

Nursing, Midwifery & Care Staffing Establishments

Trust Board - Part 1	Item: 13
Date: 25th November 2015	Enclosure: H
Purpose of the Report:	
<p>This report provides the Board with an update on progress with the requirements of the safe staffing guidance, including the published nursing, midwifery & care assistant staffing data, and revalidation requirements. The recruitment of nursing staff continues to be challenging and this provides the Board with an overview of current and future recruitment activities in these groups and key areas of focus in developing nursing, midwifery & care staff.</p>	
For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	<p>Assurance Framework – Principle Risk 1 - Failure to improve quality of care Principle Risk 5 – Failure to ensure there are the right staff (numbers, skills and capability) in the right place</p> <p>Corporate Risk Register – T034 Recruitment – not having the required staff in place</p>
Legal / Regulatory / Reputation Implications:	National Safe Staffing reporting requirements
Link to Relevant CQC Domain: Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
Link to Relevant Corporate Objective:	<ul style="list-style-type: none"> To increase staff retention by creating an environment where staff feel valued, supported and can develop, grow and thrive To ensure all our staff are up to date with core (mandatory) training, have clear objectives, regular appraisal and a personal development plan reflecting our values
Document Previously Considered By:	N/A
Recommendations: The Trust Board is asked to:	
<ol style="list-style-type: none"> Note the nursing, midwifery and care staffing information provided in line with the national Safe staffing guidance Note progress with recruitment to nursing, midwifery and care assistant vacancies and planned ongoing approaches Note the progress with programmes of development for nursing, midwifery & care staff groups and revalidation requirements 	

Nursing, Midwifery & Care Staffing

1. Introduction

- 1.1 The Trust has had in place for some time a 6 monthly Board report into nursing, midwifery & care staffing within the public board meeting and last received an update in June 2015.
- 1.2 This report provides the Board with an update on progress with the requirements of the national safe staffing guidance, areas of key focus in recruiting, retaining and developing nursing, midwifery & care staff, and preparations for nursing & midwifery revalidation.
- 1.3 The recruitment and retention of registered nursing staff continues to be challenging locally and across London. In recognition of this the Trust has been taking ongoing steps to ensure current and future supply of nursing staff, as well as initiatives to improve retention.
- 1.4 The Safe Nursing, Midwifery & Care Staffing Group continues to meet weekly chaired by the Deputy Director of Nursing & Patient Experience. The group has a nursing revalidation sub group.

2. National Changes

- 2.1 Since the last report to the Trust Board the landscape of Safe Staffing has continued to evolve. NHS Improvement will now lead on safe staffing guidance nationally.
- 2.2 During the summer the Chief Nursing Officer (CNO) of England advised that NICE staffing guidance for adult inpatient wards and midwife staffing in maternity settings continue to be in place. There is however a greater reflection of other key principles in the setting of staffing establishments which include:
 - Multi-professional approach that takes into account all staff involved, not just nurses;
 - There are many care settings and not just hospital and span organisational boundaries;
 - Not just about filing rotas or looking only at numbers or input measures
 - There is no one size fits all approach for new models of care and the mix of staff needed
 - The work should be underpinned by the need for career progression for non-registered staff, nurse retention and flexible working;
 - It is also about how much time nurses spend with patients
 - Other than in acute wards, there is yet little research or evidence into what safe staffing looks like for other care settings
- 2.3 The draft guidance from NICE regarding nurse staffing within Emergency Departments was not progressed to final publication, and the Urgent & Emergency Vanguards have been asked to build on this guidance, taking into account other professionals.
- 2.4 Over recent months the Trust provided evidence both in writing and in person to the Migration Advisory Committee (MAC), who review and advise on shortage occupations for the purpose of international recruitment. In October 2015 registered nurses have temporarily been added to the shortage occupation list, enabling the issuing of visas for overseas recruits. The Trust continues to input into the review as this temporary measure is in place currently until Spring 2016.

