HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
JANUARY 2019

Title:	NURSING AND MIDWIFERY (SAFE) STAFFING REPORT – JANUARY 2019
Responsible Director:	Mike Wright - EXECUTIVE CHIEF NURSE
Author:	Mike Wright, Executive Chief Nurse

Purpose:	The purpose of this report is to provide information and assurance to the Trust Board in relation to matters relating to nursing and midwifery (safe) staffing levels	
BAF Risk:	BAF Risk 2: There is a risk that a lack of skilled and sufficient staff could compromise the quality and safety of clinical services BAF Risk 3: There Is a risk that the Trust is not able to make progress in continuously improving the quality of patient care	
Strategic Goals:	Honest, caring and accountable culture	Y
	Valued, skilled and sufficient staff	Y
	High quality care	Y
	Great local services	Y
	Great specialist services	Y
	Partnership and integrated services	
	Financial sustainability	Y
Key Summary of Issues:	The structure of this report has been revised and information is provided in the report on the following topics: • Compliance with the national reporting requirements on this topic • Nursing and Midwifery Staffing Levels for inpatient areas • The use of the new Care Hours Per Patient Day (CHPPD) Metric • An overall 'professional staffing safety risk assessment' to help contextualise and summarise this information to make it more meaningful	

Recommendation:	The Trust Board is requested to: • Receive this report • Decide 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], NHS Improvement[3] and the Care Quality Commission.

This report now follows the required new format for reporting safer staffing metrics and uses the Care Hours Per Patient Day (CHPPD) methodology.

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 November 2018 (September - October 2018 position).

In February 2016, Lord Carter of Coles published his report into Operational Productivity and Performance within the NHS in England[5]. In this report, Lord Carter describes one of the obstacles to eliminating unwarranted variation in nursing and care staff distribution across and within the NHS provider sector as being due to the absence of a single means of consistently recording, reporting and monitoring staff deployment. This led to the development of benchmarks and indicators to enable comparison across peer trusts as well as wards and the introduction of the Care Hours per Patient Day (CHPPD) measure is in line with the second of Lord Carter's recommendations. CHPPD has since become the principal measure of nursing, midwifery and healthcare support staff deployment on inpatient wards. This replaces the 'planned versus actual' methodology used previously.

This report presents the 'safer staffing' positions for November and December 2018 using this revised approach. This report also confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff.

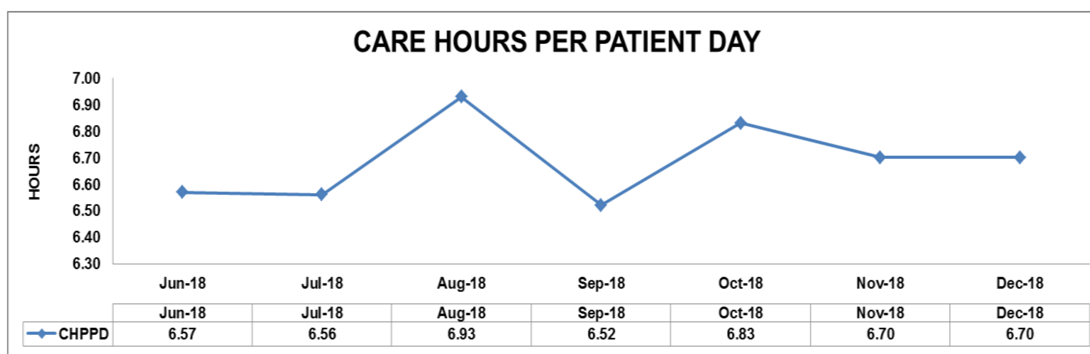
---

[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] NHS Improvement (June 2018) Care hours Per patient Day (CHPPD) Guidance for acute and acute specialist trusts
[4] An independent report for the Department of Health by Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

3. CARE HOURS PER PATIENT DAY

Appendix Four provides the description of Care Hours Per Patient Day and its calculation/methodology.

NHS Improvement's Model Hospital Website provides comparison information pertaining to CHPPD and other associated quality metrics. However, trusts are not yet permitted to use these data or publish them until they are confirmed as being reliable. Therefore, for the time being, the Trust's trend analysis for reported CHPPD since the July 2018 publication date (HEY also reported early in June 2018) is provided in the following table.



	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
CHPPD	6.57	6.56	6.93	6.52	6.83	6.70	6.70

CHPPD provides just a number that needs to be considered alongside other qualitative and quantitative information, which is described in the next section. It is important not to reach conclusions by considering this number and its trends in isolation. However, as can be seen from the above graph, it remains relatively stable with a slight increase across Oct-Dec as the new registered nurses settle in.

It is also important to add that further work is needed in the Trust to ensure that all appropriate and available staff are included in its CHPPD calculation. As an example, these data can include all care giving staff that work under the direction of a registered nurse or midwife for the totality of their shift on that ward. For this Trust, this means that it will be able to include staff such as patient discharge assistants, ward hygienists and nutritional apprentices. All of these will help to increase the CHPPD metric. This has proved more challenging to achieve than first expected. However, it is hoped that this will be concluded soon.

4. PROFESSIONAL STAFFING SAFETY RISK ASSESSMENTS

As the Trust Board has been advised in previous editions of this report, there are many things to consider in determining whether a ward has safe staffing or not. These include, but not exclusively, the following factors:

- Establishment levels
- Vacancy rates, sickness and absence levels
- Patient acuity
- Skill mix (level of experience of the nursing/midwifery staff)
- Mitigation (other roles, additional support, other professionals, variable pay)
- Level of bed occupancy
- Care hours per patient day (CHPPD)
- Leadership – quality and consistency
- Team dynamics
- Ward systems and processes

It is important that all of these are considered in context alongside an over-arching professional judgement. Also, whilst patient harms such as avoidable hospital acquired pressure ulcers, falls etc. are of serious concern, for the purposes of safe staffing analysis, an assessment needs to be undertaken to establish whether any of these harms are linked to staffing levels, either as a direct/related consequence or not.

In order to try and simplify this and set it all into context, the Chief Nurse, Deputy Chief Nurse and Nurse Directors have developed an overall 'Professional Staffing Safety Risk Assessment (after mitigation)'. The idea behind this is to identify any areas where patient care may be compromised or potentially compromised as a consequence of staffing levels. For example, a ward may have good staffing levels and yet still be seeing high levels of patient harm. Conversely, another ward may be carrying a lot of vacancies and have a high use of temporary staff but with no care quality concerns. As such, it is important not to make assumptions either way without considering the fuller picture for each ward.

Appendix One provides the Nursing Staffing Key metrics for November 2018.
Appendix Two is the same information for December 2018.
Appendix Three provides the Nurse Staffing Quality Indicators – December 2018

The following tables take all of these metrics into consideration and show the current positon of each inpatient area in relation safe staffing as determined and summarised by the Chief Nurse, Deputy Chief Nurse and Nurse Directors.

The Risk Ratings have been agreed as follows:

Risk Rating	Description
LOW	No staffing related quality concerns
MEDIUM	This could mean: • Although not triggering on quality issues, nursing staff vacancies are thought to be affecting/possibly affecting the quality of care being provided. • Ward is under review/watchful observation by the nurse director and senior matron. • Potential risks as a result of high bank/agency usage
HIGH	Serious quality concerns where there are evident links to staffing levels

4.1 Nursing and Midwifery Staffing Risk Assessments – December 2018
4.1.1 Medicine Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk assessment	Comments/Mitigation
AMU	**LOW**	No staffing related quality concerns.	Staff support from H1 on rotation, support from nurse bank.
EAU	**MEDIUM**	Although not triggering on quality issues, nursing staff vacancies are thought to be affecting continuity of care. Under review.	Agency nurse supporting for 3 months. 1 x trainee NA qualifying in May.
H1	**LOW**	No staffing related quality concerns	Relocating to H36 in Jan 2019 and will have a rota review on merging with the discharge lounge
H5/RHoB	**LOW**	No staffing related quality concerns	
H50	**LOW**	No staffing related quality concerns	
H500	**LOW**	No staffing related quality concerns	This ward has been downgraded to low risk since the last review due to improvements in recent Fundamental Standard Audits. Staff continue to be flexed across the fifth floor as required following reviews by Senior Matron
H70	**MEDIUM**	This ward requires a high presence from the Senior Matron to support the ward focus on quality concerns. Under surveillance	Utilising some agency and bank. B6 and B7 staff providing weekend cover and Senior Matron support. Additional band 6 approved to ensure senior presence on ward for both early and late shifts
H8	**LOW**	No staffing related quality concerns	Additional non-registered staff in post.
H9	**MEDIUM**	1 red fundamental standards score although not thought to be related to staffing levels. Under surveillance.	Senior Matron supporting the ward. Additional Band 6 RN support the ward therefore increasing senior nurse cover.
PDU H80	**LOW**	No staffing related quality concerns	
H90	**LOW**	No staffing related quality concerns	Additional non – registered nurses in post.
H11	**MEDIUM**	No evidence of harm but the ward needs a lot of senior support. Under review	Bank and agency utilised. Flexing staff across the floor to maintain safety
H110	**LOW**	Not able to open additional HASU beds due to staffing levels.	
CDU	**LOW**	No staffing related quality concerns	
C26	**LOW**	No staffing related quality concerns	
C28/CMU	**LOW**	No staffing related quality concerns	

4.1.2 Surgery Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk rating	Actions
H4	**LOW**	No staffing related quality concerns	
H40	**MEDIUM**	No staffing related quality concerns, however increasing demand for major trauma capacity	Maternity Leave 5.4% Vacancy 3.04 wte. Using Bank and Agency to support. Plan to recruit 2 international RN.
H6	**LOW**	No staffing related quality concerns	Using bank and agency plus mutual support with H6.
H60	**LOW**	No staffing related quality concerns	
H7	**MEDIUM**	No staffing related quality concerns	3.48 Vacancy RN recruitment ongoing. Long-term sickness, requiring use of agency and bank
H100	**LOW**	No staffing related quality concerns	
H12	**LOW**	No staffing related quality concerns	
H120	**LOW**	No staffing related quality concerns	
HICU	**LOW**	No staffing related quality concerns	7.50 wte RN vacancies, some use of over cap agency to support activity.
C9	**LOW**	No staffing related quality concerns	
C10	**LOW**	No staffing related quality concerns	
C11	**LOW**	No staffing related quality concerns	
C14	**LOW**	No staffing related quality concerns	
C15	**MEDIUM**	No staffing related quality concerns	4 wte maternity leave, Increasing service demands high staff turnover, R/N support provided from ambulatory care unit.
C27	**LOW**	No staffing related quality concerns	
CICU	**MEDIUM**	Not triggering any quality concerns but under review	Limited support from HRI due to vacancies, 3.99 wte risk of elective cancellation, using high cost agency.

