

TRUST BOARD MEETING - PRIVATE
To be held on 7th March 2018

Title of Report:	Report on Safe Nursing and Midwifery Staffing	
Sponsoring Director:	Kay Fawcett – Interim Executive Director of Nursing Daljit Athwal – Interim Executive Director of Nursing	
Author(s):	Martina Morris – Interim Deputy Director of Nursing	
Background Paper(s):	<ul style="list-style-type: none"> • 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 January 2018.	
Report Summary:	<ul style="list-style-type: none"> • The Trust's fill rate for the January 2018 Safe Staffing return was 100.18% and remained similar to the previous month. • The average CHPPD rate was 8.9 and decreased further from the December's rate of 9.5. • N=10 red shifts and n=2 red flag events were reported in January 2018. This represents an increase of red shifts and a decrease of red flags when compared with December 2017. Both red flag events were associated with a shortfall of more than 8 hours of RN time. No patient harm occurred during these events. • Total real time vacancies, including those where posts have been 	

	<p>offered, but not started are:</p> <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=87.36 WTE (a decrease on the previous month) ○ HCA=27.14 WTE (a decrease on the previous month) <ul style="list-style-type: none"> ● Total real time vacancies being actively recruited to are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=76.0 WTE (an increase on the previous month). ○ HCA=20.54 WTE (an increase on the previous month). ● A variety of recruitment and retention activities continue in order to fill the vacancies and retain staff across the organisation. The recruitment process for nursing has been strengthened and is currently being embedded. ● Monitoring of last year’s international recruitment continues (58 remaining nurses offered posts in August 2016). Progress includes: <ul style="list-style-type: none"> ○ n=2 nurses started at the Trust during January 2018, increasing the total to n=3 ○ n=2 nurses are at the CBT application stage ○ the remaining nurses (n=56) remain at early stages of the process, requiring IELTS ○ n=2 additional nurses have withdrawn from the process reducing the total of active applicants to n=58. The total number of applicants who have withdrawn to date is n=11. ● As part of the Trust’s recent international recruitment, n=27 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=15 nurses are at the NMC stage ○ n=2 nurses are at the COS application stage ○ n=3 nurses have withdrawn from the process. ● The six monthly acuity and dependency studies were conducted during November and December 2017 and the subsequent staffing reviews are currently in progress. The outcome of these reviews will be reported to the Board in April 2018.
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the January 2018 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 January 2018. 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 January's Safe Staffing return was 100.18% and remained similar to the previous month. For registered nurses (RNs), the organisational average fill rate was 94.2% on days and 96.3% on nights. For care staff, the organisational average fill rate was 107.6% on days and 112.2% on nights.

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

- **Alexandra ward** – average fill rate of 93.5% for RNs on days and 125.8% for care staff on nights. This was associated with the need for a different skill mix due to an RN gap.
- **Coronary Care Unit** – average fill rate of 94.1% for RNs on days and 86% on nights. This was associated with RNs being moved, when safe to do so, to support other clinical areas due to staffing shortages.
- **Elizabeth ward** – average fill rate of 91.2% for RNs and 111.6% for care staff on days. This was associated with the need for a different skill mix due to an RN gap.
- **Felix ward** – average fill rate of 84.3% for RNs and 120% for care staff on days. This was associated with the need for a different skill mix due to an RN gap.
- **Intensive Care Unit** – average fill rate of 87.1% and 86.5% for RNs on days and nights. This was associated with the need to flex staffing when there was a reduced number of patients on the unit and to deploy ITU nurses to support other clinical areas due to staffing shortages.
- **Mary Garth ward** – average fill rate of 94.6% for RNs on days. This was associated with RNs being moved, when safe to do so, to support other clinical areas due to staffing shortages.
- **Nason ward** – average fill rate of 88.3% for RNs on days and 112.9% for care staff on nights. This was associated with the need for a different skill mix due to an RN gap.
- **Victoria ward** – average fill rate of 88.2% for RNs and 131.2% for care staff on days and 78.5% for RNs on nights. This was associated with a reduced number of patients on the ward and the need to flex staffing accordingly and to support other clinical areas due to staffing shortages.

