

Board of Directors Meeting

November 2014

Director of Nursing Report

Monthly Report of Nurse Midwifery Staffing Levels

1 October 2014 – 31 October 2014

Executive Summary

Purpose:

- To provide 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.
- To provide the Board with an overview of nurse midwifery shifts not covered, vacancies and sickness rates.
- To bring to the attention of the board any workforce risks.

Methodology and scope of review:

This report is focused on the following areas:

- All in-patient adult wards including critical care
- All in-patient maternity wards and departments on the acute site
- All in-patient paediatric wards including neonates

This report does not yet include non-in-patient areas such as the operating theatres, day surgery, endoscopy and emergency department. At the present time there is no requirement to report the planned and actual numbers of staffing for our escalation ward or bays.

Key Points:

- To demonstrate compliance with new staffing expectations and staffing guidance.
- Ward establishments are based on evidence based assessments of acuity and dependency which is recorded on Swiftplus, alongside professional judgment and key clinical indicators. The Trust has utilised the (Association of UK University Hospitals (AUKUH) tool for a number of years. The Trust is currently reviewing and testing different Safer Nursing Care tools to ensure the right methodology for the workforce establishment review is utilised. Testing has commenced using the Shelford Safer Nursing Care tool.
- We are now collecting the number of times shifts fell below agreed staffing levels, as this is currently being undertaken manually there may be slight inaccuracies in the data. It is expected we will be able to automate this by Spring 2015, following the purchase of the E-Rostering software, Allocate and the Safecare Module.
- Staffing during October was again challenging, due to high acuity, vacancies and sickness, however 1050 shifts were covered by bank and agency staff. Staff were also been moved from wards following professional clinical judgment, this would have been possible due to low patient numbers on a ward, for example Kingston Wing, therefore allowing for staff moves.
- NICE guidance – Safe Staffing for nursing in adult inpatients wards in acute hospitals was published in July 2014 and the Trust will be drawing up a safer staffing project plan to work through the guidance across the adult inpatient wards.

The national return on Unify for the month of October 2014, demonstrated that ICU was the highest staffed area with 130 % during the day with care staff and the lowest staffed area was SCBU with 80.6 % of registered staff during the night. The Trust's overall return was 98.8%.

Ward name	Day				Night				Day		Night	
	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 (%)
	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				
Jasmine	775	775	1176.5	1084	775	775	387.5	376	100.0%	92.1%	100.0%	97.0%
Kingston Wing	713	730.5	713	701.5	713	701.5	356.5	397	102.5%	98.4%	98.4%	111.4%
6A	1058.5	1020.5	1496	1524.5	713	701.5	589	629.5	96.4%	101.9%	98.4%	106.9%
9A	1311	1186.5	899	1049	713	701.5	713	690	90.5%	116.7%	98.4%	96.8%
7A	1286.5	1258	944.5	943	713	701.5	713	690	97.8%	99.8%	98.4%	96.8%
EAU	1426	1358.5	1583.5	1583.5	1069.5	1058	713	713	95.3%	100.0%	98.9%	100.0%
8A	1069.5	1064	1302	1377	713	724.5	713	724.5	99.5%	105.8%	101.6%	101.6%
8B	1302	1230	1302	1303.5	713	713	713	701.5	94.5%	100.1%	100.0%	98.4%
9B	1069.5	1086.5	1187	1169.5	713	701.5	713	713	101.6%	98.5%	98.4%	100.0%
10	1069.5	1069	356.5	334	1069.5	1069.5			100.0%	93.7%	100.0%	
6B	1069.5	1129	1441.5	1472	713	776.5	713	713	105.6%	102.1%	108.9%	100.0%
ICU	2286.5	2176.5	155	201.5	2346	2277	0	34.5	95.2%	130.0%	97.1%	
CCU	1395	1393	0	53.4	883.5	895			99.9%		101.3%	
Freya	2857.5	2572.5	997.5	870	1953	1764	651	567	90.0%	87.2%	90.3%	87.1%
SCBU	930	915	465	435	294.5	237.5	294.5	266	98.4%	93.5%	80.6%	90.3%

When the data is broken down on a shift by shift basis, there were a total of 285 shifts which were not covered in the month of October.

