

**REPORT TO THE TRUST BOARD (Part 1 - Public)**  
**ON 2 July 2014**

<b>Title</b>	Six Monthly Safer Staffing Report		
<b>Sponsoring Executive Director</b>	Executive Director of Nursing and Workforce		
<b>Author(s)</b>	Deputy Director of Nursing		
<b>Purpose</b>	<p>To provide the Board with the new six monthly safer staffing report as identified by the NHS England, in line with the National Quality Board publication 'How to ensure the right people with the right skills are in the right place at the right time'</p> <p>To provide the costings for the next 3 years for in patient and Mental Health nursing establishments, including the implemented phasing.</p>		
<b>Action required by the Board:</b>	<b>Receive</b>		<b>Approve</b> <b>X</b>
<b>Previously considered by (state date):</b>			
Trust Executive Committee		Mental Health Act Scrutiny Committee	
Audit and Corporate Risk Committee		Remuneration & Nominations Committee	
Charitable Funds Committee		Quality & Clinical Performance Committee	
Finance, Investment & Workforce Committee	18 <sup>th</sup> June 2014	Foundation Trust Programme Board	
Director of Nursing Team Meeting	17 <sup>th</sup> June 2014		
<i>Please add any other committees below as needed</i>			
Board Seminar	10 <sup>th</sup> June 2014		
Other (please state)			
<b>Staff, stakeholder, patient and public engagement:</b>			
<p>The recommended phasing has been discussed at the Director of Nursing's senior team meeting, the Band 7 Development day which includes all Ward Sisters/Charge Nurses of areas affected, and an additional day to discuss phasing and recruitment implications.</p>			
<b>Executive Summary:</b>			
<p>A six monthly report is required to be provided to the Board which includes information on capacity and capability, following an establishment review using evidence based tools. In addition a number of requirements are expected to be met in relation to developing robust proactive discussion around safe staffing, which is transparent and understandable for patients.</p> <p>The framework for ensuring specific requirements are met, including setting of establishments using evidence based tools, providing robust reports and demonstrating adequate review, has been set out by the National Quality Board. Expectations are identified for reporting by NHS England and the Care Quality Commission.</p> <p>This report is divided into two sections.</p> <p>Section 1 summarises work already undertaken and reviewed by the Board relating to our nursing establishment review, and provides the costings to implement the new establishments. The report describes the next stages of funding the shortfall and how the Director of Nursing Team and Human Resources plan to recruit to the gap. The Executive Director of Nursing is satisfied that no clinical area is "unsafe", but recognises that if patients are to experience first class care and treatment, in line with the Strategic Aims of the Trust</p>			

“Quality Care for Everyone Every Time” we must aim to provide the best possible staffing levels we can.

Section 2 provides the workforce data and quality indicators to enable the Board to review the staffing situation over the past six months. This information supports the current position of safe staffing for current establishments.

For following sections – please indicate as appropriate:

<b>Trust Goal</b> (see key)					
<b>Critical Success Factors</b> (see key)					
<b>Principal Risks</b> (please enter applicable BAF references – eg 1.1; 1.6)					
<b>Assurance Level</b> (shown on BAF)	Red		Amber		Green
<b>Legal implications, regulatory and consultation requirements</b>					
<b>Date:</b>	<b>Completed by:</b>				

## Key

### Trust Goals

#### Quality

To achieve the highest possible quality standards for our patients in terms of outcomes, safety and experience

#### Clinical Strategy

To deliver the Trusts clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective

#### Resilience

To build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private sector

#### Productivity

To improve the productivity and efficiency of the Trust, building greater financial sustainability

#### Workforce

To develop our people, culture and workforce competencies to implement our vision and clinical strategy

### Critical Success Factors

**CSF 1** - Improve the experience and satisfaction of our patients, their carers, our partners and staff

**CSF3** - Continuously develop and successfully implement our Business Plan

**CSF5** - Demonstrate robust linkages with our NHS partners, the local authority, the third sector and commercial entities for the clear benefit of our patients

**CSF7** - Improve value for money and generate our planned surplus whilst maintaining or improving quality

**CSF9** - Redesign our workforce so people of the right skills and capabilities are in the right places to deliver high quality patient care

**CSF2** - Improve clinical effectiveness, safety and outcomes for our patients

**CSF4** - Develop our relationships with key stakeholders to continually build on our integration across health and between health and social care, collectively delivering a sustainable local system

**CSF6** - Develop our Foundation Trust application in line with the timetable set out in our agreement with the TDA

**CSF8** - Develop our support infrastructure, including driving our integrated information system (ISIS) forwards to improve the quality and value of the services we provide

**CSF10** - Develop our organisational culture, processes and capabilities to be a thriving FT

<p style="text-align: center;"><b>Six Monthly Safer Nurse Staffing Report</b> <b>June 2014</b></p>
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## 1. SITUATION

- 1.1. The National Quality Board (NQB) issued guidance in November to optimise nursing, midwifery and care staffing capacity and capability. The document 'How to ensure the right staff with the right skills are in the right place at the right time' identified ten expectations for organizations' to deliver.
- 1.2. Expectation 1 identifies the requirement for the Trust Board to take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care staffing capacity and capability
- 1.3. In order to achieve this NHS England have set out requirements for reporting to the Trust Board. From June 2014 the Board will receive a 6 monthly report establishment review which evaluates staffing capacity and capability over the previous 6 months, forecasts the likely requirements for the next six months. This review should be based on evidenced based tools and discussion with ward or service leads. Boards are required to sign off the establishment for all clinical areas, articulate the rationale and evidence for agreed staffing establishments, and understand the links to key quality and outcome measures. (p 11 NQB guidance).
- 1.4. This report is the first six monthly report to the Board. It is divided into two sections: Section 1 describes the establishment review and the requirement to review and approve the costings that are the outcome of that review. Section 2 provides the workforce data and quality data to enable the Board to review the staffing profile over the past 6 months.
- 1.5. For the future six monthly establishment reviews we would anticipate this would focus on providing assurance to the Board on the delivery of the new workforce requirements, assurance that requirements remain the same or that where changes are needed, flexibility in how we manage workforce is evident, and that consideration is given to establishment requirements in the annual budget setting process.
- 1.6. Whilst the current priority is our Acute Inpatient areas and our Mental Health Inpatient areas the community directorate are working to identify capacity and demand for the District Nursing teams and we would aim to include that in our next report.
- 1.7. Similarly the Board will want to be assured that all clinical areas are safe and effective and we will be working to include our theatres, endoscopy and Ambulance Service areas for future reporting.
- 1.8. Two areas are not aligned to national recommendations for review
  - 1.8.1. Maternity – this area has not yet been fully reviewed for staffing establishments. Maternity is complex to review because staff work flexible across both community and hospital and are not linked to beds or patients but

to births. The number and place of births is varied so a flexible approach is needed. An external review is planned to review the service and consider different ways of working; the establishment review will be incorporated into that.

1.8.2. Emergency Department – Emergency Departments are not required as part of the national requirements but have been included. We have utilised the BEST tool which is the current Emergency Department evidence based tool which is available although we recognise this work is still under way and not as established as the Safer Nursing Care Tool for Acute Inpatient areas. We have utilised professional opinion to support the establishment review.

1.9. New guidelines are being developed by the National Institute for Clinical Excellence (NICE). The Trust Board can expect to see new recommendations for the above areas;

1.9.1. Safer Midwifery Care – Jan 2015

1.9.2. Safer Emergency Department care – May 2015

## **2. BACKGROUND**

2.1. The phasing of the revised ward establishments and the costings to support this follow on from work already reviewed and approved by the Finance Investment & Workforce Committee (FIWC), Quality & Clinical Performance Committee (QCPC) and the Trust Board. This has included the approval of the set of principles which underpin how ward establishments are expected to be set up to deliver high quality care, the review of current establishments against the principles and amendments to the establishments as required.

### **2.2. Summary of Board agreements for the establishment review**

In November 2013 the Board approved the principles on which the organisation has based its staffing requirements going forward.

This included the use of the Acuity and Dependency tool the 'Safer Nursing Care which is now part of the NICE guideline consultation, the final outcome guideline expected in July 2014. This included a set of parameters or minimum standards the ward staffing was expected to deliver; this included a ration of 1:8 registered nurses to patients (in hours), and a skill mix ratio of 60:40 registered nurses to non-registered nurses.

