HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

Trust Board date	13 March 2018		**Reference Number**	2018 – 3 - 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: BAF 1 and BAF 2	**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

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 January 2018 (December 2017 position). This report presents the 'safer staffing' position as at 31st January 2018 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff[3].

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

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

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

These data are summarised, as follows:

3.1 Planned versus Actual staffing levels

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

[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 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%
Jul-17	84.00%	89.60%	91.30%	100.90%
Aug-17	78.40%	93.20%	88.00%	100.80%
Sep-17	77.50%	96.70%	87.60%	101.80%
Oct-17	83.72%	95.68%	88.29%	100.49%
Nov-17	82.20%	95.90%	92.60%	103.20%
Dec-17	82.50%	93.50%	92.30%	100.30%
Jan-18	84.30%	93.00%	93.80%	101.00%

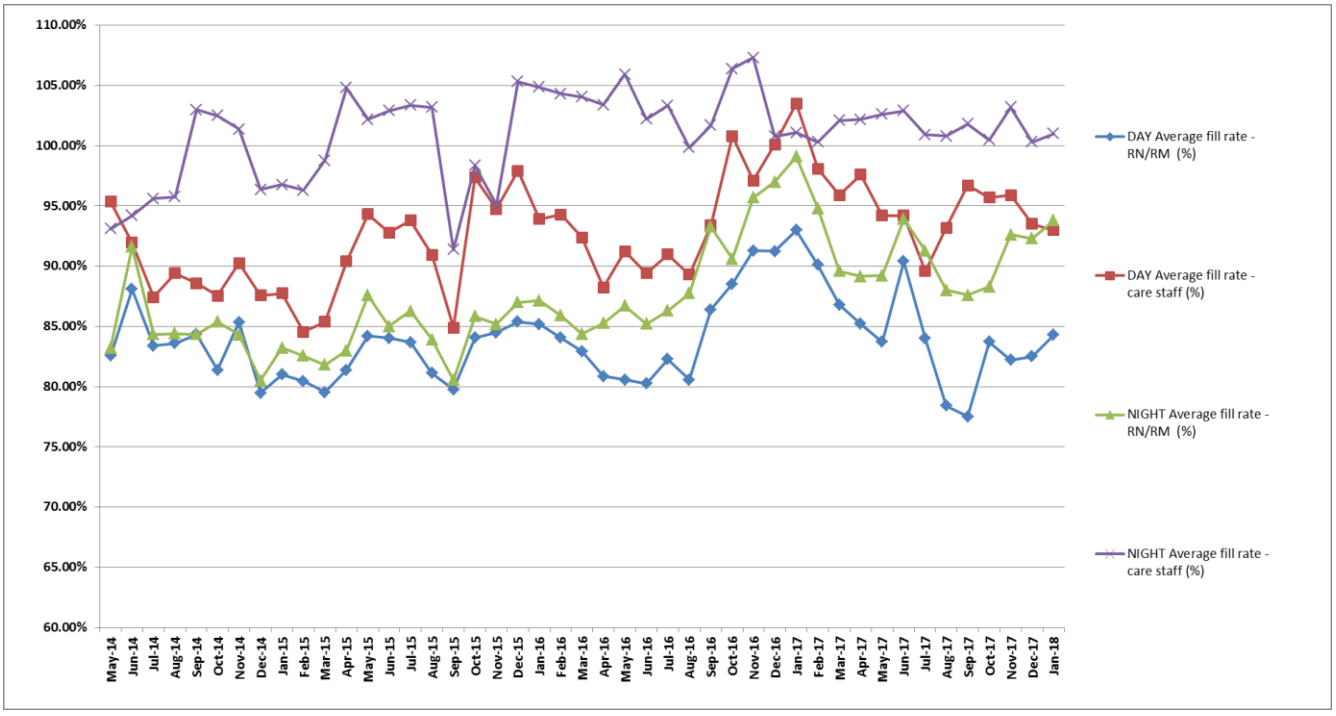
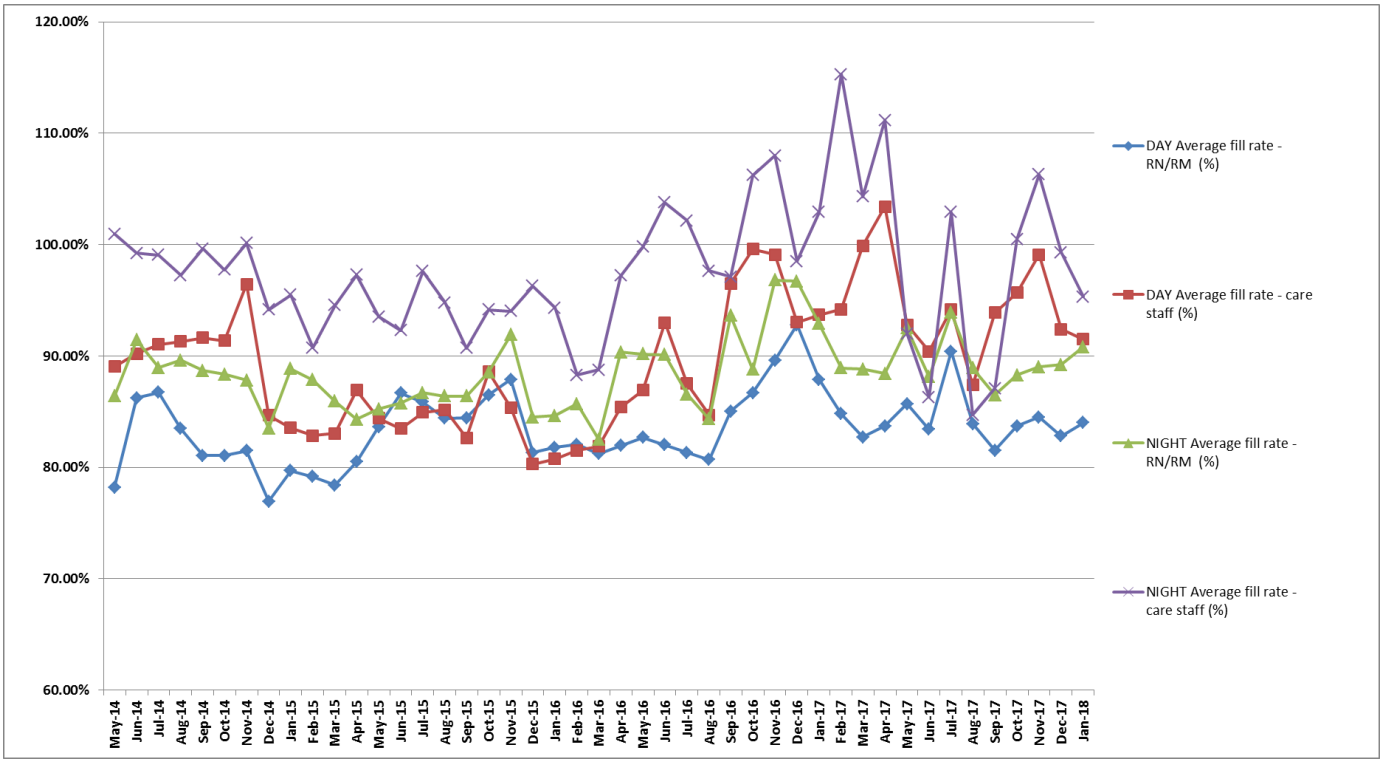


