



REPORT TO THE (TRUST BOARD/COMMITTEE)	
Date	21.11.2018
Agenda Item	
Title	Safer Staffing Monthly Exception Report October 2018 (September 2018 data).
Author(s)	Sue Jewell - Safer Staffing Lead
Sponsoring Director	Paula Hull – Director of Nursing and Allied Health Professionals
Purpose & Action Required	<p>The purpose of this report is to provide the monthly exception report for October 2018 (September 2018 data) in relation to data submission for Safer Staffing.</p> <p>The Senior Management Committee is requested to receive the exception report Safer Staffing for October 2018 (September 2018 data), and to recommend any escalations for inclusion in Trust Board report.</p>
Executive Director Overview	<ul style="list-style-type: none">- Safer Staffing exception reporting directly to the Senior Management Committee prior to Trust Board is occurring in order to provide opportunity for fuller internal discussion and subsequent shorter exception based reporting to Trust Board.- NHSI requirement is that Safer Staffing data must be reviewed by Committees which include both the Director of Nursing and Medical Director. There must also be clarity of reporting process and where responsibility for action resides.- September 2018 data shows 17 wards reporting as red in the national publication data. Further narrative pertaining to these wards is detailed in section's 3 of this report.- 34 red flag incidents together with resulting themes have been identified within September 2018 data for inpatient areas, with a further 16 incidents within Community and specialist teams. Further detail is included within section 3.6 and 4 within this report.
Previously considered by:	N/A

Strategic Priorities this paper supports:		
Quality	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Provide good quality care • People are able to access the care they need, when they need it
People	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Increased recruitment and retention of staff, leading to a more stable workforce • Staff feel involved, motivated and proud to work at Southern Health • The size, shape and skills of our workforce can meet current and future care needs of the people we serve
Transformation	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Patients have better access, experience, and outcomes as a result of transformed, joined up services • Expansion and improvement of specialised mental health services for adults and young people are well underway
Money	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Make every penny count towards patient care and service improvement
Does this impact any Board Assurance Framework / Corporate Risks		<p>SR1: There is a risk that we provide poor quality or ineffective care resulting in serious harm.</p> <p>SR2: There is a risk that we fail to continually improve the services provided by the Trust to deliver better outcomes.</p> <p>SR4: There is a risk that we fail to maintain and develop confidence in SHFT as a care provider.</p> <p>SR5: There is a risk that we do not maintain & develop specialised services in a way that benefits patients.</p> <p>SR6: There is a risk that we cannot retain and attract sufficient and skilled staff.</p> <p>SR8: There is a risk that we fail to deliver medium & long-term financial sustainability.</p>

Safer Staffing Monthly Exception Report – October 2018

1. Purpose

1.1. The purpose of this report is to provide the Senior Management Committee (SMC) with the exception report for October 2018 (September 2018 data) presented within the overall data submissions for safer staffing in line with national reporting requirements.

2. Background

2.1. Reporting to NHS England and NHS Choices commenced in June 2014.

2.2. Narrative has been provided to inform the SMC where professional judgement decisions have been applied to improve staffing levels in inpatient units as required for this period where staffing levels have fallen below 80% establishment.

2.3. From April 2018 a new monthly reporting metric of Care Hours Per Patient Day (CHPPD) was introduced by NHSI for all Community, Mental Health and Learning Disability Trusts. CHPPD is calculated by adding the hours of registered nurses and the hours of healthcare support workers together and dividing the total by every 24 hours of inpatient admissions (or approximating 24 patient hours by counts of patients at midnight). CHPPD is now included within our monthly data submissions and within Appendix 2 of this report. Please note that CHPPD data for this Trust does not include AHP data.

3. Inpatient exception report for the period 1st September 2018 to 30th September 2018

3.1. The full data return for this period can be found in Appendix 1.

3.2. Off framework agency use is included within data unless specified otherwise.

3.3. 15 wards were reported in the national publication data set as red in September. Fill rates for these wards are detailed below;-

Comment [JS1]: Include commentary regarding volume of off framework use within OPMH

Directorate	Hospital Site name	Ward Name	DAY	DAY	NIGHT	NIGHT	DAY	DAY	NIGHT	NIGHT
			Average fill rate RN Staff (%)	Average fill rate CSW staff (%)	Average fill rate RN staff (%)	Average fill rate CSW staff (%)	Average RN fill rate (%) as a site	Average CSW fill rate (%) as a site	Average RN fill rate (%) as a site	Average CSW fill rate (%) as a site
AMH	ANTELOPE HOUSE	Trinity Ward	67.9%	130.1%	27.3%	128.7%	85.3%	123.8%	204.9%	127.5%
AMH	MELBURY LODGE	Kingsley Ward	121.3%	91.2%	65.9%	150.5%	97.7%	96.3%	78.2%	125.4%
AMH	MELBURY LODGE	Mother & Baby Unit	77.9%	100.6%	100.0%	98.5%	97.7%	96.3%	78.2%	125.4%
AMH	PARKLANDS HOSPITAL	Hawthorns 1	68.7%	141.5%	53.4%	156.0%	78.3%	119.0%	81.0%	151.4%
AMH	PARKLANDS HOSPITAL	Hawthorns 2	69.1%	120.7%	137.0%	97.1%	78.3%	119.0%	81.0%	151.4%
SS	RAVENSWOOD HOUSE	Lyndhurst Ward	75.9%	63.8%	97.7%	67.8%	61.3%	80.7%	87.6%	91.7%
SS	RAVENSWOOD HOUSE	Malcolm Faulk Ward	73.6%	102.7%	82.2%	100.0%	61.3%	80.7%	87.6%	91.7%
SS	RAVENSWOOD HOUSE	Mary Graham Ward	73.9%	116.4%	87.4%	100.0%	61.3%	80.7%	87.6%	91.7%
SS	RAVENSWOOD HOUSE	Meon Valley Ward	78.7%	102.3%	93.6%	98.4%	61.3%	80.7%	87.6%	91.7%
SS	BLUEBIRD HOUSE	Moss Ward	50.4%	63.2%	95.4%	77.1%	58.3%	106.7%	78.1%	129.4%
SS	BLUEBIRD HOUSE	Stewart Ward	41.9%	102.8%	69.6%	88.4%	58.3%	106.7%	78.1%	129.4%
SS	BLUEBIRD HOUSE	Hill Ward	100.7%	196.3%	69.3%	296.8%	58.3%	106.7%	78.1%	129.4%
SS	LEIGH HOUSE	Leigh House	68.3%	97.3%	94.7%	121.2%	68.3%	97.3%	94.7%	121.2%
BU1	PETERSFIELD HOSPITAL	Cedar Ward (Petersfield)	65.1%	115.8%	94.0%	100.1%	74.7%	108.0%	95.5%	98.0%
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Poppy Ward	71.5%	102.0%	71.4%	139.8%	89.5%	101.0%	85.4%	152.4%
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Rose Ward	79.4%	109.7%	79.6%	159.7%	89.5%	101.0%	85.4%	152.4%
OPMH	PARKLANDS HOSPITAL	Beechwood Ward	103.9%	85.4%	58.3%	189.9%	78.3%	119.0%	81.0%	151.4%

3.4. Full detail for remaining wards is contained within Appendix 1.

3.5. The table below provides further detail pertaining to cause, staffing red flags and temporary staffing use for these wards followed by further narrative. Red flag incident detail is provided within section 3.6.

