Report to:	Public Trust Board	Agenda item:	13
Date of Meeting:	24 September 2014		

Title of Report:	Safer Staffing Report
Status:	To Note and Approve
Board Sponsor:	Helen Blanchard, Director of Nursing & Midwifery
Author:	Maria Wallen, Lead Nurse Workforce Plannning, Sharon Bonson, Head of Nursing (Surgery), Joanne Miller, Head of Nursing (Medicine) Vicky Tinsley, Head of Midwifery and Nursing (Women and Children)
Appendices	Appendix 1: August 2014 – Publication of Staffing Data

1.	Executive Summary of the Report

The purpose of this report is to update the Board on the nurse and midwifery staffing levels for all in patient wards as outlined in the Chief Nurse Staffing Guide ' How to ensure the right people, with the right skills are in the right place at the right time' published by the National quality Board and NHS Commissioning Board.

The Report provides an overview of the nurse, midwifery and care shifts not covered, vacancies and sickness rates. It informs the Board to any workforce risks and the mitigating factors that are in place to reduce these risks.

2.	Recommendations (Note, Approve, Discuss)

To note the contents of this report and progress made to increase transparency of data in relation to nurse staffing levels.

3.	Legal / Regulatory Implications

National Quality Board Requirements (Nov 2013)
CQC Outcome 4   Reg. 9
CQC Outcome 12 Reg. 21
CQC Outcome 13 Reg. 22
CQC Outcome 14 Reg. 23

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

Risk to CQC registration if Quality standards are not met
Non compliance with National Quality Board requirements

5.	Resources Implications (Financial / staffing)

Nursing investment has been identified by Trust Board to support nurse staffing on the inpatient wards.
No further financial implications identified at this stage

6.	**Equality and Diversity**
Compliance with the Equality and Diversity Policy	

7.	**References to previous reports**
	• Investment in Nursing 2014/15: Safer Staffing. Public Trust Board. Agenda Item 11 on the 26th March 2014. • Six Monthly Safe Staffing Reports to Trust Board – Maintaining Optimum Establishments. Agenda Item 10 on 30th April 2014. • Monthly Quality Report to Trust Board. Agenda Item 8 on the 28th May 2014. • Monthly Safe Staffing Reports to Trust Board

8.	**Freedom of Information**
Public	

Royal United Hospital Bath NHS

NHS Trust

Safer Staffing – Nursing and Midwifery Workforce Information
August 2014 Report

1. Purpose:
The purpose of this report is to provide the Trust Board with an update on the status of nursing and midwifery staffing levels at the Royal United Hospital Trust for August 2014.

The report forms one of the compliance requirements, against the National Quality Board's standards which are highlighted in 'How to ensure the right people, with the right skills, are in the right place at the right time (National Quality Board, November 2013).

The following report provides an overview of the nurse, midwifery and care staff shifts not covered, vacancies and sickness rates and informing the Board about any workforce risks and the actions being taken to address any shortfalls.

2. Scope of the Review
This report is focused on all in-patient adult wards including critical care and all in-patient maternity wards on the acute site as well as the community birthing centres.
The trust website safer staffing page (URL: www.ruh.nhs.uk/saferstaffing) is now available to sign post the public to the staffing information and will continue to be updated to ensure transparency and compliance with national requirements.

3. Safer Staffing Exception Report
This is the fourth report that has been submitted as part of the national requirements to publish nurse staffing data on a monthly basis both on the Trust website and on the national reporting system for publication. The Trust is required to report on the actual staffing numbers (in hours) against planned staffing levels for each month.

The current method of collecting actual staffing data against planned establishment is undertaken through ward staff inputting their rotas into the Roster Pro database and making a professional judgement following discussion with the Matron or Head of Nursing about the level of staffing needed on a shift by shift basis according to the patient's needs. A rating system has been developed which the mitigating decision can be taken against a pre-defined template of thresholds, as to whether the staffing levels is agreed, as safe or requires escalation. This is moderated through the professional judgement dependent upon the activity and dependency in the ward or department at the time.

The full overview and summary of the percentage fill rates based on staffing levels planned and actual (calculated in hours) of the registered nurse and non-registered nurse (called in the national template – care staff) workforce available in all inpatient wards at the RUH for the month of August is provided in Table1.