- 2.5 From October 2015 the set annual limits for agency nursing expenditure as a percentage of total nursing staff spend have been introduced. From 23rd November 2015 caps have been introduced on the hourly rates for all agency staff. These will apply across all staff groups. The price caps are then planned to ratchet down, in two further stages on 1st February 2016 and 1st April 2016. By 1st April 2016 an agency worker should not be rewarded more than an equivalent substantive worker. Bank workers' pay rates are not included under the price cap rules. The rules include a 'break-glass' provision for trusts that need to override the caps on exceptional safety grounds.
- 2.6 From 18th January 2016 new English language requirements for Economic European Area (EEA) trained nurses and midwives joining the Nursing and Midwifery Council (NMC) register come into effect.

3. South London Review

- 3.1 The Trust participated in a review of adult nurse turnover and retention in South London during late 14/15. This was commissioned by Health Education South London (HESL) and conducted by Kingston University in response to the rising issue of nurse vacancies and turnover across all South London Trusts.
- 3.2 The final generic report has been made available in November 2015, with the Trust specific report expected later this month. The report and any implications or actions arising from this will be shared at a future Workforce Committee.

4. Developing Nurses, Midwives and Care assistants

- 4.1 In addition to the multitude of professional development opportunities on offer to nurses, midwives & care staff in the Trust, specific areas of focus continue to take place. These approaches are part of the strategy to improve retention and skills of staff within the organisation.
- 4.2 **Induction of new nurses, midwives & nursing assistants** - The Trust continues with specific induction programmes for new nurses and nursing assistants joining the Trust which are supplemented as required to meet the needs of specific starters such as internationally educated nurses. The evaluation of this programme is extremely positive and participants develop relationships with each other and the practice development team that provide them with an ongoing support network. All newly qualified midwives are supported through a structured programme of preceptorship with identified competencies to be achieved in the 1st year post qualification. The midwife then progresses to a band 6.
- 4.3 **Aspiring Ward Sister/Charge Nurse** – A second aspiring ward sister charge nurse programme has been taking place since June 2015, to nurture future senior sisters/charge nurses.
- 4.4 **Aspiring Junior Sister/Charge Nurse Programme** – In response to a difficult to recruit role the Trust has commissioned an aspiring band 6 programme to commence in 2016. This is to encourage band 5 nurses who need additional support and development to progress to a band 6 junior sister/charge nurse role.

- 4.5 **Team development** – Team development days have continued to take place, and since the last report to the Trust Board team days have included theatres, orthopaedic wards, and Keats ward. AAU and the neonatal units have planned dates over the coming quarter.
- 4.6 **Band 6 & experienced Band 5 Development Programme**–This programme designed between London South Bank University (LSBU), and Kingston Hospital continues has continued to take place.
- 4.7 **Staff Forums** – The Matron led nursing assistant forum has continued as an opportunity to connect with nursing assistants and support workers, provide additional training and awareness opportunities and input into quality improvements. Building on the success of the nursing assistant forum, from December 2015 a new monthly housekeeper forum is starting.
- 4.8 The **Trust’s Annual Nursing & Midwifery Conference** will take place on 13th May 2016 in celebration of the Trust’s Nurses, Midwives, nursing assistants and maternity support workers. Ruth May, Nurse Director at Monitor has been confirmed as the keynote speaker.
- 4.9 **Advanced Practice** – In July 2015 the Trust received confirmation of a successful bid of £36,000 from Health Education South London (HESL) to support advanced practice in the Trust. This is being used to provide additional advanced practice university modules supervision, leadership and advanced resuscitation courses.
- 4.10 **Overseas Nursing Programme** – Earlier in the year the Trust commissioned a bespoke programme from Kingston University to run an overseas nursing programme for those candidates who had received permission from the NMC to undertake this programme before the new OSCE system was put in place. 18 of the 19 staff have now gained their full NMC registration, with the final candidate expected to upon completion of required practice hours.
- 4.11 **NMC test of competence 2 (OSCE)** - The Trust has successfully bid and received funding support from HESL for our programme of preceptorship for internationally educated nurses (IEN) with a funding grant of £86,181 to add to an earlier allocation of £14,556 for band 5 preceptorship. The funding is supporting the induction and intensive preparation of IENs in order to undertake the OSCE. The aim is for candidates to undertake the OSCE on their fourth week after starting in the Trust. So far with the first 12 candidates having undertaken the OSCE the Kingston Hospital candidates pass rate is 75% passing at 1st attempt, against a national pass rate of 51%.
- 4.12 **Recruiting to Retain Programme** – The Trust received £31,700 to develop and implement a rotation programme for newly qualified band 5 nurses across different clinical pathways. Following advertisement interest in this programme was less than expected and further work to attract candidates is taking place. Consideration to a nursing assistant rotation programme to attract and retain this staff group is currently being explored.
- 4.13 The **maternity unit** has introduced PROMPT training for obstetric emergencies this year which involves training staff in a team where each of the members acts out their own role in a clinical scenario. This has been a well evaluated approach to team working particularly in an emergency. The sign up to safety project is focused on improving competence in CTG

