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Date	12.03.20	Agenda item	Bo.3.20.30

NURSE STAFFING DATA PUBLICATION – November 2019

Presented by	Karen Dawber, Chief Nurse		
Author	Jo Hilton, Assistant Chief Nurse		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	This paper reports on the nurse staffing data for November 2019, 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	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 November 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 in fill rates for SLH both day and night shift however BRI has a minimal increase at night and a reduction during the day shift for October.

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 November 2019, there were 35 Datix incidents reported related to nursing and midwifery staffing on inpatient areas, which is a significant increase from the previous month. Of the 35 incidents reported there were four 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

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reported for November refer to a higher level of patient acuity and delays in the administration of medicines to patients and delays related to patient flow. They also site harm to staff by inability to take breaks during a shift. The majority of the incidents are for the maternity unit and urgent care due to numbers of staff available and action taken with regard to capacity to manage the department. 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

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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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"/>

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1 PURPOSE/ AIM

This paper reports on the nurse staffing data for November 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 %
Nov 19	BRI	86.8%	102.4%	91.4%	119.5%
Nov 19	SLH	97.2%	96.8%	102.7%	101.0%

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 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 November 2019, there were 35 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. This is

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a significant increase in the number of Datix reports completed which is in part due to a request for increased reporting from completion of the risk assessment process in October.

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 NOVEMBER 2019

1. Introduction

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

Table 1 below outlines the average fill rates for registered nurses/midwives and care staff over both day and night shifts in November 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 %
Nov 19	BRI	86.8%	102.4%	91.4%	119.5%
Nov 19	SLH	97.2%	96.8%	102.7%	101.0%

