



TRUST BOARD MEETING - PRIVATE
To be held on Wednesday 2nd May 2018

Title of Report:	Report on Safe Nursing and Midwifery Staffing	
Sponsoring Director:	Daljit Athwal – Interim Executive Director of Nursing	
Author(s):	Dilly Wilkinson – 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 March 2018.	
Report Summary:	<ul style="list-style-type: none"> • The Trust's fill rate for the March 2018 Safe Staffing return was 99.85% and remained very similar to the previous month. • The average Care Hours Per Patient Day (CHPPD) rate was 8.5 and very similar to the February rate of 8.58. • N=12 red shifts and n=9 red flag events were reported in March 2018. This represents an increase of red shifts and of red flags when compared with February 2018. Red flag events were all associated with 	

	<p>a shortfall of more than 8 hours of registered Nurse (RN) time. No patient harm occurred during these events.</p> <ul style="list-style-type: none"> • Total real time vacancies, including those where posts have been offered, but not started are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=80.87 WTE (a decrease on the previous month) ○ HCA=29.63 WTE (an increase on the previous month) • Total real time vacancies being actively recruited to are: <ul style="list-style-type: none"> ○ RN/Midwife/Registered Practitioner=50.15 WTE (a decrease on the previous month). ○ HCA=21.39 WTE (a slight increase on the previous month). • A variety of recruitment and retention activities are on-going. Specific 'keeping in touch' activities will be undertaken with the newly appointed students some of whom will not join us until September so they actually start with us rather than going to another local organisation. • Monitoring of last year's international recruitment (Philippines) continues (56 remaining nurses offered posts in August 2016). Progress includes: <ul style="list-style-type: none"> ○ n=4 nurses have IELTS, of whom ○ n=3 nurses are at the CBT application stage ○ n=1 at NMC stage • 3 nurses have been deployed. • As part of the Trust's recent 2017/18 international recruitment (Skype), n=37 posts have been offered to international nurses who have already passed IELTS of which n=2 have been deployed on 12/4/2018. n=10 have withdrawn, leaving a further 25 remaining in the pipeline. It is anticipated that of these, 4 will be deployed in the next 2-3 months.
<p>Recommendation(s):</p>	<p>The Trust Board is asked to accept the March 2018 safe nursing and midwifery staffing report and note ongoing escalation and recruitment actions in place.</p>
<p>Acronyms and Abbreviations</p>	<p>CHPPD Care Hours Per Patient Day PF Patient's Forum RN Registered Nurse HCA Healthcare Assistant WTE Whole time equivalent IELTS International English Language Testing System CBT Computer Based Training NMC Nursing and Midwifery Council NICE National Institute For Health and Care Excellence COS Certificate of Sponsorship OSCE Objective Structured Clinical Examination AMU Acute Medical Unit A&E Accident and Emergency Department ITU Intensive Care Unit</p>

Safe Nursing and Midwifery Staffing Report

1.0 Context

This report provides the update on nursing and midwifery staffing levels for March 2018. It also provides current nursing and midwifery Band 5, 6 and 7 and healthcare assistant vacancies and recruitment and retention activity.

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 March's Safe Staffing return was 99.85% and remained similar to the previous month. For registered nurses (RNs), the organisational average fill rate was 93.3% on days and 96.5% on nights. For care staff, the organisational average fill rate was 106.1% on days and 103.5% on nights.

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

- **Acute Medical Unit** – average fill rate of 101% for RNs and 110.2% for care staff on days and 107.5% RNs and 114.8% care staff on nights due extra capacity being open through the whole month.
- **Coronary Care Unit** – average fill rate of 86.0% for RNs on days and 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 112.3% for care staff on days. This was associated with the need for a different skill mix due to an RN gap.