interpretation. The aim is that 100% of midwives and doctors working in maternity will achieve a high level of competency in interpreting CTGs over a 12 month period.

5. Nursing & Midwifery Revalidation

- 5.1 The NMC have confirmed that nursing & midwifery revalidation will be introduced from April 2016.
- 5.2 The Trust has a working group, chaired by the Deputy Director of Nursing, which is progressing well to support its implementation. Several drop in sessions have been held to inform staff about revalidation and help them to prepare and these have been well attended and well received.
- 5.3 A draft portfolio has been developed and is currently being piloted on a group of nurses, from different grades and different roles. Systems for appraisal and support for revalidation for the permanent nurse bank staff is also being piloted.

6. Releasing time for care

- 6.1 The Trust continues to explore methods to release time for care for nursing & midwifery staff, with a key focus on use of technology.
- 6.2 In 2014/15 the Trust gained £830,000 of nurse technology funding for deployment of wireless observations and alert systems during 2015/16. The project is running run to plan and wireless observations are now in place within the Acute Assessment Unit, Alex and Astor Wards.
- 6.3 As part of the roll out of the system the time saved has been monitored, and an average of 1.5 minutes of nursing time is saved for each set of observations taken on a patient. Based on the number of observations taken in one month (n=9,000) across these three wards, 225 hours of nursing time has been released in one month from this systems implementation.
- 6.4 A roadmap for how this system and other wireless technologies such as ECG's, could be deployed across the Trust in the future will need to now be developed.
- 6.5 With the deployment of the clinical record system (CRS) nursing documentation, has allowed focus on alternative methods of auditing the information directly from the system. The purpose of this is to release time from nurses collecting and inputting audit data. Since October 2015 the monthly documentation audit is now undertaken directly from the system.

7.0 Recruitment & retention

- 7.1 The Trusts current vacancy and known starter position for nurses, midwives and nursing/midwifery assistants is shown below

	Vacancy	Known Starters	Known Leavers	Predicted Vacancy
Total Midwives	0	2	2	0
Total maternity support	2	2	0	0
Total Registered Nurses	130.19	75.48	8	62.71
Total Nursing Assistants	36.06	35.6	5.8	6.26
Total	168.25	115.08	15.8	68.97