4.1.3 Family and Women's Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk rating	Actions
C16	**LOW**	No staffing related quality concerns	9 beds currently closed to release registered nursing staff to support winter pressures. Some use of Bank and Agency.
H130	**LOW**	No staffing related quality concerns	Staff in the children's wards are flexed according to patient need, so these should be considered collectively. Utilising overtime hours to cover across the 13th Floor and Acorn ward.
Cedar H30	**LOW**	No staffing related quality concerns	Utilising bank and agency on occasion.
Maple H31	**LOW**	No staffing related quality concerns	
Rowan H33	**LOW**	No staffing related quality concerns	
Acorn H34	**LOW**	No staffing related quality concerns	
H35	**LOW**	No staffing related quality concerns	Utilising bank and agency when required.
NICU	**LOW**	No staffing related quality concerns	Vacancies covered with Bank and overtime and flexing paediatric staff resources.
PAU	**LOW**	No staffing related quality concerns	
PHDU	**LOW**	No staffing related quality concerns	
Labour	**LOW**	No staffing related quality concerns	Midwife to birth ratio 1:32. Birth rate plus completed with an action plan to implement the recommendations in place.

4.1 4 Clinical Support Health Group

Ward	Professional Risk Assessment	Rationale for risk rating	Actions
C7	**LOW**	Not triggering any quality indicators and no staffing issues so deemed to be safely staffed	
C29	**LOW**	Not triggering any quality indicators and although supporting DME with a RN, deemed to be safely staffed	
C30	**LOW**	Despite 1.96 wte RN vacancies (14% of registered workforce), not triggering any quality indicators therefore deemed to be safely staffed	
C31	**MEDIUM**	This ward has 3.41 wte RN vacancies (20% of registered workforce) & 5.8% ML. Actions taken have mitigated the risk & no quality indicators are triggering currently; this continues to be closely monitored	Utilising bank and agency, support from other inpatient wards, 5 beds currently closed.
C32	**MEDIUM**	This ward has 1.81 wte RN vacancies (13% of registered workforce) & 4.8% ML; no quality indicators are triggering	Utilising bank and agency, support from other inpatient wards
C33	**MEDIUM**	This ward has 0.6 wte RN vacancies but high ML at 21% of registered workforce; the actions taken are supporting the ward and no quality indicators are triggering; this continues to be closely monitored	Utilising bank and agency, support from other inpatient wards and have over recruited to non-registered posts to support.

5. RECRUITMENT AND RETENTION

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns and rotational programmes.

112 newly registered nurses commenced in post from the University of Hull in September 2018. These nurses have undertaken their induction and have now commenced their preceptorship on the wards and departments.

The first 17 Registered Nursing Associates qualify in May 2019; unfortunately three Trainees have left the course due to various issues. However, it is anticipated that the remaining 17 will complete their programmes.

In addition to the Fifteen Trainee Nursing Associates that commenced their two-year programme in September 2018, the Trust has been working in collaboration with Health Education England to support an additional cohort of 20 Trainee Nursing Associates. Following a successful recruitment campaign, these places have been appointed to and they commenced their programme on the 14th January 2019.

With regards to international recruitment, 43 nurses from the Philippines have now been deployed into the Trust. 33 of the nurses have successfully completed the

Objective Structured Clinical Examination (OSCE), which means they now have their NMC PIN. A further 10 nurses are currently undertaking their OSCE training and are expected to take their exams in February 2019. To date, the Trust has a 100% OSCE pass rate and the Test Centre has commended the preparedness of the Trust's nurses.

The Trust has agreed to recruit further cohorts of nurses from the Philippines for the Medicine and the Surgery Health Groups and it is expected that a further cohort of 10 to arrive in mid-February 2019.

6. ENSURING SAFE STAFFING

The safety brief reviews continue and are completed six times each day. Given the staffing challenges faced during the winter period, the safety briefs are led currently by a Health Group Nurse Director or the Deputy Chief Nurse, with input from the Senior Matrons, (or Site Matron at nights and 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)

7.2 Incorporated into the nursing staffing safety briefs collected through SafeCare are a number of `Nursing Red Flags` as determined by the National Institute for Health and Clinical Excellence (NICE 2014).

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.

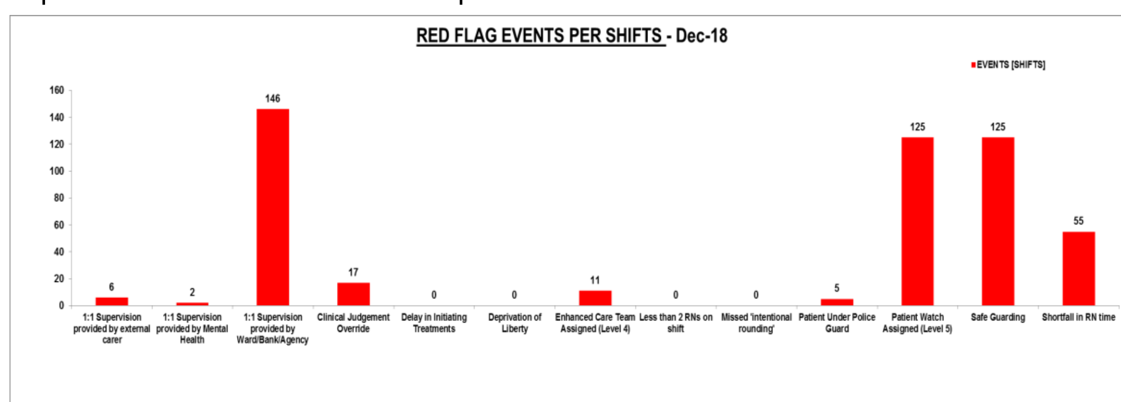
When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, which provides an audit trail. Actions may include the allocation or redeployment 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.
- 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 graph illustrates the number of ‘Red Flags’ identified during December 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.



Dec-18	RED FLAG TYPE	EVENTS [SHIFTS]	%
	1:1 Supervision provided by external carer	6	1.2%
	1:1 Supervision provided by Mental Health	2	0.4%
	1:1 Supervision provided by Ward/Bank/Agency	146	29.7%
	Clinical Judgement Override	17	3.5%
	Delay in Initiating Treatments	0	0.0%
	Deprivation of Liberty	0	0.0%
	Enhanced Care Team Assigned (Level 4)	11	2.2%
	Less than 2 RNs on shift	0	0.0%
	Missed 'intentional rounding'	0	0.0%
	Patient Under Police Guard	5	1.0%
	Patient Watch Assigned (Level 5)	125	25.4%
	Safe Guarding	125	25.4%
	Shortfall in RN time	55	11.2%
	TOTAL:	492	100%

As illustrated earlier, the most frequently reported red flag that requires extra nursing time is related to the requirement for 1:1 supervision of some sort for patients. As indicated in the previous Board Reports, this is being addressed through the implementation of the Enhanced Care Team (ECT), which is in the process of being established substantively following a successful trial.

8. ESTABLISHMENT LEVELS

The nursing and midwifery establishments are set and funded to good standards and are reviewed twice a year in line with national guidance. These were last reviewed in May 2018 and are next due to report at the March 2019 Trust Board meeting in public.

9. RISK ASSESSMENT

The inability to recruit sufficient numbers of registered nurses in order to meet full establishment levels remains a concern to the Chief Nurse and senior nurses. Currently, this is a recorded risk at 16 (Likely 4 x Severity 4) until staffing levels stabilise more. Managing the safer staffing risks is a daily occurrence for the senior nursing teams, particularly with additional capacity open to support the Trust through the winter period. Ensuring safe staffing levels on a daily basis remains a constant challenge for the organisation.

10. SUMMARY

It is too early to determine if the use of CHPPD will have any significant impact on helping to determine whether staffing levels are safe or not, especially as there are so many other variables that need to be considered before reaching a conclusion. CHPPD is only a number and must be set into context alongside a lot of other data before it can be meaningful. This will be analysed over time as trends are determined and when comparisons can be made.

Also, NHS Improvement has issued revised guidance on how trusts are to publish workforce data from the next financial year onwards. 'Developing Workforce Safeguards[6]' sets out the future requirements for reporting staffing levels across a broader range of professional groups. Work is under way to determine what this will look like.

11. 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
January 2019

Appendix 1: Nurse Staffing Key Metrics – November 2018
Appendix 2: Nurse Staffing Key Metrics – December 2018
Appendix 3: Nurse Staffing Quality Indicators – December 2018
Appendix 4: CHPPD Description, Methodology, Benefits and Limitations

APPENDIX FOUR - CHPPD Description, Methodology, Benefits and Limitations

What is Care Hours Per Patient Day (CHPPD)?

CHPPD is a measure of workforce deployment that can be used at ward, service or aggregated to Trust level.

CHPPD is most useful at ward level where service leaders and managers can consider the workforce deployment over time, with comparable wards within a trust or at other trusts as part of a review of staff deployment and overall productivity. This measure should be used alongside clinical quality and safety outcomes measures to reduce unwarranted variation and support the delivery of high quality, efficient patient care.

How is CHPPD calculated?

The Trust is required to submit monthly returns for safe staffing as it has previously. However, these data are now submitted in a different format using the monthly aggregated average CHPPD for each ward.

CHPPD is calculated, as follows:

The total number of hours worked by both registered nurses/midwives and non-registered support staff over a 24 hour period (midnight to 23:59 hours) divided by the number of patients in beds at 23:59 hours each day.

This is then calculated and averaged across the month in question.

The guidance advises that the 23:59 census is not entirely representative of the total and fluctuating daily care activity, patient turnover or the peak bed occupancy on a given ward. However, it advises that what this does do is provide a reliable and consistent information collection point and a common basis on which productive comparisons can be made to measure, review and reduce variation at ward level within organisations and also within similar specialities across different trusts. As such, there are limitations to its use.

Which staff are included?

In addition to registered nurses, midwives and non-registered care staff, other clinical staff that provide patient care on a full shift basis under the supervision and direction of a registered nurse/midwife can now be included in the CHPPD numbers. This includes allied health professional staff providing they work the full shift on that ward, e.g. a physiotherapist working a shift on a stroke unit.

