

Board of Directors' Meeting Report – 7 October 2015

Agenda item 96/15

Title	Nurse staffing establishment report
Sponsoring Director	Cheryl Schwarz – Acting Chief Nurse
Authors	Julie Coleman – Lead Nurse Practice Development
Purpose	To provide an overview of the July & August 2015 nurse staffing levels submitted to NHS England via Unify, reporting the percentage fill rate 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 July & August 2015.</p> <p>The trust board is aware of the limitations in being able to accurately report staffing levels from the e-roster system to enable real-time update of planned staffing to respond to changes in patient number and case mix. Several of the changes have now been made to the e-rostering system to enable the recording of redeployment in real time. Work is being undertaken in relation to the staffing templates in the e-roster system to enable accurate reporting against increased establishments. We will be able to report against this criteria utilising the September 2015 fill rate data. It will also be possible to report against further NICE guidelines red flags, utilising e-rostering and e-prescribing systems data.</p> <p>There were 46 occasions in July 2015 where high risk triggers were initially identified on the wards, this decreased to 32 high risk triggers in August 2015. The majority of high risk triggers were mitigated to moderate or low, with 1 shift remained high on Blenheim in July 2015 and 1 shift remained high on Princess Anne in August 2015, no adverse incidents were reported on these shift. There was 1 high risk trigger in A&E in July 2015 and 4 high risk triggers in August 2015 these were mitigated to moderate.</p>	
Date Reviewed by Execs.	September 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 July and August 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 July and August 2015 and the previous months of May and June 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 (NHS data collection portal) 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, however this data does not include staff that were moved or redeployed to assist on wards with staffing deficit.

The report highlights some areas have reported ‘red flags’ (a fill rate for Registered Nurses below 75%). In July 2015, 3 clinical areas were identified as being red flagged on day shifts and 4 on night shifts. In August 2015 there were 3 red flagged areas (days) and 6 on nights. The reasons for this are explored in greater detail in the clinical directorate section of this report.

The trust continues to update our NICE action plan. Utilising the recommended Safer Nursing Care Tool (SNCT) we will be able to determine the hours of care required by patients. SNCT data collection is being conducted within the trust throughout September as part of the workforce review, which will be reported to the board in December 2015. The SNCT dependency scoring tool has been added to the NERVE Centre e-observation system as compulsory fields. This will enable each clinical area to identify the dependency scoring for each patient in real time. The trust will be able to identify the staff available to care for the clinical areas patients’ needs to maintain patient safety. The ongoing roll out of ‘nerve centre’ e-observations and e-prescribing will enable the trust to be compliant with further NICE criteria. The additional changes required to e-rostering version 10 will be completed by the end of September 2015.

Within the wards, which have implemented the new e-prescribing system, it is now possible to record the number of unplanned omissions in providing patient medication and a delay of more than 30 minutes in providing pain relief, 2 of NICE guidelines red flags. There are currently limited areas utilising e-prescribing however data available for September 2015 will be presented in the next board report.

Key themes

Registered Nurse (RN) fill rate on days decreased slightly in July 2015 to 86.05% on days and 87.66% on nights. August 2015 has seen a slight increase in the fill rates for both days and nights compared to July 2015, RN fill rate on days were 88.91% and 90.12% on nights as illustrated in appendix 4, fill rate trend charts.

