

Board of Directors: 11.1.2018

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SAFE, EFFECTIVE, CARING, RESPONSIVE AND WELL-LED CARE – STRATEGIC STAFFING REVIEW

Presented by:	Karen Dawber Chief Nurse	Author:	Jo Hilton Assistant Chief Nurse
Previously considered by:	N/A		

Key points	Purpose:
1. This report provides the Board of Directors with a comprehensive update on nurse and midwifery staffing in all areas within Bradford Teaching Hospitals NHS Foundation Trust (BTHFT).	To note and gain assurance
2. The report includes an overview of the current staffing position across the wards and departments based on the results of planned strategic staffing establishment reviews undertaken in November and December 2017 with the Chief Nurse.	To note and gain assurance
3. The report makes recommendations following the establishment review process.	To discuss and approve

Executive Summary:

This paper provides the required assurance that BTHFT plans safe nurse staffing levels across all wards and other departments and that there are appropriate systems in place to manage the demand for nursing and midwifery staff. In order to provide greater transparency the paper provides detail of the first Strategic Staffing Review undertaken in line with the National Quality Boards requirement of December 2016. This recommends a review of nurse staffing as a quality and performance measure and details the outcome of the reviews undertaken in November 2017.

BTHFT Trust Board reviews safe staffing levels every month via the Nurse staffing data publication report, which includes monthly fill rates, Care Hours Per Patient Day (CHPPD) and actions taken to address shortfalls. It also provides a heat map of high level nursing quality metrics.

Hard Truths Commitments Regarding the Publishing of Staffing Data (Care Quality Commission, March 2014) states '*data alone cannot assure anyone that safe care is being delivered. However research demonstrates that staffing levels are linked to the safety of care and that fewer staff increases the risk of patient safety incidents occurring.*' In order to assure the Board of safe staffing on wards the outcome of the strategic staffing review has been undertaken. The review has been a comprehensive assessment of each of the ward department areas taking account of the following:

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- Acuity and dependency data.
- Skill Mix.
- Nurse to bed ratio.
- Incidence of pressure ulcers.
- Incidence of falls.
- Incidence of medication incidents.
- Incidence of complaints relating to nursing care.
- The Friends and Family Test results.

The report is grounded in the need to ensure safe nurse staffing and midwifery levels and has been underpinned by the following publications/resources:

- National Quality Board – Safe, sustainable and productive staffing (SSPS). An improvement resource for adult inpatient wards in acute hospitals 2016 (2017 approved).
- Hard Truths – The Journey to Putting Patients First ‘Hear the patient, speak the truth and act with compassion’. Published by the Department of Health 2014.
- National Quality Board report – How to ensure the right people, with the right skills, are in the right place at the right time. Published by NHS England 2013.
- The Model Hospital Portal - a new digital information service provided by NHS Improvement to support the NHS to identify and realise productivity opportunities; key nursing information is contained within the portal. <https://improvement.nhs.uk/news-alerts/updates-model-hospital/>

The Board of Directors is asked to:

- **Note the work undertaken in relation to assurance of safe staffing across the wards as identified in the annual Strategic Staffing Reviews.**
- **Note and support the actions to be undertaken following the staffing reviews in November 2017.**
- **Note that this report does not include the full detail of separate reviews being undertaken in Accident and Emergency, Neonatal unit, Maternity, Radiology and Theatres and that these will be included in future reports following extensive reviews of service lines and transformation work streams in the coming months.**
- **Note that changes proposed to ward establishments will generate a surplus and it is recommended that the finance committee should have delegated responsibility to scrutinise and agree the final budgets.**
- **The Board of Directors are asked to support the proposals of the Chief Nurse to the revised establishment (Appendix 2).**

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Financial implications:
Yes – Neutral Effect

Regulatory relevance:

