East and North Hertfordshire NHS
NHS Trust

Safe Nurse Staffing Levels

March 2018

Executive Summary

For the month of March the trust saw a reduction in the % of planned vs actual hours for the inpatient wards for the unify return. Despite the decrease in planned vs actual, the care hours per patient day remained static. Extreme weather conditions, sustained levels of vacancies, sickness, controlled use of agency and unfilled temporary staffing shifts and additional capacity beds being opened over March, both planned and unplanned have impacted our fill rates and red triggered shifts.

The number of shifts initially triggering red increased from 392 in February to 538 in March. The percentage of Red Triggered shifts increased from 12.28% in February to 15.22% in March.

The number of patients requiring enhanced nursing care increased from 80 risk assessed patients in February to 83 patients in March. There was also an increase in the care hours required for mental health patients, from 122.5 care hours in February to 248.5 care hours in March.

There were 79 patient falls recorded in the trust for the month of March. This is 1 less than recorded in February. 1 of these falls resulted in a severe harm injury and is currently under investigation.

For the month of March 2018, the Trust had a slight increase in avoidable hospital acquired ulcer grade 2-4.

Purpose of Report:

1. To provide an assurance with regard to the management of safe nurse and midwifery staffing for the month of March 2018.

2. To provide a summary report of quality metrics for the month of March 2018 as indicators of patient safety.

3. To provide context for the Trust Board on the UNIFY safer staffing submission for the month of March 2018.

Assessment parameters and criteria

To assess that ward staffing levels are safe the following parameters will be assessed:
The Thresholds will be agreed at the Nursing Workforce committee.

1. Patient safety was delivered through consistent, appropriate, staffing levels for the service.

   Criteria: Unify RN fill rate, Unify CHPPD and staff to patient ratio's
   Threshold:

2. Staff were supported in their decision making by effective reporting.

   Criteria: Percentage of red triggering shifts and percentage of shifts that remained

partially mitigated.
Threshold:

3. Staffing risks were effectively escalated to an appropriate person.

   Criteria: Red Flag reportable events and DATIX report
   Threshold:

4. The Board are assured of safe staffing for nursing and midwifery

   Criteria: Board reports and discussion covering overview of safe staffing levels
   Threshold:

Performance Assessment for month of March 2018

1. **Patient safety was delivered through consistent, appropriate, staffing levels for the service.**

   Performance: RN day fill rate greater than 95% and has a RAG rating of red.
   Benchmarking threshold to be agreed for CHPPD

2. **Staff were supported in their decision making by effective reporting**.

   Performance: % of shifts triggered red in month and has a RAG rating of red.

3. **Staffing risks were effectively escalated to an appropriate person**.

   Performance of red flags were escalated in month and has a RAG rating of green

East and North Hertfordshire NHS Trust is committed to ensuring that levels of nursing staff, which includes Registered Nurses, Midwives and Clinical Support Workers (CSWs), match the acuity and dependency needs of patients within clinical ward areas in the Trust. This includes ensuring there is an appropriate level and skill mix of nursing staff to provide safe and effective care. These staffing levels are viewed along with reported outcome measures, 'registered nurse to patient ratios', the percentage skill mix ratio of registered nurses to CSWs, and the number of staff per shift required to provide safe and effective patient care.

1. Patient safety was delivered though consistent, appropriate staffing levels for the service.

The following sections identify the processes in place to demonstrate that the Trust proactively manages nurse staffing to support patient safety.

1.1 Unify Safer Staffing Return

The Trust's safer staffing submission has been submitted to Unify for March within the Unify data submission deadline. SafeCare has been used as the data source for patients as at 23:59 in the absence of patient data reports from Lorenzo. Table 1 below shows the summary of overall fill %, the full table of fill % can be seen in Appendix 1:

Table 1 – Overall Unify Return fill rate

Day		Night	
Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)
93.5%	85.3%	94.1%	108.2%

The Unify submission for registered fill % decreased in March with the average day fill % for registered nurses decreasing from 95.2% in February to 93.5% in March.

Factors affecting Planned vs. Actual staffing

Due to increased demand, the trust has opened escalation beds in line with the escalation policy. These beds have required additional staff to support safe patient care. An overview of this can be seen below:

Escalation

- Ashwell is established as a 28 bedded Frailty ward. Staffing for additional capacity beds on Ashwell Annex (5 beds) was required for 2/31 days in March when the ward was bedded above 28 patients. Staffing was flexed based on patient acuity and additional capacity beds. This has resulted in RN fill above planned levels (28 beds).
- A new winter pressures ward (7AN) was opened on the 3rd December. The ward was planned to be a 14 bed Surgical 23 hour stay ward, with the ward being open Monday to Saturday afternoon. The requirement for additional capacity beds led to the ward being opened 7 days a week. The planned hours for this ward are reflective of 7 day a week opening in March.

