

**Board of Directors' Meeting Report – 25 March 2015**  
**Agenda item 27/15**

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| <b>Title</b>  | Nurse staffing establishment report  |
| <b>Sponsoring Director</b>  | Cheryl Schwarz – Acting Chief Nurse  |
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| <b>Purpose</b>  | To provide an overview of the January & February 2015 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. |
| <p><b>Executive Summary</b></p> <p>Following the six-monthly nurse establishment review for in-patient wards presented at the Trust Board in January 2015, it was agreed that an increase in nurse establishment was required to achieve recommended safe staffing levels on the wards. We commenced reporting against the agreed uplifted staffing levels from February 2015. The data presented for January 2015 therefore relates to staffing levels based on ward staffing establishments prior to the agreed increase in establishment. The shift-fill data for February 2015 is measured against the new agreed staffing levels.</p> <p>We aim to recruit 100 registered nurses to fill existing vacancies and the additional staff required to achieve the recommended safe staffing levels. A number of recruitment strategies, including overseas recruitment are being undertaken. The increased vacancy factor associated with the agreed uplift in establishment means that a significant decrease in our shift fill rate was noted in February 2015 compared to previous months. However, processes are in place to monitor and manage ward staffing levels and patient safety on a shift by shift basis to ensure safe care.</p> <p>A reduction in the number of high risk triggers was noted in January 2015 (n.34) compared to December 2014 (n.51) despite a period of increased emergency admissions and elevated patient acuity. The number of initial high risk triggers increased to 46 in February 2015. However, all high risk triggers identified in in January and February 2015 were mitigated to medium or low.</p> <p>No high risk triggers were identified in A&amp;E in January or February 15.</p> |  |
| <b>Date Reviewed by Execs.</b>  | March 2015   |
| <b>Related Trust Objective</b>  | Patient Focus – keep getting better.<br>Staff – proud to work here and feel valued.  |
| <b>Related Risk</b>   | Patient Focus – keep getting better. Risk 1, 2 & 3<br>Staff – proud to work here and feel valued. Risk 1 & 2   |

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|--|--|
| <b>Legal implications / regulatory requirements</b>  | NHS England and our regulators expect organisations to ensure that staffing capacity and capability are appropriately funded, maintained and monitored.<br>The CQC will monitor how well staffing requirements are met as part of their inspection programme |
| <b>Quality assessment impact</b>   | 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.              |
| <b>Equality assessment impact</b>  | 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'.   |
| <b>Recommendations:</b> The Board is asked to note this report and receive assurance therefrom |  |

## **Introduction**

This report provides an overview of the nurse staffing levels across in-patient wards for January and February 2015 and details the planned hours of nursing cover, by ward, compared to the actual staff available to provide patient care in Appendices 1 & 2. Data relating to a selection of quality, safety and patient experience outcome measures is provided for January & February 2014 and the previous two months for comparative purposes, in order to understand whether staffing levels are impacting on patient care outcomes (Appendix 3).

## **Methodology for Reporting Planned and Actual Staffing**

The data has been submitted via the UNIFY template in accordance with NHS England requirements. For January 2015 the planned staffing levels were calculated using staffing levels within the current “pre-uplifted” staffing levels; however February 2015 data identifies the fill rate against the agreed uplifted establishment. The actual staffing hours were obtained from the e-rostering system.

Application of the “red flag” criteria for fill rate below 75% during February 2015 identified that 3 wards were ‘red flagged’ for the day shifts: CCU, Eleanor Hobbs and the Stroke unit. During February 2015, 9 areas were identified with a “red flag” fill rates for night duty: Balmoral, Bedwell, Blenheim, Eastwood, E.Loury, Estuary, Gordon Hopkins, the stroke Unit and Windsor. The reasons for the red flags are explored in greater detail in the clinical directorate section of this report.

