

REPORT TO THE STRATEGY AND TRANSFORMATION COMMITTEE

Title	Safer Staffing Monthly Exception Report October 2019 (August Data)
Date	14/10/2019
Agenda item	15
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Action Required	<p>The purpose of this report is to provide the monthly exception report for October 2019 (August 2019 data) in relation to data submissions for Safer Staffing.</p> <p>The Strategy and Transformation Committee is requested to receive the exception report Safer Staffing for October 2019 and to recommend any escalations for inclusion in Trust Board report.</p>
Executive Overview	<p>Safer Staffing exception reporting directly to the Strategy and Transformation 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.</p> <p>NHSI requirement is that Safer Staffing data must be reviewed by Committees which include both the Director of Nursing & AHPs and Medical Director. There must also be clarity of reporting process and where responsibility for action resides.</p> <p>August 2019 data shows 4 hospital sites reporting as red in the national publication data due to RN and CSW fill rates falling below 80% over the month. Further details are provided in section 3. These were:</p> <ul style="list-style-type: none">• Elmleigh Hospital• Parklands Hospital• Antelope House• Petersfield Hospital <p>31 red flag incidents together with resulting themes have been identified for August 2019.</p>

Previously considered by N/A

Strategic Priorities this paper supports

Improve health and wellbeing through outstanding services

- Provide good quality care
- People are able to access the care they need, when they need it

Become the best employer

- Increased recruitment and retention of staff, leading to a more stable workforce
- The size, shape and skills of our workforce can meet current and future care needs of the people we serve

Transform services through integration and sustainable partnerships

- Patients have better access, experience, and outcomes as a result of transformed, joined up services

Improve value

- Make every penny count towards patient care and service improvement
- Future delivery and improvements to care safeguarded through sound financial planning

Strategic Risks this paper addresses

SR1: There is a risk that we provide poor quality or ineffective care resulting in serious harm.

SR2: There is a risk that we fail to continually improve the services provided by the Trust to deliver better outcomes.

SR5: There is a risk that we do not maintain & develop specialised services in a way that benefits patients.

SR6: There is a risk that we cannot retain and attract sufficient and skilled staff.

SR8: There is a risk that we fail to deliver medium & long-term financial sustainability.

Risk 576

Safer Staffing Monthly Exception Report – October 2019 (August 2019 data)

1. Purpose

The purpose of this report is to provide the Strategy and Transformation Committee (STC) with the exception report for October 2019 (August 2019 data) presented within the overall data submissions for safer staffing in line with national reporting requirements.

2. Background

Reporting to NHS England and NHS Choices commenced in June 2014. Narrative has been provided to inform the STC where professional judgement decisions have been applied to improve staffing levels in inpatient units and ensure safety of our patients, as required for this period where staffing levels have fallen below 80% establishment fill for shifts.

3. Inpatient Wards Exception Reporting (1st August – 31st August 2019).






Off framework agency use is included within data unless specified otherwise. Full inpatient shift-fill figures are included in Appendix A. Appendix B details rolling fill data for the last 3 months.

3.1 Inpatient wards – Red Sites in August

5 wards from 4 sites, were reported in the national publication data set as red in August due to shift-fill falling below the 80% threshold.

Hospital Site name	Ward Name	DAY		NIGHT	
		Average fill RN (%)	Average fill CSW (%)	Average RN fill (%)	Average fill CSW (%)
ANTELOPE HOUSE	Saxon Ward	76.6%	133.8%	124.7%	113.7%
	Trinity Ward				
	Hamton Ward PICU				
ELMLEIGH	Elmleigh Inpatient	67.7%	104.0%	72.4%	153.9%
PARKLANDS HOSPITAL	Hawthorns 1	79.9%	132.5%	91.2%	155.5%
	Hawthorns 2				
	Beechwood Ward				
	Elmwood Ward				
PETERSFIELD HOSPITAL	Cedar Ward (Petersfield)	79.4%	110.7%	79.6%	131.8%
	Rowan Ward				

Individual commentary on these shift-fill hotspots is provided below including feedback from Matrons or Ward Managers where applicable. Where net resourcing is provided, under and over-resourcing has equivalent 'RAG' rating as follows:

	High Risk – over 15% over resourced		Low Risk		High Risk – over 15% over resourced
	Medium Risk 7.5 – 15% under resourced		Medium Risk 7.5 – 15% over resourced		

Antelope House – Trinity Ward - day shifts – Registered Nurses.

