HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
11TH September 2018

Title:	NURSING AND MIDWIFERY (SAFE) STAFFING REPORT - JULY 2018
Responsible Director:	EXECUTIVE CHIEF NURSE
Author:	Mike Wright, Executive Chief Nurse

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

Recommendation:	The Trust Board is requested to: • Receive this report • Comment on the new report format as requested in section 9 and make any suggestions for improvement • Decide if any if any further actions and/or information are required.

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB's Ten Expectations)[1,2], NHS Improvement[3] and the Care Quality Commission.

Since the last version of this report, NHS Improvement (NHSI) has issued revised guidance on the metrics to be used when reporting nursing and midwifery safer staffing data from July 2018. As a result, this report has been redesigned to reflect these requirements. Furthermore, as this report is now presented every two months, these changes have been applied to the June month, also.

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 July 2018 (May 2018 position).

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

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

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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

[2] NHS Improvement (June 2018) Care hours Per patient Day (CHPPD) Guidance for acute and acute specialist trusts

[4] When Trust Boards meet in public

[5] An independent report for the Department of Health by Lord Carter of Coles. Operational productivity and performance in English NHS acute hospitals: Unwarranted variations

2.1 What is Care Hours Per Patient Day (CHPPD)?
CHPPD is a measure of workforce deployment that can be used at ward, service or aggregated to Trust level.

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

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

CHPPD is calculated, as follows:

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

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

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

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

2.4 Further anticipated benefits of using CHPPD
The guidance advises further that using CHPPD provides:

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

2.5 The limitations of using CHPPD

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

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

3. NURSING AND MIDWIFERY STAFFING AT HEY

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

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

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

In order to try and simplify this and set it all into context, the Chief Nurse, Deputy Chief Nurse and Nurse Directors have developed an overall 'Professional Staffing Safety Risk Assessment (after mitigation)'. The idea behind this is to identify any areas where patient care may be compromised or potentially compromised as a consequence of staffing levels. For example, a ward may have good staffing levels and yet still be seeing high levels of patient harm. Conversely, another ward may be carrying a lot of vacancies and have a high use of temporary staff but with no care

quality concerns. As such, it is important not to make assumptions either way without considering the fuller picture for each ward.

A real example is with regards to ward H70, currently. This ward has experienced two serious available pressure ulcer harms this year. However, the two serious incident investigations demonstrated no causal link between the harms and the staffing levels. Other factors contributed to these harms, including sub-optimal ward practices. Whilst these are unacceptable issues in their own right and need to be addressed, it is important to be able to make these distinctions. The professional risk assessments are now described.

4. PROFESSIONAL STAFFING SAFETY RISK ASSESSMENTS

Appendix One provides the Nursing Staffing Key metrics for June 2018 only. **Appendix Two** is the same for July 2018. **Appendix Three** provides the Staffing Quality indicators for July 2018 (not provided for June 2018). For the purposes of this report, **Appendices Two** and **Three** refer and provide the following information by ward:

- CHPPD (peer and national comparisons)
- Nursing and midwifery vacancies
- Temporary staffing
- Rota efficiency metrics:
    - Unavailability data (excluding maternity leave)
    - Rota approval times
    - Additional duties
    - Unfilled roster
    - Hours balance
    - Staff redeployment
    - HR metrics
    - Harm rates
        - Patient falls
        - Pressure ulcers

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

The Risk Ratings have been agreed as follows:

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

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

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk assessment	Comments/Mitigation
AMU	LOW	No staffing related quality concerns	Staff support from H1 on rotation, support from nurse bank and agency. All beds staffed as assessment care level beds.
EAU	MEDIUM	Although not triggering on quality issues, nursing staff vacancies are thought to be affecting continuity of care. Under review.	1 RN from another health group, bank and agency utilised.
H1	LOW	No staffing related quality concerns	
H5/RHoB	LOW	No staffing related quality concerns	
H50	LOW	No staffing related quality concerns	
H500	MEDIUM	This ward has had two SI's recently, so the quality of care is under surveillance	Support gained from nurse bank and overtime.
H70	MEDIUM	This is one of the better staffed wards in medicine and yet it is still having some quality concerns. Under surveillance	2 recent hospital acquired pressure ulcers rated major harm but, following SI investigation, not related to staffing levels. Actions under way looking at the overall functioning of this ward. Utilising some agency and bank. B6s and B7 staff providing weekend cover. Additional A/N's in post.
H8	MEDIUM	Had a recent pressure ulcer SI (under investigation); not yet clear if staffing was a factor	Additional non-registered staff in post.
H80	MEDIUM	3 red fundamental standards scores although not thought to be related to staffing levels.	New Senior Ward Sister in post. Senior Matron supporting the ward. 2 RNs from other health group, One RN from EAU to support the ward.
PDU H9	LOW	No staffing related quality concerns	
H90	LOW	No staffing related quality concerns	Additional A/Ns in post.
H11	MEDIUM	No evidence of harm but the ward needs a lot of senior support. Under review	Recruitment of additional HCA's will be in post in August. Bank and agency utilised.
H110	MEDIUM	Not able to open additional HASU beds due to staffing levels.	Recruitment of additional HCA's will be in post in August. Bank and agency utilised.
CDU	LOW	No staffing related quality concerns	
C26	MEDIUM	One recent patient fall, with a catastrophic outcome. Ward under review.	2.2 WTE vacancies with high unavailability (maternity leave). Additional support obtained to cover maternity leave from nurse bank and from staff within cardiology.
C28/CMU	LOW	No staffing related quality concerns	

4.1.2 Surgery Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk rating	Actions
H4	**LOW**	No staffing related quality concerns	Using bank and agency plus support from H40. Recruitment plan to rotate new RN's with 12th floor
H40	**LOW**	No staffing related quality concerns	
H6	**LOW**	No staffing related quality concerns	Using bank and agency plus mutual support with H6. New starters due September 2018
H60	**LOW**	No staffing related quality concerns	
H7	**MEDIUM**	No staffing related quality concerns	New staff requiring supervision. 'Short term' agency staff in place. Plans to close 6 beds from September for 8 weeks until staffing levels stabilise more
H100	**LOW**	No staffing related quality concerns	Red fundamental standards for nutrition, although not related to staffing levels.
H12	**LOW**	No staffing related quality concerns	
H120	**LOW**	No staffing related quality concerns	
HICU	**LOW**	No staffing related quality concerns	
C9	**LOW**	No staffing related quality concerns	
C10	**LOW**	No staffing related quality concerns	
C11	**LOW**	No staffing related quality concerns	
C14	**LOW**	No staffing related quality concerns	
C15	**LOW**	No staffing related quality concerns	
C27	**LOW**	No staffing related quality concerns	
CICU	**MEDIUM**	Not triggering any quality concerns but under review	New staff requiring extended periods of supervision

4.1.3 Family and Women's Health Group

Ward	Professional Staffing Safety Risk Assessment (after mitigation)	Rationale for risk rating	Actions
C16	**LOW**	No staffing related quality concerns	Utilising bank and agency. Utilising overtime and excess hours. 1 newly qualified member of staff will need supernumerary status and support 2 new recruits have withdrawn – looking to recruit further
H130	**LOW**	No staffing related quality concerns	Staff in the childrens' wards are flexed according to patient need, so these should be considered collectively. Utilising overtime hours to cover across the 13th Floor and Acorn. Agreement for staged recruitment to vacancies for paediatric staff across these areas. Will be at establishment in September 2018
Cedar H30	**LOW**		Utilising bank and agency on occasion
Maple H31	**LOW**	No staffing related quality concerns	
Rowan H33	**LOW**	No staffing related quality concerns	
Acorn H34	**LOW**	No staffing related quality concerns	
H35	**LOW**	No staffing related quality concerns	Utilising bank and agency Hours released from H35 - 216 hours released to support other wards
NICU	**LOW**	No staffing related quality concerns	
PAU	**LOW**	No staffing related quality concerns	
PHDU	**LOW**	No staffing related quality concerns	
Labour	**LOW**	No staffing related quality concerns	Midwife to birth ratio 1:32. Undertaking Birth rate plus results due in October 2018

4.1 4 Clinical Support Health Group

Ward	Professional Risk Assessment	Rationale for risk rating	Actions
C7	**LOW**	No staffing related quality concerns	
C29	**LOW**	No staffing related quality concerns	
C30	**LOW**	No staffing related quality concerns	3.3% RN vacancies & 4.9% ML however,
C31	**MEDIUM**	No quality indicators are triggering currently; this continues to be closely monitored	This ward has 39.4% RN vacancies & 4.7% ML. Actions taken have mitigated the risk. Utilising bank and agency, support from other inpatient wards, 5 beds currently closed due to staffing
C32	**MEDIUM**	No quality indicators are triggering	This ward has 14.9% RN vacancies & 3.4% ML; Utilising bank and agency, support from other inpatient wards
C33	**MEDIUM**	the actions taken are supporting the ward and no quality indicators are triggering; this continues to be closely monitored	This ward has 15.2% RN vacancies & high ML at 10.1%. Utilising bank and agency, support from other inpatient wards and have over recruited to non-registered posts to support

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 fewer than 2 x RN`s present on a ward during any shift. They are designed to support the nurse in charge of the shift to assess systematically that the available nursing staff for each shift, or at least each 24-hour period, is adequate to meet the actual nursing needs of patients on that ward.

When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, which provides an audit trail. Actions may include the allocation or redeployment of additional nursing staff to the ward. These issues are addressed at each safety brief.

