

TRUST BOARD MEETING
3rd January 2018

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 November 2017.	

<p>Report Summary:</p>	<ul style="list-style-type: none"> • The Trust’s fill rate for the November 2017 Safe Staffing return was 100.40% and marginally increased when compared with the previous month. • The average CHPPD rate was 9.8 and marginally increased from the October’s rate of 9.4. This was predominatly driven by ITU, Drayton ward and Adam Bede ward. • No red shifts or red flags were reported in November 2017. • Total vacancies, including those where posts have been offered, but not started are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=83.19 WTE (an increase on the previous month) ○ HCA=27.92 WTE (a decrease on the previous month) • Total vacancies being actively recruited to are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=63.83 WTE (a minimal change on the previous month) ○ HCA=14.38 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 progressing to identify potential improvements and maximise recruitment opportunities. It is envisaged that the review will be concluded by January 2018. • Monitoring of last year’s international recruitment continues (60 remaining nurses offered posts in August 2016). Progress includes: <ul style="list-style-type: none"> ○ n=1 nurse has started at the Trust during December 2017 ○ n=1 nurse is at the CBT application stage ○ n=2 nurses are at the NMC stage ○ the remaining nurses are at early stages of the process ○ n=3 additional nurses have withdrawn from the process reducing the total of active applicants to n=60. • As part of the Trust’s recent international recruitment, n=22 posts have been offered to international nurses who have already passed IELTS. From these: <ul style="list-style-type: none"> ○ n=7 nurses are at the CBT application stage ○ n=12 nurses are at the NMC stage ○ n=2 nurses are at the COS application stage ○ n=1 nurse withdrew from the process. • The six monthly acuity study was conducted during November 2017 and the subsequent staffing reviews 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 November 2017 safe nursing and midwifery staffing report and note ongoing escalation and recruitment 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 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</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides the update on nursing and midwifery staffing levels for November 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 November's Safe Staffing return was 100.40% and marginally increased when compared with the previous month. For registered nurses (RNs), the organisational average fill rate was 97.2% on days and 99.2% on nights. For care staff, the organisational average fill rate was 104.6% on days and 104.9% on nights.

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

- **Drayton ward** – average fill rate of 110.0% for registered midwives on nights. This is associated with an increase of staffing numbers on nights by n=1 midwife and changes to staffing associated with triage and on call arrangements. These changes will be reflected on the safe staffing dashboard in the next safe staffing report.
- **Elizabeth ward** – average fill rate of 112% for care staff on days. This is associated with the need for a different skill mix due to an RN gap.
- **Felix ward** – average fill rate of 112.7% for care staff on days and 125.0% for care staff on nights. This is associated with the need for a different skill mix due to an RN gap and enhanced care requirements for patients.
- **Nason ward** – average fill rate of 92.5% for RNs and 110.0% for care staff on days. This is associated with the need for a different skill mix due to an RN gap.
- **Victoria ward** – average fill rate of 90.6% for RNs on days and 92.2% for RNs on nights. This is associated with a reduced number of patients on the ward and the need to flex staffing numbers accordingly.

