United Lincolnshire Hospitals NHS
NHS Trust

To:	Public Trust Board
From:	Pauleen Pratt Acting Chief Nurse
Date:	3 June 2014
Healthcare standard	S11

Title:	Bi Annual Nurse Staffing Overview

Author/Responsible Director: Elizabeth Ball Deputy Chief Nurse / Pauleen Pratt, Acting Chief Nurse

Purpose of the Report: To update the board of our position against -

a. The National Quality Board 10 expectations (Making the right decisions about nursing, midwifery and care staff capacity and capability)
b. The Actions in Response to Hard Truths (Government Response to Mid Staffs)
c. The requirement to upload staffing data monthly from June 14 to NHS choices
d. Current position regarding staffing levels and ongoing work
e. The opportunity to respond to the NICE consultation on staffing

The Report is provided to the Board for:

Decision		Discussion	
Assurance	X	Information	X

Summary/Key Points:

ULHT is complaint against the 9 expectations that are relevant for an acute trust and the actions from Hard Truths. ULHT will meet the deadline for publication of staffing data by the 10th June.

At this time the Acting Chief Nurse is able to confirm that the general inpatient wards are established to deliver safe care. However utilisation of staff needs to be improved. Further work is required to review the Emergency departments and admission areas. Also a detailed review of the data to ensure that a minimum of 1:11 is maintained at night in all general ward areas as agreed previously by the TB.

The ongoing challenge of short notice absence or where vacancies exist is managed on a day to day basis by the operational teams and staff are reallocated to ensure areas of need are supported. Bank and Agency are used if available and on some occasions beds have been closed.

When a 'special' is required (a patient needs a close observation) it is not always possible to find an extra nurse and this leads to staff missing breaks or prioritising care to ensure patients' needs are met. Further work to support the care of this group of patients has commenced.

The commencement of new staff has been beneficial and had a positive impact on moral and standards, however some teams have several junior staff that require ongoing training and support to be able to deliver fully all aspects of their role, this development is ongoing.

Recommendations:
To accept the report as accurate
Agree the Acting Chief Nurse should respond to the NICE consultation
Agree the continuation of the actions described in section 8 of the report

Strategic Risk Register	**Performance KPIs year to date**
Resource Implications (eg Financial, HR)	
Assurance Implications	
Patient and Public Involvement (PPI) Implications	
Equality Impact	
Information exempt from Disclosure	
Requirement for further review?	

Report on Safer Staffing (Nursing and Midwifery)

2. Aim of the paper

This paper is to update the board of our position against -

a. The National Quality Board 10 expectations (Making the right decisions about nursing, midwifery and care staff capacity and capability)
b. The Actions in Response to Hard Truths (Government Response to Mid Staffs)
c. The requirement to upload staffing data monthly from June 14 to NHS choices
d. Current position regarding staffing levels and ongoing work
e. The opportunity to respond to the NICE consultation on staffing

3. Background

In March 2014, NHS England wrote to Trusts to confirm the requirements for publishing staffing data regarding nursing, midwifery and care staff and gave clear guidance on the delivery of the commitments set out in 'Hard Truths'

This followed the new national guidance published by the National Quality Board (NQB) in November 2013 to support provider and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability. 'How to ensure the right people, with the right skills are in the right place at the right time: A guide to nursing, midwifery and care staff capability and capacity.' The overarching recommendations are set within section 3 of this paper and address the key actions already taken or still required to ensure compliance with the guidance and include:

I. A requirement for a Board report describing staffing capacity and capability, following an establishment review using evidence base tools To be presented every six months commencing June 2014.

II. For information about nurses, midwives and care staff deployed on each shift compared to what has been planned and this is to be displayed at ward level.

III. A monthly Board report containing details of planned and actual staff on a shift by shift basis, to be presented to the Board each month starting no later than June 2014.

IV. The uploading of the staffing report be published on the Trusts website and linked from the relevant hospitals webpage on NHS Choices.

This report provides the Board with assurance that actions have been taken to meet the guidance and includes an overview of our staffing levels planned and delivered during May 2014 that will be published on the NHS choices web site.
It is important to note the previous investment into nurse staffing over the past year and the ongoing recruitment that has seen an increase in approximately 100 extra

registered nurses and 10 extra midwives. This has supported a reduction in temporary staffing and increase in substantive staffing who are signed up to Trust values and behaviours. This Board report provides an update of the planned staffing ratios using evidence from previous reviews and introduced following Board approval in 2013 and the new emerging evidence.

