

Monthly Unify Staffing Report (June & July 2016)

9th September 2016
Board Meeting



Report to:	Board Directors
Date of meeting:	9th September 2016
Subject:	Monthly Unify Staffing Report (June & July 2016)
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Presented by:	Paula Townsend
Sponsor:	Paula Townsend
History:	Monthly Nursing, Midwifery and Care staff numbers to the Board
Status:	For Information

Legal:	Patients have a right to be cared for by appropriately qualified and experienced staff in safe environments. This right is enshrined within the national Health Service (NHS) Constitution, and the NHS Act 1999 makes explicit the board's corporate accountability for quality. Nurses' responsibilities regarding safe staffing are stipulated by the Nursing and Midwifery council (NMC).
Financial:	Nursing is the largest professional group in the Trust and consumes a large amount of resource. Cost efficiency is therefore paramount
Assurance:	This report provides assurance and evidence on nursing workforce.
Clinical:	Nursing is a key component in provision of good patient experience and harm free care
Equality & Diversity:	There are no issues or implications relating to equality and diversity within this report
Performance:	This report highlights achievements against national and local key performance indicators
Strategy:	The contents of this report is directly aligned to the Trust Nursing and Midwifery Objectives
Workforce:	This report will inform Trust's Nursing and Midwifery Workforce Strategy.
Estates:	There are no implications
Reputation:	Poor nursing care would have a deleterious effect on the reputation of the Trust
Other:(please specify)	n/a

This report provides assurance to the Board of Directors on the safety of the Nursing and Midwifery staffing levels across the Trust during **June and July 2016** and provides details of the actual hours of Nursing, Midwifery and Health Care Assistant (HCA) time on day and night shifts versus planned staffing levels. **We are also submitting Nursing Hours Per Patient Day (NHPPD) as per Department of Health requirements. The benchmark is still to be agreed but the details of these hours are recorded on appendix 5-8.**

KEY POINTS

- The number of staff required per shift is calculated using an evidence based tool, based on the level of Acuity of the patients. This is further informed by professional judgement, taking into consideration issues such as ward size and layout, patient dependency, staff experience, incidence of harm and patient satisfaction and is in line with NICE guidance. This gives us the optimum **planned** number of staff per shift (NB 2 wards from the July submission, M Whiting and Medical 4 have been excluded while their budgets are being worked through).
- For each of the **76** clinical inpatient areas in June and **74** inpatient areas in July, the **actual** number of staff as a percentage of the planned number is recorded. The overall figures are shown below.

Safer Staffing Fill rate - June 2016		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	94%	125%
PRUH	98%	104%

Safer Staffing Fill rate - July 2016		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	92%	165%
PRUH	96%	107%

The report explores in detail where there was a variance of greater than **15%** between actual fill rates and planned staffing levels.

Across the Trust, the (*combined*) average actual level of **registered nursing staff** was generally within 18% of the levels planned across all shifts.

At Denmark Hill

June - there were **18** clinical areas where the actual number of **Healthcare assistants** was more than 115% above the planned level, and **3** areas where the levels were less than 85% of those planned. (*numbers are based on combined day and night average*)

July -, there were **22** clinical areas where the actual number of **Healthcare assistants** was more than 115% above the planned level, and **2** areas where the levels were less than 85% of those planned. (*numbers are based on combined day and night average*)

At PRUH

June - there were **2** clinical areas where the actual number of **Healthcare assistants** was more than 115% above the planned level and **6** areas where the levels were less than 85% of those planned. (*numbers are based on combined day and night average*)

July - there were **4** clinical areas where the actual number of **Healthcare assistants** was more than 115% above the planned level and **4** areas where the levels were less than 85% of those planned. (*numbers are based on combined day and night average*)

