

**TRUST PUBLIC BOARD****30 September 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 Sue Gibson - Director of Midwifery
<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	

<b>Trust Risks (Type &amp; Category)</b>				
<b>Level 1 Risk</b>	(✓)	<b>Level 2 Risks</b>	<b>(Risk Appetite Scale)</b>	<b>Risk</b>
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)

<b>Key points</b>	
1. The Nursing and Midwifery Quality and Safety Staffing supplementary information report for June 2021 and July 2021 is presented for information.	Information
2. Bi-Annual Midwifery 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 June 2021 and July 2021 and presented in Appendix B.

Also included in this paper in Appendix A is the bi-annual report on Maternity workforce, quality and safety including;

- National maternity transformation
- Monitoring of maternity workforce
- Maternity safe staffing reviews
- Midwife: Birth ratio
- Perfect ward review
- Escalation and reporting

## **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 June 2021 and July 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 Head of Midwifery has provided information in Appendix A as part of a biannual midwifery workforce report to enable the Board to gain insight and assurance in relation to the processes that are in place to monitor the midwifery 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

Sue Gibson - Director of Midwifery

Stuart Pearson - Head of Nursing Professional Practice & Safety Standards

#### **Date:**

August 2021

## Appendix A

### Biannual Midwifery Workforce: Quality and Safety Report August 2021

#### Background

This report provides a review of the maternity workforce in relation to the quality and safety of care provided. It will incorporate an overview of national maternity transformation, monitoring of maternity workforce, safe staffing reviews, Midwife: Birth ratio, perfect ward review, escalation and reporting. The report will encompass data extracted from March 2021 to August 2021.

#### 1. National Drivers

##### National Maternity Transformation

The Leeds Teaching Hospitals Trust (LTHT) continue to respond to national strategy articulated in 'Better Births' (2017) which sets out clear recommendations for the rollout of Continuity of Carer encompassing all three elements of the maternity pathway. This recommendation is based on a body of evidence that Continuity of Carer is what women want, improves safety and provides significantly better outcomes. This is particularly relevant for outcomes of women at risk of health inequalities and women from a Black Asian and Minority Ethnic (BAME) background. Trusts are required to ensure that plans are in place to support the ask that Continuity of Carer models of care to be the default model for all pregnant women by March 2023. Local rollout plans reflect this ambition. In July 2021 33% of all women booked for care at LTHT were on a continuity of carer pathway with 53% of Black and Asian women on a continuity of carer pathway.

The midwifery workforce is continually under review as the rollout of continuity progresses. There is a potential risk particularly to the intrapartum areas with regard to skill mix. At the current time the midwifery workforce has a disproportionate number of band 5 midwives. There are large numbers of band 5 midwives within the continuity teams. Adapting the preceptorship model so graduates are providing a continuity model has had a positive impact on culture and delivering maternity transformation. However this directly influences the skill mix on the delivery suites when the team are providing the intrapartum element of Continuity of Carer.

Evaluation of the initial cohort of graduates experiencing the adapted preceptorship model has been completed and highlighted challenges with inexperienced staff feeling isolated and requiring additional support when working in community.

To mitigate these risks funding received from the Ockenden bid will be used to expand the Clinical Education Team to support the rollout of continuity by ensuring a supernumerary band 6 midwives will be available in the clinical areas to support staff working on both delivery suite and within community.

## **Workforce review**

Birthrate plus is the only midwifery specific nationally recognised tool for calculating midwifery staffing levels. The maternity services have commissioned a full workforce review using Birthrate plus methodology as recommended within the Ockenden Report. Data collection has now commenced for this review, analysing data from Q4 2020/21. It is anticipated the full report will be available late September 2021.

## **Maternity Incentive Scheme**

The NHS Maternity Incentive Scheme supports the delivery of safer maternity care. It applies to all Acute Trusts that deliver maternity services and are members of the Clinical Negligence Scheme for Trusts (CNST). The scheme incentivises ten maternity safety actions; specifically, safety action five relates to evidencing an effective system of midwifery workforce planning. Maternity services continue to apply the principles of the ten safety actions to support the delivery of safer maternity care and remain fully compliant. Evidence supporting this was submitted in July 2021.

## **Ockenden Report**

Following the publication of the Ockenden Report in December 2020 Maternity services were required to provide assurance of safe maternity care by submitting evidence to a national portal in response to the immediate and essential actions. Evidence was submitted in July 2021 and is currently being by the evaluated National Maternity Team.