Monitor:	Quality Governance Framework
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Equality Impact / Implications:	<p>Is there likely to be any impact on any of the protected characteristics? (Age, Disability, Gender, Gender Reassignment, Pregnancy and Maternity, Race, Religion or Belief, Sexual Orientation, Health Inequalities, Human Rights)</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, what is the mitigation against this?</p>
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Other:	
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Strategic Objective:	To provide outstanding care for patients
	To deliver our financial plan and key performance targets
<i>Reference to Strategic Objective(s) this paper relates to</i>	To be in the top 20% of NHS employers
	To be a continually learning organisation

SAFE, EFFECTIVE, CARING, RESPONSIVE AND WELL-LED CARE – STRATEGIC STAFFING REVIEW

1. Executive Summary

This paper provides the required assurance that BTHFT plans safe nurse staffing levels across all ward areas and other departments and that there are appropriate systems in place to manage the demand for nursing/midwifery and care staff. In order to provide greater transparency the paper provides detail of the first Strategic Staffing Review undertaken in line with the National Quality Boards requirement of December 2016 to review nurse staffing as a quality and performance measures.

The Safe Sustainable and Productive Staffing' (SSPS) document resource describes that the key to high quality care for all is our ability to deliver services that are sustainable and well led. For nurse staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document:

- Right care.
- Minimising avoidable harm.
- Maximising the value of available resource.

The paper reports on the acuity and dependency reviews and the in-depth reviews undertaken by the Chief Nurse and the Deputy Chief Nurse during November 2017, to the SSPS, published in July 2016 by the National Quality Board. The document aims to support NHS Providers to deliver the right staff, with the right skills in the right place at the right time and builds on previous guidance.

A template was developed (see Appendix 1) which took into account the detailed requirements of the NQB guidance, and was used to provide a 360 degree review of wards and clinical areas, including the Emergency Department. During November, 46 separate 1 hour reviews took place with the Ward Manager, Matron and Divisional Head of Nursing for each area presenting their ward information. The reviews were led by the Chief Nurse and Deputy Chief Nurse.

In line with the NQB recommendations, the reviews in each ward and department took account of the following:

- Bed occupancy rates.
- Ward attenders.
- Total budgeted establishment.

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- WTE based on acuity and dependency.
- Ward based registered nurses.
- Ward based HCA's.
- Skill mix.
- WTE per bed.
- RN ratio per bed Mon-Fri.
- RN ratio per bed Sat/Sun.
- RN ratio per bed nights.
- CHPPD (*Average number of actual nursing care hours spent with each patient per day (all nursing including support staff).*)
- Medical Staff.
- Allied Health Professionals.
- Pharmacy staff (including medication administration).
- Advanced Clinical Practitioners/Clinical Nurse Specialists.
- Assistant Practitioners.
- Nursing Associates.
- Technicians.
- Ward Clerk.
- Housekeeper.
- Hostess/Support Staff.
- Phlebotomy.
- Volunteers.
- Students.

Proposals as a result of this exercise are presented further in this paper.

2. Background to assuring safe staffing levels on our acute wards

In 2001 the Audit Commission recommended that establishment setting, regardless of the method, must be simple, transparent, integrated, benchmarked and linked to ward outcomes. NICE Guidance in July 2014 (NICE Guidance: Safe Staffing for nurses in adult in-patient wards SG1) described that there is no single nursing staff-to-patient ratio that can be applied across the whole range of wards to safely meet patients' nursing needs. Each ward has to determine its nursing staff requirements to ensure safe patient care. The guideline made recommendations about the factors that should be systematically assessed at ward level to determine the nursing staff establishment. It recommends on-the-day assessments of nursing staff requirements to ensure that the nursing needs of individual patients are met throughout a 24-hour period.

Further guidance published in 2015 (Safer Nursing Care Tool: Shelford Group) described an evidence based tool that enables nurses to assess patient acuity and dependency, incorporating a staffing multiplier to ensure that nursing establishments reflect patient needs in acuity/dependency

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terms. At BHTFT we have utilised this model since 2013 when it was named the Association of UK University Hospitals (AUKUH) Tool, which measures patient dependency and is then supported by the professional judgement of the ward leader and their seniors. The benefit of this tool is its sensitivity and ability to provide information based on actual patient needs as opposed to averages and bed ratios and that this information could be aligned to other patient experience, safety and outcome data.

