

UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST
Trust Board meeting 29th November 2018

Title	Ward Staffing nursing establishment review August 2018 – October 2018
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Purpose of the paper	For information <input type="checkbox"/> To note <input type="checkbox"/> Formal approval <input checked="" type="checkbox"/> For decision <input type="checkbox"/>
	<p>This report details the methodology, findings, risk assessment and recommendations arising from the ward staffing review undertaken from August 2018 – October 2018.</p> <p>The report also outlines UHS progress in meeting the 38 recommendations included in the NICE guideline (2014) on safe staffing for in-patient wards and provides an update on the action – plan to achieve the recommendations in the national staffing levels guidance published by the National Quality Board in July 2016.</p> <p>The report is presented in full as an expectation of the National Quality Board guidance on staffing which requires presentation and discussion at open board of all aspects of the staffing reviews.</p>
History	<p>Report on the systematic review of ward staffing presented annually to TEC since 2009 and 6 monthly to Trust board since 2014. Now reported annually to TB.</p> <p>Review findings validated at Nursing and Midwifery Staffing Review Group on 21st September 2018.</p> <p>The Report presented and recommendations agreed at TEC on November 14th 2018 where costings were requested on the staffing increases that are being prioritised by Divisions as part of this year's budget setting process</p>
Main issues / Executive Summary	<p>UHS has developed a sustainable model for systematically reviewing nurse staffing levels on the wards which has been strengthened year on year and uses nationally recognised methodologies. These are in line with the National Quality Board, Safe, Sustainable and productive staffing guidance and the NHSI report 'Developing Workforce Safeguards'</p> <p>The annual ward establishment review for 2018 has shown that overall areas broadly meet the national recommendations with the detail contained within the report.</p>
Implications	Recommendations in this report link to the statutory responsibilities arising from the National Quality Board (2013; 2016) expectations on ensuring staffing capacity and capability.
Action Required	Trust board are requested to discuss the attached report at open board as a requirement of the National Quality Board expectations on safe staffing assurance and note the recommendations agreed at TEC on 14 th November 2018.
Next Steps	The next annual review will be carried out from August to October 2019 and presented in November 2019 - 2018, with a light touch interim review at 6 months presented to divisional boards to ensure ongoing quality.

1 Purpose

- 1.1 The purpose of this paper is to report on the outcomes of the review of ward staffing nursing establishments undertaken from August 2018 – October 2018. This 6 monthly review forms part of the Trust approach to the systematic review of staffing resources to ensure safe staffing levels effectively meet patient care needs.
- 1.2 This paper focuses specifically on a review of nursing levels for in-patient ward areas. As agreed at the last 6 monthly review, separate corporate reviews have been undertaken in intensive care, high care areas, emergency admission areas, outpatients and theatres. Some of these other areas are also subject to separate emergent guidance either from NICE or NHS Improvement in relation to safe staffing levels.
- 1.3 The report also includes an update on the NICE clinical guideline 1 – Safe Staffing for nursing in adult inpatient wards in acute hospitals, issued in July 2014 and details progress with the action plan for adopting this guideline within UHS.
- 1.4 This report fulfils expectation 1 and 2 of the National Quality Board requirements for Trusts in relation to safe nurse staffing (see Appendix 1) and fulfils a number of the requirements outlined in the newly published NHS Improvement ‘Developing Workforce Safeguards’ guidance (October 2018) which sets out to support providers to deliver high quality care through safe and effective staffing. Organisations are expected to be compliant with the recommendations in this report by April 2019.

2 Specific Detail

2.1 Ward staffing review methodology

- 2.1.1 In 2006 UHS established a systematic, evidence based and triangulated methodological approach to reviewing ward staffing levels on an annual basis linked to budget setting and to staffing requirements arising from any developments planned in-year. All this was aimed to provide safe, competent and fit for purpose staffing to deliver efficient, effective and high quality care and has resulted in year on year changes in the nursing workforce matched by increased investment where required.
- 2.1.2 Following the National Quality Board expectations in 2014 and the refresh in 2016, a full review is now undertaken annually (with a light touch review at 6 months reporting to Divisional boards to ensure ongoing quality) with annual reporting to Trust Board in September/October.
- 2.1.3 The approach utilises the following methodologies:
 - Shelford Safer Nursing Care Tool Acuity/Dependency staffing multiplier (A nationally validated tool reviewed in 2013 - previously AUKUH acuity tool). Now incorporated into the ‘safecare’ module of healthroster, rolled out trustwide, assessed 3 times a day on each ward and used as part of the daily staffing assurance meetings
 - Care Hours Per Patient Day
 - Professional Judgement
 - Peer group validation
 - Benchmarking and review of national guidance
 - Review of eRostering data
 - Review of ward quality metrics
 - Patient contact time review

2.2 National guidance

- 2.2.1 In 2013 as part of the national response to the Francis enquiry, the National Quality Board published a guide to nursing, midwifery and care staffing capacity and capability (2013) ‘How to ensure the right people, with the right skills, are in the right place at the right time.’ This guidance has now been refreshed, broadened to all staff and re-issued in July 2016 to include the need to focus on safe, *sustainable and productive* staffing. The NQB further reviewed this document and issued an updated recommendations brief in July 2017. The expectations outlined in this guide are presented in Appendix 1.

These expectations are fulfilled in part by this review and the detailed action plan has been updated with progress towards achieving compliance with the 37 recommendations that make up the 3 over-arching expectations

2.2.2 The latest review of the action plan shows UHS remains compliant with 33 recommendations, with the following 4 outstanding areas progressing but requiring further action before being signed off:

Allocated time for the supervision of students and learners: Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students. *Timescale for completion extended to March 2019 as the Trust implements the new supervision and assessment model of coaching (Collaborative Learning in Practice CLiP model) to address the changed guidance on student supervision.* (See section 2.4.3)

Equality and diversity: The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap⁴² demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes. *Ongoing action through Equality & Diversity Group which is reported to Board separately.*

Recruitment and Retention linked to the reduction in agency use: The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid over-reliance on temporary staff. *Whilst the organisation has strong and effective strategies around retention and recruitment this area has been maintained as requiring focus until there is a further reduction in the vacancy factor and further improvement in turnover rates.*

Generational considerations: In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development. *Ongoing work through R&R steering group to ensure the generational considerations are included in all initiatives. UHS is currently involved in a national research project around flexibility and rostering which includes generational preferences.*

2.2.3 In July 2014 NICE published clinical guideline 1: Safe Staffing for nursing in adult inpatient wards in acute hospitals. This guideline is made up of 38 recommendations. A detailed action plan was developed within UHS and is reviewed 6 monthly by the Nursing and Midwifery Staffing review group. The current assessment (September 2018) shows continued progress with full compliance in 35 recommendations, a further improvement on last year.

The 3 remaining recommendations are:

- Capture of red flag staffing incidents – *Further widespread Trust rollout and embedding of the red flag function on safecare with compliance expected at the January 2019 review.*
- Ability to respond effectively to unplanned variances in staffing - *Escalation clear and embedded for additional staff for enhanced care and requirements monitored as part of the daily reviews of staffing. With current level of vacancies unable to assure effective response consistently.*
- Escalation actions taken to address deficits on one ward should not compromise another - *Monitored as part of the daily reviews of staffing - but unable to assure with current vacancy and staffing position.*

These pose low risk to the Trust and will be achieved with the further embedding of the safecare module of eRostering and by the further focus on improving the baseline substantive staffing levels which will enable the required flexibility of staffing.

The ongoing action plan is included at Appendix 3 detailing the recommendations and the UHS compliance position and actions in progress.

2.2.4 In October 2018 NHS Improvement published 'Developing Workforce Safeguards' guidance which sets out to support providers to deliver high quality care through safe and effective staffing. It includes many of the actions identified in both the NICE guidance and the National Quality Board recommendations broadened to all staff groups. Organisations are expected to be compliant with the recommendations in this guidance by April 2019. A full review of this guidance, risk assessment and action plan will be presented to board in January 2019.

2.3 **6 monthly Ward Staffing review August – October 2018 – Outcomes**

2.3.1 The 6 monthly review was carried out from August 2018 – October 2018 with initial review meetings taking place with each Division (attended by DHN, Matrons, Ward Leaders, Finance representatives, workforce representatives and facilitated by the Deputy Director of Nursing, Education and Workforce). The same triangulated methodology was used as in previous reviews. An update on the latest guidance and reporting requirements in relation to staffing were also included in the divisional review meetings.

2.3.2 The detailed spreadsheet with ward by ward findings is included at Appendix 4. This provides information on the current establishment data broken down by shift and assessing against registered/unregistered ratios; CHPPD; nurse to patient ratios by registered and total nurse staffing and detailing acuity information from the Safer Nursing Care Tool (SNCT acuity tool – where appropriate). It should be noted that a number of rostering template reviews were instigated as a result of the discussions so some figures will have changed for individual wards since the review.

2.3.3 **Nurse to patient ratios by registered and total nursing**

- The ward establishments across UHS allow for registered nurse to patient ratios during the day to range from 1:2 (Piam Brown) to 1:7 depending on specialty and overall staffing model. The ward areas at 1:7 include Medicine for Older People (MOP) wards, and the Acute Stroke Unit whose staffing models include higher levels of band 2 and band 4 creating a total nurse to patient ratio of 1:3 – 1:5. It should be noted that the ratio of patients to registered nurse can regularly increase when wards are not fully established.
- Planned staffing ratios at night require constant oversight to ensure the model is sufficient to provide the required support for patients out of hours. Following previous reviews there are now fewer areas with ratios higher than 1:10 (RN to patient) at night. The exceptions are MOP, Bramshaw, E7 and E8 where the ratios rise to 1:11 – 1:14. In these areas, however, this is offset by a total nurse to patient ratio of 1:6 and utilisation of planned band 2 or band 4 models.

