The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Catherine Morgan, Director of Nursing	Discussion	✓	✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	✓			
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Associate Chief Nurses Deputy Director of Nursing			Skill mix review paper presented and discussed at Trust Board meeting in public part (May 2014)		
CQC Essential Standard Ref:	All Outcome Standards				
NHSLA Standard Ref:	Standard 1				
Media / Communications:					

Meeting Date: 24TH NOVEMBER 2015

Report Title: REPORT ON NURSING AND MIDWIFERY SKILL MIX REVIEW

PURPOSE:

This paper advises the Board of Directors of the nursing and midwifery skill mix review undertaken against the current funded establishments and of recommendations based on the review.
The report also provides an update on current national recommendations in relation to nursing and midwifery staffing.
Progress on recruitment and other workforce metrics is provided by ward in appendix 1.

SUMMARY:

National Guidance

- All Trusts received a joint letter on 13th October (from Sir Mike Richards, Mike Durkin, Jane Cummings, Sir Andrew Dillon and Ed Smith), setting out a shared view on how providers should approach the need to ensure safe, quality care for patients on a sustained, financially stable basis. In essence the approach outlined promotes more flexibility rather than adhering to guidance which has been a challenge for the majority of organisations to meet (e.g. nurse : patient ratios).
- The Trust participated in the pilot for the Department of Health NHPPD (nurse hours per patient day) data collection during October 2015, which form part of the Lord Carter review. The purpose is to provide a tool for Trusts to use to assess nurse staffing efficiency.

Medical and surgical services

In summary the majority of adult inpatient wards and departments have been assessed as appropriate for minimum safe staffing and require recruitment to the funded establishment and further evaluation when this has been achieved.
Wards that are carrying higher registered nurse (RN) vacancies will over recruit to unregistered nurse establishments to support provision of safe care.

Wards/departments where funded establishment is considered adequate at this time and recruitment to vacancies is the priority include: West Newton, Windsor, Stanhoe, Terrington, Medical Assessment Unit, Oxborough, Tilney, Gayton, Elm, Surgical Assessment Unit, Marham, Denver, Critical care and Theatres.
Wards/departments where a change to the establishment is recommended include:

- West Raynham ward – increase band 2 establishment (cost neutral through reconfiguration of band 6 hours)
- Ambulatory Emergency Care – additional band 2 during winter to increase flow and evaluate effect
- Endoscopy – a full business case has been developed which includes nurse workforce requirements to provide a sustainable service with sufficient capacity to meet current and future demand. This will be considered through business case process
- Treatment Investigation Unit - it is proposed that an additional RN at band 5 would increase the number of procedures undertaken allowing for greater income generation. This will form part of the business planning process for 2016/17 budget setting.

Emergency Department
It is recommended to leave establishments unchanged at this time; the revised agreed funded uplift was completed in June 2015. The Associate Chief Nurse and Consultant Nurse will continue to monitor this dynamic environment over winter pressures and review in 6 months.

Paediatric services
Based on guidance the recommended staffing levels for paediatric services (Rudham, Paediatric Assessment Unit & Roxburgh) indicate that the establishment is adequate for 18 beds. It is therefore recommended that the establishment remains at the current funded establishment with flex beds for use in winter months.

NICU
The uplift in establishment (April 2014 and May 2015) has been recruited to and this has significantly improved compliance with BAPM standards which is reported monthly on the NICU dashboard. At this time there is no recommended change.

Maternity services
An external review is currently in progress looking at the Home Birth Service and includes review of the midwifery workforce to give clarity of the workforce requirements to reinstate the service and to provide safe cover for the Midwifery Led Birth Unit. This review will be completed by the end of November 2015.
It is recommended that over recruitment by 2 WTE registered midwife (RMW) posts takes place whilst the external review of the midwifery workforce is completed. It is anticipated that the external review will recommend some reconfiguration of the current workforce and that there are some efficiencies across some areas; however to ensure adequate staffing for the MLBU and to support the re-introduction of the HBS an uplift to the establishment is likely to be required.

