

Trust Board of Directors

November 2014

Nurse Staffing Report - October 2014

1.0 Introduction

The Board of Directors receive a monthly nurse staffing report of which provides detailed retrospective data analysis on a shift by shift basis of the planned and actual nurse staffing levels across our in-patient wards within Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital and is inclusive of Registered Nurses (RN), Registered Midwives (RM) and Health Care Assistants (HCA). This report in addition includes an exception report where it is identified that the actual nurse staffing levels have exceeded the agreed parameters set at 90% and 110% of the baseline target (100%).

Sherwood Forest Hospitals NHS Foundation Trust is committed to ensuring that its nursing workforce is sufficiently robust to deliver high quality, safe and effective care in order to meet the acuity and dependency requirements of patients within our care.

This report forms part of the organisation's commitment in providing open and honest care, through the publication of this data on the Trust's Website and formal data submission via UNIFY which is published on the NHS Choices website.

2.0 Registered Nurse / Midwife (RN/RM) & Health Care Assistant (HCA) Staffing Analysis (October 2014).

Table 1 provides a summary of the UNIFY data submission for October 2014 detailing the Registered Nurse and Health Care Assistant fill rates for day and night shifts and by hospital site.

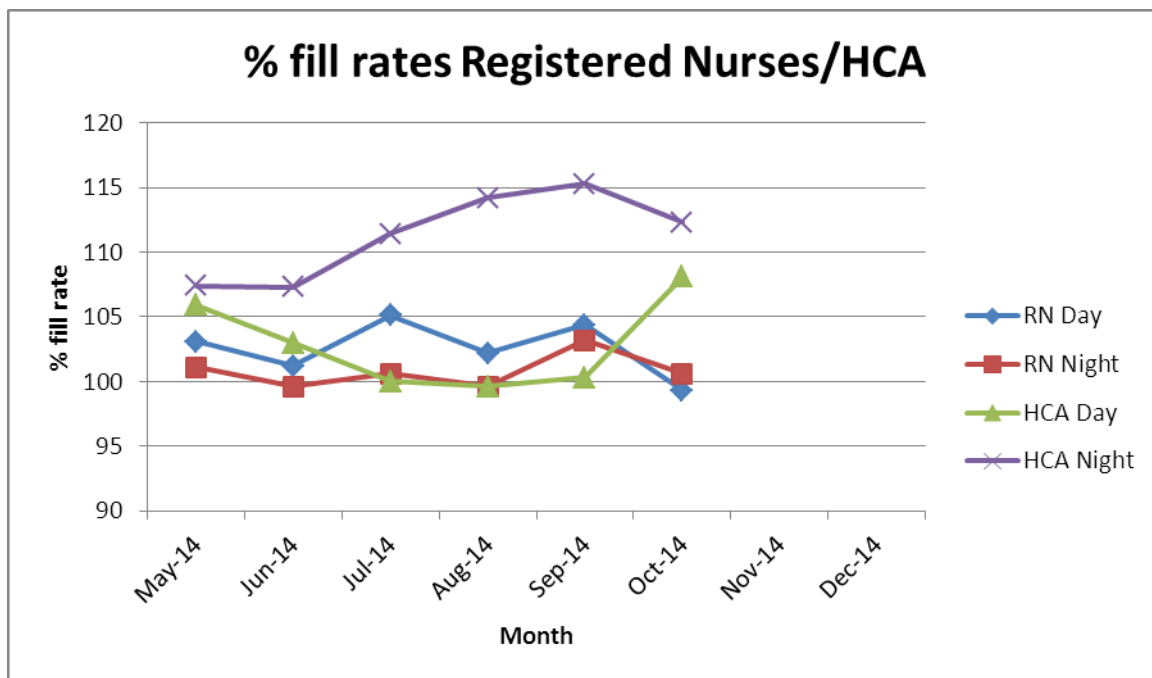
Table 1. Registered Nurse / Midwife & Health Care Assistant Fill Rates (%) October 2014

October 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	102	110	101	119
Mansfield Community Hospital	94	109	100	107
Newark Hospital	102	104	100	110

Analysis of the above information clearly evidences that overall fill rates are broadly within the agreed parameters with the notable exception of the fill rate for Health Care Assistants during night shifts (KMH) exceeding the 110% threshold (119.3%).

