

Board of Directors' Meeting Report – 27 May 2015

Agenda item 50/15 (i)

Title	Nurse staffing establishment report – Bi-monthly update
Sponsoring Director	Cheryl Schwarz – Acting Chief Nurse
Authors	Cheryl Schwarz – Acting Chief Nurse Julie Coleman – Lead Nurse Practice Development
Purpose	To provide an overview of the March & April 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.
Previously considered at	N/A
<p>Executive Summary This report relates to fill rate against planned staffing for the months of March and April 2015. The planned staffing levels are inclusive of the increase in staffing establishment previously agreed at Trust Board. There were 51 occasions in March 2015 where high risk triggers were initially identified on the Wards, this reduced significantly to 16 high risk triggers in April 2015. All high risk triggers in March & April 2015 were mitigated to moderate or low. No high risk triggers were identified in A&E in March or April 2015. As previously reported we are still trying to recruit to vacancies across a number of areas. The executive team agreed the introduction of a recruitment and retention incentive for student nurses due to graduate in September and we have made employment offers to 44 student nurses, pending their registration with the NMC in the autumn.</p>	
Date Reviewed by Execs.	May 2015
Related Trust Objective	Patient Focus – keep getting better. Staff – proud to work here and feel valued.
Related Risk	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 assessment impact	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 assessment	impact	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 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 March and April 2015 and details the planned nursing cover, by Ward, compared to the actual staff available to provide patient care Appendix 1 & 2. Data relating to a selection of quality, safety and patient experience outcome measures is provided for March & April 2015 and the previous months of January and February 2015 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. The data identifies the fill rate against agreed staffing levels. The actual staffing hours were obtained from the e-rostering system.

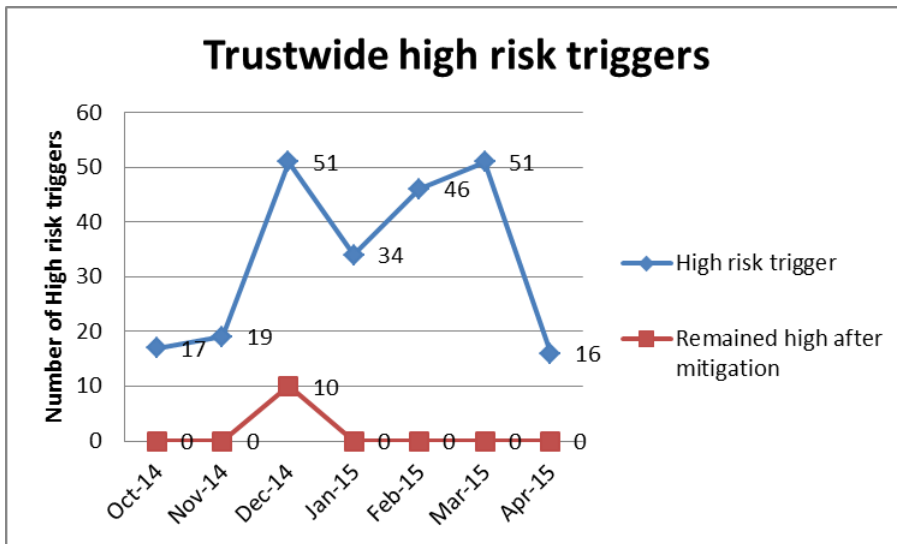
The report highlights some areas have reported 'red flags' (a fill rate below 75%). In March 2015, 5 clinical areas were identified as being red flagged on day shifts and 9 on night shifts. In April 2015 there were 4 red flagged areas (days) and 9 on nights. The reasons for this are explored in greater detail in the clinical directorate section of this report.

