Board of Directors' Meeting Report – 27th August 2014
Agenda item 243 /14

Title	Nurse staffing establishment report
Sponsoring Director	Sue Hardy – Chief Nurse/Deputy Chief Executive
Authors	Sue Hardy – Chief Nurse/Deputy Chief Executive Cheryl Schwarz – Associate Chief Nurse
Purpose	To provide an overview of the July 2014 nurse staffing levels submitted to NHS England via UNIFY, reporting the percentage fill rate, by hour, and the impact on capacity and capability to deliver safe care.
Previously considered at	N/A

Executive Summary

There were 27 shifts where high risk triggers were identified; however there were no occasions where risk remained high following mitigating actions.

The data has been presented as last month, in hours in accordance with NHS England criteria. This report relates to fill rate against planned staffing, in current funded establishment.

We are now required to report against agreed staffing, inclusive of uplifted establishment in line with further instructions from NHS England. The Trust Board should be aware that we are waiting for final amendments to be made to the e-rostering system to allow us to be able to collate data in this way. The anticipated date for reporting against the new figures is October 2014 (with September data).

Related Trust Objective	Patient Focus – keep getting better. Staff – proud to work here and feel valued.
Related Risks	Patient Focus – keep getting better. Risk 1, 2 & 3 Staff – proud to work here and feel valued. Risk 1 & 2
Legal implications / regulatory requirements	NHS England and our regulators expect organisations to ensure that staffing capacity and capability are appropriately funded, maintained and monitored. The CQC will monitor how well staffing requirements are met as part of their inspection programme
Quality impact assessment	Staffing levels need to be at an adequate level to provide safe nursing care. The impact on quality will be dependent upon the registered nurse to patient ratio, acuity and dependency of patients and the skills and capability of the staff.
Equality impact assessment	Monitoring the outcomes will enable us to understand the impact of any staffing deficits on care including patients with protected characteristic of 'age' and 'disability'.

Recommendations:
The Board receives assurance that systems and processes are in place to monitor and utilise staff accordingly to provide safe care for patients.

Introduction

This report provides an overview of the nurse staffing levels across in-patient wards for July 2014 and details the planned hours of nursing cover, by ward, compared to the actual staff available to provide patient care. Data relating to a selection of quality, safety and patient experience outcome measures is provided for July 2014 and the previous two months for comparative purposes, in order to understand whether staffing levels are impacting on patient care outcomes.

A report providing an analysis of trends in staffing levels in relation to the quality, safety and patient experience outcomes for the period of May 2014 to July 2014 will be presented to the Quality Assurance Committee in October 2014.

Methodology for Reporting Planned and Actual Staffing

The data has been submitted via the UNIFY template in hours, in accordance with NHS England criteria and in line with data submitted in May and June 2014 reports. The planned staffing levels were calculated by using agreed staffing levels (in line with the current "pre-uplifted" staffing levels). The actual staffing hours were obtained from the e-rostering system. The data relating to temporary staffing resource utilisation has been broken down to show the hours of bank cover and the hours of agency cover separately. This will help us monitor the trust's capacity to cover demand for additional cover internally through the Nurse Bank and to identify the level of agency utilisation. The data is provided in Appendix 1.

As explained in last month's report, there are limitations in our current systems in terms of accurately reporting the actual hours covered on wards because we are unable to capture movement of staff from one ward to another when the escalation process is triggered. Where potential risks are identified as a result of staffing deficit, the Matrons and clinical site managers review staffing across the wards and may arrange for a member of staff from another ward to be deployed to the ward with risk, providing it is safe to do so. This is not captured in the e-roster system at the moment.

We will, in future be required by NHS England to report the nursing hours fill-rate against the agreed shift to shift staffing levels, inclusive of the uplift in nurse establishment. NICE guidance on safe staffing which was published in July 2014 and is currently being reviewed to identify the level of compliance by the Trust and to understand what changes in management and reporting of staffing levels may be required to comply with the guidance.

