



Nurse staffing indicator template

Reporting Period: 1 Aug 2016 – 31 Aug. 2016

Summary of Results and Commentary – Registered Nurse Staffing Levels

	Paeds Elizabeth Paul Wood Sir Reginald Wilson York Foulis Lind Victoria Cedar Cherry Tree	Registered Nurses								
	Ward	Day % fill rate	Night % fill rate	Comments						
	PICU	93%	96%	Within normal fluctuations of care need						
	Rose	91%	84%	Within normal fluctuations of care need						
	AICU	68%	71%							
	Alex	114%	102%	On plan						
	Elizabeth	94%	63%	Level 2 activity reduced for some of August						
	Paul Wood	102%	98%	On plan						
	Sir Reginald Wilson	74%	95%	On plan						
	York	126%	100%	On plan						
	Foulis	111%	91%	On Plan matched to meet fluctuation in patient occupancy and acuity						
	Lind	91%	100%	Staff matched patient activity and care needs.						
RBH Heart & Picu Alex Elizabeth Paul Wood Sir Reginal York Foulis Lind Victoria Cedar Cherry Tree Rowan/Fire Harefield HDU ITU Maple	Victoria	101%	118%	Day - On plan Night - high acuity and high care needs including plus size patient care needs.						
				Night - high acuity and high care needs including plus size patient care needs.						
	Cedar	133%	83%	Day Fill - Staff member unable to work clinically, increased Patient acuity. Night Fill – on target						
	Cherry Tree	-	-	N/A						
	Rowan/Fir Tree	89%	84%	Ward safely staffed, Reduced patient activity. Extra HCA used at night instead of a trained nurse						
Harefield	HDU	83%	82%							
	ITU	124%	110%							
	Maple	71%	108%	Day fill – on target. Night fill - increased patient acuity						
	Oak/Acorn	99%	92%							
Whole Tru	st	93%	90%							

			C	Care Staff (NB this is a small proportion of the overall nurse staffing complement)
	Ward	Day	Night	
		% fill rate	% fill rate	Comments
	PICU	77%	61%	The role of care staff on the paediatric intensive care is not in direct care delivery but supports nursing
	Rose	79%	61%	
				The role of care staff on the paediatric ward care is not in direct care delivery but supports nursing. A reduction at
				night represents a very small staff level
	AICU	37%	35%	
RBH Heart &	Alex	45%	181%	Night and day shift healthcare worker posts not replaced as sufficient RN on shift to provide nursing care. Night shift on plan.
Paeds	Elizabeth	37%	44%	Night and day shift healthcare worker posts not replaced as sufficient RN on shift to provide nursing care. Night shift on plan.
	Paul Wood	38%	44%	Night and day shift healthcare worker posts not replaced as sufficient RN on shift to provide nursing care. Night
	Sir Reginald Wilson	38%	52%	shift on plan. Night and day shift healthcare worker posts not replaced as sufficient RN on shift to provide nursing care. Night shift on plan.
	York	37%	60%	Night and day shift healthcare worker posts not replaced as sufficient RN on shift to provide nursing care. Night shift on plan.
	Foulis	47%	13%	Increase in RN to offset Care Staff and matched to patient volume
Lung	Lind	-	-	N/A
	Victoria	100%	77%	Night care staff offset by Registered nurses
	Cedar	65%	98%	Both day and night fill rates on target
	Cherry Tree	-	-	
	Rowan/Fir Tree	91%	126%	Extra HCA at night instead of RGN
Harefield	HDU	-	-	
	ITU	135%	100%	
	Maple	61%	106%	Day fill – on target Night fill increased Patient acuity.
	Oak/Acorn	61%	122%	
Whole Tru	ıst	62%	83%	

