

MEETING OF THE PUBLIC TRUST BOARD				
SAFE NURSE AND MIDWIFERY STAFFING REPORT: OCTOBER 2016			AGENDA ITEM: 2.1	
<b>Paper Author &amp; Job Title:</b>	Dawn Parkes, Deputy Director of Nursing		<b>Responsible Director:</b>	David Melia, Director Of Nursing and Quality
<b>Purpose (Highlight)</b>	<b>Approval</b>	<b>Decision</b>	<b>Assurance and Information</b>	
			<b>To receive and discuss</b>	<b>To receive</b>
<b>Action Required</b>	<ul style="list-style-type: none"> <li>Review the current staffing position for areas included within the report at the end of August 2016.</li> </ul>			
<b>Does this paper mitigate risk included in the Trust Risk Registers? please outline</b>	<p>Maintaining safe nurse and midwifery staffing levels are fundamental to providing high quality safe care to patients.</p> <p>The position in the Division of Emergency and Elective Services; Medicine, and Surgery, Family services; Women’s and Children’s Inpatient Units, Community Nursing and the Intermediate Care Units requires monitoring; although the net staffing position will improve following successful recruitment programmes, the time delay in start dates is of concern.</p> <p>When shortfalls occur - staffing numbers across adult in-patient areas are appropriately reported via datix /red flags and risk assessed.</p>			
<b>Resource implications</b>	The vacancy gap directly impacts the requirement to utilise agency and bank nurse resources, with risk of breaking the Glass Ceiling within the agency cap for specialist areas.			
<b>Legal and Equality and Diversity implications</b>	None			
<b>Striving for Excellence Breakthrough Objectives</b>	Become one of the best in the country			Y
	Keep our patients safe			Y
	Live and grow within the resources we have			Y
	Develop one another to achieve the best for us and our patients			Y
	Surpass expectations and build on our reputation			Y

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## MID YORKSHIRE HOSPITALS NHS TRUST

### Safe Nurse and Midwifery Staffing Aug 2016

#### EXECUTIVE SUMMARY

This report is the regular monthly report to the Trust Board that presents the staffing data for August 2016 for:

- Medicine Inpatient Units.
- Emergency Departments.
- Surgical Inpatient Units.
- Theatres.
- Intermediate Care Units within Care Closer to Home.
- Community Nursing.
- Women's and Children's Inpatient units within Family Services.

The report details the current vacancy position for August 2016 the wards/units detailed in Appendix 1.

The report also includes:

- Safe staffing and patient quality indicator report

#### Nurse Staffing Aug 2016 - Trust Overview Vacancy Position (see Appendix 1 for areas included in this report)

Staff Type	Budgeted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	1303.25	115.30	29.9%
Registered Midwife	109.95	-1.45	37.7%
MTO Registered (ODP)	72.65	20.85	38.3%
Assistant Practitioner (Band 4)	20.96	18.96	0.0%
HealthCare Assistant	703.27	76.81	32.4%
Safety Support Worker (Band 1)	46.63	14.62	28.1%
<b>Total</b>	<b>2256.71</b>	<b>245.09</b>	<b>31.3%</b>

Dawn Parkes, Deputy Chief Nurse for Practice and Professional Development  
 Sharon Payne, Matron Nurse Staffing  
 Sept 2016

**MID YORKSHIRE HOSPITALS NHS TRUST****Safe Nurse and Midwifery Staffing**

- 1. Purpose of report**
- 2. Safe staffing analysis**
  - 2.1 Safe staffing report**
  - 2.2 Patient quality indicator report**
- 3. Detail**
  - 3.1 Overall staffing position**
- 4. Trust staffing overview**

## 1. Purpose of Report

The report adheres to the recommendations set out by the National Quality Board (NQB) 2016: *How to ensure the right people, with the right skills, are in the right place at the right time*. In providing monthly retrospective data analysis on a shift basis of the planned and actual nurse/midwifery staffing levels across the inpatient wards within The Mid Yorkshire Hospitals NHS Trust, and is inclusive of Registered Nurses (RN) Registered Midwives (RM) Operating Department Practitioners (ODP) and Health Care Assistants (HCA).

The Mid Yorkshire Hospitals NHS Trust is committed to striving towards its nursing workforce being efficient and sufficiently robust to deliver high quality, safe and effective care in order to meet the acuity and dependency requirements of patients within our care.

The report details the vacancy position as of 31<sup>st</sup> August 2016 for Division of Emergency and Elective Services: Medicine Inpatient Units, Emergency Departments, Surgical Inpatient Units and Theatres; Intermediate Care Units within Care Closer to Home, Community Nursing and Women's and Children's Inpatient units within Family Services and includes vacancy levels and staff unavailability percentage, as this impacts on the ability to provide safe care and reliance on bank and agency staff.

The report also includes:

- Safe staffing and patient quality indicator report

## 2. Safe Staffing Analysis

The purpose of the Safe Staffing report is to provide a summary at a glance; a rag rated staffing analysis with associated quality indicators for the previous three months, and an overview of planned and actual hours worked by grade type throughout August 2016 and the subsequent % fill rate (as per the national Unify staffing return). The % fill rate includes all bank and agency hours worked on the units specified and captures staff movement from all other clinical areas as per the data held on eRostering.

It is evident that some areas are achieving staffing fill rates in excess of 100%. This is as a result of bank and agency staff being requested/booked to provide additional cover to the ward either due to the high acuity of the patient or to provide care for patients that require enhanced (one to one) care that is in addition to the normal ward staffing requirement.

Currently only 86% of the vacant shifts sent out to Bank and agency are filled, of which 34.8% are RN shifts and 51.1% HCA. Predominately the shifts that are favoured by temporary staff are shifts that attract elevated rates of payments i.e. night and weekends. In August the fill rate for Day shifts was 36% and fill rate for Night shifts was 72.7%.

Overall key concerns are areas where the staffing fill rate has fallen below **80%** (highlighted red on the report) and understanding the impact this has on patient care.

There are several challenges affecting staffing levels and this is driven by vacancies, sickness, maternity leave and the management of other unavailability, all of which reduce available care hours per patient day.

