Board of Directors

Monthly Report of Nursing and Midwifery Staffing Levels
July 2014

1. Purpose

To provide the Board with:
- An overview of nursing and midwifery staffing levels
- An overview of the nursing and midwifery vacancies and recruitment activity
- Key workforce issues

2. Planned versus Actual Staffing

During July we have continued to collect the number of planned hours over the month of registered nurses and midwives and care staff for the day and night shifts versus the number of actual hours filled. In addition to the planned and actual hours required data, we are collecting the percentage of bank and agency used within these shifts. This will enable us to determine our percentage fill rate. Every day we review our staffing levels to ensure they are safe. We also display information for patients and visitors in our wards that show the planned and actual staffing levels for each shift.

Table 1 outlines the Trust percentage fill rate for Registered nurses and Midwives and care staff across both day and night. It is important to note that some clinical areas have had a lower percentage fill rate for care staff. This is, however, offset by a higher percentage usage of registered nurses in some cases.

All clinical areas have delivered safe levels of staffing for July although use of agency nurses staffing continues. This has been in part due to the vacancy factor, peak annual leave and the inability to access temporary staffing at short notice. The bed capacity has been better for July and this has allowed greater flexing of staff across the wards and departments. The use of temporary staff, including agency nurses, has ensured that staffing levels have remained safe. The highest proportion of agency nurse usage was across medicine and elderly. Surgery have used minimal temporary staff. The paediatric assessment unit was 39 hours short on trained nurses during the day shifts for which was offset against an additional 23 hours HCA, hence the 200% usage of Care Assistants. There was a shortage of 80 hours of trained paediatric nurses over the nights for July which was set against an additional 69 hours of Care Assistants, hence the 200%.

The Maternity unit has been challenging when trying to predict the peaks of activity in the delivery suite thus resulting in midwives being moved to accommodate surges in activity. For the month of July a total of 61.5 hrs of Registered midwife hours support were deployed into delivery suite from the community. The ante/post natal wards used 53.75 hrs from other clinical departments in midwifery services

Cost Centre	Day		Night	
	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/mid wives (%)	Average fill rate - care staff (%)
HDU	97.7%	96.7%	99.1%	-
ITU	108.2%	71.5%	114.0%	-
Ward 16	94.6%	104.0%	102.2%	104.2%
Ward 18	97.9%	94.6%	103.2%	97.2%
Ward 17	94.1%	93.9%	100.7%	95.7%
Ward 5	92.7%	93.0%	100.0%	101.6%
Ward 15	96.2%	96.3%	101.1%	103.2%
Ward 14	100.9%	90.7%	98.9%	101.4%
EAU	97.9%	101.0%	90.5%	98.4%
Ward 3	99.1%	91.3%	98.4%	96.7%
Ward 4	100.5%	96.8%	100.0%	100.0%
Ward 11	97.4%	90.4%	95.7%	93.7%
Ward 10	95.9%	88.7%	96.8%	97.2%
Ward 12	94.2%	96.7%	101.1%	100.0%
CCU Ward 4a	96.9%	83.9%	97.8%	103.2%
Paediatric Assessment Unit (PAU)	94.7%	200.0%	87.6%	200.0%
Paediatric Ward 24	94.0%	101.6%	92.7%	118.7%
Paediatric Ward 25	98.3%	96.2%	97.4%	104.2%
NICU	102.2%	72.2%	102.3%	58.1%
Ward 21	95.8%	106.9%	98.8%	100.0%
ward 20	103.4%	98.1%	97.7%	104.4%
Ward 22	100.2%	96.8%	92.9%	102.5%
Ward 23	100.8%	94.2%	94.1%	109.3%
Cobham Clinic	98.4%	92.7%	100.0%	100.0%
Ward 32	69.2%	73.8%	105.1%	67.4%
Ward 33	81.9%	56.3%	118.2%	64.1%
Ward 34	97.4%	87.6%	100.0%	100.0%
Delivery Suite	83.8%	77.4%	103.4%	100.8%
Total:	95.4%	90.6%	100.1%	96.8%

Staffing Management

There are three operational staffing meetings each day chaired by the operational matron/Chief Nurse or Deputy Chief Nurse. Matrons from each Division discuss the staffing shortfalls and move staff accordingly to meet the peaks of demand and shortfalls. A decision to use agency nursing staff is only made once all options have been explored. Additional shifts required (ie specialling) and unfilled shift hours are recorded. Each Matron provides the risk rating for staffing (red/amber/green) for their Division. A Trust wide risk rating is then determined and this information is provided to the twice daily bed meetings to provide a workforce status for the organisation.

Weekly meetings with the matrons to review the utilisation of staff and expenditure per ward have commenced.

3.. Vacancies and Recruitment Activity

18 registered nurses commenced work in the Trust in July, 9 from Portugal and Spain. Vacancy levels vary across the organisation with theatres and DME (Department of Medicine for the Elderly) having the highest number of vacant posts. The Trust held a very successful local recruitment day for health care assistants on July 26th where 60 candidates were offered posts.

A weekly resource meeting, chaired by the CEO with executive representation from nursing, HR and finance, has been set up. The purpose of the group is to review the vacancies, recruitment activity and use of temporary staff to ensure that staffing levels are safe.

The Trust are currently working with a specialist design and marketing service to develop a more robust marketing strategy to ensure optimum local recruitment.

Table 2 illustrates that as of 1st August following the full recruitment process, there are 41.26 nursing/midwifery and care staff vacancies.

Summary					
Band	Vacancies as of 1st August	No.s Working Notice	Recruit	Real Vacancies as of 1st **July**	Real Vacancies as of 1st **August**
Band 7	3.05	2.00	0.80	**2.61**	**4.25**
Band 6	15.87	1.00	4.00	**8.34**	**12.87**
Band 5	101.98	9.01	88.20	**43.07**	**22.79**
Band 4	0.32	1.00	0.00	**-0.68**	**1.32**
Band 3	8.32	1.00	0.00	**3.09**	**9.32**
Band 2	61.79	6.92	78.00	**26.92**	**-9.29**
Total	**191.33**	**20.93**	**171.00**	**83.35**	**41.26**

4. Summary

- Constant focus on recruitment with more robust local focus on marketing and advertising
- Review of nursing and midwifery staffing on a shift by shift basis, using escalation as required and flexing of staff
- Chief Nurse to report staffing levels to the board monthly

5. Recommendations

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

Patricia Reid – Chief Nurse
July 2014