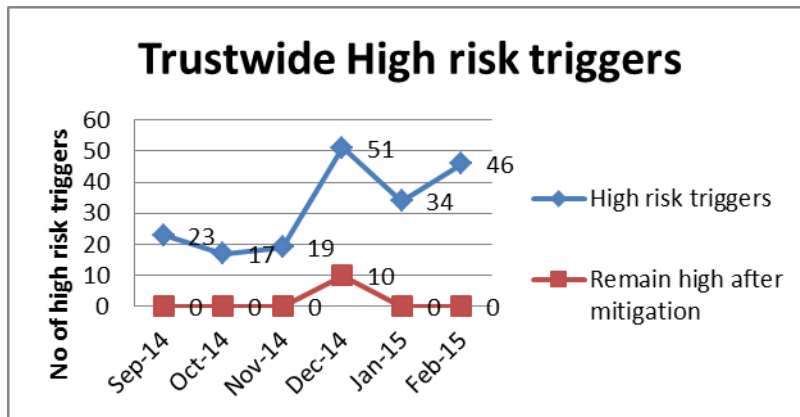
## **Key themes**

January 2015, has been a particularly busy month with a period of unprecedented pressure on the Trust and on-going demands on the service. This had implications for staffing requirements associated with increase in activity, acuity and dependency in a number of areas. Registered Nurse (RN) fill rate % decreased in January 2015, to 96.37% on days and 96.23% on nights. Some of the reduction can be attributed to clinical areas planning to uplifted numbers to meet safe staffing levels and this had not been incorporated in to the roster templates as “planned hours”. It is important to note that during this period of pressure with increased demand Registered nurses working in non-clinical areas, were deployed to maintain patient safety, but our current e-roster software does not allow us to record this.

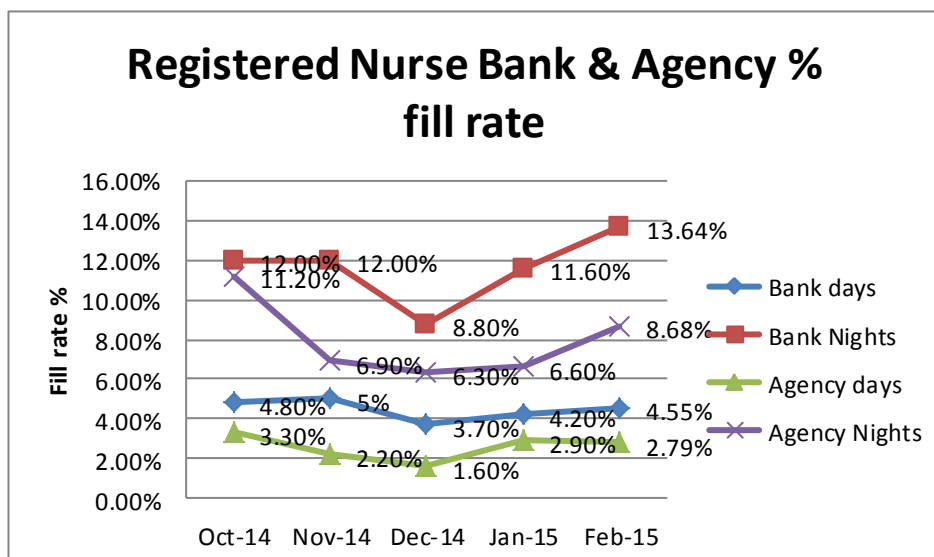
February 2015, fill rates utilised the planned uplifted establishment in all areas resulting in a further decrease in RN/RM fill rate % to 90.26% on days and 88.81% on nights, illustrated in the fill rate trend charts in appendix 4. This reflects the vacancy factor, including the additional posts within the uplift. Shift to shift risk assessment for safe staffing was undertaken and actions taken to reduce risks identified were put in to place. Part of the escalation process requires staff to be moved within clinical areas however we currently are unable to demonstrate this movement utilising e-rostering. The role out of e-rostering version 10 will enable us to capture the movement of staff between clinical areas in real time. In addition, the Duty Matron role was extended in February 2015 in order to provide senior professional leadership and support until 20.00 hrs 7 days a week to support the staffing escalation process.

Health Care Assistants (HCA) fill rate on both days and nights are above 100% for January 2015 and February 2015, this is in part due to elevated dependency and an increase in the number of patients requiring enhanced observation. HCA fill rates on nights in February 2015 were particularly elevated where some areas were utilising HCA’s to support fundamental care and help maintain patient safety when they were unable to secure the RN cover required.

There was a reduction in the number of high risk triggers from a peak of 51 in December 2014, to 34 in January 2015, and an increase during February 2015, to 46. All high risk triggers were mitigated in January and February 2015. There were no high risk triggers in A&E for January or February 2015. The risk of poor patient experience and compromised safety due to staffing levels remains on the corporate risk register as a high risk.



In addition to the elevated level of activity, acuity and dependency, a number of areas have reported issues with sickness levels. As a result, attempts were made to cover shortfall with bank and agency staff. The chart below demonstrates the registered Nurse bank and agency utilisation from October 2014 to February 2015. Bank % fill rate decreased in December 2014 on days and nights, in January & February 2015 utilisation increased on days to 4.2% (January) and 4.55% (February) and on nights 11.6% (January) and 13.64% (February). Agency spends decreased between October and December 2014 for both days and nights, but increased in January 2015 and February 2015 (nights) partially due to the unprecedented pressures the trust has been experiencing and the need to maintain safe staffing levels to meet the care needs of the patients.



