

Monthly Nurse Safe Staffing

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Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for April 2022.

The vacancy position according to the ledger has remained relatively static for Registered Midwives (RMs) in April at 8.4% compared with 8.8% in March, however it should be noted that the ledger is currently based on 19/20 establishments and has not been updated to reflect the additional approved investment in workforce. There is ongoing work to rectify this position with workforce, finance and division E, therefore it is expected that the actual vacancy rate is higher at around 15%. There has been a slight decrease in vacancies for Registered Nurses (RNs) at 6.9% compared with 8.5% in March and registered children's nurses (RSCN) at 17.4% compared with 18.3% in March. Conversely, the vacancy rate for the Maternity Care Assistant (MCA) workforce has increased to 11.3% from 10.1% in March and the Health Care Support Workers (HCSW excluding MCA) has also increased significantly to 8.8% compared to 6.5% in March.

Turnover rate remains high at 13.9% for RNs, 19.2% for RMs, 19.3% for RSCNs and 18.6% for HCSWs. The main reason for leaving for RNs, HCSWs and RSCNs is voluntary resignation – relocation whereas for RM' it is cited as being due to Voluntary resignation – work/life balance.

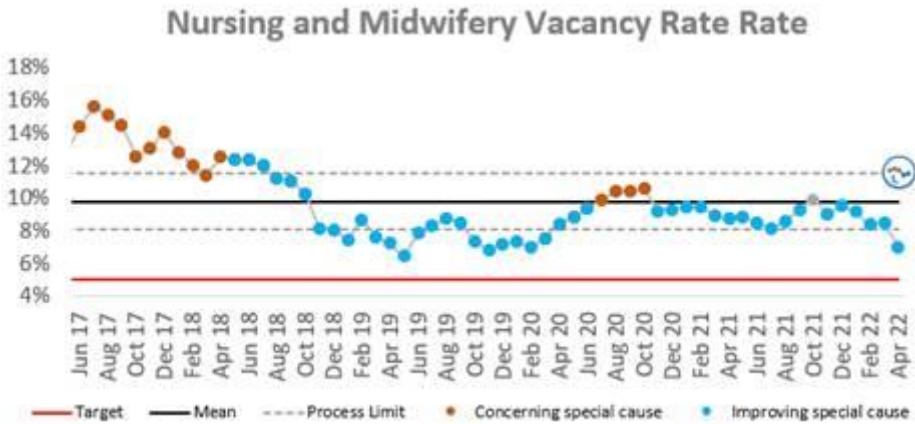
The planned versus actual staffing report demonstrates that 23 clinical areas reported <90% rota fill in April. The overall fill rate for maternity has reduced slightly in April to 82% compared to 85% in March. This is mainly due to short term sickness, medical isolation and annual leave. The total unavailability in April is 27% of the total working time compared to 32% in March. The majority of unavailability (12.5%) is due to planned annual leave, sickness absence has reduced slightly to 6.7% compared with 8.5% in March. Additionally, 2.1% of working time was unavailable due to other leave including medical self isolation compared to 3.2% in March, 3.3% was due to study leave and 2.4% was due to supernumerary time.

In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 2203 shifts requested for registered staff and 1819 shifts requested for Health Care Support Workers per week with an average bank fill rate of 71% for registered staff and 70% for Health Care Support workers. In addition, the equivalent of 50.93 WTE agency workers are working across the divisions. Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 352 hours being redeployed each day of which 97% of the redeployed hours have been within division. The operational pool where bank staff book to work anywhere in the trust is working well with an average of 792 hours worked through the operational pool each day.

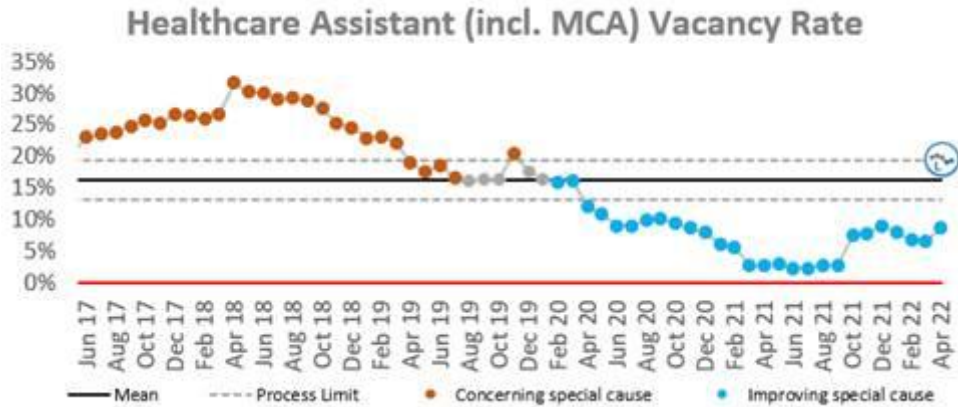
There has been a slight increase in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient in April (183 compared with 171 in March). Additionally there have been 166 (161 in March) occasions where there has been no side room co-ordinator. In order to mitigate non compliance with the guidelines for the provision of intensive care services (GPICS) standards, the decision has been taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to reduce the critical care bed capacity to 52 beds (from 59) whilst recruitment is ongoing to vacant positions.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates



Graph 2. Healthcare Assistant vacancy rates



Vacancy position

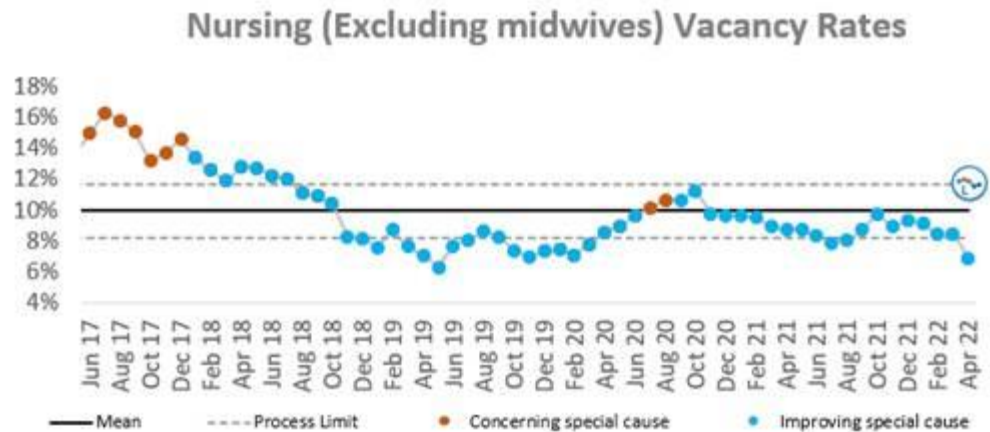
The combined vacancy rate for Registered Nurses (RNs) and Registered Midwives (RMs) has decreased slightly in April to 7.0% compared with 8.5% in March. Conversely, the vacancy rate for Health care support workers (HCSWs) (including Maternity Care Assistants (MCAs) has increased to 8.8% compared to 6.5% in March. When broken down further into Nursing and Midwifery specific vacancies, the MCA workforce vacancy rate is 11.3% which has increased from 10.1% in March and the HCSW vacancy rate (excl MCA) has also increased significantly to 8.8% compared to 6.5% in March.

The HCSW (including MCAs) turnover rate remains high at 18.6% (18.1% March). The main reason for HCSWs leaving remains voluntary resignation – relocation (31.7%) and the next highest reason is voluntary resignation – work life balance (22.8%) . The leavers destination is unknown for the majority of HCSWs (46.9%), 17% of HCSW's are leaving to take up employment in other NHS organisations and 13.8% are leaving for no employment.

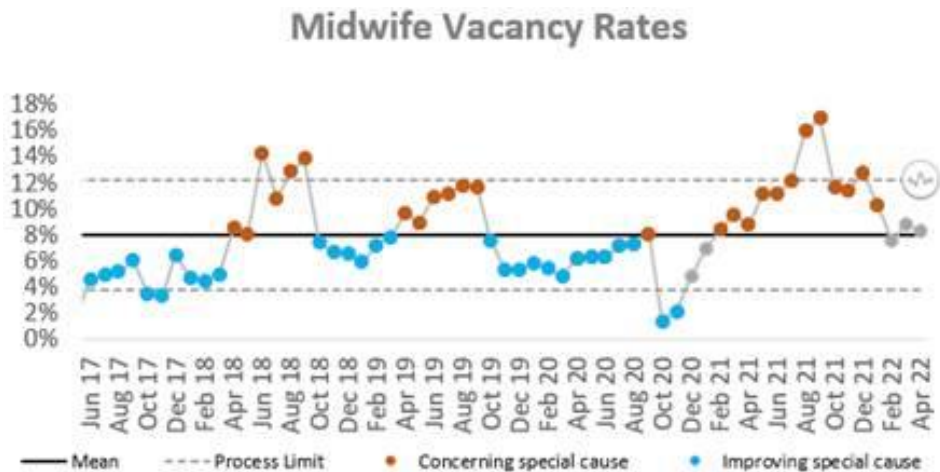
Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives



Graph 3. Registered Nurse vacancy rates



Graph 4. Registered Midwife vacancy rates



Vacancy position

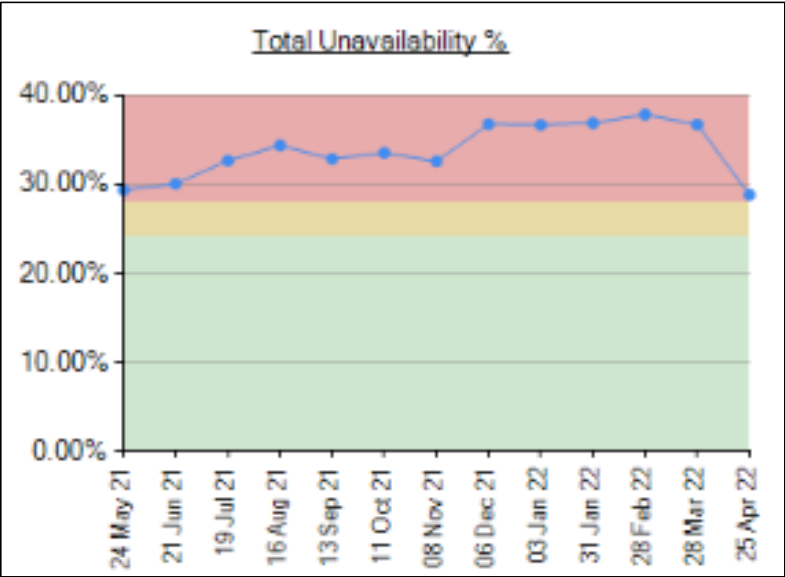
The vacancy rate for Registered Nurses working in adult areas has decreased in April to 6.9% compared with 8.5% compared with in March. The vacancy rate for registered children's nurses has decreased slightly to 17.4% in April compared with 18.3% in March.

The vacancy rate, according to the ledger for Registered Midwives has remained relatively static in April at 8.4% compared with 8.8% in March. It should be noted that the ledger is currently based on 19/20 establishments and has not been updated to reflect the additional approved investment in workforce. There is ongoing work to rectify this position with workforce, finance and division E, therefore it is expected that the actual vacancy rate is higher at around 15%.

The turnover rate in April remains high at 13.9% for RNs in adult areas (14.4% in March), 19.3% for Registered children's nurses (19.9% in March) and 19.2% for RMs (20.1% in March). The main reason for leaving is voluntary resignation – relocation for RNs (45%). The main reason for RMs leaving is voluntary resignation – work life balance (25%). The Leavers destination data demonstrates that 33% of RNs and 42% of RMs are leaving to take up employment in other NHS organisations. 27% of RMs are leaving for no employment compared with 7% of RNs.

