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| **Report on Nursing and Midwifery Staffing Levels – November & December 2018** |

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| For approval: |  | For assurance: | x | To note: |  |

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| **Accountable Director** | | Vicky Morris, Chief Nursing Officer | | | | | | | | | | | | |
| **Presented by** | | Vicky Morris  Chief Nursing Officer | | | | | | **Author /s** | | | Louise Pearson: Lead for Nursing and Midwifery Workforce | | | |
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| **Alignment to the Trust’s strategic priorities** | | | | | | | | | | | | | | |
| Deliver safe, high quality, compassionate patient care | | | | x | Design healthcare around the needs of our patients, with our partners | | | |  | Invest and realise the full potential of our staff to provide compassionate and personalised care | | | | x |
| Ensure the Trust is financially viable and makes the best use of resources for our patients | | | |  | Continuously improve our services to secure our reputation as the local provider of choice | | | |  |  | | | |  |
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| **Alignment to the Trust’s goals** | | | | | | | | | | | | | | |
| Timely access to our services | x | | Better quality patient care | | | x | More productive services | | | | |  | Well-Led |  |

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| **Report previously reviewed by** | | | |
| Committee/Group | | Date | Outcome |
| People and Culture Committee | | 26th February 2019 | Received for assurance |
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| **Assurance**: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?* | | | | | | | Y | BAF number(s) | | | 11 | | |
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| **Significant assurance** | |  | **Moderate assurance** |  | | **Limited assurance** | | |  | **No assurance** | | |  |
| *High level of confidence in delivery of existing mechanisms/objectives* | | | *General confidence in delivery of existing mechanisms /objectives* | | | *Some confidence in delivery of existing mechanisms /objectives* | | | | *No confidence in delivery* | | | |
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| Recommendations | The Trust Board is requested to note the findings of the report and the mitigating actions taken to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality. | | | | | | | | | | | | |

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| Executive Summary |
| This paper provides an overview to the Trust Board of the nursing and midwifery staffing levels for the planned and the actual staffing levels for November and December 2018.   * This paper demonstrates our position regarding the mandatory submission for nursing fill rates, required by the Department of Health via UNIFY, and highlights key areas of risk and the mitigation taken at Divisional / Directorate level. * The paper also includes an overview by division of their staffing position for registered and non – registered staff. The turnover rate is included, which indicates the ability of the organisation to retain staff against the regional and national benchmarks. There is stability in the number of RN vacancies; however the HCA vacancies have reduced by 23 wte in this period. Of the 246.33 wte vacancies 195.94 of these are RNs and 50.39 are for HCAs. In January and February 2019 there are approximately 40 registered nurses due to commence in ward areas. * The fill rates for RN and HCAs over November and December are above 90% except for RN fill on days in December which ran at 89.5% and HCAs on day duty in November and December. * The staffing levels are reviewed 3 times each day and reported at the bed meetings, further review of nurse staffing levels are monitored by the on call matron out of hours. The wards are safely staffed as mitigation actions are taken where any risk is identified. * Risks and incidents which have been attributed to staffing levels are also provided in order to review the impact and outcomes on patients. There has been a reduction in the number of red flag incidents in this period compared to the previous month. In November there was 1 moderate harm identified as result of nursing staff being redeployed, 2 patients fell during this shift.  