The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO BOARD OF DIRECTORS (IN PUBLIC)

RESPONSIBLE DIRECTOR:	REPORT FOR:		IMPACT ON BUSINESS:		
	Decision		High	Med	Low
Catherine Morgan, Director of Nursing	Discussion	✓	✓		
	Information	✓			
LEAD MANAGER:	**REPORT TYPE:**		**BAF REFERENCES & RAG:**		
	Strategic	✓			
	Operational	✓			
	Governance		**RELATED WORK: (PREVIOUS PAPERS TO COMMITTEE)**		
PEER ASSIST:	**PEER REVIEW:**				
Associate Chief Nurses Deputy Director of Nursing					
CQC Essential Standard Ref:	All Outcome Standards				
NHSLA Standard Ref:	Standard 1				
Media / Communications:					

Meeting Date: 26TH JULY 2016

Report Title: REPORT ON NURSING AND MIDWIFERY SKILL MIX REVIEW

PURPOSE:

This paper advises the Board of Directors of the nursing and midwifery skill mix review undertaken against the current funded establishments and of recommendations based on the review.
The report also provides an update on current national recommendations in relation to nursing and midwifery staffing.
Workforce metrics by ward/department are also provided.

SUMMARY:

National Guidance

The Trust has recently received information from NHS Improvement (NHSI) and the National Quality Board (NQB) on workforce matters as follows:

- Lord Carter's review: Rostering Good Practice Guidance (published 28th June 2016);
- The Model Hospital: Nursing and Midwifery workforce compartment; and
- NQB: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing: revised guidance (published 6th July 2016)

Set out in the report is a summary of the key messages from each of the areas listed above, providing the Board with early visibility of the new information being made available at a national level. The next steps section details how the Trust will take this work forward internally and a more detailed report will be presented to The Board in August.

Medical and surgical services

In summary the majority of adult inpatient wards and departments have been assessed as appropriate for minimum safe staffing and require recruitment to the funded establishment. Evaluation is currently underway to assess how band 4 assistant practitioners/associate nurses may be used as part of the funded establishments; there will be on-going review of these posts over the next 6 months with likely revisions to establishments (within the current financial

envelope) for 2016/17 budget setting. This is a transitional year in terms of assessing our workforce against newly published guidance, development and testing of new roles and evaluation of outcomes for each clinical area.
A newly developed nursing and midwifery safety matrix is being implemented across adult inpatient wards to ensure a more evidenced and risk based approach which will support day to day workforce management and will inform the next workforce review.

Emergency Department
It is recommended to leave the funded establishments unchanged at this time. The Associate Chief Nurse and Consultant Nurse are currently reviewing activity against the staffing plan to align this more closely and are also exploring new roles e.g. use of paramedical staff and advanced nurse practitioners.

Paediatric services
Based on guidance the recommended staffing levels for paediatric services (Rudham, Paediatric Assessment Unit & Roxburgh) indicate that the establishment is adequate for 18 beds. Next steps need to consider the plans for potential extension of PAU opening hours beyond winter months and how new roles could be utilised in the paediatric setting.

NICU
Improved compliance with BAPM standards (reported monthly on the NICU dashboard) supports that there is no recommended change to the establishment at this time.

Maternity services
Not included in this paper as the full external review of the midwifery establishment was presented separately to the Trust Board in May 2016.

Workforce information
- Vacancy rate for registered nurses and midwives is 10.54 (0.06% lower than in May). Adult inpatient wards have the highest vacancy rates (appendix 2)
- 19 registered nurse/midwife appointments have been made which have not yet commenced in post and a further cohort of 13 international recruits commence in August; total appointments is 32.
- Turnover remains below 1% at 0.75% (appendix 3)
- Overall fill rates remain stable however there is significant variability across ward particularly for the register day shift. In many cases a high number of these gaps are filled by unregistered nurses. The e rosters will be revised to reflect where there is intentional use of band 4 roles to ensure accuracy in reporting of fill rates.

FINANCIAL IMPLICATIONS / EFFICIENCY SAVINGS / QUALITY IMPROVEMENT:

RISK ASSESSMENT (CROSS-REFERENCE WITH RISK REGISTER WHERE APPROPRIATE):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
√	√	√	√		√

RECOMMENDATIONS:

The Trust Board is asked to discuss the findings of the skill mix review and to note the workforce data.

The Trust Board is asked to support the recommendations to reconfigure some establishments within the current financial envelop to progress the development and testing of new roles e.g. band 4 assistant practitioner posts and associate nurse posts within the current financial envelope.