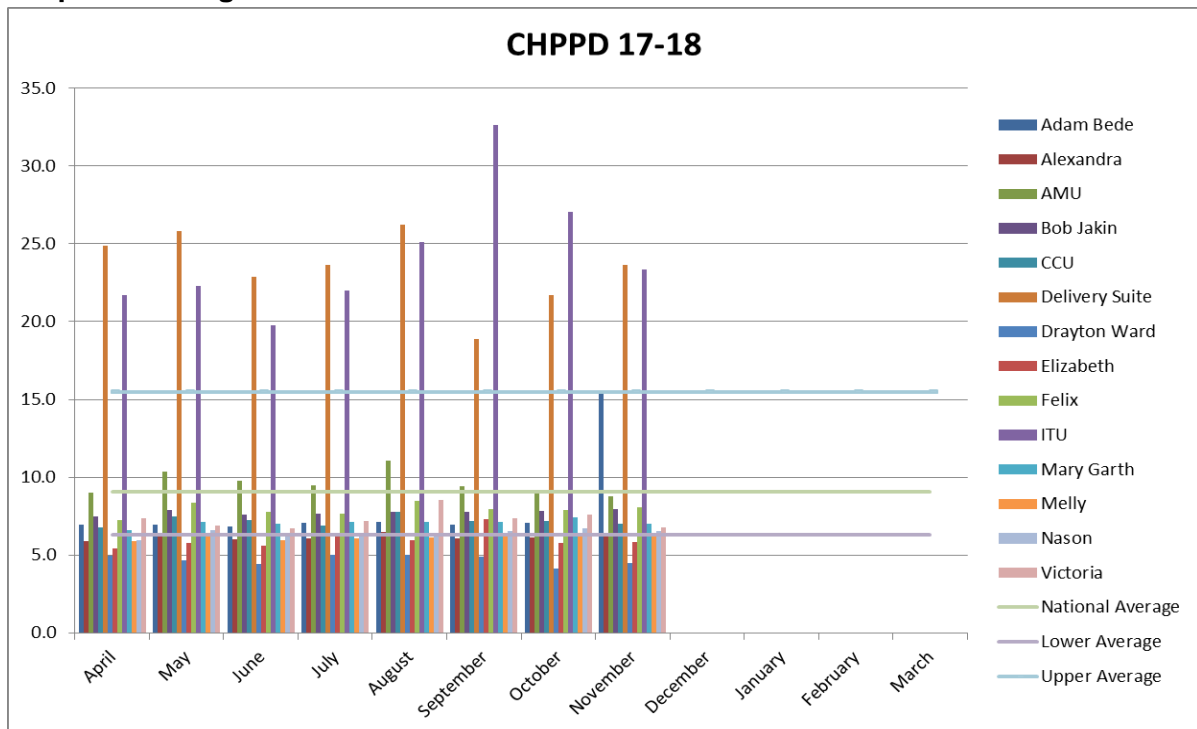
Appropriate mitigations were in place on all of the wards affected to maintain quality and patient safety and the skill mix was reviewed on a shift by shift basis and adjusted as required.

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 efficiencies. 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.

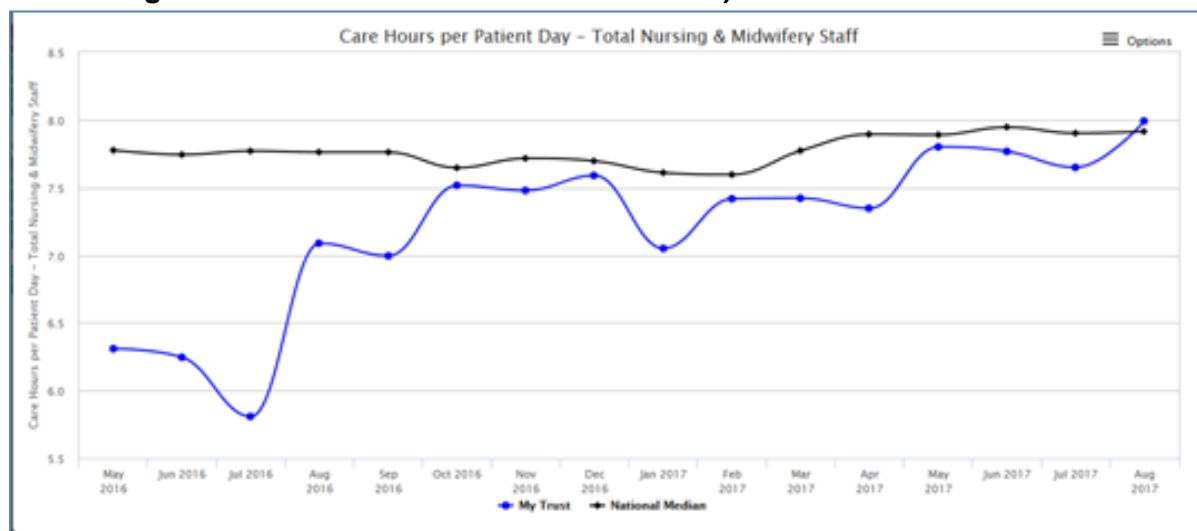
During November, the CHPPD indicator ranged between 4.5 – 23.6 and represented an average of 9.8 which has increased when compared with the October's rate of 9.4. Clinical areas such as ITU, Delivery Suite and Adam Bede had a higher number of care hours per patient day when compared to other wards and 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=11 wards were below the national average and from this number, n=3 were below the national minimum average point.

