George Eliot Hospital **NHS**
NHS Trust

TRUST BOARD MEETING
1st November 2017

Title of Report:	Report on Safe Nursing and Midwifery Staffing.
Sponsoring Director:	Kay Fawcett – Interim Executive Director of Nursing
Author(s):	Martina Morris – Interim Deputy Director of Nursing
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 an update on nursing and midwifery staffing at George Eliot Hospital NHS Trust for September 2017.
Report Summary:	• The Trust fill rate for the September 2017 Safe Staffing return was 99.07% similar to the previous month.

	- The average CHPPD rate was 9.7 marginally reduced from August's rate of 9.9.
	- N=5 'red shifts' and n=3 'red flag events' were reported in September. This represents no change in red shifts and an increase of red flags by n=2 when compared with the previous month. No patient harm ocurred.
	- Total vacancies, including those where posts have been offered, but not started are:
	    o RN/Midwife/Registered Practitioner =82.29 WTE (an increase on the previous month)
	    o HCA =32.01 WTE (a decrease on the previous month).
	- Total vacancies being actively recruited to are:
	    o RN/Midwife/Registered Practitioner =65.73 WTE (an increase on the previous month)
	    o HCA =19.94 WTE (a decrease on the previous month).
	- A variety of recruitment and retention activities continue to fill the vacancies and retain staff across the organisation. A review of the current recruitment process for nursing is being conducted to identify potential improvements and maximise recruitment opportunities. It is envisaged that it will be concluded during late November 2017.
	- Monitoring of last year's international recruitment continues (66 posts offered August 2016). Progress includes:
	    o n=1 nurse is expected to start between November to December 2017
	    o n=2 nurses are at the CBT stage
	    o n=2 nurses are completing NMC documentation
	    o n=1 nurse is at the VISA application stage.
	- As part of the Trust's recent international recruitment, n=11 posts have been offered to international nurses who have already passed IELTS. From these:
	    o n=1 nurse is expected to start between November to December 2017
	    o n=6 nurses are at the CBT stage
	    o n=3 nurses are completing NMC documentation
	    o n=1 nurse is at the COS application stage.

Recommendation(s):	The Trust Board is asked to accept the September 2017 safe nursing and midwifery staffing report and note ongoing escalation and recruitment actions in place.
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 COS Certificate of Sponsorship OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department ITU Intensive Care Unit NMC Nursing and Midwifery Council

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides the update on nursing and midwifery staffing levels for September 2017. Furthermore, it provides information on current nursing and midwifery Band 5, 6 and 7 and healthcare assistant vacancies including recruitment activities.

2.0 Unify national data reporting

The safe nursing and midwifery staffing submission, including the Care Hours Per Patient Day data, is submitted in line with national reporting requirements. 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 September's Safe Staffing return was 99.07% which is similar to the fill rate reported in August 2017. For registered nurses (RNs), the organisational average fill rate was 93.5% on days and 98.6% on nights. For care staff, the organisational average fill rate was 103.8% on days and 108.1% on nights.

The wards with notable average fill rates against agreed establishments during September 2017 included:
- **Alexandra ward** – average fill rate of 92% for RNs on days. This is associated with the uplift of an RN on the late shift which has not yet been recruited to.
- **AMU** – average fill rate of 114.7% for care staff on nights. The bed template has changed for the unit from n=47 to n=41 part way through the month, which has impacted on this fill rate.
- **Bob Jakin** – average fill rate of 94.4% for care staff on nights.
- **Drayton ward** – average fill rate of 93.8% for midwives on days. This is associated with sickness and a delay in new starters commencing.
- **Elizabeth ward** – average fill rate of 118.7% for care staff on days and 110% for RNs on nights. This was as a result of the refurbishment work taking place in ITU which saw ITU temporarily moving to one of the bays on Elizabeth ward and n=7 beds from Elizabeth ward temporarily moving to Bay 7 on AMU requiring additional staffing.
- **Melly ward** – average fill rate of 91.9% for care staff on days. This is associated with the uplift of an HCA on the late shift which has not yet been recruited to.
- **Victoria ward** – average fill rate of 85% for RNs on days and 87.8% on nights. This was as a result of RNs being moved to support other wards, when there was reduced number of patients on the ward.
- **Nason ward** – average fill rate of 86.7% for RNs on days. This is associated with the uplift of an RN on the late shift which has not yet been recruited to. In addition, the average fill rate for care staff on nights was 121.7%. This was as a result of an RN gap and the requirement for a different skill mix to maintain patient safety.
- **ITU** – average fill rate of 75.3% for RNs on days and average fill rate of 78% for RNs on nights. This was as a result of reduced beds whilst the refurbishment work was in progress.
- **Mary Garth** – average fill rate of 116.7% for care staff on nights. This was as a result of enhanced care requirements for patients.

