



TRUST BOARD MEETING
6th December 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):	<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 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 October 2017.	

<p>Report Summary:</p>	<ul style="list-style-type: none"> • The Trust’s fill rate for the October 2017 Safe Staffing return was 98.54% and remained similar to the previous month. • The average CHPPD rate was 9.4 and marginally reduced from September’s rate of 9.7. • N=9 red shifts and n=8 red flag events were reported in October. This represents an increase of n=4 red shifts and n=5 red flag events when compared with the previous month. The highest number of red shifts and red flag events in one day occurred on Friday 27th October which was the half-term week. No patient harm occurred as a result of red shifts and red flags. • Total vacancies, including those where posts have been offered, but not started are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=79.12 WTE (a decrease on the previous month) ○ HCA=30.67 WTE (a decrease on the previous month). • Total vacancies being actively recruited to are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=63.84 WTE (a decrease on the previous month) ○ HCA=22.06 WTE (an increase 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 the review will be concluded during December 2017. • Monitoring of last year’s international recruitment continues (63 remaining nurses offered posts in August 2016). Progress includes: <ul style="list-style-type: none"> ○ n=1 nurse is expected to start during December 2017 ○ n=2 nurses are expected to start in the next 2-3 months ○ n=1 nurse has booked IELTS ○ n=2 nurses are at the NMC stage ○ n=1 nurse is at the VISA application stage ○ n=3 candidates withdrew from the process in October ○ the remaining nurses are at early stages of the process. • As part of the Trust’s recent international recruitment, n=21 posts have been offered to international nurses who have already passed IELTS. From these: <ul style="list-style-type: none"> ○ n=1 nurse who was expected to start in December 2017 has withdrawn from the process ○ n=13 nurses are at the CBT application stage ○ n=5 nurses are at the COS application stage ○ n=2 nurses have received their COS and are proceeding through the next stage. • The six monthly acuity study is being conducted during November 2017 and the subsequent staffing review will take place in January 2018. The Trust Board will be updated on their outcomes following these reviews. 														
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the October 2017 safe nursing and midwifery staffing report and note ongoing escalation and recruitment 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>CHPPD</td> <td>Care Hours Per Patient Day</td> </tr> <tr> <td>NICE</td> <td>National Institute For Health and Care Excellence</td> </tr> <tr> <td>IELTS</td> <td>International English Language Testing System</td> </tr> <tr> <td>CBT</td> <td>Computer Based Training</td> </tr> </table>	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
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 October 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 October's Safe Staffing return was 98.54% which remained similar to the fill rate reported in September 2017. For registered nurses (RNs), the organisational average fill rate was 94.2% on days and 94.9% on nights. For care staff, the organisational average fill rate was 102.7% on days and 110.8% on nights.

The wards with notable average fill rates against agreed establishments during October 2017 included:

- **Alexandra ward** – average fill rate of 112.9% for care staff on nights. This is associated with the need for a different skill mix as a result of an RN gap in order to maintain quality and safety.
- **Elizabeth ward** – average fill rate of 112.8% for care staff on nights. This is associated with the need for a different skill mix as a result of an RN gap in order to maintain quality and safety.
- **Felix ward** – average fill rate of 90.8% for RNs on days and 130.6% for care staff on nights. This is associated with the need for a different skill mix associated with an RN gap and enhanced care requirements for patients.
- **ITU** – average fill rate of 77.4% for RNs on days and 73.5% on nights. This is associated with the reduced number of patients on the unit and the need to flex the staffing numbers accordingly.
- **Mary Garth** – average fill rate of 127.4% for care staff on nights. This was as a result of enhanced care requirements for patients.
- **Melly ward** – average fill rate of 93.1% 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.
- **Nason ward** – average fill rate of 90.3% for RNs and 110.6% for care staff on days. In addition, the average fill rate for care staff on nights was 119.4%. This is associated with the uplift of an RN on the late shift which has not yet been recruited in to and as a result the requirement for a different skill mix to maintain quality and safety.
- **Victoria ward** – average fill rate of 87.1% for RNs on days and 83.9% on nights. This is as a result of reduced number of patients on the ward and the need to flex the staffing numbers accordingly.

