Safe Staffing

Trust Board	Item: 11
Date: 5th December 2018	Enclosure: G
Purpose of the Report: This report provides the Trust Board with an update on progress with meeting the safe staffing guidance including published nursing, midwifery & care assistant staffing data and how the Trust ensures the best use of its staffing resources. The recruitment and retention of nurses, midwives and support staff continues to be a high priority. This report provides the Trust Board with an overview of current and future recruitment and retention activates and key areas of focus in developing nursing, midwifery & support staff.	
For: Information ⊠ **Assurance** ⊠ **Discussion and input** ☐ **Decision/approval** ☐	
Sponsor (Executive Lead):	Sally Brittain, Director of Nursing and Quality
Author:	Nichola Kane, Deputy Director of Nursing
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Corporate objective 5.
Legal / Regulatory / Reputation Implications:	National Safe Staffing Reporting Requirements
Link to Relevant CQC Domain: **Safe** ⊠ **Effective** ⊠ **Caring** ☐ **Responsive** ☐ **Well Led** ⊠	
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:	Executive Management Committee, 28th November 2018
Recommendations: The Trust Board is asked to: a) Note the nursing, midwifery and care staffing information provided in line with national safe staffing guidance. b) Note the improvement in vacancies and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall and sustainability. c) Note the on-going progress with programmes of development for nursing, midwifery & care staff groups. d) Consider how they would like safer staffing reported in the future in view of the new guidance 'Developing Workforce Safeguards'.	

Safe Staffing Report November 2018

1.   Executive Summary

This report provides the Board with an update on progress with regard to the requirements of the National Safer Staffing Guidance. The key areas of focus include: vacancy rates, recruitment, turnover, sickness levels and the key developments/opportunities for nursing, midwifery and care staff.

This report takes into consideration the need to balance the setting of safe staffing establishments within available resources and demonstrates how this is achieved and monitored.

This report also identifies key changes that need to be implemented to ensure the Trust meets the requirements outlined in the guidance published by NHSI 'Developing Workforce Safeguards' which was published in October 2018.

The Board is assured that there is safe provision for nursing and midwifery staffing across the Trust and robust communication and escalation when staffing concerns are raised.

2.   Introduction

The 'Hard Truths' (2014) publication from the Care Quality Commission (CQC) and NHS England detailed requirements for Acute Provider Trusts to:

   a) Report and publish a monthly return via Unify to NHS England (NHSE) indicating 'planned' and 'actual' nurse staffing by ward. This is returned each month to NHS England, the CQC and published on NHS Choices website.

   b) Publish information with the *planned and actual qualified and unqualified nurse staffing* for each shift.

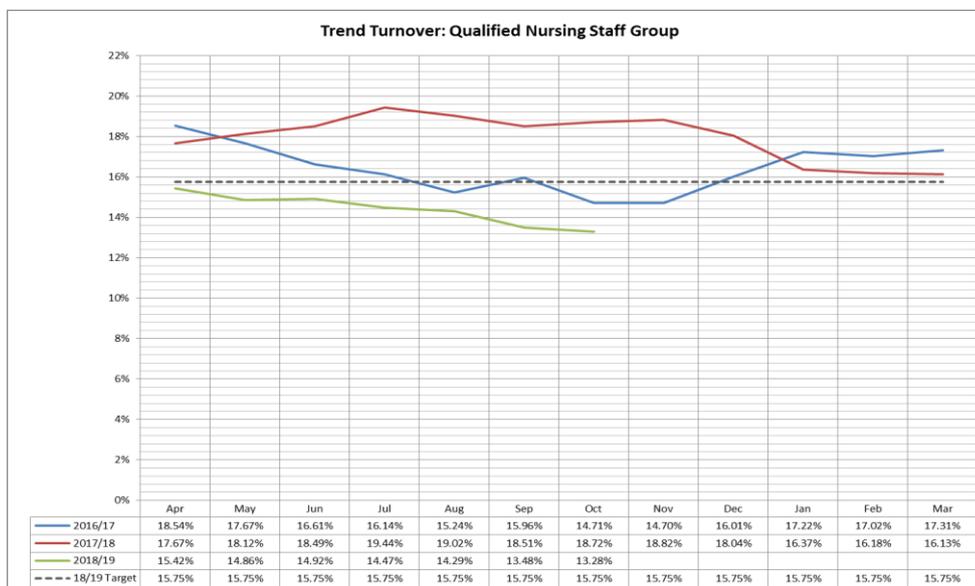   c) Provide a 6 monthly report on nurse staffing to the Board of Directors.

