

Title:	Safe Staffing Levels
Report to:	Trust Board
Date:	2 October 2017
Security Classification:	Public Board Meeting
Purpose of Report:	
<p>This report provides an overview of nurse staffing for BEHMHT inpatient wards for 1 July 2017 to 31 August 2017 across all Boroughs / Specialist Services.</p> <p>The data demonstrates both the planned level of staff and the actual level achieved. Borough teams continue to flex their approach in respects to staffing across wards; the use of temporary staff to support acuity/dependency and special observations has ensured that staffing levels have remained safe throughout the reporting period.</p> <p>A range of quality, safety and patient experience indicators are included alongside the safe staffing data to give assurance of staffing impact against patient safety and experience.</p> <p>In addition, the report outlines key actions being taken to support staff and ensure safety across inpatient wards.</p>	
Recommendations:	
<p>The Trust Board is asked to note this nurse staffing report and the actions being taken to ensure all inpatient wards are safely staffed.</p>	
Report Sponsor:	Mary Sexton, Executive Director of Nursing, Quality and Governance
Comments / views of the Report Sponsor:	<p>Vacancy levels remain variable across all wards even with the recent initiatives in respects to recruitment. In August 2017 the vacancy rate rose to 12.7%, the highest it has been since September 2015.</p> <p>Recruitment and retention of skilled staff is essential and a robust whole system approach is required.</p> <p>Further assurance is required with respect to recruitment activity and outcomes regarding the Trust's active recruitment into vacancies to continue the momentum and address innovatively long standing vacancies in hard to fill areas.</p> <p>Overall, the wards have met their planned number of hours worked for registered and care support staff; they continue to address the challenge of securing staff with the use of temporary staff when required; this is sometimes a registered nurse in place of a health care assistant and vice versa.</p>

	<p>Agency spend continues to be addressed with a mandate to reduce agency staff. Only named agency's that have been approved are utilised. The Trust continues to prioritise the new Bank to address short term staffing issues.</p> <p>Sickness continues to require robust management to ensure a consistent workforce to meet all quality and patient experience indicators.</p>
Report Authors:	<p>Name: Mary Sexton Title: Executive Director of Nursing, Quality and Governance Tel Number: 020 8702 3032 E-mail: mary.sexton2@beh-mht.nhs.uk</p> <p>Name: Clare Scott Title: Deputy Director of Nursing Tel Number: 020 8702 6051 E-mail: bernard.opoku@beh-mht.nhs.uk</p>
Report History:	Regular Report.
Budgetary, Financial / Resource Implications:	<p>Numerous financial implications associated with safe staffing including:</p> <ul style="list-style-type: none"> - costs associated with purchasing of electronic IT solution to record and track staff usage - costs associated with use of temporary staffing or savings from reduced usage - costs associated with use of agency staff or savings from reduced usage
Equality and Diversity Implications:	The planning of staff is taken into account across all Trust services and is compliant within our Equality and Diversity duty.
Links to the Trust's Objectives, Board Assurance Framework and / or Corporate Risk Register	Links to all Trust objectives and regulatory standards
List of Appendices:	<ul style="list-style-type: none"> • Appendix 1 and 2 – Barnet, Enfield, Haringey and Specialist Service Indicator Data Sets

Report

1. Introduction and Background

- 1.1 This report provides the Trust position in relation to safe staffing indicators for all of the Trust's inpatient wards.
- 1.2 This work has included the daily monitoring and robust management of planned and actual staffing of both registered and unregistered staff across all in-patient areas. The analysis allows for the emerging challenges to be addressed in a timely manner to ensure the delivery of planned staffing levels, to support the provision of safe and high quality care to service users and improved patient experience.
- 1.3 It is acknowledged that staffing indicators and fill rate analysis alone do not give adequate assurance of patient safety, high quality care and positive patient experience. It is the triangulation of key patient safety, quality and experience measures, alongside staffing data that informs the Board that staffing data is being considered, measured and analysed in relation to key patient safety, quality and experience indicators. Borough service lines continue to identify areas of concern, which are addressed in robust ways to enable clinicians and service management teams to have greater integrated intelligence to drive improvements in patient care.
- 1.4 It is acknowledged that this triangulated and integrated intelligence alone cannot provide definitive indicators, but it can give a steer and indication on possible areas of risk and allows wards and teams to share best practice in respects to how they may have achieved more positive outcomes.
- 1.5 The key indicators currently being measured alongside staffing fill rates are:
- Patient Experience : Family and Friend Test (FFT) and Patient Experience Survey
 - Complaints and Concerns of Service Users: formal and informal complaints
 - Clinical incidents: Overall Datix Incidents, Moderate Incidents and Serious Incidents
 - Overall vacancy rates of each ward
 - Overall sickness rates of each ward

2. Indicators

- 2.1 Patient Experience: The Trust continues to carry out local real time patient experience feedback, using an online survey system. Data is collected using various methods which include electronic tablets and paper surveys. The frequency of service user surveys varies across wards and teams, and is dependent upon the speciality of the ward/department and the length of stay of the service user group, and can vary from weekly to three monthly. In addition, the Family and Friends Test (FFT) give an indication of service user experience.
- 2.2 Complaints and Concerns: Complaints of both a formal and informal nature give an indication of patient satisfaction, and continue to be both monitored and reported through local governance structures and Trust wide Deep Dive meetings. All formal complaints are evidenced using actions plans to ensure that lessons learnt can be tracked and appropriate assurance given that areas of concern have been addressed. It is recognised that we need to capture, replicate and celebrate with staff the positive comments and compliments. The patient experience team is now providing details of open text comments received via The Patient Experience Survey as well as compliments data at the Deep Dive Meetings.
- 2.3 Clinical Incidents: It is acknowledged that improved reporting of incidents is viewed as positive. It is understood that a richness of data/intelligence in respect of incidents, trends and patterns allows organisations to develop approaches to address emerging themes ensuring that we respond in a timely manner. This learning from incidents assists in the

development of improved services specifically informed by patient information with an aspiration to ensure there is co-design and development of services with patients, including internal and external user and carer groups

- 2.4 Vacancy Rates: We have previously acknowledged that in some clinical areas/wards there are vacancy levels that exceed the Trust target. The teams are committed to ensuring that this is addressed and that vacancy levels are reduced through active recruitment.
- 2.5 We are developing a robust recruitment and retention plan as part of a whole systems approach through rigorous interviewing processes to obtain the right people with the right skills who demonstrate BEHMHT values and behaviours. We have developed our preceptorship programme aimed to better support newly trained staff into the clinical area and ensure staff are enabled to be the best that they can be.