Over the past year staffing templates have been agreed for all inpatient areas defining number of RN and non RN staff per shift by ward, and an assurance system has been put in places that is supported with daily checks by the operations teams. An update is sent to the Acting Chief Nurse and Director of Operations on staffing levels and escalation of any areas of concerns that cannot be managed at site level occurs.

4. Progress against NQB Expectations

Table 1 shows our current compliance with the 10 expectations of the NQB guidance.

TABLE 1 - NQB Expectations	**Compliance**	**Progress to date:**
Expectation 1 Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staff capacity and capability	Compliant	The Board has supported significant investment in staffing in 2013/14, and has agreed the funded establishments for 2014/15.Reporting to Board on actual and planned staffing commenced June 2014
Expectation 2 Process are in place to enable staffing establishments to be met on a shift-to-shift basis	Compliant	Roster policy has been reviewed and escalation process are in place. The introduction of Safecare later in 2014 on E-Rostering system will improve the escalation process and audit trail on action taken.
Expectation 3 Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability	Compliant	The SCNT has been used to help inform staffing requirements
Expectation 4 Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns.	Compliant	The Trust has developed a number of strategies to enable staff to raise concerns such as the Voicing

		Concerns policy, positive reporting culture, working with staff side representatives and Listening in Action.
Expectation 5 A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments	Compliant	The nursing and operational management teams work closely with finance when agreeing the funded establishments. This is reference in the revised Roster policy
Expectation 6 Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	Compliant	The Roster policy and shift standardisation will support improvements in management of the roster to enable staff to attend professional development and fulfil mentorship requirements. The Roster policy includes key performance indicators of managers to ensure they are managing planned and unplanned leave.
Expectation 7 Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review.	Compliant from June 14	Reporting to commence in June 2014
Expectation 8 NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift.	Compliant	Board to display staffing information are in place.
Expectation 9 Providers of NHS services take an active role in securing staff in line with their workforce requirements	Partial compliant	Workforce planning processes are now in place and being embedded. Partnership work as part of LHAC is ongoing regarding workforce development. Strong links with LETB and local University are in place.

Expectation 10 Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers whom they contract.	N/A	For CCG

5. Progress against Hard Truth Actions

Table 2 shows compliance against the actions required in Hard Truths

TABLE 2 - Action required by Trusts in response to Hard Truths:	Compliance	Progress to date:
A. The Boards receives a regular report twice a year on staffing capacity and capability which has involved the use of an evidence based tool (where available), and reflects a realistic expectation of the impact on staffing on a range of factors. The report: • Draws on expert professional opinion and insight into local clinical need and context • Makes recommendations to the Board which are considered and discussed • Is presented to and discussed at the public Board meeting • Prompts agreement of actions which are recorded and followed up on • Is posted on the Trusts public website along with all the other public Board papers.	Compliant Compliant	Safer Nursing Care Tool (SNCT) previously AUKUH used in nursing and birth rate plus used in midwifery 4 week data collection using SNCT commenced March 10th and analysis presented as part of this Board with actions
B. The Trust clearly displays information about nurses, midwives and care staff present in each clinical setting on each shift. This should be visible, clear and accurate and it should include the full range of support staff available in the area during each shift. It may be helpful to outline additional information that is held locally, such as the		This is used daily and as part of SNCT analysis Boards to display information about the planned and actual numbers of staff on each shift have been installed. The Trust has produced guidance to support the Ward Sister/Charge Nurses

significance of different uniforms and titles used. To summarise, the display should: • Be in an area within the clinical area that is accessible to patients and their families and carers • Explain the planned and actual numbers of staff for each shift (registered and non-registered) • Details who is in charge of the shift • Describe what each member of the teams role is • Be accurate		in completing the information on the boards and how they may need to prepare for question from patients and visitors about the staffing levels. The boards include information on who is in charge, and identifies registered nurses and midwives and support workers on duty. In addition patient boards are being installed across the wards in April 2014. Trust that identify the named consultant and the nurse that is looking after the patient on each shift. Patient safety is already displayed however boards to collate this information will be provided in the next few months. Further work required to standardise information displayed on uniforms and titles used.
C. The Board • Receives an update containing details of planned and actual staffing on a shift by shift basis • Is advised on those wards where staffing falls short of what is required to provide quality care, the reasons for the gap, the impact and the actions being taken to address the gap and to protect patients • Evaluates risks associated with staffing issues • Seeks assurances regarding contingency planning, mitigating actions and incident reporting • Ensures that the Executive Team is supported to take	Compliant	Initial monthly reporting detailed in this report and to be presented to the Board monthly thereafter