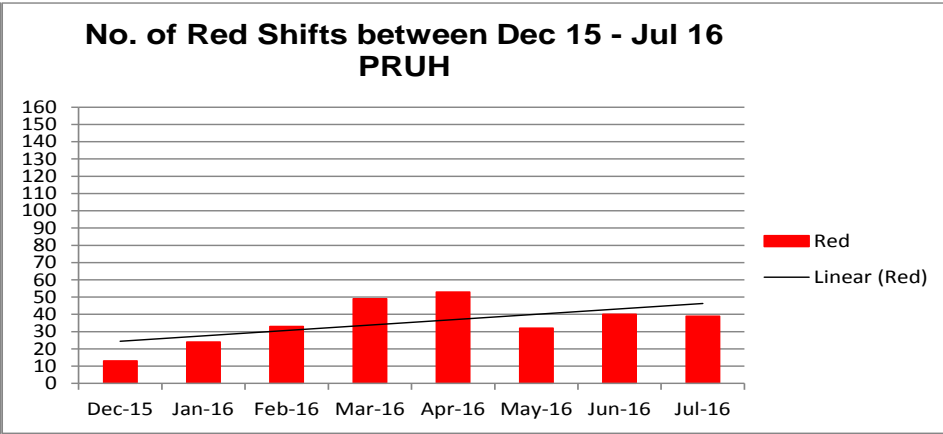
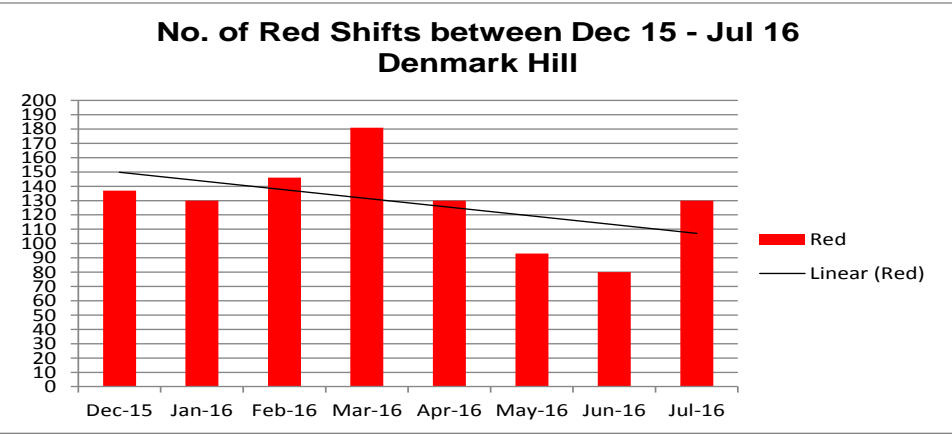
Understaffing

- On average across the Trust staffing levels for Registered nurses did not fall below 85% over the month with the exception of a few wards. The exception reports at the end of the presentation highlight reasons for this and how the shift was made safe and all are reported on our red shift reporting system (appendix 1 - 4) . A red shift occurs when fewer Registered Nurses than planned are in place, or when the number of staff planned is correct but the patients are more acutely sick or dependent than usual requiring a higher staffing level. In total there were **120 red shifts** declared in **June** and **169 red shifts** declared in **July**. The majority of these were at Denmark Hill and associated with increased acuity, vacancies or bank/agency failing to fill the shifts. In each case local managers assess the situation and make a judgement about whether moving staff from a better staffed areas is required to maintain safety.

Where there are instances of hours exceeding those planned, the reasons particularly in relation to HCAs are as follows:

- Extra staff required on an ad hoc basis to "special" high risk/vulnerable patients which has increased
- Overseas Nurses awaiting their NMC registration are recorded as unregistered,
- HCA usage is increased to minimise the impact of reduced RN fill rates
- Where the planned staffing level is only one person, an increase of one member of staff on a few occasions generates a large percentage increase.

In summary the actual number of additional healthcare assistants used is less than the percentage would suggest, usage is subject to controls and is decreasing.



ACTION REQUIRED

- The Board is asked to note the report.

The summary below is based on 46 in-patient wards across the Denmark Hill site for June and 45 wards in July.

June 2016

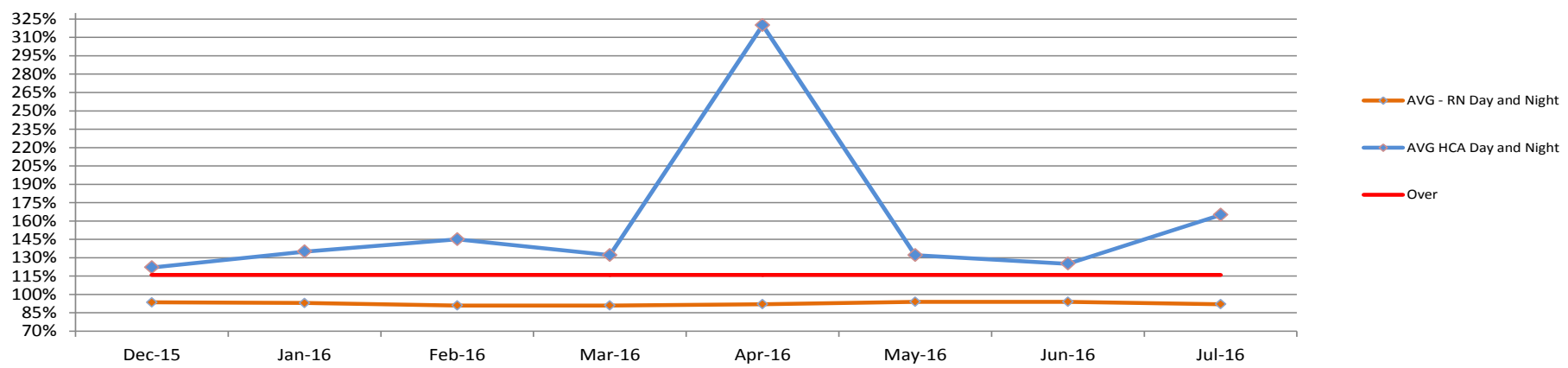
- RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **June** was 6% below plan. This is the same as the previous month and is within acceptable limits.
- HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **June** was 25% above plan. This is a decrease of 7% from the previous month.