Workforce information
Workforce metrics update

- The fill rate has reduced for day cover for both registered (RN) and unregistered nurses which means overall the fill rate is down from 95.8% to 93.41. The reasons for challenges to filling planned establishments in October is the requirement to staff escalation beds from mid-September and high sickness levels in some wards. The registered day has the lowest fill rate at 86.3% which is the lowest fill rate to date.
- The vacancy rate remains similar to previous months at 9.6% (vacancy rate runs between 8 and 9.5%) for wards on this report.

Actions in place include: a local and national recruitment campaign, a plan to over-recruit to

unregistered nurse posts and applications for certificates of sponsorship for non-EU nurses.
To date 15 certificates of sponsorship have been allocated to the Trust for use from January 2016. The first cohort of non-EU recruits is planned for 8th January 2016.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√		√

RECOMMENDATIONS:

The Trust Board is asked to discuss the findings of the skill mix review and to note the workforce data.

The Trust Board is asked to support the recommendations to reconfigure some establishments and support over recruitment to midwife posts pending an external review. The Board is also asked to note where there are likely to be requirements to revise establishments for the next financial year which will be considered through the business planning process.

UPDATED REPORT TO THE BOARD OF DIRECTORS ON NURSING AND MIDWIFERY WORKFORCE

1 BACKGROUND

1.1 There has been continued emphasis on safe nurse staffing levels following the publication of the Francis report (February 2013) and the launch of the Chief Nursing of England's 6 C's strategy for nursing: Compassion for practice.

1.2 Key recommendations from the National Quality Board report *How to ensure the right people, with the right skills, are in the right place and the right time: A guide to nursing, midwifery and care staffing capacity and capability (November 2013)* include that Boards receive monthly updates on workforce information, and that staffing capacity and capability is discussed at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review.

1.3 This report provides a high level summary of the detailed nursing and midwifery skill mix review undertaken in line with current funded establishments carried out by the Associate Chief Nurses.

1.4 Detailed workforce information by ward and progress against recruitment to funded establishments is shown in appendix 1.

2 SAFER STAFFING: NATIONAL UPDATE

2.1 All Trusts received a joint letter on 13th October (from Sir Mike Richards, Mike Durkin, Jane Cummings, Sir Andrew Dillon and Ed Smith), setting out a shared view on how providers should approach the need to ensure safe, quality care for patients on a sustained, financially stable basis. The key elements of this letter are that current staffing guidance is to support decision making and should not replace judgements made by experienced professionals at the front line and that a rounded view (including patient acuity, activity, skills mix and multi-professional teams) should be taken. In essence this promotes more flexibility rather than adhering to guidance which has been a challenge for the majority of organisations to meet.

2.2 The Trust participated in the pilot for the Department of Health NHPPD (Nurse hours per patient day) data collection during October 2015. The DH undertook a process to investigate the operational delivery of the NHPPD, increasing the data collection sample from the 32 Carter Trusts (22 Trusts undertook a more detailed nurse rostering data collection in February 2015) in order to examine the average NHPPD for each clinical speciality and develop a 'safe range'. The outputs from this will be shared with The Director of Nursing when competed.

3 MEDICINE AND SURGICAL SERVICES

3.1 The process undertaken to review the revised establishments for minimum safe staffing has utilised the contact time audit, SNCT data (safer nursing care tool) E-rostering, senior nurse observations, face to face interviews and clinical coding data in order to fully review nurses per occupied bed and the professional judgement of the Ward Managers, Matrons and Associate Chief Nurses.

3.2 In summary the majority of adult inpatient wards and departments' establishments have been assessed as appropriate for minimum safe staffing and require recruitment to the funded establishment and further evaluation when this has been achieved.

3.3 Wards/departments where funded establishment is considered adequate at this time and recruitment to vacancies is the priority include: West Newton, Windsor, Stanhoe, Terrington, MAU, Oxborough, Tilney, Gayton, Elm, SAU, Marham, Denver, Critical care and Theatres.

3.4 Additional comments:

- West Newton ward is challenged with a high proportion of one to one care activity. Recent work has improved the quality of this intense level of care by introducing breaks/rotation of staff and improving the overall co-ordination of this work. The ward refurbishment has helped with patient orientation and the new garden and improved day room has helped with creating a social focus for patients and allows for a degree of cohorting to take place; this should improve further if outstanding vacancies are filled. The evaluation of the PSW (patient support worker) role is that they offer value within the team and are able to support main clinical activity by freeing up trained staff from elements of routine activity. There is also a plan to recruit a RMN (registered mental health nurse) to further compliment the team and enhance care for this patient group.

