Cambridge University Hospitals NHS Foundation Trust

December 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 October 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 October 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.   International Nurse Pipeline

4.1   The Trust has over 200 internationally recruited nurses in the pipeline for deployment to CUH. During the pandemic, their commencement in posts was paused due to the international travel restrictions however we welcomed 15 international nurses to CUH during September and a further 6 in October. These nurses have been supported through a period of quarantine and have commenced the in house OSCE training programme.   All of these nurses are booked to attend their OSCE during December. We are pleased to report that as international travel begins to open up we have welcomed a further 23 nurses in November and 24 are due to arrive in December.

4.2   NHSE/I invited trusts to submit expressions of interest for 3 funding streams associated with accelerating the recruitment and arrival of international nurses. CUH have been successful in this bid and £120,000 has been awarded to accelerate the arrival of international nurses. A further £100,000 has been awarded to CUH to support international nurses in successfully completing their OSCE's and joining the NMC register.

5.   Students

5.1   We have welcomed 172 students (adult nursing, Paediatric nursing, Midwifery and Operating Department Practitioners) from Anglia Ruskin University back into the Trust in September and October for a supernumerary placement. In addition to this, we have 32 nursing degree apprentices currently undertaking a placement.

6.   Actual and Planned Staffing Report - October 2020

6.1   Appendix 1 gives an overview of the planned versus actual coverage in hours for the calendar months of October 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 October was 93.0% (September 93.3%). The overall daytime fill rate for registered midwives for October was 95.1%, (September 91.7%).

6.4   Night shift RN fill rate for October was 95.0%, (September 94.4%). Night shift RM fill rate for October was 96.7% (September 92.3%).

6.5   Exception reports for fill rates in excess <90% is explained in Appendix 2. Twelve ward areas in October reported fill rates of <90% for registered nurses.

6.6   The trend in number of wards reporting <90% rota fill rate has increased throughout the last 3 months. The Trust has employed 13 agency nurses and increased enhancements for staff working bank as measures to help increase fill rate of ward staffing rosters. Fill rates will be regularly reviewed in line with Trust procedure for applying and reviewing bank enhancements and agency workers. The worsening trend in fill rates indicates the impact of higher vacancy rates across the Trust and the effect staff sickness and staff having to self-isolate due to COVID.

Trend data is included in charts below.

Chart 1: Ward rota fill rates

Number of wards reporting < 90% rota fill

Legend: Overall < 90% (blue), RN/RM < 90% (red), HCSW < 90% (green)
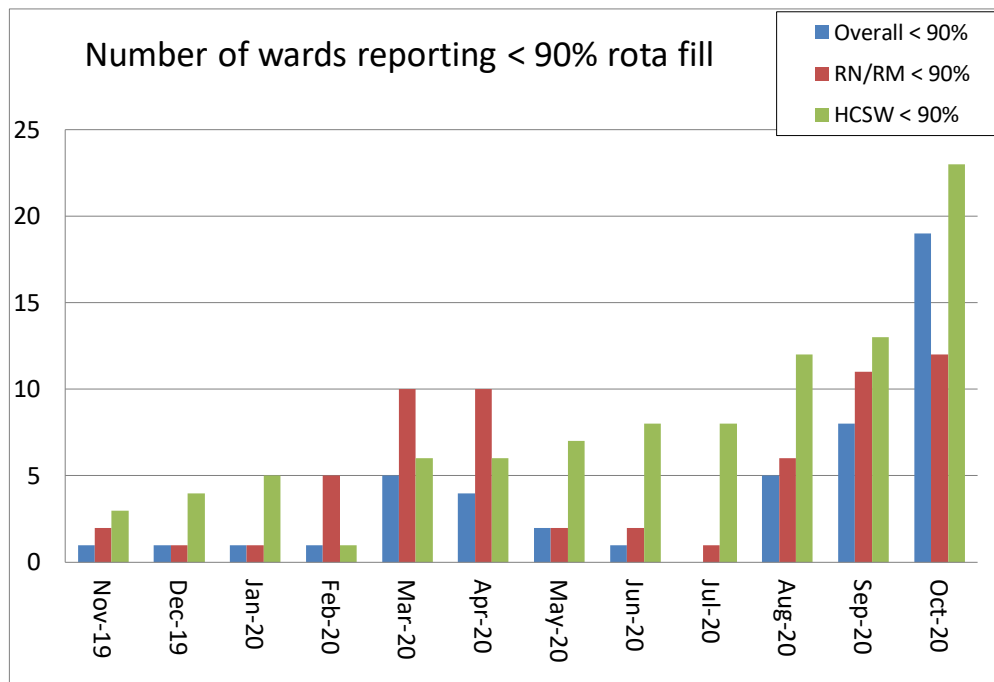
6.7   *Adult Critical Care Units*

Critical care continue to work within GPIC guidelines have now returning to staffing compliance monitoring according to National standards. JVF daytime fill rate for registered nurses was 95.6% and NCCU day time fill rate was 93.5%%. Night time fill rate on JVF was 94.9% and NCCU night time fill rate was 95.8%. There was no requirement to increase capacity in critical care in response to COVID second wave in October.

6.8   *PICU and NICU*

The daytime RN fill rate for PICU in October was 99.4% (September 100%). Night time fill rate was also 100.5% (September 100%). NICU daytime fill rate in October was 93.1% (September 95.1%). Night time fill rate was 95.1% (September 96.9%).

6.9   *Emergency Department (ED)*

Adult ED had a daytime fill rate of 93.4% in October (September 88.2%). Night time fill rate for October 94.9% (September 90.1%). Chart 2 shows the average fill rate in ED as having increased in October. Adult ED continues to have pressures in respect to patients having long waits for ward beds. Patients bedded in the ED places increased demand on nursing workforce for care delivery. Staffing shortages are reviewed at Trust site safety meetings and staff deployed when possible. In addition to this, the practice development team and Matrons provided clinical support during peak times of attendances and high acuity throughout October.

Chart 2: Adult ED fill rate
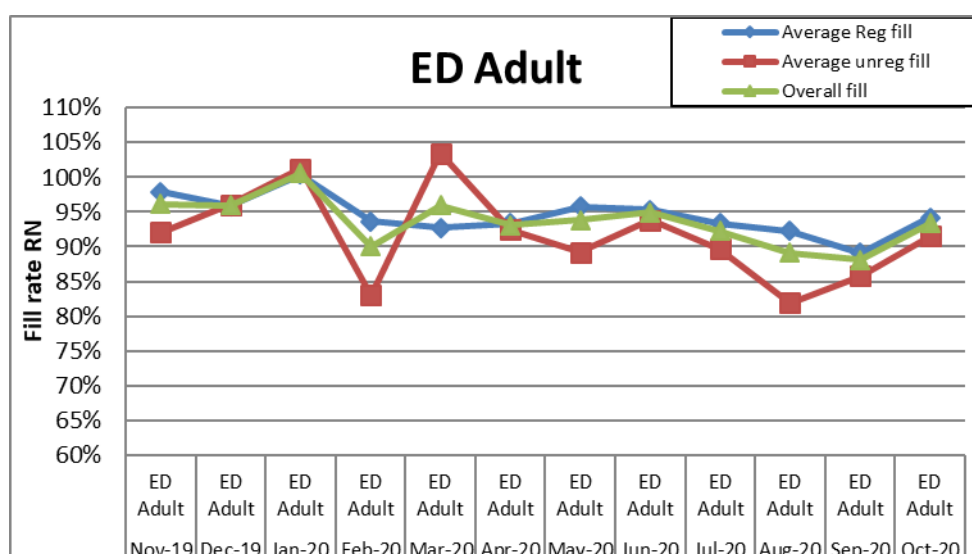
6.10   Paediatric ED day time fill rate in September was 90.7% (August 97.6%). Night time fill rate was 97.7% in September (August 99.1%). Chart 3 shows the average fill rate for Paediatric ED staffing. All shifts were covered with a RCN and the practise development team, Matrons and paediatric bleep holder provided clinical support during times of high attendances.

