MANCHESTER UNIVERSITY NHS FOUNDATION TRUST

BOARD OF DIRECTORS

Report of:	Cheryl Lenney, Chief Nurse
Paper prepared by:	Dawn Pike, Director of Nursing & Anne Marie Varney, Head of Nursing (workforce)
Date of paper:	16th February 2018
Subject:	**Safer Staffing** – To provide the Board of Directors with the bi annual Nursing and Midwifery Safer Staffing report
Purpose of Report:	Indicate which by ✓ • Information to note • Support • Resolution • Approval
Consideration of Risk against Key Priorities	**(Impact of report on key priorities and risks to give assurance to the Board that its decisions are effectively delivering the Trust's strategy in a risk aware manner)** 1. Patient Safety 2. Patient Experience 3. Productivity and Efficiency
Recommendations	To note the work that is being undertaken to ensure provision of a nursing and midwifery workforce to support evidence based nursing and midwifery establishments.
Contact:	Dawn Pike Director of Nursing 0161 276 8862

Introduction

1.1 This is the bi-annual, comprehensive report provided to the Group Board of Directors on Nursing and Midwifery staffing. The report details the Trust Group's position against the requirements of the National Quality Board (NQB) Safer Staffing Guidance 2013[1], NQB Guidance 2016[2] and the National Institute of Health and Care Excellence (NICE) guidance issued in July 2014[3], for adult wards.

1.2 This paper is the first bi-annual Safer Staffing report provided to the Group Board of Directors following the single hospital service merger of the former University Hospital of South Manchester and Central Manchester University Foundation Trusts. The paper will provide analysis of the former Trusts merged workforce position from June 2017 with a summary of the Nursing and Midwifery workforce position as at the end of December 2017[4].

1.3 The paper also provides the outcome of the analysis of the Safer Nursing Care Tool (SCNT)[5] acuity and dependency data and the actions taken to address any areas highlighted as a result of an analysis of this data.

2. National Context

2.1 Since the publication of the Francis Report, reviews undertaken by the National Institute for Health and Care Excellence (NICE) and National Quality Board (NQB) guidance there has been; an increased demand for Registered Nurses in the UK. The drive for safer staffing following the Mid-Staffordshire Trust tragedy saw over 40,000 additional posts for registered nurses created in the NHS in the subsequent 5 years.

2.2 This enormous growth in demand for more nurses coincided with a reduction in student nurse commissions between 2009 and 2012. In response, Health Education England (HEE) has increased commissions by over 15% since 2015, and the Department of Health (DH) has recently confirmed a further increase in clinical placement funding, providing for a potential further 25% increase in student nurse places from 2018 (2017 DH draft 5 Select Committee[6]). Whilst action has been taken to address the supply of Registered Nurses , these changes will take time to impact on the workforce deficit and therefore achieving and maintaining safe staffing levels continues to be a challenge for all healthcare providers.

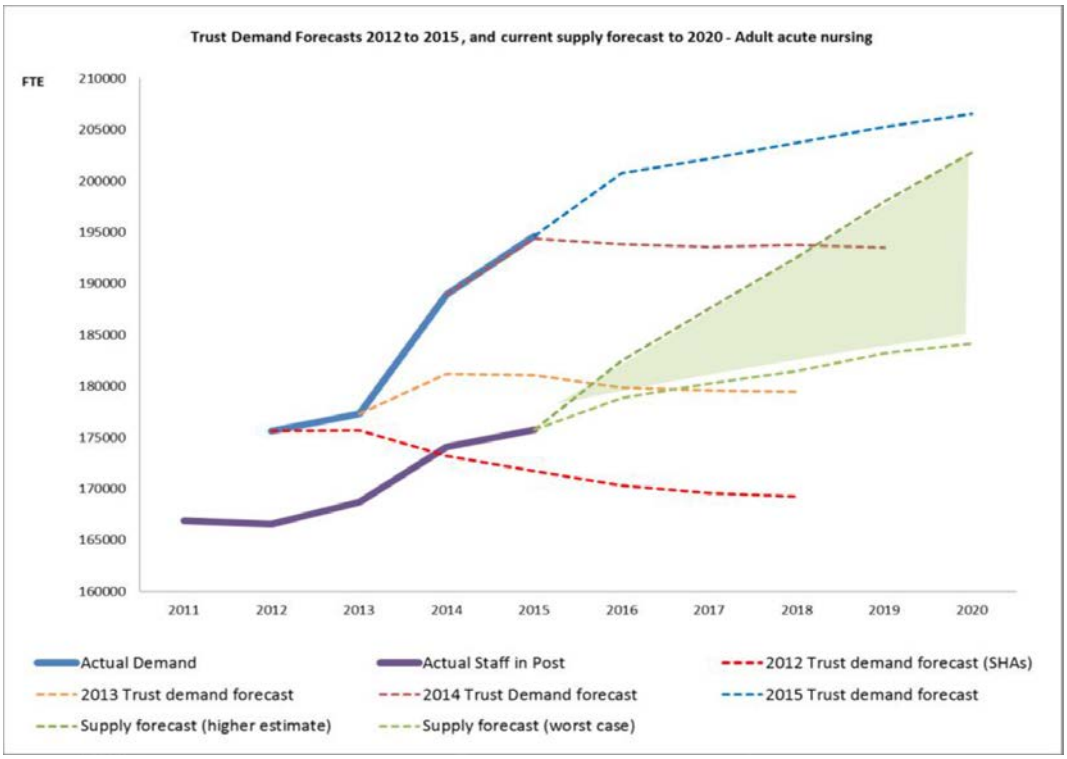
[1] How to ensure the right people, with the right skills, are in the right place at the right time. National Quality Board November 2013
[2] Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time. National Quality Board, July 2016
[3] Safe staffing for nursing in adult in patient wards in acute hospitals July 2014
[4] Data available at time of writing paper.
[5] The Safer Nursing Care Tool. The Shelford Group/AUKUH. (2014)
[6] House of Commons Health Committee – The nursing workforce. Second Report of Session 2017-19

2.3 There is no nationally agreed measure of the shortfall in the nursing workforce in England. HEE state that there are 36,000 nursing vacancies in the NHS in England equating to a vacancy rate of 11%[7]. Recent figures released by NHS I suggest numbers between 36,000 and 42,000 vacancies. Vacancy rates are based on substantive posts been filled with permanent staff. In the majority of cases vacant shifts are being filled by bank or agency staff to ensure the safe delivery of care. Whilst the cost of bank and agency is tightly managed the Trust recognises that high level of temporary staff usage impacts on clinical quality and continuity of care.

2.4 The overall national vacancy rate does not take into account the significant variation between the different branches and areas of nursing (i.e. adult, children's, community, mental health and learning disabilities). The majority of the increases in nurses since 2010 have been in the adult sector, with other sectors such as community services, learning disabilities and mental health seeing reductions in the number of nurses during this period of time.

2.5 Graph 1, taken from the most recent HEE Workforce Plan 2016 (6), illustrates how NHS funded demand for nursing staff increased year on year between 2012 and 2015. The plan identifies that the widening gap between 2015 workforce planning submissions to HEE will continue to rise and there will continue to be a shortfall between supply and demand for registered nurses.

Graph 1: Increased demand for nursing staff 2012 to 2015



[7] Health Education England Workforce Plan 2016

2.6 The number of Nursing and Midwifery staff within the UK, joining the NHS since 2012 has increased from 6.7% to 9.7%[8], which is mainly as a result of organisations increasing staffing levels in response to the Francis Report and the subsequent Safer Staffing Guidance issued following this report.

2.7 The percentage of nurses leaving the NHS for reasons other than retirement increased from 7.1% in 2011/12 to 8.7% in 2016/17. Growth in the NHS nursing and midwifery workforce over the last 5 years has therefore been unremarkable with a marginal increase of 1.5%. In 2017 the number of nurses leaving the NMC register has for the first time exceeded the number of nurses joining the register resulting in an overall drop in the number of nurses available to practice[9].

2.8 In April 2016 following a review by the Migration Advisory Committee the Home Office confirmed that nursing would be added to the 'shortage occupation' list for a period of 3 years. This has enabled the Trust to obtain Certificates of Sponsorship for non EU migrant nurses to support the workforce requirements. A recruitment campaign in India was undertaken in November 2016, and there are plans for further international recruitment campaigns in April 2018/19 to enable a continued supply of registered nurses.

2.9 The Carter productivity and efficiency report[10] and the NHS Five Year Forward View[11] planning guidance report identified significant and unwarranted variation in cost and practice within workforce budgets, recommending workforce and financial plans must be aligned to optimise clinical quality and the use of resources. The report highlights the need to address the variation in how acute Trusts currently manage staff, from annual leave allocation, shift patterns and flexible working through to using technology such as e-rostering systems to enable the productive use of staff resources, care quality, and financial control.

2.10 Prior to the SHS merger both predecessor organisations had utilised an e-rostering system within nursing and midwifery since 2015 to manage the rostering and effective allocation of staff within clinical areas. Review of the effective use of the system with the Heads of Nursing is part of the monthly established workforce review meetings with the Directors of Nursing.