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

Graph 1: Average CHPPD data – GEH wards



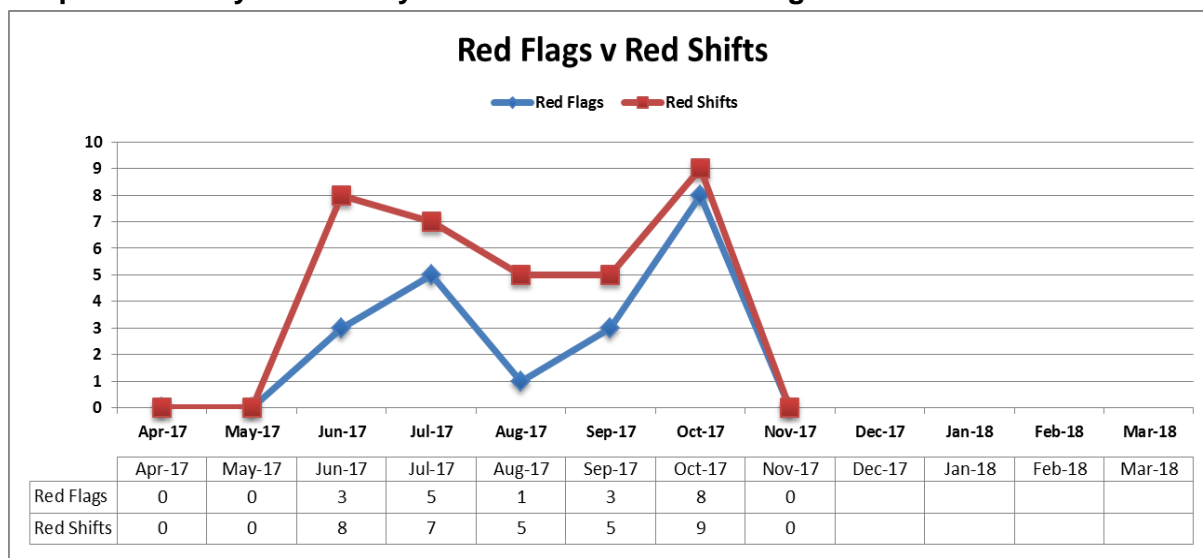
Graph 2: Total CHPPD data – national comparison (Model Hospital Dashboard May 2016 – August 2017 inclusive – latest available data)



3.0 Red shifts and red flag events

No red shifts or red flag events were reported in November 2017. 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 (December 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=83.19 WTE (an increase on the previous month)
 - HCA=27.92 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=54.95 WTE which represents an increase on the n=51.55 WTE vacancies reported in November 2017. Total HCA vacancies on adult inpatient wards (until offered posts start), are n=13.85 WTE which represents a decrease on the n=16.51 WTE vacancies reported in November 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=28.24 WTE which represents an increase on the n=27.57 WTE vacancies reported in November 2017. In addition, there are currently n=14.07 WTE HCA vacancies (until offered posts start) which represents a marginal decrease on the n=14.16 reported in November 2017.

- Total vacancies being actively recruited to are:
 - RN/Midwife/Registered Practitioner=63.83 WTE (a minimal change on the previous month)

- HCA=14.38 WTE (a decrease 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
- A&E
- Alexandra 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 maintaining positive Bank fill rates and reduction of agency staff working within the Trust. A bespoke recruitment day for surgical wards and AMU was conducted during December 2017 with a small number of post offered. In addition, Band 6 interviews for AMU and A&E are in progress. A recruitment campaign for operating theatres remains in progress and interviews continue to take place. A review of the current recruitment process for nursing is progressing to identify potential improvements in the current process and maximise recruitment opportunities. It is anticipated that this will conclude by January 2018.

Roll out of the Safecare module on E-roster continues, which will further strengthen safe staffing oversight once fully implemented. Currently n=9 wards are already using the module, including Alexandra, Victoria, Elizabeth, CCU, Adam Bede, Mary Garth, Felix Holt, Melly and Nason wards. The next phase implementation will be focusing on Bob Jakin, AMU, CDU and ITU.