Chart 3: Paediatric ED fill rate
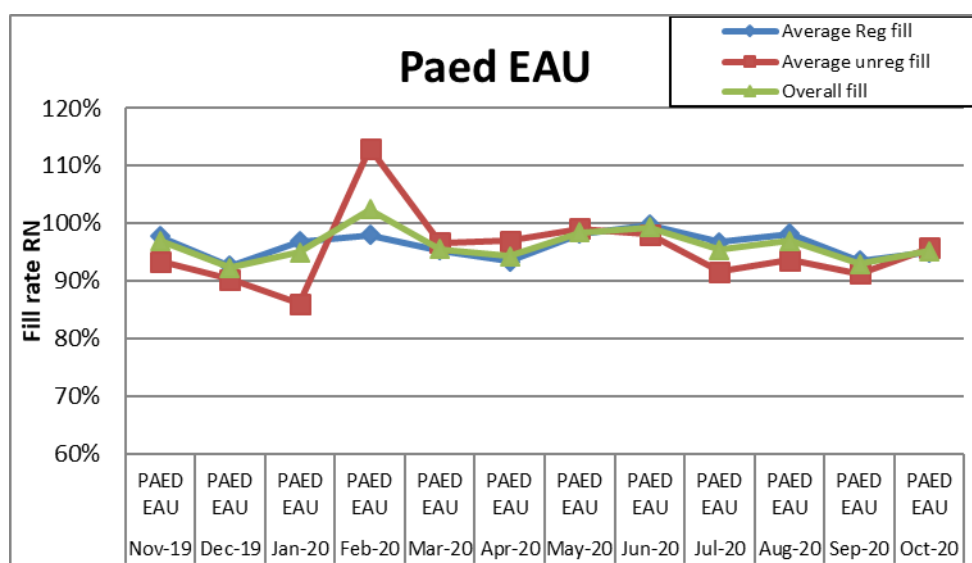
6.11   The current ED RN vacancy rate is 11.44% and for HCSW is 17%. The pipeline for new starters for both RNs and HCSWs is positive.

6.12   A revised staffing establishment is currently under review due to the complexities of patient pathways due to COVID.

6.13   Chart 4 shows the trend in fill rates across paediatric ward areas. The overall fill rate on paediatric wards was 102% for October (September 97%).

Chart 4: Paediatric ward % fill rates

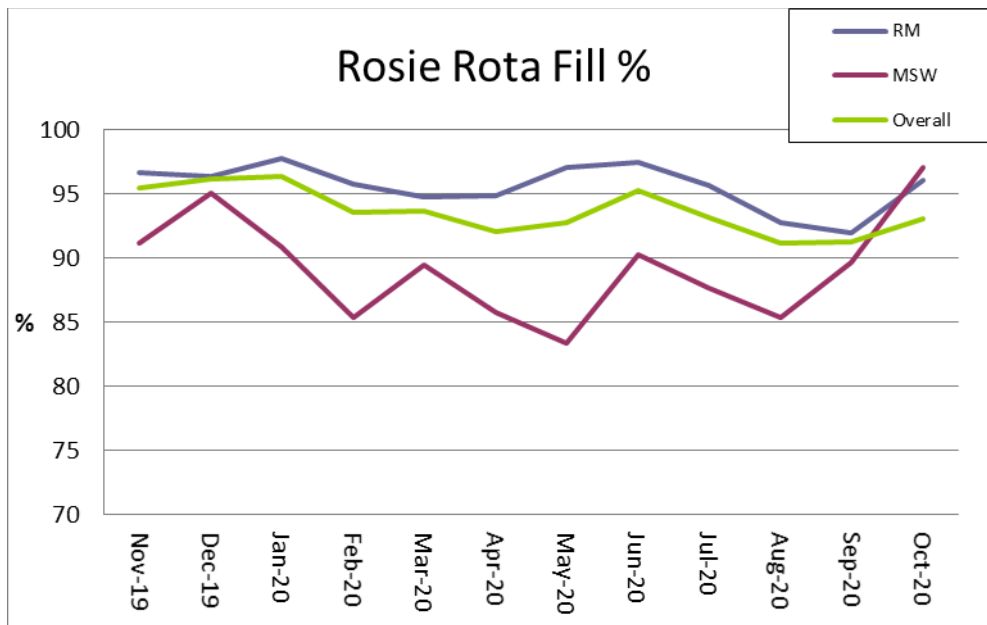**Paediatric Rota Fill %**
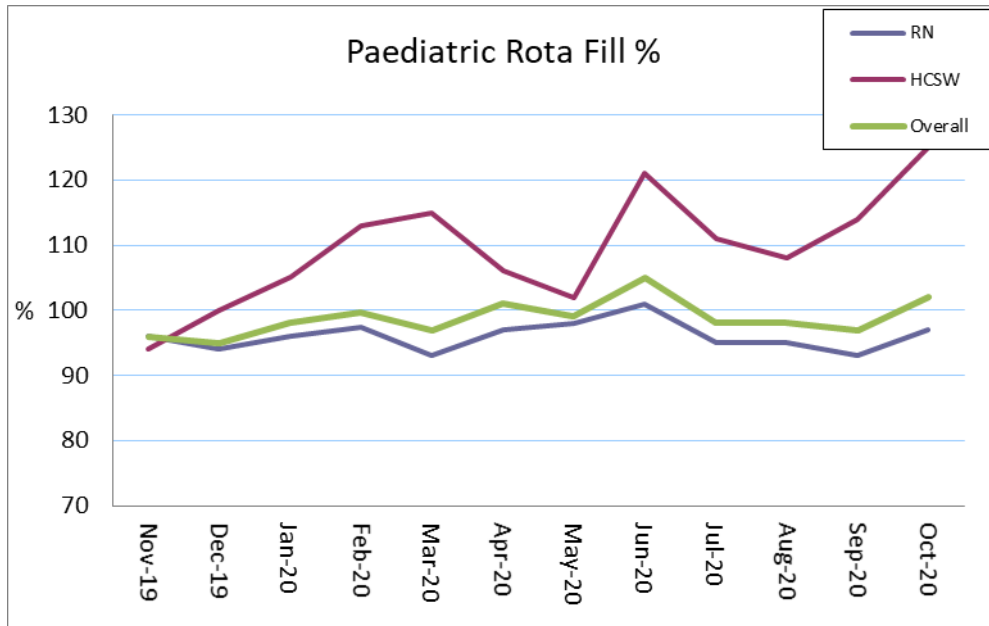
7. Maternity

7.1 Chart 5 shows the trend in % fill rate for the Rosie according to current establishment. RM fill rate during daytime was in September was 91.7% (August 92.7%) and 92.3% at night (August 94%).

Chart 5: Maternity - Rosie % fill rate

Rosie Rota Fill %

Source: CUH MAPS data

8. Operational Exceptions

8.1   CUH has experienced significant operational pressures during October with the Trust on internal critical incident throughout the month. In October 355 patients spent over 12 hours in the department compared to 256 in the month of September, with 110 12hr decision to admit breaches. There were 17 occasions in October when patients were bedded in ED at night due to capacity constraints, this ranged from 2-47 patients. Figure 1 shows the increasing trend in number of patients spending >12 hours in ED.