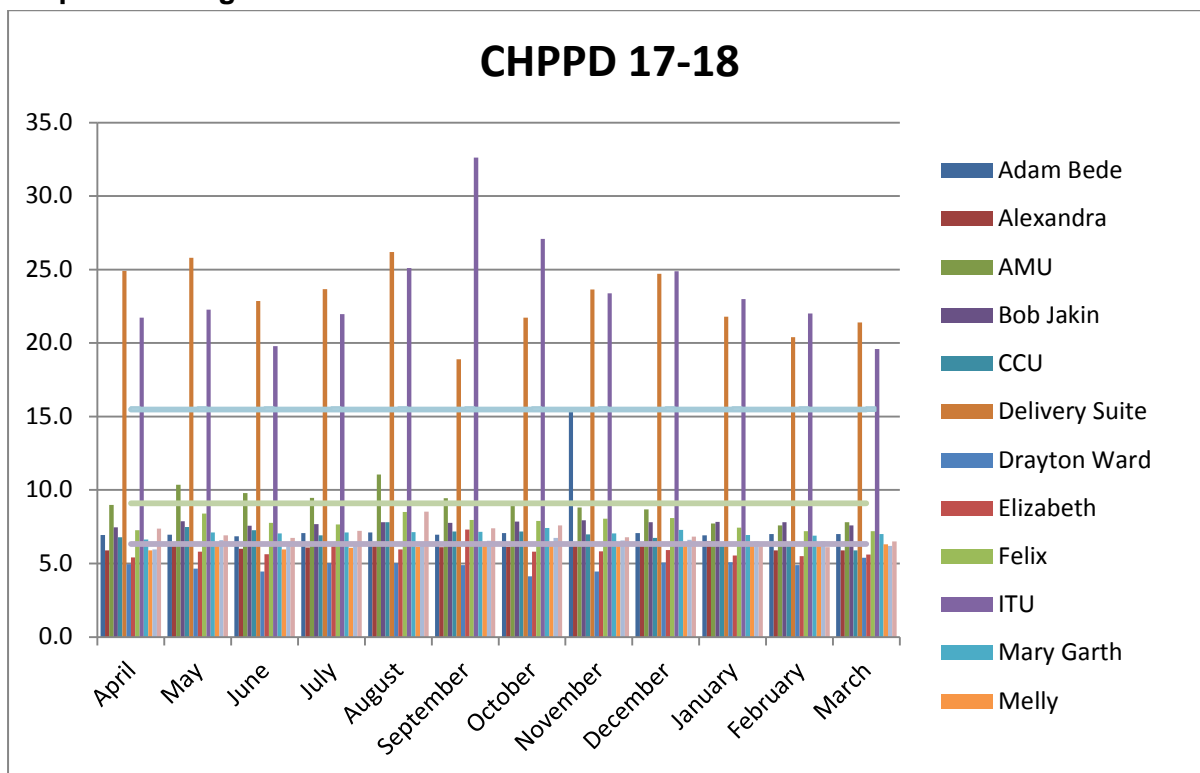
Appropriate mitigation continues to be put in place on all of the wards to maintain quality and patient safety and the skill mix is reviewed on a shift by shift basis and adjusted as required.

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 March, the CHPPD indicator ranged between 5.4 – 21.4 and represented an average of 8.5 which is very similar to February with an average of 8.58 hours. As previously reported ITU and Delivery Suite continued to have a higher number of care hours per patient day when compared to other wards due to delivering one to one care.

The graphs below illustrate the average CHPPD data between April 2017 – March 2018.