2.3.4 **Registered to unregistered ratios**

- UHS ward areas were reviewed against the benchmark of 60:40 registered to unregistered ratios as the level to which ward establishments should not fall below unless planned as the model of care. 18 wards are now established at between 60:40 and 70:30.
- 30 wards (up from 19 last year) are below the 60:40 ratio where they are utilising band 4 staff as an appropriate contribution to the model of care and where there is a wider multidisciplinary team contributing to care (e.g. MOP, T & O, Acute Stroke). Further work is being undertaken (in line with NQB recommendations) to look at integrated staffing plans and rosters to more accurately capture the contribution and opportunities of development wider multi-disciplinary teams.
- 3 wards are above the 70:30 ratio in the regional specialties where the intensity of the patient needs requires a higher ratio of registered staff (Paediatric and Cancer Care areas).
- The support of band 4 roles continues to be designed in as part of a model of care in a number of areas and this has continued to accelerate in 2018 linked to the further development of apprenticeship opportunities. This has also provided a blueprint for the nursing associate role as the first qualifiers will complete the programme and be registered with the NMC from January 2019. In many areas where the acuity and intensity of patients has increased and treatment and medication regimes are complex, further reduction in the

overall skill-mix of registered to unregistered staff is not appropriate to maintain safe staffing levels and ensure adequate supervision.

- Focus will continue on reviewing the overall registered to unregistered ratios to ensure reductions are linked to planned model of care changes and are accompanied by appropriate quality impact assessment and evaluation.

2.3.5 **Assessment against the Safer Nursing Care Tool (acuity/dependency model)**

- The Safer Nursing Care Tool (acuity/dependency model) has been used to model required staffing based on the national recommended nurse to patient ratios for each category of patient in all of the adult areas. This is now integrated into the healthroster system as part of the safecare tool and provides information on acuity/dependency levels and corresponding staffing levels on a real-time basis. Where the predicted levels differ from established numbers, professional judgement has been used to assure that the levels set are appropriate for the speciality and number of beds.

2.3.6 **Care Hours Per Patient Day**

- Planned total Care Hours Per Patient Day (CHPPD) range from 5.0 (Bramshaw Women's Unit, ASU and D5) – 13.5 (Piam Brown) and average at 7.1. This rises to 8.1 when all other inpatient areas are included (e.g. critical care) against a national range of 6.4 – 11.30 and a national median of 8.0.
- Registered care hours per patient day range from 2.6 (G5, G8 and Bramshaw Women's Unit) – 13.2 (Piam Brown) and average at 4.6. This rises to 5.0 when all other inpatient areas are included (e.g. critical care) against a national median of 4.7.
- Unregistered care hours per patient day range from 0 (G2 Neuro) – 5.8 (G7) and average at 2.5. This rises to 3.2 when all other inpatient areas are included (e.g. critical care) against a national median of 3.2. The unregistered number on F3 is higher at 7.2 as this includes an allocation of staff to support enhanced care needs across the care group.

2.3.7 **Allowance for additional headroom requirements and supervisory ward leader model**

- All areas have 23% funding allocated to allow for additional headroom requirements arising from non-direct care time.
- The headroom allowance within the ward budgets includes funding to enable the Ward Leaders to be supervisory and additional to required staffing numbers. This model was supported financially by Trust Board several years ago. It should be noted that the ongoing position with vacancies has resulted in those Ward Leaders with supervisory status regularly working as part of the baseline numbers. Full benefits of the supervisory model will not be realised until substantive staffing levels improve but the model has continued to support the achievement of patient experience and safety outcomes at ward level, the targeted reduction in temporary staffing usage as well as supporting the high volume of staff requiring supervision appointed via recruitment campaigns.

2.3.8 **Specific Divisional issues emerging**

Specific Divisional issues to be discussed at budget setting are contained in appendix 1.

2.4 **Trust wide risks and issues considered in the review**

2.4.1 **Increasing patient acuity/dependency**

The development of our defining services continues to result in an evidenced increase in the complexity, acuity and dependency of the patients cared for in our general ward beds.

Information on the acuity and dependency of our patients, including any enhanced care needs is now available via the 'Safe Care' functionality in healthroster and is used in real time as part of our daily staffing meetings. The information is also now used at the 6 monthly reviews as part of the professional judgment assessment.

2.4.2 **Increasing enhanced care needs**

The introduction of 'safecare' as part of the eRostering system has allowed a more accurate capture of the acuity and dependency of patients which now includes any additional enhanced

care needs (previously known as specialising) in real-time. This enables the Trust to have a better overview of the enhanced care requirements and the Trust wide priorities.

Trust wide we have seen an increase in the complexity of patients particularly in relation to mental health needs including dementia and patients remaining in the acute settings for prolonged lengths of time whilst awaiting appropriate placements.

This is having an impact on the ability to support the additional enhanced care needs that arise for this group of patients particularly across key specialties (MOP, Medicine, Child Health, Neurosciences and T & O).

The Trustwide service model for enhanced care has now been restructured. Division B have retained the overall review and advice service, supporting clinical areas in their decision making around the need for additional support. Each division has then developed a local pool of staff to deploy to support these needs. The numbers however remain unpredictable and are therefore managed in real-time as part of overall considerations around safe staffing.

2.4.3 ***Supervising and supporting the junior workforce***

The professional judgement discussions with all of the Ward Leaders highlighted the additional challenges posed to the staffing models of appropriately supervising and supporting the increasing range of learners having placements on the ward areas. This includes the ability to meet the supervisory standards with an increasingly junior workforce.

The robust retention and recruitment strategies across the Trust and the strong vision to 'grow our own' nurses for the future means that wards are supporting a range of learners including undergraduate students, trainee nurse associates, nursing degree apprentices, overseas nurses awaiting registration, Return to Practice students and newly qualified staff undergoing preceptorship.

Education teams across the trust support the development and learning into the wards and the new Collaborative Learning in Practice (CLiP) model of supervision will broaden the availability of supervisors and assessors by moving away from a 1:1 mentorship model. This will be fully rolled out by Summer 2019.

2.4.4 ***Vacancies***

Total reported nursing vacancies (registered and unregistered) across the inpatient areas at the time of the staffing review (August 2018) were running at 552 (17.1%), this is a higher level than in the previous annual review for August 2017 (491 wte 15.5%). With the newly qualified nurses starting in September our total current vacancies are running at 13.2%. Information about vacancies and the actions being taken to reduce these is detailed in the monthly staffing reports to TEC. It should, however, be noted that the establishment review and outcomes around planned staffing levels are set against this backdrop of vacancies.

The day to day management of staffing to match actual staff available to the established staffing levels continues to be a challenge for all of the clinical areas and was highlighted by the ward leaders at the staffing review meetings. A range of safeguarding and escalation actions are in place to continuously maintain and balance staffing to assure minimum safe staffing levels.

A key action for all Divisions in 2018/19 is to continue to concentrate efforts to fill these vacancies.

Detailed work continues on the implementation of a range of retention and recruitment initiatives in partnership with the HR resourcing team to increase substantive staffing and reduce the baseline vacancies.

To offset some of the challenges of an elevated vacancy rate for RN, all areas have increased the level of supervisory band 6 roles to ensure there is a more senior presence. This is also having a positive impact on the retention of skilled nurses within the clinical ward areas with increased opportunities for career progression available.

2.4.5 ***Review of quality metrics***

The NICE guidance outlines some key quality metrics that should be considered as part of the staffing reviews. The safety metrics defined are patient falls, pressure ulcers and medicine administration errors. These are already monitored through our internal clinical quality dashboard and are considered as part of the professional judgement methodology in the reviews. These

metrics are also now routinely captured as part of the Model Hospital Nursing and Midwifery dashboard.

3. Next Steps / Way Forward

- 3.1 Divisional requirements for staffing changes noted within the report to be presented through the budget setting process.
- 3.2 Continued implementation of the agreed actions to ensure compliance and adoption of the NQB, NICE and NHSi guidance on safe, sustainable and productive staffing.
- 3.3 Continued focus on monitoring the real-time staffing position (actual) against the planned (establishment), matched to acuity/dependency levels as part of the established processes utilising the functionality provided by 'safecare' and healthroster.
- 3.4 Systematic ward staffing reviews to be reported to board annually, with 6 monthly light touch reviews reported through Divisional Boards. Next full staffing review to be presented to Trust Board in October 2019.

4. Recommendations

- 4.1 To note findings of this annual ward establishment review and the Trust position in relation to adherence to the monitored metrics on nurse staffing levels, specifically:
 - UHS nursing establishments are set to achieve an average 1:3 to 1:7 registered nurse to patient ratio in the majority of areas during the day with the majority (40) set between 1:5 to 1:7.
 - The majority of wards (30) are staffed at between 50:50 and 70:30 registered/unregistered AWL ratio or above.
 - Those wards with lower ratio (18 wards) are linked to the systematic and evaluated implementation of trained band 4 staff where appropriate.
 - Planned total Care Hours Per Patient Day (CHPPD) range from 5.0 – 13.5 and average at 7.1. This rises to 8.1 when all other inpatient areas are included (e.g. Critical Care) against a national range of 6.4 – 11.30 and a national median of 8.0.
- 4.2 To note the ongoing progress in UHS compliance with the guidance from the National Quality Board on safe, sustainable and productive staffing.
- 4.3 To note the ongoing progress in UHS compliance with the NICE guideline on safe staffing for nursing in adult inpatient wards.
- 4.4 To note the publication of the 'Developing Workforce Safeguards' report from NHS Improvement which includes a renewed commitment for Trusts to embed systematic staffing reviews for all staff groups.
- 4.5 To note and acknowledge the ongoing risks and challenges of matching actual staffing to established staffing levels due to the current vacancy position.
- 4.6 To continue Trust wide commitment and momentum on actions to fill vacancies and reduce the reliance on high cost agency against the backdrop of agency controls from NHS Improvement.
- 4.7 To discuss the report at TEC and Open Board as an ongoing requirement of the National Quality Board expectations around safe staffing assurance.

