

Trust Board of Directors

Thursday 31st July 2014.

Nurse Staffing Report – July 2014

1.0 Introduction

The Trust Board has been receiving regular nurse staffing reports, providing a 'shift by shift' analysis of agreed staffing ratios for wards across Sherwood Forest with the total shortages for both registered and non-registered nurses. An analysis of DATIX incidents have also been included within previous reports.

This report gives an update on the national guidance re reporting and publishing of nurse staffing and provides an analysis of the June 2014 data in line with national recommendations

2.0 National Update

The National Quality Board produced guidance on establishing and maintaining appropriate nurse and midwifery staffing levels (How to ensure the right people, with the right skills are in the right place at the right time, 2013). This guidance set out ten expectations to providers and commissioners in meeting the expectations of people who use their services.

In May 2014, NHS England published more guidance on the mandatory requirements for reporting nurse staffing. It stipulated that the national data collection for nurse staffing would take place through a template on UNIFY and would involve reporting total planned and actual staff numbers for registered nurses and midwives and care staff by 'day' and 'night' shifts. The template then calculates the % fill rates. Since this guidance the Trust has uploaded its data onto UNIFY by the national deadline – 12 noon on the 10th of each month.

On 24th June 2014, the data on staffing fill rates for nurses, midwives and care staff was published on NHS Choices website. This means that the public are able to view data by hospital and by ward. In addition, NHS Choices will be developing the safety section on their website to include a greater range of detailed information enabling public and patients to compare Trusts

2.1 NICE Guidance

In July 2014 NICE published guidance for safe staffing in adult inpatient wards in acute hospitals. It recommends a systematic approach at ward level to ensure patients receive the nursing care they need, regardless of the ward to which they are allocated, the time of the day, or the day of the week. The guideline identifies organisational and managerial factors that are required to support safe staffing for nursing, and makes recommendations for monitoring and taking action if there are not enough nursing staff available to meet the nursing needs of patients on the ward. This is the first guideline for this new NICE work programme. Further guidance is being developed. The Trust is currently assessing the guidance to ensure it is compliant with recommendations, but the Trust has responded appropriately to previous guidance

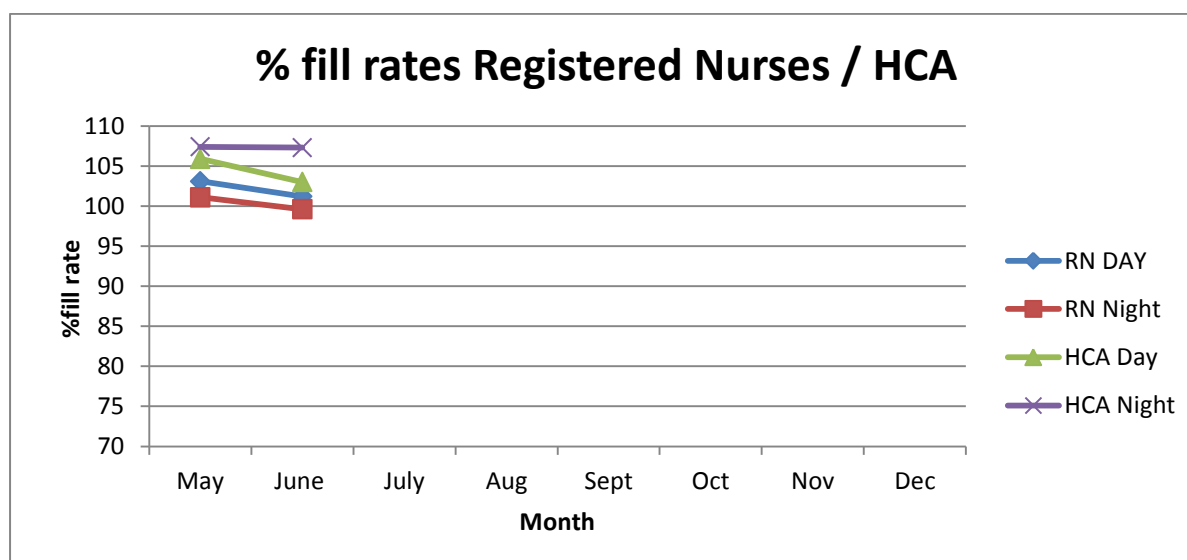
3.0 Staffing data for June 2014 - Planned versus Actual nurse staffing provision.

The Trust submitted its UNIFY data on 4th July 2014 (Appendix 1). A significant amount of work was required to generate this information and there is still further work to be implemented to improve data validity.

