

AGENDA ITEM NO: 8.0

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 APRIL 2016**

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| Title: | 6 MONTHLY PROGRESS REPORT - NURSE STAFFING |
| Responsible Director: | Philip Norman, Executive Chief Nurse |
| Contact: | Carolyn Pitt, Lead Nurse Workforce |

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| Purpose: | To provide the Board of Directors with an update on Nursing Workforce |
| Confidentiality Level & Reason: | None |
| Medium Term Plan Ref: | Aim 1. Always put the needs and care of patients first |
| Key Issues Summary: | <p>This paper presents an update on Nursing Workforce and described the processes the Trust has adopted in reviewing the nursing staffing levels bi-annually, to support the delivery of high quality care.</p> <p>The report also outlines the actions underway following the review of nurse staffing levels.</p> |
| Recommendations: | The Board of Directors is asked to receive this report on the progress ensuring compliance with the national guidance surrounding nursing staffing levels and the use of robust methodology in reviewing the current funded nursing establishments. |

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| Approved by: | Philip Norman | Date: 13 April 2016 |
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UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 28 APRIL 2016
PROGRESS REPORT – NURSE STAFFING
PRESENTED BY THE EXECUTIVE CHIEF NURSE

1. Introduction and Executive Summary

This paper provides an update for the Board of Directors in line with the requirements set out by the National Quality Board (NQB).

The last report was presented in October 2015, this report has been prepared using data and information collated and collected during January 2016.

The report will provide an update on the current nursing workforce position and the plans and actions being undertaken in relation to the nursing workforce. In addition the report will reference the outcome of the assessment of staffing levels following the review of all inpatient ward agreed funded establishments in December 2015.

2. Current Workforce Position

2.1 Previous reports have referenced the number of information sources that are reconciled and interrogated to provide accurate staffing reports and information. Work is ongoing to explore the potential to reconcile data sources into a single management information report which will better support both the recruitment and retention strategies and the accuracy and timeliness in reporting nursing workforce information. The potential for this is being explored through the Trust Health Informatics Department and will be further supported once the tendering process for the new e-rostering software system is completed in 2016. These systems will provide specialist workforce management, optimisation and corporate governance solutions. The Trust has established work streams to support the introduction of the new e-rostering software system which is being led by the Executive Director of Delivery. There are senior nursing representatives on both the steering group and operational work streams.

2.2 Throughout this paper the use of the term nursing will apply to both registered and unregistered nurses, theatre support workers and theatre practitioners. Within theatres, the registered workforce is recruited from registered nurses and registered operating department practitioners, both professions work to the same job descriptions and terms and conditions but are regulated by different bodies.

- 2.3 Table 1 below provides an overview of the current nursing workforce by agenda for change pay band.

Table 1: Overview of current nursing workforce by pay band

| Pay Band | Funded WTE | Actual (in post) WTE | Vacancy January 2016 |
|----------|------------|----------------------|----------------------|
| 2 | 724.04 | 690.43 | 33.61 |
| 3 | 194.15 | 230.45 | (36.03) |
| 4 | 4.60 | 7.40 | (2.80) |
| 5 | 1471.22 | 1293.75 | 177.47 |
| 6 | 621.14 | 644.48 | (23.34) |
| 7 | 355.09 | 355.69 | (0.60) |
| 8a | 43.46 | 46.57 | (3.11) |
| 8b | 23.19 | 19.55 | 3.64 |
| 8c | 5.68 | 6.68 | (1.00) |
| 8d | 0 | 0 | 0 |
| 9 | 0 | 0 | 0 |
| Total | 3442.57 | 3295.00 | 147.84 (4.3%) |

Notes: WTE - Whole Time Equivalent. Brackets = over against funded establishment
Band 2-4 unregistered nursing staff, Band 5-9 registered nursing staff

The staffing review conducted during the latter half of 2015 led to changes in the agreed funded establishments for inpatient wards. The staffing review considered a number of elements:

- Cross Divisional discussion and review using professional judgement of planned staffing numbers and skill mix requirements. The review considered local context and physical layout of departments to determine and agree whole time equivalent staffing numbers and skill mix per shift.
- Nurse to patient ratio's and registered to unregistered skill mix ratios.
- The use of evidence based tools and comparing existing recurrently agreed funded nursing establishments to the findings of these tools.
- A review of local care quality and workforce metrics.
- Clarity over allowance that has been made for planned/unplanned leave, sickness and absence (headroom /uplift).
- Professional discussion to review the existing supervisory allowance built into establishments for the Senior Sister/Charge Nurse to take effective charge of the ward.
- Comparison of recurrently funded nursing establishments to specialist guidance where this exists.
- A review of recurrent and non- recurrently funded inpatient capacity (beds).
- A review of the model of care provision and the current and anticipated changes to this which are internal and externally influenced.

During January 2016 the Trust undertook a 21 day period of monitoring and applied the Shelford Safer Nursing Care Tool (SNCT) where applicable. The outcome of the application is based on dependency and acuity measurement for the period during January 2016 and has been considered against the funded establishments. There are no recommendations for the Board of Directors to consider as an outcome of this review in respect of the agreed funded inpatient nursing establishments due to the proximity of the last changes made to funded inpatient nursing establishments.

Table 2 below provides the details funded nursing establishment by ward / department. Appendix 1 also provides a more detailed summary.

Table 2: Agreed funded establishment by Ward/Department

| Ward Unit | January 2015 | January 2016 |
|------------------------|---------------------|---------------------|
| Critical Care - A | 134.37 | 132.62 |
| Critical Care - B | 74.99 | 81.50 |
| Critical Care - C | 71.12 | 83.36 |
| Critical Care - D | 116.35 | 126.73 |
| Ambulatory Care | 79.10 | 106.67 |
| Bournville Ward | 26.25 | 27.87 |
| Burns Unit | 37.17 | 31.21 |
| Clinical Decision Unit | 117.93 | 130.65 |
| Coronary Care Unit | 30.36 | 30.27 |
| Edgbaston Ward | 20.46 | 23.08 |
| Harborne Ward | 35.79 | 32.66 |
| Ward 302 | 33.85 | 38.19 |
| Ward 303 | 43.61 | 45.16 |
| Ward 304 | 39.74 | 40.37 |
| Ward 305 | 37.43 | 40.37 |
| Ward 306 | 43.70 | 42.77 |
| Ward 407 | 42.84 | 51.67 |
| Ward 408 | 42.61 | 44.48 |
| Ward 409 | 42.27 | 51.67 |
| Ward 410 | 42.47 | 40.37 |
| Ward 411 | 20.46 | 40.37 |
| Ward 412 | 36.46 | 32.66 |
| Ward 513 | 39.74 | 40.37 |
| Ward 514 | 39.74 | 40.37 |
| Ward 515 | 39.74 | 40.37 |
| Ward 516 | 39.73 | 40.37 |
| Ward 517 | 33.76 | 31.83 |
| Ward 518 | 39.73 | 40.37 |
| Ward 726 | 49.03 | 49.96 |
| Ward 727 | 38.61 | 40.37 |
| Ward 728 | 39.74 | 40.37 |
| Ward 622 | 40.80 | 44.33 |
| Ward 623 | 25.23 | 29.58 |
| Ward 624 | 40.28 | 40.37 |
| Ward 625 | 37.58 | 39.69 |
| Ward West 1 | 30.76 | 32.66 |
| Ward West 2 | 32.26 | 27.87 |
| Total (WTE) | 1736.06 | 1853.58 |

3. Maximising the efficiency of the nursing workforce

Monthly nurse staffing calculations: Every month the Trust submits data which details by ward the planned and actual nurse staffing levels expressed as a percentage of the planned hours. The Trust data for the past 12 months (Table 3 below) demonstrates that the Trust is able to continuously provide or exceed planned staffing levels across the organisation.