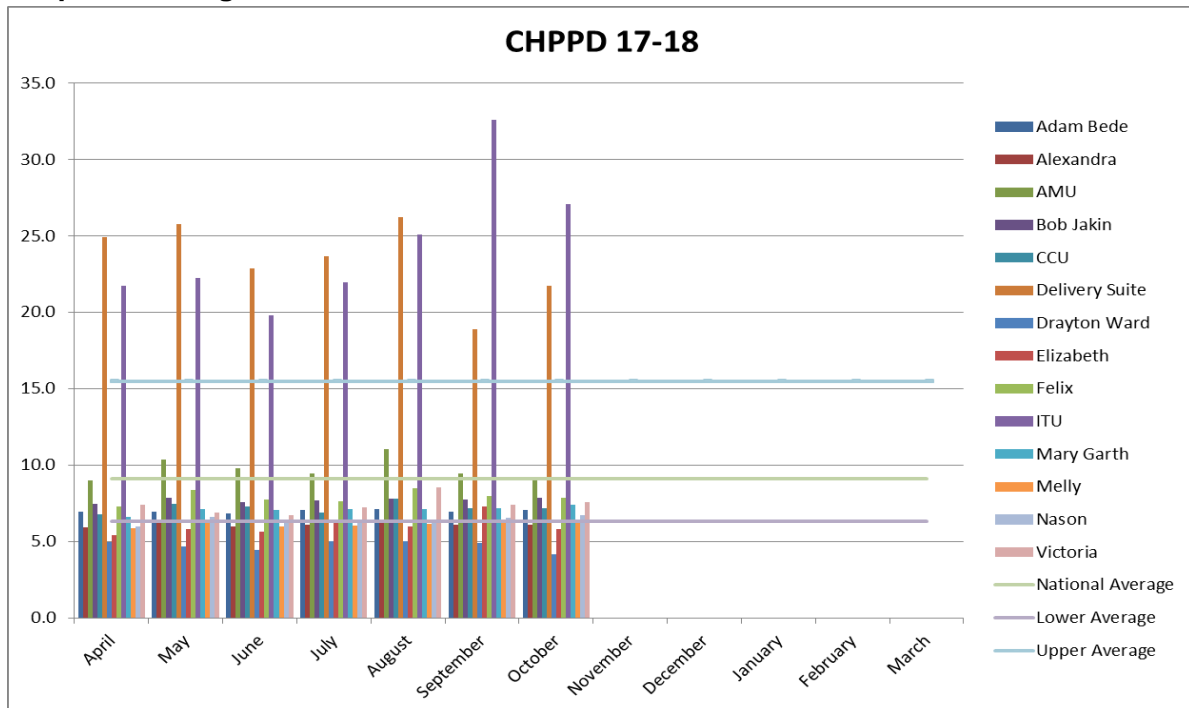
Appropriate mitigations were in place on all of the wards affected to maintain quality and patient safety and the skill mix was reviewed on a shift by shift basis and adjusted as required.

In line with the Carter Review (2017), the Trust has continued to report the care hours provided by RNs and HCAs to each patient per day. The aim of this is to enable national benchmarking and drive reductions in variation and associated inefficiencies. The Carter Review stated that the average CHPPD in the pilot sites was 9.1 hours of care provided by RNs and HCAs per patient day with a variation of 6.33 to 15.48 hours.

