HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	6th June 2017		Reference Number	2017 – 5 – 9	
Director	Mike Wright – Chief Nurse		Author	Mike Wright – Chief Nurse	
Reason for the report	The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations) and the Care Quality Commission				
Type of report	Concept paper		Strategic options		Business case	
	Performance		Information	✓	Review	

1	RECOMMENDATIONS
	The Trust Board is requested to: • Receive this report • Decide if any if any further actions and/or information are required
2	**KEY PURPOSE:**
	Decision | | Approval | | Discussion |
	Information | | Assurance | ✓ | Delegation |
3	**STRATEGIC GOALS:**
	Honest, caring and accountable culture ✓
	Valued, skilled and sufficient staff ✓
	High quality care ✓
	Great local services
	Great specialist services
	Partnership and integrated services
	Financial sustainability
4	**LINKED TO:**
	CQC Regulation(s): E4 – Staff, teams and services to deliver effective care and treatment
	Assurance Framework Ref: Q1, Q3 | Raises Equalities Issues? N | Legal advice taken? N | Raises sustainability issues? N
5	**BOARD/BOARD COMMITTEE REVIEW** The report is a standing agenda item at each Board meeting.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations)[1,2] and the Care Quality Commission.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in May 2017 (March 2017 position).

In July 2016, the National Quality Board updated its guidance for provider Trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.

This report presents the 'safer staffing' position as at 30th April 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff[3].

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL RATES

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

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

These data are summarised, as follows:

3.1 Planned versus Actual staffing levels

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One** (data source: Allocate e-roster software & HEY Safety Brief). This appendix now includes some of the new metrics that is understood will be included in Lord Carter's Model Hospital dashboard, when this is made available with up to date information. These additions are: Care Hours Per Patient Day (CHPPD), annual leave allocation, sickness rates by ward and nursing and care assistant vacancy levels by ward.

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[1] National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*
[2] National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing
[3] When Trust Boards meet in public

The inclusion of all of these additional sets of data is in its early stages. Over time, it is anticipated that this will help determine more comprehensively what impact nursing and midwifery staffing levels have on patient care and outcomes.

