

**Quality & Safety Committee – 19<sup>th</sup> November 2014**  
**Board of Directors – 26<sup>th</sup> November 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.

Owner                            Beverley Geary  
    Chief Nurse

Author	Nichola Greenwood Chief Nurse Team
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**Staffing Exception Report**

**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 sixth 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	92.1%	89.6%	103.2%	96.6%
RCBNH	Bridlington And District Hospital	107.1%	84.5%	115.8%	129.1%
RCBL8	Malton Community Hospital	121.1%	109.1%	106.5%	113.2%
RCBCA	Scarborough General Hospital	86.6%	98.1%	104.0%	122.9%
RCB07	Selby And District War Memorial Hospital	95.4%	101.4%	118.6%	108.7%
RCBTV	St Helens Rehabilitation Hospital	82.3%	80.6%	89.8%	90.0%
RCB05	St Monicas Hospital	111.7%	94.6%	99.7%	100.0%
RCBG1	Whitby Community Hospital	79.4%	65.6%	82.7%	76.6%
RCBP9	White Cross Rehabilitation Hospital	82.3%	84.9%	191.2%	92.1%
RCB55	York Hospital	92.3%	88.1%	107.8%	115.4%

### 3. Exceptions

#### York site

Ward 11 - Over established with RN's reflects the fill rate of over 100%. As a result of this there has been a deliberate under recruitment of HCA's reflecting in the less than 80% fill rate.

Ward 14 – Day HCA fill rate less than 80% due to vacancies and sickness. Night full rate for RN and HCA above 100% due to bed occupancy.

Ward 15 – HCA night fill rate over 100% due to 1:1 requirement

Ward 16 – RN day fill rate below 80% due to vacancies, recruited to, pending start data. Some short term sickness.

Ward 17 - RN fill rate 168% day and 177% night fill rate due to low bed occupancy. HCA fill rate 48% 1 HCA on maternity leave.

Ward 23 – HCA day fill rate reflected in requirement for enhanced supervision of patients and new starters working supernumerary.

Ward 25 – Night fill rate; RN greater than 100% due to due to bed occupancy. HCA greater than 100% reflected in requirement for enhanced supervision of patients

Ward 26 – HCA day fill rate 105% reflected in requirement for enhanced supervision of patients and new starters working supernumerary..

Ward 28 – Greater than 100% fill rate for both RN and HCA due to bed low occupancy and requirement enhanced patient supervision.

Ward 29 – Above 100% fill rate for RN and HCA due low bed occupancy

Ward 31 – Night fill rate above 100% for RN and HCA due to low bed occupancy

Ward 32 – 77% RN fill rate due to 2 RN vacancies, recruited pending start dates, some short term sickness. 111% and 157% HCA nights respectively, due to requirement for enhanced supervision of patients.

Ward 33 – HCA fill rate below 80% due 3 HCA leavers, with recruitment undertaken but pending start dates. 102% HCA fill rate Night reflects enhanced supervision of patients.

Ward 34 –102% HCA Night fill rate reflects requirements for enhanced supervision of patients.

Ward 35 – 105% HCA day and night fill rate due to requirement for enhanced supervision of patients and new starters working supernumerary.

Ward 36 – 102% HCA fill rate due to bed occupancy. 112% RN fill rate due to bed occupancy and requirement to provide staff to support hyper acute stroke patients.

Ward 37 – HCA day fill rate less than 80% due to long and short term sickness absence. Night HCA fill rate 135% due to requirement for enhanced supervision of patients.

AMU – Night fill rate over 100% for RN and HCA is due to enhanced supervision of patients and newly qualified nurses working supernumerary.

SSW – HCA fill rate 125% Night, reflects requirement for enhanced supervision of patients.

CCU – 103% and 108% fill rate for RN day and night due to bed occupancy. 66.9% HCA fill rate due to deliberate delay in recruiting to HCA's. This does not affect patient care and safety.

ESA – 170% and 135% fill rate of RN and HCA Day and 142% RN night reflects low bed occupancy

ICU - 116% and 128% RN fill rate day and night reflects bed occupancy. HCA fill rate remains below 80% on a night due to deliberate under recruitment. This does not affect patient care.

G1 – HCA 75% due to vacancies, recruitment undertaken, pending start dates. 101% RN and 144% HCA night fill rate reflects requirement for enhanced supervision of patients.

G2 and G3 – HCA day fill rate of below 80% due to vacancies, recruited pending start dates, along with 1.8wte long term sickness.

70% day fill rate for RM is due to vacancies, recruited pending PIN numbers from NMC and start dates.

RM and HCA night higher than 100% fill rate due to low bed occupancy.

#### Scarborough site

ITU – Reporting fill rates of 62% for Registered Nurses . There are 4.5 vacancies. Recruited two new Registered Nurses this week and previous recruits are reaching the end of induction times. Activity on the unit has remained very high. Recruited to the HCA vacancy .

Ann Wright – Fill rate of 193.5% for HCA to provide enhanced supervision

Oak – Fill rate of 120 % for HCA day staff is due to RN awaiting PIN number in the HCA figures.

Duke of Kent – The fill rate for RN 239% for day staff and 240% for night. HCA 178.8% for day staff and 293.7% for night staff. This is due to the bed occupancy levels.

Kent – The ward is showing 191% the result of flexing staff so nights may be 1+1 instead of 2+0, and also down to occupancy levels, which are often high during the day but drop down 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. Vacancies by Site**

	York		Scarborough		Bridlington	
	RN	HCA	RN	HCA	RN	HCA
<b>Actual Vacancies</b>	48.22	22.29	34.67*	11.07	3.71	0
<b>Pending Start</b>	15.9	11.52	4	8	1.6	0
<b>Outstanding Posts</b>	32.32	10.77	30.67*	3.07	2.11	0

These figures include \*4.5 of the vacancies in Emergency Department and 2.2 discharge at SGH as part of operation fresh start which are in addition to existing budgeted establishment.

The Trust attended a RCN career's fair on 10/11<sup>th</sup> November 2014 in which RNs were interviewed for positions at York and Scarborough Hospitals. These candidates are now being progressed to commence in posts in the New Year.

#### 5. Recommendation

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

#### 6. 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

<b>Author</b>	<b>Nichola Greenwood, Chief Nurse Team</b>
<b>Owner</b>	<b>Beverley Geary, Chief Nurse</b>
<b>Date</b>	<b>November 2014</b>