

## Board of Directors' Meeting Report – 6 April 2016

### Agenda item 21/16

<b>Title</b>	Safe staffing report for February 2016
<b>Sponsoring Director</b>	Yvonne Blucher - Chief Nurse
<b>Authors</b>	Julie Coleman – Lead Nurse Practice Development
<b>Purpose</b>	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the month of February 2016, reporting the percentage fill rate for each ward area and the impact on capacity and capability to deliver safe care.
<b>Previously considered at</b>	N/A
<p><b>Executive Summary</b></p> <p>This report relates to fill rate against planned staffing for the month of February 2016. 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.</p> <p>Registered Nurse/Midwife (RN &amp; RM) fill rate decreased on both days and nights in February 2016 to 86.3% on days and 90.1% on nights.</p> <p>For February 2016 there were 7 areas on days with a Registered Nurse fill rate % below 80%, compared to 5 in January 2016 (Blenheim, CCU/Hopkins, E.Hobbs, Kitty Hubbard, the Neonatal Unit, P. Anne and the Stroke Unit) On nights in February 2016 there were 5 areas with a fill rate % below 80% (BAMS, CCU/Hopkins, Neonatal Unit, Neptune and Princess Anne).</p> <p>There continued to be high level of emergency admissions throughout February, particularly within the medical specialities. The continuing demand required Medical admissions to be cared for in surgical, musculoskeletal and gynaecology wards. The risk assessment process was used to identify patients who were safe to receive care in wards outside the speciality.</p> <p>As anticipated there was an increase in the number of red flags reported in February 2016, with 330 being identified compared to 200 red flags in January 2016. The majority of Red flags were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency.</p> <p>There is a process in place that allows us to accurately report acuity &amp; dependency, staffing levels and Red Flags on a daily basis. There are formal processes for reviewing the information and robust escalation processes, with mechanisms for recording information and providing assurance.</p>	
<b>Date Reviewed by Execs.</b>	24 March 2016
<b>Related Trust Objective</b>	Patient Focus – keep getting better. Staff – proud to work here and feel valued.

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

# SAFE STAFFING REPORT FEBRUARY 2016

## INTRODUCTION

The purpose of this paper is to outline the nurse staffing levels across in patient wards for February 2016. 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.

### **Bed capacity and safe staffing ratios in February 2016**

There continued to be high level of emergency admissions throughout February, particularly within the medical specialities. The continuing demand required Medical admissions to be cared for in surgical, musculoskeletal and gynaecology wards. The risk assessment process was used to identify patients who were safe to receive care in wards outside the speciality.

Ward areas record acuity and dependency on each of the in-patient wards twice daily which enables senior nurses to identify where additional support is required to meet the specific care needs of the patients. This also supports decisions regarding the movement and re-deployment of staff on a shift to shift basis to maintain safety.

The Safe staffing monitoring tool continues to be utilised to record and monitor staffing levels, the Registered Nurse (RN & RM) ratios, red staffing flags and acuity and dependency scores.

Senior professional nurses support the Heads of Nursing and Matrons to ensure that there is an overview for safe staffing throughout the Trust, this is also incorporated into the regular bed meetings with discussion regarding staffing ratios and risk mitigation. Work undertaken in January to regularly roster CNS's into the ward teams continues to assist and mitigate where there are staffing issues. In addition to this a pool of RN's and HCA's are requested daily to support short notice staffing deficits.

The additional 28 escalation beds were closed during the second half of January and have remained closed in February 2016.

There has also been temporary bed closures (18) on the following wards that will remain in place until staffing levels improve to allow these to be safely re-opened:

- Acute stroke unit (Benfleet Ward)– 2 beds closed
- Stroke Unit (Paglesham Ward) 4 beds closed
- Castlepoint Ward – 6 beds closed.
- Shopland Ward - 6 beds closed.