During August, Trinity Ward fell below planned levels during day RN shifts.

- Vacancies in August: 7.2WTE. Unavailability: 0.5WTE sickness and other absence.

- Net Resource: Deficit between funded and contracted WTE was 6.1WTE however 12.9WTE bank and NHSP worked. Taking account of unavailability, this resulted in Trinity being -16.7% **over**-resourced in August.

During August Trinity had three patients presenting with challenging behaviour that required higher than standard observations in order to maintain safety. With ongoing vacancies and RN sickness due to a significant event in July, the ward mitigated by backfilling gaps with HCSWs. This is not expected to be a permanent skill-mix adjustment.

The over-fill of HCSW, and under-fill of RN shifts can also be attributed to 3 preceptees starting across the site in August. They may not appear in numbers immediately and require additional support during their inductions. The Roster Coordinator for Antelope is now in post and so increased efficiencies in rostering in due course should improve shift-fill data accuracy.

Elmleigh – Day and night shifts – Registered Nurses.

During August, Elmleigh's RN fill rates fell below planned levels for day & night shifts.

- Vacancies in August: 16.4WTE. Unavailability: 0.3WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 16.4WTE. With 14.2WTE bank and NHSP worked, taking account of unavailability, this resulted in Elmleigh being 3.7% **under**-resourced in August.

Bank and agency are being used to cover a high number of vacancies however a number of band 5's have been recruited or offered positions. Unfilled extra shifts are amended from RN to HCSW, in an attempt to reduce impact of registered nurse gaps.

Elmleigh also have a band 6 registered nurse who does not appear in the numbers, working Monday to Friday 9-5 to support the wards. Within the HCSW numbers, Elmleigh have highly skilled band 4 Associate Practitioners one per shift. This will contribute to the apparent overfill of HCSWs.

With regards to night shifts, an additional HCSW shift is released to allow for staffing of CCTV and to allow for the coverage of breaks of all staff throughout the night.

Parklands – Hawthorns 1 - Day and night shifts – Registered Nurses.

During August, Hawthorns 1 fell below planned levels during day & night RN shifts.

- Vacancies in August: 9.1WTE. Unavailability: 0.2WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 9.1WTE. With 13.2WTE bank and NHSP worked, this resulted in H1 being 10.5% **over**-resourced in August.

Bank and Agency is being used to cover significant B5 RN vacancies which has resulted in RN under-fill, cover was mitigated with additional unregistered workers covering gaps in registrant shifts.

During August, Elmwood had up to 6 patients on 1:1 observations which required additional HCSW staffing and contributed to the over-fill highlighted in the table above. This was also impacted by bed closures elsewhere, meaning the acuity was not spread across OPMH wards. Beechwood also had a higher than usual level of acuity in August.

Parklands – Hawthorns 2 - Day shifts – Registered Nurses.

During August, Hawthorns 2 fell below planned levels during day RN shifts.

- Vacancies in August: 6.4WTE. Unavailability: 0.3WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 6.4WTE. With 8.6WTE bank and NHSP worked. Taking account of unavailability, this resulted in H2 being 4.9% **over**-resourced in August.

August saw a spike in acuity which resulted in 3 patients requiring 1:1 observations at the same time. This was mitigated by having an extra HCSW on each shift. The MOD RMN

post at Parklands has been vacant for some time which is covered by RMNs from H2. This combined with vacancies, sickness and maternity leave has contributed to the low shift fill rates of RNs and over-fill of HCSWs in August.

Petersfield – Cedar Ward - Day and night shifts – Registered Nurses.

During August, Cedar ward fell below planned levels during day RN shifts.

- Vacancies in August: 6.0WTE. Unavailability: 0.7WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 5.8WTE. With 7.3WTE bank and NHSP worked. Taking account of unavailability, this resulted in H2 being 2.4% **over**-resourced in August.