- Medical Assessment Unit has high acuity and high turnover of patients. This is a hard to recruit to area and whilst no change to the funded establishment is proposed some temporary reconfiguration of roles within the financial envelope are required to support the high vacancy rate. It is proposed to further evaluate use of a triage nurse role and the role of the physician's assistants. The workforce is flexible with Ambulatory Emergency Care and over recruitment to band 2 posts is advised to support the winter months.

- Oxborough ward continue to have high acuity and a dependant caseload. A full business case is under development to create an NIV bay which would look to cohort this patient group with an appropriate workforce plan (including medical workforce for 7 day working). The nursing workforce recommendations will be considered as part of this process and includes the development of band 4 roles.

- Marham/Assessment Unit – potential growth of the band 2 establishment will be considered for the next financial year to improve throughput of elective patients and provide follow up telephone support to facilitate early discharge.

- Theatres will continue with their programme of over recruitment to ensure a sustainable pipeline of trained nurses. The recent reconfiguration of theatres staffing has eliminated the requirement for the use of agency nurses.

- Day surgery unit requires development of band 6 nurses to undertake the Assisting in Theatre course to improve and sustain activity in ophthalmology, orthopaedics and urology. It is likely that an uplift to nurse staffing will be required to achieve increased activity and this will form part of the business planning work for 2016/17.

3.5 **Wards/departments where change to establishment is recommended**

West Raynham ward

The ward has been noted to be under significant pressure relating to the high dependency of patients. Medicines management, care rounding and personal hygiene needs require a high number of contact hours. During breaking the cycle week additional unregistered nurses were rostered to evaluate impact on these elements of care. This was positively evaluated by staff, patients and their families with a noticeable calmer feel to the ward. It is therefore recommended that there is an uplift of 2 WTE band 2 unregistered nurses. This change would be overall cost neutral; the £44,864 (2 WTE @ band 2) would be funded from a reconfiguration of band 6 hours; reallocation of hours to the ward from discharge planning duties and TIA clinic (cost £41K), additional £3k from vacancy.

AEC (Ambulatory Care Unit)

The wider assessment is that the current RN establishment is adequate; however, an additional HCA would improve timely work up of patients, increase flow by preparing trolley space assisting patients on/off trolleys and taking observations. The proposed uplift of one band 2 nurse would require extra funding (£23,350). It is planned to pilot this during the winter months and evaluate against any improvement in flow through the department. This will be funded through vacancy in the first instance. The future workforce plan includes extending the scope for the RN's and making more autonomous practitioners through preparation for advanced nurse practitioner roles including non-medical prescribing.

TIU (Treatment Investigation Unit)

This area represents a recent initiative (2009) for the Trust allowing patients to be discharged back to the care of their GPs while still undergoing some hospital supported intervention. This initiative is seen to be successful representing income generation for the Division. This 5 day a week (Mon-Fri) nurse-led Unit is managed by a Band 6 nurse with matron support from within the Medicine Division. Due to vacancies this area has been stretched and occasionally struggled to meet demand and undertake some complex procedures. A soft patient cap has been introduced in order to preserve quality and maintain safety. Over a 6 month period 255 procedures took place on the unit due to the complexity of clinical procedures on the unit staff need to be competent and confident in a number of extended roles. It is proposed that an additional RN at band 5 would increase the number of procedures undertaken allowing for greater income generation. This will form part of the business planning process for 2016/17 budget setting.

Endoscopy

The current endoscopy nurse establishment is historic and does not support current capacity and activity. Additional hours are utilised at present to support weekend lists. A full and comprehensive skill mix review has been undertaken and is detailed in the business case that has been developed and prepared for review. A significant uplift in nurse staffing will be required to meet rising demand and provide an extended service (evenings/weekends).

Urology

The medical job planning process has required changes to the clinical nurse specialists' job plans. In order to provide adequate cover for clinics, MDTs and procedures an increase of 16 hours is required. This has been agreed to ensure that service cover is not compromised (cost £19,400).