Ward	Issue (RN/CSW)	Reason/Cause	Number of red flags for month	Number of instances ward flagged in rolling 4 month period	Temporary staff use over 50% including LTP's on some shifts
Trinity Ward	RN	Vacancy/unavailability	4	4	Yes
Kingsley Ward	RN	Skill mix/data	5	4	No
Mother and Baby	RN	Reduced occupancy	0	0	No
Hawthorns 1	RN	Vacancy	0	3	Yes
Hawthorns 2	RN	Vacancy/ unavailability	0	4	No
Lyndhurst Ward	RN/CSW	Vacancy/ unavailability	2	4	No
Malcolm Faulk Ward	RN	Vacancy/ unavailability	0	2	Yes
Mary Graham Ward	RN	Vacancy/ unavailability	0	3	Yes
Meon Valley Ward	RN	Vacancy/ unavailability	1	1	Yes
Moss Ward	RN/CSW	Vacancy/ reduced occupancy	0	4	Yes
Stewart Ward	RN	Vacancy/ reduced occupancy	0	4	Yes
Hill Ward	RN	Vacancy	0	3	Yes
Leigh House	RN	Vacancy/ reduced occupancy	0	4	Yes
Cedar Ward (PF)	RN	Vacancy/ unavailability	7	2	No
Poppy Ward	RN	Vacancy/ unavailability	1	3	Yes
Rose Ward	RN	Vacancy	3	2	Yes
Beechwood Ward	RN	Vacancy/ unavailability/ skill Mix	0	4	Yes

3.5.1. Trinity Ward Registered Nurse day shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels were 102.5% of total planned hours*.

Cross unit working, together with the use of temporary staff, including some non-framework agency, and senior level support to ensure that safe staffing levels are maintained. A daily Matron led staffing meeting is in place, together with oversight from both the Director and Deputy Director of Nursing which includes a twice weekly staffing call where shift by shift level data is reviewed.

3.4.2. Kingsley Ward – Registered Nurse night shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels were 99.6%

Registered nurse planned staffing levels on night shift are currently being reviewed to ensure they are reflective of patient need. It is proposed that night shift skill mix will be changed from a 60%/40% split to a 40%/60% split – which is in line with how the ward is being staffed which is reflected in the monthly Safer Staffing data.

3.5.2. Mother and Baby Unit – Registered Nurse day shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels were 89.2%. This does not include the full time ward manager who has supervisory status.

During the month of August the unit was not at full occupancy however actual fill rate in data is compared against planned staffing levels for a fully occupied ward.

3.5.3. Hawthorns 1 – Registered Nurse day and night shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels on day shift were 104.9% and 115% on night shift.

Pro- active recruitment continues with a number of new starters commencing in September and October. However the unit will still have a number of Registered Nurse

vacancies which is managed through the use of temporary staff and the support of senior clinician's in order to minimise the impact on patient care.

3.5.4. Hawthorns 2 – Registered Nurse day shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for the day shift was 94.7%.

Pro-active recruitment to vacancies continues together with support from long term temporary staffing placements. A number of new members of staff will commence in post during September and October, which will improve the position.

3.5.5. Mary Graham, Meon Valley and Lyndhurst Wards – Registered Nurse day shifts, unregistered nurse day and night shifts

When combining actual Registered Nursing and unregistered nursing hours for the site, total staffing levels for the day shift was 86.9% and night shift was 90%.

Ravenswood House wards will redeploy staff between wards on a shift by shift basis if required depending on patient requirements. During August there was increased staff unavailability and higher levels of annual leave which led to the reduced staffing fill rate. It is anticipated that fill rates will improve within September data.

3.5.6. Moss and Stewart Ward – Registered Nurse day shifts and night shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for the day shift was 65.46% and 82% respectively.

Moss and Stewart wards are currently combined to one ward with reduced bed numbers. Safer staffing data is currently based upon planned hours of two wards which is higher than that of the combined ward, leading to reduced fill rates for staffing. Furthermore, within the planned numbers for both Stewart and Moss Wards is an additional increased provision for specialising which is over and above their Safer Staffing baseline numbers.

Daily staffing reviews are taking place together with the utilisation of temporary staff on long lines of work to offset vacancy levels, together with senior level support as required. There is also a weekly senior staffing call led by the Deputy Director of Nursing where outstanding RMN requirement will be sought from off framework agency to ensure that staffing levels are matched to patient need.

Due to successful recruitment to vacancies, it is envisaged that the use of off framework nursing staff will cease during October – once new staff complete induction.

3.5.7. Hill Ward – Registered Nurse night shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for the night shift was 182%.

Daily staffing reviews are taking place together with the utilisation of temporary staff on long lines of work to offset vacancy levels, together with senior level support as required. There is also a weekly senior staffing call led by the Deputy Director of Nursing where outstanding RMN requirement will be sought from off framework agency to ensure that staffing levels are matched to patient need.

Due to successful recruitment to vacancies, it is envisaged that the use of off framework nursing staff will cease during October – once new staff complete induction.

3.5.8. Leigh House – Registered Nurse day shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for the day shift was 83.6%.

Successful recruitment means that Leigh House has a number of new staff commencing in post during September and October which will fill all their remaining vacancies. This will also eliminate all off framework agency use.

A previously identified rostering anomaly means that reduced staffing levels have been overstated. It is anticipated that system changes to rectify this will be in effect by October 2018 data.

3.5.9. Cedar Ward (Petersfield Hospital) – Registered Nurse day shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for the day shift was 93%.

3.5.10. Poppy and Rose Wards - Registered Nurse day and night shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for each shift type was 94% or above.

Recruitment to vacancies continues however progress is slow to both registered and unregistered nursing posts. It is planned to review the staffing model and skill mix as part of wider discussions within OPMH. This work is at its early stages and therefore there is no planned completion date currently.

3.5.11. Beechwood Ward – Registered Nurse night shifts

When combining actual Registered Nursing and unregistered nursing hours for the ward, total staffing levels for the day shift was 102.2%

Recruitment to vacancies continues with a number of new starters in post as of September and October. Beechwood ward is also funded for two registrants on night shifts, however at times in line with patient acuity the decision will be made to change the skill mix and increase the numbers of unregistered staff rather than the numbers of Registrants. The safer staffing data is reflective of this.