3. Fill Rate

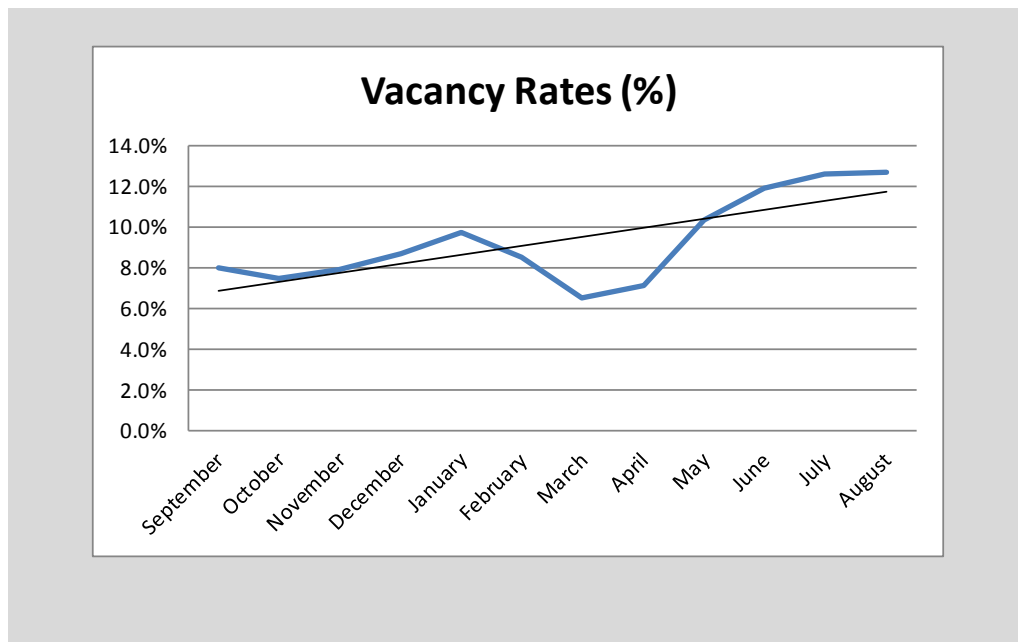
- 3.1 Table 1 gives an indication of overall fill rate between January 2017 and August 2017 across all inpatient wards, which shows little variance between both Registered and Care staff during this period. Wards continue to use temporary staff resources where needed due to clinical demands and to address the staff vacancies. Temporary staff that are identified as being familiar with the clinical setting are booked to ensure continuity and positive patient experience. Appendix 1 shows fill rates per ward.
- 3.2 Some wards continue to meet their fill rate compliance with the use of bank and agency temporary staff. As described above, the focus is to strengthen bank arrangements and reduce the use of agency.
- 3.2 Table 1 demonstrates that where the ward is not able to fill their shift with a registered nurse, where clinically appropriate the shift is filled by a health care assistant (care staff)

Table 1

		Registered Nurses Average Fill Rates - DAY (%)	Registered Nurses Average Fill Rates - NIGHT (%)	Care Staff Average Fill Rates - DAY (%)	Care Staff Average Fill Rates - NIGHT (%)
2017	January	103	101	104	103
	February	98	97	99	98
	March	99	101	102	102
	April	98	100	101	101
	May	100	100	100	104
	June	100	100	101	103
	July	100	99	100	102
	August	98	99	103	104

4. Vacancy Factor

- 4.1 The overall vacancy rate for our inpatient wards has risen to 12.6% in July and 12.7% in August 2017. This is an increase of just over 2% from May but less than a 1% increase from June.

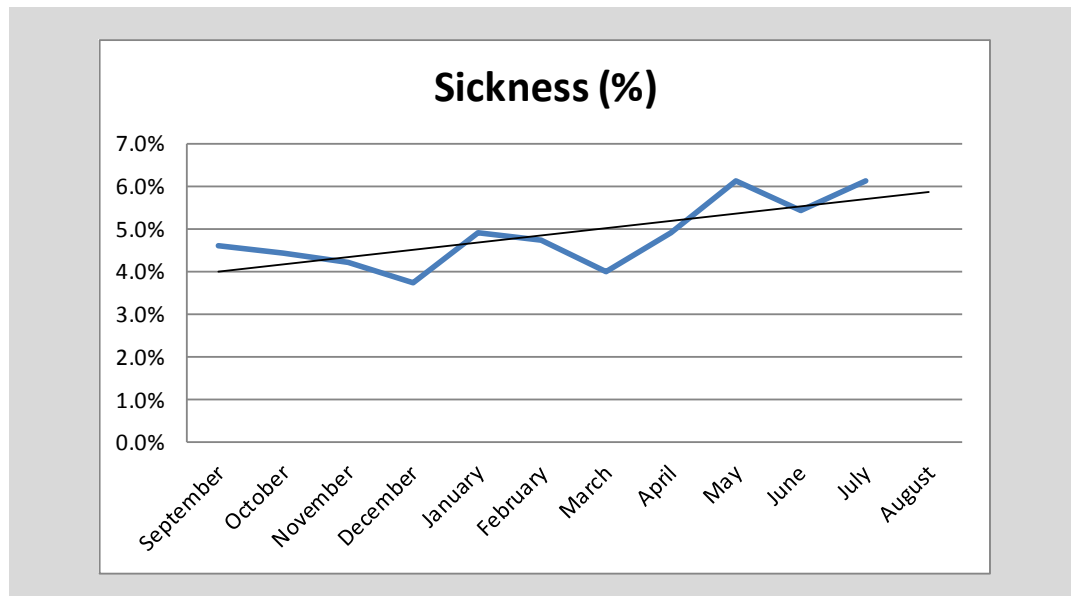
Table 2

4.2 The focus on recruitment and retention needs to continue to ensure that vacancies across in-patient wards are minimised and trajectories are considered for each of the wards as part of the retention of staff and the proactive management of the number of staff who have expressed their intention to retire.

4.3 It is expected that the vacancy rate will decrease in September 2017 when approximately 50 newly qualified nurses come in to post.

5. Sickness Rate

5.1 The overall sickness rate across the Trust in-patient wards fell slightly to 5.4% in June but has risen again to 6.1% in July 2017. Sickness rates vary across in-patient wards; whilst some areas appear to have proactive approaches to the management of sickness, this needs to be seen across all clinical areas and reiterated in managerial supervision of staff. A robust process in addressing sickness and absence indicates to staff our duty of care to them and to the patients who use our services.

Table 3

6. Barnet Borough

- 6.1 Barnet Borough has presented a mixed picture in respect to vacancies across inpatient services (Appendix 2). Thames ward's vacancy rate has increased from 3.6% in July to 6% in August 2017. Ken Porter's vacancy rate further increased to 33.5% in July 2017 but has since dropped to 20.09% in August. The vacancy rate on Avon ward has remained at 22.1% from June to August 2017. Good rostering practice' meetings that include validation of current vacancies continue to be held monthly.
- 6.2 Barnet Borough has presented a better picture in respect to sickness rates across 3 of the wards with a reduction on Thames ward from 8.3% in May to 3.7% in July 2017. Trent ward has seen a spike in sickness rates from 1.4% in May to 14% in July 2017.
- 6.3 Fill rates indicate that the staffing deficiencies have been met through temporary staffing with all shifts meeting their planned staffing across July and August 2017 (See appendix 1).
- 6.4 The Patient Experience Survey and FFT data within the Barnet inpatient wards for 1st June to 31st August 2017 is consistently positive with an overall rate of 89.85% of respondents would recommend the service against the Trust's benchmark of 80%.
- 6.5 Ten formal complaints were received within the Barnet Borough inpatient wards between 1 June and 31 August 2017.

7. Enfield Borough

- 7.1 Enfield Borough has presented a mixed picture in respect to vacancies across inpatient services. Cornwall Villa and Magnolia have seen an increase to 22.2% and 13.5% respectively in August 2017. Sussex and Silver Birches have seen an increase of 11% and 26% respectively in August. The remaining wards showing no variation in vacancy rates since June 2017 (See appendix 2).
- 7.2 Sickness rates in Enfield Borough show little variation from the previous reporting period with the lowest rate at 0.8% on the Oaks to the highest rate at 7.6% on Silver Birches in July 2017 (See appendix 2).

