


<b>TRUST BOARD IN PUBLIC</b>		<b>Date: 28 July 2016</b>
		<b>Agenda Item:</b>
<b>REPORT TITLE:</b>	Chief Nurse & Medical Director Report	
<b>EXECUTIVE SPONSOR:</b>	Fiona Allsop, Chief Nurse Des Holden, Medical Director	
<b>REPORT AUTHOR (s):</b>	Fiona Allsop, Chief Nurse Des Holden, Medical Director	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	N/A	
<b>Action Required:</b>		
<b>Approval (√)</b>	<b>Discussion (√)</b>	<b>Assurance (√)</b>
<b>Purpose of Report:</b>		
To provide an update on continuing work in relation to safe and quality focused patient care that sits outside the operational performance reports including monthly Safer Staffing information and exception reports.		
<b>Summary of key issues</b>		
<b>Chief Nurse Report</b>		
<ul style="list-style-type: none"> <li>The Safer Staffing report (June 2016 data) indicates that the Trust has delivered the planned versus actual staffing levels in the inpatient areas and maternity unit against existing template.</li> <li>Care Hours Per Patient Day (CHPPD) reported for June data</li> <li>Provides an update on the National Quality Board guidance published in July titled 'Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time'.</li> </ul>		
<b>Medical Director Report</b>		
<ul style="list-style-type: none"> <li>HSJ patient safety awards</li> <li>BMA ballot of junior doctors on new contract deal</li> <li>MRSA colonisation of a cohort of patients in Capel Annex ward</li> </ul>		
<b>Recommendation:</b>		
To note the report.		
<b>Relationship to Trust Strategic Objectives &amp; Assurance Framework:</b>		
<b>SO1:</b> Safe – Deliver safe high quality and improving services which pursue perfection and be in the top 20% against our peers <b>SO2:</b> Effective – As a teaching hospital deliver effective, improving and sustainable clinical services within the local health economy <b>SO3:</b> Caring – Working in partnership with staff, families and carers <b>SO4:</b> Responsive – Become the secondary care provider of choice our catchment population <b>SO5:</b> Well led - Become an employer of choice and deliver financial and clinical sustainability around a patient focused clinical model		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory impact</b>	Yes	
<b>Financial impact</b>	Yes	

<b>Patient Experience/Engagement</b>	Yes
<b>Risk &amp; Performance Management</b>	Yes
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes
<b>Attachment:</b>	
 nqb-guidance July 2016.pdf	

**REPORT TO TRUST BOARD IN PUBLIC – 28<sup>TH</sup> July 2016**  
**Chief Nurse & Medical Director Report**

**Chief Nurse Report**

**1. Introduction**

To provide an update to the Board on nursing staffing in relation to planned versus actual staffing, an update regarding safer staffing monitoring, a summary of the recent correspondence in relation to staffing and efficiency and on recruitment activity.

