

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>09.01.20</b>	<b>Agenda item</b>	<b>Bo.1.20.35</b>

## NURSE STAFFING DATA PUBLICATION – SEPTEMBER 2019

<b>Presented by</b>	Karen Dawber, Chief Nurse		
<b>Author</b>	Jo Hilton, Assistant Chief Nurse		
<b>Lead Director</b>	Karen Dawber, Chief Nurse		
<b>Purpose of the paper</b>	This paper reports on the nurse staffing data for September 2019, identifying the actual staffing levels in place against what was planned.		
<b>Key control</b>	Yes		
<b>Action required</b>	To note		
<b>Previously discussed at/ informed by</b>	N/A		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	Workforce Committee	07.11.19	

### Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for September 2019, in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS Trusts are now required to provide monthly retrospective data via UNIFY to enable NHS England to publish Trust reports on NHS Choices.

Nurse staffing fill rates appears on the Chief Nurse risk register, with a range of actions in place to mitigate the risk of having insufficient staff to provide safe care on the wards and departments. There is a robust oversight and escalation process in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles; additionally the use of the SafeCare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of these safety huddles and is also used by the Clinical Site Team out-of-hours. There is a comprehensive recruitment and retention plan in place.

### Analysis

The fill rates for registered nurses on days and nights are consistently the same each month within 5% variation from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen, there has been a small increase for September.

With respect to the overall management of nurse staffing and patient safety, a robust oversight and escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. During September 2019, there were 16 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, which is the same as the previous month. Of the 16 incidents reported there was one report that cited low level harm, which the reporter felt at the time, was as a result of staffing, although there was no evidence of harm in the report or investigation. The incidents reported for September refer to a higher level of patient acuity and delays in the administration of medicines to patients and delays related to patient flow. The majority of the incidents are for the maternity unit due to numbers of staff available and action taken with regard to capacity to manage the department. The remainder of the

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reports are where staff had recognised that the staffing levels meant that there was potential for it to be unsafe.

There were no occasions of less than 2 registered nurses on a shift.

### Recommendation

The Committee is asked to note the content of this report and decide if it provides sufficient assurance.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>Regulation, Legislation and Compliance relevance</b>
<b>NHS Improvement: (please tick those that are relevant)</b> <input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
<b>Care Quality Commission Domain: Safe</b>
<b>Care Quality Commission Fundamental Standard: Staffing</b>
<b>NHS Improvement Effective Use of Resources: People</b>
<b>Other (please state):</b>

<b>Relevance to other Board of Director's Committee: (please select all that apply)</b>					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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## 1 PURPOSE/ AIM

This paper reports on the nurse staffing data for September 2019, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

## 2 BACKGROUND/CONTEXT

This paper provides nurse staffing data which is in line with the requirements outlined in both the Hard Truths (2013) and the subsequent National Quality Board Report (2013). All NHS Trusts are required to provide monthly retrospective data in inpatient nurse staffing levels via UNIFY, to enable NHS England to publish Trust reports on NHS Choices. The model hospital portal data from NHS Improvement is included in the report.

## 3 RESULTS

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Sep 19	BRI	84.6%	101.7%	87.4%	111.2%
Sep 19	SLH	94.5%	102.9%	101.5%	99.8%

## 4 BENCHMARKING IMPLICATIONS

Detailed in Section 5.

## 5 RISK ASSESSMENT

Nurse Staffing is identified as a risk on the Chief Nurse Risk Register.

With respect to the overall management of nurse staffing and patient safety a robust oversight and escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During September 2019, there were 16 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

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A summary of the themes of these reports is included in the full report in the appendix. In each of these incidents appropriate escalation had taken place and where possible actions were taken to mitigate harm by redeploying resource available from across the Trust.

The use of the SafeCare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of the safety huddles by the matrons and is used by the Clinical Site Team out of hours. The matrons and site team continue to report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.

There were no occasions of only one registered nurse on duty.

## **6 RECOMMENDATIONS**

The Committee is asked to note the content of this report and decide if it provides sufficient assurance.

In line with the National guidance for nurse staffing, the external staffing review process will now take place following the review of the 6 monthly staffing establishments led by the Chief Nurse commencing in November 2019.

Following review of the nursing establishments and implementation of the Nursing Associate role into the establishments the changes to the unify report will be reviewed as part of the 6 monthly establishment review process. The Trust will move to reporting planned and actual staffing for this workforce group as the size of this workforce increases, enabling planned and actual data to be captured via the e Rostering templates.

