

Cambridge University Hospitals NHS Foundation Trust

April 2021

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

1. Executive Summary

- 1.1 The Chief Nurse's Office, divisional heads of nursing, operational leads and the workforce teams are working closely together to ensure our wards and departments are safely staffed at Cambridge University Hospitals (CUH) as we respond to the third surge on the Covid 19 pandemic.

2. Purpose

- 2.1 The purpose of this paper is to present the Board of Directors an overview of current process in place to ensure oversight and decision making in relation to safe nursing and midwifery staffing levels during the current wave of the COVID pandemic.
- 2.2 Part One of this paper gives an overview of nurse staffing across the Trust including nurse to patient ratios, staff redeployment, CHPPD, reports of NICE red flag staffing issues as well as bank usage and nursing and midwifery recruitment pipeline for the month of February 2021.
- 2.3 Part Two of this paper provides an overview (March 2020 to February 2021) of midwifery workforce, including areas of challenge, for the Board of Directors to note.

3. Background – national and local context

- 3.1 In December 2020, NHSE/I together with Health Education England, produced advice on acute sector workforce models during Covid-19. The document provides a framework to help support Trusts to organise their workforce in a way best suited to deliver plans whilst responding to Covid surge. It gives guidance on critical care staffing ratios, potential groups of staff to provide critical care nursing and staff deployment and training.
- 3.2 NHSE/I have since produced a reference guide to support staffing assurance framework – Deployment and assurance of clinical nursing workforce during the Covid-19 emergency. This outlines the key considerations in the safe deployment and redeployment of staff during this unprecedented time.
- 3.3 Since March 2020, in response to the Covid-19 pandemic, CUH has required an extensive re-design of wards and department reconfigurations resulting in significant impact on the nursing workforce.
- 3.4 The Trust has required further reconfiguration of services as the current wave of the pandemic has seen a significant critical care surge and increasing numbers of patients with Covid-19 cared for in ward areas throughout January. This has required extensive staff redeployment to ensure staff with the right skills are in the right place in order to ensure patient safety. However, February began to see

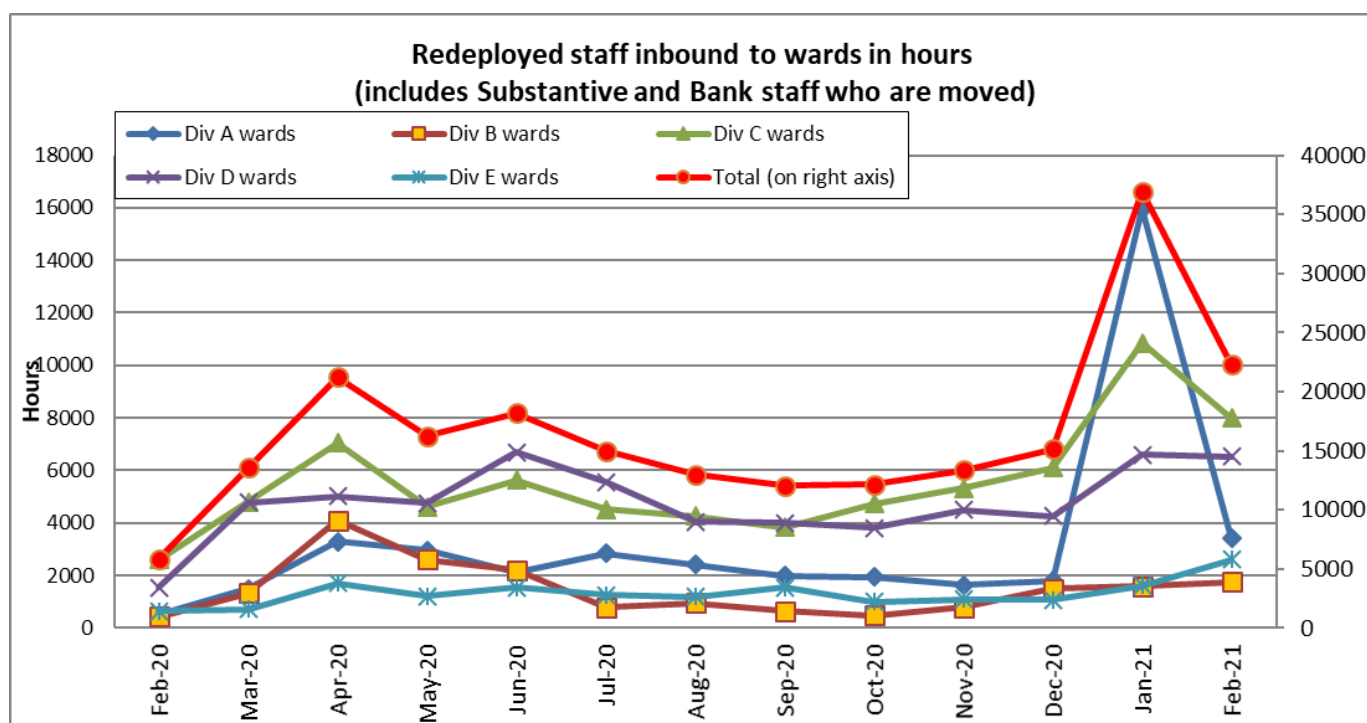
a decline in numbers of Covid patients and hence staff started to be released back to ward areas.

- 3.5 Availability of nursing staff has been significantly affected as a result of self-isolation of staff who have either been required to do so as deemed clinically extremely vulnerable or have been subject to Covid contact tracing, along with an increased sickness rate.
- 3.6 An annual establishment review would normally be presented in April. However, due to significant ward reconfigurations during Covid, a full review has not been possible. An overview and summary of establishment changes will be presented in May 2021.

PART ONE: MONTHLY STAFFING REPORT

4. Staff deployment

- 4.1 The rapid increase in Covid prevalence and admissions in December and January required a responsive staff redeployment process to match the operational reconfiguration of wards and critical care surge.
- 4.2 The Chief Nurse led daily huddles with representation from divisional heads of nursing, director of AHP and deputy director of workforce throughout February. Nursing and AHP staffing challenges were discussed and key decisions were taken in respect to staff redeployment, training and skills mix and nurse to patient ratios. Key principles, which underpin decision-making, were agreed and approved through management executive.
- 4.3 Key decisions agreed at the huddle were and continue to be overseen by Management Executive and a taskforce consisting of the workforce director, finance director and chief nurse has been established to ensure oversight of decisions.
- 4.4 Nurse staffing ratios continue to be reviewed three times daily and actions taken to ensure safe deployment of the workforce with concerns escalated in line with safe staffing policy and through the incident command structure if necessary.
- 4.5 Ratios in critical care varied shift by shift in February. Critical care were predominantly working at a 1:2 (CC trained nurse to patient) in February. In March, critical care have returned to pre second wave bed base (capacity 59) and are now staffing according to GPIC standards.
- 4.6 Ratios on wards improved throughout February as critical care surge de-escalated and staff were deployed back to ward areas.
- 4.7 All redeployments are being overseen by the senior nursing huddle and where possible staff are being deployed back to their original wards and departments.
- 4.8 Movement of staff across wards to support safe staffing can be seen in the chart below. It shows that 22,272 hrs were re-deployed in February which is less than that for January (36,949 hrs).



5. International nurse deployment

5.1 In October 2020, NHSE/I invited NHS organisations to bid for funding to support international nurse recruitment. CUH were successful in the following bids:

- a) To support the arrival of 80 nurses by 31 January 2021, CUH were awarded £120,000 to deliver this. CUH have been successful in the deliverable of this objective with a total of 95 international nurses commencing in the Trust from 1 September 2020 to 31 January 2021.
- b) To recruit an additional 50 international nurses than the planned 192 nurses between 1 November 2020 and 31 October 2021 (total to be recruited 242). CUH were awarded £100,000 to deliver this.