In addition, our establishments meet the need to have built within them uplifts that enable the compliment of staff to absorb annual leave, short term sickness and study leave without the need to use temporary staff. The Trust's ward budgets are uplifted by 21.5% to support training, annual leave and sickness. The establishments at BTHFT also have 0.5 WTE supervisory time for band 7 ward sisters and charge nurses built into the establishment following agreement by the Board of Directors in December 2015.

3. Current staffing position across wards based on results of acuity assessment

i. Adults

We have looked at the results of the acuity data undertaken previously and triangulated this data as previously described. As always, it is important that data must be considered overtime due to changing acuity and season variation in activity. A nursing acuity tool is currently being embedded into everyday practice on the ward inpatient areas. This will provide real time information about staffing and patient acuity to enable more informed decisions about safe deployment of staff. The Accident and Emergency Department are in the process of developing a separate paper with regard to models of care in line with emerging National Guidance, for the Executive Management Team approval.

ii. Paediatrics

Agreed staffing investment for the Children's Assessment Unit and new ward block has been implemented to support requirements in this area. The paediatric ward uses recognised national guidance to inform staffing requirements. The Neonatal unit has submitted a separate paper regarding various options which are set with the Divisions recommendation for approval, which complies with NHSE service specification. The division have used the Badger staffing tool and modelled the data compliance for August, September and October 2017 to form the recommendations. This will be considered by the Executive Management Team.

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iii. Maternity

The Birth-rate Plus (BR+) intrapartum acuity tool has been used at BTHFT for several years. It is based on an understanding of the total midwifery time required to care for women based on a minimum standard of providing one-to-one midwifery care throughout established labour.

The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings, and have been endorsed by the Royal College of Midwives (RCM) and the Royal College of Obstetricians and Gynaecologists (RCOG).

In May 2017 the BR + study was carried out, BR+ is a framework for workforce planning and strategic decision making and it is sensitive to local factors such as demographics of the population, socio economic factors, complexity of associated neonatal services. The methodology is also responsive to changes in government policies on maternity services and clinical practices.

The Executive Management Team has already approved additional theatre post into the labour ward establishment; this was highlighted in the BR + review. Any further recommendations will be implemented over the next financial year following robust confirm and challenge and a further paper to the Executive Management Team.

4. Establishment and Strategic Staffing Reviews – Agreed Recommendations

Formal establishment reviews have been undertaken with each division and individual ward area. The reviews are led by the Chief Nurse and have full input from the Deputy Chief Nurse, Heads of Nursing, Head of Midwifery, and Matrons and ward sisters/charge nurses.

A key theme throughout all of the reviews was the positive impact of the nursing associate roles and a desire to expand this further. We have capitalised on this and been able to commission additional trainee posts in 2018 using the apprentice route.

Safety and sustainability of the ward areas have been the key priorities of all of the reviews and the proposals are all based on a proven methodology and emerging and existing national guidance.

The nursing key recommendations, following the establishment reviews undertaken in November and December 2017, are as follows:

4.1 Division of Medicine and Integrated care

4.1.1 Proposed:

- Review skill mix and introduce new roles including band 3 senior healthcare assistants, band 3 rehabilitation support workers, band 4 nursing associate and trial band 5 pharmacy technician roles.

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- Develop a methodology, over the next 12 months, to review the staffing of allied health professionals/other non-medical professional staffing requirements.
- Increase the number of student placements.
- Consider how we integrate the Physicians associate role into the workforce.
- Agree that any future ward reconfigurations or additional capacity will be subject to a further review and paper.

4.2 Division of Anaesthesia, Diagnostics and Surgery

4.2.1 Proposed:

- Review skill mix and introduce new roles including band 3 senior healthcare assistant, band 4 nursing associate and trial band 5 pharmacy technician role.
- Develop a methodology for the review of the staffing in radiology and theatres.
- Increase the number of student placements.
- Consider how we integrate the Physicians associate role into the workforce.
- Agree that any future ward reconfigurations or additional capacity will be subject to a further review and paper.

