

TRUST BOARD MEETING
4th October 2017

Title of Report:	Report on Safe Nursing and Midwifery Staffing.	
Sponsoring Director:	Kay Fawcett – Executive Director of Nursing - interim Michelle Norton – Executive Director of Nursing	
Author(s):	Martina Morris - Deputy Director of Nursing - interim	
Background Paper(s):	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. National Institute for Health and Care Excellence Safe Staffing Guidance. The Francis Report in to the Mid Staffordshire Inquiry. Department of Health Hard Truths report. Nursing and Midwifery Council Guidance. NHS Improvement Safe Staffing Guidance and Resources. Carter Productivity and Efficiency Report.	
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 Forum (PF) 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.	

<p>Report Summary:</p>	<ul style="list-style-type: none"> • This report provides an overview of the nursing and midwifery staffing levels for August 2017. • Daily escalation and response to maintain safe nursing and midwifery staffing levels remain in place. • The overall Trust fill rate for the August 2017 Safe Staffing return was 100.08% which remained similar to the fill rate reported in July 2017. • The average CHPPD rate increased to 9.9 when compared with 9.2 reported in July 2017. • N=5 'red shifts' and n=1 'red flag event' were reported in August 2017. This represents a reduction on the number reported in July 2017. Despite the 'red shifts' and 'red flag' occurring this did not result in patient harm. • The current number of continued vacancies (until offered posts start) for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=41.55 WTE which represents a decrease on the n=48.87 WTE vacancies reported in July 2017. In terms of the Healthcare Assistant (HCA) continued vacancies on adult inpatient wards (until offered posts start), the current number is n=21.17 WTE which represents an increase on the n=17.61 WTE vacancies reported in July 2017. The increase in HCA vacancies is predominantly attributed to staff leaving their posts or withdrawing from the recruitment process. • In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife continued vacancies (until offered posts start) is n=39.18 WTE which represents an increase on the n=37.32 WTE vacancies reported in July 2017. In addition, there are currently n=13.69 WTE HCA continued vacancies (until offered posts start) which represents an increase on the n=6.9 WTE vacancies reported in July 2017. The increase in HCA vacancies is predominantly attributed to operating theatres, where following their establishment review, more vacancies were identified than originally anticipated. • The overall number of continued vacancies (until offered posts start) is as follows: RN/Midwife/Registered Practitioner vacancies=80.73 WTE (a reduction from last month) and HCA vacancies=34.86 WTE (an increase on the previous month). • The overall number of current vacancies is as follows: RN/Midwife/Registered Practitioner vacancies=56.63 WTE and HCA vacancies=26.86 WTE (both an increase from the previous month). • A variety of recruitment and retention activities continue to fill the vacancies and retain staff across the organisation. • 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 from this cohort who have successfully passed their IELTS test is currently n=6. From this number, n=1 nurse is expected to start in the Trust in October 2017, n=3 nurses are currently completing NMC documentation and n=2 nurses are at the CBT stage. In addition, the Trust has continued to pursue additional international recruitment during July and August 2017 and n=11 posts have been offered to nurses from the Philippines who have already passed IELTS. From this number, n=1 nurse is expected to start in the Trust in October 2017, n=1 nurse is progressing through the Visa application stage and n=9 nurses are currently at the NMC or CBT stages.
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the August 2017 safe nursing and midwifery staffing report and note ongoing escalation and actions in place.</p>

Acronyms and Abbreviations	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	

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides a monthly update on the nursing and midwifery staffing levels for August 2017. Furthermore, it 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 August 2017 Safe Staffing return was 100.08% which remained similar to the fill rate reported in July 2017. In terms of registered nurses (RNs), the overall organisational average fill rate was 95.2% on days and 99.6% on nights. For care staff, the overall organisational average fill rate was 105.7% on days and 105.6% on nights.

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

- **AMU** – average fill rate of 112.1% for care staff on days and average fill rate of 112.9% for RNs and 119.4% for care staff on nights.
- **Elizabeth ward** – average fill rate of 89.9% for RNs and 116.1% average fill rate for care staff on days. This was as a result of unfilled RN shifts due to sickness and vacancies and the requirement for a different skill mix on the ward to maintain safe staffing levels, which were all deemed as safe.
- **Felix Holt ward** – average fill rate of 90.8% for RNs and 111.6% average fill rate for care staff on days. This was as a result of unfilled RN shifts due to sickness and vacancies and the requirement for a different skill mix on the ward to maintain safe staffing levels, which were all deemed as safe.
- **Victoria ward** – average fill rate of 87.1% for RNs and 88.2% average fill rate for care staff on days and 89.2% average fill rate for RNs on nights. This was as a result of RNs or HCAs being moved to support other wards, which was possible due to the reduced number of patients on the ward.
- **ITU** – average fill rate of 82.6% for RNs on days and average fill rate of 88.4% for RNs on nights. This was as a result of the reduced activity on the unit and flexing of the staffing numbers.
- **Mary Garth** – average fill rate of 94.1% for RNs on days.

