

TRUST BOARD MEETING
2nd August 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> <p>Carter Productivity and Efficiency Report.</p>	
Assurance Framework Link(s):	2.2.1; 2.2.2; 2.3.1; 4.1.4; 4.2.2; 5.1.1	
CQC Link(s):	9; 10; 12; 18	
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 ongoing recruitment and retention challenges.	
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 June 2017. • Daily escalation and response to maintain safe nursing and midwifery 	

	<p>staffing levels remain in place.</p> <ul style="list-style-type: none"> • The overall Trust fill rate for the June 2017 Safe Staffing return was 100.75% which represents a decrease on the 104.4% fill rate achieved in May 2017 and is more balanced, which is due to some establishments changes and better fill rates achieved in some clinical areas. • The average CHPPD rate reduced to 8.9 when compared with 9.5 reported in May 2017. • N=8 'red shifts' and n=3 'red flag events' were reported in June 2017. Despite the high number of red shifts, no patient harm occurred as a result. • The current number of vacancies for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=41.88 WTE which represents a decrease on the n=44.74 WTE vacancies reported in June 2017. In terms of the Healthcare Assistant (HCA) vacancies on adult inpatient wards, the current number is n=24.02 WTE which also represents a decrease on the 29.94 WTE vacancies reported in June 2017. • In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife vacancies is n=32.93 WTE which remains broadly unchanged when compared with the n=33.28 WTE vacancies reported in June 2017. In addition, there are currently n=4.05 WTE HCA vacancies in these areas which represents a marginal increase when compared with the n=3.39 WTE HCA vacancies reported in June 2017. • Progress continues to be monitored in regard to the 66 nurses from the Philippines who were offered posts at the Trust in August 2016. The number of nurses who have successfully passed their IELTS test has increased to n=5. From this number, n=1 nurse has received the NMC decision during June 2017 and arrangements for the nurse to commence working at the Trust in September 2017 are being progressed. In addition, n=2 nurses are completing the NMC documentation and n=2 nurses are currently at the CBT stage. The Trust is pursuing additional international recruitment from India during July 2017 due to the very slow progress made with the nurses from the Philippines. • Professional judgement discussions to evaluate the outcome of the six monthly safe nursing staffing acuity review on adult inpatient wards and in the Accident and Emergency department will be conducted during July and early August 2017 and the Trust Board will be updated on the agreed safe staffing establishments in future reports.
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the June 2017 safe nursing and midwifery staffing report and note ongoing escalation and actions in place.</p>
<p>Acronyms and Abbreviations</p>	<p>WTE Whole time equivalent HCA Healthcare Assistant RN Registered Nurse 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</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides a monthly update on the nursing and midwifery staffing levels for June 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 nursing and midwifery 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 the June 2017 Safe Staffing return was 100.75% which represents a decrease on the 104.4% fill rate achieved in May 2017 and is more balanced, which is due to some establishments changes and better fill rates achieved in some clinical areas. In terms of registered nurses (RNs), the overall organisational average fill rate was 97.3% on days and 100.2% on nights. For care staff, the overall organisational average fill rate was 104.6% on days and 105.4% on nights.

The wards with notable average fill rates during June 2017 are listed below.

- **AMU** – average fill rate of 111.1% for care staff on days and average fill rate of 114.4% for RNs and 114.0% for care staff on nights. These fill rates remained broadly similar to the May 2017 position. The reason continues to be the fact that the bed template for the unit has continued to be flexed which has resulted in the higher fill rates. It has been ensured that the nursing staffing establishment is accurately being recorded on the Safe Staffing Dashboard and safety maintained on the unit.
- **Elizabeth ward** – average fill rate of 94.3% for RNs on days. This represents a marginal reduction on the May 2017 position and occurred as a result of some RN gaps on some shifts. However, safety was not compromised and no patient harm occurred as a result.
- **Felix ward** – average fill rate of 91.9% for RNs on days and 118.3% fill rate for care staff on nights. These fill rates represent both an increase and a reduction on the May 2017 position. The driver behind the high fill rate for care staff was the need for specialising and high patient acuity. In terms of the reduced fill rate for RNs, this was as a result of x2 WTE RNs on maternity leave and x1 WTE RN on sick leave. All the shifts with staffing gaps were logged with NHSP and attempts were made to fill them, however they did not always fill. An alternative skill mix was ensured in order to maintain quality and safety.
- **ITU** – average fill rate of 87.3% on days and 88.7% on nights for RNs. These fill rates represent a reduction on the May 2017 position. Reduced fill rates occurred due to the staffing establishment being flexed through the month in line with reduced patient acuity. This meant that on some days, only n=4 RNs were required rather than n=5 which is the agreed establishment. It would not be feasible to frequently change the establishment numbers on the Safe Staffing Dashboard as on some days, n=5 nurses may be required in line with the agreed establishment due to an increase in patient acuity or Trust operational activity. As a result, it may be the case throughout the summer months that the fill rates indicated on the safe staffing dashboard will remain low. However, this does not indicate that staffing levels are unsafe, but they are being flexed according to patient needs.