Table 1: Day Shifts

							Day							
PICU Rose AICU RBH Alex			Register	ed Nurses			Care Staff							
	Ward			Actual (hrs)					A	ctual (hrs)				
		Planned (hrs)	Usual roster	Bank	Agency	Total fill (hrs)	Average fill rate (%)	Planned (hrs)	Usual roster	Bank	Agency	Total fill (hrs)	Average fill rate (%)	
	PICU	6975	4694	578	1208	6479	93%	964	740	0	0	740	77%	
	Rose	5813	3983	508	794	5284	91%	964	740	25.75	0	765	79%	
	AICU	8525	5532	210	65	5806	68%	744	275	0	0	275	37%	
RBH Heart & Paul W Sir Reg Wilson York Lung Lind Victori Cedar Cherry Rowan Harefield HDU ITU Maple	Alex	2821	2670	173	384	3227	114%	744	275	60.5	0	335	45%	
	Elizabeth	4836	4155	265	104	4523	94%	744	275	0	0	275	37%	
	Paul Wood	2613	2460	70	123	2653	102%	744	275	8	0	282	38%	
	Sir Reginald													
		4030	2700	92	192	2983	74%	744	275	7.5	0	282	38%	
		2509	2790	205	164	3158	126%	744	275	0	0	275	37%	
		2717	2955	29	20	3004	111%	465	218	0	0	218	47%	
Lung	Lind ¹	825	659	93	0	751	91%	0	0	0	0	0	N/A	
	Victoria	2698	2610	114	8	2731	101%	488	420	67.5	0	488	100%	
		1860	1812	356	310	2478	133%	1178	668	58	46	772	65%	
	Cherry Tree ²	1495	0	0	0	0	0%	-	-	-	-	-	-	
	Rowan/Fir Tree	4329	3217	315	303	3834	89%	1178	753	184	138	1075	91%	
Harefield	HDU	2325	1909	23	0	1932	83%	589	92	8	0	100	17%	
	ITU	7363	8799	296	12	9106	124%	719	769	205	0	973	135%	
	Maple	3224	1928	184	169	2281	71%	1177	590	104	23	717	61%	
	Oak/Acorn	6045	5682	254	69	6005	99%	2453	1183	305	12	1499	61%	
Whole Tru	ıst	71002	58553	3761	3920	66233	93.28%	14639	7818	1031	219	9067	61.94%	

^{*} Columns in *italics* will be submitted to NHS England on 15th Sep. 2016. For further details about the sources of information and the assumptions made, please see Appendix 1.

Table 2: Night Shifts

		Night														
Ward				Registere	d Nurses			Care Staff								
				Actual (hrs)					Ac	tual (hrs)						
		Planned (hrs)	Usual roster	Bank	Agency	Total fill (hrs)	Average fill rate (%)	Planned (hrs)	Usual roster	Bank	Agency	Total fill (hrs)	Average fill rate (%)			
	PICU	6417	4367	598	1221	6186	96%	535	316	11.5	0	328	61%			
	Rose	5348	2346	656	1497	4499	84%	535	316	11.5	0	328	61%			
RBH Heart & Paeds	AICU	7843	5129	219	196	5543	71%	136.4	48.4	0	0	48	35%			
	Alex	1705	1210	330	198	1738	102%	136	48	198	0	246	181%			
	Elizabeth	4092	1606	550	429	2585	63%	136	48	11	0	59	44%			
Paeus	Paul Wood Sir Reginald	1364	1001	242	99	1342	98%	136	48	11	0	59	44%			
	Wilson	1705	946	462	220	1628	95%	136	48	22	0	70	52%			
	York	1705	1320	264	121	1705	100%	136	48	22	11	81	60%			
	Foulis	2046	1804	33	33	1870	91%	341	44	0	0	44	13%			
RBH AHeart & Ell Paeds Si WAYO For Lung Li Cell Ch	Lind ¹	396	308	88	0	396	100%	0	0	0	0	0	N/A			
	Victoria	1364	1474	90	43	1606	118%	341	231	33	0	264	77%			
Lung	Cedar	1783	1058	291	127	1475	83%	713	402.5	265	35	702	98%			
	Cherry Tree ²	0	0	0	0	0	0%	0	0	0	0	0	0%			
	Rowan/Fir Tree	3069	1886	503	196	2585	84%	714	552	313	35	899	126%			
Harefield	HDU	2139	1645	71	35	1750	82%	357	0	0	0	0	0%			
	ITU	6774	6061	1229	150	7439	110%	357	299	57	0	356	100%			
York Foulis Lind¹ Victoria Cedar Cherry Tree² Rowan/Fir Tr	Maple	1705	1334	322	184	1840	108%	713	621	58	81	759	106%			
	Oak/Acorn	3751	2090	1211	152	3452	92%	682	308	500	23	831	122%			
Whole Tru	st	53205	35584	7157	4898	47638	89.54%	6105	3380.4	1511	184	5075	83.13%			

Source: Nurse Bank Databases, E-Roster/MAPPS

¹Lind: please note these are the total hours planned and filled for the unit. When reporting to NHS England, daycase beds are excluded

²Cherry Tree: please note that information on Cherry Tree will not be reported to NHS London, as daycase beds are excluded from the reporting requirement. All of Cherry Tree's beds are currently for daycases.

