

Meeting:Board

Date:

Agenda Item: see agenda

Monthly Report on Nurse Staffing Levels August 2018

Key Risks -

Clinical: The delivery of safe, high quality care is a fundamental to objective of the Trust. This paper reports on the shift by shift information required as part of the “Hard Truths”.	Business: Failure to deliver on safe, high quality care may impact on the hospital of choice.
Environmental:	Finance and Performance: Failure to deliver on safe, high quality care may impact on the hospital of choice. High agency spend used to fill nursing vacancies will
Reputation: Failure to deliver high quality care may impact on reputation.	Legal: None
Resource Required:	
Cross Reference to Trust Strategic Priorities and Objectives: Clinical and Service Excellence	
Legal and Regulatory Implications/Equality and Diversity issues: None	
Trust Values and Behaviours consideration and impact: Kind – Respectful and compassionate: Professional – Follows and shares best Practice.	

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Sponsors: Dianne Sarkar, Chief Nursing Officer; Maggie Bayley, Director of Nursing

RECOMMENDATION

The Boards asked to note the findings of the report and mitigations to address and staffing shortfalls and incidence relating to patient safety and quality.

REQUESTED ACTION

None

1. Summary

This paper is the monthly report of the nurse staffing levels for planned and actual staffing levels for October 2018. This paper outlines the Trust's position on the mandatory submission for nursing fill rates to the Department of Health via UNIFY, highlighting key areas of risk and the mitigation taken at directorate level. An over view by division of their staffing position for trained and untrained staff and the turnover is included. Risks and incidents that have been attributed to staffing levels is also reviewed

2. Background

The Trust is required to submit data monthly to Unify, detailing ward nursing and midwifery staffing fill rates and bed days; this information is also displayed on the Trust website.

The staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as purple will have used staffing additional to their ward establishment possible reasons include increased capacity, one to one specialising the numbers of harms are also correlated with safer staffing levels.

3. Staffing Levels/Vacancies

TREND % VACANCY	Apr-18	May-18	Jun-18	Jul-18	Aug 18	KEY (Vacancy Rating)	
QUALIFIED	21.8%	21.9%	23.5%	24.3%	25.4%	12%	Above 12%
UNQUALIFIED	11.9%	11.4%	14.5%	14.9%	16.0%	10%	Between 8-12%
TOTAL	18.9%	18.7%	20.8%	21.5%	22.6%	8%	Below 8%

- Courtauld ward (BCH Orthopaedic) opened in June and funding has been aligned this month (net increase 10wte in Aug).
- All nurse vacancies have increased from 21.5% to 22.6% (481wte).
- Qualified ward vacancies are above 35% (261wte).
- In post qualified & unqualified have both reduced compared with July.
- Medicine's Qualified Ward nurse vacancies are above 50% (90wte) with Goldhanger ward 59% and Writtle 86%.
- Unqualified vacancies are at 16%, the highest since Jan 2018.

Table 1 demonstrates the escalating position since December 2017 of vacancies for all nursing staff and broken into registered and unregistered staff.

A positive reduction in unregistered vacancies has been observed since December 2017 following the introduction of regular Health Care Support worker (HCA) away days. Vacancy factor among this group increased again in May. It should be noted that due to the wider scoping of HCA sourcing, an increased element of attrition has occurred in this group.

The addition of funding from Courtauld ward means that further vacancy increase is demonstrated this month as this accounts for 10 WTE. The August position for in post qualified nurses has only reduced by 1.94 wte for all registered nurses