- 6B was open to 26 patients (planned 25 beds) on 1 occasion in March. Staffing was flexed at night to support additional capacity.
- Ward 11 flex their RN requirement at night in line with patient numbers above their planned 22 beds.

There are a number of other contributory factors which affect the fill rate for March. This, along with the summary of key findings by ward, can be seen below:

- **Senior Nurses, Matrons and Specialist Nurses** – Senior Nurses, Matrons and Specialist nurses worked clinically to support wards where staffing fell below the minimum safe levels.
- **10B, 5A, 5B, 7B, 8A, 8B, 9A, 9B, ACU, Barley, Pirton and SSU** – Had an increased demand for patients requiring enhanced care which resulted in an increased CSW fill in these areas. In excess of 2090 hours of care were provided by the enhanced care team, 1730 hours by bank CSWs and 389 hours by agency CSWs.
- **10B, 11B, 7B, 7AN, 8B, ACU, AMU-A and SAU –** RN day and/or night fill fell below 90% in March; this is due to the increased staffing requirements for the trust as a result of the opening of escalation areas above the winter plan. This has depleted the overall staffing pool, and risk was balanced across the service to mitigate risk to patient safety.
- **6B –** RN Day fill is recorded as 84.9% in March, this is due to part closure in month as a result of beds closed due to infection control. Occupancy was down to 82.63%.
- **Pirton –** RN day fill is recorded as 79.2% in March with an average occupancy of 86.07% as at the 23:59 census period. The CHPPD for the service was 6. 34 compared to the service target of 6.18; this would suggest staffing was appropriate for acuity and dependency of patients on the ward. Stroke specialist nurses have also provided support for the inpatient ward to ensure patient safety.
- **Swift** – RN day fill is recorded as 83.8% in March with average bed occupancy of 73.82% as at the 23:59 census period. The CHPPD for the service was 5.52 compared to the service target of 5.02; this would suggest staffing was appropriate for acuity and dependency of patients on the ward. Due to lower planned staffing levels at night there is less flexibility to reduce staffing at night in line with occupancy.

1.2 UNIFY Care Hours Per Patient Day (CHPPD)

From 1 May 2016 each Trust is required to report the number of Care Hours per Patient Day (CHPPD). This figure is calculated:

The total number of patient days over the month
(Sum of actual number of patients on the ward at 23:59 each day)
/
Total hours worked in month
(Total hours worked for registered staff, care staff and then combined)

This is a standard calculation indicating the number of care hours provided to each patient over a 24 hour period. The table below shows the CHPPD for March, this indicates overall CHPPD remained static at 6.9 in February and March.

Following Lorenzo and Nerve Centre “Go Live” in September 2017 the Information Department are not yet able to provide patient data as work is on-going to update the bed data in the new data warehouse. To calculate the CHPPD for March the patient days over the month have been taken from an alternative data source of SafeCare.

Table 2 – Average Care Hours Per Patient Day

Trust-wide	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/ nurses	Care Staff	Overall
Total	**4.5**	**2.4**	**6.9**

The following shows the actual gaps in care hours v's the required gaps in care hours by clinical areas, table 3. Work is ongoing to triangulate this information with red flags and staffing related incidents by clinical area

Table 3

Unit	Avarge of Daily Required CHPPD	Avarge of Daily Actual CHPPD	Variance Required vs Actual
10A Gynae	5.35	7.19	1.84
10B	7.04	5.42	-1.62
11A	6.64	5.64	-1
11B	5.74	5.59	-0.15
5A	5.82	4.9	-0.92
5B	6.75	5.76	-0.99
6A	6.3	5.27	-1.03
6B	5.67	6.22	0.55
7AN	4.78	5.6	0.82
7AS	7.31	6.53	-0.78
7B	5.56	4.58	-0.98
8A	5.96	5.01	-0.95
8B	5.82	5.02	-0.8
9A	6.69	5.48	-1.21
9B	6.77	5.48	-1.29
ACU	7.22	6.42	-0.8
AMU-A	8.8	7.95	-0.85
AMU-W	7.93	6.98	-0.95
Ashwell	6.94	5.67	-1.27
Barley	7.37	5.89	-1.48
Bluebell	9.01	7.5	-1.51
Critical Care 1	18.26	16.66	-1.6
Michael Sobell Ho	7.97	7.35	-0.62
Pirton	6.85	6.4	-0.45
SAU	6.27	6.3	0.03
SSU	6.65	6.06	-0.59
Swift	5.21	5.29	0.08
Ward 10	4.86	6.48	1.62
Grand Total	**6.98**	**6.38**	**-0.60**

1.2 Patient to staff ratios:

Staff to patient ratio (registered) data is shown on the roster dashboard as per Table 4. The Trust adheres to national guidance and has an average staff to patient ratio in surgery of 1:6.8 and medicine of 1:6.4 once speciality areas have been removed, for the month of March. This is an improved picture from last month with nurses having less patients to care for on average.

