












Integrated KPI Board Report

covering up to

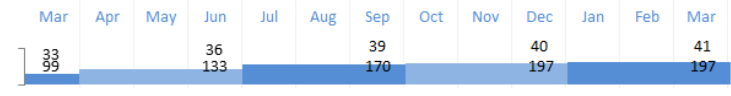
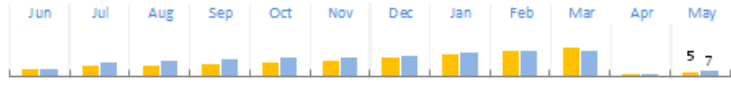
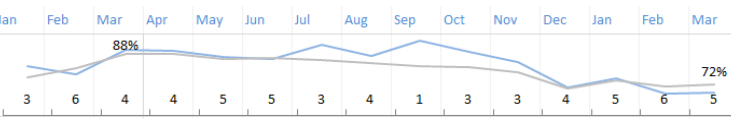
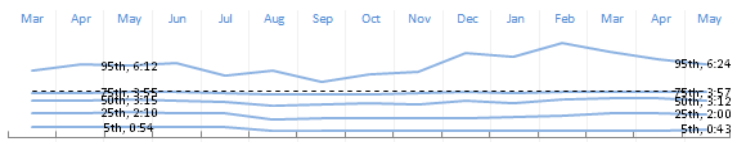

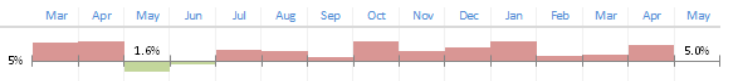
Nov 2018

Executive Sponsor - Jane Hayward, Director of Transformation

Jane.Hayward@uhs.nhs.uk

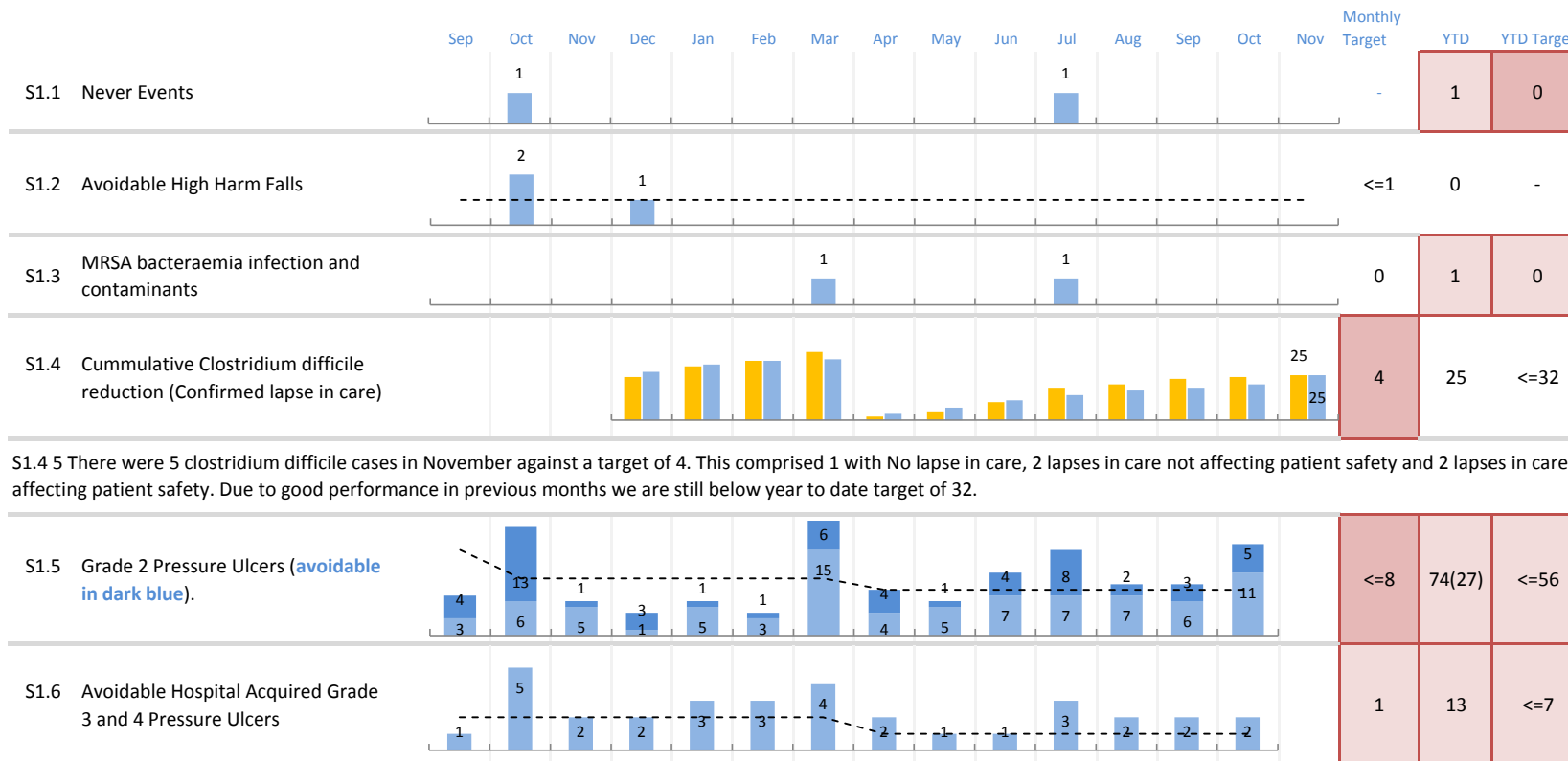
<p>Safe</p> 	<p>Safe remains amber this month as UHS has failed some KPI's yet we have seen continued good performance in other areas. There were no never events, avoidable high harm falls or MRSA infections/contaminants in November. C.Diff performance remains better than year to date target. The Trust planned to reduce pressure ulcers by 20% compared to last year, this trajectory is not currently being met. The themes are being collated and the learning is being shared through Pressure Ulcer Panel. VTE risk assessments remain an area of focus for the Trust with the new IT solution being piloted in AMU and T&O starting in December.</p>
<p>Caring</p> 	<p>Inpatient FFT response rate remains under trust target, but recommend scores remain high with only 0.9% of patients selecting 'would not recommend'. Maternity continue to perform strongly in both volume of responses and patient satisfaction. Mixed-sex accommodation breaches have dropped to 11 in the reporting month, within trust target. After a year-high total in October, complaints have fallen to a number more in line with overall year average.</p>
<p>Effective</p> 	<p>There are now 217 outcomes being reported to TEC from 43 specialities. Out of 200 graded outcomes 75.5% are green and 8.5% are graded red. Of those graded as red, these relate to: Emergency surgery - arrival in theatre and post op assessment by elderly care, Theatres - Compliance with stop points for safety in theatres, Diabetes mealtimes and choice and IV insulin (although the IV insulin was deemed appropriate therefore no risk), Rheumatology – Compliance with NICE Quality Standard relating to referral and treatment , Respiratory Medicine – COPD readmission rates and smoking cessation, Pathology - turnaround times for specimen reporting, Pharmacy – Discharge medicines turnaround times, Cardiology - patients with STEMI receiving PCI within 150 minutes, Trauma and Orthopaedics – knee revision rates and major trauma PROMS / consultant on arrival. All areas which have a red outcome have actions in place. Further information can be found in the Q2 18-19 effectiveness report.</p>
<p>Activity</p> 	<p>Two week wait cancer referrals remained high in October and are 6.6% higher year to date and number of first cancer treatments is up 10.5% year to date. More patients are attending the emergency departments than predicted with Main ED attendances up 4.9% year to date. GP eReferral percentage continues to rise and was 87.6% in October. There have been a number of changes year on year in services provided and how services are recorded that make year on year comparison difficult, this includes the Lymington surgical services and outpatients (up from August 17, impacts electives and outpatients), the change in recording CDU chairs (down from September 17, impacts on non electives), the recording of the respiratory centre (April 18, daycases to outpatients).</p>
<p>Flow</p> 	<p>After removing patients discharged from CDU from reporting, Rolling 12 month Non elective LOS is higher overall but shows a significant downward trend. The number of Delayed Transfers of Care in the Trust continues to trend downwards. The number of patients who have been in hospital for greater than or equal to 7 days showed a marked improvement decreasing in November by 48 to a total of 572 and patients with a length of stay greater or equal to 21 days has decreased also to 225, a 13% reduction on the same time last year. Early discharge on the day (pre-midday) in October has continued improvement and is now at 25% (target 30%).</p>
<p>Emergency Access</p> 	<p>Main ED (Type 1) performance was 5.4% above the average of our local peer group. Eye casualty (Type 2) performance is still an area of concern and has remained low in November, now at 88.3%. Lymington MIU (Type 3) remains at a high level of performance (99.9%) and as a local delivery system quarter to date we are meeting the PSF threshold at 90.3%.</p>
<p>RTT & Diagnostics</p> 	<p>Performance has been adversely impacted by the cancellation of the majority of elective admissions and outpatient appointments due a major incident which took place on the 28th November. Underlying performance against the 6 week diagnostic target (RR1.7) continues to improve, and would have exceeded 98.5% had 73 patients (the majority requiring ultrasound) not had their investigation delayed by the incident, it is anticipated that the deterioration reported at the end of November will be reversed at the end of December. RTT performance has improved despite delays to treatment on the 28th November, with an improvement of 0.7% achieved during the month and total waiting list size stable within the target, though further substantial further improvements will be necessary for the national target to be recovered.</p>
<p>Cancer</p> 	<p>Cancer performance is currently rated red as we are not achieving a number of measures. Recovery of the Treatment started within 62 days of urgent GP referral wait, is likely to be slow and significant challenges are being experienced linked to significant growth in referrals and the number of additional cancers being treated (250 year to date).</p>
<p>Research & Dev</p> 	<p>Research and Development has been rated amber this month. August saw a dip in recruitment which was not unexpected. Our forecasting indicates we will achieve weighted recruitment. Absolute recruitment remains a challenge however, funding is dependent on weighted recruitment.</p>
<p>Staffing</p> 	<p>Staffing is rated amber this month due to continued missed KPIs in a number of areas including turnover and nursing vacancies. The sickness target has again been achieved and there has been a further improvement in the appraisal rates. Total nursing vacancies have decreased again this month, reflecting recruitment achievements specifically in the unregistered workforce. This is reflected in an improvement in the care hours per patient day (CHPPD) figures for all areas.</p>
<p>Estates</p> 	<p>Estates has been rated green this month as we are meeting targets for All KPIs in November. The percentage of help desk requests completed in time is just short of achieving the target as a rolling 3 month figure indicating a sustained improvement. Unresolved help desk requests (over 30 days old) has achieved the CQC led target of less than 200 for the third month in a row.</p>

Report Guide

Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line Percentiles		A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles.
Control Chart		A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they <ul style="list-style-type: none"> -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target		Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.