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 August 2017, the CHPPD indicator on the inpatient wards ranged between 5.0 – 26.2 and represented an average of 9.9 which has increased from 9.2 reported in July 2017. Clinical areas such as ITU, AMU 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=5 'red shifts' and n=1 'red flag event' occurred during August 2017. This represents a reduction of n=2 'red shifts' and n=4 'red flag events' when compared with the July 2017 data.

The following table illustrates a breakdown of these shifts, including the red flag events.

Table 1 – Red Shifts and Red Flags

Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
04/08/17 Late shift	AMU	The department had n=1 less RN on duty than planned. This was as a result of n=1 shift being unfilled by Agency/Bank staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	No red flag event reported.
05/08/17 10 am – 6pm shift	A&E	The ward had n=1 less RN on duty than planned. This was as a result of n=1 shift being unfilled by Agency/Bank staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	No red flag event reported.
06/08/17 6pm – 2am shift	A&E	The ward had n=1 less RN on duty than planned. This was as a result of n=1 shift being unfilled by Agency/Bank staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	No red flag event reported.
06/08/17 Early shift	AMU	The department had n=2 less RNs on duty than planned. This was as a result of n=2 shifts being unfilled by Agency/Bank staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was identified.	One red flag event reported – a reduction of 25% or more of registered nurse's time.
30/08/17 Late shift	Nason	The ward had n=1 less RN on duty than planned. This was as a result of n=1 shift being unfilled by Agency/Bank staff. All possible efforts were made to fill the shift, but this was not successful. An additional HCA was provided to support the team.	No patient harm was identified.	No red flag event reported.

During July and August 2017, Bank and Agency fill was more challenging to achieve due to it being the summer period and less workers available to fill the available shifts. It is anticipated that this will start to improve during September 2017.

Meetings with individual agencies were held during August 2017 and actions agreed for follow up and monitoring. Poor booking behaviours of some of the agencies were discussed as part of these meetings and mitigating actions agreed should this continue.

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

4.0 Vacancies

The latest vacancy data (September 2017) for RNs/midwives 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 continued vacancies (until offered posts start) for Band 5, 6 and 7 registered nurses (RNs) on adult inpatient wards is n=41.55 WTE which represents a decrease on the n=48.87 WTE vacancies reported in July 2017. In terms of the Healthcare Assistant (HCA) continued vacancies on adult inpatient wards (until offered posts start), the current number is n=21.17 WTE which represents an increase on the n=17.61 WTE vacancies reported in July 2017. The increase in HCA vacancies is predominantly attributed to staff leaving their posts or withdrawing from the recruitment process.

In terms of other areas (A&E, Theatres, ITU, Maternity and SCBU), the current number of Band 5, 6 and 7 RN/midwife continued vacancies (until offered posts start) is n=39.18 WTE which represents an increase on the n=37.32 WTE vacancies reported in July 2017. In addition, there are currently n=13.69 WTE HCA continued vacancies (until offered posts start) which represents an increase on the n=6.9 WTE vacancies reported in July 2017. The increase in HCA vacancies is predominantly attributed to operating theatres, where following their establishment review, more vacancies were identified than originally anticipated.

The overall number of continued vacancies (until offered posts start) is as follows: RN/Midwife/Registered Practitioner vacancies=80.73 WTE (a reduction from last month) and HCA vacancies=34.86 WTE (an increase on the previous month).

The overall number of current vacancies is as follows: RN/Midwife/Registered Practitioner vacancies=56.63 WTE and HCA vacancies=26.86 WTE (both an increase from the previous month).

