

HULL AND EAST YORKSHIRE HOSPITALS NHS TRUST

NURSING AND MIDWIFERY STAFFING REPORT

| | | | | | |
|------------------------------|---|-------------------------|---------------------------|---|---------------|
| Trust Board date | 5 th September 2017 | Reference Number | 2017 – 9 - 9 | | |
| Director | Mike Wright – Chief Nurse | Author | Mike Wright – Chief Nurse | | |
| Reason for the report | The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB’s Ten Expectations) and the Care Quality Commission | | | | |
| Type of report | Concept paper | | Strategic options | | Business case |
| | Performance | | Information | ✓ | Review |

| | | | | | |
|----------|---|------------------------------------|------------------------------|--|------------|
| 1 | RECOMMENDATIONS The Trust Board is requested to: | | | | |
| | <ul style="list-style-type: none"> Receive this report Decide if any if any further actions and/or information are required | | | | |
| 2 | KEY PURPOSE: | | | | |
| | Decision | | Approval | | Discussion |
| | Information | | Assurance | ✓ | Delegation |
| 3 | STRATEGIC GOALS: | | | | |
| | Honest, caring and accountable culture | | | | ✓ |
| | Valued, skilled and sufficient staff | | | | ✓ |
| | High quality care | | | | ✓ |
| | Great local services | | | | |
| | Great specialist services | | | | |
| | Partnership and integrated services | | | | |
| | Financial sustainability | | | | |
| 4 | LINKED TO: | | | | |
| | CQC Regulation(s): E4 – Staff, teams and services to deliver effective care and treatment | | | | |
| | Assurance Framework Ref: BAF 1 and BAF 2 | Raises Equalities Issues? N | Legal advice taken? N | Raises sustainability issues? N | |
| 5 | BOARD/BOARD COMMITTEE REVIEW The report is a standing agenda item at each Board meeting. | | | | |

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NURSING AND MIDWIFERY STAFFING REPORT

1. PURPOSE OF THIS REPORT

The purpose of this report is to inform the Trust Board of the latest position in relation to Nursing and Midwifery staffing in line with the expectations of NHS England (National Quality Board – NQB’s Ten Expectations)^{1,2} and the Care Quality Commission.

2. BACKGROUND

The last report on this topic was presented to the Trust Board in August 2017 (June 2017 position).

In July 2016, the National Quality Board updated its guidance for provider Trusts, which sets out revised responsibilities and accountabilities for Trust Boards for ensuring safe, sustainable and productive staffing levels. Trust Boards are also responsible for ensuring proactive, robust and consistent approaches to measurement and continuous improvement, including the use of a local quality framework for staffing that will support safe, effective, caring, responsive and well-led care.

This report presents the ‘safer staffing’ position as at 31st July 2017 and confirms on-going compliance with the requirement to publish monthly planned and actual staffing levels for nursing, midwifery and care assistant staff³.

3. NURSING AND MIDWIFERY STAFFING - PLANNED VERSUS ACTUAL FILL RATES

The Trust Board is advised that the Trust continues to comply with the requirement to upload and publish the aggregated monthly average nursing and care assistant (non-registered) staffing data for inpatient areas. These can be viewed via the following hyperlink address on the Trust’s web-page:

<http://www.hey.nhs.uk/openandhonest/saferstaffing.htm>

These data are summarised, as follows:

3.1 Planned versus Actual staffing levels

The aggregated monthly average fill rates (planned versus actual) by hospital site are provided in the following graphs and tables. More detail by ward and area is available in **Appendix One** (data source: Allocate e-roster software & HEY Safety Brief). This appendix now includes some of the new metrics that is understood will be included in Lord Carter’s Model Hospital dashboard, when this is made available with up to date information. These additions are: Care Hours Per Patient Day (CHPPD), annual leave allocation, sickness rates by ward and nursing and care assistant vacancy levels by ward.

¹ National Quality Board (2012) How to ensure the right people, with the right skills, are in the right place at the right time - *A guide to nursing, midwifery and care staffing capacity and capability*

² National Quality Board (July 2016) Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing

³ When Trust Boards meet in public

The inclusion of all of these additional sets of data is in its early stages. Over time, it is anticipated that this will help determine more comprehensively what impact nursing and midwifery staffing levels have on patient care and outcomes.

The fill rate trends are now provided on the following pages:

Fig 1: Hull Royal Infirmary

| HRI | DAY | | NIGHT | |
|--------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|
| | Average fill rate - RN/RM (%) | Average fill rate - care staff (%) | Average fill rate - RN/RM (%) | Average fill rate - care staff (%) |
| Apr-16 | 80.86% | 88.23% | 85.26% | 103.39% |
| May-16 | 80.58% | 91.24% | 86.70% | 105.93% |
| Jun-16 | 80.25% | 89.41% | 85.20% | 102.22% |
| Jul-16 | 82.28% | 90.96% | 86.30% | 103.33% |
| Aug-16 | 80.56% | 89.30% | 87.74% | 99.85% |
| Sep-16 | 86.38% | 93.40% | 93.28% | 101.70% |
| Oct-16 | 88.51% | 100.79% | 90.58% | 106.38% |
| Nov-16 | 91.30% | 97.10% | 95.70% | 107.30% |
| Dec-16 | 91.23% | 100.10% | 97.00% | 100.76% |
| Jan-17 | 93.00% | 103.50% | 99.10% | 101.10% |
| Feb-17 | 90.10% | 98.10% | 94.80% | 100.30% |
| Mar-17 | 86.80% | 95.90% | 89.60% | 102.10% |
| Apr-17 | 85.20% | 97.61% | 89.15% | 102.19% |
| May-17 | 83.70% | 94.20% | 89.20% | 102.60% |
| Jun-17 | 90.40% | 94.20% | 93.90% | 102.90% |
| Jul-17 | 84.00% | 89.60% | 91.30% | 100.90% |