Feedback from the ward highlighted that a number of RN vacancies and planned sickness absence in August impacted on the ability to meet the 80% shift-fill threshold. Reduced RN availability and increased patient acuity was mitigated where possible with additional HCSW fill. In addition, August saw HCSW sickness and other unauthorised leave.

3.2 Inpatient wards – Blue Sites in August

The below table is an extract from the inpatient figures above, specifically of those sites whose shift fill exceeded 150% and which haven’t been addressed elsewhere in this report.

		<i>Data by Site</i>			
		DAY		NIGHT	
Hospital Site name	Ward Name	Av. fill RN (%)	Av.fill CSW (%)	Av. RN fill (%)	Av.fill CSW (%)
MOORGREEN HOSPITAL	Willow Ward	95.9%	159.5%	95.2%	238.4%
LEIGH HOUSE	Leigh House	93.1%	178.6%	100.0%	182.0%
ROMSEY HOSPITAL	Chichester/Nightingale Ward	100.0%	88.8%	90.3%	200.2%

Moorgreen Hospital – Willow Ward - Day and night shifts – Unregistered Nurses.

During August, Willow ward exceeded planned levels of HCSWs during day and night shifts.

- Vacancies in August: 17.3WTE. Unavailability: 0.6WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 17.7WTE. With 22.2WTE bank and NHSP worked, this resulted in Willow being 9.0% **over**-resourced in August.

Willow ward continue to have complex patient needs, funded as a separate package of care, which accounts for the significant over-fill of HCSWs for both day and night shifts, when compared to their funded establishment.

Leigh House - Night shifts – Unregistered Nurses.

During August, Leigh House exceeded planned levels of HCSWs during night shifts.

- Vacancies in August: 0.0WTE. Unavailability: 0.4WTE sickness and other absence.
- Net Resource: There was no deficit between funded and contracted WTE. An additional 12.6WTE bank and NHSP was worked. This resulted in Leigh House being 28.2% **over**-resourced in August.

Leigh House currently has two patients on special observations billed with extra packages of care income. Alongside this, their budget has been increased from 43 to 54WTE, with the model and bed price being reviewed and agreed currently with commissioners. This

adjustment equates to an increase from 8RNs and 12 HCSWs in every 24 hour period to 12RNs (including band 4s) and 10 HCSWs. In August Leigh House continued to work with around the same number of RNs (8) per 24 hour period but with 14HCSWs, which explains the over-fill figures as shown above. Adjustments to the roster template will now be made and should more accurately reflect %fill in October data.

Romsey Hospital – Chichester/Nightingale Ward - Night shifts – Unregistered Nurses.

During August, Romsey Hospital exceeded planned levels of HCSWs during night shifts.

- Vacancies in August: 0.3WTE. Unavailability: 0.3WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 0.7WTE. With 3.0WTE bank and NHSP worked, this resulted in Romsey being 7.8% **over**-resourced in August. CQC recommendations led to increased unregistered nurse numbers at night to mitigate safety concerns relating to the layout of the ward. This hasn't however been reflected in the roster template, which contributes to the overfill figures, but this adjustment is now in progress.

3.3. Inpatient wards use of temporary staffing

Wards using over 50% temporary staff trigger as potential Safer Staffing concerns and are escalated and monitored appropriately. The below wards had over 50% agency staff in August. Those highlighted sites have been described previously:-

Site	Unit	Staff Group	Shift	Substantive	Bank MPH	Bank BO	Agency
Gosport War Memorial	Poppy Ward	Registered	Night	26.4%	8.7%	8.6%	56.2%
Antelope House	Hamton PICU	Registered	Night	15.9%	2.2%	4.3%	77.6%
	Trinity Ward	Registered	Night	17.6%	21.7%	9.2%	51.5%
Moorgreen Hospital	Willow Ward	Registered	Night	13.8%	20.8%	1.7%	63.7%
Melbury Lodge	Mother & Baby	Registered	Night	31.8%	6.1%	0.0%	62.1%

Gosport War Memorial - Poppy Ward – Registered, night shifts

- Vacancies in August: 11.5WTE. Unavailability: 2.3WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 11.3WTE. 12.5WTE bank and NHSP worked resulting in Poppy being 2.5% **under**-resourced in August. The ward has seen a slight increase in vacancies since the last report, however there are a number of new starters B2 – B5 scheduled before March 2020. There are ongoing formal recruitment plans in place across the site.