Figure 1: Patients spending over 12 hours in ED
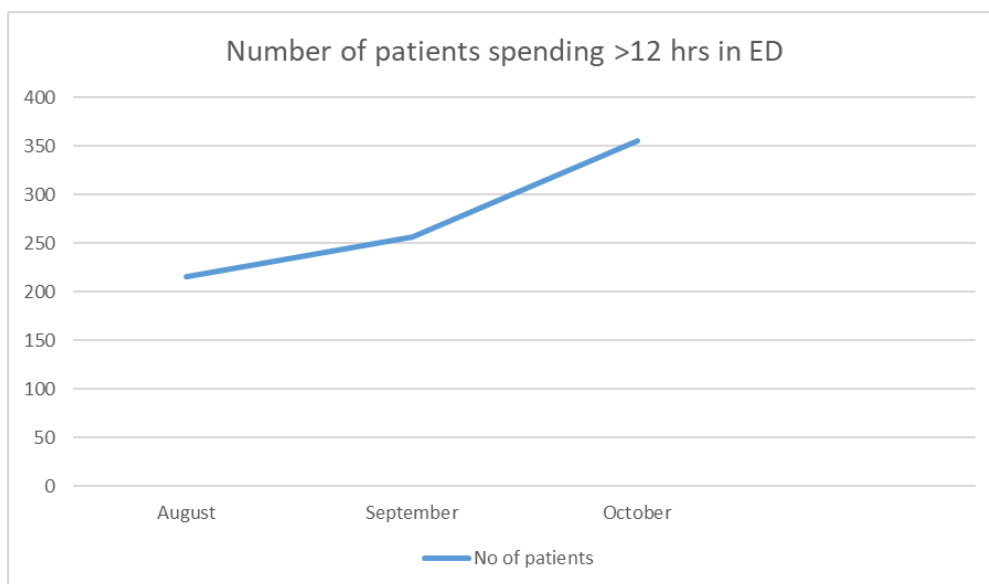
8.2   The nursing reconfiguration taskforce continue to review establishments and skill sets required per area to ensure safe patient care is provided.

9.   Safety and Risk

9.1   The trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing is shown in chart 6 below. The number of incident reports reported relating to nurse staffing have remained high in October. 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. Division D are currently reporting 51 RN vacancies**.**

Chart 6: Incidents reported relating to nurse staffing

**Staff Shortage - Nursing
Nov 2017 - Oct 2020**

Count — Mean — LCL — UCL — Linear (Count)
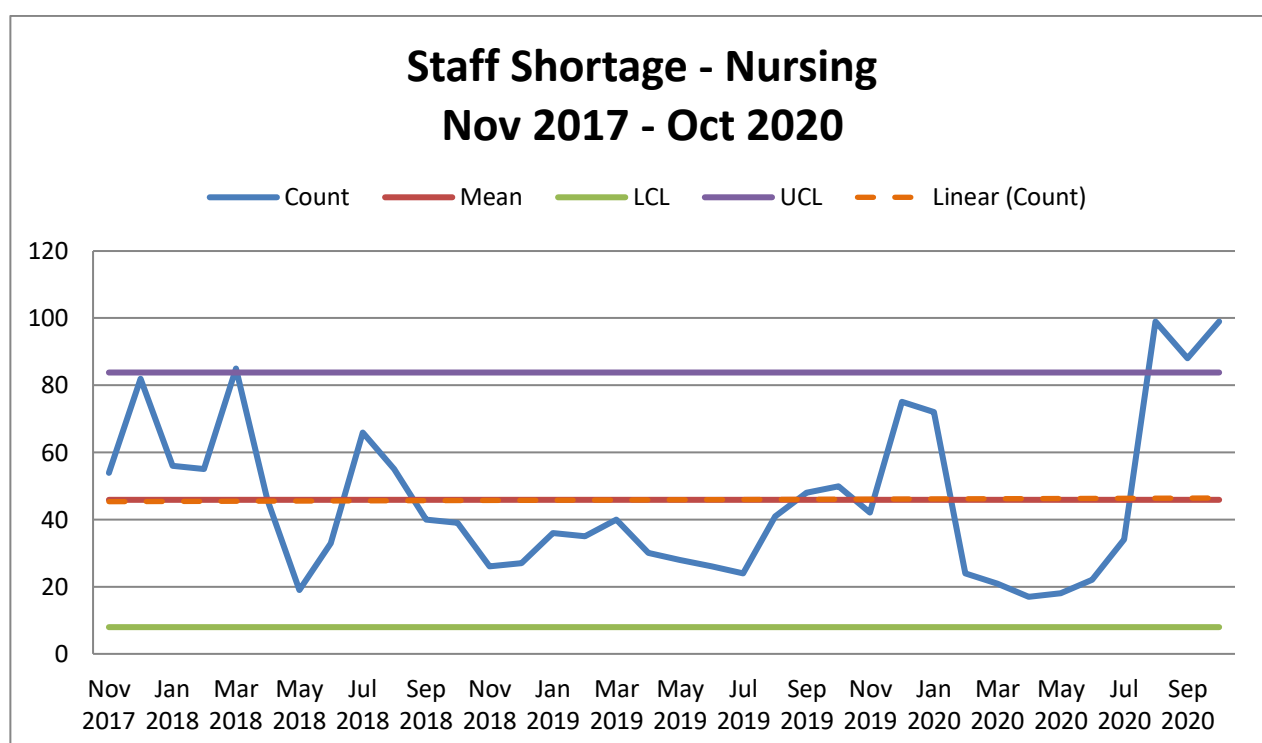
9.2   A daily escalation plan is used in line with the Safer Staffing Policy to mitigate wards with inadequate fill rates or training needs, and to ensure support is directed on a shift by shift basis as required in line with patient acuity and activity demands.

9.3   Movement of staff across wards to support safe staffing can be seen in chart 7. It shows that 12,145 hrs were redeployed in October which is slightly higher than September (12,028). Support structures are in place to ensure staff wellbeing is being considered as part ward reconfiguration.

9.4   Reducing the movement of staff is a key priority in the coming months. An increased focus on recruitment, additional bank enhancements and employment of agency nurses are in place to help improve fill rates, with the aim to reduce the need for less movement of staff.

