

Monthly Nurse Safe Staffing

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Executive Summary

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

The vacancy rate has gone up across all areas with the exception of Registered Midwives (RM's) and Registered Children's Nurses (RCN's). This increase is primarily due to the reconciliation of the agreed uplift in establishments which was approved recently by the investment committee and updated on ESR from October 21.

The vacancy position has increased for Registered Nurses (RN's) at 9.7% from 8.8% in September, Health Care Support workers (HCSW's) at 7.4% from 2.4% in September and Maternity Support Workers (MSW's) at 12.7% from 8.8% in September. There has been an improvement in the vacancy rate for Registered Midwives to 11.7% in October from 17% in September and for Registered Children's Nurses to 13.1% from 26.1% in September.

Turnover rate remains high at 13.5% for RN's, 21.4% for RM's and 16.6% for HCSW's.

The planned versus actual staffing report shows a slight increase in month in the number of wards reporting <90% rota fill with 15 ward areas reporting <90% rota fill in October. The fill rate for maternity shows a slight decrease in the overall rota fill in October (86% compared to 88% in September).

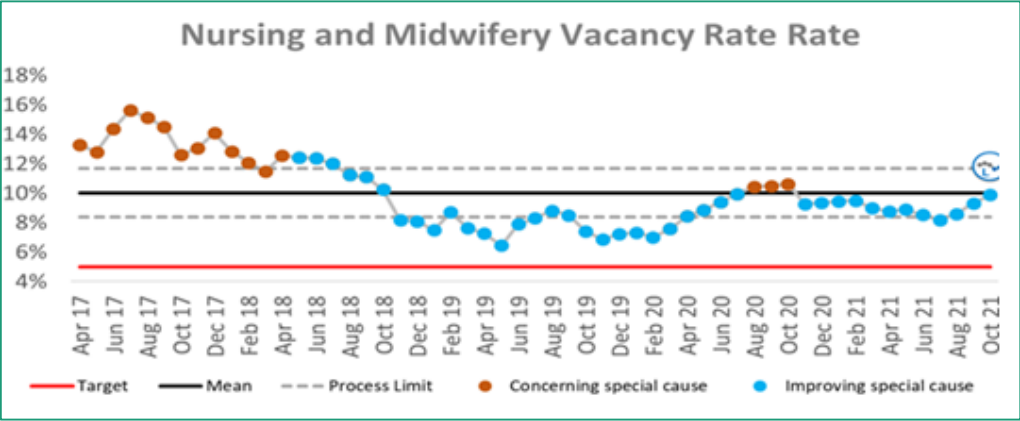
Critical care staffing and compliance with GPICS standards remains an area of concern with 154 occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient and 183 occasions where there has been no side room co-ordinator.

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

Despite a strong workforce pipeline (including domestic supply, apprentices and international recruitment), the current year end vacancy forecast position for band 5 RN is 8.1%, band 5 Paediatric RN is 16.7% and a band 2 HCSW position of 5%.

Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates



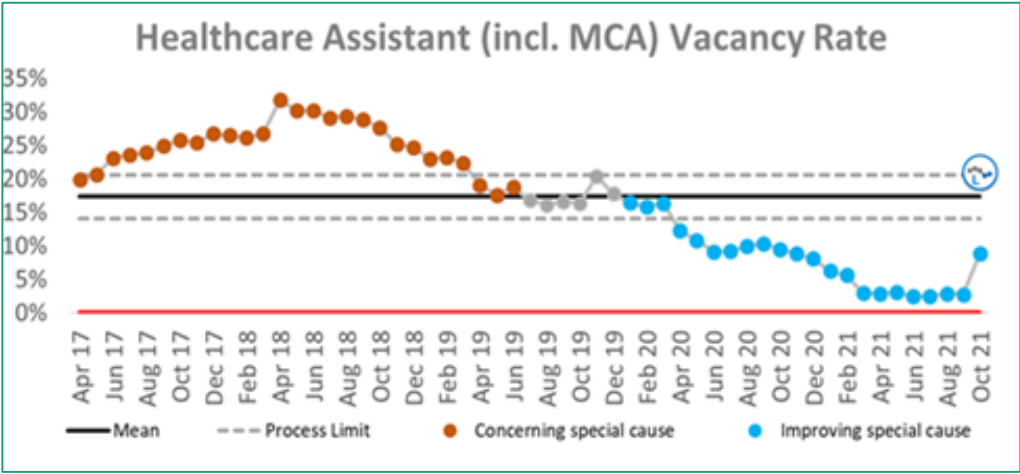
Vacancy position

Note: The vacancy rate has gone up across all areas except for RMs and RCNs. This increase is primarily due to the reconciliation of the agreed uplift in establishments which was approved recently by the investment committee and updated on ESR from October 21.

The combined vacancy rate for Registered Nurses (RN's) and Registered Midwives (RM's) has increased to 9.9% and the vacancy rate for Health care support workers (HCSW's) (including MCA's) has increased to 8.8% (2.4% in September). The HCSW vacancy rate (excl MCA) has increased to 7.4% from 2.4% in September.