**2. Staffing Planned versus Actual – June 2016**

Ward	Ward Specialty	Entries	RN Day	RN Night	NA Day	NA Night	Total Day	Total Night	Overall
<a href="#">Abinger Ward</a>	430 - GERIATRIC MEDICINE	30	98.82%	100%	96.96%	100%	97.85%	100%	98.69%
<a href="#">Acute Medical Unit</a>	300 - GENERAL MEDICINE	30	98.85%	99.53%	88.9%	98.33%	95.95%	99.1%	97.35%
<a href="#">Birthing Centre</a>	501 - OBSTETRICS	30	96.67%	98.33%	N/A	N/A	96.67%	98.33%	97.5%
<a href="#">Bletchingley Ward</a>	300 - GENERAL MEDICINE	30	99.74%	100%	100%	100%	99.86%	100%	99.91%
<a href="#">Brockham Ward</a>	502 - GYNAECOLOGY	30	98.35%	98.89%	95.08%	100%	97.25%	99.17%	98.01%
<a href="#">Brook Ward</a>	100 - GENERAL SURGERY	30	100%	100%	100%	100%	100%	100%	100%
<a href="#">Buckland Ward</a>	101 - UROLOGY	30	98.64%	100%	95.06%	98.33%	97.21%	99.17%	97.94%
<a href="#">Burstow Ward</a>	501 - OBSTETRICS	30	98.88%	77.78%	79.35%	90%	92.37%	82.67%	87.96%
<a href="#">Capel Annex I Ward</a>	100 - GENERAL MEDICINE	30	97.21%	100%	96.28%	98.33%	96.81%	99.17%	97.67%
<a href="#">Capel Ward</a>	430 - GERIATRIC MEDICINE	30	96.78%	97.78%	96.69%	105%	96.75%	100.67%	98.45%
<a href="#">Chaldon Ward</a>	300 - GENERAL MEDICINE	30	96.26%	100%	95.11%	98.88%	95.77%	99.33%	96.98%
<a href="#">Charlwood Ward</a>	301 - GASTROENTEROLOGY	30	95.73%	103.33%	100.99%	100%	97.63%	101.67%	99.23%
<a href="#">Cophorne Ward</a>	301 - GASTROENTEROLOGY	30	100%	100%	98.94%	100%	99.64%	100%	99.78%
<a href="#">Coronary Care Unit</a>	320 - CARDIOLOGY	30	98.17%	100%	N/A	96.67%	98.17%	98.89%	98.53%
<a href="#">Delivery Suite</a>	501 - OBSTETRICS	30	93.7%	96.67%	93.84%	95%	93.73%	96.25%	94.99%
<a href="#">Discharge Lounge</a>	300 - GENERAL MEDICINE	30	98.13%	100%	98.09%	100%	98.11%	100%	98.79%
<a href="#">Godstone Ward (Haem)</a>	303 - CLINICAL HAEMATOLOGY	30	98.33%	100%	92.59%	100%	96.55%	100%	97.97%
<a href="#">Godstone Ward (Med)</a>	300 - GENERAL MEDICINE	30	99.33%	100%	100%	95.56%	99.58%	97.78%	98.81%
<a href="#">Hazelwood</a>	300 - GENERAL MEDICINE	30	97.78%	100%	93.1%	100%	95.48%	100%	97.31%
<a href="#">Holmwood Ward</a>	320 - CARDIOLOGY	30	100%	100%	96.67%	98.31%	99.05%	99.16%	99.09%
<a href="#">ITU/HDU</a>	192 - CRITICAL CARE MEDICINE	30	98.91%	100%	87.77%	89.66%	97.29%	99.24%	98.22%
<a href="#">Leigh Ward</a>	110 - TRAUMA & ORTHOPAEDICS	30	99.26%	100%	98.11%	98.89%	98.76%	99.33%	98.98%
<a href="#">Meadvale Ward</a>	430 - GERIATRIC MEDICINE	30	98.19%	100%	98.28%	98.33%	98.24%	99.17%	98.56%
<a href="#">Neonatal Unit</a>	420 - PAEDIATRICS	30	96.49%	104.2%	104.64%	98.11%	99.15%	102.33%	100.62%
<a href="#">Newdigate Ward</a>	110 - TRAUMA & ORTHOPAEDICS	30	98.62%	100%	102.79%	97.78%	100.37%	98.67%	99.71%
<a href="#">Nutfield Ward</a>	430 - GERIATRIC MEDICINE	30	94.75%	100%	98.19%	96.67%	96.04%	98.33%	96.8%
<a href="#">Outwood Ward</a>	420 - PAEDIATRICS	30	94.72%	98.67%	81.53%	90%	93.08%	97.22%	94.89%

<a href="#">Rusper Ward</a>	501 - OBSTETRICS	30	89.71%	98.33%	N/A	N/A	90.25%	98.33%	92.95%
<a href="#">Surgical Assessment Unit</a>	100 - GENERAL SURGERY	30	94.17%	95%	100%	98.33%	95.33%	96.67%	95.93%
<a href="#">Tandridge Ward</a>	300 - GENERAL SURGERY	30	98.17%	100%	127.44%	96.67%	111.2%	98.33%	107.24%
<a href="#">Tilgate Annex</a>	100 - GENERAL MEDICINE	30	100%	98.39%	98.8%	103.33%	99.56%	100.82%	99.99%
<a href="#">Tilgate Ward</a>	300 - GENERAL MEDICINE	30	98%	98.89%	96.67%	96.67%	97.5%	98.33%	97.78%
<a href="#">Woodland Ward</a>	100 - GENERAL SURGERY	30	98.67%	100%	98.89%	96.67%	98.75%	98.33%	98.61%
<b>Total</b>			<b>97.61%</b>	<b>98.88%</b>	<b>98%</b>	<b>98.08%</b>	<b>97.74%</b>	<b>98.58%</b>	<b>98.08%</b>

