

# 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 February 2022.

The vacancy position has decreased slightly for Registered Nurses (RN's) at 8.4% compared with 9.2% in January, Registered Midwives (RM's) has decreased to 7.5% compared with 10.3% in January and the Health Care Support Worker (HCSW) vacancy rate (excl MCA) has decreased slightly to 6.7% from 8.1% in January. Conversely, the vacancy rate for registered children's nurses (RSCN) has increased to 17.4% in February compared with 15.6% in January and the Maternity Care Assistant (MCA) has increased to 12.7% from 11.2% in January.

Turnover rate remains high at 14.5% for RN's, 18.8% for RM's, 19.7% for RSCN's and 17.9% for HCSW's. The main reason for leaving for RN's, HCSW's and RSCN's is voluntary resignation – relocation whereas for RM's it is cited as being due to Voluntary resignation – work/life balance.

The planned versus actual staffing report demonstrates that 18 clinical areas reported <90% rota fill in February. The fill rate for maternity has been static for the last 3 months (88% in January and February compared to 89.1% in December). The total unavailability in February is 31% of the total working time compared with 36.6% in January. Sickness absence has decreased to 8.5% from 9.3% in January. Additionally, 4.2% of working time was unavailable due to other leave including medical self isolation.

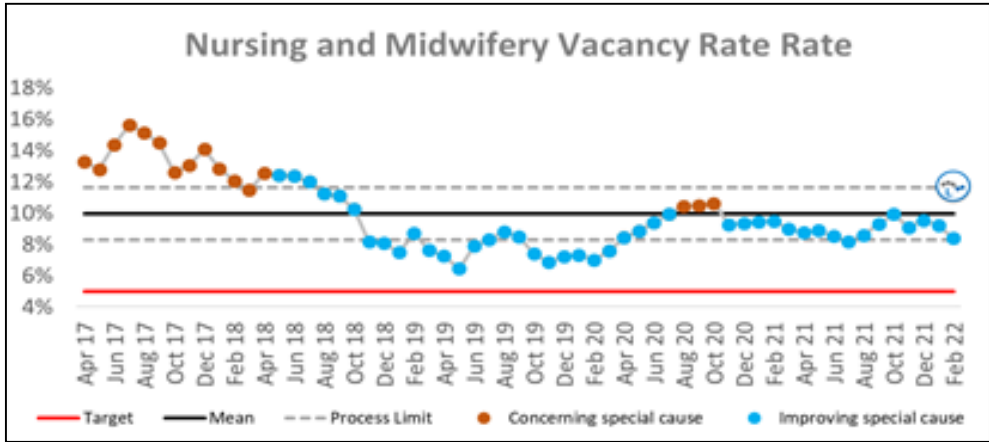
In order to mitigate staffing risks, the number of requests for bank workers remains high with an average of 2376 shifts requested for registered staff and 1851 shifts requested for Health Care Support Workers per week with an average bank fill rate of 67.56% for registered staff and 65.11% for Health Care Support workers. In addition, the equivalent of 34.5 WTE agency workers are working across the divisions. Despite this, redeployment of nurses and midwives has remained necessary due to staff unavailability, with an average of 236 hours being redeployed each day of which 91% of the redeployed hours have been within division.

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 in February (300 compared with 220 in January). Additionally there have been 175 (216 in January) occasions where there has been no side room co-ordinator. In order to mitigate non compliance with the guidelines for the provision of intensive care services (GPICS) standards, the decision has been taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to reduce the critical care bed capacity to 52 beds (from 59) whilst recruitment is ongoing to vacant positions.

Despite a strong workforce pipeline (including domestic supply, apprentices and international recruitment), the current year end vacancy forecast position for band 5 RN is 12.48%, band 5 Paediatric RN is 30.44% and a band 2 HCSW position of 14.2%.

# Combined Nursing and Midwifery Staffing Position Vacancy Rates

Graph 1. Nursing and midwifery vacancy rates

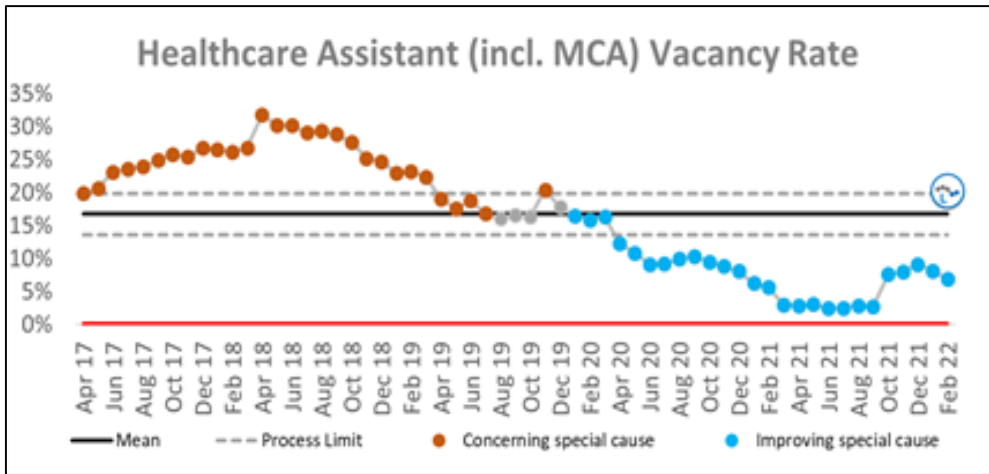


## Vacancy position

The combined vacancy rate for Registered Nurses (RN's) and Registered Midwives (RM's) has reduced slightly to 8.4% compared to 9.2% in January and the vacancy rate for Health care support workers (HCSW's) (including MCA's) has also reduced to 6.8% from 8.1% in January. When broken down further into Nursing and midwifery specific vacancies, the MCA workforce vacancy rate is 12.7% which has increased from 11.2% in January and the HCSW vacancy rate (excl MCA) has decreased slightly to 6.7% from 8.1% in January.