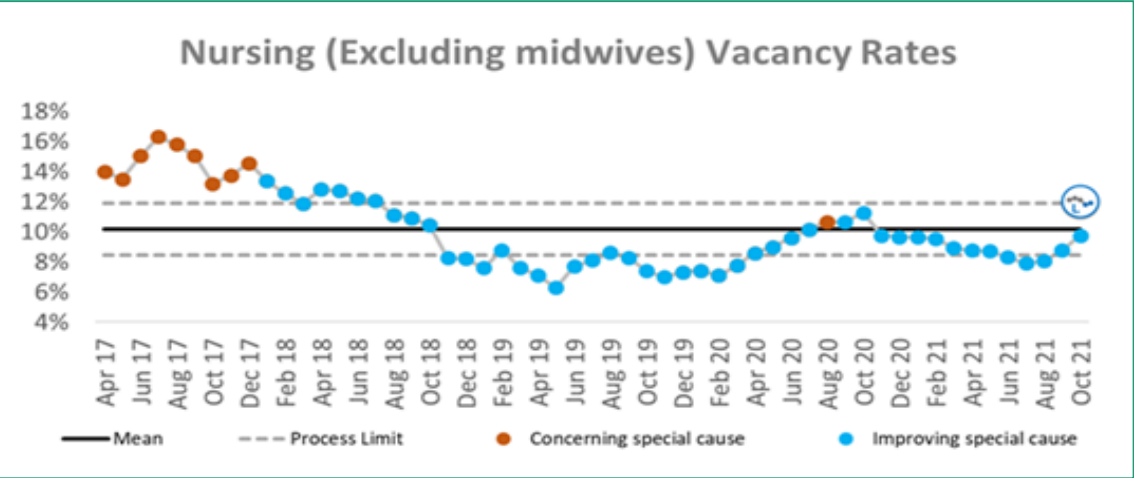
The HCSW turnover rate remains high but static at 16.6%. The main reason for HCSWs leaving remains voluntary resignation – relocation (31%). The leavers destination is unknown for the majority of HCSWs (46%), 16% of HCSW's are leaving to take up employment in other NHS organisations and 14% are leaving for no employment.

Graph 2. Healthcare Assistant vacancy rates



Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates

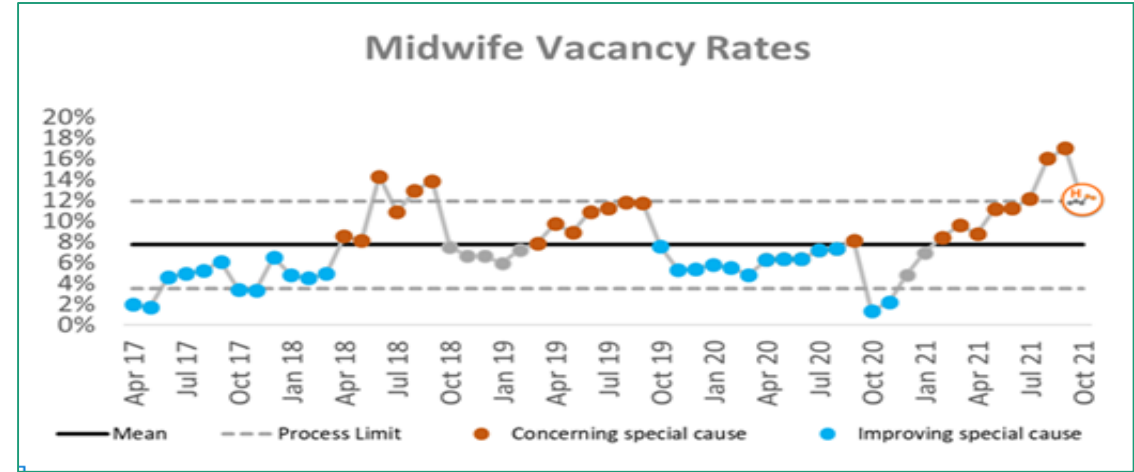


Vacancy position

The vacancy rate for Registered Nurses working in adult areas has increased to 9.7% in October (8.8% in September) however there has been a decrease in the vacancy rate for registered children's nurses to 13.1% from 26.1% in September.

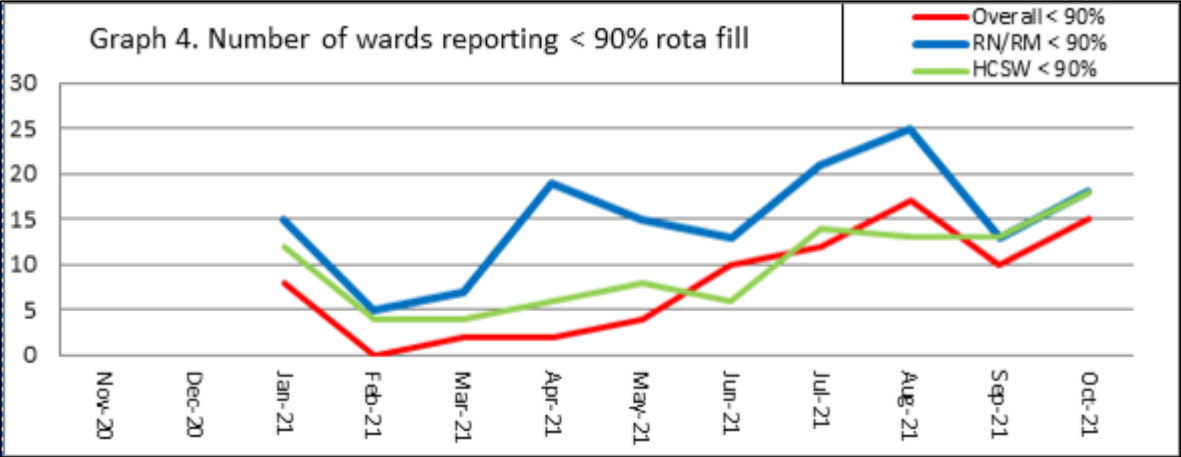
The vacancy rate for Registered Midwives saw a 5.3% decrease to 11.7% in October. This is due to a high number of new starters resulting in an increase of 6% in substantive staff.