**National Quality Board Expectations for safe staffing
Safe, Sustainable and productive staffing (July 2016)**

<p>Expectation 1: Right staff</p>	<p>Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations.</p> <p>Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans.</p> <p>This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate.</p> <p>There should also be a review following any service change or where quality or workforce concerns are identified.</p> <p>Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations.</p> <p>Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.</p>
<p>Expectation 2: Right skills</p>	<p>Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach.</p> <p>Decisions about staffing should be based on delivering safe, sustainable and productive services.</p> <p>Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.</p>
<p>Expectation 3: Right place and time</p>	<p>Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise.</p> <p>Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.</p>

Specific Divisional issues emerging

Division A

Overall established staffing levels are appropriate in the majority of wards for the level and acuity of patients.

As with other Divisions the requirement for enhanced care has gradually increased. A pool of 4 wte HCA's invested in last year has proved successful in reducing the bank/agency requirement for staff to support enhanced care but data shows this does not currently meet the full need in Surgery.

It should be noted that whilst the establishment levels achieve the recommended nursing metrics in the majority of areas – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis particularly within Surgery.

Areas being prioritised at budget setting:

Cancer Care does not have supernumerary bleep holders at night and this is an additional staffing challenge as the acuity and pathways for patients have changed. 2.6 wte RN at an approximate cost of £103k will be put forward as part of budget setting priorities.

Surgery enhanced care requirements to be supported by a further 2 wte HCA at a cost of £44k.

Division B

Overall established staffing levels are appropriate for the level and acuity of patients with previous investments.

The Division has continued to expand the band 4 model within the MOP wards and this has now rolled out and been well evaluated in the medical wards and AMU.

There is a need to increase the night time support across the MOP wards to enable them to deploy a band 4 assistant practitioner rather than an HCA to strengthen the RN staffing at night.

The requirement for enhanced care continues to present an additional staffing challenge for the Division, this is partially off-set by deployment of the Divisional Enhanced Care Support Team, but numbers remain unpredictable and therefore are managed proactively at the time of need.

The Division have continued to look at the provision of support roles (Ward Clerk, Housekeeper) within the Division to enhance the support at ward level and release time to care for the clinical staff.

A range of innovative shift patterns including twilights is also being utilised to ensure care hours are focussed at the times of greatest patient need.

It should be noted that whilst the establishment levels achieve the recommended nursing metrics – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis particularly in Medicine and Medicine for Older People.

Areas being prioritised at budget setting:

Conversion of band 2 to band 4 at night in MOP to support the minimal RN model across 4 of the G level wards at a cost of £15k.

Increase in Housekeepers across Medicine to provide cover for late and weekends – division to clarify the model and review the funding required for this.

AMU uplift in HCA to provide consistent cover to release time to care of the RN across 24/7. This equates to 5.8 wte at a cost of £153k.

A separate review has taken place for Ophthalmology – the Division will be looking at support required to strengthen the staffing model in Eye Short Stay and Eye Casualty out of hours.

Division C (excluding Midwifery)

Overall established staffing levels are appropriate in the majority of wards for the level and acuity of patients.

Safe, sustainable and productive staffing - An Improvement Resource for Children and Young People's Inpatient Wards in Acute Hospitals was published in June 2018.

The Division has completed a review and gap analysis against the recommendations and these were discussed at the staffing review.

The Children's Hospital has successfully piloted the use of an adapted Shelford acuity/dependency model for children and this has now been transferred to the 'safecare' healthroster system as part of the rollout. This model has now been recommended in the guidance as a recognised decision support tool. Work continues to validate the calculations used within the tool as they are not always sensitive to the acuity/dependency in some of the specialty area wards.

The Children's Hospital are also part of a successful bid involving Birmingham and Nottingham, funded by the Burdett Trust looking at the concept of flexible working. This is an action research project to improve nurse retention using a team-based approach to work design, reconciling productive rostering and enhanced work-life balance. Team based rostering is being piloted on the Children's wards as the next phase of the project.

Areas being prioritised at budget setting:

There is an ongoing concern about E1 and the staffing levels at night. This will be addressed as part of the safe and sustainable cardiac review and a request for 4wte at a cost of £144k to provide an additional member of staff on night duty will be put forward to budget setting.

Currently the staffing on G3 reduces at the weekend as a response to previous theatre activity. With the expansion of theatre working at the weekend a further 2wte nurses will be put forward at budget setting at a cost of £69k.

Division D

Overall established staffing levels are appropriate for the level and acuity of patients with previous investments and reconfigurations in T & O, Neurosciences and Cardiothoracics. Additional pressures on staffing models, however, have arisen in areas where the pathways of care and theatre activity has increased.

It should be noted that whilst the establishment levels overall achieve the recommended nursing metrics – ongoing challenges with recruitment impact on the ability to achieve these ratios fully on a shift by shift basis particularly in T & O and Neurosciences.

The requirement for enhanced care continues to present an additional staffing challenge for the Division, this is now being off-set in part by the recruitment of HCA's to create a pool to deploy dynamically across the Division dependent on need. Numbers, however, remain unpredictable and therefore are managed proactively at the time of need.

Areas being prioritised at budget setting:

Neurosciences and CVT do not have supernumerary bleep holders; this will be an additional staffing challenge within CVT as capacity and flow have become more complex and this limits the ability for bleep holders to attend site. Changes to the establishment to enable this may be put forward at budget setting.

CCU requires an uplift of 1 band 5 on night shift across the week due to an increase in patient numbers, throughput and workload. This is a current cost pressure as agency is being used to support when required. This equates to 3wte at a cost of £112k.

D4- increase staffing numbers on late shift across the week by one band 5 to support increase in acuity/dependency due to double the number of post op patients returning to the ward related to additional operating lists that have now been put in place. This equates to 1.8wte at a cost of £64k.

Summary of priorities being put forward for budget setting

Division	Care Group	RN wte	HCA wte	Approx cost	Reason
A	Cancer Care	2.6		£103k	To support supervisory bleep-holding at night
	Surgery		2.0	£44k	Enhanced care support staff for deployment across the unit
B	MOP		Upgrade band 2 to 4	£15k	Increase the band 4 support on night shifts across the week on 4 wards
	Emergency Care		5.8	£153k	Increase HCA support consistently across the week to release RN time to care
C	Child Health	4.00		£144k	E1 increase night time staffing linked to cardiac safe and sustainable review
		2.00		£69k	Increase G3 staffing to match increased theatre activity
D	CVT	3.00		£112k	CCU increase of RN at night to respond to increased acuity and workload
		1.8		£64k	D4 increase RN at night respond to increased acuity and workload
Total		13.4	7.8	£704k	

Supporting NHS Providers to deliver the right staff with the right skills, in the right place at the right time - safe sustainable and productive staffing - NURSING & MIDWIFERY