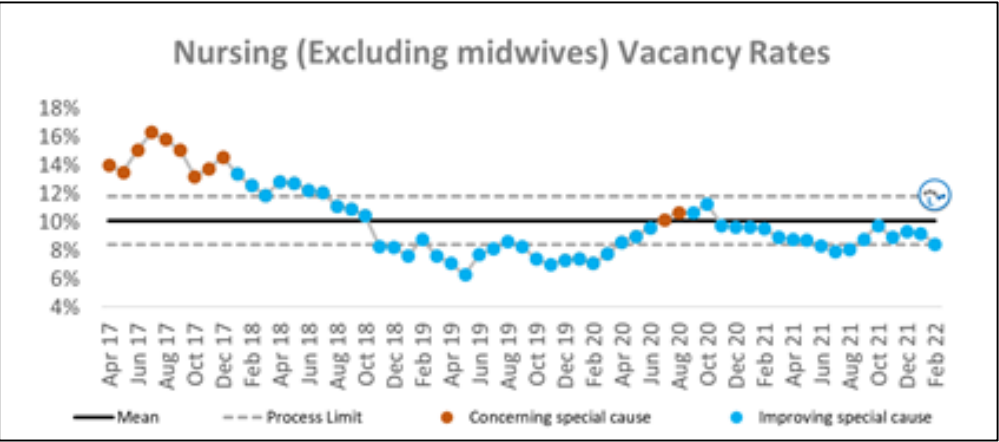
The HCSW (including MCA's) turnover rate remains high at 17.9% (18.3% January). The main reason for HCSWs leaving remains voluntary resignation – relocation (28.9%) and the next highest reason is voluntary resignation – work life balance (21.4%) . The leavers destination is unknown for the majority of HCSWs (49%), 16% of HCSW's are leaving to take up employment in other NHS organisations and 13% 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



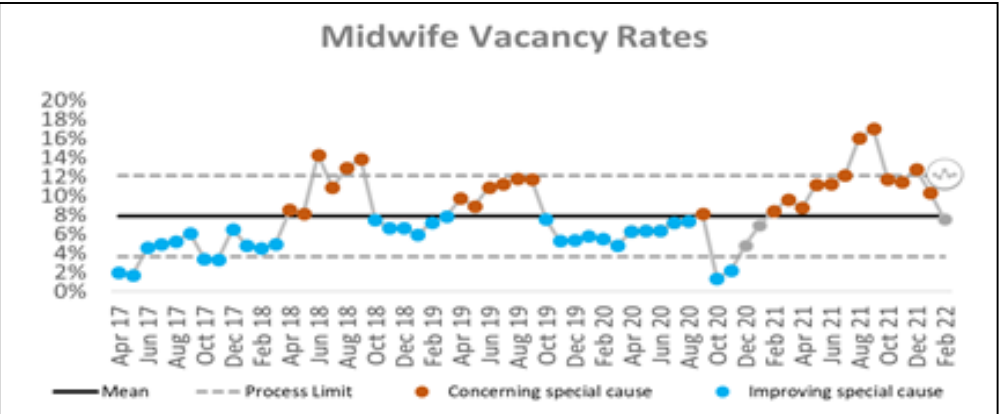
## Vacancy position

The vacancy rate for Registered Nurses working in adult areas has decreased slightly in February at 8.4% compared with 9.2% in January. The vacancy rate for registered children's nurses has increased to 17.4% in February compared with 15.6% in January.

The vacancy rate for Registered Midwives has decreased to 7.5% compared with 10.3% in January.

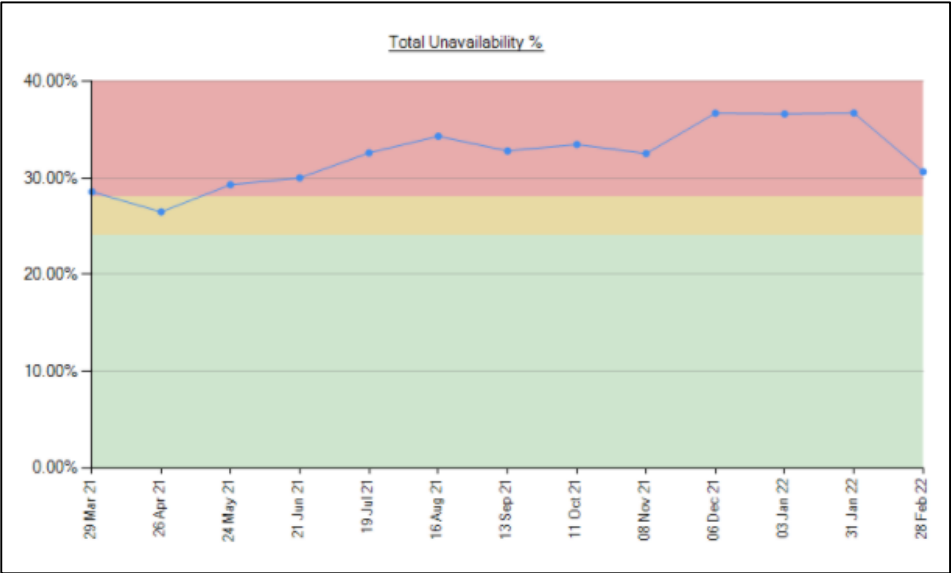
The turnover rate remains high at 14.5% for RNs in adult areas, 19.7% for Registered children's nurses and 18.8% for RMs in February. The main reason for leaving is voluntary resignation – relocation for RNs (43%). The main reason for RMs leaving is voluntary resignation – work life balance (21%). The Leavers destination data demonstrates that 36% of RNs and 44% of RMs are leaving to take up employment in other NHS organisations.

