY	24	13	83%	104%	91%	104%	757	2.8	2.1	4.9	15.7%	3.5%	8.2%	2.21	11.6%	0.57	4.7%	2.78	31.23
	H12	ORTHOPAEDIC	28	7	72%	106%	95%	150%	758	3.0	2.9	5.9	19.3%	3.7%	2.9%	4.67	21.4%	-2.60	-19.8%	2.07	35.00
	H120	ORTHO / MAXFAX	22	0	92%	108%	91%	119%	588	3.6	3.2	6.8	13.1%	3.2%	0.0%	1.14	6.9%	0.35	3.0%	1.49	28.42
	HICU	CRITICAL CARE	22	0	87%	155%	85%	100%	433	27.9	2.1	30.0	17.2%	4.7%	3.2%	3.38	3.2%	-0.40	-5.5%	2.98	112.20
	C9	ORTHOPAEDIC	35	4	83%	98%	102%	99%	664	3.8	2.4	6.2	18.0%	4.7%	2.0%	1.84	8.4%	1.30	11.3%	3.14	33.39
	C10	COLORECTAL	21	0	81%	65%	84%	94%	447	4.5	1.9	6.4	22.4%	1.1%	2.5%	2.54	13.9%	-0.25	-3.2%	2.29	26.08
	C11	COLORECTAL	22	2	86%	86%	86%	103%	461	4.5	2.3	6.8	15.9%	2.1%	3.9%	3.66	20.1%	0.79	10.1%	4.45	26.08
	C14	UPPER GI	27	0	91%	74%	97%	107%	681	3.6	1.5	5.1	17.8%	5.0%	8.6%	0.92	4.5%	0.04	0.4%	0.96	29.38
	C15	UROLOGY	26	0	87%	91%	98%	100%	589	3.9	2.4	6.3	14.3%	4.0%	3.2%	1.62	7.9%	-0.06	-0.5%	1.56	32.71
	C27	CARDIOTHORACIC	26	1	95%	90%	93%	100%	739	3.8	1.4	5.2	15.3%	4.3%	6.9%	1.10	4.7%	-0.66	-7.7%	0.44	32.22
	CICU	CRITICAL CARE	22	1	83%	78%	83%	43%	434	23.1	1.6	24.7	16.5%	5.4%	2.8%	7.97	8.6%	1.17	15.5%	9.14	100.50
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	84%	53%	91%	48%	318	5.8	2.6	8.4	14.5%	1.9%	12.8%	2.12	11.5%	2.67	24.0%	4.79	29.65
	H130	PAEDS	20	5	92%	46%	88%	53%	371	7.0	1.5	8.6	15.1%	3.1%	1.9%	0.44	2.1%	2.02	38.7%	2.46	26.59
	H30 CEDAR	GYNAECOLOGY	9	0	88%	64%	114%	[redacted]	229	7.2	2.8	10.0	16.7%	6.9%	12.9%	0.14	1.9%	0.12	3.1%	0.26	11.33
	H31 MAPLE	MATERNITY	20	0	84%	99%	91%	103%	348	6.2	4.1	10.3	20.5%	5.1%	0.0%	-1.45	-3.1%	0.23	0.9%	-1.22	73.34
	H33 ROWAN	MATERNITY	38	0	91%	89%	92%	100%	1076	2.9	1.6	4.5	11.6%	2.3%	2.1%						
	H34 ACORN	PAEDS SURGERY	20	0	83%	119%	97%	63%	278	8.6	2.5	11.0	16.0%	5.1%	3.8%	1.94	9.3%	-0.46	-8.8%	1.48	26.00
	H35	OPHTHALMOLOGY	12	0	81%	30%	109%	[redacted]	258	5.8	0.9	6.7	15.3%	2.1%	17.8%	0.18	1.6%	1.74	64.2%	1.92	13.84
	LABOUR	MATERNITY	16	0	97%	80%	98%	86%	287	21.8	5.5	27.3	14.9%	5.2%	1.6%	-0.45	-0.9%	-1.56	-11.4%	-2.01	63.84
	NEONATES	CRITICAL CARE	26	0	93%	90%	96%	60%	667	12.3	0.8	13.1	19.0%	2.3%	3.8%	2.10	3.1%	0.04	0.5%	2.14	74.51
	PAU	PAEDS	10	0	97%	-	96%	-	89	15.7	0.0	15.7	16.0%	0.8%	15.7%	-0.76	-7.3%	0.00	0.0%	-0.76	10.44
	PHDU	CRITICAL CARE	4	0	142%	55%	107%	[redacted]	69	25.1	1.8	26.9	16.1%	1.1%	0.0%	-0.64	-5.5%	0.00	0.0%	-0.64	11.66
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	4	106%	87%	100%	198%	366	4.0	3.5	7.6	18.1%	5.6%	0.0%	0.73	6.1%	2.22	27.1%	2.95	20.22
	C29	REHABILITATION	15	124	93%	93%	100%	95%	357	4.3	4.9	9.2	0.0%	13.8%	5.4%	-0.82	-6.2%	2.59	16.4%	1.77	28.89
	C30	ONCOLOGY	22	0	83%	104%	101%	103%	621	2.7	2.0	4.7	5.8%	15.4%	2.8%	0.46	3.3%	1.91	23.9%	2.37	21.97
	C31	ONCOLOGY	27	2	86%	131%	96%	98%	601	2.8	2.5	5.3	9.3%	17.2%	10.1%	5.31	38.0%	-0.19	-1.6%	5.12	25.74
	C32	ONCOLOGY	22	0	88%	104%	104%	103%	600	2.8	1.8	4.6	0.8%	18.7%	0.0%	2.08	14.9%	0.07	0.7%	2.15	23.57
	C33	HAEMATOLOGY	28	4	80%	158%	88%	198%	634	4.0	2.6	6.6	5.0%	17.9%	4.6%	5.12	18.7%	-3.03	-37.9%	2.09	35.44
		TOTAL:		288	AVERAGE or TOTAL:				577	6.0	2.4	8.4	15.3%	5.2%	4.2%	133.97	10.5%	10.81	2.1%	150.49	1786.40