Melbury Lodge – Mother & Baby unit – Registered, night shifts

- Vacancies in August: 1.3WTE. Unavailability: 7.5WTE sickness and other absence.
- Net Resource: Deficit between funded and contracted WTE was 2.0WTE. 8.3WTE bank and NHSP worked resulting in MBU being 4.2% **under**-resourced in August.

3.4. Inpatient wards – Staffing Red Flag Incidents

Within this report, red flag information is detailed at summary level. Additional information relating to any impact to patients will be detailed within Quarterly Divisional Quality and

Governance reports. The below table provides additional information regarding red flag incidents for August 2019 for all inpatient areas.

Senior Management are informed in real-time when red flag incidents occur in their areas.

Incident impacts are defined as:

1A - No Harm (impact prevented)

1 – No Harm (impact not prevented)

2 – Low Minimal Harm - On-site first aid

3 – Moderate - Significant, but not permanent harm

4 – Major – Permanent/long term harm

5 - Catastrophic/Death

Ward/Team	Incidents	Detail	Impact
Ravenswood Malcolm Faulk Ward	2	Unable to access community leave & staffing levels not matching patient need - unfilled shifts	1
GWMH - Ark Royal Ward	6	High acuity or staff sickness led to shift gaps and staffing levels not matching patient need.	1/1a
Lymington Wilverly 2 ward	1	Staffing levels not matched to patient need	1a
GWMH - Rose Ward	2	Staffing levels not matched to patient need	1/1a
Petersfield Rowan Ward	2	Staffing levels not matched to patient need	1
Petersfield Cedar Ward	2	Staffing levels not matched to patient need	1
Bluebird Hill Ward	1	Low staffing led to a delay in admin/charting/reporting tasks.	1a
Elmleigh Inpatients	1	CCTV suspended due to low staffing levels	1a
Melbury Kingsley Unit	1	Managers hearing/Tribunal referral not conducted due to workload/staffing levels.	2
GWMH - Poppy Ward	2	Staffing levels not matched to patient need	1/1a

Of those inpatient wards where staffing fell below the 80% fill rate, neither Antelope House, nor Parklands submitted an incident via Ulysses, per Safer Staffing Policy requirements. The Safer Staffing team will contact the relevant wards and matrons regarding the policy reporting requirements.

4. Integrated Services Division – Community Teams Exception Reporting

For community teams, fill rates are determined by comparing the planned roster numbers with the 'actual' worked numbers of staff on duty. The below teams triggered as red for less than 80% combined fill rate in August:

Team	Registered fill rate	Unregistered fill rate	Combined fill rate	Net Resourcing Impact in August
Andover 1 ICT	81.44%	60.03%	70.73%	11.5% under resourced
Avon Valley ICT	62.40%	66.98%	64.69%	5.0% under resourced
Basingstoke Town West ICT	148.56%	216.52%	182.54%	3.7% over resourced
Eastleigh Town ICT	31.20%	63.13%	47.16%	49.3% under resourced
Fareham 2 ICT	87.40%	69.90%	78.65%	6.5% under resourced
Petersfield ICT	86.15%	42.88%	64.51%	10.6% under resourced

Southern Parishes ICT	69.85%	59.35%	64.60%	4.5% over resourced
Totton ICT	71.15%	30.50%	50.83%	2.6% under resourced
Waterlooville ICT	73.38%	85.79%	79.58%	3.3% under resourced
Winchester City ICT	67.04%	83.74%	75.39%	1.5% under resourced
Winchester Rural East ICT	90.58%	51.20%	70.89%	6.9% under resourced
Winchester Rural North ICT	103.56%	20.03%	61.79%	1.7% over resourced
Winchester Rural South ICT	75.11%	72.50%	73.81%	6.8% under resourced

12 of the 26 ICT Community Teams show as below their planned hours for combined fill rates largely due to high vacancies and unavailability through sickness and other leave, however only two teams/incidents were reported via Ulysses as detailed below. Rostering inaccuracies may have also contributed to apparent low fill.

