Board of Directors
Meeting Report

Subject: **Nurse Staffing – Update Paper**
Date: **Thursday 24ᵗʰ April 2014**
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Lead Director: **Susan Bowler – Executive Director of Nursing & Quality**

Executive Summary

In March 2014, NHS England wrote to Trusts to confirm the requirements for publishing staffing data regarding nursing, midwifery and care staff and give clear guidance on the delivery of the commitments set out in 'Hard Truths'.

This followed the new guidance published by the NHS National Quality Board in November 2013 to support providers and commissioners to make the right decisions about nursing, midwifery and care staffing capacity and capability: 'How to ensure the right people, with the right skills, are in the right place at the right time: *A guide to nursing, midwifery and care staffing capacity and capability'.* The recommendations are set out within the paper. The key actions to ensure compliance with the guidance include:

- A board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months
- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level
- A Board report containing details of planned and actual staff on a shift-by-shift basis at ward level for the previous month. To be presented to the Board every month.
- The monthly report must be published on the Trusts website and Trusts will be expected to link or upload the report to the relevant hospitals(s) webpage on NHS Choices

This report provides the Board with a review of the actions taken to meet the recent guidance and includes a shift by shift overview of our staffing levels for February 2014, highlighting any reasons for shortfalls or overfills. It also provides some analysis of our current staffing levels against the 'Safer Nursing Care Tool' (SNCT) figures.

Recommendation

The Board is asked to note:

- the contents of the report and expectations for reporting staffing capability and capacity to the Trust Board
- the analysis from the shift by shift/DATIX and SNCT reviews, areas of concern and mitigating actions in progress

And advise on:
- further assurance required in relation to staffing capability and capacity and content of future board reports

Relevant Strategic Objectives (please mark in bold)	
Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	BAF 1.3, 2.1, 2.2 2.3,
Details of additional risks associated with this paper *(may include CQC Essential Standards, NHSLA, NHS Constitution)*	Risk of being assessed as non-compliant against the CQC essential standards of Quality and Safety – particularly Outcome 13. Potential failure to comply with new NICE guidance on staffing when available Judged as ;partially assured' against Keogh judgement Individual roles and responsibilities 'identified within 'How to ensure the right people, with the right skills are in the right place at the right time' are not met
Links to NHS Constitution	Principle 2, 3, 4 & 7
Financial Implications/Impact	An investment of £4.25 million which was not previously factored into the organisations long term financial model (pre April 2013)
Legal Implications/Impact	.
Partnership working & Public Engagement Implications/Impact	This paper will be shared with the CCG Quality Lead
Committees/groups where this item has been presented before	Executive Team, Trust Management Board and Nursing Workforce Forum
Monitoring and Review	This will be monitored through Trust Board, divisional forums and the nursing workforce forum. Reported Monthly via the quality and safety reports.
Is a QIA required/been completed? If yes provide brief details	No

Sherwood Forest Hospitals NHS

NHS Foundation Trust

Establishment and Staffing Review

Update Report

APRIL 2014

1.   Introduction

In December 2013, a nurse staffing paper was presented to the Board of Directors, which provided a comprehensive review of current staffing levels and skill mix, whilst making clear recommendations to ensure the quality and safety of patient care at Sherwood Forest Hospitals is upheld. The paper and the associated investment and other recommendations therein was approved by the Board.

This paper also provided a summary of the latest national guidance published by the NHS Quality Board and NHS England, *'How to ensure the right people, with the right skills, are in the right place at the right time'. (2013).* This guidance clearly articulates individual Board member's responsibilities in relation to ensuring safe staffing levels. The expectations are outlined to support providers in taking complex and difficult decisions to secure safe staffing. The National Institute for Health and Care Excellence (NICE) have begun work to develop evidence-based guidance to inform the practical tools that are available to calculate staffing capacity and capability. An initial report is due in summer 2014. A copy of the report can be found at: http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf

In December 2013, the Trust Board also received a presentation of this report with an initial response to these actions. This paper updates our progress against the recommendations described within the initial report

2.   Progress

Expectation 1: Boards take full responsibility for the quality of care provided to patients, and as a key determinant of quality, take full and collective responsibility for nursing, midwifery and care setting capacity and capability. Boards ensure there are robust systems and processes in place to assure themselves that there is sufficient staffing capacity and capability to provide high quality care to patients on all wards, clinical areas, departments, services or environments day or night, every day of the week.

Expectation	Progress to date
Boards request and receive papers on establishment review	Board received papers in May 2013, October 2013 and December 2013. Further papers will be supplied to Board in April 2014 and on-going.
Boards to agree staffing establishments for all clinical areas	Following a comprehensive review, the new establishments were received and approved by the Board in December 2013.
Regular updates to the Board • Actual staff versus planned staffing levels shift by shift • Impact on quality and safety	Monthly reporting to the Board commenced April 2014 Included in April 2014 paper Included in April 2014 paper

• Reasons for shortfalls, impact and action taken	To be included in May paper onwards
Appropriate policies and contingency plans in place where capacity and capability falls short	Patient enhanced observation guideline Business continuity plans Staffing levels recorded and reviewed at every bed meeting.
Organisations encourage and support staff to report any occasion where a lack of staff could have, or did harm a patients	Datix Incident reporting for staffing concerns captured. Work is being done to ensure consistency of reporting across all areas and to refresh staff's awareness of when they are expected to report. Early warning dashboard includes staffing incidents – reviewed at CG&QC and Quality committee. Whistle blowing policy updated and re-launched. The Nursing Workforce Forum discuss broader issues relating to the nurse staffing strategy and reviews the Nursing Workforce Matrix to ensure the action plan takes account of all issues.
Boards should ensure that the executive team is supported and enabled to take decisive action when necessary where all potential solutions are exhausted	Executive Team – Gold on call Director of Nursing, HR Director and Director of Operations have a good oversight between them and escalate concerns and actions to each other. Executives are sighted on the daily staffing log – this is circulated via e mail along with actions being taken.

EXPECTATION 2: Processes are in place to enable staffing establishments to be met on a shift-to-shift basis. The Executive team should ensure that policies and systems are in place, such as e-rostering and escalation policies, to support those with responsibility for staffing decisions on a shift-to-shift basis. The Director of Nursing and their team routinely monitor shift-to-shift staffing levels, including the use of temporary staffing solutions, seeking to manage immediate implications and identify trends. Where staffing shortages are identified, staff have escalation plans which outline the actions needed to mitigate any problems identified.

Expectation	Progress to Date
Daily reviews of the actual staffing on a shift-by-shift basis versus planned	Embedded in practice. Recorded through staffing matrix and undertaken by divisional nursing teams and within the daily bed meetings.
Rostering policy	In place and ratified on 30/10/13 by Executive Management Team but currently under review by the

	Deputy Director of Human Resources prior to launch.
Escalation policy	Work in progress and will be ratified by Nursing Workforce Forum in summer 2014.

EXPECTATION 3: Evidence-based tools are used to inform nursing, midwifery and care staffing capacity and capability. As part of a wider assessment of workforce requirements, evidence-based tools, in conjunction with professional judgement and scrutiny, are used to inform staffing requirements, including numbers and skill mix. Senior nursing and midwifery staff and managers actively seek out data that informs staffing decisions, and they are appropriately trained in the use of evidence-based tools and interpretation of their outputs. Staff use professional judgement and scrutiny to triangulate the results of tools with their local knowledge of what is required to achieve better outcomes for their patients.

Expectation	Progress to Date
Evidence based tools are utilised	• Safer Nursing Care Tool (previously known as AUKUH) used in Nursing. • Birthrate plus used in Maternity. • Awaiting outcome of national review being undertaken by NICE to review/refine these tools. This is due in summer 2014.
Use of professional judgment	• This is used daily and was also a key component when triangulate the investment proposal in December 2013. • This is embedded in practice.
Nursing and Midwifery workforce governance on accountability, appropriate delegation of care and training for their role	• Included in Job descriptions • NMC Code of Conduct • Individual letter to target areas on accountability • Presentation by NMC on accountability to senior nurses (4/4/14) • Midwifery supervision • Lead nurse for professional practice development started in post in April 2014 to support senior nursing teams around this agenda. • Practice Development Forum in place to oversee changes to practice and role/guideline/documentation development.
Healthcare assistants to receive the minimum training standards, progression routes to nurse training	• Future work required as gap identified. This will be a core part of our Nursing & Midwifery Strategy during 2014.

EXPECTATION 4: Clinical and managerial leaders foster a culture of professionalism and responsiveness, where staff feel able to raise concerns. The organisation supports and enables staff to deliver compassionate care. Staff work in well-structured teams and are enabled to practice effectively, through the supporting infrastructure of the organisation

(such as the use of IT, deployment of ward clerks, housekeepers and other factors) and supportive line management. Nursing, midwifery and care staff have a professional duty to put the interests of the people in their care first, and to act to protect them if they consider that they may be at risk, including raising concerns. Clinical and managerial leaders support this duty, have clear processes in place to enable staff to raise concerns (including about insufficient staffing) and they seek to ensure that staff feel supported and confident in raising concerns. Where substantiated, organisations act on concerns raised.

Expectation	Progress to Date
Organisational Culture - Staff able to raise concerns - Clear line management structure - Constructive appraisals	• Whistle blowing policy re-launched • Clear operational management structure with professional accountabilities • Appraisal process and PDP's
The adaptation of technological advances enabling more efficient delivery of patient care	• Vitalpac implementation • E rostering • Successful Nurse Technology Fund bid & Safer Hospitals, Safer Care bid which will enable us to build our care metrics systems
Ensuring staff can speak up NMC code of conduct and raising concerns	• NMC Code of Conduct and raising concerns issued to every Nurse and Midwife • Focus Groups • Student nurse focus groups • CEO drop in sessions
Duty of candour requirements- Trusts to publish an annual declaration of a commitment to telling patients if something goes wrong	• The Trust has adopted the 'True to Us' process
Staff side representatives can act on behalf of staff and can represent views and concerns during meetings with organisation's management team	• Embedded in practice • RCN meet with Director of Nursing or Deputy Director of Nursing monthly • Member of workforce committee

EXPECTATION 5: A multi-professional approach is taken when setting nursing, midwifery and care staffing establishments. Directors of Nursing lead the process of reviewing staffing requirements, and ensure that there are processes in place to actively involve sisters, charge nurses or team leaders. They work closely with Medical Directors, Directors of Finance, Workforce (HR), and Operations, recognising the interdependencies between staffing and other aspects of the organisations' functions. Papers presented to the Board are the result of team working and reflect an agreed position.

Expectation	Progress to Date
Board should be clear on individual roles and responsibilities	Included within job descriptions, staffing policies

EXPECTATION 6: Nurses, midwives and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties. Staffing establishments take account of the need to allow nursing, midwifery and care staff the time to undertake continuous professional development, and to fulfil mentorship and supervision roles. Providers of NHS services make realistic estimations of the likely levels of planned and unplanned leave, and factor this into establishments. Establishments also afford ward or service sisters, charge nurses or team leaders time to assume supervisory status and benefits are reviewed and monitored locally.

Expectation	Progress to Date
Establishment uplifts should reflect realistic expectations - Staff training and development - Supervision and mentorship roles - Planned and unplanned leave	• Currently the uplift is 20.53% increasing to 22% following agreed staffing paper. Included within agreed investment • Supervisory status for ward sisters was included within case for investment. Evidence this was supported in February 2014.

EXPECTATION 7: Boards receive monthly updates on workforce information, and staffing capacity and capability is discussed at a public Board meeting at least every six months on the basis of a full nursing and midwifery establishment review. Boards receive monthly updates on workforce information, including the number of actual staff on duty during the previous month, compared to the planned staffing level, the reasons for any gaps, the actions being taken to address these and the impact on key quality and outcome measures. At least once every six months, nursing, midwifery and care staffing capacity and capability is reviewed (an establishment review) and is discussed at a public Board meeting. This information is therefore made public monthly and six monthly. This data will, in future, be part of CQC's Intelligent Monitoring of NHS provider organisations.

