

Safe Staffing

Trust Board	Item: 10
Date: 29th January 2020	Enclosure: F
<p>Purpose of the Report: This report provides EMC with an update on the progress made with the implementation of the Developing Workforce Safeguards. The report provides assurance around safe staffing within nursing, midwifery, medicine and allied health professionals. Highlights the progress made to ensure future plans are in place to sustain the position.</p>	
<p>For: Information <input checked="" type="checkbox"/> Assurance <input 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:	
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 type="checkbox"/> Responsive <input type="checkbox"/> Well Led <input checked="" type="checkbox"/></p>	
Link to Relevant Strategic Themes:	Quality and Our People
Document Previously Considered By:	Executive Management Committee
<p>Recommendations:</p> <p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> 1) note the progress made with the implementation of the new ‘Developing Workforce Safeguards’ recommendations. 2) be assured there is a robust process in place to review safe staffing across nursing, midwifery, medicine and AHP. 3) note the continued improvement in vacancies and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall and sustainability. 4) note the on-going progress made with medical staffing to bridge the SpR and Consultant shortfall. 	

Safe Staffing Report January 2020

1. Introduction

Developing Workforce Safeguards was published by NHS Improvement in October 2018. This document was developed to support organisations to utilise effective staff deployment by adopting a “triangulated approach” (figure 1) to manage common workforce problems. Following a review of this guidance by the Director of Nursing & Quality (DON & Q) and the Director of Workforce the Trust is proactively working towards implementing the recommendations thus providing assurance that workforce decisions promote patient safety and comply with the Care Quality Commission (CQC) well-lead framework (2018). Unlike previous Safer Staffing Board reports, which have only provided assurance on nursing and midwifery staffing levels the following report will also incorporate medical and Allied Health Professionals (AHP) staffing.

