Buckinghamshire Healthcare **NHS**

NHS Trust

BOARD SEMINARJUNE 25TH 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 publishing of staffing data
Action / decision required (e.g., approve, note, support, endorse)	The Board are asked to approve the actions taken andproposed 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

Author of Paper
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Presenter of Paper
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Other committees / groups where this paper / item has been considered
Nursing & Midwifery policy Board, Directors forum

Date of Paper
June 19, 2014

Board seminar Meeting June 25th, 2014

1. PURPOSE OF PAPER
The purpose of this paper is:
- To report on the timetable of actions to meet the Care Quality Commission and NHS England *Hard Truths commitment* regarding the publishing of staffing data
- To share progress on real time monitoring of Ward Based Staffing and related interventions, and
- Update Trust Board on the next steps of ward based staffing, taking into account the latest publications and guidance.

2. BACKGROUND
2.1   BHT has agreed the approach for determining, monitoring and publishing ward based nursing staffing levels.

3. KEY ISSUES
3.1   This paper provides a briefing on ward based staffing reporting to the centre as part of the desire to publish safe staffing levels via the NHS Choices web site (and BHT trust web site) for all NHS trusts in England wef June 24, 2014.

4. OPTIONS AND DECISIONS REQUIRED
4.1   This paper asks Trust Board :
- To agree an approach to publication of this data on the trust web site with a link to NHS choices, as in the recommended summary.

5. INTRODUCTION
5.1   BHT are committed to publishing staffing data before the end of June 2014 in the following ways:
- Information about the nurses, midwives and care staff deployed for each shift <u>compared to what has been planned</u> 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.*
- 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 will hereafter be presented to the Board every month*
- 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 will be placed on NHS choices.*

6. WARD STAFFING

6.1 Ward capacity and capability
6.1.1 This paper offers a report on :

- 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 May 2014 and
- evidence of triangulation between the use of tools and professional judgement and scrutiny.

6.2   Ward staffing, shortfalls and remedial measures

6.2.1   Appendix 1 indicates that no unsafe staffing levels were declared during the month of May on the UNIFY return submitted on June 9. 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.

6.2.2   During May the system shows that only Neonatology and Obstetrics reported any sub planned staffing levels, i.e. for unqualified care staff - Health care assistants and Nursery nurses respectively wards however 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.

6.2.3   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.

6.2.4   Please note this will often show over 100% for the shifts as the return is looking at planned rotas versus actual staff who 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.

6.2.5   A commentary to this effect (Appendix 2) has been placed on the trusts web site where a dedicated page has been established for Safe Staffing (http://www.buckshealthcare.nhs.uk/About/safe-staffing.htm)

6.2.6   It should be noted that BHT community units (Amersham, Thame, Buckingham, Marlow) have had to be assigned to Stoke Mandeville's site code as NHS England have not attached any new site codes to us (they do know and are going to correct going forward).

7.   SUMMARY

- This paper has described progress on real time monitoring of Ward Based Staffing and publication of this data.

8.   KEY ISSUES

8.1   Trust Board has been asked to consider:

- the trusts current approach to real time ward staffing monitoring and making this approach transparent to the public

9.   OPTIONS AND DECISIONS REQUIRED

9.1   This paper asks Board :
- To note the current situation on ward staffing and the national expectations of service providers.
- approve the real time ward staffing monitoring tools mechanism to publish this data on the trust web site and
- approve publication of this data on the trust web site with a link to NHS choices (and vice versa) of this presentation of these monthly safe staffing declarations and associated board papers.

10.   NEXT STEPS / WAY FORWARD:

10.1   Board is asked to consider:

10.2   Refining the Qlick real time safe staffing monitoring tool to reflect safe, planned, optimal and actual staffing and

10.3   Develop an approach to 'safe staffing ' publication including outcome data and associated board papers.

Authors:
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11.   APPENDIX 1: UNIFY RETURN JUNE 9, 2014 – STAFFING: NURSING, MIDWIFERY & CARE STAFF – MAY 2014

Fill rate indicator return

Staffing: Nursing, midwifery and care staff

Please provide the URL to the page on your trust website where your staffing information is available