Further anticipated benefits of using CHPPD

The guidance advises further that using CHPPD provides:

- A single comparable figure that can simultaneously represent both staffing levels and patient requirements, unlike actual hours or patient requirements alone.
- Facilitates comparisons between wards within a trust and nationally, also
- As CHPPD is divided by the number of patients, the value does not increase due to the size of a ward and facilitates comparisons between wards of different sizes.
- It differentiates registered nurses and midwives from healthcare support workers to ensure skill mix is well described and that nurse to patient ratio is encompassed within staff deployment considerations.

- An opportunity to compare planned CHPPD from the roster compared to what staff are actually on duty on each given day.

The limitations of using CHPPD
There are a number of limitations/caveats with using CHPPD. These include:

- The overarching principle is that CHPPD needs to be taken into context alongside the fuller workforce and quality metrics and professional risk assessments in order to be meaningful. This is in order to be able to reach an informed conclusion as to whether nursing and care staffing levels present a quality risk or not.
- It does not account for the skill mix or experience levels of the staff on that ward. For example, a ward might not have the full number of staff it was expecting or requires but the skills and experience of the staff on duty might be able to compensate for that, at least in part.
- As the guidance itself states, 23:59 hrs is not fully representative of the patient activity that may have happened on a given ward during the day. This is particularly so in some elective wards.
- For this Trust, CHPPD does not yet include the additional roles that have been introduced on the wards from nursing establishment monies, e.g. the patient discharge assistants, ward hygienists and enhanced care team members. The aggregated hours for these staff are provided in **Appendices One and Two** at **Column H** so that they are at least declared at this stage. The Trust is making changes to the e-roster so that these staff will be included automatically in the CHPPD calculation in the future. The aim will be to try and achieve this for the next version of this report.

