

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>12.03.20</b>	<b>Agenda item</b>	<b>Bo.3.20.30</b>

## NURSE STAFFING DATA PUBLICATION – December 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 December 2019, identifying the actual staffing levels in place against what was planned.		
<b>Key control</b>	Yes		
<b>Action required</b>	For decision		
<b>Previously discussed at/informed by</b>	N/A		
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	Workforce Committee	29.01.20	
	Quality Committee	29.01.20	

### Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for December 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, however after a small increase in fill rates for last month there has been a subsequent decrease in December 2019.

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 December 2019, there were 39 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, which is 4 more than the previous month but a maintained significant increase since October 2019. Of the 39 incidents reported there were 12 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

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in the report or investigation. The incidents reported for December refer to a higher level of patient acuity and delays in the administration of medicines to patients and delays related to patient flow. The spread of the incidents reported has widened beyond the maternity unit and urgent care as in previous months. The remainder of the 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 should decide whether it is assured that the systems and processes in place in relation to staffing are effective in ensuring the safety of patients
- That the Patient Safety Committee receives a report in relation to increasing incidents.
- That the Patient Safety Committee receives a report in relation to falls on Wards 29 and 31.

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)						

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<b>Benchmarking implications (see section 4 for details)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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"/>

<b>Risk Implications (see section 5 for details)</b>	<b>Yes</b>	<b>No</b>
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"/>
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 December 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 %
Dec 19	BRI	84.2%	105.5%	89.9%	116.4%
Dec 19	SLH	94.4%	99.2%	102.6%	101.7%

## 4 BENCHMARKING IMPLICATIONS

Detailed in Section 5.

## 5 RISK ASSESSMENT

Nurse Staffing is identified as a risk on the Chief Nurse Risk Register. This risk assessment was updated during October 2019 in terms of risk to patient care and risk to staff.

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 December 2019, there were 39 Datix incidents reported related to nursing and midwifery staffing on inpatient areas.

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.

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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 December 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 DECEMBER 2019

### 1. Introduction

This paper reports on the nurse staffing data for December 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 December 2019

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in December 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 %
Dec 19	BRI	84.2%	105.5%	89.9%	116.4%
Dec 19	SLH	94.4%	99.2%	102.6%	101.7%

Table 1

The percentage fill rates for day shifts for registered nurses for January 2019 to December 2019 are shown in figure 1 below.

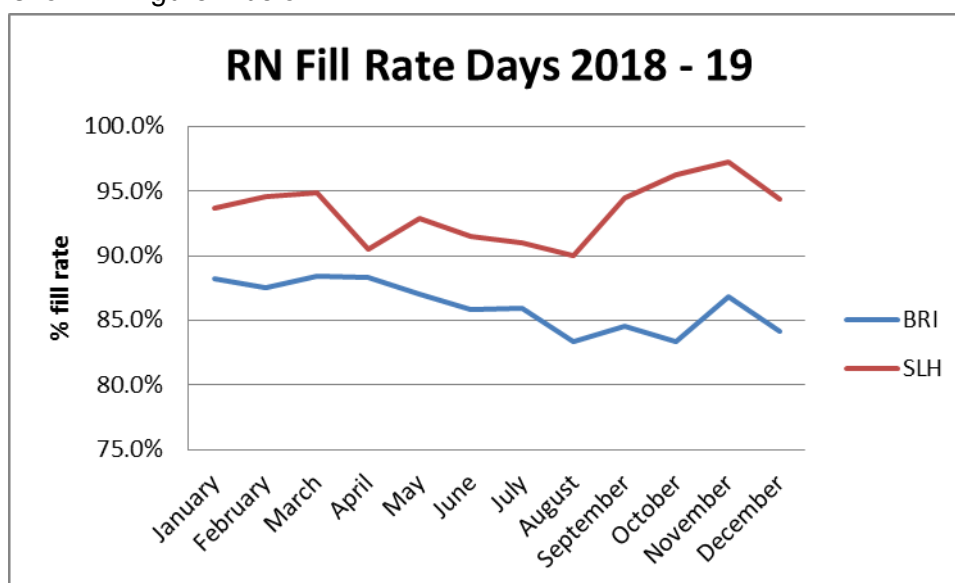


Figure 1

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The percentage fill rates for night shifts for registered nurses for January 2019 to December 2019 are shown in figure 2 below:

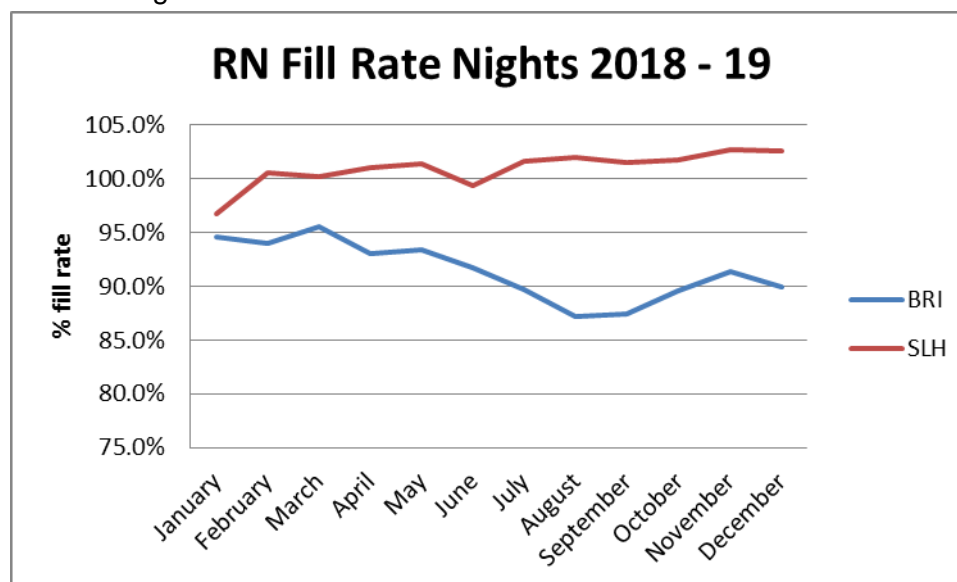


Figure 2

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, there has been a small decrease in fill rates for both day and night shift at both sites.

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, particularly short terms sickness absence and chronic vacancy rate in particular ward areas. This continues to be monitored through the nurse staffing confirm and challenge roster 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.

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### 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 December 2019, there were 39 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, and an overall increasing trend, since January 2019, with a significant increase from November onwards.