In addition to these funding streams, in January NHSE/I confirmed an additional £350,000 of funding for the organisation to support the recruitment and arrival of an additional 50 international nurses (£7,000 per nurse) between February and April 2021.

5.2 The following chart illustrates the number of international nurses that have arrived between 1 October 2020 and 21 March 2021, the number who have passed their OSCE and those booked to attend.

Figure 1: International nurse arrivals and OSCE results

	Number of candidates
Number of nurses who arrived in March	37
Total Number of nurses arrived 1 October 2020 – 21 March 2021	152
Number of nurses who have passed their OSCE	51
Number of nurses booked to attend OSCE	33 (Mar) 20 (April) 48 (May)

- 5.3 The progress above coupled with the fact that CUH are expected to welcome between 20 and 30 nurses per month from overseas demonstrates that the target to achieve all of the deliverables within the funding bids is on track.

6. Student nurses paid clinical placement

- 6.1 On 14 January 2021, the NMC reintroduced the emergency standards to enable final year nursing students to opt in to a paid extended clinical placement. This decision was in response to a request from the secretary of State for Health and Social care and the Chief Executive of NHS England to enable students to be able to support the NHS and Social care workforce to provide care to patients.
- 6.2 CUH's partner universities have provided final year nursing students with the opportunity to work for 30hrs per week on a paid clinical placement.
- 6.3 28 final year nursing students have taken up this opportunity to support CUH from 1 February for 12 weeks. These students are rostered within the non-registered nursing establishment as a band 4 final year student.
- 6.4 It should be noted that these emergency standards only relate to final year nursing students. The Higher Education Institutions (HEIs) took the decision to remove all first year Nursing and Midwifery students from practice in December. However, the plan is that these students will return to clinical placements in March 2021. The table below details the number of first year students that CUH will welcome back into the Trust.

Figure 2: Number of 1st year Nursing and midwifery students commencing placement in March 2021

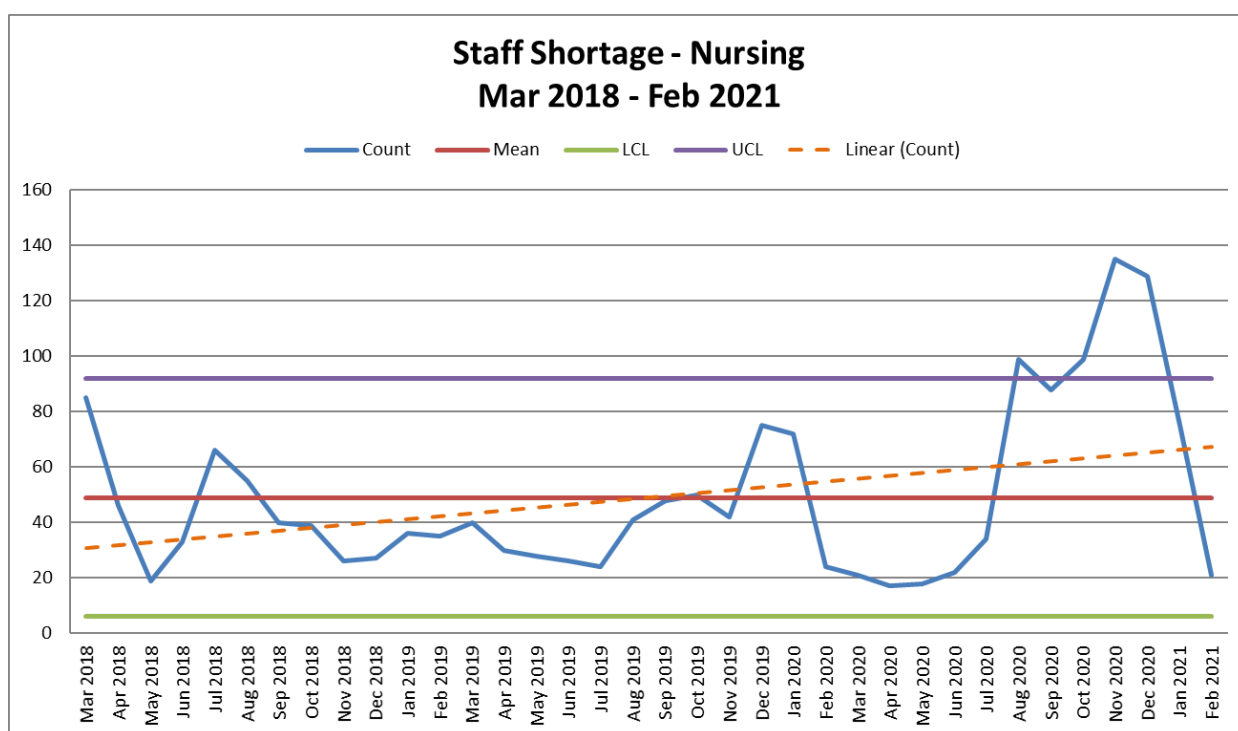
Branch of Nursing/Midwifery student	Number of 1 st year students commencing placement
Adult	68
Paediatric	26
Combined Paediatric/Mental health BSC	5
Combined Adult/Mental health BSC	10
Midwives	27
Total 1 st year placements	136

- 6.5 All Allied Health professional students, 2nd year nursing and midwifery students and final year midwifery students are continuing on their supernumerary placements within the Trust.
- 6.6 The RN vacancy rate for February is 9.5%. The HCSW vacancy rate for February is 5.4%. The RM vacancy rate is 8.5% and MCA vacancies are 17.2%.

7. Safety and risk

- 7.1 The trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing is shown in Figure 3 below. The number of incident reports reported relating to nurse staffing was 21 for the month of February. This is substantially less than the number reported in January (125). There was no direct patient harm due to staff shortage incidents.
- 7.2 In January and February we have seen an overall reduction in incident reporting generally including for safe staffing most likely due to increased pressure on staff therefore, we are monitoring safety through the daily staffing meetings and a member of the patient safety team now joins these meetings to pick up on safety trends and support areas report where necessary.