In line with other wards within OPMH it is planned to review the staffing model and skill mix.

3.5.12. Additional Commentary – Beaulieu Ward

The SMC are requested to note that although Beaulieu Ward is not flagging within this report there are a number of staffing issues impacting upon the ward which is resulting in high levels of temporary staff use including from off framework agencies. There are daily staffing calls with the senior management team in order to review staffing on a shift by shift basis and ensure patient safety. At the time of writing this report an options appraisal has been commissioned in view of the sustained staffing position.

3.6. All Inpatient area staffing red flag incidents

The below table provides additional information regarding red flag incidents for September 2018 for all inpatient areas. Within this report, red flag information is detailed at a level that provides an overview. Additional information relating to any impact to patients will be detailed within Quarterly Divisional Quality and Governance reports. Actions identified will be monitored within Divisions to ensure themes reported within red flag incidents are addressed.

Ward/Team	Number of Incidents	Detail
Anstey Ward	2	Delay in delivery of care due to short notice staffing unavailability. Staffing levels not matched to patient need.
Cedar Ward (Petersfield)	7	Unable to maintain intentional rounding. Delay in completion of documentation. Staffing levels not matched to patient need. Delay in delivery of patient care.
Elmleigh	3	Staffing levels and skill mix not matched to patient need
Ford Ward	1	Delay in administration of medication
Kingsley Ward	5	Delay in processing of section papers
Lymington MAU	1	Inability to facilitate 1:1 supervision for one patient
Lymington Radiology	1	Hythe x-ray closure due to staffing issues
Lyndhurst Ward	2	Staffing levels not matched to patient need. Inability to facilitate patient leave.
Meon Valley Ward	1	Inability to facilitate escorted leave
Poppy Ward	1	Staffing levels not matched to patient need
Rose Ward	3	Medication error. Staffing levels not matched to patient need. Delay in administration of medication.
Rowan Ward	1	Staffing levels not matched to patient need
Saxon Ward	2	Inability to facilitate patient leave
Trinity Ward	4	Delay in provision of patient care as staffing levels not matched to patient need. Staffing levels not matched to patient need. Delay in completion of section 132 rights.

4. Exception Report Community Teams Safer Staffing

4.1. Integrated Services Division – Community Teams

Team	Registered	Unregistered
	Fill Rate	Fill Rate
Andover 1 ICT S00486	98.62%	71.25%
Avon Valley ICT S00468	95.90%	72.16%
Basingstoke Town East ICT S00439	60.43%	155.31%
Basingstoke Town West ICT S00438	87.16%	108.42%
Chandlers Ford ICT S00466	145.49%	114.07%
Eastleigh Town ICT S00495	80.52%	66.49%
Fareham 1 ICT S00521	104.48%	110.92%
Fareham 2 ICT S00522	108.11%	71.06%
Gosport 1 ICT S00523	87.91%	82.26%
Gosport 2 ICT S00524	92.77%	73.68%
Havant ICT S00542	61.08%	97.80%
Hayling ICT S00544	95.69%	80.12%
Hythe & Waterside ICT S00470	111.99%	126.47%
Lymington ICT S00472	174.01%	57.35%
New Milton ICT S00473	170.04%	86.40%
Petersfield ICT S00541	77.43%	64.58%
Romsey ICT S00487	115.01%	80.38%

Rural East ICT S00440	104.73%	83.98%
Rural West ICT S00437	60.59%	99.75%
Southern Parishes ICT S00467	118.00%	51.17%
Totton ICT S00469	53.07%	54.43%
Waterlooville ICT S00543	80.53%	86.59%
Winchester City ICT S00483	121.67%	82.26%
Winchester Rural East ICT S00498	107.01%	62.42%
Winchester Rural North ICT S00497	90.79%	56.78%
Winchester Rural South ICT S00484	127.20%	78.90%
Grand Total	99.18%	80.09%

4.2. Only 1 red flag staffing incident was logged during August 2018. This was for Gosport 2.

Ward/Team	Number of Incidents	Detail
Gosport 2	1	Patient visits required rescheduling

4.3. Childrens Services

4.3.1. Within Health Visiting teams a number of workforce factors are currently challenging service delivery which include; a number of staff retirements, maternity leave and long term sickness. Ability to recruit to post is a factor in some teams, in others there is a natural delay to new staff commencing in post whilst progressing through the recruitment process. Workforce plans are being reviewed to ensure that flexible approaches are taken where possible and appropriate escalation is in place. The SMC is requested to note that percentage fill rates for unregistered staff are based upon very small planned numbers of hours – as the majority of the workforce is Registered staffing. Further detail relating to the above is detailed within the Children's Services Divisional Quality report.

Team	Registered	Unregistered
	Fill Rate	Fill Rate
Aldershot HV S00616	77.93%	104.35%
Alton and Odiham HV S00602	93.84%	74.29%
Alver and Lee HV S00618	88.41%	66.67%
Andover HV S00600	82.42%	49.47%
Basingstoke and Tadley HV S00617	92.71%	65.36%
Basingstoke North and Rural HV S00596	52.67%	84.78%
Basingstoke South and Rural HV S00595	86.87%	16.09%
Bordon and Petersfield HV S00597	86.43%	94.64%
Eastleigh North & Romsey HV S00612	96.54%	62.09%
Eastleigh South HV S00620	61.23%	75.11%
Fareham HV S00607	93.38%	39.07%
Farnborough HV S00598	70.60%	86.96%
Fleet and Yateley HV S00615	86.00%	88.84%
Gosport Central HV S00608	84.49%	90.29%
Havant HV S00604	81.43%	120.19%

New Forest East HV S00619	73.77%	76.62%
New Forest West HV S00611	88.91%	68.12%
Waterlooville HV S00605	81.92%	56.52%
Winchester HV S00601	80.64%	47.34%
Grand Total	82.19%	71.10%

4.3.2. 5 red flag staffing incidents were logged during August 2018.

Ward/Team	Number of Incidents	Detail
HV - Alton	1	New birth visit not achieved within 14 days
HV - Farnborough	1	New birth visit not achieved within 14 days
HV - Odiham	1	Unable to attend child in need meeting
HV- Yateley	2	New birth visit not achieved within 14 days

4.4. Community Mental Health Teams

4.4.1. Recent work to align roster templates to budgeted establishments for our Community Integrated Services Division (ISD) and Community Mental Health Teams (CMHT's), has facilitated the production of monthly safer staffing data based upon planned versus actual staffing levels which is available in the table below.