During January and February 2014 the Acuity and Dependency review was undertaken for the acute Inpatient areas. The Safer Nursing Care Tool and the principles of utilising an evidenced based tool for Acuity and Dependency had been the subject of a Board Seminar.

During March and April 2014 the review of establishments was undertaken. This was achieved by reviewing the Acuity and dependency scoring, working with the Ward Sisters/Charge Nurses to establish an appropriate rota system, and benchmarking this against principles to be clear standards were reached, or there was clear rationale for not requiring adherence to a principle.

In May 2014 the Board approved the methodology applied in the process for finalising the recommended establishments.

### 3. ASSESSMENT

#### 3.1. SECTION 1- Establishment Review

3.2. The establishment review for this report is particularly comprehensive as this is the first nationally driven review, and has included a number of key milestones identified at Table 1, which have resulted in all Acute Inpatient areas and Mental Health Inpatient areas developing new rota's and new establishment requirements.

3.3. The NQB sets out what is expected in a six monthly staffing paper to the Board in relation to the establishment review.

3.4. For ease of understanding those expectations are set out in summary below with detail of where to find them in this first report. A RAG rating is provided to indicate how far we are with being able to provide adequate data in a meaningful way for analysis.

3.5. Appendix A provides the information for each ward in relation to current and anticipated establishment following the establishment review.

3.6. Appendix B provides the information for each ward in relation to adherence to principles following the establishment review.

**Table 1 List of expected information provided in the six monthly report.**

The difference between current establishment and recommendations following the use of evidence based tools		Appendix A, Column F
What allowance has been made in establishments for planned and unplanned leave		22% uplift has been accounted for in the new establishments (principle 4)
Demonstration of the use of evidenced based tools		Appendix A, Column B The Safer Nursing Care Tool has been presented to the Board previously. This has been put in place in line with national recommendations which is to review in January and June. The June audit is being undertaken now. The results of the January and February audits were utilized to triangulated the establishment reviews with the Ward Sisters/Charge Nurses
Details of any element of supervisory allowance that is included in establishments for the Sister/Charge Nurse		Appendix B, Column N
Evidence of triangulation between the use of tools and professional judgment and scrutiny		The review of establishments has been conducted with the Ward Sisters/Charge Nurses, and the senior nursing team.

		The establishment requirements are set to ensure an safe rota can be delivered, as described by the Ward Sister/Charge Nurse, benchmarked against the evidence based tools, and under scrutiny from the senior nurse team
The skill mix ratio before the review and recommendations after the review		Appendix B, Column E
Details of any plans to finance any additional staff required		Information for review provided at financial implications
The difference between the current staff in post and current establishment and details of how this gap is being covered and resourced		Appendix C
Details of workforce metrics – e.g. data on vacancies (short and long term) sickness/absence, staff turnover, use of temporary staffing solutions, (split by bank/agency/extra hours and overtime)		Appendix C Work is in progress to automate the collation of data and provision of report. A process is recommended to provide the report to sub committees to enable improved analysis of the information and recommendations to be made to Board
Information against key Quality and outcome measures e.g. data on safety thermometer or equivalent for non acute settings, serious incidents, healthcare associated infections (HCAI's) complaints, patient experience/satisfaction and staff experience/satisfaction		Appendix C The Quality Dashboard has replaced the Nursing dashboard and provides key indicators for all areas in an excellent visual display. Key quality indicators can be viewed monthly. Work is in progress to be able to provide the quality indicators alongside the workforce data to provide an overarching view of staffing and quality of care outcomes and is anticipated for the next 6 monthly report.

PROVISIONAL REPORT TO BE APPROVED BY TRUST BOARD

#### 4. Financial Implications

- 4.1. Although a thorough assessment of the financial implications has been undertaken, the true value will not be fully understood until further guidance has been issued. Further guidance from NICE is expected early 2015.
- 4.2. The Trust recognises the contribution safer staffing makes to the patient's clinical outcomes and patient experience. It is therefore proposed that in 2014/15 the Trust compiles a business case to present to the Clinical Commissioning Group to address those areas showing the largest shortfall. These are highlighted in table 4.
- 4.3. A phased approach is recommended, linked to our recruitment ability.
- 4.4. There is a risk that recruitment will not yield the staff required and it is recommended that following Board approval the Trust will request to draw down the funding reserved by the CCG which will commence the recruitment process. Once recruitment is underway we will be a better position to evaluate what is achievable for 2015/2016, 2016/2017.
- 4.5. A planned reduction in the Band 6 nurses to 1 or 2 per ward, in a Deputy Sister role, will reduce overall pay costs from 2016/2017 however pay protection will be required for eighteen months post implementation. The implementation of this is anticipated for September 2014 in this costing.

#### 5. Recruitment implications

- 5.1. There is a national requirement to increase nursing levels and we will be aiming to achieve our additional staff against a backdrop of national competition, and a national shortage of nurses. We will need to deliver innovative ways to engage with nurses in relation to moving to work on the island, as well as process staff to be at work within a short space of time. In order to deliver the requirements we are aiming to adopt a project approach and employ two staff for a period of 9 months to achieve this.
- 5.2. It is likely that a significant proportion of our immediate recruitment would come from the student nurse population; cohorts complete training in September. We need to be able to offer students substantive roles over and above our initial phased recruitment if such a position presented itself. Without being able to offer substantive positions it is likely that other organisations may do so and reduce the potential for recruitment at a later date. We are also focus on other areas of recruitment, including encouraging back to work applications from Registered Nurses on the Island whose registration may have lapsed as a result of no longer wishing to practice. The Director of Nursing team will be working closely with the HR team to ensure we use all proactive approaches to fill the shortfall. In order for recruitment to be more responsive to the agreed nursing establishments, it is proposed Nurse recruitment to areas included in this review are excluded from internal monthly reviews being undertaken by the Director of Nursing team – reported to the Trust Board via the Trust Executive Committee (TEC).
- 5.3. Due to the volumes it may be necessary to consider international recruitment as an option. University Hospital Southampton has recently run a campaign in Portugal and Basingstoke has run a campaign in Spain. This suggests that there are not actually large numbers of nurses available in the UK. Their success however, was variable.





6.5. We have considered where there are high are higher vacancies in areas that need less in their new establishment so as to ensure these areas are not left short.

6.6. Finally we have ascertained the percentage gap between the current contracted establishment and the new establishments.

6.7. A rag rating was applied to wards to enable us to make final recommendations

Phase 1	>20% gap between new establishment and current contracted staff
Phase 2	>10% , <20% gap between new establishment and current contracted staff
Phase 3	<10% gap between new establishment and current contracted staff

6.8. We also considered the following:

Bed reconfigurations impact on staffing requirements i.e. ward closures for dementia refurbishment means Appley is closed until March 2015

Service changes – where recent service change is identified i.e. requirements following implementation of the 'one front door approach' or where there are current service changes in place or planned for shortly i.e. Woodlands is anticipated in the next 6 months. We have also considered the 2014/2015

PROVISIONAL REPORT TO BE APPROVED BY TRUST BOARD

Table 4 Ward areas rag rated against review measures.

A	F	G	H
wards	Variance - new establishment v current establishment	Variance - new establishment v contracted establishment (ie inclusive of vacancies)	% WTE gap between new establishment and current contracted
COLWELL	10.56	13.58	33%
STROKE	8.54	9.79	23%
REHABILITATION	7.13	10.21	25%
OSBOURNE	6.24	7.84	23%
SEAGROVE	5.81	5.81	18%
ED	5.73	8.05	19%
WOODLANDS	5.34	5.74	29%
WHIPPINGHAM	4.90	5.85	20%
ITU	4.74	8.41	17%
PAEDIATRICS	4.47	6.40	21%
MAAU	4.33	6.39	16%
APPLEY	3.93	8.93	23%
AFTON	3.41	3.61	13%
SHACKLETON	2.47	6.04	20%
ALVERSTONE	2.16	2.80	13%
LUCCOMBE	1.86	3.43	12%
ST HELENS	1.01	3.95	20%
MOTTISTONE	0.91	1.91	12%
NICU	0.57	0.82	4%
CCU/CCU STEPDOWN	-3.32	3.48	9%

The following areas were rated red with a significant gap but have not been identified for phase 1 recruitment. The reasons are identified below

Table 5 Rationale for potentially Phase 1 areas to Phase 2

Rehabilitation	Further work required to consider how allied health professionals can support this area
Woodlands	Current service change/business plan in progress
Whippingham	Part of the interim flow management for the dementia work, Appley ward staff have been redeployed here
Paediatrics	Service change in progress – needs repeat establishment review
Appley	Ward closed
Shackleton	Needs further review of benchmarked requirements

Initial phasing was described as September for Phase 1 and January for Phase 2.

