

Monthly Nurse Safe Staffing

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Executive Summary

This slide set provides an overview of the Nursing and Midwifery staffing position for August 2021.

The vacancy position is relatively static for Registered Nurses (RN's) at 8.6%, Registered Childrens Nurses (RCN's) at 15.9% and Health Care Support workers (HCSW's) at 2.1% however there has been a month on month increase in the vacancy position within midwifery for both Registered Midwives (RM's) at 15.4% and Maternity Support Workers (MSW's) at 9.8%.

Current reported vacancy position does not include changes to establishments recommended in annual review paper approved by board as reconciliation against finance ledger has not yet occurred

The planned versus actual staffing report shows an increasing trend in the number of wards reporting <90% rota fill with 17 ward areas reporting <90% rota fill in August. The fill rate for maternity also shows a decrease in the overall rota fill in August (83% compared to 87% in July)

Redeployment of nurses & midwives remains high on an ad hoc basis to ensure safe levels of staffing

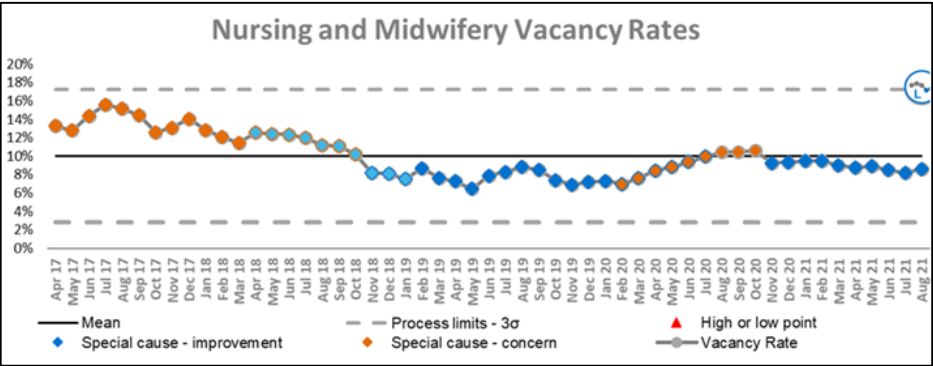
Turnover rate has increased to 14% for RN's and RM's, it remains static for HCSW's at 16.19%

There is a positive forecast for both HCSW and RNs joining the organisation, the current forecast position for band 5 RN at year end is 2.11% (pipeline including domestic supply, apprentices and international recruitment)

Ares of concern based on current pipeline data are Midwifery and paediatric nurses, work is ongoing to consider alternative routes of recruitment including piloting international recruitment for these specialities

1.0 Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates



Graph 2. Healthcare Assistant vacancy rates

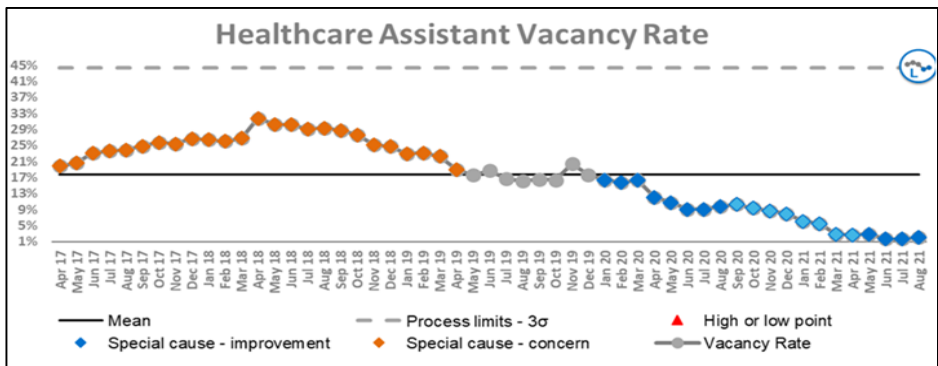


Table 1. Vacancy rate per staff group

Vacancy rate	August (July comparison)
Registered Nurses	8.6% (8.2% July)
Registered Childrens Nurses	15.9% (15.05% July)
Registered Midwives	15.4% (11.6% July)
Health Care Support Worker	2.1% (1.7% July)
Maternity Support Worker	9.8% (8.8% July)