Chart 7: Redeployment of staff to other ward areas

**Redeployed staff inbound to wards in hours
(includes Substantive and Bank staff who are moved, excludes BM staff)**

Legend: Div A wards, Div B wards, Div C wards, Div D wards, Div E wards, Total (on right axis)
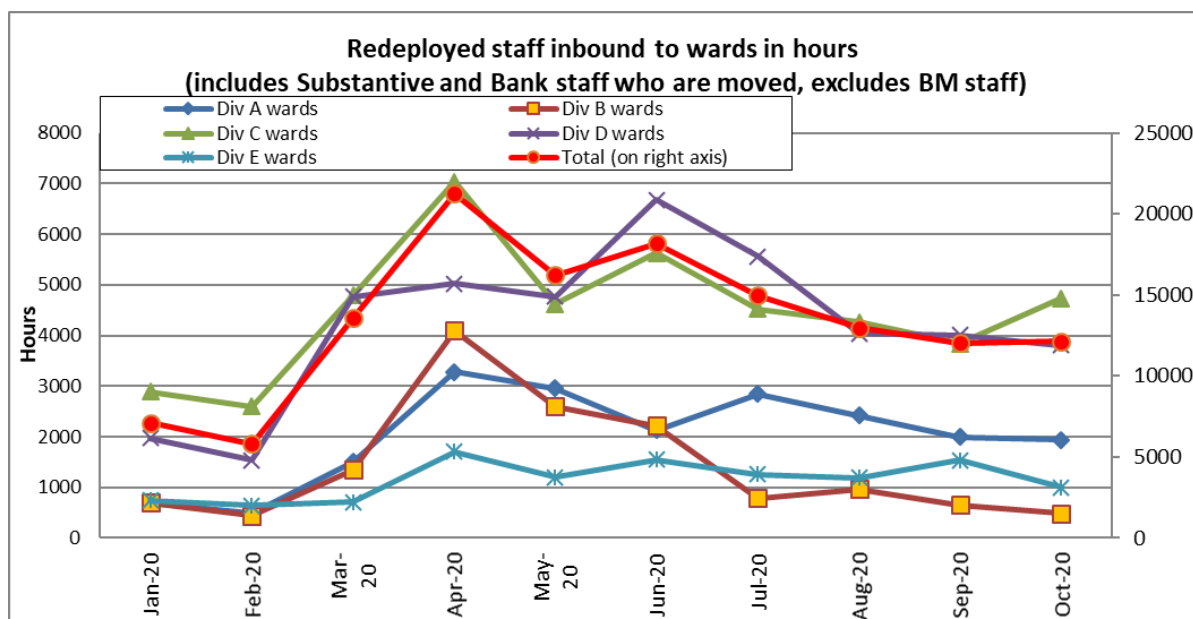
10. Red Flags

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 October, a total of 170 red flags were raised in relation to staffing on adult wards (Chart 8). This was higher than the number raised in September, (104). 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. While 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.

Chart 8: Red flag reporting

All red flags reported by month
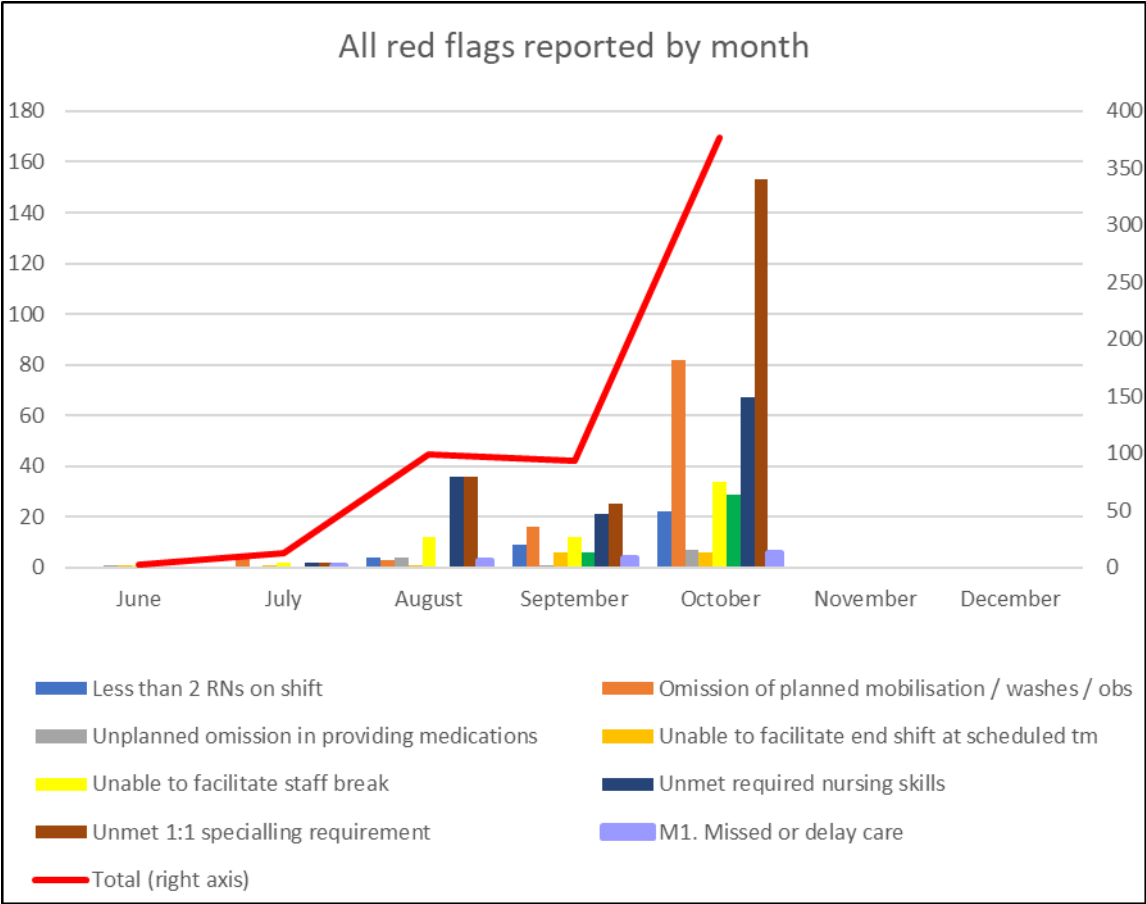
10.2 Chart 9 shows the maternity red flags for October. In October there were 20 occasions when red flags associated with staff being unable to take their breaks were raised. These instances were mainly in the intra partum departments where workload is unpredictable. Work is ongoing in supporting staff breaks in these areas.

Chart 9: Maternity Red Flags

| Summary	Sep 2019	Oct 2019	Nov 2019	Dec 2019	Jan 2020	April 2020	May 2020	June 2020	July 2020	August 2020	Sep 2020	Oct 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%)	88 (35%)	102 (39%)
Missed medication during an admission	0	0	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	0	0
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%)	27 (5%)	30 (5%)
Full clinical examination not carried out when presenting in labour	0	0	2	2	0	0	0	0	0	1	0	0
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%)	68 (38%)	87 (38%)
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%)	8 (4%)	5 (2%)
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	0	0
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	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	10	20
Unable to facilitate supernumerary status of labour ward coordinator	0	0	0	0	0	0	0	0	0	0	0	0
Total	**242**	**403**	**190**	**236**	**169**	**143**	**173**	**186**	**167**	**141**	**201**	**244**

11. Care Hours per Patient Day (CHPPD) and 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 October was 9.86 (September 10.95). Data to compare to Shelford CHPPD is not yet available post COVID.

12. Forecast of Nurse Staffing Position

12.1 Chart 10 shows the nurse vacancy rate for both RNs and HCSWs. The vacancy rate for RNs (bands 5, 6, 7) is 11.23% and HCSW (bands 2, 3, 4) vacancy rate is 17.84%. The RN vacancy rate is a worsening positioning (pre-Covid 6.4%) and this is largely due to a slowing of the international RN pipeline. This is particularly pertinent when planning staffing for the second surge of the COVID pandemic. The majority of RN vacancies are currently across all inpatient ward areas. There is increased focus on actions to improve fill rate on adult in patient wards. There are currently no vacancies within maternity services.