### Medicine

- All high risk triggers (34) for January 2015 were in Medicine. In February 2015 there were 35 high risk triggers. In both January & February 2015, all high risk triggers were mitigated to moderate or low.
- In February 2015 there were 7 areas in Medicine, having a RN fill rate % below 75% (red flag) the stoke unit triggered of both days and nights. The reasons for this are highlighted below:

- CCU:- Uplift requires 4 (RN) days, currently staffing to 3 (RN). No high risk triggers identified.
- Eleanor Hobbs:- Uplift requires 6(RN) days currently staffing to 5 or 5 (RN). No high risk triggers identified
- Stroke Unit: - Uplift requires 10(RN) days, currently staffing 6(RN). On nights uplift requires 8(RN) currently staffing to 5-6 (RN)
- Blenheim/Estuary/Gordon Hopkins :- Uplift required 3 (RN) nights, currently staffing 2 (RN)
- Windsor: - Uplift requires 4 (RN) nights, currently staffing to 3 (RN).
- Rochford ward continues to experience high levels of acuity and dependency of patients. There was an increase in ARCU beds in January 2015, high risk triggers were mitigated in January & February 2015, by utilising the ward manager from supervisory time, and redeployment of staff across the trust.
- There was an increase in beds on Westcliff ward from 21 to 23 to increase capacity in January 2015, and there was RN deficit on 1 shift despite requesting cover from bank and agency. All high risk triggers were mitigated to moderate or low.
- The Stroke Unit continues to have a significant level of vacancies. The unit reported 15 occasions (January 2015) and 14 occasions in February 2015, where high risk were identified all of which were reduced to moderate and low by moving staff within the unit and deploying the Acute Stroke Nurse to work on the ward. Releasing the Acute Stroke Nurse did not adversely affect the acute stroke pathway, but enabled the ward to maintain patient safety.
- Estuary Ward saw an increase in high risk triggers in January and February 2015 (8) attributed to vacancies and staff sickness. There was also an additional need for health care assistants to provide enhanced observation to maintain patient safety.
- There was an increase in Enhanced observations across several areas in Medicine increasing HCA fill rate to maintain patient safety.
- Many medical wards continue to have vacancies requiring cover by bank and agency.

### **Surgery**

- There were no high risk triggers in Surgery in January 2015 and 6 in February 2015. All of these were reduced to low following mitigating actions.
- In February 2015, Balmoral ward was the only area in surgery with a RN fill rate % below 75% (red flag) on nights, where the additional RN on night shift could not be covered on all occasions.
- In addition Balmoral ward had 3 RN vacancies, and long-term and short-term sickness, which impacted on shift fill rates. All high risk triggers were mitigated following escalation
- An additional bed was made available on Stambridge (HDU) to accommodate patients in January 2015.
- The 6 bedded bay on Southbourne ward usually utilised for surgical patients Monday to Fridays only was converted to accommodate medical patients for a seven day period in January 15. This affected activity, occupancy and patient dependency, however no high risk triggers were identified.

### **MSK**

- There were no high risk triggers identified in MSK in January 2015 and 4 triggers in February which were all reduced to moderate following mitigating action.
- There were no RN red flags in MSK in February 2015.
- MSK reported RN maternity leave and short term sickness as well as outstanding vacancies. They have been unable to fill vacancies, which resulted in the utilisation of bank and agency staff.
- RN staff were moved between the two MSK wards to maintain patient safety.

## Paediatrics

- There were no high risk triggers in Paediatrics in January 2015 or February 2015.
- There were no RN red Flags in paediatrics in February 2015.
- Neptune ward has a total of 7 closed beds closed.
- Neptune ward's staffing levels continue to be challenged by vacancies and maternity leave; RN fill rates appear low when uplift is utilised to create fill rate %.
- Neonatal unit noted short term increase in sickness (now resolved) but activity was reduced.
- EU recruitment event for registered paediatric nurses is planned for April 2015, with a view to commence in practice in May / June 2015.

## Maternity & Gynae

- No high risk triggers were identified in January 2015 or February 2015.
- In February 2015, Eastwood ward was the only area in Maternity & Gynae with a RN fill rate % below 75% (red flag) on nights. Uplift required 3 (RN) nights, currently staffing 2 (RN).
- Eastwood ward have 2 vacancies, which are currently being covered with bank, no high risk triggers were identified
- Margaret Broom noted an increase in activity in January 2015, utilising bank and agency staff in order to cover vacancies and maintain patient safety. There has been a need for additional RM and HCA's to care for patient requiring overnight stay on MB1.
- Vacancies are being recruited to in maternity services with staff due to commence practice early March 2015.

## D&T

- There were no high risk triggers in January 2015 and 1 high risk trigger on E.Loury in February 2015. The high risk trigger was reduced to moderate following mitigating action.
- In February 2015 both Bedwell and E.Loury had a RN fill rate % below 75% (red flag) on nights .Bedwell and E.Loury uplift requires 3 (RN) nights, currently staffing 2 (RN).
- Bedwell ward has been attempting to staff to 3 RN on some nights. Bank and agency utilised to maintain patient safety.
- Elizabeth Loury Ward reported HCA sickness, additional HCA required on some nights in November to maintain patient safety.