Figure 1: Principles of safe staffing



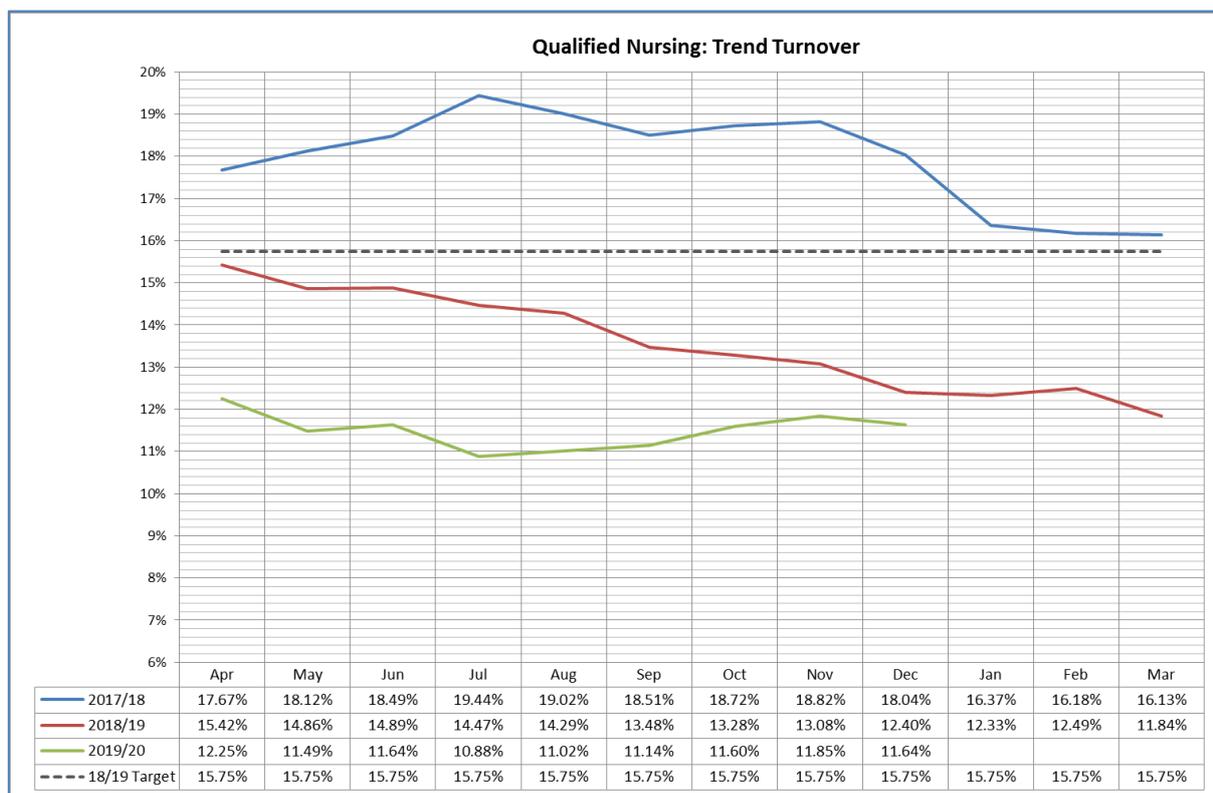
2. Monitoring

Nursing and medical staffing levels are reviewed daily in real time at each bed meeting and both nursing and maternity staffing through the safer staffing meeting which is held fortnightly and chaired by the Deputy Director of Nursing (DDON). Medical and AHPs are monitored via the Workforce Committee.

The Safe Staffing paper is presented 6 monthly to Executive Management Committee (EMC) for approval, prior to being presented at the Trust Board for assurance.

Current Position Registered Nurse (RN) Turnover

RN turnover has been sustained over the last 6 months and is currently 11.64% against the Trust target of 13.5%. In order to maintain this position, the Trust continues to ensure the number of new starters is always greater than the number of leavers. This is monitored through the safer staffing meeting.



Current Vacancy Status of Registered Nurses Compared to the Recruitment Pipeline

The Trust's vacancy rate for RN's is the best in London, currently 1.97%. The average RN vacancy rate in London is 11.46%.

Current vacancies include:

- 19.51 WTE for planned care with 76.42 WTE in the pipeline
- 3.27 WTE for unplanned care with 38.87 WTE in the pipeline

In the previous Safe Staffing report to the Trust Board the Paediatric Emergency Department was highlighted as an area of focus in terms of staffing. Following the implementation of a robust action plan the position has significantly improved and the vacancy rate has fallen to 2.35 WTE compared to 7.7 WTE in August 2019. The action plan is now completed and monitoring will continue via the Cluster Performance Review Meetings (PRMs) and the safer staffing meeting.

Current Vacancy Status of Healthcare Assistants (HCAs)

The current vacancy rate for HCA's is 5.39% this has improved since the previous report (8.95%). This improved position is largely driven by a continual rolling HCA recruitment programme.

Maternity Workforce

The 2019/20 midwifery workforce ratio was equal to the budgeted ratio of 1:28. This has been achieved through financial investment of midwifery and proactive recruitment and retention of midwives.

Safety within the maternity service is monitored via the Trust incident reporting system with all incidents reviewed in correlation with staffing levels alongside clinical activity and acuity to provide assurance of safe care. This is monitored within the maternity Cluster PRM and at the safer staffing meeting. The maternity service has not used agency staff since 2012 and controls midwifery staffing and budget efficiently whilst maintaining safety.

The SWL Local Maternity System and STP strategic direction, along with the Better Births Maternity Review, is to provide continuity of midwifery carer. This is being implemented with a phased approach, to provide continuity of midwifery carer across the whole maternity pathway for 35% of women by March 2020. The National Maternity Transformation Board via SWL STP has provided £200k of funding in 2019/2020 to support this initiative. The Trust has utilised some of this transformational funding to maintain midwifery staffing and to support the implementation of this care model. Further funding is expected to be released through the SWL STP in 2020/2021 and the service needs to be in a position to ensure appropriate staffing levels are provided to implement this national initiative, as the performance is being monitored by NHS England.