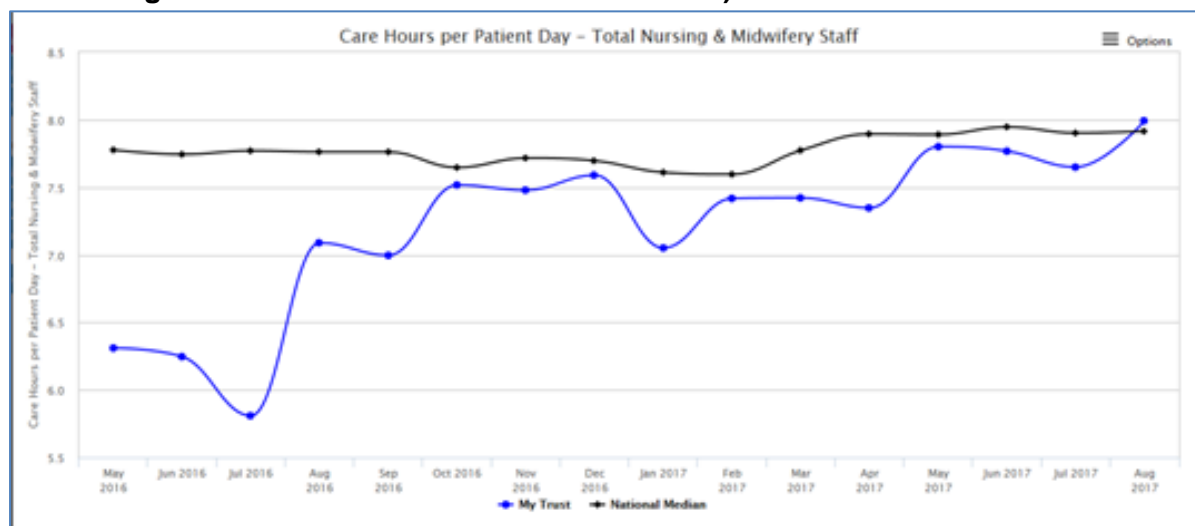
During October, the CHPPD indicator ranged between 6.1 – 27.1 and represented an average of 9.4 which marginally reduced when compared with the September’s rate of 9.7. Clinical areas such as ITU and Delivery Suite continued to have a higher number of care hours per patient day when compared to other wards and remained above the national average and upper average point. This was due to the nature of patient acuity and dependency and flexing of staffing in line with the activity in these areas. In addition, n=12 wards were below the national average and n=4 were below the national minimum average point.

The graphs below illustrate the average CHPPD data between April – October 2017 and total CHPPD data when compared nationally.

Graph 1: Average CHPPD data – GEH wards



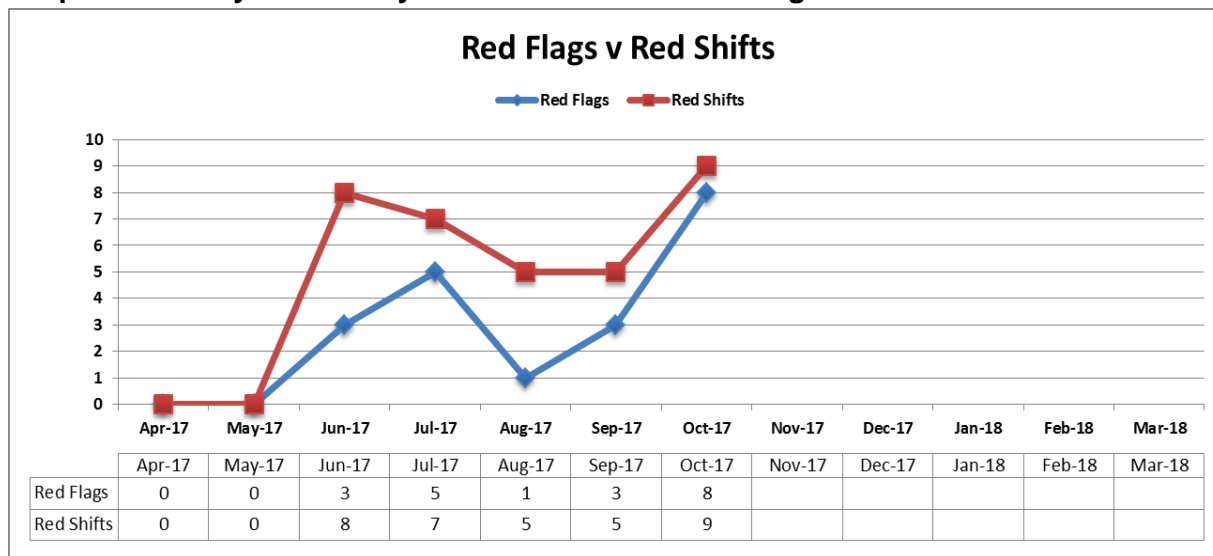
Graph 2: Total CHPPD data – national comparison (Model Hospital Dashboard May 2016 – August 2017 inclusive – latest available data)



