

Trust Board paper U

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| To: | Trust Board |
| From: | Rachel Overfield, Chief Nurse |
| Date: | 26 June 2014 |
| CQC regulation: | |

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|--|---|---------------------------------------|----------------------------------|----------|--|------------|--|-----------|---|-------------|--|
| Title: | Nursing Workforce | | | | | | | | | | |
| Author/Responsible Director: | Maria McAuley, Head of Nursing Rachel Overfield, Chief Nurse | | | | | | | | | | |
| Purpose of the Report: | <p>The attached report is intended to brief the relevant Trust committees and assure the Trust Board that UHL is either compliant or working towards compliance in the recommendations and expectations set out in the following documents; all of which relate to health care staffing arrangements:</p> <ul style="list-style-type: none"> • Hard Truths Commitments • How to ensure the right people with the right skills are in place at the right time – NHS England guidance (Nursing) November 2013 • The publishing of staffing data (Nursing) – NHS England March 2014 • NICE Safe Staffing Guidelines Consultation Document – May 2014 <p>Current Vacancy Position</p> | | | | | | | | | | |
| The Report is provided to the Board for: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Decision</td> <td style="width: 10%;"></td> <td style="width: 25%; text-align: center;">Discussion</td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Assurance</td> <td style="text-align: center;">x</td> <td style="text-align: center;">Endorsement</td> <td></td> </tr> </table> | | | Decision | | Discussion | | Assurance | x | Endorsement | |
| Decision | | Discussion | | | | | | | | | |
| Assurance | x | Endorsement | | | | | | | | | |
| Summary / Key Points: | | | | | | | | | | | |
| Recommendations: | <p>Trust Board members are asked to:</p> <ul style="list-style-type: none"> • Accept the report. • Acknowledge the potential impact of publishing their data in public. • Discuss future reporting. It is recommended that a nursing workforce report go to Executive Quality Board, Quality Assurance Committee and Clinical Quality Review Group on a monthly basis. Nursing workforce headline to be included in Q&P report for Trust Board. | | | | | | | | | | |
| Previously considered at another corporate UHL Committee? | Quality Assurance Committee | | | | | | | | | | |
| Strategic Risk Register: | Yes | Performance KPIs year to date: | Nursing Ratios Ward Dashboard | | | | | | | | |
| Resource Implications (eg Financial, HR): | Band 3 for monthly data collection and uploading to UNIFY. | | | | | | | | | | |
| Assurance Implications: | Board will need assurance on a monthly basis that staffing meets planned expectations. | | | | | | | | | | |
| Patient and Public Involvement (PPI) Implications: | Data published publicly so potential source of concern to the public. | | | | | | | | | | |
| Stakeholder Engagement Implications: | None | | | | | | | | | | |

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| Equality Impact: None |
| Information exempt from Disclosure: No |
| Requirement for further review? Yes, six monthly establishment reviews Monthly reporting |

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT TO: Trust Board

DATE: 26 June 2014

REPORT BY: Rachel Overfield, Chief Nurse

SUBJECT: Nursing Workforce

- Hard Truths Commitments
- How to ensure the right people with the right skills are in place at the right time – NHS England guidance (Nursing) November 2013
- The publishing of staffing data (Nursing) – NHS England March 2014
- NICE Safe Staffing Guidelines Consultation Document – May 2014
- Current Vacancy Position

1. Introduction

The following report is intended to brief the relevant Trust committees and assure the Trust Board that UHL is either compliant or working towards compliance in the recommendations and expectations set out in the above recent documents; all of which relate to health care staffing arrangements.

2. How to ensure the right people, with the right skills are in the right place at the right time - NHS England Guidance November 2013 (Nursing)

This document issued by Jane Cummings, Chief Nursing Officer England and the National Quality Board was intended to assist organisations to make the right decisions about staffing arrangements to ensure safety, caring, compassionate nursing care could always be provided.

The document acknowledged that it was not possible to give a single formula for calculating nurse staffing ratios and urged organisations to use acuity tools, real time measurements, output quality indicators and staff and patient feedback to make decisions regarding staffing levels.

The guidance set out ten expectations (Table 1) and details how organisations could deliver against these expectations.

The UHL Chief Nurse and senior colleagues assessed where UHL were against the expectations set out in the guidance and have been working towards compliance over the last few months (Table 1).

| Table 1 | | |
|---------|--|-----|
| | Expectation | RAG |
| 1. | Trust Boards take full Responsibility for quality of care provided to patients and as a key determinant of quality, take full and collective responsibility for nursing staffing capacity and capability. | |
| 1.1 | 6/12 establishment review and report to Trust Board with sign off. | G |
| 1.2 | Regular updates to Trust Board. | G |
| 1.3 | Assurance that escalation policies /contingency plans are in place. | G |
| 1.4 | Use of Dashboards / heat maps by ward. | G |
| 2. | Processes are in place to enable staffing establishments to be met on a shift by shift basis. | |
| 2.1 | Daily shift on shift reviews of staffing should happen at 'group' level. | G |
| 2.2 | E roster should be in place and used to deploy staff to most needed areas. | A |
| 2.3 | Escalation / contingency plans should be in place and staff feel enabled to use them. | A |
| 3. | Evidence based tools are used to inform on staffing capacity and capability eg | |
| 3.1 | Safer nursing care tool. | A |
| 3.2 | Nurse sensitive indicators | G |
| 3.3 | Birth-rate plus (midwives) | |
| 4. | Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns | A |
| 5. | A multi-professional approach is taken when setting nursing and midwifery staffing establishments. <ul style="list-style-type: none"> Establishment reviews done and signed off with Chief Operating Officer, Finance Director, Medical Director and Director of Human Resources taking into account all interdependencies. | G |
| 6. | Nurses and midwives have sufficient time to fulfil responsibilities that are additional to direct care duties. <ul style="list-style-type: none"> CPD Supervision Suspension / management Leadership | A R |
| 7. | Trust Boards receive monthly updates on workforce information and staffing capacity and capability and discuss in public at least every six months. <ul style="list-style-type: none"> Monthly ward dataset. Staffing on a shift by shift basis. Staffing related to quality metrics | G |
| 8. | NHS providers clearly display information about care staff present on each ward, clinical setting and department each shift. | A |
| 9. | Providers of NHS services take an active role in securing staff in line with their workforce requirements. | G |
| 10. | Commissioners actively seek assurance that staffing capacity and capability is safe with providers with whom they commission. | G |