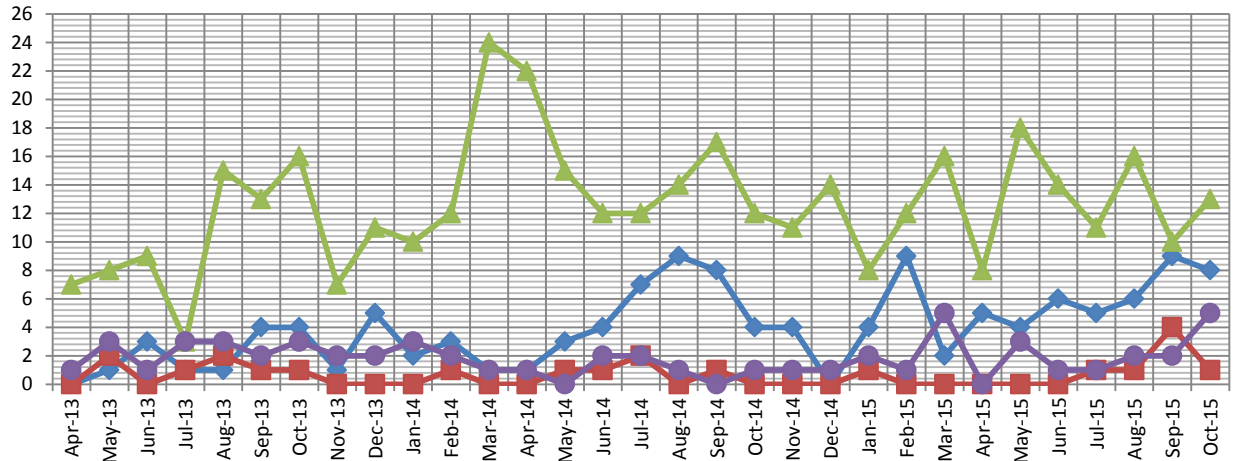
7.2 The Trust continues to have in place a proactive approach to nursing & midwifery recruitment, which is reviewed on a weekly basis at the Safe Staffing meeting. Multiple recruitment strands are in place to deliver zero vacancies and an ongoing supply of nursing & midwifery staff, which are shown in the table below.

Recruitment Strand	Current Activity
UK	<ul style="list-style-type: none"> • Rolling Programme of ward/departmental specific and generic recruitment & adverts – reviewed weekly at the Safe Staffing meeting • Band 2 nursing assistant assessment centres are established on an ongoing fortnightly basis • Band 5 qualified nurse assessment centres are established on a monthly basis, with ad hoc speciality assessment centres when required. • Exploration of nursing assistant rotation programme is taking place • Contact days in place for pre-registration nurses from Kingston University to attract more students • Increase pre-registration student nurses within the organisation to increase future attraction of newly qualified nurse (further detail below) • Further midwifery recruitment will commence in January 2016 to take account of anticipated regular turnover levels during 2016
Europe	<ul style="list-style-type: none"> • The Trust has now completed recruitment trips to different EEA countries. • A remaining 5 nurses recruited from these trips are due to start in the Trust. • The Trust is scoping further opportunities for EEA recruitment and likely impact of introduction of new NMC requirement • Skype interviews are taking place where individual or small number candidates are identified
International	<ul style="list-style-type: none"> • There are 44 nurses from the Philippines currently in the recruitment process from previous recruitment trips. A further 10 start on 30th November 2015. • A third recruitment trip to the Philippines is taking place on the 28th November 2015 with 50-60 candidates to interview • The planned recruitment trip to India has been postponed from November 2015 to 29th February 2016 to allow enough candidates to be at a stage for interview • A limited number of skype interviews have been facilitated with the recruitment agent for nurses from India who have met the requirements • One international recruitment agency have been working with the Trust to co-ordinate all the Trusts overseas recruitment which has led to a more streamlined approach.

7.3 Provision of accommodation for nurses is increasingly problematic with the Trust identifying local hotel accommodation as an interim measure. This will be for short periods whilst nurses home accommodation becomes vacant or to allow other local housing options to be identified. The first use of this is likely to be from the start of December 2015 onwards. The Director of Facilities is reviewing longer term options.

7.4 The below chart shows the number of leavers within nursing & midwifery since April 2013. The pattern of increased nursing assistant leavers at over the previous period is noted, some of which must be considered in light of the Trust supported sponsorship of 9 nursing assistants to nurse training places which commenced in September 2015.

