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| **Report on Nursing and Midwifery Staffing Levels – January and February 2019** |

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| For approval: |  | For discussion: |  | For assurance: | x | To note: |  |

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| **Accountable Director** | | Vicky Morris, Chief Nursing Officer | | | | | | | | | | | | |
| **Presented by** | | Vicky Morris  Chief Nursing Officer | | | | | | **Author /s** | | | Louise Pearson: Lead for Nursing and Midwifery Workforce | | | |
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| **Alignment to the Trust’s strategic priorities** | | | | | | | | | | | | | | |
| Deliver safe, high quality, compassionate patient care | | | | x | Design healthcare around the needs of our patients, with our partners | | | |  | Invest and realise the full potential of our staff to provide compassionate and personalised care | | | | x |
| Ensure the Trust is financially viable and makes the best use of resources for our patients | | | |  | Continuously improve our services to secure our reputation as the local provider of choice | | | |  |  | | | |  |
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| **Alignment to the Trust’s goals** | | | | | | | | | | | | | | |
| Timely access to our services | x | | Better quality patient care | | | x | More productive services | | | | |  | Well-Led |  |

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| **Report previously reviewed by** | | | |
| Committee/Group | | Date | Outcome |
| People and Culture | | April 2019 | Received for assurance |
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| **Assurance**: *Does this report provide assurance in respect of the Board Assurance Framework strategic risks?* | | | | | | | Y | BAF number(s) | | | 11 | | |
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| **Significant assurance** | |  | **Moderate assurance** |  | | **Limited assurance** | | |  | **No assurance** | | |  |
| *High level of confidence in delivery of existing mechanisms/objectives* | | | *General confidence in delivery of existing mechanisms /objectives* | | | *Some confidence in delivery of existing mechanisms /objectives* | | | | *No confidence in delivery* | | | |
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| Recommendations | The Board is requested to note:   * That staffing levels were safe in January and February 2019 following mitigating actions * That work continues to reduce the qualified nursing and healthcare assistant vacancies across the Trust with good progress being made in the first 3 months of 2019 * From April, in line with the revised workforce standard the Chief Nursing Officer must confirm a statement to the Trust Board that she is satisfied with the outcome of the annual assessment that staffing is safe, effective and sustainable. This will be provided for the bi-annual winter review. | | | | | | | | | | | | |

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| Executive Summary |