Appropriate mitigations were in place on all of the wards affected to maintain quality and patient safety and the skill mix was reviewed on a shift by shift basis and adjusted as required.

During September, the CHPPD indicator ranged between 6.1 - 32.6 and represented an average of 9.7, marginally reduced when compared with the August's rate of 9.9. As expected, 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 patient acuity and dependency.

3.0 Red shifts and red flag events

In total, n=5 'red shifts' and n=3 'red flag events' were reported in September 2017. This represents no change in red shifts and an increase of red flag events by n=2 when compared with the previous month. Despite the 'red shifts' and 'red flag events', no patient harm occurred. Four red shift occurred due to an RN gap, with two ocurring on AMU. In addition, three red shifts ocurred on nights. Three red flags were associated with a shortfall of more than 8 hours registered nurse's time. Appendix 2 provides the definition of 'red shifts' and 'red flag events' and Appendix 3 shows a breakdown of the areas/shifts affected and actions taken.

4.0 Vacancies

The latest vacancy data (October 2017) for RNs/midwives and HCAs is outlined in tables 1, 2, 3, 4, 5 and 6 in Appendix 4 of this report. This includes Band 5, 6 and 7 RN/midwife and HCA vacancies.

Total vacancies (until offered posts start) are as follows: RN/Midwife/Registered Practitioner vacancies=82.29 WTE (an increase on the previous month) and HCA vacancies=32.01 WTE (a decrease on the previous month).

The current number of total vacancies (until offered posts start) for Band 5, 6 and 7 RNs on adult inpatient wards is n=50.43 which represents an increase on the n=41.55 WTE vacancies reported in September 2017. This increase is predominantly associated with the agreed uplift of a registered nurse on the late shift for Nason and Alexandra wards following the last safe staffing acuity review. Total HCA vacancies on adult inpatient wards (until offered posts start), are n=19.13 which represents a decrease on the n=21.17 WTE vacancies reported in September 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 (until offered posts start) is n=31.86 which represents a decrease on the n=39.18 WTE vacancies reported in September 2017. In addition, there are currently n=12.88 WTE HCA vacancies (until offered posts start) which represents a small decrease on the n=13.69 reported in September 2017.

Total vacancies being actively recruited to are as follows: RN/Midwife/Registered Practitioner vacancies=65.73 WTE (an increase on the previous month) and HCA vacancies=19.94 WTE (a decrease on the previous month).

The 3 clinical areas holding the highest number of continued vacancies include:

Registered Nurses:
- Acute Medical Unit
- Accident and Emergency
- Alexandra ward

HCAs:
- Bob Jakin ward
- Theatres
- Acute Medical Unit

Monthly recruitment events are held to recruit registered nurses/midwives/ practitioners and HCAs. In addition, there has been successful increased recruitment to the Trust Bank. This has resulted in an increase of Bank fill rates and reduction of agency staff working within the Trust. A bespoke recruitment day for surgery is planned in November 2017. A recruitment campaign for operating theatres is currently in progress and interviews will take place throughout October 2017. The Trust has also attended a Nursing Times careers fayre during October 2017 and has scheduled visits at universities to promote employment opportunities at the Trust. A review of the current recruitment process for nursing is being completed to identify potential improvements in the current process and maximise recruitment opportunities. It is anticipated that this will conclude during late November 2017.

In terms of the wider nursing and midwifery workforce development agenda, the Trust continues to progress the apprenticeship agenda associated with the pre-registration nursing and nursing associate programme. Three trainee Nursing Associates continue to progress through the programme and six potential applicants have been identified for the 2018 cohort. In addition, a strategy for Advanced Practice is currently being developed.

The Nursing and Midwifery Workforce and E-rostering Group continues to maintain oversight of progress and specific actions in regard to bank and agency spend, and to embed e-rostering to achieve maximum efficiencies in Trust rosters. Roll out of the Safecare module on E-roster continues, 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=1 nurse is now expected to start in the Trust between November to December 2017. This is as a result of delays with their VISA application.
- n=2 nurses are at the CBT stage
- n=2 nurses are completing NMC documentation
- n=1 nurse is at the VISA application stage.
- n=5 nurses have withdrawn from the process
- The rest of the nurses remain at the IELTS stage.

In terms of the additionally recruited international nurses, the Trust has continued to pursue additional international recruitment during July, August and September 2017 and n=11 posts have been offered to international nurses who have already passed IELTS. From this number:
- n=1 nurse is now expected to start in the Trust between November to December 2017. This is as a result of additional immigration process requirements.
- n=6 nurses are at the CBT stage
- n=3 nurses are completing NMC documentation
- n=1 nurse is at the COS application stage.

