

Cambridge University Hospitals NHS Foundation Trust

October 2020

**Board of Directors
Monthly Nurse Safe Staffing
Lorraine Szeremeta, Chief Nurse**

1. Executive Summary

- 1.1 The Chief Nurse's Office and Heads of Nursing continue to work together to ensure our wards and departments are safely staffed at Cambridge University Hospitals (CUH). Working closely with divisional and workforce colleagues we continue to look for opportunity for efficiencies within the workforce while also monitoring any impact on safety and quality of care.

2. Purpose

- 2.1 The purpose of this paper is to present the Board of Directors with an overview of nurse staffing capacity for the month of August 2020 in line with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards.
- 2.2 The report gives an overview of nurse staffing for August 2020 including actual versus planned hours worked, temporary staffing usage, reports of NICE red flag staffing issues as well as details of care hours per patient day (CHPPD).

3. Background – National and Local Context

- 3.1 Since April 2014 all hospitals have been required to publish information about the number of nursing and midwifery staff working on each ward, together with the percentage of shifts meeting safe staffing guidelines. This was in response to the Francis report that called for greater openness and transparency in the health service.
- 3.2 The Carter report (2016) identified that one of the obstacles to eliminating unwarranted variation in the deployment of nursing and healthcare support workers has been the absence of a single means of recording and reporting how staff are deployed. Care hours per patient day (CHPPD), is the total number of hours worked on the roster (clinical staff), divided by the bed state captured at 23.59 each day. For the purposes of reporting, this is aggregated into a monthly position. CHPPD is now the principal measure of nursing, midwifery and health care support worker deployment and from September 2018, CUH publish data on CHPPD on My NHS and NHS Choices. Data from all hospitals are stored on the model hospital dashboard that allows comparison against peers to be made.
- 3.3 October 2018 saw the publication of 'Developing Workforce Safeguards' by NHS improvement. Trusts compliance with safer staffing, from April 2019, will be assessed with a triangulated approach which combines evidence based tools (e.g. SNCT), professional judgement and outcomes. By implementing the documents recommendations together with strong and effective governance, boards can be assured that workforce decisions will promote patient safety and compliance with regulatory standards.
- 3.4 Since March 2020 CUH has been responding to the Coronavirus pandemic. This has required extensive re-design and ward/department reconfigurations, resulting in a significant impact on the nursing workforce.

4. Student Nurse pipeline

- 4.1 At the beginning of the pandemic, it was recognised that it may not be possible to maintain the supernumerary status of students. In response to this, the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC) worked with Health Education England (HEE) to enable students to undertake paid clinical placements throughout the NHS, enabling the students to complete their clinical hours whilst working as part of the NHS workforce. In total 150 students undertook a paid placement in the trust. The table below illustrates the number of students that undertook a placement per profession.

Student profession	Number undertaking placement
Adult Nurse	62
Paediatric Nurse	38
Midwife	29
Physiotherapist	12
Therapeutic Radiographers	8
Dietician	1

- 4.2 These paid clinical placements ceased at the end of August 2020 and supernumerary placements recommenced at the beginning of September 2020 in line with the new academic year. 130 students (adult nursing, Paediatric nursing and Operating Department Practitioners) were welcomed back into the trust in September for a supernumerary placement. In addition to this, 32 nursing degree apprentices undertook a placement in September. Student Midwives and AHP's will return to the trust on placement in October.
- 4.3 We are currently seeking expressions of interest for employment for final year nursing students who are due to register in January 2021.

5. International Nurse pipeline

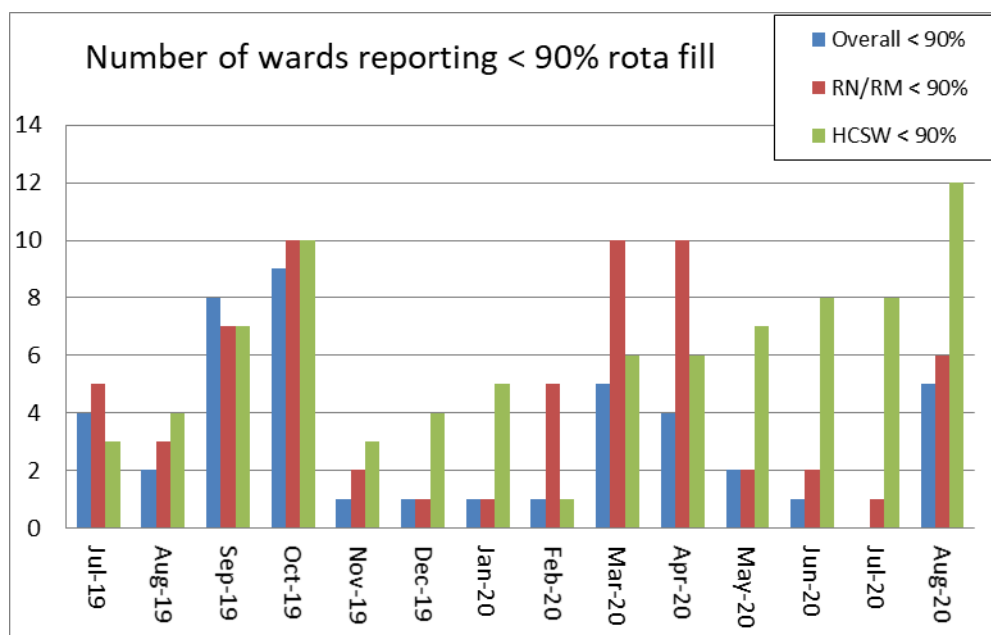
- 5.1 Due to the closure of the three NMC objective structured clinical examination (OSCE) test centres in March, the NMC established a COVID-19 temporary register and invited all overseas trained nurses that were residing in the UK and had passed all stages of the NMC process with the exception of their OSCE to join this register.
- 5.2 17 CUH overseas nurses joined this temporary register. The OSCE test centres have recently reopened and all 17 nurses undertook their NMC OSCE in September. Of these 14 have successfully gained registration with the NMC. Unfortunately 3 nurses failed one of the OSCE stations on their first attempt but are booked to retake this next month.
- 5.3 In line with the re-opening of the test centres, the deployment of international nurses to the UK has recommenced. CUH welcomed 15 international nurses at the beginning of September, who have been supported through a period of quarantine and have commenced the OSCE training programme. They have been joined on the programme by 3 internal healthcare support workers. The 18 nurses are booked to attend their OSCE at the beginning of December.
- 5.4 While there are an additional 120 international nurses in the pipeline for deployment to CUH, the anticipated arrival of these nurses is difficult to predict due to the changing picture of the COVID 19 pandemic internationally and the travel restrictions' that have been put in place by individual countries. We are currently expecting 5 nurses to arrive in October and 15 to arrive in November.