Table 3: Planned versus actual nurse staffing percentage

| Month | Day | | Night | | Total |
|--------|--|------------------------------------|--|------------------------------------|-------------|
| | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | |
| Jan-15 | 102% | 127% | 98% | 138% | 109% |
| Feb-15 | 103% | 128% | 98% | 140% | 110% |
| Mar-15 | 105% | 131% | 97% | 145% | 112% |
| Apr-15 | 104% | 144% | 97% | 151% | 115% |
| May-15 | 104% | 135% | 97% | 144% | 112% |
| Jun-15 | 104% | 137% | 98% | 150% | 113% |
| Jul-15 | 100% | 133% | 95% | 141% | 109% |
| Aug-15 | 97% | 134% | 94% | 141% | 108% |
| Sep-15 | 98% | 132% | 95% | 143% | 109% |
| Oct-15 | 99% | 120% | 96% | 135% | 106% |
| Nov-15 | 100% | 120% | 96% | 132% | 107% |
| Dec-15 | 97% | 118% | 94% | 129% | 104% |
| Jan-16 | 97% | 123% | 93% | 126% | 104% |

3.2 Key actions underway

3.2.1 Inpatient ward establishments: During Quarter 4 2015/16 the Chief Nurse and Deputy Chief Nurse will continue with the systematic review of nursing establishment's, this will focus on outpatient areas, ambulatory care and critical care utilising the principles described in section 2 above. Theatre workforce and processes will be reviewed as part of the overall theatre efficiency programme commissioned by the Executive Chief Operating Officer. An update on the outcome of the remaining establishment reviews (as outlined above) will be provided in the next Nursing Workforce Board of Directors paper.

3.2.2 Retention and Recruitment: The Lead Nurse for Workforce chairs a monthly nursing retention and recruitment meeting, this reports to the Nursing Workforce Group, which is chaired by the Executive Chief Nurse. In addition an expert reference group led by Matron's from each Division has been established to further explore cross Divisional retention and recruitment strategies and ideas along with succession planning.

The new nursing establishments were approved and budgets were adjusted at the end of 2015, this has impacted on the current January 2016 vacancy position. As is the position in other comparable organisations, the recruitment of registered nurses especially at Band 5 level continues to be challenging and a number of strategies are in place to enable the Trust to better position itself strategically as the employer of choice for both graduate nurses as well as attracting experienced registered nursing staff.

The nurse recruitment strategy is dynamic and primarily focused on the domestic recruitment of registered and newly qualified nurses who are already living in the United Kingdom (UK). The Trust attends University open days with the aim to attract nursing students in training who are not on placement at the Trust, for example Keele and Worcester University. Recruitment of graduate nurses begins during the final six months of the course and successful students are offered posts prior to completing their training. The Trust has a focus group in place which is exploring the impact the Trust has on management placement students (nursing students on their last placement prior to qualification). The group of students who commenced on placement in November 2015 were asked to participate in an audit which was both quantitative and qualitative during their three month placement. The aim of this audit is to determine the factors that the Trust can influence in relation to employment choices of nursing students. It is recognised that graduate nurses and newly qualified operating department practitioners have a large number of employers all seeking to secure them as employees and that every student should be seen as a potential employee. A larger piece of work is being commissioned outside of the Trust across the Local Education and Training Committee (LETC), this aims to gain further insight into the decision's nursing students make at the end of their training and how this is associated their employment within the locality of the University where they trained.

A number of bespoke recruitment initiatives have had more positive outcomes during the beginning of 2016. During January 2016; theatres held a very successful open day which successfully led to 29 conditional offers of employment being made and a further 23 applications being progressed. The Trust is actively recruiting to the Return to Acute Care Programme; this programme will equip registered nurses who are currently in practice outside of NHS commissioned care environments with the skills, knowledge and confidence to practice in an acute hospital setting. The Trust will be attending regional/UK recruitment events, the Royal College of Nursing Jobs Fair in March 2016; and the Health Sector Jobs Expo in Dublin in April 2016.

The Lead Nurse for Workforce is working with the Trust Director of Communications on a communication/ engagement and recruitment strategy to explore the use of social media and other potential routes to raise awareness of the career prospects offered through employment at the Trust. Nursing vacancies are advertised on NHS jobs (webpages) but this may only be likely to attract registered nurses already seeking

new employment opportunities. The campaign being developed aims to utilise digital communication technology, social media and target the generational differences that appeal to registered nurses, this will focus on flexibility, work life balance, career motivation and lifestyle.