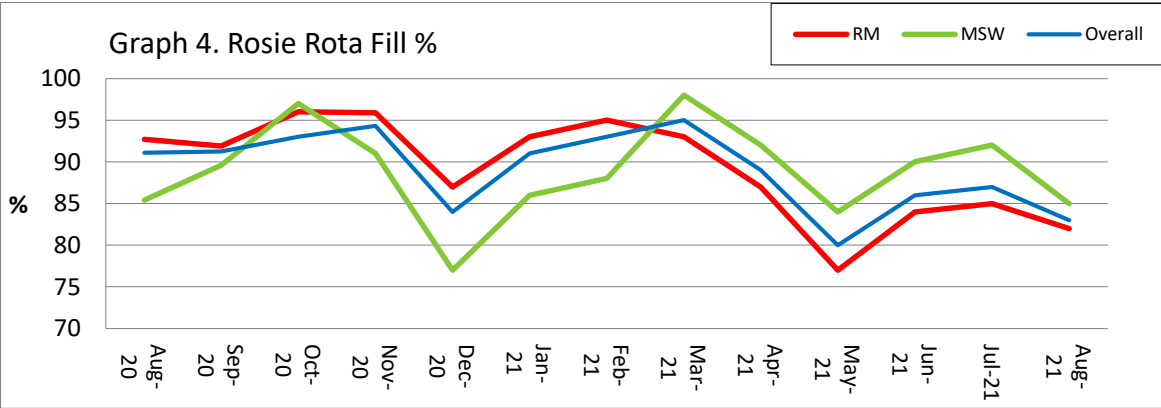
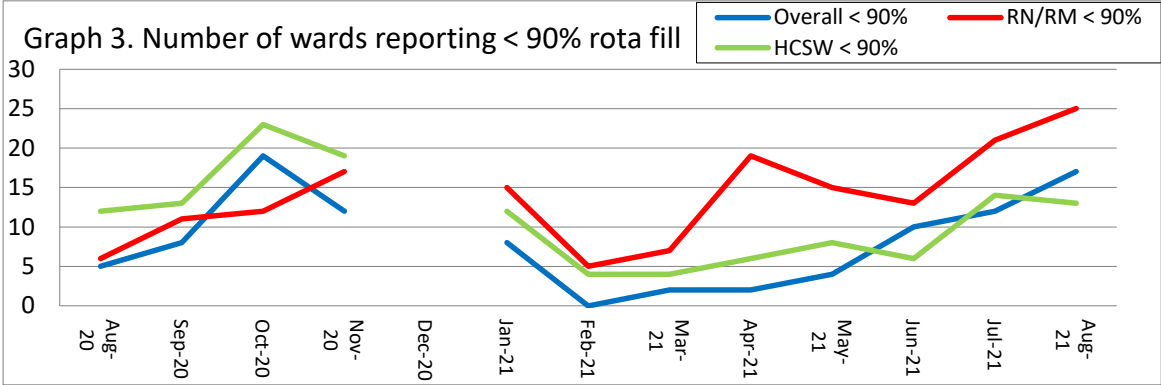
Vacancy position

Note: Current reported vacancy position does not include changes to establishments recommended in annual review paper approved by board as reconciliation against finance ledger has not yet occurred (still awaiting investment committee approval), therefore vacancies reported exclude recommended amendments to posts as agreed in the annual review, including where additional capacity has been added.

As can be seen from table 1, the vacancy position for Registered Nurses (RNs), Registered Childrens Nurses (RCNs) and Health Care Support workers (HCSWs) is relatively static however there has been a month on month increase in the vacancy position within midwifery for both Registered Midwives and Maternity Support Workers (MSWs).

The turnover rate is increasing at 14% for RNs and RMs in August compared to 11% at the beginning of the financial year. HCSW Turnover remains high but static for HCSW's at 16.19%. Leavers destination data demonstrates that 42% of RNs and RMs are leaving to take up employment in other NHS organisations compared with 16% of HCSWs. 14% of RNs/RMs leaving is due to moving abroad. The main reason for HCSWs leaving is unknown (48%).

2.0 Planned versus actual staffing



Planned versus actual staffing

Graph 3 illustrates trend data for all wards reporting < 90% rota fill, this is showing an increasing trend with seventeen ward areas in August reporting overall fill rates of <90%.

Whilst all divisions have a small number of incidences of fill rates of <90%, the majority of these occurrences are within Division A and Division E.

Across the critical care units in August, there has been an increase in the number occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (66 August compared to 24 July). Additionally there have been 144 occasions where there has been no side room co-ordinator. An oversight group was convened by the chief nurse and chief operating officer to ensure safety & quality of care – divisional leads have taken appropriate actions to mitigate risks.

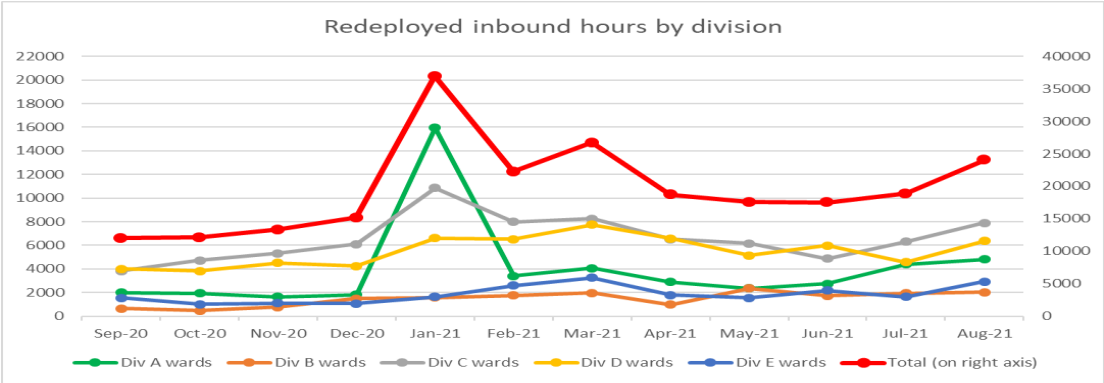
Appendix 1, details the exception reports for those areas where there is <90% rota fill rate.