Appropriate mitigations continued to be expedited on all of the wards to maintain quality and patient safety and the skill mix was reviewed on a shift by shift basis and adjusted as required.

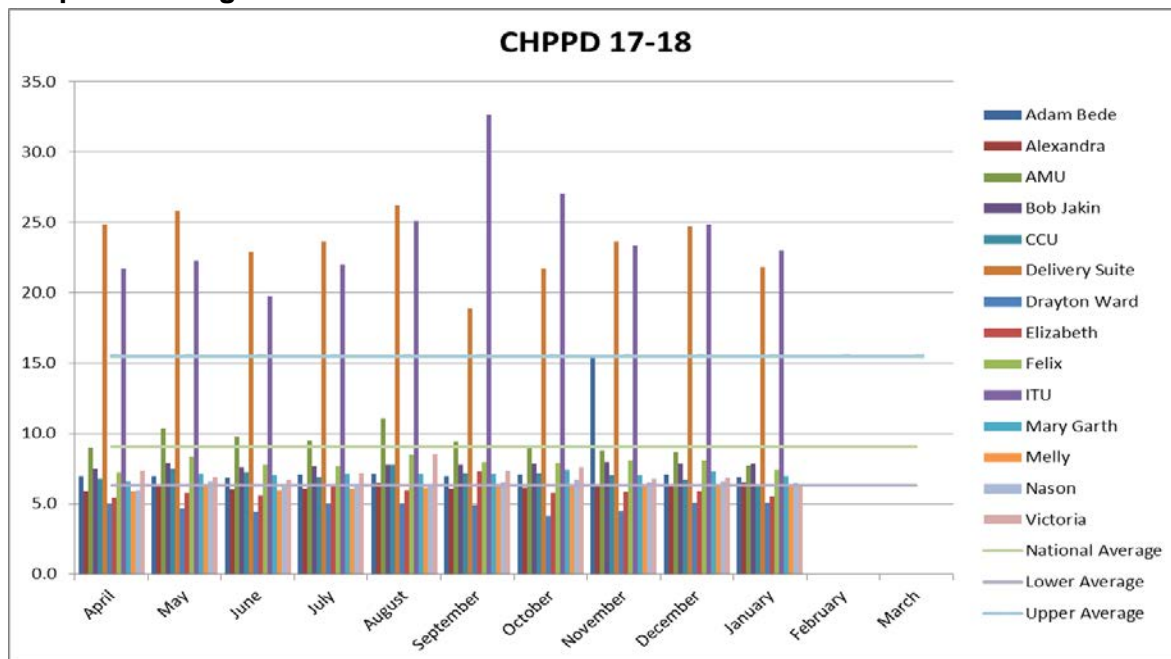
In line with the Carter Review (2017), the Trust has continued to report the care hours provided by RNs and HCAs to each patient per day. The aim of this is to enable national benchmarking and drive reductions in variation and associated inefficiencies. The Carter Review stated that the average CHPPD 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 January, the CHPPD indicator ranged between 5.1 – 23.0 and represented an average of 8.9 which has reduced when compared with the December's rate of 9.5. 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