Additional strategies under development and discussion include: open days held at the Trust, internal and cross Divisional Rotation programmes, internal transfer process's for experienced registered nurses, career surgeries and meetings, buddy systems and working / shift pattern reviews.

The Trust is cognisant of changes to both the immigration rules and the application and regulatory processing requirements of the Nursing and Midwifery Council (NMC) which is applied to nurses who trained in and outside of the European Union (EU). This information is considered and contributes to discussion internally and nationally in supporting decisions made in respect of a long term cross Divisional recruitment strategies.

- 3.2.3 Locate (Staff Bank): The new Head of Temporary Staffing took up their position at the end of 2015 and following her induction has begun to identify the short, medium and long term plans for the Trust Staff Bank 'Locate'. It is anticipated that some of the operational capability of the current IT systems will be further improved once the new e-rostering soft wear system is implemented, this in turn will allow a more focused approach to recruitment with the emphasis on registered nurses.
- 3.2.4 New Roles: The Chief Executive approved the introduction of a different role for Theatres to be called Assistant Practitioner. The role of the assistant practitioner can help employers ensure they have the right flexible mix of skills to meet complex patient needs, freeing up registered practitioners to deliver what they have been uniquely trained for. An assistant practitioner is a non-occupational specific role that has been developed to assist care settings to deliver high quality and patient centered services in a variety of settings. The role can support employers in areas of skill shortages or where there are recruitment difficulties and can provide a career pathway for more junior members of staff or as a route to registered professional roles. The skills for health core standards for assistant practitioners defines the role as a competently trained health worker who have acquired the level of knowledge and skill beyond that of the traditional nursing assistant or support worker. The post holder will be able to undertake and deliver elements of health care and clinical work in domains that have previously being within the remit of registered professionals. The Trust initially aims to offer 10 workplace training posts to staff from within Theatres and support them to undertake a 2 year Foundation Degree at Birmingham City University. The programme will consist of academic and work-based learning.
- 3.2.5 Ward based support roles: The Deputy Chief Nurse continues to lead the review of ward based support roles; this review aims to explore the

role requirements of staff that support clinical service delivery. This includes a range of roles which are managed through nursing along with those managed outside of nursing. The aim is to reduce overlap of roles and to explore where role definition and job descriptions could be changed to better reflect service needs.

- 3.2.6 Workforce Productivity and Efficiency: The Trust has participated in the recent Department of Health commissioned review by Lord Carter into workforce productivity and efficiency. The Report 'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations' (February 2016) recognises the effective use of the NHS staffing resource as key to quality and efficient care delivery. In terms of workforce the report identifies a number of key areas which focus on further optimising clinical resources. The report outlines a number of recommendations some of which have been implemented and others which are being considered which identify standards and best practice policies on workforce deployment metrics, rostering, patients requiring enhanced care ('specialing') and skill mix, all of which embed business processes to manage and monitor productive time. As a member of the workforce productivity collaborative the Trust will consider the recommendations of this report against existing policies and practice. The focus currently has been on a robust process for assessing enhanced care needs and how this is systematically utilised across the Divisions, in addition to developing rostering principles to explore the impact of rostering on workforce availability, planning and stability.

4. Supporting Actions

There are ongoing work streams in place which are supporting the wider nursing workforce agenda, for example the remodelling of bed base requirements, workforce planning, and nursing recruitment and retention. All elements are unpinning with links to workforce capacity and capability in conjunction with education and training.

5. Recommendation

The Board of Directors is asked to receive this nurse staffing update report.