Midwifery & MSW fill rate

Graph 4 illustrates the fill rate for maternity and shows a decrease in the overall rota fill in August (83% compared to 87% in July), this is due to the number of vacancies, unavailability and limited uptake for bank shifts.

3.0 Staff deployment

Graph 5. Redeployed inbound hours by division



Staff deployment

Graph 5 illustrates the movement of staff across wards to support safe staffing. This includes staff who are moved on an ad hoc basis (shift by shift) and shows which division they are deployed to. The number of staff redeployed has been relatively static over the past 3 months, however, we have seen an increase in August due in part to higher unavailability and the need to redeploy specialist nursing teams, matrons and ward staff across the trust to maintain safe staffing levels. This is a concerning trend but necessary to ensure patient safety.

4.0 Nursing Pipeline

Appendix 2 provides detail on the forecasted position in relation to the number of RN and HCSW vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international recruits up to March 2022. Numbers are based on those interviewed and offered positions in addition to planned campaigns. T2 surge establishment has yet to be confirmed on the ledger and therefore, is not reflected in the overall establishment.

The current forecast demonstrates a reduction in the year end band 5 RN vacancy position to 2.11% and a band 2 HCSW position of -3.7%. The forecast for band 5 paediatric RN demonstrates an increasing vacancy position of 23.05%.

The recruitment pipeline for HCSWs and RN's is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment. Whilst the reliance on international nurses continues with an average of 30 International Nurses arriving each month, CUH are supporting large numbers of apprentices through the Nursing Degree apprenticeship. Currently there are 211 members of staff undertaking the 4 year apprenticeship pathway to become a registered nurse (114 on Part 1 of the programme and 87 on part 2). Conversely, the pipeline for midwifery is limited however there is a short term plan to recruit internationally and a longer term plan to replicate the success of the apprenticeship route to registration.

5.0 Red flags

Graph 6. Red flags reported

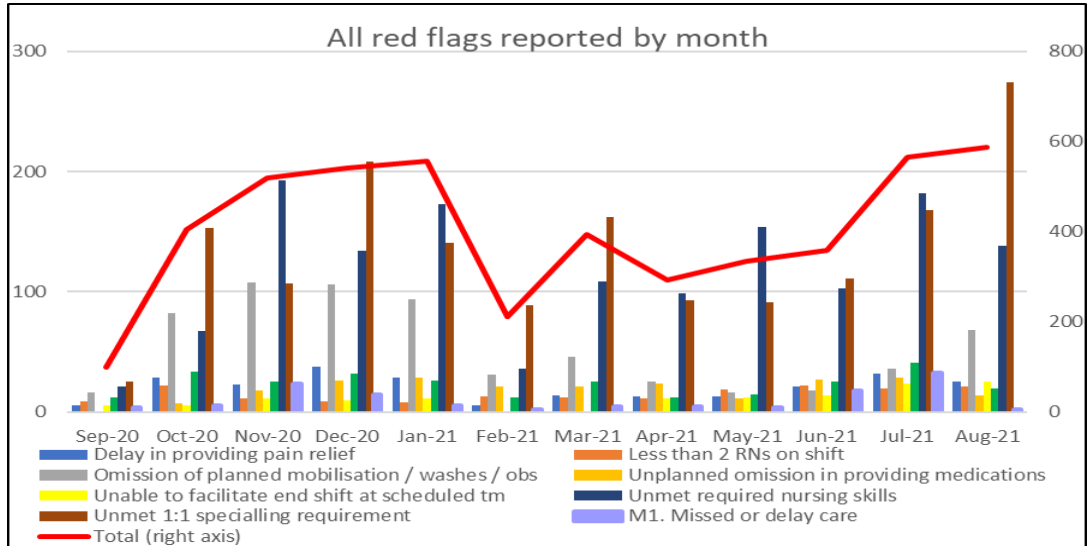


Table 2. Maternity Red Flags raised	Number
Missed or delayed care (includes delay in FH auscultation on admission in labour over 15 minutes)	142
Delay of more than 30 minutes in providing pain relief	1
Delay of 30 minutes or more between presentation and triage	30
Delay of 2 hours or more between admission for induction and initiation of process or subsequent prostaglandin administration where required	73
Any occasion when 1 midwife is not able to provide continuous 1:1 care and support to a woman during established labour	1
Unable to facilitate staff break / facilitate end of shift at the scheduled time	18
Unable to facilitate supernumerary status of labour ward coordinator	2
Total	267