The purpose of this report is to address the areas that are identified specifically as part of the exception reporting process highlighting areas where staffing levels fall below 90 per cent or are above 120 per cent. This report is taken from the data collection that has been published on UNIFY (Appendix A) and will be linked to the relevant NHS Choices web pages.

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Safer Staffing Report - August 2014   **Table 1**

Ward Name	Day		Night	
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
ACE	80.3%	94.9%	72.5%	106.3%
Acute Stroke Unit	88.4%	81.7%	96.8%	95.3%
Cardiac Ward	92.1%	106.3%	82.4%	105.8%
Charlotte Ward	95.3%	111.0%	107.1%	97.3%
Cheselden Ward	107.4%	101.1%	120.9%	89.2%
Children's Ward	84.4%	114.5%	93.5%	67.7%
Combe Ward	111.3%	106.5%	82.1%	139.2%
Coronary Care Unit	90.1%	103.0%	101.9%	90.3%
Forrester Brown Ward	86.3%	97.6%	89.6%	107.6%
Haygarth Ward	119.8%	126.9%	85.6%	103.4%
Helena Ward	109.1%	128.4%	80.3%	120.2%
Intensive Therapy Unit	78.8%	198%*	86.3%	221%*
888Medical Assessment Unit	89.7%	132.3%	92.5%	128.6%
Medical Short Stay	88.9%	102.6%	116.5%	115.5%
Midford Ward	115.0%	127.0%	73.4%	135.3%
Neonatal Intensive Care Unit	86.8%	86.4%	103.2%	43.6%
Parry Ward	-	-	-	-
Phillip Yeoman Ward	71.1%	109.7%	90.1%	78.1%
Pulteney Ward	97.2%	108.3%	76.1%	148.7%
Respiratory Ward	74.4%	112.1%	90.2%	114.4%
Robin Smith Ward	88.6%	90.1%	98.9%	96.2%
Surgical Admissions Unit	91.8%	101.8%	84.6%	158.4%
Surgical Short Stay Unit	131.5%	122.5%	89.7%	133.1%
Waterhouse Ward	89.6%	91.3%	95.3%	96.4%
William Budd Ward	94.1%	97.9%	102.1%	108.3%
Mary Ward	99.7%	66.7%	94.6%	90.9%
Paulton Birthing Centre	100.0%	100.0%	100.0%	100.0%
Chippenham Birthing Centre	100.0%	100.0%	100.0%	100.0%

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4. Exception report - narrative by ward

As part of the exception reporting process this report focuses on areas with percentage fill rates (staffing levels) that fall below 90% and those that are highlighted above 120%. This information gives overall percentage figures and needs to be taken into context with the expert professional judgements that take place on a shift by shift basis to determine safe staffing levels to meet the acuity and dependency of patients. The following provides a narrative explanation of the exceptions highlighted:

4.1.1 ACE ward
The Registered nurse fill rates have been highlighted at 80.3 per cent on days and 72.5 per cent on nights. These figures reflect the Registered nurse vacancies in this area which have been reduced down to 0.4 WTE vacancies as a result of recent recruitment activity.

4.1.2 Acute Stroke Unit
There is currently 1 whole time equivalent (WTE) registered nurse vacancy in this area. The percentage fill rates for both registered and care staff on days are reported at below 90 per cent mainly due to unexpected sickness and on some occasions where staff have been deployed to other areas to mitigate risk. These decisions have been made using professional judgement and were based on patient dependency and acuity assessment as well as nurse staffing levels across the unit.

4.1.3 Cardiac ward
The Registered Nurse fill rates on nights are highlighted at 82.4 per cent. This is due to staff being deployed to other areas to support shortfalls and staffing levels across the division. When this has occurred additional HCA backfill has been provided to support the registered nurses on the ward as required.

4.1 4 Cheselden ward
The increase in registered nurse fill rate to 120.9 per cent on nights reflects the additional staff that have been deployed from Parry ward due to the area being closed for refurbishment, for example an extra nurse has been allocated to assist with the increased patient dependency at this time. However, these staff have sometime been moved to other areas to support the short fall and staff vacancies across the division. These decisions have been made as part of the daily staffing reviews using professional judgement and were based on the assessments made of patent dependency and acuity across these areas.

