

**Meeting:** Trust Board

**Date:** 10<sup>th</sup> September 2018

**Agenda Item:** 11

## Report on Nurse Staffing Levels May to July 2018

### Key Risks :

<p><b>Clinical:</b> The delivery of safe, high quality care is a fundamental to objective of the Trust. This paper reports on the shift by shift information required as part of the “Hard Truths”.</p>	<p><b>Business:</b> Failure to deliver on safe, high quality care may impact on the hospital of choice.</p>
<p><b>Environmental:</b></p>	<p><b>Finance and Performance:</b> Failure to deliver on safe, high quality care may impact on the hospital of choice. High agency spend used to fill nursing vacancies will</p>
<p><b>Reputation:</b> Failure to deliver high quality care may impact on reputation.</p>	<p><b>Legal:</b> None</p>
<p><b>Resource Required:</b></p>	
<p><b>Cross Reference to Trust Strategic Priorities and Objectives:</b> Clinical and Service Excellence</p>	
<p><b>Legal and Regulatory Implications/Equality and Diversity issues:</b> None</p>	
<p><b>Trust Values and Behaviours consideration and impact:</b> Kind – Respectful and compassionate: Professional – Follows and shares best Practice.</p>	

**Author:** Dan Spooner, Deputy Director of Nursing

**Sponsors:** Dianne Sarkar, Chief Nursing Officer; Maggie Bayley, Director of Nursing

### RECOMMENDATION

The Board is asked to consider the report.

### REQUESTED ACTION

Note the findings of the report and mitigations to address areas of concern, specifically in relation to staffing shortfalls and incidence relating to patient safety and quality. Advise if there is any further assurance required.

## Report on Nurse Staffing Levels May to July 2018

### 1. Summary

This paper provides an overview to the Board of the nursing and midwifery staffing levels for planned and actual staffing levels from May to July 2018. The paper incorporates the Trust's position on the mandatory submission for nursing fill rates to the Department of Health via UNIFY, highlighting key areas of risk and the mitigation taken at directorate level.

An overview by division of their staffing position for registered and non-registered staff and the turnover is included. Risks and incidents that have been attributed to staffing levels are also reviewed.

### 2. Background

The Trust is required to submit data monthly to Unify, detailing ward nursing and midwifery staffing fill rates and bed days; this information is also displayed on the Trust website.

The staffing level fill rates are RAG rated as Green above 90%, Amber 80-89% and Red below 79%. Areas showing as purple will have used staffing additional to their ward establishment. Reasons for this include increased capacity and one to one specials. The numbers of harms are also correlated with safer staffing levels.

### 3. Staffing Levels/Vacancies

TREND % VACANCY	Apr-18	May-18	Jun-18	Jul-18
QUALIFIED	21.8%	21.9%	23.5%	24.3%
UNQUALIFIED	11.9%	11.4%	14.5%	14.9%
TOTAL	18.9%	18.7%	20.8%	21.5%

KEY (Vacancy Rating)	
12%	Above 12%
10%	Between 8-12%
8%	Below 8%

The data below highlights the funded and in post vacancy rates within the nursing Workforce for the most recent month of July

- Nurse vacancies have increased from 20.8% to 21.5% (480 whole time equivalents (wte)).
- Registered ward vacancies are now above 35% (246 wte).
- The in post registered number has not moved but with additional funded posts, the vacancy percentage has increased. This is due to increase in establishment for the emergency department following funding at outturn.
- Medicine's registered ward nurse vacancies are above 45% (70 wte) with Goldhanger ward >64%.
- Unregistered vacancies are now 15% having been under 12% in April and May.

**ALL NURSING – REGISTERED/UNREGISTERED**

AREA	Funded	In Post	Vacant	%	Last Month
WARDS	1117.68	793.07	324.61	29.0%	27.3%
THEATRES	421.45	349.21	72.24	17.1%	17.7%
ALL OTHER	695.46	611.59	83.87	12.1%	12.4%
<b>TOTAL</b>	<b>2234.59</b>	<b>1753.87</b>	<b>480.72</b>	<b>21.5%</b>	20.8%
LAST REPORT TOTAL	2220.52	1758.28	462.24	20.8%	

**REGISTERED ONLY**

4.41

AREA	Funded	In Post	Vacant	%	%
WARDS	698.16	452.12	246.04	35.2%	34.0%
THEATRES	321.52	257.90	63.62	19.8%	19.3%
ALL OTHER	549.69	478.04	71.65	13.0%	12.9%
<b>TOTAL</b>	<b>1569.37</b>	<b>1188.06</b>	<b>381.31</b>	<b>24.3%</b>	23.5%
LAST REPORT TOTAL	1557.77	1191.83	365.94	23.5%	

**UNREGISTERED ONLY**

AREA	Funded	In Post	Vacant	%	%
WARDS	419.52	340.97	78.55	18.7%	16.4%
THEATRES	99.93	91.31	8.62	8.6%	12.6%
ALL OTHER	145.77	133.53	12.24	8.4%	10.5%
<b>TOTAL</b>	<b>665.22</b>	<b>565.81</b>	<b>99.41</b>	<b>14.9%</b>	14.5%
LAST REPORT TOTAL	662.75	566.45	96.30	14.5%	

