

Nursing, Midwifery & Care Staffing Establishments

Trust Board	Item: 13
25th May 2016	Enclosure: H
<p>Purpose of the Report: 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>	
<p>For: Information <input type="checkbox"/> Assurance <input checked="" type="checkbox"/> Discussion and input <input type="checkbox"/> Decision/approval <input type="checkbox"/></p>	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Strategic Objective 1 and 2
Legal / Regulatory / Reputation Implications:	National Safe Staffing reporting requirements
<p>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"/></p>	
Link to Relevant Corporate Objective:	Strategic Objective 2 - To have a committed, skilled and highly engaged workforce who feel valued, supported and developed and who work together to care for our patients
Document Previously Considered By:	N/A
<p>Recommendations:</p> <p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> a) Note the nursing, midwifery and care staffing information provided in line with the national Safe staffing guidance and the new requirements for reporting since the Lord Carter review 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 	

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 November 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 continues to take 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 fortnightly chaired by the Deputy Director of Nursing & Patient Experience. The group has a nursing revalidation sub group.

2. National Changes

- 2.1 The Migration Advisory Committee (MAC) review and advise on shortage occupations for the purpose of international recruitment. In October 2015 registered nurses were temporarily added to the shortage occupation list, enabling the issuing of visas for overseas recruits. Currently nurses remain on the shortage occupation list, and the Trust continues to input into the review. Despite Nurses remaining on the shortage occupation list, evidence of RLMT (resident labour market test) will be required from Trusts requesting certificate of sponsorships from the autumn this year. This is straightforward and uncomplicated. New minimum salaries will be introduced but nurses will remain unaffected by this until 2019.
- 2.2 From April 2017 there will be an introduction of the Immigration Skills Surcharge (ISC) to employers of non-EEA migrants which will require employers to pay £1000 per year per certificate of sponsorship, so a payment of £3000 per nurse hired on a 3 year visa.
- 2.3 From November 2015 mandatory price caps have been in place for the supply of agency workers across all staff groups in the Trust. In addition the Trust has also been required to source agency nurses only via framework approved agencies. In February 2016 the caps were further reduced. As of 1st April 2016 NHS Improvement introduced new mandatory price caps for the use of agency workers. The new cap brings agency worker pay rates in line with substantive worker pay and sets a limit to the amount agencies can charge as add on costs. While some framework approved agencies have agreed to supply staff at the new reduced rates, some large suppliers to the trust have not, and as such sourcing agency nurses at the required rates has been challenging. The agency rules set by NHS Improvement include a 'break glass' provision which the trust has been employing for a number of shifts. In order to maintain oversight of this, a new authorisation process has been implemented engaging Director level approval.
- 2.4 As recommended in the Lord Carter review of efficiency, from May 2016 Care Hours per Patient Day (CHPPD) will become the principle measure of nursing and care support deployment. The expectation is that this will form part of an integrated ward / unit level quality framework and dashboard, and will support standardisation of reporting across hospitals and wards to

demonstrate efficiency and provide insight to help work towards the productive ward. CHPPD will be calculated by taking the actual hours worked (split into registered nurses / midwives and healthcare support workers) divided by the number of patients at midnight. The measure does not take into account acuity and case mix of patients. This information will need to be included in the unify submission by the 15th June 2016. The Trust is currently reviewing the process for collecting this information and testing the system to ensure the data submitted is robust.

3. Developing Nurses, Midwives and Care assistants

- 3.1 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.
- 3.2 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 programme incorporates all corporate induction requirements, CRS training, medicines management, and dementia and delirium workshops. 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.
- 3.3 **Band 5 development programme** – An intensive programme of 3 days to ensure our band 5's have robust clinical skills in assessment of patients using the A to G model.
- 3.4 **Band 6 development programme** – An intensive programme of 5 days for band 6's to ensure they have robust clinical skills in assessment and also have the ability to assess competence in junior staff and student nurses. Two programmes have run from November 2015 to April 2016.
- 3.5 **Band 5 leadership programme** – A new programme commenced in December 2015 with Connect Health Advisory to nurture and support experienced band 5 nurse and newly appointed band 6 nurses with the necessary leadership skills. This programme comprises of 9 masterclasses.
- 3.6 **Team development** – Team development days have continued to take place, and since the last report to the Trust Board team days have included Neonatal Unit, Main Outpatients, Theatres and Keats ward. The Intensive Care Unit, Emergency Department and Isabella ward are planning dates over the coming quarter.
- 3.7 **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. A new matron led housekeeper forum commenced in December 2015 with a similar format and both forums have received positive feedback.
- 3.8 The **care certificate** has been implemented to address the issues highlighted by Cavendish. It requires all new starters in band 1 – 4 to meet 15 standards around fundamental knowledge and skills within 12 weeks of taking up their position. The Trust has piloted an adapted version