Table 1

ALL NURSING - QUALIFIED & UNQUALIFIED

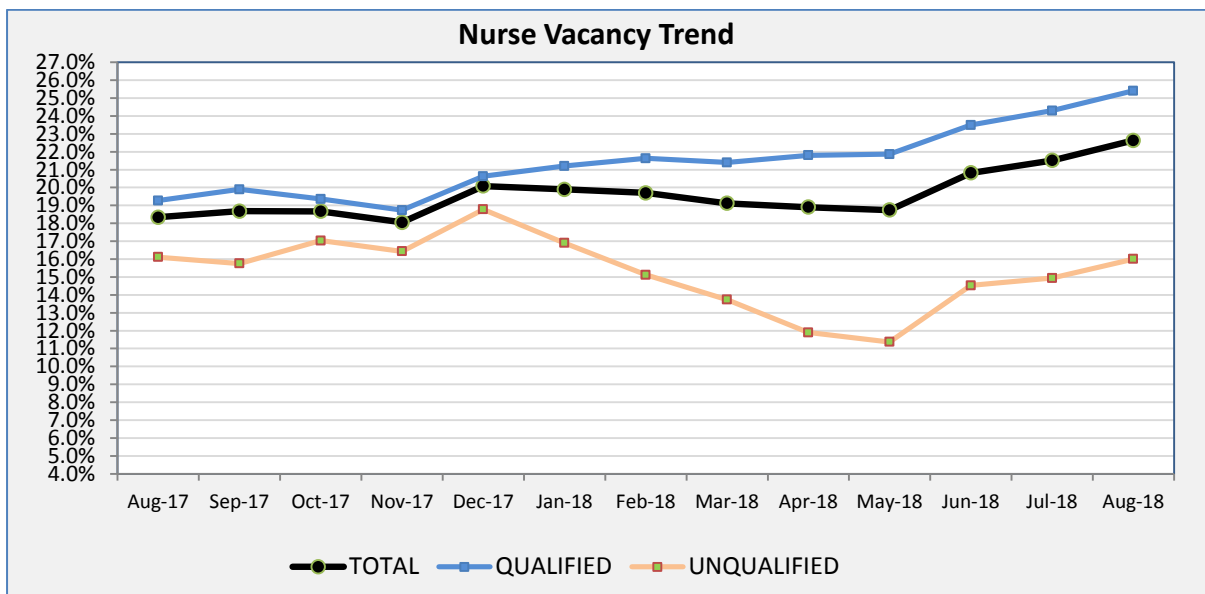
AREA	Funded	In Post	Vacant	%	Last Month
WARDS	1126.93	778.54	348.39	30.9%	29.0%
THEATRES	424.28	349.61	74.67	17.6%	17.1%
ALL OTHER	704.69	617.20	87.49	12.4%	12.1%
TOTAL	2255.90	1745.34	510.56	22.6%	21.5%
LAST REPORT TOTAL	2234.59	1753.87	480.72	21.5%	

QUALIFIED ONLY

AREA	Funded	In Post	Vacant	%	%
WARDS	708.26	447.58	260.68	36.8%	35.2%
THEATRES	323.35	256.30	67.05	20.7%	19.8%
ALL OTHER	558.45	482.22	76.23	13.7%	13.0%
TOTAL	1590.06	1186.10	403.96	25.4%	24.3%
LAST REPORT TOTAL	1569.37	1188.06	381.31	24.3%	

UNQUALIFIED ONLY

AREA	Funded	In Post	Vacant	%	%
WARDS	418.67	330.98	87.69	20.9%	18.7%
THEATRES	100.93	93.31	7.62	7.6%	8.6%
ALL OTHER	146.24	134.96	11.28	7.7%	8.4%
TOTAL	665.84	559.25	106.59	16.0%	14.9%
LAST REPORT TOTAL	665.22	565.81	99.41	14.9%	



4. Turnover

Table two below demonstrates month on month turnover has increased for the trust from 18.93% last month, to 19.53%, with the highest turnover seen within Women and Children's services of unregistered staff and corporate services for registered nurses.

Table 2

Nurse and HCA Turnover by Division - 12 Months to 31st August 2018

Data extracted from ESR. Primary Assignments only. Does not include leavers who retain a bank assignment.

Nurse or HCA	DIVISION	Average WTE	Leavers not retaining Bank WTE	Leavers retaining Bank Headcount	Total Leavers	Turnover
HCA's	CORPORATE	0.00	0.00	0	0.00	-
HCA's	DIVISION 1 - MED & EMER CARE	177.43	16.73	28	44.73	25.21%
HCA's	DIVISION 2 - SURGICAL	109.01	15.07	21	36.07	33.09%
HCA's	DIVISION 3 - CLINICAL SUPPORT	91.07	8.07	7	15.07	16.54%
HCA's	DIVISION 4 - W & C	58.60	10.27	12	22.27	38.00%
HCA's	DIVISION 5 - ST ANDREWS	39.28	1.60	2	3.60	9.16%
HCA's	OPERATIONAL SUPPORT	15.94	2.00	1	3.00	18.82%
HCA's Trust Total		491.33	53.73	71	124.73	25.39%
Nurses and Midwives	CORPORATE	31.57	10.20	4	14.20	44.97%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	264.58	18.13	38	56.13	21.22%
Nurses and Midwives	DIVISION 2 - SURGICAL	183.28	15.54	20	35.54	19.39%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	301.11	21.03	26	47.03	15.62%
Nurses and Midwives	DIVISION 4 - W & C	237.36	20.55	33	53.55	22.56%
Nurses and Midwives	DIVISION 5 - ST ANDREWS	137.96	4.57	17	21.57	15.64%
Nurses and Midwives	OPERATIONAL SUPPORT	27.45	1.07	2	3.07	11.17%
Nurses and Midwives Trust Total		1183.30	91.08	140	231.08	19.53%