Key themes

Appendix 1 illustrates that there was an improvement in Trust-wide fill rate for Registered Nurses/Midwives (RN/RM) on day shifts (97.65%) compared to 92.02% in June 2014. An improvement in night shift cover by RN/RM was achieved (103.86%) compared to 95.50% in June 2014. Some wards have been authorised to work to their uplifted staffing numbers, following risk assessment, therefore the fill rate will be recorded above 100% on some occasions. This process enables us to ensure safe care, for example when there is elevated acuity and dependency or if activity is above the usual expected level.

While the fill rate for Health Care Assistants on day and night shifts in July 2014 remained above 100%, there was an over-all reduction in fill rate to 101.35% on day shifts and 111.22% on nights. In a number of areas the dependency needs of the patients was elevated; and additional HCAs were booked to provide enhanced observation. There were fewer reports of additional HCAs being booked to support fundamental care of patients because it was not possible to obtain RN cover for RN staffing deficits. Our first cohort of

Spanish nurses had completed their induction programme and were incorporated in to ward staffing establishments during July 2014 and this helped to fill some of the existing vacancies on the wards.

Some areas continue to have vacancies and a number of areas have reported issues with sickness levels. However, while an increase in temporary HCA resource utilisation was seen on day shift, a reduction in the level of temporary resource usage was seen for HCA night shift. Likewise, a reduction was seen in temporary resource for RN cover on day and night shift. Appendix 1 provides more detail regarding nursing fill rate and bank and agency utilisation for the individual wards.

Following the risk assessment undertaken by the nurse in charge of each shift to identify any potential risks to patient care relating to the capacity and capability of the nursing staff, any risks are reported and managed in accordance with the escalation process. In July 2014, 27 initial high risk triggers were identified. All were mitigated to low or moderate following escalation and action.

Our second cohort of overseas nurses commenced in the Trust on the 28th July 2014 and will undertook a four-week induction programme, before being deployed in their allocated wards. A number of the nurses are still awaiting their NMC PIN, which must be confirmed before they are permitted to work as registered nurses. It has been agreed that if the PIN is still pending on completion of the induction programme the nurses will be able to work in HCA capacity in order to familiarise themselves with the ward, as is the process for our graduating student nurses awaiting NMC registration.

The Practice Development team are monitoring and supporting all new recruits so that any additional training needs or support can be put in place.

Medicine

- Some medical areas continue to have vacancies, requiring cover by Bank & Agency.
- Additional health care assistants were required to provide enhanced observation in several areas and maintain patient safety.
- There were 11 occasions where a high risk was identified across the business unit, a significant reduction compared to the 49 occasions reported in June 2014. Action was taken to mitigate and reduce the risk, all high levels of risk being reduced to moderate or low.
- The Stroke unit reported only one occasion where high risk was identified and this was reduced to moderate by deploying the Acute Stroke Nurse to work on the ward.
- 7 beds remained closed on Paglesham due to the high level of vacancies; this is monitored shift by shift.

Surgery:

- On Balmoral Ward, vacancy and long-term sickness of 2 RNs meant that bank and agency staffs were required to cover shifts and ensure safe care.
- Balmoral Ward was the only surgical ward where initial high risk triggers were identified, with 10 occasions being reported. All were reduced to low or moderate following mitigating actions.
- No risk concerns were identified in any of the other surgical wards.
- Potential risk was identified on nights on some occasions where due to long-term sickness, no permanent ward staffs were scheduled to work. This was managed by arranging for staff to swap shifts to support the bank and agency staff.
- The Ward Manager's supervisory time was also used for direct care to patients and to support staff and ensure safe care.

- The Matron and Ward Manager will be reviewing the roster templates to ensure they are set at the correct levels.

