

## NURSE ESTABLISHMENT REVIEW (NATIONAL QUALITY BOARD)

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Trust Board paper F

### Purpose of report:

This paper is for:	Description	Select (X)
Decision	To formally receive a report and approve its recommendations OR a particular course of action	
Discussion	To discuss, in depth, a report noting its implications without formally approving a recommendation or action	X
Assurance	To assure the Board that systems and processes are in place, or to advise a gap along with treatment plan	
Noting	For noting without the need for discussion	

### Previous consideration:

Meeting	Date	Please clarify the purpose of the paper to that meeting using the categories above
CMG Board (specify which CMG)	12.05.20	Nursing and Midwifery Board - discussion
Executive Board	16.06.20	Executive People and Culture Board - assurance
Trust Board Committee		N/A
Trust Board		N/A

## Executive Summary

This report provides the Trust Board with an update on the latest UHL nurse establishment review that was undertaken in March 2020. Nurse establishment reviews must be undertaken by Trusts twice a year and reported to Board in order to comply with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards. The review must provide the Board with the assurance that the Trust has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements. In line with Trust governance, this report was presented to the Executive People and Culture Board in June 2020 and no significant recommendations or concerns were raised by members.

The establishments for all inpatient areas have been validated as part of the review:

- Agreed Nursing establishment by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

This review confirmed that nursing and midwifery roster templates are correct and budgets are aligned to planned establishment and enable effective rostering. The exception to this is the exclusion of Band 3 and 4 trainee and registered Nursing Associates and Assistant Practitioners posts. This has been reported as a technical issue and will be addressed by Finance by July 2020.

The review confirmed that two wards did not achieve the recommended nurse to patient ratios during the day (i.e. ratio of 1:8) which were Ward 26 Urology at the LGH and Ambulatory Surgical Unit / ASU at the LRI. Five wards did not achieve above the nurse to patient ratios during the night

(i.e. a UHL determined ratio of 1:10) which were the Hampton Suite LRI / Ward 24 GH / ASU LRI / Ward 28 Cardiology GH / Ward 31 Gynae LGH. All of these areas, day and night, have mitigation in place for additional recruitment, staff moves or reduction in capacity to ensure patient safety.

The review has acknowledged the cost pressures associated with opening two wards as extra winter capacity in October 2019 (Ward 15 LRI and Ward 20 GH). These wards have remained open in line with national guidance in order to meet ongoing demand in capacity over the summer.

The increase in the Midwifery establishment by 20 WTE midwives in 2019/20 is not visible in the budget to date. This is being actioned by the CMG

Children's services have commenced a full review of all acute areas, considering the reconfiguration plans, to ensure that they meet the Registered Children's Nurse (RCN 2020) to patient ratios across all age groups and in-patient wards. This is predicted to require investment and the support of business cases for the acute wards and specialist supportive roles.

## Questions

Are the Trust Board assured that we have a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements so complying with the National Quality Board safe staffing guidance?

## Conclusion

The establishment review has not highlighted any significant concerns or gaps in:

- Nursing establishments by band
- Numbers of staff per shift, per band
- Skill mix ratios per shift (day and night)
- Nurse to patient ratios (day and night)

With the exception of

- Band 3 and Band 4 trainee and registered Nursing Associate / Assistant Practitioner posts not being included in the budgets which will be addressed by finance by July 2020
- A small, but reduced number of wards not complying with nurse to patient ratios due to vacancies mitigated on a daily basis to ensure patient safety.
- The Trust continues to have two winter surge wards open at the LRI and the GH in line with national recommendations and these comply with safe staffing but are not fully funded.
- The increase in the Midwifery establishment by 20 WTE in 2019/20 is not visible in the budget to date. This is being actioned by the CMG

## Input Sought

We seek Board confirmation that they are assured that UHL has a nursing workforce with sufficient planned safe staffing resources to meet the patient care requirements

***For Reference (edit as appropriate):***

**This report relates to the following UHL quality and supporting priorities:**

### 1. Quality priorities

Safe, surgery and procedures	Not applicable
Safely and timely discharge	Not applicable
Improved Cancer pathways	Not applicable
Streamlined emergency care	Not applicable
Better care pathways	Not applicable

