Report to:	**Public Board of Directors**	**Agenda item:**	**8**
Date of Meeting:	**25 April 2018**		

Title of Report:	**Six Monthly Safer Staffing Report**
Status:	**To note**
Board Sponsor:	**Helen Blanchard, Director of Nursing and Midwifery**
Author:	**Jan Lynn, Lead Nurse, Workforce Development and Education**
Appendices	**Appendix 1: General Adult Ward staffing ratios**

1. Executive Summary of the Report

There is a requirement post the publication of the Francis Report, 2013 and the launch of the Chief Nurse's nursing vision 'Compassion in Practice' that all NHS organisations will take a 6 monthly report to their board on the nurse staffing levels and whether they are adequate to meet the acuity and dependency of their patient population.

This report serves as the six monthly safer staffing review at the Trust.

The report provides summary details of the National Quality Board (NQB) expectations including the new January 2018 recommendations and compliance against these regarding safe staffing levels. The report informs the Board of progress to date and further actions.

This report covers adult inpatient wards, paediatric and midwifery services and informs the Board of relevant staffing benchmarks including those available from the Royal College of Nursing (RCN) and NHS Improvement.

The report updates the Board on the six monthly SNCT review of adult general wards nursing establishment's undertaken in February 2018.

The report informs the Board of the nursing and midwifery risks on the Trust's risk register and those that are the current top 5 highest risks.

The report includes the nursing and midwifery pay costs for the year end position 2017/18 and informs the Board of any variation in expenditure and actions taken.

2. Recommendations (Note, Approve, Discuss)

The Board are asked to note the contents of this report which outlines the progress to date and further actions planned to ensure staffing levels are safe, effectively managed and are being published in accordance with national and local guidelines.

3. Legal / Regulatory Implications

National Quality Board Requirements (Nov 2013, April 2016 and January 2018)
NICE Guidelines (2014 and 2015)
CQC Regulation 9: Person Centred Care
CQC Regulation 12: Safe care and treatment
CQC Regulation 18: Staffing

CQC Regulation 19: Fit and proper persons employed

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)

- Risk to CQC registration if standards are not met
- Non-compliance with National Quality Board and NICE requirements on staffing
- Registered Nurse vacancies on the Risk Register

5.	Resources Implications (Financial / staffing)

Resources and financial implications to be addressed as part of Trust's yearly Trust's Business Planning cycle and Divisional planning priorities.

6.	Equality and Diversity

Compliance with the Equality and Diversity Policy

7.	References to previous reports

Monthly Quality Report and Nursing Quality Indicators and Exception Report
Nursing, Midwifery and Care Staff Strategy January 2017
Six monthly Safer Staffing Report October 2017

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Royal United Hospitals Bath
NHS Foundation Trust

Six Monthly Safer Nurse and Midwifery Staffing Report

April 2018

Author: Jan Lynn, Lead Nurse Workforce Development and Education

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Executive Summary

- The report has provided details of the National Quality Board expectations with regard to safe staffing and updated the Board on compliance and progress made to date

- Registered Nurse (RN) vacancies continue to remain a challenge and are on the Trust's Risk Register, Score 20 (High risk). There are proactive recruitment and retention action plans in place. RN Band 5 vacancies were approximately 144.4 wte at end March 2018.

- The NICE Benchmark of one RN to 8 patients has been reviewed and there are two wards that are > 1RN to 8 beds during the day, these being Chesleden ward (older persons step down) and Philip Yeoman ward (elective orthopedic surgery). These ratios reflect the patient's acuity and dependency and bed occupancy.

- The RCN Benchmark of RN/HCA ratio 65:35 has been reviewed on the adult inpatient wards. The report describes the changes in skill mix and why some wards are outside this benchmark; this being due to the higher level of care support workers and their additional competencies. The skill mix on these wards have all been critically reviewed and approved by the Heads of Nursing as part of budget setting.

- The Trust has an established and active Recruitment and Retention group with action plans in place and this report informs the Board of the many actions that have been taken. This includes retention work recommended by the NHSI Retention Programme.

- The Trust has embraced new roles and ways of working which includes Band 4 roles including Assistant Practitioners and Trainee Nursing Associates and are also piloting ward Therapists Band 5 integrated as part of the nursing teams.

- The top five (moderate and high risk) nursing and midwifery staffing risks are all related to RN vacancies. Two of these risks have been reported as high risk, these being RN vacancies Trust wide and RN vacancies in the Medical Division.

- The financial position as at month 12 for nurse and midwifery staffing show an overspend position of £1,542,930 which reflects the increased cost of bank and agency nurses to cover vacancies and also staffing for increased bed capacity at times of escalation. The Medical Division at month 12 March 2018 has an overspend £1,656,102. Whereas both the Surgical and Women and Children's Divisions are showing underspends.

- The nursing agency spend is within the NHSI control ceiling of 3% for 2017/18

Six monthly Nurse and Midwifery Safer Staffing report (April 2018)

1. Purpose

This report serves as a six monthly review of safer staffing at the RUH and fulfils a requirement of the National Quality Board (NQB) expectations and NICE guidance (2014) that all NHS organisations take a six monthly report to their Board of Directors on nurse staffing levels.

The report provides summary details against the NQB requirements, progress taken by the Trust to date and identifies any gaps and outlines further actions planned to be undertaken.

The report is to provide the Board with assurance regarding nursing and midwifery safe staffing.

1.1 Background

The NQB published guidance *'How to ensure the right people, with the right skills, are in the right place at the right time'* which clarifies the expectation on all NHS bodies to ensure that every ward and every shift have the right number of nursing staff on duty to ensure that patients receive safe care. It requires Boards to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability.

The Board receives regular monthly reports (Nursing Quality Indicators exception report) as part of the Quality Report and this six monthly report provides a more detailed report with regard to nursing and midwifery staffing levels.

2. The NQB expectations and Trust compliance

The National Quality Board (NQB) guidance for Trusts; 'Safe Sustainable and Productive staffing' (July 2016) was produced to reflect the changes within the NHS Five Year Forward View (2014) and the Lord Carter Review '*Operational productivity and performance in English NHS acute hospitals; Unwarranted variations'* (February 2016).

Further recommendations have recently been published by the NQB these being; '*An improvement resource for adult inpatient wards in acute hospitals'* and '*An improvement resource for maternity services'* (January 2018).

This report informs the Board of these new recommendations and where the Trust measures against them.

NQB guidance for Children and Young people, Neonatal and Urgent and emergency care have been published in draft and are awaiting final approval.

Previous NQB guidance (2014, 2016) describes a framework of how staffing should be reviewed and monitored by Trust Boards and previous six monthly safer staffing reports have demonstrated how the Trust complies with these recommendations.

For example, that the Board have access to monthly reviews of workforce metrics, quality indicators and productivity measures.

The Board receives this as individual ward level nursing quality matrices via the Nursing Quality Indicators Chart and Exception report every month as part of the monthly Quality Report.

The new NQB recommendations for adult inpatient wards are provided below with a response of where the Trust measures again them (Table 1 below). The Trust response also informs the Board of where further action is required to meet this more recent guidance.

NQB Safe, sustainable and productive staffing An improvement resource for adult inpatient wards in acute hospitals (January 2018)		
	In determining nurse staffing requirements for adult inpatient settings	**Trust response**
1	A systematic approach should be adopted using an evidence-informed decision support tool triangulated with professional judgement and comparison with relevant peers.	The Trust uses the evidence based Safer Nursing Care Tool (SNCT) and other recognised benchmarks, now including Care Hours Per Patient Day (CHPPD).. The Trust will further develop the use of CHPPD to support staffing requirements.
2	A strategic staffing review must be undertaken annually or sooner if changes to services are planned.	The Heads of Nursing undertake staffing reviews following the SNCT review but also undertake a Divisional reviews as part of their yearly Business planning cycle. The Director of Nursing and Midwifery is sighted on any proposed changes both at Divisional level and at Board level.
3	Staffing decisions should be taken in the context of the wider registered multi-professional team.	The Trust has introduced Assistant Practitioners (Band 4), Trainee Nursing Associates (Band 3) and ward Therapists (Band 5) and these support the nursing team skill mix. The Trust's Strategic Workforce Committee brings together all the professional groups.
4	Consideration of safer staffing requirements and workforce productivity should form an integral part of the operational planning process.	The Heads of Nursing undertake staffing reviews following the SNCT review and undertake a Divisional reviews as part of their yearly Business planning cycle. Staffing requirements are always discussed as part of the daily Operational 'Site' meetings.
5	Action plans to address local recruitment and retention priorities should be in place and subject to regular review.	The Trust has an established Recruitment and Retention group in place and recruitment and retention action plans. These are reviewed monthly at the Nursing and Midwifery Workforce Planning Group and Board.
6	Flexible employment options and efficient deployment of staff should be maximised across the hospital to limit the use of temporary staff.	The Trust's HR Policies support flexible working options e.g.: • Roster Policy • Staffing Escalation Policy • Working Life Policy and Procedure • Supporting Attendance • Retirement Policy
7	A local dashboard should be in place to assure stakeholders regarding safe and sustainable staffing. The	The Nursing Quality Indicator Chart is completed monthly as part of the Quality Report. This is presented to Trust Board every month.

	dashboard should include quality indicators to support decision-making.	A ward Dashboard is currently in development.
8	Organisations should ensure they have an appropriate escalation process in cases where staffing is not delivering the outcomes identified.	There is an Escalation Support Framework presently in development to support those wards which 'flag' in the Nursing Quality Indicators.
9	All organisations should include a process to determine additional uplift requirements based on the needs of patients and staff.	The Trust presently provides 20% uplift for the wards to account for sickness and study leave.
10	All organisations should investigate staffing-related incidents and their outcomes on patients and staff, and ensure action and feedback.	The Heads of Nursing review all incidents and report of staffing incidents on their monthly staffing reports to the Nursing and Midwifery Workforce Planning Group. If there are any serious staffing incidents they are investigated either via the Serious Incident process or Human Resources investigation and appropriate agencies are involved e.g. Safeguarding.

(Table 1)

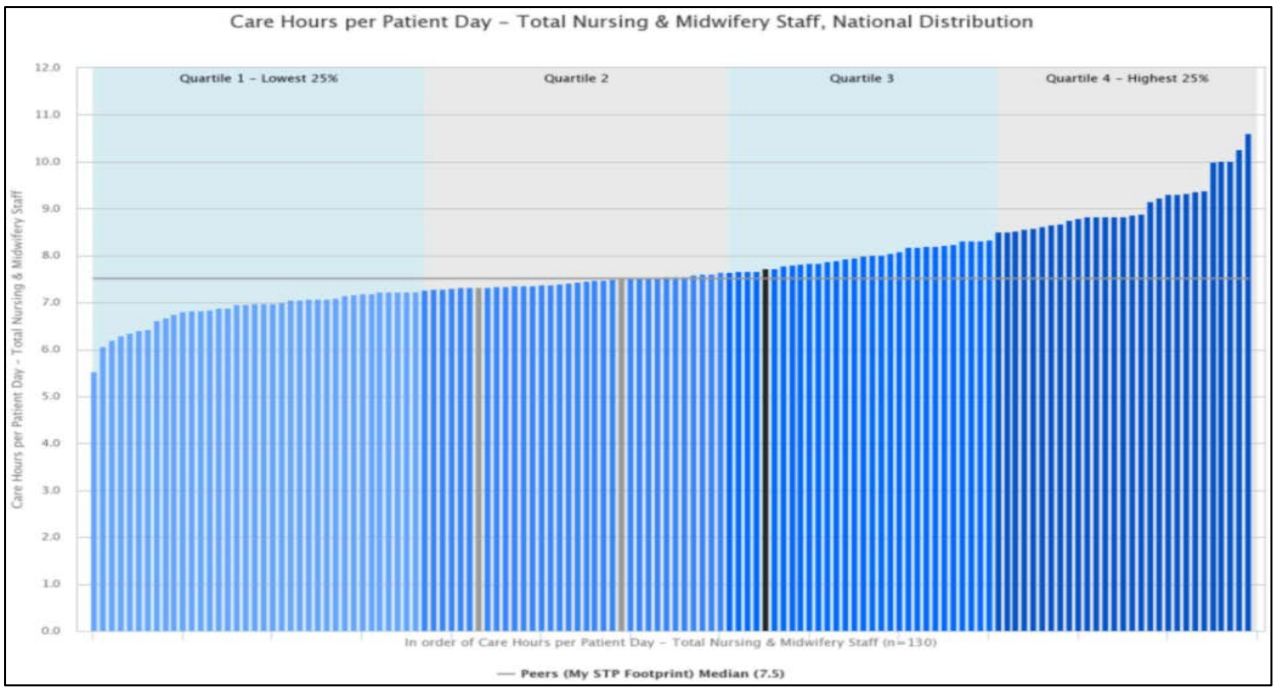
Staffing benchmark Care Hours Per Patient Day (CHPPD)

The measure of CHPPD was recommended in the Carter Review and is provided in the 'Model Hospital' dashboard as a standardised measure for Trusts to benchmark against.

