

TRUST BOARD MEETING

3rd May 2017

Title of Report:	Report on Safe Nursing and Midwifery Staffing.	
Sponsoring Director:	Michelle Norton - Director of Nursing	
Author(s):	Martina Morris - Deputy Director of Nursing - interim	
Background Paper(s):	<p>National Quality Board - Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time: safe, sustainable and productive staffing.</p> <p>National Institute for Health and Care Excellence Safe Staffing Guidance.</p> <p>The Francis Report in to the Mid Staffordshire Inquiry.</p> <p>Department of Health Hard Truths report.</p> <p>Nursing and Midwifery Council Guidance.</p> <p>NHS Improvement Safe Staffing Guidance and Resources.</p>	
Assurance Framework Link(s):	2.2.1; 2.3.1; 5.1.1	
CQC Link(s):	18;9;10	
Corporate Objective(s) supported by this paper:- (please tick)	Patient Care/Experience ✓	Service Development/ Stakeholders ✓
	Service Delivery ✓	Achieving targets ✓
	Workforce ✓	
Legal Implication(s):	Legal claims reduced as quality and safety improved.	
Resource Implication(s):	Use of Bank and Agency staff due to vacancies and sickness and absence.	
Impact on Health Inequalities including Equality & Human Rights:	Affects all patients and staff equally.	
Patient and/or Public Involvement:	Patient Advisory Forum (PAF) visits and audits and patient feedback.	
Purpose of Report:	To provide the Trust Board with a monthly update on nursing and midwifery staffing at the George Eliot Hospital NHS Trust.	
Report Summary:	<ul style="list-style-type: none"> This report provides an overview of the nursing and midwifery staffing levels for March 2017. Daily escalation and response to maintain safe nursing and midwifery 	

	<p>staffing levels remains in place.</p> <ul style="list-style-type: none"> • The overall Trust fill rate for the March 2017 Safe Staffing return was 102.8%, which represents an increase on the 97.78% fill rate achieved in February 2017. • The average CHPPD rate was 9.1 in March 2017, which remained static when compared with the February 2017 rate. • There were n=10 ‘red shifts’ reported in March 2017, which represents a significant increase when compared with the previous two months and coincides with operational challenges, high patient acuity and Agency/NHSP staff shift cancellations. • No ‘red flag events’ were reported in March 2017 as defined in the NICE guidance despite the high number of red shifts. • The current number of vacancies for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=41.73 WTE, which represents a decrease when compared with n=48.67 WTE vacancies reported in March 2017. Please note this data also includes Bands 6 and 7 vacancies, which was not the case in the previous reports. In terms of the Healthcare Assistant (HCA) vacancies on adult inpatient wards, the current number is n=27.39 WTE, which represents an increase when compared with n=15.18 WTE vacancies reported in March 2017. This number has increased due to the uplift in the establishment of HCAs on some of the wards that have not yet been recruited in to and some HCAs leaving the Trust. • In terms of other areas (A&E, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife vacancies is n=26.1 WTE. In addition, there are currently n=2.82 WTE HCA vacancies in these areas. This represents an increase in the RN/midwife vacancies by n=11.39 WTE and a marginal increase in the HCA vacancies by n=0.19 WTE when compared with the numbers reported in March 2017. Please note that the operating theatres establishment and vacancies are currently subject to a validation exercise and as a result this data is not available for this report. The Acute Medical Unit (AMU) and Accident and Emergency (A&E) department continue to hold the highest number of RN vacancies. • Progress continues to be monitored in regard to the 66 nurses from the Philippines who continue to proceed through the recruitment process. Currently n=2 nurses from this cohort have passed their IELTS test and it is envisaged that they will start working at the Trust in late May/June 2017. Other nurses continue to progress through the application and assessment processes. A meeting with ID Medical took place on the 11th April 2017 to discuss the underlying factors affecting the slow progress of these nurses and to agree the next steps. • The next safe staffing acuity study for the adult inpatient wards is planned during May 2017 and the plan is to include the Accident and Emergency Department in this review. In addition, operating theatres are currently reviewing their establishment. 										
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the March 2017 safe nursing and midwifery staffing report and note ongoing escalation and actions in place.</p>										
<p>Acronyms and Abbreviations</p>	<table border="0"> <tr> <td>WTE</td> <td>Whole time equivalent</td> </tr> <tr> <td>HCA</td> <td>Healthcare Assistant</td> </tr> <tr> <td>RN</td> <td>Registered Nurse</td> </tr> <tr> <td>GEH</td> <td>George Eliot Hospital</td> </tr> <tr> <td>CHPPD</td> <td>Care Hours Per Patient Day</td> </tr> </table>	WTE	Whole time equivalent	HCA	Healthcare Assistant	RN	Registered Nurse	GEH	George Eliot Hospital	CHPPD	Care Hours Per Patient Day
WTE	Whole time equivalent										
HCA	Healthcare Assistant										
RN	Registered Nurse										
GEH	George Eliot Hospital										
CHPPD	Care Hours Per Patient Day										