3. Hard Truths Commitments regarding the Publishing of Staffing Data

Jane Cummings and Professor Sir Mike Richards wrote to CEO's at the end of March 2014 giving clear guidance regarding the delivery of the Hard Truth Commitments associated with publishing staff data. Staffing data is to be published by June 2014 at the latest. This is to be done in the following ways:

- **6 monthly establishment reviews to the Trust Board using evidence based tools**
 - Compliant.
 - Full review signed off in August 2013 with significant investment.
 - Lighter touch establishment review completed May 2014 (information available upon request).
 - Plan to undertake acuity based review in October for Trust Board reporting in December 2014 and in time for budget setting.

- **Information about nurses, midwives and care staff deployed for each shift compared to what has been planned, displayed at ward level.**
 - Compliant.
 - Databoards ordered in order to provide a standard approach across the Trust. Currently being fitted on every ward.
 - Information format agreed with Patient Advisors.

- **Monthly Board report detailing shift by shift variance of planned vs actual staffing by ward**
 - Compliant.
 - Attached at Appendix 1 is the monthly aggregated results by ward.
 - Shift by shift on a daily basis information is displayed in strategic places in the Trust and bed management hub and Chief Executive's Corridor and is captured as a monthly report, attached at Appendix 2.
 - Monthly information also included in ward dashboard as part of Quality and Performance Report.

- **Reports must be provided on the Trust website and on NHS Choices.**
 - Compliant.
 - May data uploaded for publication on NHS Choices 24 June 2014.
 - Link to UHL website which gives more narrative and detail at ward level. This still requires some more work but meets the minimum requirements.

Stock takes on compliance with these duties are taking place which the Trust has responded positively to.

The TDA and CQC will include compliance with these actions as part of their assurance regimes.

4. NICE Safe Staffing Guidance

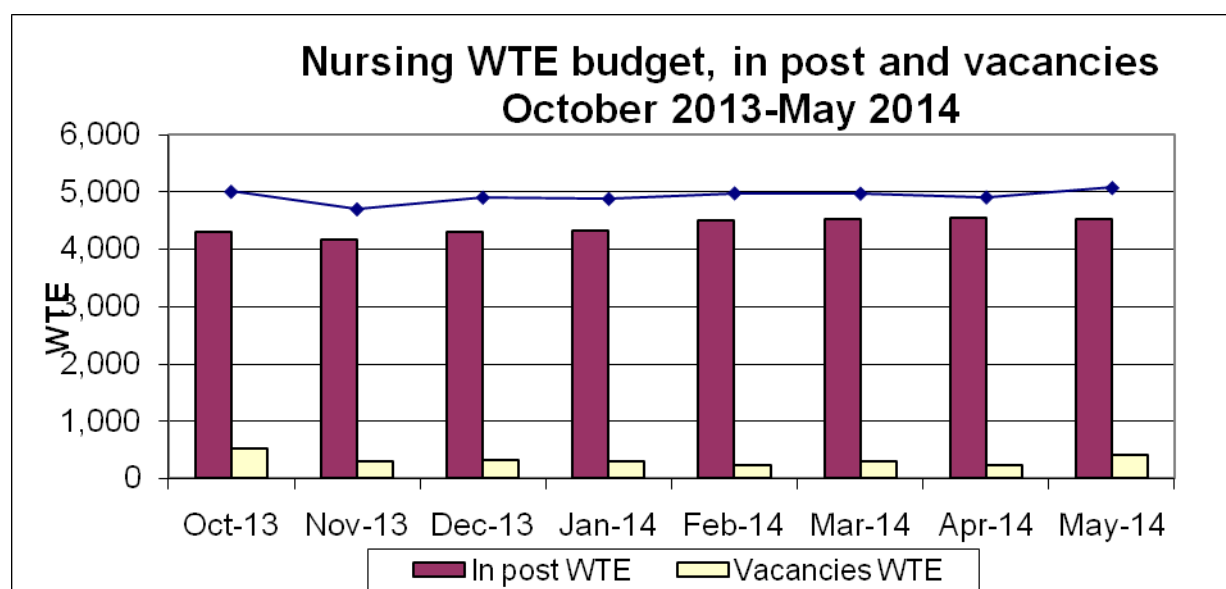
NICE have just issued a consultation document on safe staffing levels in adult patient wards in acute hospitals. The consultation period runs from 12 May to 6 June 2014.