| This paper provides assurance to the Committee of the nursing and midwifery staffing levels for January and February 2019. It confirms that following mitigation staffing levels were safe.   * This is evidenced by the fill rates of shifts which was over 90% on days and 95% on night shifts.   Safe staffing levels and Care Hours per Patient Day (CHPPD) are monitored three times a day per ward and the data for the reporting period is contained in Appendix 1.  This table demonstrated that there were 12 wards which flagged as below fill rates and mitigations were put in place contemporaneously. The area of particular concern was Ward 16, elective orthopaedics (Alexandra Hospital) where there is a vacancy rate of over 25% which has affected both day and night shifts.  The mitigations that have been put in place to ensure patient quality and safety were:   * The moving of staff where risks were identified by ward managers and matrons, booking proactively bank and agency where vacancies were known and also short term booking where there was sickness or where increased patient acuity and demand requires increased nursing presence. * The use of block booking of agency nurses through a project managed approach with the external agency ID medical on adult wards has and remains very successful in filling shifts.   **Risks and incidents:**  There were no moderate harm incidents reported for the reporting period. There has been a reduction in the number of red flag incidents in this period compared to the previous month. This is due to the use of the managed agency service known as project nightingale. The project has supported the trust with 100 WTE nurses over a sustained period of time.  **Vacancies:**  The current qualified nursing vacancy factor trust wide is 257 whole time equivalents (WTE). There is stability in the number of Registered Nurses (RN) and Health Care Assistants (HCA) vacancies. In January and February 2019 we had 40 registered nurses commence in ward areas. In March we have a further 20 registered nurses joining the trust. We do not have any Registered Midwives (RM) vacancies.  The new Head of Midwifery is due to commence in April 2019. Staffing levels in Jan and Feb were safe. A review of staffing establishment will be undertaken in line with a new Birthrate+ review in June 2019  There remain 46 HCA vacancies, which are being actively recruited to. This number is as a result of the requirements from opening new wards. There were 50 HCA’s who joined the trust in January and February 2019 with a further 30 to join in March. The vacancy rate has reduced by 1.66%.  Wards that have over 25% vacancy rate are being monitored and a monthly support meeting convened by the Nursing Lead for Workforce and respective Ward Manager. These wards are: 8 in specialised medicine, 5 in Surgery and 3 in urgent care. Action taken has been to focus on recruitment initiatives and book block agency bookings.  Number of Nursing staff cleared each month (unconditional offers made)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **2018** |  |  |  |  |  |  |  |  |  |  |  | **2019** |  |  |  | |  | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** | **Aug** | **Sep** | **Oct** | **Nov** | **Dec** | **Jan** | **Feb** | **Mar** |  | | Registered Nurses | 15 | 18 | 12 | 14 | 12 | 17 | 22 | 31 | 29 | 18 | 13 | 13 | 34 | 29 | 21 |  | | Unregistered Nursing | 7 | 14 | 12 | 7 | 10 | 17 | 4 | 6 | 13 | 20 | 23 | 22 | 29 | 20 | 33 |  | | Total Cleared | **22** | **32** | **24** | **21** | **22** | **34** | **26** | **37** | **42** | **38** | **36** | **35** | **63** | **49** | **54** |  |   **Recruitment:**  A proactive recruitment plan is in place and key actions in month have been:   * Working With Health Education England to secure International Nurses via skype interviews which will take