

Monthly Nurse Staffing Report (October 2016)

6th December 2016
Board Meeting



KING'S HEALTH PARTNERS

Report to:	Board Directors
Date of meeting:	6th December 2016
Subject:	Monthly Unify Staffing Report (October 2016)
Author(s):	Maria Donbavand
Presented by:	Shelley Dolan
Sponsor:	Shelley Dolan
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. The NHS England Quality Board have asked all NHS Trust Boards to receive monthly information on nurse staffing (NQB 2015). 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:	Good nursing is a key part of multidisciplinary care and is an essential component of ensuring safe, efficient care with a positive patient experience.
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 on the Nursing and Midwifery staffing levels across the Trust during **October 2016** and provides details of the actual hours of Nursing, Midwifery and Health Care Assistant (HCA) on day and night shifts versus planned staffing levels.

Care Hours Per Patient Day (CHPPD) are also being collected as mandated by NHS England (2016) and will be compared to other London Trusts when the data is available.

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 provides the optimum **planned** number of staff per shift.
- For each of the **76** clinical inpatient areas in October, the **actual** number of staff as a percentage of the planned number is recorded. The overall figures are shown below.
- This illustrates that the average fill rate at the Denmark Hill site is below the 95% informal benchmark of Foundation Trusts and below other Shelford group Trusts. Although shift by shift there is good practice in trying to ensure each shift is safe it is essential that every effort is made to recruit and retain staff so that Kings is able to demonstrate averages above 95%. The Director of Workforce and team are leading an innovative recruitment and retention strategy to improve nurse staffing across all Kings sites.

Safer Staffing Fill rate - October 2016		
Site	Day and Night	
	% Average fill rate RN	% Average Fill rate HCA
Denmark Hill	93%	126%
PRUH	98%	121%

At Denmark Hill

In **October** there were **21** 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

In **October** there were **3** 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)*

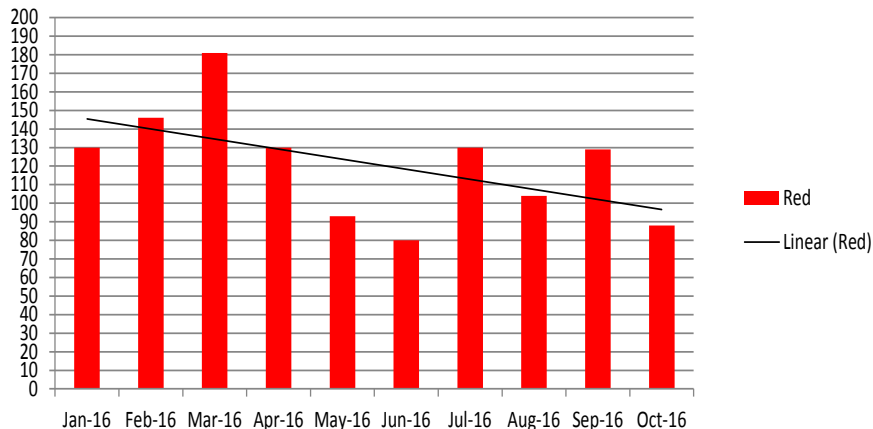
Understaffing

- Across the Trust aggregate staffing levels for Registered nurses fell below 95% (NHS E benchmark) with an aggregate average of 93%. 26 wards had actual staffing of below 85% over the month (Appendix 1 + 2) highlights the reasons for this and how the shift was made safe, all such instances are reported on the red shift reporting system.
- 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 (NICE 2015). In total there were **109 Red shifts** declared in **October**. 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 area is required to maintain safety.