6. Actual and Planned Staffing Report for August 2020

- 6.1 Appendix 1 gives an overview of the planned versus actual coverage in hours for the calendar months of August 2020. To ensure that the Board is given sight of the staffing within all areas the planned versus actual staffing hours are included within the relevant divisional table.
- 6.2 Throughout the data monitoring period, for wards with an overall rota fill of <90%, or where the trained nursing rota was <90%, or the ward had been a concern to the Divisional Head of Nursing; an individual written summary is reported.
- 6.3 The overall daytime fill rate for registered nurses for August was 95.1% (July 95.6%). The overall daytime fill rate for registered midwives for August was 92.7%, (July 94.1%).
- 6.4 Night shift RN fill rate for August was 96.7%, (July 97.0%). Night shift RM fill rate was 94.0%, (July 98.6%).
- 6.5 Exception reports for fill rates in excess < 90% is explained in Appendix 2. Six ward areas in August reported fill rates of <90% for registered nurses.

Trend data is included in charts below.

Chart 1: Ward rota fill rates



Adult Critical Care Units

- 6.6 Staffing in critical care was in accordance and compliant with speciality guidance for critical care during COVID pandemic during August. Critical care are now returning to staffing compliance monitoring according to National standards.

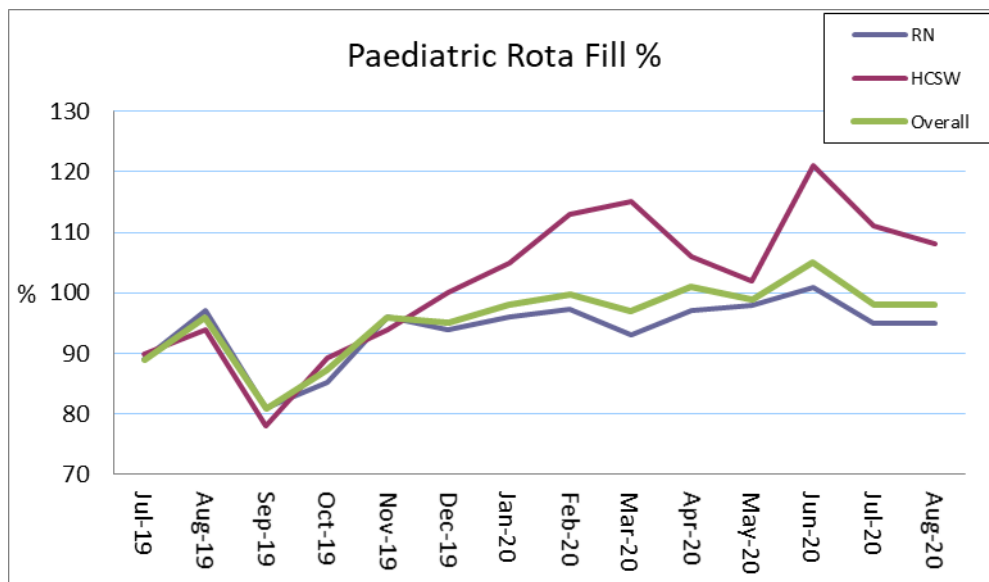
PICU and NICU

- 6.7 The daytime RN fill rate for PICU in August was 100% (July 100%). Night time fill rate was also 100% (July 100%). NICU daytime fill rate in August was 92.0% (July 94.9%). Night time fill rate was 95.5% in August (July 96.5%).

Emergency Department (ED)

- 6.8 Adult ED had a daytime fill rate of 91.9% in August (July 91.5%). Night time fill rate for August was 92.7% (July 91.9%).
- 6.9 Paediatric ED day time fill rate in June was 97.6% in August (July 96.2%). Night time fill rate was 99.1% in August (July 99.1%).
- 6.10 Chart 2 shows the trend in fill rates across paediatric ward areas. The overall fill rate on paediatric wards was 95% in August, similar to fill rate in July.

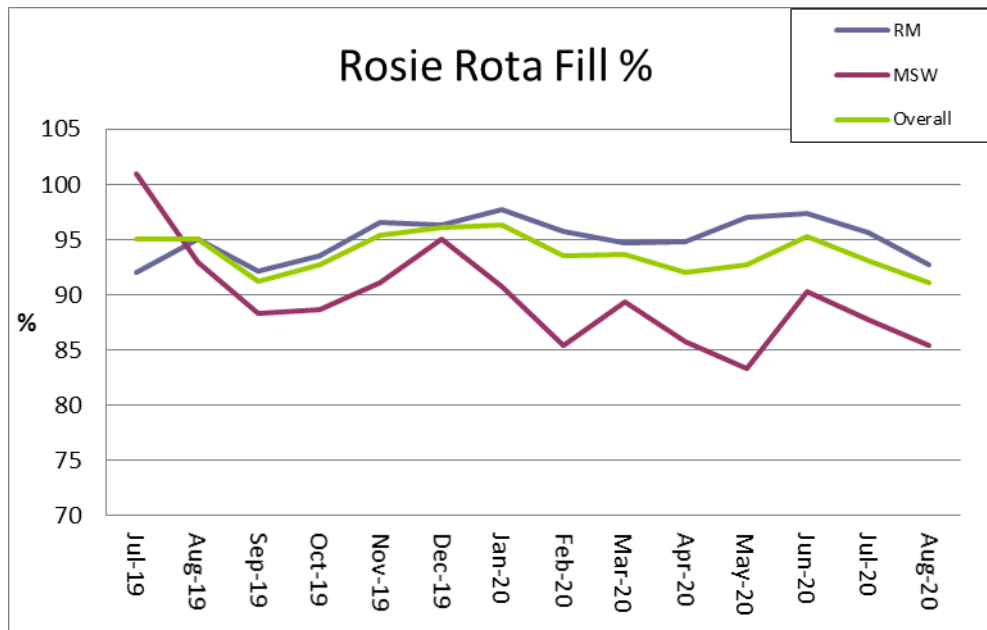
Chart 2: Paediatric ward % fill rates



7. Maternity

- 7.1 Chart 3 shows the trend in % fill rate for the Rosie according to current establishment. RM fill rate during daytime was in August was 92.7% (July 94.1%) and 94% at night (July 97.3%).