3.6 **Summary**

Recognising the significant challenge to recruiting to registered nurse posts both locally and nationally we will need to ensure that future workforce plans include innovative solutions to addressing the predicted gaps.

Scoping of new roles will form a key part of this for example consultant nurse/AHP roles for frail elderly, expansion of the skilled band 4 workforce and the use of support roles such and clinical coordinators and Physicians Associates.

4 EMERGENCY DEPARTMENT (ED)

The ED continues to use a number of both registered and unregistered temporary nurses (from bank and Agency sources) to back fill some vacancies. The reliance on agency nurses has reduced significantly over the past 3 months and this reduction is still on going at this time. The clinical educator is included in the numbers, although not ideal it allows for in practice guidance and support. The recently commissioned paediatric area is working well however with the constraints of existing paediatric trained workforce they are unable to offer 24/7 paediatric nurse cover. The department are mitigating this risk through development of specific paediatric competencies which all registered nurses are required to complete. The 2 Band 3 play specialists have further complimented this team. The ENP workforce of 8 plus one trainee contribute significantly to departmental flow and is deemed adequate to meet need. The Department has also been innovative in introducing one Band 5 paramedic into the team with a plan to expand to 2 later this year.

It is recommended to leave establishments unchanged at this time. The Associate Chief Nurse and Consultant Nurse will continue to monitor this dynamic environment over winter pressures and review in 6 months.

5 PAEDIATRIC SERVICES

5.1 The recommended levels of staff are taken from the RCN Paediatric staffing guidelines 2013. The paediatric establishment includes; Rudham, PAU and Roxburgh outpatient department.

5.2 The funded establishment on Rudham was revised up by 2.2 WTE registered nurses in April 2014. The bed base for Rudham is reduced to 18 beds when workload allows with 5 flex beds available as an escalation area when required. The staffing for the ward is calculated on 18 beds, the flex beds are staffed with bank hours. The department is fully recruited to the current establishment but there is further capacity for increase of staffing the PAU from winter monies. The proposal is to reassess the need for this staffing capacity once the winter is over and the workload can be audited and reviewed to ensure an account is taken of the annual trends.

5.3 Based on the guidelines the recommended staffing levels for paediatric services (Rudham, Paediatric Assessment Unit & Roxburgh) indicates that the unit is adequately staffed for 18 beds but to open the flexible beds permanently would require an additional 5.50 WTE. It is therefore recommended that the establishment remains unchanged with flex beds for use in winter months, staffed with bank hours.

5.4 The recent CQC assessment identified that in their opinion there should be 2 RSCNs per shift for each area (Rudham, Paediatric Assessment Unit & Roxburgh) and at the present time the unit does not meet that standard. To meet this level of staffing will require 1.0 WTE for Roxburgh and 2.0 WTE for PAU in addition to the current establishment, this is not felt to be deliverable at this time in terms of both recruitment and affordability.

5.5 Additional initiatives to support future sustainability of the paediatric workforce include:

- 5 Registered nurses are currently progressing through their degree and Masters pathways. Developing advanced pathways and career development is essential to attract a quality workforce and achieve the Paediatric Transformation work programme.

- Conversion of three Band 2 support workers to Band 3 continues and a further cohort has been identified and will commence this autumn.

5.6 The Paediatric Transformation Project has been reviewed and agreed by the Transformation Board in October. The nursing workforce work stream will look at how Advanced Nurse practitioners (ANP) can be used in Paediatric Assessment Unit to improve the pathway from A&E to discharge for some of the common and predictable complaints that children and young people present with. If successful this is likely to require additional resource to implement on a permanent basis. These roles are key to support the medical workforce both in neonatal and paediatric areas. One of the other work streams will review the care and look to improve the patient experience for children and young people who are seen in non-paediatric areas. This will inevitably require additional support from Paediatric nursing staff and will be considered in future skill mix reviews.

6 NEONATAL SERVICES

6.1 The current funding for the Neonatal Intensive Care Unit (NICU) includes 1 Intensive care cot, 2 high dependency cots and 9 special care cots, however the dependency often varies and staffing needs to be flexed according to occupancy and acuity; which is challenging to achieve. The trend in occupancy and acuity is an increase in the number of ITU and HDU cots with a reduction in special care cots following implementation of the outreach team.