CHPPD is calculated taking the numbers of occupied beds at midnight, against the actual numbers of nursing staff (Registered & non-registered) taken from our E.rostering system and this data is uploaded onto Unify each month.

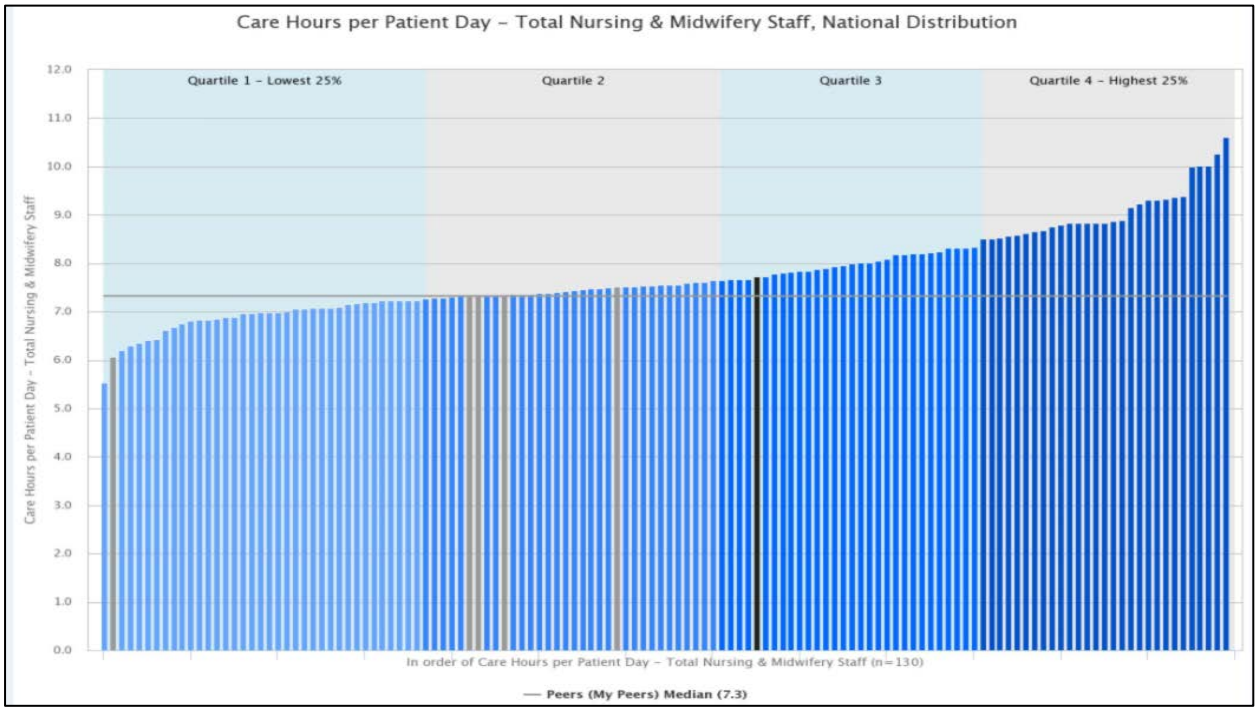
The monthly Nurse Quality Indicators Chart since March 2018 now includes the overall CHPPD for each ward and this data has been helpful to support the narrative around actual staffing levels when they have been outside planned levels. Further work is underway to develop the CHPPD metrics to enable regular reporting of CHPPD peer benchmark data to support local staffing level reviews.

Chart 1 demonstrates where the Trust (black bar) is placed within the National distribution, but also where we are placed against our local STP acute Trusts (grey bars). The chart shows that our overall CHPPD in May 2017 was above the median within Quartile 3 of the National distribution, and higher than that of our STP acute Trusts.



(Chart 1)

When reviewing CHPPD within our 14 peer group Trusts chart 2, below. It demonstrates that in January 2018 the RUH is positioned the highest (black bar) within our peer group for CHPPD.



(Chart 2)

For nursing, midwifery and care staff Carter outlines the need to ensure staff rosters are efficient and productive. Rostering key performance indicators (KPIs) are in

place and monitored monthly via the Nursing and Midwifery Workforce Planning Group (NMWPG), for example, Roster completion and Matron approval and monthly 'time balances' to ensure that all the available staffing hours are being utilised.

The Trust's electronic rostering system is still under review as there are some limitations to the current electronic Rostering system. The Nursing and Midwifery Workforce Planning Group are supporting initiatives that will release opportunities for added benefits and efficiencies from an electronic staff rostering system. The procurement and implementation of an improved e.rostering system has been put forward as part of the programme of work for 2018 -20 for the Health Informatics Service and a Business case is in development to support this.

CQC Staffing actions following inspection March 2016
KPMG have completed a review of the Trust's CQC action plan (Sept 2017) and. have reported that actions within the Emergency Department have been completed and that the initial CQC staffing actions in Critical Care have also been addressed.

3. NICE: Safe Nurse staffing of adult wards in acute settings

NICE guidance recommends that adult ward staffing levels are reviewed at least every 6 months using an evidence based tool. The Trust uses a recommended tool called the Safer Nursing Care Tool (SNCT) and these reviews are completed every 6 months as a 'snap shot' over 20 days. The reviews are undertaken in February and August to capture winter/summer trends.

The SNCT is designed for general adult inpatient wards only. There are several recognised limitations of the tool, these being:

- Reliant on nurses subjectively categorising patients dependency
- Ward layout/environmental issues
- May not capture staffing requirements where there is very high throughput
- Snap shot review and impact of beds being closed e.g. Infection control

Consequently, the NQB guidance makes reference to the importance of professional judgement as well as considering the results from the SNCT when making any decisions about staffing levels. The results of these reviews are always carefully considered using professional judgement by the Senior Sisters/Charge Nurses, Matrons and Heads of Nursing prior to making any final recommendations.

3.1 Surgical Division SNCT

The latest SNCT review February 2018, Table 2 below, has identified 2 wards requiring a closer review because of a suggested gap (more than 3.0 wte) between funded establishment and levels suggested by the tool.

As with previous SNCT reviews, the February 2018 SNCT review has suggested potential under establishments in Forrester Brown and Pierce wards.

Table 2 - SURGICAL DIVISION				
WARD	**No: Beds**	***Funded Est:**	**Suggested Est:**	**Variance**
Forrester Brown	**28**	**41.41**	**43.28**	**-4.87**
Pierce	**28**	**42.21**	**45.29**	**-3.08**
Philip Yeoman	**27**	**29.54**	**18.60**	**10.94**
Robin Smith	**28**	**42.08**	**41.24**	**0.84**
Pulteney	**30**	**45.19**	**42.38**	**2.81**
Total				**6.64**

(Table 2)

The Head of Nursing, Matron and Senior Sisters on these wards are working through their staffing establishment and looking for opportunities to address the additional care needs created by the need for patient who require enhanced observations e.g. those with dementia and /or have a risk of falling.

The review also suggested over establishment on Phillip Yeoman ward, however this was an anomaly as the ward was being used in escalation for emergency patients during February.

The SNCT also identified potential over establishments in Pulteney and Robin Smith wards. Both these wards have high dependency patients who require close monitoring and the ward layout makes easy observation of patients more challenging. Therefore the professional judgement applied to these wards is such that the recommendation is for no change to existing staffing establishments.

3.2 Medical Division SNCT

The latest SNCT review February 2018, Table 3 below, has identified 6 wards requiring a closer review because of a suggested gap (more than 3.0 wte) between funded establishment and levels suggested by the tool.

Table 3 - MEDICAL DIVISION				
Ward	**No: beds**	***Funded Est:**	**Suggested Est:**	**Variance**
ACE	**27**	**44.20**	**39.94**	**4.26**
ASU	**26**	**44.77**	**38.30**	**6.47**
Cardiac	**36**	**40.32**	**44.33**	**-4.01**
CCU	**8**	**18.75**	**14.36**	**4.39**
Cheselden	**22**	**27.50**	**37.26**	**-9.76**
Combe	**26**	**37.47**	**40.32**	**-2.85**
Haygarth	**27**	**37.54**	**33.11**	**4.43**
Helena	**17**	**31.24**	**25.93**	**5.31**
Midford	**30**	**41.84**	**40.84**	**-4.23**

MSS	**18**	**22.75**	**25.98**	**-3.23**
Parry	**28**	**36.05**	**39.87**	**-3.82**
Waterhouse	**24**	**34.25**	**28.18**	**6.07**
Respiratory	**33**	**41.22**	**53.07**	**-11.85**
William Budd	**22**	**31.88**	**34.65**	**-2.77**
			Total variance	**-11.59**

(Table 3)

The Head of Nursing and Matrons are reviewing staffing levels against the acuity/dependency for these wards and also against other wards in the Division where the tool has suggested over establishments which have been consistently noted in SNCT reviews. The Matrons will also apply their detailed professional knowledge to support their decision making and recommendations as below:

- The Respiratory ward results suggest an under-establishment which appears to be increasing and reflecting an increased level of acuity and dependency. The Head of Nursing has developed a business case to support additional staffing for this ward, in particular to support the High Dependency Bay.

- The SNCT results for Helena ward has suggested over previous reviews that they are over-established. The Head of Nursing and Matron will therefore review the data and staffing establishments to determine if their funded establishment could be reduced, or needs to be more flexible to meet the needs of specific patients e.g. requiring acute tracheostomy care.

- The SNCT suggests that Cheselden ward may be under-established. A ward budget staffing review was undertaken with the Senior Sister, Matron and Director of Nursing and Midwifery in March 2018. The ward has good leadership and does not 'flag' on the Nursing Quality Indicators each month.

- Cardiac ward are presently receiving support through a Nursing Intensive Support Team (NIST) review as they flagged on their Nursing Quality Indicators (Feb 2018). It has been recognised that due to winter pressures and bed escalation this ward had a change of acuity and dependency and cared for more frail elderly patients.

- The Matrons responsible for Midford and Parry wards will undertake a review of their SNCT data to determine if there should be any recommendations following this review.

3.3 Women and Children's Division SNCT

The SNCT review is only appropriate for Charlotte ward within the Division and the review in February 2018 suggested a slight under-establishment of 0.65 wte, Table 4 below:

The Head of Nursing/Midwifery and Matron have reviewed the SNCT data and will continue to review this in the light of recent changes to their service.

Table 4 - Women and Children's DIVISION				
WARD	**No: beds**	***Funded Est:**	**Suggested Est:**	**Variance**
Charlotte	**22**	**26.88**	**27.53**	**- 0.65**
			Total variance =	**-0.65**

(Table 4)

4.0 Paediatric Services

4.1 Children's Unit

The only guidance presently available to support nurse staffing levels on Children's wards has been produced by the Royal College of Nursing (RCN). The latest being '*Defining Staffing Levels of Children and Young People's Services'* (2013).

The Children's ward has 33 inpatient beds and admits children of all ages from babies to adolescents. The ward admits children for minor day case procedures, emergency admissions and elective in patient surgery and medicine of many types e.g. Trauma and Orthopaedics, Ear Nose and Throat, Oncology, Endocrinology, Respiratory etc., all requiring acute care and for some, particularly respiratory in the winter months, high dependency care.

The ward layout extends to an Outpatient facility at one end and at the other a Paediatric Assessment Unit. This is all managed as part of the Children's Ward. In support of safe staffing levels the Senior Sister, or nurse in charge, supported by the Matron for Paediatrics deploys nursing staff across and between the ward and outpatients as required, sometimes, as staffing levels and patient dependency dictates this redeployment involves the Neonatal Unit.

This flexible way of deploying in staff is very efficient, but it means it is not possible to meaningfully assess against the RCN guidance. The Head of Nursing and Midwifery completed a comprehensive skill mix review of paediatric staffing across the service in July 2017, taking into consideration activity, dependency and utilisation of services and proposed some minor changes to staffing going forward. Due to the nature of unpredictable activity and acuity dependency levels, e.g.

- oncology admissions and the need for chemotherapy trained nurses
- high dependency admissions
- highly complex children with mental health conditions

The review resulted in no reduction of registered and non-registered staff but utilising the skill mix in a different way across the Children's ward.

4.2 Neonatal Intensive Care Unit (NICU)

The Neonatal Unit has 21 cots, 4 which are designated to intensive care, 3 to high dependency care and 14 are special care. The unit cares for 500 premature and sick babies and the cots are worked flexibly depending on the requirements of these babies. The Neonatal unit is actively involved in the South West Neonatal Network and transfers babies using the appropriate pathways in the network. The unit also works closely with the maternity and paediatric services.

There is a Neonatal Outreach service which has been recently reviewed in terms of skill mix; this team provides follow up for a specific group of neonates, with the aim of reducing the length of stay and readmissions of this group of babies.

Nursing staff provide 24 hour cover with a unit Sister Band 7 or 6 on duty as Nurse in Charge on each shift, with the aim of each shift meeting the requirements specified in the Toolkit for High Quality Neonatal Services (DoH, 2009).

