

Board of Directors' Meeting Report – 3 February 2016

Agenda item 6/16

Title	Safe staffing report for November & December 2015
Sponsoring Director	Yvonne Blucher - Chief Nurse
Authors	Julie Coleman – Lead Nurse Practice Development
Purpose	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the months of November & December 2015, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.
Previously considered at	N/A

Executive Summary

This report relates to fill rate against planned staffing for the months of November and December 2015.

The report identifies the fill rates percentages submitted to Unify, and incorporates a RAG rating system for each clinical area based upon set criteria. The RAG rating criteria take into consideration not only the % fill rate but the number of red flags as well as vacancies and bank and agency utilisation.

Registered Nurse/Midwife (RN & RM) fill rate on days increased in November 2015 but decreased to 91.4% in December 2015. On nights the fill rate also increased in November 2015 to 95.6% compared to 89.5% in October 2015, but has decreased slightly to 94.8% in December 2015.

For November 2015 there were 3 areas on days with a Registered Nurse fill rate % below 80%, these areas were Princess Anne, Stroke Unit and Windsor ward. In December 2015 this increased on days to 4 areas, Princess Anne, Stroke Unit, Windsor and BAM's wards. In November 2015 there were no areas with a fill rate % below 80% on nights, there were 2 areas in December 2015, Elizabeth Lory and Southbourne wards.

Previously reported high risk triggers are now being reported as red flags. The Trust is reviewing the current process for reporting red flags with plans to implement a new data collecting process from January 2016. In total there were 105 red flags reported across the trust for November 2015 an increase on the reported red flags on October 2015 of 82. In December 2015 this figure increased to 118 red flags. The red flags are reported to the Matrons by ward staff, the majority are escalated due to Registered Nurse deficit, inappropriate skill mix and increased acuity and dependency.

A new process is being implemented from January 2016 that allows the inpatient areas to record their staffing levels shift by shift, identifying deficits in staffing levels as well as red flags. The ward staff will be required to record actual staffing levels, assess the acuity & dependency of the patients in their area using SNCT and have the ability to record on the spread sheet the number of red flags by category. The Matrons will have access to this information which will enable then to RAG rate each area depending on their level of risk and identify mitigation.

Date Reviewed by Execs.	January 2016
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.	

SAFE STAFFING REPORT NOVEMBER & DECEMBER 2015

INTRODUCTION

The purpose of this paper is to outline the nurse staffing levels across in patient wards for November and December 2015. The paper will highlight areas of risk and mitigation at individual ward level. The report captures the 'Actual' versus 'Planned' staffing on a shift-to-shift basis for day and night for Registered Nurse/Midwife and Health Care Assistants.

TRUST POSITION FOR SUBMISSION

1. 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 and is obtained from the e-rostering system. The Trusts validated data was successfully uploaded to Unify in accordance with deadlines set. The table below demonstrates the Unify data submitted for November and December 2015.

December 2015 fill rate %	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals nights	Agency % of actuals nights
Registered nurse	91.4%	94.8%	5.4%	8.9%	4.9%	15.4%
Health care assistant	109%	110.4%	14.6%	28.8%	13.9%	12.7%
November 2015 fill rate %	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals nights	Agency % of actuals nights
Registered nurse	95.5%	95.6%	5.9%	10.7%	4%	12.6%
Health care assistant	102.3%	108%	16.7%	31.3%	12.2%	9.6%

ANALYSIS OF FILL RATE AND QUALITY DATA

Fill rate

2. Registered Nurse/Midwife (RN & RM) fill rate on days increased in November 2015 but decreased to 91.4% in December 2015. On nights the fill rate also increased in November 2015 to 95.6% compared to 89.5% in October 2015, but has decreased to 94.8% in December 2015. Appendix 1 & Appendix 2, demonstrates fill rate % for November and December 2015 by clinical area.
3. There was an increase in bed capacity in several areas in November and December 2015. There were 25 Newly Qualified Registered Nurses who commenced their new posts in September and October 2015, these staff are now working as Registered Nurses as they have activated NMC PIN's. This may have positively contributed to the overall RN fill rate % particularly in November 2015.
4. Fill rate % for Health Care assistants reduced on days and nights in November 2015 and December 2015, compared to October 2015. The overall fill rates for HCA's remain above 100% with some individual areas having increased fill rate % on both days and nights. Some clinical areas are now planning for additional HCA's due to high levels of enhanced observation on both days and nights.

- There was an increase in November and December 2015, in the numbers of HCA's required across the trust to provide enhanced observation to patients with identified needs. In addition extra HCA's were booked in some areas due to increased activity and patient dependency.
- Chart 1 & chart 2 below display the overall fill rate % for Registered Nurse/Midwife and Health care assistants for November and December 2015, and the previous four months for comparison purposes.