MSK:

- The average bed occupancy (at midnight) across the BU for the month of July 2014 was 63.29%
- Vacancies within the BU have not been actively recruited to, due to plans for ward reconfiguration.
- The level of vacancies along with long and short term sickness impacted on the RN fill rate on day shifts on Castlepoint and Shopland wards.
- Bank and agency cover was requested as required.
- Elevated dependency was identified on Castlepoint Ward, where 5 initial high risk triggers were identified. All were reduced to low and moderate following mitigating action.
- The 3 nurses recruited in the first overseas cohort completed their induction during July and were incorporated in the ward staffing establishments
- Following risk assessment across all wards in the BU, staffs were moved flexibly between wards to provide a better skill mix and ensure patient safety.
- Significant levels of enhanced observations were required within 2 clinical areas. Additional Health Care Assistants were booked to address these requirements and maintain patient safety.
- The MSK ward reconfiguration plans have now been finalised to commence by the end of August 2014, which means that staffing requirements will be reviewed. This will also be picked up in the next nursing workforce review to commence in September 2014.

Paediatrics

- The paediatric ward and neonatal unit continue to have vacancies, which means that sick leave and maternity leave further reduces the shift fill rate in these areas.
- Neptune Ward identified 1 initial high risk trigger, which was reduced to low following mitigating action.
- There was increased utilisation of Health Care Assistants to support fundamental care when Registered nurses could not be secured through the nurse bank.
- The recruitment campaign for registered paediatric nurses continues

Maternity & Gynae

- Margaret Broom utilised bank and agency staff in order to vacancies and sick leave.
- Eastwood ward were unable to cover all shifts at planned levels due to vacancy and sickness, however no high risk triggers were identified.
- Vacancies are being recruited to in maternity services and the gynaecology ward.

D&T

- Elizabeth Loury Ward had a reduced shift fill rate due to vacancy, sickness and maternity leave, which could not always be backfilled with nurse bank cover.
- The Ward Manager and Matron closely monitored the ward and no high risk triggers were identified.

Critical Care

- In accordance with the critical care protocol, staffing levels were flexed in accordance with activity and patient acuity.
- The Outreach team assisted with care on the unit and non-clinical duties were cancelled to provide clinical cover in the unit. No high risk triggers were identified.

Accident & Emergency
We are not required to submit A&E staffing data through UNIFY, however the trust is monitoring the staffing levels in this area. Table 1 detail the planned hours and actual hours (inclusive of bank and agency cover). The resultant fill rates are shown in Table 2

Table 1: Planned and Actual Hours for A&E

Planned Hours		Actual Hours		Planned Hours		Actual Hours	
Days		Days		Night		Night	
RN	HCA	RN	HCA	RN	HCA	RN	HCA
4557	1395	4463.75	1659.25	2867.5	855.5	2942.5	855

Table 2: Shift Fill Rate A&E

	Day	Night
RN	97.95%	102.62%
HCA	118.94%	99.94%

- Accident and Emergency continue to have high Paediatric and Registered Nurse vacancy levels, which causes difficulty covering sickness as well as planned leave (annual leave and maternity leave).
- An additional RN is being rostered on day shifts in order to support the Rapid Assessment and Treatment service.
- Staffing levels continue to be monitored shift by shift and bank and agency are requested as required.
- A further 3 nurses recruited from Spain commenced induction in July 2014 have been allocated to the department. Attempts to recruit to RN and Paediatric Nursing vacancies continue.

Additional actions

The recruitment plan is being progressed to address the Registered Nursing vacancies including the overseas recruitment campaign. On-going local recruitment continues and interviews have taken place with a view to employment of Student Nurses that are due to complete their training from September 2014. The second cohort of 16 overseas nurses commenced within the Trust on the 28th July with a further 25 expected to start the induction programme on 1st September 2014.

Pre-registration commissions for Registered Nurse and Paediatric Nurse have been reviewed and an increase in commissions has been requested.