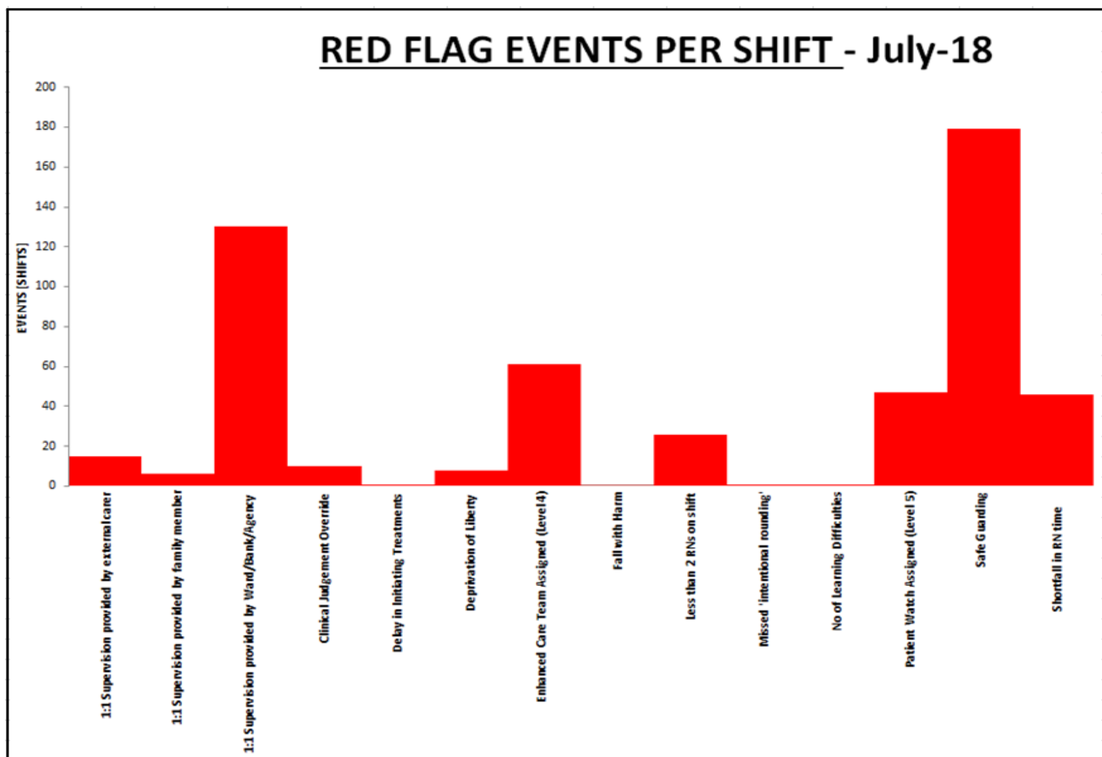
In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

The 'red flags' suggested by NICE, are:

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

The following table illustrates the number of 'Red Flags' identified during July 2018. The Trust is not yet able to collect data on all of these categories as the systems required to capture them are not yet available, e.g. e-prescribing. This is accepted by the National Quality Board. In addition, work is required to ensure that any mitigation is recorded accurately, following professional review. The sophistication of this will be developed over time.

Jul-18	RED FLAG TYPE	EVENTS [SHIFTS]	%
	1:1 Supervision provided by external carer	15	3%
	1:1 Supervision provided by family member	6	1%
	1:1 Supervision provided by Ward/Bank/Agency	130	24%
	Clinical Judgement Override	10	2%
	Delay in Initiating Treatments	1	0.50%
	Deprivation of Liberty	8	1.50%
	Enhanced Care Team Assigned (Level 4)	61	11%
	Fall with Harm	1	0.50%
	Less than 2 RNs on shift	26	5%
	Missed 'intentional rounding'	1	0.50%
	No of Learning Difficulties	1	0.50%
	Patient Watch Assigned (Level 5)	47	9%
	Safeguarding	179	33%
	Shortfall in RN time	46	8.50%
	TOTAL	532	100%



As illustrated above, the most frequently reported red flag that requires extra nursing time is related to the requirement for 1:1 supervision of some sort for patients. As indicated in the previous Board Reports, this is being addressed through the implementation of the Enhanced Care Team (ECT), which has now completed its pilot phase. Additional work has been commissioned by the Chief Nurse in order to further validate the results obtained through the pilot and will be presented to the Executive Management Committee in July 2018.

6. RECRUITMENT AND RETENTION

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns and rotational programmes. Following successful interviews, the Trust is currently pursuing 115 student nurses who are due to complete their training in September 2018. This was originally 140. However, some students have taken up opportunities elsewhere, largely as they tend to apply to multiple trusts whilst deciding where they really wish to work.

Fifteen new Trainee Nursing Associates commence their programme in September 2018. In addition fifteen nursing student nursing apprentices start their programme in September 2018.

The Trust has also developed a unique Health Care Support Worker Apprenticeship programme with Hull College and the University of Hull (Fifteen places). This is a circa. two year programme aimed at 16-18 year olds that ultimately want to become registered nurses. The programme will provide the academic and practical underpinning to allow them to ultimately step into either traditional student nurse training or registered nursing apprenticeships at 18, subject to the attainment of the required academic qualifications (BTEC equivalent). This is a way of getting these people into gainful health employment as soon as they leave school at 16.

The International Nurses from the Philippines are all now passing their OSCE's and settling in well. Health Groups are looking to expand this programme subject to financial approval.

These developments are all really positive news in terms of helping to secure the workforce of the future.

7. ENSURING SAFE STAFFING

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

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

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

8. ESTABLISHMENT LEVELS

The nursing and midwifery establishments are set and funded to good standards and are reviewed twice a year in line with national guidance. These were last reviewed in May 2018 and are next due to report in the new calendar year as part of the Trust's operational planning round.

9. SUMMARY FOR THE NEW STYLE REPORT

It is too early to determine if the use of CHPPD will have any significant impact on helping to determine whether staffing levels are safe or not. CHPPD is only a number and must be set into context alongside a lot of other data before it can be meaningful. This will be analysed over time as trends are determined and when comparisons can be made. It provides the opportunity to benchmark and the usefulness of this will to be considered over time.

Also, a lot of information is provided in this report, particularly in the Appendices, which have attempted to be summarised in the body of the report. The Trust Board is requested to consider if this new format is helpful and whether the summary professional risk assessment provides the required assurances that the Trust's wards are staffed safely or otherwise.

10. RECOMMENDATION

The Trust Board is requested to:

- Receive this report
- Comment on the new report format as requested in section 9 and make any suggestions for improvement
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
September 2018

Appendix 1: Nurse Staffing Key Metrics – June 2018
Appendix 2: Nurse Staffing Key Metrics – July 2018
Appendix 3: Nurse Staffing Quality Indicators – July 2018