decisive action to protect patient safety Publishes the report in a form accessible to patients and the public on their Trust website (which could be supplemented by a dedicated patient friendly 'safe staffing' area on a Trust website.		
D. The Trust will ensure that the published monthly update report specified in C is published on a Trust webpage that is linked directly to the Trusts webpage on NHS Choices. The link from each Trust's NHS Choices webpage will allow patients and the public to directly access the Trust Board staffing reported from the relevant NHS Choices Trust page and these update reports should therefore be written in a form that is accessible and understandable to patients and the public.	Compliant	Plans are in place to ensure the information is published on NHS Choices with a link from the ULHT website by the cut-off date of June 10th 2014.
E. The Trust: • Reviews the actual versus planned staffing on a shift by shift basis • Responds to address gaps or shortages where these are identified • Uses systems and processes such as e-rostering and escalation and contingency plans to make the most of resources to optimise care	Compliant	Information is provided on a daily basis on the staffing shortfalls and escalation processes are in place to address these on each of the hospital sites. Monthly reporting to Board has commenced in June, and data is currently being analysed from the E-Roster system to support this reporting process. Following introduction of Version 10 the reporting processes will be improved, Safe care will enable further enriched reporting based on actual patient need which is in line with the NICE Guidance.

6. Current Staffing Levels at United Lincolnshire NHS Trust (ULHT)

The Safer Nursing Care Tool (SNCT) is nationally developed and validated acuity/dependency tool to measure nursing workload and estimate staffing requirements. The tool is widely used across the NHS. It has been used to assess the dependency and/or acuity of patients across the adult in-patient wards at ULHT during March and April 2014. The acuity and/or dependency is measured by assessing each patient care needs, chance of deterioration requirement for advanced intervention. These needs are then defined against the 'Levels of Care' required, each patient with a given level of care of has a multiplier for the number of whole time equivalents registered nurses required to Nurse this type of patient as shown in table 3

TABLE 3 - Level of care required	Multiplier	Description of patient needs
Level 0	0.99wte	Patient requires hospitalisation. Needs met by provision of normal ward cares.
Level 1a	1.39wte	Acutely ill patients requiring intervention or those who are unstable with a greater chance of deterioration.
Level 1b	1.72wte	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of the activities of daily living.
Level 2	1.97wte	May be managed within clearly identified, designated beds, resources with the required expertise and staffing level OR may require transfer to a dedicated Level 2 facility / unit
Level 3	5.96wte	Patients needing advanced respiratory support and / or therapeutic support of multiple organs.

Several previous papers have been submitted to Trust Board over the last two years; in May 2013 agreement was made at the Trust Board to invest significantly in ward nursing with agreement to look at other areas in 2014/15 (Emergency departments and Admission wards).This followed an in-depth review of the nursing workforce across medical and surgical wards and addressed the concern of staffing levels identified by the then Chief Nurse and confirmed by CQC at a later inspection on the three main ULHT sites.

A detailed review using the SNCT commenced on 10th March 2014 for a 4 week period as recommended by the Trust Development Authority (TDA). A training session to ensure consistent data collection was delivered by the Deputy Director of Nursing at the TDA prior to the data collection starting and this was attended by Ward Sisters, Matrons and Heads of Nursing from all sites by video conferencing. A guidance document was produced to support staff in the data collection process and a lead was identified for each site that was given additional information and was supported by the ULHT Deputy Chief Nurse.

The SNCT analysis is based on a 65 to 35 skill mix registered to unregistered workforce. Using this tool some wards have a higher requirement for staffing based on the SNCT in comparison to the funded establishment a number of wards have staffing above the recommendations of this period of time based on the SNCT.

It is not recommended to use one set of data and the SNCT should not be viewed in isolation and therefore any judgments based on this data need to be taken after further analysis and triangulation with professional judgement and the recent guidance of 1 nurse to 8 patients. Further analysis to identify reasons for variations requires ongoing review and analysis with Ward leader and Heads of Nursing. Data collection is expected to improve following introduction of the Safe care module of the E-roster system in September this year and support a review of staffing requirements over larger periods of time. This will ensure peaks and troughs are not taken out of context.

