

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

NURSE STAFFING DATA PUBLICATION – January 2020

Presented by	Karen Dawber, Chief Nurse		
Author	Sally Scales, Director of Nursing		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper reports on the nurse staffing data for January 2020, identifying the actual staffing levels in place against what was planned.		
Key control	Yes		
Action required	For decision		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	
	Workforce Committee	26.02.20	
	Quality Committee	26.02.20	

Key Options, Issues and Risks

This report provides an update on the mandatory nurse staffing data for January 2020, 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. The RN fill rates for day at St Luke's Hospital have decreased slightly in January 2020, whilst the remaining RN fill rates have remained static.

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 %
Jan 20	BRI	84.2%	103.1%	90.2%	113.0%
Jan 20	SLH	91.0%	96.8%	102.4%	101.4%

With respect to the overall management of nurse staffing and patient safety, a robust oversight and

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

escalation process is in place. As part of this escalation process staff are asked to record any staffing concerns through Datix. During January 2020, there were 38 Datix reports related to nursing and midwifery staffing on inpatient areas.

Of the 38 Datix reports, two related to the same incident. Of the 37 incidents, there were 11 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 remaining incidents were reported as no harm.

The themes were about concerns of the impact of the low staffing on the workload, delays in patients receiving care, impact on patient flow, and stress being experienced by staff, and staff not getting their breaks. There were 4 incidents reported in Planned Care, with the remainder being across a range of wards in Unplanned Care (both medicine and surgery wards).

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 to 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)						

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

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"/>
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"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <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
Care Quality Commission Domain: Safe
Care Quality Commission Fundamental Standard: Staffing
NHS Improvement Effective Use of Resources: People
Other (please state):

Relevance to other Board of Director's Committee: (please select all that apply)					
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"/>

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

Nurse Staffing Data Publication Report January 2020

1 INTRODUCTION

This paper reports on the nurse staffing data for January 2020, 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 (January 2020)

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in January 2020, 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 %
Jan 20	BRI	84.2%	103.1%	90.2%	113.0%
Jan 20	SLH	91.0%	96.8%	102.4%	101.4%

Table 1

The percentage fill rates for day shifts for registered nurses for February 2019 to January 2020 are shown in figure 1 below.

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

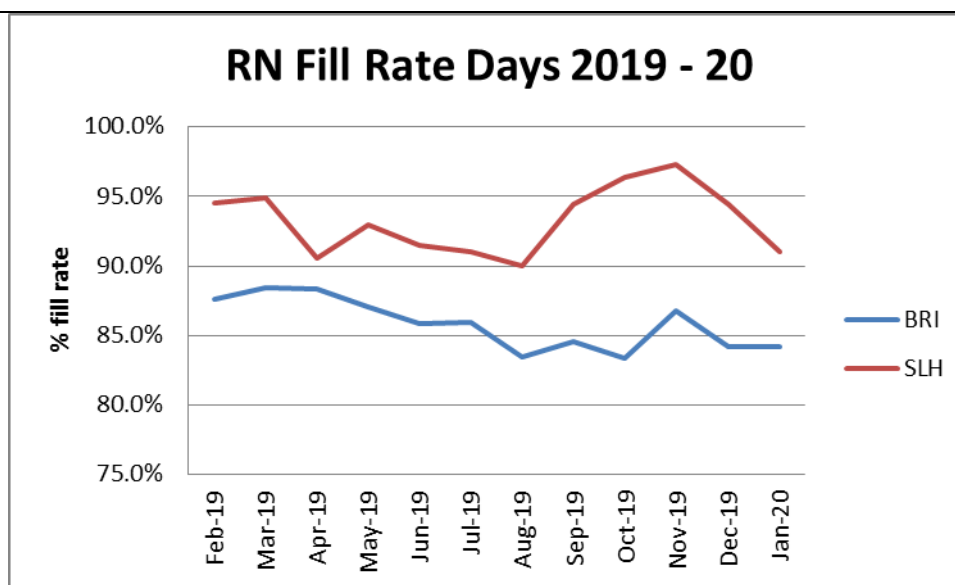


Figure 1

The percentage fill rates for night shifts for registered nurses for February 2019 to January 2020 are shown in figure 2 below:

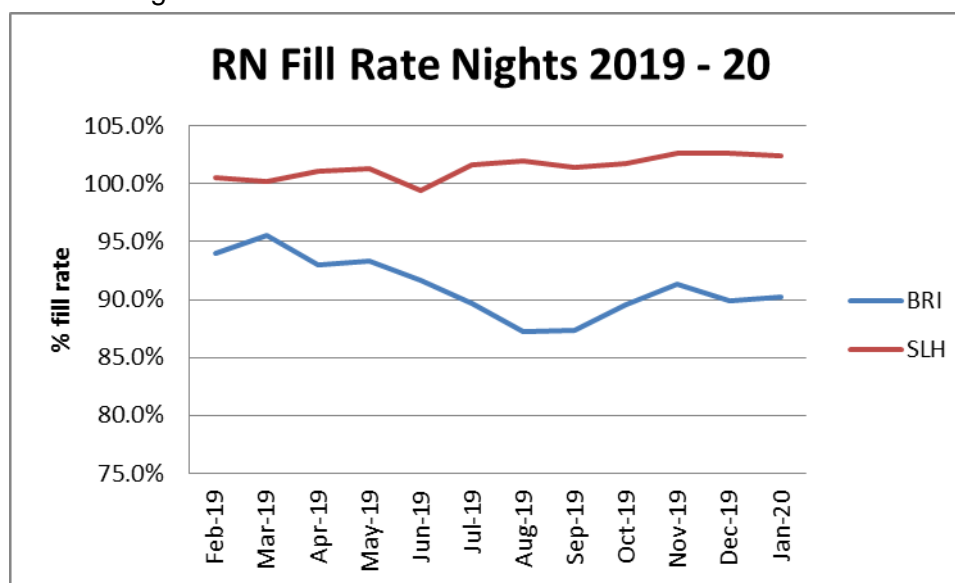


Figure 2

Appendix 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. The RN fill rates for day at St Luke's Hospital have decreased slightly in January 2020, whilst the remaining RN fill rates have remained static.

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

The recruitment and retention position for nursing and midwifery remains static following analysis of the data related to the objectives set out in the nursing and midwifery recruitment and retention action plan. Given that the availability of staff to recruit continues to be limited to smaller numbers outside of the annual outturn of newly qualified nurses in September on an annual basis, a paper is currently being prepared for approval by the Executive Team, proposing an international recruitment campaign, to boost recruitment, particularly in the areas with significant vacancies. Other issues impacting on fill rates such as sickness absence, particularly short terms sickness absence are also being addressed.

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.

3.1 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 January 2020, there were 38 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, two of which related to the same event.

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 February 2019, with a significant increase from November 2019 onwards.

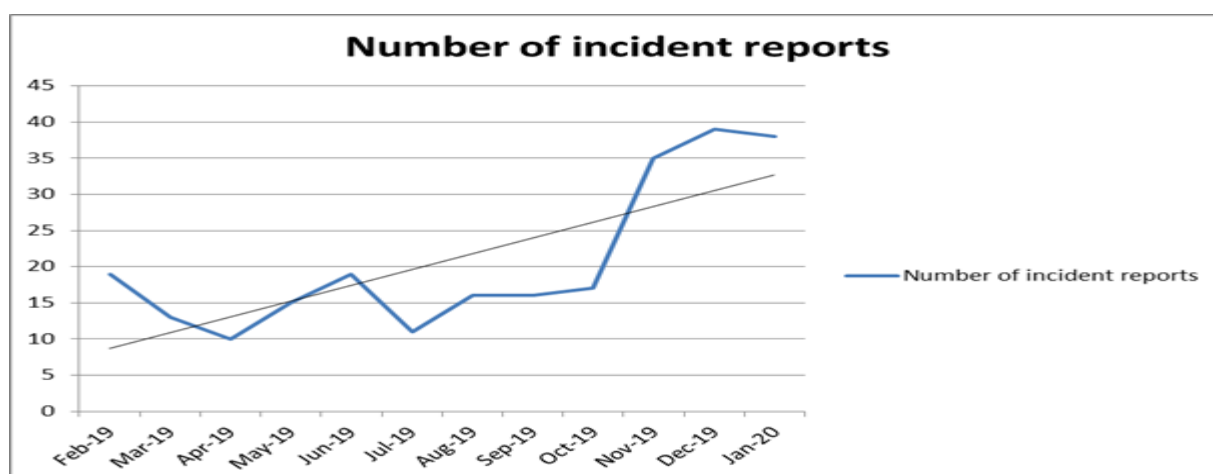


Figure 3

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

The number of Datix incident reports made during January 2020 decreased slightly from the previous month. Of the 38 Datix reports, two related to the same incident. Of the 37 events, there were 11 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 remaining incidents were reported as no harm.