## **7 Appendices**

The heat map in Annex 1 provides details of the staffing fill rates by ward, along with the agreed quality metrics.

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## APPENDIX 1 - NURSE STAFFING DATA PUBLICATION REPORT SEPTEMBER 2019

### 1. Introduction

This paper reports on the nurse staffing data for September 2019, identifying the actual staffing levels in place against what was planned. It identifies areas of discrepancy between the two, and provides an exception report on actions taken as a result. This information relates to the staffing levels on all inpatient wards including adult, paediatric and maternity wards.

### 2. Results for September 2019

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in September 2019, by hospital site. It should be noted that community hospitals (CH) appear in the figures for St Luke's Hospital (SLH) as required by the submission of the Unify tool.

Date	Hospital	Day		Night	
		Average fill rate-registered nurse/midwife %	Average fill rate-care staff %	Average fill rate-registered nurse/midwife %	Average fill rate-care staff %
Sep 19	BRI	84.6%	101.7%	87.4%	111.2%
Sep 19	SLH	94.5%	102.9%	101.5%	99.8%

Table 1

The percentage fill rates for day shifts for registered nurses for October 2018 to September 2019 are shown in figure 1 below.

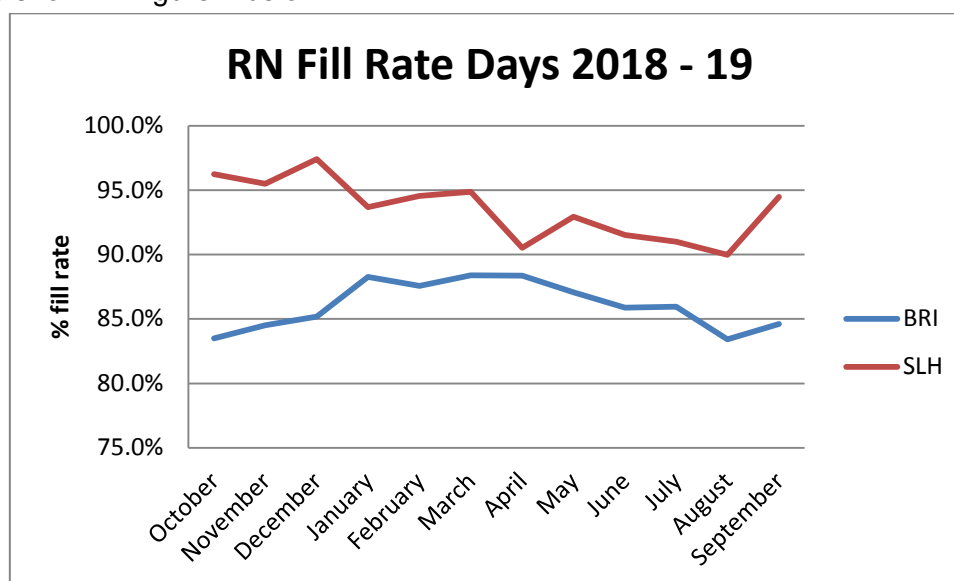


Figure 1

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The percentage fill rates for night shifts for registered nurses for October 2018 to September 2019 are shown in figure 2 below:

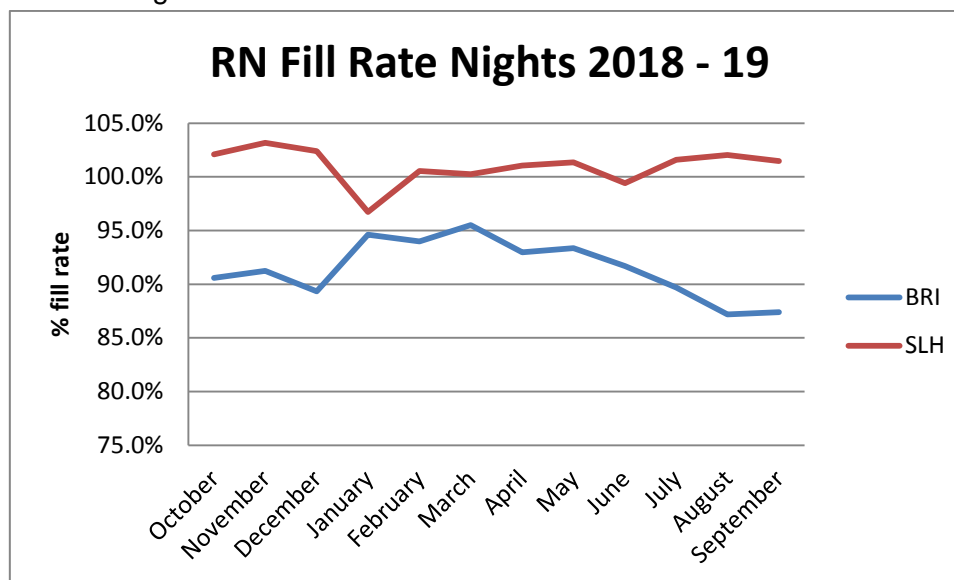


Figure 2

Annex 1 is a summary of inpatient wards in the Trust, including the data submitted to Unify regarding staffing and information about patient experience and harms.

