

Safe Nurse Staffing Levels

May 2018

Executive Summary

All additional capacity winter pressure beds closed as of the 30/04/18 allowing staff to return to their home wards which has reduced the demand for temporary staffing. Additionally there has been a small improvement in levels of sickness (even though they remain above threshold). This increase fill rate has improved the CHPPD and subsequently reduced the number of red triggered shifts across the month.

The number of shifts initially triggering red decreased from 393 in April to 255 in May which equates to 11.49% in April to 7.83% in May.

There were 89 risk assessed patients requiring enhanced nursing care in May which was the same number in April. There has been an increase of risk assessed patients, 35 more for 2018 than in May 2017. The team were unable to meet all the requests for patients requiring 1-1 care where cohorting was not possible. This was mainly due to high demands for patients requiring isolation for infection control reasons. There was a decrease in the care hours required for mental health patients, from 432.5 care hours in April to 229 care hours in May.

There were 80 inpatient falls recorded in the trust for the month of May. This is 7 lower than recorded in April. There was one severe harm injury reported as a result of a fall.

For the month of May 2018, the Trust has reported 5 grade 2-4 hospital acquired pressure ulcers (HAPU). This is an increase of 1 HAPU from April 2018.

<p>Purpose of Report:</p> <ol style="list-style-type: none"> 1. To provide an assurance with regard to the management of safe nurse and midwifery staffing for the month of May 2018. 2. To provide a summary report of quality metrics for the month of May 2018 as indicators of patient safety. 3. To provide context for the Trust Board on the UNIFY safer staffing submission for the month of May 2018.
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<p>Assessment parameters and criteria</p> <p>To assess that ward staffing levels are safe the following parameters will be assessed: The Thresholds will be agreed at the Nursing Workforce committee.</p> <ol style="list-style-type: none"> 1. Patient safety was delivered through consistent, appropriate, staffing levels for the service. <p>Criteria: Unify RN fill rate, Unify CHPPD and staff to patient ratio's</p> <p>Thresholds:</p> <ul style="list-style-type: none"> • Unify = Red if falls below 90% Day or Night
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- CHPPD = Red if falls below 7 (model hospital median is 7.5 as of March 2018)
- Staff to patient ratio =Red if falls below 1:8 RN on Day 1:10 on Night

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:

- No remaining red shifts

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

Criteria: Red Flag reportable events and DATIX report

Threshold:

- No Open Red Flags, All Datix reports are reviewed and actioned.

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

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

Threshold:

- Bi annual establishment review, Monthly Safer Staffing review, daily staffing meetings.

Performance Assessment for month of May 2018

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

Performance: RN day fill rate less 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 May 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 (%)
95.9%	98.4%	98.5%	117.8%

The Unify submission for registered fill % increased in May with the average day fill % for registered nurses increasing from 94.3% in April to 95.9% in May.

Factors affecting Planned vs. Actual staffing

Ward Move

The Frailty Ward relocated from Ashwell in the Strathmore Wing to 7A in the tower block on the 30/04/18. The skill mix at night was adjusted to meet the tower block staffing requirement. The Frailty Ward will be known as Ashwell for the purposes of this report and the Unify Safer Staffing Return.

Escalation

- The winter pressure wards 7AN and 7AS closed on the 30/04/18.
- Ward 10 at Mount Vernon flex their RN requirement at night in line with patient numbers above their planned 22 beds.
- Additional escalation staffing was requested overnight on the 24/05/18 to support the staffing of the theatre recovery beds.

There are a number of other contributory factors which affect the fill rate for May. 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, 6A, 6B, 7B, 8A, 8B, 9A, 9B, ACU, AMU-W, Ashwell, Barley and SSU** – Had an increased demand for patients requiring enhanced care which resulted in an increased CSW fill in these areas.
- **Pirton and Michael Sobell House** – RN day fill fell below 90% in May; this is due to the reduced Occupancy on these wards.
- **SAU** – are working to a new shift plan which has increased their RN requirement. The posts are being actively recruited to.
- **AMU-A** -.Due to patient acuity and dependency we have been able to mitigate other areas utilising staff from this area during the month of May.