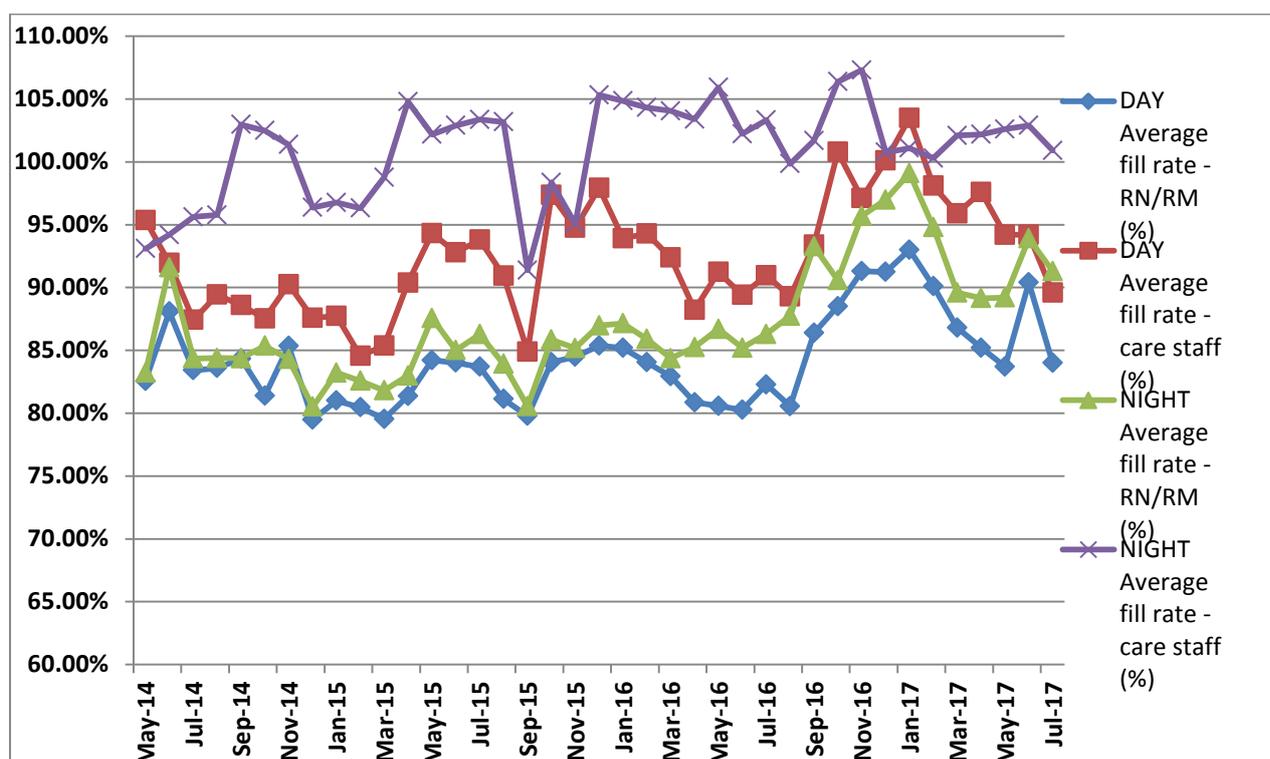
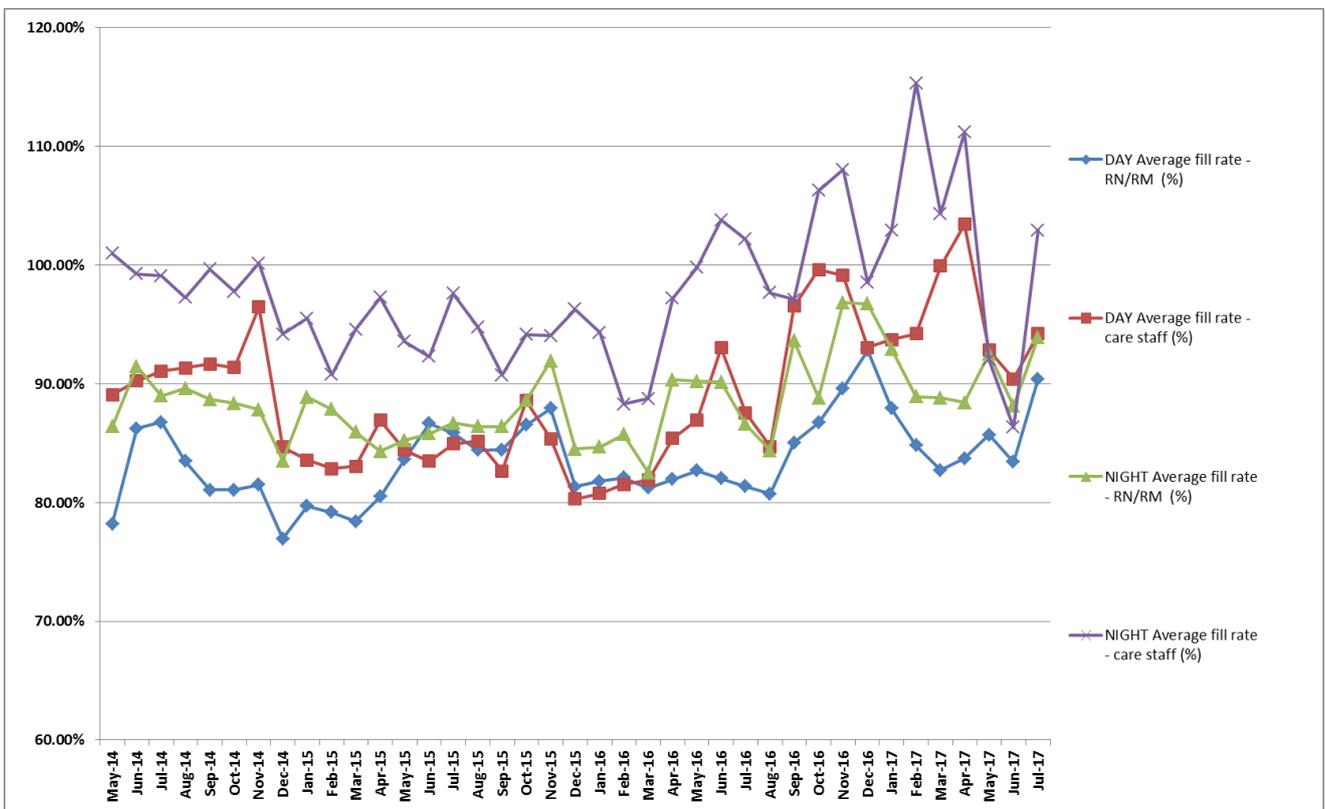