place from 8th April 2019 * An external recruitment event in London on 13th April * An active social media campaign * Fortnightly staffing meetings to discuss rosters, vacancies and bank usage * Working with the university to guaranteed posts on qualification for students known as the ‘Golden Ticket’ * Support for internal and external recruitment events by the Practice Development Team * The rollout of the first Nursing Associates who join the NMC register and our workforce in April 2019. * Strategic date – formerly known as UNIFY |
| Background |
| We are required to submit monthly data to NHS Strategic Data Collection Service (SDCS). This information provides the detail per ward of the nursing and midwifery staffing fill rates and bed days. This information is displayed on our website.  From September 2018, NHSI have published Care Hours Per Patient Day (CHPPD) on MY NHS and NHS choices. This measure is used alongside clinical quality and safety outcome measures to reduce unwarranted variation and support delivery of high quality, efficient patient care. This is through ward deployment of staff to care for the right patients at the right time with the right skill set to meet patients’ needs..  Fill rates are calculated from the expected level of staffing against what was actually provided. This data is produced from the safer staffing app and submitted to SDCS in response to Lord Carter’s recommendations. SDCS data is provided at Appendix 1. |
| Issues |
| Fill rates of staffing shifts For January and February 2019 wards that have triggered red have the explanation and mitigation detailed within Appendix 1.  Staffing has been reviewed by the Matrons and Divisional Directors of Nursing three times a day and by the matrons on call overnight. Mitigation processes have been activated in real time when temporary staffing measures were not achieved. These have included:   * Reviews of the acuity and dependency of patients on wards to ensure needs are being met with reduced staffing numbers. * The cancelling of training * The use of non-ward based nursing staff. Restrictions in opening extra capacity beds * The role out of Allocate safe care module which allows full visibility across both substantive and temporary workers to enable real time redeployment of staff if required  Temporary staffing The fill rates from bank and agency in January and February were 44 and 47% respectively for bank and 51 and 45% for agency with 8% of requested shifts unfilled. Table 1 below provides a breakdown of this data. The key messages are:   * Demand in Adult ward areas has increased; this is particularly driven by surge capacity required. * The use of project nightingale (project managed approach for opening of winter adult wards) has supported the increase in demand.   Table 1. Bank and agency performance |
| Winter planning Ward 4 and Ward 1 at the Alexandra Hospital have reported specific concerns with high agency requirements which has required oversight by the Matron and Divisional Nurse Director. The Chief Nursing Officer and Deputy chief nurses have provided additional oversight and regular visits to these areas. Identified the need to fast track ATRs to acquire permanent staff. Permanent ward leadership role. Continued oversight by matron. Incident reports and red flags There were 47 and 45 incidents reported respectively with the specific category of nurse/midwifery staffing. The number of reported incidents that fell within the red flag criteria had reduced from the previous reporting period.  