HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST
TRUST BOARD
13th NOVEMBER 2018

Title:	NURSING AND MIDWIFERY (SAFE) STAFFING REPORT - NOVEMBER 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 • Decide 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.

This report now follows the required new format for reporting safer staffing metrics and uses the Care Hours Per Patient Day (CHPPD) methodology.

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 September 2018 (June/July 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 introduction 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 August and September 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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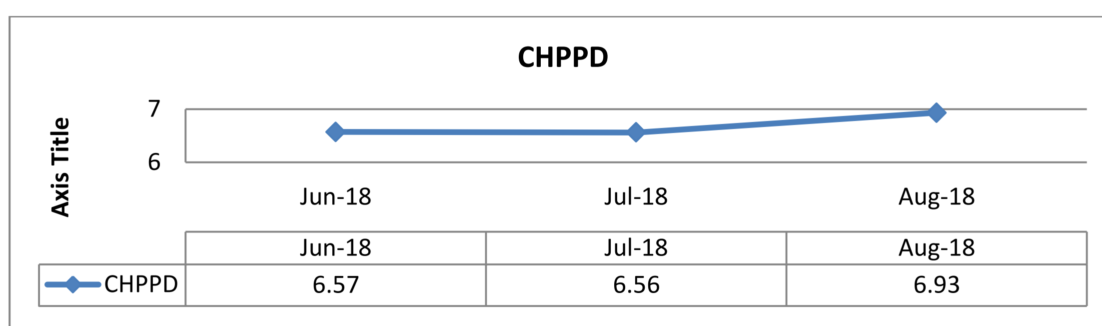
[1] National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*
[2] National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with 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

3. CARE HOURS PER PATIENT DAY

Appendix Four provides the description of Care Hours Per Patient Day and its calculation/methodology.

NHS Improvement's Model Hospital Website provides comparison information pertaining to CHPPD and other associated quality metrics. However, trusts are not yet permitted to use these data or publish them until they are confirmed as being reliable. Therefore, for the time being, the Trust's trend analysis for reported CHPPD since the July 2018 publication date is provided in the following table.



	Jun-18	Jul-18	Aug-18
CHPPD	6.57	6.56	6.93

CHPPD provides just a number that needs to be considered alongside other qualitative and quantitative information, which is described in the next section. It is important not to reach conclusions by considering this number and its trends in isolation.

It is also important to add that further work is needed in the Trust to ensure that all appropriate and available staff are included in its CHPPD calculation. As an example, these data can include all care giving staff that work under the direction of a registered nurse or midwife for the totality of their shift on that ward. For this Trust, this means that it will be able to include staff such as patient discharge assistants, ward hygienists and nutritional apprentices. All of these will help to increase the CHPPD metric. Work is being undertaken to include these going forward.

4. PROFESSIONAL STAFFING SAFETY RISK ASSESSMENTS

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, sickness and absence levels
- 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.

Appendix One provides the Nursing Staffing Key metrics for August 2018. **Appendix Two** is the same information for September 2018.
Appendix Three provides the Nurse Staffing Quality Indicators – September 2018

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 – September 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 requires a high presence from the Senior Matron the quality of care is under surveillance	Support gained from nurse bank and overtime and Senior Matron support
H70	MEDIUM	This ward requires a high presence from the Senior Matron to support the ward focus on quality concerns. Under surveillance	Actions under way looking at the overall functioning of this ward. Utilising some agency and bank. B6s and B7 staff providing weekend cover and Senior Matron support. Additional A/N's in post.
H8	LOW	No staffing related quality concerns	Additional non-registered staff in post.
H80	MEDIUM	1 red fundamental standards score although not thought to be related to staffing levels. Under surveillance.	Senior Matron supporting the ward. 2 RNs from other health group. An additional Band 6 RN from EAU to support the ward therefore increasing senior nurse cover.
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	LOW	No staffing related quality concerns	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	Maternity Leave and Vacancy, X2 international nurses starting Oct-18
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.
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	'Short term' agency staff in place.
C15	MEDIUM	No staffing related quality concerns	4 WTE maternity leave, Ward Sister vacancy. SI Pressure Ulcer. Increasing service demands
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, overtime and excess hours to cover vacancies.
H130	**LOW**	No staffing related quality concerns	Staff in the children's wards are flexed according to patient need, so these should be considered collectively. Utilising overtime hours to cover across the 13th Floor and Acorn. Successful recruitment will lead to full establishment of registered nurses.
Cedar H30	**LOW**	No staffing related quality concerns	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 when required.
NICU	**LOW**	No staffing related quality concerns	Vacancies covered with Bank and overtime and flexing paediatric staff. Recent recruitment of registered nurses will fill majority of vacancies.
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 November 2018

4.1 4 Clinical Support Health Group

Ward	Professional Risk Assessment	Rationale for risk rating	Actions
C7	**LOW**	Not triggering any quality indicators and no staffing issues so deemed to be safely staffed	
C29	**LOW**	Not triggering any quality indicators and although supporting DME with a RN, deemed to be safely staffed	
C30	**LOW**	Despite 24.8% RN vacancies not triggering any quality indicators therefore deemed to be safely staffed	
C31	**MEDIUM**	This ward has 29.3% RN vacancies & 6.6% ML. Actions taken have mitigated the risk & no quality indicators are triggering currently; this continues to be closely monitored	Utilising bank and agency, support from other inpatient wards, 5 beds currently closed.
C32	**MEDIUM**	This ward has 4.7% RN vacancies & 5.6% ML; no quality indicators are triggering	Utilising bank and agency, support from other inpatient wards
C33	**MEDIUM**	This ward has 18.4% RN vacancies & high ML at 22.9%; the actions taken are supporting the ward and no quality indicators are triggering; this continues to be closely monitored	Utilising bank and agency, support from other inpatient wards and have over recruited to non-registered posts to support

5. RECRUITMENT AND RETENTION

Robust recruitment continues within a number of specialities through the development of bespoke advertising campaigns and rotational programmes.

112 newly qualified nurses commenced in post from the University of Hull in September 2018. These nurses have undertaken their induction and have now commenced their preceptorship on the wards. Over the next few months they will each get their NMC PIN numbers whereupon they can practise as fully-registered nurses. Until then, they are counted in the non-registered staffing numbers (but still within CHPPD).

The first 19 Registered Nursing Associates quality in May 2019.

Fifteen new Trainee Nursing Associates commenced their two-year programme in September 2018. In addition, fifteen student nursing apprentices started their programme in September 2018.

With regards to international recruitment, the Trust now has 27 nurses working as fully-registered nurses from the Philippines (having passed their OSCE's); a further six are due to undertake their OSCE's in November and a further 10 nurses have been deployed to the UK in the last two weeks and are preparing for their OSCE's.

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 (at BTEC equivalent). This is a way of getting these people into gainful health employment as soon as they leave school at 16.

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

6. 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.

7. RED FLAGS AS IDENTIFIED BY NICE (2014)

Incorporated into the nursing staffing safety briefs 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.

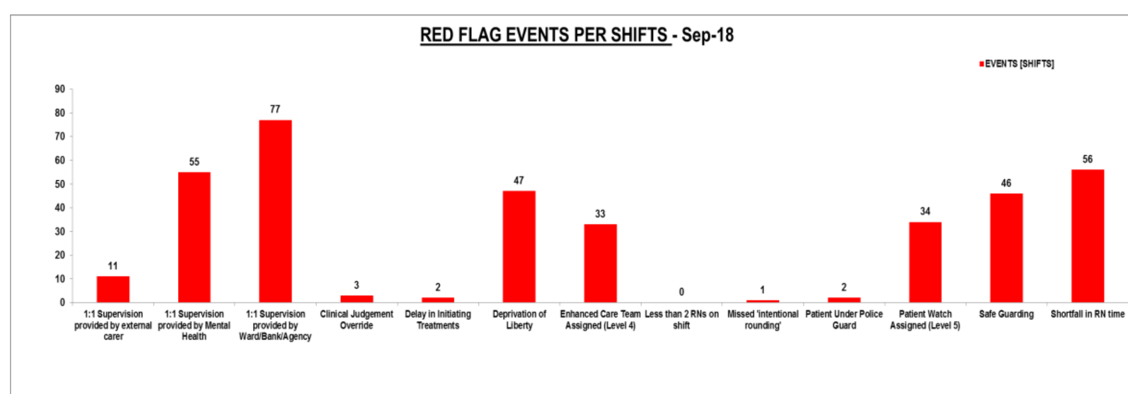
In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

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.

Sep-18	RED FLAG TYPE	EVENTS [SHIFTS]	%
	1:1 Supervision provided by external carer	11	3%
	1:1 Supervision provided by Mental Health	55	15%
	1:1 Supervision provided by Ward/Bank/Agency	77	21%
	Clinical Judgement Override	3	1%
	Delay in Initiating Treatments	2	1%
	Deprivation of Liberty	47	13%
	Enhanced Care Team Assigned (Level 4)	33	9%
	Less than 2 RNs on shift	0	0%
	Missed 'intentional rounding'	1	0%
	Patient Under Police Guard	2	1%
	Patient Watch Assigned (Level 5)	34	9%
	Safe Guarding	46	13%
	Shortfall in RN time	56	15%
	TOTAL:	367	100%



As illustrated earlier, 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 is in the process of being established substantively following a successful trial.