5.0 Maternity Services

In previous reports Maternity Services have consistently and continuously reviewed its services and workforce in line with the recommendations and standards outlined in the national documents below.

- Safer Childbirth: Minimum Standards for the organisation and delivery of care in labour RCOG, RCM (2007)
- Staffing in Maternity Units: getting the right people in the right place at the right time Kings Fund (2011)
- Supporting NHS Providers to deliver the right staff, with the right skills, in the right place at the right time – safe, sustainable and productive staff. National Quality Board (2016)
- National Maternity review ‘Better Births’ (2016) A five year forward view for maternity care. NHS England (2016)
- Safe Midwifery Staffing for maternity settings (NICE 2015)

In a six monthly safer staffing report the Board had been informed of the Trust compliance to key Midwifery NICE recommendations which include:

- Review and determine the Midwifery staffing establishments every 6 months
- Provide one-to-one care during labour

The Trust complies with these recommendations.

5.1 National Maternity Review ‘Better Births’ (NHSE 2016)

In 2016 the National Maternity Review ‘Better Births’ (NHSE 2016) was published outlining recommendations for a five year forward vision for maternity services.
In response to this in 2017 the Bath and North East Somerset/Swindon/Wiltshire Local Maternity System (BSW LMS) was created, with provider, commissioner and local authority membership.

A co-created Maternity Transformation Plan was drafted towards the end of 2017 which compliments the Better Birth publication, recommending amongst other work streams, the ability to provide continuity of carer throughout pregnancy, birth and the postnatal period. Introducing this model will take consultation, thought and planning and, with our LMS colleagues, we are learning from other early adopter sites around implementation of this.

The National Quality Board has recently released new recommendations as part of its Safe, sustainable and productive staffing documents, this being to aid Trusts with decision-making.

- NQB 'An improvement resource for maternity services' (January 2018).

These new recommendations are provided overleaf with a response of where the Trust measures again them, Table 5 below.

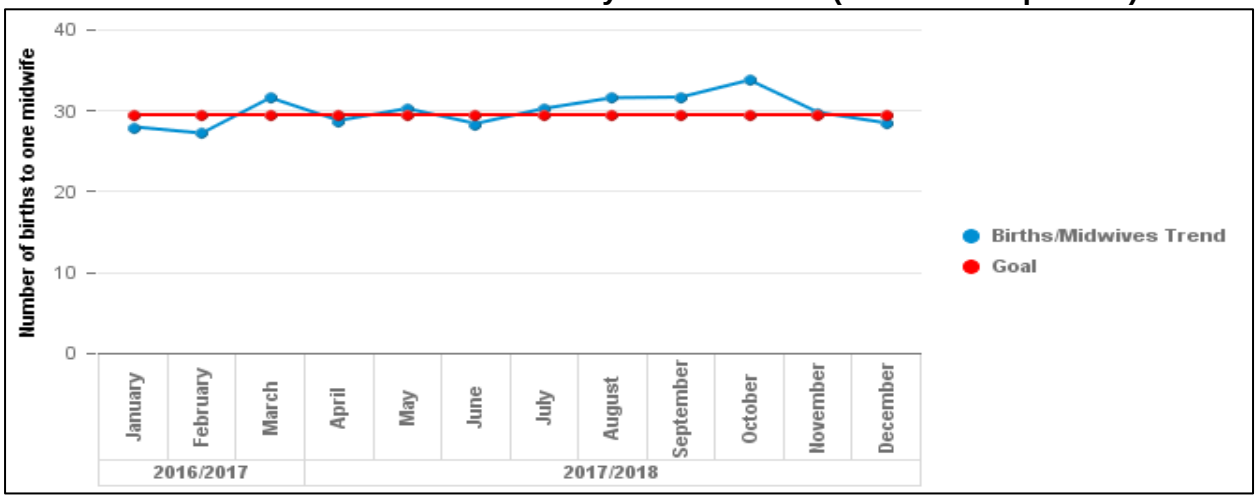
NQB Safe, sustainable and productive staffing An improvement resource for maternity services (January 2018)		
	In determining staffing requirements for maternity services:	**Trust response**
1	Boards are accountable for assuring themselves that appropriate tools (such as the NICE-recommended Birthrate Plus (BR+) tool for midwifery staffing) are used to assess multiprofessional staffing requirements.	The Trust uses the measure Midwife to birth ratio which is part of the Birthrate Plus tool. The Trust will procure the Intrapartum Acuity tool element of Birthrate Plus and use this tool prior to the next six monthly safer staffing report so that this staffing review can be provided in the next report.
2	Boards are accountable for assuring themselves that results from using workforce planning tools are cross-checked with professional judgement and benchmarking peers.	Response as above and this will be provided in the next six monthly Safer Staffing Midwifery report. Maternity will scope further use of CHPPD to support staffing requirements.
3	Boards must review midwifery staffing annually, aligned to their operational and strategic planning processes and review of workforce productivity, as well as a midpoint review every six months in line with NICE guideline NG4.	Midwifery staffing is reviewed each year as part of the Trust's Divisional Business Planning cycle. Midwifery Services have been reviewed following strategic and operational planning 2017 and changes are presently underway. Midwifery staffing is reported in the Six monthly Safer Staffing report against previous NQB and NICE guidance. The Trust will procure the Intrapartum Acuity tool element of Birthrate Plus and use this tool prior to the next six monthly safer staffing report so that this staffing review can be provided in the next report.
4	Boards are accountable for assuring themselves that staffing reviews use the RCOG, RCoA and OAA guidelines on effective maternity staffing resources.	Six monthly safer staffing reports to Trust Board will cover this.
5	Boards are accountable for assuring themselves that sufficient staff have attended required training and development, and are competent to deliver safe maternity care.	Midwifery staff training compliance is reported on the monthly Maternity Dashboard which is reviewed as part of the Divisional Operational Performance meetings. The Board will be provided with Midwifery training records in future six monthly Safer Staffing reports.

		Practical Obstetric Multi-professional Training (PROMPT) is provided for all Midwives.
6	Organisations should have action plans to address local recruitment and retention priorities, which are subject to regular review.	The Trust has an established Recruitment and Retention group in place and Recruitment and Retention Action plans. These are reviewed monthly at the Nursing and Midwifery Workforce Planning Group and Board are updated on actions at the six monthly safer staffing report. A local Recruitment group with Midwife Matrons and HR also review vacancies each month.
7	Flexible employment options and efficient deployment of trained staff should be maximised across the hospital to limit numbers of temporary staff.	The Trust's HR Policies reflect all available flexible working options e.g.: • Rostering Policy • Staff Escalation Policy • Working Life Policy and Procedure • Retirement Policy Midwifery staffing escalation and deployment process in place – managed by Duty Midwife Matron
8	Organisations should have a local dashboard to assure stakeholders about safe and sustainable staffing. The dashboard should include quality indicators to support decision-making.	There is a Maternity Dashboard which reports monthly indicators as recommended by NQB. The Head of Midwifery is also reviewing more appropriate metrics for Mary ward for the Nursing Quality Indicators Chart which forms part of the Quality report.
9	Organisations should have clear escalation processes to enable them to respond to unpredicted service needs and concerns about staffing.	There is a Midwifery Staffing Escalation Policy in place. This includes responding to Red Flags incident reports on Datix which prompt actions to address.
10	Establishments should include an uplift to allow for the management of planned and unplanned leave to ensure that absences can be managed effectively.	The staffing levels have a 20% uplift provided for Mary ward and/or Birthing Centres.
11	Organisations must have mandatory training, development and education programmes for the multidisciplinary team, and establishments must allow for staff to be released for training and development.	The Trust does undertake multi-disciplinary training wherever appropriate. The Trust has an active Simulation training centre where multi-disciplinary training is undertaken for example, maternity PROMPT training and Human Factors training Mandatory training is monitored and reviewed for compliance monthly as part of the Maternity Dashboard.
12	Organisations must take an evidence-based approach to supporting efficient and effective team working	PROMPT training provides effective evidence based team working.
13	Services should regularly review red flag events and feedback from women, regarding them as an early warning system.	Staffing 'Red Flags' are in place and Datix incident forms are completed if they trigger. Red Flag incidents are reviewed every month by the Head of Midwifery and reported to the monthly Nursing and Midwifery Workforce Planning Group.
14	Organisations should investigate staffing-related incidents, outcomes on staff and patients, and ensure action, learning and feedback. (Table 5)	All staffing related incidents are reviewed by the Head of Midwifery and reported on the monthly staffing report to the Nursing and Midwifery Workforce Planning Group. If there are any serious staffing incidents they are investigated either via the Serious Incident process or Human Resources investigation. Actions are fed back at appropriate forums e.g. Operational Governance

5.2 Midwife to Birth ratio

The Trust regularly monitors and reports its staffing of Midwife to Birth ratios as this is recommended and found within the Birthrate Plus® tool and is also endorsed by the Royal College of Midwives. The ratios are reviewed monthly against the recommended mean national ratio of one whole time equivalent (wte) midwife per 29.5 births and these benchmarks have been reported on previous six monthly reports. See the National Midwife to Birth ratio trend, Graph 3 below.

Total service midwife to birth ratio by establishment (national comparison)



(Graph 3)

The Trust's Maternity Services are through current funded establishment, able to meet the nationally recommended 1:29.5 midwife to birth ratio across the service, however this is not equitable when calculated to individual birth locations.

The midwife to birth ratio is calculated and reported on using the planned establishment rather than the actual staffing numbers, therefore the benchmark for Bath Birthing Centre in the Princess Anne Wing (PAW) and the birthing centres has a significant range on paper. In practice however, the matrons and senior midwives/on call managers manage the whole staffing resource and consistently deliver key characteristics of safe care such as 1:1 midwifery care in labour, induction of labour, initial assessment and emergency caesarean sections.

Any inability to provide the key characteristics e.g. 1:1 midwifery care in labour is reported as a red flag incident on Datix and reported monthly at the Nursing and Midwifery Workforce Planning Group.

5.3 Vacancies, Recruitment and Temporary Staffing

In terms of midwifery vacancies, this has remained a positive position within the service. At the end of February 2018 vacancies were at 4.6 wte and this included the 10.2 wte registered midwives who are on maternity leave. The vacancy position has remained stable as a result of previous planned over-recruitment in 2016. Maternity Services does not struggle to recruit midwives and always has multiple numbers of applicants for each vacancy.

Significant work has continued between the Head of Nursing and Midwifery, the matron team and the senior sisters within Maternity Services in an attempt to further reduce the temporary staffing spend.

Actions have included:

- Closer matron oversight, scrutiny and standardisation of rotas with monthly meetings with all roster builders, matron and Head of Midwifery to review the prospective planned roster including headroom, sickness and establishment/gaps.
- All Bank staff to be booked through Staffing Solutions rather than be arranged locally with Matron authorisation only, roster alterations are managed robustly.
- A weekly 'face the week' conference call to review staffing and planned activity across the service for the week including the need to cancel any booked bank staff and any redeployment required to cover gaps in roster/clinical on-call.
- Reduction and standardisation in the number of midwifery and support staff in community birth centres, particularly overnight and at weekends
- Community Birth Centres on call staff cross cover
- Time balances - contractual hours to be worked and time balances to be achieved.
- Bath Birth Centre off duty to ensure Band 7 on weekday shifts with 2 at night and at weekends /Bank Holidays

Actions have been successful with a much reduced staffing spend ending the financial year with an underspend of £32k in Month12 for midwives.

5.4 Acuity and Dependency

Maternity Services continues to see an increase in the number of women with raised BMI, pre-existing medical conditions, increasing age at birth, safeguarding concerns and mental health difficulties. This has led to a significant rise in the acuity and risk profile within the service and consequently challenges in terms of skill mix within the workforce.

Birthrate Plus® is currently the only midwifery specific national tool that gives the intelligence and insights needed to be able to model and calculate midwifery numbers, by understanding activity, case mix, demographics and skill mix, it is recommended by the Royal College of Midwives however this comes at significant cost. An in depth skill mix review based on Birthrate Plus® principles was last undertaken in December 2012 within the service and the Trust is looking to repeat this.

Within Maternity Services considerable attention has been paid to ensuring midwifery roles and responsibilities are adjusted and where appropriate skill mix introduced within the work force and work continues to up skill the unregistered workforce in line with the general adult competencies. Discussions around midwifery

apprenticeships as a pathway to midwifery registration are also taking place with the education team.

5.5 Maternity Services Review

In early 2017 Maternity Services launched a formal review of Maternity Services, with the aim of improving and future proofing a sustained provision of safe care, particularly focusing on choice of place of birth for women on the midwifery led pathway. Focusing on meeting the national ambition for one to one care in labour while also providing safe, effective and efficient midwifery care across all aspect of the maternity pathway, not only in the acute birth unit but also in the midwifery led units. Ultimately the goal of this review is to have midwives in the right place at the right time to support birth, protecting one to one care during labour, at the same time creating an efficient service by rationalising the number of birth venues from which midwives deliver care in the community.

6.0 General Adult wards Benchmarking data

The general adult ward nursing staffing levels and skill mix are reviewed regularly, for budget setting, and 6 monthly for this report.