There have been short periods of time when some of the temporary bed closures have been re-opened to provide patient flow. This is managed with the corporate nursing team and heads of nursing all participating in a rota to provide senior nursing leadership, working collaboratively with the operational teams, to review the staffing ratios. Alongside monitoring the acuity and dependency they ensure that there is mitigation in place regarding the safe staffing ratios. On the occasions where there is a surge in activity the senior nursing team risk assess the clinical areas based on the staffing ratios with and without the additional capacity, ensure that there is robust challenge of operational pressures. If additional capacity is required to ensure safe patient flow this is escalated to the executive team for sign off with the involvement of either the CEO or Chief Nurse.

## TRUST POSITION FOR SUBMISSION

1. The data has been submitted via the Unify template in accordance with NHS England requirements. The table below demonstrates the Unify data submitted for February 2016, with January 2016 data available for comparison.

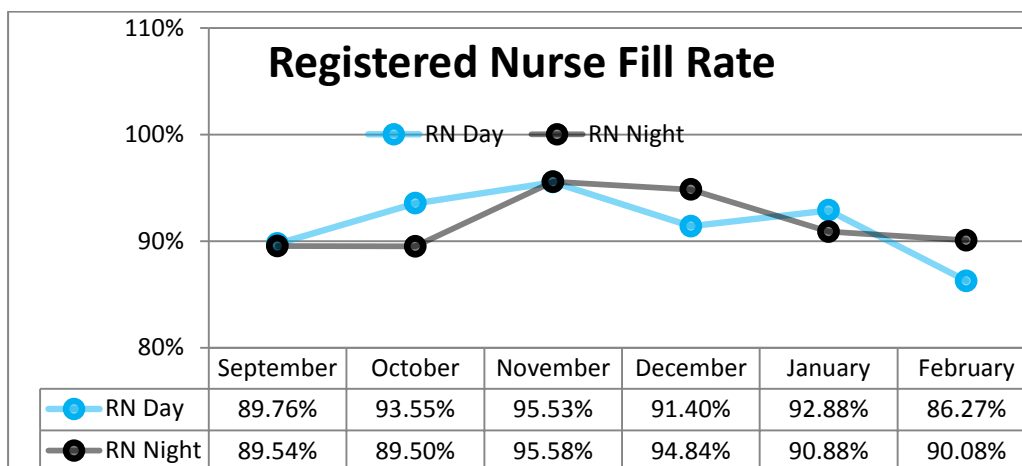
February 2016 fill rate %	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals nights	Agency % of actuals nights
Registered nurse	86.3%	90.1%	9.2%	14.5%	4.7%	28.9%
Health care assistant	109%	112.5%	14.3%	36%	12.9%	10.9%
January 2016 fill rate %	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals nights	Agency % of actuals nights
Registered nurse	92.9%	90.9%	7.6%	11.8%	5.2%	24.4%
Health care assistant	118.6%	118.5%	16.5%	29.7%	13%	14.6%