- **Mary Garth ward** – average fill rate of 113.3% on nights for care staff. This fill rate represents an increase on the May 2017 position and was as a result of an increase in patient specialising requirements.
- **Victoria ward** – average fill rate of 94.4% for RNs on nights. This fill rate represents a marginal reduction on the May 2017 position. This was as a result of n=1 RN being moved to other wards on occasions to support safe staffing leaving n=2 RNs on the ward. However, this was safe and the nurse to patient ratio was safely maintained due to empty beds on the ward.

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 June 2017, the CHPPD indicator on the GEH inpatient wards ranged between 4.5 – 22.9 and represented an average of 8.9 which has decreased from 9.5 reported in May 2017. Clinical areas such as ITU and Delivery Suite 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=8 ‘red shifts’ and n=3 ‘red flag events’ occurred during June 2017. The following table illustrates a breakdown of these shifts and red flag events.

Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
18/06/17 Night shift	Alexandra	The ward had n=1 less RN on duty than planned. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank or Agency cancellations leading to this gap. Shifts were either not filled or cancelled.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse time.
18/06/17 Night shift	Nason	The ward had n=1 less RN on duty than planned. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank or Agency cancellations leading to this gap. Shifts were either not filled or cancelled.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse time.
18/06/17 Night shift	Elizabeth	The ward had n=1 less RN on duty than planned. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank or Agency cancellations leading to this gap. Shifts were either not filled or cancelled.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse time.
18/06/17 Night shift	AMU	The ward had n=1 less HCA on duty than planned and this related to a substantive member of staff rather than	No patient harm was identified.	No red flag event reported.

		a member of staff required for specialling. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank cancellations leading to this gap. Shifts were either not filled or cancelled.		
19/06/17 Night shift	Bob Jakin	The ward had n=1 less HCA on duty than planned and this related to a substantive member of staff rather than a member of staff required for specialling. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank cancellations leading to this gap. Shifts were either not filled or cancelled. HCAs recruited in to the vacant posts are due to commence during July and August 2017.	No patient harm was identified.	No red flag event reported.
21/06/17 Night shift	Bob Jakin	The ward had n=1 less HCA on duty than planned and this related to a substantive member of staff rather than a member of staff required for specialling. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank cancellations leading to this gap. Shifts were either not filled or cancelled. HCAs recruited in to the vacant posts are due to commence during July and August 2017.	No patient harm was identified.	No red flag event reported.
25/06/17 Night shift	Bob Jakin	The ward had n=1 less HCA on duty than planned and this related to a substantive member of staff rather than a member of staff required for specialling. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank cancellations leading to this gap. Shifts were either not filled or cancelled. HCAs recruited	No patient harm was identified.	No red flag event reported.

		in to the vacant posts are due to commence during July and August 2017.		
28/06/2017 Late shift	Felix Holt	The ward had n=1 less HCA on duty than planned and this related to a substantive member of staff rather than a member of staff required for specialising. All possible efforts were made to fill the shift, but this was not successful. There were no late Bank cancellations leading to this gap.	No patient harm was identified.	No red flag event reported.

The most challenges were experienced on night shifts and this was as a result of shifts not being filled by Bank or Agency staff. However, they were not associated with late Bank or Agency cancellations. To maintain patient safety, various staff moves occurred across the Trust. No patient harm occurred despite the large number of 'red shifts' reported. The red flag events were associated with a shortfall of more than 8 hours registered nurse time due to the duration of the night shift.

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

4.0 Vacancies

The latest vacancy data (July 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.

The current number of vacancies for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=41.88 WTE which represents a decrease on the n=44.74 WTE vacancies reported in June 2017. In terms of the Healthcare Assistant (HCA) vacancies on adult inpatient wards, the current number is n=24.02 WTE which also represents a decrease on the 29.94 WTE vacancies reported in June 2017.