Fig 2: Castle Hill Hospital

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	83.40%	90.40%	88.10%	86.30%
Jul-17	90.40%	94.20%	93.90%	102.90%
Aug-17	83.90%	87.40%	88.90%	84.70%
Sep-17	81.50%	93.90%	86.50%	87.10%
Oct-17	83.72%	95.68%	88.29%	100.49%
Nov-17	84.50%	99.10%	89.00%	106.30%
Dec-17	82.80%	92.40%	89.20%	99.30%
Jan-18	84.00%	91.50%	90.80%	95.30%



As indicated in the aformentioned tables, the fill rates for both HRI and CHH have remained at reasonable levels overall.

From an international recruitment perspective, the Trust has 17 international recruits that are working as healthcare assistants and preparing for the Objective Structured Clinical Examination [OSCE]. The OSCE is the exam that the recruits must pass in order to become fully registered with the Nursing and Midwifery Council (NMC). To support the international recruits, the clinical education team is supporting the nurses with an intensive training programme for 2.5 days per week, focussing on specific clinical skills. For the remaining time, the nurses will be working within a clinical area under the supervision of a Registered Nurse in order to consolidate these skills.

The Trust has also had approval for 5 further certificates of sponsorship, it is therefore anticipated subject to visas being issued, this group of candidates should arrive in the UK by early March 2018. However, it is understood that there are challenges with some of these nurses not getting through OSCE process. This is not just at this Trust but also across the country. This is of concern and is being looked into. A fuller description will be provided in the next version of this report.

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

- The closure of identified beds within Family & Women's Health Group (9 beds) and Clinical Support Health Group (6 beds).
- The redeployment of staff from CHH to support HRI.
- Reduction in the number of Ward Sister/Charge Nurse supervisory shifts within all of the Health Groups on a temporary basis to support the areas where there are significant vacancies. (Additional managerial support is being provided by the Senior Matron for the clinical areas).
- The placement of Senior Matrons into clinical shifts across all Health Groups to help boost direct care-giving hours
- Support being given to wards by specialist nurses
- Utilisation of some agency shifts, albeit on a controlled basis. This has required the Trust to pay over the NHSI 'capped rate' on a small number of occasions in order to ensure patient safety.

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns. Following successful interviews, the Trust is currently pursuing 78 student nurses who are due to complete their training in September 2018. A further interview date is scheduled for March 2018, and it is anticipated an additional 60 student nurses will be interviewed then offered posts if successful.

The Chief Nurse has introduced a Nursing Workforce Committee focused on the delivery of the following:

- Improving retention by understanding why staff leave and what can be done to address that beforehand.
- Focused work with those approaching 55-year age/early retirement to see if anything can be done to persuade such staff to stay on, including part-time and flexible hours
- Considering more flexible working opportunities in general
- Looking at skill mix; as one key reason for leaving is due to the apparent lack of career progression opportunities

- Undertaking time/motion work to understand the roles and tasks that RN's are doing compared to that of the non-registered workforce and other healthcare professionals with a planned pilot to commence early May 2018.
- Review of nursing shift patterns (underway currently)
- Undertake staff surveys about what would make the difference to help keep nurses working here.
- The possibility of pursuing an alternative entry point to nurse training using the apprenticeship route. However, this would require funding from the Trust to support in terms of paying the apprenticeship salary and backfill costs. Options to look at this more closely are being developed and a proposal to support this will be going to the Executive Management Committee for consideration in March 2018. Although this will not produce a short-term solution to the registered nurse supply chain, the options for training more nurses into the future through nationally-available and nationally-funded routes are not available. Unless other national monies and entry routes are to be made available to support this in the future, trusts are going to need to supplement the development of registered nurses from their own budgets. This will only add further financial pressures to already-challenged trust budgets.