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. RISK ASSESSMENT

The inability to recruit sufficient numbers of registered nurses in order to meet full establishment levels remains a concern to the Chief Nurse and senior nurses. Currently, this is a recorded risk at 16 (Likely 4 x Severity 4) until staffing levels stabilise more. Also, work is under way to move staff to cater for the additional winter ward (H10) that is due to open on 3rd December 2018. Managing the safer staffing risks is a daily occurrence for the senior nursing teams and this will continue as the Trust enters the winter period. However, this remains a constant challenge for the organisation.

10. SUMMARY

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, especially as there are so many other variables that need to be considered before reaching a conclusion. 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.

Also, NHS Improvement has issued revised guidance on how trusts are to publish workforce data from the next financial year onwards. 'Developing Workforce Safeguards[4]' sets out the future requirements for reporting staffing levels across a broader range of professional groups. The Chief Nurse is attending a briefing session in Birmingham on 11th November to understand the new requirements more fully. A further update on this will be provided in the next version of this report.

11. 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
September 2018

Appendix 1: Nurse Staffing Key Metrics – August 2018
Appendix 2: Nurse Staffing Key Metrics – September 2018
Appendix 3: Nurse Staffing Quality Indicators – September 2018
Appendix 4: CHPPD Description, Methodology, Benefits and Limitations

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[4] October 2018 - NHS Improvement – Developing Workforce Safeguards: supporting providers to deliver high quality care through safe and effective staffing.

APPENDIX FOUR - CHPPD Description, Methodology, Benefits and Limitations

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.

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.

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.

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.

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.

