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| REPORT TO THE BOARD OF BARNSELY HOSPITAL NHSFT | REF: | 15/02/P-07 |
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|----------------------|-------------------------------------------------------------------------------|---------------------------|-------------------|---------------------------|
| SUBJECT: | MONTHLY UPDATE ON NURSING AND MIDWIFERY STAFFING | | | |
| DATE: | FEBRUARY 2015 | | | |
| PURPOSE: | | <i>Tick as applicable</i> | | <i>Tick as applicable</i> |
| | <i>For decision/approval</i> | | <i>Assurance</i> | ✓ |
| | <i>For review</i> | ✓ | <i>Governance</i> | ✓ |
| | <i>For information</i> | | <i>Strategy</i> | |
| PREPARED BY: | Alison Bielby Deputy Director of Nursing/Heads of Nursing for CBUs | | | |
| SPONSORED BY: | Heather McNair, Director of Nursing and Quality | | | |
| PRESENTED BY: | Heather McNair, Director of Nursing and Quality | | | |

STRATEGIC CONTEXT

The Board of Directors is required to receive monthly information regarding the nursing and midwifery (trained and untrained) staffing levels across in patient areas of the Trust as per the guidance received from NHS England and the Care Quality Commission.

QUESTION(S) ADDRESSED IN THIS REPORT

1. Is the Trust meeting the requirements set out by NHS England and the Care Quality Commission to review nursing and midwifery staffing levels on a monthly basis?
2. What are current nursing and midwifery staffing shortfalls across the Trust and how are these being managed?

CONCLUSION AND RECOMMENDATION(S)

The paper fulfils national requirements to review staffing levels across the Trust. The paper also demonstrates planned versus actual staffing levels and mitigating action where required, for Board's information.

Recommendations

The Board is asked to note the report and support ongoing mitigations being put in place to manage any staffing shortfalls.

| REFERENCE/CHECKLIST | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> Which business plan objective(s) does this report relate to? | | Aim 1: Patients will experience safer care | |
| <ul style="list-style-type: none"> Has this report considered the following stakeholders? | | <i>Tick all applicable boxes</i> <input checked="" type="checkbox"/> Patients <input type="checkbox"/> BCCG <input type="checkbox"/> Other – <input checked="" type="checkbox"/> Staff <input type="checkbox"/> BMBC <i>Please state:</i> <input type="checkbox"/> Governors <input type="checkbox"/> Monitor | |
| <ul style="list-style-type: none"> Has this report reviewed the Trust's compliance with: | | <i>Tick all applicable boxes</i> <input type="checkbox"/> Regulators (eg Monitor / CQC) <input type="checkbox"/> Legal requirements (Acts, HSE, NHS Constitution, etc) <input type="checkbox"/> Equality, Diversity & Human Rights <input type="checkbox"/> The Trust's sustainability strategy | |
| <ul style="list-style-type: none"> Is this report supported by a communications plan? | <i>Tick all applicable boxes</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable <input type="checkbox"/> To be developed | <ul style="list-style-type: none"> Has this report (in draft or during development) been reviewed and supported by any Board or Executive committee within the Trust? | <input type="checkbox"/> Audit <input type="checkbox"/> Finance & Performance <input checked="" type="checkbox"/> Quality & Governance <input type="checkbox"/> ET |
| <ul style="list-style-type: none"> Where applicable, briefly identify risk issues (including any reputation) and cross reference to risk register and governance committee(s) | | | |
| <ul style="list-style-type: none"> Where applicable, state resource requirements | | Finance: | |
| | | Other: | |
| <p>NHS Constitution</p> <p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> Equality of treatment and access to services High standards of excellence and professionalism Service user preferences Cross community working Best value Accountability through local influence and scrutiny <p>The Board will also have regard to the Trust's core vision statement: <i>"To be the best integrated healthcare organisation of choice for our local communities and beyond"</i></p> | | | |

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|-----------------|------------------------------------------------|-------------|-------------------|
| Subject: | Monthly update on Nursing and Midwifery | Ref: | 15/02/P-07 |
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1. INTRODUCTION

- 1.1 Barnsley Hospital NHS Foundation Trust (BHNFT) aims to provide safe, high quality care to patients. As part of enabling this, nurse staffing levels within clinical areas are continually monitored.
- 1.2 As reported previously the Trust is required to update the Board on a monthly basis regarding the nurse staffing levels, identifying any areas where staffing has fallen below the expected levels and the steps taken to manage this.