UPDATED REPORT TO THE BOARD OF DIRECTORS ON NURSING AND MIDWIFERY WORKFORCE

1 BACKGROUND

1.1 Key recommendations from the National Quality Board (NQB) report How to ensure the right people, with the right skills, are in the right place and the right time: A guide to nursing, midwifery and care staffing capacity and capability (November 2013) include that Boards receive monthly updates on workforce information, and that staffing capacity and capability is discussed at a public board meeting at least every six months on the basis of a full nursing and midwifery establishment review.
The NQB published updated guidance in July 2016 which is summarised in section 2 below and a more detailed review with implications for the Board will be presented at the August meeting.

1.2 This report provides a high level summary of the detailed nursing and midwifery skill mix review undertaken in line with current funded establishments carried out by the Associate Chief Nurses.

2 SAFER STAFFING: NATIONAL UPDATE

2.1 Introduction and contextual information

The Trust has recently received information from NHS Improvement (NHSI) and the National Quality Board (NQB) on workforce matters as follows:

- Lord Carter's review : Rostering Good Practice Guidance (published 28th June 2016);
- The Model Hospital : Nursing and Midwifery workforce compartment; and
- NQB: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time – Safe sustainable and productive staffing: revised guidance (published 6th July 2016)

Set out below is a summary of the key messages from each of the areas listed above, providing the Board with early visibility of the new information being made available at a national level. The next steps section details how the Trust will take this work forward internally.

2.2 Lord Carter's review : Rostering Good Practice Guidance

Lord Carter's final report entitled *'Operational productivity and performance in English NHS acute hospitals: Unwarranted variations'* highlighted a number of opportunities where nursing, midwifery and AHP colleagues could make a contribution to delivering high quality care in a sustainable way. It also highlighted that Directors of Nursing have a clear leadership role in supporting these staff groups and to help develop systems to deliver this. The first area of focus and national guidance is in relation to rostering practices. Lord Carter has made three recommendations on rostering as follows:

- Implement an effective approval process by publishing rosters six weeks in advance and reviewing against key performance indicators such as proportion of staff on leave, training and appropriate use of contracted hours;
- Set up of a formal process to tackle areas that require improvement, with escalation paths, action plans and improvement tracking; and
- Develop the associated cultural change and communication plans to resolve any underlying policy or process issues.

2.3 **The Model Hospital : Nursing and Midwifery workforce compartment**

At the end of June, the Nursing and Midwifery workforce compartment contained within the new Model Hospital portal was launched. The information is structured under the CQC's six domains (Safe, Effective, Caring, Responsive, People: Well-Led and Money & Resources). There are currently three levels to the information as follows:

- Headline metrics
- Trust level
- Ward level (under development)

There are still a number of areas under development or 'pending'. Work on these outstanding areas should be completed by NHSI before the end of September 2016.

2.4 **Guidance from the National Quality Board**

Following the publication of the Five Year Forward and in light of the recent Lord Carter final report, the NQB has recognised the need to update its original 10 expectations for nursing and midwifery staffing.

The recently revised document now sets out the key principles and tools which should be used by the Board to measure and improve the use of staffing resources ensuring safe, sustainable and productive services. Using a new triangulated approach ('right staff, right skills, right place and time'), the NQB has developed the following useful summary:

Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and improve 1) Patient outcomes, people productivity and financial sustainability 2) Report, investigate and act on incidents (including red flags) 3) Patient, carer and staff feedback		
Implement and publish Care Hours per Patient Day (CHPPD) Develop local quality dashboards for safe sustainable staffing		
Revised expectations		
Expectation 1	Expectation 2	Expectation 3
Right staff	Right Skills	Right place and time
• Evidence based workforce planning • Professional judgement • Compare staffing with peers	• Mandatory training, development and education • Working as a multi-professional team • Recruitment and retention	• Productive working and eliminating waste • Efficient deployment and flexibility • Efficient employment and minimising agency usage

2.5 **Next steps**

In August 2016, a detailed report will be presented to Board, setting out the boards responsibilities for nursing and midwifery staffing and the assessment of how the Trust complies against the new guidance/recommendations and what further work will be required to ensure compliance. The report will also include an action plan detailing the further work required, the nominated leads and timescales for delivery.

Once all of the performance information contained within the Model Hospital: Nursing and Midwifery workforce compartment has been made available, a separate report will be presented to Board showing a summary of the outputs.

3 MEDICINE AND SURGICAL SERVICES

3.1 The process undertaken to review the revised establishments for minimum safe staffing has utilised the data form the matrons assurance tool, ward acuity data (including safer nursing care tool (SNCT)), quality metrics and the professional judgment of the Ward Managers, Matrons and Associate Chief Nurses.

3.2 In summary the majority of adult inpatient wards and departments' establishments have been assessed as appropriate for minimum safe staffing and require on-going recruitment to the funded establishment to improve fill rates against planned rosters.

