HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	1st August 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 July 2017 (May 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 June 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%
May-17	83.70%	94.20%	89.20%	102.60%
Jun-17	90.40%	94.20%	93.90%	102.90%

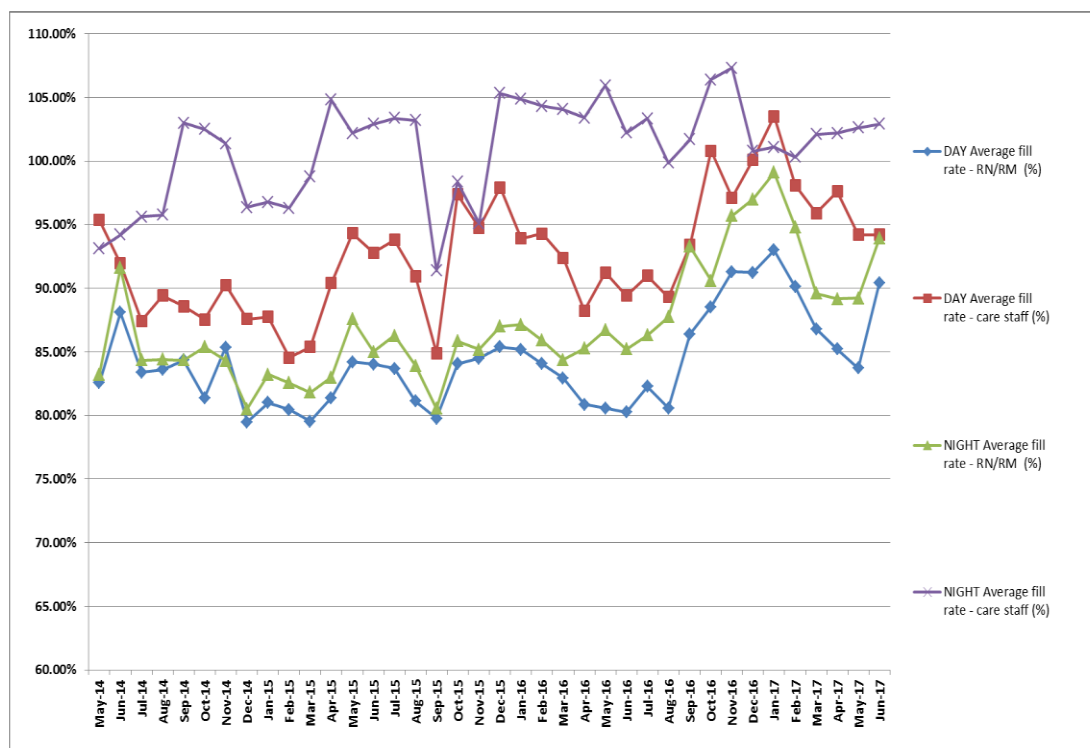
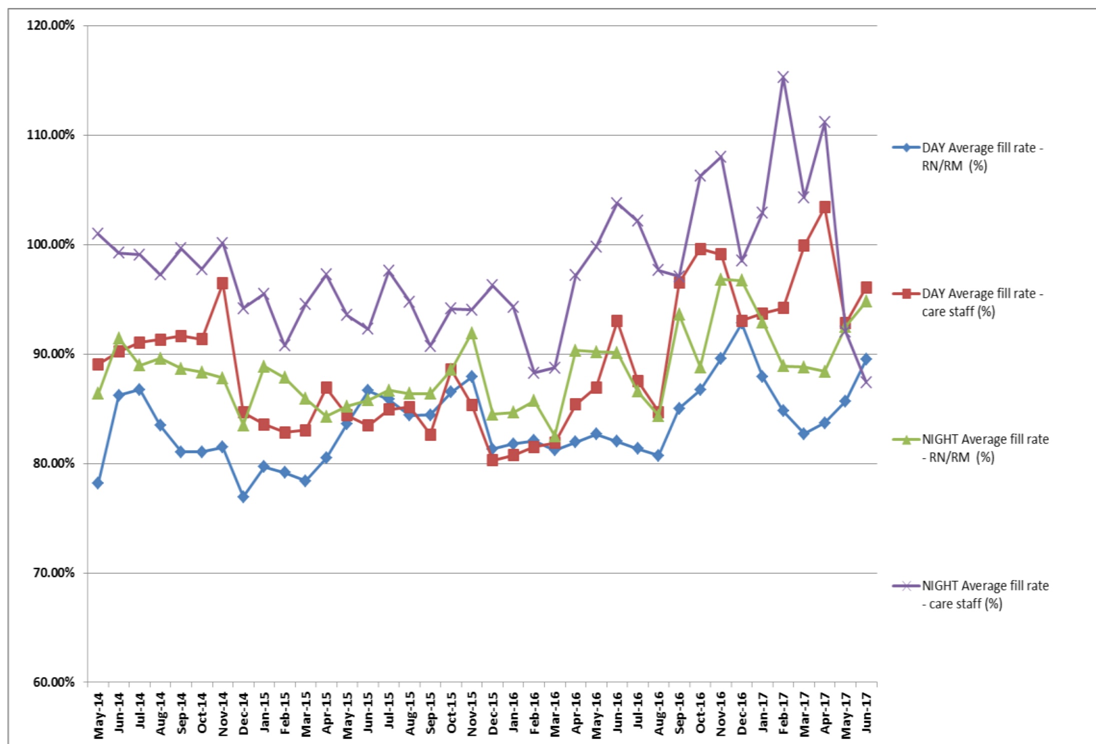