It is unlikely that we'll be able to deliver the number of staff required by January 2015. It is recommended that we establish our recruitment drive, aiming to deliver the additional requirements for our priority areas, whilst also utilizing the centralized recruitment process to continue to recruit proactively to all areas vacancies.

Table 3 provides the recommended phasing of new establishments

Table 3 Recommended phasing of new establishments

Phasing of new staffing establishments	
Colwell	Sep-14
Stroke	Sep-14
Osbourne	Sep-14
St Helens	Sep-14
CCU Stepdown	Apr-14
General Rehabilitation and Supportive Care	Apr-14
Paediatrics	Apr-14
ED	Apr-14
Seagrove	Apr-14
ITU	Apr-14
MAAU	Apr-14
Afton	Apr-14
Alverstone	Apr-14
Mottistone	Apr-14
Lucombe	Apr-14
Appley	Apr-14
Shackleton	Apr-14
Woodlands	Apr-14
Whippingham	Apr-14
NICU	Apr-14

## Section 2 – Workforce Data

The Workforce data report is supplied at Appendix C

Data is supplied to demonstrate the average Sickness, Turnover and Bank Fill rates for the six months from October 2013 to March 2014 for each Inpatient Acute and Mental Health area.

Data is supplied separately for each ward, for each month, from October 2013 to March 2014 on Full Time Equivalents (FTE's) used as part of the budget, agency, bank, overtime etc. This is provided to enable the Board to see where gaps are and how they are covered.

### Section 3 – Future Reporting

The application of the revised safer staffing guidance has identified a number of areas across the Trust that requires additional staff. In order to provide the Board with the assurance required to understand the impact of such staffing on care and treatment, the Director of Nursing Team will provide the Board with two reports.

A monthly update on planned staffing versus actual staffing. This report will identify where areas have failed to achieve the required staffing, describe actions taken to ensure safety, and identify and future gaps or concerns.

A six monthly report. Evidence based tools will be utilised again and displayed to the Board at the six monthly intervals. Additional guidance will be applied as it is implemented nationally. The workforce report will be developed to outline clinical competencies, and also to demonstrate Quality indicators over a 6 monthly period alongside workforce indicators, to enable the Board to consider care outcomes in relation to staffing.

It is recommended that the Finance Investment and Workforce Committee review these reports on behalf of the Trust Board.

#### **7. Recommendations**

The Trust Board are asked to;

- Approve the development of a business case to draw down the funds to begin implementation of the safer Staffing establishments
- Approve the reporting arrangements

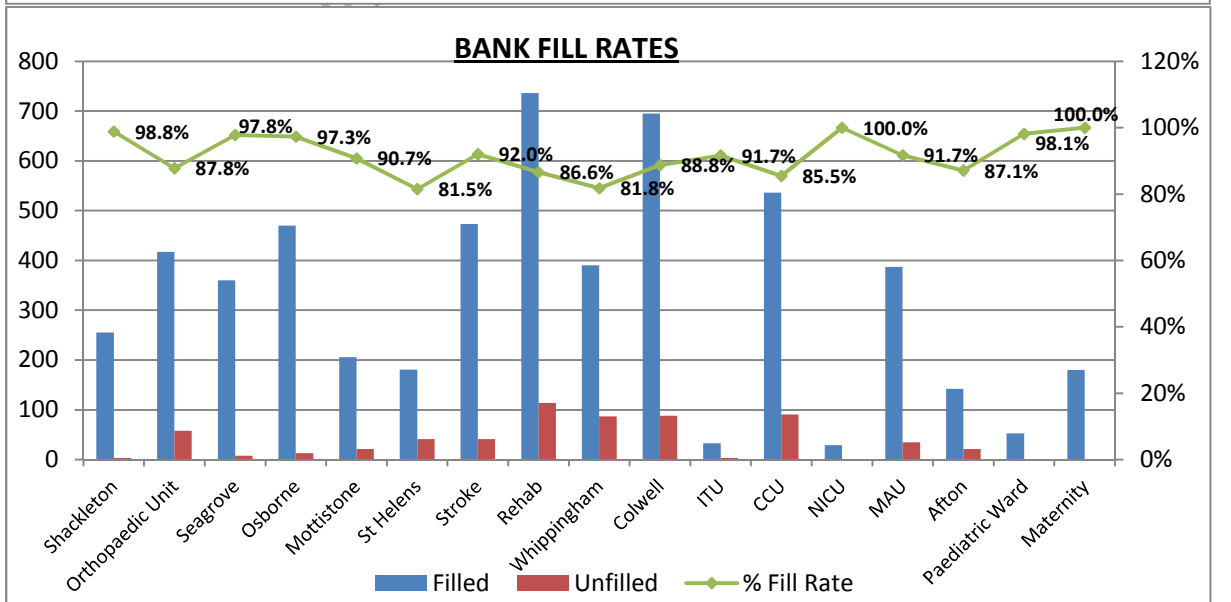
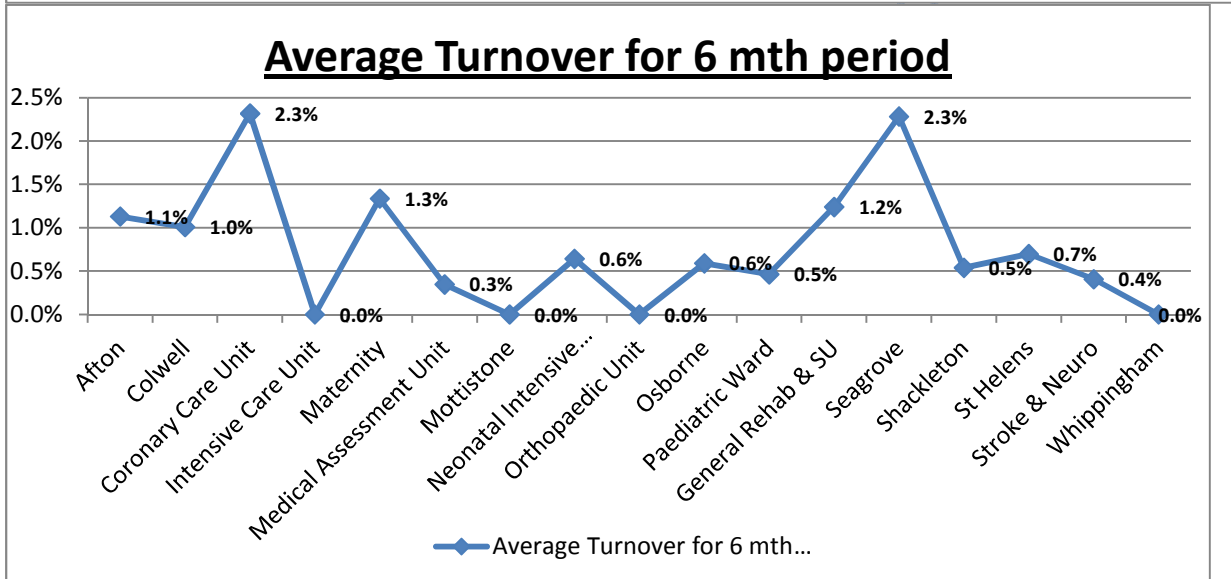
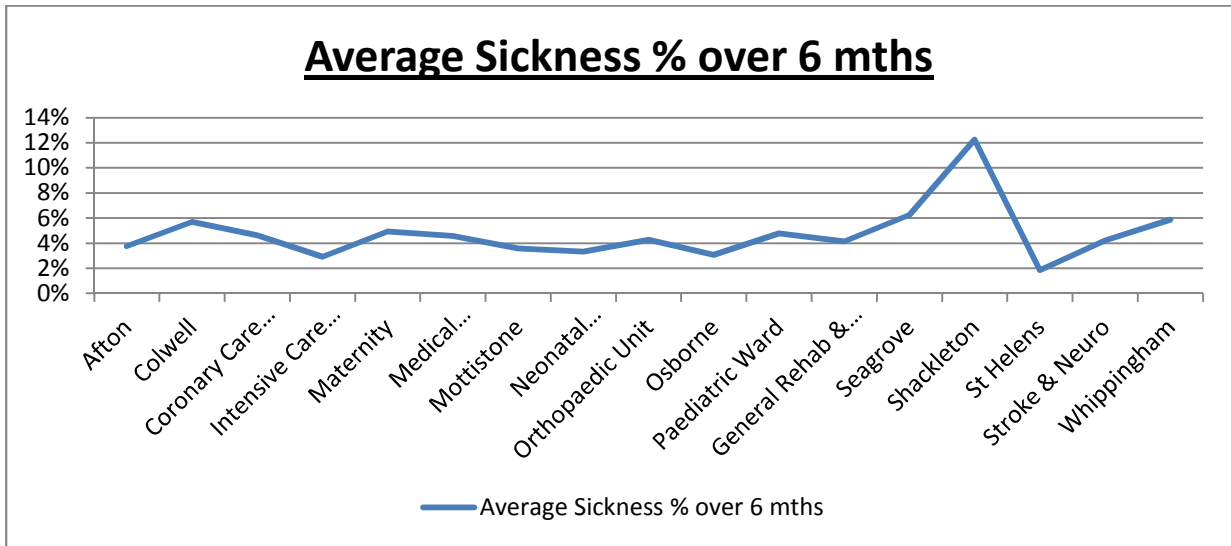
**Alan Sheward**