1. Proactive recruitment is in place and includes: 2. An active social media campaign 3. Fortnightly staffing meetings to discuss rosters, vacancies and bank usage 4. The reintroduction of the Nursing and Midwifery Action Group 5. Working with the university to guaranteed post here once they qualify 6. Support for internal and external recruitment events by the Practice Development Team 7. The rollout of the 1st Nursing Associates who join the NMC register and our workforce in April 2019  * During the winter 3 additional wards have been opened. The additional nurse staffing requirements are 61.76 WTE RN’s and 91.21 HCA’s. The wards which have opened are Avon 5 on the Worcester site and Ward 4 and Ward 1 on the Alex site. * Safe staffing levels and Care Hours per Patient Day (CHPPD) are in place across the Trust and the mitigation is detailed in Appendix1.This table demonstrates the mitigation which has been put in place contemporaneously to ensure safe staffing across the wards. |
| Background |
| We are required to submit monthly data to Unify. This information provides the detail per ward of the nursing and midwifery staffing fill rates and bed days. This information is displayed on our website.  From September 2018, NHSI have published Care Hours Per Patient Day (CHPPD) on MY NHS and NHS choices. This measure is used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care. This is through ward deployment of staff to care for the right patients at the right time with the right skill set to meet patients’ needs. Divisions review staffing on a shift by shift basis and move staff across wards/departments to ensure safe staffing.  The staffing levels fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as more than 100% will have used additional staff to their ward establishment. Reasons for this include, increased capacity i.e. additional beds being open, and one to one nurse to patient ratio to provide enhanced observations for specific patient needs (specialling). |
| Issues |
| Staffing levels/Vacancies The data below in Table 1 highlights the funded and in post rates within the nursing workforce for December 2018.  Overall the nursing and midwifery vacancies have decreased by 23 whole time equivalent (wte) for Health Care Assistants (HCAs). This decrease is as a result of the targeted recruitment campaign from September 2018 for HCA vacancies within the Trust in support of winter pressures. The RN vacancy rate is stable. |
| **Table 1**   |  |  | | --- | --- | | Vacancy for in patient wards areas & non ward areas | December 2108 | | Qualified | 195.94 | | Unqualified | 50.39 | | Total | 246.33 |   From January through to the end of February 2019 there are approximately 40 registered nurses due to commence in post into vacancies on ward areas and 30 HCAs. The Divisions continue to actively recruit to support winter pressures and the additional wards at the Alexandra Hospital site (Ward 4 and Ward 1) and the winter ward on the Worcester Royal Hospital site. The recruitment event in January at the Alexandra Hospital has over 80 applicants for HCA positions within the trust which will also support the additional 2 medical wards due to open in April 2019.  The Table 2 provides a summary of the vacancy rates across the Divisions.  Table 2   |  |  |  |  | | --- | --- | --- | --- | | Division | RN vacancy  wte | HCA vacancy  wte | Concerns | | Speciality Medicine\* | 65.96 | 10.77 | Wards with vacancies greater than 25% of their establishment are Ward 6, 2,12 Evergreen, Avon 3 and ASU. | | Urgent Care | 56.13 | 1.20 | The ward with a vacancy factor of greater than 25% is Medical Assessment Unit WRH, MSSU | | Surgery | 38.33 | 12.50 | Wards with a vacancy factor greater than 25% of their establishment is Beech B, SCDU Trauma and Orthopaedics | | SCSD | 30.36 | 12.68 | No areas above 25% | | Women & Children | 0 | 13.24 | No areas above 25% |   \*These figures exclude the additional winter wards  Actions to support proactive recruitment.   * Increased profiling of medicine and surgery in both recruitment events and adverts, this includes targeted recruitment for specialty wards/ units rather than generic recruitment adverts. This includes the use of social media which was very successful for HCAs. The trust are also undertaking an external recruitment event with the RCN in March which allows up to 10 external vacancy adverts onto the RCN bulletin, so all specialities have been asked for adverts. * Wards with vacancies greater than 25% - prioritise block booking of bank and agency to ensure safe cover, these are the areas that have utilised the IDM service. * A specialised managed agency project – “Project Nightingale” will be in place from December 2018 to support safe staffing of the winter wards. This will be provided through an external company supporting the Trust to fill substantive vacancies with the same agency staff from December until the end of March. * A weekly staffing meeting involving Divisional Directors of Nursing (DDNs) and Workforce Leads/ Deputy CNO is in place to provide oversight of planned staffing and actual staffing numbers and actions in place for escalation. * Wards with >25% vacancies will have a monthly workforce review meeting.  Fill rates of staffing shifts Fill rates are calculated from the expected level of staffing on a shift by shift basis against what was actually provided. This data is produced from the safer staffing app and submitted to Unify in response to Lord Carter’s recommendations. The full data set is provided in the unified data - Appendix 1. Overall Trust position Table 3 demonstrates the average fill rates across the Trust. It is a concern that the fill rate for trained and untrained staff on the day shift is under 90%. This is a driver for Project Nightingale where temporary staff is being brought in to cover lines of off duty in wards/departments to enhance safer staffing levels. The Trust is working with 2 companies to support the wards having temporary staff working lines of off duty. The total number of staff which they are expected to provide is up to 150 wte.  **Table 3 Trust wide Summary of RN/HCA fill rates for days and nights for November and December 2018**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **RN day** | **RN night** | **HCA day** | **HCA night** | | **November 2018** | **90.12%** | **92.35%** | **84.8%** | **93.5%** | | **December 2018** | **89.5%** | **94.39%** | **80.1%** | **90.2%** |   For November and December 2018 wards that have triggered red on the Unify data in Appendix 1 have the explanation and mitigation detailed within the Appendix.  Staffing is reviewed by the Matrons and Divisional Directors of Nursing three times a day and by the matrons on call overnight. Mitigation processes are activated in real time when temporary staffing measures are not achieved. These included reviews of the acuity and dependency of patients on wards to ensure needs are being met with reduced staffing numbers. Decisions taken included: cancelling training, use of non-ward based nursing staff, ward managers included in provision of patient care, not opening extra capacity beds and accepting acutely dependant patients.  Work is progressing for the implementation of the Allocate safe staffing module that will provide a greater accuracy in reporting staffing in real time going forward. A pilot of 4 wards went live from 29th January. The full implementation of the NHSP interface and the safer care module from Allocate will have all inpatient wards live on the system from the end of April 2019. Incident reports and red flags In November and December 2018 there were 61 and 76 Incidents reported respectively with the specific category of nurse/midwifery staffing. The number of reported incidents that fall within the red flag criteria has reduced from the previous report.    