Team Type	Ward/Team	Incidents	Detail	Impact
ICT	Avon Valley ICT	1	Staffing levels not matched to patient need	2
ICT	Totton/ Lyndhurst ICT	1	Staffing levels not matched to patient need	2

12 of the 26 teams were also within range (i.e. not meeting under or overfill thresholds) which is a steady improvement over the last two months.

5. Community Mental Health Teams Exception Reporting

For community teams, fill rates are determined by comparing the planned roster numbers with the 'actual' worked numbers of staff on duty. The below teams triggered as red for less than 80% combined fill rate in August:

Team	Registered fill rate	Unregistered fill rate	Combined fill rate	Net Resourcing Impact in August
Bordon and Petersfield	71.80%	83.33%	77.56%	4.4% over resourced
Eastleigh & Romsey	66.94%	54.78%	60.86%	21.8% over resourced
Fareham and Gosport	84.10%	68.16%	76.13%	2.9% under resourced
Havant and Waterlooville	73.33%	75.86%	74.59%	7.5% under resourced

Four CMHTs were below planned hours for August for combined staff fill rates. In the Havant & Waterlooville, and Bordon & Petersfield teams this was due significant levels of sickness in the team.

Eastleigh & Romsey under-fill despite over-resourcing is likely due to rostering inefficiencies but will be explored.

No CHMT teams are meeting thresholds for over-fill in August, an improvement on 2 teams in July.

One staffing red flag was reported in association with these teams. Again this will be escalated as appropriate.

Team Type	Ward/Team	Incidents	Detail	Impact
CMHT	West Southampton CMHT - OPMH	1	No OPMH locum consultant available.	1

6. Other Staffing Red Flag Incidents

Team Type	Ward/Team	Incidents	Detail	Impact
HV	HV - Ringwood	2	New birth contact breach due to staffing levels.	1a
MH Divisional Management	MH Divisional Management	6	Lack of female beds in the area due to staffing related closures.	1a

7. Risks and issues

- 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. Vacancies in Nursing and the associated reasons, action plans and feedback are reported through and addressed via the relevant workforce committees.
- At risk teams are highlighted on the risk register – Risk#576

8. Next Steps and Priorities for 2020

- National Care Hours Per Patient Day (CHPPD) guidance has been updated and now covers all in-patient care settings across acute, community and mental health trusts. It is hoped this update will support directors in robust deployment the multi-professional workforce who are increasingly part of in-patient establishments and rostered in delivering patient care.
- Rostering reviews are ongoing to identify efficiencies. The next focus will be a deep dive into overtime and unused hours.
- An audit of the Safer Staffing policy is in progress, to understand compliance with the policy, escalation processes, effective resource management and acuity and dependency measures. Early outcomes are positive but have identified areas where further support may be required. This, combined with agency reduction activities has prompted planning for a programme of Safer Staffing Workshops over the next 6-8 months. These will be tailored and targeted to address specific concerns or areas needing development.
- A Standard Operating Procedure is being developed to detail central processes and authorisation around temporary staffing use, to complement the Safer Staffing Policy.
- Planned communications around policy requirements and Ulysses reporting in shortfall escalation.
- Continued emphasis on effective rostering to improve staffing utilisation and productivity in line with Lord Carter's recommendations has now commenced. Including tailored formal training on safe and effective utilisation of staff, in collaboration with the HealthRoster team.
- Further refinement of the acuity and dependency measurement process within community settings and apply these to develop a greater picture of the staffing situation.
- Reduction of off-framework agency use in line with NHSI temporary staffing rules. Further trialling of on-framework agencies in hotspot areas to replace off-framework usage is being explored.
- Use of off-framework agency is closely monitored and regularly reviewed, with ongoing development of robust authorisation and escalation processes to reduce usage.
- Long-term placements (LTPs) of Bank and Agency staff are encouraged as a more sustainable and pro-active approach to staffing shortfalls.

- Continuing to embed Safer Staffing within SHFT and ensure continued alignment to the latest National Quality Board guidance. An audit is underway to review both inpatient and community team compliance against the Safer Staffing Policy and processes.
- Continuations of work to develop new roles linked to new models of care to ensure a pipeline of appropriately trained staff are available.
- Cross-functional liaison to share learning, incentives and solutions, and increase understanding of how some of the issues identified may impact on quality and safety.