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:

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

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 April, this indicates overall CHPPD has increase from 7.1 in April to 7.8 in May.

To calculate the CHPPD for April the patient days over the month have been taken from SafeCare.

Table 2 – Average Care Hours Per Patient Day

Trust-wide	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/nurses	Care Staff	Overall
Total	4.9	2.9	7.8

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	Average of Daily Required CHPPD	Average of Daily Actual CHPPD	Variance Required vs Actual
10B	7.09	5.97	-1.12
11A	6.26	5.89	-0.37
11B	5.73	6.30	0.57
5A	6.09	5.63	-0.46
5B	6.87	6.29	-0.58
6A	7.05	6.38	-0.67
6B	6.56	6.33	-0.23
7B	5.46	4.99	-0.47
8A	6.07	6.11	0.04
8B	5.57	5.67	0.10
9A	7.22	6.52	-0.70
9B	6.72	5.64	-1.08
ACU	7.30	6.84	-0.46
AMU-A	8.21	10.56	2.35
AMU-W	9.53	9.10	-0.43
Ashwell	8.13	7.44	-0.69
Barley	7.68	7.25	-0.43
Critical Care 1	17.48	16.20	-1.28
Discharge Lounge	0.00	0.00	0.00
Michael Sobell House	8.20	9.31	1.11
Pirton	6.67	7.14	0.47
SAU	6.60	7.20	0.60
SSU	6.08	6.76	0.68
Swift	5.21	5.84	0.63
Ward 10	4.67	7.14	2.47
Grand Total	6.90	6.90	0.00

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 1:6.95 and medicine of 1:6.13 once speciality areas have been removed, for the month of May. This is an improved picture from last month.

Table 4

Units	Nurses to Patient Ratio (Registered)	Units	Nurses to Patient Ratio (Registered)
Critical Care 1	1:1.44	SSU	1:6.39
Bluebell	1:3.45	11B	1:6.44
AMU-A	1:4.25	9A	1:6.70
10A Gynae	1:4.41	Swift	1:6.74
Ward 11	1:4.58	7AN	1:6.81
Pirton	1:4.86	5B	1:7.02
ACU	1:5.21	8A	1:7.30
AMU-W	1:5.38	5A	1:7.40
Michael Sobell House	1:5.40	7B	1:7.42
Ashwell	1:5.76	9B	1:7.49
11A	1:5.78	8B	1:7.51
SAU	1:5.94	6A	1:7.53
6B	1:6.13	10B	1:7.87
Barley	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 rag 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 and monitoring of nurse staffing levels across the organisation.

2.2 Staffing levels and shifts that trigger red

The number of shifts initially triggering red decreased from 393 in April to 255 in May. which equates to 11.49% in April in 7.73%. 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
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%
Apr-18	11.49%	0.76%
May-18	7.83%	0.15%

Comparison of red triggered shifts between May 2017 and May 2018 shows an increase of 1.7% in the number of shifts triggering red in month.

Out of the shifts triggering red, 5 of the 255 that initially triggered red (0.15%) remained only partially mitigated. This is a significant decrease in the number of partially mitigated shifts compared to April. Shifts triggering red, and those that remained a challenge to mitigate, are explored below.

The closure of the escalation areas as at the end of April has reduced the Trust’s bank and agency demand, the decrease in demand alongside staff returning to their home wards following their secondment to the escalation wards has resulted in a significant decrease in the number of shifts triggering red.

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 continued levels of vacancies, sickness, controlled use of agency and unfilled temporary staffing shifts. These are discussed in section 2.3.