The document recognises that there is no single nurse to patient ratio that can be applied across all areas. The guidance recommends factors that need to be systematically applied at ward level to assess staffing needs. These factors are very similar to those described in the previous two documents described in this report, ie

- Ensure the right culture is in place to support staff;
- Use evidence based tools to calculate staffing needs;
- Regularly review staffing arrangements;
- Link staffing level to quality outcomes;
- Recognise environmental factors. Assess all patient needs over and above those clinically admitted with eg LD, dementia.

5. Vacancies

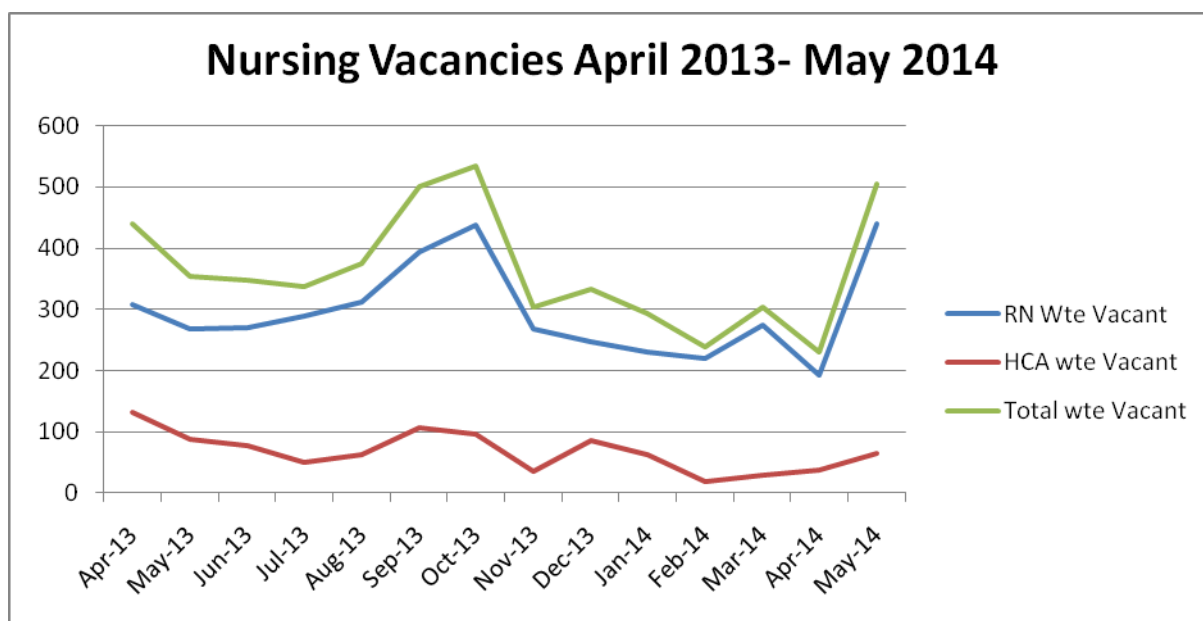
| May 2014 statistics: | |
|---|----------|
| The sum of budgeted wte is reported as | 5078 wte |
| The sum of nurses in post is reported as | 4527 wte |
| The sum of nurses waiting to start is reported as | 237 wte |
| The sum of nurses waiting to leave is reported as | 89 wte |
| Therefore the sum of total reported vacancies is | 403wte |



Graph 1 Nursing WTE budget, in post and vacancies October 2013-May 2014

There has been an increase in reported vacancies for May 2014.

There has been increased funding in areas (ITAPS) to open extra ITU beds; the same within Women's and Children's. The establishments and month 1 budget reporting is much more robust for the reporting period of May and increased funding streams, previously agreed, have been set up and realised at month 1.



Graph 2 Nursing Vacancies April 2013 to May 2014

6. Bank and Agency

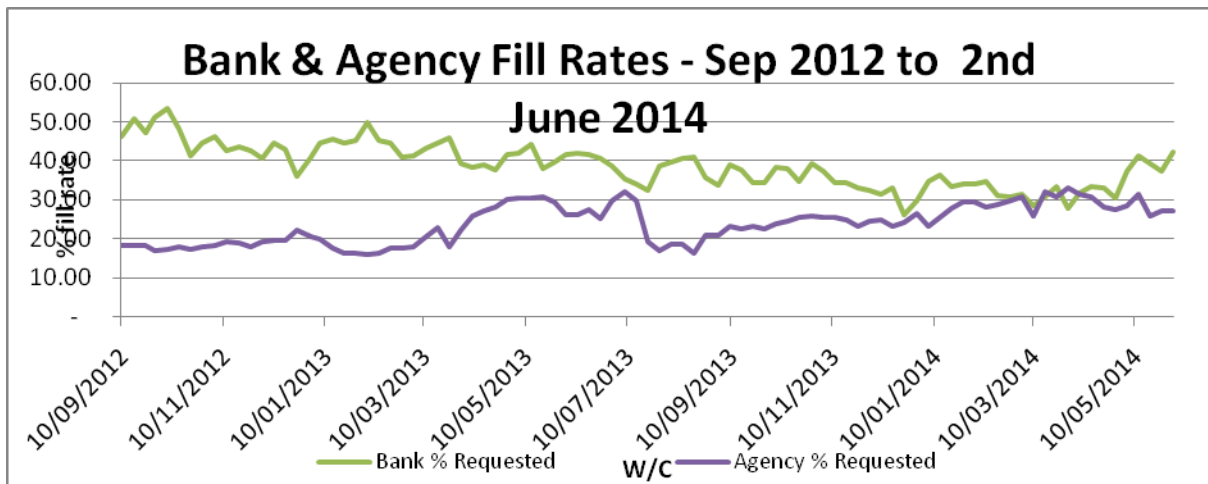
The percentage of bank fill versus agency has increased in favour of bank fill compared to May 2013.

