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NURSE STAFFING DATA PUBLICATION REPORT – OCTOBER 2017

Presented by:	Karen Dawber Chief Nurse	Author:	Jo Hilton, Assistant Chief Nurse
Previously considered by:	Workforce Committee – 29.11.17		

Key points						Purpose:
1. Note the average fill rates for Bradford Royal Infirmary Site: 2. Note the average fill rates for St Luke's and the Community Hospital sites.						To discuss and note
		Day		Night		
Date	Hospital	Average fill rate-registered nurse/midwife %	Average fill rate- care staff %	Average fill rate-registered nurse/midwife %	Average fill rate- care staff %	
Oct-17	BRI	84.3%	109.8%	92.7%	127.2%	
Oct -17	SLH + CH	79.6%	96.5%	103.6%	92.0%	
3. Note mitigation taken.						To note and gain assurance

Executive Summary:
<p>This report provides an update on the mandatory nurse staffing data for October 2017, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS trusts are now required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS Choices. Included in this month's report is data from the NHS Improvement Model Hospital Portal showing national comparisons of the Care Hours Per Patient Day measure introduced in May 2016.</p>

Financial implications:
N/a

Regulatory Relevance:

Monitor:	Quality Governance Framework
Equality	Not Applicable

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Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	CQC – Domains of Safe and Well Led
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Strategic Objective: <i>Reference to Strategic Objective(s) this paper relates to</i>	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
	To be in the top 20% of NHS employers
	To be a continually learning organisation
	To collaborate effectively with local and regional partners

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Nurse Staffing Data Publication Report – October 2017

1. Introduction

This paper reports on the nurse staffing data for October 2017, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

2. Results for October 2017

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in October 2017, by hospital site. It should be noted that community hospitals (CH) appear in the figures for St Luke's Hospital (SLH) as required by the submission of the Unify tool.

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Oct -17	BRI	84.3%	109.8%	92.7%	127.2%
Oct -17	SLH + CH	79.6%	96.5%	103.6%	92.0%

Table 1

The percentage fill rates for day shifts for registered nurses for March 2017 to October 2017 are shown in figure 1 below.

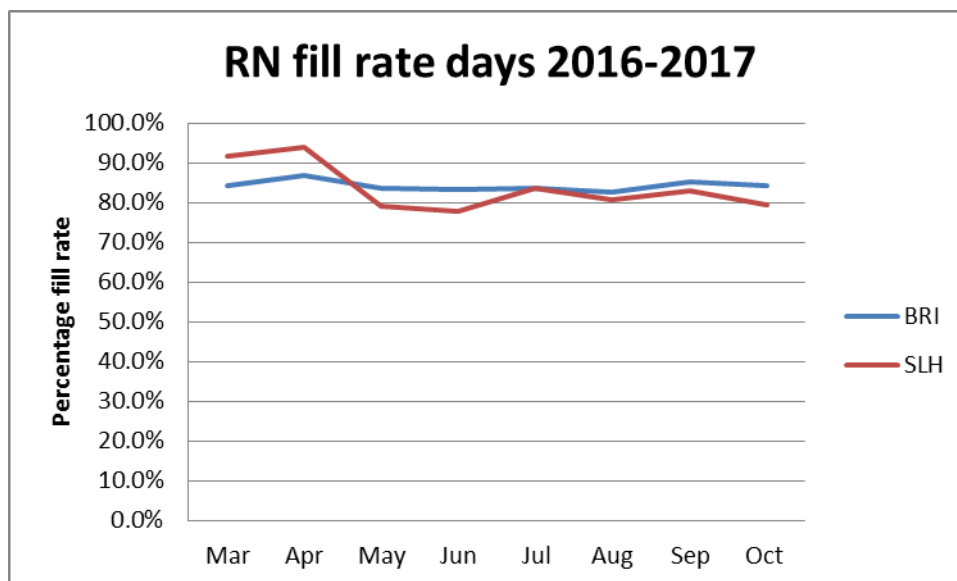


Figure 1

The percentage fill rates for night shifts for registered nurses for March 2017 to October 2017 are shown in figure 2 below.