Chart 1, Registered Nurse fill rate %

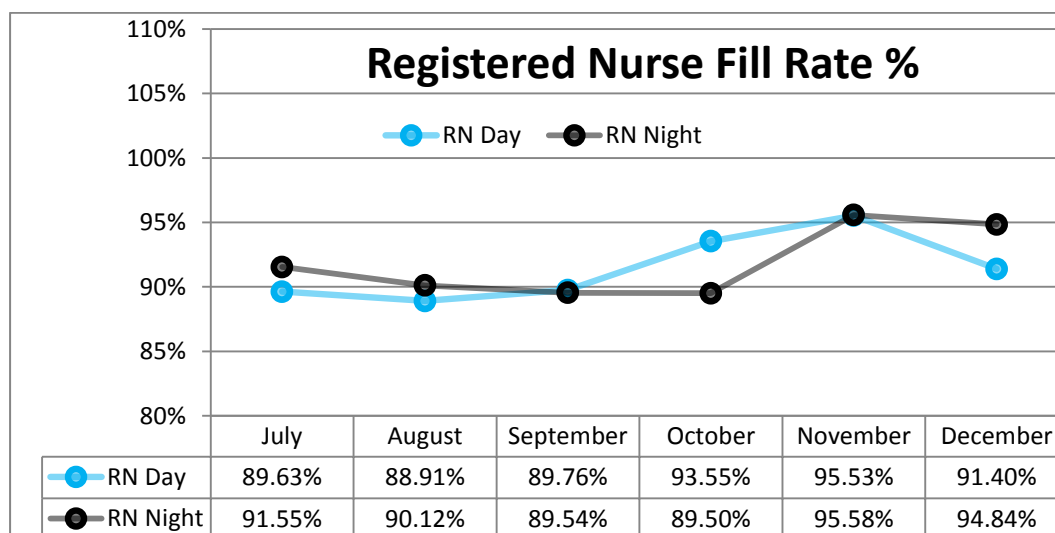
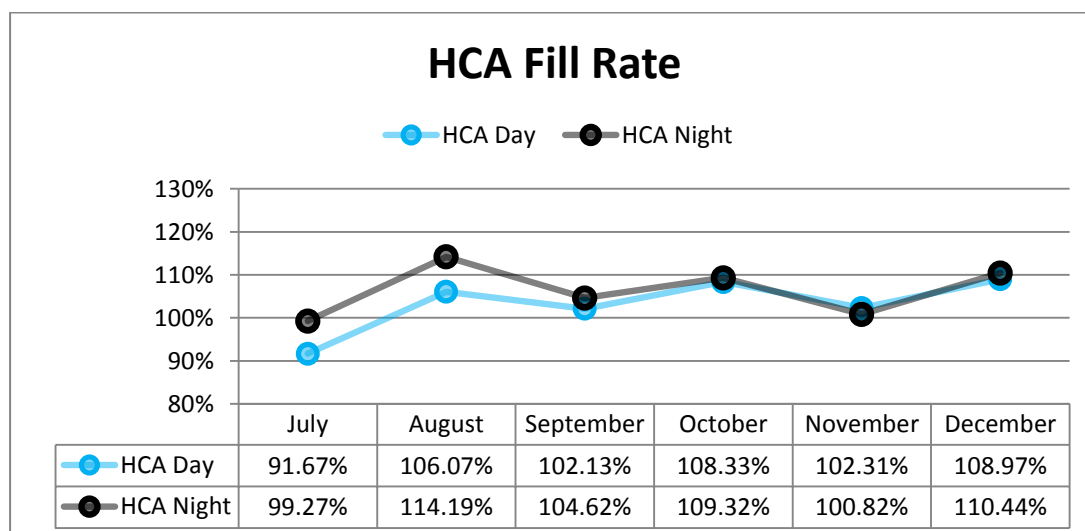


Chart 2 HCA Fill rate %



- For November 2015 there were 3 areas on days with a Registered Nurse fill rate % below 80%, these areas were Princess Anne, Stroke Unit and Windsor wards. In December 2015 this increased on days to 4 areas, Princess Anne, Stroke Unit, Windsor and BAM's wards. In November 2015 there were no areas with a fill rate % below 80% on nights, there were 2 areas in December 2015, Elizabeth Lorry and Southbourne wards.
- In November 2015 there were 7 areas with Registered Nurse fill rates % above 100% on days and 4 areas in December 2015. On nights in November 2015 there were 9 areas on nights with a fill rate % above 100%, with 8 areas in December 2015. This was in part due to increased acuity & dependency in some areas and the opening of additional beds.

9. In November 2015 there were 13 areas on days and 12 areas in December 2015 with a fill rate above 100% for Health Care Assistants. On nights there were 9 areas above 100% fill rate on nights in November 2015 which increased to 10 in December 2015. There were high levels of enhanced observations and increased acuity and dependency across many clinical areas.