2. BACKGROUND

- 2.1 BHNFT is committed to ensuring that levels of nursing staff match the acuity and dependency needs of patients in order to provide safe and effective care. Nurse staffing includes:
 - Registered Nurses
 - Registered Midwives
 - Unregistered health care/midwifery care assistants
 - Unregistered nursing/midwifery auxiliaries.
- 2.2 The Trust uses an e-rostering system with duty rosters created eight weeks in advance to ensure the levels and skill mix of the nursing staff on duty are appropriate for providing safe and effective care.
- 2.3 This allows for contingency plans to be made where the roster identifies that the planned staffing falls short of the minimum requirement, for example where there are vacant nursing posts or staff appointed have not started in post. These contingency plans can include: moving staff from a shift which is above the minimum required level, moving staff from another ward/area which is above the minimum required level, or the use of flexible/temporary staffing from the Trust's internal bank or via an external nursing agency.
- 2.4 Safe staffing levels are also monitored and managed on a daily basis by the ward Sister and Matron for that clinical area. A daily staffing situation report is also now in place underpinned by an updated escalation process specifically to manage nurse staffing issues.
- 2.5 Shortfalls as a consequence of short term sickness or other unplanned leave for which cover cannot be found internally by the movement of staff or the use of the in house nurse bank staff are escalated to the Heads of Nursing for authorisation of temporary staffing via a nursing agency.
- 2.6 The areas that continue to have the largest number of vacancies are in Clinical Business Unit (CBU) 1 and include wards 34 (42 beds that are combined from the merger of wards 33 and 34), 19 and 20. This can be seen in appendix 1 whereby average fill rates in these areas are lower than other areas.
- 2.7 Increased capacity for winter admissions continues to be provided by ward 29 creating capacity of 15 beds. In times of extra pressure the Trust is also flexing the bed base by

using the capacity on the Surgical Decisions Area (SDA) and the Surgical Admissions Unit (SAU)

- 2.8 The Trust continues to employ a number of agency nurses on a regular basis until the end of March 2015. These staff are being deployed appropriately to support our own employed staff in areas where there are trained staff shortfalls due to any increased sickness, vacancy or flex of beds.
- 2.9 Details of the planned shift by shift versus the actual shift by shift staffing for the adult in-patient ward areas during December 2014 are found at appendix 1.
- 2.10 Triangulation of harms using a heat map approach has been undertaken, the heat maps shows harms across all areas. Where there are staffing fill rates less than 80% the harms are shown in the table in section 5.

3. STAFFING REPORT

- 3.1 The planned Trust-wide staffing hours for registered nurses/midwives and non-registered or care staff for days and nights in hours is summarised below.

| Day | | | | Night | | | |
|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|
| Registered midwives/nurses | | Care Staff | | Registered midwives/nurses | | Care Staff | |
| 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 |
| 36635.75 | 30415.91 | 21542.5 | 21378.26 | 21756.25 | 20998.67 | 8528 | 9475 |

