

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 OCTOBER 2016

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

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 describes 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 recent 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.

Approved by:	Philip Norman	Date: 3 October 2016
---------------------	---------------	-----------------------------

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 27 OCTOBER 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 April 2016. This report has been prepared using data and information collated and collected during June 2016.

The report provides 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 activities undertaken, in place and planned which further support the overall nursing workforce within the Trust.

2. Current Workforce Position

National Context - Safe Sustainable and Productive Staffing: In July 2016 the National Quality Board published a document titled “Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time”. This guidance builds upon their 2013 guidance and brings together the Carter report findings (Department of Health report), it sets out key principles and tools that provider boards should use to measure and improve their use of staffing resources to ensure safe, sustainable and productive services. The document recognises the requirement for sustainable workforce plans to be multi-disciplinary, to be outcome focused and to develop these through robust stakeholder engagement strategies.

The guidance is split into three clear sections:

1. Patient outcomes, people productivity and financial sustainability
2. Care hours per patient per day (CHPPD)
3. Updated NQB expectations.

This paper will focus on the expectations described in Section 3 of the guidance, and assess the Trust’s current approach to that described within the triangulated approach to staffing decisions.

Expectation 1 Right Staff (Workforce Plans)	Expectation 2 Right Skills	Expectation 3 Right place and time
Evidence based workforce planning.	Mandatory training, development and education.	Productive working and eliminating waste.
Professional Judgement.	Working as a multi-professional team.	Efficient deployment and flexibility.
Compare staffing with peers.	Recruitment and retention.	Efficient employment. Minimising agency usage.

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 professional bodies.

3. **Right Staff: Workforce plans**

- The guidance describes 3 elements within this section - evidence based workforce planning, professional judgement and comparing staffing with peers. The Trust has clear process in place which is consistent with the approach described within the July 2016 guidance.
- Following the review of all inpatient nursing establishments during Quarter 3 2015/6 , the systematic formal review of nursing establishments has continued across a number of operational departments including Critical Care, Ambulatory Care, Endoscopy, Renal Dialysis, Haematology Outpatient Services , Ward 621 (Oncology Day Case Unit), Renal Outpatient Services and main Outpatients.
- The core principles utilised within the reviews are - analysis of actual staffing alongside data that provides context for each care setting. This includes information on patient acuity and dependency, length of stay, activity and capacity. Additionally case mix, patient flow and the design of the practice setting are considered, alongside current and future operational service needs, recruitment and retention, and the professional judgement from key stakeholders.
- Peer to peer review is conducted simultaneously led by the Deputy Chief Nurse and Divisional Associate Directors of Nursing, supported by the Lead Nurse for Workforce and Matrons along with the associated Senior Sister/ Charge Nurse. Peer to peer reviews ensure cross Divisional discussion and transparency. This review ensures professional judgement of planned staffing numbers and skill mix requirements are consistent in similar practice settings. The reviews consider local context and physical layout of departments to determine and agree whole time equivalent staffing numbers and skill mix per shift. This triangulated professional review ensures role development and innovation are embedded and workforce transformation is built into nursing establishment reviews.
- Standard methodology is aligned to nationally endorsed tools and approaches, this includes the review and use of the following (where applicable) :
 - Nurse to patient ratios and registered to unregistered skill mix ratios.
 - Activity modelling where the service is activity/capacity based ie: ambulatory and outpatient services.

- The use of evidence based tools without local modification and comparing existing recurrently agreed funded nursing establishments to the findings of these tools.
 - Where applicable a review of local, patient reported outcome measures, care quality and workforce metrics.
 - Clarity over allowance that has been made for planned/unplanned leave, sickness and absence (referred to as headroom /uplift).
 - Professional discussion to review the existing supervisory allowance built into the establishment for the Senior Sister/Charge Nurse to take effective charge of the ward/department.
 - Comparison of recurrently funded nursing establishments to specialist guidance where this exists.
 - A review of recurrent and non- recurrently funded inpatient capacity, additional planned and unplanned activity.
 - A review of the model of care and service provision and the current and anticipated changes to this which are internal and externally influenced.
- Key actions during Quarter 1 2016/17

The systematic review of nursing establishments continues and during Quarters 1 and 2 2016/17 the focus has been on, outpatient areas, ambulatory care and critical care utilising the principles described above. Theatre workforce reviews commenced during Quarter 2 2016/17 will be reviewed as part of the overall theatre efficiency programme.

During June 2016 the Trust undertook a 28-day period of monitoring and applied the Shelford Safer Nursing Care Tool (SNCT) on inpatient wards and departments. The outcome of the application is based on dependency and acuity measurement for the period during June 2016 and has been considered against the funded establishments. There are no recommendations for the Board of Directors to consider at this time due to the proximity of the last changes made to funded inpatient nursing establishments. In addition an ongoing organisational change process is in progress affecting inpatient wards skill mix review relating to Band 3 nursing roles. This is not due to conclude until Quarter 3 2016/17.