Chart 3: Maternity - Rosie % fill rate



Source: CUH MAPS data

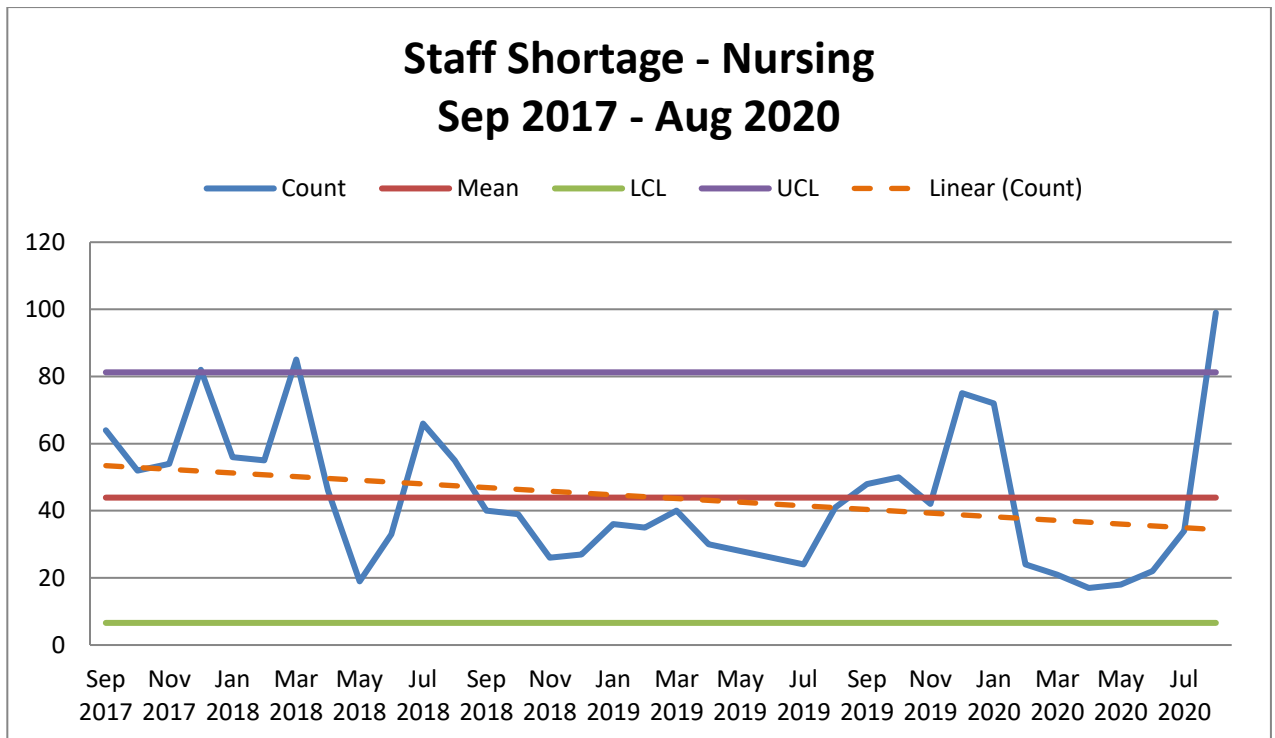
8. Operational Exceptions

- 8.1 There were 14 occasions in August when patients were bedded in ED at night due to capacity constraints, this ranged from 2 – 18 patients.
- 8.2 The nursing reconfiguration taskforce continue to review establishments and skill sets required per area to ensure safe patient care is provided.

9. Safety and Risk

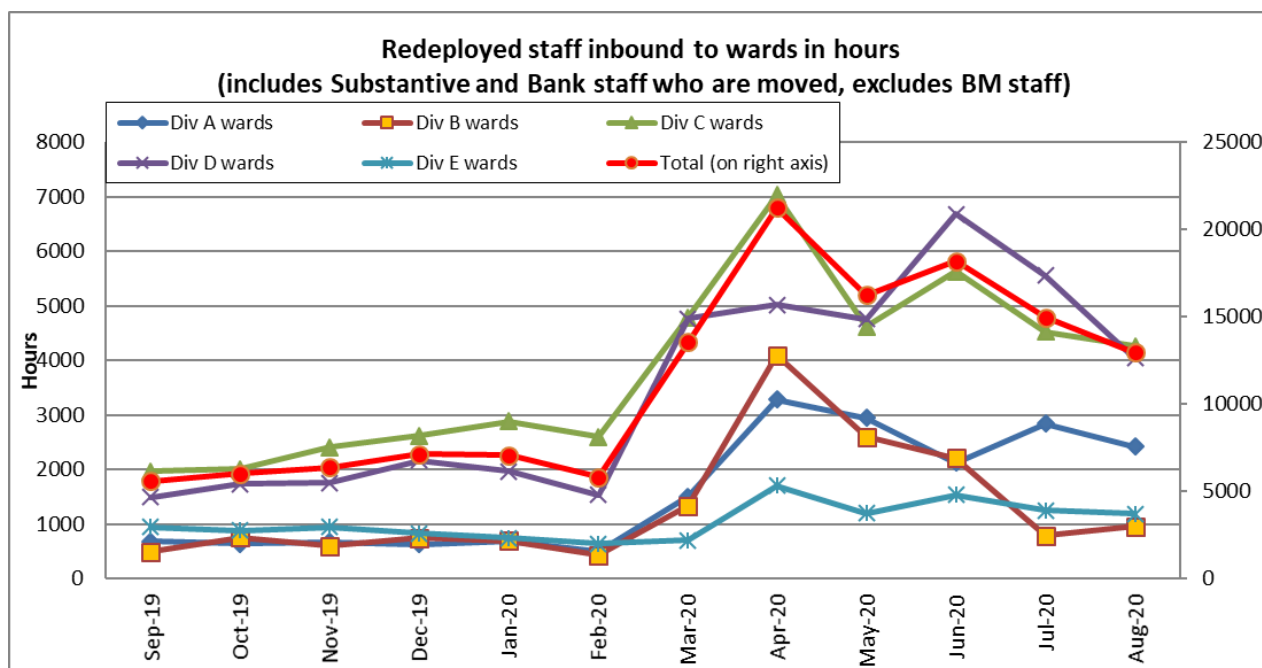
- 9.1 The trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing is shown in chart 4 below. The number of incident reports reported relating to nurse staffing has increased over July and August. On further review the majority of incidents were reported by Division D wards. There was no direct patient harm due to staff shortage incidents however, there were some delays in care delivery.

Chart 4: Incidents reported relating to nurse staffing



- 9.2 A daily escalation plan is used in line with the Safer Staffing Policy to mitigate wards with inadequate fill rates or training needs, and to ensure support is directed on a shift by shift basis as required in line with patient acuity and activity demands.
- 9.3 Movement of staff across wards to support safe staffing can be seen in chart 5. It shows that 12,962 hrs were redeployed in August which is less than July but remains high compared to pre COVID. Support structures are in place to ensure staff wellbeing is being considered as part ward reconfiguration.