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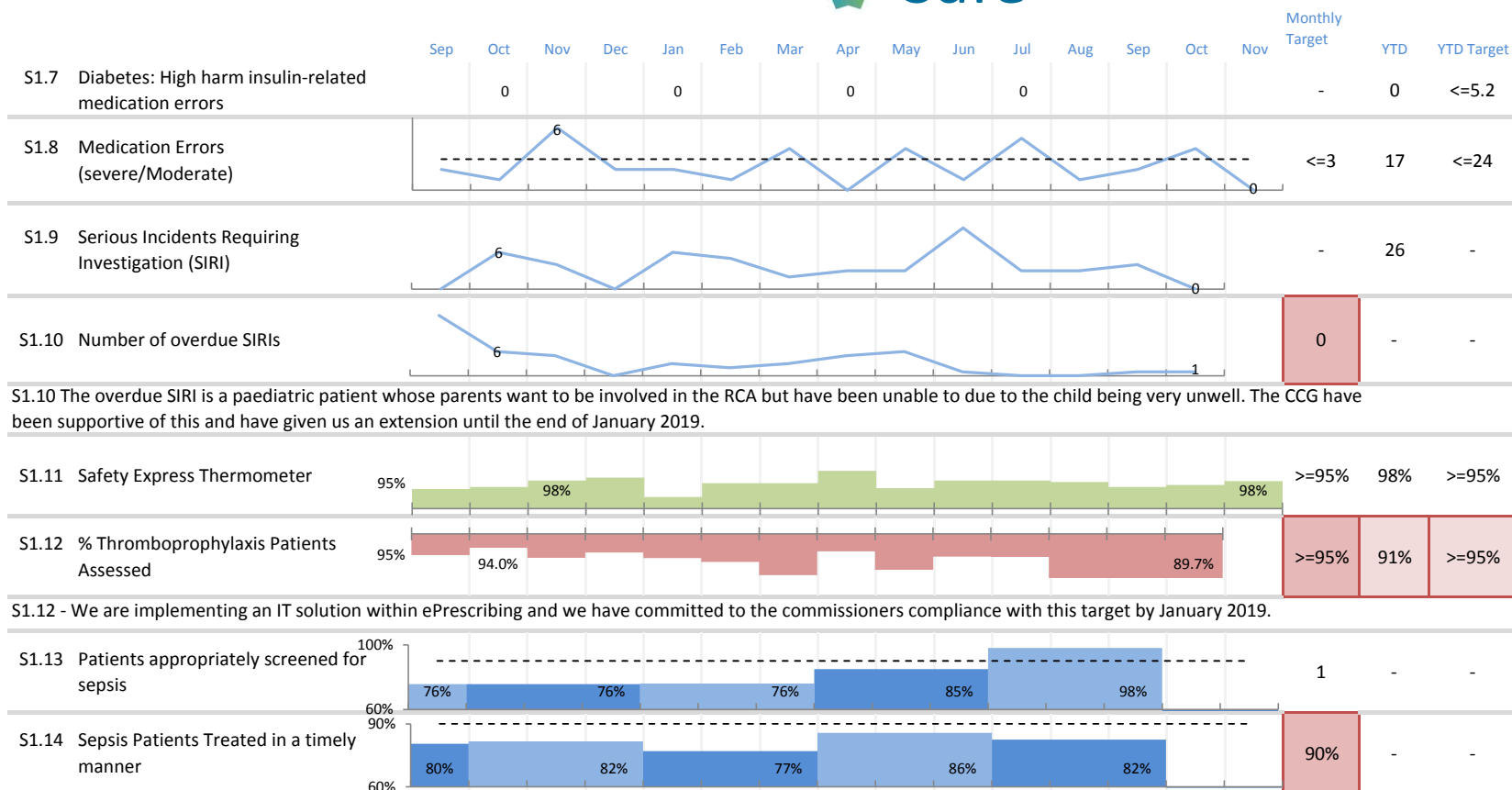


S1.4.5 There were 5 clostridium difficile cases in November against a target of 4. This comprised 1 with No lapse in care, 2 lapses in care not affecting patient safety and 2 lapses in care affecting patient safety. Due to good performance in previous months we are still below year to date target of 32.

S1.5 We have seen a rise in grade 2 pressure ulcers in October, however the number of these that are avoidable remains low. We remain over trajectory to achieve the 20% reduction for this year.

S1.6 We have had 2 avoidable grade 3 and 4 pressure ulcers in both September and October. Of these 3 were on the sacrum and 1 was on the heel. We remain above trajectory to achieve the 20% reduction this year and continue the focus on ensuring that the 2 hourly repositioning of patients is essential.



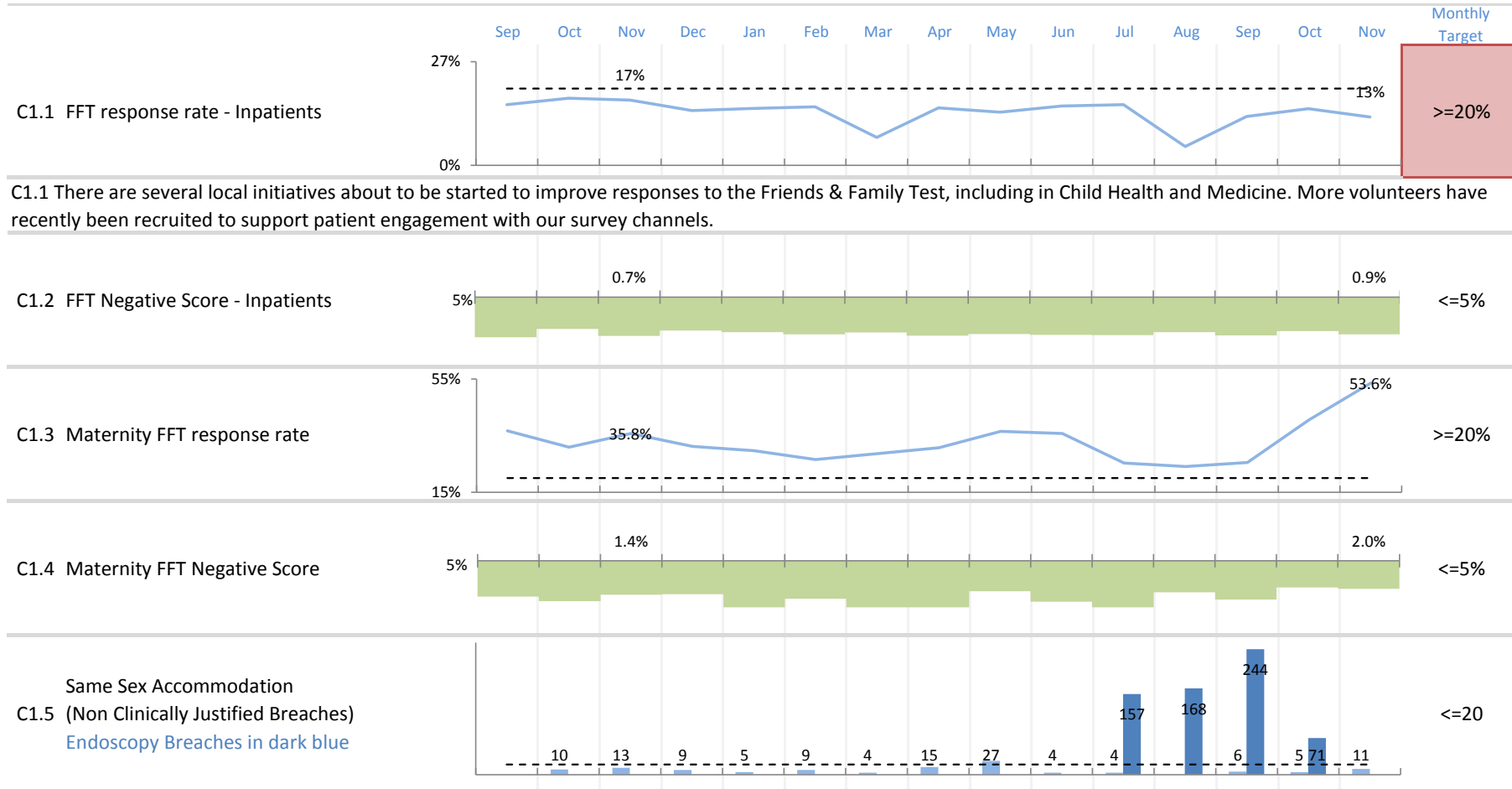


There has been a drop in the timely management of sepsis despite a continued focus on education and sepsis awareness. NEWS2 has now been implemented and should aid the recognition and escalation of deteriorating patients. The data shows that the majority of the delay is from the prescribing to administration of antibiotics, for which there are varying causes. This presents a challenge when trying to identify a solution. A sepsis panel for the last quarter will take place to review all the missed cases with the clinical teams, to assist in the recognition of potential causes in each clinical area.

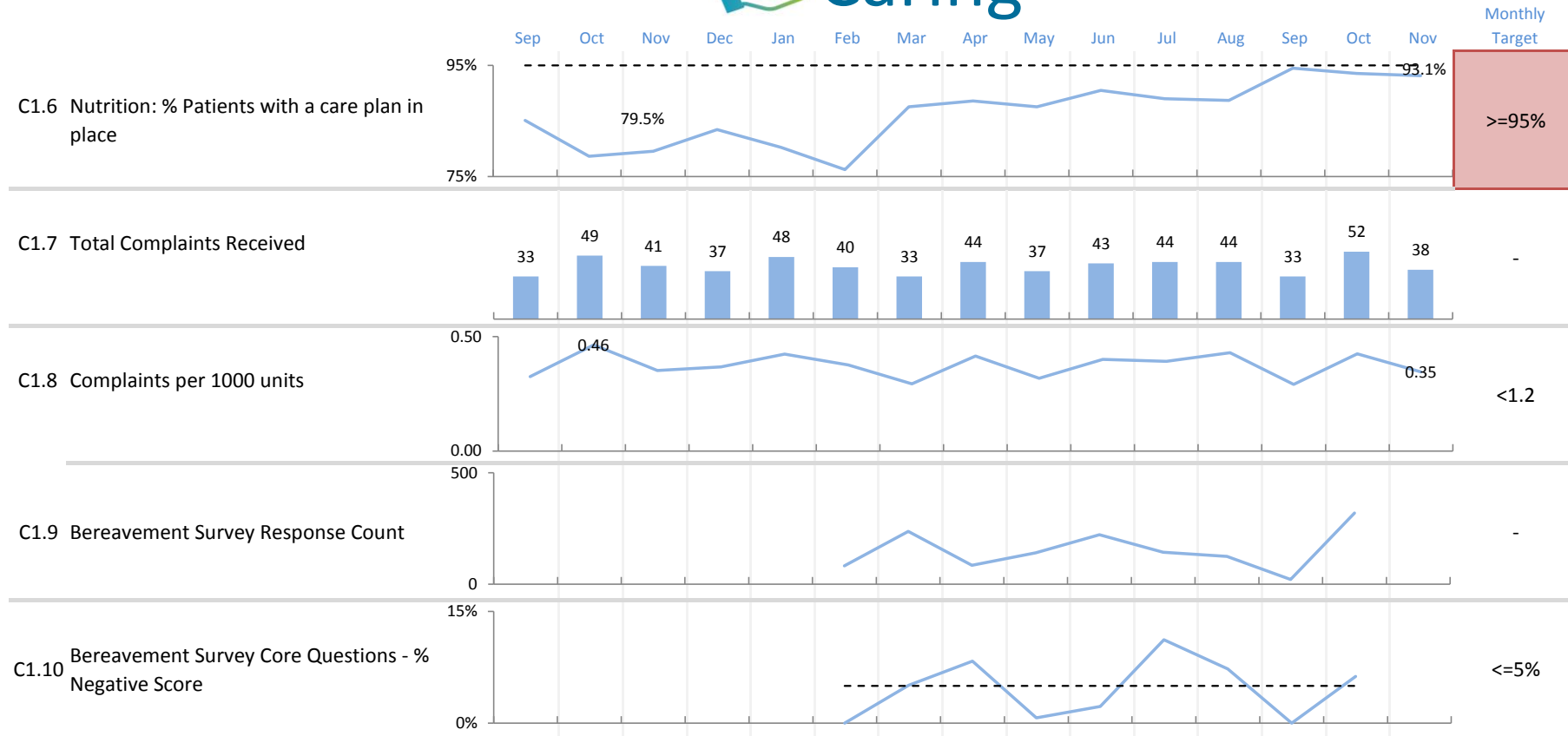




Inpatient FFT response rate remains under trust target, but recommend scores remain high with only 0.9% of patients selecting 'would not recommend'. Maternity continue to perform strongly in both volume of responses and patient satisfaction. Mixed-sex accommodation breaches have dropped to 11 in the reporting month, within trust target. After a year-high total in October, complaints have fallen to a number more in line with overall year average.



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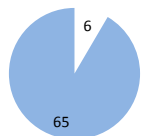
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Quality Accounts 18/19

E1.1 Participation in eligible National Audits & NCEPOD* studies



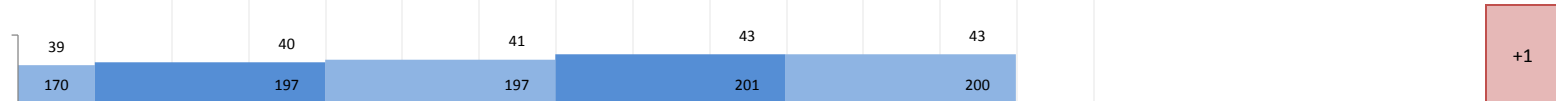
UHS do not participate in the BAUS stress Urinary Incontinence audit as this service sits in Gynae rather than Urology. 3 audits listed on the QA are not undertaking data collection during 18/19 and these are National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI), National Diabetes Audit – in patient and National Mortality Case Record Review Programme. We are awaiting confirmation as to whether National audit of Intermediate Care (NAIC) is applicable to UHS as it was deemed N/A in 2014.