Chart 10: Vacancy rate % for RN and HCSWs
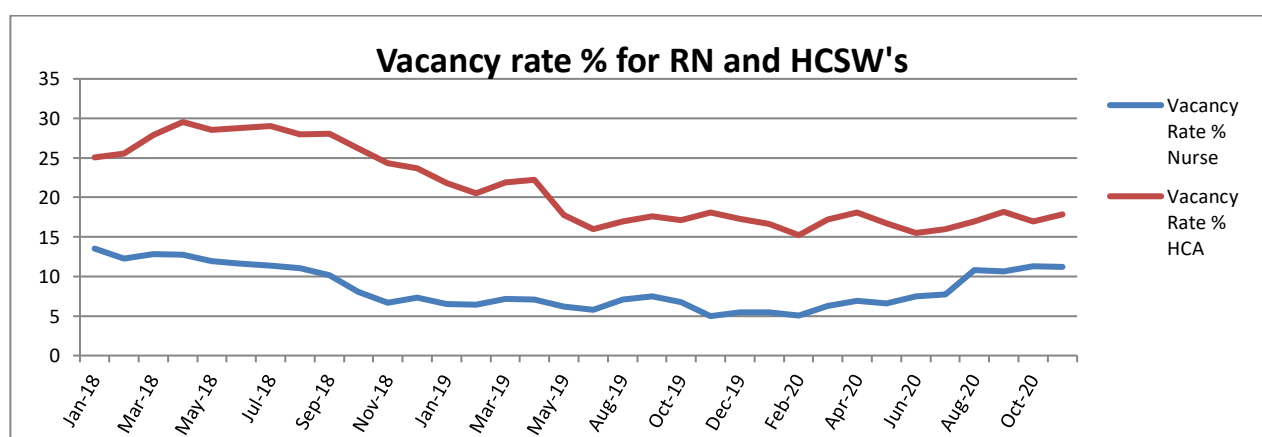
12.2 Chart 11 shows the WTE gap yet to be filled for both RNs and HCSWs. There are 292 Band 5 Nurses in the pipeline (those who have been made offers) 242 from overseas and 50 (external applicants only) from the UK. It is important to note, as stated earlier in the report, that pipeline dates for overseas nurses are unclear.

Chart 11: WTE Gap RN and HCSW

WTE gap RN and HCSW

Legend:
- Establishment WTE Nursing
- Establishment WTE HCA
- In Post WTE Nursing
- In Post WTE HCA
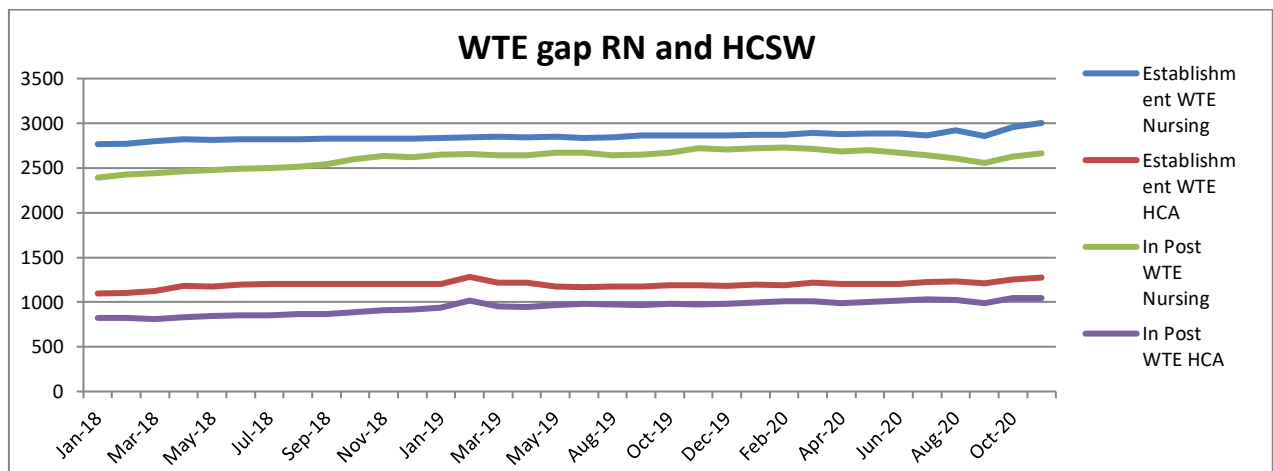
12.3   The self-reported vacancy rate in paediatrics for registered children's nurses (RCN) for October was 6.44% (across all paediatric areas). With posts out to offer the remaining gap to recruit to within paediatrics is 1.2%.

12.4   The current vacancy rate for Healthcare Support Workers is currently 17.84%. The pipeline for HCSW's is positive and includes recruitment to nursing apprenticeship and trainee nursing associate programmes.

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. Recruitment campaigns for RN's are particularly focused on Division C and D, the areas with highest vacancy rates.

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 September, the total number of requests for RN Bank shifts was 8,300 and this increased to 10,652 in October (5 week month). The average fill rate of 75.5 % (see chart 12). The total number of requests for HCSW Bank shifts in September was 6,769 and in October there was a big increase to 9,032 with an average fill rate of 65.7% (5,907 shifts filled with 3125 unfilled) (see Chart 13).