For the 11 low harm reported incidents, the Nurse-in-Charge at the time reported that the patient demand potentially exceeded the staff available to manage the acuity, there were delays in the delivery of care, there was a negative impact on documentation and additional stress was being experienced by staff and in some cases staff were unable to take a break due to providing patient care.

Four of the incidents reported were in Planned Care, of which only one was within Maternity services, one was gynaecology and the remainder in vascular.

The remaining 33 incidents were reported from the Unplanned Care group, of which 15 were reported from the Urgent Care CBU. These incidents are where there has been a reduction of registered nurses and the nurse in charge at the time felt the staffing levels were not adequate to meet the acuity and dependency needs of the patients, resulting in delays in care provision or had the potential to impact on patient flow. Ten of these reports were from ward 9.

In 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 minimise as far as possible the impact on care 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 harm, although some of them have resulted in a poor patient experience, with verbal complaints being made at the time in a couple of cases.

3.2 Exception report

The fill rates by ward, as shown in Appendix 1, have been RAG rated. The RAG rating for each ward has been reviewed for the 3 months (November 2019 to January 2020), 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. Appendix 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)

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

continue to review patient safety and experience on a daily basis related to the staffing on wards and movement of staff to maintain safety.

3.2.1 Less than 70% fill rate in the month:

There are 2 inpatient areas with registered nurse/midwife fill rates <70% in January 2020. This is a decrease from previous the month.

- Ward 29

Gaps in the fill rate of RNs have been backfilled with HCAs, and the ward is also supported by Trainee Nursing Associates.

- Ward 31

The planned staffing on the night shift is 3 Registered Nurses (RN) and 3 Health Care Assistants (HCA), however, the 3rd 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. This ward is supported by Nursing associate trainees.

3.2.2 Less than 80% fill rate for 3 consecutive months:

There are 5 inpatient areas that have been <80% for registered staff (red) for 3 consecutive months November 2019 to January 2020. This is fewer than the previous month. For the 5 inpatient areas, two fall into the category above, the remaining 3 with consecutive fill rates less than 80% are:

- Ward 3 – This ward has continued to have 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 9 – Ward 9 have a significant 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.

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

- 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.)

4 RISK ASSESSMENT

Nurse Staffing is identified as a risk on the Chief Nurse Risk Register. This risk assessment was completely revised 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.

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

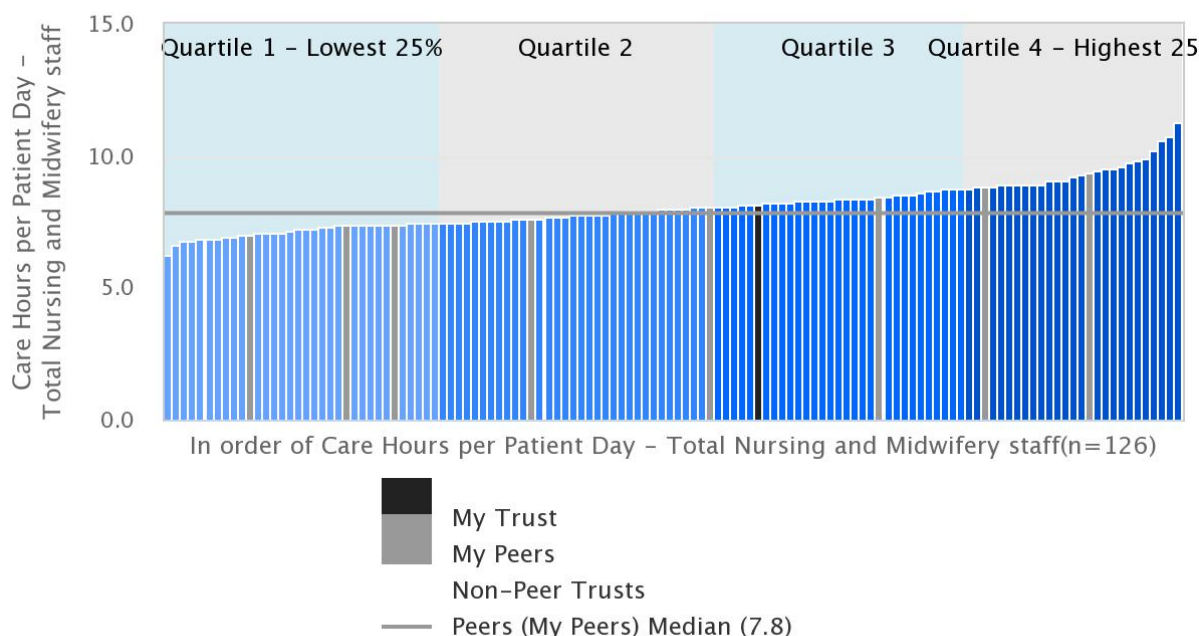
5 BENCHMARKING IMPLICATIONS: Model Hospital Comparison Data

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 November 2019.