Fig 2: Castle Hill Hospital

CHH	DAY		NIGHT	
	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)
Apr-16	81.96%	85.40%	90.34%	97.19%
May-16	82.68%	86.93%	90.19%	99.79%
Jun-16	82.01%	92.99%	90.12%	103.78%
Jul-16	81.33%	87.53%	86.56%	102.15%
Aug-16	80.70%	84.70%	84.35%	97.64%
Sep-16	85.02%	96.52%	93.61%	97.09%
Oct-16	86.70%	99.59%	88.79%	106.24%
Nov-16	89.60%	99.10%	96.80%	108.00%
Dec-16	92.79%	93.03%	96.70%	98.50%
Jan-17	87.90%	93.70%	92.90%	102.90%
Feb-17	84.80%	94.20%	88.90%	115.30%
Mar-17	82.70%	99.90%	88.80%	104.30%
Apr-17	83.71%	103.40%	88.41%	111.16%
May-17	85.70%	92.80%	92.50%	92.00%
Jun-17	89.50%	96.10%	94.80%	87.40%



As indicated in the tables above the fill rates for both HRI and CHH have improved during the month of June compared to previous months. This reflects a number of factors, which include:

- The closure of 14 beds within Surgery at CHH.
- The redeployment of staff from CHH to support HRI.
- Reduction in the number of Ward Sister/ Charge Nurse supervisory shifts within Medicine on a temporary basis, to support the areas where there are significant vacancies. (Additional managerial support is being provided by the Senior Matron for the clinical area).
- The Rostering of Senior Matrons into clinical shifts within Surgery to help boost direct care-giving hours.
- Inpatient vacancy rates, which are approximately circa 153 wte Registered Nurses (RN) - an increase of only 3 wte from the previous month
- Sickness levels reduced from 4.8% the previous month to 1.3% during June (*please note this requires further validation*).
- The majority of clinical areas were within the 11-17% annual leave allocation, with only three areas over slightly, which means that annual leave is being managed within the requirements of the Trust's Policy.

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 a further 20 student nurses from other Universities being pursued.

In addition, the Trust is exploring currently with the University of Hull the possibility of increasing the number of student placements in September 2017 by a further 50 places. The Trust has identified sufficient capacity to provide the required mentorship to support the additional student placements and is currently waiting for confirmation from the University to support this initiative.

