Buckinghamshire Healthcare NHS
NHS Trust

BOARD MEETING AUGUST 27TH 2014

Title	Safe staffing –Hard Truths commitment 2014
Responsible Director	Carolyn Morrice
Purpose of the paper	To report on the timetable of actions to meet the Care Quality Commission and NHS England *Hard Truths commitment* regarding the evaluation and publishing of staffing data
Action / decision required (e.g., approve, note, support, endorse)	The Board are asked to approve the actions taken and proposed meet the Hard Truths commitment

Links to BHT Business and Risks

Implications and issues to which the paper relates (please mark in bold)					
Patient Quality	**Financial Performance**	**Operational Performance**	Strategy	FT Application	New or elevated risk
Legal	**Regulatory/ Compliance**	**Public Engagement /Reputation**	Equality & Diversity	Partnership Working	Other

Annual Objectives	This relates to : Objective 1 - Improving quality, safety and patient experience Objective 2- Employ, engage and develop high calibre staff
Links to BHT Board Assurance Framework/Corporate Risk Register	
BAF/Corporate Risk Register Reference	Impact on BAF 1a,2a, 3a, 4a, 5a, 6a,9a, 11b Impact on CRR 1, 4, 10, 15, 16 - Patient safety, care and experience are compromised due to the level of nurse vacancies across the Trust leading to increased reliance on temporary staffing, long waits for elective outpatient, emergency, day case and inpatient access. This also threatens delivery of national waiting times standards and emergency access targets.
Risk Description	There is a risk to patient mortality and the quality of care if there is insufficient adequately trained and resourced nursing staff to provide safe care to patients.
CQC	• CQC Outcome 13, regulation 22 • CQC Outcome 14, regulation 23 • CQC Outcome 4, regulation 9 • CQC Outcome 5, regulation 14 • CQC Outcome 7, regulation 11 • CQC Outcome 8, regulation 12 • CQC Outcome 9, regulation 13 • CQC Outcome 21, regulation 20
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Other committees / groups where this paper / item has been considered	
Nursing & Midwifery policy Board, Directors forum	
Date of Paper	
14 August 2014	

Buckinghamshire Healthcare NHS Trust

Board Meeting August 27th, 2014

1. PURPOSE OF PAPER

1.1 To share progress on real time monitoring of Ward Based Staffing and related interventions, and

1.2 Update Trust Board on the next steps of ward based staffing, taking into account the latest publications and guidance.

2. BACKGROUND

BHT has agreed the approach for ward based nursing staffing levels, which reflect the RCN Safe staffing levels in the UK (2010). This includes:

- 2.1 Twice a year review of ward based staffing using an evidence based tool
- 2.2 Staffing reviews consistently use the same triangulated methodology (acuity/dependency tool; professional judgement; benchmarking with comparators)
- 2.3 Implement where possible supervisory time for ward leaders
- 2.4 Support ward leaders with administrative support, where possible
- 2.5 Skill mix to reflect the needs of the patients in line case mix and activity

3. OPTIONS AND DECISIONS REQUIRED

To note the current situation of ward staffing and the national expectations of service providers.

4. INTRODUCTION

4.1 BHT are committed to publishing staffing data on a monthly basis in the following ways (see Appendix one and NQB Guidance for full details):

- 4.1.1 A Board report describing the staffing capacity and capability, following an establishment review, using evidence based tools where possible to be presented to the Directors forum every six months. *This was delivered in December 2013 following Keith Hurst's review of Ward staffing in September of that year. A further review commenced in June 2014 following training of ward leaders which took place on May 2014.*
- 4.1.2 Information about the nurses, midwives and care staff deployed for each shift compared to what has been planned to be displayed at ward level. *Ward Staffing displays have been in place since February, 2014. These reflect real time staffing levels of Registered Nurse (RN) and non RN staff against agreed plans and the name of the RN in charge of that shift.*
- 4.1.3 A Board report containing details of planned and actual staffing on a shift by-shift basis at ward level for the previous month. *This is attached and is presented to the Board every month.*
- 4.1.4 The monthly report must also be published on the Trust's website, and Trusts will expected to link or upload the report to the relevant hospital(s) webpage on NHS Choices. *Following approval of this approach by the Directors forum a link to the hospital web site has been placed on NHS choices.*