July 2016

- RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **July** was 8% below plan. This is an increase of 2% compared to the previous month and is within acceptable limits.
- HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **July** was 65% above plan. This is an increase of 40% from the previous month.

Safe Staffing levels - taken from NHS choices - 15.08.2016	
Hospital	% Against Planned (RNs) Day/Night
St Thomas Hospital	99%
Imperial (St Mary's)	96%
Kings College Hospital - DH	92%

Planned vs Actual by month - Denmark Hill



The summary below is based on 30 in-patient wards across the PRUH site in June and 29 wards in July.

June 2016

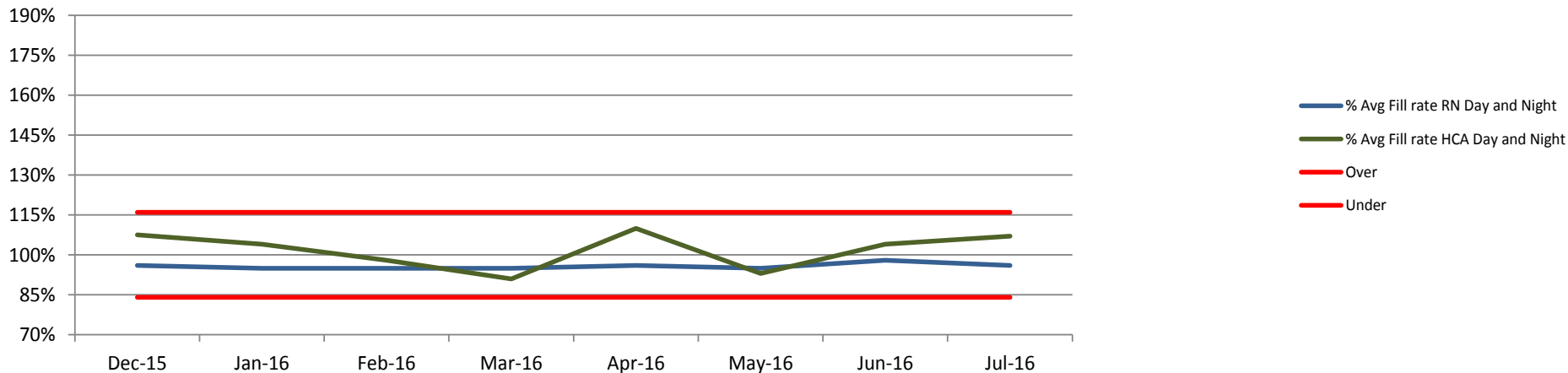
- RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **June** was 2% below plan. This is an increase of 3% from the previous month and is within acceptable limits.
- HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **June** was 4% above plan. This is an increase of 11% from the previous month.

July 2016

- RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **July** was 4% below plan. This is a decrease of 2% compared to the previous month and is within acceptable limits.
- HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **June** was 7% above plan. This is an increase of 3% from the previous month.

Safe Staffing levels - taken from NHS choices - 15.08.2016	
Hospital	% Against Planned (RNs) Day/Night
Croydon University Hospital	95%
University Hospital Lewisham	98%
Kings College Hospital - PRUH	96%