Team	Registered	Unregistered
	Fill Rate	Fill Rate
CMHT Andover and Winchester - MH S01610	90.72%	117.39%
CMHT Bordon and Petersfield - MH S01557	70.00%	85.55%
CMHT Central Southampton - MH S01746	120.04%	83.19%
CMHT East Southampton - MH S01745	97.02%	72.54%
CMHT Eastleigh & Romsey - MH S01608	86.87%	85.94%
CMHT Fareham and Gosport - MH S01549	97.49%	76.90%
CMHT Havant and Waterlooville - MH S01558	85.98%	75.29%
CMHT New Forest - MH S01607	98.13%	135.51%
CMHT North Area - MH S01690	75.84%	107.48%
CMHT West Southampton - MH S01744	98.97%	68.24%
Grand Total	93.08%	86.59%

4.4.2. 7 red flag staffing incidents were logged during August 2018 which are detailed below.

Ward/Team	Number of Incidents	Detail
Havant and Waterlooville	2	Staffing unavailability and vacancies leading to delay in patient care delivery
South Area - AMHT	4	Inability to run the crisis lounge due to staffing levels. Reduced team capacity due to short notice availability.
South Central CMHT	1	Increase in patient waiting times.

4.4.3. Havant and Waterlooville CMHT have a number of workforce challenges currently which are impacting upon available workforce and subsequent clinical time available for service users on their caseload. Further narrative relating to this team is available within Divisional reporting.

4.4.4. Acuity and dependency re-measurement within Community Mental Health teams continues as part of an ongoing rolling program using the Hurst Tool. Reporting on all teams' results to date has been provided within a separate report submitted via the Workforce Organisation and Development Sub-Committee. To date a staffing gap of 46.50 WTE's has been identified. Immediate and subsequent actions have been identified for all teams with suggested staffing gaps which has included recruitment in excess of baselines at financial risk in lieu of discussions with Commissioners. Further updates and reporting will be included within the annual strategic staffing review board report which will be presented in the next few months.

4.5. Other Teams – Community and Specialist Teams

4.5.1. Safer staffing data is not available for Specialist or OPMH Community Mental Health Teams. However within these teams 3 red flag staffing incidents were reported during August 2018.

Ward/Team	Number of Incidents	Detail
Andover CMHT - OPMH	1	Staffing levels not matched to patient need
Gosport CMHT - OPMH	1	Reduced levels of OPMH Consultant cover
Specialist Palliative Care Team	1	Non urgent visits required rescheduling.

5. Risks and issues

5.1. Continuing to source appropriate staffing to meet the requirements of SHFT inpatient units and community teams in line with workforce plans, and the national climate of reduced Registered Nurse availability.

5.2. Due to Hertfordshire University serving notice that they will no longer be providing an intake for LD nurse training for this September in the Hampshire or Reading local training campus sites there will be a significant impact on the availability of Registered Learning Disabilities Nurses within the locality going forward. This is currently an area of focus for our LEaD Department who are exploring alternative options.

5.3. Managing the financial and skills challenges associated with workforce establishment changes in line with national guidance.

5.4. Under the leadership of the Director and Deputy Director of Nursing to reduce temporary staffing and eliminate non-framework agency use whilst maintaining safer staffing levels and complying with NHS Improvement (NHSI) agency rules.

9. Next Steps and Priorities for 2018

9.1. Continued focus on effective rostering to improve staffing utilisation and productivity in line with Lord Carter's recommendations has now commenced. It is anticipated that this project will run until March 2019.

9.2. Further refine the acuity and dependency measurement process within community settings.

- 9.3. Implementation of SafeCare within SHFT within all inpatient areas and operationalise for community use. The phased roll out has commenced, and it is anticipated that this will be completed by November 2018 for inpatient areas.
- 9.4. Eliminate all non-framework agency spend, reduce reliance on bank and agency staff and reduce agency expenditure in line with NHSI target.
- 9.5. Continue to embed Safer Staffing within SHFT and ensure continued alignment to the latest National Quality Board guidance.
- 9.6. Continuations of work to develop new roles linked to new models of care to ensure a pipeline of appropriately trained staff are available.
- 9.7. Exploration of the Aneurin Bevan Caseload Management Tool within AMH, LD and OPMH in support of safe caseloads.
- 9.8. Further triangulation of teams in intensive support, workforce issues and quality metrics.

10. Recommendation

- 10.1. The Senior Management Committee is requested to receive the exception report Safer Staffing for October 2018 (September 2018 data), and to recommend any escalations for inclusion in Trust Board exception report.

11. Appendices

Appendix 1 – Safer Staffing Monthly Senior Management Committee Report – September 2018 (August 2018 data)

- The table below shows ward level average nursing fill rates during day and night shifts for the reporting period above.
- Data is extracted from e-roster (showing the planned positions) and NHS Professionals bank and agency reports.
- An **Internally** developed RAG rating has been applied consistently as per last month's reporting. Wards highlighted in 'GREEN' are reported as having staffing levels between 80% and 150% planned levels (in line with NHS England's primary baseline triggers). 'RED' wards are reported as having less than 80% average fill rate (NICE 2014 recommended 75% as the trigger for RED). 'BLUE' are reported as having more than 150% fill rate.
- Staffing levels across hospital sites and across each ward are operationally managed each shift through the transfer of staffing resource, as indicated, to meet the changing acuity and dependency of patient needs. This enables a 'RED' ward to become a 'GREEN' in terms of safer staffing levels, but the transfer is not made electronically on e-roster as it often is not a requirement to be a whole shift movement often providing changing cover during peaks in acuity and dependency throughout periods of a day. In order to show the effect of this flexibility and movement throughout shifts, the right hand column on the chart below, shows the resulting average staffing levels across the whole site. With this exercise being completed for this monthly reporting period.
- Data is for nursing only and does not include any other staff working substantively on the wards with patients, such as Psychology and Therapy. Data also does not include student nurses on placement within inpatient areas.

Appendix 1 – Safer Staffing Monthly Senior Management Committee report – October 2018 (September 2018 data). When interpreting this dataset, SMC members should consider that some of the Southern Health NHS Foundation Trust inpatient wards are very small with less than 10 beds.

