Board of Directors

Subject: **Nurse Staffing Report**
Date: **Thursday 29th January 2015**
Author: **Lisa Dinsdale – Deputy Director of Nursing & Quality**
                      Shantell Miles – Practice Development Matron
Lead Director: **Susan Bowler – Executive Director of Nursing & Quality**

This report provides an overview of the nursing and midwifery staffing position for December 2014.

During December a total of six inpatient areas reported a fill rate of less than 90%. There were no areas reported as below 80%

Additional Health Care Assistant shifts on night duty have increased to meet the continued demand for enhanced observations across the organisation which has predominately been with the Emergency Care & Medical Division.

During December additional bed capacity was opened across a number of areas on a temporary basis in order to address an increase in non-elective activity / admissions to the trust. In addition to this nursing resources were increased across a number of key areas most notably ED and EAU to effectively manage patient flow and patient safety within respective departments.

During December a total of 99 clinical incidents relating to falls, pressure ulcers and medication errors were recorded across all clinical ward environments. Of those recorded 23 were logged against wards that had fallen below the 90% fill rate threshold. The remaining 76 incidents reported were from wards that had achieved or exceeded the required staffing thresholds.

The inpatient wards, in particular medicine are particularly reliant on the use of bank and agency nurses to bridge gaps. This risk is managed consistently by the ward sisters and matrons to ensure staffing risks are mitigated. On-going recruitment to posts is continuing at pace

---

Recommendation
The Board are asked to:

- Note the outcomes of the UNIFY submission
- Understand mechanisms are in place to manage the current risk in relation to nurse staffing

Trust Board of Directors

January 2015

Nurse Staffing Report (Reporting Period December 2014)

1.0   Introduction

The Board of Directors receive a monthly nurse staffing report of which provides detailed data analysis on a shift by shift basis of the planned and actual staffing levels across our in-patient wards. This includes an exception report where the actual nurse staffing levels have either failed to achieve or exceeded agreed thresholds.

The report forms part of the organisation's commitment in providing open, honest and transparent nurse staffing information through the publication of this data both on the Trust and NHS Choices Websites.

2.0   Registered Nurse (RN) & Health Care Assistant (HCA) Staffing Analysis (Planned versus Actual) December 2014.

The Trust submitted and uploaded Registered Nurse (RN) & Health Care Assistant (HCA) staffing data (Planned versus Actual) for December 2014. Table 1 summarises the above information

Table 1: Registered Nurse (RN) / Registered Midwife (RM) & Health Care Assistant (HCA) Fill Rates (%) December 2014

December 2014	Day	Day	Night	Night
Site Name	Average Fill Rate RN/RM	Average Fill Rate HCA	Average Fill Rate RN/RM	Average Fill Rate HCA
Kings Mill Hospital	101.8%	103.8%	98.8%	113.3%
Mansfield Community Hospital	105.6%	103.4%	100.5%	110.5%
Newark Hospital	103.2%	112.9%	97.6%	118.1%

The following graph (Graph 1) illustrates the actual % fill rates for RNs and HCAs from May – December 2014. This shows that average fill rates in the majority of cases remain within the agreed parameters, with the exception of the HCA fill rates during night duty periods. The requirement for additional HCA resource during night duty periods remains an on-going issue specifically across sub-acute geriatric and trauma and orthopaedic specialities due to enhanced care requirements.
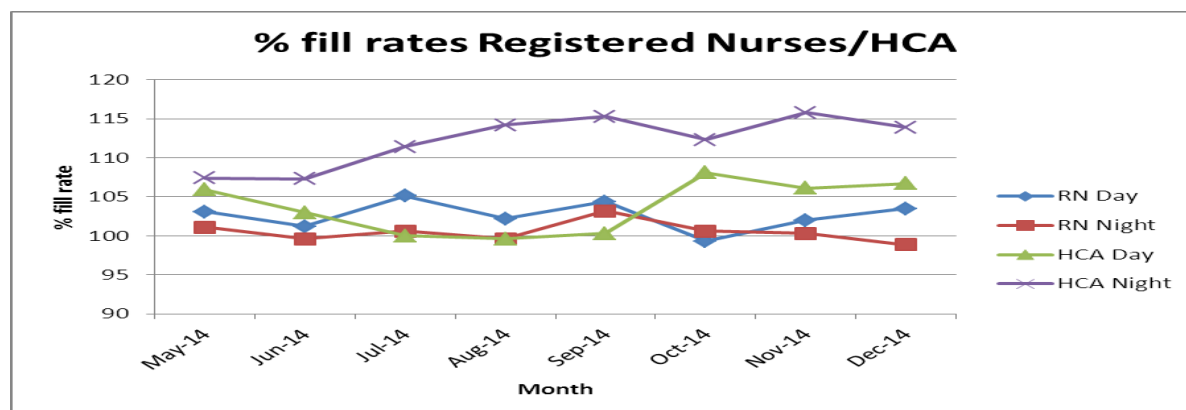
During December additional bed capacity was opened across a number of areas on a temporary basis in order to address an increase in non-elective activity / admissions to the trust. In addition to this nursing resources were increased across a number of key areas most notably ED and EAU to effectively manage patient flow and patient safety within respective departments.

