

<b>Report to:</b>	<b>Public Board of Directors</b>	<b>Agenda item:</b>	<b>10</b>
<b>Date of Meeting:</b>	<b>31 October 2018</b>		

<b>Title of Report:</b>	<b>Six Monthly Safer Staffing Report</b>
<b>Status:</b>	<b>To note</b>
<b>Board Sponsor:</b>	<b>Lisa Cheek, Interim Director of Nursing and Midwifery</b>
<b>Author:</b>	<b>Claire Fullbrook-Scanlon, Lead Nurse, Workforce Development and Education</b>
<b>Appendices</b>	<b>Appendix 1: General Adult Ward bed to staffing ratios</b>

<b>1. Executive Summary of the Report</b>
<p>There is a requirement post the publication of the Francis Report, 2013 and the launch of the Chief Nurse's nursing vision 'Compassion in Practice' that all NHS organisations will take a 6 monthly report to their board on the nurse staffing levels and whether they are adequate to meet the acuity and dependency of their patient population.</p> <p>This report serves as the six monthly safer staffing review at the Trust.</p> <p>This report covers adult inpatient wards, paediatric and midwifery services and informs the Board of relevant staffing benchmarks including those available from the Royal College of Nursing (RCN) and NHS Improvement.</p> <p>The report updates the Board on the six monthly SNCT review of adult general wards nursing establishment's undertaken in August 2018.</p> <p>The report informs the Board of the nursing and midwifery risks on the Trust's risk register and those that are the current top 6 highest risks.</p> <p>The report includes the nursing and midwifery pay costs to date in this financial year 2018/2019. The report highlights current staffing issues and explains actions taken to mitigate any concerns.</p>

<b>2. Recommendations (Note, Approve, Discuss)</b>
<p>The Board are asked to note the contents of this report which outlines the progress to date and further actions planned to ensure staffing levels are safe, effectively managed and are being published in accordance with national and local guidelines.</p>

<b>3. Legal / Regulatory Implications</b>
<p>National Quality Board Requirements ( Nov 2013, April 2016 and January 2018)  NICE Guidelines (2014 and 2015)  CQC Regulation 9: Person Centred Care  CQC Regulation 12: Safe care and treatment  CQC Regulation 18: Staffing  CQC Regulation 19: Fit and proper persons employed</p>

<b>4.</b>	<b>Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)</b>
	<ul style="list-style-type: none"> <li>• Risk to CQC registration if standards are not met</li> <li>• Non-compliance with National Quality Board and NICE requirements on staffing</li> <li>• Registered Nurse vacancies on the Risk Register</li> </ul>

<b>5.</b>	<b>Resources Implications (Financial / staffing)</b>
	Resources and financial implications to be addressed as part of the annual Trust's Business Planning cycle and informed by the recent Divisional reviewed priorities.

<b>6.</b>	<b>Equality and Diversity</b>
	Compliance with the Equality and Diversity Policy

<b>7.</b>	<b>References to previous reports</b>
	<p>Monthly Quality Report and Nursing Quality Indicators and Exception Report  Nursing, Midwifery and Care Staff Strategy January 2017  Six monthly Safer Staffing Report April 2018</p>

<b>Freedom of Information</b>
Public

## Six Monthly Safer Nurse and Midwifery Staffing Report

October 2018

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*Appendix 1: General Adult Ward staffing ratios*

## Executive Summary

- The report has provided details of the National Quality Board expectations with regard to safe staffing and updated the Board on compliance and progress made to date
- Registered Nurse (RN) vacancies continue to remain a challenge and are on the Trust's Risk Register. This risk is scored at 16 which is high, (Risk No. 1283). There are proactive recruitment and retention action plans in place. RN Band 5 vacancies were approximately 182.2 WTE at end September 2018.
- The Trust has established an active Recruitment and Retention group with action plans in place and this report informs the Board of the ongoing actions that have been taken. This includes retention work recommended by the NHSI Retention Programme.
- The Trust continues to embrace new roles and ways of working which includes Band 4 roles, Assistant Practitioners and Trainee Nursing Associates. The band 5 ward therapist role as part of the nursing team continues to be successful and has been expanded.
- The top five (moderate and high risk) nursing and midwifery staffing risks are all related to RN vacancies. Two of these risks has been reported as high risk, these being RN vacancies Trust wide and RN vacancies in the Medical Division.
- The financial position as at month 6 for nurse and midwifery staffing show an overspend position of £662,273 which continues to reflect the increased cost and usage of bank and agency nurses to cover vacancies and also staffing for increased bed capacity at times of escalation. The Medical Division at month 6, has an overspend £1,310,024. Whereas both the Surgical and Women and Children's Divisions are showing underspends.
- The nursing agency spend is currently above the NHSI control ceiling of 3% for 2018/19. As a result of the significant shortfall in RN's the trust has been above the 3% cap since the start of the financial year 2018/19. August and September 2018 has seen a significant financial impact however focused recruitment efforts continue with an improving recruitment picture since June 2018.

## Six monthly Nurse and Midwifery Safer Staffing report (October 2018)

### 1. Purpose

This report serves as a six monthly review of safer staffing at the RUH and fulfils a requirement of the National Quality Board (NQB) expectations and NICE guidance (2014) that all NHS organisations take a six monthly report to their Board of Directors on nurse staffing levels.

The report provides summary details against the NQB requirements, progress taken by the Trust to date and identifies any gaps and outlines further actions planned to be undertaken.

The report is to provide the Board with assurance regarding nursing and midwifery safe staffing.

### Background

The NQB published guidance *'How to ensure the right people, with the right skills, are in the right place at the right time'* which clarifies the expectation on all NHS bodies to ensure that every ward and every shift have the right number of nursing staff on duty to ensure that patients receive safe care. It requires Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

The Board receives regular monthly reports (Nursing Quality Indicators exception report) as part of the Quality Report and this six monthly report provides a more detailed report with regard to nursing and midwifery staffing levels.

### The NQB expectations and Trust compliance

The National Quality Board (NQB) guidance for Trusts; 'Safe Sustainable and Productive staffing' (July 2016) was produced to reflect the changes within the NHS Five Year Forward View (2014) and the Lord Carter Review *'Operational productivity and performance in English NHS acute hospitals; Unwarranted variations'* (February 2016).

The previous Safer Staffing report to the Board (April 2018) included the recommendations that had been published by the NQB these being;

*'An improvement resource for adult inpatient wards in acute hospitals'* and

*'An improvement resource for maternity services'* (January 2018) and outlined where the Trust measured against the recommendations.

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Previous NQB guidance (2014, 2016) describes a framework of how staffing should be reviewed and monitored by Trust Boards and previous six monthly safer staffing reports have demonstrated how the Trust complies with these recommendations.

For example, that the Board have access to monthly reviews of workforce metrics, quality indicators and productivity measures.

The Board receives this as individual ward level nursing quality matrices, via the Nursing Quality Indicators Chart and Exception report every month as part of the monthly Quality Report.

### Staffing benchmark Care Hours Per Patient Day (CHPPD)

The measure of CHPPD was recommended in the Carter Review and is provided in the 'Model Hospital' dashboard as a standardised measure for Trusts to benchmark against.

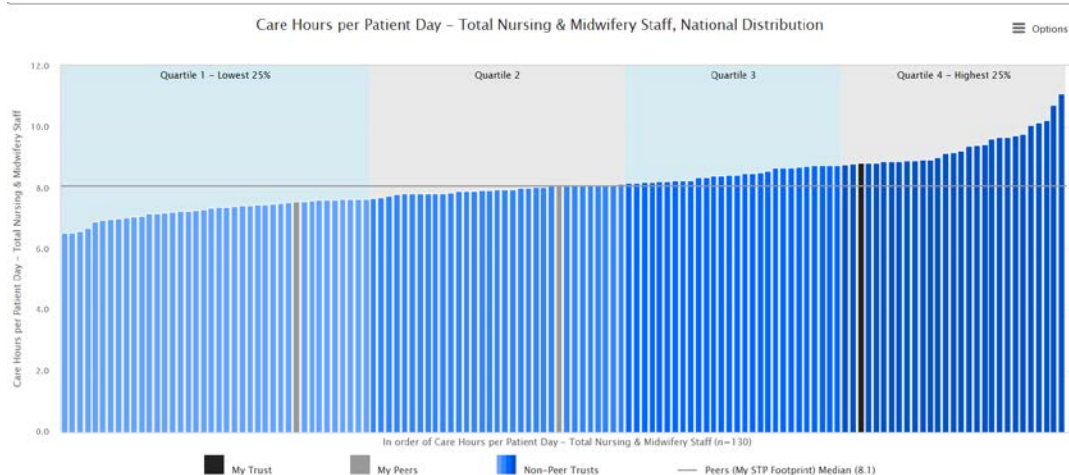
CHPPD is calculated taking the numbers of occupied beds at midnight, against the actual numbers of nursing staff (registered & non-registered) that have worked in the preceding day and night hours. This is taken from our electronic rostering system from the day shift prior to and the night shift and this data is uploaded onto Unify each month. The CHPPD data does not include the additional care provided by the ward therapists. It is intended to include the therapy contribution by the next report to board.

The monthly Nurse Quality Indicators Chart since March 2018 has included the overall CHPPD (excluding therapy contribution) for each ward and this data continues to be helpful to support the narrative around actual staffing levels when they have been outside planned levels.

Chart 1 demonstrates where the Trust (black bar) is placed within the National distribution, but also where we are placed against our local STP acute Trusts (grey bars) from left to right Great Western Hospital and Salisbury. The chart shows that our current overall CHPPD was above the median within Quartile 4 of the National distribution, and higher than that of our STP acute Trusts. This data was taken from model hospital Sept 2018

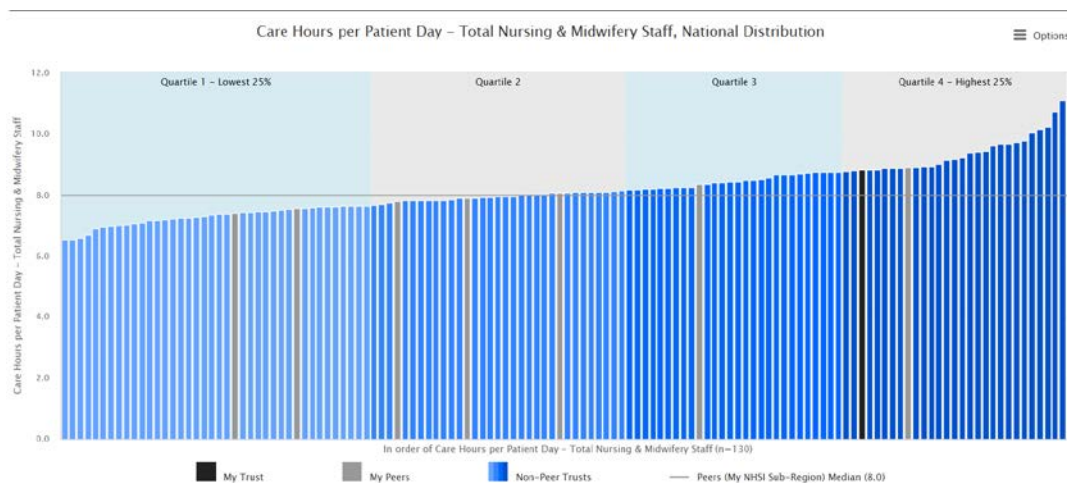
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(Chart 1)

When reviewing CHPPD within our NHS peer group, chart 2 demonstrates that in September 2018 the RUH is positioned above the median range (black bar), the highest within our peer group for CHPPD. The grey bars for our NHS sub region from left to right are: Gloucester, Great Western Hospital, Buckinghamshire, Frimley Health, Salisbury, Royal Berkshire and Oxford.



(Chart 2)

For nursing, midwifery and care staff Carter outlines the need to ensure staff rosters are efficient and productive. Rostering key performance indicators (KPIs) are in place and monitored monthly via the Nursing and Midwifery Workforce Planning Group (NMWPG). These metrics include roster completion, matron approval, and monthly 'time balances' to ensure that all the available staffing hours are being utilised.

There are some limitations to the current electronic rostering system. The Nursing and Midwifery Workforce Planning Group are supporting initiatives that will release opportunities for added benefits and efficiencies from an electronic staff rostering system. The procurement and implementation of an improved electronic rostering system has been put forward as part of the programme of work for 2018-20 for the Health Informatics Service A full business case is being taken to management board in October 2018 which contains an options appraisal exploring the ‘do nothing’ option through to a complete replacement of the current electronic-rostering system.

#### CQC Staffing actions following inspection June 2018

Following the recent CQC inspection in June 2018, staffing levels have been highlighted as a concern across the medical wards, children and young people services and within Emergency Department, particular when the department was over crowded. The CQC report has acknowledged that patient safety is constantly monitored on each ward and staff moved across the wards to meet patient needs. The Heads of Nursing/Midwifery, together with the matrons continue to monitor staffing across the divisions.

In September a new ward staffing dashboard went live. This enables staff on the wards, staffing solutions, matrons and heads of nursing to see which nurses are on duty across the hospital inclusive of agency staff and any supernumerary staff. This in turn allows safer deployment of staff when required to manage staff shortage across the divisions. There is a senior nurse on call seven days per week to advise and support staffing and agency requests.

## 2. NICE: Safe Nurse staffing of adult wards in acute settings

NICE guidance recommends that adult ward staffing levels are reviewed at least every 6 months using an evidence based tool. The Trust uses a recommended tool called the Safer Nursing Care Tool (SNCT) and these reviews are completed every 6 months as a ‘snap shot’ over 20 days. The reviews are undertaken in February and August to capture winter/summer trends. The SNCT is designed for general adult inpatient wards only.

- There are several recognised limitations of the tool, these being:
- Reliant on nurses subjectively categorising patients dependency
- Ward layout/environmental issues
- May not capture staffing requirements where there is very high throughput
- Snap shot review and impact of beds being closed e.g. Infection control

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Consequently, the NQB guidance makes reference to the importance of professional judgement as well as considering the results from the SNCT when making any decisions about staffing levels. The results of these reviews are always carefully considered using professional judgement by the Senior Sisters/Charge Nurses, Matrons and Heads of Nursing prior to making any final recommendations.

### 3.1 Surgical Division SNCT

The latest SNCT review in August 2018, has identified one ward requiring a closer review because of a suggested gap (more than 3.0 WTE) between funded establishment and levels suggested by the tool.

The SNCT in August 2018 suggested potential under establishments in Forrester Brown and Pierce wards. This is in keeping with the previous findings in the February 2018 report. The current funded establishment for these wards is lower than recommended, therefore a skill mix review will be undertaken and business case developed if necessary.

<b>WARD</b>	<b>No: Beds</b>	<b>*Funded Est</b>	<b>Suggested Est</b>	<b>Variance</b>
Forrester Brown	28	41.41	45.65	-4.24
Pierce	28	42.21	43.87	-1.66
Phillip Yeoman	20	26.61	21.56	5.05
Robin Smith	28	41.60	41.27	0.33
Pulteney	30	46.09	awaiting result	
<b>Total</b>				<b>- 0.52</b>

The review also suggested over establishment on Phillip Yeoman ward. This is an anomaly as the ward has recently been ring-fenced for elective orthopaedic surgery in line with Getting it Right First Time (GIRFT) recommendations. This means that the ward cannot be used for any other patient group. The ward is funded and staffed for the maximum capacity of 20 beds. However, due the nature of elective surgery the requirement for these beds is variable and at times unpredictable. When patient numbers are lower, staff are redeployed within the division.

The Head of Nursing, Matron and Senior Sisters for these wards will be working through the current establishment as part of budget setting, exploring opportunities for different ways of working as part of this process and in light of the changing care needs of the patient population.

### 3.2 Medical Division SNCT

The latest SNCT review August 2018, Table 2 below, has identified 6 wards requiring a closer review because of a suggested gap (more than 3.0 WTE) between funded establishment and levels suggested by the tool.