Key themes

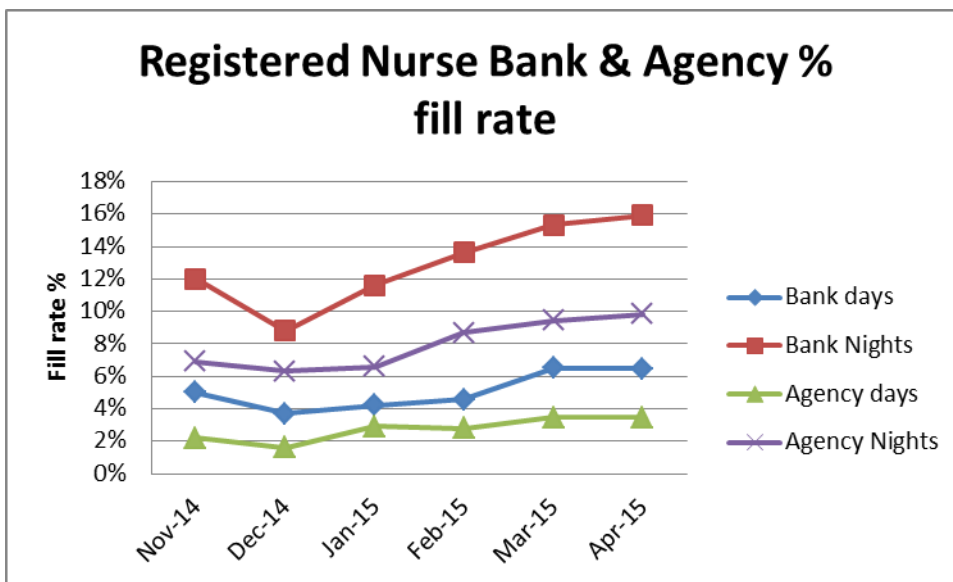
Registered Nurse (RN) fill rate % decreased slightly in March 2015, to 89.21% on days and 88.24% on nights. In April 2015, RN fill rate days increased slightly on days to 91.51% and decreased to 87.06% on nights, as illustrated in appendix 4, fill rate trend charts. Clinical staff are familiar with the escalation process, which is implemented to assist with managing reduced staffing numbers, and this is supported by the Duty Matron role which provides senior professional leadership until 20.00hrs 7 days a week. Part of the escalation process requires staff to be moved from one Ward to another, which we have been unable to effectively capture. However, the upgrade of e-rostering version 10 which has been completed will enable us to record the movement of staff between clinical areas in real time and more accurately reflect actual staffing levels in future reports.

Health Care Assistants (HCA) fill rate on both days and nights are above 100% for March 2015 and April 2015, this is in part due to elevated dependency and an increase in the number of patients requiring enhanced observation. Where some areas have been unable to recruit to the agreed increase in RN establishment, an increase in HCA levels may be agreed in order to support fundamental care and maintain patient safety. This has resulted in elevated HCA fill rates in some areas.

There was an increase in the number of high risk triggers to 51 in March 2015. The number of high risk triggers reduced significantly to 16 in April 2015. All high risk triggers were reduced following mitigating actions. There were no high risk triggers in A&E for March or April 2015. Some areas continue to have vacancies and 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 April 2015. Bank % fill rate decreased in December 2014 on days and nights; however utilisation has been gradually increasing on nights peaking at 15.9 % in April 2015. Agency utilisation on nights has also slightly increased. It should be noted that some Ward areas staffing to the agreed increased establishments utilising bank & agency where there are vacancies and sickness. In addition there were a number of escalation beds opened across the trust in March & April 2015 in order to increase bed capacity to accommodate the high number of emergency admissions seen during both months. Additional staff were required to ensure safe staffing levels in these areas.



Additional escalation beds open during March & April 2015.

Ward	Month	Number of beds	Number of days	Total number of additional inpatient beds over period
Westcliff Ward	March 15	3	10	30
Bedwell Ward	April 15	3	7	21
Bedwell Ward	April 15	6	16	96

Ward	Month	Number of beds	Number of days	Total number of additional inpatient beds over period
Chalkwell SAU	March 15	6	31	186
Chalkwell SAU	April 15	6	14	84

Medicine

- Many medical Wards continue to have vacancies requiring cover by bank and agency.
- There were 38 high risk triggers identified in March 2015 and 11 in April 2015; all high risk triggers for March & April 2015 were reduced to moderate or low following mitigating action.
- In March 2015 there were 7 areas in Medicine, reporting a RN fill rate % below 75% (red flag) and 6 areas in April 2015. The Stroke Unit and Blenheim Ward reported staffing deficits both days and nights in March & April 2015.
- CCU: - Staffing levels were agreed at 4 (RN) days, currently staffing to 3 (RN) while trying to recruit to vacancy and risk assessed on a shift to shift basis.
- Eleanor Hobbs Ward:- Staffing levels agreed at 6(RN) days currently staffing to 4 or 5 (RN) due to vacancies and risk assessed on a shift to shift basis.
- Stroke Unit: - Staffing levels agreed to increase to 10(RN) days and on nights staffing levels agreed at 8(RN),
- The Stroke Unit continues to have a significant level of vacancies. The unit is reported 14 occasions in March 2015 and 5 occasions in April 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 Stoke Nurse enabled the Ward to maintain patient safety, although the Acute Stroke team supported the Ward clinically it did not adversely impact on the delivery of Acute Stroke services in March or April 2015.
- Blenheim Ward:- Agreed increase in staffing levels not yet achieved for all shifts due vacancies. Additional HCA's required on nights to support fundamental care and maintain patient safety.
- Estuary Ward and Gordon Hopkins Wards :- Still trying to recruit to agreed increase in staffing levels, with further impact of sickness.
- Estuary Ward saw an increase in high risk triggers in March 2015 (13) attributed to vacancies and staff sickness, this reduced to 3 in April 2015. 6 beds closed to maintain safe staffing ratios. There was also an additional need for health care assistants to provide enhanced observation to maintain patient safety.
- Windsor Ward: - Until vacancies are filled, unable to achieve agreed increase in night staffing levels on nights.
- AMU 1&2 – Vacancies and short term sickness in March 2015 resulted in increase in bank & agency to maintain patient safety and twilight shift increased to full night shift where required to ensure safe care during increased activity and acuity.
- There was an increase in enhanced observations across several areas in Medicine, increasing HCA fill rate to maintain patient safety.