## Critical Care

- No high risk triggers were identified in January 2015 or February 2015.
- In accordance with the critical care protocol, staffing levels were flexed in accordance with activity and patient acuity.
- The unit experienced increased workload throughout January 2015. There were 45 shifts in January 2015 & 64 in February 2015 with reduced staffing levels; and the outreach team assisted with care on the unit.

## Accident & Emergency

**Table 1: Planned and Actual Hours and Shift fill level for A&E**

| Month  | Planned Hours |      | Actual Hours |      | Fill rate |      | Planned Hours |     | Actual Hours |         | Fill rate |      |
|--------|---------------|------|--------------|------|-----------|------|---------------|-----|--------------|---------|-----------|------|
|        | Days          |      | Days         |      | Days      |      | Night         |     | Night        |         | Nights    |      |
|        | RN            | HCA  | RN           | HCA  | RN        | HCA  | RN            | HCA | RN           | HC<br>A | RN        | HCA  |
| Jan15  | 4463          | 1593 | 4422         | 1711 | 99%       | 107% | 2712          | 935 | 2946         | 957     | 109%      | 102% |
| Feb 15 | 3632          | 1690 | 3785         | 1621 | 107%      | 98%  | 3220          | 868 | 2781         | 868     | 88%       | 80%  |

Appendix 4 provides the A&E fills rate trends for the period November 2014 to February 2015, illustrating a reduction in night shift fill rate in February 2015.

- No high risk triggers were identified in January 2015 or February 2015.
- An additional RN is being rostered on day shifts in order to support the Clinical Decisions Unit which is in place to assist with patients being assessed and reduce waiting times for A&E patients
- Despite a reduction in the RN fill rate % in February 2015 the service was maintained without an impact on service delivery. It is anticipated that shift fill will improve once new staff have completed their period of induction.
- The Paediatric A&E opened in February 2015.
- 3 new RNs commenced in A&E in February 2015 and are currently on their month's supernumery induction period.
- Staffing levels continue to be monitored shift by shift and bank and agency are requested as required.
- Paediatric recruitment is planned for April 2015 will include additional Paediatric nurses required for Paediatric A&E.

### Additional actions

In "Hard truths", the Secretary of State outlined the requirements for NHS organisations to demonstrate they are delivering safe and effective care. In relation to this in February 2015, the trust received a letter from Jane Cumming Chief Nursing Officer for England identifying that all NHS organisations are to be monitored against Safer Staffing Indicators. This information has been taken from a range of published workforce information as well as staffing fill rates. In early released data the Trust is identified as being with expected ranges against all set criteria, although the staffing fill rate % was pre uplift.

| Trust | Trust Name  | Inpatient Survey Q30: whether there enough nurses on duty to care for you in hospital? Weighted response (0-10). | Staff Survey Q7g whether sufficient staff (5-1) | Staff Survey Q3a % staff having an appraisal in last 12 months (%) | Staff Survey Q1 Mean % staff completing mandatory training (%) | Staff Sickness data 12MonthAverage to Aug2014, Acute vs Other trusts (%) | Safer staffing November Fill rates (%) | Overall rating             |
|-------|---|--|---|--|--|--|--|----------------------------|
| Trust | Trust Name  | Q30 Weighted mean  | 7 Weighted response                             | Q3a.1 Percentage "Yes"   | Q1a-f Mean Percentage "Yes"                                    | 12 Month to Aug2014 Average Percentage                                   | Overall Fill Rate                      | Overall rating             |
| RAJ   | Southend University Hospital NHS Foundation Trust | Within the expected range: 7.50  | Within the expected range: 3.18                 | Within the expected range: 88.05%                                  | Within the expected range: 67.66%                              | Within the expected range: 4.5%  | 101%                                   | Within the expected ranges |

The data is not due to be published until spring 2015, however it has been recommended that the data sources and ESR (electronic staff records) are checked to ensure that the data is accurate prior to publication. Mechanisms are in place to check the data sources and reporting processes.

In addition to reporting on the red flags, in future we will also be required to identify the care contact time for clinical areas, in accordance with the NICE guidelines and report this twice yearly to Trust board. The action plan to meet the NICE safe staffing guidelines is currently being updated as a great deal of work will need to be undertaken to collect and provide this additional data on care contact time.

Despite previous redeployment of staff following reconfiguration of wards there remains a significant number of Registered Nurse vacancies across the Trust. Taking in to account existing vacancies and the additional staff required to achieve the recommended safe staffing levels, we currently have 100.48 WTE RNs and 19.12 WTE HCAs vacancies across the in-patient wards (excluding the AMUs and A&E).