Table 2 - MEDICAL DIVISION				
Ward	No: beds	*Funded Est:	Suggested Est:	Variance
ACE	27	47.80	37.99	9.81
ASU	26	46.77	40.97	5.80
Cardiac	36	41.32	47.95	-6.63
CCU	8	18.75	17.05	1.70
Cheselden	22	29.50	37.11	-7.61
Combe	26	39.47	38.23	1.24
Haygarth	27	38.54	38.61	-0.07
Helena	17	33.24	26.75	6.49
Midford	30	42.84	35.80	7.04
MSS	18	24.15	Awaiting result	
Parry	28	36.90	41.43	-4.53
Waterhouse	24	36.15	36.25	-0.10
Respiratory	33	43.45	51.47	-8.02
William Budd	22	32.88	35.53	-2.65
<b>Total variance</b>				<b>2.47</b>

The Head of Nursing and Matrons are currently undertaking a full skill mix review across the medical division as part of business planning. The results of the SNCT will provide the data to ensure that any movement of staff required to rebase the nursing skill mix across will happen prior to any business case submissions.

The Head of Nursing has scrutinised these results. The results in some areas do not appear to reflect accurately the patient acuity. The Head of Nursing is investigating this anomaly. The skill mix review being undertaken by Head of Nursing for medicine will take into consideration the SNCT results from August 2018 and previous data collected in February 2018 and professional judgement. In discussion with the Lead Nurse for Workforce and interim Director of Nursing & Midwifery it has been agreed that a peer review against all inpatient areas undertaking SNCT in February 2019 will be completed. Of note, Midford ward was reduced to 25 beds from 30 during the month of August due to high staff vacancy levels but remains funded for 30 beds.

In order to mitigate against the registered nurse (RN) vacancies there are Band 5 therapists working on the wards to support the registered nurses. Currently we have these on the following wards: ASU, Respiratory, Haygarth, Waterhouse, Parry, William Budd and Combe.

**Main findings from SNCT for Medical Division**

- Respiratory ward has again shown a deficit within the RN establishment. A business case has been written for an increase in establishment, which has been discussed at the medicine performance meetings. In order to mitigate against the shortfall in RN's Respiratory ward have an Occupational therapist and a Physiotherapist working within the nursing team to support the registered nurses, however these two posts are not included in the SNCT data. Respiratory Ward has strong leadership and has not flagged on the quality indicators in the previous six months.
- Helena – Establishment has been reviewed, however the staffing levels remain over the recommendations due to the nature of their patients. The clinical needs vary depending on neurological and respiratory status of these rehabilitation patients. Head of Nursing and matron will continue to review staffing levels and staffing flexibility. There is currently a skill mix review within Medicine and SNCT data will be considered.
- Cheselden –The SNCT data recommends an increase in staffing. The Head of Nursing and matron aims to review establishment although the ward has not flagged on the monthly Nurse quality indicators and continues to have strong leadership.
- Cardiac – SNCT data show an under establishment of 6.63 wte. The Head of Nursing and interim Matron is reviewing the establishment, skill mix and patient dependency. During August the ward reported 19 level 2 patients. The Head of Nursing and Matron aims to further scrutinise this data for accuracy. A Nursing Intervention Support Team (NIST) was undertaken on Cardiac ward early in 2018. The report is now complete and has been presented to the team. There are a number of actions that the ward are now taking forward and the work is being led by the senior charge nurse supported by the interim Matron. During the NIST intervention feedback was obtained from student nurses who highlighted a friendly, supportive and skilled workforce. Throughout the report it was apparent that the staff were very responsive, have learnt from patient feedback and incidents. As of the 5<sup>th</sup> November there

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will be a dedicated matron to Cardiology which will provide stability that the specialty and ward will benefit from.

- Midford – During the month of August five beds were temporarily closed on the ward due to extreme staffing pressures. Historically the ward has shown a deficit in required nursing establishment. One WTE RN has been moved from ACE OPU to Midford following the previous results of the SNCT (February 2018), which is not showing in the current budget. The SNCT in February 2019 will be undertaken with all the beds open on the ward.
- Parry – The Head of Nursing has reviewed the SNCT data results for Parry and is satisfied that the funded establishment is sufficient for this ward. Therefore the Head of Nursing is not currently planning to change the establishment. Parry ward have a ward therapist who is not included in these numbers to help support the RN's
- William Budd –The SNCT recommends a further increase of 2.65 wte. The current business case for William Budd ward will be included in the overall skill mix review for the division. In order to mitigate against the short fall the ward have a ward therapist who is working to support the RN workforce. There are two medical nurse practitioners working on William Budd to provide expertise and continuity of patient care.
- ACE – the SNCT data suggest that there is an over-establishment. ACE ward is a short stay acute care of the elderly ward with a greater number of admissions, as well two assessment beds used throughout the day by the Frailty Flying Squad. The Head of Nursing and Matron are reviewing the establishment and dependency of patients. ACE ward have also given a WTE to Midford ward, which is not showing in the current budget, based on previous SNCT results.
- ASU – the SNCT data suggest that there is an over-establishment. During the last six months Acute Stroke Unit has required additional registered nurses due to direct admissions from the emergency department into a hyper acute stroke bay. The Head of Nursing and Matron will continue to monitor and review the staffing establishment and the dependency of patients.

### 3.3 Women and Children's Division SNCT

The SNCT review is only appropriate for Charlotte ward within the Division. The SNCT review in August 2018 suggested an over-establishment of 5.19 WTE, table 3.

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The Head of Nursing/Midwifery and Matron have reviewed the SNCT data. Charlotte Ward has 22 beds, 10 of which are dedicated gynaecology beds, 8 are currently being piloted as breast care beds and 4 are for female older people who are considered medically fit for discharge.

The previous SNCT report (February 2018) suggested staffing was correctly funded. Acuity in August 2018 was unusually low therefore this has influenced the SNCT result. The Head of Nursing and Midwifery is not proposing to amend the staffing in response to this one off result.

Charlotte Ward is also undertaking an Admission Suite Pilot. All patients having elective surgery in gynaecology theatres in Princess Anne Wing are admitted directly to Charlotte ward for their admission preparation rather than, as before, admitted to the admission suite in main theatres. The patients wait in the ward patient lounge and are seen by anaesthetists and surgeons on the ward, thereby removing some of the pressures on main theatres and reducing a lengthy transfer. This creates additional work load for the staff on Charlotte Ward on the early shift with an extra 6 patients on a Monday and 4-5 additional patients for the remaining four days of the week. This process will be evaluating to determine whether Charlotte Ward will need to have its staffing establishment reviewed to ensure nursing care hours meets the patient demand.

The SNCT is not designed to be used for maternity or paediatric wards.

<b>Table 3 - Women and Children's DIVISION</b>				
<b>WARD</b>	<b>No: beds</b>	<b>*Funded Est:</b>	<b>Suggested Est:</b>	<b>Variance</b>
<b>Charlotte</b>	<b>22</b>	<b>28.56</b>	<b>23.37</b>	<b>5.19</b>
			<b>Total variance =</b>	<b>5.19</b>

#### **4.0 Paediatric Services**

##### **4.1 Children's Unit**

The only guidance available to date to support nurse staffing levels on Children's wards has been produced by the Royal College of Nursing (RCN). The latest being 'Defining Staffing Levels of Children and Young People's Services' (2013).

The Children's ward has 33 inpatient beds and admits children of all ages from babies to adolescents. The ward admits children for minor day case procedures, emergency admissions and elective inpatient surgery and medicine of many types e.g. Trauma and Orthopaedics, Ear Nose and Throat, Oncology, Endocrinology,

Respiratory etc., all requiring acute care and for some, particularly respiratory in the winter months, high dependency care.

The ward layout extends to an Outpatient facility at one end and at the other a Paediatric Assessment Unit. This is all managed as part of the Children's Ward.

In support of safe staffing levels the Senior Sister, or nurse in charge, supported by the Senior Matron for Paediatrics deploys nursing staff across and between the ward and outpatients as required. On occasions, as staffing levels and patient dependency dictates, this redeployment involves the Neonatal Unit. This flexible way of deploying staff is very efficient, but it means it is difficult to meaningfully assess against the RCN guidance. The Head of Nursing and Midwifery completed a comprehensive skill mix review of paediatric staffing across the service in July 2017, taking into consideration activity, dependency and utilisation of services and proposed some minor changes to staffing going forward. Due to the nature of unpredictable activity and acuity dependency levels such as oncology admissions and the need for chemotherapy trained nurses; unpredictable high dependency admissions and highly complex children with mental health conditions, the review resulted in no reduction of registered and non-registered staff but utilising the skill mix in a different way across the Children's ward.

National Quality Board guidance has been published in June 2018 which recommends an acuity tool for use in Children's wards. This will require the support of the IT team to implement. The Lead Nurse for Workforce and Education and Head of Midwifery are currently exploring the actions required to implement its usage.

Work also continues on the day surgery pathway, proposals to expand Paediatric Assessment Unit provision and high dependency care which is likely to impact on staffing needs.

## 4.2 Neonatal Intensive Care Unit (NICU)

The Neonatal Unit has 21 cots, 4 which are designated to intensive care, 3 to high dependency care and 14 are special care. The unit cares for approximately 500 premature and sick babies and the cots are worked flexibly depending on the requirements of these babies. The Neonatal unit is actively involved in the South West Neonatal Network and transfers babies using the appropriate criteria and pathways in the network. The unit also works closely with the maternity and paediatric services.

There is a Neonatal Outreach service which has been recently reviewed by the Senior Nurse for NICU and the Senior Matron for Paediatric and Neonatal Services in terms of skill mix. The team provides follow up for a specific group of neonates,



with the aim of reducing the length of stay and readmissions of this group of babies. Nursing staff provide 24 hour cover; there is a Senior Clinical Lead Nurse, a team of Advanced Neonatal Nurse Practitioners with extended clinical skills, a lead Senior Sister with management responsibility and on a daily basis a Sister at Band 7 or 6 on duty as Nurse in Charge on each shift. We strive to meet the British Associate of Perinatal Medicine (BAPM) recommended staffing levels. The staffing levels are collected on a shift by shift basis on the BADGER database which is submitted and monitored by the South West Neonatal Network. The flexible way the cots are designated in NICU means on occasion the shift is not staffed in line with recommended numbers, however safety is maintained by a supervisory/supernumerary nurse in charge with the support of the Senior Clinical Lead Nurse and Senior Matron.

## 5.0 Maternity Services

In previous reports Maternity Services have consistently and continuously reviewed its services and workforce in line with the recommendations and standards outlined in the national documents below:

- Safer Childbirth: Minimum Standards for the organisation and delivery of care in labour RCOG, RCM (2007)
- Staffing in Maternity Units: getting the right people in the right place at the right time. Kings Fund 2011
- Supporting NHS Providers to deliver the right staff with the right skills in the right place at the right time-safe sustainable and productive staff National Quality Board (2016)
- National Maternity Review 'Better Births' (2016) A five year forward view for maternity care. NHS England (2016)
- Safe Midwifery Staffing for Maternity Settings (NICE 2015)
- National Quality Board Safe Sustainable & Productive Staffing-an improvement resource for maternity services (2018).

In a previous six monthly safer staffing report the Board had been informed of the Trust compliance to key Midwifery NICE recommendations which include:

- Review and determine Midwifery staffing establishments every six months
- Provide one to one care in labour.

The Trust continues to comply with these recommendations.

## 5.1 National Maternity Review 'Better Births' (NHSE 2016)

In 2016 the National Maternity Review 'Better Births' (NHSE 2016) was published outlining recommendations for a five year forward vision for maternity services. In response to this in 2017 the Bath and North East Somerset/Swindon/Wiltshire Local

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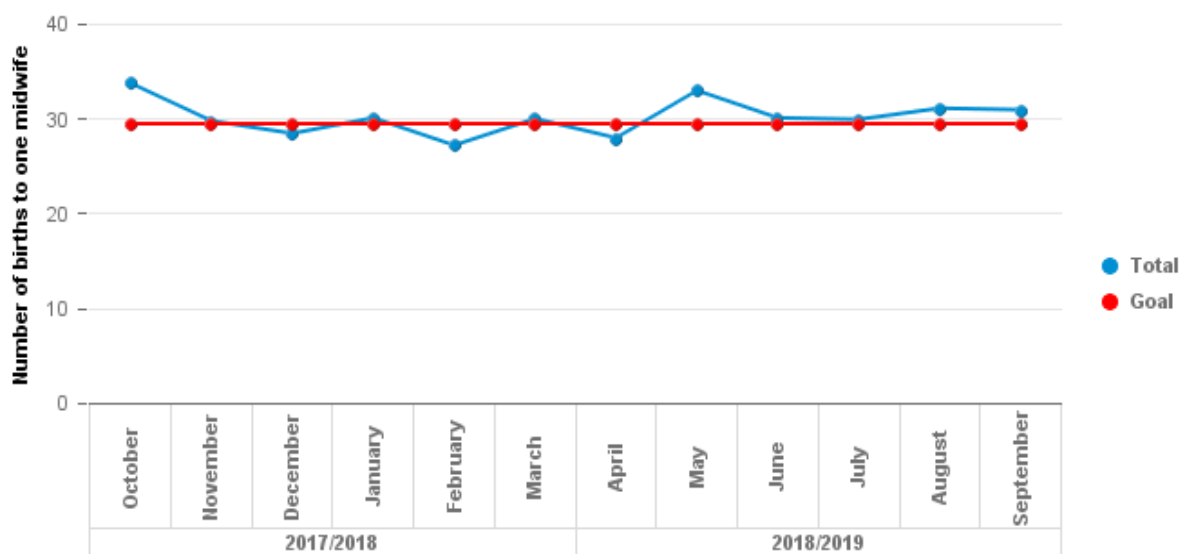
Maternity System (BSW LMS) was created, with provider, commissioner and local authority membership.

A co-created Maternity Transformation Plan was drafted towards the end of 2017 which compliments the Better Birth publication, recommending amongst other work streams, the ability to provide continuity of carer throughout pregnancy, birth and the postnatal period. Introducing this model will take consultation, thought and planning and, with our LMS colleagues, we are learning from other early adopter sites around implementation of this.

## 5.2 Midwife to Birth ratio

The Trust regularly monitors and reports its staffing of Midwife to Birth ratios as this is recommended and found within the Birthrate Plus® tool and is also endorsed by the Royal College of Midwives. The ratios are reviewed monthly against the recommended mean national ratio of one whole time equivalent (WTE) midwife per 29.5 births and these benchmarks have been reported on previous six monthly reports. See the National Midwife to Birth ratio trend, Graph 1 below.

**Graph 1**  
**Total service midwife to birth ratio by establishment (national comparison)**



The Trust's Maternity Services are through current funded establishment, able to meet the nationally recommended 1:29.5 midwife to birth ratio across the service, however this is not equitable when calculated to individual birth locations.

The midwife to birth ratio is calculated and reported on using the planned establishment rather than the actual staffing numbers, therefore the benchmark for Bath Birthing Centre in the Princess Anne Wing (PAW) and the birthing centres has a significant range on paper. In practice however, the Matrons and Senior

Midwives/On Call Managers manage the whole staffing resource and consistently deliver key characteristics of safe care such as 1:1 midwifery care in labour, induction of labour, initial assessment and emergency caesarean sections.

Any inability to provide the key characteristics e.g. 1:1 midwifery care in labour is reported as a red flag incident on Datix and reported monthly at the Nursing and Midwifery Workforce Planning Group. This occurs very infrequently.

### 5.3 Vacancies, Recruitment and Temporary Staffing

In terms of midwifery vacancies, this has remained a positive position within the service. The vacancy position has remained stable as a result of planned over-recruitment in 2018, for example purposefully over recruiting by 2.0 WTE to support the anticipated requirements and recruiting to 100% maternity leave fill rather than at 70% therefore a planned overspend to cover the service rather than reliance on bank cover. Maternity Services does not have any difficulties in recruiting midwives and always has multiple numbers of applicants for each vacancy.

Significant work has continued between the Head of Nursing and Midwifery, the Matron team and the Senior Sisters within Maternity Services in an attempt to further reduce the temporary staffing spend such as.

- Closer oversight, scrutiny and standardisation of rotas with monthly meetings with all roster creators, Matrons and Head of Midwifery to review the prospective planned roster including headroom, sickness and establishment/gaps
- All Bank staff to be booked through Staffing Solutions, with roster alterations being managed robustly
- A weekly 'face the week' conference call to review staffing and planned activity across the service for the week including the need to cancel any booked bank staff and any redeployment required to cover gaps in roster/clinical on-call
- Reduction and standardisation in the number of midwifery and support staff in community birth centres, particularly overnight and at weekends
- Community Birth Centres on call staff cross cover
- Time balances - contractual hours to be worked and time balances to be achieved
- Bath Birthing Centre off duty to ensure Band 7's are on duty on weekday shifts reducing the need for temporary staff to cover these shifts.