The role of band 4 assistant practitioners is being developed in some areas and establishments are being revised to accommodate this (within the existing financial envelope) using a combination of band 5 and band 2/3 monies.

Further evaluation of the effectiveness of these roles will be required and continued scoping of new roles e.g. the associate nurse, in line with the national picture and STP, will be required.

3.3 **Additional commentary:**

Stanhoe

Although at this time no change to the establishment is recommended it should be noted that there has been an increase in acuity across the ward particularly in relation to gastro-enterology patients. Evaluation of exactly what staffing resources are required and how this patient group can be effectively cared for is in progress. One of the challenges is that there is a need to stabilise the workforce following some significant change, particularly at band 6 level. There is a plan to utilise band 4 assistant practitioners and as an interim measure additional unregistered nurse cover has been authorised to support whilst recruitment takes place.

West Newton

Following the moves to the newly refurbished ward area there have been significant improvements in the quality metrics for this patient group and there are robust plans to develop a workforce that is tailored to patient's needs. The bed base also reduced by 6 beds when the ward was moved and review of the establishment has shown that an increase in unregistered nurse hours and decrease in registered nurse hours (day shift) is required. Currently there is high use of additional hours to support enhanced care for patients; this change in establishments will support a reduction in this and will improve the financial position. Establishment changes will remain within existing financial envelope.

Oxborough

A business case for development of an enhanced care respiratory bay has been submitted and approved. The establishment will be revised for the latter part of the year to support this. The use of band 4 assistant practitioners will be the predominant change; recruitment will commence in the autumn to support training and skills acquisition.

SAU

Prior to review of the registered nurse establishment, flow, capacity and activity profiling is in progress to inform the next skill mix review. It is anticipated that activity is higher in the latter part of the day and staffing needs to be flexed to support this.

Critical care unit (CCU)
There is evidence from benchmarking that ITU coordinators across the network are at band 7 level in neighbouring trusts; however the professional opinion is that we continue with existing grading as there is no evidence to support a change and quality outcomes benchmark well. The main impact this is having at the current time is on our ability to attract new staff from outside the trust; the situation will remain under review.

Following the Board's support in 2015 to uplift the establishment to provide 24/7 cover of the critical care outreach team; the posts have been recruited to and the service has been fully operational since January 2016. There has been a significant amount of positive feedback regarding this service in particular from junior doctors and junior nurses at night. Audit and evaluation of the service 6 months on is currently underway.

Theatres
The theatre funded establishment is 112.69 WTE and is currently over established at 118.67WTE. This planned over establishment was supported at Theatre Services Performance Meeting to address challenges with recruiting experienced theatre staff and the lead in time required for a training and development programme to up-skill staff and ensure patient safety, efficiency and continuity.
Theatres has also taken on additional roles which have not been accounted for within the establishment; for example weekly angioplasty, MRI and theatre support worker cover for central delivery suite and the team also provide a Resus/Trauma bleep holder 24/7
It is felt that an uplift to the establishment will be required to continue to support the increased activity; however this will need to be evidenced and be presented as a business case by the division.

Day Surgery Unit (DSU)
There will be on-going review of the DSU establishment with a number of changes proposed to support skill mix optimisation as the service is developing; for example increased activity, introduction of new procedures (bronchoscopies, block list and TOEs) Skill mix revisions implemented to date (cost neutral) include;

- Reduction in Band 5 establishment in the ward area
- Recruited Band 2s for the ward area
- Introduction of a surgeons assistant role
- Increased the Band 4 establishment and scope of role
- Introduction of new ways of working; the same process as main theatre adopted and implemented, ward staff, recovery staff and theatre staff (change of process).

There is a requirement to continue to maximise efficiency by use of enhanced skills for scrub nurses and to provide assistance to the surgeon; therefore a plan to train an additional surgeon's assistant will be proposed which will require and additional band 6. This will need to be put forward as a business case to demonstrate the value for money aspect of this role on clinical and financial sustainability of the service.

Dermatology
Consideration of ways to increase capacity through further development of the nurse led service is likely to propose creation of a band 8 post (non-replacement of the band 7 dermatology manager post). A Band 8 advanced practitioner would be able to manage selected patients that cannot be covered by the limited number of dermatology consultants.

Endoscopy

The current Endoscopy staffing establishment is historic based on a Monday to Friday service. Demand and capacity planning and external recommendations were used to assess the level of establishment and skill mix required for the endoscopy service. The staffing review utilised the "Fretwell Tool of endoscopy nursing and staffing levels" advised by JAG (Joint Advisory Group on GI Endoscopy).

In order to increase the capacity of the service to meet demand a Business case was submitted to BIC for extra clinical and clerical staff, the Business case was approved in April 2016 and recruitment is now underway.