Table 4 provides a breakdown of red flag shifts reported. Table 4 Incident reported with category nurse/midwifery staffing  |  |  |  |  | | --- | --- | --- | --- | |  | No Harm | Minor Harm | Moderate Harm | | January | 40 | 7 | 0 | | February | 44 | 1 | 0 |   There was no moderate harm incidents reported for the reporting period. There were 8 incidents that reported minor harm. All 8 were related to situations where there has been decreased staffing and are related to staffing in ED on the WRH site. In all incidents, mitigations have been put into place through the use of either bank or agency, moving staff from neighbouring wards to ensure patients’ needs were met. Staffing levels/Vacancies The data below in Table 1 highlights the funded and in post rates within the nursing workforce as of the dashboard for February 2019. |
| **Table 1**   |  |  | | --- | --- | | Vacancy for in patient wards areas & non ward areas | February 2019 | | Qualified | 210.56 | | Unqualified | 46.65 | | Total | 257.21 |   From January through to the end of February 2019 there were approximately 40 registered nurses who commence in post into vacancies on ward areas and 50 Healthcare Assistants.  In March there are approximately 20 registered nurses and 30 healthcare assistants scheduled to join the trust. The Divisions continue to actively recruit to support the additional wards at the Alexandra Hospital site (Ward 4 and Ward 1) and the winter ward on the Worcester Royal Hospital site.  The recruitment event in January at the Alexandra Hospital had over 80 applicants for Healthcare Assistant positions which will support the additional 2 medical wards due to open in April 2019. The team ran a further targeted campaign for the WRH site in March which yielded a further 60 applicants.  Table 2 below provides a summary of the vacancy rates across the Divisions.   |  |  |  |  | | --- | --- | --- | --- | | Division | RN vacancy  wte | HCA vacancy  wte | Hot spot Areas | | Speciality Medicine\* | 54.92 | (2.71) | Wards with vacancies greater than 25% of their establishment are ASU, Avon 3, Avon 4, Evergreen, Ward 2, 6, 11 and 12 | | Urgent Care | 63.32 | 1.50 | The ward with a vacancy factor of greater than 25% is Medical Assessment Unit WRH, MSSU, MAU Alexandra | | Surgery | 38.08 | 2.21 | Wards with a vacancy factor greater than 25% of their establishment is Beech A, B SCDU Trauma and Orthopaedics | | SCSD | 42.42 | 11.84 | TAU | | Women & Children | 2.21 | 9.34 | No areas above 25% |   These figures exclude the additional winter wards  Actions that will be taken by the workforce team and divisional nurse directors to support proactive recruitment in March/April are:   * Increased profiling of high vacancy areas for medicine, surgery and urgent care in forth coming local recruitment events and adverts. We are undertaking an external recruitment event with the RCN in March 19 which allows up to 10 external vacancy adverts onto the RCN bulletin, Divisional directors of nursing have provided adverts. This included targeted recruitment for specialty wards/ units rather than generic recruitment adverts. The use of social media was found to be very successful for HCAs in January and February and will be rolled forward, however this requires additional capacity within the communications team and a post is being requested