It must be noted that no single measure of staffing requirements should be used in isolation.

For the purposes of this report the 1.8 ratio has been calculated based on a requirement of 5.96 whole time equivalent nurses per bed as evidenced in the SNCT multipliers . In additional this has been calculation is based on 1 to 8 over the 24 hour period and this is out of line with the current professional judgement of the former Director of Nursing which is 1 to 8 during the day and 1 to 11 at night. A review of current establishment against the 'Safer Nursing Care Tool' (SNCT) recommendations and professional judgement has identified areas for further review and analysis to ensure ongoing safe staffing. These are a review of EAU at Grantham. Pilgrim have a review of Accident and Emergency planned and the need to meet 1 to 11 on nights is not consistent in all areas. At Lincoln a review is planned for Stow, Digby and Accident and Emergency department. Admission areas and A&E were always planned to be in phase 2 of the staffing review and this remains on track.

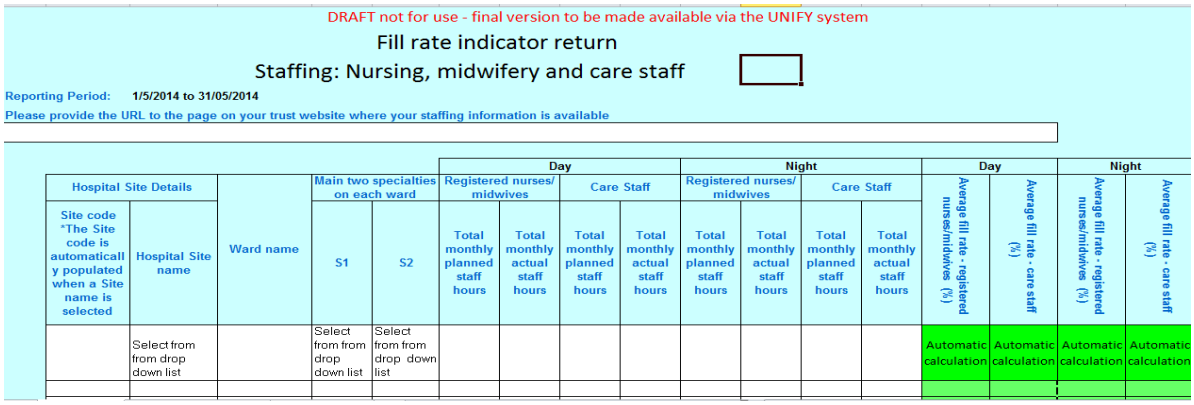
The SNCT data shows that Wards 6a,6b and 8a at Pilgrim Hospital, Wards 1 and Day Treatment Unit at Grantham Hospital and Wards Burton, Dixon and Hatton at Lincoln Hospital have a lower establishment .However when professional judgement is used and reviewed using a minimum standard of one registered nurse to 8 patients ratio, this identifies that all wards at Pilgrim Hospital have met this ratio. However 2 wards at Grantham and Lincoln Hospitals have shortfall against 1;8 and 1;11 but if it is recommended to move to the 1;8 as recommended in the NICE consultation 7 wards will have a short fall. Listed in Table 4 below. Further work is ongoing to assess the requirement.

TABLE 4 - Ward/Department	1 to 8 ratio 24/7	1 to 8 ratio 12/7 and 1 to 11 12/7
Grantham Hospital Day Treatment Unit	1.72 wte	0.5 wte
Grantham Hospital Ward 1	0.76wte	No deficit
Lincoln Hospital Greetwell Ward,	1.56wte	No deficit

Lincoln Hospital Burton Ward	2.34 wte	0.3wte
Lincoln Hospital Clayton Ward	1.56 wte	No deficit
Lincoln Hospital Dixon Ward	1.56 wte	No deficit
Lincoln Hospital Neustadt Welton	0.56 wte	No deficit

7. Publication of Monthly data

Figure 1- national template



DRAFT not for use - final version to be made available via the UNIFY system

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Reporting Period: 1/5/2014 to 31/05/2014

Please provide the URL to the page on your trust website where your staffing information is available

Hospital Site Details		Ward name	Main two specialties on each ward		Day				Night				Day		Night	
					Registered nurses/ midwives		Care Staff		Registered nurses/ midwives		Care Staff					
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		S1	S2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	Select from from drop down list		Select from from drop down list	Select from from drop down list									Automatic calculation	Automatic calculation	Automatic calculation	Automatic calculation

The national template above will be uploaded by the 10th of every month and will be linked to NHS choices from the ULH website. There has been much debate regarding how these figures may be interpreted as there is no context included. It is expected there will be significant media interest in these data nationally and locally and the staffing board papers will need to ensure context .