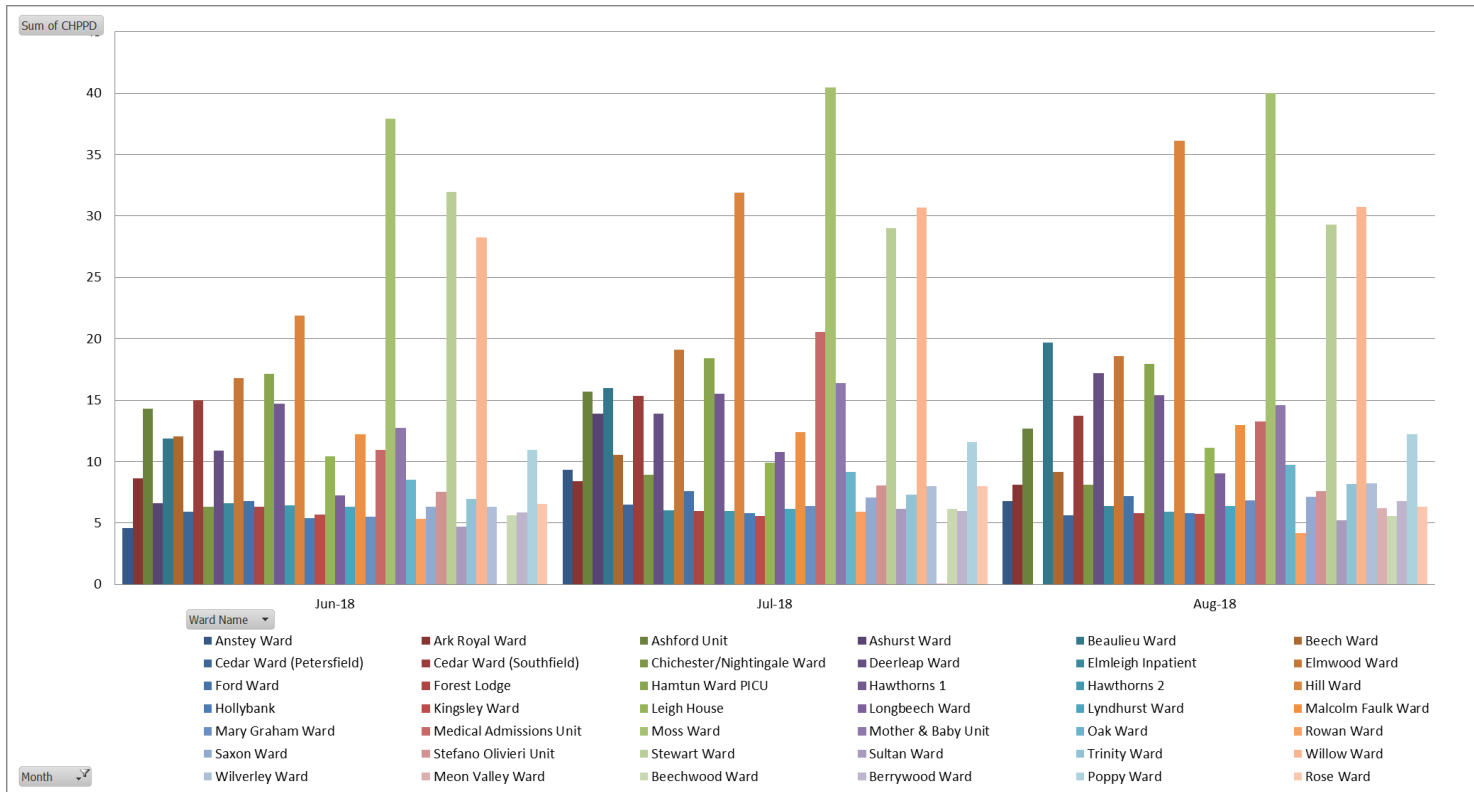
Directorate	Hospital Site name	Ward Name	DAY	DAY	NIGHT	NIGHT
			Average fill rate RN Staff (%)	Average fill rate CSW staff (%)	Average fill rate RN staff (%)	Average fill rate CSW staff (%)
LD	MOORGREEN HOSPITAL	Willow Ward	152.4%	132.6%	100.1%	124.2%
SS	WOODHAVEN	Ashford Unit	91.7%	87.7%	100.4%	94.6%
AMH	ANTELOPE HOUSE	Saxon Ward	96.3%	112.2%	185.2%	135.7%
AMH	ANTELOPE HOUSE	Trinity Ward	67.9%	130.1%	271.3%	128.7%
AMH	ANTELOPE HOUSE	Hamtun Ward PICU	95.1%	129.7%	158.2%	118.0%
AMH	ELMLEIGH	Elmleigh Inpatient	77.7%	101.1%	63.9%	150.9%
AMH	FOREST LODGE	Forest Lodge	110.3%	83.4%	100.0%	100.0%
AMH	HOLLYBANK	Hollybank	97.9%	80.1%	100.5%	103.5%
AMH	MELBURY LODGE	Kingsley Ward	121.3%	91.2%	65.9%	150.5%
AMH	MELBURY LODGE	Mother & Baby Unit	77.9%	100.6%	100.0%	98.5%
AMH	PARKLANDS HOSPITAL	Hawthorns 1	68.7%	141.5%	53.4%	156.0%
AMH	PARKLANDS HOSPITAL	Hawthorns 2	69.1%	120.7%	137.0%	97.1%
SS	RAVENSWOOD HOUSE	Lyndhurst Ward	75.9%	63.8%	97.7%	67.8%
SS	RAVENSWOOD HOUSE	Malcolm Faulk Ward	73.6%	102.7%	82.2%	100.0%
SS	RAVENSWOOD HOUSE	Mary Graham Ward	73.9%	116.4%	87.4%	100.0%
SS	RAVENSWOOD HOUSE	Meon Valley Ward	78.7%	102.3%	93.6%	98.4%
SS	SOUTHFIELDS	Beech Ward	108.3%	100.0%	102.6%	100.6%
SS	SOUTHFIELDS	Cedar Ward (Southfield)	81.6%	100.5%	80.7%	108.1%
SS	SOUTHFIELDS	Oak Ward	95.4%	96.5%	98.0%	102.0%
SS	BLUEBIRD HOUSE	Moss Ward	50.4%	63.2%	95.4%	77.1%
SS	BLUEBIRD HOUSE	Stewart Ward	41.9%	102.8%	69.6%	88.4%
SS	BLUEBIRD HOUSE	Hill Ward	100.7%	196.3%	69.3%	295.8%
SS	LEIGH HOUSE	Leigh House	68.3%	97.3%	94.7%	121.2%

DAY	DAY	NIGHT	NIGHT
Average RN fill rate (%) as a site	Average CSW fill rate (%) as a site	Average RN fill rate (%) as a site	Average CSW fill rate (%) as a site
152.4%	132.6%	100.1%	124.2%
91.7%	87.7%	100.4%	94.6%
85.3%	123.8%	204.9%	127.5%
85.3%	123.8%	204.9%	127.5%
85.3%	123.8%	204.9%	127.5%
77.7%	101.1%	63.9%	150.9%
110.3%	83.4%	100.0%	100.0%
97.9%	80.1%	100.5%	103.5%
97.7%	96.3%	78.2%	125.4%
97.7%	96.3%	78.2%	125.4%
78.3%	119.0%	81.0%	151.4%
78.3%	119.0%	81.0%	151.4%
61.3%	80.7%	87.6%	91.7%
61.3%	80.7%	87.6%	91.7%
61.3%	80.7%	87.6%	91.7%
95.1%	99.2%	93.8%	103.6%
95.1%	99.2%	93.8%	103.6%
95.1%	99.2%	93.8%	103.6%
58.3%	106.7%	78.1%	129.4%
58.3%	106.7%	78.1%	129.4%
58.3%	106.7%	78.1%	129.4%
68.3%	97.3%	94.7%	121.2%

