

TRUST BOARD REPORT – 2016 – 1 - 10	
Meeting date:	Thursday 28 th January 2016
Title:	Nursing and Midwifery Staffing
Presented by:	Mike Wright, Executive Chief Nurse
Author:	Mike Wright, Executive Chief Nurse
Purpose:	<p>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.</p> <p>Also, this report provides the outcome of the latest review of nursing and midwifery staffing levels, which is the second this financial year, in accordance with the requirements of the National Quality Board.</p>
Recommendation(s):	<p>The Trust Board is requested to:</p> <ul style="list-style-type: none"> • Receive this report • Decide if any if any further actions and/or information are required. • Recognise and thank staff for their efforts during the challenging winter period.

**HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD MEETING 28th JANUARY 2016**

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) and The Care Quality Commission.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in November 2015 (October 2015 position). This report presents the position as at the end of December 2015. This report confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff.

Also, this report provides the outcome of the latest review of nursing and midwifery staffing levels, which is the second this financial year, in accordance with the requirements of the National Quality Board.

The Trust Board is requested to:

- Receive this report
- Decide if any further actions and/or information are required.
- Recognise and thank staff for their efforts during the challenging winter period.

3. EXPECTATION 7

Expectation 7 of the NQB’s standards requires Trust Boards to:

- receive monthly updates¹ on workforce information, and that;
- staffing capacity and capability is discussed at a Trust Board meeting in public at least every six months on the basis of a full nursing and midwifery establishment review. This second part was last presented to the Trust Board in June 2015.

The first specific requirement of Expectation 7 is for provider trusts to upload the staffing levels for all inpatient areas on a monthly basis into the national reporting database (UNIFY 2). These are then published via the NHS Choices Website.

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (non-registered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust’s web page:

<http://www.hey.nhs.uk/openandhonest/saferstaffing.htm>

These data are summarised, as follows:

3.1 Planned versus Actual Staffing levels.

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One**.

¹ When Trust Boards meet in public

Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	82.56%	95.37%	83.21%	93.09%
Jun-14	88.09%	91.96%	91.61%	94.20%
Jul-14	83.41%	87.43%	84.35%	95.62%
Aug-14	83.58%	89.43%	84.39%	95.77%
Sep-14	84.34%	88.59%	84.36%	102.98%
Oct-14	81.38%	87.54%	85.37%	102.49%
Nov-14	85.35%	90.26%	84.30%	101.38%
Dec-14	79.48%	87.57%	80.51%	96.37%
Jan-15	80.99%	87.74%	83.22%	96.76%
Feb-15	80.46%	84.55%	82.57%	96.31%
Mar-15	79.54%	85.38%	81.81%	98.77%
Apr-15	81.36%	90.39%	82.99%	104.79%
May-15	84.21%	94.33%	87.57%	102.19%
Jun-15	84.03%	92.79%	85.01%	102.89%
Jul-15	83.69%	93.80%	86.28%	103.37%
Aug-15	81.13%	90.95%	83.91%	103.18%
Sep-15	79.77%	84.90%	80.54%	91.38%
Oct-15	84.05%	97.36%	85.85%	98.36%
Nov-15	84.48%	94.74%	85.17%	95.08%
Dec-15	85.39%	97.92%	86.99%	105.33%

