

Board of Directors – August 2014

Staffing Exception Report

Action requested/recommendation

The Board are asked to receive the exception report for information

Strategic Aims

**Please cross
as appropriate**

(double click on the
grey box check or
uncheck the box)

- | | |
|---|-------------------------------------|
| 1. Improve Quality and Safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

Reference to CQC outcomes

Outcome 13

Progress of report

Risk

Resource implications Potential resources implications where staffing falls below planned or where acuity or dependency increases due to case mix.

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NHS Choices Nurse Staffing return:

1. Introduction and background

The Board of Directors are aware that from May 2014 all organisations are required to report actual versus planned staff in public. This is the third submission to NHS choices of data of actual against planned staffing for day and night duty in hours; by ward.

The July report details high level exceptions and gives an overview of actions taken to address short falls and mitigate risk on a daily basis.

As previously reported work continues to refine the reports in order to give an accurate reflection of the staffing levels on a shift by shift basis. As a result we have based this months return on the average bed occupancy rates by ward at 12 midday and 12 midnight, given that the staffing establishment is set on the number of beds on each ward; taking bed occupancy rates into consideration gives a more precise reflection of the safety of the staffing levels.

As there was no public Board meeting in August the exception report will be circulate to members of the Board and published on the Trust website in line with national guidelines.

A detailed breakdown is attached at appendix 1.

2. High level data by site

Site Code	Site Name	Day		Night	
		Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses /midwives (%)	Average fill rate - care staff (%)
RCBAW	Archways Intermediate Care Unit	101.8%	96.1%	116.5%	102.4%
RCBNH	Bridlington And District Hospital	125.3%	115.9%	154.8%	131.6%
RCBL8	Malton Community Hospital	134.6%	108.4%	115.0%	115.0%
RCBCA	Scarborough General Hospital	87.0%	88.6%	105.7%	114.5%
RCB07	Selby And District War Memorial Hospital	79.8%	97.5%	105.5%	101.0%
RCBTV	St Helens Rehabilitation Hospital	89.5%	97.0%	106.3%	106.3%
RCB05	St Monicas Hospital	114.4%	79.6%	106.4%	102.7%
RCBG1	Whitby Community Hospital	79.0%	78.0%	81.5%	85.4%
RCBP9	White Cross Rehabilitation Hospital	101.3%	111.5%	106.1%	123.5%
RCB55	York Hospital	97.0%	99.9%	114.9%	126.9%

3. Exceptions

York Site

Ward 17 - Paediatrics (care staff 54.3%) – as previously reported this area have a small number of untrained staff and work is ongoing to determine if this role is required.

York ICU (care staff 36.9%) – as previously reported ICU have a small number of untrained staff (2) who do not provide direct care to patients there is work ongoing to look at the untrained budgeted establishment in order to determine best value for money.

Extended Stay area – this areas fill rate appears very high (193.1& RN, 209.5 care Staff). The area is staffed for Monday to Friday, but due to waiting list initiatives that were undertaken over the weekend additional staff were required.

Scarborough site

ITU (55.4% Care staff) – as with the York site these staff are not involved in direct care represent very low numbers and all level 3 (ICU) patients have 1:1 RN to patient ratio.

Chestnut, Maple & Haldane wards all reported to be below 80% during July (78.2%, 78.1%, 76.3% respectively). These wards have a particularly high number of vacancies and maternity leave, in order to maintain acceptable levels, staff were redeployed from other areas to address short falls on a shift by shift basis.

Duke of Kent (paediatrics) 194% RN & 233% Care Staff. This area appears to be overstaffed as the average bed occupancy had been 35% for the Month of July. The staff have been redeployed to other areas during this time.

Across the Scarborough site there are approximately 28 WTE registered nurse vacancies, in addition to 10 staff on maternity leave and long term sickness absence.

In addition to a number of recruitment activities planned over the coming months, negotiation with a number of agencies is also taking place to determine if we can 'block book' staff in the short - medium term. In areas where high vacancies exist this has already been actioned.

Bridlington

Kent Ward

Between 1st and 6th July this ward had 25 beds open, reducing to 16 after that date. Occupied beds at midnight were in single figures; therefore the fill rate looks very high. These were deployed to other areas in order to maintain patient safety.

White Cross Court

This area continues to be over-established due to a programme of acceleration improvement work which began in May and continues with positive results.

Malton Community Hospital

As reported in the July exceptions the fill rates are representative of the recent developments closing one ward and increasing bed numbers on another which has resulted in an increase in nursing numbers.

Whitby Community Hospital

A fill rate of 69.65 RN & 68.6% Care Staff has been reported for July (monthly aggregated total) on War Memorial ward. This is due to significant issues with staffing numbers due to sickness and vacancies. Action taken as a result is a temporary closure of 5 beds reducing the ward from 20 to 15. A daily review and risk assessment is being undertaken to assess the situation, the

above actions have been taken in agreement with the CCG.

Over 100% fill rates.

A number of wards appear to be over staffed (above 100% fill rate), this is due to lower than expected activity; staffing levels are set to meet a pre-determined number of patients, and where patient numbers are less than expected, resulting in empty beds this makes the number of actual hours appear higher. Where this occurs, staff are moved to other areas of greater need, in order to determine where staff are to be redeployed Matrons and the Assistant Director of Nursing meet (daily) to discuss staffing levels and make decisions to move staff where this is required.

1:1 and specialling

In addition, in the areas that show an over 100% fill rate a number are due to 'specialling' of patients who require a higher level of observations. These are often the elderly wards as they have high risk of falls and numbers of confused patients.

In recent month we have seen a significant increase in the request for 1:1 due to specials, we are currently developing an observation policy that will look at interventions for high risk patients with a view to exploring alternatives to specialling including cohort nursing.

4. Recommendation

The Board are asked to receive the exception report for information.

5. References and further reading

National Quality Board. *How to ensure the right people, with the right skills, are in the right place at the right time - A guide to nursing, midwifery and care staffing capacity and capability.* 2013

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