4.3 Women and Children's Division

4.3.1 Proposed:

- Review skill mix and introduce new roles including band 3 senior healthcare assistant and band 4 nursing associate.
- Take into consideration new ward layout and senior presence by increasing to sister cover 24/7.
- A separate paper is required for the consideration of neonatal and midwifery staffing.

5. Recruitment and Retention

A paper has previously been to the Executive Management Team agreeing how we maximise potential in recruitment and retention of the nursing workforce. It is recognised nationally that there is a shortage of registered nurses and that most care organisations are facing the same challenges in filling registered nursing vacancies. To help address this, the Trust has a number of ongoing long and short term initiatives these include:

- Introduction of Recruitment and Retention work plan for nursing and midwifery.
- Further development of the Nursing Associate role in identified areas with 2 additional cohorts of 20 in January 2018 and April 2018.
- Inspirational and ward specific adverts on NHS jobs with use of social media including Facebook and Twitter.
- Planned recruitment drives, specific to divisions.
- Return to practice programme with experienced nurses in post and in dedicated wards where they intend to practice on re-qualification.

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- Close working with the University of Bradford and student nurses to improve BTHFT ownership and relationship with potential recruits, particularly in last year placements in area of future employment. Provide support to staff in managing flexible working arrangements.
- Flexible working arrangements where possible.
- Trust attendance at job fairs and school career fairs.
- Attendance at universities' open days other than Bradford to widen our pool of potential students.
- Overseas recruitment continues with small numbers arriving with review of future plans to take place.
- Exploring options around shortened programmes of training for nurses qualified in other countries where their registration has lapsed.
- Offering alternative career pathways to registered staff to encourage retention, such as specialist nurse and advanced nurse practitioner posts and the development of a band 5 to 7 in house training and development package.
- Review of alternative professions to provide support to wards, such as pharmacy technician support.

6. National Quality Board Safe, Sustainable and Productive Staffing summary

This section provides a summary to the recently published 'Safe Sustainable and Productive Staffing' (SSPS) paper published in July 2016 by the National Quality Board which aims to supporting NHS Providers to deliver the right staff, with the right skills in the right place at the right time and builds on previous guidance.

The SSPS document describes that the key to high quality care for all is our ability to deliver services that are sustainable and well led. For nurse staffing, this means continuing our focus on planning and delivering services in ways that both improve quality and reduce avoidable costs, underpinned by the following three principles set out in the SSPS document:

- Right care.
- Minimising avoidable harm.
- Maximising the value of available resource.

The document also describes the importance of measurement and improvement of safe and sustainable staffing and the use of Care Hours per Patient Day as a measure over time. The Trust has been using CHPPD as a measure since June 2016. Guidance is offered in the SSPS on using other measures of quality, alongside care hours per patient day (CHPPD), to understand how staff capacity may affect the quality of care. It is important to remember that CHPPD should not be viewed in isolation and does not give a complete view of quality.

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Safe, Effective, Caring, Responsive and Well-Led Care		
Measure and Improve - patient outcomes, people productivity and financial sustainability - - report investigate and act on incidents (including red flags) - - patient, carer and staff feedback - - Implementation Care Hours per Patient Day (CHPPD) - - develop local quality dashboard for safe sustainable staffing -		
Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training, development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

6.1 Expectation 1 – Right Staff

The document describes that 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 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’.

Specific recommendations of Expectation 1 are:

Boards should ensure that the Trust has in place:	
	<i>At BTHFT:</i>
Evidence based workforce planning	<i>The Trust uses validated workforce planning tools that are endorsed by NICE, RCN, RCM and RCOG and applies NQB guidance to Strategic Staffing Reviews.</i>
Professional judgement	<i>Professional judgement is used when planning establishments.</i>
Compare staffing with peers	<i>The Model Hospital data is accessed for comparison when undertaking Strategic Staffing Reviews.</i>

6.2 Expectation 2 – Right Skills

The document describes that Boards ‘should ensure clinical leaders and managers are appropriately developed and supported to deliver high quality, efficient services, and there is a

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staffing resource that reflects a multi-professional 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’.