Quality and safety indicators

10. When analysing the quality and safety indicators across the trust, the data shows there were 5 avoidable pressure ulcers for November 2015, one on Castlepoint, CCU/Hopkins, Stroke unit, Windsor ward and the Respiratory unit. In December 2015 there were 4 avoidable pressure ulcers one on each of the following wards, Eastwood, Shopland, Stambridge and Windsor. Root cause analysis process was followed in accordance with Trust policy.
11. There were 89 falls in total in November 2015, all of which were low risk. In December 2015 there were 113 low risk falls, 2 high risk falls and 1 moderate risk fall. The high risk falls were on CCU/Hopkins and Eleanor Hobbs ward and the moderate fall on Princess Anne. Both of the high risk falls resulted in head injuries and the incidents have been reported as SI's, both patients who also had with multiple conditions and have subsequently died. The patient identified as a moderate fall suffered a head injury and has been successfully discharged.
12. Previously reported High risk triggers are now being reported as Red flags. The Trust is reviewing the current process for reporting red flags with plans to implement a new data collecting process from January 2016. In total there were 105 red flags reported across the trust for November 2015 an increase on the reported red flags on October 2015 of 82. In December 2015 this figure increased to 118 red flags with no data received for 3 areas. The red flags are reported to the Matrons by ward staff, the majority are escalated due to Registered Nurse deficit, inappropriate skill mix and increased acuity and dependency. We anticipate that with the transition to a new process from January 2015 that we will continue to see an increase in the red flags until the new process is embedded.
13. Despite variations in Red flag reporting concerns are escalated immediately on the ward on a daily basis to senior nurse or matron for the area who will then support the ward and offer immediate help. Senior nurses respond to any red flag raised by the ward by redeploying staff from other areas where patient dependency/activity is deemed lower and follow the escalation policy. Staffing concerns are raised at the Safe@southend meeting each morning, then at subsequent bed meetings. The Trust will utilise the Health Care assistant talent pool and redeploy staff as required before requesting bank or agency staff. The talent pool is currently under review as there is a need for Registered nurses to be available in addition to Health care assistants.
14. The highest number of reported red flags in November 2015 was on Elizabeth Loury ward where out of 30 night's shifts, 29 night shifts are classified as red flags as there were only 2 RN's available. In December 2015 Elizabeth Loury also reported the highest number of red flags, 28 in total. This was again due to only having 2RN's on night duty.
15. All clinical areas have been RAG (Red, Amber, and Green) rated utilising a RAG rating system Appendix 1. The criteria take into consideration not only the % fill rate but the number of red flags as well as Quality & safety indicators, vacancies and bank and agency utilisation.
16. There remains a large number of vacancies reported across the trust. Individual clinical areas vacancy % is demonstrated by ward in Appendix 1 & 2. The information was provided by ESR and identifies a 10.13% nursing vacancy rate for November 2015 and 10.48% in December 2015.

17. In total there were 6 areas risk assessed as red for the month of November 2015 and December 2015. All areas had fill rates below 80% on either days or night and red flags. These areas reported high levels of vacancies and the Unify data demonstrates higher fill rate % of bank & agency utilisation.
18. In total 11 areas were identified as amber in November 2015 increasing to 14 areas in December 2015. These areas had either reduced fill rates with low numbers of red flags or only one criteria. Many of these areas also had lower fill rate % of bank and agency utilisation.

ESCALATION PROCEDURES

19. The Trust escalation procedures is utilised by staff when they have concerns around staffing levels. Concerns escalated are mitigated or action taken is taken promptly more support to clinical staff. Site leadership also has had a positive impact with senior leaders visible and accessible for staff. Safe@southend meetings occur once a day which provide a platform for staff to raise concerns about staffing and other issues. Subsequent bed meetings also provide an opportunity to review staffing levels and escalate concerns.
20. All wards are required to display their staffing levels on the ward safety board on a daily basis and RAG rate accordingly depending upon the level of risk.
21. Staff are advised to raise concerns, (red flags) immediately with senior nurses or matrons. Further education of clinical staff is required so that they are able to easily identify red flags and raise these to their Matron.
22. A new process is being implemented from January 2016 that allows the inpatient areas to record their staffing levels shift by shift, identifying deficits in staffing levels. The ward staffs will be required to record actual staffing levels, assess the acuity & dependency of the patients in their area using SNCT and have the ability to record on the spread sheet the number of red flags by category. The Matrons will have access to this information and they will then able to RAG rate each area depending on their level of risk and identify mitigation.
23. Additional activity is required to educate staff on the importance of identifying red flags and where the information should be recorded. This support will be provided throughout January 2016 when training will be provided to clinical staff as well as Matrons to ensure that the information recorded is accurate. With the role out of Nerve, staff will also be expected to record each patient's dependency using the SNCT dependency scoring tool which is a compulsory observation within the system. Safe staffing workshops are required to educate and increase awareness of the significance of accurately assessing acuity and dependency so that the process can be embedded. Staff also need to be encouraged to use their professional judgment to assess whether staffing levels match acuity along with skill mix.
24. Each clinical directorate has a current process for reviewing staffing levels and mitigation. There is a Clinical Site Manager/Duty Matron available for advice and support and to escalate staffing concerns. The care required by each patient and ward activity is reviewed daily however a recognised evidence based acuity and dependency tool is not currently used. The utilisation on SNCT from January 2016 will provide a validated tool for recording accurately the acuity and dependency on a daily basis. The information will be in one location and will enable Matrons to RAG rate their area and identify mitigation. The current process utilised by each clinical directorate to review staffing levels and their escalation process can be seen in appendix 3.