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

WARD	HIGH LEVEL SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE] 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
ED	[redacted]	3	4	7				0						0	14
AMU	100%	1	4	2	1			1						0	8
H1	95%		1	1				0						0	2
EAU	100%				2			2						0	2
H5 / RHOB	100%							0		1		1		2	2
H50	100%			3				0						0	3
H500	100%	1	1	1				0						0	3
H70	96%	1		1	1			1						0	3
H8	100%				1	1		2						0	2
H80	100%				1			1						0	1
H9	100%				2			2						0	2
H90	100%		2	1	2			2						0	5
H11	96%		4		3	1		4		2				2	10
H110	100%	1	1	2	6			6		1				1	11
CDU	100%							0						0	0
C26	100%				2			2						0	2
C28 /CMU	100%		1		2			2						0	3
H4	100%							0						0	0
H40	100%			1				0						0	1
H6	100%					1		1						0	1
H60	95%	3	2	2				0						0	7
H7	100%	1						0				1		1	2
H100	100%		1	3				0				1		1	5
H12	100%							0						0	0
H120	100%				1			1						0	1
HICU	93%			3				0						0	3
C9	100%							0						0	0
C10	100%			1				0						0	1
C11	100%							0						0	0
C14	100%		1		2			2				1		1	4
C15	95%		1					0						0	1
C27	100%				1			1						0	1
CICU	100%			1	1			1						0	2
C16	100%				1			1						0	1
H130	100%		1					0						0	1
H30 CEDAR	100%				1			1						0	1
H31 MAPLE	100%							0						0	0
H33 ROWAN	100%							0						0	0
H34 ACORN	100%		1					0						0	1
H35	100%							0						0	0
LABOUR	100%	1						0						0	1
NEONATES	100%			2	1			1						0	3
PAU	100%							0						0	0
PHDU	100%				1			1						0	1
C20	100%							0						0	0
C29	100%				1			1						0	1
C30	100%			1	1			1				1		1	3
C31	100%				1			1						0	1
C32	100%				3			3				2		2	5
C33	100%							0		2				2	2
AVERAGE	99.4%														
TOTALS:	49	12	25	32	38	3	0	41	0	6	0	7	0	13	123