Ward accreditation

Not applicable

**2. Supporting priorities:**

People strategy implementation

Yes

Estate investment and reconfiguration

Not applicable

e-Hospital

Not applicable

More embedded research

Not applicable

Better corporate services

Not applicable

Quality strategy development

Not applicable

**3. Equality Impact Assessment and Patient and Public Involvement considerations:**

- What was the outcome of your Equality Impact Assessment (EIA)? - Not Undertaken
- Briefly describe the Patient and Public Involvement (PPI) activities undertaken in relation to this report, or confirm that none were required – Not applicable
- How did the outcome of the EIA influence your Patient and Public Involvement ? - Not applicable
- If an EIA was not carried out, what was the rationale for this decision? - Not Applicable

**4. Risk and Assurance****Risk Reference:**

Does this paper reference a risk event?	Select (X)	Risk Description:
<b>Strategic:</b> Does this link to a <b>Principal Risk</b> on the BAF?	X	Principal Risk 5 - Failure to recruit, develop and retain a workforce of sufficient quantity and skills
<b>Organisational:</b> Does this link to an <b>Operational/Corporate Risk</b> on Datix Register	X	Risk 3148 Inability to recruit sufficient numbers of the right staff with the right skills
<b>New Risk</b> identified in paper: What <b>type</b> and <b>description</b> ?		N/A
<b>None</b>		

5. Scheduled date for the **next paper** on this topic:

November 2020

6. Executive Summaries should not exceed **5 sides**

[My paper does comply]

## **1.0 NATIONAL GUIDANCE**

- 1.1 It is a requirement that NHS providers continue to have the right people, with the right skills, in the right place at the right time to achieve safer nursing and midwifery staffing in line with the requirements of the National Quality Board (NQB, 2016) that states providers:
- Must deploy sufficient suitable qualified, competent, skilled and experienced staff to meet treatment needs of patients safely and effectively.
  - Should have a systematic approach to determining the number of staff and range of skills required and keep them safe at all times
  - Must use an approach that reflects current legislation
- 1.2 The guidance also advises that boards must have a local dashboard that cross checks quality metrics and this should be reported monthly.
- 1.3 For the purpose of this report it should be noted that the paediatric establishment review in the Children's Hospital utilised the Royal College of Nursing (RCN 2013) and the NQB Safe, Sustainable Staffing (2018), both of which provide guidance / recommendations for nurse staffing levels and nurse to paediatric ratios.

## **2.0 METHODOLOGY FOR THE NURSE ESTABLISHMENT REVIEW**

- 2.1 Throughout February and March 2020, a 'confirm and challenge' process with each Clinical Management Group Head of Nursing was undertaken by the Corporate Nursing Directorate using the tools and guidance within the Safer Nursing Care Tool (SNCT), NICE Guidance (2014) Safe Staffing for Nursing in Adult Acute Wards and Developing Workforce Safeguards to inform the process. However, due to COVID-19 a table top exercise (instead of a face to face discussion) had to be completed by the Chief Nurse to review the outcomes of the confirm and challenge process and to gain assurance that the nursing establishments were correct.
- 2.2 Appendix one presents the following data for every ward / unit that has been validated with each CMG:
- Agreed Nursing establishment by band
  - Numbers of staff per shift, per band
  - Skill mix ratios per shift (day and night)
  - Nurse to patient ratios day and night

## **3.0 REVIEW OF CMG NURSE ESTABLISHMENTS**

- 3.1 Roster templates and alignment to budget / establishment
- 3.2 The establishment reviews for all CMGs highlighted that roster templates continue to be aligned to budgets. The exception to this are the two winter wards (Ward 15 LRI, Ward 20 GH) which have remained open with budgets that are aligned to establishments to enable effective rostering.