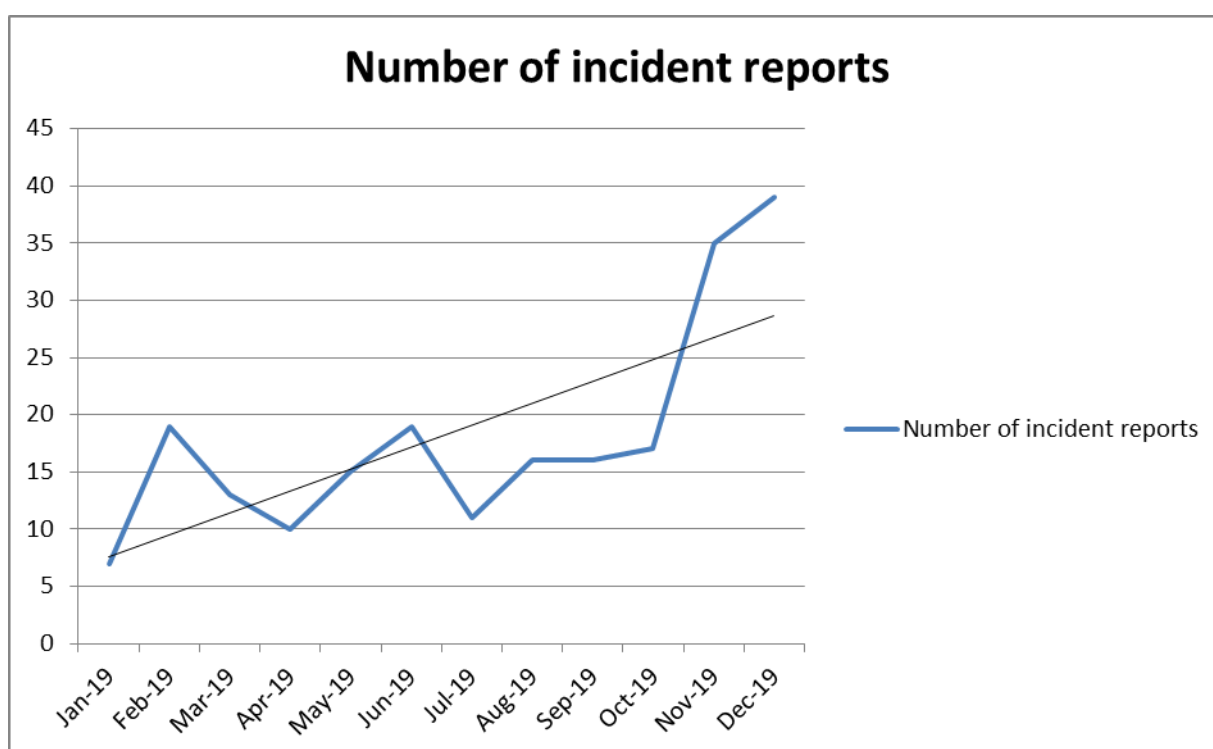


Figure 3

The number of Datix incident reports made during December 2019 has increased by four from the previous month. Of the 39 incidents reported in December, 12 have been graded as low harm the remaining 27 have been graded as no harm. For the 12 low harm reported incidents, this is where the Nurse in charge at the time felt the patient demand exceeded the staff available to manage the acuity. The low harm cited refers to staff being unable to take a break due to providing patient care, delay in analgesia administration, and higher ratio of nurses to patients. It should be noted that all the Datix reports submitted are where 1 RN has been moved to support another area as a result of short terms sickness gaps that have been unable to be filled with bank or agency staff.



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Of the incidents reported in December 2019, ten were reported in planned care, six of the incidents 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 care group or capacity closed. There are two Datix reports related to staffing for children's services where the acuity for the Neonatal unit is raised and 2 for wards in planned care where a registered nurse has been moved to support another area.

The remaining 29 incidents were reported from the unplanned care group, 22 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. There has been an increase in the number of datix reports in this care group consistent with the information provided in last month reported related to ward 9.

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.

Nurse Staffing is identified as a risk on the Chief Nurse Risk Register. This risk assessment was updated during October in terms of risk to patient care and risk to staff.

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.

#### **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 (October 2019 to December 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

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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 are 4 inpatient areas with registered nurse/midwife fill rates <70% in December 2019. This is an increase from previous the month.

- 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.
- Ward 29 and 31 – The planned staffing on the night shift is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the 3<sup>rd</sup> RN isn't always available, therefore the majority of nights on Ward 31 are 2 RN and 4 HCA. The RN unfilled shifts are covered with additional HCA cover as with previous months. This staffing has been maintained in the establishment reviews as the Safecare acuity data continues to suggest this is required. Both wards are supported by Nursing associate trainees.
- Ward M3 RM day fill rates; currently ward M4 is fully established however due to sickness has been supported by moving registered midwives from M3 to ensure capacity remains open as the main ward for postnatal care. M3 has just over 3 registered midwives on long term sickness and 4 wte vacancy. On occasions where staffing is reduced beds are closed as there is a limit to inductions and antenatal admissions.
- Ward 6 – this ward has reduced fill rates during December. There are a number of staffing moves to support ward 6 with registered nurses due to the long term chronic vacancy on the ward. The fill rates have also been impacted this month due to the stroke responders becoming supervisory and therefore no longer counted in the ward 6 actual staffing figures. It should be noted that the stroke responders support the ward when not responding to patients and are a point of expertise for the ward staff to call upon for support and advise of care of the stroke patient.