Table 1

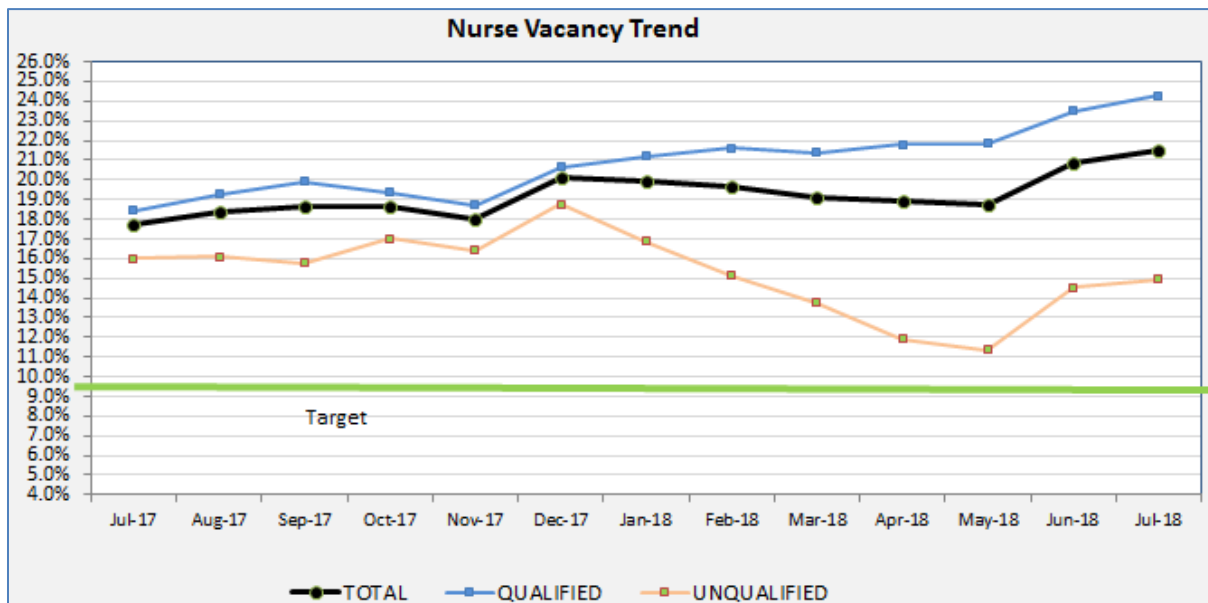


Table 1 demonstrates the escalating position since December 2017 of vacancies for all nursing staff and broken into registered and unregistered staff.

A positive reduction in unregistered vacancies has been observed since December 2017 following the introduction of regular Health Care Support worker (HCA) away days.

The vacancy factor among this group increased again in May. It should be noted that due to the wider scoping of HCA sourcing, an increased element of attrition has occurred in this group.

The sharp rise in vacancies occurring from May to June can be attributed to funding for Writtle ward being released. Substantive recruitment has begun as the ward remains open and will feature within the proposed bed reconfiguration model. This represents 12.2 WTE registered nurses and 11.2 WTE health care assistants.

Within July the in post position for registered nurses remains relatively static and the increase in vacancy factor is attributed to the revised roster from the emergency department equating to an increase of 14 whole time equivalent (WTE) staff.

## 4. Turnover

Table two below demonstrates month on month turnover has increased for the trust from 18.91% last month, to 18.93% for July, with the highest turnover seen within women and children's services of unregistered staff (23.23 WTE) and corporate services for registered nurses (3 WTE)

Table 2

<b>Nurse and HCA Turnover by Division - 12 Months to 31st July 2018</b>						
<i>Data extracted from ESR. Primary Assignments only. Does not include leavers who retain a bank assignment.</i>						
Nurse or HCA	DIVISION	Average WTE	Leavers not retaining Bank WTE	Leavers retaining Bank Headcount	Total Leavers	Turnover
HCA's	CORPORATE			0	0.00	-
HCA's	DIVISION 1 - MED & EMER CARE	184.91	12.33	31	43.33	23.43%
HCA's	DIVISION 2 - SURGICAL	110.94	13.73	20	33.73	30.41%
HCA's	DIVISION 3 - CLINICAL SUPPORT	89.57	8.07	7	15.07	16.82%
HCA's	DIVISION 4 - W & C	55.97	11.23	12	23.23	41.50%
HCA's	DIVISION 5 - ST ANDREWS	39.68	2.60	3	5.60	14.11%
HCA's	OPERATIONAL SUPPORT	16.23	2.00	1	3.00	18.49%
<b>HCA's Trust Total</b>		<b>497.30</b>	<b>49.96</b>	<b>74</b>	<b>123.96</b>	<b>24.93%</b>
Nurses and Midwives	CORPORATE	31.53	9.20	3	12.20	38.70%
Nurses and Midwives	DIVISION 1 - MED & EMER CARE	267.01	15.47	38	53.47	20.02%
Nurses and Midwives	DIVISION 2 - SURGICAL	183.93	17.54	18	35.54	19.32%
Nurses and Midwives	DIVISION 3 - CLINICAL SUPPORT	304.70	20.84	23	43.84	14.39%
Nurses and Midwives	DIVISION 4 - W & C	237.49	21.51	32	53.51	22.53%
Nurses and Midwives	DIVISION 5 - ST ANDREWS	137.82	5.57	18	23.57	17.10%
Nurses and Midwives	OPERATIONAL SUPPORT	26.85	1.07	2	3.07	11.42%
<b>Nurses and Midwives Trust Total</b>		<b>1189.33</b>	<b>91.19</b>	<b>134</b>	<b>225.19</b>	<b>18.93%</b>

## 5. Fill Rates

Fill rates are calculated from what the expected level of staffing is expected shift by shift against what was actually provided. This data is produced monthly by the health roster team and is submitted to Unify in response to Lord Carter recommendations. The following data (table 3 and 4) illustrates fill rates at both a trust level and divisional level of expected staff levels including temporary staff within these figures. The full data set is taken from the Unify report (Appendix A).