Surgery:

- There were 6 high risk triggers in Surgery in March 2015; all of these were reduced to low following mitigating actions. No high risk triggers were reported in April 2015.
- In March and April 2015, some surgical wards were identified as having RN fill rate % below 75% (red flag) on nights (Appendix 1&2). An additional RN was required in each area to achieve the agreed staffing levels.
- Balmoral Ward reported 4 high risk triggers in March 2015; all were reduced after mitigating actions. None were reported in April 2015. The Ward has 3 RN vacancies, one RN on long term sick as well as short term sickness. However plans to introduce

an ambulatory care model in the summer will reduce staffing requirements on night duty.

- Stambridge Ward experienced 2 high risk triggers in March 2015 attributed to short term sickness, and a HDU bed was closed. All high risk triggers were mitigated. None were reported in April 2015.

MSK:

- There were 6 high risk triggers in MSK in March 2015 and 4 triggers in April 2015 which were reduced to moderate following mitigation.
- Shopland Ward red flagged in in April 2015, this can be attributed to the increase establishment requiring 3 RN on nights, which cannot always be achieved. There are 3.4 WTE RN vacancies, with maternity leave and short-term sickness also impacting on staffing levels.
- Risk assessment is undertaken on a shift to shift basis and staff are moved between the two MSK Wards; and bank and agency staff are utilised to maintain patient safety.

Paediatrics

- There were no RN red Flags; and no high risk triggers in Paediatrics in March or April 2015.
- Neptune Ward had a total of 7 closed beds closed in March & April 2015.
- Neptune Ward's staffing levels continue to be challenged by vacancies and maternity leave; RN fill rates appear low and reflect the agreed increase in staffing, which has not yet been recruited to.
- Registered paediatric nurses recruitment continued throughout April 2015.

Maternity & Gynae

- No high risk triggers were identified in March or April 2015.
- In March & April 2015, Eastwood Ward was the 1 area in the directorate with a RN fill rate % below 75% (red flag) on nights, when measured against the agreed increase in staffing levels.
- Eastwood Ward have 2 vacancies, which are currently being covered with bank, no high risk triggers were identified
- Margaret Broom Ward noted an increase in activity on days in March 2015, utilising bank and agency staff in order to cover vacancies and maintain patient safety.

D&T

- There was 1 high risk trigger in March & 1 in April 2015 on Elizabeth Loury Ward. The high risk triggers were reduced to moderate following mitigation.
- In March 2015 Bedwell Ward reported a reduced RN fill rate below on nights and in April 2015 Elizabeth Loury Ward also reported reduced staffing levels on nights. An increase in staffing levels was agreed on both Bedwell and Elizabeth Loury Wards, and the required staff are not yet in post.
- Bedwell Ward infusion unit opened for a short period but was converted to inpatient beds due to high emergency medical admission levels. Staff were deployed from other areas to support night staffing. Bank and agency utilised to maintain patient safety.
- Elizabeth Loury Ward reported RN short term sickness in March 2015.

Critical Care

- No high risk triggers were identified in March or April 2015.
- In accordance with the critical care protocol, staffing levels were flexed in accordance with activity and patient acuity.

- There were 34 shifts in March 2015 & 24 shifts in April 2015 with reduced staffing levels; and the outreach team assisted with care on the unit. There were no high risk triggers and outreach services were maintained.

Accident & Emergency

We are not required to submit A&E staffing data through UNIFY, however the trust continues to monitor the staffing levels in this area. Table 1 summarises the planned hours and actual shift fill rates (inclusive of bank and agency cover).

Table 1: Planned and Actual Hours for A&E

Month	Fill rate Days		Fill rate nights	
	RN	HCA	RN	HCA
March 2015	126%	111%	124%	100%
April 2015	106%	101%	110%	97%

Appendix 4 illustrates A&E fills rates from November 2014 to April 2015.

Several factors affected the staffing requirements for A&E. For example, as well as staffing the paediatric A&E, the clinical decision unit (CDU) which opened in February 2015 required additional RN and HCA between 10:00 and 22:00 daily. The CDU was closed in April 2015, releasing the staff from that area. In addition, extra 'majors' cubicles capacity was opened and needed to be staffed accordingly to ensure safe care.

- There was a reduction in fill rate % on days and nights in April 2015, for both RN's and HCA's.
- No high risk triggers were identified in March 2015 or April 2015.
- Staffing levels continue to be monitored shift by shift, with regular review of activity and demand in the emergency department by the senior management and clinical team; and bank and agency are requested as required.

