Southend University Hospital **NHS**

NHS Foundation Trust

Board of Directors' Meeting Report – 25 May 2016

Agenda item 46/16i

Title	Nursing Establishment - Safe staffing report for March 2016
Sponsoring Director	Yvonne Blücher - Chief Nurse
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Purpose	To report the nursing & midwifery staffing levels submitted to NHS England via Unify for the month of March 2016, 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 month of March 2016.

The report identifies the fill rates percentages submitted to Unify, and incorporates a RAG rating for each clinical area based upon set criteria.

Registered Nurse/Midwife (RN & RM) fill rate for March 2016 was 86.5% on days and 88.8% on nights.

For March 2016 there were 6 areas on days with a Registered Nurse fill rate below 80% (Blenheim, CCU/Gordon Hopkins, Chalkwell/SAU, E. Hobbs, Princess Anne and the Stroke Unit), compared to 7 in February 2016. On nights in March 2016 there were 4 areas with a fill rate below 80% (BAMS, CCU/Hopkins, Chalkwell/SAU and the Neonatal Unit).

There continued to be high level of emergency admissions throughout March, 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.

There was a reduction in the number of red flags reported in March 2016, 286 compared to 330 red flags in February 2016. The majority, 223 of red flags were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 63 were identified at ward level as part of ward reporting.

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. In addition each clinical area fill rate and red flags are triangulated, reviewing quality and safety indicators including patient harms such as pressure ulcers and falls. This information is reviewed to determine if staffing fill rate or red flags contributed to a reduction in quality and patient harms.

Date Reviewed by Execs.	11 May 2016
Related Trust Objective	Excellent Patient Outcomes Excellent Patient Experience Engaged and Valued Staff

Related Risk	Risk 1 – Failure to provide adequate patient safety and quality of care Risk 2 – Poor patient experience Risk 5 – Inability to recruit and retain staff
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 impact assessment	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 impact assessment	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	

SAFE STAFFING REPORT MARCH 2016

INTRODUCTION

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

There continued to be high level of emergency admissions throughout March 2016. 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. This tool supports decisions regarding the movement and re-deployment of staff on a shift to shift basis to maintain safety.

The regular bed meetings continue to review safe staffing throughout the trust with discussion regarding staffing ratios and risk mitigation. CNS's were utilised to assist and mitigate were 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.

There continues to be temporary bed closures in place (21) 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) 6 beds closed
- Castlepoint Ward – 6 beds closed.
- Shopland Ward - 6 beds closed.
- Stambridge ward -1 HDU bed.

The need to flex bed capacity is considered in relation to demand, activity, acuity, dependency and staffing levels. The senior nursing team in conjunction with operational managers and the executive directors undertake risk assessment and agree mitigation actions as part of the decision making process to temporarily open or close in-patient beds.

On the occasions where there is a surge in activity there have been short periods of time when some of the beds temporarily closed have been re-opened to maintain safety and improve patient flow. This is reviewed daily and actions taken to close the additional beds as soon as possible.

TRUST POSITION FOR SUBMISSION

The data has been submitted via the Unify template in accordance with NHS England requirements. The table below demonstrates the Unify data submitted for March 2016 for.

March 2016 fill rate %	Day fill rate %	Night fill rate %	Bank % of actuals days	Bank % of actuals nights	Agency % of actuals days	Agency % of actuals nights
Registered nurse	86.5%	88.8%	9.8%	14.2%	6.2%	30.9%
Health care assistant	113.8%	112.0%	18.2%	36.0%	11.7%	14.9%

This table illustrates the proportion of registered nurse and HCA cover provided by bank and agency staff as a percentage of the total shift fill for day and night shifts. We employ a small team of HCAs in a staff pool and these staff are deployed on a shift to shift basis to the area of greatest need. Where temporary resources are required, we always try to secure bank

staff in the first instance. These staff are employees of the trust and are familiar with our policies and processes, helping ensuring greater continuity in care and minimising the additional cost. Where it is necessary to utilise agency staff to maintain safe staffing levels, the matrons and senior nurses review the skill mix in all wards and will arrange to swap agency and permanent staff, between areas so that we can ensure the required level of permanent nurses are available on each ward to maintain safe care.

ANALYSIS OF FILL RATE AND QUALITY DATA

Fill rate

1. Registered Nurse/Midwife (RN & RM) fill rate for March 2016 was 86.5% on days and 88.8% on nights. Appendix 1 demonstrates fill rate for March 2016 by clinical area.