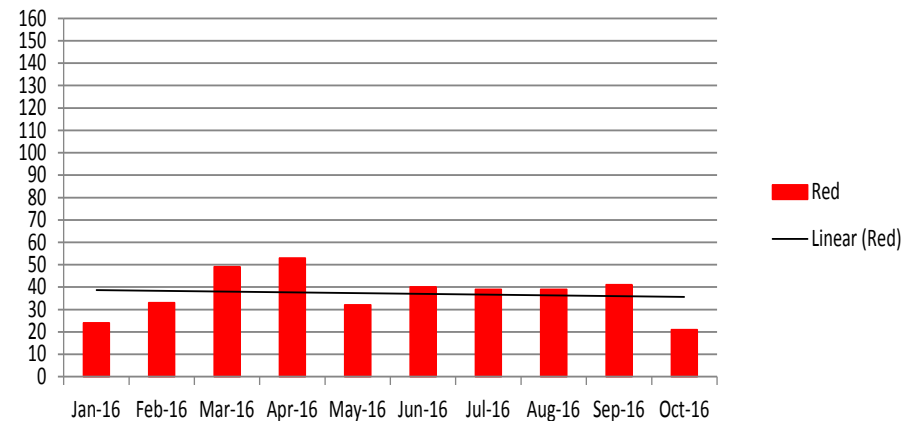
There are instances of hours exceeding those planned usually in relation to HCAs with the following reasons:

- 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 and therefore HCAs
- HCA usage is increased to minimise the impact of reduced RN fill rates

No. of Red Shifts between Jan 16 - Oct 16
Denmark Hill



No. of Red Shifts between Jan 16 - Oct 16
PRUH



ACTION REQUIRED

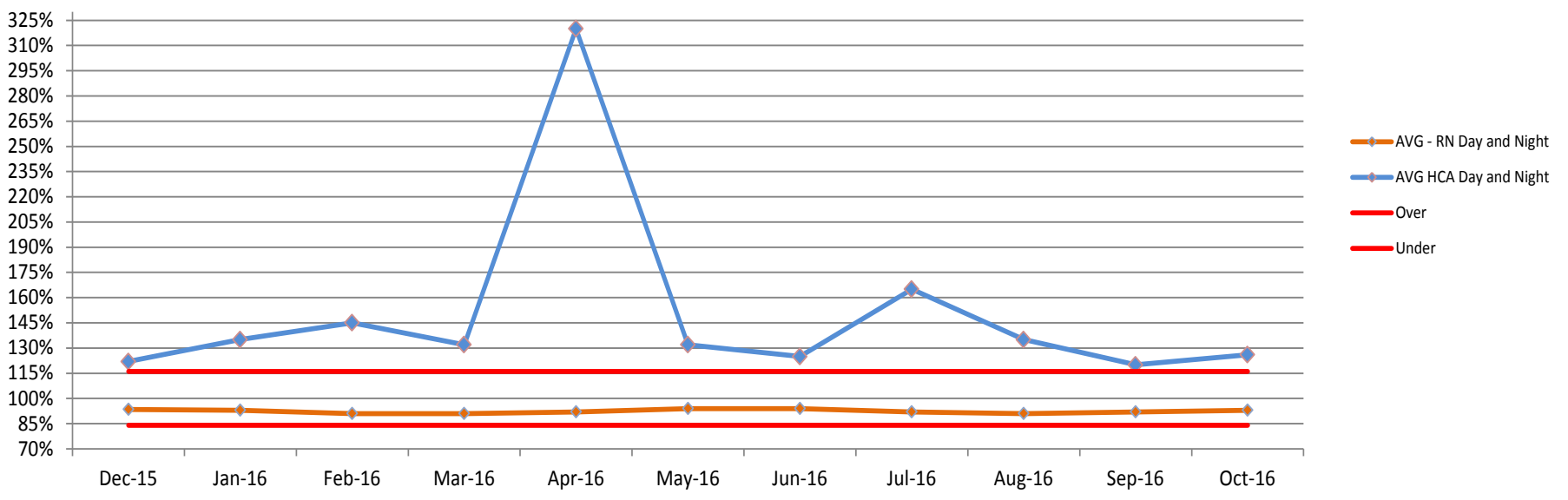
- The Board is asked to note the report.

The summary below is based on 47 in-patient wards across the Denmark Hill site for October.

- RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **October** was 7% below plan. This is an increase of 1% compared to the previous month.
- HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **October** was 26% above plan. This is an increase of 6% from the previous month.