3.0   UNIFY Data Submission December 2014

Analysis of the UNIFY Nurse Staffing data submission for December (Appendix 1), Matron Exception Report (Appendix 2) has highlighted the following themes in month:

1. During December a total of 656 additional Health Care Assistant shifts were utilised across the organisation to provide enhanced patient support to clinical areas. Of those a total of 121 shifts were filled with Agency HCAs (18%), thus evidencing an improvement in Nurse Bank fill rates and reduced reliance upon Nurse Agencies to fulfil this role.
2. During December a total of 6 wards failed to achieve the 90% fill rate threshold. They include; Ward 31, Ward 33, Ward 52, DCU, NICU, and Maternity.

The following section provides further information regarding each of these areas both in terms of rationale and future mitigation.

1. **Ward 31 (RN Fill Rate 87.9% Days)** Ward 31 are currently in the process of transitioning to their revised nursing establishment resulting in a combination of Registered Nurse under fills and Health Care Assistant over fills presently.

2. **Ward 33 (RN Fill Rate 87.1% Nights)** Ward 33 experienced significant gaps in actual nurse staffing in December due to the unavailability of agency staff over the Christmas holiday period. During this time all shifts were risk assessed from an acuity and skill mix perspective by the Ward Sister and Matron to ensure patient safety was maintained at all times.

3. **Ward 52 (HCA Fill Rate 85.1%)** Ward 52 are currently in the process of reviewing their nursing establishment of which has resulted in a number of HCA under fills.

4. **DCU (HCA Fill Rate (Day) 84.8%, HCA Fill Rate (Night) 86.4%** During December the Day Case Unit opening hours were expanded in order to create additional bed

capacity across the Trust. The actual available bed capacity within the unit was however titrated to the nurse staffing levels available hence an under-fill was recorded in month.

5. **NICU (HCA Fill Rate (Day) 80.6%, HCA Fill Rate (Night) 83.9%** During December the Head of Midwifery and Department Leader in conjunction with the Consultant Paediatricians risk assessed the acuity and dependency of babies within the unit on a shift by shift basis in order to provide assurances regarding overall safety within the unit. Discussion and liaison across the network was also maintained in order to agree contingency plans with neighbouring units in the event of closure. All vacancies have been subsequently recruited to

6. **Maternity (RM Fill Rate (Night) 82.7%, HCA (Night 87.6%)** Midwifery staffing is flexed on a shift by shift basis as per the escalation policy to reflect fluctuations in activity and the needs of the service. This was reflected in the actual fill rates reported in month. In addition to this sickness and absence levels were reported as being higher than normal during December

4.0   Quality and Safety

A process of detailed data analysis is undertaken and facilitated by senior nurses on a monthly basis in order to firstly identify via The Ward Assurance Dashboard whether any degree of patient harm has occurred to patients within our care and secondly to correlate such instances to nurse staffing levels.