of the skills for health framework document and the aim is for this to be rolled out over the next 18 months. To date 104 nursing, midwifery and occupational healthcare support workers have embarked on the programme with 58 completing the programme.

- 3.9 The Trust's **Annual Nursing & Midwifery Conference** took place on 13th May 2016 in celebration of the Trust's Nurses, Midwives, nursing assistants, maternity support workers and student nurses & midwives. Over 200 people attended with the theme 'Stepping into the future'. Ruth May, Nurse Director at Monitor; Jacqueline Dunkley-Bent, Head of Midwifery at NHS England and Stephanie Aitken, Deputy Director of Nursing at the Royal College of Nursing provided key note speeches. .
- 3.10 **NMC test of competence 2 (OSCE)** - The Trust continues to support the induction and intensive programme of preparation for internationally educated nurses (IEN's) in order to undertake the OSCE. To date 41 candidates have undertaken the OSCE. The Kingston Hospital candidates pass rate is 46% passing at 1st attempt against a national pass rate of 51%, and 100% passing at 2nd attempt against a national average of 91%. (April 2016).
- 3.11 **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 only 3 nurses were recruited onto the programme. As a result a rotation programme for nursing assistants was explored and developed with 7 nursing assistants being successfully recruited onto the programme. Recent interviews in April 2016 have been successful in attracting 15 band 5 newly qualified nurses onto a rotation programme, to commence in September 2016, with the option of 4 different pathways during their rotation.
- 3.12 **Practice Development Teams** – Increases in the practice development team has enabled greater coverage and support across the Trust with each clinical area now supported by a dedicated band 7 practice development nurse. A full time paediatric practice facilitator has been successfully appointed to provide a comprehensive orientation, ongoing training and support to the overseas nurses and newly qualified nurses. They are also supporting the development of children & young people's care in predominantly adult areas where children are seen. A learning in practice group has been set up in collaboration with midwifery and education centre, and is developing a programme of work for the year.
- 3.13 The maternity unit introduced band 6 and band 7 away days with the aim of developing their leadership and management skills and looking at opportunities for service improvement. Resource was allocated to the practice development team to ensure the newly qualified midwives, who came into post between September – November 2015, were supported and the feedback has been extremely positive.

4. Nursing & Midwifery Revalidation

- 4.1 Nursing & midwifery revalidation has been introduced from April 2016.
- 4.2 The Trust has a working group, chaired by the Deputy Director of Nursing, which has supported the implementation. Drop in sessions and the development of an intranet page has helped inform and support staff about revalidation and help them to prepare and these have been well received. All staff due to revalidate in April, May and June 2016 have been written to by the Deputy Director of nursing to offer support and guidance through the process.

4.3 Example portfolios have been developed and made available on the intranet page to help guide and support staff. A system for appraisals for the permanent nurse bank staff has also been introduced to support them in their revalidation.

5. South West London Collaborative Staff Bank Review

5.1 The Trust has participated in the SWL Staff Bank Project which has sought to identify both the demand and supply side factors, and to formulate a plan of action that will slow and ultimately reverse these upward trends.

5.2 There are 6 core recommendations within the project which are being progressed to implementation phase. The Trust has been actively involved in this project and is continuing to work with the project board towards agreement of an implementation strategy.

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 The roll out of wireless observations and alert system has been successful across Alex, Astor and AAU. The next stage is to continue this roll out into the Emergency Department.

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 1 nurse per bay of 6 patients and each patient requiring 3 sets of observations a day, the time released for care per bay per nurse is 26 minutes. If the system was to be rolled out to the whole Trust a projected total time released would be 252 hours per week.