Chart 1

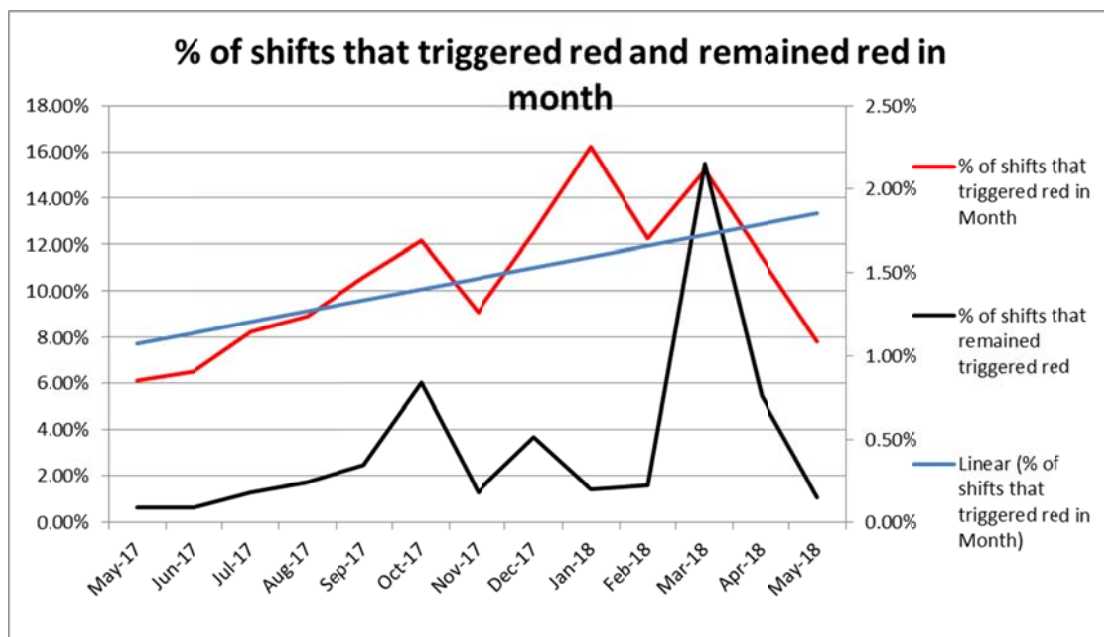
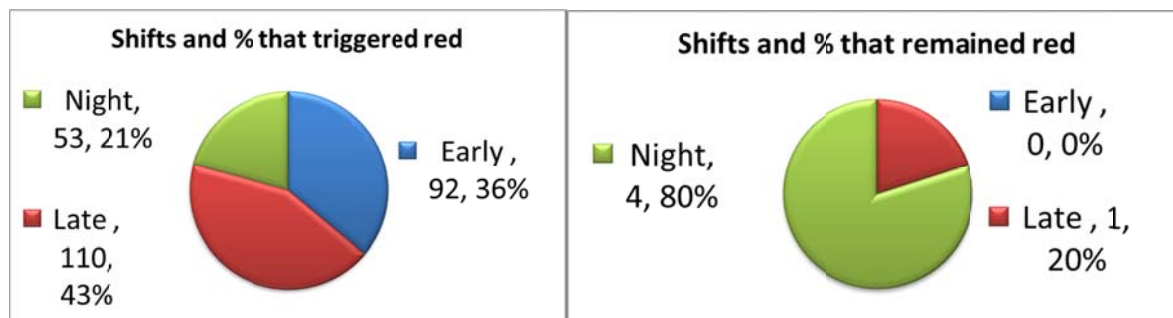


Chart 2 below shows the number and % distribution of red triggered shifts and those shifts that remained red after mitigating action was taken.

Chart 2 – Shifts initially triggering red & remained red



A list of all the shifts triggering red can be found in Appendix 3. Thirteen wards triggered red on 10% or more of the shifts in May which is a decrease from 19 wards in April.

Red shifts are mitigated by moving staff between wards to balance staff numbers and skill mix. Table 6 below shows the shift breakdown for each of these wards.

Table 6 – Wards triggering high number of red shifts

Ward	Total no. of shifts available	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
10B	93	9	9	4	22	23.66
ACU	93	6	12	2	20	21.51
9B	93	9	7	2	18	19.35
11A	93	5	8	2	15	16.13
SAU	93	3	6	6	15	16.13
7B	93	3	6	6	15	16.13
9A	93	8	4	1	13	13.98
5B	93	4	7	2	13	13.98
6B	93	2	10	0	12	12.90
8A	93	3	4	5	12	12.90
Barley	93	6	3	2	11	11.83
8B	93	2	5	3	10	10.75
5A	93	4	3	3	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.

