

Directorate	Ward	Budgeted registered staff	Vacancies including maternity leave	Posts appointed to but not yet started	Budgeted un-registered staff	Vacancies including maternity leave	Agreed staffing levels - day - registered	Agreed staffing levels night - registered	Agreed nurse to patient ratios registered - day	Agreed nurse to patient ratios registered - night	Number of shifts where staffing fell below agreed levels	% of shifts where staffing fell below agreed levels	Rag Rating	Head of nursing - assurance statement - based on making an overall professional judgement which includes, the activity on the ward, available skills and seniority of the staff
Abdominal Medicine & Surgery	Nightingale	22.11	5.80	4	4.40	0.40	5.0	4.0	1:8	1:8	0.0	0%		No issues
	GI Unit	59.35	11.65	4	15.00	1.54	13.0	9.0	1:5	1:6	0	0%		We were able to cover all shifts to ensure patient safety was not compromised, although having more temporary staff around did place pressure on the system
	Florence Ward	25.00	6.00	0	8.00	2.00	5.0	4.0	1:6- 1:7	1:6- 1:7	0.0	0%		No issues
	Aston Key Ward	23.54	0.00	1	7.00	1.00	5.0	4.0	1:6	1:7	3.0	5%		Three shifts where staffing fell below agreed levels, due to short-term sickness, pressure on the ward but still deemed safe
	Richard Bright ward	27.07	3.54	0	4.00	1.00	6.0	5.0	1:6	1:6	0.0	0%		We were able to cover all shifts to ensure patient safety was not compromised, although having more temporary staff around did place pressure on the system
	Patience ward	23.21	2.32	2	8.00	0.00	4.0	3.0	1:6	1:6	0	0%		We were able to cover all shifts to ensure patient safety was not compromised, although having more temporary staff around did place pressure on the system
Total		180.3	29.3	11	46.4	5.94								
Acute Medicine	Albert Ward	24.30	3.77	3	14.30	1.66	5.0	3.0	1:5/6	1:9	4	6%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Alexandra Ward	24.50	4.82	4	13.00	2.39	6.0	3.0	1:5	1:9	14.0	23%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Anne Ward	24.50	4.66	3	13.00	3.20	6.0	3.0	1:5	1:9	18.0	29%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	EMU	28.35	3.00	2	2.60	0.60	7.0	6.0	1:6	1:6	14	22%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Henry Ward	21.50	7.50	5	13.00	3.00	6.0	3.0	1:5	1:9	10.0	16%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Hilliers Ward	24.20	5.56	2	13.70	0.30	5.0	4.0	1:5	1:7	11	18%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Mark Ward	28.00	2.86	1	14.00	1.39	6.0	4.0	1:5	1:7	10.0	16%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Sarah Swift Ward	35.00	8.00	6	13.30	0.30	6.0	5.0	1:6/7	1:6/7	5.0	8%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Victoria Ward	33.30	5.30	3	11.50	1.86	5.0	4.0	1:6/7	1:6/7	3.5	6%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
	Somerset	0.00	-12.00	0	0.00	-10.00	4.0	3.0	1:4	1:5	0.0	0%		Somerset was the winter pressure ward and closed 21 March 2014
	William Gull Ward	25.10	7.20	5	13.40	2.40	6.0	3.0	1:4/5	1:9	11	18%		A higher number of patients requiring increased nursing support led to a need for additional staff on some shifts. This demand was met by adjusting rotas and booking temporary staff
													Overall Directorate was AMBER	Directorate overall comment Acuity and dependency (number of patients requiring increased nursing support) remained high for the month of March, coupled with staff shortages (temporary staffing shift vacancies, short term absences). Senior staff reallocated the nursing workforce guided by demand
Total		147.4	29.3	19	69.6	11.1								
Cardiovascular Services	Becket Ward	25.61	5.00	3	5.00	1.00	6	4	1:7	1:8	9	16%		Staffing matched patient dependnecy, recruitment on going
	Doultton Ward/HDU	49.65	11.50	6	6.00	0.89	5 ward - 6 HDU	3 ward - 5 HDU	1:0 ward - 1:2 HDU	1:0 ward - 1:2 HDU	0.0	0%		Although high vacancy, low activity, therefore staff moved form HDU to ward
	Evan Jones Ward	16.85	1.85	1	9.00	0.00	4	3	1:6	1:6	0.0	0%		No issues
	Luke Ward	30.21	8.21	5	5.30	2.30	7	5	1:6	1:8	0.0	0%		No issues
	Stephen Ward	29.64	4.00	2	0.00	0.00	6+1	4	1:8	1:8	14	25%		Staffing matched patient dependency, recruitment ongoing
	Total	152.0	30.6	17	25.3	4.2								
Evelina Children's Hospital	Beach Ward	50.62	12.15	4	2.00	-0.96	11.0	7.0	1:3	1:3	1.0	0%		Staffing sufficient. Vacancy covered by bank or agency nurses or nurses moved from other areas though the unit is short of specialist paediatric dialysis nurses
	Mountain Ward	98.41	19.16	8	4.00	-1.00	17.0	17.0	1:2, 1:3	1:2, 1:3	0.0	0%		Staffing sufficient. Vacancy covered by temporary staff or nurses moved from other areas
	Savannah Ward	77.95	21.64	7	5.00	-5.00	15.0	15.0	1:2 1:3	1:2, 1:3	0.0	0%		Staffing sufficient. Vacancy covered by temporary staff or nurses moved from other areas
Total		227	53	19	11	-7								
Oncology & Haematology	Dorcas Ward	28.20	3.36	-	3.00	1.00	6.0	4.0	1:6	1:7	0.0	0%		No issues but current workforce review in progress
	Samaritan Ward	30.80	2.00	2.00	5.40	1.00	6.0	5.0	1:5	1:6	13.0	14%		Despite staffing levels falling below agreed levels, moving staff around the directorate has enabled safe staffing
														Despite staffing falling below agreed levels, moving staff around the directorate has enabled safe staffing. A higher number of patients requiring increased nursing support led to a need for additional staff to be required on some shifts. This demand was met by adjusting rotas and booking temporary staff.