The following graph (Graph 1) illustrates the overall actual % fill rates for Registered Nurses / Midwives and Health Care Assistants between May - October 2014. Analysis of this data whilst being a composite of the three hospital sites does evidence in month both an increase in Health Care Assistant utilisation during day shifts and a reduction overnight.

Graph 1 Registered Nurse / Midwife & Health Care Assistant Fill Rates (%) May – October 2014 (Trustwide).



Further analysis of the reported increase in Health Care Assistant utilisation / fill rates (day shifts) during October appears to be of significance across the majority of wards within the Emergency Care & Medicine Division and is due to an increase in patient dependency requiring enhanced care and support, provision of nursing support to the Discharge Lounge and the commissioning of additional inpatient capacity on the Emergency Assessment Unit and Stroke Unit to support an increase in demand for acute care.

3.0 UNIFY Data Submission October 2014

Analysis of the UNIFY nurse staffing data submission for October (Appendix 1) and Matron Exception Report (Appendix 2) has highlighted the following themes in month:

1. During October a total of 13 wards across the Trust utilised additional Health Care Assistant resources in excess of their baseline establishment to support enhanced care requirements for patients within their care. In real terms this equated to an additional 767 additional Health Care Assistant shifts of which 167 shifts were filled with Agency HCAs (21.7%).
2. A number of wards have recently reviewed their baseline nursing establishment and are currently in the process of transitioning to the revised establishments as agreed within the first milestone of the investment programme. This has resulted in a number of over and under fills being reported during this transition period.
3. During October the trust continued to experience significant capacity and demand pressures resulting in the opening of additional bed capacity within the stroke and

Emergency Assessment Unit. This elevated the Registered Nurse actual fill rates within month, therefore exceeding baseline budgets.

4. A total of 5 wards across the trust failed to achieve the 90% fill rate threshold; Ward 22, NICU, Inpatient Maternity, ICCU and Lindhurst ward.

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

1. Ward 22 (Registered Nurse day shift fill rate – 85.1%) In recognition of the increased patient dependency on the ward and in particular the demands of caring for patients presenting with Dementia and other mental health conditions the baseline nursing establishment has been increased to provide a 4th Registered Nurse on day shifts. Whilst recruitment to the additional posts was successful this has not kept pace with recent staff turnover resulting in a reported under fill of Registered Nurses.
2. NICU (Health Care Assistant day shift fill rate – 85.5%). During October the unit had 2 HCA vacancies and due to the specialist nature of this speciality the unit was unable to source bank or agency HCA support. The unit has subsequently successfully recruited to these vacancies whereby start dates are currently being agreed and negotiated.
3. In Patient Maternity (Health Care Assistant night shift fill rate – 84%) The service has recently appointed 8 new members of staff who are at different stages of their induction. Midwifery staffing is flexed as per the escalation policy to reflect activity and the needs of the service of which may reflect variation in actual fill rates reported.
4. ICCU (Health Care Assistant day & night fill rate – 87.1% / 83.9%). During October the unit experienced short term sickness within its Health Care Assistant workforce. Due to the specialist nature of the unit there are limited HCA's with ICCU experience that can be deployed at short notice.
5. Lindhurst Ward (Registered Nurse day shift fill rate – 73.8%) Lindhurst Ward has recently reviewed its baseline nursing establishment and is currently in the process of transitioning to the revised establishments as agreed within the first milestone of the investment programme. This has resulted in a number of Registered Nurse under fills being reported during this transition period.

4.0 Quality and Safety Indicators

The senior nursing team undertake a formal monthly review of reported nurse staffing levels and triangulate this data against a number of agreed patient outcomes reported on Datix in order to ascertain whether there is any correlation between reduced staffing levels and that of patient harm being incurred. Caution should however be exercised when undertaking this exercise given the large number of variables of which can have a positive and / or negative impact upon patient outcomes.