Chart 12: RN bank shift fill

Chart 13: HCA bank shift fill

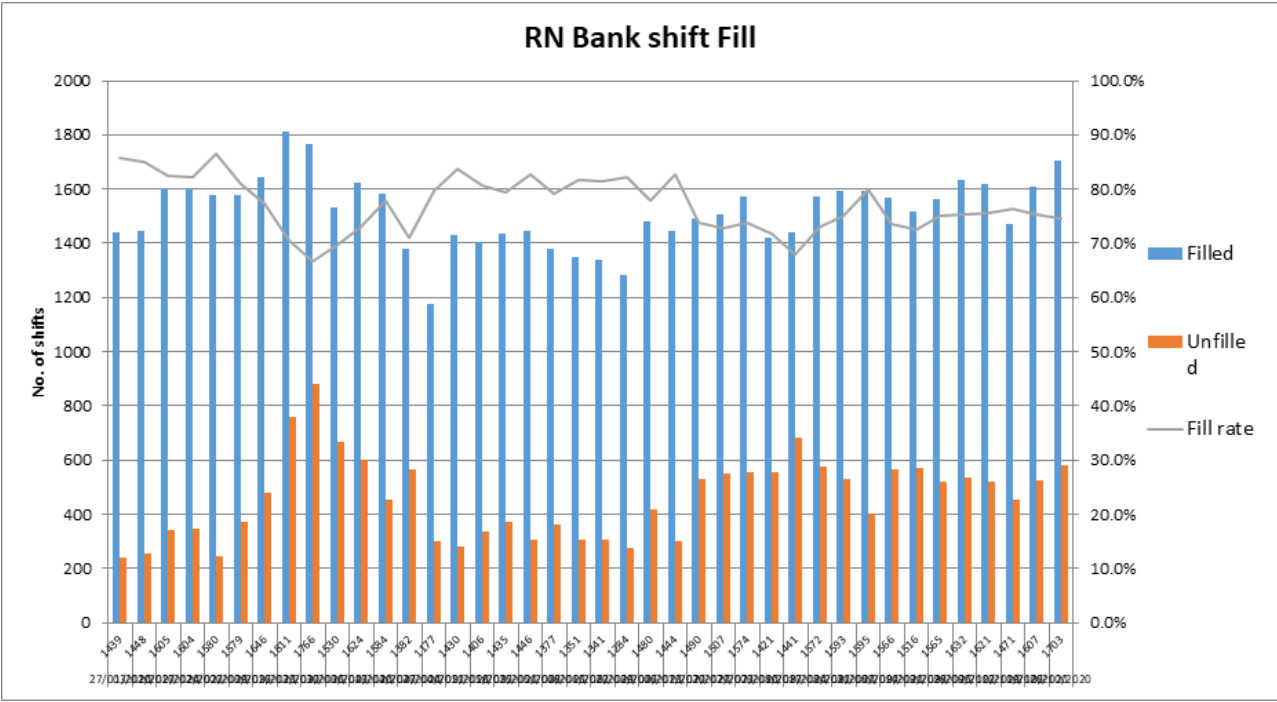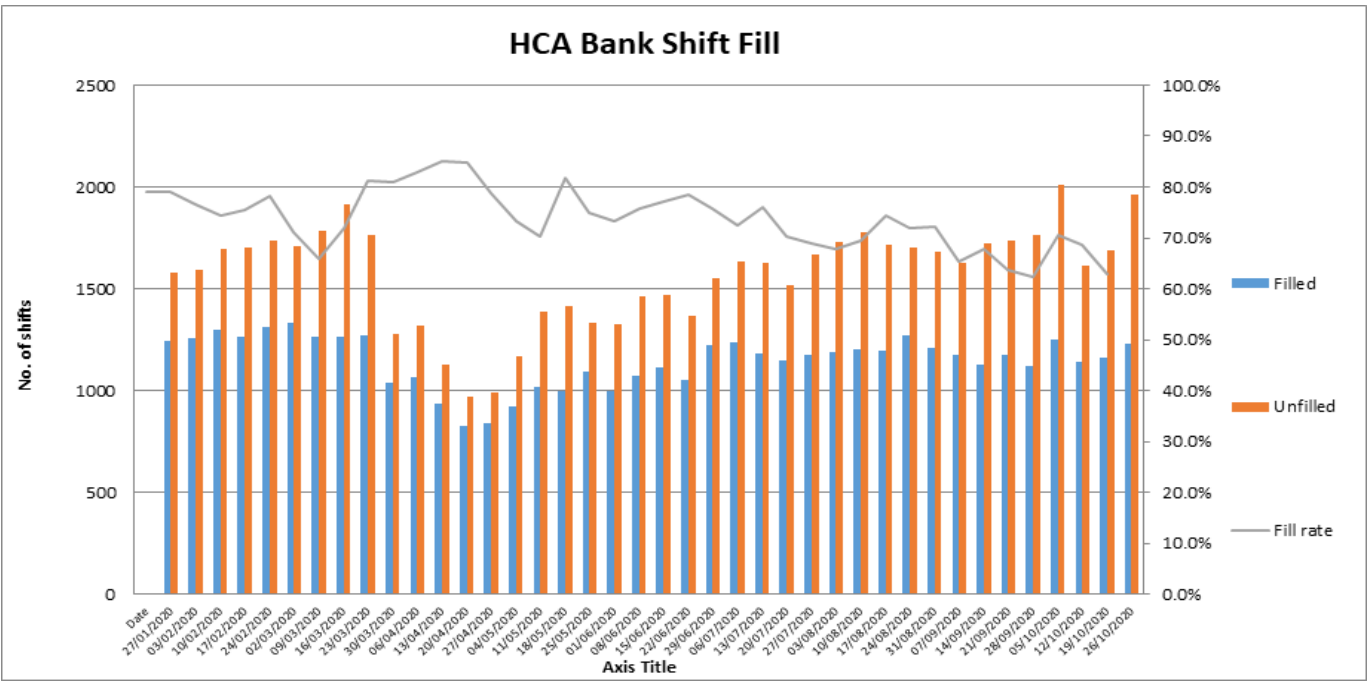**14.   Recommendations**

14.1   The Board of Directors is asked to note:

- The safe staffing report for October 2020.
- The vacancy rate for RNs in October was 11.23% with the highest number of vacancies seen across adult inpatient ward areas.
- The HCSW vacancy rate for October was 17.83%.
- The RM and MCA vacancy rate was 0%.
- Care Hours Per patient Day (CHPPD) for October 2020 was 9.86.

Appendix 1: Actual and Planned Staffing Report (October 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.

Division A

	Main Speciality	Day		Night		Oct-20		
		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)
C7	301 - GASTROENTEROLOGY	99.4%	130.4%	98.8%	144.3%	99%	137%	115%
D6 and SAU	100 - GENERAL SURGERY - RISK MANAGED	95.9%	95.3%	95.2%	108.6%	96%	101%	97%
D8	110 - TRAUMA & ORTHOPAEDICS - PROTECTED	92.2%	128.2%	92.2%	193.7%	92%	149%	111%
L2 overnight stay	100 - GENERAL SURGERY - PROTECTED	#DIV/0!	#DIV/0!	100.0%	70.3%	100%	70%	91%
L4	100 - GENERAL SURGERY - PROTECTED	97.0%	140.0%	97.8%	112.1%	97%	125%	107%
M4	100 - GENERAL SURGERY - PROTECTED	92.7%	97.0%	90.8%	104.5%	92%	101%	95%
IDA	192 - CRITICAL CARE MEDICINE - PROTECTED	97.1%	83.8%	100.0%	76.3%	99%	80%	94%
JOHN FARMAN ICU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	95.6%	87.5%	94.9%	93.5%	95%	91%	95%
NCCU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	93.5%	89.8%	95.8%	84.3%	95%	87%	94%
OIR	100 - GENERAL SURGERY - PROTECTED	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
	Overall divisional fill	**95%**	**108%**	**96%**	**111%**	**96%**	**109%**	**98%**

Division B		Day					Night				Day		Night		Oct-20		Total % hours filled (registered and care staff)
	Main Speciality	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	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	1726	1642	328	331	0	0	1070	1047	322	299	95.2%	101.1%	97.8%	92.9%	96%	97%	96%
C9	Teenage Cancer Trust	720	720	355	355	0	0	713	713	345	308	100.0%	100.0%	100.0%	89.1%	100%	95%	98%
D9	Oncology	2963	2655	1481	1401	0	0	2055	1835	1047	1080	89.6%	94.6%	89.3%	103.2%	89%	98%	92%
	Overall divisional fill %	5408	5017	2164	2087			3838	3595	1714	1687	93%	96%	94%	98%	93%	97%	94%

Division C

	Main Speciality	Day		Night		Oct-20		
		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	430 - GERIATRIC MEDICINE - PROTECTED	89.7%	108.6%	96.3%	141.5%	92%	123%	105%
C5	361 - NEPHROLOGY - PROTECTED	96.2%	93.7%	97.6%	135.4%	97%	108%	101%
C6	350 - INFECTIOUS DISEASES - RISK MANAGED	85.9%	65.8%	78.7%	66.7%	82%	66%	77%
D10	350 - INFECTIOUS DISEASES - RISK MANAGED	82.0%	86.4%	85.6%	96.7%	84%	92%	85%
D5	300 - GENERAL MEDICINE - PROTECTED	91.1%	113.2%	100.2%	147.9%	95%	128%	105%
EAU 4	300 - GENERAL MEDICINE - PROTECTED	91.8%	89.7%	95.3%	94.7%	93%	92%	93%
EAU 5 (MSEU)	300 - GENERAL MEDICINE - RISK MANAGED	92.5%	96.2%	96.1%	133.0%	94%	112%	101%
F4	430 - GERIATRIC MEDICINE - PROTECTED	94.6%	135.1%	98.9%	177.4%	96%	156%	118%
F5	100 - GENERAL SURGERY - PROTECTED	100.0%		98.4%		99%		99%
F6	430 - GERIATRIC MEDICINE - PROTECTED	93.0%	108.5%	96.2%	102.1%	94%	105%	100%
G3	300 - GENERAL MEDICINE - PROTECTED	86.5%	92.0%	93.5%	116.0%	90%	100%	94%
G4	430 - GERIATRIC MEDICINE - PROTECTED	92.8%	94.1%	90.2%	156.0%	92%	115%	101%
G5	100 - GENERAL SURGERY - PROTECTED	92.4%	81.3%	97.7%	95.0%	94%	87%	92%
G6	430 - GERIATRIC MEDICINE - PROTECTED	90.3%	97.0%	96.8%	131.3%	93%	108%	99%
J3	300 - GENERAL MEDICINE - PROTECTED	94.2%	93.5%	99.1%	91.3%	96%	92%	95%
N2	300 - GENERAL MEDICINE - RISK MANAGED	86.3%	77.6%	89.2%	92.6%	88%	85%	87%
	Overall divisional fill %	92.0%	**96.7%**	95.1%	**117.8%**	**93%**	**106%**	**98%**