5.0 International Recruitment

From the original cohort of n=71 nurses from the Philippines offered posts in August 2016, n=60 continue to proceed through the recruitment process. The latest position update is as follows:

- n=1 nurse has started at the Trust during December 2017
- n=1 nurse is at the CBT application stage
- n=2 nurses are at the NMC stage
- the remaining nurses are at early stages of the process
- n=3 additional nurses have withdrawn from the process reducing the total of active applicants to n=60.

As part of the Trust's recent international recruitment, n=22 posts have been offered to international nurses who have already passed IELTS. From these:

- n=7 nurses are at the CBT application stage
- n=12 nurses are at the NMC stage
- n=2 nurses are at the COS application stage
- n=1 nurse withdrew from the process.

6.0 Six monthly acuity and staffing review

The six monthly acuity study was conducted during November 2017 and the subsequent staffing reviews 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 – November 2017 (submitted December 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 Specialties 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		Specialty 1	Specialty 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		1360	1342.5	900	892.5	720	720	720	720	99.4%	99.2%	100.0%	100.0%	237	8.7	6.8	15.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2250	2167.5	1575	1680	1440	1404	720	768	96.3%	106.7%	97.5%	106.7%	967	3.7	2.5	6.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3600	3487.5	2700	2775	2160	2148	1800	1824	96.9%	102.8%	99.4%	101.3%	1162	4.8	4.0	8.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1125	1170	1350	1327.5	720	708	1080	1068	104.0%	98.3%	98.3%	98.9%	538	3.5	4.5	7.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1360	1297.5	0	0	1080	1044	0	0	96.1%	-	96.7%	-	335	7.0	0.0	7.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1800	1792.5	225	225	1440	1428	360	360	99.6%	100.0%	99.2%	100.0%	161	20.0	3.6	23.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1575	1590	450	457.5	720	792	360	360	101.0%	101.7%	110.0%	100.0%	717	3.3	1.1	4.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1575	1530	1125	1260	1080	1092	720	756	97.1%	112.0%	101.1%	105.0%	797	3.3	2.5	5.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1575	1530	1125	1267.5	720	732	720	900	97.1%	112.7%	101.7%	125.0%	550	4.1	3.9	8.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2250	2175	0	0	1800	1752	0	0	96.7%	-	97.3%	-	168	23.4	0.0	23.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1360	1297.5	900	960	720	732	720	768	96.1%	106.7%	101.7%	106.7%	534	3.8	3.2	7.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1575	1575	1575	1552.5	1080	1080	720	720	100.0%	98.6%	100.0%	100.0%	773	3.4	2.9	6.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1800	1665	1575	1732.5	1080	1080	720	756	92.5%	110.0%	100.0%	105.0%	797	3.4	3.1	6.6
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1360	1222.5	675	697.5	1080	996	0	60	90.6%	103.3%	92.2%	-	439	5.1	1.7	6.8

The overall Trust fill rate was 100.40% in November 2017. The average CHPPD rate was 9.8.

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).