- 3.3 The Clinical Management Groups (CMG's) provided assurance that Nursing Associates (NA) and Trainee Nursing Associates (tNA) and Assistant Practitioners are aligned to budgets and have not impacted on the registered nurse to patient ratio. At present, there is no evidence in the budget reports this alignment has taken place due to interim budgets being set for months one to four. So, written assurance has been submitted by finance confirming that these posts will be funded and will be visible in ward based establishments by the end of the interim period.
- 3.4 Recommended registered 'nurse to patient' ratios have been maintained during the day (1:8) and night (1:10) with the exception of two wards during the day and five wards during the night but appropriate actions were taken at the time to ensure safety.
- 3.5 All CMG's provided assurance that Carter efficiencies are appropriately managed and no remedial actions were required. The bi-annual 'Confirm and Challenge' of Carter metrics meetings will increase to quarterly from April 2020 to further improve roster management through a focus on reducing overtime and run rate.
- 3.6 The timing of the Safe Care census has also been changed to twice daily to 7.30 am and 7.30pm to improve data capture and compliance.
- 3.7 There has been a significant reduction in nursing vacancies due to the successful and ongoing recruitment in 2019/2020 of locally trained, newly qualified and international nurses. However, it is recognised that to date there has been no significant decrease in the use of temporary staff but over the winter period the number of additional beds opened has increased requiring more staff above agreed establishments to maintain safety.

#### **4.0 CMG HIGHLIGHTS**

##### **4.1 Musculoskeletal and Specialist Surgery**

- 4.1.1 Over the winter months, Ward 19 LGH transferred to Ward 22 at the LRI to support the winter surge but this did not affect the nurse establishment and the ward has now returned to LGH. The CMG have advised that they are planning a CMG review to improve trauma pathways including Wards, 17, 18, 32 and Kinmonth Unit at the LRI in quarter three 2020/21. This may identify alterations to ward models and some realignment of budgets. It is not anticipated there will be any investment required.
- 4.1.2 The establishment review confirmed that one ward within the CMG did not achieve the recommended nurse to patient ratios during the day (i.e.1:8) which was the Ambulatory Surgical Unit / ASU at the LRI. Two wards did not achieve above the nurse to patient ratios during the night (1:10) which was Ward 24 Breast GH and ASU LRI. These areas have mitigation in place for additional recruitment, staff moves, or reduction in additional capacity to ensure patient safety.

##### **4.2 CHUGGS**

- 4.2.1 In order to increase the number of HCAs to improve skill mix, the CMG will convert two Band 3 Discharge Support Worker posts into Band 2 HCAs.

- 4.2.2 A new Haematology Ambulatory Care post will be funded by Kay Kendall and Charities. This is a fixed term position for two years which will require a business case to continue post fixed term in 2022.
- 4.2.3 A new Sickle cell and Thalassaemia Network Lead Post is being funded by specialist commissioning on an ongoing basis.
- 4.2.4 The review confirmed that only one ward in the CMG did not achieve the recommended nurse to patient ratios during the day (i.e.1:8) which was Ward 26 Urology at the LGH. All wards achieved the nurse to patient ratios during the night (1:10).
- 4.3 Specialist Medicine
- 4.3.1 The winter surge ward (Ward 15 at LRI) remains open to 28 beds. The ward continues to be staffed with a combined workforce of redeployed established, bank and agency staff which within the CMG is a constant cost pressure.
- 4.3.2 There is an ongoing review of the Brain Injury Unit and Neuro Rehabilitation Unit services including the staffing ratios for the multi-professional team in order to meet the National Rehabilitation Outcomes Collaborative (ROC) standards. This review could see an increased dependency of patients aligned to new service agreements. This may necessitate a business case and investment in 2021/22 to create six whole time registered nurse posts to increase the nurse to patient ratio in line with ROC standards.
- 4.3.3 The review confirmed that one ward did not achieve above the nurse to patient ratios during the night (1:10) which was the Hampton Suite LRI. The area has mitigation in place for additional recruitment, staff moves, or reduction in additional capacity to ensure patient safety.
- 4.3.4 Emergency Medicine
- 4.3.5 Ward 7 at the LRI was initially funded as an inpatient winter capacity ward 2018/19 but has remained open without an agreed funded establishment. However, confirmation now received that budget and establishment for this ward will be permanent from April 2020. It is noted that Ward 7, alongside AMU, is now providing additional assessment unit functions and as a result, may need an increased nursing establishment following a CMG service review. The CMG is seeking approval for this initial piece of work and the need for a potential business case in 2020/21.
- 4.4 RRCV
- 4.4.1 The Winter Ward 20 at GH remains open with no identified funding plan. The CMG have asked for guidance of the way forward as a present this ward is a recurring cost pressure.
- 4.4.2 The CMG have submitted a business case for Ward 17 at GH for approval 2019/20 which was originally approved but without the associated funding stream in 2019. This was to enable them to meet the national NIV standards but as a budget shortfall remains, the service has not fully recruited to the required posts.