Expectation	Progress to Date
Board level discussion on: - Establishment review every 6 months - At least twice a year nursing, midwifery & care staffing levels and key quality and outcome measures (public meeting)	• Occurred in May, October 2013, December 2013 and now ongoing
Monthly reporting - Report on actual staffing versus planned on a shift-by-shift basis including impact and actions - Display via website the staffing data collated alongside an integrated safety dataset information down to ward level where appropriate	• Commenced April 2014. This paper is a public board paper published on the public website. • Monthly display to commence

EXPECTATION 8: NHS providers clearly display information about the nurses, midwives and care staff present on each ward, clinical setting, department or service on each shift. Information should be made available to patients and the public that outlines which staff are present and what their role is. Information displayed should be visible, clear and accurate, and it should include the full range of support staff available on the ward during each shift.

Expectation	Progress to Date
Organisations to display - Number of staff on duty shift by shift basis - Who is in charge - Different roles and responsibilities - Different uniforms and titles used	• The Trust clearly displays information about actual and planned in all patient areas. This information includes support staff and is updated per shift. It is assessable to patients and their families • The person in charge is displayed via the communication boards • Uniforms and titles are displayed at ward entrances • New uniforms for Registered Nurses rolled out (phased). New name badges on order – standardisation of nursing titles agreed for ward staff

EXPECTATION 9: Providers of NHS services take an active role in securing staff in line with their workforce requirements. Providers of NHS services actively manage their existing workforce, and have robust plans in place to recruit, retain and develop all staff. To help determine future workforce requirements, organisations share staffing establishments and annual service plans with their Local Education and Training Board (LETBs), and their regulators for assurance. Providers work in partnership with Clinical Commissioning Groups and NHS England Area Teams to produce a Future Workforce Forecast, which LETBs will use to inform their Education Commissions and the Workforce Plan for England led by Health Education England (HEE).

Expectation	Progress to Date
Organisations to have robust recruitment, retention and development strategies	Recruitment strategy in place
Each provider is required to have a member or be represented at Local Education and Training Board (LETB) - Share establishments with LETB - Produce a future workforce forecast	Director of HR (Karen Fisher) or deputy is the Trust representative Reports shared with LETB as requested Produced and signed off by Nurse, Medical and HR Directors

EXPECTATION 10: Commissioners actively seek assurance that the right people, with the right skills, are in the right place at the right time within the providers with whom they contract. Commissioners specify in contracts the outcomes and quality standards they require and actively seek to assure themselves that providers have sufficient nursing,

midwifery and care staffing capacity and capability to meet these. Commissioners monitor providers' quality and outcomes closely, and where problems with staff capacity and capability pose a threat to quality, commissioners use appropriate commissioning and contractual levers to bring about improvements. Commissioners recognise that they may have a contribution to make in addressing staffing-related quality issues, where these are driven by the configuration of local services or the setting of local prices in contracts.

3.0   Hard Truths Commitments Regarding Publishing of Staffing Data

On 31st March 2014, NHS England and the Care Quality Commission issued clear guidance on the delivery of the hard truths commitments associated with publishing staffing data regarding nursing, midwifery and care staff. There are a number of milestones in the first phase:

- A board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible. To be presented to the Board every six months

- Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned and this is to be displayed at ward level

- A Board report containing details of planned and actual staff on a shift-by-shift basis at ward level for the previous month. To be presented to the Board every month.

- The monthly report must be published on the Trusts website and Trusts will be expected to link or upload the report to the relevant hospitals(s) webpage on NHS Choices

4.0   Current Staffing Levels at Sherwood Forest Hospitals Foundation Trust

4.1   Safer Nursing Care Tool (SNCT) – February 2014

The 'Safer Nursing Care Tool' (formerly AUKUH) is a nationally developed and validated acuity / dependency tool to measure nursing work load and estimate staffing requirements. The tool is widely used across the NHS and is accepted as 'the' standard means of assessing and monitoring ward/unit staffing levels. SFH uses this tool to assess acuity and dependency levels on our inpatient wards

A review of recommended staffing levels against patient dependency and acuity took place in February 2014. The acuity and dependency levels are not dissimilar to those reported in February 2013, with 43% of patients at level 0, 11 % of patients at level 1A, 36% of patients at level 1B and 0.7 % of patients at level 2, with 64% compliance for data collection. Our data is showing an increase in level 1A patients. For all ward results refer to Appendix 1

There were eight wards where the data analysis indicated that current budgeted establishment did not support patient acuity; (Wards: 24, 33, 34, 35, 42, 52, 12 and 32). There were six areas in Emergency Care and Medicine and two areas in Planned Care and Surgery. We believe for ward 35 (discharge ward) there was an anomaly in the data.

There were two wards where the budgeted and actual establishments were richer than the SCNT predicted staffing – ward 23 Cardiology/CCU and ward 21/SAU. Due to the specialist nature of these wards this tool is not suitable to make an isolated judgment, hence professional judgment and Telford are used to assess staffing requirements.

In compiling this report all matrons and ward sisters provided an update on the issues and the actions they had taken to mitigate the risks to patient safety (Appendix 4). The key factor in influencing acuity and dependency were predominantly an increase in the number of frail elderly patients requiring acute admission of whom presented with a complex array of needs most notably within haematology, gastroenterology, endocrinology, respiratory and patients requiring specialist dementia care.

For ward 12, the AUKUH data identified a significant shortfall between budgeted establishment and acuity requirements. This is mainly because of a changing and increasingly frail patient case mix. This shortfall was filled by temporary staffing; additional hours of permanent staff, supplemented by bank and agency staff.

It can be noted from section 4.3 that five of the eight wards had shifts that were overfilled during February. These were wards 33, 35, 42, 52, and 12. There were three wards that had high acuity/dependency but did not have many additional staff – wards 24, 34 and 32.

There are a number of reasons why there can variations in the number of registered and non-registered staff against their basic establishments, including adjustments in skill mix to reflect patient dependency, acuity and care needs and supporting newly qualified staff. For example we do have areas that routinely need to utilise additional 'reducing harms' shifts to ensure the safety of patients who require enhanced observation.

The use of additional shifts above the current establishment levels concurs with the identified need to enhance our registered nurse staffing levels over the next 2 years, following agreed investment. Although we have recruited additional nurses since December 2013, we have further work to do to achieve the new establishment figures.

4.2   Supervisory Status of the ward sister

Many reports, including Francis and the more recent National Quality Board, have highlighted the need for supervisory status of ward sisters / charge nurses to enable closer monitoring and scrutiny of quality and safety in the ward area. The Francis recommendations make it clear that supervisory ward sister role is essential if we are to ensure the delivery of safe, high quality care. The supervisory ward sister is about having the time to lead, to support staff, to act as a role model and to be visible to both patients and staff.

It is evident within the data collected that the ward sisters are supported in achieving supervisory status in a majority of cases with the intention for them to be supervisory at least 80% of time by 2015. This role is impossible if he or she is included in the patient allocation per shift but it appears from February's data that our Sister/ Charge Nurses were able to undertake a supervisory role, with the exception of Ward 11 where the ward sister did work in the numbers for the majority of shifts. It should be noted that some wards did use the sister / charge nurse to fill isolated shifts, but if they did become part of the numbers it was

predominantly to support higher acuity, activity or frailty. As part of the investment plan, work will be done to ensure ward sisters/charge nurses can be consistently supervisory by 2015.

4.3 Shift by Shift Analysis

A shift by shift overview of staffing levels for February 2014 is provided in Appendix 2. The table shows the current agreed staffing levels versus the actual staffing levels for wards at Newark Hospital, Mansfield Community Hospital and Kings Mill site.   The specific reasons for the shortfalls have been difficult to quantify retrospectively, hence why reasons for shortfalls have been limited. However, this information is now being captured, so going forward we will be able to identify specific causes as demonstrated in the staffing template in Appendix 3.

It has to be highlighted that this information is displayed as stated but the actual numbers do not state the support roles that can impact on preventing harm and improving quality e.g. student nurse, hostess roles and the use of the harms team. *Please be aware this is the first time we have presented and interrogated this information and therefore we will provide greater analysis and understanding of the facts in future reports. For the purpose of this report we are using raw facts rather than interpretation.*

The data shows:

- The introduction of an additional registered nurse on night duty has been sustained. There were only 5 night shifts across all wards where the minimal Keogh levels were not met during February. This does not include MIU, ED, EAU and Stroke. This means we have sustained the Keogh recommendations on our inpatient wards.
- There are a large number of shifts that appear as 'overfilled' against our original establishments.
- Predominantly sister / charge nurses have been supervisory with the exception of Ward 11. Some wards used the sister / charge nurse to fill an isolated shifts but if they did become part of the numbers it was predominantly to support higher acuity or activity

At Mansfield Community Hospital across three wards there were:

- 51 occasions where there was a shortfall and 62 occasions where there were overfills.

At Newark Hospital across Fernwood, MIU, Minister and Scone there were;

- 23 occasions where there was a shortfall and 41 occasions where there were overfills.

The majority of the shortfall was in MIU, where there were 15 shifts with < 2 trained staff. The majority of the overfills were on Sconce where there were 33 overfill shifts

On Kings Mill site within Emergency Care and Medicine there were:

- 274 occasions where there was a shortfall and 979 occasions where there were overfills

- Ward 23 had 54 shortfalls (low SNCT measure) and only 2 overfills
- Ward 24 had 7 shortfalls (high SNCT measure) and 14 overfills
- Ward 33 had 8 shortfalls (high SNCT measure) and 61 overfills
- Ward 34 had 21 shortfalls (high SNCT measure) and only 5 overfills
- Ward 42 had 4 shortfalls (high SNCT measure) and 56 overfills
- Ward 52 had 4 shortfalls (high SNCT measure) and 158 overfills
- Interestingly ward 41 with a SNCT measure that identified fewer staff were required, had no shortfalls and 105 overfills, as did ward 51.

ED and EAU are not included in the above. Both ED and EAU had more shortfalls than overfills, which is of a concern bearing in mind the current throughput of patients within these areas. It appears the night shifts in ED are the predominant shortfall and for EAU a variety of shifts, but mainly in relation to healthcare assistant shortfalls

On Kings Mill site within Planned Care and Surgery there were:

- 92 occasions where there was a shortfall and 316 occasions where there were overfills

  - Ward 11 had 59 shortfalls and 84 overfills
  - Ward 12 had 92 overfills (high SNCT measure) and no shortfall
  - Ward 14 had 82 overfills
  - Ward 32 which has a high acuity (SNCT) only had 15 overfills

In completing this report, wards were requested to provide an update on ward activity and to outline the actions in place to mitigate the risks to patient safety (Appendix 4). This demonstrated one of the key factors influencing the gap between staffing establishments and patient acuity was the continuing rise of frail elderly patients with complex needs. Other factors included maternity leave, sickness and vacancies. Temporary staffing is being requested in all cases to support safe staffing levels whilst plans for increasing establishments are in progress.

Please refer to Appendix 4 for an understanding of wards mitigation in relation to the presented information.

5.0   Bank and Agency

The bank and agency report in the table below indicates bank and agency use in February and gives an indication of the shifts that we were unable to fill.

Requests for Temporary Staff (Agency & Bank)

Total no. shift requests – 3037 Total no. shift requests unfilled – 401 (13%)	Unfilled Shifts	% Unfilled
Registered	146	10.7%
Non registered	255	15%

This demonstrates that there were very few shifts unable to be filled in comparison to requests and also highlights our continued use of considerable bank and agency staff to meet service needs.

6.0   Quality and safety

A review of all the February DATIX incidents in relation to staffing, medication incidents and falls was also undertaken to assess the impact on patient safety. These have been included within each wards individual rota's (see Appendix 2). We were aiming to match Datix incidents with known staffing shortfalls, hence why we have chosen falls, medication incidents and staffing reports to each wards individual wards Rota's.

