

Cambridge University Hospitals NHS Foundation Trust**June 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). 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. The paper also references the impact of the continuing pandemic on staffing.

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 April 2021 in line with the National Institute for Clinical Excellence (NICE) safe staffing and National Quality Board (NQB) standards.
- 2.2 This paper gives an overview of nurse staffing across the Trust including, 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 April 2021.

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 and is now used as the single measure to describe how staff are deployed.
- 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 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.
- 3.5 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, (Feb 2021). This outlines the key considerations in the safe deployment and redeployment of staff during this unprecedented time.
- 3.6 A self-assessment of CUH's position against the assurance framework was presented to the Nursing, Midwifery & Allied Health Professional Advisory Committee (NMAAC) in April 2021. Gaps in assurance are being addressed through an action plan which will be overseen by NMAAC.
- 3.7 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.
- 3.8 The reconfiguration of ward areas and deployment of staff has impacted on performing a full annual establishment review according to nursing establishment setting policy. However, throughout April and May, all establishments have been reviewed with data available and the use of professional judgement.

4. Staff deployment

- 4.1 All redeployments are being overseen by the senior nursing team and where possible, staff have been redeployed back to their wards and departments following the pandemic surge of earlier this year.
- 4.2 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.
- 4.3 Movement of staff across wards to support safe staffing can be seen in Figure 1 below. It shows that 18,708 hrs were re-deployed in April which is less than that for March (26,692 hrs).
- 4.4 The redeployed hours referred to are the ad hoc staff redeployments on a shift by shift basis to cover for short notice absences and unfilled rosters. A full review of staff redeployments is being presented to NMAAC in June with recommendations to help with further reducing short notice redeployments.
- 4.5 Figure 1a shows the % of nurse staffing hours redeployed (of nursing demand). There was a substantial peak in % nurse staffing hours redeployed in January due to surge in pandemic. The % hours have not returned to pre pandemic surge levels.
- 4.6 A deep dive suggests that the wards with the most number of staff deployed into are those with the highest vacancies. A full review of staff redeployments is being presented to NMAAC in June with recommendations to help with further reducing short notice redeployments.

Figure 1: Redeployed nursing staff, hours by division

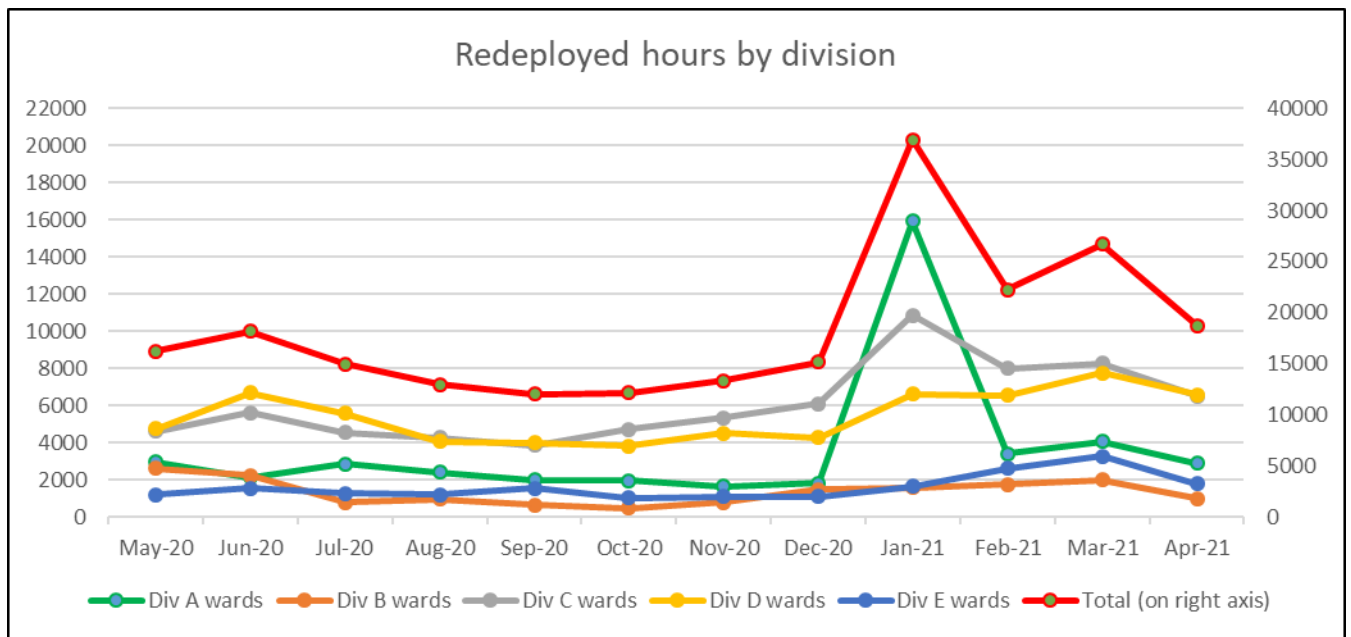
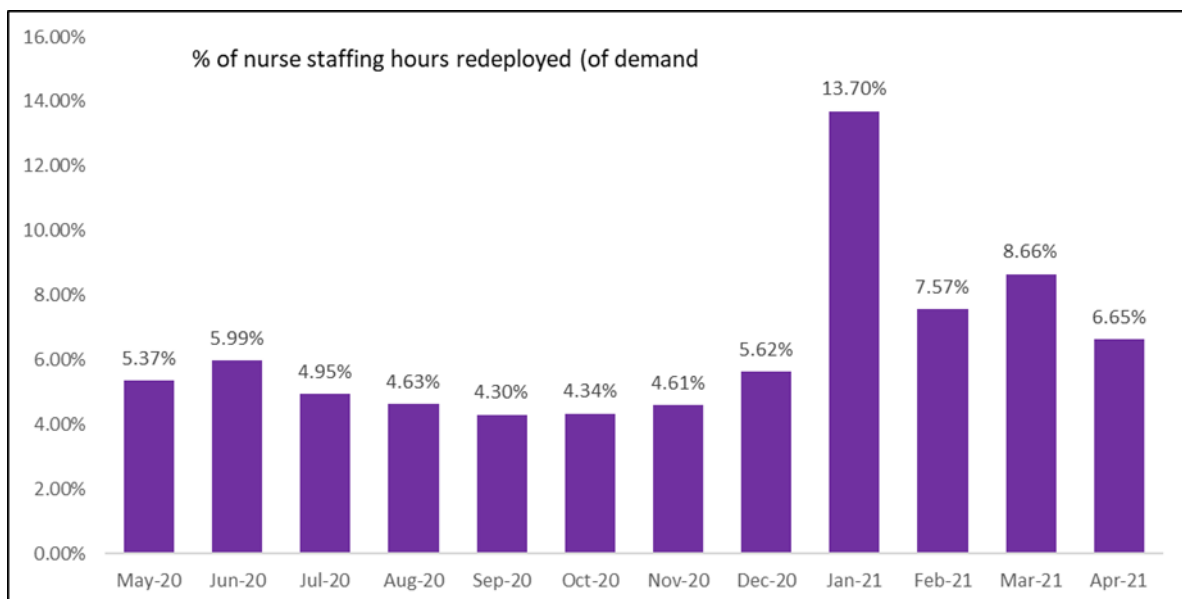


Figure 1a: Redeployed nursing staff, percentage of nurse staffing hours redeployed



5. International Nurses

- 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 1st September 2020 up to the 31st January 2021.
 - b) To recruit an additional 50 international nurses than the planned 192 nurses between 1 October 2020 and 31 October 2021 (Total to be recruited 242 nurses), CUH were awarded £100,000 to deliver this. CUH are on track to deliver this with 188 nurses who have arrived to date during this time period.
- 5.2 In addition to the 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. 88 International nurses arrived within this time period.
- 5.3 Figure 2 illustrates the number of international nurses that have arrived between 1 October 2020 and 24 May 2021, the number who have passed their OSCE and those booked to attend. The progress illustrated below coupled with the fact that we are expected to welcome between 20 and 30 nurses per month demonstrates that we are on target to achieve all of the deliverables within the funding bids.

