

**TRUST PUBLIC BOARD****25 November 2021****Supplementary Information****Nursing and Midwifery Quality and Safety Staffing Report**

<b>Presented for:</b>	Assurance and information
<b>Presented by:</b>	Lisa Grant, Chief Nurse
<b>Author(s):</b>	Lisa Gibson - Head of Nursing Workforce and Education Stuart Pearson - Head of Nursing Professional Practice & Safety Standards Janice Martin - Lead for AHP Adult Therapies
<b>Previous Committees:</b>	None

<b>Trust Goals</b>	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	
Seamless integrated care across organisational boundaries	
Financial sustainability	

Trust Risks (Type & Category)				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk	✓	Workforce Supply Risk - We will deliver safe and effective patient care through having adequate systems and processes in place to ensure the Trust has access to appropriate levels of workforce supply	Cautious	↔ (same)
Operational Risk			Choose an item	Choose an item.
Clinical Risk	✓	We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	↔ (same)
Financial Risk			Choose an item	Choose an item.
External Risk	✓	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law	Averse	↔ (same)

Key points	
1. The Nursing and Midwifery Quality and Safety Staffing supplementary information report for August 2021 and September 2021 is presented for information.	Information
2. Bi annual Allied Health Professionals workforce report is presented for information and assurance.	Information and assurance

## 1. Introduction

The Nursing & Midwifery Quality and Safety Staffing Report is a report that provides a review of nursing and midwifery staffing levels in relation to the safety and quality of care provided. It reports by exception the clinical areas that have fallen below their planned staffing levels and have correspondingly not achieved the required standard within the Ward Healthcheck audit process.

This paper contains additional workforce and Healthcheck information collected for August 2021 and September 2021 and presented in Appendix B.

Also included in this paper in Appendix A is information in the second bi annual report on Allied Health Professionals (AHP) workforce report, including:

- Safe staffing and establishment setting
- Escalation and reporting of safety and quality concerns
- Monitoring of AHP caseloads
- Quality indicators
- Recruitment and retention
- Impact on diagnostic waits

## 2. Summary

The ward/department Healthcheck provides a systematic overview of performance across a range of key areas that influence or reflect the standards of care, patient outcomes and experience of care delivered in LTHT. The Trust reports staffing numbers to NHS England via a monthly Nurse Staffing Return (Hard Truths) for inpatient areas. Data is included for August 2021 and September 2021, any wards that have been closed during the reporting period are excluded from the report.

Information in this report in Appendix B is presented by ward/departments where there is access to the full range of nationally recommended nursing and midwifery workforce indicators to understand how staff capacity and deployment may affect the quality of care delivered.

The Lead AHP for Adult Therapies has provided more detailed information in Appendix A as part of a bi annual report to aid the Board to gain insight and assurance in relation to the processes that are in place to support the AHP workforce.

## 3. Risk

The Workforce Committee provides oversight of the workforce supply and deployment of registered nurses, midwives, operating department practitioner and unregistered workforce. The Quality Assurance Committee provides oversight of the regulatory, quality and safety patient indicators. There was no material change to the risk appetite statement related to the level 2 risk categories and the Trust continues to operate within the risk appetite for the level 1 risk categories (workforce, clinical and external risks) set by the Board.

#### **4. Recommendations**

The Board is asked to:

- Note the content of this report

#### **Authors:**

Lisa Gibson - Head of Nursing Workforce and Education

Stuart Pearson - Head of Nursing Professional Practice & Safety Standards

Janice Martin - Lead for AHP Adult Therapies

#### **Date:**

October 2021

## **Biannual AHP Workforce: October 2021**

### **1. Introduction**

There is no national mandate or safer staffing standardised metric to report the number of Allied Health Professional (AHP) staff within the NHS England Hard Truths monthly staffing return, however the important contribution that our AHP colleagues make to the quality of care provided to patients is acknowledged. This paper provides the Board with a six month summary report in relation to staffing and quality indicators for these professional groups.

### **2. Summary**

AHP's contribute to the quality and safety of patients at Leeds Teaching Hospitals Trust (LTHT) working as part of the multidisciplinary team (MDT) or autonomously in standalone clinics and imaging departments. Trust and local processes provide assurance of each profession's practice. This report provides a review of the AHP workforce in relation to the quality and safety of care provided. It will incorporate:

- Safe staffing and establishment setting
- Escalation and reporting of safety and quality concerns
- Monitoring of AHP caseloads
- Quality indicators
- Recruitment and retention
- Impact on diagnostic waits

### **3. Safe staffing and establishment setting**

There remains no further update on the national staffing tools and metrics that are being developed to better serve the AHP workforce and meet their specific deployment practices although progress is being made on capacity and demand tools. There are some best practice guidance that include AHP staffing levels for example Guidelines for the Provision of Intensive Care Services (GPICS), UK Rehabilitation Outcomes Collaborative (UKROC) and Sentinel Stroke National Audit Programme (SSNAP). Our performance against these is locally monitored.

Allocate Healthroster is used within several professions in LTHT and provides a reliable and transparent record of deployment practices. Although maternity leave and vacancies can create gaps in the workforce there are no specific concerns to raise to the Board from the last six months in relation to staffing of AHP within Adult Therapies CSU (AT CSU).