2. Health Care assistant's fill rate remains above 100% across many areas in March 2016. Fill rates over 100% is a reflection of the high levels of enhanced observations and increased dependency across many clinical areas.

3. 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 assist in 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.

4. Chart 1 & chart 2 below display the overall fill rate for Registered Nurse/Midwife and Health care assistants for March 2016, and the previous five months for comparison purposes. The agreed increase in establishments and an increase in the vacancy level have contributed to the decrease in RN shift fill. Whilst positive recruitment activity is in place, many of the nurses in the recruitment pipeline have not yet commenced employment.

Chart 1, Registered Nurse fill rate %

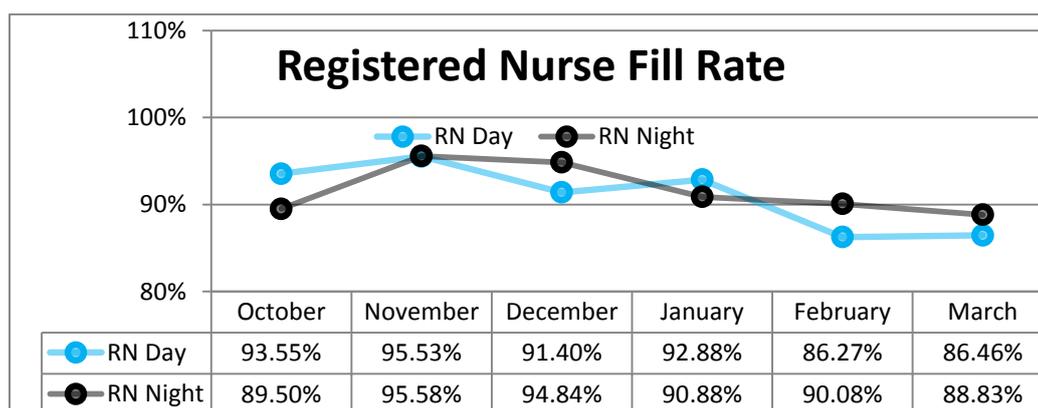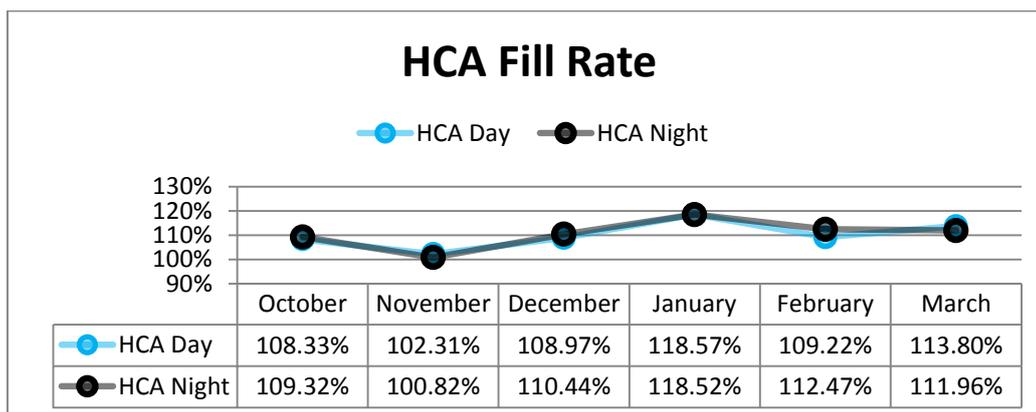**Registered Nurse Fill Rate**

	October	November	December	January	February	March
RN Day	93.55%	95.53%	91.40%	92.88%	86.27%	86.46%
RN Night	89.50%	95.58%	94.84%	90.88%	90.08%	88.83%

Chart 2 HCA Fill rate %

HCA Fill Rate

HCA Day ── HCA Night

	October	November	December	January	February	March
HCA Day	108.33%	102.31%	108.97%	118.57%	109.22%	113.80%
HCA Night	109.32%	100.82%	110.44%	118.52%	112.47%	111.96%

5. For March 2016 there were 6 areas on days with a Registered Nurse fill rate below 80% (Blenheim, CCU/Hopkins, Chalkwell (SAU), E. Hobbs, P. Anne and the Stroke Unit), compared to 7 in February 2016. On nights in March 2016 there were 4 areas with a fill rate below 80% (BAMS, CCU/Hopkins, and Chalkwell/SAU & Neonatal Unit). Fill rate and quality & safety results areas have been triangulated and can be seen in Appendix 2. In addition the quality and safety indicators for areas RAG rated as red or area of concern, Castlepoint, Shopland and the Respiratory Unit have been triangulated and can be reviewed in Appendix 2.