4.4.3 The review confirmed that only one ward did not achieve above the nurse to patient ratios during the night (1:10) which was Ward 28 Cardiology GH. This area has mitigation in place for additional recruitment, staff moves, or reduction in additional capacity to ensure patient safety.

#### 4.5 ITAPS

4.5.1 Reconfiguration plans are ongoing and business cases aligned. These plans incorporates all 3 sites and a review of 2019/20 staffing and CHPPD alongside the critical care nursing staffing ratios, DART expansion, Out of Hours Hub and theatre staffing. Senior nurses and department managers have been reviewing the staffing data internally to establish understanding of the results, environmental issues, omitted task inputting and reporting delay impacts on CHPPD.

#### 4.6 Midwifery and Gynaecology

4.6.1 Business case approved to increase Midwife establishment by 20 WTE in 2019/20 is not financially visible in the budget to date. The CMG has been asked to pursue and address this issue with the Finance Team as midwives' recruitment has already commenced into these posts.

4.6.2 Additional posts and business cases for ongoing service delivery proposed for approval in 2020/21 include:

- The resubmission of an increase in maternity support workers and nursery nurses in the community to meet Royal College of Midwives (RCM 2019) Birth-rate Plus staffing standards and increase safety.
- A fixed term contract for one year of Band 7 Foetal monitoring Midwife (externally funded).
- A fixed term contract for one year of 2 x Band 7 Digital Midwives (externally funded by Local Maternity System)

4.6.3 It is noted that a UHL Neonatal service review is planned in line with a National review in Q3 2020/21.

4.6.4 The establishment review confirmed that the CMG had only one ward that did not achieve the above the nurse to patient ratios during the night (1:10) which was Ward 31 Gynaecology LGH. This area has mitigation in place for additional recruitment, staff moves, or reduction in additional capacity to ensure patient safety.

#### 4.7 Children

4.7.1 The Children's establishment was increased in 2019/20 as part of the establishment review but posts were not immediately recruited into due to the national shortage of children's nurse, but successful recruitment has commenced and so an increased establishment and associated budget will become visible from April 2020.

4.7.2 Children's services have commenced a full review of all acute areas, considering the reconfiguration plans to ensure that they meet the Registered Children's Nurse (RCN

2020) to patient ratios across all age groups and in-patient wards. This is predicted to require investment and the support of business cases for including:

- An uplift of Registered Childrens Nurse in acute wards
- Outreach / Hospital night team for Paediatrics
- Post/s supporting Mental Health in children (potential for external funding)

#### 4.8 Alliance

4.8.1 The group is considering role changes from some existing nursing posts in order to develop combined specialist nursing roles and plaster technicians within the budget.

### 5.0 **NURSING METRICS**

5.1 National safe staffing guidance stipulates that boards must have a local dashboard that cross checks quality metrics and this should be reported monthly.

5.2 A review of exiting nursing quality and performance metrics has taken place and a new and reduced set of metrics designed specifically for use during the COVID-19 pandemic has been launched. Matron's within each of the CMG's will audit documentation against the new standards for five unidentified patients. The new metrics tool for Adults will audit as a priority include:

- Patient Nursing Observations
- Nutrition & Hydration
- Infection prevention
- Pressure Ulcers
- Falls

5.3 The data will be captured on a monthly tool and returned to the outcomes and effectiveness team at LGH for data presentation in dashboard. The metrics have been adapted for ITU, Paediatrics and Maternity.

### 6.0 **CONCLUSION**

6.1 The mid-year establishment review has not highlighted any significant concerns or gaps in nursing establishments with the exception of some Band 3 and Band 4 posts which is being actioned by finance. New investment is required to keep open the previous winter surge wards of Ward 15 at the LRI and Ward 20 at the GH as they remain open.

