

# Monthly Nurse Safe Staffing

**Together  
Safe  
Kind  
Excellent**

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# Executive Summary

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

The vacancy position has remained relatively static for Registered Nurses (RNs) at 9.3% from 8.9% in November and Maternity Support Workers (MSWs) at 9.3% from 9.9% in November. The vacancy rate for registered children's nurses (RSCN) continues to increase with a 16.3% vacancy rate in December compared with 14.8% in November and 13.1% in October. The vacancy rate for Registered Midwives (RMs) has also increased slightly to 12.7% compared with 11.4% in November, as has the Health Care Support workers (HCSWs) vacancy rate (excl MCA) which has increased to 9.1% from 7.8% in November.

Turnover rate remains high at 14.1% for RNs, 20.6% for RMs, 21.7% for RSCNs and 18.3% for HCSWs.

The planned versus actual staffing report demonstrates that 24 clinical areas reported <90% rota fill in December. The fill rate for maternity shows a slight decrease in the overall fill rate in December (89.1% compared to 91.7% in November).

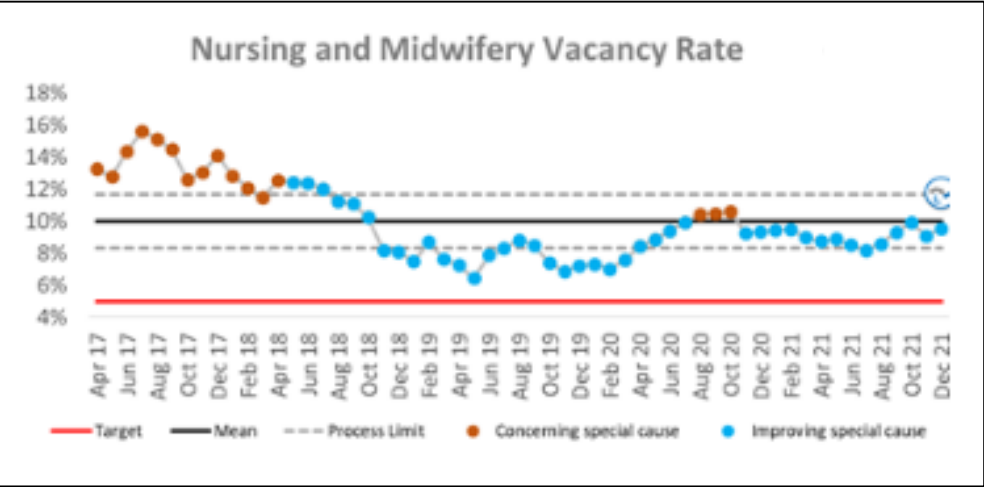
Whilst critical care staffing and compliance with GPICS (Guidelines for the Provision of Intensive Care Services) standards remains an area of concern, there has been a decrease in the number of occasions that GPICS compliance has been breached with 299 occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (compared with 462 occasions in November) and 200 occasions where there has been no side room co-Ordinator (compared with 248 occasions in November).

Redeployment of nurses and 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 10.66%, band 5 Paediatric RN is 26.35% and a band 2 HCSW position of 10.9%.

# Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates

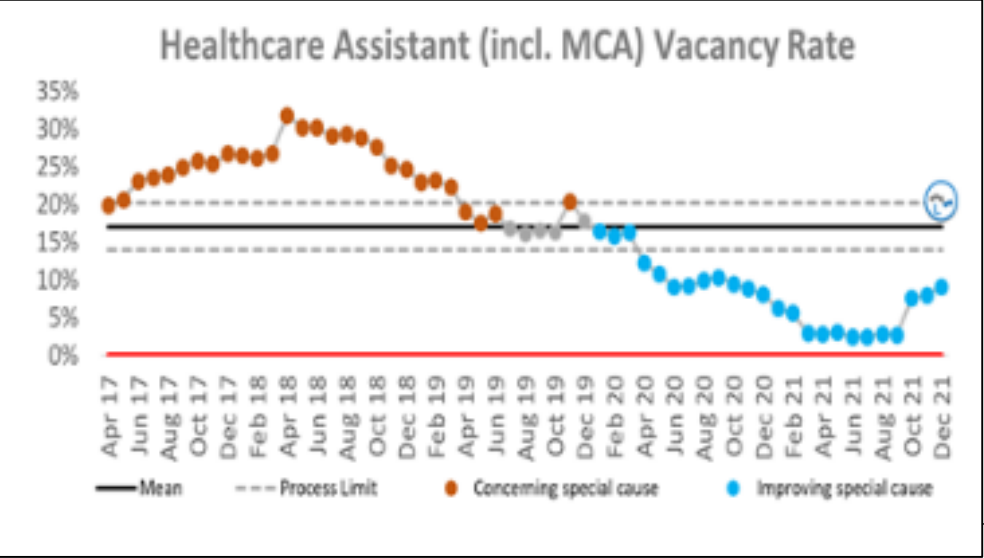


## Vacancy position

Note: The agreed uplift in establishments which was approved recently by the investment committee has been updated on the ledger and ESR from October 21. This has led to a sharp increase in vacancies in some areas.