	Descriptor	No.	Recommendation	Current measures in place	Assessed UHS rating (September 2018) C = compliant = Actions required	Identified actions required	Timescale	Lead
Expectation 1: Right staff	Boards should ensure there is sufficient and sustainable staffing capacity and capability to provide safe and effective care to patients at all times, across all care settings in NHS provider organisations. Boards should ensure there is an annual strategic staffing review, with evidence that this is developed using a triangulated approach (i.e. the use of evidence-based tools, professional judgement and comparison with peers), which takes account of all healthcare professional groups and is in line with financial plans. This should be followed with a comprehensive staffing report to the board after six months to ensure workforce plans are still appropriate. There should also be a review following any service change or where quality or workforce concerns are identified. Safe staffing is a fundamental part of good quality care, and CQC will therefore always include a focus on staffing in the inspection frameworks for NHS provider organisations. Commissioners should actively seek to assure themselves that providers have sufficient care staffing capacity and capability, and to monitor outcomes and quality standards, using information that providers supply under the NHS Standard Contract.	1.1 Evidence-based workforce planning						
		1.1.1	The organisation uses evidence-based guidance such as that produced by NICE, Royal Colleges and other national bodies to inform workforce planning, within the wider triangulated approach in this NQB resource (see Appendix 4 for list of evidence-based guidance for nursing and midwifery care staffing).	Triangulated approach to staffing establishments well embedded. Shelford SNCT used and embedded in 'safecare' as part of eRostering. NICE guidance systematically reviewed 3 x per year.	C	Continue with current approach and strengthen with the use of CHPPD and safecare	complete	DDoN/DMT
		1.1.2	The organisation uses workforce tools in accordance with their guidance and does not permit local modifications, to maintain the reliability and validity of the tool and allow benchmarking with peers.	All tools used as recommended.	C	Need to ensure there is corporate rigour on adapting SNCT while rolling out 'safecare'. Monitor the impact on the inclusion of 'enhanced care' scoring. Participate in the national NIHR research	complete	DDoN/DMT
		1.1.3	Workforce plans contain sufficient provision for planned and unplanned leave, e.g. sickness, parental leave, annual leave, training and supervision requirements.	23% included in all direct care in-patient areas. Compliance monitored as part of healthroster reporting suite	C	Ongoing compliance monitored as part of healthroster reporting suite	complete	DoF/DoN
		1.2 Professional judgement						
		1.2.1	Clinical and managerial professional judgement and scrutiny are a crucial element of workforce planning and are used to interpret the results from evidence-based tools, taking account of the local context and patient needs. This element of a triangulated approach is key to bringing together the outcomes from evidence-based tools alongside comparisons with peers in a meaningful way.	6 monthly staffing reviews include face to face meetings with Corporate Nursing Team/DHN/Matron/ward leaders as well as workforce systems and finance. Professional judgement key part of the reviews.	C	Continue with current approach and strengthen with the use of CHPPD and safecare	complete	DDoN/DMT
		1.2.2	Professional judgement and knowledge are used to inform the skill mix of staff. They are also used at all levels to inform real-time decisions about staffing taken to reflect changes in case mix, acuity/dependency and activity.	As above. Professional judgement also used as part of the daily staffing review meetings through site control.	C	Continue with current approach. Professional judgement remains the ultimate measure of safe staffing.	complete	DDoN/DMT/site team
		1.3 Compare staffing with peers						
		1.3.1	The organisation compares local staffing with staffing provided by peers, where appropriate peer groups exist, taking account of any underlying differences.	Previous ad hoc benchmarking included through AUKUH network and targeted at specific services under development. Need to strengthen and formalise	C	Build on the current benchmarking capabilities included in the Model Hospital and N&M Dashboard. Continue to utilise the 'civil eyes' data for child health. Work with eRoster provider to introduce reporting that includes	complete	DDoN/workforce systems team
		1.3.2	The organisation reviews comparative data on actual staffing alongside data that provides context for differences in staffing requirements, such as case mix (e.g. length of stay, occupancy rates, caseload), patient movement (admissions, discharges and transfers), ward design, and patient acuity and dependency.	All considered as part of the systematic staffing reviews	C	Model hospital benchmarking now being used routinely. All services benchmark with other areas where appropriate	complete	DDoN/DMT

		1.3.3	The organisation has an agreed local quality dashboard that triangulates comparative data on staffing and skill mix with other efficiency and quality metrics: e.g. for acute inpatients, the model hospital dashboard will include CHPPD.	Clinical Quality Dashboard (CQD) includes all staffing and quality metrics. Used as part of the systematic clinical accreditation scheme reviews	C	Build the model hospital work into the CQD	complete	Head of Quality and Clinical Assurance
Expectation 2: Right skills	Boards should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a staffing resource that reflects a multiprofessional team approach. Decisions about staffing should be based on delivering safe, sustainable and productive services. Clinical leaders should use the competencies of the existing workforce to the full, further developing and introducing new roles as appropriate to their skills and expertise, where there is an identified need or skills gap.	2.1 Mandatory training, development and education						
		2.1.1	Frontline clinical leaders and managers are empowered and have the necessary skills to make judgements about staffing and assess their impact, using the triangulated approach outlined in this document.	All frontline leaders skilled to manage staffing agenda. Included in competencies for ward leaders	C	Continue to maintain competence, skills and knowledge through master classes and staffing review	complete	DDoN/DMT
		2.1.2	Staffing establishments take account of the need to allow clinical staff the time to undertake mandatory training and continuous professional development, meet revalidation requirements, and fulfil teaching, mentorship and supervision roles, including the support of preregistration and undergraduate students.	23% headroom allowance and provision of supervisory ward leader role covers most aspects of time identified but not fully assured around adequate time for supervision of all learners. Backfill provided for some roles in development - degree apprenticeships but does not cover release for all staff	A	Further scope the learners in all areas and across all programmes, and the time required to supervise. Link to the work on placement tariff. Link to the wider agenda of changed approach to undergraduate funding. Project in progress to change the approach to supervision in practice from 1:1 to coaching approach - will improve capacity to supervise and assess. Recent staffing reviews have highlighted that non-ward based areas do not have adequate headroom included in budget - to identify through budget setting	Mar-19	Divisional Education Leads/Education Quality Lead
		2.1.3	Those with line management responsibilities ensure that staff are managed effectively, with clear objectives, constructive appraisals, and support to revalidate and maintain professional registration.	All expectations clearly included in JD and annual objectives for line managers	C	Monitored as part of ongoing HR key performance metrics	complete	Associate Director of HR/DMT
		2.1.4	The organisation analyses training needs and uses this analysis to help identify, build and maximise the skills of staff. This forms part of the organisation's training and development strategy, which also aligns with Health Education England's quality framework.	Annual training needs analysis process well embedded within the annual cycle for the trust	C	Continue with current approach with review in 2017 to further streamline priorities to staffing needs.	complete	Divisional Education Leads/Education Quality Lead/DMT
		2.1.5	The organisation develops its staff's skills, underpinned by knowledge and understanding of public health and prevention, and supports behavioural change work with patients, including self-care, wellbeing and an ethos of patients as partners in their care.	Comprehensive training programmes in place to equip staff with required skills	C	Monitored through ongoing evaluation	complete	Director of TD&W/Divisional Education Leads//DMT
		2.1.6	The workforce has the right competencies to support new models of care. Staff receive appropriate education and training to enable them to work more effectively in different care settings and in different ways. The organisation makes realistic assessments of the time commitment required to undertake the necessary education and training to support changes in models of care.	Comprehensive training programmes in place to equip staff with required skills	C	Monitored through ongoing evaluation	complete	Director of TD&W/Divisional Education Leads//DMT
		2.1.7	The organisation recognises that delivery of high quality care depends upon strong and clear clinical leadership and well-led and motivated staff. The organisation allocates significant time for team leaders, professional leads and lead sisters/charge nurses/ward managers to discharge their supervisory responsibilities and have sufficient time to coordinate activity in the care environment, manage and support staff, and ensure standards are maintained.	100% Supervisory ward leader time provided in all inpatient direct care areas. Clinical leaders programme in place	C	Continue to review % of time achieved as supervisory linked to ongoing vacancy position	complete	DDoN/DMT/workforce systems
		2.2 Working as a multiprofessional team						
		2.2.1	The organisation demonstrates a commitment to investing in new roles and skill mix that will enable nursing and midwifery staff to spend more time using their specialist training to focus on clinical duties and decisions about patient care.	Range of new roles developed and evaluated within the organisation. Extended scope policies in place to support.	C	Further strengthen the trustwide approach to service by service workforce development	complete	Director of TD&W/Divisional Education Leads//DMT

		2.2.2	The organisation recognises the unique contribution of nurses, midwives and all care professionals in the wider workforce. Professional judgement is used to ensure that the team has the skills and knowledge required to provide high-quality care to patients. This stronger multiprofessional approach avoids placing demands solely on any one profession and supports improvements in quality and productivity, as shown in the literature.	Multiprofessional approach to all aspects of workforce development and training delivered within an integrated Training, Development and Workforce department	C		Continue with current approach and strengthen integration	complete	Director of TD&W/Divisional Education Leads//DMT	
		2.2.3	The organisation works collaboratively with others in the local health and care system. It supports the development of future care models by developing an adaptable and flexible workforce (including AHPs and others), which is responsive to changing demand and able to work across care settings, care teams and care boundaries.	Strong record of working with other providers both in provider and HEI/FE sector.	C		Continue with current approach and strengthen partnership working through STP projects	complete	Director of TD&W/Divisional Education Leads//DMT	
		2.3 Recruitment and retention								
		2.3.1	The organisation has clear plans to promote equality and diversity and has leadership that closely resembles the communities it serves. The research outlined in the NHS provider roadmap42 demonstrates the scale and persistence of discrimination at a time when the evidence demonstrates the links between staff satisfaction and patient outcomes.	Full action plan in place to address equality and diversity within trust linked to WRES data	A		Detailed in separate ED&I action plan	ongoing through E & D	Director of Nursing/Associate Director of HR	
		2.3.2	The organisation has effective strategies to recruit, retain and develop their staff, as well as managing and planning for predicted loss of staff to avoid over-reliance on temporary staff.	Full retention and recruitment programme of work ongoing and a workforce project management office established to maintain the focus	A		Confident that there are effective strategies in place but remains an action as recruitment and retention situation currently a key risk. Continued focus and evaluation of the wide ranging streams of work in place to support retention and recruitment	ongoing through R & R steering group	Associate Director of HR/DMT	
		2.3.3	In planning the future workforce, the organisation is mindful of the differing generational needs of the workforce. Clinical leaders ensure workforce plans address how to support staff from a range of generations, through developing flexible approaches to recruitment, retention and career development	Generational work starting to be incorporated into projects for retention and recruitment and specifically around preceptorship.	A		Research partnership with Burdett and Birmingham to review self rostering. Flexibility sub group established as part of R & R actions to review different approaches to flexibility for generational needs.	ongoing through R & R steering group	Associate Director of HR/Director of TD&W/DMT	
	Boards should ensure staff are deployed in ways that ensure patients receive the right care, first time, in the right setting. This will include effective management and rostering of staff with clear escalation policies, from local service delivery to reporting at board, if concerns arise. Directors of nursing, medical directors, directors of finance and directors of workforce should take a collective leadership role in ensuring clinical workforce planning forecasts reflect the organisation's service vision and plan, while supporting the development of a flexible workforce able to respond effectively to future patient care needs and expectations.	3.1 Productive working and eliminating waste								
		3.1.1	The organisation uses 'lean' working principles, such as the productive ward, as a way of eliminating waste.	Transformation work incorporates lean techniques and productive ward techniques applied as appropriate including reviews of care hours, safety crosses, knowing how we're doing boards and patient status at a glance	C		Lean techniques used systematically as part of transformation	complete	Head of transformation/DMT	
		3.1.2	The organisation designs pathways to optimise patient flow and improve outcomes and efficiency e.g. by reducing queuing.	Incorporated into all service redesign	C			complete	Head of transformation/DMT	
		3.1.3	Systems are in place for managing and deploying staff across a range of care settings, ensuring flexible working to meet patient needs and making best use of available resources.	Staff are employed to be fully flexible (skills and competence allowing).	C		Continued review as part of daily staffing meetings to maximise flexibility of staff	complete	DoN/DMT	
		3.1.4	The organisation focuses on improving productivity, providing the appropriate care to patients, safely, effectively and with compassion, using the most appropriate staff.	Staff are employed to be fully flexible (skills and competence allowing).	C		Continued review as part of daily staffing meetings to maximise flexibility of staff	complete	DoN/DMT	
		3.1.5	The organisation supports staff to use their time to care in a meaningful way, providing direct or relevant care or care support. Reducing time wasted is a key priority.	Included as part of methodology of reviews of staffing. Direct care time monitored. Other roles utilised to maximise direct care	C		Continue with current approach	complete	DoN/DMT	
		3.1.6	Systems for managing staff use responsive risk management processes, from frontline services through to board level, which clearly demonstrate how staffing risks are identified and managed.	Clear escalation processes in place and risk register and AER system used to record, review and learn from any staffing issues	C		Continue with current approach and monitor ongoing trends with staffing risks	complete	DoN/DMT	

