

<b>Trust Board of Directors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Six monthly workforce staffing report</b>	<b>27<sup>th</sup> April 2016</b> <span style="float: right;"><b>BDA/16/10</b></span>

This paper is for:			Sponsor:	Dame Eileen Sills DBE		
Decision	✓	Approval	Author:	Dame Eileen Sills DBE		
Discussion			Reviewed by:			
Noting			CEO*			
Information			ED*			
			Board Committee*			
			TME*			
			Other*			

\* *Specify*

## 1. Summary

- 1.1 The following report represents the outcome of our regular six monthly staffing reviews which took place in January of this year. We have delayed the reviews from October as we had anticipated the release of information around the Nurse Associate role. However, this was delayed and is now subject to consultation. We have therefore undertaken an interim review recognising that at some point later this year we will be reviewing staffing in some areas that have expressed an interest in building the Nurse Associate role into their establishments.
- 1.2 As is normal practice all Ward Sisters/Charge Nurses, Matrons and Community Nurse Managers were involved in the review and on this occasion most were accompanied by their General Manager to ensure good alignment with business planning.
- 1.3 The reviews, with the exception of the Oncology & Haematology directorate, were conducted by the Directors of Nursing, the findings of which were reviewed and signed off by the Chief Nurse.
- 1.4 The staffing reviews followed the model we have used before, which included a review of acuity, planned business planning changes, recruitment and retention issues, required uplift, professional judgement and this time an additional step of a peer to peer review.

- 1.5 In addition to reviewing the staffing profiles this review also took the opportunity to discuss and receive assurance on the following:
- Contact facing time
  - Assurance on the fundamentals of care and response to actions required following practice audits
  - Compliance with nurse competencies
  - Compliance with the new morning ward round and the role of the Deputy Ward Sister/Charge Nurse
  - Assurance on readiness for revalidation and the amended appraisal process this year
  - Assurance on the use and compliance with health roster and the Trusts roster policy
- 1.6 As we have demonstrated in previous reviews the senior nursing leadership team are very engaged, have a good understanding of what is required but also understand where they need assistance.
- 1.7 The reviews have highlighted that staffing levels across the Trust are in line with meeting the needs of our patients. The only area looking for a growth in staffing is the Admissions ward, they have requested an additional nine wte staff, the majority of which are nursing assistant posts. This is being managed through business planning. Appendix one sets out the detail of the ward establishments and the nurse:patient ratio.
- 1.8 Although the Trust has led successful recruitment campaigns the vacancy levels at the end of February 2016 are 10.1%. (The current budgeted wte is 5,663.7 with 5,091.9 in post). Within this figure though are three clinical directorates where the vacancy rate is above 18%; acute medicine, GI medicine & surgery and community adults. Specific action plans are in place for acute medicine and community adults and set out in appendix two. Further work is underway in GI medicine & surgery to understand the actions required.

## **2. Request to the Board of Directors**

- 2.1 To approve the nurse & midwifery staffing levels and to note the actions being taken within the two high risk directorates
- 2.2 This will be the last of this style of review. New national guidance is expected shortly that will be asking for a formal annual staffing review across all professional groups. How we will conduct this with the same rigour and detail as we have done with the nursing reviews will be put in place in the coming weeks.

### 3. Six monthly staffing reviews

- 3.1 The six monthly staffing reviews have been undertaken with the Ward Sisters/Charge Nurses, Matrons and Heads of Nursing for each directorate. The Ward Sisters/Charge Nurses and the directorate management team have reviewed their establishments using their acuity data, applying professional judgement and going through a peer to peer review process. Appendix one sets out in detail the outcome of this review. The establishments all demonstrate effective nurse:patient ratios and we have also maintained the additional nurse in charge of the shift and the Ward Sisters/Charge Nurses remain in a supervisory position.
- 3.2 A number of directorates have made some local adjustments to staffing by moving funded establishments, the only area looking for investment is the Admissions ward. They are requesting an additional 1.8 wte band 5 Staff Nurses and 7.2 wte Nursing Assistants. Following the review this has been supported and is being managed through business planning. Once the planned activity growth is signed off as part of business planning there may need to be a review of directorate establishments, for example PCCP, should the number of theatre sessions increase.
- 3.3 The directorate reviews considered a number of other areas in particular were the patient:nurse contact time. All our wards set a target of 70% of their time to be spent in direct contact with their patients. The activity assessments that were undertaken demonstrated that the majority of areas achieved 70% and above which is very positive. The assessment was undertaken using a different model, one which is used in Manchester Trusts. This better reflects the time spent with patients and will allow benchmarking going forwards. (See appendix 3)