The following table identifies the total number of Datix incidents recorded during October specifically relating to:

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 nurse staffing levels and patient outcomes (October 2014)

Correlation between nurse staffing fill rates and patient outcomes								
Ward	DAY %		Night %		Falls (Harm)	Medication Errors(Harm)	Avoidable Pressure Ulcers	Staffing incidents
	RN	HCA	RN	HCA				
EAU	108.2%	106.2%	106.5%	108.1%	4	11	0	2
11	107.0%	105.4%	98.9%	112.9%	2	2	0	0
12	103.2%	122.6%	100.0%	100.0%	4	2	2	1
14	91.9%	97.3%	100.0%	98.4%	1	1	0	0
21	102.0%	95.6%	100.0%	98.6%	1	1	0	0
22	85.1%	126.9%	100.0%	146.8%	0	1	0	0
23	97.1%	100.0%	100.0%	100.0%	1	2	2	2
24	105.9%	111.8%	101.1%	111.3%	2	3	0	1
31	96.8%	95.2%	100.0%	187.1%	0	6	0	0
32	97.6%	119.4%	100.0%	155.1%	3	1	0	1
33	100.5%	123.7%	100.0%	148.4%	1	2	0	0
34	100.0%	108.6%	97.8%	100.0%	1	0	0	0
35	97.8%	104.3%	98.9%	98.4%	1	0	0	1
36	103.8%	122.0%	95.7%	133.9%	6	3	2	0
41	100.5%	141.4%	100.0%	174.2%	0	1	0	0
42	100.0%	133.3%	100.0%	150.0%	6	0	0	0
43	99.2%	99.5%	100.0%	103.2%	2	0	0	0
44	104.3%	108.1%	100.0%	124.2%	2	0	2	0
51	104.3%	121.0%	100.0%	130.6%	0	3	0	1
52	112.9%	109.7%	92.5%	148.4%	5	1	2	0
Stroke Unit	112.5%	120.5%	111.8%	133.9%	6	5	0	0
ICCU	110.3%	87.1%	112.5%	83.9%	1	0	0	0
NICU	118.3%	85.5%	110.8%	90.3%	0	1	0	0
Ward 25	92.2%	92.7%	97.1%	#DIV/0!	0	0	0	0
Inpatient maternity	94.7%	91.1%	98.2%	84.7%	0	2	0	1
DCU	96.1%	98.1%	91.7%	93.5%	0	2	0	1
Chatsworth	116.1%	95.7%	101.6%	122.1%	5	0	0	0
Lindhurst	73.8%	130.6%	100.0%	100.0%	1	0	0	1
Oakham	113.7%	109.7%	100.0%	100.0%	5	0	0	0
Sconce	102.4%	108.5%	100.0%	117.2%	1	4	0	0
Fernwood	100.0%	96.8%	100.0%	100.0%	0	0	0	0
Totals					61	54	10	12

During October a total of 137 incidents as detailed above were reported across all in patient wards; of those a total of 8 incidents were reported by the 5 wards that reported staffing levels below the 90% threshold. The remaining 129 incidents reported were from wards that had achieved or exceeded the required staffing thresholds.

Further analysis and triangulation of the 2 wards that did not achieve the 90% Registered Nurse staffing threshold against the Ward Assurance Matrix (October 2014) demonstrates:

Ward 22:

- 1 case of trust acquired C Difficile
- 1- 21 day MRSA screening breach
- 0 Grade 2, 3, or 4 pressure ulcers
- 0 serious incidents
- 0 safety thermometer new harms

Lindhurst

- 0 cases of trust acquired C Difficile
- 1 - 21 day MRSA screening breach
- 0 Grade 2, 3, or 4 pressure ulcers
- 0 serious incidents
- 1 safety thermometer new harms
-

5.0 Conclusion

Analysis of the reported planned and actual nurse staffing fill rates demonstrates that the majority of wards fulfil the required standard set. 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.

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.