Additional actions

In addition to reporting the red flags we will also be required to identify the "care contact time" for clinical areas, in accordance with the NICE guidelines. The care contact time criteria are included in the Trusts Nice Guidelines action plan, and a strategy is currently being developed with a plan to pilot a process for capturing the data in July 2015.

The overseas paediatric recruitment campaign commenced in April 2015. Interviews have taken place utilising an electronic platform using video conferencing. To date 5 candidates have been interviewed.

There are a significant number of Registered Nurse vacancies across the organisation with a need to recruit theatre and anaesthetic nurses as part of the campaign to meet the needs of the service. An initial meeting has taken place and a potential overseas campaign is being scoped reviewing vacancies including the additional posts for the agreed increase in establishment. Options to recruit within the EU and outside of the EU are being considered.

We are continuing with local recruitment activity. Student nurses (8 in total) completed their training in March 2015, 6 have commenced within the trust with a further 2 due to commence in the next month subject to successful registration with the NMC and pre-employment checks. Students due to qualify in September 2015 have been interviewed and 44 offers have been made subject to appropriate clearances. The executive team agreed a recruitment and retention package for these individuals to act as an incentive. Improvements

have been made to the induction programme to provide additional support to in their transition from student to registered nurse.

Five candidates commenced a 20 month work-based learning BSc programme on the 16th March 15. Health Education East of England will be contributing £12,939 per candidate, which will support the participants' release for placements. These individuals, if successful, will qualify as Registered Nurses in December 2016. We are anticipating further cohorts and have commissioned 10 places for next year as agreed by the executive team.

The trust has upgraded the e-rostering with 'version 10' in April 2015. The upgraded system went live on the 27th April 2015. It is anticipated that once fully operational that the system will be able to accurately identify staffing fill rates, including movement of staff to different clinical areas, which is currently unavailable. Clinical staff will be able to record in real-time red flag shifts as well as mitigation actions.

Conclusion

Registered Nurse/Midwives (RN/RM) fill rate on days for March 2015 was 89.21% with a slight increase to 91.51% in April 2015. RN/RM fill rate on Nights for March 2015 was 88.24% and 87.06% in April 2015. A number of strategies are in place to recruit to vacant posts and to manage staffing levels on a shift to shift basis. Bank and agency staff are being requested to provide cover as required.

There was an increase in fill rate for Health Care Assistants on days and nights in March & April 2015, this was in part due to the elevated dependency needs of the patients on the Wards and enhanced observation.

The number of trust wide high risk triggers increased to 51 occasions in March 2015 however this significantly reduced in to 15 in April 2015. All high risk triggers were mitigated. Outcomes relating to safety, quality and patient experience continue to be monitored and this information will be taken in to consideration in prioritising the deployment of new staff when recruiting to the vacancies on the ward.

Appendix 1	Ward Staffing Report March 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	47607.95	42470.72	89.21%	35510.5	31334.5	88.24%	2768.75	6.52%	4797.25	15.31%	1475.75	3.47%	2962.25	9.45%	
Care Staff	29388	32849.73	111.78%	15825.5	19996.17	126.35%	6185.25	18.83%	6859.5	34.30%	1959.733	5.97%	1118.5	5.59%	
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	92.32%	102.41%	113.36%	99.88%	Vacancy/Sickness	1	N/A	Covered by agency . Staffing 4 RN on nights funded for 3.5 RN							
AMU 2	94.49%	92.71%	110.60%	100.51%	Vacancy/Sickness	3	Low /moderate	Covered by bank /agency or re deployment. Staffing 4 RN on nights funded for 3.5 RN							
Balmoral	97.46%	149.93%	66.67%	103.09%	Night R/N on long term sickness, 1 night R/N from uplift not recruited to. Sickness during March during some day shifts.	4	low	Night uplift was not recruited to due to ongoing vacancies. Sickness is now reduced. 1 night R/N remains on LTS.	Uplift 3 RN nights currently 2RN						
Bedwell	96.20%	61.49%	65.59%	100.00%	Short term sickness. Vacancies to uplift.	0	N/A	Additional staff required to cover the ward when the infusion unit closed and reopened at a 6 bedded bay	Uplift 3 RN nights currently 2RN						
Blenheim	65.29%	95.34%	70.03%	212.62%	Staffing to uplift figures. Vacancies and sickness	0	N/A	HCA staffing usually 1 on nights. 2 HCA' S required to support fundamental care & maintain patient safety	Uplift 5 RN days currently 4 RN. Uplift 3 RN nights currently 2RN						
Castlepoint	78.09%	137.77%	92.81%	152.38%	Short term sicknes, x1 long term sickness, vacancies 3.6	3	Moderate	Long shifts 13.5 hrs days /9.5 hrs nights							
CCU (Sita Lumsden)	72.43%	91.67%	96.77%		Uplift Numbers on nights for trained	0	N/A	No budget for HCA (nights). Hours required to maintain patient safety.	Uplift 4 RN days currently 3RN						
Chalkwell (SAU)	111.81%	136.89%	121.77%	149.04%	6 extra beds opened on Neptune	0	N/A	Additional staff required to staff beds on Neptune throughout March 15							
Critical Care	109.25%		113.13%		Short term sickness,vacancies (2 vacancies advertised)	0	N/A	34 shifts with RN deficits. Critical care outreach team utilised to provide cover . Non clinical activity cancelled.							
Eastwood	99.41%	82.59%	65.54%	51.61%	Vacancies still outstanding,trying to recruit	0	N/A		Uplift 3 RN nights currently 2RN						
Eleanor Hobbs	74.14%	108.21%	100.00%	122.44%	Attempting to Staff to uplift figures	0	N/A		Uplift 6 RN days currently 4 or 5 RN						
Elizabeth Loury	91.06%	105.03%	76.34%	90.98%	Short term sickness. Staffing ratio 1:11 on 1 occasion.	1	Moderate	Clinical site team aware, unable to cover the shift. No reported problems / incidents. Uplift 3 RN nights currently 2RN							
Estuary	64.81%	130.51%	91.26%	150.88%	Significant vacancies and long term / short term sickness. Difficulty in recruiting	13	low/moderate	6 Bed were closed, Staff were utilised from the talent pool, Agency RN's were swapped with other members of Trust staff and the off duty reorganised to minimise the risk	Uplift 3 RN nights currently 2 -3 RN						