## ANALYSIS OF FILL RATE AND QUALITY DATA

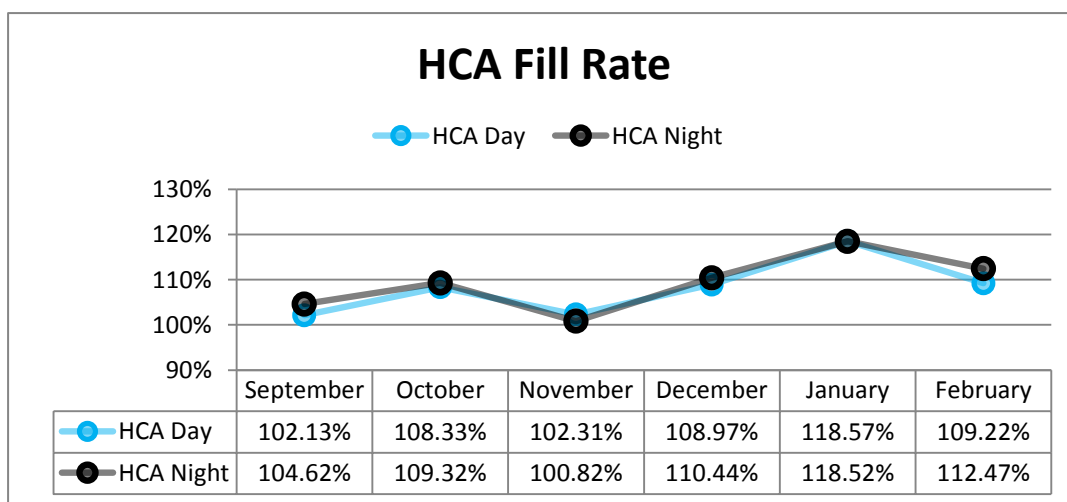
### Fill rate

2. Registered Nurse/Midwife (RN & RM) fill rate decreased on both days and nights in February 2016 to 86.3% on days and 90.1% on nights. Appendix 1 demonstrates fill rate % for February 2016 by clinical area.
3. Although fill rate % for Health Care assistant's remains above 100% there was a decrease in February 2016 (14 areas compared to 17 in January). Fill rates over 100% is a reflection of the high levels of enhanced observations and increased dependency across many clinical areas. For the areas where there high levels of acuity and dependency the pool of RN and HCA staff that are requested daily to support short notice staffing deficits are also utilised to support this.
4. In response to the increase in activity, acuity and dependency levels on the wards, the Chief Nurse presented a paper to the Trust board in February 2016 and it was agreed to fund additional nurses in some clinical areas. The increases have been included in the planned staffing levels for February 2016. A further detailed review of the staffing ratios in each clinical area has been undertaken by the Chief Nurse as part of the budget setting process for 2016/17.
5. Due to pressures within the trust, Registered Nurses undertaking specialist roles have been planned to be included into the wards rotas to provide additional support and support the delivery of patient care. Some training was also postponed to release staff to be in the clinical areas, each of these were risk assessed for their on-going impact on delivering safe patient care.
6. Redeployment of some staff was included within the fill rate % for February, however not all staff movement has been captured. Not all ward managers hours working clinically have been adjusted within the February data.
7. Chart 1 & chart 2 below display the overall fill rate % for Registered Nurse/Midwife and Health care assistants for February 2016, and the previous five months for comparison purposes.

**Chart 1, Registered Nurse fill rate %**



**Chart 2 HCA Fill rate %**



8. For February 2016 there were 7 areas on days with a Registered Nurse fill rate % below 80%, compared to 5 in January 2016 (Blenheim, CCU/Hopkins, E.Hobbs, Kitty Hubbard, the Neonatal Unit, P. Anne and the Stroke Unit) On nights in February 2016 there were 5 areas with a fill rate % below 80% (BAMS, CCU/Hopkins, Neonatal Unit, Neptune and Princess Anne).
9. Some areas were noted to have a Registered Nurse fill rate above 100%; this was in part due to the need to have additional staff to manage the increased acuity & dependency.
10. In recognition of the increased number of medical admissions and the vacancy levels on a number of wards, it was agreed that additional staff (bank and agency) would be requested. The executive team also agreed an extension of the enhanced payment to be paid to staffs who undertake bank shifts during the black alert status.

## Quality and safety indicators

11. When analysing the quality and safety indicators across the trust, the data shows there were 4 pressure ulcers for February 2016, one on Castlepoint ward, Hockley ward, Stroke and respiratory units. Root cause analysis process was followed in accordance with Trust policy.
12. There were 95 falls in total in February 2016. Of the falls, 92 were low risk falls with 2 high risks where both patients sustained # hips one on OPAS and one on Princess ward. There was one moderate fall on BAMS, the patient had complex health needs and has subsequently died.
13. As anticipated there was an increase in the number of red flags reported in February 2016, with 330 being identified compared to 200 red flags in January 2016. The majority of Red flags were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency.
14. Red flag reporting concerns are escalated immediately .Staff are redeployed from other areas where patient dependency/activity is deemed lower. Staffing concerns are raised at the Safe@southend meeting each morning, then at the subsequent Safe staffing discussion at the regular bed meeting throughout the day. Staffing levels, ratios and Red flags are reviewed as well as bed capacity and patient flow.
15. In addition to recording Red flags inpatient areas are required to assess the acuity & dependency of their patients twice daily using the evidence based SNCT dependency scoring tool. This information is reviewed by a senior nurse in order to understand the care needs on each ward. It is then utilised to support decision making and risk mitigation when looking at safe staffing levels as well as activity.
16. 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.
17. The vacancy % for February 2016 is 12.07%. Individual clinical areas vacancy level is demonstrated by ward in Appendix 1. A recruitment plan is in place to recruit overseas nurses and on-going recruitment activity to address RN deficit.
18. In total there were 11 areas risk assessed as red for the month of February 2016. 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.