Figure 2: International nurse arrivals and OSCE results

	Number of candidates
Number of nurses who arrived in May	23
Total Number of nurses arrived 1st October 2020 – 24 th May 2021	188
Number of nurses who have passed their OSCE	115
Number of nurses booked to attend OSCE	73 (7 of which are 2 nd attempt at OSCE)

- 5.4 While it is positive that CUH has a sustainable pipeline of international nurses, it should be acknowledged that the large volumes of new nurses that are working across the Trust is diluting the skill mix in specialist areas. This

poses a challenge to clinical areas to ensure that wards have the appropriate skill mix as well as rostered staff numbers per shift. Further work is being undertaken to identify support utilising the NHSI/E international funds to provide clinical educators to work with these individuals in clinical areas to assist with skill acquisition as the current divisional practice development resource is inadequate to manage the high volume of staff who require support.

- 5.5 The NMC introduced a new governance process in January 2021 for recruitment checks for overseas nurses. This has led to the NMC not conducting recruitment checks and not processing an individual's paperwork until the nurse has passed their OSCE. This has extended the length of time taken to register with the NMC and receive their NMC pin following successful completion of the OSCE from 48 hours (previous process prior to January) to a delay of up to 4 weeks. This has been escalated to NHSI/E and the NMC have agreed to reduce the assessment period from OSCE pass to PIN and registration to 10 days. This will positively impact upon clinical areas and ensure that the International Nurses are working within the Registered Nursing establishment in a timely manner.
- 5.6 It should be noted that CUH had expected to welcome 30 international nurses in May however, 7 of these Nurses were from India. The current COVID 19 situation in India has led to a pause in the deployment of Indian nurses. This has reduced the number of overseas nurses due to arrive to 23.
- 5.7 There were an additional 56 Nurses from India due to be deployed within the next 4 months. If the pause on deployment is extended, this will reduce the number of arrivals over the next few months however, the recruitment team are working with our partner recruitment agencies to bring forward any Nurses who are ready to be deployed from countries that are able to travel.
- 5.8 The Nursing and Midwifery Council has automatically extended the validity of the computer based test results due to expire between 1 March and 31 August 2021 by six months so that the Nurses are not disadvantaged by this delay.
- 5.9 As a Trust, we are keeping in regular contact with the nurses awaiting deployment and have been clear that their offer of employment is still valid and that we will facilitate their arrival as soon as possible once the travel ban has been lifted.

6. Nursing Degree Apprenticeships

- 6.1 CUH currently offer an apprenticeship route to become a registered nurse. This is a 4 year programme (2 years at foundation degree level, known as

part 1 and then a further 2 years at BSC degree level, know internally as part 2 NAP).

- 6.2 The programme consists of a percentage of their time working as a health care support worker and the remainder of their time as a student nurse either attending university or undertaking clinical placements within the trust.
- 6.3 There are currently 199 apprentices on the nursing apprenticeship pathway to registration as a RN (140 part 1 and 59 part 2). Of these, 18 nursing apprentices are due to register with the NMC in July and will take up RN positions at CUH.

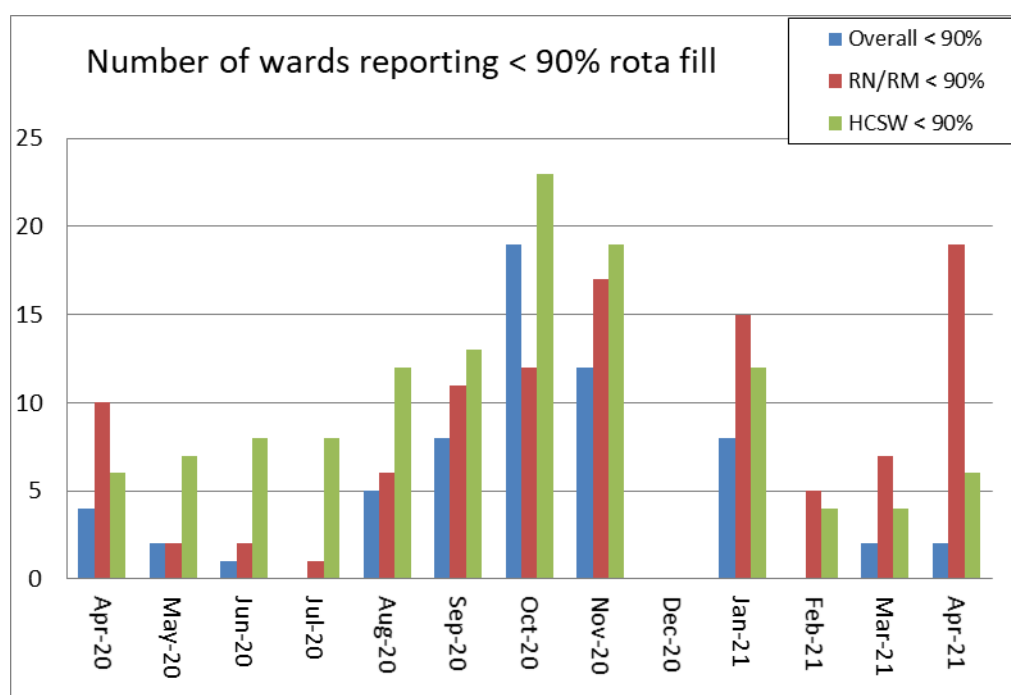
7. Shortened Midwifery Programme

- 7.1 CUH have commissioned 8 places on the shortened midwifery programme at the University of Suffolk. The programme is a conversion course for adult registered nurses to gain registration with the NMC as a registered midwife.
- 7.2 The programme length is 2 years and throughout the course, the students are paid as a band 5 student midwife. The salary costs will be paid by Health Education England and the course costs are covered by the individuals.
- 7.3 The recruitment to the 8 posts is currently in process with interviews planned for June and the course will commence in September.

8. Actual and Planned Staffing Report for April 2021

- 8.1 Appendix 1 gives an overview of the planned versus actual coverage in hours for the calendar month of April 2021. 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.
- 8.2 The overall daytime fill rate for registered nurses for April was 91.4% (March 91.5%). The overall daytime fill rate for registered midwives for April was 87.2%, (March 89.6%).
- 8.3 Night shift RN fill rate for April was 94.4%, (March 98.8%). Night shift RM fill rate was 86.9%, (March 98.8%).
- 8.4 Exception reports for fill rates of < 90% is explained in Appendix 2.
- 8.5 Trend data for wards reporting < 90% rota fill is included in Figure 3 below. Two ward areas in April reported overall fill rates of <90% (Figure 3).

Figure 3: Ward rota fill rates



8.6 Adult critical care units

Critical care have returned to complying with National standards. Throughout April 1:1 staffing was maintained with some occasions when there was unavailability of side room coordinators.

8.7 PICU & NICU

The day and night time RN fill rate for PICU in April was 100%. NICU daytime fill rate in April was 98.1% and night time fill rate was 98.1% in April.

8.8 Emergency Department (ED)

Adult ED had a daytime fill rate of 90.0% and night time 90.8%. Paediatric ED day time fill rate of 99% and night time fill rates of 98.6%.