In terms of strategic context with nurse staffing, the future supply of registered adult nurses remains the primary concern for the Trust's Chief Nurse and many other chief nurses, certainly across the Yorkshire and the Humber region. All have similar ageing nursing and care assistant workforces, with many still having the option to retire at 55 yrs. of age. This continues to be a risk to the local health economy.

The Chief Nurse for the North of England held a Nursing workforce summit/think tank on 13th December 2017 to consider the solutions to the registered nursing shortfalls. The Trust's Chief Nurse has been requested to chair the North of England Nursing and Midwifery Workforce Group. This group met for the first time on Friday 23rd February in Leeds. The early work of this group is focusing on retention of nurses and a fuller analysis of the impact of the ageing nursing workforce.

4. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed six times each day, are led by a Senior Matron with input from a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. This is always achieved but is extremely challenging on some occasions. The Trust has a minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. Staffing levels are assessed directly from the live e-roster and SafeCare software and this system is working well.

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their professional view on the safety and staffing levels that day
- The physical layout of the ward
- The availability of other staff – e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

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, 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).

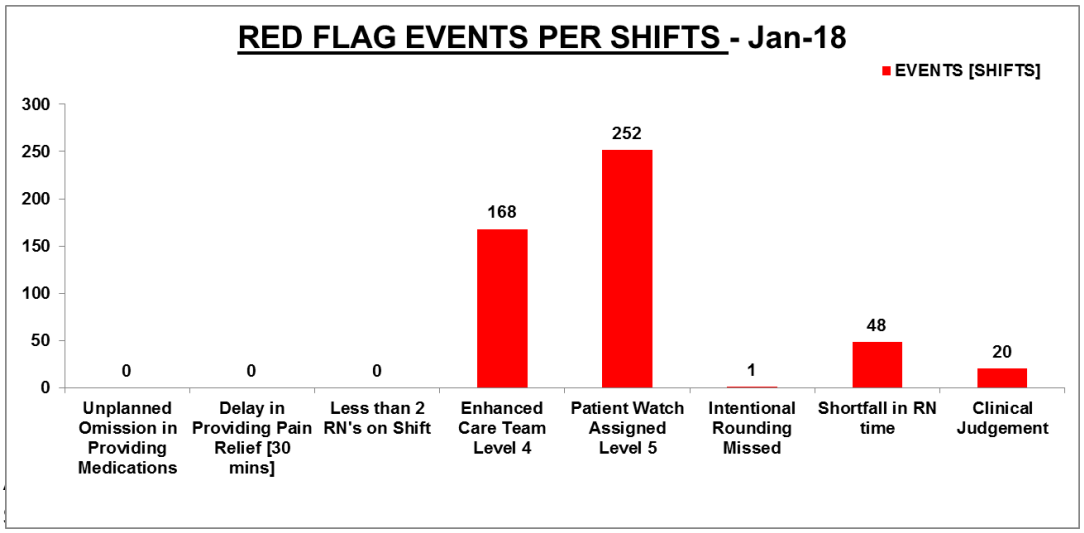
The 'red flags' suggested by NICE, are:

- 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 table illustrates the number of 'Red Flags' identified during January 2018. 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.

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

Jan-18	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	0	0%
	Enhanced Care Team Level 4	168	34%
	Patient Watch Assigned Level 5	252	52%
	Intentional Rounding Missed	1	0%
	Shortfall in RN time	48	10%
	Clinical Judgement	20	4%
	TOTAL:	**489**	**100%**



As illustrated above, the most frequently reported red flag is related to the requirement for 1:1 supervision for patients. As indicated in the previous Board Reports, this is being addressed through the implementation of the Enhanced Care Team (ECT), which has almost completed its pilot and will report on its impact to the Executive Management Committee in March 2018.

For information, an ECT level 4 is a patient requiring ward based 1:1 care with a non-registered staff member; these are often patients with dementia, those at high risk of falls and harm or those that are agitated due to their clinical condition. A Patient Watch Level 5 is a patient that is exhibiting violence/aggression that is a risk to themselves and/or others and requires a security staff member to ensure safety is maintained. These requirements for individual patients across the organisation are reviewed on a shift by shift basis and adjusted accordingly.

5. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

There are a number of key areas that remain particularly tight in terms of meeting their full establishments. These are:

- **H70 (Diabetes and Endocrine)** has 8.90 wte RN vacancies. This ward continues to be supported in the interim by moving staff in the Medical Health Group. Additional support has been provided from the Surgical Health Group and nurse bank, therefore reducing the current net vacancies to 2.67 wte in real terms.

- **Elderly Medicine [x5 wards]** have 16.74 wte RN vacancies. The specialty has over recruited by 10.04wte auxiliary nurses to support the RNs in the ward areas to deliver nursing care with supervision. These are all within budget. The Senior Matrons are supporting the ward in the interim by moving staff in the Medical Health Group.