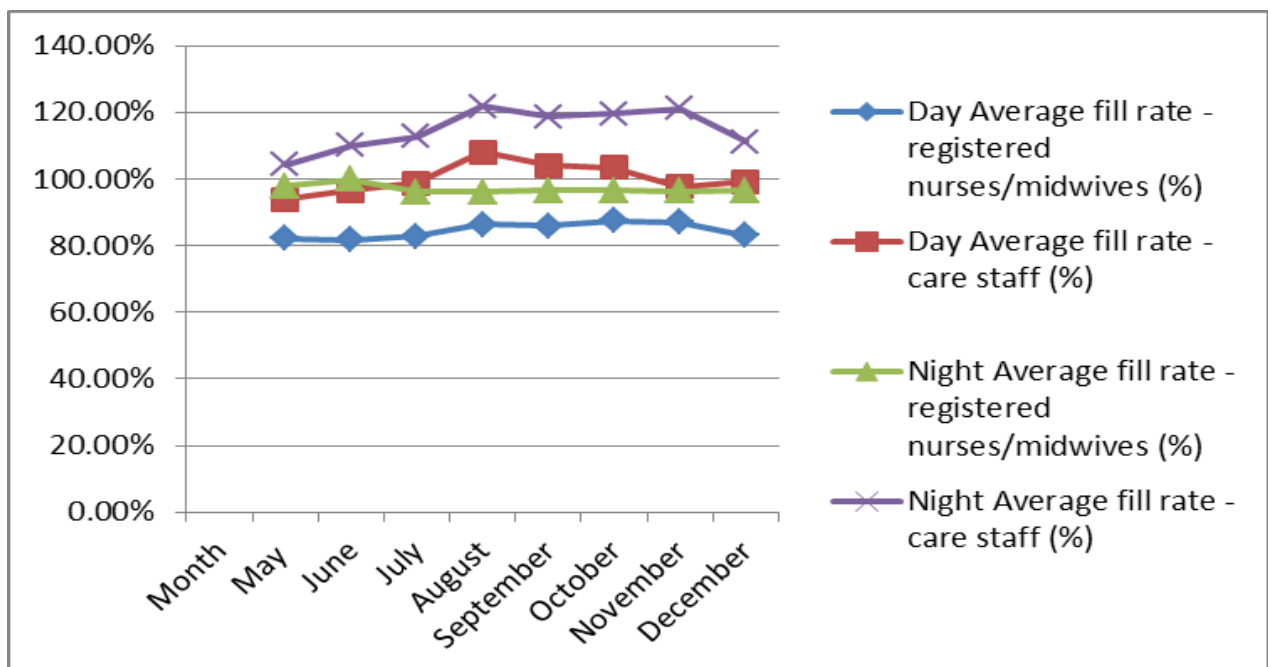
- 3.2 The average fill rates Trust-wide were as follows.

| Day | | Night | |
|----------------------------------------------------|------------------------------------|----------------------------------------------------|------------------------------------|
| Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| 83.0% | 99.2% | 96.5% | 111.1% |

- 3.3 When compared with last month the average fill rate for registered nurses/midwives for both day duty has reduced by 4.1% however night duty has increased by 1.5%. The average fill rate for care staff during the day has remained constant. The care staff on a night fill rate has reduced by 10% however this remains over 100%.
- 3.4 The trend in staffing fill levels since the requirement to publish them in May 2014 is shown in the table below. The registered nurse/midwife day fill rate remains the lowest. This is because the higher risk areas of nights are covered in the first instance due to lower planned staffing levels.

| Month | Day | | Night | |
|-----------|----------------------------------------------------|------------------------------------|----------------------------------------------------|------------------------------------|
| | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| May | 82.2% | 93.8% | 97.9% | 104.2% |
| June | 81.8% | 96.5% | 99.8% | 110.0% |
| July | 82.8% | 98.8% | 96.2% | 112.7% |
| August | 86.3% | 108.1% | 96.2% | 121.8% |
| September | 86.0% | 104.1% | 96.5% | 118.7% |
| October | 87.5% | 103.3% | 96.5% | 119.5% |
| November | 87.1% | 97.7% | 96.3% | 121.1% |
| December | 83.0% | 99.2% | 96.5% | 111.1% |

This can be seen in the graph below:



3.5 For most wards there will be a difference between the planned and actual staffing hours. Some areas will have used more hours than planned and some will have used less. The most common reason for using more staff than planned is usually related to the care needs of patients being higher than normal for that area. In all areas this month that have a large number of extra care staff, particularly at night, this is due to the number of staff who require specialising on a one to one basis. This is currently

being monitored by the Heads of Nursing. Using less staff than planned could be due to caring for patients who are less unwell or who have fewer care needs than those patients normally cared for on the ward.

- 3.6 The planned staffing level is based on optimal staffing levels and where actual staff is below this per shift the Trust has mechanisms in place to ensure that staffing on the shift remains safe. The majority of staffing shortfalls during December were due to either short term sickness, maternity leave or vacant posts.
- 3.7 On 15 December 2014 there were 47.8 wte registered nursing vacancies. Of these vacancies 13.2 wte are 'non inpatient' areas including; emergency department, dermatology and the planned investigation unit. The majority of inpatient vacancies are at band 5 staff nurse level (29.98 wte); there are 3.6 wte band 6 posts and one band 7 post. This is approximately 4% of our registered nurse establishment.
- 3.8 The majority of registered nursing vacancies, as previously reported, continue to be in CBU 1 in the Care of the Elderly and Trauma and Orthopaedics wards. However following the recent recruitment days there are a number of staff now recruited who commenced employment with the Trust in January 2015, there are five staff due to commence in February and a further 10 staff still going through employment checks with no start date as yet. Where possible these staff are being recruited to the vacancies in CBU 1.
- 3.9 The generic recruitment process continues with a rolling programme of job adverts and interviews. On 20 January 2015 a full day of interviewing was held to recruit to vacancies across the Trust, nine staff were recruited with the majority being placed in CBU 1 and 3.