5. Fill Rates

Fill rates are calculated from what the expected level of staffing is expected shift by shift by what was actually provided. This data is produced monthly from the HealthRoster team and submitted to unify in response to Lord Carter recommendations. The following data (table 3 and 4) illustrates fill rates at both a trust level and divisional level of expected staff levels including temporary staff within these figures. Full data set is taken from Unify report (Appendix A).

5.1 Overall Trust Position

Table 3 demonstrates that fill rates have remained favourable throughout the last 5 months with both registered and unregistered shifts being filled above 95% of the time. Incidence over 100% indicate that staffing additional to establishment have been used

Table 3

Month	RN day	RN night	HCA	HCA night
May	98.6%	97.7%	100.2%	111.7%
June	99.6%	101.6%	98.2%	111.7%
July	97.9%	99.3%	95.7%	114%
August	97.7%	99.5%	96.3%	116.1%

5.2 Overall Fill Rate RAG Rating for the Divisions / Directorates for Month

Table 4 demonstrates that each division has been consistently above 95% in all areas for the past five months. Surgery have seen an over establishment of Registered Nurses on both days and nights for the last five months. This has been due to the following

- Additional Registered nurses to care for patient with CPE on Rayne ward
- Additional registered nurse on Mayflower ward to manage additional day case capacity following opening of Hand Trauma unit

Table 4

	Registered Nurses									
	April 2018		May 2018		June 2018		July 2018		August 2018	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Medicine	98.7%	105.3%	98.6%	103.2%	97.2%	101.1%	96.0%	99.0%	94.8%	97.7%
Surgery	101.7%	101.7%	103.1%	103.7%	106.4%	105.3%	105.8%	105.9%	105.3%	105.1%
Women & Children's	91.4%	93.8%	92.4%	97.5%	94.2%	97.0%	90.2%	90.5%	91.3%	94.1%

Table 5 below illustrates that the unregistered/HCA staff within medicine are consistently over establishment which is attributed to the adhoc need for specialising patients' and one to one care. Surgery and Women's and children mimic this trend on night shifts only

Table 5

	Health Care Support Workers									
	April 2018		May 2018		June 2018		July 2018		August 2018	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Medicine	101.3%	120.8%	101%	120%	101.7%	116.2%	100.0%	118.0%	99.2%	118.6%
Surgery	99.5%	121.9%	97.8%	121.9%	98.6%	117.8%	95.7%	116.4%	98.0%	123.3%
Women & Children's	89.7%	101.0%	88.7%	117.4%	87.5%	100.6%	84.0%	101.2%	85.7%	98.0%

5.3 Fill Rate Variance Report by Ward

Table 6 below demonstrates a breakdown of areas and associated RAG ratings of those wards that triggered amber or red fill rates from the unify submission (Appendix 1). Mitigation and assurance to address these shortfalls, has been provided by the Associate Directors of Nursing.

Division 1 (medicine and emergency care) and had no areas of significant shortfall in this period (Appendix 1)

Table 6

Division	Ward name	Day		Night		Mitigation
		Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	
2	John Ray	94.4%	97.6%	81.6%	98.4%	Ortho wards supporting with rotations of staff following opening of Courtauld ward which has depleted substantive staff on JR
	SEW	95.0%	83.9%	97.9%	99.6%	On review of roster on 5 shifts short all month. Not significant