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

There are 7 inpatient areas that have been <80% for registered staff (red) for 3 consecutive months September 2019 to December 2019. This is higher than the previous month. For the 7 inpatient areas 4 fall into the category above, the remaining 3 with consecutive fill rates less than 80% are:

- Ward 9 – Ward 9 have an increased vacancy position. Two nurses due to join the ward are awaiting university results and so have been unable to commence in post as planned. Despite a recent job advert no suitable candidates were interviewed. The ward sister, matron and associate director of nursing continue to review the position on a daily basis to ensure suitable action is taken to support the ward area.
- Ward 21 – Ward 21 registered nurse day shifts. The patient acuity increases throughout the day on ward 21. Due to vacancies, sickness and maternity leave gaps the staffing is prioritised later in the day to manage the rise in acuity at that time. Early shifts run on less than planned, night shift fill rate is usually as it should be. There has been significant work undertaken by the Charge nurse in the management of attendance and therefore expected an improved fill rate in subsequent months.
- Ward 28 RN day fill rates 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 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.

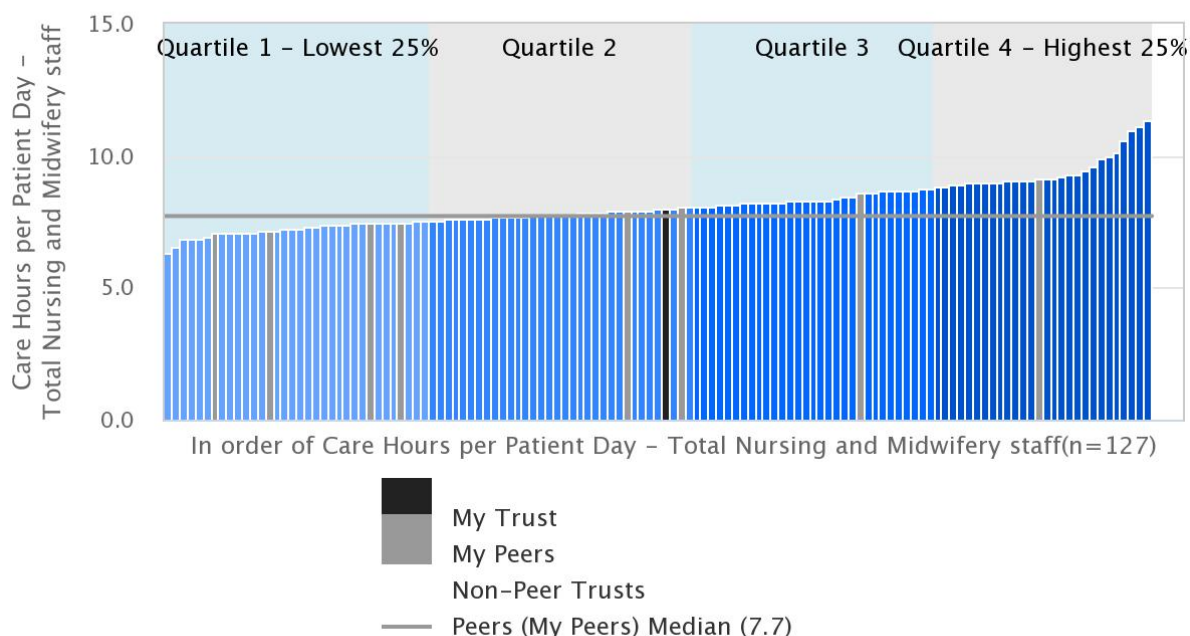
## **5. Model Hospital Comparison Data**

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 October 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. The peer median is 7.7.