Philip Norman
Executive Chief Nurse
April 2016

Appendix 1

| Division | Division / Ward | Number of funded beds/ trolleys | Registered Nurses (RN) | Unregistered Nursing Assistant | Total Establishment | Uplift % | % Skill Mix Registered Nurse | Supervisory Ward Sister / Charge Nurse Allowance | Monday – Friday | | | Saturday | | | Sunday | Comments |
|----------|-----------------|---------------------------------|------------------------|--------------------------------|---------------------|----------|------------------------------|--|---|---------------------------|--------------------------------|--------------------------------|---------------------------|--------------------------------|------------------------------|----------|
| | | | | | | | | | Ratio RN : Patient Early Shift | Planned RN Day Late Shift | Ratio RN : Patient Night Shift | Ratio RN : Patient Early Shift | Planned RN Day Late Shift | Ratio RN : Patient Night Shift | | |
| A | Critical Care A | 21 | 120.40 | 12.21 | 132.62 | 24.6% | 91% | 100% | Nurse : Patient ratio as per national levels for dependency and acuity for critical care (Level 2 / 3 patients) | 1:6 | 1:6 | 1:9 | | | Critical Care Units | |
| A | Critical Care B | 13 | 74.26 | 7.24 | 81.50 | 24.6% | 91% | 100% | | | | | | | | |
| A | Critical Care C | 13 | 73.68 | 9.67 | 83.36 | 24.6% | 88% | 100% | | | | | | | | |
| A | Critical Care D | 20 | 114.52 | 12.21 | 126.73 | 24.6% | 90% | 100% | | | | | | | | |
| A | Ambulatory Care | 111 | 79.10 | 27.57 | 106.67 | 23.2% | 74% | 100% | Nurses deployed to work in one of 4 locations dependent upon planned activity. Core opening hours Monday – Friday with some limited planned opening at weekends : | 1:6 | 1:6 | 1:9 | | | Ambulatory Care/ Day Surgery | |
| B | 728 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| B | 727 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| B | 726 | 36 | 30.27 | 19.69 | 49.96 | 23.2% | 61% | 100% | | 1:5.1 | 1:5.1 | 1:7.2 | | | | |
| B | 517 | 24 | 18.29 | 13.54 | 31.83 | 23.2% | 57% | 100% | | 1:6 | 1:6 | 1:8 | | | | |
| B | 306 | 36 | 27.87 | 14.89 | 42.77 | 23.2% | 65% | 100% | | 1:6 | 1:6 | 1:7.2 | | | | |
| B | 305 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| B | 304 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| B | 303 | 36 | 30.27 | 14.89 | 45.16 | 23.2% | 67% | 100% | | 1:51 | 1:51 | 1:9 | | | | |
| B | 302 | 24 | 24.64 | 13.54 | 38.19 | 23.2% | 65% | 100% | | 1:4.8 | 1:4 | 1:6 | | | No weekend variation | |
| B | CCU | 12 | 27.87 | 2.40 | 30.27 | 23.2% | 92% | 100% | | 1:2 | 1:2 | 1:2.4 | | | Coronary Care Unit | |
| C | 513 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| C | 514 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| C | 515 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| C | 516 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |
| C | 518 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | | 1:6 | 1:6 | 1:9 | | | | |