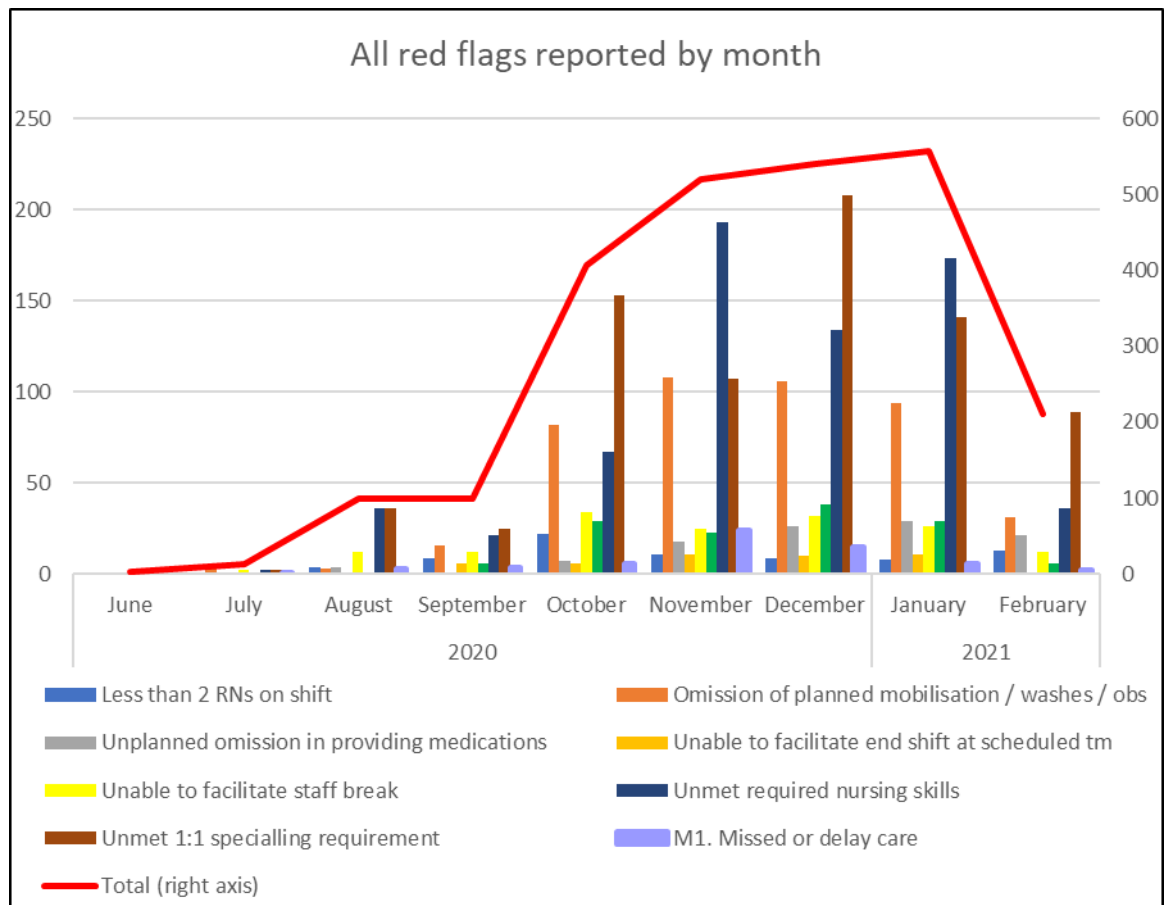
Figure 3: Incidents reported relating to nurse staffing



8. Red flags

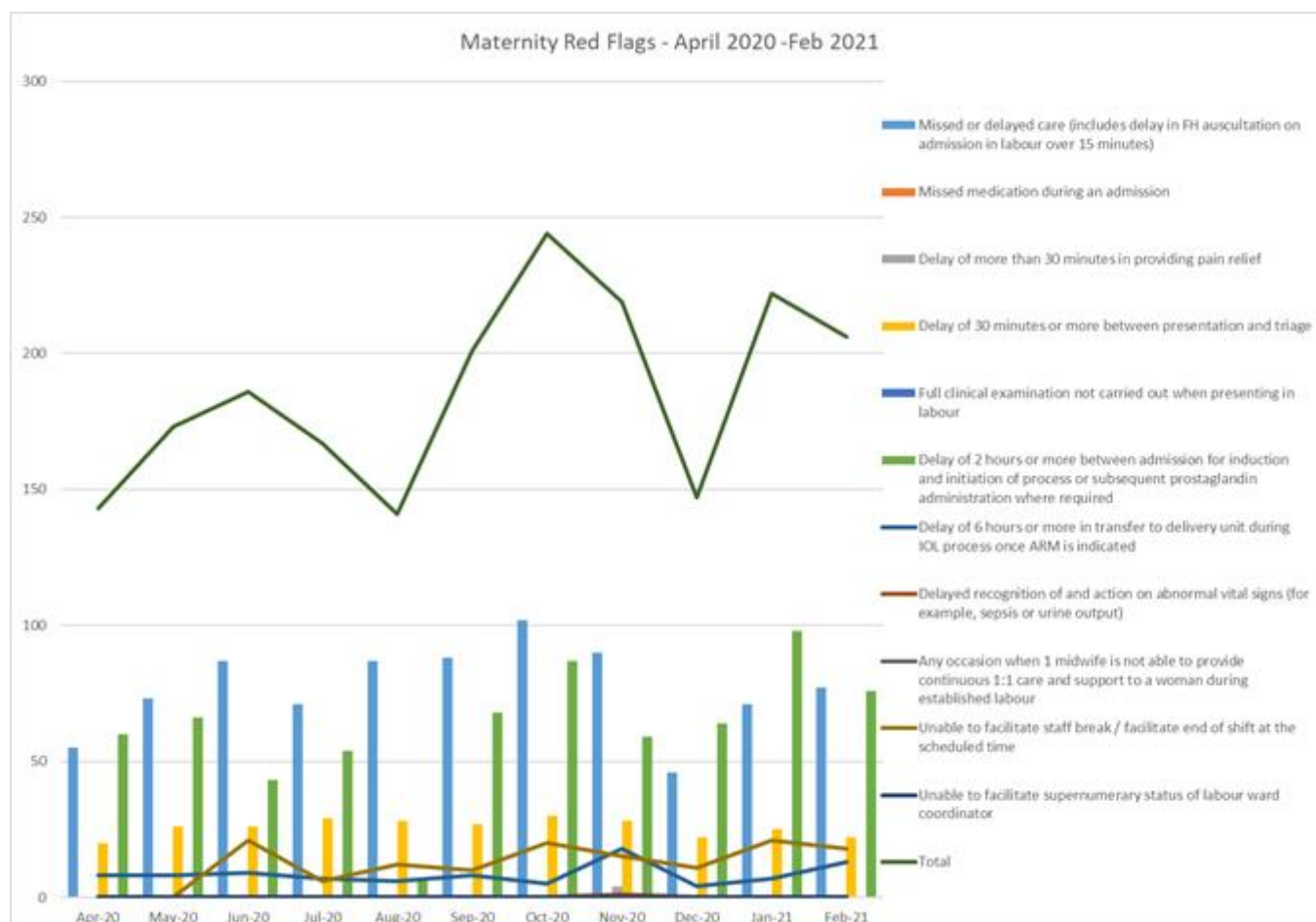
- 8.1 A staffing red flag event is a warning sign that something may be wrong with nursing or midwifery staffing. If a staffing red flag event occurs, the registered nurse or midwife in charge of the service should be notified and necessary action taken to resolve the situation. In February, a total of 221 red flags were raised in relation to staffing on adult wards. (Figure 4). This was significantly lower than the total number raised in January, (557). 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.

Figure 4: Staffing red flags – February 2021



8.2 Figure 5 shows the maternity red flags for February. The overall number of maternity red flags has decreased in February (February, 206 January, 222. This data is being reviewed by the Matron and ward manager to identify reasons and action as required.

Figure 5: Maternity red flags – February 2021



9. Care Hours Per Patient Day (CHPPD)

9.1 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. In March 2020 mandatory national reporting of CHPPD was suspended due to COVID and impact of rapid deployment.