6.2 In addition to NICU there is a transitional care (TC) area consisting of a 5 bedded bay on Castleacre ward where babies stay short term with their mothers until they are ready to be discharged. This is currently staffed from the NICU establishment during the day.

6.3 The uplift in establishment (April 2014 and May 2015) has been recruited to and this has enabled the department to increase planned staffing levels during the day to 5 RNs per shift and 4 RNs at night. This has significantly improved compliance with BAPM standards which is reported monthly on the NICU dashboard and has reduced the requirement to close NICU to the network.

6.4 Full compliance with BAPM standards for a Level 2 NICU would require a total establishment of 30.92 WTE (registered and unregistered) based on the cot base and the occupancy figures. The unit currently has an establishment of 27.81 WTE not including ward manager, PDN and outreach. Reviewing the Qualified in Speciality (QIS) levels would require 2.75 WTE Band 5 registrants.

6.5 A requirement to maintain a sustainable service is the availability of Qualified in Speciality (QIS) nurses. These particular nurses are not readily available when recruiting so the unit would look to "training our own".

6.6 Further uplift in establishment is not recommended at this time based on improved compliance with BAPM, reduced closures and the requirement to balance quality standards and meet the financial challenge.

7 MATERNITY SERVICES

7.1 The maternity unit consists of a 13 bedded delivery suite (DS), a 25 bedded combined antenatal and post natal ward (Castleacre) that also accommodates Transitional care, a Day Assessment Unit (DAU) within Brancaster clinic open 7 days per week, antenatal clinic, a satellite antenatal clinic at NCH and 4 community teams. The Midwifery led Birth Unit (MLBU) is programmed to open later this year and will incorporate 3 birthing rooms one of which will be a flexible room for bereavement.

7.2 Midwifery safe staffing is calculated using the Birthrate Plus tool and uses the number of births per year with acuity data and recommends the unit to have a ratio of midwives (MW) to women of 1:28. In addition the NICE guidance on Safe Staffing for Maternity settings February 2015 has been incorporated into this review

7.3 The birth rate for the QEH was 2308 in 2014 /15 and the indication is that this trend will continue this year.

7.4 The midwifery skill mix was increased by 4.9 WTE registered MW's to allow for escalation and support out of hours working when the unit was more at risk of suspension of services due to workload and staffing levels. All vacancies have been recruited to but a number of MW's do not commence in post until 2016. The on call rota to support the escalation process out of hours continues 7 days a week. Currently one midwife is on call each night but plans are in progress to increase this to 2 midwives each night to support at times of high workload especially out of hours and at weekends.

7.5 Supervisory status of the ward manager is recommended in Birthrate Plus (BR+) for wards and DS; the current establishment for Castleacre and for DS 24/7 does not include funded supervisory status for the ward manager Castleacre / co-ordinator. The calculations below show the WTE for registered midwifery staffing as recommended by BR+.

Number of births	2300
1:28 ratio	82.1 (WTE)
Manager (non-clinical)	4.2
Supervisory band 7s	5.4
Total recommended	92.7
Current establishment	83.4
Increase in establishment	**8.3 WTE**

7.6 Achievement of staffing as recommended by BR+ would require significant investment. At this time the most significant area of concern relates to achievement of safe staffing on the DS and the MLBU. Currently MW's are moved from other clinical areas to support this, the impact of which is captured and monitored.

7.7 Maternity Support Workers (MSWs) are in place across all areas of maternity care including community settings. BR+ recommends a 90:10 registered to unregistered split. Currently the establishment is approximately 80:20 split.

7.8 A Maternity Modernisation Board has been established and has identified the development of a midwifery led birth unit (MLBU) as a priority. The workforce required for the MLBU has been reviewed and is anticipated to be taken in part from the existing establishment and no uplift has been costed into the project plan. The workforce is being finalised and will require the use of temporary MW support to fill the roster whilst recruitment takes place. 2.4 WTE contribution has been allocated from the community team.

7.9 The Homebirth Service (HBS) remains suspended and is a priority for re-establishment once the MLBU is complete and functioning. The number of women choosing this option is untested but there would need to be a 24/7 provision of staffing to cover the HBS.