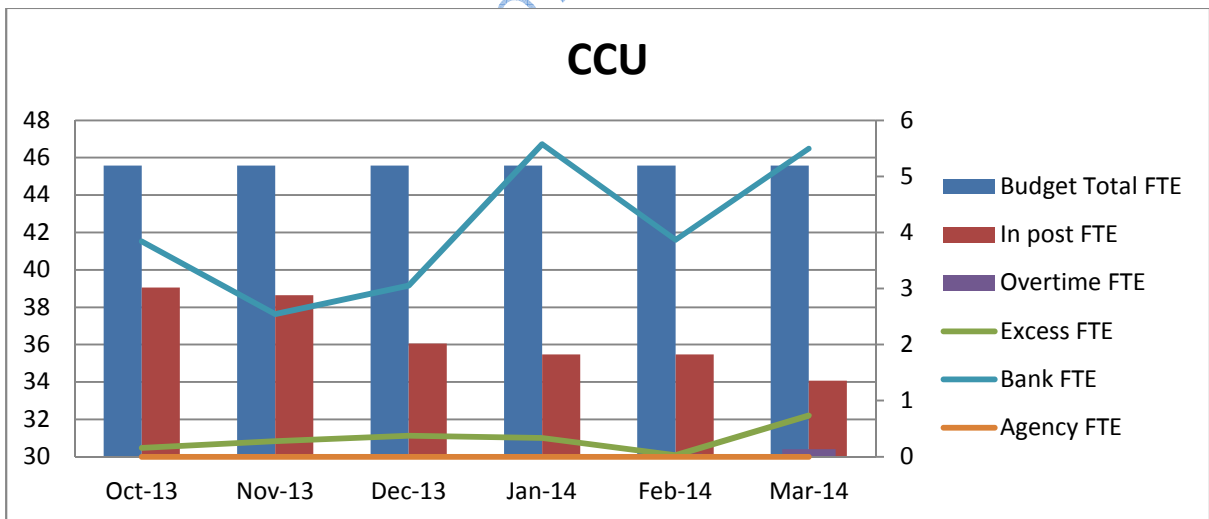
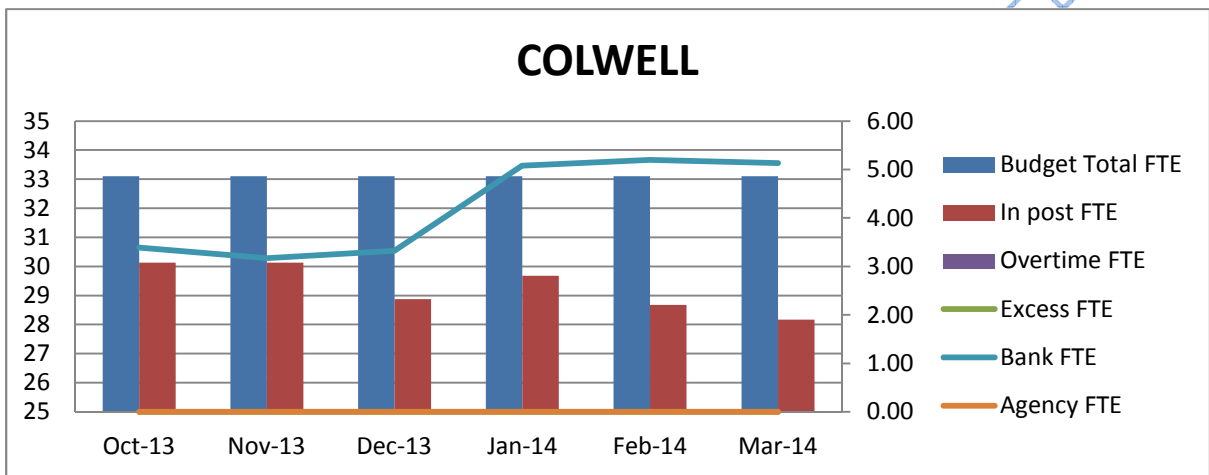
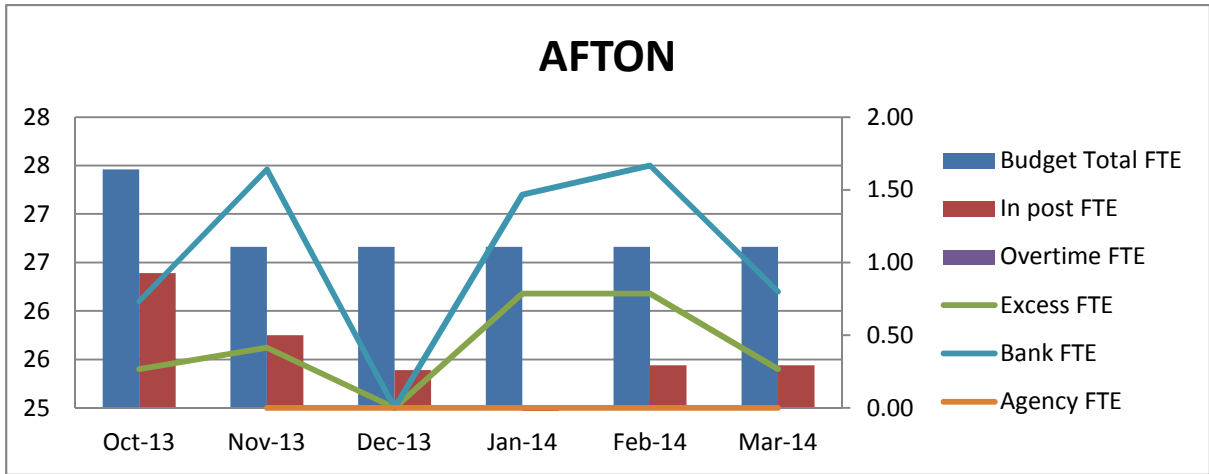
Executive Director of Nursing and Workforce  
June 2014