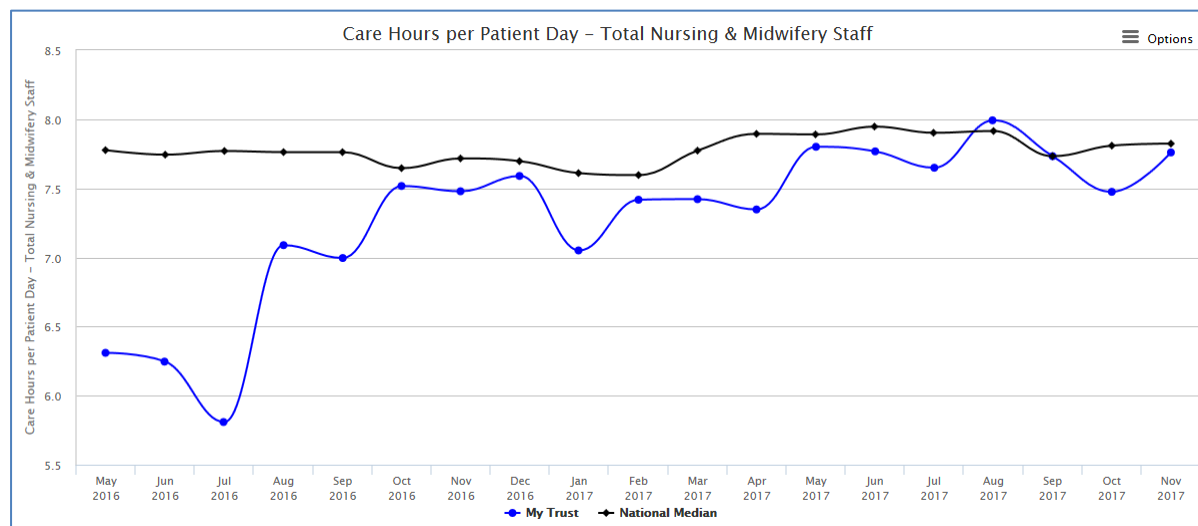
point. In addition, n=12 wards were below the national average and from this number, n=5 were below the national minimum average point. This included, Drayton, Elizabeth, CCU, Victoria and Melly wards.

The graphs below illustrate the average CHPPD data between April 2017 – January 2018 and total CHPPD data when compared nationally.

Graph 1: Average CHPPD data – GEH wards



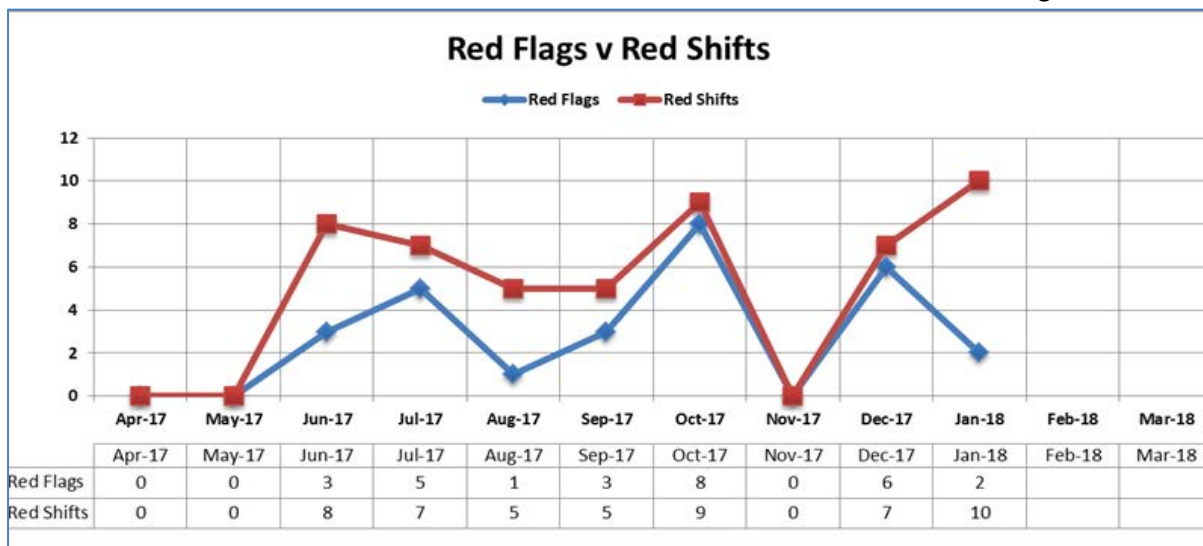
Graph 2: Total CHPPD data – national comparison (Model Hospital Dashboard May 2016 – November 2017 inclusive – latest available data)



3.0 Red shifts and red flag events

There were 10 red shifts and 2 red flag events reported in January 2018. 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=51 red shifts and n=28 red flag events reported. From the number of red flag events reported, n=26 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 on AMU and A&E with n=12 in each areas. The majority of red shifts occurred on nights at n=27 followed by late shifts at n=10 and long day shifts at n=6.