### Planned versus actual commentary

The Trust has delivered planned versus actual staffing profile for June. The report shows a stable picture in relation to overall compliance with no red shifts at unit level in month.

### Care hours per patient day (CHPPD)

Only complete sites your organisation is accountable for		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Main 2 Specialities on each ward	Registered midwives		Care Staff		Registered midwives		Care Staff		Average fill rate - registered nurse/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurse/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
		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								
Abinger Ward	430 - GERIATRIC MEDICINE	1279.5	1150.5	1387	1337.5	701.5	701.5	943	931.5	89.8%	96.4%	100.0%	98.8%	700	2.6	3.2	5.9
Acute Medical Unit	300 - GENERAL MEDICINE	3344.5	3229	1417	1321	2415	2334.5	1380	1334	95.5%	93.2%	96.7%	96.7%	1085	5.1	2.4	7.6
Birthing Centre	501 - OBSTETRICS	690	690	0	0	690	690	0	0	100.0%	-	100.0%	-	95	25.1	0.0	25.1
Bletchingley Ward	300 - GENERAL MEDICINE	3314.5	3121	2962.5	2936	1725	1621.5	1380	1368.5	94.2%	99.1%	94.0%	99.2%	776	6.1	5.6	11.7
Brockham Ward	502 - GYNAECOLOGY	1387	1310.5	670.5	647.5	701.5	678.5	678.5	621	94.5%	96.6%	96.7%	91.5%	566	3.5	2.2	5.8
Brook Ward	100 - GENERAL SURGERY	690	690	344.5	321.5	690	667	126.5	126.5	100.0%	93.3%	96.7%	100.0%	359	3.8	1.2	5.0
Buckland Ward	101 - UROLOGY	1505.5	1425.5	796.5	739.5	690	655.5	667	632.5	94.7%	92.8%	95.0%	94.8%	631	3.3	2.2	5.5
Burstock Ward	501 - OBSTETRICS	1380	1141.5	690	543.5	1035	759	690	609.5	82.7%	78.8%	73.3%	88.3%	590	3.2	2.0	5.2
Capel Annex 1 Ward	300 - GENERAL MEDICINE	1380	1357	1035	985	690	678.5	690	678.5	98.3%	95.2%	98.3%	98.3%	710	2.9	2.3	5.2
Capel Ward	430 - GERIATRIC MEDICINE	1545	1408.5	690	655	1035	1012	690	690	91.2%	94.9%	97.8%	100.0%	631	3.8	2.1	6.0
Chaldon Ward	300 - GENERAL MEDICINE	2602	2281	2070	1997	1380	1322.5	1472	1380	91.5%	95.5%	95.8%	93.8%	905	4.1	3.7	7.8
Cherwell Ward	301 - GASTROENTEROLOGY	1336	1217.5	739.5	716.5	690	620	655.5	667	91.1%	96.9%	133.3%	101.8%	605	3.5	2.3	5.8
Copthorne Ward	301 - GASTROENTEROLOGY	1368.5	1207	733.5	610.5	690	632.5	690	678.5	88.2%	110.5%	91.7%	98.3%	629	2.9	2.4	5.3