3.0 Red shifts and red flag events

In total, n=9 red shifts and n=8 red flag events were reported in October. This represents an increase of n=4 red shifts and n=5 red flag events when compared with the previous month. The highest number of red shifts and red flag events in one day occurred on Friday 27th October which was the half-term week. All red shifts were associated with RN gaps with the majority occurring in the A&E department and on nights. All red flag events were associated with a shortfall of more than 8 hours registered nurse’s time. Despite the red shifts and red flag events, no patient harm occurred. Graph 3 outlines monthly trend analysis of red shift and red flag events for 2017/18.

Graph 3: Monthly trend analysis of red shifts and red flag events



Since April 2017 there have been n=34 red shifts and n=20 red flag events reported. From the number of red flag events reported, n=18 were associated with a shortfall of more than 8 hours registered nurse’s time; n=1 was associated with a reduction of 25% or more of registered nurse’s time and n=1 was associated with a delay in toileting of a patient. In terms of red shifts, the highest number has been reported in A&E at n=9, followed by AMU and Bob Jakin ward at n=5 reported in each area. The majority of red shifts occurred on nights at n=23 followed by late shifts at n=6 and long day shift at n=2.

Appendix 2 provides the definition of red shifts and red flag events and Appendix 3 shows a breakdown of the wards and shifts affected, actions taken and trends over time.

4.0 Vacancies

The latest vacancy data (November 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, including those where posts have been offered, but not started are:
 - RN/Midwife/Registered Practitioner=79.12 WTE (a decrease on the previous month)
 - HCA=30.67 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=51.55 WTE which represents an increase on the n=50.43 WTE vacancies reported in October 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=16.51 WTE which represents a decrease on the n=19.13 WTE vacancies reported in October 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=27.57 WTE which represents a decrease on the n=31.86 WTE vacancies reported in October 2017. In addition, there are currently n=14.16 WTE HCA vacancies (until offered posts start) which represents an increase on the n=12.88 reported in October 2017.

- Total vacancies being actively recruited to are:
 - RN/Midwife/Registered Practitioner=63.84 WTE (a decrease on the previous month)
 - HCA=22.06 WTE (an increase on the previous month).

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

Registered Nurses:

- Acute Medical Unit
- Operating theatres
- Alexandra ward

HCAs:

- Operating theatres
- Elizabeth ward
- Melly ward

Monthly recruitment events are held to recruit registered nurses/midwives/ practitioners and HCAs. In addition, there has been further 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 surgical wards and AMU is planned in early December 2017. A recruitment campaign for operating theatres is currently in progress and interviews continue to take place. 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 December 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 and its operational sub-group continue to oversee the overall workforce agenda.

5.0 International Recruitment

From the original cohort of n=71 nurses from the Philippines offered posts in August 2016, n=63 continue to proceed through the recruitment process. The latest position update is as follows:

- n=1 nurse is expected to start during December 2017
- n=2 nurses are expected to start in the next 2-3 months
- n=1 nurse has booked IELTS
- n=2 nurses are at the NMC stage
- n=1 nurse is at the VISA application stage

- n=3 candidates withdrew from the process in October
- the remaining nurses are at early stages of the process.