Outpatients

The matron for outpatients is working with the Divisional Directors to ensure that when planning new clinic/activities, the number of nursing hours required to support the service is included. Currently bank hours are being used to cover ad-hoc clinics to manage ASIs; a detailed capacity/establishment review is now required with NCH and QEH staff included to understand resources available and where these can best be deployed.

Ophthalmology

New roles have been developed to support an increase in the nurse-led services. Job descriptions for a band 7 Ophthalmology Advanced Practitioner and band 6 medical and surgical macular nurse have been approved. A business case is due for submission with a plan to use the medical establishment to fund these two posts. These new posts will take on a number of selected activities normally managed by consultants.

3.4 **Summary**

Recognising the significant challenge to recruiting to registered nurse posts both locally and nationally we will need to ensure that future workforce plans include innovative solutions to addressing the predicted gaps including;

- On-going development of new roles; Associate Nurse and Assistant Practitioners
- Maximising use of AHPs e.g. ward based pharmacists, physiotherapy and occupational therapy staff
- Scoping of integrated roles for example with community services

Over the next 6 months further work will be undertaken as to where new roles may be utilised to best effect which will be shared in the next workforce review in time to inform ward level budget setting. This may include for example some alterations of the band 2, 3 and 5 skill mix WTE to incorporate band 4 roles.

4 EMERGENCY DEPARTMENT (ED)

4.1 The ED continues to be challenged with recruitment to vacancies particularly in specialist areas like paediatrics.

4.2 The current requirement is to continue to recruit to vacant posts (6 WTE at band 5) and to utilise one of these posts to support the paediatric rotation. This will not facilitate 24/7 paediatric cover but will ease current pressures and allow for increased specialist cover for the paediatric area.

4.3 The departmental activity heat map covering minors highlights that the ENP workforce needs to realign its rostering. The on-going develop of the ANP role is supporting patient flow and aiding medical staff; ANP activity continues to develop and is demonstrating significant worth within the team.

4.4 The Clinical Decision Unit (CDU) continues to be piloted. Service availability is sporadic due to department wide staffing challenges; there is no meaningful data at this time to support workforce review and data collection continues.

4.5 Ambulatory care unit (AEC)
Development of new roles and advanced roles is in progress to support increasing the capacity and scope of this service. A consultant nurse post across the AEC and MAU has been recruited to and will commence in post in August. A Band 4 associate practitioner appointment has also been made and funded from within the existing establishment. This will enable review of the "soft cap" during the working day and allow AEC to support A&E/GP referrals better.

5 PAEDIATRIC SERVICES

5.1 The recommended levels of staff are taken from the RCN Paediatric staffing guidelines 2013. The paediatric establishment includes; Rudham ward (at 18 beds), Paediatric Assessment Unit (PAU) and Roxburgh outpatient department.

The Rudham funded establishment is sufficient for 18 beds (meets RCN guidance). During the winter months the ward uses up to 5 escalation beds supported by the use of temporary workforce.

The funded establishment for PAU is not sufficient to cover the extended opening hours at 12 hours 5 days per week. Weekend opening for PAU has been funded from winter monies up to 31st March 2016; in order to support this ward establishment is used alongside temporary staff to cover increased opening hours.

This presents a significant challenge each winter as it is not possible to recruit to fixed term posts and there are limited available staff (paediatric trained) to cover escalation beds and PAU.

Roxburgh establishment consists of 1 WTE RN and 1WTE unregistered nurse; the ward establishment is also required to support this area as this skill mix does not include cover for AL and SL.

5.2 It should be noted that the current funded establishment does not meet RCN standards for staffing paediatric areas. And it was highlighted in our CQC report in June 2015 that PAU should have 2 trained staff in the area.

It should also be noted that following publication of the updated NQB report the view on meeting staffing standards from the Royal Colleges is changing with a greater emphasis on outcomes rather than numbers; this will be considered in more detail in the next skill mix review as ward level dashboards and benchmarking data becomes available.

PAU has been shown to improve the flow of paediatric patients and reduce attendances in ED and admissions to the ward; particularly at peak times. The impact of opening PAU 7 days per week throughout the year needs to be evaluated as part of winter planning alongside the requirement to increase the establishment to support this.

An increase in the establishment of X3 WTE Band 5 and X1 WTE Band 3 is considered sufficient to support winter escalation beds and additional PAU opening hours (approx. cost at £135k). This needs to be reviewed against additional costs incurred through temporary staffing and will take place as part of winter planning.

5.3 Additional initiatives to support future sustainability of the paediatric workforce include:

- Continued devolvement of advanced roles; 2 band 7 advanced nurse practitioners completed their training and commenced in post at the beginning of this year and have made a significant contribution to supporting PAU.
- Scoping of utilisation of band 4 roles
- Development and recruitment to rotational posts to include, ED, NICU, Rudham ward and DSU; due to commence in September 2016.