Table 1

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

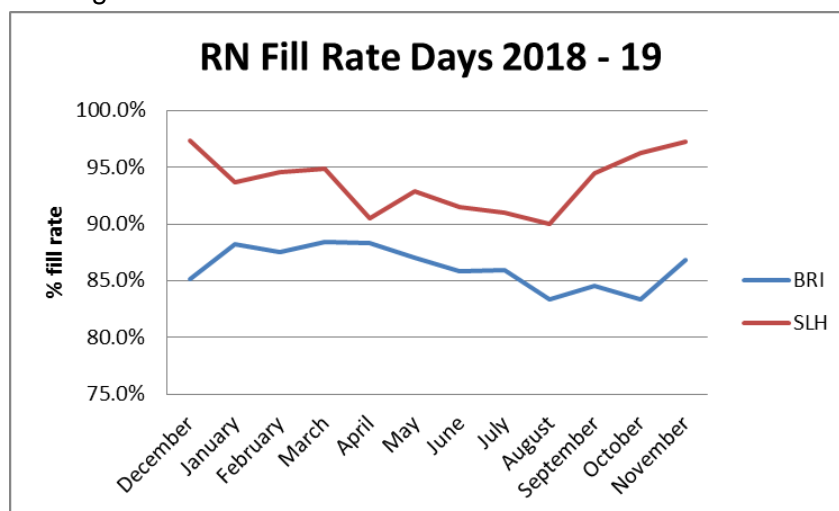


Figure 1

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

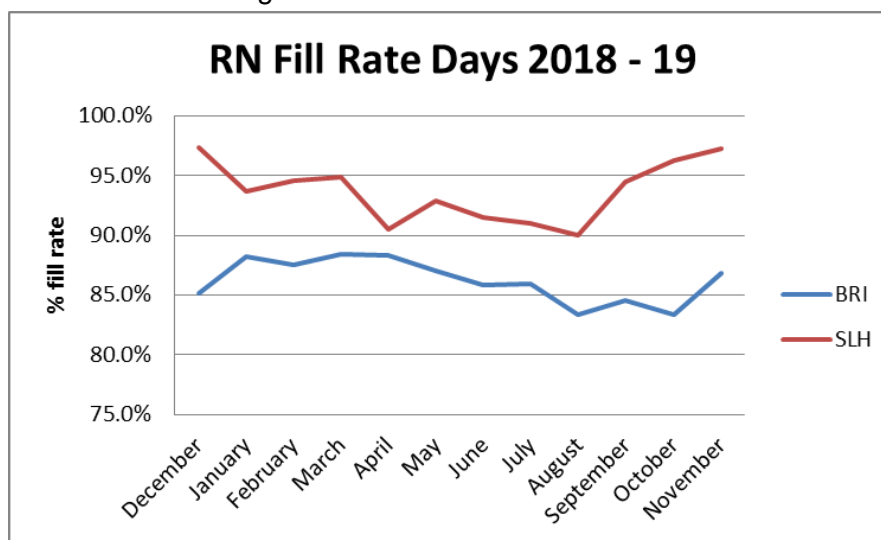


Figure 2

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 an increase in fill rates for day and night shifts at BRI and SLH. The Newly Qualified Nurses that have joined the trust at the end of September will now be in the numbers on the ward areas and so will be counted in the data.

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. A separate update will be presented to the Workforce Committee during January 2020. 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 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 November 2019, there were 35 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 December 2018.

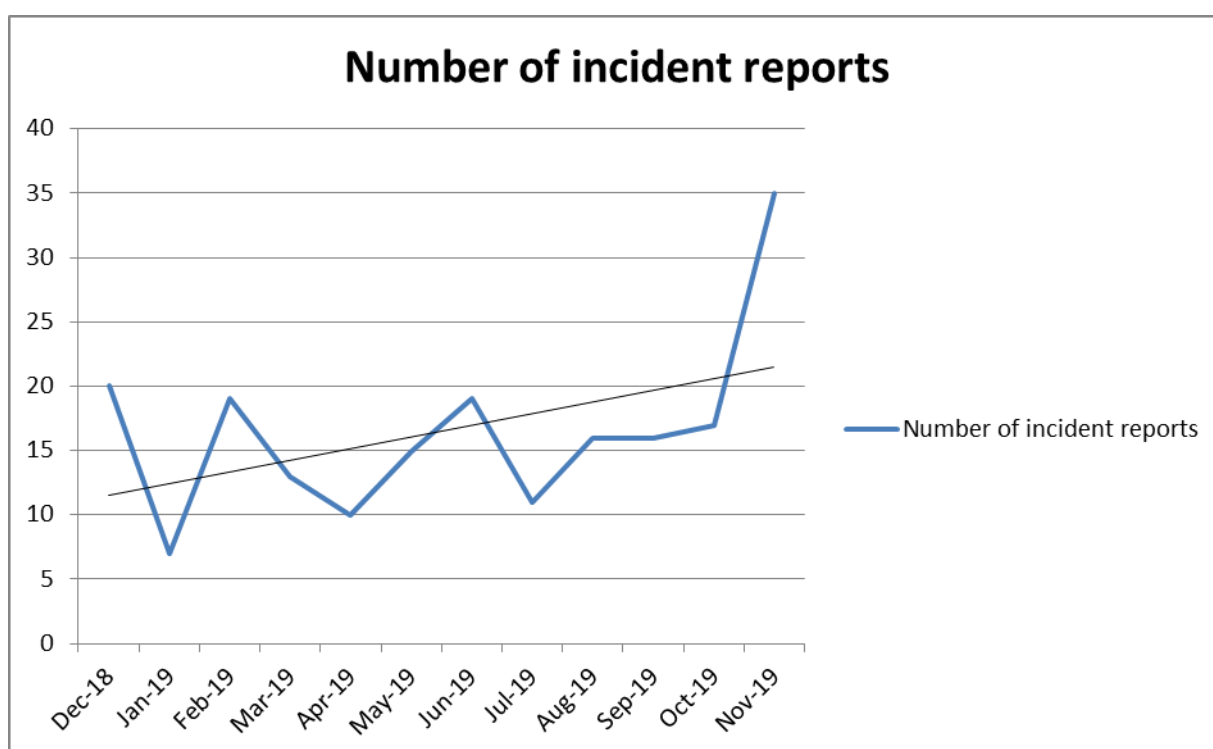


Figure 3

The number of Datix incident reports made during November 2019 has increased by 18 from the previous month. Of the 35 incidents reported in November, 3 have been graded as low harm and 1 has been graded as moderate harm. The moderate harm has been reviewed by the matron and recorded as low harm following investigation. The remaining 31 have been graded as no harm. For the 4 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. This is where a registered nurse has been moved to support another area. Ward 9 have reported 3 of the low harm incidents and Ward 8 has reported one. Ward 9 and 8 have had a reduction in registered nurses to support another acute ward area and were unable to have an additional health care assistant, as none available / or could be identified to move. The

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harm cited in the report is where there have been delays in care provided to patients and staff have been unable to take a break.