This guidance is now supported by a further publication from NHSI '*Developing Workforce Safeguards'* which was published in October 2018. The Director of Nursing & Quality and Director of Workforce have reviewed this guidance and undertaken a gap analysis which is attached at Appendix A. An action plan will support achievement of the recommendations of that guidance. The action plan will be monitored through the Safe Staffing Group and EMC. The Trust Board will see evidence of the compliance with the guidance in the Safe Staffing Report to the Trust Board in June 2019 and within the monthly Integrated Quality and Operational Compliance Report as soon as additional data is available.

3.   Current Position

Staffing levels are closely monitored daily in real time at the bed meetings and through the bi-weekly safer staffing meeting chaired by the Deputy Director of Nursing (DDON). The Safe Staffing paper is presented to the Nursing, Midwifery & AHP Board 6 monthly following approval from EMC and presentation at the Trust Board.

Registered Nurse (RN) Turnover

RN turnover is currently 13.28% against the Trust target of 15.75%. This is the lowest rate of turnover for 3 years. In order to maintain this position, we aim to ensure the number of new starters is greater than the number of leavers. The Trust has consistently achieved this in 2018 (the total number of starters YTD is 88 and the total number of leavers YTD is 56).

Trend Turnover: Qualified Nursing Staff Group

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2016/17	18.54%	17.67%	16.61%	16.14%	15.24%	15.96%	14.71%	14.70%	16.01%	17.22%	17.02%	17.31%
2017/18	17.67%	18.12%	18.49%	19.44%	19.02%	18.51%	18.72%	18.82%	18.04%	16.37%	16.18%	16.13%
2018/19	15.42%	14.86%	14.92%	14.47%	14.29%	13.48%	13.28%					
18/19 Target	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%	15.75%

Current Vacancy Status of Registered Nurses Compared to the Recruitment Pipeline

The current vacancy rate (based on October data) is 3.67%, this is mitigated by registered nurses in the pipeline inclusive of Internationally Educated Nurses (IENs) detailed below by division. This is the lowest vacancy rate achieved for 3 years and is now within the 5% Trust target. The vacancy rate has improvement across both divisions.

Current vacancies are:

a)   11.04WTE for unplanned care with 65.11WTE in the pipeline

b)   16.99WTE for planned care with 57.71WTE in the pipeline

In the previous EMC Safe Staffing paper, AAU was outlined as the area with the highest vacancy rate (13 WTE Band 5's, 2 WTE Band 7's). Following a robust and hugely successful recruitment plan AAU now only have 2.17 WTE vacancies.

The Paediatric Emergency Department is currently a priority area for recruitment, as they have the highest vacancy rate with 1.25 WTE Band 5, 3.57 WTE Band 6 and 0.9 WTE Band 7 vacancies. A robust action plan has been implemented to mitigate the risks associated with these vacancies and the following actions have been taken:

- Paediatric ED and the Paediatric Ward are exploring enhanced Bank rates for paediatric staff. This will require VCP approval.
- Refresh the Band 5 and Band 6 adverts and refresh the recruitment campaign.
- Bank Partners to source Bank or Agency workers and offer lines of work.
- Head of Nursing for Planned Care to liaise with Paediatric Matrons (ED and Inpatient) to facilitate a rotation of staff from the Paediatric ward to provide RN cover.
- To consider commissioning extra conversion courses from LSBU for adult nurses who have expressed an interest in completing their Paediatric training.
- Paediatric ED matron to meet with Paediatric ward matron and Practice Development Nurses for each area to review training and support existing members of staff.
- Paediatric ED Matron to review the rota and identify x 2 clinical shifts per week to work with staff and provide cover/clinical leadership.
- Re-advertise for Paediatric ANP post(s).

The actions above will be closely monitored by the Head of Nursing (HON) for unplanned care and the newly appointed Paediatric Matron for ED. Progress will also be monitored via the bi-weekly safer staffing meeting.

Current Vacancy Status of Healthcare Assistants (HCA)

The current vacancy rate is 3.50%, this has significantly improved since May 2018 (14.55%) and now within the Trust target. Similarly to the RN vacancy rate this is the best the HCA vacancy rate has been in the last 3 years. This position is largely driven by a rolling recruitment programme.