HEY NURSE STAFFING KEY METRICS DASHBOARD

Aug-18

KEY METRICS ROTA: 6th Aug - 2nd Sep 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CHPPD: Other care staff not currently included in CHPPD HPW	CHPPD: Cumulative Count Over The Month of Patients at 23:59 Each Day	CHPPD: RN / RM	CHPPD: CARE STAFF	CHPPD: OVERALL	CHPPD: MODEL HOSPITAL PEER	CHPPD: VARIANCE AGAINST PEER	CHPPD: MODEL HOSPITAL NATIONAL	CHPPD: VARIANCE AGAINST NATIONAL	VACANCIES: RN [WTE]	VACANCIES: RN % [<10%]	VACANCIES: NON -RN- [WTE]	VACANCIES: NON - RN-% [<10%]	VACANCIES: TOTAL VACANCY [WTE]	VACANCIES: RN & NON-RN- Est. [WTE]	TEMP STAFFING: TOTAL [10%]	TEMP STAFFING: BANK [%]	TEMP STAFFING: AGENCY [%]	TEMP STAFFING: BANK & AGENCY FILL RATE [80%]	UNAVAILABILITY: TOTAL [21.6%]	UNAVAILABILITY: SICK RN & AN [3.9%]	UNAVAILABILITY: ANNUAL LEAVE [11-17%]	UNAVAILABILITY: OTHER [< 1%]	UNAVAILABILITY: STUDY DAY [<2.3%]	UNAVAILABILITY: WORKING DAY [1%]	UNAVAILABILITY: MAT LEAVE [<2.5%]	ROTA APPROVALS: FULL [DAYS]	ROTA APPROVALS: PARTIAL [DAYS]	ADDITIONAL DUTIES: TOTAL [WTE]	ADDITIONAL DUTIES: LEGITIMATE [WTE]	ADDITIONAL DUTIES: AVOIDABLE [WTE]	UNFILLED ROSTER [%]	HOURS BALANCE [%]	STAFF REDEPLOYMENT: NET VARIANCE [HRS]	STAFF REDEPLOYMENT: INBOUND [HRS]	STAFF REDEPLOYMENT: OUTBOUND [HRS]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	5.08	5.4%	-0.13	-0.6%	4.95	115.34	5.3%	5.1%	0.2%	91.5%	27.4%	5.2%	17.5%	0.0%	1.0%	0.3%	3.4%	53.0	51.0	0.3	0.2	0.1	17.7%	0.4%	88.5	88.5	0.0
	AMU	GENERAL MEDICINE	45	LOW	178.5	1027	5108.2	2978.8	7.9	7.55	0.35	7.31	0.59	10.39	23.5%	2.77	11.9%	13.16	67.57	9.5%	9.2%	0.3%	60.9%	31.7%	12.9%	15.2%	0.0%	1.8%	1.8%	0.0%	27.0	27.0	0.5	0.3	0.2	9.8%	0.7%	216.6	266.1	49.5
	H1	GENERAL MEDICINE	22	LOW	399.0	625	1669.5	1113.8	4.5	7.55	-3.05	7.31	-2.81	0.88	6.0%	1.50	18.9%	2.38	22.51	14.5%	14.1%	0.4%	64.5%	30.6%	3.5%	14.6%	0.0%	0.7%	3.3%	8.5%	21.0	20.0	0.3	0.3	0.0	10.1%	-1.9%	9.8	72.8	63.0
	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	324	2025.0	1895.5	12.1	6.94	5.16	7.74	4.36	4.78	25.0%	-6.00	-45.6%	-1.22	32.27	6.3%	5.4%	0.9%	42.5%	31.2%	7.2%	13.7%	3.1%	0.8%	4.1%	2.3%	66.0	66.0	0.2	0.2	0.0	21.2%	0.9%	44.5	56.5	12.0
	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	623	2908.8	1706.0	7.4	6.74	0.66	6.38	1.02	3.71	15.0%	1.21	9.2%	4.92	37.84	9.9%	9.4%	0.5%	35.8%	27.1%	10.2%	16.2%	0.0%	0.7%	0.0%	0.0%	46.0	44.0	0.4	0.4	0.0	20.6%	1.2%	38.3	205.3	167.0
	H50	NEPHROLOGY	19	LOW	283.5	404	1749.1	1279.8	7.5	7.23	0.27	7.00	0.50	2.83	18.7%	-1.57	-18.6%	1.26	23.54	2.7%	2.4%	0.3%	35.9%	31.2%	2.8%	19.9%	0.0%	0.7%	0.6%	7.2%	44.0	44.0	0.1	0.1	0.0	15.7%	-1.5%	23.0	23.0	0.0
	H500	RESPIRATORY MEDICINE	24	MEDIUM	157.5	600	1549.5	1774.0	5.5	6.74	-1.24	6.38	-0.88	6.36	37.5%	-0.11	-0.9%	6.25	29.10	10.4%	8.8%	1.6%	46.7%	27.1%	5.6%	18.4%	0.0%	2.1%	1.0%	0.0%	27.0	16.0	0.2	0.2	0.0	16.2%	1.2%	82.3	103.5	21.3
	H70	GENERAL MEDICINE	30	MEDIUM	441.0	757	2159.0	2173.3	5.7	7.55	-1.85	7.31	-1.61	6.42	32.0%	-1.72	-14.1%	4.70	32.22	22.6%	17.1%	5.5%	64.9%	25.2%	10.5%	10.4%	2.8%	1.5%	0.0%	0.0%	13.0	13.0	2.6	1.1	1.5	18.4%	22.7%	459.8	465.8	6.0
	H8	GERIATRIC MEDICINE	27	LOW	220.5	871	1726.3	1985.4	4.3	6.94	-2.64	6.74	-2.44	3.7	22.3%	0.13	1.0%	3.83	29.78	8.3%	8.0%	0.3%	32.1%	28.1%	2.9%	17.9%	0.3%	0.4%	0.5%	6.1%	48.0	48.0	0.1	0.1	0.0	19.7%	-2.9%	36.5	36.5	0.0
	H80	GERIATRIC MEDICINE	27	MEDIUM	220.5	908	1628.0	2195.5	4.2	6.94	-2.74	6.74	-2.54	4.67	28.1%	-0.91	-6.9%	3.76	29.78	8.8%	7.1%	1.7%	40.4%	37.6%	10.8%	17.1%	0.0%	0.8%	6.3%	2.6%	47.0	47.0	0.2	0.2	0.0	17.3%	1.9%	62.0	68.0	6.0
	PDU H9	GERIATRIC MEDICINE	30	LOW	913.5	365	1526.5	2239.0	10.3	6.94	3.36	6.74	3.56	6.5	39.1%	-5.24	-39.8%	1.26	29.78	10.0%	6.7%	3.3%	72.6%	25.1%	4.1%	16.6%	1.0%	1.5%	1.9%	0.0%	16.0	12.0	0.5	0.3	0.2	13.1%	0.4%	167.0	173.0	6.0
	H90	GERIATRIC MEDICINE	29	LOW	252.0	820	1701.3	2043.9	4.6	6.94	-2.34	6.74	-2.14	4.75	28.6%	0.29	2.2%	5.04	29.78	10.6%	10.3%	0.3%	75.0%	30.0%	14.3%	13.9%	0.3%	0.3%	1.2%	0.0%	17.0	17.0	1.0	0.7	0.3	21.2%	1.5%	128.2	158.2	30.0
	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	849	1765.0	1972.3	4.4	7.55	-3.15	7.41	-3.01	5.09	22.6%	0.51	4.8%	5.60	33.16	13.5%	13.3%	0.2%	61.7%	33.8%	0.8%	16.6%	0.0%	0.5%	9.1%	6.8%	20.0	19.0	0.0	0.0	0.0	9.1%	-0.1%	-39.0	32.5	71.5