HEY NURSE STAFFING KEY METRICS DASHBOARD

Jun-18

KEY METRICS ROTA: 11th Jun - 8th Jul 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST									NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M3]						TEMPORARY STAFFING [11th Jun - 8th Jul]				UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE							ROTA APPROVALS [6 WEEKS]		ADDITIONAL DUTIES			UNFILLED ROSTER [<20%]	HOURS BALANCES [4 WEEKS] [NET + /- 2%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]		
					Other care staff not included currently in CHPPD Monthly Hours	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	MODEL HOSPITAL PEER	VARIANCE AGAINST PEER	MODEL HOSPITAL NATIONAL	VARIANCE AGAINST NATIONAL	RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN- Est. [WTE]	TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	TOTAL [21.6%]	SICK RN & AN [3.9%]	ANNUAL LEAVE [11-17%]	OTHER [< 1%]	STUDY DAY [<2.3%]	WORKING DAY [1%]	MAT LEAVE [<2.5%]	FULL [WKS]	PARTIAL [WKS]	TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [%]	HOURS BALANCE [%]	NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	7.55	8.1%	-0.13	-0.6%	7.42	115.34	7.8%	7.3%	0.5%	90.6%	28.1%	6.1%	14.4%	1.0%	2.3%	0.3%	4.0%	6.3	6.4	1.2	0.8	0.4	17.7%	-1.0%	215.5	215.5	0.0
	AMU	GENERAL MEDICINE	45	LOW	178.5	1090	4.9	2.5	7.4	7.55	-0.15	7.31	0.09	10.43	23.6%	1.14	4.9%	11.57	67.57	5.7%	5.4%	0.3%	76.9%	29.4%	8.9%	14.3%	0.0%	2.3%	3.2%	0.7%	5.3	5.5	0.5	0.2	0.3	9.3%	-0.7%	198.0	215.5	17.5
	H1	GENERAL MEDICINE	22	LOW	399.0	617	2.7	1.8	4.5	7.55	-3.05	7.31	-2.81	0.76	5.2%	1.50	18.9%	2.26	22.51	14.6%	14.6%	0.0%	66.9%	27.4%	1.8%	14.0%	0.6%	1.3%	0.4%	9.3%	3.8	5.4	0.2	0.2	0.0	8.9%	-0.9%	50.0	76.5	26.5
	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	570	3.7	3.0	6.7	6.94	-0.24	7.74	-1.04	3.78	19.8%	-4.11	-31.2%	-0.33	32.27	9.3%	6.5%	2.8%	80.3%	29.9%	1.7%	14.8%	2.4%	1.6%	4.5%	4.9%	8.4	8.9	0.1	0.1	0.0	16.6%	-1.7%	26.5	26.5	0.0
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	1312	2.3	1.4	3.7	6.74	-3.04	6.38	-2.68	2.29	9.3%	0.44	3.3%	2.73	37.84	7.5%	7.2%	0.3%	51.9%	29.5%	3.3%	13.5%	0.6%	1.2%	3.6%	7.3%	4.2	5.7	0.2	0.2	0.0	9.7%	-1.5%	148.0	205.0	57.0
	H50	NEPHROLOGY	19	LOW	283.5	555	3.0	2.2	5.2	7.23	-2.03	7.00	-1.80	2.83	18.7%	-1.57	-18.6%	1.26	23.54	1.4%	1.1%	0.3%	34.0%	31.2%	3.3%	19.9%	0.0%	2.2%	1.3%	4.5%	4.2	4.5	0.3	0.3	0.0	17.9%	0.3%	-52.3	27.5	79.8
	H500	RESPIRATORY MEDICINE	24	MEDIUM	157.5	696	2.2	2.5	4.7	6.74	-2.04	6.38	-1.68	4.36	25.7%	-0.11	-0.9%	4.25	29.10	8.2%	7.3%	0.9%	47.0%	24.0%	2.2%	13.0%	0.0%	2.8%	6.0%	0.0%	3.0	3.7	0.3	0.2	0.1	14.2%	-1.1%	59.5	65.0	5.5
	H70	GENERAL MEDICINE	30	MEDIUM	441.0	890	2.5	2.6	5.1	7.55	-2.45	7.31	-2.21	5.9	29.4%	-1.52	-12.5%	4.38	32.22	19.8%	16.2%	3.6%	71.3%	15.7%	4.9%	7.6%	0.5%	1.9%	0.8%	0.0%	2.7	2.8	3.1	1.3	1.8	12.4%	0.2%	383.8	391.3	7.5
	H8	GERIATRIC MEDICINE	27	MEDIUM	220.5	799	2.2	2.4	4.6	6.94	-2.34	6.74	-2.14	2.7	16.3%	-0.87	-6.6%	1.83	29.78	6.1%	5.9%	0.2%	30.6%	23.2%	4.0%	12.6%	0.6%	0.7%	0.1%	5.2%	5.3	5.9	1.7	1.6	0.1	17.2%	-0.1%	43.5	59.0	15.5
	H80	GERIATRIC MEDICINE	27	MEDIUM	220.5	789	2.1	2.5	4.7	6.94	-2.24	6.74	-2.04	4.63	27.9%	-0.16	-1.2%	4.47	29.78	12.4%	11.6%	0.8%	61.3%	28.8%	14.2%	9.9%	0.0%	0.2%	0.7%	3.8%	5.3	5.5	1.2	1.1	0.1	14.6%	0.8%	203.6	209.1	5.5
	PDU H9	GERIATRIC MEDICINE	30	LOW	913.5	869	1.7	2.5	4.2	6.94	-2.74	6.74	-2.54	0.00	0.0%	0.00	0.0%	0.00	29.78	6.5%	4.8%	1.7%	77.0%	19.1%	2.3%	12.6%	0.0%	0.6%	3.6%	0.0%	1.7	2.4	0.6	0.5	0.1	4.4%	0.6%	80.5	80.5	0.0
	H90	GERIATRIC MEDICINE	29	LOW	252.0	858	2.1	2.4	4.5	6.94	-2.44	6.74	-2.24	4.75	28.6%	-1.71	-13.0%	3.04	29.78	12.2%	11.1%	1.1%	75.3%	24.6%	12.6%	9.4%	0.7%	1.4%	0.5%	0.0%	2.4	2.4	1.6	1.0	0.6	11.3%	1.2%	142.0	164.5	22.5
	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	782	2.3	2.5	4.9	7.55	-2.65	7.41	-2.51	5.09	22.6%	2.57	24.2%	7.66	33.16	16.2%	16.0%	0.2%	60.3%	27.3%	4.0%	15.8%	0.5%	2.2%	1.1%	3.7%	2.4	2.5	0.4	0.3	0.1	16.7%	-0.2%	68.0	94.5	26.5
	H110	STROKE / NEUROLOGY	24	MEDIUM	252.0	533	3.7	3.7	7.4	7.55	-0.15	7.41	-0.01	7.78	34.6%	0.02	0.2%	7.80	33.64	14.3%	14.3%	0.0%	53.0%	25.4%	8.9%	8.7%	0.0%	3.3%	0.9%	3.6%	4.5	4.5	3.4	3.3	0.1	27.2%	0.2%	35.0	81.5	46.5
	CDU	CARDIOLOGY	9	LOW	0.0	223	4.1	0.9	5.0	7.93	-2.93	7.73	-2.73	2.64	20.6%	0.15	5.1%	2.79	15.74	1.8%	1.8%	0.0%	34.0%	33.9%	13.0%	12.8%	0.0%	0.0%	0.0%	8.1%	4.8	5.5	0.0	0.0	0.0	10.9%	0.1%	0.0	0.0	0.0
	C26	CARDIOLOGY / CTS	26	MEDIUM	236.5	980	2.9	1.1	4.0	8.46	-4.46	9.93	-5.93	2.2	8.5%	0.61	7.7%	2.81	33.73	0.4%	0.0%	0.4%	32.5%	30.9%	4.6%	15.0%	0.0%	2.3%	0.2%	8.8%	-0.3	3.5	0.0	0.0	0.0	18.3%	-0.9%	33.0	33.0	0.0
	C28 /CMU	CARDIOLOGY	27	LOW	277.2	649	6.5	1.6	8.1	7.44	0.66	7.87	0.23	3.26	8.5%	1.37	14.3%	4.63	47.78	2.6%	2.6%	0.0%	82.6%	27.5%	3.7%	17.7%	0.0%	2.6%	1.2%	2.3%	7.4	7.5	0.0	0.0	0.0	7.7%	-0.3%	0.0	0.0	0.0
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	715	3.2	2.1	5.2	8.39	-3.19	8.71	-3.51	5.08	23.3%	0.45	4.3%	5.53	32.28	17.4%	16.8%	0.6%	82.5%	31.8%	5.1%	10.7%	0.0%	6.0%	2.9%	7.1%	6.3	6.3	1.3	1.0	0.3	14.4%	-0.3%	159.5	165.5	6.0
	H40	NEUROSURGERY / TRAUMA	15	LOW	105.0	357	6.6	3.9	10.5	8.39	2.11	8.71	1.79	2.62	12.6%	0.50	4.5%	3.12	31.95	9.9%	9.6%	0.3%	70.5%	25.2%	5.3%	14.2%	0.5%	2.5%	2.7%	0.0%	7.9	8.3	1.5	1.4	0.1	9.8%	1.6%	56.5	61.5	5.0
	H6	GENERAL SURGERY	28	LOW	283.5	697	3.2	2.4	5.6	6.99	-1.39	7.26	-1.66	2.91	15.2%	1.13	10.6%	4.04	29.74	20.7%	19.9%	0.8%	73.3%	31.6%	2.3%	16.2%	3.3%	2.4%	3.4%	4.0%	8.5	8.8	0.4	0.2	0.2	10.9%	-2.0%	97.8	143.8	46.0
	H60	GENERAL SURGERY	28	LOW	126.0	751	3.0	2.3	5.3	6.99	-1.69	7.26	-1.96	1.56	8.2%	0.81	7.6%	2.37	29.74	5.6%	5.0%	0.6%	51.4%	20.9%	4.0%	13.9%	0.8%	1.1%	1.1%	0.0%	8.7	8.8	0.3	0.3	0.0	6.9%	0.2%	19.3	66.8	47.5
	H7	VASCULAR SURGERY	30	MEDIUM	283.5	807	3.2	2.3	5.4	6.99	-1.59	7.26	-1.86	3.91	18.0%	1.09	8.3%	5.00	34.89	10.8%	5.5%	5.3%	66.6%	24.5%	2.3%	14.2%	0.0%	0.5%	7.5%	0.0%	8.7	8.9	0.4	0.4	0.0	8.1%	1.7%	-160.5	17.0	177.5
	H100	GASTROENTEROLOGY	27	LOW	239.4	783	2.7	2.2	4.9	6.63	-1.73	6.29	-1.39	2.09	10.9%	1.76	14.6%	3.85	31.23	19.9%	19.3%	0.6%	82.0%	32.4%	6.2%	9.3%	0.2%	1.5%	9.5%	5.7%	7.6	7.8	1.2	0.9	0.3	9.3%	-0.5%	145.0	151.0	6.0