There were a total of 31 incidents with regards to falls and medication errors reported in February:

- There were 26 falls across the areas within this report. Some of these falls occurred when there were shortfalls on the day but for the timing of this report I have been unable to match the time of the fall with the actual shift, so e.g. there could have been a shortfall on the early shift but the fall happened at night when there was a full complement of staff. Likewise some wards had falls when there was additional staff (ward 51). It can be observed that there may be a correlation between shortfalls in staffing and falls on Ward 34 which requires further investigation
- There were 5 medication incidents but these do not appear related to shortfalls in staffing with the exception of ward 52 which had a RN shortfall on one shift and a medication error related to an omission of a critical medication.
- There were 10 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 were only 3 reported incidents across EAU and ED despite their shift shortfalls

All of the reported incidents were graded as no harm caused.

Reducing Harms team hours used in Feb 2014	1116.50 hours

1116.50 hours of the Reducing Harm Team was used to supplement the clinical areas that requested support for increased risk due to enhanced patient observations, high acuity or activity during the month of February. The reducing hams team was piloted during 2013/14 using non-recurrent funding and allows us to allocate a cohort of additional staff to patients needing enhanced care. The impact of this pilot on patient care is currently being reviewed.

5.1   Work in progress in other areas

Paediatrics – Ward 25

Work is ongoing to staff up to RCN standards (2013) for Ward 25; this will require an uplift of 3.02WTE Band 6, 8.2WTE Band 5 and 5.52WTE Band 2. The recruitment of these staff has commenced; the next graduation of students is September and between 5-9 newly qualified

nurses are expected to start. In the interim, additional hours (of existing staff) and bank and agency staff are being utilised to ensure safe staffing levels and skill mix.

Maternity

Staffing levels within maternity services are calculated following the Royal College of midwives Guidance Paper No 7 (May 2009) incorporating the Birthrate Plus® workforce tool (Ball JA, Washbrook M, 1996). Maternity have already identified a service improvement plan for 8.0 WTE band5/6 Midwives, 5.74 WTE Band 3 Support Workers and 11.86 WTE Band 2 Support Workers.

A revised guidance document 'Working with Birthrate Plus®' (Ball JA, Washbrook M, 2013) published in December 2013 is currently under review by the specialty and will inform future midwife to birth calculations.

Work is currently ongoing in Scotland and Northern Ireland to develop this tool for in patient wards in the summer of 2014. Maternity services will report midwife staffing to the Trust Board within the next 6 monthly report but will publish its levels alongside our inpatient wards from May onwards, if possible

Neonatal Staffing

Neonatal nurse staffing is calculated following British Association of Perinatal Medicine Guidance (BAPM 3rd Edition, August 2012) based on the acuity of cots (Intensive Care, High Dependency Care and Special Care). The Unit is currently working towards BAPM standards for their commissioned activity; the staffing uplift required is 4.96 WTE Band 5, and 0.64 WTE Band 3. In the interim, additional hours (of existing staff) and bank and agency staff are being utilised to ensure safe staffing levels and skill mix.

With the introduction of 7 day working, we also are planning to increase Paediatric nursing support in ED.

Theatre staffing

Staffing levels in theatres are based on the Association for Perioperative Practice (AfPP) guidelines which is a nationally recognised standard of working on what constitutes a safe staffing in theatres. In addition, a flexible approach is adopted to cover on the day sickness through risk assessment and adjusting skill mix in accordance with the case mix

TOIL and overtime are used to support the service. We have staff who can work flexibility between anaesthetics and scrub. We do use agency but this is because maternity theatres have come under main theatres and we have introduced the same AfPP guidelines; staff have been recruited and are in the process of being trained. We do use occasional agency for general theatres but this is restricted to anaesthetics only. This is on rare occasions and is usually when extra sessions are being planned during holiday periods.

Recruitment

Nurse recruitment has been a challenge over the last few years and this has reflected a national trend. In 2013 we launched our Sherwood Forest Hospitals clearing house for newly qualified nurse, which has proved to be successful. In April we interviewed 75 newly qualified nurses and have offered 68 of these permanent positions. At the time of writing, we await their acceptance. However taking this into account it still leaves a shortfall in meeting the numbers required to fulfil the agreed new staffing levels and plan for the next two years.

We continue to implement and monitor our nurse staffing action plan. Further evaluation is needed around the effectiveness of oversees recruitment and the strategy for filling the vacancy gap, including a trajectory for how long this is likely to take.

On-going strategies have been deployed in order to encourage and support the student nurses we train to come and work within the trust and we now have a preceptorship development nurse who is supporting preceptors and ward sisters /charges nurses to ensure adequate programmes are in place. We are also involved in a return to practice initiative with our local workforce team and have initiated communication campaigns and attended recruitment fairs to attract nurses to come and work at SFH.

6.0   Next Steps (April – July 2014)

Over the next four months the plan to develop the assurance around staff capability and capacity will include:

- Building upon this report to ensure we meet national guidance. Through its development and evolvement, triangulate with additional outcomes like the safety thermometer, healthcare associated infections and patient experience measures to provide a comprehensive overview
- Continuing to report shift by shift staffing levels on a daily basis and review all DATIX incidents in relation to staffing issues, falls and medication incidents, supporting staff to provide more vigorous explanations around the impact of staffing shortfalls. Monitor trends and seek assurance from Matrons re actions taken to mitigate patient safety risks including progress on developing and implementing outcomes from the establishment investment
- Reviewing and implementing pending national technical guidance on reporting and NICE guidance.
- Developing a new escalation policy to support responsibility for staffing decisions on a shift by shift basis
- Continuing to monitor shift by shift staffing levels daily, but build upon this new process to include documented out of hours staffing (as part of the same process)
- Embedding the public displays (posters) on each ward and department
- Reviewing current committees and 'ward to board' assurance and reporting re nursing and midwifery staffing to achieve greater alignment of data and intelligence. This includes the workforce and quality data sets required for reporting at ward, service line and board level.
- Ensuring we are following national guidance in terms of public display of information, whilst ensuring the displayed information is clear and user friendly for the public.

- Continuing to implement the SNCT data collection in adult wards in July 2014. Further develop this tool with the new Head of Practice Development to ensure we increase compliance for data collection and use the tool to its full capability to give us validated measures and information.

7.   Recommendations to the Board

The Trust Board is requested to note:

- the contents of the report and expectations for reporting staffing capability and capacity to the Trust Board.
- the analysis from the shift by shift/DATIX and SNCT reviews, areas of concern and mitigating actions in progress.
- NHS England will be undertaking a 'stock-take' in April and May 2014 when we will be expected to return information relating to our progress.

The Trust Board is requested to advise on:

- further assurance required in relation to staffing capability and capacity and content of future board reports.

Susan Bowler

Executive Director of Nursing and Quality

Appendix 1 – Workforce Matrix

Division	Ward	Speciality	Beds	SCNT wte	Budgeted wte	Actual wte	Budgeted Skill Mix	Budgeted RN wte	Actual RN wte	Budgeted HCA wte	Actual HCA wte	Ward Financial £K Position - Fav/Adv	Vacancies RN (Funded wte - Contr)	Vacancies HCA (Funded wte - Contr)	TOTAL VACANCIES	Agency £k	Bank £k	Additional Hours £k	Overtime £k	Actual Skill Mix	TOTAL FOR MONTH	Annual Leave	Sickness Absence	Short Term	Long Term	Total	Maternity Leave	Training	Other Leave
												Budgetary Position February 2014 →									e-Rostering Information % →			HR Sickness Absence Information % →			e-Rostering Information % →		
												Budgeted Uplift:									20.53%	14.58%	3.50%			3.50%	0.92%	1.53%	0.00%
Emergency Care & Medicine	22	Medicine	24	28.00	29.64	27.39	53%	15.82	14.99	13.82	12.40	(0.13)	0.83	1.42	2.25	27.97	3.62	0.36	0.66	55%	35.35%	14.22%	12.82%	4.01%	8.54%	12.55%	3.11%	0.31%	5.16%
	23	Cardiology CCU	23	32.00	43.36	37.73	76%	32.74	29.34	10.62	8.39	5.57	3.40	2.23	5.63	1.20	0.17	0.22	4.26	78%	20.37%	13.13%	4.93%	4.61%	0.00%	4.61%	0.53%	1.61%	0.17%
	24	Cardiology Haematology	24	30.00	28.86	27.80	52%	15.06	14.88	13.80	12.92	(14.04)	0.18	0.88	1.06	11.60	1.76	0.33	7.36	54%	28.34%	16.76%	10.16%	5.76%	3.20%	8.96%	0.00%	1.00%	0.41%
	33	Diabetes Gastro	24	35.00	30.91	25.04	53%	16.51	13.64	14.40	11.40	4.19	2.87	3.00	5.87	22.98	4.74	0.00	1.39	54%	20.89%	12.64%	4.33%	4.73%	0.00%	4.73%	2.98%	0.04%	0.90%
	34	Diabetes Endocrine	24	35.00	30.10	25.68	52%	15.80	13.53	14.30	12.15	4.86	2.27	2.15	4.42	7.06	3.38	0.46	3.13	53%	18.47%	12.43%	4.16%	3.34%	0.00%	3.34%	1.53%	0.35%	0.00%
	35	Health Care Elderly	24	40.00	31.61	27.16	58%	18.23	15.60	13.38	11.56	(53.96)	2.63	1.82	4.45	54.09	12.69	0.48	3.27	57%	20.61%	10.87%	6.10%	6.01%	0.00%	6.01%	1.75%	1.65%	0.23%
	36	Winter Ward	23	NA	32.25	24.00	55%	17.63	14.00	14.62	10.00	10.66	3.63	4.62	8.25	35.29	0.00	0.00	1.52	58%	23.76%	12.32%	7.23%	4.53%	3.85%	8.38%	2.85%	1.19%	0.17%
	41	Elderly Rehab	24	23.00	29.85	29.07	52%	15.67	15.35	14.18	13.72	(1.05)	0.32	0.46	0.78	14.94	5.10	0.22	0.63	53%	21.92%	14.60%	3.17%	2.39%	0.00%	2.39%	3.08%	1.08%	0.00%
	42	Gastroenterology	24	37.00	29.98	30.19	54%	16.23	15.59	13.75	14.60	(12.32)	0.64	(0.85)	-0.21	11.02	0.79	0.29	4.76	52%	21.39%	12.41%	6.37%	8.26%	0.00%	8.26%	0.00%	2.14%	0.47%
	43	Respiratory	24	24.00	34.09	31.97	59%	20.27	19.61	13.82	12.36	(1.24)	0.66	1.46	2.12	7.80	2.85	0.22	2.13	61%	22.08%	11.21%	5.75%	3.87%	2.83%	6.70%	2.70%	1.47%	0.00%
	44	Respiratory	24	30.00	29.47	28.84	54%	16.00	16.00	13.47	12.84	(11.25)	0.00	0.63	0.63	3.19	2.94	4.46	6.67	55%	20.85%	16.73%	3.32%	2.32%	0.00%	2.32%	0.00%	0.40%	0.41%
	51	Health Care Elderly	24	32.00	31.28	27.11	56%	17.40	14.23	13.88	12.88	(23.38)	3.17	1.00	4.17	28.61	5.32	1.90	1.68	52%	23.91%	14.94%	4.24%	1.64%	2.11%	3.75%	0.74%	2.65%	1.35%
	52	Health Care Elderly	24	42.00	36.60	34.83	60%	21.80	18.27	14.80	16.56	(26.50)	3.53	(1.76)	1.77	29.69	4.56	0.74	2.82	52%	23.88%	15.28%	1.94%	1.43%	0.00%	1.43%	3.40%	3.18%	0.08%
	53	Acute Stroke	24	39.00	42.57	40.40	71%	30.17	27.00	12.40	13.40	(5.04)	3.17	(1.00)	2.17	2.58	3.49	2.49	6.31	67%	22.27%	16.18%	4.19%	3.50%	0.00%	3.50%	0.00%	1.91%	0.00%
	54	Stroke Rehab	16	NA	23.84	22.45	57%	13.50	11.90	10.34	10.55	(16.51)	1.60	(0.21)	1.39	15.56	0.64	0.60	1.38	53%	17.96%	10.04%	3.09%	4.51%	0.00%	4.51%	3.09%	1.74%	0.00%
	Chatsworth	Rehabilitation	16	NA	23.18	22.98	53%	12.31	12.22	10.87	10.76	(11.39)	0.09	0.11	0.20	13.92	1.54	1.88	1.49	53%	24.17%	10.47%	8.54%	3.79%	6.47%	10.26%	3.97%	1.19%	0.00%
	Lindhurst	Medical Rehab	24	NA	27.29	26.00	50%	13.60	12.40	13.69	13.60	4.93	1.20	0.09	1.29	0.95	0.00	1.27	2.32	48%	23.01%	12.08%	3.24%	2.14%	2.16%	4.30%	6.07%	1.62%	0.00%
	Oakham	Orthopaedic Rehab	24	NA	26.39	25.15	49%	12.99	12.55	13.40	12.60	0.55	0.44	0.80	1.24	0.00	0.00	0.21	0.51	50%	14.65%	12.21%	1.92%	2.37%	0.00%	2.37%	0.00%	0.52%	0.00%
	EAU	Emergency Admissions	56	0.00	77.45	62.09	62%	48.21	37.02	29.24	25.07	12.16	11.19	4.17	15.36	36.93	0.47	2.44	14.16	60%	22.38%	13.43%	3.87%	3.51%	0.00%	3.51%	3.57%	1.06%	0.45%
	ED	Emergency Department		NA	71.90	67.97	69%	49.86	47.02	22.04	20.95	(24.39)	2.84	1.09	3.93	2.32	2.99	2.55	15.12	69%	31.22%	17.69%	6.18%	4.03%	0.00%	4.03%	3.11%	3.68%	0.57%
	ECM Divisional Totals			NA	710.62	643.85	59.08%	419.80	375.14	290.82	268.71	(158.26)	44.68	22.11	66.77	327.89	57.07	21.12	81.56	58.27%	23.30%	13.83%	5.19%	NA	NA	NA	2.20%	1.58%	0.51%