2.11 In January 2018 the House of Commons Health Committee report[12] identified that the nursing workforce needs to expand 'at scale and pace' to ensure that the workforce is able to meet the requirements of a modern health and social care workforce. The report identified that the UK has fewer nurses relative to the population than the OECD average, and it is also below many EU and comparator countries.

[8] The labour market for nurses in the UK and its relationship to the demand for, and supply of, international nurses in the NHS. Institute for Employment Studies. 2016
[9] NMC and Chief Nursing Officer for England Briefing July 2017
[10] Lord Carter final report Feb 2016
[11] Five Year Forward View. NHS England. October 2014
[12] House of Commons Health Committee – The nursing workforce. Second Report of Session 2017-19

2.12 The Health Select Committee acknowledged the work undertaken by HEE to increase training provision and develop new roles within the workforce such as the Nursing Associate role, but stated that the removal of Continuing Professional Development (CPD) funding and to some extent pay constraints will continue to impact on maintaining and increasing the nursing workforce in the future.

2.13 The Royal College of Nursing(RCN) published a policy report in February 2018[13] focused on existing nursing shortages and patient safety concerns. The RCN welcomed the published HEE consultation[14] on the first long term workforce strategy, however emphasised the requirement for a strategic whole system approach to workforce planning to meet population needs.

2.14 The RCN report calls for clear accountability and responsibility for workforce strategy, policy, planning and funding at every level, including Ministerial ownership as well as national agencies and local organisation.

3. Trust (Group) Workforce Position

3.1 At the end of December 2017, there were a total of **700 wte** (10.2%) qualified Nursing and Midwifery vacancies across the Group compared to **833.9 wte** (12.2%) at the end of July 2017. This is a reduction in overall nursing and midwifery vacancies of **133.9 wte** since July 2017. Appendix 1 provides a detailed breakdown of the workforce position by ward/clinical area, as at the end of December 2017. This breakdown does not take into account candidates with job offers who are due to commence in post over the next few months.

3.2 There has been an overall increase from July - December 2017 to the Nursing and Midwifery establishments of **129.67 wte** due to readjustment of the financial ledgers post SHS merger and developments in services i.e. midwifery expansion. If the establishment had not increased the overall nursing vacancy factor would have reduced by a further 1% to 9.2%.

3.3 The majority of vacancies are within the staff nurse (band 5) workforce. At the end of December 2017 there were **534.2wte** (15%) staff nurse (band 5) vacancies across the Trust compared to **644.82wte** (18.07%) at the end of July 2017 and therefore a reduction of Band 5 Nursing and Midwifery vacancies of 110.6**wte**.

3.4 Trust wide recruitment campaigns continue to attract experienced and newly qualified nurses and midwives. There were **296 wte** Nurses and Midwives currently with conditional job offers whose appointments are being progressed through the Trust recruitment processes. Over 75% of these staff are student nurses who will qualify in September/October 2018. There are a total of **97** nursing and midwifery staff with job offers and a confirmed start date before March 2018.

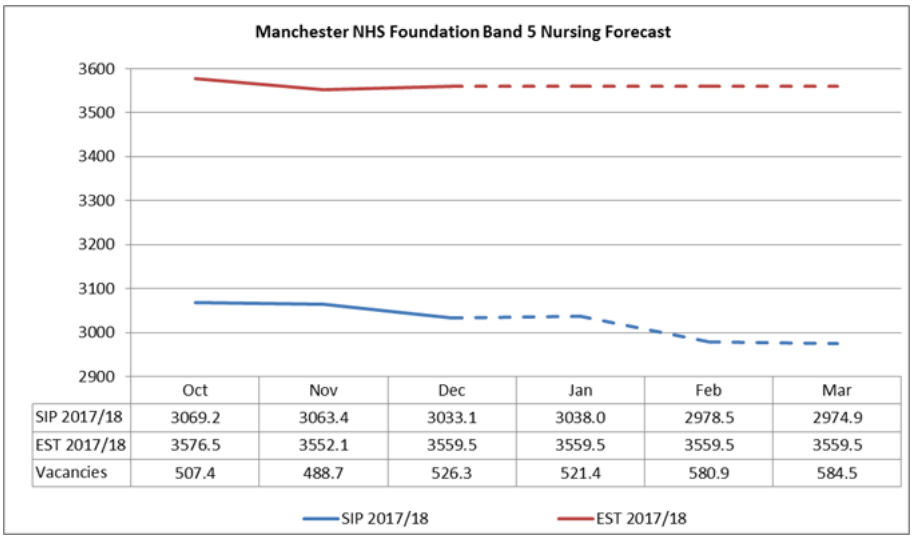
[13] Left to chance: the health and care nursing workforce supply in England. RCN February 2018

[14] Facing the Facts, Shaping The Future A draft health and care workforce strategy for England for 2027. Public Health England December 2017

3.5 A total of **40** International nurses have commenced in post since April 2017, with a further 8 nurses predicted to arrive before the end of March 2018. Since the commencement of the International Recruitment Project there has been a total of **171** International nurses join the Trust in the last 2 years. It is predicted that a further 40 nurses from India will arrive before September 2018 subject to the completion of UKVI and Nursing and Midwifery approval.

3.6 Following the SHS merger, nursing and midwifery workforce modelling has been undertaken to provide the Trust with a predicted workforce position by end of March 2018. Graph 2 demonstrates that the modelling predicts that the band 5 vacancy position will increase to **584.5 wte,** with further increases April-June 2018 (Quarter 1) as a result of the reduced workforce supply during these months whilst the Trust await graduates completing programmes of training in September/October each year.

Graph 2: Actual vs. predicted workforce position (band 5) until March 2018



	Oct	Nov	Dec	Jan	Feb	Mar
SIP 2017/18	3069.2	3063.4	3033.1	3038.0	2978.5	2974.9
EST 2017/18	3576.5	3552.1	3559.5	3559.5	3559.5	3559.5
Vacancies	507.4	488.7	526.3	521.4	580.9	584.5

3.7 Following the SHS merger, work is now being undertaken to model the nursing and midwifery workforce to support a long-term workforce strategy within the Trust and each Hospital/MCS. It is important that each hospital/MCS position is presented separately to prevent the high level figures disguises areas of concern. This work will be shared with the Group Board of Directors in the Safer Staffing Board paper to be delivered in September 2018 **and an interim report on hospital/MCS numbers will be presented to the next HR Scrutiny Committee.**

3.8 Retaining staff is a key element of addressing the workforce position. At the end of December 2017 the Trust rolling 12 month turnover rate for staff nurses (band 5) leaving the Trust was 19%. The nursing and midwifery staff retention rate measures the percentage of nurses and midwives in post 12 months ago who are still in employed in the trust. The rolling 12 month position is 86.2% which is a good retention rate and is comparable with the Shelford average retention rate 86.6%. This retention rate is an indication the Trust is retaining nurses and midwives remaining an employer of choice, but there continues to be programmes of work to reduce the overall turnover to 15% for Staff Nurses (band 5).

3.9 National benchmarking in terms of turnover utilise the position for all qualified nursing staff and does not provide benchmarking data for staff nurse (band 5). The average rolling 12 month turnover rate within the Trust for all qualified staff is 14.8%. This rate is slightly above the average for Shelford Trusts of 13.4% and will reduce with reductions in the turnover at staff nurse (band 5).

4 Midwifery Workforce Position

4.1 The current Trust Group Midwifery establishment has recently been increased based on agreed activity plans and workforce requirements. At end of December 2017 there were **15.7 wte** midwifery vacancies across the Trust Group and a turnover rate of 2.5%.

4.2 Following a successful recruitment programme in 2017 the Trust Group continues to deliver a rolling programme of Band 5/6 midwifery recruitment. The Trust Group is working very closely with partner universities to maintain contact with the midwifery students during their training and transition to the workplace. There will be 6 midwives who have been offered posts following graduation in April 2018. An open day has been planned for May 2018 to attract student midwives due to graduate in September 2018.

4.3 The Board of Directors is asked to note the successful recruitment and retention programmes implemented across maternity services and now being led for the Group by Saint Mary's MCS.

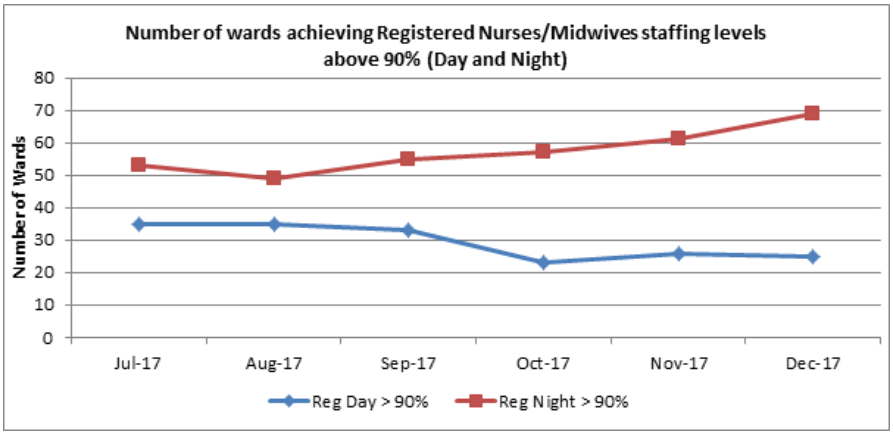
5. Planned versus Actual Staff on Duty

5.1 In line with the NQB requirements the Trust publishes Nursing and Midwifery staffing data on a daily basis at entrances to wards, using 'data at the door' poster boards. Staffing data is also submitted on a monthly basis through a Unify submission to the NHS Choices site and published on the Trust's website.