During August, for Inpatient areas only, there were no reported incidents of Trust attributable MRSA bacteraemia; the last reported case was May 2015.

There were no hospital acquired category 3 pressure ulcers reported for the third month within the inpatient and intermediate care beds; outliers in relation to hospital acquired category 2 pressure ulcers include Ward 2 DDH and Gate 43 PGH, and Gate 33 PGH, Surgery. However of concern is community nursing have 3 community acquired category 3 pressure ulcers, and falls with harm on Gate 44 & 45 PGH, and ward10 (SSU) DDH. (Please note fall with harm data includes low (minimal harm) moderate (short term harm) and severe.

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## 2.1 Safe Staffing Report

August Monthly Safe Staffing Report																
Unit	Day								Night							
	Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	%HCA	% fill rate covered by RN Bank & Agency	% fill rate covered by HCA Bank & Agency	Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	% HCA	% fill rate covered by RN Bank & Agency	% fill rate covered by HCA Bank & Agency
<b>Division of Medicine</b>																
Gate 11 PGH, Cardiology	1069.5	995.50	356.5	228.98	93.1%	64.2%		10.5%	1069.5	969.00	356.5	312.00	90.6%	87.5%	3.8%	11.4%
Gate 12 PGH, Acute Assessment	3737.5	2476.82	1955	1979.84	66.3%	101.3%	7.1%	30.1%	3565	2578.00	1782.5	1753.00	72.3%	98.3%	27.6%	29.8%
Gate 21 PGH, Haematology	1167	771.58	356.5	452.92	66.1%	127.0%	4.7%	43.7%	713	712.50	356.5	567.50	99.9%	159.2%	1.8%	69.6%
Gate 31a PGH, Cardiology	1486	873.50	1069.5	670.98	58.8%	62.7%		9.2%	1069.5	834.50	713	658.50	78.0%	92.4%	15.8%	19.7%
Gate 41 PGH, Elderly Care	1478.5	1347.35	2139	2338.00	91.1%	109.3%		2.8%	1069.5	1062.00	1782.5	1534.50	99.3%	86.1%	4.7%	17.4%
Gate 42 PGH, Elderly Care	1782.5	1429.00	1782.5	2147.86	80.2%	120.5%	0.5%	4.6%	1426	1282.00	1426	1533.50	89.9%	107.5%	56.0%	32.5%
Gate 43 PGH, Elderly Care	1538.5	1190.96	2139	2352.74	77.4%	110.0%	1.0%	15.3%	1069.5	968.00	1426	1935.50	90.5%	135.7%	16.8%	36.9%
Gate 44 PGH, Gastroenterology	1805	1492.58	945.5	1186.46	82.7%	125.5%	3.6%	19.7%	1426	1302.00	713	880.00	91.3%	123.4%	25.8%	35.7%
Gate 45 PGH, Respiratory	2199	1713.48	1968.5	1490.05	77.9%	75.7%	1.1%	29.7%	1426	1359.00	1069.5	1075.50	95.3%	100.6%	12.8%	29.1%
Gate 45a PGH, Acute Care	1433.5	1083.50	186	67.50	75.6%	36.3%		0.0%	1426	1045.50			73.3%			
Gate A1 PGH, Stroke Rehab	1182	692.00	713	694.77	58.5%	97.4%	0.9%	15.0%	713	681.50	713	691.00	95.6%	96.9%	3.4%	13.5%
Gate A2 PGH, Stroke & Neurology	2341.5	1936.00	1533.5	1967.00	82.7%	128.3%	1.2%	4.3%	1426	1438.50	713	1524.50	100.9%	213.8%	5.7%	27.6%
Gate A4 PGH, Spinal Injuries	1696	1241.90	1720.5	1507.96	73.2%	87.6%	1.2%	11.4%	1069.5	1004.75	713	646.50	93.9%	90.7%	21.0%	7.4%
Ward 10 DDH, Short Stay	1812.5	1166.57	1426	1193.80	64.4%	83.7%	9.8%	33.9%	1069.5	1040.50	713	670.50	97.3%	94.0%	39.0%	44.9%
Ward 11 DDH, Medical Assessment	1827.5	1199.36	1426	1294.25	65.6%	90.8%	10.9%	15.5%	1426	1295.00	1069.5	760.00	90.8%	71.1%	35.2%	16.8%
Ward 2 DDH, Elderly Care	1099.5	900.88	1069.5	1474.69	81.9%	137.9%	7.3%	14.1%	713	702.50	713	1176.00	98.5%	164.9%	13.2%	16.9%
Ward 4 DDH Stroke & Neurology	1463.5	1130.40	1426	1270.82	77.2%	89.1%	6.4%	14.6%	1069.5	985.50	713	649.00	92.1%	91.0%	32.3%	30.9%
Ward 6 DDH, Gastroenterology	1463.5	1141.30	883.5	831.23	78.0%	94.1%	6.2%	14.9%	1069.5	1042.00	1069.5	693.50	97.4%	64.8%	38.2%	38.6%
Ward 8 DDH, Respiratory	1463.5	960.48	899	698.48	65.6%	77.7%	3.2%	17.4%	1069.5	1002.50	713	621.00	93.7%	87.1%	34.6%	7.4%
<b>Division of Surgery</b>																
Critical Care DDH, Intensive Care	3208.5	2526.98	1069.5	592.50	78.8%	55.4%	7.1%	3.9%	3208.5	2500.00	667	312.50	77.9%	46.9%	13.0%	11.4%
Elective Orthopaedic Suite PGI	847	671.00	495.5	402.00	79.2%	81.1%	2.7%	1.5%	713	576.00	253	220.00	80.8%	87.0%	8.2%	5.0%
Gate 28 PGH, Plastics	803	690.00	454	261.50	85.9%	57.6%		2.3%	713	701.50		23.00	98.4%			
Gate 29 PGH, Burns	1207.5	941.50	356.5	172.50	78.0%	48.4%		6.7%	713	713.00		11.50	100.0%			
Gate 30 PGH, Intensive Care	4657	3584.50	356.5	202.50	77.0%	56.8%	0.2%		4634.5	3568.00	356.5	138.00	77.0%	38.7%	0.4%	
Gate 36 PGH, Surgical Assessment	1925	1781.98	713	601.44	92.6%	84.4%	3.0%	12.0%	1426	1639.00	356.5	348.00	114.9%	97.6%	25.6%	33.9%
Gate 32a PGH, Orthopaedics	996.5	792.15	713	682.32	79.5%	95.7%	0.8%	13.3%	713	713.50	356.5	337.50	100.1%	94.7%	22.6%	45.5%
Gate 33 PGH, Surgery	2069.5	1664.48	1426	1309.98	80.4%	91.9%	1.8%	12.6%	1426	1360.00	1069.5	958.50	95.4%	89.6%	19.7%	53.2%
Gate 34 PGH, UroGynae	1463.5	1140.73	1069.5	1005.00	77.9%	94.0%	1.6%	0.6%	1069.5	1004.25	713	691.00	93.9%	96.9%	24.4%	10.1%
Gate 34a PGH, Enhanced Care	713	700.50	356.5	341.00	98.2%	95.7%		1.8%	713	680.50	356.5	323.00	95.4%	90.6%	5.2%	7.4%
Gate 38 PGH, Orthopaedics	765.5	645.94	563.5	472.44	84.4%	83.8%	7.5%	8.9%	713	722.00	356.5	310.50	101.3%	87.1%	37.7%	76.5%