June 2014	Day	Day	Night	Night
Site Name	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
King's Mill Hospital	100.2%	108.7%	99.3%	112.3%
Mansfield Community Hospital	107.5%	100.0%	100.4%	109.6%
Newark Hospital	96.3%	100.3%	99.2%	100.0%

3.1 Trust Fill rates

A total of 31 areas were included on the reporting template. This included all adult inpatients, children's ward, critical care, maternity inpatients. Overall actual staff available matched or exceeds the plan



It must be noted that the establishments are set on the current skill mix and numbers, but the additional night RGN (Keogh recommendation) is included within the current establishments. New establishments will be set ward by ward as the additional nurses are recruited.

Overall RAG rating for the Divisions

Division	Registered nurses (RN)		HCA	
	Day	Night	Day	Night
Medicine	Green	Green	Green	Green
Surgery	Green	Green	Green	Green
Womens	Green	Green	Green	Yellow
Paediatrics	Green	Green	Yellow	Red

The paediatrics 'red' is related to:

Ward 25 - The ward is experiencing staffing gaps with HCAs (sick and maternity leave). The ward risk assess where best to place the HCAs they do have available during the next duty rota. The night times tend to be quieter and the ward also reduce capacity by 10 beds. The RN staffing levels are at the planned level for nights to provide adequate RN cover. If the nursing care demands are high, additional hours are requested – these tend to be filled by their own staff, as paediatric experienced HCAs are not commonly available.

NICU - The reduction in the fill rate of health care workers on is due to a 1.11 wte vacancy plus annual leave. Support worker shifts are difficult to cover with bank or agency due to the speciality, so they are covered by a RN when required, resulting in an overfill in RN numbers. Beds have been reduced in NICU to ensure the numbers of patients are safely cared for until recruitment is completed. This is being closely monitored by the surgical divisional team, with regular updates to the Executive team

4.0 Variation (All shifts ward by ward have been presented in appendix 2)

Variation from planned falls in to two key categories: *over or under*

Contributory factors include acuity and dependency of patients and the need for enhanced patient observations.

Acuity relates to the level of skilled intervention required such as cardiovascular observations or the management of intravenous fluids, whereas dependency relates to the core activities of daily living such as washing, dressing, feeding, or walking to the toilet. Dependency can also relate to the need for enhanced patient observation particularly for patients with cognitive impairment, short-term memory loss or dementia.

4.1 Additional shifts / overfills

In total for June there were 678 enhanced patient observation shifts declared on the current staffing template of which:

Ward 12 – 74 overfilled shifts due to acuity, activity and enhanced patient support

Ward 35 – 138 overfilled shifts due to a patient being held under a deprivation of liberties requiring 24hour supervision and fluctuating dependencies, requiring enhanced patient support.

Ward 41 – 156 overfilled shifts due to enhanced patient observations

Ward 42 – 87 overfilled shifts due to enhanced patient observations

4.2 Areas where a shift shortfall was registered

Some areas may have a shortfall due to vacancies, maternity leave or short-term sickness that cannot be filled by temporary staff. Many areas will cross cover, so there may appear to be a short fall that is deemed acceptable as staff will be redeployed from other areas within the divisions to maintain core levels of safety. Some areas appear to have a shortfall but an assessment felt the staffing levels were appropriate for the level of patient needs or the number of patients.

Areas which identified a short fall included

Critical Care Unit: The variation between planned and actual for the Unit was related to acuity and dependency of the patients. At no time was there less than the required number of registered nurses to provide either 1:1 care for ventilated patients or 1:2 care for high dependency patients.

Cardiology ward 23-variation indicates the planned staffing was not met, however the staffing levels available were appropriate for the demand at that time. This was monitored closely by the Divisional Matron. There is currently an assessment of whether the funded staffing levels exceed the demands of the patients, as cardiology care has become less invasive and intensive.

Maternity Services – Whilst the actual hours may differ from the plan, this is due to the workforce flexing and relocating as women progress through their pathway of care.

5.0 Quality and safety

As part of the work to understand the links between staffing levels and patient outcomes, it was agreed to collate a range of indicators ward by ward. These include Datix incidents in relation to staffing, medication errors and falls causing harm. It is important to note that a number of issues can influence the quality of care and therefore care should be taken in making any direct links between the nurse staffing fill rates data and quality indicators.