| Division | Division / Ward | Number of funded beds/ trolleys | Registered Nurses | Unregistered Nursing Assistant | Total Establishment | Uplift % | % Skill Mix Registered Nurse | Supervisory Ward Sister / Charge Nurse Allowance | Monday – Friday | | | Saturday | | | Sunday | | | Comments | |
|----------|-----------------|---------------------------------|-------------------|--------------------------------|---------------------|----------|------------------------------|--|--------------------------------|---------------------------|--------------------------------|--------------------------------|---------------------------|--------------------------------|--|---------------------------|--------------------------------|---|--|
| | | | | | | | | | Ratio RN : Patient Early Shift | Planned RN Day Late Shift | Ratio RN : Patient Night Shift | Ratio RN : Patient Early Shift | Planned RN Day Late Shift | Ratio RN : Patient Night Shift | Ratio RN : Patient Early Shift | Planned RN Day Late Shift | Ratio RN : Patient Night Shift | | |
| C | Bournville | 23 | 18.29 | 9.58 | 27.87 | 23.2% | 66% | 100% | 1:5.7 | 1:5.7 | 1:7.6 | 1:5.7 | 1:5.7 | 1:7.6 | No weekend variation | | | | |
| C | Edgbaston | 17 | 13.50 | 9.58 | 23.08 | 23.2% | 59% | 100% | 1:5.6 | 1:5.6 | 1:8.5 | 1:5.6 | 1:5.6 | 1:8.5 | No weekend variation | | | Delayed Transfer of Care Non Acute Ward | |
| C | Harborne | 31 | 20.69 | 11.98 | 32.66 | 23.2% | 63% | 100% | 1:6.2 | 1:6.2 | 1:10 | 1:6.2 | 1:6.2 | 1:10 | No weekend variation | | | | |
| C | West 1 | 28 | 20.69 | 11.98 | 32.66 | 23.2% | 63% | 100% | 1:5.6 | 1:5.6 | 1:9.3 | 1:5.6 | 1:5.6 | 1:9.3 | No weekend variation | | | | |
| C | West 2 | 23 | 18.29 | 9.58 | 27.87 | 23.2% | 66% | 100% | 1:5.7 | 1:5.7 | 1:7.6 | 1:5.7 | 1:5.7 | 1:7.6 | No weekend variation | | | | |
| C | CDU | 68 | 86.49 | 44.16 | 130.65 | 23.2% | 66% | 100% | 1:3.7 | 1:3.7 | 1:4 | 1:3.7 | 1:3.7 | 1:4 | Twilight part shift on night shift | | | Clinical Decision Unit/Acute Medical Unit | |
| D | 407 | 36 | 29.58 | 22.08 | 51.67 | 23.2% | 57% | 100% | 1:5.4 | 1:5.4 | 1:7.2 | 1:5.4 | 1:5.4 | 1:7.2 | 1:6 | 1:7.2 | 1:6 | 1:7.2 | |
| D | 408 | 36 | 29.58 | 14.89 | 44.48 | 23.2% | 67% | 100% | 1:5.4 | 1:5.4 | 1:7.2 | 1:5.4 | 1:5.4 | 1:7.2 | 1:6 | 1:7.2 | 1:6 | 1:7.2 | |
| D | 409 | 36 | 29.58 | 22.08 | 51.67 | 23.2% | 57% | 100% | 1:5.4 | 1:5.4 | 1:7.2 | 1:5.4 | 1:5.4 | 1:7.2 | 1:6 | 1:7.2 | 1:6 | 1:7.2 | |
| D | 410 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | 1:6 | 1:6 | 1:9 | 1:6 | 1:6 | 1:9 | No weekend variation | | | | |
| D | 411 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | 1:6 | 1:6 | 1:9 | 1:6 | 1:6 | 1:9 | No weekend variation | | | | |
| D | 412 | 31 | 20.69 | 11.98 | 32.66 | 23.2% | 63% | 100% | 1:6.2 | 1:6.2 | 1:10 | 1:6.2 | 1:6.2 | 1:10 | No weekend variation | | | | |
| D | 622 | 36 | 27.87 | 17.46 | 45.33 | 23.2% | 61% | 100% | 1:5.4 | 1:5.4 | 1:9 | 1:5.4 | 1:5.4 | 1:9 | Twilight part shift on night shift | | | | |
| D | 623 | 28 | 23.08 | 6.50 | 29.58 | 23.2% | 78% | 100% | 1:4.6 | 1:4.6 | 1:7 | 1:4.6 | 1:4.6 | 1:7 | Planned staffing levels reduced at weekend to match planned reduction in beds at weekend | | | Planned reduction in beds at weekend | |
| D | 624 | 36 | 25.48 | 14.89 | 40.37 | 23.2% | 63% | 100% | 1:6 | 1:6 | 1:9 | 1:6 | 1:6 | 1:9 | Twilight part shift on night shift | | | | |
| D | 625 | 32 | 29.58 | 10.10 | 39.69 | 23.2% | 80% | 100% | 1:4.57 | 1:4.57 | 1:6.4 | 1:4.57 | 1:4.57 | 1:6.4 | 1:5 | 1:5 | 1:5 | 1:6.4 | |
| D | Burns Centre | 15 | 24.02 | 7.19 | 31.21 | 23.2% | 77% | 100% | 1:2.14 | 1:3.75 | 1:3.75 | 1:2.14 | 1:3.75 | 1:3.75 | Twilight part shift on night shift | | | | |