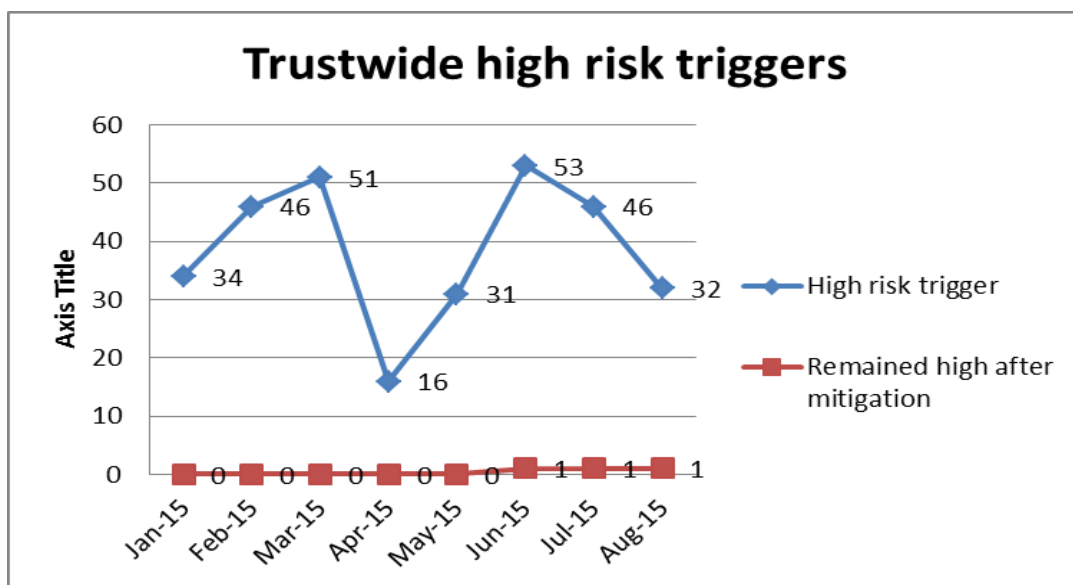
During July 2015, several transformation plans were implemented across the organisation, which involved ward movement and reconfiguration of services. There were difficulties with recording accurate staffing on e-rostering system due to the redeployment of staff to different areas and the transition of some areas to ambulatory care. It is believed that this may have contributed to a reduction of fill rates in July 2015.

Staff are familiar with the escalation process with the support of the duty Matron. Previously we have not been able to capture staff movement between clinical areas, all Matrons have

now been trained and are recording in real time the redeployment of staff between wards and the other directorates.

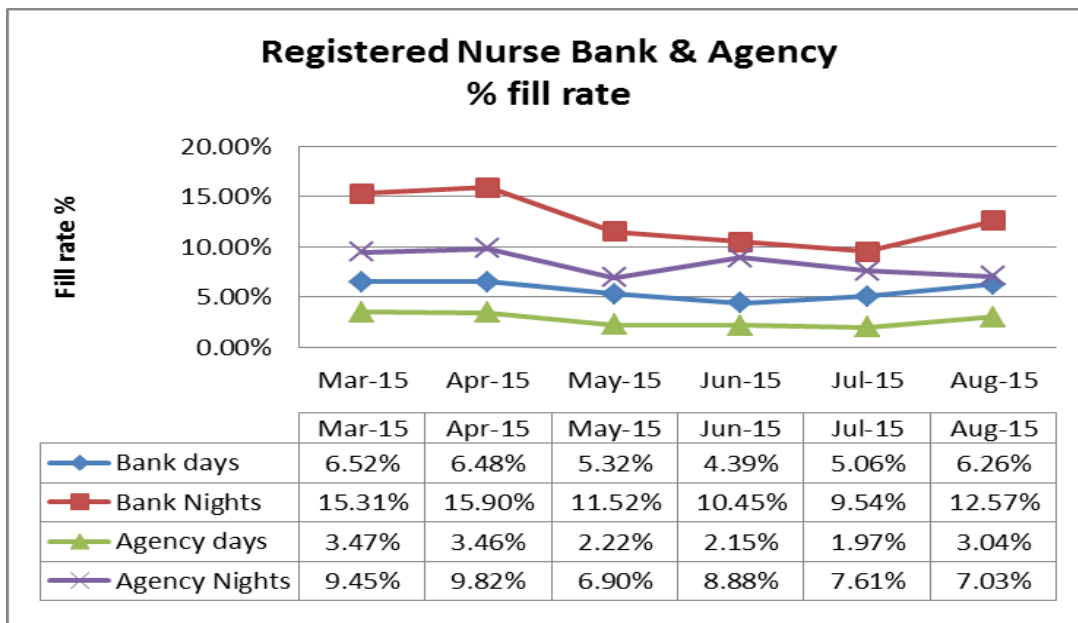
Health Care Assistants (HCA) fill rate on both days and nights are above 100% for July 2015 and August 2015, this is in part due to elevated dependency and a high number of patients requiring enhanced observation. An increase in HCA levels may be agreed in order to support fundamental care and maintain patient safety they would not in any circumstances carry out any Registered nursing duties. This is has resulted in elevated HCA fill rates in some areas.