A list of wards where 50% or more of shifts remained Amber can be seen in Appendix 5. The Unify fill rates for those wards are above 95% but actual CHPPD delivered exceeded the planned CHPPD service model. This was due to high acuity and dependency of the patients (including specialising requirements) in these areas which meant that although staffing levels were in line with the planned model of care, wards were rag rated as amber.

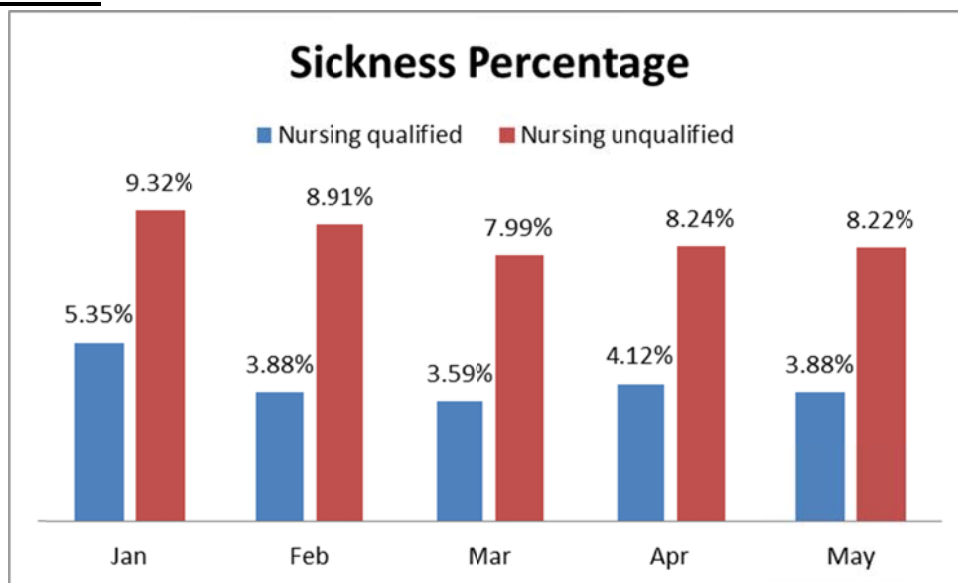
Exceptions are 10B (RN day fill less than 95%) and 11A (RN day fill rate less than 95% and worked CHPPD less than planned). 10B and 11A both had a spike in sickness towards the end of May.

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 increased by 5.6% from 77.4% in April to 83.0% in May, this is as a result of a decrease in demand and increase in bank fill. The increase in fill resulted in 11,587 unfilled hours (17.0% of demand unfilled). This is a decrease from 15,810 unfilled hours in April (22.6% unfilled). See Appendix 6.
- Sickness – Table 7 shows that sickness has improved since April but continues to remain above the 4% budget position.
- Specialising requirements impact on the care hours required on a ward on a shift by shift basis. If the specialising needs are not covered this may cause the ward to trigger red.

Table 7



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 May although the team have had the same number of patients referred compared to April a higher number of patients have required 1-1 care rather than cohorting. A large increase in this was due to patients requiring isolation and being nursed in a side room.

May has seen a decrease in mental health enhanced care hours from 432.5 care hours in April to 229 care hours in May. The team continue to streamline the service and improve patient care and outcomes. Where it is unable to cover a ward with the team the shift will be put out to temporary staffing.

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.