The tendering process for Paediatric recruitment is complete, with a plan to recruit 15-20 Paediatric nurses from Italy in April 2015. We plan to commence these nurses in two cohorts

in order to ensure that all new starters receive the support they require during their induction in both A&E and Paediatrics. The first cohort is planned to commence in practice in June 2015 the second 4 weeks later. A tendering process will be required for a further overseas campaign for Registered Nurses.

We are continuing with local recruitment activity. Student nurses (8 in total) due to complete their training in March 2015 have been interviewed and the successful candidates have been offered posts, subject to successful registration with the NMC and pre-employment checks. Students due to qualify in September 2015 have been invited to apply and 49 candidates are to be interviewed in March & April 2015, an additional 4 applicants are being interviewed as part of this process that would be available to start in practice before September 2015.

Between June to September 2014 we recruited 52 overseas nurses. We have retained 88% (46) of the overseas nurses; some are not in their original allocated areas but have moved within the trust. One nurse is awaiting her PIN with the remaining now fully integrated into their clinical areas and are valued members of their teams.

We have recruited six candidates to undertake 20 month work-based learning BSc programme for our associate practitioners to advance to registered nurses, commencing in March 2015. Health Education East of England (HEEoE) will be contributing £10,000 per candidate, which will help support cost associated with the participant's release for placements. These individuals, if successful will qualify as Registered Nurses in December 2016. We are anticipating further cohorts but are awaiting confirmation of potential dates.

## **Conclusion**

There was an increase in acuity and dependency across clinical areas in the month of January and February 2015.

Registered Nurse/Midwives (RN/RM) fill rate on days for January 2015 was 98.44% with a decrease in February 2015, to 90.26% following the commencement of reporting against agreed uplifted staffing levels. RN/RM fill rate on Nights for January 2015 was 96.23% and decreased in February 2015 to 88.81%. Some wards shift fill levels reduced significantly due to the need to recruit to vacancies and the agreed uplift.

There was an increase in fill rate for Health Care Assistants on days and nights in January & February 2015, this was due to the elevated dependency needs of the patients on the wards; enhanced observation; and to support fundamental care and maintain safety.

A reduction in the number of initial high risk triggers was noted in January 2015 (n.35) compared to December 2014 (n.51); and an increase in February 2015, to 46. All high risk triggers were mitigated.

A further workforce review utilising SNCT (Safer Nursing Care Tool) is being undertaken in March 2015, and the outcome will be reported to the Trust Board. The report will identify the number of staff required to provide safe care across all clinical areas reviewing current establishment and required uplift.



**Ward Staffing Report Summary For January 2015**

|                   | 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 |
| <b>RN</b>         | 45,659.5  | 44,003.2 | 96.37%    | 32,409.5    | 31,186.9   | 96.23%    | 1,851.2                                      | 4.21%                                 | 3,634.8   | 11.65%   | 1283             | 2.92%       | 2053.25 | 6.58%       |
| <b>Care Staff</b> | 31,720.5  | 33,292.6 | 104.96%   | 17,797.7    | 20,314.1   | 114.14%   | 6,795.1                                      | 20.41%                                | 6,852.4   | 33.73%   | 1808.25          | 5.43%       | 836.5   | 4.12%       |
| <b>Ward</b>       |           |          |           |             | Night<br>(Defined as the shift which occurs over midnight) |           |  |                                       |   |  |                  |             |         |             |
|                   |           |          |           | Day         | Night  |           |  |                                       |   |  |                  |             |         |             |
|                   |           |          |           | RN/RM       | HCA  | RN/RM     | HCA  | Reason Agreed Staffing Levels Not Met | Number of Occasions Initially Triggered High Risk | Risk level after action  | Comments/Actions |             |         |             |
|                   |           |          | Fill Rate | Fill Rate   | Fill Rate  | Fill Rate |  |                                       |   |  |                  |             |         |             |
| AMU               |           |          | 101.22%   | 98.20%      | 110.16%  | 101.03%   |  | 0                                     | N/A   |  |                  |             |         |             |
| AMU 2             |           |          | 95.71%    | 100.40%     | 107.93%  | 102.48%   | Sickness and Vacancy                         | 1                                     | Moderate  | Staff redeployed from AMU 1  |                  |             |         |             |
| Balmoral          |           |          |           |             |  |           |  |                                       | Reduced   | Registered nurse fill rate on nights reduced. Additional HCA required on nights to provide Enhanced observation and maintain patient safety. |                  |             |         |             |
|                   |           |          | 102.24%   | 98.64%      | 95.83%   | 139.13%   | Staff sickness and high levels of dependancy |                                       |   |  |                  |             |         |             |
| Bedwell           |           |          | 97.72%    | 101.22%     | 100.00%  | 98.46%    | Low level of sickness                        | 0                                     | N/A   |  |                  |             |         |             |
| Blenheim          |           |          | 99.76%    | 101.21%     | 97.24%   | 106.10%   | 1 x RN vacancy and 1 x HCA Vacancy           | 0                                     |   |  |                  |             |         |             |

