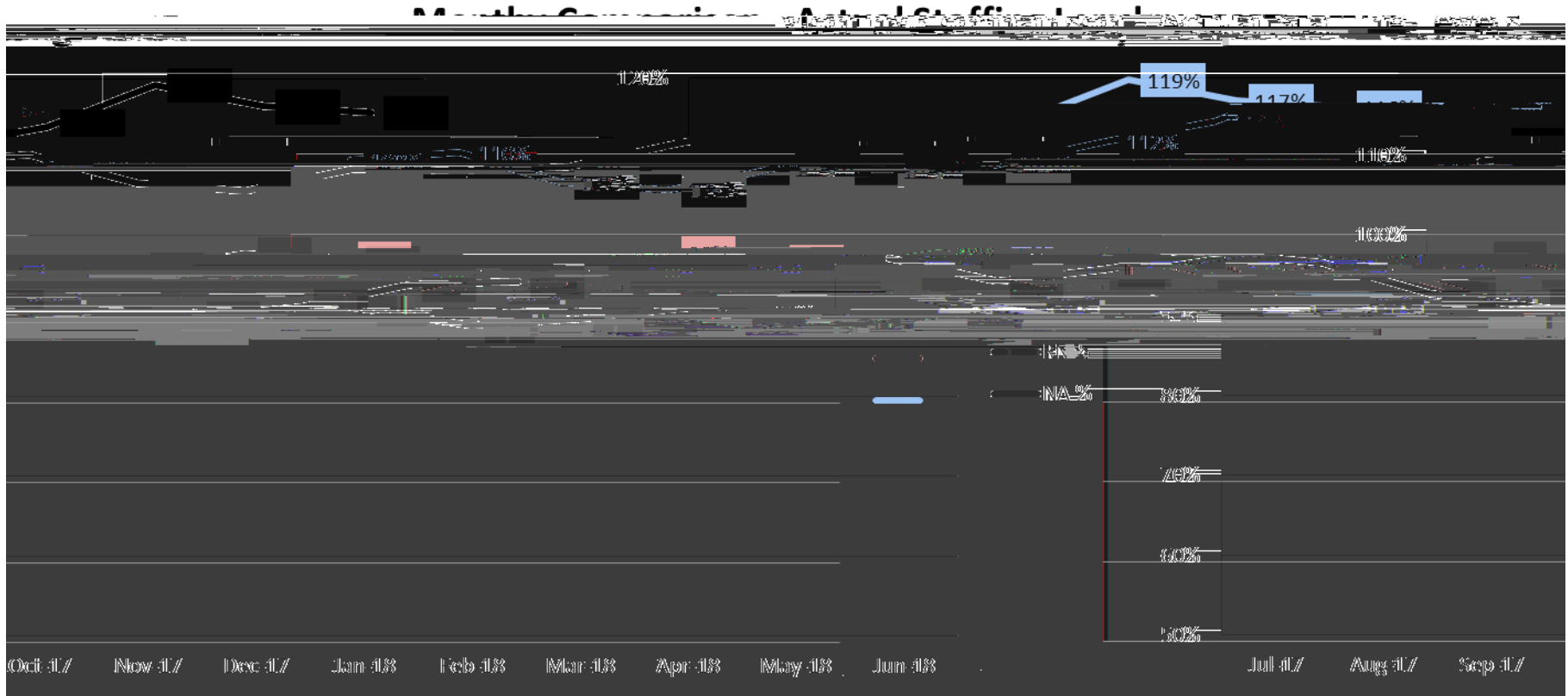


Monthly Comparisons – Actual Staffing Levels

Month	Registered Nurses			Nursing Assistants			Combined			Skill Mix	
	Planned hours	Actual Hours	%	Planned Hours	Actual Hours	%	Planned Hours	Actual Hours	%	RN	NA
June -2018	60539	57119	94%	33500	38794	116%	94039	95914	102%	60%	40%



Overview of Nurse Staffing Hours – June 2018

Day	RN	NA
Total Planned Hours	36549	20925
Total Actual Hours	33644	23804
Fill Rate (%)	92%	114%

Night	RN	NA
Total Planned Hours	23990	12576
Total Actual Hours	23475	14990
Fill Rate (%)	98%	119%

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

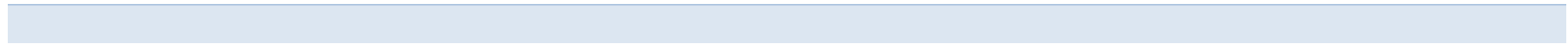
Nursing Hours by Day Shifts

	Wards	Day RN Planned	Day RN Actual	Day RN Fill Rate	Day NA Planned	Day NA Actual	Day NA Fill Rate
2090	AMU	1981	2022	102%	2484	2331	94%
	Durrington	1147	1213	106%	871	1095	126%
	Farley	2267	2144	95%	1407	1720	122%
	Hospice	899	959	107%	671	634	94%
1280	Pembroke	885	896	101%	356	355	100%
	Pitton	1804	1503	83%	1164	1643	141%
	Redlynch	1584	1280	81%	1168	1215	104%
	Tisbury	2036	1868	92%	671	915	136%
	Whiteparish	1290	1094	85%	970	1334	137%
	Winterslow	1516	1228	81%	1566	2219	142%
	Britford	2090	2035	97%	1105	1248	113%
	Downton	1317	1404	107%	907	1001	110%
356	Padnor	323	383	119%	1736	2297	132%



Nursing Hours by Night Shifts

Wards	Night RN Planned	Night RN Actual	Night RN Fill Rate	Night NA Planned	Night NA Actual	Night NA Fill Rate
AMU	1509	1420	94%	345	665	



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