Nursing & Midwifery Leavers April-13 - October 2015 (headcount)



	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Nurse Assts	0	1	3	1	1	4	4	1	5	2	3	1	1	3	4	7	9	8	4	4	0	4	9	2	5	4	6	5	6	9	8
MSWs	0	2	0	1	2	1	1	0	0	0	1	0	0	1	1	2	0	1	0	0	0	1	0	0	0	0	0	1	1	4	1
Qual Nurse	7	8	9	3	15	13	16	7	11	10	12	24	22	15	12	12	14	17	12	11	14	8	12	16	8	18	14	11	16	10	13
Qual Midwives	1	3	1	3	3	2	3	2	2	3	2	1	1	0	2	2	1	0	1	1	1	2	1	5	0	3	1	1	2	2	5

7.5 As part of business planning and review of establishments this year consideration will be made to defining the role and establishing some band 3 nursing assistant posts. This will be in replacement of band 2 posts within clinical areas. The purpose of this is to secure more career progression opportunities for nursing assistants within the Trust.

8.0 Pre-registration Education

8.1 The Trust is keen to increase the number of students undertaking placements at Kingston Hospital, and has in principle has agreed with Kingston University to increase the number of student nurse placements in the Trust by 30 in early 2016. There would then be a further increase for September 2016, the numbers of which are being scoped. A series of measures to support this increase are taking place and include:

- Assessment of tariff income for increasing student placements and approval of case to recruit specific pre-registration practice development facilitator support
- Submission of a bid to HESL to develop an on-site facility specifically for student nurses, hospital staff and university staff to use – a Kingston University School of Nursing on site hub.
- Placement capacity mapping
- Increase in sign off mentors within the organisation through training and assessment

9. Acuity/Dependency Scoring

9.1 In 2014 two audits of the acuity and dependency of our in patients were carried out in January 2014 and June 2014. During 2015 the aim was for the same method to be used and the acuity and dependency audit was completed for 20 weekdays in January 2015. This system of

auditing the acuity and dependency of in patients has now been reviewed at the safer staffing group and a new system for recording acuity and dependency has been built into the new inpatient Patient Tracker List (PTL) on DISCO. In this system the wards will update the current status of each patient on the tool, and part of the status update is a record of the patients acuity score (using the Shelford scoring system). This will be carried out on a daily basis.

- 9.2 This new system will ensure a much more timely record of acuity and also will be comprehensive of all in patients, and will be on a continuing basis rather than a 6 monthly audit. The tool is being rolled out during late November/early December 2015 with the aim of being able to provide a full report on acuity for all patients by January 2016.
- 9.3 Since January 2015 the Inpatient ward (Sunshine) has been trialling the daily safer nursing tool C&YP inpatient, implemented at University College London Hospital. This acuity tool is currently being validated by NHS England. A years' worth of data is required for complete analysis. On the neonatal unit staffing levels are reviewed in line with the British Association of Perinatal Medicine (BAPM) guidance.

10. Safe Staffing Data

- 10.1 The Trust Clinical Quality Report provides the Trust Board with the monthly reporting of this data. Appendix A provides the data by all areas (mandated to report) from May 2015 –October 2015. The Board will note that the overall position for the Trust is good. There is some variation within ward areas which should be noted and higher levels of nursing assistant usage is observed in places. This is due to use of additional staff for close supervision of patients and to offset occasions where registered nurse availability maybe reduced. The programme of recruitment is critical to reducing variation between clinical areas and the
- 10.2 Appendix B provides the Board with an overview of the actual average monthly registered nurse to bed ratios during the day and during the night. These figures do not include nursing assistant support which is also provided. Whilst this is not a mandated reporting requirement, it has been provided to the Board to provide positive assurance of the Trust's nurse to bed ratios, despite levels of vacancy, and any variations in the percentages shown within the mandated safe staffing data. The levels will differ between wards due to size, bed occupancy; clinical specialty, vacancy level and shift fill rates.
- 10.3 In July 2015 the Emergency Department nursing establishment was increased by 10.5wte, and the skill mix altered. This followed a review of the nursing establishment in line with the draft NICE guidance for emergency departments, and overall performance of the department.
- 10.4 Following investment for an additional 12 midwives in 15/16 the maternity unit has successfully recruited to all vacancies. This has resulted in an improved ratio of 1:31 and much closer to meeting the London Quality Standard of 1:30.
- 10.5 As the collection of safe staffing data came into effect in 2014, the Trust has included a check on the data quality of this information as part of the Trusts external audit programme for Quarter 4 of 2015/16.