* Columns in *italics* will be submitted to NHS England on 15th Sep. 2016. For further details about the sources of information and the assumptions made, please see Appendix 1.

see Appene									
		Annual	Patient	Patient			Maternity	Study	
	Ward	leave	acuity	Volume	Sickness	Vacancy	cover	Leave	Other
	PICU	0	0	316	0	0	0	0	0
	Rose	0	0	314	0	0	0	0	0
	AICU	0	0	64	0	0	0	0	0
RBH Heart &	Alex	0	0	67	0	0	0	0	0
	Elizabeth	0	0	91	0	0	0	0	0
raeus	Paul Wood	0	0	12	0	0	0	0	0
	Sir Reginald			60				_	
	Wilson	0	2	62	1	1	0	0	0
	York	0	0	0	0	1	0	0	0
RBH Heart & Paeds Lung	Foulis	0	1	4	0	0	0	0	0
	Lind	0	0	9	0	3	0	0	0
	Victoria	0	17	9	0	6	0	0	0
RBH Heart & Paeds Lung	Cedar	2	5	44	5	73	0	1	2
	Cherry Tree	0	0	0	0	0	0	0	0
	Rowan/Fir Tree	2	39	86	7	48	1	0	0
Harefield	HDU	0	1	12	0	1	0	0	0
	ITU	0	0	174	0	1	0	0	0
	Maple	11	15	48	8	17	1	0	5
	Oak/Acorn	8	22	104	17	73	4	1	1
Trust		23	102	1416	38	224	6	2	8

Source: Nurse Bank Databases, E-Roster/MAPPS

Table 3: Reasons for Use of Bank and Agency (by no. of shifts)

¹Lind: please note these are the total hours planned and filled for the unit. When reporting to NHS England, daycase beds are excluded

²Cherry Tree: please note that information on Cherry Tree will not be reported to NHS London, as daycase beds are excluded from the reporting requirement. All of Cherry Tree's beds are currently for daycases.

This information will not be reported to NHS London

Source: Nurse Bank Databases

Table 4: Use of RMNs (by no. of hours)

This is included in the tables above, and will form part of the numbers reported to NHS London. This is a change to last month, following the publication of further guidance from NHS England.

Ward	Number of hours	
-	0	

Source: Nurse Bank Databases

Appendix 1: Data sources, definitions and assumptions made

Tables 1 and 2: Day and Night Shifts

This data is compiled from a number of sources:

1. Planned hours. This is the number of hours each ward is funded for (from nurse recruitment office) and should match the posters up on each ward.

2. Actual hours

- a. Usual roster. These are the hours that have been recorded on e-roster/MAPPS.
- b. Bank. These are staff booked through the bank office, and are recorded on the Nurse Bank/Agency spreadsheets. Where wards have booked bank staff directly (i.e. not through the bank office), these are not included as accurate information is not held / easily available.
- c. Agency. These are staff booked through the bank office, and are recorded on the Nurse Bank/Agency spreadsheets. Where wards have booked agency staff directly (i.e. not through the bank office), these are not included as accurate information is not held / easily available.
- d. Care staff. HCA's working on the adult wards in Sydney Street are pooled and rotate between the 5 wards. Therefore, the planned and actual hours worked hours have been averaged out to be equal across all these wards.
- 3. Total fill. This is the sum of the actual hours worked (i.e. usual roster, bank, agency)
- 4. Average fill rate. This is total fill divided by the planned hours, expressed as a %.

Table 3: Reasons for Bank and Agency Use

These are the reasons, as documented on the Nurse Bank spreadsheets.

For RBH, there were a number of blank entries, which have been excluded.

Table 4: Use of RMNs

If a patient needs RMN input, then this can equate to a notable number of additional hours. Details of RMN use is reported here for internal use only – it is also required to be reported to UNIFY, and is included in the other tables in this report.

Appendix 2: UNIFY template

•	1/5/2014 to 31/0 RL to the page		ng: Nu	T not for u Fill rat ursing,	e indi midwi	cator i fery a	eturn nd car			the own	-r syster					
						D	ay			Ni	ght		D	ay	Nig	ght
Hospital S	ite Details	Main two specialties on each ward		-	ed nurses/ wives	Care Staff		Registered nurses/ midwives Care		Staff	Aver	Ave	Aver			
Site code *The Site code is automaticall y populated when a Site name is selected	Hospital Site name	Ward 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	rage fill rate - registered nurses/midv/ives (%)	erage fill rate - care staff (%)	erage fill rate - registered nurses/midv/ives (%)	(%)
	Select from from drop down list		Select from from drop down list	Select from from drop down list											Automatic calculation	