Fig 2: Castle Hill Hospital

| CHH | DAY | | NIGHT | |
|--------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|
| | Average fill rate - RN/RM (%) | Average fill rate - care staff (%) | Average fill rate - RN/RM (%) | Average fill rate - care staff (%) |
| Apr-16 | 81.96% | 85.40% | 90.34% | 97.19% |
| May-16 | 82.68% | 86.93% | 90.19% | 99.79% |
| Jun-16 | 82.01% | 92.99% | 90.12% | 103.78% |
| Jul-16 | 81.33% | 87.53% | 86.56% | 102.15% |
| Aug-16 | 80.70% | 84.70% | 84.35% | 97.64% |
| Sep-16 | 85.02% | 96.52% | 93.61% | 97.09% |
| Oct-16 | 86.70% | 99.59% | 88.79% | 106.24% |
| Nov-16 | 89.60% | 99.10% | 96.80% | 108.00% |
| Dec-16 | 92.79% | 93.03% | 96.70% | 98.50% |
| Jan-17 | 87.90% | 93.70% | 92.90% | 102.90% |
| Feb-17 | 84.80% | 94.20% | 88.90% | 115.30% |
| Mar-17 | 82.70% | 99.90% | 88.80% | 104.30% |
| Apr-17 | 83.71% | 103.40% | 88.41% | 111.16% |
| May-17 | 85.70% | 92.80% | 92.50% | 92.00% |
| Jun-17 | 83.40% | 90.40% | 88.10% | 86.30% |
| Jul-17 | 90.40% | 94.20% | 93.90% | 102.90% |



As indicated in the tables previously, the fill rates for both HRI and CHH have been variable during July. This reflects a number of factors, which include:

- The closure of 14 beds within Surgery at CHH.
- The redeployment of staff from CHH to support HRI.
- Reduction in the number of Ward Sister/Charge Nurse supervisory shifts within all of the Health Groups on a temporary basis, to support the areas where there are significant vacancies. (Additional managerial support is being provided by the Senior Matron for the clinical area).
- The Rostering of Senior Matrons into clinical shifts within Surgery to help boost direct care-giving hours.
- Inpatient vacancy rates, which are approximately 165 wte Registered Nurses (RN) - an increase of only 12 wte from the previous month
- Sickness levels on wards are within the Trust's threshold.
- The majority of clinical areas were within the 11-17% annual leave allocation, with only one area slightly in excess of this, which means that annual leave is being managed within the requirements of the Trust's Policy.

Work continues with recruitment for Registered Nurses. Circa 130 student nurses are now being pursued by the Trust from the University of Hull. These have reduced from 145 reported last month as students take alternative offers. The Trust is contacting these individuals to understand their justification for withdrawing their application and to identify if there is a possibility of them reconsidering employment with the Trust.

The Trust has received its first nurse from the Philippines who is settling in well in ICU at CHH. A further two cohorts are scheduled to arrive in September and October.

4. ENSURING SAFE STAFFING

The safety brief reviews, which are now completed four times each day, are led by a Health Group Nurse Director (or Site Matron at weekends) in order to ensure at least minimum safe staffing in all areas. This is always achieved. The Trust is still able to sustain its minimum standard, whereby no ward is ever left with fewer than two registered nurses/midwives on any shift. Staffing levels are assessed directly from the live e-roster and SafeCare software.