The Trust maternity services met the 2019/2020 CNST Maternity Incentive Scheme 10 Safety Actions, with safety within midwifery staffing levels being one of the safety actions.

Current Maternity Vacancy Rate

There currently no Qualified Midwife (QM) vacancies and 4.56 WTE Maternity Support Workers (MSWs) vacancies.

Neonatal Staffing

The Trust continues to have a fully established neonatal unit. This is again a unique position, as most units across London continue to report a 15% to 25% vacancy rate.

Sickness

RN sickness rate is currently 3.44%; whilst this is an amber rating it is not unusual for this time of the year and is still low in comparison to other Trusts. The HCA sickness rate has improved and is now 5.52%, compared to 6.51% in August.

RM sickness rate is currently 3.27% and MSW's sickness is currently 4.00%. Despite the MSWs recording a red rating this is a vastly improved figure since Sep-19 (9.29%) and this is because the Long Term sickness cases have decreased.

Red Flags and Unify Data

Red Flags

The Trust has 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 safer staffing meeting and are presented by the matron responsible for the clinical area.

Between July 2019 and December 2019 there were 27 (35 previously) red flags reported on the Ulysses System. Following a clinical review 4 were deemed to have fulfilled the Red Flag criteria and discussed at the safer staffing meeting. All of the red flags related to incidence whereby the recommended safe staffing ratio fell below the agreed level. This was a consequence of staff being moved to support other areas with escalated beds, higher acuity or sickness. In all cases mitigation plans were put in place and none resulted in harm or were deemed detrimental to patient care/safety.

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 DON & Q. The Unify information is obtained from the e-roster system and presented within the monthly Integrated Quality & Performance Report. This report is then discussed monthly at EMC, Clinical Quality Review Group (CQRG) and at Quality Assurance Committee (QAC).

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. This is 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 and predicted acuity. For example a higher staffing ratio would be expected within areas such as ITU, resultant to higher patient acuity results in higher care hours.

December Unify and CHPPD data can be found in Appendix 1.

Bi-annual Ward Staffing Reviews

Whilst 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. Working on Royal College of Nursing Guidance and professional judgment, in the absence of recommendations on minimal staffing levels, the Trust following agreement at the February 2018 Trust Board 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). One of the recommendations from the Developing Workforce Safeguards is to ensure that a review of staffing is completed twice a year. This was initially completed during the budget setting process in March 2019 and Quality Impact Assessments (QIA) presented at the safer staffing meeting, staffing levels were reviewed again in December by the Heads of Nursing (HON) for the divisions, below is a summary of the December review and future considerations:

Planned Care:

The increase to staffing levels in the Dental Unit, Royal Eye Unit, Alex and Isabella ward were successfully implemented. Both Isabella and Alex ward have maintained the agreed nursing ratio agreed nursing ratio of 1:8 during the day and 1:10 at night. As part of business planning for 2020/21 the division are exploring increasing the numbers of band 2 HCA's on day and night shifts within Alex and Astor wards to support the increase of acuity of patients and the increase in patients requiring 1:1 supervision. All adult wards will explore the possibility of appointing Registered Nursing Associates (RNA's); whilst maintaining a varied skill mix within the nursing establishment. The division are also planning to review the required bed base required for Trauma and Orthopaedics.

Unplanned Care:

Following a review of staffing the key aspects were identified: The introduction of the Nursing Associate roles has been very positive and has not posed any issues with staffing or skill mix. Going forward as part of business planning for 2020/21 the HON for Unplanned Care is working with the Matrons in Medicine, Care of the Elderly and AAU to review the skill mix further, exploring the introduction of a Band 3 HCA role, increasing the numbers of Band 2 HCA's on days and nights and making provision for an RNA on every day shift. This piece of work is supported by the DON & Q and progress will be monitored via the safer staffing meeting.