4. Right Skills: Clinical Leadership, staff development, competence and capability

The guidance describes 3 elements within this section, as the mandatory training, development and education strategy are led by Learning & Development within the Trust. This paper will focus on two of these areas working as a multi-professional team and recruitment and retention.

4.1 Working as a multi-professional team

The Trust can demonstrate a commitment to investing in new roles and skill mix which enables nursing staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care, examples include:

- Non-Clinical Ward Support Role Review: This review is continuing and is cross professional. The review of department based support roles led by the Deputy Chief Nurse has held a number of focus groups with Senior Sisters/Charge Nurses, which have supported the updating of existing job descriptions, roles and responsibilities the current focus is on administrative support.
- Assistant Practitioners: The introduction of Assistant Practitioner trainees into the Theatre workforce has been positively received and the first cohort of 10 trainees is progressing as anticipated. The second cohort of trainee Assistant Practitioners from theatres commenced their foundation degree at Birmingham City University during September 2016. The potential for implementation of additional posts outside of theatres is under discussion during the establishment reviews.
- Health Education England pilot bid for Nursing Associate role: During July 2016 Health Education England (HEE) invited applicants from health and care employers across STP (Sustainability and Transformation Plan) footprints and education providers, to apply to become test site partnerships to pilot and establish the new nursing support role; the Nursing Associate. The Trust along with key strategic health and social care partners submitted an application, the outcome of which is expected to be known during October 2016. The introduction of this new nursing role follows a detailed consultation and is a key component of the commitment to build further capacity and capability within the health and care workforce. The objective is to train student nursing associates over a 2 year programme which will inform and shape the national approach across England commencing in early 2017. The bid has been submitted with Birmingham City University being the education provider and it is anticipated that trainees would be recruited from the existing unregistered nursing workforce.
- Review of Divisional Non-Ward Based Registered Nurses: The Trust has begun a systematic review of all non-ward based registered nurses across the four Clinical Divisions. The aims are to confirm funding, identify clinical synergies with operational and management structures alongside role titles and functions. The work is intended to ensure all registered nurses have updated current job descriptions, with clear roles and responsibilities and are aligned to effective management structures which benefit their service and professional development and growth. It is intended that once completed this work will inform future requirements for non-ward based registered nurses and ensure that there are succession planning processes in place. This work is being led by the Lead Nurse for Workforce in conjunction with the Divisional Associate Directors of Nursing

4.2 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. A dynamic action plan is in place which details actions

being taken to support both nurse recruitment and retention.

- The Trust attended regional/UK recruitment events in early 2016, the Royal College of Nursing Jobs Fair in March 2016; and the Health Sector Jobs Expo in Dublin in April 2016; both these events were well attended by under graduate nurses and attracted successful applicants from outside of the West Midlands and the UK.
- Skill mix reviews associated with the inpatient nursing establishment review has led to an organisational change process being commenced across the affected practice settings, where Band 3 unregistered nurses were historically part of the funded establishment, this is due to complete during November 2016 .
- Table 1 below provides an overview of the current nursing workforce by agenda for change pay band.

Pay Band	Funded WTE	Actual (in post) WTE 31 January 2016	Actual (in post) WTE 30 June 2016	Vacancies (at 30 June 2016)
2	767.62	690.43	697.57	70.05
3	169.85	230.45	232.66	(62.81)
4	2.60	7.40	7.30	(4.70)
5	1479.81	1293.75	1300.07	179.74
6	630.27	644.48	634.05	(3.78)
7	356.23	355.69	354.51	1.72
8a	43.46	46.57	44.23	(0.77)
8b	22.19	19.55	19.82	2.37
8c	5.0	6.68	5.0	0
8d	0	0	0	0
9	0	0	0	0
Total	3477.03	3295.00	3295.21	181.82 WTE (5.2%)

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

- The Trust has had a successful recruitment drive during Quarter 1 & 2 2016/ 17 and has offered posts to 105 graduate Registered Nurses/Theatre Practitioners from the UK and 15 from Europe (mainly Ireland). Graduates are due to complete training at the end of September 2016 and January 2017. It is anticipated that the newly qualified nurses will commence in post between October 2016 and February 2017. The remaining vacancies are actively being recruited to utilising a range of recruitment initiatives.
- In addition to the above, the Trust commenced a successful social media campaign targeting experienced Registered Nurses which has had a positive impact on attracting applicants to recruitment events, interview and expressions of interest. The campaign used professional case studies and images of our own nursing team and has been successful in reaching a large on line audience and increasing the number of contacts via the use of the Trust established Facebook and Twitter pages. In addition to successful recruitment events this campaign has led to an increase in enquiries and applications about both registered and unregistered nursing posts for substantive and bank (temporary staffing) positions.