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 – September 2017 (submitted October 2017)

Site code	Hospital Site name	Ward name	Specialty 1	Specialty 2	Day Reg. Total monthly planned staff hours	Day Reg. Total monthly actual staff hours	Day Care Staff Total monthly planned staff hours	Day Care Staff Total monthly actual staff hours	Night Reg. Total monthly planned staff hours	Night Reg. Total monthly actual staff hours	Night Care Staff Total monthly planned staff hours	Night Care Staff Total monthly actual staff hours	Day Avg fill rate - registered nurses/midwives (%)	Day Avg fill rate - care staff (%)	Night Avg fill rate - registered nurses/midwives (%)	Night Avg fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	CHPPD Registered midwives/nurses	CHPPD Care Staff	CHPPD Overall
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Adam Bede	300 - GENERAL MEDICINE		1350	1320	900	922.5	720	732	720	792	97.8%	102.5%	101.7%	110.0%	541	3.8	3.2	7.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2250	2070	1575	1567.5	1440	1440	720	708	92.0%	99.5%	100.0%	98.3%	948	3.7	2.4	6.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3600	3510	2700	2970	2160	2304	1800	2064	97.5%	110.0%	106.7%	114.7%	1148	5.1	4.4	9.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1125	1125	1350	1320	720	732	1080	1020	100.0%	97.8%	101.7%	94.4%	540	3.4	4.3	7.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1350	1335	0	0	1080	1080	0	0	98.9%	-	100.0%	-	336	7.2	0.0	7.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1800	1800	225	225	1440	1440	360	372	100.0%	100.0%	100.0%	103.3%	203	16.0	2.9	18.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1575	1477.5	450	457.5	720	720	360	360	93.8%	101.7%	100.0%	100.0%	616	3.6	1.3	4.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1575	1530	1125	1335	1080	1188	720	780	97.1%	118.7%	110.0%	108.3%	661	4.1	3.2	7.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1575	1500	1125	1155	720	732	720	792	95.2%	102.7%	101.7%	110.0%	525	4.3	3.7	8.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2250	1695	0	0	1800	1404	0	0	75.3%	-	78.0%	-	95	32.6	0.0	32.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1350	1312.5	900	967.5	720	732	720	840	97.2%	107.5%	101.7%	116.7%	538	3.8	3.4	7.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1575	1552.5	1575	1447.5	1080	1092	720	732	98.6%	91.9%	101.1%	101.7%	778	3.4	2.8	6.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1800	1560	1575	1695	1080	1068	720	876	86.7%	107.6%	98.9%	121.7%	794	3.3	3.2	6.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1350	1147.5	675	652.5	1080	948	0	0	85.0%	96.7%	87.8%	-	372	5.6	1.8	7.4

The overall Trust fill rate was 99.07% in September 2017. The average CHPPD rate was 9.7.

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

Red shift and red flag events

Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
02/09/17 **Night shift**	Bob Jakin	The department had n=1 HCA less on duty than planned. This was as a result of n=1 HCA being moved to support Alexandra ward.	No patient harm was identified.	No red flag event reported.
02/09/17 **Night shift**	Nason	The ward had n=1 RN less on duty than planned. This was as a result of the late cancellation 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 shortfall of more than 8 hours registered nurse's time.
10/09/17 **Night shift**	AMU	The department had n=1 RN less on duty than planned. This was as a result of the shift not being filled by an agency. All possible efforts were made to fill the shift, but this was not successful. Additional HCAs were deployed to the unit to maintain safety.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
11/09/17 **Long Day shift**	AMU	The department had n=1 RN less on duty than planned. This was as a result of the shift not being filled by an agency. All possible efforts were made to fill the shift, but this was not successful. Additional HCAs were deployed to the unit to maintain safety.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
22/09/17 **Late shift**	Nason	The ward had n=1 RN less 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 deployed to the ward to maintain safety.	No patient harm was identified.	No red flag event reported.