- 4.1.5 The Board should receive a **report every six months on staffing capacity and capability** which has involved the use of an evidence-based tool (where available), includes the key points set out in NQB report page 12 and reflects a realistic expectation of the impact of staffing on a range of factors. *This was delivered in December 2013 following Keith Hurst's review of Ward staffing in September of that year. A further review is taking place between June and August. Subsequent reviews of Childrens Nursing, Midwifery, Critical care – Adult and Neonatal, Community Nursing and Emergency Nursing are in train.* ***A full report of this work will be presented to trust board before the Autumn.***
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- 4.2 On July 15th NICE produced final guidance on nurse staffing which the Chief Nurse has noted as being consistent with the approach taken by the trust since 2013.

5. WARD STAFFING

5.1 Ward capacity and capability

This paper offers a report on:

- 5.1.2 The difference between the ward staffing assigned and planned establishment and details of how this gap was covered and resourced as monitored in real time in the month of **July 2014** and
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- 5.1.3 Evidence of triangulation between the use of tools and professional judgement and scrutiny.

5.2 Ward staffing, shortfalls and remedial measures

5.2.1 Ward staff complete a return for each shift indicating compliance or deviation from the previously agreed minimum safe staffing levels. Ward staff will exercise clinical judgement to manage staffing resources taking into account patient acuity, clinical workload, dependency of all patients, additional demands such as planned and emergency admissions and discharges, consultant ward rounds, MDT meetings and case conferences, any individual patients who require closer monitoring because of their unstable clinical condition, confusion or mental disturbance and adjust or reassign the available nursing resources accordingly.

At this point the nurse in charge will have a further dialogue with colleagues on other wards and Matrons before rationalising their report and uploading the safe staffing report to the Qlick system. This leads to an electronic alert report of any ward which has declared itself to be 'unsafe' for any shift in the forthcoming or current 24 hours. This report is e-mailed and picked up in real time on the Blackberry PDAs of Matrons and Associate Chief Nurses with a copy to the Chief Nurse.

- 5.2.2 E-mail alerts three times a day to senior nursing teams alert them to any wards declaring 'unsafe' so an immediate discussion can take place and mitigating actions put into place.
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If Matrons and Associate Chief Nurses are not already aware of this on their rounds the following escalation process (figure1) will lead to a review of staffing for the affected area, re-assignment of resources from other wards, an adjustment of demand, e.g. by delaying admissions or transferring higher dependency patients to other less pressured settings, summoning staff who are on call or on rest days, adjusting the duty roster for that day or as a last resort requesting bank or agency nurses to provide cover.

Figure 1: Staffing Escalation Flow Chart 6.5

5.2.3 Appendix 1 indicates that no unsafe staffing levels were declared during the month of July on the UNIFY return submitted on July 15. On each occasion unsafe staffing levels were declared by Ward staff, senior nursing staff intervened to adjust capacity or demand to ensure patients were not put at risk.

5.2.4 During July the system shows several departments reporting sub planned staffing levels. Associate Chief Nurses have affirmed that at no time did this put patients at risk or could it be considered 'unsafe'. There is clear evidence that these areas are still safe and mitigating actions were taken in light of staffing levels falling below planned levels. A full breakdown of the wards and departments affected is shown below:

- **Burns unit, Ward 11**
  The Burns unit had very low occupancy during July and was able to reduce night time RN staffing without altering the Quality of care patients received. It's co-location with Critical care ensures that further assistance is always close at hand should it be necessary.

- **National Spinal Injuries centre (NSIC), Stoke Mandeville Hospital**
  There was some attrition last month however recruitment activity is very high. The figures are based on the new establishment figures from the staffing uplift which occurred earlier this year. NSIC are actively working on increasing our nursing complement to reflect these new numbers. This has led to the qualified nursing numbers to be below those in the safe fields, but this is mitigated by ensuring there are extra Health Care Assistants on duty.

