

Patients will experience safe care (Quality & Experience)



Nursing Staffing Fill Rate (Quality Strategy - Goal 4: Building on Capacity and Capability)

Nursing Staffing Fill Rate			Day		Night		Care Hours Per Patient		Comments:
	Ward name	Specialty	Ave fill rate Registered	Ave fill rate Care staff (%)	Ave fill rate Registered	Ave fill rate Care staff (%)	Registered Nurses/Midwives	Care staff	
	14	502 - GYNAECOLOGY	100.0%	98.4%	100.0%	100.0%	2.8	1.6	
17	320 - CARDIOLOGY	83.1%	89.7%	98.4%	129.0%	2.8	2.1		
18	340 - RESPIRATORY MEDICINE	74.5%	116.1%	81.7%	241.9%	3.4	3.2		
19/20	430 - GERIATRIC MEDICINE	69.3%	98.3%	100.0%	131.5%	2.3	3.7		
AMU	300 - GENERAL MEDICINE	70.6%	94.4%	89.4%	103.3%	4.6	3.5		
Acute Stroke	300 - GENERAL MEDICINE	60.3%	88.6%	87.0%	161.5%	3.0	3.3		
24	370 - MEDICAL ONCOLOGY	99.2%	107.2%	98.4%	-	4.7	3.3		
28	301 - GASTROENTEROLOGY	95.3%	107.2%	100.0%	145.2%	2.3	3.3		
31	100 - GENERAL SURGERY	71.6%	123.1%	98.4%	93.0%	2.7	2.9		
32	100 - GENERAL SURGERY	86.2%	98.2%	98.4%	190.3%	3.4	3.1		
34	110 - TRAUMA & ORTHOPAEDICS	69.9%	90.2%	74.2%	110.8%	3.2	6.3		
ITU	192 - CRITICAL CARE MEDICINE	78.4%	72.7%	98.6%	-	38.1	2.4		
SHDU	192 - CRITICAL CARE MEDICINE	97.4%	57.0%	98.4%	-	16.6	3.0		
CCU	320 - CARDIOLOGY	95.3%	86.2%	100.1%	-	12.0	1.6		
AN/PN	501 - OBSTETRICS	92.2%	98.2%	96.8%	103.2%	5.7	2.1		
Birth Centre	501 - OBSTETRICS	91.7%	95.5%	93.8%	96.9%	27.4	5.1		
37	420 - PAEDIATRICS	95.5%	65.4%	82.5%	25.0%	10.5	1.7		
15	422 - NEONATOLOGY	94.6%	70.5%	91.4%	90.3%	14.3	3.2		

BHNFT is committed to ensuring that levels of nursing staff, match the acuity and dependency needs of patients in order to provide safe and effective care. Nurse staffing includes:

Registered Nurses

Registered Midwives

Unregistered health care/midwifery care assistants

Unregistered nursing/midwifery auxiliaries.

The Trust uses an e-rostering system with duty rosters created eight weeks in advance to ensure the levels and skill mix of the nursing staff on duty are appropriate for providing safe and effective care.

This allows for contingency plans to be made where the roster identifies that the planned staffing falls short of the minimum requirement, for example where there are vacant nursing posts or staff appointed have not started in post. These contingency plans can include: moving staff from a shift which is above the minimum required level, moving staff from another ward/area which is above the minimum required level, or the use of flexible/temporary staffing from the Trust's internal bank or via an external nursing agency.

We are now submitting Care Hours per patient to unify.