6.4 The alert system used by the outreach team went live in April 2016. This is generated by an Early Warning Score (EWS) alert and is viewed through a dashboard. The dashboard view shows all patients in the Trust and also indicates those patients who have had an increased EWS since the last set of observations. Additionally it shows those patients indicating sepsis alert and the patients stepping down from the Intensive Care Unit. It shows patients details in one place so that it allows the outreach nurse to direct an early response to the sickest patient. The team are also able to add patients to their work list that may not have a raised EWS but that they are concerned about or that they want to review. Also patients are added post discharge from the intensive care unit with the aim of review within 6 hours post discharge. This system is proving extremely beneficial in allowing the outreach team to review patients much quicker and has streamlined the approach the outreach team use to organising their workload. During 2016 this project will be extended further with automated alerts from the system sent to a mobile device which the outreach team will hold.

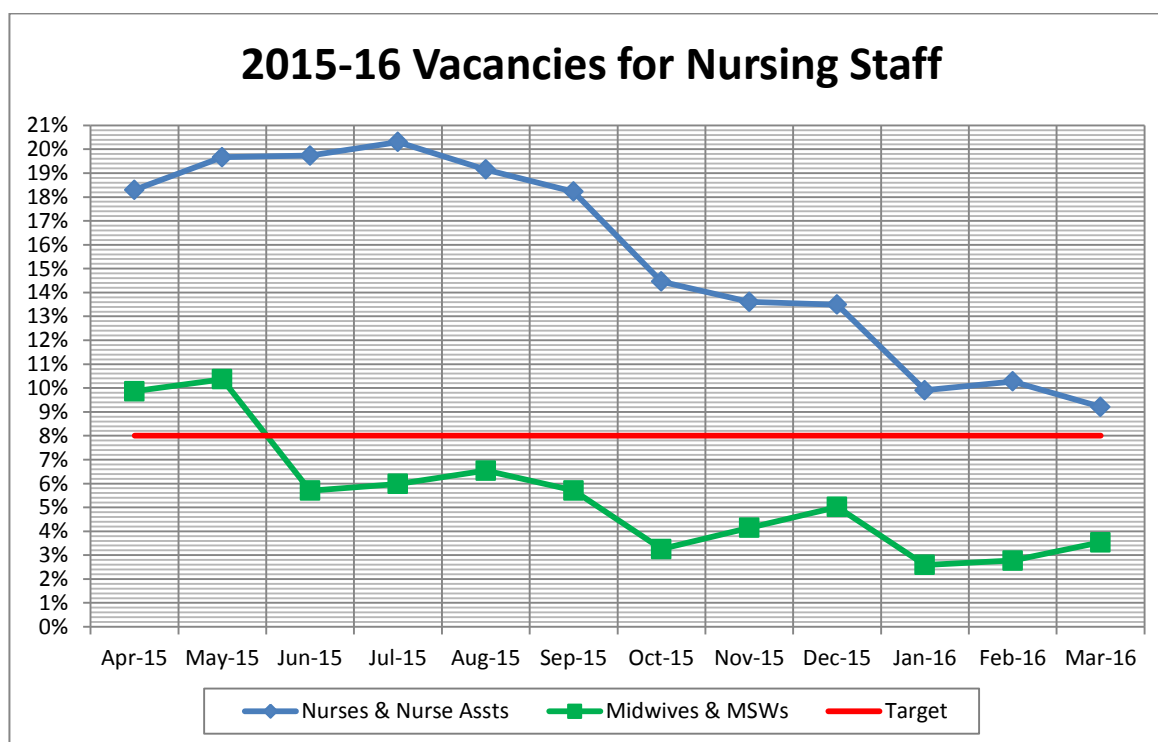
6.5 A team of key nursing and IM&T staff attended a device integration road mapping event at Cerner in May 2016 to start to create a road map of how this system and other wireless technologies could be used to support and develop future nursing & midwifery workflows.

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	6.09	2	4	8.09
Total maternity support	0	0	0	0
Total Registered Nurses	85.19	87.75	15.6	13.04
Total Nursing Assistants	15.89	19	4	0.89
Total	107.17	108.75	23.6	22.02

7.2 As of March 2016 the Trust has a vacancy rate of 9.21% for nurses and nursing assistants and 3.52% for midwives and midwifery assistants.