Table 4

Units	Nurses to Patient Ratio (Registered)	Units	Nurses to Patient Ratio (Registered)
Critical Care 1	**1:1.35**	7AN	**1:6.42**
Bluebell	**1:3.67**	SSU	**1:6.60**
10A Gynae	**1:4.19**	Barley	**1:6.77**
AMU-A	**1:4.41**	5B	**1:6.94**
Ward 11	**1:4.52**	5A	**1:7.03**
Michael Sobell House	**1:5.02**	6A	**1:7.23**
11A	**1:5.41**	7B	**1:7.32**
Pirton	**1:5.44**	8B	**1:7.43**
AMU-W	**1:5.46**	9A	**1:7.45**
ACU	**1:5.54**	8A	**1:7.52**
6B	**1:5.82**	9B	**1:7.55**
Swift	**1:5.99**	Ashwell	**1:7.66**
SAU	**1:6.16**	10B	**1:7.79**
11B	**1:6.37**		

2. Staff were supported in their decision making by effective reporting

2.1 Daily process to support operational staffing

Three daily staffing meetings and twice weekly look ahead meetings continue to support the organisation in balancing staffing risk across the Trust. These meetings feed into the operations centre to ensure that risk is being balanced throughout the day and night. Each ward is rated as red, amber or green for each of the early, late and night shifts. This record is held electronically in the Staffing Hub which provides a central point to access the E-Roster and NHSP teams. The record is also shared with the Operations Centre and provides assurance on nurse staffing levels in the organisation.

2.2 Staffing levels and shifts that trigger red

The number of shifts initially triggering red increased from 392 in February to 538 in March. The

percentage of Red Triggered shifts increased from 12.28% in February to 15.22% in March. Table 5 below shows the % of shifts that triggered red in month.

Table 5 – % of shifts triggering red and remained red

Month	% of shifts that triggered red in Month	% of shifts that remained triggered red
Mar-17	7.44%	0.23%
Apr-17	5.91%	0.12%
May-17	6.13%	0.09%
Jun-17	6.51%	0.09%
Jul-17	8.24%	0.18%
Aug-17	8.90%	0.24%
Sep-17	10.62%	0.34%
Oct-17	12.16%	0.84%
Nov-17	9.07%	0.18%
Dec-17	12.51%	0.51%
Jan-18	16.21%	0.20%
Feb-18	12.28%	0.22%
Mar-18	15.22%	2.15%

Comparison of red triggered shifts between March 2017 and March 2018 shows an increase of 7.78% in the number of shifts triggering red in month.

Out of the shifts triggering red, 76 of the 538 that initially triggered red (2.15%) remained only partially mitigated. This is a significant increase in the number of partially mitigated shifts compared to February. Shifts triggering red, and those that remained a challenge to mitigate, are explored below.

Due to the opening of escalation areas occupancy remains above planned. This contributed to the high number of shifts triggering red as additional staff resource was required for the additional capacity beds.

Chart 1 below shows the % of shifts triggering red in month and the % of shifts that remained triggered red; the % shifts triggering red has shown a linear increase. This is multifactorial and the reasons include extreme weather conditions, sustained levels of vacancies, sickness, controlled use of agency and unfilled temporary staffing shifts and additional capacity beds being opened over March, both planned and unplanned. These are discussed in section 2.3.