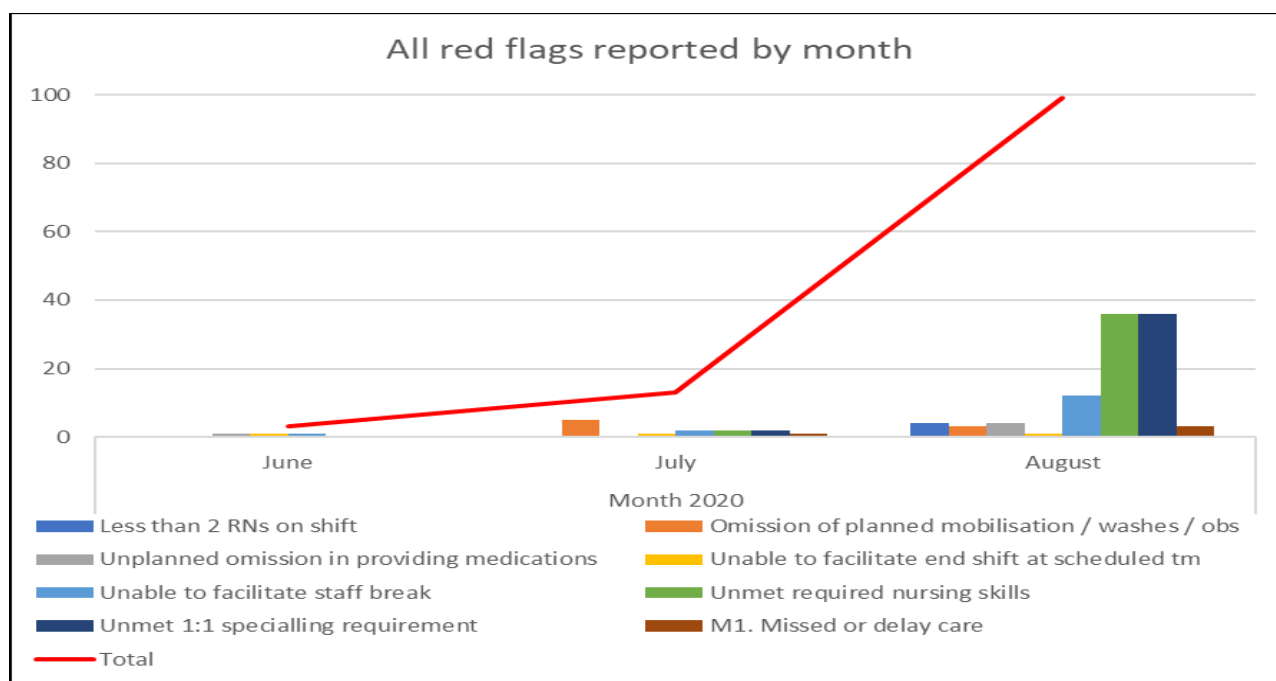
Chart 5: Redeployment of staff to other ward areas



10. Red Flags

- 10.1 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. In August, a total of 99 red flags were raised in relation to staffing on adult wards (Chart 6). Red flags and areas of concern are raised and reviewed at the Trust site safety meetings and actions put in place to mitigate and maintain patient safety. Whilst safety is maintained with deployment of staff, it is noted that ward areas regularly did not have their full complement of staff on a regular basis. This has a potential negative impact on staff morale. It must also be noted that during August staff there was a focus on education of reporting red flags which could explain the sharp increase in reporting.

Chart 6: Red Flags



10.2 Chart 7 shows the maternity red flags for August. In August there were 12 occasions when red flags associated with staff being unable to take their breaks were raised. In all circumstances of missed breaks the unit bleep holder was aware and staff supported.

10.3 A deep dive into missed or delayed care (FH auscultation) is taking place on the midwifery audit plan this year to determine the true incidence related to staffing.

Chart 7: Maternity Red Flags

Summary	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	April 2020	May 2020	June 2020	July 2020	August 2020
Missed or delayed care (includes delay in FH auscultation on admission in labour over 15 minutes)	110 (37%)	94 (33%)	66 (32%)	86 (36%)	67 (35%)	55 (26%)	73 (29%)	87 (36%)	71 (44%)	87 (33%)
Missed medication during an admission	0	0	0	0	0	0	0	0	0	0
Delay of more than 30 minutes in providing pain relief	1	1	1	1	0	0	0	0	0	1
Delay of 30 minutes or more between presentation and triage	26 (4%)	30 (5%)	28 (5%)	30 (5%)	29 (4%)	20 (5%)	26 (5%)	26 (5%)	29 (5%)	28 (4%)
Full clinical examination not carried out when presenting in labour	0	0	2	2	0	0	0	0	0	1
Delay of 2 hours or more between admission for induction and initiation of process or subsequent prostaglandin administration where required	81 (40%)	81 (42%)	85 (44%)	98 (47%)	73 (35%)	60 (34%)	66 (34%)	43 (35%)	54 (27%)	6 (29%)
Delay of 6 hours or more in transfer to delivery unit during IOL process once ARM is indicated	11 (5%)	2 (1%)	4 (2%)	12 (5.71%)	0	8 (5%)	8 (4%)	9 (7%)	7 (3%)	6 (3%)
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0	0	0	0	0	0	0	0	0

Summary	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	April 2020	May 2020	June 2020	July 2020	August 2020
Any occasion when 1 midwife is not able to provide continuous 1:1 care and support to a woman during established labour	0	0	0	0	0	0	0	0	0	0
Unable to facilitate staff break / facilitate end of shift at the scheduled time	12	2	4	7	0	0	0	21	6	12
Unable to facilitate supernumerary status of labour ward coordinator	0	0	0	0	0	0	0	0	0	0
Total	242	403	190	236	169	143	173	186	167	141

11. Care Hours per Patient Day (CHPPD) & Cost per Care Hours (CPCH)

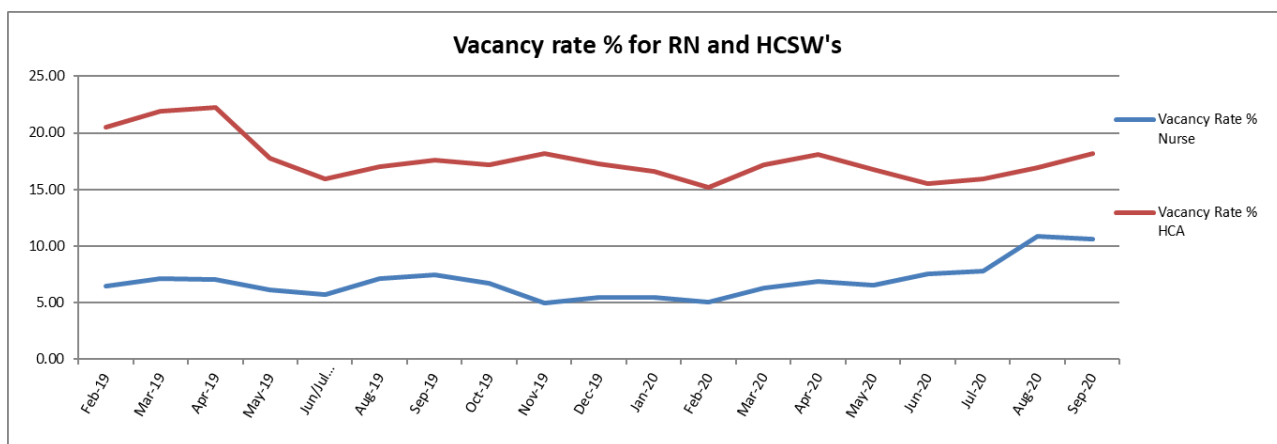
11.1 Care hours per patient day (CHPPD), is the total number of hours worked on the roster (clinical staff), divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All trusts are required to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