Planned Vs Actual by month - PRUH



HCA and RN staffing levels – Lower than Planned - June

Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels
Dawson	we are currently filling the RN vacancies with HCAs where possible to ensure that patient care is not affected.
Coptcoat Ward	High level of Maternity Leave – unfilled RN shifts compensated with HCAs
Marjorie Warren	Ward operating at safe staffing levels (amber / green). Additional HCA staffing at night to support 1:1 care
Lister	High RN vacancy rate – unfilled shifts to cover compensated with HCAs in addition to increased number of specials both RMN & HCA
Fisk and Cheere Ward	This is due to shortage of registered staff therefore HCAs used to cover nurse vacancy Ward Manager often covers short shifts on the ward
Waddington	RN shortfall due to movement of staff to other haematology ward, diluting skills across the unit. ward run in amber shift with additional HCA to cover RN shortfall and support staff nurse bedside. Senior nurses (ward manager/matron) work on the front line to ensure safety.
Derek Mitchell Unit	RN shortfall due to long term sickness; Senior nurses (ward manager/matron) work on the front line to ensure safety. Other haematology ward staff moved around aiming to dilute skill across haematology unit.
Byron	Additional HCAs provided to support the shortage in RNs at Night.
Thomas Cook CCCC	Recruitment plan in place for current vacancies however staff moved around to ensure that patient safety is not affected.
Brunel	HCA vacancy recruited to ensure HCA up to establishment on day shifts as well as night duty
Rays Of Sunshine	Additional staffing due to patient being specialised.
Paediatric Short Stay	Recruitment plan in place for current vacancies however staff moved around to ensure that patient safety is not affected.
Kinnier Wilson HDU	HCA vacancy but only use HCA bank if specialising or cover band 5 sickness if RN not available. Also continental travel nurses awaiting pin are paid and work as an HCA.
Liver Intensive Care Unit	HCA underfilled -safe in ITU setting, nursing hours increased reflecting the increased acuity.

HCA and RN staffing levels – Lower than Planned - July

Division	Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels
Cardiac	Sam Oram	Additional HCAs used due to increased specialising requirements.
Children's	Thomas Cook CCCC	HCA vacancy
Children's	Rays Of Sunshine	PP patient specialised
Haematology	ELF & LIBRA Ward	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Haematology	Derek Mitchell Unit	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Haematology	Waddington	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Haematology	Davidson	The additional HCAs in haem have been used to compensate where RN shifts are unfilled and/ or to special patients
Liver and Renal	Dawson	Dawson ward has higher number of HCAs as they use HCA to supplement the RNs due to vacancy and long term sickness. The ward operates moderately safe depending on the acuity of the patients.
Liver and Renal	Fisk and Cheere Ward	Fisk and Cheere ward has higher number of HCAs as they use HCAs to supplement the RNs due to vacancies. The ward operates moderately safe depending on the acuity of the patients.
Liver and Renal	Howard Ward	Howard has a very low RN fill rate due to vacancies on the ward. We have covered most of the nights but the days have not been filled. We have left the days short due to the fact the ward manager works early shifts Monday to
Liver and Renal	Liver Intensive Care Unit	For LITU the staffing level was safe, ongoing HCA recruitment for 1.4 wte , we do not back fill the vacancy .
Neuro	David Marsden	Increased use of HCA's is due to 3 patients needing specialising and backfilling RN vacancies with HCA when unable to fill RN bank shifts.
Neuro	Kinnier Wilson	Vacancies, mat leave at RN level. Generally filled with bank HCA Frequent need for HCA specials especially
Neuro	Kinnier Wilson HDU	There is currently a vacancy for a HCA - however staff are moved to ensure that patient safety is not affected.
Surgery	Lister	Large vacancy of RN covered at times by CSW. Again CSW increased for specialising.
Surgery	Coptcoat Ward	Opened new 10 bedded unit had to recruit agency nurses
Surgery	Katherine Monk	Increased need for patients that need specialising by CSW & RMN has a vacancy of 11RN. Having to cover other
TEAM	Marjorie Warren	Ward operating at safe staffing levels (amber / green). Additional HCA staffing at night to support 1:1 care
TEAM	Byron	Ward operating at safe staffing levels (amber) with occasional red shifts. Additional HCA staffing at night to
TEAM	Lonsdale	Ward operating at safe staffing levels (amber / green). Additional HCA staffing at night to support 1:1 care

HCA and RN staffing levels – Lower than Planned – June

Division	Ward	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Cardiac	PRUH - Coronary Care Unit (CCU)	Additional HCAs required to support the Confused patient's.
CCTD	Intensive Care Unit	Some sickness amongst HCAs, not all shifts backfilled by NHSP however staff moves ensured patient safety was not affected.
Children's	Special Care Baby Unit	Awaiting new HCA starters - ward operating safely with the current numbers
Children's	Children's Ward	Awaiting new HCA starters - ward operating safely with the current numbers
LRS	Boddington (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
LRS	Quebec (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
Network	Ontario (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
Network	HASU - Hyper Acute Stroke Unit	There are vacancies that exist for HCAs however the ward manager and TIA nurse have supported where possible to ensure patient care is not affected.
Neuro	Frank Cooksey	Vacancies within the HCAs however staff were moved around to ensure that patient safety was not affected.