In terms of the additionally recruited international nurses, the Trust has continued to pursue international recruitment during 2017 and n=21 posts have been offered to international nurses who have already passed IELTS. From this number:

- n=1 nurse who was expected to start in December 2017 has withdrawn from the process
- n=13 nurses are at the CBT application stage
- n=5 nurses are at the COS application stage
- n=2 nurses have received their COS and are proceeding through the next stage.

6.0 Six monthly acuity and staffing review

The six monthly acuity study is being conducted during November 2017 and the subsequent staffing review will take place in January 2018. The Trust Board will be updated on their outcomes following these reviews.

7.0 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 – October 2017 (submitted November 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 SERV	Adam Bede	300 - GENERAL MEDICINE		1395	1372.5	930	982.5	744	744	744	816	98.4%	105.6%	100.0%	109.7%	553	3.8	3.3	7.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2325	2235	1627.5	1627.5	1488	1440	744	840	96.1%	100.0%	96.8%	112.9%	1003	3.7	2.5	6.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	AMU	300 - GENERAL MEDICINE		3720	3600	2790	2865	2232	2208	1860	1944	96.8%	102.7%	98.9%	104.5%	1177	4.9	4.1	9.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Bob Jakin	300 - GENERAL MEDICINE		1162.5	1177.5	1385	1372.5	744	744	1116	1068	101.3%	98.4%	100.0%	95.7%	556	3.5	4.4	7.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	CCU	300 - GENERAL MEDICINE		1395	1357.5	0	0	1116	1068	0	0	97.3%	-	95.7%	-	338	7.2	0.0	7.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Delivery Suite	501 - OBSTETRICS		1860	1860	232.5	232.5	1488	1476	372	384	100.0%	100.0%	99.2%	103.2%	182	18.3	3.4	21.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Drayton Ward	501 - OBSTETRICS		1627.5	1560	465	472.5	744	744	372	360	95.9%	101.6%	100.0%	96.8%	758	3.0	1.1	4.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Elizabeth	300 - GENERAL MEDICINE		1627.5	1582.5	1162.5	1275	1116	1104	744	840	97.2%	109.7%	98.9%	112.9%	828	3.2	2.6	5.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Felix	300 - GENERAL MEDICINE		1627.5	1477.5	1162.5	1215	744	744	744	972	90.8%	104.5%	100.0%	130.6%	559	4.0	3.9	7.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	ITU	300 - GENERAL MEDICINE		2325	1800	0	0	1860	1368	0	0	77.4%	-	73.5%	-	117	27.1	0.0	27.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Mary Garth	300 - GENERAL MEDICINE		1395	1335	930	1020	744	744	744	948	95.7%	109.7%	100.0%	127.4%	545	3.8	3.6	7.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Melly	300 - GENERAL MEDICINE		1627.5	1612.5	1627.5	1515	1116	1116	744	768	99.1%	93.1%	100.0%	103.2%	800	3.4	2.9	6.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1860	1680	1627.5	1800	1116	1104	744	888	90.3%	110.6%	98.9%	119.4%	812	3.4	3.3	6.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SERV	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1395	1215	697.5	667.5	1116	936	0	60	87.1%	95.7%	83.3%	-	379	5.7	1.9	7.6

The overall Trust fill rate was 98.54% in October 2017. The average CHPPD rate was 9.4.

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

Red shifts are defined as shifts where the nurse and midwifery staffing levels were below the agreed establishment level despite mitigations put in place.