9.2 CHPPD recorded for February was 12.13, (January 11.21).

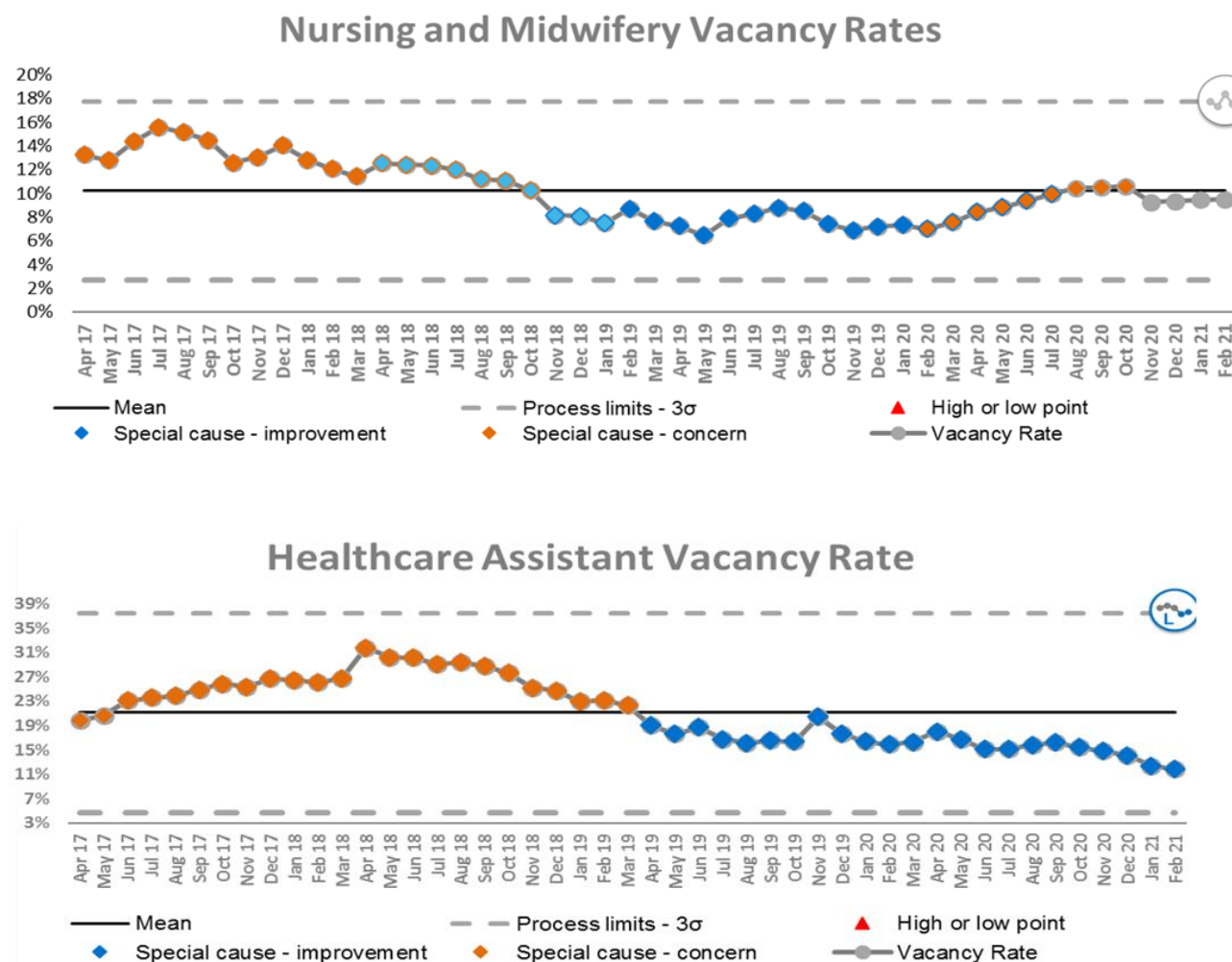
9.3 Where possible, CUH continue to report internally and fill rates shown in Appendix 1 provides an overview of ward and department fill rates by division for February 2021. It must be noted that fill rates were affected by intermittent bed and Bay closures and will not be consistent as part of a trend.

10. Forecast of Nurse Staffing Position

10.1 Figure 6 shows the nurse vacancy rate for both RNs and HCSWs. The vacancy rate for RNs (bands 5, 6, 7) is 9.5% and HCSW (bands 2,3,4) vacancy rate is 11.8%. OSCE nurses who are currently working as HCA pending the receipt of their NMC registration has mitigated HCA vacancy rate to 5.4% (with the

corresponding Registered Nursing vacancy rate at 11.9%). The majority of RN vacancies are currently across inpatient ward areas.

Figure 6: Vacancy rate % for RN and HCSWs



- 10.2 There are 284 Band 5 Nurses in the pipeline (those who have been made offer) 206 from overseas and 78 (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.
- 10.3 The self-reported vacancy rate in paediatrics for registered children's nurses (RCN) for January was 18.5% (across all paediatric areas).
- 10.4 The registered midwifery vacancy rate was 8.55% and for MCA it was 17.2%.
- 10.5 Appendices 2 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.

11. Bank Fill Rate and Agency Usage

- 11.1 The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. In January, the total number of requests for RN Bank shifts was 9,377 (4 week month) and this decreased to 9,137 in February (4 week month). The average fill rate of 72.7 % (see Figure 7). The total number of requests for HCSW Bank shifts in January was 6,716 (4 week month) and in February there was an decrease to 6,306 (4 week month) with an average fill rate of 75.1 % (4,729 shifts filled with 1,579 unfilled) (see Figure 8).

Figure 7: RN bank shift fill

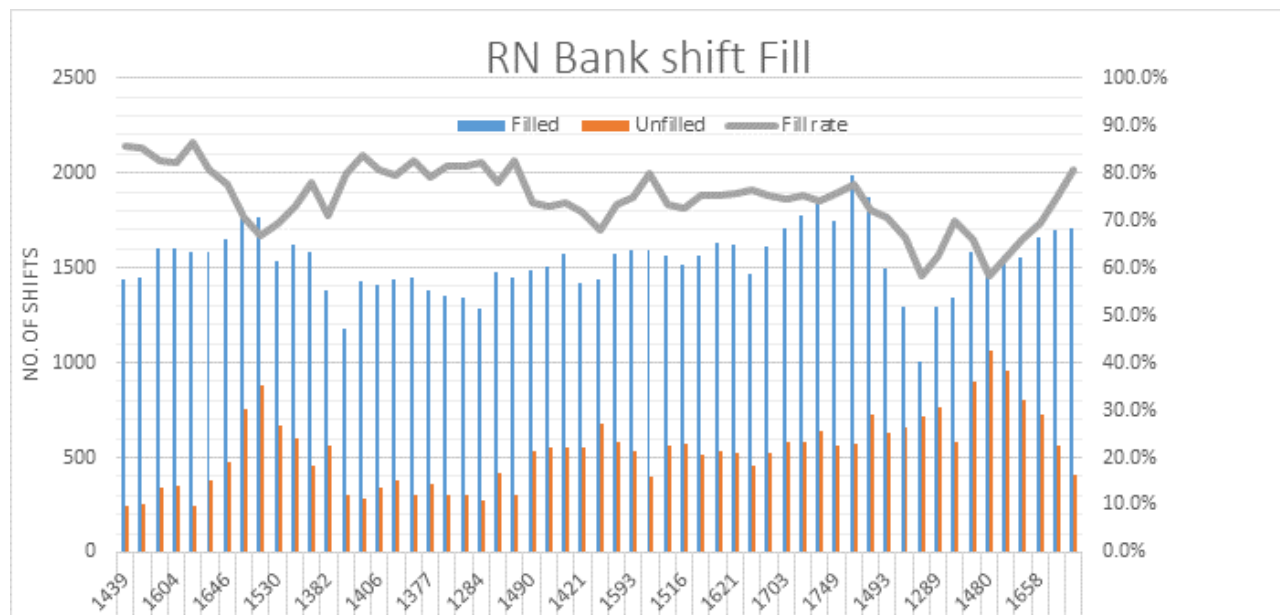
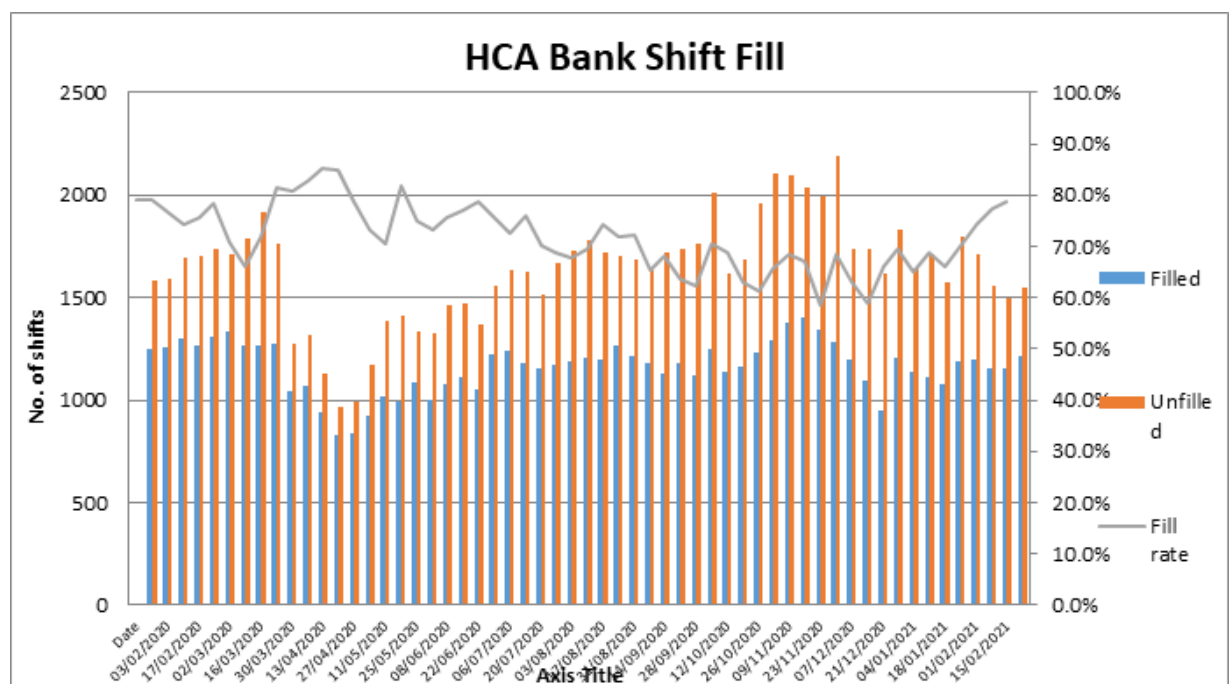