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August Monthly Safe Staffing Report																
Unit	Day								Night							
	Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	%HCA	% fill rate covered by RN Bank & Agency	% fill rate covered by HCA Bank & Agency	Planned RN	Actual RN	Planned HCA	Actual HCA	% RN	% HCA	% fill rate covered by RN Bank & Agency	% fill rate covered by HCA Bank & Agency
<b>Division of Medicine</b>																
Ward 12 DDH, Orthopaedics	743	524.06	356.5	237.06	70.5%	66.5%	4.7%	12.9%	598	392.00	264.5	304.00	65.6%	114.9%	17.9%	31.9%
Ward 14 DDH, Gynaecology	1553.5	1223.07	1069.5	1078.94	78.7%	100.9%	7.2%	14.2%	1069.5	957.00	713	762.00	89.5%	106.9%	24.3%	24.5%
Ward 15 DDH, Surgery	1501	1028.89	1069.5	971.90	68.5%	90.9%	11.9%	18.6%	1069.5	1018.50	713	704.00	95.2%	98.7%	47.6%	20.0%
<b>Care Closer to Home</b>																
Pontefract Intermediate Care Unit	1390	881.50	1782.5	1639.83	63.4%	92.0%	1.4%	6.1%	1069.5	832.00	1426	1128.00	77.8%	79.1%	22.6%	5.2%
Wakefield Intermediate Care Unit	720.5	669.98	1426	1153.00	93.0%	80.9%	9.8%	6.2%	713	650.50	713	726.50	91.2%	101.9%	53.8%	25.6%
<b>Womens Services</b>																
Delivery Suite DDH	2623	2330.91	713	650.00	88.9%	91.2%	5.7%	12.8%	2495.5	2173.92	713	709.50	87.1%	99.5%	13.7%	16.9%
Gate 18 PGH, Antenatal	1917.5	1624.42	713	710.50	84.7%	99.6%	3.5%	7.7%	1426	1094.50	356.5	349.50	76.8%	98.0%	6.8%	30.5%
Gate 18a PGH, Labour	3343.5	2936.15	1069.5	958.28	87.8%	89.6%	5.6%	5.6%	3208.5	2757.83	1069.5	1013.23	86.0%	94.7%	8.2%	20.1%
Ward 1 DDH, Antenatal	1212	1062.50	356.5	359.00	87.7%	100.7%	13.1%	10.0%	713	713.00	356.5	358.50	100.0%	100.6%	14.5%	10.2%
<b>Children's Services</b>																
Gate 19 PGH, Neonatal	1865	2098.00	356	358.50	112.5%	100.7%	11.9%	0.0%	1782.5	1605.25	356.5	253.00	90.1%	71.0%	19.4%	0.0%
Gate 46 PGH, Children's Ward	2229	1762.83	713	602.00	79.1%	84.4%	3.0%	6.9%	1426	1239.37	713	599.00	86.9%	84.0%	6.8%	67.4%
Gate 46 PGH, Paediatric Burns	816.5	738.38	356.5	327.30	90.4%	91.8%		0.0%	713	679.75			95.3%			
Neo Natal Unit DDH	713	713.00	356.5	357.50	100.0%	100.3%	1.6%	9.9%	713	691.00	356.5	345.00	96.9%	96.8%	13.5%	3.3%







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Unit	Aug 2016 Patient Quality Indicators																		Complaints	FFT		
	Falls with Harm		c-diff	MRSA	Hospital Acquired Pressure Sores				SI	NE	Datix reported staffing levels											
					Cat 2	Cat 3																
<b>Care Closer to Home</b>																						
Pontefract Intermediate Care Unit	2	4					1					1	1							10.5%	100.0%	
Wakefield Intermediate Care Unit	2	3					2	4												5.9%	100.0%	
<b>Women's Services</b>																						
Delivery Suite DDH	1																				16.2%	96.7%
Gate 18 PGH, Antenatal	1																			1	23.1%	96.8%
Gate 18a PGH, Labour										1	1										25.5%	95.2%
Ward 1 DDH, Antenatal		1																			14.7%	100.0%
<b>Childrens' Services</b>																						
Gate 19 PGH, Neonatal																					30.8%	100.0%
Gate 46 PGH, Children's Ward																					47.3%	100.0%
Gate 46 PGH, Paediatric Burns																					54.1%	100.0%
Neo Natal Unit DDH																					38.5%	100.0%

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### 3. Detail

#### 3.1 Overall Staffing Position

The following information provides the month on month vacancy analysis for the Division of Elective and Emergency services - Medicine, Emergency Departments, Surgical Inpatient areas, Theatres, Intermediate Care bedded units, Community Nursing and Women's and Children's Inpatient Units.