Apr-18	DAY		NIGHT		CARE HOURS PER PATIENT PER DAY [CHPPPD]			
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative Count	RN / RM	CARE STAFF	OVERALL
HRI SITE	83.2%	95.0%	93.7%	99.9%	19517	4.7	2.4	7.1
CHH SITE	84.4%	94.6%	89.5%	108.4%	8933	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%
Mar-18	132.15	10.35%	13.66	2.68%	145.80	1276.47	509.93	1786.4	8.16%
Apr-18	133.97	10.50%	10.81	2.12%	144.78	1276.47	509.93	1786.4	8.10%

HEY SAFER STAFFING REPORT MAY-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 [16-04-18 to 13-05-18]: ANNUAL LEAVE [11-17%]	ROTA EFFICIENCY: SICK RN & AN [3.9%]	ROTA EFFICIENCY: MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M2]: 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 [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS: MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]: 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
MEDICINE	ED	ACUTE MEDICINE	NA	1									7.7%	3.7%	3.3%	7.35	7.9%	-0.13	-0.6%	7.22	115.34				2	1			1						0	3
	AMU	ACUTE MEDICINE	45	2	102%	78%	105%	100%	1154	4.8	2.4	7.2	12.2%	6.1%	1.3%	10.43	23.6%	1.14	4.9%	11.57	67.57	100%			2	1			1				1		1	4
	H1	ACUTE MEDICINE	22	7	82%	107%	100%	108%	648	2.7	1.9	4.5	10.4%	6.5%	9.0%	0.76	5.2%	0.86	10.8%	1.62	22.51	100%				0			0	1					1	1
	EAU	ELDERLY MEDICINE	21	0	88%	101%	68%	86%	592	3.6	3.3	6.9	12.8%	2.6%	5.3%	3.78	19.8%	-5.11	-38.8%	-1.33	32.27	100%				5	1		6						0	6
	H5 / RHOB	RESPIRATORY	26	0	74%	99%	101%	111%	617	2.6	1.9	4.6	10.8%	3.7%	2.9%	2.29	9.3%	0.44	3.3%	2.73	37.84	96%			1	1			1		1				1	3
	H50	RENAL MEDICINE	19	0	68%	119%	101%	101%	570	2.9	2.6	5.5	12.1%	6.9%	0.0%	2.83	18.7%	0.43	5.1%	3.26	23.54	100%				2			2						0	2
	H500	RESPIRATORY	24	2	70%	103%	102%	100%	721	2.4	2.5	4.9	9.4%	2.0%	0.0%	3.36	19.8%	0.89	7.3%	4.25	29.10	95%				0			0						0	0
	H70	ENDOCRINOLOGY	30	12	102%	114%	117%	135%	912	2.7	2.4	5.0	7.3%	6.0%	0.0%	6.9	34.4%	0.92	7.6%	7.82	32.22	96%	4		1	1			1				1	1	7
	H8	ELDERLY MEDICINE	27	2	62%	108%	102%	103%	812	2.2	2.3	4.5	12.6%	6.4%	4.3%	1.7	10.2%	0.66	5.0%	2.36	29.78	92%			1	0			0						0	1
	H80	ELDERLY MEDICINE	27	10	60%	118%	102%	111%	814	2.1	2.6	4.7	12.5%	4.4%	7.8%	2.63	15.8%	-0.96	-7.3%	1.67	29.78	100%			1	1		1	1		1		1		2	4