Graph 4. Registered Midwife vacancy rates



The turnover rate remains high at 13.5% for RNs and 21.4% for RMs in October. The main reason for leaving is voluntary resignation – relocation for RNs (43%). The top 2 equal reasons for RMs leaving is voluntary resignation – relocation (21%) and voluntary resignation – work life balance (21%). The Leavers destination data demonstrates that 36% of RNs and 45% of RMs are leaving to take up employment in other NHS organisations.

Planned versus actual staffing



Planned versus actual staffing

Graph 4 illustrates trend data for all wards reporting < 90% rota fill, this has increased to fifteen ward areas in October reporting overall fill rates of <90%.

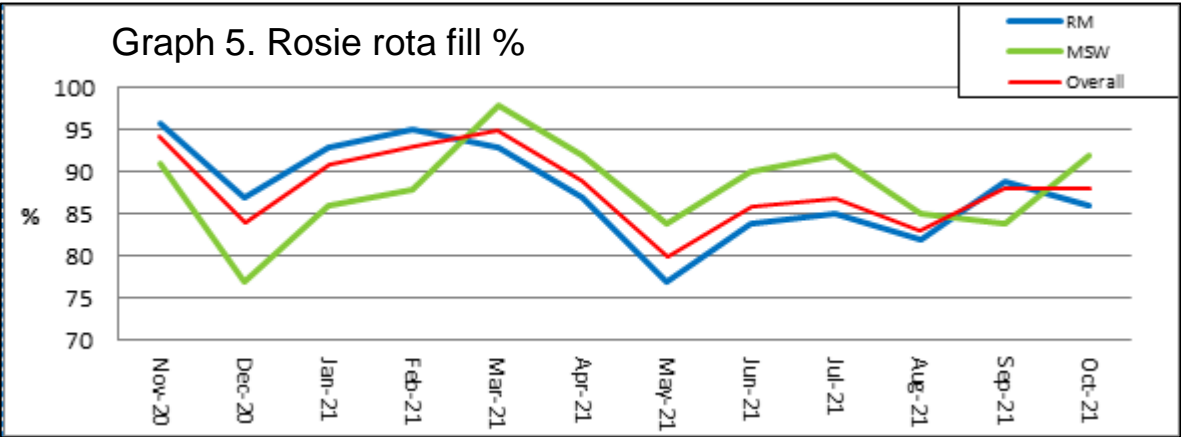
Division B have not had any incidences of fill rates of <90% in October, the incidences have been evenly spread across Division A, C, D and E with 3-4 incidences per division.

Across the critical care units in October, there has been an increase in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (154 in October compared to 124 September). Additionally there have been 183 occasions where there has been no side room co-ordinator. An oversight group led by the Director of operations has been convened to ensure safety & quality of care and to identify appropriate actions to mitigate risks. Any concerns are escalated through silver command. Staffing has been supported through the use of temporary workers (agency and bank), bank enhancements and registered staff (non critical care trained) are redeployed from the operational pool and clinical areas on a shift by shift basis.

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

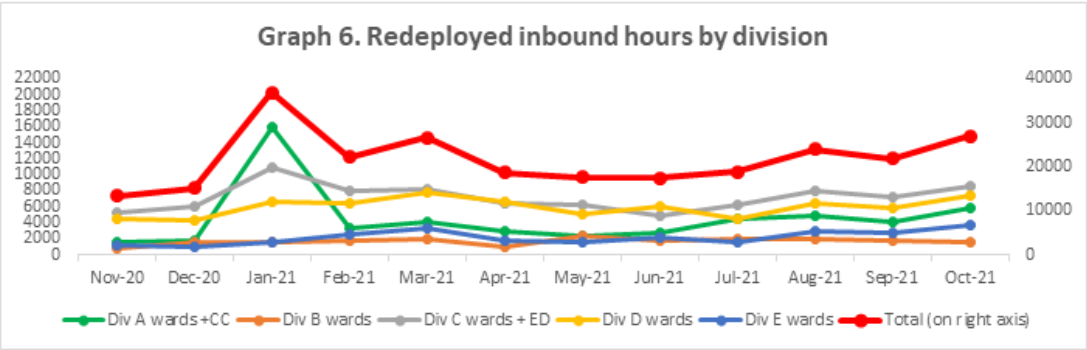
Midwifery & MSW fill rate

Graph 5 illustrates the fill rate for maternity and shows an increase in the MSW rota fill in October (92% compared to 84% in September). Conversely, there has been a slight decrease in the RM rota fill rate to 86% from 89% in September, this is due to the number of vacancies, unavailability and limited uptake for bank shifts.