Figure 8: HCA bank shift fill



PART TWO: MIDWIFERY WORKFORCE

1. Introduction/Background

- 1.1 This report provides an overview of midwifery staffing for the time period April 2020 to February 2021.
- 1.2 Maternity staffing data is presented to the Board of Directors monthly in the Chief Nurse safe staffing report. This includes information on vacancy data, fill rates and red flags.

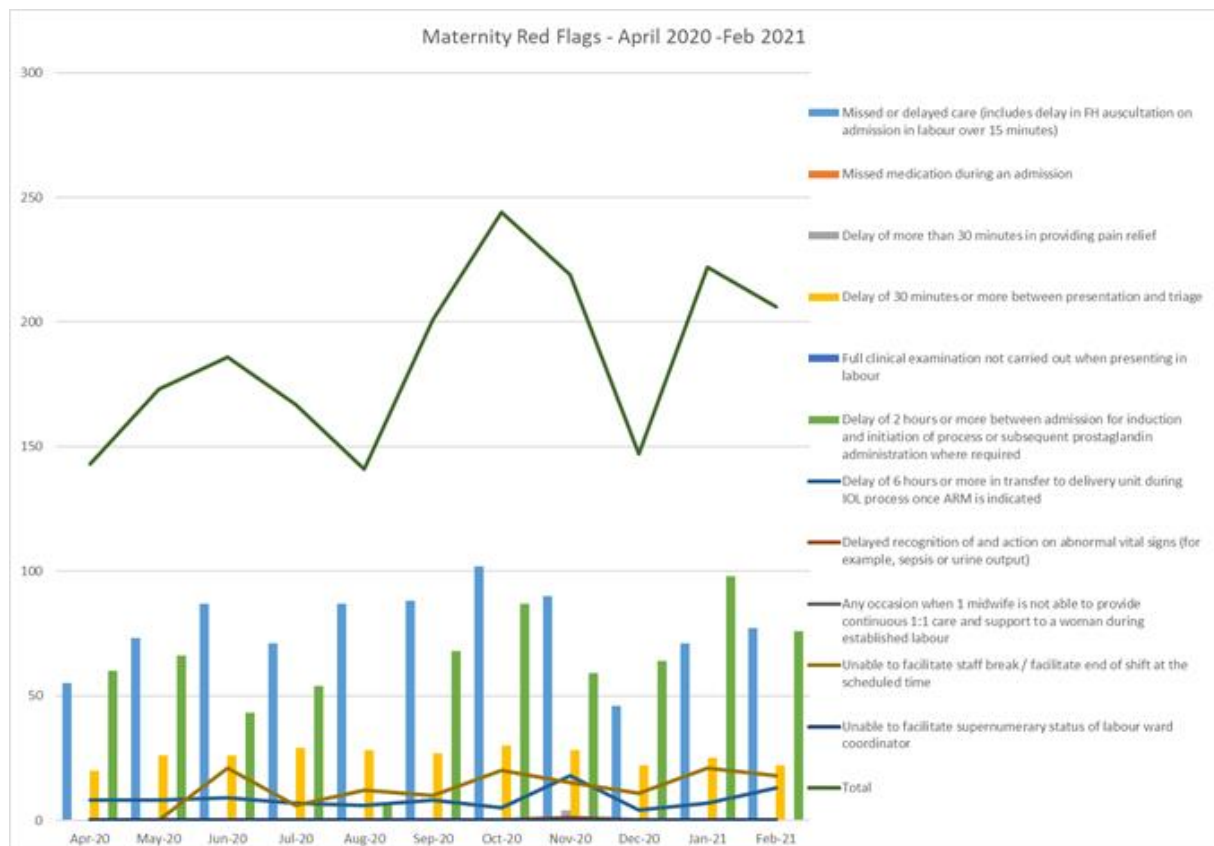
2. BirthRate Plus® and maternity staffing establishment

- 2.1 There is a national expectation that midwifery workforce planning undergoes regular review and adheres to the recommendations set within CNST (Safety Action 5) and recommendations set on *Safe midwifery staffing for maternity settings* (NICE 2015).
- 2.2 A full midwifery workforce review was conducted at CUH using Birthrate Plus® methodology in January 2019 (previous review 2015). The findings and recommendations from this review was presented to the Board of Directors in April 2019.
- 2.3 The overall proposed maternity establishment as a result of the BirthRate Plus® (BR+) CUH review was 219.1 WTE clinical posts and 24.1 WTE non-clinical posts, totalling 243.3 WTE midwives. This was based on a total of 5,319 births; 2018 total births.
- 2.4 This meant there was a shortfall in the 2018/19 establishment of 15.2 WTE clinical and 9.5 WTE non-clinical midwives. An investment case to address the establishment shortfall was supported in June 2019 by Management Executive and a supporting action plan was developed to address the additional findings.
- 2.5 A successful recruitment campaign filled all clinical and non-clinical posts by November 2020. In February 2021, maternity services showed a vacancy factor of 8.5% however, continued recruitment has ensured a good pipeline. Vacancy data for maternity services is presented to the Board of Directors in the monthly safe staffing report.
- 2.6 The Trust staffing site safety meetings provide daily oversight of maternity staffing and rosters are reviewed weekly by Matrons and actions taken to mitigate any staffing shortfalls.

3. Midwifery red flag events

- 3.1 A midwifery red flag event is a warning sign that midwifery staffing may be inadequate. If a midwifery red flag event occurs, the midwife in charge is notified, determines whether midwifery staffing is the cause and actions as necessary.
- 3.2 To increase compliance with reporting red flags a training programme and the introduction of i-pads for ease and real time reporting were introduced.
- 3.3 Figure 1 shows the maternity red flags reported at CUH from April 2020 to Feb 2021. These red flags are ones locally agreed in addition to those recommended by NICE (2015). Maternity red flags are reported monthly in the safe staffing report to Board of Directors.