There was a reduction in the number of high risk triggers in July 2015 to 46, from a peak of 53 high risk triggers in June 2015. One shift remained high following mitigation on Blenheim ward in July 2015. There was a further reduction in high risk triggers in August 2015 to 32 with 1 high risk trigger on Princess Anne which remained high following mitigation. This was attributed to short term sickness; however no adverse incidents were reported. In July 2015 there was 1 high risk trigger in A&E and 4 high risk triggers in August 2015, attributed to short term sickness, no adverse incidents were reported.



Bank and Agency Utilisation

The chart below demonstrates the registered Nurse bank and agency utilisation taken from the Unify data recorded as a percentage of overall fill rates, from March 2015 to August 2015.



On 1st September 2015, Monitor and the Trust Development Agency issued a set of rules relating to the use of agency registered nurses and midwives, with the aim of reducing reliance and expenditure on agency nursing staff. As part of this trusts were instructed to utilise agencies on an approved framework list; and a ceiling, with a reducing trajectory for agency expenditure was identified for each trust.

It has been agreed that the trust will utilise the agencies on the approved framework and will follow the process described in the guidance with regard to framework agreements. Our priority remains ensuring patients receive safe care; and when staffing level deficits are identified, a robust process is in place where the redeployment of staff from one area to another is considered. The need to use bank and agency staff is risk assessed by the matrons in conjunction with the ward staff in order to maintain safe care. It is recognised that agency nurses can be less familiar with a trust's layout and procedures, and high use of agency staff can be costly. Therefore, we will continue to apply the controls in place to ensure agency staff are only utilised when necessary after other strategies for maintaining safe staffing levels have been considered.

Medical Directorate

The trust transformation and new medical model implementation plan impacted on several of the medical areas who moved clinical areas and changed models of care during July 2015.

- AMU1 & AMU 2 merged and moved to Bedwell ward, they are now called Bedwell Acute Medical Service (BAMS) comprising of 16 beds, with a plan to reduce to 12 beds at night. In addition an ambulatory emergency care service is being provided utilising trolleys and chairs.
- The day assessment unit (DAU) and Princess Anne merged and relocated to Estuary OPAS (Older Person Acute Service) with 12 inpatient beds during the day increasing to 15 beds at night.
- Estuary ward moved to Princess Anne & increased bed capacity to 27 beds, with a potential to open a further 4 escalation beds.
- Across medicine in July 2015 there were 41 high risk triggers which decreased to 24 in August 2015. The majority of high risk triggers were mitigated to Moderate or low, with 1 shift remaining high on Blenheim in July 2015 and 1 remaining high in August 2015 on Princess Anne.
- In July and August 2015 there were 5 areas in Medicine, reporting a RN fill rate below 75% (red flag). Blenheim ward reported staffing deficits both days and nights in July & August 2015.

