

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY K.G. PAMPLIN OF ST. SAVIOUR
ANSWER TO BE TABLED ON TUESDAY 10th SEPTEMBER 2019**

Question

Will the Minister provide a full breakdown of current staffing levels at the General Hospital and advise what provisions are in place to manage the impact of staff illness, especially in any areas which are under-resourced?

Answer

Breakdown of staffing levels within the General Hospital:

The table below shows the number of funded posts within the Hospital, split by staff group, with actual staff in post and the current vacancies, as of August 2019.

Staff Group	Funded posts	Actual staff in post	Currently vacant
Allied Health Professionals	240	218	22
Civil Servants	239	190	50
Manual Workers	347	307	40
Medical Staffing	167	160	8
Nursing & Midwifery	680	606	74
Total	1,673	1,481	194

Note: Due to rounding, numbers may not add up precisely to the totals

Management of staff illness:

Staff illness is managed on a case by case basis as it will be specific to the area impacted upon and the anticipated duration of that absence.

Using a ward as an example: for short-term, last minute absence, an assessment would be made regarding the need to cover the shift by reviewing the number of staff on the shift that remain and the skill mix (split between registered and unregistered staff), taking into account the experience of the registered staff. This is then assessed against the number of patients within the area and the dependency (level of care required) of the patients within those beds. We have recently implemented a “safer staffing” tool which assists with this process, but also allows us to compare one department with another.

If we need to cover that absence we either look to see if there is another area that can release a staff member to support or, if not, we look to see what staff are available on “the bank”. Overtime is offered and utilised as required.

Depending on the number of vacancies within the area, medium- to long-term sickness may require the short-term appointment of agency staff from the UK.

Ward areas have recently been reviewed to ensure their staffing levels are appropriate for the number of beds they have and the types of patients that they care for.

A similar methodology is applied across other staff groups and departments.

There are occasions, although these are very rare, that activity may need to be reviewed and potentially reduced if staffing levels are not able to support safe care.