Other factors that are taken into consideration before determining if a ward is safe or not, include:

- The numbers, skill mix, capability and levels of experience of the staff on duty
- Harm rates (falls, pressure ulcers, etc.) and activity levels
- The self-declaration by the shift leader on each ward as to their professional view on the safety and staffing levels that day
- The physical layout of the ward
- The availability of other staff – e.g. bank/pool, matron, specialist nurses, speciality co-ordinators and allied health professionals.
- The balance of risk across the organisation

5. RED FLAGS AS IDENTIFIED BY NICE (2014).

Incorporated into the census data collected through SafeCare are a number of 'Nursing Red Flags' as determined by the National Institute of Health and Clinical Excellence (NICE 2014).⁴

Essentially, 'Red Flags' are intended to record a delay/omission in care, a 25% shortfall in Registered Nurse Hours or less than 2 x RN's present on a ward during any shift. They are designed to support the nurse in charge of the shift to assess systematically that the available nursing staff for each shift, or at least each 24-hour period, is adequate to meet the actual nursing needs of patients on that ward.

When a 'Red Flag' event occurs, it requires an immediate escalation response by the Registered Nurse in charge of the ward. The event is recorded in SafeCare and all appropriate actions to address them are recorded in SafeCare, which provides an audit trail. Actions may include the allocation or redeployment of additional nursing staff to the ward. These issues are addressed at each safety brief.

In addition, it is important to keep records of the on-the-day assessments of actual nursing staffing requirements and reported red flag events so that they can be used to inform future planning of ward nursing staff establishments or any other appropriate action(s).

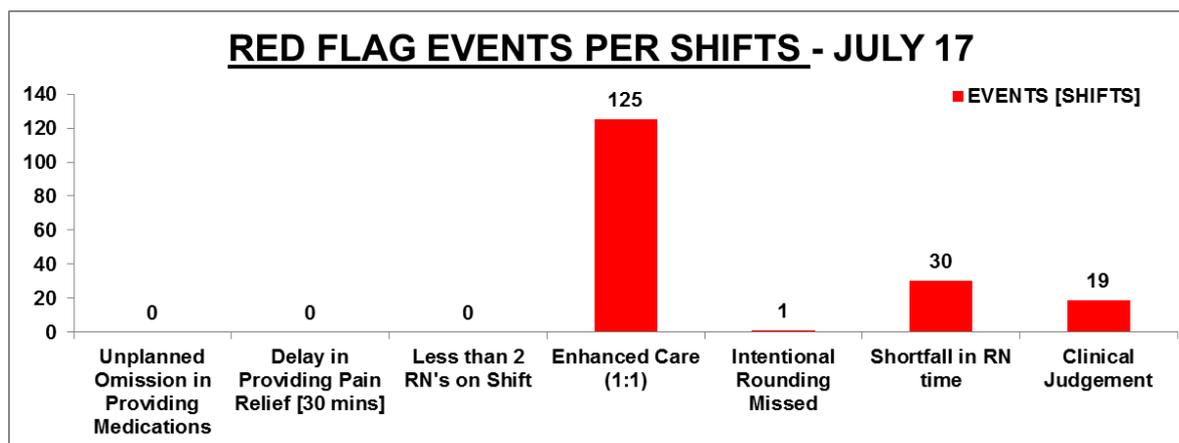
The 'red flags' suggested by NICE, are:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Delay or omission of regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. Carrying out these checks is often referred to as 'intentional rounding' and covers aspects of care such as:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.

The following table illustrates the number of Red Flags identified during July 2017. Please note that the Trust is not yet able to collect data on all of these categories as the systems required to capture them are not yet available, e.g. e-prescribing. This is accepted by the National Quality Board. In addition, work is required to ensure that any mitigation is recorded accurately, following professional review. The sophistication of this will be developed over time.

⁴ NICE 2014 - Safe staffing for nursing in adult inpatient wards in acute hospitals

| Jul-17 | RED FLAG TYPE | EVENTS [SHIFTS] | % |
|---------------|---|-----------------|-------------|
| | Unplanned Omission in Providing Medications | 0 | 0% |
| | Delay in Providing Pain Relief [30 mins] | 0 | 0% |
| | Less than 2 RN's on Shift | 0 | 0% |
| | Enhanced Care (1:1) | 125 | 71% |
| | Intentional Rounding Missed | 1 | 1% |
| | Shortfall in RN time | 30 | 17% |
| | Clinical Judgement | 19 | 11% |
| TOTAL: | | 175 | 100% |



As illustrated above, the most frequently reported red flag is related to the requirement for 1:1 supervision. As indicated in the previous Board Report, this will be addressed through the implementation of the Enhanced Care Team, which is due to commence as a pilot in September 2017.

6. AREAS OF CONCERN WITH REGARDS TO SAFE STAFFING:

The key areas that remain particularly tight in terms of meeting their full establishments currently are:

- **H11** have 7.09 RN vacancies. The impact of this shortfall is supported by part time staff working extra hours, bank shifts and over filling of auxiliary shifts. There are also newly appointed RNs that will join the ward in October. The Senior Matron is reviewing the position continuously with the ward sister.
- **Emergency Department - Registered Nurse Staffing** - The Department has 17.36 wte RN vacancies. The recruitment drive continues in ED, Senior nurses are also helping to backfill. It is likely that some shifts may need to be put out to agencies if they cannot be filled in other ways, although this will be kept to an absolute minimum. The department has successfully appointed a further 3.0 wte RNs from outside of the Trust, all of whom are experienced nurses.
- **H70 (Diabetes and Endocrine)** has 7.96 wte RN vacancies. This ward continues to be supported in the interim by moving staff in the Medical Health Group and additional support has also been provided from each of the other Health Groups, therefore reducing the current vacancies to 3.0 wte. The ward has also

successfully recruited 2.0 wte RNs who are already working within the ward following rotation from other Health Groups.