11.2 The overall CHPPD for the month of August was 10.38 (July 10.64). Data to compare to Shelford CHPPD is not yet available post COVID.

12. Forecast of Nurse Staffing Position

12.1 Chart 8 shows the nurse vacancy rate for both RNs and HCSWs. The vacancy rate for RNs (bands 5, 6, 7) is 10.83% and the HCSW (bands 2,3 and 4) vacancy rate is 16.93% (from the unit reported Vacancy data). The vacancy data is self-reported from divisions against their establishment.

Chart 8: Vacancy rate % for RN and HCSWs

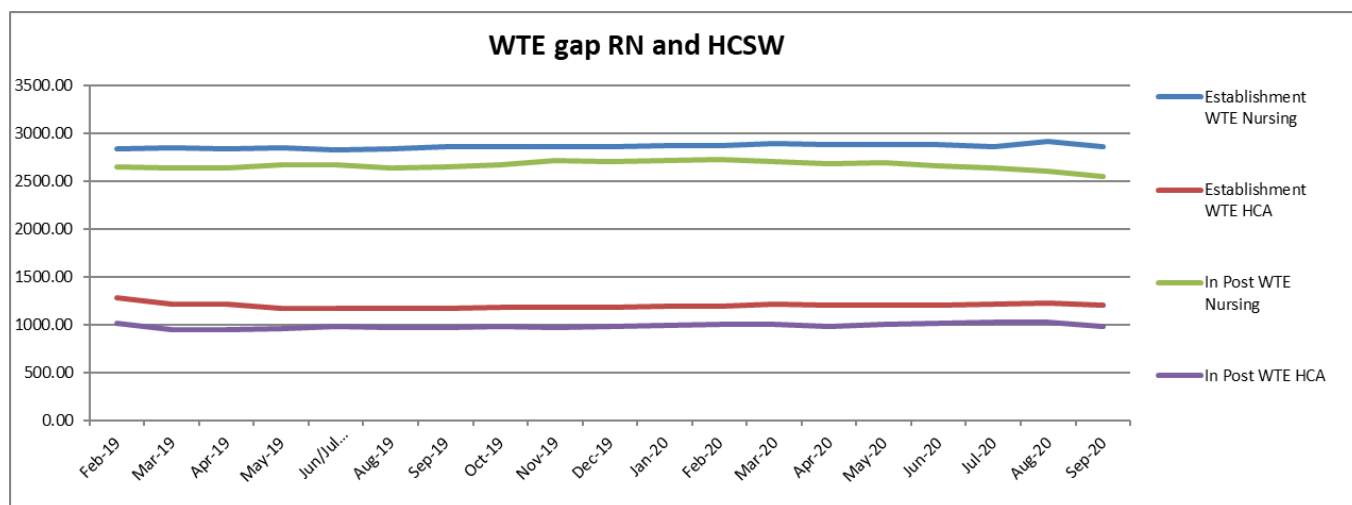


12.2 Chart 9 shows the WTE gap yet to be filled for both RNs and HCSWs. There are 263 Band 5 Nurses in the pipeline (those who have been made offers) 190 from overseas and 73 (external applicants only) from the UK.

12.3 The self-reported Band 5 vacancy rate in paediatrics for registered children's nurses (RCN) for August was 21.4% (across all paediatric areas). Turnover for all bands Paediatric Nursing and Midwifery Registered is 12%, compared with the Trust average position for nursing of 9%.

12.4 The current vacancy rate for Healthcare Support Workers is currently 16.93%.

Chart 9: WTE Gap RN and HCSW



12.5 Appendices 3 provides detail on the forecasted position in relation to the number of RN and HCSW vacancies based on FTE and includes UK experience, UK newly qualified, apprenticeship route, EU and international recruits up to March 2021. Numbers based on those interviewed and offered positions in addition to planned campaigns.

13. Bank Fill Rate and Agency Usage

13.1 The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. In July, the total number of requests for RN Bank shifts was 7,968 and this increased to 8,374 in August. The average fill rate of 72.0 % (see chart 10). The total number of requests for HCSW Bank shifts in July was 6,447 and in August this increased to 6,934 with an average fill rate of 70.1% (5,964 shifts filled with 2075 unfilled) (see Chart 11).