## **2. Monitoring of Maternity Workforce**

LTHT have worked collaboratively with West Yorkshire and Harrogate Local Maternity System (WY&H LMS) to review a process for central recruitment of new graduate midwives. The purpose of this work stream was to avoid application to a number of organisations across the system and subsequent late notification that alternative posts have been accepted. This process is now complete and has not been without its challenges. Final numbers of successful candidates are awaited and are anticipated to circa 45 WTE midwives. The newly recruited midwives are due to commence in post in October 2021.

Midwifery support workers are pivotal in supporting the midwifery workforce in delivering safe quality care to women and their families. Following the publication of the National Framework for Maternity Support Workers (MSW) by the Royal College of Midwives and Health Education England (HEE) (Feb 2019) work has progressed as a system reviewing the roles and subsequent banding of MSWs. Initial findings following the self-assessed benchmarking suggest that a significant number of MSWs require an uplift in banding. Work is now progressing within the CSU to analyse the findings to establish financial and training implications.

Birthrate Plus guidance is that a 90/10% split between midwives and non-midwifery support staff (MSW's) allows for flexible and sustainable staff replacing midwifery hours only in post natal services (post natal wards and the community setting), including transitional care of babies.

In Leeds the current midwife to Band 3 MSW percentage ratio skill mix in the post natal and transitional care setting is 95%: 5%; this falls within the recommendations from the Birthrate Plus guidance.

The workforce in Leeds does include some Band 2 MSW roles however these staff work as support staff in a house keeping and administrative capacity mainly on the delivery suites, and are not included within these ratios.

### **Covid-19**

The Covid-19 Pandemic has created challenges to maintaining safe staffing levels across the service. The available workforce has been reviewed and strategies employed to redeploy staff across the service as required. This has predominantly involved non clinical staff moving to clinical areas to provide direct care. This has been enacted following individual review of training needs and ensuring that individuals were moved to an area concomitant with their skill set. Adaptations have also been made to patient pathways and where appropriate virtual means of consultations instigated. This has enabled staff working in non-direct patient facing roles to continue to contribute to the provision of safe care.

## **3. Safe Staffing Reviews**

The midwifery establishments have recently been reviewed by the senior management team, Chief Nurse and Directors of Nursing to understand the workforce requirements needed to effectively manage the clinical areas and the specialist support roles.

The Birthrate Plus workforce acuity tool continues to be used to monitor midwifery staffing versus patient acuity in conjunction with professional judgement in SafeCare. There is a designated acuity manager and Matron to escalate to if there are concerns about staffing or acuity. The senior leader escalates to the CSU triumvirate if unable to mitigate any risks.

## **4. Midwife: Birth Ratio**

The Birthrate Plus workforce acuity tool monitors staff versus acuity and is embedded within the maternity services at LTHT. Throughout the audited period 1:1 care in labour has been maintained at 100% across both delivery suites and the coordinator has remained supernumerary at all times. Maternity staffing and Red Flag incidents continue to be monitored on a daily basis through Birthrate Plus and escalated via the twice daily maternity operational report and Datix system. The midwife: birth ratio for LTHT has remained stable between 1:26 - 1:28 which is in line with national guidance. This calculation is derived from the Birthrate Plus tool and is based upon an understanding of the total midwifery time required to care for women based on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the Birthrate Plus methodologies are consistent with the recommendations in the National Institute for Health and Care Excellence (NICE) safe staffing guideline for midwives in maternity settings and have been endorsed by the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists.

## **5. Perfect Ward Review**

Quality indicators and staffing continue to be reviewed as part of the monthly Perfect Ward meeting. This meeting is chaired by either the Director of Midwifery or Head of Midwifery and facilitates senior oversight of performance. Indicators flagged up as being less than 80% are discussed to facilitate shared learning and any actions. The data is triangulated with the Birthrate plus acuity tools and Datix to identify whether staffing was potentially a contributory factor. During the reported period all ward matrix have remained green.

## **6. Red Flags**

In the maternity services Red Flags continue to be monitored via the Birthrate Plus acuity tool and are reported every four hours daily. The SafeCare system was implemented in the Women's CSU in May 2021. Red Flags will continue to be recorded in Birthrate Plus however SafeCare will be used to record the professional judgement as part of the daily risk assessment of staffing requirements to ensure Trust wide oversight.