HCA and RN staffing levels – Lower than Planned – July

Division	Ward	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
CCTD	Intensive Care Unit	6 night shifts not covered by HCA due to sickness and mandatory training. Shifts assessed individually as to whether NHSP backfilling required to ensure safe staffing
Children's	Special Care Baby Unit	Currently awaiting HCA's to start - ward operating safely with regard to number of patients, acuity and staffing levels
Children's	Children's Ward	Currently awaiting HCA's to start - ward operating safely with regard to number of patients, acuity and staffing levels
LRS	Boddington (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
LRS	Quebec (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
LRS	Surgical Ward 4	There is currently someone on Mat leave and we have moved staff around when required to ensure patient safety is not affected.
Network	Ontario (ORP)	We adjust staffing due to patient numbers and generally the reduced staffing is because we have a lower number of patients on the ward.
Network	Stroke Unit	Ward operating safely -Lower RN number reflect vacancies -using HCA to maximize care safety.
TEAM	Farnborough Ward	Lower RN usage at night is due to reduction of beds from 25 - 20 and therefore skill mixed with additional HCAs instead.
Women's	Maternity Unit (PRU)	The lower actual RN numbers at night reflect sickness and also staff being taken

This is calculated by taking the Actual hours of Day and Night combined for each staff type and dividing by the number of patients on the ward at 23:59 – June 2016

Division	Ward Name	% Average fill rate RN - Day	% Average Fill rate HCA - Day	% Average fill rate RN - Night	% Average Fill rate HCA - Night	Patients at Midnight 23:59	Registered midwives/nurses	Care Staff	Overall
TEAM	Annie Zunz	95%	115%	99%	147%	735	6.0	3.0	9.0
Women's	Brunel	94%	81%	100%	100%	470	4.8	1.9	6.7
TEAM	Byron	87%	103%	76%	113%	910	3.5	2.5	6.0
CCTD	Christine Brown CCU	98%	90%	96%	100%	511	23.4	1.3	24.7
Surgery	Coptcoat Ward	79%	120%	89%	122%	379	5.8	1.9	7.7
Cardiac	Cotton	92%	125%	95%	256%	787	3.6	3.1	6.7
Neuro	David Marsden	87%	149%	85%	156%	962	4.1	4.3	8.4
Haematology	Davidson	85%	93%	86%	138%	518	5.2	2.2	7.4
Liver and Renal	Dawson	78%	140%	85%	143%	665	3.7	2.8	6.5
Haematology	Derek Mitchell Unit	83%	103%	98%	100%	429	5.8	1.7	7.5
Cardiac	DH - Coronary Care Unit (Sam Oram)	99%	102%	100%	800%	216	9.5	2.0	11.5
Children's	DH-The Children's Surgical Ward	92%	93%	97%	133%	551	7.5	1.4	8.9
TEAM	Donne	96%	99%	98%	132%	920	3.5	3.0	6.5
Haematology	ELF & LIBRA Ward	86%	86%	89%	142%	489	5.7	2.2	7.9
Liver and Renal	Fisk and Cheere Ward	81%	126%	83%	124%	646	5.9	3.0	8.9
CCTD	Frank Stansil Critical Care	108%	100%	99%	107%	372	25.1	1.8	26.9
Private Patients	Guthrie Ward	86%	97%	99%	100%	468	6.1	1.4	7.5
Liver and Renal	Howard Ward	94%	108%	98%	103%	490	4.6	2.3	6.9
CCTD	Jack Steinberg Critical Care	102%	100%	102%	93%	534	22.5	1.2	23.7
Surgery	Katherine Monk	88%	116%	85%	145%	653	6.5	4.8	11.3
Neuro	Kinnier Wilson	99%	117%	91%	140%	624	4.7	3.5	8.2
Neuro	Kinnier Wilson HDU	102%	41%	103%	33%	330	12.4	0.3	12.7
Surgery	Lister	80%	153%	76%	138%	830	3.7	2.5	6.2
Liver and Renal	Liver Intensive Care Unit	107%	63%	102%	45%	439	29.5	0.6	30.1
TEAM	Lonsdale	86%	92%	91%	104%	682	4.8	2.6	7.4
TEAM	Marjorie Warren	79%	133%	102%	152%	921	3.7	3.5	7.2
TEAM	Mary Ray	103%	124%	87%	135%	899	3.6	2.8	6.4
TEAM	Matthew Whiting	91%	102%	100%	110%	494	4.4	3.1	7.5
Neuro	Murray Falconer	91%	92%	97%	99%	821	4.9	2.4	7.3
Children's	Neonatal Intensive Care Unit	125%	100%	122%	100%	943	12.9	0.0	12.9
TEAM	Oliver	88%	98%	94%	120%	921	3.3	2.4	5.7
Children's	Paediatric Short Stay	100%	73%	102%	93%	127	11.0	4.5	15.5
Women's	Postnatal William Gilliat	92%	98%	103%	98%	1351	3.7	2.2	5.9
TEAM	R D Lawrence	95%	106%	95%	100%	745	5.7	2.6	8.3
Children's	Rays Of Sunshine	95%	163%	104%	43%	492	7.9	1.4	9.3
Cardiac	Recovery Ward	94%	100%	94%	100%	90	28.0	0.1	28.1
Cardiac	Sam Oram	90%	108%	88%	180%	527	4.0	2.4	6.4
Neuro	The Friends Stroke Unit	98%	115%	99%	117%	809	7.0	3.4	10.4
Children's	Thomas Cook CCCC	94%	90%	95%	83%	391	20.0	1.5	21.5
Liver and Renal	Todd	104%	99%	96%	98%	638	5.6	2.5	8.1
Children's	Toni & Guy	90%	144%	93%	225%	371	9.2	2.0	11.2
Surgery	Trundle	98%	113%	100%	131%	437	5.3	4.8	10.1
Surgery	Twining	97%	102%	86%	122%	770	3.7	3.1	6.8
Cardiac	V&A HDU Ward	96%	100%	97%	107%	326	8.8	2.2	11.0
Cardiac	Victoria & Albert	107%	145%	99%	133%	519	4.9	1.2	6.1
Haematology	Waddington	82%	130%	94%	500%	279	6.6	1.8	8.4