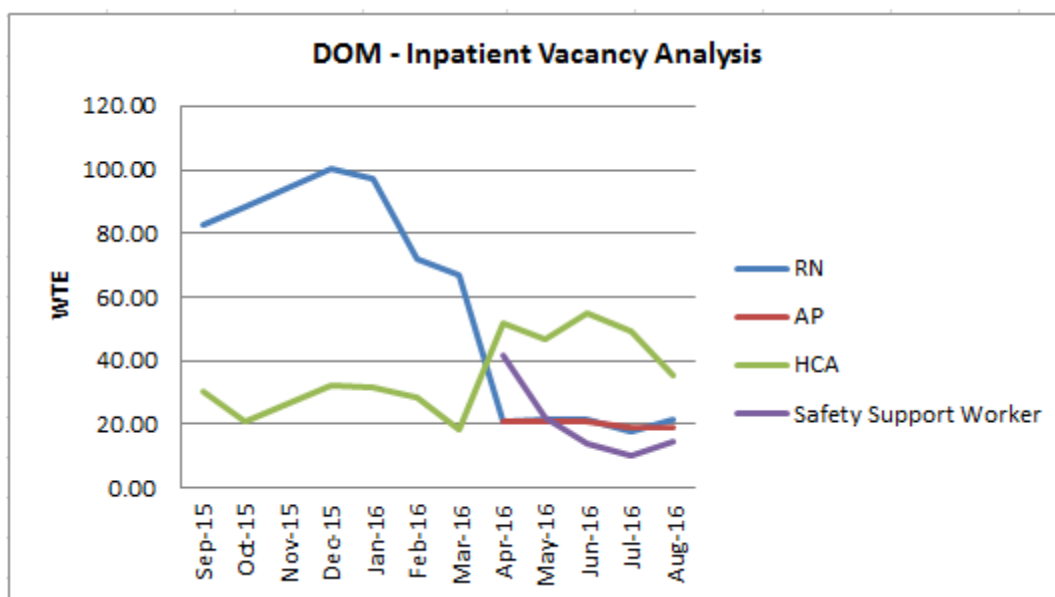
Please see the Appendix 1 for a list of areas included in the vacancy reports.

The vacancy analysis is as of the 31<sup>st</sup> August 2016 and is based on staff in post on eRostering and ESR data, changes made after this point will not be captured.

Please note that the recruitment data included within this paper is based on the assumptions that all anticipated new recruits commence employment within the anticipated time frames, however it is important to acknowledge that protracted recruitment and a highly competitive market means that this is subject to change.

#### Division of Medicine Inpatient Ward Vacancy Information WTE

Grade	Sep-15	Oct-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
RN	82.51	88.12	100.02	97.11	71.62	66.87	21.04	21.17	21.71	17.54	21.33	5.2%
AP							20.96	20.95	20.96	18.96	18.96	90.5%
HCA	30.21	20.86	32.29	31.41	28.64	18.47	51.45	46.76	54.84	49.48	35.30	12.2%
Safety Support Worker							41.92	21.85	13.91	10.28	14.62	31.3%



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The RN vacancy position has increased to 21.33 WTE (5.2%). Following successful recruitment 24.41 WTE are due to commence employment between September and January 2017 (9.61 WTE Sept, 3.8 WTE Oct, 3 WTE Nov, 2 WTE Jan). This would provide a small overstaffed position, however staff movement is fluid and this is subject to change.

The HCA vacancy level has reduced to 35.30 WTE (12.2 %); HCA recruitment to fill these new vacancies is ongoing, currently 19.63 WTE are progressing through recruitment, anticipated to commence employment by October 2016 January 2017.

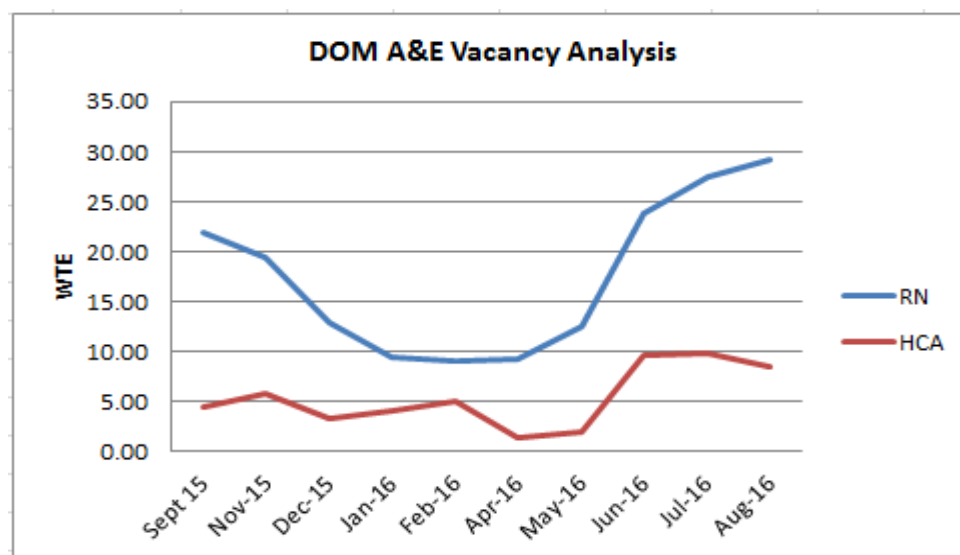
Following the inpatient staffing review the Trust board supported the decision to convert 20.95 WTE Band 5 RN to Band 4 Assistant Practitioners (AP), consequently reducing the RN vacancy position by 20.95 WTE. It is important to note that until the Band 4 AP posts are recruited, ward managers rely on RN bank and agency staff to ensure patient safety.

The division are recruiting to the vacant band 4 AP roles, and the Trust is working with Leeds Beckett University and has employed 3 band 3 training posts, commencing in September 2016. To date 2 WTE AP are in post with 9 WTE AP progressing through recruitment. Collaborative working with NHSP has secured a further 7 WTE AP, (4 WTE commencing 22nd August and 3 WTE commencing on 10<sup>th</sup> October) these staff will be employed by NHSP but will be working on substantive wards at MYHT for a period of 12 months.