- Stroke Unit: - Staffing levels were agreed to increase to 9(RN) days and 8(RN) on nights, however, the Stroke Unit continues to have a significant level of vacancies and staffing levels are being monitored closely on a daily basis by the Matron and Head Nurse. The unit reported 15 occasions in July 2015, where high risk were identified which reduced to 5 high risk triggers in August 2015, all of which were reduced to moderate and low by a number of actions including the following:
 - Moving staff within the unit
 - Redeploying the Acute Stroke Nurse to work on the ward. Releasing the Acute Stroke Nurse enabled the ward to maintain patient safety and this did not adversely impact on the delivery of Acute Stroke services.
 - The ward manager reduced supervisory time to work clinically and take a caseload of patients
 - The specialist AHP staff working on the unit also assisted in the delivery of care
 - Utilisation of bank and agency staff when required.
- Fill rate on the stroke unit in August 2015 on nights improved in part due to staff redeployment being more accurately captured on the e-roster system.
- The Stroke Unit has been identified as a priority area for recruitment and vacancies are out to advert.
- 4 nurses due to complete RN training in September 2015 will be allocated to the Stroke Unit
- Requirements for training and support of newly qualified nurses are being identified by Matron and Ward Manager, with support from the practice development team.
- An audit of staffing levels using SNCT is due to be conducted in September 2015.
- Blenheim ward have appointed a new ward manager and are attempting to recruit to the agreed uplifted establishment to provide an additional RN on days and an additional RN on night shift. Additional HCA's have been requested on nights to support fundamental care and maintain patient safety. There were 5 high risk triggers in July 2015 and 1 shift remained high following mitigation. There were no high risk triggers in August 2015.
- CCU and Gordon Hopkins Ward are currently trying to recruit to their vacancy to achieve an additional RN on day and night shift. There were 2 high risk triggers in August 2015.
- Eleanor Hobbs ward: - continues to have vacancies and utilising daily risk assessment to identify the need to request additional cover from bank or agency on a shift to shift basis. There was 1 high risk trigger in July & August 2015, both were mitigated to low.
- Windsor ward: - Needs to recruit to vacancies to achieve agreed 4th RN on nights. There were no high risk triggers for July or August 2015.
- Princess Anne (Estuary) ward was unable to achieve third RN on night shift due to vacancy and staff sickness level
 - Princess Anne (Estuary) Ward experienced 8 high risk triggers in July 2015 and 6 in August 2015; staff were redeployed from other areas across the trust to improve staffing levels. There was also an additional need for health care assistants to provide enhanced observation to maintain patient safety. All risks were reduced following mitigating actions.
 - It was noted that there was a reduction in safety thermometer compliance in August 2015 and a reduction in F&F % in July 2015.
 - A ward manager was redeployed to maintain patient safety and provide additional support to clinical staff. Staffing levels and clinical indicators are being monitored closely on a daily basis by the Matron and Head Nurse.

- Many medical wards continue to have vacancies requiring cover by bank and agency. A small pool of bank staff (talent pool) is rostered to provide flexible response to the need for additional staff due to short notice sick leave. This is a useful resource and the size of the talent pool is under review. Deployed of these staff is now be recorded on e-rostering to ensure the accuracy of shift fill reporting.

Surgery:

- There was 1 high risk trigger in Surgery in July 2015 and 5 in August 2015; all of these were reduced to low following mitigating actions.
- In July 2015, Hockley was identified as having a RN fill rate below 75% (red flag) on nights, Hockley and Southbourne identified a red flag in August 2015 on nights. An additional RN is required in each area to achieve the agreed staffing levels on nights.
- Stambridge ward reported 1 high risk trigger in July & August 2015, and 4 high risk triggers were reported on Southbourne ward in August 2015, all were reduced following mitigating action. High numbers of vacancies on Southbourne resulted in 6 beds being closed.

MSK:

- There were 4 high risk triggers in MSK in July 2015 and 3 triggers identified in August 2015 which were reduced to moderate or low following mitigation.
- Castlepoint Ward identified red flags for staffing levels in July 2015 on nights. There are 2.4 WTE RN vacancies and short term sickness and maternity leave .1 newly qualified RN have been allocated to commence in September 2015.
- RN staffs were moved between the two MSK wards when wards experienced high risk triggers to maintain patient safety. The Matron & ward manager also provided clinical cover to maintain safe care, though these measures have not been captured within the reported data for shift-fill

Paediatrics

- Neptune and the neonatal unit have existing vacancies, short term sickness and maternity leave
- Neptune ward continues to have 7 beds closed (July and August 2015).
- There were no high risk triggers in Paediatrics in July or August 2015.
- There were no RN red flags in paediatrics in July or August 2015.
- Neptune ward has recruited 10 Paediatric nurses, 3 of whom will rotate between the ward and Paediatric A&E. The 5 overseas RN commenced in September 2015, and are attending a comprehensive induction to the trust.
- Paediatrics will also have 4 newly qualified paediatric nurses commencing in Sept 2015 and recruitment activity continues to fill vacancies across the service.

Maternity & Gynae

- No high risk triggers were identified in July or August 2015.
- There were no staffing red flags in Maternity & Gynae in July or August 2015.
- 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 August 2015, with vacancies and short term sickness.
- Staff were moved within the clinical directorate to maintain patient safety.

