

Whittington Health Trust Board

2 July 2014

Title:		Nurse Midwifery Staffing levels May 2014					
Agenda item:		14/118		Paper		7	
Action requested:		To note					
Executive Summary:		The Trust is required to publish nurse midwifery staffing levels monthly. These are now available on the NHS Choices website. This paper contains the information submitted and also a summary of the explanation of these figures and assurance of plans we have in place to ensure we have the appropriate staff in place to deliver care across Whittington Health. The Board will receive monthly reports.					
Fit with WH strategy:							
Reference to related / other documents:							
Reference to areas of risk and corporate risks on the Board Assurance Framework:							
Date paper completed:		24 June 2014					
Author name and title:		Alison Kett Acting Director of Nursing		Director name and title:			
Date paper seen by EC	24 June	Equality Impact Assessment complete?		Risk assessment undertaken?		Legal advice received?	



Monthly Report of Nurse Midwifery Staffing Levels for May 2014

Executive Summary

The Trust is required to publish nurse midwifery staffing levels monthly. These are now available on the NHS Choices website. This paper contains the information submitted and also a summary of the explanation of these figures and assurance of plans we have in place to ensure we have the appropriate staff in place to deliver care across Whittington Health. The Board will receive monthly reports.

Purpose:

This paper provides the Board with an overview of nurse midwifery staffing levels in inpatient areas as outlined in the Nurse Staff Guide 'How to ensure the right people, with the right skills are in the right place at the right time!' Published by the National Quality Board and NHS Commissioning Board.

This is the first month of regular reporting and we will be providing the Board with an overview of nurse midwifery vacancies across both acute and community services.

Key Points:

Ward establishments are based on evidence based assessment of acuity and dependency using the Telford methodology, alongside professional judgement and key nurse sensitive indicators.

We are now collecting the percentage of nursing hours which fell below and above agreed staffing levels. As this was undertaken manually there were slight inaccuracies in the data which will be rectified in future months.

Ward Name	Day				Night				Day		Night	
	Nurses		Care staff		Nurses		Care staff		Nurses	Care Staff	Nurses	Care Staff
	Planned hours	Actual hours	Planned hours	Actual hours	Planned hours	Actual hours	Planned hours	Actual hours	%	%	%	
ITU	4566	4543	0	0	4520	4508	0	0	99.5%	n/a	99.7%	n/a
NICU	2583	2549	495	495	2583	2553	380	380	98.7%	100.0%	98.8%	100.0%
IFOR	1713	1713	127	127	1300	1300	196	196	100.0%	100.0%	100.0%	100.0%
CAVELL Rehab	930	1106	587	375	713	587	357	299	118.9%	63.9%	82.3%	83.9%
Cloudesley	1860	1689	1163	2074	1070	1197	357	1392	90.8%	178.4%	111.9%	390.3%
Meyrick	1860	1517	1163	1805	1070	955	357	1392	81.6%	155.2%	89.2%	390.3%
MSN	1860	1689	465	697	1070	1024	357	610	90.8%	149.8%	95.7%	171.0%
MSS	2325	1914	465	615	1070	1050	357	347	82.3%	132.3%	98.2%	97.2%
Mercers	1535	1197	465	530	1070	1048	0	91	78.0%	114.0%	98.0%	n/a
Montouschi	1628	1441	465	737	1070	893	0	441	88.5%	158.4%	83.5%	n/a
Nightingale	2325	2425	465	724	1070	1334	357	598	104.3%	155.6%	124.7%	167.7%
Coyle	1426	1317	357	729	1070	903	357	515	92.3%	204.5%	84.4%	144.3%
Thorogood	713	870	357	334	713	702	0	0	122.0%	93.5%	98.4%	n/a
Victoria	2372	2081	713	679	1426	1311	357	345	87.7%	95.2%	91.9%	96.8%
Maternity	6060.5	8942	1782.5	1555	6060.5	7061	1782.5	1599	147.5%	87.2%	116.5%	89.7%

Staffing is a very dynamic process which requires active management. During May the Trust continued to manage times where there was high acuity, vacancies and sickness and the bank finding times when it was challenging to cover some shifts.

Against a lower target of 85% and an upper target of 150% areas which fell **below** staffing levels were

- Mercers ward for RGN's
- Cavell for RGN's and HCA's for days and nights
- Meyrick for RGN's for days
- Mary Seacole South for RGN's for days
- Coyle for RGN's at nights

Areas which were above staffing levels were

- Cloudesley HCA's day and night
- Meyrick HCA's day and night
- MSN HCA's night
- Montuschi HCA's day
- Nightingale HCA's day and night
- Coyle HCA's day

The reasons for the perceived low staffing levels are

- Data inaccuracies related to manual collection in the first month. This will be corrected in next months data collection.

The reasons for the perceived high staffing levels are

- All overstaffing relates to HCA's as a result to 'specialing' which is not accounted for in the budget.

Staffing alerts are escalated to senior nursing and midwifery team via the Access team. However there were no staffing alerts in May.

Vacancy levels vary across wards and departments. There is a continued central drive to recruit and during our May recruitment drive we offered positions to 4 nursing staff across all bands.

10.4 WTE new nurses commenced employment in the month of May.

Staffing numbers planned versus actual published on each ward on a shift by shift basis – commenced March 2014.

There are areas where it is difficult to recruit due to a national shortage of specialist nurses, this is an ongoing challenge. The Trust manages the challenge of vacancies in Community services and in the last month have had some issues with sickness levels. A recruitment campaign is in place and is successfully recruiting and we have mitigations in place to manage until staff are in post:

- Daily conference calls to manage and share workload
- Staff flexed across all areas
- Use of temporary staff to cover vacancy shortfall
- Plans being worked up to consider viability of overseas recruitment.

Implications:

- Constant focus on recruitment required.
- Continue to review nurse midwifery staffing levels and patient acuity on a shift by shift basis, using escalation procedures as required.
- Director of Nursing to report staffing levels to the board monthly.
- Work to be commissioned to implement a web based rostering system to develop a process to centrally record staffing numbers, planned versus actual on a shift by shift basis.

Recommendations:

- The Trust Board is asked to note the information contained in this summary report and the actions we have in place.