Chart 1

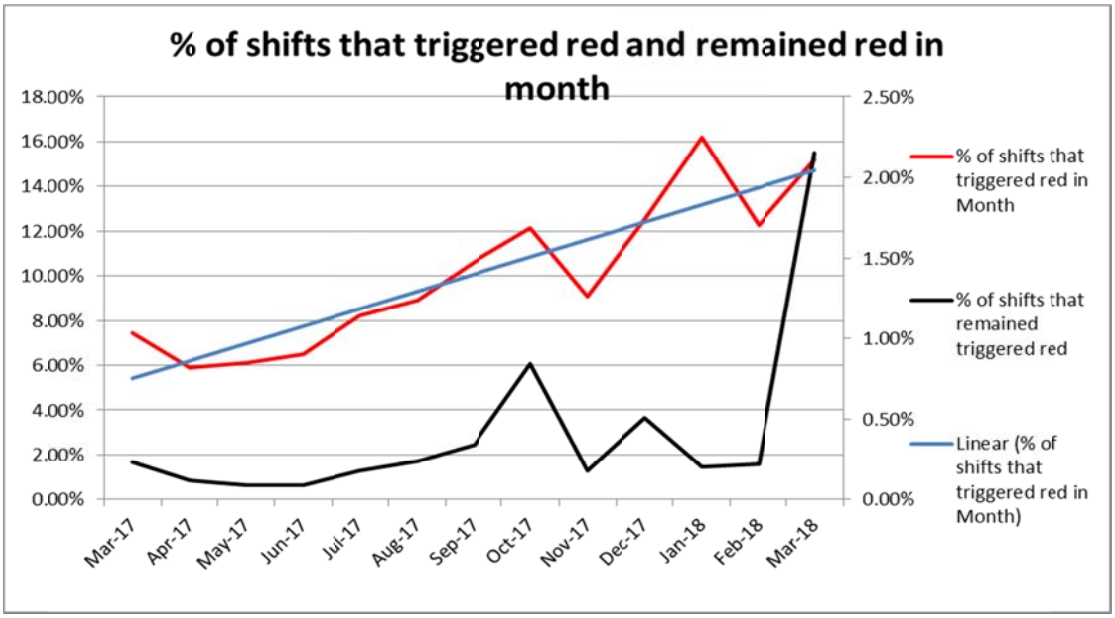
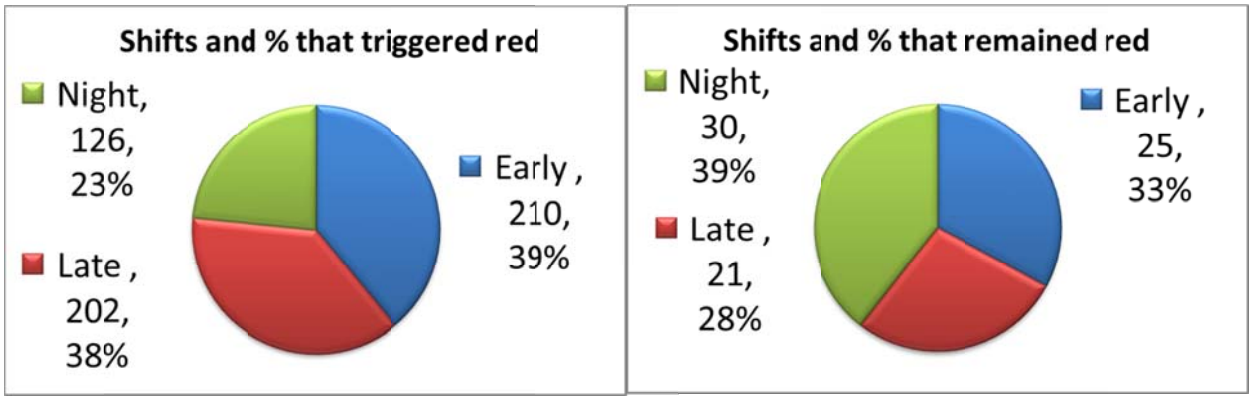


Chart 2 below shows the number and % distribution of red triggered shifts and those shifts that remained red after mitigating action was taken.

Chart 2 – Shifts initially triggering red & remained red



A list of all the shifts triggering red can be found in Appendix 3. Twenty-two wards triggered red on 10% or more of the shifts in March which is a slight increase from 21 wards in February.

Generally, red shifts are mitigated by moving staff between wards to balance staff numbers and skill mix. Table 5 below shows the shift breakdown for each of these wards.

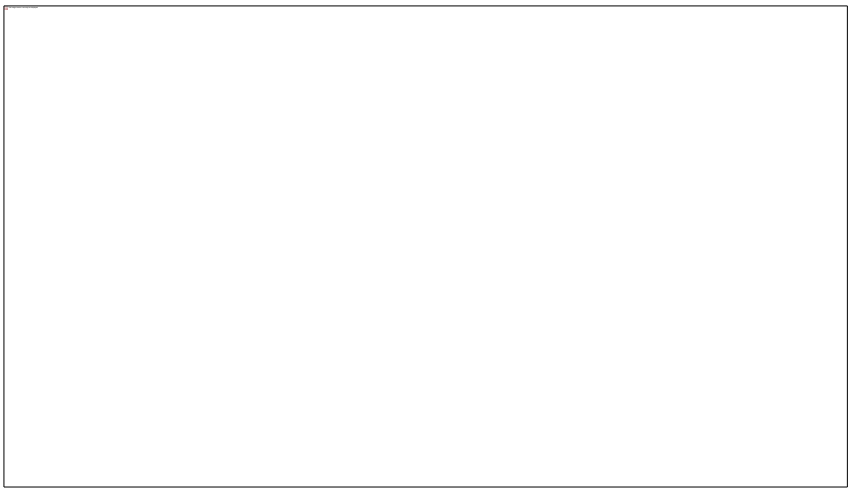
Table 5 – Wards triggering high number of red shifts