The Matron and ADN have provided the following information with regard to ward 9. The planned night RN numbers for ward 9 have increased to 3 RN's due to safety reasons and complex needs of the patients. However during the Matron Staffing huddle which occurs Monday to Friday, other ward areas have been reduced to minimum staffing levels therefore there has been a decision made to move an RN. Out of hours and weekends there have been decisions made to move an RN. Staff have been asked to complete a datix to correspond with the moves made which explains the increase in reports seen. Staff have escalated to matron when staff have been moved. An up to date risk assessment is being completed specifically for this area, to support the matron daily risk assessment of the patients/staffing to determine whether it is safe or unsafe to move nurses. This will be shared with the all matrons involved in staffing decision making.

On reviewing the Datix reports and discussing with the staff whom have completed the datix, they have informed me that due the 3rd RN moving to another area this has resulted in delayed medication, as the 2 RN's have 25 patients between them and on most evenings patients have IV antibiotics, thus resulting in the times of medications being delayed. The staff have recorded the incidents as low harm for delaying medication/cares in line with NICE guidance. There are no datix incidents stating that any patient has suffered a fall or pressure ulcer harm and matron has not received any complaint from patients or relatives as a result of the staffing levels.

Of the incidents reported in November 2019, 18 were reported in planned care. 17 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 2 Datix reports related to staffing for children's services and 1 for wards in planned care. The Children's ward and ward 12 have cited increased acuity and demand in the wards area for the staff available. Investigations have not found any harm as a result.

The remaining 15 incidents were reported from the unplanned care group, 11 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, with additional information provided above.

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. Within urgent care there are also reports entered where additional capacity has been opened as required due to volume of patients accessing acute hospital care and the nurse in charge feels there is a risk with the planned staffing available.

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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 development of the updated risk assessments process enabled the senior nurses to form a collective agreement about the risk, understand the mitigation and seek support for completing individual areas risk assessments and has led to an increase in the number of Datix reports related to staffing.

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. There is further work underway to ensure the system is utilised fully and appropriately.

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 (September 2019 to November 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 are 3 inpatient areas with registered nurse/midwife fill rates <70% in November 2019. This is a decrease from the previous month.

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- 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 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.
- 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. Both wards are supported by Nursing associate trainees. The same applies for ward 29.

Less than 80% fill rate for 3 consecutive months:

There are 6 inpatient areas that have been <80% for registered staff (red) for 3 consecutive months September 2019 to November 2019. This is a reduction from the previous months. . During November there has been a slight increase in fill rates overall. The areas 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. Further detail regarding ward 9 is included in relation to an increase in the volume of Datix incident reports related to staffing for this area.

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- 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 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 3, 29 and 31 are described above.