Safe Staffing levels - taken from NHS choices - 30.11.2016	
Hospital	% Against Planned (RNs) Day/Night
St Thomas Hospital	98%
Imperial (St Mary's)	97%
Kings College Hospital - DH	93%

Planned vs Actual by month - Denmark Hill



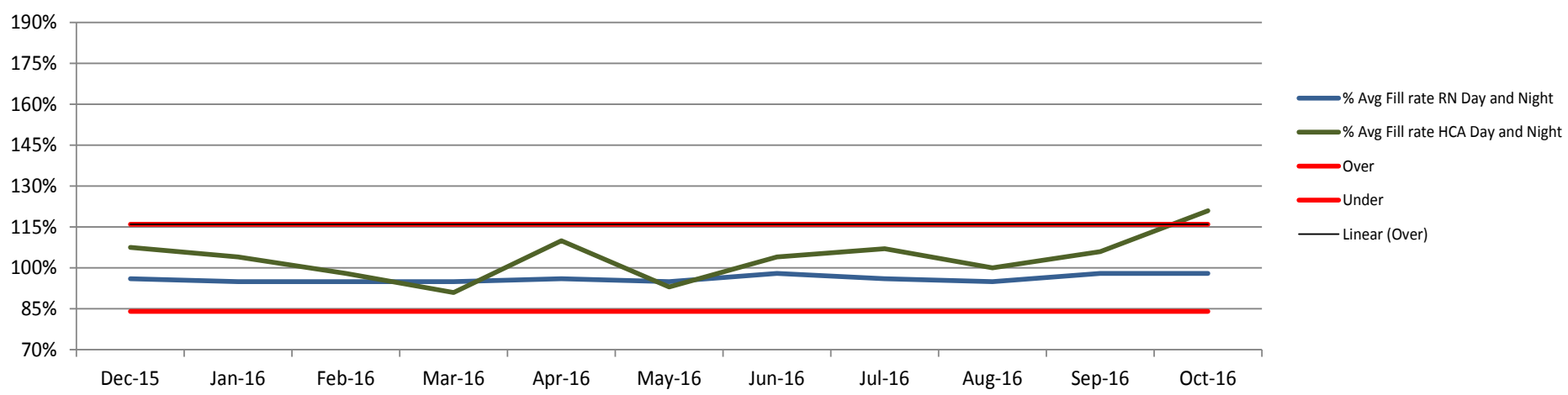


The summary below is based on 29 in-patient wards across the PRUH site in October.

- ❑ **RN Day and Night Shift** - The overall planned versus actual RN nursing hours for **October** was 2% below plan. This is the same as the previous month.
- ❑ **HCA Day and Night Shift** - The average overall planned versus actual HCA nursing hours for **October** was 21% above plan. This is an increase of 15% compared to the previous month.
- ❑ On the following slides the CHPPD is set in the context of patient care for the month of October there are no apparent patient safety or experience issues at the PRU. At DH there are issues on the medical wards including complaints, PUs, low FFT numbers and poor scores. These areas are being actively addressed as part of a formal review.

Safe Staffing levels - taken from NHS choices - 30.11.2016	
Hospital	% Against Planned (RNs) Day/Night
Croydon University Hospital	95%
University Hospital Lewisham	98%
Kings College Hospital - PRUH	98%