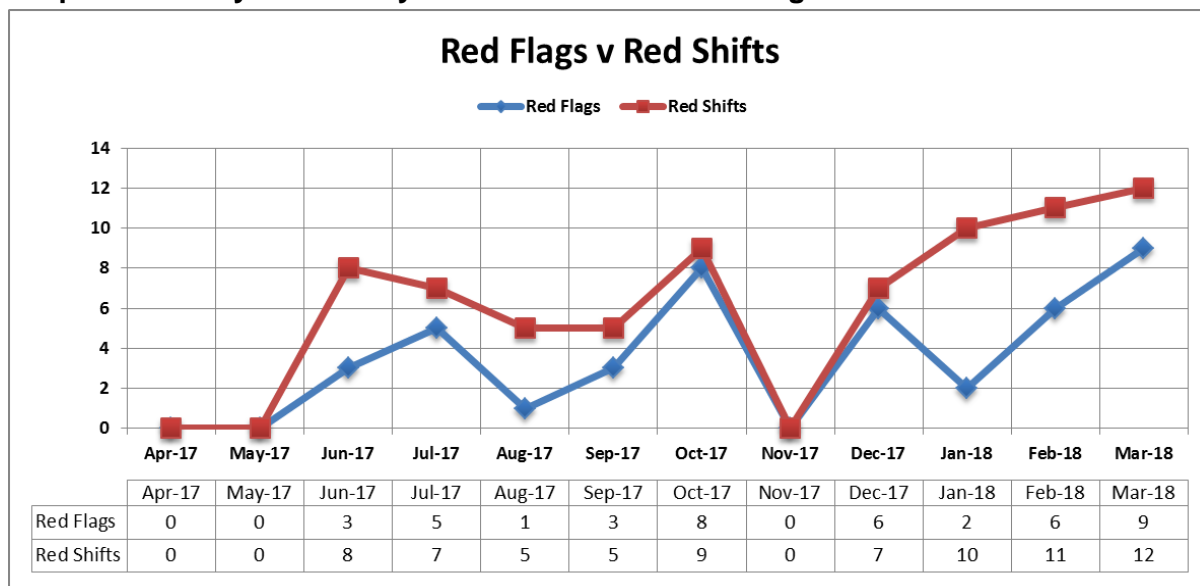
Graph 1: Average CHPPD data – GEH wards



3.0 Red shifts and red flag events

There were n=12 red shifts and n=9 red flag events reported in March 2018 with not associated harms reported. 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=74 red shifts and n=43 red flag events reported. From the number of red flag events reported, n=41 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 March, the highest number of red shifts has been reported in A&E with n=8. The majority of red shifts on A&E were associated

with no agency cover being available particularly at times of surge when the request is made at short notice.

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 (March 2018) 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=80.87 WTE (a decrease on the previous month)
 - HCA=29.63 WTE (an increase 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=29.68 WTE which represents a slight increase on the n=29.73 WTE vacancies reported in March 2018. Total HCA vacancies on adult inpatient wards (until offered posts start), are n=17.54 WTE which represents a decrease on the n=18.95 WTE vacancies reported in March 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=21.69 WTE which represents a slight increase on the n=21.65WTE vacancies reported in March 2018. In addition, there are currently n=5.49WTE HCA vacancies (until offered posts start) which represents an increase on the n=2.16 reported in March 2018.

- Total real time vacancies being actively recruited to are:
 - RN/Midwife/Registered Practitioner=50.15 WTE (a decrease on the previous month)
 - HCA=21.39 WTE (a slight increase on the previous month).

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

Registered Nurses:

- Acute Medical Unit
- A&E
- Alexandra

HCAs:

- Bob Jakin
- Alexandra ward
- Acute Medical Unit

The number of HCA vacancies is significantly lower than that of RNs. In combination the three highest areas for HCA has n=8.38 vacancies whereas in combination the three highest clinical areas for RNs is n=24.37. This shows the significant difficulties being experienced nationally in recruiting and retaining RNs.

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%
National Average (Acute)	55.0%	15.4%	29.6%	70.4%
North West Region	58.3%	12.0%	29.7%	70.3%

NHSP fill
10.5%
above
National
Average

Unfill
10.4%
below
National
Average

5.0 International Recruitment

The International recruitment group reviewed the current campaigns and agreed that of them, the second one using skype interviews has proven the most effective and productive. Although there is no cost associated with maintaining the first cohort they are not producing candidates who are able to pass their IELTS and until they have done that they are not able to travel to this country and start working for the Trust. Thus the groups focus will be the skype cohort although this does bring a wider range of backgrounds and differing skill sets which the practice development team are addressing on a one by one basis.