National Reports

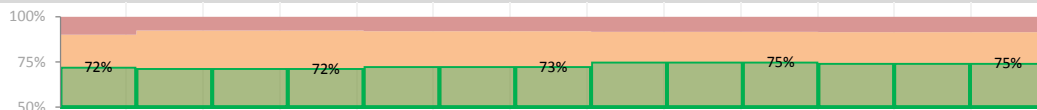
E1.2 Number of recently published National Audit reports (with areas of concern - dark blue)



E1.3 Cumulative Specialities with Outcome Measures Developed

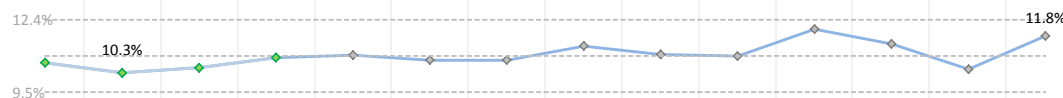


E1.4 Developed Outcomes RAG ratings



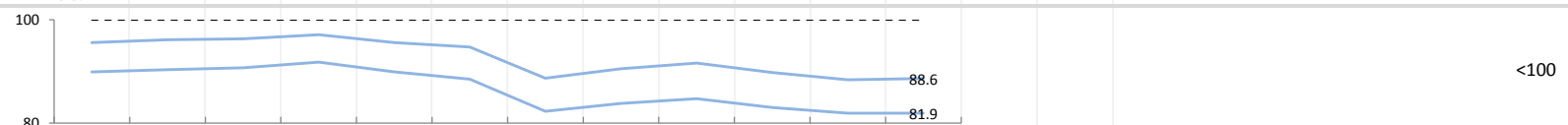
E1.4 - There are now 217 outcomes being reported to TEC from 43 specialities. Out of 200 graded outcomes 75.5% are green and 8.5% are graded red. Of those graded as red, these relate to: Emergency surgery - arrival in theatre and post op assessment by elderly care, Theatres - Compliance with stop points for safety in theatres, Diabetes mealtimes and choice and IV insulin (although the IV insulin was deemed appropriate therefore no risk), Rheumatology – Compliance with NICE Quality Standard relating to referral and treatment , Respiratory Medicine – COPD readmission rates and smoking cessation, Pathology - turnaround times for specimen reporting, Pharmacy – Discharge medicines turnaround times, Cardiology - patients with STEMI receiving PCI within 150 minutes, Trauma and Orthopaedics – knee revision rates and major trauma PROMS / consultant on arrival. All areas which have a red outcome have actions in place. Further information can be found in the Q2 18-19 effectiveness report.

E1.4 Emergency Readmissions

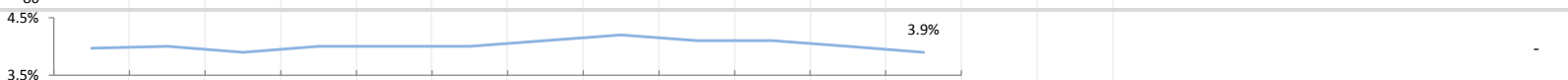


HSMR

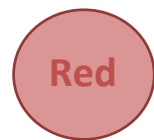
E1.5 HSMR - UHS
HSMR - SGH



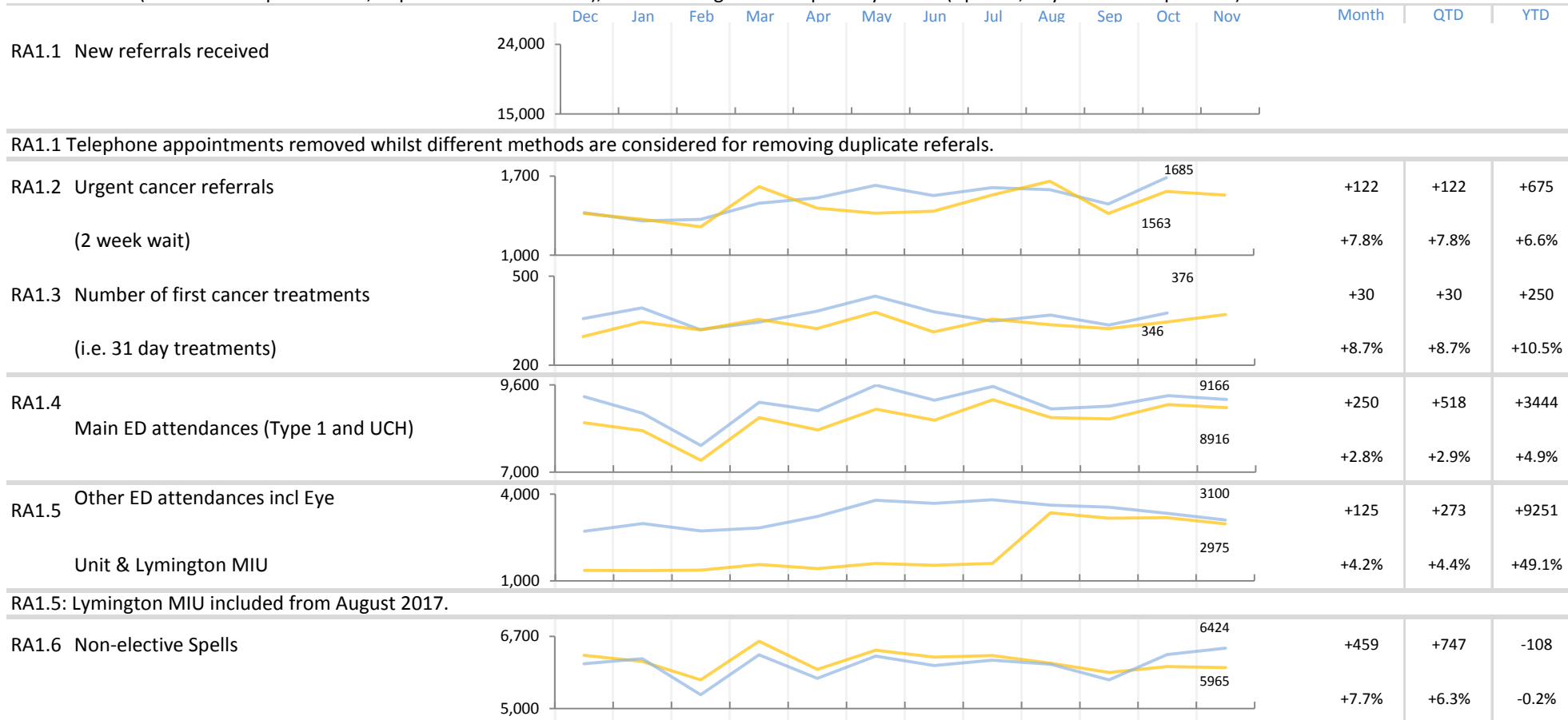
E1.6 HSMR - Crude Mortality



HSMR performance remains low due to continued low values from several specialities and an improvement in performance from previously higher specialities, e.g. Neurology, Neurosurgery and General Medicine.

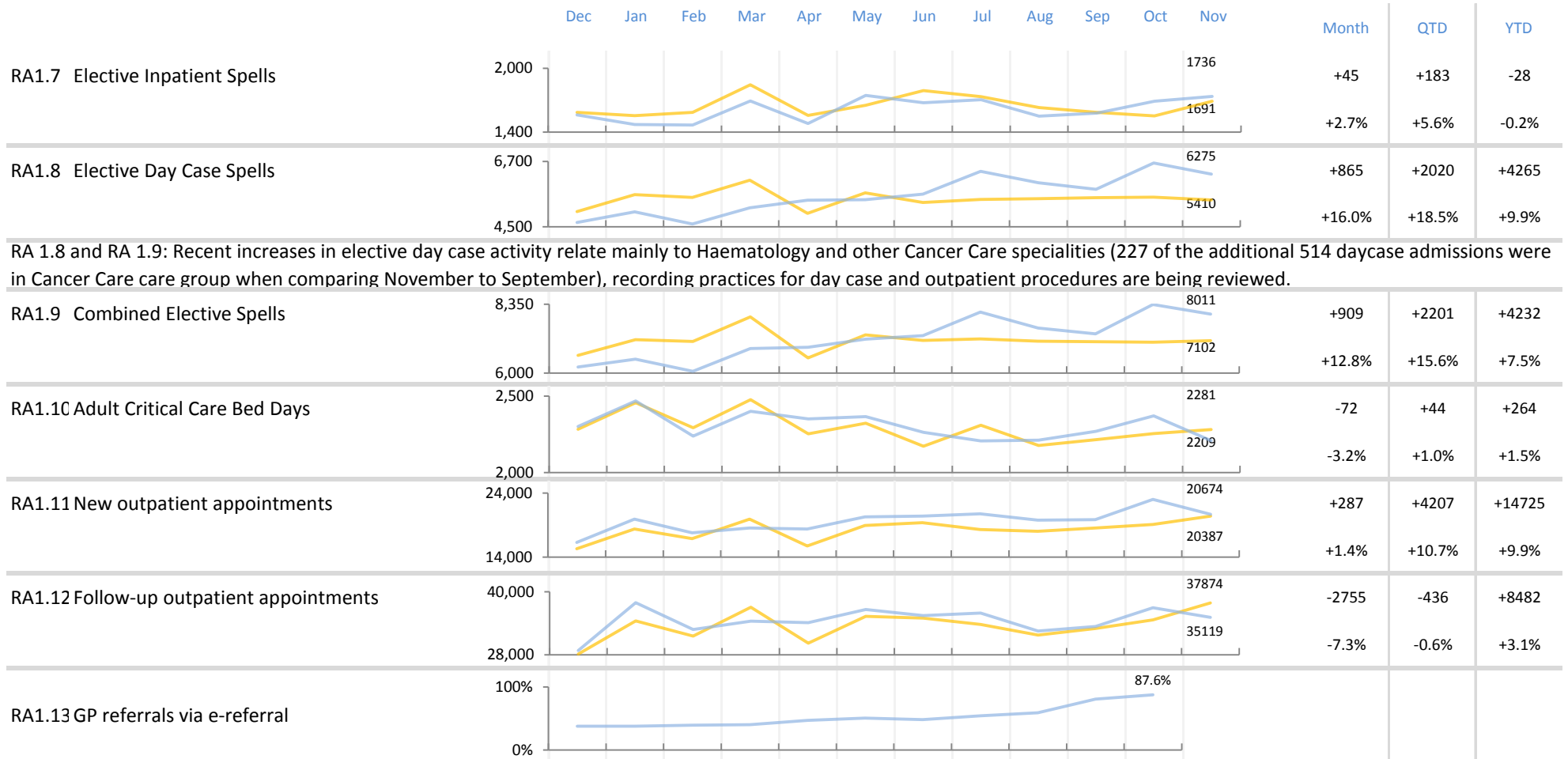


Two week wait cancer referrals remained high in October and are 6.6% higher year to date and number of first cancer treatments is up 10.5% year to date. More patients are attending the emergency departments than predicted with Main ED attendances up 4.9% year to date. GP eReferral percentage continues to rise and was 87.6% in October. There have been a number of changes year on year in services provided and how services are recorded that make year on year comparison difficult, this includes the Lymington surgical services and outpatients (up from August 17, impacts electives and outpatients), the change in recording CDU chairs (down from September 17, impacts on non electives), the recording of the respiratory centre (April 18, daycases to outpatients).