NURSE ESTABLISHMENT REVIEW

25. The Nursing Establishment review is due to be presented to the board in February 2016. Data was collected in September 2015 using SNCT and identifies the Nursing staff in post and the numbers recommended by the SNCT analysis.
26. An additional review of Nurse establishment was conducted with the Associate Director of Nursing and finance in November 2015, and information gathered as part of this review is included in the paper. This review of establishments highlighted that not all clinical areas current establishment include previously agreed uplift supporting the 1-8 RN ratios, or agreed time out.
27. Within the Nurse Establishment report two potential options have been identified offering alternative proposals to increasing the nursing workforce and the required investment.

Option 1.

RNs (additional shifts)	£238k	HCA's (additional shifts)	£132k
RNs (additional time out)	£456k	HCA's (additional time out)	£144k
Total RN cost	£694k	Total HCA cost	£276k
Total additional cost	£970k		

Option 2

Registered Nurses	£1,486k	HCA's	£811k
Total SNCT investment	£2,297k		

Both options require investment by the trust. Option 2 has been identified as the recommended option, as the calculations have been based upon acuity, and the staffing investment needed to meet the needs of the service.

28. A Safe staffing panel needs to be established and meet to review the establishment of each area, vacancies as well as allocated time out allowance. Further analysis of skills mix ratios, as well as safe staffing ratios is required utilising the professional judgement of the Chief Nurse.
29. The Chief Nurse, Associate Director of Nursing and Senior Nurses from relevant Clinical directorates as well as finance will need to participate in these reviews including individual ward managers.

RECOMMENDATIONS

30. The Board is asked to:
 - Note the submission of nurse staffing data for November and December 2015.
 - Note the reporting process has changed from previous reporting mechanisms and that each clinical area is now RAG rated using fill rate data, red flags, vacancies as well as quality indicators.
 - The RN/RM file rate % has increased in November 2015 and December 2015, compared to October 2015. It is important to note that high rates of bank & agency were utilised in some areas to maintain the RN/RM fill rate %.

- The number of Red flags has increased and it is anticipated that these figures will continue to increase whilst embedding the new process and improving staffs knowledge.
- The daily recording of SNCT and Red Flags commenced on the 4th January 2016, and once embedded will provide accurate information on acuity & dependency/ staffing levels and the number of red flags.
- Following this report, safe staffing will be discussed on a monthly basis and reviewed by a Safe staffing panel.
- Note that Matrons/Heads of Nursing have identified escalation process and assurance statement for each area.

Appendix 1
Safe staffing reporting- RAG rating criteria Safe staffing reporting for November 2015.

Safe staffing reporting – RAG rating criteria

Safe Staffing Levels

Exception Reporting Rationale

The RAG (red, amber, green) traffic light rating requires professional judgement which may include the following criteria:

- Ward establishment not meeting the patient needs around Clinical acuity
- Red Flag Triggers
- Wider workforce issues relating to vacancy and skill mix
- Leadership
- Existing Quality and safety data
- Risks posed to patients as a result of the above

RAG	DETAILS
	<p>Minor Impact</p> <ul style="list-style-type: none"> • Fill rates above 80% • Ward establishment meets for acuity/ dependency of patients • Minor staff shortages with no impact on patient safety • Skill Mix ratio not outside recommended guidance • No Red Flags
	<p>Moderate Impact</p> <ul style="list-style-type: none"> • Fill rate below 80% • Establishment deficiencies however risk to patients reviewed and no quality or safety issues. • One red flag triggering concerns around safety • Use of agency and back due to vacancies within acceptable limits • Requirements for staff to be redeployed • Nurse in charge included in the numbers
	<p>Significant Impact</p> <ul style="list-style-type: none"> • Fill rate below 80% • Establishment deficiencies - not meeting acuity/ dependency • Multiple red flags triggering concerns around safety • Requirements for staff to be redeployed • Nurse in charge included in the numbers