	H9	PDU	30	5	67%	114%	103%	108%	873	1.7	2.6	4.4	10.8%	2.9%	4.2%	4.82	29.0%	-1.84	-14.0%	2.98	29.78	100%			1	0		1	1						0	2
	H90	ELDERLY MEDICINE	29	6	68%	114%	100%	107%	875	2.1	2.4	4.5	7.7%	13.1%	0.0%	3.75	22.6%	-2.35	-17.9%	1.40	29.78	100%				3		2	5						0	5
	H11	STROKE / NEUROLOGY	28	12	58%	129%	100%	104%	825	2.3	2.5	4.7	6.8%	9.0%	3.6%	5.89	26.2%	1.57	14.8%	7.46	33.16	100%				4			4		1		1		2	6
	H110	STROKE / NEUROLOGY	24	2	63%	177%	67%	97%	544	3.6	3.5	7.2	7.2%	6.7%	3.2%	5.48	24.3%	-0.98	-8.8%	4.50	33.64	100%	1			1			1		1		1	1	3	5
	CDU	CARDIOLOGY	9	0	78%	36%	100%		114	9.4	1.5	10.8	9.2%	4.3%	7.1%	1	7.8%	0.15	5.1%	1.15	15.74	100%				0			0						0	0
	C26	CARDIOLOGY	26	5	92%	97%	99%	100%	716	3.9	1.7	5.5	10.2%	2.4%	10.9%	2.52	9.8%	0.61	7.7%	3.13	33.73	100%					1		1						0	1
	C28 /CMU	CARDIOLOGY	27	4	91%	101%	98%	102%	665	6.6	1.7	8.3	9.5%	4.9%	0.0%	4.1	10.7%	1.37	14.3%	5.47	47.78	100%	1			0		1						1	2
SURGERY	H4	NEURO SURGERY	28	4	79%	117%	89%	116%	799	3.2	2.1	5.3	14.2%	2.8%	3.6%	5.08	23.3%	0.45	4.3%	5.53	32.28	100%				2			2				1		1	3
	H40	NEURO HOB / TRAUMA	15	11	88%	102%	115%	109%	412	6.3	3.6	9.9	10.2%	4.9%	0.0%	3.5	16.8%	1.14	10.3%	4.64	31.95	100%			1	1			1				1		1	3
	H6	ACUTE SURGERY	28	4	90%	78%	90%	88%	729	3.1	2.2	5.4	10.9%	6.7%	3.7%	3.91	20.5%	1.13	10.6%	5.04	29.74	94%				3			3						0	3
	H60	ACUTE SURGERY	28	17	93%	101%	89%	108%	750	3.2	2.4	5.6	10.8%	4.0%	0.0%	0.56	2.9%	0.98	9.2%	1.54	29.74	100%	2		1	0			0						0	3
	H7	VASCULAR SURGERY	30	2	82%	96%	94%	102%	857	3.1	2.3	5.4	8.5%	2.7%	0.0%	3.91	18.0%	1.09	8.3%	5.00	34.89	100%	1			0			0				1		1	2
	H100	GASTROENTEROLOGY	24	1	89%	101%	95%	98%	778	2.9	2.1	5.0	8.2%	5.5%	8.8%	1.45	7.6%	4.37	36.1%	5.82	31.23	96%				0			0		2				2	2
	H12	ORTHOPAEDIC	28	11	77%	101%	83%	132%	810	3.0	2.6	5.6	12.0%	4.3%	2.9%	3.67	16.8%	-2.60	-19.8%	1.07	35.00	100%			1	1			1						0	2
	H120	ORTHO / MAXFAX	22	1	96%	107%	103%	117%	595	3.8	3.4	7.1	8.2%	1.8%	0.0%	1.14	6.9%	0.35	3.0%	1.49	28.42	100%				1			1	1					1	2
	HICU	CRITICAL CARE	22	1	85%	171%	85%	84%	473	25.6	2.0	27.5	11.6%	4.3%	3.3%	6.66	6.4%	-0.40	-5.5%	6.26	112.20	100%			5	0			0				1		1	6
	C9	ORTHOPAEDIC	35	2	90%	95%	100%	101%	741	3.7	2.3	6.0	15.1%	2.4%	2.0%	2.41	11.0%	1.30	11.3%	3.71	33.39	100%				0			0						0	0