### 5.1 Overall Trust Position

Table 3 demonstrates that fill rates have remained favourable throughout the last three months with both registered and unregistered shifts being filled above 95% of the time. Incidence over 100% indicate that staffing additional to establishment have been used.

Table 3

Month	RN day	RN night	HCA	HCA night
May	98.6%	97.7%	100.2%	111.7%
June	99.6%	101.6%	98.2%	111.7%
July	97.9%	99.3%	95.7%	114%

### 5.2 Overall Fill Rate RAG Rating for the Divisions / Directorates for Month

Table 4 demonstrates that each division has been consistently above 95% in all areas for the past 3 months. Surgery has seen an over establishment of registered nurses on both days and nights for the last three months. This has been due to the following

- Additional registered nurses to care for patient with CPE on Rayne ward
- Additional registered nurse on Mayflower ward to manage additional day case capacity following opening of hand trauma unit.

Table 4

	Registered Nurses					
	May 2018		June 2018		July 2018	
	Day	Night	Day	Night	Day	Night
Medicine	98.6%	103.2%	97.2%	101.1%	96.0%	99.0%
Surgery	103.1%	103.7%	106.4%	105.3%	105.8%	105.9%
Women & Children	92.4%	97.5%	94.2%	97.0%	90.2%	90.5%

Table 5 below illustrates that the unregistered/HCA staff within medicine are consistently over establishment which is attributed to the ad-hoc need for specialising patients' and one to one care. Surgery and women and children's mimic this trend on night shifts only. A review of the need for extra shifts is undertaken on a daily basis by the matrons and associate directors of nursing to minimise where possible whilst retaining safe care and staffing.

Table 5

	Registered Nurses					
	May 2018		June 2018		July 2018	
	Day	Night	Day	Night	Day	Night
Medicine	101%	120%	101.7%	116.2%	100.0%	118.0%
Surgery	97.8%	121.9%	98.6%	117.8%	95.7%	116.4%
Women & Children	88.7%	117.4%	87.5%	100.6%	84.0%	101.2%

### 5.3 Fill Rate Variance Report by Ward

The tables below demonstrates a breakdown of areas and associated RAG ratings of those wards that triggered amber or red fill rates from the unify submission (Appendices). Mitigation and assurance to address these shortfalls, has been provided by the associate directors of nursing.

## May

Division 1 (medicine and emergency care) and Division 3 (critical care) had no areas of significant shortfall in this period (Appendix 1)

Division	Ward name	Day		Night		Mitigation
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
4	Birthing Unit	86.1%	-	89.0%	-	RM are rotated around the directorate to mitigate risk and reviewed in daily safety huddle
	Neonatal	89.9%	93.5%	100.0%	116.1%	
	St Peters	95.3%	80.1%	101.5%	100.6%	
	WJC	97.2%	64.3%	97.8%	100.1%	Roster reviewed. This includes unused clinic shifts at weekends. Actual figure is 98% fill rate RN days
	Gosfield	86.5%	90.8%	100.1%	88.9%	
5	Mayflower	126.1%	50.2%	100.0%	100.0%	50.2% reflected of unused Associate practitioner shifts. Not required on this rota due to HCA cover

## June

Division 1 (medicine and emergency care) and Division 3 (critical care) had no areas of significant shortfall in this period.

Division	Ward name	Day		Night		Mitigation
		Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	
2	John Ray	99.30%	91.50%	88.80%	98.00%	Bed occupancy reduced due to move to Braintree no impact reported
4	Birthing Unit	93.30%	-	89.00%	-	RM and MCAs rotated around the division following daily safety huddle to address roster shortfall. No reported impact
	Postnatal	89.70%	98.20%	95.20%	101.60%	
	St Peters	96.50%	64.00%	98.90%	93.60%	
	WJC	92.90%	75.40%	100.70%	96.80%	No reported impact
	Gosfield	100.50%	88.00%	100.00%	100.00%	
5	Mayflower	138.10%	65.90%	121.50%	98.30%	Additional shifts required following increased activity despite hand trauma unit opening
	Burns Children	98.80%	77.50%	100.00%	-	No reported impact

July

Division 1 (medicine and emergency care) and Division 2 (General Surgery) had no areas of significant shortfall in this period.

Division	Ward name	Day		Night		Mitigation
		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	
3	GICU	91.4%	71.8%	94.0%	104.8%	HCA not essential for safe staffing, roster reviewed. Shifts not
4	Phoenix	90.1%	89.3%	93.1%	115.7%	Staffing moved within division to mitigate risk on daily basis. No incidences of red flags recorded on Datix
	Neonatal	70.6%	74.2%	72.9%	90.3%	
	St Peters	93.0%	61.0%	100.3%	100.0%	
	WJC	97.5%	77.0%	100.8%	97.0%	
5	Mayflower	131.2%	72.5%	99.9%	100.0%	Mayflower. Assistant care practitioner shifts not sent to bank and not required. Children's Burns and Burns ITU not sent HCA shifts to bank as not required due low activity
	Burns ITU	97.2%	78.1%	100.4%	100.0%	
	Burns Children	99.8%	49.7%	100.0%	-	

Areas over establishment for HCAs has been attributed to additional duties for specials include care of patients under deprivation of liberty standards and requiring 1:1 supervision.