3	GICU	90.5%	53.6%	91.5%	76.5%	HCA not removed from roster when demand not required. Low fill rate not affecting safe care provision
4	Birthing Unit	89.2%	-	78.5%	-	Divisional huddle mitigates shortfall in areas and rotates staff within the divisions to safely staff
	Postnatal	88.6%	90.6%	90.8%	100.0%	
	Labour Ward	89.9%	97.7%	91.9%	100.2%	
	St Peters Maternity	88.7%	63.9%	97.8%	99.9%	
	WJC Maternity	88.7%	76.5%	100.1%	100.1%	
	Gosfield	93.1%	81.9%	97.0%	88.7%	
5	Mayflower	136.4%	49.6%	118.0%	100.0%	On review of roster 2 long days for associate care practitioners not removed when demand not required. Only 9 HCSW shifts short over month
	Burns ITU	96.9%	89.3%	104.9%	97.1%	Shortfall not affecting safe nurse: patient ratio

Areas over establishment for HCAs has been attributed to additional duties for specials include care of patients under deprivation of liberty standards and requiring 1:1 supervision. Of note Stock ward reports an over establishment of 200%. On review with Associate Director of Nursing (ADoN) this area is currently established to one HCA per night shifts so any additional requirement for specials or managing medical outlying patients will illustrate a significant over fill. This area is being reviewed by the ADoN to better utilise staffing within the budgeted establishment

A number of areas were above funded establishment for Registered nurses areas of high use include

- Rayne:
- AMU: attributed to staffing Triage rooms overnight for contingency areas
- Billericay: Due to increase use of airway dependent patients
- Mayflower: Pending business case following opening of hand trauma unit
- Goldhanger:

6. Incident reports and red flags

In August 2018, 21 incidents were reported with the specific category 'Staffing Issues', 14 of these fell within red flag criteria. In total 31 incidents reported in August fell within red flag criteria. Red flags are indicative of events that have occurred where staffing shortfalls have been identified as a causative factor. These incidences are recorded on Datix where staff can select the appropriate outcome of the short staffing. This includes delay in care rounding, more than 25% of expected nursing hours, delay in administration of medication for example.

Table 6

	May 2018	June 2018	July 2018	Aug 2018
Incidents reported where the category was 'Staffing Issues'	18	15	30	21
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	10	7	9	14
Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)	19	13	18	31

Of those the degree of harm:				
Near miss	5	4	6	4
No injury	9	10	12	24
Minor (small skin tear/bruise)	1	0	0	3
Minimal (immediately recoverable)	3	0	0	0
Potential For Adverse Publicity	1	1	0	0

Staffing incidences with harm;

WEB67354: Burns and Plastics G2 HAPU

WEB67487: Medicine: Patient found sitting on floor. No visible injury or harm

WEB67789: Emergency Care; Unwitnessed fall, laceration to eyebrow

7. Incidences with harm versus vacancy factor

While fill rates remain positive in the majority of the inpatient areas, high vacancy rates will mean that high percentages of agency and bank staffing are used within these areas. Incidences with moderate to severe harm have been reviewed for this period against areas demonstrating >30% registered vacancy rate. Of these areas 1 area had an incident of moderate harm this is demonstrated in table 7 below. Table 7.1 demonstrates incidences of moderate harm or above and the respective areas

Table 7

WARD	Vacancy %	Moderate harm
WARD C450 – WRITTLE	88%	0
WARD E323 - JOHN RAY	35%	0
WARD E222 - GOLDHANGER	39%	0
WARD E125 - STROKE UNIT	47%	0
WARD A302 - DANBURY	36%	0
WARD A207 - ESS	32%	0
WARD C451 - LISTER	46%	0
WARD E223 - NOTLEY	33%	1
WARD E323 - JOHN RAY	35%	0

Table 7.1 Category and subcategory of harm

Ref	Specialty	Category	Sub category	Degree of Harm
WEB67683	Rayne	FALL - INPATIENT	UNWITNESSED (FALL)	FATALITY
WEB67908	Ophthalmology	UNEXPECTED OUTCOME	ENDOPHTHALMITIS	MAJOR/SEVERE
WEB67023	Accident & Emergency	DELAY/FAILURE TO TREATMENT OR PROCEDURE	FAILURE OR INABILITY TO PERFORM TREATMENT/PROCEDURE	FATALITY/MULTIPLE FATALITIES
WEB67874	Theatres	THEATRE RELATED/SURGICAL	FAILURE TO HANDOVER	MODERATE (fracture/large bleed)
WEB67875	Accident & Emergency	UNEXPECTED OUTCOME	ORGAN DAMAGE	MAJOR/SEVERE (permanent or long term harm)
WEB68694	Theatres	OTHER	OTHER	MODERATE (fracture/large bleed)
WEB67783	Ophthalmology	UNEXPECTED OUTCOME	ENDOPHTHALMITIS	MAJOR/SEVERE (permanent or long term harm)