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 real time vacancy data (February 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 real time vacancies, including those where posts have been offered, but not started are:
 - RN/Midwife/Registered Practitioner=87.36 WTE (a decrease on the previous month)
 - HCA=27.14 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=53.75 WTE which represents a decrease on the n=58.43 WTE vacancies reported in January 2018. Total HCA vacancies on adult inpatient wards (until offered posts start), are n=16.59 WTE which represents an increase on the n=15.33 WTE vacancies reported in January 2018.

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=33.61 WTE which represents an increase on the n=29.96 WTE vacancies reported in January 2018. In addition, there are currently n=10.55 WTE HCA vacancies (until offered posts start) which represents a decrease on the n=15.51 reported in January 2018.

- Total real time vacancies being actively recruited to are:
 - RN/Midwife/Registered Practitioner=76.0 WTE (an increase on the previous month)
 - HCA=20.54 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
- A&E

HCA's:

- Operating theatres
- Bob Jakin ward
- Alexandra ward

The Trust has continued to progress its recruitment and retention and talent management strategies in order to fill vacancies and retain staff within the organisation. Monthly and bespoke recruitment events have continued to recruit registered nurses/midwives/practitioners and HCAs. The current recruitment process for nursing and midwifery has been strengthened and is currently being embedded.

In addition, recruitment in to the Trust Bank has continued and the overall NHS Professionals (Bank) and Agency fill rate has remained positive and above the NHS Professionals client trusts. Please see the table below for more details.

Table 1: NHSP Bank and Agency Fill Rate – Quarter 3 2017/18

	NHSP Fill	Agency Fill	Unfilled	Overall Fill	
George Eliot Hospital	65.5%	15.2%	19.2%	80.8%	NHSP fill 10.5% above National Average
National Average (Acute)	55.0%	15.4%	29.6%	70.4%	
North West Region	58.3%	12.0%	29.7%	70.3%	Unfill 10.4% below National Average

5.0 International Recruitment

Monitoring of last year’s international recruitment continues (58 remaining nurses offered posts in August 2016). Progress includes:

- n=2 nurses started at the Trust during January 2018, increasing the total to n=3
- n=2 nurses are at the CBT application stage
- the remaining nurses (n=56) remain at early stages of the process, requiring IELTS
- n=2 additional nurses have withdrawn from the process reducing the total of active applicants to n=58. The total number of applicants who have withdrawn to date is n=11.

As part of the Trust’s recent international recruitment, n=27 posts have been offered to international nurses who have already passed IELTS. From these:

- n=7 nurses are at the CBT application stage
- n=15 nurses are at the NMC stage
- n=2 nurses are at the COS application stage
- n=3 nurses have withdrawn from the process.

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 – January 2018 (submitted February 2018)