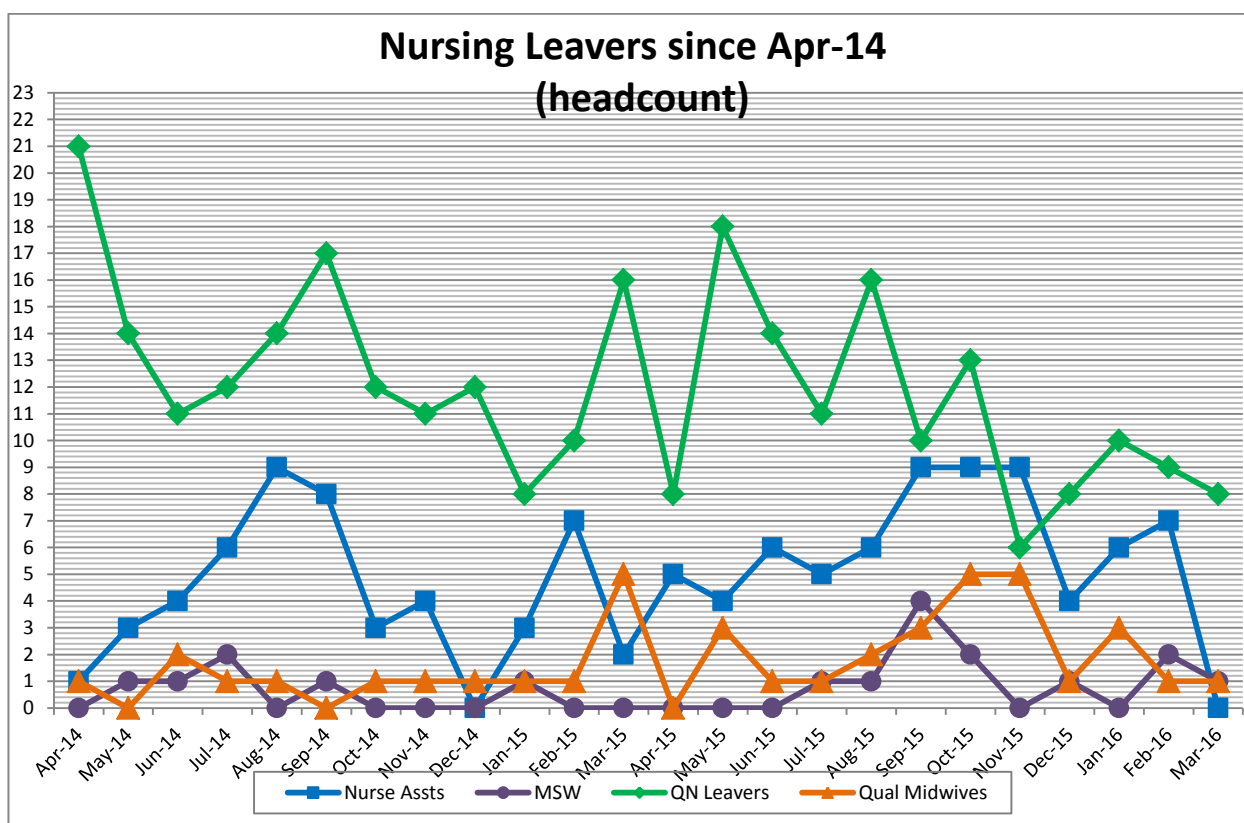
7.3 The Trust continues to have in place a proactive approach to nursing & midwifery recruitment, which is reviewed on a fortnightly basis at the Safe Staffing meeting. Multiple recruitment activities are in place to deliver zero vacancies and an ongoing supply of nursing & midwifery staff, which are 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. 24 candidates have been shortlisted for the May assessment centre. • Introduction of a nursing assistant rotation programme. • Band 5 rotation programme for newly qualified band 5 staff nurses, offering 4 different rotation pathways, with successful appointment of 15 nurses, 14 of which are Kingston university students, due to start in September 2016. • 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. • Sector wide recruitment for Midwifery for students due to qualify in September 2016. Due to run for 2 days in July with an assessment and then an interview with representation of all sites. <p>Focused recruitment for paediatrics, an area difficult to recruit into, which has resulted in successful recruitment of overseas adult trained nurses with 1 – 2 years' experience in a paediatric setting and successful recruitment of 9 newly qualified nurses due to start in September 2016.</p>
Europe	<ul style="list-style-type: none"> • The Trust has now completed recruitment trips to different EEA countries. • 3 nurses from Portugal are due to start in the Trust. • The Trust is scoping further opportunities for EEA recruitment and ways to support potential candidates with the IELTS. • Skype interviews are taking place where individual or small number candidates are identified. • 5 EEA recruits have successfully been promoted into band 6 sister / charge nurse positions.
International	<ul style="list-style-type: none"> • There are 61 non UK based nurses currently in the recruitment process from previous recruitment trips, with start dates of June to August 2016. • 21 non UK based nurses joined the Trust in May 2016. • Further recruitment trips to the Philippines are taking place in June 2016 and February 2017. • The planned recruitment trip to India was replaced with skype interviews due to the low numbers of suitable candidates 1 successful candidate being offered. • A skype interview has been undertaken with a candidate from Turks & Caicos Island with a successful appointment into a band 7 senior sister position in A&E. • One international recruitment agency has been working with the Trust to co-ordinate all the Trusts overseas recruitment which has led to a more streamlined approach.