4.1.5 Children's ward
There are currently 3 WTE Registered nurse vacancies and 0.8 WTE HCA vacancy in this area which are being recruited to. Staff are also deployed to the inpatient areas as part of the rostering process as required. Staffing levels in this area will flex according to patient need and activity flow rates.

4.1.6 Combe ward
The registered nurse fill rate has reduced in August due to a member of staff not able to work clinically. However, they have been available on the ward to offer support in a supernumerary capacity. The high volume of HCA usage and specials on nights remains a pressure as a result of increased dependency and to support the more specialist mental health care needs of patients.

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In order to mitigate risk, HCA's on occasions were also used to compensate for the vacancy factor and meet safe staffing levels and care needs on nights.

4.17 Forrester Brown ward
The registered nurse fill rates for days and nights are below 90 per cent due to current vacancies which have been recruited to and staff appointed to these posts. However, there is a delay in start times due to the variable periods of notice required and until these posts have been filled there is still a need to cover the short falls.

4.1.5 Haygarth ward
There are 2.0 wte Registered nurse vacancies which are currently being recruited to.
There has been an increase in the HCA percentage fill rates particularly on days to support the patient dependency and acuity requirements in this area. HCA fill rate had been increased where needed to cover the Registered Nurse shortfall and to special patients who required closer supervision.

4.1.6 Helena ward
There has been an increase in the HCA percentage fill rates as a result of changes in shift patterns in this area (moving to 12 hour shifts) which have recently been introduced. This has resulted in staffing on the day shift for HCA's increasing from 2 to 3 staff being rostered. The establishments are currently under review in this area and adjustments may have to be made to accommodate the revised shift patterns.

Staff have also been moved to other areas particularly at night to cover vacancies and shortfalls as required.

4.1.7 Critical Care Services
HCA fill rates for days have increased temporarily as a result the adaptation nurses being included as part of the HCA staffing levels on an interim basis pending receipt of their NMC registration.

These practitioners have now completed a programme of supernumerary practice and all competencies have been signed off. However, they are not able to practice as registered nurses until their individual Professional Identification Number (PIN) has been confirmed by the NMC.

During this transition period, while these practitioners have been deemed competent and safe to practice according to NMC standards to practice, they cannot be counted in the overall registered nurse fill rates until their registration has been officially approved by the NMC.

As the adaptation programme has been successfully completed these nurses are no longer required to work in a supernumerary capacity and can be rostered as part of the HCA workforce. This allows flexibility and continuity of care as well as a reduction in usage of bank and agency staff.

4.1. 8 Medical Admissions Unit
As highlighted in previous reports there are a number of registered nurse vacancies which have been recorded on the risk register and plans are in place to actively recruit to vacant posts. HCA cover was requested to cover registered shifts that were not filled by requested bank nurse hours. HCA cover was used to increase numbers particularly on days due to increased patient flow rates and acuity.

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4 WTE Registered Nurses started in post in July and have completed a period of supernumerary practice prior to practicing independently. In addition to this 4 WTE Registered Nurses will be taking up their post between August and September, start dates will vary due to requirements of notice within their current roles.

4.1.9 Medical Short Stay
The Registered nurse fill rate on days was 88.9 per cent. These figures reflect unexpected sickness and absence during August. This needs to be reviewed in context with the overall percentage fill rates on all other shifts that were recorded above 100 per cent. HCA's have been rostered when required to support the shortfall in registered nurse hours and these numbers were increased according to patient dependency and acuity identified and escalated as part of the daily staffing reviews.

4.1.10 Midford ward
The Registered nurse fill rates on nights are 73.4 per cent which is attributed to vacancies. As part of the recruitment plan one overseas nurse is completing a period of supervisory practice and is not included in the numbers at this time.
HCA's have been rostered to meet the increased dependency and acuity of patients, for example patients who require care delivery on a one to one basis. This is reflected in the percentage fill rates for all other shifts which have been reported above 100 per cent.

4.1.11 Neonatal Intensive Care
Registered nurse fill rates on days is below 90 per cent due to current vacancies. There is also a significant reduction in HCA fill rates which are due to vacancies and sickness.
As a result the unit has rostered 1 HCA per shift. These decisions have been made using professional judgement and were based on variations in bed occupancy and dependency in order to cover vacancies which are currently being recruited to.