A number of areas were above funded establishment for registered nurses areas of high use include Mayflower and Rayne. Rayne have required additional care for a patient requiring one to one nursing care. Mayflower reduced their establishment on the opening of the hand trauma unit, however capacity has not reduced due to an increase in day theatre cases and use of inpatient beds as escalation areas has continued resulting in a need to return to previous nursing establishment to ensure patient safety and effective running of day case. A business case is being established to return the establishment to original funding.

## 6. Incident reports and red flags

In July 2018, 30 incidents (Table 6) were reported with the specific category 'staffing issues' which is an increase on the previous two months, 18 of these fell within red flag criteria and all were recorded as resulting in no or low harm. Red flags are indicative of events that have occurred where staffing shortfalls have been identified as a causative factor. These incidence are recorded on Datix where staff can select the appropriate outcome of the short staffing. This includes delay in care rounding, more than 25% of expected nursing hours, delay in administration of medication for example.

Table 6

	May 2018	June 2018	July 2018
Incidents reported where the category was 'Staffing Issues'	18	15	30
Incidents reported where the category was 'Staffing Issues' and Red Flag criteria was met	10	7	9
Red Flag (where staffing issues or skill mix was a contributing factor – all recorded categories)	19	13	18
<b>Of those the degree of harm:</b>			
Near miss	5	4	6
No injury	9	10	12
Minor (small skin tear/bruise)	1	0	0
Minimal (immediately recoverable)	3	0	0
Potential For Adverse Publicity	1	1	0

Staffing incidence with harm.

### May

Minor harm refers to;

- WEB63896: bank staff member cancelling shift as D&V on the ward.

Minimal harm refers to;

- WEB63466: Patient absconding from ward, readmitted to ED found drunk.
- WEB63827: Fall resulting in head injury.
- WEB63974: Short staffing due to D&V outbreak, unable to source temporary staff.

Adverse publicity refers to;

- WEB63454: Breaches in ED.

### June

- WEB64972: Shortage of Head and Neck consultants resulting in reduced clinics.

### July

No harm.

## 7. Incidence with harm versus vacancy factor

While fill rates remain positive in the majority of the inpatient areas, high vacancy rates will mean that high percentages of agency and bank staffing are used within these areas. Incidence with moderate to severe harm have been reviewed for this period against areas demonstrating >30% vacancy rate. Of these areas six areas had an incident of moderate harm this is demonstrated in table 7 below and the detail of the incidence of moderate harm in table 7.1.



Table 7

WARD	Vacancy %	Moderate harm
WARD E323 - JOHN RAY	64%	0
WARD E222 - GOLDHANGER	39%	5
WARD E125 - STROKE UNIT	45%	1
WARD A302 - DANBURY	34%	1
WARD C251 - BRAXTED	31%	1
WARD A207 - ESS	31%	1
WARD C451 - LISTER	33%	2

Table 7.1 Category and subcategory of harm

Ref	Location (exact)	Category	Sub category	Degree of Harm
WEB65621	Braxted Ward	FALL - INPATIENT	WITNESSED (FALL) - ROLLED OFF BED/TROLLEY	FATALITY/MULTIPLE FATALITIES
WEB63067	Danbury Ward	PRESSURE ULCER	HAPU Grade 3	MODERATE (fracture/large bleed)
WEB65924	Emergency Short Stay	FALL - INPATIENT	UNWITNESSED (FALL)	MAJOR/SEVERE
WEB64195	Goldhanger	FALL - INPATIENT	WITNESSED (FALL) - MOBILISING ALONE	MAJOR/SEVERE
WEB65717	Goldhanger	FAILURE TO RESCUE	DELAY OR FAILURE TO MONITOR OR REVIEW	FATALITY
WEB66587	Goldhanger	FALL - INPATIENT	UNWITNESSED (FALL)	MODERATE (fracture/large bleed)
WEB64812	Goldhanger Ward	MEDICATION - ADMINISTRATION	Administration dose omitted or significantly delayed	MAJOR/SEVERE
WEB66345	Goldhanger Ward	UNEXPECTED DEATH	OTHER	FATALITY/MULTIPLE FATALITIES
WEB65913	Lister Ward	PRESSURE ULCER	HAPU Grade 3	MODERATE (fracture/large bleed)
WEB63157	Lister Ward	FALL - INPATIENT	UNWITNESSED (FALL)	MODERATE (fracture/large bleed)
WEB63817	Stroke Unit	FALL - INPATIENT	UNWITNESSED (FALL)	MAJOR/SEVERE

Goldhanger remains at a high vacancy rate particular around registered nursing staff and rely heavily on temporary staffing. There have been 5 incidence causing moderate harm this month. A risk summit was held on the 24<sup>th</sup> of August to understand the further support required in this ward. This was a positive and supportive meeting and felt to be beneficial to all involved from which a series of actions have been agreed.

## 8. Ward Sisters Supervisory Time

All in-patients area's ward sisters are 100% supervisory and not included in staffing numbers within the day to ensure robust governance and clinical supervision. However, as part of supporting nursing shortfall pressures, ward sisters are expected to provide at least one rostered clinical shift within the nursing numbers to reduce the pressure of the staffing shortfall, and to reduce the reliance on temporary staffing. Table 8 demonstrates the percentage of time spent on administration. It is assumed that if not completing administration tasks, the ward sisters are either supervising ward staff or within the clinical numbers.

On review of the nursing rosters this is in place and ward sisters are providing additional clinical shifts to support the nurse staffing. This is mirrored in the data below with a significant reduction in admin hours reflecting activity and organizational pressures during this period.