Monitoring of last year’s international recruitment continues (56 remaining nurses offered posts in August 2016).

Progress includes:

- n=4 RN have passed IELTS, of whom
 - n=3 at CBT stage
 - n=1 at NMC stage
- n=1 RN is expected at the Trust in the next 2-3 months.
- n=3 RNs have now been deployed.

As part of the Trust’s recent 2017/18 international recruitment (Skype), n=37 posts have been offered to international nurses who have already passed IELTS of which n=25 remain in the pipeline, with n=10 having withdrawn. n=2 have arrived at the Trust on 12/4/2018 and n=4 are expected to be deployed in the next 2-3 months. Progress being made through all of the stages would indicate that we might expect further new starters on a monthly basis going forward.

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 – March 2018 (submitted April 2018)

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night		Care Hours Per Patient Day (CHPPD)			
					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
					Total monthly planned staff	Total monthly actual staff	Total monthly planned staff	Total monthly actual staff	Total monthly planned staff	Total monthly actual staff	Total monthly planned staff	Total monthly actual staff								
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Adam Bede	300 - GENERAL MEDICINE		1395	1395	930	952.5	744	744	744	804	100.0%	102.4%	100.0%	108.1%	555	3.9	3.2	7.0
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Alexandra	100 - GENERAL SURGERY	300 - GENERAL MEDICINE	2325	2122.5	1627.5	1627.5	1488	1452	744	816	91.3%	100.0%	97.6%	109.7%	1024	3.5	2.4	5.9
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	AMU	300 - GENERAL MEDICINE		3720	3757.5	2790	3075	2232	2400	1860	2136	101.0%	110.2%	107.5%	114.8%	1453	4.2	3.6	7.8
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Bob Jakin	300 - GENERAL MEDICINE		1162.5	1162.5	1395	1342.5	744	744	1116	984	100.0%	96.2%	100.0%	88.2%	557	3.4	4.2	7.6
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	CCU	300 - GENERAL MEDICINE		1395	1200	0	0	1116	960	0	0	86.0%	-	86.0%	-	367	5.9	0.0	5.9
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Delivery Suite	501 - OBSTETRICS		1860	1860	232.5	225	1488	1488	372	372	100.0%	96.8%	100.0%	100.0%	184	18.2	3.2	21.4
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Drayton Ward	501 - OBSTETRICS		1627.5	1597.5	465	450	1116	1080	372	372	98.2%	96.8%	96.8%	100.0%	652	4.1	1.3	5.4
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Elizabeth	300 - GENERAL MEDICINE		1627.5	1485	1162.5	1305	1116	1080	744	768	91.2%	112.3%	96.8%	103.2%	824	3.1	2.5	5.6
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Felix	300 - GENERAL MEDICINE		1627.5	1455	1162.5	1297.5	744	744	744	732	89.4%	111.6%	100.0%	98.4%	586	3.8	3.5	7.2
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	ITU	300 - GENERAL MEDICINE		2325	2032.5	0	0	1860	1608	0	0	87.4%	-	86.5%	-	186	19.6	0.0	19.6
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Mary Garth	300 - GENERAL MEDICINE		1395	1252.5	930	1117.5	744	756	744	792	89.8%	120.2%	101.6%	106.5%	556	3.6	3.4	7.0
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Melly	300 - GENERAL MEDICINE		1627.5	1605	1627.5	1567.5	1116	1104	744	744	98.6%	96.3%	98.9%	100.0%	793	3.4	2.9	6.3
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Nason	110 - TRAUMA & ORTHOPAEDICS	300 - GENERAL MEDICINE	1860	1605	1627.5	1657.5	1116	1056	744	816	86.3%	101.8%	94.6%	109.7%	830	3.2	3.0	6.2
RLT01	RGE ELIOT HOSPITAL - ACUTE SERVICES - R	Victoria	100 - GENERAL SURGERY	110 - TRAUMA & ORTHOPAEDICS	1395	1207.5	697.5	900	1116	948	0	480	86.6%	129.0%	84.9%	-	548	3.9	2.5	6.5

In March 2018, the overall Trust fill rate was 99.85% and the average CHPPD rate was 8.58.