6.2 The Board is asked to note the work currently being undertaken and confirm that they are assured that there is compliance with national safe staffing guidance



Nursing Establishment Review March 2020

	B7 Registered Nurses and Midwives	B6 Registered Nurses and Midwives	Band 5 RN/RM	Band 2/3 HCA	Band 4 NA	Band 4 AP	Band 3 TNA	Band 3 TAP	*dep on day				*dep on day				RN to patient ratio 1:8 (Day)	RN to patient ratio UHL 1:10 (Night)
	WTE in budget	WTE in budget	WTE in budget	WTE in budget	WTE in budget	WTE in budget	WTE in budget	WTE in budget	RN's on E	RN's on L	RN's on LD	RN's on N	UnReg on E	UnReg on L/Mid	UnReg on LD	UnReg on N		
<b>CHUGGS</b>																		
<b>Cancer &amp; Haematology</b>																		
LRI-Bone Marrow Transplant Unit	1	2.2	14.9	0.66	0	0	0	0	2	2	2	2	0	0	1	0	1.25	2.50
LRI-Chemo	1	4.2	12.63	1.6	0	0	0	0	6	6	1	0	2	2	0	0	3.43	0.00
LRI-Osbourne Day Care	1	4.5	7.3	2.4	0	0	0	0	5	2	1	0	2	1	0	0	0.00	0.00
LRI-Wd 39 Onc + OAU	1	4	20.96	14	2	0	0	0	1	1	3	3	3	3	3	2	4.50	6.00
LRI-Wd 40 Onc	1	3	15.67	12.72	1	0	0	0	2	2	1	2	1	1	1	1	6.33	9.50
LRI-Wd 41 Haem	1	3	18.69	8.92	1	0	0	0	2	2	2	3	1	1	1	1	5.25	7.00
<b>GI Surgery/Medicine/Urology</b>																		
LGH-Wd 20 Surgery	1	2	11.98	6.28	0	0	0	0	1	0	2	2	0	0	2	0	5.67	8.50
LGH-Wd 22 Female surgery	1	2	13.41	11.27	1	0	0	0	2	2	1	2	1	1	1	2	6.67	10.00
LGH-Wd 23 Surgery	0	0	4.35	5.1	0	0	0	0	1	1	1	0	1	1	1	0	7.50	0.00
LGH-Wd 26 Urology Surgery	1	3	16.73	11.37	2	0	0	0	2	2	1	3	2	2	1	2	8.33	8.33
LGH-Wd 27 Surgery (& SACU)	1	4	22.76	18.45	1	0	0	0	2	2	3	3	1	1	2	3	4.60	7.67
LGH-Wd 28 Surgery/Urology Admission	1	3	18.69	16.55	1	0	0	0	1	1	3	4	1	1	2	2	6.25	6.25