The impact with lack of administration time that the ward sisters are taking potentially results in a backlog of appraisals, RCAs and Datix being completed. Areas with significant vacancy rates like Goldhanger and Writtle Wards have authorised block bookings of competent agency staff to improve continuity of care.

Table 8

Unit	Percentage of Contracted Admin Hours	Unit	Percentage of Contracted Admin Hours
D4OG Postnatal Ward	48.7%	D4OG Gosfield Ward	40.5%
D4CY Neonatal Unit	32.32%	D2GS Heybridge Ward	1.2%
D1M Baddow Ward	16.31%	D2MS John Ray Ward	5.12%
D5STA Billericay Ward	49.68%	D2MS Lister Ward	00%
D4OG Birthing Unit	37.26%	D5STA Mayflower Ward	35.23%
D1M Braxted Ward	34.62%	D2MS Notley Ward	15.96%
D5STA Burns Children Ward	50.06%	D4CY Phoenix Ward	35.23%
D5STA Burns ITU	6.67%	D2GS Rayne Ward	5.12%
D1M Danbury Ward	19.87%	D4OG St Peters	23.48%
D4OG Delivery Suite	4.86%	D5STA Stock Ward	34.93%
D1E Acute Medical Unit	29.6%	D1M Stroke Unit	00%
D1E ESS Ward	19.24%	D1M Terling Ward	44.71%
D1M Felsted Ward	54.24%	D4OG WJC Maternity	38.84%
D3CC GICU	17.49%		

Rayne and Heybridge (surgical wards) are illustrating that they have 1.2% and 5.12% respectively of administration time. On review of their rosters it appears that no administration time is recorded but the sisters are supervisory for the majority of the roster. Clarity of role provision and representation of admin time needs to be established with the associate directors of nursing to ensure processes are managed equally across divisions.

## 9. Recruitment Update

### 9.1 Local Recruitment

#### Unregistered Staff

- 17.04 HCAs commenced employment in May 2018.
- 9.9 HCAs commenced employment in June 2018
- 13.20 HCAs commenced employment in July 2018.
- 23.00 HCAs have confirmed start dates between August 2018 and October 2018
- 15.18 HCAs have received conditional offer letters and are anticipated to start between September 2018 and October 2018.

## Registered staff

- 15 WTE Registered Nurses appointments started in May 2018, however only 3 WTE account for staff new to the organisation
- 5.26 Band 5 RGNs commenced employment in June 2018.
- 4.00 Band 5 RGNs commenced employment in July 2018.
- 38.64 Band 5 RGNs have confirmed start dates between August 2018 and October 2018.
- 37.00 RGNs have received conditional offer letters and are anticipated to start between September 2018 and October 2018.

To ensure full grip and transparency of recruitment plans for divisions, the deputy director of nursing has commenced weekly meetings with the associate directors of nursing (ADoNs), human resources (HR) and health roster teams. This has resulted in proactive management of vacancies to ensure that recruitment processes are not delayed by systems and process. In addition roster compliance is reviewed and areas of noncompliance monitored to ensure that safer staffing practices are followed, promoting efficient working practices. During August the interim director of nursing has started a series of deep dives reviewing each divisions nursing budget and establishment; recruitment gaps and compliance with authorisation processes for bank and agency bookings. The reviews are supported by finance and HR teams and will conclude in early September.

## 10. International Recruitment

### 10.1 Medacs Recruitment Agency

36 nurses in the pipeline to commence employment at MEHT from outside of the EU include four nurses that have been through this process and completed the required components for NMC registration in July.

- 1 in Q2,
- 8 in Q3
- 12 in Q4,
- 21 are still without start date.

Passing the English language test remains a barrier to securing start dates. However going forward, all interviews for overseas candidates will only be offered to candidates who have already achieved this level of English proficiency to expedite the recruitment process.

### 10.2 MSI recruitment Agency

Six nurses are in the recruitment process. These appointments were originally interviewed in July 2016 and still have not progressed with the internal English language test (IELTS) competencies due to financial difficulties in the Philippines. All receiving wards have been informed to ensure that vacancy is not being held.

## 11. Conclusion and Further actions

Recruitment challenges remain within the nursing sector, and the escalating trend of vacancies continues. Overseas nurse recruitment has continued, however due to changes in the application process less nurses are completing the application process and commencing employment in the Trust. This is mainly affected by the high score required in the English language test.

Staffing is reviewed daily by matrons and associate directors of nursing and mitigation processes are activated when temporary staffing measure is not achieved.

### 11.1 Strategy & Action Plans

- Nurse recruitment action plan drafted and will be driven through a fortnightly task and finish group with oversight from the director of nursing (Interim).
- A retention plan for MEHT is in place to address the NHSI retention wave 2 agenda with fortnightly task and finish group driving this work.
- The Safer Care project continues to roll out to the divisions. July's roll out of wave three included medical wards and acute medicine within the emergency village. The anticipated conclusion of full roll out is expected to be November 2018.
- An NHSI senior clinical workforce lead attended the organisation in July to review staffing establishment and acuity and dependency assessments within the context of safe staffing. Formal feedback from NHSI is still pending.
- The director of nursing (Interim) is meeting with all divisions to deep dive recruitment challenges and understand vacancy issues, agency usage within all divisions.

### 11.2 Recruitment processes

- Social media is being more actively used to raise the Trusts profile regarding nursing vacancies which are available
- Bi-weekly meetings to discuss health roster, vacancies and bank usage ensure post are being actioned appropriately will be reviewed following the director of nursing deep dive. Further divisional meetings are being held with senior teams to ensure that proactive management of temporary staffing is being managed
- A weekly strategic meeting with partners is taking place to ensure that staff side, bank partners and HR are addressing the agenda appropriately
- A deep dive into leavers information is taking place to determine actions which can address this and will be monitored through the weekly retention meetings.

Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Phoenix	3075.5	2913.75	997	989	2277	2198.5	713	782	94.7%	99.2%	96.6%	109.7%	470	10.9	3.8	14.6
Heybridge	2269	2238.4167	1317	1400	1426	1426.25	713	826	98.7%	106.3%	100.0%	115.8%	962	3.8	2.3	6.1
Rayne	2191.6667	2416.1667	1123.5	1124	1426	1669.0333	701.5	1184.25	110.2%	100.0%	117.0%	168.8%	924	4.4	2.5	6.9
Goldhanger	1501.5	1504	1506.5	1711.9167	1069.5	1081	712.75	1258.5	100.2%	113.6%	101.1%	176.6%	833	3.1	3.6	6.7
Notley Ward	1682.5	1653.5	1314.5	1543	1069.5	1091.75	713	989	98.3%	117.4%	102.1%	138.7%	767	3.6	3.3	6.9
Lister	1139.6667	1129.1667	947	1167.5	1068.0833	1058.75	701.5	977.5	99.1%	123.3%	99.1%	139.3%	616	3.6	3.5	7.0
John Ray	1509.75	1486.58	1322	1286.75	1068.75	987.58	713	713	98.5%	97.3%	92.4%	100.0%	678	3.6	2.9	6.6
ESS	2264.6667	2333.75	1558	1655.5	1364	1419.5	1023	1341.25	103.1%	106.3%	104.1%	131.1%	945	4.0	3.2	7.1
EAU	3389.5	3362	2476	2290.1667	2046	2078.6667	1705	1675.0833	99.2%	92.5%	101.6%	98.2%	811	6.7	4.9	11.6
GICU	6147.6667	5968.9167	364.25	350	5029.5	5050	168	157.5	97.1%	96.1%	100.4%	93.8%	424	26.0	1.2	27.2
Danbury	1886.0667	1889.9833	1533	1477.5	1069.5	1129.25	1069.5	1188.25	100.2%	96.4%	105.6%	111.1%	965	3.1	2.8	5.9
Terling	1891	1881.5	1510	1480.5	1069.5	1401.5	713	724.5	99.5%	98.0%	131.0%	101.6%	966	3.4	2.3	5.7
Baddow	1522	1492.5	1518.5	1532	1069.5	1065.8333	713	894	98.1%	100.9%	99.7%	125.4%	749	3.4	3.2	6.7
Braxted	1512.5	1468	1510.5	1461.5	1069.5	1100	713	891.5	97.1%	96.8%	102.9%	125.0%	754	3.4	3.1	6.5
Felsted	1619.75	1499.75	1149	1102.4833	1069.5	1069.25	713	713	92.6%	96.0%	100.0%	100.0%	595	4.3	3.1	7.4
Stroke Unit	1875.8167	1875.8	1493	1706.25	1426	1404.5	713	1046.25	100.0%	114.3%	98.5%	146.7%	664	4.9	4.1	9.1
Burns ITU	2868.4833	2692.4833	446.5	458.5	2331	2288	315	315	93.9%	102.7%	98.2%	100.0%	117	42.6	6.6	49.2
Burns Adult	1382	1349	780.5	750.5	651	650.75	651	651	97.6%	96.2%	100.0%	100.0%	203	9.9	6.9	16.8
Burns Children	789.5	793.5	410	455	651	651	0	0	100.5%	111.0%	100.0%	-	77	18.8	5.9	24.7
Stock	1992.5	1981.5	1190.5	1312.75	1459.5	1501.5	325.5	798	99.4%	110.3%	102.9%	245.2%	729	4.8	2.9	7.7
Billericay Ward	1979.5	2350.25	1050.5	983.5	1302	1646.5	651	640.5	118.7%	93.6%	126.5%	98.4%	656	6.1	2.5	8.6
Birthing Unit	1099.75	947	0	0	744	662.5	0	0	86.1%	-	89.0%	-	73	22.0	0.0	22.0
Neonatal	1770.25	1591	356.5	333.5	1518	1518	356.5	414	89.9%	93.5%	100.0%	116.1%	422	7.4	1.8	9.1
Postnatal	1477.5	1339.5	971.5	908	1116	1095	743.5	732.5	90.7%	93.5%	98.1%	98.5%	783	3.1	2.1	5.2
Labour Ward	2707.65	2521.65	743.5	727.5	2592	2533.6667	742.5	743.25	93.1%	97.8%	97.7%	100.1%	217	23.3	6.8	30.1
St Peters	1819	1733.0833	890	712.75	341	346	341	343	95.3%	80.1%	101.5%	100.6%	67	31.0	15.8	46.8
WJC	1568.5	1524.25	725.5	466.25	372	364	372	372.5	97.2%	64.3%	97.8%	100.1%	71	26.6	11.8	38.4
Mayflower	1384.25	1745	1525.5	766.16667	651	651	651	651	126.1%	50.2%	100.0%	100.0%	440	5.4	3.2	8.7
Gosfield	1308.9667	1132.2167	790.48333	717.98333	682	682.75	594	528	86.5%	90.8%	100.1%	88.9%	250	7.3	5.0	12.2
SEW	1403.5	1400.25	948	859	1069.5	1069.5	713	701.25	99.8%	90.6%	100.0%	98.4%	564	4.4	2.8	7.1