to provide support. * The DDN’s with wards with vacancies greater than 25% were required to prioritise block booking of bank and agency to ensure safe cover; * A specialised managed agency project – “Project Nightingale” has been in place since December 2018 to support safe staffing of the winter wards. This has been provided through an external company supporting the Trust to fill substantive vacancies with the same agency staff from December until the end of March. This project has been extended into April to support the additional wards on both sites. * A weekly staffing meeting involving Divisional Directors of Nursing (DDNs) and Workforce Leads/ Deputy CNO was in place to provide oversight of planned staffing and actual staffing numbers and actions in place for escalation. * Wards with >25% vacancies had a monthly workforce review meeting.(these wards are provided in Table2).  Proactive Recruitment in place  * Social media continues to be actively used to raise the trust’s profile regarding nurse vacancies and opportunities being offered through targeted advertising the use of this for the recent recruitment drive Endoscopy used the targeted advertising and this resulted a 50% reduction in their vacancy rate. * Fortnightly meetings with strategic partners is in place to ensure agency partners and HR, are addressing the agency staff being used appropriately. * The reintroduction of the Nursing and Midwifery Action Group (NWAG) and NMAG has been recommenced with the initial meeting taking place in January with a task and finish group to complete the recruitment strategy made up from all divisions * The Lead for Nursing Workforce will work with HR in raising profile of nursing in local schools for Worcestershire- with the use of the SIM lab and the team going out to careers days. What can we do going forward – offer week long work experience placements for 16 year old students looking for a job within the NHS. * The Professional Development Team is supporting internal and external recruitment events planned for 2019. * The rollout of the first cohort of Nursing Associates will be in the workforce by April 2019 with 18 qualifying and taking their place on the NMC register * Flexible working. |
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| Recommendations | The Committee is requested to note:   * That staffing levels were safe in January and February 2019 following mitigating actions * That work continues to reduce the qualified nursing and healthcare assistant vacancies across the Trust with good progress being made in the first 3 months of 2019 * From April, in line with the revised workforce standard the Chief Nursing Officer must confirm a statement to the Trust Board that she is satisfied with the outcome of the annual assessment that staffing is safe, effective and sustainable. This will be provided for the bi-annual winter review. |

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| **Appendices**  **Appendix 1 – Unify Data – January and February 2019** |

**APPENDIX 1 January 2019**

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| **Jan-19** | | | | | | **Care Hours Per Patient Day (CHPPD)** | | | | | |
| **Cumulative count over the month of patients at 23:59 each day** | **Registered midwives/ nurses** | **Care Staff** | **Registered allied health professionals** | **Non-registered allied health professionals** | **Overall** |