Gordon Hopkins	91.00%	85.53%	62.71%	117.45%	Short term sickness	2	low	bank/ agency cover	Uplift 3 RN nights currently 2 RN
Hockley	95.94%	102.95%	68.82%	154.28%		0	N/A	Additional HCA's required on nights to maintain patient safety.	Uplift 3 RN nights currently 2 RN
Margaret Broom	124.77%	158.69%	99.49%	100.15%	Short term sickness	0	N/A	Additional staff required for to maintain the needs of the service on days	
Neonatal Unit	97.04%	60.42%	98.35%	64.52%		0	N/A		
Neptune	82.97%	157.73%	81.72%	95.16%	Paediatric nurse vacancies.	0	N/A		
Princess Anne	80.24%	91.74%	99.88%	148.04%	Vacancies, short term sickness, difficulty in recruiting	1	low	Vacancies, maternity leave, long and short term sickness. Uplift staffing remain in recruitment process.	
Rochford	95.89%	90.91%	94.72%	113.71%	Short term sickness	2	low	bank and redeployed from Westcliff Ward	
Shopland	91.30%	105.62%	78.49%	135.23%	Short term sicknes, vacancies 3 wte	3	Moderate	Funded 3 RN nights ,only 2 RN some nights. Staff flexed between MSK wards where	
Southbourne	95.63%	85.18%	67.84%	273.07%	Current vacancies	0	N/A		Uplift 3 RN nights currently 2 RN
Stambridge	91.54%	89.55%	80.11%	122.58%	Short term sickness	2	low	HDU bed closed	
Stroke Unit (Paglesham & Benfleet	62.98%	162.28%	74.19%	164.96%	8 RN vacancies and high level of short term sickness	14	Moderate	Risk mitigation includes: Specials authorised for Bank and Agency 2. The use of the Acute Stroke Nurses to support ward area. 3. The utilisation of ward manager supervisory time where required. 4. The use of the HCA Talent pool to support specialing shifts where possible.	Uplift 10 RN days currently staffing on 6- 7 RN. Uplift 8 RN nights currently staffing 5-6 RN
Westcliff	91.23%	111.18%	93.06%	111.14%	Short term sick	1	Moderate	Utilised ward manager where they could.	
Windsor	79.96%	131.35%	70.93%	189.69%	Vacancies, short term sickness, difficulty in recruiting	1	Moderate	3 extra beds opened to create additioanl capacity. Staff numbers increased to ensure staff:nurse ratio. This was supplemented by bank and agency	Uplift 3 RN nights currently 2RN