The percentage of agency is slowly reducing.

Every attempt is being made to fill the gap more across the organisation.

As a senior nursing team we have agreed that non-framework agencies will not be used unless the request is made from the Head of Nursing for the CMG.

| For the month of May the average figures are: | |
|---|--------------------------------|
| Requests | 13756 hours-this equals 366wte |
| Fill rate | 65% ie 35% unfilled |
| Bank filled | 5090 hours |
| Agency filled | 3848 hours |



7. Recruitment

International Recruitment

To date 146 international nurses have joined the Trust and have undertaken a very detailed and comprehensive induction programme. This programme lasts 8 weeks. Further recruitment is planned with 15 international recruits planned to join the Trust in June. Current plans are for a further 50 international to join the Trust in September 2014. This can be increased by a further 100 international nurses, so a total of 150; however is dependent on availability of training facilities. This is under review by the Executive Team. The plan for 2015 and our international recruitment is for 5 cohorts of up to 30 nurses recruited throughout 2015. Again this number can be increased in line with availability of training facilities and funding.

Local Recruitment

Our local recruitment continues, with monthly adverts for Registered Nurses and bi-monthly adverts for Health Care Assistants, to further support this we proactively attend all RCN recruitment fairs across the country. We continuously recruit from our local university twice a year, with interviews planned for 80+ newly qualified Adult nurses, 25 children's nurses and 25 midwives planned for early June. The timeline for these nurses joining the Trust is November 2014.

8. Conclusion

There is now clear guidance and expectation placed on providers to plan, monitor and respond to nursing, midwifery and care staffing requirements. Gaps in planned staffing will be published publicly both at ward level and on NHS Choices.

UHL has systems and processes in place to meet these expectations but it should be noted that this has been a huge undertaking and will require on-going resourcing.

The Board has previously had information regarding nursing workforce, vacancies, quality impact and impact of staffing groups. The Board now need to decide in what format and frequency it wishes to receive this information in the future.

9. Recommendations

Trust Board members are asked to:

- Accept the report.
- Acknowledge the potential impact of publishing their data in public.
- Discuss future reporting. It is recommended that a nursing workforce report go to Executive Quality Board, Quality Assurance Committee and Clinical Quality Review Group on a monthly basis. Nursing workforce headline to be included in Q&P report for Trust Board.

University Hospitals of Leicester NHS Trust
Ward Fill Rate Indicator
Staffing: Nursing, midwifery and care staff
May 2014