4. DATA QUALITY

The data for this report has been extracted from the e-rostering system as this system should be updated and accurate. In order to confirm the accuracy of the data over the coming months a series of audits and checks will be run to validate data accuracy. Work continues to be undertaken however until these checks have been completed these early data need to be viewed with caution.

5. VARIANCE REPORT

For purposes of this report any deficit (unfilled shifts) between planned and actual staff of greater than 20% is reported together with the reasons for the variance and any actions taken to address the cause, if appropriate.

| WARD | DAY | | NIGHT | | COMMENTS /ACTION TAKEN | FURTHER ACTION REQUIRED | IDENTIFIED HARMS REPORTED ON DATIX |
|------|---------------------------------------------------|------------------------------|--------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| | Average fill rate registered nurse/midwife | Average fill rate care staff | Average fill rate registered nurse/midwife | Average fill rate care staff | | | |
| 19 | 78.4% (Increase in fill rate from last month) | 99.1% | 99.7% | 112.9% | <p>Discussed at lead Nurse performance review with lead Nurse & Matron</p> <p>Over staffing on nights due to the number of patients requiring extra support</p> <p>Recruitment into vacant posts</p> <p>Use of bank/ agency and existing staff to cover any identified planned shortfall</p> <p>Escalate gaps and risks as appropriate in accordance with Trust policy/procedure</p> <p>Continued robust absence management by lead nurse</p> | <p>KPI e roster to be monitored by the HoN until achieved through recruitment.</p> | <p>Three patient falls with adverse outcomes.</p> <p>One patient with multiple falls.</p> |
| | 66.8% (Decrease in fill rate since last month) | 105.3% | 100.0% | 130.6% | <p>Discussed at lead Nurse performance review with lead Nurse & Matron</p> <p>Rationale understood for use of additional hours through</p> | <p>KPI e roster to be monitored by the HoN until achieved through recruitment.</p> <p>Requirement for special one to one of patients to be assessed</p> | <p>One patient fall with adverse outcome</p> <p>One grade 2 pressure ulcer.</p> |

| WARD | DAY | | NIGHT | | COMMENTS /ACTION TAKEN | FURTHER ACTION REQUIRED | IDENTIFIED HARMS REPORTED ON DATIX |
|------|--------------------------------------------|------------------------------|--------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| | Average fill rate registered nurse/midwife | Average fill rate care staff | Average fill rate registered nurse/midwife | Average fill rate care staff | | | |
| 20 | | | | | <p>temporary staffing and overtime</p> <p>Over staffing on nights due to the number of patients requiring extra support</p> <p>Recruitment into vacant posts</p> <p>Use of bank/ agency and existing staff to cover any identified planned shortfall</p> <p>Escalate gaps and risks as appropriate in accordance with Trust policy/procedure</p> <p>Continued robust absence management by lead nurse</p> | each shift by the ward coordinator. | |
| AMU | 76.1% (Decrease from last month) | 92.3% | 95.3% | 99.1% | <p>Decreased staffing levels, due to long term and short term sickness over December</p> <p>Unable to fill all bank requests</p> <p>Issues highlighted in Datix by staff on duty and escalated in as appropriate in accordance with Trust policy/procedure. Staffing risk assessed.</p> | All lead nurses worked clinically | <p>Two patient falls with adverse outcomes.</p> <p>Two grade 2 pressure ulcers</p> |