9. Recommendation

The Strategy and Transformation Committee is requested to receive the exception report Safer Staffing for October 2019 (August 2019 data), and to recommend any escalations for inclusion in Trust Board exception report.

Appendix A

Hospital Site name		Data by Ward				Data by Site			
		DAY		NIGHT		DAY		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
MOORGREEN HOSPITAL	Willow Ward	95.9%	159.5%	95.2%	238.4%	95.9%	159.5%	95.2%	238.4%
RAVENSWOOD HOUSE	Ashford Unit	83.1%	72.5%	100.0%	92.5%	86.9%	91.8%	98.7%	99.7%
ANTELOPE HOUSE	Saxon Ward	80.3%	131.4%	101.5%	98.8%	76.6%	133.8%	124.7%	113.7%
	Trinity Ward	67.2%	141.2%	121.6%	132.5%				
	Hamtun Ward PICU	82.6%	129.2%	151.8%	109.5%				
ELMLEIGH	Elmleigh Inpatient	67.7%	104.0%	72.4%	153.9%	67.7%	104.0%	72.4%	153.9%
FOREST LODGE	Forest Lodge	101.9%	97.8%	100.0%	101.7%	101.9%	97.8%	100.0%	101.7%
HOLLYBANK	Hollybank	93.6%	94.5%	100.7%	101.5%	93.6%	94.5%	100.7%	101.5%
MELBURY LODGE	Kingsley Ward	139.0%	113.9%	102.8%	136.1%	102.8%	114.3%	100.9%	123.9%
	Stefano Olivieri Unit	79.7%	110.2%	98.6%	125.7%				
	Mother & Baby Unit	76.0%	120.1%	101.7%	105.0%				
PARKLANDS HOSPITAL	Hawthorns 1	74.2%	142.3%	65.4%	168.8%	79.9%	132.5%	91.2%	155.5%
	Hawthorns 2	62.6%	130.5%	100.6%	107.7%				
	Beechwood Ward	97.5%	114.8%	98.6%	168.2%				
	Elmwood Ward	101.6%	135.9%	99.3%	176.8%				
RAVENSWOOD HOUSE	Ashurst Ward	0.0%	0.0%	0.0%	0.0%	86.9%	91.8%	98.7%	99.7%
	Lyndhurst Ward	92.6%	98.6%	100.0%	102.0%				
	Malcolm Faulk Ward	80.2%	95.8%	97.0%	102.2%				
	Mary Graham Ward	88.8%	103.2%	103.3%	100.0%				
	Meon Valley Ward	93.5%	100.1%	96.9%	101.9%				
SOUTHFIELDS	Beech Ward	134.2%	90.0%	104.5%	100.0%	105.7%	102.0%	102.1%	111.5%
	Cedar Ward (Southfield)	97.7%	89.6%	101.4%	100.2%				
	Oak Ward	88.6%	133.2%	100.3%	134.6%				
BLUEBIRD HOUSE	Stewart Ward	98.7%	99.0%	138.2%	97.5%	98.5%	115.3%	115.1%	97.5%
	Hill Ward	98.1%	137.7%	92.0%	97.4%				
LEIGH HOUSE	Leigh House	93.1%	178.6%	100.0%	182.0%	93.1%	178.6%	100.0%	182.0%
GOSPORT WAR MEMORIAL HOSPITAL	Ark Royal Ward	92.6%	103.6%	98.4%	272.3%	104.9%	99.0%	99.2%	148.2%
	Sultan Ward	120.3%	98.8%	107.1%	139.0%				
PETERSFIELD HOSPITAL	Cedar Ward (Petersfield)	72.1%	107.3%	64.6%	147.6%	79.4%	110.7%	79.6%	131.8%
	Rowan Ward	88.6%	115.4%	94.7%	100.0%				
FORDINGBRIDGE	Ford Ward	92.9%	93.2%	95.3%	106.7%	92.9%	93.2%	95.3%	106.7%
LYMINGTON NEW FOREST HOSPITAL	Deerleap Ward	102.7%	121.4%	145.3%	96.6%	93.1%	119.3%	105.0%	109.1%
	Longbeech Ward	91.4%	140.6%	100.0%	127.3%				
	Medical Admissions Unit	90.6%	85.4%	90.6%	98.5%				
	Wilverley Ward	89.3%	161.3%	103.4%	118.2%				
ROMSEY HOSPITAL	Chichester/Nightingale Ward	100.0%	88.8%	90.3%	200.2%	100.0%	88.8%	90.3%	200.2%
ALTON COMMUNITY HOSPITAL	Anstey Ward	100.3%	100.3%	98.4%	103.2%	100.3%	100.3%	98.4%	103.2%
GOSPORT WAR	Poppy Ward	98.9%	92.3%	93.3%	123.0%	104.9%	99.0%	99.2%	148.2%