Graph 4. Registered Midwife vacancy rates



# Unavailability for Registered Nurses Midwives and Health Care Support Workers

Graph 5. Unavailability of staff



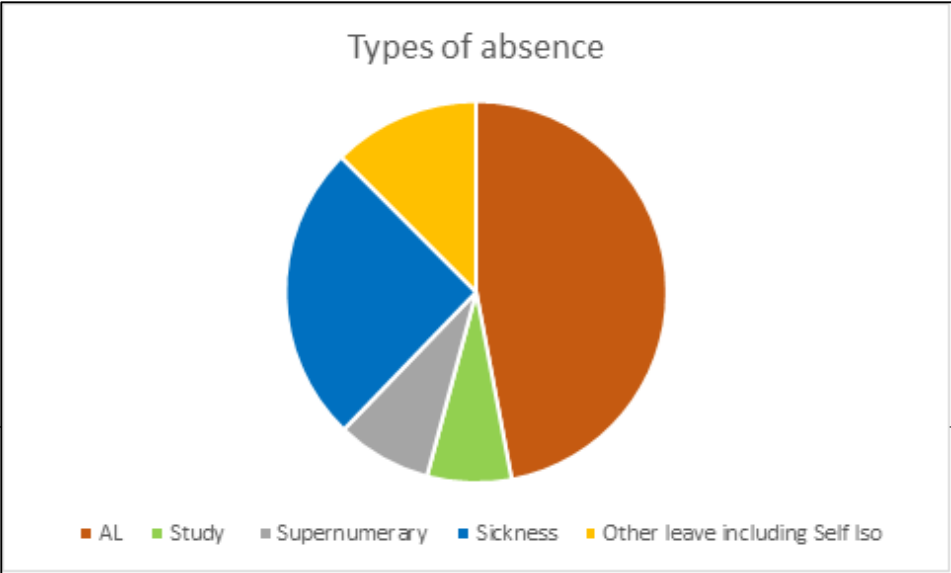
## Unavailability of staff

Unavailability relates to periods of time where an employee has been given leave from their regular duties. This might be due to circumstances such as annual leave, sick leave, study leave, self isolation, carers leave etc.

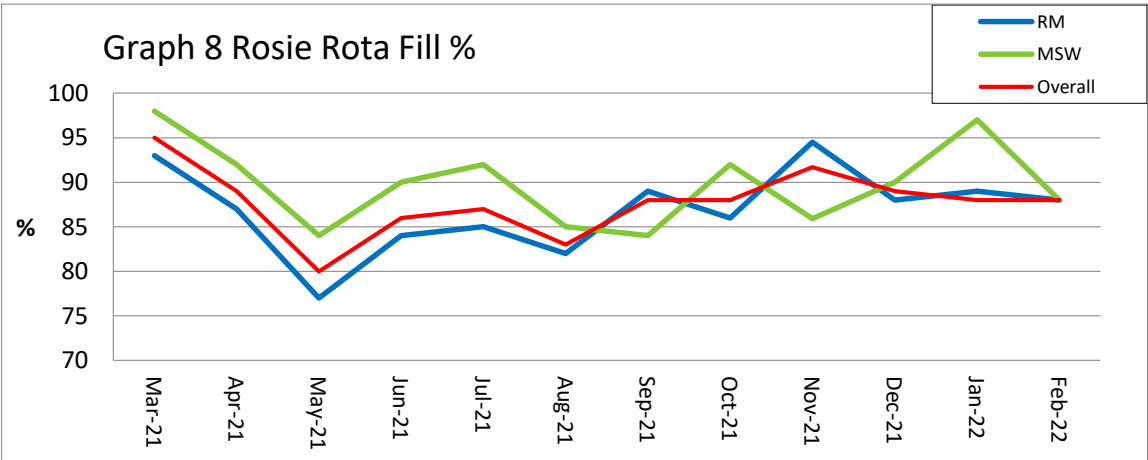
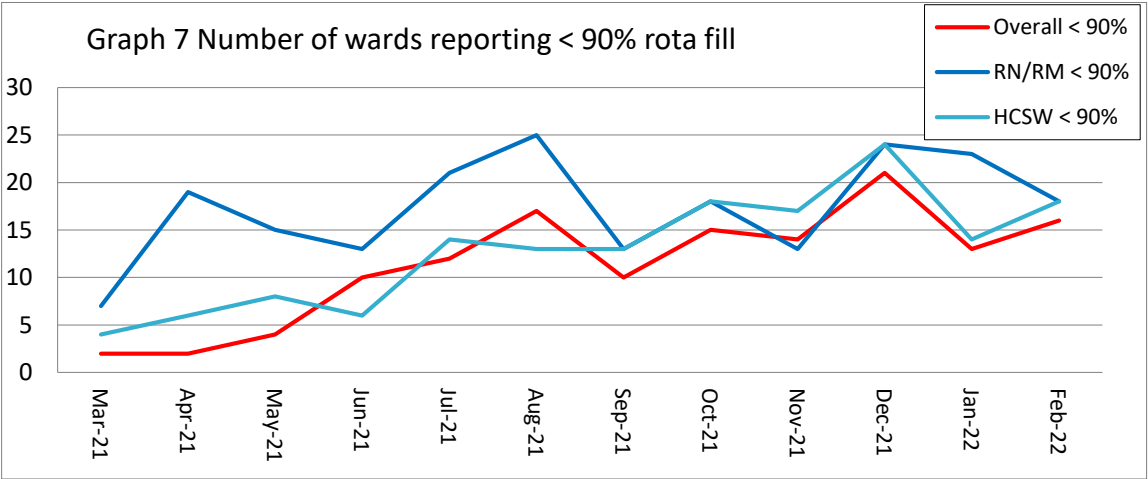
Graph 5. illustrates that there has been a slight decrease in unavailability of staff with 31% unavailability of the total workforce working time in February compared with 36.6% in January.