Ward name	Day				Night				Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Average fill rate - RNs/RMs (%)	Average fill rate - care staff (%)	Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff						Cumulative count over the month of patients at 23:59 each day	RN/RM	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Phoenix	2,984.00	2,811.00	886.75	858.33	2,277.00	2,303.00	678.5	720.5	94.20%	96.80%	101.10%	106.20%	467	11	3.4	14.3
Heybridge	2,182.00	2,206.58	1,287.42	1,419.92	1,392.25	1,382.00	687.75	892.5	101.10%	110.30%	99.30%	129.80%	929	3.9	2.5	6.4
Rayne	2,122.75	2,549.17	1,086.50	1,096.00	1,380.00	1,711.78	690	1,046.00	120.10%	100.90%	124.00%	151.60%	872	4.9	2.5	7.3
Goldhanger	1,444.00	1,484.67	1,449.08	1,517.58	1,023.50	1,023.00	690	858	102.80%	104.70%	100.00%	124.30%	781	3.2	3	6.3
Notley	1,631.00	1,599.00	1,257.75	1,429.25	1,023.50	1,011.08	690	848.75	98.00%	113.60%	98.80%	123.00%	682	3.8	3.3	7.2
Lister	1,087.75	1,127.83	908	982.5	1,035.00	1,013.00	690	893.75	103.70%	108.20%	97.90%	129.50%	567	3.8	3.3	7.1
John Ray	1,121.00	1,113.50	1,159.50	1,061.50	1,035.00	919	690	676.25	99.30%	91.50%	88.80%	98.00%	437	4.7	4	8.6
ESS Ward	2,187.00	2,192.50	1,494.80	1,782.00	1,318.50	1,340.75	990.5	1,495.50	100.30%	119.20%	101.70%	151.00%	871	4.1	3.8	7.8
EAU Ward	3,250.33	3,163.67	2,389.50	2,283.17	1,976.50	2,018.50	1,650.00	1,722.75	97.30%	95.50%	102.10%	104.40%	695	7.5	5.8	13.2
GICU	5,842.00	5,624.50	332.5	332.5	4,599.00	4,578.50	178.5	178.5	96.30%	100.00%	99.60%	100.00%	387	26.4	1.3	27.7
Danbury	1,818.98	1,779.58	1,477.00	1,450.00	1,035.00	1,046.50	1,035.00	1,099.50	97.80%	98.20%	101.10%	106.20%	930	3	2.7	5.8
Terling	1,815.50	1,799.75	1,458.00	1,446.50	1,265.00	1,380.00	690	757.75	99.10%	99.20%	109.10%	109.80%	927	3.4	2.4	5.8
Baddow	1,469.00	1,418.50	1,460.00	1,662.25	1,035.00	1,057.25	690	905	96.60%	113.90%	102.10%	131.20%	762	3.2	3.4	6.6
Braxted	1,429.67	1,378.67	1,533.75	1,432.25	1,032.75	1,031.00	690	739.25	96.40%	93.40%	99.80%	107.10%	759	3.2	2.9	6
Felsted	1,555.75	1,429.75	1,096.50	1,070.50	1,035.00	1,035.00	690	690	91.90%	97.60%	100.00%	100.00%	567	4.3	3.1	7.5
Stroke Unit	1,824.50	1,724.00	1,463.48	1,418.98	1,380.00	1,357.50	690	846.5	94.50%	97.00%	98.40%	122.70%	624	4.9	3.6	8.6
Burns ITU	2,498.97	2,447.97	419	441	2,026.50	2,039.00	283.5	283.5	98.00%	105.30%	100.60%	100.00%	92	48.8	7.9	56.6
Burns Adult	1,304.00	1,233.50	754	734.5	630	640.5	630	619	94.60%	97.40%	101.70%	98.30%	176	10.6	7.7	18.3
Burns Children	782.5	773	623.5	483.5	630	630	0	0	98.80%	77.50%	100.00%	-	89	15.8	5.4	21.2
Stock	1,926.50	1,977.00	1,154.50	1,171.75	1,354.50	1,397.00	315	544.5	102.60%	101.50%	103.10%	172.90%	687	4.9	2.5	7.4
Billericay	1,900.00	2,311.00	984	1,063.67	1,260.00	1,628.50	630	703.5	121.60%	108.10%	129.20%	111.70%	637	6.2	2.8	9
Birthing Unit	1,066.50	995.5	0	0	720	640.5	0	0	93.30%	-	89.00%	-	72	22.7	0	22.7
Neonatal Unit	1,656.25	1,520.75	299	296	1,403.00	1,368.50	333.5	333.5	91.80%	99.00%	97.50%	100.00%	293	9.9	2.1	12
Postnatal	1,428.50	1,281.25	940	923.25	1,080.00	1,027.75	720	731.5	89.70%	98.20%	95.20%	101.60%	825	2.8	2	4.8
Labour	2,609.45	2,486.62	715	690.5	2,524.00	2,386.75	717	719.5	95.30%	96.60%	94.60%	100.30%	226	21.6	6.2	27.8
St Peters	1,707.00	1,648.00	855	547	350	346	350	327.5	96.50%	64.00%	98.90%	93.60%	70	28.5	12.5	41
WJC	1,512.00	1,405.25	690	520.5	358.5	361	360	348.5	92.90%	75.40%	100.70%	96.80%	88	20.1	9.9	29.9
Mayflower	1,311.67	1,811.37	1,100.00	725.33	630	765.25	630	619.33	138.10%	65.90%	121.50%	98.30%	452	5.7	3	8.7
Gosfield	1,111.98	1,117.23	689.5	607	649	649	506	506	100.50%	88.00%	100.00%	100.00%	224	7.9	5	12.9
SEW	1,343.50	1,300.00	835	797	1,046.50	1,023.50	701.02	693.5	96.80%	95.40%	97.80%	98.90%	547	4.2	2.7	7