4.1.12 Phillip Yeoman
The Registered nurse fill rate on days has a dipped to 71.1 per cent.
There are currently 2.0 WTE Registered Nurses on maternity leave, 1.0 WTE Registered Nurses on long term sick and 1WTE HCA vacancy.

As highlighted in previous staffing reports 5.0 WTE vacancies have been appointed to and staff will take up these posts between September and January**.** It is important to note that while the vacancies have been appointed to, until the individuals commence in post there is still a requirement to cover shifts where short falls occur on a daily basis.

4.1.14 Pulteney ward
On the night shift the planned skill mix is 3 Registered Nurses and 2 HCA's, this has not been achievable due to vacancy factors that require experienced Registered Nurses. To reduce risk, there is planned rostering of 2 Registered Nurses and 3 HCA's to ensure staff cover and patient's needs can be met until vacancies are filled and the agreed establishments are met.

As part of the recruited plan two overseas nurses have been appointed and are currently supernumerary so have not been included as part of this data collection.

Authors: Maria Wallen , Lead Nurse Workforce Planning and Development	Date: 16 September 2014
Document Approved by: Mary Lewis, Deputy Director of Nursing and Midwifery	Version: 2
Agenda Item: 13	Page 5 of 7

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4.1.15 Respiratory ward

These figures reflect the 0.4 WTE Registered Nurse vacancies which are currently being recruited to as well as 5 WTE Registered Nurses on long term sick leave and 1 WTE Registered Nurse role on other leave. Extra HCA's have been rostered to meet the increased dependency and acuity of patients for example patients who require care delivery on a one to one basis. These additional experienced HCA's have worked where registered nurses have not been available taking the overall HCA staffing levels above 100 per cent on both day and night shifts in order to maintain safe staffing levels and patient care delivery.

4.1.6 Robin Smith

The registered nurse fill rate on days is 88.6 per cent which is a reflection of current vacancies. The average fill rate for registered nurses and care staff in August has remained above 90 per cent.

4.1.17 Surgical Admissions Unit

Due to Registered nurse vacancies an extra HCA has been rostered to support the shortfall particularly at night. The increase in HCA fill rates at night is attributed to additional staff requests for specialing patients who require one to one, or one to two nurse-patient ratio.

As the unit is not fully funded to cover full establishments across all night shifts due to the nature of the service staffing will flex according to the patient dependency and occupancy figures. It has been highlighted that when the unit is staffed to their full establishment staff are often moved to cover shortfalls in other areas.

4.1.18 Surgical Short Stay

The Registered nurse fill rate on nights is a reflection of current vacancies but does show an increase on the previous months staffing levels. Staffing levels will also flex according to occupancy at night.
The Registered nurse and HCA fill rates overall reflect periods of escalation and occasions when the extra capacity is opened in order to undertake Day Surgery activity in this area.

5. Maternity

The Maternity services use an integrated model of care between the community and hospital setting and staff will rotate as required to support midwifery staffing levels according to service need. There are three inpatient areas included in the main data but only one area is highlighted as part of this exception report and reasons for this are indicated below.

5.1 Mary ward

There is a requirement that staff in this area support the midwifery staffing within the Central Delivery Suite and therefore staff are moved to cover staffing in this area based on expert clinical decision making, where patient needs, workload and capacity is critically reviewed and risks are assessed. Staffing flexes according to patient needs and midwives and care staff are deployed to priority areas as required and are reviewed on a shift by shift basis.
Staffing establishments in this area are currently under review.

Authors: Maria Wallen , Lead Nurse Workforce Planning and Development	Date: 16 September 2014
Document Approved by: Mary Lewis, Deputy Director of Nursing and Midwifery	Version: 2
Agenda Item: 13	Page 6 of 7

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6. Summary of exception report

Safe staffing levels are managed on a daily basis and a clear escalation process is in place. Ward Sisters and Matrons review inpatient ward areas on a shift by shift basis taking any required actions and escalating issues to the Heads of Nursing and Senior Nurse Team.

The focus on nurse recruitment continues to be a high priority in view of the registered nurse vacancies across the Trust and this work is monitored and reviewed as part of the Nursing and Midwifery Recruitment Sub Group which reports to the Nursing and Midwifery Workforce Planning Group on a monthly basis.

