

TRUST BOARD MEETING

Report to:	Trust Board Meeting 'In Public'	Agenda item:	9
Date of Meeting:	4th August 2016		
Title of Report:	Exception Report for Expected and Actual Staffing for Nursing, Midwifery and Care Staffing (Ward Areas)		
Status of report: (decision and approval, position statement, information, confidential discussion)	Information		
Lead Executive Director:	Fiona Burton , Interim Director of Nursing		
Author:	Helen Byard, Deputy Director of Nursing		
Appendices:	Appendix A - Fill Rate Indicator Return Staffing: Nursing, midwifery and care staff – June 16 Appendix B – Nurse Sensitive Indicators June 16 Appendix C – Temporary Nursing Staff Statistics June 16		

1. Purpose of the report

This report presents the latest nurse staffing across all inpatient wards during June 2016. The purpose of this report is to inform the Trust Board of the ward areas that did not meet the expected staffing levels in June 2016 and the levels that actually occurred; how big the difference is and why, if this affected the quality of patient care and that any risks are being mitigated. This relates to Board Assurance Risk Number 417. Risk to recruitment of new staff and retaining current staff.

2. Recommendations

The Trust Board is asked to note the content of the report.

3. Summary of Key Issues for noting.

Key points to note;

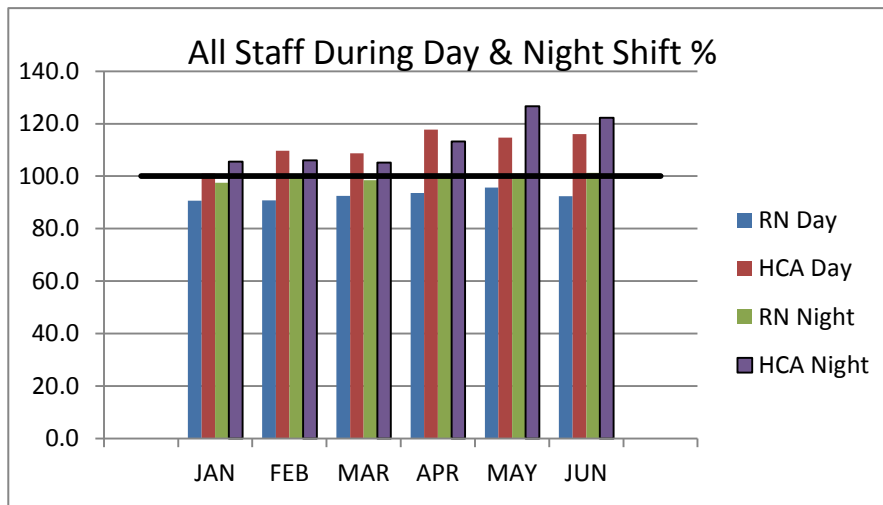
- The fill rate for registered nurses (RN) has remained below 95% since Jan 2016 except for May (95.7).
- The fill rate for health care assistant (HCA) was above target for both day and night shift (116% and 122% respectively) for June.
- Overall the fill rate for both RN and HCA saw a slight deterioration in comparison to last month. However only Wye Ward and Bromyard Community Hospital fell below the target fill rate of 100% for the night shift.
- The strategy to cover an unfilled Registered Nurse (RN) shift with a HCA continues where this is appropriate and is in part driving the >100% fill rate for HCA.
- Secondary to this is the high use of additional HCA for high dependency patients which fall mainly into three categories: patients at high risk of falls; patients with mental health need; patients with high acuity post-surgery
- As the impact of the RN recruitment and retention difficulties intensify, the complexity of roster management is reinforced and alternative strategies have to be considered.
- Current methodology lacks the consistent use of an acuity tool for decision making both in the creation of planned and unplanned rostering.
- The Senior Nurse Management team acknowledge and recognise the need for clarity and evidence for the justification of decisions driving high temporary staffing costs.

3.1 Summary of Inpatient Nurse Staffing Year to Date

Graph 1 below illustrates the continued challenge this year for covering the required registered nurse staffing

levels. The agreed nurse staffing escalation policy for the management of safer staffing levels mitigates this in part, thus when appropriate a Registered Nurse (RN) is replaced by a Health Care Assistant (HCA) during a shift. This is reflected in the % fill rate for HCA with a continued total level of >100% for both day and night shift.