D&T

- There were no high risk triggers July or August 2015
- As part of the trust transformation plan Bedwell ward transferred to Kitty Hubbard ward with 18 inpatient beds
- Kitty Hubbard (Bedwell) reported a RN fill rate below 75% (red flag) on nights in both July & August 2015. Three RN's are required on nights and currently they are only

achieving to 2 RN's on a number of nights. Vacancies have been recruited to awaiting start dates.

Critical Care

- No high risk triggers were identified in July or August 2015.
- In accordance with the critical care protocol, staffing levels were flexed in accordance with activity and patient acuity.
- There were 34 shifts in July 2015 & 33 shifts in August 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 shift-fill rates for A&E

Month	Fill rate Days		Fill rate nights	
	RN	HCA	RN	HCA
July 2015	103%	89%	103%	89%
August 2015	109%	101%	106%	101%

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

- There was an increase in RN fill rate on days in July and August 2015 compared to June 2015 on days and nights. The RN fill rates remain above 100% on days and nights due to increased activity.
- There was 1 High risk trigger in July 2015 and 4 in August 2015. When staffing deficit was identified the paediatric A&E was closed for a period and staff were moved from major co-ordinator to assist with patient care and ensure safety.
- Staffing levels continue to be monitored shift by shift and bank and agency are requested as required.

Additional actions

The paediatric recruitment campaign continues with 5 RN's from Italy commencing in the trust in September 2015. The 10 staff will start in 2 cohorts and will undertake a comprehensive induction programme.

As previously reported, student nurses due to complete their training in September 2015 who have been offered posts will commence in the trust throughout September 2015. The executive team agreed a recruitment and retention package for the 30 student nurses who have accepted offers of employment. A comprehensive induction and preceptorship programme will be provided to support the nurses in their transition from student to registered nurse.

The recruitment process for the student nurses due to qualify in March 16 and September 16 has commenced. An opportunities event takes place on 30th September 2015 which will enable us to discuss what the trust has to offer to these individuals. The selection process for the March 16 cohort commences in October 2015 and the trust will hold a recruitment event at ARU in which we will interview our September 16 students with an intention to make conditional offers to these individuals. We will be offering an internal rotation programme to

those individuals that express an interest, to act as an extra incentive. The early employment offers are being made at trusts across the county in order to try to retain nurses within Essex on completion of their training. We believe this also enables us to provide additional support with transition to their new roles as registered nurses while the nurses complete their training.

The first cohort of work based learning BSc programme commenced in March 2015. A second cohort commences in January 2016 and we have received 7 applicants for 5 places available. Interviews and selection will take place in October 2015. Health Education East of England is providing funding, which will support the participants' release for study leave and placements.

The trust continues to work collaboratively with health care providers in Essex (via the Essex Directors of Nursing work-group) to create an opportunity for a rotational programme for three, band 5 Registered Nurses. This programme will enable candidates to work across the health economy with opportunities to work in two clinical areas within the trust, and includes community experience and exposure to the CCG and Mental Health services. It is anticipated that the availability of a rotational programme will act as incentive to band 5 nursing staff. It is hoped that a programme will be available from January 2016.

We have completed the recruitment process for health care support workers to undertake their foundation degree, with an unprecedented 20 applications. Through HEEoE and the commissioning process we have increased our commissions to 14 commencing in September 2015 with 12 individuals at Essex HEI and 2 trainee radiographers at City University.

The trust has implemented the e-rostering version 10 upgrade. We are now able to report accurately movement of staff to different clinical areas. Work has been undertaken to incorporate all of the increased establishments however there is on-going activity to enable us to report against these figures and real time red flags.

Conclusion

Registered Nurse (RN) fill rate decreased slightly in July 2015, to 86.05% on days and 87.66% on nights. In August 2015, RN fill rates for days increased to 88.91% and 90.12% on nights. A number of strategies are in place to recruit to vacant posts and to manage staffing levels on a shift to shift basis. There was a decrease in HCA fill rate in July 2015 falling below 100% on both days and nights. In August 2015 HCA fill rate increased above 100% on days and night shift.

There was a reduction in the number of trust wide high risk triggers to 46 occasions in July 2015, from a peak of 53 high risk triggers in June 2015. This reduced further to 32 high risk triggers in August 2015. Outcomes and quality and safety indicators are monitored continuously in line with staffing levels. The reasons for the high risk triggers are detailed in appendix 1&2. As a result of high short-notice sickness one high risk trigger could not be mitigated in July and August 2015, however, no adverse incidents or near misses were reported on these occasions.