HEY NURSE STAFFING KEY METRICS DASHBOARD

Nov-18

KEY METRICS ROTA: 29th Oct - 25th Nov 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST									NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M8]						TEMPORARY STAFFING [9th Jul - 5th Aug-18]				UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE							ROTA APPROVALS [42 DAYS]		ADDITIONAL DUTIES			UNFILLED ROSTER [<20%]	HOURS BALANCES [4 WEEKS] [NET + /- 2%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]		
					Other care staff not currently included in CHPPD HPW	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	MODEL HOSPITAL PEER	VARIANCE AGAINST PEER	MODEL HOSPITAL NATIONAL	VARIANCE AGAINST NATIONAL	RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON RN- Est. [WTE]	TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	TOTAL [21.6%]	SICK RN & AN [3.9%]	ANNUAL LEAVE [11-17%]	OTHER [< 1%]	STUDY DAY [<2.3%]	WORKING DAY [1%]	MAT LEAVE [<2.5%]	FULL [DAYS]	PARTIAL [DAYS]	TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [%]	HOURS BALANCE [%]	NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.00	5.4%	1.59	7.2%	6.59	115.34	9.4%	6.2%	3.2%	89.0%	29.7%	5.5%	12.4%	0.0%	8.8%	0.1%	2.9%	41.0	41.0	0.8	0.1	0.7	13.8%	1.7%	121.0	121.0	0.0
	AMU	GENERAL MEDICINE	45	LOW	178.5	1211	5085.3	2625.6	6.4	7.55	-1.18	7.31	-0.94	16.79	38.0%	-0.18	-0.8%	16.61	67.57	10.1%	8.9%	1.2%	70.2%	26.1%	10.5%	10.3%	0.2%	4.7%	0.4%	0.0%	36.0	33.0	1.1	0.7	0.4	8.3%	0.1%	120.7	153.7	33.0
	H1	GENERAL MEDICINE	22	LOW	399.0	615	1631.2	1156.0	4.5	7.55	-3.02	7.31	-2.78	0.88	6.0%	0.50	6.3%	1.38	22.51	14.2%	13.4%	0.8%	58.0%	30.6%	8.3%	12.0%	0.0%	1.6%	0.0%	8.7%	35.0	27.0	0.0	0.0	0.0	11.5%	-1.9%	169.3	200.3	31.0
	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	618	2095.0	1873.0	6.4	6.94	-0.52	7.74	-1.32	3.78	19.8%	-0.32	-2.4%	3.46	32.27	6.6%	5.9%	0.7%	74.4%	18.3%	0.3%	11.5%	3.3%	2.2%	1.0%	0.0%	55.0	55.0	0.2	0.0	0.2	19.4%	0.3%	-7.0	6.5	13.5
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	724	2934.5	1746.2	6.5	6.74	-0.27	6.38	0.09	2.12	8.6%	1.44	10.9%	3.56	37.84	5.6%	5.6%	0.0%	41.5%	21.2%	5.8%	10.5%	0.0%	4.6%	0.3%	0.0%	31.0	12.0	0.3	0.3	0.0	14.8%	-0.8%	38.0	98.0	60.0
	H50	NEPHROLOGY	19	LOW	283.5	563	1897.3	1201.5	5.5	7.23	-1.73	7.00	-1.50	-2.17	-14.4%	0.23	2.7%	-1.94	23.54	1.6%	1.6%	0.0%	62.5%	30.3%	1.5%	16.1%	0.0%	5.3%	2.2%	5.2%	52.0	47.0	0.3	0.1	0.2	14.0%	-6.1%	-17.5	14.0	31.5
	H500	RESPIRATORY MEDICINE	24	LOW	157.5	704	1538.0	1715.8	4.6	6.74	-2.12	6.38	-1.76	7.36	43.4%	0.25	2.1%	7.61	29.10	14.1%	13.4%	0.7%	60.2%	22.3%	6.4%	13.3%	0.0%	2.4%	0.2%	0.0%	34.0	12.0	0.5	0.4	0.1	14.9%	0.2%	129.3	156.3	27.0
	H70	GENERAL MEDICINE	30	MEDIUM	441.0	894	2072.4	2316.3	4.9	7.55	-2.64	7.31	-2.40	7.54	37.6%	-2.72	-22.4%	4.82	32.22	13.4%	11.2%	2.2%	55.2%	21.1%	1.4%	11.2%	0.3%	1.7%	1.8%	4.7%	53.0	53.0	0.0	0.0	0.0	13.6%	-0.1%	360.5	396.5	36.0
	H8	GERIATRIC MEDICINE	27	LOW	220.5	797	1693.9	1939.3	4.6	6.94	-2.38	6.74	-2.18	2.45	14.7%	0.49	3.7%	2.94	29.78	10.7%	10.4%	0.3%	65.8%	27.1%	6.8%	14.2%	0.0%	1.6%	0.3%	4.2%	53.0	53.0	1.0	0.6	0.4	19.2%	-3.7%	150.8	155.8	5.0
	PDU H80	GERIATRIC MEDICINE	27	LOW	913.5	695	1779.8	2246.5	5.8	6.94	-1.15	6.74	-0.95	7.26	43.7%	-4.23	-32.1%	3.03	29.78	5.3%	3.9%	1.4%	32.1%	25.9%	6.5%	10.7%	0.0%	0.9%	3.8%	4.0%	54.0	54.0	0.1	0.0	0.1	16.7%	0.9%	50.5	56.5	6.0
	H9	GERIATRIC MEDICINE	30	MEDIUM	220.5	726	1499.0	2180.0	5.1	6.94	-1.87	6.74	-1.67	4.09	24.6%	-4.15	-31.5%	-0.06	29.78	16.3%	14.8%	1.5%	90.7%	29.0%	3.3%	13.2%	4.6%	2.4%	3.0%	2.5%	18.0	17.0	0.0	0.0	0.0	5.9%	0.9%	92.0	92.0	0.0
	H90	GERIATRIC MEDICINE	29	LOW	252.0	863	1749.7	1997.6	4.3	6.94	-2.60	6.74	-2.40	4.11	24.7%	-2.83	-21.5%	1.28	29.78	3.5%	3.5%	0.0%	68.0%	26.0%	12.1%	13.0%	0.2%	0.5%	0.2%	0.0%	59.0	53.0	0.0	0.0	0.0	14.1%	0.7%	40.2	66.2	26.0
	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	823	1879.0	1912.8	4.6	7.55	-2.94	7.41	-2.80	5.09	22.6%	-2.33	-21.9%	2.76	33.16	8.7%	8.7%	0.0%	49.8%	29.8%	6.6%	12.2%	0.2%	1.7%	2.2%	6.9%	23.0	23.0	0.0	0.0	0.0	10.1%	0.9%	15.0	46.0	31.0
	H110	STROKE / NEUROLOGY	24	LOW	252.0	616	2659.8	2047.5	7.6	7.55	0.09	7.41	0.23	3.78	16.8%	-3.16	-28.4%	0.62	33.64	26.5%	26.5%	0.0%	52.3%	33.6%	7.2%	11.7%	0.1%	4.9%	5.0%	4.7%	23.0	23.0	0.2	0.1	0.1	23.3%	0.2%	-9.8	1729.0	1738.8
	CDU	CARDIOLOGY	9	LOW	0.0	138	1254.8	348.5	11.6	7.93	3.69	7.73	3.89	1.8	14.0%	0.15	5.1%	1.95	15.74	6.9%	6.9%	0.0%	53.2%	35.9%	13.1%	7.1%	1.3%	1.3%	4.3%	8.8%	39.0	26.0	0.0	0.0	0.0	30.7%	-0.4%	0.0	0.0	0.0
	C26	CARDIOLOGY / CTS	26	LOW	236.5	953	2620.5	1208.2	4.0	8.46	-4.44	9.93	-5.91	4	15.5%	-0.75	-9.5%	3.25	33.73	4.8%	3.6%	1.2%	93.3%	25.4%	3.2%	14.9%	0.0%	0.7%	0.7%	5.9%	27.0	26.0	0.5	0.4	0.1	17.6%	5.7%	117.0	117.0	0.0
	C28 /CMU	CARDIOLOGY	27	LOW	277.2	718	4355.4	1079.8	7.6	7.44	0.13	7.87	-0.30	2.35	6.2%	1.95	20.3%	4.30	37.10	10.9%	10.9%	0.0%	88.6%	30.9%	4.2%	17.5%	0.1%	3.0%	3.9%	2.2%	45.0	38.0	0.6	0.6	0.0	12.3%	-0.4%	-43.6	111.0	154.6
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	795	2240.5	1450.5	4.6	8.39	-3.75	8.71	-4.07	2.08	9.5%	1.25	12.0%	3.33	32.28	13.5%	12.4%	1.1%	54.3%	28.2%	3.4%	11.7%	0.0%	3.5%	2.3%	7.3%	25.0	25.0	0.2	0.1	0.1	20.1%	-2.5%	70.5	81.5	11.0
	H40	NEUROSURGERY / TRAUMA	15	MEDIUM	105.0	385	2540.0	1408.5	10.3	8.39	1.87	8.71	1.55	2.86	13.7%	-1.02	-9.2%	1.84	31.95	6.3%	4.0%	2.3%	55.9%	25.5%	4.1%	13.0%	0.3%	1.6%	1.3%	5.2%	38.0	34.0	0.2	0.0	0.2	7.5%	3.3%	24.0	24.0	0.0
	H6	GENERAL SURGERY	28	LOW	283.5	705	2430.4	1576.3	5.7	6.99	-1.31	7.26	-1.58	1.91	10.0%	1.13	10.6%	3.04	29.74	13.4%	11.8%	1.6%	76.7%	19.4%	1.9%	11.8%	0.0%	1.1%	0.9%	3.7%	61.0	54.0	0.1	0.1	0.0	6.0%	-1.1%	146.0	167.0	21.0
	H60	GENERAL SURGERY	28	LOW	126.0	730	2240.5	1746.0	5.5	6.99	-1.53	7.26	-1.80	0.2	1.1%	2.97	27.9%	3.17	29.74	11.7%	10.1%	1.6%	70.6%	27.7%	3.5%	12.9%	0.5%	2.2%	2.1%	6.5%	61.0	54.0	0.1	0.1	0.0	6.4%	-3.9%	-20.3	23.8	44.0
	H7	VASCULAR SURGERY	30	MEDIUM	283.5	837	2453.5	1887.5	5.2	6.99	-1.80	7.26	-2.07	3.48	16.0%	0.09	0.7%	3.57	34.89	13.4%	11.2%	2.2%	55.2%	21.1%	1.4%	11.2%	0.3%	1.7%	1.8%	4.7%	53.0	53.0	0.0	0.0	0.0	13.6%	-0.1%	-40.0	13.5	53.5
	H100	GASTROENTEROLOGY	27	LOW	239.4	792	2146.3	1786.0	5.0	6.63	-1.66	6.29	-1.32	0.52	2.7%	1.35	11.2%	1.87	31.23	3.4%	3.2%	0.2%	64.5%	25.6%	6.5%	12.1%	0.1%	1.0%	3.5%	2.4%	51.0	51.0	0.0	0.0	0.0	10.1%	1.1%	27.3	51.0	23.8