Unavailability for Registered Nurses Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



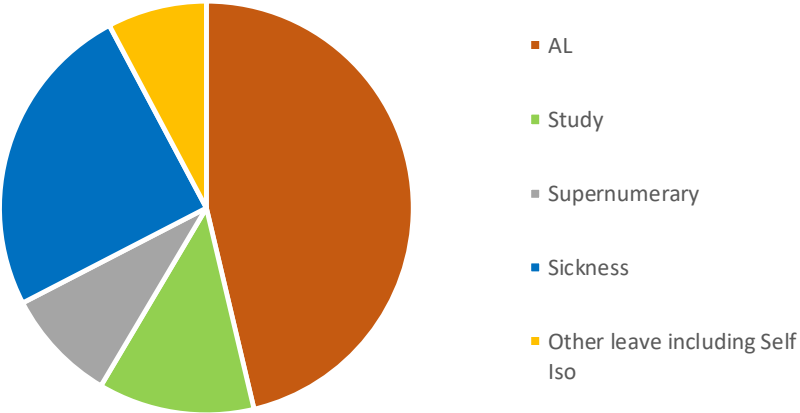
Unavailability of staff

Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, self isolation, carers leave etc.

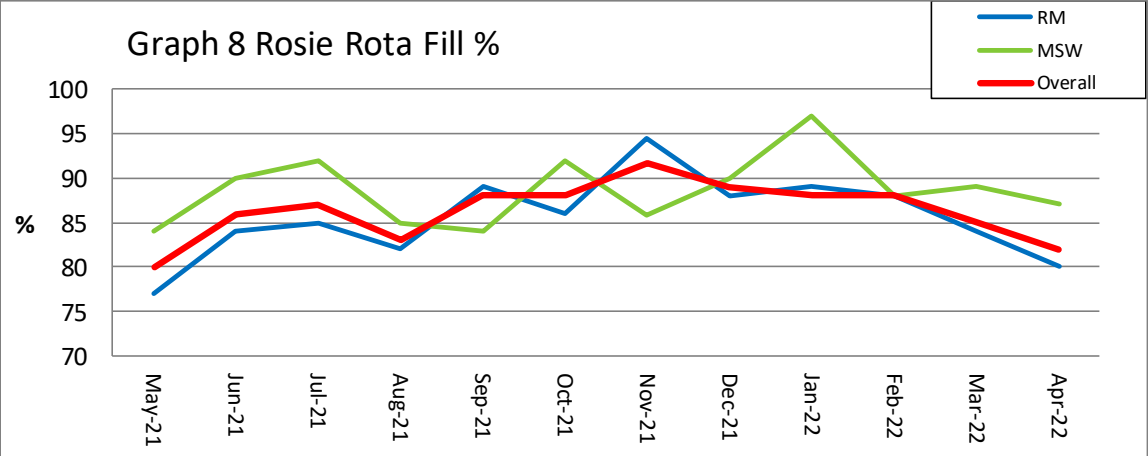
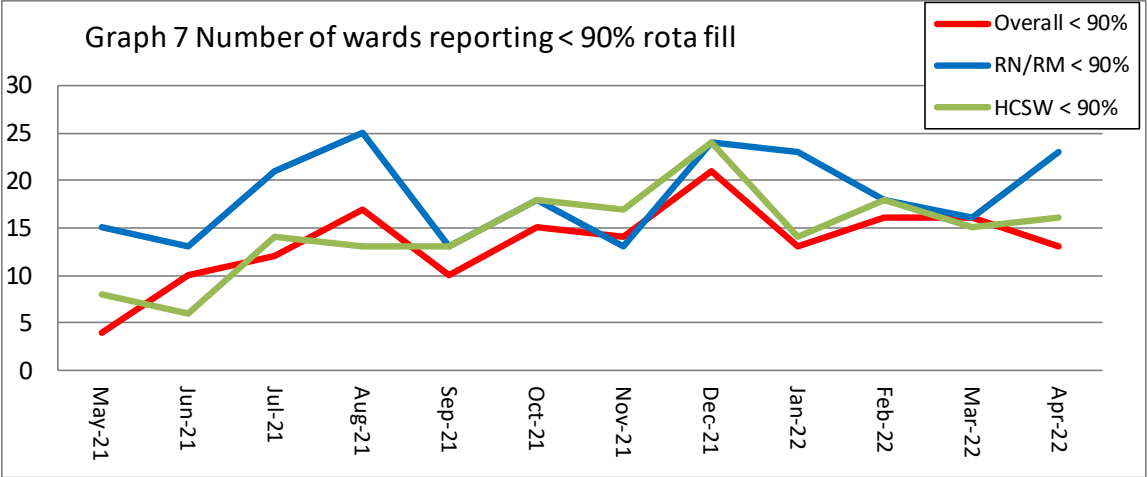
The total unavailability of the workforce working time in April has improved slightly to 27% compared to 32% in March. Graph 5 illustrates this trend however it should be noted that data point for 25th April relates to the beginning of the May roster and will change as rosters are updated.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (12.5%) was due to planned annual leave which would have been accounted for in the department rosters however there was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In April sickness absence has decreased slightly to 6.7% compared with 8.5% in March. Additionally, 2.1% of working time was unavailable due to other leave including medical self isolation compared to 3.2% in March, 3.3% was due to study leave and 2.4% was due to supernumerary time.

Graph 6. Types of absence



Planned versus actual staffing



Planned versus actual staffing

Graph 7 illustrates trend data for all wards reporting < 90% rota fill, this has decreased slightly with 13 clinical areas in April reporting overall fill rates of <90% compared to 16 in March. The number of areas reported <90% rota fill for registered (RN/RM) fill rates has increased to 23 compared to 16 in March.