Internationally Educated Nurse (IEN) Recruitment Update

There are currently 27 IENs in the pipeline with 12 due to arrive in the next 3 months. The remaining candidates are still waiting to complete various stages of the NMC processes prior to certificate of sponsorship and visas are applied for. The Trust has successfully maintained its 100% pass rate for IENs nurses sitting their Test of Competence Part 2 (OSCEs).

The issues around accommodation have been resolved and the longer term solution sourced at Kingston University (KU) student accommodation is working well.

A further recruitment trip to the Philippines is scheduled for the beginning of December 2018 with a target recruitment of 75 nurses to start at intervals through 2019. In view of the Trusts current vacancy position there is only one overseas trip scheduled for 2019.

Maternity Staffing

The current vacancy rate within maternity is 5.9%, present recruitment includes Band 5 and Band 6 midwives.

The cohort of student midwives who qualified in October 2018 are currently being added to the establishment. We have successfully been able to maintain a ratio of 1:28 which is in line with the recommended staffing levels. This ratio enables the maternity department to continue to focus on improving the continuity of care and enhance the care given to women and their families (Implementing Better Births: Continuity of Care. NHS December 2017)

Neonatal Staffing

The Trust is one of very few which are at full established. At a regional network level most Trusts reported a 15% to 25% vacancy rate and other south London units are struggling to recruit Band 6 and Band 7 nurses. This is not an issue for KHFT one of the reasons for this success is related to our internal strategy to grow a talent pool within our existing workforce by providing recommended training and development (based on DOH and BAPM recommendations). The neonatal unit have utilised charity funding from *Born Too Soon* to support training for nursing staff enabling staff to provide high quality care and achieve internal promotion.

Sickness

RN sickness rates are currently 2.70%, which is just within the Trust target. However, this is the highest they have been at the same point in the past 3 years, 40% of this is attributed to long term sick. HCA sickness rates are 5.06%, with 51% of this being long term sickness.

Qualified Midwives sickness level is currently 3.54% with Maternity Support Workers currently at 7.44%. Whilst this is above the Trust target it is again largely driven by staff on long term sick leave. The long term sickness is being managed utilising the Trust Sickness Policy.

4.   Keeping Staffing Safe & Red Flags

KPMG Internal Audit

In July 2018, KPMG carried out an audit reviewing staffing with 3 primary objectives:

1) To assess the Trusts processes for monitoring performance against the agreed ratio's and process for escalating red flags.
2) To observe a safer staffing and bed meeting to understand what happens in real time to address staffing issues/concerns
3) Review the accuracy of staffing data and information to the Board.

The audit results demonstrated that there are robust processes in place for the identification, dissemination and monitoring of staffing both in real time and information reported to the Board. The assurance rating was amber and there were minor recommendations which have been implemented/are in progress. The recommendations included:

- Include the total number of reported red flags within the Board report (included within this paper).
- Train staff on the acuity tool (incorporated within the Acuity QI project).
- Refresh the safer staffing action plan to ensure completion dates are clearly identified (completed).
- Improve exit interview response rates and increase uptake (currently being reviewed by HR).
- Ensure staffing issues/concerns/actions are clearly documented on the Sit Rep report (Completed).

Red Flags

As outlined in the previous Board paper there is a robust process for reviewing safe staffing levels on a daily basis via the Matron of the Day and bed meetings. All red flags are discussed at the bi-weekly safer staffing meeting and are presented by the matron responsible for the clinical area.

Between June 2018 and October 2018 there were 29 red flags reported on the Ulysses System. Following a clinical review 7 were deemed to have fulfilled the Red Flag criteria. All of the red flags related to cases where the recommended safe staffing ratio fell below the agreed level. This was a consequence of staff being moved to support other areas with greater acuity and sickness. Of note, 6 of the 7 red flags occurred at night. In all cases mitigation plans were put in place and none resulted in harm or were deemed detrimental to patient care.

Unify Data

Unify data is the reported metric of nursing staff actually on duty against the staff who were planned to work in all inpatient areas. There is a national requirement to report this measure and each month this is reviewed and approved by the Director of Nursing & Quality following validation. The Unify information is taken from the e-roster system.