- **H5, RSU and H500 (Respiratory Services)** have 6.85 wte RN vacancies between them. Support continues to be provided from the Nurse Bank to ensure staffing levels are maintained at a safe level. Critical Care have released 2.0 wte RN's to work in the RSU. In addition there are 2.00 wte RNs on rotation from critical care working within the respiratory support unit. This has been favourably received by both clinical areas as it is offering a learning opportunity for the staff involved as well as improving the staffing numbers.

- **H11 and H110** have 12.47 wte RN vacancies. The impact of this shortfall is supported by part-time staff working extra hours, bank shifts and over filling of auxiliary shifts. Additional support is also being provided by Critical Care, who have released 2.0 wte. registered nurses to support the HASU.

- **Ward H4 -** Neurosurgery has 5.08 wte RN, **H40** has 1.19 wte RN vacancies. The band 7's work closely together to minimise the impact of the vacancies.

- **Ward H7 -** Vascular Surgery has 5.52 wte RN vacancies. Support is being provided from within the Health Group until substantive posts are filled.

- **Ward H12 & H120 –** Trauma Orthopaedics have 6.83 wte RN vacancies across the floor.

- **Ward C10 & C11 -** Elective Colorectal Surgery has 5.70 wte RN vacancies across both wards.

- **Wards 30-33** – Oncology and Haematology have 8.55 wte RN vacancies. Staff are moved between the wards following assessment daily by the Senior Matron. An RN from the Oncology Health Centre is working on the wards, C33 have over recruited non registered nurses to support and the Sisters and Matrons are all undertaking clinical shifts.

- **Winter Ward H10 -** continues to be supported through the temporary redeployment of staff from all of the Health Groups. As part of the winter plan, work will commence to support the closure of the Ward early April 2018.

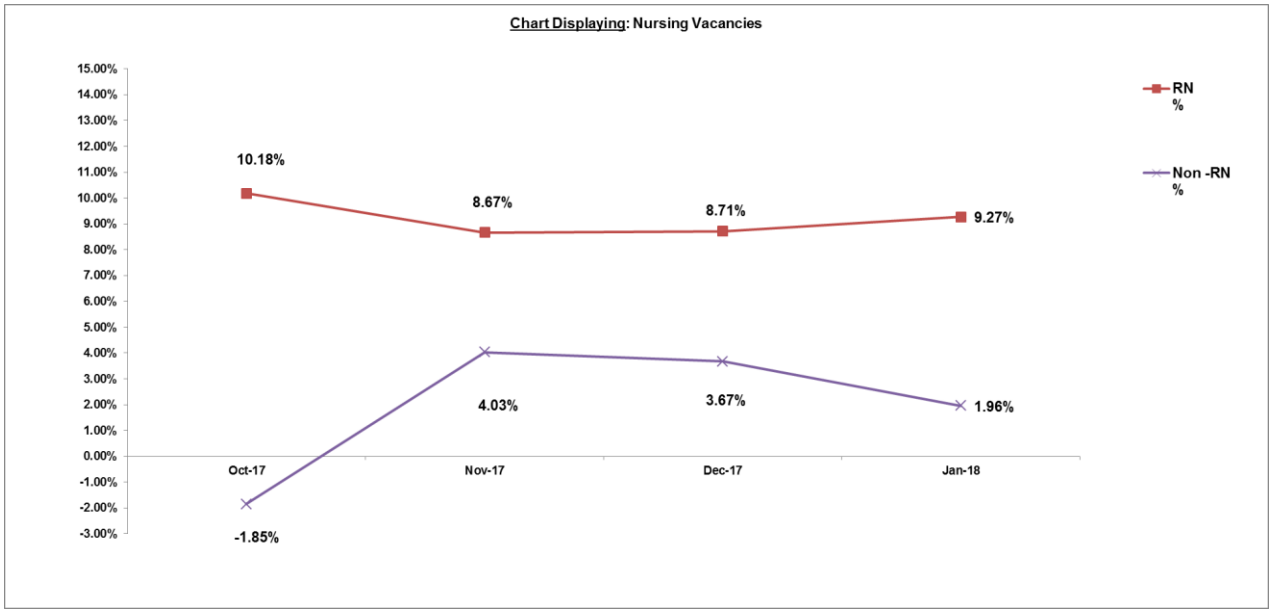
In addition to the above areas, as highlighted in appendix 1, there are a number of areas whose fill rate is less than the desired 80%. The justification for this is essentially two-fold; firstly, providing support to the winter ward and intentional roster changes to support additional capacity over a 7 day period. Secondly, increased absence levels, which is being monitored closely by the Nurse Directors.

As indicated in the narrative, support is being provided to wards that have staffing shortfalls through the redeployment of registered nurses from elsewhere within the Trust. This has been completed in a planned and coordinated manner, in order to try and minimise the continual movement of staff on a daily basis, although staff are still moved daily in response to further short notice shortfalls and assessments of the workload and patient acuity in clinical areas. Despite the work undertaken, there

remain some significant shortfalls in some wards and these are risk assessed and managed each day.

The following table illustrates a summary of the Vacancy position for both Registered and Non-Registered nurses (wards and ED) since October 2017. There has been a decrease of 7.08 wte Registered Nurse in the last month.