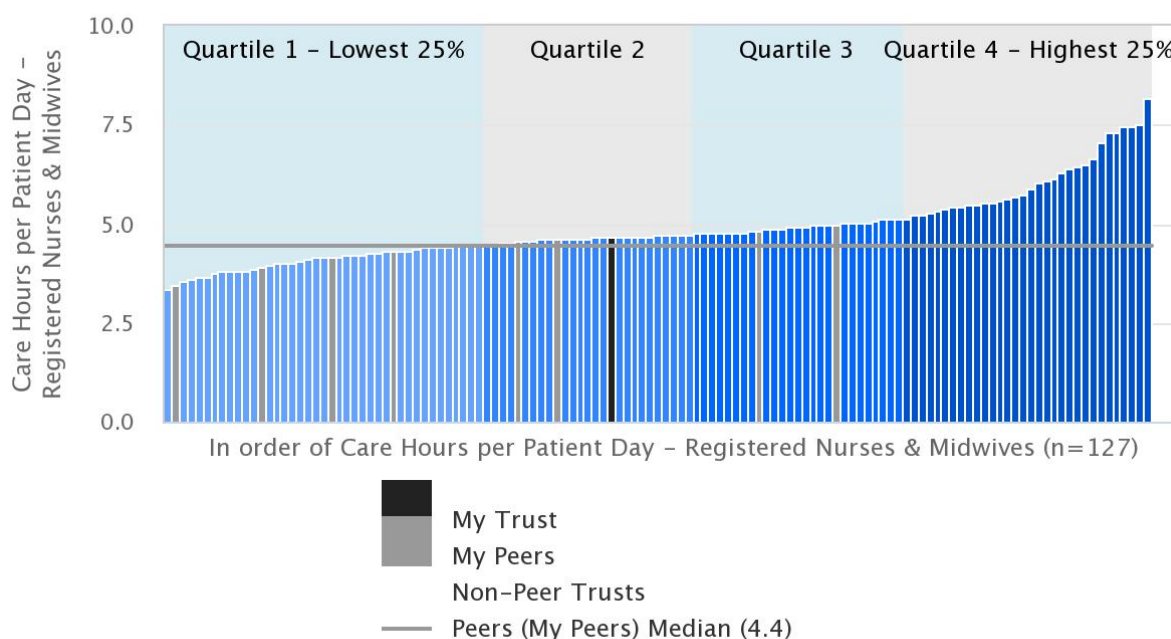
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## Care Hours per Patient Day – Total Nursing and Midwifery staff , National Distribution



The Model Hospitals shows that Registered Nursing and Midwifery Care Hours per Patient day for the Trust is 4.7. The peer median is 4.4.

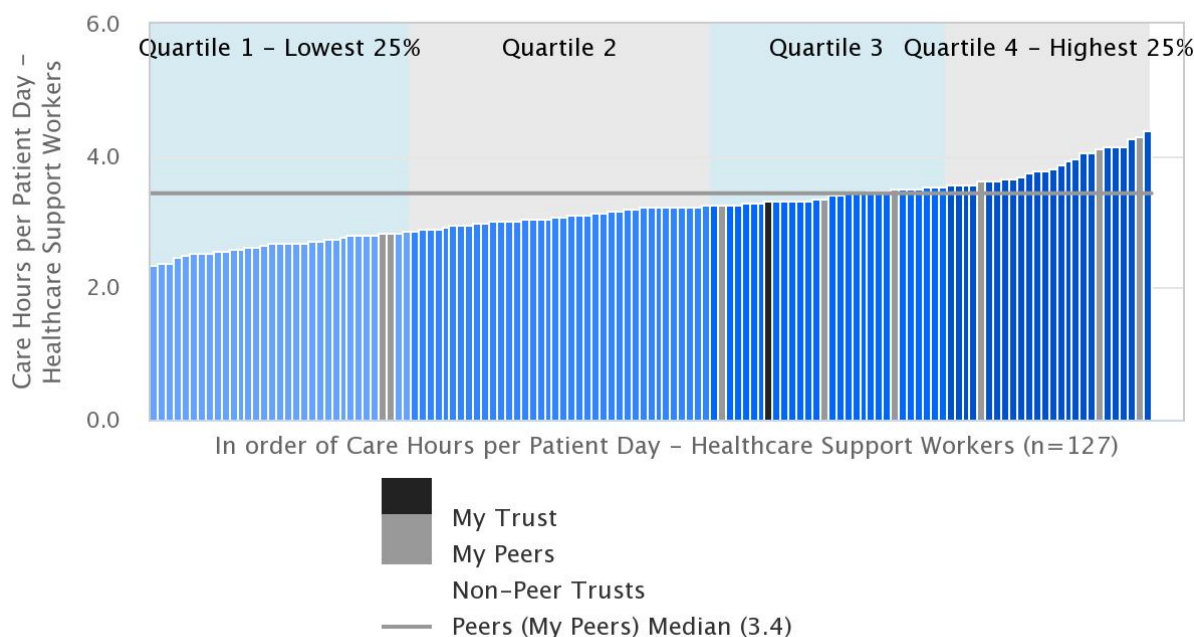
## Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