The Unify data also produces 'care hours per patient day' (CHPPD). The CHPPD calculation measures the combined number of hours of care provided to a patient over a 24 hour period by both nurses and healthcare support workers.

Designed to measure and compare the standard of patient care in hospitals around the UK, the collated information will be regulated by NHS Improvement, the Chief Nursing Officer for England and the Royal College of Nursing. Care hours per patient day demonstrate a variance across the areas, however are aligned with what we would expect to see in terms of specialty, predicted acuity. For example, a higher ratio with areas such as ITU as the care is higher acuity, and therefore higher staff to patient ratios, and thus higher care hours.

September Unify and CHPPD data can be found at Appendix 2.

5. Ward staffing reviews

While there is no nationally set guidance on nurse staffing, NICE guidance identified evidence of increased risk of harm associated with a registered nurse caring for more than eight patients during the day shifts.

There is Royal College of Nursing Guidance published on recommendations for safe staffing in general and elderly care and some Royal Colleges have also set recommendations for specialist areas, such as the Royal College of Acute Medicine recommendations for Acute Medical Units. It is important to note different specialisms in nursing require differing bespoke skill sets to meet the core care needs of their patients. This must therefore be reviewed when local templates for each ward are reviewed, approved and signed off.

Working on Royal College of Nursing Guidance and professional judgment, in the absence of recommendations on minimal staffing levels, Kingston Hospital following agreement at the February Trust Board the wards are currently working to a minimum of 1:8 nurse to bed ratio in the day, and 1:10 at night (with the exception of AAU and orthopaedics which both have a lower ratio of patients to trained staff).

The HON for each of the divisions have been asked to review the staffing in their areas ahead of implementing the new staffing guidance. This will also, ensure that the unify data is robust.

6. Acuity Data

In order to further validate the Trust's agreed staffing ratio a weekly acuity audit was implemented to ensure that the acuity documented on the Patient Tracking List matched the current status of the patient. An acuity audit was carried out between May and July, the results of the audit demonstrated that there was further work to be done around staff understanding of acuity scores and the importance of reliably reporting acuity. In response to this, one of the matrons is now leading on an acuity project as part of a Quality Improvement Project (QI).

Leaver's Analysis of Registered Nurses

The stability metric was introduced for measuring the percentage of staff with over one year of service. The measurement for RN's is currently 86.21%. Since this metric has been introduced we have consistently achieved the Trust Target. The number of vacancies across all other inpatient areas has improved.

Staff Group	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Trend
Qualified Nursing	87.21%	88.06%	85.92%	85.53%	85.99%	87.58%	86.21%	

Exit interview data is discussed monthly at the safer staffing meeting. However, the number of RN's completing the exit interview survey remains low. The retention and recruitment group are currently focusing on increasing the uptake of exit surveys amongst leavers.

Leaver's Analysis of Healthcare Assistants

Turnover within the HCA group remains high (24.41%), however this is an improved position and the lowest it's been in the in the last 3 years. A better understanding of reasons for leaving is an area that the safer staffing group are currently exploring.

7.   Workforce planning for the future:

Nursing Associates (NA)

The Trust continues to grow the NA workforce with 8 trainees in the pilot group due to complete the programme in January 2019. The NMC register opens on 27th January 2019.

A further 8 trainees are due to complete in January 2020. We have experienced challenges which are comparable to the national picture and in particular the London landscape in recruiting suitable candidates that meet the academic criteria to commence the programme. Only 4 Trainees commenced in September 2018 and 13 will commence in December 2018. KU are developing a new curriculum in partnership with South West London Footprint to be validated by the NMC in May 2019. A collaborative consultation event was facilitated by the Practice Development Team at KHFT where members of the public together with the pilot cohort of nursing NAs spent an afternoon discussing what values and behaviours were important to include within the six platforms of the curriculum. This was very successful and the blueprint used to consult on the new NMC future nurse curriculum next year. Discussions continue via the Director of Nursing & Quality and the safer staffing group to develop a strategy/identify areas where there are opportunities to review current establishments and create opportunities for the NA role on completion of their training.