|                    |         |         |         |         |   |   |          |   |
|--------------------|---------|---------|---------|---------|---|---|----------|---|
| Castlepoint        | 94.53%  | 116.51% | 87.09%  | 133.85% | 1 x RN vacancy and 1 x HCA<br>Vacancy                                   | 0 | Moderate | Registered Nurse fill rate<br>Staff moved from other<br>MSK ward or covered by<br>bank-/agency  |
| CCU (Sita Lumsden) | 100.00% | 96.55%  | 97.75%  | 62.50%  |   | 0 |          | CCU interchanging<br>RN/HCA shifts to ensure<br>coverage across 24 hours  |
| Chalkwell (SAU)    | 99.86%  | 96.30%  | 105.39% | 101.45% | 6 extra beds opened for<br>black alert.                                 | 0 | N/A      | Filled with bank & moving<br>staff.   |
| Critical Care      | 111.03% | #DIV/0! | 107.93% | -       | Short term sickness, 1<br>maternity leave. 2<br>vacancies out to advert | 0 | N/A      | Deficit of 45 shifts with<br>insufficient staff nurse<br>cover  |
| Eastwood           | 99.94%  | 101.95% | 98.62%  | 113.28% | Vacancy at present for<br>maternity cover due to<br>interview           | 0 | N/A      |   |
| Eleanor Hobbs      | 75.49%  | 104.61% | 95.93%  | 97.01%  | 5 RN vacancies. Planned<br>against predicted uplift.                    | 0 |          | Ward manager utilised<br>and outstanding shifts<br>covered with<br>Bank/Agency  |
| Elizabeth Loury    | 98.42%  | 101.42% | 98.51%  | 100.00% | Low level of sickness   | 0 | N/A      |   |
| Estuary            | 96.64%  | 125.38% | 100.95% | 174.67% | 2 x staff on Long term sick.<br>4 RN vacancies and 2 HCA<br>vacancies   | 8 | Moderate | Estuary required a<br>number of specials for 1:1<br>Nursing of patients. This<br>was mitigated through<br>utilisation of Ward<br>Manager, shifts out to<br>Bank and Agency and<br>redeployment from<br>within Trust |
| Gordon Hopkins     | 99.42%  | 91.94%  | 101.49% | 101.03% | 2 RN vacancies  | 1 | Low      | Covered with Bank   |

|                |         |         |         |         |  |   |              |  |
|----------------|---------|---------|---------|---------|--|---|--------------|--|
| Hockley        | 100.78% | 111.39% | 95.03%  | 154.97% | Extra bed in situ for black alert.   | 0 | N/A          | Filled with bank & moving staff. Require 3rd Registered nurse on nights, unable to fill additional, HCA utilised to maintain patient safety.                           |
| Margaret Broom | 103.25% | 116.31% | 102.69% | 106.68% | Sickness and vacancies   | 0 | N/A          | Additional HCA utilised to maintain patient safety.  |
| Neonatal Unit  | 94.54%  | 104.33% | 102.70% | 92.98%  | Vacancy and sickness   | 0 | N/A          | Ward manager utilised to provide cover when staffing levels were reduced.  |
| Neptune        | 88.86%  | 89.58%  | 82.26%  | 102.82% | 7 beds closed on the ward. Bank and agency required on high number of shifts | 0 | N/A          | Staff were allocated from Neonatal unit on occasion to provide additional cover.   |
| Princess Anne  | 91.58%  | 108.28% | 95.65%  | 146.71% | 1 Band 6 Vacancy and 4 RN vacancy  | 1 | Low          | Princess Anne requested a number of specials for 1:1 nursing. 3 extra beds open for winter pressures   |
| Rochford       | 96.01%  | 103.92% | 96.87%  | 103.08% | 2 RN vacancies and 1 HCA vacancy   | 4 | Moderate/Low | Increase of number of ARCU beds during the month of January . Mitigated through utilisation of ward managers and shifts out to Bank / redeployment within organisation |