6 NEONATAL SERVICES

6.1 The current funding for the Neonatal Intensive Care Unit (NICU) includes 1 Intensive care cot, 2 high dependency cots and 9 special care cots, however the dependency often varies and staffing needs to be flexed according to occupancy and acuity; which is challenging to achieve.

6.2 In addition to NICU there is a transitional care (TC) area consisting of a 5 bedded bay on Castleacre ward where babies stay short term with their mothers until they are ready to be discharged. This is currently staffed from the NICU establishment during the day.

6.3 The uplift in establishment (April 2014 and May 2015) has been recruited to and this has enabled the department to increase planned staffing levels. This has significantly improved compliance with BAPM standards although there are still occasions when acuity is high that meeting theses standards is challenging.

6.4 It should be noted that full compliance with BAPM standards for a Level 2 NICU would require a total establishment of 30.92 WTE (registered and unregistered) based on the funded cot base; the unit currently has an establishment of 27.81 WTE.

6.5 Further uplift in establishment is not recommended at this time based on improved compliance with BAPM, reduced closures and the requirement to balance quality standards and meet the financial challenge.

7 WORKFORCE DATA

7.1 The workforce data by ward is presented in appendix 1 and 2. Appendix 1 details the fill rates (planned versus actual hours) and care hours per patient bed day (CHPPD) and appendix 2 shows the establishments, vacancies and sickness levels; these have been RAG rated for this month's report to support ease of review of highlights. In summary workforce data for June shows:

- It is a particular challenge to achieve registered nurse fill rates in the day. Night shifts are prioritised as there is a reduced nurse to patient ratio at night which is considered minimum for some wards. The overall fill rate remains similar to May data primarily achieved through backfill with unregistered nurses. Where fill rates are lower at night (Oxborough, Terrington and SAU) the establishment includes additional RN posts to support acuity and this is not always achieved.
- The e rosters will be revised over the coming months to reflect where there is intentional use of band 4 roles rather than band 5 nurses to ensure accuracy in reporting of fill rates. Establishments will be fully updated following the next skill mix review for 2016/17 budget setting.
- An assessment of patient acuity and skill mix is carried out 3 times a day by a senior staffing bleep holder and staff moves are often required to achieve safe minimum standards which have a negative impact on staff morale.

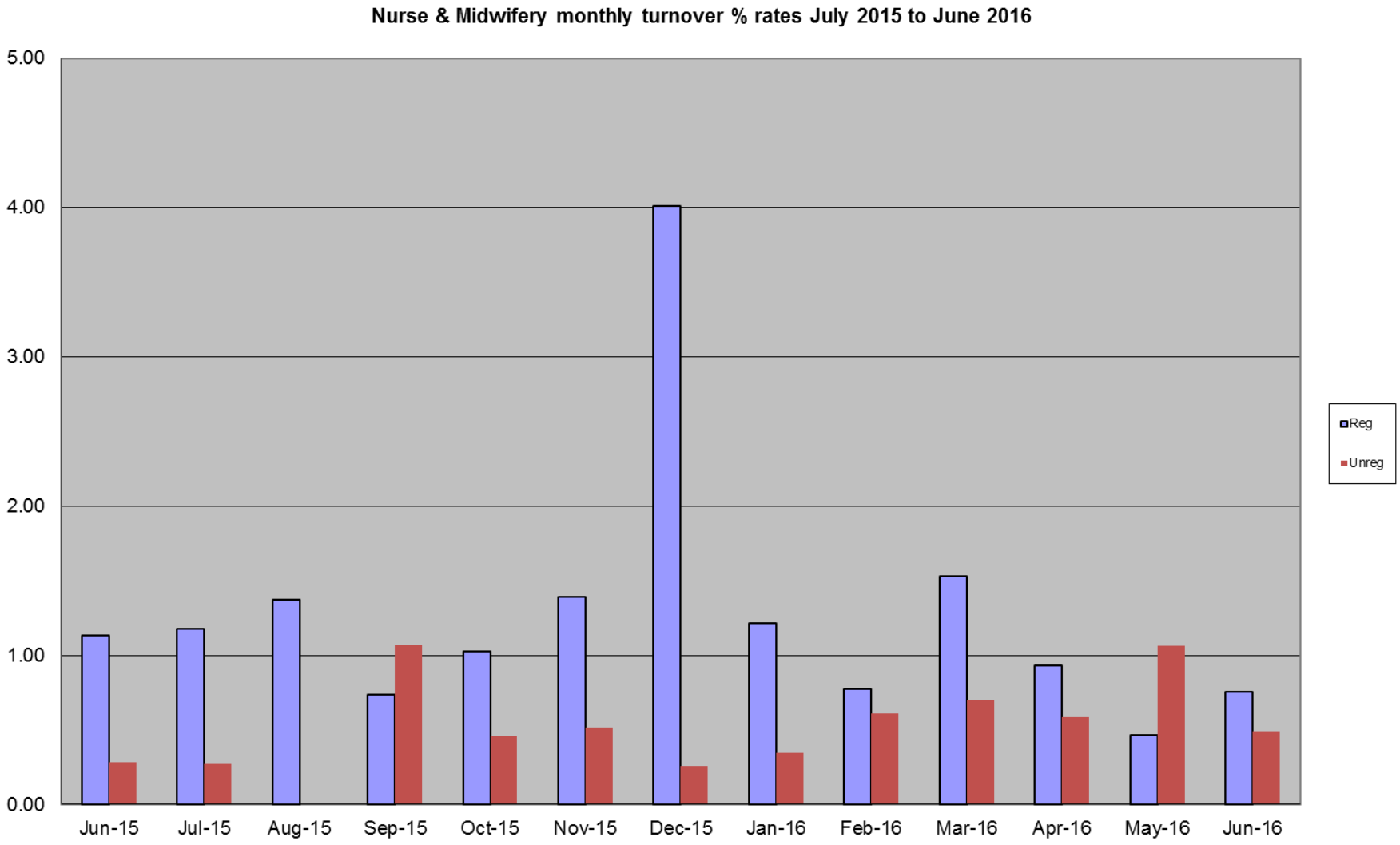
- Care hours per patient bed day (CHPPD) data is the new staffing metric which has been reported since 1st May. At this stage there is no benchmark data available however this will be used in future with quality and financial data to inform the Nursing and Midwifery dashboard which will be live form September 2016 (as outlined in section 2).
- The vacancy rate is 10.54% in June compared to 10.6% for registered nurses and midwives in May. Vacancy data by ward shows the most challenged areas continue to be focused to inpatient wards.
- Registered nurse turnover remains below the target of 1% per month at 0.75% (appendix 3). Turnover by ward is also shown in appendix 2.