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The Healthcare Support Worker Care Hours per Patient Day for the Trust is 3.3. The Peer Median is 3.4.

### 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 December 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.

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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 December there has been a slight decrease in the fill rates and an increase in the number of areas reporting less than 80% fill rates for 3 consecutive months. There has been a continued increase in the number of Datix incidents reported during this month.

Activities continue to manage the recruitment of new nurses, retention of existing nurses and efficiency of deployment of the existing and temporary nursing workforce.

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 December 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 - December 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, DTI and Ungradeable	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	100	2	0	0	0	0	0	0	0	4.9	6.0	80.3	104.7	82.9	106.7	599	4.4	3.9	8.3		↑	Sep-19
AMU 4	0	0	100	2	0	0	2	1	0	0	0	6.0	9.6	92.8	115.7	89.5	136.3	583	4.9	4.7	9.6		↔	Sep-19
ICU	7	0	100	0	0	0	0	0	0	0	1	6.9	6.0	87.8	-	86.2	-	367	25.8	0.0	25.8			
WARD 03	0	0	100	8	0	0	1	0	0	0	0	1.9	12.6	73.8	99.2	97.0	98.2	775	3.2	4.1	7.3		↔	Feb-18
WARD 06	0	1	100	7	1	0	1	0	0	0	0	7.7	17.1	67.8	72.3	71.7	93.0	734	4.8	6.3	11.1		↑	Sep-19
WARD 07	5	0	97	3	1	0	0	0	0	0	0	5.4	7.9	100.5	105.9	100.3	118.9	343	4.2	3.6	7.8		↔	Mar-19
WARD 08	45	0	98	6	1	0	0	0	0	0	0	3.2	2.3	90.0	104.8	90.0	174.3	803	2.9	2.5	5.4		↔	Oct-19
WARD 09	0	1	100	5	0	0	1	0	0	0	0	7.3	15.6	74.9	99.8	89.2	104.0	692	3.1	3.2	6.3		↑	Sep-19
WARD 11	3	0	100	1	1	0	2	0	0	0	0	10.9	7.8	86.7	111.8	90.0	177.5	688	3.4	2.8	6.2		↔	Oct-19
WARD 12	0	0	100	0	0	0	1	0	0	0	0	4.2	9.8	80.4	117.6	84.2	136.2	368	5.3	3.3	8.6		↑	May-19
WARD 14	3	1	99	0	0	0	1	0	0	0	0	8.6	12.8	78.3	134.6	98.4	103.1	479	3.5	2.5	6.0		↔	Oct-18