Coronary Care Unit	320 - CARDIOLOGY	1000.5	862.5	23	23	690	678.5	356.5	322	86.2%	100.0%	98.3%	90.3%	253	6.1	1.4	7.5
Delivery Suite	501 - OBSTETRICS	2096	1981	697.5	597.5	2058.5	1851.5	690	563.5	94.5%	85.7%	89.9%	81.7%	157	24.4	7.4	31.8
Discharge Lounge	300 - GENERAL MEDICINE	664.5	570.5	598	529	345	333.5	345	333.5	85.9%	88.5%	96.7%	96.7%	132	6.8	6.5	13.4
Godstone Ward (Haem)	303 - CLINICAL HAEMATOLOGY	690	697.5	0	0	690	678.5	0	0	101.1%	-	98.3%	-	207	6.6	0.0	6.6
Godstone Ward (Med)	300 - GENERAL MEDICINE	1035	931.5	690	605.5	690	690	724.5	724.5	90.0%	87.8%	100.0%	100.0%	866	1.9	1.5	3.4
Holmwood Ward	320 - CARDIOLOGY	1725	1652	682	636	667	655.5	644	644	95.8%	93.3%	98.3%	100.0%	877	2.6	1.5	4.1
ITL/HDU	192 - CRITICAL CARE MEDICINE	4406	4299.5	669.5	428.5	4381.5	4324	333.5	310.5	97.6%	64.0%	98.7%	93.1%	447	19.3	1.7	20.9
Leigh Ward	110 - TRAUMA & ORTHOPAEDICS	1552.5	1526.5	1155	1011	690	678.5	690	678.5	98.3%	87.5%	98.3%	98.3%	823	2.7	2.1	4.7
Meadale Ward	430 - GERIATRIC MEDICINE	1192.5	1090	1380	1334	701.5	690	690	690	91.4%	96.7%	99.4%	100.0%	794	2.2	2.5	4.8
Neonatal Unit	420 - PAEDIATRICS	1437.5	1426	628.5	582.5	1391.5	1391.5	1426	621	99.2%	92.7%	102.5%	81.5%	522	5.5	2.1	7.5
Newdigate Ward	110 - TRAUMA & ORTHOPAEDICS	1545	1461	1140	991	690	667	690	586.5	94.6%	86.9%	96.7%	85.0%	807	2.5	1.8	4.3
Nuffield Ward	430 - GERIATRIC MEDICINE	1716	1636	1037.5	992	690	690	690	701.5	95.3%	95.6%	100.0%	101.7%	903	2.6	1.9	4.4
Onwood Ward	420 - PAEDIATRICS	2652	2580	424	424	1734	1835.5	345	241.5	96.5%	100.0%	100.0%	70.0%	596	7.7	1.2	8.9
Rusper Ward	501 - OBSTETRICS	629	793.5	0	0	690	690	0	0	95.8%	-	100.0%	-	241	6.2	0.0	6.2
Surgical Assessment Unit	100 - GENERAL SURGERY	1380	1334	345	299	690	655.5	690	598	96.7%	96.7%	95.0%	96.7%	257	7.7	3.5	11.2
Tandridge Ward	300 - GENERAL MEDICINE	1565.5	1354	1198.5	998.5	701.5	655.5	690	632.5	86.5%	83.3%	93.4%	91.7%	718	2.8	2.3	5.1
Tilgate Annex	300 - GENERAL MEDICINE	1725	1656	1011.5	1000	1035	897	690	701.5	96.0%	98.9%	86.7%	101.7%	735	3.5	2.3	5.8
Tilgate Ward	300 - GENERAL MEDICINE	1725	1656	1000.5	977.5	1035	989	345	345	96.0%	97.7%	95.6%	100.0%	878	3.0	1.5	4.5
Woodland Ward	100 - GENERAL SURGERY	1725	1571.5	996	1007.5	667	667	667	644	91.1%	101.2%	100.0%	96.6%	877	3.3	2.4	5.7