	C10	COLORECTAL	21	0	90%	76%	98%	99%	540	4.2	1.7	5.9	12.3%	2.4%	2.5%	1.54	8.4%	1.03	13.2%	2.57	26.08	100%	1			1			1				1		1	3
	C11	COLORECTAL	22	3	87%	88%	87%	102%	509	4.2	2.1	6.3	10.2%	2.5%	1.6%	1.43	7.8%	0.63	8.1%	2.06	26.08	100%			1	0			0						0	1
	C14	UPPER GI	27	0	94%	79%	91%	104%	677	3.7	1.7	5.4	11.6%	2.1%	9.0%	-0.04	-0.2%	0.04	0.4%	0.00	29.38	96%	1			2			2						0	3
	C15	UROLOGY	26	1	91%	89%	97%	94%	537	4.5	2.6	7.1	7.0%	3.9%	4.8%	1.63	7.9%	0.09	0.7%	1.72	32.71	100%			1	2	1	1	4						0	5
	C27	CARDIOTHORACIC	26	0	97%	89%	99%	99%	723	4.0	1.5	5.5	12.3%	1.3%	5.1%	1.1	4.7%	0.34	3.9%	1.44	32.22	100%				0			0						0	0
	CICU	CRITICAL CARE	22	0	85%	93%	83%	61%	431	22.8	2.0	24.8	11.0%	6.4%	3.2%	12.45	13.4%	1.17	15.5%	13.62	100.50	100%			3	0			0						0	3
FAMILY & WOMEN'S	C16	ENT / BREAST	30	2	91%	60%	92%	68%	395	5.0	2.8	7.8	10.9%	0.5%	10.6%	2.12	11.5%	2.47	22.2%	4.59	29.65	100%				0			0						0	0
	H130	PAEDS	20	3	85%	60%	76%	84%	334	7.3	2.1	9.5	12.4%	2.0%	2.7%	1.4	6.6%	2.02	38.7%	3.42	26.59	100%				0			0						0	0
	H30 CEDAR	GYNAECOLOGY	9	1	103%	66%	124%		178	9.5	2.7	12.2	5.9%	4.6%	11.7%	0.14	1.9%	0.12	3.1%	0.26	11.33	100%				0			0						0	0
	H31 MAPLE	MATERNITY	20	0	93%	86%	82%	97%	382	5.9	3.5	9.4	16.8%	4.3%	0.0%	-0.65	-1.4%	0.12	3.1%	-0.53	73.34	100%				0			0						0	0
	H33 ROWAN	MATERNITY	38	0	88%	87%	99%	100%	1098	2.8	1.6	4.4	14.1%	0.8%	2.1%							100%				0			0						0	0
	H34 ACORN	PAEDS SURGERY	20	1	82%	112%	97%	61%	280	8.5	2.3	10.7	6.8%	3.7%	3.9%	0.94	4.5%	-0.46	-8.8%	0.48	26.00	100%				0			0						0	0
	H35	OPHTHALMOLOGY	12	1	97%	39%	103%		241	6.3	1.2	7.4	11.3%	7.2%	16.3%	0.18	1.6%	1.74	64.2%	1.92	13.84	100%	1			0			0						0	1
	LABOUR	MATERNITY	16	0	97%	87%	99%	96%	282	21.5	5.9	27.4	10.6%	3.6%	0.5%	-0.45	-0.9%	-2.2	-16.1%	-2.65	63.84	100%	5			0			0						0	5
	NEONATES	CRITICAL CARE	26	0	93%	81%	95%	77%	674	12.3	0.9	13.2	9.8%	2.5%	4.0%	3.38	5.1%	0.8	10.6%	4.18	74.51	100%			7	0			0						0	7
	PAU	PAEDS	10	0	90%	-	97%	-	86	16.2	0.0	16.2	8.8%	0.0%	14.3%	0.08	0.8%	0	0.0%	0.08	10.44	100%				0			0						0	0
	PHDU	CRITICAL CARE	4	0	112%		124%		47	36.8	1.3	38.1	7.2%	2.6%	0.0%	-0.64	-5.5%	0	0.0%	-0.64	11.66	100%				0			0						0	0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	0	112%	96%	100%	211%	302	5.3	4.6	10.0	13.0%	4.2%	0.0%	-0.07	-0.6%	2.22	27.1%	2.15	20.22	100%				0			0						0	0