Covid-19 has had a significant impact on the way AHP services have been delivered to ensure our patients, staff and visitors are kept as safe as possible. Clear infection, prevention and control guidance was instrumental in the development of local procedures and guidelines to support effective patient care and limit virus transmission. Whilst challenges were identified within each profession, staff worked flexibly, embracing different patterns of working and moving between teams and sites safely to support the in-patient services and patient flow across all sites. Local training and education supported development of skills and task based competence in order to support ward areas as requested and maximize sustainability of service delivery. The impact of social distancing on workspace and clinical treatment has been significant and in-patient dignity affected by loss of treatment space due to social distancing. Staff have committed to overtime to try to ensure continued service delivery throughout the Covid 19 pandemic as well as utilising innovative technology e.g. HoloLens.

Test and Trace and household isolation continues to impact staffing as does early 'winter' illnesses, remaining the biggest risk to service delivery for the coming months. Radiotherapy has amended the existing business contingency plans to include prioritisation of cancer treatments should there be a catastrophic loss of staffing however the Radiotherapy service has seen unprecedented levels of absence largely due to the track and trace application since lockdown ended. Working with immunosuppressed patients means that patient facing staff are unable to return to their duties despite negative PCR and lateral flows and this is having an impact on the ability to deliver Radiotherapy.

### **3.1 Escalation and reporting of safety and quality concerns**

LTHT AHP professions review their service capacity daily against the caseload referred; although AHP's work in teams within specialisms there is the ability to deploy staff within professional teams according to workload pressures. Escalation mechanisms exist within all teams to raise staffing concerns to the respective Clinical Service Manager; who in turn escalates to the Head of Profession/Service to support and mitigate any risks. Any outstanding unmitigated risks are raised to the appropriate CSU triumvirate team or appropriate CSU for other professions for discussion and additional support. All risks are documented via the risk register which is reviewed monthly. During the reporting period no safety concerns have been raised as a result of AHP staffing availability or deployment.

Due to the high numbers of patients attending Emergency Departments (ED), delayed diagnostic tests and reports for emergency department patients have been escalated to the radiology CSU.

### **3.2 Monitoring of AHP caseload**

The radiology CSU has their own Computerised Radiography Information System (CRIS) which provides details on all patient examinations undertaken by the AHPs.

The data collected includes details of the practitioner who imaged the patient, in which examination room, how long the examination took and the radiation dose used and allows transparency over the workloads undertaken by each individual. Therapeutic radiography uses a very similar Oncology Management System called MOSAIQ.

For the majority of the other AHP professions, caseload is monitored via Patient Admin System (PAS) for outpatient services and PPM+ for inpatient referrals. Services have developed methods to work around the lack of a single source of reliable data concerning their delivered treatments. Support and plans to improve data collection mechanisms is on-going.

### **3.3 Out-patients**

Electronic data capture is available through services' use of PAS and provides access data, monitored and assured through internal governance arrangements. This system, including the informatics suite, also provides services with demand and capacity data and is used to direct resources within the out-patient context.

Orthoptics has returned to near normal levels of service and retains some video and telephone appointments where appropriate.

Podiatry is currently resetting services and their contributions to the Multi-Disciplinary Team (MDT) services it provides for. This is complicated by other CSU's fluctuant staffing contributions to MDTs. Current projects for reducing single service out-patient Referral to Treatment Time (RTT) has reduced from 50 weeks to 16 weeks in the last 4 months. Podiatry continues to lead facilitation of complying with NICE guidance on diabetic foot emergencies reducing the need for ED attendances for this cohort.

Although radiotherapy referrals did see a decrease through the first phase of the pandemic this has reverted to pre-pandemic levels, this coupled with lengthier treatment slots allocated due to the need for changes of Personal Protective Equipment (PPE) mean that the Radiotherapy service is finding demand exceeding capacity. A plan of action has been ratified at both cancer board and through the Trust Strategic Director and the Chief Operating Officer (COO).

Radiology outpatient demand has increased significantly post-pandemic and despite an initial recovery of access to imaging for those patients postponed between March

and June 2020, the diagnostic waits are now significantly increased across MR, CT and Ultrasound. The impact of staffing vacancies, maternity leave and Covid related absences has reduced the capacity to deal with this demand and solutions have been sought from the independent sector.

### **3.4 In-patients**

A number of AHP services have moved to an electronic system for in-patient referrals, with the aim to ensure roll out to all services following the PPM+ planned upgrade. The CSU awaits a robust reporting mechanism on this data; this remains on the CSU's risk register.

The Adult Therapies CSU hold a monthly service delivery meeting where available data is reviewed, risks in relation to service and quality are identified and plans put in place to mitigate these.

There are no specific concerns to raise to the Board from the last six months as a result of caseload management within AT CSU. However caseload demand is higher than the capacity of the workforce meaning less rehabilitation treatments are delivered to in-patients than the therapists aspire to provide.

Radiology has experienced significant demand from wards and emergency departments. These patients are prioritised over out-patients and high peaks in demand sometimes require an out-patient list to be stood down at short notice.

### **4.0 Quality Indicators**

At LTHT some of the AHP professions use outcome measures where appropriate for the patient's pathway and against their personalised treatment plan. The physiotherapy service is leading a research project to test a standard outcome measure for all services to improve data collection and understanding of the outcome of their treatment.

A quality dashboard has been developed within AT CSU to provide a standardised and coordinated approach to record local measures. This has recently been shared with Radiology to identify the value it might bring to this Service.