Appendix 2														
Ward Staffing Report April 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	46662	42699.67	91.51%	34651	30165.92	87.06%	2768.75	6.48%	4797.25	15.90%	1475.75	3.46%	2962.25	9.82%
Care Staff	28,440.0	32,267.6	113.46%	16965	19948.5	117.59%	6185.25	19.17%	6859.5	34.39%	1959.733	6.07%	1118.5	5.61%
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	108.66%	106.67%	113.31%	98.65%	Sickness & vacancies	1	Low	Currently utilising 4RN on nights funded establishment 3RN nights and 1 twilight.						
AMU 2	106.68%	95.77%	113.31%	98.86%	Sickness	0	N/A	Currently utilising 4RN on nights funded establishment 3RN nights and 1 twilight.						
Balmoral	97.82%	153.06%	66.67%	106.67%	Night R/N uplift not covered but this will change once ward commences ambulatory care at the beginning of June and new staffing levels apply.	0	N/A	Night uplift was not achieved due to ongoing vacancies. Sickness is now reduced.	Uplift 3 RN nights currently 2RN					
Bedwell	108.30%	85.02%	83.33%	92.58%	Short term sickness. Vacancies	0	N/A	Unable to consistently cover additional RN needed for night shift, when the infusion unit closed and reopened at a 6 bedded bay. Uplift 3 RN nights currently 2- 3RN.						
Blenheim	64.96%	118.61%	69.18%	123.62%	Staffing to uplift figures	1	Moderate	Additional HCA (increasing from 1 to 2) required to maintain patient safety	Uplift 5 RN days currently 4 RN. Uplift 3 RN nights currently 2RN					
Castlepoint	90.70%	138.33%	81.11%	121.23%	Maternity leave, vacancies 3.52, 1 Newly qualified nurse currently supernumery	3	Moderate	1 patient required log rolling additional HCA's required due to increased risk, to maintain patient safety. Uplift 4 RN days currently 3 -4 RN						
CCU (Sita Lumsden)	72.55%	96.53%	93.33%	100.00%	Uplift Numbers on nights for trained	0	N/A	65 HCA Hours required to support fundamental care and maintain patient safety	Uplift 4 RN days currently 3RN					
Chalkwell (SAU)	115.88%	132.50%	115.00%	145.19%	6 extra SAU beds opened	0	N/A	Additional staff required to staff additional beds throughout April 15						
Critical Care	91.29%	-	95.61%	-	Short term sickness,vacancies (2 vacancies advertised)	0	N/A	24 shifts with RN deficits. Critical care outreach team utilised to provide cover. Non clinical activity cancelled.						
Eastwood	133.08%	96.84%	61.15%	61.73%	Vacancies still outstanding,trying to recruit	0	N/A		Uplift 3 RN nights currently 2RN					
Eleanor Hobbs	71.99%	110.53%	96.67%	136.09%	Vacancies	0	N/A	Additional HCA's utilised to maintain patient safety.	Uplift 6 RN days currently 4 or 5 RN					
Elizabeth Loury	100.59%	93.10%	75.56%	86.74%	Short term sickness.	1	Low	Bank and agency staff booked.	Uplift 3 RN nights currently 2RN					
Estuary	92.69%	119.81%	95.51%	155.58%	Vacancies and sickness (long term and short term)	3	Low	6 Beds closed, Staff were utilised from the talent pool, Agency RN's were swapped with other members of Trust staff and the off duty reorganised to minimise the risk						

Gordon Hopkins	92.18%	84.77%	64.19%	134.55%	Short term sickness	0	N/A	bank/ agency cover	Uplift 3 RN nights currently 2 RN
Hockley	95.65%	108.58%	76.67%	133.33%		0	N/A	Additional HCA's required on nights to maintain patient safety. Uplift 3 RN nights currently 2 RN	
Margaret Broom	128.21%	120.51%	102.93%	108.79%	Short term sickness	0	N/A	Additional staff required for to maintain the needs of the service on days	
Neonatal Unit	79.79%	58.75%	97.50%	69.92%		0	N/A		
Neptune	86.24%	174.93%	86.52%	101.82%	Paediatric nurse vacancies.	0	N/A	Utilised bank & agency to provide additional cover. Recruitment plan in place.	
Princess Anne	80.01%	103.27%	100.92%	119.06%	Vacancies, long term and short term sickness, difficulty in recruiting	0	N/A	Uplift staffing remain in recruitment process. Should have 4RN days currently staffing to 3 RN	
Rochford	93.44%	88.29%	93.33%	102.42%	Short term sickness	0	N/A	Bank and redeployed from Westcliff Ward	
Shopland	87.81%	93.23%	75.56%	131.67%	Vacancies 3.4 wte	1	Moderate	Funded 3 RN nights ,only 2 RN some nights. Staff moved between MSK wards to maintain patient safety.	Uplift 3 RN nights currently 2 RN
Southbourne	92.06%	91.51%	68.99%	131.81%	Current vacancies	0	N/A		Uplift 3 RN nights currently 2 RN
Stambridge	94.84%	61.74%	81.57%	147.83%	Short term sickness	0	N/A		
Stroke Unit (Paglesham & Benfleet)	60.90%	166.97%	75.42%	146.09%	Continue to have significant vacancies and sickness (long term and short term)	5	Low	Risk mitigation includes: Bank and Agency Specials authorised. The use of the Acute Stroke Nurses to support ward area. The utilisation of ward manager (supervisory time) where required. The use of the HCA Talent pool to support specialing shifts where possible.	Uplift 10 RN days currently staffing on 6- 7 RN. Uplift 8 RN nights currently staffing 5-6 RN
Westcliff	88.89%	121.92%	86.57%	122.58%	Short term sick	1	Low	Utilised ward manager supervisory time and bank staff.	
Windsor	94.63%	137.81%	70.14%	128.89%	Vacancies, short term sickness, difficulty in recruiting	0	N/A	3 extra beds opened to create capacity. Staff numbers increased to ensure appropriate staff to patient ratio. This was supplemented by bank and agency	Uplift 4 RN nights currently 2-3 RN