	INITIAL REDS				
Ward	Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
5B	18	16	3	37	39.78
10B	14	14	7	35	37.63
9A	17	11	5	33	35.48
Barley	18	7	5	30	32.26
ACU	10	12	7	29	31.18
7AS	7	15	2	24	25.81
7AN	6	11	7	24	25.81
8A	10	11	2	23	24.73
8B	8	8	7	23	24.73
Swift	4	10	8	22	23.66
7B	7	5	9	21	22.58
11A	8	8	4	20	21.51
Ashwell	7	5	8	20	21.51
A&E	7	9	4	20	21.51
9B	11	6	2	19	20.43
6A	9	5	3	17	18.28
SAU	3	8	6	17	18.28
SSU	8	6	1	15	16.13
AMU-W	7	4	3	14	15.05
5A	5	2	7	14	15.05
AMU-A	3	5	5	13	13.98
Pirton	4	4	2	10	10.75

In addition to the reactive daily support, this information is provided to ward managers and matrons to ensure proactive robust supportive measures can be put in place moving forward.

Chart 3 shows the% of the final RAG shift status by Division for March. As supported by the data already presented the majority of final red and amber shifts are within medicine and surgery divisions, with A&E having the largest number of final red shifts during March. The reasons for this are presented in 2.3 below.

Chart3 - % of final RAG shifts by division



2.3 Summary of factors affecting red triggering shifts

Several key factors have impacted the incidence of red shifts, these include:

- Temporary Staffing Fill – Overall fill rate for temporary staffing decreased by 2.8% from 74.3% in February to 71.5% in March, demand has however increased slightly when factoring in the differing number of days in month. The decrease in fill resulted in 25,180 unfilled hours (28.5% of demand unfilled). This is an increase from 19,300 unfilled hours in February (25.7% unfilled). See Appendix 5.
- Sickness – The sickness rate decreased from 7.7% in February to 6.3% in March (taken from e-Roster) and remains above the 4% budget position.
- Specialling requirements impact on the care hours required on a ward on a shift by shift basis. If the specialling needs are not covered this may cause the ward to trigger red from the first week in January 7AS was opened as a 14 bed unplanned winter pressures ward. This is not included in the Unify return as it is a temporary ward. Substantive staffs have been moved from other areas to support the temporary opening and additional temporary staffing requested to support this ward.
- The 18 long line agency nurses continued to be booked throughout March. The majority of nurses are working the required shift volume agreed at the start of the placements. The agencies have been contacted regarding those nurses working below the number of shifts agreed to encourage further fill going forward.

2.4 The Enhanced Nursing care team (ENCT)

The Enhanced Nursing care team continue to streamline the service for patients requiring enhanced care (specialling) and have been recognised by NHSI as a best practice team to support our most vulnerable high risk patients. For the month of March there has been an increase of 3 patients referred to the team compared to February. March has also seen an increase in mental health enhanced care hours. The team continue to streamline the service and improve patient care and outcomes.

3. Staffing risks were effectively escalated to an appropriate person

Shifts that fall below minimum staffing levels are escalated to the divisional staffing bleep holder who moves staff to balance risk across the division. Where the individual division is unable to mitigate independently this is escalated to the Divisional Heads of Nursing to balance risk across the organisation.

3.1 Red Flags

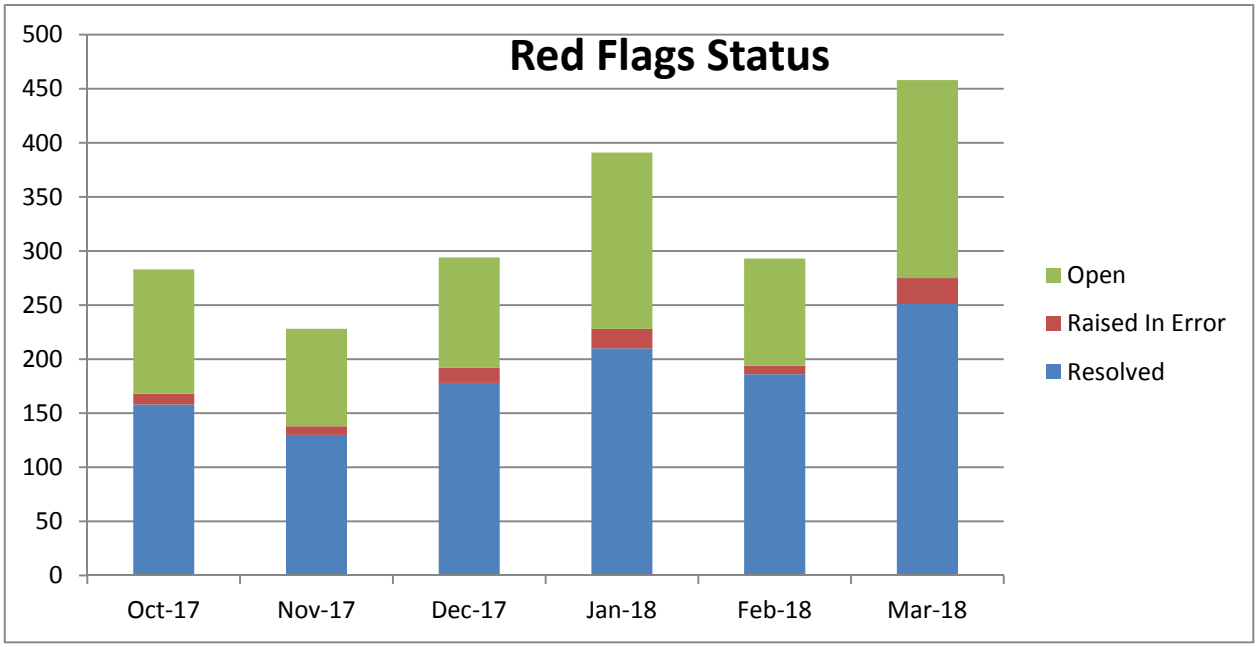
Red flags are NICE recommended nationally reportable events that require an immediate response from the Senior Nurse Team. “Red flag events” signal to the Senior Nurse Team an urgent need for review of the numbers of staff, skill mix and patient acuity and numbers. These events are considered as indicators of a ward requiring an intervention e.g. increasing staffing levels, facilitating patient discharge or closing to admissions for a temporary period following discussion and agreement with the operations centre and the executive on call.