| Hospital Site name | Ward name | Main 2 Specialties on each ward | | Day | | | | Night | | | | Day | | Night | |
|------------------------------------|---------------------------|---------------------------------|------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--|------------------------------------|--|------------------------------------|
| | | | | Registered | | Care Staff | | Registered | | Care Staff | | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| | | | | 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 | | | | |
| Glenfield Hospital - RWEAE | GH WD Coronary Care Unit | 320 - CARDIOLOGY | 300 - GENERAL MEDICINE | 3720 | 3082.5 | 1162.5 | 1237.5 | 2139 | 2139 | 713 | 713 | 82.9% | 106.5% | 100.0% | 100.0% |
| Glenfield Hospital - RWEAE | GH WD GICU Gen Intensive | 340 - RESPIRATORY MEDICINE | 320 - CARDIOLOGY | 8647.5 | 7222.5 | 1327.5 | 907.5 | 6624 | 5405 | 356.5 | 310.5 | 83.5% | 68.4% | 81.6% | 87.1% |
| Glenfield Hospital - RWEAE | GH WD Paed ITU | 170 - CARDIOTHORACIC SURGERY | 321 - PAEDIATRIC CARDIOLOGY | 3720 | 2857.5 | 330 | 45 | 2852 | 2219.5 | 0 | 0 | 76.8% | 13.6% | 77.8% | - |
| Glenfield Hospital - RWEAE | GH WD 15 | 340 - RESPIRATORY MEDICINE | | 2557.5 | 1995 | 1860 | 1762.5 | 1069.5 | 1069.5 | 713 | 713 | 78.0% | 94.8% | 100.0% | 100.0% |
| Glenfield Hospital - RWEAE | GH WD 16 Respiratory Unit | 340 - RESPIRATORY MEDICINE | | 2325 | 2190 | 1395 | 1320 | 1069.5 | 1023.5 | 713 | 690 | 94.2% | 94.6% | 95.7% | 96.8% |
| Glenfield Hospital - RWEAE | GH WD 17 | 340 - RESPIRATORY MEDICINE | | 2790 | 2377.5 | 1395 | 1264 | 1782.5 | 1736.5 | 356.5 | 391 | 85.2% | 90.6% | 97.4% | 109.7% |
| Glenfield Hospital - RWEAE | GH WD 24 | 320 - CARDIOLOGY | | 1426 | 1219 | 1069.5 | 690 | 1069.5 | 1023.5 | 713 | 586.5 | 85.5% | 64.5% | 95.7% | 82.3% |
| Glenfield Hospital - RWEAE | GH WD 26 | 170 - CARDIOTHORACIC SURGERY | | 1736.5 | 1403 | 713 | 640 | 1069.5 | 908.5 | 356.5 | 356.5 | 80.8% | 89.8% | 84.9% | 100.0% |
| Glenfield Hospital - RWEAE | GH WD 27 | 320 - CARDIOLOGY | 300 - GENERAL MEDICINE | 1957.5 | 1740.5 | 1162.5 | 1031.5 | 1069.5 | 805 | 356.5 | 517.5 | 88.9% | 88.7% | 75.3% | 145.2% |
| Glenfield Hospital - RWEAE | GH WD 28 | 320 - CARDIOLOGY | | 2190 | 1762.5 | 1395 | 990 | 1069.5 | 1035 | 713 | 632.5 | 80.5% | 71.0% | 96.8% | 88.7% |
| Glenfield Hospital - RWEAE | GH WD 29 EXT 3656 | 340 - RESPIRATORY MEDICINE | | 1591 | 1302 | 1069.5 | 1054 | 1069.5 | 1058 | 356.5 | 345 | 81.8% | 98.6% | 98.9% | 96.8% |
| Glenfield Hospital - RWEAE | GH WD 30 | 321 - PAEDIATRIC CARDIOLOGY | 170 - CARDIOTHORACIC SURGERY | 1395 | 1357.5 | 465 | 495 | 1069.5 | 1069.5 | 0 | 11.5 | 97.3% | 106.5% | 100.0% | - |
| Glenfield Hospital - RWEAE | GH WD 31 | 170 - CARDIOTHORACIC SURGERY | | 2500.5 | 2462 | 1178 | 954 | 1782.5 | 1736.5 | 356.5 | 368 | 98.5% | 81.0% | 97.4% | 103.2% |
| Glenfield Hospital - RWEAE | GH WD 33 | 320 - CARDIOLOGY | | 2325 | 2040 | 930 | 1065 | 1069.5 | 1081 | 713 | 667 | 87.7% | 114.5% | 101.1% | 93.5% |
| Glenfield Hospital - RWEAE | GH WD 33A Card Procedures | 320 - CARDIOLOGY | | 1426 | 1391.5 | 713 | 651.5 | 713 | 724.5 | 713 | 736 | 97.6% | 91.4% | 101.6% | 103.2% |
| Leicester General Hospital - RWEAK | LGH WD Brain Injury Unit | 400 - NEUROLOGY | | 930 | 945 | 930 | 931 | 713 | 690 | 356.5 | 391 | 101.6% | 100.1% | 96.8% | 109.7% |
| Leicester General Hospital - RWEAK | LGH WD Labour Ward | 501 - OBSTETRICS | | 5115 | 4680 | 930 | 1125 | 3921.5 | 3369.5 | 713 | 862.5 | 91.5% | 121.0% | 85.9% | 121.0% |
| Leicester General Hospital - RWEAK | LGH WD Crit Care Med | 100 - GENERAL SURGERY | 101 - UROLOGY | 4650 | 4117.5 | 465 | 502.5 | 3565 | 3070.5 | 0 | 0 | 88.5% | 108.1% | 86.1% | - |
| Leicester General Hospital - RWEAK | LGH WD Spec Care Babies | 420 - PAEDIATRICALS | | 1680 | 1432.5 | 1132.5 | 547.5 | 1184.5 | 816.5 | 793.5 | 345 | 85.3% | 48.3% | 68.9% | 43.5% |
| Leicester General Hospital - RWEAK | LGH WD Surg Acute Care | 100 - GENERAL SURGERY | | 930 | 877.5 | 465 | 442.5 | 713 | 713 | 356.5 | 356.5 | 94.4% | 95.2% | 100.0% | 100.0% |
| Leicester General Hospital - RWEAK | LGH WD 26 SAU | 101 - UROLOGY | | 1890 | 1481.5 | 930 | 817.5 | 713 | 701.5 | 713 | 678.5 | 78.4% | 87.9% | 98.4% | 95.2% |
| Leicester General Hospital - RWEAK | LGH WD 10 | 361 - NEPHROLOGY | | 2130 | 1912.5 | 1425 | 1297.5 | 713 | 713 | 713 | 713 | 89.8% | 91.1% | 100.0% | 100.0% |
| Leicester General Hospital - RWEAK | LGH WD 14 | 110 - TRAUMA & ORTHOPAEDICS | | 1322.5 | 1127 | 667 | 448.5 | 713 | 713 | 356.5 | 345 | 85.2% | 67.2% | 100.0% | 96.8% |
| Leicester General Hospital - RWEAK | LGH WD 15A HDU Neph | 361 - NEPHROLOGY | | 1860 | 1882.5 | 465 | 375 | 1069.5 | 1069.5 | 356.5 | 345 | 101.2% | 80.6% | 100.0% | 96.8% |
| Leicester General Hospital - RWEAK | LGH WD 15N Nephrology | 361 - NEPHROLOGY | | 1800 | 1732.5 | 930 | 727.5 | 713 | 701.5 | 713 | 701.5 | 96.3% | 78.2% | 98.4% | 98.4% |
| Leicester General Hospital - RWEAK | LGH WD 16 | 110 - TRAUMA & ORTHOPAEDICS | | 1023.5 | 1000.5 | 713 | 586.5 | 713 | 655.5 | 356.5 | 368 | 97.8% | 82.3% | 91.9% | 103.2% |
| Leicester General Hospital - RWEAK | LGH WD 17 Transplant | 361 - NEPHROLOGY | 100 - GENERAL SURGERY | 1312.5 | 1252.5 | 502.5 | 427.5 | 713 | 713 | 356.5 | 356.5 | 95.4% | 85.1% | 100.0% | 100.0% |
| Leicester General Hospital - RWEAK | LGH WD 18 | 110 - TRAUMA & ORTHOPAEDICS | | 1335 | 1237.5 | 930 | 930 | 713 | 655.5 | 356.5 | 345 | 92.7% | 100.0% | 91.9% | 96.8% |
| Leicester General Hospital - RWEAK | LGH WD 2 | 430 - GERIATRIC MEDICINE | 300 - GENERAL MEDICINE | 1860 | 1815 | 1395 | 1534 | 713 | 966 | 713 | 724.5 | 97.6% | 110.0% | 135.5% | 101.6% |
| Leicester General Hospital - RWEAK | LGH WD 22 | 100 - GENERAL SURGERY | | 1492.5 | 1207.5 | 832.5 | 840 | 713 | 667 | 713 | 713 | 80.9% | 100.9% | 93.5% | 100.0% |
| Leicester General Hospital - RWEAK | LGH WD 23 | 100 - GENERAL SURGERY | | 878 | 733 | 713 | 333.5 | 713 | 322 | 356.5 | 0 | 83.5% | 46.8% | 45.2% | 0.0% |