|                                    |         |         |         |         |  |    |              |  |
|------------------------------------|---------|---------|---------|---------|--|----|--------------|--|
| Shopland                           | 92.40%  | 106.40% | 82.84%  | 154.95% | Short term sickness and vacancies.                   | 0  | N/A          | Staff appointed for x1 vacancy but not yet in post. RN fill rate reduced. Additional HCA required days and nights to provide patient safety.   |
| Southbourne                        | 98.46%  | 95.19%  | 102.25% | 96.64%  | 6 beds remained open over wknd for medical pts       | 0  | N/A          | Filled with bank or moving staff   |
| Stambridge                         | 88.67%  | 96.00%  | 80.06%  | 102.52% | Extra bed in situ for black alert. Current vacancies | 0  | N/A          | RN fill rate reduced, filled with bank or moving staff   |
| Stroke Unit (Paglesham & Benfleet) | 87.10%  | 101.46% | 80.14%  | 108.37% | 11 RN vacancies (8 HASU) 2 HCA vacancies             | 15 | Moderate/Low | Risk mitigated through a number of measures: utilisation of ward manager, shifts out to Bank/Agency, redeployment within organisation, utilisation of Acute Stroke Nurse                 |
| Westcliff                          | 100.55% | 101.06% | 102.38% | 107.63% | 2 RN vacancies                                       | 4  | Moderate     | 2 extra beds open for winter pressures. Utilisation of ward manager and shifts covered by Bank/Agency  |
| Windsor                            | 95.97%  | 117.40% | 94.58%  | 126.55% |  | 0  |              | Registered nurse fill rate on nights reduced. Additional HCA required on nights to provide Enhanced observation and maintain patient safety. 3 additional beds open for winter pressures |

### Ward Staffing Report February 2015

|                  | 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 | 43684.6   | 39427.62  | 90.26%  | 32255       | 28645.75   | 88.81%    | 1793.75                               | 4.55%   | 3907.5                           | 13.64%           | 1087.5       | 2.76%       | 2486.75 | 8.68%       |
| Care Staff       | 26460     | 30355.6   | 114.72%   | 14294       | 18679  | 130.68%   | 6409.93                               | 21.12%  | 6419                             | 34.36%           | 1984.67      | 6.54%       | 1373    | 7.35%       |
| Ward             | Day       |           | Night (Defined as the shift which occurs over midnight) |             |  |           | Reason Agreed Staffing Levels Not Met | Number of Occasions Initially Triggered High Risk   | Risk level after action          | Comments/Actions | Red Flags    |             |         |             |
|                  | RN/MW     | HCA       | RN/RM   | HCA         |  |           |                                       |   |                                  |                  |              |             |         |             |
|                  | Fill Rate | Fill Rate | Fill Rate   | Fill Rate   |  |           |                                       |   |                                  |                  |              |             |         |             |
| AMU              | 96.99%    | 97.62%    | 113.80%   | 97.49%      | Vacancy/Sickness   | 1         | Low                                   |   |                                  |                  |              |             |         |             |
| AMU 2            | 95.43%    | 95.24%    | 112.82%   | 97.36%      | Vacancy/Sickness   | 2         | 1: Mod & 1 Low                        |   |                                  |                  |              |             |         |             |
| Balmoral         | 92.52%    | 162.81%   | <b>73.81%</b>   | 157.76%     | 3 R/N vacancies, 1 R/N long term sickness at night and high levels of sickness on the ward at present. | 6         | low                                   | Permanent staff altered shifts, to cover nights and sickness. Some of the night shifts where there should have been 3 trained were covered with 2 R/N and 1 HCA meaning we were low on our agreed staffing levels. Bank/agency covered most outstanding shifts when needed. | Uplift 3 RN nights currently 2RN |                  |              |             |         |             |
| Bedwell          | 98.71%    | 81.55%    | <b>68.32%</b>   | 107.06%     | Short term sickness. Vacancies to uplift.  | 0         | N/A                                   |   | Uplift 3 RN nights currently 2RN |                  |              |             |         |             |