- 7.3 Fill rates indicate that the staffing deficiencies have been met through temporary staffing which we continue to carefully monitor from a continuity, quality and safety perspective (See Appendix 1).
- 7.4 The Patient Experience Survey and FFT data within the Enfield Borough inpatient wards with the total number of respondents that would recommend the service being at 89.23% from 1 June to 31 August 2017, higher than the Trust benchmark of 80%.
- 7.5 Eighteen formal complaints were received within the Enfield Borough inpatient wards between 1 June 2017 and 31 August 2017.

8. Haringey Borough

- 8.1 There has been a slight increase in the vacancy rate for Fairland ward since June 2017 whilst Haringey and Finsbury's wards remain the same in July and August against the previous period. Finsbury ward's vacancy rate remains unchanged since February 2017 at 8%. (Appendix 2)
- 8.2 Sickness rates for Fairland ward remains the same at 15%, this figure is skewed by one member of staff on long term sick. Finsbury ward have seen a reduction in sickness, while Haringey have experienced a slight increase to 7.1% in August 2017 (See appendix 2).
- 8.3 Fill rates remain strong across all three wards with planned staffing numbers being met throughout the period. (Appendix 1)
- 8.4 The Patient Experience Survey and FFT data within the Haringey Borough inpatient wards remains stable with an average of 88.23% of respondents surveyed between 1 June and 31 August 2017 would recommend the service.
- 8.5 Thirteen formal complaints were received within the Haringey Borough inpatient wards between 1 June and 31 August 2017.

9. Specialist Services

- 9.1 Specialist Services continue to present a mixed picture in respect to vacancies across inpatient services. Across a number of the wards there continues to be concerns in relation to vacancy rates, notably; Phoenix, Beacon, Cardamom, Fennel, Mint, Sage, Devon, Tamarind and Severn, all with a vacancy rate greater than 10%. August saw an improvement in vacancy rates with five of the above wards successfully recruiting. It is anticipated that there will be a further improvement in September with a high proportion of the newly qualified nurses choosing to take up posts in the specialist services. (Appendix 2)
- 9.2 Sickness rates are variable across wards; with rates on Fennel and Blue Nile House and Fennel increasing, the sickness rate for Blue Nile House rising to 11.7%, the highest rate across specialist services. Rates on Severn, Phoenix and Sage decreased in July 2017, with the lowest sickness rate now on Sage at 2%. The remaining wards have remained at the same level or experienced a negligible increase or decrease. (Appendix 2)
- 9.3 Fill rates continue to be strong and meet planned staffing for this period (Appendix 1).
- 9.4 For the period from 1 June to 31 August 2017, the Patient Experience Survey and FFT data continues to show improvement in relation to engagement with the surveys. It is noted that in this period 80.35% of respondents across the service would recommend the service, meeting the Trust 80% benchmark.
- 9.5 Fourteen formal complaints were received within the Specialist Services between and September 2017.

10. Recruitment and Resourcing

10.1 Recruitment Surgeries

The Trust's recruitment team hold a succession of recruitment surgeries across all boroughs on a 4 – 6 weekly basis. The purpose of the surgeries is to meet with borough managers to identify hard to fill recruitment 'hot spots' and any associated recruitment issues. In addition to this there is a monthly Trust recruitment meeting to review vacancies and the recruitment strategy; this is chaired by workforce, attended by representatives from Boroughs and the deputy director of nursing.

10.2 In-patient Staffing Recruitment

The Trust aims to recruit to all inpatient staff vacancies and reduce the reliance on temporary staffing. There are several recruitment initiatives in place to fill vacancies across the Trust.

11. Summary

- 11.1 Safe staffing reports continue to be incorporated into existing governance structures, namely Borough Deep Dive meetings and borough based governance structures. This has allowed greater discussion and understanding of the data presented and analysed to ensure that the safe staffing agenda and associated quality and safety indicators are understood and acted upon to enhance safety in the clinical areas.
- 11.2 Safe staffing reports are published on the Trust website monthly; promoting transparency and providing assurance in relation to the Trust monitoring of safe staffing in the context of a range of workforce, quality and patient experience indicators.
- 11.3 There is a need to ensure that the focus on recruitment is maintained to respond to the persistent staffing challenges that we face. Further work is also required in relation to the management of vacancies and sickness, with any lessons learnt and successful innovations shared across the Trust.

12. Outcomes, Service Delivery and Performance Issues

- 12.1 To improve the understanding of workforce, their deployment and reduction in the reliance upon temporary staffing.
- 12.2 To improve understanding at a borough service line level of the areas of risk in respects to safe staffing, including interrelated and contributory factors.
- 12.3 To improve management of the workforce to maximise stability and consistency and enhance patient experience, quality and safety.
- 12.4 To consider and scope the requirements of the service areas and match this to current and future capacity.
- 12.5 To consider the investment in staff at all levels to assist in recruitment and retention activity.

Implications

13. Budgetary / Financial Implications

13.1 Financial costs associated with the procurement of electronic IT solutions to record and track staff usage.

13.2 A reduction in the reliance on temporary staff, and associated savings.

14. Risk Management

14.1 Consistency in high calibre, well trained and competent staff will contribute to risk reduction and improved quality of care and patient experience. Investment in staff development will also assist in retaining high quality staff and assist in the recruitment of staff in the future.

15. Equality and Diversity Implications

15.1 None

End

Barnet - July 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Edgware Community Hospital	Avon	Psychiatric Intensive Care Unit	100.0%	100.8%	100.0%	100.0%	68%	100%	0	0	25	0	0	22.1%	1.6%
Edgware Community Hospital	Thames Ward	Adult Mental Illness	99.0%	100.0%	100.0%	100.0%	90%	100%	0	0	33	0	0	3.6%	3.7%
Edgware Community Hospital	Trent Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	79%	87%	0	0	28	0	0	13.5%	14.0%
Barnet General Hospital	Ken Porter	Adult Mental Illness, Old Age Psychiatry	129.8%	128.2%	100.0%	145.2%	63%	67%	0	0	27	0	0	33.5%	1.8%

Enfield - July 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Michael's Hospital	Magnolia Ward	General Medicine, Rehabilitation	98.6%	93.6%	100.0%	100.0%	96%	100%	0	0	20	0	0	10.8%	3.4%
Chase Farm Hospital	Dorset	Adult Mental Illness	101.0%	103.3%	100.0%	100.0%	80%	91%	0	0	17	0	0	5.6%	4.8%
Chase Farm Hospital	Suffolk Ward	Adult Mental Illness	102.1%	98.5%	100.0%	100.0%	66%	50%	1	0	34	0	0	7.2%	6.1%
Chase Farm Hospital	Sussex Ward	Adult Mental Illness	98.0%	100.0%	100.0%	100.0%	76%	55%	0	0	19	0	0	17.5%	6.4%
Chase Farm Hospital	Somerset Villa (Formerly Bay Tree House)	Old Age Psychiatry	100.0%	100.0%	98.4%	105.1%	87%	100%	0	0	8	0	0	4.8%	5.3%
Chase Farm Hospital	The Oaks	Old Age Psychiatry	102.7%	96.8%	100.0%	98.7%	69%	100%	0	0	34	0	0	21.3%	0.8%
Chase Farm Hospital	Cornwall Villa	Old Age Psychiatry	101.1%	99.4%	96.8%	100.0%	-	-	0	1	27	0	0	19.1%	6.6%
Chase Farm Hospital	Silver Birches	Old Age Psychiatry	114.2%	86.5%	98.4%	100.0%	-	-	1	0	13	1	1	-8.3%	7.6%