University Hospitals of Leicester NHS Trust

Ward Fill Rate Indicator

Staffing: Nursing, midwifery and care staff

May 2014

| Hospital Site name | Ward name | Main 2 Specialties on each ward | | Day | | | | Night | | | | Day | | Night | |
|------------------------------------|------------------------------------|---------------------------------|------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--|------------------------------------|--|------------------------------------|
| | | | | Registered | | Care Staff | | Registered | | Care Staff | | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| | | | | 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 | | | | |
| Leicester General Hospital - RWEAK | LGH WD 27 | 100 - GENERAL SURGERY | | 1492.5 | 1387.5 | 930 | 938.5 | 713 | 713 | 713 | 713 | 93.0% | 100.9% | 100.0% | 100.0% |
| Leicester General Hospital - RWEAK | LGH WD 28 Urology | 100 - GENERAL SURGERY | | 1581 | 1543 | 980 | 949.5 | 1069.5 | 1081 | 713 | 724.5 | 97.6% | 96.9% | 101.1% | 101.6% |
| Leicester General Hospital - RWEAK | LGH WD 29 EMU Urology | 100 - GENERAL SURGERY | 101 - UROLOGY | 2422.5 | 2010 | 1560 | 1440 | 1069.5 | 989 | 713 | 724.5 | 83.0% | 92.3% | 92.5% | 101.6% |
| Leicester General Hospital - RWEAK | LGH WD 30 | 501 - OBSTETRICS | | 1395 | 1477.5 | 930 | 1087.5 | 1069.5 | 1063.75 | 713 | 615.25 | 105.9% | 116.9% | 99.5% | 86.3% |
| Leicester General Hospital - RWEAK | LGH WD 31 | 502 - GYNAECOLOGY | | 1830 | 1867.5 | 1275 | 1327.5 | 713 | 713 | 310.5 | 310.5 | 102.0% | 104.1% | 100.0% | 100.0% |
| Leicester General Hospital - RWEAK | LGH WD 3 | 300 - GENERAL MEDICINE | | 1058 | 1104 | 1069.5 | 1046.5 | 713 | 701.5 | 713 | 747.5 | 104.3% | 97.8% | 98.4% | 104.8% |
| Leicester General Hospital - RWEAK | LGH WD Young Disabled | 400 - NEUROLOGY | | 1065 | 990 | 870 | 810 | 713 | 701.5 | 402.5 | 414 | 93.0% | 93.1% | 98.4% | 102.9% |
| Leicester Royal Infirmary - RWEAA | LRI WD Bone Marrow | 303 - CLINICAL HAEMATOLOGY | | 1260 | 1245 | 127.5 | 112.5 | 713 | 713 | 0 | 0 | 98.8% | 88.2% | 100.0% | - |
| Leicester Royal Infirmary - RWEAA | LRI WD Paed ITU | 420 - PAEDIATRICS | | 2790 | 2302.5 | 465 | 375 | 1782.5 | 1748 | 356.5 | 23 | 82.5% | 80.6% | 98.1% | 6.5% |
| Leicester Royal Infirmary - RWEAA | LRI Delivery Suite, Ward 1 and MAU | 501 - OBSTETRICS | | 6510 | 7087.5 | 2790 | 1627.5 | 4991 | 5198 | 1426 | 701.5 | 108.9% | 58.3% | 104.1% | 49.2% |
| Leicester Royal Infirmary - RWEAA | LRI WD Fielding John Vic L1 | 300 - GENERAL MEDICINE | | 1860 | 1957.5 | 1395 | 1620 | 713 | 713 | 713 | 805 | 105.2% | 116.1% | 100.0% | 112.9% |
| Leicester Royal Infirmary - RWEAA | LRI WD IDU Infectious Diseases | 350 - INFECTIOUS DISEASES | 300 - GENERAL MEDICINE | 1162.5 | 1147.5 | 1395 | 1162.5 | 713 | 667 | 368 | 402.5 | 98.7% | 83.3% | 93.5% | 109.4% |
| Leicester Royal Infirmary - RWEAA | LRI WD ITU Bal L2 | 100 - GENERAL SURGERY | 192 - CRITICAL CARE MEDICINE | 7905 | 6367.5 | 930 | 480 | 6060.5 | 4841.5 | 713 | 184 | 80.6% | 51.6% | 79.9% | 25.8% |
| Leicester Royal Infirmary - RWEAA | LRI WD Kinmonth Unit Bal L3 | 100 - GENERAL SURGERY | 120 - ENT | 1354 | 1312.5 | 735 | 675 | 713 | 713 | 713 | 713 | 96.9% | 91.8% | 100.0% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD Spec Care Baby Ken L5 | 420 - PAEDIATRICS | | 6975 | 5880 | 930 | 930 | 5347.5 | 4370 | 713 | 724.5 | 84.3% | 100.0% | 81.7% | 101.6% |
| Leicester Royal Infirmary - RWEAA | LRI WD 8 SAU Bal L3 | 100 - GENERAL SURGERY | | 2062.5 | 1732.5 | 2025 | 1912.5 | 1426 | 1426 | 1426 | 1380 | 84.0% | 94.4% | 100.0% | 96.8% |