Division D	Main Speciality	Day		Night		Oct-20		
		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	400 - NEUROLOGY - PROTECTED	74.8%	61.6%	98.6%	58.9%	**84%**	**60%**	**75%**
A4	400 - NEUROLOGY - PROTECTED	85.8%	98.2%	86.7%	129.3%	**86%**	111%	96%
A5	150 - NEUROSURGERY - PROTECTED	92.4%	208.5%	84.0%	255.3%	**89%**	229%	145%
C8 Neuro	150 - NEUROSURGERY - RISK MANAGED	90.4%	109.4%	80.1%	128.0%	**86%**	118%	98%
D7	302 - ENDOCRINOLOGY - PROTECTED	95.0%	100.1%	96.7%	117.5%	96%	108%	101%
J2	314 - REHABILITATION - PROTECTED	91.6%	240.5%	95.9%	497.5%	93%	307%	169%
K3	320 - CARDIOLOGY - PROTECTED	89.4%	79.2%	87.6%	113.0%	**89%**	93%	**90%**
K3 CCU	320 - CARDIOLOGY - PROTECTED	83.6%	85.6%	96.0%		89%	87%	89%
LEWIN	328 - STROKE MEDICINE - PROTECTED	92.2%	136.6%	93.5%	188.2%	93%	155%	119%
L5	100 - GENERAL SURGERY - PROTECTED	96.3%	115.7%	95.2%	143.3%	96%	129%	108%
M5	120 - ENT - PROTECTED	93.0%	97.6%	89.9%	108.7%	92%	103%	96%
R2	328 - STROKE MEDICINE - PROTECTED	86.4%	110.6%	100.0%	131.0%	92%	117%	100%
	Overall divisional fill %	**90.4%**	**126.0%**	**91.3%**	**156.2%**	**91%**	**138%**	**108%**

Maternity	Main Speciality	Day		Night		Oct-20		
		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	93.8%	85.7%	100.1%	91.6%	96%	**88%**	93%
Delivery Unit	Obstetrics	96.1%	74.3%	96.2%	91.4%	96%	**83%**	93%
Lady Mary Ward	Obstetrics	96.4%	90.0%	98.0%	98.3%	97%	93%	96%
RBC	Obstetrics	91.7%	57.2%	94.3%	97.0%	93%	**76%**	**89%**
Sara	Obstetrics (antenatal)	96.0%	85.5%	98.3%	93.3%	97%	**88%**	**94%**
	Overall divisional fill %	**95%**	**82%**	**97%**	**94%**	96%	87%	93%

Childrens	Main Speciality	Day		Night		Oct-20		
		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	96.7%	125.3%	97.7%	80.0%	97%	119%	99%
C3	Paediatric medicine & surgery (babies)	91.1%	160.6%	99.2%	92.3%	94%	134%	102%
Charles Wolfson Ward	Mother and Babies	89.8%	86.1%	98.5%	97.0%	93%	89%	92%
D2	Paediatric medicine & surgery	87.9%	127.8%	93.3%	85.1%	90%	110%	95%
F3	Paediatric DoSA + Cont			93.6%	100.0%	98%	119%	105%
PICU	Paediatric Critical Care	99.4%	179.9%	107.1%	100.5%	103%	150%	107%
Neonatal Unit	Neonatal Critical Care	93.6%	64.9%	97.2%	79.2%	95%	**71%**	93%
	Overall divisional fill %	95%	127%	101%	92%	97%	116%	101%

Emergency Department		Day		Night		Oct-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	128.5%	78.8%			128%	**79%**	108%
ED Adult	ED	93.4%	90.6%	94.9%	92.3%	94%	**91%**	93%
ENP	ED	110.7%				111%		111%
Paed ED	ED	**92.3%**	92.8%	98.9%		95%	96%	95%
	Overall divisional fill %	**98%**	**89%**	**95%**	**93%**	**97%**	**91%**	**95%**

Appendix 2: Staffing Exception report October 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.

Oct-20					Report from the Divisional Head of Nursing		
Division	B	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D9		89.0%	98%	92%	25% RN vacancies and an increased establishment due to having to absorb unstable Haematology patients (some having BMT) into the ward specialty. In addition D9 has been asked to support unplanned opening of CAU and the Haematology Day Unit overnight which has greatly impacted on nurse:patient ratios. All but 2 WTE vacancies have a pipeline in. Safely inducting and skilling these staff will be a priority as well as retaining the staff we have.	Supervisory sisters unable to have their supervisory time, we have seen that this impacts on KPIS and staff well-being. Ward KPIs remain a concern. There were two grade 2 pressure ulcers in October, overdue incidents are increasing and the number of falls have not met improvement target.	1. bank enhancements in place from early November; this has had a modest impact on fill rate. 2. Sisters are being encouraged to accurately report supervisory time and to take these where they can. 3. Senior Team have agreed a plan to support the team to meet KPI expectations. 4. staff well-being measures are in place. 5. additional Divisional presence ont he ward. 6.Addition support has been allocated to support the SLR investigation and learning process.
Division	C	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C6		82%	66%	77%	Gaps between demand and availability, RN 11.9 WTE, availability 6.7 WTE. HCSW deman 7.5 WTE, availability 3.9 WTE. Red covid area has caused incraese in acuity and dependency of patients	Supervisory sisters/charge nurses unable to meet supervisory time impacting on ability to monitor quality and undertake audits. Safety checks not completed. Sickness among senior team and other staff due to isolation.	1. Bank enhancements in place, review 27/11/20. 2. Agency nurse assigned to ward. 3. Divisional transfers. 4. 3 pipeline RNs, 3 pipeline HCSW. 5. Div A RN support 6. Unused contracted hours to be allocated within acceptable range, 7. Ongoing SNCT review in relation to acuity of patients
D10		84%	92%	85%	Gaps between demand and availability, RN demand 14.8 WTE, availability, 10.3 WTE. Impacted by smaller workforce.	Supervisory sisters/charge nurses unable to meet supervisory time impacting on ability to monitor quality and undertake audits. Safeguarding concern raised in relation to patient care.	1. Monitoring of SNCT to determine requirements for addiitonal RN. 2. Transfer of staff from ward N3 when required. 3. 2 RNs in pipeline 4. unused contracted hours to be allocated within acceptable range, 5. 2 RN in pipeline
G3		89%	100%	93%	Gaps between demand and avaibaility; RN demand 19.4WTE, availability 13.2 WTE. High sickness impacting on unavailability.	Supervisory sisters/charge nurses unable to meet supervisory time impacting on ability to monitor quality and undertake audits. Current SI (HAPU). Fall with #, peripheral learning.	1. Monitoring of SNCT particularly in light of change in speciality. 2. Staff education in relation to speciality, 3. 2 RN in pipeline
N2		88%	85%	87%	Gaps between demand and availability high; RN demand, 30.4WTE, staff available, 18.1WTE. HCSW demand, 21.2 WTE, staff available 12.1WTE. High unavailability, RN, 28.8%, HCSW, 36.7%. High sickness and parenting.	Supervisory sisters/charge nurses unable to meet supervisory time impacting on ability to monitor quality and undertake audits. Patient complaint regarding care.	1. Ongoing recruitment, all HCSW vacancies filled awaiting employment checks, 2. Webinar sourced 1 RN, plus 4 other RN in pipeline. 3. Ongoing SNCT monitoring to determine safe levels of staffing in response to activity and acuity.