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

Fig 1: Hull Royal Infirmary

HRI	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
Apr-16	80.86%	88.23%	85.26%	103.39%
May-16	80.58%	91.24%	86.70%	105.93%
Jun-16	80.25%	89.41%	85.20%	102.22%
Jul-16	82.28%	90.96%	86.30%	103.33%
Aug-16	80.56%	89.30%	87.74%	99.85%
Sep-16	86.38%	93.40%	93.28%	101.70%
Oct-16	88.51%	100.79%	90.58%	106.38%
Nov-16	91.30%	97.10%	95.70%	107.30%
Dec-16	91.23%	100.10%	97.00%	100.76%
Jan-17	93.00%	103.50%	99.10%	101.10%
Feb-17	90.10%	98.10%	94.80%	100.30%
Mar-17	86.80%	95.90%	89.60%	102.10%
Apr-17	85.20%	97.61%	89.15%	102.19%
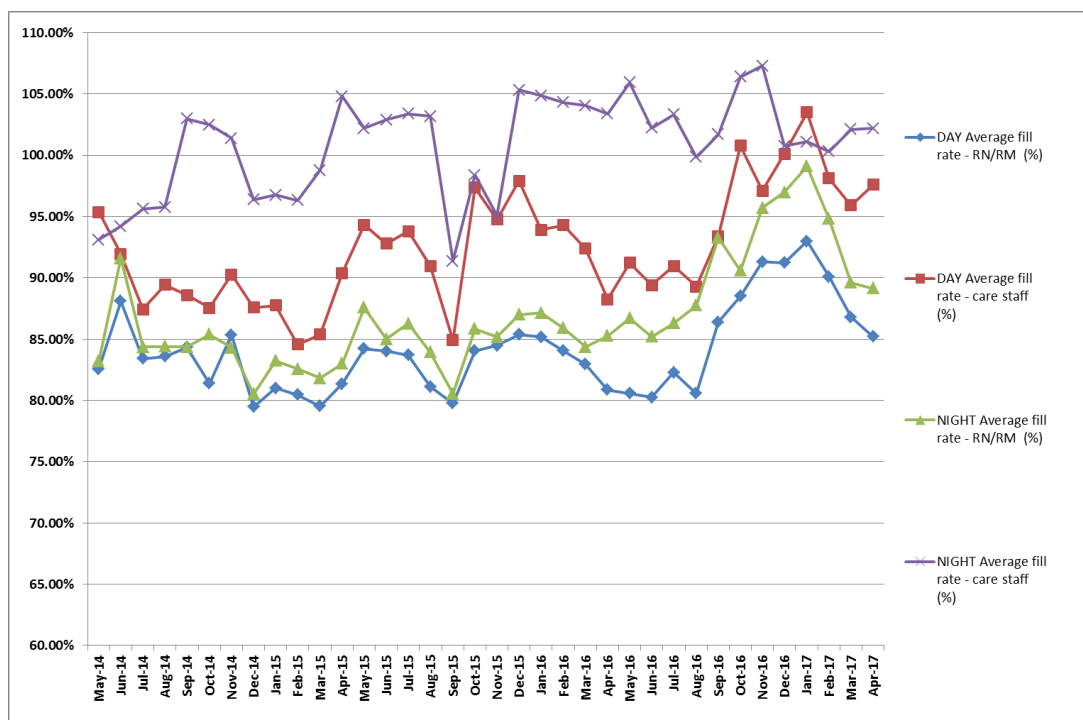
Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
Apr-16	81.96%	85.40%	90.34%	97.19%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%
Sep-16	85.02%	96.52%	93.61%	97.09%
Oct-16	86.70%	99.59%	88.79%	106.24%
Nov-16	89.60%	99.10%	96.80%	108.00%
Dec-16	92.79%	93.03%	96.70%	98.50%
Jan-17	87.90%	93.70%	92.90%	102.90%
Feb-17	84.80%	94.20%	88.90%	115.30%
Mar-17	82.70%	99.90%	88.80%	104.30%
Apr-17	83.71%	103.40%	88.41%	111.16%
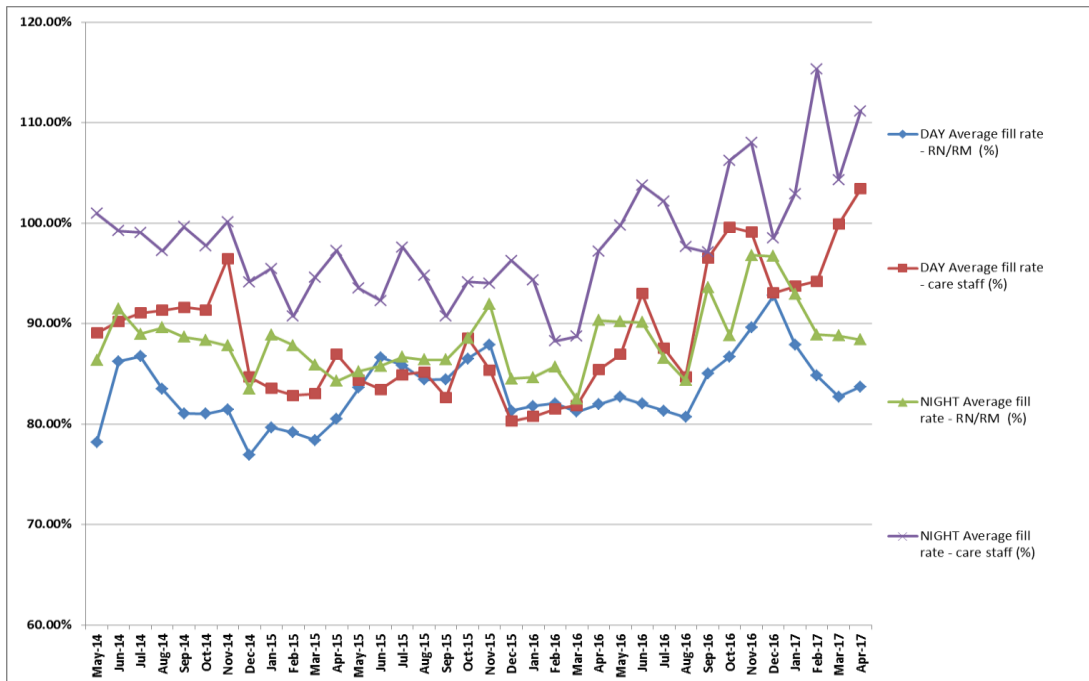
Fill rates at HRI remain slightly higher than those for CHH, however there has been a reduction in the fill rates at HRI compared to previous months. This reflects a number of issues, which include:

- Inpatient vacancy rates which are approximately circa of 120 wte Registered Nurses (RN)
- Winter Ward
- Sickness levels increased from 4.9% the previous month to 5.3% during April.
- There is also some compensation with HCA's being recruited to help fill RN vacancy gaps
- The needs for some patients to have 1:1 supervision due to their care needs

Work continues with recruitment for Registered Nurses. 145 student nurses are currently being pursued by the Trust from the University of Hull. A further two recruitment exercises have been undertaken which has resulted in 12 student nurses from other Universities being pursued.