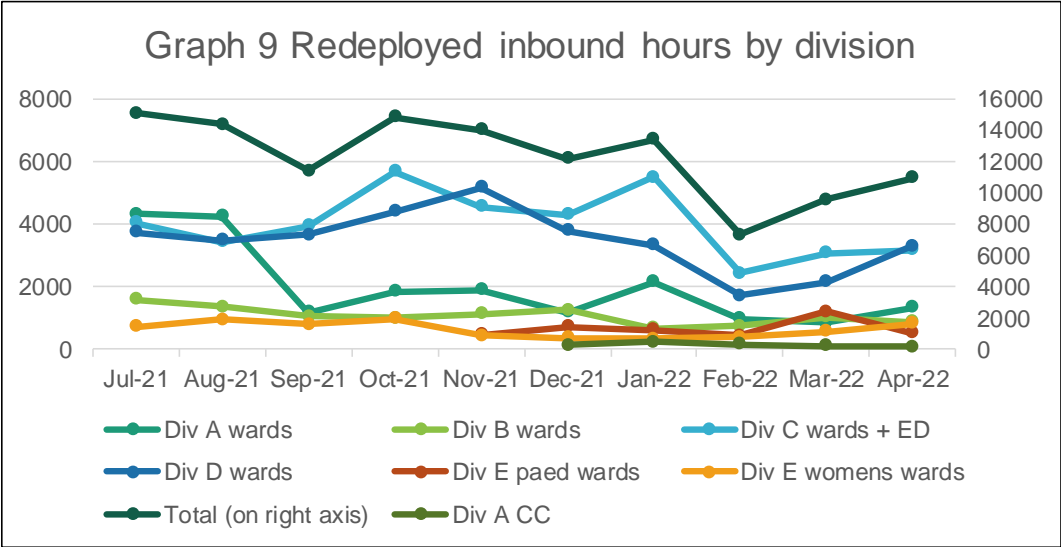
All divisions with the exception of division B reported rota fill rates of <90% in April. The highest reporter this month was division E with 8 areas across paediatrics and maternity reporting fill rates of <90%. Appendix 1, details the exception reports for all areas reporting fill rates of <90%.

Across the critical care units in April, there has been a slight increase in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (183 occasions compared to 171 in March). Additionally there have been 166 occasions where there has been no side room co-ordinator (161 in March). This is due in part to the decision taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to maintain critical care bed capacity at 52 beds rather than 59 beds while recruitment is ongoing to the vacant positions. Any concerns with regards to critical care staffing are escalated through silver command. Staffing has been supported through the use of temporary workers (agency and bank), bank enhancements and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift by shift basis.

Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has reduced slightly in April at 82% compared to 85% in March. This is mainly due to short term sickness, medical isolation and annual leave, with the lowest fill rates seen on delivery unit.

Staff deployment



Staff deployment

Graph 9 illustrates the movement of staff across wards to support safe staffing to ensure patient safety. This includes staff who are moved on an ad hoc basis (shift by shift) and shows which division they are deployed to.

There has been an upward trend in the number of substantive staff redeployed over the last 3 months. In April, an average 352 working hours were redeployed per day compared with 307 hours in March. This equates to 30 long day or night shifts per day. The majority of redeployments are within division (97% compared to 3% of staff who are deployed outside of their division). Staffing is also being supported by the operational pool whereby bank staff book a bank shift on the understanding that they will work anywhere in the trust where support is required. An average of 792 working hours were worked via the operational pool each day in April.

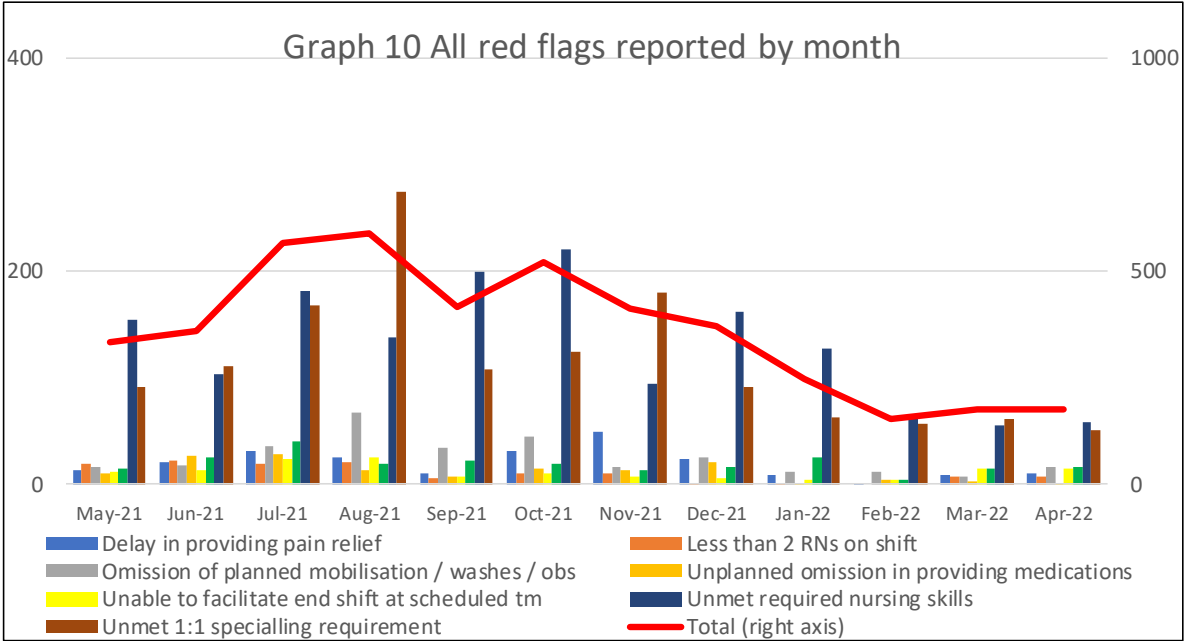
Nursing Pipeline

Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international recruits up to March 2023. The current forecast demonstrates a year end band 5 RN vacancy position of 11.49% which is above the target of 5% however a detailed recruitment plan is being collated for all Nursing recruitment pipelines to outline what can realistically be achieved, the blockers that may prevent this and the mitigations that can be put in place to address these.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2023. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 33.37% and a band 2 HCSW position of 0.8%.

Whilst the recruitment pipeline is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment, the predicted numbers are only achievable if the appropriate infrastructure is in place to support with accommodation pre and post arrival of International Nurses and Midwives. Currently deployment numbers have been capped at 24 per month due to a lack of available accommodation however there are plans to address this with the procurement of accommodation at waterbeach.

