

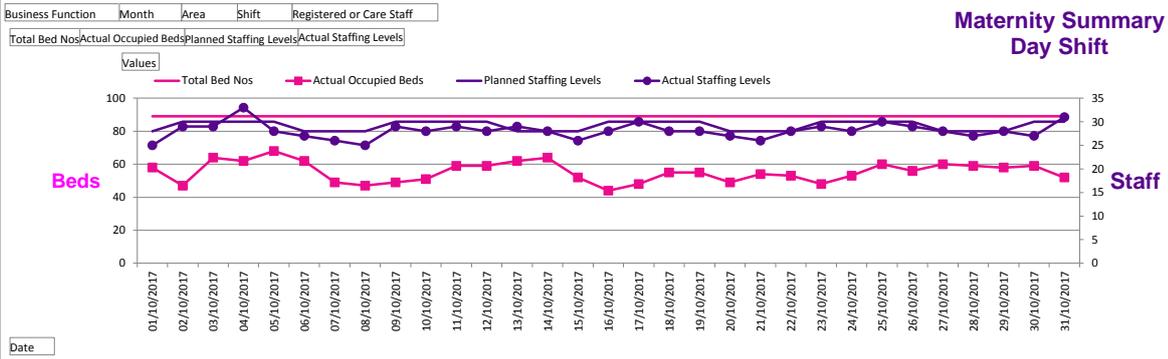
**Staffing Report - Maternity (all Areas)**

**October-2017**

Last updated: 14/11/2017 at 15:10

<b>Funded WTE</b>	<b>Registered</b>	165.83	<b>Current WTE</b>	<b>Registered</b>	151.32	<b>Number of shifts lost to Sickness Absence</b>	<b>Registered</b>	85
	<b>Unregistered</b>	45.32		<b>Unregistered</b>	37.11		<b>Unregistered</b>	18
	<b>Total</b>	<b>211.15</b>		<b>Total</b>	<b>188.43</b>		<b>Total</b>	<b>103</b>

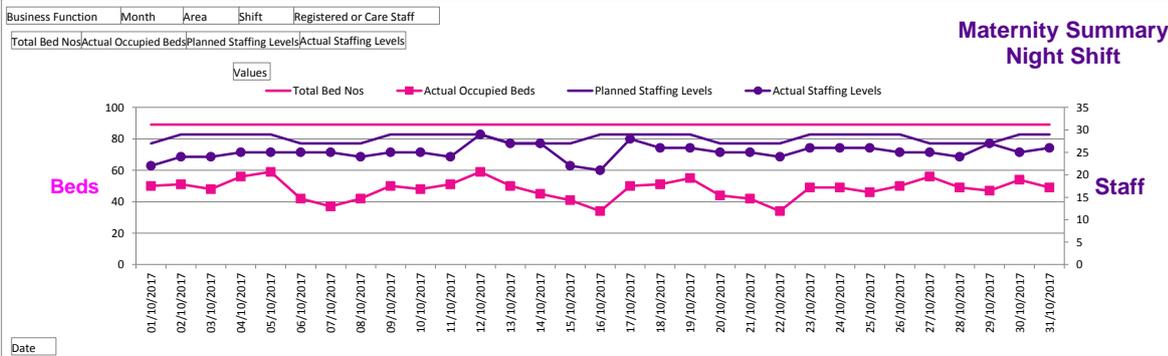
**Day Shift**



**Narrative**

Maternity staffing, bed occupancy and acuity of women is monitored every four hours, staff are relocated to areas of increased activity. Staffing is planned 8 weeks in advance and the staff are evenly distributed across the service. However the maternity unit is carrying both sickness and maternity leave so this will impact on the actual numbers of Midwifery staff available to populate the roster. Bank staff are used to cover any gaps, but this is reviewed based on occupancy. At the beginning of October a cohort of new staff started who were originally extra to the numbers to offer a period of support and training, these staff are now in the numbers for November so will increase staffing levels. Clinical judgement is also used and any staffing concerns are escalated. Safety of the service is paramount and senior midwives will review more frequently and escalate if required to ensure safety and quality are not compromised

**Night Shift**



**Narrative**

It is evident occupancy is lower than actual beds available and therefore although at times the staffing is lower than planned, the quality and safety of care was not compromised. Staffing is reviewed throughout the night and staff are redeployed to areas of increased activity

**Staffing Concerns**

Number of shifts where staffing levels are not compliant with planned levels	27
Number of staffing related concerns escalated to Matron or higher	2

**Ward Manager's Assurance Statement**

Rosters are formulated in a timely manner and any areas of concern are identified, if the staffing falls below the expected at the point of roster formulation, additional staff are sought, and staffing is reviewed by the ward manager and matron. There is a senior midwife available to have the helicopter view of the maternity service and therefore would review activity and staffing and redeploy staff to areas of increased activity. The shortfall has been compounded by vacancy and sickness, new midwives have been recruited and recruitment and vacancy are monitored closely and active recruitment is sought. There is an escalation process in place that can be activated if required, however as it is evident occupancy is not at its maximum and therefore with clinical judgement the unit staffing was adequate for the workload. Sickness monitoring is robust in line with HR process

Signed:  Date:

**Key**

Beds Total	The total number of beds allocated or available to the ward
Beds Occupied	Of the total beds, the number that have a patient in the bed
WTE Funded	WTE stands for Whole Time Equivalent. Funded WTE is the number of staff that is planned to be on a shift at any one time.
WTE Actual	Of the Funded WTE, the actual staffing level for the shift.
Registered	A Registered Nurse is one whom has qualified to practice as a nurse and is registered as such with the Royal college of Nursing or Royal College of Midwives
Unregistered	Unregistered staff are care staff that assist nurses with the day to day care of patients