Planned Care & Surgery

Division	Ward	Speciality	Beds	SCNT wte	Budgeted wte	Actual wte	Budgeted Skill Mix	Budgeted RN wte	Actual RN wte	Budgeted HCA wte	Actual HCA wte	Ward Financial EK Position - Fav/Adv	Vacancies RN (Funded wte - Covr)	Vacancies HCA (Funded wte - Covr)	TOTAL VACANCIES	Agency EK	Bank EK	Additional Hours EK	Overtime EK	Actual Skill Mix	TOTAL FOR MONTH	Annual Leave	Sickness Absence	Short Term	Long Term	Total	Maternity Leave	Training	Other Leave
																					24.03%	14.58%	3.50%			3.50%	0.92%	1.53%	0.00%
Planned Care & Surgery	11	Orthopaedics	24	32.00	29.90	31.01	54%	16.08	17.51	13.82	13.50	(6.03)	(1.43)	0.32	-1.11	18.24	0.59	1.36	1.54	56%	35.84%	20.01%	7.17%	4.17%	0.00%	4.17%	6.16%	1.22%	1.28%
	12	Trauma	24	40.00	28.88	27.88	52%	15.04	14.44	13.84	13.44	(5.55)	0.60	0.40	1.00	12.25	0.80	0.00	2.41	52%	16.12%	13.78%	2.02%	1.49%	0.00%	1.49%	0.00%	0.32%	0.00%
	14	Gynae	23	23.00	34.98	28.72	58%	20.32	15.16	14.66	13.56	(10.05)	5.16	1.10	6.26	9.84	7.83	2.22	1.84	53%	30.58%	11.97%	13.75%	2.27%	12.14%	14.41%	2.53%	0.79%	1.54%
	21 & SAU	Surgery	24	35.00	41.29	42.20	52%	21.60	23.60	19.69	18.60	4.64	(2.00)	1.09	-0.91	0.54	0.77	0.00	0.52	56%	27.68%	12.27%	6.64%	2.36%	3.86%	6.22%	6.69%	1.00%	1.07%
	31	Surgery	24	29.00	29.59	28.78	53%	15.77	14.91	13.82	13.87	(10.02)	0.86	(0.05)	0.81	10.12	0.42	2.57	4.49	52%	21.93%	18.45%	1.22%	0.64%	0.00%	0.64%	0.00%	1.08%	1.17%
	32	Surgery	24	36.00	29.01	28.29	52%	15.00	15.60	14.01	12.69	(3.32)	(0.60)	1.32	0.72	11.47	0.17	0.10	2.60	55%	27.13%	15.23%	6.82%	3.68%	3.20%	6.88%	4.76%	0.32%	0.00%
	DCU	Daycase	18	NA	33.43	31.60	74%	24.63	24.00	8.80	7.60	(11.92)	0.63	1.20	1.83	9.32	2.51	0.52	2.72	76%	21.68%	11.47%	3.46%	2.84%	0.00%	2.84%	4.82%	1.65%	0.28%
	ICCU	Intensive Care	11	NA	54.46	54.46	90%	49.13	49.19	5.33	5.27	0.79	(0.06)	0.06	0.00	13.91	0.37	2.39	3.71	90%	29.59%	16.66%	7.27%	4.51%	0.00%	4.51%	2.16%	3.25%	0.25%
	25	Children	34	NA	47.94	44.99	79%	38.04	35.84	9.90	9.15	(20.38)	2.20	0.75	2.95	25.31	1.50	2.37	2.46	80%	30.72%	13.84%	9.87%	5.39%	2.96%	8.35%	5.31%	1.32%	0.37%
	NICU	Neo-natal Intensive Care		NA	29.34	27.63	78%	22.91	21.20	6.43	6.43	(16.24)	1.71	0.00	1.71	20.66	0.00	0.28	1.41	77%	45.20%	12.47%	13.53%	6.94%	6.63%	13.57%	0.00%	17.28%	1.92%
		PCS Divisional Totals		NA	358.82	345.56	66%	238.52	231.45	120.30	114.11	-78.07	7.07	6.19	13.26	131.66	14.95	11.81	23.71	66.98%	27.50%	14.57%	7.37%	NA	NA	NA	3.40%	1.41%	0.75%

Diagnostics & Rehab

Division	Ward	Speciality	Beds	SCNT wte	Budgeted wte	Actual wte	Budgeted Skill Mix	Budgeted RN wte	Actual RN wte	Budgeted HCA wte	Actual HCA wte	Ward Financial EK Position - Fav/Adv	Vacancies RN (Funded wte - Covr)	Vacancies HCA (Funded wte - Covr)	TOTAL VACANCIES	Agency EK	Bank EK	Additional Hours EK	Overtime EK	Actual Skill Mix	TOTAL FOR MONTH	Annual Leave	Sickness Absence	Short Term	Long Term	Total	Maternity Leave	Training	Other Leave
Diagnostics & Rehab	KTC	Out Patients	0	NA	66.64	60.58	54%	36.03	32.21	30.61	28.37	(16.43)	3.82	2.24	6.06	4.29	4.37	5.74	3.05	53%	20.35%	12.21%	6.48%	3.34%	4.64%	7.98%	0.74%	0.79%	0.14%
	Fernwood	Newark	0	NA	16.54	16.54	41%	6.80	6.40	9.74	10.14	2.35	0.40	(0.40)	0.00	(1.11)	0.11	0.49	0.45	39%	NA	NA	NA	0.00%	0.00%	0.00%	NA	NA	NA
	Minster	Newark	0	12.00	23.29	21.69	71%	16.43	14.83	6.86	6.86	5.28	1.60	0.00	1.60	0.00	0.66	1.03	1.79	68%	24.64%	11.38%	11.90%	4.75%	8.84%	13.59%	0.00%	1.37%	0.00%
	Sconce	Newark	0	39.00	39.26	32.88	50%	19.66	16.24	19.60	16.64	(8.37)	3.42	2.96	6.38	22.68	2.86	1.18	5.16	49%	20.29%	11.32%	7.71%	5.79%	8.37%	14.16%	0.00%	1.27%	0.00%
		D&R Divisional Totals		NA	145.73	131.69	54%	78.92	69.68	66.81	62.01	(17.17)	9.24	4.80	14.04	25.87	8.00	8.44	10.45	52.91%	18.71%	10.45%	8.94%	NA	NA	NA	0.34%	0.92%	0.06%

| | | Overall Totals | | NA | 1215.17 | 1121.10 | 61% | 737.24 | 676.27 | 477.93 | 444.83 | (253.50) | 60.97 | 33.10 | 94.07 | 485.22 | 80.03 | 41.37 | 115.71 | 60.32% | 23.99% | 13.64% | 8.04% | NA | NA | NA | 2.33% | 1.45% | 0.52% |

Appendix 2

Month: Feb-14 — Ward: CHATSWORTH — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	2	2	2	4	3	4	4	3	2	2	3	3	3	3	4	3	2	3	3	2	2	2	2	2	3	3	2	4	2
Early HCA	4	4	4	2	3	2	2	3	4	4	3	3	3	3	2	3	4	2	3	4	4	3	4	4	3	3	3	2	4
Late Trained	2	2	2	2	2	2	2	2	3	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	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1
Night Trained	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	1	1	1	1	1	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

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
Early Trained (overfill)	2			2	1	2	2	1			1	1	1	1	2	1		1	1						1	1		2	
Early HCA (shortfall)	4			2	1	2	2	1			1	1	1	1	2	1		2	1			1			1	1	1	2	
Late Trained	2								1																				
Late HCA (shortfall)	2								1																				1
Night Trained (shortfall)	2																	1	1	1	1	1	1	1					
Night HCA	1																												
Incidents (Falls)					1															1									
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	364		Total Number of Shortfall Shifts	33		Total Number of Overfill Shifts	22

Month: Feb-14 — Ward: LINDHURST — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	2	2	2	3	3	3	2	2	3	2	2	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Early HCA	4	4	4	3	3	3	4	4	3	4	4	5	4	3	5	4	5	4	4	4	5	4	4	4	5	4	4	4	5
Late Trained	2	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2
Late HCA	2	2	2	2	2	2	2	1	2	2	3	2	2	3	3	3	3	2	2	2	2	2	3	2	2	2	2	2	3
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
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

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
Early Trained (overfill)	2			1	1	1			1					1															
Early HCA	4			1	1	1			1			1		1	1		1				1				1				1
Late Trained (overfill)	2							1																			1		
Late HCA	2							1			1			1	1	1	1						1						1
Night Trained	2																												
Night HCA	1																												
Incidents (Falls)														1															
Incidents (Medication)																													
Incidents (Staffing)						1																							

Total Number of Shifts	364		Total Number of Shortfall Shifts	6		Total Number of Overfill Shifts	20

Month		Ward																												
Feb-14		OAKHAM			Actual Off Duty February 2014																									

	DAY	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F
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
Early Trained	2	3	3	3	3	2	2	2	2	2	3	2	2	3	2	2	2	2	2	2	2	3	2	2	3	3	3	3	3
Early HCA	4	3	3	3	3	4	4	4	4	4	3	4	4	3	4	4	4	4	4	4	3	4	4	4	3	3	3	3	3
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
Late HCA	2	2	2	2	2	3	2	3	2	2	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	2	3
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
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