Recommended benchmarks

There are several recommended benchmarks that have been commonly used to support reviews of nurse staffing levels on wards, these being:

- NICE has recommended that the Registered Nurse (RN) to patient ratio should not be greater than 8 patients per RN during the day shift.
- RCN guidance Safe Staffing Levels (2010) recommend a ratio of RNs in general adult wards to be 65% against Healthcare Assistants (HCAs

6.1 Ratio of RN to patients 1:8

The budgeted ratio of one RN to 8 beds has been reviewed against staffing establishments agreed for April 2017/18 budgets (Appendix 1).

The Trust has recorded the staffing levels and ratios by individual adult inpatient ward for each shift and also weekday and weekend. This chart also records the ward Senior Sister's supervisory role and numbers of higher level support staff at Band 3 and 4, to provide the Board with a more accurate reflection of staffing (Appendix 1).

The NICE ward ratio of 1RN:8 beds does not take into account current skill mix changes and new roles that support ward nursing e.g. Assistant Practitioners Band 4, Discharge Liaison support workers Band 3.

The issue of skill mix changes is one of the reasons that Lord Carter recommended the new measure of Care Hours per Patient Day (CHPPD), this being in acknowledgement that other roles support patient care delivery and including Allied Health Professionals.

Appendix 1, identifies two wards (highlighted blue) that have a ratio of greater than 1RN:8 beds during the day, these being Cheselden Ward (Older persons step down)

and Philip Yeoman (Elective Orthopedic). The Heads of Nursing have critically reviewed these wards and are satisfied that the staffing levels meet the patient's acuity and dependency levels.

Cheselden ward has a case mix of patients who are a 'step down' from acute care and therefore lower acuity, which supports a higher ratio of HCAs.
Philip Yeoman ward is an elective surgical orthopedic ward and therefore has the ability to plan its staffing levels to match the patient acuity and dependency as well as ward occupancy, which is lower at night and the weekends. Average occupancy, collected at midnight Monday – Friday is 59.29% and at the weekends 50.45%.

NICE guidance for RN to beds is only recommended for the day shift where activity is increased, as opposed to the night shift. The Trust has also reviewed the RN to bed ratio for the night shifts and highlighted those wards where there is a ratio greater than one RN to 10 beds.

There are five wards that have a ratio greater than1RN:10 beds.
The Heads of Nursing and Matrons have critically reviewed these wards and approved the staffing levels as being appropriate. This being on the basis, that the patient acuity, dependency and occupancy levels support the agreed skill mix.

6.2 Ratio of RN to Non-Registered Nurse (HCA)
The Trust's RN to HCA ratio is benchmarked against the 2017/18 budgeted staffing establishments (Appendix 1).

The Royal College of Nursing (RCN) 2010 recommended ratio of RNs to HCAs as around 65:35, however this does not account for skill mix changes and new roles that support nursing care delivery. These higher level support roles will have an effect on the RN to HCA ratios and this is recognised nationally, hence the new benchmark of CHPPD.

Until CHPPD becomes more current and widely used, the Trust will continue to use the RCN benchmark to review skill mix ratios and provide the Board with a rationale to support where these skills mix ratios fall outside of the RCN recommended benchmark.
Appendix 1 highlights the wards where the ratio of RN: HCA is lower that the RCN benchmark (highlighted red).

All of these wards skill mix ratios have been critically reviewed by the Heads of Nursing and all have been approved. The rationale for approving the skill mix are due to matching nurse staffing competencies and numbers of staff to the requirements of the patient case mix. For example, taking into account the:

- levels of patient acuity, dependency and ward occupancy
- number of higher level care support worker roles at Band 3 and 4

7.0 Nurse Recruitment and Retention

The Nursing and Midwifery Workforce Planning Group (NMWPG) is a well-established and proactive group, and is chaired by the Director of Nursing and Midwifery. There is also a Recruitment and Retention group chaired by the Head of Human Resources (HR) with robust recruitment and retention action plans in place and this is a sub-group of the NMWPG.

Table 6 below reflects the Divisional RN/Midwife/ODP budgeted establishments and contracted staff establishments including vacancies, maternity leave and turnover rate October 2017 – February 2018.

Surgery	Oct	Nov	Dec	Jan	Feb	Mar
Est	437.6	437.6	437.6	437.6	437.6	437.6
Contracted	410.6	409.0	408.1	403.2	403.6	402.5
Vac WTE	27.0	28.6	29.5	34.4	34.0	35.1
Vac %	6.2	6.5	6.7	7.9	7.8	8.0
T/O	2.6	3.6	9.4	3.9	2.0	4.1
Starters	5.6	3.8	2.0	2.0	1.0	3.0
Total Gap + Mat	**35.8**	**37.2**	**50.3**	**49.7**	**48.4**	**49.6**

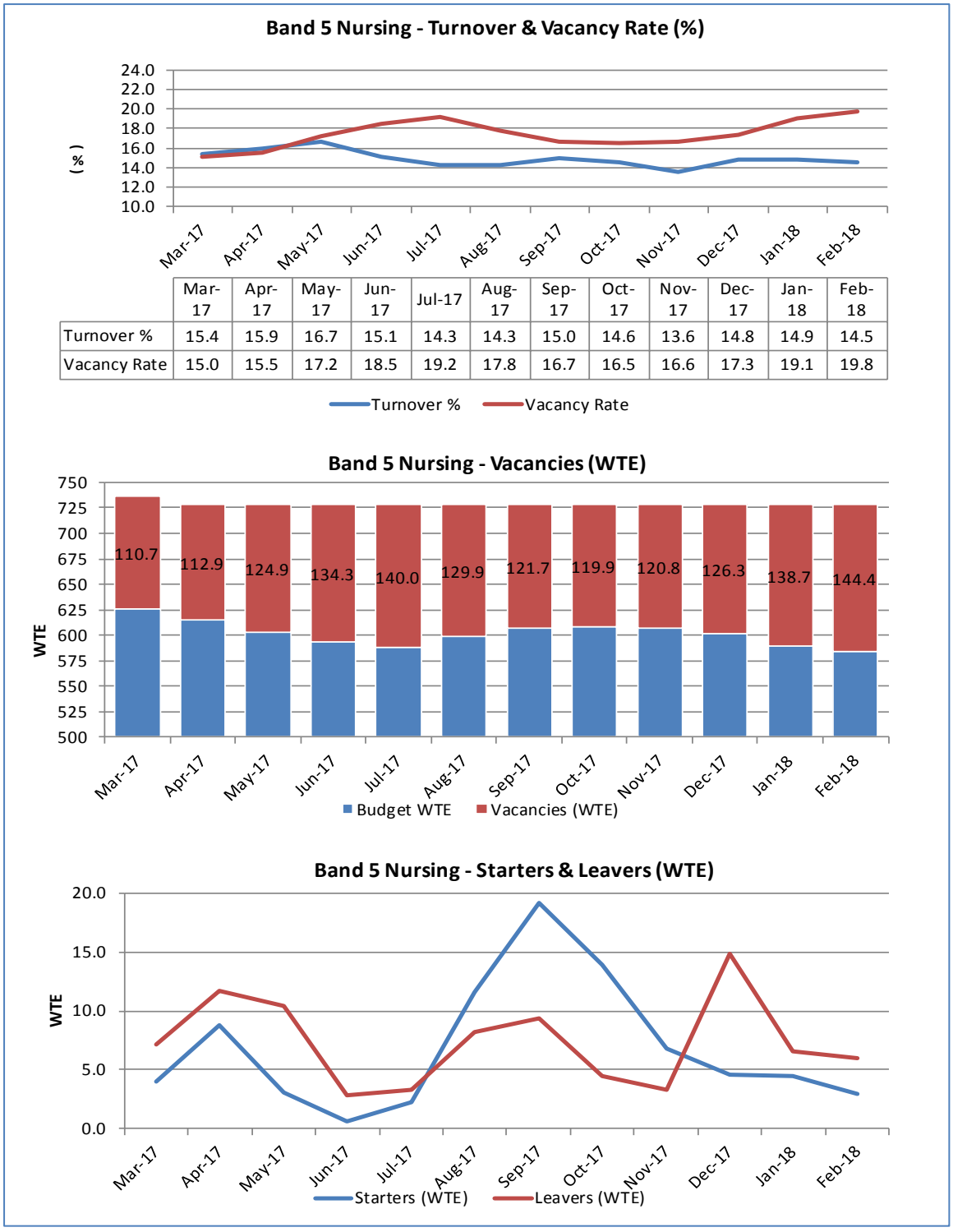
Medicine	Oct	Nov	Dec	Jan	Feb	Mar
Est	582.2	582.2	582.2	582.2	582.2	582.2
Contracted	519.6	518.4	517.7	509.7	507.6	504.3
Vac WTE	62.7	63.8	64.5	72.5	74.6	77.9
Vac %	10.8	11.0	11.1	12.5	12.8	13.4
T/O	5.2	1.2	10.4	4.4	4.6	4.9
Starters	8.0	2.0	3.6	6.2	2.4	1.6
Total Gap + Mat	**81.0**	**83.1**	**94.5**	**93.9**	**100.0**	**104.4**

Women & Childrens	Oct	Nov	Dec	Jan	Feb	Mar
Est	286.1	286.1	286.1	286.1	286.1	286.1
Contracted	283.4	284.7	282.2	282.3	281.7	281.3
Vac WTE	2.8	1.4	3.9	3.8	4.4	4.9
Vac %	1.0	0.5	1.4	1.3	1.5	1.7
T/O	1.3	2.5	0.2	0.0	1.2	1.6
Starters	0.0	2.0	1.0	1.0	1.0	1.2
Total Gap + Mat	**18.2**	**15.5**	**21.2**	**20.9**	**22.8**	**23.4**

Trust total Gap + Mat leave	135	135.8	166	164.5	171.2	(Projected) 177.4

(Table 6)

Recruiting Band 5 Registered Nurses are our biggest challenge and as of end February 2018 there were approximately 144.4 wte (19.8%), this does not include maternity leave or long term sickness, see Graph 5 below:



	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18
Turnover %	15.4	15.9	16.7	15.1	14.3	14.3	15.0	14.6	13.6	14.8	14.9	14.5
Vacancy Rate	15.0	15.5	17.2	18.5	19.2	17.8	16.7	16.5	16.6	17.3	19.1	19.8

(Graph 5)

This picture is consistent with the local and national picture. The risk is identified on the Trust's Risk register, risk ID: 1283 (High risk 16)

The breakdown of RN/RM & ODP vacancies at the end of February 2018 (Table 6 page 21) in each Division against their contracted workforce numbers (including maternity leave) are:

Medicine:	100 wte (12.8%)
Surgery:	48.4wte (7.8%)
Women and Children's:	22.8 wte (1.5%)

The vacancies show a deteriorating position over the last 5 months whilst active recruitment is in place for RNs Since the previous report from October 2017 to the end of March the Trust has recruited 63 staff of mostly RNs and some Midwives.

The Trust has held regular Trust wide nursing Recruitment Open Days. These have had good attendance and have led to appointments, albeit not high numbers. The Open day in January found that 28 people attended, of which 13 RNs were recruited. These Open days will continue to run four times a year.

The Medical Division has the largest nursing workforce and also the highest number of vacancies. The Head of Nursing for Medicine has been proactive with all the recruitment initiatives and despite this is running with an RN vacancy rate of approximately 13.4%, this has increased since the previous report in October 2017 when their vacancy rate was 10.9%.

To address this shortfall the Head of Nursing for Medicine has been leading an International recruitment campaign to recruit 80 nurses from the Philippines and United Arab Emirates (UAE). The Head of Nursing for Medicine went to the Philippines in March 2018 and was able to recruit over 100 experienced nurses and since then there are over 200 potential nurses in the pipeline. On the recent past experience of the recruiting Agency it is anticipated that there will be a 50% attrition rate of these nurses, however if there is an oversupply the Agency can offer Philippine nurses to other NHS Trusts locally who are also recruiting with them.

It is anticipated these nurses will arrive in the Trust from May 2018 onwards and that they will arrive in small batches as their paperwork is cleared. When they arrive they will be supported to undertake and complete the required tests to register with the Nursing and Midwifery Council (NMC). These include an International English Language Test (IELT), Computer Based Training (CBT) and Objective Structured Clinical Examination (OSCE). The nurses will work as non-registered Band 4 practitioners until they successfully complete these tests for which they are given a time frame of 8 months to successfully complete. The recruitment Agency which has also recruited to their NHS Trust has thus far had a 100% success rate with nurses completing these tests.

The Philippine nurses will be well supported with a dedicated Practice Education Facilitator and provided with a comprehensive Induction programme which will cover both aspects of working as a Registered Nurse and also living in the UK and Bath.

7.1 Recruitment initiatives taken

Proactive HCA recruitment
The Recruitment and Retention Nurse is responsible for fortnightly trust-wide HCA recruitment and this has reduced HCA vacancies approximately 10.0wte at the end of March 2018. Some wards which have high RN vacancies have over recruited HCAs to support safe staffing levels.