Delay in induction of labour remains the most frequent Red Flag raised in maternity services. The induction of labour coordinator continues to mitigate this by implementing strategies to improve patient flow in conjunction with the implementation of quality improvement methodology. Information relating to Red Flags is triangulated with Birthrate Plus data and datix to understand any impact of workforce deficits. In the review period the data does not show any significant association between Red Flag staffing and workload.

## **7. Conclusion and Recommendations**

The Board is asked to:

- Note the content of this report and national drivers that are influencing the maternity workforce.
- Be assured that effective processes are in place to monitor the midwifery workforce.
- Note that key workforce indicators demonstrate that the current establishment is supporting provision of a safe quality service.
- Note that a formal Birthrate plus review has been commissioned with the final report expected late September 2021

Sue Gibson - Director of Midwifery  
August 2021



## Appendix B June 2021

June	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)	Ward Healthcheck	
	Registered	Care	Night	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	106.0%	105.0%	91.0%	122.0%	2.99	2.97	3.4	3.9	6.4	6.8	0		98.1%
J43 Short Stay Surgery	95.0%	97.0%	81.0%	107.0%	NA	NA	NA	NA	NA	NA	0		96.8%
J44 General Surgery	88.0%	163.0%	73.0%	146.0%	3.53	2.90	3.2	4.9	6.7	7.8	0		99.8%
J45 General Surgery	91.0%	106.0%	93.0%	126.0%	3.58	3.30	4.3	4.8	7.8	8.1	0		99.1%
J46 Colorectal Surgery	94.0%	114.0%	86.0%	108.0%	3.00	2.72	3.4	3.8	6.4	6.5	0		94.8%
J47 Colorectal Surgery	114.0%	98.0%	95.0%	109.0%	2.86	3.03	4.5	4.6	7.3	7.6	0		93.9%
J49 Renal Medicine Male	119.0%	124.0%	100.0%	102.0%	2.72	3.02	3.1	3.5	5.8	6.5	0		93.0%
J50 Renal Medicine Female	124.0%	113.0%	107.0%	190.0%	3.17	3.71	3.6	5.0	6.7	8.8	0		98.7%
J82 UGI & HPB Surgery	94.0%	119.0%	103.0%	109.0%	3.05	2.97	3.2	3.7	6.3	6.7	0		95.1%
J83 Leeds Liver Unit	111.0%	82.0%	98.0%	105.0%	3.33	3.50	4.2	3.9	7.5	7.4	0		97.6%
J91 Gastro	88.0%	104.0%	82.0%	101.0%	2.82	2.42	3.7	3.7	6.5	6.2	0		100.0%
J92 Gastro	93.0%	119.0%	121.0%	124.0%	2.67	2.74	4.2	5.1	6.8	7.8	0		98.9%
General ICU SJUH	101.0%	110.0%	100.0%	100.0%	25.45	25.46	3.3	3.5	28.8	29.0	1		96.4%
General HDU SJUH	105.0%	108.0%	111.0%	102.0%	18.49	19.95	4.9	5.1	23.4	25.1	0		94.3%
Neuro HDU/ICU	97.0%	101.0%	97.0%	95.0%	23.39	22.69	3.2	3.1	26.5	25.8	0		99.4%

June	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
	Registered	Care	Night	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 (%)							
Cardiac HDU/ICU	104.0%	84.0%	100.0%	87.0%	21.29	21.73	4.1	3.5	25.4	25.2	0
General ICU LGI	102.0%	114.0%	98.0%	119.0%	26.65	26.60	3.9	4.6	30.6	31.2	0
J06 Adult Cystic Fibrosis	113.0%	118.0%	97.0%	93.0%	8.83	9.43	4.5	4.9	13.4	14.4	0
J09 Respiratory Medicine	117.0%	112.0%	94.0%	98.0%	3.53	3.72	5.4	5.6	8.9	9.4	0
J10 Respiratory Medicine	117.0%	118.0%	101.0%	101.0%	10.69	3.30	10.5	4.0	21.2	4.3	0
J11	31.0%	88.0%	44.0%	206.0%	6.37	4.30	3.6	5.0	10.0	5.3	0
J12 Respiratory Medicine	95.0%	121.0%	81.0%	106.0%	3.58	3.14	4.5	5.1	8.1	8.2	0
L14 Cardiology Day Case	125.0%	123.0%	111.0%	114.0%	NA	NA	NA	NA	NA	NA	0
L16 Cardiac Surgery	83.0%	120.0%	91.0%	158.0%	3.23	2.78	2.3	3.1	5.6	5.9	0
L18 Cardiology	99.0%	107.0%	103.0%	108.0%	2.67	2.68	4.3	4.6	7.0	7.3	0
L19 Cardiology	99.0%	102.0%	97.0%	124.0%	3.13	3.07	3.2	3.6	6.4	6.7	0
L20 CCU	101.0%	97.0%	98.0%	NA	8.81	8.77	1.4	2.1	10.3	10.9	0
C01 Neuro Rehabilitation	103.0%	91.0%	100.0%	248.0%	3.55	3.63	5.0	6.2	8.5	9.9	0
C02	95.0%	105.0%	98.0%	100.0%	4.34	4.19	3.7	3.8	8.0	8.0	0
C03 Orthopaedic Centre	109.0%	110.0%	86.0%	168.0%	6.08	6.27	3.1	3.9	9.2	10.1	0
Ward 01 - WGH	100.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.3%
	97.6%
	96.9%
	92.4%
	93.2%
	97.0%
	96.7%
	NA
	93.0%
	97.1%
	95.6%
	99.3%
	96.8%
	98.5%
	98.9%
	100.0%