MEMORIAL HOSPITAL	Rose Ward	111.0%	109.6%	97.0%	125.3%				
MELBURY LODGE	Stefano Olivieri Unit	79.7%	110.2%	98.6%	125.7%	102.8%	114.3%	100.9%	123.9%
WESTERN COMMUNITY HOSPITAL	Berrywood Ward	92.2%	133.5%	100.4%	225.4%	96.4%	107.1%	98.7%	134.8%
	Beaulieu Ward	100.5%	96.4%	96.9%	112.1%				

APPENDIX B

Ward	Jun-19				Jul-19				Aug-19			
	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
Willow Ward	88.8%	178.4%	94.5%	218.7%	83.7%	193.0%	100.1%	230.3%	95.9%	159.5%	95.2%	238.4%
Ashford Unit	80.1%	80.1%	100.0%	94.4%	84.0%	74.4%	97.3%	100.3%	83.1%	72.5%	100.0%	92.5%
Saxon Ward	101.2%	124.1%	107.0%	100.0%	86.8%	126.4%	105.2%	107.6%	80.3%	131.4%	101.5%	98.8%
Trinity Ward	75.0%	136.4%	117.2%	133.8%	75.9%	135.7%	116.6%	135.0%	67.2%	141.2%	121.6%	132.5%
Hamtun Ward PICU	92.5%	149.0%	107.9%	155.8%	90.1%	138.6%	134.6%	124.5%	82.6%	129.2%	151.8%	109.5%
Elmleigh Inpatient	70.3%	110.9%	69.0%	157.9%	76.2%	108.7%	66.2%	163.3%	67.7%	104.0%	72.4%	153.9%
Forest Lodge	101.3%	98.0%	100.0%	100.5%	101.5%	96.3%	100.2%	106.6%	101.9%	97.8%	100.0%	101.7%
Hollybank	97.0%	98.5%	113.4%	101.1%	103.1%	95.5%	100.3%	100.3%	93.6%	94.5%	100.7%	101.5%
Kingsley Ward	137.5%	116.6%	81.7%	188.4%	164.5%	97.4%	99.0%	143.5%	139.0%	113.9%	102.8%	136.1%
Mother & Baby Unit	82.2%	119.4%	96.1%	145.1%	84.8%	118.7%	99.8%	109.7%	76.0%	120.1%	101.7%	105.0%
Hawthorns 1	76.5%	144.5%	66.1%	140.1%	70.3%	153.1%	71.7%	133.3%	74.2%	142.3%	65.4%	168.8%
Hawthorns 2	70.3%	130.5%	95.7%	105.5%	72.9%	136.8%	104.2%	131.3%	62.6%	130.5%	100.6%	107.7%
Ashurst Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Lyndhurst Ward	90.2%	109.4%	97.4%	131.5%	92.6%	102.9%	100.2%	102.1%	92.6%	98.6%	100.0%	102.0%
Malcolm Faulk Ward	77.8%	95.1%	93.0%	102.4%	83.0%	95.7%	99.1%	102.7%	80.2%	95.8%	97.0%	102.2%
Mary Graham Ward	82.0%	105.6%	101.3%	100.3%	91.1%	101.0%	100.3%	100.1%	88.8%	103.2%	103.3%	100.0%
Meon Valley Ward	87.5%	107.0%	100.2%	98.6%	87.5%	110.5%	100.0%	103.2%	93.5%	100.1%	96.9%	101.9%
Beech Ward	118.4%	83.2%	100.4%	102.0%	119.4%	91.5%	100.5%	102.1%	134.2%	90.0%	104.5%	100.0%
Cedar Ward (Southfield)	98.9%	94.5%	100.3%	100.0%	102.7%	86.7%	100.4%	102.7%	97.7%	89.6%	101.4%	100.2%
Oak Ward	117.7%	111.8%	96.9%	115.8%	106.7%	124.2%	100.0%	146.2%	88.6%	133.2%	100.3%	134.6%
Moss Ward	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Stewart Ward	115.1%	102.0%	140.1%	101.7%	114.0%	95.8%	143.9%	98.9%	98.7%	99.0%	138.2%	97.5%
Hill Ward	121.1%	124.3%	91.6%	105.3%	116.1%	137.6%	96.3%	98.7%	98.1%	137.7%	92.0%	97.4%
Leigh House	102.4%	154.2%	93.4%	150.9%	105.4%	155.9%	98.5%	175.7%	93.1%	178.6%	100.0%	182.0%
Ark Royal Ward	90.6%	91.6%	93.3%	211.0%	101.5%	102.0%	100.0%	223.5%	92.6%	103.6%	98.4%	272.3%