Red Flags

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

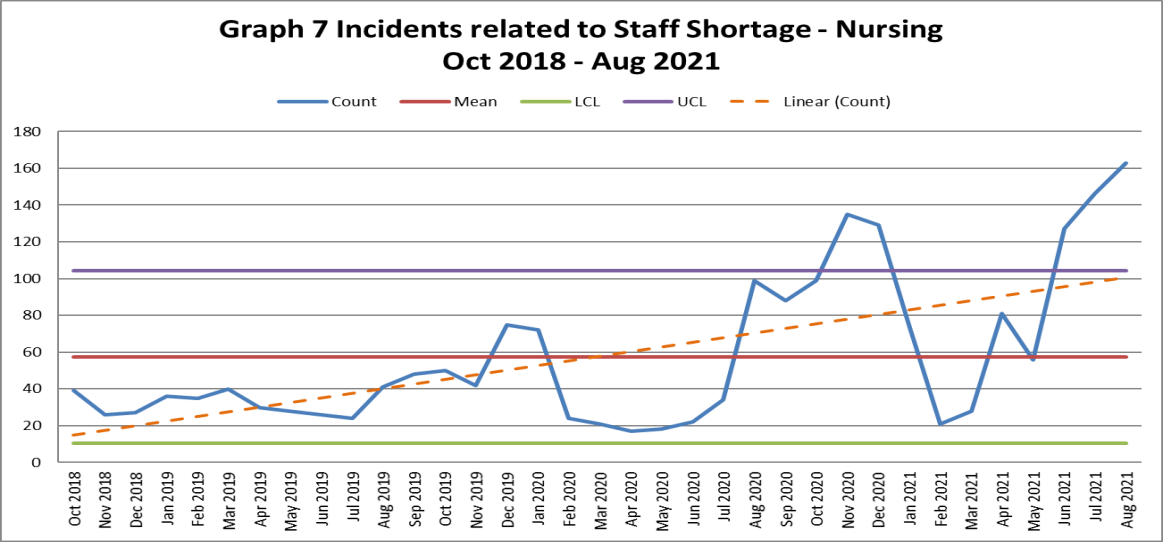
Nursing red flags

Graph 6 illustrates that over the last 3 months, there has been a gradual increase in the number of red flags reported, the majority of which relate to an unmet 1:1 specialising requirement

Maternity red flags

There has been an upward trend in the overall number of maternity red flags reported over the last 3 months. Table 2 shows that there were 267 maternity red flags reported in August 2021 compared with 211 in June and 287 in July. Over half (52%) of these red flags were due to missed or delayed care. On one occasion, we were unable to provide 1:1 care and support to a woman in established labour.

6.0 Safety and Risk



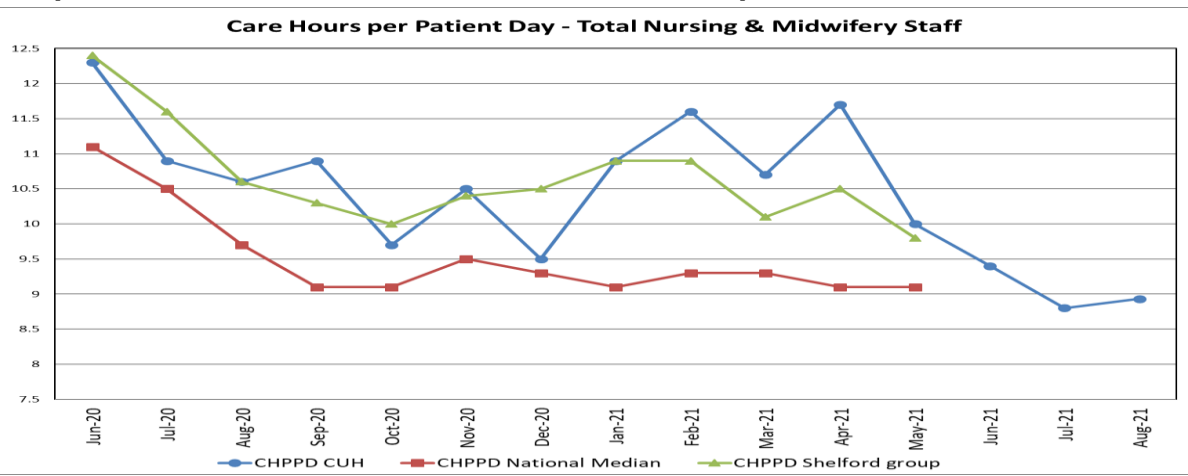
Incidents reported relating to staff shortages

Graph 7 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. This demonstrates an increasing number of incidents on a monthly basis since June. The number of incidents reported relating to nurse staffing in August was 163 compared with 146 in July, 127 in June and 56 in May.

Division A reported the most incidents related to staffing levels in August (62) and the majority of these were within Critical Care areas. This correlates with the increased number of GPICS breaches that occurred this month. Safety continues to be monitored through the daily safe staffing meetings and the twice weekly senior nursing huddles.