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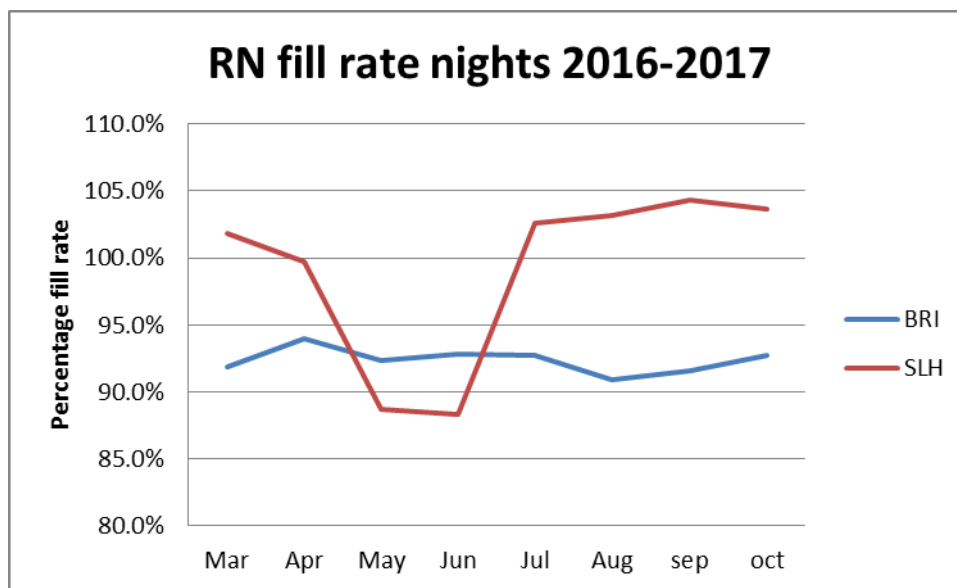


Figure 2

Appendix 1 is a summary of inpatient wards in the Trust, including the data submitted to UNIFY regarding staffing and information about patient experience and harms.

3. Trends and Themes

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During October 2017, there have been 21 Datix incidents reported related to nursing and midwifery staffing. A summary of the previous months' Datix reports related to nurse and midwifery staffing is below, in table 2:

Month	Number of incident reports
October 2016	14
November 2016	17
December 2016	25
January 2017	20
February 2017	9
March 2017	9
April 2017	19
May 2017	24
June 2017	16
July 2017	19
August 2017	9
September 2017	33
October 2017	21

Table 2

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All reported incidents this month are where, at the time of the report, the nurse in charge feels the skill mix is not suitable for the patient acuity level or the number of staff on duty is less than the planned number. Each incident is investigated with feedback given to individuals and actions taken to address concerns where appropriate. All incidents have been recorded as no harm at the point of reporting the incident.

There are 4 incidents where booked agency staff have not turned up for shifts therefore reducing the planned nursing numbers, these are being addressed through the flexible workforce team. 3 incidents have been reported from the neonatal unit, where the number of cots exceeds the planned numbers. Actions have been taken within the division to address this with paper making recommendations prepared for the executive management team. Ward 8 have submitted 5 incident reports during October, this is where staff have been moved from the ward to support other areas and resulted in sub optimal staffing levels. This has been escalated to the head of nursing to ensure that where possible the movement of nurses to support all areas of the division is shared between areas to reduce the impact on one particular ward. This is not always possible as ward 8 are working with the highest number of permanent staff in the establishment and trust nurses are needed to support the skills mix with bank and agency nurses in all areas. Ward 9 are the other area that has raised 4 incidents during October where the skill mix and acuity of the patients has not been felt to be suitable at the time of report to meet the needs of the patients on the ward. Actions are taken at the time of the report however from appendix 1 it can be seen that all areas of day registered staff nurse fill rates are amber and the flexibility for staff movement to maintain safety is reduced making decision making difficult with options available. Matrons and heads of nursing continue to have oversight of this process and each area is assessed on a daily basis to understand the impact of decisions made where staff are moved, acuity is assessed and skill mix reviewed. The deployment of the safecare tool in the roster system will continue to support this decision making process with evidence of acuity on inpatient wards 3 times a day.