There were a total of 38 incidents with regards to falls and medication errors reported in June (refer to appendix 2):

- There were 26 falls across the areas within this report. Some of these falls occurred when there were shortfalls on the day but when correlated with the timing of the incidents only Ward 23 had a harm incident when there was an actual shortfall in staffing. The majority of falls occurred when there was a full complement of staff. Likewise some wards had falls when there were additional staff present.
- There were 4 medication incidents but these predominantly do not appear related to shortfalls in staffing. Sconce ward had a RN shortfall and a medication error related to miss reading a drug administration chart.
- There were 8 reported staffing incidents for the wards, most were related to requests for extra support for enhanced patient observation or increase in RN to patient ratio.
- There was 1 reported incident in ED and this did not relate to a shortfall of staff and 0 incidents in EAU despite their shift shortfalls

6.0 Capacity and capability:

In terms of the capacity and capability for wards to achieve and maintain safe levels of care,

There is a robust recruitment strategy in place, which is now starting to have a positive impact on overall vacancy rates for nursing.

Where there are concerns about shortfall in staffing levels, staff are aware of the trust escalation process and have opportunity each morning to raise concerns in the capacity and flow meeting or to the duty nurse managers and capacity and flow coordinators. They assist staff in assessing the level of risk on the ward reporting a shortfall, and the potential risks to consider when redeploying staff from another ward / area to resolve the initial issue.

7.0 Conclusion

There is no indication that overall staffing levels fail to meet the required levels to maintain safety. There remains a reliance on temporary staffing solutions to meet the changing demands in acuity and dependency and to manage short notice absence. Robust recruitment plans and clear processes for monitoring staffing levels and standards of care are in place.

Evidence from complaints, incidence and patient feedback would suggest that standards of care generally meet expectations. The introduction of an additional registered nurse on night duty has been sustained. There were very few night shifts across all wards where the minimal Keogh levels were not met during June. This means we have sustained the Keogh recommendations on our inpatient wards.

Overall the trust is able to meet the nursing care time demands, and has systems in place to allow for a flexible responsive provision of care. Recruitment is active and will continue so that all established and new posts are filled.

8.0 Recommendations

- To note the current nurse staffing data submitted onto the UNIFY template for July 2014 (June 2014 data)
- To note the themes around reasons for over/under filled shifts
- To continue to receive monthly reports

Susan Bowler

Executive Director of Nursing

Appendix 1 – Unify staffing information. For the purpose of the RAG rating anything between 80% - 90% is amber and anything 79% and below is red rated