- **Elderly Medicine [x5 wards]** has 20.87 wte RN vacancies. The specialty has over recruited by 10.0 wte auxiliary nurses to support the RNs in the ward areas to deliver nursing care with supervision. The Senior Matrons are supporting the ward in the interim by moving staff in the Medical Health Group.
- **Ward C16 (ENT, Plastics and Breast Surgery)** has 4.12 wte RN vacancies and over-established for non-registered vacancies at present. The RN vacancies have all been appointed to, with the exception of 1wte. New staff will commence in post during September and October 2017. In order to support the Ward, short term plans have been agreed to provide temporary cover.
- **Neonatal Intensive Care Unit (NICU).** Recruitment in this specialty has previously been of concern, and there are currently 5.78 wte RN vacancies. All of these posts have been recruited to, and the staff will join the Trust in September 2017, following completion of their training. The staffing in the interim is being managed closely by the senior matron, with staff being flexed across all paediatric inpatient and outpatient areas according to patient need. The Health Group is looking at ways in which it can improve the retention of the staff in this specialty.
- **Ward H4 - Neurosurgery** has 4.60 wte RN and 1.71 wte non-registered nurse vacancies, the ward is being supported by H40.
- **Ward H7 - Vascular Surgery** has 4.52 wte RN vacancies. This group of patients often require specialist dressings. There is a plan to temporarily transfer some nursing resource from within the Health Group until substantive posts are filled.
- **Ward H12 & H120 – Trauma Orthopaedics** have a 7.91 wte RN vacancies across the floor. There is a plan to support with staff from C14 as this will assist in the relocation of maxillo facial patients to this ward in October 2017.
- **Ward C9 - Elective Orthopaedic Surgery** has 3.65 wte RN and 1.27 wte non-registered nurse vacancies. There are currently 6 orthopaedic beds closed on C9 to support the number of nursing vacancies. These beds are flexed to minimise the impact on elective activity.
- **Ward C10 - Elective Colorectal Surgery** has 5.74 wte RN registered nurse vacancies. The nursing staff are flexed between C10 and C11.

7. SUMMARY

Nursing and midwifery establishments are set and financed at good levels in the Trust and these are managed very closely on a daily basis. This is all managed very carefully and in a way that balances the risks across the organisation. The challenges remain around recruitment and risks remain in terms of the available supply of registered nurses. However, the organisation may need to reduce its bed base temporarily in order to keep wards and patient safe. This will continue to be reviewed daily.

8. RECOMMENDATION

The Trust Board is requested to:

- Receive this report
- Decide if any if any further actions and/or information are required.