Graph 1



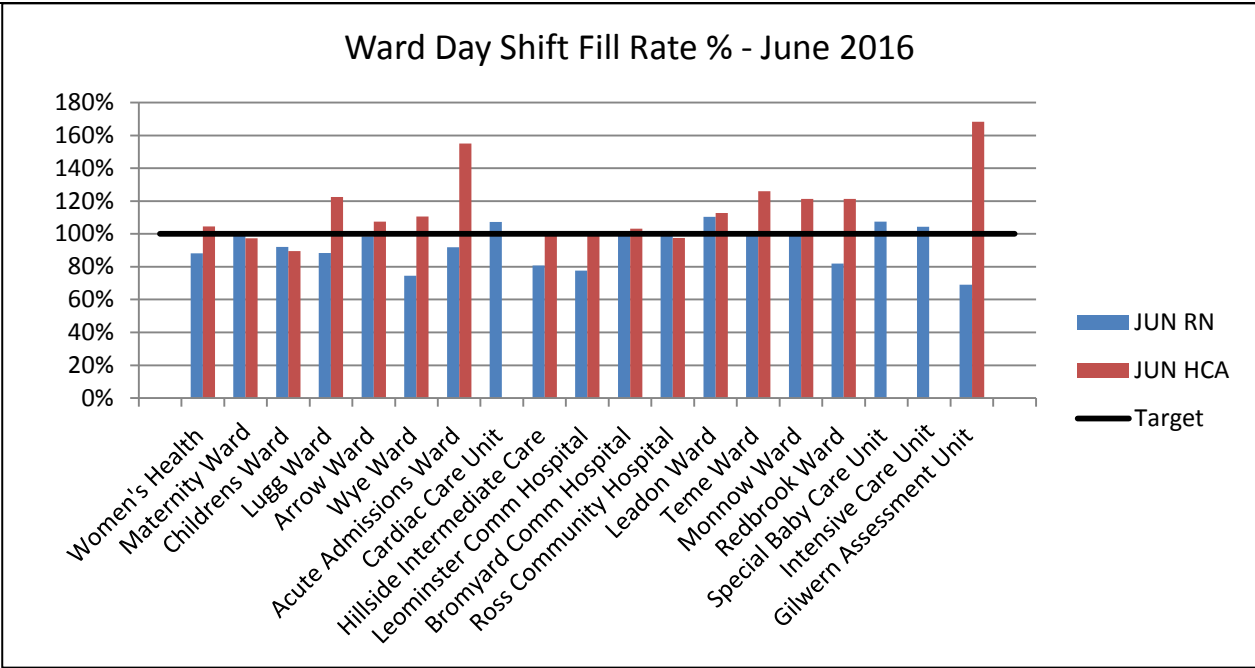
3.2 In Month Nurse Staffing Fill Rates

Graph 2 gives a breakdown of the day shift fill rate both registered nurse and healthcare assistant by ward area for the month of June 16.

The following areas were of particular concern falling below 90% fill rate for the agreed **registered nurse** safer staffing levels:

- Gilwern Assessment Unit fell to 69%;
- Wye Ward 74.5%
- Lugg Ward 88.3%
- Hillside Intermediate Care 80.7%
- Leominster Community Hospital 77.6%
- Redbrook Ward 82%

Graph 2



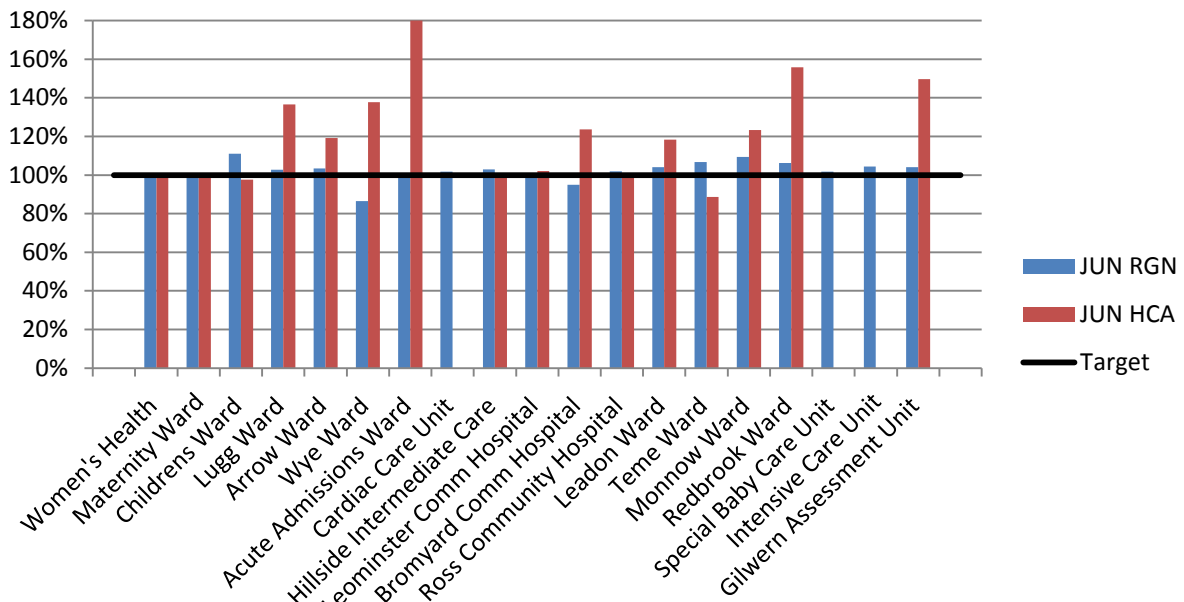
Graph 3 gives the breakdown of the night shift fill rate for the month of June 16. A much improved picture for the registered nurse fill rate as only Wye Ward (86.7%) and Bromyard Community Hospital (95%) are shown to be falling below a 100% fill rate.

Indeed a significant reliance on the use of Health Care Assistant above the required safe staffing levels is noted. Key drivers remain a high demand for the use of additional nurse staffing for high dependency patients. Requests for these usually fall into three categories – patients at high risk of falls; patients with mental health needs and ward-able patients with higher acuity post-surgery.

More detailed information regarding these three categories is being explored. The senior nursing team have recognised that the lack of a consistently used acuity tool to assist with the decision making for planned and actual staffing levels is an important gap, and work is underway to rectify this.

Graph 3

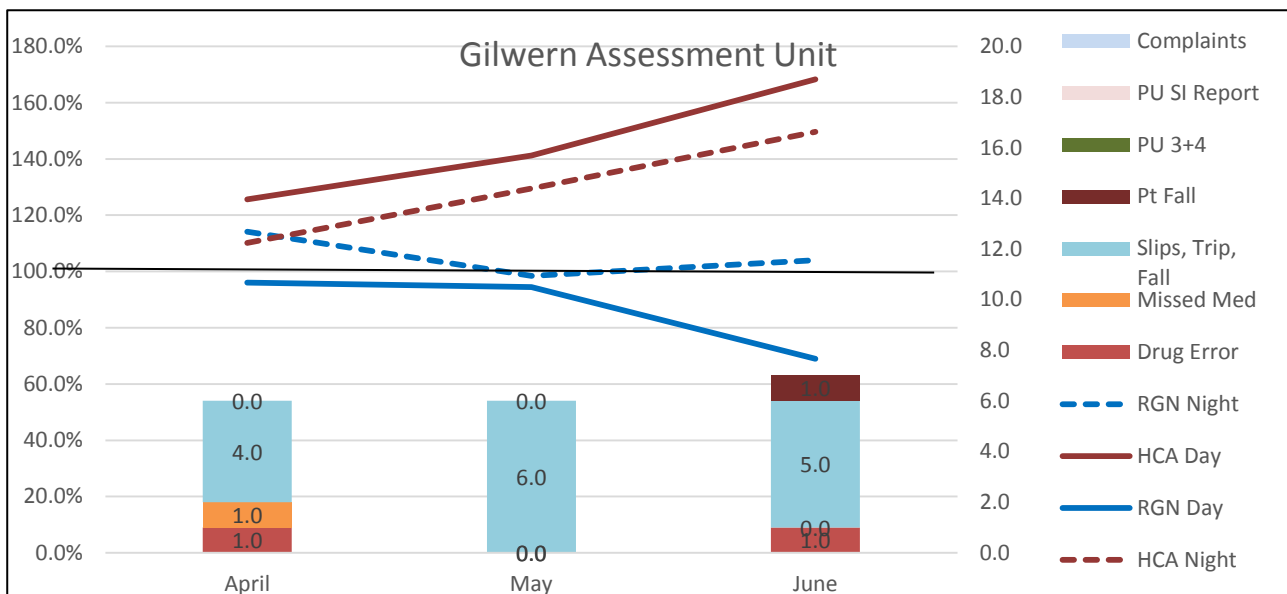
Ward Night Shift Fill Rate % - June 2016