The fill rates for registered nurses on days and nights are consistently the same each month within 5% variation from previous months. The fill rates have stabilised over the last 6 months and fewer fluctuations are seen. During September there has been a slight increase in day staffing planned fill rates, in line with newly qualified nurses starting in the trust. It is anticipated this will increase for October.

During August 2019 the reporting template from the national team has been amended to include trainee Nursing Associates and Registered Nursing Associates data fields for planned and actual fill rate hours. The Chief Nurse's Office and informatics are working together to enable the trust to report in this format. This will be reviewed as part of the 6 monthly establishment reviews to enable the planned workforce agreements to be set into the e Roster templates. This remains a challenge while this section of the workforce remains low in terms of numbers overall.

The recruitment and retention position for nursing and midwifery continues to improve following analysis of the data related to the objectives set out in the nursing and midwifery recruitment and retention action plan. The issues related to fill rates are as a result from challenges related to sickness absence and chronic vacancy rate in particular ward areas. This continues to be monitored through the nurse staffing confirm and challenge roster

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review sessions and the nursing and midwifery recruitment steering group. On-going monitoring and assessment of the use of agency nursing and over cap agency requirements takes place with the Associate Directors of Nursing and the Chief Nurse office to maintain safety in critical care/specialist areas. There are times where the acuity and dependency of the patient group exceeds the planned staffing numbers which is included in the incident reports submitted relating to nurse and midwifery staffing.

### 3. Trends and Themes

As part of the escalation process staff are asked to record any staffing concerns through Datix. These are monitored daily at the Matrons safety huddles. During September 2019, there were 16 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

A summary of the previous months' Datix reports related to nurse and midwifery staffing is below, in figure 3 showing month to month variation since October 2018.