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

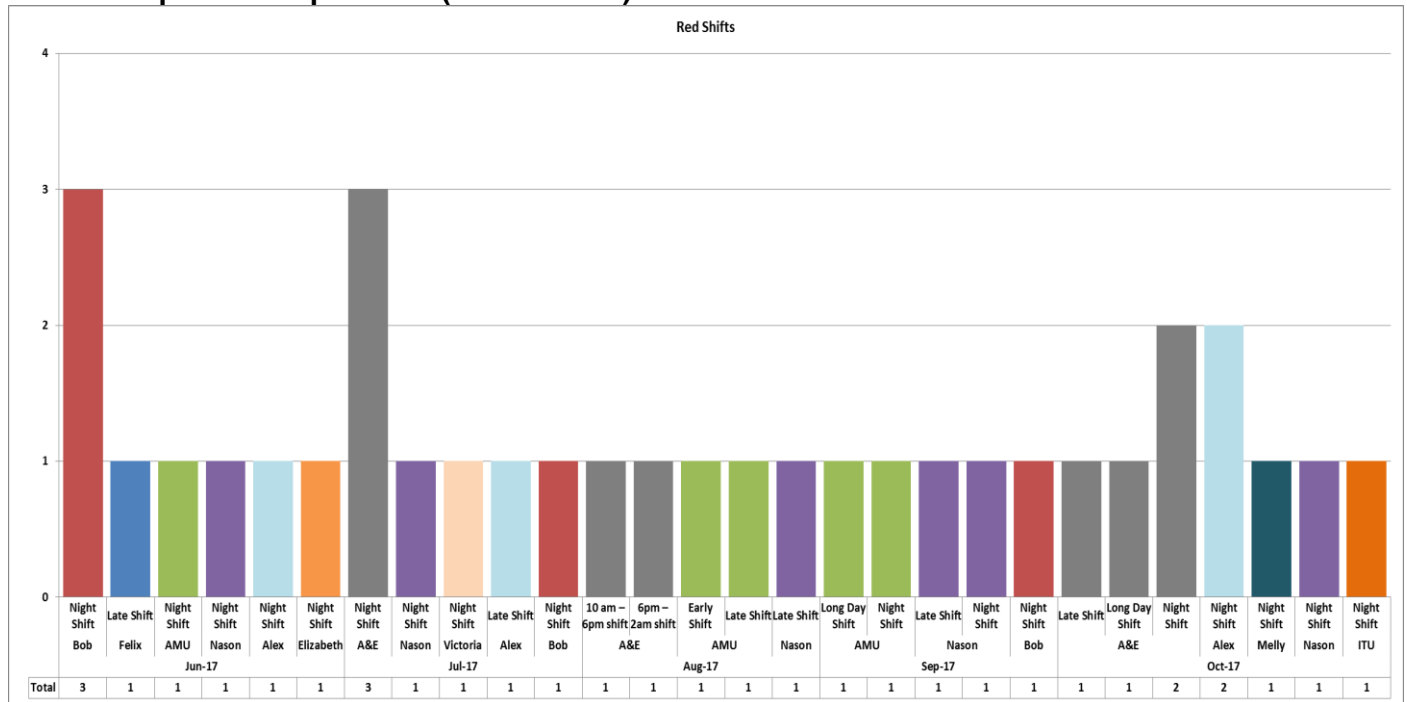
Red shift and red flag events

Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
15/10/17 Night shift	A&E	The department had n=2 RNs less on duty than planned. This was as a result of the shifts not being filled by an agency. All possible efforts were made to fill the shifts, but this was not successful. The Capacity Team provided additional support.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
15/10/17 Night shift	Melly	The ward 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. An Enhanced Care Team worker was deployed to the ward.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
16/10/17 Late shift	A&E	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. The matron on site supported the department and one additional HCA was deployed to the department.	No patient harm was identified.	No red flag event reported.
16/10/17 Night shift	A&E	The department had n=2 RNs less on duty than planned. This was as a result of the shifts not being filled by an agency. All possible efforts were made to fill the shifts, but this was not successful. The Capacity Team provided additional support.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
27/10/2017 Long day shift	A&E	The department had n=2 RNs less on duty than planned. This was as a result of the shifts not being filled by an agency. All possible efforts were made to fill the shifts, 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.
27/10/2017 Night shift	Alexandra	The ward 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. An additional HCA was deployed to the ward.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.