7.0 Care Hours Per Patient Day (CHPPD)

Graph 8 Trend of CHPPD for CUH, Shelford Group and national median



CHPPD

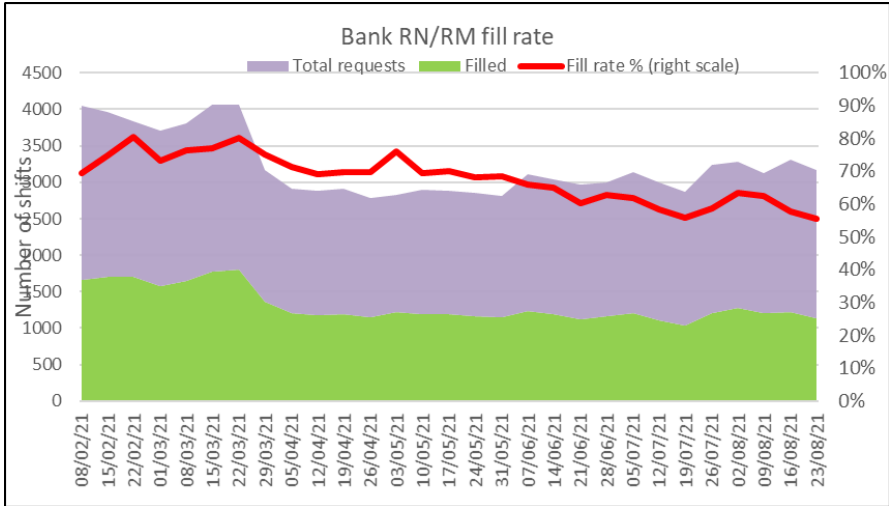
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required to report this figure externally. Whilst external reporting of CHPPD was paused during the 1st wave of the pandemic, this has recently recommenced.

CUH CHPPD recorded for August was 8.93 compared to 8.79 in July. This trend can be seen in graph 8.

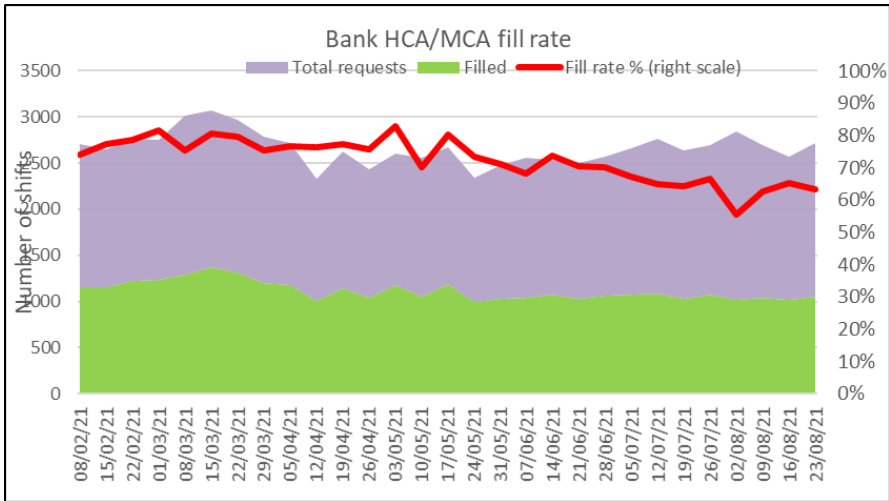
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for maternity services was 6.73 for August compared to 5.85 in July.

8.0 Bank Fill Rate and Agency Usage

Graph 9 Registered RN/RM Bank fill rate per week



Graph 10 HCSW/MSW bank fill rate per week



Bank fill rate

The Trust’s Staff Bank continues to support the clinical areas with achieving safe staffing levels. Graph 9 and 10 illustrate the trends in bank shift fill rate per week. Overall we have seen an increase in bank shift requests for registered staff over the last 2 months to mitigate those areas who have less than a rota fill of <90%. The average bank fill rate of the registered staff requests has been 59.8%. The number of requests for Health care support workers and Maternity support workers has been fairly static with an average bank fill rate of 61.6%.

In addition to bank workers we have we have the equivalent of 29 WTE agency workers working across the divisions to support staffing challenges in the short term. Of the total proportion of shifts filled through temporary staffing 10% have been filled via agency workers compared with 90% filled via bank workers.