- 3.4 The directorates were also asked to confirm assurance on all patients receiving fundamental care throughout the 24 hours and how they are responding to the recent audit results. All demonstrated the commitment to ensuring all aspects of fundamental care are delivered to patients and, how they now review patients within a model adopted across all wards adapted to their specialty, this is now monitored by them daily. In November last year we standardised across the Trust how our Ward Sisters/Charge Nurses, and their deputies in their absence, undertook their daily review of their patients. All Ward Sisters/Charge Nurses are now asked to undertake a daily ward round between 8am-10am, they are expected to review the care the patient has received and the plan of care going forward and also to ask a standard set of questions: Do you know why you are here; do you know what your plan of care is; your date of discharge is being planned for x date and what do we need to do to help. At present there is anecdotal evidence that standardising this way of working has had a positive impact on the flow of patients within the Trust.
- 3.5 During discussions the use of Health Roster was considered please see Section 5 below for further detail.

#### **4. Agency Cap**

- 4.1 In November Monitor introduced an agency cap and a restriction on the use of non framework agencies. The Trust has been set an agency cap of 6% against its total pay bill on nursing & midwifery. In November this was just above 8%, by the end of February we have reduced this to 5.1%. The Workforce Governance Group with support and commitment from the Heads of Nursing has ensured this reduction has been achieved by careful controls being applied and monitored, the implementation of a new specials policy and a reduction in the hourly rates.

4.2 In relation to the use of non framework agencies, we currently use two; Cheviot and Continental Travel Nurse. Cheviot provides a very small number of Occupational Health Nurses and Continental Travel Nurse provide a significant number of nurses on 13 week placements. Monitor approved the use of these agencies and we are currently working with them as to assess what needs to happen post April. For 2016/17 we have a further target reduction to achieve 3% by March 2017. This will need to be delivered through continuing effective recruitment and retention, increasing the size and scope of our nursing bank and effective rostering of staff.

## **5. Health Roster**

5.1 Health Roster for Nurses and Midwives was implemented over a 15 month period and concluded in February 2014. There have remained ongoing issues with the use of the system and compliance with the Trust roster policy. As part of business planning and following release of Lord Carter's report, the use of Health Roster at Guy's & St Thomas' has become a key priority for us. A small dedicated team will be established shortly to re-launch, train and monitor compliance against an agreed set of metrics. At present it is difficult to be exact what benefits we expect to realise. However, these will be tracked and monitored. Nevertheless with the need to reduce our agency spend to 3% in the next 12 months effective rostering is a key enabler.

## **6. Recruitment and Retention**

6.1 We are in the process of revising our recruitment and retention strategy. Whilst doing this we are continuing to proactively recruit, and to consider innovative ways of retaining staff, which also includes how we use our partnership with our Universities to maximum effect.

## 7. New Roles

7.1 Health Education England launched a consultation in January on the establishment of a new role. The Nurse Associate role is seen as a bridging role between the Nursing Assistant and Registered Nurse. We support this role and we can identify key areas in the Trust where the role will add value. We are now waiting to see the outcome of the consultation and will respond proactively in adopting the role. It is very likely in this scenario that we will work in partnership with London South Bank University.

