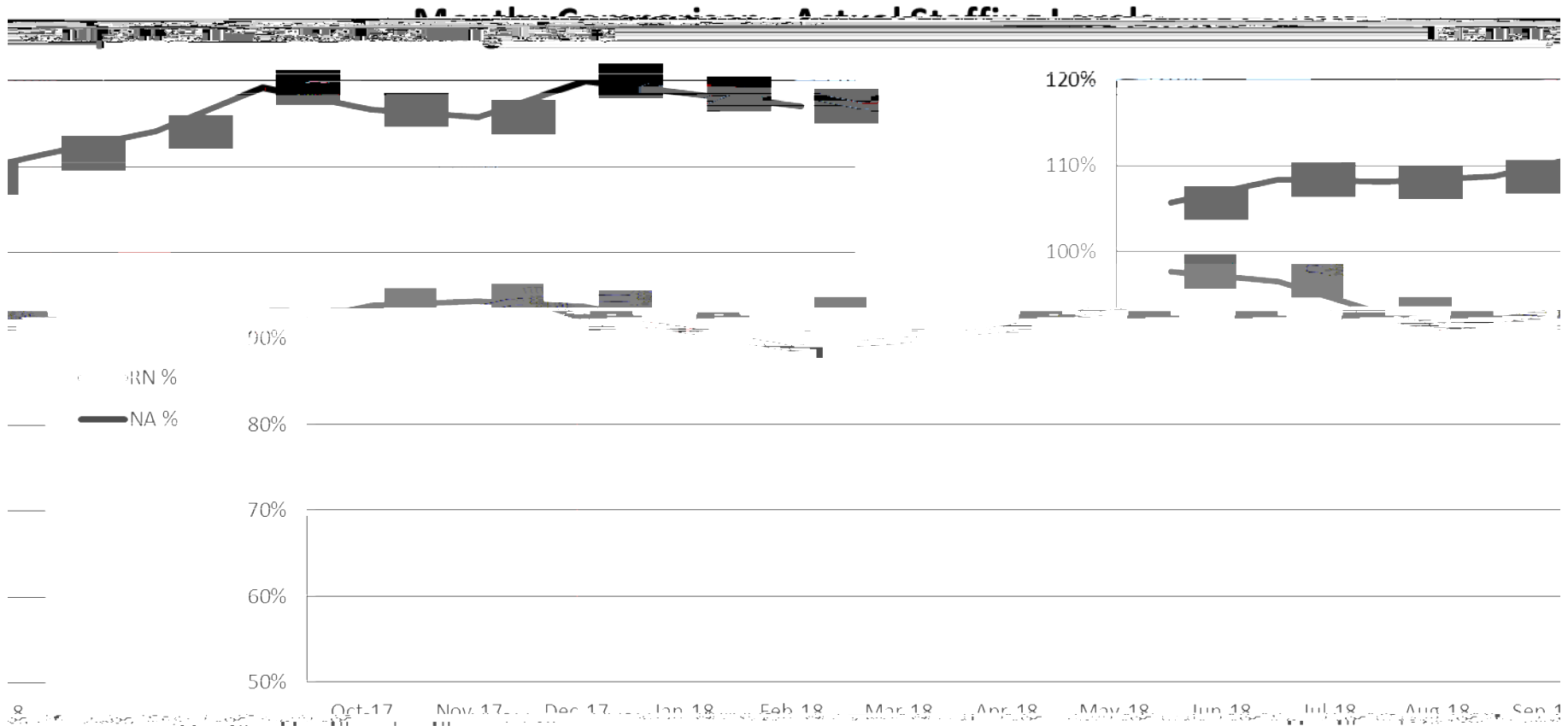


# Safe Staffing NQB Report

An outstanding experience for every patient

# Monthly Comparisons – Actual Staffing Levels

Month	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
Sept -18	60238	55943	93%	33491	39203	117%	93729	95146	102%	59%	41%



## Overview of Nurse Staffing Hours – September 2018

<b>Day</b>	<b>RN</b>	<b>NA</b>
Total Planned Hours	36478	21083
Total Actual Hours	32785	24608
Fill Rate (%)	91%	117%

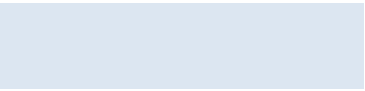
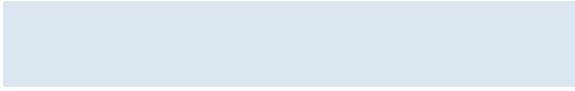
<b>Night</b>	<b>RN</b>	<b>NA</b>
Total Planned Hours	23760	12409
Total Actual Hours	23158	14595
Fill Rate (%)	98%	119%

The percentage hours are based on actual versus planned and are measured on a shift by shift basis.

# Nursing Hours by Day Shifts

Wards	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned	Day NA Actual	Day NA Fill Rate
AMU	1952	2023	104%	1047	1260	120%
Durrington	1072	1312	122%	873	1132	130%
Farley	2173	1912	88%	1480	1761	119%
Hospice	893	894	100%	880	802	91%
Pembroke	900	915	102%	354	424	120%
Pitton	1749	1521	87%	1156	1405	122%
Redlynch	1546	1283	83%	1120	1358	121%
Tisbury	2065	1685	82%	652	822	126%
Whiteparish	1258	1136	90%	1027	1179	115%
Spire	1474	1099	75%	1672	2263	135%
Britford	2050	1960	96%	1049	1330	127%
Downton	1289	1221	95%	876	1250	143%
Radnor	3153	2946	93%	348	336	97%
Breamore Short Stay	1206	1129	94%	1129	1129	100%

# Nursing Hours by Night Shifts



# Actions we take when staffing levels are below plan for a particular ward

- Nurse in charge will assess patients against staffing levels on that ward
- Staffing levels are assessed across the hospital by senior nursing teams and staff are moved around to ensure appropriate care is provided in all areas
- Staff and ward leaders on training days/supervisory shifts are brought back to work clinical shifts if required
- Additional nursing assistants brought in to support unfilled nursing shifts

Please note that while we will have planned staffing levels for wards, these will automatically be reviewed and altered where beds are empty or increased, or where there is a change in the level of care needed during a shift