7. Conclusion

This report provides an overview in relation to safer staffing requirements and delivery in the Trust. Divisions have been monitoring, reporting and taking action in relation to safer staffing on a shift by shift basis. Safer staffing is viewed alongside a wide range of other indicators in relation to patient safety and outcomes. This information will continue to be published on a monthly basis on the Trust intranet and via NHS Choices.

8. Recommendation

This exception report provides the Board with an overview of the nurse, midwifery and care staff shifts not covered within the parameters highlighted, and the associated vacancies and sickness rates aligned to these areas, alerting the Board to any workforce risks and providing assurance of how these are mitigated.

The Board are asked to note the contents of this report, the progress made to support increasing transparency of publication of data relating to nurse staffing and compliance with the National Quality Board Standards.

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Fill rate indicator return
Staffing: Nursing, midwifery and care staff
Appendix A: August 2014 Publication of Safer Staffing Data

Org: RD1 Royal United Hospital Bath NHS Trust

Period: August_2014-15

Please provide the URL to the page on your trust website where your staffing information is available
(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.ruh.nhs.uk/saferstaffing

						Day				Night		
	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care
Validation alerts (see control panel)	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours
	RD130	ROYAL UNITED HOSPITAL - RD130	ACE	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2301.75	1848.25	1674	1588.58	1488	1079	1116
	RD130	ROYAL UNITED HOSPITAL - RD130	Acute Stroke Unit	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1895.625	1675.75	2106.25	1720.5	1069.5	1035	1069.5
	RD130	ROYAL UNITED HOSPITAL - RD130	Cardiac Ward	320 - CARDIOLOGY	300 - GENERAL MEDICINE	2260.5	2082.41	1233	1310.66	1488	1226.83	744
	RD130	ROYAL UNITED HOSPITAL - RD130	Charlotte Ward	502 - GYNAECOLOGY	100 - GENERAL SURGERY	1365	1301.5	910	1009.83	620	664	620
	RD130	ROYAL UNITED HOSPITAL - RD130	Cheselden Ward	101 - UROLOGY	100 - GENERAL SURGERY	1057.5	1135.25	846	855.16	744	899.5	372
	RD130	ROYAL UNITED HOSPITAL - RD130	Childrens Ward	420 - PAEDIATRICS	110 - TRAUMA & ORTHOPAEDICS	3121	2634.5	409	468.5	1782.5	1667.5	356.5
	RD130	ROYAL UNITED HOSPITAL - RD130	Combe Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1627.5	1811.08	1627.5	1733.5	930	763.25	620
	RD130	ROYAL UNITED HOSPITAL - RD130	Coronary Care Unit	320 - CARDIOLOGY	300 - GENERAL MEDICINE	1359	1223.91	226.5	233.25	620	631.75	310
	RD130	ROYAL UNITED HOSPITAL - RD130	Forrester Brown Ward	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	4047	3493.41	3195	3118.33	2232	1999.5	1860
	RD130	ROYAL UNITED HOSPITAL - RD130	Haygarth Ward	300 - GENERAL MEDICINE	301 - GASTROENTEROLOGY	1614	1934.25	1008.75	1280.25	1116	955.25	1116
	RD130	ROYAL UNITED HOSPITAL - RD130	Helena Ward	400 - NEUROLOGY	430 - GERIATRIC MEDICINE	1296	1414.25	1080	1387.25	930	747	620
	RD130	ROYAL UNITED HOSPITAL - RD130	Intensive Therapy Unit	300 - GENERAL MEDICINE	100 - GENERAL SURGERY	4050	3189.41	405	805.5	3565	3075.41	356.5
	RD130	ROYAL UNITED HOSPITAL - RD130	Medical Assessment Unit	300 - GENERAL MEDICINE		3660	3284.41	1372.5	1816.16	2604	2407.75	976.5
	RD130	ROYAL UNITED HOSPITAL - RD130	Medical Short Stay	300 - GENERAL MEDICINE		1381.5	1227.58	921	945.16	620	722	310
	RD130	ROYAL UNITED HOSPITAL - RD130	Midford Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1529.5	1759.58	1529.5	1941.91	930	683	620
	RD130	ROYAL UNITED HOSPITAL - RD130	Neonatal Intensive Care Unit	420 - PAEDIATRICS		2114.75	1835.75	769	664.5	1782.5	1839	713
	RD130	ROYAL UNITED HOSPITAL - RD130	Parry Ward	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	0	0	0	0	0	0	0
	RD130	ROYAL UNITED HOSPITAL - RD130	Phillip Yeoman Ward	110 - TRAUMA & ORTHOPAEDICS	100 - GENERAL SURGERY	1506	1070.58	894	980.5	651	586.5	651
	RD130	ROYAL UNITED HOSPITAL - RD130	Pulteney Ward	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	1627.5	1582.41	1627.5	1763.25	930	708	620
	RD130	ROYAL UNITED HOSPITAL - RD130	Respiratory Ward	300 - GENERAL MEDICINE	340 - RESPIRATORY MEDICINE	2527.25	1879.16	1378.5	1545.5	1364	1230.25	682
	RD130	ROYAL UNITED HOSPITAL - RD130	Robin Smith Ward	100 - GENERAL SURGERY	120 - ENT	1930.5	1710.75	1501.5	1353.41	1116	1104	744
	RD130	ROYAL UNITED HOSPITAL - RD130	Surgical Admissions Unit	100 - GENERAL SURGERY		2092.5	1921.9	1255.5	1277.75	1488	1258.25	744
	RD130	ROYAL UNITED HOSPITAL - RD130	Surgical Short Stay Unit	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1195	1570.93	667.5	817.98	620	556	310
	RD130	ROYAL UNITED HOSPITAL - RD130	Waterhouse Ward	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1863	1669.75	1449	1322.25	1116	1064	1116
	RD130	ROYAL UNITED HOSPITAL - RD130	William Budd Ward	370 - MEDICAL ONCOLOGY	303 - CLINICAL HAEMATOLOGY	1618.75	1524	925	905.66	620	633	620
	RD130	ROYAL UNITED HOSPITAL - RD130	Mary Ward	501 - OBSTETRICS		4662	4649	1612	1075	4278	4045	1069.5
	RD129	PAULTON HOSPITAL - RD129	Paulton Birthing Centre	501 - OBSTETRICS		465	465	465	465	325.5	325.5	325.5
	RD102	CHIPPENHAM HOSPITAL - RD102	Chippenham Birthing Centre	501 - OBSTETRICS		930	930	465	465	651	651	325.5