There were no occasions where there were less than 2 registered nurses on a shift.

4. Exception report

The fill rates by ward, as shown in Appendix, 1 have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (August 2017 to October 2017), to identify any areas where there have been 3 consecutive months rated as red (<80% fill rate) or where the fill rate is less than 70% in the current month for registered nurses. Mitigation of actions taken in these areas is included below. The report also includes the patient experience and harm data per inpatient ward displayed with the staffing fill rate information. The ward sisters, matrons and heads of nursing continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staffing to maintain safety.

There is one inpatient areas with registered nurse / midwife fill rates <70% in October 2017 (appendix 1). There are 8 inpatient areas that have been <80% (red) for 3 consecutive months August to October 2017. This is an increase from September 2017. There are also 7 further areas that have reported less than 80% fill rates for the last 2 months which is a significant increase and

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demonstrates the reduced flexibility of staff movement now available in the trust to maintain safety in all in patient areas. These areas are:

Less than 70% fill rate in the month:

- Ward F6 the Head of Nursing and matron increased HCSW after a review of dependency and reduced RN requests as the ward team / matron assessed this better met the needs of the ward. The impact was monitored by the ward sisters and matron. The impact of this has been positive and a recommendation to move to this skill mix has been made as part of the annual strategic staffing establishment reviews being undertaken by the chief nurse, which will be going to the Trust Board in January 2018 for approval.

Less than 80% fill rate for 3 consecutive months:

- Ward 22 cardiology - the Matron and Head of Nursing review staffing levels on a daily basis to manage staffing and skill mix, decisions are then made to flex staffing of Coronary Care Unit up and down according to non-invasive ventilation and acuity of patients. No incidents have been reported but ward 22 have a chronic vacancy with no planned new nurses. Opening and closing of surge capacity is reviewed on a shift by shift basis according to staffing available. Ward 22 has been identified as a priority area for nursing associate trainees to be employed in the next round of recruitment.
- Ward 27 – night registered nurses. The fill rates for registered nurses at night are reported as fewer than 80% for 3 consecutive months and less than 70% for ward 27 during October 2017, during which time, the HCA fill rates are over 200% as a skill mix adjustment has taken place in this area to help to manage patient care requirements. The planned number at night is 3 registered nurses and 1 health care assistant but this is often changed to 2 registered nurses and 2 health care assistants, which is reflected in the fill rates that have been reported. The division do not feel this should be a permanent change in establishment for ward 27; therefore the numbers reported are low fill rates for nurses and higher fill rates for carer while the skill mix takes place on the ward. The matron is working closely with both ward managers to ensure the wards safety.
- Ward 28 – night registered nurses. The fill rates for registered nurses at night are reported as fewer than 80% for 3 consecutive months, during which time the HCA fill rates are over 200% as like ward 27, a skill mix adjustment has taken place to manage patient care requirements. As part of the annual strategic staffing establishment reviews being undertaken by the chief nurse, the matron and head of nursing have recommended that the skill mix be changed to 2 registered nurses, and 2 health care assistants going forward, as this has proven to be an effective use of available resources.
- Ward 31 (elderly medicine) night registered nurses. Ward 31 planned staffing is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the majority of nights on Ward 31 are 2 RN and 4 HCA. The RN unfilled shifts are covered with an

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increase the HCA numbers available on the ward to provide basic patient cares. There were newly qualified nurses who started at the end of September 2017, who were supernumerary at the beginning of October.