Review of the data that is shown in draft in appendix 1 – 3 suggests a number of shifts have been above planned and below planned for both registered and unregistered across all sites. Further analysis is ongoing to understand the needs of individual wards and identify areas of risk. It is expected that monthly board papers will see an improving analysis of this reporting. These variations may be related to poor utilisation of staffing, 'specialing' patients (1 to 1 nursing) or reduction in beds. Further analysis of the under and over staffed shifts is ongoing. The Improving Time To Care (ITTC) project has a number of work streams that will make improvements in rostering, included a revision of the roster policy that will encompass key performance indicators, revised shift patterns and reviewing individual staffs flexible working arrangements.

8. Response to NICE consolation

On 12th May 2014, the National Institute for Health and Care Excellence (NICE) released their consultation on Safer Staffing. It is noted in the report the negative impact on patient safety and outcomes of ratios in excess of 1 nurse to 8 patients over 24hrs. The focus of the NICE guidance on staffing recommends that there is a strong focus on patient care and their needs are the main driver for calculating the

nursing staff requirement for a ward. The guidance specifies additional nursing care needs of approximately 30 minutes per activity and therefore the nurse to patient ratio may need to be greater than 1 to 8 (Table 1) in areas of high acuity or dependency. It is anticipated that further work will emerge on this. The Acting Chief Nurse will be responding to the consultation.

Table 1

Nurse to patient ratio	Nursing hours per patient day
1:1 (one nurse is caring for 1 patient)	24 (each patient requires 24 nursing hours per patient day)
1:2 (one nurse is caring for 2 patients)	12 (each patient requires 12 nursing hours per patient day)
1:4 (one nurse is caring for 4 patients)	6 (each patient requires 6 nursing hours per patient day)
1:6 (one nurse is caring for 6 patients)	4 (each patient requires 4 nursing hours per patient day)
1:8 (one nurse is caring for 8 patients)	3 (each patient requires 3 nursing hours per day)

9. Actions commenced/planned

- A review of the clinical areas that have a lower than 1 to 8 ratio during the day or less than 1:11 at night with the Head of Nursing/Matron and Ward Leader to provide assurance or quantify concerns to ensure the establishment supports safe staffing 24/7.

- Start consultation of shift standardisation and launch of the updated Roster Policy that clarifies expectations regarding unitisation of staff to ensure staff are used effectively.

- Implementation of version 10 of E-Rostering and Implementation of Safe Care module to allow ongoing assessment of patient acuity and dependency with staffing needs.

- Finalise a review of phase 2 staffing requirements for medical and surgical admission areas and Accident & Emergency department

- Implementation of consistent patient safety board's showing harms avoidance on all ward areas

10. Conclusion

ULHT is complaint against the 9 expectations that are relevant for an acute trust and the actions from Hard Truths. ULHT will meet the deadline for publication of staffing data by the 10th June. At this time the Acting Chief Nurse is able to confirm that the general inpatient wards are established to deliver safe care. However utilisation of staff needs to be improved. Further work is required to review the Emergency departments and admission areas. Further review is

ongoing to ensure that a minimum of 1:11 is maintained at night in all general ward areas as agreed previously by the TB.

The ongoing challenge of short notice absence or where vacancies exist is managed on a day to day basis by the operational teams and staff are reallocated to ensure areas of need are supported. Bank and Agency are used if available and on some occasions beds have been closed.

When a ‘special’ is required (a patient needs a close observation) it is not always possible to find an extra nurse and this leads to staff missing breaks or prioritising care to ensure patients’ needs are met. Further work to support the care of this group of patients has commenced.

The commencement of new staff has been beneficial and had a positive impact on moral and standards, however some teams have several junior staff that require ongoing training and support to be able to deliver fully all aspects of their role, this development is ongoing.