In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife vacancies is n=32.93 WTE which remains broadly unchanged when compared with the n=33.28 WTE vacancies reported in June 2017. In addition, there are currently n=4.05 WTE HCA vacancies in these areas which represents a marginal increase when compared with the n=3.39 WTE HCA vacancies reported in June 2017.

The top 3 clinical areas which continue to hold the highest number of vacancies include:

Registered Nurses:

- Acute Medical Unit
- Accident and Emergency
- Operating Theatres

HCAs:

- Adam Bede
- Acute Medical Unit
- Bob Jakin ward

The following table illustrates the monthly vacancy data for both RNs/Midwives/Registered Practitioners and HCAs for this financial year.

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
April 2017	67.83 WTE	30.21 WTE	N/A
May 2017	95.34 WTE	39.3 WTE	Increasing trend. This data included theatre vacancies, which was not the case in April.
June 2017	78.02 WTE	33.33 WTE	Decreasing trend.
July 2017	74.81 WTE	28.07 WTE	Decreasing trend.

Recruitment events continue to be held to recruit registered nurses/midwives/ practitioners and HCAs in to the vacant posts. 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 more successes during June 2017. The Nursing and Midwifery Workforce and E-rostering Group continues to maintain oversight of progress and 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 continue to be 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 oversee the overall workforce agenda.

The recruitment event held on the 16th June 2017 saw the following posts being offered:

- A&E: n=3 RNs and n=3 nurses awaiting their NMC PIN (all full time).
- Victoria ward: n=1 RN and n=1 nurse awaiting their NMC PIN (both full time).
- Elizabeth ward: n=1 nurse awaiting their NMC PIN (part time).
- Alexandra ward: n=1 RN (full time).
- Bob Jakin ward: n=1 RN (full time).

Individuals who have been offered posts at previous recruitment events continue to be progressed through the recruitment process and a Practice Educator remains in contact with the student nurses who have been offered posts at the Trust, but will not be able to commence until September or December 2017.

The phase one implementation of the SafeCare Allocate Software continues to be progressed on the n=4 pilot wards (Victoria ward, Alexandra ward, Elizabeth ward and Coronary Care Unit) with a number of engagements and training sessions delivered or planned.

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 latest position update is as follows:

- The number of nurses who have successfully passed their IELTS test has increased to n=5. From this number, n=1 nurse has received the NMC decision during June 2017 and arrangements for the nurse to commence working at the Trust in September 2017 are being progressed. In addition, n=2 nurses are completing the NMC documentation and n=2 nurses are currently at the CBT stage.

In terms of the other nurses:

- n=61 nurses continue to remain at the IELTS test stage. N=3 nurses are booked for IELTS during July 2017 and n=6 nurses are awaiting their IELTS test results.
- ID Medical have reported that n=7 nurses have failed their IELTS by 0.5 point only and will need to raise funds to re-take their tests. The Trust will consider whether it would be possible to support these nurses with funding to enable them to re-take their tests in a timely manner.
- n=5 nurses have withdrawn from the process.

From June 2017, ID Medical representatives have been attending the Trust's International Recruitment Group meetings to ensure that regular updates are provided to the Trust and there is clarity on how ID Medical are supporting these nurses through the process and what additional support may be required. The Trust will be pursuing additional recruitment of nurses from India and regular interviews have been scheduled during July 2017.

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 – June 2017 (submitted July 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		1350	1350	900	945	720	720	720	792	100.0%	105.0%	100.0%	110.0%	555	3.7	3.1	6.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2025	1972.5	1575	1657.5	1440	1428	720	732	97.4%	105.2%	99.2%	101.7%	966	3.5	2.5	6.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3600	3652.5	2700	3000	2160	2472	1800	2052	101.5%	111.1%	114.4%	114.0%	1142	5.4	4.4	9.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1125	1117.5	1350	1327.5	720	720	1080	1032	99.3%	98.3%	100.0%	95.6%	554	3.3	4.3	7.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1350	1342.5	0	0	1080	1080	0	0	99.4%	-	100.0%	-	333	7.3	0.0	7.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1800	1770	225	225	1440	1416	360	360	98.3%	100.0%	98.3%	100.0%	165	19.3	3.5	22.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1575	1552.5	450	427.5	720	720	360	360	98.6%	95.0%	100.0%	100.0%	687	3.3	1.1	4.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1575	1485	1125	1215	1080	1068	720	720	94.3%	108.0%	98.9%	100.0%	797	3.2	2.4	5.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1575	1447.5	1125	1245	720	720	720	852	91.9%	110.7%	100.0%	118.3%	549	3.9	3.8	7.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2250	1965	0	0	1800	1596	0	0	87.3%	-	88.7%	-	180	19.8	0.0	19.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1350	1327.5	900	930	720	720	720	816	98.3%	103.3%	100.0%	113.3%	539	3.8	3.2	7.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1575	1537.5	1350	1365	1080	1104	720	684	97.6%	101.1%	102.2%	95.0%	787	3.4	2.6	6.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1575	1590	1575	1582.5	1080	1080	720	708	101.0%	100.5%	100.0%	98.3%	800	3.3	2.9	6.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1350	1305	675	667.5	1080	1020	0	0	96.7%	98.9%	94.4%	-	444	5.2	1.5	6.7