June	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (N SSR/SJPC)
Ward name	Registered	Care	Night	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 (%)							
J15 Older Peoples Services	77.0%	111.0%	97.0%	110.0%	3.92	3.43	4.8	4.8	8.2	1321	0
J16 Acute Medicine	84.0%	93.0%	72.0%	118.0%	3.34	2.63	3.9	5.9	8.3	9.8	0
J17 Older Peoples Services	84.0%	98.0%	78.0%	135.0%	2.75	2.24	2.6	2.2	7.4	1753	0
J19 Elderly Admissions	91.0%	125.0%	77.0%	117.0%	3.45	2.89	2.2	2.2	7.7	9.0	0
J20 Infection & Travel Medicine	99.0%	123.0%	104.0%	133.0%	4.39	4.44	3.6	4.6	7.9	1099	0
J21 Elderly Short Stay & Assessment	94.0%	128.0%	81.0%	119.0%	2.91	2.54	4.7	5.8	7.0	2.6	0
J26 Older Peoples Services	95.0%	102.0%	86.0%	125.0%	3.02	2.74	3.0	3.9	7.1	1036	0
J27 Acute Medicine	112.0%	119.0%	127.0%	107.0%	3.02	3.58	4.6	5.2	7.7	9.8	0
J28 Older Peoples Services	95.0%	108.0%	88.0%	103.0%	2.58	2.36	0.2	0.7	6.8	1336	0
J29	72.0%	107.0%	77.0%	98.0%	4.20	3.12	2.9	2.5	10.2	2921	0
L23 ENT/Spines	92.0%	124.0%	98.0%	127.0%	2.87	2.71	2.9	4.5	6.5	2.2	0
L12 Stroke Rehab	93.0%	90.0%	99.0%	172.0%	2.42	2.30	3.4	4.0	5.8	1041	0
L17 Neurology	100.0%	104.0%	101.0%	138.0%	2.89	2.91	2.9	3.6	6.8	1057	0
L21 Acute Stroke Unit	88.0%	91.0%	88.0%	97.0%	4.40	3.86	6.1	6.2	10.5	9.6	0
L24 Neuro/Spines	90.0%	96.0%	100.0%	135.0%	2.79	2.60	2.7	5.2	7.5	7.8	0
L25 Neuro/Spines	93.0%	110.0%	95.0%	116.0%	3.25	3.05	2.9	5.2	7.8	2.6	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	81.3%
	94.3%
	98.9%
	98.6%
	96.4%
	98.1%
	97.2%
	96.5%
	94.3%
	94.8%
	98.2%
	91.1%
	99.7%
	97.3%
	96.2%
	98.9%