Haringey - July 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Ann's Hospital	Fairlands	Adult Mental Illness	100.0%	115.1%	100.0%	104.8%	99%	88%	0	0	14	0	0	8.0%	15.0%
St Ann's Hospital	Finsbury	Adult Mental Illness	97.9%	100.0%	100.0%	100.0%	100%	100%	0	0	45	0	0	8.0%	5.0%
St Ann's Hospital	Haringey Ward	Adult Mental Illness	98.9%	100.0%	100.0%	100.0%	-	-	0	0	12	0	0	5.8%	7.1%

Specialist - July 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Chase Farm Hospital	Cardamom	Forensic Psychiatry	101.6%	99.3%	100.0%	100.0%	100%	88%	0	0	12	0	0	10.9%	2.3%
Chase Farm Hospital	Blue Nile House	Forensic Psychiatry	98.4%	88.0%	100.0%	100.0%	97%	80%	0	1	3	0	0	8.4%	11.7%
Chase Farm Hospital	Fennel	Forensic Psychiatry	99.2%	100.0%	100.0%	100.0%	-	-	0	0	19	0	0	13.3%	10.5%
Chase Farm Hospital	Juniper	Forensic Psychiatry	101.6%	99.2%	100.0%	100.0%	97%	80%	1	0	7	0	0	4.8%	4.4%
Chase Farm Hospital	Mint	Forensic Psychiatry, Learning Disability	100.0%	99.0%	100.0%	101.6%	59%	50%	1	0	9	0	0	14.9%	2.5%
Chase Farm Hospital	Paprika	Forensic Psychiatry	85.7%	112.6%	95.2%	103.2%	93%	93%	0	0	12	0	0	-4.0%	3.8%
Chase Farm Hospital	Sage Ward	Forensic Psychiatry	100.0%	100.0%	100.0%	100.0%	84%	67%	1	0	28	0	0	20.2%	2.0%
Chase Farm Hospital	Devon Ward	Forensic Psychiatry	95.3%	100.0%	100.0%	107.7%	98%	100%	1	0	11	0	0	11.9%	2.5%
Chase Farm Hospital	Tamarind Ward	Forensic Psychiatry	100.0%	99.2%	101.7%	102.4%	99%	88%	0	0	15	0	1	12.6%	9.0%
Chase Farm Hospital	Severn	Forensic Psychiatry	96.8%	93.8%	93.5%	112.9%	-	-	0	0	12	0	0	17.3%	11.1%
Chase Farm Hospital	Seacole East	Forensic Psychiatry	97.7%	100.0%	100.0%	98.4%	98%	91%	0	0	14	0	0	3.5%	5.8%
Edgware Community Hospital	Beacon Centre	Child and Adolescent Psychiatry	97.5%	100.4%	100.0%	101.0%	95%	100%	1	0	22	0	0	27.7%	8.0%
St Ann's Hospital	Phoenix	Adult Mental Illness	92.2%	98.3%	100.0%	96.7%	65%	36%	0	1	4	0	0	13.6%	7.1%