Red flag notifications are completed in SafeCare and sent to a centralised staffing e-mail address. These notifications are then escalated at each of the three daily staffing meetings and closed once

actions to mitigate are in place. The nurse in charge of the ward will try to resolve Red Flags with the help of the Divisional bleep holders who will act on escalated 'open' issues to help resolve them. Feedback from the wards has found the red flags are appropriate to the staffing challenges they need to escalate on a shift.

There is ongoing development to resolve red flags at the staffing meetings to identify where staffing levels have impacted the quality of care on the wards. When a ward raises a red flag the matron must visit the ward to assess the challenges and risk the ward is facing and put measures in place to support this area appropriately. Chart 4 below shows the number of red flags raised each month over the last 6 months and their status.

Chart 4



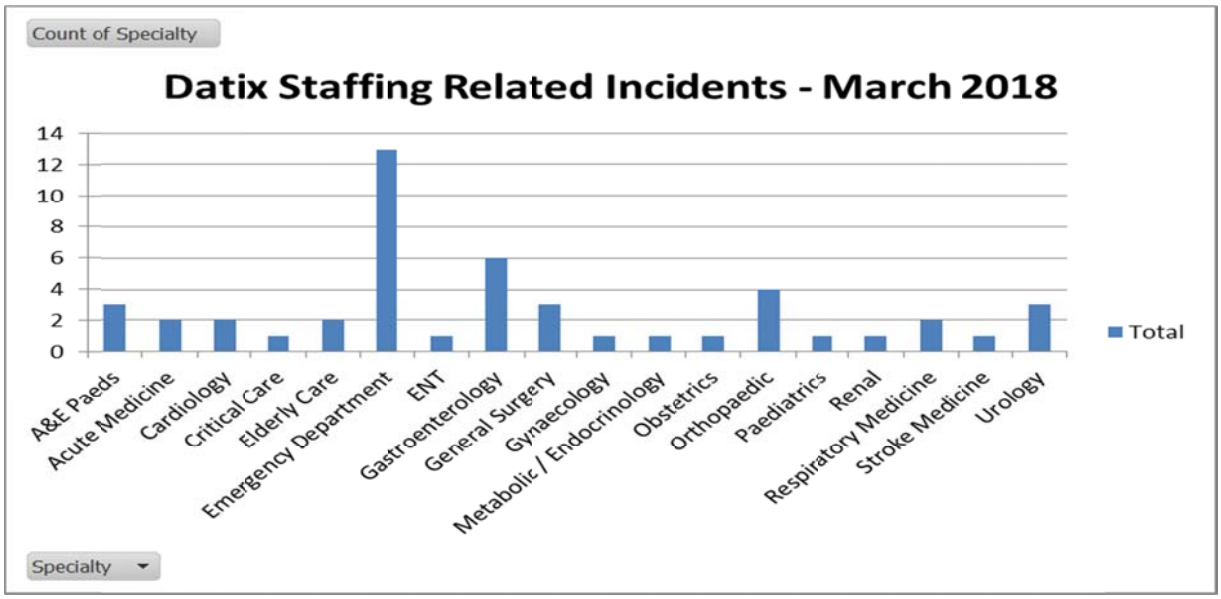
4. Datix

Chart 5 below shows the number of staffing related Datix incidents logged in March by speciality.

There was an increase in Datix reported incidents related to staffing in March, with an increase in clinical areas reporting incidents but the emergency department continuing to report the greatest number.

All staffing related incidents are reviewed by the Safer Staffing Matron and DoN and actioned as appropriate.