APPENDIX A	ESTABLISHMENT REVIEW INFORMATION									
A	B	C	D	E	F	G	H	I	J	K
wards	Current FUNDED establishment WTE	Current CONTRACTED establishment WTE	Vacancy WTE	New establishment	Variance - new establishment v current establishment	Variance - new establishment v contracted establishment (ie inclusive of vacancies)	% WTE gap between new establishment and current contracted	Bed stock at time of review	Bed stock anticipated 01/03/2015	Recommended rating for staffing 2014/2015
COLWELL	31.10	28.08	3.02	41.66	10.56	13.58	33%	28	28	colwell
STROKE	34.06	32.81	1.25	42.60	8.54	9.79	23%	26	26	stroke
REHABILITATION	34.07	30.99	3.08	41.20	7.13	10.21	25%	26	26	rehabilitation
OSBOURNE	28.06	26.46	1.60	34.30	6.24	7.84	23%	19	19	osbourne
SEAGROVE	28.40	26.46	0.53	32.27	5.81	5.81	18%	8	8	seagrove
ED	36.77	34.45	2.32	42.50	5.73	8.05	19%	24	24	ED
WOODLANDS	14.39	13.99	0.40	19.73	5.34	5.74	29%	11	11	woodlands
WHIPPINGHAM	24.00	23.05	0.95	28.90	4.90	5.85	20%	21	21	whippingham
ITU	43.59	39.92	3.67	48.33	4.74	8.41	17%	6	6	ITU
PAEDIATRICS	25.37	23.44	1.92	29.84	4.47	6.40	21%	19	19	Paediatrics
MAAU	36.20	33.99	2.06	40.38	4.33	6.39	16%	23	24	MAAU
APPLEY	34.70	29.70	5.00	38.63	3.93	8.93	23%	28	28	appley
AFTON	23.79	23.59	0.20	27.20	3.41	3.61	13%	12	12	afton
SHACKLETON	27.76	24.19	3.57	30.23	2.47	6.04	20%	7	7	shackleton
ALVERSTONE	19.36	18.72	0.64	21.52	2.16	2.80	13%	16	16	Alverstone
LUCCOMBE	27.04	25.47	1.57	28.90	1.86	3.43	12%	25	21	luccombe
ST HELENS	19.03	16.09	2.94	20.04	1.01	3.95	20%	15	15	st helens
MOTTISTONE	14.69	13.69	1.00	15.60	0.91	1.91	12%	10	10	Mottistone
NICU	18.67	18.42	0.25	19.24	0.57	0.82	4%	9	9	NICU
CCU/CCU STEPDOWN	40.52	33.72	6.80	37.20	-3.32	3.48	9%	18	18	CCU stepdown
								351	348	

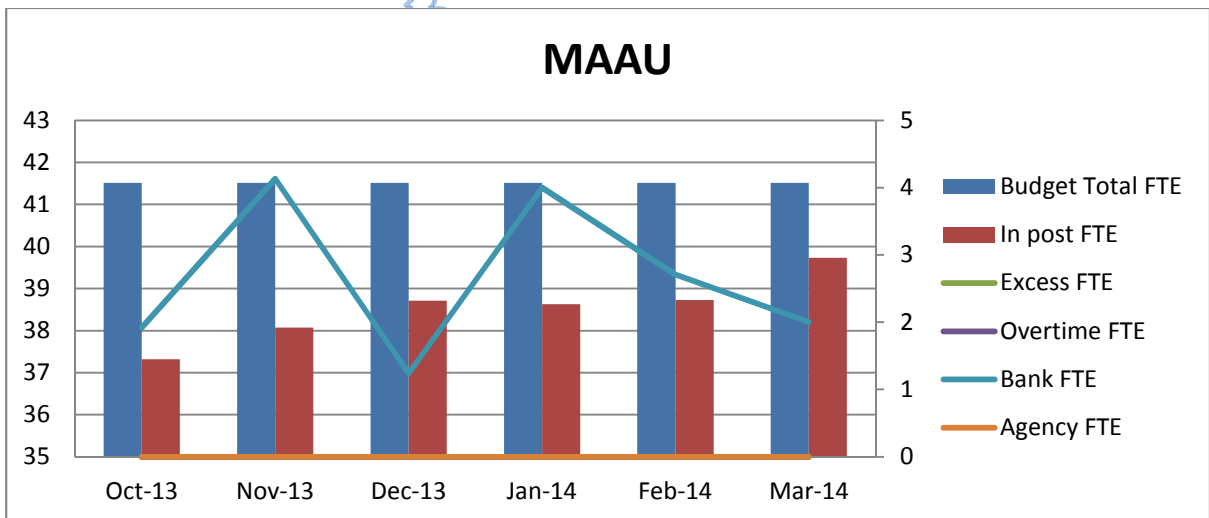
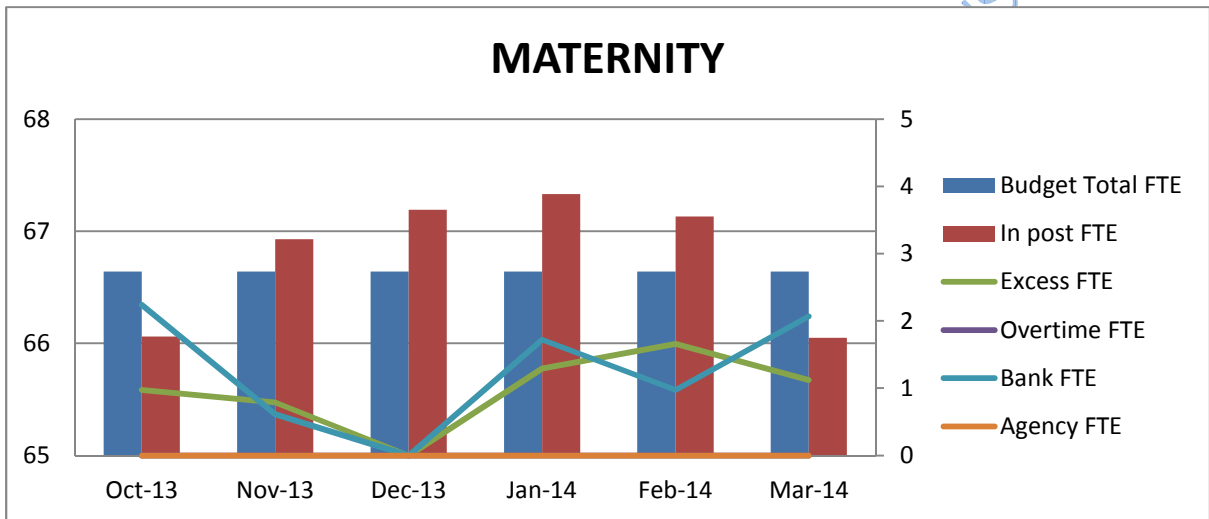
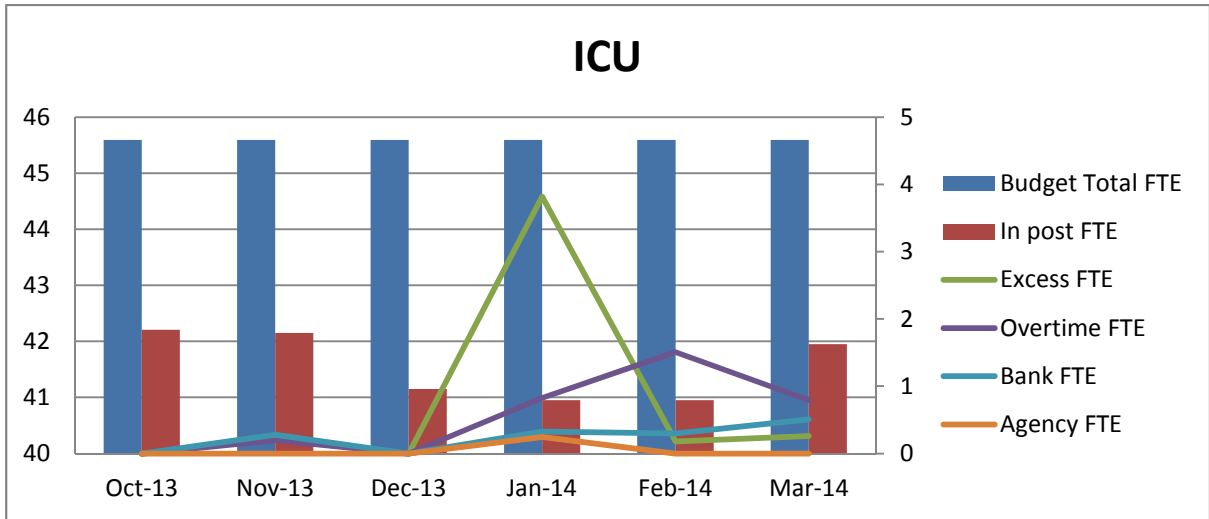
APPENDIX B															
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
	P1 A&D		P2 Skill mix ratio 65:35		P3 national speciality recommendations	P4 22% headro om	P5 1 RN to 8 beds in the day as per rota	P6 1 RN to 11 beds at night as per rota	P7 Nurse (WTE) to bed ratio 1.2	P8 maximum 2 band 6's as Deputy Sisters		P9 Ward Sister supervisory		P10 Band 7 not less than 0.8 WTE	
Wards	Acuity and Dependency score - WTE requirements	WTE recommended EXCLUDING sister following traingulation with professional opinion	NOW	NEW						NOW	NEW	NOW	NEW	NOW	NEW
Whippingham Ward	33.85	27.53	58/42	61/39	N/A	22%	1 to 7	1 to 10.5	1.4	4	2	0	1	1	1
St Helens	15.68	19.04	62/38	66/34	N/A	22%	1 to 7.5	1 to 7.5	1.4	1.8	2	0	1	1	1
Alverstone	14.00	20.52	55/45 joint	64/36	N/A	22%	1 to 8	1 to 8	1.4	1.8	2	0	1	1	1
Luccombe	21 *	27.90	55/45 joint	61/39	N/A	22%	1 to 8	1 to 11 *	1.2	3.27	2	0	1	1	1
Mottistone	7.87	15.64	87 to 13	84/16	N/A	22%	1 to 5	2 to 10	1.6	1	1	0	1	1	1
Appley Ward	34.29	38.63	54/46	61/39	N/A	22%	1 to 5	1 to 9.34	1.4	5	2	1	1	1	1
Colwell Ward	41.98	40.66	47/53	60/40	N/A	22%	1 to 5.6	1 to 9.33	1.5	3.47	2	1	1	1	1
General rehab	42.65	42.20	46/54	56/44	N/A	22%	1 to 8	1 to 15 (1 to 10T)	1.7	4.47	2	1	1	1	1
Stroke Neuro	38.96	41.60	61/39	60/40	N/A	22%	1 to 5	1 to 13 (1 to 9 TV)	1.6	6.97	2	1	1	1	1
CCU Acute/CCU Stepdown	25.35	36.20	81/29	83/17	N/A	22%	1 to 3.6	1 to 3.6	2.0	10.71	3	1	1	1	1
MAAU	SNCT - awaiting tool	39.38	68/32	70/30	N/A	22%	1 to 4.6	1 to 7.7	1.7	9.75	6	1	1	1	1
Emergency	49.00	45.51	84/16	80/20	yes	22%				13.44	9.11	1	1	1	1
ICU	National guidelines 1:1 and co- ordinator based on level of acuity	46.33	90/10	90/10	yes	22%	1 to 1	1 to 1	7.7	11.44	6	1	1	1	1
NICU	19.00	12.64	66/34	69/31	yes	22%				5.44	4.64	0	1	1	1
Paediatrics	23.88 RN	23.86 RN's exc Sister	80/20	83/17	yes	22%				7.53	6	0	1	1	1