The Safety Support Worker vacancy position has increased to 14.62 WTE (31.3%) this is primarily caused by the Safety Support Workers applying for HCA posts and being successful after gaining acute care experience, a further 31.12 WTE are progressing through recruitment.

### Emergency Department Vacancy Information WTE

Grade	Sept 15	Nov-15	Dec-15	Jan-16	Feb-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	vacancy %
RN	21.87	19.41	12.77	9.40	8.93	9.28	12.38	23.79	27.49	29.29	17.4%
HCA	4.32	5.77	3.17	4.01	5.01	1.40	1.99	9.60	9.87	8.48	20.8%



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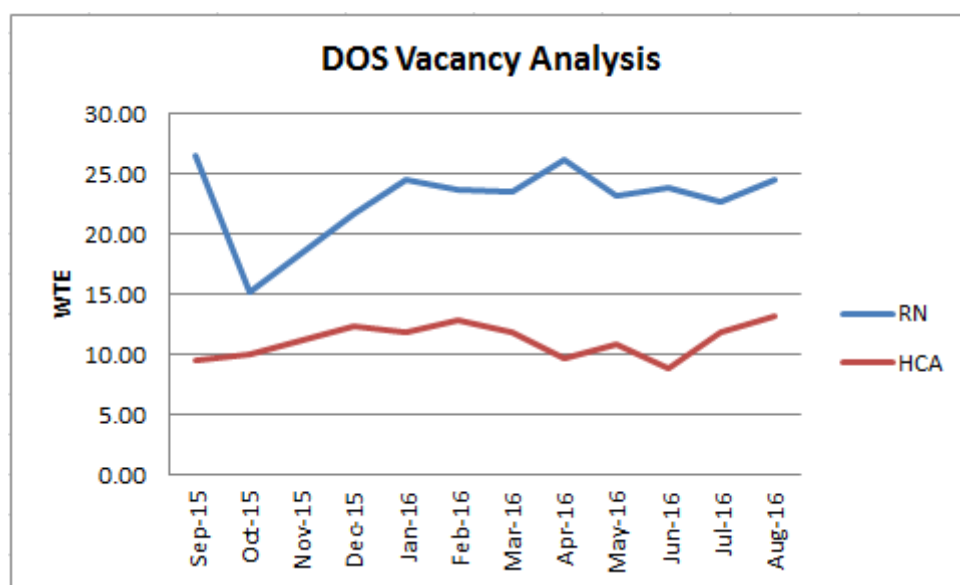
The Emergency Department analysis incorporates the three Emergency Departments; Emergency and Advance Nurse Practitioner Service and the Ambulatory Emergency Care Service (AEC).

The RN vacancy has increased to 29.29 WTE (17.4%) which is in part due to the increased funded establishment of 6.72 WTE for the ANP ED business case. There are 17.14 WTE currently progressing through recruitment anticipated to commence before the end of October 2016.

The HCA vacancy level has reduced marginally to 8.48 WTE (20.8%), the WTE vacancy is high following an increase in the band 2 funding of 7.0 WTE which brings the funded establishment in line with the current staffing requirement. There are currently 4.0 WTE are progressing through recruitment.

### Division of Surgery Inpatient Ward Vacancy Information WTE

Division of Surgery												
	Sep-15	Oct-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
RN	26.58	15.17	21.60	24.53	23.71	23.46	26.16	23.20	23.76	22.66	24.43	7.9%
HCA	9.44	10.03	12.37	11.86	12.78	11.86	9.63	10.82	8.89	11.90	13.15	10.9%

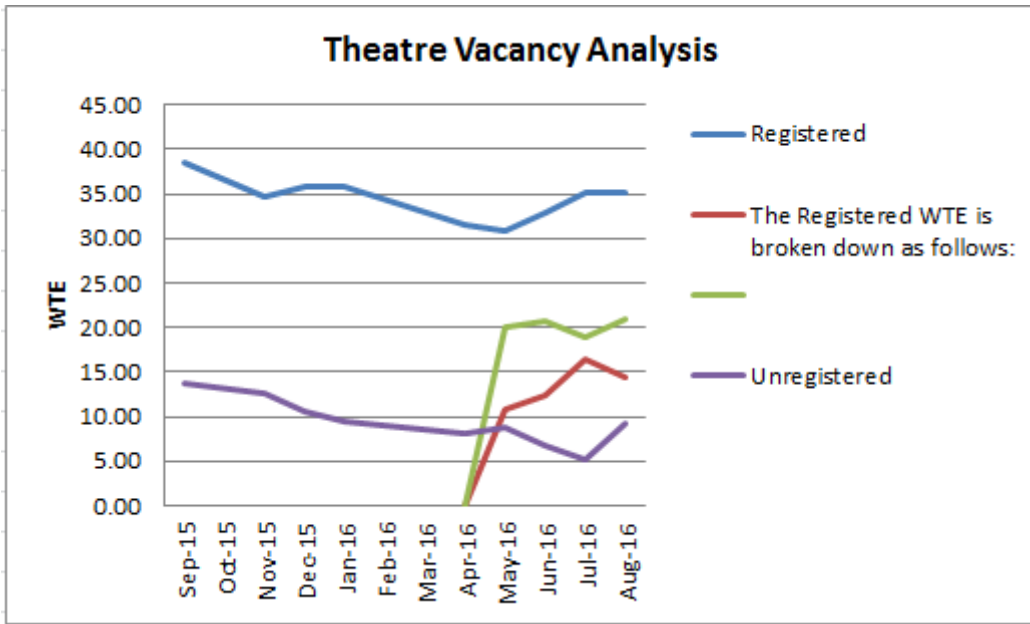


The Division of Surgery vacancy position has increased to 24.43 WTE (7.9 %), 16.61 WTE are currently progressing through recruitment, and are anticipated to commence before the end of October, following the surgical services move a further 4 WTE RNs were moved to PGH into current vacancies.

The vacancy position for the HCA's has increased to 13.90 WTE (10.9 %); following recent recruitment 2 WTE due to commence employment.