Chart 5



5. The Board are assured of safe staffing for nursing across the organisation

The overall RN day fill rate decreased by 1.7% due to the actual care being greater than planned as a result of escalation staffing, although CSW day fill rate increased by 1%. There has been a slight increase in temporary staffing fill, sickness rates remain high. The CHPPD delivered in March has however remained static. The maintenance of safe staffing levels on wards in March was supported by:

- Continued daily monitoring and ward RAG rating of staffing levels across inpatient wards
- Matrons review and response to Red Flag events at the three Daily Staffing meetings with mitigations fed back to the wards via SafeCare in real time
- Monthly patient acuity audits completed by Matrons. If Acuity is in question the matron will visit the ward and review the Acuity scoring for that shift. This data is recorded on meridian and reported in the E Roster monthly report.
- Working with cap compliant agencies
- Working with agencies to identify long line agencies to support areas with high vacancies
- Controlled release of unfilled shifts to agencies
- All controls off for the top 5 wards with the highest operational shortfall
- Additional support provided by e-Roster, NHSP and Temporary Staffing management to assist wards with staffing challenges
- The non-ward based nursing project continues to review roles and activities of non-ward based nurses, and allows for a more objective approach to meeting the clinical and organisational demands.
- Active management by the Divisional / Duty Matron and support from Matrons and Heads of Nursing within the Divisions to review staffing requirements on a daily basis for identified wards
- Divisional Heads of Nursing, Matrons, Specialist Nurses and the Education Team working clinically where needed
- The e-Roster operational support service in the evening to cover the handover of the night shift and support the Duty Matron with the mitigation of red shifts at night
- The e-Roster team contacting all Red wards to ensure that the planned mitigations have taken place and escalate to Matrons where appropriate.

Appendix 1

	Day		Night	
Ward name	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)
10B	88.7%	91.8%	90.0%	129.6%
11A	91.4%	79.6%	94.4%	98.0%
11B	88.3%	62.8%	99.1%	100.4%
5A	96.4%	81.6%	93.4%	130.9%
5B	92.1%	84.3%	92.7%	132.4%
6A	97.8%	78.3%	96.1%	97.9%
6B	84.9%	72.9%	100.3%	89.5%
10A Gynae	103.2%	64.4%	101.3%	70.7%
7B	97.2%	85.3%	86.3%	142.3%
7AN	98.6%	72.1%	76.5%	97.6%
8A	94.4%	84.4%	89.6%	106.7%
8B	86.6%	96.9%	85.4%	113.2%
9A	97.4%	93.1%	92.1%	132.2%
9B	94.5%	96.0%	93.1%	125.0%
ACU	88.1%	111.1%	84.6%	119.4%
AMU-A	86.6%	92.1%	85.6%	98.8%
AMU-W	96.7%	84.5%	89.9%	104.3%
Ashwell	98.0%	92.6%	100.3%	103.1%
Barley	98.0%	100.2%	93.6%	142.0%
Bluebell	93.9%	92.9%	94.4%	#DIV/0!
Critical Care 1	100.0%	100.0%	100.0%	100.0%
Dacre	101.8%	72.9%	96.8%	#DIV/0!
Gloucester	105.6%	88.6%	91.5%	87.3%
CLU	96.8%	71.7%	99.7%	93.1%
Mat MLU	104.8%	83.4%	100.7%	91.5%
Michael Sobell House	90.5%	87.8%	103.7%	97.4%
Pirton	79.2%	85.2%	92.5%	111.4%
SAU	80.4%	82.9%	100.6%	97.3%
SSU	99.5%	97.0%	93.6%	123.9%
Swift	83.8%	67.3%	77.5%	98.0%
Ward 11	87.2%	67.5%	118.0%	85.8%
Total	**93.5%**	**85.3%**	**94.1%**	**108.2%**

Appendix 2

Ward name	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/ nurses	Care Staff	Overall
10B	2.81	2.62	5.43
11A	3.94	1.56	5.50
11B	3.48	2.05	5.53
5A	3.06	1.89	4.95
5B	3.12	2.51	5.62
6A	3.12	2.13	5.24
6B	3.80	2.36	6.15
10A Gynae	5.38	1.78	7.16
7B	2.91	1.72	4.64
7AN	3.24	2.24	5.48
8A	3.01	2.11	5.12
8B	2.85	2.01	4.85
9A	2.93	2.47	5.41
9B	2.99	2.21	5.20
ACU	3.94	2.63	6.57
AMU-A	5.19	3.43	8.62
AMU-W	3.83	3.02	6.85
Ashwell	2.99	3.09	6.08
Barley	3.28	2.65	5.92
Bluebell	6.61	1.77	8.38
Critical Care 1	16.13	2.06	18.19
Dacre	8.40	1.05	9.44
Gloucester	5.06	4.08	9.14
CLU	35.22	6.58	41.81
Mat MLU	30.28	8.60	38.88
Michael Sobell House	4.50	2.93	7.42
Pirton	4.00	2.34	6.34
SAU	5.93	2.62	8.55
SSU	3.51	2.57	6.08
Swift	3.35	2.17	5.52
Ward 11	5.52	1.96	7.48
Total	**4.5**	**2.4**	**6.9**