Staff deployment

Graph 6. Redeployed inbound hours by division



Staff deployment

Graph 6 illustrates the movement of staff across wards to support safe staffing to ensure patient safety. 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 a slight increase in October.

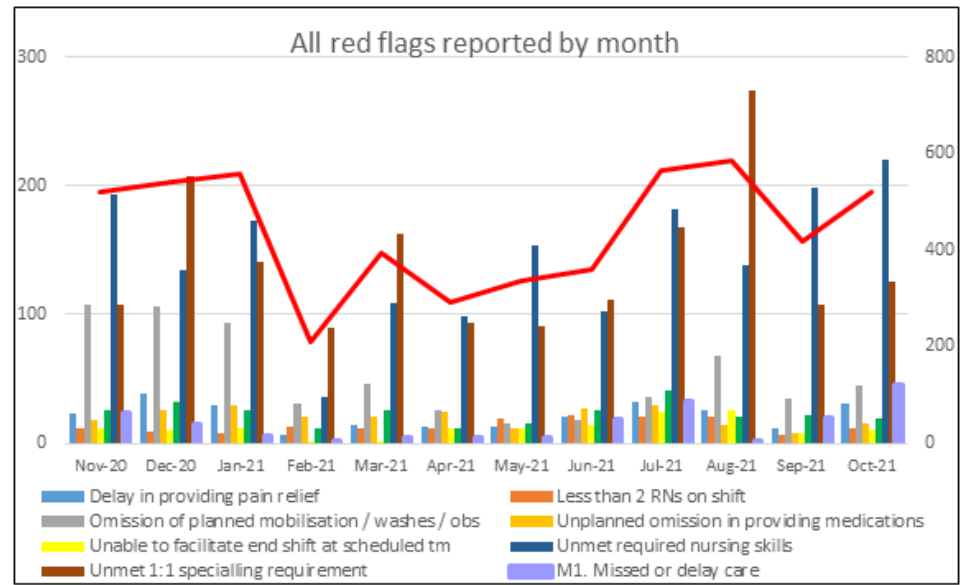
Nursing Pipeline

Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international recruits up to March 2022. The current forecast demonstrates a year end band 5 RN vacancy position of 8.10% which is above the target of 5%. An overview of the pipeline of staff required to achieve a 5% vacancy rate by March 2023 is also provided. A detailed recruitment plan is being collated to outline what can realistically be achieved, the blockers that may prevent this and the mitigations that can be put in place to address these.

Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2022. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 16.7% and a band 2 HCSW position of 5%.

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.

Graph 7. Nursing Red flags reported



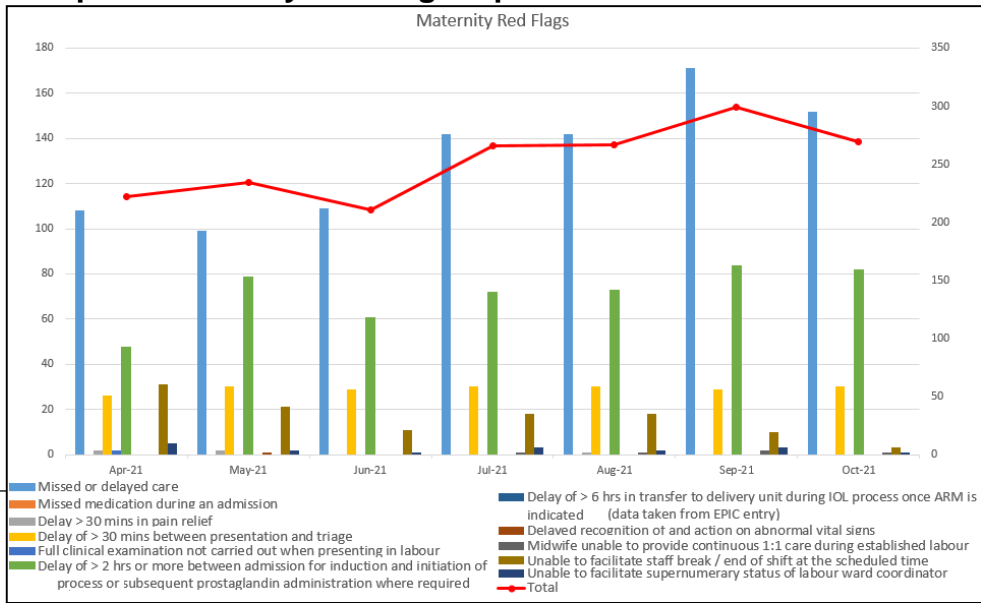
Red Flags

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 7 illustrates that over the last 4 months (with the exception of September), there has been a gradual increase in the number of red flags reported, the majority of which relate to an unmet required nursing skills.