Appendix 1

Data for June showing fill rates (planned verses actual hours) and CHPPD data

		Day		Night		Care Hours Per Patient Day (CHPPD)			
Ward name	**Main 2 Specialties on each ward**	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
West Newton	430 - GERIATRIC MEDICINE	67.6%	118.8%	98.1%	145.8%	827	2.9	4.0	**6.9**
Oxborough	340 - RESPIRATORY MEDICINE	68.2%	108.6%	75.9%	101.4%	940	2.8	2.9	**5.6**
Windsor	302 - ENDOCRINOLOGY	73.6%	100.2%	101.2%	98.9%	980	2.7	2.6	**5.2**
Stanhoe	301 - GASTROENTEROLOGY	75.5%	104.9%	99.2%	126.3%	950	2.9	3.5	**6.4**
Tilney	320 - CARDIOLOGY	88.3%	98.1%	99.7%	96.7%	773	3.1	2.3	**5.4**
West Raynham	400 - NEUROLOGY	81.2%	90.0%	94.7%	95.6%	777	3.9	3.3	**7.2**
Denver	100 - GENERAL SURGERY	78.9%	128.6%	96.6%	99.7%	789	3.2	2.7	**5.9**
Marham	100 - GENERAL SURGERY	72.5%	83.1%	92.2%	102.8%	732	3.4	2.4	**5.8**
Elm	100 - GENERAL SURGERY	87.8%	94.4%	99.8%	96.4%	573	2.9	2.8	**5.7**
Gayton	110 - TRAUMA & ORTHOPAEDICS	73.3%	109.8%	98.9%	106.8%	906	2.7	3.4	**6.1**
Shouldham	315 - PALLIATIVE MEDICINE	71.8%	136.1%	98.6%	87.1%	344	4.3	3.2	**7.6**
Critical Care	192 - CRITICAL CARE MEDICINE	83.2%	110.8%	84.9%		281	23.3	1.8	**25.1**
Central Delivery suite	501 - OBSTETRICS	92.7%	89.7%	89.2%	89.1%	183	19.7	7.0	**26.8**
Surgical Assessment Unit	100 - GENERAL SURGERY	77.6%	72.8%	72.1%	99.3%	261	6.5	2.5	**8.9**
Medical Assessment Unit	300 - GENERAL MEDICINE	73.1%	123.2%	93.9%	125.1%	599	5.1	2.9	**7.9**
Terrington	300 - GENERAL MEDICINE	89.4%	101.7%	74.2%	90.9%	967	2.8	2.0	**4.8**
Castleacre	501 - OBSTETRICS	81.3%	94.2%	84.0%	100.0%	371	4.8	2.8	**7.6**
NICU	420 - PAEDIATRICS	93.1%	57.9%	106.1%	80.4%	303	8.8	2.4	**11.3**
Rudham	420 - PAEDIATRICS	96.8%	89.0%	77.6%	105.4%	359	8.7	3.3	**12.0**
Emergency Department	180 - ACCIDENT & EMERGENCY	101.4%	85.4%	100.4%	90.3%				
ED Obs Ward	180 - ACCIDENT & EMERGENCY	109.0%	75.9%	100.3%		70	10.3	2.1	**12.5**
Average for all wards reported		**82.7%**	**98.7%**	**92.3%**	**102.0%**		**6.2**	**3.0**	**9.2**