| Org: | RXQ |
| Period: | May_2014-15 |

Buckinghamshire Healthcare NHS Trust

http://www.buckshealthcare.nhs.uk/About/safe-staffing.htm

Hospital Site Details		Ward name	Main 2 Specialties on each ward		Day				Night				Day		Night	
					Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff					
Site code *The Site code is automatically populated when a Site name is selected	Hospital Site 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 - RXQ51	RXQ-AH CHA Ward	314 - REHABILITATION		1365	1387.5	1670	1672.5	620	630	610	610	101.6%	100.1%	101.6%	100.0%
	Amersham Hospital - RXQ51	RXQ-AH BNRU	314 - REHABILITATION		1162	1177.5	1440	1447.5	610	610	610	620	101.3%	100.5%	100.0%	101.6%
	Amersham Hospital - RXQ51	RXQ-AH WSC Unit	314 - REHABILITATION		1395	1417.5	1756	1965	620	620	610	610	101.6%	111.9%	100.0%	100.0%
	Stoke Mandeville Hospital - RXQ02	RXQ-BCH Ward	314 - REHABILITATION		930	937.5	325	380	610	610	325	325	100.8%	116.9%	100.0%	100.0%
	Stoke Mandeville Hospital - RXQ02	RXQ-FNH Ward	315 - PALLIATIVE MEDICINE		930	1140	900	910	620	680	230	250	122.6%	101.1%	109.7%	108.7%
	Stoke Mandeville Hospital - RXQ02	RXQ-MH Ward	314 - REHABILITATION		930	945	600	607.5	620	620	325	325	101.6%	101.3%	100.0%	100.0%
	Stoke Mandeville Hospital - RXQ02	RXQ-SM BURNS UNIT	160 - PLASTIC SURGERY		713	713	149	149.5	356	356.5	325	356.5	100.0%	100.3%	100.1%	109.7%
	Stoke Mandeville Hospital - RXQ02	RXQ-SM STA	400 - NEUROLOGY		3921	3922.5	1395	1415	2249	2250	620	659	100.0%	101.4%	100.0%	106.3%
	Stoke Mandeville Hospital - RXQ02	RXQ-SM STD	400 - NEUROLOGY		1162	1162.5	1162.5	1455	620	620	620	640	100.0%	125.2%	100.0%	103.2%
	Stoke Mandeville Hospital - RXQ02	RXQ-SM STF	400 - NEUROLOGY		345	390	142	142.5	340	340	241	245	113.0%	100.4%	100.0%	101.7%
	Stoke Mandeville Hospital -	RXQ-	400 - NEUROLOGY		1335	1335	930	950	639	640	550	600	100.0%	102.2%	100.2%	109.1%

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Trust	Ward	Specialty	Specialty 2												
RXQ02 Stoke Mandeville Hospital - RXQ02	SM STG RXQ-SM STJ	400 - NEUROLOGY		742	742.5	697.5	900	568	570	340	340	100.1%	129.0%	100.4%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W1	110 - TRAUMA & ORTHOPAEDICS		2325	2940	1655.5	1657.5	1240	1530	1250	1330	126.5%	100.1%	123.4%	106.4%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W10	300 - GENERAL MEDICINE		1860	2445	930	922.5	930	1280	620	630	131.5%	99.2%	137.6%	101.6%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W16a	100 - GENERAL SURGERY		1627.5	1770	930	1245	930	930	640	640	108.8%	133.9%	100.0%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W16b	502 - GYNAECOLOGY	130 - OPHTHALMOLOGY	1395	1800	930	1192.5	790.5	990	600	600	129.0%	128.2%	125.2%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W3	171 - PAEDIATRIC SURGERY		2380	2380.5	149	149.5	2323	2323	57	57.5	100.0%	100.3%	100.0%	100.9%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W4	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1395	1740	930	937.5	600	600	620	620	124.7%	100.8%	100.0%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W5	303 - CLINICAL HAEMATOLOGY	300 - GENERAL MEDICINE	1627.5	1672.5	800.5	802.5	620	630	590	590	102.8%	100.2%	101.6%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W6	340 - RESPIRATORY MEDICINE		2150	2152.5	1162.5	1357.5	1190.5	1200	620	650	100.1%	116.8%	100.8%	104.8%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W7	430 - GERIATRIC MEDICINE	302 - ENDOCRINOLOGY	1395	1545	620	870	620	620	620	620	110.8%	140.3%	100.0%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W8	430 - GERIATRIC MEDICINE		1395	1785.5	930	967.5	620	790	620	620	128.0%	104.0%	127.4%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM W9	300 - GENERAL MEDICINE		1395	1522.5	631	817.5	620	730	515	520	109.1%	129.6%	117.7%	101.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM ITU	192 - CRITICAL CARE MEDICINE		3580	3591	631	631	3580	3507	345.5	345.5	100.3%	100.0%	98.0%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM NNU	192 - CRITICAL CARE MEDICINE		2710	2710	930	850	1843	1843	651	590	100.0%	91.4%	100.0%	90.6%
Stoke Mandeville Hospital - RXQ02	RXQ-THC Ward	314 - REHABILITATION		930	960	325	442.5	620	620	325	325	103.2%	136.2%	100.0%	100.0%
Wycombe Hospital - RXQ50	RXQ-WH CCU2A	320 - CARDIOLOGY		1860	2280	920.5	922.5	930	1240	310	310	122.6%	100.2%	133.3%	100.0%
Wycombe Hospital - RXQ50	RXQ-WH W12A	100 - GENERAL SURGERY		930	1027.5	792	795	520	520	320	320	110.5%	100.4%	100.0%	100.0%
Wycombe Hospital - RXQ50	RXQ-WH W12B	110 - TRAUMA & ORTHOPAEDICS		1320	1320	930	1035	610	610	450	450	100.0%	111.3%	100.0%	100.0%
Wycombe Hospital - RXQ50	RXQ-WH W12C	101 - UROLOGY		930	1192.5	892	892.5	620	620	340	340	128.2%	100.1%	100.0%	100.0%
Wycombe Hospital - RXQ50	RXQ-WH W5B	430 - GERIATRIC MEDICINE	314 - REHABILITATION	930	1227.5	930	937.5	620	620	620	620	132.0%	100.8%	100.0%	100.0%
Wycombe Hospital - RXQ50	RXQ-WH W8	300 - GENERAL MEDICINE		2790	3382.5	1807	1807.5	1540	1990	620	770	121.2%	100.0%	129.2%	124.2%
Wycombe Hospital - RXQ50	RXQ-WH ITU	192 - CRITICAL CARE MEDICINE		1900	1900	631	631	1848	1869	345.5	345.5	100.0%	100.0%	101.1%	100.0%
Stoke Mandeville Hospital - RXQ02	RXQ-SM ROTH	501 - OBSTETRICS		3022	3022	3155	2855	1627	1627	890	850	100.0%	90.5%	100.0%	95.5%