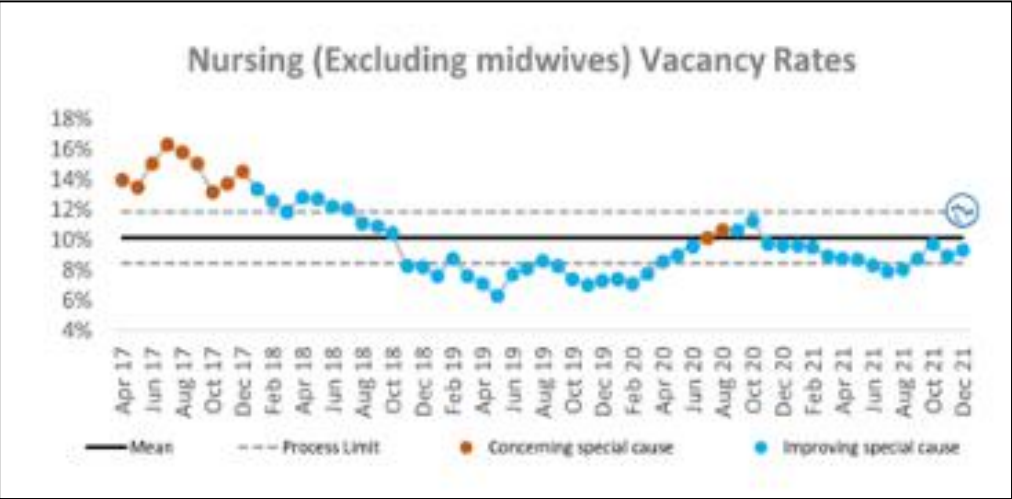
The combined vacancy rate for Registered Nurses (RNs) and Registered Midwives (RMs) is 9.5% (9.1% in November) and the vacancy rate for Health care support workers (HCSWs) (including MCAs) is 9.1% (7.9% in November). When broken down further into Nursing and midwifery specific vacancies, the MCA workforce vacancy rate is 9.3% and the HCSW vacancy rate (excl MCA) has increased to 9.1% from 7.8% in November.