Specific recommendations of Expectation 2 are:

Boards should ensure that the Trust has in place:	
	<i>At BTHFT:</i>
Appropriately resourced mandatory training, development and education	<i>The Medical Director reports mandatory training compliance to Board on a monthly basis</i>
Multi-professional team working	<i>Multi-professional working is in place across the wards and departments. This is evident from the Strategic Staffing Reviews and Clinical Services Strategy, and within staffing business cases.</i>
Recruitment and retention plans	<i>Recruitment and Retention for nursing and midwifery work plan approved and commenced</i>

6.3 Expectation 3 – Right Place

The document describes that 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’.

Specific recommendations of Expectation 3 are:

Boards should ensure that the Trust has in place:
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	<i>At BTHFT:</i>
Staff are working productively, with avoidance of waste	<i>Evidence of lean methodology approaches, quality improvement methodology is utilised to support staff productivity</i>
There is efficient staff deployment and flexibility	<i>Staffing reviews take place three times per day utilising daily staffing RAG and roster system</i>
There is efficient employment, minimisation of agency use	<i>There is a robust escalation policy in place across the Trust. The Director of HR holds monthly review meetings of bank and agency activity</i>

Additional areas important for monitoring are that Boards should ensure there is sufficient investigation and learning from patient safety incident and serious incident data; workforce metrics are in place that demonstrate staff capacity; and workload metrics that provide context to CHPPD. These areas are all routinely reported to Board.

7. Conclusion and Recommendations

7.1 Conclusion

The Trust continues to see a growing acuity/dependency of patients across a number of adult and children's inpatient wards, with a number of areas having agreed investments in December 2015. The priority area of focus remains the recruitment and retention of registered and unregistered nurses, as it is without doubt that having staff in post against agreed establishments is likely to have the greatest impact on our ability to provide safe, cost effective nursing care. We have seen some innovative approaches to recruitment as this paper describes, these are continuing in a planned way.

An additional area for prioritisation is the development of the Nursing Associate role, and work is well under way having identified the number of roles required across the Trust in wards and departments following the success of the trust pilot in January 2017 with 15 trainees about to enter year 2 of their programme.

We consider the daily acuity measures in place across our inpatient areas to be the primary driver of safe staffing and will continue to use this to make decisions on a daily basis that meet the needs of our patients at that point in time. With the implementation of a nursing acuity tool and the real-time monitoring this provides we will have robust monitoring mechanisms in place.

7.2 Recommendations

The Board of Directors is asked to:

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- Note the work undertaken in relation to assurance of safe staffing across the wards as identified in the annual Strategic Staffing Reviews.
- Note and support the actions to be undertaken following the staffing.
- Note that this report does not include the full detail of separate reviews being undertaken in Accident and Emergency, Neonatal unit, Maternity, Radiology and Theatres and that these will be included in future reports following extensive reviews of service lines and transformation work streams in the coming months.
- Note that changes proposed to ward establishments will generate a surplus and it is recommended that the finance committee should have delegated responsibility to scrutinise and agree the final budgets.
- The Board of Directors are asked to support the proposals of the Chief Nurse to the revised establishment (Appendix 2).

Appendix 1

Safe, Effective, Caring, Responsive and Well led Care – Strategic Staffing Review

Ward Name	
Division	

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Specialty	
Number of beds & layout	
Matron	
Ward Sister/charge nurse (including supervisory status)	
Service Manager	
Clinical Lead	
Right Staff	
Acuity and Dependency Results	
Agreed actions following review meeting	
<i>Then include:</i>	Numbers and time spent on wards
Medical Staff	
AHP's	
Pharmacy staff (including medication administration)	
ANP's/CNS (including band)	
Assistant Practitioners (including band)	
Ward Clerk	
Housekeeper	
Hostess/Support Staff	
Phlebotomy	
HR Metrics	
Sickness levels	
Annual leave	
Parenting leave	
Secondments	
Student placements	
Patient Outcomes:	
Falls (including conversion to harm)	
Pressure Ulcers	
HCAI's	
Medication Errors (including conversion to harm)	
EWS audit results	
Cardiac arrest incidents	
Serious Incidents: Level 1 investigations Level 2 investigations Never Events	
Total incident numbers and conversion to harm	
Patient experience measures:	