| Leicester Royal Infirmary - RWEAA | LRI-Stroke Unit Wards 25 & 26 | 300 - GENERAL MEDICINE | | 3720 | 3120 | 2325 | 2587.5 | 1426 | 1403 | 1426 | 1138.5 | 83.9% | 111.3% | 98.4% | 79.8% |
| Leicester Royal Infirmary - RWEAA | LRI WD 10 Bal L4 | 171 - PAEDIATRIC SURGERY | | 1987.5 | 1620 | 1327.5 | 825 | 713 | 713 | 356.5 | 356.5 | 81.5% | 62.1% | 100.0% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 11 Bal L4 | 110 - TRAUMA & ORTHOPAEDICS | 420 - PAEDIATRICS | 2220 | 1920 | 960 | 990 | 713 | 713 | 356.5 | 368 | 86.5% | 103.1% | 100.0% | 103.2% |
| Leicester Royal Infirmary - RWEAA | LRI WD 12 Bal L4 | 420 - PAEDIATRICS | | 2025 | 1792.5 | 465 | 547.5 | 1426 | 1299.5 | 356.5 | 356.5 | 88.5% | 117.7% | 91.1% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 14 Bal L4 | 420 - PAEDIATRICS | 421 - PAEDIATRIC NEUROLOGY | 1725 | 1627.5 | 930 | 705 | 1069.5 | 1104 | 356.5 | 356.5 | 94.3% | 75.8% | 103.2% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 17 Bal L5 | 110 - TRAUMA & ORTHOPAEDICS | | 2325 | 2092.5 | 1860 | 1725 | 1069.5 | 1081 | 713 | 655.5 | 90.0% | 92.7% | 101.1% | 91.9% |
| Leicester Royal Infirmary - RWEAA | LRI WD 18 Bal L5 | 110 - TRAUMA & ORTHOPAEDICS | | 1984 | 1660.5 | 1860 | 1792.5 | 1069.5 | 977.5 | 713 | 793.5 | 83.7% | 96.4% | 91.4% | 111.3% |
| Leicester Royal Infirmary - RWEAA | LRI WD 19 Bal L6 | 300 - GENERAL MEDICINE | | 2797.5 | 2707.5 | 1860 | 1905.5 | 1069.5 | 1046.5 | 713 | 713 | 96.8% | 102.4% | 97.8% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 21 Bal L6 | 100 - GENERAL SURGERY | | 1627.5 | 1612.5 | 1522.5 | 1477.5 | 1069.5 | 1058 | 552 | 644 | 99.1% | 97.0% | 98.9% | 116.7% |
| Leicester Royal Infirmary - RWEAA | LRI WD 22 Bal 6 | 100 - GENERAL SURGERY | | 2122.5 | 1980 | 1162.5 | 1140 | 1069.5 | 1069.5 | 713 | 770.5 | 93.3% | 98.1% | 100.0% | 108.1% |
| Leicester Royal Infirmary - RWEAA | LRI WD 23 Win L3 | 300 - GENERAL MEDICINE | | 1891 | 1638.5 | 1178 | 1231 | 1069.5 | 1058 | 713 | 713 | 86.6% | 104.5% | 98.9% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 24 Win L3 | 300 - GENERAL MEDICINE | 400 - NEUROLOGY | 1782.5 | 1610 | 1426 | 1226.5 | 1069.5 | 1046.5 | 713 | 713 | 90.3% | 86.0% | 97.8% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 27 Win L4 | 420 - PAEDIATRICS | 303 - CLINICAL HAEMATOLOGY | 2287.5 | 1867.5 | 757.5 | 540 | 1069.5 | 1069.5 | 356.5 | 230 | 81.6% | 71.3% | 100.0% | 64.5% |
| Leicester Royal Infirmary - RWEAA | LRI WD 28 Windsor Level 4 | 420 - PAEDIATRICS | | 930 | 930 | 930 | 915 | 713 | 713 | 356.5 | 356.5 | 100.0% | 98.4% | 100.0% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 29 Win L4 | 301 - GASTROENTEROLOGY | 300 - GENERAL MEDICINE | 1751.5 | 1634.5 | 1162.5 | 1206 | 713 | 1023.5 | 713 | 851 | 93.3% | 103.7% | 143.5% | 119.4% |
| Leicester Royal Infirmary - RWEAA | LRI WD 30 Win L4 | 301 - GASTROENTEROLOGY | | 2025 | 1635 | 1860 | 1582.5 | 1069.5 | 1023.5 | 713 | 862.5 | 80.7% | 85.1% | 95.7% | 121.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 31 Win L5 | 300 - GENERAL MEDICINE | | 2268 | 1793 | 1426 | 1587 | 1069.5 | 701.5 | 713 | 874 | 79.1% | 111.3% | 65.6% | 122.6% |
| Leicester Royal Infirmary - RWEAA | LRI WD 32 Win L5 | 110 - TRAUMA & ORTHOPAEDICS | | 2092.5 | 1770 | 1627.5 | 1672.5 | 1069.5 | 908.5 | 1069.5 | 1104 | 84.6% | 102.8% | 84.9% | 103.2% |
| Leicester Royal Infirmary - RWEAA | LRI WD 33 Win L5 | 300 - GENERAL MEDICINE | | 1891 | 1736 | 1782.5 | 1713.5 | 1782.5 | 1610 | 1426 | 1426 | 91.8% | 96.1% | 90.3% | 100.0% |