Monthly Hours												
Ward name	Registered midwives/nurses- Day		Average fill rate – Day registered nurses/midwives (%)	Care Staff- Day		Average fill rate - Day care staff (%)	Registered midwives/nurses nights		Average fill rate – nights registered nurses/midwives (%)	Care Staff Nights		Average fill rate – nights 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	1080	1080	100.0%	1080	1080	100.0%	990	990	100.0%	660	660	100.0%
Ward 12	1080	1080	100.0%	1080	1428	132.2%	990	990	100.0%	660	836	126.7%
Ward 21	1440	1440	100.0%	1440	1464	101.7%	990	1012	102.2%	990	1023	103.3%
Ward 31	1080	1116	103.3%	1080	1080	100.0%	990	990	100.0%	660	693	105.0%
Ward 32	1080	1098	101.7%	1080	990	91.7%	990	957	96.7%	660	649	98.3%
ICCU	2880	2844	98.8%	360	258	71.7%	2640	2519	95.4%	330	231	70.0%
DCU	1056	1062	100.6%	546	516	94.5%	504	504	100.0%	231	231	100.0%
Totals	9696	9720	100.6%	6666	6816	98.8%	8094	7962	99.4%	4191	4323	100.4%
Paediatrics												
NICU	1080	1188	110.0%	360	228	63.3%	990	1023	103.3%	330	275	83.3%
Ward 25	2520	2352	93.3%	720	690	95.8%	1980	1936	97.8%	330	88	26.7%
Totals	3600	3540	101.6%	1080	918	79.5%	2970	2959	100.5%	660	363	55.0%
Womens and Childrens												
Ward 14	1080	1092	101.1%	1080	1062	98.3%	990	990	100.0%	660	638	96.7%
Inpatient Maternity	3600	3186	88.5%	1440	1362	94.6%	2970	2834.5	95.4%	1320	1067	80.8%
Totals	4680	4278	94.8%	2520	2424	96.4%	3960	3824.5	97.7%	1980	1705	88.8%
Medicine												
Ward 22	1080	1422	131.7%	1080	1140	105.6%	990	990	100.0%	660	715	108.3%
Ward 23	2160	1824	84.4%	720	876	121.7%	1650	1628	98.7%	330	429	130.0%
Ward 24	1080	1164	107.8%	1080	1116	103.3%	990	1001	101.1%	660	737	111.7%
Ward 33	1080	1236	114.4%	1080	1062	98.3%	990	990	100.0%	660	748	113.3%
Ward 34	1080	1110	102.8%	1080	1128	104.4%	990	990	100.0%	660	660	100.0%
Ward35	1080	1242	115.0%	1080	1488	137.8%	990	1012	102.2%	660	1089	165.0%
Ward 36	1080	1284	118.9%	1080	1104	102.2%	900	948	105.3%	660	693	105.0%
Ward 41	1080	1092	101.1%	1080	1698	157.2%	990	990	100.0%	660	1221	185.0%
Ward 42	1080	1230	113.9%	1080	1284	118.9%	990	990	100.0%	660	946	143.3%
Ward 43	1440	1446	100.4%	1080	1074	99.4%	1320	1320	100.0%	660	660	100.0%
Ward 44	1080	1104	102.2%	1080	1146	106.1%	990	990	100.0%	660	726	110.0%
Ward 51	1440	1404	97.5%	1080	1416	131.1%	990	979	98.9%	660	1056	160.0%
Ward 52	1800	1746	97.0%	1080	1452	134.4%	990	1023	103.3%	660	946	143.3%
Stroke Unit	2880	2706	94.0%	1800	2112	117.3%	1650	1639	99.3%	1320	1705	129.2%
Chatsworth	720.00	780.00	108.3%	1080.00	1020.00	94.4%	660.00	660.00	100.0%	330.00	330.00	100.0%
Lindhurst Ward	720.00	768.00	106.7%	1080.00	1104.00	102.2%	660.00	667.50	101.1%	330.00	425.50	128.9%
Oakham Ward	720.00	774.00	107.5%	1080.00	1116.00	103.3%	660.00	660.00	100.0%	330.00	330.00	100.0%
Sconce Ward	1440	1374	95.4%	1440	1452	100.8%	990	979	98.9%	990	1001	101.1%
Fernwood	360	360	100.0%	720	714	99.2%	330	330	100.0%	660	649	98.3%
Totals	23400	24066	105.20%	20880	23502	112.50%	18720	18786.5	100.4%	12210	15066.5	122.7%

June 2014 Information uploaded to NHS Choices

Month: June, Year: 2014, Ward: ED, Actual Off Duty

Shifts	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON
Early Trained	9	9	8	10	10	10	10	9	9	9	9	9	8	8	8	9	9	9	9	9	10	9	9	8	9	9	8	9	9	8	9
Early HCA	5	4	6	5	5	5	5	4	5	5	5	4	5	5	5	5	5	4	5	5	5	6	5	4	5	4	5	5	5	5	5
Late Trained	10	10	10	9	10	10	9	10	10	10	10	10	10	10	10	10	10	10	10	10	11	10	10	9	10	10	9	10	10	9	9
Late HCA	6	5	5	5	6	5	6	5	5	6	5	6	5	5	6	6	7	6	6	6	6	6	6	6	5	4	6	6	5	6	5
Night Trained	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	7	6	6	6	6	6	6	6
Night HCA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	3	3	2	3	3	2	3	3	3
Twilight Trained	2	1	1	2	2	2	1	1	1	2	2	2	1	1	1	1	2	2	2	2	2	0	1	2	1	2	2	2	1	2	
Twilight HCA	1	0	1	1	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0	1	1
Sister/Charge Nurse Supervisory Shifts (Enter Y or N)																															

Shortfall/Overfill	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	
Early Trained	9		1	1	1	1	1							1	1						1							1			1	
Early HCA	5	1	1					1					1					1				1				1		1			1	
Late Trained	10			1			1										1				1								1	1	1	
Late HCA	6	1	1	1		1		1	1		1		1	1			1								1	2				1	1	
Night Trained	6																							1								
Night HCA	3										3	3	4	1							1	1						1				
Twilight Trained	2	1	1			1	1	1					1	1	1	1						2	1			1				1		
Twilight HCA	1	1			1		1	1																					1			
Incidents (Falls)																1																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: 1176, Total Number of Shortfall Shifts: 55, Total Number of Overfill Shifts: 23, Sister/Charge Nurse Total Number of Supervisory Shifts: 0