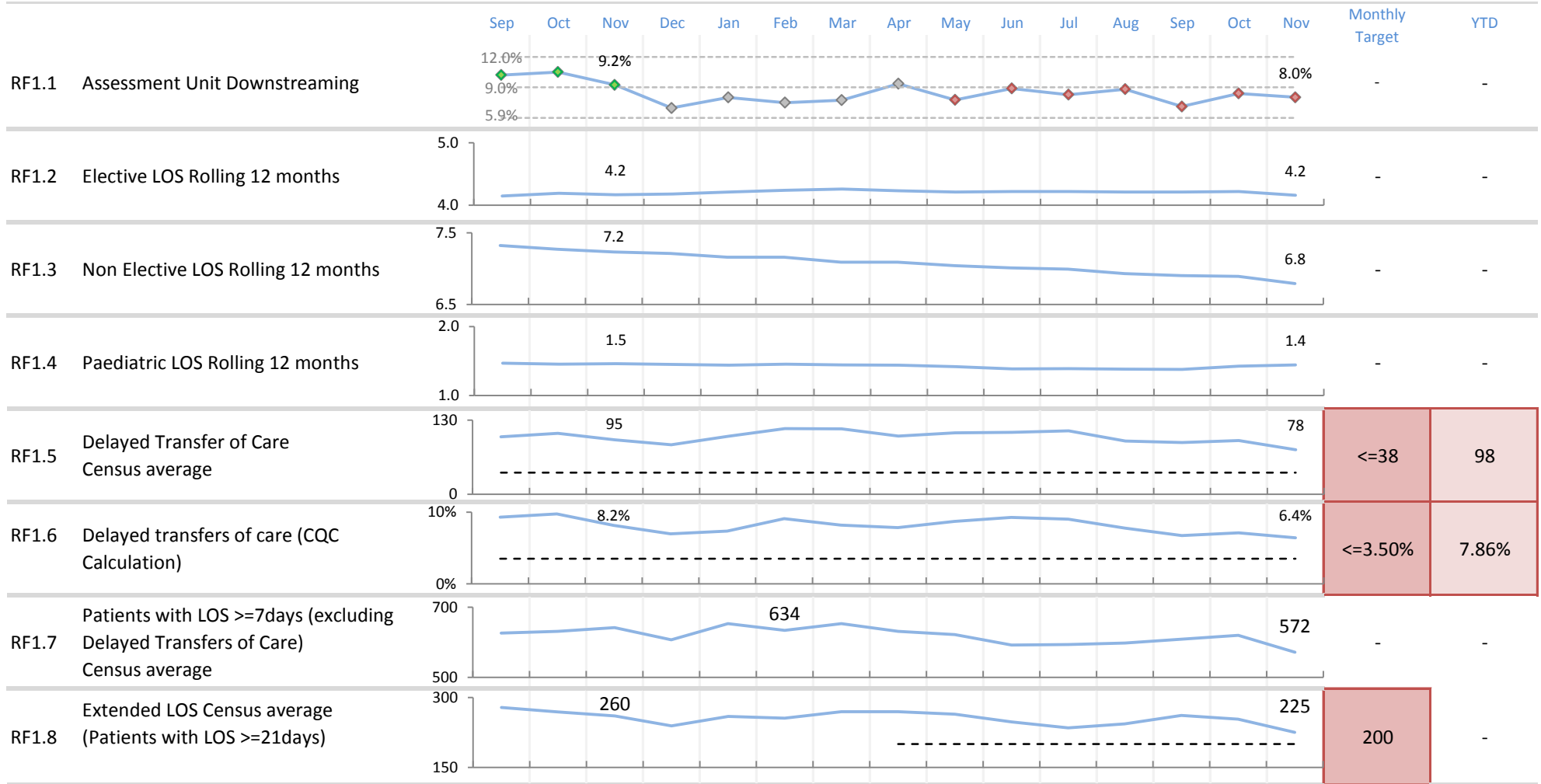
RA1.6: Operational practice change in counting and coding means that patients who move from ED to the CDU chair area only (not passing through CDU ward areas), are no longer being counted or billed as non-elective spells, resulting in a reduction in approx. 400 spells a month. Change in recording of metric from August 17 giving expected reduction. Increase this month belongs to general medicine. Non Elective general medicine spells were 957 in September and 1123 in November; this is the highest number of non elective spells general medicine have ever had in a month.





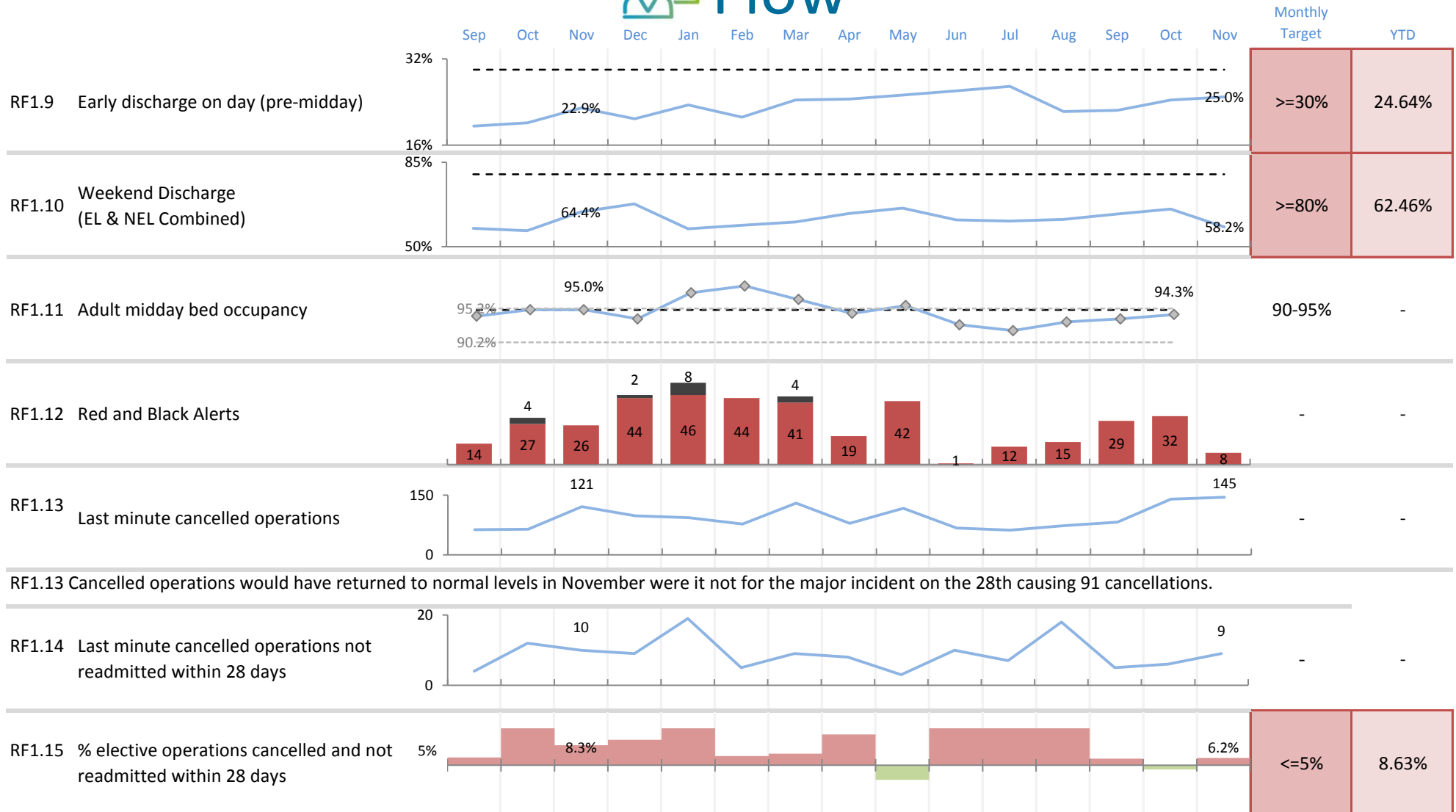
Amber

After removing patients discharged from CDU from reporting, Rolling 12 month Non elective LOS is higher overall but shows a significant downward trend. The number of Delayed Transfers of Care in the Trust continues to trend downwards. The number of patients who have been in hospital for greater than or equal to 7 days showed a marked improvement decreasing in November by 48 to a total of 572 and patients with a length of stay greater or equal to 21 days has decreased also to 225, a 13% reduction on the same time last year. Early discharge on the day (pre-midday) in October has continued improvement and is now at 25% (target 30%).

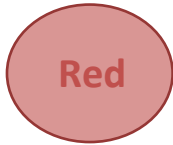


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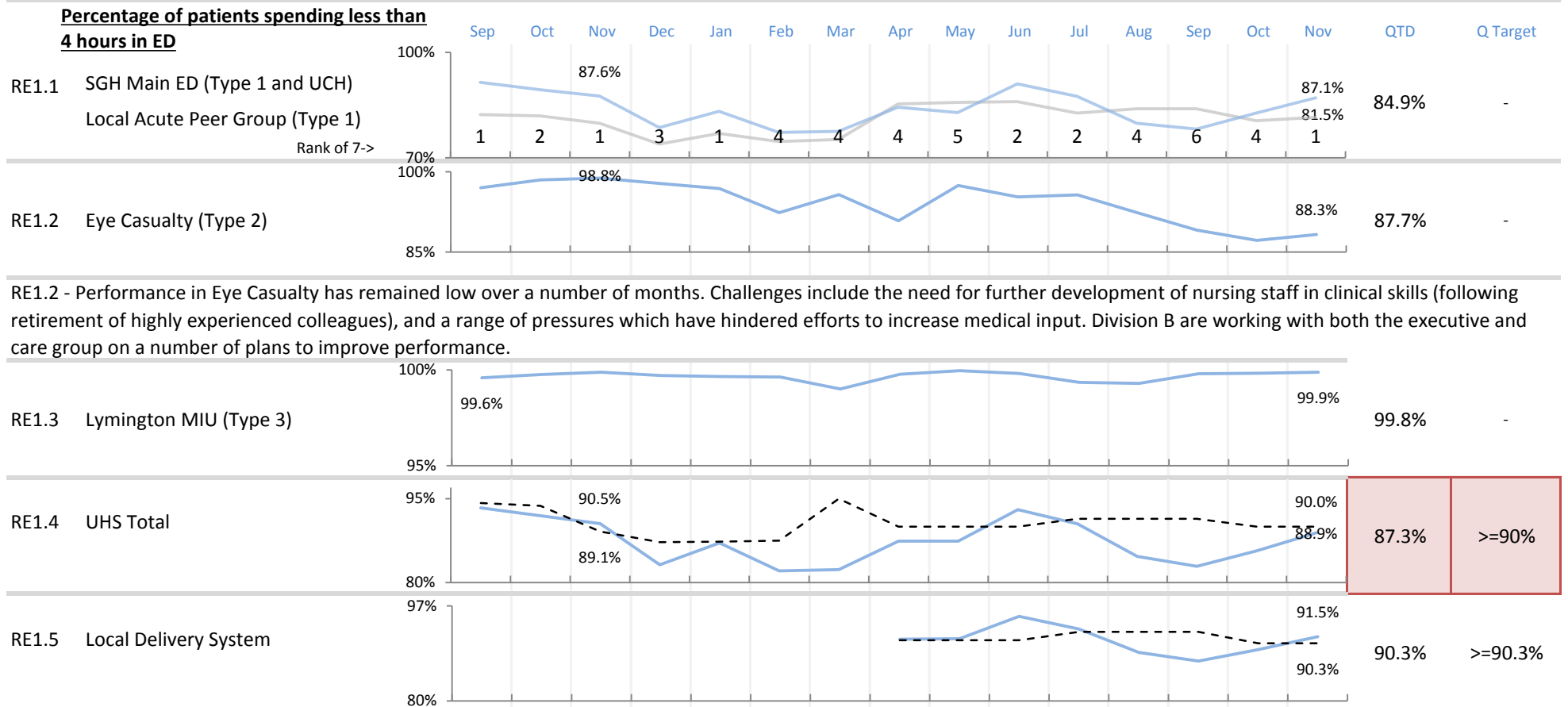
December 2018



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Main ED (Type 1) performance was 5.4% above the average of our local peer group. Eye casualty (Type 2) performance is still an area of concern and has remained low in November, now at 88.3%. Lymington MIU (Type 3) remains at a high level of performance (99.9%) and as a local delivery system quarter to date we are meeting the PSF threshold at 90.3%.



RE1.2 - Performance in Eye Casualty has remained low over a number of months. Challenges include the need for further development of nursing staff in clinical skills (following retirement of highly experienced colleagues), and a range of pressures which have hindered efforts to increase medical input. Division B are working with both the executive and care group on a number of plans to improve performance.

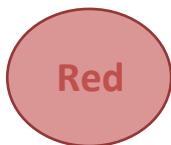
UHS Total (RE1.4) includes SGH all types and lymington. Local Delivery System (RE1.5) is UHS Total and Southampton Treatment Centre (RSH MIU).