Mike Wright
Executive Chief Nurse
August 2017

Appendix 1: HEY Safer Staffing Report – July 2017

HEY SAFER STAFFING REPORT JULY-17

| NURSE STAFFING | | | | | FILL RATES | | | | CARE HOURS PER PATIENT DAY [CHPPD] [hrs] | | | | ROTA EFFICIENCY [12-06-17 to 09-07-17] | | | NURSING VACANCIES [FINANCE LEDGER M4] | | | | HIGH LEVEL QUALITY INDICATORS [which may or may not be linked to nurse staffing] | | | | | | | | | | | | | | | |
|------------------|----------------|--------------------|---------------|---------------------|-------------------------------|------------------------------------|-------------------------------|------------------------------------|---|---------|------------|---------|--|---------------------|---------------|---------------------------------------|----------|-------------|----------|--|------------------------------------|--------------------|--------------------|-------|----------|----------------|-------------|---|---|---|-----|---------|-------------------------|----------------------|----|
| HEALTH GROUP | WARD | SPECIALITY | BEDS [ESTAB.] | RED FLAG EVENTS [N] | DAY | | NIGHT | | Cumulative Count Over The Month of Patients at 23:59 Each Day | RN / RM | CARE STAFF | OVERALL | ANNUAL LEAVE [11-17%] | SICK RN & AN [3.9%] | MAT LEAVE [%] | RN [WTE] | AN [WTE] | TOTAL [WTE] | [% <10%] | HIGH LEVEL | | | | FALLS | | | | HOSPITAL ACQUIRED PRESSURE DAMAGE [GRADE] | | | | | QUALITY INDICATOR TOTAL | | |
| | | | | | Average fill rate - RN/RM (%) | Average fill rate - care staff (%) | Average fill rate - RN/RM (%) | Average fill rate - care staff (%) | | | | | | | | | | | | SAFETY THERMOMETER HARM FREE CARE [%] | REPORTED STAFFING INCIDENT [DATIX] | OFFICIAL COMPLAINT | DRUG ERROR [ADMIN] | MINOR | MODERATE | SEVERE / DEATH | FALLS TOTAL | 1 | 2 | 3 | DTI | UNSTAG. | | PRESSURE SCORE TOTAL | |
| MEDICINE | ED | ACUTE MEDICINE | NA | 0 | | | | | | | | | 13.4% | 1.7% | 4.3% | 17.36 | 2.06 | 19.42 | 15.4% | | 1 | 10 | 1 | 2 | | | | | | | | | | 0 | 14 |
| | AMU | ACUTE MEDICINE | 45 | 2 | 98% | 64% | 93% | 101% | 1101 | 4.8 | 2.8 | 7.7 | 13.6% | 0.2% | 4.2% | 9.17 | -1.60 | 7.57 | 9.4% | 100% | 2 | | 2 | 1 | | | | | | | | | 0 | 5 | |
| | H1 | ACUTE MEDICINE | 22 | 7 | 81% | 96% | 100% | 100% | 628 | 2.5 | 1.7 | 4.2 | 11.4% | 1.5% | 0.0% | 2.84 | 2.13 | 4.97 | 20.3% | 100% | | 1 | 1 | | | | | | | | | | 0 | 2 | |
| | EAU | ELDERLY MEDICINE | 21 | 4 | 83% | 91% | 66% | 93% | 594 | 3.5 | 3.6 | 7.1 | 16.6% | 1.1% | 4.2% | 5.42 | -1.55 | 3.87 | 12.0% | 100% | | | 1 | 2 | | | | | | | | | 0 | 3 | |
| | H5 / RHOB | RESPIRATORY | 26 | 17 | 80% | 82% | 103% | 86% | 606 | 2.8 | 1.9 | 4.6 | 18.1% | 4.3% | 0.2% | 2.49 | 1.04 | 3.53 | 9.1% | 96% | | 1 | 1 | 2 | | | | | | 1 | 1 | | 5 | | |
| | H50 | RENAL MEDICINE | 19 | 0 | 80% | 99% | 102% | 107% | 573 | 3.1 | 2.1 | 5.1 | 13.2% | 0.8% | 0.0% | 1.71 | 1.39 | 3.10 | 16.4% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | H500 | RESPIRATORY | 24 | 10 | 84% | 89% | 100% | 102% | 723 | 2.2 | 2.4 | 4.5 | 15.2% | 2.4% | 3.8% | 6.16 | 0.43 | 6.59 | 21.9% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | H70 | ENDOCRINOLOGY | 30 | 5 | 85% | 124% | 100% | 90% | 913 | 2.3 | 2.2 | 4.5 | 9.5% | 1.9% | 0.0% | 7.96 | 1.76 | 9.72 | 28.9% | 100% | | | 1 | 1 | | | | 1 | | | | | 1 | 3 | |
| | H8 | ELDERLY MEDICINE | 27 | 21 | 77% | 112% | 103% | 101% | 824 | 2.1 | 2.4 | 4.5 | 12.3% | 0.2% | 3.6% | 3.86 | -0.44 | 3.42 | 11.1% | 96% | | 1 | | 2 | | | | | | | | | 0 | 3 | |
| | H80 | ELDERLY MEDICINE | 27 | 14 | 77% | 93% | 102% | 110% | 819 | 2.2 | 2.3 | 4.4 | 10.2% | 2.3% | 0.0% | 3.91 | 0.89 | 4.80 | 15.6% | 100% | | 1 | 1 | 5 | 1 | | | | | | | | 0 | 8 | |