Only complete sites your organisation is accountable for				Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)				
Hospital Site Details		Ward name	Main 2 Specialities on each ward		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site name		Speciality 1	Speciality 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours								
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Adam Bede	300 - GENERAL MEDICINE		1395	1335	930	1012.5	744	744	744	756	95.7%	108.9%	100.0%	101.6%	556	3.7	3.2	6.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2325	2175	1627.5	1777.5	1488	1464	744	936	93.5%	109.2%	98.4%	125.8%	974	3.7	2.8	6.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	AMU	300 - GENERAL MEDICINE		3720	3750	2790	3045	2232	2292	1860	2088	100.8%	109.1%	102.7%	112.3%	1446	4.2	3.5	7.7
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Bob Jakin	300 - GENERAL MEDICINE		1162.5	1140	1385	1335	744	744	1116	1092	98.1%	95.7%	100.0%	97.8%	550	3.4	4.4	7.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	CCU	300 - GENERAL MEDICINE		1395	1312.5	0	0	1116	960	0	0	94.1%	-	86.0%	-	366	6.2	0.0	6.2
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Delivery Suite	501 - OBSTETRICS		1860	1852.5	232.5	232.5	1488	1488	372	372	99.6%	100.0%	100.0%	100.0%	181	18.5	3.3	21.8
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Drayton Ward	501 - OBSTETRICS		1627.5	1627.5	465	457.5	1116	1104	372	360	100.0%	98.4%	98.9%	96.8%	697	3.9	1.2	5.1
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Elizabeth	300 - GENERAL MEDICINE		1627.5	1485	1162.5	1297.5	1116	1104	744	756	91.2%	111.6%	98.9%	101.6%	837	3.1	2.5	5.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Felix	300 - GENERAL MEDICINE		1627.5	1372.5	1162.5	1395	744	780	744	792	84.3%	120.0%	104.8%	106.5%	584	3.7	3.7	7.4
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	ITU	300 - GENERAL MEDICINE		2325	2025	0	0	1860	1608	0	0	87.1%	-	86.5%	-	158	23.0	0.0	23.0
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Mary Garth	300 - GENERAL MEDICINE		1395	1320	930	997.5	744	744	744	780	94.6%	107.3%	100.0%	104.8%	554	3.7	3.2	6.9
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Melly	300 - GENERAL MEDICINE		1627.5	1612.5	1627.5	1582.5	1116	1104	744	756	99.1%	97.2%	98.9%	101.6%	799	3.4	2.9	6.3
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1860	1642.5	1627.5	1717.5	1116	1104	744	840	88.3%	105.5%	98.9%	112.9%	817	3.4	3.1	6.5
RLT01	GEORGE ELIOT HOSPITAL - ACUTE SER	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1395	1230	697.5	915	1116	876	0	492	88.2%	131.2%	78.5%	-	568	3.7	2.5	6.2

In January 2018, the overall Trust fill rate was 100.18% and the average CHPPD rate was 8.9.

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

Red shifts are defined as shifts where the nurse 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).