	H12	ORTHOPAEDIC	28	LOW	252.0	748	3.0	2.7	5.7	7.13	-1.43	7.25	-1.55	3.67	16.8%	-2.60	-19.8%	1.07	35.00	10.3%	8.4%	1.9%	51.0%	33.8%	5.9%	12.7%	0.4%	2.3%	9.7%	2.8%	6.9	7.3	1.6	1.5	0.1	14.6%	-1.1%	97.8	105.8	8.0
	H120	ORTHO / MAXFAX	22	LOW	283.5	575	3.6	3.1	6.7	7.13	-0.43	7.25	-0.55	1.14	6.9%	0.35	3.0%	1.49	28.42	6.8%	5.7%	1.1%	77.0%	21.7%	1.6%	14.7%	0.0%	2.2%	3.2%	0.0%	7.7	7.8	0.2	0.2	0.0	6.5%	-1.1%	11.0	11.0	0.0
	HICU	CRITICAL CARE	22	LOW	252.0	430	26.5	2.0	28.5	27.13	1.37	26.60	1.90	6.3	6.0%	-0.40	-5.5%	5.90	112.20	0.0%	0.0%	0.0%	Nil	25.3%	4.7%	13.7%	0.5%	1.1%	1.7%	3.6%	7.8	8.6	0.8	0.8	0.0	15.1%	-0.8%	76.7	207.3	130.6
	C9	ORTHOPAEDIC	35	LOW	252.0	715	3.8	2.3	6.1	7.13	-1.03	7.25	-1.15	1.57	7.2%	0.63	5.5%	2.20	33.39	9.5%	9.0%	0.5%	49.4%	24.8%	1.2%	15.5%	0.1%	1.2%	2.4%	4.4%	9.6	9.7	0.0	0.0	0.0	10.4%	-0.4%	-51.0	21.0	72.0
	C10	GENERAL SURGERY	21	LOW	252.0	517	4.2	1.6	5.8	6.99	-1.19	7.26	-1.46	1.54	8.4%	1.03	13.2%	2.57	26.08	13.1%	13.1%	0.0%	59.6%	29.7%	7.0%	11.0%	1.0%	3.9%	4.2%	2.6%	7.8	7.9	0.3	0.2	0.1	11.2%	-0.6%	16.0	48.5	32.5
	C11	GENERAL SURGERY	22	LOW	252.0	438	4.5	2.5	7.0	6.99	0.01	7.26	-0.26	1.43	7.8%	0.63	8.1%	2.06	26.08	7.2%	7.2%	0.0%	42.7%	24.4%	6.6%	16.3%	0.0%	1.5%	0.0%	0.0%	7.4	7.4	0.5	0.4	0.1	13.4%	0.6%	7.8	83.3	75.5
	C14	GENERAL SURGERY	27	LOW	283.5	635	3.9	1.8	5.6	6.99	-1.39	7.26	-1.66	0.96	4.7%	0.27	3.0%	1.23	29.38	4.1%	3.8%	0.3%	79.6%	23.7%	3.6%	14.7%	0.7%	3.2%	1.5%	0.0%	7.5	7.9	0.2	0.1	0.1	10.3%	0.5%	-9.5	29.5	39.0
	C15	UROLOGY	26	LOW	283.5	563	4.2	2.4	6.7	6.47	0.23	6.67	0.03	0.63	3.1%	0.09	0.7%	0.72	32.71	11.5%	11.5%	0.0%	80.7%	29.7%	3.0%	19.3%	0.4%	1.1%	1.4%	4.5%	8.8	8.9	0.2	0.2	0.0	7.0%	0.3%	37.5	65.3	27.8
	C27	CARDIOTHORACIC	26	LOW	283.5	461	6.0	2.5	8.5	8.46	0.04	9.93	-1.43	1.1	4.7%	0.34	3.9%	1.44	32.22	2.6%	2.6%	0.0%	80.8%	23.7%	2.1%	12.3%	1.4%	2.1%	2.3%	3.5%	7.3	7.4	0.1	0.1	0.0	5.9%	0.6%	29.5	34.5	5.0
	CICU	CRITICAL CARE	22	MEDIUM	157.5	460	19.0	1.4	20.4	27.13	-6.73	26.60	-6.20	12.64	13.6%	1.17	15.5%	13.81	100.50	0.9%	0.9%	0.0%	89.4%	25.2%	2.4%	15.6%	0.0%	1.2%	2.5%	3.5%	7.8	8.9	0.1	0.1	0.0	23.7%	1.4%	-134.0	104.8	238.8
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	457	4.3	2.5	6.8	6.58	0.22	9.03	-2.23	4.12	22.3%	0.87	7.8%	4.99	29.65	7.8%	7.3%	0.5%	66.7%	27.3%	2.3%	13.5%	0.0%	1.2%	2.0%	8.3%	6.4	6.5	1.4	1.3	0.1	4.4%	0.3%	-23.5	14.0	37.5
	H130	PAEDIATRICS	20	LOW	205.8	306	6.8	1.9	8.7	11.44	-2.74	12.20	-3.50	1.4	6.6%	2.06	39.5%	3.46	26.59	0.2%	0.2%	0.0%	109.1%	28.2%	6.3%	15.3%	0.0%	2.2%	1.5%	2.9%	7.9	7.9	0.8	0.8	0.0	34.0%	1.8%	1.0	12.0	11.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	146	10.0	3.1	13.1	8.02	5.08	7.70	5.40	0.14	1.9%	0.12	3.1%	0.26	11.33	3.3%	3.3%	0.0%	55.7%	30.6%	0.0%	11.9%	2.0%	1.5%	3.5%	11.7%	5.9	6.9	0.0	0.0	0.0	26.9%	-0.8%	-8.0	0.0	8.0
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	413	5.3	3.0	8.4	10.11	-1.71	15.48	-7.08	-0.45	-0.97%	0.87	3.21%	0.42	73.34	0.7%	0.7%	0.0%	89.5%	32.2%	10.1%	16.7%	0.3%	1.3%	1.2%	2.6%	6.5	7.9	0.0	0.0	0.0	13.8%	0.2%	13.3	13.3	0.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1159	2.5	1.5	4.0	10.11	-6.11	15.48	-11.48							0.4%	0.4%	0.0%	85.7%	18.5%	1.0%	12.5%	0.0%	2.2%	0.6%	2.2%			0.0	0.0	0.0	8.4%	0.3%	0.0	0.0	0.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	293	8.1	1.8	10.0	9.11	0.89	11.01	-1.01	0.94	4.5%	-0.46	-8.8%	0.48	26.00	3.3%	3.3%	0.0%	80.8%	29.1%	3.2%	16.3%	0.0%	4.1%	1.9%	3.6%	3.8	6.6	0.0	0.0	0.0	13.6%	1.7%	24.5	24.5	0.0
	H35	OPHTHALMOLOGY	12	LOW	285.6	261	5.8	1.1	6.9	11.20	-4.30	10.70	-3.80	0.18	1.6%	1.74	64.2%	1.92	13.84	7.1%	7.1%	0.0%	54.2%	40.0%	13.5%	8.9%	0.6%	0.6%	0.1%	16.3%	7.6	8.7	0.0	0.0	0.0	20.5%	-0.9%	-216.8	33.8	250.5
	LABOUR	MATERNITY	16	LOW	369.6	307	19.0	5.1	24.2	10.11	14.09	15.48	8.72	-2.09	-4.2%	-2.84	-20.7%	-4.93	63.84	2.0%	2.0%	0.0%	92.6%	21.9%	5.8%	11.5%	0.8%	1.7%	0.3%	1.8%	6.3	6.5	6.9	0.1	6.8	5.1%	-0.5%	-13.1	24.4	37.5
	NEONATES	NEONATOLOGY	26	LOW	157.5	686	11.8	0.9	12.7	13.26	-0.56	12.98	-0.28	3.81	5.7%	0.8	10.6%	4.61	74.51	3.7%	3.7%	0.0%	81.7%	27.6%	1.8%	15.0%	0.0%	3.9%	2.9%	4.0%	6.7	6.9	0.3	0.3	0.0	6.3%	0.5%	18.0	30.0	12.0
	PAU	PAEDIATRICS	10	LOW	0.0	59	20.9	0.0	20.9	11.44	9.46	12.20	8.70	1.08	10.3%	0		1.08	10.44	2.9%	2.9%	0.0%	57.7%	29.2%	0.0%	18.1%	0.0%	2.6%	0.0%	8.5%	7.9	7.9	0.0	0.0	0.0	13.1%	1.2%	-23.0	0.0	23.0
	PHDU	PAEDIATRICS	4	LOW	0.0	64	23.0	2.1	25.1	11.44	13.66	12.20	12.90	-0.68	-5.8%	0		-0.68	11.66	0.0%	0.0%	0.0%	Nil	24.4%	0.0%	18.2%	0.0%	2.8%	0.0%	3.4%	7.9	7.9	0.5	0.5	0.0	4.8%	2.0%	-8.0	0.0	8.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASES	12	LOW	157.5	302	4.9	3.7	8.6	7.76	0.84	7.91	0.69	-0.07	-0.6%	2.22	27.1%	2.15	20.22	0.0%	0.0%	0.0%	Nil	20.4%	4.6%	13.8%	0.0%	2.0%	0.0%	0.0%	6.3	6.6	0.1	0.0	0.1	3.9%	-0.6%	18.5	42.5	24.0
	C29	REHABILITATION	15	LOW	147.0	623	2.4	2.6	5.1	7.69	-2.59	6.66	-1.56	-1.12	-8.5%	2.59	16.4%	1.47	28.89	3.5%	3.5%	0.0%	75.5%	24.7%	3.3%	17.0%	0.0%	4.4%	0.0%	0.0%	6.8	6.9	0.6	0.5	0.1	10.7%	0.1%	35.5	43.0	7.5
	C30	CLINICAL ONCOLOGY	22	LOW	220.5	627	2.7	1.8	4.4	7.92	-3.52	7.14	-2.74	0.46	3.3%	1.67	20.9%	2.13	21.97	9.3%	6.9%	2.4%	85.9%	27.8%	4.9%	11.7%	0.0%	2.2%	4.1%	4.9%	6.8	6.8	0.3	0.2	0.1	3.2%	-0.7%	38.0	57.5	19.5
	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	606	2.7	2.2	4.9	7.92	-3.02	7.14	-2.24	5.51	39.4%	0.13	1.1%	5.64	25.74	10.3%	7.9%	2.4%	58.1%	24.9%	4.4%	14.7%	0.0%	0.4%	0.7%	4.7%	6.8	7.6	1.7	1.6	0.1	14.0%	-1.4%	111.5	128.5	17.0
	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	650	2.6	1.6	4.2	7.92	-3.72	7.14	-2.94	2.08	14.9%	0.07	0.7%	2.15	23.57	4.2%	2.0%	2.2%	41.5%	18.4%	0.8%	13.0%	0.0%	1.2%	0.0%	3.4%	6.8	6.9	0.1	0.0	0.1	7.3%	-0.1%	1.0	22.0	21.0
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	778	3.3	1.8	5.1	8.21	-3.11	7.23	-2.13	4.16	15.2%	-2.03	-25.4%	2.13	35.44	6.1%	5.8%	0.3%	40.1%	31.5%	2.1%	16.5%	0.0%	1.6%	1.2%	10.1%	6.3	6.3	1.3	1.2	0.1	13.7%	1.3%	-77.0	99.0	176.0
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10505.5	604	5.8	2.2	8.1	8.84	-37.46	9.25	-57.54	139.57	10.9%	12.68	2.5%	158.06	1786.40	7.2%	6.6%	0.7%	66.7%	26.8%	4.5%	13.9%	0.4%	2.0%	2.1%	3.9%	6.2	6.7	37.9	25.4	12.5	12.3%	0.0%	1925.8	3805.6	1879.8