Reasons for Shortfall/Overfill and Action codes	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON		
Early Trained				n	n	n	n																										
Early HCA																																	
Late Trained																																	
Late HCA																																	
Night Trained																																	
Night HCA																																	
Twilight Trained																																	
Twilight HCA		a																															

Comments: TWL trained - gold standard is 2 trained, however due to volume of mat leave some shifts manage on 1. Over staffing 3rd - 6th early was cancelled ATLS by the Trust - staff were utilised in the department on their original hours and assisted with safety over period of flooring maintenance, additional Night HCAs 10th - 13th for same. All other short falls for HCAs due to vacancies and sickness absence (Long and short term).

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

ED Narrative

Staffing is used flexible to accommodate increased and decreased patient activity. Staff coming on duty is staggered at the beginning and at the end of the day. The majority of staff is available in the middle of the day when the department sees most patients. Gold standard is to have two trained twilights on each day to support the night shift one finishing at midnight and one at 1am, however this can at times just be one due to the volume of mat leave. There is also an HCA band 3 who also supports the night shift on a 5-1am. There is also EN/ANP cover up until midnight.

June 2014 Information uploaded to NHS Choices

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / Midwives (%)	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				
1056	1062	546	516	504	504	231	231	100.6%	94.5%	100.0%	100.0%

Month: **June** Year: **2014** Ward: **Day Case** Actual Off Duty

Shifts	DAY	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE		
Early Trained	4	c	4	4	4	4	4	3	c	4	4	4	4	4	2	c	4	4	4	4	4	2	c	4	4	4	na
Early HCA	2	c	2	2	2	2	2	1	c	2	2	2	2	2	1	c	2	2	2	2	2	1	c	2	2	2	na
Late Trained	4	c	4	4	4	4	4	c	c	4	4	4	4	4	c	c	4	4	4	4	4	c	c	4	4	4	na
Late HCA	2	c	2	2	2	2	2	c	c	2	2	2	2	2	c	c	2	2	1	2	2	c	c	2	1	2	na
Night Trained	2	c	2	2	2	2	2	c	c	2	2	2	2	2	c	c	2	2	2	2	2	c	c	2	2	2	na
Night HCA	1	c	1	1	1	1	1	c	c	1	1	1	1	1	c	c	1	1	1	1	1	c	c	1	1	1	na
Twilight Trained	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Twilight HCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sister/Charge Nurse Supervisory Shifts (Enter T or N)																											

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	4																															
Early HCA	2																															
Late Trained	4																															
Late HCA	2																															
Night Trained	2																															
Night HCA	1																															
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: 420 Total Number of Shortfall Shifts: 0 Total Number of Overfill Shifts: 0 Sister/Charge Nurse Total Number of Supervisory Shifts: 0

Reasons for Shortfall/Overfill and Action codes	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained																															
Early HCA																															
Late Trained																															
Late HCA																															
Night Trained																															
Night HCA																															
Twilight Trained																															
Twilight HCA																															

Comments: The unit activity reduces on a Saturday morning as it remains open only to discharge so the staffing level is less. The exception to this is on the 7th June when an extra RN worked to cover an additional list (waiting list initiative)
24/06/2014 - HCA Vacancy

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

DCU	Narrative
	Not required this month

June 2014 Information uploaded to NHS Choices

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / Midwives (%)	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				
1080	1080	1080	1428	990	990	660	836	100.0%	132.2%	100.0%	126.7%

Month: **june** Year: **2014** Ward: **12** Actual Off Duty

Shifts	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	
Early Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Early HCA	3	4	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Late Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Late HCA	3	4	4	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Night HCA	2	2	3	3	3	3	3	3	2	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Twilight Trained																																	
Twilight HCA																																	
Sister/Charge Nurse Supervisory Shifts (Enter Y or N)					y						y						n	n	y	y	y				y	y	y	y	y			y	

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Early Trained	3																																
Early HCA	3	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Late Trained	3																																
Late HCA	3	1	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Night Trained	3																																
Night HCA	2		1	1	1	1	1	1				1	1	1	1	1	1	1	1	1	1												
Twilight Trained	0																																
Twilight HCA	0																																
Incidents (Falls)																	1								1								
Incidents (Medication)																																	
Incidents (Staffing)																																	

Total Number of Shifts: 476 Total Number of Shortfall Shifts: 0 Total Number of Overfill Shifts: 74 Sister/Charge Nurse Total Number of Supervisory Shifts: 11

Reasons for Shortfall/Overfill and Action codes	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained																																
Early HCA																																
Late Trained																																
Late HCA																																
Night Trained																																
Night HCA																																
Twilight Trained																																
Twilight HCA																																
Comments:																																

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

Ward 12	Narrative
	Ward 12 has increased staffing of Health Care assistants this month to support a complex patient that required enhanced observations and had previous multiple falls prior to transfer to Ward 12. The Ward also had several patients with delirium that required close observation.