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.5917807	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.2866765	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.0371387	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.4026853	1276.47	509.93	1786.4	7.19%



In summary, as illustrated above, the RN vacancy rate on the Trust's wards, ED and ICU is 118.31 wte against an establishment of 1276.47 wte (9.27%).The non-registered workforce vacancies are 10.00 wte (1.96%) although a number of wards have over recruited to support the RN vacancies, as mentioned earlier in this report.

The inability to recruit sufficient numbers of registered nurses in order to meet safer staffing requirements remains a recorded risk at 16 (Likely 4 x Severity 4) until staffing levels stabilise more.

6. SUMMARY

Nursing and midwifery establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. This is all managed very carefully and in a way that balances the risk across the organisation and will continue to be so. The challenges remain around recruitment and with regard to the supply of registered nurses.

In summary there are many nurse staffing challenges and difficulties; however, it is recognised that significant effort is being made by many registered and non-registered nursing staff, which includes many working outside their normal area of speciality, to help care for patients in these challenging circumstances.

7. 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
March 2018

Appendix 1: HEY Safer Staffing Report – January 2018

HEY SAFER STAFFING REPORT JANUARY-18

NURSE STAFFING

FILL RATES

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	RED FLAG EVENTS [N]	DAY: Average fill rate - RN/RM (%)	DAY: Average fill rate - care staff (%)	NIGHT: Average fill rate - RN/RM (%)	NIGHT: Average fill rate - care staff (%)
MEDICINE	ED	ACUTE MEDICINE	NA	0				
	AMU	ACUTE MEDICINE	45	3	105%	71%	109%	101%
	H1	ACUTE MEDICINE	22	8	79%	103%	99%	97%
	EAU	ELDERLY MEDICINE	21	11	94%	97%	68%	85%
	H5 / RHOB	RESPIRATORY	26	1	73%	92%	100%	103%
	H50	RENAL MEDICINE	19	7	71%	106%	101%	110%
	H500	RESPIRATORY	24	0	81%	101%	98%	101%
	H70	ENDOCRINOLOGY	30	33	68%	126%	74%	108%
	H8	ELDERLY MEDICINE	27	0	75%	102%	104%	103%
	H80	ELDERLY MEDICINE	27	5	68%	105%	100%	100%
	H9	ELDERLY MEDICINE	31	21	71%	127%	99%	108%
	H90	ELDERLY MEDICINE	29	7	65%	124%	100%	115%
	H11	STROKE / NEUROLOGY	28	99	57%	165%	77%	113%
	H110	STROKE / NEUROLOGY	24	3	70%	129%	88%	92%
	CDU	CARDIOLOGY	9	0	60%	24%	100%	
	C26	CARDIOLOGY	26	11	70%	89%	81%	92%
	C28 /CMU	CARDIOLOGY	27	11	79%	89%	83%	61%
SURGERY	H4	NEURO SURGERY	30	18	76%	114%	85%	112%
	H40	NEURO HOB / TRAUMA	15	16	88%	92%	104%	102%
	H6	ACUTE SURGERY	28	1	92%	76%	88%	147%
	H60	ACUTE SURGERY	28	7	95%	91%	87%	144%
	H7	VASCULAR SURGERY	30	20	79%	74%	94%	98%
	H100	GASTROENTEROLOGY	24	7	80%	105%	83%	108%
	H12	ORTHOPAEDIC	28	14	76%	94%	84%	134%
	H120	ORTHO / MAXFAX	22	13	87%	109%	79%	112%
	HICU	CRITICAL CARE	22	0	93%	210%	91%	77%
	C9	ORTHOPAEDIC	35	1	75%	80%	98%	97%
	C10	COLORECTAL	21	0	76%	61%	73%	113%
	C11	COLORECTAL	22	4	87%	91%	89%	113%
	C14	UPPER GI	27	0	79%	76%	83%	133%
	C15	UROLOGY	26	1	83%	76%	85%	85%
	C27	CARDIOTHORACIC	26	1	87%	91%	93%	103%
	CICU	CRITICAL CARE	22	0	89%	122%	91%	76%
FAMILY & WOMEN'S	C16	ENT / BREAST	30	0	71%	90%	107%	67%
	H130	PAEDS	20	0	102%	37%	98%	65%
	H30 CEDAR	GYNAECOLOGY	9	2	75%	58%	110%	
	H31 MAPLE	MATERNITY	20	0	86%	90%	116%	99%
	H33 ROWAN	MATERNITY	38	0	93%	81%	89%	99%
	H34 ACORN	PAEDS SURGERY	20	0	93%	85%	98%	59%
	H35	OPHTHALMOLOGY	12	0	87%	19%	109%	
	LABOUR	MATERNITY	16	0	113%	86%	103%	88%
	NEONATES	CRITICAL CARE	26	0	77%	62%	90%	87%
	PAU	PAEDS	10	0	103%		99%	
	PHDU	CRITICAL CARE	4	0	108%	54%	100%	
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	23	104%	75%	105%	117%
	C29	REHABILITATION	15	134	97%	94%	100%	69%
	C30	ONCOLOGY	22	4	95%	105%	99%	100%
	C31	ONCOLOGY	27	0	97%	94%	102%	102%
	C32	ONCOLOGY	22	0	90%	100%	98%	101%
	C33	HAEMATOLOGY	28	3	83%	133%	93%	129%
	TOTAL:		489		AVERAGE or TOTAL:			

CARE HOURS PER PATIENT DAY [CHPPD] [hrs]