Directorate	Hospital Site name	Ward Name	DAY	DAY	NIGHT	NIGHT
			Average fill rate RN Staff (%)	Average fill rate CSW staff (%)	Average fill rate RN staff (%)	Average fill rate CSW staff (%)
BU1	GOSPORT WAR MEMORIAL HOSPITAL	Ark Royal Ward	104.2%	94.8%	91.9%	214.2%
BU1	GOSPORT WAR MEMORIAL HOSPITAL	Sultan Ward	101.0%	97.9%	96.9%	129.1%
BU1	PETERSFIELD HOSPITAL	Cedar Ward (Petersfield)	65.1%	115.8%	94.0%	100.1%
BU1	PETERSFIELD HOSPITAL	Rowan Ward	87.8%	97.4%	97.1%	93.8%
BU2	FORDINGBRIDGE	Ford Ward	81.9%	94.5%	100.0%	100.0%
BU2	LYMINGTON NEW FOREST HOSPITAL	Deerleap Ward	93.9%	113.8%	100.0%	115.0%
BU2	LYMINGTON NEW FOREST HOSPITAL	Longbeech Ward	94.0%	143.9%	98.7%	129.0%
BU2	LYMINGTON NEW FOREST HOSPITAL	Medical Admissions Unit	87.1%	90.3%	95.2%	93.5%
BU2	LYMINGTON NEW FOREST HOSPITAL	Wilverley Ward	82.5%	175.3%	100.0%	99.2%
BU2	ROMSEY HOSPITAL	Chichester/Nightingale Ward	93.1%	95.6%	101.5%	180.6%
BU3	ALTON COMMUNITY HOSPITAL	Anstey Ward	105.2%	101.9%	143.8%	198.4%
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Poppy Ward	71.5%	102.0%	71.4%	139.8%
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Rose Ward	79.4%	109.7%	79.6%	159.7%
OPMH	MELBURY LODGE	Stefano Oliveri Unit	82.2%	99.1%	85.5%	129.0%
OPMH	PARKLANDS HOSPITAL	Beechwood Ward	103.9%	85.4%	58.3%	189.9%
OPMH	PARKLANDS HOSPITAL	Elmwood Ward	81.3%	121.0%	88.7%	176.9%
OPMH	WESTERN COMMUNITY HOSPITAL	Berrywood Ward	84.6%	133.1%	93.5%	238.9%
OPMH	WESTERN COMMUNITY HOSPITAL	Beaulieu Ward	88.3%	135.4%	93.5%	204.3%

DAY	DAY	NIGHT	NIGHT
Average RN fill rate (%) as a site	Average CSW fill rate (%) as a site	Average RN fill rate (%) as a site	Average CSW fill rate (%) as a site
89.5%	101.0%	85.4%	152.4%
89.5%	101.0%	85.4%	152.4%
74.7%	108.0%	95.5%	98.0%
74.7%	108.0%	95.5%	98.0%
81.9%	94.5%	100.0%	100.0%
89.9%	121.7%	98.0%	110.4%
89.9%	121.7%	98.0%	110.4%
89.9%	121.7%	98.0%	110.4%
89.9%	121.7%	98.0%	110.4%
93.1%	95.6%	101.5%	180.6%
105.2%	101.9%	143.8%	198.4%
89.5%	101.0%	85.4%	152.4%
89.5%	101.0%	85.4%	152.4%
97.7%	96.3%	78.2%	125.4%
78.3%	119.0%	81.0%	151.4%
78.3%	119.0%	81.0%	151.4%
86.5%	135.4%	93.5%	204.3%
86.5%	135.4%	93.5%	204.3%

Appendix 2 – CHPPD – Comparison of data – July, August, September



Appendix 3 – Comparison of data – June, July, August, September

Division	Hospital Site name	Ward name	May-18				Jun-18				Jul-18				Aug-18			
			Submitted in June 18				Submitted in July 18				Submitted in August 18				Submitted in September 18			
			Day		Night		Day		Night		Day		Night		Day		Night	
			% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff
LD	MOORGREEN HOSPITAL	Willow Ward	169.5%	118.9%	93.6%	124.2%	144.6%	115.3%	97.1%	124.3%	138.8%	135.5%	96.5%	125.0%	152.4%	132.6%	100.1%	124.2%
SS	WOODHAVEN	Ashford Unit	105.0%	89.4%	97.0%	96.9%	103.7%	91.0%	100.1%	88.0%	94.7%	87.1%	100.0%	91.3%	91.7%	87.7%	100.4%	94.6%
AMH	ANTELOPE HOUSE	Saxon Ward	93.3%	122.5%	118.6%	132.8%	90.8%	109.8%	136.3%	134.0%	79.9%	118.5%	175.9%	126.1%	96.3%	112.2%	185.2%	135.7%
AMH	ANTELOPE HOUSE	Trinity Ward	66.0%	120.8%	193.1%	131.7%	67.5%	120.6%	216.0%	128.4%	54.5%	115.4%	216.7%	122.5%	67.9%	130.1%	271.3%	128.7%
AMH	ANTELOPE HOUSE	Hamtun Ward PICU	74.5%	136.0%	126.0%	172.5%	75.8%	137.1%	161.5%	167.7%	59.6%	150.0%	153.9%	157.2%	95.1%	129.7%	158.2%	118.0%
AMH	ELMLEIGH	Elmleigh Inpatient	74.7%	115.1%	58.0%	145.7%	70.7%	109.3%	74.9%	136.9%	72.9%	111.5%	69.9%	134.5%	77.7%	101.1%	63.9%	150.9%
AMH	FOREST LODGE	Forest Lodge	122.4%	80.9%	100.0%	100.0%	109.8%	89.3%	100.0%	100.1%	107.2%	89.0%	100.0%	100.1%	110.3%	83.4%	100.0%	100.0%
AMH	HOLLYBANK	Hollybank	88.9%	95.9%	100.4%	100.8%	101.5%	81.3%	100.0%	100.8%	93.8%	76.3%	100.5%	100.7%	97.9%	80.1%	100.5%	103.5%
AMH	MELBURY LODGE	Kingsley Ward	112.6%	98.9%	71.1%	144.9%	109.5%	93.8%	67.3%	159.4%	112.8%	86.4%	67.3%	153.1%	121.3%	91.2%	65.9%	150.5%
AMH	MELBURY LODGE	Mother & Baby Unit	84.5%	101.5%	103.2%	98.4%	92.1%	97.0%	100.0%	96.7%	82.0%	105.4%	100.4%	96.9%	77.9%	100.6%	100.0%	98.5%
AMH	PARKLANDS HOSPITAL	Hawthorns 1	84.1%	139.4%	119.8%	175.3%	77.4%	130.1%	106.7%	158.3%	80.4%	133.7%	71.1%	149.5%	68.7%	141.5%	53.4%	156.0%
AMH	PARKLANDS HOSPITAL	Hawthorns 2	75.0%	133.3%	100.0%	108.6%	74.4%	139.7%	94.5%	113.5%	73.3%	125.6%	109.6%	103.5%	69.1%	120.7%	137.0%	97.1%
SS	RAVENSWOOD HOUSE	Ashurst Ward	88.6%	104.2%	100.5%	98.6%	90.8%	100.9%	100.0%	108.7%	82.8%	106.6%	96.8%	100.1%	0.0%	0.0%	0.0%	0.0%
SS	RAVENSWOOD HOUSE	Lyndhurst Ward	89.1%	67.1%	100.4%	100.3%	88.0%	70.6%	99.5%	100.2%	80.5%	69.2%	93.5%	81.8%	75.9%	63.8%	97.7%	67.8%
SS	RAVENSWOOD HOUSE	Malcolm Faulk Ward	85.6%	100.5%	148.4%	101.9%	78.0%	101.2%	124.9%	98.7%	81.9%	94.6%	88.6%	99.5%	73.6%	102.7%	82.2%	100.0%
SS	RAVENSWOOD HOUSE	Mary Graham Ward	90.2%	102.2%	100.2%	100.0%	73.9%	121.0%	100.0%	101.7%	69.8%	112.5%	100.0%	98.4%	73.9%	116.4%	87.4%	100.0%
SS	SOUTHFIELDS	Beech Ward	121.6%	114.7%	102.3%	100.2%	114.3%	117.6%	101.5%	103.8%	105.6%	105.0%	98.7%	99.9%	108.3%	100.0%	102.6%	100.6%
SS	SOUTHFIELDS	Cedar Ward (Southfield)	98.5%	99.9%	110.5%	108.7%	98.5%	103.3%	104.7%	101.9%	97.7%	99.7%	93.5%	119.6%	81.6%	100.5%	80.7%	108.1%
SS	SOUTHFIELDS	Oak Ward	95.2%	100.0%	102.8%	100.0%	94.3%	95.0%	98.8%	100.2%	100.6%	101.7%	100.0%	101.6%	95.4%	96.5%	98.0%	102.0%