June	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Night	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 (%)							
L28 Surgical Day Unit	86.0%	135.0%	96.0%	135.0%	NA	NA	NA	NA	NA	NA	0
J23 Breast Surgery	81.0%	102.0%	82.0%	100.0%	6.19	5.05	7.2	7.4	13.4	12.4	0
J84 Thoracic Surgery	93.0%	92.0%	116.0%	96.0%	4.40	4.38	3.5	3.3	7.9	7.7	0
J88 Haematology	94.0%	126.0%	100.0%	109.0%	3.41	3.29	3.2	3.8	6.6	7.1	0
J89 Haematology BMTU	78.0%	119.0%	82.0%	107.0%	5.42	4.31	2.4	2.8	7.9	7.1	0
J93 Oncology	88.0%	98.0%	100.0%	93.0%	3.13	2.89	3.1	3.0	6.2	5.9	0
J94 Young Adults Unit	85.0%	96.0%	84.0%	99.0%	5.73	4.85	2.6	2.5	8.3	7.4	0
J96 Oncology Assessment	80.0%	96.0%	81.0%	122.0%	4.97	3.99	3.5	3.7	8.5	7.7	0
J97 Oncology	80.0%	114.0%	100.0%	109.0%	3.28	2.82	3.0	3.3	6.3	6.2	0
J98 Gynaecology	84.0%	83.0%	102.0%	104.0%	2.78	2.51	5.0	4.6	7.7	7.1	0
David Beevers Day Unit - SJH	109.0%	129.0%	118.0%	118.0%	NA	NA	NA	NA	NA	NA	0
L08	101.0%	150.0%	99.0%	175.0%	7.35	7.35	3.5	5.8	10.9	13.1	0
L10 Major Trauma Ward	83.0%	94.0%	104.0%	100.0%	3.94	3.54	6.5	6.3	10.5	9.9	0
L15 Vascular	93.0%	110.0%	92.0%	145.0%	3.12	2.88	3.9	5.0	7.0	7.8	0
L22 Plastics	94.0%	110.0%	94.0%	130.0%	2.71	2.55	3.3	3.9	6.0	6.5	0
L38 Female Trauma Orthopaedics	77.0%	87.0%	97.0%	91.0%	3.77	3.20	7.5	6.6	11.2	9.8	0
L35 Orthopaedic Trauma/Vascular	82.0%	111.0%	100.0%	117.0%	2.88	2.54	4.8	5.5	7.7	8.1	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	92.9%
	96.0%
	98.4%
	97.9%
	98.4%
	95.5%
	95.0%
	95.4%
	98.6%
	95.1%
	NA
	97.5%
	98.8%
	92.0%
	97.1%
	94.1%
	92.3%

June	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SJPC)
Ward name	Registered	Care	Night	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 (%)							
L34	87.0%	95.0%	108.0%	100.0%	2.56	2.43	4.5	4.4	7.1	6.8	0
J03 Delivery Suite	105.0%	110.0%	96.0%	100.0%	26.52	26.65	5.2	5.5	31.7	32.2	0
J04 Ante Natal	90.0%	86.0%	101.0%	98.0%	14.63	13.83	6.0	5.5	20.6	19.3	0
J05 Obstetrics	99.0%	99.0%	93.0%	98.0%	4.04	3.90	2.5	2.4	6.5	6.4	0
J24 Gynaecology	100.0%	114.0%	95.0%	128.0%	NA	NA	NA	NA	NA	NA	0
L36 Maternity	92.0%	99.0%	82.0%	100.0%	3.39	2.99	1.8	1.8	5.2	4.8	0
L44 Maternity	100.0%	100.0%	99.0%	102.0%	8.57	8.53	4.3	4.4	12.9	12.9	0
L45 Delivery Suite	99.0%	96.0%	100.0%	96.0%	21.84	21.69	4.0	3.9	25.9	25.6	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	97.1%
	97.6%
	97.4%
	98.1%
	97.9%
	96.6%
	92.6%
	96.3%