### Appendices:

Appendix 1 – Directorate workforce reviews (separate attachment)

Appendix 2a – Acute Medicine Recruitment Update & Priorities 2016/17 (attached below)

Appendix 2b – Adult Community Recruitment Update & Priorities 2016/17 (attached below)

Appendix 3 – Activity Clock results comparison table (attached below)



## Acute Medicine

### Nursing Recruitment Update & Priorities 2016/17

#### Background

The Acute Medicine Directorate employs over 500 nurses. Traditionally Acute Medicine is seen as an excellent environment for newly qualified nurses to consolidate their training and learn the art of being a 'registered nurse'. Traditionally we have seen the same pattern over the years where, with confidence gained, the nurses are ready to spread their wings and move onto more specialist areas such as ITU, the ED, oncology wards and so on. Usually this is within the trust and the directorate is happy to support these areas with the streamlined transfer of nurses.

However, it does leave Acute Medicine in the position of always waiting for the next round of newly qualified nurses to get their PIN number and start work. As the majority appear in the autumn, but transfers can happen at any time, the wards experience weeks or months with reduced numbers of permanent staff. The domino effect is that reliance on temporary staff, with all the uncertainty associated with that; followed by the need to nurture newly qualified nurses into their new roles does take its toll on our longer serving colleagues. For those areas most profoundly affected we do see an increase in short term sickness levels above 3%.

The number of vacancies has been an ongoing cause for concern and in 2015 for the Directorate as a whole the vacancy rate fluctuated between 12 and 18%. The Admissions ward; A&E Adult, Hillyers and Mark ward face the most significant staffing shortages within the Directorate. Turnover rates are also a cause for concern in certain wards including Albert Ward, EMU and Hillyers and levels of attrition need to be factored in to the ward level recruitment plans.

#### Purpose

The aim of this paper is to set out a strategy to stabilise the nursing workforce by reducing the current vacancy rates, reducing turnover in key wards where this is over the Trust target of 10%. We also need to ensure we accurately forecast any staffing changes going forward and plan recruitment so that we are able to effectively respond to both internal / external challenges.

Our plan is to introduce measures that present the Directorate as an attractive prospect for a satisfying and long term nursing career thus allowing us to continue to deliver and improve on the high quality care we provide.

## **The 3 key objectives are:**

1. Implement strategies to attract talented employees
2. Focus on continually keeping posts filled
3. Retain employees by enhancing the work environment

## **Measures of success for at Directorate level will include:**

- A vacancy rate of no higher than 10% (currently 18.84% for nursing)
- Annual turnover at 5% or below (currently 7.03% for nursing)
- Temporary staffing at a rate of 13% of pay bill (currently 20.40%)

## **Objectives**

### **1. Implement strategies to attract talented employees**

#### **1a) Advertising and Recruitment**

All job opportunities are currently advertised on Health jobs as part of Trust wide nursing recruitment campaigns. In 2016/17 we will update the Directorate web page to include information specific to the wards and a 'meet the team' section so potential candidates are able to view the areas they may wish to apply for. We have engaged the help of the recruitment team and the communications department to assist with this ambition and plan to launch a full advertising campaign in April 2016.

In addition to traditional advertising tools including Health jobs and Job fairs we will also be utilising alternative cost effective recruitment approaches. The aim is to reach potential applicants through the use of existing technology such as Twitter, participating on social networking websites including Linked in and Facebook and text messaging and/or email alerts about job opportunities.

We also want to take advantage of the recruiting ability of our own staff, if current employees are happy in their jobs, they can become one of the best sources of recruitment. Through the work we will do on promoting a positive staff experience we also aim to maximize opportunities afforded through word of mouth with employees as recruiters and will issue periodic reminders to staff that vacancies exist and their referrals are appreciated.

Finally with effect from December 2015 nursing was recognised as a shortage occupation allowing us to explore the recruitment of overseas nurses. We will also consider how we may target recruitment activity to the local community including the large Portuguese speaking community in Lambeth through promoting the Directorate as a place to work where they will have community support.

## 1b) Rotation

Currently the Directorate participates in the Trust's newly qualified nurse rotation programme however this is a generic programme and nurses usually spend one part of the rotation in Acute medicine. We are now developing Acute Medicine specific rotations to attract to nurses who would like to vary the work that they perform across the Directorate and to skill up staff to work across the Directorate providing for increased flexibility.