The data shown in the graph below gives the total Care Hours per Patient Day, which for Bradford Teaching Hospitals NHS Trust is 8.2. The peer median is 7.8.

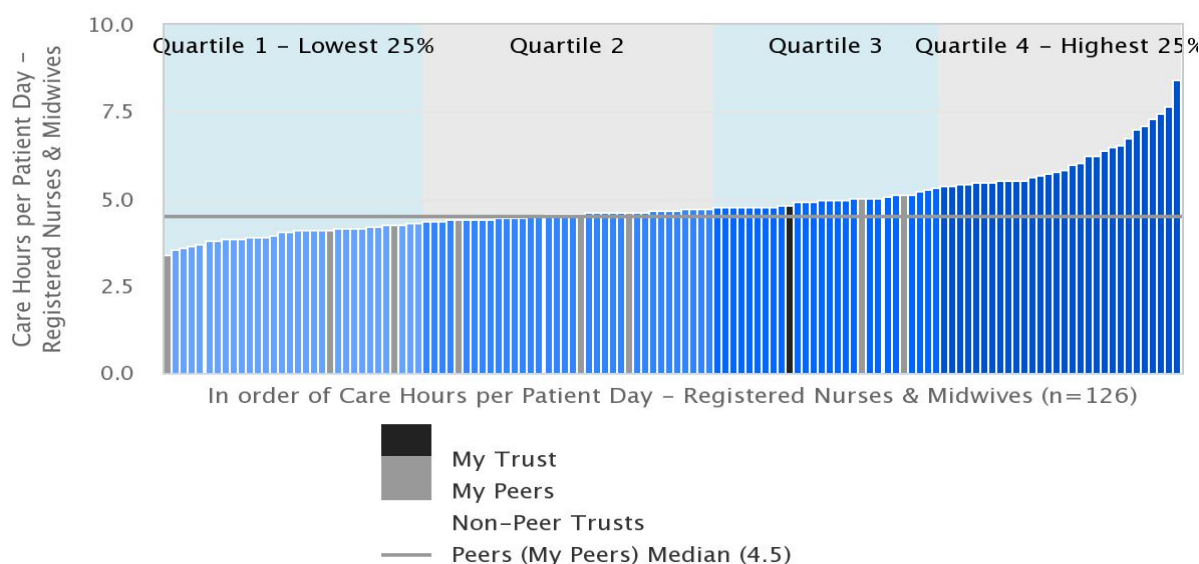
Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

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 4.8. The peer median is 4.5.

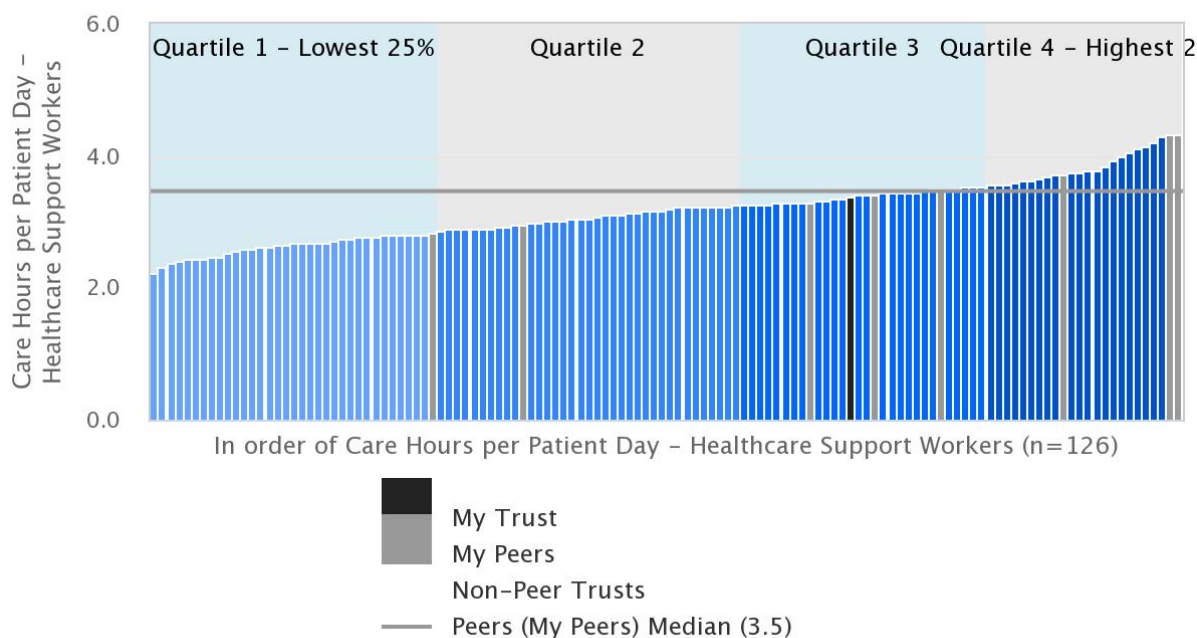
Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