	H110	STROKE / NEUROLOGY	24	MEDIUM	252.0	551	1860.3	1843.8	6.7	7.55	-0.85	7.41	-0.71	7.78	34.6%	0.02	0.2%	7.80	33.64	11.9%	11.9%	0.0%	41.3%	39.0%	5.9%	14.8%	1.9%	3.7%	7.4%	5.3%	42.0	16.0	0.6	0.6	0.0	21.4%	5.2%	61.0	64.5	3.5
	CDU	CARDIOLOGY	9	LOW	0.0	112	1074.5	322.0	12.5	7.93	4.57	7.73	4.77	4	31.2%	0.15	5.1%	4.15	15.74	4.3%	4.3%	0.0%	20.7%	38.3%	11.1%	17.5%	0.0%	0.6%	0.0%	9.1%	20.0	19.0	0.1	0.1	0.0	15.2%	18.7%	0.0	0.0	0.0
	C26	CARDIOLOGY / CTS	26	LOW	236.5	839	2597.0	1072.7	4.4	8.46	-4.06	9.93	-5.53	3.51	13.6%	0.61	7.7%	4.12	33.73	4.6%	4.6%	0.0%	34.7%	36.7%	6.1%	14.2%	3.3%	0.9%	3.3%	8.9%	70.0	54.0	0.2	0.2	0.0	20.5%	0.4%	45.5	56.0	10.5
	C28 /CMU	CARDIOLOGY	27	LOW	277.2	631	4334.7	983.5	8.4	7.44	0.96	7.87	0.53	3.26	8.5%	0.37	3.9%	3.63	47.78	0.8%	0.8%	0.0%	27.9%	25.9%	3.1%	15.8%	0.0%	2.3%	2.5%	2.2%	54.0	47.0	0.0	0.0	0.0	11.3%	0.0%	-56.7	31.3	88.0
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	637	2223.3	1617.8	6.0	8.39	-2.39	8.71	-2.71	5.08	23.3%	0.45	4.3%	5.53	32.28	17.4%	17.4%	0.0%	57.0%	30.6%	2.4%	17.0%	0.8%	2.7%	0.1%	7.6%	45.0	33.0	0.9	0.8	0.1	17.8%	-2.1%	110.0	115.0	5.0
	H40	NEUROSURGERY / TRAUMA	15	LOW	105.0	780	2354.8	1416.0	4.8	8.39	-3.59	8.71	-3.91	3.62	17.4%	-1.14	-10.3%	2.48	31.95	4.1%	3.6%	0.5%	29.0%	32.5%	7.9%	18.5%	1.0%	1.0%	1.4%	2.7%	59.0	40.0	0.6	0.5	0.1	11.2%	3.1%	102.3	113.3	11.0
	H6	GENERAL SURGERY	28	LOW	283.5	578	2308.0	1619.8	6.8	6.99	-0.19	7.26	-0.46	2.91	15.2%	1.13	10.6%	4.04	29.74	9.6%	8.7%	0.9%	56.1%	22.5%	1.5%	13.0%	0.0%	2.5%	1.8%	3.7%	63.0	63.0	0.1	0.1	0.0	9.3%	-1.5%	9.8	43.3	33.5
	H60	GENERAL SURGERY	28	LOW	126.0	732	2248.8	1766.5	5.5	6.99	-1.49	7.26	-1.76	2.2	11.5%	0.81	7.6%	3.01	29.74	10.4%	9.1%	1.3%	50.8%	27.8%	7.8%	15.1%	0.1%	0.5%	0.8%	3.5%	65.0	63.0	0.2	0.1	0.1	9.8%	-3.7%	28.3	33.8	5.5
	H7	VASCULAR SURGERY	30	MEDIUM	283.5	648	2533.8	1913.0	6.9	6.99	-0.09	7.26	-0.36	6.16	28.3%	1.09	8.3%	7.25	34.89	18.6%	13.0%	5.6%	63.4%	25.5%	2.3%	18.5%	0.0%	1.9%	2.8%	0.0%	62.0	62.0	0.5	0.4	0.1	14.1%	0.4%	-57.0	60.8	117.8
	H100	GASTROENTEROLOGY	27	LOW	239.4	808	2174.5	1787.5	4.9	6.63	-1.73	6.29	-1.39	3.09	16.2%	0.52	4.3%	3.61	31.23	15.8%	15.8%	0.0%	62.0%	28.2%	4.6%	20.3%	0.1%	0.5%	0.6%	2.1%	55.0	52.0	0.5	0.4	0.1	13.9%	1.6%	16.5	83.0	66.5
	H12	ORTHOPAEDIC	28	LOW	252.0	772	2473.5	1807.0	5.5	7.13	-1.63	7.25	-1.75	3.27	15.0%	-1.60	-12.2%	1.67	35.00	6.7%	6.7%	0.0%	64.3%	31.2%	5.4%	14.6%	0.0%	1.3%	7.2%	2.7%	40.0	40.0	0.0	0.0	0.0	11.8%	0.9%	-27.3	0.0	27.3
	H120	ORTHO / MAXFAX	22	LOW	283.5	568	2138.8	1808.5	6.9	7.13	-0.23	7.25	-0.35	2.14	12.9%	-0.65	-5.5%	1.49	28.42	11.0%	9.5%	1.5%	84.4%	25.6%	6.0%	15.8%	1.2%	0.5%	2.1%	0.0%	47.0	40.0	0.5	0.3	0.2	6.6%	1.0%	54.0	54.0	0.0
	HICU	CRITICAL CARE	22	LOW	252.0	350	10014.0	817.3	30.9	27.13	3.77	26.60	4.30	9.1	8.7%	-0.40	-5.5%	8.70	112.20	0.0%	0.0%	0.0%	-	35.5%	11.0%	18.1%	1.0%	0.9%	1.1%	3.4%	59.0	58.0	0.0	0.0	0.0	29.9%	2.7%	-315.5	0.0	315.5
	C9	ORTHOPAEDIC	35	LOW	252.0	813	2206.3	1707.5	4.8	7.13	-2.33	7.25	-2.45	2.57	11.8%	0.47	4.1%	3.04	33.39	6.5%	6.5%	0.0%	25.8%	29.4%	7.2%	15.3%	0.0%	0.7%	2.0%	4.2%	62.0	62.0	0.2	0.2	0.0	23.3%	0.4%	-90.0	44.5	134.5
	C10	GENERAL SURGERY	21	LOW	252.0	583	2256.1	1042.7	5.7	6.99	-1.29	7.26	-1.56	2.54	13.9%	1.03	13.2%	3.57	26.08	17.3%	16.8%	0.5%	62.9%	32.3%	5.0%	17.4%	0.3%	2.7%	4.3%	2.6%	48.0	47.0	0.8	0.8	0.0	12.4%	-0.7%	83.3	123.8	40.5
	C11	GENERAL SURGERY	22	LOW	252.0	592	2178.0	1137.8	5.6	6.99	-1.39	7.26	-1.66	2.43	13.3%	1.15	14.7%	3.58	26.08	8.1%	8.1%	0.0%	50.5%	21.6%	5.7%	15.7%	0.0%	0.2%	0.0%	0.0%	62.0	62.0	0.3	0.3	0.0	10.4%	0.5%	40.3	93.3	53.0
	C14	GENERAL SURGERY	27	LOW	252.0	602	2262.0	1039.8	5.5	6.99	-1.49	7.26	-1.76	3.52	17.3%	0.27	3.0%	3.79	29.38	2.8%	2.6%	0.2%	27.6%	24.0%	4.4%	14.4%	0.0%	1.6%	3.6%	0.0%	61.0	47.0	0.2	0.2	0.0	21.3%	2.9%	42.5	89.0	46.5
	C15	UROLOGY	26	MEDIUM	283.5	602	2448.0	1425.0	6.4	6.47	-0.07	6.67	-0.27	2.22	10.8%	0.09	0.7%	2.31	32.71	11.3%	10.7%	0.6%	74.4%	31.4%	3.8%	18.7%	0.4%	0.2%	0.3%	8.0%	55.0	46.0	0.3	0.3	0.0	8.1%	0.3%	24.0	68.5	44.5
	C27	CARDIOTHORACIC	26	LOW	283.2	622	2862.0	1060.8	6.3	8.46	-2.16	9.93	-3.63	1.14	4.8%	-0.66	-7.7%	0.48	32.22	1.4%	1.4%	0.0%	56.4%	23.0%	0.4%	14.9%	0.1%	1.5%	3.0%	3.1%	48.0	47.0	0.0	0.0	0.0	11.3%	0.1%	-31.8	0.0	31.8