The overall Trust fill rate was 100.75% in May 2017. The average CHPPD rate was 8.9.

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 – July 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	13.73	(0.13)	(0.64)	(0.51)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
	5	14.46	13.8	(0.66)	(2.00)	(1.34)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.22	13.73	(4.49)	(1.64)	(6.13)
Mary Garth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	14.01	0.15	(0.80)	(0.65)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	10.96	2.56	0.00	2.56
	5	34.8	18.92	(15.88)	(1.64)	(17.52)
Alexandra	7	1	1	0.00	0.00	0.00
	6	1	2	1.00	0.00	1.00
	5	21.27	15.57	(5.70)	(1.00)	(6.70)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	17.22	12.48	(4.74)	(1.00)	(5.74)
Victoria	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	16.5	15.72	(0.78)	(2.00)	(1.22)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
	5	12.18	12	(0.18)	(1.00)	(0.82)
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	11.2	(0.54)	0.00	(0.54)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	17.97	(0.36)	(1.00)	0.64
Total		230	199.54			
Negative Totals				-34.17	-12.72	-41.88
Positive Totals				3.71	0	4.2

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	8.57	(3.53)	0.00	(3.53)
	3	0	0.8	0.00	0.00	0.00
Elizabeth	2	13.78	13.54	(0.24)	0.00	(0.24)
	3	0	0	0.00	0.00	0.00
Mary Garth	2	12.1	11.92	(0.18)	(2.96)	2.78
	3	1	1	0.00	0.00	0.00
	2	35.4	28.16	(7.24)	(1.00)	(8.24)
AMU	3	3.6	3.4	(0.20)	0.00	(0.20)
	2	13.54	13.04	(0.50)	0.00	(0.50)
	3	1.9	1	(0.90)	0.00	(0.90)
Nason	2	16.14	18.76	2.62	(5.40)	(2.78)
	3	2.4	3	1.40	0.00	0.60
	2	2.64	1.8	(0.84)	0.00	(0.84)
Victoria	3	0.8	0	(0.80)	0.00	(0.80)
	2	17.34	15	(2.34)	(2.00)	(4.34)
	3	1.93	1.93	0.00	0.00	0.00
Felix Holt	2	11.85	10.2	(1.65)	0.00	(1.65)
	3	1.83	2.23	0.40	0.00	0.40
	2	13.63	12.84	(0.79)	(2.00)	1.21
Total		161.98	148.19			
Negative Totals				-19.21	-13.36	-24.02
Positive Totals				4.42	0	4.99

Appendix 3 continued

The latest nursing and midwifery vacancy levels in other clinical areas are outlined below.

Table 3 – Band 5, 6 and 7 registered nurse vacancies in other clinical areas, including A&E, Theatres, 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	40.12	40.37	0.25	(13.80)	(13.55)
ITU	7	11.15	11.52	0.37	0.00	0.37
	6	7.72	6.68	(1.04)	0.00	(1.04)
	5	16.96	15.36	(1.60)	0.00	(1.60)
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	7.72	(0.38)	0.00	(0.38)
	5	12.03	11.06	(0.97)	0.00	(0.97)
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	13.53	12.86	(0.67)	0.00	(0.67)
	5	51.45	41.5	(9.95)	0.00	(9.95)
Total		259.61	241.65			
Negative Totals				-19.38	-13.8	-32.93
Positive Totals				1.42	0	1.17

Table 4 – Health Care Assistant vacancies in other clinical areas, including A&E, Theatres, 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	3.08	(1.32)	0	(1.32)
	2	8.06	8.36	0.30	-0.96	(0.66)
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	2.43	2.42	(0.01)	0	(0.01)
	2	28	27.36	(0.64)	0	(0.64)
Total		61.99	58.9			
Negative Totals				-3.39	-0.96	-4.05
Positive Totals				0.3	0	0