This is calculated by taking the Actual hours of Day and Night combined for each staff type and dividing by the number of patients on the ward at 23:59 – July 2016

Division	Ward Name	% Average fill rate RN - Day	% Average Fill rate HCA - Day	% Average fill rate RN - Night	% Average Fill rate HCA - Night	Patients at Midnight 23:59	Registered midwife s/ nurses	Care Staff	Overall CHPPD	No. of Beds
TEAM	Annie Zunz	92%	117%	98%	130%	731	6.0	3.1	9.1	28
Women's	Brunel	93%	90%	96%	109%	466	4.8	2.2	7.0	18
TEAM	Byron	81%	100%	74%	118%	902	3.7	2.7	6.4	30
CCTD	Christine Brown CCU	98%	94%	98%	90%	525	24.0	1.2	25.2	17
Surgery	Coptcoat Ward	73%	183%	92%	181%	416	5.2	2.5	7.7	15
Cardiac	Cotton	91%	120%	94%	202%	778	3.8	3.1	6.9	26
Neuro	David Marsden	76%	150%	83%	161%	941	3.9	4.7	8.6	31
Haematology	Davidson	87%	100%	82%	138%	519	5.3	2.4	7.7	17
Liver and Renal	Dawson	72%	170%	78%	141%	610	3.8	3.7	7.5	21
Haematology	Derek Mitchell Unit	83%	147%	98%	184%	425	6.0	2.9	8.9	14
Cardiac	DH - Coronary Care Unit (Sam Oram)	97%	115%	99%	500%	215	9.7	2.1	11.8	8
Children's	DH-The Children's Surgical Ward	89%	100%	95%	100%	584	7.3	1.4	8.7	21
TEAM	Donne	90%	101%	98%	121%	923	3.5	3.2	6.7	30
Haematology	ELF & LIBRA Ward	83%	86%	92%	139%	464	6.0	2.4	8.4	16
Liver and Renal	Fisk and Cheere Ward	83%	139%	85%	159%	775	5.2	3.0	8.2	29
CCTD	Frank Stansil Critical Care	108%	93%	97%	103%	402	24.1	1.7	25.8	30
Private Patients	Guthrie Ward	89%	100%	95%	100%	510	5.8	1.4	7.2	21
Liver and Renal	Howard Ward	84%	102%	100%	91%	513	4.3	1.9	6.2	16
CCTD	Jack Steinberg Critical Care	101%	97%	102%	94%	527	23.4	1.3	24.7	16
Surgery	Katherine Monk	80%	119%	77%	164%	672	5.9	5.2	11.1	28
Neuro	Kinnier Wilson	89%	117%	79%	159%	608	4.4	4.0	8.4	20
Neuro	Kinnier Wilson HDU	97%	43%	100%	300%	335	12.5	0.4	12.9	11
Surgery	Lister	72%	165%	89%	160%	842	3.6	2.9	6.5	25
Liver and Renal	Liver Intensive Care Unit	97%	0%	97%	14%	415	30.4	0.6	31.0	19
TEAM	Lonsdale	85%	106%	86%	118%	686	4.7	2.9	7.6	25
TEAM	Marjorie Warren	80%	111%	95%	132%	933	3.4	3.5	6.9	30
TEAM	Mary Ray	95%	124%	89%	134%	905	4.0	3.1	7.1	30
Neuro	Murray Falconer	95%	130%	93%	128%	932	4.6	2.9	7.5	31
Children's	Neonatal Intensive Care Unit	119%	400%	119%	200%	1006	12.3	0.1	12.4	34
TEAM	Oliver	94%	104%	98%	103%	891	3.6	2.5	6.1	30
Children's	Paediatric Short Stay	102%	110%	102%	116%	125	11.4	6.3	17.7	6
Women's	Postnatal William Gilliat	89%	104%	98%	111%	1553	3.2	2.2	5.4	48
TEAM	R D Lawrence	98%	107%	103%	115%	746	6.2	2.6	8.8	28
Children's	Rays Of Sunshine	98%	166%	102%	66%	513	7.8	1.6	9.4	19
Cardiac	Recovery Ward	99%	100%	98%	100%	127	20.2	0.0	20.2	17
Cardiac	Sam Oram	88%	133%	84%	230%	527	4.2	3.3	7.5	17
Neuro	The Friends Stroke Unit	100%	105%	99%	108%	767	7.7	3.4	11.1	29
Children's	Thomas Cook CCCC	91%	77%	94%	65%	380	20.9	1.3	22.2	15
Liver and Renal	Todd	91%	93%	94%	106%	620	5.6	2.7	8.3	22
Children's	Toni & Guy	88%	175%	94%	2600%	371	9.6	2.3	11.9	15
Surgery	Trundle	93%	102%	90%	127%	455	4.8	4.4	9.2	16
Surgery	Twining	94%	94%	90%	133%	773	4.0	3.4	7.4	26
Cardiac	V&A HDU Ward	99%	90%	98%	100%	347	8.7	1.9	10.6	10
Cardiac	Victoria & Albert	99%	155%	98%	175%	516	4.8	1.4	6.2	18
Haematology	Waddington	85%	132%	91%	900%	276	6.8	2.1	8.9	9