5.2 Since November 2017 the Trust has submitted a combined Unify Report to detailing the planned and actual staffing levels which has been extracted from the Health Roster System.

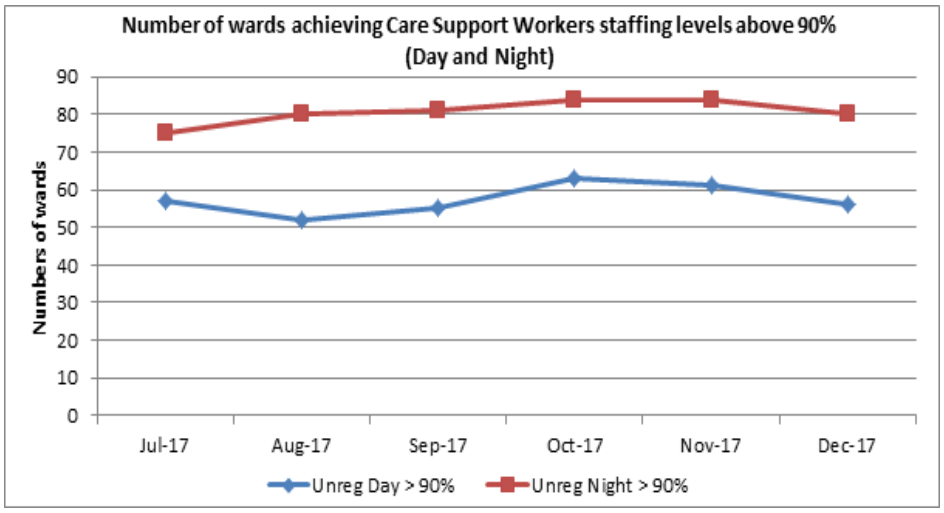
5.3 Graph 4 & 5 illustrate the Trust planned nurse staffing levels, split by registered and unregistered staffing hours and by day and night shifts. With the exception of Registered Nurse - Day the Trust has seen an improvement in the number of wards which met their planned staffing levels, since October 2017.

Graph 4: Number of wards achieving 90% planned vs. actual Nurses and Midwives (n=93 ward areas)



5.4 Over the six month period since July 2017, the number of wards achieving registered staffing levels above 90% has reduced slightly for the day shifts, however shown significant improvement for night shifts with 70 wards achieving above 90% staffing levels on nights (52 wards in July). The number of wards achieving 90% staffing levels during the day has reduced from 32 wards (July 2017) to 28 wards (December 2017) and this is primarily as a result of the number of areas open for winter escalation and to support the safe isolation of influenza patients.

Graph 6: Number of wards achieving 90% planned vs. actual Nursing Assistants (n=93 ward areas)



5.5 Since July 2017 the average number of wards achieving above 90% unregistered (nursing assistants) staffing levels remains unchanged. The average number of wards achieving above 90% unregistered staffing levels is 56 on day shifts and 82 on night duty.

5.6 Work continues within the hospitals/MCS to review the unregistered workforce data around the high absence levels which currently stand at above 9% and a high annual turnover of over 20%. Vacancies within the unregistered workforce are below 10% and recruitment is ongoing to recruit to these vacant posts.

5.7 Established daily reviews of staffing requirements by senior Nursing and Midwifery staff and escalation processes are in place to mitigate the impact of when planned staffing levels are not achieved and ensure the safe delivery of care. These processes are currently subject to a review by the Directors of Nursing for each Hospital/MCS on a weekly basis.

6. NICE Requirements

6.1 The following are core requirements to be reported in the Safer Staffing Bi Annual report, stipulated by the NQB and the NICE guidance for adult in-patient areas.

Red Flags

6.2 NICE guidance recommends Trusts have a mechanism to capture 'red flag' events. Red flag events can be defined as events that prompt an immediate response by the Registered Nurse in charge of the ward on a given shift to ensure there is sufficient staff to meet the needs of the patients on the ward.

6.3 Red flags are not currently in use at Wythenshawe and Withington Hospitals. A review of the indicators is currently ongoing with a view to roll out across all the hospital sites by April 2018. Staffing levels are triangulated with complaints and adverse incidents to identify any contributing factors and departments are encouraged to complete an incident report when staffing levels are below the required parameters.

6.4 From July 2017 to date, a total of 758 red flag events have been raised on the Central and Trafford Hospital sites. Of the 758, 675 were recorded as a 'shortfall in Registered Nurse (RN) time', which is consistent with the data captured in relation to planned staffing levels. The remaining red flags were recorded across a number of other reasons:

Delay in providing pain relief - 36
Missed Intentional Rounding – 37
Unplanned/omission to provide medication – 5
Unplanned/omission to complete observations - 5

6.5 Where a shortfall in registered nurse time occurs the Trust has a process to mitigate in real time through interventions by senior nurses in line with the Nursing Staffing Escalation Process to enable the delivery of safe and effective patient care.

Acuity and Dependency

6.6 In line with NQB and NICE requirements, the Trust has used the Safer Nursing Care Tool (SNCT) since 2012 initially bi-annually. Since May 2014 the Central and Trafford Hospital May 2014 data has been collected on a daily basis. In May 2015 the Central and Trafford Hospitals have been collecting this information electronically, through the Allocate Safecare tool. The Wythenshawe site implemented daily data collection via the Allocate system in November 2017.

6.7 Work is planned over the next 6 months to align the Allocate Health Roster and Safecare system across Single Hospital Service as this is currently two separate data systems. This will enable the development of interactive real time nursing workforce dashboards which will provide senior nurses an overview of ward staffing and patient acuity at any time. The development of these dashboards will make the process of reviewing staffing on a shift by shift basis and deploying staff to those areas where shortfalls arise. Further details will be provided in the interim nursing and midwifery workforce report to the Group Board in May 2018.

6.8 The SNCT tool does not differentiate between qualified and unqualified staff hours; therefore the analysis requires a very good understanding of the patient population and nursing requirements. Professional judgment is acknowledged as an important factor to be considered when making decisions about staffing establishments.

6.9 Evidence suggests that a minimum of 4 census periods across both winter and summer periods to identify any seasonal variation, are required before adjustments to establishments are made based on the SCNT recommendation.

6.10 The tool also requires that between census periods there are no significant changes in ward environment or patient case mix as both of these factors impact on the validity of the census information.

6.11 It should be noted that the tool is not designed to capture acuity and dependency data from wards with less than 16 beds, day case areas, maternity areas or departments, such as emergency departments (in development) and critical care units, therefore these areas are excluded from the data collection process.

6.12 A number of improvement resources have been developed by NHS Improvement on behalf of the National Quality Board for adult inpatient, maternity, district nursing and learning disability. The guidance documents were launched in January 2018 and have been developed to support decision making around workforce planning using a risk based approach based on best evidence to support professional judgement and monitoring of safer staffing outcomes. Work will commence with Hospitals/MCS to review clinical establishments against the guidance. Progress of this work will be provided in the interim nursing and midwifery workforce paper in May 2018, and the findings presented in the Safer Staffing Group Board paper in September 2018.

6.13 The Trust is working collaboratively with Sheffield Teaching Hospital NHS Foundation Trust to implement a caseload tool which will support Manchester Adult Community Services to develop a workforce planning tool which will support the introduction/phasing of an Electronic Patient Record through the EMIS system. A city wide EMIS development group has been established to enable the sharing of knowledge and information across community services in Manchester. Adult and Specialist Community Services Directorate are awaiting confirmation of funding for EMIS development work to commence. If agreed it is anticipated the development of scheduling will be available in July 2018 which will form a basis for developing a case-load tool. This is a complex programme of work, which it is anticipated will take 12 months to develop and implement and will be taken forward by the LCO.

6.13 NICE guidance[15] was produced in January 2015 which suggested that maternity wards should be utilising an acuity and dependency tool to assess staffing requirements when caring for post-natal women. The Royal College of Midwives (RCM), who support the project for Birth Rate Plus, which assesses acuity and dependency during intrapartum care developed a tool for assessing the acuity of women receiving inpatient care in wards. The Obstetric Strategy for Managing Capacity and Demand has used local intelligence and professional judgement and cross referenced with the birth rate plus ratios to agree midwifery establishments.