- Ward 3. Ward 3 consistently reports less than 80% fill rate for nurses both day and night over the last 3 months. Ward 3 has challenges recruiting staff and consequently difficulties in maintaining the planned numbers of registered nurses. The ward has not previously seen any increase in pressure ulcers and their ward accreditation rating is green. This ward is part of the nursing associate pilot. This month ward 3 has higher than 70% fill rate on days compared to previous months. Other new roles are being explored to support this area.
- Stroke ward 6, for day registered nurse fill rates. As previously reported, the amalgamation of stroke services on one ward has helped the staffing situation but has not eradicated the need for further focused work on recruitment, retention and further skill mix reviews. The ward remains in transition with new working models being embedded.
- Ward F5 the Head of Nursing and matron increased HCSW after a review of dependency and reduced RN requests as the ward team / matron assessed this better met the needs of the ward. The impact was monitored by the ward sisters and matron. The impact of this has been positive and a recommendation to move to this skill mix has been made as part of the annual strategic staffing establishment reviews being undertaken by the chief nurse, which will be going to the Trust Board in January 2018 for approval.
- AMU- The skill mix has been reviewed by the Head of Nursing and Matron, and a revised model of an increased number of health care assistants and a reduced number of registered nurses has been tested to ensure that it was able to meet the needs of the patient group. This has been positively received by the ward team, and is being monitored by the matron to understand the impact.

5. Recruitment and retention update

Full details of vacancy numbers are contained in the workforce report, W.11.17.5 Vacancies decreased slightly at Band 5 level in the divisions of Medicine and DADS, however they have increased in Women's and Children's services.

Within the Division of Medicine and Integrated Care there has been a slight decrease in vacancy rates at band 5 but a significant increase in band 6 and band 7 vacancies due in part to internal promotions and acting up arrangements. Specific areas of concern for Band 5 posts is ward 6 with 12.05 vacancies and wards 22 and 23 that are both carrying slightly over 10 vacancies each.

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Within the Division of Anaesthesia Diagnostics and Surgery

Vacancies have decreased at every pay band although they still remain high at band 5 in Theatres currently standing at 25.37 wte. Generic recruitment went ahead on the 30th and 31st of October 2017 and 14 Healthcare Assistants were appointed to both this division and Medicine.

Within the Division of Women and Children

Vacancies have risen from 1.9% in Women's Services to 4.4% although two successful open days took place to appoint newly qualified midwives in June and 13 employees started working for the Trust on the 16th of October 2017.

Vacancies have also risen in Children's Services from 10.5% to 13.8%, the highest levels of vacancies are on wards 30 and 32 where they are carrying 10.65 wte. A Facebook campaign is currently in the planning stage to promote recruitment in this area.

NURSE RECRUITMENT ACTIVITY SUPPORTING THE ABOVE

A range of activities are in place to address the recruitment and retention of nursing staff, and outline of which will be given in this section.

An open day was arranged for the new children's ward on the 30th of August 2017, where nurses could be interviewed on the day and have the opportunity to look around and speak to staff that work in the area along with the education team about the support packages available for new and experienced nurses. Unfortunately this was not successful, only 3 applications were received 2 of which were shortlisted, 1 applicant was appointed but has since withdrawn. A review of the day has been undertaken to learn lessons of how it might be more effective in future.

One of the factors that is anticipated will improve this approach for this and other departments is linking it to the facebook campaign. The 'Work for Us' Nursing Team Bradford Facebook campaign which ran earlier this year, was successful in targeting a wide range of staff groups, and it is anticipated that using open days in conjunction with a Facebook campaign is more likely to be successful. Further details on the Facebook campaign are set out below.

Work is currently underway to improve the knowledge of 'retire and return' opportunities as a means of retaining the skills and knowledge of experienced nurses and how this can contribute to developing the current and future nursing workforce. A retirement workshop was recently attended and leaflets describing and promoting 'retire and return' were distributed.

The SafeCare project (which is an Allocate tool to effectively review and distribute staff within the organisation), is in progress with all in patient ward areas. Other approaches include:

Nursing Associates

The Trust is one of the 6 regional partnership sites participating in the HEE Pilot to recruit Band 4 Nursing Associate posts to bridge the gap between Health Care Assistants holding the Care Certificate and Qualified Nurses. The roles are supported by a 2 year foundation degree

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programme, with the aim of introducing an improved career pathway within nursing and allowing qualified staff to focus on the more advanced elements of their roles.

The Trust appointed 15 trainee Nursing Associates who started their employment with us at the end of January and who are based within Elderly Wards, Stroke, Ward 26, paediatrics and Maternity Theatres. The Trust now has a clinical tutor that has been appointed by Leeds Teaching Hospitals NHS Foundation Trust (as the lead employer) to support the trainees within the Trust and at Airedale NHS Foundation Trust.