From a Registered Nurse and Health Care Assistant vacancy perspective we have reported 60.87 WTE (Registered Nurses) and 50.69 WTE (Health Care Assistants) vacancies in October. Further work is currently on-going between HR and respective divisions in order to validate these figures given that a number of wards are at differing points between their baseline establishment and the first milestone of the nurse staffing investment plan.

A comprehensive Registered Nurse recruitment strategy is currently ongoing across the organisation to attract and recruit to vacancies most notably via newly qualified clearing houses, a national return to practice campaign and overseas recruitment from EU countries. Despite the above initiatives Registered Nurse recruitment continues to be an ongoing challenge to the organisation that is mirrored nationally.

The reliance on temporary staffing solutions to fill vacancies and meet the acuity and dependency requirements of patients within our care is still significant and continues to be an operational challenge within the organisation. This is managed on a shift by shift basis by Ward Sisters and Charge Nurses in conjunction with Matrons to ensure that their areas are safely and appropriately staffed utilising risk assessment methodology to mitigate the greatest risks.

Susan Bowler
Executive Director of Nursing and Quality

Lisa Dinsdale
Deputy Director of Nursing & Quality

Appendix 1 – Nurse Staffing Analysis By Ward (UNIFY Submission October 2014). Key: Red - <79%, Amber - 80% - 89%, Green – 90% - 110%, Blue - >110%.