Graph 2. Healthcare Assistant vacancy rates

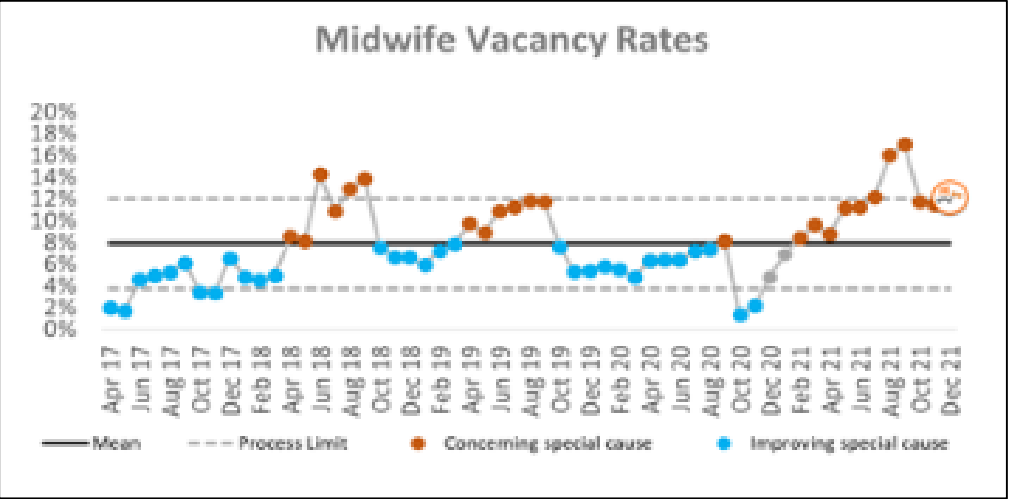


# Staffing Position Vacancy Rates for Registered Nurses and Registered Midwives

Graph 3. Registered Nurse vacancy rates



Graph 4. Registered Midwife vacancy rates



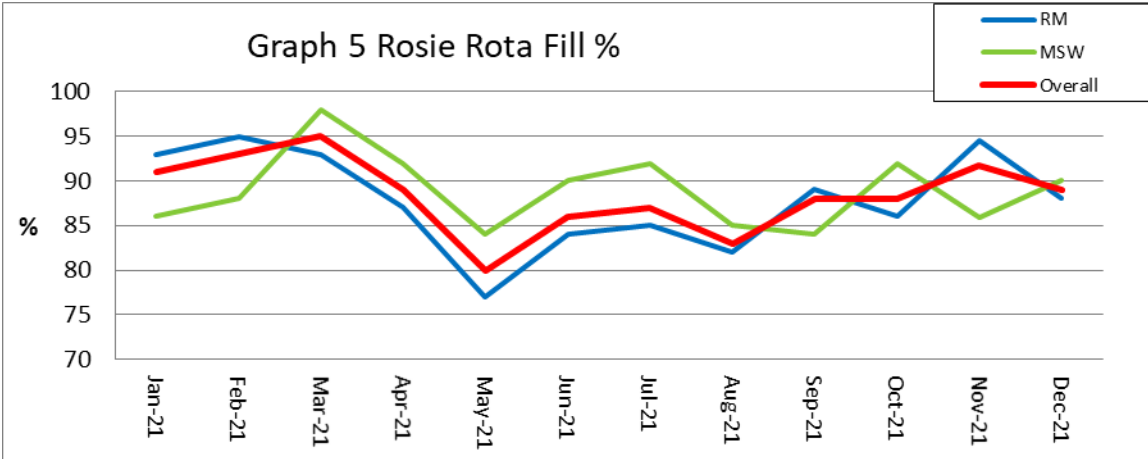
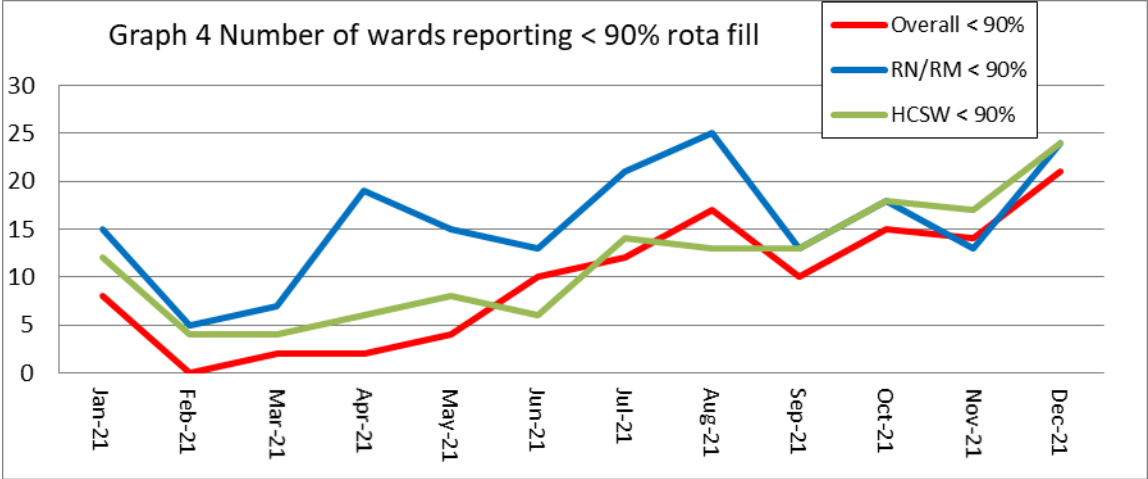
## Vacancy position

The vacancy rate for Registered Nurses working in adult areas has remained relatively static in December at 9.3% compared with 8.9% in November. The vacancy rate for registered children's nurses continues to increase with a 16.3% vacancy rate in December compared with 14.8% in November and 13.1% in October.

The vacancy rate for Registered Midwives has also increased slightly to 12.7% compared with 11.4% in November.

The turnover rate remains high at 14.1% for RNs in adult areas, 21.7% for Registered children's nurses and 20.6% for RMs in December. The main reason for leaving is voluntary resignation – relocation for RNs (43%). The top 2 equal reasons for RMs leaving is voluntary resignation – relocation (20%) and voluntary resignation – work life balance (20%). The Leavers destination data demonstrates that 36% of RNs and 47% 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 24 clinical areas in December reporting overall fill rates of <90%.

The highest incidences of fill rates of <90% in December has been within Division A with 10 clinical areas reporting <90% fill rates. All other divisions, with the exception of division C have reported between 1 (division B) and 8 (division D) incidences per division. Division C have not had any incidences of <90% rota fill in December.

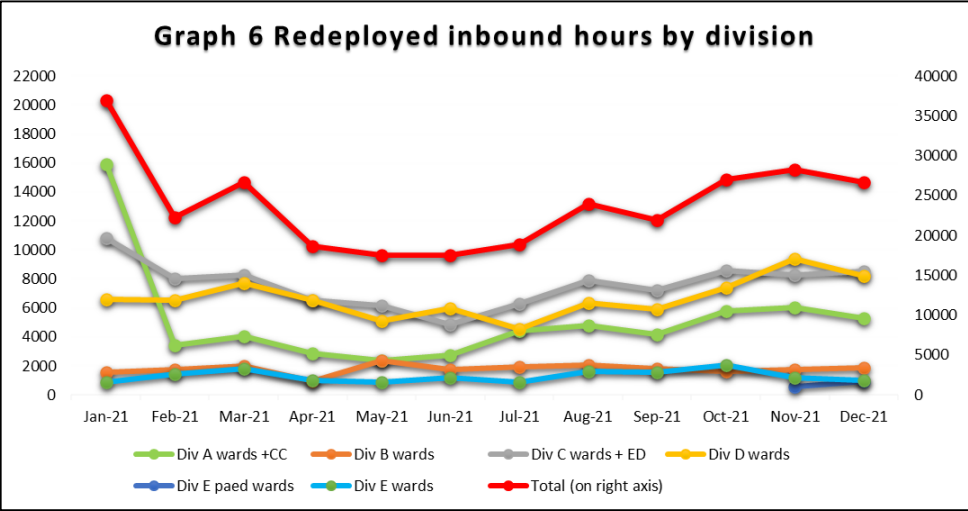
Across the critical care units in December, there has been a decrease in the number of occasions that 1 critical care nurse has needed to care for more than 1 level 3 patient (299 in December compared with 462 in November). Additionally there have been 200 (from 248 in November) occasions where there has been no side room co-ordinator. 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 slight decrease in the overall fill rate in December (89.1% compared to 91.7% in November). The RM fill rate has also decreased in December to 89% compared to 94.5% in November. This is mainly due to short term sickness and isolation. Conversely, there has been a slight increase in the MSW rota fill rate to 89% from 85.9% in November.