HEALTH GROUP	WARD	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL
MEDICINE	ED				
	AMU	1180	4.8	2.3	7.2
	H1	618	2.7	1.8	4.5
	EAU	604	3.8	3.1	6.9
	H5 / RHOB	580	2.8	1.9	4.7
	H50	533	3.2	2.3	5.6
	H500	703	2.4	2.5	4.9
	H70	888	2.2	2.4	4.6
	H8	798	2.5	2.3	4.8
	H80	785	2.4	2.4	4.9
	H9	910	2.1	2.4	4.4
	H90	824	2.2	2.7	4.9
	H11	824	2.2	2.6	4.8
	H110	544	3.9	2.9	6.8
	CDU	80	13.2	2.0	15.2
	C26	633	4.1	1.7	5.8
	C28 /CMU	675	6.3	1.6	7.9
SURGERY	H4	785	2.9	2.0	5.0
	H40	361	6.7	3.8	10.5
	H6	696	3.2	2.2	5.5
	H60	718	3.2	2.2	5.4
	H7	861	2.9	2.1	5.1
	H100	793	2.5	2.2	4.6
	H12	735	3.1	2.8	5.9
	H120	582	3.4	2.9	6.4
	HICU	474	27.9	2.2	30.2
	C9	723	3.6	1.9	5.5
	C10	376	5.0	2.3	7.3
	C11	531	4.2	2.1	6.3
	C14	629	3.8	1.9	5.6
	C15	589	4.2	2.3	6.5
	C27	691	4.1	1.6	5.7
	CICU	441	24.0	2.5	26.6
FAMILY & WOMEN'S	C16	210	9.3	5.2	14.5
	H130	474	6.3	0.8	7.1
	H30 CEDAR	339	4.6	1.8	6.4
	H31 MAPLE	382	6.1	3.6	9.7
	H33 ROWAN	1147	2.9	1.5	4.3
	H34 ACORN	234	11.0	2.7	13.7
	H35	311	4.8	0.5	5.3
	LABOUR	249	24.3	6.9	31.2
	NEONATES	620	12.6	0.9	13.5
	PAU	106	14.2	0.0	14.2
	PHDU	47	32.8	2.6	35.4
CLINICAL SUPPORT	C20	400	3.8	2.4	6.2
	C29	449	3.5	4.0	7.5
	C30	606	3.0	1.9	5.0
	C31	708	2.6	2.2	4.9
	C32	608	2.9	1.8	4.7
	C33	666	4.5	2.2	6.7
	AVERAGE or TOTAL:	586	6.4	2.3	8.8

ROTA EFFICIENCY [25-12-17 to 21-01-18]

HEALTH GROUP	WARD	ANNUAL LEAVE [11-17%]	SICK RN & AN [3.9%]	MAT LEAVE [%]
MEDICINE	ED	13.6%	2.1%	2.2%
	AMU	9.6%	4.3%	2.6%
	H1	9.1%	9.3%	0.0%
	EAU	12.1%	2.1%	5.2%
	H5 / RHOB	7.7%	7.9%	6.9%
	H50	11.8%	8.6%	0.0%
	H500	9.0%	8.6%	0.0%
	H70	7.1%	5.7%	0.0%
	H8	8.7%	2.5%	3.3%
	H80	9.5%	8.6%	6.2%
	H9	7.4%	1.3%	4.6%
	H90	10.3%	6.6%	3.7%
	H11	9.0%	7.4%	0.1%
	H110	13.6%	11.5%	0.0%
	CDU	22.9%	21.9%	0.0%
	C26	9.4%	9.2%	14.7%
	C28 /CMU	11.8%	3.2%	0.0%
SURGERY	H4	9.3%	7.6%	3.6%
	H40	13.6%	9.2%	0.0%
	H6	11.5%	8.6%	0.0%
	H60	9.4%	4.9%	2.1%
	H7	9.6%	5.0%	0.0%
	H100	7.5%	4.9%	8.8%
	H12	11.4%	10.6%	4.5%
	H120	10.2%	7.5%	0.0%
	HICU	7.8%	7.0%	2.8%
	C9	14.8%	14.6%	2.0%
	C10	15.6%	7.5%	2.6%
	C11	14.6%	5.4%	4.3%
	C14	15.7%	8.4%	9.0%
	C15	17.6%	6.2%	3.1%
	C27	13.9%	7.1%	7.8%
	CICU	9.8%	8.9%	1.3%
FAMILY & WOMEN'S	C16	18.1%	5.9%	9.0%
	H130	14.0%	3.7%	2.8%
	H30 CEDAR	19.0%	22.0%	0.0%
	H31 MAPLE	8.1%	7.9%	0.0%
	H33 ROWAN	12.5%	2.1%	0.3%
	H34 ACORN	16.0%	4.3%	0.0%
	H35	7.9%	4.4%	20.1%
	LABOUR	10.6%	2.8%	1.7%
	NEONATES	10.6%	5.7%	8.8%
	PAU	11.0%	9.1%	6.8%
	PHDU	8.7%	3.5%	0.0%
CLINICAL SUPPORT	C20	10.2%	13.6%	0.0%
	C29	13.2%	8.4%	0.0%
	C30	8.7%	13.6%	5.2%
	C31	9.6%	4.2%	8.6%
	C32	9.9%	2.3%	0.0%
	C33	9.7%	4.2%	4.6%
	AVERAGE or TOTAL:	11.5%	7.2%	3.4%