	H12	ORTHOPAEDIC	28	LOW	252.0	749	2342.0	1850.5	5.6	7.13	-1.53	7.25	-1.65	1.52	7.0%	-0.76	-5.8%	0.76	35.00	10.0%	7.5%	2.5%	60.5%	36.2%	10.6%	14.2%	1.9%	3.0%	5.4%	1.1%	28.0	25.0	0.0	0.0	0.0	12.5%	0.7%	4.0	19.5	15.5
	H120	ORTHO / MAXFAX	22	LOW	283.5	573	2102.8	1616.0	6.5	7.13	-0.64	7.25	-0.76	1.5	9.0%	0.15	1.3%	1.65	28.42	10.0%	10.0%	0.0%	76.6%	26.9%	6.1%	16.9%	0.2%	1.7%	2.0%	0.0%	31.0	25.0	0.0	0.0	0.0	6.4%	0.5%	21.0	25.0	4.0
	HICU	CRITICAL CARE	22	LOW	252.0	467	11645.6	1093.0	27.3	27.13	0.15	26.60	0.68	7.5	7.2%	-0.36	-4.9%	7.14	112.20	0.8%	0.0%	0.8%	38.5%	32.5%	6.9%	13.4%	0.3%	1.2%	6.3%	4.4%	59.0	58.0	0.0	0.0	0.0	18.6%	0.5%	-152.0	70.8	222.8
	C9	ORTHOPAEDIC	35	LOW	252.0	774	2461.6	1585.7	5.2	7.13	-1.90	7.25	-2.02	2.37	10.9%	1.47	12.7%	3.84	33.39	5.0%	4.7%	0.3%	29.3%	26.2%	7.4%	11.4%	0.0%	4.2%	0.6%	2.6%	60.0	55.0	0.0	0.0	0.0	15.8%	-0.7%	-15.3	29.0	44.3
	C10	GENERAL SURGERY	21	LOW	252.0	596	2265.2	1087.0	5.6	6.99	-1.37	7.26	-1.64	1.54	8.4%	1.03	13.2%	2.57	26.08	19.2%	18.3%	0.9%	73.2%	30.1%	7.4%	14.6%	0.4%	1.4%	3.7%	2.6%	46.0	41.0	1.6	1.6	0.0	9.8%	-1.6%	13.8	69.0	55.3
	C11	GENERAL SURGERY	22	LOW	252.0	510	2163.4	1021.5	6.2	6.99	-0.75	7.26	-1.02	1.14	6.3%	1.79	22.9%	2.93	26.08	9.1%	8.8%	0.3%	42.3%	25.5%	7.2%	15.6%	0.0%	1.2%	1.5%	0.0%	56.0	38.0	0.0	0.0	0.0	15.0%	0.3%	-30.5	83.8	114.3
	C14	GENERAL SURGERY	27	LOW	252.0	753	2539.0	1110.3	4.9	6.99	-2.14	7.26	-2.41	2.59	12.7%	-0.01	-0.1%	2.58	29.38	7.1%	5.8%	1.3%	82.6%	20.6%	7.5%	9.5%	0.0%	3.3%	0.3%	0.0%	52.0	41.0	0.6	0.4	0.2	9.5%	2.7%	104.8	114.3	9.5
	C15	UROLOGY	26	MEDIUM	283.5	614	2250.4	1346.0	5.9	6.47	-0.61	6.67	-0.81	0.94	4.6%	0.41	3.4%	1.35	32.71	13.1%	10.7%	2.4%	59.6%	33.8%	7.1%	11.8%	1.7%	1.7%	1.5%	10.0%	46.0	12.0	0.3	0.2	0.1	16.0%	2.1%	81.8	94.3	12.5
	C27	CARDIOTHORACIC	26	LOW	283.2	730	2732.5	1006.0	5.1	8.46	-3.34	9.93	-4.81	3	12.7%	-2.86	-33.2%	0.14	32.22	1.1%	1.1%	0.0%	78.2%	26.5%	2.7%	14.0%	0.1%	1.2%	8.5%	0.0%	56.0	54.0	0.2	0.2	0.0	13.5%	1.4%	3.8	34.0	30.3
	CICU	CRITICAL CARE	22	MEDIUM	157.5	497	11039.6	653.8	23.5	27.13	-3.60	26.60	-3.07	5.99	6.5%	1.17	15.5%	7.16	100.50	4.9%	2.7%	2.2%	67.5%	28.5%	2.5%	12.6%	1.7%	2.6%	4.9%	4.2%	61.0	58.0	0.0	0.0	0.0	11.9%	1.5%	69.8	152.5	82.8
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	474	1896.8	1216.8	6.6	6.58	-0.01	9.03	-2.46	2.87	15.5%	1.35	12.1%	4.22	29.65	4.2%	4.2%	0.0%	40.8%	20.4%	0.9%	10.3%	0.0%	1.3%	2.1%	5.8%	39.0	38.0	0.2	0.1	0.1	27.1%	-0.9%	-85.5	6.0	91.5
	H130	PAEDIATRICS	20	LOW	205.8	506	2491.0	858.5	6.6	11.44	-4.82	12.20	-5.58	-0.23	-1.1%	-0.41	-7.9%	-0.64	26.59	0.1%	0.1%	0.0%	133.3%	22.6%	3.0%	13.5%	0.0%	2.0%	1.7%	2.4%	60.0	59.0	0.0	0.0	0.0	12.4%	-0.1%	9.0	9.0	0.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	173	1559.3	521.5	12.0	8.02	4.01	7.70	4.33	0.37	5.0%	0.12	3.1%	0.49	11.33	9.6%	9.0%	0.6%	48.1%	31.9%	9.3%	14.8%	2.7%	1.3%	1.9%	1.9%	38.0	38.0	0.3	0.3	0.0	23.2%	-0.4%	0.0	0.0	0.0
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	321	2022.2	1341.0	10.5	10.11	0.37	15.48	-5.00	-0.42	-0.91%	1.11	4.10%	0.69	73.34	0.9%	0.9%	0.0%	83.3%	30.5%	8.6%	14.4%	0.0%	2.6%	1.8%	3.1%	54.0	33.0	0.0	0.0	0.0	13.7%	-1.2%	-12.0	0.0	12.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1096	2986.8	1572.5	4.2	10.11	-5.95	15.48	-11.32							0.2%	0.2%	0.0%	33.3%	22.6%	0.4%	12.3%	0.4%	4.8%	0.7%	4.0%	54.0	33.0	0.0	0.0	0.0	7.0%	-1.6%	0.0	0.0	0.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	265	2140.5	534.0	10.1	9.11	0.98	11.01	-0.92	3.78	18.2%	0.3	5.8%	4.08	26.00	3.2%	3.2%	0.0%	87.3%	23.2%	5.5%	14.8%	0.0%	2.7%	0.2%	0.0%	33.0	19.0	0.1	0.0	0.1	17.4%	-5.1%	0.0	0.0	0.0
	H35	OPHTHALMOLOGY	12	LOW	285.6	281	1526.8	278.0	6.4	11.20	-4.78	10.70	-4.28	1.18	43.5%	0.74	27.3%	1.92	13.84	2.0%	2.0%	0.0%	54.3%	20.1%	2.3%	17.0%	0.0%	0.5%	0.3%	0.0%	55.0	38.0	0.1	0.1	0.0	20.4%	-0.1%	-153.0	18.5	171.5
	LABOUR	MATERNITY	16	LOW	369.5	308	5780.4	1274.0	22.9	10.11	12.79	15.48	7.42	-7.2	-52.6%	-2.11	-15.4%	-9.31	63.84	2.4%	2.4%	0.0%	101.7%	27.2%	6.9%	14.6%	0.2%	2.3%	1.5%	1.7%	33.0	33.0	0.4	0.3	0.1	4.9%	-9.3%	5.5	30.5	25.0
	NEONATES	NEONATOLOGY	26	LOW	157.5	588	7723.9	281.5	13.6	13.26	0.35	12.98	0.63	9.3	123.3%	-0.6	-8.0%	8.70	74.51	4.1%	4.1%	0.0%	82.5%	27.6%	5.1%	16.9%	0.6%	2.4%	1.3%	1.3%	53.0	39.0	0.0	0.0	0.0	10.8%	-0.5%	0.0	0.0	0.0
	PAU	PAEDIATRICS	10	LOW	0.0	121	1363.0	0.0	11.3	11.44	-0.18	12.20	-0.94	0.24	2.3%	0	0.0%	0.24	10.44	2.8%	2.8%	0.0%	86.6%	17.7%	0.7%	12.5%	0.0%	4.5%	0.0%	0.0%	60.0	59.0	0.0	0.0	0.0	2.0%	-0.3%	0.0	0.0	0.0
	PHDU	PAEDIATRICS	4	LOW	0.0	86	1382.5	122.3	17.5	11.44	6.06	12.20	5.30	0.53	4.6%	0	0.0%	0.53	11.66	1.5%	1.5%	0.0%	88.5%	26.5%	0.0%	14.7%	0.0%	3.9%	0.0%	7.9%	60.0	59.0	0.0	0.0	0.0	1.0%	-2.7%	0.0	0.0	0.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	157.5	314	1396.5	945.8	7.5	7.76	-0.30	7.91	-0.45	-0.07	-0.9%	0.22	2.7%	0.15	20.22	8.1%	7.6%	0.5%	86.9%	17.7%	4.5%	11.1%	0.0%	2.0%	0.1%	0.0%	56.0	42.0	0.0	0.0	0.0	4.1%	-7.7%	-14.5	45.0	59.5
	C29	REHABILITATION	15	LOW	147.0	440	1550.5	1689.7	7.4	7.69	-0.33	6.66	0.70	-1.12	-7.1%	1.59	10.1%	0.47	28.89	1.3%	0.7%	0.6%	66.9%	23.6%	3.1%	14.2%	0.0%	3.7%	1.9%	0.7%	35.0	34.0	0.3	0.2	0.1	2.3%	1.6%	65.0	103.5	38.5
	C30	CLINICAL ONCOLOGY	22	LOW	220.5	634	1740.3	1236.5	4.7	7.92	-3.22	7.14	-2.44	2.42	30.3%	1.19	14.9%	3.61	21.97	14.1%	10.5%	3.6%	72.6%	30.7%	8.5%	12.6%	0.0%	6.3%	3.0%	0.3%	51.0	49.0	0.4	0.3	0.1	4.7%	-4.4%	31.0	94.0	63.0
	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	671	1879.8	1175.5	4.6	7.92	-3.37	7.14	-2.59	2.83	24.1%	0.13	1.1%	2.96	25.74	10.4%	7.7%	2.7%	74.9%	26.0%	3.0%	11.7%	0.0%	6.2%	0.5%	4.6%	47.0	45.0	0.4	0.2	0.2	6.4%	-5.0%	-14.5	50.0	64.5
	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	634	1752.0	1136.5	4.6	7.92	-3.36	7.14	-2.58	1.04	10.8%	-0.04	-0.4%	1.00	23.57	4.2%	2.6%	1.6%	51.7%	21.0%	0.7%	13.2%	0.0%	3.8%	0.1%	3.2%	54.0	54.0	0.3	0.2	0.1	5.1%	-2.2%	2.0	48.0	46.0
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	689	2783.1	1221.4	5.8	8.21	-2.40	7.23	-1.42	0.6	7.5%	-2.03	-25.4%	-1.43	35.44	3.3%	2.3%	1.0%	26.6%	34.3%	2.5%	11.9%	0.2%	4.0%	1.3%	14.4%	45.0	45.0	0.0	0.0	0.0	23.7%	1.2%	-41.0	0.0	41.0
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10473.6	29766	134314.1	65224.1	6.70	8.84	-51.02	9.25	-71.10	131.49	12.3%	12.68	2.5%	158.06	1786.40	7.7%	6.8%	0.9%	66.2%	26.4%	5.1%	13.0%	0.4%	2.7%	1.9%	3.3%	45.8	39.8	11.4	7.7	3.7	12.8%	-0.7%	1426.7	4976.8	3550.1