Sultan Ward	116.7%	97.7%	98.4%	110.4%	117.1%	107.2%	98.5%	190.3%	120.3%	98.8%	107.1%	139.0%
Cedar Ward (Petersfield)	73.6%	99.6%	89.0%	112.0%	74.7%	105.8%	86.8%	121.4%	72.1%	107.3%	64.6%	147.6%
Rowan Ward	94.5%	101.5%	100.0%	100.3%	91.4%	100.6%	100.0%	109.9%	88.6%	115.4%	94.7%	100.0%
Ford Ward	90.3%	82.4%	98.4%	103.3%	92.8%	94.0%	95.2%	106.8%	92.9%	93.2%	95.3%	106.7%
Deerleap Ward	104.8%	111.5%	167.2%	93.6%	109.3%	105.7%	165.4%	96.5%	102.7%	121.4%	145.3%	96.6%
Longbeech Ward	92.2%	134.6%	94.5%	147.4%	90.6%	135.1%	103.3%	143.6%	91.4%	140.6%	100.0%	127.3%
Medical Admissions Unit	94.2%	87.2%	97.0%	85.2%	89.9%	82.1%	92.2%	98.5%	90.6%	85.4%	90.6%	98.5%
Wilverley Ward	94.2%	174.4%	97.0%	95.6%	93.4%	166.4%	100.1%	98.6%	89.3%	161.3%	103.4%	118.2%
Chichester/Nightingale Ward	101.2%	93.1%	93.2%	197.0%	99.5%	97.3%	86.0%	206.4%	100.0%	88.8%	90.3%	200.2%
Anstey Ward	93.7%	89.0%	90.0%	90.3%	89.2%	88.3%	98.4%	103.4%	100.3%	100.3%	98.4%	103.2%
Poppy Ward	121.7%	95.1%	111.6%	135.2%	115.1%	92.4%	112.7%	127.0%	98.9%	92.3%	93.3%	123.0%
Rose Ward	96.5%	108.7%	101.6%	197.1%	104.8%	105.5%	98.5%	122.5%	111.0%	109.6%	97.0%	125.3%
Stefano Olivieri Unit	78.8%	93.8%	100.4%	106.8%	89.0%	110.5%	100.8%	165.8%	79.7%	110.2%	98.6%	125.7%
Beechwood Ward	96.5%	100.9%	100.0%	185.2%	102.7%	127.1%	96.6%	306.4%	97.5%	114.8%	98.6%	168.2%
Elmwood Ward	100.3%	127.6%	96.7%	189.1%	99.7%	130.5%	98.7%	179.7%	101.6%	135.9%	99.3%	176.8%
Berrywood	85.0%	81.2%	98.8%	142.2%	97.6%	118.1%	101.8%	209.8%	92.2%	133.5%	100.4%	225.4%
Beaulieu	95.6%	79.2%	94.9%	70.0%	106.0%	90.8%	98.6%	77.4%	100.5%	96.4%	96.9%	112.1%

Sites Flagging as under 80% fill rate in the last 6 months.

	Elmleigh	Parklands	Petersfield	Antelope	Western Community	Hollybank	Bluebird	Alton
August								
July								
June								
May								
April								
March								