Ward Staffing Report July 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	43,008.5	37,008.5	86.05%	30,679.3	26,893.6	87.66%	1,873.2	5.06%	2,564.8	9.54%	729.3	1.97%	2,046.3	7.61%
Care Staff	29,825.8	30,221.9	101.33%	15,926.3	17,720.2	111.26%	4,933.2	16.32%	5,511.5	31.10%	1,846.9	6.11%	642.0	3.62%
Ward	Day		Night (Defined as the shift which occurs over midnight)											
	RN/MW	HCA	RN/RM	HCA	Reason Agreed Staffing Levels Not Met	Number of Occasions Initially Triggered High Risk	Risk level after action	Comments/Actions	Red Flags					
	Fill Rate	Fill Rate	Fill Rate	Fill Rate										
Balmoral	97.22%	89.98%	96.86%	96.88%		0	low							
Bedwell acute	97.69%	104.85%	105.38%	102.26%	High risk staffing shortage one day	1	low	One high risk day. Twilight shift booked but staff required to stay overnight due to activity.						
Blenheim	77.54%	97.93%	65.73%	102.27%	Vacancies and sickness at short notice.	5	4 moderate x1 remained high		Uplift 3 RN nights currently 2 RN.					
Castlepoint	93.25%	103.87%	68.82%	130.53%	Vacancies 2.45 & short term sickness	4	Moderate	Staff moved from other MSK ward, Ward manager worked long day on x1 occasion.	3 RN required on nights currently 2 RN.					
CCU (Sita Lumsden)	81.21%	92.74%	75.00%	150.00%	vacancy, long term sick	0	N/A	No budget for HCA (nights). Hours required to maintain patient safety due to reduced RN fill rate.	Uplift 3 RN night, currently 2 RN most nights.					

Chalkwell (SAU)	93.63%	90.89%	94.08%	89.62%		0	N/A		
Critical Care	97.54%	-	96.55%	-		0	N/A		
Eastwood	96.53%	94.87%	96.65%	100.00%	Vacancies still pending	0	N/A		
Eleanor Hobbs	81.90%	105.18%	102.30%	107.50%	Vacancies	1	Moderate		
Elizabeth Loury	100.03%	90.04%	84.86%	92.87%	Vacancies	0	N/A		
Estuary (OPAS)	94.38%	96.36%	97.30%	134.33%		0	N/A		
Gordon Hopkins	90.61%	96.11%	92.63%	139.64%		0	N/A		
Hockley	91.89%	101.22%	75.27%	156.80%		0	N/A	Additional HCA required to maintain patient safety .	3 RN required on nights currently 2 RN.
Kitty Hubbard (Balmoral)	92.12%	91.93%	94.32%	109.53%		0	N/A		
Margaret Broom	95.25%	93.32%	97.89%	98.41%	Vacancies and sickness	0	N/A		
Neonatal Unit	90.57%	93.02%	92.80%	91.49%		0	N/A		
Neptune	98.45%	79.53%	83.80%	75.00%		0	N/A		

Princess Anne	73.67%	129.16 %	76.30%	166.90%	Vacancies, short term sick and increased staffing levels due to additional bed open nearer the end of July 2015	8	6 x low, 2 x medium	Staff redeployed from other areas to maintain patient safety.	Uplift 4 RN days staffing to 3 RN, Nights 3RN currently 2RN's.
Shopland	77.51%	78.83%	79.52%	85.52%		0	N/A		
Southbourne	79.47%	75.82%	80.00%	74.08%	Current vacancies	0	low	6 beds currently closed due to 4 RGN vacancies.	
Stambridge	76.54%	79.88%	78.86%	87.26%	4 vacancies and 3 long term sick	1	low	1 HDU bed closed on 4 occasions.	
Stroke Unit (Paglesham & Benfleet)	55.13%	164.23 %	81.94%	152.97%	Vacancies short term sickness	15	low x5 medium x10	Acute Stroke Nurse taken off bleep to cover ward Ward Manager and Lead Nurse worker clinically. Shifts put out to bank and agency Staff redeployed not demonstrated in the RN fill rate .	Uplift 9 RN days currently staffing on 6-7 RN. Uplift 8 RN nights currently staffing 6 RN.
Windsor	78.63%	109.94 %	88.64%	145.72%	High vacancies	0	N/A	Additional HCA provided to maintain patient safety.	
Respiratory Unit(Rochford & Westcliff)	74.77%	80.65%	84.48%	88.95%	5RN vacancies, Short term sickness on Westcliff	11	Moderate x 2, low x 9	Staff on ward flexed between two areas.	9RN required on days, currently staffing to 7RN.