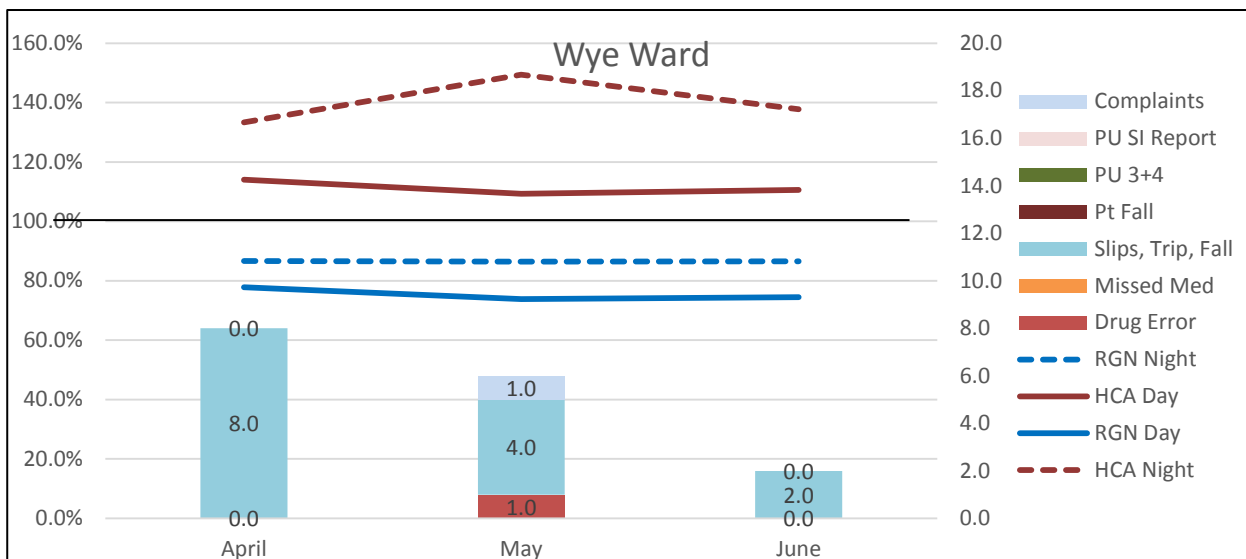
3.3 Effects on nurse sensitive indicators

The following graphs attempt to give an illustration of whether there is a correlation between the % fill rate and an adverse increase in incidents identified through the key nurse sensitive indicators. The specific inpatient wards explored further are those previously identified in point 3.2 above with fill rates of <90% for registered nurse staffing levels.