9. Maternity

9.1 Registered midwives day time fill rate was 87.2% and night time fill rate was 86.9% in April.

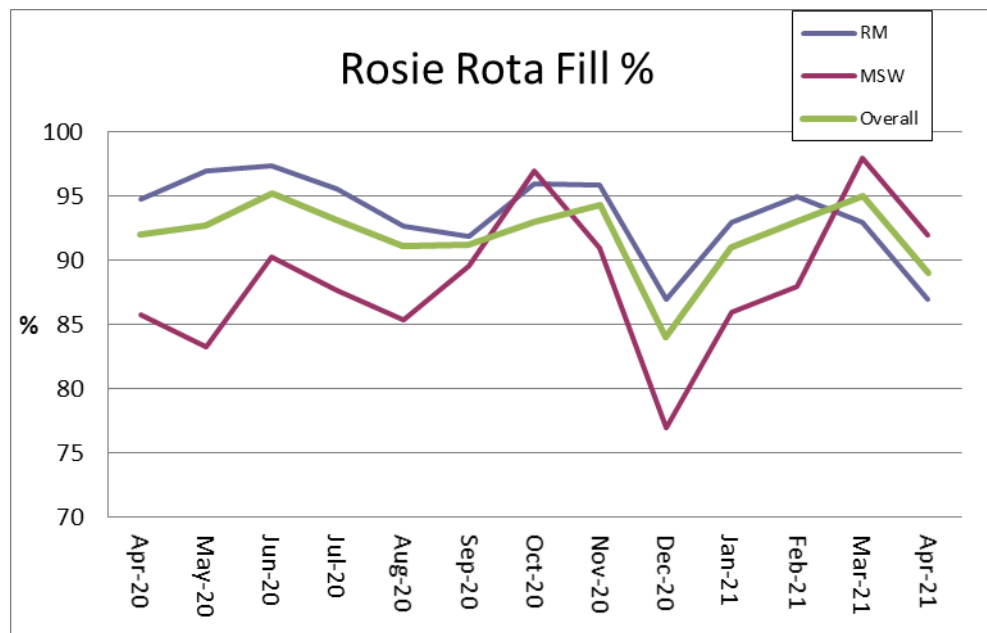
9.2 There has been a decrease in fill rate in maternity in April, Figure 4. This has been caused by an increase in vacancy rate of 12.8% for registered midwives and deployment of midwives to continuity of carer teams in the community.

9.3 Staffing levels and skill mix is reviewed daily by the senior midwifery team and staff are redeployed according to patient acuity.

9.4 There have been two occasions in April when the Rosie has been required to go on divert as a consequence of inadequate staffing levels.

9.5 A review of maternity rostering effectiveness is underway to identify areas for improvement. Three agency midwives will be joining the Trust in June to help with short term vacancies. The pipeline for registered midwives is positive.

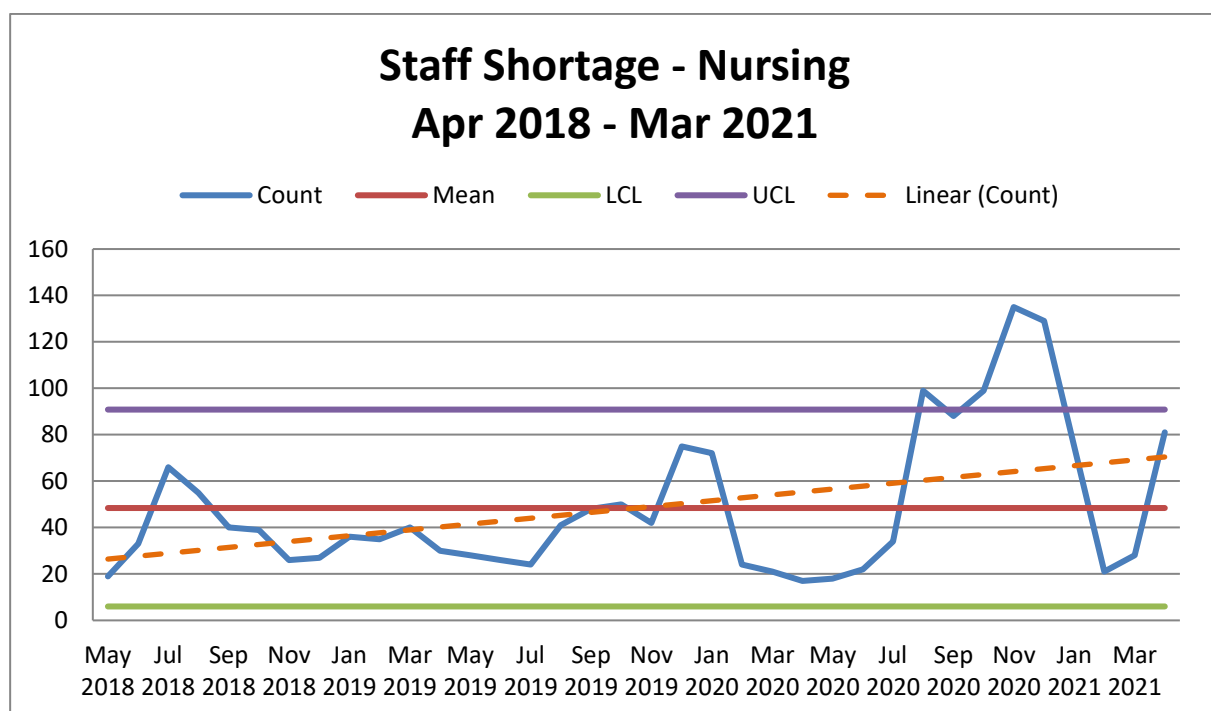
Figure 4: Maternity fill rate



10. Safety and Risk

- 10.1 The trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing is shown in Figure 5. The number of incident reports reported relating to nurse staffing was 80 for the month of April. This was more than the number reported in March (28). Division D reported the most incidents related to staffing levels (34) There was no direct patient harm due to staff shortage incidents.
- 10.2 We continue to monitor safety through the daily staffing meetings and a daily dashboard on patient safety incidents is circulated and reviewed at Head of Nursing, Matron and Ward Sister/Charge Nurse briefings.

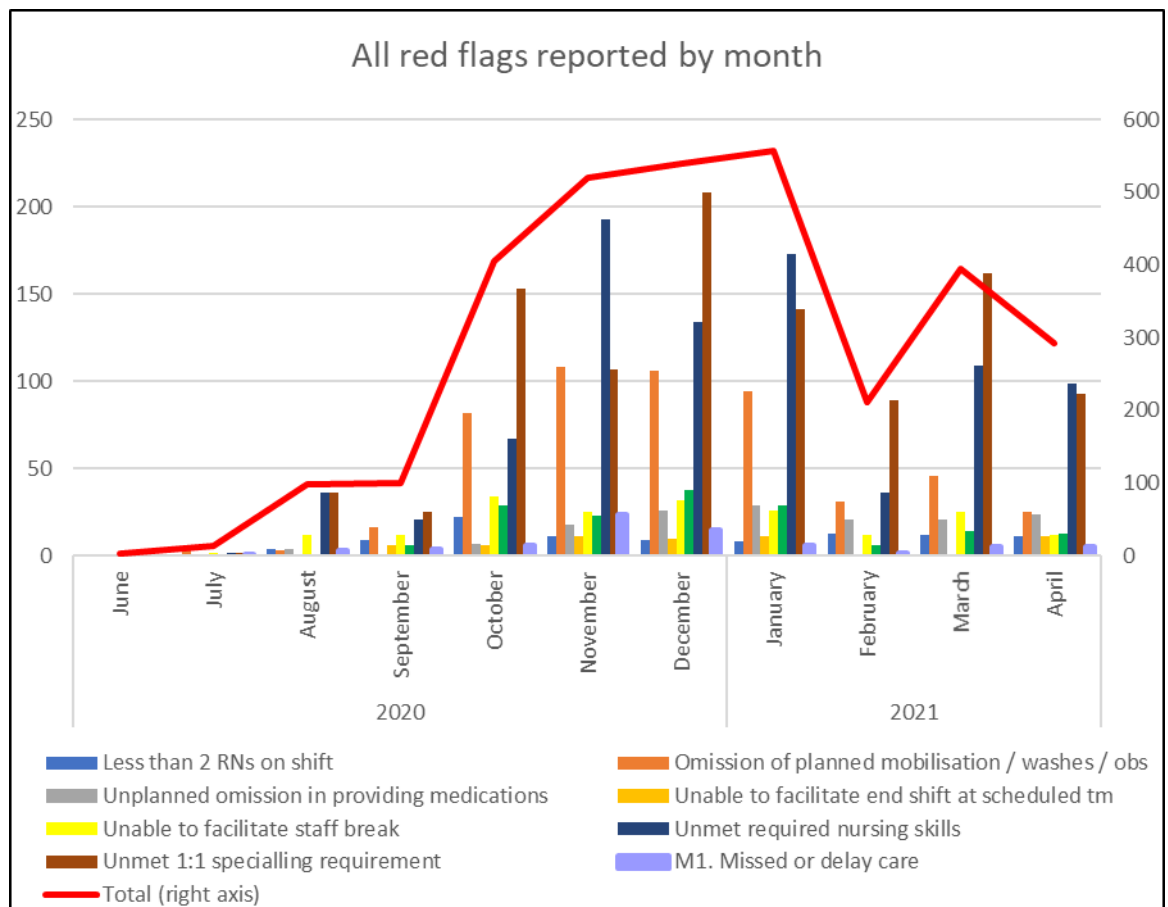
Figure 5: Incidents reported relating to nurse staffing