Chart 10: Registered Nurse bank shifts

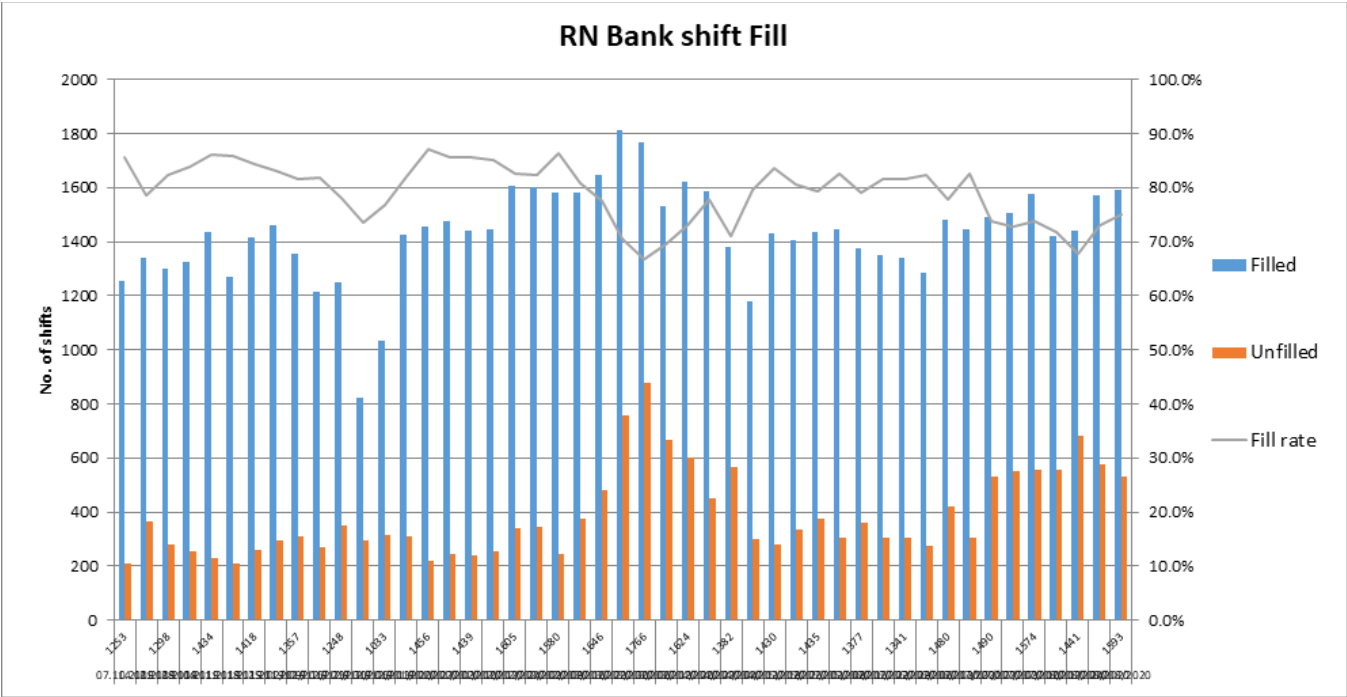
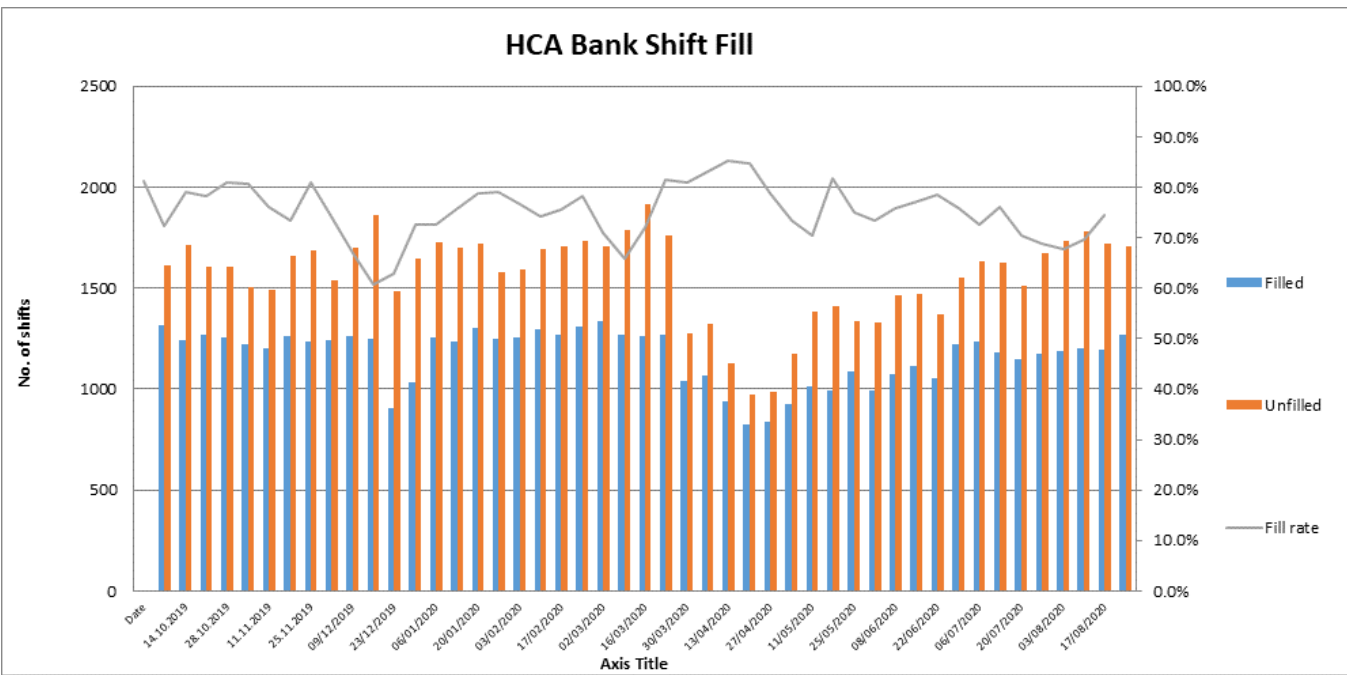


Chart 11: HCA bank shifts



14. Recommendations

14.1 The Board of Directors is asked to note:

- The safe staffing report for August 2020.
- The Registered Nurse vacancy rate for August 2020 was 10.83%.
- The Health Care Support Worker vacancy rate for August 2020 was 16.93%.
- Care Hours Per Patient Day for August 2020 was 10.38.

Appendix 1: Actual and Planned Staffing Report (August 2020)

The data used within this report is pulled retrospectively from our Healthroster, and includes the % of hours (registered nurse and care staff) that were filled against the planned (baseline) number of hours for the calendar month. This data set is the same as our national submission to UNIFY.

Please note, areas with > 100% fill is due to additional hours filled to care for patients who require 1:1 supervision (specialling). Greater than 100% does not mean that all planned hours were filled, just that once totalled the actual hours planned and unplanned are greater than simple planned hours.

	Main Speciality	Day		Night		Aug-20		Total % hours filled (registered and care staff)
		Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	
C7 was M4	Trauma and Orthopaedics	97.8%	104.6%	96.8%	118.3%	97%	111%	103%
C8*	Trauma and Orthopaedics	95.8%	146.7%	100.0%	96.2%	98%	121%	105%
D8	Trauma and Orthopaedics							
F6	Surgery	90.8%	142.8%	95.3%	137.0%	93%	140%	108%
L2 overnight stay	23 hour Stay Day Surgery	#DIV/0!	#DIV/0!	80.6%	78.0%	81%	78%	80%
L4	Colorectal Surgery	98.3%	226.9%	98.6%	154.8%	98%	188%	128%
M4	Surgery	96.1%	113.1%	91.2%	118.5%	94%	116%	102%
SAU	23 hour Stay Day Surgery	93.5%	76.8%	94.5%	87.9%	94%	80%	90%
IDA	Intermediate Critical care Unit	100.0%	87.4%	100.0%	93.3%	100%	90%	98%
JOHN FARMAN ICU	Critical Care	96.7%	78.5%	100.0%	93.3%	98%	86%	97%
NCCU	Neuro Critical Care	93.9%	86.4%	97.6%	92.0%	96%	89%	95%
OIR	Overnight Intensive Recovery			100.0%	100.0%	100%	100%	100%
	Overall divisional fill	96%	116%	98%	112%	97%	113%	100%