Fill rate indicator return
Staffing: Nursing, midwifery and care staff
Appendix A: August 2014 Publication of Safer Staffing Data

Org: RD1   Royal United Hospital Bath NHS Trust

Period: August_2014-15

Please provide the URL to the page on your trust website where your staffing information is available

(Please can you ensure that the URL you attach to the spreadsheet is correct and links to the correct web page and include 'http://' in your URL)

http://www.ruh.nhs.uk/saferstaffing

Validation alerts (see control panel)	Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night		
						Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care
	Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours
	RD130	ROYAL UNITED HOSPITAL - RD130	ACE	430 - GERIATRIC MEDICINE	300 - GENERAL MEDICINE	2301.75	1848.25	1674	1588.58	1488	1079	1116
			Total			55098.125	50824.77	31553.5	32850.34	35681	32557.24	18987.5

	Day	
Staff	**Average fill rate - registered nurses/midwives (%)**	**Average fill rate - care staff (%)**
Total monthly actual staff hours		
1186.5	80.3%	94.9%
1019	88.4%	81.7%
787.5	92.1%	106.3%
603	95.3%	111.0%
332	107.4%	101.1%
241.5	84.4%	114.5%
863	111.3%	106.5%
280	90.1%	103.0%
2001.25	86.3%	97.6%
1154.5	119.8%	126.9%
745.5	109.1%	128.4%
790.75	78.8%	198.9%
1256.25	89.7%	132.3%
358	88.9%	102.6%
839	115.0%	127.0%
311	86.8%	86.4%
0	-	-
508.75	71.1%	109.7%
922	97.2%	108.3%
780	74.4%	112.1%
716	88.6%	90.1%
1178.5	91.8%	101.8%
412.75	131.5%	122.5%
1076	89.6%	91.3%
671.5	94.1%	97.9%
971.75	99.7%	66.7%
325.5	100.0%	100.0%
325.5	100.0%	100.0%

Staff	Day	
Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
1186.5	80.3%	94.9%
20657		