APPENDIX 1

HEY NURSE STAFFING KEY METRICS DASHBOARD

Dec-18

KEY METRICS ROTA: 26th Nov - 23rd Dec 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST: Other care staff not currently included in CHPPD HPW	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	MODEL HOSPITAL PEER	VARIANCE AGAINST PEER	MODEL HOSPITAL NATIONAL	VARIANCE AGAINST NATIONAL	NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M9]: RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN- Est. [WTE]	TEMPORARY STAFFING [9th Jul - 5th Aug-18]: TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE: TOTAL [21.6%]	SICK RN & AN [3.9%]	ANNUAL LEAVE [11-17%]	OTHER [< 1%]	STUDY DAY [<2.3%]	WORKING DAY [1%]	MAT LEAVE [<2.5%]	ROTA APPROVALS [42 DAYS]: FULL [DAYS]	PARTIAL [DAYS]	ADDITIONAL DUTIES: TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [<20%]: UNFILLED ROSTER [%]	HOURS BALANCES [4 WEEKS] [NET + /- 2%]: HOURS BALANCE [%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]: NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.75	5.1%	2.59	11.8%	7.34	115.34	6.9%	5.6%	1.3%	88.8%	26.8%	6.1%	15.3%	0.0%	1.6%	1.0%	2.8%	56.0	54.0	0.4	0.1	0.3	1.5%	1.5%	134.0	134.0	0.0
	AMU	GENERAL MEDICINE	45	LOW	178.5	1242	5230.8	2532.1	6.3	7.55	-1.30	7.31	-1.06	12.19	27.6%	5.06	21.6%	17.25	67.57	10.4%	9.6%	0.8%	67.7%	36.6%	14.6%	15.0%	0.6%	1.4%	3.8%	1.2%	40.0	37.0	0.3	0.1	0.2	-0.5%	-0.5%	325.5	379.0	53.5
	H1	GENERAL MEDICINE	22	LOW	399.0	630	1729.3	1082.7	4.5	7.55	-3.09	7.31	-2.85	0.88	6.0%	1.14	14.4%	2.02	22.51	11.6%	10.8%	0.8%	48.1%	31.9%	11.6%	18.2%	0.0%	0.2%	0.0%	1.9%	37.0	27.0	0.0	0.0	0.0	-2.8%	-2.8%	10.8	68.5	57.8
	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	628	2216.5	1799.5	6.4	6.94	-0.55	7.74	-1.35	3.66	19.2%	-0.32	-2.4%	3.34	32.27	6.6%	5.9%	0.7%	74.4%	18.3%	0.3%	11.5%	3.3%	2.2%	1.0%	0.0%	55.0	55.0	0.0	0.0	0.0	0.3%	0.3%	-51.5	5.5	57.0
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	780	3016.3	1672.8	6.0	6.74	-0.73	6.38	-0.37	2.12	8.6%	2.24	17.0%	4.36	37.84	10.6%	9.2%	1.4%	35.5%	34.4%	6.1%	14.9%	0.0%	4.6%	8.8%	0.0%	-4.0	-5.0	0.5	0.3	0.2	-1.5%	-1.5%	0.3	76.8	76.5
	H50	NEPHROLOGY	19	LOW	283.5	579	1952.5	1258.0	5.5	7.23	-1.69	7.00	-1.46	-1.17	-7.7%	0.23	2.7%	-0.94	23.54	0.4%	0.4%	0.0%	60.0%	21.7%	1.0%	14.0%	0.0%	2.8%	1.3%	2.6%	41.0	40.0	0.0	0.0	0.0	-6.2%	-6.2%	5.7	36.5	30.8
	H500	RESPIRATORY MEDICINE	24	LOW	157.5	730	1703.5	1748.9	4.7	6.74	-2.01	6.38	-1.65	7.36	43.4%	1.25	10.3%	8.61	29.10	20.7%	20.4%	0.3%	80.7%	28.4%	8.9%	13.6%	0.0%	2.3%	3.6%	0.0%	40.0	-7.0	1.4	0.5	0.9	3.4%	3.4%	174.0	199.0	25.0
	H70	GENERAL MEDICINE	30	MEDIUM	441.0	822	2001.0	1770.3	4.6	7.55	-2.96	7.31	-2.72	9.54	47.6%	0.56	4.6%	10.10	32.22	19.0%	17.0%	2.0%	52.4%	31.9%	7.5%	13.4%	2.0%	2.7%	2.6%	3.7%	48.0	48.0	0.0	0.0	0.0	18.7%	18.7%	310.5	310.5	0.0
	H8	GERIATRIC MEDICINE	27	LOW	220.5	831	1923.0	1850.5	4.5	6.94	-2.40	6.74	-2.20	2.45	14.7%	1.65	12.5%	4.10	29.78	5.0%	4.8%	0.2%	55.0%	24.6%	3.4%	16.3%	0.0%	2.3%	0.2%	2.4%	40.0	39.0	0.3	0.3	0.0	-5.6%	-5.6%	101.0	114.5	13.5
	PDU H80	GERIATRIC MEDICINE	27	LOW	913.5	845	1690.1	2159.0	4.6	6.94	-2.38	6.74	-2.18	7.26	43.7%	-0.95	-7.2%	6.31	29.78	14.0%	9.7%	4.3%	40.5%	39.9%	11.0%	12.9%	1.1%	1.5%	7.6%	5.8%	48.0	21.0	0.6	0.4	0.2	0.2%	0.2%	-24.0	57.0	81.0
	H9	GERIATRIC MEDICINE	30	MEDIUM	220.5	822	1546.5	2034.8	4.4	6.94	-2.58	6.74	-2.38	8.26	49.7%	-3.59	-27.3%	4.67	29.78	18.6%	9.8%	8.8%	72.7%	39.5%	7.2%	15.8%	4.8%	1.8%	7.4%	2.5%	27.0	27.0	0.3	0.2	0.1	1.2%	1.2%	211.8	237.8	26.0
	H90	GERIATRIC MEDICINE	29	LOW	252.0	828	1784.0	1962.5	4.5	6.94	-2.42	6.74	-2.22	2.11	12.7%	0.31	2.4%	2.42	29.78	5.1%	4.5%	0.6%	61.7%	31.2%	10.1%	16.3%	1.6%	1.0%	2.2%	0.0%	55.0	45.0	0.0	0.0	0.0	1.0%	1.0%	-16.0	77.5	93.5
	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	836	1947.0	1865.3	4.6	7.55	-2.99	7.41	-2.85	4.89	21.7%	-2.80	-26.3%	2.09	33.16	6.5%	6.2%	0.3%	38.4%	29.4%	4.9%	13.0%	2.1%	1.3%	3.7%	4.4%	44.0	39.0	0.0	0.0	0.0	0.6%	0.6%	26.3	74.3	48.0
	H110	STROKE / NEUROLOGY	24	LOW	252.0	594	1546.5	2034.8	6.0	7.55	-1.52	7.41	-1.38	1.78	7.9%	0.15	1.4%	1.93	33.64	25.9%	25.1%	0.8%	36.6%	30.3%	4.2%	10.0%	0.2%	2.9%	8.6%	4.4%	48.0	33.0	0.1	0.1	0.0	0.1%	0.1%	-119.1	1311.8	1430.8
	CDU	CARDIOLOGY	9	LOW	0.0	102	1015.4	223.5	12.2	7.93	4.22	7.73	4.42	2.09	16.3%	0.25	8.6%	2.34	15.74	15.3%	12.5%	2.8%	52.9%	27.2%	3.4%	20.6%	0.4%	1.1%	1.7%	0.0%	32.0	28.0	0.0	0.0	0.0	-1.2%	-1.2%	7.5	7.5	0.0
	C26	CARDIOLOGY / CTS	26	LOW	236.5	898	2691.5	1039.0	4.2	8.46	-4.31	9.93	-5.78	3.00	11.6%	1.57	19.8%	4.57	33.73	4.2%	2.9%	1.3%	47.1%	28.6%	6.5%	13.6%	0.0%	1.9%	2.4%	4.2%	55.0	54.0	0.3	0.3	0.0	5.0%	5.0%	156.0	168.0	12.0
	C28 /CMU	CARDIOLOGY	27	LOW	277.2	686	4327.1	803.0	7.5	7.44	0.04	7.87	-0.39	3.35	8.8%	1.73	18.0%	5.08	47.78	6.6%	6.0%	0.6%	38.8%	25.9%	3.1%	15.8%	0.0%	2.3%	2.5%	2.2%	48.0	23.0	0.0	0.0	0.0	0.0%	0.1%	50.1	95.5	45.4
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	738	2547.9	1353.2	5.3	8.39	-3.10	8.71	-3.42	3.08	14.1%	1.73	16.6%	4.81	32.28	11.8%	11.0%	0.8%	55.4%	30.8%	4.2%	12.7%	0.0%	4.2%	5.2%	4.5%	34.0	31.0	0.3	0.2	0.1	-2.9%	-2.9%	25.5	55.0	29.5
	H40	NEUROSURGERY / TRAUMA	15	MEDIUM	105.0	399	2594.8	1390.8	10.0	8.39	1.60	8.71	1.28	2.86	13.7%	-1.02	-9.2%	1.84	31.95	8.7%	5.1%	3.6%	57.8%	32.0%	7.6%	10.7%	1.2%	2.9%	4.2%	5.4%	21.0	20.0	0.4	0.4	0.0	1.6%	1.6%	108.8	142.8	34.0
	H6	GENERAL SURGERY	28	LOW	283.5	717	2362.0	1556.5	5.5	6.99	-1.52	7.26	-1.79	1.91	10.0%	1.13	10.6%	3.04	29.74	12.9%	11.7%	1.2%	67.6%	31.8%	5.4%	16.3%	0.8%	1.7%	4.2%	3.4%	59.0	55.0	0.0	0.0	0.0	-1.2%	-1.2%	36.0	58.5	22.5
	H60	GENERAL SURGERY	28	LOW	126.0	749	2339.0	1641.0	5.3	6.99	-1.68	7.26	-1.95	0.36	1.9%	1.97	18.5%	2.33	34.89	12.0%	11.4%	0.6%	63.8%	31.2%	5.8%	13.7%	0.7%	1.0%	3.3%	6.7%	54.0	54.0	0.0	0.0	0.0	-3.3%	-3.3%	-80.0	11.0	91.0
	H7	VASCULAR SURGERY	30	MEDIUM	283.5	826	2568.8	1720.0	5.2	6.99	-1.80	7.26	-2.07	3.48	16.0%	0.09	0.7%	3.57	29.74	7.8%	7.0%	0.8%	38.8%	26.5%	2.3%	15.8%	0.0%	1.3%	0.8%	6.3%	55.0	55.0	0.1	0.0	0.1	-0.3%	-0.3%	-48.8	20.8	69.5
	H100	GASTROENTEROLOGY	27	LOW	239.4	809	2159.5	1838.2	4.9	6.63	-1.69	6.29	-1.35	0.52	2.7%	1.35	11.2%	1.87	31.23	11.3%	9.8%	1.5%	53.4%	30.3%	6.2%	16.9%	0.2%	1.4%	3.1%	2.6%	47.0	47.0	0.0	0.0	0.0	2.7%	2.7%	48.8	80.8	32.0