The Trust is working in partnership with the University of Essex to explore the introduction of a work-based programme for Associate Practitioners with foundation degrees to undertake the BSc Nursing programme. This would provide a professional development pathway for the pre-professional workforce to undertake registered nurse training. Funding has been requested from Health Education England and we await the outcome of this.

Conclusion
There was an improvement in the Trust-wide fill rate for Registered Nurses/Midwives on days and night shifts compared June 2014. The fill rate for health care assistants remained above 100% at 101.35% on days and 111.22% on nights. Whilst there was a slight increase in temporary resource cover for HCA shifts on days, a reduction in temporary resource cover

for HCA nights and RN day and night cover was noted. The bank and agency utilisation is now being reported separately, which will enable us to monitor the degree to which these resources are used.

Processes are in place to monitor and manage ward staffing levels and patient safety on a shift by shift basis and to provide transparent, public reporting from the ward to the Board. These include risk assessment and utilisation of the Board agreed staffing uplift levels where deemed required. Outcomes and quality and safety indicators are monitored continuously in line with staffing levels.

A GAP analysis is currently being undertaken in order to identify any changes in the management and reporting of staffing levels that may be required in order for us to comply with the newly published NICE guidelines.

A more detailed analysis of trends will be undertaken and presented to the Quality Assurance Committee following the completion of three months reporting, to allow more meaningful comparative analysis.

Southend University Hospital NHS

Ward Staffing Report

Difference Between Planned and Actual Hours Per Ward, Shift and Registered Nurse/Care Staff

Reporting Month: July 2014

Trust Planned & Actual Staff Hours

	Day Shift			Night Shift			Bank Usage				Agency Usage			
	Planned	Actual	Fill Rate	Planned	Actual	Fill Rate	Day	% of Actual	Night	% of Actual	Day	% of Actual	Night	% of Actual
Registered Nurse	45,871.0	44,795.3	97.65%	28,777.8	29,887.8	103.86%	2,532.3	5.65%	3,766.0	11.26%	1,116.0	2.49%	2,502.3	8.37%
Care Staff	35,163.5	35,637.8	101.35%	18,365.0	20,425.3	111.22%	8,936.8	25.08%	6,654.0	32.58%	2,930.3	8.22%	1,822.8	8.92%