7.4 Provision of accommodation for nurses is increasingly problematic with the Trust identifying local hotel accommodation as an interim measure. This has been for short periods whilst hospital accommodation becomes vacant or to allow other local housing options to be identified. An accommodation officer has now been appointed and is reviewing longer term options and strategies. An accommodation roadshow involving local estate agents has been planned for May 2016.

7.5 The recruitment process has been transformed over the past year. The old process proved to be protracted and was seen to be impacting on our recruitment of staff. A review of the process, streamlining of the stages, training of recruitment managers outlining roles and responsibilities of appointing managers and the recruitment team has been undertaken. This has had a hugely positive impact and we are now seeing positive results in terms of a reduced timescale from interview to appointees starting in the organisation. Breaches of our Key Performance Indicators have reduced by over half since September 2015.

7.6 The below chart shows the number of leavers within nursing & midwifery up to March 2016. Patterns of high leavers and retention strategies are being reviewed through the workforce committee. The Trust has seen lower numbers of qualified nurse leavers from January to March 2016 and lower numbers of nursing assistant leavers in March 2016.



7.7 As part of a review of establishments this year there has been a review of the band 2 nursing assistant role with consideration to establishing a proportion of band 3 nursing assistant posts. This will be in replacement of band 2 posts within clinical areas. The purpose of this is to secure better career progression opportunities for nursing assistants within the Trust and to retain this group of staff. Work is currently being undertaken on an implementation plan by September 2016.

7.8 A review of Hardy ward establishment has seen a slight increase of 2.6 WTE band 2's.

8.0 Pre-registration Education

- 8.1 Health Education England has confirmed the salary support arrangements for 2016 / 17 and the Trust has been awarded 23 sponsored places to support staff to undertake programmes of learning to register as occupational therapists, adult and child nurses, midwives, operating department practitioners and occupational health nurses. Due to changes to the levy associated with higher apprenticeship, Foundation degrees will no longer be supported in South London, although Health Education England have agreed to support the salaries of existing students who have already commenced programmes.
- 8.2 The Trust is keen to increase the number of students undertaking placements at Kingston Hospital, and has agreed with Kingston University to increase the number of student nurse practice placements from 75 to 118 from September 2016. In order to support this increase a number of measures are being put in place such as; appointment to an Undergraduate Nursing lead, creation of a dedicated on site space for student nurses, a buddy system across the senior nurses network, guaranteed jobs for all students we 'sign off' at the end of training.
- 8.3 The Matron for NNU and the Head of Practice development have worked in collaboration with the Head of Children's Nursing at LSBU to develop a neonatal pathway in the new undergraduate field programme for children's nurses. This has now been validated by the NMC and outlines a clear pathway to develop the knowledge and skills of children's nurses in the field of neo-natal care.