## ESCALATION PROCEDURES

19. The Trust escalation procedure is utilised by staff when they have concerns around staffing levels. Concerns escalated are mitigated with action taken promptly to provide support to clinical staff.
20. There is on-going activity that occurs to monitor and support escalation and decision making
  - Safe@southend meetings occur once a day which provide a platform for staff to raise concerns about staffing and other safety issues.
  - Staff are advised to raise concerns, (red flags) immediately with senior nurses or matrons and record on staffing safe staffing spreadsheet
  - The Staffing and activity review meetings (bed meetings) at intervals throughout the day provides an opportunity to review staffing levels and escalate concerns. The meeting is attended by Senior Management from across the trust as well as Matrons

and Ward managers and safe staffing discussions are co-ordinated currently by the senior nursing team.

- It is within these meetings that issues are discussed affecting activity and staffing and decisions made concerning the risk assessed utilisation of escalation beds or closure of beds due to staffing concerns.
- All wards are required to display their staffing levels on the ward safety board and RAG rate accordingly depending upon the level of risk.
- A daily communication risk/assessment is maintained which provides comprehensive evidence of level of risk, escalation and mitigation across the trust.

## **RECOMMENDATIONS**

21. The Board is asked to note:

- The data relating to nurse staffing levels for February 2016.
- The number of Red flags has increased and it is anticipated that these figures may continue to increase whilst embedding the new process and improving staffs' knowledge.
- There is a process in place that allows us to accurately report acuity & dependency, staffing levels and Red Flags on a daily basis. There are formal processes for reviewing the information and robust escalation processes, with mechanisms for recording information and providing assurance.
- Safe staffing is discussed at Safe@southend meeting each morning, then at the subsequent safe staffing and activity (bed) meeting at intervals throughout the day.
- On a monthly basis the Heads of Nursing Meeting will be utilised as a Safe staffing panel to review fill rate monthly, the establishment of each area, vacancies and ward acuity & dependency. These meeting will also be utilised to further explore skills mix and safe staffing ratios, as well as application of professional judgement of the Chief Nurse.
- Heads of nursing to ensure that staff redeployment and ward manager clinical hours within the clinical directorate are accurately recorded on e-rostering, to provide evidence of mitigation.

Appendix 1

Safe staffing reporting- RAG rating criteria Safe staffing reporting for February 2016.

## Safe staffing reporting – RAG rating criteria

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

**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



## Safe staffing report February 2016

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	105%	108%	120%	127%	86.6% (680 responses)	0	0	39	12%	19%	14%	23%	14%		Short term sickness increased activity. RN	Majors co-ordinator utilised to provide care. Paediatric outpatients closed and staff re deployed . High vacancy rate.
Balmoral	96.30%	98.10%	102.10%	94.70%	87.5%(16 responses)	0	0	1	-1%	4%	6%	14%	7%		Registered Nurse sickness .	Staff re deployed to maintain patient safety. Ward manager worked clinically. No Patient safety concerns. Ward safely staffed.
Bedwell acute	89.00%	145.90%	70.00%	135.10%	78.8% (33 responses)	0	1 Moderate	2	2.72%	8%	32%	23%	14%		Increases d 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 & nights due patient requiring Enhanced observation.
Blenheim	70.10%	105.40%	95.60%	111.60%	90.9% (22 responses)	0	0	23	28.40%	15%	25%	28%	10%		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 days & nights due patient requiring Enhanced observation.
Castlepoint	85.30%	120.00%	84.80%	158.10%	81% (21 responses)	1	0	9	25.76%	16%	22%	44%	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. Ward Manager & Matron worked clinically. <b>6 beds Closed</b>
CCU Hopkins	67.90%	123.30%	67.80%	106.90%	96.15% (36 responses)	0	0	6	10.18%	17%	9%	19%	16%		RN vacancies , short term sickness	Increase in RN required (professional judgement )High vacancy levels. Recruiting in progress . Ward manager worked clinically to maintain safety.