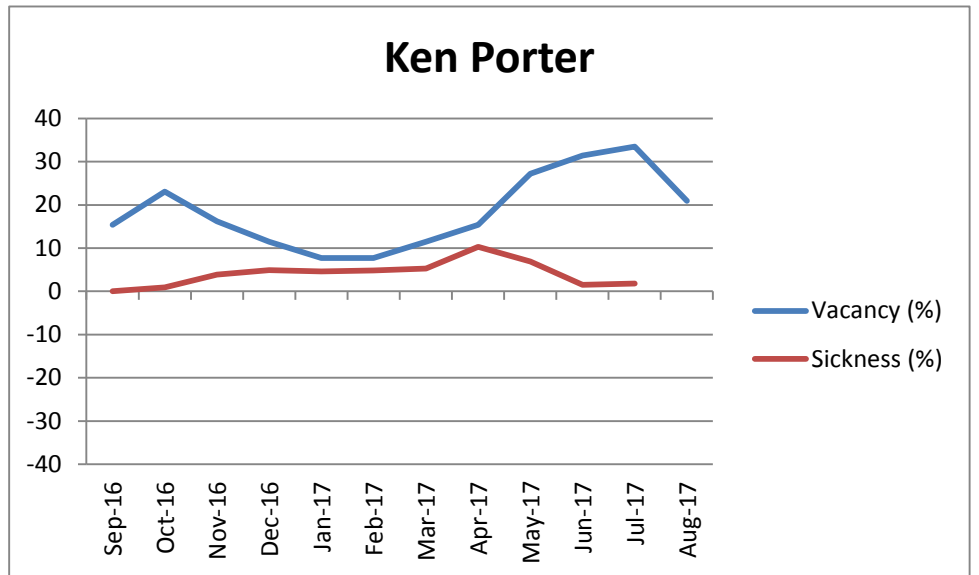
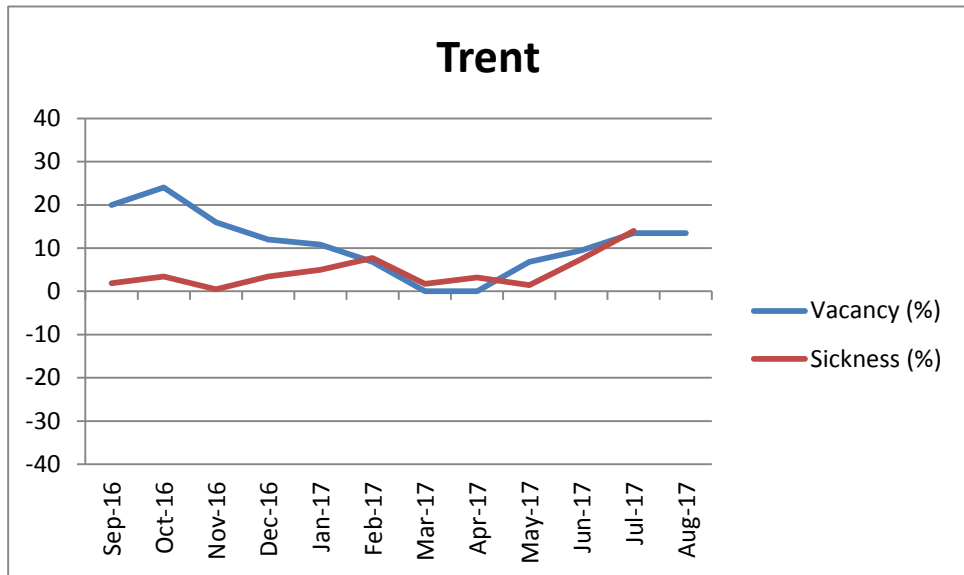
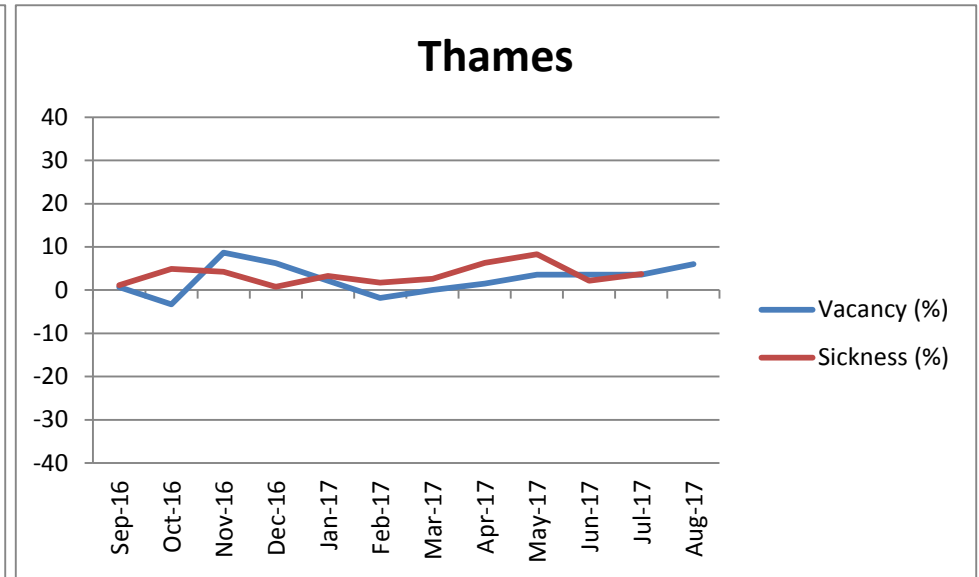
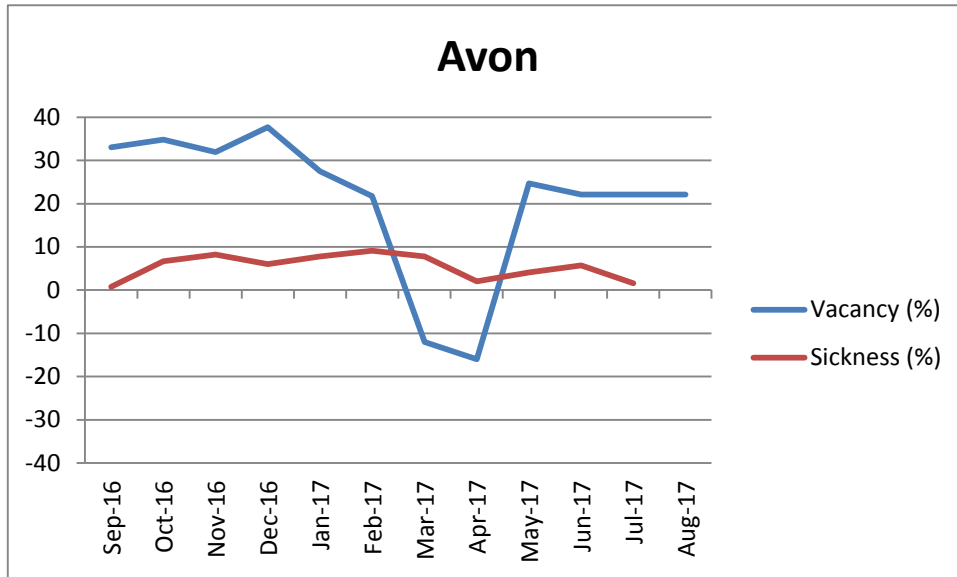
Barnet - August 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
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Edgware Community Hospital	Avon	Psychiatric Intensive Care Unit	100.0%	100.0%	98.4%	100.0%	63%	100%	0	1	40	0	0	22.1%	tbc
Edgware Community Hospital	Thames Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	82%	100%	0	0	36	0	0	6.0%	tbc
Edgware Community Hospital	Trent Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	86%	100%	0	1	32	0	2	13.5%	tbc
Barnet General Hospital	Ken Porter	Adult Mental Illness, Old Age Psychiatry	118.5%	148.0%	100.0%	163.4%	96%	92%	0	0	11	0	0	20.9%	tbc

Enfield - August 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Michael's Hospital	Magnolia Ward	General Medicine, Rehabilitation	102.3%	100.4%	100.0%	100.0%	97%	100%	0	0	21	0	0	13.5%	tbc
Chase Farm Hospital	Dorset	Adult Mental Illness	88.0%	116.0%	100.0%	116.1%	-	-	2	0	20	0	0	5.6%	tbc
Chase Farm Hospital	Suffolk Ward	Adult Mental Illness	100.0%	100.0%	100.0%	100.0%	64%	44%	0	0	19	0	0	7.2%	tbc
Chase Farm Hospital	Sussex Ward	Adult Mental Illness	96.8%	100.0%	100.0%	100.0%	-	-	0	0	23	0	0	17.5%	tbc
Chase Farm Hospital	Somerset Villa (Formerly Bay Tree House)	Old Age Psychiatry	100.0%	100.0%	96.8%	100.0%	86%	100%	0	0	5	0	0	4.8%	tbc
Chase Farm Hospital	The Oaks	Old Age Psychiatry	100.0%	97.9%	98.4%	100.0%	70%	75%	0	0	33	0	0	19.2%	tbc
Chase Farm Hospital	Cornwall Villa	Old Age Psychiatry	91.8%	100.0%	100.0%	100.0%	-	-	0	0	19	0	0	22.2%	tbc
Chase Farm Hospital	Silver Birches	Old Age Psychiatry	108.5%	96.2%	100.0%	101.3%	-	-	0	0	12	0	0	18.0%	tbc