Appendix 4

Current Band 5, 6 and 7 registered nurse/midwife and HCA vacancies as of October 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
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Adam Bede	5	13.86	12.05	(1.81)	0.00	(1.81)
	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
CCU	5	14.46	13.44	(1.02)	0.00	(1.02)
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Elizabeth	5	18.22	12.73	(5.49)	(0.64)	(6.13)
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Mary Garth	5	13.86	12	(1.86)	0.00	(1.86)
	7	2	2	0.00	0.00	0.00
	6	8.4	9.2	0.80	0.00	0.80
AMU	5	29.2	18.72	(10.48)	(1.64)	(12.12)
	7	1	1	0.00	0.00	0.00
	6	1	2	1.00	0.00	1.00
Alexandra	5	24.95	17.25	(7.70)	(2.00)	(9.70)
	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
Nason	5	18.9	10.84	(8.06)	0.00	(8.06)
	7	1	0	(1.00)	0.00	(1.00)
	6	1	1	0.00	0.00	0.00
Victoria	5	16.5	12.96	(3.54)	(1.00)	(4.54)
	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
Bob Jakin	5	12.18	11.76	(0.42)	0.00	(0.42)
	7	1	1	0.00	0.00	0.00
	6	4.8	4.6	(0.20)	0.00	(0.20)
Felix Holt	5	11.74	9.76	(1.98)	0.00	(1.98)
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Melly	5	18.33	18.25	(0.08)	(1.00)	(1.08)
Total		**229.76**	**187.41**			
Negative Totals				**-44.15**	**-6.28**	**-50.43**
Positive Totals				**1.8**	**0**	**1.8**

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
	3	0	0	0	0.00	0.00
Adam Bede	2	12.1	12.37	0.27	(2.96)	(2.69)
	3	0	0.8	0.00	0.00	0.00
Elizabeth	2	13.78	13.66	(0.12)	(2.92)	(3.04)
	3	0	0	0.00	0.00	0.00
Mary Garth	2	12.1	12.28	0.18	(0.96)	(0.78)
	3	1	1	0.00	0.00	0.00
AMU	2	29.8	27.52	(2.28)	0.00	(2.28)
	3	3.6	3.4	(0.20)	0.00	(0.20)
Alexandra	2	13.54	13.4	(0.14)	(2.00)	(2.14)
	3	1.9	1	(0.90)	0.00	(0.90)
Nason	2	16.14	18.76	2.62	0.00	2.62
	3	2.4	2.4	0.00	0.00	0.00
Victoria	2	2.64	2.4	(0.24)	0.00	(0.24)
	3	0.8	0	(0.80)	0.00	(0.80)
Bob Jakin	2	17.34	16.8	(0.54)	(1.00)	(1.54)
	3	1.93	1.93	0.00	0.00	0.00
Felix Holt	2	11.85	11	(0.85)	(1.00)	(1.85)
	3	1.83	2.23	0.40	0.00	0.40
Melly	2	15.31	13.92	(1.39)	(1.28)	(2.67)
Total		**158.06**	**154.87**			
Negative Totals				**-7.46**	**-12.12**	**-19.13**
Positive Totals				**3.47**	**0**	**3.02**

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
	7	6	6	0.00	0.00	0.00
	6	11.8	9.8	(2.00)	0.00	(2.00)
A&E	5	40.12	35.41	(4.71)	(5.96)	(10.67)
	7	11.15	11.52	0.37	0.00	0.37
	6	7.72	6	(1.04)	0.00	(1.04)
ITU	5	16.96	16.68	(0.28)	(0.32)	(0.60)
	7	13.2	14.2	0.00	0.00	0.00
Maternity	6(inc 5)	62.98	62.98	0.00	(2.00)	(2.00)
	7	1	1	0.00	0.00	0.00
	6	8.1	7.12	(0.98)	0.00	(0.98)
SCBU	5	12.03	9.78	(2.25)	(2.00)	(4.25)
	7	3.57	3.57	0.00	0.00	0.00
	6	13.87	11.95	(1.92)	0.00	(1.92)
Theatres	5	54.33	45.63	(8.40)	0.00	(8.40)
Total		**262.83**	**241.64**			
Negative Totals				**-21.58**	**-10.28**	**-31.86**
Positive Totals				**0.37**	**0**	**0.37**

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
	3	4.4	2.84	(1.56)	0	(1.56)
A&E	2	8.06	6.6	(1.46)	0	(1.46)
	3	0	0	0.00	0	0.00
ITU	2	0.6	0.6	0.00	0	0.00
Maternity	3(inc 2)	16.03	15.83	(0.20)	0.40	(0.60)
	3	0	0	0.00	0	0.00
SCBU	2	2.47	2.44	(0.03)	0	(0.03)
	4	3	3	0.00	0	0.00
	3	1.43	1.43	0.00	0	0.00
Theatres	2	23.8	14.57	(9.23)	0	(9.23)
Total		**59.79**	**47.31**			
Negative Totals				**-12.48**	**1.2**	**-12.88**
Positive Totals				**0**	**0**	**0**

Table 5 – Running total of vacancies including those where posts have been offered, but not yet commenced.

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.
October 2017	82.29 WTE	32.01 WTE	An increase on the previous month for RNs and a decrease for HCAs.

Table 6 – Running total of active vacancies

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.
October 2017	65.73 WTE	19.94 WTE	An increase on the previous month for RNs and a decrease for HCAs.