Figure 1: Maternity red flags



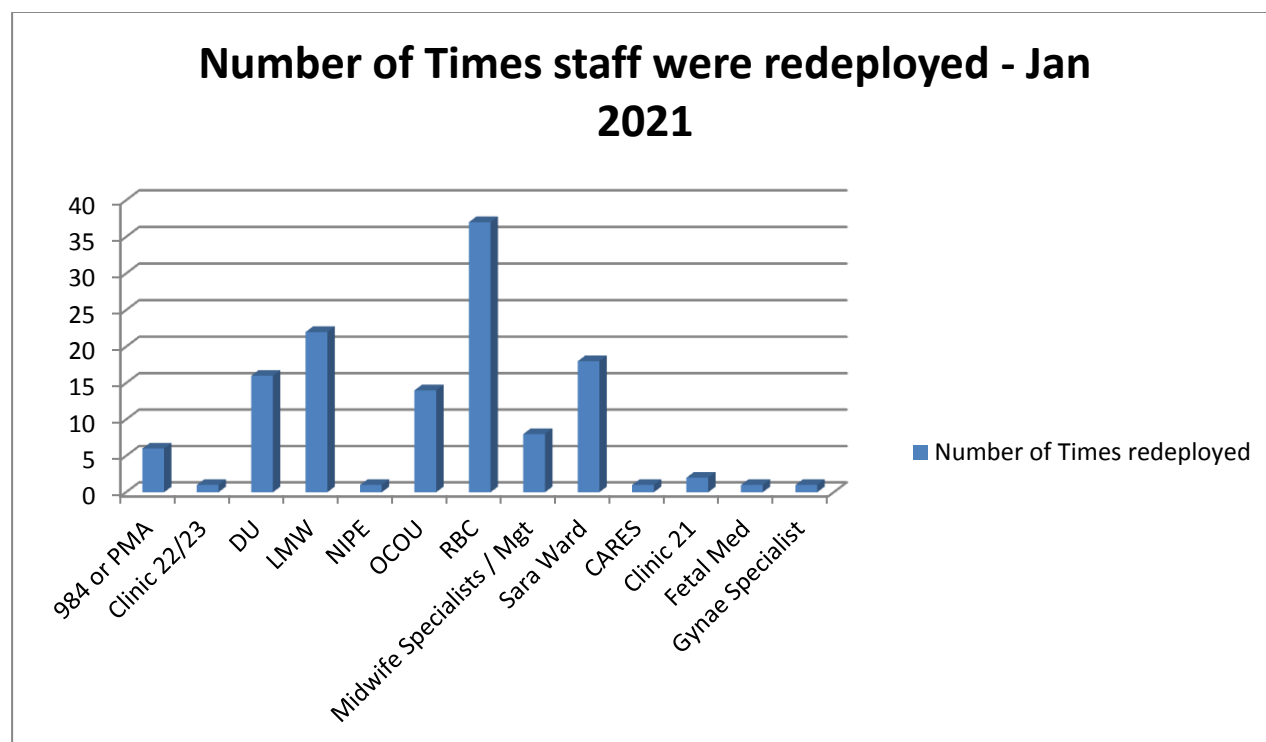
- 3.4 Safe midwifery staffing for maternity settings stipulates that the obstetric unit midwifery labour ward coordinator should have supernumerary status (defined as having no caseload of their own during that shift) to enable oversight of all birth activity in the service. Any occasion where is not possible should be raised as a red flag. Reporting demonstrates supernumerary status of the delivery unit coordinator has been maintained.
- 3.5 Almost all red flags raised for delays in care and pain relief are attributed to the Rosie Birth Centre. In some circumstances 1:1 care was being provided for women in established labour which meant that delays occurred in providing pain relief to women who were in latent labour or requiring postnatal pain relief. Delays in suturing and baby observations have also occurred twice in November 2020 attributed to short staffing and workload. These findings are fed back to matrons so that operational staffing changes are made as necessary.
- 3.6 Additional red flags, to capture COVID 19 staffing impact, were added as part of CNST safety action 5 - September 2020 updated edition:
- Redeployment of staff based on acuity/ services
 - Staff absences due to illness/isolation/shielding

4. Redeployment

- 4.1 Figure 2 shows the number of times staff were re-deployed on a shift by shift basis to the different clinical areas within maternity services. This data is reviewed by the Matrons on a monthly basis to identify trends and triangulate with other workforce metrics, i.e. retention and staff morale.

4.2 No midwives were redeployed to adult areas to support the response to COVID.

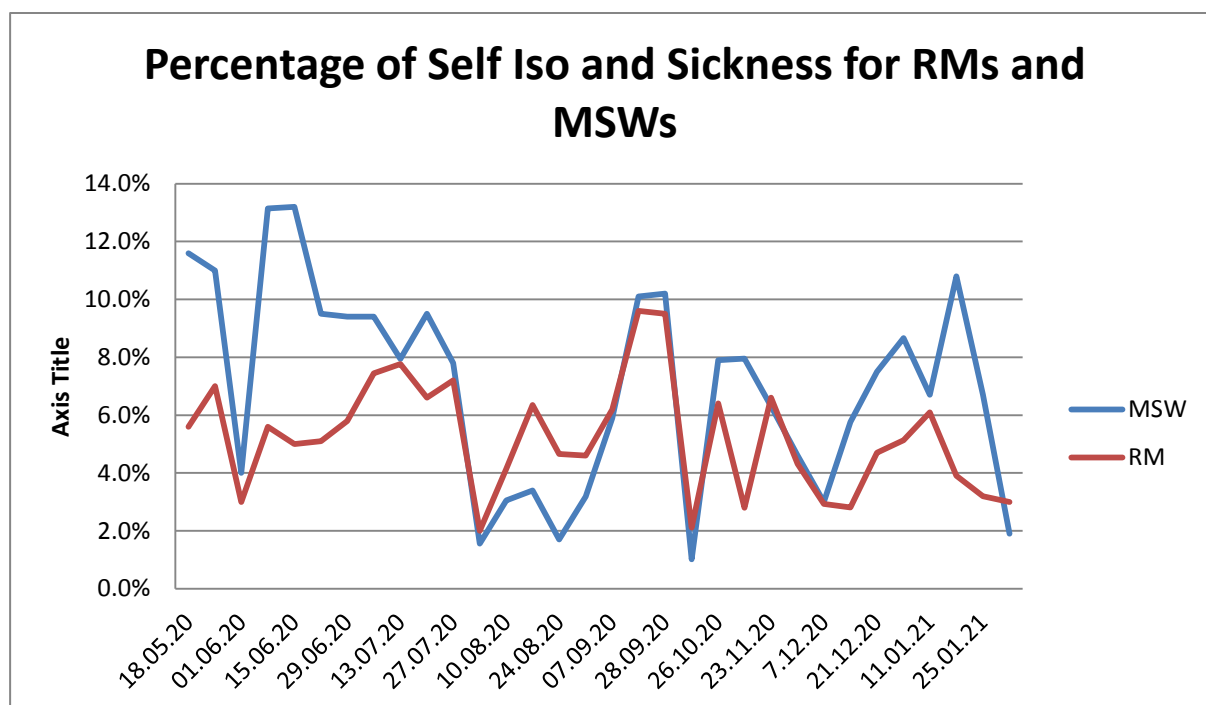
Figure 2: Staff redeployment



5. Self-Isolation/Sickness Reporting

- 5.1 Since May 2020, SitRep reporting on the impact of self-isolation and sickness due to COVID-19 commenced. Absence due to self-isolation and sickness led to a reconfiguration of antenatal and postnatal care pathways to mitigate the short fall of midwives. Figure 3 shows the percentage of staff due to isolation and sickness.
- 5.2 Not included in the above graph are a number of clinically extremely vulnerable (CEV) staff and those required to commence maternity leave at 28 weeks gestation. These staff are working in a remote rather than patient facing clinical capacity, ~ 6.82 WTE RMs ~1.84 MSWs at any one time.