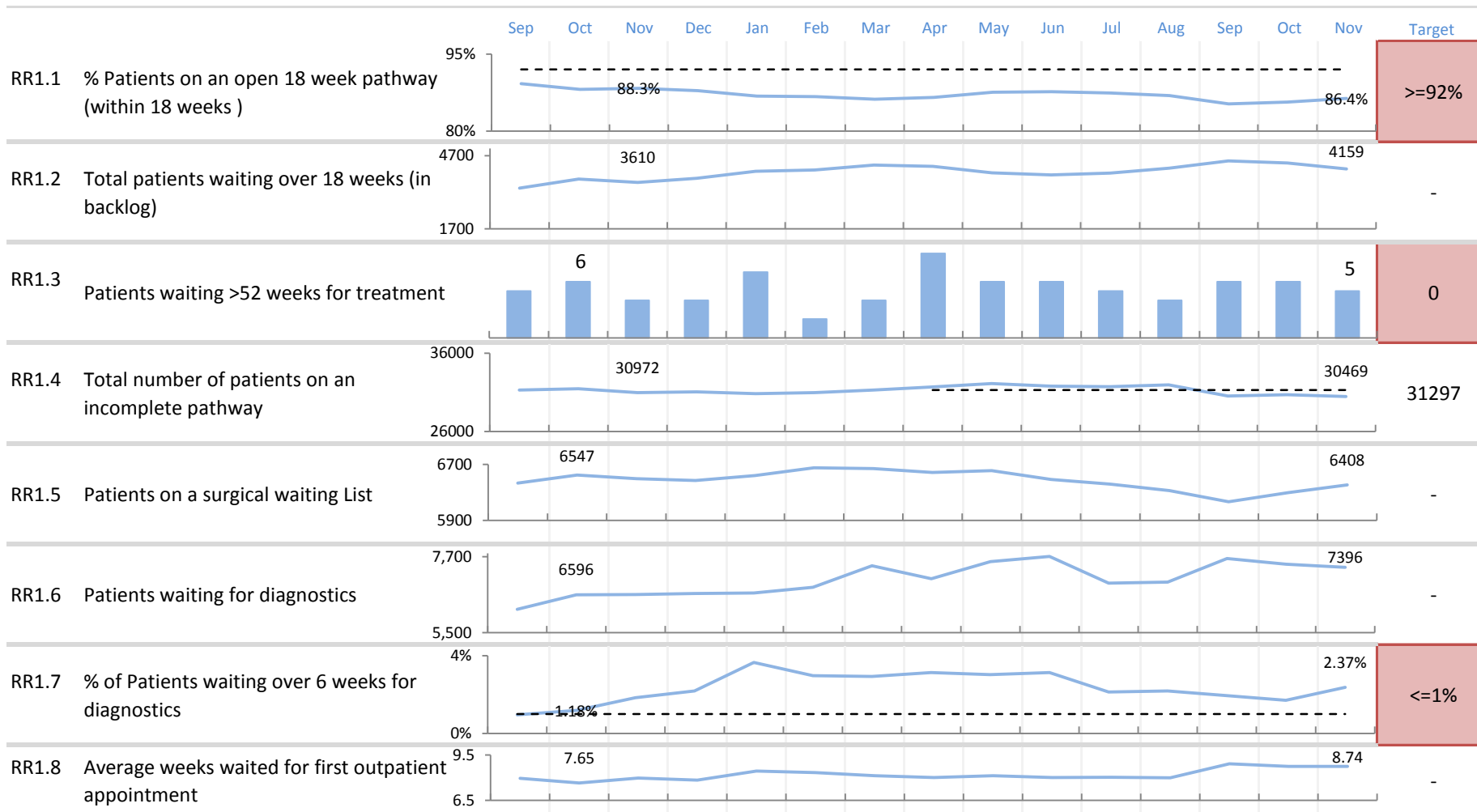


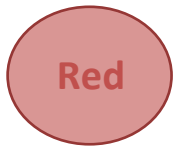
RE1.1 - Increase due to jump in admissions to CDU, investigation underway to determine if these become acute admissions also.



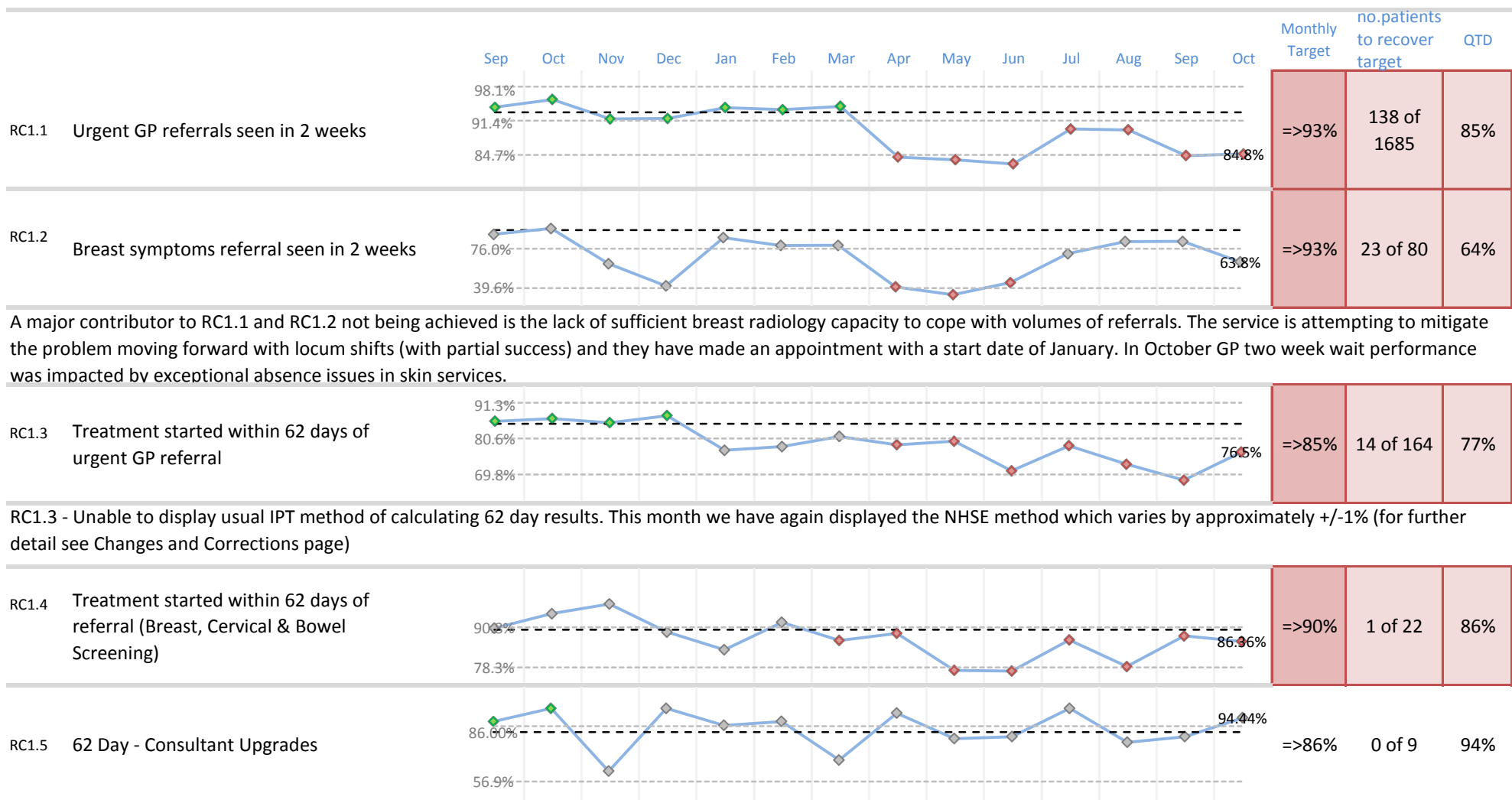


Performance has been adversely impacted by the cancellation of the majority of elective admissions and outpatient appointments due a major incident which took place on the 28th November. Underlying performance against the 6 week diagnostic target (RR1.7) continues to improve, and would have exceeded 98.5% had 73 patients (the majority requiring ultrasound) not had their investigation delayed by the incident, it is anticipated that the deterioration reported at the end of November will be reversed at the end of December. RTT performance has improved despite delays to treatment on the 28th November, with an improvement of 0.7% achieved during the month and total waiting list size stable within the target, though further substantial further improvements will be necessary for the national target to be recovered.



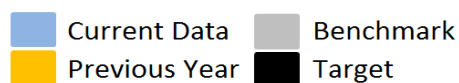


Cancer performance is currently rated red as we are not achieving a number of measures. Recovery of the Treatment started within 62 days of urgent GP referral wait, is likely to be slow and significant challenges are being experienced linked to significant growth in referrals and the number of additional cancers being treated (250 year to date).



A major contributor to RC1.1 and RC1.2 not being achieved is the lack of sufficient breast radiology capacity to cope with volumes of referrals. The service is attempting to mitigate the problem moving forward with locum shifts (with partial success) and they have made an appointment with a start date of January. In October GP two week wait performance was impacted by exceptional absence issues in skin services.

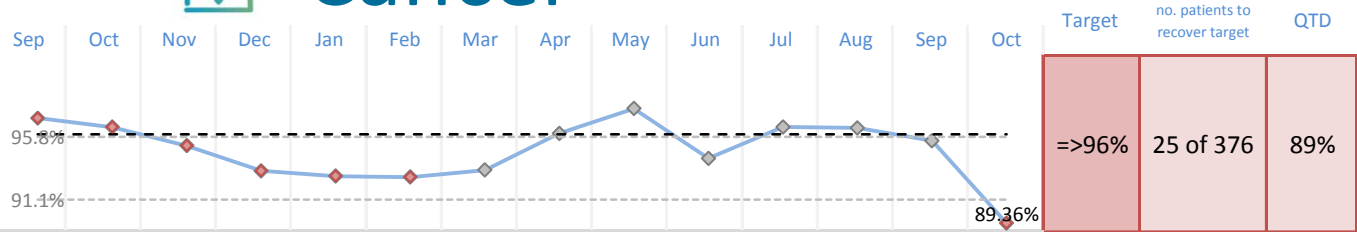
RC1.3 - Unable to display usual IPT method of calculating 62 day results. This month we have again displayed the NHSE method which varies by approximately +/-1% (for further detail see Changes and Corrections page)



December 2018

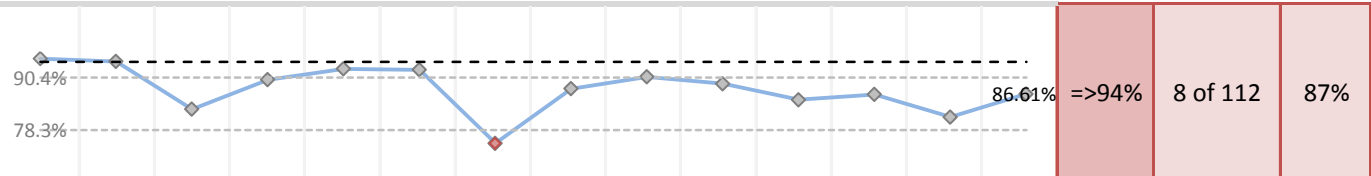


RC1.6 Treatment started within 31 days of decision to treat



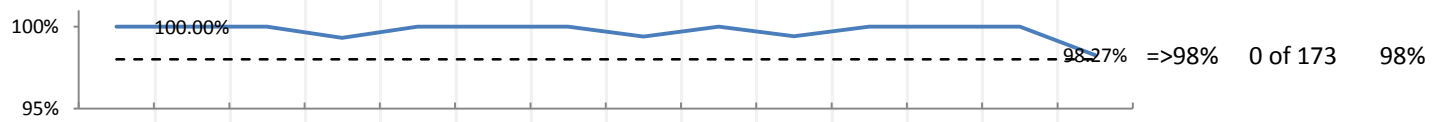
RC1.6 Performance adversely impacted in October by an exceptionally high number of target breaches in Skin Surgery, and in Urology Surgery.