This is calculated by taking the Actual hours of Day and Night combined for each staff type and dividing by the number of patients on the ward at 23:59 – June 2016

Division	Ward	% Average fill rate RN/RM Day	% Average Fill rate HCA - Day	% Average fill rate RN/RM Night	% Average Fill rate HCA - Night	Patients at Midnight 23:59	Registered midwives/ nurses	Care Staff	Overall	No. of Beds
LRS	Boddington (ORP)	71%	61%	70%	68%	435	4.6	2.6	7.2	24
Network	Chartwell Unit	96%	95%	97%	102%	369	5.4	3.1	8.5	12
Children's	Children's Ward	102%	68%	96%	72%	309	7.6	1.4	9.0	12
TEAM	Darwin 1 (S1)	95%	98%	99%	131%	575	3.9	5.4	9.3	20
TEAM	Darwin 2 (S2)	100%	100%	99%	102%	609	3.4	4.5	7.9	20
TEAM	Emergency Assessment Unit (EAU)	101%	99%	99%	93%	736	5.5	3.5	9.0	28
TEAM	Farnborough Ward	115%	99%	119%	101%	771	3.5	3.0	6.5	25
Neuro	Frank Cooksey	101%	80%	103%	92%	447	3.9	3.3	7.2	15
Network	HASU - Hyper Acute Stroke Unit	98%	83%	94%	104%	386	10.2	3.2	13.4	20
CCTD	Intensive Care Unit	101%	87%	102%	63%	247	25.6	2.1	27.7	10
Women's	Maternity Unit (PRU)	96%	94%	87%	89%	652	4.8	2.5	7.3	30
TEAM	Medical Ward 1	102%	111%	100%	109%	352	5.8	3.2	9.0	12
TEAM	Medical Ward 2	101%	98%	106%	107%	546	3.8	3.1	6.9	20
TEAM	Medical Ward 3	99%	97%	100%	100%	595	3.9	3.9	7.8	20
TEAM	Medical Ward 4	92%	92%	100%	106%	554	3.9	4.1	8.0	20
TEAM	Medical Ward 6	104%	118%	113%	115%	569	4.5	3.7	8.2	20
TEAM	Medical Ward 7	85%	99%	100%	98%	572	3.6	3.0	6.6	20
Cardiac	Medical Ward 8	100%	97%	101%	98%	597	3.5	2.2	5.7	20
TEAM	Medical Ward 9	97%	98%	97%	94%	757	5.3	3.5	8.8	28
Network	Ontario (ORP)	89%	69%	103%	97%	463	3.5	3.0	6.5	20
Cardiac	PRUH - Coronary Care Unit (CCU)	74%	300%	100%	500%	329	6.9	0.5	7.4	12
LRS	Quebec (ORP)	82%	86%	84%	72%	131	11.1	6.5	17.6	19
Children's	Special Care Baby Unit	96%	36%	96%	36%	198	10.0	1.1	11.1	12
Network	Stroke Unit	98%	101%	87%	110%	786	3.1	2.6	5.7	20
LRS	Surgical Ward 3	97%	103%	101%	105%	507	4.6	2.8	7.4	20
LRS	Surgical Ward 4	117%	113%	111%	94%	396	4.4	3.2	7.6	14
LRS	Surgical Ward 5	101%	92%	100%	100%	807	3.9	2.1	6.0	28
LRS	Surgical Ward 6	99%	103%	100%	98%	574	4.1	2.4	6.5	20
LRS	Surgical Ward 7	96%	102%	98%	101%	805	3.7	3.4	7.1	28
Women's	Surgical Ward 8	99%	99%	96%	99%	440	5.1	2.3	7.4	16