July 2021

July	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SCP)	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	90.0%	114.0%	80.0%	115.0%	3.11	2.67	3.6	4.1	6.7	6.8	0		98.8%
J43 Short Stay Surgery	121.0%	99.0%	98.0%	97.0%	NA	NA	NA	NA	NA	NA	0		94.9%
J44 General Surgery	92.0%	104.0%	78.0%	130.0%	3.48	3.00	4.1	4.7	7.5	7.7	2		100.0%
J45 General Surgery	90.0%	118.0%	81.0%	145.0%	3.52	3.05	3.6	4.7	7.2	7.8	0		97.7%
J46 Colorectal Surgery	88.0%	114.0%	108.0%	110.0%	2.63	2.49	3.3	3.7	6.0	6.2	0		95.7%
J47 Colorectal Surgery	99.0%	123.0%	82.0%	104.0%	3.17	2.92	4.0	4.5	7.1	7.4	0		96.8%
J49 Renal Medicine Male	113.0%	113.0%	103.0%	116.0%	2.76	3.01	3.6	4.1	6.4	7.1	0		95.7%
J50 Renal Medicine Female	120.0%	111.0%	99.0%	169.0%	3.32	3.70	3.6	4.8	7.0	8.5	2		98.2%
J82 UGI & HPB Surgery	81.0%	93.0%	89.0%	109.0%	3.32	2.78	3.8	3.9	7.2	6.6	0		94.1%
J83 Leeds Liver Unit	112.0%	93.0%	101.0%	107.0%	2.98	3.18	4.1	4.1	7.1	7.3	0		88.0%
J91 Gastro	91.0%	118.0%	96.0%	107.0%	2.71	2.51	3.9	4.4	6.6	6.9	0		100.0%
J92 Gastro	93.0%	164.0%	143.0%	190.0%	2.63	2.94	3.4	6.0	6.0	8.9	0		98.3%
General ICU SJUH	101.0%	116.0%	101.0%	120.0%	10.84	10.98	3.1	3.6	13.9	14.6	0		94.0%
General HDU SJUH	99.0%	109.0%	103.0%	103.0%	11.17	11.07	5.6	6.0	16.8	17.0	0		98.0%
Neuro HDU/ICU	103.0%	112.0%	102.0%	117.0%	10.51	10.82	3.2	3.7	13.8	14.5	0		97.3%

July	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SCPJ)
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 (%)							
Cardiac HDU/ICU	101.0%	85.0%	97.0%	94.0%	9.95	10.01	3.2	2.9	13.1	12.9	0
General ICU LGI	83.0%	107.0%	81.0%	140.0%	17.59	14.55	5.3	6.5	22.9	21.0	0
J06 Adult Cystic Fibrosis	92.0%	142.0%	92.0%	93.0%	9.40	8.63	5.3	5.4	14.7	14.0	0
J09 Respiratory Medicine	104.0%	101.0%	75.0%	96.0%	3.99	3.57	5.9	5.8	9.9	9.4	0
J10 Respiratory Medicine	114.0%	99.0%	103.0%	110.0%	9.75	10.59	9.7	10.1	19.4	20.7	0
J11 Respiratory Surge	96.0%	118.0%	86.0%	100.0%	3.39	3.09	4.9	5.3	8.3	8.4	0
J12 Respiratory Medicine	97.0%	107.0%	74.0%	119.0%	3.69	3.16	4.6	5.2	8.3	8.3	0
L14 Cardiology Day Case	110.0%	117.0%	96.0%	128.0%	NA	NA	NA	NA	NA	NA	0
L16 Cardiac Surgery	99.0%	99.0%	88.0%	130.0%	2.87	2.72	2.3	2.5	5.2	5.2	0
L18 Cardiology	95.0%	114.0%	82.0%	116.0%	2.68	2.37	4.3	4.9	7.0	7.3	0
L19 Cardiology	106.0%	94.0%	91.0%	127.0%	3.03	3.00	3.3	3.6	6.3	6.6	0
L20 CCU	108.0%	100.0%	100.0%	NA	7.94	8.25	1.3	1.9	9.2	10.1	0
C01 Neuro Rehabilitation	102.0%	94.0%	102.0%	255.0%	3.52	3.59	4.9	6.4	8.5	10.0	0
C02	96.0%	95.0%	98.0%	108.0%	4.29	4.15	4.0	4.0	8.3	8.1	0
C03 Orthopaedic Centre	119.0%	84.0%	100.0%	94.0%	5.93	6.74	5.1	4.5	11.1	11.2	0
Ward 01 - WGH	100.0%	100.0%	NA	NA	NA	NA	NA	NA	NA	NA	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	95.1%
	97.6%
	96.5%
	89.0%
	91.8%
	90.7%
	95.1%
	NA
	87.5%
	93.7%
	93.0%
	99.3%
	96.1%
	99.6%
	98.6%
	NA