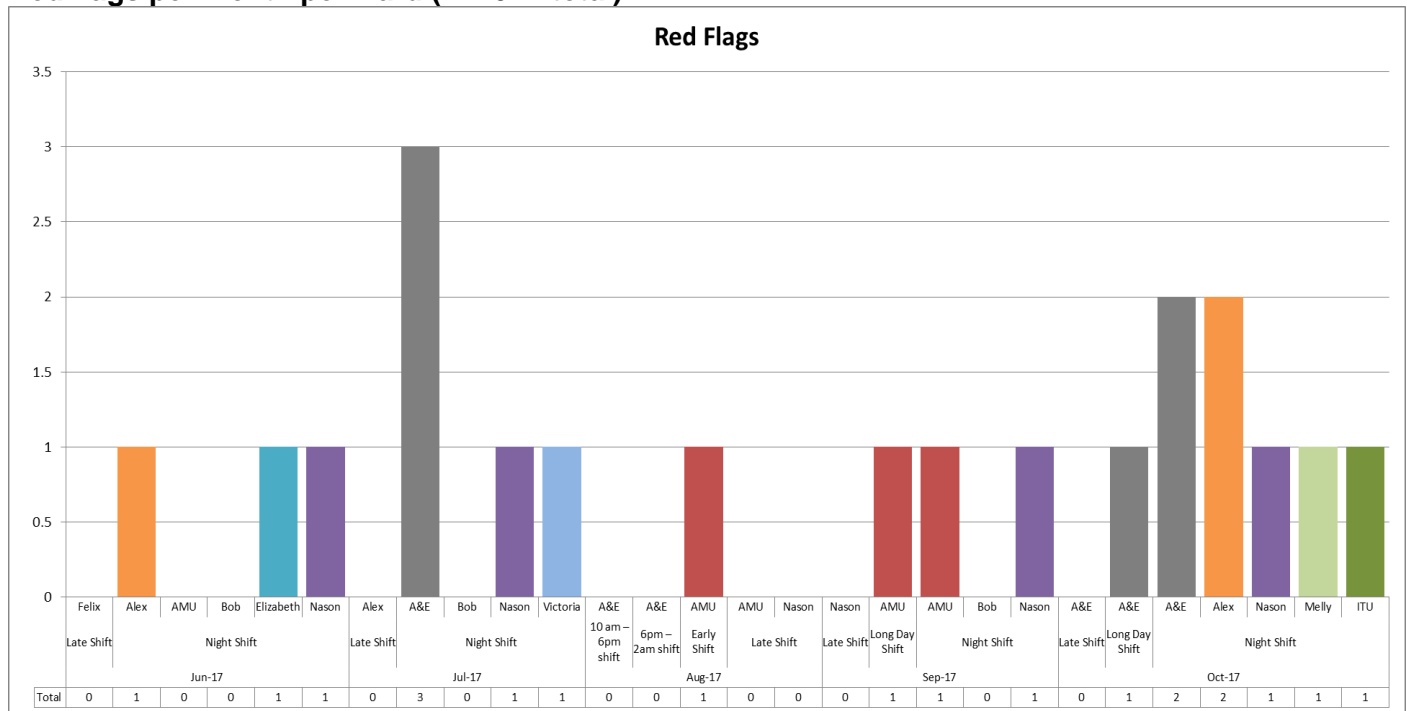
Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
27/10/2017 Nigh shift	Nason	The ward had n=1 RN less on duty than planned. This was as a result of the shift not being filled by an agency. All possible efforts were made to fill the shift, but this was not successful. An additional HCA was deployed to the ward.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
28/10/2017 Nigh shift	Alexandra	The ward 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. An additional HCA was deployed to the ward.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
31/10/2017 Night shift	ITU	The unit had n=1 RN less on duty than planned for the acuity of patients. Theatre staff supported the unit when it was possible, however, were unable to base themselves on the unit. ITU consultant attended to support the unit and the night anaesthetist SHO was assisting the registrar.	No patient harm was identified.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.