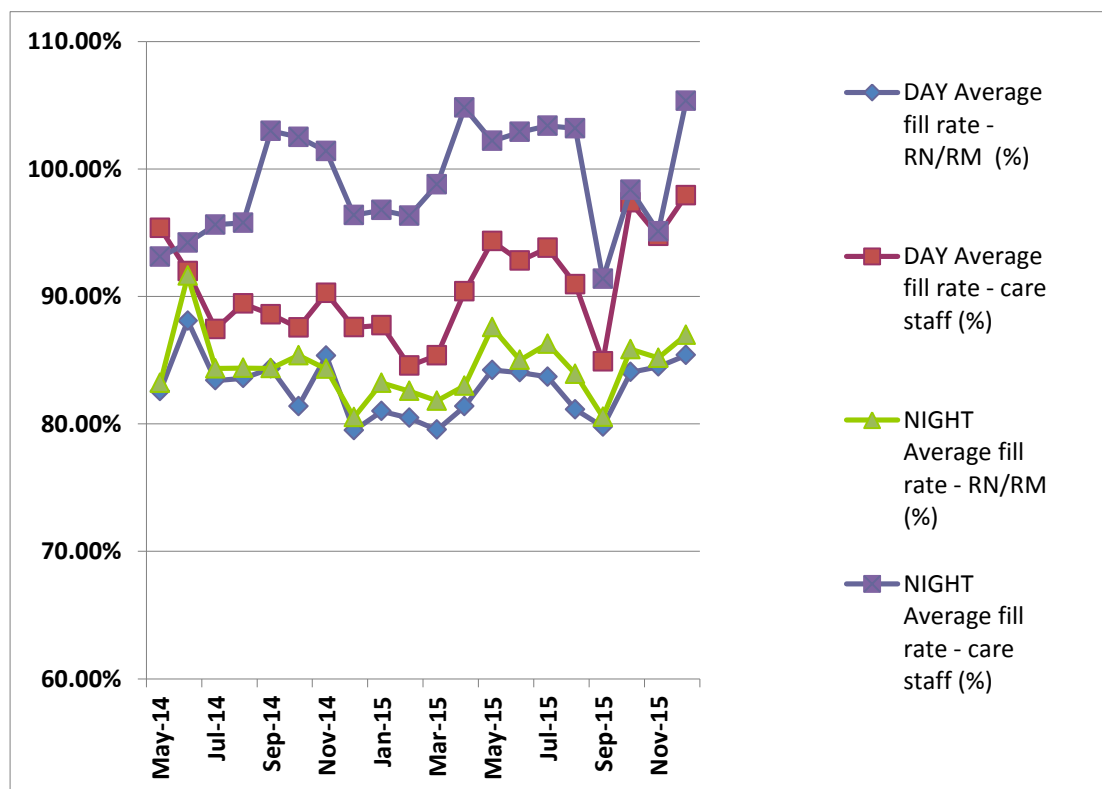
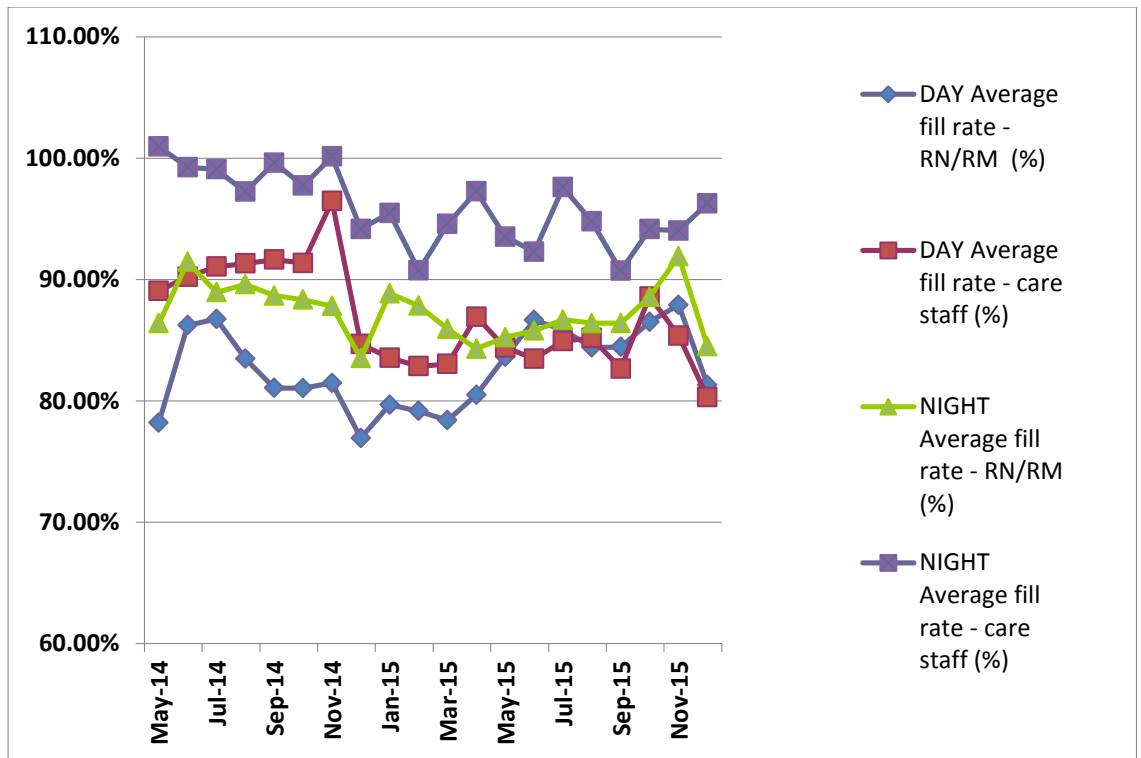