RC1.7 Second or subsequent treatment (surgery) started within 31 days of decision to treat

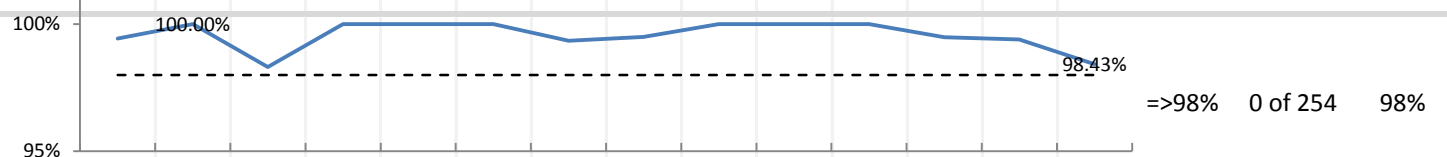


RC1.7 has been affected by capacity issues with three surgical areas - melanoma, prostate and bladder. Performance adversely impacted by capacity challenges for Urology treatment.

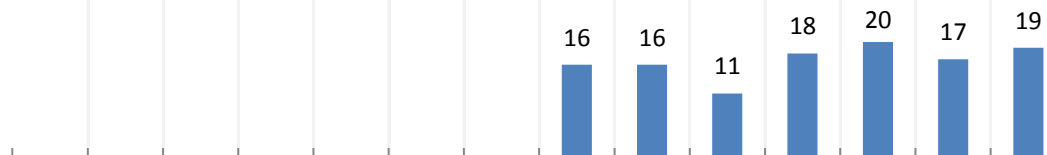
RC1.8 Second or subsequent treatment (anti cancer drugs) started within 31 days of decision to treat



RC1.9 Second or subsequent treatment (radiotherapy) started within 31 days of decision to treat



RC1.10 104 day waits (treated in month)

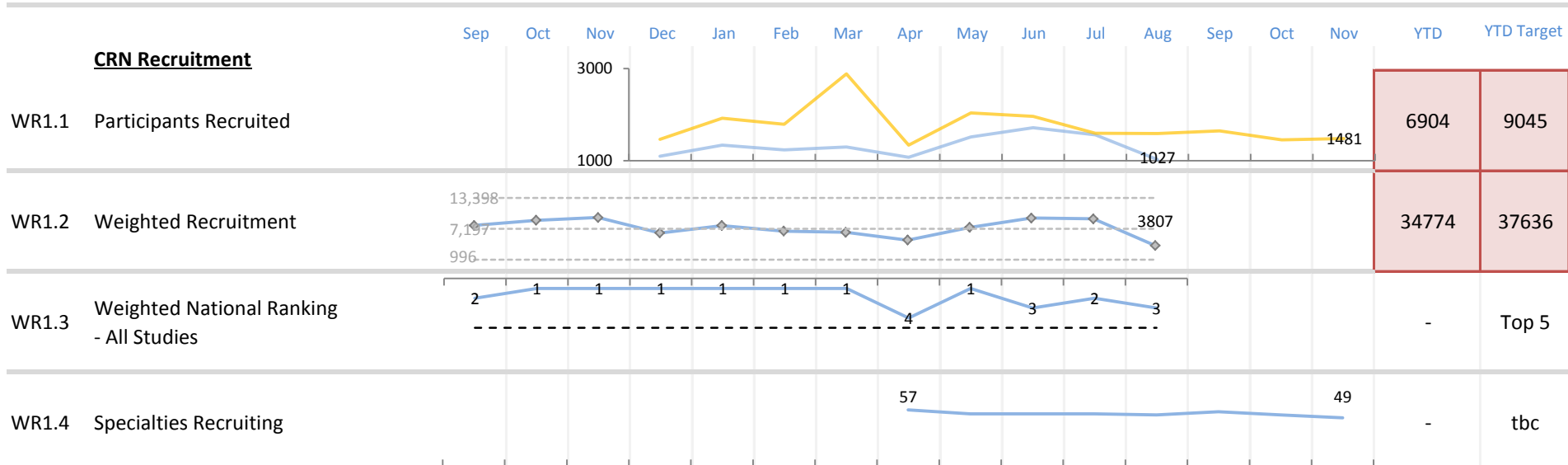


Principal reasons impacting RC1.10 are prostate surgery (same as RC1.3 & RC1.7), also late referrals of patients referred from other trusts and extended waits due to patient choice.

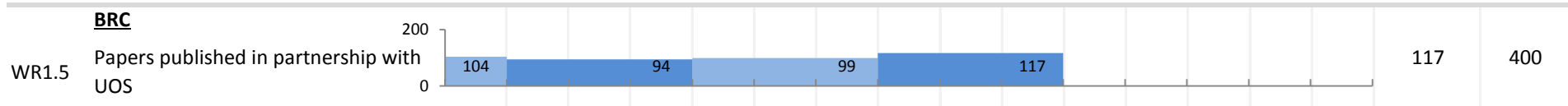
December 2018 Research and Development

Amber

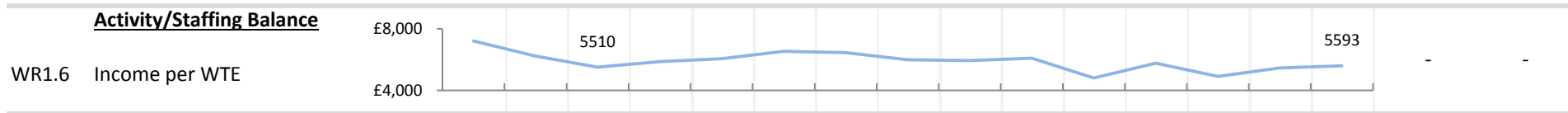
Research and Development has been rated amber this month. August saw a dip in recruitment which was not unexpected. Our forecasting indicates we will achieve weighted recruitment. Absolute recruitment remains a challenge however, funding is dependent on weighted recruitment.



The number of research active UHS specialties has been introduced as a new metric this year in response to implementing the new research strategy and the aim for all specialties to be research active. Having identified whether a specialty is research active or not, we are now trying to understand levels of activity in relation to size of department for this to be more meaningful.



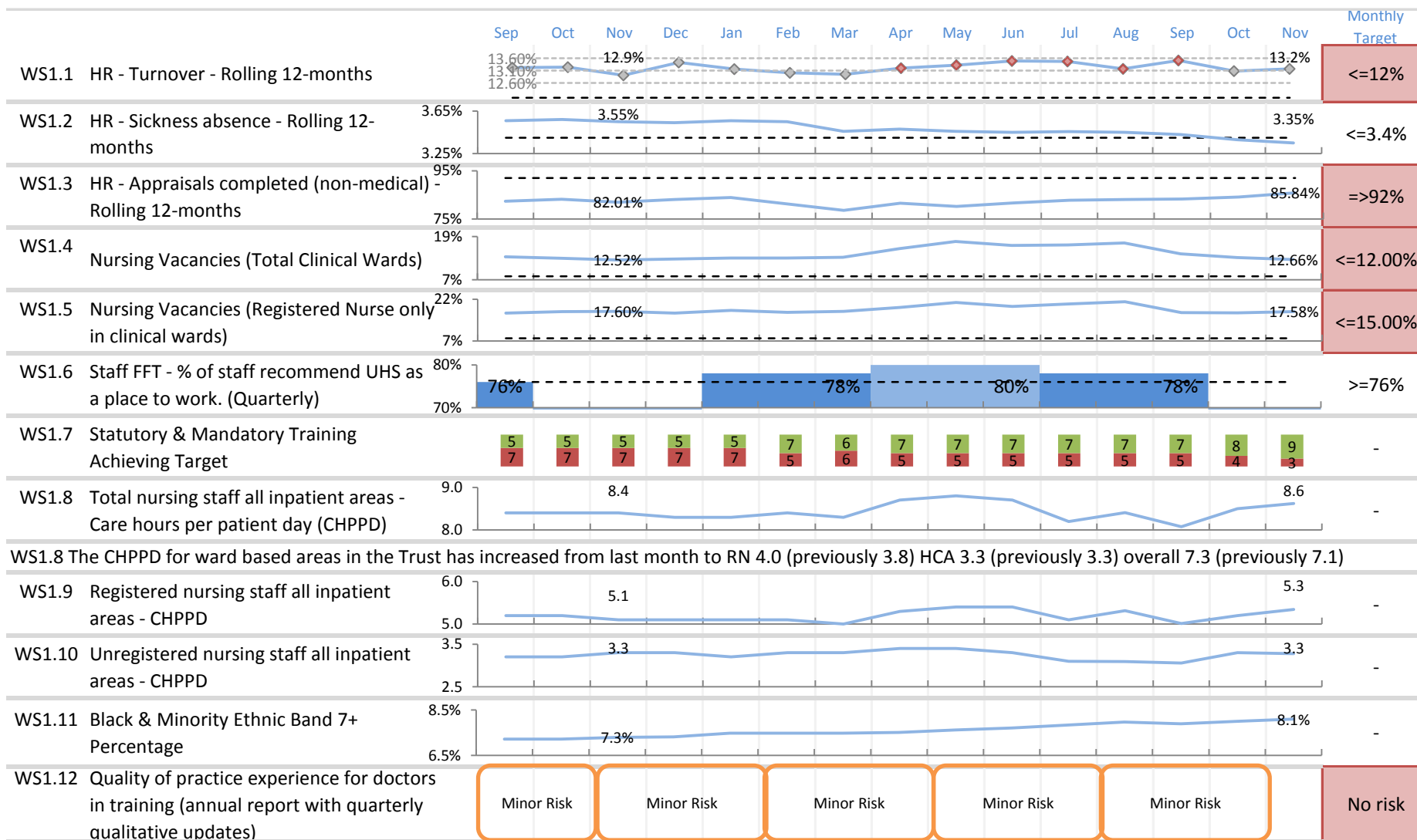
Number of BRC papers is not available this quarter due to change in reporting requirements by NIHR. New mechanism is being explored with library services. However we believe this is on track.