7.10 The HBS is being externally reviewed to give an unbiased assessment of service need, sustainability, governance and options for an external provider. This review will also include a review of the MW workforce to give clarity of the workforce requirements to reinstate the service and to provide safe cover for the MLBU. This review will be completed by end of November 2015.

7.11 Brancaster & NCH Out-patients

Brancaster clinic provides both maternity and gynaecology services and staff are used flexibly to cover the differing priorities of clinics.

To cover ANC at QEH requires a further 0.2 WTE and at NCH 0.2 WTE Band 6 midwife which will be covered by the anticipated, and agreed, over recruitment.

7.12 Day Assessment Unit (DAU)

This unit is managed by a Band 7 midwife who has responsibility for Brancaster Clinic. This area does not currently have a support worker within the team nor admin /clerical support although this review is one of the Maternity Transformation work streams

7.13 **Recommendations for Maternity**

The supervisory status of the band 7 and appropriate staffing levels for the MLBU are crucial for the maintenance of a safe service and will mitigate for peaks in activity and acuity. Continued development of the support worker role and inclusion of this role within all maternity settings releases midwifery time for bedside care and will be developed further.

It is recommended that the agreed over recruitment by 2 WTE RMW posts takes place whilst the external review of MW workforce is completed. It is anticipated that the external review will recommend some reconfiguration of the current workforce and some efficiencies across some areas; however to ensure adequate staffing for the MLBU and to support the re-introduction of the HBS an uplift to the establishment is likely to be required.