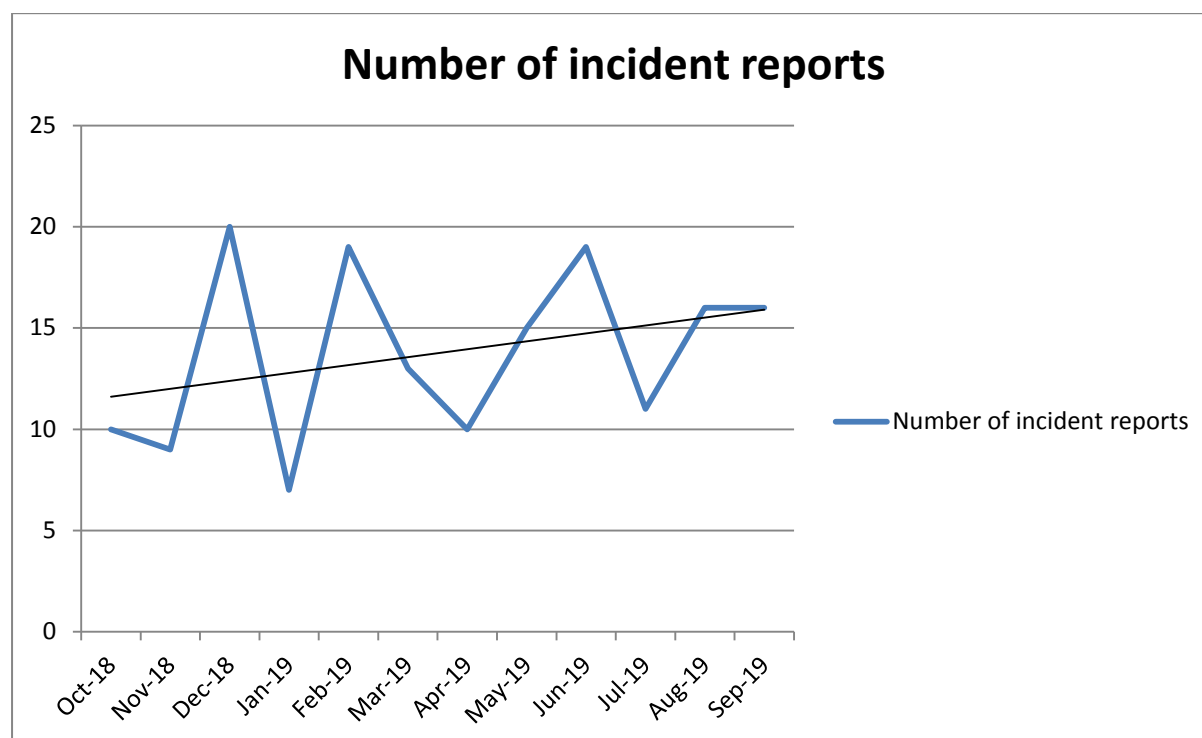


Figure 3

The number of Datix incident reports made during September 2019 has remained the same as the previous month. Of the 16 incidents reported in September, 1 has been graded as low harm the remaining 15 have been graded as no harm. For the 1 low harm reported incident, this is where the Nurse in charge at the time on ward 25 felt the patient demand exceeded



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the staff available to manage the acuity of patients, and the skill mix was not suitable for 2 particular patients requiring higher levels of monitoring and an enhanced carer could not be provided. From the details of this incident report there was no harm evidenced to the patients however the staff on duty felt there was a potential for harm due to the increased acuity on the ward.

Of the incidents reported in September 2019, 11 reported were in planned care, all of which were within maternity services. These are related to a lower number of midwives than planned due to short term sickness, long term sickness and maternity leave and where cover has been met from across the division or capacity closed. There are no Datix reports related to staffing for children's services or wards in planned care. .

The remaining 5 incidents were reported from the unplanned care group, 4 of which were reported from urgent care. These incidents are where there has been a reduction of registered nurses and the nurse in charge at the time felt the skill mix was not suitable to meet the acuity and dependency of the patients. These incidents have resulted in the nurse in charge or shift leader taking a group of patients to manage safety, impacting on patient flow and coordination of the ward/department areas. There are also occasions where the increased dependency and acuity of patients has resulted in an increase in requests for one to one care which has been unable to be met and the nurse in charge has felt a potential risk to patient care as a result of no provision of enhanced care, as detailed for ward 25 above.

All the incidents are where acuity was felt to be high and the staffing numbers not deemed adequate at the time of the assessment. The matrons have assessed the areas and provided support to ensure the patients do not suffer delay in cares as a result of reduced staffing. In each of these incidents appropriate escalation had taken place and where possible actions were taken to mitigate harm by redeploying resource available from across the Trust. Following investigation, none of the incidents have identified any actual harm.

The use of the SafeCare tool to support decision making through the availability of patient acuity and dependency data is now established as an integral part of the safety huddles by the matrons and is used by the Clinical Site Team out of hours. The matrons and the Clinical Site Team report that this is helping to ensure better decision making, particularly in relation to the redeployment of staff.

It should be noted that a significant amount of senior nursing time (heads of nursing, matrons and clinical site team members) both in and out of hours, continues to be required to maintain this position.

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#### 4. Exception report

The fill rates by ward, as shown in annex 1, have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (July 2019 to September 2019), to identify any areas where there have been 3 consecutive months rated as red (<80% fill rate) or where the fill rate is less than 70% in the current month for registered nurses. Mitigation of actions taken in these areas is included below. Annex 1 also includes the patient experience and harm data per inpatient ward displayed with the staffing fill rate information. The ward sisters, matrons and heads of nursing (and Clinical Site Team out of hours) continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staff to maintain safety.

##### **Less than 70% fill rate in the month:**

There is 1 inpatient area with registered nurse/midwife fill rates <70% in September 2019, ward 3. This is a decrease from previous months.

- Ward 3 - this ward has had lower fill rates as they have supported other wards in the care group to maintain safe staffing levels. There has been no increase in harm as a result. The ward continues to monitor the impact of the staffing across the care group and assess acuity and dependency prior to making any staffing moves with matron oversight and assessment. It should be noted that the ward has good fill rates for HCA's and night RN fill rates.