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WARD 15	3	0	100	2	0	0	0	0	0	0	5.1	8.6	89.3	92.6	100.0	99.8	501	3.4	3.5	6.9	↔	Mar-19
WARD 18	0	0	100	0	1	0	1	1	0	0	6.3	4.1	97.3	153.7	103.2	150.1	565	3.6	1.9	5.5	↓	Jun-19
WARD 20	0	0	100	1	0	0	0	0	0	0	2.1	2.7	98.0	113.5	94.6	157.1	879	4.2	1.6	5.8	↔	Oct-19
WARD 21	22	0	100	3	2	0	2	0	0	0	3.4	5.9	73.8	143.6	95.2	125.3	718	4.2	3.5	7.7	↔	Oct-19
WARD 22	0	0	100	2	0	0	1	0	0	0	3.8	7.5	99.8	105.8	99.8	106.4	618	6.2	4.6	10.8	↔	Oct-19
WARD 23	4	1	100	5	2	0	0	0	0	1	7.6	5.8	90.8	94.7	91.8	116.0	809	5.0	3.7	8.7	↑	Sep-19
WARD 24	0	0	100	2	2	0	0	0	0	1	7.3	3.1	97.9	100.0	100.0	103.1	355	4.0	3.0	7.0	↑	Jan-19
WARD 25	1	0	100	0	0	0	0	1	0	0	0.6	15.6	95.2	164.3	101.2	-	229	6.4	4.1	10.5	↑	Oct-19
WARD 26	8	0	100	3	3	0	2	1	0	0	5.9	21.2	78.5	104.6	95.7	114.2	828	2.9	3.0	5.9	↔	Jun-19
WARD 27	6	0	100	2	1	0	2	0	0	0	9.8	22.7	80.0	120.5	88.4	158.7	638	3.3	2.9	6.3	↑	Sep-19
WARD 28*	1	0	100	1	0	1	2	0	0	0	7.4	13.1	47.6	45.8	99.9	46.0	223	6.7	3.2	9.8	↔	Sep-19
WARD 29	0	0	100	13	1	0	2	0	0	1	4.7	21.1	69.0	132.1	87.8	124.8	903	2.5	4.8	7.4	↔	Sep-19
Paediatrics	0	0	100	0	0	0	0	0	0	0	7.9	12.9	85.8	69.2	88.0	54.1	1065	4.7	0.9	5.6	↑	Mar-19
WARD 31	0	0	100	9	4	0	0	0	0	0	2.9	15.8	69.3	125.5	67.6	126.4	852	2.4	4.8	7.2	↑	May-19
WARD 33	0	0	100	0	2	0	0	0	0	0	6.7	10.0	89.5	98.9	100.0	100.0	346	4.5	3.2	7.7	↓	Nov-18
BIRTHING CENTRE	0	0	100	0	0	0	0	0	0	0	5.0	9.9	78.5	103.5	80.1	94.1	103	16.9	7.0	23.9	↔	Jun-18
LABOUR WARD	0	0	100	0	0	0	0	0	0	0	5.0	9.9	98.5	-	95.7	-	292	14.5	0.0	14.5	↑	Oct-19
NNU	0	0	100	0	0	0	0	0	0	0	5.2	18.1	88.1	51.2	89.8	49.5	669	11.5	2.0	13.5		
WARD M3	0	0	100	0	0	0	0	0	0	0	17.6	8.5	67.1	90.2	72.7	93.9	542	4.8	1.3	6.1	↑	Oct-19
WARD M4	0	0	100	0	0	0	0	0	0	0	3.5	7.0	100.0	90.8	100.1	100.1	457	4.7	3.8	8.5	↔	Aug-18
Westbourne Green	0	0	100	3	5	0	0	2	0	0	6.5	28.8	101.9	96.9	105.3	106.3	500	3.0	3.7	6.7	↔	Oct-19
Westwood Park	0	0	100	0	1	0	1	0	0	1	4.4	25.3	98.9	98.3	103.1	99.9	473	3.1	3.8	6.9	↔	Aug-19
WARD F5	0	0	-	6	1	0	2	1	0	1	4.1	14.3	105.1	97.5	98.4	100.6	758	1.9	4.3	6.1	↔	Oct-19
WARD F6	0	0	-	3	0	0	0	1	0	0	8.1	8.3	85.4	105.7	100.0	100.0	673	2.5	5.0	7.4	↑	May-19

\*Area flexes staffing according to capacity of beds

\*\*Adjusted according to new planned data from reduction in beds