## 2. Focus on continually keeping posts filled

There are a large number of vacancies relative to the number of filled positions. There are many reasons in addition to hard to recruit posts including – the approval processes, heavy workloads preventing hiring managers from having the time to go through the selection process, and failure to anticipate vacancies. It is critically important to keep positions filled and we plan to achieve this through ensuring greater recruitment agility.

We will work with Human Resources to minimize any loss of applicants through the recruitment and selection process. We will chase up any applicants that fail to attend an interview and where appropriate offer an alternative date. We will also look to provide other options than face to face interviews where this is a barrier to the selection process. We will ensure that the time between each stage of the recruitment process is actively monitored to avoid any unnecessary delays.

We will also improve recruitment flow so managers are able to make offers to candidates in anticipation of vacancies that are projected to occur and ensure there is a ready pool of trained workers to step into vacancies as they arise. To support this we will develop recruitment targets per ward based on vacancy rates and the starter / leaver ratio.

## 3. Attract and retain employees by enhancing the work environment

### 3a) Engagement

We will develop further staff opportunities in order to retain existing employees and attract potential candidates both within and external to the Trust to achieve our ambition of becoming an Employer of Choice. We will achieve this through investing in professional development and growth and providing opportunities to learn and share best practice.

It is worth noting that 2015/16 saw the roll out of e-noting and e-prescribing within the Directorate and this roll out caused considerable disruption to all areas. As we roll out live bed state in 2016/17 with these initial issues now addressed we will be in a position to celebrate the patient safety success this now brings.

The results of the NHS Staff Survey 2015 were highly positive and as a Trust we have ranked number one for staff engagement in the country. With regard to Acute Medicine specifically, we scored particularly well with staff recommending the directorate as a place to work or receive treatment and staff reporting good communication between senior management and staff. We want to build on this and will be holding monthly focus forums for all nursing staff to attend and feedback on what we do well and how we can further develop our retention plans to reduce turnover.

### 3b) Widen Career Opportunities

The rotations detailed in objective 1b will be offered to both new recruits and existing staff to allow staff to learn new skills and work in different areas. Once again, this will increase the flexibility available within our nursing workforce.

In addition to the mentorship course already offered to staff we will be developing courses with accreditation for Band 5 and 6 S/Ns. Such programmes have been successfully developed and delivered in Community Adults and we want to share best practice to provide further opportunities to attract and retain staff within the Acute Directorate.

### 3c) Acuity and Dependency

Patients treated in the Directorate are quite often the sickest in the Trust outside of critical care. 2016/17 will see the Directorate develop staff to be able to care for more acutely unwell patients. The Directorate aims to create sub acute areas on the Acute Admissions ward and North Wing medicine beds badging them as level 1.5 beds. The Directorate will devise an in house training programme that will provide additional critical care skills to our nurses. This will increase the portfolio of skills staff possess, provide additional promotional opportunities and assist staff with the revalidation process.

### 3d) Management and Leadership Support

The Directorate has had a high level of absence throughout 2015, above the Trust target of 3%. One main aim will be support managers in managing sickness absence and reduce levels of absence. We will continue to work with Occupational Health and HR to achieve this.

A key measure to support staff development is through the Performance Development Review (PDR). Within Acute Medicine there has been improvement in compliance levels but there are still some wards where a significant number of staff that have not received a PDR. To address this we will support managers to improve compliance and use the process to identify talent within the Directorate (those ready now and those ready in 6-12 months).

To support these aims we will prioritise management training by making full use of Trust training opportunities to ensure that all managers have all the skills they require and feel confident to effectively managing teams and individual staff.

We also want to support leadership skills across the Directorate and will support staff access coaching / mentoring and the new Leadership programme being developed by Education, Training and Development.

## Conclusion:

Each of the aforementioned themes impact on one another so it is important that all objectives set out in this strategy are monitored against a system of performance metrics and staff feedback. We will build on those measures found to be most effective and build year on year against the progress made.