##### **Less than 80% fill rate for 3 consecutive months:**

There are 3 inpatient areas that have been <80% for registered staff (red) for 3 consecutive months July 2019 to September 2019. This is consistent with previous months, however during September there remains an increase in the number of ward areas reporting less than 80% fill rates. This has not been consecutive over the last 3 months. For the 3 areas with consecutive fill rates less than 80% these are:

- Ward 6 – the skill mix on ward 6 remains under review. This ward has a chronic staffing vacancy and the matron and ward sister are developing changes to the skill mix including the use of therapist's to support the delivery of patient care throughout the stroke pathway. Ward 6 has an increased number of healthcare support workers, and Registered Nursing associates to support the delivery of patient care. Ward 6 continues to work on a reduced bed base. The planned staffing numbers remain the same to support a higher ratio of nurses to patients.
- Ward 28 – over the last 6 months there has been a lower fill rate of nurses however the average occupancy for this period was significantly reduced, meaning that although the fill rate was low, there were significant numbers of empty beds which

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allowed safety to be maintained. The ward matron reviews the staffing on ward 27 and ward 28 to deploy a suitable skill mix to each area according to patient demand and acuity each day. Therefore the planned numbers are adjusted as a result of lower bed base and this is assessed regularly by the ward matron. Following the strategic staffing review future months a change will be made to the planned numbers on the roster as this has changed permanently and can therefore be updated.

- Ward F6 - where staffing is reduced in other areas for elderly care / community hospitals support is received from ward F6. This reduces the planned number of nurses on duty to ensure the other ward areas have 2 registered nurses on shift. The staffing and patient acuity and dependency is assessed by the matron and ward sister and continues to be reviewed when making these staffing movements. There have been no incident reports related to staffing for this period and the area has a green ward accreditation rating in place from May 2019

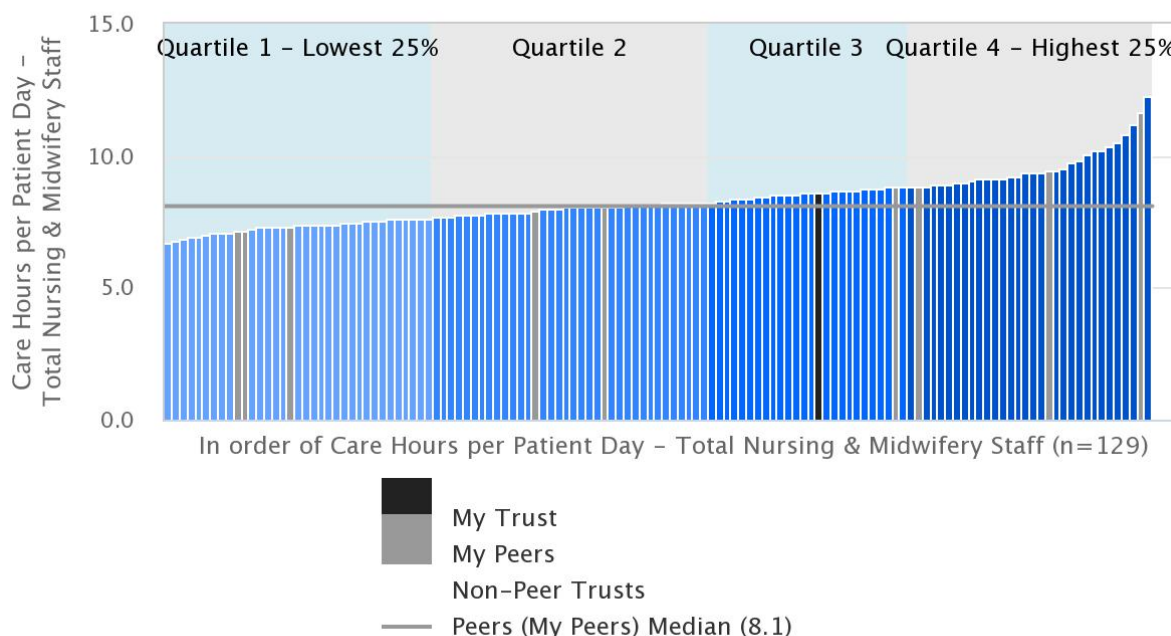
## 5. Model Hospital Comparison Data

From December 2018 onwards, this report has included a review of the data from the model hospital portal (NHS improvement). Going forward this information will be included monthly as the portal is being updated more frequently by NHS improvement, although there is still a slight delay in availability; this data is from June 2019.

The data shown in the graph below gives the total Care Hours per Patient Day, which for Bradford Teaching Hospitals NHS Trust is 8.6. The peer median is 8.1.