University Hospitals of Leicester NHS Trust
Ward Fill Rate Indicator
Staffing: Nursing, midwifery and care staff
May 2014

| Hospital Site name | Ward name | Main 2 Specialties on each ward | | Day | | | | Night | | | | Day | | Night | |
|-----------------------------------|---------------------------|---------------------------------|----------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--|------------------------------------|--|------------------------------------|
| | | | | Registered | | Care Staff | | Registered | | Care Staff | | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| | | | | 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 | | | | |
| Leicester Royal Infirmary - RWEAA | LRI WD 34 Windsor Level 5 | 300 - GENERAL MEDICINE | | 2325 | 1879 | 2025 | 1920 | 1426 | 1150 | 1069.5 | 897 | 80.8% | 94.8% | 80.6% | 83.9% |
| Leicester Royal Infirmary - RWEAA | LRI WD 36 Win L6 | 300 - GENERAL MEDICINE | 430 - GERIATRIC MEDICINE | 1999.5 | 1761 | 1446 | 1353.5 | 1069.5 | 782 | 713 | 701.5 | 88.1% | 93.6% | 73.1% | 98.4% |
| Leicester Royal Infirmary - RWEAA | LRI WD 37 Win L6 | 300 - GENERAL MEDICINE | | 2164.5 | 2008.5 | 1129.5 | 1044 | 713 | 713 | 1069.5 | 1046.5 | 92.8% | 92.4% | 100.0% | 97.8% |
| Leicester Royal Infirmary - RWEAA | LRI WD 38 Win L6 | 300 - GENERAL MEDICINE | | 2010 | 1950 | 1387.5 | 1357.5 | 1092.5 | 736 | 724.5 | 678.5 | 97.0% | 97.8% | 67.4% | 93.7% |
| Leicester Royal Infirmary - RWEAA | LRI WD 39 Osb L1 | 800 - CLINICAL ONCOLOGY | 303 - CLINICAL HAEMATOLOGY | 1485 | 1252.5 | 930 | 907.5 | 713 | 701.5 | 356.5 | 356.5 | 84.3% | 97.6% | 98.4% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 40 Osb L1 | 800 - CLINICAL ONCOLOGY | | 1470 | 1162.5 | 930 | 817.5 | 713 | 655.5 | 356.5 | 345 | 79.1% | 87.9% | 91.9% | 96.8% |
| Leicester Royal Infirmary - RWEAA | LRI WD 41 Osb L2 | 303 - CLINICAL HAEMATOLOGY | | 1860 | 1665 | 930 | 870 | 1069.5 | 1058 | 356.5 | 333.5 | 89.5% | 93.5% | 98.9% | 93.5% |
| Leicester Royal Infirmary - RWEAA | LRI WD 5 Ken L3 | 501 - OBSTETRICS | | 1860 | 1725 | 1395 | 1935 | 713 | 713 | 713 | 713 | 92.7% | 138.7% | 100.0% | 100.0% |
| Leicester Royal Infirmary - RWEAA | LRI WD 6 Ken L3 | 501 - OBSTETRICS | | 1627.5 | 1732.5 | 2325 | 1957.5 | 713 | 724.5 | 1069.5 | 862.5 | 106.5% | 84.2% | 101.6% | 80.6% |
| Leicester Royal Infirmary - RWEAA | LRI WD 7 Bal L3 | 100 - GENERAL SURGERY | 160 - PLASTIC SURGERY | 1627.5 | 1575 | 1365 | 1350 | 1069.5 | 1046.5 | 713 | 678.5 | 96.8% | 98.9% | 97.8% | 95.2% |
| | | | | | | | | | | | | | | | |
| | Total | | | 171121.5 | 152708 | 88283.5 | 81350 | 101947.5 | 93822.75 | 45931 | 43360.75 | | | | |

Safety Statements May 2014

Week

(Multiple Items)

| | Ward staffed to establishment | Ward has manageable shortfall in staffing and is being managed across the CMGs | Ward has unmanageable shortfall in staffing and Director support required | No Safety Statement given |
|--------------------------------|-------------------------------|--|---|---------------------------|
| CHUGS | 267 | 9 | 9 | 43 |
| Emergency & Specialty medicine | 232 | 43 | 20 | 99 |
| ITAPS | 19 | 6 | 0 | 11 |
| MSK & Specialist Surgery | 175 | 2 | 8 | 29 |
| RRC | 238 | 68 | 5 | 9 |
| Women's & Childrens | 57 | 23 | 2 | 282 |
| Grand Total | 988 | 151 | 44 | 473 |