In addition, the Trust is currently exploring with the University of Hull the possibility of increasing the number of student placements in September 2017 by a further 50 places. The Trust is currently exploring its capacity to provide mentorship to support additional student placement

From the perspective of the Trusts International Recruitment campaign the Trust has successfully interviewed 61 candidates from the Philippines with further interviews scheduled. The first interviews took place in February 2017. Two of these candidates are due to join the Trust in June with further deployment scheduled for August/September subject to the candidates securing NMC authorisation, visa's and completing their notice periods. It is intended that each deployment will consist of between 10 and 20 nurses.

Many of the candidates that have been successful have considerable experience which will help the Trust in filling posts which are difficult to recruit into.

The Trust is completing its' internal preparations to ensure an effective and thorough induction takes place and that the recruits are supported in relation to completing their OSCE which will allow them to fully register with the NMC. The induction will include for example support to find accommodation, open bank accounts and register with GP's.

4.   **ENSURING SAFE STAFFING**
The twice-daily safety brief reviews continue each day, led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. This is always achieved. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift.

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

The SafeCare fully automated e-rostering system went live for the wards on the 24th April. Work continues to ensure that all staff are competent in using the new system, this process will be monitored closely over the next few months.

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]. Red Flags essentially portray a delay/omission in care (as illustrated

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[4]Safe staffing for nursing in adult inpatient wards in acute hospitals (2014) - *nice.org.uk/guidance/sg1*

below) or a 25% shortfall in Registered Nurse Hours or less than 2 RN`s present on a ward during any shift. There is also the opportunity to develop locally agreed Red Flags; this is illustrated below through the addition of `Security Watch` as a Red Flag. They are designed to support the Nurse in charge of the shift to systematically assess 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 currently on the ward. If a nursing red flag event occurs, it should prompt an immediate escalation response by the registered nurse in charge. An appropriate response may be to allocate additional nursing staff to the ward.
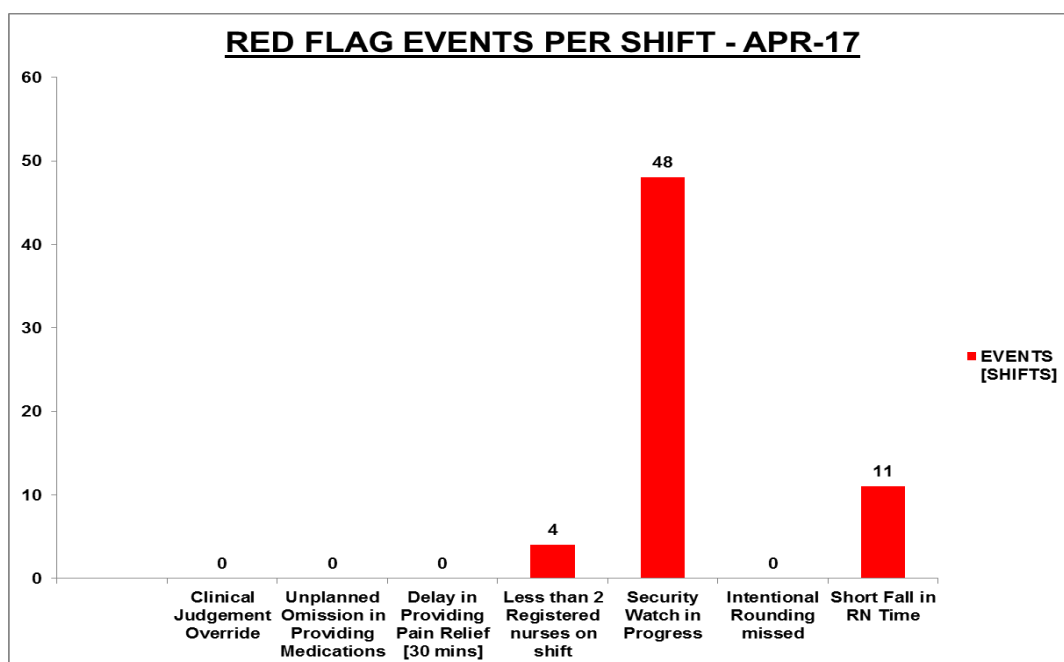
In addition it is important to keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or other appropriate action.

Red Flags as identified by National ICE (2014).
- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
  - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
  - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
  - Placement: making sure that the items a patient needs are within easy reach.
  - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

The following table illustrates the number of Red Flags identified during April. Please note that the Trust is not yet able to collect data on all of these categories as the systems required to capture them are not yet available, e.g. e-prescribing. This is accepted by the National Quality Board. In addition, work is required to ensure that any mitigation is recorded accurately, following professional review. The sophistication of this will be developed over time.