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
May-14	78.19%	89.06%	86.38%	100.95%
Jun-14	86.23%	90.22%	91.44%	99.24%
Jul-14	86.74%	91.05%	88.95%	99.08%
Aug-14	83.47%	91.32%	89.61%	97.23%
Sep-14	81.05%	91.63%	88.67%	99.62%
Oct-14	81.04%	91.36%	88.33%	97.73%
Nov-14	81.47%	96.46%	87.80%	100.13%
Dec-14	76.92%	84.67%	83.50%	94.15%
Jan-15	79.67%	83.55%	88.85%	95.47%
Feb-15	79.15%	82.84%	87.84%	90.74%
Mar-15	78.39%	83.03%	85.92%	94.57%
Apr-15	80.48%	86.92%	84.29%	97.26%
May-15	83.63%	84.39%	85.23%	93.52%
Jun-15	86.65%	83.46%	85.77%	92.28%
Jul-15	85.85%	84.93%	86.68%	97.59%
Aug-15	84.40%	85.16%	86.39%	94.77%
Sep-15	84.44%	82.65%	86.39%	90.71%
Oct-15	86.50%	88.58%	88.56%	94.14%
Nov-15	87.90%	85.36%	91.91%	94.03%
Dec-15	81.31%	80.29%	84.50%	96.26%



As can be seen, fill rate numbers continue to improve steadily at HRI but with an associated dip at CHH in December 2015. This reflects two things in the main:

- staff were moved from elective in-patient areas at CHH to support wards at HRI and extra winter capacity on H10 and CDU
- holiday allowance in some elective services

The twice-daily safety briefs continue, led by a Health Group Nurse Director or site Matron in order to ensure at least minimum safe staffing in all areas. This includes the use of bank and agency staff where possible. The Trust's use of agency nurses as at the end of December was 1.1% of total spend, which is well within the upper limit of 3% set by NHS England and the TDA. In addition, nurses from corporate teams and, also, specialist nurses have worked flexibly to provide extra support to wards during the very busy winter period, which continues.