| WARD | DAY | | NIGHT | | COMMENTS /ACTION TAKEN | FURTHER ACTION REQUIRED | IDENTIFIED HARMS REPORTED ON DATIX |
|------|--------------------------------------------|------------------------------|--------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Average fill rate registered nurse/midwife | Average fill rate care staff | Average fill rate registered nurse/midwife | Average fill rate care staff | | | |
| 31 | 72.7% (Decrease from last month) | 111.5% | 98.4% | 89.5% | <p>All vacancies have now been recruited to, however the ward is awaiting 1 wte registered nurse to commence in post.</p> <p>There are 2 wte registered nurses on Long Term Sickness (LTS) both are being managed by HR and OH, there is also 1 wte registered nurse on maternity leave and 1 wte registered nurse supporting winter escalation ward.</p> <p>Both staff on LTS have a management plan in place with 1 nurse returning in January to undertake non clinical duties and the other nurse going on redeployment register.</p> <p>Short term sickness has increased in December 2014 the % rate had increased to 8.03%, an increase of 2%.</p> <p>Any gaps in registered nurse duties have been back filled where possible with unregistered nursing staff.</p> <p>The HoN is monitoring the sickness rates alongside the Lead Nurse however there are no trends emerging.</p> | Continual monitoring | <p>One patient fall with adverse outcome.</p> <p>There have been two hospital acquired grade 2 pressure ulcers, both patients were on correct pathway throughout the admission and both patients had significant co morbidities..</p> <p>On all occasions when harm occurred staffing levels were not suboptimal.</p> <p>The dependency on ward 31 has increased in December as the ward has had 10+ medical outlier patients on the ward. There has been an increase in elderly and frail patients with complex needs.</p> |
| | 61.1% | 130.4% | 100.0% | 79.6% | Discussed at lead Nurse performance review with lead | KPI e roster to be monitored by the HoN until achieved through | One grade 2 pressure ulcers. |

| WARD | DAY | | NIGHT | | COMMENTS /ACTION TAKEN | FURTHER ACTION REQUIRED | IDENTIFIED HARMS REPORTED ON DATIX |
|------|--------------------------------------------|------------------------------|--------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| | Average fill rate registered nurse/midwife | Average fill rate care staff | Average fill rate registered nurse/midwife | Average fill rate care staff | | | |
| 34 | | | | | <p>Nurse & Matron</p> <p>Rationale understood for use of additional hours through temporary staffing and overtime due to staffing levels of trained staff and the requirement of specials.</p> <p>Ward establishment reviewed with head of Nursing and Lead Sister</p> | <p>recruitment.</p> <p>Requirement for special one to one of patients to be assessed each shift by the ward co-ordinator.</p> | |
| ITU | 86.1% | 57.1% | 98.0% | 0 | <p>For intensive care the skill mix supports a low % of unqualified staff.</p> <p>The role of this group of staff in the care of level 2 and 3 patients is in non-nursing duties and the rostered hours are minimal.</p> | <p>Absences for sickness of untrained staff are not critical to the delivery of direct patient care and therefore the unit can carry a short term tolerance in absence management resulting in a low fill rate for care staff</p> | No harms reported |

6. CONCLUSION

- 6.1 Staffing, whilst not always optimum across the Trust, is adequate due to the contingencies that have been put in place and patient safety is being maintained. This is shown by the reduction in hospital acquired pressure ulcers, falls with an adverse outcome and medication incidents causing harm.
- 6.2 The wards display staffing levels of planned and actuals on a daily shift by shift basis. This is closely monitored by the Matrons and the Heads of Nursing using the daily staffing situation report and shortfalls are escalated appropriately. Harms are closely monitored and triangulated where possible to staffing levels.
- 6.3 Where staffing shortfalls are continually causing concern this is identified on the Trust risk register and appropriate action taken. The areas with the highest vacancies currently are ward 33/34, ward 19 and ward 20 however appropriate actions are being taken to ensure adequate staffing, on a shift by shift basis and a recruitment plan is currently being delivered. The impact of having ward 29 open to extra in patient beds is being monitored.

Appendices:

- Appendix 1 – Fill rate indicator return. Staffing: Nursing Midwifery and care staff

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Org: RFF Barnsley Hospital NHS Foundation Trust