This is calculated by taking the Actual hours of Day and Night combined for each staff type and dividing by the number of patients on the ward at 23:59 – July 2016

Division	Ward	% Average fill rate RN/RM - Day	% Average Fill rate HCA - Day	% Average fill rate RN/RM - Night	% Average Fill rate HCA - Night	Patients at Midnight 23:59	Registered midwives/ nurses	Care Staff	Overall CHPPD	No. of Beds
LRS	Boddington (ORP)	79%	71%	85%	60%	330	6.3	3.2	9.5	24
Network	Chartwell Unit	96%	95%	99%	103%	361	5.8	2.9	8.7	12
Children's	Children's Ward	102%	31%	102%	17%	290	8.2	0.5	8.7	12
TEAM	Darwin 1 (S1)	86%	105%	100%	129%	618	3.5	5.4	8.9	20
TEAM	Darwin 2 (S2)	101%	103%	100%	116%	614	3.5	5.0	8.5	20
TEAM	Emergency Assessment Unit (EAU)	95%	106%	99%	99%	737	5.8	3.9	9.7	28
TEAM	Farnborough Ward	89%	179%	75%	300%	613	3.8	3.8	7.6	20
Neuro	Frank Cooksey	98%	94%	98%	106%	458	3.9	4.4	8.3	15
Network	HASU - Hyper Acute Stroke Unit	96%	97%	91%	108%	385	10.2	3.8	14.0	20
CCTD	Intensive Care Unit	110%	106%	114%	81%	297	24.2	2.2	26.4	10
Women's	Maternity Unit (PRU)	98%	87%	76%	95%	630	5.5	2.6	8.1	30
TEAM	Medical Ward 1	104%	106%	103%	105%	358	6.4	3.6	10.0	12
TEAM	Medical Ward 2	97%	102%	101%	113%	609	3.4	3.0	6.4	20
TEAM	Medical Ward 3	92%	94%	103%	104%	610	3.9	4.0	7.9	20
TEAM	Medical Ward 6	101%	121%	101%	133%	605	3.6	3.7	7.3	20
TEAM	Medical Ward 7	93%	96%	101%	106%	622	3.5	2.9	6.4	20
Cardiac	Medical Ward 8	102%	94%	101%	102%	611	3.6	2.2	5.8	20
TEAM	Medical Ward 9	95%	93%	97%	98%	747	5.5	3.6	9.1	28
Network	Ontario (ORP)	86%	80%	98%	102%	472	3.4	3.3	6.7	20
Cardiac	PRUH - Coronary Care Unit (CCU)	98%	175%	101%	400%	350	6.9	0.4	7.3	12
LRS	Quebec (ORP)	80%	84%	90%	78%	264	5.8	3.3	9.1	19
Children's	Special Care Baby Unit	98%	80%	102%	50%	254	8.3	1.8	10.1	12
Network	Stroke Unit	95%	101%	77%	123%	800	3.1	2.7	5.8	20
LRS	Surgical Ward 3	95%	98%	98%	102%	490	5.0	2.9	7.9	20
LRS	Surgical Ward 4	102%	100%	108%	73%	417	4.5	3.0	7.5	14
LRS	Surgical Ward 5	98%	92%	98%	112%	809	3.9	2.3	6.2	28
LRS	Surgical Ward 6	94%	105%	100%	103%	590	4.0	2.5	6.5	20
LRS	Surgical Ward 7	97%	98%	95%	100%	816	3.8	3.4	7.2	28
Women's	Surgical Ward 8	93%	98%	99%	118%	414	5.6	2.7	8.3	16