Graph 6 illustrates the percentage breakdown of the type of unavailability. The majority of unavailability (15.8%) was due to planned annual leave which would have been accounted for in the department rosters however there was a high percentage of unplanned leave that would have impacted upon fill rates within the rosters. In February sickness absence was at 8.5% which is a decrease from 9.3% in January. Additionally, 4.2% of working time was unavailable due to other leave including medical self isolation.

Graph 6. Types of absence



# Planned versus actual staffing



## Planned versus actual staffing

Graph 7 illustrates trend data for all wards reporting < 90% rota fill, this has decreased slightly with 18 clinical areas in February reporting overall fill rates of <90% compared to 23 in January.

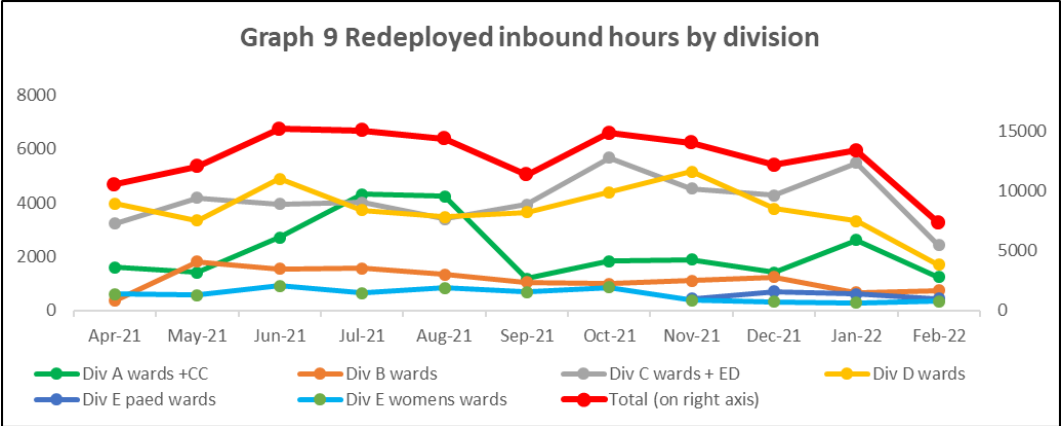
3 divisions reported fill rates of <90% in February: Division A (9), Division E (6) and Division C (3). Division A has been the highest reporter consistently for the last 4 months. Appendix 1, details the exception reports for these areas. Division B and D did not report any areas with less than 90% rota fill in February.

Across the critical care units in February, 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 (300 compared with 220 in January). Additionally there have been 175 (216 in January) occasions where there has been no side room co-ordinator. This is due in part to reopening closed beds following the Lassa virus incident however the decision has been taken by the divisional leadership team, Chief Nurse, Medical Director and Chief Operating Officer to maintain critical care bed capacity at 52 beds rather than 59 beds whilst recruitment is ongoing to the vacant positions. Any concerns with regards to critical care staffing 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.

## Midwifery & MSW fill rate

Graph 8 illustrates that the overall fill rate for maternity has been static for the last 3 months (88% in January and February compared to 89.1% in December). This is mainly due to short term sickness and isolation.

# Staff deployment



## Staff deployment

Graph 9 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 substantive staff redeployed has decreased in February with on average 236 working hours being redeployed per day (compared with 431 hours in January). This equates to 20 long day or night shifts per day. The majority of redeployments are within division (91% compared to 9% of staff who are deployed outside of their division). This decrease correlates with the reduction seen in staff unavailability this month.

# Nursing Pipeline

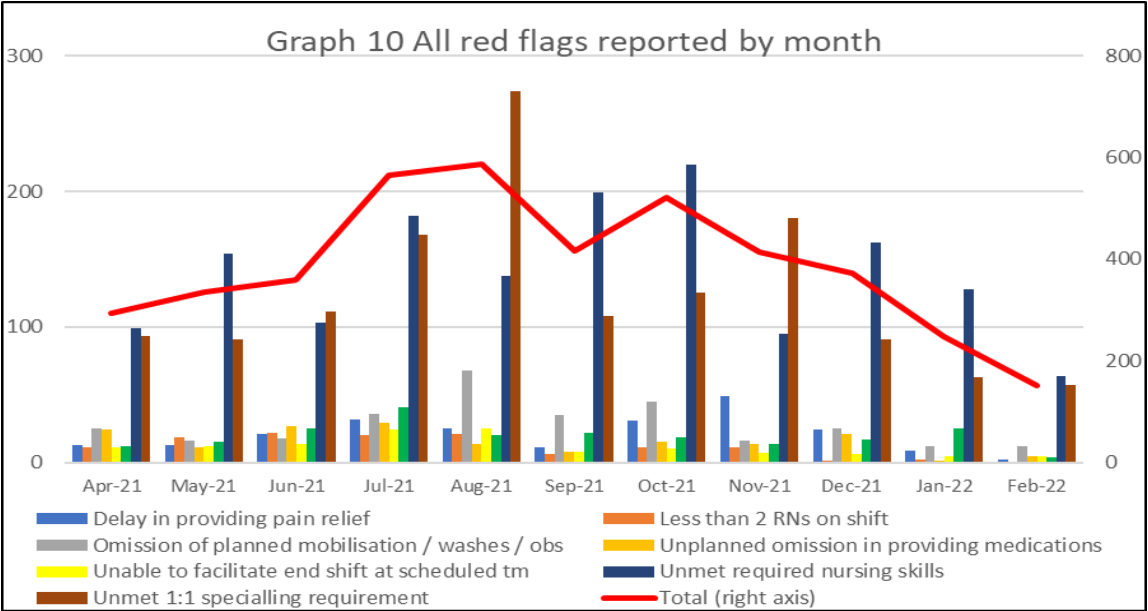
Appendix 2 provides detail on the forecasted position in relation to the number of adult RN vacancies based on FTE and includes UK experienced, UK newly qualified, apprenticeship route, EU and international recruits up to March 2022. The current forecast demonstrates a year end band 5 RN vacancy position of 12.48% 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 30.44% and a band 2 HCSW position of 14.2%. 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.