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
Early Trained	2	1	1	1	1						1			1								1			1	1	1	1	1
Early HCA	4	1	1	1	1						1			1								1			1	1	1	1	1
Late Trained	2																												
Late HCA	2					1		1			1	1	1	1	1														1
Night Trained	2																												
Night HCA	1																												
Incidents (Falls)																			1										
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	364		Total Number of Shortfall Shifts		12		Total Number of Overfill Shifts		20

Month		Ward																												
Feb-14		FERNWOOD			Actual Off Duty February 2014																									

	DAY	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F
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
Early Trained	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
Early HCA	2	2	2	2	3	2	2	2	2	2	2	2	3	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Late Trained	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 HCA	2	2	2	2	3	2	2	2	2	2	2	2	3	2	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Night Trained	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 HCA	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	2	2	2	2	2	1	2	2	2	2	2	2

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
Early Trained	1																												
Early HCA	2				1								1		1														
Late Trained	1																												
Late HCA	2				1								1		1														
Night Trained	1																												
Night HCA	2																	1							1				
Incidents (Falls)																												1	
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	252		Total Number of Shortfall Shifts		2		Total Number of Overfill Shifts		6

Month: Feb-14 | Ward: MIU — Actual Off Duty February 2014

Shifts	Baseline	1 SA	2 SU	3 M	4 T	5 W	6 TH	7 F	8 SA	9 SU	10 M	11 T	12 W	13 TH	14 F	15 SA	16 SU	17 M	18 T	19 W	20 TH	21 F	22 SA	23 SU	24 M	25 T	26 W	27 TH	28 F
Early Trained	3	3	3	3	3	3	3	4	3	3	3	2	2	3	3	3	2	2	3	3	3	3	3	2	3	3	3	3	3
Early HCA	0																												
Late Trained	3	3	3	3	3	3	3	4	3	3	3	2	2	3	3	3	2	2	3	3	3	3	3	2	3	3	3	3	3
Late HCA	0																												
Night Trained	2	1	1	2	2	2	2	2	2	2	1	1	2	2	2	2	2	2	2	1	2	2	2	2	2	2	2	2	2
Night HCA	0																												

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
Early Trained	3							1				1	1				1	1						1					
Early HCA	0																												
Late Trained	3							1				1	1				1	1						1					
Late HCA	0																												
Night Trained	2	1	1								1	1									1								
Night HCA	0																												
Incidents (Falls)																													
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts: 224 | Total Number of Shortfall Shifts: 15 | Total Number of Overfill Shifts: 2

Month: Feb-14 | Ward: MINSTER — Actual Off Duty February 2014

Shifts	Baseline	1 SA	2 SU	3 M	4 T	5 W	6 TH	7 F	8 SA	9 SU	10 M	11 T	12 W	13 TH	14 F	15 SA	16 SU	17 M	18 T	19 W	20 TH	21 F	22 SA	23 SU	24 M	25 T	26 W	27 TH	28 F
Early Trained		1	2	4	3	4	4	3	2	2	3	4	4	3	3	1	2	3	3	3	4	3	1	2	3	6	4	4	3
Early HCA		2	0	2	2	2	2	2	1	1	2	2	2	1	2	2	1	2	2	2	2	2	2	1	2	3	3	1	1
Late Trained		2	1	2	2	2	3	2	1	1	2	2	2	1	2	1	1	2	2	2	2	2	1	1	3	2	2	2	2
Late HCA		0	1	2	1	2	1	1	1	1	1	2	2	1	1	1	1	2	2	3	2	1	1	1	1	2	2	1	1
Night Trained		1	1	2	2	2	2	1	1	1	2	2	2	2	1	1	1	2	2	2	2	1	1	1	2	2	2	2	1
Night HCA		1	1	0	0	0	1	1	1	1	0	0	0	0	1	1	1	0	0	0	0	1	1	1	0	0	0	0	1

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
Early Trained	0																												
Early HCA	0																												
Late Trained	0																												
Late HCA	0																												
Night Trained	0																												
Night 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

Month: Feb-14 Ward: SCONCE — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	4	4	4	5	6	4	5	5	4	4	5	6	4	4	4	4	4	4	5	4	4	5	4	4	5	4	4	4	4
Early HCA	4	3	5	4	3	5	5	5	5	5	5	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Late Trained	4	4	4	4	5	4	4	4	4	4	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
Late HCA	4	3	4	4	3	5	5	5	5	5	4	4	4	4	4	4	3	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
Night HCA	3	3	3	3	4	4	4	4	4	4	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3

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
Early Trained	4			1	2		1	1			1	2							1			1			1				
Early HCA	4	1	1		1	1	1	1	1	1	1	1																	
Late Trained	4				1							1																	
Late HCA	4	1			1	1	1	1	1	1								1											
Night Trained	3																												
Night HCA	3			1	1	1	1	1	1	1	1	1																	
Incidents (Falls)																													
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts: 616 Total Number of Shortfall Shifts: 6 Total Number of Overfill Shifts: 33

Month: Feb-14 Ward: 11 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	3	3	4	3	3	3	4	3	3	4	3	3	3	3	3	3	3	4	5	3	5	3	4	3	3	4	4	4
Early HCA	2	3	3	3	4	3	3	4	3	3	3	2	2	3	3	3	3	2	3	3	2	3	3	3	3	3	4	3	3
Middle Trained	1	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
Middle HCA	1	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
Late Trained	3	3	3	3	3	3	3	3	3	3	4	3	4	3	3	3	4	3	3	4	3	4	3	4	3	3	3	3	5
Late HCA	2	2	3	4	4	3	3	4	3	3	3	2	2	3	3	3	3	2	3	2	2	3	3	3	3	3	4	2	2
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	2	3	3	3	4	4
Night HCA	2	2	1	3	1	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2	3	2	3	3	2	3

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
Early Trained	3			1				1			1								1	2		2		1			1	1	1
Early HCA	2	1	1	1	2	1	1	2	1	1	1				1	1	1		1	1		1	1	1	1	1	2	1	1
Middle Trained	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
Middle 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
Late Trained	3										1		1				1			1		1		1					2
Late HCA	2		1	2	2	1	1	2	1	1	1				1	1	1	1		1		1	1	1	1	1	2		
Night Trained	3																							1				1	1
Night HCA	2		1	1	1	1	1	1	1	1	1													1		1	1		1
Incidents (Falls)					1															1									
Incidents (Medication)																													
Incidents (Staffing)							1																						

Total Number of Shifts: 476 Total Number of Shortfall Shifts: 59 Total Number of Overfill Shifts: 84

Month		Ward																											
Feb-14		12					Actual Off Duty February 2014																						

	DAY	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F
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
Early Trained	3	3	3	4	4	3	3	4	3	3	3	5	4	3	3	3	3	4	4	5	4	4	4	4	4	4	3	3	4
Early HCA	3	4	5	4	4	4	5	5	4	4	4	4	4	4	5	3	4	5	4	3	4	3	4	3	3	4	4	4	4
Late Trained	3	3	3	4	4	3	3	4	3	3	3	4	4	3	3	3	3	4	3	4	4	4	4	4	4	3	3	3	3
Late HCA	3	4	4	4	4	3	4	4	4	4	4	4	4	4	4	4	5	4	4	3	3	3	3	3	3	4	3	3	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
Night HCA	2	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2	2	2

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
Early Trained	3			1	1			1				2	1					1	1	2	1	1	1	1	1	1			1
Early HCA	3	1	2	1	1	1	2	2	1	1	1	1	1	1	2		1	2	1		1		1			1	1	1	1
Late Trained	3			1	1			1				1	1					1		1	1	1	1	1	1				
Late HCA	3	1	1	1	1		1	1	1	1	1	1	1	1	1	1	2	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												
Incidents (Falls)													1																
Incidents (Medication)																						1							
Incidents (Staffing)																													

Total Number of Shifts	476	Total Number of Shortfall Shifts	0	Total Number of Overfill Shifts	92

Month		Ward																											
Feb-14		14					Actual Off Duty February 2014																						

	DAY	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F
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
Early Trained	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3
Early HCA	2	3	3	3	3	3	3	4	4	3	3	4	2	5	4	3	3	1	2	2	2	2	3	2	3	3	3	3	3
Late Trained	3	3	3	3	3	3	3	3	2	2	3	3	3	3	3	3	3	3	3	2	3	3	2	3	3	3	3	3	3
Late HCA	2	3	2	3	3	3	3	3	3	3	1	3	2	3	3	3	3	2	2	3	3	1	2	3	2	4	3	3	3
Night Trained	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3
Night HCA	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	3	2	2	3	3

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
Early Trained	3									1														1					
Early HCA	2	1	1		1	1	1	2	2	1	1	2		3	2	1	1	1	1	1				1		1	1	1	1
Late Trained	3								1	1											1			1					
Late HCA	2	1		1	1	1	1	1	1	1	1	1		1	1	1	1			1	1	1		1		2	1	1	1
Night Trained	3				1																			1					
Night HCA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	2	1	1	2	2
Incidents (Falls)																													
Incidents (Medication)																													
Incidents (Staffing)								1																					

Total Number of Shifts	392	Total Number of Shortfall Shifts	10	Total Number of Overfill Shifts	82

Month: Feb-14 — Ward 21 — Actual Off Duty February 2014

DAY	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
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
Early Trained	4	4	4	5	5	5	4	5	4	5	4	5	4	5	6	4	4	5	5	5	4	4	4	4	5	4	4	5	4
Early HCA	4	4	4	4	4	4	4	3	4	4	4	5	5	4	4	4	4	3	4	4	4	4	4	4	5	4	4	5	4
Late Trained	4	4	4	5	5	5	5	5	4	4	5	5	4	5	5	4	4	4	5	5	4	4	4	4	5	4	4	5	4
Late HCA	4	4	4	4	4	4	4	3	4	4	4	5	5	4	4	4	4	3	4	4	4	4	4	4	4	4	4	5	5
Night Trained	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	4	3	3
Night HCA	3	3	3	1	2	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3

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
Early Trained	4			1	1	1		1		1		1		1	2			1	1	1					1			1	
Early HCA	4							1				1	1					1							1			1	
Late Trained	4			1	1	1	1	1			1	1		1	1				1	1					1			1	
Late HCA	4							1				1	1					1										1	1
Night Trained	3			1														1										1	
Night HCA	3			2	1	1																					1		
Incidents (Falls)														1															
Incidents (Medication)																													
Incidents (Staffing)								1																					

Total Number of Shifts 616 | **Total Number of Shortfall Shifts** 10 | **Total Number of Overfill Shifts** 37

Month: Feb-14 — Ward 25 — Actual Off Duty February 2014

DAY	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
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
Early Trained		6	6	9	11	9	9	9	7	7	10	10	10	9	10	5	6	9	9	8	8	10	7	6	11	11	12	8	10
Early HCA		1	1	3	1	4	2	1	3	1	3	1	3	3	1	2	2	3	1	3	3	2	1	1	3	2	2	2	2
Late Trained		6	6	7	7	7	7	8	7	7	7	5	6	7	6	5	6	8	7	7	7	7	7	6	9	8	9	6	6
Late HCA		1	1	1	1	4	2	1	3	1	2	1	3	2	1	2	2	1	1	3	2	2	1	1	2	2	1	1	1
Night Trained		6	6	5	7	5	6	8	7	6	5	6	5	5	6	6	6	6	5	5	5	6	6	6	6	6	5	6	6
Night HCA		1	0	0	0	2	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	1	0

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
Early Trained	0	6	6	9	11	9	9	9	7	7	10	10	10	9	10	5	6	9	9	8	8	10	7	6	11	11	12	8	10
Early HCA	0	1	1	3	1	4	2	1	3	1	3	1	3	3	1	2	2	3	1	3	3	2	1	1	3	2	2	2	2
Late Trained	0	6	6	7	7	7	7	8	7	7	7	5	6	7	6	5	6	8	7	7	7	7	7	6	9	8	9	6	6
Late HCA	0	1	1	1	1	4	2	1	3	1	2	1	3	2	1	2	2	1	1	3	2	2	1	1	2	2	1	1	1
Night Trained	0	6	6	5	7	5	6	8	7	6	5	6	5	5	6	6	6	6	5	5	5	6	6	6	6	6	5	6	6
Night HCA	0	1				2	1	1										1					1					1	
Incidents (Falls)																													
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts 0 | **Total Number of Shortfall Shifts** 0 | **Total Number of Overfill Shifts** 707