Safe staffing report November 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of aptient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
A&E	106%	109%	94%	110%	84% (694 responses)	0	0	1	13%						High levels of sickness . One high risk 4RNs short .	Majors co-ordinator utilised to provide care. Paediatric outpatients closed and staff re deployed . High vacancy rate.
Balmoral	96.39%	102.26%	95.76%	96.55%	91.7% (12 responses)	0	0	4	0%	0%	1%	0%	3%		Registered Nurse sickness triggered 4 shifts identified as Red Flags.	Staff re deployed to maintain patient safety. No Patient safety concerns. Ward safely staffed.
Bedwell acute	98.28%	112.91%	106.78%	58.09%	68% (25 responses)	0	0	0	3.30%	8%	31%	22%	6%		Increased activity. Increase in inpatient beds mid November from 16 to 26 beds. Additional RN utilised at Night reduced HCA fill rate on nights.	Matron monitors staffing levels per shift . Staff redeployed from other areas. Deficit out to Bank & Agency. >100% HCA on days due patient requiring Enhanced observation.
Blenheim	84.94%	113.15%	96.67%	131.15%	93% (15 responses)	0	0	17	17.93%	11%	11%	11%	18%		4 RN vacancies, Long term sickness	Matron monitors staffing levels per shift . Recruiting to existing vacancies. Utilised staff from the talent pool. Ward manager worked clinically.>100% HCA due patient requiring Enhanced observation.
Castlepoint	94.38%	100.13%	92.40%	120.99%	92% (13 responses)	1	0	0	2.31%	6%	10%	38%	14%		RN vacancies, short term sickness.	Matron monitors staffing levels per shift . Staff redeployed from other areas. Deficit out to Bank & Agency. >100% HCA due patient requiring Enhanced observation. Practice development Nurse & Matron
CCU Hopkins	96.94%	88.56%	99.96%	99.57%	98% (47 responses)	1	0	5	20.52%	13%	4%	32%	19%		RN vacancies , short term sickness	High vacancy levels. Recruiting in progress . Fill rate improvement due to utilisation of Bank & Agency. Ward manager worked clinically to maintain safety.

Safe staffing report November 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of aptient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Chalkwell (SAU)	106.67%	107.68%	102.21%	121.07%	89% (29 responses)	0	0	0	0%	4%	10%	13%	16%			Ward safely staffed.
Critical Care	115.27%	-	115.71%	-	Not measured	0	0	0	10.77%	10%	0%	0%	0%		Unit busy high levels of acuity & dependency. 65 shift deficit due to vacancies & long term sickness.	Critical care deficit was covered by the outreach team , non clinical activity cancelled.
Eastwood	99.71%	89.75%	100.53%	86.24%	90% (61 responses)	0	0	0	0%	2%	1%	7%	10%		Vacancies, short term sickness. Number of medical patients on the ward.	Recruited to vacancies awaiting start dates. Ward safely staffed with RN's
Eleanor Hobbs	101.34%	118.01%	91.67%	104.70%	84% (25 responses)	0	0	5	14.05%	10%	11%	15%	6%		RN vacancies	Recruiting activity continues. Staffing levels monitored. Matron monitors staffing levels per shift . Staff redeployed from other areas. Deficit out to Bank & Agency. >100% HCA due to a number of patients requiring Enhanced observation.
Elizabeth Loury	103.65%	108.41%	100.00%	136.46%	96% (28 responses)	0	0	29	9.91%	6%	0%	27%	10%		RN vacancies	Bank & Agency utilised to maintain fill rate % on nights. Additional HCA required on some nights to maintain patient safety.

Safe staffing report November 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of aptient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Estuary (OPAS)	107.68%	98.53%	110.47%	91.93%	56% (9 responses)	0	0	0	26.44%	11%	12%	13%	10%		High vacancy level . Increased acuity. Beds remained opened, that should close overnight.	Additional RN'S required as extra beds remained opened. Matron monitors staffing levels per shift . Staff redeployed from other areas. Deficit out to Bank & Agency.
Hockley	101.63%	101.91%	92.77%	129.57%	87% (35 responses)	0	0	6	3.44%	1%	0%	13%	7%		RN short term sickness	Additional HCA required on nights due to patient acuity.Matron monitors staffing levels per shift . Deficit out to Bank & Agency.
Kitty Hubbard (Balmoral)	87.38%	103.82%	92.96%	100.00%	100% (6 responses)	0	0	0	19.25%	3%	0%	6%	5%		RN vacancy.	Matron monitors staffing levels per shift . Deficit out to Bank & Agency.
Margaret Broom	98.00%	102.26%	85.05%	93.26%	No data available	0	0	0	14.07%	10%	13%	40%	1%		RM short term sickness	Matron monitors staffing levels per shift . Staff redeployed from midwifery areas to maintain the needs of the service. Practice development midwife and Matrons work clinically if required.
Neonatal Unit	89.20%	97.96%	94.87%	93.62%	Not measured	0	0	0	11.65%	3%	1%	0%	0%		RN sickness. Manager worked clinically.	Matron monitors staffing levels daily. Ward Manager worked clinically and the Matron to maintain safety. Staff redeployed from Neptune ward.
Neptune	99.64%	120.42%	108.83%	90.74%	Not measured	0	0	0	11.97%	12%	25%	3%	1%		Increased activity in November.	Overseas recruited nurses commenced in practice, some have received their PIN other awaiting PIN (counted as overseas nurses awaiting PIN). 6 beds remain closed .Ward safely staffed .