11. Red flags

- 11.1 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 April, a total of 293 red flags were raised in relation to staffing on adult wards, Figure 6. This was less than what was reported in March, (395). 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 6: Staffing red flags – April 2021



11.2 Figure 7 shows the maternity red flags for April. The overall number of maternity red flags has reduced in April (March, 272). Staff missed breaks continues to constitute the largest number of red flags being reported. There was also an increase in occasions when delivery unit were unable to facilitate supernumerary status of the coordinator. This is being addressed by putting measures in place to increase Bank fill rate and recruitment plan to fill vacancies.

Figure 7: Maternity red flags – April 2021

Summary	June 2020	July 2020	August 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	March 2021	April 2021
Missed or delayed care (includes delay in FH auscultation on admission in labour over 15 minutes)	87 (36%)	71 (44%)	87 (33%)	88 (35%)	102 (39%)	90 (41%)	46 (25%)	71 (30%)	77 (36%)	105 (40%)	108 (41%)
Missed medication during an admission	0	0	0	0	0	0	0	0	1	0	0
Delay of more than 30 minutes in providing pain relief	0	0	1	0	0	4	0	0	0	1	2
Delay of 30 minutes or more between presentation and triage	26 (5%)	29 (5%)	28 (4%)	27 (5%)	30 (5%)	28 (5%)	22 (5%)	25 (5%)	22 (4%)	32 (4%)	26 (4%)
Full clinical examination not carried out when presenting in labour	0	0	1	0	0	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	43 (35%)	54 (27%)	6 (29%)	68 (38%)	87 (38%)	59 (30%)	64 (38%)	98 (47%)	76 (43%)	98 (43%)	48 (28%)
Delay of 6 hours or more in transfer to delivery unit during IOL process once ARM is indicated	9 (7%)	7 (3%)	6 (3%)	8 (4%)	5 (2%)	18 (9%)	4 (2%)	7 (3%)	13 (6%)	0 (0%)	22 (13%)
Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0	0	0	0	1	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
Unable to facilitate staff break / facilitate end of shift at the scheduled time	21	6	12	10	20	15	11	21	18	35	39
Unable to facilitate supernumerary status of labour ward coordinator	0	0	0	0	0	0	0	0	0	1	7
Total	186	167	141	201	244	219	147	222	206	272	253

12. Care Hours Per Patient Day (CHPPD)

12.1 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.

12.2 CHPPD recorded for April was 12.78, (March 11.14).

12.3 External reporting of CHPPD has recommenced following pandemic surge. For maternity services, from 1 April 2021, the total number of patients includes babies. This includes transitional care areas and mothers who are

registered as a patient and all babies. CHPPD for maternity services was 11.27 for April.

13. Forecast of Nurse Staffing Position

- 13.1 The vacancy rate for RNs in April (bands 5, 6, 7) is 8.8%, slightly lower than March (9.0%) and HCSW (bands 2,3,4) vacancy rate is 2.7% which is also slightly lower than March (2.8%).
- 13.2 There is currently a discrepancy in the establishment between the reported and the operational position due to the current processes for updating the budgeted establishment on the ledger, which informs the Electronic Staff Record. This has been discussed at Management Executive and there is now an agreement in place to address the changes required to enable more accurate reporting. Actions between teams are to be agreed to improve the current position.
- 13.3 This discrepancy means that the actual vacancy rate in respect to set ward establishments is circa 12.59%. The registered nurse vacancies are higher in some ward wards e.g. neurosciences, gastro-enterology and care of the elderly. This affects the overall unavailability requiring short notice redeployment of staff to cover unfilled shifts.
- 13.4 There are 287 Band 5 Nurses in the pipeline (those who have been made offer) 202 from overseas and 88 (external applicants only) from the UK.
- 13.5 The vacancy rate in paediatrics for registered children's nurses (RCN) for April 2021 was 11.94% (across all paediatric areas).
- 13.6 The registered midwifery vacancy rate is 12.8% for April, which is higher than that reported in March (8.8%). The vacancy rate for MCA it reduced by 1.8% from previous month (March 17.2%) to 15.4% in April.
- 13.7 The current vacancy rate for Healthcare Support Workers is 2.7%. The pipeline for HCSW's is positive and includes recruitment to nursing apprenticeship and trainee nursing associate programmes.
- 13.8 Appendix 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 2022. Numbers based on those interviewed and offered positions in addition to planned campaigns. From May the new T2 Surge establishment will be incorporated into the overall establishment so we will see an increase in vacancy rate from May. Recruitment campaigns for RN's are particularly focused on Division B and C where there is a higher number of vacancies especially in Oncology and medicine for the elderly.