Month: Feb-14 — Ward 31 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	3	3	3	3	3	3	3	3	2	3	3	3	3	4	3	3	3	3	3	3	3	3	3	4	3	3	3	3
Early HCA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	4	3	4
Late Trained	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3
Late HCA	3	3	2	3	2	3	3	3	3	2	3	3	3	3	3	2	3	3	3	3	3	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
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	2

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
Early Trained	3									1					1									1					
Early HCA	3														1												1		1
Late Trained	3				1											1													
Late HCA	3		1		1					1						1													
Night Trained	3																												
Night HCA	2																												
Incidents (Falls)																											1		
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts 476 — **Total Number of Shortfall Shifts** 6 — **Total Number of Overfill Shifts** 6

Month: Feb-14 — Ward 32 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	3	3	3	3	4	4	3	3	4	4	3	4	3	4	3	3	3	3	3	3	3	3	3	3	3	3	4	3
Early HCA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	2	3	3	4	3	3	3	3	3
Late Trained	3	3	3	3	3	4	4	3	3	4	4	3	4	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Late HCA	3	3	3	3	3	3	3	3	3	3	2	2	3	3	3	3	3	2	3	3	3	2	3	4	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
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	2

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
Early Trained	3					1	1			1	1		1		1													1	
Early HCA	3																	1		1	1			1					
Late Trained	3					1	1			1	1		1		1														
Late HCA	3										1	1						1			1			1					
Night Trained	3																												
Night HCA	2																												
Incidents (Falls)												1																	
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts 476 — **Total Number of Shortfall Shifts** 7 — **Total Number of Overfill Shifts** 15

Month: Feb-14   Ward: EAU — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	9	9	8	10	10	10	9	9	9	9	8	9	8	9	9	9	9	9	10	9	10	9	9	9	10	9	9	10	9
Early HCA	6	7	7	6	6	6	6	6	6	6	5	6	7	7	6	7	6	4	5	6	5	5	6	6	6	7	6	6	7
Late Trained	9	9	8	10	10	9	9	9	9	10	8	10	8	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
Late HCA	6	6	7	6	3	6	7	5	5	6	5	6	5	6	4	6	5	4	6	6	6	4	5	5	5	5	5	7	6
Night Trained	7	7	7	7	6	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	8	7	7	8	7	7	7	7
Night HCA	6	4	5	5	5	6	6	6	6	5	6	6	7	6	5	6	7	6	7	8	6	6	6	6	7	6	6	6	6

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
Early Trained	9		1	1	1	1					1		1						1		1				1			1	
Early HCA	6	1	1								1		1	1		1		2	1		1	1					1		1
Late Trained	9		1	1	1					1	1	1	1																
Late HCA	6		1		3		1	1	1		1		1		2		1	2			2	1	1	1	1	1	1	1	
Night Trained	7				1																1				1				
Night HCA	6	2	1	1	1					1			1		1			1		1	2					1			
Incidents (Falls)										1																			
Incidents (Medication)																					1								
Incidents (Staffing)																													

Total Number of Shifts: 1204   Total Number of Shortfall Shifts: 39   Total Number of Overfill Shifts: 29

Month: Feb-14   Ward: ED — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	9	10	12	10	11	10	9	9	10	10	9	10	9	9	9	8	8	9	10	10	10	10	8	8	9	9	9	10	10
Early HCA	6	5	5	7	5	6	5	6	6	7	6	7	6	6	4	6	4	6	5	7	7	7	6	5	6	5	7	5	7
Late Trained	9	12	13	11	12	11	10	10	11	11	11	11	10	11	10	10	9	10	10	10	10	11	9	9	10	11	11	10	11
Late HCA	6	6	7	6	7	6	8	5	7	8	6	8	7	5	6	6	6	7	7	7	7	8	6	6	5	7	6	4	6
Twilight Trained	2	0	1	2	2	2	2	2	1	2	2	2	2	1	1	1	1	2	2	2	2	1	0	1	2	1	2	2	2
Twilight HCA	2	2	3	2	2	2	2	2	2	0	2	2	3	1	1	2	2	3	2	3	2	2	2	2	2	1	1	2	3
Night Trained	7	6	6	7	6	4	6	5	6	6	6	7	7	7	6	6	5	6	5	6	6	7	8	6	7	6	6	6	6
Night HCA	6	3	3	4	3	3	4	4	3	3	4	3	4	3	3	4	4	3	3	3	3	4	4	3	3	3	2	3	3

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
Early Trained	9	1	3	1	2	1			1	1		1				1	1		1	1	1	1	1	1				1	1
Early HCA	6	1	1	1	1		1			1		1			2		2		1	1	1	1		1		1	1	1	1
Late Trained	9	3	4	2	3	2	1	1	2	2	2	2	1	2	1		1	1	1	1	1	2			1	2	2	1	2
Late HCA	6		1		1		2	1	1	2		2	1	1				1	1	1	1	2			1	1		2	
Twilight Trained	2	2	1						1					1	1	1	1					1	2	1		1			
Twilight HCA	2		1						2			1		1	1			1		1						1	1		1
Night Trained	7	1	1		1	3	1	2	1	1	1				1	1	2	1	2	1	1		1		1	1	1	1	1
Night HCA	6	3	3	2	3	3	2	2	3	3	2	3	2	3	3	2	2	3	3	3	3	2	2	3	3	3	4	3	3
Incidents (Falls)																													
Incidents (Medication)																					1								
Incidents (Staffing)																													

Total Number of Shifts: 1316   Total Number of Shortfall Shifts: 142   Total Number of Overfill Shifts: 91

Month: Feb-14 Ward: 22 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	4	4	3	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	5	4	4	4	4	4	4	4	4
Early HCA	3	3	3	3	3	2	3	2	6	2	3	2	3	4	3	3	4	4	4	4	4	4	3	2	4	3	4	3	3
Late Trained	3	4	4	3	4	4	4	4	3	4	4	4	4	4	4	4	3	4	4	4	4	4	4	4	4	4	4	3	4
Late HCA	3	3	3	3	3	2	3	2	6	2	3	2	3	3	3	3	4	4	4	4	4	3	3	2	4	3	4	4	3
Night Trained	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Night HCA	2	1	1	2	2	2	2	4	3	3	3	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2

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
Early Trained	3	1	1		1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Early HCA	3					1		1	3	1		1		1			1	1	1	1	1		1	1		1			
Late Trained	3	1	1		1	1	1	1		1	1	1	1	1	1	1		1		1	1	1	1	1	1	1	1		1
Late HCA	3					1		1	3	1		1					1	1	1	1				1	1		1	1	
Night Trained	3								1																				
Night HCA	2	1	1					2	1	1	1						1												
Incidents (Falls)		1														1													
Incidents (Medication)																													
Incidents (Staffing)									1																				

Total Number of Shifts	476	Total Number of Shortfall Shifts	13	Total Number of Overfill Shifts	80

Month: Feb-14 Ward: 23 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	6	5	5	5	6	5	5	5	5	5	5	6	5	6	6	5	6	5	5	5	5	5	5	5	6	6	5	5	5
Early HCA	2	1	2	3	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	1	1	2
Late Trained	6	5	5	5	6	5	5	6	5	5	5	6	5	6	6	5	6	5	5	5	5	5	5	5	6	6	5	5	5
Late HCA	2	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	1	1	2	1	1	1
Night Trained	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
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	0	0	0	1	1	1

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
Early Trained	6	1	1	1		1	1		1	1	1		1			1		1	1	1	1	1	1	1			1	1	1
Early HCA	2	1		1							1													1	1		1	1	
Late Trained	6	1	1	1		1	1		1	1	1		1			1		1	1	1	1	1	1	1			1	1	1
Late HCA	2	1																						1	1		1	1	1
Night Trained	5																												
Night HCA	1																							1	1	1			
Incidents (Falls)																	1												
Incidents (Medication)																													
Incidents (Staffing)										1																			

Total Number of Shifts	616	Total Number of Shortfall Shifts	54	Total Number of Overfill Shifts	2

Ward 24 — Actual Off Duty February 2014

Month: Feb-14 **Ward:** 24

DAY	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
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
Early Trained	3	3	3	3	3	3	2	3	3	3	2	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Early HCA	3	4	3	3	3	3	3	3	4	2	3	3	3	3	3	3	3	3	3	3	4	3	4	4	3	3	3	3	3
Late Trained	3	3	3	3	3	3	3	3	3	3	2	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Late HCA	3	4	3	3	3	3	3	2	3	2	3	3	3	3	3	3	3	3	3	3	4	3	4	4	3	3	3	3	3
Night Trained	3	3	2	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	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	3	3	2	2	2	2	3

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
Early Trained	3						1				1																		
Early HCA	3	1							1	1											1		1	1					
Late Trained	3										1			1															
Late HCA	3	1					1			1											1		1	1					
Night Trained	3		1																	1									
Night HCA	2																						1	1					1
Incidents (Falls)																													
Incidents (Medication)												1																	
Incidents (Staffing)																													

Total Number of Shifts: 476 **Total Number of Shortfall Shifts:** 7 **Total Number of Overfill Shifts:** 14

Ward 33 — Actual Off Duty February 2014

Month: Feb-14 **Ward:** 33

DAY	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
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
Early Trained	3	4	4	4	3	5	5	3	3	3	4	5	5	3	3	4	3	3	3	4	4	4	4	3	3	4	3	3	4
Early HCA	3	2	3	3	3	3	3	4	3	4	3	3	3	3	2	3	3	4	3	3	3	2	3	3	2	3	3	4	3
Late Trained	3	4	4	4	3	5	5	3	3	3	4	5	5	3	3	4	3	3	3	4	4	4	4	3	3	4	3	3	4
Late HCA	3	2	3	3	3	3	3	4	3	4	3	3	3	4	2	3	3	3	3	3	2	3	3	2	3	3	4	3	3
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Night HCA	2	2	2	2	2	3	3	2	3	3	2	2	3	3	2	2	2	2	3	3	3	3	3	3	2	2	3	3	2

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
Early Trained	3	1	1	1		2	2				1	2	2			1					1	1	1	1		1			1
Early HCA	3	1						1		1					1		1					1		1		1		1	
Late Trained	3	1	1	1		2	2				1	2	2			1					1	1	1	1		1			1
Late HCA	3	1						1		1				1	1								1		1			1	
Night Trained	3														1														
Night HCA	2					1	1		1	1				1	1					1	1	1	1	1	1			1	1
Incidents (Falls)					1									1															
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts: 476 **Total Number of Shortfall Shifts:** 8 **Total Number of Overfill Shifts:** 61

Month: Feb-14 Ward: 34 — Actual Off Duty February 2014

DAY	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Shifts																													
Early Trained	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	4	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	2	3	3	2	3	3	3	3	2	2	4	3	3
Late Trained	3	3	2	2	2	3	3	3	2	3	2	3	3	3	3	3	2	3	3	2	3	3	3	3	2	3	3	2	3
Late HCA	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	1	4	3	3	3	2	2	4	3	3
Night Trained	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	4	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	1	2	2	2	2	2	2	2	2	2

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
Early Trained	3										1										1								
Early HCA	3																1			1					1	1	1		
Late Trained	3		1	1	1				1		1						1			1					1			1	
Late HCA	3															1				2	1				1	1	1		
Night Trained	3																	1	1										
Night HCA	2																			1									
Incidents (Falls)					1															1									1
Incidents (Medication)																													
Incidents (Staffing)			1																										