| **WARD** | **Day** | | **Night** | | **Narrative for each red Shift** |
| **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Acute Stroke Unit | 87.1% | 96.9% | 89.0% | 125.9% |  | 925 | 4.1 | 3.7 | 0.0 | 0.0 | 7.8 |
| Avon 2 | 96.8% | 92.7% | 87.1% | 106.5% |  | 666 | 3.1 | 3.3 | 0.0 | 0.0 | 6.3 |
| Avon 3 | 98.9% | 99.2% | 87.1% | 108.1% |  | 584 | 3.6 | 3.9 | 0.0 | 0.0 | 7.5 |
| Avon 4 | 94.1% | 118.1% | 98.4% | 115.3% |  | 709 | 2.5 | 5.5 | 0.0 | 0.0 | 8.0 |
| Beech A | 100.0% | 91.4% | 68.8% | 100.0% | 1 trained under per shift but no escalation required | 642 | 2.9 | 2.7 | 0.0 | 0.0 | 5.7 |
| Beech B | 131.5% | 132.6% | 130.4% | 78.3% |  | 271 | 5.3 | 2.1 | 0.0 | 0.0 | 7.5 |
| Beech C | 83.9% | 84.9% | 101.6% | 109.7% |  | 512 | 3.3 | 3.4 | 0.0 | 0.0 | 6.8 |
| Coronary Care | 100.0% | - | 100.0% | - |  | 111 | 13.4 | 0.0 | 0.0 | 0.0 | 13.4 |
| Critical Care | 82.3% | 74.2% | 81.2% | - | Staffing levels set for patient acuity   County wide service 2 WTE vacancies in the establishment but these aren’t put out to NHSP | 136 | 26.8 | 2.1 | 0.0 | 0.0 | 28.9 |
| Critical Care | 99.2% | 80.6% | 100.3% | - |  | 328 | 22.6 | 0.9 | 0.0 | 0.0 | 23.5 |
| EGAU/ANW Gynaecology | 87.1% | 70.2% | 80.6% | 66.1% | Staff utilised for high acuity areas which has had no impact on patient care in this area. | 349 | 3.6 | 2.9 | 0.0 | 0.0 | 6.5 |
| Evergreen | 85.9% | 119.8% | 77.4% | 161.3% | Due to poor RN Fill additional HCA to cover staffing | 769 | 2.8 | 4.7 | 0.0 | 0.0 | 7.4 |
| Head and Neck | 93.6% | 93.5% | 106.5% | 48.4% | 1 HCA under per shift | 355 | 4.4 | 3.0 | 0.0 | 0.0 | 7.4 |
| Laurel 1 | 100.5% | 125.8% | 116.1% | 125.8% |  | 558 | 3.6 | 2.1 | 0.0 | 0.0 | 5.7 |
| Laurel 2 | 102.4% | 99.2% | 101.6% | 100.0% |  | 652 | 4.7 | 3.4 | 0.0 | 0.0 | 8.1 |
| Laurel 3 | 84.7% | 73.1% | 91.1% | 100.0% | Working 1 under due to patient acuity | 545 | 4.8 | 2.2 | 0.0 | 0.0 | 7.0 |
| Laurel CCU | 99.2% | - | 99.2% | - |  | 228 | 12.9 | 0.0 | 0.0 | 0.0 | 12.9 |
| Lavender Suites | 91.9% | 86.3% | 91.2% | 99.6% |  | 1003 | 15.5 | 5.4 | 0.0 | 0.0 | 20.9 |
| Medical Assessment Unit - ALX | 78.2% | 77.7% | 81.2% | 75.8% | The area has been reduced to 28 beds. Safer staffing still set to 34 beds which has resulted in <90% fill rate | 713 | 5.0 | 4.8 | 0.0 | 0.0 | 9.8 |
| Medical Assessment Unit - WRH | 90.3% | 106.5% | 103.2% | 98.9% |  | 716 | 5.0 | 3.2 | 0.0 | 0.0 | 8.2 |
| Medical Short Stay Unit | 94.8% | 73.6% | 94.7% | 98.2% | HCA staff on the ward came in and filled gaps, shifts filled by agency. | 754 | 4.3 | 3.8 | 0.0 | 0.0 | 8.1 |
| Neonatal TCU | 113.0% | 97.8% | 73.9% | 126.1% | TCU was offset by NNU as staff were deployed between wards. | 273 | 1.9 | 2.3 | 0.0 | 0.0 | 4.2 |
| Neonatal Unit | 142.6% | 95.7% | 142.6% | 95.7% |  | 464 | 8.5 | 1.1 | 0.0 | 0.0 | 9.6 |
| Riverbank | 96.8% | 87.1% | 106.7% | 106.7% |  | 549 | 10.1 | 1.9 | 0.0 | 0.0 | 12.0 |
| SCDU | 94.6% | 106.5% | 112.9% | 203.2% |  | 506 | 3.7 | 3.1 | 0.0 | 0.0 | 6.8 |
| Silver Oncology | 114.0% | 87.9% | 96.8% | 96.8% |  | 604 | 3.9 | 4.0 | 0.0 | 0.0 | 7.8 |
| Surgical High Care Unit | 107.1% | 89.1% | 107.1% | 126.1% |  | 234 | 9.3 | 2.5 | 0.0 | 0.0 | 11.9 |
| Trauma And Orthopaedics | 131.7% | 110.5% | 150.0% | 125.2% |  | 1071 | 3.2 | 3.3 | 0.0 | 0.0 | 6.6 |
| Vascular Unit | 81.6% | 66.7% | 97.6% | 62.9% | Establishment is 2 HCAs on days and 1 on nights as opposed to funding of 3 on Long days and 2 on nights which has resulted in triggering red shifts. | 549 | 5.4 | 2.2 | 0.0 | 0.0 | 7.6 |