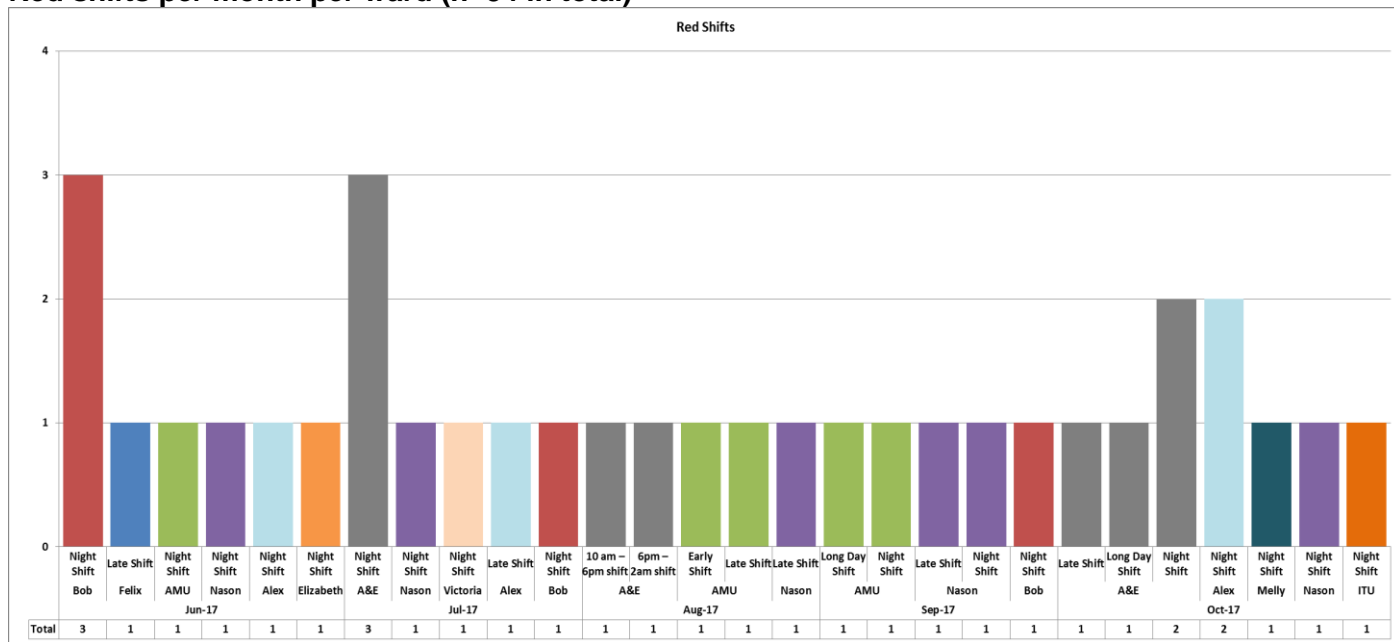
Appendix 3

Red shift and red flag events

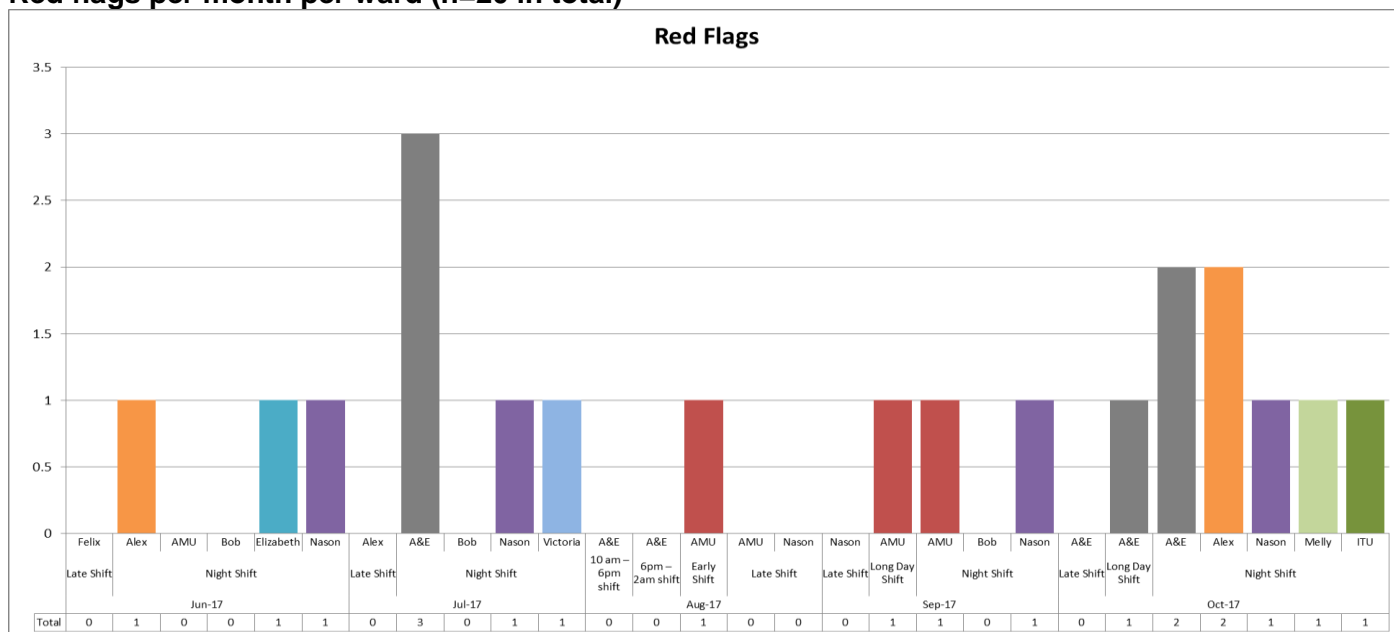
Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
No red shifts reported in November				No red flags reported in November

Red shift and red flag trends 2017/18

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, May and November 2017.