Appendix 1 Grantham Draft March upload

			Day				Night				Day		Night	
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	S1	S2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Ward 1	300 - GENERAL MEDICINE	320 - CARDIOLOGY	1575.00	1429.00	1575.00	1357.72	563.00	776.43	563.00	647.32	91%	86.2%	138%	115.0%
Ward 2	430 - GERIATRIC MEDICINE	340 - RESPIRATORY MEDICINE	1575.00	1466.50	1350.00	1234.00	855.00	806.50	570.00	532.50	93%	91.4%	94%	93.4%
Ward 6	100 - GENERAL SURGERY		1575.00	1413.25	2138.00	1175.00	593.00	544.23	563.00	553.62	90%	55.0%	92%	98.3%
EAU	300 - GENERAL MEDICINE		1800.00	2182.50	1350.00	1029.50	844.50	830.23	563.00	560.37	121%	76.3%	98%	99.5%
Critical Care Unit	192 - CRITICAL CARE MEDICINE		1350.00	1322.42	240.00	213.00	967.50	909.50	0.00	0.00	98%	88.8%	94%	#DIV/0!

Appendix 2 Lincoln March upload

			Day				Night				Day		Night	
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	S1	S2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Fotherby	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	825.00	1075.83	637.50	481.00	400.00	460.00	200.00	280.00	130%	75.5%	115%	140.0%
Ashby	314 - REHABILITATION		1050.00	818.50	675.00	724.23	720.00	720.00	300.00	560.25	78%	107.3%	100%	186.8%
Bardney	420 - PAEDIATRICS		3450.00	3213.50	900.00	805.00	1575.00	1995.00	450.00	590.00	93%	89.4%	127%	131.1%
Branston	502 - GYNAECOLOGY		1537.50	1270.52	637.50	538.50	720.00	720.50	360.00	348.00	83%	84.5%	100%	96.7%
Burton	430 - GERIATRIC MEDICINE	361 - NEPHROLOGY	1500.00	1212.48	1125.00	1051.32	710.00	710.00	710.00	878.00	81%	93.5%	100%	123.7%
Carlton Coleby	340 - RESPIRATORY MEDICINE		2400.00	1466.08	1800.00	1095.58	1065.00	1033.42	710.00	741.83	61%	60.9%	97%	104.5%
Clayton	430 - GERIATRIC MEDICINE		1620.00	1537.20	1050.00	1072.42	840.00	777.33	280.00	280.00	95%	102.1%	93%	100.0%
Dixon	301 - GASTROENTEROLOGY		2025.00	1137.17	1125.00	1025.70	1645.00	1096.67	710.00	821.70	56%	91.2%	67%	115.7%
Digby	100 - GENERAL SURGERY		1725.00	1644.08	1125.00	1051.00	900.00	931.67	300.00	307.33	95%	93.4%	104%	102.4%
Greetwell	100 - GENERAL SURGERY		1800.00	1307.50	1125.00	1033.17	1080.00	1164.00	360.00	384.00	73%	91.8%	108%	106.7%
Hatton	430 - GERIATRIC MEDICINE		2250.00	1706.83	1800.00	1428.75	1065.00	1028.50	710.00	787.00	76%	79.4%	97%	110.8%
ICU	192 - CRITICAL CARE MEDICINE		5565.00	5062.75	690.00	555.00	4425.00	4101.00	0.00	138.00	91%	80.4%	93%	#DIV/0!
Johnson	320 - CARDIOLOGY		3345.00	2702.83	1420.00	1581.67	2485.00	2449.50	710.00	721.83	81%	111.4%	99%	101.7%
Lancaster	430 - GERIATRIC MEDICINE		1500.00	1225.33	1350.00	1022.83	680.00	709.50	680.00	769.17	82%	75.8%	104%	113.1%
Navenby	340 - RESPIRATORY MEDICINE	302 - ENDOCRINOLOGY	1500.00	1174.83	1125.00	902.32	710.00	769.17	710.00	834.00	78%	80.2%	108%	117.5%
Nettleham	502 - GYNAECOLOGY		2625.00	2481.25	900.00	968.50	900.00	886.50	600.00	410.00	95%	107.6%	99%	68.3%
Neustadt Welton	110 - TRAUMA & ORTHOPAEDICS		1500.00	1388.75	1125.00	911.67	720.00	1068.00	720.00	701.50	93%	81.0%	148%	97.4%
Nocton	420 - PAEDIATRICS		2100.00	1686.50	1575.00	583.50	1950.00	1428.17	750.00	607.00	80%	37.0%	73%	80.9%
Rainforest	420 - PAEDIATRICS		2010.00	1500.33	900.00	624.50	1080.00	1054.00	360.00	366.33	75%	69.4%	98%	101.8%
Safari	420 - PAEDIATRICS		1140.00	809.42	450.00	334.42	0.00	0.00	0.00	0.00	71%	74.3%	#DIV/0!	#DIV/0!
Stow	110 - TRAUMA & ORTHOPAEDICS		2865.00	2041.25	1575.00	1196.17	360.00	1068.00	720.00	732.00	71%	75.9%	297%	101.7%
Stroke Unit	300 - GENERAL MEDICINE		2850.00	1954.67	1800.00	1433.15	1380.00	1393.50	690.00	761.50	69%	79.6%	101%	110.4%
Waddington Unit	303 - CLINICAL HAEMATOLOGY	800 - CLINICAL ONCOLOGY	1987.50	1933.83	1080.00	910.58	1080.00	1055.25	360.00	492.00	97%	84.3%	98%	136.7%
MEAU	300 - GENERAL MEDICINE		4635.00	4426.17	2580.00	2139.17	2840.00	2851.83	1775.00	1715.83	95%	82.9%	100%	96.7%
SEAU	300 - GENERAL MEDICINE		2850.00	2004.17	1350.00	933.67	1420.00	1397.17	710.00	710.00	70%	69.2%	98%	100.0%