NICE	National Institute For Health and Care Excellence
IELTS	International English Language Testing System
CBT	Computer Based Training
OSCE	Objective Structured Clinical Examination
AMU	Acute Medical Unit
A&E	Accident and Emergency Department
ITU	Intensive Care Unit
CCU	Coronary Care Unit

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides a monthly update on the nursing and midwifery staffing levels for March 2017 and the national submission published on the NHS Choices website. It also includes information in regard to the current nursing and midwifery Band 5, 6 and 7 and Healthcare Assistant (HCA) vacancies and progress with nursing recruitment activities.

2.0 Unify national data reporting

The Safe Staffing submission, including the Care Hours Per Patient Day (CHPPD) data, continues to be submitted in line with the national reporting requirement. Please refer to Appendix 1 for a breakdown of the data for each ward and the Trust as a whole.

The overall Trust fill rate for March 2017 was 102.8%, which represents an increase on the 97.78% achieved in February 2017. In terms of registered nurses (RNs), the overall organisational average fill rate was 99.7% on days and 101.8% on nights. For care staff, the overall organisational average fill rate was 107.3% on days and 106.3% on nights.

The wards with notable average fill rates during March 2017 included:

- Alexandra – average fill rate of 112.1% for RNs and 128.4% for care staff on days and average fill rate of 121% for RNs on nights.
- AMU – average fill rate of 115.6% for care staff on days and average fill rate of 114% for RNs and 118.1% for care staff on nights.
- Delivery suite – average fill rate of 111.3% for care staff on days.
- Felix Holt – average fill rate of 112.3% for care staff on days.
- Victoria – average fill rate of 220% for care staff on nights. This excessive fill rate is associated with small numbers and is linked to the fact that the establishment of care staff had changed part way through the month, which has affected the overall figure. The correct establishment has now been set on the system and this should be reflected in the next report.
- Mary Garth – average fill rate of 111.3% for care staff on nights.

The elevated average fill rate for care staff continues to reflect the requirements for specialising and increased acuity of patients. In addition, the vacancy factor and ability to fill shifts with Bank and Agency staff has also impacted on the average fill rates across these wards.

The CHPPH indicator measures the combined number of hours of care provided to a patient over a 24 hour period by both RNs/midwives and care staff. In March 2017, the CHPPD indicator on the GEH inpatient wards ranged between 5.0 – 23.9. This represents an average of 9.1. The clinical areas such as ITU and Delivery Suite have continued to have a higher number of care hours per patient day when compared to other wards due to the nature of the patient's acuity and dependency.

3.0 Red shifts and red flag events

In total, n=10 'red shifts' occurred during March 2017. The following table illustrated a breakdown of these shifts.

Date and shift	Ward	Reasons and actions taken	Patient harm
15/03/17 Night shift	Victoria ward	The plan was to have two RNs and one HCA (enhanced carer) on the shift. Alexandra ward requested an enhanced care for a patient at 7.15 pm. Matron on site requested for the HCA to work between both areas. However, in reality the HCA remained on Alexandra ward.	Two patient falls occurred on Victoria ward, both with no harm. Both patients did not use their call bell to request assistance.
26/03/17 Late shift	A&E	High number of agency staff on duty. A member of staff called in sick on CDU therefore A&E had to backfill this shift. A&E was unable to secure support from other ward areas due to them also experiencing staffing gaps and unfilled shifts.	No patient harm was identified.
31/03/17 Early shift Late shift	A&E	Agency staff did not fill the shift and other ward areas were unable to provide support.	No patient harm was identified.
31/03/17 Early shift Late shift	AMU	Agency staff did not fill the shift and other ward areas were unable to provide support.	No patient harm was identified.
31/03/17 Night shift	Bob Jakin	HCA had to be moved to Nason ward due to staffing difficulties leaving the ward depleted of their planned staffing numbers.	No patient harm was identified.
31/03/17 Night shift	Nason ward	Two agency registered nurses did not attend and one HCA shift did not fill leaving the ward depleted of their planned staffing. One HCA was moved from Bob Jakin ward and one RN from Melly ward to increase the staffing levels.	No patient harm was identified.
31/03/17 Night shift	Melly ward	One RN had to be moved to Nason to support their depleted staffing numbers, leaving Melly ward depleted of their own planned staffing numbers.	No patient harm was identified.
31/03/17 Night shift	CCU	The requirement for the staffing on that night shift due to the elevated acuity of patients was three RNs and one HCA, but only two RNs and one HCA were on duty.	No patient harm was identified.