Student Nurses and Trainees:

The Trust is the lead provider in the West Zone and was allocated 68 adult and child field students from Kingston University (KU) from the September 2018 cohort. These students combined with the students from the September 2016 and 2017 cohort amount to 125 learners who are developing their knowledge and skills in our clinical environments of care.   From January we will host an additional 9 students from LSBU who are engaging in a new four year programme, with year one providing a gateway to the following graduate healthcare programmes. Adult/Child/Mental Health/ Learning Disability Nursing, as well as Midwifery/ Occupational therapy/Operating Department Practice/Diagnostic and Therapeutic Radiography.

Training Update

Mentorship and Perceptorship:

The Trust has increased the mentor stock, to support learners in clinical practice areas to comply with the NMC learning in practice standards. The Trust will be supporting 36 nurses to undertake NMC Stage 2 mentorship this year. In addition we have 3 members of staff completing Masters Awards in Practice teaching [NMC Stage 3].

The Pan London Capital Nurse Preceptorship has commenced. The Practice Development Team (PDT) has facilitated a series of workshops for those who are undertaking this together with those who are supporting them. This has been evaluated well and includes all newly qualified nurses, nursing associates and international nurses.

In order to ensure the currency of an individual's mentorship qualification the Trust in collaboration with KU and London South Bank University (LSBU) deliver monthly mentor update sessions. This allows mentors the opportunity to reflect on their experiences and to update themselves with the plethora of changes in the provision of undergraduate nursing across a range of roles in the nursing family.

Burdett Project Update:

The Burdett Project has now been completed and we are waiting on the evaluation report from KU. Early data suggests that staff valued this opportunity and that the project aims were met.

Workshops and other learning opportunities:

The (PDT) team continue to deliver a wide range of workshops and real-time simulation as well as supporting career development through 'drop-in' surgeries. Healthcare assistants who are undertaking the Care Certificate are supported through a range of blended learning opportunities. The team support the delivery of a bespoke newly qualified nurse and band 5 induction programmes.

The indirect funding from Heath Education England is supporting the professional development of modules with representation from all clinical areas from neonates to end of life care.

8. Conclusion

Reviewing and aligning nursing and midwifery workforce against care needs and managing these within the financial envelope remains both high profile and a constant challenge. As outlined within this paper significant progress has been made to reduce the vacancy and turnover rate. However, this is challenging on both a national and local level due to particular issues within our local demographic centre around being a high cost living area, and being so close to other Hospitals offering a higher London weighting payment. Overseas recruitment remains a valuable source of recruiting nurses into KHFT hospital. However, with the development of the NA role there is a real opportunity to review skill mix and establishments which will reduce the reliance on IENs.

Noting the staffing information detailed in this report, alongside the robust escalation and mitigation of short and long term staffing shortfalls, it can be concluded that the Trust has in place sufficient processes and oversight of its staffing arrangements to ensure safe staffing is prioritised as part of its routine activities.

9. Recommendations

The Trust Board is asked to:

a. Note the nursing, midwifery and care staffing information provided in line with national safe staffing guidance.
b. Note the improvement in vacancies and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall and sustainability.
c. Note the on-going progress with programmes of development for nursing, midwifery & care staff groups.
d. Consider how they would like safer staffing reported in the future in view of the new guidance '*Developing Workforce Safeguards'*.

NHSi Developing Workforce Safeguards
Gap Analysis
November 2018

Key
Blue- Completed
Green- Minor changes to current practice required minimal impact and achievable
Amber- Require greater change to current practice with longer implementation period

Recommendations	Evidence of Compliance	Additional Actions to ensure Compliance	Exec Lead	Current RAG
Trusts must formally ensure NQB's 2016 guidance is embedded in their safe staffing governance.	• Safe Staffing Report to the Trust Board Bi-annually • Safe Staffing Group • Staff Survey • Implementation of Red Flags • Supervisory Ward Sisters • Workforce KIPS/Unify/CHPPD Data monthly at Trust Board • Leadership-no vacancy at Senior Ward Sister/Matron or HON level • Peer Review in place • Benchmarking against Trusts evident on Workforce KIPS	Robust Job Planning throughout the organisation Robust Acuity & Dependency data collection (lead established and currently undertaking yellow belt training) Reports will need to include medical staff and AHP's	Sally Brittain/Jane Wilson Kelvin Cheatle Additional reporting	