In LTHT AHPs directly support root cause analysis investigations, such as pressure ulcers and falls. The clinical governance structure within each CSU ensures lessons learnt from these reviews, as well as complaints and Patient Advice Liaison Service (PALS) are shared between relevant professions and that continuous improvement is



supported. There are no specific concerns to raise to the Board over the last six months in relation to the quality indicators within AT CSU at this time.

Diagnostic and therapeutic services report their performance in terms of waiting times as part of the NHS constitutional rights for patients. The Therapeutic Radiographer NHS England Radiotherapy service specification also describes several outcome measures required to evidence a quality service. LTHT diagnostic waiting times for routine patients are not quite back at pre Covid-19 levels but are around 85%. Most two week wait and fast track patients requiring diagnostic examinations continue to be seen within the required time frame, as they have throughout the pandemic.

## **5.0 Recruitment and retention**

Each profession has its own strategy for recruiting and retaining its workforce with quality and safety being the key driver. Within AT CSU AHP recruitment has overall remained strong and positive. While the number of applicants for each post has been less than previous years the caliber of the candidates remains high. New graduates remain attracted to LTHT, often having had a good experience while a student on placement, and workforce strategies play into this mechanism to retain staffs that have had their post-graduate development enhanced through our employment. The Royal College of Podiatry reports a lack of supply of podiatrist in the NHS. This is acutely seen with the lack of applicants to specialist posts within hospital/acute settings. This drives the strategy of “grow your own” investment in staff and secondment opportunities at LTHT. National shortages of Dietitians choosing to work and remain in the NHS continue to result in regular recruitment drives and workaround for caseload management.

A recent decision has been taken to recruit permanent staff to some non-recurrent funding because of significant administration involved with recruitment and temporary cover of services creating a lot of movement and interruption to service delivery. This financial risk will be mitigated given the band five and band six turnover rates.

Diagnostic radiology is experiencing shortfalls in diagnostic radiographers in particular in the modalities of CT, US and MRI with many staff working additional hours. We continue to advertise vacancies however, along with our colleagues in West Yorkshire Association Acute Trusts (WYAAT), workforce in these modalities is a significant challenge we are working on together in collaboration with the Planned Care Alliance and West Yorkshire and Harrogate Cancer Alliance. International recruitment continues with seven new appointees now in post. The academic year for the third cohort of apprentices will start in March 2021. A joint venture with Leeds University in developing an imaging room dedicated for student training on the Seacroft site has supported an increase in 10 additional undergraduate places since September 2021

Therapeutic radiography are providing career development opportunities using skill mix models such as extended scope practitioners in the form of consultant radiographer roles, to retain experienced staff and prevent attrition.

In order to provide a resilient and sustainable pool of trainees for the future the first cohort of Therapeutic Radiographer apprentices will commence in post in the spring of 2022. Apprenticeships programs continue to be successful delivered within Occupational Therapy and Physiotherapy.

## **6.0 Conclusion and recommendations**

The Board is asked to:

- Note the content of this report and the factors that are influencing the current AHP services.
- Be assured support and plans for reliable data collection mechanisms is on-going
- Be assured that LTHT AHP professions are using quality and staffing metrics to influence service and establishment setting where these are available.
- Be assured that AHPs have local processes in place to escalate safety and quality concerns.

### **Author(s):**

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Penny Dutton - Radiography Head of Profession  
Janice Hoole - Head of Orthoptics  
Hazel Rodger - Head of Radiotherapy  
Dawn Wills - Service Manager Children's CSU

**Date:** October 2021

## Appendix B

August 2021

Aug-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare	In Escalation - Stage 1, 2 3)	Overall ward Metrics %
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
J42 Urology	85.0%	102.0%	75.0%	102.0%	3.20	2.58	3.7	3.8	6.9	6.4	0		97.5%
J43 Short Stay Surgery	108.0%	202.0%	100.0%	179.0%	NA	NA	NA	NA	NA	NA	0		99.6%
J44 General Surgery	93.0%	120.0%	76.0%	128.0%	3.47	2.98	4.5	4.5	8.0	7.5	0		99.5%
J45 General Surgery	87.0%	112.0%	79.0%	139.0%	3.48	2.91	3.7	4.6	7.2	7.5	0		97.4%
J46 Colorectal Surgery	96.0%	98.0%	100.0%	92.0%	2.94	2.87	3.8	3.6	6.7	6.4	0		96.6%
J47 Colorectal Surgery	87.0%	109.0%	100.0%	100.0%	3.33	3.04	4.4	4.6	7.7	7.6	0		94.7%
J49 Renal Medicine Male	115.0%	121.0%	107.0%	116.0%	2.91	3.25	3.5	4.2	6.4	7.4	0		96.7%
J50 Renal Medicine Female	109.0%	118.0%	103.0%	177.0%	3.25	3.45	3.3	4.7	6.6	8.1	0		97.9%
J82 UGI & HPB Surgery	81.0%	105.0%	70.0%	109.0%	3.52	2.70	4.0	4.2	7.5	6.9	0		95.5%
J83 Leeds Liver Unit	101.0%	86.0%	93.0%	111.0%	3.45	3.36	4.6	4.5	8.0	7.8	0		76.0%
J91 Gastro	89.0%	102.0%	100.0%	104.0%	2.85	2.66	4.1	4.2	7.0	6.9	0		100.0%
J92 Gastro	90.0%	104.0%	90.0%	110.0%	3.11	2.80	4.9	5.2	8.0	8.0	0		98.6%