WEB67604	Patient Transport	PATIENT TRANSPORT	DELAY: PICKUP/ARRIVAL	MODERATE (fracture/large bleed)
WEB67497	Notley	FALL - INPATIENT	UNWITNESSED (FALL)	MODERATE (fracture/large bleed)
WEB68451	Heybridge	SAFEGUARDING ADULTS	SET SAF RAISED AGAINST THE TRUST (PRESSURE ULCER)	MODERATE (fracture/large bleed)

8. Ward Sisters Supervisory Time

All in-patients area's ward sisters are 100% supervisory and not included in staffing numbers within the day to ensure robust governance and clinical supervision. However, as part of supporting nursing shortfall pressures, ward sisters are expected to provide at least one rostered clinical shift within the nursing numbers to reduce the pressure of the staffing shortfall, and to reduce the reliance on temporary staffing. Table 8 demonstrates the percentage of time spent on administration. It is assumed that if not completing administration task the ward sisters are either supervising ward staff or within the clinical numbers

On review of the nursing rosters this is in place and ward sisters are providing additional clinical shifts to support the nurse staffing, this is mirrored in the data below with a significant reduction in admin hours reflecting activity and organizational pressures during this period.

The impact with lack of administration time that the Ward Sisters are taking potentially results in a backlog of appraisals, RCA's and Datix being completed. Areas with significant vacancy rate like Goldhanger and Writtle have authorised block book of competent agency staff to improve continuity of care.

Table 8

Unit	Percentage of Contracted Admin Hours	Unit	Percentage of Contracted Admin Hours
D4OG Postnatal Ward	23.48%	D4OG Gosfield Ward	14.45%
D4CY Neonatal Unit	4.62%	D2GS Heybridge Ward	15.20%
D1M Baddow Ward	29.81%	D2MS John Ray Ward	10.84%
D5STA Billericay Ward	0.00%	D2MS Lister Ward	0.00%
D4OG Birthing Unit	20.32%	D5STA Mayflower Ward	35.23%
D1M Braxted Ward	35.23%	D2MS Notley Ward	4.52%
D5STA Burns Children Ward	5.65%	D4CY Phoenix Ward	65.04%
D5STA Burns ITU	3.12%	D2GS Rayne Ward	21.68%
D1M Danbury Ward	18.07%	D4OG St Peters	28.15%
D4OG Delivery Suite	18.66%	D5STA Stock Ward	61.72%
D1E Acute Medical Unit	20.61%	D1M Stroke Unit	0.00%
D1E ESS Ward	72.62%	D1M Terling Ward	36.73%
D1M Felsted Ward	36.13%	D4OG WJC Maternity	36.43%
D3CC GICU	17.98%		

9. Recruitment Update

9.1 Local Recruitment

Unregistered Staff

- 13.20 HCAs commenced employment in July 2018.
- 11.00 HCAs commenced employment in August 2018.

- 21.4 HCAs have confirmed start dates between September 2018 and October 2018.
- 10.08 HCAs have received conditional offer letters and are anticipated to start between October 2018 and November 2018.

Registered staff

- 4.00 Band 5 and 6 RGNs commenced employment in July 2018.
- 5.11 Band 5 and 6 RGNs commenced employment in August 2018.
- 50.85 Band 5 and 6 RGNs have confirmed start dates between September 2018 and November 2018.
- 17.00 RGNs have received conditional offer letters and are anticipated to start between October 2018 and November 2018.