From the perspective of the Trusts International Recruitment campaign, the Trust has successfully interviewed 80 candidates from the Philippines, with a view to recruiting 40 candidates throughout the year (usual to have a 50% attrition rate). The plan is for staff to commence in September/October 2017 and begin in three cohorts, subject to NMC authorisation and visas being issued. Candidates have applied for their visas, however, they are experiencing delays with the Immigration department within the Home Office. The Trust's recruitment partner is supporting candidates to work through the issues. These delays may impact upon current timescales.

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 Objective Structured Clinical Examination (OSCE), which will allow them to register fully with the NMC. The induction will include support to find accommodation, open bank accounts and register with GP's as well as being welcomed by the team, service and organisation.

From the perspective of the Apprenticeship Levy, the Chief Nurse has commissioned a focused piece of work to review the potential financial options to support the possible implementation of the Pre-Registered Apprenticeship scheme, which is

expected to go live towards the end of February 2018, subject to an accepted business case.

4. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed four times each day, are 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. Staffing levels are assessed directly from the live e-roster and SafeCare software.

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

5. RED FLAGS AS IDENTIFIED BY NICE (2014).

Incorporated into the census data collected through SafeCare are a number of `Nursing Red Flags` as determined by the National Institute of Health and Clinical Excellence (NICE) (2014).[4]

Essentially, 'Red Flags' are intended to record a delay/omission in care, a 25% shortfall in Registered Nurse Hours or less than 2 x RN`s present on a ward during any shift. They are designed to support the nurse in charge of the shift to assess systematically that the available nursing staff for each shift or at least each 24-hour period is adequate to meet the actual nursing needs of patients on that ward.

When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, also, 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:

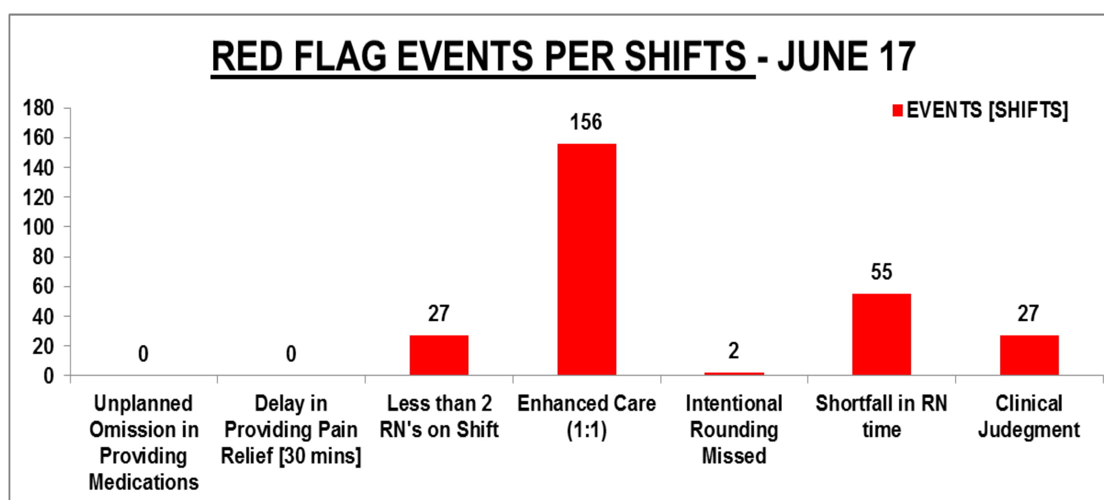
- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:

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

- 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 June 2017. 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.