11. Conclusion & Recommendations

- 11.1 The Trust continues to have in place a multipronged strategy to make progress in the recruitment of registered nurses and nursing assistants, against the backdrop of an increasing gap between supply and demand nationally. The Trust is being an active participant in influencing the MAC on the need to continue to recruit nurses internationally.
- 11.2 The Trust continues to meet the monthly submission requirements of the Safe Staffing data.
- 11.3 There continues to be progress in the development of nurses & midwives across the Trust, which is essential in efforts to reduce turnover.
- 11.4 There is a need to develop a longer term strategy for staff accommodation given the continuing need to recruit internationally and to attract staff from the UK to the area.
- 11.4 The Trust Board is asked to:
- a) **Note** the nursing, midwifery and care staffing information provided in line with the national Safe staffing guidance
 - b) **Note** progress with recruitment to nursing, midwifery and care assistant vacancies and planned ongoing approaches
 - c) **Note the** progress with programmes of development for nursing, midwifery & care staff groups and revalidation requirements

Appendix A – Safe Staffing Data Return May 2015 – October 2015

Staffing Rate by Ward																		
Shift	Month	AAU	Alex	Astor	Bronte	Cambridge	Canbury	Derwent	Hamble	Hardy	ITU	Isabella	Keats	Blyth	Kennet	Neonatal Unit	Sunshine	Maternity
Day Rate - RN/MW	May-15	76.88%	100.78%	98.69%	99.41%	99.08%	100.00%	86.23%	91.76%	78.32%	98.30%	97.00%	80.39%	79.82%	83.61%	107.21%	93.81%	100.49%
	Jun-15	71.38%	97.75%	96.24%	94.29%	97.95%	101.45%	79.47%	87.40%	79.74%	98.15%	98.53%	79.00%	86.43%	90.22%	106.80%	96.30%	101.05%
	Jul-15	79.27%	91.15%	96.55%	88.83%	96.78%	95.09%	79.56%	84.49%	75.76%	98.48%	97.83%	74.17%	87.73%	84.98%	97.93%	93.48%	95.90%
	Aug-15	72.51%	97.11%	94.25%	95.76%	96.46%	100.00%	83.45%	92.96%	77.89%	99.15%	91.70%	90.32%	91.89%	84.97%	103.54%	89.82%	95.14%
	Sep-15	82.93%	100.80%	96.57%	99.74%	94.30%	100.00%	86.99%	87.54%	86.55%	98.66%	99.25%	61.62%	90.30%	74.27%	114.05%	87.97%	102.93%
	Oct-15	92.85%	98.55%	100.66%	101.18%	95.43%	103.88%	89.76%	89.96%	78.12%	98.60%	96.08%	73.28%	90.17%	83.83%	106.18%	87.62%	102.84%
Day Rate - HCA	May-15	130.37%	117.30%	104.84%	101.24%	103.03%	96.77%	161.29%	100.00%	135.53%	175.56%	105.34%	151.11%	157.26%	134.12%	97.14%	100.00%	129.76%