.....October, 2014												
Ward name	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 (%)
	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	1194.00	107.0%	1116.00	1176.00	105.4%	1023.00	1012.00	98.9%	682.00	770.00	112.9%
Ward 12	1116.00	1152.00	103.2%	1116.00	1368.00	122.6%	1023.00	1023.00	100.0%	682.00	682.00	100.0%
Ward 21	1488.00	1518.00	102.0%	1488.00	1422.00	95.6%	1023.00	1023.00	100.0%	1023.00	1008.50	98.6%
Ward 31	1488.00	1440.00	96.8%	1116.00	1062.00	95.2%	1023.00	1023.00	100.0%	341.00	638.00	187.1%
Ward 32	1488.00	1452.00	97.6%	744.00	888.00	119.4%	1023.00	1023.00	100.0%	341.00	529.00	155.1%
ICCU	2976.00	3282.00	110.3%	372.00	324.00	87.1%	2728.00	3069.00	112.5%	341.00	286.00	83.9%
DCU	1392.00	1338.00	96.1%	648.00	636.00	98.1%	744.00	682.00	91.7%	341.00	319.00	93.5%
Totals	11064.00	11376.00	101.90%	6600.00	6876.00	103.30%	8587.00	8855.00	100.40%	3751.00	4232.50	119.0%
NICU	1116.00	1320.00	118.3%	372.00	318.00	85.5%	1023.00	1133.00	110.8%	341.00	308.00	90.3%
Ward 25	2604.00	2400.00	92.2%	744.00	690.00	92.7%	2046.00	1987.50	97.1%	0.00	110.00	#DIV/0!
Totals	3720.00	3720.00	105.2%	1116.00	1008.00	89.1%	3069.00	3120.50	104.0%	341.00	418.00	90.3%
Ward 14	1488.00	1368.00	91.9%	1116.00	1086.00	97.3%	1023.00	1023.00	100.0%	682.00	671.00	98.4%
Inpatient Maternity	3720.00	3522.00	94.7%	1488.00	1356.00	91.1%	3069.00	3014.00	98.2%	1364.00	1155.00	84.7%
Totals	5208.00	4890.00	93.3%	2604.00	2442.00	94.2%	4092.00	4037.00	99.1%	2046.00	1826.00	91.5%
EAU	3348.00	3624.00	108.2%	2232.00	2370.00	106.2%	2387.00	2541.00	106.5%	2046.00	2211.00	108.1%
Ward 22	1488.00	1266.00	85.1%	1116.00	1416.00	126.9%	1023.00	1023.00	100.0%	682.00	1001.00	146.8%
Ward 23	1860.00	1806.00	97.1%	744.00	744.00	100.0%	1705.00	1705.00	100.0%	341.00	341.00	100.0%
Ward 24	1116.00	1182.00	105.9%	1116.00	1248.00	111.8%	1023.00	1034.00	101.1%	682.00	759.00	111.3%
Ward 33	1116.00	1122.00	100.5%	1116.00	1380.00	123.7%	1023.00	1023.00	100.0%	682.00	1012.00	148.4%
Ward 34	1116.00	1116.00	100.0%	1116.00	1212.00	108.6%	1023.00	1001.00	97.8%	682.00	682.00	100.0%
Ward35	1116.00	1092.00	97.8%	1116.00	1164.00	104.3%	1023.00	1012.00	98.9%	682.00	671.00	98.4%
Ward 36	1116.00	1158.00	103.8%	1116.00	1362.00	122.0%	1023.00	979.00	95.7%	682.00	913.00	133.9%
Ward 41	1116.00	1122.00	100.5%	1116.00	1578.00	141.4%	1023.00	1023.00	100.0%	682.00	1188.00	174.2%
Ward 42	1116.00	1116.00	100.0%	1116.00	1488.00	133.3%	1023.00	1023.00	100.0%	682.00	1023.00	150.0%
Ward 43	1488.00	1476.00	99.2%	1116.00	1110.00	99.5%	1364.00	1364.00	100.0%	682.00	704.00	103.2%
Ward 44	1116.00	1164.00	104.3%	1116.00	1206.00	108.1%	1023.00	1023.00	100.0%	682.00	847.00	124.2%
Ward 51	1116.00	1164.00	104.3%	1116.00	1350.00	121.0%	1023.00	1023.00	100.0%	682.00	891.00	130.6%
Ward 52	1488.00	1680.00	112.9%	1488.00	1632.00	109.7%	1023.00	946.00	92.5%	682.00	1012.00	148.4%
Stroke Unit	2976.00	3348.00	112.5%	2046.00	2466.00	120.5%	2046.00	2288.00	111.8%	1364.00	1826.00	133.9%
Chatsworth	744.00	864.00	116.1%	1116.00	1068.00	95.7%	682.00	693.00	101.6%	341.00	416.50	122.1%
Lindhurst Ward	1488.00	1098.00	73.8%	744.00	972.00	130.6%	682.00	682.00	100.0%	341.00	341.00	100.0%
Oakham Ward	744.00	846.00	113.7%	1116.00	1224.00	109.7%	682.00	682.00	100.0%	341.00	341.00	100.0%
Sconce Ward	1488.00	1524.00	102.4%	1488.00	1614.00	108.5%	1023.00	1023.00	100.0%	1023.00	1199.00	117.2%
Fernwood	372.00	372.00	100.0%	744.00	720.00	96.8%	341.00	341.00	100.0%	682.00	682.00	100.0%
Totals	27528.00	28140.00	101.9%	23994.00	27324.00	113.9%	22165.00	22429.00	100.3%	14663.00	18060.50	122.5%

Appendix 2- Matron Exception Report.