The following agreed patient outcomes are used to determine relative harm:

1. Patient falls that resulted in harm
2. Medication errors that resulted in harm
3. Avoidable pressure ulcers
4. Nurse staffing incidents

Table 2. Correlation Between Actual Nurse Staffing Fill Rates and Patient Outcomes

	DAY %		Night %					
Ward	RN	HCA	RN	HCA	Falls (Harm)	Medication Errors	Avoidable Pressure Ulcers	Staffing incidents
EAU	102.7%	106.7%	109.5%	98.4%	5	7	0	2
11	100.0%	100.0%	100.0%	100.0%	0	0	0	0
12	106.5%	122.6%	98.9%	112.9%	6	0	0	0
14	116.7%	106.5%	117.2%	117.7%	0	0	0	0
22	100.0%	111.8%	100.0%	137.1%	0	5	0	0
23	97.1%	108.1%	96.8%	100.0%	1	0	0	1
24	96.8%	99.5%	100.0%	98.4%	0	2	0	1
31	87.9%	91.9%	100.0%	112.9%	0	3	0	0
32	91.5%	93.5%	100.0%	106.5%	0	3	0	0
33	96.2%	98.4%	87.1%	108.1%	6	2	0	4
34	97.8%	102.7%	95.7%	98.4%	5	0	0	0
35	108.6%	105.4%	97.8%	116.1%	6	1	0	1
36	107.5%	99.5%	100.0%	100.0%	1	1	0	0
41	99.5%	133.3%	99.7%	148.4%	0	0	0	1
42	104.3%	111.8%	98.9%	156.5%	3	0	0	1
43	103.2%	95.7%	102.4%	117.7%	0	0	0	0
44	109.1%	110.2%	101.1%	129.0%	0	0	0	1
51	101.6%	122.0%	98.9%	125.8%	2	0	0	0
52	118.1%	85.1%	95.7%	108.1%	1	3	0	0
Stroke Unit	102.4%	105.3%	95.2%	130.6%	0	1	0	1
ICCU	106.9%	96.8%	109.3%	100.0%	0	2	0	0
NICU	108.5%	80.6%	96.0%	83.9%	0	0	0	0
Ward 25	93.8%	98.4%	101.1%	#DIV/0!	1	1	0	0
Inpatient maternity	98.1%	98.8%	82.7%	87.6%	0	0	0	1
DCU	100.0%	84.8%	100.0%	86.4%	3	0	0	0
Chatsworth	117.7%	98.9%	101.6%	115.4%	1	1	0	0
Lindhurst	95.2%	109.7%	100.0%	112.9%	1	0	0	0
Oakham	114.5%	103.8%	100.0%	103.2%	0	3	0	0
Sconce	104.0%	119.4%	96.8%	130.1%	3	1	0	0
Fernwood	100.0%	100.0%	100.0%	100.0%	2	2	0	0
Totals					47	38	0	14

During December a total of 99 clinical incidents relating to falls, pressure ulcers and medication errors were recorded across all clinical ward environments. Of those recorded 23 were logged against wards that had fallen below the 90% fill rate threshold. The remaining 76 incidents reported were from wards that had achieved or exceeded the required staffing thresholds.

Triangulation of this data has identified that Ward 33 did record a total of 12 Datix incidents during December in conjunction with a Registered Nurse under fill on night duty. Further analysis is currently being undertaken by the Ward Sister and Matron to identify if the above incidents occurred during those shifts when the Registered Nursing levels fell below the 90% threshold. In light of the above variables the Matron is closely monitoring this Ward from a nurse staffing and incident perspective to mitigate further risk, however it is not envisaged that this will become a recurring theme

5.0   Achievement of Planned Staffing Requirements – Organisational Capacity and Capability

On a day to day basis the Ward Sisters and Charge Nurses are responsible for ensuring that their clinical wards and departments are safely and appropriately staffed to meet the acuity and dependency of patients within their care. In addition to this duty rotas and staffing levels are regularly reviewed by the Matrons and formally reported and reviewed in the Capacity &

Flow Meetings to seek further assurances regarding clinical safety whereby risk assessments and clinical decisions are made to mitigate the greatest risks.

From a workforce perspective there are currently 80.8 WTE Registered Nurse and 76.31 WTE Healthcare Assistant vacancies across the Trust, with the greatest proportion residing within the Emergency Care & Medicine Division. This position is reflected both locally and nationally.