	• SUS Guardian In Place • DoC requirements in place • Clinically Led Organisation following restructure • GMC Survey • Set minimum standards and ratios for general wards agreed at Trust Board (Formal Paper) • Policies to support safe staffing and escalation in place • Divisional PRM reviews outcomes/patient experience and vacancies for Nurses/midwives/medical staff and AHP's			
Trusts must ensure the three components are used in their safe staffing processes: – evidence-based tools (where they exist)	• SNCT • CYP SNCT • Birthrates plus/ • BAPM • Rota Guidance	• NHSi Staffing Guidance for UEC/Children & Neonates /GM requires benchmarking • Will need to consider application of tools/professional judgement and polices medical staff and AHP's in review	Sally Brittain RN/RM/AHP's Jane Wilson Doctors	

– professional judgement – outcomes.	• EWT Directive • London Quality Standard • Royal College Guidance where available • In policy and BAU • Within Integrated Performance Report presented monthly at Trust Board	AHP's & Medical staffing into Monthly reporting to the Trust Board	Kelvin Cheatle Additional Monthly reporting	
Trusts will be required to confirm their staffing governance processes are safe and sustainable.	• CQC Report 2018 • Safe Staffing Meeting • Policies in Place • Reports to the Trust Board Monthly /Bi-Annually • Safe Staffing Internal Audit report • Divisional PRM • Guardian of Safe Working	• Robust QIA to be implemented • Safe Staffing meeting to include medical and AHP data/review • Medical and AHP Lead to attend Safe Staffing Meeting	Sally Brittain	
NHSi will review the annual governance statement through our usual regulatory arrangements and performance management processes, which complement quality outcomes, operational and finance performance measures.		• To be included in next Annual Report 2018/19	Susan Simpson	

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NHSi will also seek assurance through the SOF, in which a provider's performance is monitored against five themes.	• Quality Of Care – Outstanding • Finances & UoR – Requires Improvement • Operational Performance • Strategic Change • Well Led – Outstanding Monitored at Provider Oversight Meeting		Ann Radmore	
As part of the safe staffing review, the director of nursing and medical director **must** confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.	• Safe Staffing formally reported to the Trust Board Monthly and Bi-Annually.	• Will need to add Medical and AHP staffing and joint statement with Medical Director (statement currently made by DoN & Q)	Sally Brittain	
Trusts **must** have an effective workforce plan that is updated annually and signed off by the chief executive and executive leaders. The board should discuss the workforce plan in a public meeting	• Workforce Plan due to Trust Board in Public February 2019		Kelvin Cheatle	
Trust Boards must ensure their organisation has an agreed local quality dashboard that cross-checks comparative data on staffing and skill mix with other efficiency and quality metrics such as the Model Hospital dashboard. Trusts should	• Quality Safety, Workforce and Staffing are currently reported to the Trust Board Monthly • Divisional PRM's	• Model Hospital Workforce, Quality & Efficiency Metric will need to be reviewed to assess compliance with the monthly reporting to the Trust Board. The Executive Management Committee will consider which of those metric are most	Rachel Benton	

report on this to their board every month.		meaningful and will have the most benefit for the organisation and its patients		■
An assessment or re-setting of the nursing establishment and skill mix (based on acuity and dependency data and using an evidence-based toolkit where available) must be reported to the board by ward or service area twice a year. This must also be linked to professional judgement and outcomes.	• Nursing Establishments/Skill Mix and medical staffing/ AHPs are signed off as part of Budget Setting each year: use of A&D data/ professional judgement and outcome discussion at that point will need to be formally documented going forward. The QIA signed off by the DoN & Q and MD will need to form part of this sign off.	• This will need to be part of the Bi-Annual Safe Staffing Report to the Trust Board • Mid-Year review of Nursing Establishment/Skill Mix will need to be formally implemented. • Robust QIA must be signed off by DoN & Q and MD for any changes to establishment	Sally Brittain	■
There must be no local manipulation of the identified nursing resource from the evidence-based figures embedded in the evidence-based tool used, except in the context of a rigorous independent research study, as this may adversely affect the recommended establishment figures derived from the use of the tool.	• Assurance in place due to current robust governance process		Sally Brittain	■
As stated in CQC's well-led framework guidance (2018) and NQB's guidance any service changes, including skill-mix changes, must have a full quality impact assessment (QIA) review.		• QIA will need to be embedded in the process	Sally Brittain/Jane Wilson	■
Any redesign or introduction of new roles (including but not limited to physician associate, nursing associates and		• QIA will need to be embedded in the process	Sally Brittain /Jane Wilson	■