June 2014 Information uploaded to NHS Choices

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - Average fill rate - registered nurses/ midwives (%)	Average fill rate - Average fill rate - care staff (%)	Average fill rate - Average fill rate - registered nurses / Midwives (%)	Average fill rate - 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				
1440	1440	1440	1464	990	1012	990	1023	100.0%	101.7%	102.2%	103.3%

Month: JUNE, Year: 2014, Ward: 21, Actual Off Duty

Shifts	DAY	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	FRI	SAT	SUN	MON	TUE		
Early Trained	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Early HCA	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Late Trained	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Late HCA	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Night HCA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	
Twilight Trained																																
Twilight HCA																																
Sister/Charge Nurse Supervisory Shifts (Enter Y or N)		n	y	y	y	n	n	n	n	y	n	y	y	y	n	n	y	y	y	y	n											

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	4																															
Early HCA	4											1	1																			
Late Trained	4																															
Late HCA	4											1	1																			
Night Trained	3													1	1																	
Night HCA	3											1	1		1	1																
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: 616, Total Number of Shortfall Shifts: 0, Total Number of Overfill Shifts: 9, Sister/Charge Nurse Total Number of Supervisory Shifts: 11

Reasons for Shortfall/Overfill and Action codes	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained																															
Early HCA																															
Late Trained																															
Late HCA																															
Night Trained																															
Night HCA																															
Twilight Trained																															
Twilight HCA																															
Comments:																															

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

Ward 21 Narrative
Not required this month

June 2014 Information uploaded to NHS Choices

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / Midwives (%)	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				
1080	1116	1080	1080	990	990	660	693	103.3%	100.0%	100.0%	105.0%

Month: **June** Year: **2014** Ward: **31** Actual Off Duty

Shifts	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	
Shifts	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	
Early HCA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	4	4	4	
Late Trained	3	3	4	4	3	3	4	3	3	3	4	3	3	4	3	3	3	3	4	3	4	3	2	3	3	3	3	3	3	3		
Late HCA	3	3	2	2	3	3	2	3	3	3	2	3	3	2	3	3	3	4	2	3	2	3	3	3	3	3	3	3	4	4		
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
Night HCA	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	3	3	
Twilight Trained	0																															
Twilight HCA	0																															
Sister/Charge Nurse Supervisory Shifts (Enter Y or N)			y	y	y	y	n			y	n	y	y	y			y	y	y					n	y	y	y				y	

Shortfall/Overfill	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	
Early Trained	3										1																					
Early HCA	3																															
Late Trained	3		1	1			1				1		1						1	1								1	1	1		
Late HCA	3		1	1			1				1		1						1	1								1	1			
Night Trained	3																															
Night HCA	2																															
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: 476 Total Number of Shortfall Shifts: 9 Total Number of Overfill Shifts: 18 Sister/Charge Nurse Total Number of Supervisory Shifts: 15

Reasons for Shortfall/Overfill and Action codes	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	
Early Trained																															
Early HCA																															
Late Trained			p	p			p				p		p						p	p											
Late HCA			p	p			p				p		p																		
Night Trained																															
Night HCA																															
Twilight Trained																															
Twilight HCA																															
Comments:																															

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

Ward 31 Narrative
Not required this month

June 2014 Information uploaded to NHS Choices

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / Midwives (%)	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				
1080	1236	1080	1062	990	990	660	748	114.4%	98.3%	100.0%	113.3%

Month: JUNE, Year: 2014, Ward: 33, Actual Off Duty

Shifts	Baseline	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	FRI	SAT	SUN	MON	TUE	
Early Trained	3	3	3	3	4	5	4	4	3	3	5	4	3	4	3	3	3	3	3	4	4	4	3	3	4	3	3	3	3	3	3
Early HCA	3	3	4	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3
Late Trained	3	3	3	3	4	5	4	4	3	3	5	4	3	4	3	3	3	3	3	4	4	4	3	3	4	3	3	3	3	3	3
Late HCA	3	3	4	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Night HCA	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Twilight Trained																															
Twilight HCA																															
Sister/Charge Nurse Supervisory Shifts			y	y	y	y	y			y	n	y		y			y	y			y			y	y	y	y	y		y	