The most challenges were experienced on night shifts and the 31st March 2017 in particular, which is when the majority of staffing challenges and 'red shift' occurred. This was as a result of shifts not being filled or agency nurses not attending resulting in staff moves across the ward areas and depleting planned staffing numbers across a number of wards. Despite the large number of 'red shifts' reported, there were no 'red flag events' reported.

Please refer to Appendix 2 for the definition of 'red shifts' and 'red flag events'.

4.0 Vacancies

The latest vacancy data (April 2017) for RNs and HCAs is outlined in tables 1, 2, 3 and 4 in Appendix 3 of this report. This includes Band 5, 6 and 7 RN/midwife and HCA vacancies. This data has been expanded to provide a more holistic overview of vacancies on each ward.

The current number of vacancies for Band 5, 6 and 7 RNs on adult inpatient wards is n=41.73 WTE, which represents a decrease when compared with n=48.67 WTE vacancies reported in March 2017. Please note this data also includes Bands 6 and 7 vacancies, which was not the case in the previous reports. In terms of the HCA vacancies on adult inpatient wards, the current number is n=27.39 WTE, which represents an increase when compared with n=15.18 WTE vacancies reported in March 2017. This number has increased due to the agreed uplift in the establishment of HCAs on some of the wards which have not yet been recruited in to and a number of HCAs leaving the Trust. In total, n=3.44 WTE RN and 3.08 WTE HCA posts have been offered in April 2017 across all adult inpatient wards.

In terms of other areas (A&E, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife vacancies is n=26.1 WTE. In addition, there are currently n=2.82 WTE HCA vacancies in these areas. This represents an increase in the RN/midwife vacancies by n=11.39 WTE and a marginal increase in the HCA vacancies by n=0.19 WTE when compared with the numbers reported in March 2017. In total, n=2.8 WTE RN and no HCA posts have been offered in April 2017 across these clinical areas. The operating theatres establishment and vacancies are currently subject to a validation exercise and as a result this data is not available for this report.

AMU and A&E continue to hold the highest number of RN vacancies. Recruitment events continue to be undertaken to attract more RNs, midwives and HCAs to join the organisation. A specific recruitment event is planned for A&E, AMU and CCU on the 29th April 2017 and two HCA recruitment days are taking place during April 2017. In addition, recruitment in to the Trust Bank has continued and the Trust substantive and agency staff are being proactively encouraged to join the Trust Bank, which has seen some successes during March and April 2017. The Nursing and Midwifery Workforce and E-rostering Group continues to ensure oversight of the specific actions in regard to Bank and Agency and to drive embeddedness and efficiencies linked to agency spent and e-rostering utilisation. In addition, a number of actions are in progress to re-energise the nursing and midwifery recruitment approaches and to increase the awareness of emotional labour and enable more mechanisms for staff support. The Workforce Development Committee continues to have an overall oversight of the workforce and development agenda.

5.0 International Recruitment

From the original cohort of n=71 nurses from the Philippines, n=66 continue to proceed through the recruitment process. The number of candidates who have now successfully passed their IELTS test remained static at n=2 and it is envisaged that these candidates will commence working at the Trust during late May/June 2017.

The latest statistics related to this cohort of nurses are as follows:

- n=64 candidates remain at the IELTS test stage (n=2 have passed. From this number, n=1 is at the NMC stage and n=1 is at the CBT stage).
- n=1 candidate is currently at the CBT stage.
- n=1 candidate is currently completing NMC documents.
- n=5 candidates have withdrawn from the process.

A meeting took place with ID Medical on the 11th April 2017 to discuss the underlying reasons for the slow progress of these nurses. The challenges are predominantly associated with the candidates' readiness to undertake and pass IELTS. Alternative options were discussed, which included consideration of recruiting nurses from other countries such as India and also exploring the European Union market. The Trust will be pursuing these options in the coming weeks.

In addition, ongoing engagement with the HCAs, who work at the Trust and are qualified nurses overseas continues, in order to establish whether they can be encouraged to become registered nurses in the United Kingdom. Six HCAs have been identified and one has now passed their IELTS test and CBT and is booked to undertake part two OSCE. The rest of the HCAs would require an adaptation course.