LGH-Pre-assessment Wd 28a	4.02	3.6	11.33	7.67	0	0	0	0	0	0	6	0	0	0	6*	0	0.00	0.00
LGH-Wd 29 Surgery Admission	1.67	4	18.94	17.52	2.84	0	0	0	2	2	2	3	1	1	2	2	6.75	9.00
LRI-Wd 16 SAU (Previously Wd 8)	1	5	27.65	24.52	3	0	0	0	3	2	3	5	3	2	2	4	5.00	6.00
LRI-Wd 22 Surgery	1	5	24.77	19.4	1	0	0	0	4	4	2	4	4	3	2	3	4.33	6.50
LRI-Wd 42 Gastro Med	1	3	19.12	13.41	1.8	0	0	0	2	2	2	3	2	2	1	2	7.00	9.33
LRI-Wd 43 Gastro Med/Hepat	1	3.8	19.5	12.2	2	0	0	0	2	1	3	3	0	0	3	2	5.60	9.33
<b>Specialist Medicine</b>																		
LGH-Brain Injury Unit	1	2	17.11	11.11	0	0	0	0	1	1	2	2	1	1	1	2	3.00	4.50
LGH-NRU Neuro Rehab	1	2	18.2	13.32	0	0.6	0	0	1	1	2	2	1	1	2	2	5.33	8.00
LGH-Wd 1 Day Case	1	1.71	8.03	3.26	0	0	0	0	1	0	6	0	1	0	2	0	0.00	0.00
LGH-Wd 3 Stroke Rehab	1	3	15.63	12.15	0	0	0	0	1	1	2	2	0	0	3	2	5.00	7.50
LRI-Hampton Suite	1	3.9	14.48	11.48	5.51	0	0	0	2	2	1	2	2	2	2	3	8.00	12.00
LRI-Infectious Diseases Unit	1	3	16.02	9.55	0	0	0	0	2	2	1	2	1	1	1	2	6.00	9.00
LRI-Stroke Wds 25/26	2	5	39.95	17.07	0	0	0	0	2	2	5	5	2	2	3	4	5.14	7.20
LRI-Wd 23 Specialist Med	1	3	23.49	14.99	1	0	0	0	1	1	4	3	3	3	2	2	5.60	9.33
LRI-Wd 24 Specialist Med	1	3	22.63	14.63	0	0	0	0	1	1	4	3	1	1	4	2	5.40	9.00
LRI-Wd 29 Older People	1	3	23.75	15.77	0	0	1	0	2	2	4	3	2	1	3	2	4.83	9.67
LRI-Wd 30 Older people	1	3	24.32	15.86	0	0	0	1	2	2	3	3	1	1	3	2	5.80	9.67
LRI-Wd 31 Older People	1	3	25.17	17.32	0	0	0	0	2	2	3	3	2	2	3	2	6.00	10.00
LRI-Wd 33 (Medicine)	1	2.28	27.28	16	0	1	0	0	2	2	4	3	2	2	3	3	4.67	9.33
LRI-Wd 36 Older People	1	3	23.48	14.19	0	0	0	0	1	1	4	3	1	1	4	2	5.60	9.33
LRI-Wd 38 Diabetes/Endocrine	1	3	23.48	15.29	0	0.8	0	0	2	2	3	3	1	1	3	2	5.60	9.33