6.14 The responsibility for the development of Safer Staffing Guidance moved to NHS Improvement from April 2016 from NICE. In the past 6 months NHSI have consulted on guidance for District Nursing Services and Maternity Services. The Trust responded to the consultation on the guidance for District Nursing services in April 2017 and the Maternity consultation in August 2017. As yet NHSI have not provided any indication as to the timescale or the next steps for providing this guidance.

6.15 In November 2017 NHSI issued a number of draft safer staffing improvement resources for review/consultation covering the following areas, Neonates, Children & Young People and Urgent/Emergency Care. The resource is based on the National Quality Board's (NQB) expectations that to ensure safe, effective, caring, responsive and well-led care on a sustainable basis. The Trust has contributed to the consultation and is currently waiting for the final guidance to be published.

Analysis of Acuity and Dependency Data

[15] NICE Maternity guidance 2015

6.16 The SNCT data collected provides information for 71 inpatient areas, based on the current configuration of wards. There are 22 areas which have been excluded, as these have a mixed day case and inpatient case mix, are less than 16 beds or are new ward environments.

6.17 The acuity and dependency data is analysed on a monthly basis, to monitor daily data compliance and ensure that data is validated monthly to support the required four census periods. It is recommended that any establishment review is based on 4 census periods taken in the winter and again in the summer months to validate the establishment data.

Manchester Royal Infirmary Hospital

6.18 Within the **MRI,** there are 24 wards where SCNT data is collected. Of these the census data for 16 ward areas validates that the current establishment are appropriate to meet the requirements of the patients.

6.19 Within the **Division of Medicine and Community Services** it was highlighted in the previous report to the Board of Directors that the acuity and dependency data for ward 7, 45 and 46 demonstrated a requirement to uplift the nursing assistant establishment within these areas to support the safe delivery of care. Following submission and approval of a business case investment in 28 wte nursing assistants was approved and recruitment to these additional posts has been undertaken. This has resulted in a reduction in bank and agency use and the provision of consistent staff for these wards to meet the acuity needs of the patient group.

6.20 Within the **Division of Specialist Medical Services** the SNCT data for wards 44 (Haematology) and the Acute Cardiac Unit does not reflect the complexities of these clinical areas or the fact that the Acute Cardiac Unit is a mixed critical care and inpatient area. The data is valuable in terms of providing details of patient dependency on a daily basis, but cannot be used to inform decisions in terms of establishment levels.

6.21 Wards 3 and 4 have had changes to patient case mix and are now managed as two separate units, with ward 3 having a High Dependency Care bay staffed by Cardiac Intensive Care unit. The establishments for these wards are higher that indicated by the acuity and dependency census, but this census collection does not acknowledge the requirement within these cardiac wards to have a supernumerary nurse to observe and respond to cardiac monitors on every shift which equates to an additional requirement of 5.6 wte per ward. This additional resource was introduced following recommendations from a high level investigation. Taking into account this requirement the establishments for ward 3 and 4 are appropriate to deliver the care needs for the patient group.

6.22 In the **Division of Surgery** there are three clinical areas where the SCNT data indicates that further review is required ESTU, Head and Neck Unit and Elective Treatment Centre (ETC)

6.23 Formal business cases for ESTU and the Head and Neck Unit have been produced by the Director of Nursing and Head of Nursing which indicate a requirement of additional investment of circa £1.2 million across these two ward areas. These cases are supported by evidence from the acuity and dependency data collection, nurse sensitive indicators, on-going financial run rate pressures and external benchmarking with Shelford Hospital. The Chief Nurse has reviewed the cases and supports the conclusions both of these cases have made. These businesses cases are being progressed for consideration of investment through the MRI Leadership Team as part of the 2018/19 financial planning process. In the interim, the care needs of the patients are being supported by the use of temporary staffing, maintaining safety, but has an impact on the financial position within the Division.

6.24 The remaining ward (ETC/Urology ward) has undergone significant changes over the last 18 months in regards to service configuration (split of ward into two areas – ETC surgical admissions and ETC urology ward) and case mix to support the Divisional work on reducing length of stay. The establishment to support this area is being reviewed as part of the 2018/19 financial planning process to ensure that the establishment for each area is allocated appropriately.

6.25 The **Trafford Division** has 7 wards where SCNT data is collected to inform staffing requirements and validate establishments. The data to date demonstrates that the establishments for 3 areas can be validated from the current SNCT censuses (Wards 1, 4, and AMU).

6.26 Ward 2 is a continuing care ward which was established in April 2017. The acuity and dependency data is currently inconsistently submitted and therefore it is not possible to analyse staffing requirements and validate establishments for this area. The Head of Nursing has implemented an improvement action plan to ensure compliance with data entry in order to ensure this evidence is available in the future.

6.27 Ward 3 is a Neurological rehabilitation Unit (INRU) with a high level of multi-disciplinary care delivery. The SCNT data for the INRU unit does not capture the dependency and complexity of the patient group. The establishment is informed by the Northwick Park Dependency Scale and Care Needs Assessment, a nationally recognised tool for neurological rehabilitation. The current establishment is 59.16 wte, which includes staff to provide enhanced supervision for up to three patients. Due to low numbers of referrals from the regional unit, occupied beds has been between 24- 28 and therefore the current establishment is deemed to support this service model. The unit is due to expand with an additional 20 beds from April 2018 and again professional judgement and benchmarking has been used to set the establishment levels.

6.28 Ward 6 is the fragility fracture and rehabilitation ward for the Group. The acuity and dependency data demonstrates that the establishment does not currently meet the recommended establishment. Analysis of the 12 months data for this area indicates that a recommended establishment of 44.95 wte is required, which is 7.93 wte above that currently agreed establishment for the ward. This is mainly due to changes in the complexity of the patient group cared for in this area, with a number of these patients requiring enhanced supervision. A statement of case has been submitted to the Director of Finance and Chief Nurse to increase the establishment for this area on late, night and weekend shifts. This will be considered by the new hospital leadership team and in the interim; the care needs of the patients are being supported by the use of temporary staffing in order to maintain safety. This case will be progressed through the new hospital structure as part of 2018/19 budget setting.

6.29 The Manchester Orthopaedic Centre (MOC) establishment supports both day case and inpatients and therefore the SCNT data can be used on a daily basis to inform staffing decisions, but not to inform the establishment requirements. The establishment for this area has been agreed with the Chief Nurse and is based on professional judgement

6.30 The Allocate Health Roster and Safecare system was implemented in May 2016 across 37 wards at the **Wythenshawe Hospital** and went live from November 2017, with data being collected twice daily. Prior to this the SNCT acuity and dependency census data was collected manually twice a year and reported in the UHSM annual safer staffing board reports.

6.31 In October 2017, a Senior Nursing team daily Safer Staffing meeting was introduced. The staffing levels are reviewed against acuity and dependency levels throughout the hospital and actions are taken to ensure wards are safely staffed for the next 24 hour period. Matrons are expected to have assessed their areas to ensure an accurate assessment of acuity and dependency and complete a professional judgement element of the system prior to the meeting.

6.32 The monthly analysis of acuity and dependency against establishments for wards is carried out by Heads on Nursing; this data informs establishment planning. A full review of all in patient areas was undertaken in May 2017, triangulating the results of the acuity and dependency study with quality metrics in order to make recommendations on nursing and midwifery establishments. At this time, assurance was provided of staffing establishments meeting patient requirements for all in patient areas with the exception of Ward A7 (Respiratory/ general medicine). The respiratory directorate and division have subsequently reviewed the data validity and establishment for A7. Since November the implementation of the Allocate electronic data collection the census data for A7 validates that the establishment is aligned to the acuity and dependency of the patient group.

6.33 Within **Royal Manchester Children's Hospital** the acuity and dependency data collection and analysis is undertaken using specific paediatric acuity and dependency multipliers within five wards areas (Wards 75, 77, 78, 84IP and 85). The remaining inpatient wards (76, 81, 83, Bone Marrow Transplant), do not collect data due to either being a day case setting or a small unit of 12 beds or less.

6.34 Since August 2017, there has been focus in the five inpatient wards to improve consistency and accuracy in the data recorded resulting in 3 months of census data up to December 17 to support validation or review of the establishments. It is too early to draw any definite conclusions regarding establishments as 4 census periods will need to be undertaken across both winter and summer periods to identify any seasonal variation.

6.35 The Head of Nursing has undertaken a benchmarking exercise to consider other Acuity and Dependency Tools used nationally in Children and Young People's nursing. Findings indicate the majority of centres are either using or intending to move to the SNCT due to the ease of use and accessibility through the E Roster system and the potential for increased utilisation of the system in the day to day operational management in the hospital. Staffing establishment within RMCH are currently based on professional judgement, agreed with the Chief Nurse.

6.36 There is therefore a plan over the next 6-12 months to continue focus on the use of the tool to achieve sustained accurate input twice per day, alongside a review of the establishments across the hospital, where the data recommendations alongside professional expertise and judgement of the individual areas, will be utilised to support workforce developments.

6.37 PICU calculates patient acuity and dependency based on the nationally recognised Critical Care HRG codes. Nursing competencies have been aligned to this matrix.