HEY NURSE STAFFING KEY METRICS DASHBOARD

Jul-18

KEY METRICS ROTA: 9th Jul - 5th Aug 2018

					CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST									NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M4]						TEMPORARY STAFFING [9th Jul - 5th Aug-18]				UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE							ROTA APPROVALS [6 WEEKS]		ADDITIONAL DUTIES			UNFILLED ROSTER [<20%]	HOURS BALANCES [4 WEEKS] [NET + / - 2%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]		
HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	Other care staff not currently included in CHPPD HPW	Cumulative Count Over The Month of Patients at 23:59 Each Day	RN / RM	CARE STAFF	OVERALL	MODEL HOSPITAL PEER	VARIANCE AGAINST PEER	MODEL HOSPITAL NATIONAL	VARIANCE AGAINST NATIONAL	RN [WTE]	RN % [<10%]	NON -RN- [WTE]	NON - RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN- Est. [WTE]	TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	TOTAL [21.6%]	SICK RN & AN [3.9%]	ANNUAL LEAVE [11-17%]	OTHER [< 1%]	STUDY DAY [<2.3%]	WORKING DAY [1%]	MAT LEAVE [<2.5%]	FULL [WKS]	PARTIAL [WKS]	TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [%]	HOURS BALANCE [%]	NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	4.48	4.8%	-0.13	-0.6%	4.35	115.34	6.2%	5.4%	0.8%	78.6%	27.7%	5.9%	16.5%	0.1%	1.7%	0.2%	3.3%	7.3	8.5	1.1	0.4	0.7	18.4%	-1.0%	215.5	215.5	0.0
	AMU	GENERAL MEDICINE	45	MEDIUM	187.0	1212	4.4	2.4	6.9	7.55	-0.65	7.31	-0.41	11.23	25.4%	3.53	15.1%	14.76	67.57	8.0%	7.6%	0.4%	72.4%	28.7%	10.1%	13.2%	0.4%	1.7%	3.2%	0.1%	6.3	6.3	0.6	0.3	0.3	7.9%	-0.7%	199.5	215.5	16.0
	H1	GENERAL MEDICINE	22	LOW	418.0	653	2.6	1.9	4.5	7.55	-3.05	7.31	-2.81	0.76	5.2%	1.50	18.9%	2.26	22.51	15.7%	15.4%	0.3%	62.6%	27.4%	2.1%	14.8%	0.0%	1.0%	0.3%	9.2%	4.6	5.5	0.7	0.4	0.3	12.2%	-0.9%	69.0	76.5	7.5
	EAU	GERIATRIC MEDICINE	21	MEDIUM	393.8	619	3.4	3.0	6.3	6.94	-0.64	7.74	-1.44	4.78	25.0%	-4.00	-30.4%	0.78	32.27	4.2%	2.8%	1.4%	40.4%	28.4%	1.9%	15.7%	3.2%	0.8%	3.5%	3.3%	6.8	7.5	0.4	0.3	0.1	20.3%	-1.7%	-4.0	26.5	30.5
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	231.0	1376	2.2	1.3	3.5	6.74	-3.24	6.38	-2.88	3.29	13.3%	0.44	3.3%	3.73	37.84	6.9%	6.1%	0.8%	37.3%	33.5%	2.9%	16.9%	0.0%	2.1%	4.2%	7.4%	5.5	7.5	0.2	0.2	0.0	16.3%	-1.5%	185.0	205.0	20.0
	H50	NEPHROLOGY	19	LOW	297.0	581	3.0	2.3	5.3	7.23	-1.93	7.00	-1.70	2.83	18.7%	-1.57	-18.6%	1.26	23.54	1.2%	1.2%	0.0%	73.9%	23.3%	0.4%	14.6%	0.0%	1.7%	2.0%	4.6%	4.6	7.4	0.0	0.0	0.0	13.8%	0.3%	-29.4	27.5	56.9
	H500	RESPIRATORY MEDICINE	24	MEDIUM	165.0	735	2.2	2.4	4.6	6.74	-2.14	6.38	-1.78	5.36	31.6%	-0.11	-0.9%	5.25	29.10	15.6%	14.7%	0.9%	64.9%	26.0%	3.5%	16.6%	0.0%	3.0%	2.9%	0.0%	-1.7	0.0	0.2	0.2	0.0	14.3%	-1.1%	41.5	65.0	23.5
	H70	GENERAL MEDICINE	30	MEDIUM	462.0	919	2.3	2.5	4.8	7.55	-2.75	7.31	-2.51	6.42	32.0%	-1.52	-12.5%	4.90	32.22	25.5%	21.1%	4.4%	70.0%	28.2%	10.4%	12.0%	0.5%	1.7%	3.6%	0.0%	2.3	3.5	2.0	1.3	0.7	16.2%	0.2%	383.3	391.3	8.0
	H8	GERIATRIC MEDICINE	27	MEDIUM	231.0	824	2.1	2.4	4.6	6.94	-2.34	6.74	-2.14	3.7	22.3%	0.13	1.0%	3.83	29.78	12.4%	11.8%	0.6%	68.7%	28.6%	4.0%	16.5%	1.2%	0.7%	0.1%	6.1%	6.6	7.6	0.6	0.4	0.2	19.3%	-0.1%	59.0	59.0	0.0
	H80	GERIATRIC MEDICINE	27	MEDIUM	231.0	814	2.1	2.5	4.6	6.94	-2.34	6.74	-2.14	5.63	33.9%	0.04	0.3%	5.67	29.78	10.8%	9.6%	1.2%	46.0%	30.8%	10.4%	13.7%	0.3%	1.1%	1.5%	3.8%	4.3	7.5	0.5	0.4	0.1	16.2%	0.8%	198.6	209.1	10.5
	PDU H9	GERIATRIC MEDICINE	30	LOW	957.0	868	1.8	2.6	4.3	6.94	-2.64	6.74	-2.44	6.5	39.1%	-5.24	-39.8%	1.26	29.78	8.5%	4.5%	4.0%	68.3%	24.5%	7.7%	16.3%	0.2%	0.3%	0.0%	0.0%	2.3	2.3	1.0	0.8	0.2	14.5%	0.6%	54.5	80.5	26.0
	H90	GERIATRIC MEDICINE	29	LOW	264.0	851	2.1	2.3	4.4	6.94	-2.54	6.74	-2.34	4.75	28.6%	0.29	2.2%	5.04	29.78	8.7%	8.1%	0.6%	69.2%	25.0%	11.8%	12.0%	0.2%	0.6%	0.4%	0.0%	2.9	2.9	0.5	0.3	0.2	17.9%	1.2%	128.5	164.5	36.0
	H11	STROKE / NEUROLOGY	28	MEDIUM	132.0	831	2.2	2.4	4.6	7.55	-2.95	7.41	-2.81	5.09	22.6%	2.57	24.2%	7.66	33.16	15.6%	15.3%	0.3%	49.1%	25.9%	1.4%	15.5%	1.9%	0.9%	0.3%	5.9%	2.9	3.3	0.4	0.3	0.1	20.1%	-0.2%	48.5	94.5	46.0
	H110	STROKE / NEUROLOGY	24	MEDIUM	264.0	520	3.6	3.7	7.3	7.55	-0.25	7.41	-0.11	7.78	34.6%	0.02	0.2%	7.80	33.64	11.5%	11.3%	0.2%	42.3%	24.6%	1.5%	12.0%	0.2%	3.3%	3.7%	3.9%	2.9	3.8	1.2	1.0	0.2	21.0%	0.2%	81.5	81.5	0.0
	CDU	CARDIOLOGY	9	LOW	0.0	125	9.1	2.6	11.7	7.93	3.77	7.73	3.97	3	23.4%	0.15	5.1%	3.15	15.74	2.4%	2.4%	0.0%	50.4%	29.4%	9.1%	11.3%	0.0%	0.0%	0.0%	9.0%	-1.1	-1.1	0.0	0.0	0.0	11.2%	0.1%	0.0	0.0	0.0
	C26	CARDIOLOGY / CTS	26	MEDIUM	247.7	980	2.9	1.1	4.0	8.46	-4.46	9.93	-5.93	2.51	9.7%	0.61	7.7%	3.12	33.73	4.0%	4.0%	0.0%	43.8%	32.3%	5.1%	14.2%	0.6%	0.3%	3.2%	8.9%	4.9	6.3	0.1	0.1	0.0	17.2%	-0.9%	33.0	33.0	0.0
	C28 /CMU	CARDIOLOGY	27	LOW	290.4	724	6.0	1.5	7.5	7.44	0.06	7.87	-0.37	3.26	8.5%	1.37	14.3%	4.63	47.78	2.3%	2.0%	0.3%	78.2%	27.4%	6.4%	14.8%	0.0%	2.2%	1.7%	2.3%	6.9	7.6	0.1	0.1	0.0	22.0%	-0.3%	-14.0	0.0	14.0
SURGERY	H4	NEUROSURGERY	28	LOW	165.0	815	2.7	2.2	5.0	8.39	-3.39	8.71	-3.71	5.08	23.3%	0.45	4.3%	5.53	32.28	13.9%	13.7%	0.2%	80.2%	31.8%	5.1%	15.1%	0.4%	3.9%	0.0%	7.3%	6.9	8.5	1.4	1.2	0.2	16.8%	-0.3%	153.5	165.5	12.0
	H40	NEUROSURGERY / TRAUMA	15	LOW	132.0	433	6.3	3.8	10.1	8.39	1.71	8.71	1.39	2.62	12.6%	-1.14	-10.3%	1.48	31.95	11.0%	7.2%	3.8%	65.5%	29.1%	7.7%	14.1%	0.0%	1.8%	5.5%	0.0%	4.8	4.9	1.5	1.3	0.2	9.3%	1.6%	50.0	61.5	11.5
	H6	GENERAL SURGERY	28	LOW	297.0	713	3.3	2.2	5.5	6.99	-1.49	7.26	-1.76	2.91	15.2%	1.13	10.6%	4.04	29.74	12.6%	12.3%	0.3%	70.5%	24.4%	4.5%	12.5%	0.3%	1.8%	1.7%	3.6%	8.5	8.5	0.3	0.3	0.0	10.1%	-2.0%	98.1	143.1	45.0
	H60	GENERAL SURGERY	28	LOW	132.0	771	3.0	2.3	5.3	6.99	-1.69	7.26	-1.96	1.56	8.2%	0.81	7.6%	2.37	29.74	7.8%	7.7%	0.1%	55.0%	26.8%	5.5%	18.5%	0.6%	0.8%	0.6%	0.8%	8.6	8.8	0.2	0.1	0.1	8.9%	0.2%	50.8	66.8	16.0
	H7	VASCULAR SURGERY	30	MEDIUM	297.0	807	3.2	2.3	5.4	6.99	-1.59	7.26	-1.86	5.16	23.7%	1.09	8.3%	6.25	34.89	14.7%	7.8%	6.9%	62.5%	25.0%	5.0%	15.3%	0.0%	1.1%	3.6%	0.0%	8.6	9.3	0.1	0.1	0.0	13.5%	1.7%	-23.0	17.0	40.0
	H100	GASTROENTEROLOGY	27	LOW	250.8	804	2.8	2.1	5.0	6.63	-1.63	6.29	-1.29	2.09	10.9%	0.52	4.3%	2.61	31.23	15.1%	13.9%	1.2%	67.6%	25.9%	3.3%	16.6%	0.2%	0.8%	2.9%	2.1%	6.7	6.7	0.0	0.0	0.0	10.4%	-0.5%	102.5	151.0	48.5