Period: December_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

http://www.barnsleyhospital.nhs.uk/transparency/safe-staffing/

| Validation alerts (see control panel) | Hospital Site Details | | Ward name | Main 2 Specialties on each ward | | Day | | | | Night | | | | Day | | Night | |
|------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------|-----------------|---------------------------------|---------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|----------------------------------------------------|------------------------------------|----------------------------------------------------|------------------------------------|
| | | | | | | Registered midwives/nurses | | Care Staff | | Registered midwives/nurses | | Care Staff | | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) |
| | Site code *The Site code is automatically populated when a Site name is selected | Hospital Site name | | Specialty 1 | Specialty 2 | 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 | | | | |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 14 | 502 - GYNAECOLOGY | | 787.5 | 780 | 495 | 405 | 816.5 | 816.5 | 253 | 253 | 99.0% | 81.8% | 100.0% | 100.0% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 17 | 320 - CARDIOLOGY | | 1567.5 | 1384.78 | 1162.5 | 1127.75 | 713 | 722.25 | 356.5 | 471.5 | 88.3% | 97.0% | 101.3% | 132.3% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 18 | 340 - RESPIRATORY MEDICINE | | 1747.5 | 1501.25 | 1267.5 | 1114.5 | 713 | 713 | 356.5 | 471.5 | 85.9% | 87.9% | 100.0% | 132.3% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 19 | 430 - GERIATRIC MEDICINE | | 2032.5 | 1593.83 | 1627.5 | 1612.25 | 713 | 710.92 | 713 | 805 | 78.4% | 99.1% | 99.7% | 112.9% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 20 | 430 - GERIATRIC MEDICINE | | 2032.5 | 1357.99 | 1627.5 | 1713.5 | 713 | 713 | 713 | 931.5 | 66.8% | 105.3% | 100.0% | 130.6% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | AMU | 300 - GENERAL MEDICINE | | 4297.5 | 3271.25 | 3022.5 | 2790 | 2495.5 | 2379.25 | 1426 | 1413.75 | 76.1% | 92.3% | 95.3% | 99.1% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 23 | 300 - GENERAL MEDICINE | | 1800 | 1519.44 | 1627.5 | 1516.5 | 713 | 736 | 356.5 | 506 | 84.4% | 93.2% | 103.2% | 141.9% |
| #DIV/0! | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 24 | 370 - MEDICAL ONCOLOGY | | 1091 | 986.42 | 870 | 1068.75 | 713 | 701.5 | 0 | 389.25 | 90.4% | 122.8% | 98.4% | #DIV/0! |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 28 | 301 - GASTROENTEROLOGY | | 1567 | 1347.01 | 1628.5 | 1431.01 | 713 | 694.75 | 713 | 828 | 86.0% | 87.9% | 97.4% | 116.1% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 31 | 100 - GENERAL SURGERY | 101 - UROLOGY | 2032.5 | 1478 | 1116 | 1244.5 | 713 | 701.5 | 874 | 782 | 72.7% | 111.5% | 98.4% | 89.5% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 32 | 100 - GENERAL SURGERY | 120 - ENT | 1567.5 | 1430.5 | 930 | 1080.75 | 713 | 678.5 | 356.5 | 368 | 91.3% | 116.2% | 95.2% | 103.2% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 34 | 110 - TRAUMA & ORTHOPAEDICS | | 2962.5 | 1811 | 2325 | 3031.75 | 1426 | 1426 | 1069.5 | 851 | 61.1% | 130.4% | 100.0% | 79.6% |
| #DIV/0! | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | ITU | 192 - CRITICAL CARE MEDICINE | | 3622.5 | 3117.6 | 577.5 | 330 | 2332.75 | 2285 | 0 | 0 | 86.1% | 57.1% | 98.0% | #DIV/0! |
| #DIV/0! | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | SHDU | 192 - CRITICAL CARE MEDICINE | | 775 | 770 | 387.5 | 318 | 682 | 682 | 0 | 0 | 99.4% | 82.1% | 100.0% | #DIV/0! |
| #DIV/0! | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | CCU | 320 - CARDIOLOGY | | 1335 | 1323.09 | 372 | 468.5 | 1069.5 | 1104 | 0 | 168.5 | 99.1% | 125.9% | 103.2% | #DIV/0! |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | AN/PN | 501 - OBSTETRICS | | 1710.75 | 1669.75 | 880.5 | 766.5 | 1452 | 1343.5 | 468 | 411 | 97.6% | 87.1% | 92.5% | 87.8% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | Birthing Centre | 501 - OBSTETRICS | | 2347.5 | 2013 | 501 | 465 | 2232 | 1980 | 420 | 432 | 85.8% | 92.8% | 88.7% | 102.9% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 37 | 171 - PAEDIATRIC SURGERY | | 1648 | 1489 | 632.5 | 510 | 1345 | 1219 | 80.5 | 69 | 90.4% | 80.6% | 90.6% | 85.7% |
| | RFFAA | Barnsley Hospital NHS Foundation Trust HQ | 15 | 170 - CARDIOTHORACIC SURGERY | | 1711.5 | 1572 | 492 | 384 | 1488 | 1392 | 372 | 324 | 91.8% | 78.0% | 93.5% | 87.1% |
| | | | Total | | | 36635.75 | 30415.91 | 21542.5 | 21378.26 | 21756.25 | 20998.67 | 8528 | 9475 | | | | |