| | H9 | ELDERLY MEDICINE | 31 | 11 | 87% | 99% | 100% | 103% | 927 | 2.1 | 2.1 | 4.2 | 14.0% | 2.0% | 1.5% | 1.82 | -0.36 | 1.46 | 4.7% | 100% | | | | 2 | 2 | | | | | 2 | | | 2 | 6 | |
| | H90 | ELDERLY MEDICINE | 29 | 30 | 70% | 110% | 101% | 123% | 882 | 1.9 | 2.4 | 4.3 | 10.8% | 2.8% | 3.4% | 4.86 | -3.43 | 1.43 | 4.6% | 96% | 1 | 1 | | 3 | | | | | | 2 | | | 2 | 7 | |
| | H11 | STROKE / NEUROLOGY | 28 | 6 | 74% | 160% | 95% | 102% | 835 | 2.1 | 2.3 | 4.4 | 11.9% | 1.2% | 0.0% | 7.09 | 2.25 | 9.34 | 27.2% | 100% | | | | | | | | | | | | | | 0 | 0 |
| | H110 | STROKE / NEUROLOGY | 24 | 0 | 73% | 142% | 116% | 97% | 513 | 4.0 | 3.3 | 7.3 | 10.3% | 1.6% | 9.9% | 4.28 | 0.01 | 4.29 | 12.4% | 100% | 1 | | | 1 | | | | 1 | | | | 1 | 2 | 4 | |
| CDU | CARDIOLOGY | 9 | 0 | 83% | 100% | 100% | | 93 | 11.6 | 1.4 | 13.1 | 10.0% | 1.1% | 0.0% | 0.86 | 0.63 | 1.49 | 9.5% | 100% | | | | | | | | | | | | | | 0 | 0 | |
| C26 | CARDIOLOGY | 26 | 0 | 80% | 82% | 83% | 103% | 706 | 4.0 | 1.6 | 5.6 | 17.0% | 1.8% | 8.7% | 2.51 | -0.23 | 2.28 | 6.6% | 95% | | | | 1 | | | | | | | | | 0 | 1 | | |
| C28 / CMU | CARDIOLOGY | 27 | 2 | 77% | 83% | 83% | 49% | 709 | 6.0 | 1.4 | 7.4 | 14.2% | 5.4% | 3.7% | 3.34 | -0.11 | 3.23 | 6.6% | 100% | 1 | | | | | | | | | | | | 0 | 1 | | |
| SURGERY | H4 | NEURO SURGERY | 30 | 6 | 80% | 80% | 94% | 110% | 760 | 3.1 | 1.8 | 4.9 | 12.4% | 3.5% | 3.8% | 4.60 | 1.71 | 6.31 | 19.5% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | H40 | NEURO HOB / TRAUMA | 15 | 6 | 85% | 95% | 108% | 102% | 376 | 5.8 | 3.8 | 9.5 | 8.6% | 4.1% | 3.4% | 4.56 | 1.71 | 6.27 | 20.3% | 100% | | | | | | | 1 | | | | | 1 | 1 | | |
| | H6 | ACUTE SURGERY | 28 | 0 | 92% | 79% | 84% | 168% | 691 | 3.2 | 2.1 | 5.3 | 14.5% | 0.0% | 6.5% | 3.91 | 0.47 | 4.38 | 14.7% | 100% | | | 2 | 1 | | | | | | | | 0 | 3 | | |
| | H60 | ACUTE SURGERY | 28 | 0 | 88% | 88% | 83% | 153% | 738 | 2.9 | 2.0 | 5.0 | 17.2% | 0.9% | 3.2% | 1.56 | 1.38 | 2.94 | 9.6% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | H7 | VASCULAR SURGERY | 30 | 3 | 85% | 74% | 92% | 102% | 884 | 2.8 | 2.3 | 5.1 | 11.8% | 1.8% | 0.7% | 4.52 | 0.85 | 5.37 | 15.3% | 95% | 2 | 1 | 1 | 2 | | | | 2 | | | 1 | 3 | 9 | | |
| | H100 | GASTROENTEROLOGY | 24 | 1 | 93% | 104% | 98% | 100% | 720 | 2.5 | 2.3 | 4.8 | 15.2% | 1.8% | 3.3% | 3.95 | 0.82 | 4.77 | 15.6% | 100% | | | 2 | 1 | | | | | | | | | 0 | 4 | |
| | H12 | ORTHO PAEDIC | 28 | 1 | 85% | 93% | 91% | 129% | 787 | 2.6 | 2.7 | 5.3 | 13.3% | 0.2% | 5.7% | 5.39 | -2.19 | 3.20 | 9.1% | 96% | | 1 | 2 | 1 | | | | 1 | | | | 1 | 5 | | |
| | H120 | ORTHO / MAXFAX | 22 | 0 | 87% | 91% | 87% | 126% | 609 | 3.4 | 2.7 | 6.1 | 10.8% | 2.2% | 0.0% | 2.52 | 2.19 | 4.71 | 16.4% | 100% | | 1 | | 2 | | | | | | | | | 0 | 3 | |
| | HICU | CRITICAL CARE | 22 | 0 | 87% | 104% | 89% | 48% | 502 | 25.3 | 1.2 | 26.5 | 15.4% | 1.7% | 4.1% | 5.47 | 0.98 | 6.45 | 5.8% | 75% | | | 1 | | | | | 1 | | | 2 | 3 | | | |
| | C8 | ORTHO PAEDIC | 18 | 2 | 96% | 65% | 95% | 67% | 218 | 4.6 | 2.5 | 7.1 | 12.0% | 5.4% | 0.0% | 2.32 | -1.03 | 1.29 | 8.9% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | C9 | ORTHO PAEDIC | 29 | 0 | 93% | 98% | 100% | 95% | 658 | 3.5 | 2.4 | 5.9 | 14.9% | 1.9% | 0.0% | 3.65 | 1.27 | 4.92 | 16.0% | 100% | | | | | | | | | | 1 | | | 1 | 1 | |
| | C10 | COLORECTAL | 21 | 0 | 90% | 65% | 80% | 101% | 462 | 4.2 | 1.8 | 6.0 | 10.7% | 5.3% | 0.0% | 5.74 | 0.59 | 6.33 | 24.3% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | C11 | COLORECTAL | 22 | 0 | 93% | 104% | 98% | 100% | 720 | 2.5 | 2.3 | 4.8 | 14.5% | 0.0% | 0.0% | 1.50 | 1.79 | 3.29 | 12.6% | 100% | | | | | | | | | | | | | 0 | 0 | |
| | C14 | UPPER GI | 27 | 0 | 84% | 77% | 98% | 122% | 733 | 3.2 | 1.6 | 4.8 | 12.6% | 2.3% | 0.0% | 3.89 | 0.08 | 3.97 | 13.5% | 100% | | | 2 | | | | | | | | | | 0 | 2 | |