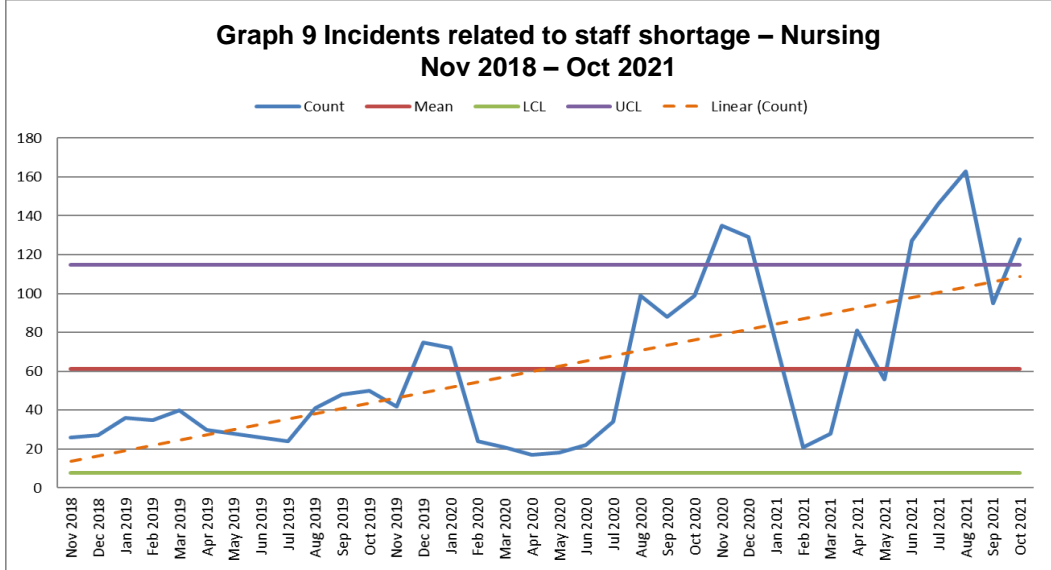
Graph 8. Maternity Red flags reported



Maternity red flags

The number of maternity red flags reported over the last 4 months has been between 266-269 with the exception of September which demonstrated an spike of 299 red flags reported. Graph 8 illustrates the red flags that have been reported. Over half (57%) of these red flags were due to missed or delayed care in October. On one occasion, we were unable to provide 1:1 care and support to a woman in established labour.

Safety and Risk

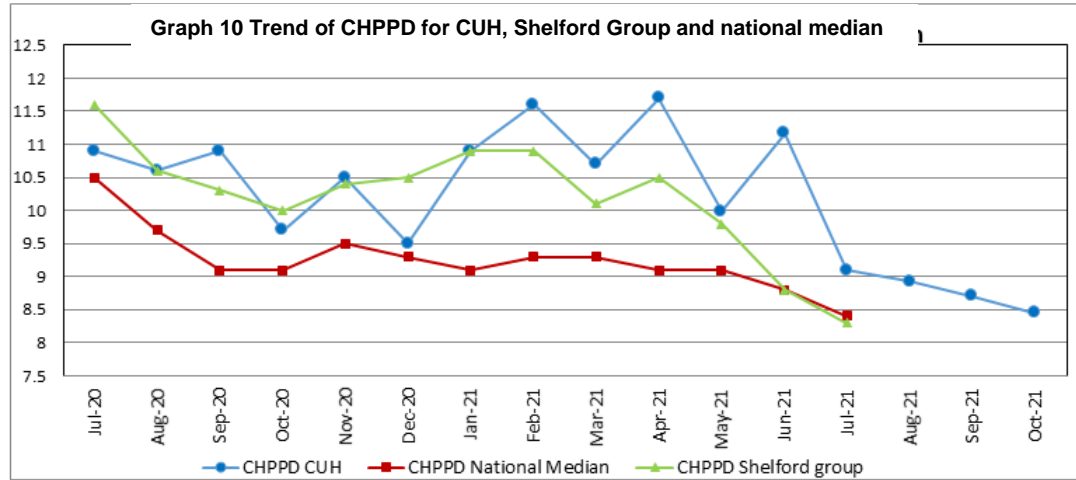


Incidents reported relating to staff shortages

Graph 9 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 128 incidents reported relating to nurse staffing in October compared with 95 in September.

Division A and D reported the most incidents related to staffing levels in October (Div A 34, Div D 35). The majority of these in Division A were related to Critical Care staffing and not being able to maintain GPICS compliance. In Division D the majority of these were within ward D7 (Diabetes and endocrine), which has been the highest reporting area for 5 consecutive months. Safety continues to be monitored through the daily safe staffing meetings and the twice weekly senior nursing huddles.

Care Hours Per Patient Day (CHPPD)



CHPPD

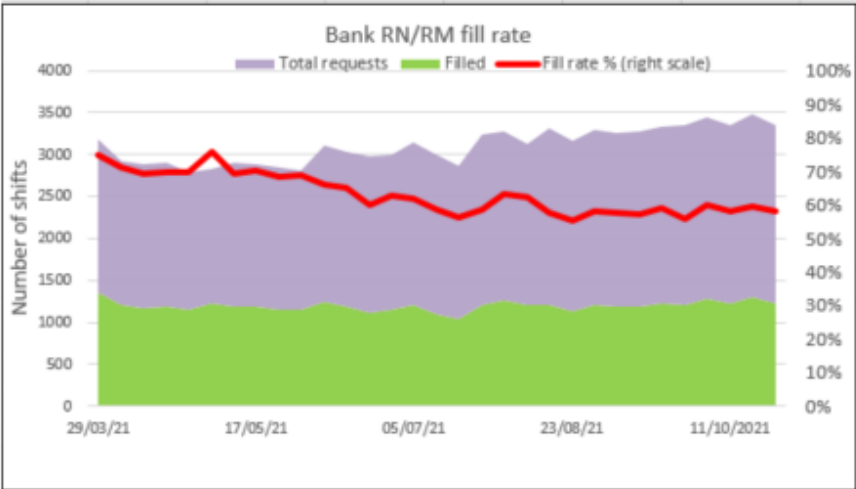
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required 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 October was 8.5 compared to 8.7 in September. This trend can be seen in graph 10.