### Theatre Department Vacancy Information WTE

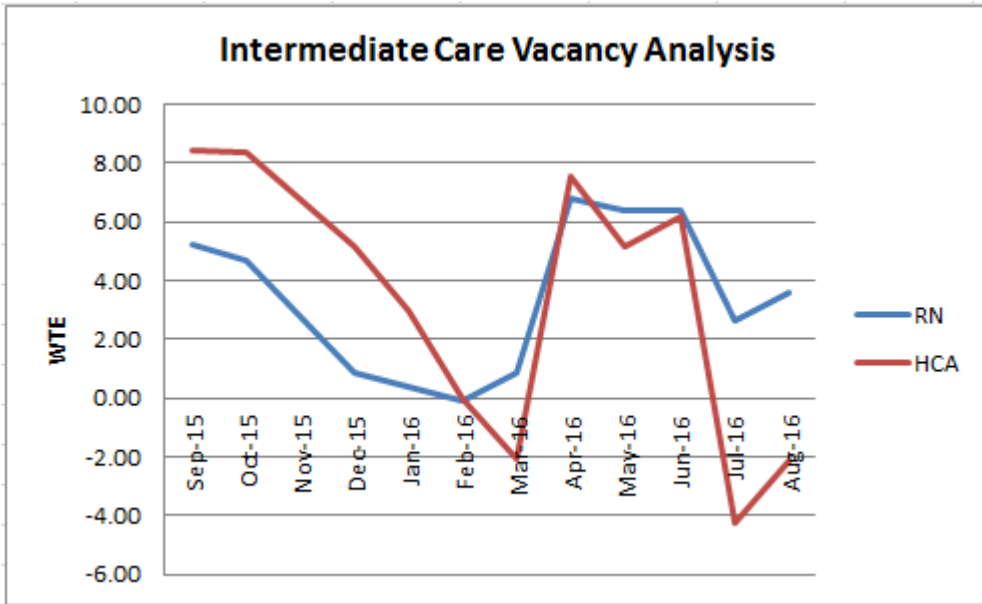
Grade	Sep-15	Nov-15	Dec-15	Jan-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
Registered	38.58	34.56	35.84	35.84	31.45	30.91	32.96	35.22	35.22	19.6%
The Registered WTE is broken down as follows:					RN	10.77	12.34	16.37	14.37	13.5%
					ODP	20.14	20.62	18.85	20.85	28.7%
Unregistered	13.83	12.50	10.52	9.52	8.15	8.79	6.79	5.27	9.27	17.7%



The Theatre registered staff vacancy which includes RN and Operating Department Practitioners (ODP) remains at 35.22 WTE (19.6%). Following recruitment 8.29 WTE are due to commence employment (6.00 WTE ODP and 2.29 WTE RN). The HCA vacancy has increased 9.27 WTE (10%), with 6.24 WTE are currently progressing through recruitment.

### Intermediate Care Inpatient Ward Vacancy Information WTE

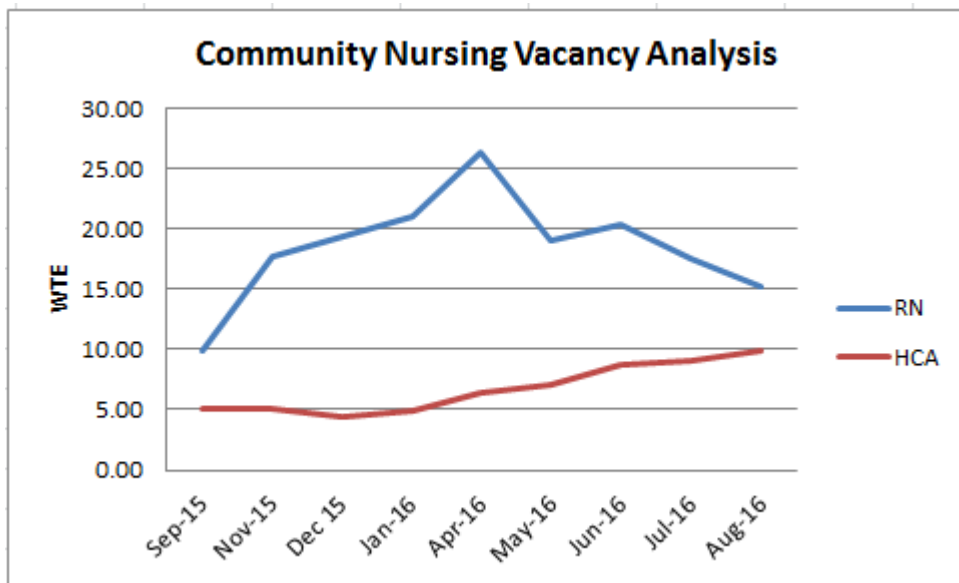
Intermediate Care Inpatient Units vacancy analysis												
	Sep-15	Oct-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
RN	5.21	4.71	0.88	0.38	-0.12	0.88	6.81	6.39	6.39	2.67	3.59	13.7%
HCA	8.44	8.36	5.16	2.96	-0.04	-2.07	7.54	5.16	6.16	-4.24	-2.13	-6.7%



The RN vacancy level has increased to 3.59 WTE (13.7 %); with 4.55 WTE progressing through recruitment anticipated to commence by October 2016. The HCA vacancy level has reduced and now shows an overstaffed position of 2.1 WTE (-6.7 %).