Expectation 3: Right place and time

3.2 Efficient deployment and flexibility						
3.2.1	Organisational processes ensure that local clinical leaders have a clear role in determining flexible approaches to staffing with a line of professional oversight, that staffing decisions are supported and understood by the wider organisation, and that they are implemented with fairness and equity for staff.	Involvement of clinical leaders at all levels in setting establishment levels and rostering workforce. This is systematically reviewed through 6 monthly staffing reviews reported to board	C	Continue with current approach	complete	DoN/DMT
3.2.2	Clinical capacity and skill mix are aligned to the needs of patients as they progress on individual pathways and to patterns of demand, thus making the best use of staffing resource and facilitating effective patient flow.	Clinical speciality, acuity, dependency and pathways included as part of the systematic review of staffing levels	C	Continue with current approach	complete	DoN/DMT
3.2.3	Throughout the day, clinical and managerial leaders compare the actual staff available with planned and required staffing levels, and take appropriate action to ensure staff are available to meet patients' needs.	Regular reviews of staffing levels planned and actual undertaken at care group, Division and trust wide level through daily staffing meetings linked to site.	C	Continue to strengthen the daily staffing meetings and utilise safecare information	complete	DDoN/DHN/Matrons/Site
3.2.4	Escalation policies and contingency plans are in place for when staffing capacity and capability fall short of what is needed for safe, effective and compassionate care, and staff are aware of the steps to take where capacity problems cannot be resolved.	Escalation policies in place into site for unresolved staffing issues. Temporary staffing escalation in place and resource shared trustwide when required	C	Continue to strengthen the information into site around staffing resource	complete	DDoN/DHN/Matrons/workforce systems team
3.2.5	Meaningful application of effective e-rostering policies is evident, and the organisation uses available best practice from NHS Employers and the Carter Review Rostering Good Practice Guidance (2016).	Best practice guidance included in UHS policies around application of eRostering. Use of eRoster systematically reviewed and managed through the management team structure	C	Continue to strengthen the use of eRoster by utilising report function and reviewing compliance levels - specifically for: Approvals, unused hours, safecare	complete	DDoN/DHN/Matrons/Site
3.3 Efficient employment, minimising agency use						
3.3.1	The annual strategic staffing assessment gives boards a clear medium-term view of the likely temporary staffing requirements. It also ensures discussions take place with service leaders and temporary workforce suppliers to give best value for money in deploying this option. This includes an assessment to maximise flexibility of the existing workforce and use of bank staff (rather than agency), as reflected by NHS Improvement guidance.	Currently undertake 6 monthly staffing reviews that take account of all of the recommendations. Staffing reviews closely aligned to the Retention & Recruitment and temporary staffing strategies and clear actions in place to maximise bank use (NHSP) and reduce agency	C	Continue with all of the actions to reduce temporary staffing use and increase use of bank staff.	complete	DoN/ADHR/DMT
3.3.2	The organisation is actively working to reduce significantly and, in time, eradicate the use of agency staff in line with NHS Improvement's nursing agency rules, supplementary guidance and timescales.	Plan in place to reduce agency usage in line with NHSI guidance	C	Continue with all of the actions to reduce temporary staffing use and increase use of bank staff.	complete	DoN/ADHR/DMT
3.3.3	The organisation's workforce plan is based on the local Sustainability and Transformation Plan (STP), the place-based, multi-year plan built around the needs of the local population.	UHS fully engaged in development of STP workforce aspects and workforce plan based on actions	C	Continue with engagement in STP development	complete	CEO/DoN/DoE
3.3.4	The organisation works closely with commissioners and with Health Education England, and submits the workforce plans they develop as part of the STP, using the defined process, to inform supply and demand modelling.	UHS fully engaged in development of STP workforce aspects and workforce plan based on actions	C	Continue with engagement in STP development	complete	CEO/DoN/DoE
3.3.5	The organisation supports Health Education England by ensuring that high quality clinical placements are available within the organisation and across patient pathways, and actively seeks and acts on feedback from trainees/students, involving them wherever possible in developing safe, sustainable and productive services.	Strong systems in place to identifying placement capacity and monitor student allocation and quality across all staff groups	C	Continue with current model. Work with universities to constantly review the placement models for students in line of developing undergraduate programmes and apprenticeships	complete	DoE/Education leads

UHS FT self-assessment and action plan

No.	Recommendation	NICE category Must (M) Should (S) Consider (C)	Current measures in place	Initial Assessed UHS rating (July 2014) C = compliant = Actions required	Identified actions required (24 compliant, 14 action)	Timescale	Lead	Sept 2018 compliance	Sept 2018 update - comments (35 compliant, 3 requiring action)
Organisational strategy - Recommendations for hospital boards, senior management and commissioners in line with NQB expectations									
1.1.1	Ensure patients receive nursing care they need regardless of ward, time, day.	M	Specialty and sub-specialty ward system in place Outlying/inlying patients monitored through site	C	Continued monitoring of compliance	Maintain	Clinical teams/DMT	C	Continued monitoring of compliance. Reconfiguration of ward specialties and skills where appropriate.
1.1.2	Develop procedures to ensure ward staff establishments are sufficient to provide safe nursing care for each patient	M	6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate.	C	Continued development of staffing review methodology linked to NICE guidance	Maintain	DoN/DDoN/ DHN	C	Ongoing strengthening of 6 monthly reviews
1.1.3	Ensure final ward establishments developed with registered nurses responsible and approved through chief nurse and trust board	M	6 monthly establishments reviews in place led by DoN team with DHN/Matron/ward leaders as appropriate. Reported and discussed through board	C	Strengthen involvement of ward sisters through supervisory competencies		DoN/DDoN/ DHN	C	6 monthly reviews now involving ward leaders
1.1.4	Ensure senior nursing managers are accountable for nursing rosters produced	M	Reflected in job descriptions for DHN/Matrons/Ward Leader and included in ward leader competencies Hierarchy in eRoster reinforces requirements	C	Strengthen the monitoring and follow up of roster KPI's		DoN/DDoN/DHN/ HR	C	Roster audits now reinstated and accountability for rosters clearly within ward leader and matron job roles.
1.1.5	Ensure inclusion of adequate 'uplift' to support staffing establishment	M	23% uplift included in all inpatient nursing establishments	C	Continued monitoring of achievement of allocated 'uplift' through eRostering KPI's	Maintain	DHN/Matron/Ward Leaders	C	Continued monitoring of achievement of allocated 'uplift' through eRostering KPI's
1.1.6	Include seasonal variation/fluctuating patient need when setting establishments	M	Included as a consideration when setting establishments	C	Continued consideration at establishment reviews		DDoN/DHN	C	Continued consideration at establishment reviews
1.1.7	Establishments should be set appropriate to patient need taking account of registered/unregistered mix and knowledge and skills required	S	Included as a consideration when setting establishments	C	Continued consideration at establishment reviews		DDoN/DHN	C	Continued consideration at establishment reviews
1.1.8	Ensure procedures in place to identify differences between on the day requirements and staff available	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily	C	Further strengthen the daily review processes through site. Strengthen the matron out of hours model to provide further oversight for staffing through to site	Maintain	DDoN/DHN/Matrons/Site	C	Safe staffing meetings extended to cover 7 days per week. Winter on-call matron arrangements now discontinued but staffing review meetings maintained. Safecare used actively at meetings
1.1.9	Hospital to have a system in place for nursing red flag events to be reported by nursing teams, patients, relatives to registered nurse in charge (see separate tab)	M	eReporting of incidents becoming embedded. Staff informally include red flag information	A	Continued monitoring of red flag inclusions on e incident reporting. Educate staff on 'red flag' events through safe staffing master classes and local care group/divisional updates. Review 'red flags' on all quality review visits to ward areas.	Jan-19	DDoN/DHN/safety team	A	Upgrade to trustwide switch on the use of red flag option within 'safe care' delayed until January 2018. Masterclass to review in June 2018. Likely to move this action to compliant at the next review when rollout embedded.