3. Acuity Data

Patient acuity continues to be recorded daily and the improvements identified as a result of the Quality Improvement Project (QIP) have been implemented. These included the patients appearing in bed order rather than alphabetical order and the score being reassessed each day rather than the score being rolled over from the day before.

It was agreed that the acuity scoring would only be completed by a Band 6 or above on every ward and a short animated film was produced to ensure all of these staff members had the relevant information regarding applying the scoring process to patients. The audit was repeated in July 2019 and whilst in some areas there was improvement, there continued to be discrepancies in the scores chosen for patients across all areas. This was not unexpected, as acuity is speculative and human factors can't be excluded. The Senior Sisters felt that a paper based training resource, along with the animation would help staff. The Senior Sisters also agreed to deliver the training locally and it was agreed that on some

wards the senior band 5s would be trained to complete the acuity database due to skill mix, particularly at weekends.

The plan is to repeat the audit April 2020 to assess the effectiveness of the above changes, with the aim to, as far as possible ensure consistency with acuity and dependency scoring which will then increase the validity of the triangulation process for monitoring staffing.

Leaver's Analysis of Registered Nurses

The stability metric was introduced to measure the percentage of staff with over one year of service. The measurement for RN's is currently 87.75% (Dec-19).

Staff Group	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Trend
Qualified Nursing	86.99%	87.91%	88.20%	88.73%	90.91%	91.15%	88.14%	87.60%	87.75%	

Leaver's Analysis of Healthcare Assistants

Turnover within the HCA group remains high at 17.10% (Dec-19) and there have been discussions at the safer staffing meeting and with the HON for the divisions about exploring possible opportunities for HCA's which might increase retention. Options include access to training such as the Sage and Thyme Communication Course and the development of band 3 roles which would provide a career pathway for those who do not aspire to explore the Nursing Associate path.

4. Workforce Plan for the Future:

Advanced Clinical Practitioners (ACPs)

The Trust currently has 40 nurse prescribers, 3 optometrists and 1 pharmacist who are able to prescribe. These numbers are steadily increasing and monitored via the non-medical prescribing group chaired by the DDON.

The number of Nurse Consultants has also increased across the Trust. This is a very positive opportunity for nursing and not only enables the Trust to retain ACPs but releases medical staff to focus on more complex elements of care.

Internationally Educated Nurse (IEN) Recruitment Update

There are currently 76 IENs in the pipeline with 50 due to arrive in the next 4 months. The remaining candidates are still waiting to complete various administration processes prior to them applying for their sponsorship and visas. The Trust has successfully maintained its 100% pass rate for IENs nurses sitting their Test of Competence Part 2 (OSCEs).

A successful overseas recruitment trip to both India and the Philippines concluded in October 2019 which has enabled the Trust to increase the diversity within the overseas nursing workforce. There is a further overseas trip provisionally scheduled for November 2020, however there is some ongoing work, which may result in the changes to overseas recruitment across London.

Nursing Associates (NA)

The Trust successfully retained 4 of the Registered Nursing Associates (RNA) and they have successfully integrated into the nursing workforce.

A further 7 trainees NA's are due to complete their training in January 2020. The Trust has experienced some challenges with recruiting potential NA; this is not unique and is comparable to the national picture and in particular the London landscape. This is largely due to the academic requirement required to commence the NA training programme. The Trust is currently advertising for a late spring programme and would ideally like to support an additional 20 trainees over 2020. The HON for Education and Quality has successfully secured additional funding to support this activity from Health Education England (HEE).

Discussions continue with the DON & Q and via the safer staffing group to develop a strategy/identify areas where there are opportunities to review current establishments and create opportunities for the RNA role. Alongside this a QIA around the impact of the role of the RNA on care delivery is being undertaken.