Planned Vs Actual by month - PRUH



Division	Specialty	Cost Centre	Ward	C2C	Est	Total Vacancy	%vac/abs	% of B+A Vs Est	Acuity data	occupancy	CHPPD			Rag Shift Status		Pressure Ulcers			Falls			Infections			Complaints/Survey			Beds	
Division	Specialty	Cost Centre	Ward	C2C	Sept (Oct not available)						RMs/RNs	Care Staff	Overall CHPPD	Red	Amber	Grade 2	Grade 3	Grade 4	Minor	Mod	Major	MRSA	CDIFF	UTIs	E Coli	No. of Complaints	Resp rate % FFT	Recomm end (%)	Beds
LRS	Surgery	2337	Lister	1	40.38	11.26	30%	37%	38.65	95%	4.1	2.3	6.4	0	11	1	0	0	0	0	0	0	0	0	0	1	34%	97%	29
LRS	Surgery	2977	Coptcoat	3	43.15	8.46	35%	34%	16.78	95%	5.3	2.5	7.8	0	4	0	0	0	0	0	0	0	0	0	0	0	58%	100%	15
LRS	Surgery	2578	Trundle	3	33.00	-6.07	23%	4%	24.92	94%	4.8	4.3	9.1	0	8	2	0	0	0	0	0	0	0	0	0	0	69%	100%	16
LRS	Surgery	2841	Twining	n/a	0.00	-3.00	#DIV/0!	#DIV/0!	39.89	100%	3.7	2.6	6.3	2	24	1	0	0	0	0	0	0	0	0	0	0	19%	94%	26
LRS	Surgery	2842	K. Monk ASU	0	49.74	9.03	30%	0%	36.93	97%	5.7	4.5	10.2	1	33	4	0	0	2	0	0	0	0	0	0	0	41%	100%	28
LRS	Surgery	n/a	Short Stay SU	n/a	0.00	0.00	#DIV/0!	#DIV/0!	6.40	61%	8.3	3.3	11.6	0	10	0	0	0	0	0	0	0	0	0	0	0	0%	0%	21
LRS	Liver/Renal	2198	Todd	3	41.04	3.52	17%	12%	32.43	100%	5.9	2.7	8.6	0	10	1	0	0	0	0	0	0	0	0	0	0	36%	100%	22
LRS	Liver/Renal	2186	Dawson	3	35.35	4.13	21%	17%	30.58	98%	4.5	3.5	8.0	3	22	1	0	0	0	0	0	0	0	0	0	0	60%	89%	21
LRS	Liver/Renal	2195	LITU	n/a	100.65	10.36	25%	16%	n/a	n/a	29.8	0.9	30.7	0	2	4	1	0	0	0	0	0	0	0	0	0	n/a	n/a	19
LRS	Liver/Renal	2302	Fisk	2	49.80	13.19	41%	18%	44.70	89%	5.2	2.4	7.6	2	22	0	0	0	2	0	0	0	0	0	1	0%	100%	16	
LRS	Liver/Renal	2946	Cheere	2	49.80	13.19	41%	18%	44.70	89%	5.2	2.4	7.6	2	22	0	0	0	2	0	0	0	0	0	0	0	0%	0%	14
LRS	Liver/Renal	2854	Howard	2	25.18	3.34	17%	24%	21.60	100%	4.6	3.0	7.6	1	6	0	0	0	1	0	0	0	0	0	0	0	65%	97%	16
NS	Haematology	2215	DMU	n/a	26.65	-0.27	23%	27%	24.82	100%	6.2	3.6	9.8	1	10	0	0	0	0	0	0	0	0	0	1	0	29%	83%	14
NS	Haematology	2618	Davidson	n/a	31.79	8.22	26%	33%	26.65	100%	6.1	1.8	7.9	0	26	0	0	0	0	0	0	0	0	0	0	0	17%	100%	17
NS	Haematology	2899	Waddington	n/a	17.39	1.09	31%	22%	14.14	100%	7.3	1.6	8.9	0	11	0	0	0	0	0	0	0	0	0	0	0	71%	100%	9
NS	Haematology	2888/2817	Elf & Libra	n/a	31.79	3.97	27%	25%	26.65	98%	6.2	2.0	8.2	0	20	0	0	0	0	0	0	0	1	n/a	0	0	0%	0%	16
TEAM	TEAM	2206	Byron	n/a	42.64	4.52	22%	27%	50.27	100%	3.4	2.9	6.3	8	40	0	0	0	1	0	1	0	0	0	0	0	33%	96%	30
TEAM	TEAM	2238	Donne	0	45.20	7.59	29%	31%	49.66	96%	3.4	3.0	6.4	10	29	0	0	0	0	0	0	0	0	0	0	0	54%	93%	30
TEAM	TEAM	2497	Lonsdale	2	40.08	4.28	26%	17%	28.27	94%	4.4	2.4	6.8	7	34	0	0	0	1	0	0	0	0	0	0	0	56%	95%	25
TEAM	TEAM	2239	M. Warren	n/a	45.20	8.00	24%	20%	50.24	97%	3.5	3.0	6.5	2	31	0	0	0	1	0	1	0	0	0	0	1	50%	92%	30
TEAM	TEAM	2935	Mary Ray	0	42.64	4.89	18%	26%	48.18	100%	3.9	3.0	6.9	4	20	1	1	0	1	0	0	0	0	0	0	0	21%	87%	30
TEAM	TEAM	2211	Oliver	2	42.64	6.77	30%	38%	38.46	100%	3.9	2.4	6.3	9	44	0	0	0	0	0	0	0	0	0	0	0	22%	82%	30
TEAM	TEAM	2336	Mathew Whiting (ACH)	1	0.00	0.00	#DIV/0!	#DIV/0!	27.53	82%	4.3	2.4	6.7	3	15	0	0	0	0	0	0	0	0	0	0	0	0%	0%	26