Appendix 3

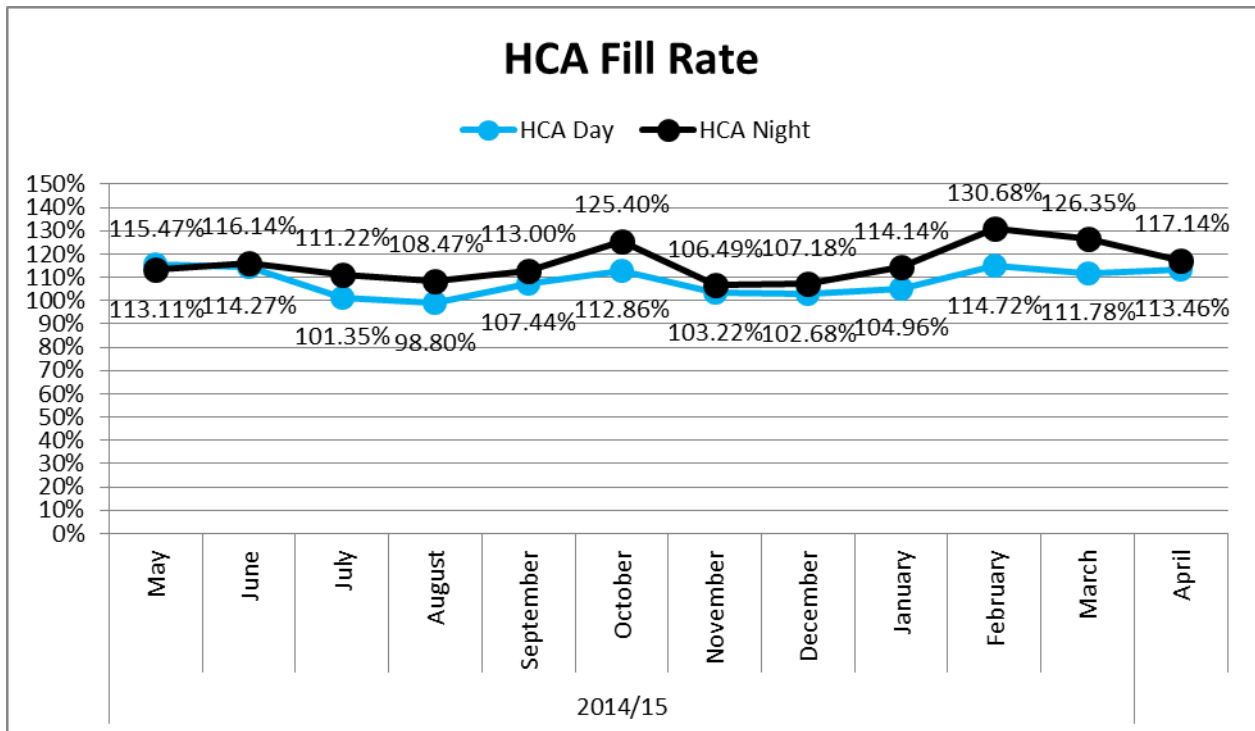
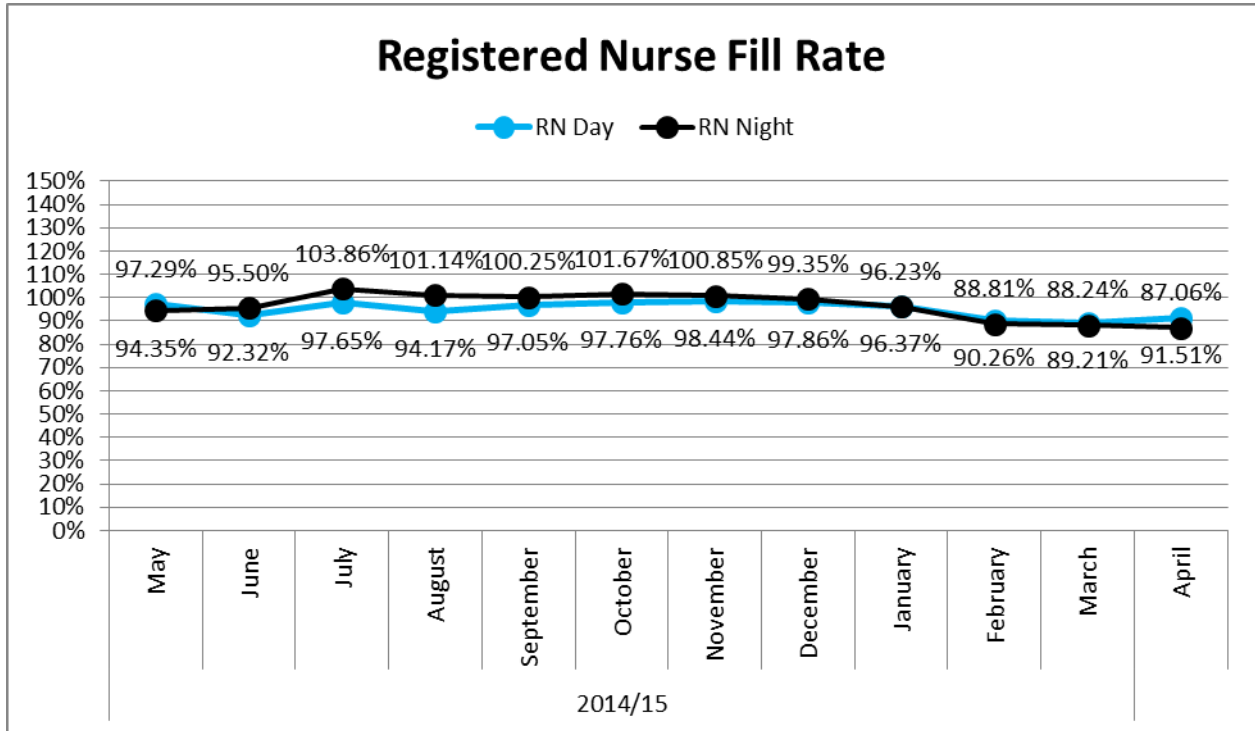
March-April 15