# Staff deployment



## 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 over the previous 3 months had increased month on month, due to the need to open red Covid-19 capacity and additional surge beds coupled with increasing staff unavailability due to isolation and sickness. In December the number of staff redeployed has begun to plateau with on average 891 working hours being redeployed per day (compared with 942 hours in November) of which 58% were staff undertaking bank shifts on the operational pool (staff book bank shift in the knowledge that they will support any ward in the trust).

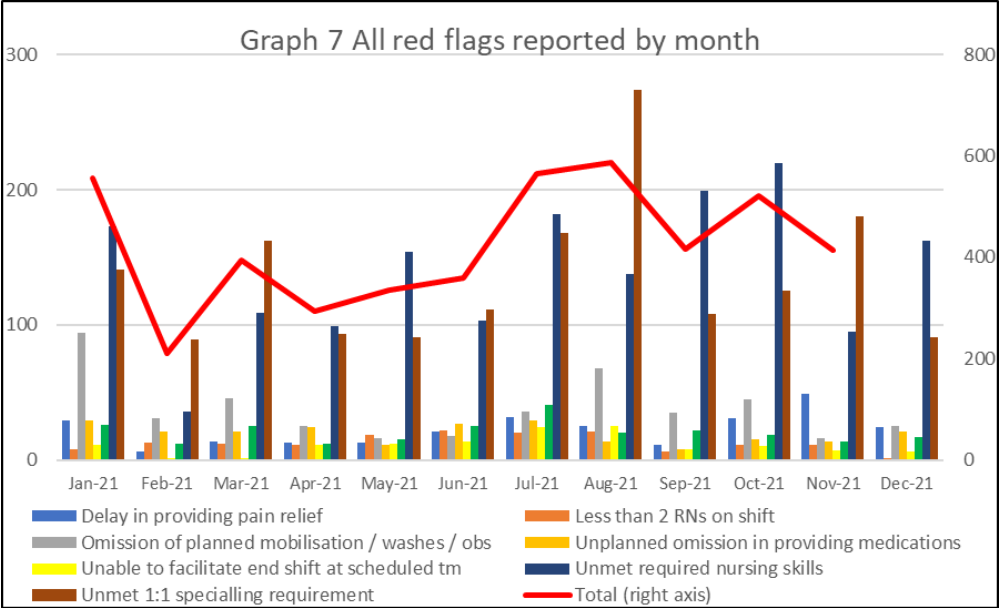
# Nursing Pipeline

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 10.66% which is above the target of 5%.

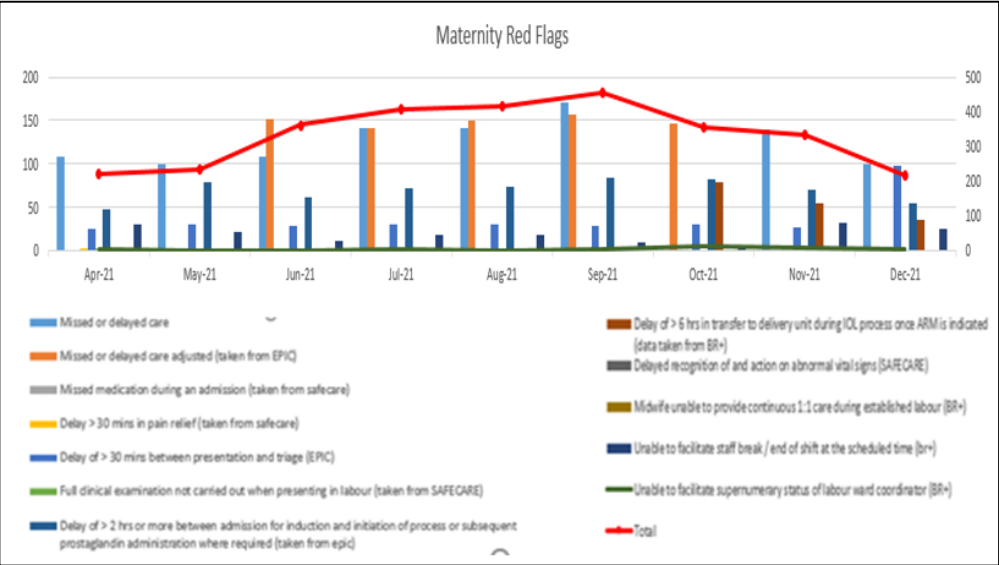
Appendix 3 provides detail on the forecasted position in relation to the number of Paediatric band 5 RN and HCSW vacancies up to March 2022. Numbers are based on those interviewed and offered positions in addition to planned campaigns. The current forecast demonstrates a year end band 5 Paediatric RN vacancy position of 26.35% and a band 2 HCSW position of 10.9%. A detailed recruitment plan is being collated for all Nursing recruitment pipelines 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.