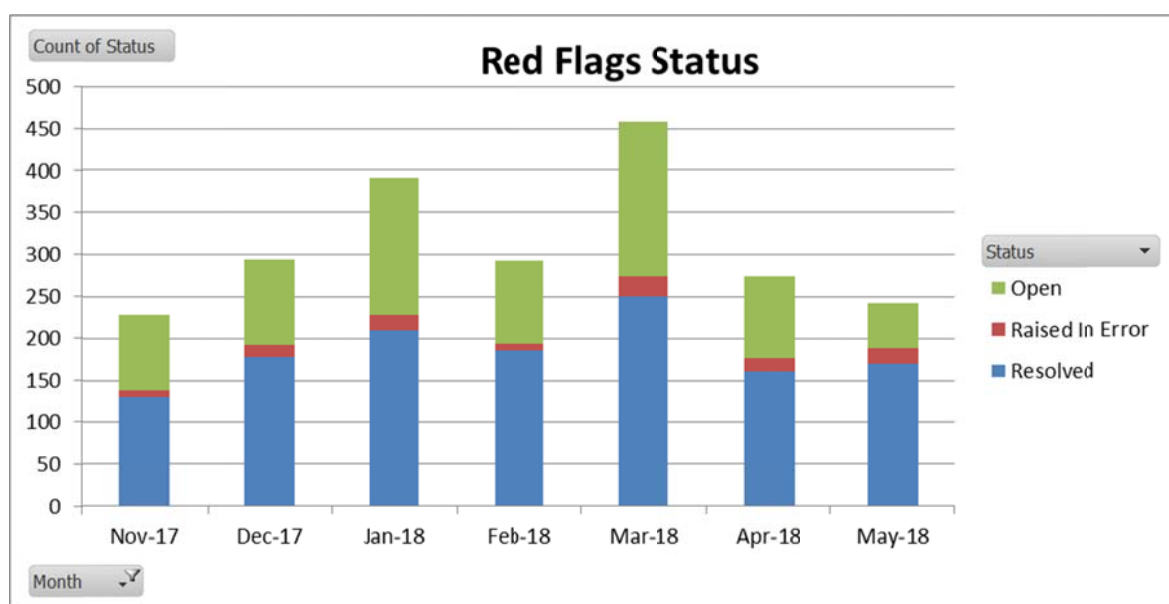
3.1 Red Flags

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



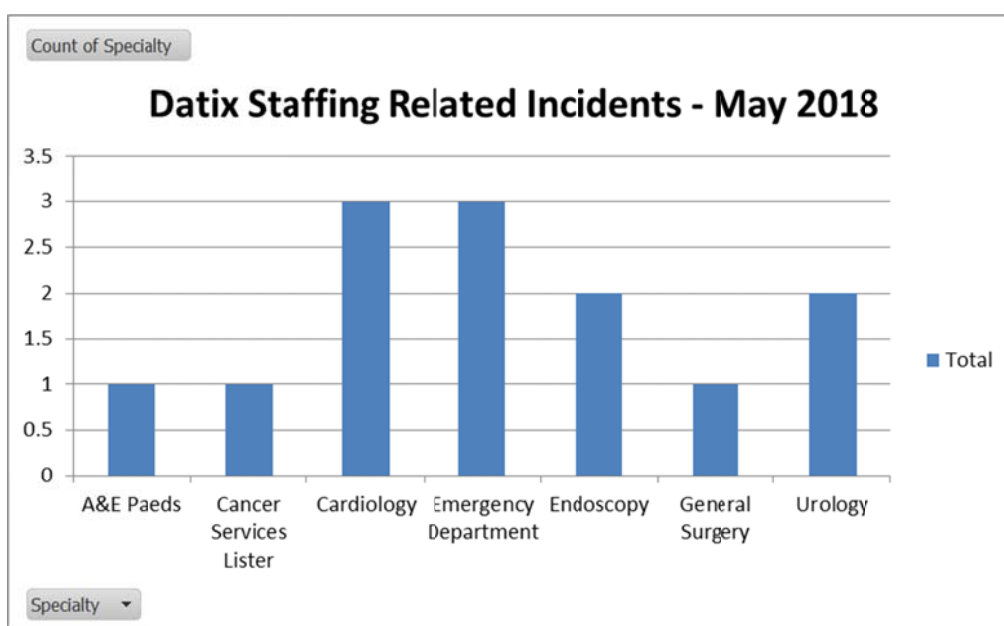
4. Datix

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

There was a decrease in Datix reported incidents related to staffing in May, with a decrease 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 increased by 1.6% and CSW day fill rate increased by 6% due to the reduction in escalation staffing requirements at the end of April. There has been an increase in temporary staffing fill, sickness has also improved but rates remain high. The CHPPD delivered in May has increased. The maintenance of safe staffing levels on wards in May 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 flagging unexpectedly high or low the matron will visit the ward and review and validate 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