Actions have been successful with a much reduced staffing spend ending the financial year with an underspend on the pay budget.

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#### 5.4 Acuity and Dependency

Maternity Services continues to see an increase in the number of women with raised Body Mass Index (BMI), pre-existing medical conditions, increasing age at birth, safeguarding concerns and mental health difficulties. This has led to a significant rise in the acuity and risk profile within the service and consequently challenges in terms of skill mix within the workforce. A formal Maternity Services Review is currently being led by the Clinical Commissioning Group.

Birthrate Plus® is currently the only midwifery specific national tool that gives the intelligence and insights needed to be able to model and calculate midwifery numbers, by understanding activity, case mix, demographics and skill mix. It is recommended by the Royal College of Midwives although comes at a significant financial cost. In September 2018 Midwifery Services introduced the intrapartum element of the Birthrate Plus® tool to calculate if the correct midwifery staff are in post to safely manage the intrapartum work. The remainder of the tool has not been commissioned at this time due to the formal maternity services review which is currently under way.

Within Maternity Services considerable attention has been paid to ensuring midwifery roles and responsibilities are adjusted. Work continues to up skill the unregistered workforce in line with the general adult competencies, bringing the maternity care assistant role in line with the health care assistants on the general side. Discussions around midwifery apprenticeships as a pathway to midwifery registration are also taking place with the education team. In terms of key appointments, the service has introduced in the last year a Bereavement Lead Midwife and a Perinatal and Infant Mental Health Midwife which will undoubtedly provide leadership for the team with these elements of care but also enhance the experience of women and their families requiring this support.

#### 5.5 Maternity Services Review

In early 2017 Maternity Services launched a formal review of Maternity Services, with the aim of improving and future proofing a sustained provision of safe care, particularly focusing on choice of place of birth for women on the midwifery led pathway. Maternity services are focusing on meeting the national ambition for one to one care in labour, continuity of carer and the introduction of care closer to home, at the same time providing safe, effective and efficient midwifery care across all aspect of the maternity pathway, not only in the acute birth unit but also in the midwifery led units. Ultimately the goal of this review is to have midwives in the right place at the right time to support birth, at the same time creating an efficient service by rationalising the number of birth venues from which midwives deliver care in the community.

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## 6.0 General Adult wards Benchmarking data

The general adult ward nursing staffing levels and skill mix are reviewed regularly, for budget setting, and 6 monthly for this report.

### Recommended benchmarks

There are several recommended benchmarks that have been commonly used to support reviews of nurse staffing levels on wards, these being:

- NICE has recommended that the Registered Nurse (RN) to patient ratio should not be greater than 8 patients per RN during the day shift
- RCN guidance Safe Staffing Levels (2010) recommends a ratio of RNs in general adult wards to be 65% against Healthcare Assistants (HCAs)

## 6.1 Ratio of RN to patients 1:8

The budgeted ratio of one RN to 8 beds has been reviewed against staffing establishments agreed for April 2018/19 budgets (Appendix 1).

The Trust has recorded the staffing levels and ratios by individual adult inpatient ward for each shift and also weekday and weekend. This chart also records the ward Senior Sister's supervisory role and numbers of higher level support staff at Band 3 and 4, to provide the Board with a more accurate reflection of staffing (Appendix 1). (Please note this does not include the ward therapists supporting nursing duties).

The NICE ward ratio of 1RN:8 beds do not take into account current skill mix changes, for example Assistant Practitioners at Band 4. In addition all wards have discharge liaison support workers at band 3. The band 3 discharge liaison support workers show as Administrative and Clerical and do not show in the nursing establishment.

The issue of skill mix changes is one of the reasons that Lord Carter recommended the new measure of Care Hours Per Patient Day (CHPPD), this being in acknowledgement that other roles support patient care delivery and including Allied Health Professionals.

Appendix 1, identifies that all of the wards at the Royal United Hospital is funded to comply with the minimum standard of at least 1 RN to 8 beds during the daytime.

NICE guidance for RN to beds is only recommended for the day shift where activity is increased, as opposed to the night shift. There are two wards that have a ratio greater than 1RN:10 beds at night. These wards are Waterhouse Ward and Parry Ward. Both of these wards have an increased healthcare assistant support at night in comparison to the other wards. The Heads of Nursing and Matrons have critically

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reviewed these wards and approved the staffing levels as being appropriate. This being on the basis, that the patient acuity, dependency and occupancy levels support the agreed skill mix.

## 6.2 Ratio of RN to Non-Registered Nurse (HCA)

The Trust's RN to HCA ratio is benchmarked against the 2018/19 budgeted staffing establishments (Appendix 1).

The Royal College of Nursing (RCN) 2010 recommended ratio of RNs to HCAs as 65:35, however this does not account for skill mix changes and new roles that support nursing care delivery. These higher level support roles will have an effect on the RN to HCA ratios and this is recognised nationally, hence the new benchmark of CHPPD.

Until CHPPD becomes more current and widely used, the Trust will continue to use the RCN benchmark to review skill mix ratios and provide the Board with a rationale to support where these skills mix ratios fall outside of the RCN recommended benchmark.

Appendix 1 highlights the wards where the ratio of RN: HCA is lower than the RCN benchmark (highlighted red).

All of these wards skill mix ratios have been critically reviewed by the Heads of Nursing and all have been approved. The rationale for approving the skill mix are due to matching nurse staffing competencies and numbers of staff to the requirements of the patient case mix. For example, taking into account the:

- levels of patient acuity, dependency and ward occupancy
- number of higher level care support worker roles at Band 3 and 4

## 7.0 Nurse Recruitment and Retention

The Nursing and Midwifery Workforce Planning Group (NMWPG) is a well-established and proactive group, and is chaired by the Director of Nursing and Midwifery. There is also the Recruitment and Retention group chaired by the Head of Human Resources (HR) with robust recruitment and retention action plans in place and this is a sub-group of the NMWPG.

Table 4 below reflects the Divisional RN/Midwife/ budgeted establishments and contracted staff establishments including vacancies, maternity leave and turnover rate April 2018 September 2018. This is a combined figure for all grades of registered nurses.

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**Table 4**

Surgery	Apr	May	Jun	Jul	Aug	Sep
Est	446.1	446.1	446.1	446.1	446.1	446.1
Contracted	403.2	398.5	398.0	397.0	403.5	405.0
Vac WTE	42.9	47.6	48.1	49.1	42.6	41.1
Vac %	9.6	10.7	10.8	11.0	9.5	9.2
T/O	7.9	2.5	1.5	0.0	2.7	5.9
Starters	1.0	3.5	2.0	1.7	6.0	11.3
<b>Total Gap + Mat</b>	<b>49.9</b>	<b>46.7</b>	<b>47.7</b>	<b>56.5</b>	<b>49.0</b>	<b>44.5</b>

Medicine	Apr	May	Jun	Jul	Aug	Sep
Est	586.8	584.8	584.8	584.8	584.8	595.0
Contracted	500.0	500.8	490.3	487.7	490.0	494.6
Vac WTE	86.8	84.0	94.5	97.2	94.8	100.4
Vac %	14.8	14.4	16.2	16.6	16.2	16.9
T/O	4.8	5.3	5.2	4.6	7.1	3.2
Starters	9.9	1.0	2.0	5.0	6.6	13.0
<b>Total Gap + Mat</b>	<b>81.8</b>	<b>88.3</b>	<b>97.7</b>	<b>113.5</b>	<b>111.4</b>	<b>103.2</b>

Women & Childrens	Apr	May	Jun	Jul	Aug	Sep
Est	289.5	289.5	289.5	289.5	289.5	289.5
Contracted	278.3	279.0	274.3	274.3	270.7	276.7
Vac WTE	11.2	10.5	15.2	15.2	18.8	12.8
Vac %	3.9	3.6	5.3	5.2	6.5	4.4
T/O	1.6	3.8	1.4	5.1	3.1	2.8
Starters	0.0	0.0	1.6	1.0	4.0	10.0
<b>Total Gap + Mat</b>	<b>12.9</b>	<b>14.3</b>	<b>15.0</b>	<b>36.3</b>	<b>34.8</b>	<b>20.1</b>

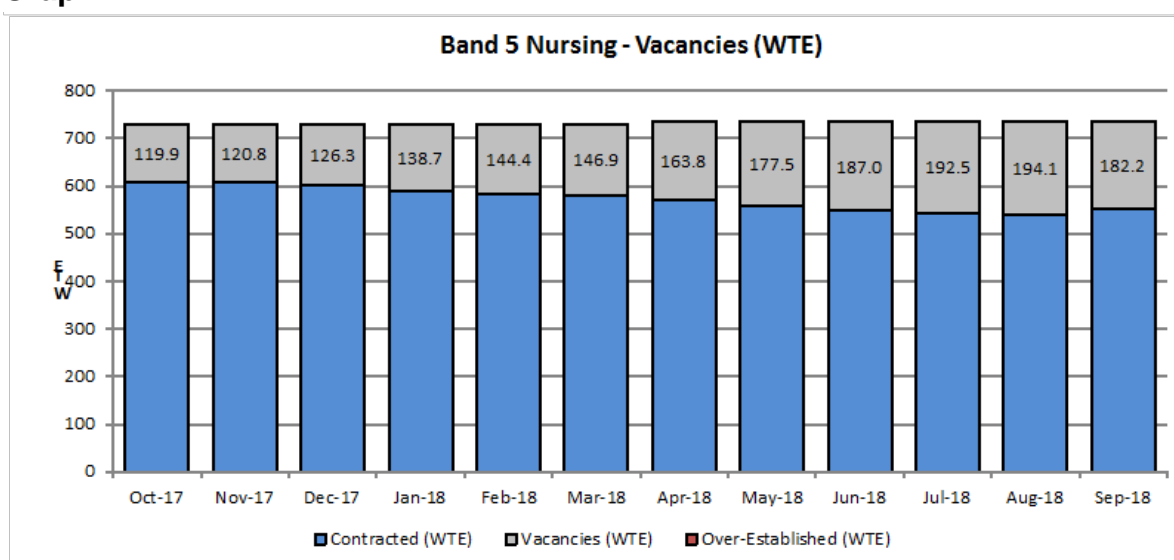
Nationally there is a shortage of qualified nursing staff. Five thousand more nurses left the NHS other than for retirement in 2017 compared to 2012 (HEE December 2017).

Recruiting Band 5 Registered Nurses is our biggest challenge and as of end September 2018 there were approximately 182.42wte (24.8%), excluding maternity leave or long term sickness, see Graph 2 below.

The RUH has seen an increase in the band 5 vacancy rate from last August 2017 of 14.3% to 15.3% July 2018. This has led to an increase in the vacancy rate for Band 5 posts from 17.8% August 2017 to 26.2% in July 2018.

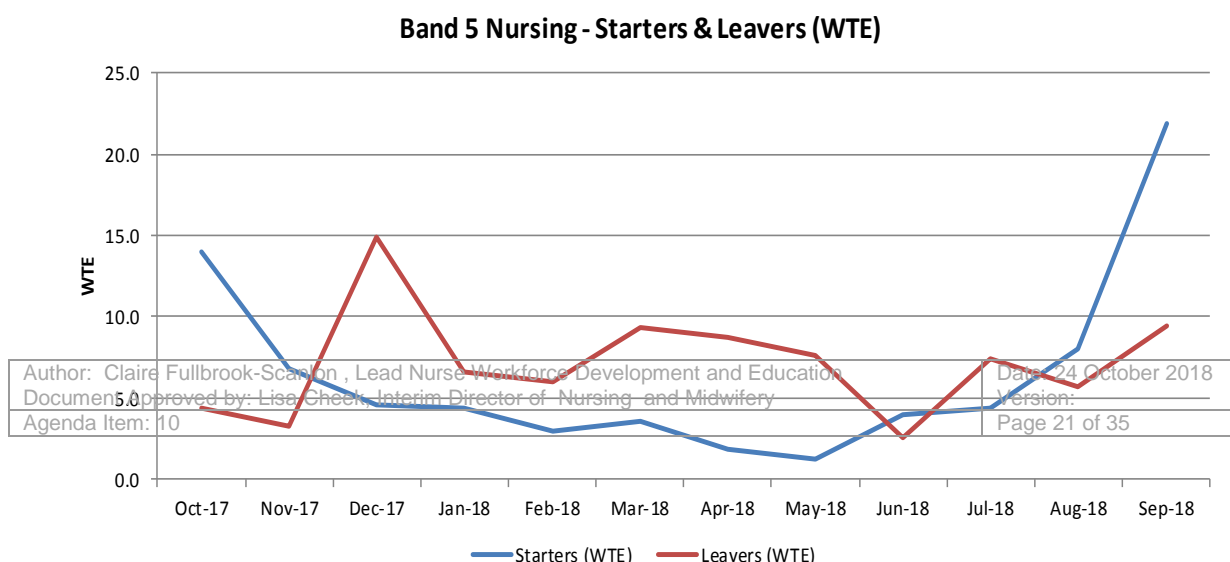
In real terms this means an increase from 129.8 WTE band 5 vacancies to 182.2 WTE at the end of September 2018. This is illustrated in graph 2 below.

**Graph 2**



Graph 3 below illustrates an increased number of band 5 starters in September 2018. This will have been influenced by newly qualified RN's and the nurses from overseas joining the Trust.

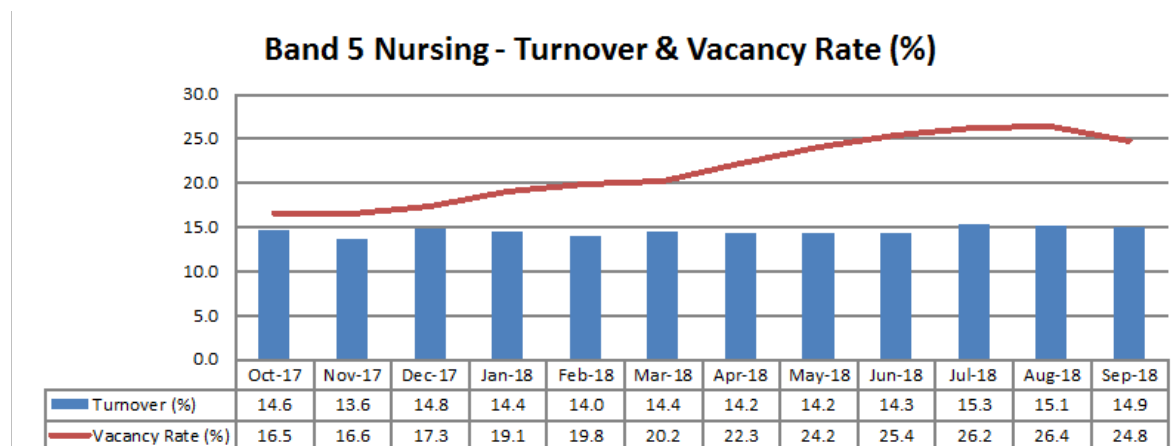
**Graph 3**





Graph 4 below illustrates that our turnover percentage of band 5's remain constant between 14 and 15% over the last twelve months.

**Graph 4**



This picture is consistent with the local and national picture.

The RUH is not an outlier within the South West for the percentage of band 5 nurses leaving their posts. Our annual turnover rate is 25.26% from July 2017 to June 2018. The range across the South West is 17.24% to 51.03% with the average being 23.91%. This is illustrated in table 5 below.

**Table 5**

By Acute - South West			
Region	South West		
Trust	Sum of Leavers (%)	Nurse Type	
		Registered Nurse - All	Band 5 Nurses
Bristol Uni F		13.40%	23.30%
Gloucestershire Hosp F		10.54%	17.24%
Great Western Hosp F		33.00%	51.03%
North Bristol		15.65%	28.57%
North Devon		12.43%	18.71%
Plymouth Uni Hosp		9.51%	19.25%
Royal Cornw all		11.11%	19.67%
Royal Devon & Exeter F		10.22%	19.87%
Royal United Bath		13.36%	25.26%
Taunton & Somerset F		14.05%	28.80%
Torbay & South Devon F		10.72%	15.94%
Weston		20.48%	24.72%
Yeovil District F		17.62%	24.56%
<b>Grand Total</b>		<b>13.99%</b>	<b>23.91%</b>

(Source..NHS Digital iView September 2018)

The staffing risk remains identified on the Trust's Risk register, risk ID: 1283 (High risk 16)

## 7.1 Recruitment and Retention

The Medical Division has the largest nursing workforce and also the highest number of vacancies. The Head of Nursing for Medicine has been proactive with all the recruitment initiatives but despite this the RN vacancy rate continues at 103 WTE approximately 19%.