TEAM	TEAM	2202	AZ	n/a	51.11	10.32	18%	22%	no data	n/a	5.0	2.7	7.7	17	33	0	0	0	0	0	0	0	0	0	0	0	32%	97%	28
TEAM	TEAM	2794	RDL AMU	3	51.71	14.27	30%	32%	34.79	98%	5.2	2.5	7.7	11	25	0	0	0	2	0	0	0	0	0	0	0	26%	94%	28
NS	Cardiac		V&A	n/a					23.13	99%	4.0	1.0	5.0	0	17	1	0	0	0	0	0	0	1	n/a	0	1	11%	100%	18
NS	Cardiac	2160	HDU	n/a	75.36	14.90	55%	18%	n/a	n/a	9.7	2.4	12.1	0	6	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	10
NS	Cardiac		CRU	n/a					n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	0
NS	Cardiac		Sam Oram	2	44.88	1.69	28%	15%	4.6	2.3	6.9	3	12	1	0	0	0	0	1	0	0	0	0	0	0	0	30%	100%	17
NS	Cardiac	2153	Sam Oram CCU	n/a					34.20	98%	9.8	1.7	11.5	0	2	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	8
NS	Cardiac	2158	Cath lab	n/a	28.53	1.50	33%	7%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	1	n/a	n/a	n/a
NS	Cardiac	2344	Cotton	n/a	36.07	5.02	35%	28%	37.55	99%	3.8	2.1	5.9	0	6	0	0	0	2	0	0	0	0	0	0	0	0%	0%	26
W+C	Women's	2283	Brunel	1	27.82	3.41	28%	23%	17.31	97%	4.6	2.0	6.6	0	0	0	0	0	0	0	0	0	0	0	0	0	42%	88%	18
W+C	Women's	2294	W. Gilliat	n/a	59.44	-0.07	33%	19%	n/a	n/a	3.2	2.0	5.2	0	1	0	0	0	0	0	0	0	0	0	0	2	0%	0%	50
W+C	Women's	2284	NBC	n/a	88.21	7.72	35%	16%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	1	n/a	n/a	23
NS	Neuro	2246	K.Wilson	3	37.12	6.89	16%	12%	32.03	100%	7.0	0.7	7.7	0	18	0	0	0	0	0	0	0	0	0	0	0	43%	100%	20
NS	Neuro	2612	David Marsden	2	55.96	11.89	28%	31%	47.42	99%	4.5	4.4	8.9	0	7	0	0	0	0	0	0	0	0	0	0	0	43%	87%	31
NS	Neuro	2242	MF	n/a	48.38	7.18	25%	20%	34.84	87%	5.0	2.8	7.8	2	11	0	0	0	0	0	0	0	0	0	0	1	26%	87%	31
NS	Neuro	2667	HDU	n/a	34.15	9.31	20%	34%	n/a	n/a	8.8	7.2	16.0	0	8	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	11
NS	Neuro	2225	Friends	n/a	61.38	15.74	21%	28%	44.55	96%	7.2	3.0	10.2	0	53	0	0	0	1	0	0	0	0	0	0	0	47%	97%	29
W+C	Children	2167	T&G	n/a	32.79	1.50	41%	19%	n/a	n/a	8.9	1.5	10.4	0	44	0	0	0	0	0	0	0	0	0	0	0	26%	96%	15
W+C	Children	2171	RoS	n/a	38.92	1.49	26%	3%	n/a	n/a	9.0	1.5	10.5	0	1	0	0	0	0	0	0	0	0	0	0	0	29%	91%	18
W+C	Children	2177	Children's surgical Ward (Lion/PE)	n/a	45.75	4.00	27%	7%	39.00	100%	7.8	1.5	9.3	1	30	0	0	0	0	0	0	0	0	0	0	0	45%	95%	10
W+C	Children	2173	Thomas Cook CCCC	n/a	73.10	4.49	32%	9%	n/a	n/a	21.3	1.7	23.0	2	10	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	14
W+C	Children	2170	NICU	n/a	101.51	23.47	19%	27%	n/a	n/a	12.2	0.3	12.5	4	16	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	34
W+C	Children	2176	Ambulatory	n/a	13.10	0.03	28%	10%	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	n/a	9
W+C	Children	2989	Paediatric Short Stay Unit	n/a	20.39	1.47	21%	9%	n/a	n/a	11.2	5.2	16.4	0	1	0	0	0	0	0	0	0	0	0	0	0	36%	95%	12
TEAM	Emergency	2776/2237	E D (Adults and Paeds)	n/a	126.99	10.83	30%	8%	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	0	0	0	0	4	n/a	n/a	n/a
CCTD	CCTD	2936	Christine Brown	n/a	100.90	6.01	25%	10%	n/a	n/a																			