RED FLAG TYPE	EVENTS (SHIFTS)	%
Unplanned Omission in Providing Medications	0	0
Delay in Providing Pain Relief (30 mins)	0	0
Less than 2 Registered Nurses	4	6
Security Watch in Progress	48	76
Intentional Rounding missed	0	0
Shortfall in RN time	11	18
TOTAL	**63**	**100**

RED FLAG EVENTS PER SHIFT - APR-17

A bar chart titled "RED FLAG EVENTS PER SHIFT - APR-17" showing the following values:

Category	Events [Shifts]
Clinical Judgement Override	0
Unplanned Omission in Providing Medications	0
Delay in Providing Pain Relief [30 mins]	0
Less than 2 Registered nurses on shift	4
Security Watch in Progress	48
Intentional Rounding missed	0
Short Fall in RN Time	11

As illustrated above a number of the Red Flags identified throughout April relate predominantly to `Security Watch`, this issue is currently being addressed through the development of an Enhanced Care Team.

The key areas that remain particularly tight in terms of meeting their full establishments currently are:

- **H11** have 5.32 RN vacancies, the impact of this shortfall is supported by part time staff working extra hours, bank shifts and over filling of auxiliary shifts. There are also newly appointed RNs that will join the ward in October. The Senior Matron is reviewing the position continuously with the ward sister.

- **Emergency Department - Registered Nurse Staffing** Having only recently recruited to almost full establishment last autumn, the Department has 15.44 wte vacancies. The recruitment drive continues in ED with the Senior Matron attending national events to actively recruit students. There continues to be a steady flow of recruitment with a further 3.0 wte. being pursued who are external to the Trust. This is a slightly improved position in Registered Nurses in post, though it is recognised there is still a significant vacancy factor. In order to mitigate the challenges in this department, the Teacher/Practitioner and lead Band 7 staff are rostered into the care delivery numbers regularly. Discussions are underway with the nurse bank to try and maximise its support, also. It is likely that some shifts may need to be put out to agencies if they cannot be filled in other ways, although this will be kept to an absolute minimum. There has been a noted increase in attendance as a result of robust absence management by the Senior Nurses within the Department.

- **H70 (Diabetes and Endocrine)** has 10.49 wte RN vacancies and 1.24 wte non-registered nurse vacancies. This ward is supported in the interim by moving staff from Cardiology and Renal to assist from within the Medical Health Group. Support has also been provided from each of the other Health Groups, therefore reducing the current vacancies to 5 wte. In addition, from May 1st 2017, 2 wte pool nurses are joining the team for a six month period. Staffing across the health

group is balanced daily to help manage any risk. In addition, a Band 6 nurse will be seconded to the ward for a six month period to ensure there is continuation of senior nurse cover including weekends.

- **H11** although H 11has 5.95 wte RN vacancies, it is the view of the Senior Nursing team that the reduced fill rates seen during the month of April are predominantly due to a change in the current rota tool which has subsequently been resolved.

- **Ward C16 (ENT, Plastics and Breast Surgery)** has 4.16 wte RN vacancies and 4.22 wte non-registered vacancies at present. The RN vacancies were all successfully appointed to, with a view to reaching a fully recruited position in September 2017. However, despite some detailed work supported by HR, aimed at improving the retention figures, 2 more staff have since handed in their notice. In order to support the Ward, short term plans have been agreed to provide temporary cover. In addition to this, 2.0 wte RN Agency nurses are being used currently to bridge this gap, which is a cost pressure, but essential to maintain patient safety.

- **Neonatal Intensive Care Unit (NICU).** Recruitment in this specialty has been a concern, and there are currently 10.33 wte RN vacancies. All of these posts have been recruited to, and the staff will join us in September 2017, following completion of their training.   The staffing in the interim is being managed closely by the senior matron, with staff being flexed across all paediatric inpatient and outpatient areas according to patient need. The Health Group is looking at ways in which we can improve the retention of the staff in this specialty.

- **Ward H4 -** Neurosurgery has 3.96 wte RN and 0.81 wte non-registered nurse vacancies, the ward is being supported by H40.

- **Ward H7 -** Vascular Surgery has 5.48 wte RN vacancies. This group of patients often require specialist dressings. There is a plan to temporarily transfer some nursing resource from within the Health Group until substantive posts are filled.

- **Ward C9 -** Elective Orthopaedic Surgery has 4.53 wte RN and 1.14 wte non-registered nurse vacancies. There are currently 6 orthopaedic beds closed on C9 to support the number of nursing vacancies. These beds are flexed to minimise the impact on elective activity.

- **Ward C10 -** Elective Colorectal Surgery has 5.41 wte RN registered nurse vacancies. The nursing staff are flexed between C10 and C11.