The recruitment pipeline for RNs is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment. While 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. Conversely, the pipeline for midwifery is limited however there is a short term plan to recruit internationally and a longer term plan to explore the apprenticeship route to registration.

# Red flags



Graph 8. Maternity 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.

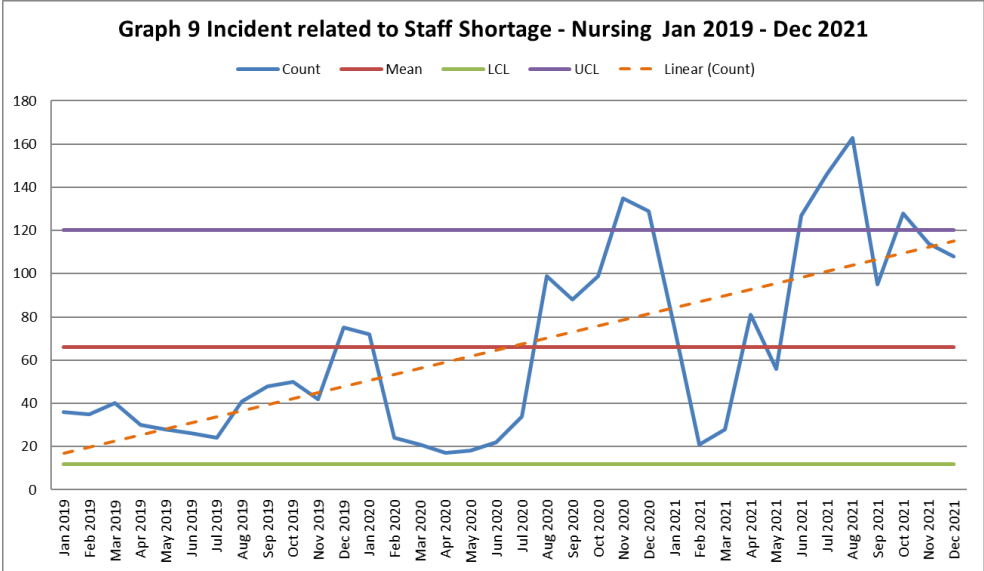
## Nursing red flags

Graph 7 illustrates that there has been a decrease in the number of red flags reported over the last 2 months (373 in December compared with 414 in November and 522 in October). The highest number of red flags reported in December were in relation to unmet required nursing skills. Whilst the number of red flags reported relating to an unmet 1:1 specialising requirement is the second highest reason, this has reduced from 180 red flags in November to 91 in December. A trustwide improvement project focusing on specialising is being developed to review specialising across the organisation.

## Maternity red flags

The number of maternity red flags reported in December was 218 which is a reduction from 334 in November. Graph 8 illustrates the red flags that have been reported. 45% of these red flags were due to missed or delayed care in December. There were no incidences of not being to provide continuous 1-1 care during established labour in December.



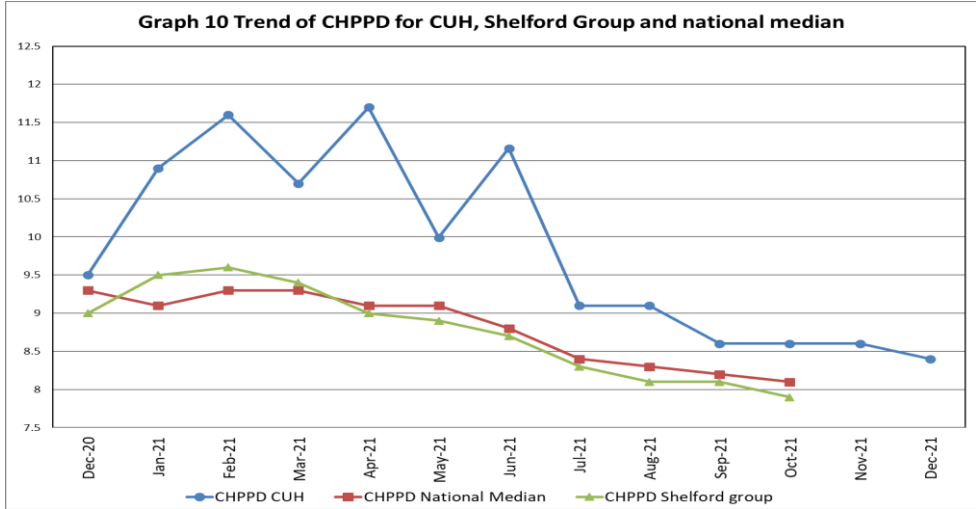


Incidents reported relating to staff shortages

Graph 9 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 108 incidents reported relating to nurse staffing in December compared with 114 in November.

Division C and D reported the most incidents related to staffing levels in December. Division D has consistently reported the most incidents related to staffing over the last 3 months. In December, Division C reported 24 and Division D reported 39. In Division D the majority of these staffing incidents were within ward D7 (Diabetes and endocrine), which has been the highest reporting area for 7 consecutive months. The staffing incidents reported in Division C were across the division rather than concentrated in one area. Safety continues to be monitored through the daily safe staffing meetings and the 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.