| Ward 1 | 103.2% | 114.5% | 100.0% | - |  | 141 | 10.7 | 3.1 | 0.0 | 0.0 | 13.8 |
| Ward 10 | 103.8% | 80.6% | 101.6% | 98.4% |  | 591 | 3.2 | 2.8 | 0.0 | 0.0 | 6.0 |
| Ward 11 | 80.3% | 97.6% | 140.3% | 208.1% |  | 843 | 3.0 | 3.6 | 0.0 | 0.0 | 6.6 |
| Ward 12 | 112.9% | 108.5% | 144.1% | 125.0% |  | 1025 | 3.2 | 3.4 | 0.0 | 0.0 | 6.6 |
| Ward 14 | 91.9% | 97.8% | 104.8% | 95.2% |  | 576 | 3.1 | 3.1 | 0.0 | 0.0 | 6.3 |
| Ward 16 | 66.1% | 69.1% | 73.1% | 66.1% | Elective orthopaedics vacancy factor >25% staffing adjusted to workload as 6-12 beds can be utilised for Surge capacity | 428 | 4.2 | 3.3 | 0.0 | 0.0 | 7.5 |
| Ward 17 | 116.1% | 101.6% | 116.1% | 97.6% |  | 965 | 3.1 | 3.1 | 0.0 | 0.0 | 6.2 |
| Ward 18 | 86.4% | 88.5% | 96.8% | 146.8% |  | 799 | 3.2 | 2.8 | 0.0 | 0.0 | 6.0 |
| Ward 2 | 97.8% | 91.4% | 81.7% | 156.5% |  | 699 | 2.9 | 3.1 | 0.0 | 0.0 | 6.0 |
| Ward 4 ALX | 208.7% | 203.3% | 189.1% | 193.5% |  | 693 | 3.2 | 3.2 | 0.0 | 0.0 | 6.3 |
| Ward 5 | 78.7% | 91.9% | 76.8% | 111.3% | Working 1 under trained per shift due to vacancy factor and agency was moved to area dependent on patient acuity. | 686 | 4.2 | 2.7 | 0.0 | 0.0 | 6.9 |
| Ward 6 | 83.3% | 104.5% | 109.7% | 130.6% |  | 684 | 2.6 | 2.8 | 0.0 | 0.0 | 5.4 |

**APPENDIX 1 February 2019**

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| **Feb-19** | | | | | | **Care Hours Per Patient Day (CHPPD)** | | | | | |
| **Cumulative count over the month of patients at 23:59 each day** | **Registered midwives/ nurses** | **Care Staff** | **Registered allied health professionals** | **Non-registered allied health professionals** | **Overall** |
| **WARD** | **Day** | | **Night** | | **SUPPORTING NARRATIVE** |
| **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** | **Average fill rate - registered nurses/ midwives (%)** | **Average fill rate - care staff (%)** |
|
| Acute Stroke Unit | 86.4% | 108.3% | 81.1% | 116.3% |  | 847 | 3.9 | 3.7 | 0.0 | 0.0 | 7.6 |
| Avon 2 | 100.0% | 89.3% | 76.2% | 121.4% | Work 1 trained under per shift due to patient acuity and dependency | 601 | 3.0 | 3.4 | 0.0 | 0.0 | 6.3 |
| Avon 3 | 103.6% | 95.5% | 89.3% | 103.6% |  | 556 | 3.5 | 3.6 | 0.0 | 0.0 | 7.1 |
| Avon 4 | 98.8% | 114.6% | 101.8% | 124.1% |  | 658 | 2.6 | 5.5 | 0.0 | 0.0 | 8.0 |
| Beech A | 100.6% | 93.5% | 66.7% | 100.0% | 3RN's on nights in establishment - currently staffing with 2RN's given ↓ vacancy factor. | 572 | 2.9 | 2.8 | 0.0 | 0.0 | 5.8 |
| Beech B | 132.5% | 152.5% | 130.0% | 70.0% | 2HCAs funded on establishment currently staffing 1 HCA | 245 | 5.1 | 2.2 | 0.0 | 0.0 | 7.3 |
| Beech C | 88.1% | 86.9% | 101.8% | 119.6% |  | 456 | 3.4 | 3.7 | 0.0 | 0.0 | 7.1 |
| Coronary Care | 100.0% | - | 100.0% | - |  | 93 | 14.5 | 0.3 | 0.0 | 0.0 | 14.7 |
| Critical Care | 80.4% | 64.3% | 84.5% | - | County wide service 2 WTE vacancies in the establishment but these aren’t put out to NHSP | 121 | 27.5 | 1.8 | 0.0 | 0.0 | 29.3 |
| Critical Care | 98.9% | 82.1% | 98.9% | - |  | 289 | 23.0 | 1.0 | 0.0 | 0.0 | 24.0 |
| EGAU/ANW Gynaecology | 89.3% | 76.8% | 83.9% | 62.5% | Dependency on EGAU allowed. HCAs moved to more acute areas to support patient dependency and acuity | 276 | 4.2 | 3.4 | 0.0 | 0.0 | 7.6 |
| Evergreen | 75.9% | 108.5% | 75.0% | 154.8% | Established for 4 RNS working at 3 due to bank and agency fill additional HCA used to support area | 700 | 2.5 | 4.3 | 0.0 | 0.0 | 6.8 |