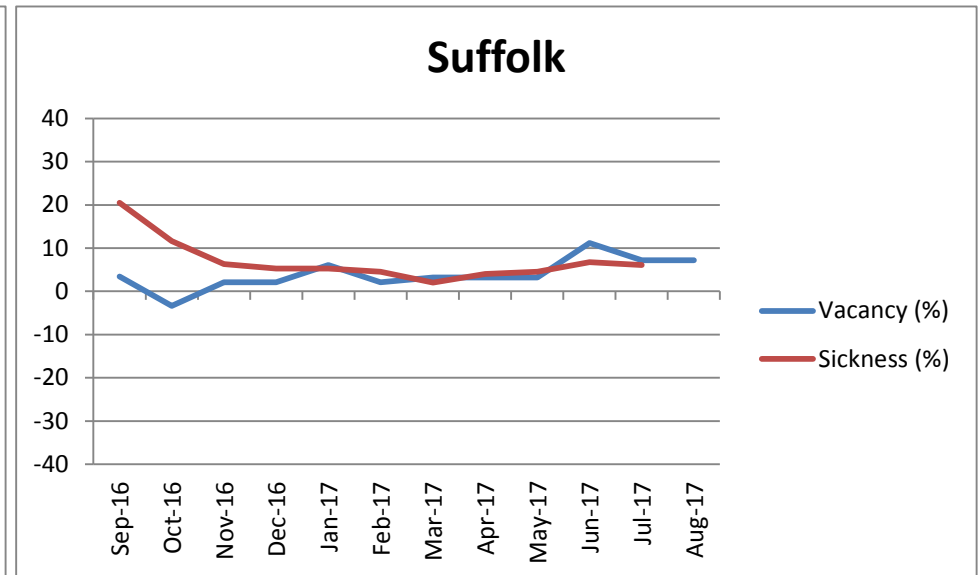
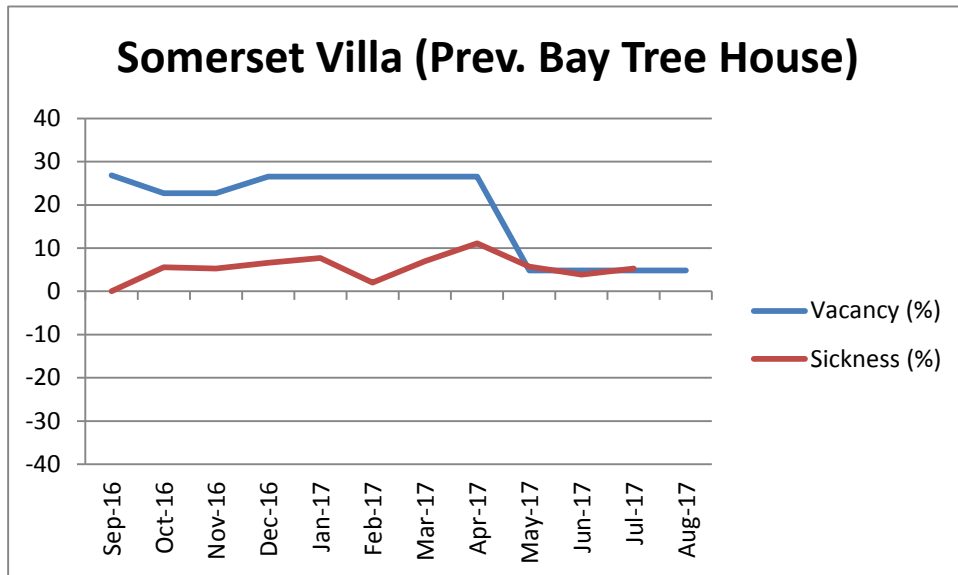
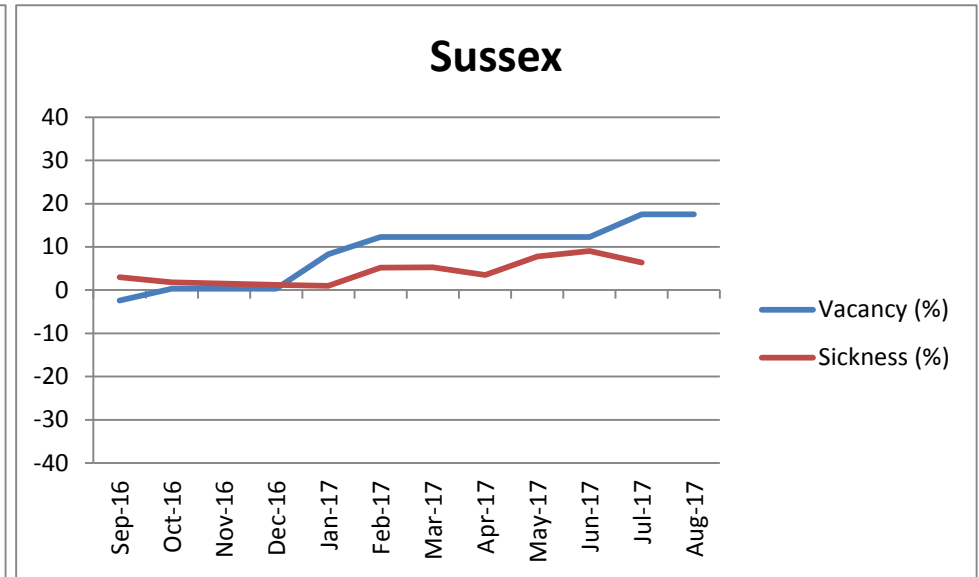
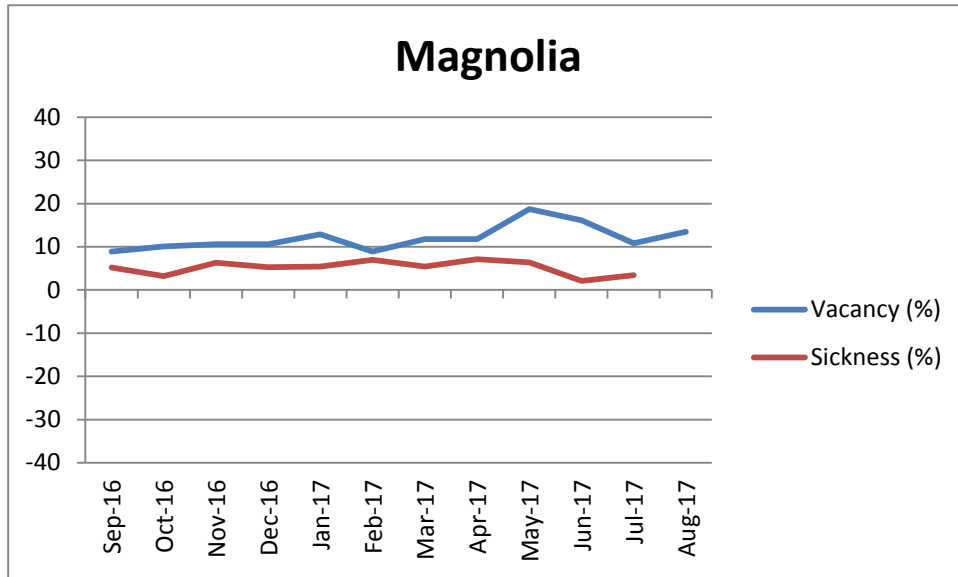
Haringey - August 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
St Ann's Hospital	Fairlands	Adult Mental Illness	102.2%	130.9%	101.6%	100.0%	100%	100%	2	0	33	0	0	12.0%	tbc
St Ann's Hospital	Finsbury	Adult Mental Illness	97.9%	100.0%	100.0%	101.3%	87%	100%	0	1	55	0	0	8.0%	tbc
St Ann's Hospital	Haringey Ward	Adult Mental Illness	101.1%	101.6%	100.0%	100.0%	83%	82%	0	1	16	0	0	5.8%	tbc