Jun-17	RED FLAG TYPE	EVENTS [SHIFTS]	%
	Unplanned Omission in Providing Medications	0	0%
	Delay in Providing Pain Relief [30 mins]	0	0%
	Less than 2 RN's on Shift	27	10%
	Enhanced Care (1:1)	156	63%
	Intentional Rounding Missed	2	0%
	Shortfall in RN time	55	19%
	Clinical Judgement	27	8%
	TOTAL:	267	100%



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

The Enhanced Care Team Pilot will commence week beginning the 18th September 2017 and is planned for three months. The agreed pilot areas are H1, H4 and H40, H70, H8 and H9. The aim is to test the concept of using a trained team of clinical non-registered staff to undertake 1 to 1 supervision on patients when this element of care is identified either at initial assessment or during their inpatient stay. This will

also help to reduce the reliance on security guards. A significant amount work has been undertaken to ensure that this project has the management and governance processes in place with engagement with key stakeholders, with a robust project plan. The pilot will be evaluated formally at regular intervals and following the three month test period; a full report of the pilot will be presented to the Executive Management Board for review and consideration.

Following an induction week, the team will provide 1 to 1 supervision, including fundamental nursing care for the patient in the pilot areas. The service will cover 7 days a week and will operate under the management of the Project Lead and supervision of the Site Matron Team.

With regards to the Red Flags relating to less than 2 Registered Nurses on a shift, the data provided reflects the information inputted into the system by the ward areas prior to the Safety Briefs. Any shortfalls are always addressed at the Safety Briefs and plans are formulated to ensure no clinical area is ever left with fewer than two registered nurses. In order to ensure that this is completed in a timelier manner, the Safety Briefs are now completed four times a day, as opposed to the previous three.

6. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

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

- **H11** have 9.59 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** - The Department has 15.93 wte RN vacancies. The recruitment drive continues in ED, with the Senior Matron attending national events to actively recruit students. Senior nurses are helping to backfill, 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 11.49 wte RN 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 have joined 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.

- **Ward C16 (ENT, Plastics and Breast Surgery)** has 3.12 wte RN vacancies and over-established for non-registered vacancies at present. The RN vacancies have all been appointed to, with the aim of 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 9.48 wte RN vacancies. All of these posts have been recruited to, and the staff will join the Trust 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 it can improve the retention of the staff in this specialty.

- **Ward H4 -** Neurosurgery has 4.60 wte RN and 1.71 wte non-registered nurse vacancies, the ward is being supported by H40.

- **Ward H7 -** Vascular Surgery has 4.52 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 4.65 wte RN and 1.06 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 5.08 wte RN registered nurse vacancies. The nursing staff are flexed between C10 and C11.

7. 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.

8. RECOMMENDATION

The Trust Board is requested to:

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

Mike Wright
Executive Chief Nurse
July 2017

Appendix 1: HEY Safer Staffing Report – June 2017

APPENDIX 1

HEY SAFER STAFFING REPORT JUNE-17

NURSE STAFFING

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	FILL RATES – DAY: Average fill rate - RN/RM (%)	DAY: Average fill rate - care staff (%)	NIGHT: Average fill rate - RN/RM (%)	NIGHT: Average fill rate - care staff (%)	CARE HOURS PER PATIENT DAY [CHPPD] [hrs]: Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	ROTA EFFICIENCY [15-05-17 to 11-06-17]: ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]	NURSING VACANCIES [FINANCE LEDGER M3]: RN [WTE]	AN [WTE]	TOTAL [WTE]	% [<10%]
MEDICINE	ED	ACUTE MEDICINE	NA	0									12.1%	1.6%	4.6%	15.93	1.03	16.96	13.6%
	AMU	ACUTE MEDICINE	45	2	104%	90%	101%	102%	1000	5.3	3.0	8.4	14.0%	0.0%	4.1%	8.74	-1.60	7.14	8.9%
	H1	ACUTE MEDICINE	22	8	103%	101%	107%	102%	599	2.6	1.8	4.4	13.6%	2.9%	0.0%	2.69	2.14	4.83	19.2%
	EAU	ELDERLY MEDICINE	21	26	101%	119%	98%	129%	526	3.8	4.1	7.9	13.0%	0.8%	6.4%	5.84	-1.53	4.31	13.2%
	H5 / RHOB	RESPIRATORY	26	11	97%	87%	103%	98%	566	3.7	2.4	6.1	13.1%	1.3%	0.0%	1.69	-0.66	1.03	2.7%
	H50	RENAL MEDICINE	19	0	73%	104%	101%	100%	543	3.1	2.2	5.3	12.0%	1.4%	1.8%	1.71	1.39	3.10	16.4%
	H500	RESPIRATORY	24	3	81%	99%	100%	98%	687	2.2	2.5	4.7	12.7%	1.8%	3.8%	5.13	0.47	5.60	18.7%
	H70	ENDOCRINOLOGY	30	12	104%	135%	101%	110%	880	2.4	2.2	4.5	9.5%	0.0%	0.0%	11.49	-0.24	11.25	33.9%
	H8	ELDERLY MEDICINE	27	25	105%	124%	102%	110%	785	2.4	2.6	4.9	12.7%	1.2%	2.0%	2.88	-0.58	2.30	7.5%
	H80	ELDERLY MEDICINE	27	14	80%	101%	113%	122%	793	2.2	2.5	4.7	10.3%	0.9%	0.0%	4.93	0.91	5.84	18.9%
	H9	ELDERLY MEDICINE	31	21	97%	99%	100%	110%	888	2.2	2.1	4.3	15.6%	0.0%	0.0%	0.60	-0.34	0.26	0.8%
	H90	ELDERLY MEDICINE	29	32	75%	110%	100%	101%	833	2.0	2.3	4.3	12.5%	5.4%	4.2%	5.31	-2.41	2.90	9.4%
	H11	STROKE / NEUROLOGY	28	11	71%	167%	98%	102%	821	2.1	2.2	4.4	15.0%	0.0%	0.0%	9.59	-0.47	9.12	26.7%
	H110	STROKE / NEUROLOGY	24	2	95%	129%	100%	93%	520	4.2	2.9	7.1	12.0%	0.7%	9.7%	3.48	0.01	3.49	10.1%
	CDU	CARDIOLOGY	9	0	92%	65%	100%		102	11.9	1.0	13.0	18.7%	0.0%	0.0%	0.89	0.48	1.37	8.7%
	C26	CARDIOLOGY	26	5	81%	88%	81%	97%	714	3.8	1.6	5.4	13.6%	0.0%	7.2%	1.43	-0.23	1.20	3.5%
	C28 /CMU	CARDIOLOGY	27	5	77%	79%	82%	51%	684	5.9	1.4	7.3	11.2%	3.7%	3.7%	1.34	-0.11	1.23	2.5%
SURGERY	H4	NEURO SURGERY	30	7	95%	93%	88%	108%	766	3.0	1.9	4.9	11.8%	4.4%	3.7%	4.60	1.71	6.31	19.5%
	H40	NEURO HOB / TRAUMA	15	13	95%	102%	102%	92%	388	5.7	3.3	9.0	13.3%	0.9%	3.4%	3.35	0.61	3.96	12.8%
	H6	ACUTE SURGERY	28	2	106%	70%	99%	177%	675	3.1	1.8	4.9	9.2%	0.5%	6.6%	3.07	1.47	4.54	15.3%
	H60	ACUTE SURGERY	28	2	104%	88%	81%	167%	648	3.3	2.3	5.6	16.5%	0.0%	3.3%	1.36	1.38	2.74	9.0%
	H7	VASCULAR SURGERY	30	5	100%	76%	93%	101%	867	2.8	2.3	5.1	14.1%	0.0%	0.7%	4.52	-0.79	3.73	10.7%