	H12	ORTHOPAEDIC	28	LOW	252.0	758	2455.3	1693.5	5.5	7.13	-1.66	7.25	-1.78	1.77	8.1%	-0.76	-5.8%	1.01	35.00	6.1%	5.8%	0.3%	41.5%	33.5%	4.3%	18.8%	2.7%	2.1%	2.1%	3.5%	35.0	30.0	0.1	0.1	0.0	-0.1%	-0.1%	-26.5	22.0	48.5
	H120	ORTHO / MAXFAX	22	LOW	283.5	596	2177.8	1772.5	6.6	7.13	-0.50	7.25	-0.62	1.50	9.0%	0.15	1.3%	1.65	28.42	15.9%	15.0%	0.9%	79.3%	30.5%	4.1%	18.3%	0.3%	2.5%	5.3%	0.0%	52.0	30.0	0.0	0.0	0.0	1.9%	1.9%	61.5	67.0	5.5
	HICU	CRITICAL CARE	22	LOW	252.0	485	11683.4	874.8	25.9	27.13	-1.24	26.60	-0.71	7.50	7.2%	-0.36	-4.9%	7.14	112.20	0.6%	0.0%	0.6%	22.5%	33.1%	8.5%	17.4%	0.1%	0.9%	1.8%	4.4%	59.0	59.0	0.2	0.2	0.0	-1.4%	-1.4%	-138.3	158.8	297.0
	C9	ORTHOPAEDIC	35	LOW	252.0	595	2265.5	1382.0	6.1	7.13	-1.00	7.25	-1.12	3.37	15.4%	1.47	12.7%	4.84	33.39	5.1%	5.1%	0.0%	33.5%	25.8%	10.3%	11.3%	0.0%	1.2%	0.4%	2.6%	53.0	52.0	0.1	0.1	0.0	0.3%	0.3%	-12.0	28.0	40.0
	C10	GENERAL SURGERY	21	LOW	252.0	552	2214.8	908.4	5.7	6.99	-1.33	7.26	-1.60	1.54	8.4%	1.03	13.2%	2.57	26.08	14.2%	12.8%	1.4%	60.3%	29.5%	3.8%	16.6%	1.7%	3.1%	3.7%	0.6%	39.0	39.0	0.2	0.2	0.0	-1.5%	-1.5%	38.0	43.0	5.0
	C11	GENERAL SURGERY	22	LOW	252.0	552	2223.0	990.0	5.8	6.99	-1.17	7.26	-1.44	1.56	8.6%	1.79	22.9%	3.35	26.08	6.3%	6.3%	0.0%	43.5%	23.1%	6.3%	14.1%	0.0%	1.5%	1.2%	0.0%	55.0	52.0	0.4	0.4	0.0	1.2%	1.2%	8.0	55.5	47.5
	C14	GENERAL SURGERY	27	LOW	252.0	611	2164.0	1031.5	5.2	6.99	-1.76	7.26	-2.03	2.59	12.7%	0.95	10.5%	3.54	29.38	11.1%	7.5%	3.6%	61.1%	29.3%	6.8%	19.2%	0.0%	2.1%	1.2%	0.0%	34.0	34.0	0.4	0.4	0.0	2.3%	2.3%	66.0	88.0	22.0
	C15	UROLOGY	26	MEDIUM	283.5	631	2345.4	1271.5	5.7	6.47	-0.74	6.67	-0.94	0.94	4.6%	0.41	3.4%	1.35	32.71	16.7%	11.7%	5.0%	64.9%	35.2%	7.6%	14.2%	0.0%	0.8%	2.4%	10.2%	30.0	30.0	0.5	0.5	0.0	2.3%	2.3%	50.8	102.3	51.5
	C27	CARDIOTHORACIC	26	LOW	283.2	725	2937.0	1026.5	5.5	8.46	-2.99	9.93	-4.46	0.00	0.0%	-0.86	-10.0%	-0.86	32.22	1.4%	1.4%	0.0%	36.6%	25.6%	0.9%	18.8%	0.9%	1.8%	3.2%	0.0%	52.0	52.0	0.1	0.0	0.1	1.3%	1.3%	-2.0	5.5	7.5
	CICU	CRITICAL CARE	22	MEDIUM	157.5	448	10334.3	514.0	24.2	27.13	-2.92	26.60	-2.39	3.99	4.3%	1.17	15.5%	5.16	100.50	4.0%	1.3%	2.7%	57.5%	34.0%	6.2%	17.4%	1.2%	0.6%	4.4%	4.2%	60.0	59.0	0.1	0.1	0.0	0.0%	0.0%	121.5	280.0	158.5
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	387	1773.8	1074.5	7.4	6.58	0.78	9.03	-1.67	5.35	28.9%	1.35	12.1%	6.70	29.65	5.6%	5.6%	0.0%	62.5%	19.3%	1.0%	12.0%	0.0%	1.1%	0.7%	4.5%	18.0	11.0	0.2	0.2	0.0	-1.6%	-1.6%	-68.5	0.0	68.5
	H130	PAEDIATRICS	20	LOW	205.8	461	2407.5	820.0	7.0	11.44	-4.44	12.20	-5.20	-0.17	-0.8%	0.19	3.6%	0.02	26.59	0.6%	0.6%	0.0%	100.0%	27.4%	3.9%	17.0%	0.0%	1.7%	2.4%	2.4%	47.0	47.0	0.1	0.0	0.1	0.7%	0.7%	5.0	5.0	0.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	232	1611.3	654.5	9.8	8.02	1.75	7.70	2.07	0.58	7.8%	0.12	3.1%	0.70	11.33	15.3%	12.5%	2.8%	52.9%	27.2%	3.4%	20.6%	0.4%	1.1%	1.7%	0.0%	32.0	28.0	1.2	0.9	0.3	-1.2%	-1.2%	9.8	65.5	55.8
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	320	2112.6	1350.5	10.8	10.11	0.71	15.48	-4.66	0.18	0.39%	2.11	7.79%	2.29	73.34	0.7%	0.7%	0.0%	80.0%	32.1%	13.6%	12.7%	0.0%	1.9%	1.8%	2.1%	53.0	52.0	0.0	0.0	0.0	-1.1%	-1.1%	0.0	0.0	0.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1001	2949.5	1593.5	4.5	10.11	-5.57	15.48	-10.94							1.5%	1.5%	0.0%	85.3%	27.4%	5.2%	15.0%	0.5%	2.0%	0.5%	4.2%	53.0	53.0	0.0	0.0	0.0	-2.1%	-2.1%	0.0	0.0	0.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	284	2228.8	556.0	9.8	9.11	0.70	11.01	-1.20	2.78	13.4%	-0.5	-9.6%	2.28	26.00	3.2%	3.2%	0.0%	69.9%	29.9%	4.2%	17.6%	0.0%	3.8%	4.3%	0.0%	41.0	38.0	0.0	0.0	0.0	-3.9%	-3.9%	0.0	0.0	0.0
	H35	OPHTHALMOLOGY	12	LOW	285.6	269	1517.5	320.5	6.8	11.20	-4.37	10.70	-3.87	1.18	43.5%	0.74	27.3%	1.92	13.84	5.7%	5.7%	0.0%	81.5%	27.1%	8.8%	15.3%	0.0%	1.6%	1.4%	0.0%	67.0	38.0	0.3	0.1	0.2	-0.8%	-0.8%	-134.0	44.0	178.0
	LABOUR	MATERNITY	16	LOW	369.5	290	5734.3	1286.0	24.2	10.11	14.10	15.48	8.73	-6.2	-45.3%	-2.11	-15.4%	-8.31	63.84	2.3%	2.3%	0.0%	102.9%	26.7%	7.1%	15.5%	0.3%	0.6%	1.4%	1.8%	38.0	38.0	0.2	0.1	0.1	-4.1%	-4.1%	0.0	7.5	7.5
	NEONATES	NEONATOLOGY	26	LOW	157.5	608	7681.8	327.0	13.2	13.26	-0.09	12.98	0.19	9.79	129.8%	1.4	18.6%	11.19	74.51	2.5%	2.5%	0.0%	80.3%	28.8%	5.5%	17.4%	0.5%	2.1%	1.4%	1.9%	39.0	38.0	0.0	0.0	0.0	0.0%	0.0%	0.0	0.0	0.0
	PAU	PAEDIATRICS	10	LOW	0.0	105	1411.0	0.0	13.4	11.44	2.00	12.20	1.24	0.24	2.3%	0	0.0%	0.24	10.44	3.5%	3.5%	0.0%	79.5%	18.6%	0.8%	14.9%	0.0%	1.5%	1.4%	0.0%	57.0	47.0	0.0	0.0	0.0	1.4%	1.4%	0.0	0.0	0.0
	PHDU	PAEDIATRICS	4	LOW	0.0	92	1435.5	113.5	16.8	11.44	5.40	12.20	4.64	0.53	4.6%	0	0.0%	0.53	11.66	2.9%	2.9%	0.0%	93.8%	27.4%	0.0%	16.1%	0.0%	3.4%	0.0%	7.9%	57.0	47.0	0.0	0.0	0.0	-7.3%	-7.3%	0.0	0.0	0.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	157.5	314	1462.3	732.3	7.0	7.76	-0.77	7.91	-0.92	-0.07	-0.9%	0.22	2.7%	0.15	20.22	6.7%	4.6%	2.1%	54.0%	31.5%	5.8%	22.5%	0.0%	1.4%	1.8%	0.0%	38.0	38.0	0.2	0.2	0.0	-5.1%	-5.1%	-121.0	32.0	153.0
	C29	REHABILITATION	15	LOW	147.0	457	1600.0	1899.0	7.7	7.69	-0.03	6.66	1.00	-0.16	-1.0%	1.59	10.1%	1.43	28.89	4.3%	4.3%	0.0%	58.1%	24.8%	6.0%	15.0%	0.0%	3.3%	0.5%	0.0%	46.0	46.0	0.7	0.6	0.1	2.3%	2.3%	50.5	67.5	17.0
	C30	CLINICAL ONCOLOGY	22	LOW	220.5	609	1716.3	1225.8	4.8	7.92	-3.09	7.14	-2.31	1.42	17.8%	1.19	14.9%	2.61	21.97	12.4%	9.7%	2.7%	63.1%	24.8%	7.3%	13.3%	0.0%	1.5%	2.7%	0.0%	52.0	46.0	0.7	0.5	0.2	-4.1%	-4.1%	114.5	151.0	36.5
	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	654	1758.1	1215.8	4.6	7.92	-3.37	7.14	-2.59	3.44	29.3%	2.13	18.1%	5.57	25.74	7.6%	6.4%	1.2%	38.8%	23.1%	1.8%	14.7%	0.0%	1.5%	1.6%	3.5%	40.0	37.0	0.1	0.1	0.0	-4.5%	-4.5%	-95.3	54.8	150.0
	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	632	1703.0	1118.0	4.5	7.92	-3.46	7.14	-2.68	1.04	10.8%	-0.04	-0.4%	1.00	23.57	8.1%	5.9%	2.2%	49.4%	28.4%	5.9%	16.9%	0.0%	1.4%	0.9%	3.3%	46.0	37.0	0.3	0.3	0.0	-1.9%	-1.9%	29.0	52.5	23.5
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	630	2521.1	1279.8	6.0	8.21	-2.18	7.23	-1.20	1.36	17.0%	-2.03	-25.4%	-0.67	35.44	2.4%	1.7%	0.7%	24.5%	38.5%	4.0%	12.6%	0.0%	1.9%	0.6%	19.4%	41.0	37.0	0.2	0.2	0.0	-0.9%	-0.9%	42.0	87.0	45.0
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10473.6	29389	133317.6	62367.5	6.70	8.84	-52.10	9.25	-72.18	132.78	12.3%	12.68	2.5%	158.06	1786.40	8.4%	7.1%	1.2%	59.3%	29.0%	5.7%	15.4%	0.6%	1.9%	2.6%	2.9%	44.3	38.7	11.3	8.1	3.2	-0.3%	-0.3%	1391.9	5139.0	3747.1