Recruitment plans for RUH:

- Recruitment Open Days 25<sup>th</sup> September 2018, 29 January 2019, 13th June 2019 and 11<sup>th</sup> September 2019
- Ongoing adverts for band 5 vacancies remain live on NHS jobs
- HCA interviews being held at least monthly throughout the year
- International recruitment campaign to recruit 80 nurses from the Philippines and United Arab Emirates (UAE) continues. Seven overseas nurses have commenced in the Trust between August and October 2018. There are a further 16 overseas nurses anticipated to join the Trust before the end of December 2018. A trajectory for the remainder of the nurses is currently being progressed
- There have been three cohorts of Trainee Nursing Associates (TNA) in 2018. The first pilot group of 12 TNA's are due to complete in Spring of 2019. Once qualified they will be employed as band 4's. In October 2018 the NMC published an updated version of The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. This endorses qualified Nursing Associates to undertake administration of medicines amongst other roles in line with The Code.

### Ward Therapists Band 5

The Trust has further developed the initiative of Band 5 Therapists working as part of the ward nursing teams. Within the RUH many wards have been successfully utilising band 5 therapists Occupational Therapy/Physiotherapy to support traditionally based nursing tasks. This ensures a registered healthcare practitioner is able to provide the higher level care required in the wards where band 5wte nursing numbers are lower than budgeted for.

The ward based therapists undertake tasks such as personal care, mobilisation, and discharge planning, and supporting communication with the family. Many have been taught to record and interpret vital signs. These posts have been well evaluated by the wards and the therapists and have significantly contributed to the care provided to our patients. There are currently 14 ward based therapists supporting the nursing teams across the hospital on both medical and surgical wards.

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## Pay incentives

The Trust has reviewed its own pay incentives and benchmarked its bank pay rates with neighbouring Trusts. Current rates for registered nurses are competitive locally at top of band 5. Payments are also made that reward staff who achieve an agreed amount of hours continues on a seasonal basis i.e. summer holidays and over the winter. All staff who work over their expected shift hours on the day are offered a meal voucher in addition to the extra payment.

### **7.2 Retention initiatives taken**

In the draft workforce strategy 'Facing the Facts, Shaping the Future (2017)', Public Health England repeatedly highlight that retention of our existing staff will have the most immediate impact on workforce. The RUH have many initiatives in place to support nurse retention:-

- Bands 2-5 internal transfer scheme
- Bespoke flexible rotation schemes to nurses incorporating cross divisional working
- Promoting and supporting internal secondment opportunities
- HCA competency development pathway for bands 2-4 developed
- Supporting HCA's to apply for Health Education England (HEE) sponsorship for nurse training (5 since Jan 2017)
- Considerable investment in training and development within the RUH
- Eight Band 6/7 staff are undertaking the leadership apprenticeship within critical care
- Trainee Nursing Associate students are mainly internal candidates
- £50,000 charitable funds donated for Continuing Professional Development (CPD) for nursing
- Health Education England (HEE) funding support for advanced practice modules.
- Two additional practice facilitators in post to support newly qualified nurses in Older People Unit and those from overseas
- New role in ED of band 2 Clinical Support Workers (CSW)
- In May 2018 the RUH held its inaugural Nursing and Midwifery Conference. This is part of theme two in the Nursing and Midwifery Strategy. Following nominations there were three awards given, Care and Compassion, Making a Difference and Nurse/Midwife of the year. This was a very successful event and is now planned to be an annual conference

- Human Resources have commenced work identifying barriers to flexible working being offered within the Trust. This is ongoing and a further update will be given in the next report.

## 8.0 Divisional Staffing Issues

### 8.1 Medical Division

In June 2018 the Medicine Division was asked to set up a task and finish group to review nursing spend as part of the financial medicine recovery plan. The monthly financial report and WTE included in the Nursing and Midwifery Workforce Planning Group (NMWPG) paper will be shown differently as a breakdown of ward nurses, outpatient nurses, specialist nurses and Medical Nurse Practitioner (MNP).

This Task and Finish Group paper was shared at the October Medicine Executive Performance meeting and will be presented to the Nursing and Midwifery Workforce Planning Group at the end of October. This paper enables the reader to understand the under-establishments within wards and the historical un-funded posts which relate to winter pressures, European Working Time Directive, (EWTD) Marginal Rate Emergency Tariff (MRET) and income associated posts which are contributing to the overspend.

The Month 6 financial position is £1.3M adverse to plan for HCAs and £70k adverse to plan for registered nurses.

The Health Care Assistants are running at higher than established levels to compensate the reduction of RNs, the HCA specials and Avon Wiltshire Partnership (AWP) specials are counted in this figure. The Registered Mental Nurse (RMN) and AWP costs were up until July coming out of the medicine nursing budget instead of the corporate budget. This has now been rectified.

A review of the impact of the international nurses and Band 5s has been worked up; however it has been calculated that there will continue to be a overspend due to the turnover of registered nurses of between 4 and 5 each month. Above run rate this has been initially calculated at £201K and this has been included in the Medicine Recovery Plan.

The medical division continue to experience high vacancy levels, despite all efforts to fill these both with local national and international advertising.

#### William Budd Ward Staffing

On 31 May 2017 a chemotherapy peer review was undertaken by the Quality Surveillance Team (QST) who led on an Integrated Quality Assurance Programme

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for the NHS. This is part of the National Specialised Commissioning Directorates, Quality Assurance and Improvement Framework (QAIF).

### Actions taken

In order to mitigate against the vacancies on William Budd ward, it was agreed to staff up to current funded establishment by using bank, pool and agency nurses on all shifts. It was also agreed that nurses should not be moved from William Budd unless absolutely required for the safety of other clinical areas. This has been agreed with the support of the Head of Nursing and interim Director of Nursing and Midwifery. This remains the same action as the previous report until the ward becomes fully established.

In order to mitigate against the vacancies of RN's the ward are developing existing band 3's to broaden their skills aiming to release registered nurse time to focus on acutely ill patients.

### Emergency Department Staffing

The Emergency Department continues to experience challenging periods and problems with overcapacity. When there is a risk of overcapacity, additional HCAs are requested and agency nurses booked to support patients. In addition, the Emergency Department Matron has employed four band 7 Emergency Care Practitioners (previous paramedics) who work across the Urgent Care Centre and the Emergency Department assessing and treating patients alongside the RN's.

The Emergency Department continues to be supported by the National Health Service Improvement (NHSI) Emergency Care Support Team (ECST) providing consultancy support as and when required on specific projects. This is part of a national programme supporting the four hour target for the Emergency Department

## **8.2 Surgical Division**

The Head of Nursing for surgery has highlighted several staffing issues, these being:

Managing escalation within the Division has proved challenging and in recognition of this, the establishment on Pierce ward will be increased accordingly in this year's budget setting. This will allow a more responsive approach to changes in demand from either the surgical or the medical Division.

With Critical Care Services, the nursing team continue to operate a self-sufficient staffing model, which has over the last 12 months, reduced the reliance on high cost agency and provided a more responsive staffing model. Work to embed this new way of working will continue over the next 12 months, with the aim of realising the full

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benefits once the team is fully established. A new Matron for Critical Care has been appointed and will be commencing her role in the New Year.

The Trust has a Theatre transformation program in place, which includes a work stream looking at staffing and new ways of working. This work stream will enable the Head of Nursing and Theatre Manager to accurately map demand and capacity in line with great efficiency, which in turn will support the staffing model and reduce the reliance on overtime and additional working hours.

### **8.3 Women and Children’s Division**

The Head of Nursing and Midwifery has provided a report with regard to Paediatric and Maternity services earlier in the report. Women and Children’s Division is also responsible for Charlotte Ward a female adult ward. This ward has 22 beds, 10 are dedicated gynaecology patients, 8 are currently for breast care patients, and 4 are for female older people who are considered medically fit for discharge. The ward, working with the Senior Matron for Maternity, Gynaecology and Sexual Health are scoping some service improvement opportunities such as direct admission or outreach services for hyperemesis patients. Charlotte Ward is delighted to be in Wave 1 of the Organisational Development programme.

Charlotte Ward is undertaking an Admission Suite Pilot. All patients having elective surgery in gynaecology theatres in Princess Anne Wing are admitted directly to Charlotte ward for their admission preparation rather than, as before, admitted to the admission suite in main theatres. The patients wait in the ward patient lounge and are seen by anaesthetists and surgeons on the ward, thereby removing some of the pressures on main theatres and reducing a lengthy transfer. This creates additional work load for the staff on Charlotte Ward on the early shift with an extra 6 patients on a Monday and 4-5 additional patients for the remaining four days of the week. This process needs evaluating to determine whether Charlotte Ward will need to have its staffing establishment reviewed to ensure nursing care hours meets the patient demand.

The Paediatric Ward is experiencing a higher number than usual RN vacancies at the current time. This is due partly because of four nurses on maternity leave and there are six vacancies. The Ward recruited two RN’s in the last week which will be commencing in post in the new year. The Head of Nursing and Midwifery and Matron for Paediatrics are exploring different staffing options to support the nursing team. This includes advertisements for Registered General Nurses and Registered Mental Health nurses with an interest in working with children. The ward will be seeking to support a Trainee Nursing Associate in 2019 and are expanding the band 2 healthcare assistant roles to support the RN’s.

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## 9.0 Nursing and midwifery staffing risks on the Trust's Risk Register

The nursing and midwifery risks on the Trust's Risk Register are as below, Table 6 below, which outlines the risk score:

**Table 6**

ID	Assessment relating to	Current Rating	Status	Existing Controls
1283	Availability of nursing workforce to manage capacity (WFN)	16	↔	1. RUH Nurse Bank, Pool and Agency booking 2. Ward Nurse deployments 3. Nurse staffing escalation Policy. 4. Recruitment and Retention Group Action Plan
1544	Registered Nurse Staffing Levels within the Medical Division (WFN)	16	↔	1. Recruitment 2. Staffing levels assessed, staff are moved to mitigate the risk. 3. All unfilled shifts are out to bank and agency. 4. Overseas recruitment 5. Pay Incentives 6. Recruitment open days 7. Overtime offered to existing staff.
1429	Emergency Department Registered Nurse Recruitment (WFN)	15	↔	1. Active Recruitment is in place 2. Bank nursing staff requests are submitted in advance 3. Effective roster management is in place 4. Actively involved in the Trust-wide Open days 5. Alternative workforce review 6. Training and development programmes in place, dedicated education lead 7. Supra-numary shifts for new starters provided by dedicated clinical practice facilitator 8. risk register updated to increase risk score 21/06/2018 - now rated 15
1445	Chemotherapy and William Budd Day Care (WFN)	15	↔	1. Utilising specialist bank staff 2. Recruit agency nurse for 3 month period.
1523	Inability to provide neutropenic patients with nurse patient ratio of 1:2 as per NICE Haematology IOG	15	↔	staffing levels within establishment vary between 1RN:6 neutropenic patients - 1RN :7 neutropenic patients.
1547	Respiratory unit nurse staffing	15	↔	Divisional and Trust recruitment, advanced bank & agency booking, new roles, increased HCA numbers, alternative
1599	registered nursing staff vacancy on Robin Smith Ward	9	↓	Bank & agency shifts requested, Staff offered overtime, Surgical divisional bleep reviewing & deploying staffing.

Nursing and Midwifery risks on the Risk Register are discussed every month at the NMWPG and also reported at every Strategic Workforce Committee.

### 10.0 Nurse and Midwifery staffing expenditure

This financial year's position as of month 6 (September 2018) for nurse and midwifery staffing shows an overspend position of £662,273 Table 7 below.

The Medical Division is currently in an overspend position of £1,310,024 at month 6, Table 7 below, whereas the Surgical and Women and Children's Divisions are performing well and both showing underspends at month The medical division task and finish group explained previously in this report has been presented to Medicine Executive Performance.

The Head of Nursing in the Medical Division updates the NMWPG every month on nursing expenditure. The main reason for the current overspend position is to provide nurse staffing for the wards and departments where there are shortfalls either through vacancies or during periods of bed escalation. The costs are attributed to temporary staffing including Pool nurses. Table 7 illustrates the current financial position compared to previous year.

**Table 7**

Division	2017-18 M6	M12 2017-18		M12 2017-18		
	Budgeted WTE	Worked WTE	Variance WTE	Budget (£)	Actual (£)	Variance (£)
MEDICAL DIVISION	883	911	28	31,575,549	33,231,651	1,656,102
SURGICAL DIVISION	578	605	27	21,438,476	21,397,201	-41,275
WOMEN AND CHILDREN'S DIVISION	371	361	-10	15,465,628	15,393,730	-71,898
<b>Total</b>	<b>1,832</b>	<b>1,877</b>	<b>65</b>	<b>68,479,653</b>	<b>70,022,583</b>	<b>1,542,930</b>
Division	2018-19 M6	M6 2018-19		M6 2018-19		
	Budgeted WTE	Worked WTE	Variance WTE	Budget (£)	Actual (£)	Variance (£)
MEDICAL DIVISION	891	807	38	16,708,554	18,018,578	1,310,024
SURGICAL DIVISION	579	545	14	11,431,648	10,959,693	-471,955
WOMEN AND CHILDREN'S DIVISION	382	371	-17	8,238,245	8,062,449	-175,796
<b>Total</b>	<b>1,853</b>	<b>1,887</b>	<b>34</b>	<b>36,378,447</b>	<b>37,040,720</b>	<b>662,273</b>



### 10.1 Agency and Bank spend

The analysis of nursing agency and bank costs Table 8 below demonstrates an increase in Bank costs and rise in demand for nursing hours over the last year.

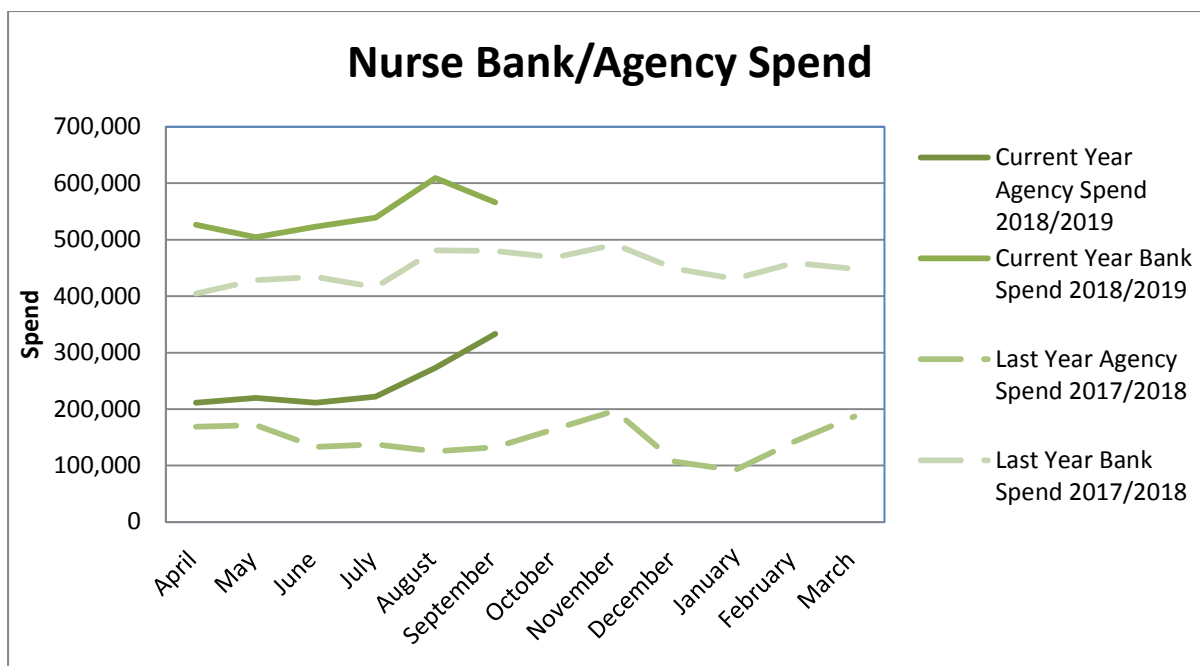
**Table 8**

Months	Current Year Agency Spend 2018/2019	Current Year Bank Spend 2018/2019	Last Year Agency Spend 2017/2018	Last Year Bank Spend 2017/2018
April	211,112	526,348	168,906.00	404,890.00
May	220,023	504,501	171,504.00	428,546.00
June	211,373	523,033	132,831.00	433,874.00
July	221,880	538,806	137,441.00	415,704.00
August	272,830	609,234	125,336.00	481,112.00
September	333,360	566,454	132,741.00	480,202.00
October			164,767.00	468,540.00
November			197,021.00	491,270.00
December			106,746.00	448,739.00
January			91,521.00	430,497.00
February			142,720.00	459,121.00
March			186,776.00	448,451.00
<b>TOTAL</b>	<b>1,470,577</b>	<b>3,268,375</b>	<b>1,758,310.00</b>	<b>5,390,946.00</b>

Table 8 above, demonstrates that Agency costs have increased since last year. Recruitment to the Nurse Bank and Pool, both RN and HCA has been positive and the Bank increased its staff numbers over the last year to a headcount of approximately 582.