The Trust's International Recruitment Group continues to oversee the progress associated with this work stream. A team will be established on a temporary basis to provide support for the international nurses joining the organisation. This team will comprise of a Band 7 Practice Facilitator post which will be advertised in April 2017 and a Band 6 Clinical Support post which has been successfully recruited in to. In addition, a Band 4 Human Resources post is currently being advertised.

6.0 Conclusion

The Trust Board is asked to note and support the on-going daily efforts to maintain safe nursing and midwifery staffing levels and progress the recruitment and retention of the nursing and midwifery workforce across the Trust.

Appendix 1

Safe Nursing Staffing data submitted nationally and published on NHS Choices – March 2017 (submitted April 2017)

Only complete sites your organisation is accountable for				Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)				
Hospital Site Details		Ward name	Main 2 Specialities on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Adam Bede	300 - GENERAL MEDICINE		1395	1470	930	930	744	768	744	780	105.4%	100.0%	103.2%	104.8%	557	4.0	3.1	7.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	1732.5	1942.5	1267.5	1627.5	1200	1452	744	744	112.1%	128.4%	121.0%	100.0%	964	3.5	2.5	6.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3720	4080	2790	3225	2232	2544	1860	2196	109.7%	115.6%	114.0%	118.1%	1415	4.7	3.8	8.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1162.5	1185	1395	1282.5	744	756	1116	1032	101.9%	91.9%	101.6%	92.5%	558	3.5	4.1	7.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1395	1372.5	0	0	1116	1104	0	0	98.4%	-	98.9%	-	366	6.8	0.0	6.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1860	1860	465	517.5	1488	1476	372	384	100.0%	111.3%	99.2%	103.2%	190	17.6	4.7	22.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1627.5	1582.5	465	472.5	744	732	372	372	97.2%	101.6%	98.4%	100.0%	635	3.6	1.3	5.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1627.5	1530	1162.5	1267.5	1116	1104	744	756	94.0%	109.0%	98.9%	101.6%	830	3.2	2.4	5.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix Holt	300 - GENERAL MEDICINE		1627.5	1492.5	1162.5	1305	744	744	744	804	91.7%	112.3%	100.0%	108.1%	574	3.9	3.7	7.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2325	2115	0	0	1860	1680	0	0	91.0%	-	90.3%	-	159	23.9	0.0	23.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1627.5	1560	1395	1395	1116	1104	744	708	95.9%	100.0%	98.9%	95.2%	803	3.3	2.6	5.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1627.5	1597.5	1627.5	1635	1116	1104	744	816	98.2%	100.5%	98.9%	109.7%	831	3.3	2.9	6.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1455	1342.5	772.5	772.5	1116	1056	60	132	92.3%	100.0%	94.6%	220.0%	434	5.5	2.1	7.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1395	1365	930	982.5	744	744	744	828	97.8%	105.6%	100.0%	111.3%	553	3.8	3.3	7.1

The overall Trust fill rate was 102.8% in March 2017. The average CHPPD rate was 9.1.

Appendix 2**Red shift and red flag event definitions****Red shift**

Red shifts are defined as shifts where the nurse staffing levels were below the agreed establishment level.

Red flag events

NICE guidance for safe nursing staffing describes red flag events as follows:

- Unplanned omission in providing patient medications.
- Delay of more than 30 minutes in providing pain relief.
- Patient vital signs not assessed or recorded as outlined in the care plan.
- Regular checks on patients to ensure that their fundamental care needs are met as outlined in the care plan. This is often referred to as 'intentional rounding' and involves checks on aspects of care such as the following:
 - Pain: asking patients to describe their level of pain level using the local pain assessment tool.
 - Personal needs: such as scheduling patient visits to the toilet or bathroom to avoid risk of falls and providing hydration.
 - Placement: making sure that the items a patient needs are within easy reach.
 - Positioning: making sure that the patient is comfortable and the risk of pressure ulcers is assessed and minimised.
- Less than 2 registered nurses present on a ward during any shift.
- A shortfall of more than 8 hours or 25% (whichever is reached first) of registered nurse time available compared with the actual requirement for the shift. For example, if a shift requires 40 hours of registered nurse time, a red flag event would occur if less than 32 hours of registered nurse time is available for that shift. If a shift requires 15 hours of registered nurse time, a red flag event would occur if 11 hours or less of registered nurse time is available for that shift (which is the loss of more than 25% of the required registered nurse time).