Ward	Day										Night (Defined as the shift which occurs over midnight)										Reason Agreed Staffing Levels Not Met	Number of Occasions initially Triggered	Risk level after action	Comments/Actions	NQI Aggregate Score			SI			Safety Thermometer New Harm	Safety Thermometer Free Care		Falls			Avoidable PU			F&F NPS Score		
	Registered Nurse/Midwife					HCA					Registered Nurse/Midwife					HCA																									
	Planned	Actual	Fill Rate	Bank	Agency	Planned	Actual	Fill Rate	Bank	Agency	Planned	Actual	Fill Rate	Bank	Agency	Planned	Actual	Fill Rate	Bank	Agency					May-14	Jun-14	Jul-14	May-14	Jun-14	Jul-14	May-14	Jun-14	Jul-14	May-14	Jun-14	Jul-14	May-14	Jun-14	Jul-14	May-14	Jun-14	Jul-14
AMU	1,742.0	1,756.8	100.85%	90.5	136.3	1,220.8	1,187.3	97.26%	177.0	81.3	1,057.0	1,239.5	117.27%	103.5	193.0	1,008.0	1,065.3	105.68%	218.5	18.8	Working to 4 RGN on shift. Budget for 3	1 x high	Mitigated to Low	Redeployment of AMU2 staff / covered by agency	77.4	79.5	91.4				N/A	N/A	N/A	1	6	3				89	65	
AMU 2	1,467.0	1,487.0	96.5%	75.0	156.0	1,266.5	1,324.0	104.54%	137.0	87.5	1,069.5	1,264.5	118.23%	184.0	321.5	1,023.5	1,076.5	105.37%	170.0	0.0	Working to 4 RGN on shift. Budget for 3	0 x High. 4 x moderate	moderate to Low	Redeployment of AMU1 staff / covered by agency	97.6	100	97.5				N/A	N/A	N/A	6	2	3				36	77	64
Balmoral	1,066.5	1,066.0	99.95%	15.0	7.5	1,074.0	1,071.5	99.77%	99.3	36.0	667.0	713.0	106.90%	103.5	23.0	333.5	416.3	124.81%	57.5	59.8	2 RN on long term sick, 1 RN vacancy and 1 HCA vacancy	10	medium/low	Covered by staff swapping shifts, some bank, some agency, Sister utilised supervisory time. Awaiting funding for uplift on nights	95.7	97.3	100	1			95.24	95.24	100	2	4	5					94	
Bedwell	1,410.5	1,460.5	103.54%	50.5	26.5	1,513.5	1,563.0	103.27%	260.0	76.0	682.0	682.0	100.00%	121.0	55.0	682.0	703.5	103.15%	208.5	33.0	Off-duty planned before new staff member started	0			99.3	99.3	99.3	1			95	100	95.65	2	4	4				72	97	82
Blenheim	1,286.5	1,271.0	98.80%	17.0	0.0	1,149.0	1,179.5	102.65%	80.5	13.0	715.5	715.5	100.00%	11.5	11.5	702.0	760.5	108.33%	115.0	80.5		1 x High	High reduced to moderate		99.5	99.3	99.5				96	100	95.47	3	2	9						
Castlepoint	1,505.5	1,338.3	88.89%	100.3	7.5	1,604.5	2,120.8	132.18%	997.3	264.0	608.0	609.0	100.16%	305.0	76.0	681.5	826.5	121.28%	467.0	55.5	Bereavement and short term sickness. Vacancies to be reviewed in line with planned ward reconfiguration Dependancy up throughout July for	5	moderate/low	Staff moved between wards to enure better skill mix, bank and agency cover	97.8	87.9	94.3			1	100	95.45	100	5	2	4		2			67	