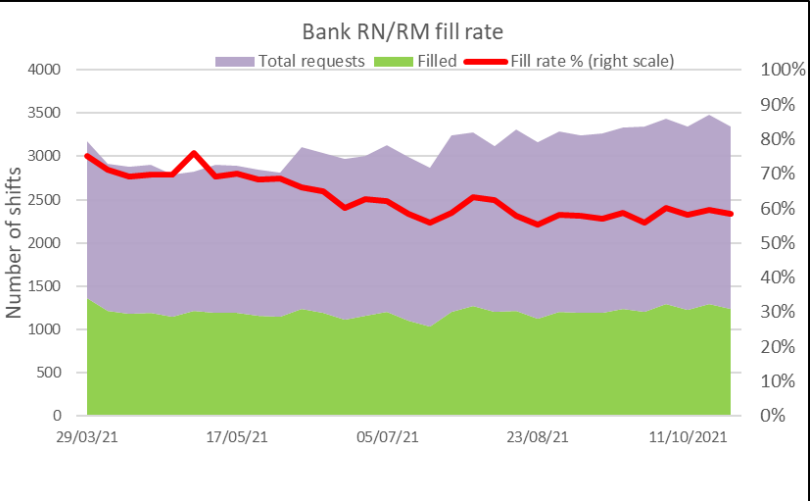
CUH CHPPD recorded for December was 8.4 compared to 8.6 in November. This trend can be seen in graph 10.

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 delivery unit was 14.90 compared to 10.05 in November.

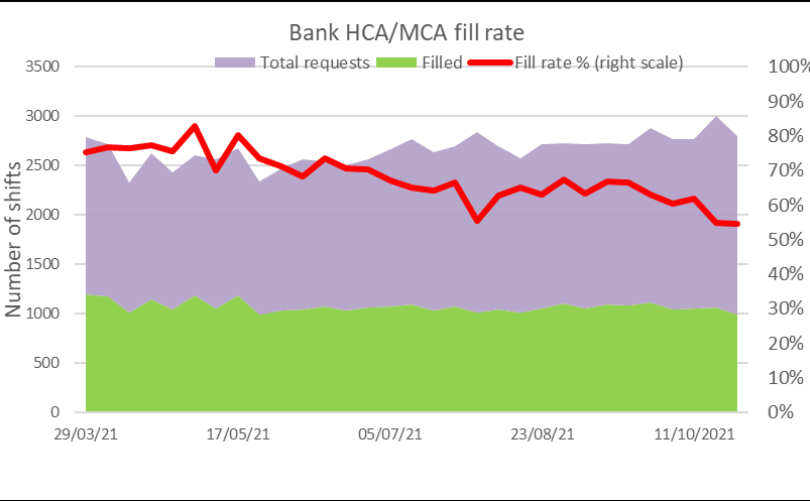


# Bank Fill Rate and Agency Usage

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 58.3%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 1800 shifts per week requested and an average bank fill rate of 54.6%.

In addition to bank workers we have we have the equivalent of 45 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

Dec-21				Report from the Divisional Head of Nursing		
Division A	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C7	87%	135%	104%	Current 11.13% RN vacancies with 9.5% RN's with offers. 1:1 specials and eating disorder patients requiring additional support at mealtimes. Higher sickness and isolation.	Delayed responses to call bells. Impact on NQM and KPI's. Impact on flow and LOS.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers
C8	77%	90%	82%	Current 29% RN vacancy 0% RN with offers Reliant on bank Dec 21 High Sickness and isolation. 38% HCSW Vacancy current	Increased falls Delirium and dementia making specialising challenging. Co-horting where able and safe. Impact on flow and LOS	Medical students requested to support 0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers
D6 SAU	84%	101%	89%	Current 16.89% RN vacancies with 9.20% RN with offers. Higher sickness and isolation. Nil HCSW vacancy- Specials Longer LOS for Assessment unit with Ortho patients.	Delayed responses to call bells. Impact on NQM and KPI's. Impact on flow and LOS	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers
D8	82%	123%	98%	Current RN 29.75% vacancies with 0% RN with offers. Higher sickness and isolation. Specials higher number-one patient LLOS requiring specialising- aggressive. 23% HCSW vacancy.	Increased falls Delirium and dementia making specialising challenging. Co-horting where able and safe. Impact on Flow and LOS.	Medical students requested to support 0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers
L2 overnight stay	79%	76%	78%	Current 11.13% with 9.5% RN with offers. Higher sickness and isolation. Twilight shift moved to support other areas so always leaving an unfilled gap. 26% HCSW vacancy	Delayed responses to call bells. Impact on NQM and KPI's.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers. Bank enhancements. Jan 22 staff substantively rostered. . Bank enhancements used in Dec 21.
L4	84%	105%	91%	Current 11.82% RN vacancies with 5.5% RN with offers. Higher sickness and isolation.	Delayed responses to call bells. Impact on NQM and KPI's. Impact on Flow and LOS.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers
M4	84%	95%	88%	Current 5.49% RN Vacancies with 1% RN with offers. Higher sickness and isolation. 10.26% HCSW vacancy.	Delayed responses to call bells. Impact on NQM and KPI's. . Impact on flow and LOS.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Matron teams supporting flow and capacity. Band 7 in the numbers
D4	83%	72%	80%	current 10% RN vacancies with 0% RN with offers. Higher sickness and isolation. 28.13% HCSW Vacancy	High number of GPIC breaches due to vacancies, high level of acuity and level 3 in excess of 30 patients.	Bank enhancements in place Review March 22 0815 Nursing bronze to identify risks and mitigation. Staff moved from recovery to support 3 WTE. PD used to mitigate.
JOHN FARMAN ICU	83%	80%	83%	Current 7.52% RN vacancies with 3% RN with offers. Higher sickness and isolation. 22% HCSW	High number of GPIC breaches due to vacancies, high level of acuity and level 3 in excess of 30 patients.	Bank enhancements in place Review March 22 0815 Nursing bronze to identify risks and mitigation Staff moved from recovery to support 3 WTE. PD used to mitigate.
NCCU	89%	75%	87%	Current 14% RN vacancies with 3.5% RN with offers. Higher sickness and isolation. 22.82% HCSW vacancy	High number of GPIC breaches due to vacancies, high level of acuity and level 3 in excess of 30 patients.	Bank enhancements in place Review March 22 0815 Nursing bronze to identify risks and mitigation. Staff moved from recovery to support 3 WTE. PD used to mitigate.