	CICU	CRITICAL CARE	22	MEDIUM	157.5	408	9693.2	759.3	25.6	27.13	-1.53	26.60	-1.00	11.37	12.2%	1.17	15.5%	12.54	100.50	1.3%	1.3%	0.0%	62.3%	30.9%	4.6%	15.0%	0.3%	1.3%	2.8%	6.9%	62.0	59.0	0.0	0.0	0.0	19.0%	3.5%	132.5	206.5	74.0
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	883	1823.0	1173.0	3.4	6.58	-3.18	9.03	-5.63	5.12	27.7%	0.87	7.8%	5.99	29.65	10.1%	8.5%	1.6%	99.2%	33.9%	2.5%	21.0%	0.2%	0.2%	0.3%	9.7%	44.0	40.0	0.1	0.1	0.0	0.0%	-0.6%	-83.0	45.0	128.0
	H130	PAEDIATRICS	20	LOW	205.8	253	2097.9	659.8	10.9	11.44	-0.54	12.20	-1.30	0.77	3.6%	2.11	40.4%	2.88	26.59	1.1%	1.1%	0.0%	116.5%	27.2%	3.2%	18.8%	0.0%	1.6%	0.7%	2.9%	53.0	52.0	0.2	0.2	0.0	30.2%	0.8%	22.0	33.0	11.0
	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	169	1428.8	478.0	11.3	8.02	3.28	7.70	3.60	0.14	1.9%	0.12	3.1%	0.26	11.33	4.6%	4.6%	0.0%	76.7%	32.2%	6.2%	13.8%	0.0%	0.3%	0.0%	11.9%	47.0	46.0	0.0	0.0	0.0	19.9%	-0.5%	-27.0	0.0	27.0
	H31 MAPLE	OBSTETRICS	20	LOW	0.0	462	2171.3	1401.5	7.7	10.11	-2.41	15.48	-7.78	0.55	1.19%	1.00	3.69%	1.55	73.34	1.3%	1.3%	0.0%	96.7%	29.1%	8.1%	13.1%	0.9%	1.2%	3.2%	2.6%	41.0	41.0	0.0	0.0	0.0	11.3%	-1.1%	0.0	0.0	0.0
	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1191	3021.3	1608.5	3.9	10.11	-6.21	15.48	-11.58							1.3%	1.3%	0.0%	86.4%	19.4%	1.1%	13.4%	0.0%	0.6%	2.1%	2.2%	41.0	41.0	0.0	0.0	0.0	9.0%	-1.7%	12.0	12.0	0.0
	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	236	2465.3	563.5	12.8	9.11	3.69	11.01	1.79	0.94	4.5%	-0.46	-8.8%	0.48	26.00	1.4%	1.4%	0.0%	84.7%	26.6%	0.8%	19.0%	0.8%	2.5%	2.6%	0.9%	33.0	-18.0	0.0	0.0	0.0	15.3%	-0.7%	-23.0	0.0	23.0
	H35	OPHTHALMOLOGY	12	LOW	285.6	233	1532.0	297.5	7.9	11.20	-3.30	10.70	-2.80	0.18	6.6%	1.74	64.2%	1.92	13.84	4.4%	1.1%	3.3%	99.3%	41.6%	11.4%	12.6%	0.7%	0.5%	0.1%	16.3%	73.0	73.0	0.1	0.1	0.0	16.2%	-2.7%	-131.0	11.0	142.0
	LABOUR	MATERNITY	16	LOW	369.5	299	5713.3	1468.0	24.0	10.11	13.89	15.48	8.52	-1.31	-9.6%	-2.11	-15.4%	-3.42	63.84	1.6%	1.6%	0.0%	102.8%	27.7%	4.3%	18.4%	1.5%	1.0%	0.7%	1.8%	40.0	40.0	0.1	0.0	0.1	4.4%	-8.2%	-12.0	72.1	84.1
	NEONATES	NEONATOLOGY	26	LOW	157.5	577	7703.3	542.0	14.3	13.26	1.04	12.98	1.32	3.4	5.3%	0.8	9.6%	4.20	74.51	2.9%	2.9%	0.0%	81.6%	30.1%	3.4%	19.3%	0.1%	1.1%	3.5%	2.7%	52.0	52.0	0.1	0.1	0.0	10.6%	-0.3%	34.0	34.0	0.0
	PAU	PAEDIATRICS	10	LOW	0.0	43	1161.5	0.0	27.0	11.44	15.56	12.20	14.80	1.08	10.3%	0	0.0%	1.08	10.44	7.2%	7.2%	0.0%	70.1%	32.8%	0.0%	21.9%	0.0%	2.4%	0.0%	8.5%	53.0	52.0	0.0	0.0	0.0	19.6%	4.6%	12.0	12.0	0.0
	PHDU	PAEDIATRICS	4	LOW	0.0	69	1615.0	65.0	24.3	11.44	12.86	12.20	12.10	0.53	4.6%	0	0.0%	0.53	11.66	1.5%	1.5%	0.0%	80.0%	24.8%	0.0%	16.6%	0.0%	1.1%	0.1%	7.0%	53.0	52.0	1.5	1.5	0.0	12.9%	-1.3%	-23.0	0.0	23.0
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	157.5	333	1450.5	897.3	7.1	7.76	-0.66	7.91	-0.81	-0.07	-0.9%	2.22	27.1%	2.15	20.22	14.4%	13.9%	0.5%	71.7%	29.8%	1.6%	27.3%	0.0%	0.2%	0.4%	0.3%	48.0	38.0	0.1	0.1	0.0	10.6%	-14.7%	34.5	34.5	0.0
	C29	REHABILITATION	15	LOW	147.0	662	1627.3	1663.0	5.0	7.69	-2.69	6.66	-1.66	-0.12	-0.8%	1.59	10.1%	1.47	28.89	1.0%	0.6%	0.4%	61.5%	22.4%	1.0%	16.1%	0.3%	2.6%	2.2%	0.2%	65.0	61.0	0.7	0.7	0.0	11.9%	2.5%	-45.0	11.0	56.0
	C30	CLINICAL ONCOLOGY	22	LOW	220.5	460	1713.9	1189.0	6.3	7.92	-1.62	7.14	-0.84	0.46	5.8%	0.31	3.9%	0.77	21.97	4.8%	4.4%	0.4%	40.1%	26.5%	3.1%	20.0%	0.0%	1.0%	0.1%	2.3%	55.0	54.0	0.2	0.2	0.0	9.2%	-8.4%	9.0	27.5	18.5
	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	646	1671.9	1296.3	4.6	7.92	-3.32	7.14	-2.54	4.51	38.4%	0.13	1.1%	4.64	25.74	1.7%	0.9%	0.8%	20.4%	25.4%	3.9%	16.3%	0.0%	0.5%	0.1%	4.6%	34.0	34.0	1.2	1.2	0.0	12.0%	-0.5%	5.0	34.0	29.0
	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	639	1664.5	1168.5	4.4	7.92	-3.52	7.14	-2.74	2.08	21.7%	0.07	0.7%	2.15	23.57	3.9%	3.0%	0.9%	36.9%	24.8%	5.5%	15.3%	0.0%	0.5%	0.1%	3.4%	58.0	53.0	0.2	0.2	0.0	8.4%	-2.3%	28.0	34.0	6.0
	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	628	2496.9	1332.0	6.1	8.21	-2.11	7.23	-1.13	2.11	26.4%	-2.03	-25.4%	0.08	35.44	2.4%	2.1%	0.3%	29.2%	37.6%	6.2%	14.9%	0.0%	1.1%	1.6%	13.8%	54.0	53.0	0.6	0.5	0.1	17.6%	1.2%	34.3	69.3	35.0
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10473.6	28184	129114.9	66107.7	6.9	8.84	-3.54	9.25	-23.62	167.44	13.3%	1.97	0.4%	179.70	1786.40	7.2%	6.5%	0.7%	59.8%	29.4%	5.2%	16.6%	0.5%	1.2%	1.9%	4.1%	47.4	42.9	17.5	14.3	3.2	14.6%	0.5%	1335.6	3459.1	2123.6