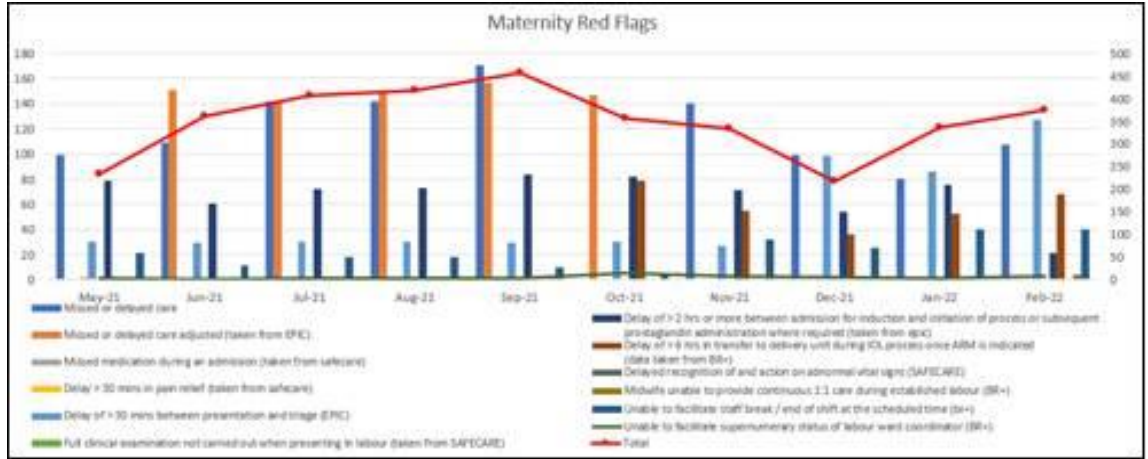
Whilst the recruitment pipeline for RN's is positive with multiple pipelines including apprenticeship routes, domestic and international recruitment, the predicted numbers are only achievable if the appropriate infrastructure is in place to support with accommodation pre and post arrival of International Nurses and Midwives otherwise there is a risk that deployment numbers will need to be capped at 24 per month.



# Red flags



Graph 11: Maternity Red Flags



## 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.

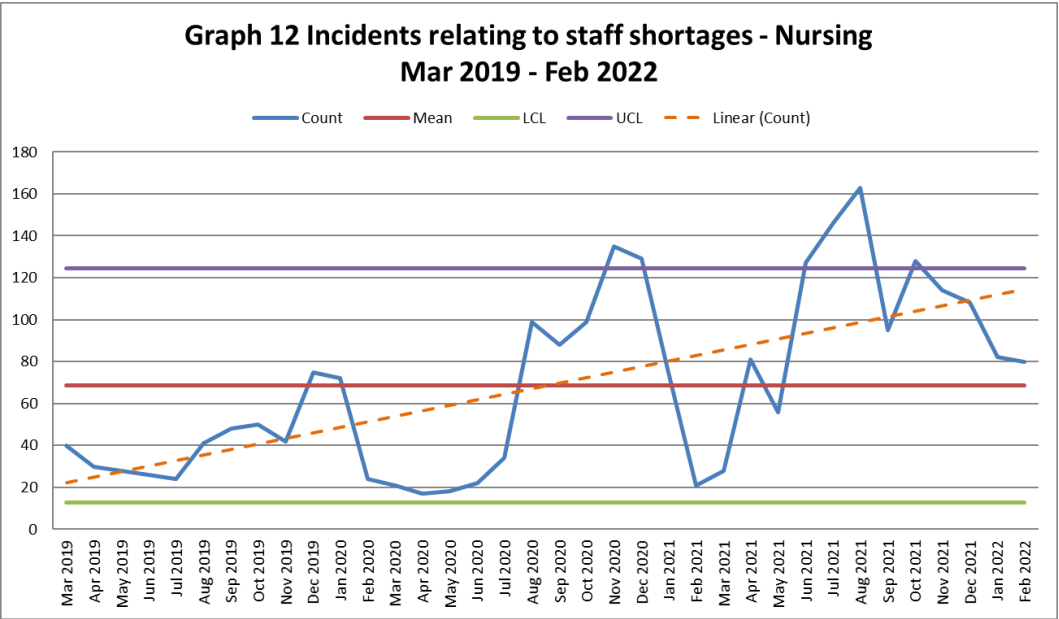
## Nursing red flags

Graph 10 illustrates that there has been a decreasing trend in the number of red flags reported over the last 4 months (152 in February compared with 249 in January, 373 in December, 414 in November and 522 in October). The highest number of red flags reported in February was 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 consistently reduced month on month from 180 red flags in November, 91 in December, 63 in January to 57 In February. A trust wide 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 February increased to 374 from 337 in January. Graph 11 illustrates the red flags that have been reported. 33.9% of these red flags were due to a delay of over 30 mins from presentation to being triaged. This is reflective of the high levels of activity and difficulty in maintaining flow. There were 4 incidences of not being able to provide continuous 1-1 care during established labour in February.