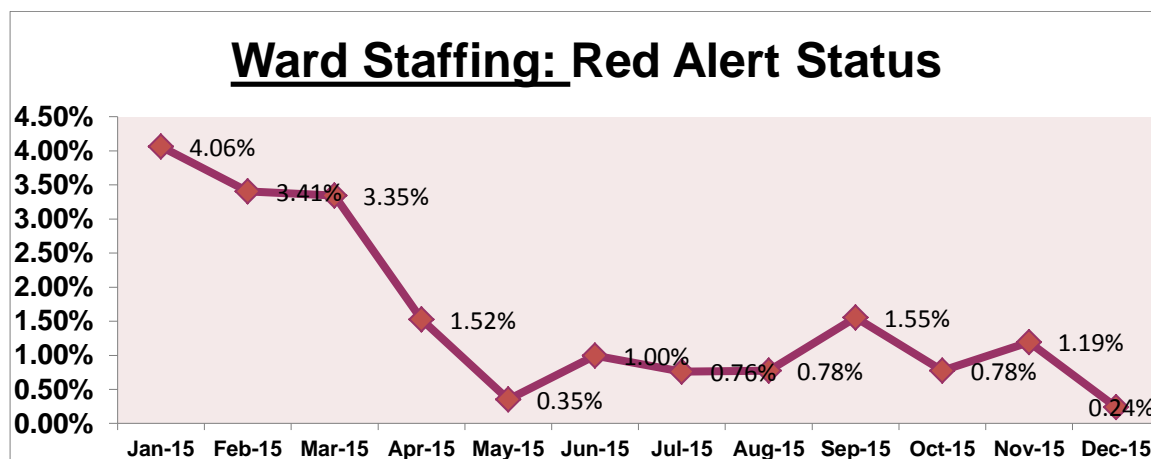
It is positive to report that the Emergency Department has only 2 Registered Nurse vacancies currently and no non-registered vacancies.

However, the Trust remains challenged and some pressures remain in recruiting to optimal staffing levels. 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 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

At the time of writing this report, (23rd January 2016), 55 extra capacity beds have been utilised on the HRI site. This is in addition to some medical outlying patients on gynaecology, ophthalmology, neurosurgery and surgical wards. Balancing the needs of all of these areas remains challenging to achieve at all times.

The following table provides information on the number of occasions that staff have declared their wards unsafe (Red Alert), ahead of a safety brief. These are the times over each month that this rating has been allocated represented as a percentage of the total number of assessments in that month. This remains relatively low.



The areas that remain particularly tight for staff on occasions are:

- H70 – still has 4 x RN vacancies, a lot of new staff and is a very complex medical and endocrinology ward. There have been some quality concerns on this ward recently.
- H8 – which is up to full establishment now but has 10 RN's with less than 1 years experience so these staff are requiring lots of developmental support. There have been some quality concerns on this ward recently.
- H11 – Stroke – although these are improving
- C28 - Cardiology
- C30 - Oncology
- C31 - Oncology

Recruitment efforts continue and some wards have over-recruited to non-registered staff (within budget) to compensate for RN shortfalls in some areas. In addition, a number of wards are trialling the use of new types of roles to help assist and release registered nursing time. These include:

- Ward personal assistants (A&C grades) to help with all of the administrative duties of a ward team, particularly that the senior ward sister/charge nurse.
- Discharge facilitators (AfC Band 3) to help organise and facilitate effective and timely discharge of patients
- Ward hygienists – to help clean ward equipment, which falls under the remit of ward nursing teams as opposed to those domestic services staff

The impact of these is under review to determine their impact.

However, it is important for the Trust Board to recognise that nursing and midwifery staff are very stretched in some areas and are working to capacity. Their dedication, flexibility and commitment to patients and the organisation during these challenging times should be recognised and they are to be thanked for their continuing hard work and efforts. Some staff have also stepped beyond their 'comfort zone' to work in areas that are not their speciality. This is undertaken with good grace but has also been difficult for some. Senior nurses and senior midwives continue to support the ward teams as best they can.

4. LORD CARTER OF COLES' PRODUCTIVITY AND EFFICIENCY REVIEW

The Trust is one of 32 hospitals working with Lord Carter's team to look at productivity and efficiency improvements. As part of this work, the national team is looking to introduce a new dashboard of safer staffing indicators. Along with other trusts, the Trust submitted data to Lord Carter's team for the month of October 2015 to help with the establishment of this, although the results of this work have not yet been released.