| C15 | UROLOGY | 26 | 0 | 87% | 75% | 92% | 89% | 554 | 4.3 | 2.5 | 6.8 | 16.1% | 1.0% | 1.8% | -0.30 | 0.75 | 0.45 | 1.1% | 100% | | | | | | | | 2 | | | | 2 | 2 | | | |
| C27 | CARDIOTHORACIC | 26 | 0 | 86% | 88% | 96% | 107% | 711 | 4.0 | 1.6 | 5.6 | 13.6% | 1.5% | 6.3% | 1.03 | -0.66 | 0.37 | 1.1% | 100% | | 1 | | | | | | | | | | 0 | 1 | | | |
| CICU | CRITICAL CARE | 22 | 0 | 80% | 61% | 74% | 17% | 386 | 21.9 | 1.3 | 23.2 | 15.0% | 0.6% | 4.8% | 5.47 | 0.98 | 6.45 | 6.5% | 90% | | | 2 | | | | | | 1 | | | 1 | 4 | | | |
| C16 | ENT / BREAST | 30 | 0 | 100% | 148% | 115% | 86% | 284 | 6.8 | 4.1 | 10.9 | 9.1% | 4.7% | 0.0% | 4.12 | -1.06 | 3.06 | 10.3% | 100% | 1 | | | | | | | | | | | | 0 | 1 | | |
| FAMILY & WOMEN'S | H130 | PAEDS | 20 | 0 | 79% | 39% | 84% | 74% | 390 | 6.4 | 1.1 | 7.5 | 12.8% | 0.9% | 8.7% | 1.21 | 2.02 | 3.23 | 11.5% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | H30 CEDAR | GYNAECOLOGY | 9 | 0 | 92% | 66% | 109% | | 143 | 10.4 | 3.1 | 13.6 | 16.6% | 0.0% | 0.0% | -1.00 | 0.12 | -0.88 | -3.9% | 100% | | 3 | | | | | | | | | | 0 | 3 | | |
| | H31 MAPLE | MATERNITY | 20 | 0 | 93% | 89% | 114% | 100% | 298 | 7.5 | 4.5 | 12.1 | 15.4% | 0.8% | 1.8% | 4.42 | 1.75 | 6.17 | 8.6% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | H33 ROWAN | MATERNITY | 38 | 0 | 88% | 88% | 86% | 98% | 1058 | 2.9 | 1.6 | 4.5 | 15.7% | 2.4% | 2.0% | | | | | 100% | | 1 | | | | | | | | | | 0 | 1 | | |
| | H34 ACORN | PAEDS SURGERY | 20 | 0 | 99% | 47% | 101% | 86% | 275 | 9.7 | 1.6 | 11.3 | 12.3% | 1.1% | 0.0% | 0.02 | -0.46 | -0.44 | -1.5% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | H35 | OPHTHALMOLOGY | 12 | 0 | 87% | 66% | 109% | | 240 | 8.4 | 1.7 | 10.1 | 15.9% | 0.3% | 3.4% | -0.54 | 1.53 | 0.99 | 4.8% | 100% | | 1 | 2 | | | | | | | | | 0 | 3 | | |
| | LABOUR | MATERNITY | 16 | 0 | 82% | 76% | 85% | 72% | 323 | 15.0 | 5.0 | 20.0 | 11.9% | 4.3% | 4.5% | -3.83 | -1.93 | -5.76 | -9.1% | 100% | 2 | 1 | | 2 | 1 | | | | | | | 0 | 4 | | |
| | NEONATES | CRITICAL CARE | 26 | 0 | 78% | 101% | 81% | 103% | 643 | 11.0 | 1.1 | 12.1 | 14.3% | 1.4% | 6.7% | 5.78 | 0.34 | 6.12 | 8.5% | 100% | | | 4 | | | | | | | | | 0 | 4 | | |
| | PAU | PAEDS | 10 | 0 | 88% | | 92% | | 69 | 19.8 | 0.0 | 19.8 | 14.1% | 0.0% | 0.0% | 0.76 | 0.00 | 0.76 | 7.3% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | PHDU | CRITICAL CARE | 4 | 0 | 94% | 107% | 103% | | 69 | 21.4 | 1.6 | 23.0 | 8.6% | 0.5% | 0.0% | 0.33 | 0.00 | 0.33 | 2.6% | 100% | | | 1 | | | | | | | | | 0 | 1 | | |
| CLINICAL SUPPORT | C20 | INFECTIOUS DISEASE | 19 | 1 | 92% | 83% | 102% | 84% | 405 | 3.6 | 2.3 | 5.9 | 14.1% | 3.3% | 4.9% | 2.24 | 0.96 | 3.20 | 15.8% | 100% | | | | | 1 | | | | | | | 0 | 1 | | |
| | C29 | REHABILITATION | 15 | 19 | 82% | 104% | 100% | 65% | 459 | 3.2 | 4.1 | 7.3 | 13.5% | 1.2% | 0.0% | 1.37 | 1.22 | 2.59 | 9.0% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | C30 | ONCOLOGY | 22 | 2 | 83% | 106% | 98% | 98% | 633 | 2.8 | 2.1 | 4.8 | 13.6% | 0.3% | 2.8% | 2.50 | 0.03 | 2.53 | 11.5% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | C31 | ONCOLOGY | 27 | 0 | 72% | 100% | 99% | 105% | 754 | 2.4 | 2.1 | 4.5 | 12.9% | 1.4% | 0.0% | 0.67 | 1.33 | 2.00 | 7.8% | 100% | 1 | | 1 | | | | | 1 | | | 1 | 3 | | | |
| | C32 | ONCOLOGY | 22 | 3 | 92% | 96% | 102% | 99% | 617 | 3.0 | 1.7 | 4.7 | 12.1% | 0.3% | 3.1% | -0.53 | 1.72 | 1.19 | 5.0% | 100% | | | | | | | | | | | | 0 | 0 | | |
| | C33 | HAEMATOLOGY | 28 | 2 | 76% | 133% | 99% | 121% | 660 | 4.2 | 2.1 | 6.3 | 14.2% | 2.3% | 2.6% | 2.97 | -1.99 | 0.98 | 2.8% | 100% | | | | | | | | | | | | 0 | 0 | | |
| TOTAL: | | | | 175 | AVERAGE: | | | | 586 | 5.9 | 2.3 | 8.2 | 13.3% | 1.8% | 2.6 | | | | | | | | | | | | | | | | | | | | |