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Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
General ICU SJUH	112.0%	117.0%	105.0%	125.0%	19.49	21.16	2.7	3.2	22.2	24.4	0		96.6%
General HDU SJUH	99.0%	93.0%	93.0%	85.0%	20.52	19.71	8.4	7.5	28.9	27.2	0		99.3%
Neuro HDU/ICU	88.0%	117.0%	88.0%	98.0%	22.35	19.64	3.9	4.1	26.2	23.8	0		94.5%
Cardiac HDU/ICU	96.0%	82.0%	89.0%	91.0%	20.05	18.60	3.2	2.7	23.2	21.3	0		97.2%
General ICU LGI	108.0%	123.0%	103.0%	127.0%	30.92	32.61	6.2	7.7	37.1	40.3	0		97.4%
J06 Adult Cystic Fibrosis	94.0%	105.0%	99.0%	113.0%	6.47	6.21	3.8	4.1	10.3	10.3	0		97.3%
J09 Respiratory Medicine	92.0%	107.0%	80.0%	91.0%	3.52	3.03	5.4	5.3	8.9	8.4	0		95.5%
J10 Respiratory Medicine	107.0%	91.0%	112.0%	104.0%	9.89	3.30	10.1	4.0	20.0	4.3	0		95.0%
(New) J11 Surge	77.0%	95.0%	82.0%	118.0%	4.39	3.48	5.8	6.0	10.1	9.5	0		96.3%
J12 Respiratory Medicine	83.0%	111.0%	79.0%	100.0%	3.86	3.13	4.9	5.2	8.8	8.3	0		96.5%
L14 Cardiology Day Case	109.0%	122.0%	98.0%	121.0%	NA	NA	NA	NA	NA	NA	0		NA
L16 Cardiac Surgery	92.0%	103.0%	74.0%	109.0%	3.30	2.78	3.0	3.2	6.3	5.9	0		89.6%

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Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
L18 Cardiology	90.0%	122.0%	71.0%	108.0%	3.00	2.44	4.6	5.3	7.6	7.8	0		97.1%
L19 Cardiology	101.0%	99.0%	92.0%	122.0%	3.10	3.01	3.5	3.8	6.6	6.8	0		95.1%
L20 CCU	101.0%	123.0%	97.0%	NA	8.93	8.82	1.5	2.7	10.4	11.6	0		97.7%
C01 Neuro Rehabilitation	102.0%	101.0%	99.0%	248.0%	3.77	3.79	5.4	7.2	9.2	11.0	0		97.0%
C02	89.0%	120.0%	96.0%	102.0%	4.46	4.11	4.3	4.8	8.8	8.9	0		98.6%
C03 Orthopaedic Centre	103.0%	101.0%	87.0%	184.0%	6.28	6.15	3.4	4.3	9.7	10.4	0		99.5%
Ward 01 - WGH	100.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	0		100.0%
J01 Neonatal Unit	96.0%	100.0%	95.0%	104.0%	10.12	9.66	1.8	1.3	11.9	10.9	0		98.1%
Transitional Care - SJH	99.0%	100.0%	99.0%	100.0%	6.46	4.97	6.5	2.5	12.9	7.5	0		98.6%
L09 Childrens Medicine	96.0%	87.0%	89.0%	104.0%	9.29	8.60	2.9	2.8	12.2	11.4	0		90.1%
L30 Childrens Respiratory/CF	96.0%	101.0%	95.0%	96.0%	7.45	7.01	2.6	2.8	10.1	9.8	0		97.9%
L31 Childrens Oncology	96.0%	111.0%	92.0%	101.0%	10.12	9.69	1.3	1.3	11.4	11.0	0		96.4%

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Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
L40 Childrens General Medicine	87.0%	116.0%	91.0%	75.0%	8.35	6.61	1.8	1.6	10.2	8.2	0		96.0%
L41 Childrens Surgery	90.0%	88.0%	87.0%	123.0%	8.65	6.90	3.4	3.3	12.0	10.2	0		90.4%
L42 Paediatric Surgery	100.0%	81.0%	99.0%	82.0%	9.24	9.21	2.1	1.7	11.4	10.9	0		91.5%
L43 Neonatal Unit	86.0%	100.0%	87.0%	100.0%	18.67	16.17	0.6	0.6	19.2	16.7	0		97.7%
L47 PICU	98.0%	104.0%	99.0%	83.0%	26.82	26.41	1.8	1.8	28.6	28.2	0		97.0%
L50 Childrens Liver & Renal	90.0%	90.0%	93.0%	90.0%	7.20	6.58	2.1	1.9	9.3	8.5	0		95.2%
L51 Childrens Cardiac Surgery	98.0%	90.0%	94.0%	84.0%	8.56	8.21	1.5	1.3	10.1	9.5	0		96.6%
L52 Childrens Neurosciences	96.0%	97.0%	92.0%	147.0%	7.85	7.40	2.9	3.5	10.7	10.9	0		94.1%
L23 ENT/Spines	99.0%	118.0%	100.0%	124.0%	2.94	2.82	3.6	5.2	6.5	8.1	0		98.9%
L12 Stroke Rehab	84.0%	94.0%	100.0%	141.0%	2.75	2.46	3.7	4.2	6.4	6.6	0		93.4%
L17 Neurology	96.0%	103.0%	97.0%	132.0%	2.97	2.85	4.1	4.7	7.0	7.5	0		97.9%
L21 Acute Stroke Unit	82.0%	93.0%	86.0%	99.0%	4.59	3.84	6.3	6.0	10.8	9.8	0		96.7%