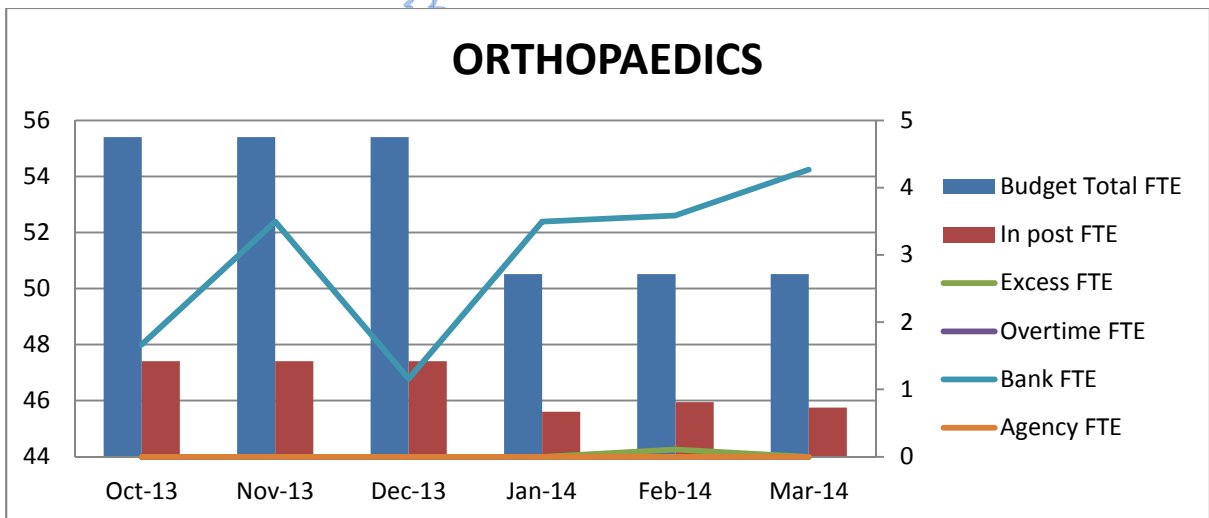
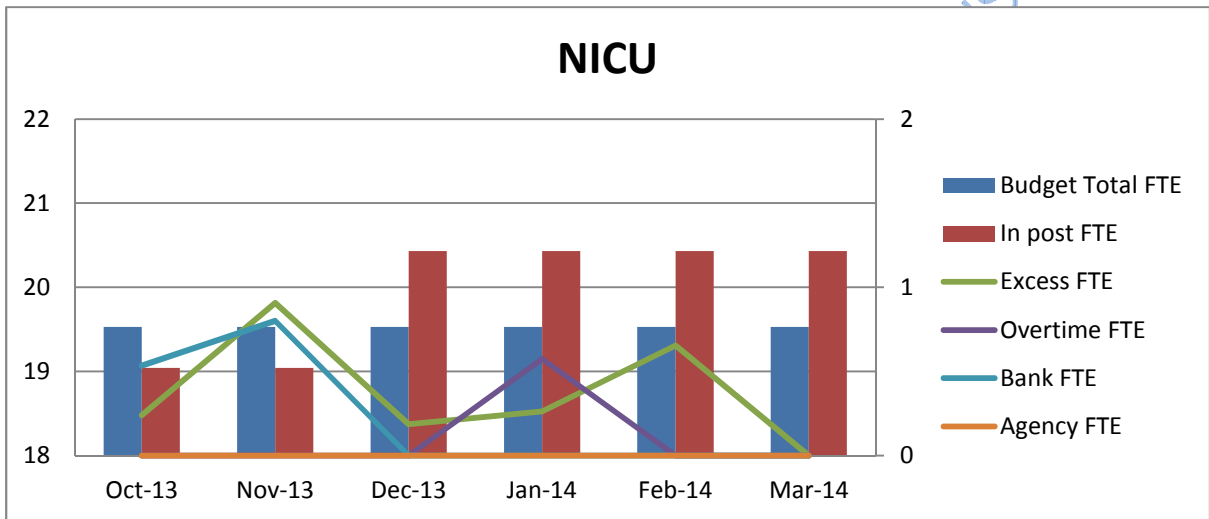
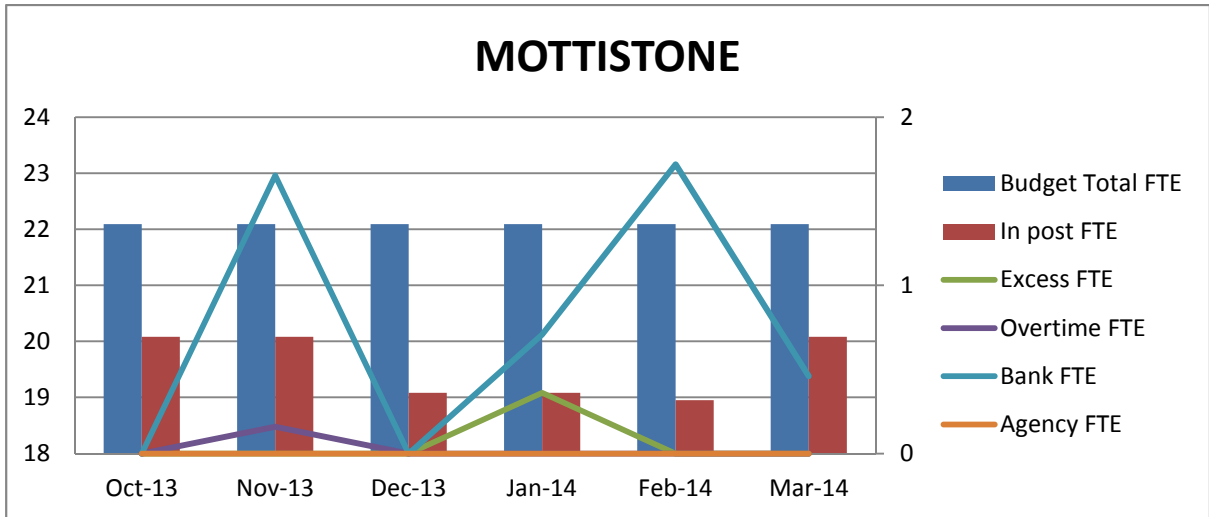
APPENDIX C WORKFORCE INFORMATION