6.   **TWICE YEARLY REVIEW OF NURSING AND MIDWIFERY (N&M) ESTABLISHMENTS**

The National Quality Board guidance requires trusts to review N&M establishments a minimum of twice a year in order to ensure that these are appropriate and relevant to meet the current needs/acuity of patients. This was last undertaken in October 2016. The process is undertaken by senior nurses and midwives alongside sisters, charge nurses and heads of finance. The guidance requires trusts to use a validated establishment tool, where available, alongside professional judgement in determining required establishments. This process was concluded during April 2017 and is presented in Appendix 2.

As indicated in Appendix 2, information obtained using the SNCT appears to present a shortfall of 13.6 wte (cell p55). This is largely as a consequence of nurses

assessing patient`s acuity incorrectly, this is an identified problem in many Trusts and work is underway with the Senior Matrons and Sisters/Charge nurses. This is why the professional view that is undertaken is pivotal and necessary in order to validate this information. As such the information in column p should be treated with caution.

In reviewing the budgets the following issues have been resolved

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

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

7.   FOCUS ON NURSING AND MIDWIFERY SICKNESS LEVELS
The Trust Board is aware of the of the focused work the Chief Nurse is undertaking with the health group Nurse Directors in relation to N&M sickness levels. To date, this is showing the following:

7.1 Surgery Health Group

The following tables summarize the Nursing Sickness Levels across each of the four Health Groups during April 2017.

Surgery Health Group Nursing & Midwifery Apr - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	6.18%	4.92%
% Long Term	4.36%	3.24%
% Short Term	1.82%	1.68%
No. Sickness Hearings	4	1
Of which resulted in dismissal	2	1

The main issue for the Health Group relates to Long-term [>4 weeks] certificated sickness. The Health Group has taken a number of actions to address the management of attendance including:

- Weekly Sickness review per ward and department with Senior Matron and HR advisor
- Senior Matron for Staffing & Discharge Rota
- All Nurses on Long-term sick have been reviewed in line with the Trust attendance policy
  Review complete of all Nursing staff currently on the policy
- Action to ensure all staff have a referral to Occupational Health

- Confirmation at Sister / Charge Nurse Level of assurance of managing attendance as per policy

As a result of the actions taken there are scheduled a further 4 sickness hearings planned for April – May 2017.

7.2 Medicine Health Group

Medicine Health Group Nursing & Midwifery Apr - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	4.61%	4.24%
% Long Term	1.15%	1.45%
% Short Term	3.36%	2.79%
No. Sickness Hearings	2	4
Of which resulted in dismissal	1	2

Within the Medicine Health Group, there is a discussion on a monthly basis with a Senior Sister and HR Advisor to go through all HR KPI's, including attendance rates for each of their members of staff. This is kept on an action plan and actions followed up with the Sisters accordingly each month. This action plan also contains a rolling month on month attendance level for their area so that they can assess their performance and whether this is improving or not. The HR Advisors also review individuals with the managers to ensure staff are appropriately managed on the Managing Attendance Policy.

The Health Group is working with Occupational Health to ensure joint meetings take place which include Senior Matrons, to advise on the best way of managing an individual from both a HR and Occupational Health perspective to ensure joined up working and consistent application of the Managing Attendance Policy. These will take place monthly.

7.3 Family and Women's Health Group

Family & Women's Health Group Nursing & Midwifery Apr - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	3.86%	4.97%
% Long Term	2.39%	3.36%
% Short Term	1.47%	1.61%
No. Sickness Hearings	1	6
Of which resulted in dismissal	1	6

In order to improve the robustness of sickness absence management, the Senior Matrons are attending the monthly departmental reviews with HR and Occupational Health. This will provide additional scrutiny and challenge to the current processes at departmental level. The Senior Matrons are also reviewing historical management, along with the HR Business partner for the Health Group, of staff who have been managed on the Managing Attendance Policy for some time, to ensure effective and robust management is in place. The Nurse Director and HR Business Partner are looking at ways to improve attendance in individual areas, where attendance is poor, with a view to extending the cultural work in each of these departments.

7.4 Clinical Support Health Group

Clinical Support Health Group Nursing & Midwifery Apr - 2017	Health Care Assistants & Other Support Staff	Nursing, Midwifery & Health Visiting Staff
Target %	3.90%	3.90%
% Sickness	6.15%	3.31%
% Long Term	4.03%	1.87%
% Short Term	2.12%	1.54%
No. Sickness Hearings	5	0
Of which resulted in dismissal	4	0

All staff members, Registered and non-registered are being closely monitored and managed appropriately using the Trusts' sickness and absence policy. Staff sickness is taken seriously and Sisters are supported to manage staff members efficiently and effectively.

7.5 Trust Wide
The Band 7 ward sister/charge nurses are all enrolled on the corporate training programme where additional training for the management of attendance is planned. This will include in depth training and understanding of the policy and training on how to write effective referrals to the Occupational Health department and effective management cases where escalation to panel is planned.