Appendix 1

OCTOBER 2015

		Staffing & Vacancies - REGISTERED												Staffing & Vacancies - UNREGISTERED															Day		Night	
Directorate	Ward	Funded Establishment - Registered (WTE)	Staff in Post end month (WTE)	Vacancy (WTE)	Sickness absence (WTE)	ML (WTE)	Posts appointed to but not yet started (WTE)	BALANCE (REGISTERED) - vacancies and ML minus new appointees WTE	Turnover %	Vacancy %	Sickness %	Maternity %	Total % vacancy/ sickness/ maternity	Funded Establishment Un-Reg (WTE)	Staff in Post end of month (WTE)	Vacancy (WTE)	Sickness absence (WTE)	ML	Posts appointed to not yet started (WTE)	BALANCE (UNREG) - Vacancy and ML minus new appointee WTE	Turnover %	Vacancy %	Sickness %	Maternity %	Total % vacancy/sickness/ ML	Agreed nurse to patient ratio's Registered - Early (14)	Agreed nurse to patient ratio's Registered- Late (15)	Agreed nurse to patient ratio's Registered - Night (16)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Medical Services	Oxborough Ward	29.99	23.63	6.36	1.15	0.00	0.00	6.36	0.00%	21.21%	4.85%	0.00%	26.06%	20.24	22.84	-2.60	2.34	0.00	0.00	-2.60	0.00%	-12.85%	10.73%	0.00%	-2.12%	1:6.4	1:6.4	1:10.7	78.8%	98.3%	74.3%	96.5%
	Stanhoe Ward	26.99	23.80	3.19	0.97	0.00	0.00	3.19	0.00%	11.82%	4.08%	0.00%	15.90%	22.82	22.44	0.38	2.35	0.80	0.00	1.18	0.00%	1.67%	10.70%	3.64%	16.01%	1:6.4	1:6.4	1:8	91.6%	90.2%	99.1%	101.5%
	Tilney Ward	21.24	18.61	2.63	0.77	0.00	0.00	2.63	0.00%	12.38%	4.16%	0.00%	16.54%	16.49	17.20	-0.71	1.86	0.00	0.00	-0.71	0.00%	-4.31%	11.19%	0.00%	6.88%	1:7	1:7	1:9.3	88.4%	87.1%	101.0%	95.4%
	West Newton Ward	26.03	22.16	3.87	0.41	0.00	1.00	2.87	0.00%	14.87%	1.91%	0.00%	16.78%	20.24	21.32	-1.08	1.95	0.00	0.00	-1.08	0.00%	-5.34%	8.82%	0.00%	3.48%	1:5.3	1:6.4	1:10.7	75.7%	149.7%	99.8%	178.3%
	West Raynham Ward	29.78	26.93	2.85	2.56	0.00	1.00	1.85	0.00%	9.57%	9.51%	0.00%	19.08%	15.67	19.07	-3.40	0.82	1.00	0.00	-2.40	0.00%	-21.70%	4.39%	5.38%	-11.93%	1:5.6	1:7	901:9.3	88.7%	102.5%	95.1%	107.5%
	Windsor Ward	26.04	22.19	3.85	1.84	0.00	0.00	3.85	4.35%	14.78%	8.25%	0.00%	23.03%	22.84	22.04	0.80	2.10	0.00	1.00	-0.20	4.17%	3.50%	9.49%	0.00%	12.99%	1:6.4	1:6.4	1:10.7	74.5%	89.6%	99.0%	97.3%
Total		160.07	137.32	22.75	7.70	0.00	2.00	20.75	0.67%	14.21%	5.64%	0.00%	19.85%	118.30	124.91	-6.61	11.42	1.80	1.00	-5.81	0.74%	-5.59%	9.26%	1.47%	5.14%				82.5%	103.1%	94.0%	114.0%
Surgical Services	Denver Ward	27.16	23.93	3.23	1.19	1.00	1.00	3.23	0.00%	11.89%	4.95%	4.15%	20.99%	15.89	14.36	1.53	0.66	0.00	0.00	1.53	0.00%	9.63%	4.73%	0.00%	14.36%	1:5.6	1:5.6	1:9.3	76.2%	107.3%	98.7%	98.8%
	Elm Ward	26.87	20.72	6.15	1.40	0.00	0.00	6.15	0.00%	22.89%	6.54%	0.00%	29.43%	15.60	18.56	-2.96	0.88	0.00	0.00	-2.96	0.00%	-18.97%	5.42%	0.00%	-13.55%	Average 1 to 7.5	Average 1 to 7.5	Average 1 to 11	79.9%	78.0%	88.2%	93.5%
	Leverington Ward	15.49	15.09	0.40	0.15	1.00	0.00	1.40	0.00%	2.58%	0.99%	6.63%	10.20%	14.49	12.61	1.88	0.05	0.00	0.00	1.88	0.00%	12.97%	0.39%	0.00%	13.36%	1:5	1:5	1:10	90.9%	99.2%	98.4%	99.9%
	Gayton Ward	26.03	26.31	-0.28	0.63	0.00	0.00	-0.28	0.00%	-1.08%	2.36%	0.00%	1.28%	20.24	18.41	1.83	2.56	1.13	0.00	2.96	0.00%	9.04%	13.88%	6.13%	29.05%	1:5.3	1:6.4	1:10.7	88.0%	85.2%	104.3%	98.5%