The red flag shifts were indicative of events where staffing could be a causative factor; these incidents were triangulated with red triggered fill rates on the Unify data. These incidences were all recorded on Datix where staff selects the appropriate outcome of short staffing. Table 4 provides a breakdown of red flag shifts reported. Table 4 Incident reported with category nurse/midwifery staffing  |  |  |  |  | | --- | --- | --- | --- | |  | No Harm | Minor Harm | Moderate Harm | | November | 53 | 7 | 1 | | December | 76 | 8 | 0 |  Staffing incidents of harm There was 1 moderate harm incident reported in November which describes the movement of staff potentially contributed to the fall of 2 patients during that shift. There were 15 incidents that reported minor harm. All 15 were related to situations where there has been decreased staffing on shift. In all incidents, mitigations have been put into place through the use of either bank or agency, moving staff from neighbouring wards to ensure patients’ needs were met. Winter planning In meeting the increased needs of patients during winter, increased numbers of nursing staff are required. This totals 61.76 WTE RN’s and 91.21 HCA’s (Avon 5 and Ward 4 and Ward 1). There is a recruitment drive in place for recruitment of health care assistants. Proactive Recruitment in place  * Social media continues to be actively used to raise the trust’s profile regarding nurse vacancies and opportunities being offered through targeted advertising the use of this for the recent recruitment drive yielded 25 trained and students to come through the doors and in excess of 90 HCAs). * Fortnightly staffing meeting will now become weekly during winter months to discuss health rosters (e-rostering), vacancies and bank usage ensuring that posts are being actioned appropriately. This is overseen by Chief Nursing Officer and areas where deep dives are needed are being explored through Divisional Directors of Nursing. * Fortnightly meetings with strategic partners is in place to ensure agency partners and HR, are addressing the agency staff being used appropriately. * The reintroduction of the Nursing and Midwifery Action Group (NWAG) and NMAG has been recommenced with the initial meeting taking place in January with a task and finish group to complete the recruitment strategy made up from all divisions * The Lead for Professional Development is working with the University regarding the pre-registration employment process and opportunities and the ‘Golden ticket’ approach to support Worcester University student nurses to be guaranteed a post on qualifying. * The Lead for Nursing Workforce will work with HR in raising profile of nursing in local schools for Worcestershire- with the use of the SIM lab and the team going out to careers days. What can we do going forward – offer week long work experience placements for 16 year old students looking for a job within the NHS. * The Professional Development Team is supporting internal and external recruitment events planned for 2019. * The rollout of the first co-hort of Nursing Associates will be in the workforce by April 2019 with 18 qualifying and taking their place on the NMC register |
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| Recommendations | The Trust Board are asked to note the findings of the report and the mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality. |

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| **Appendices**  **Appendix 1 – Unify Data – November & December 2018** |

**APPENDIX 1**

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| **NOVEMBER 2018 - RAG RATED UNIFY DATA ALL SITES** | | | | | |  |  |  |  |
| **Ward name** | **Day** | | **Night** | | **Narrative for each red shift** | **Care Hours Per Patient Day (CHPPD)** | | | |
| **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** |
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| Acute Stroke Unit | 85.6% | 101.1% | 87.3% | 110.7% |  | 870 | 4.1 | 3.7 | 7.8 |
| Avon 2 | 100.0% | 93.3% | 92.2% | 116.7% |  | 643 | 3.2 | 3.4 | 6.6 |
| Avon 3 | 83.3% | 95.8% | 83.3% | 115.0% |  | 560 | 3.2 | 3.9 | 7.2 |