  On all shifts we ensure there is minimum of 2 trained staff, although all unfilled shifts are entered onto Bank Partners (bank/ agency), but this uplift depends on extra staff being available. NSIC has recently appointed 11 overseas qualified nurses, all of whom are awaiting their PINs (for up to 8 weeks in some cases) and as such are not working as trained nurses, (adding to the increased percentage of HCA's). Each will receive specialist spinal and ventilatory nursing training in addition to corporate induction and general orientation.

  The Centre have recruited above HCA establishment on fixed term contracts, in order to mitigate patient safety by ensuring that there enough staff to carry out basic patient care. Whilst not ideal, this has ensured that NSIC does not compromise patient care. The core of RNs on staff are experienced, expert and skilled at supervising this new cohort in delivering safe care at all times.

  There are another 10 overseas nurses coming during September, that will equally be awaiting their PINs and another 3 newly qualified local graduate nurses, also working as HCA. This will make the figures look similar for August, September and then start to improve in October.

- **St. Francis Ward (Childrens), NSIC, Stoke Mandeville Hospital**

The Ward is closed at weekends and closed to new Paed. Spinal injury admissions inc. ventilated children. New RNs have been appointed and will be in post in Sept.. When they have been orientated the ward will reopen to full operational capacity.

- **Wards 1 & 2, Trauma & Orthopaedics, Stoke Mandeville Hospital**
  This month, Trauma and Orthopaedics Ward s 1 & 2 reported sub planned staffing levels for unqualified care staff on day duty - Health care assistants - however the Associate Chief Nurse and Matron have affirmed that at no time did this put patients at risk or could it be considered 'unsafe'. On each occasion additional Registered Nurses were deployed to make up the shortfall. Recruitment efforts are ongoing to fill these positions.

  Ward 1&2 do have to book extra HCA' s on nights when we have a cohort bay for our elderly dementia patients who are risk of falls as we have to ensure that there is a nurse or HCA in that bay at all times. This may explain why we are over on our HCA hours on nights.

- **Ward 3, Childrens, Stoke Mandeville Hospital**
  Ward 3 is carrying RN vacancies and has therefore reduced both the acuity and volume of patients at this time - a bay has been closed until the autumn. New RNs have been appointed and will be in post in Sept.. When they have been orientated the ward will reopen to full operational capacity.

- **Ward 5, Haemato-Oncology, Stoke Mandeville Hospital**
  Following the establishment review in January 2014 we have been actively recruiting to our qualified nurse posts to meet the new qualified nurse ratio and gradually reducing our HCA establishment to meet the new requirements.

  The number of HCA posts is now only 0.5 wte above our new establishment; however we are also currently supporting 1 wte HCA who is awaiting redeployment from the spinal unit. Due to the rapidly changing acuity and dependency on ward 5 there are occasions when additional HCA or qualified staff are required for meeting national standards of care e.g. neutropenic sepsis (minimum of 1 nurse for 2 patients). For high intensity chemotherapy administration we need to ensure there are 2 chemotherapy trained nurses on each shift.

  We continue to recruit to our qualified nurse posts and are awaiting 2 new starters in September. Once these staff are settled into post we hope to be able to roster 3 qualified nurses onto nights regularly.

- **Ward 6, Respiratory, Stoke Mandeville Hospital**
  Vacancies and staff ward moves has meant that we have not always achieved the optimal staffing numbers but at no time has the ward been unsafe and has always achieved the minimal staffing levels.

- **Ward 12A, General Surgery, Wycombe Hospital**
  Ward 12A RN actual staffing levels on night duty fell below 95% this month; however this was countered by lower occupancy levels than usual. Ward managers were therefore able to adjust the roster across the 24h continuum to keep all of the in patients safe at all times. Further recruitment efforts and co-ordination of the Elective surgical pathway will lead to improved utilisation and recruitment in coming months.