### CHPPD commentary

The report for June is shown above. The data comparison with May shows that broadly there were less CHPPD used across the acute inpatient wards in the month. Care hours per patient day are calculated by dividing the total numbers of nursing hours on a ward or unit by the number of patients in beds at the midnight census. This calculation provides the average number of care hours available for each patient on the ward or unit. Currently the hours reported for nursing only in acute inpatient wards which are shown the white. The orange areas are excluded.

This tool links with planned versus actual reporting and other data such as safety thermometer, incident reporting, sickness rates, vacancy rates and professional judgement to determine the appropriate staffing levels for a ward or unit.

### Agency Cap reporting to NHS Improvement

Since November 2015, the Trust has been required to report to NHSI shifts that are above the rate cap, off of a framework or both. The Trust use Mayday nursing agency as the main tier 1 provider. At the current time, the majority of these shifts are above the agency capped rate.

All shifts above the rate cap are subject to use only in 'break glass' circumstances. The justification of use for each shift is recorded on the Healthroster system. The total number of break glass shifts for all staff groups in June 2016 were 2,655.

### **National Quality Board guidance**

In July 2016 the National Quality Board (NQB) published revised guidance on safe, sustainable and productive staffing. This guidance entitled 'supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time' replaces the guidance published in November 2013. The new guidance contains a set of expectations for nursing and midwifery staffing to help NHS provider boards make local decisions that will deliver high quality care for patients within the available staffing resource.

It encompasses elements of the Carter report including the implementation of CHPPD as the principal measure of nursing, midwifery and healthcare support worker deployment.

The guidance is presented in three sections;

### **Section 1 – Safe, sustainable and productive staffing: measurement & improvement**

#### 1a) patient outcomes, people productivity and financial sustainability

There is an expectation that NHS provider boards will review workforce metrics, quality indicators and outcomes and productivity measures on a monthly basis as a whole and that there is evidence of improvements across all of these areas. In addition there is an expectation that provider boards implement in full the Carter recommendations and the findings from the model hospital work (due in September 2016). This includes

- Using local quality and outcomes dashboards that are published locally and discussed at public board meetings
- Developing metrics that measure patient outcomes, staff experience, people productivity and financial sustainability
- Comparing performance against internal plans, peer benchmarks and the views of NHS experts, taking into account any underlying differences
- Reducing wasted time by supporting and engaging staff in using their time in the best way possible to provide direct or relevant care or care support
- Using national good practice checklists to guide improvement action and taking into account the knowledge shared by top performers

Commissioners will monitor providers quality and outcomes and provide support through the quality surveillance groups.

NHS provider boards hold individual and collective responsibility for making judgements about staffing and the delivery of safe, effective, compassionate and responsive care within available resources.

#### 1b) reporting, investigating and acting on incidents

NHS providers should follow best practice guidance in the investigation of all patient safety incidents. In addition they should actively encourage all staff to report any occasion where a less than optimal level of suitably trained or experienced staff harmed or seems likely to harm a patient.

Staff in all care settings should be aware that they have a professional duty to put the interests of the people in their care first, and to act to protect them if they consider that they may be at risk.

All NHS providers should have an identified Freedom to Speak Up guardian and should be able to demonstrate commitment to the principles in the Freedom to Speak Up Review of February

Boards should ensure that they support and enable their executive team to take decisive action when necessary.

#### 1c) Patient, carer and staff feedback

NHS providers need a co-ordinated approach and the right leadership skills in place to drive continuous improvements in patient outcomes and productivity. They should do this by

developing the appropriate culture and behaviours, where staff and teams are engaged in developing their organisations and they are supported, respected and valued.

Boards must ensure that their organisations foster a culture of professionalism and responsiveness in healthcare professionals, so that staff feel able to use their professional judgement to raise concerns and make suggestions for change that improves care.

NHS providers should have a strong staff engagement plan, which routinely monitors the impact of their policies, demonstrates an understanding of the links between staff experience, patient experience and outcomes, and which supports staff retention.

When an establishment review has taken place within an organisation, the board should ensure it considers feedback from frontline staff as part of its assurance activities.

## **Section 2 - Care hours per patient day (CHPPD)**

The introduction of CHPPD for nurse and healthcare support staffing in the inpatient/acute setting is the first step in developing the methodology as a tool that can contribute to a review of staff deployment. Work has begun to consider appropriate application of this metric in other care settings and to include other healthcare professionals such as allied health professionals (AHPs).

As with other indicators, CHPPD should never be viewed in isolation but as part of a local quality dashboard that includes patient outcome measures alongside workforce and finance indicators. The aim is to help ward sisters/charge nurses, clinical matrons and hospital managers make safe, efficient and effective decisions about staff deployment:

## **Section 3 - Updated NQB expectations**

### **Expectation 1: Right staff**

Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations.

Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (ie the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified.

Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations.

Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.