Red flags



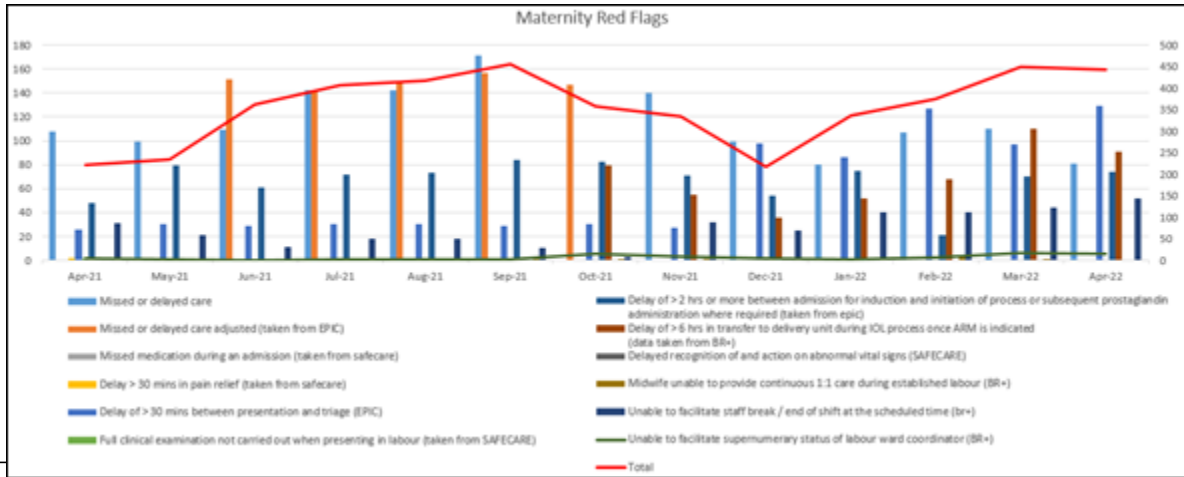
Red Flags

A staffing red flag event is a warning sign that something may be wrong with nursing or midwifery staffing. If a staffing red flag event occurs, the registered nurse or midwife in charge of the service should be notified and necessary action taken to resolve the situation.

Nursing red flags

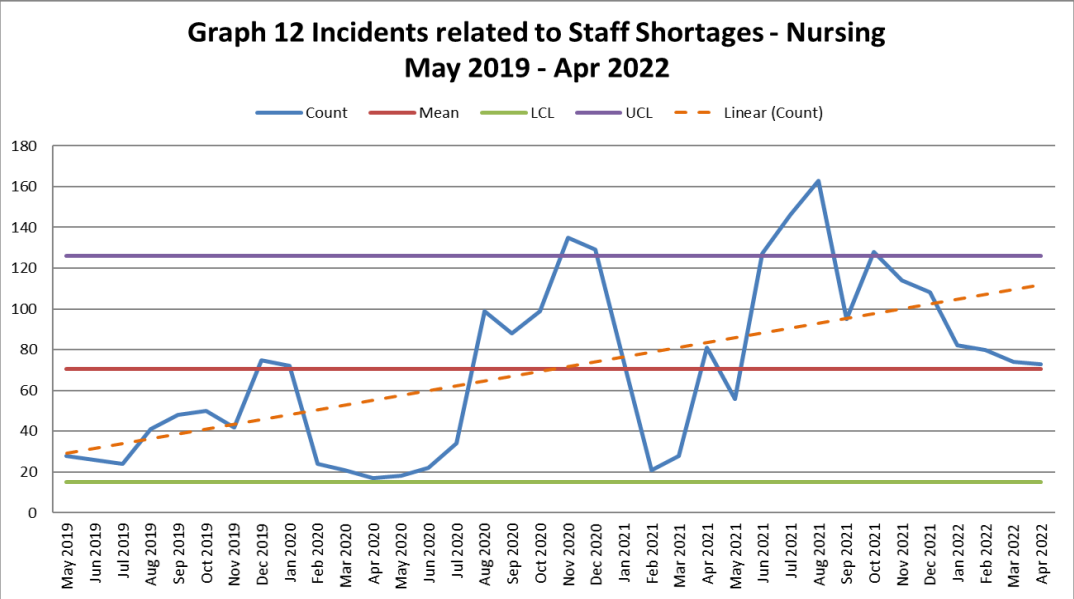
Graph 10 illustrates that the number of red flags reported has remained static in April at 176. The highest number of red flags reported in April was in relation to unmet required nursing skills (58 compared with 56 in March). An additional 51 red flags were reported for an unmet 1:1 specialising requirement compared with 62 in March. A trust wide improvement project focusing on specialising is being developed to review specialising across the organisation.

Graph 11: Maternity Red Flags



Maternity red flags

The number of maternity red flags reported in April remains relatively static at 442 compared to 450 in March. Graph 11 illustrates the red flags that have been reported. 18% of these red flags were due to missed or delayed care and 20.5% were due to a delay of >6hrs in transfer to the delivery unit during the induction of labour process. This is reflective of the high levels of activity and difficulty in maintaining flow. There were no incidences of not being able to provide continuous 1-1 care during established labour in April (1 in February).

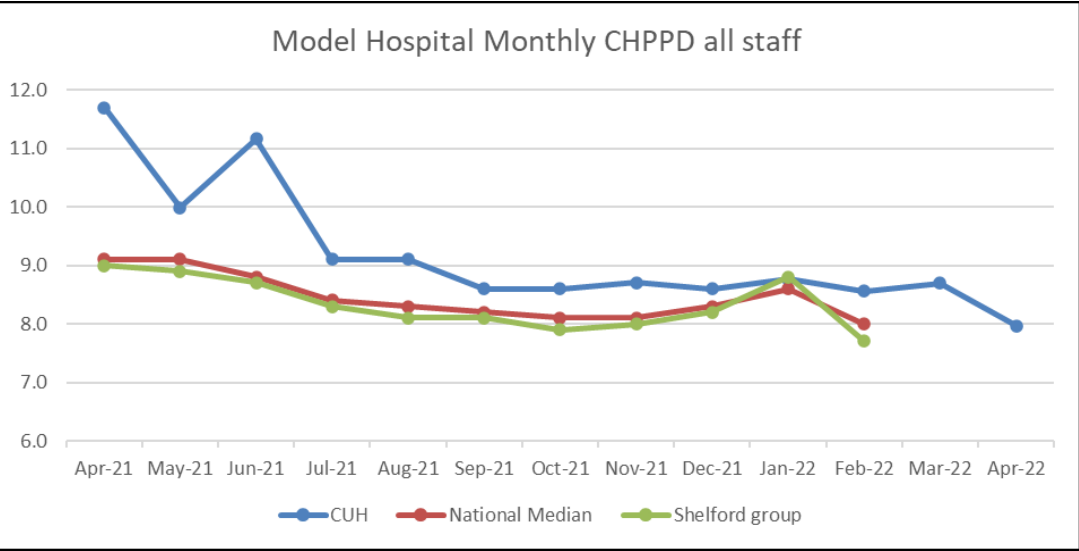


Incidents reported relating to staff shortages

Graph 12 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 73 incidents reported relating to nurse staffing in April compared with 74 in March. The number of incidents reported relating to staff shortages has been a downward trend since October 2021.