5. NURSING AND MIDWIFERY ESTABLISHMENT REVIEW – DECEMBER 2015

The second review of nursing and midwifery establishments took place at the end of December 2015. The summary results of this work are provided at **Appendix Two**. The methodology followed was, as follows:

- Review existing establishments
- Apply an 'accredited tool' as a guide to consider current patient workload, flow and patient case-mix (column N)
- Consider the physical/geographical requirements of the area

- Consider other ward activity, e.g. ward attenders, admissions and discharges, patients to/from theatre, etc.
- Consider the experience of the nursing/midwifery teams and the registered to non-registered components (skill-mix)
- Compare and contrast the current establishment against the most recent assessment to determine if any changes need to be made.
- Apply a pragmatic senior nursing/midwifery overview and assessment to determine final numbers and skill mix.

The outcomes of this work are summarised, as follows:

- Ward establishments are funded appropriately and no additional funding is being sought at this time
- The changes or subtle adjustments are listed in the comments box. This demonstrates the assessment and oversight that the senior nurses and midwives are providing to this area of work.

As Chief Nurse, I am satisfied that this work is robust. Also, I have personal oversight of nursing and midwifery staffing levels on a daily basis. In addition, nurse directors escalate any concerns or issues to me in a timely manner.

As part of the recent upgrade to the e-rostering system to the latest version of the software, the Trust has purchased an additional module, SafeCare, which will provide real-time 24/7 access (via phone, Web or tablet device) to all nursing and midwifery rotas and, also, patient acuity/dependency levels on wards. This will also take away all of the manual 'churn' associated with validating and submitting staffing returns, which falls currently to the Chief Nurse and Nurse Directors. This is due to be implemented over the next financial year and will commence as soon as the overall software has been updated.

7. SUMMARY

The Trust continues to meet its obligations under the National Quality Board's Ten Expectations. This includes reviewing nursing and midwifery establishment at least twice a year using accredited tools to assist with this. Nursing and Midwifery staffing establishments are set and financed at good levels in the Trust. However, the challenges remain around recruitment and, whilst this is improving steadily, risks remain in terms of the available supply of registered nurses. This is a well-known issue both locally and nationally. Recruitment efforts continue.

Some wards are facing some fill-rate challenges although these are improving steadily. However, these are risk assessed and re-balanced twice a day to ensure at least minimum staffing levels, although it must be recognised that some wards are under pressure during the challenging winter period.

8. ACTION REQUESTED OF THE TRUST BOARD

The Trust Board is requested to:

- Receive this report
- Decide if any further actions and/or information are required.
- Recognise and thank staff for their efforts during the challenging winter period.