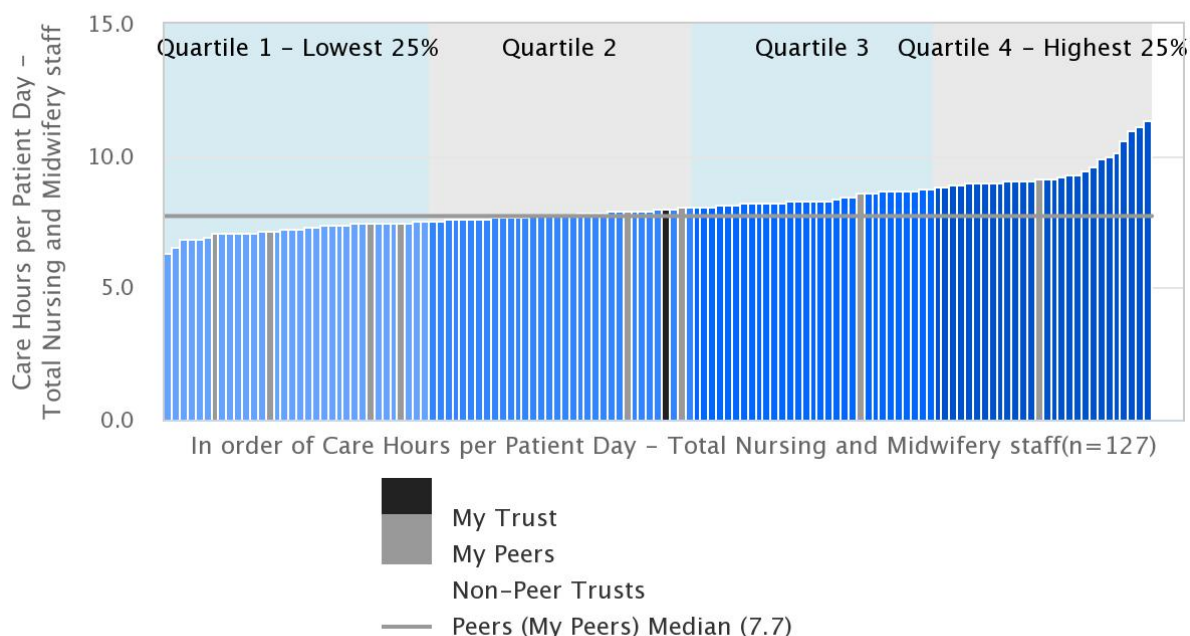
5. Model Hospital Comparison Data

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.

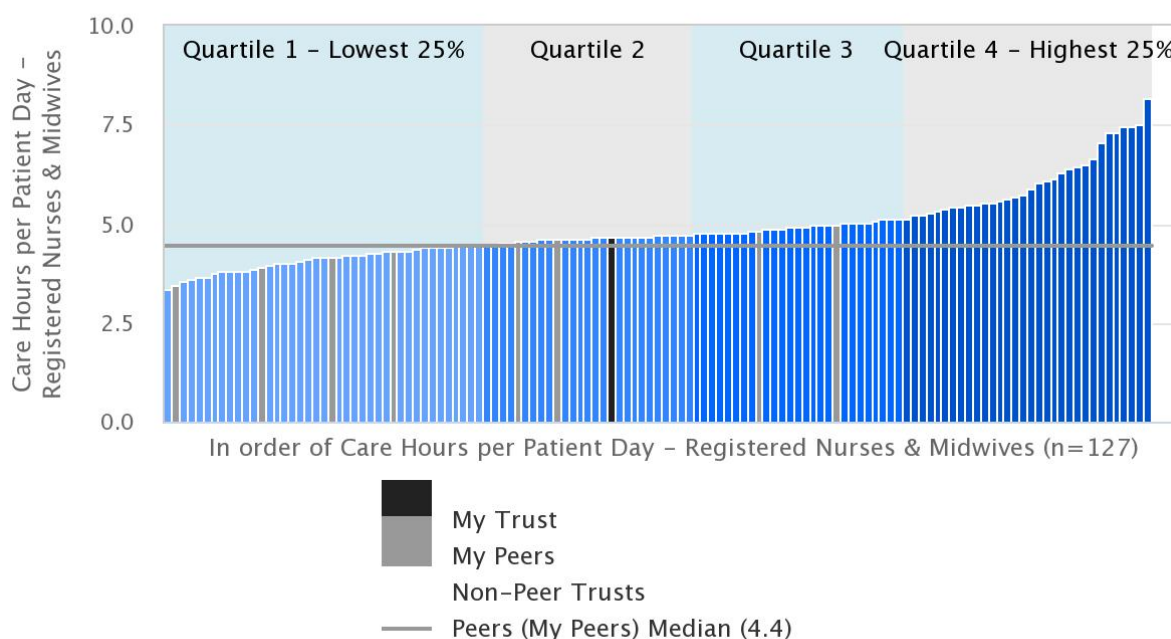
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Care Hours per Patient Day – Total Nursing and Midwifery staff , National Distribution



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.