|                    |               |         |               |         |  |   |              |  |                                      |
|--------------------|---------------|---------|---------------|---------|--|---|--------------|--|--------------------------------------|
| Blenheim           | 77.41%        | 98.19%  | <b>72.72%</b> | 227.17% | Staffing to uplift figures                                     | 0 | N/A          |  | Uplift 3 RN nights currently 2RN     |
| Castlepoint        | 94.69%        | 127.41% | 91.67%        | 152.26% | Maternity leave x2 S/N, Short term sickness and 3 vacant posts | 3 | medium       | Staff moved from Shopland ward to cover or bank. High risk mainly night shifts   |                                      |
| CCU (Sita Lumsden) | <b>72.28%</b> | 98.66%  | 89.29%        |         | Uplift Numbers on nights for trained                           | 0 | N/A          | Nil  | Uplift 4 RN days currently 3RN       |
| Chalkwell (SAU)    | 109.29%       | 133.07% | 118.87%       | 148.45% | 6 extra beds opened  | 0 | N/A          |  |                                      |
| Critical Care      | 101.57%       |         | 115.21%       |         | Short term sickness, vacancies (2 vacancies advertised)        | 0 | N/A          | 18 shifts with RN deficits. Critical care outreach team utilised to provide cover. Non clinical activity cancelled.                            |                                      |
| Eastwood           | 100.79%       | 81.62%  | <b>65.58%</b> | 57.14%  |  | 0 | N/A          |  | Uplift 3 RN nights currently 2RN     |
| Eleanor Hobbs      | <b>74.43%</b> | 110.90% | 99.07%        | 112.23% | Staffing to uplift figures                                     | 0 | N/A          |  | Uplift 6 RN days currently 4 or 5 RN |
| Elizabeth Loury    | 95.50%        | 96.94%  | <b>72.62%</b> | 92.78%  | 21st- 1x RN long day sick at shirt notice                      | 1 | Moderate     | All action taken- ward & site team unable to cover shift nursing ratio remained at 1 RN/ 11 Patients. No incidents occurred nurses managed ok. | Uplift 3 RN nights currently 2RN     |
| Estuary            | 70.97%        | 146.22% | <b>73.81%</b> | 192.78% | 12.8 WTE not available for work for varying reasons            | 8 | low/moderate | This is due to significant vacancies, maternity leave, long and short term sickness. Uplift staffing remain in recruitment process.            | Uplift 3 RN nights currently 2RN     |

|                |         |         |               |         |  |   |                  |   |                                  |
|----------------|---------|---------|---------------|---------|--|---|------------------|---|----------------------------------|
| Gordon Hopkins | 91.89%  | 89.75%  | <b>62.61%</b> | 132.63% | Uplift Numbers on nights for trained, RN short on night covered by own staff, bank and agency                                | 1 | low              |   | Uplift 3 RN nights currently 2RN |
| Hockley        | 90.63%  | 123.73% | 85.71%        | 174.84% |  | 0 | N/A              |   |                                  |
| Margaret Broom | 126.02% | 173.76% | 91.96%        | 105.93% | Short term sickness  | 0 | N/A              |   |                                  |
| Neonatal Unit  | 82.12%  | 67.71%  | 99.19%        | 69.64%  |  | 0 | N/A              |   |                                  |
| Neptune        | 83.72%  | 141.32% | 81.36%        | 100.00% |  | 0 | N/A              |   |                                  |
| Princess Anne  | 82.73%  | 119.57% | 97.62%        | 173.68% |  | 2 | low              | This is due to significant vacancies, maternity, long and short term sickness. Uplift staffing remain in recruitment process.   |                                  |
| Rochford       | 92.74%  | 82.59%  | 100.32%       | 98.21%  | Staff short term sickness absence, occasions during the month where acuity levels went from 12 level2 to 20 level 2 patients | 3 | 1 low/2 moderate | All additional staff put out to bank/agency. Ward managers utilise between Rochford and Westcliff. Difficulty as not co-located awaiting confirmation of date to move back once configuration of ward decided/implemented |                                  |
| Shopland       | 91.17%  | 105.56% | 80.95%        | 150.47% | 1.4 vacancies and short term sickness  | 1 | Moderate         |   |                                  |
| Southbourne    | 91.10%  | 86.39%  | 77.33%        | 209.16% | Current vacancies  | 0 | N/A              |   |                                  |
| Stambridge     | 99.41%  | 83.31%  | 79.76%        | 117.86% | Short term sickness  | 2 | low              | HDU bed closed  |                                  |

|                                       |               |         |               |         |  |    |          |  |   |
|---------------------------------------|---------------|---------|---------------|---------|--|----|----------|--|---|
| Stroke Unit<br>(Paglesham & Benfleet) | <b>62.18%</b> | 146.73% | <b>73.59%</b> | 137.70% | Stroke Unit have 11 RN Vacancies at present and have had a high level of short term sickness. The ward continues to have a number of patients who require specialising | 14 | Moderate | Risk mitigation includes: 1. shifts required for specials authorised for Bank and Agency 2. The use of the Acute Stroke Nurses to support ward area. 3. The utilisation of ward manager where required. 4. The use of the HCA Talent pool to support specialising shifts where possible. | Uplift 10 RN days currently staffing on 6RN. Uplift 8 RN nights currently staffing 5-6 RN |
| Westcliff                             | 98.95%        | 140.60% | 98.65%        | 176.70% | Additional beds open for winter pressures, shifts not filled from bank and agency, staff redeployed from other areas   | 1  | Moderate | Utilised ward manager where they could, difficult due to co-location of both wards.  |   |
| Windsor                               | 89.70%        | 127.87% | <b>69.18%</b> | 169.95% |  | 1  | Moderate | This is due to significant vacancies, maternity, long and short term sickness. Uplift staffing remain in recruitment process.  | Uplift 3 RN nights currently 2RN  |



Appendix 4 Fill rate % trend charts