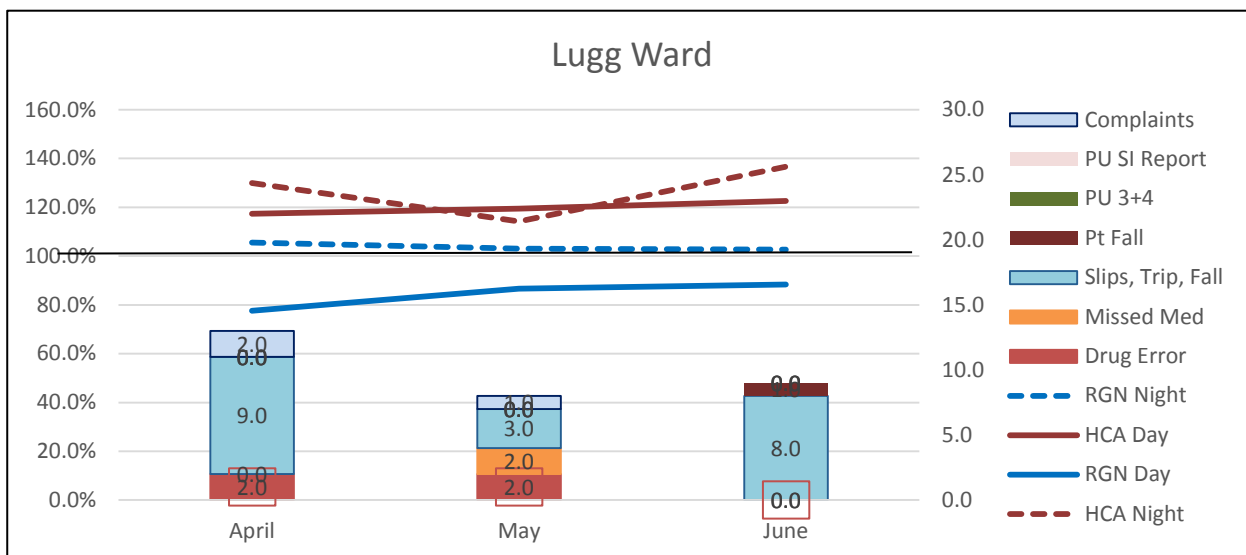
Gilwern Assessment Unit



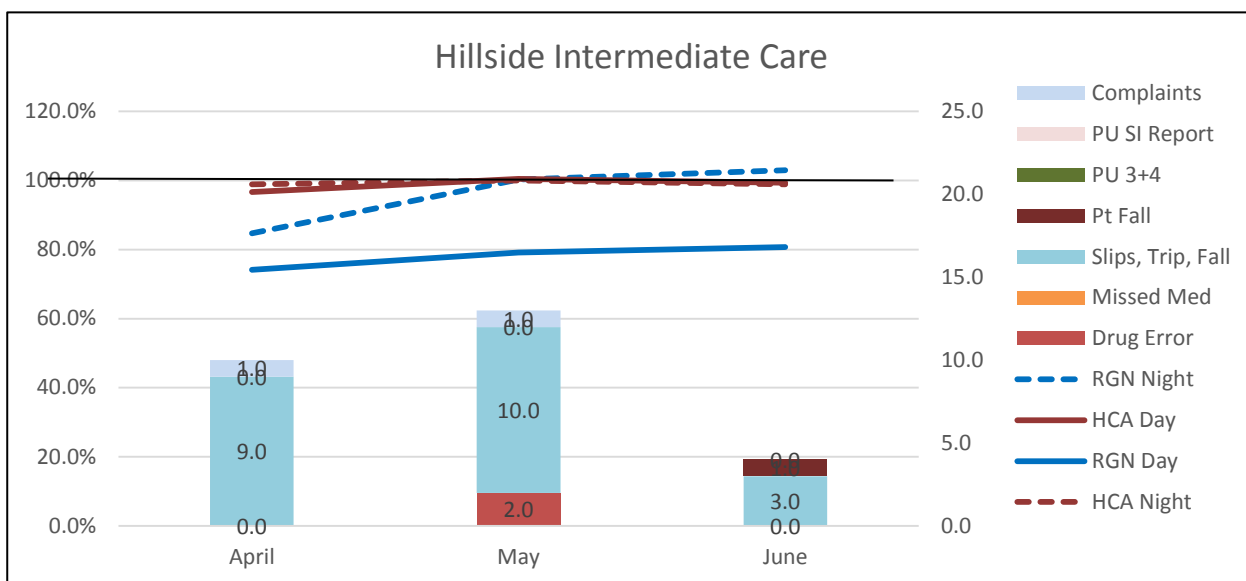
Wye Ward:



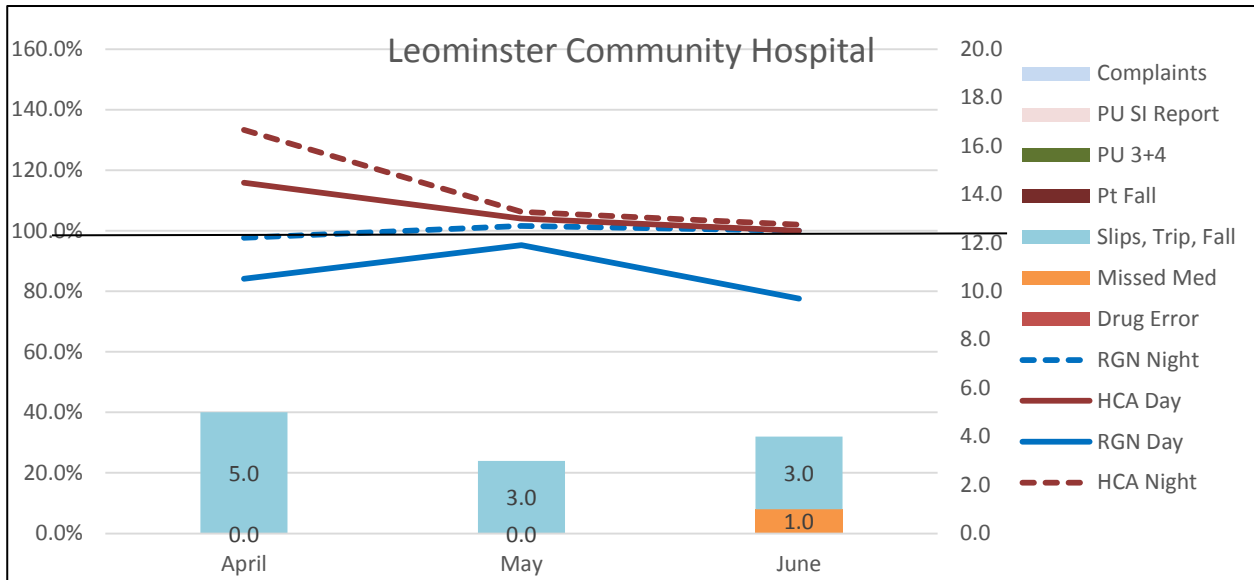
Lugg Ward



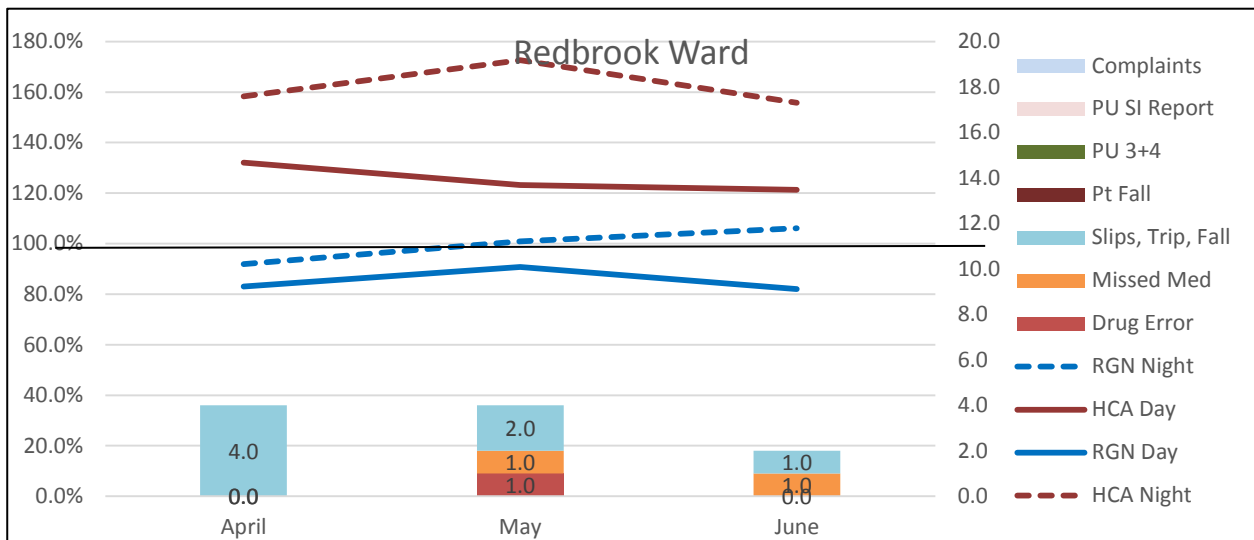
Hillside Intermediate Care:



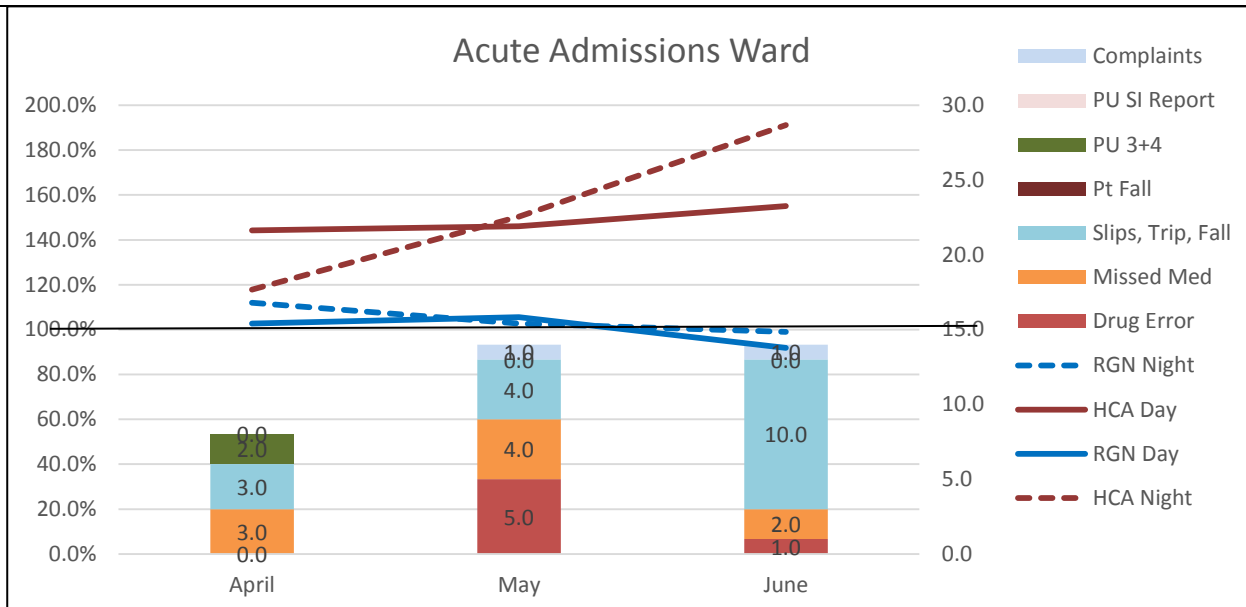
Leominster Community Hospital:



Redbrook Ward:



Acute Admissions Unit (Frome)



4.0 Analyses

Gilwern Assessment Unit reported a fill rate of 69% for RN day shift staff in month, mitigated with a fill rate of 168% for HCA day shift. However, the reportable NSI were fairly static. Likewise Wye Ward consistently mitigated the gaps for RN fill rates with HCA on both day and night shift. Yet, since April they have seen a reduction in reportable NSI.

The Acute Assessment Unit has seen the greatest increase in the use of HCA for day and night shifts. Fill rates for RN's were almost within the target range. Improvements were seen through a reduction in month in the number of drug errors but the overall reportable NSI's was unchanged.

The safer nurse staffing levels were previously agreed in line with the national recommendation of 1:8 (RN:pt ratio). However, it is increasingly recognised that with the growing difficulties of recruitment into substantive RN positions, the initiatives being taken to address this will inevitably challenge the 1:8 assumption. As a consequence the determinants for appropriate safe staffing become more complex, and should encompass a robust patient acuity tool to aid decision making.

In addition, our current methodology does not allow for the level of analysis required to validate the current process for approval of both planned and unplanned additional staffing. There is little evidence that can be presented which correlates the use of additional staffing to improved patient outcomes.

4.0 Conclusion

Staffing overall remains a challenge given the number of w.t.e nurse vacancies and short term sickness. Continued issues with both the recruitment and retention of registered nurses impacts on the number of substantive staff available to cover the staffing rosters. In addition the difficulties encountered with meeting the 100% fill rate for RN's unquestionably results in daily complex decision making to determine safe staffing levels across all the inpatient wards. However, the Senior Nursing team acknowledge that existing strategies driving high temporary costs requires clarity and evidence of outcomes, and have already commenced a number of key actions and recommendations.

4.1 Recommendations

A number of actions are already underway including the following:

- Deep dive review of the safer staffing levels – in-depth check and challenge led by the Director of Nursing with the Divisional Nurse Directors of the 1:8 registered nurse ratio; the impact of the initiative to implement the band 4 Assistant Practitioner role; and a quality impact of reducing the 60/40 split of registered to unregistered nursing staff.
- Full review of the programme milestones for the staff employed within a supernumerary status – including the overseas recruits and the progression bandings.
- Audit of compliance of the escalation process for nurse staffing.
- Exploration of the role of the HDP, and alternative methods of support for the patient who falls within the ‘specialing’ criteria.
- Revision of the acuity tool and its application in the decision making process for nurse staffing levels.
- Review and agreement of the key performance indicators aligned to nursing – namely the nurse sensitive indicators.
- Engagement with SSG – review of the temporary staffing spend.

5.