Area			C2C		CHPPD							Red Shifts		Pressure Ulcers			Falls			Infections				Complaints/FFT Survey			Beds	
Division	Cost Centre	Wards	C2C	Sept (Oct not available)	Total Vacancy	%vac/a bs	% B+A Vs Est	Acuity	occu-pancy	RMs/RNs	Care Staff	Overall CHPPD	Red	Amber	Grade 2	Grade 3	Grade 4	Minor	Mod	Major	MRSA	CDIFF	UTIs	E Coli	No. of Complaints	Resp rate % FFT	Recom mend (%)	Beds
TEAM	2A24	S1 (Darwin 1)	n/a	35.51	4.63	35%	25%	34.37	100%	3.6	5.2	8.8	0	7	0	0	0	0	0	0	0	0	n/a	0	0	15%	100%	20
TEAM	2A37	S2 (Darwin 2)	2	36.51	5.46	39%	38%	34.05	99%	3.6	4.9	8.5	0	7	2	0	0	1	0	0	0	0	n/a	0	0	13%	100%	20
TEAM	2A68	Medical 1	3	23.69	4.46	35%	40%	21.57	99%	5.9	4.5	10.4	1	8	2	0	0	0	0	0	0	0	n/a	0	1	59%	90%	12
TEAM	2A21	Medical 2	2	29.82	5.45	35%	27%	31.95	100%	3.6	2.9	6.5	0	2	0	0	0	2	0	0	0	0	n/a	0	0	23%	71%	20
TEAM	2A28	Medical 3	1	29.82	7.59	42%	52%	33.25	100%	3.8	4.1	7.9	0	0	2	0	0	1	0	0	0	0	n/a	0	0	46%	91%	20
TEAM	2A23	Medical 4	2	4.13	-17.87	-119%	459%	26.06	100%	3.5	3.7	7.2	0	0	0	0	0	0	0	0	0	0	n/a	0	0	59%	100%	20
TEAM	2A26	Medical 6	2	29.82	6.98	43%	37%	31.84	100%	3.5	3.3	6.8	0	0	0	0	0	0	0	0	0	0	n/a	0	1	20%	100%	20
TEAM	2A27	Medical 7	2	29.82	4.37	34%	41%	31.14	100%	3.5	3.7	7.2	0	2	0	0	0	4	0	0	0	0	n/a	0	0	33%	73%	20
TEAM	2A35	AMU 2 (Med 9)	2	105.99	27.95	47%	25%	45.17	98%	5.5	3.5	9.0	4	14	3	0	0	0	0	0	0	0	n/a	0	0	1%	100%	28
TEAM	2A35	AMU 1 (EAU)						47.10	99%	5.4	3.3	8.7	2	10											0	2%	100%	28
TEAM	2A74	Farnborough	2	29.82	1.06	28%	62%	38.88	100%	4.0	3.4	7.4	0	6	1	0	0	0	0	0	0	0	n/a	0	0	0%	0%	25
Surgery	2A36	Surgical 3	3	29.98	8.22	43%	30%	27.48	96%	4.5	2.6	7.1	0	9	0	0	0	0	0	0	0	0	n/a	0	0	57%	90%	20
Surgery	2A82	Surgical 4	3	24.10	-0.63	18%	25%	20.25	100%	4.2	3.3	7.5	0	4	0	0	0	1	0	0	0	0	n/a	0	0	36%	77%	14
Surgery	2A55	Surgical 5	2	39.48	5.48	34%	16%	43.07	98%	3.9	2.1	6.0	2	34	0	0	0	0	0	1	0	0	n/a	0	0	2%	100%	28
Surgery	2A72	Surgical 6	3	29.22	2.69	31%	23%	27.47	99%	4.2	2.9	7.1	0	2	2	0	0	0	0	0	0	0	n/a	0	1	28%	92%	20
Surgery	2A54	Surgical 7	3	44.61	7.33	43%	26%	45.76	100%	3.6	3.3	6.9	0	4	2	0	0	0	0	0	0	0	n/a	0	1	0%	0%	28
Surgery	2L08	Quebec	n/a	17.90	0.99	37%	6%	4.53	24%	n/a	n/a	n/a	0	5	0	0	0	1	0	0	0	0	n/a	0	2	100%	98%	19
Surgery	2L07	Bodington	2	26.00	9.14	57%	27%	21.40	90%	5.4	2.5	7.9	0	2	0	0	0	0	0	0	0	0	n/a	0	0	60%	97%	24