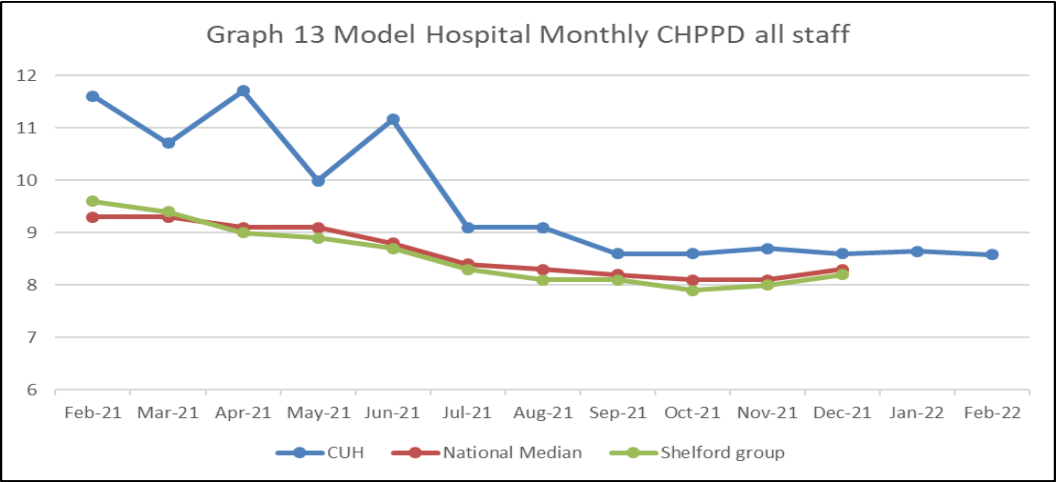


Incidents reported relating to staff shortages

Graph 12 illustrates the trend in Safety Learning Reports (SLRs) completed in relation to nurse staffing. There were 80 incidents reported relating to nurse staffing in February compared with 82 in January.

Division C and Division D reported the most incidents related to staffing levels in February. Division D reported 27 incidences, the majority of which were related to ward D7. Division C reported 26 incidences across the division with no specific area having a higher number of incidences than others. Safety continues to be monitored through the daily safe staffing meetings and the senior nursing huddles.

Graph 13: Care Hours Per Patient Day (CHPPD)



Care hours per patient day (CHPPD)

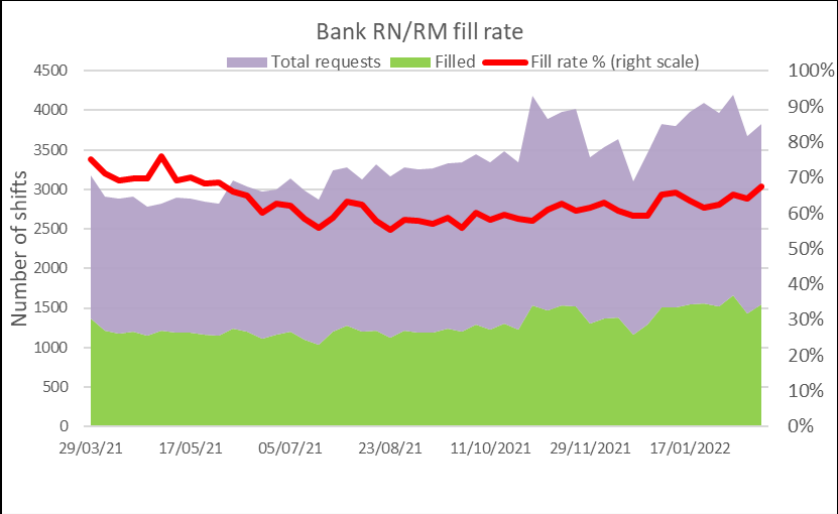
Care hours per patient day (CHPPD) is the total number of hours worked on the roster (clinical staff including AHPs) divided by the bed state captured at 23.59 each day. NHS Improvement began collecting care hours per patient day formally in May 2016 as part of the Carter Programme. All Trusts are required to report this figure externally.

CUH CHPPD recorded for February was 8.5 compared to 8.8 in January. This trend can be seen in graph 13.

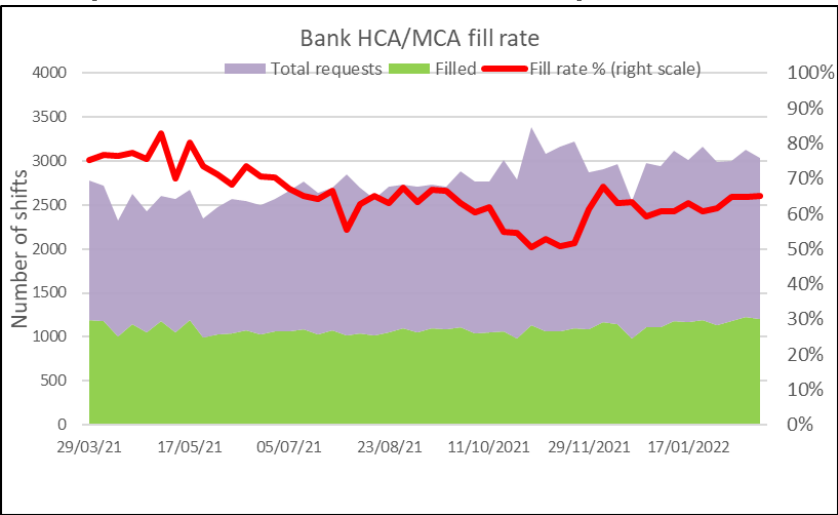
In maternity, from 1 April 2021, the total number of patients now includes babies in addition to transitional care areas and mothers who are registered as a patient. CHPPD for delivery unit in February was 13.56 compared to 13.81 in January.