Appendix 3

Speciality	Ward	INITIAL REDS				
		Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
Care of the Elderly	9A	17	11	5	33	35.48
	9B	11	6	2	19	20.43
Stroke	Barley	18	7	5	30	32.26
	Pirton	4	4	2	10	10.75
General	6A	9	5	3	17	18.28
	7AS	7	15	2	24	25.81
	10B	14	14	7	35	37.63
Respiratory	11A	8	8	4	20	21.51
Cardiology	ACU	10	12	7	29	31.18
Acute	AMU-A	3	5	5	13	13.98
	SSU	8	6	1	15	16.13
	AMU-W	7	4	3	14	15.05
Renal	6B	2	2	5	9	9.68
DTOC / gastro	Ashwell	7	5	8	20	21.51
ED	A&E	7	9	4	20	21.51
	CDU	3	3	2	8	8.60
	UCC	1	1	0	2	2.15
		136	**117**	**65**	**318**	**20.11**
General	7AN	6	11	7	24	25.81
	8A	10	11	2	23	24.73
	8B	8	8	7	23	24.73
	SAU	3	8	6	17	18.28
Surgical Spec	11B	1	3	2	6	6.45
	7B	7	5	9	21	22.58
T&O	5A	5	2	7	14	15.05
	5B	18	16	3	37	39.78
	Swift	4	10	8	22	23.66
ATCC	Critical Care 1	1	0	2	3	3.23
	ASCU	0	0	0	0	0.00
		63	**74**	**53**	**190**	**18.57**
Gynae	10A Gynae	2	2	2	6	6.45
Paeds	Bluebell	3	3	2	8	8.60
	Child A&E	3	2	1	6	6.45
	NICU	0	0	0	0	0.00
Maternity	Dacre	0	0	0	0	0.00
	Gloucester	0	1	0	1	1.08
	Mat MLU	2	2	0	4	4.30
	Mat CLU 1	1	1	0	2	2.15
		11	**11**	**5**	**27**	**3.63**
Inpatient	Ward 10	0	0	0	0	0.00
	Michael Sobell House	0	0	3	3	3.23
		0	**0**	**3**	**3**	**1.61**
	TRUST TOTAL	**210**	**202**	**126**	**538**	**15.22**

Appendix 4

Speciality	Ward	FINAL REDS				
		Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Red rating
Care of the Elderly	9A	1	1	0	2	2.15
	9B	0	0	0	0	0.00
Stroke	Barley	1	1	1	3	3.23
	Pirton	1	0	1	2	2.15
General	6A	1	1	2	4	4.30
	7AS	0	0	0	0	0.00
	10B	1	3	2	6	6.45
Respiratory	11A	1	0	2	3	3.23
Cardiology	ACU	1	1	2	4	4.30
Acute	AMU-A	1	1	1	3	3.23
	SSU	0	1	1	2	2.15
	AMU-W	1	0	1	2	2.15
Renal	6B	0	0	0	0	0.00
DTOC / gastro	Ashwell	1	2	2	5	5.38
ED	A&E	5	4	4	13	13.98
	CDU	1	1	2	4	4.30
	UCC	1	1	0	2	2.15
		17	**17**	**21**	**55**	**3.48**
General	7AN	0	0	1	1	1.08
	8A	2	1	0	3	3.23
	8B	2	1	2	5	5.38
	SAU	1	0	0	1	1.08
Surgical Spec	11B	0	0	0	0	0.00
	7B	0	0	1	1	1.08
T&O	5A	0	1	0	1	1.08
	5B	1	0	0	1	1.08
	Swift	1	0	2	3	3.23
ATCC	Critical Care 1	0	0	2	2	2.15
	ASCU	0	0	0	0	0.00
		7	**3**	**8**	**18**	**1.76**
Gynae	10A Gynae	0	0	0	0	0.00
Paeds	Bluebell	1	1	0	2	2.15
	Child A&E	0	0	1	1	1.08
	NICU	0	0	0	0	0.00
Maternity	Dacre	0	0	0	0	0.00
	Gloucester	0	0	0	0	0.00
	Mat MLU	0	0	0	0	0.00
	Mat CLU 1	0	0	0	0	0.00
		1	**1**	**1**	**3**	**0.40**
Inpatient	Ward 10	0	0	0	0	0.00
	Michael Sobell House	0	0	0	0	0.00
		0	**0**	**0**	**0**	**0.00**
	TRUST TOTAL	**25**	**21**	**30**	**76**	**2.15**

Appendix 5

NHSP hours YTD report