Network	2L18	Ontario	3	34.50	9.63	53%	24%	36.60	93%	2.9	3.8	6.7	1	11	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	20
Network	2A25	Medical 8	3	45.61	3.24	28%	19%	34.61	100%	3.5	2.3	5.8	0	9	0	0	0	1	1	0	0	0	n/a	0	0	18%	83%	20
Network		CCU						22.95	98%	6.6	0.4	7.0	1	5				0	0	0	0	0	n/a	0	1	7%	100%	12
Network	2A43	Chartwell	2	24.09	6.35	54%	38%	17.90	100%	5.8	3.0	8.8	2	8	0	0	0	1	0	0	0	0	n/a	1	0	2%	100%	12
Network	2A04	Med 5 - S	2	82.98	22.77	45%	16%	43.87	98%	3.2	2.6	5.8	0	0	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	26
Network	2A05	Med 5 - H						22.47	93%	10.6	3.1	13.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	n/a	0
Network	2205	FCRU	2	33.34	8.34	55%	12%	22.87	98%	3.8	3.7	7.5	1	15	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	15
Childrens	2C12	Children's ward	1	23.35	4.52	54%	25%	n/a	n/a	8.1	1.7	9.8	2	16	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	12
Childrens	2C13	SCBU	UD	21.52	2.67	74%	16%	n/a	n/a	7.9	1.6	9.5	3	5	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	12
Women's	2A73	Surgical 8	3	25.19	3.82	35%	30%	18.24	96%	5.2	2.4	7.6	0	3	0	0	0	1	0	0	0	0	n/a	0	0	44%	95%	16
Women's	2C10	2C10 Birthing Centre PRU	n/a	17.06	-2.95	31%	34%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	2	0%	0%	6
Women's	2A95	2A95 PRUH Labour Ward	n/a	77.95	1.50	37%	8%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	0%	0%	10
Women's	2A99	Maternity Ward	UD	37.91	3.74	42%	12%	n/a	n/a	5.3	3.0	8.3	1	7	0	0	0	0	0	0	0	0	n/a	0	1	2%	100%	30
CCTD	2F13	ITU	3	52.70	0.92	31%	9%	n/a	n/a	24.8	1.7	26.5	1	8	0	0	0	0	0	0	0	0	n/a	2	0	n/a	n/a	10
CCTD	2A88	171 Day Surgery Unit	n/a	67.00	6.02	27%	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	2	n/a	n/a	n/a
CCTD	2B62	171 QMS Theatre Staff	n/a	17.00	3.31	38%	6%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2L02/2L03	171 Orpington Orthopaedic Theatre Pay	n/a	32.50	1.47	24%	12%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
CCTD	2A85	171 Theatres Staffing 1 to 6	n/a	93.50	16.55	39%	11%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	0	n/a	n/a	n/a
TEAM - ED	2A01	ED	1	97.23	17.53	42%	24%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0	0	n/a	0	1	n/a	n/a	n/a
Total				1349.65	192.73								21	203	14	0	0	13	1	1	0	0	0	3	13			601