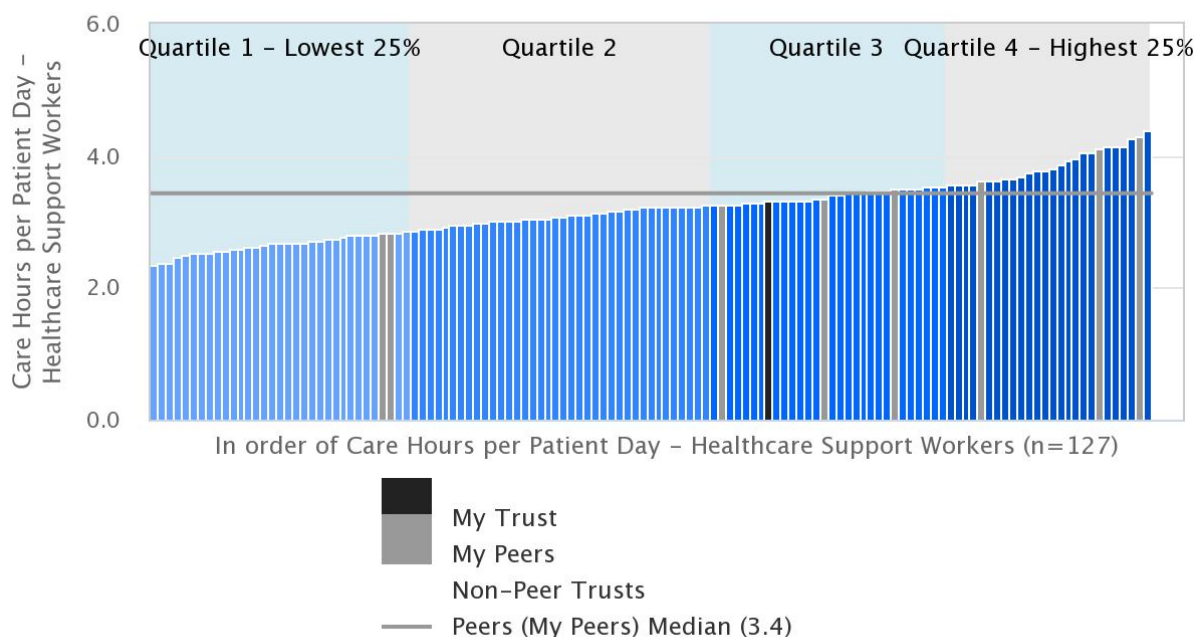
Care Hours per Patient Day – Registered Nurses & Midwives, National Distribution



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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 November 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.

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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.

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 - November 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	0	93	1	1	1	0	0	0	0	0	5.2	3.0	94.2	112.4	84.6	109.9	603	4.5	3.9	8.4		↑	Sep-19
AMU 4	0	0	100	5	0	0	0	1	0	0	0	7.0	9.7	96.7	113.8	91.3	124.0	591	4.8	4.2	8.9		↔	Sep-19
ICU	0	0	100	0	1	0	1	0	0	0	1	7.2	6.0	93.9	97.3	89.1	97.8	390	24.8	2.7	27.5			
WARD 03	0	0	90	3	0	0	0	0	0	0	0	2.0	12.5	74.2	99.0	98.9	99.3	751	3.2	4.1	7.3		↔	Feb-18
WARD 06**	0	0	100	1	1	0	0	0	0	0	1	7.5	17.3	85.2	114.6	87.7	146.3	678	4.9	6.7	11.7		↑	Sep-19
WARD 07	0	0	90	1	0	0	1	0	0	0	0	5.6	7.9	99.0	120.5	99.8	162.8	347	4.1	4.2	8.3		↔	Mar-19
WARD 08	0	0	95	3	0	0	1	0	0	0	0	3.0	0.0	92.4	100.7	83.4	202.0	791	2.8	2.5	5.3		↔	Oct-19
WARD 09	0	0	96	2	0	0	0	0	0	0	0	7.5	19.2	76.5	110.0	82.2	134.0	645	3.1	4.0	7.1		↑	Sep-19
WARD 11	0	0	92	2	1	1	0	0	0	0	0	10.7	5.7	89.3	114.2	84.1	222.1	723	3.1	2.8	5.9		↔	Oct-19
WARD 12	0	0	98	1	1	0	0	0	0	0	0	4.2	11.1	90.0	122.0	84.7	162.8	445	4.8	3.0	7.8		↑	May-19
WARD 14	0	0	98	0	0	0	0	0	0	0	0	9.1	12.6	80.0	141.0	100.0	109.9	453	3.7	2.7	6.4		↔	Oct-18