Figure 8: Nursing and Midwifery Vacancy Rates

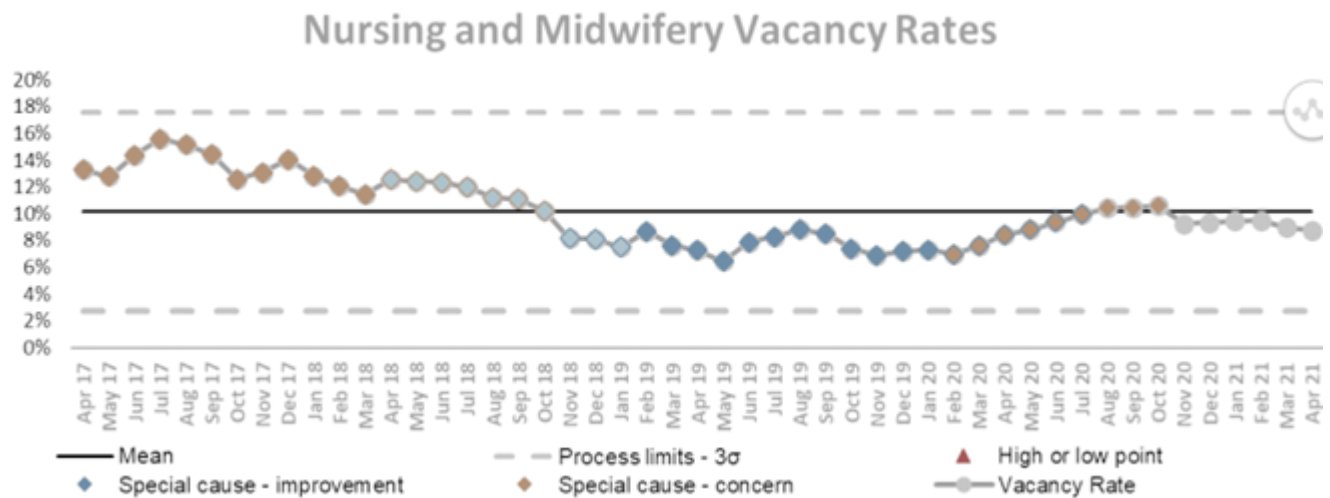
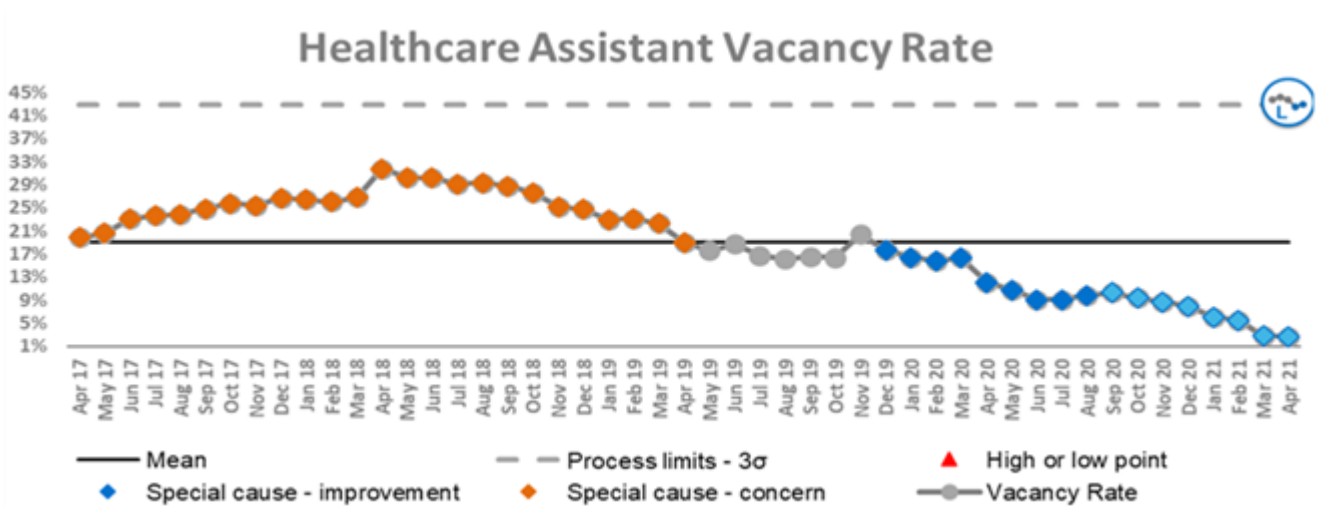


Figure 9: Healthcare Assistant Vacancy Rates



14. Bank Fill Rate and Agency Usage

- 14.1 The Trust's Staff Bank continues to support the clinical areas with achieving safe staffing levels. In March, the total number of requests for RN Bank shifts was 9,137 (4 week month) and this decreased to 8,193 in April (5 week month). The average fill rate of 74.4% (see Figure 10). The total number of requests for HCSW Bank shifts in March was 6,588 (4 week month) and in April there was an increase to 7,306 (5 week month) with an average fill rate of 75.3 % (5,573 shifts filled with 1,836 unfilled) (see Figure 11).

Figure 10: RN bank shift fill

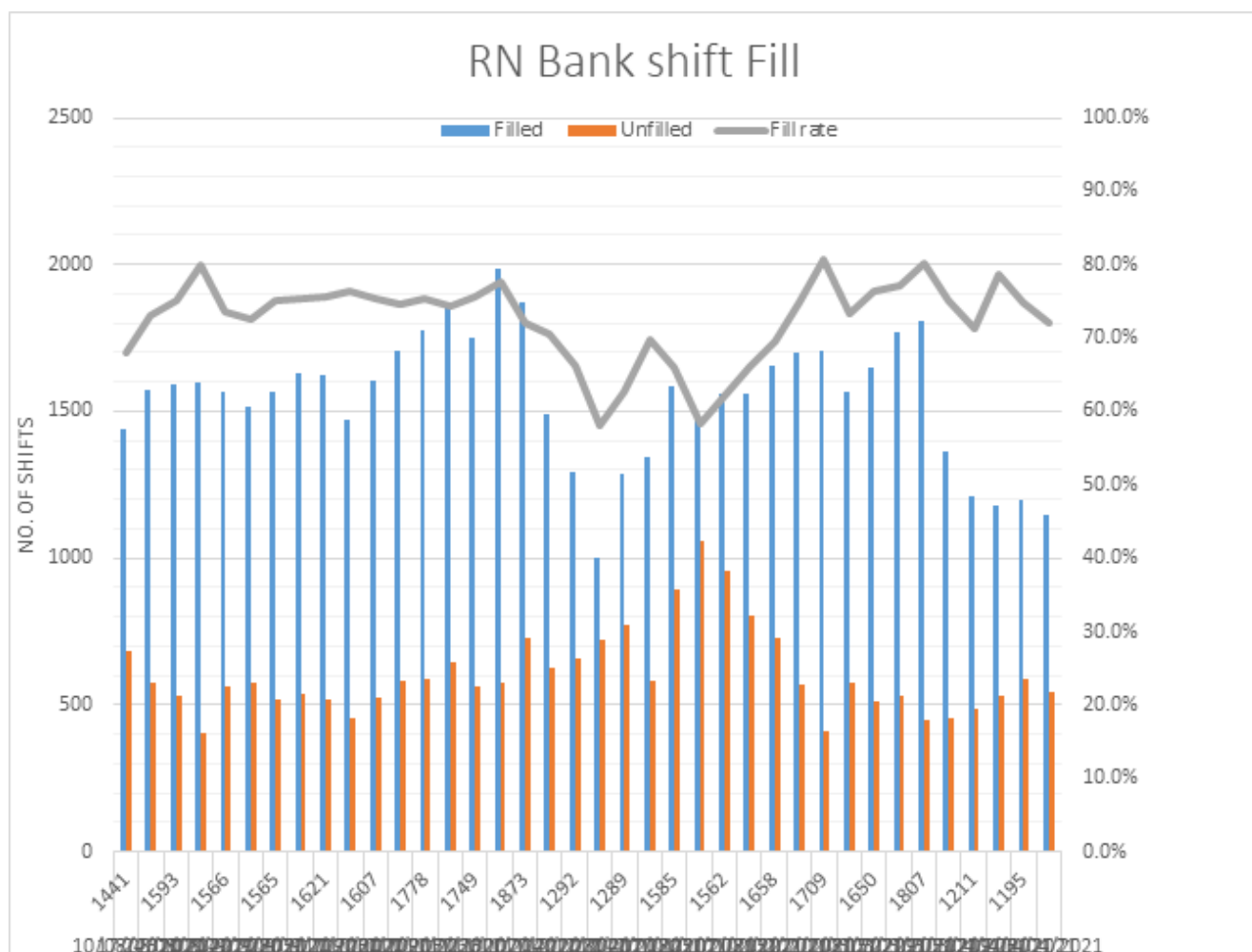
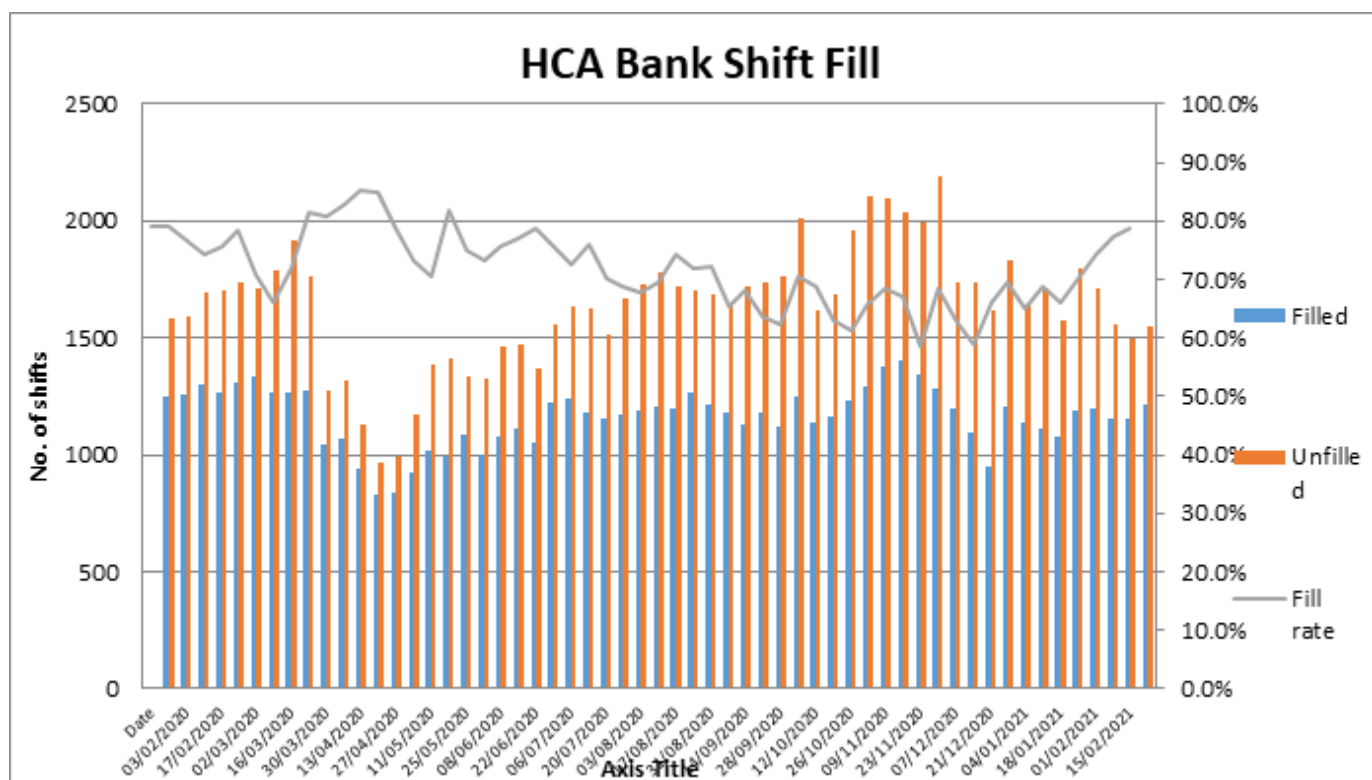