6. 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 in some areas and on occasion to enable the opening of additional beds in certain wards.

7. 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 staff who undertake bank shifts during the black alert status.

Quality and safety indicators

8. When analysing the quality and safety indicators across the trust, the data shows there were no grade 3 or 4 pressure ulcers in March 2016, however, there were two grade 2, avoidable pressure ulcers, 1 on Shopland ward and 1 on the respiratory unit. A review of the 2 pressure ulcers has been conducted which attributes the pressure ulcers to non-compliance with SSKIN bundle. Both wards are known to have a significant vacancy level and whilst their overall shift fill remained above 80% for the month, this staffing level was achieved through the deployment of staff from other areas and by using agency staff. These areas are being closely monitored by the matrons and senior nurses.

9. There were 81 falls in March 2016 compared to 95 in February 2016. Of the falls, 77 were low severity, with 3 high severity falls and I moderate severity. The RCAs are being completed to determine if they were avoidable or unavoidable. It is not known if staffing levels could have contributed to the fall. Further analysis of clinical areas where the fall occurred was conducted reviewing date of fall, against staffing issues on the date; red flag and mitigation. The information available indicates that on the date of the fall the Stroke unit had red flagged due to reduced staffing ratios. CCU/Hopkins had a reduced fill rate % below 80% for March, however on the date of the fall no red flags had been escalated. Balmoral and Kitty Hubbard wards had not red flagged on the date of the fall, they rarely red flag on a daily basis and other quality and safety indicators are good. See table below, and appendix 1 for full data.

Area	Severity classification of fall	Staffing concern /Red Flag escalated on the date of fall	Mitigation
Balmoral	High	No red flags	Ambulatory beds closed
CCU/Hopkins	High	No red flags	
Stroke Unit (Benfleet)	High	Red flag, due to RN ratio's	2 beds closed, 1 RN redeployed from OPAS
Kitty Hubbard	Moderate	No red flags	

10. There was a reduction in the number of red flags reported in March 2016 to 286 compared to 330 red flags in February 2016. The majority, 223 of red flags were identified/ escalated due to Registered Nurse deficit, impacting on safe staffing ratios, inappropriate skill mix and increased acuity and dependency. The remaining 63 were identified at ward level when staff were unable to take breaks or there was a delay in a care activity such as administration of analgesia, care rounds.

11. 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.

12. The vacancy level for March 2016 was 12.39%. 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.

13. In total there were 9 areas RAG risk assessed as red for the month of March 2016. All areas had reduced fill rate on either days or night and high numbers of red flags. The clinical areas quality and safety indicators are also reviewed to identify the RAG rating for each area. Appendix 1 demonstrates RAG rating by clinical area.

ESCALATION PROCEDURES & ASSURANCE

14. There are on-going processes in place to monitor and support escalation and decision making to mitigate the risk
   - 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 at 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.

NHS IMPROVEMENT NEW REPORTING REQUIREMENTS

Following the Lord Carter review (Department of Health 2015), NHS Improvement have issued a directive that a new metric of care hours per patient day (CHPPD) is to be reported monthly beginning in May 2016 and for this to be collected daily from April 2017. This is to be developed to become the principal measure of nursing and healthcare support worker deployment; with similar approaches in place for medical staff and Allied Health Professionals to be introduced by April 2017.

CHPPD is calculated by adding the hours of registered nurses to the hours of healthcare support workers and dividing the total by every 24 hours of in-patient admissions (or approximating 24 patient hours by counts of patients at midnight). The reports will identify registered nurses and healthcare support workers separately to ensure skill mix is recorded so this can be assessed in relation to care needs. NHS Improvement (2016) have advised that an additional field is to be incorporated in to the Unify return that the trust is already required to complete from May 2016.

We are in the process of ensuring that we have a robust process for collecting and reporting the required data. It should be noted that the CHPPD does not measure quality and safety outcomes, nor does it take in to account patient acuity and dependency or patient turnover in any of the wards. We will continue to measure our patients' acuity and dependency and review our quality and safety metrics in conjunction with CHPPD.

RECOMMENDATIONS

15. The Board is asked to note:
    - The data relating to nurse staffing levels for March 2016.
    - The number of Red flags has decreased. It should be noted that clinical areas are now identifying and recording their red flags on the daily spreadsheet.
    - 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.
    - 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 meetings will be utilised to further explore skill mix and safe staffing ratios, as well as application of professional judgement of the Chief Nurse.
    - Heads of nursing are required 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.
    - Clinical areas fill rate and red flags are triangulated, reviewing quality and safety indicators, ensuring that there is evidence of mitigation.