A corporate training programme is currently under development for the Senior Matrons who will learn skills in the preparation and hearing of disciplinary cases for the Management of Sickness Absence.

The departmental managers are to be monitored on the completion of 'return to work interviews and the options to add this into the e-roster are being explored.

The reporting of sickness absence out of hours has been agreed at a senior level and will now be reported through the Site Matron for a trial period. It is hoped that this will add a level of challenge and seniority to the management of absence out of hours.

8. SUMMARY
The latest review of nursing and midwifery establishment reviews have identified that these are set and financed at good levels in the Trust and these are managed very closely on a daily basis. This is all managed very carefully and in a way that

balances the risks across the organisation. The challenges remain around recruitment and risks remain in terms of the available supply of registered nurses The new information that is now presented by ward will enable each of these to be scrutinised more closely to ensure that all reasonable efforts are being taken to deploy staff efficiently and, also, manage sickness/absence robustly.

9. **RECOMMENDATION**
The Trust Board is requested to:

- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
May 2017

Appendix 1: HEY Safer Staffing Report – May 2017

Appendix 2: HEY Ward Establishment Review April 2017

HEY SAFER STAFFING REPORT APRIL-17

NURSE STAFFING | FILL RATES | CARE HOURS PER PATIENT DAY [CHPPD] [hrs] | ROTA EFFICIENCY [20-03-17 to 16-04-17] | NURSING VACANCIES [FINANCE LEDGER M1] | HIGH LEVEL QUALITY INDICATORS *[which may or may not be linked to nurse staffing]*