Oct 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 11	107.0%	98.9%	105.4%	112.9%	Patient with learning difficulties required Enhanced Observation (especially at night when family not available) for a week during month	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 12	103.2%	100.0%	122.6%	100.0%	A high proportion of patients with dementia who required enhanced observation, especially as the patient start to mobilise following hip fracture surgery during the day. Patients are cohorted whenever appropriate and possible; the additional HCA shifts are to provide the required enhanced observation and 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 22	85.1%	100.0%	126.9%	146.8%	Registered nurse recruiting continues as not yet fully established, the underfill is due to the parameters being 4 registered nurses on all day shifts, this is not yet achievable. The overfill noted for both the days and nights in relation to HCA's is what is required to maintain safety for patients who are an increased falls risk.	The underfill has had no impact, the staffing is utilised to ensure the busier days are well supported and are an increase in the original staffing levels. The overfill ensures that patients requiring enhanced observations receive this, especially at night when elderly patients are most vulnerable.	Ongoing recruitment underway, rolling advert and specialist advertising, some staff due to come in new year.	The ward sister monitors the impact of the under and overfill closely, serious falls have reduced significantly the previous month and robust systems are in place to ensure that the risk assessments for the enhanced support are completed.
Ward 24	105.9%	101.1%	111.8%	111.3%		To maintain the safety of patient	All risk assessments done and stood down when appropriate	Care assistant numbers increased to support enhanced observation of patient confused during acute phase- de-escalated as patient improved.
Ward 31	96.8%	100.0%	95.2%	187.1%	The ward have re-set their establishment against phase 1 of the staffing investment programme – however, for the month of October, the ward was over-established for HCAs, hence the 'overfill' on night for HCAs. As HCAs leave, posts are not being filled; additional staff used to support other wards as required.	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 32	97.6%	100.0%	119.4%	155.1%	The ward have re-set their establishment against phase 1 of the staffing investment programme – however, for the month of October, the ward was over-established for HCAs, hence the 'overfill' on night for HCAs. As HCAs leave, posts are not being filled; additional staff used to support other wards as required. Plus the ward had 1 patient who required enhanced observation during Oct, and was especially challenging during the 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 33	100.5%	100.0%	123.7%	148.4%		To maintain safety of patient and other patients on the ward.	All risk assessments done and stood down when appropriate	Care assistant numbers increased to support enhanced observation- night more problematic as fewer people about- high number of patients detoxing from alcohol withdrawal.

Ward 36	103.8%	95.7%	122.0%	133.9%	During October a patient required one to one care over the whole period. Patient was extremely prone to falls	Additional one to one allowed the remaining nursing to continue caring for the remainder of the ward patients. This maintained quality safe care and ensured the patient at risk of falling also had the care necessary.	Patient discharge was complicated but with the ward leaders intervention and excellent management of this lady has now been discharged home with the correct care package and support.	Appropriate action taken to maintain a safe environment.
Ward 41	100.5%	100.0%	141.4%	174.2%	The overfill noted for both the days and nights in relation to HCA's is what is required to maintain safety for patients who are an increased falls risk.	The overfill ensures that patients requiring enhanced observations receive this, especially at night when elderly patients are most vulnerable.	Close monitoring of the needs of the patients is undertaken by the ward sister, the falls lead for the trust is supporting and consideration is made if an alternative option is felt appropriate.	The ward sister monitors the impact of the overfill closely, serious falls have reduced significantly the previous months and robust systems are in place to ensure that the risk assessments for the enhanced support are completed.
Ward 42	100.0%	100.0%	133.3%	150.0%		To maintain the safety of patient	All risk assessments done and stood down when appropriate	Patient with a long admission requiring 1:1 observation-patient is a falls risk and has an underlying condition where a fall could be fatal. Patient in bay with other patients requiring increased support due to falls risk.
Ward 44	104.3%	100.0%	108.1%	124.2%		To maintain the safety of patient	All risk assessments done and stood down when appropriate	Patient requiring increased observation at night due to confusion and falls risk.
Ward 51	104.3%	100.0%	121.0%	130.6%	The overfill noted for both the days and nights in relation to HCA's is what is required to maintain safety for patients who are an increased falls risk.	The overfill ensures that patients requiring enhanced observations receive this, especially at night when elderly patients are most vulnerable.	Close monitoring of the needs of the patients is undertaken by the ward sister, the falls lead for the trust is supporting and consideration is made if an alternative option is felt appropriate.	The ward sister monitors the impact of the overfill closely, serious falls have reduced significantly the previous months and robust systems are in place to ensure that the risk assessments for the enhanced support are completed.
Ward 52	112.9%	92.5%	109.7%	148.4%	The day overfill relates to the fluctuating numbers as the ward progresses towards the agreed aim of 5 registered, some shifts are covered with 5 but to increase the agreed level to 5 would show as a significant underfill. The overfill at night in relation to HCA's is what is required to maintain safety for patients who are an increased falls risk.	The overfill ensures that patients requiring enhanced observations receive this, especially at night when elderly patients are most vulnerable.	Ongoing recruitment underway, rolling advert and specialist advertising, some staff due to come in new year.	The ward sister monitors the impact of the under and overfill closely, serious falls have reduced the previous months none have occurred and robust systems are in place to ensure that the risk assessments for the enhanced support are completed.
Stroke Unit	112.5%	111.8%	120.5%	133.9%	The overfills in the registered nurse day and night shifts relate to the additional capacity beds that have been open much of the past month. An additional 4 beds have been opened hence an additional registered nurse has been required. The overfill at night in relation to HCA's is what is required to maintain safety for patients who are an increased falls risk.	The additional nurse ensures that each registered nurse does not care for more than 8 patients. The overfill ensures that patients requiring enhanced observations receive this, especially at night when elderly patients are most vulnerable.	Ongoing recruitment underway, rolling advert and specialist advertising, some staff due to come in new year.	The ward sister monitors the impact of the under and overfill closely, serious falls have reduced the previous months none have occurred and robust systems are in place to ensure that the risk assessments for the enhanced support are completed. The additional registered staff are only booked on an ad hoc basis when the extra capacity is open.
ICCU	110.3%	112.5%	87.1%	83.9%	An increase in registered nursing staff is agreed at times when there is a clinical requirement to open extra beds within the unit. The reduction in non registered nursing staff was due to short term sickness. There are limited support workers with ICCU experience, that can be called on to support at short notice	There were no untoward incidents as a result		
NICU	118.3%	110.8%	85.5%	90.3%				