Division	D	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
A3		84.4%	**60%**	**75%**	The low fill rate is distorted as this data is based on A3 running 11 beds, however only running at eight beds currently. The under fill is also caused by a vacancy gap created by increasing the nursing establishment to support the reconfiguration of A3 from a predominantly day case ward to a 24/7, 365 days inpatient area.		
A4		86.2%	**111%**	96%	The low RN fill rate is due to the vacancy gap within A4 in part created by Covid. There are to date 5.13 RN vacancies and 4.87 HCAs on A4. The HCA overfill is due to specialing requirements for cognitive impaired trauma and neurosurgical patients; specialing needs are currently not factored into the nursing establishment.	All key patient safety and quality metrics are being tracked, no apparent impact detectable. Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -increased reporting of staff shortage incidents (no harm).	Recruitment focus of the Matrons and Ward Managers. Bank enhancements in place for A4, A5, C8
A5		88.6%	**229%**	145%	The low RN fill rate is due to the vacancy gap within A5 in part created by Covid. There are to date 3.86 RN vacancies and 9.36 HCAs on A5. The HCA overfill is due to specialing requirements for cognitive impaired trauma and neurosurgical patients; specialing needs are currently not factored into the nursing establishment. There is a higher than normal specialing requirement due to high acuity and dependency of the patients undergoing elective surgery (P1 and P2 only).	Senior Sister is consistently required to support clinical caseload an therefore supernumerary time required to fulfil their role is compromised. Practice Development Nurses are also repeatedly supporting clinical shifts and therefore their training adn QI role is compromised. This will become more of an issue from December as new starters begin to return to the Trust as recruitment improves.	Neuroscience CNS teams supporting wards with designated clinical time/shifts from November to February. Agency Nurse allocated rota line on A5 Matrons developing Retention strategy for inpatient wards
C8 Neuro		85.6%	**118%**	98%	The low RN fill rate is due to the vacancy gap on C8 is created by the increased three beds on this ward due to its change in function to a Covid-Amber speciality ward. There are to date 6.39 RN vacancies and 3.0 HCAs on A4. The HCA overfill is due to specialing requirements for cognitive impaired trauma and neurosurgical patients; specialing needs are currently not factored into the nursing establishment.		
K3		88.6%	**92%**	90%	The low RN and HCA fill rate is due to an uplift in establishment, required only when the ward takes a Covid amber or red patient. This is the only designated ward in the trust that can care for Covid amber and red patients who need specialist cardiology management. Therefore extra nurses are required on the shift when these patients are admitted - requirement not present everyday and the vacancy gap created by this situation is bridged by bank nurses who are not always available. K3 and CCU are staffed by a single nursing team.	All key patient safety and quality metrics are being tracked, no apparent impact detectable. Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -increased reporting of staff shortage incidents (no harm). Senior Sister is consistently required to support clinical caseload an therefore supernumerary time required to fulfil their role is compromised.	Recruitment focus of the Matrons and Ward Managers. Matrons developing Retention strategy for inpatient wards
K3 CCU		89.2%	**86%**	**89%**			
Division	E	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
RBC		**92.0%**	**76%**	**89%**	The establishment on RBC is being reduced in a phased approach throughout the intorduction of Continuity of carer. Establishments are not yet updated on healthroster.	None	CoC teams are supporting intrapartum care for their teams in the RBC so no short fall.

SCN = Senior Clinical Nurse	*FFT = Friends and Family Test*	*ST = Safety Thermometer*	*NQMs = Nursing Quality Metrics*	*NMC = Nursing and Midwifery Council*
ONP = Overseas Nurses Programme	*WTE = Whole Time Equivalent*			

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	EU	Overseas	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-20	8							8	7.36	1539	1659	7.29%	120.96
May-20	5							5	12.7	1511	1660	8.95%	148.6
Jun-20	2	1						3	13.97	1506	1659	9.22%	152.98
Jul-20	5							5	9.4	1503	1670	10.04%	167.71
Aug-20	2	3					1	5.44	16.32	1471	1671	11.99%	200.41
Sep-20	3	6	3				13	25	18.37	1468	1661	11.64%	193.4
Oct-20	3	2	2				4	11	21.35	1486	1685	11.82%	199.07
Nov-20	6	1			1		25	33	12	1495	1685	11.28%	190.07
Dec-20	4						23	27	14.34	1495	1685	11.24%	189.41
Jan-21	5						20	25	10	1498	1685	11.06%	186.41
Feb-21	5						15	20	17.04	1489	1685	11.60%	195.45
Mar-21	5	5	5	12		10	15	52.48	22.3	1508	1685	10.52%	177.27
TOTAL	53	18	10	12	1	10	116	221	175.15	1508	1685	10.52%	177.27

	Paediatric band 5 RN position based on predictions and established FTE												
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	Return to Practice	Overseas	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

Month													
Apr-20	1		1				2	0	1	196.21	236.45	17.02%	40.24
May-20	0						0	2	2	195.24	236.45	17.43%	41.21
Jun-20	1						1	2	2	191.28	236.45	19.10%	45.17
Jul-20	1						1	1	0	193.01	236.45	18.37%	43.44
Aug-20	1						1	3	2	188.89	236.45	20.11%	47.56
Sep-20	1	5	1	1			8	6	1	192.33	236.45	18.66%	44.12
Oct-20	5	7	4		1	5?	17	3	1	208.28	236.45	11.91%	28.17
Nov-20	1	1					2	2	2	206.28	236.45	12.76%	30.17
Dec-20			1				1	2	1	204.28	236.45	13.61%	32.17
Jan-21							0	2	1	201.28	236.45	14.87%	35.17
Feb-21	2						2	2	2	199.28	236.45	15.72%	37.17
Mar-21	2						2	3	2	196.28	236.45	16.99%	40.17
TOTAL	15	13	7	1	1	0	37	27	17	196.28	236.45	16.99%	40.17

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-20	9		9	8	733	861	14.9%	128
May-20	12	15	27	12	752	861	12.6%	109
Jun-20	4	25	29	9	771	861	10.4%	90
Jul-20	7	7	14	13	775	861	10.1%	87
Aug-20	6	4	10	22	756	856	11.7%	101
Sep-20	10	8	18	12	735	862	14.8%	127
Oct-20	16		16	13	738	862	14.4%	124
Nov-20	12	4	16	5	749	862	13.1%	113

Dec-20	10	5	15	11	753	862	12.7%	109
Jan-21	23		23	10	766	862	11.2%	96
Feb-21	23		23	13	776	862	10.0%	86
Mar-21	23		23	19	780	862	9.5%	82
TOTAL	**155**	**68**	**223**	**147**	**780**	**862**	**9.5%**	**82**