REFERENCES

Department of Health (2015)   Operational productivity and performance in English
                                   NHS acute hospitals: Unwarranted variations
                                   https://www.gov.uk/government/publications/-in-nhs-
                                   hospitals

NHS Improvement (2016)   Care Hours per Patient Day (CHPPD) Implementation
                                   Guide for May 2016

Appendix 1
Safe staffing reporting- RAG rating criteria Safe staffing reporting for March 2016.

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
(green)	**Minor Impact** • 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
(amber)	**Moderate Impact** • 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
(red)	**Significant Impact** • 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 March 2016

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with severity 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 Fill Rate	HCA Fill Rate	RN/RM Fill Rate	HCA Fill Rate												
A&E	108%	96%	108%	104%	84.6% (767 responses)	0	0	3	13%						Short term sickness increased activity. RN	Majors co-ordinator utilised to provide care. Paediatric outpatients closed and staff re deployed . High vacancy rate.
Balmoral	101.18%	106.09%	107.68%	97.39%	94.7%(19 responses)	0	1 high risk	1	3%	8%	3%	27%	8%			Staffing levels met . Ward manager worked clinically to maintain patient ratios.
Bedwell acute	82.61%	129.42%	69.98%	100.58%	78% (41 responses)	0	0	1	1.27%	10%	44%	34%	12%		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 days due patient requiring Enhanced observation.
Blenheim	70.88%	113.32%	97.76%	114.87%	81% (42 responses)	0	0	29	25.81%	10%	27%	27%	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 days & nights due patient requiring Enhanced observation.
Castlepoint	85.66%	145.40%	102.55%	210.07%	76.9% (13 responses)	0	0	11	29.57%	21%	26%	50%	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. Ward Manager & Matron worked clinically. **6 beds Closed**
CCU Hopkins	68.28%	190.05%	70.56%	50.00%	100% (63 responses)	0	1 high risk	5	7.82%	19%	17%	17%	14%		RN vacancies , short term sickness	Increase in RN required (professional judgement)Recruiting in progress . Ward manager worked clinically to maintain safety.

Safe staffing report March 2016

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with severity 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 Fill Rate	HCA Fill Rate	RN/RM Fill Rate	HCA Fill Rate												
Chalkwell (SAU)	71.35%	72.74%	70.31%	86.02%	87.5% (32 responses)	0	0	0	5%	13%	2%	23%	15%	🟧	Increase activity. RN sickness	Increased activity.Additional 6 bedded escalation beds opened and shut as required throughout March 16, unable to fill additional RN shifts on every shift, impacting on RN Fill rate %.
Critical Care	93.23%	-	98.18%	-	Not measured	0	0	1	5.36%	5%	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	100.36%	74.19%	90.42%	100.00%	96.9% (65 resonses)	0	0	14	6%	9%	10%	21%	7%	🟩	Short term sickness. Number of medical patients on the ward.	Recruited to vacancies awaiting start dates. Ward safely staffed with RN's
Eleanor Hobbs	73.63%	143.12%	97.62%	70.50%	90.9% (22 responses)	0	0	14	26.54%	11%	33%	21%	6%	🟥	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	91.73%	106.76%	94.62%	120.38%	100% (31 responses)	0	0	3	7.72%	15%	10%	41%	9%	🟩	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.

Safe staffing report March 2016

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with severity 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)	95.00%	184.01%	102.10%	149.23%	73.3% (15 responses)	0	0	1	29.64%	12%	5%	21%	13%		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. Additional staff required for enhanced observation.
Hockley	84.01%	95.18%	103.04%	80.50%	88.9% (45 responses)	0	0	11	3.06%	10%	4%	12%	15%		RN vacancies. 3 RN 's required on nights .	Matron monitors staffing levels per shift . Deficit out to Bank & Agency.
Kitty Hubbard (Balmoral)	92.04%	74.93%	91.30%	61.29%	90% (20 responses)	0	1 moderate	1	19.76%	10%	7%	19%	10%		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	122.40%	89.25%	92.67%	92.23%	No data available	0	0	5	5.31%	12%	11%	39%	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	89.25%	66.13%	79.10%	83.87%	Not measured	0	0	1	16.53%	4%	4%	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	100.99%	111.96%	83.16%	79.03%	Not measured	0	0	31	7.17%	15%	26%	0%	1%		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 March 2016