NURSING VACANCIES [FINANCE LEDGER M10]

HEALTH GROUP	WARD	RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN- Est. [WTE]
MEDICINE	ED	4.09	4.4%	-0.13	-0.6%	3.96	115.34
	AMU	8.94	20.2%	0.24	1.0%	9.18	67.57
	H1	1.76	12.1%	0.33	4.2%	2.09	22.51
	EAU	1.78	9.3%	-4.15	-31.5%	-2.37	32.27
	H5 / RHOB	4.29	17.4%	1.40	10.6%	5.69	37.84
	H50	0.31	2.1%	0.43	5.1%	0.74	23.54
	H500	2.56	15.1%	0.25	2.1%	2.81	29.10
	H70	8.90	44.4%	0.92	7.6%	9.82	32.22
	H8	0.86	5.2%	-1.34	-10.2%	-0.48	29.78
	H80	2.63	15.8%	-1.16	-8.8%	1.47	29.78
	H9	4.82	29.0%	-1.04	-7.9%	3.78	29.78
	H90	6.65	40.0%	-2.35	-17.9%	4.30	29.78
	H11	6.89	30.6%	1.25	11.8%	8.14	33.16
	H110	5.58	24.8%	0.64	5.8%	6.22	33.64
	CDU	0.01	0.1%	0.63	21.6%	0.64	15.74
	C26	3.07	11.9%	-0.39	-4.9%	2.68	33.73
	C28 /CMU	5.10	13.4%	0.69	7.2%	5.79	47.78
SURGERY	H4	5.08	23.3%	0.44	4.2%	5.52	32.28
	H40	1.19	5.7%	1.12	10.1%	2.31	31.95
	H6	2.91	15.2%	0.47	4.4%	3.38	29.74
	H60	0.56	2.9%	0.38	3.6%	0.94	29.74
	H7	5.52	25.4%	1.09	8.3%	6.61	34.89
	H100	2.67	14.0%	-0.66	-5.5%	2.01	31.23
	H12	5.35	24.5%	-1.03	-7.8%	4.32	35.00
	H120	1.48	8.9%	0.35	3.0%	1.83	28.42
	HICU	0.46	0.4%	-7.04	-96.2%	-6.58	112.20
	C9	1.91	8.8%	0.22	1.9%	2.13	33.39
	C10	3.54	19.4%	-0.09	-1.2%	3.45	26.08
	C11	2.16	11.8%	1.79	22.9%	3.95	26.08
	C14	-0.08	-0.4%	0.04	0.4%	-0.04	29.38
	C15	0.50	2.4%	0.44	3.6%	0.94	32.71
	C27	1.77	7.5%	-0.66	-7.7%	1.11	32.22
	CICU	6.51	7.0%	0.66	8.7%	7.17	100.50
FAMILY & WOMEN'S	C16	1.72	9.3%	1.47	13.2%	3.19	29.65
	H130	-0.79	-3.7%	2.02	38.7%	1.23	26.59
	H30 CEDAR	0.27	3.6%	0.12	3.1%	0.39	11.33
	H31 MAPLE	-0.42	-0.9%	2.38	10.5%	1.96	73.34
	H33 ROWAN						
	H34 ACORN	-0.82	-4.0%	-0.46	-8.8%	-1.28	26.00
	H35	1.38	12.4%	3.76	138.8%	5.14	13.84
	LABOUR	-0.58	-1.2%	0.79	5.8%	0.21	63.84
	NEONATES	1.22	1.8%	-0.24	-3.2%	0.98	74.51
	PAU	-1.24	-11.9%	0.00	0.0%	-1.24	10.44
	PHDU	-1.80	-15.4%	0.00	0.0%	-1.80	11.66
CLINICAL SUPPORT	C20	1.58	13.1%	2.48	30.2%	4.06	20.22
	C29	-0.53	-4.0%	2.11	13.4%	1.58	28.89
	C30	1.11	7.9%	1.35	16.9%	2.46	21.97
	C31	1.26	9.0%	1.33	11.3%	2.59	25.74
	C32	2.17	15.5%	2.68	28.0%	4.85	23.57
	C33	4.01	14.6%	-3.98	-49.8%	0.03	35.44
	TOTAL:	118.31	8.7%	9.55	3.7%	127.86	1786.40

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

HIGH LEVEL

HEALTH GROUP	WARD	SAFETY THERMOMETER HARM FREE CARE [%]	REPORTED STAFFING INCIDENT [DATIX]	OFFICIAL COMPLAINT	DRUG ERROR [ADMIN]
MEDICINE	ED				6
	AMU	93%			2
	H1	100%			
	EAU	100%			
	H5 / RHOB	100%		1	
	H50	100%	1		
	H500	95%		1	
	H70	100%	1	1	1
	H8	100%			1
	H80	96%		2	
	H9	100%		2	1
	H90	100%		1	
	H11	100%	3		
	H110	100%	4	1	
	CDU	100%			
	C26	100%			
	C28 /CMU	100%		1	
SURGERY	H4	100%		2	
	H40	100%			2
	H6	100%	1		1
	H60	100%	4	1	
	H7	89%	4		
	H100	96%			
	H12	92%	2		
	H120	100%		1	
	HICU	83%		1	5
	C9	100%			
	C10	100%			
	C11	100%	1	1	1
	C14	100%		1	
	C15	90%			1
	C27	100%			
	CICU	100%			1
FAMILY & WOMEN'S	C16	100%			
	H130	100%			1
	H30 CEDAR	100%	2	2	
	H31 MAPLE	100%	1		
	H33 ROWAN	100%		1	
	H34 ACORN	100%		1	
	H35	100%			1
	LABOUR	100%	2	2	
	NEONATES	100%		1	2
	PAU	100%			
	PHDU	100%			
CLINICAL SUPPORT	C20	100%			
	C29	93%	2	2	1
	C30	100%			
	C31	96%			
	C32	100%			
	C33	100%			
	TOTALS:	48	28	26	27