The key elements are;

- Evidence-based workforce planning
- Professional judgement
- Compare staffing with peers

### **Expectation 2: Right skills**

Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services.

Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.

The key elements are;

- Mandatory training, development and education
- Working as a multiprofessional team
- Recruitment and retention

### **Expectation 3: Right place and time**

Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise.

Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations

The key elements are;

- Productive working and elimination waste
- Efficient deployment and flexibility
- Efficient employment, minimizing agency

## **Medical Director Report**

### **3. HSJ patient safety awards**

As previously reported Sash was a finalist in these annual awards in two categories, organisation of the year and trust Board of the year. As many will by now know we were successful and won the latter award, with Frimley Hospitals winning the former category.

### **4. BMA ballot of junior doctors on new contract deal**

The result of this ballot was announced in early July where a majority of those who were balloted voted to reject the proposed contract. The DoH is now implementing the new contract and instructing trusts to introduce from October and at SaSH we are working with HR and with junior doctor representatives to design and implement new Rita's in line with the new contract expectations.

### **5. MRSA colonisation of a cohort of patients in Capel Annex ward**

Patients within a single bay on Capel annex ward have been found to be colonised with an MRSA of similar antibiotic sensitivity profile. This implies that they have become colonised in our care. Infection control are leading work on risk profiling and education of staff and the relevant bay has been closed to new admissions. No patient has had an MRSA bacteraemia and therefore this infection control issue would not show in our score card which records this as a trigger.

**6. Recommendation**

To note the report.

**Fiona Allsop**  
Chief Nurse  
July 2016

**Dr Des Holden**  
Medical Director



## Care Hours Per Patient Day

Care hours per patient day have been developed to quantify the nursing time available to each patient by the available registered nursing staff and nursing assistants.