Helen Byard, Deputy Director of Nursing helen.byard@wvt.nhs.uk

6. Please confirm, by ticking the box, that you have included or considered the following items in developing your report:

Background

Care Quality Commission Implications

Legal / NHS Constitution considerations

Analysis of Risk including link to the Board Assurance Framework and Risk Register

Resource Implications (staffing & financial)

Adult and Child Safeguarding

Patient, Public and Stakeholder involvement

Fill rate indicator return Staffing: Nursing, midwifery and care staff

Org: RLQ Wye Valley NHS Trust
Period: June_2016-17

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

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.wyevalley.nhs.uk/about-us/our-performance/staffing-ratios.aspx

Comments

Only complete sites your organisation is accountable for

Validation alerts (see control panel)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Women's Health	502 - GYNAECOLOGY		675	595	450	470	285	283.5	570	564	88.1%	104.4%	99.5%	98.9%	190	4.6	5.4	10.1
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Maternity Ward	501 - OBSTETRICS		750	750	750	730.5	750	750	562	562.5	100.0%	97.4%	100.0%	100.1%	312	4.8	4.1	9.0
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Childrens Ward	171 - PAEDIATRIC SURGERY	420 - PAEDIATRICS	1845	1698.25	450	403	570	632.5	285	278	92.0%	89.6%	111.0%	97.5%	297	7.8	2.3	10.1
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Lugg Ward	430 - GERIATRIC MEDICINE	301 - GASTROENTEROLOGY	1800	1589.5	2475	3033.2	855	878	855	1168.25	88.3%	122.6%	102.7%	136.6%	889	2.8	4.7	7.5
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Arrow Ward	320 - CARDIOLOGY		2025	1995.5	1350	1450	1140	1179	570	679	98.5%	107.4%	103.4%	119.1%	738	4.3	2.9	7.2
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Wye Ward	302 - ENDOCRINOLOGY		2475	1845	2025	2239	1425	1233.5	855	1178	74.5%	110.6%	86.6%	137.8%	742	4.1	4.6	8.8
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Acute Admissions Ward	326 - ACUTE INTERNAL MEDICINE		3150	2894.75	1800	2791.75	1995	1975.2	855	1634	91.9%	155.1%	99.0%	191.1%	982	5.0	4.5	9.5
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Cardiac Care Unit	192 - CRITICAL CARE MEDICINE		900	966			570	579.5			107.3%		101.7%		159	9.7	0.0	9.7
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Hillside Intermediate Care	314 - REHABILITATION		1230	992.5	1860	1847.25	570	587	855	845.5	80.7%	99.3%	103.0%	98.9%	650	2.4	4.1	6.6
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Leominster Community Hospital	314 - REHABILITATION		1350	1048.25	2250	2249.75	570	570	855	872.4	77.6%	100.0%	100.0%	102.0%	755	2.1	4.1	6.3
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Bromyard Community Hospital	314 - REHABILITATION		900	907	1350	1392	570	541.5	570	704.5	100.8%	103.1%	95.0%	123.6%	488	3.0	4.3	7.3
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Ross Community Hospital	314 - REHABILITATION		1350	1375.25	2250	2193.75	570	581	1140	1129.5	101.9%	97.5%	101.9%	99.1%	886	2.2	3.8	6.0
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Leadon Ward	100 - GENERAL SURGERY		1350	1491.2	1125	1268	570	593	570	674.5	110.5%	112.7%	104.0%	118.3%	565	3.7	3.4	7.1
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Teme Ward	110 - TRAUMA & ORTHOPAEDICS		1350	1359.25	1125	1416.75	570	608	570	505.5	100.7%	125.9%	106.7%	88.7%	423	4.7	4.5	9.2
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Monnow Ward	100 - GENERAL SURGERY		1350	1348.75	1125	1363.75	570	623.5	570	702.75	99.9%	121.2%	109.4%	123.3%	529	3.7	3.9	7.6
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Redbrook Ward	110 - TRAUMA & ORTHOPAEDICS		1575	1290.75	1575	1911	855	907.5	570	888	82.0%	121.3%	106.1%	155.8%	694	3.2	4.0	7.2
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Special Baby Care Unit	420 - PAEDIATRICS		1125	1208			1125	1144.5			107.4%		101.7%		127	18.5	0.0	18.5
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Intensive Care Unit	192 - CRITICAL CARE MEDICINE		2093.2	2184.75			1907.5	1992			104.4%		104.4%		128	32.6	0.0	32.6
RLQ01	HEREFORD COUNTY HOSPITAL - RLQ01	Gilwern Assessment Unit	300 - GENERAL MEDICINE		1350	931.5	1350	2271.5	570	593	570	852.75	69.0%	168.3%	104.0%	149.6%	444	3.4	7.0	10.5
Total					28643.2	26471.2	23310	27031.2	16037.5	16252.2	10822	13239.15					9998			

This information includes data for June 2016

Urgent Care

	Arrow Ward		CCU		Frome AAU/SSU		Gilwern unit		Lugg Ward		Wye Ward	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication with Nursing staff	1	1.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Complaints - Clinical/Patient care	1	1.3	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0
Complaints - Attitude of Nursing staff	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Compliments	7	n/a	14	n/a	10	n/a	7	n/a	7	n/a	17	n/a
Friends and Family Test Response Rate	11.3%	n/a	82.8%	n/a	28.4%	n/a	45.2%	n/a	52.5%	n/a	34.7%	n/a
Friends and Family Test Recommendation Percentage	100%	n/a	100%	n/a	90%	n/a	100%	n/a	97%	n/a	100%	n/a
MRSA Bacteramia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Clostridium Difficile (post)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Drug Errors (exc. Missed medication)	1	1.3	1	6.4	1	1.0	1	2.2	2	2.2	0	0.0
Missed Medication Incidents	1	1.3	0	0.0	2	2.0	0	0.0	0	0.0	0	0.0
Slips, trips and falls	1	1.3	0	0.0	10	10.2	5	11.1	8	8.8	2	2.6
Patient falls - Moderate harm or above (SIRI)	0	0.0	0	0.0	0	0.0	1	2.2	1	1.1	0	0.0
Pressure Ulcers (3&4) Internal Investigation	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pressure Ulcers (3&4) SI reportable	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bed Days	749	n/a	157	n/a	977	n/a	452	n/a	904	n/a	767	n/a
Sickness												