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with severity 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	78.72%	123.75%	95.93%	174.66%	100% (13 responses)	0	0	9	19.27%	15%	34%	30%	27%	Red	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 days and nights.
Shopland	83.21%	115.77%	99.83%	211.71%	85.7% (35 responses)	1	0	14	11.46%	6%	10%	35%	13%	Amber	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. **6 beds closed**
Southbourne	96.00%	100.98%	98.32%	113.88%	92.4% (119 responses)	0	0	6	5%	21%	13%	0%	1%	Green		6 beds closed , no high risk concerns. Matron monitors staffing levels each shift. Staff redeployed from other surgical areas .
Stambridge	114.79%	81.77%	101.65%	96.77%	93.8% (16 responses)	0	0	14	13.98%	8%	9%	22%	10%	Amber	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.1 HDU bed remained closed in March .
Stroke Unit (Paglesham & Benfleet)	66.07%	125.46%	91.64%	129.96%	100% (27 responses)	0	1 high risk	24	27.68%	10%	29%	17%	23%	Red	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. **2 acute beds closed & 6 beds closed on Paglesham**

Safe staffing report March 2016

Ward	Day		Night		F&F % Patients recommending wards (response rate)	No of hospital acquired pressure ulcers	No of patient falls with severity 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	83.45%	120.01%	90.60%	138.22%	88.9% (9 responses)	0	0	23	27.07%	17%	36%	27%	21%		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)	84.36%	98.57%	82.50%	87.46%	91.9% (36 responses)	1	0	46	8.92%	8%	21%	30%	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 mangers worked clinically.

Appendix 2 High risk areas with fill rate % below 80%

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
BAMS	**70%** RN fill rate on nights	**1** red flag, **0** high or moderate severity falls , **0** pressure ulcers , F&F score **78%**	**1.27%** vacancy rate, High levels RN Agency utilisation & bank HCA'S
Blenheim	**70.9%** RN fill rate on days	**29** red flags, **0** high or moderate severity falls, **0** pressure ulcers, F&F score **81%**	**25.81%** vacancy rate , High levels RN Agency utilisation & bank HCA'S
CCU/Hopkins	**68.3%** RN fill rate on days & 70.6% fill rate on nights	**5** red flags, **1** high severity fall, **0** pressure ulcers, F&F score **100%**	**7.82%** vacancy rate , moderate levels RN Agency utilisation & bank HCA'S
Chalkwell/SAU	**71.4%** RN fill rate on days & 70.3% fill rate on nights	**0** red flags, **0** high or moderate severity falls , **0** pressure ulcers , F&F score **87.5%**	**5%** vacancy rate, High levels bank HCA'S
E.Hobbs	**73.6%** RN fill rate on days	**14** red flag, **0** high or moderate severity falls , **0** pressure ulcers , F&F score **90.9%**	**26.54%** vacancy rate, High levels RN Agency utilisation & bank HCA'S
NNU	**79.1%** RN fill rate on nights	**1** red flag, **N/A** high or moderate severity falls , **N/A** pressure ulcers , F&F score **83.87%**	**16.53%** vacancy rate, Low levels RN &HCA'S bank and agency. Acuity & dependency low.
P.Anne	**78.7%** RN fill rate on days	**9** red flag, **0** high or moderate severity falls , **0** pressure ulcers , F&F score **100%**	**19.27%** vacancy rate, High levels RN Agency utilisation & bank &agency HCA'S
Stroke Unit	**66.1%** RN fill rate on days	**24** red flag, **1** high severity fall , **0** pressure ulcers , F&F score **100%**	**27.68%** vacancy rate, High levels RN Agency utilisation & bank & agency HCA'S

Further clinical areas with significant vacancy levels - RAG rated as RED

Area	RN fill rate %	Safety indicators KPI's	Vacancy, bank & agency utilisation
Castlepoint	**85.66%** RN fill rate on days **102%** on nights	**11** red flag, **0** high or moderate severity falls , **0** pressure ulcers , F&F score **76.9%**	**29.57%** vacancy rate, High levels RN bank & Agency utilisation & bank HCA'S
Shopland	**83.21%** RN fill rate on days **99.83%** on nights	**14** red flags, **0** high or moderate severity falls, **1** grade 2 pressure ulcer, F&F score **85.7%**	**11.46%** vacancy rate , High levels bank HCA'S utilisation
Respiratory unit	**84.36%** RN fill rate on days & **82.5%** fill rate on nights	**46** red flags, **0** high severity falls, **1** grade 2 pressure ulcer, F&F score **91.9%**	**8.92%** vacancy rate, moderate levels RN Agency utilisation on nights & bank HCA'S