	Hedley-Atkins Unit	32.40	3.00	-	7.31	0.00	6	5	1:5	1:6	13	25%		
	Blundell Ward	36.29	1.00	1.00	3.27	0.60	8.0	5.0	1:4	1:5	0.0	0%		Blundell ward were able to support other wards within the directorate in March
	Esther Ward	11.50	2.50	-	3.00	0.00	3.0	2.0	1:6	1:8	3.0	5%		In March three additional beds were open within the wards which were maintained with safe staffing levels
Total		139	12	3	22	3								
Surgery	Alan Apley Ward	28.58	4.26	1	4.20	0.00	6.0	4.0	1:5	1:6	6.0	10%		When staffing fell below agreed level, the supervisory ward sister, matron and practice development nurse worked clinically to support on these shifts. Vacancies being covered by temporary staff
	George Perkins Ward	28.00	0.00	4	11.60	1.00	6.0	4.0	1:6	1:7	8.0	13%		When staffing fell below agreed level, the supervisory ward sister, matron and practice development nurse worked clinically to support on these shifts. Vacancies being covered by temporary staff. Due to reduced bed occupancy for a two week period, staffing considered safe despite falling below agreed levels
	Queen Ward	20.00	1.08	0	4.00	0.00	5.0	3.0	1:5	1:7	12.0	19%		When staffing fell below agreed level, the supervisory ward sister, matron and practice development nurse worked clinically to support on these shifts. Vacancies being covered by temporary staff. This month's figures are higher than average due to an increase in elective admissions resulting in the need to open closed beds
														When staffing fell below agreed level, the supervisory ward sister, matron and practice development nurse worked clinically to support on these shifts. Vacancies being covered by temporary staff. Additional beds were opened within the area to assist with an increase in elective admissions
	Sarah Ward	25.00	0.65	3	5.00	0.69	6.0	3.0	1:5	1:7	7.0	11%		
Total		101.6	6.0	8	24.8	1.7								
Womens Services	Antenatal Ward	14.06	2.53	1.0	3.6	0.6	3.0	2.0	1:6	1:9	10.0	18%		No issues
	The Birth Centres	80.43	14.37	0.0	16.46	1.98	19 (M-F) 14 (S,S)	15.0	1:1	1:1	0.0	0%		High level of activity and patient support required but safe staffing maintained by coordination of community staff in to assist. Safety maintained but reduced availability of community staff for routine work
	Post Natal Ward	38.31	10	3.0	13.3	0.9	7.0	5.0	1:6	1:7	6.0	11%		No issues
	Westminster Maternity Suite	18.43	2	2.0	4.0	1.0	2.0	2.0	1:6	1:3	3.0	2%		No issues
	The Gynaecology Ward	23.96	0	2	3	0.0	5.0	3.0	1:6	1:8	4.0	3%		No issues
Total		175.2	28.9	8.0	40.4	4.5								
	ARU	12.20	3.00		9.40	1.97	2.0	2.0	1:4	1:6	0.0	0%		All shifts which fell below agreed levels were covered by temporary staff and so staffing levels were deemed safe
	Minnie Kidd	10.00	0.20	0	21.00	2.40	4.00	2.00	1.7	1.14				Accurate data not available. All shifts which fell below agreed levels were covered safely by temporary staffing and so staffing levels were deemed safe
	Pulross	19.00	5.00	3	12.80	1.80	4	2.0	1:5	1:10	6.0	0%		All shifts which fell below agreed levels were covered by tempopary staffing and so staffing levels were deemed safe
Total		22.2	3.2	0	30.4	4.4								
Trust Inpatient Totals		1145	192	85	270	28								

The RAG (red, amber, green) traffic light rating is a professional judgement made by the head of nursing. It takes account of a range of factors including how sick the patients are, overall staffing levels, the skills and experience of those staff, and leadership.