Mike Wright
Executive Chief Nurse
January 2016

Appendix One: HEY Safer Staffing Report – December 2015

Appendix Two: HEY Ward Staffing Establishment Review – December 2015

HEY SAFER STAFFING REPORT DEC - 15

HEY SAFER STAFFING REPORT DEC - 15																																
NURSE STAFFING				ACUITY MONITORING [AVERAGE]										HIGH LEVEL QUALITY INDICATORS <small>[which may or maynot be linked to nurse staffing]</small>																		
HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	MONTHLY AVERAGE		DAY		NIGHT		PATIENT TO RN RATIO			ACUITY MONITORING [AVERAGE]					HIGH LEVEL			FALLS			HOSPITAL ACQUIRED PRESSURE DAMAGE				QUALITY INDICATOR TOTAL				
				Supervisory Charge Nurse	Nurse Staffing Red Alert Status	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	EARLY SHIFT [8:1]	LATE SHIFT [8:1]	NIGHT SHIFT [10:1]	0	1a	1b	2	3	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	GRADE 2	GRADE 3	GRADE 4		DEEP TISSUE INJURY	UNSTAGEABLE	PRESSURE SCORE TOTAL	
MEDICINE	ED	ACUTE MEDICINE	NA	35%	6%	94%	72%	95%	90%	4:1	4:1	4:1	46%	1%	53%	0%	0%	3	1	1	1	1	1	1	1	1	1	1	6			
	AMU	ACUTE MEDICINE	45	84%	0%	97%	95%	97%	97%	6:1	6:1	5:1	69%	10%	20%	0%	0%	1	1	1	2	2	2	1	1	1	1	6				
	H1	ACUTE MEDICINE	22	23%	0%	76%	99%	100%	103%	9:1	11:1	7:1	55%	15%	29%	0%	0%	1	1	1	1	1	1	1	1	1	1	2				
	EAU	ELDERLY MEDICINE	21	29%	0%	99%	97%	132%	100%	6:1	6:1	6:1	46%	1%	53%	0%	0%	4	2	1	3	3	3	1	1	2	3	12				
	H5	RESPIRATORY	24	13%	0%	92%	110%	100%	100%	8:1	10:1	7:1	36%	29%	35%	0%	0%	1	1	1	1	1	1	1	1	1	1	5				
	RHOB	RESPIRATORY	6	10%	0%	88%	102%	76%	97%	3:1	4:1	2:1	0%	1%	2%	97%	0%	0	0	0	0	0	4	4	4	0	0	0				
	H50	RENAL MEDICINE	19	10%	0%	78%	94%	98%	100%	6:1	8:1	6:1	59%	1%	40%	0%	0%	1	1	1	1	1	1	1	1	1	1	3				
	H500	RESPIRATORY	24	32%	0%	82%	92%	102%	95%	8:1	9:1	8:1	65%	1%	33%	1%	0%	1	1	1	1	1	1	3	3	3	3	4				
	H70	ENDOCRINOLOGY	30	16%	0%	100%	90%	107%	103%	7:1	8:1	10:1	35%	7%	58%	0%	0%	3	1	1	1	1	1	1	1	1	2	6				
	H8	ELDERLY MEDICINE	27	35%	0%	87%	103%	67%	106%	7:1	8:1	9:1	21%	3%	76%	0%	0%	1	1	1	2	1	3	2	2	1	3	7				
	H80	ELDERLY MEDICINE	27	13%	0%	78%	89%	67%	100%	8:1	9:1	9:1	15%	2%	83%	0%	0%	1	1	1	4	1	4	1	1	1	1	6				
	H9	ELDERLY MEDICINE	31	16%	0%	68%	97%	71%	102%	9:1	10:1	10:1	15%	3%	78%	5%	0%	1	1	1	2	1	3	2	2	2	2	7				