The Healthcare Support Worker Care Hours per Patient Day for the Trust is 3.4. The Peer Median is 3.5.

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 January 2020. 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. Work is ongoing to ensure the quality of the data submitted is accurate to ensure the validity 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, with RN days at SLH and RN days and nights at BRI being stable since December 2018. During January 2020 there has been a slight decrease in of areas reporting less than 80% fill rates for 3

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.3.20.30

consecutive months. There number of Datix incidents remains fairly static, with a greater proportion being reported from Unplanned Care.

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 staffing establishment review process has been undertaken and will be reported to this committee in a separate paper.

7	RECOMMENDATIONS
----------	------------------------

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

8	APPENDICES
----------	-------------------

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

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.

Appendix 1

Inpatient Heat Map - January 2020

	Patient feedback			Harms								Absence and Turnover		Staffing								Ward Accreditation Score		
				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 Upgradeable	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			
AMU 1	0	0	96	3	1	0	0	0	0	0	0	5.0	5.9	89.3	104.5	78.6	109.0	620	4.3	3.8	8.1	↑ Sep-19		
AMU 4	0	0	99	4	2	0	1	1	0	0	0	5.0	9.7	98.2	109.8	88.0	118.2	636	4.5	3.9	8.5	↔ Sep-19		
ICU	4	0	100	0	0	0	1	0	0	0	0	6.6	7.2	91.0	93.7	86.9	93.8	386	25.3	2.6	27.9			
WARD 03	0	0	93	5	0	0	1	2	0	0	0	1.9	12.4	73.9	103.1	100.0	102.8	766	3.2	4.4	7.6	↔ Feb-18		
WARD 06	0	0	100	11	0	0	1	0	0	0	0	8.0	15.7	81.7	131.4	90.1	133.1	741	4.4	6.3	10.8	↑ Sep-19		
WARD 07	4	1	92	1	0	1	1	0	0	0	0	5.1	7.5	95.3	123.3	100.3	162.9	361	3.9	4.2	8.1	↔ Mar-19		
WARD 08	40	1	93	5	0	0	2	0	0	0	0	3.4	4.8	92.2	99.2	88.5	197.9	829	2.9	2.4	5.3	↔ Oct-19		
WARD 09	0	0	91	6	0	1	1	0	0	0	0	7.7	11.6	71.1	115.8	88.1	134.7	723	2.9	3.8	6.7	↑ Sep-19		
WARD 11	4	0	80	3	0	0	0	1	0	0	0	11.2	7.6	88.7	102.3	81.1	200.8	741	3.0	2.6	5.7	↔ Oct-19		
WARD 12	0	1	89	3	0	0	0	0	0	0	0	4.0	11.6	82.6	114.4	90.0	135.9	483	4.6	2.7	7.3	↑ May-19		
WARD 14	4	0	97	3	4	0	1	0	0	0	0	7.8	12.6	79.1	135.1	100.0	99.7	479	3.6	2.5	6.2	↔ Oct-18		

Meeting Title	Board of Directors		
Date	12.03.20	Agenda item	Bo.