Figure 11: HCA bank shift fill



15. Recommendations

15.1 The Board of Directors is asked to note:

- Care Hours Per Patient Day (CHPPD) were 12.78 in April 2021.
- The registered nurse (RN) vacancy rate was 8.8% in April 2021.
- The registered midwifery (RM) vacancy rate was 12.8% and MCA vacancies were 15.4% in April 2021. The impact of the RM vacancies is seen mostly in the intra partum areas.
- The HCSW vacancy rate was 2.7% in April 2021.
- While the RN pipeline is positive, it is recognised that the number of overseas RNs requiring supervision and training is affecting the overall nursing skill mix.

Appendix 1: Roster fill rates

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		Apr-21		
	Main Speciality	Total planned 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	1372	87.9%	118.6%	94.4%	113.6%	90%	116%	100%
D6 SAU	103 - GENERAL SURGERY - PROTECTED	701	90.8%	91.0%	94.8%	101.6%	92%	95%	93%
D8	110 - TRAUMA & ORTHOPAEDICS - PROTECTED	1258	82.6%	123.8%	82.5%	193.8%	83%	143%	105%
L2 overnight stay	100 - GENERAL SURGERY - PROTECTED	177			102.0%	91.7%	102%	92%	99%
L4	100 - GENERAL SURGERY - PROTECTED	1499	89.2%	175.1%	92.5%	144.9%	90%	159%	113%
M4	100 - GENERAL SURGERY - PROTECTED	1141	87.4%	107.9%	86.7%	112.1%	87%	110%	94%
IDA	192 - CRITICAL CARE MEDICINE - RISK MANAGED	460	100.0%	99.6%	100.0%	72.7%	100%	87%	97%
JOHN FARMAN ICU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	1254	98.2%	95.7%	99.4%	96.5%	99%	96%	98%
NCCU	192 - CRITICAL CARE MEDICINE - RISK MANAGED	1327	92.2%	93.0%	90.9%	98.3%	92%	96%	92%
OIR	100 - GENERAL SURGERY - PROTECTED	192	100.0%	100.0%	102.0%	97.7%	101%	98%	101%
	Overall divisional fill		93%	112%	95%	113%	94%	113%	98%

Division B			Day		Night		Apr-21		
	Main Speciality	Total planned 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	322	90.1%	93.3%	100.0%	84.8%	94%	89%	93%
C9	370 - MEDICAL ONCOLOGY - PROTECTED	282	98.5%	89.1%	100.0%	87.7%	99%	88%	96%
D9	370 - MEDICAL ONCOLOGY - PROTECTED	1320	90.7%	110.9%	91.3%	128.9%	91%	119%	100%
	Overall divisional fill %		92%	104%	95%	112%	93%	108%	97%

Division C			Day		Night		Apr-21		
	Main Speciality	Total planned 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	1276	89.8%	123.2%	100.0%	126.5%	94%	125%	106%
C5	361 - NEPHROLOGY - PROTECTED	733	83.3%	98.6%	92.5%	108.0%	87%	102%	93%
C6	350 - INFECTIOUS DISEASES - RISK MANAGED	1256	91.7%	135.6%	95.0%	191.9%	93%	153%	117%
D10	350 - INFECTIOUS DISEASES - RISK MANAGED	519	91.6%	143.3%	98.9%	150.4%	95%	147%	107%
D5	300 - GENERAL MEDICINE - PROTECTED	1050	87.1%	165.9%	98.4%	162.2%	92%	164%	114%
EAU 4	300 - GENERAL MEDICINE - PROTECTED	1314	87.3%	101.8%	92.6%	97.4%	90%	100%	93%
EAU 5 (MSEU)	300 - GENERAL MEDICINE - RISK MANAGED	1196	86.5%	115.8%	95.0%	118.2%	90%	117%	100%
F4	430 - GERIATRIC MEDICINE - PROTECTED	1044	92.3%	125.4%	100.0%	151.2%	96%	136%	112%
F5	100 - GENERAL SURGERY - PROTECTED	0	99.8%		100.0%		100%		100%
F6	430 - GERIATRIC MEDICINE - PROTECTED	1313	87.0%	140.2%	96.7%	190.3%	91%	157%	117%
G3	300 - GENERAL MEDICINE - PROTECTED	964	86.6%	109.4%	92.8%	139.7%	89%	119%	101%
G4	430 - GERIATRIC MEDICINE - PROTECTED	1291	92.3%	129.8%	98.4%	190.2%	95%	150%	116%
G5	100 - GENERAL SURGERY - PROTECTED	702	90.0%	93.2%	99.2%	101.7%	93%	97%	94%
G6	430 - GERIATRIC MEDICINE - PROTECTED	1125	93.0%	122.2%	94.2%	166.7%	94%	137%	111%
N2	300 - GENERAL MEDICINE - RISK MANAGED	1555	89.3%	92.0%	90.3%	95.0%	90%	93%	91%
N3	340 - RESPIRATORY MEDICINE - PROTECTED	696	87.7%	93.5%	91.1%	100.9%	89%	96%	91%
	Overall divisional fill %	#####	89.5%	117.9%	95.5%	134.7%	92%	125%	104%