Division	Hospital Site name	Ward name	May-18				Jun-18				Jul-18				Aug-18			
			Submitted in June 18				Submitted in July 18				Submitted in August 18				Submitted in September 18			
			Day		Night		Day		Night		Day		Night		Day		Night	
			% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff	% fill rate - RN	% fill rate - Care staff
SS	BLUEBIRD HOUSE	Moss Ward	91.6%	93.8%	137.8%	75.0%	75.8%	76.0%	121.7%	80.9%	60.4%	76.3%	106.5%	74.7%	50.4%	63.2%	95.4%	77.1%
SS	BLUEBIRD HOUSE	Stewart Ward	55.3%	104.6%	93.5%	102.4%	47.3%	107.8%	75.2%	106.0%	47.9%	92.4%	64.7%	99.3%	41.9%	102.8%	69.6%	88.4%
SS	BLUEBIRD HOUSE	Hill Ward	95.0%	139.3%	84.0%	163.3%	88.5%	128.1%	58.9%	220.6%	90.0%	161.4%	65.7%	282.3%	100.7%	196.3%	69.3%	295.8%
SS	LEIGH HOUSE	Leigh House	57.5%	78.8%	93.5%	103.1%	47.1%	92.0%	87.8%	105.8%	52.2%	90.8%	82.7%	118.2%	68.3%	97.3%	94.7%	121.2%
BU1	GOSPORT WAR MEMORIAL HOSPITAL	Ark Royal Ward	92.2%	106.0%	98.8%	202.1%	99.7%	104.4%	93.2%	209.0%	96.4%	103.5%	98.5%	204.5%	104.2%	94.8%	91.9%	214.2%
BU1	GOSPORT WAR MEMORIAL HOSPITAL	Sultan Ward	101.9%	109.5%	100.1%	100.0%	118.2%	107.3%	98.6%	110.0%	113.8%	100.3%	96.8%	122.2%	101.0%	97.9%	96.9%	129.1%
BU1	PETERSFIELD HOSPITAL	Cedar Ward (Petersfield)	90.6%	96.7%	100.0%	100.0%	82.0%	99.2%	100.0%	98.3%	71.6%	123.2%	98.4%	98.4%	65.1%	115.8%	94.0%	100.1%
BU1	PETERSFIELD HOSPITAL	Rowan Ward	90.3%	89.6%	100.0%	96.8%	91.5%	96.5%	98.4%	103.3%	103.7%	89.1%	100.2%	100.0%	87.8%	97.4%	97.1%	93.8%
BU2	FORDINGBRIDGE	Ford Ward	89.1%	87.5%	99.6%	100.2%	86.2%	86.4%	93.9%	110.0%	80.4%	98.1%	87.4%	122.9%	81.9%	94.5%	100.0%	100.0%
BU2	LYMINGTON NEW FOREST HOSPITAL	Deerleap Ward	100.1%	113.5%	103.3%	100.0%	96.5%	122.7%	99.9%	132.4%	97.2%	117.4%	100.0%	127.3%	93.9%	113.8%	100.0%	115.0%
BU2	LYMINGTON NEW FOREST HOSPITAL	Longbeech Ward	105.0%	169.4%	98.4%	156.0%	93.7%	170.0%	100.0%	160.3%	91.6%	154.6%	96.8%	174.3%	94.0%	143.9%	98.7%	129.0%
BU2	LYMINGTON NEW FOREST HOSPITAL	Medical Admissions Unit	86.3%	98.0%	95.2%	100.0%	82.7%	81.0%	88.1%	93.3%	88.0%	91.0%	90.3%	98.4%	87.1%	90.3%	95.2%	93.5%
BU2	LYMINGTON NEW FOREST HOSPITAL	Wilverley Ward	86.3%	187.2%	116.6%	124.1%	76.0%	201.0%	93.5%	105.5%	78.1%	195.4%	96.9%	179.8%	82.5%	175.3%	100.0%	99.2%
BU2	ROMSEY HOSPITAL	Chichester/Nightingale Ward	100.9%	95.8%	97.3%	115.1%	101.4%	96.6%	104.0%	170.5%	97.6%	94.6%	100.3%	182.9%	93.1%	95.6%	101.5%	180.6%
BU3	ALTON COMMUNITY HOSPITAL	Anstey Ward	148.5%	129.6%	101.3%	187.2%	131.4%	109.2%	105.3%	248.1%	133.1%	107.1%	105.4%	211.6%	105.2%	101.9%	143.8%	198.4%
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Poppy Ward	94.2%	96.9%	84.0%	107.9%	78.5%	98.2%	81.7%	136.4%	77.2%	101.9%	77.6%	133.3%	71.5%	102.0%	71.4%	139.8%
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Rose Ward	88.9%	109.3%	93.5%	122.0%	82.5%	103.7%	83.3%	140.9%	74.6%	118.3%	76.7%	165.8%	79.4%	109.7%	79.6%	159.7%
OPMH	MELBURY LODGE	Stefano Olivieri Unit	80.9%	109.6%	87.7%	123.0%	88.4%	94.4%	75.3%	159.4%	79.0%	101.9%	93.9%	112.6%	82.2%	99.1%	85.5%	129.0%
OPMH	PARKLANDS HOSPITAL	Beechwood Ward	85.8%	109.6%	56.7%	274.1%	87.2%	96.2%	51.5%	301.8%	101.7%	85.7%	50.9%	213.6%	103.9%	85.4%	58.3%	189.9%
OPMH	PARKLANDS HOSPITAL	Elmwood Ward	91.3%	116.9%	93.9%	141.6%	84.9%	124.9%	86.8%	184.8%	81.3%	126.4%	85.5%	188.8%	81.3%	121.0%	88.7%	176.9%
OPMH	WESTERN COMMUNITY HOSPITAL	Berrywood Ward	75.7%	125.4%	95.7%	125.8%	73.3%	129.0%	88.6%	181.0%	81.7%	116.5%	94.0%	122.5%	84.6%	133.1%	93.5%	238.9%
OPMH	WESTERN COMMUNITY HOSPITAL	Beaulieu Ward	89.3%	120.9%	85.5%	161.1%	78.2%	111.1%	95.3%	143.5%	82.4%	116.9%	95.2%	182.9%	88.3%	135.4%	93.5%	204.3%