RN recruitment
Regular and targeted adverts are in place and every initiative is supported to encourage RNs into the Trust e.g.:

- Improved advertising and Recruitment Nurse proactively 'courting' nurses
- Trust Open days and attendance at external Open Days/events
- International recruitment
- Return to Practice
- Return to Acute Care
- EU Adaptation clinical placements
- Sponsorship for RN training

Corporate and Clinical nurse/midwives specialists' contribution to clinical care
An initiative commenced again for the summer holiday months was for the Corporate and Clinical Nurse Specialists to work clinical shifts. During November 2017 the initiative was evaluated by a Survey Monkey to both the ward Senior Sisters/Charge Nurses and Corporate and Clinical Nurse Specialists.

The evaluation demonstrated some mixed views, but there was a consensus that it was a positive initiative and wanted to continue as the benefits to patients and ward staff were clear.

The Heads of Nursing/Midwifery agreed last year that all new posts and job plans will have clinical time factored into their roles and the culture of corporate and specialist nurses and midwives being more visible and supporting the wards has already improved, this particularly within specialist teams.

New role developments
Nursing Associate role Band 4
The Trust's first cohort of Trainee Nursing Associates (TNAs) commenced last April 2017 as part of one of the 'second wave' Test sites and 12 of these trainees have now completed their first year of a 2 year programme. The Trust is part of a Health Education England (HEE) 'Test site' for this new role and currently feedback is positive about how this role is contributing to care.
There is a dedicated Practice Education Facilitator to support them in practice and for this final year will be working with them to develop their medication administration competencies.

The Trust has also recently recruited 15 TNAs to another cohort as part of an HEE's 'third wave' Test site to start on 23 April 2018.

This third wave of TNAs are undertaking their training as an Apprenticeship and the cost of the course is being funded via the Apprenticeship levy. The Apprenticeship training has been procured with the University West of England.

In the short term the Nursing Associate roles will support RN shortages on the wards, however the aim is still to recruit Band 5 RNs into ward RN vacancies.
It is widely accepted that due to an aging population that patient's acuity and dependency has increased, therefore in the longer term the plan is that Nursing Associates at Band 4 will form part of the non-Registered workforce to support the increase patient acuity and dependency.

The NMC are planning to regulate the Nursing Associate role by 2019 and they are currently reviewing the TNAs curriculum which has been developed by HEE.
It is possible that the NMC may propose changes to the training curriculum e.g. supernummary status (similar to student nurse training) which would significantly impact on the financial cost pressure of this training.

Ward Therapists Band 5
The Trust has further developed the initiative of Band 5 Therapists working as part of the ward nursing teams. This role was initially developed within 3 medical wards and was evaluated last year following which gained support from Management Board to continue and extend where appropriate.

The evaluation noted overarching support for the initiative from both Therapists and ward staff recognising the benefits of improved team working and care for patients. The evaluation also noted the benefits to patients with earlier mobilisation and thereby supporting reduced length of stay and improved patient outcomes. The Therapist roles have now extended to 2 surgical wards and 2 more medical wards and presently there are 7 wards with Therapists working as part of the nursing team.

Pay incentives
Following a business case, pay incentives were put in place over the summer months to encourage more nurses to work additional hours and this was continued over the winter period.

7.2 Retention initiatives taken

The Recruitment and Retention Action Plan incorporate initiatives as recommended by the NHSI Retention programme (June 2017).

Many of these initiatives also form planned work within the Nursing and Midwifery Strategy 2017 – 2020, Theme One: Providing the right people, right skills, right place.

Initiatives that have already been put into place that the NHSI Programme has recommended are:

Supporting staff to gain more experience and develop

- Bands 2 – 5 Transfer scheme in place.
- Flexible Rotation schemes in place bespoke to individuals and also between Divisions.
- Promoting and supporting internal secondment opportunities
- HCA Competency Development Pathway Bands 2 – 4 developed
- Supporting HCAs to apply for HEE Sponsorship to undertake Nurse training and join at year 2. Five staff have accessed this since Jan 2017.

Investing in Training and Development

- Band 6 Apprenticeship Leadership development pathway commenced in Critical Care September 2017.
- Mostly internal applicants for Trainee Nursing Associate training starting April 2018, some of which were supported to undertake study at the RUH in preparedness for their applications.
- Charitable Funds (£50,000) investment to provide Continuing Professional Development (CPD)
- HEE funding for supporting Advanced Practice modules (10 modules)
- Trust funded Mentorship training provided (50 places)
- Regular information sent out about opportunities to access funding for further academic study e.g. RCN awards and National Research Unit
- More nurses and midwives staff trained on the Quality, Service Improvement and Redesign (QSIR) programme commenced January 2018.

Acting on Staff Feedback

- Corporate and Clinical Nurse and Midwife Specialists Contributing to clinical Care
- Monthly listening 'Treat events' with the Freedom to Speak up Guardians

Supporting Staff recognition and reward

- Director of Nursing and Midwifery awards for Senior Sisters and Charge Nurses for having no hospital acquired Pressure ulcers or C.Difficle cases for 1 year or more.
- Nursing and Midwifery Conference planned for May 8th with nurses and midwives nominated for awards e.g. Nurse and Midwife of the year.

Flexible working

Nurses and Midwives wanting to work flexibly is a theme that the NHSI Retention Programme has reported as well as within the Trust.

NHSI recommend seeking feedback from the mature workforce to find out what would encourage them to stay working longer. An over 50's Retention Focus group and survey monkey questionnaire were carried out in November 2017.

The results have been feedback to numerous groups for example the Strategic Workforce Committee and Health and Well-being Group and following this several actions have been taken.

A theme from this feedback was that nurses and midwives want to be able to work more flexibly i.e. reduced hours. This was for many reasons for example, personal health issues and carer's responsibilities.

The Trust has many Human Resources Policies that support flexible working for example, Working Life Policy and Procedure and the Retirement Policy.

8.0 Divisional Staffing Issues

8.1 Medical Division

The Head of Nursing for Medicine has several staffing related issues that the Board need to cited on, these being:

William Budd Ward Staffing

On 31 May 2017 a chemotherapy peer review was undertaken by the Quality Surveillance Team (QST) who led on an Integrated Quality Assurance Programme for the NHS. This is part of the National Specialised Commissioning Directorates, Quality Assurance and Improvement Framework (QAIF).

The reviewing team provided a report on their findings during their visit however they have a duty to raise any concerns identified during the visit or immediately afterwards.

The QST did raise with the Trust an immediate risk about nurse staffing levels of William Budd Ward.

Actions taken

In order to address both the risks the Director of Nursing and Midwifery convened a meeting on 12th June 2017 to start to address these concerns. Following this meeting action plans pertaining to the immediate and serious concern were developed.

The matron for Haematology and Oncology was asked to collect daily patient dependency data from 14 June until 30 November using the established Shelford Safer Nursing Care tool (SNCT).

It was agreed that wherever possible that staffing levels on William Budd ward would remain at the optimum, and that staff would not be moved from there unless absolutely required for the safety of other clinical areas. This has been with the support of the Head of Nursing and Director of Nursing and Midwifery.

Since the Peer review and risks identified there has been detailed work undertaken to identify other the key issues on the ward for example working practices and environment. Other key actions in place include:

- A dedicated Practice Development Nurse post recruited to the ward
- Targeted Oncology Recruitment campaign undertaken
- Staff clinical skills training undertaken on the ward
- Business case approved to recruit two Medical Nurse Practitioners to support acute care management of patients
- Assessing patient acuity and dependency on a daily basis to support staffing levels each day

Emergency Department Staffing

The Emergency Department has witnessed one of its most challenging sustained winter periods in memory and problems with overcapacity. The Emergency Department was already being supported by the NHSI Emergency Care Support Team and on 1st January 2018 due to concerns of overcapacity which prompted a CCG patient safety visit.

During the visit the CCG reviewed staffing levels and reported that:

'There were appropriate staffing levels in the department, the nurse to patient ratio was 1: 6. At the point of escalation when additional patients were placed in the corridor the Lead Matron ensured they additional staffing was identified and this request was accommodated by the on site manager. The Lead Matron reported that the unit was normally well staffed, with staff being very flexible to work additional or longer shifts if required, She reported that staff would frequently cover shifts where other staff had reported in sick. There was one vacancy, recruitment was taking place for a Band 6 and the department usually had good response rates and requests work in the department.'

There are no major concerns regarding staffing and there is a clear escalation process to manage overcapacity. When there is a risk of overcapacity extra HCAs are booked to support patients who may be waiting to be seen.
The Emergency Department Matron is also reviewing the department skill mix and exploring the use of new roles such as Paramedics.

8.2 Surgical Division

The Head of Nursing for surgery has highlighted several staffing issues, these being:

The elective Surgical Short Stay Unit has faced a nurse staffing challenge of staying open overnight to support bed escalation during the winter periods for several years. In support and recognition of this, the Head of Nursing has had a Business case approved to fully establish the ward for this year 2018/19.

With Critical Care Services, the Matron has been working with the nursing team to implement a self-sufficient staffing model to reflect the peaks and troughs in occupancy and acuity. This staffing model was developed following the Trust's previous CQC inspection when staffing challenges were noted.

The model is still in the early stages of implementation and therefore the full benefits have yet to be realised.

The Trust has a Theatre transformation program in place which includes a work stream looking at staffing and new ways of working. This work stream will enable the Head of Nursing and Theatre Nurse Manager to accurately map demand and capacity in line with great efficiency, which in turn will support the staffing model.

8.3 Women and Children's Division

The Head of Nursing and Midwifery has provided a report with regard to Paediatric and Maternity services early in the report.

However the Women and Children's Division is also responsible for Charlotte Ward a female adult ward. This ward has 22 beds, 10 are dedicated gynaecology patients, 4 are currently being piloted for breast care patients, and 8 are for female older people who are considered medically fit for discharge.

Breast Care and Admission Suite Pilot – Charlotte ward

Charlotte Ward are currently piloting all patients having elective surgery in gynaecology theatres in Princess Anne Wing to now be admitted directly to Charlotte ward for their admission preparation rather than, as before, to the admission suite in main theatres. The patients wait in the ward patient lounge and are seen by anaesthetists and surgeons on the ward, thereby removing some of the pressures on main theatres.

For Charlotte Ward this creates additional work load for the early shift of an extra 6 patients on a Monday and 4-5 additional patients for the remaining four days of the week. Once this pilot has been completed and if this initiative is to continue, Charlotte Ward will need to have its staffing establishment reviewed to ensure nursing care hours meets the patient demand.

9.0 Nursing and midwifery staffing risks on the Trust's Risk Register

The nursing and midwifery risks on the Trust's Risk Register are as below, Table 7 overleaf, which outlines the risk score and mitigating actions in place:

Datix ID	Nurse staffing risks on Risk Register Moderate & High risk (March 2018)	Risk score	Mitigating actions
1283	Availability of nursing workforce to manage capacity (Trust wide)	16	Recruitment and Retention Group Action Plans. Effective utilisation of staff via the Nursing and Midwifery Rostering Policy and Bank and Agency booking to assist covering shortfalls, including Nurse staffing Escalation Policy. Corporate and Clinical Nurse Specialists working clinically. Advance Agency bookings. Pay incentives over holiday and peak periods. International Recruitment Campaign.
1544	RN shortages within the Medical Division	16	Recruitment to all RN vacancies and over-recruiting to HCA roles if appropriate. Recruit Therapist roles on appropriate wards. Deploy Bank, Pool and other nurses as required ensuring safe staffing. Book advance booking Agency nurses in wards where there are high vacancies. International recruitment from March 2018.
1445/ 1523	RN shortages on William Budd ward and inability to manage Neutropenic patients. Noted following NHSE Quality Surveillance Team chemotherapy peer review (31 May 2017).	15	Actions as above, and: Staffing levels review following SNCT reviews. To recruit Practice Development Facilitator to support staff development and retention. To recruit 2 Advanced Nurse Practitioners to support Neutropenic patients. To monitor patient acuity and dependency on a daily basis and deploy staff as required.
1547	RN shortages on Respiratory ward	15	Recruitment to all RN vacancies and over-recruiting to HCA roles if appropriate. Recruit Therapist roles on appropriate wards. Deploy Bank, Pool and other nurses as required ensuring safe staffing. Book advance booking Agency nurses in wards where there are high vacancies. International recruitment from March 2018.
1599	RN vacancies on Robin Smith Ward	12	Proactive recruitment in place and temporary and permanent staff deployed as required to meet any shortfalls across the Division/Trust.

(Table 7)

Nursing and Midwifery risks on the Risk Register are discussed every month at the NMWPG and also reported at every Strategic Workforce Committee. Many of the mitigating actions are within the Recruitment and Retention Action Plans as mentioned previously in the report.

10.0 Nurse and Midwifery staffing expenditure

This financial year's position as of month 12 (March 2018) for nurse and midwifery staffing shows an overspend position of £1,542,930 Table 8 overleaf.

This variance is an increase on the previous year's 2016/17 month 12 which was an overspend of £953,614.