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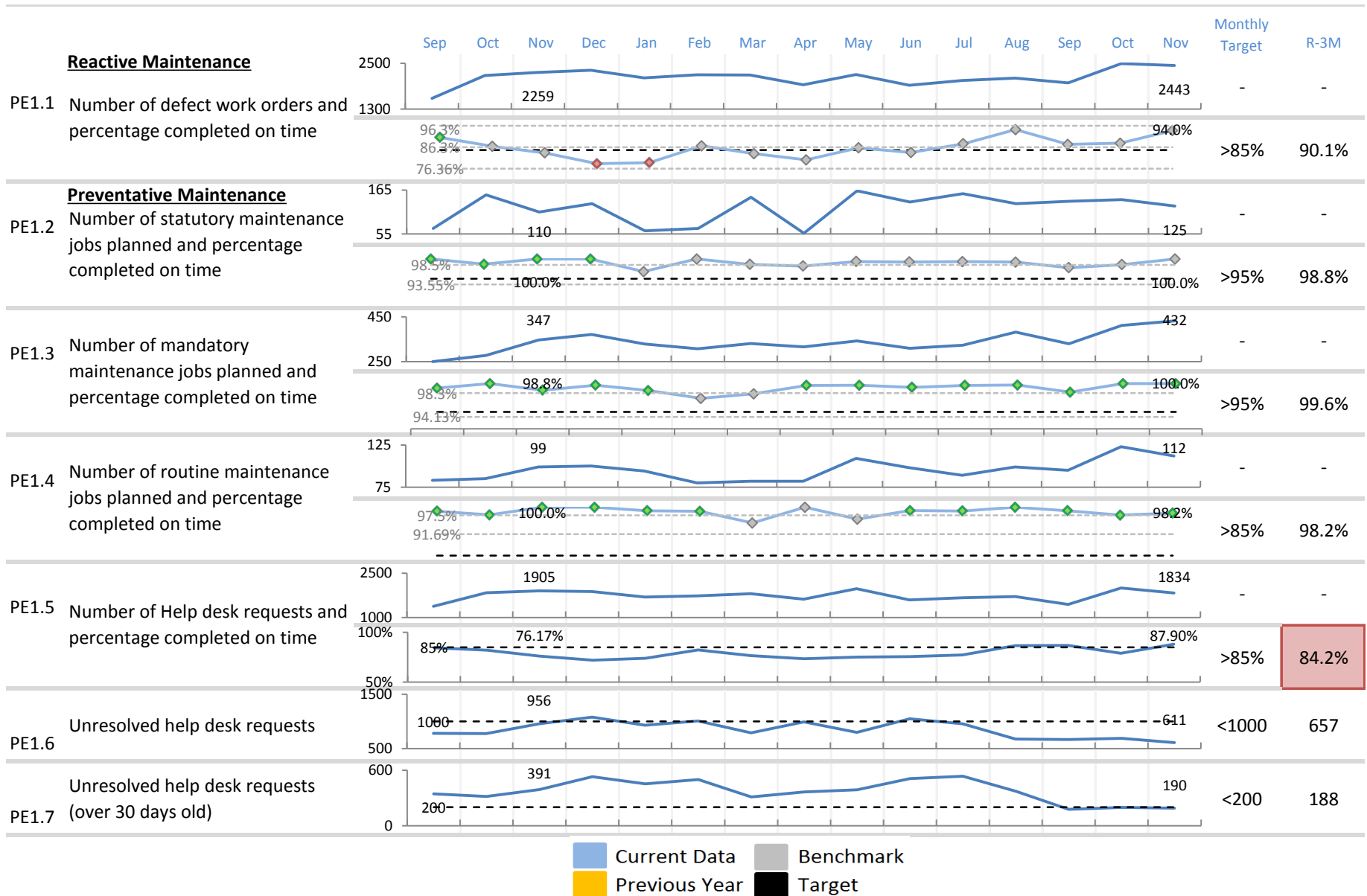
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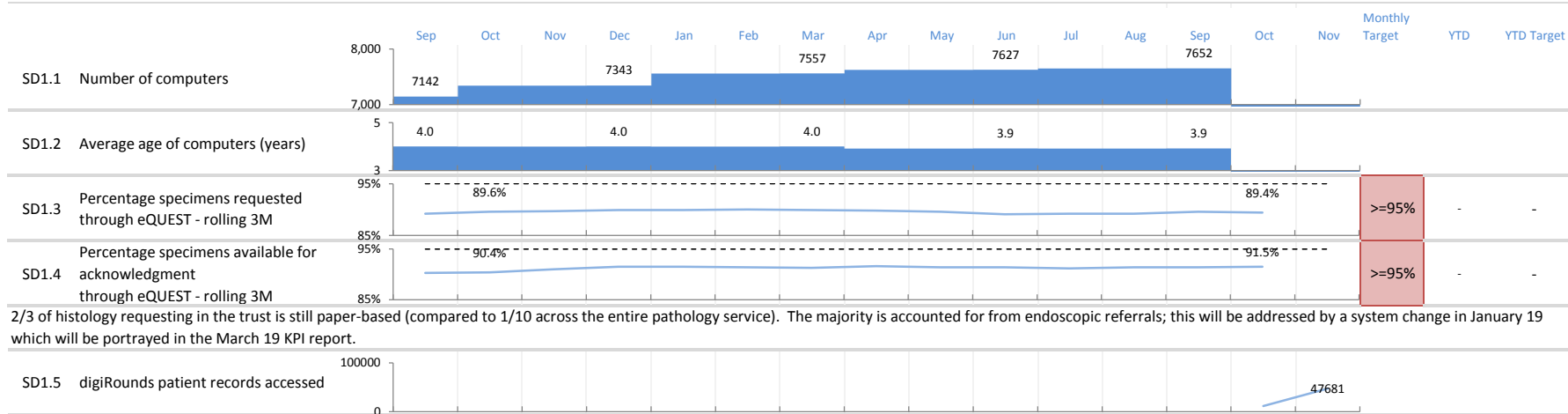


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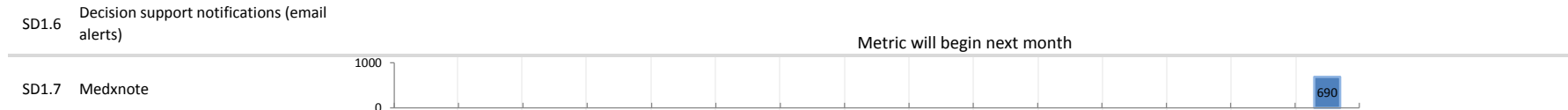
The Trust was assessed in November 2018 and scored at Health Information Management Systems Society (HIMSS) level 2. The review highlighted some areas of strength and good digital systems but there is a large amount of work to be undertaken in 2019 particularly in nursing and AHPs to reach level 6. The digital maturity assessment (DMA) shows UHS on track for 7/8 areas. There is concern around Closed loop medication administration – this is a significant change project for the Trust in 2019. Every nurse will be required to change their working practices in medication administration. The technical solution will need robust testing through a pilot.



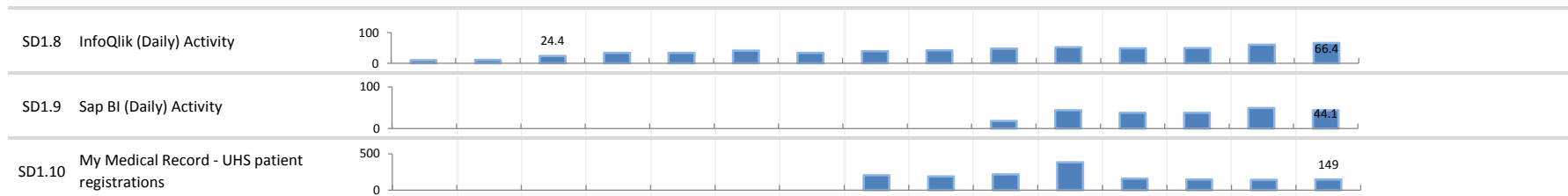
2/3 of histology requesting in the trust is still paper-based (compared to 1/10 across the entire pathology service). The majority is accounted for from endoscopic referrals; this will be addressed by a system change in January 19 which will be portrayed in the March 19 KPI report.

DigiRounds has demonstrated both time saving in reviewing the patient record during ward rounds, but also the quality of the review that is carried out, as clinicians are able to easily see all the significant elements of the record. It saves junior doctors time in preparing information for consultants (transcribing relevant results etc) prior to the ward round.

eQuest Results Alerts Sent



Email Alert Notification of results for subscribed patients is estimated to save 4 minutes, where clinicians are finding a PC, logging in to equest and looking to see if a result is available, and then having to repeat that later if the result was not available the first time they looked. By subscribing to results for patients, they are notified when the result is published, and can view the result on their phone. We have extended this to include other alerts (similar to the email alerts mentioned above) to notify users through Medxnote instead of via email.



July 2018 was highly unusual because of a huge upgrade and extended downtime.



Legend:
■ Current Data
■ Benchmark
■ Previous Year
■ Target

Page	KPI	KPI Name	Type	Detail
Emergency Access	RE1.6	% patients who left the department before being seen UHS Total	Change - Display	Move to be a month in arrears
Flow	RF1.3	Non Elective LOS Rolling 12 months	Correction - Data feed	CDU Excluded, and processing of palliative care patients amended.
Digital	SD1.1	Number of computers	New Metric	
Digital	SD1.2	Average age of computers (years)	New Metric	
Digital	SD1.3	Percentage specimens requested through eQUEST - rolling 3M	New Metric	
Digital	SD1.4	Percentage specimens available	New Metric	
Digital	SD1.5	DIGI Rounds user logins	New Metric	
Digital	SD1.6	Decision support notifications (Email Alerts)	New Metric	
Digital	SD1.7	Medxnote	New Metric	
Digital	SD1.8	InfoQlik (Daily) Activity	New Metric	
Digital	SD1.9	Sap BI (Daily) Activity	New Metric	
Digital	SD1.10	My Medical Record - UHS patient registrations	New Metric	

Nursing and midwifery staffing hours - November 2018

Report notes

Our staffing levels are monitored daily and we will risk assess and fill any gaps to ensure that safe staffing levels are always maintained

The **total hours planned** is our planned staffing levels to deliver care across all of our areas but does not represent a baseline safe staffing level. We plan for an average of one registered nurse to every five or seven patients in most of our areas but this can change as we regularly review the care requirements of our patients and adjust our staffing accordingly.

Staffing on **intensive care and high dependency units** is always adjusted depending on the number of patients being cared for and the level of support they require. Therefore the numbers will fluctuate considerably across the month when compared against our planned numbers.

Enhanced Care (also known as Specialling)

Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.

If a ward has an **unplanned increase or decrease** in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

CHPPD

(Care Hours Per Patient Day) is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period - this will vary across wards and departments based on the specialty, interventions, acuity and dependency levels of the patients being cared for.

The **maternity** workforce consists of teams of midwives who work both within the hospital and in the community offering an integrated service and are able to respond to women wherever they choose to give birth. This means that our ward staffing and hospital birth environments have a core group of staff but the numbers of actual midwives caring for women increases responsively during a 24 hour period depending on the number of women requiring care.

WARD		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD unregistered care Staff	CHPPD Overall	Comments
C4 (Solent ward)	Day	1387.0	1291.0	1028.6	1123.3	93.1%	109.2%	3.8	3.7	7.5	Safe staffing levels maintained.
C4 (Solent ward)	Night	1023.5	943.0	689.8	1024.0	92.1%	148.5%				Safe staffing levels maintained.
C6	Day	2699.0	2504.7	130.0	137.1	92.8%	105.5%	7.2	0.5	7.8	Safe staffing levels maintained by sharing staff resource.
C6	Night	1981.8	1928.3	0.0	176.5	97.3%	Shift N/A				Safe staffing levels maintained by sharing staff resource.
C6 (Teenage Cancer Trust unit)	Day	664.1	672.0	356.7	170.3	101.2%	47.7%	9.7	1.5	11.3	Safe staffing levels maintained by sharing staff resource.
C6 (Teenage Cancer Trust unit)	Night	651.0	632.3	0.0	33.3	97.1%	Shift N/A				Safe staffing levels maintained.
D2	Day	1315.7	1449.6	1100.7	871.2	110.2%	79.2%	4.4	2.9	7.3	Safe staffing levels maintained.
D2	Night	1036.0	1014.8	680.3	737.3	97.9%	108.4%				Safe staffing levels maintained.
D3	Day	1609.2	1582.7	770.0	931.4	98.4%	121.0%	4.1	3.0	7.1	Safe staffing levels maintained.
D3	Night	1012.5	1023.8	675.0	990.0	101.1%	146.7%				Safe staffing levels maintained.
Surgical high dependency unit	Day	2039.4	1899.9	496.9	330.0	93.2%	66.4%	15.5	2.7	18.2	Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
Surgical high dependency unit	Night	1966.5	1794.0	253.0	322.0	91.2%	127.3%				Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
Cardiac intensive care unit	Day	5164.4	5036.1	1180.7	624.7	97.5%	52.9%	25.0	2.8	27.8	Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
Cardiac intensive care unit	Night	5094.4	4691.7	858.0	451.0	92.1%	52.6%				Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
General intensive care unit A	Day	4470.8	4085.3	946.1	483.2	91.4%	51.1%	22.9	2.7	25.7	Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
General intensive care unit A	Night	4104.8	3891.0	686.8	468.8	94.8%	68.3%				Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
General intensive care unit B	Day	3934.6	3528.9	550.2	366.2	89.7%	66.6%	14.0	1.5	15.5	Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
General intensive care unit B	Night	3779.8	3395.3	345.0	368.5	89.8%	106.8%				Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
Neuro intensive care unit	Day	4805.9	3902.0	766.2	467.9	81.2%	61.1%	27.2	3.7	30.9	Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
Neuro intensive care unit	Night	4110.8	3251.5	621.5	495.5	79.1%	79.7%				Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
E5A	Day	1240.4	1000.9	665.4	827.0	80.7%	124.3%	3.3	2.5	5.8	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5A	Night	689.8	643.3	336.0	416.5	93.3%	124.0%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.