In order to address this issue a comprehensive Registered Nurse recruitment strategy has been implemented to attract newly qualified practitioners to the organisation, those wishing to return to practice and from across the European Union. Despite the above interventions the Trust continues to carry a significant number of vacancies thereby resulting in a heavy reliance upon temporary staffing solutions to satisfy our staffing requirements. This is recorded as a risk of 15 on the Trusts risk register.

7.0   Conclusion

Analysis of our planned and actual nurse staffing levels demonstrates that the majority of wards fulfil the required standards. Where it is identified that a clinical area has fallen below the required standard an exception report is generated by respective Divisional Matrons in order to gain a greater understanding of the reasons why this has occurred and to seek assurance that robust plans are in place to mitigate against further occurrences.

Robust governance arrangements have recently been implemented in light of the commissioning of additional bed capacity in order to efficiently and effectively identify and address shortfalls. The reliance on temporary staffing solutions is still significant and continues to be an operational challenge within the organisation, however is being managed consistently and equitably across the nursing workforce.

 A number of wards are currently in the process of transitioning to the revised nursing establishments as agreed within the first milestone of the investment programme. This has resulted in a number of Registered Nurse under fills and Health Care Assistant overfills being reported during this transition period.

Susan Bowler

Executive Director of Nursing and Quality

Appendix 1 – Actual Nurse Staffing Fill Rates (December 2014) As reported On UNIFY. RAG RATING: < 79% RED, 80% - 90% AMBER. 91% - 110% GREEN, > 110% BLUE