management and commissioners in line with NQB expectations

Organisational strategy - Recommendations for hospital boards, senior	1.1.10	Ensure procedures in place for effective response to unplanned variations in patient need - including ability to increase/decrease staffing	M	Clear escalation processes and review of staffing actioned through bleep holding arrangements in Divisions	A	Continued monitoring of effectiveness of escalation and staffing status	Jan-19	DDoN/DHN	A	Escalation clear and embedded for additional staff for enhanced care. Further work still required with the changes to the enhanced care team and the appointment of the new safeguarding lead. Policy requires updating
	1.1.11	Actions to respond to nursing staff deficits on a ward should not compromise staff nursing on other wards	S	Escalation processes include the need to review other wards/departments. All ward normal staffing included on trust wide spreadsheet daily	A	Continued monitoring of effectiveness of escalation and staffing status	Jan-19	DDoN/DHN	A	Monitored as part of the daily reviews of staffing - but unable to assure with current vacancy and staffing position.
	1.1.12	Ensure there is a separate contingency and response for patients requiring continuous presence 'specialling'	M	Specialling processes in place and agreed escalation process within divisions.	C	Review the process for requesting specialling support.	Maintain	DDoN/DHN	C	Escalation processes clear but further work still required with the changes to the enhanced care team and the appointment of the new safeguarding lead. Policy requires updating
	1.1.13	Consider implementing approaches to support flexibility such as adapting nursing shifts, skill mix, location and employment contracts	C	Variety of shift patterns worked within the trust and flexibility within rostering policy allows for variation	C	Continue to review as part of professional judgement element of staffing reviews	Maintain	DDoN/DHN	C	Continue to review as part of professional judgement element of staffing reviews
	1.1.14	Ensure procedures in place for systematic ongoing monitoring of safe nursing indicators and formal review of nursing establishments twice a year	M	Nursing indicators monitored through incident reporting, ongoing monitoring and through CQD. Twice yearly formal staffing reviews embedded and managed through DON team	C	Continue to strengthen the process	Maintain	DDoN/DHN	C	Continue to strengthen the process - new CQD system launched Sept 2015
	1.1.15	Make appropriate changes to ward establishments as a response to reviews	M	Establishments amended as result of staffing reviews. Staffing review linked to budget setting process. Evidenced increases noted through trust board reporting	C	Continue to strengthen and evidence the process	Maintain	DDoN/DHN	C	Continue to strengthen and evidence the process
	1.1.16	Enable nursing staff to have appropriate training for the care they are required to provide	M	Strong track record of training within Trust. Individual care group education teams support ongoing development needs	C	Continue to strengthen and evidence the process	Maintain	DDoN/DHN/ Education leads	C	Continue to strengthen and evidence the process
	1.1.17	Ensure there are sufficient registered nurses who are experienced and trained to determine day-to-day staffing needs in 24 hour period	M	Bleep-holder role includes requirement to assess and review staffing and risk assess	A	Review to ensure all bleep-holders are competent and capable in staffing assessment and risk management	Maintain	DHN/Matron	C	Additional education put into bleep holding as part of winter pressure oversight arrangements. Now in place with bleep holding and band 7 weekend review
	1.1.18	Organisation should encourage staff to take part in programmes to assure quality of nursing care and care standards	S	Nursing staff involved in range of quality improvement programmes e.g. essence of care, nursing practice, turnaround, clinical accreditation scheme	C	Continue to involve staff at all levels in nursing quality standard development	Maintain	DHN/Head of Quality and Clinical Assurance	C	Continue to involve staff at all levels in nursing quality standard development
	1.1.19	Involve nursing staff in developing nursing policies which govern nursing staff requirements such as escalation policies	S	Nursing staff involved in developing policy through groups and consultation	C	Continue to involve staff at all levels in nursing policy development	Maintain	DHN/Head of Quality and Clinical Assurance	C	Continue to involve staff at all levels in nursing policy development
sing staffing s for registered wards or shifts	Principles for determining nursing staffing requirements - Recommendations for registered nurses in charge of individual wards or shifts who should be responsible for assessing the various factors used to determine nursing staff requirements									
	1.2.1	Use systematic approach to determining nursing staff requirements when setting nursing establishments and on day to day	M	Professional judgement and SNCT embedded for use within the Trust. Clear 'established levels' identified on eRoster	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models

Principles for determining nursing requirements - Recommendation nurses in charge of individual v	1.2.2	Use a decision support toolkit endorsed by NICE to determine nursing staff requirements		Not yet available through NICE but UHS already uses nationally validated Safer Nursing Care Tool (SNCT) as part of methodology for reviewing staffing levels	C	Review NICE endorsed tools as they emerge	Await national development	DDoN	C	Review NICE endorsed tools as they emerge. Continue to use endorsed SNCT and incorporate into plan for v10 eRostering safe care module rollout
	1.2.3	Use informed professional judgement to make a final assessment of nursing staff requirements	M	Professional judgement used as mainstay of methodology for reviewing establishments and day to day staffing	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models
	1.2.4	Consider using nursing care activities included in guidance as a prompt to help inform professional judgement (see separate tab)	C	Already considered routinely as part of professional judgement and methodology	C	Continue to support staff at local ward level to understand establishments and staffing models	Maintain	DHN/Matrons/Ward Leaders	C	Continue to support staff at local ward level to understand establishments and staffing models
	Setting the ward nursing staff establishment - Recommendations for senior registered nurses responsible for determining nursing staff requirements or those involved in setting the nursing staff establishment of a particular ward									
Setting the ward nursing staff establishment - Recommendations for senior registered nurses responsible for determining nursing staff requirements or those involved in setting the nursing staff establishment	1.3.1	Setting ward establishments should involve designated senior registered nurses at ward level experienced and trained in determining nursing staff requirements using recommended tools	S	Ward sisters already involved in ward establishment reviews but approach needs strengthening. Competency for establishment review included in ward leader competencies	A	Strengthen involvement and training of ward leaders and other nurses through staffing master classes	Maintain	DDoN/DHN/Workforce Systems	C	Current staffing review has full representation from ward leaders
	1.3.2	Routinely measure the average amount of nursing time required throughout a 24 hour period for each patient expressed as nursing hours per patient.	S	Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement	A	Include nursing hours per patient as a methodology in the staffing reviews from November 2014 Introduce next version of eRostering which has functionality to convert data into hours per patient	Maintain	DDoN/Workforce Systems	C	Care hours per patient day now embedded as part of monthly reporting and included in safecare module of eRoster. Used as part of 6 monthly review from July 2016
	1.3.3	Formally analyse the average nursing hours required per patient at least twice a year when reviewing the ward nursing staff establishments	S	Methodologies not previously based on nursing hours per patient but safe nursing care tool and professional judgement	A	Include nursing hours per patient as a methodology in the staffing reviews from November 2014	Maintain	DDoN/Workforce Systems	C	Care hours per patient day now embedded as part of monthly reporting and included in safecare module of eRoster. Used as part of 6 monthly review from July 2016
	1.3.4	Multiply the average number of nursing hours per patient by the average daily bed utilisation	S	Methodologies currently based on using 100% bed occupancy - bed utilisation considered as part of the professional judgement	A	Introduce bed utilisation into the staffing review methodology for November 2014	Maintain	DDoN/Workforce Systems	C	Bed utilisation discussed as part of the staffing review since July - Sept 2015 particularly in admission areas. Continue to calculate on 100% bed occupancy
	1.3.5	Add an allowance for additional nursing workload based on the relevant ward factors such as turnover, layout and size and staff factors	S	Already included in professional judgment considerations	C	Continued consideration at establishment reviews	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews
	1.3.6	Identify appropriate knowledge and nursing skill mix required - registered to unregistered - reviewing appropriate delegation	S	Trust baseline registered: unregistered 60:40 - no inpatient ward establishment drop below this. Assessed as part of professional judgement	C	Continued consideration at establishment reviews	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews
	1.3.7 and 1.3.8	Ensure planned uplift included in the calculation on average patients nursing needs	S	Trust baseline to include 23% on all ward establishments to cover uplift. Additional 0.8 wte uplift being rolled out for supervisory ward leader model	C	Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering	Maintain	DDoN/DHN	C	Continued consideration at establishment reviews. Continued monitoring of 23% headroom through eRostering
	Patients' s on	Assessing if nursing staff available on the day meet patients' nursing needs - Recommendations for registered nurses on wards who are in charge of shifts								