E5B	Day	1317.8	1268.3	774.0	684.5	96.2%	88.4%	3.8	2.1	5.9	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5B	Night	691.0	633.5	345.0	356.0	91.7%	103.2%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E8	Day	1841.1	1474.9	1507.0	1825.6	80.1%	121.1%	3.0	3.7	6.7	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E8	Night	1035.0	908.7	915.0	1078.9	87.8%	117.9%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F11	Day	2060.2	1444.0	803.7	691.3	70.1%	86.0%	4.6	2.8	7.4	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F11	Night	1035.0	852.0	339.0	702.8	82.3%	207.3%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F6	Day	2095.3	1696.7	627.9	783.9	81.0%	124.9%	3.3	2.1	5.4	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F6	Night	1026.5	943.7	697.3	880.3	91.9%	126.2%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Day	1890.5	1424.2	972.9	1322.9	75.3%	136.0%	3.1	3.3	6.4	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Night	1035.0	977.5	690.0	1183.3	94.4%	171.5%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
Acute medical unit	Day	4337.3	3887.7	2891.4	3240.8	89.6%	112.1%	6.2	4.6	10.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
Acute medical unit	Night	3415.5	3237.5	1940.0	2059.5	94.8%	106.2%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
D5	Day	1769.3	1168.7	950.5	1656.3	66.1%	174.3%	2.5	3.3	5.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D5	Night	1037.8	881.2	573.5	1005.5	84.9%	175.3%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D6	Day	1648.8	1334.8	1776.0	1952.1	81.0%	109.9%	2.7	3.0	5.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D6	Night	1376.5	1329.3	690.0	984.5	96.6%	142.7%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D7	Day	1869.6	1104.7	947.1	1308.3	59.1%	138.1%	2.6	2.9	5.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D7	Night	1035.0	1118.5	563.0	1149.5	108.1%	204.2%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D8	Day	1667.2	1174.9	1005.8	1601.9	70.5%	159.3%	2.5	3.7	6.2	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D8	Night	1023.5	755.0	570.0	1269.6	73.8%	222.7%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
E7	Day	1478.5	983.5	830.8	1249.5	66.5%	150.4%	2.9	3.8	6.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
E7	Night	690.0	678.5	686.8	905.3	98.3%	131.8%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
Respiratory high dependency unit	Day	2331.0	1087.2	294.8	527.0	46.6%	178.8%	11.7	5.8	17.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
Respiratory high dependency unit	Night	2070.0	1049.5	345.0	523.5	50.7%	151.7%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
C5	Day	1033.0	894.3	770.4	564.0	86.6%	73.2%	3.9	2.2	6.1	Safe staffing levels maintained; Staffing appropriate for number of patients.
C5	Night	690.0	690.0	345.0	345.3	100.0%	100.1%				Safe staffing levels maintained.
D10	Day	1566.0	870.2	1023.8	1191.0	55.6%	116.3%	3.0	3.8	6.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
D10	Night	690.0	667.0	1035.0	736.0	96.7%	71.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
F7	Day	717.7	724.2	1222.9	1188.5	100.9%	97.2%	2.4	3.2	5.6	Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients.
F7	Night	690.0	681.5	691.0	692.0	98.8%	100.1%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
G5	Day	1079.9	1076.4	1706.0	1836.2	99.7%	107.6%	2.2	3.6	5.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Night	690.0	690.0	690.0	989.0	100.0%	143.3%				Support workers used to maintain staffing numbers; Staffing appropriate for number of patients.
G6	Day	1045.0	1053.8	1774.4	1754.7	100.8%	98.9%	2.5	3.9	6.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G6	Night	688.5	688.5	1031.8	1021.8	100.0%	99.0%				Support workers used to maintain staffing numbers; Staffing appropriate for number of patients.
G7	Day	676.2	708.2	1386.8	1352.0	104.7%	97.5%	3.4	5.8	9.2	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards.
G7	Night	690.0	691.7	1035.0	1055.1	100.2%	101.9%				Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards.

G8	Day	1040.7	1023.0	1703.7	1699.7	98.3%	99.8%	2.2	3.5	5.7	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G8	Night	690.0	690.0	1035.0	1023.5	100.0%	98.9%				Support workers used to maintain staffing numbers; Staffing appropriate for number of patients.
G9	Day	1035.8	1082.5	1718.7	1675.0	104.5%	97.5%	2.5	3.7	6.2	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G9	Night	668.0	703.0	1034.0	998.5	105.2%	96.6%				Support workers used to maintain staffing numbers; Staffing appropriate for number of patients.
Paediatric high dependency unit	Day	1530.3	1191.8	0.0	34.5	77.9%	Shift N/A	14.2	0.2	14.4	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
Paediatric high dependency unit	Night	1035.0	1069.5	0.0	0.0	103.3%	Shift N/A				Safe staffing levels maintained.
Paediatric medical unit	Day	2235.5	1538.6	374.3	536.7	68.8%	143.4%	6.1	2.3	8.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
Paediatric medical unit	Night	1936.0	1265.5	330.0	527.5	65.4%	159.8%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
Paediatric assessment unit	Day	1288.0	1195.0	504.0	310.0	92.8%	61.5%	9.2	1.7	11.0	Safe staffing levels maintained; Limited requirements for HCA.
Paediatric assessment unit	Night	1072.5	989.0	129.5	102.5	92.2%	79.2%				Safe staffing levels maintained; Limited requirements for HCA.
Paediatric intensive care unit	Day	5974.5	5152.1	646.8	474.5	86.2%	73.4%	27.0	2.2	29.2	Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Paediatric intensive care unit	Night	5536.5	5016.9	494.5	368.0	90.6%	74.4%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Plam Brown ward	Day	3065.1	2501.3	98.0	223.7	81.6%	228.2%	13.0	0.9	13.9	Non-ward based staff supporting areas; Safe staffing levels maintained.
Plam Brown ward	Night	1035.0	1089.7	0.0	34.5	105.3%	Shift N/A				Safe staffing levels maintained.
E1	Day	2049.6	1588.6	641.0	563.5	77.5%	87.9%	7.0	2.1	9.2	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
E1	Night	1415.8	1353.8	322.0	323.8	95.6%	100.5%				Safe staffing levels maintained.
G2	Day	740.6	728.0	0.0	0.0	98.3%	Shift N/A	9.0	0.0	9.0	Safe staffing levels maintained.
G2	Night	719.5	719.5	0.0	0.0	100.0%	Shift N/A				Safe staffing levels maintained.
G3	Day	2325.5	1683.5	1196.5	884.0	72.4%	73.9%	6.3	2.7	9.0	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Beds matched to staffing.
G3	Night	1639.0	1415.0	671.0	473.0	86.3%	70.5%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained; Beds matched to staffing.
G4	Day	2345.0	2231.2	1185.3	677.8	95.1%	57.2%	6.7	2.2	8.9	Beds flexed to match staffing; Non-ward based staff supporting areas; Safe staffing levels maintained.
G4	Night	1628.0	1457.5	660.0	539.0	89.5%	81.7%				Beds flexed to match staffing; Skill mix swaps undertaken to support safe staffing across the Unit; safe staffing.
Bramshaw women's unit	Day	1390.5	1194.4	1199.0	1039.8	85.9%	86.7%	4.1	3.8	7.9	Non-ward based staff supporting areas; Skill mix swaps undertaken to support safe staffing across the Unit
Bramshaw women's unit	Night	690.0	678.5	689.0	677.5	98.3%	98.3%				Safe staffing levels maintained
Neonatal unit	Day	5686.6	4428.7	2491.0	1554.0	77.9%	62.4%	9.6	2.9	12.5	Non-ward based staff supporting areas; Number of cots adjusted to support safe staffing.
Neonatal unit	Night	4561.5	4547.2	1650.0	1122.0	99.7%	68.0%				Number of cots adjusted to support safe staffing; Band 4 staff working to support registered nurse numbers.
Maternity service	Day	8524.5	7538.5	3083.8	2242.8	88.4%	72.7%	5.3	1.8	7.1	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	5459.0	4655.3	1975.0	1788.3	85.3%	90.5%				Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	4834.7	4258.6	1430.2	909.8	88.1%	63.6%	13.9	2.6	16.6	Staffing appropriate for number of patients; Safe staffing levels maintained; Staff moved to support other wards.
Cardiac high dependency unit	Night	3708.0	3761.0	663.3	609.3	101.4%	91.9%				Staff moved to support other wards.
Coronary care unit	Day	1935.0	1638.5	724.0	884.3	84.7%	122.1%	6.7	3.6	10.3	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; Additional staff used for enhanced care - Support workers.
Coronary care unit	Night	1310.8	1353.2	330.0	719.3	103.2%	218.0%				Additional staff used for enhanced care - Support workers; Increased night staffing to support raised acuity.
D4	Day	1813.0	1080.7	778.8	939.7	59.6%	120.7%	3.1	2.7	5.7	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
D4	Night	763.0	864.7	660.0	748.0	113.3%	113.3%				Increased night staffing to support raised acuity; Additional staff used for enhanced care - Support workers.
E2	Day	1535.5	1124.1	771.5	725.2	73.2%	94.0%	3.8	3.2	6.9	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
E2	Night	693.0	758.3	330.0	849.0	109.4%	257.3%				Increased night staffing to support raised acuity; Additional staff used for enhanced care - Support workers.
E3	Day	2789.0	1834.3	1284.0	1672.2	65.8%	130.2%	2.8	2.9	5.7	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
E3	Night	1308.8	1131.8	1303.5	1374.5	86.5%	105.4%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
E4	Day	2114.5	1816.2	746.3	754.5	85.9%	101.1%	3.8	2.2	6.1	Band 4 staff working to support registered nurse numbers.
E4	Night	982.0	1101.5	660.0	922.2	112.2%	139.7%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.

Acute stroke unit	Day	1496.4	1501.0	2258.4	2484.9	100.3%	110.0%	3.0	4.8	7.7	Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
Acute stroke unit	Night	990.0	957.0	1315.0	1417.5	96.7%	107.8%				Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
Regional transfer unit	Day	1329.0	988.0	406.5	518.0	74.3%	127.4%	8.7	6.3	14.9	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
Regional transfer unit	Night	660.0	539.0	572.0	583.0	81.7%	101.9%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
E Neuro	Day	1898.1	1538.7	605.5	1728.7	81.1%	285.5%	3.6	4.3	8.0	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Support workers used to maintain staffing numbers.
E Neuro	Night	1320.0	1100.0	715.0	1437.8	83.3%	201.1%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Support workers used to maintain staffing numbers.
Hyper acute stroke unit	Day	1130.0	955.3	436.5	703.5	84.5%	161.2%	6.9	6.7	13.6	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
Hyper acute stroke unit	Night	660.0	550.0	667.0	760.0	83.3%	113.9%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
D neuro	Day	1889.2	1758.6	1146.8	1592.8	93.1%	138.9%	4.0	4.1	8.1	Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
D neuro	Night	1320.0	1310.0	1045.0	1518.0	99.2%	145.3%				Additional staff used for enhanced care - Support workers; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F4 Neuro	Day	1559.0	1498.7	764.5	1090.0	96.1%	142.6%	4.2	3.7	7.9	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Support workers used to maintain staffing numbers.
F4 Neuro	Night	979.0	914.0	968.0	1039.3	93.4%	107.4%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Support workers used to maintain staffing numbers.
Brooke ward (trauma & orthopaedics)	Day	1125.0	985.3	579.5	554.7	87.6%	95.7%	4.6	2.9	7.5	Safe staffing levels maintained; Staff moved to support other wards.
Brooke ward (trauma & orthopaedics)	Night	1035.0	770.0	345.0	569.0	74.4%	164.9%				Safe staffing levels maintained; Staff moved to support other wards.
Trauma Assessment Unit	Day	529.3	344.3	365.0	430.8	65.0%	118.0%	5.9	6.8	12.7	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
Trauma Assessment Unit	Night	331.0	320.0	330.0	325.3	96.7%	98.6%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
F1	Day	2386.4	2055.5	1443.5	1698.8	86.1%	117.7%	4.1	4.2	8.2	Increased night staffing to support raised acuity; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
F1	Night	1725.0	1514.0	1035.0	1951.5	87.8%	188.6%				Increased night staffing to support raised acuity; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
F2	Day	1639.7	1160.3	1244.3	1799.3	70.8%	144.6%	2.9	4.3	7.2	Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
F2	Night	990.0	968.0	990.0	1361.0	97.8%	137.5%				Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
F3	Day	1613.5	1204.0	2325.7	1928.5	74.6%	82.9%	3.0	4.9	7.9	Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
F3	Night	990.0	836.0	1980.0	1427.1	84.4%	72.1%				Staff moved to support other wards; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
F4	Day	1528.8	1207.3	1202.3	838.8	79.0%	69.8%	4.0	3.1	7.1	Staff moved to support other wards; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
F4	Night	987.5	740.8	660.0	638.0	75.0%	96.7%				Staff moved to support other wards; Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.