Key

Colour	
Green	0
Yellow	1 & 2
Red	3 +

FFT Response rate key

Colour	%
Green	Over 40%
Yellow	30-40%
Red	Under 30%

FFT Score key

Colour	%
Green	100-95%
Yellow	90-94%
Red	0-89%

Community Hospitals

	Ross CH		Leominster CH		Bromyard CH		Hillside	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication with Nursing staff	0	0.0	0	0.0	0	0.0	0	0.0
Complaints - Clinical/Patient care	0	0.0	0	0.0	0	0.0	0	0.0
Complaints - Attitude of Nursing staff	0	0.0	0	0.0	0	0.0	0	0.0
Compliments	18	n/a	13	n/a	14	n/a	4	n/a
Friends and Family Test Response Rate	91.5%	n/a	93.1%	n/a	86%	n/a	100%	n/a
Friends and Family Test Recommendation Percentage	98%	n/a	100%	n/a	100%	n/a	100%	n/a
MRSA Bacteramia	0	0.0	0	0.0	0	0.0	0	0.0
Clostridium Difficile (post)	0	0.0	0	0.0	0	0.0	0	0.0
Drug Errors (exc. Missed medication)	0	0.0	0	0.0	1	2.1	0	0.0
Missed Medication Incidents	0	0.0	1	1.3	0	0.0	0	0.0
Slips, trips and falls	6	6.8	3	3.9	4	8.3	3	4.6
Patient falls - Moderate harm or above (SIRI)	0	0.0	0	0.0	0	0.0	1	1.5
Pressure Ulcers (3&4) Internal Investigation	0	0.0	0	0.0	0	0.0	0	0.0
Pressure Ulcers (3&4) SI reportable	0	0.0	0	0.0	0	0.0	0	0.0
Bed Days	880	n/a	763	n/a	483	n/a	650	n/a
Sickness								

	Emergency Dept.	CAU	Discharge Lounge
	Number	Number	Number
Complaints - Communication with Nursing staff	1	0	0
Complaints - Clinical/Patient care	2	1	0
Complaints - Attitude of Nursing staff	0	0	0
Compliments	1	13	0
Friends and Family Test Response Rate	11.8%	85.5%	n/a
Friends and Family Test Recommendation Percentage	75%	98%	n/a
MRSA Bacteramia	0	0	0
Clostridium Difficile (post)	0	0	0
Drug Errors (exc. Missed medication)	1	1	0
Missed Medication Incidents	1	0	0
Slips, trips and falls	0	1	0
Patient falls - Moderate harm or above (SIRI)	0	0	0
Pressure Ulcers (3&4) Internal Investigation	0	0	0
Pressure Ulcers (3&4) SI reportable	0	0	0
Sickness			

Elective Care

	Leadon Ward		ITU		Monnow Ward		Redbrook Ward		Teme Ward		Daycase Unit/Endoscopy	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication with Nursing staff	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	3.8
Complaints - Clinical/Patient care	0	0.0	0	0.0	1	1.9	0	0.0	0	0.0	0	0.0
Complaints - Attitude of Nursing staff	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Compliments	13	n/a	16	n/a	29	n/a	23	n/a	44	n/a	7	n/a
Friends and Family Test Response Rate	45%	n/a	n/a	n/a	52.9%	n/a	74.5%	n/a	66.9%	n/a	28.2%	n/a
Friends and Family Test Recommendation Percentage	97%	n/a	n/a	n/a	94%	n/a	89.0%	n/a	97%	n/a	100%	n/a
MRSA Bacteramia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Clostridium Difficile (post)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Drug Errors (exc. Missed medication)	0	0.0	1	7.6	2	3.7	0	0.0	0	0.0	0	0.0
Missed Medication Incidents	1	1.7	0	0.0	2	3.7	1	1.4	1	2.3	2	7.7
Slips, trips and falls	8	13.6	1	7.6	3	5.6	1	1.4	1	2.3	0	0.0
Patient falls - Moderate harm or above (SIRI)	1	1.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Pressure Ulcers (3&4) Internal Investigation	0	0.0	1	7.6	0	0.0	0	0.0	0	0.0	0	0.0
Pressure Ulcers (3&4) SI reportable	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bed Days	589	n/a	132	n/a	534	n/a	709	n/a	441	n/a	261	n/a
Sickness												