9. Acuity/Dependency Scoring

- 9.1 The 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. There have been some difficulties with implementing the new system due to access to DISCO and implementing the new way of daily recording of acuity and dependency. The issues with DISCO have now been resolved and the senior nursing staff are working with their teams to start the new system of collecting data from June 2016.
- 9.2 An annual review of nursing and support staff staffing levels in the Paediatric service (Sunshine ward) has been undertaken from January 2015 to December 2015 to establish whether they are in line with the RCN core standards for Children's and young person's services. The results are currently being reviewed by the service line with a view to taking the results through the Children and Young Persons Board.
- 9.3 On the neonatal unit staffing levels are reviewed in line with the British Association of Perinatal Medicine (BAPM) guidance.
- 9.4 The maternity department has commissioned a comprehensive midwifery workforce review using the validated Birthrate Plus tool. The review will take up to 3 months and a report will be presented back on 23rd May 2016 to the maternity department and members of the executive team. The report will advise on the number of staff and skill mix required to provide care for the women who use the service, based on their needs, complexity and the model of care provided.

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 November 2015 – March 2016. 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. The NNU and Paediatric night nursing assistant shifts are low due to a relatively small number of hours in both planned and actual staffing (approximately 1 shift per night equating to around 300 hours per month), therefore where that shift was not filled, the percentage score is greatly affected.
- 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 The collection of safe staffing data has been externally audited by KPMG in quarter 4 as part of the Trusts internal audit programme. The data quality review gave an assessment of significant assurance with minor improvement opportunities. The recommendation to adopt one standard method of data uploads from the wards rather than the two methods which were in place, has been implemented.

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.
- 11.2 The Trust has made significant progress in the recruitment of registered nurses and nursing assistants.
- 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.
- 11.6 The Trust Board is asked to:**
- Note the nursing, midwifery and care staffing information provided in line with the national Safe staffing guidance and the new requirements for reporting since the Lord Carter review
 - 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

Appendix A – Safe Staffing Data Return November 2015 – February 2016

Safer Staffing Performance - Ward																		
Shift	Month	AAU	Alex	Astor	Blyth	Bronte	Cambridge	Canbury	Derwent	Hamble	Hardy	ITU	Isabella	Keats	Kennet	Maternity	NNU	Sunshine
RN % - Day	Nov-15	101.93%	99.43%	99.33%	86.46%	103.19%	97.77%	100.00%	99.07%	96.23%	90.34%	94.66%	100.00%	85.91%	89.19%	105.13%	100.72%	89.01%
	Dec-15	95.57%	100.25%	99.37%	94.53%	102.81%	97.07%	98.13%	97.00%	95.89%	93.66%	97.78%	101.08%	82.15%	91.16%	102.36%	100.20%	82.29%
	Jan-16	92.22%	98.70%	98.40%	102.76%	100.59%	95.65%	100.00%	87.76%	97.07%	95.21%	96.71%	96.07%	84.56%	94.07%	101.07%	99.30%	88.57%
	Feb-16	106.62%	116.17%	112.14%	116.20%	87.42%	98.44%	103.75%	108.59%	98.41%	94.03%	97.03%	95.29%	93.21%	90.15%	95.39%	100.00%	100.00%
HCA % - Day	Nov-15	109.25%	94.92%	98.33%	121.67%	96.67%	96.49%	101.61%	100.00%	100.79%	113.90%	100.00%	97.22%	168.97%	120.00%	116.09%	100.00%	97.24%
	Dec-15	106.32%	96.53%	98.34%	121.77%	97.48%	98.48%	94.69%	94.26%	130.40%	107.21%	100.00%	97.69%	145.16%	105.83%	105.28%	97.37%	100.00%
	Jan-16	107.39%	107.27%	103.32%	116.13%	100.70%	99.32%	108.45%	95.97%	126.32%	103.70%	100.00%	105.66%	113.23%	124.17%	119.97%	100.00%	109.09%
	Feb-16	96.42%	113.08%	101.72%	119.02%	202.39%	122.35%	117.31%	107.45%	127.40%	172.79%	-	186.92%	137.96%	125.02%	109.66%	96.55%	102.17%
RN % - Night	Nov-15	105.79%	100.00%	100.00%	96.67%	98.88%	100.00%	100.00%	101.12%	98.89%	100.00%	95.90%	108.33%	103.33%	103.33%	98.06%	99.30%	98.00%
	Dec-15	103.76%	98.33%	94.62%	98.92%	100.00%	100.00%	96.77%	98.91%	100.00%	99.02%	95.76%	100.00%	98.92%	97.85%	96.60%	98.74%	99.35%
	Jan-16	101.05%	101.47%	101.09%	108.60%	98.92%	98.92%	98.39%	101.09%	100.00%	98.91%	96.56%	101.61%	97.85%	98.92%	92.94%	97.14%	93.51%
	Feb-16	114.61%	126.46%	100.00%	100.00%	101.80%	97.67%	100.00%	101.16%	98.95%	96.25%	98.63%	137.74%	96.60%	100.13%	91.82%	89.89%	104.15%
HCA % - Night	Nov-15	97.78%	103.23%	110.71%	118.33%	100.00%	108.82%	100.00%	103.45%	107.81%	100.00%	81.82%	125.00%	99.17%	125.00%	107.33%	100.00%	100.00%
	Dec-15	100.00%	103.13%	100.00%	140.32%	100.00%	112.50%	100.00%	100.00%	150.79%	101.75%	-	88.89%	104.03%	104.84%	96.40%	103.57%	100.00%
	Jan-16	113.04%	110.53%	107.02%	114.52%	100.00%	119.57%	102.70%	103.23%	153.52%	100.00%	-	125.00%	99.19%	101.61%	99.55%	100.00%	95.00%
	Feb-16	100.60%	140.03%	200.00%	229.69%	153.37%	113.07%	89.66%	155.91%	169.27%	165.38%	-	872.83%	110.69%	147.29%	109.66%	65.52%	55.17%