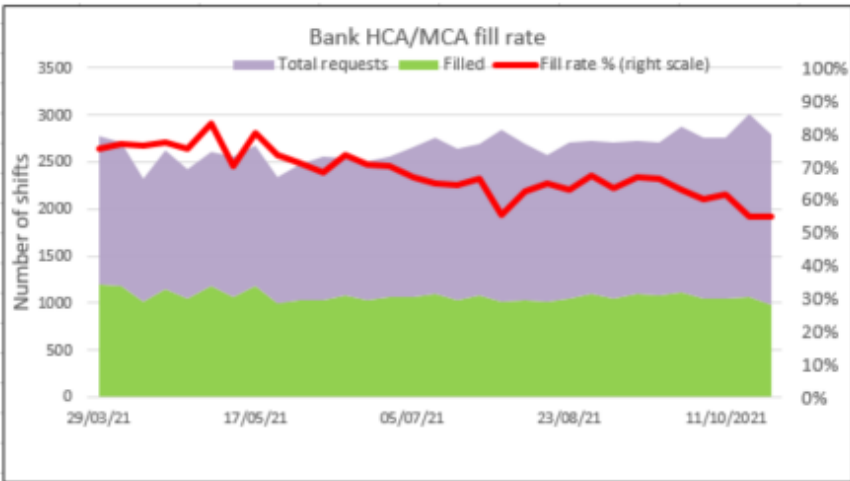
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for maternity services was 5.75 for October compared to 6.27 in September.

Bank Fill Rate and Agency Usage

Graph 11 Registered RN/RM Bank fill rate per week



Graph 12 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 11 and 12 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 6 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 57.9%. The number of requests for Health care support workers and Maternity support workers has increased over the last 2 months with an average bank fill rate of 54%.

In addition to bank workers we have we have the equivalent of 30 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 C



Oct-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	87%	135%	106%	1.2 WTE B6 & 3 WTE RN vacancies . 6 OSCE nurses in RN numbers awaiting PIN. complex specials need supporting. Mental health nurse vacancy not included in percentage fill.	High level of patients requiring enhanced observation. High number of incident of violence and aggression towards staff. Staff well-being and morale impacted by reduced staffing levels daily and patient group. NQM compliance has declined significantly. Sickness has increased significantly to 13%.	Reviewing the rostering and balancing of unavailabilities, mitigation and professional judgement applied. Working with recruitment to fill vacancies. Mental Health nurse commencing in November. Yellow card issued for aggressive patient. 815 daily Safety meeting fro the division. Safety huddles. Matron oversight.
C8		110 - TRAUMA & ORTHOPAEDICS - PROTECTED	79%	102%	88%	1 B6 & 12 band 5 WTE vacancies. 9 OSCE nurses commence before November with a further 4 in pipeline. Redeployed staff within divison	Staff well-being and morale impacted by reduced staffing levels daily. NQM are below trust target. Staff being redeployed on a shift-by -shift basis to support F4 as C8 closed for COVID contact. Sickness has increased to 7.2%. Patients requiring 1:1 has increased	3 x per week C8 meetings, PD supporting clinically, working with recruitment to fill vacancies with standalone advert and the bank to support with agency nurses. Enhancements in place for bank shifts but this will stop in November due to fill rate and pipeline. Band 6's recruited into. 815 daily Safety meeting fro the division. Safety huddles. Matron Oversight.
D8		110 - TRAUMA & ORTHOPAEDICS - PROTECTED	85%	127%	101%	1.5 WTE B6 & 8 WTE RN vacanices. 9 OSCE nurses in piepline. 2 on Maternity leave. 4 HCSW vacancies.	High number of patients requiring enhanced observations, the ward cohort as much as possible. Sickness 4.8%	Reviewing the rostering and unavailability KPI's. Monitored via nursing quality metrics and divisional 08:15 bed meetings. Working closely with C8 to ensure safety across the floor. 815 daily Safety meeting fro the division. Safety huddles. Matron Oversight.
Division	C	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C5		361 - NEPHROLOGY - PROTECTED	88%	123%	101%	59 unfilled RN shifts for October. 1 RN vacancy, 3 resignations, 1 mat leave, 1 awaiting PIN, 1 on secondment. 2 in pipeline. 154 RN redeployed hours.	6 red flags raised in October; all unmet specialling. 54.8% Sister supervisory time. Total 29 incidents; 3 low/minor; 1 moderate, 24 no harm, 1 severe/major- fall, #NOF. Quality metrics; red in BCMA scanning; blood admin; day 3 and day 7+ covid screen. Amber; IV access; M&H; nutrition screening; PU screening. Safety checks; resus trolley not checked on 1 occasion and weekly check not undertaken on 1 occasion.	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.
G5		100 - GENERAL SURGERY - PROTECTED	93%	80%	89%	50 unfilled HCSW shifts for October. 3.44 HCSW vacancies, 4 NAP. 2 in pipeline.	18 red flags raised in October; 3 delay in providing pain relief, 2 omissions of planned mobilisation/washes/obs, 1 omission in providing medication, 5 unable to facilitate end shift time, 1 unable to facilitate break, 4 unmet required nursing skills. 45.1% Sister supervisory time. Total 31 incidents; 4 low/minor; 26 no harm; 1 severe/major- wasted organ. Quality metrics; red in BCMA scanning and blood admin. Amber; M&H; nutrition screening; PU screening. Safety checks 100%	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.
N2		300 - GENERAL MEDICINE - RISK MANAGED	89%	97%	92%	55 unfilled RN shifts for October. 1.6 RN vacancies, 1 awaiting PIN, 1 on secondment. 454 RN redeployed hours.	4 red flags raised in October; 1 omission of planned mobilisation/washes/obs and 3 unmet required nursing skills. 75.9% Sister supervisory time. Total 29 incidents; 3 low/minor; 25 no harm; 1 severe/major- patient fall, #NOF. Quality metrics; red in BCMA scanning; blood admin. Amber; day 3+ covid screen. Safety checks; resus trolley not checked on 1 occasion; CDs not checked on 1 occasion.	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.
N3		340 - RESPIRATORY MEDICINE - PROTECTED	91%	84%	89%	50 unfilled HCSW shifts for October. 1 HCSW vacancy, 2 resignations, 2 NAP.	1 red flag raised in October; unmet required nursing skills. 60.7% Charge Nurse supervisory time. Total 12 incidents; 1 low/minor; 11 no harm. Quality metrics; red in BCMA scanning. Amber; care plan notes; day 3 and 7+ covid screen; IV access; M&H; nutrition screening; PU screening. Safety checks; resus trolley not checked on 2 occasions and weekly check not undertaken on 1 occasion.	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matron quality focus.