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	Day fill RN/RM (%)	Day fill care staff (%)	Night fill RN/RM (%)	Night fill care staff (%)	Cumulative Count	RN/RM	CARE STAFF	OVERALL	ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]	RN [WTE]	AN [WTE]	TOTAL [WTE]	% [<10%]	SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS MINOR	FALLS MODERATE	FALLS SEVERE/DEATH	FALLS TOTAL	PRESSURE 1	PRESSURE 2	PRESSURE 3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
MEDICINE	ED	ACUTE MEDICINE	NA	1									14.2%	5.1%	4.5%	15.44	0.14	15.58	13.5%				3	1		1	2						0	5
	AMU	ACUTE MEDICINE	45	0	92%	83%	94%	95%	1048	5.0	2.9	7.9	13.6%	4.4%	4.7%	7.12	1.70	8.82	13.1%	100%	1	2		1			1						0	4
	H1	ACUTE MEDICINE	22	4	84%	84%	95%	99%	606	2.5	2.2	4.7	15.5%	11.5%	0.0%	4.63	-0.55	4.08	12.6%	100%	1				1		1						0	2
	EAU	ELDERLY MEDICINE	21	0	94%	97%	89%	128%	576	3.8	3.7	7.4	12.7%	3.7%	5.2%	2.04	0.13	2.17	9.6%	100%				1			1						0	1
	H5 / RHOB	RESPIRATORY	26	0	84%	93%	97%	95%	574	5.0	3.1	8.1	15.6%	11.0%	0.0%	3.33	1.24	4.57	12.1%	100%	1						0	1			1	1	2	3
	H50	RENAL MEDICINE	19	2	89%	101%	101%	100%	544	3.2	2.2	5.4	12.6%	7.6%	5.7%	4.16	1.93	6.09	20.9%	100%			1				0						0	1
	H500	RESPIRATORY	24	2	80%	105%	98%	100%	685	2.3	2.7	4.9	11.0%	5.3%	4.7%	-0.29	0.23	-0.06	-0.3%	100%							0						0	0
	H70	ENDOCRINOLOGY	30	0	86%	146%	79%	109%	866	2.4	2.4	4.9	8.4%	8.9%	0.0%	10.49	1.24	11.73	36.4%	100%	1	1	1		1		1						0	4
	H8	ELDERLY MEDICINE	27	33	77%	110%	98%	104%	788	2.3	2.4	4.6	10.9%	5.3%	2.0%	1.63	-2.39	-0.76	-2.6%	96%	1	1		1			1						0	3
	H80	ELDERLY MEDICINE	27	0	91%	104%	104%	102%	804	2.3	2.3	4.5	13.3%	6.2%	0.0%	0.91	0.11	1.02	3.4%	100%	2	1		2			2						0	5
	H9	ELDERLY MEDICINE	31	0	88%	102%	100%	102%	906	2.1	2.0	4.2	13.1%	2.5%	0.0%	2.22	-1.36	0.86	2.9%	100%			1	1	2		3	1					1	5
	H90	ELDERLY MEDICINE	29	0	86%	107%	100%	103%	862	2.1	2.2	4.3	12.8%	9.0%	9.1%	3.03	-2.77	0.26	0.9%	100%				1	1		2				1		1	3
	H11	STROKE / NEUROLOGY	28	11	68%	140%	91%	98%	841	2.1	2.0	4.2	16.6%	5.1%	0.0%	5.95	-0.63	5.32	16.0%	100%	2						0						0	2
	H110	STROKE / NEUROLOGY	24	1	83%	123%	100%	106%	504	4.2	3.1	7.3	13.1%	4.6%	8.4%	2.48	0.64	3.12	9.3%	95%				1			1	1					1	2
	CDU	CARDIOLOGY	9	0	87%	51%	88%		118	9.1	1.1	10.2	13.3%	1.6%	0.0%	-0.21	0.23	0.02	0.1%	100%							0						0	0
	C26	CARDIOLOGY	26	2	82%	95%	81%	110%	750	3.7	1.7	5.4	14.3%	3.0%	5.3%	0.34	2.19	2.53	7.5%	100%				3			3	1					1	4
	C28 /CMU	CARDIOLOGY	27	0	80%	104%	86%	89%	706	6.1	1.6	7.7	14.9%	6.2%	5.8%	1.91	-0.11	1.80	3.8%	100%	2	1		1			1	1					1	5
SURGERY	H4	NEURO SURGERY	30	0	85%	98%	90%	98%	715	3.2	2.0	5.2	17.7%	5.6%	5.3%	3.96	0.81	4.77	14.8%	100%	1						0						0	1
	H40	NEURO HOB / TRAUMA	15	0	90%	104%	83%	105%	335	6.3	4.3	10.6	16.0%	3.3%	3.3%	2.67	-0.59	2.08	6.7%	100%							0	1					1	1
	H6	ACUTE SURGERY	28	0	91%	92%	84%	200%	694	3.1	2.4	5.5	17.2%	3.9%	6.4%	2.07	-0.10	1.97	6.6%	100%							0		1				1	1
	H60	ACUTE SURGERY	28	0	100%	90%	95%	137%	722	3.3	2.0	5.3	10.0%	2.9%	3.3%	-0.04	-1.37	-1.41	-4.9%	94%		1	2				0						0	3
	H7	VASCULAR SURGERY	30	0	88%	78%	90%	102%	838	2.8	2.5	5.3	13.4%	6.9%	2.9%	5.48	-1.20	4.28	12.2%	100%	1						0						0	2
	H100	GASTROENTEROLOGY	24	2	86%	100%	88%	100%	793	2.4	2.0	4.4	15.6%	2.4%	3.3%	1.27	-0.63	0.64	2.1%	100%				1			1	1					1	2
	H12	ORTHOPAEDIC	28	1	81%	96%	85%	118%	689	3.0	2.9	5.9	16.7%	7.7%	5.7%	3.16	-0.95	2.21	6.3%	95%		1	1	1			1		2				2	5
	H120	ORTHO / MAXFAX	22	0	91%	115%	96%	112%	516	4.1	3.3	7.4	13.3%	2.3%	5.7%	1.40	-0.43	0.97	3.4%	100%		1	2				0		2		1		3	6
	HICU	CRITICAL CARE	22	0	84%	158%	82%	70%	443	26.2	1.7	27.9	17.8%	5.1%	3.1%	6.96	0.31	7.27	6.5%	100%	1					1	1	1					1	2