The Trust is currently in the process of recruiting the next cohort of trainees to commence in January 2018 with the University of Bradford, with the intention of recruiting 20 trainees on the apprenticeship programme due to changes in Health Education England funding. The Trust is also in discussions with other education providers to provide a course commencing later in 2018 (April onwards) for a further 20 trainees to commence to strengthen and grow this workforce on the inpatient ward areas.

Return to Practice Nurse Interviews

The Trust has an established mechanism for employing nurses who would like to return to practice, and supporting them through their return to practice programme at the University of Bradford. Return to practice interviews have recently been held and 2 nurses have been offered contracts with the Trust. Further interviews will take place with the university in the near future for subsequent start dates.

Overseas Nurse Update

11 nurses from our overseas recruitment campaign have now started their employment with us. 7 of the overseas nurses have now passed the OSCE and have commenced their substantive roles. One nurse is currently continuing to work on her allocated ward despite having partially failed the OSCE on two occasions and is waiting for a letter of curtailment from the Home Office which will hopefully allow her to re-sit the OSCE without waiting the regulation 6 months. One of the nurses has recently failed her OSCE and we are in the process of booking a re-sit. Two nurses who arrived in the country in September and October are undertaking a comprehensive training package from the education department to support the successful completion of their OSCE exams which have yet to be booked.

Newly Qualified Nurses

Plans are currently in development for attracting nurses to the Trust who are due to qualify in 2018 with the trust attending the University of Bradford Careers event in November. Unfortunately although we were initially hopeful that we would be receiving in the region of 90 newly qualified nurses the numbers dwindled significantly and only 39 nurses were appointed and 13 midwives. We have been informed that the Universities are advising the student nurses to accept as many job offers as they get and then deciding which to finally accept at a later date. The reasons that have been given for withdrawal are that they accepted a post closer to home, their circumstances had changed and they did not want to accept a rotational post. There were also cases where no

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reason for withdrawal was given but contact ceased despite continued efforts by the trust to engage.

The plan for the student nurses who will qualify 2018 began on the 1st of November 2017, with a visit to the University and Trust open days are planned for the 10th of January 2018 and 13th June 2018. A paper is currently being produced to present to the Executive Management team in order to suggest that newly qualified nurses should be paid at band 4 pending receipt of their PIN and that the Trust should fund their first year's NMC membership in line with the offers other trusts are making.

Work is taking place with the education department and the University of Bradford to offer final placements to student nurses in the areas that they are wanting to work in when they qualify. They will also be interviewed for a post in this last placement to secure the area they want to work.

The rotation offered this year for new nurses to work on rotation in urgent and critical care has not proved successful and following engagement with the cohort of newly qualified nurses, will not be an offer made next year unless individuals are keen to use a rotational model. The likely route for nurses to rotate will be through the transfer process so that there is more flexibility for individuals about the time of rotation and areas rotated to.

Facebook

The Business case for a 12 month Facebook recruitment campaign was agreed in September 2017 and the campaign, including updated Facebook page will launch at the end of November 2017. This will support recruitment in all areas of the Trust with a monthly focus on specialities, including stroke, elderly care, paediatrics, newly qualified nurses and theatres. The company, Just R, who are being used to deliver the campaign will host a website, contact spreadsheet and deploy new and updated information about the trust to promote opportunities to targeted audiences using social media. The campaign will direct Nurses, Operating Department Practitioners to adverts, open days and interviews held within the trust.

Apprentices

All Healthcare Assistants that have started working for the Trust who do not already hold an appropriate qualification are now appointed as apprentices we currently have 30 HCA's enrolled on the programme. A standardised band 3 role has now been agreed as a Senior Health Care Assistant who will have a higher set of skills than the band 2 health care assistants which will provide an opportunity to provide a greater range of skills within the ward team. These roles will be implemented in the coming months.

Mitigation

The number of nurse vacancies continues to be managed through use of existing rota cover, the use of the Nurse Bank, additional hours and agency usage where required. Matrons review staffing on a daily basis to ensure that ward areas are safe.