CCU (Sita Lumsden)	1,116.0	1,184.5	106.14%	197.5	0.0	180.0	187.5	104.17%	45.0	15.0	682.0	682.0	100.00%	0.0	0.0	294.5	325.5	110.53%	73.5	0.0		0			99.5	100	100				100	100	100	0	0	1				93	100	88
Chalkwell (SAU)	1,470.5	1,472.0	100.10%	41.5	13.5	914.5	979.5	107.11%	245.3	104.8	931.0	902.5	96.94%	47.5	28.5	674.5	737.5	109.34%	198.5	102.0	HCA- specials and dependency up and to deal with activity on unit	nil	N/A		100	100	100		1	1	N/A	N/A	N/A	1	1	2				72	67	82
Eastwood	1,341.5	1,241.5	92.55%	72.0	36.0	651.5	633.5	97.24%	14.5	52.5	682.0	683.5	100.22%	44.0	33.0	352.0	350.0	99.43%	22.0	20.0	Sickness and vacancies - bank and agency unable to fill all shifts	none	N/A	actively recruiting at present	100	100	100			1	100	100	100	2	0	1				74	72	61
Edmund Stone	1,423.0	1,409.3	99.03%	120.5	0.0	910.0	954.0	104.84%	157.0	79.0	701.5	711.0	101.35%	103.5	0.0	390.5	471.5	120.74%	99.5	73.0	nil	nil	n/a	Extra required for enhanced observations and covering vacancies		97.8	100				95.45	91.87	100	2	7	3				82	91	63
Eleanor Hobbs	2,051.5	1,740.5	84.84%	184.5	0.0	2,194.5	1,758.0	80.11%	85.5	0.0	1,561.5	1,414.5	90.59%	115.0	471.5	862.5	724.5	84.00%	44.0	0.0	Agreed ward to try to secure staffing levels at 'uplift'	1 x High	High reduced to moderate	Ward Manager utilised supervisory time	100	99.8	100		1		100	100	97.06	7	13	10				68		
Elizabeth Loury	1,753.5	1,488.5	84.89%	48.0	0.0	1,875.0	1,520.5	81.09%	369.0	99.5	880.0	759.0	86.25%	77.0	0.0	1,005.5	994.5	98.91%	361.5	237.0	Vacancy, sickness and maternity leave	0		Shifts put out to bank. Close monitoring by ward manager and matron	97.7	98.9	99.4				100	100	100	5	4	2					78	81
Estuary	1,462.0	1,333.5	91.21%	35.5	0.0	2,004.0	2,180.0	108.78%	714.8	348.0	874.0	701.5	80.26%	11.5	34.5	980.5	1,262.5	128.76%	496.5	179.5	Vacancies	0	N/A	Vacancies recruited to	96	98.3	100			1	100	96	96	1	9	6					60	
Gordon Hopkins	1,419.5	1,169.5	82.39%	65.0	0.0	1,295.5	1,149.3	88.71%	91.0	140.3	777.0	651.0	83.78%	94.5	42.0	388.5	488.5	125.74%	197.0	144.5	Vacancy/ Sickness	3 x high	high to low x2 high to moderate x 1	HCA over 100% fill rate at night due to enhanced observation	92.4	92.3	96.1				100	100	94.44	3	5	7				91	90	81
Hockley	1,125.5	1,152.0	102.35%	23.0	0.0	874.0	1,170.0	133.87%	283.0	43.5	754.5	770.5	102.12%	57.5	11.5	594.0	617.0	103.87%	225.0	93.0	HCA increased numbers on nights due to specials and dependency up	nil	n/a		100	93.6	98.3				95.65	95.45	100	5	3	2			1	72	50	68