## Safe staffing report February 2016

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	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Chalkwell (SAU)	108.00%	134.30%	120.70%	156.70%	82.6% (46 responses)	0	0	6	8%	11%	12%	22%	24%		Increase activity. RN sickness	Increased activity. Additional HCA required on days & nights to maintain patient safety due to activity.
Critical Care	109.80%	-	108.80%	100.00%	Not measured	0	0	0	5.17%	14%	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	94.50%	74.70%	96.60%	103.40%	88% (50 responses)	0	0	5	3%	8%	10%	18%	9%		Short term sickness. Number of medical patients on the ward.	Recruited to vacancies awaiting start dates. Ward safely staffed with RN's
Eleanor Hobbs	73.00%	128.90%	91.00%	83.50%	90.9% (22 responses)	0	0	12	26.54%	16%	29%	21%	14%		RN vacancies	Recruiting activity continues. Staffing levels monitored. Matron monitors staffing levels per shift. Staff redeployed from other areas. Ward manager worked clinically. Deficit out to Bank & Agency. >100% HCA due to a number of patients requiring Enhanced observation.
Elizabeth Loury	94.30%	102.80%	94.40%	110.30%	88.9% (18 responses)	0	0	12	8.68%	9%	7%	43%	6%		RN vacancies. 3 RN's required on nights.	Bank & Agency utilised to maintain fill rate % on nights. Additional HCA required on some nights to maintain patient safety.
Estuary (OPAS)	106.80%	156.10%	85.90%	135.00%	81.3% (16 responses)	0	1 High	2	27.14%	7%	8%	20%	14%		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.

## Safe staffing report February 2016

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	RN/MW Fill Rate	HCA Fill Rate	RN/RM Fill Rate	HCA Fill Rate												
	Hockley	82.50%	85.80%	102.30%												
Kitty Hubbard (Balmoral)	74.50%	74.60%	95.20%	105.20%	75% (8 responses)	0	0	1	11.14%	6%	10%	20%	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. Ward manager worked clinically.
Margaret Broom	119.20%	86.00%	91.40%	96.70%	No data available	0	0	2	5.31%	8%	15%	35%	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	73.80%	82.30%	78.20%	84.50%	Not measured	0	0	4	13.82%	6%	6%	2%	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	98.50%	143.30%	76.80%	75.90%	Not measured	0	0	43	9.93%	12%	27%	0%	0%		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.
Princess Anne	74.90%	109.30%	78.40%	132.20%	100% (5 responses)	0	1 High	13	23.29%	19%	24%	27%	18%		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.

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	RN/MW	HCA	RN/RM	HCA												
	Fill Rate	Fill Rate	Fill Rate	Fill Rate												
Shopland	90.20%	107.10%	92.00%	188.30%	84.2% (19 responses)	0	0	7	14.89%	4%	11%	34%	16%		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. <b>6 beds closed</b>
Southbourne	93.10%	104.40%	98.20%	124.00%	96.7% (90 responses)	0	0	7	2%	18%	2%	2%	8%		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	83.60%	90.10%	97.20%	102.50%	80% (10 responses)	0	0	45	12.46%	14%	5%	28%	11%		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)	58.70%	125.80%	98.60%	127.40%	62.3% (26 responses)	1	0	15	27.63%	10%	28%	23%	36%		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. <b>2 acute beds closed &amp; 6 beds closed on Paglesham</b>
Windsor	81.80%	102.50%	94.00%	82.20%	83% (12 responses)	0	0	21	24.81%	19%	40%	16%	6%		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)	86.20%	93.40%	85.80%	90.10%	88.3% (25 responses)	1	0	55	13.62%	12%	16%	29%	4%		RN vacancies & high levels of short term sickness. Increased acuity and dependency.	Covered by bank and agency. RN staffing moved between Rochford & Westcliff ward. Staffing levels monitored closely by the Matron. Ward managers worked clinically.