## Adult Community

### Nursing Recruitment Update & Priorities 2016/17

#### Background

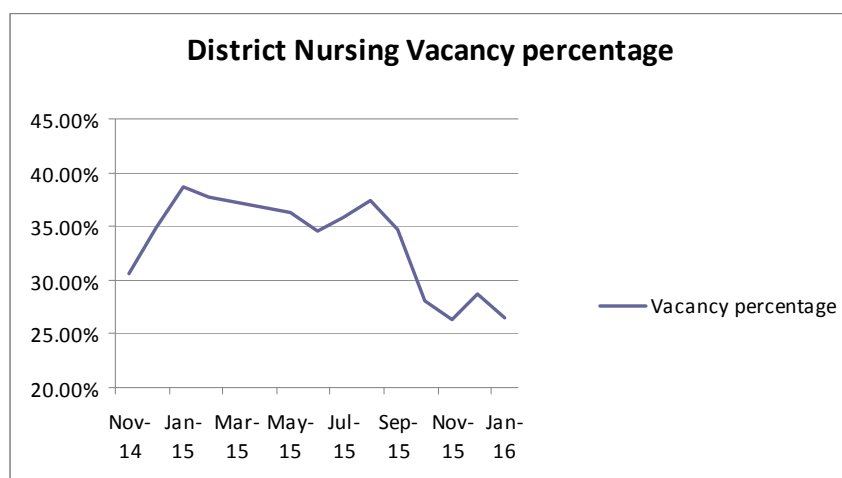
The Adult Community directorate employs nearly 500 registered nurses, and the current vacancy rate is 20%. The nurses across the directorate cover a wide range of specialities including district nursing, three community inpatient wards, @home and pal@home, and specialist services such as Tuberculosis, Homeless, Continence, Multiple Sclerosis and Heart Failure.

The greatest challenge for recruitment is within district nursing. The challenges we continue to face with the district nursing service are reflective of a national picture. Community nursing has historically not been an attractive professional option for many nurses and recruitment has been difficult despite trying different strategies and approaches. Locally we have never fallen below a 20% vacancy rate and historically it has been as high as 40%. This has meant that there has been an over reliance on temporary staffing which historically contributes to poor continuity and quality of care.

In 2013/14 a total of 5 district nurses had been trained across the whole of London and in 2013 official figures showed that the number of qualified district nurses across the country had fallen by 40%. The district nursing service at GSTT has an aging workforce with 65% over the age of 45. In response to this we have worked very closely with the universities to recruit newly qualified staff and have developed training programmes to prepare them for their roles in community settings.

## Purpose

Since 2014 the vacancy levels in district nursing have been reducing, however we are finding it very challenging to recruit senior nurses (Band 6 and 7) into the service.



### The 4 key objectives are:

1. Implement strategies to attract talented employees
2. Focus on continually keeping posts filled
3. Retain employees by enhancing the work environment
4. Introduce new models of care

### Measures of success for at Directorate level will include:

- A reduction in the Directorate Nursing vacancy rate to 15% (currently 20%)
- A reduction in the annual turnover to 9% (currently 12%)
- A reduction in the temporary staffing as a 7.43% of pay bill (currently 12.43%)

### Measure of success for District Nursing:

- A reduction in the Directorate Nursing vacancy rate to 18% (currently 25%)

## Objectives

### 1. Implement strategies to attract talented employees

#### 1a) Advertising and Recruitment

Our focus for 16/17 is to maintain the progress we have made in 2015 around our recruitment pathways. We advertise in a wide range of nursing journals and nhs jobs, attend local and national job fairs and we have developed a community website page which has received positive feedback. We run 6 weekly assessment centres for recruitment and track all our candidates to try and minimise delays. We also offer to pay for driving lessons for new recruits and recently two candidates took this up. We are visiting schools and universities to raise the profile of community nursing.

1b) Rotation posts and newly qualified nurses

Since 2014/5 the directorate has participated in the Trust's newly qualified nurse rotation programme, which has worked well. This promotes community as a place to work and then following the rotation the individual can apply for a permanent post. We are also recruiting newly qualified nurses directly into the service. Both options are supported by an accredited transition programme which started in 2014 and is well valued by the nurses. In May 2014 we took just 6 newly qualified nurses compared to 22 in May 2015.