- A number of other initiatives have continued to enable the Trust to better position itself strategically as the employer of choice, this includes a successful return to acute care programme which has attracted Registered Nurses who lack recent acute care experience who are inducted and supported by a dedicated Clinical Educator. This programme enables post holders to develop the skills, confidence and competence they need to work in an acute hospital setting with dedicated support at ward/department level and via a specific programme. Due to the successful nature of this approach the Trust will recruit to a second cohort with the aim for individuals to start employment during Quarter 4 2016/17. Applicants for the programme come from diverse backgrounds many of whom are nurses who have not consolidated their training after graduating for personal reasons or have worked in private or commercial roles and were attracted by a programme which supports them back into a hospital setting.
- A number of bespoke recruitment initiatives have had more positive outcomes during Quarter 1 & 2 2016/17, we have held open days and recruitment events on site which encourage potential candidates to view practice settings and meet staff in a less formal setting than an interview. Repeat events are planned during Quarter 3 & 4 2016/17, applicants can also opt to be interviewed on the day if they so wish.
- The Divisions are supporting internal Divisional rotation programmes which allow nurses to undertake up to 3 placements in a number of different wards/departments over a 12 to 18 month period. Alongside this the Trust continues to support both professional and career development through education, learning and development and secondment opportunities and structured development programmes.
- During Quarter 3 the Divisions will be focussing on retention and recruitment in the areas that are the most challenging to recruit to, for example Neurosciences. The Trust is exploring and developing bespoke campaigns which target both retention and recruitment. It is during this period that newly qualified nurses commence their employment and where there is a fine balance between inducting new staff and reducing the reliance upon temporary staffing without this impacting on retention.

Future forecasting around known changes to the workforce ie: Maternity leave, retirement is considered when recruiting and retire and return is supporting skills and knowledge retention. All nurses new to the Trust undertake the Trust Health Care Practitioners Programme; in addition newly qualified nurses participate in the Trust preceptorship programme. Experienced nurses are supported with bespoke induction programmes with the support of their manager and Clinical Educators and have opportunities to undertake post graduate education and training which is role appropriate.

- The Trust continues to invest in staff education and development at both Trust and speciality level. During October 2016 Neurosciences are holding a conference and aim to use this as an opportunity to attract potential candidates to their speciality. In addition aligned to ensuring that organisation has the right culture, leadership and skills in place for safe, sustainable and productive staffing and building upon the successful outcome of the Matron Development Programme the Trust is exploring the development and delivery of Clinical Leadership Programme aimed at Senior Sisters/Charge Nurses.

- The Turnover for nursing is detailed in the table below based on data on 31 March annually :

Turnover %	Total nursing and support worker workforce	Registered Nurses
2014/15	3.4%	4.6%
2015/16	3.2%	4.4%

- The Trust is mindful of the generational differences and expectations that can impact on individual needs and wards and departments are reviewing existing flexible working arrangements and personal patterns to ensure these are still aligned to service and support career and professional development of staff. Following on from the “Mind the Gap” report commissioned by the Birmingham and Solihull Local Education and Training Committee (LETC) a further piece of work “Narrowing the Gap” is exploring how organisations can support the needs of early career nurses in the workplace through a series of focus groups.

5. Right place and time: Productive working, eliminating waste, efficient deployment and minimising agency use.

- The Chief Nurse and Divisional Associate Directors of Nursing have reviewed the systems and processes in place for deploying staff and managing the staffing resources on a day to day basis. This has led to the updating of the Trust electronic staffing tool which allows visualisation of actual staffing levels. Organisational processes are in place to ensure senior nursing staff have professional oversight to align clinical capacity and skill mix and redeploy staff on duty as required. Throughout the day clinical managers and leaders compare actual staff available with planned and required staffing levels and take appropriate action, in line with Trust operating procedures.
- The Trust has developed a number of operational work streams which are supporting the planning and preparation of the introduction of the new e-rostering software. The preparation actions have included collating and reviewing data on shift patterns and duration alongside personal and local working patterns. This work has led to a number of local practice reviews to explore universal alignment to core shift patterns where this is possible. In addition the Trust is developing new policies and associated procedures which incorporate the NHS Improvement Good Practice Guide on Rostering (June 2016). When introduced these polices/procedures aim to ensure rosters are produced in line with service activity/ need and ensure the Trust has in place an effective approval process which are aligned to the funded establishment and key performance indicators.
- 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 (%)	
June 15	104%	137%	98%	150%	113%
July 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%
Feb 16	98%	114%	89%	132%	102%
Mar 16	98%	117%	88%	144%	104%
April 16	100%	124%	89%	142%	106%
May 16	103%	124%	91%	151%	109%
June 16	102%	122%	87%	149%	107%
July 16	99%	124%	87%	152%	106%