Division C and Division D reported the most incidents related to staffing levels in April. Division C reported 33 incidences across the division and Division D reported 21 incidences across the division with no specific area having a higher number of incidences than others. Safety continues to be monitored through the daily safe staffing meetings and the senior nursing huddles.

Graph 13: Care Hours Per Patient Day (CHPPD)



Care hours per patient day (CHPPD)

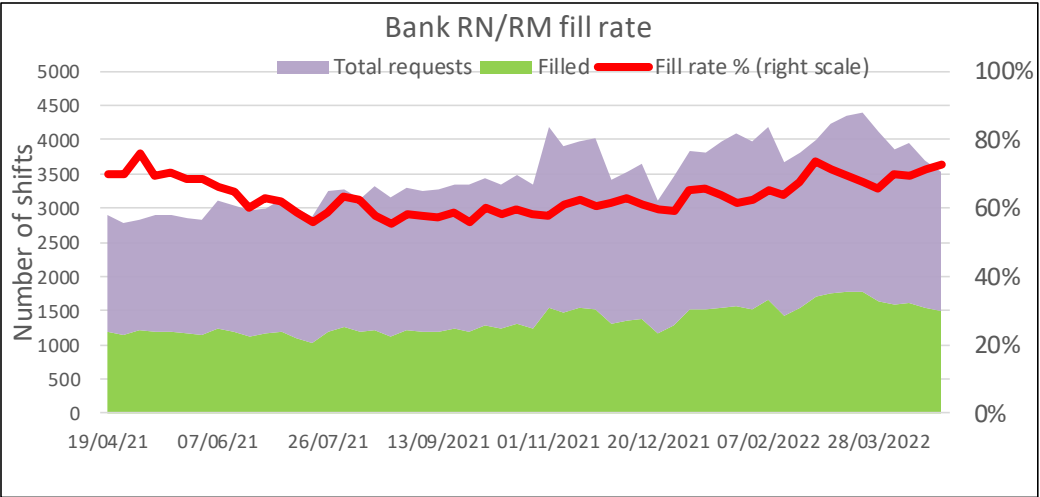
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required to report this figure externally.

CUH CHPPD recorded for April was 7.9 compared to 9.1 in March. This trend can be seen in graph 13. Unfortunately, the national average and Shelford group data has not yet been published for March and April thus we are unable to benchmark against our peers.

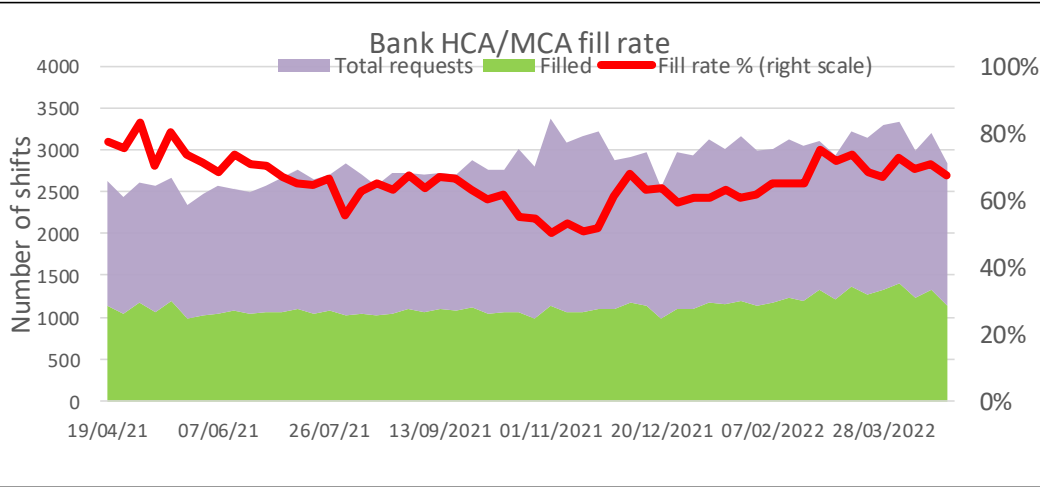
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for the delivery unit in April was 10.91 compared to 15.02 in March.

Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust’s Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 14 and 15 illustrate the trends in bank shift fill rate per week. Overall we have seen an increase in bank shift requests for registered staff over the last 6 months to mitigate those areas who have less than a rota fill of 90%. The number of requests for registered staff is an average of 2203 shifts per week requested and an average bank fill rate of 71%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 1819 shifts per week requested and an average bank fill rate of 70%.

In addition to bank workers we have the equivalent of 50.93 WTE agency workers working across the divisions to support staffing challenges in the short term. This accounts for 10% of the total Nursing filled shifts. Of the total proportion of shifts filled through temporary staffing 10% have been filled via agency workers compared with 90% filled via bank workers.

Short term pay enhancements for bank shifts have been put in place in areas where we are looking to encourage a higher uptake of shifts. These bank enhancements are reviewed regularly (at least on a 6 weekly basis) through the weekly bank enhancement meeting and are for fixed periods of time.