Student Nurses and Trainees:

The Trust is the lead provider in the West Zone, providing learning opportunities for up to 125 learners at any one time. Students develop their knowledge and skills in our clinical environments of care supported by our assessors and supervisors of practice. The learners are drawn from Kingston (KU) and London Southbank (LSBU) Universities. This year has seen a reduction in the numbers of students allocated to the zone with 38 students from KU and 8 from LSBU. Furthermore the zone has expanded to incorporate other Trusts which include Ashford and St Peters, Chelsea and Westminster and Frimley. The consequence of this, whilst resulting in greater opportunities for the students, places greater competition to attract students at the point of qualifying. The new LSBU Future Nurse Undergraduate programme was validated by the NMC at the beginning of May 2019 and commenced in September 2019. The Trust attracted 15 UK graduates from the cohorts graduating in September and October 2019. The Practice Development Team (PDT) has attended recruitment events at KU and the Senior PDN for Pre-registration and is coordinating a series of Year 3 workshops for students to prepare them for registration.

Training Update

Mentorship and Preceptorship:

Standards for Student Supervision and Assessment (SSSA) are now published and these will determine the levels of supervision and assessment for learners on NMC validated programmes. The role of “mentor” has been replaced with new roles of Practice Supervisor (PS) and Practice Assessor (PA). In addition the role of Academic Assessor (AA) emerges and practice assessment will become a tripartite partnership where proficiencies and standards in practice are measured collaboratively. In order to ensure the currency of an individual’s qualification to support learning in practice the Trust in collaboration with KU and London South Bank University (LSBU) deliver monthly update sessions. This allows PA/PS 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. In addition to this the Senior Practice Development Nurse for student experience, with the PD for midwifery will update the Nursing, Midwifery and AHP Board of changes in learners provision and in particular Future Nurse and Future Midwife.

The Pan London Capital Nurse Preceptorship programme has commenced. This has been evaluated well and includes all newly qualified nurses, nursing associates and international nurses. In addition the PDT has developed a bespoke series of preceptorship workshops to support IEN workforce.

Burdett Project Update:

The Burdett Project has been completed and data acknowledges the benefits and challenges staff experienced alongside the positive outcomes in terms of retention. In November 2019 the team who developed and facilitated the project won a NHSE/I award for *The Best Health and Wellbeing Rewards and Benefits Package*. In addition the concept was utilised to develop and deliver a Capital Nurse Resilience Train the trainer 2 day workshop delivered at Kingston in December 2019 for 18 people from across London.

Workshops and other Learning Opportunities:

The PDT continues to deliver a wide range of workshops and real-time simulation as well as supporting career development through ‘drop-in’ surgeries and ongoing practical support measures. 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. New workshops are emerging and enhanced observation and nutrition have been added to the provision

The indirect funding from Health Education England is supporting the professional development of modules across all clinical areas.

Medical Staffing

The current workforce performance indicators for medical staff (excluding doctors in training) are highlighted in the Table 1.

Table 1

MEDICAL & DENTAL STAFF		
KPI	November Performance	Target
Sickness	0.94%	2.60%
Stability *	100.00%	90.00%
Turnover*	5.48%	13.50%
Vacancies	0.07%	6.00%
Statutory & Mandatory Training	84.13%	85.00%

*excludes Junior Doctors

Medical Staffing Challenges

The hospital continues to use bank and agency doctors to provide temporary cover for vacancies, absence and increased activity/acuity. For agency workers, the Trust does not routinely use 'off-framework' agencies but paying within the various capped rates (NHSI and pan-London) remains a challenge. This reflects the continuing imbalance between the supply and demand for doctors. The current main areas of concern are for 'Registrar' grades (ST3+), particularly in ED, Medicine and Anaesthetics. Particular arrangements have also been put in place in relation to Registrars in medicine where enhanced bank rates have been applied for a fixed period to September in order to secure the necessary workforce (and avoid agency usage). The Trust remains within its overall agency spend ceiling. Work continues both across London and within the SW London Collaborative to examine ways of creating more stability in the regional medical locum labour market.