- The Chief Nurse has responsibility for leading the strategic staffing assessment for nursing; this includes the view of the likely temporary staffing requirements, the plans and practice changes required to ensure that the Trust is working towards compliance with the “Agency Rules” document published by NHS Improvement in 2016 and complies with the ceiling set for Trust agency nursing expenditure.
- The Trust has clear plans in place and is working towards significantly reducing the use of agency nursing staff in line with NHS Improvements agency rules. The Trust has implemented process which eliminates the use of non-framework agencies for nursing and has clear process in place which is aligned to a defined number of external providers who work at or below the price caps. The Trust has implemented a number of steps to ensure it is compliant with the agency cap set by NHS Improvement. These processes were implemented in Quarter 1 (2016/7), during which the overall nursing agency spend was £2,405,763. To date spend in Quarter 2 is £1,217,620 with further reductions anticipated as the new processes are fully embedded. Careful controls have been applied and monitored and are reviewed and discussed regularly with the Associate Directors of Nursing to ensure that changes are not impacting negatively on patient care and safety.
- During Quarter 1 & 2 2016/17 the Trust Staff Bank has been relaunched as QEHB+ (previously Locate) and revised pay rates were introduced during July 2016. The relaunch has lent itself to an internal review of the operational structures with new posts being developed and appointed to, including the post of Head of Temporary Staffing. The Clinical Manager within QEHB+ has responsibility for the QEHB+ clinical workforce and has successfully focused

on recruiting and inducting nursing assistants and registered nurses to join QEHB+. Recruitment practice and induction is aligned to substantive employees and the pay rates have had a positive impact on attracting “new staff” to join the bank as well as existing staff. It is anticipated that the large volume of new nursing assistants will have completed their induction and training and will be undertaking shifts during Quarter 3 2016/17.

6. 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 retention and recruitment. All elements are unpinned with links to workforce capacity and capability in conjunction with education and training.

7. Recommendation

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

Philip Norman
Executive Chief Nurse
October 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	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 Early Shift	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Comments	
									Monday – Friday			Saturday			Sunday			
A	Critical Care A	21	120.40	11.71	132.12	24.6%	91%	100%	Nurse : Patient ratio as per national levels for dependency and acuity for critical care (Level 2 / 3 patients)									Critical Care Units
A	Critical Care B	13	74.26	6.74	81.00	24.6%	92%	100%										
A	Critical Care C	13	73.68	8.67	82.36	24.6%	89%	100%										
A	Critical Care D	20	114.52	11.71	126.23	24.6%	91%	100%										
A	Ambulatory Care	N/A	81.58	25.36	106.94	23.2%	76%	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 :									Ambulatory Care/ Day Surgery
B	728	36	25.48	14.89	40.37	23.2%	63%	100%	1:6	1:6	1:9	No weekend variation						
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%	1:5.1	1:5.1	1:9							
B	302	24	24.64	13.54	38.19	23.2%	65%	100%	1:4.8	1:4	1:6							
B	CCU	12	27.87	2.40	30.27	23.2%	92%	100%	1:2	1:2	1:2.4							Coronary Care Unit (CCU)
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	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	Planned RN Day Late Shift	Ratio RN : Patient Night Shift	Comments	
									Monday – Friday			Saturday			Sunday			
C	Bournville	23	18.29	9.58	27.87	23.2%	66%	100%	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							
C	Harborne	31	15.89	20.17	36.06	23.2%	44%	100%	1:10	1:10	1:10							
C	West 1	28	20.69	11.98	32.66	23.2%	63%	100%	1:5.6	1:5.6	1:9.3							
C	West 2	23	18.29	9.58	27.87	23.2%	66%	100%	1:5.7	1:5.7	1:7.6							
C	CDU	68	86.49	44.16	130.65	23.2%	66%	100%	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	1:6	1:6	1:7.2	1:6	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	1:6	1:6	1:7.2	1:6	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	1:6	1:6	1:7.2	1:6	1:6	1:7.2	
D	410	36	25.48	14.89	40.37	23.2%	63%	100%	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							
D	412	31	20.69	11.98	32.66	23.2%	63%	100%	1:6.2	1:6.2	1:10							
D	622	36	27.87	17.46	45.33	23.2%	61%	100%	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	Planned staffing levels reduced at weekend to match planned reduction in beds at weekend				Planned reduction in beds at weekend		
D	624	36	25.22	14.89	40.11	23.2%	63%	100%	1:6	1:6	1:9							
D	625	32	29.58	10.10	39.69	23.2%	80%	100%	1:4.57	1:4.57	1:6.4	1:5.3	1:5.3	1:6.4	1:5.3	1:5.3	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	Twilight part shift on night shift						