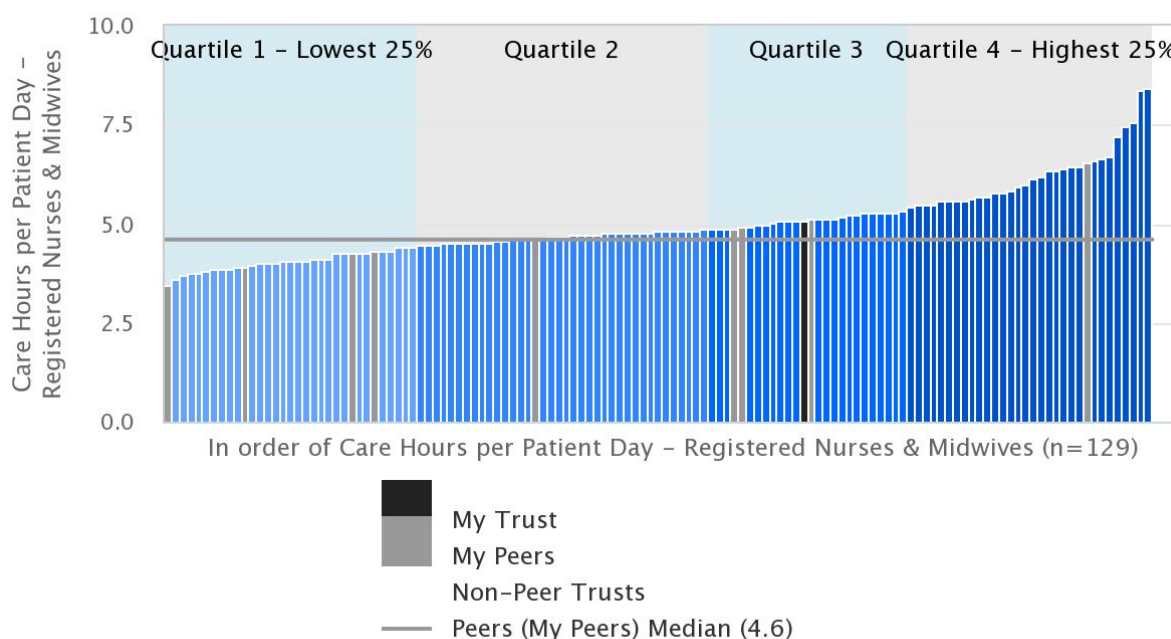
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## Care Hours per Patient Day – Total Nursing & Midwifery Staff, National Distribution



The Model Hospitals shows that Registered Nursing and Midwifery Care Hours per Patient day for the Trust is 5.1. The peer median is 4.6.

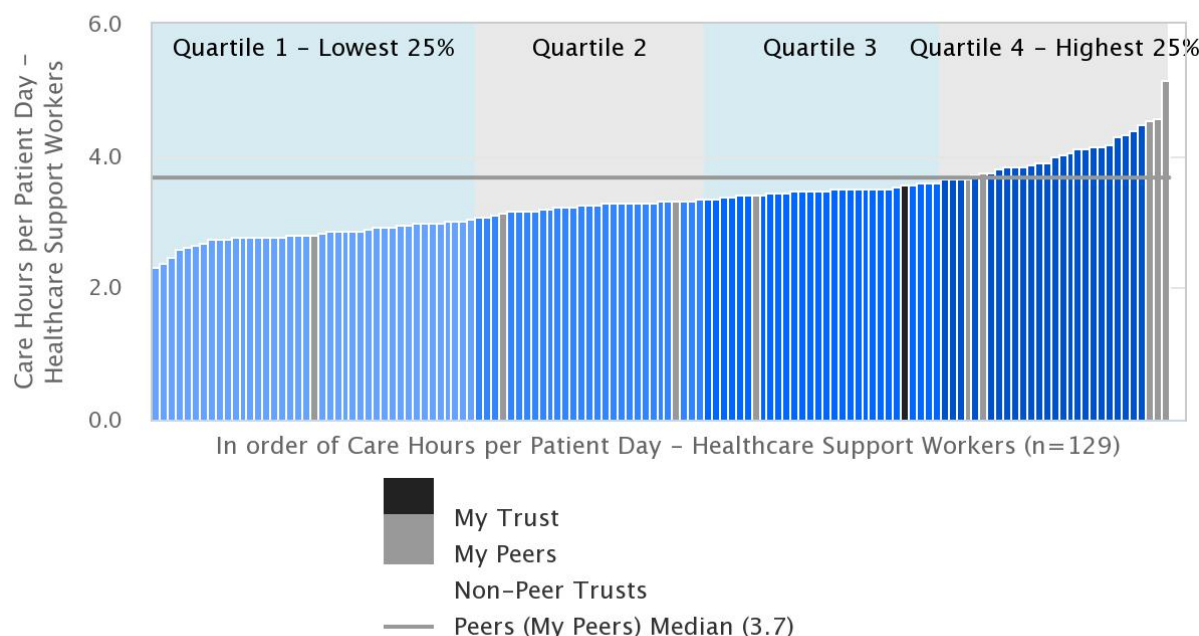
## Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



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The Healthcare Support Worker Care Hours per Patient Day for the Trust is 3.6. The Peer Median is 3.7.