Appendix 3

Current Band 5, 6 and 7 registered nurse/midwife and HCA vacancies – April 2017

Table 1 – Band 5, 6 and 7 registered nurse vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
Adam Bede	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	13.25	(0.61)	0.00	(0.61)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	2.05	(1.31)	0.00	(1.31)
	5	14.46	11.73	(2.73)	(1.00)	(3.73)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.22	12.99	(5.23)	0.00	(5.23)
Mary Garth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	13.21	(0.65)	(1.44)	(2.09)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	10.96	2.56	0.00	2.56
	5	34.8	20.92	(13.88)	0.00	(13.88)
Alexandra	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	21.27	16.37	(4.90)	(1.00)	(5.90)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	17.22	11.84	(5.38)	0.00	(5.38)
Victoria	7	1	1	0.00	0.00	0.00
	6	1	1.8	0.80	0.00	0.80
	5	16.5	13.16	(3.34)	0.00	(3.34)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	12.18	11.78	(0.40)	0.00	(0.40)
Felix Holt	7	1	1	0.00	0.00	0.00
	6	4.8	4.6	(0.20)	0.00	(0.20)
	5	11.74	10	(1.74)	0.00	(1.74)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	16.97	(1.36)	0.00	(1.36)
Total		230	191.63	41.73	3.44	45.17

Table 2 – Health Care Assistant vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
Adam Bede	3	0	1	0	0.00	0.00
	2	12.1	9.37	(2.73)	(2.44)	(5.17)
Elizabeth	3	0	0.8	0.80	0.00	0.80
	2	13.78	13.7	(0.08)	0.00	(0.08)
Mary Garth	3	0	0	0.00	0.00	0.00
	2	12.1	8.96	(3.14)	0.00	(3.14)
AMU	3	1	1	0.00	0.00	0.00
	2	35.4	27.48	(7.92)	(0.64)	(8.56)
Alexandra	3	3.6	3.6	0.00	0.00	0.00
	2	13.54	13.08	(0.46)	0.00	(0.46)
Nason	3	1.9	1	(0.90)	0.00	(0.90)
	2	16.14	13.36	(2.78)	0.00	(2.78)
Victoria	3	2.4	3.8	1.40	0.00	1.40
	2	2.64	1.8	(0.84)	0.00	(0.84)
Bob Jakin	3	0.8	0	(0.80)	0.00	(0.80)
	2	17.34	12.04	(5.30)	0.00	(5.30)
Felix Holt	3	1.93	1.93	0.00	0.00	0.00
	2	11.85	11.2	(0.65)	0.00	(0.65)
Melly	3	1.83	2.23	0.40	0.00	0.40
	2	13.63	11.84	(1.79)	0.00	(1.79)
Total		161.98	138.19	27.39	3.08	30.47

Appendix 3 continued

The latest nursing and midwifery vacancy levels in other clinical areas are outlined below. Please note that the operating theatres establishment and vacancies are currently subject to a validation exercise and as a result this data is not available for this report.

Table 3 – Band 5, 6 and 7 registered nurse vacancies in other clinical areas, including A&E, ITU, Maternity and SCBU

Ward/clinical area	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A&E	7	6	6	0.00	0.00	0.00
	6	11.8	11.8	0.00	0.00	0.00
	5	48.95	28.49	(20.46)	(2.80)	(23.26)
ITU	7	11.03	11.36	0.33	0.00	0.33
	6	7.72	7.64	(0.08)	0.00	(0.08)
	5	16.96	16.96	0.00	0.00	0.00
Maternity	7	13.2	12.2	(1.00)	0.00	(1.00)
	6	55.38	51.61	(3.77)	0.00	(3.77)
	5	7.6	8.4	0.80	0.00	0.80
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	8.05	(0.05)	0.00	(0.05)
	5	12.03	11.38	(0.65)	0.00	(0.65)
Theatres	7					
	6					
	5					
Total		199.77	174.89	26.01	2.8	28.81

Table 4 – Health Care Assistant vacancies in other clinical areas, including A&E, ITU, Maternity and SCBU

Ward/clinical area	Grade	Budget	Actual includes offered post	Current Vacancies	Offered posts	Continued vacancies until offered post start
A&E	3	4.4	3.4	(1.00)	0	(1.00)
	2	7.8	7.4	(0.40)	0	(0.40)
ITU	3	0	0	0.00	0	0.00
	2	0.6	0.6	0.00	0	0.00
Maternity	3	6.79	5.75	(1.04)	0	(1.04)
	2	9.24	8.89	(0.35)	0	(0.35)
SCBU	3	0	0	0.00	0	0.00
	2	2.47	2.44	(0.03)	0	(0.03)
Theatres	3					
	2					
Total		31.3	28.48	2.82	0	2.82