	H12	ORTHOPAEDIC	28	LOW	264.0	808	2.9	2.5	5.3	7.13	-1.83	7.25	-1.95	3.67	16.8%	-2.60	-19.8%	1.07	35.00	12.1%	9.8%	2.3%	53.5%	34.5%	7.0%	16.0%	0.0%	1.7%	7.0%	2.8%	6.3	7.5	1.0	0.9	0.1	14.4%	-1.1%	58.3	105.8	47.5
	H120	ORTHO / MAXFAX	22	LOW	297.0	598	3.5	3.2	6.7	7.13	-0.43	7.25	-0.55	1.74	10.5%	0.35	3.0%	2.09	28.42	8.6%	6.1%	2.5%	87.4%	22.4%	7.6%	11.4%	1.2%	0.6%	1.6%	0.0%	4.8	6.3	0.6	0.5	0.1	5.5%	-1.1%	-35.0	11.0	46.0
	HICU	CRITICAL CARE	22	LOW	264.0	496	25.1	2.0	27.1	27.13	-0.03	26.60	0.50	4.66	4.4%	-0.40	-5.5%	4.26	112.20	0.0%	0.0%	0.0%	Nil	28.5%	7.9%	14.0%	0.3%	0.7%	1.7%	3.9%	7.9	9.3	0.0	0.0	0.0	17.6%	-0.8%	50.8	207.3	156.5
	C9	ORTHOPAEDIC	35	LOW	264.0	715	3.8	2.3	6.1	7.13	-1.03	7.25	-1.15	1.57	7.2%	0.79	6.8%	2.36	33.39	6.0%	6.0%	0.0%	38.0%	22.7%	1.7%	14.8%	0.0%	0.7%	1.1%	4.4%	9.3	9.3	0.4	0.4	0.0	14.6%	-0.4%	-121.0	21.0	142.0
	C10	GENERAL SURGERY	21	LOW	264.0	539	4.0	1.8	5.8	6.99	-1.19	7.26	-1.46	2.54	13.9%	1.03	13.2%	3.57	26.08	17.0%	14.9%	2.1%	59.6%	30.6%	4.9%	16.2%	0.0%	2.8%	4.1%	2.6%	7.3	7.3	0.5	0.5	0.0	12.9%	-0.6%	-4.8	48.5	53.3
	C11	GENERAL SURGERY	22	LOW	264.0	578	3.8	2.0	5.8	6.99	-1.19	7.26	-1.46	2.43	13.3%	0.20	2.6%	2.63	26.08	13.4%	12.2%	1.2%	64.3%	26.4%	7.3%	16.6%	0.0%	2.4%	0.1%	0.0%	7.9	8.5	0.5	0.4	0.1	11.0%	0.6%	29.3	83.3	54.0
	C14	GENERAL SURGERY	27	LOW	297.0	688	3.5	1.6	5.2	6.99	-1.79	7.26	-2.06	1.56	7.7%	0.27	3.0%	1.83	29.38	6.6%	6.3%	0.3%	62.2%	23.8%	3.9%	15.3%	0.0%	1.6%	3.0%	0.0%	7.5	7.7	0.4	0.4	0.0	14.7%	0.5%	-17.0	29.5	46.5
	C15	UROLOGY	26	LOW	297.0	592	4.1	2.4	6.5	6.47	0.03	6.67	-0.17	2.22	10.8%	0.09	0.7%	2.31	32.71	6.6%	6.3%	0.3%	76.6%	24.5%	1.3%	15.6%	0.1%	0.6%	0.6%	6.3%	8.3	8.8	0.0	0.0	0.0	8.4%	0.3%	18.3	65.3	47.0
	C27	CARDIOTHORACIC	26	LOW	297.0	733	3.8	1.5	5.4	8.46	-3.06	9.93	-4.53	1.14	4.8%	0.34	3.9%	1.48	32.22	1.1%	1.1%	0.0%	60.3%	21.9%	1.6%	13.6%	0.0%	1.0%	2.4%	3.3%	7.5	7.5	0.0	0.0	0.0	9.1%	0.6%	15.8	34.5	18.8
	CICU	CRITICAL CARE	22	MEDIUM	165.0	452	21.8	2.0	23.8	27.13	-3.33	26.60	-2.80	15.44	16.6%	1.17	15.5%	16.61	100.50	2.6%	2.6%	0.0%	72.3%	30.2%	4.4%	15.7%	1.2%	1.1%	2.0%	5.8%	7.9	8.6	0.4	0.4	0.0	15.1%	1.4%	-97.3	104.8	202.0
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	433	4.4	2.8	7.2	6.58	0.62	9.03	-1.83	5.12	27.7%	0.87	7.8%	5.99	29.65	8.5%	6.2%	2.3%	69.6%	27.9%	4.0%	14.1%	0.2%	0.8%	0.3%	8.5%	1.8	1.8	0.2	0.1	0.1	8.8%	0.3%	-78.8	14.0	92.8
	H130	PAEDIATRICS	20	LOW	215.6	358	5.9	1.9	7.8	11.44	-3.64	12.20	-4.40	0.64	3.0%	2.11	40.4%	2.75	26.59	0.0%	0.0%	0.0%	Nil	30.1%	6.1%	14.2%	1.0%	3.8%	2.2%	2.8%	7.8	7.9	0.0	0.0	0.0	30.9%	1.8%	6.0	12.0	6.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	168	9.6	2.9	12.5	8.02	4.48	7.70	4.80	0.14	1.9%	0.12	3.1%	0.26	11.33	4.1%	3.5%	0.6%	26.7%	29.4%	1.0%	16.4%	0.0%	0.3%	0.0%	11.7%	5.5	5.8	0.7	0.6	0.1	23.4%	-0.8%	-48.3	0.0	48.3
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	366	5.8	3.7	9.5	10.11	-0.61	15.48	-5.98	0.55	1.19%	1.00	3.69%	1.55	73.34	1.3%	1.3%	0.0%	82.9%	33.2%	11.8%	13.5%	0.7%	1.8%	2.8%	2.6%	6.3	6.3	0.0	0.0	0.0	15.6%	0.2%	13.3	13.3	0.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1102	2.7	1.4	4.1	10.11	-6.01	15.48	-11.38							0.6%	0.6%	0.0%	40.6%	22.9%	2.2%	16.8%	0.0%	1.6%	0.1%	2.2%			0.1	0.1	0.0	13.8%	0.3%	0.0	0.0	0.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	315	7.6	1.8	9.4	9.11	0.29	11.01	-1.61	0.94	4.5%	-0.46	-8.8%	0.48	26.00	0.7%	0.7%	0.0%	71.7%	28.9%	2.5%	16.2%	1.0%	2.5%	3.1%	3.6%	3.5	4.8	0.0	0.0	0.0	18.6%	1.7%	-17.0	24.5	41.5
	H35	OPHTHALMOLOGY	12	LOW	264.0	268	5.7	1.2	6.9	11.20	-4.30	10.70	-3.80	0.18	6.6%	1.74	64.2%	1.92	13.84	6.7%	6.7%	0.0%	78.6%	40.2%	12.2%	9.7%	0.7%	0.5%	0.8%	16.3%	6.4	6.5	0.0	0.0	0.0	14.7%	-0.9%	-132.3	33.8	166.0
	LABOUR	MATERNITY	16	LOW	387.2	314	18.6	4.7	23.3	10.11	13.19	15.48	7.82	-1.18	-8.6%	-2.11	-15.4%	-3.29	63.84	1.4%	1.4%	0.0%	91.0%	25.2%	4.3%	14.8%	0.7%	3.4%	0.2%	1.8%	4.5	4.5	5.3	0.5	4.8	10.2%	-0.5%	11.5	24.4	12.9
	NEONATES	NEONATOLOGY	26	LOW	165.0	717	11.0	0.9	11.9	13.26	-1.36	12.98	-1.08	3.62	48.0%	0.8	10.6%	4.42	74.51	1.3%	1.3%	0.0%	79.8%	25.5%	4.1%	13.5%	0.0%	1.9%	1.9%	4.1%	5.8	6.4	0.1	0.1	0.0	10.7%	0.5%	30.0	30.0	0.0
	PAU	PAEDIATRICS	10	LOW	0.0	70	16.9	0.0	16.9	11.44	5.46	12.20	4.70	1.08	10.3%	0	0.0%	1.08	10.44	0.9%	0.9%	0.0%	29.8%	24.5%	0.0%	14.1%	0.9%	1.0%	0.0%	8.5%	7.8	7.9	0.0	0.0	0.0	14.3%	1.2%	-22.0	0.0	22.0
	PHDU	PAEDIATRICS	4	LOW	0.0	72	21.1	1.9	23.0	11.44	11.56	12.20	10.80	-0.95	-8.2%	0	0.0%	-0.95	11.66	1.9%	1.9%	0.0%	90.7%	24.3%	0.6%	15.0%	0.0%	1.3%	0.1%	7.3%	7.8	7.9	0.3	0.3	0.0	9.1%	2.0%	0.0	0.0	0.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	165.0	357	4.3	2.7	6.9	7.76	-0.86	7.91	-1.01	-0.07	-0.9%	2.22	27.1%	2.15	20.22	12.7%	12.7%	0.0%	86.8%	24.5%	0.4%	22.4%	0.0%	1.7%	0.0%	0.0%	7.8	8.0	0.1	0.0	0.1	12.1%	-0.6%	13.5	42.5	29.0
	C29	REHABILITATION	15	LOW	154.0	464	3.5	4.0	7.5	7.69	-0.19	6.66	0.84	-1.12	-7.1%	2.59	16.4%	1.47	28.89	6.3%	6.3%	0.0%	75.5%	21.9%	2.8%	15.6%	0.6%	2.8%	0.0%	0.1%	7.5	8.8	1.4	1.4	0.0	8.3%	0.1%	32.0	43.0	11.0
	C30	CLINICAL ONCOLOGY	22	LOW	231.0	668	2.7	1.8	4.4	7.92	-3.52	7.14	-2.74	0.46	5.8%	0.31	3.9%	0.77	21.97	6.8%	6.4%	0.4%	52.7%	31.9%	4.7%	16.8%	0.0%	1.6%	4.3%	4.5%	7.8	7.8	0.3	0.3	0.0	8.1%	-0.7%	22.0	57.5	35.5
	C31	CLINICAL ONCOLOGY	27	MEDIUM	231.0	678	2.5	2.3	4.9	7.92	-3.02	7.14	-2.24	4.51	38.4%	0.13	1.1%	4.64	25.74	12.2%	9.9%	2.3%	97.9%	21.5%	3.7%	11.9%	0.0%	0.3%	1.0%	4.6%	5.8	6.9	2.8	2.8	0.0	13.2%	-1.4%	96.5	128.5	32.0
	C32	CLINICAL ONCOLOGY	22	MEDIUM	231.0	640	2.6	1.8	4.4	7.92	-3.52	7.14	-2.74	2.08	21.7%	0.07	0.7%	2.15	23.57	9.9%	8.2%	1.7%	62.2%	23.2%	1.2%	17.1%	0.0%	1.4%	0.1%	3.4%	8.4	8.8	0.6	0.5	0.1	7.5%	-0.1%	0.0	22.0	22.0
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	231.0	700	3.7	1.9	5.6	8.21	-2.61	7.23	-1.63	3.55	44.4%	-2.03	-25.4%	1.52	35.44	3.4%	3.2%	0.2%	39.0%	35.9%	2.6%	19.7%	0.0%	1.2%	2.7%	9.7%	5.8	6.7	1.6	1.5	0.1	18.3%	1.3%	-10.5	99.0	109.5
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10992.5	630	5.7	2.3	7.9	8.84	-44.06	9.25	-64.14	157.31	12.3%	12.68	2.5%	158.06	1786.40	7.7%	6.8%	0.9%	63.9%	27.4%	4.8%	15.0%	0.4%	1.5%	1.8%	4.0%	5.9	6.5	30.4	21.2	9.2	14.2%	0.0%	1895.0	3804.9	1909.9