| Avon 4 | 91.1% | 122.7% | 100.0% | 115.0% |  | 667 | 2.6 | 5.8 | 8.3 |
| Beech A | 100.6% | 94.4% | 67.8% | 101.7% | Establishment set at 3RNs on the night shift but currently running on 2RN's. Matron and DDN monitor patient safety indicators and acuity and increase trained nurse staffing when acuity is high | 590 | 3.1 | 3.0 | 6.1 |
| Beech B | 104.5% | 161.4% | 131.8% | 109.1% |  | 263 | 4.7 | 2.7 | 7.5 |
| Beech C | 79.4% | 70.0% | 98.3% | 100.0% | Establishment is set as 3RNs on a late shift but do roster 2RN's at the weekend and occassionally in the week. HCA establishment is 3HCAs in the morning but will run with 2HCA's. Matron and DDN review acuity,dependancy and patient safety and adjust staffing numbers and skill mix accordingly. | 477 | 3.3 | 3.1 | 6.4 |
| Coronary Care | 100.0% | - | 100.0% | - |  | 101 | 14.3 | 0.0 | 14.3 |
| Critical Care | 76.1% | 58.3% | 78.9% | - | Working with critical care to understand why they continue to show red across the county, potential to combine the areas as they work county wide | 122 | 27.4 | 1.7 | 29.2 |
| Critical Care | 97.0% | 78.3% | 97.7% | - |  | 282 | 24.9 | 1.0 | 25.9 |
| EGAU/ANW Gynaecology | 96.7% | 84.2% | 90.0% | 71.7% |  | 333 | 4.0 | 3.4 | 7.4 |
| Evergreen | 77.5% | 112.1% | 66.7% | 154.4% |  | 687 | 2.7 | 4.8 | 7.4 |
| Head and Neck | 88.2% | 95.0% | 100.0% | 51.7% | Establishment set at 2 HCA'ss on the night shift but currently running on 1HCA's. Matron and DDN monitor patient safety indicators and dependency and increase trained nurse staffing when acuity is high | 322 | 4.5 | 3.3 | 7.8 |
| Laurel 1 | 102.2% | 124.4% | 110.0% | 116.7% |  | 565 | 3.4 | 1.9 | 5.3 |
| Laurel 2 | 117.5% | 76.7% | 99.2% | 101.7% |  | 628 | 5.0 | 2.9 | 7.9 |
| Laurel 3 | 87.1% | 82.8% | 91.7% | 170.0% |  | 497 | 5.2 | 3.0 | 8.2 |
| Laurel CCU | 96.7% | - | 100.0% | - |  | 217 | 13.1 | 0.0 | 13.1 |
| Lavender Suites | 92.1% | 83.5% | 92.3% | 100.4% |  | 1000 | 15.1 | 5.2 | 20.3 |
| Medical Assessment Unit - ALX | 89.4% | 89.7% | 94.4% | 87.2% |  | 919 | 4.3 | 4.2 | 8.5 |
| Medical Assessment Unit - WRH | 84.7% | 111.1% | 82.7% | 95.6% |  | 642 | 4.7 | 3.5 | 8.2 |
| Medical Short Stay Unit | 94.0% | 74.4% | 93.0% | 88.7% |  | 725 | 4.3 | 3.7 | 8.0 |
| Neonatal TCU | 113.6% | 113.6% | 104.5% | 122.7% |  | 274 | 2.1 | 2.3 | 4.4 |
| Neonatal Unit | 134.1% | 63.6% | 132.7% | 95.5% |  | 385 | 9.1 | 1.1 | 10.2 |
| Riverbank | 87.4% | 80.0% | 95.6% | 103.3% |  | 774 | 6.3 | 1.2 | 7.6 |
| SCDU | 89.4% | 101.7% | 100.0% | 206.7% |  | 472 | 3.6 | 3.1 | 6.7 |
| Silver Oncology | 128.4% | 83.3% | 96.2% | 97.4% |  | 589 | 3.6 | 3.4 | 7.0 |
| Surgical High Care Unit | 109.1% | 97.7% | 108.5% | 131.8% |  | 214 | 10.0 | 2.8 | 12.8 |
| Trauma And Orthopaedics | 124.2% | 104.2% | 123.1% | 126.2% |  | 1021 | 1.6 | 1.8 | 3.5 |
| Vascular Unit | 84.0% | 65.6% | 100.8% | 53.3% | Establishment for HCA's is 2 on the L:D and 2 on a night shift. The ward is now has a compliment of 14 beds and will dependant on acuity and dependency roster 1 HCA instead of 2 | 518 | 5.7 | 2.1 | 7.8 |
| Ward 1 | 108.3% | 111.7% | 100.0% | - |  | 91 | 16.5 | 5.1 | 21.6 |
| Ward 10 | 101.1% | 94.4% | 100.0% | 111.7% |  | 549 | 3.3 | 3.3 | 6.6 |
| Ward 11 | 67.6% | 94.8% | 141.1% | 173.2% |  | 836 | 2.5 | 3.0 | 5.5 |
| Ward 12 | 85.3% | 95.1% | 97.4% | 103.8% |  | 813 | 2.7 | 3.4 | 6.2 |
| Ward 14 | 82.2% | 92.8% | 100.0% | 100.0% |  | 550 | 2.9 | 3.1 | 6.1 |
| Ward 16 | 93.3% | 86.7% | 76.7% | 91.7% | Ward is the elective orthopaedic ward and staffing is adjusted according to workload and how many beds are being occupied. In addition the ward has throughout Nov on occasion had 6 beds flipped to other wards to create additional medical capacity | 558 | 3.9 | 3.1 | 7.0 |
| Ward 17 | 96.3% | 101.3% | 97.8% | 98.3% |  | 810 | 3.0 | 3.5 | 6.6 |
| Ward 18 | 82.6% | 81.0% | 95.6% | 100.0% |  | 698 | 3.4 | 2.5 | 5.9 |
| Ward 2 | 97.2% | 90.6% | 70.0% | 170.0% |  | 664 | 2.7 | 3.3 | 6.0 |
| Ward 5 | 75.7% | 94.4% | 78.7% | 120.0% |  | 564 | 4.9 | 3.3 | 8.3 |