advanced clinical practitioners – ACPs) would be considered a service change and must have a full QIA.				
Given day-to-day operational challenges, we expect trusts to carry out business-as-usual dynamic staffing risk assessments including formal escalation processes. Any risk to safety, quality, finance, performance and staff experience must be clearly described in these risk assessments.	• Nurse Staffing Escalation Policy • Maternity Staffing Policy • Temporary Staffing Policy • SitRep/bed meetings • Matron of the Day staffing sheet details gaps in staffing and mitigation • Medical Handover/Hospital at Night • CQC Report • Safe Staffing Internal Audit	• Implement documentation to support embedded practice in the form of a risk assessment	Sally Brittain/Jane Wilson	
Should risks associated with staffing continue or increase and mitigations prove insufficient, trusts must escalate the issue (and where appropriate, implement business continuity plans) to the board to maintain safety and care quality. Actions may include part or full closure of a service or reduced provision: for example, wards, beds and teams, realignment, or a return to the original skill mix.	• Business Continuity Plans • Surge Plan		Mairead McCormick	

Sally Brittain: Director of Nursing & Quality
Jane Wilson: Medical Director
Ann Radmore: CEO
Rachel Benton: Director of Strategy
Susan Simpson: Director of Corporate Governance
Mairead McCormick: Chief Operating Officer

Appendix 2 – Safer Staffing Ward & Shift Analysis – September 2018

Ward	Day Staffing Rate - RN/MW	Day Staffing Rate - HCA	Night Staffing Rate - RN/MW	Night Staffing Rate - HCA	Care Hours Per Patient Day (CHPPD)
AAU	96.94%	116.36%	100.74%	118.06%	8.2
Alexandra Ward	145.54%	102.58%	118.33%	256.45%	7.3
Astor Ward	98.39%	114.57%	100.00%	120.00%	6.4
Blyth Ward					
Bronte Ward	107.18%	166.96%	101.09%	93.33%	5.3
Cambridge Ward	110.25%	150.72%	105.62%	160.54%	6.8
Canbury Ward	118.73%	152.12%	101.96%	220.00%	8.1
Critical Care Unit	86.84%		84.96%		34.6
Derwent Ward	99.88%	104.58%	100.36%	108.33%	5.5
Hamble Ward	101.34%	100.90%	101.11%	118.12%	5.5
Hardy Ward	98.12%	115.74%	98.99%	103.41%	6.0
Isabella	96.92%	99.12%	100.00%	92.86%	6.6
Keats Ward	99.83%	107.08%	101.11%	100.00%	6.3
Kennet Ward	95.19%	98.26%	101.11%	159.32%	5.7
Neonatal Unit	91.46%	80.00%	104.84%	46.67%	2.9
Paediatric Unit	87.41%	84.28%	95.38%	41.67%	6.5
Maternity	90.65%	72.77%	89.09%	64.96%	14.7
Trust Average	**92.81%**	**98.43%**	**92.49%**	**101.27%**	**7.3**

Appendix 3 – Average trained nurse to bed ratio for October

Ward	Average RN number on day shift	Average RN number on night shift	Av. Occupied Beds	Average patients to RN Day Shift Ratio	Average patients to RN Night Shift Ratio
AAU	10.6	9.1	41.8	3.9	4.6
Alexandra Ward	5.5	2.4	19.4	3.5	8.2
Astor Ward	4.9	3.0	22.6	4.6	7.5
Bronte Ward	5.3	3.1	29.1	5.5	9.4
Cambridge Ward	5.7	3.1	27.8	4.8	8.9
Canbury Ward	2.3	2.1	15.5	6.6	7.5
Critical Care Unit	11.4	11.2	7.6	0.7	0.7
Derwent Ward	4.9	2.9	29.7	6.1	10.1
Hamble Ward	5.0	3.0	29.7	5.9	9.8
Hardy Ward	4.2	3.0	23.5	5.6	7.8
Isabella	2.9	2.0	13.0	4.4	6.5
Keats Ward	5.1	3.0	29.7	5.9	9.8
Kennet Ward	4.7	3.0	29.8	6.3	9.8
Neonatal Unit	5.0	5.2	6.5	1.3	1.2
Paediatric Unit	6.6	4.1	13.6	2.1	3.3