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Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
L24 Neuro/Spines	87.0%	87.0%	92.0%	119.0%	2.65	2.63	4.1	4.9	6.7	7.5	0		94.7%
L25 Neuro/Spines	88.0%	104.0%	94.0%	107.0%	3.44	3.10	5.0	5.2	8.4	8.3	0		98.4%
L28 Surgical Day Unit	116.0%	141.0%	127.0%	101.0%	NA	NA	NA	NA	NA	NA	0		95.5%
J23 Breast Surgery	95.0%	96.0%	85.0%	183.0%	5.63	5.17	7.3	8.0	12.9	13.2	0		96.1%
J84 Thoracic Surgery	90.0%	110.0%	112.0%	100.0%	4.52	4.41	4.0	4.2	8.5	8.6	0		93.7%
J88 Haematology	84.0%	98.0%	98.0%	93.0%	3.62	3.22	4.9	4.7	8.5	7.9	0		97.7%
J89 Haematology BMTU	83.0%	129.0%	83.0%	127.0%	4.69	3.89	2.6	3.4	7.3	7.3	0		98.7%
J93 Oncology	87.0%	102.0%	71.0%	103.0%	3.82	3.06	3.4	3.5	7.2	6.5	0		95.3%
J94 Young Adults Unit	81.0%	116.0%	78.0%	102.0%	5.92	4.71	2.8	3.0	8.7	7.7	0		95.8%
J96 Oncology Assessment	85.0%	91.0%	80.0%	123.0%	4.88	4.06	3.5	3.7	8.4	7.7	0		92.5%
J97 Oncology	83.0%	105.0%	84.0%	103.0%	3.53	2.95	3.2	3.3	6.7	6.2	0		99.5%
J98 Gynaecology	93.0%	97.0%	102.0%	87.0%	3.26	3.14	6.0	5.5	9.3	8.6	0		96.3%

August 2021

Aug-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare	In Escalation - Stage 1, 2 3)	Overall ward Metrics %
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
J14 Older Peoples Services	96.0%	101.0%	84.0%	126.0%	3.14	2.83	4.9	5.5	8.1	8.3	5		92.7%
J15 Older Peoples Services	101.0%	94.0%	105.0%	130.0%	2.95	3.03	5.5	5.9	8.4	9.0	2		90.8%
J16 Acute Medicine	85.0%	77.0%	111.0%	114.0%	2.89	2.76	5.2	4.9	8.1	7.7	0		98.2%
J17 Older Peoples Services	105.0%	108.0%	93.0%	123.0%	3.02	3.00	4.2	4.8	7.2	7.8	3		81.9%
J19 Elderly Admissions	84.0%	125.0%	84.0%	118.0%	3.41	2.86	4.4	5.3	7.8	8.2	5		99.1%
J20 Infection & Travel Medicine	83.0%	129.0%	119.0%	107.0%	4.01	3.91	3.2	3.7	7.2	7.6	1		94.5%
J21 Elderly Short Stay & Assessment	85.0%	121.0%	82.0%	123.0%	3.24	2.70	4.1	5.0	7.4	7.7	0		98.0%
J26 Older Peoples Services	89.0%	89.0%	97.0%	112.0%	3.38	3.13	4.8	4.8	8.2	7.9	0		98.2%
J27 Acute Medicine	92.0%	125.0%	118.0%	142.0%	3.19	3.29	4.8	5.4	8.0	8.6	4		96.5%
J28 Older Peoples Services	86.0%	97.0%	91.0%	101.0%	3.11	2.75	4.9	4.9	8.0	7.6	1		95.1%
J29 Winter Ward	78.0%	81.0%	83.0%	114.0%	3.53	2.85	4.3	4.1	7.8	6.9	6		89.3%
J32 Surge	92.0%	79.0%	75.0%	91.0%	4.33	3.61	7.7	6.6	12.1	10.2	0		84.0%



August 2021

Aug-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare	In Escalation - Stage 1, 2 3)	Overall ward Metrics %
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
David Beevers Day Unit - SJH	109.0%	116.0%	111.0%	119.0%	NA	NA	NA	NA	NA	NA	0		NA
L08 TRS HOBS	96.0%	162.0%	91.0%	135.0%	9.63	8.98	5.0	6.3	14.7	15.3	0		99.0%
L10 Major Trauma Ward	86.0%	100.0%	100.0%	103.0%	3.80	3.45	6.6	6.7	10.4	10.2	0		99.4%
L15 Vascular	82.0%	91.0%	76.0%	106.0%	3.19	2.53	4.3	4.2	7.5	6.7	0		95.6%
L22 Plastics	83.0%	107.0%	100.0%	132.0%	3.00	2.68	3.9	4.6	6.9	7.2	0		96.7%
L38 Female Trauma Orthopaedics	94.0%	84.0%	97.0%	94.0%	3.67	3.50	8.3	7.4	12.0	10.9	0		96.1%
L34 Orthopaedic Trauma	70.0%	112.0%	95.0%	126.0%	2.97	2.35	5.5	6.6	8.5	8.9	0		89.2%
L35 Orthopaedic Trauma/Vascular	95.0%	103.0%	95.0%	110.0%	2.70	2.57	4.8	5.1	7.5	7.7	0		94.5%
J07 General Admissions (inc HOBS)	90.0%	97.0%	86.0%	96.0%	3.77	3.30	5.9	5.7	9.7	9.0	0		92.9%
J08 Medical Admissions Unit	83.0%	101.0%	87.0%	99.0%	3.33	2.82	5.6	5.6	8.9	8.4	0		97.0%
J03 Delivery Suite	98.0%	90.0%	95.0%	87.0%	29.27	28.21	5.9	5.2	35.2	33.4	0		93.4%
J04 Ante Natal	87.0%	86.0%	100.0%	85.0%	15.09	13.98	6.5	5.6	21.6	19.6	0		95.1%