ITAPS																		
GH-ITU - Glenfield (General and Cardiac Intensive Care)	7.16	27.76	130.2	13.02	0	0	0	0	16	16	4	21	4	4	0	2	1.10	1.05
LGH-ITU (Gen.Surgery,Urology,Gynae,Ortho & Renal Trans)	2.81	9.73	40.54	7.22	1	0	0	0	13	13	0	13	2	2	1	0	0.92	0.92
LRI-ITU (Gen.Surgery,Haematology,Med,Max.Facial)	6.38	21.44	116.22	8	2.55	3.45	0	0	24	24	0	24	2	2	0	1	0.88	0.88
MSS																		
LGH-Wd 14 Elective Ortho	1	3	14.4	13.21	0	0	0	0	1	1	2	2	0	0	3	2	6.67	10.00
LGH-Wd 18 Elective Ortho	1	3	13.6	5.21	0	0	0	0	1	1	4	0	1	1	1	0	3.40	#DIV/0!
LGH-Wd 19 Elective Ortho (Prev Wd 16)	1	2.7	16.24	13.21	0	0	0	0	0	0	4	2	0	0	3	2	5.00	10.00
LRI-Wd 17 Spinal/Trauma Ortho	2	4	23.81	20.1	0	0	0	0	2	2	3	3	1	1	4	3	4.80	8.00
LRI-Wd 18 Trauma Ortho Admissions	1	4	20.79	19.34	0	0	0	0	1	1	4	3	0	0	5	3	5.60	9.33
LRI-Wd 32 Trauma Ortho	1	3.84	22.22	19.33	0	0	2	0	2	2	3	3	1	1	3	3	4.80	8.00
GH-Wd 34 Breat + Gen Surgery	1	2	11.95	5.66	0	0	0	0	0	0	5	2	1	0	1	1	4.40	11.00
LRI-ASU	1	3	18.55	6.91	0	0	0	0	0	2	3	2	0	0	2	1	10.00	15.00
LRI-Kinmonth Unit Head, Neck, ENT Surg	1	3.13	17.71	8.62	0	0	0	0	0	0	4	2	1	0	1	0	3.50	7.00
LRI-Wd 9 Spec Surg Admission	1	4	17.35	10.54	0	0	0	0	1	1	3	2	0	0	2	2	4.25	8.50
RRCV																		
GH-Coronary Care Unit	1	11.22	39.4	12.03	0	0	0	0	0	0	7	6	0	0	2	2	2.71	3.17
GH-CDU	3	15.84	87.49	61.96	0	0	0	0	3	3	13	16	2	2	9	8	3.75	3.75
GH-Modular Respiratory Ward	0	0	0	0	0	0	0	0	4	4	0	3	4	4	0	2	3.50	4.67
GH-Wd 15 Respiratory	1	2	22.85	15.25	0	0	0	0	2	1	3	3	1	1	3	2	6.00	10.00
GH-Wd 16 Respiratory	1	3.4	24.23	13.34	0	0	0	0	1	1	4	4	1	1	2	2	6.00	7.50
GH-Wd 17 Respiratory	1	5.38	33.38	15.56	0	0	0	0	1	1	6	5	1	1	3	3	4.29	6.00
GH-Wd 23	1	3.92	29.91	21.9	0	0	0	0	1	1	6	5	0	0	5	4	4.71	6.60
GH-Wd 26 Thoracic Surgery	1	3.98	22.29	10.98	0	3	0	0	0	0	5	4	0	0	3	1	5.00	6.25
GH-Wd 27 Cardiology	1	2.2	24.16	13.89	0	0	0	0	5	5	0	3	3	2	0	2	5.40	9.00
GH-Wd 28 Cardiology	1	3.53	21.76	16.59	0	0	0	0	1	1	4	3	1	1	3	2	6.20	10.33
GH-Wd 29 Respiratory	1	2	18.1	11.76	0	0	0	0	1	1	3	3	0	0	3	1	6.25	8.33
GH-Wd 31 Cardiac Surgery	1	4	32.25	13.23	0	0	0	0	1	1	6	5	1	1	3	1	4.71	6.60
GH-Wd 32 Cardiology Procedures	1.52	0.92	15.04	6.4	0	0	0	0	0	0	4	2	1	0	2	0	4.75	9.50
GH-Wd 33 Cardiology	1	3	23.57	12.48	0	0	0	0	1	1	4	3	1	1	2	2	5.80	9.67
GH-Wd 33A Cardiology	0.92	1.94	14.11	11.44	0	0	0	0	0	0	3	2	0	0	2	2	6.67	10.00
LGH-Wd 10 CAPD Renal	1	3.8	23.58	14.14	0	0	0	0	5	5	0	2	4	3	0	2	3.60	9.00
LGH-Wd 15 High Dependency Renal	1	3	21.52	4	0	0	0	0	4	4	0	3	1	1	0	1	2.25	3.00
LGH-Wd 15 Nephrology Renal	1	2	20.3	11.39	0	0	0	0	4	4	0	2	2	2	0	2	4.25	8.50
LGH-Wd 17 Renal Transplant	1	1.75	14.96	8.8	0	0	0	0	3	3	3	2	2	2	0	1	2.33	7.00

