## February 2016 - Ward by Ward Safer Staffing Exception Report – (January Data)

Red = < 90% fill rate Blue = >120% fill rate

	Day		Nig	ght	Summary
Ward Name	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
ACE	79.5%	82.3%	101.0%	108.8%	RN hours during the day is due to sickness and secondments to others wards. HCA hours due to long term sickness. Band 4 Assistant Practitioner in post and Supervisory Sister covered shortfall of RNs.
Acute Stroke Unit	87.9%	80.2%	94.5%	97.8%	RN and HCA hours during the day are due to vacancies and long and short term sickness. Supervisory Sister and Matron worked clinically as required. Recruitment is active and sickness is being actively managed.
Cardiac Ward	85.6%	101.2%	73.4%	184.8%	RN hour's shortfall day and night is due to vacancies and sickness. Additional HCA hours supported the shortfall at night. Supervisory Sister supporting during the day. Recruitment and sickness being actively managed.
Charlotte Ward	100.4%	120.0%	100.0%	114.8%	Additional HCA hours during the day supported increased dependency of older medical patients.
Cheselden Ward	88.2%	96.6%	100.0%	96.8%	RN vacancies during the day – Supervisory Sister covered the shortfall.
Children's Ward	80.1%	167.1%	96.4%	50.0%	RN hours shortfall day and HCA night hours are due to vacancies, long and short term sickness and maternity leave. HCA day hours increased to offset RN shortfall. Supervisory Sister, Matron and NICU staff supported

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Ward Name	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					as required (not recorded).
Combe Ward	86.3%	107.0%	88.3%	132.5%	The RN day and night shortfall is due to vacancies and sickness. Additional HCA hours cover the shortfall at night. Supervisory Sister and Band 4 Assistant Practitioners support during the day. Recruitment and sickness being managed.
Coronary Care Unit	94.0%	111.7%	100.1%	97.4%	
Forrester Brown Ward	77.1%	120.1%	93.9%	124.5%	RN day fill rate is due to vacancies and sickness. Band 4 Assistant Practitioners and additional HCA hours supported the shortfall and patients requiring 1:1 'specialling'. Supervisory Sister also supported during the day.
Haygarth Ward	92.9%	94.5%	92.4%	88.7%	HCA hours during the night are due to vacancies and sickness. Recruitment and sickness is actively being managed. Staff were deployed from other wards if required (not recorded).
Helena Ward	112.1%	105.4%	101.8%	103.2%	
Intensive Therapy Unit	92.7%	76.3%	95.3%	45.2%	HCA shortfall is due to sickness and maternity leave. Usually 1 HCA at night. Sufficient staff were rostered to cover the acuity levels and numbers of patients on the unit. Recruitment and sickness is being actively managed.
Medical Assessment Unit	88.6%	111.4%	86.6%	113.3%	The RN day and night shortfall was due to vacancies and maternity leave. Supervisory Sister supported during the day and additional HCAs hours covered the

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Ward Name	Average fill rate RN/RM (%)	Average fill rate CA (%)	Average fill rate RN/RM (%)	Average fill rate - CA (%)	Explanation and Actions taken where fill rate <90% or >120%
					shortfall at night and staff were deployed from other wards as required (not recorded).Recruitment being actively managed.
Medical Short Stay	110.4%	104.2%	101.3%	109.5%	
Midford Ward	83.5%	107.2%	85.8%	115.1%	RN shortfall in the day and night is due to vacancies and sickness. Additional HCA hours support the shortfall also Supervisory Sister and Band 4 Assistant Practitioner support during the day. Active recruitment is on-going and sickness is being managed.
Neonatal Intensive Care Unit	63.8%	108.9%	107.0%	103.5%	Shortfall with RNs days is due to vacancies, sickness and maternity leave. Additional HCA hours covered the shortfall and staff assist from Children's ward if required (not recorded). Actively recruiting and sickness being managed.
Parry Ward	84.6%	105.5%	68.8%	100.0%	RN hours day and night were due to vacancies and sickness. Supervisory Sister supports during the day shift.
Phillip Yeoman Ward	81.1%	106.2%	88.7%	85.5%	The shortfall of RN and HCA hours are due to vacancies and long term sickness. Reduced inpatient numbers supported reduced staffing levels (elective surgical ward). Supervisory Sister supported during the day.
Pulteney Ward	89.8%	100.6%	100.8%	120.3%	RN hours during the day due to vacancies and sickness. Additional HCA hours at night support increased acuity of Head and Neck patients.
Respiratory Ward	78.3%	105.8%	80.5%	148.1%	The RN day and night hour's is due to vacancies and

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					sickness. Additional night HCA hours cover the RN shortfall and Supervisory Sister supports during the day. Active recruitment and sickness management is in place.
Robin Smith Ward	83.9.9%	87.8%	97.8%	105.4%	RN and HCA hours in the day shift due to sickness and vacancies. Supervisory Sister supports clinically during the day as required.
Surgical Admissions Unit	104.8%	96.0%	95.7%	145.2%	Additional HCA night hours support additional inpatients in escalation.
Surgical Short Stay Unit	104.5%	109.7%	114.2%	130.9%	Additional HCA night hours support additional inpatients in escalation.
Waterhouse Ward	88.1%	81.5%	97.6%	163.4%	The planned staffing establishment is from the previous ward (Pulteney) and this ward has fewer beds. The staffing levels will become aligned for next financial year and as staff leave. Additional HCA hours covered patient requiring 1:1 'specialling'.
William Budd Ward	85.0%	141.3%	74.5%	162.5%	Shortfall of RN hours is due to vacancies and RNs at night being moved to other wards. Additional HCA hours support the shortfall. Recruitment is being actively managed.
Mary Ward	114.7%	84.3%	95.2%	102.5%	MCA hours are due to vacancies, maternity leave and sickness. Recruitment and sickness are being actively managed.
Paulton Birthing Centre	100.0%	100.0%	100.0%	100.0%	

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Chippenham B.Centre	100.0%	100.0%	100.0%	100.0%	
RNHRD Violet Prince Ward	100.0%	99.1%	100.0%	107.8%	HCAs in place at night to support patient transfers from the RUH (usually no HCAs at night)

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