- **Critical care**

- **ICU, Stoke Mandeville Hospital**
  Qualified staff during day shortfall (93%) was met by using staff on management days and Practice development team to help deliver care for patients. There is a shortfall of qualified staff due to trying to set up Outreach service 24/7 and staff leaving or taking a career break. There is an ongoing recruitment process - 3 new members of staff started in June. Each requires 6 weeks supernumerary period for induction to critical care, so are not counted in the qualified staff numbers but by working each shift with a mentor they are learning the role and able to help support with delivery of nursing care for patients.

  HCA short fall during day and at night was due to one member of staff being on Maternity leave. A new staff member has been appointed on fixed term contract to cover this. Unqualified staff focus on putting away stores and liaising closer with housekeeper for cleaning and tidying roles, when appropriate.

  At no time was patient care ever compromised due to lack of staffing levels on either WGH or SMH ICU. Qualified staff fluctuated depending on levels of patients there was a decrease in the number of level 3 patients in July - for 24 out of the 31 days therefore staffing altered. Unit was safe. We hold 6.87 WTE vacancies and were waiting for 4 new starters, 3 WTE RNs were on orientation until July therefore not in the numbers. At no time was patient care ever compromised due to lack of staffing levels on either WGH or SMH ICU.

- **ICU, Wycombe Hospital**
  WH ICU has 5 WTE vacancies and 4.59 WTE RNs are to start in September. There were also 4 WTE new starters that were supernumerary while on orientation - the unit adjusts its bed complement and staffing for electives etc as needed. As an elective service the unit has been able to adjust demand to meet the available capacity to ensure the unit was safe at all times. HCA's are currently short as we have a vacancy and redeployed a staff member due to sickness.

- **Neonatal Intensive care, Stoke Mandeville Hospital**
  Neonatology were 98 % safe with trained staff and 31% safe with Nursery Nurses. We are completely recruited to Nursery Nurse positions and are waiting for them to be in post and have completed their orientation. We have another 5 nurses coming into post at the beginning of September.

  The unit was safe for the entire month of July although we had an extremely high number of HDU and ITU infants from around the 26th July. The case mix does exceed the threshold upon which the establishment is based. As a result acuity and dependency (workload) are being carefully controlled. Repatriations from Oxford of Bucks. babies was suspended from July 26 and Senior Nurse, CNS and Practice development team have supplemented staffing on evenings and weekends. A new funding model with commissioners across the Neonatal network which reflects actual workload and allows for adjustment to establishment in year is currently under development.

- **Post Natal Ward, Obstetrics, Stoke Mandeville hospital**
  The only area that is showing under 100% (but over 85%) is for care staff in Obstetrics. This is often due to one or more nursery nurses being unavailable against the planned rota. On each occasion Registered Midwives have been able to mitigate this shortfall in order to continue to operate the department safely. There is one wte on long term sick. We have just successfully recruited Maternity care assistants – and hopefully will be up to establishment once these are in post.

5.2.6 It should also be pointed out that as the trust Qlick systems monitors safe / unsafe staffing levels and the UNIFY return (Appendix 1) requires a commentary of planned v. actual staffing levels which is clearly a higher value, a careful review of each individual line was made to ensure that the return does reflect planned v. actual staffing levels.

5.2.7 Please note this will often show over 100% for the shifts as the return is looking at planned rotas versus actual staff that were on duty.

Reviewing this with the Associate Chief Nurses examples were given where if escalation beds are opened, acuity is higher than normal or a patient needs “specialing” then they will assign more staff than the rota states but this is a day to day professional judgement. As this return is then converted to hours in some cases just having 10 hours more over the month can look like 8% over planned.

5.4 Quality and outcome measures - Ward dashboards

5.4.1 All wards have Quality dashboards comprising key clinical quality safety measures so that staffing levels can be triangulated with any safety measures to assess the impact of staffing levels on patient outcomes.

5.4.2 Key quality and outcome measures - for example, data on safety thermometer or equivalent for non-acute settings, serious incidents, pressure ulcers, falls, medication administration errors, healthcare associated infections (HCAIs), complaints, patient experience / satisfaction and staff experience / satisfaction are monitored routinely.