# Bank Fill Rate and Agency Usage

Graph 14 Registered RN/RM Bank fill rate per week



Graph 15 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 14 and 15 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 number of requests for registered staff is an average of 2376 shifts per week requested and an average bank fill rate of 67.56%.

The number of requests for Health care support workers and Maternity support workers remains high with an average of 1851 shifts per week requested and an average bank fill rate of 65.11%.

In addition to bank workers we have the equivalent of 34.5 WTE agency workers working across the divisions to support staffing challenges in the short term. This accounts for 10% of the total Nursing filled shifts. 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

Division A	% fill registered	% fill care staff	Overall filled %	CHPPD	Analysis of gaps	Impact on Quality / outcomes	Actions in place
C7	89%	104%	95%	6.33	5.59 WTE rn GAPS with 4:05 in pipeline. 3 Band 6 vacancies. Offered to 2 WTE week commencing 14th March 22.9.56% unavailability. Mental Health patients requiring 1:1 enhanced care.	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, Released time for Matrons to care Band 7 in the numbers
C8	90%	81%	86%	3.87	2.46 WTE Vacancy 4.49% unavailability overseas nurses requiring additional support. delirium & dementia patients requiring 1:1 enhanced care.	Delayed responses to call bells. Impact on NQM and KPI's. . 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, Released time for Matrons to care. Band 7 in the numbers
D8	89%	127%	104%	8.39	5.50 WTE gaps with 2.00 in pipeline. 33% unavailability. 3 Maternity leave. 4 without pin. Mental Health, delerium & dementia patients requiring 1:1 enhanced care.	Delayed responses to call bells. Impact on NQM and KPI's. . 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	88%	73%	82%	19.66	Twilight RN often moved creating a gap. New starters in March change the picture.. Short notice sickness	Late discharges in the evening after late shift have gone home. Very busy without twilight. Now rostering substantively and reducing movemnt of staff.	0815 Nursing bronze to identify risks and mitigation. Daily monitoring of Red flags, redeployment within division, Released time for Matrons to care Band 7 in the numbers
L4	86%	111%	94%	6.55	2.44 WTE 4:00 IN PIPELINE. 23% unavailability. 4 without pin. Short notice sickness.	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, Released time for Matrons to care Band 7 in the numbers.
M4	85%	111%	93%	6.43	4.94 WTE Gap RN. 9.00 under offer. 47% unavailabilty. 7 without PIN.	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, Released time for Matrons to care Band 7 in the numbers
D4	82%	72%	80%	23.09	2.71 RN Vacancues. High acuity. 1.47 unavailability. 20% unavailability	Delayed care. GPIC Breaches 1:1 level 3 patients. Staff morale- impact on staff retention.	Bank enhancements in place 0815 Nursing bronze to identify risks and mitigation. PD used to mitigate.
JOHN FARMAN ICU	89%	82%	88%	27.52	12.45 RN Gap. High acuity.	Delayed care. GPIC Breaches. Staff morale- impact on staff retention.	Bank enhancements in place 0815 Nursing bronze to identify risks and mitigation. . PD used to mitigate.
NCCU	86%	80%	85%	26.61	21.16 RN vacancy 6.00 under offer. 8.7% unavailbilty 6.64% Maternity. High acuity	Delayed care. GPIC Breaches. Staff morale- impact on staff retention.	Bank enhancements in place 0815 Nursing bronze to identify risks and mitigation . PD used to mitigate.

# Appendix 1: Exception report by Division C

Division C	% fill registered	% fill care staff	Overall filled %		Analysis of gaps	Impact on Quality / outcomes	Actions in place
C5	88%	87%	88%	7.04	Vacancy position = 2.4 (RN), 3.12 HCSW. Pipeline in = 3 RN's & 1.0 HCSW. Staff redeployments from ward = 166hrs and 131hrs to the ward.	No red flags reported. NQM = No concerns highlighted month. 4 falls, 1 PU (Cat 1), (last one Jul 21)	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matrons QA hrs and focus will be increased).
N2	89%	83%	86%	8.87	Vacancy position = 0.49 (RN), 3.25 HCSW with 2 RN's on secondment to other areas plus 1 + 1.6 on Mat leave. Pipeline in = 1.0 HCSW Staff redeployments from ward = 81hrs and 202hrs to the ward. RN shifts added to the template for the Covid clinic on N2 (CMU) that is not funded and N2 staff have to cover when bank unfilled. Supervisory senior sister covering some of these.	2 NHSi reportable flags submitted for omission of planned mobilisation, washes and observations plus 3 locally reportable flags for unmet nursing needs (2) and unable to end shift at scheduled time. NQM = 3 & 7 day Covid screening, falls assessment and IV access compliance has fallen. 7 falls (same as last month)	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matrons QA hrs and focus will be increased). Divisional plan being progressed to reduce roster template following SNCT review and use some of this to support the new clinic moving forwards. Divisional action plan to be implemented for IV infection control standards which will include C5.
N3	87%	92%	89%	8.33	Vacancy position = 1.01 (RN), 4.42 (HCSW) with 3 RN's and 1 HCSW on secondment to other areas plus 2 RNs on mat leave. Pipeline in = 3.0 RN to fill upcoming vacancies & 5 HCSW Staff redeployments from ward = 104hrs and 160hrs to the ward.	No red flags reported. NQM = no significant change from last month although overall has dropped from green to amber (87.2%). Nutrition screening has been red for the last 2 months. 4 Falls.	Daily divisional mitigation; site safety escalation; prospective staffing reporting; divisional recruitment and retention strategy. Matrons QA hrs and focus will be increased. Roster template is set higher than the demand which is set to be reduced following the annual SNCT review.