Appendix 3 Pilgrim March upload

			Day				Night				Day		Night	
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
	S1	S2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours				
Coronary Care Unit	320 - CARDIOLOGY		3035.00	2234.00	1245.00	1080.00	0.00	0.00	0.00	0.00	74%	86.7%	#DIV/0!	#DIV/0!
Labour Ward	502 - GYNAECOLOGY		450.00	449.00	450.00	442.00	285.00	285.00	285.00	256.50	100%	98.2%	100%	90.0%
Neonatal	420 - PAEDIATRICS		1125.00	884.75	795.00	415.75	0.00	280.50	645.00	547.50	79%	52.3%	#DIV/0!	84.9%
Stroke Unit	300 - GENERAL MEDICINE		1500.00	1953.77	1575.00	2021.82	843.00	755.57	562.00	820.93	130%	128.4%	90%	146.1%
3A	110 - TRAUMA & ORTHOPAEDICS		1350.00	1166.33	1125.00	1119.50	600.00	445.67	300.00	630.25	86%	99.5%	74%	210.1%
3B	110 - TRAUMA & ORTHOPAEDICS		1950.00	1537.75	1350.00	983.95	600.00	789.33	600.00	580.83	79%	72.9%	132%	96.8%
4A	100 - GENERAL SURGERY		2040.00	2084.83	825.00	563.33	900.00	903.00	300.00	361.50	102%	68.3%	100%	120.5%
5A	100 - GENERAL SURGERY		1950.00	1789.32	1350.00	1385.73	840.00	1024.00	560.00	683.83	92%	102.6%	122%	122.1%
5B	100 - GENERAL SURGERY		2120.00	2200.75	1050.00	1054.50	560.00	565.58	560.00	562.25	104%	100.4%	101%	100.4%
6A	430 - GERIATRIC MEDICINE		1725.00	1763.58	1125.00	1844.60	600.00	596.93	600.00	862.90	102%	164.0%	99%	143.8%
6B	430 - GERIATRIC MEDICINE		2100.00	1865.00	1350.00	1448.50	600.00	575.33	600.00	823.50	89%	107.3%	96%	137.3%
7A	800 - CLINICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1275.00	1206.50	1125.00	1101.47	600.00	600.00	300.00	428.50	95%	97.9%	100%	142.8%
7B	340 - RESPIRATORY MEDICINE	320 - CARDIOLOGY	1575.00	1477.98	1125.00	1519.43	900.00	851.83	600.00	651.50	94%	135.1%	95%	108.6%
8A	301 - GASTROENTEROLOGY	320 - CARDIOLOGY	1800.00	1723.23	1125.00	1483.23	1035.00	688.50	690.00	1062.50	96%	131.8%	67%	154.0%
M1	502 - GYNAECOLOGY		150.00	143.25	450.00	361.50	0.00	0.00	285.00	285.00	96%	80.3%	#DIV/0!	100.0%
M2	502 - GYNAECOLOGY		1575.00	1479.48	900.00	708.88	600.00	596.00	300.00	240.25	94%	78.8%	99%	80.1%
CDU Ward	300 - GENERAL MEDICINE		2940.00	2152.00	1350.00	1439.47	1400.00	1355.33	840.00	973.83	73%	106.6%	97%	115.9%