HEY NURSE STAFFING QUALITY INDICATORS

Dec-18

HR METRICS / IN PATIENT FALLS WITH HARM

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	STAFF APPRAISAL [85%]	STAFF RETENTION [90.7%]	OVERALL MAND. TRAINING [85%]	I.G. TRAINING [95%]	BLOOD TRANS. [85%]	FIRE TRAINING [85%]	RESUS TRAINING [85%]	TISSUE VIABILITY TRAINING [85%]	FALLS MODERATE MONTH	FALLS MODERATE YTD	FALLS SEVERE / DEATH MONTH	FALLS SEVERE / DEATH YTD	FALLS TOTALS MONTH	FALLS TOTALS YDT
MEDICINE	ED	ACUTE MEDICINE	NA	87.9%	86.9%	90.0%	92.0%	93.0%	90.0%	79.0%	87.0%					0	0
MEDICINE	AMU	ACUTE MEDICINE	45	86.4%	89.6%	92.0%	94.0%	92.0%	90.0%	76.0%	95.0%		1			0	1
MEDICINE	H1	ACUTE MEDICINE	22	91.7%	97.2%	91.0%	100.0%	96.0%	88.0%	58.0%	83.0%					0	0
MEDICINE	EAU	ELDERLY MEDICINE	21	96.8%	91.3%	97.0%	97.0%	94.0%	88.0%	85.0%	88.0%	2	3		5	2	8
MEDICINE	H5 / RHOB	RESPIRATORY	26	87.5%	94.1%	94.0%	97.0%	100.0%	82.0%	82.0%	84.0%					0	0
MEDICINE	H50	RENAL MEDICINE	19	85.7%	89.8%	90.0%	100.0%	95.0%	86.0%	86.0%	81.0%		1			0	1
MEDICINE	H500	RESPIRATORY	24	70.4%	79.0%	92.0%	88.0%	100.0%	92.0%	83.0%	79.0%					0	0
MEDICINE	H70	ENDOCRINOLOGY	30	64.3%	91.1%	86.0%	81.0%	65.0%	65.0%	73.0%	96.0%					0	0
MEDICINE	H8	ELDERLY MEDICINE	27	96.9%	88.1%	78.0%	87.0%	87.0%	67.0%	80.0%	83.0%		1			0	1
MEDICINE	H80	ELDERLY MEDICINE	27	93.8%	94.9%	93.0%	88.0%	100.0%	88.0%	88.0%	97.0%	1	2		2	1	4
MEDICINE	H9	PDU	30									1	4		1	1	5
MEDICINE	H90	ELDERLY MEDICINE	29	96.4%	94.7%	95.0%	94.0%	91.0%	88.0%	72.0%	88.0%		1		2	0	3
MEDICINE	H11	STROKE / NEURO	28	90.0%	90.8%	89.0%	89.0%	82.0%	71.0%	75.0%	64.0%		3			0	3
MEDICINE	H110	STROKE / NEURO	24	87.1%	86.2%	86.0%	79.0%	76.0%	79.0%	65.0%	82.0%		1			0	1
MEDICINE	CDU	CARDIOLOGY	9	66.7%	74.4%	79.0%	93.0%	87.0%	60.0%	60.0%	80.0%					0	0
MEDICINE	C26	CARDIOLOGY	26	61.1%	92.5%	86.0%	91.0%	97.0%	85.0%	70.0%	67.0%		1		1	0	2
MEDICINE	C28 /CMU	CARDIOLOGY	27	67.4%	85.1%	94.0%	89.0%	96.0%	94.0%	83.0%	64.0%					0	0
SURGERY	H4	NEURO SURGERY	28	79.3%	88.9%	80.0%	77.0%	87.0%	80.0%	70.0%	60.0%		1			0	1
SURGERY	H40	NEURO / TRAUMA	15	83.3%	90.3%	89.0%	88.0%	79.0%	85.0%	76.0%	82.0%					0	0
SURGERY	H6	ACUTE SURGERY	28	81.3%	94.4%	87.0%	79.0%	83.0%	72.0%	79.0%	79.0%		1			0	1
SURGERY	H60	ACUTE SURGERY	28	96.9%	94.9%	80.0%	81.0%	96.0%	77.0%	73.0%	77.0%					0	0
SURGERY	H7	VASCULAR SURGERY	30	85.7%	94.0%	87.0%	100.0%	81.0%	75.0%	53.0%	92.0%					0	0
SURGERY	H100	GASTRO	24	56.3%	95.4%	85.0%	88.0%	82.0%	85.0%	82.0%	67.0%					0	0
SURGERY	H12	ORTHOPAEDIC	28	94.4%	95.1%	94.0%	95.0%	100.0%	93.0%	90.0%	90.0%					0	0
SURGERY	H120	ORTHO / MAXFAX	22	86.2%	94.7%	95.0%	100.0%	97.0%	93.0%	90.0%	93.0%					0	0
SURGERY	HICU	CRITICAL CARE	22	83.8%	93.1%	90.0%	90.0%	94.0%	80.0%	81.0%	94.0%					0	0
SURGERY	C9	ORTHOPAEDIC	35	92.1%	94.0%	92.0%	83.0%	93.0%	78.0%	75.0%	83.0%					0	0
SURGERY	C10	COLORECTAL	21	70.8%	84.6%	80.0%	84.0%	88.0%	60.0%	72.0%	56.0%					0	0
SURGERY	C11	COLORECTAL	22	95.8%	90.6%	90.0%	96.0%	96.0%	63.0%	96.0%	81.0%					0	0
SURGERY	C14	UPPER GI	27	88.6%	96.7%	84.0%	87.0%	94.0%	52.0%	81.0%	81.0%					0	0
SURGERY	C15	UROLOGY	26	70.4%	84.8%	78.0%	77.0%	71.0%	71.0%	68.0%	77.0%		1			0	1
SURGERY	C27	CARDIOTHORACIC	26	95.0%	94.9%	91.0%	86.0%	86.0%	81.0%	75.0%	75.0%					0	0
SURGERY	CICU	CRITICAL CARE	22	80.2%	88.8%	91.0%	90.0%	94.0%	85.0%	82.0%	89.0%					0	0
FAMILY & WOMEN'S	C16	ENT / BREAST	30	96.7%	88.0%	95.0%	97.0%	77.0%	93.0%	83.0%	100.0%					0	0
FAMILY & WOMEN'S	H130	PAEDS	20	90.6%	85.7%	92.0%	91.0%	83.0%	94.0%	75.0%	62.0%					0	0
FAMILY & WOMEN'S	H30 CEDAR	GYNAECOLOGY	9	77.8%	100.0%	95.0%	95.0%	100.0%	95.0%	91.0%	100.0%					0	0
FAMILY & WOMEN'S	H31 MAPLE / H33 ROWAN	MATERNITY / MATERNITY	20 / 38	88.6%	94.7%	95.0%	97.0%	83.0%	87.0%	94.0%	91.0%					0	0
FAMILY & WOMEN'S	H34 ACORN	PAEDS SURGERY	20	86.7%	80.2%	99.0%	96.0%	100.0%	96.0%	100.0%	88.0%					0	0
FAMILY & WOMEN'S	H35	OPHTHALMOLOGY	12	94.4%	100.0%	95.0%	95.0%	95.0%	85.0%	80.0%	100.0%					0	0
FAMILY & WOMEN'S	LABOUR	MATERNITY	16	73.3%	98.3%	89.0%	92.0%	93.0%	84.0%	91.0%	79.0%					0	0
FAMILY & WOMEN'S	NEONATES	CRITICAL CARE	26	91.1%	87.0%	94.0%	92.0%	86.0%	91.0%	88.0%	96.0%					0	0
FAMILY & WOMEN'S	PAU	PAEDS	10	100.0%	96.0%	96.0%	100.0%	92.0%	100.0%	77.0%	85.0%					0	0
FAMILY & WOMEN'S	PHDU	CRITICAL CARE	4	85.7%	88.4%	95.0%	100.0%	100.0%	77.0%	92.0%	100.0%					0	0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	19	81.0%	100.0%	95.0%	100.0%	90.0%	100.0%	86.0%	90.0%		1			0	1
CLINICAL SUPPORT	C29	REHABILITATION	15	75.9%	94.4%	93.0%	89.0%	82.0%	86.0%	86.0%	71.0%		1			0	1
CLINICAL SUPPORT	C30	ONCOLOGY	22	94.1%	73.2%	87.0%	77.0%	100.0%	91.0%	86.0%	95.0%					0	0
CLINICAL SUPPORT	C31	ONCOLOGY	27	83.3%	90.4%	80.0%	76.0%	100.0%	68.0%	60.0%	96.0%					0	0
CLINICAL SUPPORT	C32	ONCOLOGY	22	70.4%	95.8%	86.0%	82.0%	100.0%	86.0%	73.0%	95.0%	2	2			2	2
CLINICAL SUPPORT	C33	HAEMATOLOGY	28	77.1%	95.4%	89.0%	81.0%	100.0%	81.0%	76.0%	78.0%					0	0
TOTALS :				84.1%	91.0%	89.6%	90.0%	90.7%	82.4%	79.1%	83.8%	6	25	0	11	6	36

ADMITTED WITH & HOSPITAL ACQUIRED PRESSURE ULCERS [AVOIDABLE AND UNAVOIDABLE]

WARD	MASD ADMITTED WITH MONTH	MASD ADMITTED WITH YTD	MASD HOSPITAL ACQUIRED MONTH	MASD HOSPITAL ACQUIRED YTD	GRADE 2 ADMITTED WITH MONTH	GRADE 2 ADMITTED WITH YTD	GRADE 2 HOSPITAL ACQUIRED MONTH	GRADE 2 HOSPITAL ACQUIRED YDT	GRADE 3 ADMITTED WITH MONTH	GRADE 3 ADMITTED WITH YTD	GRADE 3 HOSPITAL ACQUIRED MONTH	GRADE 3 HOSPITAL ACQUIRED YTD	GRADE 4 ADMITTED WITH MONTH	GRADE 4 ADMITTED WITH YTD	GRADE 4 HOSPITAL ACQUIRED MONTH	GRADE 4 HOSPITAL ACQUIRED YTD	DEEP TISSUE INJURY ADMITTED WITH MONTH	DEEP TISSUE INJURY ADMITTED WITH YTD	DEEP TISSUE INJURY HOSPITAL ACQUIRED MONTH	DEEP TISSUE INJURY HOSPITAL ACQUIRED YTD	UNSTAGEABLE ADMITTED WITH MONTH	UNSTAGEABLE ADMITTED WITH YTD	UNSTAGEABLE HOSPITAL ACQUIRED MONTH	UNSTAGEABLE HOSPITAL ACQUIRED YDT	DEVICE RELATED [TOTAL] MONTH	DEVICE RELATED [TOTAL] YTD	TOTALS ADMITTED WITH MONTH	TOTALS ADMITTED WITH YTD	TOTALS HOSPITAL ACQUIRED MONTH	TOTALS HOSPITAL ACQUIRED YDT	AVOIDABLE / REQUIRE RCA MONTH	AVOIDABLE / REQUIRE RCA YDT	RCA Outstanding
ED					87	738			6	82			2	24			30	202	1	1	18	182			1	1	143	1228	1	1			1
AMU					5	58				5			1	2			8	23		1	2	17					16	105	0	1			
H1						8																1					0	9	0	0			
EAU					14	78			0	3			0	2			3	24			2	20					19	127	0	0			
H5 / RHOB					1	7	1	8	0	1							0	2		2				2		4	1	10	1	12			
H50					0	8		1					0	1			2	3		1	0	1					2	13	0	2			
H500					1	8	1	2									6	10			2	6					9	24	1	2			
H70					0	10		2									0	1			0	1		2			0	12	0	4		1	1
H8								5									0	3		2				1			0	3	0	8			
H80					0	2		3												3			1	3		2	0	2	1	9	1	1	
H9					1	4	1	1																			1	4	1	1			
H90					0	6		2					0	2			0	2		1							0	10	0	3			
H11	1	2						4												1						1	1	2	0	5		1	
H110					0	9	2	2	0	3		1					0	1	1	3				1		1	0	13	3	7			
CDU						2																					0	2	0	0			
C26						1	2	3										1		1				1		1	0	2	2	5	1	1	
C28 /CMU					1	4	3	6														1					1	5	3	6			1
H4					1	7	1	2	0	1											0	1		1	1	1	1	9	1	3		1	
H40					0	2		3													0	1	1	3	1	5	0	3	1	6			
H6					0	1	1	1									0	2									0	3	1	1			
H60					0	3							0	1													0	4	0	0			
H7					4	29		3	0	1							0	1		4	3	15		1		4	7	46	0	8			
H100					1	3		8												2						2	1	3	0	10			
H12					1	4		3				1					0	4		1						2	1	8	0	5			
H120					2	4		5											1	2	1	1		2	1	4	3	5	1	9	1	1	
HICU								2									0	3	2	7	0	2		1		6	0	5	2	10			
C9					0	3	2	4									0	1									0	4	2	4			1
C10							1	1												2							0	0	1	3			
C11					0	1			0	2			0	1							0	1					0	5	0	0			
C14								2												1						1	0	0	0	3			
C15					1	8	3	3	1	2			1	1			1	2		2	1	4	2	2			5	17	5	7			3
C27					1	1		1									0	1			1	1					2	3	0	1			
CICU					0	1	1	2									1	1		4				1	1	3	1	2	1	7			
C16																											0	0	0	0			
H130																											0	0	0	0			
H30 CEDAR																											0	0	0	0			
H31 MAPLE																											0	0	0	0			
H33 ROWAN																											0	0	0	0			
H34 ACORN																											0	0	0	0			
H35					0	6		2					0	1													0	7	0	2			
LABOUR																											0	0	0	0			
NEONATES								1																		1	0	0	0	1			
PAU																											0	0	0	0			
PHDU																											0	0	0	0			
C7								2	0	2																	0	2	0	2			
C29							1	3																1		1	0	0	1	4			
C30					2	24		4									1	5		1	0	7		1		1	3	36	0	6		1	
C31					3	18	1	1					0	2			1	11		4	3	15					7	46	1	5			1
C32					4	28			1	1			0	1			1	1		2			1	1			6	31	1	3			
C33					1	13	1	3									0	4		1	0	5		1			1	22	1	5		1	
TOTALS :	1	2	0	0	131	1099	22	95	8	103	0	2	4	38	0	0	54	308	5	49	33	282	5	25	5	41	231	1832	32	171	3	8	8