Total Number of Shifts: 476 **Total Number of Shortfall Shifts:** 21 **Total Number of Overfill Shifts:** 5

Month: Feb-14 Ward: 35 — Actual Off Duty February 2014

DAY	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Shifts																													
Early Trained	3	3	3	3	4	4	3	4	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Early HCA	3	3	4	4	3	3	5	3	4	3	3	4	3	4	3	3	4	3	3	3	3	3	4	3	4	3	4	4	3
Late Trained	3	3	3	3	4	4	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Late HCA	3	3	4	4	3	3	5	2	3	3	3	4	3	4	3	3	4	3	3	3	3	2	4	3	4	4	4	4	3
Night Trained	3	3	4	4	4	3	3	4	3	3	3	3	3	3	3	3	4	5	3	3	4	3	3	3	3	3	3	3	3
Night HCA	2	3	2	2	2	2	2	2	2	2	3	2	2	2	2	1	2	2	2	2	2	2	2	1	2	2	2	2	2

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
Early Trained	3				1	1		1				1																	
Early HCA	3		1	1			2		1			1		1			1						1		1		1	1	
Late Trained	3				1	1		1																					
Late HCA	3		1	1			2	1				1		1			1					1	1		1	1	1	1	
Night Trained	3		1	1	1			1									1	2			1								
Night HCA	2	1									1					1								1					
Incidents (Falls)																										1			
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts: 476 **Total Number of Shortfall Shifts:** 4 **Total Number of Overfill Shifts:** 41

Month: Feb-14 — Ward 36 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	4	3	5	4	4	4	5	4	4	5	3	4	4	3	3	4	5	3	2	4	2	3	3	4	5	5	5	4
Early HCA	3	5	5	5	4	4	3	4	4	4	4	4	3	3	3	3	3	3	3	2	3	3	2	3	2	3	4	3	2
Late Trained	3	4	3	5	4	4	4	5	4	4	5	3	3	4	3	3	4	5	3	3	4	2	3	3	4	4	4	5	4
Late HCA	3	4	5	5	4	5	4	3	4	4	3	4	3	3	3	3	3	3	3	1	3	3	2	3	2	5	3	3	2
Night Trained	3	3	3	3	3	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4
Night HCA	2	4	4	4	3	4	4	4	4	4	3	3	2	3	2	2	3	2	2	2	2	2	1	2	2	3	1	2	1

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
Early Trained	3	1		2	1	1	1	2	1	1	2		1	1			1	2		1	1	1			1	2	2	2	1
Early HCA	3	2	2	2	1	1		1	1	1	1	1						1					1		1		1		1
Late Trained	3	1		2	1	1	1	2	1	1	2			1			1	2			1	1			1	1	1	2	1
Late HCA	3	1	2	2	1	2	1		1	1		1						2					1		1	2			1
Night Trained	3					1	1																						1
Night HCA	2	2	2	2	1	2	2	2	2	2	1	1		1			1						1			1	1		1
Incidents (Falls)																													
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	476	Total Number of Shortfall Shifts	15	Total Number of Overfill Shifts	102

Month: Feb-14 — Ward 41 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	3	3	5	4	4	3	3	3	3	3	4	4	3	4	3	3	3	3	3	5	3	3	3	3	3	3	3	4
Early HCA	3	5	4	4	4	4	4	3	4	4	5	4	4	5	3	4	4	4	4	4	3	4	4	4	4	4	4	5	4
Late Trained	3	3	3	5	4	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	4
Late HCA	3	5	4	3	4	4	5	4	4	4	4	3	4	5	3	4	4	4	5	4	3	4	4	4	4	5	4	5	4
Night Trained	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3
Night HCA	2	4	3	3	3	3	3	3	3	3	3	3	3	3	2	3	3	3	3	3	3	3	3	3	2	4	3	3	3

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
Early Trained	3			2	1	1						1	1		1						2								1
Early HCA	3	2	1	1	1	1	1		1	1	2	1	1	2		1	1	1	1	1		1	1	1	1	1	1	2	1
Late Trained	3			2	1	1															1								1
Late HCA	3	2	1		1	1	2	1	1	1	1		1	2		1	1	1	2	1		1	1	1	1	2	1	2	1
Night Trained	3						1																	1					
Night HCA	2	2	1	1	1	1	1	1	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1		2	1	1	1
Incidents (Falls)																													
Incidents (Medication)																		1											
Incidents (Staffing)																													

Total Number of Shifts	476	Total Number of Shortfall Shifts	0	Total Number of Overfill Shifts	105

Feb-14   **42**   **Actual Off Duty February 2014**

	DAY	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F
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
Early Trained	3	4	4	3	5	5	4	4	3	3	3	3	4	4	4	3	4	3	4	3	4	3	3	3	3	4	3	3	3
Early HCA	3	3	3	3	4	2	3	3	5	3	4	3	4	4	3	2	3	4	4	4	3	3	3	3	3	3	3	3	3
Late Trained	3	4	4	3	5	5	4	4	3	3	3	3	4	4	4	2	3	3	4	3	4	3	3	3	3	4	3	3	3
Late HCA	3	3	3	3	4	2	3	4	5	3	4	3	4	4	3	3	3	3	4	4	3	3	4	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
Night HCA	2	2	2	2	2	3	4	3	3	2	2	2	3	2	2	2	2	2	3	3	2	2	2	2	2	2	2	2	2

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
Early Trained	3	1	1		2	2	1	1					1	1	1		1		1		1					1			
Early HCA	3				1	1				2		1		1	1	1		1	1	1									
Late Trained	3	1	1		2	2	1	1					1	1	1	1			1		1					1			
Late HCA	3				1	1			1	2		1		1	1				1	1					1				
Night Trained	3																												
Night HCA	2					1	2	1	1				1						1	1									
Incidents (Falls)																										1			
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	476	Total Number of Shortfall Shifts	4	Total Number of Overfill Shifts	56

Month   Ward

Feb-14   **43**   **Actual Off Duty February 2014**

	DAY	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F	SA	SU	M	T	W	TH	F
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
Early Trained	4	5	5	5	4	4	6	6	4	4	5	4	5	5	5	4	4	5	5	4	5	5	4	5	5	4	4	4	5
Early HCA	3	4	3	4	4	4	3	3	4	3	4	3	4	4	4	3	3	3	5	3	3	3	2	3	3	3	3	3	4
Late Trained	4	5	5	4	4	4	6	6	4	4	5	4	5	4	5	4	4	4	5	4	5	4	4	4	3	4	4	4	4
Late HCA	3	3	4	3	3	3	3	3	3	3	3	3	3	4	3	3	2	3	3	3	3	3	3	2	3	3	3	2	2
Night Trained	4	5	5	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 HCA	2	2	2	2	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	3	2	2	2	2	2	2	2	2	2

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
Early Trained	4	1	1	1			2	2			1		1	1	1			1	1		1	1		1	1				1
Early HCA	3	1		1	1	1				1		1	1	1				2				1			1				1
Late Trained	4	1	1				2	2			1		1		1				1		1				1				
Late HCA	3		1											1				1							1			1	1
Night Trained	4	1	1																										
Night HCA	2										1									1									
Incidents (Falls)																													1
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	560	Total Number of Shortfall Shifts	6	Total Number of Overfill Shifts	47

Feb-14 | 44 | Actual Off Duty February 2014

Shifts	Baseline	1 SA	2 SU	3 M	4 T	5 W	6 TH	7 F	8 SA	9 SU	10 M	11 T	12 W	13 TH	14 F	15 SA	16 SU	17 M	18 T	19 W	20 TH	21 F	22 SA	23 SU	24 M	25 T	26 W	27 TH	28 F
Early Trained	3	3	3	4	4	4	4	4	3	3	4	3	3	4	3	3	3	4	3	3	3	3	3	3	3	3	4	4	3
Early HCA	3	4	4	3	3	4	4	3	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	4	4	4	4
Late Trained	3	3	3	4	4	3	4	4	3	3	4	3	3	4	3	3	3	4	3	3	3	3	3	3	3	3	4	3	3
Late HCA	3	4	4	4	3	4	4	3	5	3	3	4	4	3	4	4	4	4	4	4	4	4	4	2	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
Night HCA	2	2	2	2	2	2	2	2	2	3	2	2	2	2	1	2	3	2	2	2	2	2	2	2	3	2	2	2	2

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
Early Trained	3			1	1	1	1	1		1				1				1									1	1	
Early HCA	3	1	1			1	1		1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1
Late Trained	3			1	1		1	1				1		1				1										1	
Late HCA	3	1	1	1		1	1		2			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					
Incidents (Falls)																													1
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	476		Total Number of Shortfall Shifts	2		Total Number of Overfill Shifts	70

Month: Feb-14 | Ward: 51 | Actual Off Duty February 2014

Shifts	Baseline	1 SA	2 SU	3 M	4 T	5 W	6 TH	7 F	8 SA	9 SU	10 M	11 T	12 W	13 TH	14 F	15 SA	16 SU	17 M	18 T	19 W	20 TH	21 F	22 SA	23 SU	24 M	25 T	26 W	27 TH	28 F
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	4	3	3
Early HCA	3	4	4	4	5	4	5	4	4	6	5	4	5	5	4	5	5	5	3	5	5	5	5	5	4	5	5	5	5
Late Trained	3	3	3	3	3	3	3	3	2	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Late HCA	3	4	4	4	4	4	5	4	4	6	5	4	5	5	3	4	4	5	5	5	5	5	5	5	4	6	5	5	5
Night Trained	3	3	3	3	3	3	3	3	3	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Night HCA	2	3	3	3	3	3	3	3	3	5	3	4	4	3	4	4	4	2	2	3	3	3	4	4	3	4	4	4	4

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
Early Trained	3																										1		
Early HCA	3	1	1	1	2	1	2	1	1	3	2	1	2	2	2	1	2	2	2	2		2	2	2	1	2	2	2	2
Late Trained	3								1				1																
Late HCA	3	1	1	1	1	1	2	1	1	3	2	1	2	2		1	1	2	2	2	2	2	2	2	1	3	2	2	2
Night Trained	3									1																			
Night HCA	2	1	1	1	1	1	1	1	1	3	1	2	2	1	2	2	2		1	1	1	2	2	1	2	2	2	2
Incidents (Falls)																									1	1	1		
Incidents (Medication)																													
Incidents (Staffing)									1									1	1										

Total Number of Shifts	476		Total Number of Shortfall Shifts	1		Total Number of Overfill Shifts	133

Month: Feb-14 — Ward 52 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	3	5	4	4	4	4	4	4	4	4	4	3	5	5	5	3	5	5	4	5	6	4	4	4	5	4	5	3	3
Early HCA	4	6	6	6	6	4	4	5	5	5	6	4	6	4	4	5	5	5	5	5	4	5	5	5	5	4	4	6	6
Late Trained	3	4	4	4	5	4	4	5	4	4	4	3	5	4	4	3	4	4	5	4	3	4	4	5	3	5	5	5	2
Late HCA	4	5	5	6	6	5	5	3	5	5	6	5	5	4	4	5	4	5	4	5	4	5	4	4	5	6	6	5	6
Night Trained	3	3	3	3	3	3	3	3	3	2	2	4	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Night HCA	2	4	4	3	4	4	3	3	3	3	3	3	4	4	2	3	2	3	3	3	4	4	4	4	4	3	4	3	4

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
Early Trained	3	2	1	1	1	1	1	1	1	1	1		2	2	2		2	2	1	2	3	1	1	1	2	1	2		
Early HCA	4	2	2	2	2			1	1	1	2		2			1	1	1	1	1		1	1	1	1			2	2
Late Trained	3	1	1	1	2	1	1	2	1	1	1		2	1	1		1	1	2	1		1	1	2		2	2	2	1
Late HCA	4	1	1	2	2	1	1	1	1	1	2	1	1			1		1		1		1			1	2	2	1	2
Night Trained	3									1	1	1																	
Night HCA	2	2	2	1	2	2	1	1	1	1	1	1	2	2		1		1	1	1	2	2	2	2	2	1	2	1	2
Incidents (Falls)								1																					
Incidents (Medication)																													1
Incidents (Staffing)																													