| Ward 6 | 81.7% | 103.3% | 103.3% | 113.3% |  | 657 | 2.5 | 2.7 | 5.1 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DECEMBER 2018 - RAG RATED UNIFY DATA ALL SITES** | | | | | |  |  |  |  |
| **Ward name** | **Day** | | **Night** | | **Narrative** | **Care Hours Per Patient Day (CHPPD)** | | | |
| **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** |
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| Acute Stroke Unit | 83.9% | 92.3% | 100.0% | 105.6% |  | 937 | 4.0 | 3.5 | 7.5 |
| Avon 2 | 100.0% | 95.2% | 89.2% | 108.1% |  | 660 | 3.2 | 3.4 | 6.6 |
| Avon 3 | 97.8% | 96.8% | 87.1% | 98.4% |  | 604 | 3.4 | 3.6 | 7.0 |
| Avon 4 | 90.3% | 131.3% | 98.4% | 118.5% |  | 715 | 2.4 | 5.9 | 8.3 |
| Beech A | 101.6% | 96.2% | 67.7% | 103.2% | Establishment set at 3RNs on the night shift but currently running on 2RN's. Matron and DDN monitor patient safety indicators and acuity and increase trained nurse staffing when acuity is high | 620 | 3.0 | 3.0 | 6.0 |
| Beech B | 92.7% | 100.0% | 93.5% | 74.2% |  | 261 | 5.3 | 2.5 | 7.8 |
| Beech C | 88.7% | 84.4% | 104.8% | 116.1% |  | 495 | 3.6 | 3.6 | 7.2 |
| Coronary Care | 100.0% | - | 100.0% | - |  | 116 | 12.8 | 0.1 | 12.9 |
| Critical Care | 79.6% | 66.1% | 84.9% | - |  | 135 | 27.2 | 1.8 | 29.0 |
| Critical Care | 98.5% | 66.1% | 99.4% | - |  | 301 | 24.5 | 0.8 | 25.3 |
| EGAU/ANW Gynaecology | 95.2% | 69.4% | 82.3% | 62.9% |  | 74 | 17.8 | 13.3 | 31.1 |
| Evergreen | 77.4% | 112.1% | 77.4% | 147.3% |  | 703 | 2.9 | 4.7 | 7.6 |
| Head and Neck | 97.6% | 87.1% | 101.6% | 58.1% | Establishment set at 2 HCA'ss on the night shift but currently running on 1HCA's. Matron and DDN monitor patient safety indicators and dependency and increase trained nurse staffing when acuity is high | 327 | 4.5 | 3.3 | 7.8 |
| Laurel 1 | 101.6% | 87.1% | 116.1% | 112.9% |  | 556 | 3.6 | 1.9 | 5.5 |
| Laurel 2 | 107.3% | 100.8% | 100.0% | 106.5% |  | 652 | 4.7 | 3.5 | 8.2 |
| Laurel 3 | 83.1% | 73.7% | 92.7% | 122.6% |  | 528 | 5.0 | 2.4 | 7.4 |
| Laurel CCU | 99.2% | - | 96.0% | - |  | 223 | 13.0 | 0.0 | 13.0 |
| Lavender Suites | 87.2% | 85.9% | 95.2% | 100.0% |  | 1151 | 13.2 | 4.5 | 17.7 |
| Medical Assessment Unit - ALX | 83.9% | 79.3% | 91.9% | 79.6% |  | 767 | 5.1 | 4.6 | 9.7 |
| Medical Assessment Unit - WRH | 94.8% | 108.6% | 94.2% | 96.8% |  | 715 | 4.9 | 3.2 | 8.1 |
| Medical Short Stay Unit | 89.7% | 69.9% | 96.8% | 110.8% |  | 737 | 4.2 | 3.8 | 8.0 |
| Neonatal TCU | 66.1% | 87.1% | 71.0% | 93.5% |  | 284 | 1.8 | 2.4 | 4.2 |
| Neonatal Unit | 94.5% | 51.6% | 97.4% | 54.8% |  | 371 | 9.6 | 1.1 | 10.7 |
| Riverbank | 90.1% | 75.0% | 98.9% | 93.5% |  | 596 | 8.8 | 1.5 | 10.3 |
| SCDU | 89.2% | 107.3% | 117.7% | 212.9% |  | 491 | 3.8 | 3.2 | 7.1 |
| Silver Oncology | 114.0% | 90.3% | 94.6% | 98.9% |  | 620 | 3.8 | 3.9 | 7.7 |
| Surgical High Care Unit | 98.9% | 61.3% | 97.8% | 83.9% |  | 234 | 9.4 | 2.3 | 11.7 |
| Trauma And Orthopaedics | 112.1% | 66.9% | 104.0% | 67.7% |  | 1061 | 3.0 | 3.5 | 6.6 |
| Vascular Unit | 83.2% | 72.6% | 97.6% | 80.6% |  | 533 | 5.6 | 2.6 | 8.3 |
| Ward 1 | 104.0% | 104.8% | 96.8% | - |  | 121 | 12.3 | 3.2 | 15.6 |
| Ward 10 | 96.2% | 86.6% | 100.0% | 98.4% |  | 590 | 3.1 | 2.9 | 6.0 |
| Ward 11 | 76.5% | 100.4% | 150.0% | 224.2% |  | 841 | 3.0 | 3.8 | 6.8 |
| Ward 12 | 109.3% | 100.8% | 141.9% | 116.1% |  | 975 | 3.3 | 3.3 | 6.6 |
| Ward 14 | 87.6% | 96.8% | 103.2% | 103.2% |  | 567 | 3.1 | 3.3 | 6.3 |
| Ward 16 | 77.8% | 58.9% | 66.7% | 75.8% | Ward is the elective orthopaedic ward and staffing is adjusted according to workload and how many beds are being occupied. In addition the ward has throughout December on occasion had 6 beds flipped to other wards to create additional medical capacity | 370 | 5.1 | 3.9 | 9.0 |
| Ward 17 | 99.6% | 99.2% | 116.1% | 97.6% |  | 826 | 3.4 | 3.5 | 6.9 |
| Ward 18 | 83.9% | 71.9% | 104.6% | 117.9% |  | 786 | 3.1 | 2.2 | 5.4 |
| Ward 2 | 95.7% | 90.9% | 83.9% | 159.7% |  | 684 | 2.9 | 3.2 | 6.1 |
| Ward 4 ALX | 72.0% | 60.8% | 68.8% | 66.7% |  | 626 | 2.5 | 2.3 | 4.8 |
| Ward 5 | 74.8% | 90.3% | 77.4% | 114.5% |  | 788 | 3.6 | 2.4 | 6.0 |
| Ward 6 | 83.3% | 87.6% | 106.5% | 104.8% |  | 693 | 2.5 | 2.5 | 5.0 |