	H100	GASTROENTEROLOGY	24	4	104%	100%	98%	97%	728	2.5	2.1	4.7	13.8%	2.7%	3.3%	3.95	0.34	4.29	14.1%
	H12	ORTHOPAEDIC	28	2	95%	88%	101%	120%	759	2.7	2.6	5.3	14.5%	0.5%	3.6%	5.39	-1.19	4.20	12.0%
	H120	ORTHO / MAXFAX	22	2	100%	108%	103%	119%	577	3.5	2.9	6.5	13.0%	0.0%	0.0%	1.52	1.39	2.91	10.1%
	HICU	CRITICAL CARE	22	0	100%	110%	95%	53%	433	27.2	1.4	28.6	13.8%	1.5%	3.8%	7.42	0.01	7.43	6.6%
	C8	ORTHOPAEDIC	18	0	99%	91%	99%	81%	259	4.3	2.4	6.7	17.5%	2.8%	0.0%	2.99	-1.03	1.96	13.6%
	C9	ORTHOPAEDIC	29	0	96%	100%	103%	100%	675	3.2	2.3	5.5	12.5%	0.7%	0.0%	4.65	1.06	5.71	18.6%
	C10	COLORECTAL	21	0	99%	59%	98%	90%	448	4.6	1.7	6.3	8.9%	8.2%	0.0%	5.08	0.59	5.67	21.7%
	C11	COLORECTAL	22	0	97%	86%	94%	123%	424	4.7	2.4	7.1	14.8%	2.1%	0.0%	0.84	1.79	2.63	10.1%
	C14	UPPER GI	27	0	96%	88%	100%	103%	653	3.4	1.8	5.1	12.6%	1.9%	0.0%	2.93	-0.56	2.37	8.0%
	C15	UROLOGY	26	0	93%	79%	96%	94%	594	4.3	2.3	6.6	17.0%	1.3%	1.8%	-0.30	0.75	0.45	1.1%
	C27	CARDIOTHORACIC	26	5	97%	91%	100%	103%	668	4.1	1.6	5.7	15.2%	0.0%	5.8%	1.15	-0.67	0.48	1.5%
	CICU	CRITICAL CARE	22	0	93%	57%	92%	33%	386	22.3	1.3	23.7	15.0%	0.4%	5.3%	5.39	0.34	5.73	5.7%
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	102%	168%	129%	84%	195	10.2	6.2	16.3	9.5%	0.0%	0.0%	3.12	-0.42	2.70	9.1%
	H130	PAEDS	20	0	84%	29%	78%	63%	343	6.9	1.0	7.9	12.0%	0.0%	8.8%	-0.55	2.02	1.47	5.2%
	H30 CEDAR	GYNAECOLOGY	9	0	86%	70%	109%		149	9.9	3.2	13.2	14.0%	2.8%	0.0%	-1.00	0.12	-0.88	-3.9%
	H31 MAPLE	MATERNITY	20	0	87%	94%	113%	98%	419	5.4	3.2	8.6	15.0%	1.1%	1.9%	4.54	2.85	7.39	10.4%
	H33 ROWAN	MATERNITY	38	0	84%	88%	90%	100%	1164	2.6	1.4	4.0	15.5%	2.0%	2.0%				-2.2%
	H34 ACORN	PAEDS SURGERY	20	0	93%	59%	100%	100%	258	10.1	2.0	12.1	14.5%	0.0%	0.0%	-0.14	-0.50	-0.64	-2.2%
	H35	OPHTHALMOLOGY	12	0	79%	63%	107%		232	8.8	1.8	10.6	14.8%	0.0%	4.6%	-0.54	1.53	0.99	4.8%
	LABOUR	MATERNITY	16	0	84%	63%	81%	62%	295	15.9	4.5	20.4	12.8%	4.4%	4.5%	-5.47	-4.37	-9.84	-15.5%
	NEONATES	CRITICAL CARE	26	0	80%	88%	82%	103%	666	10.5	1.0	11.6	13.5%	0.5%	7.7%	9.48	-0.66	8.82	12.3%
	PAU	PAEDS	10		83%		98%		61	21.8	0.0	21.8	10.9%	2.1%	0.0%	-0.20	0.00	-0.20	-1.9%
	PHDU	CRITICAL CARE	4	0	94%	56%	100%		55	25.6	2.3	27.9	17.6%	0.0%	0.0%	-3.15	0.00	-3.15	-30.0%
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	6	93%	94%	101%	97%	443	3.2	2.3	5.5	9.5%	0.2%	4.8%	1.48	0.96	2.44	12.1%
	C29	REHABILITATION	15	29	77%	105%	102%	66%	446	3.1	4.1	7.3	14.8%	0.0%	0.0%	1.37	2.22	3.59	12.4%
	C30	ONCOLOGY	22	1	87%	103%	100%	97%	606	2.9	2.0	4.9	12.7%	0.0%	2.7%	1.14	0.03	1.17	5.3%
	C31	ONCOLOGY	27	4	77%	127%	100%	101%	707	2.6	2.1	4.7	13.0%	0.6%	0.0%	-0.33	1.33	1.00	3.9%
	C32	ONCOLOGY	22	0	94%	99%	102%	100%	605	3.0	1.8	4.7	14.4%	1.3%	3.1%	-0.53	1.72	1.19	5.0%
	C33	HAEMATOLOGY	28	0	84%	151%	86%	125%	695	4.3	2.0	6.4	11.8%	0.0%	5.1%	2.97	-1.99	0.98	2.8%
		TOTAL:		259				AVERAGE:	565	6.2	2.3	8.5	13.4%	1.3%	2.6%	153.77	10.30	164.07	8.5%