The Medical Division was in an overspend position of £1,656,102 at month 12, Table 8 below, whereas the Surgical and Women and Children's Divisions are performing well and both showing underspends at month 12.

The Head of Nursing in the Medical Division updates the NMWPG every month on nursing expenditure and has been reporting an increase in nurse staffing. The main reason for the overspend position is to provide nurse staffing for the wards and departments where there are shortfalls either through vacancies or during periods of bed escalation. The costs are attributed to temporary staffing including Pool nurses.

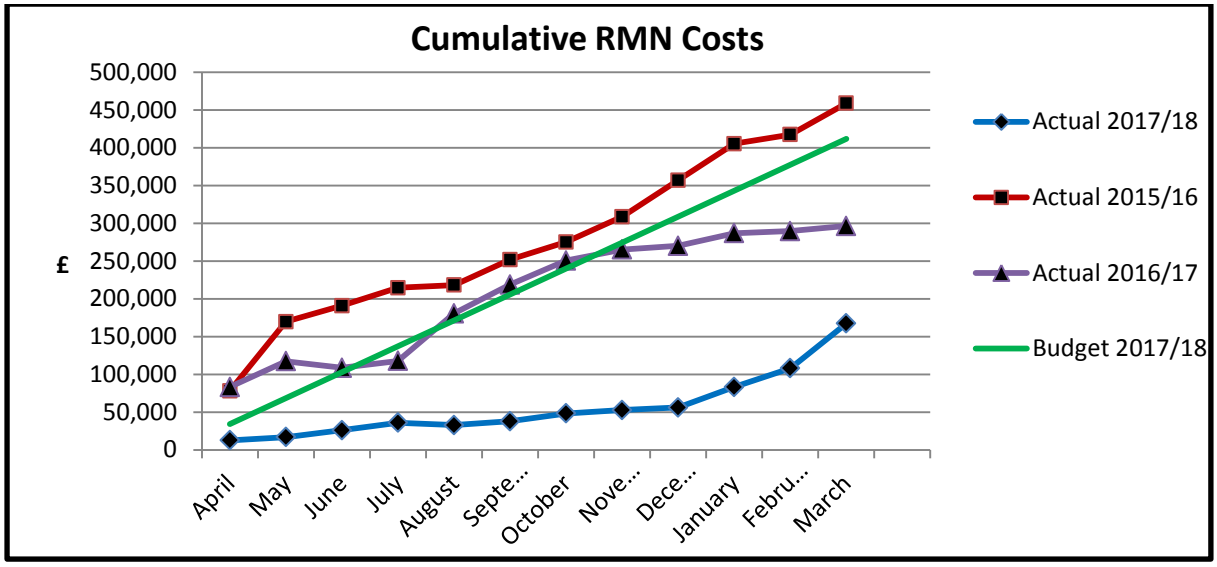
Division	2016-17 Budgeted WTE	M12 2016-17 Worked WTE	M12 2016-17 Variance WTE	M12 2016-17 Budget (£)	M12 2016-17 Actual (£)	M12 2016-17 Variance (£)
MEDICAL DIVISION	882	882	0	31,216,896	31,728,879	511,983
SURGICAL DIVISION	573	583	10	20,599,489	21,044,194	444,705
WOMEN AND						
Division	**2017-18 M6 Budgeted WTE**	**M12 2017-18 Worked WTE**	**M12 2017-18 Variance WTE**	**M12 2017-18 Budget (£)**	**M12 2017-18 Actual (£)**	**M12 2017-18 Variance (£)**
MEDICAL DIVISION	883	911	28	31,575,549	33,231,651	1,656,102
SURGICAL DIVISION	578	605	27	21,438,476	21,397,201	-41,275
WOMEN AND CHILDREN'S DIVISION	371	361	-10	15,465,628	15,393,730	-71,898
Total	**1,832**	**1,877**	**65**	**68,479,653**	**70,022,583**	**1,542,930**

(Table 8)

10.1 Registered Mental Health Nurses (RMNs)

The Trust continues to work in partnership with Avon and Wiltshire Partnership (AWP) Trust and employs a full time Mental Health Practitioner to review, assess and plan the care for patients who require mental health support.

This service has now extended to accessing Bank AWP HCAs to support patients who require mental health support on the wards. This has been very successful and further reduced the need for Agency RMNs. The Bank spend on AWP HCAs has been taken from the central 'RMN' budget for 2017/18 and despite these additional costs this year's spend has come within the allocated budget. See graph 6 below:



(Graph 6)

The increase in spend between February and March 2018 was largely down to batching of invoices that came in from AWP.

10.2 Agency and Bank spend

The analysis of nursing agency and bank costs Table 9 below demonstrates an increase in Bank costs and rise in demand for nursing hours over the last year. This is particularly evident in November when there is a peak of both Bank and Agency spend, likely to be due to the Big 3 IT projects being implemented.

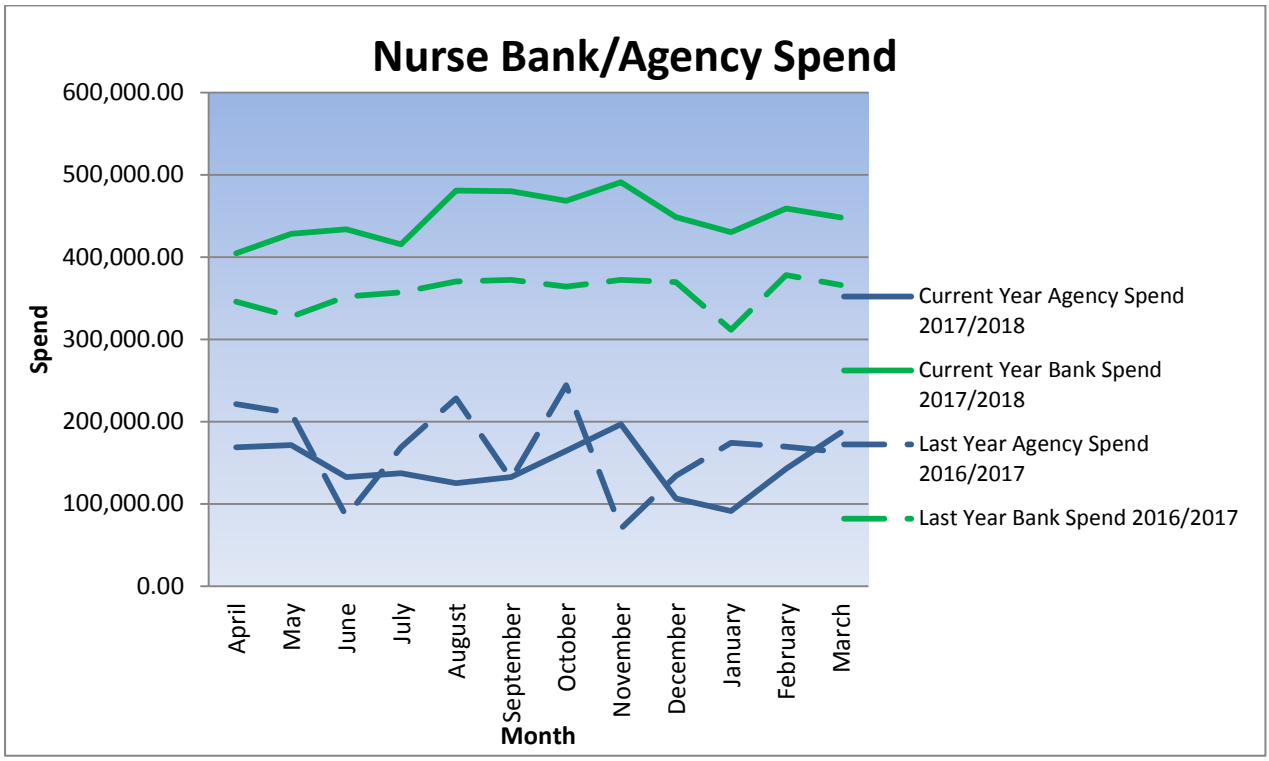
Months	Current Year Agency Spend 2017/2018	Current Year Bank Spend 2017/2018	Last Year Agency Spend 2016/2017	Last Year Bank Spend 2016/2017
April	168,906.00	404,890.00	221,378.00	346,116.00
May	171,504.00	428,546.00	210,477.00	327,513.00
June	132,831.00	433,874.00	84,941.00	352,332.00
July	137,441.00	415,704.00	169,005.00	357,217.00
August	125,336.00	481,112.00	228,364.00	370,680.00
September	132,741.00	480,202.00	130,328.00	372,444.00
October	164,767.00	468,540.00	244,343.00	364,454.00
November	197,021.00	491,270.00	69,984.00	372,434.00
December	106,746.00	448,739.00	134,357.00	369,704.00
January	91,521.00	430,497.00	174,263.00	311,647.00
February	142,720.00	459,121.00	169,824.00	378,105.00
March	186,776.00	448,451.00	163,272.00	366,285.00
TOTAL	**1,758,310.00**	**5,390,946.00**	**2,000,536.00**	**4,288,931.00**

(Table 9)

Table 9 overleaf, demonstrates that Agency costs have significantly reduced since last year.

Recruitment to the Nurse Bank and Pool, both RN and HCA has been positive and the Bank increased its staff numbers over the last year to a headcount of approximately 120.

Graph 7 below demonstrates the month by month spend on Bank and Agency staff and the increase this financial year from last year 2016/17. The increase in Bank costs is also noted from last year, Table 9 overleaf.



(Graph 7)

Agency Neutral Vendor - Depoel

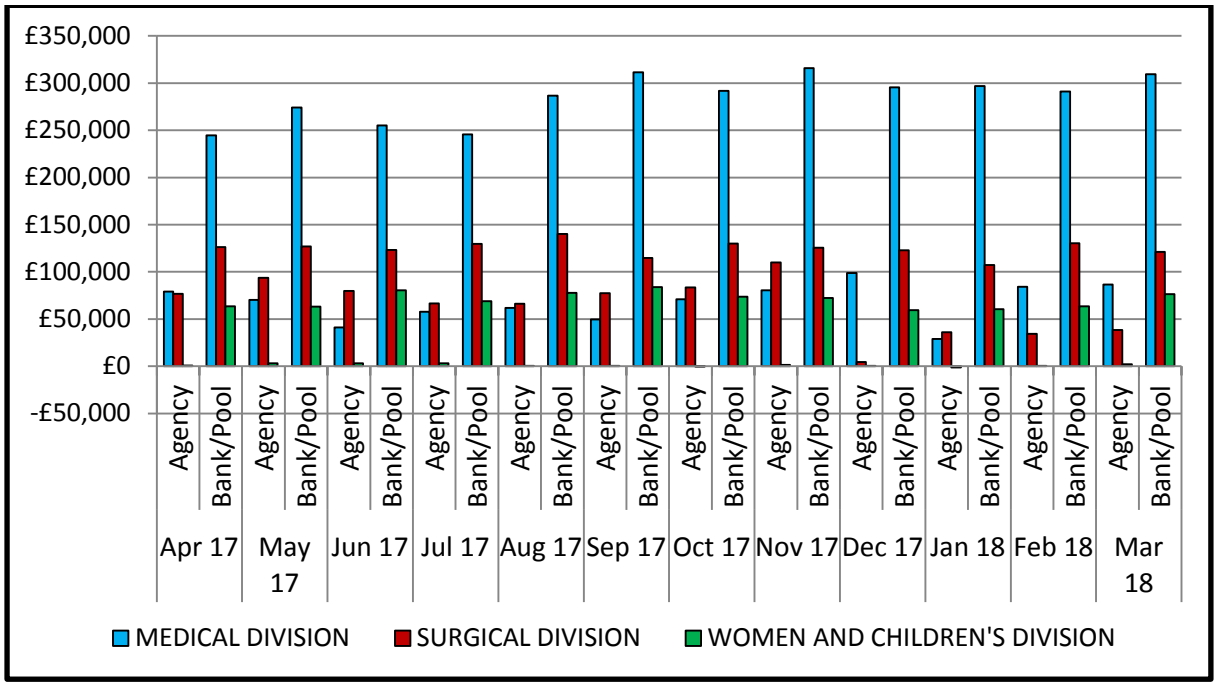
In November The Trust entered into a new collaborative contract with Depoel neutral vendor with the other Trusts in the collaborative, these being: North Bristol NHS Trust, University Hospitals Bristol NHS Foundation Trust, Weston Area Health NHS Trust, Bristol Community Health CIC, North Somerset Community Partnership.

As the Neutral Vendor (NV), Depoel is a third party; it has no vested interest in maintaining high agency rates, as it not eligible to supply agency workers. With the gain share model based on a transactional basis, it is in the NV's interest to provide the maximum number of staff at NHSI capped rates and ensure the Trusts gain maximum cost efficiencies.

Reductions in costs are planned to be delivered by Depoel with an initial 50% supply at capped rates in year one of the contract. The projected savings for RUH using this model is £259,581.

The Trust are seeing more shifts supplied at the NHSI cap rate and more new agencies have been added to the supplier list, which should support reduced costs.