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

Appendix 1. Exception report by division A and B

Aug-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
C7		301 - GASTROENTEROLOGY - PROTECTED	88%	114%	98%	25.27% RN Vacancy. Over seas RNs awaiting PIN add to the unavailability.	On-going work with C7 - improved the quality of care given despite the gaps in staffing.	Daily divisional huddle. Matron oversight and movement of staff to ensure safety. Reduced time out for band 7 teams. Increased PD support. Establishing weekly support sessions and reflective practice being embedded to support.
C8		110 - TRAUMA & ORTHOPAEDICS - PROTECTED	86%	158%	111%	33.98% RN vacancy. Overseas RNs awaiting PIN. Difficulty in recruiting to ward team.	None identified for patients. Staff redeployed to C8. Staff morale impacting.	Rate 2 bank enhancements Daily divisional huddle. Matron oversight and movement of staff to ensure safety. Reduced time out for band 7 teams. Increased PD support. Establishing weekly support sessions
D6 SAU		100 - GENERAL SURGERY - PROTECTED	84%	91%	87%	15% RN vacancy Overseas RNs awaiting PIN. 3 staff redeployed to C8 and 1 RN sent to EAU 3.	None identified	Daily divisional huddle. Matron oversight and movement of staff to ensure safety. Reduced time out for band 7 teams. Increased PD support. Establishing weekly support sessions
D8		110 - TRAUMA & ORTHOPAEDICS - PROTECTED	85%	123%	99%	18.41% RN vacancy. Overseas RNs awaiting PIN. 3 staff sent to support C8 with orthopaedic skills.	None identified.	Daily divisional huddle. Matron oversight and movement of staff to ensure safety. Reduced time out for band 7 teams. Increased PD support. Establishing weekly support sessions
M4		100 - GENERAL SURGERY - PROTECTED	84%	94%	87%	9.35% RN vacancy. Overseas RNs awaiting PIN Increased acuity of patients.	Staff anxiety in relation to workload. Patients requiring more input- Staff anxious with increasing acuity.	Daily divisional huddle. Matron oversight and movement of staff to ensure safety. Reduced time out for band 7 teams. Increased PD support. Establishing weekly support sessions
NCCU		192 - CRITICAL CARE MEDICINE - RISK MANAGED	88%	94%	89%	11.16% RN vacancy. Sickness and isolation over August has contributed to some of the gaps.	GPIC breaches of staffing levels seen for August. Staff tired and staff morale. No moderate or above incidents for August 21.	Rate 3 RN's and Rate 2 HCSW's Bank enhancements. 9 Cat A staff redeployed from division to support. Daily Critical Care meeting. Support from the region. Internal transfer scheme open. Daily Divisional huddle.
Division	B	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D9		370 - MEDICAL ONCOLOGY - PROTECTED	85%	120%	96%	25% RN vacancy, maternity leave, sickness and isolation. Skill mix is a particular problem with high number of haematology patients needing multiple therapies and treatment. We saw a higher than usual demand for specialising which is reflected in the higher than usual care staff fill.	Staff anxiety in relation to workload which is being identified and highlighted by patients	Bank enhancement, agency useage 2 RN's on roster. Plan in place identifying areas of focus and support required to achieve. Increased senior presence on ward from Matrons. Increased PD support. Open door sessions every Friday with senior nurse from Division. Good signposting to support services for staff.
J3 Haematology		370 - MEDICAL ONCOLOGY - PROTECTED	68%	67%	68%	32% RN vacancy rate, although team are only caring for 6 pts on L5 currently, requiring a 2+1 model. When this is not achievable, and is safe to do so, staffed with 2RN's with support from L5 vascular team	None identified	Bank enhancements in place. Daily Matron and senior team visits. Daily assessment of staffing and skill mix across directorate. Support from L5 nursing team when required, which is discussed at site safety meeting to ensure equity and safety