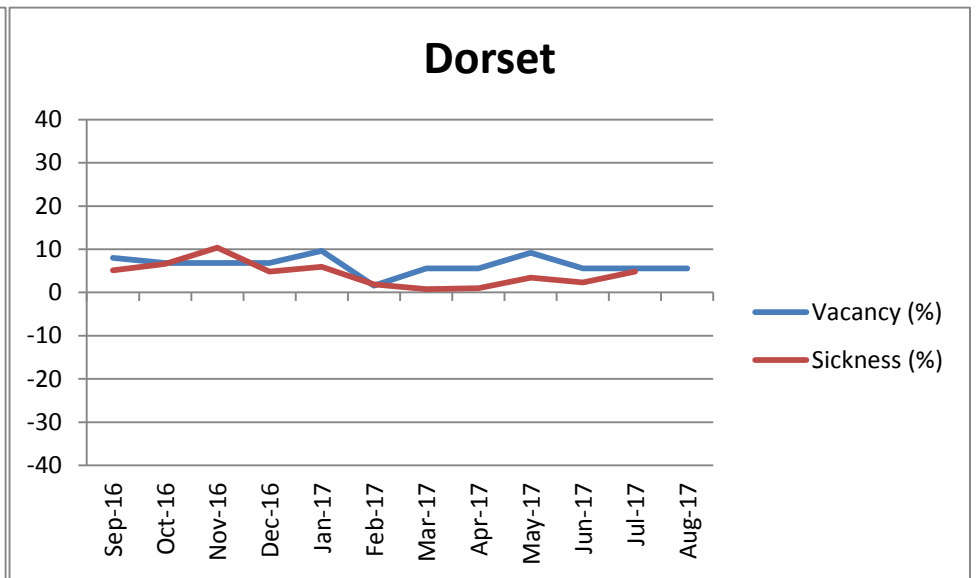
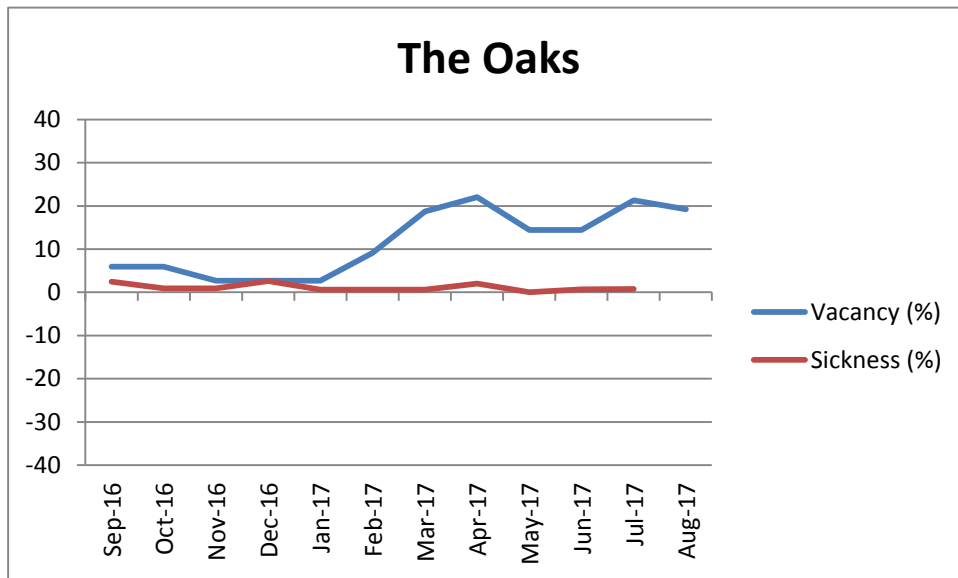
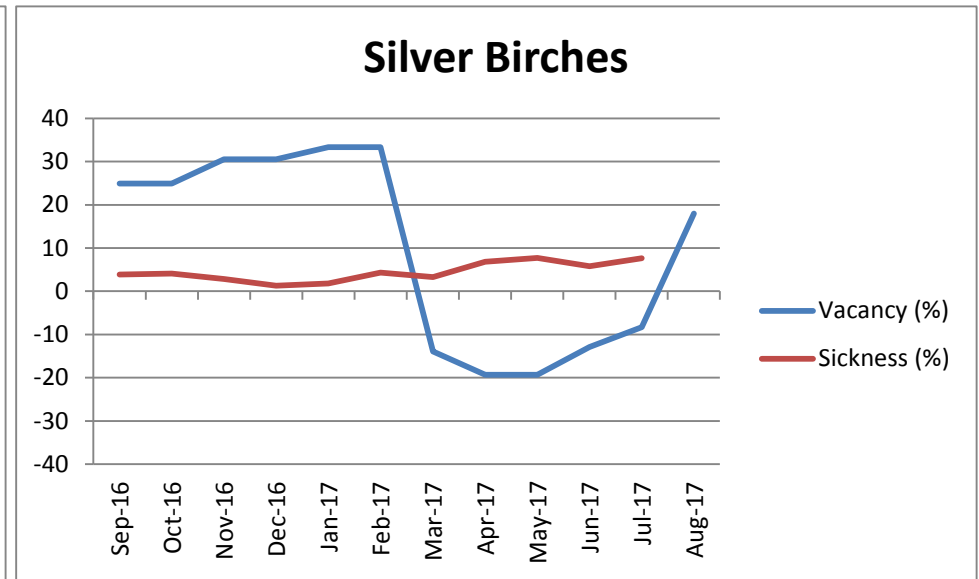
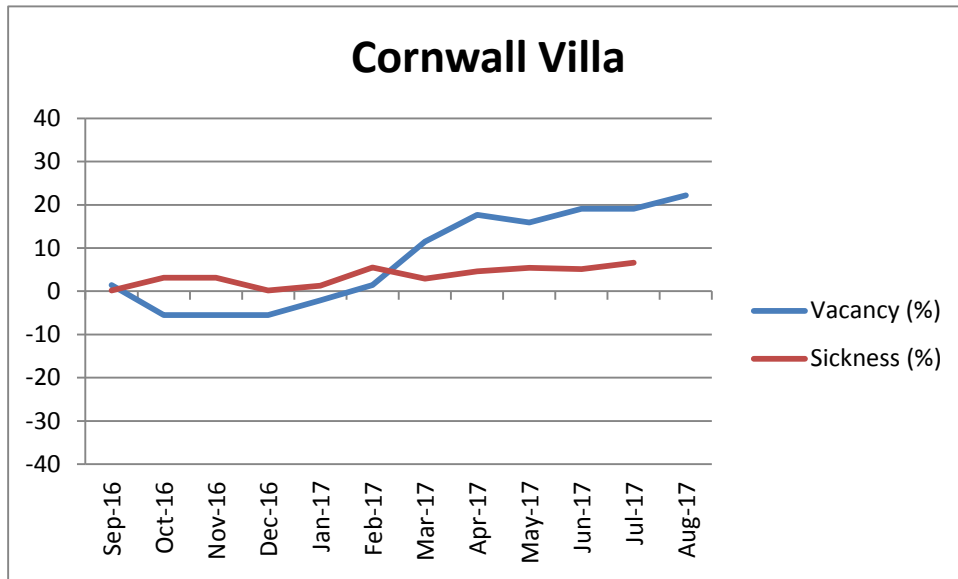
Specialist - August 2017															
Hospital site name	Ward name	Speciality	Staffing Day		Staffing Night		Experience		Complaints		Incidents			Workforce	
			Average Fill Rate - registered nurses	Average Fill Rate - care staff	Average Fill Rate - registered nurses	Average Fill Rate - care staff	Patient Experience Survey	Patient Friends & Family (FFT)	Formal Complaints	Informal Complaints	Datix Incidents	Serious Incidents	Moderate Incidents	Vacancy Rate	Sickness
Chase Farm Hospital	Cardamom	Forensic Psychiatry	97.3%	102.2%	100.0%	101.6%	96%	57%	0	0	31	0	0	10.9%	tbc
Chase Farm Hospital	Blue Nile House	Forensic Psychiatry	94.9%	95.1%	100.0%	100.0%	100%	100%	0	0	2	0	0	8.4%	tbc
Chase Farm Hospital	Fennel	Forensic Psychiatry	95.2%	102.4%	100.0%	100.0%	88%	29%	1	0	5	0	0	13.3%	tbc
Chase Farm Hospital	Juniper	Forensic Psychiatry	95.2%	97.6%	91.9%	100.0%	96%	100%	1	0	6	0	0	6.7%	tbc
Chase Farm Hospital	Mint	Forensic Psychiatry, Learning Disability	98.6%	99.5%	100.0%	100.0%	87%	67%	0	0	16	0	0	10.6%	tbc
Chase Farm Hospital	Paprika	Forensic Psychiatry	99.2%	118.4%	90.3%	127.4%	94%	71%	0	0	15	0	0	-4.0%	tbc
Chase Farm Hospital	Sage Ward	Forensic Psychiatry	100.0%	99.0%	101.6%	100.0%	95%	90%	0	0	19	0	0	20.2%	tbc
Chase Farm Hospital	Devon Ward	Forensic Psychiatry	97.8%	98.0%	96.8%	100.0%	97%	86%	0	0	14	0	0	8.1%	tbc
Chase Farm Hospital	Tamarind Ward	Forensic Psychiatry	97.8%	99.1%	100.0%	100.0%	98%	100%	1	0	17	0	0	8.6%	tbc
Chase Farm Hospital	Severn	Forensic Psychiatry	89.3%	96.2%	87.1%	125.8%	100%	100%	0	0	14	0	0	17.3%	tbc
Chase Farm Hospital	Seacole East	Forensic Psychiatry	89.1%	100.0%	100.0%	98.4%	-	-	0	0	12	0	0	-0.4%	tbc
Edgware Community Hospital	Beacon Centre	Child and Adolescent Psychiatry	99.4%	99.1%	103.2%	102.6%	85%	100%	0	0	12	0	0	22.4%	tbc
St Ann's Hospital	Phoenix	Adult Mental Illness	97.3%	96.9%	103.4%	100.0%	65%	54%	1	0	13	0	0	17.2%	tbc