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

Registered Nurses:

- Acute Medical Unit
- Accident and Emergency
- Operating Theatres

HCAs:

- Bob Jakin ward
- Theatres
- Acute Medical Unit

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

Table 2 – Running Total of Continued Vacancies (continued vacancies until individuals who have been offered posts start – refer to Appendix 3 for more details)

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	An increase on the previous month. This data included theatre vacancies, which was not the case in April.
June 2017	78.02 WTE	33.33 WTE	A decrease on the previous month.
July 2017	74.81 WTE	28.07 WTE	A decrease on the previous month.
August 2017	86.19 WTE	24.51 WTE	An increase on the previous month for RNs and a decrease for HCAs.
September 2017	80.73 WTE	34.86 WTE	A decrease on the previous month for RNs and an increase for HCAs.

Table 3 – Running Total of Current Vacancies (refer to Appendix 3 for more details)

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
April 2017	67.74 WTE	30.21 WTE	N/A
May 2017	69.0 WTE	19.5 WTE	An increase on the previous month for RNs. This data included theatre vacancies, which was not the case in April.
June 2017	62.04 WTE	20.82 WTE	A decrease on the previous month for RNs and an increase for HCAs.
July 2017	53.55 WTE	22.6 WTE	A decrease on the previous month for RNs and an increase for HCAs.
August 2017	53.21 WTE	14.51 WTE	A decrease on the previous month for RNs and HCAs.
September 2017	56.63 WTE	26.86 WTE	An increase on the previous month for RNs and HCAs.

The key reasons for HCAs leaving their posts include, for example: internal promotion, career change, seeking a better work life balance, withdrawal of offer of employment due to unsuitable references and performance challenges whilst in posts.

The key reasons for RNs leaving their posts include, for example: internal promotion; external promotional opportunity, external employment opportunity at the same Band and seeking a better work-life balance.

Monthly and bespoke 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, managed by NHS Professionals, has continued and saw more successes during August 2017. This has resulted in an increase of Bank fill rates and reduction of agency staff working at the Trust.

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. Implementation of the Safecare module on E-roster continues, with a further roll out planned, which will further strengthen safe staffing oversight once fully implemented. A safe staffing risk assessment process on adult inpatient wards has been introduced to aid decision making and risk assessments associated with staff moves across the site. The Workforce Development Committee continues to oversee the overall workforce 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 latest position update is as follows:

- N=6 nurses have successfully passed their IELTS test. From this number, n=1 nurse is expected to start in the Trust in October 2017, n=3 nurses are currently completing NMC documentation and n=2 nurses are at the CBT stage.
- n=60 nurses continue to remain at the IELTS test stage.
- n=5 nurses have withdrawn from the process.

In terms of the additionally recruited international nurses:

- The Trust has continued to pursue additional international recruitment during July and August 2017 and n=11 posts have been offered to nurses from the Philippines who have already passed IELTS. From this number, n=1 nurse is expected to start in the Trust in October 2017, n=1 nurse is progressing through the Visa application stage and n=9 nurses are currently at the NMC or CBT stages.

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 – August 2017 (submitted September 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 ELIJOT HOSPITAL - ACUTE SER	Adam Bede	300 - GENERAL MEDICINE		1395	1342.5	930	975	744	744	744	744	96.2%	104.8%	100.0%	100.0%	535	3.9	3.2	7.1
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2092.5	2130	1627.5	1627.5	1488	1488	744	768	101.8%	100.0%	100.0%	103.2%	931	3.9	2.6	6.5
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3720	3660	2790	3127.5	2232	2520	1860	2220	98.4%	112.1%	112.9%	119.4%	1043	5.9	5.1	11.1
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1162.5	1185	1395	1335	744	744	1116	1068	101.9%	95.7%	100.0%	95.7%	555	3.5	4.3	7.8
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1395	1357.5	0	0	1116	1116	0	0	97.3%	-	100.0%	-	317	7.8	0.0	7.8
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1860	1845	232.5	232.5	1488	1428	372	372	99.2%	100.0%	96.0%	100.0%	148	22.1	4.1	26.2
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1627.5	1582.5	465	465	744	744	372	372	97.2%	100.0%	100.0%	100.0%	629	3.7	1.3	5.0
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1627.5	1462.5	1162.5	1350	1116	1152	744	744	89.9%	116.1%	103.2%	100.0%	789	3.3	2.7	6.0
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1627.5	1477.5	1162.5	1297.5	744	744	744	780	90.8%	111.6%	100.0%	104.8%	506	4.4	4.1	8.5
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2325	1920	0	0	1860	1644	0	0	82.6%	-	88.4%	-	142	25.1	0.0	25.1
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Many Garth	300 - GENERAL MEDICINE		1395	1312.5	930	1020	744	744	744	792	94.1%	109.7%	100.0%	106.5%	542	3.8	3.3	7.1
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1627.5	1590	1395	1432.5	1116	1116	744	744	97.7%	102.7%	100.0%	100.0%	795	3.4	2.7	6.1
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1627.5	1597.5	1627.5	1762.5	1116	1116	744	804	98.2%	108.3%	100.0%	108.1%	822	3.3	3.1	6.4
RLT01	GEORGE ELIJOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1395	1215	697.5	615	1116	996	0	24	87.1%	88.2%	89.2%	-	334	6.6	1.9	8.5

The overall Trust fill rate was 100.08% in August 2017. The average CHPPD rate was 9.9.