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Retention

The transfer register for Band 5 nurses remains in place, the nursing and midwifery steering group are reviewing this approach for other bands of staff. There have been 2 new applications in the last month.

A plan is in place to offer more support to our nurses in the essential skills and competencies that are required to progress to work as a nurse-in-charge on a ward at band 5 and through to band 6 and band 7 roles. The programmes will commence in January 2018 and will deliver internally.

Significant work has taken place to develop more opportunities for new roles, e.g. Advanced Clinical Practitioners, to support the wards and departments. 15 were recruited and commenced working in this role on the 25th of September 2017, supporting urgent care, general surgery and paediatrics. Plans are in place to recruit a further cohort September 2018. The Advancing Practice group continues to review and support applications for advancing practice in all areas of the Trust to support the development of new ways of working with the existing staff, career development and enhancing skills of the existing workforce to support the quality of care received for patients.

A comprehensive recruitment and retention work plan has been agreed by the Executive Management Team and will be reported monthly to the nursing and midwifery steering group with a focus in retention activities and recruitment progress over the next year.

6. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses / midwives and care staff for October 2017. Robust monitoring remains in place with a daily overview of the staffing in each area to maintain safety.

Where areas have identified a risk regarding staffing, mitigation is put in place and monitored, more detail is included in this paper for further openness and transparency.

Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce. Benchmarking information in relation to staffing has been sought, but obtaining up to date information with which to make comparisons is proving challenging, however further efforts will continue to be made to provide this information as it is available. The CHPPD figures for the Trust are more accurate following the use of the EPR and therefore once the data is available nationally this will be shared in the report.

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Appendix 1	Patient feedback			Harms								Absense and Turnover			Staffing								Ward Accreditation Score
				Falls with harm			Pressure Ulcers			Infection control					Day		Night		Care Hours Per Patient Day (CHPPD)				
	Compliments	Complaints	FFT recommended	No harm	Low	Moderate	Category 2	Category 3	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	Labour Turnover Rate Headcount %	Labour Turnover Rate FTE %	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall	
AMU	0	3	100%	4	0	0	0	2	0	0	0	8.3%	17.6%	17.6%	79%	115%	94%	138%	712	8	8	16	01/12/2016
ICU	0	0	1	0	0	0	1	0	0	0	1	8.0%	12.2%	12.6%	91%	92%	95%	0%	294	32	2	34	-
WARD 03	0	1	100%	4	0	0	0	0	0	0	0	5.2%	7.9%	8.3%	74%	96%	76%	109%	432	6	8	14	11/05/2017
WARD 06	0	0	-	5	0	0	2	0	0	0	0	7.5%	12.3%	8.4%	74%	127%	94%	128%	952	5	5	10	22/06/2016
WARD 07	0	0	100%	1	0	0	0	0	0	0	0	4.6%	4.9%	5.3%	94%	134%	100%	161%	344	5	4	9	27/06/2016
WARD 08	0	0	97%	3	3	0	1	0	0	0	0	3.4%	6.7%	6.9%	84%	103%	87%	173%	748	3	2	6	04/05/2017
WARD 09	1	1	1	1	0	0	1	1	0	0	1	5.9%	15.6%	13.7%	83%	123%	99%	144%	730	3	3	7	08/06/2016
WARD 11	0	0	86%	3	0	0	0	0	0	0	0	5.7%	3.3%	3.2%	75%	111%	92%	126%	682	4	2	5	22/11/2016
WARD 12	0	0	93%	4	1	0	0	1	0	0	0	2.3%	17.0%	18.6%	83%	159%	107%	164%	556	5	2	7	26/01/2017
WARD 14	0	0	100%	0	0	0	0	0	0	0	0	8.3%	7.8%	8.7%	84%	133%	100%	121%	442	4	2	7	28/06/2016
WARD 15	0	0	100%	9	0	1	0	0	0	0	0	2.9%	4.4%	4.9%	80%	113%	100%	118%	469	3	4	8	21/06/2016
WARD 18	0	0	100%	1	0	0	0	0	0	0	0	10.1%	12.2%	10.1%	90%	111%	87%	162%	586	4	2	6	13/03/2017
WARD 20	0	1	100%	1	1	0	0	0	0	0	0	4.5%	11.1%	10.3%	81%	128%	96%	144%	559	6	3	9	14/11/2016
WARD 21	0	0	100%	0	0	0	1	0	0	0	0	5.5%	20.0%	20.3%	76%	123%	107%	177%	493	5	3	9	25/04/2017
WARD 22	0	0	100%	0	0	0	1	0	0	0	0	4.5%	25.6%	23.1%	74%	104%	96%	152%	750	6	3	9	24/11/2016
WARD 23	6	0	100%	3	0	0	2	0	0	0	0	4.3%	12.5%	11.7%	74%	117%	88%	107%	726	5	4	9	25/11/2016
WARD 24	0	0	0.958	0	0	0	0	0	0	0	0	4.8%	0.0%	0.0%	95%	108%	97%	139%	346	4	4	8	15/11/2016
WARD 25	0	0	100%	0	0	0	0	0	0	0	1	2.2%	0.0%	0.0%	90%	146%	98%	-	235	6	3	9	20/06/2017
WARD 26	0	0	96%	5	2	0	0	0	0	0	0	7.7%	14.9%	15.9%	78%	148%	89%	153%	695	4	4	8	14/03/2017