July	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SCPJ)
	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 (%)							
J01 Neonatal Unit	92.0%	100.0%	100.0%	100.0%	9.59	9.18	1.7	1.7	11.3	10.9	0
Transitional Care - SJH	100.0%	102.0%	98.0%	100.0%	6.20	6.13	3.1	3.1	9.3	9.3	0
L09 Childrens Medicine	93.0%	105.0%	89.0%	100.0%	8.42	7.68	2.2	2.2	10.6	9.9	0
L30 Childrens Respiratory/CF	98.0%	105.0%	91.0%	94.0%	6.56	6.23	2.3	2.3	8.9	8.6	0
L31 Childrens Oncology	97.0%	87.0%	96.0%	100.0%	9.54	9.20	1.6	1.5	11.2	10.7	0
L40 Childrens General Medicine	90.0%	135.0%	102.0%	97.0%	6.17	5.91	1.4	1.6	7.6	7.5	0
L41 Childrens Surgery	96.0%	100.0%	76.0%	188.0%	7.66	6.56	3.2	4.5	10.9	11.1	0
L42 Paediatric Surgery	98.0%	74.0%	94.0%	83.0%	8.07	7.75	2.0	1.6	10.1	9.3	0
L43 Neonatal Unit	94.0%	100.0%	95.0%	100.0%	16.53	15.60	0.2	0.2	16.7	15.8	0
L47 PICU	93.0%	102.0%	95.0%	104.0%	24.29	22.81	2.4	2.4	26.6	25.2	0
L50 Childrens Liver & Renal	92.0%	90.0%	95.0%	97.0%	6.75	6.31	2.0	1.8	8.7	8.2	0
L51 Childrens Cardiac Surgery	91.0%	95.0%	97.0%	87.0%	8.37	7.85	1.2	1.1	9.6	9.0	0
L52 Childrens Neurosciences	101.0%	99.0%	91.0%	120.0%	6.86	6.61	2.1	2.3	8.9	8.9	0
L23 ENT/Spines	96.0%	112.0%	100.0%	119.0%	2.88	2.81	3.7	4.3	6.6	7.1	0
L12 Stroke Rehab	91.0%	101.0%	103.0%	177.0%	2.37	2.26	3.4	4.4	5.8	6.7	0
L17 Neurology	101.0%	109.0%	101.0%	151.0%	2.91	2.94	3.9	5.0	6.9	7.9	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	99.3%
	99.4%
	94.5%
	94.5%
	99.0%
	95.5%
	93.6%
	91.1%
	97.6%
	93.2%
	97.8%
	96.6%
	94.0%
	98.8%
	91.1%
	99.1%



July	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SCPJ)
	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 (%)							
L21 Acute Stroke Unit	84.0%	92.0%	88.0%	98.0%	4.42	3.78	5.8	5.5	10.3	9.3	0
L24 Neuro/Spines	90.0%	86.0%	96.0%	129.0%	2.74	2.51	4.5	4.6	7.2	7.2	0
L25 Neuro/Spines	93.0%	108.0%	97.0%	119.0%	3.23	3.06	4.9	5.6	8.1	8.6	0
L28 Surgical Day Unit	108.0%	157.0%	120.0%	154.0%	2.60	2.93	2.1	3.3	4.8	6.3	0
J23 Breast Surgery	100.0%	96.0%	100.0%	179.0%	5.34	5.34	6.9	7.4	12.2	12.8	0
J84 Thoracic Surgery	88.0%	111.0%	113.0%	109.0%	4.33	4.13	3.5	3.8	7.8	8.0	0
J88 Haematology	93.0%	98.0%	95.0%	99.0%	3.50	3.27	4.6	4.5	8.1	7.8	0
J89 Haematology BMTU	88.0%	129.0%	84.0%	145.0%	4.62	4.01	2.4	3.3	7.0	7.3	0
J93 Oncology	86.0%	106.0%	71.0%	104.0%	3.64	2.88	3.3	3.5	7.0	6.4	0
J94 Young Adults Unit	98.0%	101.0%	79.0%	114.0%	5.85	5.22	3.0	3.2	8.8	8.4	0
J96 Oncology Assessment	83.0%	89.0%	75.0%	129.0%	5.10	4.05	3.7	3.9	8.8	7.9	0
J97 Oncology	84.0%	101.0%	79.0%	99.0%	3.54	2.91	3.1	3.1	6.6	6.0	0
J98 Gynaecology	87.0%	116.0%	104.0%	142.0%	3.03	2.80	3.1	4.0	6.1	6.8	0
J14 Older Peoples Services	92.0%	102.0%	77.0%	132.0%	2.87	2.43	4.9	5.6	7.8	8.0	0
J15 Older Peoples Services	115.0%	127.0%	103.0%	131.0%	2.88	3.16	4.3	5.6	7.2	8.7	0
J16 Acute Medicine	76.0%	93.0%	75.0%	116.0%	3.32	2.51	5.0	5.1	8.3	7.6	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	97.4%
	92.2%
	98.5%
	94.3%
	95.6%
	97.2%
	98.2%
	97.1%
	96.2%
	98.6%
	95.3%
	98.2%
	94.7%
	81.1%
	87.5%
	96.1%