Appendix 1: Exception report by Division A and B

Division A	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
L2 overnight stay	79%	77%	79%	3.39	Current Vacancy 2.02 B5 vacancy. 1.64 B5 Maternity Leave. 16.49% unavailability. 1.00 without Pin. 1 secondment HCSW 1.38 B2 Vacancy 6.44 B3 HCSW Vacancy	Safety checks 2- 3 missed monthly. Staff moved overnight to support other areas leaving gaps. High Vol patients until 2300. Delays and late discharges.	0815 Nursing Bronze huddle to escalate daily concerns re staffing against acuity. Escalation to Site Safety and Silver. redployed with Safecare mitigating across the division. Matrons Quality Rounds in place
L4	87%	113%	95%	6.32	Current Vacancy 3.29 B5 vacancy. 2 B5 Maternity Leave. 16.49% unavailability. 1.00 without Pin. HCSW 2.37 B2 Vacancy	Safety checks 2- 3 missed monthly. Delayed responses to call bells. Impact on NQM and KPI's... Impact on flow and LOS. 7 red flags. 4 Unmet Specialling. Supervisory time less than 50%	0815 Nursing Bronze huddle to escalate daily concerns re staffing against acuity. Escalation to Site Safety and Silver. Staff redployed with Safecare mitigating across the division. Matrons Quality Rounds in place
NCCU	89%	78%	87%	25.74	Current Vacancy 23.19 WTE. 6.64 wte b5 Maternity Leave. 3.29 B5 Secondment. 3.00 without PIN. 2.84% HCSW Vacancy.	Delayed care. GPIC Breaches. Staff morale- impact on staff retention. Reduction in compliance with VCP bundle for CC.	0815 Nursing Bronze huddle to escalate daily concerns re staffing against acuity. Escalation to Site Safety and Silver. Staff redployed with Safecare mitigating across the division. 7 beds currently closed to support current vacancies and shortterm sickness. Mitigation reported through silver. Matrons Quality Rounds in place. GPICS reported 3 times a day and weekly to the board. Improvong quality Metrics in NCCU to green.
Division B	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place

Appendix 1: Exception report by Division C

Division C	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place
C4	89%	138%	109%	7.60	Current vacancy = 4.86 Pipeline = 5.0 significantly above funded headroom	Staff redeployments = 974hrs in, 121hrs out Safety checks missed for resus trolleys, 1 fridge check & BCA NQM = overall amber Increase in falls (11) from previous 4 months Red flags reported = 3 Supervisory time = 43.6%	Agency usage x 15 shifts Webinar and recruitment campaigns in place Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards in place
C6	89%	123%	104%	8.14	Current vacancy = Nil Pipeline = 4 out, 4.6 in significantly above funded headroom largely due to sickness in week 1	Staff redeployments = 1077hrs in, 265hrs out NQM = overall amber Safety checks missed for resus trolleys & BCA Increase in falls from previous 2 months (6) but within variance for a DME ward Red flags reported = 5 Supervisory time = 45.9%	Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards and focus on improving NQM
MSEU	88%	116%	98%	7.68	Current vacancy = 3 Pipeline = 2.8 out, 4.8 in Above funded headroom	Staff redeployments = 791hrs in, 140hrs out NQM = overall amber Safety checks missed for resus trolleys, 1 CD check & BCA 1 PU reported Red flags reported = 4 Supervisory time = 67%	Agency usage x 10 shifts Webinar and recruitment campaigns in place Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards
F6	89%	113%	100%	6.62	Current vacancy = 2.68 Pipeline = 2 in significantly above funded headroom with high sickness & new starters with supernumerary time	Staff redeployments = 482hrs in, 187hrs out Safety checks missed for resus trolleys & BCA 1 PU reported Red flags reported = 1 Supervisory time = 32.7%	Bank enhancements/agency usage Webinar and recruitment campaigns in place Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards
G4	85%	115%	98%	7.50	Current vacancy = 0.29 Pipeline = Nil Significantly above funded headroom with very high sickness, working day and study day	Staff redeployments = 1142hrs in, 192hrs out Safety checks missed for resus trolleys & BCA Red flags reported = 5 Supervisory time = 25.7% NQM = overall amber	Bank enhancements/agency usage Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards Review of study leave to be undertaken
G6	89%	129%	107%	7.25	Current vacancy = 0.89 Pipeline = 1 in, 1 out Headroom above funded establishment due to high staff sickness in week 1 (Covid) and 3 on maternity leave	Staff redeployments = 1151 in, 149hrs out NQM = overall amber (previously all green with Covid screening impacting) Safety checks missed for resus trolleys & BCA Red flags reported = 1 Supervisory time = 33.4%	Agency usage x 9 shifts Supervisory time Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards
N2	86%	87%	87%	7.49	Current vacancy = 1.49 RN, 0.41 HCA Pipeline = 4 out, 3 in (RN) 1 HCA in Headroom above funded for sickness (RN and HCA), new starters and running of the CMDU clinic daily affecting time out	Staff redeployments = 238hrs in, 252hrs out NQM = overall amber Safety checks missed for resus trolleys & BCA Red flags reported = 4 Supervisory time = 57.7%	Divisional bronze escalation with staff redeployed using Safecare and professional judgement with monitoring of red flags Matrons quality rounds on wards CMDU clinic activity reducing and under review which will help overall staffing as this is unfunded

Appendix 1: Exception report by Division D

Division D	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place
A3	89%	119%	99%	6.94	Became contingency Medical ward in April requiring an increase in RN establishment	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
K3	82%	109%	91%	6.41	Increase in RN due to COVID positive patients	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
M5	87%	115%	96%	6.50	Sickness and skills mix due to OCSe programme (8)	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Senior sister is consistently required to support clinical caseload therefore supervisory time required to fulfil role is compromised	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums

Appendix 1: Exception report by Division E

Division E	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place
C3	86%	132%	96%	12.41	Current shortfall of 5 WTE RN vacancy and 2.3 HCSW, 3 WTE HCSW in pipeline 9 WTE pipeline in. 1.3 WTE pipeline out.	increased occupancy , high acuity Amber/red pathway, no impact on NQM ,patient experience feedback.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF , senior sister and CPF within roster. Redployed 2 experienced nurses to support the area. Enhanced bank rates approved. May roster improved cover.
PICU	73%	117%	79%	29.21	Current shortfall of 15 WTE RN vacancy, 14.6 WTE pipeline in. 6 RN awaiting dates to commence. 0.8 WTE RN pipeline out Increased oversea nurses with experience.	Increased level 3 acuity in April. Refusal of regional patients due to staffing levels. , PaNDR service commenced 24 hour cover, no change to NQM or patient experience feedback. LTV starts and sleep starting to be admitted.	Bank enhancements rate 3.Three times review a day of occupancy and staffing. Study time stopped except HDU and ITU course to ensure skill development as QIS below 70% compliance. Recruitment campaign with masters programme advertised. Overseas nurses recruited, awaiting start dates. Awaiting PD funding for essential post.
Daphne	88%	108%	95%	7.30		Potential for impact on staff moral and patient expereicne. Potential to impact on length of stay. Increased bank may have impacted on compliance with NQM's	Removing excess number of additional skills from bank shifts to increase fill rate. Strong recruitment pipeline in to support safe staffing. X 2 Nursing apprectices to commence upon qualification in september.
Delivery Unit	76%	73%	75%	10.91	Increased sickness absence rate with staff off with stress and anxiety, also impacts on the amount of bank staff feel able to pick up. 100% bank enhancements also ceased and back to level 3 with 15%	Low staffing levels impact on IOL coming across from ward for continuation of procedure, which in turn impacts on patient flow leading to capacity issues and requirement for divert	Reviewing IOL pathway and escalation to divert policy. Utilising bank and agency staff. Working with agencies to support long line agency bookings. Bank enhancements in place.
Lady Mary	82%	94%	87%	4.71	Staffing gaps continue due to ongoing vacancy, there are 5 wte IR midwives with x2 awaiting PIN working on ward, so this will improve as they come out of their SN status	Increase in complaints due to lack of staff to attend also impacts on delays to discharges further impacting flow.	Review of discharge process, including enhanced recovery/discharge process for post CS women. Nursery nurses on night shifts to support with extra care babies and additional Newborn examination late shigts being piloted to support recuction in length of stay through earlier discharge
Rosie Birth Centre	80%	79%	79%	18.89	Staffing gaps due to small team and maternity leavers	Birth centre occassionally has to be closed on a temporary basis, which impacts on service user choice on place of birth	review of staffing and rotation to the area. Bannk enhancements in place. Staff redployed as necessary to support service needs.
Sara Ward	77%	74%	76%	4.93	Vacancy rate in this area, impacts fill of roster as well as long term sick and maternity leave	Progress with IOL, despite IOL coordinator in post due to overall workload on ward and aqulty of service users	Review of staffing and rotation to the area
Neonatal ICU	86%	75%	85%	14.38	Current shortfall of 21.9 WTE RN vacancy, 13.8 WTE pipeline in. 1 WTE pipeline out	Refusal of regional patients due to staffing levels. No change to NQM or patient experience feedback.	Bank enhancements rate 3.Three times review a day of occupancy and staffing. Study time stopped except neonatal course to ensure skill development as QIS below 70% compliance. Reduced cover of manager of the day RN as utilised in numbers. Community and education team supporting senior cover.

Appendix 2: Adult RN Recruitment pipeline

Adult band 5 RN position based on predictions and established FTE														
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	NAP	Return to Practice	Overseas	Total New Starters	Leavers FTE	Promotions and transfer out of scope-retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-22	7					25	32	15	14	1584	1768	10.41%	184.12	17
May-22	6			21		24	51	24	7	1604	1768	9.28%	164	27
Jun-22	4					24	28	20	3	1609	1768	8.99%	159	8
Jul-22	7					24	31	22	14	1604	1768	9.28%	164	9
Aug-22	5				2	24	31	20	9	1606	1768	9.16%	162	11
Sep-22	7	25	3		1	24	60	28	27	1611	1768	8.88%	157	32
Oct-22	5	18	12			24	59	22	20	1628	1768	7.92%	140	37
Nov-22	5					24	29	18	14	1625	1876	13.36%	250.5	11
Dec-22	10					24	34	18	15	1626	1876	13.30%	249.5	16
Jan-23	8			32		24	64	18	15	1657	1876	11.65%	218.5	46
Feb-23	6					24	30	18	15	1654	1876	11.81%	221.5	12
Mar-23	5	5	5			24	39	18	15	1660	1876	11.49%	215.5	21
TOTAL	75	48	20	53	3	289	488	241	168	1660	1875.5	11.49%	215.5	247

Appendix 3: Paediatric RN and Band 2 HCSW Recruitment pipeline

Paediatric band 5 RN position based on predictions and established FTE													
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	NAP	Overseas	Total New Starters FTE	Leavers FTE (based on leavers in the last 12 months)	Promotions and transfer out of scope-retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-22	2					2	1	2	187.42	284.41	34.10%	96.99	1
May-22	2				2	4	2	1	188.62	284.41	33.68%	95.79	2.2
Jun-22					1	1	1	1	187.62	284.41	34.03%	96.79	0
Jul-22	3				1	4	4	1	186.62	284.41	34.38%	97.79	0
Aug-22	3				1	4	3	2	185.51	284.41	34.77%	98.90	0.89
Sep-22				4	1	5	2	3	185.51	284.41	34.77%	98.90	3
Oct-22		7	11		1	19	5	2	197.51	284.41	30.56%	86.90	14
Nov-22			2		1	3	1	2	197.51	284.41	30.56%	86.90	2
Dec-22	1		2		1	4	5	1	195.51	284.41	31.26%	88.90	-1
Jan-23			1		1	2	6	1	190.51	284.41	33.02%	93.90	-4
Feb-23	2				1	3	2	1	190.51	284.41	33.02%	93.90	1
Mar-23	2				1	3	3	1	189.51	284.41	33.37%	94.90	0
TOTAL	15	7	16	4	12	54	34.91	18	189.51	284.41	33.37%	94.90	19.09

Band 2 HCSW position based on predictions and established FTE								
Month	UK based applicants	Apprenticeship (direct entry)	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-22	15		15	16	812	947	14.3%	135
May-22	17		17	20	809	970	16.6%	161
Jun-22	25	12	37	20	826	970	14.9%	144
Jul-22	30		30	20	836	970	13.8%	134
Aug-22	30		20	15	841	970	13.3%	129
Sep-22	30	22.5	52.5	20	874	970	10.0%	97
Oct-22	30	37.5	67.5	20	921	970	5.1%	49
Nov-22	30		30	20	931	1,042	10.6%	111
Dec-22	35		35	15	951	1,042	8.7%	91
Jan-23	30		30	20	961	1,042	7.7%	81
Feb-23	35		35	15	981	1,042	5.8%	61
Mar-23	30	37.5	67.5	15	1,034	1,042	0.8%	8
TOTAL	337	109.5	436.5	216	1,034	1,042	0.8%	8