<b>Womens</b>																		
LGH-Delivery Suite	11.44	76.37	87.81	29.09	0	0	0	0	14	13	1	14	6	6	0	5	4.07	4.36
LGH-NICU Neo-Natal Intensive Care	1	5.43	18.26	0	8.68	0	0	0	0	0	3	3	0	0	0	0	4.00	4.00
LGH-Wd 11	1	1	7.56	4.78	0	0	0	0	2	1	4	0	2	2	2	0	2.00	0.00
LGH-Wd 31 Gynae	1	0.8	17.45	11.25	0	0	0	0	1	1	5	2	0	0	2	1	3.83	11.50
LGH-GSU	0	0	0.8	6.6	0	0.8	0	0	0	0	0	0	5	5	0	0	0.00	0.00
LRI-Delivery Suite	12.05	109.76	85.81	10.89	0	0	0	0	14	14	2	16	3	3	0	3	4.06	4.06
LRI-Wd 5	1	2	21	15.28	0	0	0	0	0	0	4	4	3	3	0	2	6.50	
LRI-Wd 6	1	2	21	10.57	0	0	0	0	0	0	4	4	2	2	0	2	6.50	
LRI-GAU (Gynaecology admissions)	1	1	16.27	7.83	0	2	0	0	0	0	3	2	0	0	3	1	4.00	6.00
LRI-Neo-Natal Unit	8.98	31.24	86.62	0	9.92	0	0	0	0	0	15	15	0	0	1	0	2.00	2.00
<b>Childrens</b>																		
GH-Paed ITU - Children's Cardiac Intensive Care	6.4	11.55	50.34	4	0	0	0	0	0	0	9	9	0	0	1	1	0.78	0.78
GH-Wd 30 Childrens Cardiology	1	5.5	28.71	3.5	0	0	2	0	3	3	0	3	1	1	0	1	5.67	5.67
LRI-Childrens Day Care Unit	1	3.6	5.6	5.4	0	0	0	0	0	0	4	0	5	0	0	0	0.00	0.00
LRI-Childrens Intensive Care Unit	5.5	9.28	44	4.69	0	0	0	0	0	0	7	7	1	1	0	1	0.86	0.86
LRI-Wd 10 Childrens Surgery	1	5.25	19.61	8.5	0	0	1	0	1	1	4	2	1	1	2	1	4.00	10.00
LRI-Wd 11 Childrens Med	1	5.5	27.5	14.2	0	0	3	0	2	2	2	3	1	1	1	2	4.50	6.00
LRI-Wd 12 Childrens Med	1	5.09	25.18	2.82	0	0	2	0	2	2	3	5	1	1	0	1	2.40	2.40
LRI-Wd 14 Childrens Med	1	4	19.4	4.88	0	0	2	0	3	3	0	3	3	3	0	1	6.00	6.00
LRI-Wd 19 Childrens Surgery	1	4.5	19.6	6.4	0	0	2	0	7	4	0	2	4	3	0	1	2.29	8.00
LRI-Wd 27 Childrens Onc & Haem	1	7.7	23.27	5.73	0	0	0	0	5	5	0	3	2	2	0	1	2.40	4.00
<b>EM</b>																		
LRI-A & E Paeds	7.08	23.38	56.94	15.75	0	0	6.89	0	0	0	12	16	0	0	2	2	0.00	0.00
LRI-AFU	1	5.43	19.63	13.67	0	0	7.5	0	2	2	2	3	0	0	4	3	4.00	5.33
LRI-AMU & Wd 7 Annex	4	16.5	89.91	83.54	0	0	0	0	4	4	12	16	4	5	14	14	4.38	4.38
LRI-ED	12.56	18.48	145.47	71.54	0	0	3	0	7	7	18	31	1	1	9	13	0.00	0.00
LRI-EDU	1	2.79	16.99	10.56	0	0	0	0	1	1	2	3	0	0	2	1	4.00	4.00
LRI-EFU	1	5	19.63	15.84	0	0	0	0	2	2	2	3	0	0	3	3	4.00	5.33
LRI-GPAU	2	2.79	10.41	2.64	0	2.05	0	0	0	0	2	4	0	0	1	0	0.00	0.00
LRI-SSU Emergency Admissions	1	4.78	27.52	17.81	0	0	0	0	2	2	3	3	3	2	3	3	5.20	8.67
<b>ALLIANCE</b>																		
Alliance Endoscopy	2.65	3.8	22.33	4	0	0	0	1.75	14	14	0	0	6	6	0	0	N/A	N/A
Coalville OPD	0	0.67	3.29	1.8	0	0	0	0	3	2	0	0	2	2	0	0	N/A	N/A
Hinckley & District OPD	0	0.8	3.4	4.17	0	0	0	0	4	4	0	0	3	3	0	0	N/A	N/A
Hinckley Surgical Unit	1	0	8.67	2.53	0	0	1	0	0	0	ndant	0	0	0	4	0	N/A	N/A
Loughborough OPD	0.8	1.67	7.68	8.02	0	2	0	0			5	0	6	6	0	0	N/A	N/A
Loughborough Surgical Unit	1	1	9.1	2	0	0	0	0			3	0	2	2	0	0	N/A	N/A
Market Harbrough & Fielding Palmer OPD	0	0.77	2.49	1.58	0	0	0	0			2	0	3	3	0	0	N/A	N/A
Melton & Rutland OPD	0	1	3.36	4.67	0	0	1	0			3	0	7	7	0	0	N/A	N/A
Melton Surgical Unit	1	1	5.09	0.8	0	0	0	0			4	0	0	0	1	0	N/A	N/A