6.38 In December 2017 concerns were raised by nursing staff in PICU about staff vacancies and staffing levels. Following this a CQC review took place and the unit was deemed to be compliant with PICS standards (Paediatric Intensive Care Society). The current number of PICU nursing vacancies has resulted in a reduction in the number of available commissioned beds in order to manage patients safely. Bed capacity has therefore flexed daily according to staffing, resulting in 2 – 6 beds being closed throughout the winter months.

6.39 The use of the SNCT tool within the **Saint Mary's Division** is limited to the speciality of gynaecology. The SNCT tool is not validated for use in midwifery services; the recommended birth rate plus tool[16] is used for midwifery services and Saint Mary's Hospital establishment is at the appropriate ratio of 1:28. Provision of care on the gynaecology ward (62) includes care of day case, emergency and in patients, which invalidates the data collected via the SNCT tool. The establishment is therefore based on professional judgement, agreed with the Chief Nurse.

[16] Birthrate Plus (2010). 'Birthrate Plus: Workforce planning for midwifery services'. Birthrate Plus website. Available at: www.birthrateplus.co.uk (accessed on 21 February (2011)

7. Care Contact Time

7.1 The NQB require that care contact time is collected twice a year and reported annually to the Board of Directors. The former CMFT collected this information in January and July by ward areas as part of their local improvement work. The former UHSM have not historically collected this data. Pilot areas have now been identified at Wythenshawe Hospital to test data collection with a view to rollout by September 2018.

7.2 There are no targets set nationally for care contact time although it is widely assumed that more Registered Nurse direct care results in better outcomes for patients. The results for 2017 were presented to the Senior Nurse Professional Forum in September 2017.

8 Care Hours Per Patient Day (CHPPD)

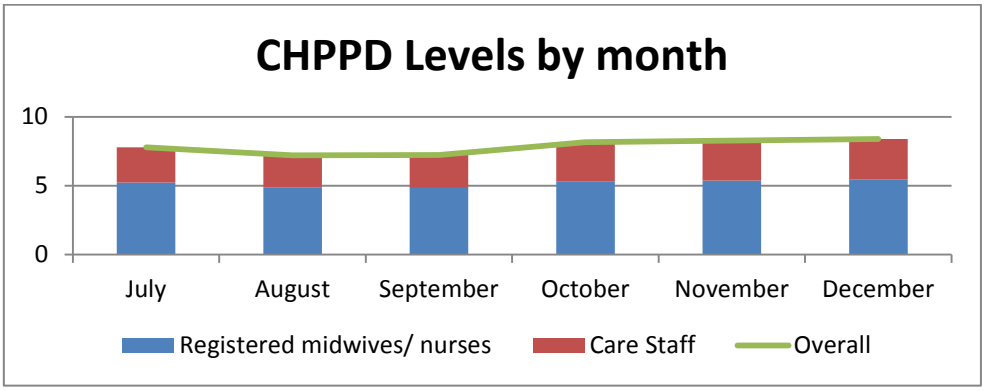
8.1 Since May 2016, all acute Trusts began reporting occupancy data alongside planned and actual staffing via the Unify monthly report in order to enable NHS Improvement (NHSI) to calculate CHPPD benchmarking data. As there are currently limited national benchmarks for CHPPD, it is anticipated that CHPPD will be used locally alongside other patient outcome measures, to identify changes that might be made to staffing establishment to improve outcomes for patients.

8.2 CHPPD is a simple measure of nursing input and must be considered alongside acuity and skill mix. CHPPD is calculated by taking all the shift hours worked over the 24 hours period by Registered Nurses and Nursing Assistants and dividing this by the number of patients occupying a bed at midnight.

8.3 It is important to note that the use of the CHPPD metric will only capture the care hours provided to each ‘bed’, and does not capture all the activity on a ward such as the turnover of patients through that bed within the 24 hour period or recognise the acuity of the patient receiving the care.

8.4 The lack of national CHPPD benchmarks limits the validity and use of this data to inform safer staffing decisions at present however the improved staffing levels across the Trust can be seen in an improvement in the CHPPD indicator (see graph 7).

Graph 7: Group CHPPD Levels by Month



8.5 From July to September the Trust Wide average was 7.4 CHPPD, however from October to December the Trust wide average increased to 8.3 CHPPD. In August 2017 (last updated figures on Model Hospital Site) the national average was 7.9 CHPPD. The increase in CHPPD has been across both registered and unregistered staffing groups.

9. Workforce Efficiency

9.1 A key recommendation in the Lord Carter Report on workforce efficiency in the NHS is the use of an electronic rostering system to improve the productive use of staff resources. Following SHS merger both former Trusts continue to use the Allocate Health Roster System. Work is now underway to merge the systems, contract specification and develop the technology to support combined data storage and live data feeds.

9.2 Key Performance Indicators are in place, supported by monthly performance data, to include the management of annual leave and sickness within Trust target, management of under-rostered hours and additional bank and agency shift requests above establishment. The Key Performance Indicators are monitored as part of the Nursing and Midwifery Turnaround Controls process.

9.3 As part of the 2017/18 nursing and midwifery efficiency schemes, a programme of work to reduce staff absence and promote staff well-being was launched in April 2017. The aim of this programme is to reduce absence levels for registered nurses/midwives to between 3-3.9% by April 2018. It should be noted that these targets are ambitious and are aimed at driving a positive culture of continuous improvement in attendance.

9.4 At the end of December 2017 the Trust Groups sickness rate for all qualified staff was 4.93%. This is a slight increase from 4.45% in July 2017. The focus for the current quarter across the nursing and midwifery workforce as part of the Brilliant Basis programme is staff well being, including focused work within the clinical teams to ensure that staff are supported to take a break when on shift.

9.5 Divisional absence reduction trajectories have been set with key milestones in the WAVE system to enable monitoring and oversight of this programme of work. The Heads of Nursing are working with HR Business Partners to ensure delivery of the milestones.

9.6 The Directors of Nursing meet with Heads of Nursing weekly to review bank and agency spend, and as part of these meetings and monthly one-to-one management of absence is discussed to ensure delivery of the trajectories.

10. Recruitment and Retention

Domestic Recruitment

10.1 There are currently a total of **97** nursing and midwifery staff with job offers and confirmed start dates before March 2018.

10.2 The Hospital recruitment leads and Directors of Nursing have implemented a series of interventions to keep appointed staff engaged with the Trust in order to increase the likelihood of them commencing in post.

10.3 There is a schedule of recruitment events planned for the next 9 months to attract newly qualified Nurses and Midwives who are due to graduate in September 2018. To date there are 249 student nurses and midwives progressing through recruitment checks and due to qualify in September 2018.

International Nurse Recruitment

10.4 The Trust continues to source staff through international recruitment from India as part of the International Recruitment Programme and support the progression of the candidates through United Kingdom Visa and Immigration (UKVI) and the Nursing and Midwifery Council (NMC) requirements.

10.5 Since April 2016 the UK Home Office added nursing to the shortage occupation for a period of three years. This change has addressed the challenges previously faced of obtaining Certificates of Sponsorship (CoS) for staff.

10.6 Following a NMC review of English Language testing in September 2017 the NMC have agreed to accept the Occupation English Language Test (OET) as an alternative to the IELT previously recommended as the test of choice. Both tests are internationally recognised and provide a standard of English language testing aimed to maintain public confidence. It should be noted that the process through the UKVI and NMC requirements is still protracted taking on average a minimum of 9 months to complete an approved English language test and part 1 of the NMC process to support their application to UKVI.

10.7 The Trust is committed to continuing to recruit from the EU however, the supply of staff ceased as a result of the NMC English language requirements and the post EU referendum results creating uncertainty for this group of workers. The number of EU nurses applying to the NMC register in the last 12 months remains extremely low.

10.8 A total of **40** International nurses have commenced in post since April 2017. This brings the total number of international recruits who have commenced in post in the last 2 years to **171**.

10.9 Following approval from the Trust Management Board in June 2016 the Trust recruited a further cohort of 126 nurses from India in November 2016. In view of experience to date, the recruitment process for these staff includes an enhanced support package and online coaching to prepare candidates in advance of sitting their International English Language Test (IELTs). There are 88 nurses who are progressing through the UK NMC approval process and expect to arrive in the next 6-9 months.

10.10 The Trust continues to interview candidates in India who have achieved the required English language testing through Skype, which provides a further source of staff into the workforce.

Retention

10.11 Retaining staff is a key element of addressing the workforce position. At the end of December 2017 the rolling 12 month turnover rate for Nursing and Midwifery within the Trust group is 14.8%, which is slightly higher when benchmarked with Shelford Trusts where the average turnover rate is 13.4%. The 12 month rolling turnover rate for staff nurse (band 5) is 19%, compared to an annual band 5 turnover rate range within the Shelford Trust of between 14 and 20.