The Division with the highest use of nursing shifts Bank/Pool and Agency and therefore costs are attributed to the Medical Division. This reflects their high RN vacancy rate and pay overspend this year, see Graph 8 below:



(Graph 8)

The challenges of covering nursing vacancies at times of increased bed capacity remains difficult and day to day safe staffing is closely managed and overseen by the Matrons and Heads of Nursing.

10.3 NHSI Agency Nursing rules and compliance

The NHSI agency price 'cap' was introduced initially for nursing staff from October 2015 and the rules then progressed to include setting annual price ceilings for the amount of agency spend.

The nursing rules include:

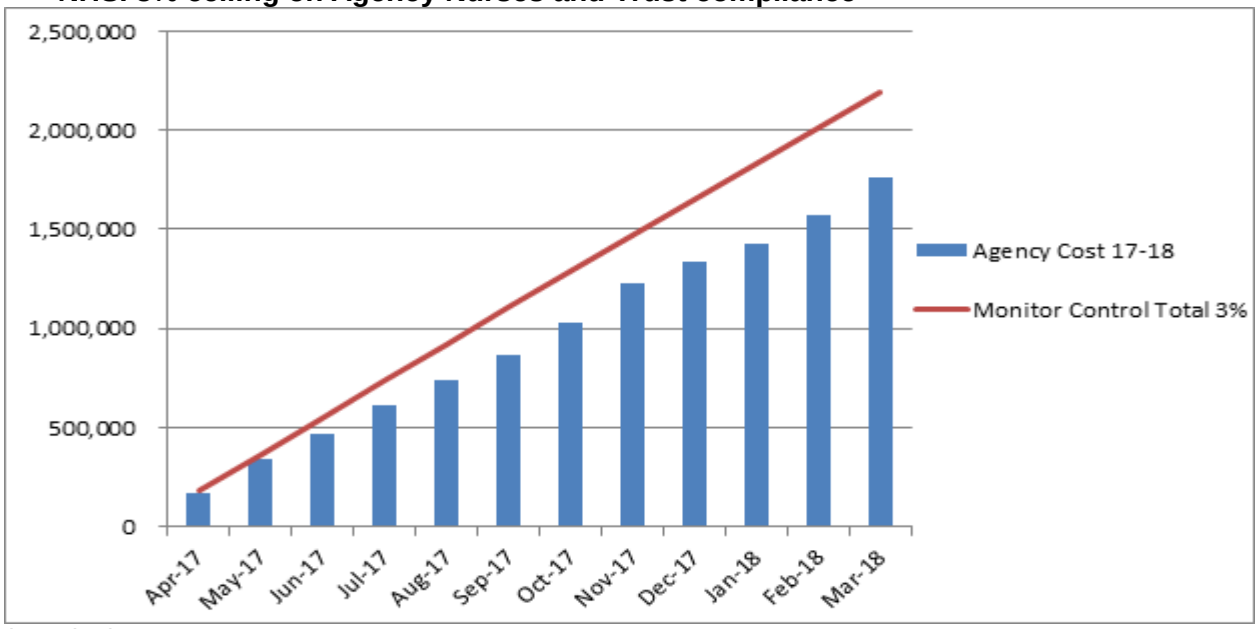
- Mandatory use of frameworks for procuring agency staff; and limits (cap) on the amount individual agency staff can be paid per shift.
- Annual ceiling for total agency spend (as a percentage of total nursing spend): NHSI Agency ceiling within nursing

	2016/17	2017/18	2018/19
RUH Bath	4%	3%	3%

The Trust process for booking Registered Nurses (RNs) via agencies is to prioritise NHSI 'Framework' agencies who can supply within the NHSI price cap. However, the use of non-Framework agencies is minimal and the authorisation process remains robust via the Director and Deputy Director of Nursing and Midwifery.

The Trust is still within the NHSI annual nursing agency ceiling for 2017/18 and Graph 9 below shows the month on month review of spend against the 3% ceiling of our overall spend on nursing since April 2017.

NHSI 3% ceiling on Agency Nurses and Trust compliance



(Graph 9)

11.0 Recommendations

The Board is asked to:

- Note the progress to date against the latest requirements of the NQB (January 2018), and other guidance e.g. NICE for general adult wards and Paediatrics and Maternity
- Note the staffing levels measured against other national recommended benchmarks
- Note the RN vacancies position and recruitment and retention actions in place to address the shortfall both short and long term
- Note the 5 highest nursing and midwifery workforce risks on the Trust's risk register
- Note the 2017/18 month 12 financial position and actions taken to control expenditure.

APPENDIX 1

WEEK DAY (MON - FRI) SKILL MIX ADULT INPATIENT WARDS

			Early								Late							Night								
Division	Specialty/Ward	Funded Beds	Supervisory Sister/Charge Nurse	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	**Band 4 APs (wte)**	**Band 3 HCA/TNAs (wte)**
MEDICAL DIVISION	ACUTE MEDICINE	74	3.0	14.0	7.0	24.0	4.4	10.6	3.1	70.8	13.0	7.0	20.0	5.7	10.6	3.7	65.0	12.0	5.0	17.0	6.2	14.8	4.4	70.6		
	Cheselden Ward	22	1.0	3.0	2.0	6.0	5.5	11.0	3.7	66.7	2.0	2.0	4.0	**11.0**	11.0	5.5	**50.0**	2.0	1.0	3.0	**11.0**	22.0	7.3	66.7		
	Medical Assessment Unit (MAU)	34	1.0	8.0	3.0	12.0	3.8	11.3	2.8	75.0	8.0	3.0	11.0	4.3	11.3	3.1	72.7	8.0	3.0	11.0	4.3	11.3	3.1	72.7		**7.7**
	Medical Short Stay	18	1.0	3.0	2.0	6.0	4.5	9.0	3.0	66.7	3.0	2.0	5.0	6.0	9.0	3.6	**60.0**	2.0	1.0	3.0	9.0	18.0	6.0	66.7		**0.8**
	CARDIOLOGY	44	1.6	9.0	4.0	14.6	4.2	11.0	3.0	72.6	8.0	3.0	11.0	5.5	14.7	4.0	72.7	6.0	3.0	9.0	7.3	14.7	4.9	66.7		
	Cardiology Ward	36	1.0	6.0	3.0	10.0	5.1	12.0	3.6	70.0	5.0	3.0	8.0	7.2	12.0	4.5	**62.5**	4.0	2.0	6.0	9.0	18.0	6.0	66.7		**1.8**
	Coronary Care Unit	8	0.6	3.0	1.0	4.6	2.2	8.0	1.7	78.3	3.0	0.0	3.0	2.7	0.0	2.7	100.0	2.0	1.0	3.0	4.0	8.0	2.7	66.7		**0.8**
	CARE OF THE ELDERLY	108	4.0	21.0	16.0	41.0	4.3	6.8	2.6	61.0	16.0	13.0	29.0	6.8	8.3	3.7	55.2	12.0	10.0	22.0	9.0	10.8	4.9	54.5		
	ACE OPU	28	1.0	6.0	4.0	11.0	4.0	7.0	2.5	**63.6**	5.0	4.0	9.0	5.6	7.0	3.1	**55.6**	4.0	3.0	7.0	7.0	9.3	4.0	**57.1**		**1.0**
	Combe Ward	26	1.0	5.0	4.0	10.0	4.3	6.5	2.6	**60.0**	4.0	3.0	7.0	6.5	8.7	3.7	**57.1**	3.0	2.0	5.0	8.7	13.0	5.2	**60.0**		**1.0**
	Midford Ward	30	1.0	5.0	4.0	10.0	5.0	7.5	3.0	**60.0**	4.0	3.0	7.0	7.5	10.0	4.3	**57.1**	3.0	2.0	5.0	10.0	15.0	6.0	**60.0**		**1.0**
	Waterhouse Ward	24	1.0	5.0	4.0	10.0	4.0	6.0	2.4	**60.0**	3.0	3.0	6.0	8.0	8.0	4.0	**50.0**	2.0	3.0	5.0	**12.0**	8.0	4.8	**40.0**		
	ENDOCRINOLOGY	28	1.0	4.0	4.0	9.0	5.6	7.0	3.1	55.6	4.0	3.0	7.0	7.0	9.3	4.0	57.1	3.0	2.0	5.0	9.3	14.0	5.6	60.0		
	Parry Ward	28	1.0	4.0	4.0	9.0	5.6	7.0	3.1	**55.6**	4.0	3.0	7.0	7.0	9.3	4.0	**57.1**	3.0	2.0	5.0	9.3	14.0	5.6	**60.0**		**0.8**
	GASTROENTEROLOGY	27	1.0	4.0	4.0	9.0	5.4	6.8	3.0	55.6	4.0	4.0	8.0	6.8	6.8	3.4	50.0	3.0	2.0	5.0	9.0	13.5	5.4	60.0		
	Haygarth Ward	27	1.0	4.0	4.0	9.0	5.4	6.8	3.0	**55.6**	4.0	4.0	8.0	6.8	6.8	3.4	**50.0**	3.0	2.0	5.0	9.0	13.5	5.4	**60.0**		**2.8**
	NEUROLOGY	17	1.0	3.0	3.0	7.0	4.3	5.7	2.4	57.1	3.0	2.0	5.0	5.7	8.5	3.4	60.0	3.0	2.0	5.0	5.7	8.5	3.4	60.0		
	Helena Ward	17	1.0	3.0	3.0	7.0	4.3	5.7	2.4	**57.1**	3.0	2.0	5.0	5.7	8.5	3.4	**60.0**	3.0	2.0	5.0	5.7	8.5	3.4	**60.0**		
	ONCOLOGY	22	1.0	4.0	2.0	7.0	4.4	11.0	3.1	71.4	4.0	2.0	6.0	5.5	11.0	3.7	66.7	3.0	2.0	5.0	7.3	11.0	4.4	60.0		
	William Budd Ward	22	1.0	4.0	2.0	7.0	4.4	11.0	3.1	71.4	4.0	2.0	6.0	5.5	11.0	3.7	66.7	3.0	2.0	5.0	7.3	11.0	4.4	**60.0**		
	RESPIRATORY	33	1.0	6.0	3.0	10.0	4.7	11.0	3.3	70.0	5.0	3.0	8.0	6.6	11.0	4.1	62.5	4.0	3.0	7.0	8.3	11.0	4.7	57.1		
	Respiratory Ward	33	1.0	6.0	3.0	10.0	4.7	11.0	3.3	70.0	5.0	3.0	8.0	6.6	11.0	4.1	**62.5**	4.0	3.0	7.0	8.3	11.0	4.7	**57.1**		**2.9**
	RHEUMATOLOGY	16	1.0	2.0	2.0	5.0	5.3	8.0	3.2	60.0	2.0	2.0	4.0	8.0	8.0	4.0	50.0	2.0	2.0	4.0	8.0	8.0	4.0	50.0		
	Violet Prince	16	1.0	2.0	2.0	5.0	5.3	8.0	3.2	60.0	2.0	2.0	4.0	8.0	8.0	4.0	**50.0**	2.0	2.0	4.0	8.0	8.0	4.0	**50.0**		
	STROKE	26	1.0	5.0	5.0	11.0	4.3	5.2	2.4	54.5	4.0	5.0	9.0	6.5	5.2	2.9	44.4	3.0	3.0	6.0	8.7	8.7	4.3	50.0		
	Acute Stroke Unit	26	1.0	5.0	5.0	11.0	4.3	5.2	2.4	**54.5**	4.0	5.0	9.0	6.5	5.2	2.9	**44.4**	3.0	3.0	6.0	8.7	8.7	4.3	**50.0**		**4.2**
SURGICAL DIVISION	GENERAL SURGERY	108	4.0	18.0	14.0	36.0	4.9	7.7	3.0	61.1	18.0	11.0	29.0	6.0	9.8	3.7	62.1	14.0	8.0	22.0	7.7	13.5	4.9	63.6		
	Pulteney Ward	30	1.0	5.0	4.0	10.0	5.0	7.5	3.0	**60.0**	5.0	3.0	8.0	6.0	10.0	3.8	**62.5**	4.0	3.0	7.0	7.5	10.0	4.3	**57.1**		**2.0**
	Robin Smith Ward	28	1.0	5.0	4.0	10.0	4.7	7.0	2.8	**60.0**	4.0	3.0	7.0	7.0	9.3	4.0	**57.1**	4.0	2.0	6.0	7.0	14.0	4.7	**66.7**		**5.4**
	Short Stay Surgical Ward	22	1.0	3.0	3.0	7.0	5.5	7.3	3.1	**57.1**	4.0	2.0	6.0	5.5	11.0	3.7	66.7	2.0	1.0	3.0	**11.0**	22.0	7.3	66.7	**1.2**	**1.2**
	Surgical Assessment Unit (SAU)	28	1.0	5.0	3.0	9.0	4.7	9.3	3.1	66.7	5.0	3.0	8.0	5.6	9.3	3.5	**62.5**	4.0	2.0	6.0	7.0	14.0	4.7	66.7	**2.7**	**2.7**
	TRAUMA & ORTHOPAEDICS	83	3.0	12.0	12.0	27.0	5.5	6.9	3.1	55.6	12.0	11.0	23.0	6.9	7.5	3.6	52.2	9.0	7.0	16.0	9.2	11.9	5.2	56.3		
	Forrester Brown Ward	28	1.0	4.0	5.0	10.0	5.6	5.6	2.8	**50.0**	4.0	4.0	8.0	7.0	7.0	3.5	**50.0**	3.0	3.0	6.0	9.3	9.3	4.7	**50.0**		**3.5**
	Philip Yeoman Ward	27	1.0	3.0	3.0	7.0	6.8	9.0	3.9	**57.1**	3.0	3.0	6.0	**9.0**	9.0	4.5	**50.0**	2.0	2.0	4.0	**13.5**	13.5	6.8	**50.0**		**2.7**
	Pierce Ward	28	1.0	5.0	4.0	10.0	4.7	7.0	2.8	**60.0**	5.0	4.0	9.0	5.6	7.0	3.1	**55.6**	4.0	2.0	6.0	7.0	14.0	4.7	66.7		
WOMEN AND CHILDREN'S	GYNAECOLOGY	22	1.0	3.0	2.0	6.0	5.5	11.0	3.7	66.7	3.0	2.0	5.0	7.3	11.0	4.4	60.0	2.0	2.0	4.0	11.0	11.0	5.5	**50.0**	**2.6**	**3.4**
	Charlotte Ward	22	1.0	3.0	2.0	6.0	5.5	11.0	3.7	66.7	3.0	2.0	5.0	7.3	11.0	4.4	**60.0**	2.0	2.0	4.0	**11.0**	11.0	5.5	**50.0**		**1.0**
Total		**608**	**24**	**105**	**78**	**206.6**	**4.7**	**7.8**	**2.9**	**62.2**	**96.0**	**68.0**	**164.0**	**6.3**	**8.9**	**3.7**	**58.5**	**76.0**	**51.0**	**127.0**	**8.0**	**11.9**	**4.8**	**59.8**	**6.5**	**47.7**