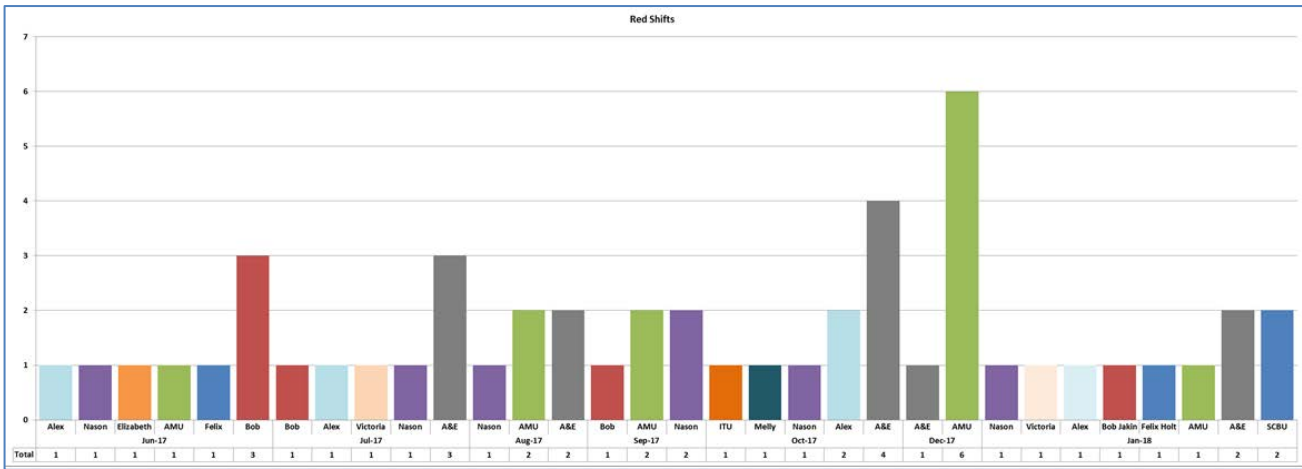
Appendix 3

Red shift and red flag events

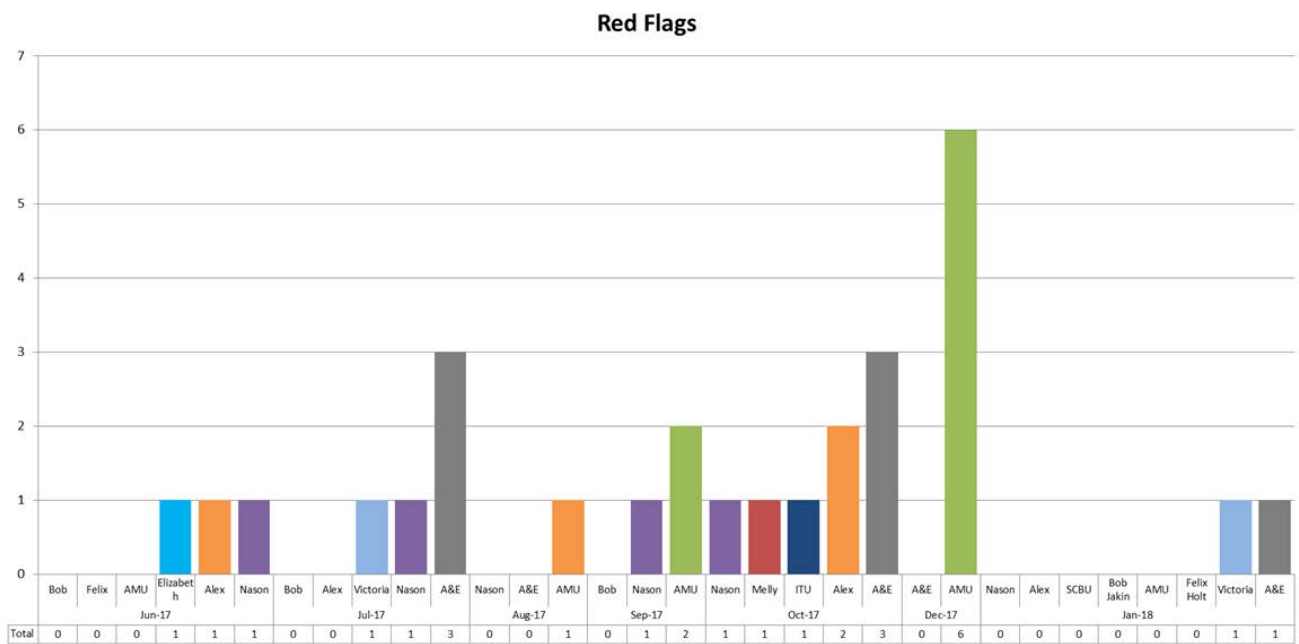
Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
01/01/2018 Late shift	AMU	The unit had n=1 RN less on duty than planned. This was as a result of the shift not being filled by bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
07/01/2018 Night shift	Victoria	The ward had n=1 RN less on duty than planned. This was as a result of the shift not being filled by bank or agency staff. All possible efforts were made to fill the shift, but this was not successful. One additional HCA was deployed to maintain safety.	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
09/01/2018 Early 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 bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
10/01/2018 Early shift	Bob Jakin	The ward had n=1 HCA less on duty than planned. This was as a result of the shift not being filled by bank staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
11/01/2018 Late shift	Felix Holt	The ward had n=1 RN less on duty than planned. This was as a result of the shift not being filled by bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
11/01/2018 Night 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 bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
15/01/2018 Late shift	SCBU	The unit had n=1 RN/midwife and n=1 HCA less on duty than planned. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
17/01/2018 Late shift	SCBU	The unit had n=1 RN/midwife less on duty than planned. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
22/01/2018 Early 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 bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.
29/01/2018 Early 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 bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	No red flag event was reported.

Red shift and red flag trends 2017/18

Red shifts per month per ward since April 2017 (n=51 in total)



Red flags per month per ward since April 2017 (n=28 in total)



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

Appendix 4

Current (real time) Band 5, 6 and 7 registered nurse/midwife and HCA vacancies as of February 2018