Ward	HNQI aggregated score				SI				Safety thermometer				Falls				Avoidable PU				Friends & Family %			
	Jan-15	Feb-15	Mar-15	Apr-15	Jan-15	Feb-15	Mar-15	Apr-15	Jan-15	Feb-15	Mar-15	Apr-15	Jan-15	Feb-15	Mar-15	Apr-15	Jan-15	Feb-15	Mar-15	Apr-15	Jan-15	Feb-15	Mar-15	Apr-15
AMU	100	99	100	100	1				N/A	N/A	N/A	N/A		5	3	2						100%	100%	100%
AMU 2	92	99	97	97	1				N/A	N/A	N/A	N/A	4	2	2	2					95%	91%	100%	
Balmoral	99	98	95	98			1		100	95	100	95	3	3	3	0			1		87%	83%	91%	87%
Bedwell	92	99	98	99					100	95	90	100	3	4	2	2					94%	100%	89%	86%
Blenheim	98	99	95	96		1			100	100	100	100	4	8	7	7					90%	85%	92%	95%
Castlepoint	98	98	98	96				2	100	100	100	97	13	6	9	8					84%	67%	73%	71%
CCU (Sita Lumsden)	99	100	99	100					100	100	91	100	0	1	2	3					100%	97%	100%	100%
Chalkwell (SAU)	100	97	100	100					N/A	N/A	N/A	N/A	1	4	0	1					94%	91%	94%	
Critical Care	100	100	100	100					100	100	100	100	0	0	0	0								
Eastwood	99	100	100	97					100	100	100	100	0	1	2	2					89%	91%	94%	89%
Eleanor Hobbs	100	97	99	97					100	100	100	100	10	10	11	14					88%	96%	97%	
Elizabeth Loury	97	97	98	98					100	100	100	95	4	3	4	2					95%	86%	98%	
Estuary	99	99	100	99	1		1		87	100	100	80	4	10	5	8					57%	100%	67%	80%

Gordon Hopkins	98	99	95	100					100	100	94	100	3	2	3	1					90%	92%	95%	97%
Hockley	100	99	99	99			1		100	96	91	100	4	1	3	4					81%	89%	97%	90%
Margaret Broom	100	99	100	100					100	100	100	100	0	0	0	0								
Neonatal Unit	100	100	100	100		1			100	100	100	100	0	0	0	0								
Neptune	100	100	100	100					100	100	100	100	0	0	0	0					83%			
Princess Anne	96	95	90	85					96	85	96	100	6	9	7	4					100%	71%	50%	
Rochford	96	95	90	85					100	100	100	100	2	0	1	0					100%	100%	82%	100%
Shopland	88	96	96	99					100	100	97	100	3	6	4	5		1			92%	84%	90%	96%
Southbourne		100	100	100	1		2		100	100	100	100	5	2	2	3					92%	91%	93%	97%
Stambridge	100	100	100	100					100	92	92	100	4	3	3	2					80%	86%	96%	81%
Stroke Unit (Paglesham & Benfleet)	94	92	94	90				1	100	94	100	100	10	15	14	8				1	100%	100%	100%	82%
Westcliff	98	68	97	99	1	1			100	100	100	100	8	4	12	6					75%	82%	100%	100%
Windsor	100	100	100	100				1	97	80	93	77	8	16	10	9					89%	100%	82%	
Windsor Other Surgical																								

* 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.

Appendix 4



A&E fill rate %