Appendix 1. Exception report by division C and D

Division	C	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
MSEU		300 - GENERAL MEDICINE - PROTECTED	89%	121%	100%	58 unfilled RN shifts for August. 6.88 WTE RN vacancies. 6 awaiting PIN. 5 WTE in pipeline, some start dates TBC.	HH compliance 87%. Total 21 incidents, 16 no harm; 4 low/minor; 1 sever/major(SLR123321- patient fall, resultign in #NOF). 1 HAPU cat 2 gap analysis. Nursing Quality Metrics compliance is an issue in BCMA; catheter documentation; covid screening; IV access; moving and handling and pain score. Safety checks 100%. 24 red flags raised in August; 2 omission of planned mobilisation/washes/obs; 1 staff break; 17 unmet specialising requirement; 4 unmet nursing skills. 147 redeployed hours.	Band 7 start date 01/09/21. Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.
N2		300 - GENERAL MEDICINE - RISK MANAGED	87%	87%	87%	62 unfilled RN shifts; 62 unfilled HCSW shifts for August. 2.85 WTE RN vacancies. Band 6 long term sick. 2 WTE on secondment. 1 awaiting PIN. 4 WTE in pipeline.	HH compliance 94%. Total 35 incidents, 29 no harm; 6 low/minor. II relating to delay in sepsis management, SLR122761. A number of Nursing Quality Metrics show a small improvement in August with 1 red and 3 amber metrics. Safety checks 100%. 7 red flags raised in August; 4 omission of mobilisation/washes/obs; 1 unmet specialising request; 1 unmet nursing skill; 1 supernumerary ward coord. 309 redeployed hours. 41.2% supervisory time recorded.	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.
N3		340 - RESPIRATORY MEDICINE - PROTECTED	88%	88%	88%	64 unfilled RN shifts; 35 unfilled HCSW shifts for August. 2.54 WTE RN vacancy; 1.3 WTE HCSW vacancies. 3 RN mat leave; 2 RN secondment; 3 awaiting PIN. 1 RN and 1 HCSW in pipeline. Staff supporting resp patients elsewhere.	Total 14 incidents, 13 no harm; 1 low/minor. HAPU cat 2 gap analysis, SLR120250. Nursing Quality Metrics show little improvement with a consistent picture with amber and red metrics. Safety checks 100%. 6 red flags raised in August; 1 omission of mobilisation/washes/obs; 2 unmet specialising request; 3 unmet nursing skills. 242 redeployed hours. 14% supervisory time recorded.	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.
Division	D	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
A4		400 - NEUROLOGY - PROTECTED	87%	144%	109%	Vacancy RN rate 7.7% (2.24WTE); Unavailability 6 WTE RNs (20.73%). A mixture of B6 secondment (1.0) and redeployment (1.0) and Mat leave (2.0) and pipeline joiners of 2WTE.	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 23%.	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.
J2		314 - REHABILITATION - PROTECTED	89%	155%	119%	Vacancy RN rate 1% (0.19WTE); Unavailability 4 WTE RNs (19.66%). A mixture of B5 secondment (2) and OSCE staff awaiting PIN (1RN) and pipeline joiners of 1WTE. The ward is currently awaiting the B7 to start.	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Supervisory sister time 13% (Currently awaiting start date)	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.
K3		320 - CARDIOLOGY - PROTECTED	87%	108%	94%	Vacancy RN rate 15.8% (5.52WTE); Unavailability 5.3 WTE RNs (14%). A mixture of B5 secondments 1.8WTE intoB6 CNS roles, redeployment 0.5 and OSCE staff awaiting PIN (1RN), maternity leave (1WTE) and pipeline joiner NQN (1)due October.	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents. Senior Sister is consistently required to support clinical caseload therefore supernumerary time required to fulfil their role is compromised - Supervisory sister time 15.8%.	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.

Appendix 1. Exception report by division E

Division	E	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C2		420 - PAEDIATRICS - PROTECTED	77%	64%	76%	Current shortfall of 7.84 WTE RN vacancy, positive 11.8 WTE pipeline in. Net position will be - 0.04 WTE in October 2021.	High occupancy and acuity during August, no impact on NQM or patient experience feedback. Increased pressure on senior staff with required competency.	Currently utilising agency nurses with paediatric training. Bank enhancements rate 2, CNS support for chemo competence. Haem/onc plan for staffing and capacity. Three times review a day of occupancy and staffing. Support from CPF, supervisory sister has been within the daily staffing establishment. Beds will be reduced with move to G2
C3		420 - PAEDIATRICS - PROTECTED	84%	127%	93%	Current shortfall of 2.15 WTE RN vacancy, positive 1.77 WTE pipeline in, pipeline out 4 WTE experienced skilled nurses. Net position will be - 0.38 WTE in October 2021.	High occupancy and acuity during August, no impact on NQM patient experience feedback. Increased pressure due to RSV acuity	Currently utilising agency nurses with paediatric training. Bank enhancements rate 2, Three times review a day of occupancy and staffing. Support from CPF, supervisory sister vacancy. Change red/amber pathway so ward not separated with staffing.
Charles Wolfson		424 - WELL BABIES - PROTECTED	86%	70%	80%	Current shortfall of 3.25 WTE RN vacancy, positive 4.18 WTE pipeline in. Net position will be plus 0.93 WTE in October 2021.	High occupancy and acuity during August, no impact on NQM patient experience feedback. Increased pressure due to neonatal capacity and regional capacity	Currently utilising agency nurses with paediatric training. Bank enhancements rate 2, Three times review a day of occupancy and staffing. Support from CPF and supervisory sister in roster. Study time stopped for all non essential training
D2		171 - PAEDIATRIC SURGERY - PROTECTED	85%	113%	91%	Current shortfall of 3.13 WTE RN vacancy, positive 5.0 WTE pipeline in. Net position will be plus 1.69 WTE in October 2021.	High occupancy and acuity during August, no impact on NQM patient experience feedback. Increased pressure due to change in amber /red pathway	Currently utilising agency nurses with paediatric training. Bank enhancements rate 2, Three times review a day of occupancy and staffing. Support from CPF and supervisory sister in roster. Study time stopped
F3 COU		171 - PAEDIATRIC SURGERY - PROTECTED	73%	103%	82%	Current shortfall of 7.84 WTE RN vacancy, positive 11.8 WTE pipeline in. Net position will be plus 0.04 WTE in October 2021.	low occupancy and acuity during August, no impact on NQM patient experience feedback. Area closed most weekends and staff redeployed short term	Bank enhancements rate 2, due to staff being redeployed to support PICU/wards Three times review a day of occupancy and staffing. Study time stopped
PICU		192 - CRITICAL CARE MEDICINE - RISK MANAGED	86%	110%	89%	Current shortfall of 15.75 WTE RN vacancy, positive 9 WTE pipeline in. Net position will be - 6.75 WTE in October 2021.	Higher acuity and occupancy due to RSV surge, reduced NQM compliance and safety checks no concerns patient experience feedback. SI due to level 2-3 patients doubled with 1 :2 ratio. Elective cancellations	Bank enhancements rate 3. Three times review a day of occupancy and staffing. Study time stopped except HDU and ITU course to ensure skill development as QIS below 70% compliance. Webinars for agency overseas with PICU experience. Recruitment campaign with masters programme advertised.
Daphne		502 - GYNAECOLOGY - PROTECTED	86%	112%	95%	Gaps due to small vacancy rate x2 RN's now on conversion course for midwifery	Impacts patient experience with potential delays to care	recruitment into vacancy, TNA and NAP's also working on ward
Lady Mary		501 - OBSTETRICS - PROTECTED	82%	86%	84%	fill rate remained the same as last month projection improved by 3 agency long line workers within the roster.	Aquity of women increasing, this is reflected in the equity scoring from BR+	Bank nurses on roster to support, workforce strategy to support more band 3's, recruitment for overseas midwives
Rosie Birth Centre		501 - OBSTETRICS - PROTECTED	59%	94%	67%	fill rate remains poor, staffing will be template as 2 RM's each shift rather than 3 and in alignment with acuity staff with be deployed to the area when required. Red flag also added to BR+ acuity app for capture of women who require care outside of guidance as this will alter the staff numbers required.	Impact on quality and safety	Maternity site safety team to be located in the area to support and provide leadership
Sara Ward		501 - OBSTETRICS - PROTECTED	78%	86%	80%	Fill rate remains the same as last month. Few core midwives remain in this area. fill rate remains a concern in addition to equity scoring exceeding templated numbers	Women not being transferred to DU for continuation of IOL due to staffing levels. This is captured and monitored as red flag, safety and quality affected	Operational management of the area and staff required improved with midwife coordinating IOL and supporting flow and patient experience. Work also to be completed on analysis of length of stay, acuity of women and transfers in from other units
Neonatal ICU		422 - NEONATOLOGY - PROTECTED	78%	70%	77%	Current shortfall of 13.86 WTE Band 5 RN vacancy, 9.4 WTE Band 6 vacancies. Positive 17 WTE pipeline in.	No concerns with NQM or safety checks patient experience feedback. Not meeting BAPM standards, reduced occupancy of unit due to staffing levels. Region also compromised for level 1 care.	Bank enhancements rate 3. Three times review a day of occupancy and staffing. Study time stopped except NICU course to ensure skill development as QIS below 70% compliance. Webinars for agency overseas with NICU/retrieval experience. Recruitment campaign with masters programme advertised. working collaboratively with the ODN. All non clinical staff covering area. Matron covering MoD