Appendix 4 – Bank and Agency Safer Staffing Risk – using over 50% fill rate as temporary workers.

Shift with more than 50% filled by temporary workers					Filled By				Total Filled Substantively	Total Filled Non Substantively	Total Temp Fill Rate	No Shifts affected (out of 31)
Division	Site	Unit	Staff Group	Shift	Substantive*	Bank MPH*	Bank BO*	Agency*				
AMH	ANTELOPE HOUSE	Hamtun Ward PICU	Registered	Night	6.3%	12.2%	0.0%	81.6%	18.4%	81.6%	94%	28
AMH	ANTELOPE HOUSE	Hamtun Ward PICU	Unregistered	Night	29.6%	1.8%	68.6%	0.0%	31.4%	68.6%	70%	24
AMH	ANTELOPE HOUSE	Saxon Ward	Registered	Night	18.9%	1.8%	0.0%	79.2%	20.8%	79.2%	81%	28
AMH	ANTELOPE HOUSE	Trinity Ward	Registered	Night	25.4%	6.1%	0.0%	68.6%	31.4%	68.6%	75%	22
AMH	ANTELOPE HOUSE	Trinity Ward	Unregistered	Night	43.1%	7.4%	49.4%	0.0%	50.6%	49.4%	57%	18
AMH	ELMLEIGH	Elmleigh Inpatient	Registered	Night	36.8%	7.3%	24.4%	31.5%	44.1%	55.9%	63%	28
AMH	PARKLANDS HOSPITAL	Hawthorns 1	Unregistered	Night	32.1%	18.7%	49.2%	0.0%	50.8%	49.2%	68%	29
BU1	GOSPORT WAR MEMORIAL HOSPITAL	Ark Royal Ward	Unregistered	Night	36.0%	0.0%	64.0%	0.0%	36.0%	64.0%	64%	29
LD	MOORGREEN HOSPITAL	Willow Ward	Unregistered	Night	36.3%	2.1%	61.0%	0.6%	38.4%	61.6%	64%	29
OPMH	WESTERN COMMUNITY HOSPITAL	Beaulieu Ward	Registered	Night	10.5%	0.0%	1.8%	87.8%	10.5%	89.5%	90%	29
OPMH	WESTERN COMMUNITY HOSPITAL	Beaulieu Ward	Unregistered	Night	15.3%	6.7%	78.0%	0.0%	22.0%	78.0%	85%	31
OPMH	WESTERN COMMUNITY HOSPITAL	Berrywood Ward	Registered	Night	40.4%	12.2%	5.3%	42.1%	52.6%	47.4%	60%	21
OPMH	WESTERN COMMUNITY HOSPITAL	Berrywood Ward	Unregistered	Night	33.1%	8.1%	58.8%	0.0%	41.2%	58.8%	67%	26
OPMH	PARKLANDS HOSPITAL	Beechwood Ward	Registered	Night	46.9%	14.0%	0.0%	39.1%	60.9%	39.1%	53%	15
OPMH	PARKLANDS HOSPITAL	Beechwood Ward	Unregistered	Night	33.8%	26.3%	36.5%	3.4%	60.1%	39.9%	66%	27
OPMH	PARKLANDS HOSPITAL	Elmwood Ward	Unregistered	Night	28.6%	12.0%	56.2%	3.2%	40.7%	59.3%	71%	30
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Poppy Ward	Unregistered	Night	36.8%	4.5%	55.2%	3.4%	41.3%	58.7%	63%	24
OPMH	GOSPORT WAR MEMORIAL HOSPITAL	Rose Ward	Registered	Night	41.1%	12.1%	32.5%	14.3%	53.2%	46.8%	59%	21
SS	BLUEBIRD HOUSE	Hill Ward	Registered	Night	41.9%	0.0%	2.3%	55.8%	41.9%	58.1%	58%	20
SS	BLUEBIRD HOUSE	Hill Ward	Unregistered	Night	26.0%	12.0%	38.6%	23.4%	38.0%	62.0%	74%	30
SS	BLUEBIRD HOUSE	Moss Ward	Unregistered	Night	29.4%	2.1%	57.1%	11.4%	31.5%	68.5%	71%	26
SS	BLUEBIRD HOUSE	Stewart Ward	Registered	Night	16.6%	4.6%	0.0%	78.7%	21.3%	78.7%	83%	27
SS	LEIGH HOUSE	Leigh House	Registered	Night	7.1%	3.3%	34.6%	55.1%	10.3%	89.7%	93%	27
SS	LEIGH HOUSE	Leigh House	Unregistered	Night	49.5%	3.9%	46.6%	0.0%	53.4%	46.6%	51%	16
SS	RAVENSWOOD HOUSE	Malcolm Faulk Ward	Registered	Night	40.5%	7.9%	21.5%	30.1%	48.4%	51.6%	60%	24
SS	RAVENSWOOD HOUSE	Mary Graham Ward	Registered	Night	47.8%	7.3%	15.5%	29.4%	55.1%	44.9%	52%	14
SS	RAVENSWOOD HOUSE	Meon Valley Ward	Registered	Night	41.3%	6.9%	41.5%	10.3%	48.2%	51.8%	59%	17