The Trust has a significant rotation of doctors in training in August and it is anticipated that rotas will be almost fully staffed; gaps from rotations have been largely filled through the recruitment of Trust doctors. There are a few Trust grade posts unfilled in medicine and further rotations in September (Paediatrics) and October (Obstetrics & Gynae) and work is continuing to fill anticipated gaps. In addition the Trust have had added pressure since October 2019 in that the training programme director (TPD) for Acute Internal Medicine (AIM) has mandated that the acute medicine SpRs spend their time at Kingston receiving training in respiratory and cardiology rather than working in the AAU.

The Trust Risk Register includes four risks specifically related to medical staff:

- 1 shortage of non-consultant doctors in ED
- 2 inadequate medical staffing levels in Ophthalmology
- 3 inability to recruit 2 substantive Orthogeriatric Consultants and non-consultant doctors
- 4 unfilled medical registrars (SpR) posts

In ED, a Workforce Group have been examining the utilisation of the doctors, exploring alternatives to the current staffing model including new and different roles to reduce the demand for medical staff and the mix between substantive and permanent staff. The partnership with Medacs to recruit internationally for doctors continues. Within Anaesthetics, the contract has been extended for internationally recruited Kingston Hospital NHS Foundation Trust - Trust Board - January 2020

doctors who have demonstrated their abilities since they arrived 12 months ago. In relation to Ophthalmology, two Consultants have recently been appointed and locum appointments to address the issue in the short term will continue.

The most significant Consultant vacancies are now in Geriatric medicine with 2 vacant orthogeriatrician posts, 1 geriatrician (cluster 2) and 2 substantive Consultant staff due to go on 13 months maternity leave. The orthogeriatric posts are currently being filled by long term locums and the substantive posts have been approved by the RCP and have been out to advert.

Job Planning

The roll out of e-job planning is almost completed. There is now a clear process whereby the Clinical Leads can authorise the job plan at the first level followed by the Cluster Directors and then Chiefs. The majority of job plans have been agreed and are awaiting the sign off process, but a lot of work has gone into consistency of job plans across the Trust.

E-Rostering

The Trust is investing over £500K in electronic rostering for medical staff and the project will begin its roll-out in September. This is a 2-3 year project and when completed will provide the ability to manage rosters, absence and on call through a single system, staff will be able to manage their own rota through an electronic app and the Trust will be able to link clinical activity to job plans.

Allied Health Professionals (AHPs)

Dietetics and Speech and Language Therapy

Speech and Language Therapist were added to the shortage occupation list in October 2019. The Trusts currently has no problem recruiting to band 5 and 6 posts, the main challenges are with recruiting to the band 7 roles. The Trust continues to explore skill mix and internal development opportunities to manage the challenge.

Dietetics turnover rate is low. However, there is a national shortage of paediatric dietitians. This has been discussed at the London Dietetic Managers Group and they are exploring the possibility of including paediatric modules in general clinical placements, in order for all dietitians to graduate with competencies in paediatrics. This has taken longer than anticipated so the Trust have started growing a workforce in this speciality and running training internally- whilst, challenging the training is going well.

Physiotherapy and Occupational Therapy (OT)

Physiotherapy is now fully utilising e-roster and occupational therapy are planning to be completely on-board by spring 2020. The main staffing challenges remain within the OT team and the ability to retain band 6 roles. There is an ongoing piece of work which is exploring training options, as the majority of band 6's leave to gain further specialist skills such as ED and Respiratory. This is coupled with the fact that there is currently limited career progression, due to a stable band 7's workforce.

Radiology

Overall (and confirmed by our recent Getting It Right First Time (GIRTH) visit and SWL Radiology Collaborative work), AHP staffing at the Trust is good compared to the local/national picture. Pressure points remain at band 6 Radiographer and Sonographer levels, where we tend to home grow our own, as the required staff don't seem to be available externally. Both of these relate to the big increases imaging has seen within CT, MRI and Ultrasound over the past few years. The GIRFT visit suggested that the Trust over-establish to a greater degree with support staff, which will then provide further support to our qualified establishment, this is a concept that will be explored through the forthcoming business planning.