Division B		Day		Night		Aug-20		Total % hours filled (registered and care staff)
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	
C10	Haematology	100.0%	88.7%	100.0%	110.3%	100%	99%	100%
C9	Teenage Cancer Trust	99.0%	100.0%	95.5%	96.4%	97%	98%	98%
D6 HAEM	Haematology							
D9	Oncology	93.3%	94.2%	94.4%	110.7%	94%	101%	96%
	Overall divisional fill %	97%	94%	96%	108%	97%	100%	98%

Division C		Day		Night		Aug-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
C4	Geriatric Short Stay Medicine	92.8%	112.7%	96.8%	127.1%	94%	119%	105%
C5	Nephrology	97.4%	98.8%	97.6%	110.7%	97%	103%	100%
C6	Geriatric Medicine	92.0%	96.4%	85.4%	124.2%	89%	107%	97%
CDU*	General Medicine							
D10	Clinical Decisions Unit	92.2%	96.2%	83.4%	103.3%	88%	100%	90%
D5	Hepatology	94.9%	116.5%	96.7%	122.4%	96%	119%	107%
EAU 4	Medical Emergency Short Stay Unit	93.4%	96.3%	94.0%	97.5%	94%	97%	95%
EAU 5 (MSEU)	Medical Decisions Unit	95.7%	126.7%	96.1%	133.2%	96%	130%	109%
F4	Geriatric Medicine	98.6%	100.0%	100.0%	143.5%	99%	119%	107%
F5	Transplant and HDU	100.1%		99.2%		100%		100%
G3	Geriatric Medicine	96.1%	97.0%	95.1%	111.4%	96%	102%	98%
G4	Geriatric Medicine	98.1%	117.8%	100.0%	113.0%	99%	115%	105%
G5	Transplant and HDU	95.7%	95.0%	99.0%	105.5%	97%	99%	98%
G6	Geriatric Medicine	98.4%	116.4%	98.5%	157.0%	98%	130%	111%
J3	Medical Emergency Short Stay Unit	97.7%	94.5%	100.1%	72.7%	99%	82%	91%
N2	Infectious Diseases	89.6%	85.4%	91.2%	87.5%	90%	86%	89%
N3	340 - RESPIRATORY MEDICINE	91.7%	89.5%	94.5%	109.6%	93%	96%	94%
	Overall divisional fill %	95.3%	103.0%	94.8%	113.4%	95%	108%	100%

Division D		Day		Night		Aug-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
A3	Neurology	68.1%	68.7%	70.7%	62.3%	69%	66%	68%
A4	Neurology	99.3%	103.0%	97.8%	120.9%	99%	110%	104%
A5	Neurosurgery / oncology	100.0%	151.8%	95.2%	184.0%	98%	165%	125%
D6 Neuro	Neurology	83.4%	94.0%	85.0%	100.1%	84%	97%	88%
D7	Diabetes and General Medicine	95.2%	98.2%	100.0%	102.3%	97%	100%	98%
J2	Neuro Rehabilitation	100.0%	160.3%	100.0%	139.2%	100%	151%	124%
K3	Cardiology	95.4%	92.4%	100.0%	103.3%	97%	98%	98%
K3 CCU	CCU	99.3%	104.8%	100.0%		100%	104%	100%
LEWIN	Vascular Surgery	96.3%	167.6%	96.8%	158.2%	97%	163%	119%
L5	Stroke Rehabilitation	93.9%	149.5%	98.5%	183.8%	96%	161%	123%
M5	ENT & Ophthalmology	100.0%	128.6%	100.0%	138.3%	100%	133%	111%
R2	Acute Stroke Unit	92.1%	147.5%	98.7%	112.9%	95%	130%	107%
	Overall divisional fill %	95.3%	128.2%	96.2%	133.4%	96%	130%	109%

Maternity		Day		Night		Aug-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
Daphne	Gynaecology incl. Oncology	92.3%	82.7%	100.0%	91.4%	95%	86%	92%
Delivery Unit	Obstetrics	93.4%	76.5%	92.5%	90.0%	93%	83%	90%
Lady Mary Ward	Obstetrics	95.0%	91.4%	95.4%	89.0%	95%	90%	93%
RBC	Obstetrics	88.6%	93.4%	93.2%	99.9%	91%	97%	92%
Sara	Obstetrics (antenatal)	96.9%	84.0%	95.6%	92.9%	96%	87%	93%
	Overall divisional fill %	93%	85%	94%	91%	94%	88%	92%

Childrens		Day		Night		Aug-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
C2	Paediatric Oncology	0	0	96.8%	78.9%	96%	85%	94%
C3	Paediatric medicine & surgery (babies)	0	0	98.5%	92.9%	90%	96%	92%
Charles Wolfson Ward	Mother and Babies	0	0	99.0%	96.1%	88%	89%	88%
D2	Paediatric medicine & surgery	0	0	97.2%	94.4%	95%	116%	100%
F3	Paediatric DoSA + Cont	0	0	85.0%	90.7%	96%	118%	102%
PICU	Paediatric Critical Care	0	0	100.0%	122.8%	100%	151%	105%
Neonatal Unit	Neonatal Critical Care	0	0	96.7%	117.5%	96%	115%	102%
	Overall divisional fill %	94%	114%	98%	96%	95%	108%	98%

Emergency Department		Day		Night		Aug-20		
	Main Speciality	Day - Average fill rate RN / RM (%)	Day- Average fill rate care staff (%)	Night - average fill rate RN / RM (%)	Night - average fill rate care staff (%)	RN/RM average fill rate	Care staff average fill rate	Total % hours filled (registered and care staff)
CDU	Clinical Decisions Unit							
EAU3 Assessment	Assessment	100.0%	85.5%			100%	85%	95%
ED Adult	ED	91.9%	81.0%	92.7%	82.8%	92%	82%	89%
ENP	ED	94.4%				94%		94%
Paed ED	ED	97.6%	91.4%	99.1%		98%	94%	97%
	Overall divisional fill %	93%	83%	93%	84%	93%	83%	91%

Appendix 2: Staffing Exception report August 2020

Throughout the data monitoring period, wards with an overall rota fill of <90% or where the trained nursing rota was <90%, or the ward had been a concern to the Head of Nursing for any other reason, an individual written summary is reported. A written summary for ward areas with a > 90% fill rate is also reported below. The nursing KPIs are analysed and used to inform the report.