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WARD 15	0	0	100	0	1	0	1	0	0	0	0	5.6	8.6	87.7	96.0	100.1	100.0	497	3.3	3.5	6.7	↔	Mar-19
WARD 18	0	0	99	2	2	0	0	0	0	0	0	6.3	3.3	83.8	223.4	102.7	226.5	588	3.9	3.0	6.9	↓	Jun-19
WARD 20	0	0	93	0	0	0	0	0	0	0	0	2.1	2.8	97.6	105.8	91.4	156.2	787	4.4	1.7	6.1	↔	Oct-19
WARD 21	0	0	100	1	2	0	1	0	0	0	0	3.7	6.1	76.9	126.3	96.7	117.2	672	4.5	3.2	7.7	↔	Oct-19
WARD 22	0	0	100	0	0	0	0	0	0	0	0	3.8	10.3	98.5	106.7	100.0	102.6	630	5.9	4.3	10.1	↔	Oct-19
WARD 23	0	0	100	7	0	0	1	0	0	0	0	8.0	10.4	92.3	98.6	96.4	114.2	803	5.0	3.6	8.7	↑	Sep-19
WARD 24	0	0	100	1	1	0	0	0	0	0	0	7.3	3.1	93.6	100.0	100.0	100.0	341	3.9	3.0	7.0	↑	Jan-19
WARD 25	0	0	94	1	0	0	0	0	0	0	0	0.9	14.7	94.2	45.6	100.7	-	230	6.2	3.6	9.8	↑	Oct-19
WARD 26	0	0	90	11	1	1	0	0	0	0	0	5.8	26.5	83.8	108.1	95.6	119.8	805	3.0	3.1	6.1	↔	Jun-19
WARD 27	0	0	98	4	1	0	1	0	0	0	0	9.5	25.4	83.6	122.1	90.9	200.0	705	3.1	2.7	5.8	↑	Sep-19
WARD 28*	0	0	99	2	0	0	0	0	0	0	0	7.7	13.1	55.7	59.6	98.3	67.9	296	5.5	2.9	8.4	↔	Sep-19
WARD 29	0	0	95	5	1	0	0	0	0	0	0	4.9	20.1	73.0	120.1	78.4	113.0	878	2.5	4.3	6.8	↔	Sep-19
Paediatrics	0	0	-	0	0	0	0	0	0	0	0	8.1	12.9	89.7	69.7	92.3	55.2	1021	7.4	1.5	9.0	↑	Mar-19
WARD 31	0	0	84	7	3	0	1	2	0	0	0	2.8	15.5	63.5	136.3	69.3	125.7	836	2.3	4.9	7.2	↑	May-19
WARD 33	0	0	100	1	0	0	1	0	0	0	0	7.6	10.0	94.0	94.3	100.0	103.2	352	4.4	3.0	7.4	↓	Nov-18
BIRTHING CENTRE	0	0	100	0	0	0	0	0	0	0	0	4.8	10.6	86.0	85.1	69.1	87.1	91	18.3	7.1	25.4	↔	Jun-18
LABOUR WARD	0	0	98	0	0	0	0	0	0	0	0	4.8	10.6	104.2	-	104.3	-	300	14.6	0.1	14.6	↑	Oct-19
NNU	0	0	100	0	0	0	0	0	0	0	0	4.9	17.8	88.3	45.1	92.4	69.1	600	12.7	2.3	15.0		
WARD M3	0	0	100	0	0	0	0	0	0	0	0	16.3	8.3	76.9	86.9	76.6	101.9	623	4.4	1.1	5.5	↑	Oct-19
WARD M4	0	0	93	0	0	0	0	0	0	0	0	2.9	3.8	97.9	84.5	108.3	101.7	457	4.7	3.6	8.3	↔	Aug-18
Westbourne Green	0	0	93	3	1	2	1	0	0	0	0	7.9	37.3	102.9	94.3	102.0	106.6	445	3.2	3.9	7.1	↔	Oct-19
Westwood Park	0	0	93	0	1	0	0	0	0	0	0	3.9	25.7	102.3	101.5	107.0	99.7	480	3.0	3.7	6.7	↔	Aug-19
WARD F5	0	0	100	6	0	1	0	0	0	0	1	4.8	18.2	98.9	92.6	101.7	100.3	729	1.9	4.2	6.1	↔	Oct-19
WARD F6	0	0	100	1	1	0	1	0	0	0	0	8.3	11.2	89.1	99.7	100.0	99.5	695	2.4	4.5	6.8	↑	May-19

*Area flexes staffing according to capacity of beds

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