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

WARD	HIGH LEVEL: SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]	FALLS: MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL	HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]: 1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL	QUALITY INDICATOR TOTAL
ED				3				0						0	3
AMU	100%		2	3	1			1						0	6
H1	100%			1	1			1		1				1	3
EAU	100%				1			1				1		1	2
H5 / RHOB	100%							0		1				1	1
H50	100%			2	1			1						0	3
H500	100%							0						0	0
H70	100%				2			2		1				1	3
H8	92%		1		2	1		3						0	4
H80	100%		1		3			3						0	4
H9	100%						1	1				1		1	2
H90	96%		4	1	4	1		5						0	10
H11	96%		1					0		2				2	3
H110	95%	1		1	1	1		2	1	1				2	6
CDU	100%							0						0	0
C26	100%			1	2			2		1		1		2	5
C28 /CMU	95%	4	1				1	1						0	6
H4	100%		2		1			1		1				1	4
H40	100%				1			1	1					1	2
H6	100%	2		1				0						0	3
H60	100%	1	1		1			1						0	3
H7	100%	1	1		1	1		2		1		1		2	6
H100	100%		1	2	1			1						0	4
H12	100%	1		1				0						0	2
H120	83%				1			1				1		1	2
HICU	83%			1				0		1		4	2	7	8
C8	100%		1					0						0	1
C9	100%							0						0	0
C10	100%							0						0	0
C11	100%							0						0	0
C14	100%							0						0	0
C15	100%			1	1			1		1		1		2	4
C27	100%		1					0						0	1
CICU	100%							0				1		1	1
C16	100%	1	1					0						0	2
H130	100%							0						0	0
H30 CEDAR	100%							0						0	0
H31 MAPLE	100%	1						0						0	1
H33 ROWAN	100%	1		1				0						0	2
H34 ACORN	100%							0						0	0
H35	100%		1	1	1			1		2				2	5
LABOUR	100%	2		1				0	1					1	4
NEONATES	100%			1				0						0	1
PAU	100%							0						0	0
PHDU	100%							0						0	0
C20	100%			1	3			3						0	4
C29	100%		1					0						0	1
C30	100%		2					0						0	2
C31	100%				2			2				1		1	3
C32	100%		1		1			1		1				1	3
C33	100%	1						0					1	1	2
AVERAGE	98.8%														
TOTALS:	49	16	23	23	32	4	2	38	3	14	0	12	3	32	132

Jun-17 – SAFER STAFFING OVERALL PERFORMANCE	DAY: Average fill rate - RN/RM (%)	DAY: Average fill rate - care staff (%)	NIGHT: Average fill rate - RN/RM (%)	NIGHT: Average fill rate - care staff (%)	CARE HOURS PER PATIENT PER DAY [CHPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
HRI SITE	90.4%	94.2%	93.9%	102.9%	19136	4.5	2.3	6.9
CHH SITE	89.5%	96.1%	94.8%	87.4%	9304	4.8	2.1	6.9