APPENDIX 2

HEY NURSE STAFFING KEY METRICS DASHBOARD

Sep-18

KEY METRICS ROTA: 3rd Sep - 30 Sep 2018

HEALTH GROUP	WARD	SPECIALITY CODE	BEDS	PROFESSIONAL RISK ASSESSMENT	CARE HOURS PER PATIENT DAY [CHPPD] [hrs] PEER HOSPITALS - CHKS LIST: 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	NURSING & MIDWIFERY VACANCIES [FINANCE LEDGER M6]: RN [WTE]	RN % [<10%]	NON-RN- [WTE]	NON-RN-% [<10%]	TOTAL VACANCY [WTE]	RN & NON-RN- Est. [WTE]
MEDICINE	ED	GENERAL MEDICINE	NA	LOW	NA	NA	NA	NA	NA	NA	NA	NA	NA	9.08	9.7%	1.87	8.5%	10.95	115.34
MEDICINE	AMU	GENERAL MEDICINE	45	LOW	178.5	1062.0	5008.0	2961.7	7.5	7.55	-0.05	7.31	0.19	15.27	34.6%	-0.43	-1.8%	14.84	67.57
MEDICINE	H1	GENERAL MEDICINE	22	LOW	399.0	595.0	1483.3	1089.0	4.3	7.55	-3.23	7.31	-2.99	0.88	6.0%	0.50	6.3%	1.38	22.51
MEDICINE	EAU	GERIATRIC MEDICINE	21	MEDIUM	375.9	571.0	2038.5	1738.0	6.6	6.94	-0.33	7.74	-1.13	4.78	25.0%	-4.92	-37.4%	-0.14	32.27
MEDICINE	H5 / RHOB	RESPIRATORY MEDICINE	26	LOW	220.5	1295.0	2808.0	1661.8	3.5	6.74	-3.29	6.38	-2.93	3.07	12.4%	0.44	3.3%	3.51	37.84
MEDICINE	H50	NEPHROLOGY	19	LOW	283.5	558.0	1628.3	1221.8	5.1	7.23	-2.12	7.00	-1.89	1.83	12.1%	-0.77	-9.1%	1.06	23.54
MEDICINE	H500	RESPIRATORY MEDICINE	24	MEDIUM	157.5	704.0	1526.0	1753.5	4.7	6.74	-2.08	6.38	-1.72	6.36	37.5%	0.29	2.4%	6.65	29.10
MEDICINE	H70	GENERAL MEDICINE	30	MEDIUM	441.0	888.0	1997.0	2130.0	4.7	7.55	-2.90	7.31	-2.66	7.06	35.2%	-2.72	-22.4%	4.34	32.22
MEDICINE	H8	GERIATRIC MEDICINE	27	LOW	220.5	787.0	1706.9	1906.9	4.6	6.94	-2.35	6.74	-2.15	3.70	22.3%	-1.51	-11.5%	2.19	29.78
MEDICINE	H80	GERIATRIC MEDICINE	27	MEDIUM	220.5	788.0	1617.4	2078.8	4.7	6.94	-2.25	6.74	-2.05	4.03	24.3%	-2.04	-15.5%	1.99	29.78
MEDICINE	PDU H9	GERIATRIC MEDICINE	30	LOW	913.5	877.0	1481.5	2096.0	4.1	6.94	-2.86	6.74	-2.66	6.46	38.9%	-5.07	-38.5%	1.39	29.78
MEDICINE	H90	GERIATRIC MEDICINE	29	LOW	252.0	850.0	1616.5	1833.0	4.1	6.94	-2.88	6.74	-2.68	3.95	23.8%	-2.51	-19.1%	1.45	29.78
MEDICINE	H11	STROKE / NEUROLOGY	28	MEDIUM	126.0	815.0	1663.0	1980.0	4.5	7.55	-3.08	7.41	-2.94	5.09	22.6%	-1.95	-18.3%	3.14	33.16
MEDICINE	H110	STROKE / NEUROLOGY	24	MEDIUM	252.0	519.0	1816.8	1929.3	7.2	7.55	-0.33	7.41	-0.19	7.78	34.6%	-5.16	-46.4%	2.62	33.64
MEDICINE	CDU	CARDIOLOGY	9	LOW	0.0	100.0	984.5	246.0	12.3	7.93	4.38	7.73	4.58	2.80	21.8%	0.15	5.0%	2.94	15.74
MEDICINE	C26	CARDIOLOGY / CTS	26	LOW	236.5	916.0	2717.0	1090.3	4.2	8.46	-4.30	9.93	-5.77	3.60	14.0%	-0.75	-9.5%	2.85	33.73
MEDICINE	C28 /CMU	CARDIOLOGY	27	LOW	277.2	690.0	4191.5	965.8	7.5	7.44	0.03	7.87	-0.40	2.35	6.2%	-1.63	-16.9%	0.73	47.78
SURGERY	H4	NEUROSURGERY	28	LOW	157.5	746.0	2201.1	1512.1	5.0	8.39	-3.41	8.71	-3.73	6.08	27.8%	-3.55	-34.0%	2.53	32.28
SURGERY	H40	NEUROSURGERY / TRAUMA	15	LOW	105.0	385.0	2293.3	1348.5	9.5	8.39	1.07	8.71	0.75	3.74	18.0%	-2.02	-18.2%	1.72	31.95
SURGERY	H6	GENERAL SURGERY	28	LOW	283.5	670.0	2271.0	1571.8	5.7	6.99	-1.25	7.26	-1.52	3.91	20.5%	1.13	10.6%	5.04	29.74
SURGERY	H60	GENERAL SURGERY	28	LOW	126.0	781.0	2163.5	1726.0	5.0	6.99	-2.01	7.26	-2.28	2.20	11.5%	-1.19	-11.2%	1.01	29.74
SURGERY	H7	VASCULAR SURGERY	30	MEDIUM	283.5	781.0	2336.5	1895.8	5.4	6.99	-1.57	7.26	-1.84	6.16	28.3%	-0.91	-6.9%	5.25	34.89
SURGERY	H100	GASTROENTEROLOGY	27	LOW	239.4	779.0	2090.8	1694.3	4.9	6.63	-1.77	6.29	-1.43	1.52	7.9%	3.47	28.6%	4.98	31.23
SURGERY	H12	ORTHOPAEDIC	28	LOW	252.0	726.0	2329.8	1865.0	5.8	7.13	-1.35	7.25	-1.47	3.27	15.0%	-0.92	-7.0%	2.35	35.00
SURGERY	H120	ORTHO / MAXFAX	22	LOW	283.5	560.0	2031.0	1636.2	6.6	7.13	-0.58	7.25	-0.70	-0.50	-3.0%	-0.65	-5.5%	-1.15	28.42
SURGERY	HICU	CRITICAL CARE	22	LOW	252.0	444.0	11095.8	944.5	27.1	27.13	-0.01	26.60	0.52	14.22	13.6%	-12.40	-169.4%	1.82	112.20
SURGERY	C9	ORTHOPAEDIC	35	LOW	252.0	648.0	2191.2	1498.2	5.7	7.13	-1.44	7.25	-1.56	3.17	14.5%	1.47	12.7%	4.64	33.39
SURGERY	C10	GENERAL SURGERY	21	LOW	252.0	561.0	2136.5	1153.0	5.9	6.99	-1.13	7.26	-1.40	2.54	13.9%	-1.97	-25.2%	0.57	26.08
SURGERY	C11	GENERAL SURGERY	22	LOW	252.0	562.0	2061.5	1067.5	5.6	6.99	-1.42	7.26	-1.69	3.14	17.2%	1.79	22.9%	4.93	26.08
SURGERY	C14	GENERAL SURGERY	27	LOW	252.0	692.0	2235.3	1118.0	4.9	6.99	-2.14	7.26	-2.41	3.55	17.4%	0.11	1.2%	3.65	29.38
SURGERY	C15	UROLOGY	26	MEDIUM	283.5	569.0	2194.3	1413.5	6.3	6.47	-0.13	6.67	-0.33	2.54	12.3%	0.09	0.7%	2.62	32.71
SURGERY	C27	CARDIOTHORACIC	26	LOW	283.2	718.0	2792.7	1052.5	5.4	8.46	-3.10	9.93	-4.57	2.16	9.1%	-1.86	-21.6%	0.30	32.22
SURGERY	CICU	CRITICAL CARE	22	MEDIUM	157.5	419.0	9834.2	725.8	25.2	27.13	-1.93	26.60	-1.40	12.84	13.8%	1.13	15.0%	13.97	100.50
FAMILY & WOMEN'S	C16	BREAST / ENT / PLASTIC	30	LOW	0.0	384.0	1808.3	1060.8	7.5	6.58	0.89	9.03	-1.56	4.99	27.0%	0.03	0.3%	5.02	29.65
FAMILY & WOMEN'S	H130	PAEDIATRICS	20	LOW	205.8	308.0	2094.5	513.0	8.5	11.44	-2.97	12.20	-3.73	0.77	3.6%	2.11	40.5%	2.89	26.59
FAMILY & WOMEN'S	H30 CEDAR	GYNAECOLOGY	9	LOW	0.0	153.0	1389.9	400.0	11.7	8.02	3.68	7.70	4.00	1.18	15.8%	0.12	3.1%	1.30	11.33
FAMILY & WOMEN'S	H31 MAPLE	OBSTETRICS	20	LOW	0.0	394.0	2100.0	1380.0	8.8	10.11	-1.28	15.48	-6.65	0.23	0.50%	2.03	7.49%	2.26	73.34
FAMILY & WOMEN'S	H33 ROWAN	OBSTETRICS	38	LOW	0.0	1178.0	2968.4	1600.0	3.9	10.11	-6.23	15.48	-11.60						
FAMILY & WOMEN'S	H34 ACORN	PAEDIATRIC SURGERY	20	LOW	0.0	226.0	2156.3	512.0	11.8	9.11	2.70	11.01	0.80	1.58	7.6%	-0.504	-9.7%	1.08	26.00
FAMILY & WOMEN'S	H35	OPHTHALMOLOGY	12	LOW	285.6	218.0	1493.0	245.0	8.0	11.20	-3.23	10.70	-2.73	1.18	43.5%	1.74	64.2%	2.92	13.84
FAMILY & WOMEN'S	LABOUR	MATERNITY	16	LOW	369.5	321.0	5621.0	1412.5	21.9	10.11	11.80	15.48	6.43	-1.52	-11.1%	-2.107	-15.4%	-3.63	63.84
FAMILY & WOMEN'S	NEONATES	NEONATOLOGY	26	LOW	157.5	599.0	7455.9	349.0	13.0	13.26	-0.23	12.98	0.05	1.98	3.1%	0.71	9.6%	2.69	74.51
FAMILY & WOMEN'S	PAU	PAEDIATRICS	10	LOW	0.0	57.0	1266.5	0.0	22.2	11.44	10.78	12.20	10.02	1.08	10.3%	0	0.0%	1.08	10.44
FAMILY & WOMEN'S	PHDU	PAEDIATRICS	4	LOW	0.0	96.0	1607.5	148.1	18.3	11.44	6.85	12.20	6.09	0.53	4.6%	0	0.0%	0.53	11.66
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	12	LOW	157.5	316.0	1438.2	951.5	7.6	7.76	-0.20	7.91	-0.35	-0.07	-0.9%	1.22	14.9%	1.15	20.22
CLINICAL SUPPORT	C29	REHABILITATION	15	LOW	147.0	443.0	1525.5	1566.8	7.0	7.69	-0.71	6.66	0.32	-1.12	-7.1%	0.593	3.8%	-0.53	28.89
CLINICAL SUPPORT	C30	CLINICAL ONCOLOGY	22	LOW	220.5	607.0	1622.5	1187.2	4.6	7.92	-3.29	7.14	-2.51	0.46	5.8%	0.31	3.9%	0.77	21.97
CLINICAL SUPPORT	C31	CLINICAL ONCOLOGY	27	MEDIUM	220.5	604.0	1598.3	1308.8	4.8	7.92	-3.11	7.14	-2.33	4.63	39.4%	-0.667	-5.7%	3.96	25.74
CLINICAL SUPPORT	C32	CLINICAL ONCOLOGY	22	MEDIUM	220.5	579.0	1656.4	1052.0	4.7	7.92	-3.24	7.14	-2.46	2.04	21.2%	-0.037	-0.4%	2.00	23.57
CLINICAL SUPPORT	C33	CLINICAL HAEMATOLOGY	28	MEDIUM	220.5	624.0	2259.3	1212.5	5.6	8.21	-2.65	7.23	-1.67	4.07	50.9%	-4.834	-60.5%	-0.77	35.44
WARD	WARD IN WHICH THERE IS NO MODEL HOSPITAL PEER OR NATIONAL COMPARATOR			TOTALS:	10473.6	29163.0	126604.1	63803.1	6.5	8.84	-40.27	9.25	-60.35	180.63	14.3%	-41.69	-8.2%	149.75	1786.40