APPENDIX 2

HEY NURSE STAFFING QUALITY INDICATORS

Jul-18

HR METRICS / IN PATIENT FALLS WITH HARM

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	STAFF APPRAISAL [85%]	STAFF RETENTION [90.7%]	OVERALL MAND. TRAINING [85%]	I.G. TRAINING [95%]	BLOOD TRANS. [85%]	FIRE TRAINING [85%]	RESUS TRAINING [85%]	TISSUE VIABILITY TRAINING [85%]	FALLS MODERATE MONTH	FALLS MODERATE YTD	FALLS SEVERE / DEATH MONTH	FALLS SEVERE / DEATH YTD	FALLS TOTALS MONTH	FALLS TOTALS YDT
MEDICINE	ED	ACUTE MEDICINE	NA	85.4%	86.6%	89.0%	84.0%	96.0%	83.0%	72.0%	81.0%					0	0
	AMU	ACUTE MEDICINE	45	75.0%	93.7%	96.0%	95.0%	100.0%	96.0%	89.0%	100.0%					0	0
	H1	ACUTE MEDICINE	22	95.5%	96.9%	95.0%	92.0%	96.0%	92.0%	83.0%	92.0%					0	0
	EAU	ELDERLY MEDICINE	21	100.0%	85.2%	96.0%	97.0%	94.0%	97.0%	94.0%	89.0%		1	1	4	1	5
	H5 / RHOB	RESPIRATORY	26	94.1%	93.5%	88.0%	89.0%	84.0%	78.0%	78.0%	92.0%					0	0
	H50	RENAL MEDICINE	19	100.0%	82.8%	93.0%	100.0%	89.0%	95.0%	79.0%	95.0%					0	0
	H500	RESPIRATORY	24	72.7%	69.1%	87.0%	84.0%	76.0%	84.0%	80.0%	88.0%					0	0
	H70	ENDOCRINOLOGY	30	82.6%	100.0%	86.0%	84.0%	66.0%	84.0%	78.0%	94.0%					0	0
	H8	ELDERLY MEDICINE	27	89.3%	89.4%	83.0%	68.0%	90.0%	65.0%	74.0%	84.0%		1			0	1
	H80	ELDERLY MEDICINE	27	92.3%	93.2%	79.0%	67.0%	90.0%	73.0%	57.0%	83.0%	1			2	1	2
	H9	PDU	30	100.0%	72.5%	88.0%	75.0%	50.0%	50.0%	75.0%	100.0%		1		1	0	2
	H90	ELDERLY MEDICINE	29	87.0%	95.9%	93.0%	90.0%	86.0%	86.0%	83.0%	90.0%	1			2	1	2
	H11	STROKE / NEURO	28	96.0%	87.9%	92.0%	97.0%	48.0%	90.0%	90.0%	86.0%		1			0	1
	H110	STROKE / NEURO	24	66.7%	82.6%	88.0%	87.0%	77.0%	97.0%	65.0%	87.0%					0	0
	CDU	CARDIOLOGY	9	64.3%	71.3%	90.0%	86.0%	93.0%	86.0%	50.0%	86.0%					0	0
	C26	CARDIOLOGY	26	83.3%	93.8%	82.0%	70.0%	97.0%	73.0%	62.0%	84.0%		1			0	1
	C28 /CMU	CARDIOLOGY	27	100.0%	86.6%	92.0%	84.0%	90.0%	86.0%	84.0%	88.0%					0	0
SURGERY	H4	NEURO SURGERY	28	75.0%	92.2%	82.0%	94.0%	84.0%	69.0%	69.0%	78.0%					0	0
	H40	NEURO / TRAUMA	15	89.3%	88.0%	85.0%	97.0%	75.0%	75.0%	72.0%	78.0%					0	0
	H6	ACUTE SURGERY	28	85.2%	93.7%	87.0%	93.0%	87.0%	77.0%	83.0%	87.0%		1			0	1
	H60	ACUTE SURGERY	28	83.3%	97.7%	90.0%	97.0%	94.0%	90.0%	77.0%	81.0%					0	0
	H7	VASCULAR SURGERY	30	74.2%	85.6%	87.0%	94.0%	76.0%	76.0%	61.0%	85.0%					0	0
	H100	GASTRO	24	77.8%	94.6%	79.0%	88.0%	82.0%	70.0%	85.0%	52.0%					0	0
	H12	ORTHOPAEDIC	28	93.9%	96.9%	95.0%	95.0%	100.0%	93.0%	95.0%	95.0%					0	0
	H120	ORTHO / MAXFAX	22	84.0%	96.0%	96.0%	90.0%	97.0%	87.0%	97.0%	97.0%					0	0
	HICU	CRITICAL CARE	22	85.0%	91.9%	89.0%	89.0%	92.0%	70.0%	83.0%	96.0%					0	0
	C9	ORTHOPAEDIC	35	94.4%	96.6%	90.0%	93.0%	90.0%	93.0%	76.0%	83.0%					0	0
	C10	COLORECTAL	21	66.7%	83.1%	84.0%	96.0%	83.0%	88.0%	79.0%	92.0%					0	0
	C11	COLORECTAL	22	91.7%	88.9%	89.0%	97.0%	97.0%	90.0%	83.0%	79.0%					0	0
	C14	UPPER GI	27	92.6%	87.6%	85.0%	94.0%	79.0%	82.0%	79.0%	70.0%					0	0
	C15	UROLOGY	26	92.6%	83.6%	85.0%	85.0%	76.0%	82.0%	79.0%	82.0%		1			0	1
	C27	CARDIOTHORACIC	26	70.6%	93.5%	92.0%	89.0%	83.0%	86.0%	69.0%	89.0%					0	0
	CICU	CRITICAL CARE	22	82.9%	86.7%	95.0%	94.0%	97.0%	89.0%	91.0%	92.0%					0	0
FAMILY & WOMEN'S	C16	ENT / BREAST	30	91.7%	80.2%	91.0%	88.0%	65.0%	88.0%	85.0%	85.0%					0	0
	H130	PAEDS	20	92.6%	88.5%	94.0%	93.0%	79.0%	90.0%	70.0%	71.0%					0	0
	H30 CEDAR	GYNAECOLOGY	9	92.3%	95.8%	92.0%	92.0%	100.0%	83.0%	83.0%	92.0%					0	0
	H31 MAPLE	MATERNITY	20	83.3%	93.6%	92.0%	98.0%	85.0%	87.0%	74.0%	88.0%					0	0
	H33 ROWAN	MATERNITY	38														
	H34 ACORN	PAEDS SURGERY	20	90.3%	90.3%	97.0%	94.0%	90.0%	97.0%	100.0%	57.0%					0	0
	H35	OPHTHALMOLOGY	12	100.0%	86.3%	90.0%	90.0%	80.0%	80.0%	65.0%	85.0%					0	0
	LABOUR	MATERNITY	16	70.0%	91.8%	89.0%	92.0%	91.0%	87.0%	79.0%	88.0%					0	0
	NEONATES	CRITICAL CARE	26	87.5%	84.7%	95.0%	96.0%	85.0%	89.0%	93.0%	95.0%					0	0
	PAU	PAEDS	10	84.6%	95.0%	93.0%	92.0%	100.0%	92.0%	85.0%	54.0%					0	0
	PHDU	CRITICAL CARE	4	100.0%	87.2%	96.0%	93.0%	92.0%	100.0%	100.0%	77.0%					0	0
CLINICAL SUPPORT	C20	INFECTIOUS DISEASE	19	94.7%	91.2%	94.0%	84.0%	100.0%	95.0%	89.0%	84.0%					0	0
	C29	REHABILITATION	15	92.6%	93.6%	91.0%	89.0%	89.0%	86.0%	86.0%	96.0%		1			0	1
	C30	ONCOLOGY	22	100.0%	71.1%	89.0%	84.0%	72.0%	88.0%	72.0%	84.0%					0	0
	C31	ONCOLOGY	27	73.9%	83.1%	86.0%	88.0%	96.0%	80.0%	84.0%	92.0%					0	0
	C32	ONCOLOGY	22	79.2%	95.4%	86.0%	96.0%	96.0%	83.0%	79.0%	83.0%					0	0
	C33	HAEMATOLOGY	28	88.2%	92.3%	86.0%	89.0%	95.0%	76.0%	71.0%	82.0%					0	0
TOTALS :				86.6%	88.9%	89.6%	89.6%	86.3%	84.3%	79.3%	85.1%	2	8	1	9	3	17