Ward name	Day		Night	
	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)
10B	93.1%	104.5%	98.7%	130.9%
11A	92.9%	95.5%	99.5%	101.2%
11B	90.7%	83.6%	99.9%	115.4%
5A	95.9%	96.5%	96.1%	175.4%
5B	90.1%	102.2%	98.4%	125.8%
6A	95.3%	107.4%	99.2%	142.9%
6B	91.4%	82.6%	102.4%	112.3%
10A Gynae	99.7%	90.7%	98.4%	93.8%
7B	95.2%	93.1%	97.7%	157.2%
8A	97.0%	117.8%	93.1%	150.2%
8B	92.7%	118.4%	97.4%	107.8%
9A	99.7%	117.0%	98.6%	155.3%
9B	95.8%	112.4%	96.3%	136.7%
ACU	95.7%	100.7%	98.4%	109.5%
AMU-A	89.4%	97.8%	85.6%	100.6%
AMU-W	104.6%	127.9%	101.5%	136.8%
Ashwell	97.7%	114.5%	98.2%	178.1%
Barley	104.2%	120.4%	111.1%	132.3%
Bluebell	101.4%	94.0%	105.8%	#DIV/0!
Critical Care 1	100.0%	100.0%	100.0%	100.0%
Dacre	105.7%	90.3%	100.6%	#DIV/0!
Gloucester	104.4%	86.1%	95.8%	88.2%
CLU	100.9%	67.2%	100.3%	98.1%
Mat MLU	106.0%	67.8%	102.0%	92.3%
Michael Sobell House	84.9%	82.4%	101.6%	97.1%
Pirton	86.8%	75.5%	96.9%	99.6%
SAU	82.6%	112.9%	101.4%	93.8%
SSU	97.4%	95.9%	93.2%	111.5%
Swift	90.5%	80.7%	95.4%	92.8%
Ward 11	92.2%	69.6%	102.9%	62.8%
Total	95.9%	98.4%	98.5%	117.8%

Appendix 2

Ward name	Care Hours Per Patient Day (CHPPD)		
	Registered midwives/nurses	Care Staff	Overall
10B	2.97	2.80	5.77
11A	4.16	1.78	5.94
11B	3.70	2.69	6.38
5A	3.22	2.40	5.62
5B	3.32	2.88	6.20
6A	3.27	3.13	6.40
6B	3.67	2.55	6.22
10A Gynae	5.96	2.77	8.73
7B	3.15	1.95	5.10
8A	3.13	2.97	6.10
8B	3.29	2.32	5.61
9A	3.20	3.15	6.36
9B	3.06	2.53	5.59
ACU	4.57	2.47	7.04
AMU-A	6.35	4.28	10.64
AMU-W	4.52	4.57	9.09
Ashwell	3.55	3.91	7.46
Barley	4.00	3.10	7.10
Bluebell	8.62	2.06	10.68
Critical Care 1	15.64	1.70	17.34
Dacre	8.83	1.31	10.14
Gloucester	5.20	4.10	9.30
CLU	35.52	6.39	41.91
Mat MLU	27.21	6.98	34.18
Michael Sobell House	5.66	3.69	9.34
Pirton	4.92	2.38	7.29
SAU	6.03	3.80	9.84
SSU	3.96	2.80	6.76
Swift	3.87	2.34	6.22
Ward 11	6.89	2.36	9.25
Total	4.9	2.9	7.8