Ward name	Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
	Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/ midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
Phoenix	3133.25	2823	1006.5	898.5	2390.25	2225.8333	724.5	838.5	90.1%	89.3%	93.1%	115.7%	461	11.0	3.8	14.7
Heybridge	2261.6667	2235.3333	1324.3333	1569.1667	1424.5	1444.3333	747.5	1068	98.8%	118.5%	101.4%	142.9%	962	3.8	2.7	6.6
Rayne	2196	2649.5833	1135	1138.5	1426	1761.25	713	1090.75	120.7%	100.3%	123.5%	153.0%	920	4.8	2.4	7.2
Goldhanger	1506.75	1492.25	1527	1383	1069.5	1089.25	713	782.15	99.0%	90.6%	101.8%	109.7%	819	3.2	2.6	5.8
Notley	1688.8333	1650.3333	1316.5	1327.5	989	1046.0833	713	801.25	97.7%	100.8%	105.8%	112.4%	769	3.5	2.8	6.3
Lister	1133.75	1107.25	947	922.5	1069.5	1047.5	713	732	97.7%	97.4%	97.9%	102.7%	601	3.6	2.8	6.3
John Ray	1116.5	1134	1123.5	1087	1069.5	976.5	710.5	687.5	101.6%	96.8%	91.3%	96.8%	567	3.7	3.1	6.9
ESS	2261.5	2270.75	1545.75	1717.75	1364	1373.6667	1046.5	1310.5	100.4%	111.1%	100.7%	125.2%	912	4.0	3.3	7.3
EAU	3347.5	3289.7167	2485	2351.0833	2045	2187.5833	1702.5	1763.25	98.3%	94.6%	107.0%	103.6%	765	7.2	5.4	12.5
GICU	6223.75	5688.7667	554	398	5208	4893	189	198	91.4%	71.8%	94.0%	104.8%	408	25.9	1.5	27.4
Danbury	1884.9167	1839.4167	1524	1502.25	1068.75	1083.5	1069.5	1213.5833	97.6%	98.6%	101.4%	113.5%	979	3.0	2.8	5.8
Terling	2020.5	1919.75	1503.5	1598	1426	1472	713	862.5	95.0%	106.3%	103.2%	121.0%	953	3.6	2.6	6.1
Baddow	1514.25	1474.25	1512.75	1686.8333	1057.25	1044.25	713	1019.25	97.4%	111.5%	98.8%	143.0%	759	3.3	3.6	6.9
Braxted	1498	1475.9167	1489	1631.5	1069.5	1068.75	713	1042.1	98.5%	109.6%	99.9%	146.2%	808	3.1	3.3	6.5
Felsted	1610.5	1507.25	1144	1068	1069.5	1069.5	713	713	93.6%	93.4%	100.0%	100.0%	604	4.3	2.9	7.2
Stroke Unit	1879.8167	1849.8167	1526.9833	1477.15	1425.5	1353.25	713	871.08333	98.4%	96.7%	94.9%	122.2%	678	4.7	3.5	8.2
Burns ITU	2910.4833	2829.7333	606	473	2394	2402.75	325.5	325.5	97.2%	78.1%	100.4%	100.0%	120	43.6	6.7	50.3
Burns Adult	1393.75	1286.25	780	863.5	651	703.5	651	692	92.3%	110.7%	108.1%	106.3%	199	10.0	7.8	17.8
Burns CYP	810	808	661.5	329	651	651	0	0	99.8%	49.7%	100.0%	-	82	17.8	4.0	21.8
Stock	2062.5	1980.75	1231.5	1187.5	1470	1385.5	325.5	451.5	96.0%	96.4%	94.3%	138.7%	676	5.0	2.4	7.4
Billericay	1946	2620.25	1041	1210.5	1302.75	1860	651	816.5	134.6%	116.3%	142.8%	125.4%	662	6.8	3.1	9.8
Birthing Unit	1104.5	1035.5	0	0	732	665.75	0	0	93.8%	-	90.9%	-	74	23.0	0.0	23.0
Neonatal	2235	1578.5	356.5	264.5	2035.5	1483.5	356.5	322	70.6%	74.2%	72.9%	90.3%	363	8.4	1.6	10.1
Postnatal	1471.5	1406.1667	996	941.5	1116	1063	744	745.5	95.6%	94.5%	95.3%	100.2%	821	3.0	2.1	5.1
Delivery Suite	2693.4833	2515.7833	740	701.5	2601.5	2464.75	738.5	728	93.4%	94.8%	94.7%	98.6%	263	18.9	5.4	24.4
St Peters	1781	1656.0833	888.5	542.25	372	373	372	372	93.0%	61.0%	100.3%	100.0%	53	38.3	17.3	55.5
WJC	1551.5	1513.25	715.5	551	372	375	372	361	97.5%	77.0%	100.8%	97.0%	92	20.5	9.9	30.4
Mayflower	1348.5	1769	1000	725.16667	651	650.58333	651	650.83333	131.2%	72.5%	99.9%	100.0%	395	6.1	3.5	9.6
Gosfield	1183.75	1144.75	768	696.25	682	672	550	537.01667	96.7%	90.7%	98.5%	97.6%	262	6.9	4.7	11.6
SEW	1390	1365	1068	874.5	1069.5	1081	713	733.25	98.2%	81.9%	101.1%	102.8%	561	4.4	2.9	7.2