6. SUMMARY

6.1 This paper has described progress on real time monitoring of Ward Based Staffing and related interventions.

6.2 Twice a year review of ward based staffing using an evidence based tool comprising Staffing reviews which consistently use the same triangulated methodology (acuity/dependency tool; professional judgement; benchmarking with comparators) will follow over forthcoming months.

7. OPTIONS AND DECISIONS REQUIRED

This paper asks Board :

- To note the current situation on ward staffing and the national expectations of service providers.

8. NEXT STEPS / WAY FORWARD:

Board is asked to note:

8.1 The Chief Nurses approach to evaluating Nursing and Midwifery staffing requirements and considering at more length the organisational, strategic and financial implications of recent NICE guidance and

8.2 Refinement of the Qlick real time safe staffing monitoring tool to reflect safe, planned, optimal and actual staffing

Authors:
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9. APPENDIX 1: UNIFY RETURN AUGUST 14, 2014 – STAFFING: NURSING, MIDWIFERY & CARE STAFF – JULY 2014

				Day				Night				Day		Night	
				Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		RN	HCA / NN	RN	HCA / NN
Hospital Site name	Ward name	Specialty 1	Specialty 2	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Total monthly planned staff hours	Total monthly actual staff hours	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)
Amersham Hospital	RXQ-AHCHA Ward	314 - REHABILITATION		1395	1365	930	1710	620	620	310	620	97.8%	183.9%	100.0%	200.0%
Amersham Hospital	RXQ-AHHEB	314 - REHABILITATION		930	1155	1162.5	1470	620	630	310	620	124.2%	126.5%	101.6%	200.0%
Amersham Hospital	RXQ-AHWSC Unit	314 - REHABILITATION		1395	1372.5	1395	1860	620	620	310	590	98.4%	133.3%	100.0%	190.3%
Buckingham Hospital	RXQ-BCH Ward	314 - REHABILITATION		930	952.5	930	1035	620	610	310	320	102.4%	111.3%	98.4%	103.2%
Florence Nightingale Hospice	RXQ-FNH Ward	315 - PALLIATIVE MEDICINE		930	1072.5	930	930	620	700	310	460	115.3%	100.0%	112.9%	148.4%
Marlow Hospital	RXQ-MH Ward	314 - REHABILITATION		930	930	630	630	620	620	630	340	100.0%	100.0%	100.0%	54.0%
Stoke Mandeville Hospital	RXQ-SM BURNS UNIT	160 - PLASTIC SURGERY		713	678.5	115	115	713	356.5	345	345	95.2%	100.0%	50.0%	100.0%
Stoke Mandeville Hospital	RXQ-SM STA	400 - NEUROLOGY		4185	3907.5	1395	2572.5	2790	2340	620	1390	93.4%	184.4%	83.9%	224.2%
Stoke Mandeville Hospital	RXQ-SM STD	400 - NEUROLOGY		1860	1155	1162.5	1687.5	930	620	620	770	62.1%	145.2%	66.7%	124.2%
Stoke Mandeville Hospital	RXQ-SM STF	400 - NEUROLOGY		375	397.5	150	150	375	380	190	190	106.0%	100.0%	101.3%	100.0%
Stoke Mandeville Hospital	RXQ-SM STG	400 - NEUROLOGY		1395	1207.5	930	1522.5	930	620	310	680	86.6%	163.7%	66.7%	219.4%
Stoke Mandeville Hospital	RXQ-SM STJ	400 - NEUROLOGY		930	810	697.5	1087.5	620	520	430	430	87.1%	155.9%	83.9%	100.0%
Stoke Mandeville Hospital	RXQ-SM W1	110 - TRAUMA & ORTHOPAEDICS		2325	2692.5	1860	1755	1240	1500	930	1220	115.8%	94.4%	121.0%	131.2%