HCA and RN staffing levels – Lower than Planned - October

Division	Ward Name	Review by HON/Matron/Ward where 15% or more of nursing hours did not meet agreed staffing levels (Highlighted in red)
Cardiac	Sam Oram	Increased specialising at night and allocation of ONPs without PINs being allocated onto shifts
CCTD	Frank Stansil Critical Care	There are current HCA vacancies which are being filled by NHSP where possible to ensure patient safety isn't at risk.
CCTD	Christine Brown CCU	We currently have a vacancy of 1.9 wte at HCA grade. Shifts go out to Bank where possible to ensure patient safety is not effected.
CCTD	Jack Steinberg Critical Care	There are currently HCA vacancies which are often filled with bank where possible however to ensure patient safety is not effected - ward manager/matron support clinical.
Children's	Toni & Guy	Additional HCAs used to support the RN vacancies where possible.
Children's	Thomas Cook CCCC	There are currently RN and HCA vacancies on this ward - escalated to Ward Manager and Matron.
Children's	Neonatal Intensive Care Unit	Additional beds are being opened - which ranges from 35-39 which requires additional RNs to support.
Haematology	Davidson	HCAs are slightly lower than planned due to a combination of sickness and unplanned leave however staff moved around where required to ensure patient safety is not effected.
Liver and Renal	Short Stay Surgical Unit	5 1/2 day ward numbers are being supported by Coptcoat.
Liver and Renal	Fisk and Cheere Ward	Extra levels of HCAs used to cover RN vacancies in order to facilitate the ward to function at a safer level
Liver and Renal	Liver Intensive Care Unit	There is a current HCA vacancy which is being recruited to however there is 1:1 nursing in LITU , patient care not effected.
Neuro	Kinnier Wilson HDU	Additional HCAs used for specialising patient at night.
Surgery	Katherine Monk	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not effected and for specialising when required.
Surgery	Lister	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not effected and for specialising when required.
Surgery	Coptcoat Ward	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not effected.
Surgery	Twining	Additional HCAs used to cover RN vacancies where possible to ensure patient safety is not effected and for specialising when required.
TEAM	Annie Zunz	Operating at AMBER nursing levels. Higher requirement for HCA specials at night (new admissions with MH needs). Safe staffing levels reviewed twice daily (7/7) at the Safety Huddle (divisional, 9 wards).
TEAM	Byron	Operating at AMBER nursing levels. Higher requirement for HCA specials to support pateints with delirium / acute confusion. Safe staffing levels reviewed twice daily (7/7) at the Safety Huddle (divisional, 9 wards).
TEAM	Lonsdale	Operating at AMBER nursing levels. Safe staffing levels reviewed twice daily (7/7) at Divisional Safety Huddle

HCA and RN staffing levels – Lower than Planned – October

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	1 HCA vacancy - candidate in pre-employment checks. 1HCA long term sick, not all shifts backfilled by NHSP. Staff moved to maintain safety.
Children's	Children's Ward	There current HCA vacancies and RNs - in order to ensure that patient safety is not affected Ward Manager and Matron support clinical.
Children's	Special Care Baby Unit	There current HCA vacancies and RNs - in order to ensure that patient safety is not affected Ward Manager and Matron support clinical.
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.
Network	Stroke Unit	Additional HCAs used where RN vacancies were not filled to ensure patient safety is not effected.
Network	Hyper Acute Stroke Unit (HASU)	There is a vacancy on this ward however we have ensured senior staff on day shift so that patient safety is not affected.
Women's	Maternity Unit (PRU)	Although the level of absence was exceptionally high for October due to sickness and NMC non-registration, the ward operated at safe staffing levels. Bank shifts booked where possible to ensure an average of 4 qualified staff per night.