| Head and Neck | 88.3% | 94.6% | 103.6% | 50.0% | 1 HCA under per shift – no impact on patient care. | 313 | 4.4 | 3.1 | 0.0 | 0.0 | 7.5 |
| Laurel 1 | 101.2% | 122.6% | 108.9% | 117.9% |  | 537 | 3.3 | 1.9 | 0.0 | 0.0 | 5.2 |
| Laurel 2 | 105.4% | 96.4% | 100.9% | 101.8% |  | 586 | 4.7 | 3.4 | 0.0 | 0.0 | 8.1 |
| Laurel 3 | 83.0% | 73.8% | 92.0% | 117.9% | Working 1 under due to assessment of patient acuity. | 476 | 4.9 | 2.4 | 0.0 | 0.0 | 7.3 |
| Laurel CCU | 96.9% | - | 96.4% | - |  | 213 | 12.2 | 0.0 | 0.0 | 0.0 | 12.2 |
| Lavender Suites | 85.6% | 87.3% | 90.9% | 98.6% |  | 822 | 16.4 | 6.0 | 0.0 | 0.0 | 22.4 |
| Medical Assessment Unit - ALX | 76.5% | 75.6% | 79.8% | 69.6% | The areas has been reduced to 28 beds safer staffing still set to 34 beds and has resulted in < 90% fill rate. No impact on patient care. | 628 | 5.0 | 4.7 | 0.0 | 0.0 | 9.7 |
| Medical Assessment Unit - WRH | 94.3% | 115.5% | 100.7% | 92.9% |  | 638 | 5.1 | 3.3 | 0.0 | 0.0 | 8.4 |
| Medical Short Stay Unit | 90.7% | 73.1% | 83.3% | 93.0% | HCA staff on the ward came in and filled gaps and other shifts were filled by agency. | 671 | 4.1 | 3.8 | 0.0 | 0.0 | 7.8 |
| Neonatal TCU | 95.0% | 115.0% | 65.0% | 140.0% | TCU will be offset by NNU as staff were deployed between wards. No impact on patient care. | 196 | 2.0 | 3.1 | 0.0 | 0.0 | 5.1 |
| Neonatal Unit | 116.3% | 115.0% | 130.0% | 110.0% |  | 392 | 9.0 | 1.4 | 0.0 | 0.0 | 10.4 |
| Riverbank | 88.1% | 95.5% | 100.0% | 100.0% |  | 565 | 8.3 | 1.7 | 0.0 | 0.0 | 10.0 |
| SCDU | 94.6% | 103.6% | 125.0% | 210.7% | ↑rate of HCA on ward as part of pilot for increased assessment trolleys/chairs | 452 | 4.0 | 3.1 | 0.0 | 0.0 | 7.1 |
| Silver Oncology | 113.1% | 91.1% | 94.0% | 107.1% |  | 566 | 3.7 | 4.1 | 0.0 | 0.0 | 7.8 |
| Surgical High Care Unit | 109.2% | 112.5% | 109.2% | 135.0% |  | 210 | 9.5 | 2.8 | 0.0 | 0.0 | 12.3 |
| Trauma And Orthopaedics | 127.0% | 107.5% | 141.3% | 124.0% |  | 926 | 3.1 | 3.3 | 0.0 | 0.0 | 6.4 |
| Vascular Unit | 82.1% | 64.3% | 96.4% | 58.9% | Establishment is 2 HCAs on days and 1 on nights as opposed to funding of 3 on Long days and 2 on nights. No impact on patient care reported. | 493 | 5.4 | 2.1 | 0.0 | 0.0 | 7.5 |
| Ward 1 | 100.9% | 103.6% | 100.0% | - |  | 123 | 11.0 | 2.8 | 0.0 | 0.0 | 13.8 |
| Ward 10 | 99.4% | 90.5% | 101.8% | 100.0% |  | 522 | 3.2 | 3.0 | 0.0 | 0.0 | 6.3 |
| Ward 11 | 76.4% | 87.9% | 155.4% | 169.6% | Established for 4 RNs Ward Manager works in the numbers to support safe staffing | 742 | 3.1 | 3.1 | 0.0 | 0.0 | 6.3 |
| Ward 12 | 107.6% | 113.4% | 141.7% | 125.0% |  | 920 | 3.1 | 3.5 | 0.0 | 0.0 | 6.6 |
| Ward 14 | 86.9% | 98.2% | 100.0% | 94.6% |  | 507 | 3.1 | 3.2 | 0.0 | 0.0 | 6.3 |
| Ward 16 | 73.7% | 80.1% | 76.2% | 85.7% | Elective orthopaedics vacancy factor >25% staffing adjusted to workload as 6-12 beds can be utilised for Surge capacity | 453 | 3.9 | 3.4 | 0.0 | 0.0 | 7.2 |
| Ward 17 | 104.9% | 93.8% | 106.0% | 94.6% |  | 760 | 3.3 | 3.3 | 0.0 | 0.0 | 6.6 |
| Ward 18 | 87.3% | 91.8% | 101.2% | 148.2% | Additional staffing on night shifts particularly over the weekends for additional capacity opened | 709 | 3.3 | 2.9 | 0.0 | 0.0 | 6.2 |
| Ward 2 | 95.8% | 88.1% | 71.4% | 146.4% |  | 619 | 2.7 | 3.0 | 0.0 | 0.0 | 5.7 |
| Ward 5 | 78.6% | 105.4% | 82.1% | 121.4% |  | 619 | 4.4 | 3.0 | 0.0 | 0.0 | 7.4 |
| Ward 6 | 88.1% | 104.3% | 100.0% | 114.3% |  | 613 | 2.5 | 2.7 | 0.0 | 0.0 | 5.2 |