July	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SCPJ)
	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 (%)							
J17 Older Peoples Services	87.0%	101.0%	81.0%	132.0%	2.90	2.44	4.9	5.6	7.8	8.1	0
J19 Elderly Admissions	87.0%	121.0%	76.0%	113.0%	3.28	2.69	4.3	5.0	7.6	7.7	0
J20 Infection & Travel Medicine	82.0%	95.0%	103.0%	99.0%	4.74	4.28	4.9	4.8	9.7	9.0	0
J21 Elderly Short Stay & Assessment	91.0%	121.0%	79.0%	117.0%	3.10	2.64	4.2	5.0	7.3	7.6	1
J26 Older Peoples Services	90.0%	91.0%	80.0%	116.0%	3.54	3.03	5.0	5.1	8.5	8.1	0
J27 Acute Medicine	98.0%	128.0%	102.0%	102.0%	2.92	2.92	4.6	5.2	7.5	8.1	0
J28 Older Peoples Services	92.0%	109.0%	82.0%	103.0%	2.56	2.24	4.0	4.2	6.6	6.5	0
J29 Winter Ward	70.0%	96.0%	59.0%	126.0%	3.68	2.37	4.1	4.5	7.8	6.9	1
David Beevers Day Unit - SJH	88.0%	108.0%	112.0%	122.0%	NA	NA	NA	NA	NA	NA	0
L08 TRS HOBBS	98.0%	124.0%	97.0%	126.0%	8.57	8.38	4.5	5.6	13.1	14.0	0
L10 Major Trauma Ward	85.0%	86.0%	106.0%	105.0%	3.85	3.54	6.3	6.0	10.1	9.5	0
L15 Vascular	86.0%	93.0%	87.0%	102.0%	2.94	2.54	4.1	3.9	7.0	6.5	0
L22 Plastics	85.0%	107.0%	100.0%	129.0%	2.76	2.49	3.3	3.9	6.0	6.3	0
L38 Female Trauma Orthopaedics	82.0%	83.0%	97.0%	87.0%	3.76	3.30	7.7	6.5	11.4	9.8	0
L34 Orthopaedic Trauma	72.0%	122.0%	99.0%	138.0%	2.71	2.24	4.9	6.4	7.6	8.6	0
L35 Orthopaedic Trauma/Vascular	83.0%	95.0%	92.0%	99.0%	2.56	2.21	4.6	4.4	7.1	6.7	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	75.0%
	98.2%
	95.5%
	98.6%
	98.0%
	97.1%
	94.1%
	93.9%
	NA
	98.5%
	96.8%
	96.8%
	95.1%
	95.7%
	90.5%
	96.3%

July	Day		Night		Care Hours Per Patient Day (CHPPD)						Nurse Staffing Status Report (NSSR/SCPJ)
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 (%)							
J07 General Admissions	88.0%	100.0%	80.0%	100.0%	3.84	3.23	5.3	5.3	9.1	8.5	0
J08 Medical Admissions Unit	77.0%	93.0%	77.0%	105.0%	3.38	2.61	6.0	5.9	9.4	8.5	1
J03 Delivery Suite	98.0%	96.0%	95.0%	102.0%	27.14	26.16	5.3	5.2	32.4	31.4	0
J04 Ante Natal	90.0%	87.0%	100.0%	96.0%	15.35	14.46	6.2	5.7	21.6	20.2	0
J05 Obstetrics	94.0%	89.0%	90.0%	96.0%	4.20	3.90	2.5	2.3	6.7	6.2	0
J24 Gynaecology	111.0%	95.0%	97.0%	124.0%	NA	NA	NA	NA	NA	NA	0
L36 Maternity	99.0%	99.0%	86.0%	89.0%	3.05	2.86	2.0	1.9	5.0	4.7	0
L44 Maternity	99.0%	102.0%	98.0%	98.0%	9.68	9.57	4.7	4.7	14.4	14.3	0
L45 Delivery Suite	97.0%	95.0%	96.0%	85.0%	21.33	20.53	4.3	3.9	25.6	24.4	0

Ward Healthcheck	
In Escalation - Stage 1, 2 3)	Overall ward Metrics %
	93.9%
	98.4%
	98.1%
	93.1%
	98.4%
	99.1%
	99.4%
	93.3%
	96.5%