Appendix 1. Exception report by division D and E



Division	D	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
F4		300 - GENERAL MEDICINE - RISK MANAGED	80%	100%	86%	This is the Trust Amber and Red ward and RN numbers change from planned depending on patient numbers. During October there were days when the ward has 4-6 patients. 2RN on every shift was maintained. In September vacancy RN rate 24% (5.14WTE); Unavailability 5wte RNs (23%) 4WTE RNs redeployed in Division C and 1 pipeline starter.	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 17%	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.
J3		300 - GENERAL MEDICINE - RISK MANAGED	87%	74%	82%	This is the Trust Red ward and RN numbers change from planned depending on patient numbers. During October there were days when the ward increased its capacity to the maximum of 22 patients requiring a model of 5+3, 2 RN on every shift was maintained by the division and backfilled was maintained through the bank staffing Pool. In October vacancy RN rate based on the established bedbase of 10 was 10.3 % (2.19 WTE);	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 50%	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.
K3		320 - CARDIOLOGY - PROTECTED	87%	93%	89%	In October the vacancy RN rate was 0 WTE; Unavailability 8.3wte RNs (22.35%) A mixture of 85 secondments 1.8WTE intoB6 CNS roles, redeployment 0.5 and OSCE staff awaiting PIN (2RN), maternity leave (1WTE) and pipeline joiner NQN (3)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 39%	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.
L5 Vascular		300 - GENERAL MEDICINE - PROTECTED	86%	92%	89%	In October the vacancy RN rate was 5.8% (2.01WTE); Unavailability 7.6 wte RNs (22%), 6 OCSE awaiting Pin and 1 Pipeline.	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 44%	Oversight at daily divisional forums/briefings and weekly Matron meetings and monthly nursing workforce /divisional quality governance forums.
Division	E	Speciality	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C2		420 - PAEDIATRICS - PROTECTED	81%	68%	79%	Current shortfall of 9.73 WTE RN vacancy, 7 WTE pipeline in, pipeline out 0 WTE . Net position will be - 2.7 WTE in October 2021. Challenging with skills and chemotherapy competency	Relocated to G2 and bed reduction.Lower occupancy in october, no impact on NQM or patient experience feedback. Increased pressure on senior staff with required competency	Currently utilising agency nurses with paediatric training. 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. Pathways reviewed due to cubicle capacity and staff supporting patient group in alternative areas.
C3		420 - PAEDIATRICS - PROTECTED	87%	120%	94%	Current shortfall of WTE 0.61 RN vacancy, 2 WTE pipeline in, pipeline out 3.6 WTE . Net position will be - 2.21 WTE in October 2021.	High occupancy and acuity during October,Amber/red pathway on C3, no impact on NQM ,patient experience feedback. Increased pressure due to RSV acuity.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF , supervisory sister in post.
PICU		192 - CRITICAL CARE MEDICINE - RISK MANAGED	78%	111%	81%	Current shortfall of 18.5 WTE RN vacancy, 11.8 WTE pipeline in,pipeline out 3.9 WTE. Net position will be - 10.95 WTE in October 2021.	Higher acuity and occupancy , PaNDR service commenced 24 hour cover, no change to NQM or patient experience feedback. Elective admissions cancelled. Country challenged with PICU capacity. PICs compliance not maintained.	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. Overseas nurses recruited in october, awaiting start dates.
Lady Mary		501 - OBSTETRICS - PROTECTED	77%	90%	82%	vacancy rate of 4.5 wte, advert out for recruitment, overseas midwives to join team once through OSCE process	Birth rate plus acuity app monitoring equity and indicating that even when staffed to template equity high which has impact on quality and flow	core posts have been recruited into, x2 long line agency recruited for the ward, business case to look at potential for nursing staff to be part of the workforce
Rosie Birth Centre		501 - OBSTETRICS - PROTECTED	68%	89%	74%	have reduced template to 2 midwives per shift from novembers roster so gaps will improve from next months data	seen a decline in the use of the RBC and have been required to close the service on 3 occasions in oct/nov due to staffing levels across whole service	capture red flags and redeploy staff to this area as required
Sara Ward		501 - OBSTETRICS - PROTECTED	71%	104%	82%	Now recruited into core positions which will improve stability in the area, staff will be moved over course of 8 weeks as all internal applicants	Rosters are looking better for next month due to new starter midwives now within roster so should see improved fill rate from next month	Monitor staffing red flags and redeploy staff accordingly
Neonatal ICU		422 - NEONATOLOGY - PROTECTED	80%	81%	81%	Current shortfall of 23.4 WTE RN vacancy, 19.78 WTE pipeline in, 7.2 WTE RN pipeline out. Net position 11.1 WTE. Acuity has been increased in September. NICU has been closed to the region due to staffing vacancy and short term sickness	No concerns with NQM or safety checks ,patient experience feedback. Not meeting BAPM standards, Bridging the gap money being utilised for posts to ensure 90% occupancy staffing plan.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 and retrieval experience. Recruitment campaign with masters programme advertised, working collaboratively with the ODN. All non clinical staff covering area. Matron covering Manager of the Day