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WARD 27	0	0	85%	8	0	0	6	2	0	0	0	4.0%	20.7%	20.7%	81%	122%	61%	232%	560	4	3	7	21/11/2016
WARD 28	0	0	96%	2	0	1	1	0	0	0	0	4.8%	7.7%	6.3%	74%	108%	70%	179%	353	6	4	10	23/06/2017
WARD 29	25	1	87%	5	2	0	2	0	0	0	0	2.5%	5.4%	5.6%	81%	129%	96%	135%	896	3	4	7	18/05/2017
Paediatrics	0	0	-	0	0	0	0	0	0	0	0	6.5%	27.0%	26.0%	85%	51%	91%	16%	793	11	1	12	09/11/2017
WARD 31	0	0	74%	8	4	1	2	2	0	0	0	4.8%	5.7%	5.7%	87%	113%	69%	134%	793	3	4	7	17/11/2016
YORK	0	0	94%	0	0	0	0	0	0	0	0	4.9%	10.8%	9.6%	87%	146%	100%	-	293	6	1	7	16/11/2016
BIRTHING CTR	0	0	100%	0	0	0	2	0	0	0	0	5.0%	18.2%	22.6%	91%	96%	90%	-	120	17	6	22	-
LABOUR WARD	0	0	100%	0	0	0	0	0	0	0	0	4.8%	13.3%	13.3%	95%	68%	102%	65%	414	14	3	17	08/02/2017
NNU	0	0	100%	0	0	0	0	0	0	0	0	3.9%	22.2%	21.8%	92%	-	96%	-	742	12	0	12	-
WARD M3	0	0	100%	0	0	0	0	0	0	0	0	5.1%	0.0%	0.0%	101%	50%	96%	103%	875	3	1	4	25/01/2017
WARD M4	1	0	100%	0	0	0	0	0	0	0	0	5.4%	20.8%	20.4%	107%	53%	98%	98%	1102	3	1	4	31/01/2017
WBG	0	0	100%	10	1	0	0	0	0	0	0	6.2%	11.1%	12.1%	89%	101%	108%	107%	485	3	4	7	14/02/2017
WWP	0	0	0%	1	1	0	0	0	0	0	0	7.8%	20.5%	17.8%	92%	101%	107%	107%	535	3	3	6	13/09/2016
WARD F5	0	0	100%	7	0	0	0	0	0	0	0	5.7%	17.6%	17.6%	75%	90%	100%	67%	659	2	3	5	15/09/2016
WARD F6	0	0	100%	1	0	0	1	0	0	0	0	6.4%	6.0%	5.0%	67%	97%	100%	102%	674	2	4	6	14/09/2016

Key:			
Complaints, Compliments, Falls, Pressure ulcers, MRSA and C Difficile:	0 – Green >1 – Amber >2 - Red	Staffing:	>95% - green 80-95% - amber <80% - red