Chatsworth	116.1%	101.6%	95.7%	122.1%	Vacancy being carried for hca post,1:1 required for the early part of the night shift for early october ,many rn stayed for 2 hours and hca shifts were booked as extra until midnight due to the very complex needs of a patient. Rn is over due to recruitment of staff to meet Keough levels .	variation is minimal and long term sickness with rn has reduced impact of overestablishment	recruitment in place to meet newly agreed establishment figures.	New ward establishments have now been agreed and current staffing is starting to reflect the changes in both staffing numbers and shift patterns required . Following recruitment and period of supernumery , workforce review will take place with hca staff on oakham and lindhurst to allow movement to vacant post permanently. A workforce review is required to change the shift patterns fromthe current ones
Lindhurst Ward	73.8%	100.0%	130.6%	100.0%		All shifts had a minimum of 2 rn as was the baseline identified at this point in time	Agreed establishment change as of 5th November .Recruitment complete for Lindhurst ward	new establishment figures have now been agreed. In the interim in- balance will occur until full recruitment met and workforce review can be undertaken to remove slight overflow of hca
Oakham Ward	113.7%	100.0%	109.7%	100.0%	Supernumery rn from 14th 4 shifts per week for 3 weeks, sickness of night nurse required cover late , all covered bar one shift by ward team resulting in agency 25th.Cheaper agency booked but they cancelled resulting in Thornbury Nurse. One to one required from 27th month, many shifts covered by ward staffing .	no shifts without a minimum of 2 trained staff but minimumof 4 carers replaced by trained on many shift. Numbers over overall higher than minimums for trained as recruiting to posts for Keough. Overall impact on quality /outcomes not impeded	continued recruitment to registered nurse posts to allow for establishment changes this is causing inbalance of figures . Overstaffing of hca being used elsewhere within the hospital to provide one to one cover and cover with shortfalls wherever possible	as above
Sconce Ward	102.4%	100.0%	108.5%	117.2%	Night shift increase of HCA'S to safely manage level 4 enhanced patients, due to staffing numbers of 3&3. (Day shift work at 4 & 4 and can at times manage out of their numbers or seek resource from other wards/depts).	minimise patient falls/ maintain safe staffing for the rest of the ward.	Daily review of enhanced care documentation when enhanced care insitu, daily staffing review to seek assurance from other wards/depts that resource cannot be found within the hospital.	All shifts safely staffed, Enhanced care re-evaluated daily, temporary staff used as needed for patient safety/dependency. Nb Newark has no enhanced care team.
In patient Maternity	94.7%	98.2%	91.1%	84.7%				