Assessing if nursing staff available on the day meet patient nursing needs - Recommendations for registered nurses wards	1.4.1	Systematically assess that the available nursing staff for each shift or at least each 24 hour period is adequate to meet the actual nursing needs of patients on the ward	S	Daily spreadsheet used in site to review safe staffing - Matrons expected to link with all wards to determine staffing levels	C	Continued review of staffing levels included as a key responsibility in the ward leader and matron role	Maintain	Ward Leaders/ Matrons/ DHN	C	Continued review of staffing levels included as a key responsibility in the ward leader and matron role
	1.4.2	Monitor the occurrence of the nursing red flag events throughout a 24hour period	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	Monitoring of red flags on ongoing basis. Reflected in AER reporting
	1.4.3	If a nursing red flag occurs it should prompt an immediate escalation response by the registered nurse in charge - with potential to allocate additional nursing staff	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	Monitoring of red flags on ongoing basis. Reflected in AER reporting and noted in bleep-holder logs
	1.4.4	Keep records of the on-the-day assessments of actual nursing staff requirements and reported red flag events so that they can be used to inform future planning or establishments	M	Escalation processes in place through bleep-holders through to site. Matrons responsible for reviewing staffing daily and this should include red flags	A	Care groups/Divisions to develop processes for review, reporting and capture of red flags through escalation processes	Maintain	Ward Leaders/ Matrons/ DHN	C	On the day records maintained and all red flag events captured through AER. Information used as part of the annual staffing reviews for each area to inform establishment changes. Examples at budget setting of changes as a result.
	Monitor and evaluate ward nursing staff establishments - Recommendations for senior management and nursing managers or matrons to support safe staffing for nursing at ward level									
Monitor & evaluate ward nursing establishments - Recommendations for senior management and matrons	1.5.1	Monitor whether the ward nursing staff establishment adequately meets patients nursing needs using safe nursing indicators. Consider continuous data collection of these nursing indicators	S	Majority of safe nursing indicators already included as part of the clinical quality dashboard	A	Expand the clinical quality dashboard to include the identified safe nursing indicators	Maintain	DHN/DDoN/Head of Quality and Clinical Assurance	C	Clinical Quality Dashboard reviewed and relaunched September 2015. Review of indicators included as part of clinical accreditation scheme completed
	1.5.2	Compare results of safe nursing indicators with previous results over 6 month period	S	Review as part of monitoring of clinical quality dashboard	A	Include review of safe nursing indicators as part of staffing reviews from 2015 onwards	Maintain	Matrons	C	Review of indicators included as part of clinical accreditation scheme and annual matron reviews completed
	1.5.3	Monitor all of the nursing red flags and safe nursing indicators linked to wards exceeding 1 RN to 8 patients during the day	S	1:8 indicator included in daily staffing spreadsheet as a trigger to review staffing	A	Matrons to review all safe nursing indicators routinely for all ward areas	Maintain	Matrons	C	Matrons review all safe nursing indicators routinely for all ward areas. Retrospective review of red flag/AER incidents included as part of staffing discussions.

Division	Care Group	Unit Name	Total Beds	Budgeted Establishment (WTE)	Budgeted Registered Staff (WTE)	Budgeted Unregistered Staff (WTE)	Budgeted Other Staff (WTE)	Shift	Demand Registered (Count)	Demand Unregistered (Count)	Total nurse per shift (count)	Budgeted Skill mix (RN:URN)	Skill Mix per shift (RN:URN)	Planned Registered (CHPPD)	Planned Unregistered (CHPPD)	Total Planned CHPPD	RN: Patient ratio	Total Nurse: Patient ratio		
Division A	Cancer Care	CAN C4 Solent Ward Clinical Oncology	23	38.6	22.1	13.5	3.0	Early	4	3	7	57	43	57:43	3.5	2.5	6.0	1:6	1:4	
		Late	4					3	7	57:43	1:6			1:4						
		Night	3					2	5	60:40	1:8			1:5						
		CAN C6 Leukaemia/BMT Unit	21	46.3	41.1	1.1	4.1	Early	8	0	8	89	11	95:5	7.5	0.2	7.7	1:3	1:3	
		Late	8					0	8	96:4	1:3			1:3						
		Night	6					0	6	100:0	1:4			1:4						
		CAN C6 TYA Unit	6	13.2	10.4	1.0	1.9	Early	2	1	3	78	22	67:33	7.6	1.8	9.4	1:3	1:3	
		Late	2					1	3	67:33	1:3			1:2						
		Night	2					0	2	100:0	1:4			1:4						
		CAN CMH Inpatients	27	50.3	23.8	24.8	1.7	Early	5	5	10	47	53	52:48	3.7	3.0	6.7	1:6	1:3	
		Late	5					3	8	62:38	1:6			1:4						
		Night	3					3	6	50:50	1:10			1:5						
		CAN D3 Ward	22	35.7	23.1	8.9	3.7	Early	4	3	7	65	35	58:42	3.5	2.2	5.7	1:6	1:4	
		Late	4					2	6	67:33	1:6			1:4						
		Night	3					2	5	60:40	1:8			1:5						
		CAN D2 Haematology	20	38.1	23.9	11.5	2.6	Early	4	3	7	63	37	57:43	3.9	3.0	6.9	1:6	1:3	
		Late	4					3	7	57:43	1:6			1:3						
		Night	3					2	5	60:40	1:7			1:5						
	Surgery	SUR Acute Surgical Unit	12	27.7	15.1	9.0	3.6	Early	3	1	4	55	45	73:27				1:5	1:3	
		Late	4					1	5	79:21	1:4			1:3						
		Night	2					2	4	51:49	1:6			1:4						
		SUR E5 Lower GI	18	26.3	14.8	9.5	2.0	Early	4	2	6	56	44	65:35	3.6	1.8	5.4	1:5	1:4	
		Late	3					2	5	60:40	1:6			1:4						
		Night	2					1	3	67:33	1:9			1:6						
		SUR E5 Upper GI	18	27.0	14.6	10.4	2.0	Early	4	2	6	54	46	65:35	3.8	2.0	5.8	1:5	1:4	
		Late	3					2	5	60:40	1:6			1:4						
		Night	2					1	3	67:33	1:9			1:7						
		SUR E8 HPB/Urology	30	54.2	25.6	24.9	3.6	Early	5	4	9	47	53	55:45	3.0	2.7	5.7	1:7	1:4	
		Late	5					3	8	61:39	1:7			1:4						
		Night	3					3	6	49:51	1:11			1:6						
		SUR F11 IF	17	35.6	23.0	9.0	3.6	Early	4	2	6	65	35	67:33	6.1	2.2	8.3	1:5	1:3	
		Late	4					2	6	66:34	1:5			1:3						
	Night	3	1					4	75:25	1:6	1:5									
	SUR Acute Surgical Admissions	30	44.06	19.8	18.7	5.6	Early	6	2	8	45	55	75:25	3.6	1.3	5.0	1:6	1:4		
	Late	6					2	8	75:25	1:5			1:4							
	Night	3					2	5	60:40	1:10			1:7							
	SUR Ward F5	29	40.0	19.4	17.2	3.4	Early	5	2	7	49	51	71:29	3.4	1.9	5.3	1:6	1:5		
	Late	5					2	7	71:29	1:6			1:5							
	Night	3					2	5	60:40	1:10			1:6							
	Division B	Emergency Care	ECM Acute Medical Unit	54	122.6	71.6	44.1	6.9	Early	11	7	18	58	42	62:38	4.9	3.2	8.1	1:5	1:3
			Late	11					7	18	60:40	1:5			1:3					
			Night	10					6	16	63:38	1:6			1:4					
Medicine		MED D5 Ward	28	40.9	19.8	20.1	1.0	Early	5	3	8	48	52	62:38	3.3	1.8	5.0	1:6	1:4	
		Late	4					3	7	57:43	1:8			1:5						
		Night	3					2	5	60:40	1:10			1:6						
		MED D6 Ward	34	49.4	25.1	23.3	1.0	Early	5	5	11	51	49	45:55	3.0	2.9	5.9	1:7	1:4	
		Late	4					5	10	40:60	1:9			1:4						
		Night	4					2	6	63:37	1:9			1:6						
		MED D7 Ward	30	39.9	20.7	18.2	1.0	Early	5	3	8	52	48	63:38	3.2	1.7	4.9	1:6	1:4	
		Late	5					3	8	63:38	1:6			1:4						
		Night	3					2	5	60:40	1:10			1:6						
		MED D8 Ward	28	38.2	19.8	17.4	1.0	Early	5	3	8	52	48	63:38	3.2	1.9	5.1	1:6	1:4	
		Late	4					3	7	57:43	1:7			1:4						
		Night	3					2	5	60:40	1:10			1:6						
		MED E7 Ward	22	34.6	15.5	17.3	1.8	Early	4	3	7	45	55	57:43	3.6	2.6	6.1	1:5	1:3	
		Late	4					2	6	67:33	1:5			1:4						
		Night	2					2	4	49:51	1:11			1:6						
		MED F7 Ward	20	30.8	12.4	16.4	2.0	Early	3	4	7	40	60	42:58	3.1	3.2	6.2	1:7	1:3	
		Late	3					3	6	50:50	1:7			1:4						
		Night	2					2	4	50:50	1:10			1:5						
		MED G5 Ward	28	40.6	15.5	22.8	2.4	Early	4	4	8	38	62	50:50	2.6	2.6	5.2	1:7	1:4	
		Late	4					4	8	57:43	1:7			1:4						
		Night	2					3	5	40:60	1:14			1:6						
		MED G6 Ward	26	40.9	15.5	23.4	2.0	Early	4	4	8	38	62	50:50	2.8	2.8	5.6	1:7	1:4	
		Late	4					3	7	57:43	1:7			1:4						
		Night	2					3	5	40:60	1:13			1:6						
		MED G7 Ward	14	34.2	12.4	19.9	2.0	Early	2	4	6	36	64	33:67	3.3	5.8	9.0	1:7	1:3	
		Late	2					4	6	33:67	1:7			1:3						
		Night	2					3	5	40:60	1:7			1:3						
		MED G8 Ward	28	39.5	15.5	22.1	2.0	Early	4	4	8	39	61	50:50	2.6	2.5	5.1	1:7	1:4	
		Late	4					4	8	57:43	1:7			1:4						
		Night	2					3	5	40:60	1:14			1:6						
		MED G9 Ward	26	40.2	15.5	22.8	2.0	Early	4	4	8	38	62	50:50	2.8	2.7	5.5	1:7	1:4	
		Late	4					4	8	57:43	1:7			1:4						
		Night	2					3	5	40:60	1:13			1:6						
		Specialist Medicine	SME C5 Isolation Ward	14	27.8	15.2	10.6	2.0	Early	3	2	5	55	45	60:40	4.1	2.6	6.7	1:5	1:3
			Late	2					2	4	50:50	1:7			1:4					
			Night	2					1	3	67:33	1:7			1:5					
MED D10 Isolation Unit			18	36.7	15.5	20.2	1.0	Early	4	2	6	42	58	63:38	4.3	3.4	7.7	1:5	1:3	
Late			3					2	6	61:39	1:6			1:4						
Night			3					3	6	50:50	1:6			1:3						