Aug-20						Report from the Divisional Head of Nursing		
Division	C	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C6		DME	89%	107%	96%	This ward has had an establishment change as part of the reconfiguration. There is a high vacancy rate for RN's in August and reduced bank fill, particularly at night. The July SNCT audit indicated a high number of level 1b patients and low level 0 when benchmarked against other medicine/medicine for the elderly wards.	No overall decline in the NQM but there is an increase in 2 new amber areas (excluding the twice daily VIP score); falls and pressure ulcers. There were 4 falls in August which was slightly more than previous months but the ward was either not open or had reduced patient numbers due to Covid activity. Safety checks - 1 check missed for each of these elements: CD's, fridge temperature, medicines storage room temperature and the BCA pc and printer checks. Hand hygiene was 94.7% (amber) grade. No complaints or concerns received.	Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied. We have temporarily moved a member of staff (voluntarily) to assist with the high number of vacancies. There are staff in the pipeline currently and exit interviews are scheduled to assist us with any ongoing recruitment plans. SNCT validation will be in place to understand if the scoring is accurately reflected. Quality rounds are being undertaken to identify additional support/resources.
D10		ID	88%	99%	90%	D10 has been designated as a 'red' Covid ward and had a significant increase in the RN establishment (1 additional RN days and 2 additional RNs nights). This is to provide safe staffing levels to care for patients with NIV/CPAP/tracheostomy requirements (not previously placed on D10). There are currently high vacancies in the establishment. Bank shifts are not all filled or required where there are no specialist patients on the ward that need the agreed established numbers.	NQM remain static but with 1 new amber area in the month for pain scoring. 1 check missed in the month for the BCA pc and printer. No complaints or other concerns.	Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied. Staff with NIV/CPAP and tracheostomy skills are moved from ward N3 to provide specialist care where bank shifts are not covered. The vacancy position has been escalated through the division and to the recruitment and retention meetings and the division plans to advertise posts for this ward outside the generic recruitment process. The division will maintain a record of numbers of patients attending D10 requiring the above enhanced levels of care in order to match this against our template where vacancies are not required to be filled.
Division	D	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
A3		NEURO	69%	66%	68%	Ward reopened on 12/08/20 with 8 beds, 7 days a week. Past establishment was for 5 day a week with two nights open.	No impact on patients.	SNCT has been reviewed and establishment increased. Bank requested to cover shortfall in establish levels
D6		NEURO	84%	97%	88%	Ward establishment increased to by 1 RN on every shift as an amber ward. Many bank shifts unfilled and ward has run on 3RNs on a shift	No impact on patients as patient numbers were reduced	Enhanced bank shifts agreed
Division	E	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
CWW		WELL BABIES	88.0%	89%	88%	1.6 WTE band 5 and 1.66 WTE Band 6 posts vacant. Currently 3.7 WTE maternity leave. The ward is also seeing additional activity as it is now triaging babies requiring jaundice review from the community to avoid ED attendance.	Currently the ward also takes ward attenders from Lady Mary Ward which impacts on activity. There has been no impact on the ward from COVID. No impact on quality of patient care.	Currently utilising bank, agency and internal redeployments within the division to support the ward
						SCN = Senior Clinical Nurse	FFT = Friends and Family Test	ST = Safety Thermometer
						ONP = Overseas Nurses Programme	WTE = Whole Time Equivalent	NQMs = Nursing Quality Metrics
								NMC = Nursing and Midwifery Council

Appendix 3: Nurse staffing data

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 FTE	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-20	8						8	7.36	5	1539	1659.49	7.29%	120.96	0.64
May-20	5						5	12.7	4	1511	1659.76	8.95%	148.6	-7.7
Jun-20	2	1					3	13.97	10	1506	1658.98	9.22%	152.98	-10.95
Jul-20	5						5	9.4	11	1503	1670.46	10.04%	167.71	-4.4
Aug-20	2	3				1	5.44	16.32	12	1471	1671	11.99%	200.41	-10.88
Sep-20	4	2	3			13	22	13.3	12	1467	1671	12.19%	203.71	8.7
Oct-20	4	9	5			4	22	6.3	12	1471	1671	11.97%	200.01	15.7
Nov-20	5				1	15	21	8.4	12	1472	1671	11.93%	199.41	12.6
Dec-20	5					0	5	10.038	12	1455	1671	12.95%	216.448	-5.038
Jan-21	5					15	20	10	12	1453	1671	13.07%	218.448	10
Feb-21	5					15	20	17.04	12	1444	1671	13.61%	227.488	2.96
Mar-21	5	5	5	12		15	42.48	22.3	12	1452	1671	13.12%	219.308	20.18
TOTAL	55	20	13	12	1	78	180	147.128	126	1452	1671	13.12%	219.308	137.952

Paediatric band 5 RN position based on predictions and established FTE												
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	Conversion	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-20	1		1		2	0	1	196.21	236.45	17.02%	40.24	2
May-20	0				0	2	2	195.24	236.45	17.43%	41.21	-1.8
Jun-20	1				1	2	2	191.28	236.45	19.10%	45.17	-0.6
Jul-20	1				1	1	0	193.01	236.45	18.37%	43.44	0
Aug-20	1				1	3	2	188.89	236.45	20.11%	47.56	-2.11
Sep-20	4	3			7	1	1	193.89	236.45	18.00%	42.56	6
Oct-20		9	12	5	21	2	1	211.89	236.45	10.39%	24.56	19
Nov-20					0	2	2	207.89	236.45	12.08%	28.56	-2
Dec-20	1		1		2	2	1	206.89	236.45	12.50%	29.56	0
Jan-21					0	2	1	203.89	236.45	13.77%	32.56	-2
Feb-21	2				2	2	2	201.89	236.45	14.62%	34.56	0
Mar-21	2				2	3	2	198.89	236.45	15.88%	37.56	-1
TOTAL	13	12	14	5	39	22	17	198.89	236.45	15.88%	37.56	17.49

Band 2 HCSW position based on predictions and established FTE										
Month	UK based applicants	Apprenticeship (direct entry)	Associate	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	Starter leaver variance
Apr-20	9			9	8	733	861	14.9%	128	1
May-20	12	15		27	12	752	861	12.6%	109	15
Jun-20	4	25		29	9	771	861	10.4%	90	20
Jul-20	7	7		14	13	775	861	10.1%	87	1
Aug-20	6	4		10	22	756	856	11.7%	101	-12
Sep-20	8	8		16	9	763	856	10.9%	93	7
Oct-20	8			8	13	758	856	11.4%	98	-5
Nov-20	8			8	4	762	856	11.0%	94	4
Dec-20	8		12	20	9	773	856	9.7%	83	11
Jan-21	8			8	8	773	876	11.7%	103	0
Feb-21	8			8	10	771	876	12.0%	105	-2
Mar-21	8			8	15	764	856	10.8%	92	-7
TOTAL	94	59	12	165	132	764	856	10.8%	92	33

Please note the above tables refer to band 5 and band 2 only. The self reported vacancy data refers to all bands for Nurses and HCSWs.