August 2021

Aug-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)	Ward Healthcheck	
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare	In Escalation - Stage 1, 2 3)	Overall ward Metrics %
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)									
J05 Obstetrics	95.0%	83.0%	90.0%	90.0%	3.53	3.28	2.3	2.0	5.8	5.3	0		96.1%
J24 Gynaecology	103.0%	97.0%	100.0%	127.0%	NA	NA	NA	NA	NA	NA	0		91.7%
L36 Maternity	97.0%	100.0%	89.0%	82.0%	3.52	2.69	2.2	1.6	5.7	4.3	0		99.7%
L44 Maternity	100.0%	100.0%	100.0%	100.0%	10.93	8.72	5.1	4.1	16.0	12.8	0		95.4%
L45 Delivery Suite	101.0%	90.0%	97.0%	85.0%	24.45	19.67	4.7	3.5	29.1	23.1	0		97.5%

## Appendix B

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J42 Urology	89.0%	97.0%	105.0%	104.0%	2.60	2.46	3.4	3.4	6.0	5.9	0
J43 Short Stay Surgery	106.0%	87.0%	101.0%	96.0%	NA	NA	NA	NA	NA	NA	0
J44 General Surgery	93.0%	102.0%	98.0%	129.0%	3.16	3.00	4.0	4.5	7.1	7.5	2
J45 General Surgery	91.0%	100.0%	86.0%	151.0%	2.97	2.64	4.4	5.1	7.3	7.7	0
J46 Colorectal Surgery	95.0%	104.0%	103.0%	102.0%	2.48	2.42	3.5	3.6	5.9	6.0	0
J47 Colorectal Surgery	103.0%	100.0%	100.0%	100.0%	3.05	3.12	4.1	4.1	7.2	7.2	0
J49 Renal Medicine Male	115.0%	115.0%	107.0%	140.0%	2.57	2.87	3.7	4.7	6.3	7.6	0
J50 Renal Medicine Female	106.0%	120.0%	101.0%	162.0%	2.98	3.09	3.0	4.1	6.0	7.2	0
J82 UGI & HPB Surgery	81.0%	104.0%	105.0%	107.0%	3.18	2.81	3.9	4.1	7.1	6.9	0
J83 Leeds Liver Unit	106.0%	84.0%	94.0%	104.0%	3.21	3.23	4.2	3.9	7.4	7.1	0
J91 Gastro	85.0%	103.0%	94.0%	94.0%	2.75	2.43	3.9	3.8	6.6	6.2	0
J92 Gastro	102.0%	137.0%	101.0%	161.0%	2.57	2.62	3.1	4.6	5.7	7.2	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	97.8%
	96.9%
	100.0%
	95.7%
	95.9%
	97.2%
	96.5%
	98.2%
	95.9%
	68.9%
	98.9%
	98.5%

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
General ICU SJUH	107.0%	111.0%	101.0%	116.0%	21.60	22.53	2.9	3.3	24.5	25.8	0
General HDU SJUH	113.0%	91.0%	110.0%	94.0%	21.40	23.87	7.9	7.3	29.3	31.2	0
Neuro HDU/ICU	103.0%	110.0%	102.0%	103.0%	21.84	22.45	3.1	3.3	25.0	25.8	0
Cardiac HDU/ICU	99.0%	81.0%	93.0%	87.0%	20.54	19.75	3.2	2.7	23.7	22.4	0
General ICU LGI	101.0%	122.0%	94.0%	103.0%	30.77	30.07	5.8	6.5	36.6	36.6	0
J06 Adult Cystic Fibrosis	100.0%	104.0%	98.0%	90.0%	7.33	7.29	3.9	3.8	11.2	11.1	0
J09 Respiratory Medicine	94.0%	109.0%	87.0%	95.0%	3.10	2.81	4.9	5.0	8.0	7.8	0
J10 Respiratory Medicine	106.0%	86.0%	107.0%	90.0%	10.15	10.80	10.2	9.0	20.4	19.8	0
(New) J11 Surge	84.0%	129.0%	80.0%	148.0%	3.55	3.30	3.8	4.0	7.4	4.3	0
J12 Respiratory Medicine	92.0%	137.5%	93.0%	103.0%	3.36	3.10	4.8	5.7	8.1	8.8	0
L14 Cardiology Day Case	114.0%	107.0%	93.0%	107.0%	NA	NA	NA	NA	NA	NA	0
L16 Cardiac Surgery	82.5%	107.0%	79.0%	135.0%	3.28	2.66	2.4	2.9	5.7	5.5	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	94.0%
	93.3%
	95.1%
	99.3%
	98.0%
	92.0%
	92.5%
	92.8%
	95.0%
	92.5%
	NA
	96.3%