Division	Care Group	Unit Name	Total Beds	Budgeted Establishment (WTE)	Budgeted Registered Staff (WTE)	Budgeted Unregistered Staff (WTE)	Budgeted Other Staff (WTE)	Shift	Demand Registered (Count)	Demand Unregistered (Count)	Total nurse per shift (count)	Budgeted Skill mix (RN:URN)	Skill Mix per shift (RN:URN)	Planned Registered (CHPPD)	Planned Unregistered (CHPPD)	Total Planned CHPPD	RN: Patient ratio	Total Nurse: Patient ratio	
Division C	Child Health	CHI Ward G3	20	46.9	30.5	13.7	2.7	Early	6	3	9	65	35	67:33	6.7	3.1	9.8	1:5	1:3
		Late	6					3	9	67:33	1:6			1:4					
		Night	5					2	7	71:29	1:6			1:3					
		CHI Ward G3	20	44.4	28.6	12.2	3.7	Early	5	1	6	64	36	83:17	7.5	1.5	9.0	1:4	1:3
		Late	5					1	6	83:17	1:4			1:3					
		Night	5					1	6	83:17	1:4			1:3					
		CHI Paed Medical Unit	16	30.5	21.4	5.4	3.7	Early	3	1	4	70	30	70:30	7.7	2.3	10.0	1:4	1:3
		Late	4					2	5	72:28	1:3			1:2					
		Night	3					1	4	81:19	1:4			1:3					
		CHI Paediatric Assessment Unit	10	37.3	32.3	1.0	4.0	Early	10	1	11	87	13	93:7	13.2	0.3	13.5	1:2	1:1
		Late	4					0	4	100:0	1:3			1:3					
		Night	3					0	3	100:0	1:4			1:4					
		CHI Piam Brown Unit	10	39.1	28.9	7.2	3.0	Early	5	2	7	74	26	75:25	5.7	1.7	7.4	1:4	1:3
		Late	5					2	7	75:25	1:4			1:3					
		Night	4					1	5	80:20	1:6			1:5					
		CHI Ward E1 Paed Cardiac	16	12.1	12.1	0.0	0.0	Early	2	0	2	100	0	100:0	8.2	0.0	8.2	1:3	1:3
		Late	2					0	2	100:0	1:3			1:3					
		Night	2					0	2	100:0	1:3			1:3					
	CHI Ward G2 Neuro	6	56.1	38.1	14.6	3.4	Early	5	3	8	68	32	63:38	6.9	3.0	10.0	1:5	1:3	
	Late	5					3	8	63:38	1:5			1:3						
	Night	5					2	7	71:29	1:5			1:4						
	CHI Ward E1 Paed Cardiac	16	34.9	17.1	14.6	3.2	Early	4	3	7	49	51	55:45	2.6	2.3	5.0	1:7	1:4	
	Late	4					3	7	56:44	1:7			1:4						
	Night	2					2	4	51:49	1:13			1:7						
Division D	Cardiovascular and Thoracic	CAR Coronary Care Unit	17	38.9	26.2	11.9	0.8	Early	5	2	7	67	33	71:29	6.8	2.2	9.0	1:4	1:3
		Late	5					2	7	71:29	1:4			1:3					
		Night	4					1	5	80:20	1:3			1:3					
		CAR Ward E4 Thoracics	26	40.7	25.7	12.0	3.0	Early	6	2	8	63	37	75:25	4.0	1.8	5.7	1:5	1:4
		Late	5					2	7	71:29	1:6			1:4					
		Night	3					2	5	60:40	1:9			1:6					
		CAR Ward E4 Thoracics	26	36.3	19.3	14.9	2.0	Early	5	2	7	53	47	70:30	3.9	2.2	6.2	1:5	1:4
		Late	4					2	6	67:33	1:6			1:4					
		Night	3					2	5	57:43	1:9			1:5					
		CAR Ward D4 Vascular	22	57.7	28.4	27.6	1.8	Early	7	5	12	49	51	58:42	3.8	3.8	7.5	1:6	1:3
		Late	7					4	11	64:36	1:6			1:4					
		Night	4					4	8	50:50	1:9			1:5					
		CAR Ward E3 Cardiac	36	29.1	18.8	9.2	1.0	Early	4	2	6	65	35	67:33	4.4	2.1	6.5	1:5	1:3
		Late	4					2	6	67:33	1:5			1:3					
		Night	2					1	3	67:33	1:9			1:6					
		CAR Ward E2 YACU	17	58.6	23.6	31.5	3.6	Early	4	5	9	40	60	44:56	3.0	4.3	7.3	1:7	1:4
		Late	4					5	9	44:56	1:7			1:4					
		Night	4					4	7	43:57	1:10			1:4					
	CAR Ward F4 Neuro Spinal	22	37.4	22.7	12.4	2.2	Early	5	2	7	61	39	74:26	4.2	2.1	6.3	1:5	1:4	
	Late	4					2	6	68:32	1:6			1:4						
	Night	3					2	5	60:40	1:8			1:5						
	CAR Ward E2 YACU	17	23.2	17.0	6.2	0.0	Early	3	1	4	73	27	75:25	6.2	3.0	9.1	1:4	1:3	
	Late	3					1	4	75:25	1:4			1:3						
	Night	2					2	4	54:46	1:5			1:3						
	CAR Ward E Neuro	26	46.4	30.4	13.7	2.4	Early	5	3	7	65	35	71:29	4.5	1.9	6.3	1:5	1:4	
	Late	5					3	7	71:29	1:5			1:4						
	Night	4					3	6	66:34	1:7			1:5						
	CAR Ward E Neuro	26	34.2	21.8	9.7	2.7	Early	3	1	4	64	36	75:25	6.8	3.8	10.6	1:3	1:3	
	Late	3					1	4	75:25	1:3			1:3						
	Night	2					2	4	50:50	1:5			1:3						
	NEU Hyper Acute Stroke Unit	10	58.1	35.2	20.7	2.2	Early	5	3	8	61	39	63:38	4.0	2.6	6.6	1:6	1:4	
	Late	5					3	8	63:38	1:6			1:4						
	Night	4					3	7	57:43	1:7			1:4						
	NEU Regional Transfer Unit	10	28.4	17.4	8.0	3.0	Early	3	2	5	61	39	60:40	4.0	1.7	5.6	1:6	1:4	
	Late	3					1	4	75:25	1:6			1:5						
	Night	3					1	4	75:25	1:6			1:5						
	NEU Regional Transfer Unit	10	60.7	34.0	21.0	5.6	Early	6	4	10	56	44	60:40	4.4	2.7	7.1	1:6	1:4	
	Late	6					4	10	60:40	1:6			1:4						
	Night	5					3	8	63:38	1:7			1:4						
	NEU Regional Transfer Unit	10	52.3	23.1	24.7	4.5	Early	4	4	8	44	56	50:50	3.4	3.4	6.8	1:7	1:4	
	Late	4					3	7	57:43	1:7			1:4						
	Night	3					4	7	43:57	1:9			1:4						
	NEU Regional Transfer Unit	10	50.9	21.1	25.2	4.6	Early	4	7	11	41	59	36:64	3.6	7.2	10.7	1:6	1:3	
	Late	4					7	11	36:64	1:6			1:3						
	Night	3					7	10	30:70	1:8			1:3						
	NEU Regional Transfer Unit	10	36.7	20.8	11.9	4.0	Early	4	2	6	57	43	56:44	4.4	3.5	7.9	1:5	1:3	
	Late	3					2	5	50:50	1:6			1:3						
	Night	3					1	4	60:40	1:6			1:4						
	NEU Regional Transfer Unit	10	28.4	17.4	8.0	3.0	Early	3	2	5	61	39	60:40	4.0	1.7	5.6	1:6	1:4	
	Late	3					1	4	75:25	1:6			1:5						
	Night	3					1	4	75:25	1:6			1:5						
	NEU Regional Transfer Unit	10	60.7	34.0	21.0	5.6	Early	6	4	10	56	44	60:40	4.4	2.7	7.1	1:6	1:4	
	Late	6					4	10	60:40	1:6			1:4						
	Night	5					3	8	63:38	1:7			1:4						
NEU Regional Transfer Unit	10	52.3	23.1	24.7	4.5	Early	4	4	8	44	56	50:50	3.4	3.4	6.8	1:7	1:4		
Late	4					3	7	57:43	1:7			1:4							
Night	3					4	7	43:57	1:9			1:4							
NEU Regional Transfer Unit	10	50.9	21.1	25.2	4.6	Early	4	7	11	41	59	36:64	3.6	7.2	10.7	1:6	1:3		
Late	4					7	11	36:64	1:6			1:3							
Night	3					7	10	30:70	1:8			1:3							
NEU Regional Transfer Unit	10	36.7	20.8	11.9	4.0	Early	4	2	6	57	43	56:44	4.4	3.5	7.9	1:5	1:3		
Late	3					2	5	50:50	1:6			1:3							
Night	3					1	4	60:40	1:6			1:4							