	H90	ELDERLY MEDICINE	29	29%	3%	66%	91%	67%	98%	8:1	10:1	10:1	34%	0%	66%	0%	0%	1	1	1	1	1	2	2	2	0	0	4				
	H11	STROKE / NEUROLOGY	28	48%	0%	68%	110%	68%	98%	8:1	8:1	9:1	44%	9%	46%	1%	0%	1	1	1	1	1	0	4	4	1	5	6				
	H110	STROKE / NEUROLOGY	24	6%	0%	87%	93%	91%	95%	5:1	6:1	6:1	28%	12%	60%	1%	0%	1	1	1	1	1	0	4	4	1	0	2				
CDU	CARDIOLOGY	9	13%	0%	72%	59%	100%	100%	5:1	6:1	9:1	31%	69%	0%	0%	0%	1	1	1	1	1	1	1	1	1	0	1					
C26	CARDIOLOGY	26	39%	0%	71%	78%	80%	97%	6:1	7:1	7:1	38%	26%	28%	8%	0%	1	1	1	1	1	1	1	1	1	0	2					
C28	CARDIOLOGY	17	26%	0%	84%	103%	100%	100%	7:1	7:1	6:1	21%	31%	47%	1%	0%	1	1	1	1	1	0	4	4	1	0	1					
CMU	CARDIOLOGY	10	23%	0%	79%	102%	74%	52%	2:1	3:1	3:1	0%	23%	27%	50%	2%	0	0	0	0	0	0	0	0	0	0	0					
H4	NEURO SURGERY	30	19%	0%	84%	77%	69%	200%	6:1	8:1	7:1	59%	1%	40%	0%	0%	1	1	1	1	1	0	0	0	0	0	2					
H40	NEURO HOB / TRAUMA	15	26%	0%	73%	112%	82%	85%	8:1	9:1	9:1	33%	1%	66%	0%	0%	1	1	1	1	1	0	0	0	0	0	2					
H6	ACUTE SURGERY	28	16%	3%	107%	117%	99%	113%	5:1	6:1	4:1	10%	56%	34%	0%	0%	3	3	1	1	1	1	1	1	1	0	4					
H60	ACUTE SURGERY	28	26%	0%	89%	81%	85%	171%	7:1	9:1	8:1	53%	7%	40%	0%	0%	1	1	1	1	1	0	0	0	0	0	1					
H7	VASCULAR SURGERY	30	19%	0%	88%	85%	86%	155%	7:1	9:1	8:1	51%	8%	41%	0%	0%	1	1	1	1	1	1	1	1	1	0	3					
H100	GASTROENTEROLOGY	24	29%	0%	76%	110%	79%	102%	7:1	8:1	9:1	56%	8%	36%	0%	0%	1	1	1	1	1	1	1	1	1	1	2					
H12	ORTHOAEDIC	28	10%	0%	142%	136%	158%	85%	7:1	9:1	7:1	17%	3%	79%	0%	0%	1	1	1	1	1	1	1	1	1	1	2					
H120	ORTHO / MAXFAX	22	23%	0%	68%	106%	112%	100%	6:1	7:1	6:1	23%	14%	63%	0%	0%	1	1	1	1	1	0	2	2	2	1	3					
HICU	CRITICAL CARE	22	71%	0%	81%	62%	79%	130%	2:1	2:1	2:1	0%	1%	1%	54%	44%	0	0	0	0	0	1	1	1	1	1	1					
C8	ORTHOAEDIC	18	10%	0%	84%	85%	79%	110%	6:1	7:1	6:1	59%	4%	37%	0%	0%	1	1	1	1	1	0	0	0	0	0	0					
C9	ORTHOAEDIC	29	26%	0%	84%	74%	89%	97%	6:1	8:1	6:1	63%	1%	35%	0%	0%	1	1	1	1	1	1	1	1	1	1	2					
C10	COLORECTAL	21	23%	0%	79%	73%	76%	94%	7:1	9:1	8:1	61%	3%	36%	0%	0%	1	1	1	1	1	0	0	0	0	0	0					
C11	COLORECTAL	22	26%	0%	91%	64%	86%	86%	7:1	8:1	8:1	70%	2%	29%	0%	0%	1	1	1	1	1	1	1	1	1	1	1					
C14	UPPER GI	27	19%	0%	81%	96%	75%	94%	6:1	6:1	7:1	41%	0%	59%	0%	0%	1	1	1	1	1	1	1	1	1	1	2					
C15	UROLOGY	26	26%	0%	56%	52%	81%	94%	7:1	9:1	7:1	43%	26%	31%	0%	0%	1	1	1	1	1	1	1	1	1	0	1					
C27	CARDIOTHORACIC	26	23%	0%	77%	85%	103%	106%	8:1	9:1	9:1	50%	0%	50%	0%	0%	1	1	1	1	1	0	0	0	0	0	0					