Red shift and red flag trends

Red shifts per month per ward (n=34 in total)



Red flags per month per ward (n=20 in total)



Please note no red shifts or red flag events were reported in April or May 2017.

Appendix 4

Current Band 5, 6 and 7 registered nurse/midwife and HCA vacancies as of November 2017

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

Ward	Grade	Budget	Actual includes offered post	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Adam Bede	5	13.86	12.01	(1.85)	0.00	(1.85)
	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
CCU	5	14.46	12.44	(2.02)	0.00	(2.02)
	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	20.64	(8.56)	(1.64)	(10.20)
	7	1	1	0.00	0.00	0.00
	6	2	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	8.76	(2.98)	0.00	(2.98)
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Melly	5	18.33	17.25	(1.08)	(1.00)	(2.08)
Total		230.76	186.29			
Negative Totals				-45.27	-6.28	-51.55
Positive Totals				1.8	0	1.8

Table 2 – Health Care Assistant vacancies on adult inpatient wards

Ward	Grade	Budget	Actual includes offered post	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
	3	0	0	0	0.00	0.00
Adam Bede	2	12.1	12.37	0.27	(1.96)	(2.23)
	3	0	0.8	0.00	0.00	0.00
Elizabeth	2	13.78	13.42	(0.36)	(2.92)	(3.28)
	3	0	0	0.00	0.00	0.00
Mary Garth	2	12.1	11.96	(0.14)	(0.64)	(0.78)
	3	1	1	0.00	0.00	0.00
AMU	2	28	26.88	(1.12)	0.00	(1.12)
	3	3.6	3.4	(0.20)	0.00	(0.20)
Alexandra	2	17.14	17.6	0.46	(2.00)	(1.54)
	3	1.9	1	(0.90)	0.00	(0.90)
Nason	2	16.14	16.4	0.26	0.00	0.26
	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	15.6	(1.74)	0.00	(1.74)
	3	1.93	1.93	0.00	0.00	0.00
Felix Holt	2	11.85	11	0.85	0.00	0.85
	3	1.83	2.23	0.40	0.00	0.40
Melly	2	15.31	12.92	(2.40)	(1.28)	(3.68)
Total		159.86	153.31			
Negative Totals				-7.9	-8.8	-16.51
Positive Totals				2.24	0	1.51

Appendix 4 continued

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	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
A&E	7	6	6	0.00	0.00	0.00
	6	11.8	12.36	0.56	0.00	0.56
	5	40.12	35.05	(5.07)	(5.00)	(10.07)
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	16.68	(0.28)	0.00	(0.28)
Maternity	7	13.2	14.2	0.00	0.00	0.00
	6(inc 5)	62.98	62.98	0.00	(2.00)	(2.00)
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	7.12	(0.98)	0.00	(0.98)
	5	12.03	9.78	(2.25)	0.00	(2.25)
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	13.87	13.87	0.00	(2.00)	(2.00)
	5	54.33	45.38	(8.95)	0.00	(8.95)
Total		262.83	245.51			
Negative Totals				-18.57	-9	-27.57
Positive Totals				0.93	0	0.93

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	Active Vacancies	Offered posts	Running Total of Vacancies including Offered posts
A&E	3	4.4	2.84	(1.56)	0	(1.56)
	2	8.06	5.6	(2.46)	0	(2.46)
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	15.83	(0.60)	0	(0.60)
SCBU	3	0	0	0.00	0	0.00
	2	2.47	2.16	(0.31)	0	(0.31)
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	46.03			
Negative Totals				-14.16	1.2	-14.16
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.

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
October 2017	82.29 WTE	32.01 WTE	An increase on the previous month for RNs and a decrease for HCAs.
November 2017	79.12 WTE	30.67 WTE	A decrease on the previous month for both RNs and 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.
November 2017	63.84 WTE	22.06 WTE	A decrease on the previous month for RNs and an increase for HCAs.