Stoke Mandeville Hospital	RXQ-SM W10	300 - GENERAL MEDICINE		1860	2287.5	930	930	930	1230	620	590	123.0%	100.0%	132.3%	95.2%
Stoke Mandeville Hospital	RXQ-SM W16a	100 - GENERAL SURGERY		1627.5	2025	930	1192.5	930	960	590	590	124.4%	128.2%	103.2%	100.0%
Stoke Mandeville Hospital	RXQ-SM W16b	502 - GYNAECOLOGY	130 - OPHTHALMOLOGY	1395	1815	465	1080	620	940	620	650	130.1%	232.3%	151.6%	104.8%
Stoke Mandeville Hospital	RXQ-SM W3	420 - PAEDIATRICS		2173.5	2173.5	80.5	80.5	2173.5	2173.5	69	69	100.0%	100.0%	100.0%	100.0%
Stoke Mandeville Hospital	RXQ-SM W4	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1395	1695	930	975	620	600	620	600	121.5%	104.8%	96.8%	96.8%
Stoke Mandeville Hospital	RXQ-SM W5	303 - CLINICAL HAEMATOLOGY	340 - RESPIRATORY MEDICINE	1627.5	1762.5	465	742.5	930	630	670	670	108.3%	159.7%	67.7%	100.0%
Stoke Mandeville Hospital	RXQ-SM W6	340 - RESPIRATORY MEDICINE		2325	2167.5	1162.5	1342.5	1240	1120	620	610	93.2%	115.5%	90.3%	98.4%
Stoke Mandeville Hospital	RXQ-SM W7	430 - GERIATRIC MEDICINE	302 - ENDOCRINOLOGY	1395	1620	465	937.5	620	620	620	620	116.1%	201.6%	100.0%	100.0%
Stoke Mandeville Hospital	RXQ-SM W8	430 - GERIATRIC MEDICINE		1395	2152.5	930	1042.5	620	930	620	790	154.3%	112.1%	150.0%	127.4%
Stoke Mandeville Hospital	RXQ-SM W9	300 - GENERAL MEDICINE		1395	1762.5	465	892.5	620	860	620	620	126.3%	191.9%	138.7%	100.0%
Thame Hospital	RXQ-THC Ward	314 - REHABILITATION		930	967.5	585	585	620	620	10	10	104.0%	100.0%	100.0%	100.0%
Wycombe Hospital	RXQ-WH CCU2A	320 - CARDIOLOGY		1860	2160	465	960	930	1190	310	360	116.1%	206.5%	128.0%	116.1%
Wycombe Hospital	RXQ-WH W12A	100 - GENERAL SURGERY		930	1080	465	862.5	620	590	340	340	116.1%	185.5%	95.2%	100.0%
Wycombe Hospital	RXQ-WH W12B	110 - TRAUMA & ORTHOPAEDICS		1395	1447.5	465	1065	620	640	310	630	103.8%	229.0%	103.2%	203.2%
Wycombe Hospital	RXQ-WH W12C	101 - UROLOGY		930	1087.5	930	915	620	620	310	310	116.9%	98.4%	100.0%	100.0%
Wycombe Hospital	RXQ-WH W5B	430 - GERIATRIC MEDICINE		930	1275	930	922.5	620	620	620	610	137.1%	99.2%	100.0%	98.4%
Wycombe Hospital	RXQ-WH W8	300 - GENERAL MEDICINE		2790	2820	930	1590	1240	1570	310	740	101.1%	171.0%	126.6%	238.7%

Stoke Mandeville Hospital	RXQ-SM ITU	192 - CRITICAL CARE MEDICINE		3983.5	3722	573.5	469.5	3751	3685	341	154	93.4%	81.9%	98.2%	45.2%
Stoke Mandeville Hospital	RXQ-SM NNU	192 - CRITICAL CARE MEDICINE		2604	2562	868	266	2604	2366	868	364	98.4%	30.6%	90.9%	41.9%
Wycombe Hospital	RXQ-WH ITU	192 - CRITICAL CARE MEDICINE		2046	1975	465	418.5	2046	1892	341	165	96.5%	90.0%	92.5%	48.4%
Stoke Mandeville Hospital	RXQ- SM ROTH	501 - OBSTETRICS		3038	3024	1736	1470	2170	2170	1302	1162	99.5%	84.7%	100.0%	89.2%