10.12 The nursing and midwifery staff retention rate measures the percentage of nurses and midwives in post 12 months ago who are still in employed in the trust. The rolling 12 month position is 86.2% (Shelford average retention rate 86.6%) which an indication that we are retaining nurses and midwives and remain an employer of choice, but also indicates that there are opportunities to improve this position further through the actions detailed below.

10.12 A number of actions have been implemented to achieve a reduction in turnover. A revised Nursing and Midwifery Retention Strategy was launched by both predecessor Trusts in July 2017. The strategy focuses on actions to reduce the Nursing and Midwifery turnover rate. The key principles of the strategy are:-

- Supporting staff
- Listening and responding
- Workforce development
- Developing career pathways for staff
- Effective use of resources

Following the SHS merger, work will now focus on aligning the retention strategies to develop a strategy and workforce plan as part of the new Nursing & Midwifery Strategy to be launched in September 2018

10.13 A number of corporate work streams have been developed and are monitored through the Nursing and Midwifery Workforce Forum and include:

- Quarter 4 Brilliant Basics focused on staff 'wellbeing' and included a cal to action to introduce a '***take a break initiative'*** to ensure staff are supported to take adequate rest time whilst on shift. Each ward will develop a local action plan and Brilliant Basics Board to promote this initiative.
- Director of Nursing listening events with newly qualified nurses and midwives are in the process of being established in each of the Hospitals/MCS.
- Implementation of 12.5 hour shift patterns across Trust for nursing and midwifery staff following staff feedback; offered to staff who wish to condense their hours over a shorter working week.
- The development of a Trust wide BME Nursing and Midwifery Forum to enable peer support and career progression for BME staff
- A SHS Theatre workforce group has been established to drive workforce development to support Healthier Together and SHS surgical model
- Development of band 3 dialysis Assistant role to support service transformation in dialysis units. Following the pilot to introduce a Pharmacy Technician role to support the administration of medications, 3 further posts have been recruited to bringing this to a total of 5 technicians across the trust. This work will now focus on developing an apprenticeship model to support future training and identifying future workforce requirements.

Nursing Associate

10.14 In September 2016, the Trust as part of a GM partnership became a pilot site to train and develop the role of the Nursing Associate (NA). This will be the first nationally developed new nursing role within the workforce for a significant period of time and will be regulated by the Nursing and Midwifery Council from 2019.

10.15 In December 2017 The Department of Health carried out a consultation about how Nursing Associates should be regulated. Following the consultation the DoH will provide a response document which will set out the main findings for further consideration and the next steps in progressing the Nursing and Midwifery (Amendment) Order 2018. The agreement to regulate will clarify the lines of accountability for NAs, set out the education and training requirements to achieve NA status and support the training and development of roles traditionally taken on by registered practitioners e.g. administration of medicines.

10.16 The Trainee Nursing Associates (TNA) programme is a 2 year work based learning programme. Trainees form part of the nursing assistant establishment within their clinical placement. TNA's are paid band 3 salary during their training as per national agreement. The TNA's are released from their post for 1 day per week to attend university for the theoretical component of their learning.

10.17 The NMC have recently published Release 1 of the working draft of the *NMC Standards of proficiency for Nursing Associates.* HEIs are currently mapping their NA foundation degree/apprenticeship programmes against the draft standards to enable the HEIs to provide assurance to the NMC of comparability of their programme to the new standards.

10.18 The Trust has 84 trainee Nursing Associates in training across adult, community and children's areas. The trainees have successfully completed their first year and initial feedback reflects positively on this role within the nursing workforce.

10.19 In October 2017 the DH committed to train a further 5,000 NA's through the apprentice route in 2018, with an additional 7,500 being trained in 2019. HEE have advised any future cohorts will need to be via the apprenticeship route and funded through individual organisations apprentice levy. They have however committed to a support package of £2,500 towards placement costs and paid direct to organisations. This will be non-recurrent and only available for the first year of programme (2018).

10.20 Following this recent announcement the Trust Group have received approval to recruit a second and third cohort of Trainees in 2018. The Trust will recruit 100 trainees to commence in April and a further 50 trainees to commence in September 2018. The academic programme will be funded from the Trust apprenticeship levy.

11. Workforce Supply verses Demand – Summary

11.1 This paper has described the current position in terms of the number of Registered Nurse and Registered Midwife vacancies across the Trust Group alongside the continued efforts made to retain staff whilst actively recruiting both in the UK and international market. Significant work has been undertaken and continues to ensure that the Trust has a sustainable nursing and midwifery workforce.

11.2 The national workforce model suggests that there will continue to be a supply and demand deficit beyond 2020. The delivery and organisation of services in the future creates workforce challenges and opportunities and is significantly dependant on the development of an appropriately trained and competent workforce. There is therefore a need for the profession to embrace new roles, such as the NA role as well as considering new career pathways and new models of working which will challenge traditional thinking. The Trust remains committed to the delivery of safer staffing levels, and is working with strategic partners to ensure that the changes to nurse education and the introduction of new roles is aligned to this objective.

11.3 In line with recommendations from NHS Improvement[17][18] the Trust triangulates the staffing levels, with nurse sensitive clinical outcome indicators and patient experience. These reports are provided to the Quality and Safety Committee and Board scrutiny is provided by the Quality and Performance Scrutiny Committee. In the new Group structure Directors of Nursing will be expected to undertake a minimum of twice yearly triangulation of staffing levels against nurse sensitive indicators as part of the Trust Accountability and Oversight Framework as it develops.

12. Key Risks

12.1 The information outlined in this paper sets out the actions being undertaken to enable the Trust to continue to reduce the number of vacancies within the Nursing and Midwifery workforce recruit to funded establishments and respond to service developments which require additional nursing or midwifery staff. This risk had been registered on the Group Trust Risk Register as a medium risk and was reviewed as part of the due diligence process under the Single Hospital programme. As the strategies in this paper impact on reducing vacancy rates the risk will be continually reviewed and revised as appropriate.

13. Recommendations

13.1 The Board of Directors is asked to receive this paper, which highlights that the Nursing and Midwifery staffing position is on trajectory to achieve a reduction in vacancies and to note the actions taken to recruit and retain the correct number of staff to provide safe care to patients and service users.

13.2 An interim report setting out the vacancy position and trajectory by Hospital/MCS be provided for the HR Scrutiny Committee and incorporated in the next bi-annual report.

[17] NHSI letter to NHS Foundation Trusts and NHS Trust Directors and Medical Directors 14th July 2016
[18] Supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time – Safe sustainable and productive staffing. NQB July 2016

Hospital	Division	Ward	General Ledger Cost Centre	Funded Establishment (WTE) Dec 2017		Staff In Post (WTE) from ESR Dec 2017		Variance In Post (WTE) from ESR Dec2017"		Temporary Staffing (WTE) Dec 2017		December % of Temp staff hours used (funded est)	% Average Turnover last 12 months From ESR	% Sickness (Dec) from ESR	Qualified Vacancy %	Unqualified Vacancy %	Overall Vacancy %
				Qualified	Unqualified	Qualified	Unqualified	Qualified	Unqualified	Qualified	Unqualified						
Manchester Royal Infirmary	Medicine & Community	AM1	621520	24.60	13.71	15.80	13.26	8.80	0.45	3.30	3.80	18.53%	21.50%	2.78%	35.8%	3.3%	24.15%
		AM2	621521	22.40	15.55	10.53	15.33	11.87	0.22	4.40	0.70	13.44%	26.76%	1.97%	53.0%	1.4%	31.86%
		7 (previously ward 5)	621506	19.40	14.00	12.06	17.76	7.34	-3.76	1.10	8.50	28.74%	37.48%	7.62%	37.8%	-26.9%	10.72%
		45	621515	18.08	17.08	13.83	28.57	4.25	-11.49	1.50	3.40	13.94%	22.23%	6.06%	23.5%	-67.3%	-20.59%
		46	621518	18.08	17.88	15.40	21.05	2.68	-3.17	3.70	9.90	37.82%	22.44%	6.61%	14.8%	-17.7%	-1.36%
		31	623809	20.35	18.96	14.11	19.25	6.24	-0.29	2.90	5.30	20.86%	17.02%	5.91%	30.7%	-1.5%	15.14%
		32	623808	12.60	12.07	12.47	12.88	0.13	-0.81	1.70	3.40	20.67%	1.90%	15.10%	1.0%	-6.7%	-2.76%
		15	621508	19.31	15.84	10.86	13.86	8.45	1.98	2.30	2.70	14.22%	3.04%	5.37%	43.8%	12.5%	29.67%