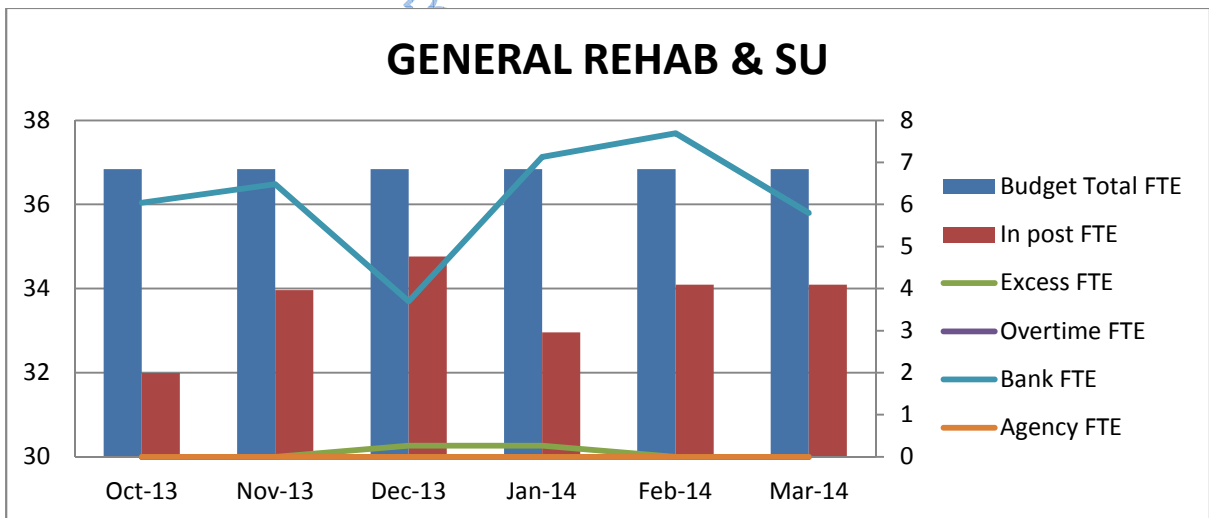
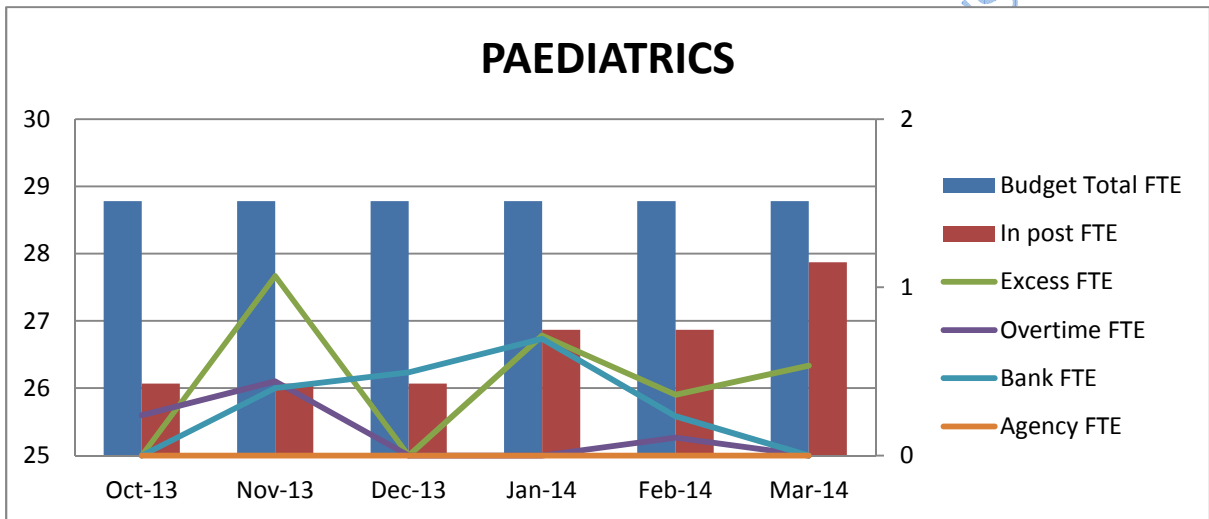
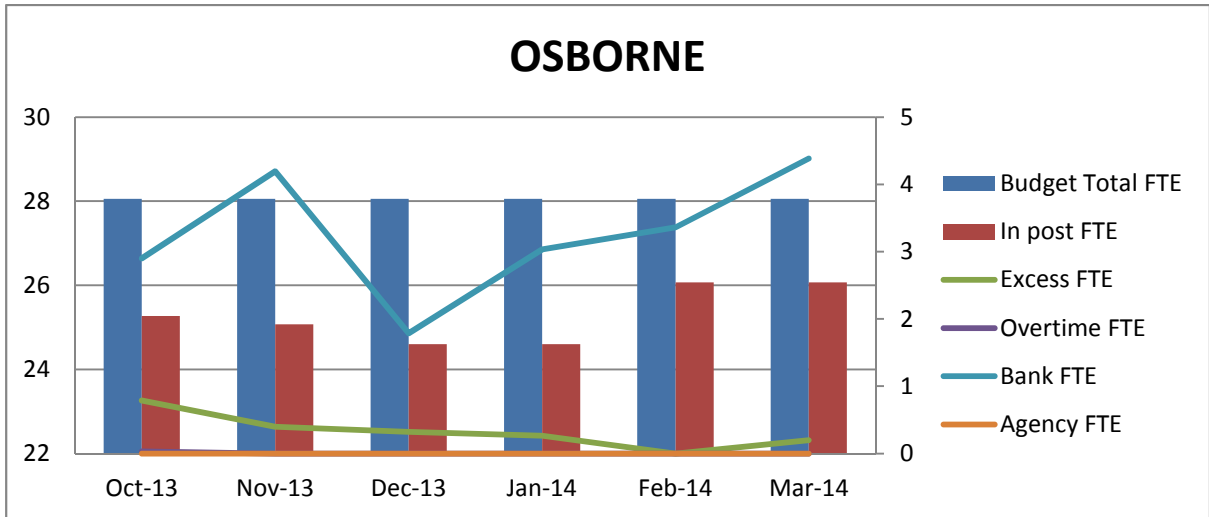