Version 10 Oct 2017

< 65%/35% RN to HCA ratio

> 1:8 RN to 8 beds Day shifts

> 1:10 RN to 10 neds Night shifts

Band 4 Assistant Practitioners

Band 3 HCAs / Trainee Nursing Associates

APPENDIX 1

WEEKEND (SAT&SUN) SKILL MIX ADULT INPATIENT WARDS

			Early							Late							Night								
Division	Specialty/Ward	Funded Beds	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Funded Reg Nurse	Funded Un Reg Nurse	Total Funded	Bed To Reg Nurse	Bed to Un-Reg Nurse	Beds Per Nurse	Reg to Un Reg Ratio	Band 4 APs (wte)	Band 3 HCA/TNAs (wte)
MEDICAL DIVISION	ACUTE MEDICINE	74	14.0	7.0	21.0	5.3	10.6	3.5	66.7	13.0	7.0	20.0	5.7	10.6	3.7	65.0	12.0	5.0	17.0	6.2	14.8	4.4	70.6		
	Cheselden Ward	22	3.0	2.0	5.0	7.3	11.0	4.4	**60.0**	2.0	2.0	4.0	**11.0**	11.0	5.5	**50.0**	2.0	1.0	3.0	**11.0**	22.0	7.3	66.7		
	Medical Assessment Unit (MAU)	34	8.0	3.0	11.0	4.3	11.3	3.1	72.7	8.0	3.0	11.0	4.3	11.3	3.1	72.7	8.0	3.0	11.0	4.3	11.3	3.1	72.7		**7.7**
	Medical Short Stay	18	3.0	2.0	5.0	6.0	9.0	3.6	**60.0**	3.0	2.0	5.0	6.0	9.0	3.6	**60.0**	2.0	1.0	3.0	9.0	18.0	6.0	66.7		**0.8**
	CARDIOLOGY	44	9.0	4.0	13.0	4.9	11.0	3.4	69.2	8.0	3.0	11.0	5.5	14.7	4.0	72.7	6.0	3.0	9.0	7.3	14.7	4.9	66.7		
	Cardiology Ward	36	6.0	3.0	9.0	6.0	12.0	4.0	66.7	5.0	3.0	8.0	7.2	12.0	4.5	**62.5**	4.0	2.0	6.0	9.0	18.0	6.0	66.7		**1.8**
	Coronary Care Unit	8	3.0	1.0	4.0	2.7	8.0	2.0	75.0	3.0	0.0	3.0	2.7	0.0	2.7	100.0	2.0	1.0	3.0	4.0	8.0	2.7	66.7		**0.8**
	CARE OF THE ELDERLY	108	20.0	16.0	36.0	5.4	6.8	3.0	55.6	16.0	13.0	29.0	6.8	8.3	3.7	55.2	12.0	10.0	22.0	9.0	10.8	4.9	54.5		
	ACE OPU	28	6.0	4.0	10.0	4.7	7.0	2.8	**60.0**	5.0	4.0	9.0	5.6	7.0	3.1	**55.6**	4.0	3.0	7.0	7.0	9.3	4.0	**57.1**		**1.0**
	Combe Ward	26	5.0	4.0	9.0	5.2	6.5	2.9	**55.6**	4.0	3.0	7.0	6.5	8.7	3.7	**57.1**	3.0	2.0	5.0	8.7	13.0	5.2	**60.0**		**1.0**
	Midford Ward	30	5.0	4.0	9.0	6.0	7.5	3.3	**55.6**	4.0	3.0	7.0	7.5	10.0	4.3	**57.1**	3.0	2.0	5.0	10.0	15.0	6.0	**60.0**		**1.0**
	Waterhouse Ward	24	4.0	4.0	8.0	6.0	6.0	3.0	**50.0**	3.0	3.0	6.0	8.0	8.0	4.0	**50.0**	2.0	3.0	5.0	**12.0**	8.0	4.8	**40.0**		
	ENDOCRINOLOGY	28	4.0	4.0	8.0	7.0	7.0	3.5	50.0	4.0	3.0	7.0	7.0	9.3	4.0	57.1	3.0	2.0	5.0	9.3	14.0	5.6	60.0		
	Parry Ward	28	4.0	4.0	8.0	7.0	7.0	3.5	**50.0**	4.0	3.0	7.0	7.0	9.3	4.0	**57.1**	3.0	2.0	5.0	9.3	14.0	5.6	**60.0**		**0.8**
	GASTROENTEROLOGY	27	4.0	4.0	8.0	6.8	6.8	3.4	50.0	4.0	4.0	8.0	6.8	6.8	3.4	50.0	3.0	2.0	5.0	9.0	13.5	5.4	60.0		
	Haygarth Ward	27	4.0	4.0	8.0	6.8	6.8	3.4	**50.0**	4.0	4.0	8.0	6.8	6.8	3.4	**50.0**	3.0	2.0	5.0	9.0	13.5	5.4	**60.0**		**2.8**
	NEUROLOGY	17	3.0	3.0	6.0	5.7	5.7	2.8	50.0	3.0	2.0	5.0	5.7	8.5	3.4	60.0	3.0	2.0	5.0	5.7	8.5	3.4	60.0		
	Helena Ward	17	3.0	3.0	6.0	5.7	5.7	2.8	**50.0**	3.0	2.0	5.0	5.7	8.5	3.4	**60.0**	3.0	2.0	5.0	5.7	8.5	3.4	**60.0**		
	ONCOLOGY	22	5.0	2.0	7.0	4.4	11.0	3.1	71.4	4.0	2.0	6.0	5.5	11.0	3.7	66.7	3.0	2.0	5.0	7.3	11.0	4.4	60.0		
	William Budd Ward	22	5.0	2.0	7.0	4.4	11.0	3.1	71.4	4.0	2.0	6.0	5.5	11.0	3.7	66.7	3.0	2.0	5.0	7.3	11.0	4.4	**60.0**		
	RESPIRATORY	33	6.0	3.0	9.0	5.5	11.0	3.7	66.7	5.0	3.0	8.0	6.6	11.0	4.1	62.5	4.0	3.0	7.0	8.3	11.0	4.7	57.1		
	Respiratory Ward	33	6.0	3.0	9.0	5.5	11.0	3.7	66.7	5.0	3.0	8.0	6.6	11.0	4.1	**62.5**	4.0	3.0	7.0	8.3	11.0	4.7	**57.1**		**2.9**
	RHEUMATOLOGY	16	2.0	2.0	4.0	8.0	8.0	4.0	50.0	2.0	2.0	4.0	8.0	8.0	4.0	50.0	2.0	2.0	4.0	8.0	8.0	4.0	50.0		
	Violet Prince	16	2.0	2.0	4.0	8.0	8.0	4.0	**50.0**	2.0	2.0	4.0	8.0	8.0	4.0	**50.0**	2.0	2.0	4.0	8.0	8.0	4.0	**50.0**		
	STROKE	26	5.0	5.0	10.0	5.2	5.2	2.6	50.0	4.0	5.0	9.0	6.5	5.2	2.9	44.4	3.0	3.0	6.0	8.7	8.7	4.3	50.0		
	Acute Stroke Unit	26	5.0	5.0	10.0	5.2	5.2	2.6	**50.0**	4.0	5.0	9.0	6.5	5.2	2.9	**44.4**	3.0	3.0	6.0	8.7	8.7	4.3	**50.0**		**4.2**
SURGICAL DIVISION	GENERAL SURGERY	98	16.5	12.0	28.5	5.9	8.2	3.4	57.9	16.5	12.0	28.5	5.9	8.2	3.4	57.9	13.0	9.0	22.0	7.5	10.9	4.5	59.1		
	Pulteney Ward	30	5.0	4.0	9.0	6.0	7.5	3.3	**55.6**	5.0	4.0	9.0	6.0	7.5	3.3	**55.6**	4.0	3.0	7.0	7.5	10.0	4.3	**57.1**		**2.0**
	Robin Smith Ward	28	4.0	4.0	8.0	7.0	7.0	3.5	**50.0**	4.0	4.0	8.0	7.0	7.0	3.5	**50.0**	3.0	3.0	6.0	9.3	9.3	4.7	**50.0**		**5.4**
	Short Stay Surgical Ward	12	2.5	1.0	3.5	4.8	12.0	3.4	71.4	2.5	1.0	3.5	4.8	12.0	3.4	71.4	2.0	1.0	3.0	6.0	12.0	4.0	66.7	**1.2**	**1.2**
	Surgical Assessment Unit (SAU)	28	5.0	3.0	8.0	5.6	9.3	3.5	**62.5**	5.0	3.0	8.0	5.6	9.3	3.5	**62.5**	4.0	2.0	6.0	7.0	14.0	4.7	66.7	**2.7**	**2.7**
	TRAUMA & ORTHOPAEDICS	83	11.5	11.0	22.5	7.2	7.5	3.7	51.1	11.0	11.0	22.0	7.5	7.5	3.8	50.0	9.0	6.0	15.0	9.2	13.8	5.5	60.0		
	Forrester Brown Ward	28	4.0	5.0	9.0	7.0	5.6	3.1	**44.4**	4.0	5.0	9.0	7.0	5.6	3.1	**44.4**	3.0	3.0	6.0	9.3	9.3	4.7	**50.0**		**3.5**
	Philip Yeoman Ward	27	2.5	2.0	4.5	**10.8**	13.5	6.0	**55.6**	2.0	2.0	4.0	**13.5**	13.5	6.8	**50.0**	2.0	1.0	3.0	**13.5**	27.0	9.0	66.7		**2.7**
	Pierce Ward	28	5.0	4.0	9.0	5.6	7.0	3.1	**55.6**	5.0	4.0	9.0	5.6	7.0	3.1	**55.6**	4.0	2.0	6.0	7.0	14.0	4.7	66.7		
WOMEN AND CHILDREN'S	GYNAECOLOGY	22	3.0	3.0	6.0	7.3	7.3	3.7	50.0	3.0	2.0	5.0	7.3	11.0	4.4	60.0	2.0	2.0	4.0	11.0	11.0	5.5	50.0	**2.6**	**3.4**
	Charlotte Ward	22	3.0	3.0	6.0	7.3	7.3	3.7	**50.0**	3.0	2.0	5.0	7.3	11.0	4.4	**60.0**	2.0	2.0	4.0	**11.0**	11.0	5.5	**50.0**		**1.0**
Total		**598**	**103.0**	**76.0**	**179.0**	**5.8**	**7.9**	**3.3**	**57.5**	**93.5**	**69.0**	**162.5**	**6.4**	**8.7**	**3.7**	**57.5**	**75.0**	**51.0**	**126.0**	**8.0**	**11.7**	**4.7**	**59.5**	**6.5**	**47.7**

Version 10 Oct 2017

< 65%/35% RN to HCA ratio

> 1:8 RN to 8 beds Day shifts

> 1:10 RN to 10 beds Night shifts

Band 4 Assistant Practitioners

Band 3 HCAs / Trainee Nursing Associates