		Manchester Ward	623810	14.16	23.10	11.33	16.25	2.83	6.85	1.70	5.10	18.25%	8.55%	7.29%	20.0%	29.7%	25.98%
		Acute Medical Unit	621505	62.53	35.00	55.69	31.28	6.84	3.72	4.90	7.70	12.92%	12.96%	6.04%	10.9%	10.6%	10.83%
		ED	621102	82.90	19.83	74.74	15.81	8.16	4.02	7.60	6.10	13.34%	19.99%	4.50%	9.8%	20.3%	11.86%
		OMU/ACC	621114	24.86	14.12	22.76	13.92	2.10	0.20	2.40	2.30	12.06%	18.42%	4.33%	8.4%	1.4%	5.90%
	Specialist Medicine	3	621203	20.52	12.26	21.34	11.01	-0.82	1.25	0.30	4.50	14.64%	3.94%	2.94%	-4.0%	10.2%	1.31%
		4	621204	31.80	16.90	27.69	15.57	4.11	1.33	3.10	13.40	33.88%	22.82%	7.63%	12.9%	7.9%	11.17%
		AM3	621514	15.46	12.40	15.54	13.92	-0.08	-1.52	3.90	4.20	29.07%	14.25%	9.16%	-0.5%	-12.3%	-5.74%
		AM4	621725	20.28	15.56	11.00	18.06	9.28	-2.50	4.20	4.20	23.44%	20.56%	3.60%	45.8%	-16.1%	18.92%
		44	621540	67.54	16.89	39.11	16.02	28.43	0.87	1.10	7.10	9.71%	13.93%	2.44%	42.1%	5.2%	34.70%
		36	621622	18.72	13.07	9.80	11.08	8.92	1.99	0.60	8.90	29.88%	12.31%	4.75%	47.6%	15.2%	34.32%
		37	621621	18.72	13.07	17.00	7.25	1.72	5.82	2.10	12.30	45.30%	11.57%	7.14%	9.2%	44.5%	23.72%
		Acute Cardiac Centre	621222	31.30	6.20	28.21	5.00	3.09	1.20	1.60	4.70	16.80%	33.32%	3.88%	9.9%	19.4%	11.44%
		14	621205	0.00	0.00	5.00	7.00	-5.00	-7.00	5.70	8.00	0.00%	26.67%	0.81%	-	-	-
		CICU	621054	78.80	11.03	63.44	11.42	15.36	-0.39	6.20	3.80	11.13%	20.75%	4.62%	19.5%	-3.5%	16.66%
	Surge	11&12	623698	39.18	26.19	34.60	22.26	4.58	3.93	2.10	11.10	20.19%	19.04%	4.23%	11.7%	15.0%	13.02%

	ry	Emergency Surgical Unit	623694	42.68	34.60	35.97	31.46	6.71	3.14	8.20	17.80	33.64%	16.58%	6.92%	15.7%	9.1%	12.75%
		Elective Treatment Centre	621182	29.28	20.90	31.57	25.58	-2.29	-4.68	1.80	1.90	7.37%	20.14%	11.31%	-7.8%	-22.4%	-13.89%
		MVC	623695	19.39	13.09	14.00	10.02	5.39	3.07	3.40	10.00	41.26%	25.95%	3.95%	27.8%	23.5%	26.05%
		HNSU	623697	17.08	7.97	10.92	11.46	6.16	-3.49	5.90	10.10	63.87%	0.00%	4.32%	36.1%	-43.8%	10.66%
		8	623699	20.39	14.80	11.00	16.53	9.39	-1.73	5.80	5.80	32.96%	31.43%	8.63%	46.1%	-11.7%	21.77%
		9 & 10	623696	39.18	23.91	31.80	17.20	7.38	6.71	5.90	13.90	31.38%	32.15%	3.82%	18.8%	28.1%	22.33%
Eye & Dental Hospital	**REH**	54 & 55	622817 & 622812	16.00	11.00	14.60	7.00	1.40	4.00	0.80	2.40	11.85%	19.73%	9.38%	8.8%	36.4%	20.00%
		Ophthalmology Day Case	622810	13.24	3.00	11.71	3.00	1.53	0.00	0.30	0.00	1.85%	9.13%	0.66%	11.6%	0.0%	9.42%
Children's Hospital	**RMCH**	75	625453	33.40	6.60	31.80	9.80	1.60	-3.20	1.40	1.30	6.75%	18.02%	3.27%	4.8%	-48.5%	-4.00%
		76 (ETC)	625653	30.09	9.74	29.85	7.80	0.24	1.94	1.80	0.80	6.53%	13.21%	4.74%	0.8%	19.9%	5.47%
		77	625350	42.20	7.15	31.14	7.41	11.06	-0.26	2.50	2.20	9.52%	23.12%	5.17%	26.2%	-3.6%	21.88%
		78	625351	45.94	8.40	39.33	8.06	6.61	0.34	2.00	4.40	11.78%	13.93%	4.25%	14.4%	4.0%	12.79%
		81 (Burns Unit)	625550	23.36	7.76	22.01	5.00	1.35	2.76	1.00	2.00	9.64%	16.33%	6.81%	5.8%	35.6%	13.21%

		83	625553	28.08	15.95	27.09	10.93	0.99	5.02	0.70	2.70	7.72%	2.18%	9.72%	3.5%	31.5%	13.65%
		84	625451 & 625452	38.68	10.95	48.73	11.63	-10.05	-0.68	1.00	0.80	3.63%	13.27%	6.40%	-26.0%	-6.2%	-21.62%
		84 (BMTU)	625463	33.50	5.00	28.12	6.53	5.38	-1.53	0.90	2.70	9.35%	1.86%	1.14%	16.1%	-30.6%	10.00%
		85	625450	35.90	6.75	35.52	5.40	0.38	1.35	1.70	1.30	7.03%	13.83%	7.72%	1.1%	20.0%	4.06%
		PHDU	625552	41.78	5.06	27.35	2.42	14.43	2.64	2.50	1.80	9.18%	16.51%	7.22%	34.5%	52.2%	36.44%
		PICU	625551	113.31	3.71	102.98	7.60	10.33	-3.89	8.10	0.70	7.52%	18.05%	5.10%	9.1%	-104.9%	5.50%
		Trafford Childrens resource Centre	621927	6.89	3.20	6.09	2.40	0.80	0.80	0.00	0.00	0.00%	15.20%	20.13%	11.6%	25.0%	15.86%
		Galaxy House	625767	15.20	12.00	15.73	10.60	-0.53	1.40	0.70	5.30	22.06%	19.19%	4.30%	-3.5%	11.7%	3.20%
		PED	625454	51.34	2.80	49.13	2.80	2.21	0.00	3.70	0.30	7.39%	12.43%	4.34%	4.3%	0.0%	4.08%
Trafford Hospital	**Trafford**	Ward 3 INRU	623826	22.20	35.96	16.06	27.76	6.14	8.20	1.90	11.90	23.73%	21.33%	7.37%	27.7%	22.8%	24.66%
		AMU	621912	21.52	13.00	16.10	13.61	5.42	-0.61	1.90	4.20	17.67%	20.12%	16.81%	25.2%	-4.7%	13.93%
		Manchester Orthopaedic Centre	621971	32.67	19.85	29.14	17.17	3.53	2.68	1.00	0.80	3.43%	13.53%	9.02%	10.8%	13.5%	11.82%
		Ward 1 Stroke	621966	15.10	11.32	12.00	11.46	3.10	-0.14	0.70	3.30	15.14%	9.68%	8.83%	20.5%	-1.2%	11.20%

		Unit														
		2	623828	20.26	15.57	15.06	10.16	5.20	5.41	2.20	15.30	48.84%	27.95%	14.78%	25.7%	34.7%	29.61%
		4	621928	21.34	16.68	16.53	13.60	4.81	3.08	3.10	13.40	43.40%	22.63%	13.67%	22.5%	18.5%	20.75%
		6	621929	21.34	16.68	14.06	15.86	7.28	0.82	3.70	7.80	30.25%	28.93%	11.99%	34.1%	4.9%	21.30%
		Urgent care centre	621906	22.61	3.79	20.03	2.60	2.58	1.19	2.30	0.30	9.85%	14.42%	6.29%	11.4%	31.4%	14.29%
CSS	**Clinical & Scientific**	HDU & ITU (Crit Care Nursing)	621050	247.31	28.96	222.00	17.53	25.31	11.43	13.80	0.50	5.18%	16.99%	3.94%	10.2%	39.5%	13.30%
Saint Mary's Hospital	**St Mary's**	62	622132	35.53	16.60	32.98	8.81	2.55	7.79	0.60	5.00	10.74%	12.79%	5.66%	7.2%	46.9%	19.84%
		NICU	622058+622059+622060+622066+622072+622074	286.59	20.29	233.62	5.00	52.97	15.29	9.60	0.40	3.26%	15.06%	5.36%	18.5%	75.4%	22.24%
		65	622224	14.05	7.82	13.82	5.54	0.23	2.28	1.30	0.60	8.69%	0.00%	7.52%	1.7%	29.2%	11.50%
		66	622225	13.93	13.00	21.33	10.46	-7.40	2.54	0.60	1.70	8.54%	3.34%	13.01%	-53.1%	19.5%	-18.05%