	C29	REHABILITATION	15	16	107%	89%	102%	100%	446	3.8	3.6	7.4	11.0%	2.4%	0.0%	-1.12	-8.5%	2.59	16.4%	1.47	28.89	100%				0			0						0	0
	C30	ONCOLOGY	22	0	91%	106%	98%	100%	637	2.7	1.9	4.6	12.6%	1.4%	5.2%	0.46	3.3%	1.91	23.9%	2.37	21.97	95%			1	2			2		1				1	4
	C31	ONCOLOGY	27	2	100%	164%	103%	107%	629	2.6	2.3	4.9	5.1%	4.5%	9.0%	6.31	45.1%	-0.75	-6.4%	5.56	25.74	95%				2			2						0	2
	C32	ONCOLOGY	22	0	84%	104%	101%	97%	631	2.7	1.8	4.4	13.4%	1.1%	3.4%	2.08	14.9%	0.07	0.7%	2.15	23.57	90%			1	3			3						0	4
	C33	HAEMATOLOGY	28	0	83%	141%	90%	172%	649	4.3	2.4	6.7	13.1%	3.2%	5.7%	5.12	18.7%	-2.03	-25.4%	3.09	35.44	95%				2			2						0	2
		TOTAL:	154		AVERAGE or TOTAL:				594	6.3	2.4	8.7	10.5%	4.0%	4.1%	139.27	10.9%	18.15	3.6%	157.42	1786.40	98.8%														
																						TOTALS:	48	17	0	31	41	3	5	49	2	8	0	9	2	21	118

May-18	DAY		NIGHT		CARE HOURS PER PATIENT PER DAY [CHPPPD]			
SAFER STAFFING OVERALL PERFORMANCE	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative Count	RN / RM	CARE STAFF	OVERALL
HRI SITE	84.8%	98.4%	94.1%	100.9%	20174	4.7	2.4	7.1
CHH SITE	88.8%	98.0%	92.9%	108.1%	9081	4.8	2.1	6.9

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%
Apr-18	133.97	10.50%	10.81	2.12%	144.78	1276.47	509.93	1786.4	8.10%

HEY SAFER STAFFING REPORT MAY-18

NURSE STAFFING

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]
May-18				

FILL RATES

DAY		NIGHT	
Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)

CARE HOURS PER PATIENT DAY [CHPPD] [hrs]

Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL

ROTA EFFICIENCY

[16-04-18 to 13-05-18]

ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]

NURSING VACANCIES

[FINANCE LEDGER M2]

RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN Est. [WTE]
				139.27	

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

HIGH LEVEL

SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]
10.91%	18.15	3.56%	

FALLS

MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL
157.42		1276.47	

HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]

1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL
509.93			1786.4		8.81%

QUALITY INDICATOR TOTAL