Total Number of Shifts: 532 — Total Number of Shortfall Shifts: 4 — Total Number of Overfill Shifts: 158

Month: Feb-14 — Ward 53 — Actual Off Duty February 2014

Shifts	Baseline	SA 1	SU 2	M 3	T 4	W 5	TH 6	F 7	SA 8	SU 9	M 10	T 11	W 12	TH 13	F 14	SA 15	SU 16	M 17	T 18	W 19	TH 20	F 21	SA 22	SU 23	M 24	T 25	W 26	TH 27	F 28
Early Trained	6	5	5	5	5	5	5	6	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5	5
Early HCA	2	3	3	3	3	4	3	3	3	3	3	4	3	3	2	3	3	3	2	2	2	2	2	3	3	2	2	3	2
Middle HCA	1	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
Late Trained	6	5	5	5	5	5	5	6	5	5	5	4	5	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5	4
Late HCA	2	3	3	3	3	3	3	3	2	3	2	2	2	2	2	3	3	2	1	2	3	3	2	3	3	2	2	2	2
Night Trained	4	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	1	3	3	3	3	3	3	3	3	3	3	3	3	3	2	3	2	2	2	2	2	3	3	3	2	2	2	2	2

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
Early Trained	6	1	1	1	1	1	1		1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1
Early HCA	2	1	1	1	1	2	1	1	1	1	1	2	1	1		1	1	1						1	1			1	
Middle 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
Late Trained	6	1	1	1	1	1	1		1	1	1	2	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	1	2
Late HCA	2	1	1	1	1	1	1	1		1						1	1		1		1	1		1	1				
Night Trained	4	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 HCA	1	2	2	2	2	2	2	2	2	2	2	2	2	2	1	2	1	1	1	1	1	2	2	2	1	1	1	1	1
Incidents (Falls)																			1										
Incidents (Medication)						1																					1		
Incidents (Staffing)																													

Total Number of Shifts: 616 — Total Number of Shortfall Shifts: 115 — Total Number of Overfill Shifts: 80

Month		Ward	
Feb-14		54	Actual Off Duty February 2014

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
Early Trained	2	2	3	3	2	2	2	2	2	2	2	3	3	3	3	3	2	2	2	2	3	3	2	1	2	2	2	2	2
Early HCA	4	4	3	3	4	4	4	4	4	4	3	3	3	3	3	4	5	4	4	4	4	3	3	4	4	3	3	4	4
Late Trained	2	2	2	2	2	2	2	3	2	2	2	3	2	2	2	2	3	2	2	2	3	2	1	2	1	2	1	2	2
Late HCA	2	2	2	2	2	2	2	1	2	2	2	1	2	1	2	3	2	3	3	3	3	3	3	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	1	1
Night HCA	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	2	2	1	1	2	1	1	1	1	1	1	1	1	1

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
Early Trained	2		1	1								1	1	1	1	1					1	1		1					
Early HCA	4		1	1							1	1	1	1	1		1					1	1			1	1		
Late Trained	2							1				1					1				1		1		1		1		
Late HCA	2							1				1		1		1		1	1	1	1	1	1						
Night Trained	2																											1	1
Night HCA	1														1	1	1			1									
Incidents (Falls)							1																						
Incidents (Medication)																													
Incidents (Staffing)																													

Total Number of Shifts	364		Total Number of Shortfall Shifts	20		Total Number of Overfill Shifts	25

Appendix 3 – Future Staffing Template

Month   **Ward**   **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																																
Early HCA																																
Late Trained																																
Late HCA																																
Night Trained																																
Night HCA																																

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																															
Incidents (Falls)																																
Incidents (Medication)																																
Incidents (Staffing)																																

Total Number of Shifts   0   **Total Number of Shortfall Shifts**   0   **Total Number of Overfill Shifts**   0

Reasons for Shortfall/Overfill and Action codes

Early Trained	
Early HCA	
Late Trained	
Late HCA	
Night Trained	
Night 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)

Appendix 4 - Mitigation

Ward/Department	Mitigation
11	Ward leader has worked clinically for the majority of time. Issue compounded by 6.16% maternity leave, a 4.17% sickness rate. Sickness levels reducing as a result of check and challenge process with HR. First phase of additional recruitment completed – 4 wte RN's will be in post by September
12	Ward leader predominately supervisory. No shortfall shifts but 92 shifts over the agreed baseline staffing. Overfill due to high acuity and dependency and a number of patients requiring enhanced patient observation - as reflected in AUKUH analysis. SNCT suggests that budgeted WTE is significantly less then recommended for this level of acuity and the additional shifts reflect and meet these requirements
14	82 shifts overfilled (due to the high numbers of outliers, who tend to be elderly/frail patients) and 10 Shortfall. High levels of sickness 14.41% mostly attributed to long term sickness. Sickness levels reducing as a result of check and challenge process with HR and staff who are currently on long-term sick all have had recent reviews and return to work plans agreed. This area is carrying high level of vacancies 6.26 WTE. All posts are now recruited to and will be commencing work between May and September. Ward Sister supervisory
21	6.69% Maternity leave. 37 overfilled shifts compared to 10 shortfall shifts. Ward sister remains supervisory.
22	During February 2014 the baseline staffing and skill mix ratios were skewed predominantly during the day shifts to accommodate an increase in overall Registered Nurse staffing thereby creating an improved skill mix ratio (Shortfall 13 – Overfilled 80). From an operational perspective the situation was further compounded by significant sickness and absence levels (12.55%) predominantly long term in nature.
23	Ward 23 traditionally has been established to roster 6 Registered Nurses per day shift, in the main this is not achieved (Shortfall 54 – Overfilled 2) however the Ward Leader is supervisory (Monday – Friday 08:00 – 16:00) and has the capacity to work clinically to support patient care if required. Further work is currently ongoing to review the current nursing establishment and skill mix ratio on the ward of which will align with SCNT recommendations and national changes within acute cardiology. During February the situation was further compounded by an increase in short term sickness levels (4.61%)
24	During February 2014 Ward 24 saw an increase in overall patient acuity and dependency (SCNT 30.00), this coupled with an increase in sickness and absence levels (8.96%) resulted in a shortfall in predominantly Registered Nurse shifts being covered to required levels.

Ward/Department	Mitigation
25	Staffing adjusted daily to meet the patient mix and acuity, which can vary considerably between days and within the same day (more than adult wards). Usually work to and achieve a 70/30 skill mix. Sickness level high at 8.35% mostly short term. Being robustly managed by matron. Currently have a maternity leave level of 5.31% against a predicted 0.92%. Ward sister supervisory.
31	6 shortfall shifts 6 overfilled shifts. Sickness levels significantly below trust target. Ward sister supervisory majority of time
32	Sickness level at 6.22% Sickness levels reducing as a result of check and challenge process with HR. 7 shortfall shifts HCA. Ward sister supervisory majority of time
33	During February 2014 Ward 33 saw an increase in overall patient acuity and dependency (SCNT 35.00) of which necessitated additional HCA resources to support patient care. The situation was further compounded by an increase in short term sickness (4.73%) and overall vacancies (5.87%).
34	During February 2014 Ward 34 saw an increase in overall patient acuity and dependency (SCNT 35.00) of which necessitated additional resources to support patient care. The situation was further compounded by 4.42 WTE vacancies.
35	During February 2014 Ward 35 saw an increase in overall patient acuity and dependency (SCNT 40.00) of which necessitated additional resources to support patient care. The situation was further compounded by an increase in short term sickness (6.01%) and 4.45 WTE vacancies.
36	During February 2014 Ward 36 proactively overfilled their shifts patterns to accommodate and support a cohort of newly qualified staff during their supernumerary phase of their induction. The situation was further compounded by 8.25 WTE vacancies and significant sickness and absence levels being recorded (8.38%).
41	During February 2014 Ward 41 proactively overfilled their shifts patterns to accommodate and support a cohort of newly qualified staff during their supernumerary phase of their induction.
42	During February 2014 Ward 42 saw an increase in overall patient acuity and dependency (SCNT 37.00) of which necessitated additional resources to support patient care. The Ward in addition proactively overfilled their shift patterns to accommodate and support a cohort of newly qualified staff during their supernumerary phase of their induction. The situation was further compounded by an increase in short term sickness (8.26%).
43	During February 2014 Ward 43 proactively overfilled their shift patterns to accommodate and support a cohort of newly qualified staff during their supernumerary phase of their induction. The situation was further compounded by an increase in demand for NIV demand and significant increase in sickness and absence recorded (6.7%).
44	During February 2014 Ward 44 saw an increase in overall patient acuity and dependency (SCNT 30.00) of which necessitated additional resources to support patient care.

Ward/Department	Mitigation
51	During February 2014 Ward 51 saw an increase in overall patient acuity and dependency (SCNT 32.00) of which necessitated additional resources to support patient care. The situation was further compounded by 4.17 WTE reported vacancies.
52	During February 2014 Ward 52 saw an increase in overall patient acuity and dependency (SCNT 42.00) of which necessitated additional resources to support patient care. Further work is currently being undertaken to review the required nurse staffing establishment in the future given its Dementia specialty.
53	From a stroke pathway perspective work is currently ongoing to merge both Ward 53 and 54 in order to create an integrated stroke unit. The Registered Nurse establishment figures are incorrect as they are inclusive of The Thrombolysis / Stroke Nurse of which should sit outside of the generic off duty. During February 2014 Ward 53 saw an increase in overall patient acuity and dependency (SCNT 39.00) of which necessitated additional resources to support patient care.
54	During February 2014 Ward 54 saw an increase in sickness and absence levels (4.51%) of which was predominantly short term in nature. The baseline staffing and skill mix ratios were skewed predominantly during the day shifts to accommodate an increase in overall Registered Nurse staffing thereby creating an improved skill mix ratio (Shortfall 20 – Overfilled 25).
EAU	Due to ongoing capacity and demand challenges / winter pressures faced during February 2014 the unit remained operational and open to 56 beds necessitating additional nursing resources of which in the main were accommodated by bank and agency resources. The situation was further compounded by 15.36 WTE vacancies being recorded in month subsequent appointments have reduced this figure significantly.
Oakham	During February 2014 the baseline staffing and skill mix ratios were skewed predominantly during the day shifts to accommodate an increase in overall Registered Nurse staffing thereby creating an improved skill mix ratio (Shortfall 12 – Overfilled 20). From an operational perspective the situation was further compounded by an increase in patient dependency necessitating additional HCA resources predominantly to cover a number of late shifts
Chatsworth	During February 2014 the baseline staffing and skill mix ratios were skewed predominantly during the day shifts to accommodate an increase in overall Registered Nurse staffing thereby creating an improved skill mix ratio (Shortfall 33 – Overfilled 22). From an operational perspective the situation was further compounded by high levels of sickness (10.26%) predominantly long term in nature

Ward/Department	Mitigation
Lindhurst	During February 2014 the baseline staffing and skill mix ratios were skewed predominantly during the day shifts to accommodate an increase in overall Registered Nurse staffing thereby creating an improved skill mix ratio (Shortfall 33 – Overfilled 22). From an operational perspective the situation was further compounded by high levels of sickness (10.26%) predominantly long term in nature.
Sconce	33 overfilled 6 shortfall. Shortfall due to short term sickness. HCA shortfall covered by RN overfill. High sickness level at 14.16% predominately long-term and as 6.38 wte vacancies.
Minster	Staffing levels flexed according to occupancy, activity, and acuity. High sickness levels 13.59% predominately long term with work being done to reduce this.
Fernwood	2 shortfall shifts.