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	3				1	2	1	1			2	1		1					1	1	1				1							
Early HCA	3		1												1							1										
Late Trained	3				1	2	1	1			2	1		1					1	1	1				1							
Late HCA	3		1											1								1	1									
Night Trained	3																															
Night HCA	2	1																				1	1				1	1	1	1	1	
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																																
Incidents (Medication)																										1						
Incidents (Staffing)																																

Total Number of Shifts: 476, Total Number of Shortfall Shifts: 5, Total Number of Overfill Shifts: 30, Sister/Charge Nurse Total Number of Supervisory Shifts: 17

Reasons for Shortfall/Overfill and Action codes	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained				n		j	j				j	n		j					j	j	n											
Early HCA				i											h																	
Late Trained				n		j	j				j	n		j					j	j	n											
Late HCA				i											h																	
Night Trained																																
Night HCA				i																												
Twilight Trained																																
Twilight HCA																																

Comments: 4/6/14 extra staff nurse come in to do RICs
 5/6/14 new staff nurse 1st day supernumary, office day for deputy.
 11/6/14 staff nurse on escort to QMC
 20/6/14 staff nurse on escort to QMC

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumary
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

Ward 33 Narrative
 Ward 33 has a vacancy level of 3.5wte registered nurses and is currently experiencing a run of very genuine sickness which is likely to become long term. All is being managed appropriately. We were successful in recruiting into vacant posts up to establishment with a start date in September, these are a mix of newly qualified and overseas nurses.

June 2014 Information uploaded to NHS Choices

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / Midwives (%)	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				
1440	1404	1080	1416	990	979	660	1056	97.5%	131.1%	98.9%	160.0%

Month: June, Year: 2014, Ward: Ward 51, Actual Off Duty

Shifts	DAY	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE						
Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Early HCA	3	5	4	4	5	4	4	5	6	5	5	4	4	4	5	5	5	5	4	3	3	3	3	3	3	3	3	3	3	3	
Late Trained	4	4	4	4	4	4	3	4	4	4	4	3	4	4	3	3	4	4	4	4	4	4	4	4	4	4	4	3	4	4	
Late HCA	3	5	5	4	4	4	4	5	5	5	5	4	4	4	5	5	5	5	4	3	3	3	2	3	3	3	3	3	3	3	
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	
Night HCA	2	4	3	2	3	4	4	4	4	3	4	4	4	4	4	4	4	4	3	3	3	2	2	2	2	3	3	3	3	2	
Twilight Trained	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Twilight HCA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Sister/Charge Nurse Supervisory Shifts (Enter Y or N)			Y	Y	Y	Y	Y			Y	N	Y	Y	Y			Y	Y	Y	Y	Y			Y	Y	Y	Y			Y	

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	4															1																
Early HCA	3	2	1	1	2	1	1	2	3	2	2	1	1	1	1	2	2	2	1													
Late Trained	4						1					1			1	1													1			
Late HCA	3	2	2	1	1	1	1	2	2	2	2	1	1	1	1	2	2	2	2	1			1									
Night Trained	3																															
Night HCA	2	2	1		1	2	2	2	2	1	2	1	2	2	2	2	2	2	1	1	1					1	1	1	1	1		
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																1																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: 532, Total Number of Shortfall Shifts: 9, Total Number of Overfill Shifts: 93, Sister/Charge Nurse Total Number of Supervisory Shifts: 20

Reasons for Shortfall/Overfill and Action codes	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained																*															
Early HCA		i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i												
Late Trained							h							h	*														h		
Late HCA		i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i			*							i	i	
Night Trained																															
Night HCA		i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	i	f						i	i	i	i
Twilight Trained																															
Twilight HCA																															

Comments: 6-6-14, 11-6-14, 14-6-14- unable to cover RN shift with existing capacity, bank or agency.

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

Ward 51	Narrative
	Ward 51 has an overfill of 31% in the day and 60% for night duty in unregistered staff, this relates to both the requirement of enhanced observations and the use of a discharge facilitator. The enhanced observation needs are assessed on a daily basis and support provided based on this assessment, this is monitored by both the ward sister and the matron and as always patient safety and quality is paramount. The use of the discharge facilitator has demonstrated a reduction in delayed discharges and enables nursing staff to be at the patient's bedside, where their skills are required. The plan is to monitor this provision and decide if an option to create the position is appropriate.

Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses / Midwives (%)	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				
720.00	780.00	1080.00	1020.00	660.00	660.00	330.00	330.00	108.3%	94.4%	100.0%	100.0%

Month: **june** Year: **2014** Ward: **Chatsworth** Actual Off Duty:

Shifts	DAY	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained		2	2	3	4	3	3	2	2	2	2	2	2	2	2	2	2	3	3	2	2	2	2	2	2	3	2	2	2	2	3	2	
Early HCA		4	4	3	2	3	3	4	4	4	4	3	4	4	4	4	4	3	3	4	4	4	4	4	4	3	4	3	4	5	4	4	
Late Trained		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Late HCA		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Night Trained		2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	
Night HCA		1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Twilight Trained																																	
Twilight HCA																																	
Sister/Charge Nurse Supervisory Shifts																																	

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	2		1	2	1	1					1						1	1							1					1		
Early HCA	4		1	2	1	1					1						1	1							1		1			1		
Late Trained	2																															
Late HCA	2										1																					
Night Trained	2																															
Night HCA	1																															
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: **364** Total Number of Shortfall Shifts: **11** Total Number of Overfill Shifts: **11** Sister/Charge Nurse Total Number of Supervisory Shifts: **0**

Reasons for Shortfall/Overfill and Action codes	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Early Trained			p	p	p	p						p					hp	hp							hp								
Early HCA																																	
Late Trained																																	
Late HCA																																	
Night Trained																																	
Night HCA																																	
Twilight Trained																																	
Twilight HCA																																	

Comments: fr-31st of month doesn't exist
 ward manager had 6 supervisory days this month
 hca left trust

Code	Shortfall Reasons
a	Sickness (short notice)
b	Carers/Bereavement (short notice)
c	Staff moved to another area
d	DNA Bank
e	Cancelled Bank
f	DNA Agency
g	Cancelled Agency
h	Other (enter a comment)

Code	Overfill Reasons
i	Enhanced pt observation
j	Supernumery
k	Reduced Occupancy
l	Audit
m	Link Work
n	Other (enter a comment)

Code	Actions Taken
o	HCA covered RN role
p	RN covered HCA role
q	Student Nurse counted in numbers
r	Staff moved in from another area
s	Decision taken not to cover
t	Other (enter a comment)

Chatsworth Narrative
 Not required this month

Month: **June** Year: **2014** Ward: **Minster** **Actual Off Duty**

	DAY	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	
Shifts	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained		C	2	3	3	2	2	1	1	2	2	3	3	2	0	1	3	2	2	2	1	C	C	2	4	3	3	2	C	C	3	
Early HCA		C	1	2	1	2	2	1	1	2	2	2	2	1	1	1	1	1	1	1	1	C	C	2	1	1	1	1	C	C	1	
Late Trained		C	2	2	1	2	1	1	0	1	2	1	2	1	0	1	1	0	1	1	0	C	C	2	1	1	2	0	C	C	2	
Late HCA		C	1	2	2	1	1	1	0	2	1	2	2	1	0	0	1	0	1	0	0	C	C	1	1	1	1	1	C	C	1	
Night Trained		C	1	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	C	C	0	0	0	0	0	C	C	0	
Night HCA		C	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	C	C	0	0	0	0	1	C	C	0	
Twilight Trained																																
Twilight HCA																																
Sister/Charge Nurse Supervisory Shifts															Y						Y	Y			Y		Y	Y	Y			

Shortfall/Overfill	Baseline	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Early Trained	0																															
Early HCA	0																															
Late Trained	0																															
Late HCA	0																															
Night Trained	0																															
Night HCA	0																															
Twilight Trained	0																															
Twilight HCA	0																															
Incidents (Falls)																																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts: **0** Total Number of Shortfall Shifts: **0** Total Number of Overfill Shifts: **0** Sister/Charge Nurse Total Number of Supervisory Shifts: **7**

Reasons for Shortfall/Overfill and Action codes																															
Early Trained																															
Early HCA																															
Late Trained																															
Late HCA				KS	KS					KS		KS	KS												KS						
Night Trained																															
Night HCA																															
Twilight Trained																															
Twilight HCA																															
Comments:																															

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Code	Actions Taken
o	HCA covered RN role
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t	Other (enter a comment)

Minster	Narrative
	Minster is now a day case unit and flexes staff according to patient activity, currently establishment is being agreed.