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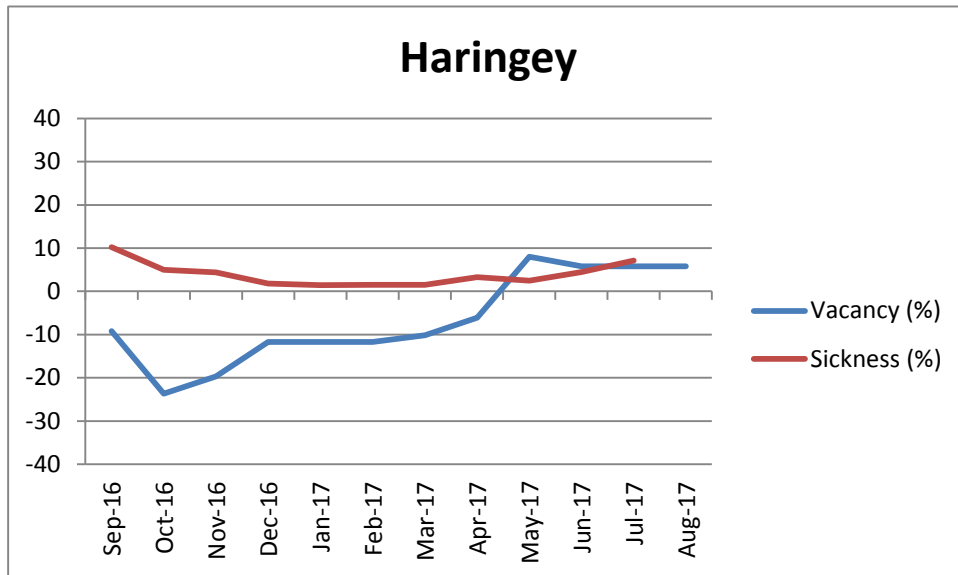
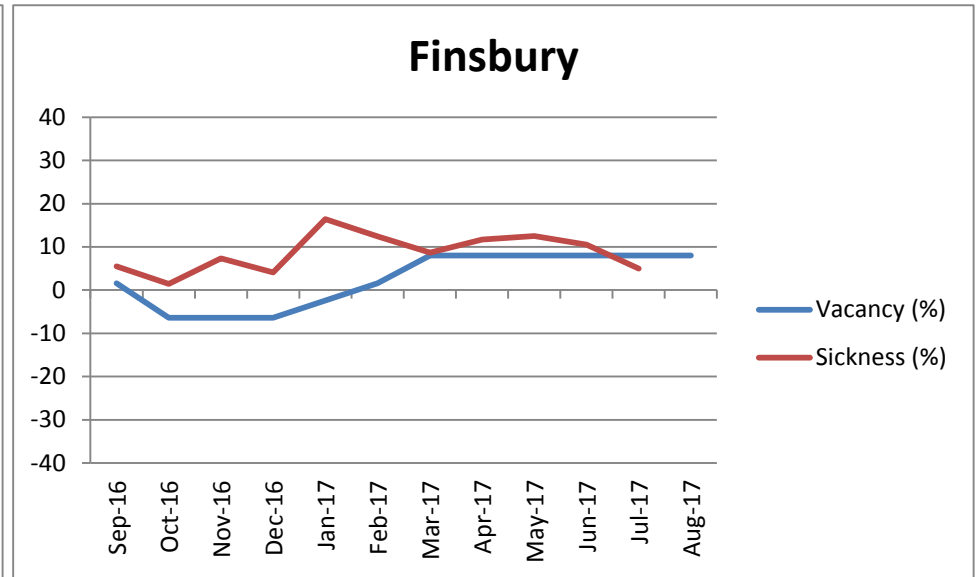
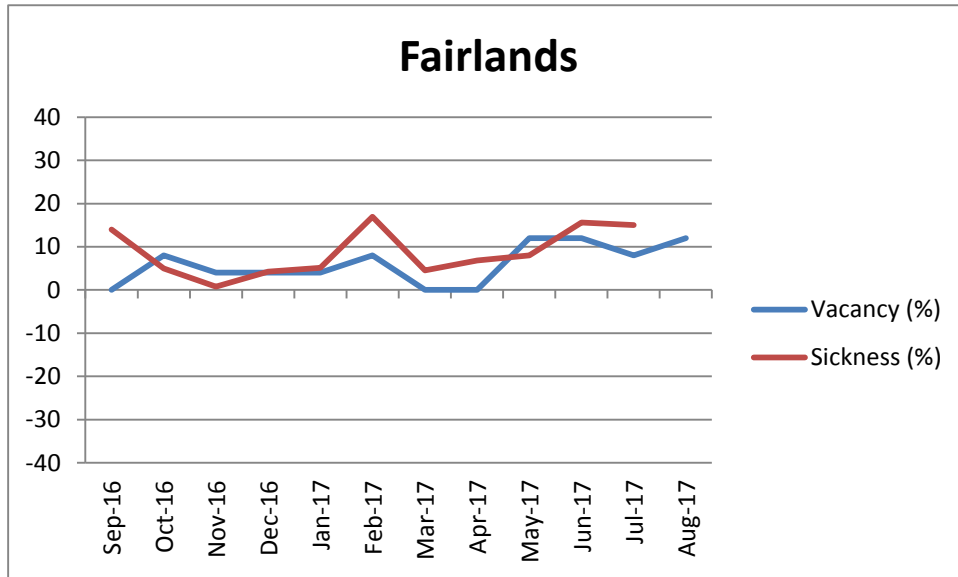


ENFIELD





HARINGEY



SPECIALIST SERVICES