	C8	ORTHOPAEDIC	18	0	79%	89%	74%	57%	158	5.4	3.1	8.5	17.2%	10.6%	0.0%	2.19	-2.03	0.16	1.1%	100%							0		2		2		4	4
	C9	ORTHOPAEDIC	29	1	82%	98%	85%	98%	598	3.4	2.6	5.9	13.9%	2.4%	0.0%	4.53	1.14	5.67	18.4%	100%	1						0		1				1	2
	C10	COLORECTAL	21	0	81%	90%	82%	111%	404	4.5	2.6	7.1	15.3%	5.5%	0.0%	5.41	-0.41	5.00	19.2%	94%	1						0		1				1	2
	C11	COLORECTAL	22	0	85%	88%	84%	119%	506	3.9	2.2	6.1	15.0%	5.6%	0.0%	0.60	0.88	1.48	5.7%	100%		1					0						0	1
	C14	UPPER GI	27	1	88%	98%	88%	123%	650	3.4	2.0	5.4	15.6%	4.5%	0.0%	2.94	-1.75	1.19	4.0%	92%			1	1			1						0	2
	C15	UROLOGY	26	0	82%	88%	90%	85%	588	4.4	2.3	6.6	19.1%	4.8%	0.0%	0.00	0.00	0.00	0.0%	100%	1			1			1						0	2
	C27	CARDIOTHORACIC	26	0	89%	97%	94%	107%	757	3.7	1.5	5.2	11.1%	3.8%	8.8%	1.31	-1.03	0.28	0.9%	100%				1			1						0	1
	CICU	CRITICAL CARE	22	0	79%	84%	83%	73%	397	23.5	1.9	25.4	15.2%	4.5%	7.0%	3.21	-0.15	3.06	3.0%	100%	1						0						0	0
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	81%	124%	122%	91%	244	8.4	5.1	13.5	16.5%	5.5%	0.0%	4.16	3.22	7.38	24.90%	100%			3				0				1		1	4
	H130	PAEDS	20	0	89%	62%	93%	78%	374	7.1	1.0	8.1	14.7%	3.6%	8.3%	-1.55	2.02	0.47	1.80%	100%							0						0	0
	H30 CEDAR	GYNAECOLOGY	9	0	82%	74%	105%		117	11.4	3.7	15.1	16.9%	8.6%	0.0%	-1.00	0.12	-0.88	-3.90%	100%	1						0						0	1
	H31 MAPLE	MATERNITY	20	0	88%	95%	104%	100%	286	7.9	4.8	12.7	16.6%	0.9%	1.8%	5.91	2.85	8.76	12.3%	100%							0						0	0
	H33 ROWAN	MATERNITY	38	0	85%	90%	91%	102%	584	5.2	2.9	8.1	12.8%	6.6%	1.0%					100%	1						0						0	1
	H34 ACORN	PAEDS SURGERY	20	0	86%	81%	99%	107%	341	7.1	1.9	9.0	17.4%	2.7%	0.0%	-1.10	-0.50	-1.60	-6.20%	100%							0						0	0
	H35	OPHTHALMOLOGY	12	0	79%	81%	109%		237	7.8	2.0	9.8	11.0%	10.8%	5.8%	-0.54	1.53	0.99	4.80%	100%			1				0						0	1
	LABOUR	MATERNITY	16	0	88%	87%	95%	82%	314	16.4	5.8	22.2	14.0%	7.4%	4.0%	-8.68	-4.38	-13.06	-20.50%	100%		2					0						0	2
	NEONATES	CRITICAL CARE	26	0	84%	105%	76%	103%	521	12.0	1.3	13.3	13.7%	8.1%	8.6%	9.43	0.38	9.81	13.70%	100%			1				0		1				1	2
	PAU	PAEDS	10	0	100%		97%		91	15.6	0.0	15.6	16.4%	5.5%	0.0%	0.12	0.00	0.12	1.10%	100%							0				1		1	1
	PHDU	CRITICAL CARE	4	0	102%	104%	100%		64	22.7	2.1	24.8	11.5%	5.1%	0.0%	-0.14	0.00	-0.14	-1.20%	100%							0						0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	1	98%	92%	100%	100%	426	3.5	2.4	5.8	16.2%	6.2%	0.0%	0.47	-0.18	0.29	1.5%	100%							0						0	0
	C29	REHABILITATION	15	0	86%	141%	100%	300%	444	3.3	5.1	8.4	14.1%	4.6%	0.0%	-0.04	4.31	4.27	14.9%	100%							0						0	0
	C30	ONCOLOGY	22	0	91%	105%	96%	102%	626	2.8	1.9	4.7	17.8%	6.1%	3.2%	0.05	-0.02	0.03	0.1%	93%	1						0						0	1
	C31	ONCOLOGY	27	0	86%	116%	99%	109%	742	2.4	2.0	4.4	13.7%	3.1%	0.0%	-0.42	1.14	0.84	3.3%	100%	2	1	1				1						0	4
	C32	ONCOLOGY	22	0	93%	106%	100%	105%	565	3.0	2.0	5.0	14.7%	2.0%	3.2%	1.02	0.07	1.09	5.0%	96%					1		0		1		2		3	3
	C33	HAEMATOLOGY	28	1	84%	161%	87%	146%	612	4.4	2.5	6.9	17.6%	2.0%	5.2%	0.44	-2.84	-2.40	-6.8%	95%		1	1	3			3						0	5
	TOTAL:			**63**			**AVERAGE:**		**551**	**6.1**	**2.5**	**8.6**	**14.5%**	**5.3%**	**2.8%**	**120.43**	**2.31**	**122.74**	**6.8%**	**100%**		**2**	**2**											
												TOTALS:									**50**	**13**	**22**	**23**	**5**	**1**	**29**	**2**	**16**	**0**	**8**	**2**	**28**	**112**

Apr-17	Day fill RN/RM (%)	Day fill care staff (%)	Night fill RN/RM (%)	Night fill care staff (%)	Cumulative Count	RN/RM	CARE STAFF	OVERALL
SAFER STAFFING OVERALL PERFORMANCE								
HRI SITE	85.2%	97.6%	89.1%	102.2%	18940	4.6	2.5	7.1
CHH SITE	83.7%	103.4%	88.4%	111.2%	9291	4.8	2.3	7.1