.....Dec. 2014	Monthly Hours											
	DAY						**Night**					
	Registered midwives/nurses		Average fill rate - registered nurses/midwives (%)	Care Staff		Average fill rate - care staff (%)	Registered midwives/nurses		Average fill rate - registered nurses/midwives (%)	Care Staff		Average fill rate - care staff (%)
Ward name	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	Total monthly actual staff hours	
Planned care and Surgery												
Ward 11	1116.00	1116.00	100.0%	1116.00	1116.00	100.0%	1023.00	1023.00	100.0%	682.00	682.00	100.0%
Ward 12	1116.00	1188.00	106.5%	1116.00	1368.00	122.6%	1023.00	1012.00	98.9%	682.00	770.00	112.9%
Ward 21												
Ward 31	1488.00	1308.00	87.9%	1116.00	1026.00	91.9%	1023.00	1023.00	100.0%	341.00	385.00	112.9%
Ward 32	1488.00	1362.00	91.5%	1116.00	1044.00	93.5%	1023.00	1023.00	100.0%	341.00	363.00	106.5%
ICCU	2976.00	3180.00	106.9%	372.00	360.00	96.8%	2728.00	2981.00	109.3%	341.00	341.00	100.0%
DCU	1128.00	1128.00	100.0%	552.00	468.00	84.8%	484.00	484.00	100.0%	242.00	209.00	86.4%
Totals	9312.00	9282.00	98.8%	5388.00	5382.00	98.2%	7304.00	7546.00	101.3%	2629.00	2750.00	103.1%
Paediatrics												
NICU	1488.00	1614.00	108.5%	372.00	300.00	80.6%	1364.00	1309.00	96.0%	341.00	286.00	83.9%
Ward 25	2604.00	2442.00	93.8%	744.00	732.00	98.4%	2046.00	2068.00	101.1%	0.00	198.00	*
Totals	4092.00	4056.00	101.1%	1116.00	1032.00	89.5%	3410.00	3377.00	98.5%	341.00	484.00	83.9%
Womens and Childrens												
Ward 14	1116.00	1302.00	116.7%	1116.00	1188.00	106.5%	1023.00	1199.00	117.2%	682.00	803.00	117.7%
Inpatient Maternity	3720.00	3648.00	98.1%	1488.00	1470.00	98.8%	3669.00	3036.00	82.7%	1364.00	1195.00	87.6%
Totals	4836.00	4950.00	107.4%	2604.00	2658.00	102.6%	4692.00	4235.00	99.9%	2046.00	1998.00	102.6%
Medicine												
EAU	3348.00	3438.00	102.7%	2232.00	2382.00	106.7%	2387.00	2614.50	109.5%	2046.00	2013.00	98.4%
Ward 22	1116.00	1116.00	100.0%	1116.00	1248.00	111.8%	1023.00	1023.00	100.0%	682.00	935.00	137.1%
Ward 23	1860.00	1806.00	97.1%	744.00	804.00	108.1%	1705.00	1650.00	96.8%	341.00	341.00	100.0%
Ward 24	1116.00	1080.00	96.8%	1116.00	1110.00	99.5%	1023.00	1023.00	100.0%	682.00	671.00	98.4%
Ward 33	1116.00	1074.00	96.2%	1116.00	1098.00	98.4%	1023.00	891.00	87.1%	682.00	737.00	108.1%
Ward 34	1116.00	1092.00	97.8%	1116.00	1146.00	102.7%	1023.00	979.00	95.7%	682.00	671.00	98.4%
Ward35	1116.00	1212.00	108.6%	1116.00	1176.00	105.4%	1023.00	1001.00	97.8%	682.00	792.00	116.1%
Ward 36	1116.00	1200.00	107.5%	1116.00	1110.00	99.5%	1023.00	1023.00	100.0%	682.00	682.00	100.0%
Ward 41	1116.00	1110.00	99.5%	1116.00	1488.00	133.3%	1023.00	1019.50	99.7%	682.00	1012.00	148.4%
Ward 42	1116.00	1164.00	104.3%	1116.00	1248.00	111.8%	1023.00	1012.00	98.9%	682.00	1067.00	156.5%
Ward 43	1488.00	1536.00	103.2%	1116.00	1068.00	95.7%	1364.00	1397.00	102.4%	682.00	803.00	117.7%
Ward 44	1116.00	1218.00	109.1%	1116.00	1230.00	110.2%	1023.00	1034.00	101.1%	682.00	880.00	129.0%
Ward 51	1116.00	1134.00	101.6%	1116.00	1362.00	122.0%	1023.00	1012.00	98.9%	682.00	858.00	125.8%
Ward 52	1488.00	1758.00	118.1%	1488.00	1266.00	85.1%	1023.00	979.00	95.7%	682.00	737.00	108.1%
Stroke Unit	2976.00	3048.00	102.4%	2046.00	2154.00	105.3%	2046.00	1947.00	95.2%	1364.00	1782.00	130.6%
Chatsworth	744.00	876.00	117.7%	1116.00	1104.00	98.9%	682.00	693.00	101.6%	341.00	393.50	115.4%
Lindhurst Ward	1488.00	1416.00	95.2%	744.00	816.00	109.7%	682.00	682.00	100.0%	341.00	385.00	112.9%
Oakham Ward	744.00	852.00	114.5%	1116.00	1158.00	103.8%	682.00	682.00	100.0%	341.00	352.00	103.2%
Sconce Ward	1488.00	1548.00	104.0%	1488.00	1776.00	119.4%	1023.00	990.00	96.8%	1023.00	1331.00	130.1%
Fernwood	372.00	372.00	100.0%	744.00	744.00	100.0%	341.00	341.00	100.0%	682.00	682.00	100.0%
Totals	27156	28050	103.8%	23994	25488	106.3%	22165	21993	98.8%	14663	17124.5	116.7%

Appendix 2- Matron Exception Report.

Dec 2014 Monthly Nurse staffing Summary							
				Report from Matron			
Ward	% fill Registered (Day)	% fill Registered (Night)	% fill HCA (Day)	% fill HCA(night)	Analysis of gaps	Impact on quality/outcomes	Actions in place	Matron assurance statement
ward 12			122.6%	112.9%	Ward 12 has had a sustained (and likely to remain high) requirement for 1:1/enhanced levels of nursing care. They care for all the patients in the hospital who have undergone surgery for #neck of femur, and a high proportion of these patients have associated enhanced care needs relating to dementia . Ward 31 and 32 have moved HCA to support one to one care	No increase in incidents or adverse effect on quality metrics	proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 14	116.7%	117.2%	117.7%		Ward 14 establishment changed on 20th December, when the Surgical Assessment Unit moved there. This means a considerable increase in patient activity (both in terms of throughput and acuity). It will be difficult to accurately represent this for December as the changes happened 'in month' but we can ensure the establishment (planned hours) are correct for January (a full month with the new ward set-up).	No increase in incidents or adverse effect on quality metrics	proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 22			111.8%	137.1%	Patients nursed on ward 22 requiring enhanced observations following assessment using the organisations assessment tool, the increased need at night is due to the flexibility to utilise other options and staff during the day whom are not available at night.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency

Ward								
ward 31	87.9%			112.9%	Ward 31 is working towards their new staffing levels of 4+3 and 3+1 – the planned hours reflect the new staffing levels. However, the wards aren't able to achieve the 4 RNs on every day shift – when this happens, they maintain the 2nd HCA on night shift. This is borne out in their planned vs. actual hours (RNs down on some day shifts and at the expected level for night shifts; slightly higher than planned for HCA on nights).	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 33		87.1%			Ward 33 have experienced significant gaps in established staffing during December this improves slightly in January when new starters come in.Internal moves were done where possible to support and other shifts put to agencies.The underfill has occurred when we either could not fill a shift or the person has cancelled at short notice.Each shift was risk assessed around acuity and skill mix and staff moves facilitated accordingly.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 35				116.1%	The uplift noted for the night shift on ward 35 relates to the need to have additional observations on patients with a positive risk assesment using the enhanced observation tool, during the day the patient was more settled	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 41			133.3%	148.4%	The uplift haven utilised for enhanced observations, following the completion of a risk assessment, Ward 41 is a rehabilitation ward that encourages it's patients to increase their independence which in turn provides a greater risk.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency

ward 42			111.8%	156.5%	Patients risk assesed as requiring enhanced 1:1 supervision. Stood down during the day when a patient improved but continued to be necessary at night.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 43				117.7%	Increased qualified staff required to support the increase of Level 2 NIV patients on the ward.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 44			110.2%	129.0%	Two complex patients risk assessed as requiring 1:1 enhanced care.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 51			122.0%	125.8%	Ward 51 has required additional care staff to support the need to maintain patient safety, all requirements are risk assessed and appropriate documentation completed to support the need.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
ward 52	118.1%		85.1%		Ward 52 are currently reviewing their nurse staffing establishment, resulting in a Registered Nurse overfill and HCA under fill being recorded.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
stroke unit				130.6%	The unit requires additional HCA's for nights, during the day additional staff are utilised to support the need for patients consider at risk, as the establishment reduces overnight the assistance is required and risk assessed.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
NICU			80.6%	83.9%	Current vacancies recruited to gaps supported by admin and H/K functions with no impact on service	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
Maternity			82.7%	87.6%	Gaps due to sickness	no impact on service	None required	

DCU				84.8%	86.4%	There is no gap between nursing establishment and vacancies	No impact noted	None required	The increase in opening hours for the Day Case Unit is a result of additional capacity required in the Trust The staffing establishment during these shift periods is driven by the number of patients on the ward at any one time. When there was an identified reduction in HCA, this married with the reduced number of patients on the ward
Chatsworth	117.7%				115.4%	Ward working to achieve new staffing levels , currently giving increase to RN on early shifts , HCA night increase due to enhanced patient observations especially at twilight time . 1 extra staff nurse worked night shift due to bank booking agency then cancelling on the day and booking bank in place , both turned up for duty and neither would go home .	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
Lindhurst					112.9%	Over establishment of HCA since recruitment to new staffing levels , placed on nights to help with current workload that particular week but not since . Currently placing HCA's on Chatsworth to help with short term shortfall	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency
Oakham	114.5%					Current over establishment of RN due to successful recruitment to new staffing levels not yet identified.	No increase in incidents or adverse effect on quality metrics	Proactive recruitment strategy in place across division	All shifts safely staffed. Temporary staff used as necessary for patient dependency

Sconce			119.4%	130.1%	When shifts have been overfilled it has been to support/safely staff enhanced care level4 patients/ Sconce ward work 3&3 at night to care for 35 patients as opposed to 4&4 during the day-hence the increase in night shift usage.	maintain safe staffing levels/to try to reduce falls	On Newark risk register for no enhanced care team.Daily review of enhanced care documentation, redeployment of Minster staff has been utilised where possible to reduce premium spend.	All shifts safely staffed, enhanced care documentation reviewed daily, anaylsis of other patients to maintain safe staffing.