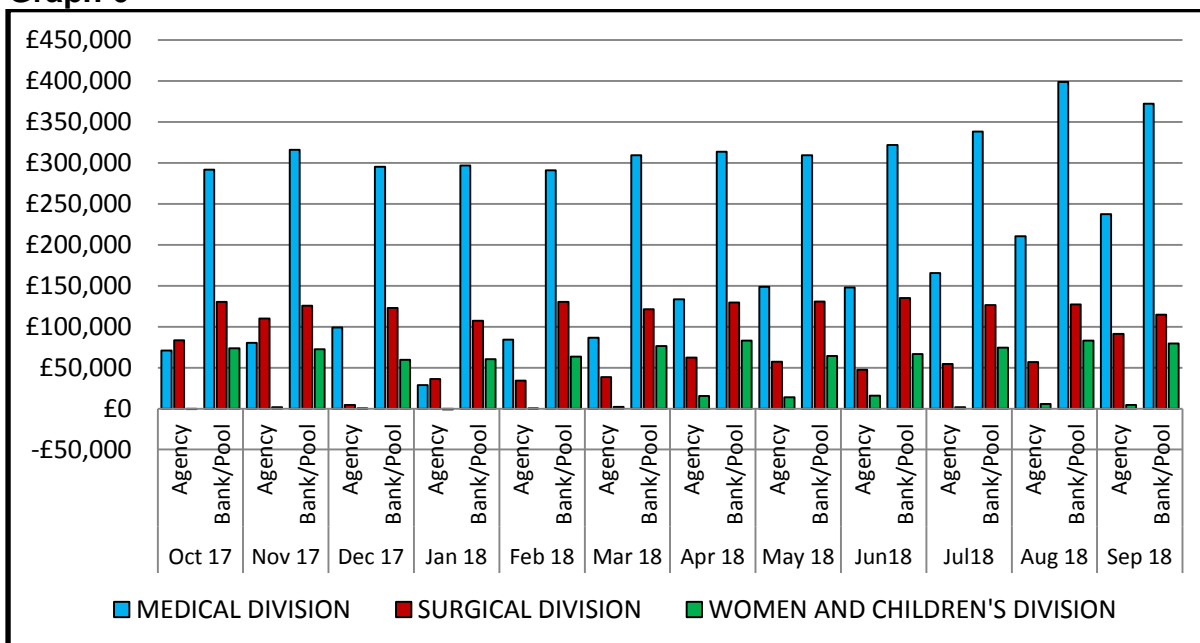
Graph 5 below demonstrates the month by month spend on Bank and Agency staff and the increase this financial year from last year 2016/17. The increase in bank costs is also noted from last year.

Graph 5



The Division with the highest use of nursing shifts Bank/Pool and Agency and therefore costs are attributed to the Medical Division. This reflects their high RN vacancy rate and pay overspends this year, see Graph 6 below:

Graph 6



The challenges of covering nursing vacancies at times of increased bed capacity remains difficult and day to day safe staffing is closely managed and overseen by the Matrons and Heads of Nursing.

## 10.2 NHSI Agency Nursing rules and compliance

The NHSI agency price ‘cap’ was introduced initially for nursing staff from October 2015 and the rules then progressed to include setting annual price ceilings for the amount of agency spend.

The nursing rules include:

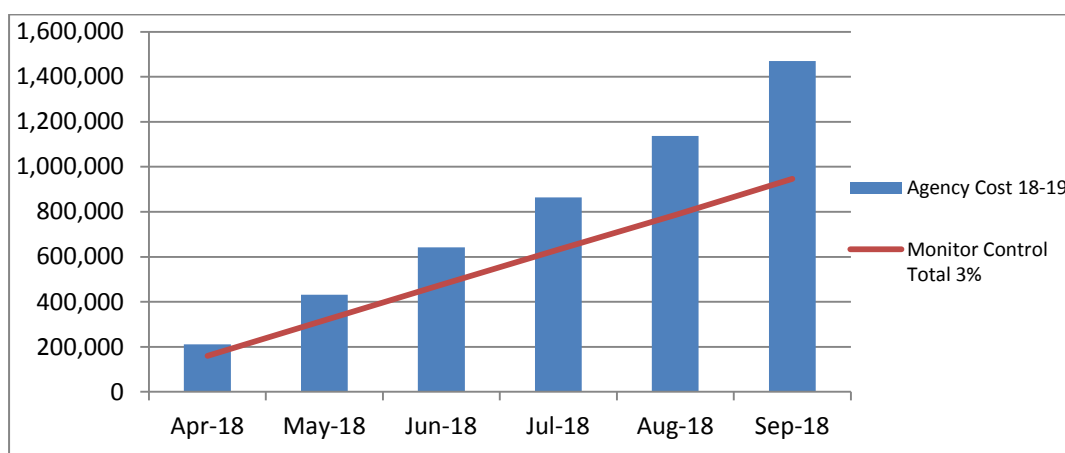
- Mandatory use of frameworks for procuring agency staff; and limits (cap) on the amount individual agency staff can be paid per shift
- An annual ceiling for total nursing agency spend is set nationally at 3% against the total nursing budget

The Trust process for booking Registered Nurses (RNs) via agencies is to prioritise NHSI ‘Framework’ agencies who can supply within the NHSI price cap. However, the use of non-Framework agencies has increased. The authorisation process remains robust via the interim Director of Nursing and Midwifery and the senior nursing team comprising of Heads of Nursing and Lead Nurse for Workforce. Despite the rigor applied to usage of non-Framework agency the Trust need has necessitated the increase in non-framework cover.

Graph 7 below illustrates that we are currently above the ceiling Cap of 3% of our total expenditure.

**Graph 7**

**NHSI 3% ceiling on Agency Nurses and Trust compliance**



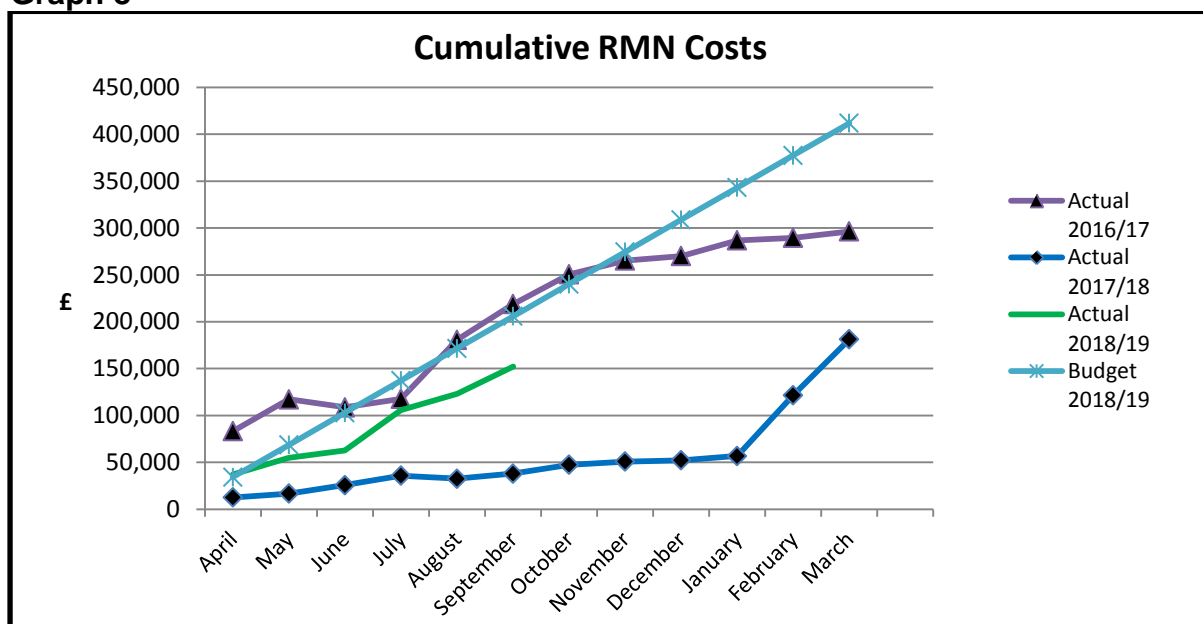
The previous report explained the new collaborative contract with the Neutral Vendor agency Depoel. As the Neutral Vendor (NV), Depoel is a third party; it has no vested interest in maintaining high agency rates, as it is not eligible to supply agency workers. With the gain share model based on a transactional basis, it is in the NV's interest to provide the maximum number of staff at NHSI capped rates and ensure the Trusts gain maximum cost efficiencies. It is in the best interest of the NV to continue towards increasing shifts filled under or at cap rate. Prior to starting with the NV the Trust experienced low fill of agency in or below cap rate. There has been generally a slight increase in overall agency fill – with shifts under cap remaining at a constant level. However Depoel data suggest the Trust has reduced its spend through their model compared to likely spend had we not utilised Depoel services. This is estimated by Depoel at £429,090. The Trust works with the BNSSG for the purposes of this contract and the group is closely monitoring the contract arrangements. Additional agencies have been added to the supplier list, which should support reduced costs.

### 10.3 Registered Mental Health Nurses (RMNs)

The Trust continues to work in partnership with Avon and Wiltshire Partnership (AWP) Trust and employs a full time Mental Health Practitioner to review, assess and plan the care for patients who require mental health support.

This service has now extended to accessing Bank AWP HCAs to support patients who require mental health support on the wards. This has been very successful and further reduced the need for Agency RMNs. The Bank spend on AWP HCAs has been taken from the central 'RMN' budget for 2018/19 and despite these additional costs to date this year's spend is within the allocated budget. See graph 8 below:

**Graph 8**



## 11.0 Recommendations

The Board is asked to:

- Note the results of the Safer Nursing Care Tool
- Note the Care Hours Per Patient Day (CHPPD) against our STP other NHS Trusts
- Note the RN vacancies position and recruitment and retention actions in place to address the shortfall both short and long term
- Note the 6 highest nursing and midwifery workforce risks on the Trust's risk register
- Note the innovative controls illustrated within the report to ensure safe staffing
- Note the increase bank and agency usage

Note the 2018/19 month 6 financial position and actions taken to control expenditure

Author: Claire Fullbrook-Scanlon , Lead Nurse Workforce Development and Education	Date: 24 October 2018
Document Approved by: Lisa Cheek, Interim Director of Nursing and Midwifery	Version:
Agenda Item: 10	Page 34 of 35

Weekday

Indicators			
RN to HCA Ratio	Less than	65	%
Day Shifts (Early/Late)	Greater than 1 RN to	8	Beds
Night Shifts	Greater than 1 RN to	10	Beds