Conclusion

The Trust has made significant progress with implementing the recommendations from the Developing Workforce Safeguards, whilst balancing the resources it has within the financial envelope. As outlined within this paper significant progress has been made within nursing and midwifery 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, changes in training and being so close to other Hospitals offering a higher London weighting payment. Overseas recruitment remains a valuable source of recruiting nurses and is being further explored within medicine. Whilst the development of the NA has been positive, recruiting suitable candidates to undertake the training is proving challenging.

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.

5. Recommendations

The Trust Board is asked to:

- a) Note the progress made with the implementation of the new '*Developing Workforce Safeguards*' recommendations.
- b) Be assured there is a robust process in place to review safe staffing across nursing, midwifery, medicine and AHP.
- c) Note the continued improvement in vacancies and retention for nursing, midwifery and care assistant vacancies and planned on-going approaches to managing any shortfall and sustainability.
- d) Note the on-going progress made with medical staffing to bridge the SpR and Consultant shortfall.

Appendix 1 – Safer Staffing Ward & Shift Analysis – December 2019

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	99.30%	101.22%	101.09%	106.21%	8.1
Alexandra Ward	100.21%	119.53%	95.79%	138.71%	7.1
Astor Ward	98.71%	140.41%	97.83%	140.32%	7
Blyth Ward	105.82%	97.56%	108.60%	137.10%	6.4
Bronte Ward	106.37%	175.15%	110.75%	124.02%	6.5
Cambridge Ward	107.48%	149.81%	132.26%	206.34%	6.2
Canbury Ward	119.13%	123.17%	100.00%	232.75%	8
Critical Care Unit	86.42%	39.13%	92.87%	N/A	30.5
Derwent Ward	104.91%	91.36%	100.00%	162.90%	5.9
Hamble Ward	108.57%	99.63%	128.57%	136.02%	6
Hardy Ward	107.78%	94.45%	101.47%	190.32%	7.1
Isabella	97.85%	90.79%	94.64%	100.00%	9.9
Keats Ward	101.95%	127.72%	100.00%	122.08%	6.3
Kennet Ward	106.72%	99.17%	114.27%	122.86%	6
*Neonatal Unit	93.69%	86.21%	95.58%	52.00%	11.8
Paediatric Unit	95.70%	94.84%	101.29%	53.33%	10.1
Maternity	93.10%	73.67%	96.53%	71.36%	15.1
Trust Average	98.63%	103.22%	100.85%	119.46%	8.4

- Roster template has been reviewed by the HON for planned care and the HCA

Appendix 2 – Average trained nurse to bed ratio for December 2019

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	11.3	9.0	42.5	3.8	4.7
Alexandra Ward	4.9	2.9	21.0	4.3	7.2
Astor Ward	4.9	2.9	22.0	4.5	7.6
Bronte Ward	5.9	3.3	28.1	4.8	8.5
Cambridge Ward	5.5	3.9	33.4	6.1	8.5
Canbury Ward	2.3	2.0	14.8	6.5	7.5
Critical Care Unit	13.1	13.3	10.2	0.8	0.8
Derwent Ward	5.2	3.0	29.5	5.7	9.9
Hamble Ward	5.4	3.7	29.1	5.4	7.8
Hardy Ward	4.1	2.0	16.6	4.0	8.3
Isabella	3.3	2.3	9.6	2.9	4.2
Keats Ward	5.0	3.0	29.1	5.8	9.8
Kennet Ward	4.8	3.1	27.5	5.7	9.0
Neonatal Unit	4.6	4.8	10.4	2.2	2.2
Paediatric Unit	7.6	5.0	16.2	2.1	3.2