- 77 HCA shifts during the day not covered (69 due to no staff being available, 7 due to sickness and 1 DNA).
- 12 HCA shifts during the night (10 non one available to cover, 1 DNA and 1 due to sickness).
- 17 HCA shifts on the Maternity Unit during the day not covered due to sickness and no staff available.
- 8 night shifts not covered due to sickness and no staff available
- 97 Registered Nurse shifts during the day (69 unable to cover shift, 28 due to sickness)
- 18 Registered Nurse shift during the night (14 no one available and 4 due to sickness)
- 38 Midwifery shifts not covered during the day – no one available
- 18 shifts at night no covered - no staff available

Ongoing work continues with the Nurse Bank to ensure that where shifts have not been covered that the reason why is clearly documented, so that Board can be fully informed of staffing shortfalls.

- Ward Staffing Boards are now in place on all in-patient wards which records the planned number of registered nurses, health care assistants and therapy staff with the actual staff on duty, this is recorded for early, late and night shifts.
- Acuity, dependency and complexity of patients is escalated to senior nursing and midwifery teams and if a change in staffing skill mix is required in order to meet the acuity needs of patients this is actioned in order to maintain patient safety.
- Where individual shifts triggered the acuity measure agreed Trust escalation process were triggered and contingency plans implemented. However staffing levels remained safe with flexing of staff across wards and department, utilisation of temporary staff and the use of the specials team to care for the unwell patient requiring one to one care
- Vacancy levels vary across wards and departments. There is a continued central drive to recruit.
- 4 new staff nurses, 1 Clinical Research Nurse, 1 Sister and 4 Apprentice HCA were appointed in October 2014 and interviews held for 8 nursing / nursing support positions..
- Staffing numbers planned versus actual published on each ward on a shift by shift basis, commenced May 2014 and is ongoing.
- Vacancy shortfall covered by the use of temporary staff
- Activity has risen at Yeovil maternity unit over the preceding six months leading to an increased midwife to birth ratio requiring us to review our agreed staffing levels with the finance team and draw up a revised template in consideration of a long term plan to address the issue, we will ensure that the new template will follow the new NICE guidance expected in October 2014. In the short term we have some issues around sickness and maternity leave, to address this and move to towards the long term strategy around the new template we have very recently recruited 6 band 5 midwife preceptorship posts to capture the newly qualified midwifery students when available, 5 have already commenced work at the end of October so we hope to see an improvement in staffing levels after their induction period ends by the beginning of December. We have also managed to recruit 2 more midwives to the bank who don't already work at this unit and some long term sickness is resolving positively. On a daily basis unit and on call staffing of all grades is reviewed by the senior midwifery team and every effort is made to cover shortfalls where possible, staff are also encouraged to incident report all deficits and contact the on call supervisor when necessary.
- A piece of work has been commissioned testing the Safer Nursing Care Tool (Shelford Group 2013), this was an academic exercise and further testing will be undertaking to establish a model which incorporates professional judgment.

The following table shows the number of bank and agency staff used for the month of October 2014, which has been broken down by ward and specialty.

A total of 1050 bank and agency staff was used in October 2014 to cover shifts on the ward, of this 604 were agency staff and 446 were booked from the YDH bank.

	Jasmine	Kingston	6A	6B	7A	EAU	8A	8B	9A	9B	10	ICU	CCU	Freya	Labour Ward	SCBU
HCA Agency A	1	10	30	85	39	16	3	35	26	35	7	5	2			
Agency D Grade	11	34	40	67		26	24	19	24	52	2	8	3			
Bank Band 1		3	11	69	11	11	4	16	10	13	1	1	11		4	
Bank Band 2	3	9	13	21	10	4	8	11	19	9	5					
Bank Band 3											2					
Bank Band 5	2	7	6	26	5	8	8	13	11	12	8	12	5			2
Bank Band 6										2		2		3	24	2
Total	16	63	100	268	74	65	47	94	90	123	25	28	21	3	28	4
Agency Total	12	44	70	152	39	42	27	54	50	87	9	13	5	0	0	0
Bank Total	5	19	30	116	35	23	20	40	40	36	16	15	16	3	28	4

Implications:

- Planned recruitment campaign to reduce the need for temporary staff. New HR Manager started 2 September 2014.
- Continue to review nursing and midwifery staffing levels and patient acuity on a shift by shift basis and establishment review commenced in September 2014. Where appropriate the Trust will work to the 1:8 ratio as recommended in the National Safe Staffing Alliance for relevant adult wards.

Recommendations:

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