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FFT results	
Compliments (include those at ward level)	
Complaints	
Staff Outcomes:	
Exit interview themes/reasons given for leaving	
Staff FFT	
Staffing incidents	
Process Measures:	
From divisional dashboards (including Nursing Metrics)	
Ward attenders:	
Benchmarking (CHPPD) via Model Hospital	
Airedale NHS Foundation Trust	
Calderdale and Huddersfield NHS Foundation Trust	
Harrogate and District NHS Foundation Trust	
Leeds Teaching Hospitals NHS Trust	
Mid Yorkshire Hospitals NHS Trust	
Right Skills	
Delivery of care	
What is the care and treatment to be provided on the ward	
What competencies are required to deliver that care/ treatment	
Which staff member is competent and best placed to deliver that care/treatment	
Can aspects of the care/treatment be safely delegated with appropriate education and training (if so, to whom)	
What are all members of the team responsible for: Including service manager, matron, ward manager etc.	
What is the skill mix	
Training levels (mandatory, PDR)	
Clinical training specific to the care delivery	
How do staff access training	
How have the ward leaders been prepared for their role and given ongoing support	
Recruitment and retention	
Vacancy rate	
Turnover	
Age profile	
Recruitment plans	
Right Place, Right Time	

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Work processes should be reviewed annually	
Shift patterns	
Sufficient rest periods	
Evidence of any lean methodology approaches?	
Part of a collaborative?	
Are there any new or redesigned roles	
Multi-professional documentation?	
Documentation reviews?	
Roster compliance	
Latest audit results of roster compliance	
Flexible use of the establishment	
Escalation processes	
Staff aware of process to escalate staff shortage / other concerns	
Measure and improve	
Plans to measure and improve outcomes	