**Community Nursing (District) Vacancy Information WTE**

Community Nursing (District)										
Grade	Sep-15	Nov-15	Dec 15	Jan-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
RN	9.98	17.76	19.35	20.96	26.38	19.04	20.39	17.63	15.20	9.2%
HCA	5.05	5.14	4.45	4.95	6.48	7.09	8.76	9.04	9.92	13.2%

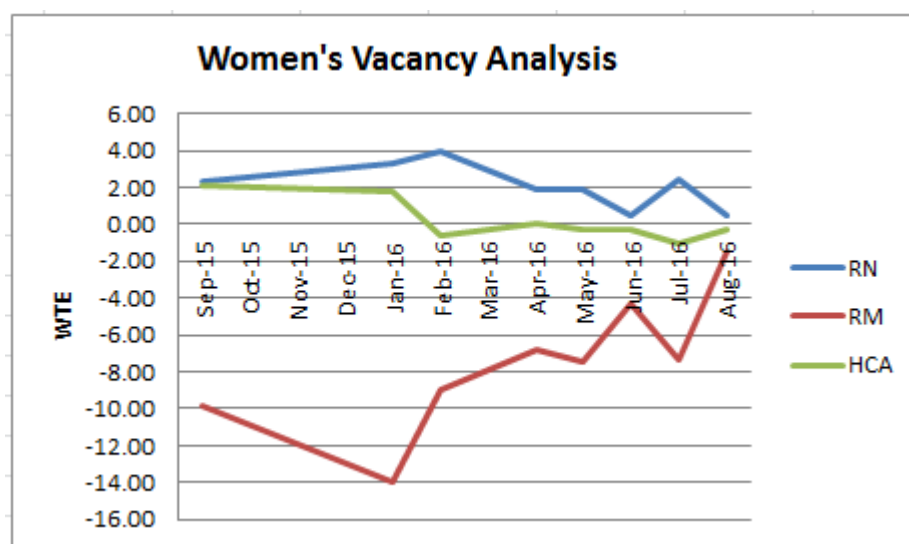


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The vacancy position for the Community Nursing Team reflects the newly reconfigured 6 Community Networks and the Integrated Nursing Team. The RN position has reduced to 15.20 WTE (9.2 %). Following successful recruitment 8.8 WTE are due to commence before the end of October 2016. The HCA position continues to increase 9.92 WTE (13.2%), with 3.8 WTE due to commence employment before the end of October 2016.

### Women's Inpatient Ward Vacancy Information WTE

Grade	Sep-15	Jan-16	Feb-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
RN	2.36	3.28	3.97	1.89	1.89	0.48	2.48	0.48	4.6%
RM	-9.82	-13.95	-8.98	-6.79	-7.42	-4.35	-7.37	-1.45	-1.3%
HCA	2.07	1.77	-0.56	0.09	-0.30	-0.30	-1.00	-0.29	-0.7%

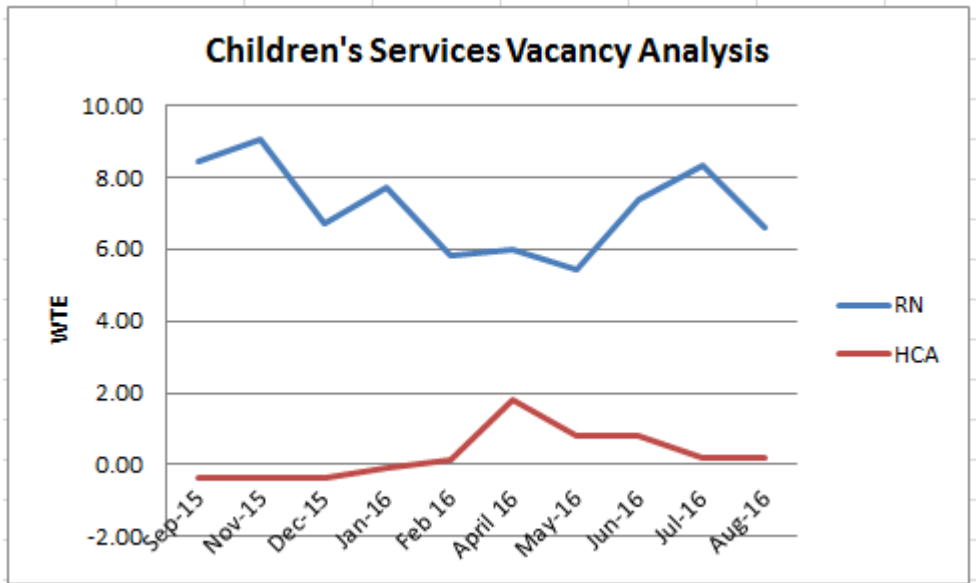


The vacancy position for Women's Inpatient services demonstrates an overstaffing of Registered Midwives of 1.45 WTE (1.3 %) however this is offset by the community midwife position of 19 WTE vacancies. Currently to efficiently manage the midwife staffing resource the staffing available rota across bedded and community setting, throughout September 20.13 WTE midwives are progressing through recruitment. The RN vacancy has reduced to 0.48 WTE (4.6 %). The overstaffed HCA position has reduced to 0.29 WTE (0.7 %) this gap is not being actively recruited to currently.

### Children's Inpatient Ward Vacancy Information WTE

Grade	Sep-15	Nov-15	Dec-15	Jan-16	Feb-16	April-16	May-16	Jun-16	Jul-16	Aug-16	Vacancy %
RN	8.47	9.08	6.72	7.72	5.80	5.96	5.44	7.40	8.35	6.62	6.3%
HCA	-0.39	-0.39	-0.39	-0.09	0.15	1.80	0.80	0.80	0.19	0.19	0.6%





The RN vacancy position for Children's Services has reduced to 6.62 WTE (6.3 %), with 8.92 WTE progressing through recruitment. The HCA position has remained the same at 0.19 WTE (0.6%).

#### 4. Trust wide staffing overview

The data below provides the vacancy position for the following areas: DOM and DOS Inpatient areas, Emergency Departments; Critical Care and Theatres, Intermediate Care Inpatient areas and Women's and Children's Inpatient Units, and Community Nursing at the end of August 2016 for all registered and non-registered staff.

The unavailability figure included in the table is the % of contracted hours lost throughout August due to staff absence, which includes sickness, maternity, annual leave, working days i.e. supervision and 'other' leave i.e. carers leave, bereavement leave etc.

Each area has headroom built into the budgeted establishment to account for this unavailability which is currently set at 22% in total. Any unavailability that exceeds this 22% will create additional staffing pressure on the wards, which may result in elevated bank and agency spend.