Appendix 2 (June 2016)		Staffing & Vacancies - REGISTERED									Staffing & Vacancies - UNREGISTERED											
Directorate	Ward	Funded Establishment - Registered (WTE)	Staff in Post end of month (WTE)	Vacancies (WTE)	Sickness absence (WTE)	Posts appointed to but not yet started (WTE)	Turnover %	Vacancy %	Sickness %	Temporary Staff Cover %	Funded Establishment Un-Registered (WTE)	Staff in Post end of month (WTE)	Vacancies (WTE)	Sickness absence (WTE)	Posts appointed to but not yet started (WTE)	Turnover %	Vacancy %	Sickness %	Temporary Staff Cover %	Agreed nurse to patient ratio's Registered - Early	Agreed nurse to patient ratio's Registered- Late	Agreed nurse to patient ratio's Registered - Night
Medical Services	Oxborough Ward	27.41	20.63	6.78	1.53	0.00	0.00%	24.74%	7.38%	13.00%	22.60	22.52	0.08	3.41	0.00	0.00%	0.35%	15.90%	21.33%	1:6.4	1:6.4	1:10.7
	Stanhoe Ward	25.59	18.17	7.42	0.83	0.00	4.65%	29.00%	4.50%	16.57%	24.82	27.24	-2.42	1.33	0.00	0.00%	-9.75%	5.48%	24.28%	1:6.4	1:6.4	1:8
	Tilney Ward	21.61	20.61	1.00	0.17	0.00	0.00%	4.63%	0.81%	1.75%	15.73	15.60	0.13	0.70	0.00	0.00%	0.83%	4.53%	6.37%	1:7	1:7	1:9.3
	West Newton Ward	26.03	19.23	6.80	1.70	0.00	4.76%	26.12%	8.43%	2.11%	20.24	20.44	-0.20	1.50	0.00	0.00%	-0.99%	7.34%	37.40%	1:5.3	1:6.4	1:10.7
	West Raynham Ward	28.58	22.91	5.67	0.68	0.00	0.00%	19.84%	2.97%	7.99%	16.87	23.61	-6.74	0.57	0.00	0.00%	-39.95%	2.48%	9.53%	1:5.6	1:7	901:9.3
	Windsor Ward	25.70	20.63	5.07	0.33	1.00	4.44%	19.73%	1.56%	7.75%	21.90	21.12	0.78	2.07	0.00	0.00%	3.56%	9.79%	18.96%	1:6.4	1:6.4	1:10.7
Total		**154.92**	**122.18**	**32.74**	**5.24**	**1.00**	**2.21%**	**21.13%**	**4.22%**	**8.39%**	**122.16**	**130.53**	**-8.37**	**9.58**	**0.00**	**0.00%**	**-6.85%**	**7.62%**	**20.61%**			
Surgical Services	Denver Ward	27.16	20.43	6.73	0.18	0.00	4.44%	24.78%	0.84%	0.56%	15.89	18.56	-2.67	0.82	0.00	0.00%	-16.80%	4.40%	4.02%	1:5.6	1:5.6	1:9.3
	Marham Ward	26.67	20.65	6.02	0.24	0.00	4.55%	22.57%	1.11%	2.75%	15.60	15.76	-0.16	2.13	0.00	0.00%	-1.03%	13.54%	7.45%	Average 1 to 7.5	Average 1 to 7.5	Average 1 to 11
	Elm Ward	15.80	15.40	0.40	0.87	0.00	0.00%	2.53%	5.77%	4.14%	14.49	14.01	0.48	2.77	0.00	0.00%	3.31%	20.04%	5.25%	1:5	1:5	1:10
	Gayton Ward	24.03	15.59	8.44	0.20	1.00	0.00%	35.12%	1.27%	5.99%	22.57	20.03	2.54	1.17	3.00	4.65%	11.25%	5.79%	31.70%	1:5.3	1:6.4	1:10.7
Total		**93.66**	**72.07**	**21.59**	**1.49**	**1.00**	**2.67%**	**23.05%**	**2.03%**	**3.18%**	**68.55**	**68.36**	**0.19**	**6.89**	**3.00**	**1.30%**	**0.28%**	**10.07%**	**14.18%**			