Appendix B – Actual Registered Nurse: Bed ratio November 2015 – February 2016

Registered Staff per Bed by Ward																	
Shift	Month	AAU	Alex	Astor	Blyth	Bronte	Cambridge	Canbury	Derwent	Hamble	Hardy	ITU	Isabella	Keats	Kennet	NNU	Sunshine
Day	Nov-15	1:3.55	1:4.99	1:4.48	1:4.48	1:6.28	1:4.61	1:5.47	1:6.02	1:5.73	1:6.03	1:0.74	1:4.07	1:5.31	1:6.01	1:3.53	1:2.37
	Dec-15	1:3.98	1:5.3	1:4.42	1:4.42	1:6.17	1:4.39	1:4.87	1:5.66	1:5.45	1:5.24	1:0.77	1:3.92	1:5.18	1:5.96	1:3.36	1:2.62
	Jan-16	1:3.99	1:5.21	1:5.15	1:5.15	1:5.29	1:4.6	1:5.71	1:6.25	1:5.49	1:6.07	1:0.77	1:3.54	1:4.59	1:6.16	1:2.8	1:2.04
	Feb-16	1:3.83	1:5.23	1:4.94	1:4.94	1:5.69	1:5.55	1:7.78	1:5.95	1:6.04	1:6.42	1:0.85	1:5.05	1:5.43	1:6.64	1:2.15	1:2.2
Night	Nov-15	1:4.1	1:9.85	1:7.4	1:7.4	1:9.85	1:8.38	1:6.14	1:9.87	1:9.85	1:7.79	1:0.77	1:5.89	1:9.27	1:9.44	1:3.48	1:3.27
	Dec-15	1:4.62	1:10.92	1:7.91	1:7.91	1:9.61	1:7.42	1:5.57	1:10.05	1:9.82	1:7.13	1:0.81	1:5.9	1:9.62	1:9.96	1:3.33	1:3.35
	Jan-16	1:4.38	1:9.49	1:7.97	1:7.97	1:9.78	1:7.7	1:6.66	1:9.89	1:9.78	1:8.02	1:0.79	1:5.49	1:9.21	1:9.92	1:2.9	1:2.96
	Feb-16	1:4.73	1:8.86	1:7.38	1:7.38	1:9.79	1:9.77	1:8.07	1:10.69	1:10.03	1:8.29	1:0.83	1:6.75	1:10.71	1:9.98	1:2.19	1:3.13

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