Kitty Hubbard	1,877.5	2,011.0	107.11%	138.5	63.0	1,050.0	806.3	76.79%	124.0	71.3	1,336.0	1,664.8	124.61%	0.0	123.8	540.5	482.0	89.18%	69.0	45.0	Ward manager on secondment, 3 new RNs commenced in supernumery capacity, 1 HCA on long term sick	nil	n/a		95.1	93.6	97.3		1		100	100	100	1		0				100	79	82
Margaret Broom	2,610.3	2,578.3	98.77%	203.0	217.0	1,718.5	1,374.0	79.95%	596.5	0.0	539.0	694.0	128.76%	99.0	110.0	782.0	707.0	90.41%	165.0	22.0	Sickness and vacancies - bank and agency unable to fill all. Staffing increased when activity elevated	none	N/A	actively recruiting at present	100	100	100				100	100	100	0	0	0						
Neonatal Unit	1,647.8	1,712.5	103.93%	84.0	0.0	695.5	624.0	89.72%	0.0	0.0	1,304.8	1,254.0	96.11%	22.0	0.0	533.8	484.0	90.68%	0.0	0.0	Vacancies	0			88.2	97.6	100		1		100	100	100	0	0	0						
Neptune	2,189.3	2,091.0	95.51%	221.0	75.0	1,305.5	1,256.0	96.21%	818.5	7.5	1,705.5	1,503.5	88.16%	275.0	293.5	429.0	572.0	133.33%	451.0	0.0	Vacancies, maternity leave and	1	moderate	HCA over 100% to compensate for lack of registered	100	100	100				100	100	100	0	0							
Princess Anne	1,182.0	1,137.0	96.19%	41.5	0.0	1,580.5	1,399.0	88.52%	592.0	51.0	1,035.0	966.0	93.33%	333.5	0.0	759.0	808.8	106.55%	787.0	21.8	increased staff levels at night due to change in acuity	0			93.4	98.4	98.8	1		1	88.67	93.33	66.67	3	4	3						
Rochford	2,197.0	2,313.8	105.31%	132.0	12.0	939.3	948.8	101.01%	110.3	32.0	1,699.0	1,906.5	112.21%	404.0	66.0	616.0	669.5	108.69%	218.5	0.0	Bank and agency used to cover vacancies/ sickness	0		HCA over 100% fill rate at night due to enhanced observation	95.2	99.5	99				100	100	100	3	3	3				64	73	100
Shopland	1,677.0	1,328.0	79.19%	32.5	7.5	1,207.5	1,461.5	121.04%	510.0	75.0	608.0	591.0	97.20%	135.0	28.5	674.5	608.0	90.14%	209.0	19.0	Sickness (including long term sickness). Vacancies held due to planned ward reconfiguratio	nil	moderate to low risk throughout July.	Sickness management process in place. Risk mitigated utilising Bank/ agency staff.	93.5	99.1	99.2				100	100	100	2	0	1				71	71	67
Southbourne	1,203.5	1,195.0	99.29%	139.5	121.5	1,326.0	1,670.5	125.98%	509.5	333.5	532.0	570.0	107.14%	66.5	76.0	674.5	928.5	137.66%	532.0	121.0	Long and short term sickness remains an issue. Vacancies held due to planned ward reconfiguratio n increase in HCA due to increased dependency for specialing	0	moderate risk throughout July	Sickness management in place. Staff moved between MSK Wards to ensure better skill mix , bank and agency staff utilised	89.1	98.4	96.7			1	100	100	100	6	3	7	1		2	80			
Stambridge	1,221.5	1,155.3	94.58%	57.0	21.0	1,746.0	2,180.0	124.86%	731.0	475.5	979.0	946.0	96.63%	121.0	22.0	849.0	1,403.0	165.25%	542.0	267.0	vacancies	2 x high	1 high to moderate and 1 high to low	HCA over 100% fill rate due to enhanced observation. Princess Anne staff redeployed to ward on 2 occasions	98.9	98.9	99.1				92.59	92.31	88.89	7	17	10				88		
Stroke Unit (Paglesham & Benfleet)	2,593.0	2,447.8	94.40%	67.5	182.3	2,963.5	2,940.0	99.21%	389.5	349.0	1,936.0	2,330.0	120.35%	121.0	459.5	1,276.0	1,479.5	115.95%	163.5	117.0	6 RGN Vacancies. 1 xRGN Long term sickness. Rota increased to 3 RGN for Paglesham.	1 x high	high to moderate	HCA over 100% fill rate due to enhanced observation. ASN utilised for ward cover	98.3	98.3	96.6		1		100	95.24	100	11	9	11		2		100	93	
Westcliff	1,129.5	1,146.0	101.46%	53.5	33.5	1,083.5	1,125.5	103.88%	281.8	84.8	905.0	955.5	105.58%	143.0	22.0	778.0	966.5	124.23%	402.0	113.5	Bank and agency used to cover vacancies/ sickness	2 x high	1 x high to moderate 1 x high to low	HCA over 100% fill rate due to enhanced observation.Staff redeployed from Balmoral and Rochford	99.5	99.7	99.3			1	100	100	100	4	12	7				54	61	
Windsor	1,338.8	1,192.0	89.04%	0.0	0.0	820.5	874.0	106.52%	517.8	19.5	527.0	517.5	98.20%	0.0	0.0	479.8	494.5	103.07%	161.0	0.0	Ward e rostering template needs to be changed due to reduction in beds	nil	N/A		100	98.8	97.1				100	100	100	0	1	0				82	77	82
Critical Care	3,363.0	3,917.0	116.47%	226.5	0.0	0.0	0.0	-	0.0	0.0	3,029.0	3,490.0	115.22%	267.0	0.0	0.0	0.0	-	0.0	0.0	high dependency/v acancies/ maternity	nil	low	outreach team assisted/non clinical duties cancelled	100	100	100	1			88.89	100	100	0	0	0						

* Actual and Fill Rate both include any bank or agency staff used. The bank and agency figures are provided separately to indicate how many hours they were used.