Division D		Night	Day		Night		Apr-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)
A3	400 - NEUROLOGY - PROTECTED	291	85.4%	96.2%	88.0%	104.7%	86%	99%	91%
A4	400 - NEUROLOGY - PROTECTED	1680	88.0%	193.5%	87.1%	164.2%	88%	179%	120%
A5	150 - NEUROSURGERY - PROTECTED	2129	84.8%	352.8%	81.9%	208.0%	84%	268%	143%
C8 Neuro	150 - NEUROSURGERY - RISK MANAGED	864	72.0%	120.6%	79.6%	136.8%	75%	127%	93%
D7	302 - ENDOCRINOLOGY - PROTECTED	1311	95.6%	110.1%	93.8%	129.5%	95%	118%	105%
J2	314 - REHABILITATION - PROTECTED	1450	89.0%	224.4%	87.4%	470.6%	88%	285%	152%
K3	320 - CARDIOLOGY - PROTECTED	671.8	94.3%	104.5%	94.4%	109.4%	94%	107%	99%
K3 CCU	320 - CARDIOLOGY - PROTECTED	0	98.6%	114.1%	100.0%		99%	114%	101%
LEWIN	328 - STROKE MEDICINE - PROTECTED	1564	89.8%	128.3%	86.3%	152.8%	88%	139%	107%
L5 Vascular	300 - GENERAL MEDICINE - PROTECTED	997.5	88.4%	117.0%	97.7%	147.0%	92%	128%	107%
M5	120 - ENT - PROTECTED	1592	88.0%	98.7%	87.0%	125.2%	88%	110%	97%
R2	328 - STROKE MEDICINE - PROTECTED	553	85.2%	154.2%	100.0%	171.7%	91%	160%	110%
	Overall divisional fill %	1310	88.0%	145.9%	89.6%	160.1%	89%	152%	111%

Maternity		Night	Day		Night		Apr-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)
Daphne	502 - GYNAECOLOGY - PROTECTED	366	82.5%	95.0%	100.0%	100.0%	89%	97%	92%
Delivery Unit	501 - OBSTETRICS - PROTECTED	934	87.0%	85.8%	89.7%	85.5%	88%	86%	88%
Lady Mary	501 - OBSTETRICS - PROTECTED	1093	89.7%	96.8%	88.1%	105.3%	89%	100%	94%
Rosie Birth Centre	501 - OBSTETRICS - PROTECTED	292	89.3%	68.2%	69.4%	88.8%	79%	78%	79%
Sara Ward	501 - OBSTETRICS - PROTECTED	371	90.6%	97.8%	85.3%	94.6%	88%	97%	91%
	Overall divisional fill %	305	88%	91%	87%	95%	87%	93%	89%

Childrens		Night	Day		Night		Apr-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)
C2	420 - PAEDIATRICS - PROTECTED	154	98.8%	105.8%	100.0%	100.0%	99%	104%	100%
C3	420 - PAEDIATRICS - PROTECTED	103	89.3%	169.2%	99.1%	70.1%	93%	144%	102%
Charles Wolfson	424 - WELL BABIES - PROTECTED	330	100.0%	97.6%	100.0%	100.0%	100%	98%	99%
D2	171 - PAEDIATRIC SURGERY - PROTECTED	425.5	95.1%	317.6%	100.0%	93.1%	97%	187%	112%
F3 COU	171 - PAEDIATRIC SURGERY - PROTECTED	275			100.0%	100.0%	100%	122%	106%
PICU	192 - CRITICAL CARE MEDICINE - PROTECTED	396.5	100.0%	152.8%	100.0%	109.5%	100%	131%	103%
Neonatal ICU	422 - NEONATOLOGY - PROTECTED	425.5	98.1%	65.8%	98.1%	78.7%	98%	71%	96%
	Overall divisional fill %	1824	97%	150%	100%	98%	98%	130%	104%

Appendix 2: Staffing Exception report April 2021

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.

Apr-21						Report from the Divisional Head of Nursing		
Division	A	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D8		T&O	83%	143%	105%	28% unavailability Band 5. 3 Band 3 awaiting PIN..Complex specials -additional shifts for specialling	Nil impact on quality or outcomes. Risk to quality and safety with reduced Nursing metrics.	Nursing Bronze within division. Reviewing rostering. Recruitment for orthopaedics unerway.. Weekly review senior Nursing..
M4		surgery	87%	110%	94%	16% unavailability band 5 RN's. Increased acuity. Specials increased.	Nil impact on quality or outcomes. Risk to quality and safety with reduced Nursing metrics.	Nursing Bronze within division. Reviewing rostering. Recruitment for orthopaedics unerway.. Weekly review senior Nursing..QI plan in place.
Division	C	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C5			87%	102%	93%	4.61 vacancies, 2 mat leave, 2 on secondment to G4 and 1 awaiting NMC registration	1 complaint Cat 1 PU EPIC NQM good overall at 93.8%	7 wte under offer B7 supporting in supervisory role Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied
EAU 4			90%	100%	93%	7.07 vacancies, 3 on mat leave, 1 on secondment	1 fall with harm BCA checks below target EPIC NQM 88.3% with a high number of red/amber % but consistent with last month No delays to recieving assessment patients from the ED related to staffing	7 wte under offer B7 supporting in supervisory role. Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied.
G3			89%	119%	101%	2 vacancies, 1 LTS, 11 overseas nurses awaiting registration(OSCE)	BCA checks below target. 17 red flags put on for unmet specialling and nursing skills 1 Cat 2 PU EPIC NQM 87.9% with some Red/amber %, falls score lower than last month 24hr review commissioned for an incident (suboptimal care of a deteriorating patient). Good escalation but some inconsistencies with observations	5 wte seconded from within division Additional B7 working clinically to support with Ward manager working from home on isolation leave Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied Safety huddles in place re: care of the deteriorating patient with matron oversight

N2			90%	93%	91%	8.36 vacancies, 0.8 LTS, 1 on secondment, 4 overseas nurses awaiting registration (OSCE)	2 complaint Hand hygiene 89% 1 fall with harm EPIC NQM good overall at 93.1% No delays to receiving assessment patients from the ED related to staffing	6 wte under offer B7 supporting in supervisory role Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied
N3			89%	96%	91%	7.93 vacancies, 3 mat leave, 1 LTS, 2 on secondment, 3 awaiting NMC registration (OSCE)	1 complaint Patient experience score 83.3% 1 fall with harm EPIC NQM good overall at 92.2%	2 wte under offer Gaps reflect full establishment based on maximum acute NIV/trache patients and not always needed B7 supporting in supervisory role. Staffing is reviewed daily by the Senior Sister and matron team and mitigation using professional judgement applied Respiratory specialist team support when required
Division	D	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
A3		Neuro	86%	99%	91%	In April (A3 at 8 beds)RN unavailability 27% Lower acuity patients allocated to this ward as current DOSA ward but busy due to recently introduced day attender service for MS patients. In addition this establishment supports the neurosurgical pre-assessment service	No escalating concerns identified from quality indicators and observational reviews. Staff morale is good and team resilient but under ongoing pressures further impacted by supporting other neuro wards/staff moved. Sickness 9.37% (↑). Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 62%	Task and finish group in place to redesign PREassessment service to make it more resilient. Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs
A4		Neuro	88%	179%	120%	In April vacancy RN rate 0%; Unavailability 6wte RNs (20.48%). Good fill rate at Weekends. N.B.Fill gap in part created (1RN per shift) to respond to AGP/PPE requirements for a tracheostomy bay on this ward	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -although reporting of staff shortage incidents has reduced. Sickness 3.91% (↓). Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 11.8% in April	Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs
A5		Neuro	84%	268%	143%	In April vacancy RN rate 0%; Unavailability 8wte RNs (27.31%) A mixture of maternity leave and OSCE staff awaiting PIN N.B.Fill gap in part created (1RN per shift) in response to AGP/PPE requirements of a tracheostomy bay on this ward	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -although reporting of staff shortage incidents has reduced. Sicknes. 2.99% (↓) Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 20.3% in April.	Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs

C8 Neuro		Amber	75%	127%	93%	In April vacancy RN rate 0%; Unavailability 10wte RNs (41.31%). N.B.Fill gap in part created by increased establishment (1RN per shift) in response to this being an Amber ward	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -although reporting of staff shortage incidents has reduced; Sickness 3.0% (=). Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 38.4% in April.	Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs
J2		MTR	88%	285%	152%	In April vacancy RN rate 2.19%; Unavailability 10wte RNs (49.58%) A mixture of B5 secondments and OSCE staff awaiting PIN N.B.Fill gap in part created by increased staffing (1RN per shift) in response to AGP/PPE requirements for hosting a tracheostomy bay on this ward - this was new in April for J2	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -although reporting of staff shortage incidents has reduce. Sickness 8% (↑). Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 65% in April.	Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs
LEWIN		Stroke & Rehab	88%	139%	107%	In April vacancy RN rate 2.25%; Unavailability 4wte RNs (18.48%)	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -although reporting of staff shortage incidents has reduce. Sickness 5% (↑). Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 61.6% in April.	Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs
M5		Specialist surgery	88%	110%	97%	In April vacancy RN rate 2.64%; Unavailability 12wte RNs (37.36%) A mixture of maternity leave and OSCE staff awaiting PIN. N.B. Fill gap in part created by increased establishment in response to increased specialities and AGP/PPE requirements for hosting a tracheostomy bay on this ward	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents Staff morale is affected by the shortfall in shifts and the moving of staff to maintain safe staffing -although reporting of staff shortage incidents has reduce. Sickness 4.81% (=). Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 14% - low % due in part to phased return in April from CEV.	Multiple actions and mitigation in place - linked to Divisional risk on the register. Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce/divisional quality governance forums. PDN teams focusing on supporting OSCE nurses waiting to obtain their PINs

Division	E	Speciality	% fill registered	% fill care staff	Overall filled %	N.B.Fill gap in part created by increased establishment	Impact on Quality / outcomes	Actions in place
Daphne			89%	97%	92%	RM vacancy 7.59 WTE with 4 WTE pipeline in. Good bank fill rate.	Nursing quality metrics monitored. Some impact on compliance due to utilisation of bank staff. Close oversight and support from ward manager.	4 RN pipeline in. Good bank fill rates. Support from outpatient areas and supervisory sister if required.
Delivery Unit			88%	86%	88%	RM vacancy is 25%-30%. MCA vacancies 50%. Transition to CoC and move of establishment staff from intrapartum areas impacting. Sickness rate of 8%	Delays in transfer of inductions to DU. KPI's monitored. Close review of QSiS reporting. Increase in staffing QSiS noted. Increase in staffing red flags. Increased risk of divert status needed.	COC midwives now form part of escalation when required to support safe staffing. Recruitment event in June and rolling advert for midwives. Bank enhancements in place. Agency midwives commencing this week. SOP and orientation checklist under development to support nursing staff in some areas.
Lady Mary			89%	100%	94%	6.93 WTE vacancies.	Monitoring of all QSiS and risks. No adverse outcomes.	Recruitment event in June. Rolling advert. Staff redeployed to support safe staffing levels. Nursery nurses during day to support extra care and transitional care babies.
Rosie Birth Centre			79%	78%	79%	5.05 WTE vacancies. Staffing levels impacted by transition to CoC..	NQM monitored. Increase in staffing related QSiS. Staffing can potentially impact on availability of the birth centre for low risk women.	1.76 WTE pipeline in. Bank enhancements in place. Redeployment of specialist midwives to support fill rates. Redeployment to support safe staffing levels. COC midwives forming part of out of hours escalation. All divers / staffing overseen by midwifery manager on call
Sara Ward			88%	97%	91%	1.28 WTE vacancy rate. Long term sickness impacting.	Compliance with safety checks monitored. Delays to be able to commence IOL due to staffing and transfer delays	Recruitment event in June. Rolling advert. Staff redeployed to support safe staffing levels. Utilisation of CoC midwives as part of escalation.
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

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	Associates	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	Established plus Surge FTE	Vacancy rate est + surge	No. of vacancies based on est + surge
Apr-21	9					26	35	20	1528	1666	8.26%	137.58			
May-21	5					22	27	15	1528	1666	8.26%	137.58	1685.76	10.29%	157
Jun-21	2					25	27	13.97	1530	1666	8.17%	136.14	1685.76	10.19%	156
Jul-21	5					24	29	9.4	1537	1666	7.72%	128.54	1685.76	9.65%	148
Aug-21	2					24	26	16.32	1535	1666	7.85%	130.86	1685.76	9.81%	151
Sep-21	4					24	28	18.37	1533	1666	8.00%	133.23	1735.79	13.25%	203
Oct-21	4	20	10	15		30	79	21.35	1578	1666	5.26%	87.58	1735.79	9.97%	157
Nov-21	5					30	35	11.76	1590	1666	4.58%	76.34	1735.79	9.19%	146
Dec-21	5					30	35	16.6	1596	1666	4.20%	69.94	1735.79	8.75%	140
Jan-22	5				8	30	43	22.84	1604	1666	3.71%	61.78	1735.79	8.20%	132
Feb-22	5					30	35	12	1615	1666	3.05%	50.78	1735.79	7.46%	121
Mar-22	5	5.76	5			30	46	23.62	1625	1666	2.44%	40.64	1735.79	6.79%	110
TOTAL	56	26	15	15	8	325	445.17	201.23	1625	1666	2.44%	40.64	1735.79	6.79%	110.43

Paediatric band 5 RN position based on predictions and established FTE														
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	NAP	Associates	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
Apr-21	1					2		3	2	1	196.97	236.45	16.70%	39.48
May-21	2							2	2	1	196.17	236.45	17.04%	40.28
Jun-21	1							0	2	1	193.57	236.45	18.13%	42.88
Jul-21	1							1	1	1	192.57	236.45	18.56%	43.88
Aug-21	2							2	3	2	189.46	236.45	19.87%	46.99
Sep-21	1			3		4		7	6	3	187.85	236.45	20.55%	48.60
Oct-21	1	9	11				5	20	3	2	202.53	236.45	14.35%	33.92
Nov-21	1		2					2	6	2	196.13	236.45	17.05%	40.32
Dec-21	1		2		2			5	2	1	198.13	236.45	16.21%	38.32
Jan-22	1		1					1	10	5.05	184.36	236.45	22.03%	52.09
Feb-22	2							2	1	1	184.76	236.45	21.86%	51.69
Mar-22	2							2	4	1	181.96	236.45	23.05%	54.49
TOTAL	13	8.91	16	3	2	4		46.91	40.87	21.05	181.96	236.45	23.05%	54.49

Band 2 HCSW position based on predictions and established FTE												
Month	UK based applicants	Apprenticeship (direct entry)	Associate	Total New Starters FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	ESR Est. plus surge FTE	Vacancy rate based on est plus surge	No. of vacancies based on est. plus surge	Starter leaver variance
Apr-21	23			23	809	858	5.7%	49				12
May-21	35			35	836	858	2.6%	22	875	4.46%	39	27
Jun-21	35			35	852	858	0.7%	6	875	2.58%	23	16
Jul-21	23	2		25	860	858	-0.2%	-2	875	1.70%	15	8
Aug-21	10	2		12	856	858	0.2%	2	875	2.14%	19	-4
Sep-21	10	2		12	857	858	0.1%	1	891	3.81%	34	1
Oct-21	12	2		14	855	858	0.3%	3	891	4.04%	36	-2
Nov-21	15	2		17	867	858	-1.1%	-9	891	2.69%	24	12
Dec-21	15	2		17	873	858	-1.8%	-15	891	2.02%	18	6
Jan-22	15	2		17	880	878	-0.3%	-2	891	1.23%	11	7
Feb-22	15	2		17	885	878	-0.7%	-7	891	0.76%	7	4
Mar-22	15			15	881	878	-0.3%	-3	891	1.20%	11	-4
TOTAL	223	16	0	239	881	878	-0.3%	-3	891	1.20%	11	84