**2. Focus on continually keeping posts filled**

2a) Reward Package

In partnership with HR we have agreed a reward package which aims to attract new members and provide support for existing staff. For community nurses working in Lambeth and Southwark the travel involved in moving around the boroughs to visit patients at home can cause additional stress. We have therefore put into place a loan to cover the congestion charge (to ease the burden of staffing paying for it upfront) and we are currently reviewing our lease car package and access to pool cars. We are working with HR to review the financial package senior nurses receive. This will help to target the particular challenge we have in attracting senior Band 7 nurses. We also promote opportunities for flexible working for nurses that wish to retire but are willing to come back on reduced hours.

2b) Staff security

This is an important issue for retention as the community staff are very vulnerable when they are visiting a patient at home alone. We do issue alarms to staff (skyguards) which can link them into a control centre who can track their location. We have identified that a poor handover from the referring organisation can lead to risks for staff, as nurses can walk into someone's home and not be aware of their full social and medical history. In 2016/17 our aim is to improve the referral information we receive to benefit the patient, but also to keep staff safe. In response to the challenges faced by staff visiting at home we have organised a Safety Summit event in April to look at how we can support staff and reduce the risks. We will look to implement actions agreed on that day.

2c) IT and reducing double entry of notes

In December 2015 a new IT system was introduced to community (Carenotes) which has been particularly challenging for the district nurses. There has been a combination of system errors and poor functionality in some aspects of the system. However some improvements are being seen and we are supporting the staff to use the system in the best way. Carenotes does provide an opportunity to introduce mobile working during 2016/17 which will free up the nurses time to spend with the patient. This will also avoid double entry data (on paper and electronic) which was highlighted in the CQC report as a potential risk.

2d) Professional Development

We have developed a Transition Programme for newly qualified and junior nurses new to working in the community which is now in its second year. The Healthcare Assistants also have a bespoke programme. All staff are offered monthly supervision with their manager. This focuses on performance and any issues which prevent nurses from being able to get the job done. It is also an opportunity for staff to identify to their manager any training and development needs which will support them in their role.

2e) Explore relationships with other providers

In areas where we have long standing challenges in recruiting to posts we will explore options to work alongside other providers (private, not for profit or other NHS organisations). This could be permanent or for a fixed period until we can stabilise our staffing. It will need to be in agreement with commissioners and where we feel we have explored all other options to recruit staff.

**3) Attract and retain employees by enhancing the work environment**

3a) Engagement

We are in the process of undertaking a cultural assessment, using the cultural barometer tool across the service. The results will be ready in May and this will inform our 2016/17 recruitment and retention plans. The results of the NHS Staff Survey 2015 were very positive and as a Trust we ranked number one for staff engagement in the country. The community directorate scored particularly well for staff agreeing that their role makes a difference to patients/service users.

3b) Widen Career Opportunities

The training outlined in objective 2d is also available to existing member of staff to help them learn new skills and expand their remit. We are working with the Queens Nursing Institute (QNI) to develop career pathways for community nursing.

3c) Skill mix review

During the first quarter of 2016/17 we will revisit our skill mix in district nursing to consider if we can utilise other roles within the service. The current budgeted percentage of unqualified staff is 14% (30 out of 213) and we will be aiming to move this to 18%. This will be achieved by each team recruiting one new Health Care Assistant post that we know from experience are more straight forward to fill. The community pharmacist and phlebotomists have been additions to the team and we now have Health Care Assistant's delivering insulin which will reduce the burden on the registered nurses. The new Band 4 Associate Nurse role will in the future be something that will work very well in community nursing bridging the gap between healthcare support workers and registered nurses. We have also introduced additional administrative roles to free up nurses to be able to spend more time with patients.



### 3d) Management and Leadership support

The Directorate has had a high level of absence throughout 2015, above the Trust target of 3%. One main aim will be to support managers in managing sickness absence and reduce levels of absence. We will continue to work with Occupational Health and HR to achieve this.