Ward Staffing Report August 2015

Aug-15	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	42,194.6	37,515.3	88.91%	31465.75	28356.32	90.12%	2346.917	6.26%	3562.983	12.57%	1141.75	3.04%	1992.75	7.03%
Care Staff	30,515.1	32,367.2	106.07%	16918.8	19320.22	114.19%	5344.55	16.51%	6590.967	34.11%	2742.983	8.47%	847.5	4.39%
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										
Balmoral	100.30%	100.53%	100.26%	99.73%			0	N/A						
Bedwell (Acute)	96.34%	100.56%	108.85%	108.24%	Short term sickness		1	Low						
Blenheim	74.98%	118.23%	65.73%	55.60%	Vacancies x 7. Staff recruited to commence in September 2015		0	N/A	New ward manager appointed, staff movement. Ward manager working clinically to provide additional cover to maintain patient safety.	Uplift RN 4 on days currently 3RN. Uplift 3 RN nights currently 2 RN.				
Castlepoint	84.18%	119.59%	77.46%	64.78%	Vacancies 3.42. Short term sickness. 1X Maternity services		3	3 Moderate						
CCU (Hopkins)	83.20%	106.00%	69.87%	139.57%			2	Low	2 RN short on night shift , cover provided by swapping shifts and booking of bank RN.	Uplift 3 RN night, currently 2 RN most nights.				
Chalkwell (SAU)	98.14%	101.09%	97.62%	104.61%			0	N/A						

Critical Care	102.62%	-	108.20%	-		0	N/A	33 shifts with RN deficits. Critical care outreach team utilised to provide cover . Non clinical activity cancelled.	
Eastwood	84.89%	100.61%	90.40%	101.30%	Vacancies	0	N/A		
Eleanor Hobbs	76.61%	101.56%	93.09%	104.22%	Vacancy & short term sickness	1	Moderate	Ward supported by Clinical development Nurse.	
Elizabeth Loury	95.15%	97.72%	77.42%	101.69%		0	N/A		
Estuary (OPAS)	93.66%	102.84%	99.79%	122.05%	Short term sickness on night shifts,	2	Moderate		
Hockley	85.56%	91.72%	74.19%	101.89%	Vacancies	0	N/A		Uplift 3 RN nights currently 2RN
Kitty Hubbard (Bedwell)	81.15%	104.47%	74.19%	113.32%	Vacancies	0	N/A		Uplift 3 RN nights currently 2RN
Margaret Broom	99.56%	100.86%	105.35%	99.03%	Vacancies & short term sickness	0	N/A		
Neonatal Unit	94.12%	97.19%	105.31%	104.44%	Vacancies/ Maternity leave/ Long term sick	0	N/A		
Neptune	103.29%	103.32%	99.43%	99.09%	Vacancies & Maternity leave	0	N/A		
Princess Anne (Estuary)	74.42%	110.90%	105.56%	120.88%	3 RN's left in August / Vacancies/ Long term sick/short term sick	6	5Med/ 1 remained high	Staff redeployed from other areas. Matron worked clinically. Ward Manager redeployed from other ward. Block booking of agency staff.	Uplift 4 RN days staffing to 3 RN.
Shopland	99.97%	110.80%	86.07%	112.49%	Vacancy 0.4. Short term sickness	0	N/A		
Southbourne	78.30%	101.89%	66.53%	100.00%	4.5 RN vacancies. Awaiting NQN starting in September 15.	4	Low	Ward reduces from 30 to 24 beds at weekends. Unable to get 3rd RN on nights.	Uplift 3 RN nights currently 2RN