To ensure full grip and transparency of recruitment plans for divisions the Deputy Director Nursing has commenced weekly meetings with the Associate Directors of Nursing (ADoNs) Human Resources (HR) and Health Roster teams. This has resulted in proactive management of vacancies to ensure that recruitment processes are not delayed by systems and process. In addition roster compliance is reviewed and areas of noncompliance monitored to ensure that safer staffing practices are followed, promoting efficient working practices. During August the interim Director of Nursing has completed a series of deep dives into each division to fully appreciate the individual challenges facing each department

10. International Recruitment

10.1 Medacs Recruitment Agency

45 Nurses are in the pipeline to commence employment at MEHT from outside of the EU. Table 9 below demonstrates the predicted start dates and the stage of process that is currently being completed

Table 9

No. of nurses	Starting Date – Estimated	Progress
1	October	NMC Decision letter: Applying for Visa
1	November	NMC Decision letter: Needs to re-sit IELTS for Visa
12	December	In NMC decision process, awaiting letters
18	Jan / Feb 2019	Need to pass CBT (Part 1 NMC Competence)
11	April 2019	Needs to pass English IELTS/OET
2	TBC	Have not applied for English test
Total : 45		

The 14 candidates that have not passed the English language test or yet to apply have been escalated as a concern to the recruitment agencies as these candidates were interviewed in 2016/17

11. Safe care roll out

The roll out of the safe care module of HealthRoster is progressing well and is on track for completion in November 2018. Table 10 demonstrates the final two waves of implementation wards that are currently embedding or receiving training in the system. While the final two waves progress, further engagement with the ADoNs and site teams are planned for October to understand the benefits of the outputs generated from this system to assess acuity and staffing needs on the wards in a real time and also to plan establishment setting for future staffing.

Table 10

Department	Wave	Stage
D2GS - Heybridge	4	Initial implementation phase commenced 21/8/18
D2GS - Rayne	4	
D2GS - SEW	4	
D1E - ESS	4	
D1E - AMU	4	
Department	Final Wave	
D5STA - Burns Children	5	Training Phase Commenced 18/9/18
D2MS - John Ray	5	
D2MS - Lister	5	
D2MS - Notley	5	
Writtle	5	

12. Conclusion and Further actions

Recruitment challenges remain within the nursing sector, and the escalating trend of vacancies continues. Overseas nurse recruitment has continued however due to changes in the application process less nurses are completing the application process and commencing employment in the Trust. This is mainly affected by the high score required in the English language test.

Staffing is reviewed daily by Matrons and Associate Directors of Nursing and mitigation processes are activated when temporary staffing measure is not achieved.

12.1 Strategy & Action Plans

- Nurse recruitment action plan drafted and will be driven through a fortnightly task and finish group with oversight from the Director of Nursing (Interim).
- Retention plan for MEHT in place to address the NHSI retention wave 2 agenda with fortnightly task and finish group driving this work.
- Safer Care project continues to roll out to the divisions. July's roll out of wave three included Medical wards and acute medicine within the emergency village. The anticipated conclusion of full roll out is expected to be November 2018.
- NHSI senior clinical workforce lead attended the organisation has been received this month and is being reviewed to assess relevant actions to strengthen the staffing and establishment review process
- Director of Nursing (Interim) is meeting with all divisions to deep dive recruitment challenges and understand vacancy issues, agency usage within all divisions.

12.2 Recruitment processes

- Social media being more actively used to raise the Trusts profile regarding nursing vacancies which are available
- Bi Weekly meetings to discuss health roster, vacancies and bank usage ensure post are being actioned appropriately will be reviewed following the Director of Nursing deep dive Further divisional meetings are being held with senior teams to ensure that proactive management of temporary staffing is being managed
- Weekly strategic meeting with partners to ensure that staff side, Bank Partners and HR are addressing the agenda appropriately
- Deep dive into leavers information to determine actions which can address this and will be monitored through the weekly retention meetings