FALLS

HEALTH GROUP	WARD	MINOR	MODERATE	SEVERE / DEATH	FALLS TOTAL
MEDICINE	ED	1			1
	AMU				0
	H1				0
	EAU	3	1		4
	H5 / RHOB				0
	H50	2			2
	H500		1		1
	H70	3	1		4
	H8				0
	H80	3	1		4
	H9	1	2		3
	H90	3			3
	H11	3			3
	H110	1			1
	CDU				0
	C26				0
	C28 /CMU				0
SURGERY	H4				0
	H40				0
	H6				0
	H60				0
	H7	1			1
	H100	2	1		3
	H12				0
	H120	1			1
	HICU				0
	C9	2			2
	C10				0
	C11				0
	C14				0
	C15				0
	C27	1			1
	CICU				0
FAMILY & WOMEN'S	C16				0
	H130				0
	H30 CEDAR	1			1
	H31 MAPLE				0
	H33 ROWAN				0
	H34 ACORN				0
	H35				0
	LABOUR				0
	NEONATES				0
	PAU				0
	PHDU				0
CLINICAL SUPPORT	C20				0
	C29	2			2
	C30	3			3
	C31	1	1		2
	C32	1		1	2
	C33	1			1
	TOTALS:	36	8	1	45

HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE]

HEALTH GROUP	WARD	1	2	3	DTI	UNSTAG.	PRESSURE SORE TOTAL
MEDICINE	ED						0
	AMU		1		2		3
	H1		1				1
	EAU				1		1
	H5 / RHOB		1				1
	H50						0
	H500		1				1
	H70	1	3			1	5
	H8						0
	H80						0
	H9		1		1		2
	H90						0
	H11						0
	H110				1		1
	CDU						0
	C26						0
	C28 /CMU				1		1
SURGERY	H4						0
	H40	1	1		1		3
	H6						0
	H60						0
	H7		1		1		2
	H100	1	2				3
	H12						0
	H120		1				1
	HICU		3		4		7
	C9		1		1		2
	C10						0
	C11				1		1
	C14						0
	C15						0
	C27						0
	CICU						0
FAMILY & WOMEN'S	C16						0
	H130						0
	H30 CEDAR						0
	H31 MAPLE						0
	H33 ROWAN						0
	H34 ACORN						0
	H35						0
	LABOUR						0
	NEONATES						0
	PAU						0
	PHDU						0
CLINICAL SUPPORT	C20				1		1
	C29						0
	C30						0
	C31		1			1	2
	C32						0
	C33						0
	TOTALS:	0	15	2	38		164

QUALITY INDICATOR TOTAL

HEALTH GROUP	WARD	QUALITY INDICATOR TOTAL
MEDICINE	ED	7
	AMU	5
	H1	1
	EAU	5
	H5 / RHOB	2
	H50	3
	H500	3
	H70	12
	H8	1
	H80	6
	H9	8
	H90	4
	H11	6
	H110	7
	CDU	0
	C26	0
	C28 /CMU	2
SURGERY	H4	2
	H40	5
	H6	2
	H60	5
	H7	7
	H100	6
	H12	2
	H120	3
	HICU	13
	C9	4
	C10	0
	C11	4
	C14	1
	C15	1
	C27	1
	CICU	1
FAMILY & WOMEN'S	C16	0
	H130	1
	H30 CEDAR	5
	H31 MAPLE	1
	H33 ROWAN	1
	H34 ACORN	1
	H35	1
	LABOUR	4
	NEONATES	3
	PAU	0
	PHDU	0
CLINICAL SUPPORT	C20	1
	C29	7
	C30	3
	C31	4
	C32	2
	C33	1
	TOTALS:	164

Jan-18	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 [CHPPPD]: Cumulative Count	RN / RM	CARE STAFF	OVERALL
SAFER STAFFING OVERALL PERFORMANCE								
HRI SITE	84.3%	93.0%	93.8%	101.0%	19900	4.8	2.3	7.1
CHH SITE	84.0%	91.5%	90.8%	95.3%	9017	4.9	2.1	7.1

Month	RN Vacancies	RN %	NON-RN Vacancies	Non -RN %	Total [wte] Vacancies	RN [wte] Establishment	NON-RN [wte] Establishment	Total Nursing Establishment	% Total Vacancies
Oct-17	129.92	10.18%	-9.43	-1.85%	120.5917807	1276.47	509.93	1786.4	6.75%
Nov-17	110.64	8.67%	20.56	4.03%	131.2866765	1276.47	509.93	1786.4	7.35%
Dec-17	111.23	8.71%	18.72	3.67%	130.0371387	1276.47	509.93	1786.4	7.28%
Jan-18	118.31	9.27%	10.00	1.96%	128.4026853	1276.47	509.93	1786.4	7.19%