Total		95.55	86.05	9.50	3.37	2.00	1.00	10.50	0.00%	9.94%	3.86%	2.31%	16.11%	66.22	63.94	2.28	4.15	1.13	0.00	3.41	0.00%	3.44%	6.77%	1.88%	12.09%				83.0%	91.3%	97.3%	97.8%
Oncology	Shouldham Ward	15.88	14.76	1.12	0.93	0.00	0.00	1.12	0.00%	7.05%	6.31%	0.00%	13.36%	6.49	5.89	0.60	0.24	0.00	0.00	0.60	0.00%	9.24%	4.00%	0.00%	13.24%	1:6	1:6	1:6	88.0%	104.9%	99.0%	88.9%
Total		15.88	14.76	1.12	0.93	0.00	0.00	1.12	0.00%	7.05%	6.31%	0.00%	13.36%	6.49	5.89	0.60	0.24	0.00	0.00	0.60	0.00%	9.24%	4.00%	0.00%	13.24%				88.0%	104.9%	99.0%	88.9%
Emergency Services	A & E	61.76	54.96	6.80	2.52	0.80	3.00	4.60	4.65%	11.01%	4.52%	1.43%	16.96%	18.24	19.61	-1.37	0.53	0.00	0.00	-1.37	4.08%	-7.51%	2.76%	0.00%	-4.75%				93.4%	72.5%	93.4%	99.7%
	CCU	66.76	57.68	9.08	0.72	0.46	0.00	9.54	1.63%	13.60%	1.23%	0.80%	15.63%	3.80	3.80	0.00	0.88	0.00	0.00	0.00	0.00%	0.00%	23.23%	0.00%	23.23%	N/A			91.0%	96.0%	85.7%	
	SAU	18.92	12.93	5.99	0.70	0.00	0.00	5.99	6.67%	31.66%	5.27%	0.00%	36.93%	5.97	8.00	-2.03	1.32	1.00	0.00	-1.03	0.00%	-34.00%	19.71%	14.90%	0.61%	1:4	1:4	1:4	74.6%	90.2%	72.3%	93.3%
	MAU	29.67	24.33	5.34	2.12	1.00	0.00	6.34	3.77%	18.00%	8.43%	4.10%	30.53%	10.75	13.83	-3.08	0.99	0.00	0.00	-3.08	0.00%	-28.65%	7.86%	0.00%	-20.79%	1:5	1:4.2	1:5	84.0%	109.9%	91.1%	95.4%
	Terrington Ward	26.98	26.15	0.83	1.19	1.83	1.00	1.66	0.00%	3.08%	4.74%	7.25%	15.07%	16.03	14.44	1.59	0.25	0.00	1.00	0.59	0.00%	9.92%	1.74%	0.00%	11.66%	1:6.8	1:6.8	1:8.5	88.1%	97.2%	73.6%	93.9%
Total		204.09	176.05	28.04	7.25	4.09	4.00	28.13	3.09%	13.74%	4.08%	2.31%	20.13%	54.79	59.68	-4.89	3.97	1.00	1.00	-4.89	1.46%	-8.92%	7.02%	1.74%	-0.16%				88.8%	88.3%	85.5%	95.8%
Women & Children	Castleacre Ward/CDS	56.36	42.27	14.09	2.86	1.03	4.00	11.12	0.00%	25.00%	6.77%	2.43%	34.20%	16.72	15.16	1.56	0.95	0.00	0.00	1.56	0.00%	9.33%	5.93%	0.00%	15.26%	Use of Birth Rate Plus			82.6%	97.2%	97.4%	85.5%
	NICU	32.48	33.32	-0.84	0.53	2.67	0.00	1.83	0.00%	-2.59%	1.60%	8.08%	7.09%	8.55	8.55	0.00	0.09	0.00	0.00	0.00	0.00%	0.00%	1.09%	0.00%	1.09%	ITU,1:2 HDU,1	ITU,1:2 HDU,1	Variable	93.8%	82.3%	96.9%	100.0%
	Rudham	30.60	30.29	0.31	0.20	1.00	0.00	1.31	2.86%	1.01%	0.69%	3.37%	5.07%	10.43	9.00	1.43	0.10	1.00	0.00	2.43	0.00%	13.71%	1.08%	11.11%	25.90%	1 to 4	1 to 4	1 to 5	104.4%	56.2%	75.0%	96.8%
Total		119.44	105.88	13.56	3.59	4.70	4.00	14.26	0.89%	11.35%	3.42%	4.47%	19.24%	35.70	32.71	2.99	1.14	1.00	0.00	3.99	0.00%	8.38%	3.39%	3.04%	14.81%				91.8%	81.8%	91.0%	90.7%
Theatre Services	DCSU	39.64	42.66	-3.02	2.61	0.00	1.00	-4.02	0.00%	-7.62%	6.12%	0.00%	-1.50%	17.37	14.04	3.33	1.31	0.00	0.00		0.00%	19.17%	9.63%	0.00%	28.80%							
	Main Theatres	84.60	87.36	-2.76	7.49	0.80	0.00	-1.96	0.00%	-3.26%	8.60%	0.93%	6.27%	25.21	22.76	2.45	0.92	0.00	0.00		0.00%	9.72%	3.99%	0.00%	13.71%							
Total		124.24	130.02	-5.78	10.10	0.80	1.00	-5.98	0.71%	-4.65%	7.78%	0.62%	3.75%	42.58	36.80	5.78	2.23	0.00	0.00		0.00%	13.57%	6.08%	0.00%	19.65%							
Trust Inpatient Totals		719.27	650.08	69.19	32.94	11.59	12.00	68.78	1.13%	9.62%	5.06%	1.79%	16.47%	324.08	323.93	0.15	23.15	4.93	2.00	-2.70	0.55%	0.05%	7.30%	1.56%	8.91%				86.3%	94.4%	90.8%	102.5%