Stambridge	97.98%	109.52%	98.65%	124.78%	4 RN vacancies	1	Low	1 HDU bed closed for 1 week.	
Stroke Unit (Paglesham & Benfleet)	68.90%	119.02%	96.59%	131.30%	Vacancies, short term sickness & Maternity leave	5	3 Moderate 2 Low	Re-arranged off duty. Acute stroke nurse provided cover throughout August 15. Ward manager worked clinically. Shifts out to bank & agency. Cover provided on the night shift.	Uplift 9 RN days currently staffing on 6-7 RN.
Windsor	82.09%	96.98%	70.86%	105.95%	Short term sickness	0	N/A		Uplift 3 RN nights currently 2RN
Respiratory Unit(Rochford & Westcliff)	88.10%	98.71%	84.90%	104.23%	Vacancies/short term sickness	7	low	Redeployed staff and rearranged rota	

Appendix 3

July/Aug 2015

Ward	HNQI				SI				Safety thermometer				Falls				Avoidable PU				Friends & Family %			
	May-15	Jun-15	Jul-15	Aug-15	May-15	Jun-15	Jul-15	Aug-15	May-15	Jun-15	Jul-15	Aug-15	May-15	Jun-15	Jul-15	Aug-15	May-15	Jun-15	Jul-15	Aug-15	May-15	Jun-15	Jul-15	Aug-15
AMU	98	100	93.9						N/A	N/A	N/A		4	4	4						87%	89%	91%	
AMU 2	100	99							N/A	N/A	N/A		4	3							89%	86%	100%	
Balmoral	94	95	96.3	92			1		95	81	100	100	4	3	3	1					83%	95%	100%	
Kitty Hubbard -Bedwell	98	99	94.8	99					100	100	100	100	3	3	3	0					84%	95%	100%	
Blenheim	89	94	98.6	94		1	1		91	100	100	100	5	8	3	9					81%	81%	85%	
Castlepoint	98	98	98.9	99			1		100	97	97	100	8	9	10	11			1		88%	82%	89%	
CCU (Sita Lumsden)	100	100	93.3	100					100	100	100	100	0	2	2	1					100%	100%	100%	
Chalkwell (SAU)	100	100	100	100		1	2		N/A	N/A	N/A	N/A	2	3	2	0					82%	90%	90%	
Critical Care	100	100	100	100					100	86	86	100	0	0	0	0								
Eastwood	98	100	99.1	99					100	100	100	100	2	6	2	2					88%	90%	95%	
Eleanor Hobbs	99	99	99	98			1		100	100	94	100	7	7	14	3		1			87%	86%	74%	

Elizabeth Loury	99	100	97.9	95			1	100	100	95	100	3	2	4	3					93%	94%	97%
Estuary (Princess Anne)	99	97	90.5	95		1		96	100		67	5	5		9					60%	100%	78%
Gordon Hopkins	99	96	97.5	97				83	95	89	93	2	5	4	3					100%	89%	87%
Hockley	98	96	100					96	100	96		2	2	1	5					84%	100%	91%
Margaret Broom	100	100	100	100				100	100	100	100	0	0	0	0							
Neonatal Unit	100	96	100	99				100	100	100	100	0	0	0	0							
Neptune	100	100	94.8	99		1		100	100	100	100	0	0	0	0							
Princess Anne (OPAS)	95	97	98.3	95				96	96	100	100	8	8	1	6			1		94%	54%	78%
Rochford/respiratory unit	97	99	100	98			1	100	100	100	100	6	2	5	3					100%	100%	100%
Shopland	98	95	99.6	99				100	100	100	100	3	5	3	1					85%	92%	87%
Southbourne	98	100	100	100				100	100	100	100	2	3	5	3					96%	93%	97%
Stambridge	100	100	99.6	100				87	100	93	95	2	1	4	5					89%	88%	96%
Stroke Unit (Paglesham & Benfleet)	88	90	88.3	91				100	100	92	97	25	17	20	12		1	3		100%	100%	100%
Westcliff	96	97	99.2	98				100	100	100	100	5	0	4	3			1		100%	94%	93%
Windsor	100	100	99.6	92	2	1		77	93	85	90	13	14	9	19	1	1	1	3	87%	78%	75%

* 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 – Fill rate charts