Safe staffing report November 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of aptient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Princess Anne	73.08%	95.46%	91.11%	106.56%	70% (10 responses)	0	0	5	26.76%	20%	14%	45%	13%		High numbers of RN vacancies . Long & short term sickness.	Ward manager re-deployed from other clinical area.Bank &agency staff booked. Clinical development nurse providing additional RN cover. High numbers of enhanced observation>100% HCA's on nights.
Shopland	99.78%	107.31%	101.39%	135.74%	89% (37 responses)	0	0	0	12.60%	3%	0%	25%	14%		RN vacancies, short term sickness.	Staff moved between clinical areas depending on activity & acuity. Practice Development Nurse and Matron worked clinically to manage deficits.High numbers of enhanced observation>100% HCA's on both days & nights.
Southbourne	100.02%	100.05%	82.22%	86.05%	91% (106 responses)	0	0	0	0%	6%	2%	2%	1%		RN vacancies affecting RN fill rate on nights.	6 beds closed , no high risk concerns. Matron monitors staffing levels each shift. Staff redeployed from other surgical areas .
Stambridge	96.76%	61.59%	80.56%	96.71%	88% (17 responses)	0	0	5	8.33%	5%	1%	52%	0%		RN & HCA sickness	Planning for 2 HCA's on night duty to maintain patient safety. Ward manager working clinically .Matron monitors staffing levels, redeployment from other surgical areas to maintain safety.
Stroke Unit (Paglesham & Benfleet)	76.32%	99.90%	91.79%	105.04%	80% (38 responses)	1	0	11	27.19%	8%	13%	36%	10%		RN vacancies.	Staffing levels monitored closely by the Matron. Clinical are covered RN on nights. Bank &agency utilised to provide RN cover. Acute stroke nurse and Ward manager utilised to provide clinical care. >HCA's nights due to number of patients requiring enhanced observation.

Safe staffing report November 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Windsor	73.73%	111.79%	83.96%	98.04%	69% (16 responses)	1	0	7	13.41%	17%	20%	20%	10%		RN vacancies & short term sickness.	Staffing levels monitored closely by the Matron. Additional HCA's utilised for Enhanced observation to maintain patient safety.
Respiratory Unit(Rochford & Westcliff)	94.10%	99.89%	86.10%	90.72%	93% (11 responses)	1	0	10	5.22%	8%	5%	12%	4%		RN vacancies & short term sickness.	Covered by bank and agency. RN staffing moved between Rochford & westcliff ward.Staffing levels monitored closely by the Matron. Ward mangers worked clinically.

Safe staffing report December 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
A&E	101%	102%	109%	119%	88% (675 responses)	0	0	6	14%						Short term sickness increased activity.	Majors co-ordinator utilised to provide care. Paediatric outpatients closed and staff re deployed . High vacancy rate.
Balmoral	93.88%	109.59%	102.31%	138.70%	91.7% (12 responses)	0	0	no data	0%	5%	41%	27%	18%		Registered Nurse sickness .	Staff re deployed to maintain patient safety. Ward manager worked clinically. No Patient safety concerns. Additional HCA required to provide enhanced observation. Ward safely staffed.
Bedwell acute	73.55%	98.23%	83.89%	103.77%	83.3% (36 responses)	0	0	6	5.56%	8%	31%	22%	6%		Increasesd activity. Increase in inpatient beds mid November from 16 to 26 beds. Additional RN required unable to fill .	Matron monitors staffing levels per shift . Staff redeployed from other areas. Deficit out to Bank & Agency. >100% HCA on nights due patient requiring Enhanced observation.
Blenheim	89.41%	92.60%	95.61%	103.86%	96% (25 responses)	0	0	6	17.41%	14%	10%	11%	11%		RN vacancies, Long term sickness	Matron monitors staffing levels per shift . Recruiting to existing vacancies. Utilised staff from the talent pool. Ward manager worked clinically.>100% HCA on nights due patient requiring Enhanced observation.
Castlepoint	85.19%	96.25%	104.53%	118.72%	78.6% (14 responses)	0	0	no data	2.31%	7%	10%	41%	11%		RN vacancies, short term sickness.	Matron monitors staffing levels per shift . Staff redeployed from other areas. Deficit out to Bank & Agency. >100% HCA due patient requiring Enhanced observation. Practice development Nurse & Matron
CCU Hopkins	97.89%	85.01%	102.75%	89.64%	100% (52 responses)	0	1 High	2	19.60%	17%	4%	37%	22%		RN vacancies , short term sickness	High vacancy levels. Recruiting in progress . Fill rate improvement due to utilisation of Bank & Agency. Ward manager worked clinically to maintain safety.