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 September 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	12.05	(1.81)	0.00	(1.81)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
	5	14.46	13.44	(1.02)	(0.64)	(1.66)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.22	12.73	(5.49)	(0.64)	(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	0.14	(1.00)	(0.86)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	10.96	2.56	0.00	2.56
	5	29.2	17.92	(11.28)	(1.64)	(12.92)
Alexandra	7	1	1	0.00	0.00	0.00
	6	1	2	1.00	0.00	1.00
	5	21.27	16.57	(4.70)	(1.00)	(5.70)
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	0.00	0.00	0.00
	5	16.5	12.96	(3.54)	(1.00)	(4.54)
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)	0.00	(0.18)
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	10.8	(0.94)	0.00	(0.94)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	18.61	0.28	(1.00)	(0.72)
Total		224.4	192.69			
Negative Totals				-35.05	-6.92	-41.55
Positive Totals				3.98	0	3.56

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	0	0	0.00	0.00
	2	12.1	10.41	(1.69)	(1.00)	(2.69)
Elizabeth	3	0	0.8	0.00	0.00	0.00
	2	13.78	11.74	(2.04)	0.00	(2.04)
Mary Garth	3	0	0	0.00	0.00	0.00
	2	12.1	11.32	(0.78)	0.00	(0.78)
AMU	3	1	1	0.00	0.00	0.00
	2	29.8	27.52	(2.28)	(1.00)	(3.28)
Alexandra	3	3.6	3.4	(0.20)	0.00	(0.20)
	2	13.54	11.08	(2.46)	0.00	(2.46)
Nason	3	1.9	1	(0.90)	0.00	(0.90)
	2	16.14	18.76	2.62	0.00	2.62
Victoria	3	2.4	2.4	0.00	0.00	0.00
	2	2.64	2.4	(0.24)	0.00	(0.24)
Bob Jakin	3	0.8	0	(0.80)	0.00	(0.80)
	2	17.34	16.8	(0.54)	(2.80)	(3.34)
Felix Holt	3	1.93	1.93	0.00	0.00	0.00
	2	11.85	11.2	(0.65)	(2.00)	(2.65)
Melly	3	1.83	2.23	0.40	0.00	0.40
	2	13.63	11.84	(1.79)	0.00	(1.79)
Total		156.38	145.83			
Negative Totals				-14.37	-6.8	-21.17
Positive Totals				3.02	0	3.02

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	39.57	(5.35)	(9.96)	(15.31)
ITU	7	11.15	11.52	0.37	0.00	0.37
	6	7.72	6	(1.04)	0.00	(1.04)
	5	16.96	15.36	(0.28)	(1.32)	(1.60)
Maternity	7	13.2	14.2	0.00	(1.00)	1.00
	6(inc 5)	62.98	62.98	0.00	(6.32)	(6.32)
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	7.72	(0.38)	0.00	(0.38)
	5	12.03	10.42	(4.21)	0.00	(4.21)
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	13.87	11.95	(1.92)	0.00	(1.92)
	5	54.33	45.63	(8.40)	0.00	(8.40)
Total		262.83	247.72			
Negative Totals				-21.58	-18.6	-39.18
Positive Totals				0.37	0	1.37

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	7.4	(0.66)	0	(0.66)
ITU	3	0	0	0.00	0	0.00
	2	0.6	0.6	0.00	0	0.00
Maternity	3(inc 2)	16.03	14.78	(1.25)	1.20	(2.45)
SCBU	3	0	0	0.00	0	0.00
	2	2.47	2.44	(0.03)	0	(0.03)
Theatres	4	3	3	0.00	0	0.00
	3	1.43	1.43	0.00	0	0.00
	2	23.8	14.57	(9.23)	0	(9.23)
Total		59.79	47.3			
Negative Totals				-12.49	1.2	-13.69
Positive Totals				0	0	0