WARD 15	1	0	98	3	1	0	0	0	0	0	0	4.9	8.7	88.2	92.2	100.0	97.8	507	3.4	3.4	6.8	↔	Mar-19
WARD 18	0	0	96	6	0	0	0	1	0	0	0	6.3	4.3	77.1	178.7	93.8	156.3	585	3.9	2.5	6.4	↓	Jun-19
WARD 20	1	2	71	0	1	0	0	0	0	0	0	2.1	2.8	77.7	143.9	90.5	149.1	857	4.1	1.9	6.0	↔	Oct-19
WARD 21	15	0	88	1	0	0	0	0	0	0	0	3.5	2.9	77.1	130.2	93.9	107.9	716	4.3	3.1	7.4	↔	Oct-19
WARD 22	0	0	96	0	0	0	0	0	0	0	0	4.1	7.5	91.5	104.9	98.8	111.6	644	5.7	4.5	10.2	↔	Oct-19
WARD 23	4	0	100	3	1	0	3	0	0	0	2	7.6	4.4	92.4	99.7	98.2	135.7	844	5.0	3.9	8.9	↑	Sep-19
WARD 24	0	0	100	3	1	0	1	0	0	0	0	7.5	3.2	96.4	98.6	100.0	100.0	346	4.0	3.1	7.1	↑	Jan-19
WARD 25	0	0	100	2	0	0	0	0	0	0	0	0.3	20.2	97.7	24.5	100.4	-	219	6.7	1.7	8.4	↑	Oct-19
WARD 26	3	0	100	5	1	0	0	2	0	0	0	6.0	18.5	82.4	115.2	94.6	133.1	836	3.0	3.3	6.2	↔	Jun-19
WARD 27	1	1	100	5	1	0	9	2	0	0	0	10.0	18.8	79.0	112.9	93.5	161.9	761	2.9	2.4	5.3	↑	Sep-19
WARD 28	12	0	98	0	0	0	0	0	0	0	0	6.9	16.7	82.9	66.4	100.0	94.8	323	5.2	3.1	8.3	↔	Sep-19
WARD 29	0	0	100	10	3	0	0	3	0	0	0	4.4	21.1	65.2	119.0	83.9	108.4	912	2.4	4.2	6.5	↔	Sep-19
Paediatrics	0	0	75	0	0	0	0	0	0	0	1	7.9	12.2	81.3	93.0	84.4	34.4	715	9.9	2.4	12.3	↑	Mar-19
WARD 31	0	2	80	7	3	1	2	1	0	0	0	3.2	17.3	61.5	139.4	66.7	135.5	884	2.2	5.1	7.2	↑	May-19
WARD 33	0	0	100	1	0	0	0	0	0	0	0	5.9	9.8	95.3	96.3	100.0	100.0	369	4.4	2.9	7.2	↓	Nov-18
BIRTHING CENTRE	0	0	100	0	0	0	0	0	0	0	0	4.9	10.0	76.0	95.6	74.7	95.5	95	18.6	7.2	25.8	↔	Jun-18
LABOUR WARD	0	0	99	0	0	0	0	0	0	0	0	4.9	10.0	94.5	-	102.1	-	306	13.8	0.0	13.8	↑	Oct-19
NNU	0	0	100	0	0	0	0	0	0	0	0	5.5	17.8	87.7	45.4	89.7	54.1	350	21.9	3.8	25.7		
WARD M3	0	0	92	0	0	0	0	0	0	0	0	18.3	8.7	86.0	87.7	84.0	99.7	546	5.6	1.2	6.8	↑	Oct-19
WARD M4	0	0	96	0	0	0	0	0	0	0	0	4.4	7.3	97.5	91.1	98.7	99.9	470	4.5	3.6	8.1	↔	Aug-18
Westbourne Green	8	0	100	0	0	0	1	0	0	0	0	4.5	18.4	99.6	96.6	106.5	114.7	494	3.0	3.8	6.9	↔	Oct-19
Westwood Park	0	0	100	12	1	0	0	0	0	0	0	4.4	25.5	105.1	96.2	102.9	100.6	519	2.9	3.4	6.3	↔	Aug-19
WARD F5	0	2	96	4	0	1	0	0	0	0	0	3.7	13.7	100.7	97.5	96.8	98.4	809	1.8	4.0	5.7	↔	Oct-19
WARD F6	0	0	96	4	0	0	0	0	0	0	0	8.3	5.5	70.4	96.6	103.2	98.3	694	2.2	4.5	6.8	↑	May-19
Ward 19	0	0	-	1	0	0	0	0	0	0	0	10.5	0.0	77.6	75.5	89.2	82.6	456	2.9	3.5	6.4		

*Area flexes staffing according to capacity of beds

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