A key measure to support staff development is through the Performance Development Review (PDR). To address this we will support managers to improve compliance and use the process to identify talent within the Directorate (those ready now and those ready in 6-12 months).

Last year we provided a bespoke leadership programme to the matrons within the service, which they found useful. We will continue to build on this work by accessing Trust training opportunities to ensure that all managers have all the skills they require and feel confident to effectively manage teams and individual staff.

### 4. Introduce New Models of Care – for example Buurtzorg

The community nursing staff have expressed to the Head of Nursing that they want to be given the time to provide holistic care to all patients. We are therefore piloting the Buurtzorg neighbourhood nursing model in 2016/17. We will be running two pilot sites and have agreed with GP's in Lambeth in the first instance (Akerman and Minnett Green) to pilot the model with their patients. This brings a holistic, neighbourhood based approach to caring for patients at home. In Holland this included personal and health care, and is now moving into reablement. The team are supported by coaches (rather than managers) and work with primary care providers to meet the patient's needs helping them maintain or regain their independence. This model has been very successful in Holland in recruiting talented staff.

## Performance Monitoring

We are monitoring our performance against the plan at our monthly regular Directorate Management meetings, which includes the Clinical Director, General Manager, Head of Nursing and HR. This is also supported by a weekly huddle where we review the temporary spend and monitor the recruitment process. Through this close monitoring we have moved 12 nurses into substantive posts from nursing agencies.

## Conclusion

Over 2014/5 we have made good progress in reducing the overall vacancy levels in district nursing. By continuing with our strategy and strengthening it in certain areas we can reduce the vacancy levels to 15% across the directorate in 2016/17. The Buurtzorg model also provides a new way of delivering community nursing care in the long-term and provides us with an opportunity to learn and adapt the model as we go.

## ACTIVITY CLOCK RESULTS COMPARISON TABLE

	2014	May AC - 2015	May AC - 2015	Jan-16	Jan-16
Ward		RNs	NAs	RNs	NAs
Acute Admissions Ward	NA	NA	NA	76%	76%
Alan Apley	65	56	86	67%	84%
Albert	48	52	55	82%	70%
Alexandra	70	64	65	73%	83%
Anne	42	50	81	87%	80%
Ante Natal Ward	41	35	77	68%	NA
Aston Key	52	52	61	80%	78%
Beach	49	42	x	82%	NA
Becket	NS	39	48	77%	NA
Blundell Ward	56	55	84	83%	86%
Cardiac Care Unit	43	36	36	85%	NA
Dorcas	47	56	75	80%	75%
Doulton	48	43	66	88%	92%
E.M.U.	NS	35	46	77%	72%
Esther	59	52	72	90%	NA
Evan Jones / Sarah Swift	NS	58	68	85%	80%
Florence	56	66	57	77%	70%
George Perkins	62	45	74	76%	64%
GI Unit	50	46	71	71%	75%
Gynaecology Ward	41	48	63	85%	62%
Hedley Atkins	24	52	54	80	86%
Henry	44	45	59	85%	88%
Hillyers	67	50	67	78%	71%
Howard	NA	45	x	67%	NA
Husky	NA	28	19	68%	NA
Luke / Victoria	49	51	69	85%	80%
Mark SU	59	53	68	76%	Inc.
Mountain	78	42	x	77%	NA
Nightingale	50	NS	NS	70%	74%
Patience	32	44	68	70%	69%
Postnatal	40	43	x	80%	NA
Queen	34	45	73	80%	NA
Richard Bright	36	55	63	69%	76%
Samaritan	54	73	x	86%	81%
Sarah	61	60	64	85%	NA
Savannah	83	40	x	82	NA
SCBU	NA	NA	NA	83%	NA
Somerset	NA	NA	NA	85%	80%
Stephen	44	49	x	81%	NA
Westminster M.S.	NA	50	45	75%	NA
William Gull	56	51	77	75%	82%

Trust Board of Directors

Six monthly workforce staffing report