Only complete sites your organisation is accountable for			Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
	Specialty 1	Specialty 2	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								
Abinger Ward	430 - GERIATRIC MEDICINE		1,302	1,287	1,422	1,361	713	713	1,070	1,070	98.8%	95.7%	100.0%	100.0%	711	2.8	3.4	6.2
Acute Medical Unit	300 - GENERAL MEDICINE		3,462	3,435	1,426	1,376	2,496	2,496	1,426	1,380	99.2%	96.5%	100.0%	96.8%	991	6.0	2.8	8.8
Birthing Centre	501 - OBSTETRICS		713	713	-	-	713	667	-	-	100.0%	-	93.5%	-	41	33.7	0.0	33.7
Bletchingley Ward	300 - GENERAL MEDICINE	302 - ENDOCRINOLOGY	1,426	1,422	1,155	1,178	1,070	1,058	713	736	99.7%	102.0%	98.9%	103.2%	731	3.4	2.6	6.0
Brockham Ward	502 - GYNAECOLOGY		1,426	1,403	713	679	1,070	1,070	357	334	98.4%	95.2%	100.0%	93.5%	556	4.4	1.8	6.3
Brook Ward	100 - GENERAL SURGERY		713	713	345	333	713	713	-	-	100.0%	96.7%	100.0%	-	308	4.6	1.1	5.7
Buckland Ward	101 - UROLOGY		1,445	1,403	932	928	713	702	713	702	97.1%	99.6%	98.4%	98.4%	624	3.4	2.6	6.0
Burstow Ward	501 - OBSTETRICS		1,426	1,403	713	659	1,070	955	713	679	98.4%	92.4%	89.2%	95.2%	531	4.4	2.5	7.0
Capel Annex I Ward	300 - GENERAL MEDICINE		1,426	1,403	1,070	1,024	713	713	713	702	98.4%	95.7%	100.0%	98.4%	665	3.2	2.6	5.8
Capel Ward	430 - GERIATRIC MEDICINE		1,539	1,539	713	740	1,070	1,047	713	713	100.0%	103.7%	97.8%	100.0%	614	4.2	2.4	6.6
Chaldon Ward	300 - GENERAL MEDICINE		1,955	1,853	1,426	1,380	713	713	1,070	1,058	94.8%	96.8%	100.0%	98.9%	821	3.1	3.0	6.1
Charlwood Ward	301 - GASTROENTEROLOGY		1,375	1,409	838	830	713	713	713	713	102.5%	99.1%	100.0%	100.0%	604	3.5	2.6	6.1
Copthorne Ward	301 - GASTROENTEROLOGY		1,426	1,415	730	707	713	690	713	713	99.2%	96.8%	96.8%	100.0%	588	3.6	2.4	6.0
Coronary Care Unit	320 - CARDIOLOGY		1,070	1,047	-	-	725	713	345	357	97.8%	-	98.4%	103.3%	227	7.8	1.6	9.3
Delivery Suite	501 - OBSTETRICS		2,139	2,066	713	671	2,139	2,105	667	644	96.6%	94.0%	98.4%	96.6%	134	31.1	9.8	40.9
Discharge Lounge	300 - GENERAL MEDICINE		611	596	602	590	357	357	357	357	97.5%	98.1%	100.0%	100.0%	74	12.9	12.8	25.7
Godstone Ward (Haem)	303 - CLINICAL HAEMATOLOGY		713	702	311	306	713	713	-	-	98.4%	98.6%	100.0%	-	182	7.8	1.7	9.5
Godstone Ward (Med)	300 - GENERAL MEDICINE	410 - RHEUMATOLOGY	1,783	1,737	1,070	1,104	1,070	1,070	1,070	1,058	97.4%	103.2%	100.0%	98.9%	788	3.6	2.7	6.3
Holmwood Ward	320 - CARDIOLOGY		1,783	1,771	713	690	713	713	713	702	99.4%	96.8%	100.0%	98.4%	841	3.0	1.7	4.6
ITU/HDU	192 - CRITICAL CARE MEDICINE		4,536	4,387	745	650	4,451	4,405	357	345	96.7%	87.2%	99.0%	96.8%	468	18.8	2.1	20.9
Leigh Ward	110 - TRAUMA & ORTHOPAEDICS		1,591	1,568	1,201	1,254	713	702	1,070	1,070	98.6%	104.4%	98.4%	100.0%	852	2.7	2.7	5.4
Meadvale Ward	430 - GERIATRIC MEDICINE		1,280	1,208	1,426	1,380	713	713	713	713	94.4%	96.8%	100.0%	100.0%	709	2.7	3.0	5.7
Neonatal Unit	420 - PAEDIATRICS		1,598	1,502	701	724	1,449	1,380	690	633	94.0%	103.3%	95.2%	91.7%	560	5.1	2.4	7.6
Newdigate Ward	110 - TRAUMA & ORTHOPAEDICS		1,599	1,604	1,160	1,264	713	713	1,058	1,058	100.3%	109.0%	100.0%	100.0%	826	2.8	2.8	5.6
Nutfield Ward	430 - GERIATRIC MEDICINE		1,783	1,756	1,081	1,069	713	713	713	702	98.5%	98.9%	100.0%	98.4%	857	2.9	2.1	4.9
Outwood Ward	420 - PAEDIATRICS		2,421	2,344	322	230	1,783	1,760	357	299	96.8%	71.4%	98.7%	83.9%	571	7.2	0.9	8.1
Rusper Ward	501 - OBSTETRICS		1,426	1,392	-	-	713	713	-	-	97.6%	-	100.0%	-	248	8.5	0.0	8.5
Surgical Assessment Unit	100 - GENERAL SURGERY		1,426	1,403	357	357	713	713	713	713	98.4%	100.0%	100.0%	100.0%	254	8.3	4.2	12.5
Tandridge Ward	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	1,820	1,793	1,414	1,380	713	702	713	656	98.5%	97.6%	98.4%	91.9%	684	3.6	3.0	6.6
Tilgate Annex	300 - GENERAL MEDICINE		1,783	1,783	1,070	1,058	736	713	713	702	100.0%	98.9%	96.9%	98.4%	642	3.9	2.7	6.6
Tilgate Ward	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	1,786	1,752	1,070	1,035	1,081	1,081	357	357	98.1%	96.8%	100.0%	100.0%	797	3.6	1.7	5.3
Woodland Ward	100 - GENERAL SURGERY		1,783	1,783	1,047	1,024	713	713	713	713	100.0%	97.8%	100.0%	100.0%	666	3.7	2.6	6.4