Appendix 2. Adult RN 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	Return to Practice	EU	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	2		3			1		28	34	20	9	1536	1666	7.80%	130
Sep-21	7	14				1		32	54	28	27	1535	1666	7.86%	131
Oct-21	1	21	11	2				29	64	25	12	1530	1711	10.58%	181.12
Nov-21	2							65	67	11.76	12	1573	1711	8.06%	137.88
Dec-21	5							24	29	16.6	12	1574	1768	11.00%	194.48
Jan-22	5							40	45	22.84	12	1584	1768	10.42%	184.32
Feb-22	5							40	45	12	12	1605	1768	9.24%	163.32
Mar-22	5	5.76	5					40	56	23.62	12	1625	1768	8.10%	143.18
TOTAL	58	41	19	13	0	2	0	397	530	245.82	147	1581	1768	8.10%	143.18
Apr-22	9			38				40	87	20	15	1633	1768	7.64%	135.12
May-22	6							40	46	24	7	1648	1807	8.79%	158.82
Jun-22	4							40	44	20	3	1669	1807	7.63%	137.82
Jul-22	7							35	42	22	14	1675	1807	7.30%	131.82
Aug-22	5							40	45	20	9	1691	1807	6.41%	115.82
Sep-22	7	25	2					40	74	28	27	1710	1876	8.83%	165.62
Oct-22	5	18	10					40	73	25	20	1738	1876	7.34%	137.62
Nov-22	5							40	45	18	14	1751	1876	6.64%	124.62
Dec-22	10							24	34	18	15	1752	1876	6.59%	123.62
Jan-23	8			30				20	58	18	15	1777	1876	5.26%	98.62
Feb-23	6							20	26	18	15	1770	1876	5.63%	105.62
Mar-23	5	5	5					20	35	18	15	1772	1876	5.52%	103.62
TOTAL	77	48	17	68	0	0	0	399	609	249	169	1772	1875.62	5.52%	103.62

Appendix 3. Paediatric RN and Band 2 HCSW Recruitment pipeline

Paediatric band 5 RN position based on predictions and established FTE																
Month	UK based exp. applicants	Anglia Ruskin NQ	Other NQ	NAP	Associates	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	1		1				2		4	4	2	196.97	236.45	16.70%	39.48	0.2
TOTAL	19	15	8.64	0	0	1	6	2	49	39	21.05	196.97	236.45	16.70%	39.48	10.37

Band 2 HCSW position based on predictions and established FTE										
Month	UK based applicants	Apprenticeship (direct entry)	Associate	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-21	23			23	11	809	858	5.7%	49	12
May-21	35			35	11	833	858	2.9%	25	24
Jun-21	25			25	18	840	858	2.1%	18	7
Jul-21	32			32	20	852	858	0.7%	6	12
Aug-21	14			14	14	852	858	0.7%	6	0
Sep-21	21			21	15	852	858	0.7%	6	6
Oct-21	24	2		26	16	804	902	10.9%	98	10
Nov-21	20	2		22	5	821	902	9.0%	81	17
Dec-21	20	19		39	11	849	947	10.3%	98	28
Jan-22	30			30	10	869	947	8.2%	78	20
Feb-22	30	2		32	13	888	947	6.2%	59	19
Mar-22	30			30	19	899	947	5.0%	48	11
TOTAL	304	25	0	329	163	899	947	5.0%	48	166