Changeable Field

Division	Specialty/Ward	Funded Beds	Supervisory Staff/Charge Nurse	Raw Finance Figures										Combined Figures						Ratios														
				Day		Long Day		Even		Night		Band 4 APs (we)	Band 3 HCATNAs (we)	Day			Night			Day				Night										
				Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse			Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio				
MEDICAL DIVISION	ACUTE MEDICINE	74	3.0	11.0	6.4	3.4	2.6	11.2	6.2	12.2	7.0	0.0	8.5	17.4	9.0	26.4	14.6	8.8	23.4	12.2	7.0	19.2	4.3	8.2	2.8	65.9	5.1	8.4	3.2	62.4	6.1	10.6	3.9	63.5
	Cheselden Ward	22	1.0	1.0	2.2	2.2	0.8	1.0	2.2	2.2	2.0	0.0	0.0	4.2	3.0	7.2	3.2	3.0	6.2	2.2	2.0	4.2	5.2	7.3	3.1	58.3	6.9	7.3	3.5	51.6	10.0	11.0	5.2	52.4
	Medical Assessment Unit (MAU)	34	1.0	8.0	3.0	0.0	0.0	8.0	3.0	8.0	3.0	0.0	7.7	9.0	3.0	12.0	8.0	3.0	11.0	8.0	3.0	11.0	3.8	11.3	2.8	75.0	4.3	11.3	3.1	72.7	4.3	11.3	3.1	72.7
	Medical Short Stay	18	1.0	2.0	1.2	1.2	1.8	2.2	1.0	2.0	2.0	0.0	0.8	4.2	3.0	7.2	3.4	2.8	6.2	2.0	2.0	4.0	4.3	6.0	2.5	58.3	5.3	6.4	2.9	54.8	9.0	9.0	4.5	50.0
	CARDIOLOGY	44.0	1.6	9.0	4.0	0.0	0.0	8.0	3.0	6.0	3.0	0.0	2.6	10.6	4.0	14.6	8.0	3.0	11.0	6.0	3.0	9.0	4.2	11.0	3.0	72.6	5.5	14.7	4.0	72.7	7.3	14.7	4.9	66.7
	Cardiology Ward	36	1.0	6.0	3.0	0.0	0.0	5.0	3.0	4.0	2.0	0.0	1.8	7.0	3.0	10.0	5.0	3.0	8.0	4.0	2.0	6.0	5.1	12.0	3.6	70.0	7.2	12.0	4.5	62.5	9.0	18.0	6.0	66.7
	Coronary Care Unit	8	0.6	3.0	1.0	0.0	0.0	3.0	0.0	2.0	1.0	0.0	0.8	3.6	1.0	4.6	3.0	0.0	3.0	2.0	1.0	3.0	2.2	8.0	1.7	78.3	2.7	-	2.7	100.0	4.0	8.0	2.7	66.7
	CARE OF THE ELDERLY	108	4.0	20.0	16.0	0.0	0.0	16.0	13.0	12.0	10.0	0.0	3.2	24.0	16.0	40.0	16.0	13.0	29.0	12.0	10.0	22.0	4.5	6.8	2.7	60.0	6.8	8.3	3.7	55.2	9.0	10.8	4.9	54.5
	ACE OPU	28	1.0	6.0	4.0	0.0	0.0	5.0	4.0	4.0	3.0	0.0	1.0	7.0	4.0	11.0	5.0	4.0	9.0	4.0	3.0	7.0	4.0	7.0	2.5	63.6	5.6	7.0	3.1	55.6	7.0	9.3	4.0	57.1
	Combe Ward	26	1.0	5.0	4.0	0.0	0.0	4.0	3.0	3.0	2.0	0.0	1.0	6.0	4.0	10.0	4.0	3.0	7.0	3.0	2.0	5.0	4.3	6.5	2.6	60.0	6.5	8.7	3.7	57.1	8.7	13.0	5.2	60.0
	Midford Ward	30	1.0	5.0	4.0	0.0	0.0	4.0	3.0	3.0	2.0	0.0	1.2	6.0	4.0	10.0	4.0	3.0	7.0	3.0	2.0	5.0	5.0	7.5	3.0	60.0	7.5	10.0	4.3	57.1	10.0	15.0	6.0	60.0
	Waterhouse Ward	24	1.0	4.0	4.0	0.0	0.0	3.0	3.0	2.0	3.0	0.0	0.0	5.0	4.0	9.0	3.0	3.0	6.0	2.0	3.0	5.0	4.8	6.0	2.7	55.6	8.0	8.0	4.0	50.0	12.0	8.0	4.8	40.0
	ENDOCRINOLOGY	28	1.0	4.0	4.0	0.0	0.0	4.0	3.0	2.0	3.0	0.0	0.8	5.0	4.0	9.0	4.0	3.0	7.0	2.0	3.0	5.0	5.6	7.0	3.1	55.6	7.0	9.3	4.0	57.1	14.0	9.3	5.6	40.0
	Parry Ward	28	1.0	4.0	4.0	0.0	0.0	4.0	3.0	2.0	3.0	0.0	0.8	5.0	4.0	9.0	4.0	3.0	7.0	2.0	3.0	5.0	5.6	7.0	3.1	55.6	7.0	9.3	4.0	57.1	14.0	9.3	5.6	40.0
	GASTROENTEROLOGY	27	1.0	4.0	4.0	0.0	0.0	4.0	4.0	3.0	2.0	0.0	2.8	5.0	4.0	9.0	4.0	4.0	8.0	3.0	2.0	5.0	5.4	6.8	3.0	55.6	6.8	6.8	3.4	50.0	9.0	13.5	5.4	60.0
	Haygarth Ward	27	1.0	4.0	4.0	0.0	0.0	4.0	4.0	3.0	2.0	0.0	2.8	5.0	4.0	9.0	4.0	4.0	8.0	3.0	2.0	5.0	5.4	6.8	3.0	55.6	6.8	6.8	3.4	50.0	9.0	13.5	5.4	60.0
	NEUROLOGY	17	1.0	3.0	3.0	0.0	0.0	3.0	2.0	3.0	2.0	0.0	0.0	4.0	3.0	7.0	3.0	2.0	5.0	3.0	2.0	5.0	4.3	5.7	2.4	57.1	5.7	8.5	3.4	60.0	5.7	8.5	3.4	60.0
	Helena Ward	17	1.0	3.0	3.0	0.0	0.0	3.0	2.0	3.0	2.0	0.0	0.0	4.0	3.0	7.0	3.0	2.0	5.0	3.0	2.0	5.0	4.3	5.7	2.4	57.1	5.7	8.5	3.4	60.0	5.7	8.5	3.4	60.0
	ONCOLOGY	22	1.0	5.0	2.0	0.0	0.0	4.0	2.0	4.0	2.0	1.0	0.0	6.0	2.0	8.0	4.0	2.0	6.0	4.0	2.0	6.0	3.7	11.0	2.8	75.0	5.5	11.0	3.7	66.7	5.5	11.0	3.7	66.7
	William Budd Ward	22	1.0	5.0	2.0	0.0	0.0	4.0	2.0	4.0	2.0	1.0	0.0	6.0	2.0	8.0	4.0	2.0	6.0	4.0	2.0	6.0	3.7	11.0	2.8	75.0	5.5	11.0	3.7	66.7	5.5	11.0	3.7	66.7
	RESPIRATORY	33	1.0	6.0	3.0	0.0	0.0	5.0	3.0	4.0	3.0	0.0	2.9	7.0	3.0	10.0	5.0	3.0	8.0	4.0	3.0	7.0	4.7	11.0	3.3	70.0	6.6	11.0	4.1	62.5	8.3	11.0	4.7	57.1
	Respiratory Ward	33	1.0	6.0	3.0	0.0	0.0	5.0	3.0	4.0	3.0	0.0	2.9	7.0	3.0	10.0	5.0	3.0	8.0	4.0	3.0	7.0	4.7	11.0	3.3	70.0	6.6	11.0	4.1	62.5	8.3	11.0	4.7	57.1
	RHEUMATOLOGY	16	1.0	2.0	2.0	0.0	0.0	2.0	2.0	2.0	2.0	0.0	0.0	3.0	2.0	5.0	2.0	2.0	4.0	2.0	2.0	4.0	5.3	8.0	3.2	60.0	8.0	8.0	4.0	50.0	8.0	8.0	4.0	50.0
	Violet Prince	16	1.0	2.0	2.0	0.0	0.0	2.0	2.0	2.0	2.0	0.0	0.0	3.0	2.0	5.0	2.0	2.0	4.0	2.0	2.0	4.0	5.3	8.0	3.2	60.0	8.0	8.0	4.0	50.0	8.0	8.0	4.0	50.0
	STROKE	26	1.0	5.0	5.0	0.0	0.0	4.0	5.0	3.0	3.0	0.0	4.2	6.0	5.0	11.0	4.0	5.0	9.0	3.0	3.0	6.0	4.3	5.2	2.4	54.5	6.5	5.2	2.9	44.4	8.7	8.7	4.3	50.0
	Acute Stroke Unit	26	1.0	5.0	5.0	0.0	0.0	4.0	5.0	3.0	3.0	0.0	4.2	6.0	5.0	11.0	4.0	5.0	9.0	3.0	3.0	6.0	4.3	5.2	2.4	54.5	6.5	5.2	2.9	44.4	8.7	8.7	4.3	50.0
	GENERAL SURGERY	109	4.0	4.0	2.0	15.0	10.0	4.0	0.0	14.0	9.0	5.0	5.5	23.0	12.0	35.0	19.0	10.0	29.0	14.0	9.0	23.0	4.7	9.1	3.1	65.7	5.7	10.9	3.8	65.5	7.8	12.1	4.7	60.9
	Pulteney Ward	30	1.0	1.0	1.0	4.0	3.0	1.0	0.0	4.0	3.0	0.0	2.0	6.0	4.0	10.0	5.0	3.0	8.0	4.0	3.0	7.0	5.0	7.5	3.0	60.0	6.0	10.0	3.8	62.5	7.5	10.0	4.3	57.1
	Robin Smith Ward	28	1.0	2.0	1.0	4.0	2.0	1.0	0.0	3.0	3.0	0.0	3.5	7.0	3.0	10.0	5.0	2.0	7.0	3.0	3.0	6.0	4.0	9.3	2.8	70.0	5.6	14.0	4.0	71.4	9.3	9.3	4.7	50.0
	Short Stay Surgical Ward	22	1.0	0.2	0.0	2.8	2.0	1.2	0.0	3.0	1.0	2.3	0.0	4.0	2.0	6.0	4.0	2.0	6.0	3.0	1.0	4.0	5.5	11.0	3.7	66.7	5.5	11.0	3.7	66.7	7.3	22.0	5.5	75.0
Surgical Assessment Unit (SAU)	29	1.0	0.8	0.0	4.2	3.0	0.8	0.0	4.0	2.0	2.7	0.0	6.0	3.0	9.0	5.0	3.0	8.0	4.0	2.0	6.0	4.8	9.7	3.2	66.7	5.8	9.7	3.6	62.5	7.3	14.5	4.8	66.7	
TRAUMA & ORTHOPAEDICS	78	3.0	1.0	3.4	9.8	9.6	1.2	1.6	9.0	7.0	0.0	9.6	13.8	13.0	26.8	11.0	11.2	22.2	9.0	7.0	16.0	5.7	6.0	2.9	51.5	7.1	7.0	3.5	49.5	8.7	11.1	4.9	56.3	
Forrester Brown Ward	28	1.0	0.0	1.0	3.8	4.2	0.0	0.0	3.0	3.0	0.0	3.5	4.8	5.2	10.0	3.8	4.2	8.0	3.0	3.0	6.0	5.8	5.4	2.8	48.0	7.4	6.7	3.5	47.5	9.3	9.3	4.7	50.0	
Philip Yeoman Ward	22	1.0	1.0	1.4	1.8	1.6	1.2	1.6	2.0	2.0	0.0	2.7	3.8	3.0	6.8	3.0	3.2	6.2	2.0	2.0	4.0	5.8	7.3	3.2	55.9	7.3	6.9	3.5	48.4	11.0	11.0	5.5	50.0	
Pierce Ward	28	1.0	0.0	1.0	4.2	3.8	0.0	0.0	4.0	2.0	0.0	3.4	5.2	4.8	10.0	4.2	3.8	8.0	4.0	2.0	6.0	5.4	5.8	2.8	52.0	6.7	7.4	3.5	52.5	7.0	14.0	4.7	66.7	
WOMEN AND CHILDREN'S	GYNAECOLOGY	22	1.0	0.0	0.0	2.0	2.0	0.0	0.0	3.0	3.0	0.0	1.0	3.0	2.0	5.0	2.0	2.0	4.0	3.0	3.0	6.0	7.3	11.0	4.4	60.0	11.0	11.0	5.5	50.0	7.3	7.3	3.7	50.0
Charlotte Ward	22	1.0	0.0	0.0	2.0	2.0	0.0	0.0	3.0																									

Weekend

Indicators			
RN to HCA Ratio	Less than	65	%
Day Shifts (Early/Late)	Greater than 1 RN to	8	Beds
Night Shifts	Greater than 1 RN to	10	Beds

Division	Specialty/Ward	Funded Beds	Supervisory Staff/Charge Nurse	Raw Finance Figures										Combined Figures						Ratios														
				Day					Night					Total Funded	Day			Night			Day				Night									
				Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse	Funded Reg Nurse	Funded Un Reg Nurse		Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio					
MEDICAL DIVISION	ACUTE MEDICINE	74	0.0	13.0	5.0	3.5	4.0	10.5	5.0	12.0	7.0	0.0	8.5	16.5	9.0	25.5	14.0	9.0	23.0	12.0	7.0	19.0	4.5	8.2	2.9	64.7	5.3	8.2	3.2	60.9	6.2	10.6	3.9	63.2
	Cheselden Ward	22	0.0	2.0	1.0	2.5	2.0	1.0	2.0	2.0	2.0	0.0	0.0	4.5	3.0	7.5	3.5	3.0	6.5	2.0	2.0	4.0	4.9	7.3	2.9	60.0	6.3	7.3	3.4	53.8	11.0	11.0	5.5	50.0
	Medical Assessment Unit (MAU)	34	0.0	8.0	3.0	0.0	0.0	8.0	3.0	8.0	3.0	0.0	7.7	8.0	3.0	11.0	8.0	3.0	11.0	8.0	3.0	11.0	4.3	11.3	3.1	72.7	4.3	11.3	3.1	72.7	4.3	11.3	3.1	72.7
	Medical Short Stay	18	0.0	3.0	1.0	1.0	2.0	1.5	1.0	2.0	2.0	0.0	0.8	4.0	3.0	7.0	2.5	3.0	5.5	2.0	2.0	4.0	4.5	6.0	2.6	57.1	7.2	6.0	3.3	45.5	9.0	9.0	4.5	50.0
	CARDIOLOGY	44.0	0.0	9.0	4.0	0.0	0.0	8.0	3.0	6.0	3.0	0.0	2.6	9.0	4.0	13.0	8.0	3.0	11.0	6.0	3.0	9.0	4.9	11.0	3.4	69.2	5.5	14.7	4.0	72.7	7.3	14.7	4.9	66.7
	Cardiology Ward	36	0.0	6.0	3.0	0.0	0.0	5.0	3.0	4.0	2.0	0.0	1.8	6.0	3.0	9.0	5.0	3.0	8.0	4.0	2.0	6.0	6.0	12.0	4.0	66.7	7.2	12.0	4.5	62.5	9.0	18.0	6.0	66.7
	Coronary Care Unit	8	0.0	3.0	1.0	0.0	0.0	3.0	0.0	2.0	1.0	0.0	0.8	3.0	1.0	4.0	3.0	0.0	3.0	2.0	1.0	3.0	2.7	8.0	2.0	75.0	2.7	-	2.7	100.0	4.0	8.0	2.7	66.7
	CARE OF THE ELDERLY	108	0.0	20.0	16.0	0.0	0.0	16.0	13.0	12.0	10.0	0.0	3.2	20.0	16.0	36.0	16.0	13.0	29.0	12.0	10.0	22.0	5.4	6.8	3.0	55.6	6.8	8.3	3.7	55.2	9.0	10.8	4.9	54.5
	ACE OPU	28	0.0	6.0	4.0	0.0	0.0	5.0	4.0	4.0	3.0	0.0	1.0	6.0	4.0	10.0	5.0	4.0	9.0	4.0	3.0	7.0	4.7	7.0	2.8	60.0	5.6	7.0	3.1	55.6	7.0	9.3	4.0	57.1
	Combe Ward	26	0.0	5.0	4.0	0.0	0.0	4.0	3.0	3.0	2.0	0.0	1.0	5.0	4.0	9.0	4.0	3.0	7.0	3.0	2.0	5.0	5.2	6.5	2.9	55.6	6.5	8.7	3.7	57.1	8.7	13.0	5.2	60.0
	Midford Ward	30	0.0	5.0	4.0	0.0	0.0	4.0	3.0	3.0	2.0	0.0	1.2	5.0	4.0	9.0	4.0	3.0	7.0	3.0	2.0	5.0	6.0	7.5	3.3	55.6	7.5	10.0	4.3	57.1	10.0	15.0	6.0	60.0
	Waterhouse Ward	24	0.0	4.0	4.0	0.0	0.0	3.0	3.0	2.0	3.0	0.0	0.0	4.0	4.0	8.0	3.0	3.0	6.0	2.0	3.0	5.0	6.0	6.0	3.0	50.0	8.0	8.0	4.0	50.0	12.0	8.0	4.8	40.0
	ENDOCRINOLOGY	28	0.0	4.0	4.0	0.0	0.0	4.0	3.0	2.0	3.0	0.0	0.8	4.0	4.0	8.0	4.0	3.0	7.0	2.0	3.0	5.0	7.0	7.0	3.5	50.0	7.0	9.3	4.0	57.1	14.0	9.3	5.6	40.0
	Parry Ward	28	0.0	4.0	4.0	0.0	0.0	4.0	3.0	2.0	3.0	0.0	0.8	4.0	4.0	8.0	4.0	3.0	7.0	2.0	3.0	5.0	7.0	7.0	3.5	50.0	7.0	9.3	4.0	57.1	14.0	9.3	5.6	40.0
	GASTROENTEROLOGY	27	0.0	4.0	4.0	0.0	0.0	4.0	4.0	3.0	2.0	0.0	2.8	4.0	4.0	8.0	4.0	4.0	8.0	3.0	2.0	5.0	6.8	6.8	3.4	50.0	6.8	6.8	3.4	50.0	9.0	13.5	5.4	60.0
	Haygarth Ward	27	0.0	4.0	4.0	0.0	0.0	4.0	4.0	3.0	2.0	0.0	2.8	4.0	4.0	8.0	4.0	4.0	8.0	3.0	2.0	5.0	6.8	6.8	3.4	50.0	6.8	6.8	3.4	50.0	9.0	13.5	5.4	60.0
	NEUROLOGY	17	0.0	3.0	3.0	0.0	0.0	3.0	2.0	3.0	2.0	0.0	0.0	3.0	3.0	6.0	3.0	2.0	5.0	3.0	2.0	5.0	5.7	5.7	2.8	50.0	5.7	8.5	3.4	60.0	5.7	8.5	3.4	60.0
	Helena Ward	17	0.0	3.0	3.0	0.0	0.0	3.0	2.0	3.0	2.0	0.0	0.0	3.0	3.0	6.0	3.0	2.0	5.0	3.0	2.0	5.0	5.7	5.7	2.8	50.0	5.7	8.5	3.4	60.0	5.7	8.5	3.4	60.0
	ONCOLOGY	22	0.0	5.0	2.0	0.0	0.0	4.0	2.0	3.0	2.0	1.0	0.0	5.0	2.0	7.0	4.0	2.0	6.0	3.0	2.0	5.0	4.4	11.0	3.1	71.4	5.5	11.0	3.7	66.7	7.3	11.0	4.4	60.0
	William Budd Ward	22	0.0	5.0	2.0	0.0	0.0	4.0	2.0	3.0	2.0	1.0	0.0	5.0	2.0	7.0	4.0	2.0	6.0	3.0	2.0	5.0	4.4	11.0	3.1	71.4	5.5	11.0	3.7	66.7	7.3	11.0	4.4	60.0
	RESPIRATORY	33	0.0	6.0	3.0	0.0	0.0	5.0	3.0	4.0	3.0	0.0	2.9	6.0	3.0	9.0	5.0	3.0	8.0	4.0	3.0	7.0	5.5	11.0	3.7	66.7	6.6	11.0	4.1	62.5	8.3	11.0	4.7	57.1
	Respiratory Ward	33	0.0	6.0	3.0	0.0	0.0	5.0	3.0	4.0	3.0	0.0	2.9	6.0	3.0	9.0	5.0	3.0	8.0	4.0	3.0	7.0	5.5	11.0	3.7	66.7	6.6	11.0	4.1	62.5	8.3	11.0	4.7	57.1
	RHEUMATOLOGY	16	0.0	2.0	2.0	0.0	0.0	2.0	2.0	2.0	2.0	0.0	0.0	2.0	2.0	4.0	2.0	2.0	4.0	2.0	2.0	4.0	8.0	8.0	4.0	50.0	8.0	8.0	4.0	50.0	8.0	8.0	4.0	50.0
	Violet Prince	16	0.0	2.0	2.0	0.0	0.0	2.0	2.0	2.0	2.0	0.0	0.0	2.0	2.0	4.0	2.0	2.0	4.0	2.0	2.0	4.0	8.0	8.0	4.0	50.0	8.0	8.0	4.0	50.0	8.0	8.0	4.0	50.0
	STROKE	26	0.0	5.0	5.0	0.0	0.0	4.0	5.0	3.0	3.0	0.0	4.2	5.0	5.0	10.0	4.0	5.0	9.0	3.0	3.0	6.0	5.2	5.2	2.6	50.0	6.5	5.2	2.9	44.4	8.7	8.7	4.3	50.0
	Acute Stroke Unit	26	0.0	5.0	5.0	0.0	0.0	4.0	5.0	3.0	3.0	0.0	4.2	5.0	5.0	10.0	4.0	5.0	9.0	3.0	3.0	6.0	5.2	5.2	2.6	50.0	6.5	5.2	2.9	44.4	8.7	8.7	4.3	50.0
	GENERAL SURGERY	99	0.0	2.5	1.0	15.5	12.0	1.5	0.0	15.0	10.0	5.0	5.5	18.0	13.0	31.0	17.0	12.0	29.0	15.0	10.0	25.0	5.5	7.6	3.2	58.1	5.8	8.3	3.4	58.6	6.6	9.9	4.0	60.0
	Pulteney Ward	30	0.0	0.0	0.0	5.0	4.0	0.0	0.0	5.0	4.0	0.0	2.0	5.0	4.0	9.0	5.0	4.0	9.0	5.0	4.0	9.0	6.0	7.5	3.3	55.6	6.0	7.5	3.3	55.6	6.0	7.5	3.3	55.6
	Robin Smith Ward	28	0.0	2.0	1.0	3.0	3.0	1.0	0.0	3.0	3.0	0.0	3.5	5.0	4.0	9.0	4.0	3.0	7.0	3.0	3.0	6.0	5.6	7.0	3.1	55.6	7.0	9.3	4.0	57.1	9.3	9.3	4.7	50.0
	Short Stay Surgical Ward	12	0.0	0.0	0.0	3.0	2.0	0.0	0.0	3.0	1.0	2.3	0.0	3.0	2.0	5.0	3.0	2.0	5.0	3.0	1.0	4.0	4.0	6.0	2.4	60.0	4.0	6.0	2.4	60.0	4.0	12.0	3.0	75.0
	Surgical Assessment Unit (SAU)	29	0.0	0.5	0.0	4.5	3.0	0.5	0.0	4.0	2.0	2.7	0.0	5.0	3.0	8.0	5.0	3.0	8.0	4.0	2.0	6.0	5.8	9.7	3.6	62.5	5.8	9.7	3.6	62.5	7.3	14.5	4.8	66.7
	TRAUMA & ORTHOPAEDICS	76	0.0	1.5	4.0	8.5	8.5	1.0	2.0	9.0	6.0	0.0	9.6	10.0	12.5	22.5	9.5	10.5	20.0	9.0	6.0	15.0	7.6	6.1	3.4	44.4	8.0	7.2	3.8	47.5	8.4	12.7	5.1	60.0
Forrester Brown Ward	28	0.0	0.0	1.0	3.5	4.5	0.0	0.0	3.0	3.0	0.0	3.5	3.5	5.5	9.0	3.5	4.5	8.0	3.0	3.0	6.0	8.0	5.1	3.1	38.9	8.0	6.2	3.5	43.8	9.3	9.3	4.7	50.0	
Philip Yeoman Ward	20	0.0	1.5	2.0	1.0	0.0	1.0	2.0	2.0	1.0	0.0	2.7	2.5	2.0	4.5	2.0	2.0	4.0	2.0	1.0	3.0	8.0	10.0	4.4	55.6	10.0	10.0	5.0	50.0	10.0	20.0	6.7	66.7	
Pierce Ward	28	0.0	0.0	1.0	4.0	4.0	0.0	0.0	4.0	2.0	0.0	3.4	4.0	5.0	9.0	4.0	4.0	8.0	4.0	2.0	6.0	7.0	5.6	3.1	44.4	7.0	7.0	3.5	50.0	7.0	14.0	4.7	66.7	
WOMEN AND CHILDREN'S	GYNAECOLOGY	22	0.0	0.0	0.0	2.0	2.0	0.0	0.0	3.0	3.0	0.0	1.0	2.0	2.0	4.0	2.0	2.0	4.0	3.0	3.0	6.0	11.0	11.0	5.5	50.0	11.0	11.0	5.5	50.0	7.3	7.3	3.7	50.0
Charlotte Ward	22	0.0	0.0	0.0	2.0	2.0	0.0	0.0	3.0	3.0	0.0	1.0	2.0	2.0	4.0	2.0	2.0	4.0	3															