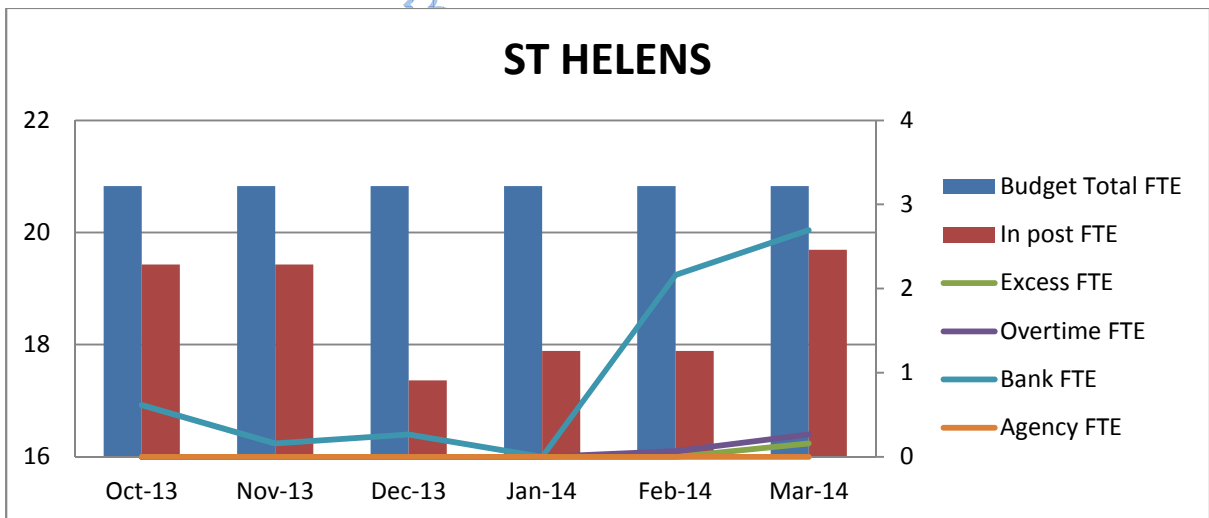
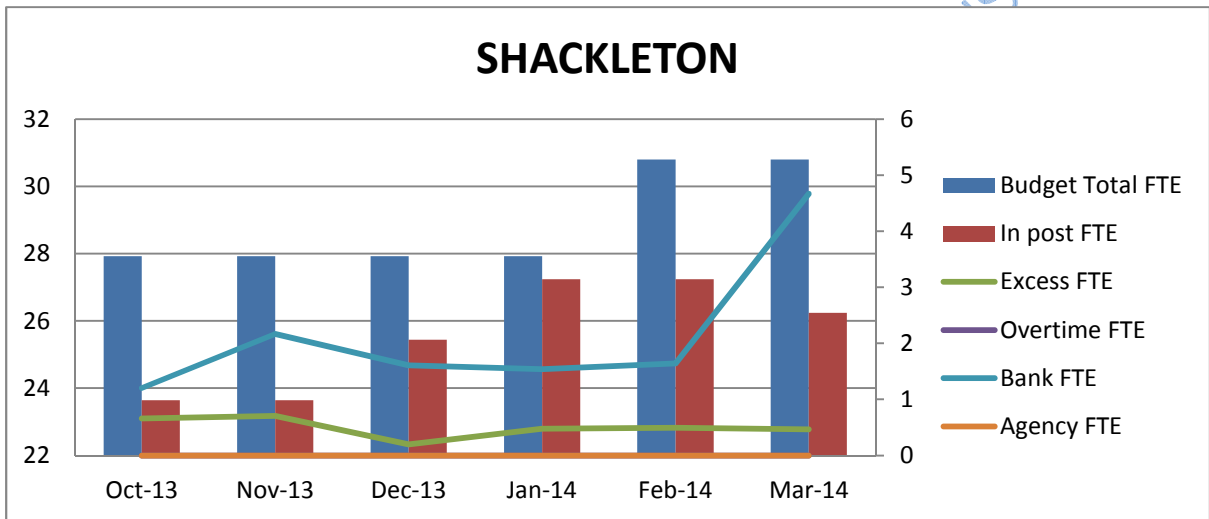
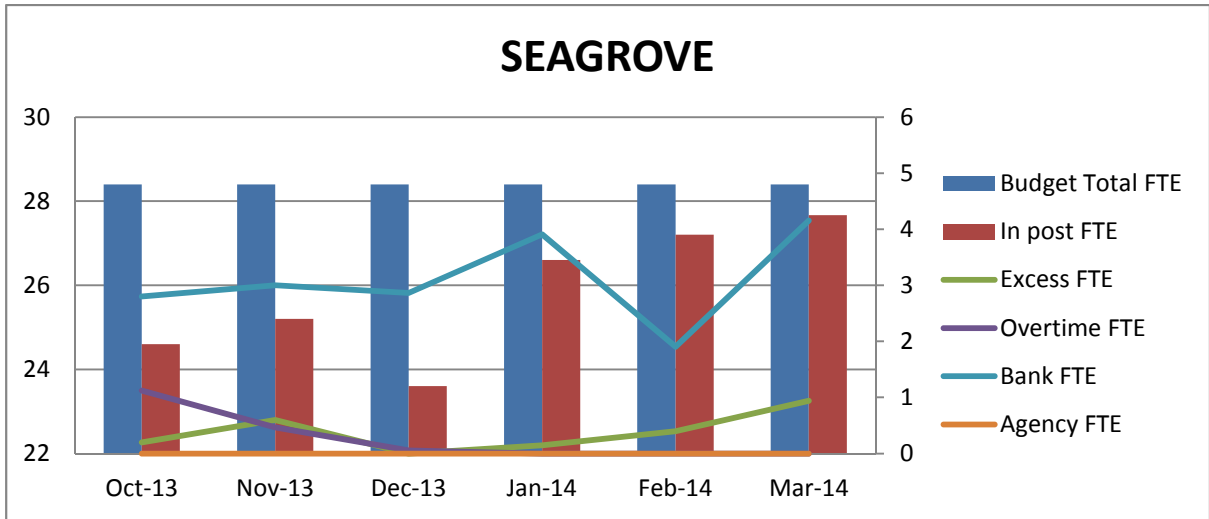


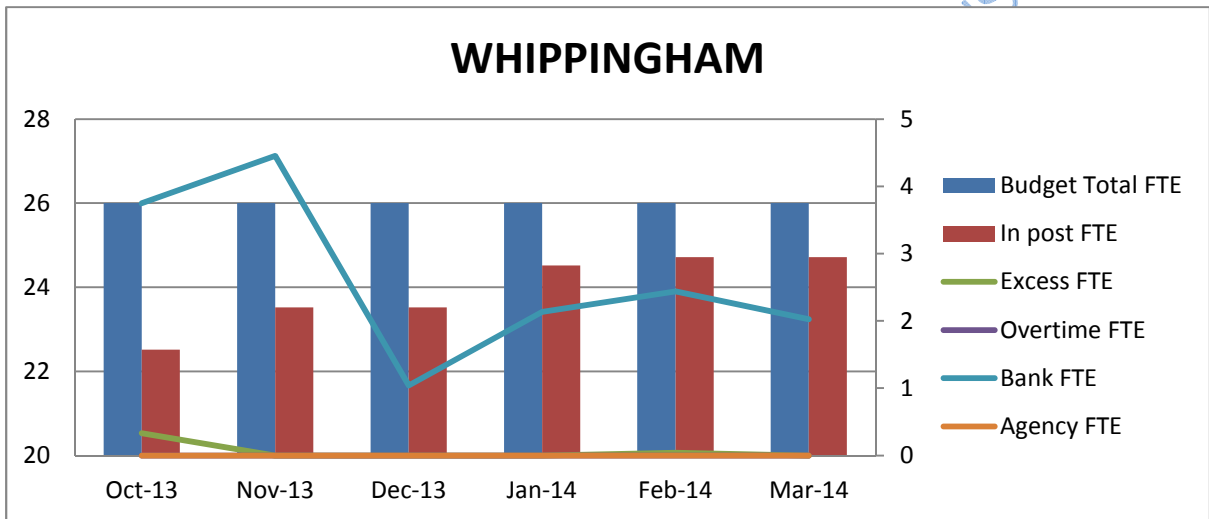
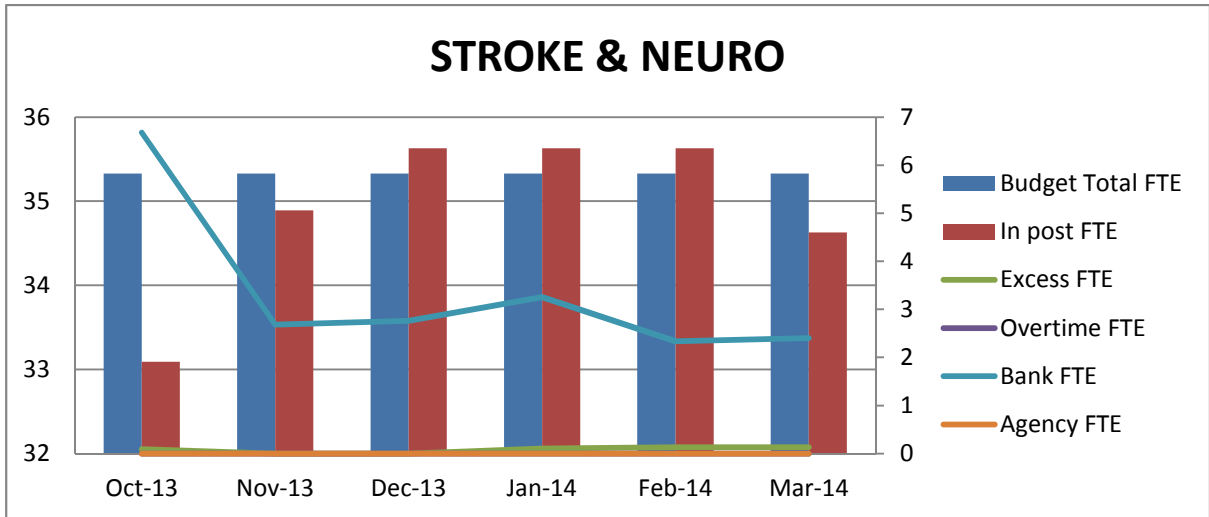












- End -