Appendix 4

Current Band 5, 6 and 7 registered nurse/midwife and HCA vacancies as of December 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
Adam Bede	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	12.81	(1.05)	(0.80)	(1.85)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
	5	14.46	11.64	(2.82)	0.00	(2.82)
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	12	(1.86)	0.00	(1.86)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	9.2	0.80	0.00	0.80
	5	29.2	21.16	(8.04)	(2.64)	(10.68)
Alexandra	7	1	1	0.00	0.00	0.00
	6	2	2	1.00	0.00	1.00
	5	24.95	17.25	(7.70)	(2.00)	(9.70)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	18.9	10.84	(8.06)	0.00	(8.06)
Victoria	7	1	0	(1.00)	0.00	(1.00)
	6	1	1	0.00	0.00	0.00
	5	16.5	11.2	(5.30)	(1.00)	(6.30)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
	5	12.18	11.76	(0.42)	0.00	(0.42)
Felix Holt	7	1	1	0.00	0.00	0.00
	6	4.8	4.56	(0.20)	0.00	(0.20)
	5	11.74	10.04	(1.70)	(0.64)	(2.34)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.33	16.25	(2.08)	(1.00)	(3.08)
Total		230.76	185.29			
Negative Totals				-46.23	-8.72	-54.95
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
Adam Bede	3	0	0	0	0.00	0.00
	2	12.1	12.37	0.27	0.00	0.27
Elizabeth	3	0	0.8	0.00	0.00	0.00
	2	13.78	13.42	(0.36)	(0.96)	(1.32)
Mary Garth	3	0	0	0.00	0.00	0.00
	2	12.1	11.96	(0.14)	0.00	(0.14)
AMU	3	1	1	0.00	0.00	0.00
	2	28	29.48	1.48	(2.60)	(1.12)
Alexandra	3	3.6	3.4	(0.20)	0.00	(0.20)
	2	17.14	14.2	(2.94)	(1.00)	(3.94)
Nason	3	1.9	1	(0.90)	0.00	(0.90)
	2	16.14	16.4	0.26	0.00	0.26
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	15.6	(1.74)	0.00	(1.74)
Felix Holt	3	1.93	1.93	0.00	0.00	0.00
	2	11.85	11	(0.85)	0.00	(0.85)
Melly	3	1.83	2.23	0.40	0.00	0.40
	2	15.31	12.72	(2.60)	0.00	(2.60)
Total		159.86	152.31			
Negative Totals				-10.77	-4.56	-13.85
Positive Totals				2.41	0	0.93

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	35.33	(4.79)	(5.00)	(9.79)
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	62.32	(0.66)	(1.64)	(2.30)
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	7.32	(0.78)	0.00	(0.78)
	5	12.03	10.92	(1.10)	(1.00)	(2.10)
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)	(1.00)	(9.95)
Total		262.83	246.57			
Negative Totals				-17.6	-10.64	-28.24
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	8.2	0.14	-2.6	(2.46)
ITU	3	0	0	0.00	0	0.00
	2	0	0	0.00	0	0.00
Maternity	3(inc 2)	16.03	14.52	(1.51)	0	(1.51)
SCBU	3	0	0	0.00	0	0.00
	2	2.47	2.16	(0.31)	0	(0.31)
	4	3	3	0.00	0	0.00
Theatres	3	1.43	1.43	0.00	0	0.00
	2	23.8	23.57	(0.23)	(8.00)	(8.23)
Total		59.19	55.72			
Negative Totals				-3.61	-10.6	-14.07
Positive Totals				0.14	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.
December 2017	83.19 WTE	27.92 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.
November 2017	63.84 WTE	22.06 WTE	A decrease on the previous month for RNs and an increase for HCAs.
December 2017	63.83 WTE	14.38 WTE	A minimal change for RNs when compared with the previous month and a decrease for HCAs.