Medical Short Stay Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2018/19 Rota</b>																		
<b>18 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Shift 4</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		2.0	2.2	2.0	1.2	ACUTE ME 10365	MED SHORT STAY	G06G	NURSE REG B 7	1.00	40,056	1.00	42,299	1.00	45,164	0.00	2,865
	HCA		1.2	1.0	2.0	1.8	ACUTE ME 10365	MED SHORT STAY	G07B	NURSE NON-REG B 2	8.16	200,599	8.16	204,804	8.16	213,522	0.00	8,718
Weekends	Trained		3.0	1.5	2.0	1.0	ACUTE ME 10365	MED SHORT STAY	G07C	NURSE NON-REG B 3	0.80	22,629	0.80	21,404	0.80	23,021	0.00	1,617
	HCA		1.0	1.0	2.0	2.0	ACUTE ME 10365	MED SHORT STAY	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
<b>Medical Short Stay Ward - 10365 - Total</b>						<b>24.15</b>	<b>831,961</b>	<b>24.15</b>	<b>838,595</b>	<b>24.15</b>	<b>859,335</b>	<b>0.00</b>	<b>20,740</b>					

Cheseldon Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2018/19 Rota</b>																		
<b>22 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Shift 4</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		1.0	1.0	2.2	2.2	ACUTE ME 10485	CHESELDON WARD	G06G	NURSE REG B 7	1.00	46,719	1.00	32,894	1.00	57,685	0.00	24,791
	HCA		2.2	2.2	2.0	0.8	ACUTE ME 10485	CHESELDON WARD	G07B	NURSE NON-REG B 2	13.26	335,321	13.26	337,336	13.26	363,673	0.00	26,337
Weekends	Trained		2.0	1.0	2.0	2.5	ACUTE ME 10485	CHESELDON WARD	G07C	NURSE NON-REG B 3	0.00	0	0.00	0	0.00	0	0.00	0
	HCA		1.0	1.0	2.0	2.0	ACUTE ME 10485	CHESELDON WARD	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
<b>Cheseldon Ward - 10485 - Total</b>						<b>28.50</b>	<b>933,211</b>	<b>28.50</b>	<b>915,206</b>	<b>28.50</b>	<b>1,024,968</b>	<b>0.00</b>	<b>109,762</b>					

MAU Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2017-18 Rota</b>																		
<b>34 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		8.0	8.0	8.0		ACUTE ME 10650	MAU	G06G	NURSE REG B 7	6.40	370,945	6.40	368,739	6.40	399,110	0.00	30,371
	HCA		3.0	3.0	3.0		ACUTE ME 10650	MAU	G07A	NURSE NON-REG B 1	1.00	22,590	1.00	22,858	0.00	0	-1.00	-22,858
Weekends	Trained		8.0	8.0	8.0		ACUTE ME 10650	MAU	G07B	NURSE NON-REG B 2	12.36	312,894	12.36	308,939	12.36	334,386	0.00	25,447
	HCA		3.0	3.0	3.0		ACUTE ME 10650	MAU	G07C	NURSE NON-REG B 3	7.69	222,330	7.69	223,566	7.69	236,586	0.00	13,020
<b>MAU Ward - 10650 - Total</b>						<b>72.24</b>	<b>2,676,140</b>	<b>72.24</b>	<b>2,660,862</b>	<b>71.24</b>	<b>2,848,175</b>	<b>-1.00</b>	<b>187,313</b>					

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Cardiology Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2017-18 Rota</b>																		
<b>36 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		6.0	5.0	4.0		CARDIOLC 24041	CARDIOLOGY WARD	G06G	NURSE REG B 7	1.00	51,432	1.00	52,395	1.00	41,557	0.00	-10,838
	HCA		3.0	3.0	2.0		CARDIOLC 24041	CARDIOLOGY WARD	G07B	NURSE NON-REG B 2	12.72	320,308	12.72	327,507	12.72	345,027	0.00	17,520
Weekends	Trained		6.0	5.0	4.0		CARDIOLC 24041	CARDIOLOGY WARD	G07C	NURSE NON-REG B 3	1.84	52,786	1.84	53,692	1.84	57,063	0.00	3,371
	HCA		3.0	3.0	2.0		CARDIOLC 24041	CARDIOLOGY WARD	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
<b>Cardiology Ward - 24041 - Total</b>						<b>41.32</b>	<b>1,422,323</b>	<b>41.32</b>	<b>1,430,597</b>	<b>41.32</b>	<b>1,490,389</b>	<b>0.00</b>	<b>59,792</b>					

CCU Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2017-18 Rota</b>																		
<b>8 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		3.0	3.0	2.0		CARDIOLC 24042	CCU	G07B	NURSE NON-REG B 2	3.12	81,290	3.12	83,264	3.12	87,821	0.00	4,557
	HCA		1.0	0.0	1.0		CARDIOLC 24042	CCU	G07C	NURSE NON-REG B 3	0.80	23,777	0.80	23,392	0.80	24,956	0.00	1,564
Weekends	Trained		3.0	3.0	2.0		CARDIOLC 24042	CCU	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
	HCA		1.0	0.0	1.0													
<b>CCU Ward - 24042 - Total</b>						<b>18.75</b>	<b>729,702</b>	<b>18.75</b>	<b>751,016</b>	<b>18.75</b>	<b>792,704</b>	<b>0.00</b>	<b>41,688</b>					

MTU Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2017-18 Rota</b>																		
<b>8 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		2.0	2.0	0.0		CARDIOLC 24044	MTU	G06G	NURSE REG B 7	1.00	51,533	1.00	52,395	1.00	54,043	0.00	1,648
	HCA		1.0	1.0	0.0		CARDIOLC 24044	MTU	G07B	NURSE NON-REG B 2	1.45	26,215	0.00	0	0.00	0	0.00	0
Weekends	Trained		2.0	2.0	0.0		CARDIOLC 24044	MTU	G07C	NURSE NON-REG B 3	1.00	25,808	2.45	61,970	2.45	65,368	0.00	3,398
	HCA		1.0	1.0	0.0		CARDIOLC 24044	MTU	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
<b>MTU Ward - 24044 - Total</b>						<b>7.56</b>	<b>243,486</b>	<b>7.96</b>	<b>267,004</b>	<b>7.96</b>	<b>285,892</b>	<b>0.00</b>	<b>18,888</b>					

Combe Ward						2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18						
						WTE	£	WTE	£	WTE	£	WTE	£					
<b>2017-18 Rota</b>																		
<b>26 Beds</b>																		
<b>Shift 1</b>																		
<b>Shift 2</b>																		
<b>Shift 3</b>																		
<b>Early</b>																		
<b>Late</b>																		
<b>Night</b>																		
<b>Long Day</b>																		
Weekdays	Trained		5.0	4.0	3.0		OPU 10210	COMBE WARD	G06F	NURSE REG B 6	2.20	107,443	2.20	105,032	2.20	110,753	0.00	5,721
	HCA		4.0	3.0	2.0		OPU 10210	COMBE WARD	G06G	NURSE REG B 7	1.00	51,432	1.00	52,395	1.00	54,043	0.00	1,648
Weekends	Trained		5.0	4.0	3.0		OPU 10210	COMBE WARD	G07B	NURSE NON-REG B 2	15.24	380,820	15.24	376,035	15.24	403,752	0.00	27,717
	HCA		4.0	3.0	2.0		OPU 10210	COMBE WARD	G07C	NURSE NON-REG B 3	1.00	27,520	1.00	27,173	1.00	27,723	0.00	550
<b>Combe Ward - 10210 - Total</b>						<b>24.00</b>	<b>807,015</b>	<b>24.00</b>	<b>807,015</b>	<b>24.00</b>	<b>856,303</b>	<b>0.00</b>	<b>49,736</b>					



Combe Ward - 10210 - Total						38.47	1,244,449	38.47	1,273,982	38.47	1,304,578	0.00	30,596
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Waterhouse Ward					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					24 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
Waterhouse Ward - 10220 - Total					35.15	1,185,567	35.15	1,167,023	35.15	1,208,657	0.00	41,634

Midford Ward					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					30 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
Midford Ward - 10230 - Total					41.84	1,314,165	41.84	1,304,161	41.82	1,358,022	-0.02	53,861

ACE OPU Ward					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					28 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
ACE OPU - 10370 - Total					45.80	1,534,337	45.80	1,608,046	45.80	1,625,754	0.00	17,708

Parry Ward					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					28 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
Parry Ward - 10430 - Total					36.90	1,179,654	36.90	1,199,880	36.90	1,240,201	0.00	40,321

Haygarth Ward					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					27 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
Haygarth Ward - 10670 - Total					38.54	1,216,388	38.54	1,237,173	38.54	1,270,446	0.00	33,273

Respiratory Unit					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					33 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
Respiratory Unit - 10390 - Total					43.45	1,515,032	43.45	1,461,915	43.45	1,532,186	0.00	70,271

Acute Stroke Unit					2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18	
Directorat	Cost Cent	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
2017-18 Rota					26 Beds							
Shift 1					Shift 2		Shift 3					
Early					Late		Night					
Weekdays	Trained											
	HCA											
Weekends	Trained											
	HCA											
Acute Stroke Unit - 24141 - Total					45.77	1,451,151	45.77	1,446,109	45.77	1,515,943	0.00	69,834

Helena										2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18			
2017-18 Rota										WTE	£	WTE	£	WTE	£	WTE	£		
17 Beds																			
		Shift 1	Shift 2	Shift 3	Directorat	Cost Centri	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£		
		Early	Late	Night															
Weekdays	Trained	3.0	3.0	3.0	NEUROLO	10270 HELENA WARD	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	
	HCA	3.0	2.0	2.0	NEUROLO	10270 HELENA WARD	G06E	NURSE REG B 5	13.63	538,686	14.36	576,015	14.36	592,583	0.00	16,568	0.00	0	
	Trained	3.0	3.0	3.0	NEUROLO	10270 HELENA WARD	G06F	NURSE REG B 6	2.73	140,276	2.00	101,432	2.00	103,850	0.00	2,418	0.00	0	
	HCA	3.0	2.0	2.0	NEUROLO	10270 HELENA WARD	G06G	NURSE REG B 7	1.00	45,715	1.00	48,165	1.00	50,672	0.00	2,507	0.00	0	
Weekends	Trained	3.0	3.0	3.0	NEUROLO	10270 HELENA WARD	G07B	NURSE NON-REG B 2	12.88	324,127	12.88	324,731	12.88	349,223	0.00	24,492	0.00	0	
	HCA	3.0	2.0	2.0	NEUROLO	10270 HELENA WARD	G30W	NURSE - BANK	1.00	41,123	2.00	83,070	2.00	83,070	0.00	0	0.00	0	
Helena - 10270 - Total										31.24	1,089,927	32.24	1,133,413	32.24	1,179,398	0.00	45,985	0.00	0

William Budd Ward										2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18			
2017-18 Rota										WTE	£	WTE	£	WTE	£	WTE	£		
22 Beds																			
		Shift 1	Shift 2	Shift 3	Directorat	Cost Centri	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£		
		Early	Late	Night															
Weekdays	Trained	5.0	4.0	4.0	ONCOLOC	10420 WILLIAM BUDD WARD	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	
	HCA	2.0	2.0	2.0	ONCOLOC	10420 WILLIAM BUDD WARD	G06E	NURSE REG B 5	16.88	592,196	16.88	625,562	16.88	667,716	0.00	42,154	0.00	0	
	Trained	5.0	4.0	4.0	ONCOLOC	10420 WILLIAM BUDD WARD	G06F	NURSE REG B 6	2.80	135,982	3.80	184,563	3.80	205,801	0.00	21,238	0.00	0	
	HCA	2.0	2.0	2.0	ONCOLOC	10420 WILLIAM BUDD WARD	G06G	NURSE REG B 7	1.00	46,336	1.00	47,813	1.00	49,746	0.00	1,933	0.00	0	
Weekends	Trained	5.0	4.0	3.0	ONCOLOC	10420 WILLIAM BUDD WARD	G07B	NURSE NON-REG B 2	10.20	249,392	10.20	249,636	10.20	276,779	0.00	27,143	0.00	0	
	HCA	2.0	2.0	2.0	ONCOLOC	10420 WILLIAM BUDD WARD	G07D	NURSE NON-REG B 4	1.00	22,909	1.00	29,852	1.00	24,471	0.00	-5,381	0.00	0	
					ONCOLOC	10420 WILLIAM BUDD WARD	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	
William Budd - 10420 - Total										31.88	1,046,815	32.88	1,137,426	32.88	1,224,513	0.00	87,087	0.00	0

