

Board of Directors – September 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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Chief Nurse

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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 forth submission to NHS choices of data of actual against planned staffing for day and night duty in hours; by ward.

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 continued to base the 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. Further work continues to further refine and simplify the process and also to give the greatest accuracy in order that the Board are assured that all areas are staffed appropriately and safely.

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

Scarborough Site

- Beech reported fill rates as 76.1% and 76.6% for RNs and HCAs respectively. There are a large number of vacancies in addition to 2 maternity leave and sickness is above the Trust

threshold.

- ITU care staff fill rate is 57.6% due to a vacancy. Due to the specialised nature of the unit, the shifts are not covered with bank staff.
- Maple reported 78.9% care staff due to vacancies and maternity leave
- Ash is reported as 70.4% and 71.4% due to 2 vacancies, although there is still no agreed establishment as the business case remains unfunded.
- Haldane are reporting 77.1% for registered nurses due to vacancies, long term sickness & maternity leave.
- Chestnut ward registered nurse fill rate 77.9% as 3.3 RN vacancies in addition to short term sickness
- CCU RN fill rate 77.0% due to 8.34 vacancies
- Hawthorne - 66.2% and 59.6% fill rate was due to an efficiency gained through working long days.
- Duke of Kent report high fill rates of 173.3% and 167.1% due to low activity.

Bridlington Site

- Kent ward fill rate was 169.8% and 183.3% for RNs and HCAs respectively. This was due to low occupancy, with the ward closing for 4 days. Staff were re-deployed to other areas.
- Lloyd ward is reported as 79.5% 67.2% due to reduced activity. Staff have been redeployed to other areas as required. They also carry a vacancy.

York Site

- 32, 34, 28, 37 all had patients that required 1:1 supervision due to risk factors and therefore are above
- G3 have a number of new starters and are undertaking a period of supernumerary status, in addition the Sisters are also working additional hours to supervise the new starters. It is anticipated that this will continue over the next few months due to the
- Extended Stay area this is showing considerable over planned staffing. This is due to planned additional sessions (waiting list initiatives) and the areas being open for longer periods of time.

White Cross Court

Accelerated improvement work continues therefore additional staff are continuing to be deployed at night.

Actions and Mitigation of risk

At least daily staffing meeting are taking place to deploy staff to high risk areas. Where there is low activity (for example Duke of Kent) these staff are moved to other wards in order to improve levels.

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

Author

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Date	September 2014