

November 2016 - Ward by Ward Safer Staffing Exception Report – (October Data)

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

| Ward Name | Day | | Night | | Summary |
|-------------------|-----------------------------|--------------------------|-----------------------------|----------------------------|---|
| | 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 | 69.3% | 83.1% | 84.9% | 91.1% | RN hours during the day is due to sickness and secondments to others wards. HCA day hours due to long term sickness. Supervisory Sister covered shortfall as required. |
| Acute Stroke Unit | 87.9% | 74.6% | 99.8% | 99.7% | 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 managed. |
| Cardiac Ward | 97.2% | 97.5% | 73.9% | 164.4% | RN hour's shortfall at night is due to vacancies and sickness. Additional HCA hours supported the shortfall during the night. Recruitment and sickness being actively managed. |
| Charlotte Ward | 107.0% | 96.1% | 101.5% | 95.8% | |
| Cheselden Ward | 86.9% | 119.4% | 104.6% | 116.1% | RN day hours were due to vacancies and sickness. Additional HCA hours supported patient care. |
| Children's Ward | 75.9% | 153.6% | 96.7% | 48.4% | RN hours during the day is due to vacancies and sickness, increased HCA hours supported this shortfall during the day and including the Supervisory Sister. HCA night hours are due to sickness, however staffing levels met the needs of the patients at night. Patient numbers decrease at night. |

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| Combe Ward | 93.6% | 105.4% | 93.1% | 150.0% | Additional HCA hours at night supported the dependency of patients and those requiring close observation. |
| Coronary Care Unit | 90.2% | 70.6% | 101.9% | 101.6% | HCA shortfall during the day was due to sickness and vacancies. The Supervisory Sister supported the ward clinically as required. |
| Forrester Brown Ward (A) | 98.8% | 101.0% | 81.3% | 93.8% | RN night hours is due to vacancies and sickness. If additional staff are required staff move from other the other wards next door to support as required. |
| Forrester Brown Ward (B) | 91.3% | 135.6% | 92.7% | 120.8% | Additional HCA hours accounts for Assistant Practitioner hours (Band 4) which supports the RN hours and clinical acuity. |
| Haygarth Ward | 96.2% | 95.5% | 89.3% | 117.9% | The RN night shortfall is predominantly due to sickness which is being actively being managed. Additional HCA hours supported the RN shortfall. |
| Helena Ward | 106.9% | 150.1% | 108.7% | 177.4% | HCA hours day and night was due to the increased clinical acuity of patients. |
| Intensive Therapy Unit | 92.7% | 91.8% | 87.6% | 45.2% | RN and HCA shortfall is due to managing sickness and other leave. Usually 1 HCA each shift. Sufficient staff were rostered to cover the acuity levels and numbers of patients on the unit. Sickness is being actively managed. |
| Medical Assessment Unit | 87.2% | 101.0% | 90.5% | 110.8% | The RN day shortfall is due to vacancies. Supervisory Sister supported during the day and additional HCAs hours covered the shortfall at night. Staff were deployed from other wards as required (not recorded). |

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| Medical Short Stay | 82.7% | 89.4% | 103.7% | 96.8% | The RN and HCA day hours were due to vacancies and sickness. Supervisory Sister supported clinically as required. |
| Midford Ward | 75.5% | 103.7% | 82.7% | 113.7% | RN shortfall in the day and night is due to vacancies and sickness. Supervisory Sister and Band 4 Assistant Practitioners support RN hours. Active recruitment is on-going and sickness is being managed. |
| Neonatal Intensive Care Unit | 66.1% | 93.9% | 81.6% | 90.3% | Shortfall with RNs day and night is due to vacancies, sickness and maternity leave. Other staff assist, including Supervisory Sister/Practitioner and nurses from Children's ward if required (not recorded). Actively recruiting and sickness being managed. |
| Parry Ward | 100.2% | 84.0% | 95.5% | 138.7% | HCA hours during the day shift are due to vacancies and sickness. Additional HCA hours at night were due to patients requiring close observation. Supervisory Sister provided clinical care during the day if required. |
| Phillip Yeoman Ward | 100.7% | 73.5% | 97.4% | 101.9% | HCA day hours are due to vacancies and Supervisory Sister supported clinically as required. Reduced inpatient numbers over the weekend reflect staffing levels (elective surgical ward). |
| Pulteney Ward | 90.8% | 107.8% | 100.9% | 130.8% | Additional HCA hours at night support increased acuity of patients. |
| Respiratory Ward | 78.7% | 107.6% | 80.3% | 134.3% | The RN day and night hour's is due to vacancies and sickness. Additional night HCA hours cover the RN shortfall. Supervisory Sister supports during the day. |

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| Robin Smith Ward | 85.0% | 91.6% | 101.8% | 101.1% | RN hours during the day were due to vacancies and sickness. Staff were moved from other wards if required to support clinical care. |
| Surgical Admissions Unit | 99.8% | 86.5% | 93.2% | 128.4% | HCA hours during the day were due to vacancies and sickness. Supervisory Sister and Nurse Practitioners supported clinically as required. Additional HCA hours during the night supported additional patients during escalation. |
| Surgical Short Stay Unit | 91.2% | 122.2% | 87.1% | 180.8% | Additional HCA hours day and night supported increased patient numbers during escalation as required and supported RN hours at night. |
| Waterhouse Ward | 78.5% | 97.7% | 67.6% | 107.3% | RN hours shortfall day and night is due to vacancies. Supervisory Sister supported clinical care and staff were moved from other wards as required. |
| William Budd Ward | 97.8% | 143.0% | 91.6% | 127.4% | Additional HCA hours supported increased clinical acuity. |
| Mary Ward and Central Delivery Suite | 102.1% | 84.6% | 91.0% | 97.5% | MCA hours during the day were due to vacancies and sickness. The staffing levels met the needs of the patients and if clinical support was required then the Supervisory Midwife and Matron would have supported. |
| Paulton Birthing Centre | 63.0% | 61.9% | 103.9% | 100.0% | The staffing levels met the needs of the patients that were present in the Birthing Centre. If the number of mothers/births required additional midwives/MCAs then this would have been provided. |

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| Chippenham B.Centre | 80.9% | 60.8% | 95.7% | 78.5% | The staffing levels met the needs of the mothers/births in the Birthing Centre. If the number of mothers/births required additional midwives/MCAs then this would have been provided. |
| Trowbridge B.Centre | 110.0% | 105.9% | 102.4% | N/A | |
| Frome B.Centre | 100.8% | 94.8% | 118.1% | 90.3% | |
| Violet Prince Ward | 88.0% | 100.0% | 100.0% | 100.0% | RN hours shortfall during the day were due to vacancies. The Supervisory Sister and Matron provided clinical support as required. |