Safe staffing report December 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Chalkwell (SAU)	102.57%	118.51%	109.50%	123.49%	82.1% (28 responses)	0	0	0	2%	6%	8%	14%	17%			Ward safely staffed. Additional HCA required to maintain patient safety due to activity.
Critical Care	108.76%	-	115.03%	-	Not measured	0	0	0	2.72%	8%	0%	0%	0%		Unit busy high levels of acuity & dependency. Shift deficit due to vacancies & long term sickness.	Critical care deficit was covered by the outreach team, non clinical activity cancelled.
Eastwood	96.83%	79.54%	95.50%	100.24%	91.8% (49 responses)	1	0	0	0%	5%	4%	18%	6%		Short term sickness. Number of medical patients on the ward.	Recruited to vacancies awaiting start dates. Ward safely staffed with RN's
Eleanor Hobbs	94.46%	123.83%	89.41%	123.32%	83.8% (37 responses)	0	1 High	4	17.37%	10%	8%	12%	10%		RN vacancies	Recruiting activity continues. Staffing levels monitored. Matron monitors staffing levels per shift. Staff redeployed from other areas. Deficit out to Bank & Agency. >100% HCA due to a number of patients requiring Enhanced observation.
Elizabeth Loury	93.45%	99.42%	70.97%	94.94%	88.5% (26)	0	0	28	9.91%	5%	0%	21%	4%		RN vacancies. 3 RN 's required on nights, unable to fill most nights currently staffing to 2RN's.	Bank & Agency utilised to maintain fill rate % on nights. Additional HCA required on some nights to maintain patient safety.

Safe staffing report December 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Estuary (OPAS)	109.30%	120.57%	99.93%	83.36%	85.7% (14 responses)	0	0	0	28.18%	8%	9%	14%	7%		High vacancy level . Increased acuity. Beds remained opened, that should close overnight.	Additional RN'S required as extra beds remained opened. Matron monitors staffing levels per shift . Staff redeployed from other areas . Deficit out to Bank & Agency.
Hockley	98.46%	111.70%	82.80%	84.99%	91% (47 responses)	0	0	5	3.44%	1%	0%	14%	5%		RN vacancies. 3 RN 's required on nights unable to fill all nights.	Matron monitors staffing levels per shift . Deficit out to Bank & Agency.
Kitty Hubbard (Balmoral)	80.21%	90.73%	83.87%	115.91%	92.3% (13 responses)	0	0	11	19.25%	6%	11%	14%	16%		RN vacancies. 3 RN 's required on nights, additional HCA utilised to maintain patient safety.	Matron monitors staffing levels per shift . Deficit out to Bank & Agency.
Margaret Broom	120.12%	108.11%	93.84%	99.05%	No data available	0	0	0	7.06%	6%	15%	43%	1%		RM short term sickness	Matron monitors staffing levels per shift . Staff redeployed from midwifery areas to maintain the needs of the service. Practice development midwife and Matrons work clinically if required.
Neonatal Unit	99.06%	83.13%	98.39%	69.35%	Not measured	0	0	1	11.87%	1%	1%	0%	0%		RN short term sickness. Manager worked clinically.	Matron monitors staffing levels daily. Ward Manager worked clinically and the Matron to maintain safety. Staff redeployed from Neptune ward.
Neptune	85.66%	132.59%	93.30%	90.95%	Not measured	0	0	6	10.87%	12%	24%	1%	2%		Increased activity and dependency of patients.	Overseas recruited nurses commenced in practice, some have received their PIN other awaiting PIN (counted as overseas nurses awaiting PIN). 6 beds remain closed .Matron & head of Nursing worked clinically to maintain patient safety.

Safe staffing report December 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Princess Anne	63.43%	118.01%	104.30%	174.71%	57.1% (7 responses)	0	1 moderate	7	29.08%	10%	25%	30%	28%		High numbers of RN vacancies . Long & short term sickness.	Ward manager re-deployed from other clinical area.Bank &agency staff booked. Clinical development nurse and matron providing additional RN cover. High numbers of enhanced observation>100% HCA's on nights.
Shopland	92.65%	98.48%	88.40%	96.26%	91.5% (47 responses)	1	0	no data	15.46%	1%	6%	26%	6%		RN vacancies, short term sickness. Unable to 3rd RN on all nights.	Staff moved between clinical areas depending on activity & acuity. Practice Development Nurse and Matron worked clinically to manage deficits.High numbers of enhanced observation>100% HCA's on both days & nights.
Southbourne	81.14%	105.24%	75.29%	81.08%	94.3% (88 responses)	0	0	0	0%	7%	1%	15%	7%		RN vacancies affecting RN fill rate on nights. Unable to fill 3rd RN on nights.	6 beds closed , no high risk concerns. Matron monitors staffing levels each shift. Staff redeployed from other surgical areas .
Stambridge	98.35%	88.85%	97.42%	80.86%	95% (20 responses)	1	0	6	10.93%	6%	1%	36%	0%		RN & HCA sickness. RN vacancies	Planning for 2 HCA's on night duty to maintain patient safety. Ward manager working clinically .Matron monitors staffing levels, redeployment from other surgical areas to maintain safety.
Stroke Unit (Paglesham & Benfleet)	68.93%	155.98%	103.36%	173.79%	100% (35 responses)	0	0	15	27.05%	6%	15%	23%	24%		High numbers of RN vacancies.	Staffing levels monitored closely by the Matron. Covering RN shifts on nights. Bank &agency utilised to provide RN cover. Acute stroke nurse and Ward manager utilised to provide clinical care. >HCA's days and nights due to number of patients requiring enhanced observation.