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	11.97	(1.89)	0.00	(1.89)
	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
CCU	5	14.46	11.48	(2.98)	(1.64)	(4.62)
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Elizabeth	5	18.22	12.09	(6.13)	0.00	(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	10.64	(3.22)	0.00	(3.22)
	7	2	2	0.00	0.00	0.00
	6	8.4	12.08	3.68	0.00	3.68
AMU	5	29.2	21.88	(7.32)	(3.28)	(10.60)
	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
Alexandra	5	24.95	18.25	(6.70)	(1.00)	(7.70)
	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
Nason	5	18.9	11.64	(7.26)	(0.80)	(8.06)
	7	1	0	(1.00)	0.00	(1.00)
	6	1	1	0.00	0.00	0.00
Victoria	5	16.5	11.2	(5.30)	0.00	(5.30)
	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
Bob Jakin	5	12.18	11.32	(0.86)	0.00	(0.86)
	7	1	2	1.00	0.00	1.00
	6	4.8	3.76	(1.04)	0.00	(1.04)
Felix Holt	5	11.74	11	(0.74)	0.00	(0.74)
	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
Melly	5	18.33	16.25	(2.08)	0.00	(2.08)
Total		230.76	188.41			
Negative Totals				-47.03	-6.72	-53.75
Positive Totals				4.68	0	4.68

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	10.73	(1.37)	0.00	(1.37)
	3	0	0.8	0.80	0.00	0.80
Elizabeth	2	13.78	11.82	(1.96)	0.00	(1.96)
	3	0	0	0.00	0.00	0.00
Mary Garth	2	12.1	11.56	(0.54)	0.00	(0.54)
	3	1	1	0.00	0.00	0.00
AMU	2	28	29.52	1.52	0.00	1.52
	3	3.6	3.4	(0.20)	0.00	(0.20)
Alexandra	2	17.14	13.2	(3.94)	0.00	(3.94)
	3	1.9	1	(0.90)	0.00	(0.90)
Nason	2	16.14	15.4	(0.74)	0.00	(0.74)
	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	15.16	(2.18)	0.00	(2.18)
	3	1.93	1.93	0.00	0.00	0.00
Felix Holt	2	11.85	10.72	(1.13)	0.00	(1.13)
	3	1.83	2.23	0.40	0.00	0.40
Melly	2	15.31	12.72	(2.59)	0.00	(2.59)
Total		159.86	145.99			
Negative Totals				-16.59	0	-16.59
Positive Totals				2.72	0	2.72

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	15.02	3.22	0.00	3.22
	5	40.12	29.25	(10.87)	(3.00)	(13.87)
ITU	7	11.15	11.53	0.38	0.00	0.38
	6	7.72	5.68	(2.04)	0.00	(2.04)
	5	16.96	16.28	(0.68)	0.00	(0.68)
Maternity	7	13.2	14.2	1.00	0.00	1.00
	6(inc 5)	62.98	62.44	(0.54)	(1.64)	(2.18)
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	(1.11)	0.00	(1.11)
Theatres	7	3.57	3.57	0.00	0.00	0.00
	6	13.87	12.87	(1.00)	0.00	(1.00)
	5	54.33	42.38	(11.95)	0.00	(11.95)
Total		262.83	238.46			
Negative Totals				-28.97	-4.64	-33.61
Positive Totals				4.6	0	4.6

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	4.84	0.44	0	0.44
	2	8.06	7.84	(0.22)	-1.6	(1.82)
ITU	3	0	0	0.00	0	0.00
	2	0	0	0.00	0	0.00
Maternity	3(inc 2)	16.03	14.84	(1.19)	0	(1.19)
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	21.57	(2.23)	(5.00)	(7.23)
Total		59.19	55.68			
Negative Totals				-3.95	-6.6	-10.55
Positive Totals				0.44	0	0.44

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.

Month	Total number of RN/Midwife/Registered Practitioner vacancies	Total number of HCA vacancies	Notes – as applicable
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.
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.
January 2018	88.39 WTE	30.84 WTE	An increase on the previous month for RNs and HCAs.
February 2018	87.36 WTE	27.14 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.
December 2017	63.83 WTE	14.38 WTE	A minimal change for RNs when compared with the previous month and a decrease for HCAs.
January 2018	67.23 WTE	18.12 WTE	An increase on the previous month for RNs and HCAs.
February 2018	76.0 WTE	20.54 WTE	An increase on the previous month for RNs and HCAs.