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).

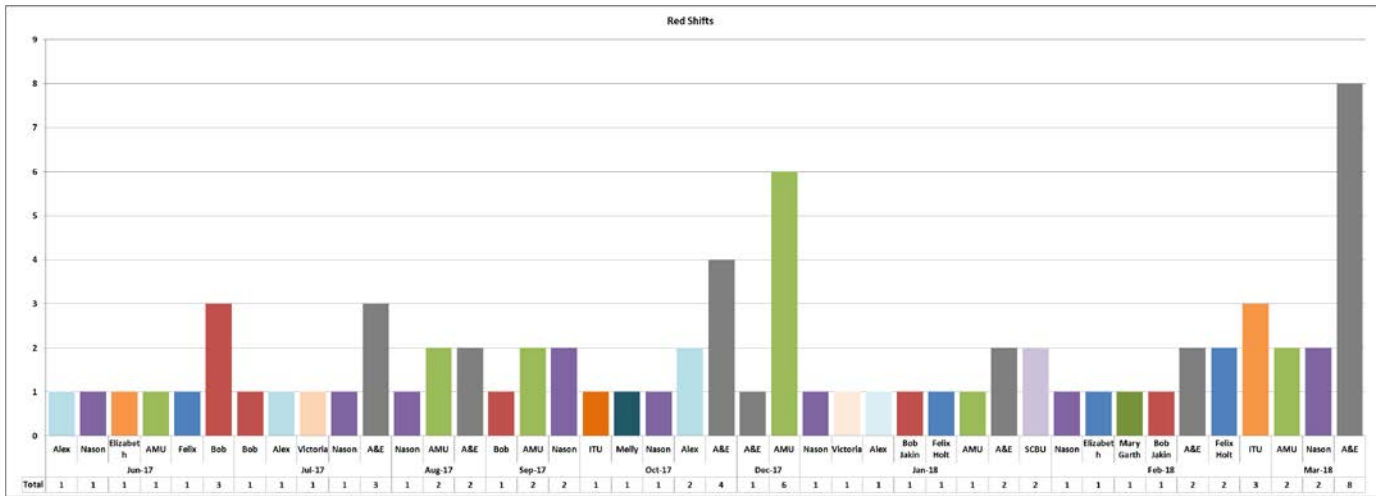
Appendix 3

Red shift and red flag events

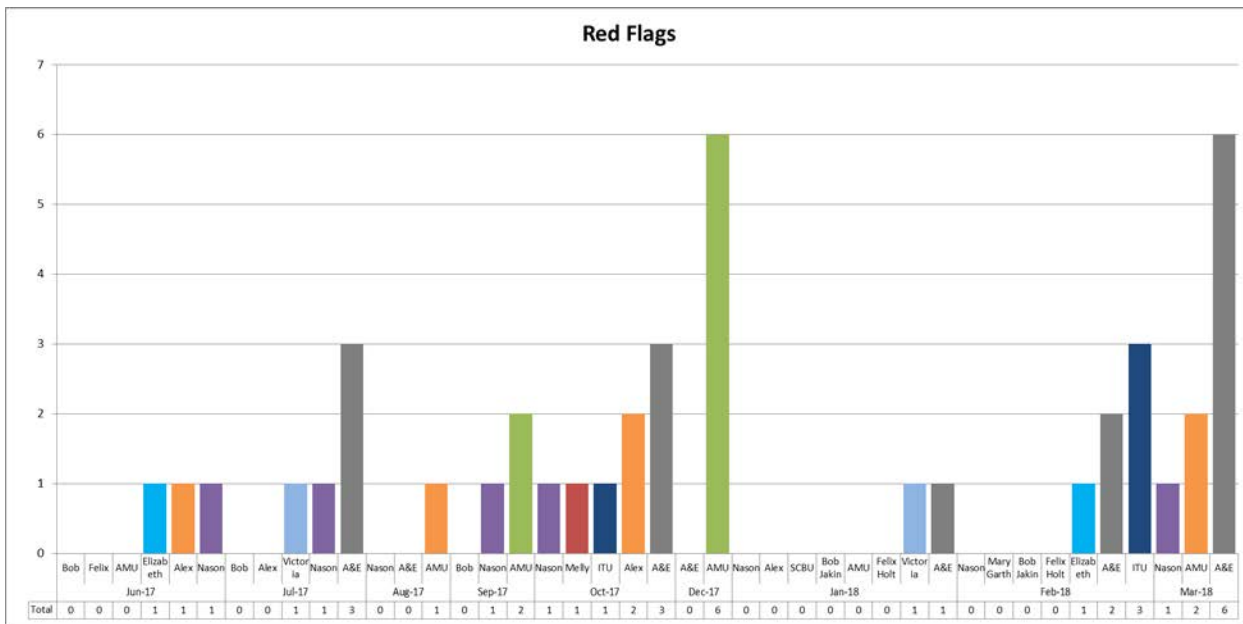
Date and shift	Ward	Reasons and actions taken	Patient harm	Red flag
05/03/18 Long day	A&E	The department had n=1 RN less on duty than planned. This was as a result of the shift not being filled by bank or agency staff. All possible efforts were made to fill the shift, but this was not successful.	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
11/03/18 Long Day	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.
11/03/18 Night	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 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.
11/03/18 Night	Nason	The ward had n=1 RNs 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.
12/03/18 Long Day	A&E	The department had n=1 RN less on duty than requested due to volume of patients. The late request resulted in the shift not being filled by bank or agency staff.	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
17/03/18 Late	A&E	The department had n=2 RN less on duty than required due to high volume of patients. Requests for additional staffing were made, but these were not successful.	No patient harm was reported.	No red flag event was reported.
17/03/2018 Night	AMU	The ward had n=1 RN and n=1 HCA less on duty than planned. This was as a result of the shift not being filled by bank or agency staff for additional capacity bay. 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.
21/03/18 Late	A&E	The department had n=1 RN less on duty than required due to high volume of patients. Requests for additional staffing were made, but these were not successful.	No patient harm was reported.	No red flag event was reported.
21/03/18 Night	A&E	The department had n=1 RN less on duty than required due to high volume of patients. Requests for additional staffing were made, but these were not successful.	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
25/03/2018 Night shift	A&E	The department had n=2 RN less on duty than required due to high volume of patients. Requests for additional staffing were made, but these were not successful.	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
25/03/2018 Long Day	AMU	The ward had n=1 RNs less on duty than planned. This was as a result of the shift not being filled by bank or agency staff	No patient harm was reported.	One red flag event reported - a shortfall of more than 8 hours registered nurse's time.
31/03/18 Late	Nason	The ward had n=1 RNs less on duty than planned. This was as a result of the shift not being filled by bank or agency staff	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=74 in total)