WARD	TEMPORARY STAFFING [3rd Sep - 30th Sep-18]: TOTAL [10%]	BANK [%]	AGENCY [%]	BANK & AGENCY FILL RATE [80%]	UNAVAILABILITY HEADROOM 21.6% EXCLUDES MATERNITY LEAVE: 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%]	ROTA APPROVALS [42 days]: FULL [DAYS]	PARTIAL [DAYS]	ADDITIONAL DUTIES: TOTAL [WTE]	LEGITIMATE [WTE]	AVOIDABLE [WTE]	UNFILLED ROSTER [<20%]: UNFILLED ROSTER [%]	HOURS BALANCES [4 WEEKS] [NET + / - 2%]: HOURS BALANCE [%]	STAFF REDEPLOYMENT [INBOUND INC. 208 & ECT]: NET VARIANCE [HRS]	INBOUND [HRS]	OUTBOUND [HRS]
ED	5.3%	4.8%	0.5%	90.1%	25.0%	3.7%	17.0%	0.1%	1.5%	0.1%	2.6%	49.0	47.0	0.2	0.0	0.2	14.8%	0.6%	79.0	79.0	0.0
AMU	10.8%	9.4%	1.4%	69.8%	31.0%	10.2%	15.0%	0.0%	3.8%	1.8%	0.2%	39.0	39.0	0.3	0.1	0.2	8.1%	0.8%	269.0	277.5	8.5
H1	7.7%	7.7%	0.0%	40.0%	30.4%	6.7%	11.8%	0.0%	3.6%	0.0%	8.3%	41.0	39.0	0.0	0.0	0.0	14.9%	-1.4%	13.8	55.8	42.0
EAU	6.8%	5.4%	1.4%	54.2%	26.5%	1.1%	18.3%	3.3%	1.9%	1.9%	0.0%	60.0	59.0	0.0	0.0	0.0	17.7%	0.2%	-19.0	17.5	36.5
H5 / RHOB	10.9%	9.3%	1.6%	40.0%	30.7%	9.7%	17.4%	0.0%	2.1%	1.5%	0.0%	47.0	44.0	0.5	0.2	0.3	15.9%	0.9%	62.5	105.0	42.5
H50	1.7%	1.7%	0.0%	23.5%	32.5%	5.3%	16.0%	0.0%	1.1%	3.1%	7.0%	60.0	44.0	0.1	0.1	0.0	15.0%	-3.6%	11.5	54.0	42.5
H500	11.4%	11.4%	0.0%	67.4%	22.7%	5.3%	15.5%	0.0%	1.4%	0.5%	0.0%	4.0	-1.0	0.5	0.2	0.3	10.4%	2.4%	44.5	61.5	17.0
H70	24.8%	20.9%	3.9%	72.0%	32.2%	13.6%	14.0%	3.2%	1.2%	0.0%	0.2%	5.0	5.0	1.9	0.7	1.2	17.5%	23.7%	307.3	314.8	7.5
H8	5.4%	5.4%	0.0%	54.3%	26.6%	5.1%	11.1%	1.7%	1.2%	1.9%	5.6%	41.0	37.0	0.4	0.0	0.4	17.6%	0.7%	5.5	13.0	7.5
H80	8.7%	8.0%	0.7%	38.9%	29.2%	6.3%	14.3%	0.2%	2.0%	6.4%	0.0%	67.0	59.0	0.0	0.0	0.0	17.7%	4.9%	33.0	52.5	19.5
PDU H9	10.0%	6.3%	3.7%	69.9%	27.2%	1.3%	13.7%	1.8%	3.3%	4.7%	2.4%	17.0	16.0	0.3	0.2	0.1	10.5%	0.3%	118.0	118.0	0.0
H90	2.8%	2.5%	0.3%	53.3%	34.4%	13.0%	12.3%	2.3%	2.0%	4.8%	0.0%	32.0	32.0	0.8	0.8	0.0	19.7%	1.9%	12.5	45.0	32.5
H11	11.4%	11.4%	0.0%	45.1%	34.2%	5.7%	12.9%	0.5%	2.1%	6.4%	6.6%	18.0	13.0	0.1	0.1	0.0	16.1%	1.2%	25.0	71.0	46.0
H110	19.8%	19.7%	0.1%	56.4%	43.4%	7.6%	16.7%	0.5%	4.3%	9.2%	5.1%	39.0	12.0	1.3	0.7	0.6	14.9%	7.1%	195.0	216.0	21.0
CDU	11.0%	11.0%	0.0%	64.7%	52.4%	16.9%	21.9%	0.0%	0.3%	4.3%	9.0%	33.0	28.0	0.0	0.0	0.0	12.4%	-0.1%	43.5	43.5	0.0
C26	4.0%	4.0%	0.0%	73.7%	31.8%	2.9%	14.0%	0.8%	0.8%	4.2%	9.1%	34.0	11.0	0.0	0.0	0.0	2.3%	-0.9%	25.5	25.5	0.0
C28 /CMU	3.3%	2.8%	0.5%	68.7%	30.9%	4.2%	17.5%	0.1%	3.0%	3.9%	2.2%	54.0	48.0	0.1	0.1	0.0	2.1%	0.0%	14.5	120.5	106.0
H4	16.5%	15.9%	0.6%	76.8%	34.5%	4.3%	14.6%	1.9%	2.6%	3.6%	7.5%	37.0	27.0	0.2	0.1	0.1	15.4%	-2.7%	98.3	109.3	11.0
H40	2.7%	1.0%	1.7%	46.2%	29.6%	4.0%	13.7%	0.7%	3.9%	5.2%	2.1%	34.0	32.0	0.1	0.1	0.0	11.8%	2.7%	22.5	45.0	22.5
H6	19.7%	17.9%	1.8%	74.6%	30.4%	1.5%	21.5%	0.0%	1.3%	2.4%	3.7%	60.0	55.0	0.2	0.2	0.0	8.5%	-2.0%	5.8	50.8	45.0
H60	14.8%	14.8%	0.0%	65.2%	34.7%	7.7%	16.3%	0.0%	1.4%	6.0%	3.3%	62.0	55.0	0.4	0.1	0.3	9.3%	-3.7%	-22.5	22.0	44.5
H7	16.8%	10.7%	6.1%	51.1%	30.5%	3.7%	14.3%	0.0%	1.7%	9.1%	1.7%	55.0	55.0	0.6	0.3	0.3	16.3%	0.1%	-33.0	57.5	90.5
H100	11.7%	11.6%	0.1%	59.2%	28.0%	4.4%	16.7%	0.2%	1.5%	3.0%	2.2%	66.0	54.0	0.4	0.2	0.2	11.4%	1.7%	14.5	47.0	32.5
H12	4.7%	4.7%	0.0%	64.1%	32.1%	1.6%	16.8%	0.1%	2.0%	9.0%	2.6%	49.0	37.0	0.2	0.2	0.0	6.6%	1.0%	14.3	39.8	25.5
H120	10.3%	9.7%	0.6%	70.3%	29.3%	5.3%	11.4%	0.2%	4.6%	7.8%	0.0%	53.0	37.0	0.3	0.2	0.1	5.7%	1.1%	31.3	37.3	6.0
HICU	0.6%	0.0%	0.6%	19.8%	29.2%	6.4%	15.6%	0.3%	1.3%	2.3%	3.3%	59.0	55.0	0.0	0.0	0.0	17.0%	2.1%	-130.3	30.3	160.5
C9	6.4%	6.4%	0.0%	28.7%	29.9%	6.7%	14.2%	0.1%	2.7%	2.8%	3.4%	55.0	55.0	0.0	0.0	0.0	21.1%	0.0%	-46.0	29.0	75.0
C10	21.0%	20.4%	0.6%	65.7%	32.7%	4.5%	21.3%	0.7%	1.7%	1.9%	2.6%	51.0	48.0	1.0	0.9	0.1	10.4%	0.9%	33.5	86.5	53.0
C11	11.5%	10.8%	0.7%	70.8%	28.3%	5.7%	15.6%	1.2%	3.0%	2.8%	0.0%	62.0	56.0	0.8	0.7	0.1	7.4%	-0.5%	80.5	105.5	25.0
C14	8.8%	6.4%	2.4%	61.4%	28.1%	3.4%	18.6%	0.1%	2.8%	3.2%	0.0%	67.0	56.0	0.4	0.3	0.1	16.0%	2.3%	92.3	104.3	12.0
C15	13.7%	10.7%	3.0%	66.6%	31.6%	1.9%	19.1%	0.4%	1.7%	1.4%	7.1%	62.0	54.0	0.9	0.8	0.1	12.0%	2.4%	16.2	46.0	29.8
C27	1.8%	1.8%	0.0%	64.9%	24.0%	2.5%	16.3%	0.0%	2.3%	2.7%	0.2%	40.0	38.0	0.0	0.0	0.0	9.5%	1.9%	-55.8	2.5	58.3
CICU	3.4%	3.3%	0.1%	81.5%	33.1%	4.1%	16.6%	0.5%	2.9%	3.5%	5.5%	62.0	55.0	0.0	0.0	0.0	17.2%	1.7%	79.5	127.8	48.3
C16	10.8%	10.4%	0.4%	93.5%	33.2%	3.2%	12.8%	0.0%	2.4%	3.3%	11.5%	40.0	38.0	0.3	0.2	0.1	2.0%	-0.5%	-47.6	19.0	66.6
H130	1.2%	1.2%	0.0%	105.3%	27.9%	3.6%	17.5%	0.0%	0.9%	3.0%	2.9%	52.0	46.0	0.0	0.0	0.0	35.1%	1.3%	25.5	36.5	11.0
H30 CEDAR	6.2%	5.6%	0.6%	74.7%	31.5%	7.4%	11.3%	0.0%	1.7%	0.0%	11.1%	55.0	44.0	0.2	0.1	0.1	22.1%	-0.3%	-5.0	0.0	5.0
H31 MAPLE	0.4%	0.4%	0.0%	100.0%	26.3%	5.9%	11.5%	0.5%	2.5%	2.7%	3.2%	47.0	42.0	0.0	0.0	0.0	16.7%	-1.1%	0.0	0.0	0.0
H33 ROWAN	0.7%	0.7%	0.0%	92.9%	27.3%	3.3%	17.1%	1.5%	1.7%	1.6%	2.1%	47.0	42.0	0.3	0.3	0.0	10.2%	-2.8%	30.0	42.0	12.0
H34 ACORN	1.5%	1.5%	0.0%	91.8%	29.8%	4.3%	18.3%	0.0%	3.6%	3.6%	0.0%	49.0	-12.0	0.0	0.0	0.0	27.5%	-1.8%	-12.0	0.0	12.0
H35	1.9%	1.2%	0.7%	44.2%	39.3%	6.9%	19.5%	1.2%	1.5%	0.1%	10.1%	62.0	61.0	0.2	0.2	0.0	24.6%	-1.7%	-106.0	0.0	106.0
LABOUR	3.2%	3.2%	0.0%	89.2%	24.9%	4.5%	13.8%	1.8%	1.3%	1.7%	1.8%	32.0	32.0	0.6	0.4	0.2	7.1%	-8.9%	-38.5	54.0	92.5
NEONATES	2.5%	2.5%	0.0%	90.1%	33.1%	6.8%	13.2%	0.0%	4.7%	5.7%	2.7%	38.0	33.0	0.1	0.0	0.1	15.3%	-0.5%	0.0	0.0	0.0
PAU	8.2%	8.2%	0.0%	74.8%	33.8%	1.6%	27.5%	0.0%	4.2%	0.5%	0.0%	52.0	47.0	0.0	0.0	0.0	5.0%	0.2%	-11.0	0.0	11.0
PHDU	0.7%	0.7%	0.0%	80.0%	25.1%	0.0%	14.4%	0.0%	3.1%	0.7%	6.9%	52.0	47.0	1.4	1.4	0.0	7.9%	-4.8%	11.0	11.0	0.0
C7	3.1%	2.6%	0.5%	42.2%	22.0%	2.3%	14.2%	0.0%	5.5%	0.0%	0.0%	55.0	54.0	0.0	0.0	0.0	5.5%	-13.5%	4.5	12.0	7.5
C29	2.2%	2.2%	0.0%	37.3%	30.3%	4.8%	17.0%	0.0%	3.0%	3.7%	1.8%	52.0	45.0	0.0	0.0	0.0	12.3%	2.7%	-28.0	5.0	33.0
C30	8.1%	8.1%	0.0%	63.8%	26.4%	6.4%	16.3%	0.0%	2.6%	1.1%	0.0%	55.0	54.0	0.0	0.0	0.0	7.7%	-6.4%	16.7	27.7	11.0
C31	8.7%	6.2%	2.5%	69.4%	29.4%	5.8%	15.8%	0.0%	2.2%	1.2%	4.4%	51.0	49.0	0.1	0.0	0.1	11.1%	0.2%	29.3	52.0	22.7
C32	9.4%	7.2%	2.2%	60.6%	26.9%	5.3%	15.0%	0.4%	2.7%	0.0%	3.5%	54.0	54.0	0.3	0.2	0.1	7.1%	-3.2%	76.5	80.5	4.0
C33	3.2%	3.1%	0.1%	27.4%	40.2%	5.4%	16.9%	0.0%	2.3%	1.7%	13.9%	53.0	52.0	0.1	0.1	0.0	18.5%	1.3%	-5.9	43.1	49.0
TOTALS:	7.8%	7.1%	0.8%	63.7%	30.7%	5.3%	15.9%	0.5%	2.4%	3.0%	3.6%	47.2	40.6	15.6	10.2	5.4	13.2%	0.2%	1381.5	2993.1	1611.6