**Total Wards - Medicine Division**      574.00    #####      576.00    #####      574.98    #####      -1.02    928,753

Surgery Division

Pulteney										2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18			
2018-19 Rota										WTE	£	WTE	£	WTE	£	WTE	£		
30 Beds																			
		Early	Late	Night	Long Day	Directorat	Cost Centri	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£	
Weekdays	Trained	1.00	1.00	4.00	4.00	Gen Surg	10661	Pulteney Ward	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0	0.00	0	
	HCA	1.00	0.00	3.00	3.00	Gen Surg	10661	Pulteney Ward	G06E	NURSE REG B 5	18.86	760,350	22.77	966,134	22.70	1,002,530	-0.07	36,396	
	Trained	1.00	1.00	4.00	4.00	Gen Surg	10661	Pulteney Ward	G06F	NURSE REG B 6	2.00	107,924	2.00	109,807	2.00	113,022	0.00	3,215	
	HCA	1.00	0.00	3.00	3.00	Gen Surg	10661	Pulteney Ward	G06G	NURSE REG B 7	1.00	51,550	1.00	52,395	1.00	54,043	0.00	1,648	
Weekends	Trained	0.00	0.00	5.00	5.00	Gen Surg	10661	Pulteney Ward	G07B	NURSE NON-REG B 2	15.48	400,917	16.09	424,903	16.09	451,254	0.00	26,351	
	HCA	0.00	0.00	4.00	4.00	Gen Surg	10661	Pulteney Ward	G07C	NURSE NON-REG B 3	2.00	60,597	2.00	58,661	2.00	61,745	0.00	3,084	
						Gen Surg	10661	Pulteney Ward	G07D	NURSE NON-REG B 4	1.00	32,671	0.00	0	0.00	0	0.00	0	
						Gen Surg	10661	Pulteney Ward	G30W	NURSE BANK	0.00	0	0.00	0	0.00	0	0.00	0	
Pulteney Ward - 10661 - Total										40.34	1,414,009	43.86	1,611,900	43.79	1,682,594	-0.07	70,694	0.00	0

SAU										2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18			
2018-19 Rota										WTE	£	WTE	£	WTE	£	WTE	£		
29 Beds																			
		Early	Late	Night	Long Day	Directorat	Cost Centri	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£	
Weekdays	Trained	0.80	0.80	4.00	4.20	Gen Surg	10665	SAU	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0	0.00	0	
	HCA	0.00	0.00	2.00	3.00	Gen Surg	10665	SAU	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0	0.00	0	
	Trained	0.80	0.80	4.00	4.20	Gen Surg	10665	SAU	G06E	NURSE REG B 5	22.15	838,240	20.77	793,230	20.77	827,342	0.00	34,112	
	HCA	0.00	0.00	2.00	3.00	Gen Surg	10665	SAU	G06F	NURSE REG B 6	3.00	151,961	3.00	154,021	3.00	166,577	0.00	12,556	
Weekends	Trained	0.50	0.50	4.00	4.50	Gen Surg	10665	SAU	G06G	NURSE REG B 7	3.00	148,768	2.00	121,685	1.00	75,377	-1.00	-46,308	
	HCA	0.00	0.00	2.00	3.00	Gen Surg	10665	SAU	G07A	NURSE NON-REG B 1	0.00	0	0.00	0	0.00	0	0.00	0	
						Gen Surg	10665	SAU	G07B	NURSE NON-REG B 2	13.36	341,981	10.75	278,069	10.75	309,258	0.00	31,189	
						Gen Surg	10665	SAU	G07C	NURSE NON-REG B 3	2.20	68,114	0.00	0	0.00	0	0.00	0	
						Gen Surg	10665	SAU	G07D	NURSE NON-REG B 4	2.69	81,446	2.69	81,446	2.69	92,626	0.00	11,180	
SAU - 10665 - Total										43.71	1,549,064	39.21	1,428,451	38.21	1,471,180	-1.00	42,729	0.00	0

Robin Smith										2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18			
2018-19 Rota										WTE	£	WTE	£	WTE	£	WTE	£		
28 Beds																			
		Early	Late	Night	Long Day	Directorat	Cost Centri	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£	
Weekdays	Trained	2.00	1.00	3.00	4.00	Gen Surg	10666	Robin Smith	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0	0.00	0	
	HCA	1.00	0.00	3.00	2.00	Gen Surg	10666	Robin Smith	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0	0.00	0	
	Trained	2.00	1.00	3.00	4.00	Gen Surg	10666	Robin Smith	G06E	NURSE REG B 5	20.76	804,480	19.26	768,578	20.70	881,109	1.44	112,531	
	HCA	1.00	0.00	3.00	2.00	Gen Surg	10666	Robin Smith	G06F	NURSE REG B 6	2.00	102,843	2.00	108,268	2.00	111,588	0.00	3,320	
Weekends	Trained	2.00	1.00	3.00	3.00	Gen Surg	10666	Robin Smith	G06G	NURSE REG B 7	1.00	54,086	1.00	56,564	1.00	57,467	0.00	903	
	HCA	1.00	0.00	3.00	3.00	Gen Surg	10666	Robin Smith	G07B	NURSE NON-REG B 2	16.08	406,548	12.43	324,101	12.43	348,733	0.00	24,632	
						Gen Surg	10666	Robin Smith	G07C	NURSE NON-REG B 3	2.40	69,106	5.38	158,287	3.46	103,268	-1.92	-55,019	
						Gen Surg	10666	Robin Smith	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0	
Robin Smith - 10666 - Total										42.24	1,437,063	40.07	1,415,798	39.59	1,502,165	-0.48	86,367	0.00	0

SSSU										2016-17 Budget		2017-18 Budget		2018-19 Budget		Variance to 17-18		
2018-19 Rota										WTE	£	WTE	£	WTE	£	WTE	£	
22 Beds Weekday, 12 Beds Weekend																		
		Early	Late	Night	Long Day	Directorat	Cost Centri	Cost Centre Description	Account	Account Description	WTE	£	WTE	£	WTE	£	WTE	£
Weekdays	Trained	0.20	1.20	3.00	2.80	Theatres	24081	SSSU	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0	0.00	0
	HCA	0.00	0.00	1.00	2.00	Theatres	24081	SSSU	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0	0.00	0
	Trained	0.20	1.20	3.00	2.80	Theatres	24081	SSSU	G06E	NURSE REG B 5	16.48	634,813	12.07	469,517	14.84	641,986	2.77	172,469
	HCA	0.00	0.00	1.00	2.00	Theatres	24081	SSSU	G06F	NURSE REG B 6	2.00	94,994	2.00	97,796	2.30	100,086	0.30	2,290
Weekends	Trained	0.00	0.00	3.00	3.00	Theatres	24081	SSSU	G06G	NURSE REG B 7	2.00	96,824	2.00	95,942	1.00	57,025	-1.00	-38,917
	HCA	0.00	0.00	1.00	2.00	Theatres	24081	SSSU	G07B	NURSE NON-REG B 2	8.37	213,070	5.58	132,520	8.06	244,457	2.48	111,937
						Theatres	24081	SSSU	G07C	NURSE NON-REG B 3	0.00	0	1.15	26,264	0.00	-26,264		
						Theatres	24081	SSSU	G07D	NURSE NON-REG B 4	1.80	60,263	1.15	38,954	2.30	78,470	1.15	39,516
SSSU - 24081 - Total										30.65	1,099,964	23.95	860,993	28.50	1,1			

22 Beds Weekday, 20 Beds Weekend																	
					Directorat	Cost Cent	Cost Centre Description	Account	Account Description	2016-17 Budget	2017-18 Budget	2018-19 Budget	Variance to 17-18				
					WTE	£	WTE	£	WTE	£	WTE	£	WTE	£			
Weekdays	Trained	HCA	Early	Late	T&O	10940	Philip Yeoman	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0		
			Night	Long Day	T&O	10940	Philip Yeoman	G06E	NURSE REG B 5	15.52	606,155	11.54	461,675	11.54	496,983	0.00	35,308
Weekdays	Trained	HCA	Early	Late	T&O	10940	Philip Yeoman	G06F	NURSE REG B 6	2.00	103,623	2.00	97,105	2.00	110,725	0.00	13,620
			Night	Long Day	T&O	10940	Philip Yeoman	G06G	NURSE REG B 7	1.00	51,550	1.00	52,395	1.00	49,271	0.00	-3,124
Weekend	Trained	HCA	Early	Late	T&O	10940	Philip Yeoman	G07A	NURSE NON-REG B 1	0.00	0	0.00	0	0.00	0		
			Night	Long Day	T&O	10940	Philip Yeoman	G07B	NURSE NON-REG B 2	7.24	198,091	10.46	288,529	10.46	301,677	0.00	13,148
Weekend	Trained	HCA	Early	Late	T&O	10940	Philip Yeoman	G07C	NURSE NON-REG B 3	3.52	101,511	2.74	77,859	2.74	87,425	0.00	9,566
			Night	Long Day	T&O	10940	Philip Yeoman	G07D	NURSE NON-REG B 4	1.00	34,992	0.00	0	0.00	0	0.00	0
					<b>Philip Yeoman - 10940 - Total</b>				<b>30.28</b>	<b>1,095,922</b>	<b>27.74</b>	<b>977,563</b>	<b>27.74</b>	<b>1,046,081</b>	<b>0.00</b>	<b>68,518</b>	

Forester Brown																	
					Directorat	Cost Cent	Cost Centre Description	Account	Account Description	2016-17 Budget	2017-18 Budget	2018-19 Budget	Variance to 17-18				
					WTE	£	WTE	£	WTE	£	WTE	£	WTE	£			
Weekdays	Trained	HCA	Early	Late	T&O	10950	Forester Brown	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0		
			Night	Long Day	T&O	10950	Forester Brown	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0		
Weekdays	Trained	HCA	Early	Late	T&O	10950	Forester Brown	G06E	NURSE REG B 5	41.68	1,597,313	15.15	594,595	15.15	641,000	0.00	46,405
			Night	Long Day	T&O	10950	Forester Brown	G06F	NURSE REG B 6	4.00	205,152	3.00	151,645	3.00	152,059	0.00	414
Weekend	Trained	HCA	Early	Late	T&O	10950	Forester Brown	G06G	NURSE REG B 7	2.00	88,375	1.00	46,541	1.00	51,471	0.00	4,930
			Night	Long Day	T&O	10950	Forester Brown	G07B	NURSE NON-REG B 2	27.76	720,044	17.81	470,886	17.81	506,747	0.00	35,861
Weekend	Trained	HCA	Early	Late	T&O	10950	Forester Brown	G07C	NURSE NON-REG B 3	8.64	243,396	3.46	101,614	3.46	108,016	0.00	6,402
			Night	Long Day	T&O	10950	Forester Brown	G07D	NURSE NON-REG B 4	0.00	0	0.00	0	0.00	0	0.00	0
Weekend	Trained	HCA	Early	Late	T&O	10950	Forester Brown	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0		
			Night	Long Day	T&O	10950	Forester Brown	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
					<b>Forester Brown - 10950 - Total</b>				<b>84.08</b>	<b>2,854,280</b>	<b>40.42</b>	<b>1,365,281</b>	<b>40.42</b>	<b>1,459,293</b>	<b>0.00</b>	<b>94,012</b>	

Pierce Ward																	
					Directorat	Cost Cent	Cost Centre Description	Account	Account Description	2016-17 Budget	2017-18 Budget	2018-19 Budget	Variance to 17-18				
					WTE	£	WTE	£	WTE	£	WTE	£	WTE	£			
Weekdays	Trained	HCA	Early	Late	T&O	11020	Pierce Ward	2540	AGENCY NURSE QUALIFIED	0.00	0	0.00	0	0.00	0		
			Night	Long Day	T&O	11020	Pierce Ward	G06D	NURSE REG B 4 AWAITING PIN	0.00	0	0.00	0	0.00	0		
Weekdays	Trained	HCA	Early	Late	T&O	11020	Pierce Ward	G06E	NURSE REG B 5	0.00	0	19.12	750,398	21.76	906,780	2.64	156,382
			Night	Long Day	T&O	11020	Pierce Ward	G06F	NURSE REG B 6	0.00	0	3.00	151,645	3.00	154,226	0.00	2,581
Weekend	Trained	HCA	Early	Late	T&O	11020	Pierce Ward	G06G	NURSE REG B 7	0.00	0	1.00	46,541	1.00	44,319	0.00	-2,222
			Night	Long Day	T&O	11020	Pierce Ward	G07B	NURSE NON-REG B 2	0.00	0	11.28	298,273	11.28	319,724	0.00	21,451
Weekend	Trained	HCA	Early	Late	T&O	11020	Pierce Ward	G07C	NURSE NON-REG B 3	0.00	0	3.37	99,033	3.37	109,767	0.00	10,734
			Night	Long Day	T&O	11020	Pierce Ward	G07D	NURSE NON-REG B 4	0.00	0	2.64	77,386	2.64	77,386	-2.64	-77,386
Weekend	Trained	HCA	Early	Late	T&O	11020	Pierce Ward	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0		
			Night	Long Day	T&O	11020	Pierce Ward	G30W	NURSE - BANK	0.00	0	0.00	0	0.00	0	0.00	0
					<b>Pierce Ward - 11020 - Total</b>				<b>0.00</b>	<b>0</b>	<b>40.41</b>	<b>1,423,276</b>	<b>40.41</b>	<b>1,534,816</b>	<b>0.00</b>	<b>111,540</b>	

					<b>Total Wards - Surgery Division</b>				<b>271.30</b>	<b>9,450,302</b>	<b>255.66</b>	<b>9,083,262</b>	<b>258.66</b>	<b>9,818,153</b>	<b>3.00</b>	<b>734,891</b>
					Agreed investment at budget setting - SAU to 24/7 rota										261,000	
																<b>473,891</b>

Women and Children's Division

Charlotte Ward																	
					Direct	Cost Cent	Cost Centre Description	Account	Account Description	2016-17 Budget	Setting	2018-19 Budget	budget				
					WTE	£	WTE	£	WTE	£	WTE	£	WTE	£			
Weekdays	Trained	HCA	Shift 1	Shift 2	GYN	11550	CHARLOTTE WARD	G06D	NURSE REG B 4 AWAITING PIN	-	0	0.00	0	0.00	0		
			Shift 3	Shift 4	GYN	11550	CHARLOTTE WARD	G06E	NURSE REG B 5	12.51	504,711	12.51	499,226	12.51	513,260	0.00	14,034
Weekdays	Trained	HCA	Early	Late	GYN	11550	CHARLOTTE WARD	G06F	NURSE REG B 6	1.80	73,181	1.80	78,782	1.80	84,296	0.00	5,514
			Night	Long Day	GYN	11550	CHARLOTTE WARD	G06G	NURSE REG B 7	1.00	47,561	1.00	51,216	1.00	54,663	0.00	3,447
Weekend	Trained	HCA	Early	Late	GYN	11550	CHARLOTTE WARD	G07B	NURSE NON-REG B 2	12.03	310,802	11.57	298,657	10.65	298,876	-0.92	219
			Night	Long Day	GYN	11550	CHARLOTTE WARD	G07C	NURSE NON-REG B 3	1.00	28,884	1.00	27,568	1.00	28,720	0.00	1,152
Weekend	Trained	HCA	Early	Late	GYN	11550	CHARLOTTE WARD	G30W	NURSE - BANK	-	0	0.00	0	0.00	0		
			Night	Long Day	GYN	11550	CHARLOTTE WARD	G30W	NURSE - BANK	-	0	0.00	0	0.00	0	0.00	0
					<b>CHARLOTTE WARD Total</b>				<b>28.34</b>	<b>965,139</b>	<b>27.88</b>	<b>955,449</b>	<b>26.96</b>	<b>979,815</b>	<b>-0.92</b>	<b>24,366</b>	