Integrated Family Health Services

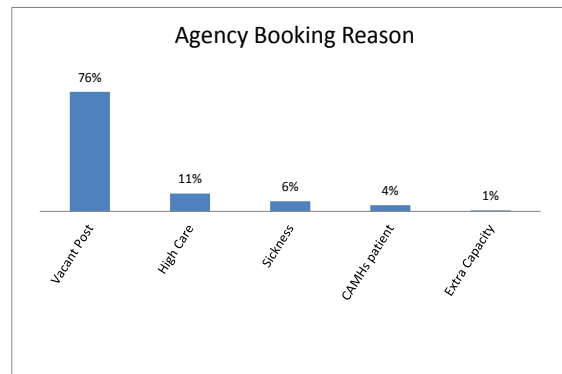
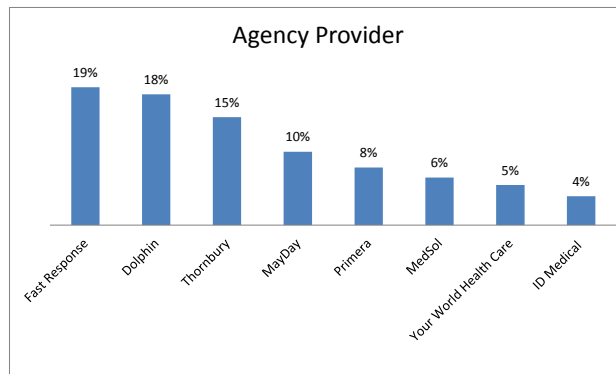
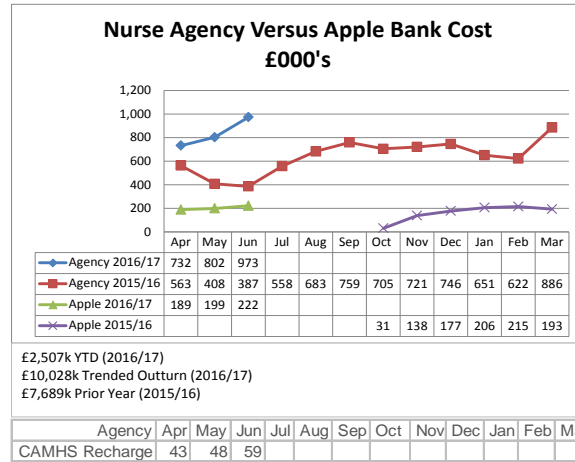
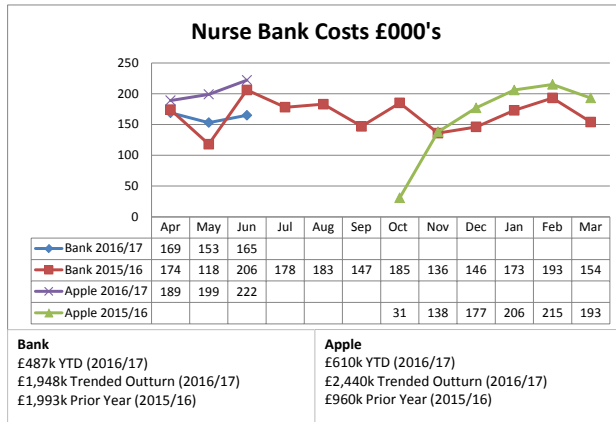
	Childrens Ward		Maternity Ward		Womens Health Ward		SCBU		Delivery Suite	
	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days	Number	Per 1000 bed days
Complaints - Communication with Nursing staff	0	0	0	0	0	0.00	0	0	0	0
Complaints - Clinical/Patient care	0	0.0	1	2.94118	0	0.00	0	0	0	0
Complaints - Attitude of Nursing staff	0	0	0	0	0	0.00	0	0	0	0
Compliments	21	n/a	7	n/a	15	n/a	10	n/a	7	n/a
Friends and Family Test Response Rate	22.4%	n/a	36.7%	n/a	51.5%	n/a	n/a	n/a	40%	n/a
Friends and Family Test Recommendation Percentage	98%	n/a	100%	n/a	94%	n/a	n/a	n/a	100%	n/a
MRSA Bacteramia	0	0	0	0	0	0.00	0	0	0	0
Clostridium Difficile (post)	0	0	0	0	0	0.00	0	0	0	0
Drug Errors (exc. Missed medication)	0	0.0	0	0.0	0	0.0	0	0.0	0	0
Missed Medication Incidents	0	0.0	1	2.9	1	4.9	0	0.0	0	0
Slips, trips and falls	0	0.0	0	0.0	1	4.9	0	0	0	0
Patient falls - Moderate harm or above (SIRI)	0	0	0	0	0	0.00	0	0	0	0
Pressure Ulcers (3&4) Internal Investigation	0	0	0	0	0	0.00	0	0	0	0
Pressure Ulcers (3&4) SI reportable	0	0	0	0	0	0	0	0	0	0
Bed Days	304	n/a	340	n/a	205	n/a	134	n/a	*	n/a
Sickness										

*Discharge figures are unavailable from this area as they can have multiple bed occupancies a day

Nurse Statistics – June 2016

1] Trust-wide Substantive and Temporary Nursing Staff Position

2016-17 BUDGETED ESTABLISHMENT												
	WTE by Month											
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
All Nursing Budgeted Establishment	1426.53	1427.24	1431.84									
Bank	58.42	60.57	65.46									
Agency	108.48	106.95	123.15									
Apple	33.23	36.97	40.74									
Substantive	1250.01	1237.31	1213.21									
Under/(Over) Establishment	(23.61)	(14.56)	(10.72)									



2] Usage By Area

WTE By Area	Bank	Apple	Agency	Total
AAU	6.03	1.65	15.88	23.56
A & E	0.40	7.73	15.05	23.18
Lugg Ward	5.06	1.07	10.65	16.78
Arrow Ward	2.64	2.35	9.83	14.82
Wye Ward	3.24	1.23	9.60	14.07
Theatre Suite	0.23	0.93	10.46	11.62
Redbrook Ward	2.58	1.35	6.44	10.37
Gilwerne Assessment Unit (GAU)	1.96	0.50	7.73	10.19
Maternity Ward/Delivery Suite Pay	3.63	5.99		9.62
Bromyard - Nursing	1.96	1.19	4.89	8.04
Leadon (Surgical) Ward	1.80	1.99	3.63	7.42
CAU	3.43	1.43	2.38	7.24
Childrens Ward	1.10	0.46	5.41	6.97
Monnow (Surgical) Ward	0.61	0.35	5.41	6.37
Terne Ward	0.35	2.40	3.02	5.77
Ross - Nursing	1.67	2.20	1.82	5.69
DC Overspill	1.54	1.52	2.56	5.62
Discharge Lounge	1.93	0.58	2.30	4.81
Leominster - Nursing	1.22	1.43	1.99	4.64
Oxford Suite	3.93	0.14		4.07
Women's Health	2.45	0.95	0.56	3.96
Hillside Unit	3.00	0.05	0.36	3.41
McMillan Renton Unit	2.12		1.03	3.15
Cardiology	2.86			2.86
SCBU	0.08	2.00		2.08
Nursing No 1 Ledbury Road	0.91	0.52	0.15	1.58
Gynae - Outpatients	1.12	0.06		1.18
Theatres - Recovery			1.14	1.14
Radiology	0.92			0.92
ITU/HDU	0.66		0.14	0.80
CNS Haematology	0.69			0.69
Outpatient ENT	0.69			0.69
Outpatients - Ophthalmology	0.65			0.65
Daycase	0.24	0.09	0.29	0.62
Podiatric Surgery	0.53			0.53
Children's Complex Care	0.15		0.35	0.50
West Locality Team	0.49			0.49
City Locality Team - City	0.41			0.41
CNS Gastroenterology		0.40		0.40
East Locality Team	0.35			0.35
Oncology Admin Support	0.31			0.31
Endoscopy	0.28			0.28
Maternity - Outpatients	0.24			0.24
Integrated Flow Manager	0.21			0.21
Head Injury Service	0.20			0.20
Ross Community Hospital - Outpatients	0.20			0.20
CCU	0.05	0.04	0.08	0.17
Community Nursing		0.14		0.14
Muscular Skeletal	0.12			0.12
HR Staff Side	0.10			0.10
P.G.M.C SIFTR	0.10			0.10
Outpatients - Maxillo Facial	0.02			0.02
Total	65.46	40.74	123.15	229.35