Appendix 2. Recruitment pipeline

Adult band 5 RN position based on predictions and established FTE													
Month	UK based exp. applicants	Anglia Ruskin NQ (60% of graduates)	Other NQ	NAP	Associates	Overseas	Total New Starters	Leavers FTE	Promotions and transfer out of scope-retained by the trust	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-21	9					20	29	20	15	1554	1666	6.72%	111.944
May-21	6					25	31	24	7	1554	1666	6.72%	111.944
Jun-21	4					26	30	20	3	1561	1666	6.30%	104.944
Jul-21	7			11		28	46	22	14	1531	1666	8.10%	135
Aug-21	5			4		28	37	16.32	12	1540	1666	7.58%	126.32
Sep-21	1	20				37	58	18.37	12	1567	1666	5.92%	98.69
Oct-21	10	22	9	2		15	58	21.35	12	1592	1666	4.44%	74.04
Nov-21	5					30	35	11.76	12	1603	1666	3.77%	62.8
Dec-21	5					30	35	16.6	12	1610	1666	3.39%	56.4
Jan-22	5					30	35	22.84	12	1610	1666	3.38%	56.24
Feb-22	5					30	35	12	12	1621	1666	2.72%	45.24
Mar-22	5	5.76	5			30	46	23.62	12	1631	1666	2.11%	35.1
TOTAL	67	48	14	17	0	329	474.78	228.86	135	1631	1666	2.11%	35.1

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 Establishments 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	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE
Apr-21	23			23	11	809	858	5.7%	49
May-21	35			35	9	835	858	2.7%	23
Jun-21	25			25	18	842	858	1.9%	16
Jul-21	32			32	20	854	858	0.5%	4
Aug-21	17			17	16	855	858	0.4%	3
Sep-21	10			10	11	854	858	0.5%	4
Oct-21	20	2		22	16	860	858	-0.2%	-2
Nov-21	20	2		22	5	877	858	-2.2%	-19
Dec-21	20	2		22	11	888	858	-3.5%	-30
Jan-22	20	2		22	10	900	878	-2.5%	-22
Feb-22	20	2		22	13	909	878	-3.6%	-31
Mar-22	20			20	19	910	878	-3.7%	-32
TOTAL	262	10	0	272	158	910	878	-3.7%	-32