Figure 3: Self isolation and sickness



6. Planned versus actual staffing

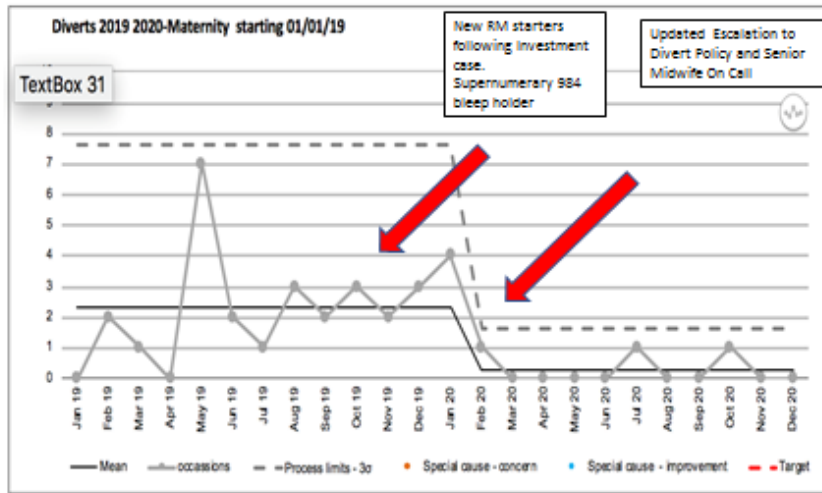
- 6.1 Planned versus actual staffing is retrospectively reported from Healthroster, calculated from birth numbers and includes the % of hours (registered Midwife and care staff) that were filled against the planned (baseline) for the calendar month. This data is presented monthly in the safe staffing report to the Board of Directors.
- 6.2 Fill rates of less than 90% are reviewed by the Head of Midwifery and an exception report provided for the Board paper.

7. Divert Escalation Policy and Introduction of Manager of The Day (MOTD)

- 7.1 A supernumerary bleep holder was introduced at night to protect the supernumerary status of the labour ward coordinator and support the Trusts revised escalation policy. The aim was to reduce the number of diverts many of which had previously been attributed to midwifery staffing. The bleep holder now has a senior midwifery lead to escalate concerns. Following the introduction of this role the number of maternity diverts has reduced, Figure 4.

Figure 4: Diverts

Rosie Divert Improvement Project



8. Midwife : birth ratio

8.1 The National average of midwife to birth ratio is 1:25 (dependent on unit acuity). At CUH, maternity services are currently at a funded establishment of 1:24 midwife to births ratio. This ratio has been consistently below 1:25 since April 2020. This is reported monthly to the Board of Directors in the Integrated Performance Report.

9. Recommendations

9.1 The Board of Directors is asked to note:

- The improving nurse staffing picture during February as Covid pressures decreased.
- Care Hours per patient day (CHPPD) was 12.13 in February 2021.
- The registered nurse vacancy rate was 9.5% in February 2021.
- The registered midwifery vacancy rate was 8.5% and MCA vacancies were 17.2% in February 2021.
- The HCSW vacancy rate was 5.4% in February 2021.
- The evidence contained in Part Two of the paper demonstrating an effective system of midwifery workforce planning as required for CNST safety action 5.

Appendix 1

The data used within this report is pulled retrospectively from 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.

Division A

			Day		Night		Feb-21		
	Main Speciality	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	Total % hours filled (registered and care staff)
C7	301 - GASTROENTEROLOGY - PROTECTED	100%	97.4%	140.9%	99.8%	118.8%	98%	130%	111%
D6 SAU	103 - GENERAL SURGERY - PROTECTED	100%	93.1%	95.3%	85.5%	91.1%	90%	93%	91%
D8	110 - TRAUMA & ORTHOPAEDICS - PROTECTED	100%	88.3%	102.7%	95.0%	171.1%	91%	123%	104%
L2 overnight stay	100 - GENERAL SURGERY - PROTECTED	100%	#DIV/0!	#DIV/0!	99.5%	100.0%	100%	100%	100%
L4	100 - GENERAL SURGERY - PROTECTED	100%	94.1%	212.2%	96.6%	130.8%	95%	167%	118%
M4	100 - GENERAL SURGERY - PROTECTED	100%	89.6%	143.8%	93.5%	134.1%	91%	139%	106%
IDA	101 - GENERAL SURGERY - PROTECTED	100%	97.2%	173.1%	97.2%	220.8%	97%	196%	111%
J3 ICU	102 - GENERAL SURGERY - PROTECTED	100%	91.7%	139.0%	89.4%	212.8%	91%	161%	107%
JOHN FARMAN ICU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	100%	91.4%	140.8%	90.8%	147.7%	91%	144%	97%
NCCU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	100%	91.2%	126.5%	89.1%	141.3%	90%	134%	95%
	Overall divisional fill		92%	135%	91%	142%	92%	138%	101%

Division B			Day		Night		Feb-21		
	Main Speciality	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	Total % hours filled (registered and care staff)
C10	823 - HAEMATOLOGY - PROTECTED	100%	98.9%	82.0%	100.0%	100.0%	99%	91%	97%
C9	370 - MEDICAL ONCOLOGY - PROTECTED	100%	98.6%	96.6%	99.9%	113.6%	99%	105%	101%
D9	370 - MEDICAL ONCOLOGY - PROTECTED	100%	88.7%	94.5%	92.4%	116.3%	90%	104%	95%
	Overall divisional fill %		93%	93%	96%	112%	94%	101%	97%

Division C			Day		Night		Feb-21		
	Main Speciality	Total filled actual 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	Total % hours filled (registered and care staff)
C4	430 - GERIATRIC MEDICINE - PROTECTED	✓	90.3%	117.7%	99.1%	204.0%	94%	147%	113%
C5	361 - NEPHROLOGY - PROTECTED	✓	92.9%	118.3%	95.5%	162.5%	94%	133%	110%
C6	350 - INFECTIOUS DISEASES - RISK MANAGED	✓	98.5%	99.2%	86.4%	109.3%	93%	103%	97%
D10	350 - INFECTIOUS DISEASES - RISK MANAGED	✓	91.0%	104.4%	93.0%	128.6%	92%	116%	98%
D5	300 - GENERAL MEDICINE - PROTECTED	✓	94.3%	112.4%	92.6%	108.7%	94%	111%	101%
EAU 4	300 - GENERAL MEDICINE - PROTECTED	✓	90.7%	95.0%	93.2%	98.6%	92%	97%	94%
EAU 5 (MSEU)	300 - GENERAL MEDICINE - RISK MANAGED	✓	92.2%	113.3%	93.0%	119.4%	93%	116%	102%
F4	430 - GERIATRIC MEDICINE - PROTECTED	✓	93.4%	175.0%	100.0%	382.0%	96%	237%	141%
F5	100 - GENERAL SURGERY - PROTECTED	✓	96.7%		97.3%		97%		97%
F6	430 - GERIATRIC MEDICINE - PROTECTED	✓	94.7%	130.5%	96.1%	181.7%	95%	148%	116%
G3	300 - GENERAL MEDICINE - PROTECTED	✓	90.8%	93.3%	91.5%	91.0%	91%	92%	92%
G4	430 - GERIATRIC MEDICINE - PROTECTED	✓	90.6%	112.5%	102.9%	155.2%	96%	127%	108%
G5	100 - GENERAL SURGERY - PROTECTED	✓	90.9%	85.9%	94.9%	101.8%	92%	92%	92%
G6	430 - GERIATRIC MEDICINE - PROTECTED	✓	88.2%	101.1%	90.1%	100.0%	89%	101%	94%
N2	300 - GENERAL MEDICINE - RISK MANAGED	✓	88.1%	93.6%	91.2%	95.3%	90%	94%	92%
N3	340 - RESPIRATORY MEDICINE - PROTECTED	✓	84.9%	88.4%	92.1%	105.5%	88%	94%	90%
A3	400 - NEUROLOGY - PROTECTED	✓	84.5%	93.5%	92.3%	94.4%	88%	94%	90%
Overall divisional fill %		#####	91.5%	107.0%	93.5%	121.6%	92%	113%	100%