# Appendix 1: Exception report by Divisions B and D

Division B	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
D9	89%	84%	87%	Additional RN shifts have been put out to support the Haematology patients that have been displaced to D9. These were largely unfilled. Sickness absence and isolation has disproportionately affected care staff.	Patients have reported (informally through FFT) staff being "very stretched" "stressed" and "response times to the nurse call could have been quicker". Some impact on length of stay. One moderate harm following a fall.	Using colleagues from other groups/professions to support patient care; daily monitoring of, and proactive response to, SNCT and red flags; redeployment from other areas within the Division; basing supernumery bleepholders on the ward; 'open door' initiative; have requested medical students to support the updating of families. Matron team supporting patient flow initiatives.
Division D	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
A3	80%	21%	67%	Ward was open as a trust contingency area during December initially under Div C then Div D. It did not have an establishment of staff. Staffed via 1RN from C8N and ops pool fill.	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents.	O+H19:H26 oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
A4	89%	150%	111%	In December the ward had a vacancy rate of 8.5% and unavailability 28.25%. Sickness was 5.55%. The ward lost 34 shifts to COVID self isolation. Establishment increase is reflected in vacancy rate and unfilled shifts	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 supervisory time required to fulfil role is compromised - 64.9%	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
A5	89%	164%	120%	In December the ward had a vacancy rate of 5.3% and unavailability 18.63%. Sickness was 3.15%. The ward lost 31 shifts to COVID self isolation. Establishment increase is reflected in vacancy rate and unfilled shifts	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 supervisory time required to fulfil role is compromised - 23.6%	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
C8 Neuro	81%	84%	82%	During December the ward needed to send 1RN to A3 after A3 opened and this impacted on unfilled shifts. Shortfall covered from within Division and ops pool fill. The ward lost 9 shifts to COVID self isolation.	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 supervisory time required to fulfil role is compromised - 21.7%	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
F4	79%	87%	81%	This is one of the Trust Red wards and in December the RN numbers required changed from planned depending on patient numbers. Sickness was 13.82% and lost 2 shifts to self isolation	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 supervisory time required to fulfil role is compromised - 14.9%	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
K3	89%	89%	89%	In December the ward had a vacancy rate of 2.6% and unavailability 19.22%. Sickness was 3.06%. The ward lost 43 shifts to COVID self isolation.	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 supervisory time required to fulfil role is compromised - 38.7% A decrease in screening % for HAPU and Falls assessment in December is noted in quality metrics	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
LS Vascular	85%	103%	91%	In December the ward had a vacancy rate of 9.6% and unavailability 8.71%. Sickness was 4.76%. The ward lost 33 shifts to COVID self isolation. Establishment increase is reflected in vacancy rate.	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 supervisory time required to fulfil role is compromised - 31% A decrease in screening % for HAPU and Falls assessment in December is noted in quality metrics	Oversight at daily divisional forums/briefings and weekly matron meetings and monthly nursing workforce/divisional quality governance forums
M5	87%	153%	109%	In December the ward had a vacancy rate of 19.5% and unavailability 2.9%. Sickness was 5.66%. The ward lost 50 shifts to COVID self isolation. Establishment increase is reflected in vacancy rate and unfilled shifts Senior sister retired in second week of December and new band 7 commenced 04/01/22	All key patient safety and quality metrics are being tracked, no escalating impact on reported patient safety incidents.	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	% fill registered	% fill care staff	Overall filled %	Analysis of gaps	Impact on Quality / outcomes	Actions in place
PICU	63%	106%	66%	Current shortfall of 15.2 WTE RN vacancy, 9.87 WTE pipeline in.pipeline out 1.4 WTE. Net position will be - 6.67 WTE	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.	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. Recruitment campaign with masters programme advertised. Overseas nurses recruited in october, awaiting start dates. review of SURGE plans due to staffing
Daphne	85%	106%	93%	Small team with vacancy rate, currently recruiting, some staff off with COVID in December causing gaps.	Fewer staff available for rota, further compromised by sickness which impacts care.	Establishment review and recruitment
Delivery Unit	89%	87%	89%	Higher sickness and maternity rates in this area and also establishment increased and core staff brought into area.	Unable to move forward with inductions, and staff sometimes required to be redeployed from other areas.	Aspirant band 7 programme to be launched, Band 7 advert going out for 2 WTE, plan for next cohort of overseas midwives to join Delivery Unit,.
Lady Mary	84%	84%	84%	Vacancy and sickness.	Complaints regarding timeliness of delivery of medication and BF support.	Cohort of 5 overseas midwives to join the team in January.
Sara Ward	83%	66%	76%	Smaller team, maternity leave, sickness and small vacancy rate.	Inductions are potentially delayed due to overall workload on ward in addition to women labouring on the ward as they cannot be moved to Delivery Unit due to flow and capacity issues.	Cohort of oversaes midwives to join team January/February, core staff will be in post in January