### Care Hours per Patient Day – Healthcare Support Workers, National Distribution



## 6. Conclusion

This report provides details of the planned versus actual staffing levels for registered nurses/ midwives and care staff for September 2019. Robust monitoring remains in place with a minimum of daily overview of the staffing in each area to maintain safety. There is increased use of the SafeCare tool to support decision making in relation to staffing, to ensure that it is based on the best available evidence in relation to acuity and dependency as well as planned staffing numbers.

The CHPPD data that the Trust is reporting is broadly in line with the national average. A significant amount of work has taken place to ensure the quality of the data submitted in recent months supporting the accuracy of the CHPPD reports for Bradford Teaching Hospitals NHS Foundation Trust.

Where areas have identified a risk regarding staffing, mitigation has been put in place and monitored; more detail is included in this paper for further openness and transparency. Overall the fill rates remain within 5% difference from previous months however during September there has been a slight increase in the fill rates and a reduction in the number of areas reporting less than 70% fill rates for the month.

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Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce. During September 2019 Bradford Teaching Hospitals NHS Foundation Trust will take part in cohort 5 of the NHS Improvement Retention programme.

In line with the National guidance for nurse staffing, the external staffing review process will now take place following the review of the 6 monthly staffing establishments led by the Chief Nurse commencing in November 2019.

Following review of the nursing establishments and implementation of the Nursing Associate role into the establishments the changes to the unify report will be reviewed as part of the 6 monthly establishment review process. The Trust will move to reporting planned and actual staffing for this workforce group as the size of this workforce increases enabling planned and actual data to be captured via the e Rostering templates.

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Annex 1

Inpatient Heat Map -September 2019

	Patient feedback			Harms								Absence and Turnover		Staffing										
				Falls with harm			Pressure Ulcers			Infection control				Day		Night		Care Hours Per Patient Day (CHPPD)						
Ward Name	Compliments	Complaints	FFT recommended	No harm or ungraded	Low	Moderate and Severe	Category 2	Category 3	Category 4	MRSA	C.Diff	Cumulative % Abs Rate (FTE)	Labour Turnover Rate FTE %	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	Ward Accreditation Score		
AMU 1	0	1	98	4	0	0	0	0	0	0	0	5.3	0.0	89.8	110.2	84.5	106.6	563	4.7	4.1	8.8		↑	Jul-18
AMU 4	1	1	98	1	0	0	0	0	0	0	0	8.3	12.3	87.4	107.7	84.6	123.8	506	5.2	4.9	10.1		↑	Jul-18
ICU	5	0	100	0	0	0	0	0	0	0	0	7.5	7.1	85.5	-	80.7	-	309	28.3	0.0	28.3			
WARD 03	0	0	96	5	1	0	0	0	0	0	0	2.0	12.8	77.8	95.1	98.9	98.7	750	3.3	4.1	7.3		↔	Feb-18
WARD 06	0	1	100	7	0	0	0	0	0	0	0	5.5	18.0	72.5	74.4	71.5	91.2	724	4.6	6.5	11.0		↑	Sep-19
WARD 07	0	0	85	1	0	0	1	1	0	0	0	6.0	7.8	99.5	100.5	100.3	113.9	350	3.9	3.2	7.1		↔	Mar-19
WARD 08	41	0	97	2	1	0	1	0	0	0	0	2.9	3.8	89.9	95.5	85.6	172.0	767	2.9	2.4	5.3		↑	May-18
WARD 09	0	0	98	4	0	0	2	0	0	0	0	7.9	27.1	68.5	108.6	91.0	117.2	629	2.9	3.8	6.8		↑	Sep-19
WARD 11	6	0	95	3	0	0	0	0	0	0	0	9.6	5.9	87.8	118.2	84.5	207.3	666	3.3	3.1	6.4		↔	Mar-18
WARD 12	1	0	98	0	0	0	0	0	0	0	0	4.1	12.2	83.9	115.5	80.4	132.5	329	5.6	3.5	9.1		↑	May-19
WARD 14	2	0	99	1	0	0	0	0	0	0	0	9.4	12.3	83.0	147.8	100.0	128.3	446	3.7	3.0	6.7		↔	Oct-18