Division D			Day		Night		Feb-21		
	Main Speciality	Total filled actual 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	Total % hours filled (registered and care staff)
A3	400 - NEUROLOGY - PROTECTED	✓	84.5%	93.5%	92.3%	94.4%	88%	94%	90%
A4	400 - NEUROLOGY - PROTECTED	✓	95.6%	138.4%	93.5%	180.4%	95%	156%	119%
A5	150 - NEUROSURGERY - PROTECTED	✓	90.6%	185.4%	92.5%	168.2%	91%	177%	127%
C8 Neuro	150 - NEUROSURGERY - RISK MANAGED	✓	99.5%	137.0%	87.3%	143.0%	94%	140%	111%
D7	302 - ENDOCRINOLOGY - PROTECTED	✓	78.1%	111.4%	95.3%	129.1%	85%	119%	99%
J2	314 - REHABILITATION - PROTECTED	✓	84.9%	185.2%	84.5%	523.1%	85%	267%	144%
K3	320 - CARDIOLOGY - PROTECTED	✓	90.8%	94.9%	83.1%	139.5%	87%	112%	97%
K3 CCU	320 - CARDIOLOGY - PROTECTED	✓	89.8%	81.4%	100.0%		94%	83%	93%
LEWIN	328 - STROKE MEDICINE - PROTECTED	✓	99.3%	116.0%	95.5%	142.7%	98%	125%	109%
L5 (J3)	300 - GENERAL MEDICINE - PROTECTED	✓	86.2%	99.5%	95.8%	117.4%	90%	107%	97%
M5	120 - ENT - PROTECTED	✓	97.8%	101.0%	98.4%	122.5%	98%	111%	104%
R2	328 - STROKE MEDICINE - PROTECTED	✓	91.6%	150.3%	98.8%	113.6%	95%	131%	108%
Overall divisional fill %		126%	91.0%	127.0%	93.0%	152.3%	92%	138%	109%

Maternity			Day		Night		Feb-21		
	Main Speciality	Total filled actual 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	Total % hours filled (registered and care staff)
Daphne	502 - GYNAECOLOGY - PROTECTED	✓	89.5%	90.6%	100.0%	107.5%	94%	96%	95%
Delivery Unit	501 - OBSTETRICS - PROTECTED	✓	95.8%	70.4%	95.0%	81.3%	95%	76%	90%
Lady Mary	501 - OBSTETRICS - PROTECTED	✓	95.5%	99.4%	98.3%	93.7%	97%	97%	97%
Rosie Birth Centre	501 - OBSTETRICS - PROTECTED	✓	94.5%	82.6%	92.4%	82.1%	93%	82%	91%
Sara Ward	501 - OBSTETRICS - PROTECTED	✓	92.0%	88.7%	91.3%	85.2%	92%	88%	90%
Overall divisional fill %		95%	94%	87%	95%	89%	95%	88%	92%

Childrens		Night	Day		Night		Feb-21		
	Main Speciality	Total month ly 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	Total % hours filled (registered and care staff)
C2	420 - PAEDIATRICS - PROTECTED	6	95.9%	96.6%	100.0%	101.5%	97%	98%	97%
C3	420 - PAEDIATRICS - PROTECTED	34.5	93.2%	147.9%	94.8%	87.3%	94%	129%	101%
Charles Wolfson	424 - WELL BABIES - PROTECTED	17	83.7%	116.6%	100.0%	99.7%	90%	110%	97%
D2	171 - PAEDIATRIC SURGERY - PROT	6	89.1%	117.7%	97.5%	165.7%	92%	132%	100%
F3 COU	171 - PAEDIATRIC SURGERY - PROT	6			88.7%	100.0%	96%	129%	106%
PICU	192 - CRITICAL CARE MEDICINE - R	35	99.1%	188.1%	100.0%	103.4%	100%	146%	104%
Neonatal ICU	422 - NEONATOLOGY - PROTECTED	75	96.8%	89.8%	98.4%	96.2%	98%	93%	97%
	Overall divisional fill %	1548	94%	132%	98%	113%	96%	126%	101%

Appendix 2

Adult band 5 RN position based on predictions and established FTE													
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	Return to Practice	EU	Overseas	Total New Starters	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	8						8	7.36	1539	1659	7.29%	120.96	0.64
May-20	5						5	12.7	1511	1660	8.95%	148.6	-7.7
Jun-20	2	1					3	13.97	1506	1659	9.22%	152.98	-10.95
Jul-20	5						5	9.4	1503	1670	10.04%	167.71	-4.4
Aug-20	5	3				1	5.44	16.32	1471	1671	11.99%	200.41	-10.88
Sep-20	3	6	3			13	25	18.37	1468	1661	11.64%	193.4	6.63
Oct-20	3	2	2			4	11	21.35	1486	1685	11.82%	199.07	-10.35
Nov-20	8	1		1	1	21	32	11.76	1486	1641	9.40%	154.31	20.24
Dec-20	7	4			1	22	34	16.6	1506	1666	9.63%	160.39	17.4
Jan-21	7	3				27	37	22.84	1512	1666	9.26%	154.21	14.16
Feb-21	13		3			20	36	8.9	1514	1672	9.44%	157.73	27.1
Mar-21	10					24	34	22.3	1514	1672	9.45%	158.03	11.7
TOTAL	76	20	8	1	2	132	239	181.87	1514	1672	9.45%	158.03	159.73

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	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	1	5	1	1			8	6	1	192.33	236.45	18.66%	44.12	2.39
Oct-20	5	7	4		1	2	17	3	1	208.28	236.45	11.91%	28.17	13.77
Nov-20	2	1	0.64		1		5	6	2	207.26	236.45	12.35%	29.19	-1.76
Dec-20	2				1		3	2	1	205.39	236.45	13.14%	31.06	1
Jan-21	0	2					2	10	5.05	192.62	236.45	18.54%	43.83	-7.72
Feb-21	4		1		1		6	1	2	195.7	236.45	17.23%	40.75	5
Mar-21	2						2	3	2	192.7	236.45	18.50%	43.75	-1
TOTAL	20	15	7.64	1	4	2	47	38	21.05	192.7	236.45	18.50%	43.75	9.17

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	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	10	8	18	12	735	862	14.8%	127	6
Oct-20	16		16	13	740	862	14.2%	122	3
Nov-20	22	4	26	10	726	844	13.9%	117	16
Dec-20	18	5	23	12	749	862	13.1%	113	11
Jan-21	21	10	31	8	762	862	11.6%	100	23
Feb-21	20	2	22	12	772	863	10.6%	92	10
Mar-21	42	3	45	10	807	863	6.6%	57	35
TOTAL	187	83	270	142	807	863	6.6%	57	128