Oncology	Shouldham Ward	15.88	12.49	3.39	1.61	2.00	0.00%	21.35%	12.91%	14.40%	6.39	5.69	0.70	0.20	0.00	0.00%	10.95%	3.51%	53.45%	1:6	1:6	1:6
Total		**15.88**	**12.49**	**3.39**	**1.61**	**2.00**	**0.00%**	**21.35%**	**12.91%**	**14.40%**	**6.39**	**5.69**	**0.70**	**0.20**	**0.00**	**0.00%**	**10.95%**	**3.51%**	**53.45%**			
Emergency Services	A & E	60.37	52.66	7.71	5.21	3.00	1.74%	12.77%	9.92%	15.53%	18.24	17.35	0.89	3.30	0.00	0.00%	4.88%	19.54%	27.41%			
	CCU	66.46	60.53	5.93	2.90	0.00	0.00%	8.92%	4.81%	5.80%	3.80	3.80	0.00	0.18	0.00	0.00%	0.00%	4.81%	1.94%	N/A		
	SAU	18.92	13.68	5.24	2.31	1.00	0.00%	27.70%	16.09%	2.01%	6.00	6.67	-0.67	1.03	0.00	0.00%	-11.17%	15.50%	3.89%	1:4	1:4	1:4
	MAU	29.47	22.87	6.60	1.66	1.00	0.00%	22.40%	7.57%	19.73%	10.70	13.03	-2.33	2.53	0.00	0.00%	-21.78%	19.45%	22.74%	1:5	1:4.2	1:5
	Terrington Ward	26.78	23.55	3.23	0.26	0.00	0.00%	12.06%	1.11%	1.15%	16.05	15.91	0.14	0.76	3.00	5.41%	0.87%	4.52%	12.33%	1:6.8	1:6.8	1:8.5
Total		**202.00**	**173.29**	**28.71**	**12.34**	**5.00**	**0.55%**	**14.21%**	**7.15%**	**9.77%**	**54.79**	**56.76**	**-1.97**	**7.80**	**3.00**	**1.49%**	**-3.60%**	**13.66%**	**17.74%**			
Women & Children	Castleacre Ward/CDS	50.77	52.41	-1.64	1.08	4.00	0.00%	-3.23%	2.07%	1.67%	13.95	16.59	-2.64	0.94	0.00	0.00%	-18.92%	5.66%	19.36%	Use of Birth Rate Plus		
	NICU	32.85	30.85	2.00	0.68	0.00	0.00%	6.09%	2.22%	54.00%	8.55	7.11	1.44	0.93	0.00	0.00%	16.84%	13.06%	0.00%	ITU,1:2 HDU,1:	ITU,1:2 HDU,1	Variable
	Rudham	30.56	29.69	0.87	0.47	3.00	0.00%	2.85%	1.62%	2.39%	10.70	10.38	0.32	0.49	0.00	0.00%	2.99%	3.93%	1.98%	1 to 4	1 to 4	1 to 5
Total		**114.18**	**112.95**	**1.23**	**2.23**	**7.00**	**0.00%**	**1.08%**	**2.00%**	**1.54%**	**33.20**	**34.08**	**-0.88**	**2.36**	**0.00**	**0.00%**	**-2.65%**	**6.54%**	**8.77%**			
Theatre Services	DCSU	41.29	38.66	2.63	2.23	2.00	0.00%	6.37%	5.76%	2.97%	16.25	10.53	5.72	0.68	0.00	0.00%	35.20%	5.66%	0.76%			
	Main Theatres	84.60	94.64	-10.04	4.86	1.00	0.00%	-11.87%	5.13%	0.00%	27.96	19.46	8.50	2.50	0.00	0.00%	30.40%	12.85%	3.42%			
Total		**125.89**	**133.30**	**-7.41**	**7.09**	**3.00**	**0.00%**	**-5.89%**	**5.31%**	**0.97%**	**44.21**	**29.99**	**14.22**	**3.18**	**0.00**	**0.00%**	**32.16%**	**10.10%**	**2.44%**			
Trust Inpatient Totals		**706.53**	**626.28**	**80.25**	**30.00**	**19.00**	**0.96%**	**11.36%**	**4.78%**	**5.80%**	**329.30**	**325.41**	**3.89**	**30.01**	**6.00**	**0.54%**	**1.18%**	**9.25%**	**15.80%**			


Nurse & Midwifery monthly turnover % rates July 2015 to June 2016
5.00
4.00
3.00
2.00
1.00
0.00
Jun-15
Jul-15
Aug-15
Sep-15
Oct-15
Nov-15
Dec-15
Jan-16
Feb-16
Mar-16
Apr-16
May-16
Jun-16
Reg
Unreg