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L18 Cardiology	88.0%	103.0%	79.0%	98.0%	2.83	2.38	4.4	4.4	7.2	6.8	0
L19 Cardiology	94.0%	89.0%	88.0%	126.0%	3.17	2.91	3.3	3.5	6.5	6.4	0
L20 CCU	118.0%	98.0%	99.0%	NA	7.80	8.40	1.3	1.8	9.1	10.2	0
C01 Neuro Rehabilitation	101.0%	100.0%	100.0%	252.0%	3.40	3.43	4.8	6.4	8.2	9.9	0
C02	81.0%	120.0%	95.0%	112.0%	3.96	3.43	4.1	4.7	8.0	8.1	0
C03 Orthopaedic Centre	109.0%	103.0%	94.0%	92.0%	6.48	6.80	4.2	4.1	10.6	10.9	0
Ward 01 - WGH	101.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	0
J01 Neonatal Unit	97.0%	102.0%	104.0%	135.0%	10.34	10.39	1.4	1.6	11.7	12.0	0
Transitional Care - SJH	100.0%	100.0%	97.0%	100.0%	5.29	5.22	2.8	2.8	8.0	8.0	0
L09 Childrens Medicine	95.0%	102.0%	88.0%	92.0%	9.58	8.79	2.6	2.5	12.2	11.3	0
L30 Childrens Respiratory/CF	97.0%	89.0%	93.0%	132.0%	7.97	6.98	4.0	4.2	12.0	11.1	0
L31 Childrens Oncology	87.0%	115.0%	88.0%	95.0%	8.91	8.48	1.8	1.8	10.7	10.3	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	97.5%
	94.8%
	96.4%
	95.8%
	98.7%
	98.5%
	100.0%
	94.8%
	98.6%
	90.6%
	98.5%
	93.5%

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L40 Childrens General Medicine	98.0%	143.0%	94.0%	100.0%	7.03	6.76	1.9	2.3	8.9	9.0	0
L41 Childrens Surgery	87.0%	95.0%	86.0%	110.0%	8.59	7.44	3.5	3.6	12.1	11.1	0
L42 Paediatric Surgery	95.0%	114.0%	94.0%	87.0%	10.10	9.56	2.6	2.6	12.7	12.2	0
L43 Neonatal Unit	80.0%	100.0%	87.0%	100.0%	20.52	17.08	0.5	0.5	21.0	17.6	0
L47 PICU	88.0%	109.0%	100.0%	107.0%	27.22	25.51	1.4	1.6	28.7	27.1	0
L50 Childrens Liver & Renal	95.0%	86.0%	95.0%	93.0%	7.26	6.89	2.6	2.3	9.8	9.2	0
L51 Childrens Cardiac Surgery	98.0%	93.0%	95.0%	100.0%	8.59	8.28	1.1	1.0	9.7	9.3	0
L52 Childrens Neurosciences	88.0%	82.0%	94.0%	128.0%	8.06	7.29	3.9	3.9	12.0	11.2	0
L23 ENT/Spines	93.0%	127.0%	98.0%	120.0%	2.87	2.73	3.4	4.2	6.3	6.9	0
L12 Stroke Rehab	101.0%	85.0%	100.0%	114.0%	2.34	2.36	3.4	3.3	5.8	5.7	0
L17 Neurology	100.0%	106.0%	93.0%	152.0%	2.92	2.85	4.1	5.0	7.0	7.9	0
L21 Acute Stroke Unit	92.0%	86.0%	92.0%	85.0%	4.04	3.70	6.2	5.3	10.3	9.0	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	96.6%
	98.7%
	92.5%
	96.1%
	97.5%
	96.6%
	97.6%
	97.2%
	98.9%
	96.8%
	91.5%
	89.4%

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
L24 Neuro/Spines	87.0%	82.0%	98.0%	125.0%	2.84	2.58	4.9	4.9	7.8	7.5	0
L25 Neuro/Spines	92.0%	92.0%	92.0%	98.0%	3.55	3.27	5.1	4.9	8.7	8.1	0
L28 Surgical Day Unit	112.0%	92.0%	127.0%	120.0%	2.56	3.01	3.4	3.5	5.9	6.5	0
J23 Breast Surgery	83.0%	102.0%	90.0%	100.0%	5.72	4.85	8.0	8.1	13.7	13.0	0
J84 Thoracic Surgery	95.0%	121.0%	111.0%	108.0%	3.68	3.68	3.4	3.9	7.1	7.6	0
J88 Haematology	90.0%	122.0%	103.0%	89.0%	3.41	3.23	3.6	3.8	7.0	7.0	0
J89 Haematology BMTU	93.0%	116.0%	82.0%	118.0%	4.35	3.89	2.7	3.2	7.1	7.1	0
J93 Oncology	84.0%	104.0%	100.0%	99.0%	2.98	2.68	3.2	3.2	6.1	5.9	0
J94 Young Adults Unit	97.0%	106.0%	100.0%	113.0%	4.32	4.24	2.9	3.1	7.2	7.4	0
J96 Oncology Assessment	78.0%	89.0%	78.0%	96.0%	4.47	3.48	3.8	3.5	8.3	7.0	0
J97 Oncology	88.0%	110.0%	100.0%	91.0%	2.83	2.62	3.0	3.0	5.8	5.6	0
J98 Gynaecology	93.0%	103.0%	100.0%	114.0%	2.69	2.57	3.3	3.6	6.0	6.2	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	90.4%
	99.8%
	89.1%
	97.1%
	97.1%
	98.4%
	98.3%
	95.1%
	99.7%
	93.4%
	97.7%
	91.6%