## 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	Return to Practice	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	Starter leaver variance
Apr-21	9					20	29	20	15	1554	1666	6.72%	111.944	8.6
May-21	6					25	31	24	7	1554	1666	6.72%	111.944	7
Jun-21	4					26	30	20	3	1561	1666	6.30%	104.944	10
Jul-21	7			11		28	46	22	14	1531	1666	8.10%	135	24.42
Aug-21	2		3		1	28	34	20	9	1536	1666	7.80%	130	14
Sep-21	7	14			1	32	54	28	27	1535	1666	7.86%	131	26
Oct-21	3	5	10	2		30	50	22	12	1530	1711	10.58%	181.12	28
Nov-21	2	3				57	62	23	6	1563	1711	8.66%	148.12	39
Dec-21	2	5				20	27	16.6	12	1561	1768	11.69%	206.72	10.4
Jan-22	5	3				34	42	22.84	12	1569	1768	11.29%	199.56	19.16
Feb-22	5					20	25	12	12	1570	1768	11.23%	198.56	13
Mar-22	5	5.76	5			30	46	23.62	12	1580	1768	10.66%	188.42	22.14
<b>TOTAL</b>	<b>57</b>	<b>36</b>	<b>18</b>	<b>13</b>	<b>2</b>	<b>350</b>	<b>476</b>	<b>254.06</b>	<b>141</b>	<b>1581</b>	<b>1768</b>	<b>10.66%</b>	<b>188.42</b>	<b>221.72</b>

## 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	Overseas	Total New Starters FTE	Leavers FTE (based on leavers in the last 12 months)	Staff in post FTE	ESR Establishment FTE	Vacancy rate based on established FTE	Starter leaver variance
Apr-21	1					2	3	0	198.97	236.45	15.85%	3.00
May-21							3	2	199.17	236.45	15.77%	1.20
Jun-21	3						3	1	200.17	236.45	15.34%	2.00
Jul-21							0	4	195.17	236.45	17.46%	-4.00
Aug-21	2		1			1	7	3	197.06	236.45	16.66%	3.89
Sep-21	5			3		1	9	2	202.06	236.45	14.54%	7.00
Oct-21		9	8				17	5	193.5	255.07	24.14%	12.00
Nov-21			2			1	3	1	189.5	255.07	25.71%	2.00
Dec-21	1		2		2	3	8	2	194.5	270.87	28.19%	6.00
Jan-22			1			5	6	4	194.5	270.87	28.19%	2.00
Feb-22	2					5	7	2	198.5	270.87	26.72%	5.00
Mar-22	2					2	4	2	199.5	270.87	26.35%	2.00
<b>TOTAL</b>	<b>16</b>	<b>9</b>	<b>14</b>	<b>3</b>	<b>2</b>	<b>20</b>	<b>70</b>	<b>27.91</b>	<b>199.5</b>	<b>270.87</b>	<b>26.35%</b>	<b>42.09</b>

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	Starter leaver variance
Apr-21	23			23	11	809	858	5.7%	12
May-21	35			35	11	833	858	2.9%	24
Jun-21	25			25	18	840	858	2.1%	7
Jul-21	32			32	20	852	858	0.7%	12
Aug-21	14			14	14	852	858	0.7%	0
Sep-21	21			21	15	852	858	0.7%	6
Oct-21	24	2		26	22	801	924	13.3%	4
Nov-21	13			13	20	794	924	14.0%	-7
Dec-21	8	19		27	11	810	947	14.5%	16
Jan-22	19	5		24	10	824	947	13.0%	14
Feb-22	20	2		22	13	833	947	12.0%	9
Mar-22	30			30	19	844	947	10.9%	11
<b>TOTAL</b>	<b>264</b>	<b>28</b>	<b>0</b>	<b>292</b>	<b>184</b>	<b>844</b>	<b>947</b>	<b>10.9%</b>	<b>108</b>