ADMITTED WITH & HOSPITAL ACQUIRED PRESSURE ULCERS [AVOIDABLE AND UNAVOIDABLE] (MASD, GRADE 2, GRADE 3, GRADE 4)

WARD	MASD ADMITTED WITH MONTH	MASD ADMITTED WITH YTD	MASD HOSPITAL ACQUIRED MONTH	MASD HOSPITAL ACQUIRED YTD	GRADE 2 ADMITTED WITH MONTH	GRADE 2 ADMITTED WITH YTD	GRADE 2 HOSPITAL ACQUIRED MONTH	GRADE 2 HOSPITAL ACQUIRED YDT	GRADE 3 ADMITTED WITH MONTH	GRADE 3 ADMITTED WITH YTD	GRADE 3 HOSPITAL ACQUIRED MONTH	GRADE 3 HOSPITAL ACQUIRED YTD	GRADE 4 ADMITTED WITH MONTH	GRADE 4 ADMITTED WITH YTD	GRADE 4 HOSPITAL ACQUIRED MONTH	GRADE 4 HOSPITAL ACQUIRED YTD
ED					118	456		1	5	45			4	13		
AMU					9	36				1				1		
H1					4	6										
EAU					12	34			1	2			1	1		
H5 / RHOB					1	4	1	3	1	1						
H50						3		1								
H500					1	5	2	2								
H70					1	9										
H8							1	1								
H80							1	3								
H9						3										
H90						2							2	2		
H11								3								
H110						3	1	1	3	3		1				
CDU																
C26						1										
C28 /CMU						2		1								
H4					1	3	1	2		1						
H40						1										
H6					1	2										
H60					1	1								1		
H7					3	18	2	3		1						
H100						1		4								
H12						1		1								
H120						1	1	4								
HICU						1		1								
C9					1	2										
C10					1	2										
C11						1			2	2						
C14								1								
C15						5										
C27																
CICU							1	1								
C16																
H130																
H30 CEDAR																
H31 MAPLE / H33 ROWAN																
H34 ACORN																
H35					1	4	1	1						1		
LABOUR																
NEONATES																
PAU																
PHDU																
C20																
C29							1	1								
C30					3	11	2	3								
C31					3	12										
C32					5	9								1		
C33					3	7		2								
TOTALS :	0	0	0	0	169	646	15	40	12	56	0	1	7	20	0	0

ADMITTED WITH & HOSPITAL ACQUIRED PRESSURE ULCERS [AVOIDABLE AND UNAVOIDABLE] (DEEP TISSUE INJURY, UNSTAGEABLE, DEVICE RELATED, TOTALS)

WARD	DEEP TISSUE INJURY ADMITTED WITH MONTH	DEEP TISSUE INJURY ADMITTED WITH YTD	DEEP TISSUE INJURY HOSPITAL ACQUIRED MONTH	DEEP TISSUE INJURY HOSPITAL ACQUIRED YTD	UNSTAGEABLE ADMITTED WITH MONTH	UNSTAGEABLE ADMITTED WITH YTD	UNSTAGEABLE HOSPITAL ACQUIRED MONTH	UNSTAGEABLE HOSPITAL ACQUIRED YDT	DEVICE RELATED [TOTAL] MONTH	DEVICE RELATED [TOTAL] YTD	TOTALS ADMITTED WITH MONTH	TOTALS ADMITTED WITH YTD	TOTALS HOSPITAL ACQUIRED MONTH	TOTALS HOSPITAL ACQUIRED YDT	AVOIDABLE / REQUIRE RCA MONTH	AVOIDABLE / REQUIRE RCA YDT	RCA Outstanding
ED	21	130	1	1	27	107				1	175	751	1	2	1	2	
AMU	3	8			2	10					14	56	0	0			
H1						1					4	7	0	0			
EAU	4	14			3	11					21	62	0	0			
H5 / RHOB				1					1	1	2	5	1	4	1	4	
H50	1	1	1	1		1					1	5	1	2		1	
H500	3	4			1	1					5	10	2	2			1
H70		1	1	1			1	2			1	10	2	3			3
H8	1	1		1				1			1	1	1	3	1	1	1
H80			1	1			1	2		2	0	0	3	6	1	2	
H9											0	3	0	0			
H90		2									2	6	0	0			
H11										1	0	0	0	3		1	
H110		1		2			1	2	1	2	3	7	2	6			3
CDU											0	0	0	0			
C26	1	1		1			1	1	1	1	1	2	1	2	1	1	
C28 /CMU											0	2	0	1			
H4											1	4	1	2		1	1
H40				1		1					0	2	0	1		1	
H6	1	1									2	3	0	0			
H60											1	2	0	0			
H7	2	3	1	5		7			1	3	5	29	3	8		3	2
H100				2						1	0	1	0	6		6	
H12	1	2	1	1					1	1	1	3	1	2	1	1	
H120								1		1	0	1	1	5			
HICU		1	1	3	1	1		1	1	4	1	3	1	5	1	1	
C9	1	1									2	3	0	0			
C10											1	2	0	0			
C11											2	3	0	0			
C14				1							0	0	0	2			
C15		1				2					0	8	0	0			
C27											0	0	0	0			
CICU			2	3			1	1	1	2	0	0	4	5			
C16											0	0	0	0			
H130											0	0	0	0			
H30 CEDAR											0	0	0	0			
H31 MAPLE / H33 ROWAN											0	0	0	0			
H34 ACORN											0	0	0	0			
H35											1	5	1	1			
LABOUR											0	0	0	0			
NEONATES											0	0	0	0			
PAU											0	0	0	0			
PHDU											0	0	0	0			
C20											0	0	0	0			
C29									1	1	0	0	1	1	1	1	
C30	2	2		1	1	3			1	1	6	16	2	4		1	
C31	2	5	2	3		3					5	20	2	3			
C32				2							5	10	0	2		1	
C33		3				2					3	12	0	2		2	
TOTALS :	43	182	11	31	35	150	5	11	9	22	266	1054	31	83	8	30	11