HEY NURSE STAFFING QUALITY INDICATORS

Sep-18

HEALTH GROUP	WARD	SPECIALITY	BEDS [ESTAB.]	HR METRICS: STAFF APPRAISAL [85%]	HR METRICS: STAFF RETENTION [90.7%]	HR METRICS: OVERALL MAND. TRAINING [85%]	HR METRICS: I.G. TRAINING [95%]	HR METRICS: BLOOD TRANS. [85%]	HR METRICS: FIRE TRAINING [85%]	HR METRICS: RESUS TRAINING [85%]	HR METRICS: TISSUE VIABILITY TRAINING [85%]	FALLS WITH HARM: MODERATE MONTH	FALLS: MODERATE YTD	FALLS: SEVERE / DEATH MONTH	FALLS: SEVERE / DEATH YTD	FALLS: TOTALS MONTH	FALLS: TOTALS YDT	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	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	TOTALS: AVOIDABLE / REQUIRE RCA MONTH	TOTALS: AVOIDABLE / REQUIRE RCA YDT	RCA Outstanding
MEDICINE	ED	ACUTE MEDICINE	NA	78.0%	87.6%	89.0%	92.0%	94.0%	92.0%	71.0%	93.0%					0	0					104	669		1	11	71			3	20			27	186		1	34	175				1	179	1121	0	2		3	
	AMU	ACUTE MEDICINE	45	82.6%	91.5%	90.0%	91.0%	90.0%	84.0%	74.0%	99.0%					0	0					4	47			1	2				1			3	13	1	1	1	13					9	76	1	1	1		
	H1	ACUTE MEDICINE	22	79.2%	97.2%	94.0%	96.0%	96.0%	92.0%	79.0%	100.0%		1			0	1						8																1			2		0	9	0	0			
	EAU	ELDERLY MEDICINE	21	100.0%	86.9%	94.0%	94.0%	86.0%	92.0%	81.0%	100.0%		1		5	0	6					11	58				2				1			5	21			1	16					17	98	0	0			
	H5 / RHOB	RESPIRATORY	26	91.9%	93.8%	93.0%	97.0%	87.0%	77.0%	82.0%	100.0%					0	0						4	1	4		1								1		1				1	1	2	0	6	1	6		5	
	H50	RENAL MEDICINE	19	91.7%	88.9%	90.0%	100.0%	90.0%	95.0%	65.0%	100.0%		1			0	1					3	7		1										1		1		1					3	9	0	2		1	
	H500	RESPIRATORY	24	72.0%	82.7%	90.0%	92.0%	76.0%	88.0%	80.0%	100.0%					0	0					1	6		1										4				2					1	12	0	1			
	H70	ENDOCRINOLOGY	30	80.0%	96.8%	87.0%	83.0%	63.0%	80.0%	67.0%	100.0%		1			0	1						9	1	2										1				1		3			0	11	1	5		2	2
	H8	ELDERLY MEDICINE	27	97.0%	91.2%	82.0%	78.0%	88.0%	66.0%	81.0%	100.0%	1	1			1	1							1	4									1	2		1				1			1	2	1	6	1	2	SUI/2018/15394
	H80	ELDERLY MEDICINE	27	68.8%	92.9%	82.0%	79.0%	88.0%	59.0%	74.0%	100.0%	1	1		2	1	3					1	2		3												1				2		2	1	2	0	6		2	
	H9	PDU	30										1		1	0	2					1	3		2																			1	3	0	2		2	
	H90	ELDERLY MEDICINE	29	89.3%	96.7%	95.0%	94.0%	84.0%	94.0%	69.0%	100.0%		1		2	0	3					1	3	1	2						2				2	1	1							1	7	2	3	1	1	
	H11	STROKE / NEURO	28	83.9%	90.4%	91.0%	97.0%	44.0%	81.0%	81.0%	100.0%		3			0	3					1	1	1	4												1						1	1	1	1	5		2	1
	H110	STROKE / NEURO	24	93.6%	85.3%	78.0%	86.0%	69.0%	78.0%	50.0%	97.0%					0	0					2	7				3		1						1		2				1		1	2	11	0	4			
	CDU	CARDIOLOGY	9	60.0%	68.7%	88.0%	93.0%	93.0%	60.0%	67.0%	100.0%					0	0						1																					0	1	0	0			
	C26	CARDIOLOGY	26	78.4%	94.2%	90.0%	89.0%	97.0%	92.0%	65.0%	100.0%		1		1	0	2						1		1										1		1				1		1	0	2	0	3		2	
	C28 /CMU	CARDIOLOGY	27	90.2%	87.1%	92.0%	84.0%	84.0%	92.0%	82.0%	100.0%					0	0						2		1													1	1					1	3	0	1			
SURGERY	H4	NEURO SURGERY	28	73.3%	90.2%	74.0%	77.0%	77.0%	71.0%	60.0%	100.0%					0	0					3	6		1		1											1	1	1	1			4	8	1	2	1	2	
	H40	NEURO / TRAUMA	15	82.4%	88.2%	83.0%	82.0%	73.0%	67.0%	79.0%	100.0%			1	1	1	1						2	2	3												2		1			2	3	0	3	2	5	2	3	
	H6	ACUTE SURGERY	28	87.9%	91.3%	89.0%	87.0%	84.0%	74.0%	81.0%	100.0%		1			0	1						2												2									0	4	0	0			
	H60	ACUTE SURGERY	28	100.0%	98.0%	81.0%	87.0%	87.0%	84.0%	81.0%	100.0%					0	0					1	4								1													1	5	0	0			
	H7	VASCULAR SURGERY	30	82.4%	90.9%	87.0%	92.0%	74.0%	77.0%	62.0%	97.0%					0	0					2	19		4		1								3	1	4		9			1	4	2	32	1	8	1	5	
	H100	GASTRO	24	71.0%	95.2%	83.0%	88.0%	85.0%	76.0%	76.0%	95.0%					0	0						1		7												2						1	0	1	0	9		7	
	H12	ORTHOPAEDIC	28	100.0%	94.2%	88.0%	88.0%	98.0%	88.0%	84.0%	95.0%					0	0						3	1	2			1	1					1	3		1	1	3			1	2	2	9	2	4		1	SUI/2018/21571
	H120	ORTHO / MAXFAX	22	81.2%	94.7%	95.0%	91.0%	88.0%	94.0%	84.0%	100.0%					0	0					1	3		4											1	1				1	1	2	1	3	1	6	1	1	
	HICU	CRITICAL CARE	22	74.4%	92.8%	85.0%	85.0%	86.0%	75.0%	75.0%	99.0%					0	0					1	2	1	2										1	1	4		1		1		6	1	4	2	7	1	2	
	C9	ORTHOPAEDIC	35	94.4%	93.2%	93.0%	82.0%	92.0%	85.0%	79.0%	100.0%					0	0						3												1									0	4	0	0			
	C10	COLORECTAL	21	62.5%	84.1%	75.0%	85.0%	73.0%	69.0%	69.0%	100.0%					0	0						2														2							0	2	0	2			
	C11	COLORECTAL	22	92.0%	89.7%	91.0%	96.0%	96.0%	93.0%	93.0%	100.0%					0	0						1				2			1	1													1	4	0	0			
	C14	UPPER GI	27	78.8%	94.1%	80.0%	85.0%	79.0%	70.0%	70.0%	100.0%					0	0								2												1						1	0	0	0	3			
	C15	UROLOGY	26	78.6%	83.1%	80.0%	85.0%	73.0%	76.0%	73.0%	100.0%		1			0	1						5			1	1								1	1	2		2					1	9	1	2			SUI/2018/22824
	C27	CARDIOTHORACIC	26	92.7%	92.3%	95.0%	92.0%	79.0%	92.0%	77.0%	100.0%					0	0																											0	0	0	0			
	CICU	CRITICAL CARE	22	75.6%	86.9%	93.0%	89.0%	91.0%	93.0%	88.0%	100.0%					0	0					1	1		1												4				1		2	1	1	0	6			
FAMILY & WOMEN'S	C16	ENT / BREAST	30	96.3%	85.9%	88.0%	89.0%	74.0%	85.0%	74.0%	100.0%					0	0																											0	0	0	0			
	H130	PAEDS	20	93.6%	87.4%	96.0%	97.0%	89.0%	97.0%	76.0%	91.0%					0	0																											0	0	0	0			
	H30 CEDAR	GYNAECOLOGY	9	88.9%	100.0%	92.0%	92.0%	100.0%	88.0%	79.0%	100.0%					0	0																											0	0	0	0			
	H31 MAPLE	MATERNITY	20	92.3%	95.1%	92.0%	95.0%	87.0%	88.0%	79.0%	99.0%					0	0																											0	0	0	0			
	H33 ROWAN	MATERNITY	38																																									0	0	0	0			
	H34 ACORN	PAEDS SURGERY	20	81.3%	87.6%	98.0%	94.0%	90.0%	97.0%	97.0%	88.0%					0	0																											0	0	0	0			
	H35	OPHTHALMOLOGY	12	83.3%	90.1%	96.0%	95.0%	84.0%	84.0%	79.0%	100.0%					0	0					1	5		2						1													1	6	0	2		1	
	LABOUR	MATERNITY	16	75.3%	96.0%	87.0%	93.0%	92.0%	84.0%	80.0%	91.0%					0	0																											0	0	0	0			
	NEONATES	CRITICAL CARE	26	82.1%	83.1%	93.0%	95.0%	87.0%	88.0%	89.0%	95.0%					0	0							1	1																	1	1	0	0	1	1	1	1	
	PAU	PAEDS	10	85.7%	95.6%	92.0%	100.0%	100.0%	77.0%	85.0%	100.0%					0	0																											0	0	0	0			
	PHDU	CRITICAL CARE	4	92.9%	88.3%	95.0%	93.0%	92.0%	64.0%	100.0%	91.0%					0	0																											0	0	0	0			
CLINICAL SUPPORT	C7	INFECTIOUS DISEASE	19	90.5%	97.9%	90.0%	100.0%	95.0%	90.0%	80.0%	100.0%					0	0						2		1																			0	2	0	1			
	C29	REHABILITATION	15	93.1%	94.4%	91.0%	93.0%	83.0%	79.0%	76.0%	100.0%		1			0	1								2																1		1	0	0	0	3		3	
	C30	ONCOLOGY	22	94.4%	75.2%	87.0%	80.0%	84.0%	92.0%	76.0%	100.0%					0	0					7	19		3									1	4		1	3	6		1		1	11	29	0	5		1	SUI/2018/20754
	C31	ONCOLOGY	27	75.0%	88.0%	80.0%	77.0%	92.0%	69.0%	81.0%	100.0%					0	0						13											3	9		4	6	10					9	32	0	4		1	
	C32	ONCOLOGY	22	76.9%	95.6%	81.0%	88.0%	100.0%	72.0%	58.0%	95.0%					0	0					3	18								1						2							3	19	0	2		2	
	C33	HAEMATOLOGY	28	80.6%	98.3%	86.0%	90.0%	90.0%	80.0%	70.0%	100.0%					0	0					3	11		2									1	4				5					4	20	0	2			
TOTALS :				84.3%	90.6%	88.4%	89.7%	85.5%	82.1%	76.6%	98.4%	2	15	1	12	3	27	0	0	0	0	152	950	10	63	13	84	1	2	4	28	0	0	42	261	6	41	48	248	1	15	9	32	259	1571	18	121	10	52	3