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	8	4	1	13	13.98
	9B	9	7	2	18	19.35
Stroke	Barley	6	3	2	11	11.83
	Pirton	1	0	0	1	1.08
General	6A	6	1	1	8	8.60
	10B	9	9	4	22	23.66
Respiratory	11A	5	8	2	15	16.13
Cardiology	ACU	6	12	2	20	21.51
Acute	AMU-A	0	2	1	3	3.23
	SSU	3	3	1	7	7.53
	AMU-W	3	1	1	5	5.38
Renal	6B	2	10	0	12	12.90
DTOC / gastro	Ashwell	3	5	1	9	9.68
ED	A&E	1	4	3	8	8.60
	CDU	1	1	1	3	3.23
	UCC	1	1	0	2	2.15
		64	71	22	157	10.55
General	7AN	0	0	0	0	0.00
	8A	3	4	5	12	12.90
	8B	2	5	3	10	10.75
	SAU	3	6	6	15	16.13
Surgical Spec	11B	2	3	1	6	6.45
	7B	3	6	6	15	16.13
T&O	5A	4	3	3	10	10.75
	5B	4	7	2	13	13.98
	Swift	1	2	2	5	5.38
ATCC	Critical Care 1	0	0	0	0	0.00
		22	36	28	86	10.24
Gynae	10A Gynae	2	1	1	4	4.30
Paeds	Bluebell	0	0	0	0	0.00
	Child A&E	1	0	0	1	1.08
	NICU	0	0	0	0	0.00
Maternity	Dacre	0	0	0	0	0.00
	Gloucester	3	2	1	6	6.45
	Mat MLU	0	0	0	0	0.00
	Mat CLU 1	0	0	0	0	0.00
		6	3	2	11	1.48
Inpatient	Ward 10	0	0	1	1	1.08
	Michael Sobell House	0	0	0	0	0.00
		0	0	1	1	0.54
	TRUST TOTAL	92	110	53	255	7.83

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	0	0	0	0	0.00
	9B	0	0	0	0	0.00
Stroke	Barley	0	0	0	0	0.00
	Pirton	0	0	0	0	0.00
General	6A	0	0	0	0	0.00
	10B	0	0	0	0	0.00
Respiratory	11A	0	0	0	0	0.00
Cardiology	ACU	0	0	0	0	0.00
Acute	AMU-A	0	0	0	0	0.00
	SSU	0	0	0	0	0.00
	AMU-W	0	0	0	0	0.00
Renal	6B	0	0	0	0	0.00
DTOC / gastro	Ashwell	0	0	0	0	0.00
ED	A&E	0	1	2	3	3.23
	CDU	0	0	1	1	1.08
	UCC	0	0	0	0	0.00
		0	1	3	4	0.27
General	7AN	0	0	0	0	0.00
	8A	0	0	0	0	0.00
	8B	0	0	0	0	0.00
	SAU	0	0	0	0	0.00
Surgical Spec	11B	0	0	0	0	0.00
	7B	0	0	1	1	1.08
T&O	5A	0	0	0	0	0.00
	5B	0	0	0	0	0.00
	Swift	0	0	0	0	0.00
ATCC	Critical Care 1	0	0	0	0	0.00
		0	0	1	1	0.12
Gynae	10A Gynae	0	0	0	0	0.00
Paeds	Bluebell	0	0	0	0	0.00
	Child A&E	0	0	0	0	0.00
	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
		0	0	0	0	0.00
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	0	1	4	5	0.15

Appendix 5

Ward	FINAL AMBERS					Day		Night		Service Model CHPPD	Required CHPPD SafeCare	Actual worked CHPPD
	Early	Late	Night	Number of shifts where staffing initially fell below agreed levels	% of shifts where staffing fell below agreed levels and triggered a Amber rating	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)	Average fill rate + registered nurses/midwives (%)	Average fill rate + care staff (%)			
9B	26	27	17	70	75.27	95.80%	112.40%	96.30%	136.70%	5.28	6.72	5.64
10B	23	25	17	65	69.89	93.10%	104.50%	98.70%	130.90%	5.44	7.09	5.97
Barley	26	20	9	55	59.14	104.20%	120.40%	111.10%	132.30%	5.48	7.68	7.25
7B	18	26	10	54	58.06	95.20%	93.10%	97.70%	157.20%	4.69	5.46	4.99
6A	22	21	10	53	56.99	95.30%	107.40%	99.20%	142.90%	5.51	7.05	6.38
Ashwell	16	19	15	50	53.76	97.70%	114.50%	98.20%	178.10%	5.95	8.13	7.44
11A	20	16	12	48	51.61	92.90%	95.50%	99.50%	101.20%	6.07	6.26	5.89
ACU	18	20	10	48	51.61	95.70%	100.70%	98.40%	109.50%	6.19	7.3	6.84
5A	15	16	16	47	50.54	95.90%	96.50%	96.10%	175.40%	5.05	6.09	5.63

NHSP hours YTD report