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	Number Blue status Shifts/Red SafeCare
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J14 Older Peoples Services	110.0%	106.0%	80.0%	129.0%	2.89	2.74	4.5	5.3	7.4	8.0	1
J15 Older Peoples Services	102.0%	89.0%	102.0%	125.0%	2.83	2.89	5.4	5.5	8.2	8.4	1
J16 Acute Medicine	76.0%	88.0%	79.0%	122.0%	3.37	2.61	4.9	5.1	8.3	7.7	0
J17 Older Peoples Services	94.0%	118.0%	88.0%	125.0%	3.01	2.75	4.2	5.1	7.2	7.9	2
J19 Elderly Admissions	86.0%	120.0%	81.0%	110.0%	3.37	2.80	4.4	5.0	7.7	7.8	4
J20 Infection & Travel Medicine	86.0%	117.0%	105.0%	106.0%	4.01	3.76	3.3	3.6	7.3	7.4	1
J21 Elderly Short Stay & Assessment	83.0%	96.0%	85.0%	118.0%	3.06	2.57	4.7	5.0	7.8	7.6	0
J26 Older Peoples Services	96.0%	92.0%	93.0%	120.0%	3.09	2.92	4.3	4.5	7.4	7.4	3
J27 Acute Medicine	100.0%	101.0%	112.0%	129.0%	3.31	3.48	4.3	4.8	7.6	8.3	3
J28 Older Peoples Services	84.0%	114.0%	93.0%	115.0%	2.64	2.33	4.1	4.7	6.8	7.0	4
J29 Winter Ward	74.0%	96.0%	77.0%	127.0%	3.28	2.48	4.1	4.5	7.4	7.0	4
J32 Surge	110.0%	82.0%	84.0%	96.0%	2.41	2.34	4.4	3.9	6.8	6.3	4

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	92.5%
	93.3%
	98.6%
	84.4%
	97.7%
	92.5%
	98.2%
	97.9%
	95.6%
	96.0%
	87.2%
	88.7%



September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
David Beevers Day Unit - SJH	96.0%	89.0%	112.0%	125.0%	NA	NA	NA	NA	NA	NA	0
L08 TRS HOBS	100.0%	115.0%	90.0%	133.0%	8.14	7.74	4.3	5.4	12.5	13.1	0
L10 Major Trauma Ward	84.0%	98.0%	97.0%	96.0%	3.39	3.00	6.0	5.8	9.4	8.8	0
L15 Vascular	83.0%	91.0%	69.0%	120.0%	3.10	2.39	4.1	4.2	7.2	6.6	0
L22 Plastics	82.0%	92.0%	98.0%	122.0%	2.63	2.30	3.3	3.4	5.9	5.7	0
L38 Female Trauma Orthopaedics	113.0%	89.0%	87.0%	93.0%	3.06	3.05	7.6	6.9	10.7	10.0	0
L34 Orthopaedic Trauma	79.0%	112.0%	100.0%	117.0%	2.56	2.24	4.9	5.6	7.5	7.8	0
L35 Orthopaedic Trauma/Vascular	94.0%	100.0%	98.0%	106.0%	2.45	2.34	4.5	4.6	6.9	6.9	0
J07 General Admissions (inc HOBS)	104.0%	86.0%	94.0%	97.0%	3.60	3.56	5.5	5.1	9.1	8.6	0
J08 Medical Admissions Unit	105.0%	93.0%	81.0%	97.0%	3.29	2.67	6.5	6.1	9.8	8.8	0
J03 Delivery Suite	81.0%	94.0%	96.0%	98.0%	24.47	23.81	5.2	5.0	29.7	28.8	0
J04 Ante Natal	98.0%	94.0%	100.0%	89.0%	14.15	13.17	6.1	5.6	20.2	18.8	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	NA
	99.8%
	97.4%
	96.8%
	97.8%
	95.9%
	92.4%
	97.7%
	96.9%
	98.4%
	98.4%
	96.4%

September 2021

Sep-21	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Registered	Care	Planned Registered	Actual Registered midwives/nurses	Planned Care Staff	Actual Care Staff	Planned overall	Actual Overall	
Ward name	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)							
J05 Obstetrics	96.0%	94.0%	86.0%	91.0%	3.05	2.81	1.8	1.7	4.8	4.5	0
J24 Gynaecology	106.0%	93.0%	97.0%	170.0%	NA	NA	NA	NA	NA	NA	0
L36 Maternity	99.0%	99.0%	94.0%	94.0%	2.75	2.67	1.3	1.3	4.1	4.0	0
L44 Maternity	98.0%	96.0%	100.0%	108.0%	7.81	7.71	3.2	3.2	11.0	10.9	0
L45 Delivery Suite	86.0%	103.0%	92.0%	83.0%	18.72	16.64	2.9	2.7	21.6	19.3	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	96.4%
	97.0%
	99.3%
	93.2%
	93.6%