		64 - Delivery unit	622245	44.33	7.60	48.64	9.60	-4.31	-2.00	2.30	0.70	5.78%	5.23%	5.30%	-9.7%	-26.3%	-12.15%
		Salford Birth Centre	622219	-4.66	-8.60	1.53	0.00	-6.19	-8.60	0.00	0.00	0.00%	10.88%	0.00%	132.8%	100.0%	111.54%
		47	622220 & 622222	24.23	20.58	32.06	15.06	-7.83	5.52	2.20	0.50	6.03%	6.84%	3.19%	-32.3%	26.8%	-5.16%
Wythenshawe Hospital	**Clinical Support**	Acute ICU	235ATC201	78.67	7.00	75.55	1.15	3.12	5.85	4.50	0.10	5.37%	18.80%	4.18%	4.0%	83.6%	10.48%
	Scheduled Care	Acute CCU	235DDC038	26.22	5.10	26.51	3.10	-0.29	2.00	1.80	0.90	8.62%	15.90%	1.83%	-1.1%	39.2%	5.47%
		Ward F5	235DDC035	50.44	19.99	48.91	17.72	1.53	2.27	1.20	4.30	7.81%	7.65%	5.16%	3.0%	11.4%	5.40%
		CTCCU	235DDS068	177.07	17.08	154.27	13.40	22.80	3.68	0.00	0.00	0.00%	13.80%	5.01%	12.9%	21.5%	13.64%
		Ward F2 Lung Surgery	235DDS067	21.46	9.20	19.71	8.81	1.75	0.39	0.60	0.30	2.94%	21.67%	7.07%	8.2%	4.2%	6.98%
		Ward F6	235DDS065	31.44	14.72	30.48	14.44	0.96	0.28	0.40	3.20	7.80%	6.48%	3.74%	3.0%	1.9%	2.68%
		Jim Quick Ward	235DDT066	18.17	6.36	17.95	6.13	0.22	0.23	0.70	0.60	5.30%	5.13%	6.35%	1.2%	3.6%	1.83%
		Burns Unit	235DBP428	45.40	11.00	35.72	9.92	9.68	1.08	0.50	0.60	1.95%	8.45%	7.30%	21.3%	9.8%	19.08%
		Ward F1 (B&P)	235DBP427	18.09	8.26	16.80	9.08	1.29	-0.82	1.80	1.30	11.76%	6.60%	7.79%	7.1%	-9.9%	1.78%

		Ward F9	235DBE463	17.51	7.13	16.52	6.69	0.99	0.44	0.30	1.80	8.52%	12.90%	9.08%	5.7%	6.1%	5.79%
		Ward A3	235DSO437	19.77	20.63	12.89	21.55	6.88	-0.92	3.90	3.00	17.08%	40.88%	7.69%	34.8%	-4.4%	14.77%
		Ward A5	235DSO439	21.37	19.55	16.18	21.37	5.19	-1.82	2.00	2.30	10.51%	15.10%	11.79%	24.3%	-9.3%	8.23%
		Ward A2 (Surg Mgt)	235DSM364	9.80	7.18	9.29	5.15	0.51	2.03	0.70	0.20	5.30%	33.33%	13.55%	5.2%	28.3%	15.00%
		Ward A4	235DSS504	21.40	12.22	14.36	10.23	7.04	1.99	2.60	1.70	12.79%	47.71%	2.29%	32.9%	16.3%	26.87%
		Ward A6	235DSS505	23.15	14.42	21.37	13.80	1.78	0.62	1.10	2.20	8.78%	13.55%	9.52%	7.7%	4.3%	6.38%
		Ward A6	235DSU522	19.77	15.39	13.45	14.36	6.32	1.03	1.50	1.70	9.10%	13.29%	9.01%	32.0%	6.7%	20.89%
		Ward A1	235DSV083	18.00	14.80	19.16	14.47	-1.16	0.33	1.30	1.90	9.76%	11.86%	3.39%	-6.4%	2.3%	-2.52%
		Birth Centre	235DWO550	7.92	6.11	10.95	6.11	-3.03	0.00	0.10	0.50	4.28%	0.00%	7.50%	-38.3%	0.1%	-21.60%
		Team 1 Delivery Suite	235DWO543	75.63	19.64	80.55	19.71	-4.92	-0.07	0.60	1.50	2.20%	12.06%	3.03%	-6.5%	-0.3%	-5.23%
		Team 2 Ward C2	235DWO544	10.62	20.03	10.45	13.94	0.17	6.09	0.70	2.70	11.09%	0.00%	13.71%	1.6%	30.4%	20.44%
		Team 3 Ward C3	235DWO545	6.32	2.40	6.65	2.40	-0.33	0.00	0.10	0.20	3.44%	0.00%	1.07%	-5.3%	0.0%	-3.82%
		Ward F16	235DWO510	25.92	10.39	23.72	11.80	2.20	-1.41	1.00	1.30	6.33%	10.27%	9.07%	8.5%	-13.6%	2.18%
		Neonatal Unit	235DWP166	40.53	6.11	40.71	4.75	-0.18	1.36	3.10	0.00	6.65%	8.50%	5.46%	-0.4%	22.3%	2.54%

		Starlight Unit	235DWP164	54.43	12.09	52.00	8.97	2.43	3.12	0.60	1.80	3.61%	12.91%	4.10%	4.5%	25.8%	8.34%
	Unscheduled Care	Buccleuch Lodge	235ECT048	15.00	12.10	11.47	10.40	3.53	1.70	0.40	1.30	6.27%	16.00%	10.93%	23.6%	14.0%	19.31%
		Dermot Murphy Close	235ECT055	16.30	38.59	16.92	33.01	-0.62	5.58	1.00	2.70	6.74%	16.31%	9.05%	-3.8%	14.5%	9.03%
		Opal House	235EGM327	24.12	30.29	13.96	29.12	10.16	1.17	5.30	10.30	28.67%	28.70%	8.91%	42.1%	3.9%	20.82%
		Ward F14	235EGM314	20.62	15.12	14.87	14.40	5.75	0.72	3.90	5.10	25.18%	42.72%	4.19%	27.9%	4.8%	18.11%
		Ward F4 N CoE	235EGM313	12.98	12.34	10.24	13.44	2.74	-1.10	1.90	2.50	17.38%	32.27%	8.87%	21.1%	-8.9%	6.48%
		Ward F4 S CoE	235EGM301	12.98	12.34	9.12	13.24	3.86	-0.90	3.50	1.90	21.33%	43.86%	4.01%	29.7%	-7.3%	11.69%
		Ward F7 N CoE	235EGM330	12.98	12.34	10.76	10.08	2.22	2.26	1.90	4.40	24.88%	38.15%	2.44%	17.1%	18.3%	17.69%
		Ward F7 S CoE	235EGM302	12.98	12.34	9.77	12.11	3.21	0.23	1.80	4.80	26.07%	40.11%	14.46%	24.7%	1.9%	13.59%
		Ward F15	235EGS316	24.82	15.29	17.32	14.60	7.50	0.69	1.80	4.40	15.46%	14.31%	9.41%	30.2%	4.5%	20.42%
		Ward F12 (former A10)	235EQE315	22.63	14.39	16.84	17.32	5.79	-2.93	2.60	3.00	15.13%	17.37%	2.82%	25.6%	-20.4%	7.73%
		Ward A9	235EQG335	20.33	13.15	18.19	16.49	2.14	-3.34	1.20	2.90	12.25%	11.02%	7.73%	10.5%	-25.4%	-3.58%
		Pearce Ward	235EUC017	21.88	5.57	16.93	3.80	4.95	1.77	0.80	0.20	3.64%	21.70%	0.45%	22.6%	31.8%	24.47%

		POU	235EUO021	15.60	9.27	15.15	9.48	0.45	-0.21	1.80	3.10	19.70%	17.08%	7.91%	2.9%	-2.3%	0.98%
		Doyle Ward	235EUT010	19.17	11.56	16.64	9.96	2.53	1.60	2.00	4.50	21.15%	4.70%	5.32%	13.2%	13.8%	13.44%
		LTVS	235EUT039	22.65	13.33	16.28	9.80	6.37	3.53	3.40	3.70	19.73%	12.79%	7.55%	28.1%	26.5%	27.52%
		PITU	235EUT184	14.29	8.12	12.20	4.68	2.09	3.44	0.60	0.90	6.69%	7.99%	5.22%	14.6%	42.4%	24.68%
		Ward A7	235EUT312	18.02	14.59	15.07	14.60	2.95	-0.01	2.20	3.40	17.17%	8.57%	9.80%	16.4%	-0.1%	9.03%
		Wilson Ward	235EUT011	18.00	11.03	9.61	10.32	8.39	0.71	3.60	3.60	24.80%	0.00%	10.01%	46.6%	6.4%	31.34%
		AMRU	235EAA345	6.10	4.00	6.44	2.00	-0.34	2.00	0.00	0.00	0.00%	49.13%	8.03%	-5.6%	50.0%	16.44%
		AMU	235EAA319	54.79	39.38	41.84	31.23	12.95	8.15	1.20	0.20	1.49%	22.61%	4.71%	23.6%	20.7%	22.41%
		C.D.U. Dept.	235EAE173	12.20	4.10	10.64	4.76	1.56	-0.66	0.30	0.60	5.52%	8.83%	8.99%	12.8%	-16.1%	5.52%