	Jun-15	136.80%	115.28%	118.33%	106.52%	107.60%	103.23%	110.83%	104.46%	143.28%	142.86%	106.42%	153.61%	132.68%	104.17%	100.00%	111.82%	127.25%
	Jul-15	130.38%	127.59%	137.13%	117.95%	103.97%	103.01%	126.33%	130.15%	134.23%	100.00%	104.15%	198.73%	101.92%	111.08%	97.44%	133.33%	146.67%
	Aug-15	141.48%	116.38%	112.90%	106.03%	101.74%	101.09%	125.00%	108.51%	135.17%	122.22%	111.56%	217.17%	107.87%	111.54%	97.50%	100.00%	151.65%
	Sep-15	137.57%	128.84%	122.41%	103.98%	102.24%	97.06%	121.38%	112.70%	114.16%	81.82%	105.21%	207.53%	117.75%	125.62%	91.50%	100.00%	118.61%
	Oct-15	113.56%	104.35%	104.92%	99.32%	107.25%	94.09%	96.12%	111.85%	131.35%	0.00%	101.78%	195.32%	120.97%	111.29%	100.00%	89.15%	123.91%
Night Rate - RN/MW	May-15	100.00%	101.61%	100.00%	97.64%	96.67%	96.77%	100.00%	100.00%	98.92%	98.31%	100.00%	100.00%	98.92%	100.00%	113.85%	100.00%	89.97%
	Jun-15	100.37%	100.00%	98.89%	100.83%	97.78%	100.00%	98.89%	94.44%	92.22%	97.65%	101.64%	100.00%	100.00%	97.78%	131.15%	100.00%	90.28%
	Jul-15	99.61%	101.56%	100.00%	96.77%	98.92%	98.31%	100.00%	97.85%	100.00%	97.14%	98.44%	100.00%	102.15%	96.77%	93.92%	96.67%	89.99%
	Aug-15	98.89%	100.00%	97.87%	100.00%	96.77%	100.00%	100.00%	98.92%	97.80%	97.23%	100.00%	98.92%	98.92%	102.24%	115.52%	100.00%	87.91%
	Sep-15	100.37%	114.75%	98.89%	100.00%	97.78%	98.33%	100.00%	97.85%	100.00%	95.69%	103.33%	98.89%	97.78%	100.00%	134.55%	101.85%	98.05%
	Oct-15	101.46%	105.88%	100.00%	98.92%	100.00%	100.00%	100.00%	98.92%	97.83%	98.22%	101.45%	100.00%	100.00%	100.00%	116.91%	94.81%	96.60%
Night Rate - HCA	May-15	112.00%	154.55%	96.77%	103.08%	106.25%	100.00%	195.16%	96.04%	102.38%	-	154.55%	100.00%	206.45%	154.20%	100.00%	-	111.57%
	Jun-15	107.53%	153.57%	113.79%	101.72%	106.45%	109.09%	105.00%	97.89%	111.43%	-	133.33%	100.83%	144.26%	149.24%	96.77%	120.00%	112.75%
	Jul-15	105.62%	121.88%	104.92%	96.77%	100.00%	103.23%	112.90%	126.98%	98.28%	-	130.00%	117.74%	97.92%	106.10%	100.00%	100.00%	112.19%
	Aug-15	102.15%	120.59%	104.84%	101.61%	97.30%	100.00%	186.00%	98.77%	88.24%	-	120.00%	122.76%	122.81%	107.85%	100.00%	-	115.88%
	Sep-15	106.52%	129.41%	106.67%	100.00%	102.78%	103.33%	194.74%	101.43%	100.00%	-	120.00%	105.08%	118.33%	116.67%	87.10%	90.00%	97.45%
	Oct-15	101.08%	116.28%	103.28%	100.00%	100.00%	100.00%	96.88%	100.00%	102.82%	100.00%	100.00%	100.00%	104.84%	116.13%	112.90%	100.00%	76.92%