Appendix 1 August 2018

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day			
	RN/RM		Care Staff		RN/RM		Care Staff		Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Average fill rate - RN/RM (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Phoenix	2747	2689.75	969	944	2072	2027	713	713.5	97.9%	97.4%	97.8%	100.1%	392	12.0	4.2	16.3
Heybridge	2248.333	2216.667	1305	1650.833	1426	1422.25	713	953.25	98.6%	126.5%	99.7%	133.7%	962	3.8	2.7	6.5
Rayne	2234	2265.333	384	415.5	1426	1422.083	713	1229.833	101.4%	108.2%	99.7%	172.5%	925	4.0	1.8	5.8
Goldhanger	1501	1476	1519	1395	1046.5	1103.083	699	814.75	98.3%	91.8%	105.4%	116.6%	839	3.1	2.6	5.7
Notley	1680.667	1605.167	1324.5	1221	1069.5	1013.05	713	700.75	95.5%	92.2%	94.7%	98.3%	711	3.7	2.7	6.4
Lister	1124.5	1087.5	945.5	1209	1068.167	1055.167	690	952	96.7%	127.9%	98.8%	138.0%	600	3.6	3.6	7.2
John Ray	1123.5	1060.583	1137	1110	1068.75	872.5	713	701.5	94.4%	97.6%	81.6%	98.4%	458	4.2	4.0	8.2
ESS	2264.833	2269.417	1556.5	1664.5	1364	1364	1023	1426.5	100.2%	106.9%	100.0%	139.4%	909	4.0	3.4	7.4
AMU	1429.333	1453.583	969.5	910.5	2046	2167	1703	1755	101.7%	93.9%	105.9%	103.1%	768	4.7	3.5	8.2
GICU	6222.25	5631.75	560	300	5176.25	4735.25	178.5	136.5	90.5%	53.6%	91.5%	76.5%	373	27.8	1.2	29.0
Danbury	1874	1776.55	1520.417	1482.917	1069.5	1057	1079.5	1179.5	94.8%	97.5%	98.8%	109.3%	964	2.9	2.8	5.7
Terling	1881	1838.833	1505	1452.5	1426	1428	710.75	695.25	97.8%	96.5%	100.1%	97.8%	969	3.4	2.2	5.6
Baddow	1520.5	1478.167	1518.5	1714.5	1066.5	1044.25	699	1048	97.2%	112.9%	97.9%	149.9%	797	3.2	3.5	6.6
Braxted	1198	1101.333	1507	1776	1069.5	1023.25	713	1133	91.9%	117.9%	95.7%	158.9%	801	2.7	3.6	6.3
Felsted	1624	1475	1137	1083.25	1058	1067.75	713	741.75	90.8%	95.3%	100.9%	104.0%	611	4.2	3.0	7.1
Stroke Unit	1866.817	1777.317	1525.5	1437.833	1426	1377.25	710.75	832.75	95.2%	94.3%	96.6%	117.2%	690	4.6	3.3	7.9
Burns ITU	2919.75	2829.25	612.5	547	2394	2511	325.5	316	96.9%	89.3%	104.9%	97.1%	121	44.1	7.1	51.3
Burns Adult	1399.083	1369.333	777.25	806.75	651	681.5	651	704.5	97.9%	103.8%	104.7%	108.2%	175	11.7	8.6	20.4
Burns Children	788.5	786.5	350.9833	350.4833	651	651	0	0	99.7%	99.9%	100.0%	-	38	37.8	9.2	47.1
Stock	1986	1976.5	1155.5	1156.5	1396.5	1407	325.5	651	99.5%	100.1%	100.8%	200.0%	671	5.0	2.7	7.7
Billericay	1880.5	2832	1038.5	1278	1302	2047.25	649.5	880.5	150.6%	123.1%	157.2%	135.6%	617	7.9	3.5	11.4
Birthing Unit	1119	998	0	0	733.5	575.5	0	0	89.2%	-	78.5%	-	79	19.9	0.0	19.9
Neonatal Unit	1670	1515	264.5	264.5	1345.5	1345	322	310.5	90.7%	100.0%	100.0%	96.4%	217	13.2	2.6	15.8
Postnatal	1487	1317.5	980.5	888	1116	1013.5	744	744	88.6%	90.6%	90.8%	100.0%	784	3.0	2.1	5.1
Labour Ward	2729	2454.333	743	726	2596.5	2387	741	742.5	89.9%	97.7%	91.9%	100.2%	218	22.2	6.7	28.9
St Peters Maternity	1822.5	1617.25	884.5	565.5	372	363.75	372	371.5	88.7%	63.9%	97.8%	99.9%	42	47.2	22.3	69.5
WJC Maternity	1575.5	1398	730	558.5	372	372.5	372	372.5	88.7%	76.5%	100.1%	100.1%	130	13.6	7.2	20.8
Mayflower	1339.417	1826.667	1548.5	768.25	651	768	651	651	136.4%	49.6%	118.0%	100.0%	394	6.6	3.6	10.2
Gosfield	1198.733	1116.483	793.5	650	681	660.25	583	517	93.1%	81.9%	97.0%	88.7%	265	6.7	4.4	11.1
SEW	1413	1342	1068	895.8333	1069.5	1046.75	700.75	698	95.0%	83.9%	97.9%	99.6%	515	4.6	3.1	7.7