Appendix 2

Summary of ward and department planned and proposed staffing levels and changes

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			Current									Proposed									
			Early			Late			Night			Early			Late			Night			
Division	Ward	No. of bed	RN	NA	HCA	RN	NA	HCA	RN	NA	HCA	RN	NA	HCA	RN	NA	HCA	RN	NA	HCA	
Medicine	A&E 1																				Separate paper
Medicine	A&E 2																				Separate paper
Medicine	CDU	13										2		1	2		1	2		1	No Change
Medicine	ACU																				No Change
Medicine	AMU - 1 & 4	42	10	0	7	10	0	7	8	0	6	8	2	5	8	2	5	7	2	4	Skill mix changes to reflect nursing associate role and increased B6 senior present
Medicine	HIV services																				No Change
Medicine	Renal Dialysis																				No Change
Medicine	Ward 15	21	3	0	3	3	0	3	2	0	2	3	0	3	3	0	3	2	0	2	No Change
Medicine	Ward 16 / chemo DCU		5	0	3	4	0	3				5	0	3	4	0	3				No Change
Medicine	Ward 23		7	0	4	7	0	3	6	0	3	6	1	4	6	1	3	6	0	3	Skill mix changes to reflect nursing associate role
Medicine	Ward 24	15	3	0	3	3	0	3	2	0	2	3	0	3	3	0	3	2	0	2	No Change
Medicine	Ward 29	30	5	0	5	4	0	5	3	0	3	4	1	6	4	1	5	3	0	3	Skill mix changes to reflect nursing associate role
Medicine	Ward 3	25	5	0	5	5	0	5	4	0	4	4	1	5	4	1	5	3	1	4	Skill mix changes to reflect nursing associate role
Medicine	Ward 31	29	5	0	5	5	0	4	3	0	3	5	0	6	4	0	6	3	0	4	Patient dependency
Medicine	Ward 6	35	8	0	6	8	0	6	8	0	6	7	0	8	7	0	8	6	0	7	Skill mix changes to reflect nursing associate role and increased rehab patients
Medicine	Ward 7	14	3	0	1	2	0	2	2	0	1	3	0	1	2	0	2	2	0	1	No Change
Medicine	Ward 9	25	5	0	3	4	0	3	3	0	2	5	0	3	4	0	3	3	0	2	No change
Medicine	Ward F5	27	2	0	5	2	0	5	2	0	4	2	0	5	2	0	5	2	0	4	No Change
Medicine	Ward F6	24	3	0	4	3	0	4	2	0	3	3	0	4	3	0	4	2	0	3	No Change
Medicine	Westbourne Green	18	2	0	3	2	0	3	2	0	2										No Change
Medicine	Westwood Park	18	2		3	2 or 3		3 or 2	2		2	2		3	2		3	2		2	standardisation of shift pattern
Medicine	F7/F8											8		4	10		5	See notes			No Change
Medicine	Outpatients West																				No Change
Medicine	Ward 22 Day Case																				No Change
Medicine	Ward 22	7			3	6		2	5		2	5	1	4	5	1	4	5	0	2	Skill mix changes to reflect nursing associate role
Medicine	Discharge Lounge																				No Change
Medicine	Adult Outpatients																				No Change
Surgery	Gastro Endoscopy Unit	N/A	22	5	2	22	5	2				22	5	2	22	5	2				No Change
Surgery	ICU	16																			No Change
Surgery	Radiology																				No Changes to nursing
Surgery	Theatres																				Future Review
Surgery	Ward 11	25	5	0	2	5	0	2	3	0	1	5	0	2/3?	4	0	2	3	0	2	Skill mix changes to reflect nursing associate role
Surgery	Ward 14	17	4	0	1	3	0	1	2	0	1	3	1	1	3	0	1	2	0	1	Skill mix changes to reflect nursing associate role
Surgery	Ward 18	22	4	0	1	3	0	1	2	0	1	4	0	1	3	0	1	2	0	1	converted band 5 to band 6 to support succession planning
Surgery	Ward 20 / SAU	21	6	0	2	6	0	2	5	0	1	6	0	3	6	0	3	5	0	2	Additional HCAs due to acuity
Surgery	Ward 21	18	5	0	2	5	0	2	3	0	1	5	0	2	5	0	2	3	0	1	No Change
Surgery	Ward 25	8	2	0	1	2	0	1	2	0	0	2	0	1	2	0	1	2	0	0	No change
Surgery	Ward 26	28	6	0	3	5	0	3	3	0	2	4	1	4	4	1	4	3	0	3	Skill mix changes to reflect nursing associate role and increase HCA due to pt dependency
Surgery	Ward 27	28	5	0	2	5	0	2	3	0	1	4	1	2	4	1	2	3	0	1	Skill mix changes to reflect nursing associate role & practice development post
Surgery	Ward 28	28	5	0	2	4	0	2	3	0	1	5	0	2	4	0	2	3	0	1	No Change
Surgery	Ward 5 day case																				Skill mix review reduced RN and increase HCA
Surgery	Ward 8	28	5	0	3	5	0	2	3	0	1	4	1	2	4	1	2	3	0	2	Skill mix changes to reflect nursing associate role
Surgery	York Suite		3	0	1	3	0	0	2	0	0	3	0	1	3	0	0	2	0	0	No Change
Surgery	WWP DTC																				no change
Surgery	Pain clinic																				no change
Women's	Ward 12	23	5	0	2	4	0	2	3	0	1	4	1	1	4	1	1	3	0	1	Skill mix changes to reflect nursing associate role
Women's	Ward 30/32	37	12	0	3	12	0	3	12	0	3	12	1	3	12	1	3	12	0	3	Additional nursing associates and educator
Women's	Maternity																				Separate paper
Women's	Neonatal unit																				Separate paper