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## Nurse Staffing Data for August 2016

### Trust Overview Vacancy Position

Staff Type	Budgeted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	1305.70	115.18	24.1%
Registered Midwife	109.95	-7.37	29.1%
Operating Department Practitioner (OPD)	72.65	18.85	26.2%
Assistant Practitioner (Band 4)	20.96	18.96	22.6%
HealthCare Assistant	703.91	80.50	25.9%
Safety Support Worker (Band 1)	46.63	10.28	18.8%
<b>Total</b>	<b>2259.80</b>	<b>236.41</b>	<b>24.9%</b>

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### Division of Medicine Inpatient Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	410.31	388.98	21.33	31.4%
Assistant Practitioner (Band 4)	20.96	2.00	18.96	0.0%
Health Care Assistant	313.60	275.38	38.22	33.5%
Safety Support Workers (Band 1)	46.63	32.01	14.62	28.1%
<b>TOTAL</b>	<b>791.50</b>	<b>698.37</b>	<b>93.13</b>	<b>32.0%</b>

### Division of Medicine A&E Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	168.49	139.20	29.29	34.2%
Health Care Assistant	40.74	32.26	8.48	26.4%
<b>TOTAL</b>	<b>209.23</b>	<b>171.46</b>	<b>37.77</b>	<b>32.7%</b>

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### Division of Surgery Inpatient Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	310.31	285.88	24.43	27.0%
Health Care Assistant	121.11	107.96	13.15	32.9%
<b>TOTAL</b>	<b>431.42</b>	<b>393.84</b>	<b>37.58</b>	<b>28.6%</b>

### Division of Surgery Theatres Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	106.77	92.40	14.37	23.3%
ODP	72.65	51.80	20.85	38.3 %
Health Care Assistant	52.44	43.17	9.27	30.1%
<b>TOTAL</b>	<b>231.86</b>	<b>187.37</b>	<b>44.49</b>	<b>30.0%</b>

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### Inpatient Care Closer to Home Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	26.20	22.61	3.59	33.2 %
Health Care Assistant	31.67	33.80	-2.13	26.9%
<b>TOTAL</b>	<b>57.87</b>	<b>56.41</b>	<b>1.46</b>	<b>29.4%</b>

### Community Nursing Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
Registered Nurse	165.24	150.04	15.20	29.9%
Health Care Assistant	75.06	65.14	9.92	35.1%
<b>TOTAL</b>	<b>240.30</b>	<b>215.18</b>	<b>25.12</b>	<b>31.6%</b>

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### Women's Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
RN	10.48	10.00	0.48	22.0%
RM	109.95	111.40	-1.45	37.7%
HCA	39.27	39.56	-0.29	36.9%
<b>TOTAL</b>	<b>159.70</b>	<b>160.96</b>	<b>-1.26</b>	<b>36.5%</b>

### Children's Vacancy Overview

Staff Type	Budgeted WTE	Contracted WTE	Vacancy WTE	% Unavailability (Tolerance 22%)
RN	105.45	98.83	6.62	30.8%
HCA	29.38	29.19	0.19	4.9%
<b>TOTAL</b>	<b>134.83</b>	<b>128.02</b>	<b>6.81</b>	<b>29.5%</b>

**Dawn Parkes, Deputy Chief Nurse for Practice and Professional Development, Sharon Payne, Matron Nurse Staffing  
July 2016**

**Appendix 1 – Units included in the vacancy report**

<b>Division</b>	<b>Unit</b>
DOM Inpatient	Gate 11 PGH, Cardiology
	Gate 12 PGH, Acute Assessment
	Gate 20 PGH, Medical Extra Capacity
	Gate 21 PGH, Haematology
	Gate 31a PGH, Cardiology
	Gate 32 PGH, Medical Extra Capacity
	Gate 41 PGH, Elderly Care
	Gate 42 PGH, Elderly Care
	Gate 43 PGH, Elderly Care
	Gate 44 PGH, Gastroenterology
	Gate 45 PGH, Respiratory
	Gate 45a PGH, Acute Care
	Gate 46a PGH, Oncology
	Gate A1 PGH, Stroke Rehab
	Gate A2 PGH, Stroke & Neurology
	Gate A4 PGH, Spinal Injuries
	Ward 10 DDH, Short Stay
	Ward 11 DDH, Medical Assessment
	Ward 2 DDH, Elderly Care
	Ward 4 DDH, Stroke & Neurology
Ward 6 DDH, Gastroenterology	
Ward 6b DDH, Medicine	
Ward 8 DDH, Respiratory	
DOM A&E	AEC ANP
	ANP PGH
	DDH A&E
	Emergency Dept PGI
	ENP Trustwide
	Paediatric Emergency Dept Trustwide
DOS	PGH A&E
	Critical Care DDH, Intensive Care
	Elective Orthopaedic Suite PGI
	Gate 28 PGH, Plastic Surgery
	Gate 29 PGH, Burns
	Gate 30 PGH, Intensive Care
	Gate 32a PGH, Orthopaedics
	Gate 33 PGH, Surgery
	Gate 34 PGH, UroGynae
	Gate 34a PGH, Enhanced Care
	Gate 36 PGH, Surgical Assessment
	Gate 38 PGH, Orthopaedics
	Gate 40 PGH, Day Surgery
	Ward 12 DDH, Orthopaedics
Ward 14 DDH, Gynaecology	
Ward 15 DDH, Surgery	
DOS Theatre	Theatres DDH
	Theatres PGH
	Theatres Pontefract
Childrens services	Childrens Assessment Unit DDH
	Childrens Assessment Unit PGH
	Gate 19 PGH, Neonatal
	Gate 46 PGH, Childrens Ward
	Gate 46 PGH, Paediatric Burns
Womens Services	Neo Natal Unit DDH
	Delivery Suite DDH
	Gate 18 PGH, Antenatal
	Gate 18a PGH, Labour
Care Closer Home	Ward 1 DDH, Antenatal
	Pontefract Intermediate Care Unit
	Wakefield Intermediate Care Unit
Community Nursing	Community Nursing Network 1
	Community Nursing Network 2
	Community Nursing Network 3
	Community Nursing Network 4
	Community Nursing Network 5
	Community Nursing Network 6
	Community Nursing Network 7
Integrated Nursing Team	