Appendix B – Actual Registered Nurse:Bed ratio May 2015 – October 2015

Registered Staff per Bed by Ward																	
Shift	Month	AAU	Alex	Astor	Bronte	Cambridge	Canbury	Derwent	Hamble	Hardy	Intensive Care Unit	Isabella	Keats	Blyth	Kennet	Neonatal Unit	Sunshine
Day	May-15	1 : 6.4	1 : 4.7	1 : 5.4	1 : 7.1	1 : 5.3	1 : 6.7	1 : 6.7	1 : 6.6	1 : 7.8	1 : 0.8	1 : 5.2	1 : 7.5	1 : 7.4	1 : 6.6	1 : 3.3	1 : 2.5
	Jun-15	1 : 6.6	1 : 4.8	1 : 5.6	1 : 7.6	1 : 6.0	1 : 6.6	1 : 7.2	1 : 6.8	1 : 7.7	1 : 0.8	1 : 5.8	1 : 7.7	1 : 7.2	1 : 7.1	1 : 3.7	1 : 2.3
	Jul-15	1 : 6.1	1 : 6.5	1 : 5.2	1 : 7.9	1 : 5.7	1 : 6.2	1 : 7.3	1 : 6.9	1 : 7.9	1 : 0.9	1 : 6.1	1 : 7.2	1 : 7.3	1 : 6.7	1 : 3.1	1 : 2.4
	Aug-15	1 : 6.5	1 : 5.1	1 : 5.7	1 : 7.3	1 : 6.0	1 : 6.5	1 : 6.8	1 : 6.7	1 : 7.6	1 : 0.9	1 : 5.3	1 : 7.6	1 : 5.7	1 : 6.7	1 : 3.2	1 : 2.0
	Sep-15	1 : 5.8	1 : 5.6	1 : 6.0	1 : 7.3	1 : 6.2	1 : 7.5	1 : 6.5	1 : 6.7	1 : 8.0	1 : 0.9	1 : 5.9	1 : 7.3	1 : 6.3	1 : 7.3	1 : 3.8	1 : 2.6
	Oct-15	1 : 4.0	1 : 4.9	1 : 4.4	1 : 6.4	1 : 5.7	1 : 6.6	1 : 5.9	1 : 6.7	1 : 6.8	1 : 0.9	1 : 6.3	1 : 6.3	1 : 6.7	1 : 6.4	1 : 3.8	1 : 2.6
Night	May-15	1 : 5.5	1 : 8.7	1 : 8.2	1 : 8.9	1 : 8.3	1 : 7.0	1 : 10.0	1 : 10.0	1 : 8.1	1 : 0.9	1 : 6.6	1 : 9.9	1 : 10.0	1 : 5.5	1 : 3.3	1 : 4.2
	Jun-15	1 : 5.6	1 : 9.5	1 : 8.5	1 : 8.9	1 : 9.2	1 : 6.9	1 : 10.1	1 : 10.6	1 : 8.7	1 : 0.8	1 : 7.5	1 : 10.0	1 : 9.8	1 : 7.2	1 : 3.5	1 : 4.1
	Jul-15	1 : 5.8	1 : 9.8	1 : 8.2	1 : 9.3	1 : 9.0	1 : 6.0	1 : 10.0	1 : 10.2	1 : 8.0	1 : 0.8	1 : 7.4	1 : 10.1	1 : 9.8	1 : 6.3	1 : 3.1	1 : 3.8
	Aug-15	1 : 5.7	1 : 9.1	1 : 8.4	1 : 9.3	1 : 8.4	1 : 6.6	1 : 9.5	1 : 10.1	1 : 8.4	1 : 0.9	1 : 6.2	1 : 9.3	1 : 8.3	1 : 6.3	1 : 3.2	1 : 2.8
	Sep-15	1 : 5.5	1 : 9.1	1 : 8.4	1 : 9.8	1 : 10.0	1 : 7.5	1 : 8.0	1 : 9.9	1 : 8.0	1 : 0.9	1 : 8.4	1 : 9.7	1 : 9.5	1 : 10.0	1 : 3.7	1 : 3.7
	Oct-15	1 : 4.3	1 : 8.5	1 : 6.7	1 : 8.8	1 : 9.7	1 : 7.2	1 : 7.9	1 : 10.1	1 : 7.2	1 : 0.9	1 : 8.0	1 : 9.0	1 : 10.0	1 : 9.7	1 : 3.6	1 : 3.2

Note - the day figures exclude supernumerary ward sister/charge nurse from figures