CICU	CRITICAL CARE	22	77%	0%	83%	59%	83%	94%	2:1	2:1	2:1	0%	2%	4%	54%	41%	0	0	0	0	0	0	0	0	0	0	0					
C16	ENT / BREAST	30	26%	0%	78%	56%	85%	126%	10:1	11:1	9:1	58%	25%	16%	2%	0%	2	2	2	2	2	0	1	1	1	3						
H130	PAEDS	20	16%	0%	90%	68%	84%	84%	5:1	6:1	5:1	40%	4%	56%	0%	0%	1	1	1	1	1	0	0	0	0	0	1					
H30 CEDAR	GYNAECOLOGY	9	23%	0%	90%	104%	95%	100%	5:1	5:1	5:1	97%	2%	1%	0%	0%	2	2	2	2	2	0	0	0	0	0	0					
H31 MAPLE	MATERNITY	22	26%	0%	100%	84%	84%	83%	5:1	6:1	6:1	94%	4%	3%	0%	0%	1	1	1	1	1	0	0	0	0	0	2					
H33 ROWAN	MATERNITY	35	39%	0%	93%	88%	89%	77%	5:1	5:1	7:1	100%	0%	0%	0%	0%	1	1	1	1	1	0	0	0	0	0	1					
H34 ACORN	PAEDS SURGERY	20	42%	0%	74%	77%	84%	183%	6:1	7:1	7:1	82%	1%	17%	0%	0%	1	1	1	1	1	1	1	1	1	0	2					
H35	OPHTHALMOLOGY	12	10%	0%	75%	65%	100%	100%	6:1	6:1	6:1	59%	8%	33%	0%	0%	1	1	1	1	1	0	0	0	0	0	1					
LABOUR	MATERNITY	26	68%	0%	95%	115%	91%	71%	3:1	3:1	3:1	82%	13%	4%	2%	0%	2	2	2	2	2	0	1	1	1	4						
NEONATES	CRITICAL CARE	26	32%	0%	84%	118%	83%	116%	3:1	3:1	2:1	6%	0%	48%	27%	19%	0	0	0	0	0	0	0	0	0	0	4					
PAU	PAEDS	10	35%	0%	97%	97%	98%	100%	5:1	5:1	5:1	77%	0%	23%	0%	0%	1	1	1	1	1	0	0	0	0	0	0					
PHDU	CRITICAL CARE	4	35%	0%	104%	104%	100%	100%	2:1	2:1	2:1	0%	1%	11%	88%	0%	1	1	1	1	1	0	0	0	0	0	1					
H10	WINTER WARD	27	13%	0%	85%	94%	80%	103%	7:1	7:1	8:1	62%	5%	33%	0%	0%	3	3	3	3	3	0	0	0	0	0	4					
C20	INFECTIOUS DISEASE	19	13%	0%	96%	67%	77%	145%	6:1	7:1	6:1	65%	0%	35%	0%	0%	1	1	1	1	1	0	1	1	1	1	2					
C29	REHABILITATION	15	29%	0%	91%	87%	98%	103%	6:1	8:1	5:1	27%	8%	61%	5%	0%	0	0	0	0	0	0	0	0	0	0	0					
C30	ONCOLOGY	22	26%	0%	117%	94%	68%	100%	7:1	8:1	7:1	53%	3%	41%	3%	0%	0	0	0	0	0	0	0	0	0	0	0					
C31	ONCOLOGY	27	26%	0%	85%	123%	100%	66%	8:1	9:1	9:1	45%	3%	51%	0%	0%	0	0	0	0	0	0	0	0	0	0	0					
C32	ONCOLOGY	22	32%	0%	98%	99%	100%	103%	7:1	8:1	7:1	22%	1%	77%	0%	0%	2	2	2	2	2	0	0	0	0	0	2					
C33	HAEMATOLOGY	28	6%	0%	70%	100%	97%	102%	6:1	6:1	7:1	33%	17%	50%	0%	0%	1	1	1	1	1	1	1	1	1	0	2					
AVERAGE:				27.1%	0.2%	AVERAGE:				6:1	7:1	7:1	43%	9%	38%	7%	2%	TOTALS:	30	17	16	32	4	0	36	27	1	0	7	1	36	135

Dec-15		DAY		NIGHT		TOTALS:	
SAFER STAFFING OVERALL PERFORMANCE		Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)		
HRI SITE		85.4%	97.9%	87.0%	105.3%		
CHH SITE		81.3%	80.3%	84.5%	96.3%		