Red flags per month per ward since April 2017 (n=43 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 April 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
Adam Bede	7	1	1	0.00	0.00	0.00
	6	1	1	0.00		0.00
	5	13.86	14.61	0.75	(2.00)	(1.25)
CCU	7	1	1	0.00	0.00	0.00
	6	3.36	3.05	(0.31)	0.00	(0.31)
	5	14.46	14.48	0.02	(4.00)	(3.98)
Elizabeth	7	1	1	0.00	0.00	0.00
	6	1	2	0.00	0.00	0.00
	5	18.22	15.29	(2.93)	(3.00)	(5.93)
Mary Garth	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	13.86	11.6	(2.26)	(0.96)	(3.22)
AMU	7	2	2	0.00	0.00	0.00
	6	8.4	12.08	3.68	0.00	3.68
	5	29.2	25.88	(3.32)	(6.64)	(9.96)
Alexandra	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	24.95	16.25	(8.70)	0.00	(8.70)
Nason	7	1	1	0.00	0.00	0.00
	6	2	2	0.00	0.00	0.00
	5	18.9	15.84	(3.06)	(4.00)	(7.06)
Victoria	7	1	0	(1.00)	0.00	(1.00)
	6	1	1	0.00	0.00	0.00
	5	16.5	13.2	(3.30)	(1.00)	(4.30)
Bob Jakin	7	1	1	0.00	0.00	0.00
	6	1	0.8	(0.20)	0.00	(0.20)
	5	12.18	9.64	(2.54)	0.00	(2.54)
Felix Holt	7	1	2	1.00	0.00	1.00
	6	4.8	3.76	(1.04)	0.00	(1.04)
	5	11.74	10.72	(1.02)	0.00	(1.02)
Melly	7	1	1	0.00	0.00	0.00
	6	1	1	0.00	0.00	0.00
	5	18.22	19.25	1.03	(3.00)	(1.97)
Total		230.65	208.45			
Negative Totals				-29.68	-24.6	-52.48
Positive Totals				6.48	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
Adam Bede	3	0	0	0	0.00	0.00
	2	12.1	11.8	(0.30)	(2.96)	(3.26)
Elizabeth	3	0	0.8	0.80	0.00	0.80
	2	13.78	12.82	(0.96)	(1.00)	(1.96)
Mary Garth	3	0	0	0.00	0.00	0.00
	2	12.1	11.56	(0.54)	0.00	(0.54)
AMU	3	1	1	0.00	0.00	0.00
	2	29.8	27.54	(2.26)	(2.64)	(4.90)
Alexandra	3	3.6	3.4	(0.20)	0.00	(0.20)
	2	17.14	13.2	(3.94)	0.00	(3.94)
Nason	3	1.9	1	(0.90)	0.00	(0.90)
	2	16.14	14.44	(1.70)	0.00	(1.70)
Victoria	3	2.4	1.6	(0.80)	0.00	(0.80)
	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	15.16	(2.18)	0.00	(2.18)
Felix Holt	3	1.93	1.93	0.00	0.00	0.00
	2	11.85	10.72	(1.13)	(1.00)	(2.13)
Melly	3	1.83	2.23	0.40	0.00	0.40
	2	15.31	13.72	(1.59)	0.00	(1.59)
Total		161.66	145.32			
Negative Totals				-17.54	-7.6	-25.14
Positive Totals				1.2	0	1.2

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	8.8	2.80	0.00	2.80
	6	11.8	13.26	1.46	0.00	1.46
	5	40.12	27.77	(12.35)	(2.00)	(14.35)
ITU	7	11.15	10.57	(0.58)	0.00	(0.58)
	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	(1.00)	0.00
	6(inc 5)	62.98	62.37	(0.61)	(1.64)	(2.25)
SCBU	7	1	1	0.00	0.00	0.00
	6	8.1	7.92	(0.18)	(0.60)	(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	13.54	(0.33)	(1.00)	(1.33)
	5	54.33	50.52	(3.81)	(10.40)	(14.21)
Total		265.92	246.4			
Negative Totals				-21.69	-16.64	-37.33
Positive Totals				5.26	0	4.26

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)	-0.64	(0.86)
ITU	3	0	0	0.00	0	0.00
	2	0	0	0.00	0	0.00
Maternity	3(inc 2)	16.03	14.44	(1.59)	0	(1.59)
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	20.43	(3.37)	0.00	(3.37)
Total		59.19	54.14			
Negative Totals				-5.49	-6.6	-6.13
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.
March 2018	84.93	21.97	A decrease on the previous month for both RNs and HCAs.
April 2018	80.87	29.63	A decrease in RN vacancies and an increase in HCA vacancies

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.
March 2018	51.38	21.11	A reduction of RN vacancies and an increase in HCA vacancies.
April 2018	50.15	21.39	A decrease in RN vacancies and a slight increase in HCA vacancies.