Safe staffing report December 2015

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with harms moderate /high	No of RED FLAGS	Vacancy rate	RN/RM Bank % of fill rate	RN/RM agency % of fill rate	HCA Bank % of fill rate	HCA Agency % of fill rate	Rag status	Reason for agreed staffing not being met	Assurance by Matron/ Head of Nursing
	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Windsor	70.27%	118.16%	102.77%	143.99%	0% (2 responses)	1	0	7	18.21%	9%	33%	19%	20%		RN vacancies & short term sickness.	Staffing levels monitored closely by the Matron. Additional HCA's utilised for Enhanced observation to maintain patient safety. Ward Manager worked clinically.
Respiratory Unit(Rochford & Westcliff)	95.11%	112.47%	83.48%	87.80%	74.45% (31 responses)	0	0	8	3.80%	7%	4%	8%	9%		RN vacancies & high levels of short term sickness. Increased acuity	Covered by bank and agency. RN staffing moved between Rochford & westcliff ward. Staffing levels monitored closely by the Matron. Ward mangers worked clinically.

Appendix 3. Review & escalation process by Clinical directorate

Clinical directorate	Staffing review & mitigation
Medicine	<ul style="list-style-type: none"> • Matron of the day that reviews staffing levels and risks across the clinical directorate. • Medical Comm cell at 9.30 each morning with Matrons 7 General Manager. 11am Matron & ward manager comm cell. • Staffing sheet utilised and mitigation recorded. • Review of ward activity and clinical care requirements, including enhanced observation and safeguarding concerns. • Review ward managers supervisory hours • Re-deploy staff across the clinical directorate to minimise the risk. • Request staff from Bank or Agency
Surgery	<ul style="list-style-type: none"> • Matron reviews the staff available in all of the clinical areas. • Areas of concern are discussed at Safe@southend. • Review of ward activity and clinical care requirements, including number of TCI's enhanced observation and safeguarding concerns. • Review ward managers supervisory hours • Re-deploy staff across the clinical directorate to minimise the risk. • Request staff from Bank or Agency
MSK	<ul style="list-style-type: none"> • Ward staffing is checked each morning before 8:00 by MSK head Nurse and Matron on both MSK wards for the next 24 hour period i.e. late, night and early and short term sickness. • Deficits are assessed, ward activity and clinical care requirements including enhanced observation and planned admissions. If deficits are identified an assessment is made of overall staffing on the 2 wards if staff can be moved from another ward of shift to cover deficits. Staff may also be moved from supervisory time. • If required, requests are made to Nurse bank and agency. • High risk deficits are discussed at the safe@southend meeting and at the 9.00 bed meeting. • Support can at times be provided by the Matron or Trauma & Orthopaedic Nurse Specialists. • Staff availability on the HCA talent pool is also reviewed with the control room staff and clinical site managers.
D&T	<ul style="list-style-type: none"> • Matron reviews the staff available in all of the clinical areas. • Areas of concern are discussed at Safe@southend. • Review of ward activity and clinical care requirements, including number of chemo admissions/enhanced observation and safeguarding concerns. • Review ward managers supervisory hours • Re-deploy staff across the clinical directorate to minimise the risk. • Request staff from Bank or Agency
Women & Children's	<ul style="list-style-type: none"> • Matron reviews the staff available in all of the clinical areas. • Areas of concern are discussed at Safe@southend. • Review of ward activity and clinical care requirements, including number of TCI's enhanced observation and safeguarding concerns. • Review ward managers supervisory hours • Re-deploy staff across the clinical directorate to minimise the risk. • Request staff from Bank or Agency
Theatres & critical care	<ul style="list-style-type: none"> • Senior Nurse reviews the staff available in all of the clinical areas. • Areas of concern are discussed at Safe@southend. • Review of ward activity and clinical care requirements. • Review of Registered staff undertaking Non clinical responsibilities. • Cancellation of non-clinical activity. • Request staff from Bank or Agency