# 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
C2	90%	131%	95%	12.09	Current shortfall of 13.67 WTE RN vacancy, 4 WTE pipeline in. 0.85 pipeline out. Net position will be 10.52 WTE in Feb 2022	Due to extra cubicles not open, acuity and capacity has been lower than previous months. No impact on NQM or patient experience.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF, supervisory sister in post. Rate 2 enhancements for ward and rate 3 enhancements approved for chemotherapy competent nurses.
C3	85%	88%	85%	13.76	Current shortfall of 5.25 WTE RN vacancy, 5 WTE pipeline in. 0 pipeline out. Net position will be 0.25 WTE in Feb 2022	Lower occupancy and acuity during February, Amber/red pathway, no impact on NQM, patient experience feedback.	Currently utilising agency nurses with paediatric training. Three times review a day of occupancy and staffing. Support from CPF, supervisory sister in post. Redployed 2 experienced nurses to support the area.
PICU	55%	119%	61%	28.91	Current shortfall of 14.08 WTE RN vacancy, 11.99 WTE pipeline in. Net position will be 3.78 WTE. 6 RN awaiting dates to commence. Increased overseas nurses with experience.	Increased level 3 acuity in February. Refusal of regional patients due to staffing levels. PaNDR service commenced 24 hour cover, no change to NQM or patient experience feedback. LTV and sleep patients not admitted.	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, awaiting start dates.
Lady Mary	79%	79%	79%	4.11	Vacancy rate of approximately 4 WTE midwives, this has been further impacted by staff WFH earlier in pregnancy, also increase of absences due to covid, this has also had an impact on fill rate	Not being able to provide the support required on the ward ie. Infant feeding support, answering buzzers etc.	4 overseas midwives placed in area 2 of which have PIN and remained have OSCE's booked, further 2 joining in march and April 2022
Sara Ward	79%	83%	81%	5.18	Vacancy rate of approx 4 wte midwives, recruitment currently for overseas midwives that need support with CTG interpretation therefore not ideally placed on sara ward	Delays with care and delays of starting and continuing IOL's	Redeployment will be made to area to support vacancy rates once new recruits in place on LMW
Neonatal ICU	87%	67%	85%	12.02	Current shortfall of 21.7WTE RN vacancy, 13.57 WTE pipeline in. pipeline out 4WTE RN. Net position will be 12 WTE	Increased level 3 acuity in February, refusal of regional patients due to staffing levels. No change to NQM or patient experience feedback.	Bank enhancements rate 3. Three times review a day of occupancy and staffing. Study time stopped except neonatal course to ensure skill development as QIS below 70% compliance. Reduced cover of manager of the day RN as utilised in numbers. Community and education team supporting senior cover.

## Appendix 2: Adult RN Recruitment pipeline

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	3	2				16	21	27	13	1544	1768	12.68%	224.12	-6
Jan-22	8	1	1			18	28	17	24	1531	1768	13.41%	237.12	11
Feb-22	4					40	44	12	12	1551	1768	12.28%	217.12	32
Mar-22	2					30	32	23.62	12	1547	1768	12.48%	220.74	8.38
<b>TOTAL</b>	<b>57</b>	<b>25</b>	<b>14</b>	<b>13</b>	<b>2</b>	<b>350</b>	<b>461</b>	<b>258.62</b>	<b>154</b>	<b>1581</b>	<b>1768</b>	<b>12.48%</b>	<b>220.74</b>	<b>202.4</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	Overseas	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 Establishm ent FTE	Vacancy rate based on established FTE	No. of vacancies based on established FTE	Starter leaver variance
Apr-21	1				2	3	0	1	198.97	236.45	15.85%	37.48	3.00
May-21						3	2	1	199.17	236.45	15.77%	37.28	1.20
Jun-21	3					3	1	1	200.17	236.45	15.34%	36.28	2.00
Jul-21						0	4	1	195.17	236.45	17.46%	41.28	-4.00
Aug-21	2		1		1	7	3	2	197.06	236.45	16.66%	39.39	3.89
Sep-21	5			3	1	9	2	2	202.06	236.45	14.54%	34.39	7.00
Oct-21		9	8			17	5	2	193.5	255.07	24.14%	61.57	12.00
Nov-21			2		1	3	1	6	189.5	255.07	25.71%	65.57	2.00
Dec-21	0.92				1	2	5	1	185.42	270.87	31.55%	85.45	-3.08
Jan-22	4	1	1		2	8	6	2	185.42	270.87	31.55%	85.45	2.00
Feb-22	2				3	5	2	1	187.42	270.87	30.81%	83.45	3.00
Mar-22	2				2	4	2	1	188.42	270.87	30.44%	82.45	2.00
<b>TOTAL</b>	<b>19.92</b>	<b>10</b>	<b>12</b>	<b>3</b>	<b>13</b>	<b>63.92</b>	<b>32.91</b>	<b>21</b>	<b>188.42</b>	<b>270.87</b>	<b>30.44%</b>	<b>82.45</b>	<b>31.01</b>

Band 2 HCSW position based on predictions and established FTE									
Month	UK based applicants	Apprenticeship (direct entry)	Total New Starters FTE	Leavers FTE	Staff in post FTE	ESR Establishm ent 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	22	801	924	13.3%	123	4
Nov-21	13		13	20	794	924	14.0%	130	-7
Dec-21	5		5	21	778	947	17.8%	169	-16
Jan-22	27		27	12	793	947	16.3%	154	15
Feb-22	21	2	23	13	803	947	15.2%	144	10
Mar-22	28		28	19	812	947	14.2%	135	9
<b>TOTAL</b>	<b>268</b>	<b>4</b>	<b>272</b>	<b>196</b>	<b>812</b>	<b>947</b>	<b>14.2%</b>	<b>135</b>	<b>76</b>