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WARD 15	4	0	94	3	2	0	1	0	0	0	1	4.8	6.2	88.3	90.4	100.0	101.6	481	3.4	3.5	6.9	↔	Mar-19
WARD 18	9	1	100	1	0	0	0	0	0	0	0	8.3	0.0	98.9	153.8	100.0	174.8	520	3.7	2.1	5.9	↓	Jun-19
WARD 20	2	0	92	1	0	0	0	0	0	0	0	2.2	5.6	95.5	109.9	92.3	147.4	810	4.3	1.6	5.9	↔	Mar-18
WARD 21	18	0	95	2	2	0	0	1	0	0	0	4.6	16.3	77.6	132.2	94.5	121.1	639	4.7	3.5	8.2	↔	May-18
WARD 22	8	0	-	1	0	0	0	0	0	0	0	3.7	5.9	99.6	98.4	99.3	101.0	603	6.1	4.3	10.4	↔	Mar-18
WARD 23	0	0	96	3	3	0	0	0	0	0	0	7.9	9.7	89.0	102.5	93.1	121.2	740	5.3	4.1	9.3	↑	Sep-19
WARD 24	0	0	96	3	0	2	0	1	0	0	0	6.9	8.2	100.0	99.2	99.9	100.0	341	4.0	3.0	7.1	↑	Jan-19
WARD 25	3	0	96	4	0	0	0	0	0	0	0	0.9	0.0	102.4	169.2	100.4	-	227	6.4	4.3	10.6	↑	Jun-18
WARD 26	1	0	96	6	2	0	2	0	0	0	0	6.5	26.3	80.5	101.8	93.3	120.9	779	3.0	3.1	6.1	↔	Jun-19
WARD 27	3	1	99	3	2	0	0	0	0	0	0	9.2	39.0	82.7	109.4	81.1	192.8	616	3.3	3.1	6.4	↑	Sep-19
WARD 28	3	0	99	3	0	0	0	0	0	0	0	9.2	10.9	72.7	92.4	99.1	55.2	321	4.8	2.6	7.4	↔	Sep-19
WARD 29	1	0	100	3	4	0	0	1	0	0	0	5.5	15.8	71.4	136.0	84.5	129.9	882	2.5	4.9	7.4	↔	Sep-19
Paediatrics	0	0	90	0	0	0	0	0	0	0	1	7.9	12.3	78.5	92.5	79.5	39.7	843	5.2	1.1	6.4	↑	Mar-19
WARD 31	0	0	86	4	1	0	2	2	0	0	0	2.6	8.0	75.0	122.5	70.0	128.8	822	2.4	5.1	7.5	↑	May-19
WARD 33	0	0	100	1	2	1	0	0	0	0	0	7.8	9.9	89.5	98.3	100.0	100.0	353	4.3	3.0	7.3	↓	Nov-18
BIRTHING CENTRE	0	0	98	0	0	0	0	0	0	0	0	5.4	17.6	75.3	104.6	73.6	95.1	88	18.1	8.2	26.3	↔	Jun-18
LABOUR WARD	0	0	100	0	0	0	0	0	0	0	0	4.4	10.7	98.0	-	99.1	-	325	12.7	0.0	12.7	↔	Jun-18
NNU	0	0	100	0	0	0	0	0	0	0	0	4.4	15.2	86.2	33.5	89.7	34.5	545	13.5	1.7	15.2		
WARD M3	0	0	97	0	0	0	0	0	0	0	0	13.5	16.7	75.4	79.8	70.9	98.7	599	4.4	1.1	5.5	↓	Aug-18
WARD M4	0	0	98	1	0	0	0	0	0	0	0	2.7	3.9	94.0	94.0	85.2	101.6	457	4.2	3.8	8.0	↔	Aug-18
Westbourne Green	4	0	93	11	3	0	0	0	0	0	0	9.6	34.4	104.3	100.1	105.7	105.3	470	3.1	3.8	6.9	↑	May-18
Westwood Park	0	0	92	4	4	0	0	0	0	0	0	4.7	17.3	107.7	97.8	101.8	98.4	454	3.2	3.8	7.0	↔	Aug-19
WARD F5	0	0	96	6	3	0	0	0	0	0	0	4.9	18.6	100.9	99.2	98.3	98.4	732	1.9	4.3	6.1	↔	Mar-18
WARD F6	0	0	95	2	1	0	0	1	0	0	0	8.8	11.4	76.1	111.6	100.0	99.1	674	2.2	4.9	7.2	↑	May-19