12.   APPENDIX 2: TRUST WEB PAGE JUNE 24, 2014 – STAFFING: NURSING, MIDWIFERY & CARE STAFF

13.   SAFE STAFFING

Buckinghamshire Healthcare NHS Trust is committed to *delivering safe and compassionate care, every time.* To do this we need to ensure that we have the right staff in the right place at the right time.

We use a real-time monitoring system which enables ward managers to monitor, escalate and manage staffing to ensure that our wards are safely staffed at all times delivering high-quality healthcare when and where it is needed.

Our nurses and healthcare practitioners use their clinical judgment and professional expertise to manage staffing appropriately. In situations where staff levels fall below the agreed number our nurses take immediate action to address the situation. This might include:

- Redistributing staff across wards
- Delaying non-urgent admissions
- Transferring high-dependency patients to less pressured settings
- Calling in staff on leave
- Drafting in agency or bank nurses

Details of our monthly staffing levels for nursing, midwifery and care staff on all inpatient wards across the Trust can be found on this page as part of a national commitment to putting patients first.

This data shows on a ward-by-ward basis how we are succeeding in our ambition to deliver 'above safe' levels of staffing and, should we fall short of our expectations, information on why and how we intend to improve.

You will find:

- Details of the planned number of staff for each ward
- Details of the actual number of staff for each ward

- A percentage 'fill rate' for staff which indicates if we met our planned number of staff that month

What is safe staffing?

Evidence shows that staffing shortfalls can lead to a risk to patient care. To ensure that we can deliver our mission of *safe and compassionate care, every time* and fulfil our promises to patients we have an ambition to provide 'above safe' levels of staffing wherever possible. This ambition and our agreed levels of safe staffing are detailed in this report.

The National Institute for Health and Care Excellence (NICE) is currently working on developing guidance on safe staffing capacity and capability in the NHS in England. Whilst this is under development the National Quality Board (NQB) has issued immediate expectations of NHS providers in its Guide to nursing, midwifery and care staffing capacity and capability. Our aim is to meet and exceed these guidelines for the safety of our patients.

Our safe staffing ambition is supported by a £5 million investment to recruit trained nursing staff across the Trust.

Since July 2013 we have recruited over 200 nurses and 100 health care assistants to support delivery of 'above safe' levels of staffing on our wards.

This month's performance

The May safe staffing data shows that every ward in the Trust has declared safe staffing levels for every shift during the month.

Where the return shows a value above 100% it should be noted that the return measures planned i.e. current numbers of established staff, versus actual number of staff who reported for duty that shift. Where the hospital requires additional capacity because of surges in emergency demand extra beds are opened, acuity is higher than normal or a patient needs 1:1 nursing then more staff will be rostered but this is a day-to-day professional judgement on the part of senior nursing staff. As this return is then converted to hours in some cases just having ten hours more over the month can look like a fill rate 8% over planned.

The only areas that are showing under 100% (but over 90%) are for care staff in obstetrics and neonatology. This is often due to one or more nursery nurses being unavailable against the planned rota. On each occasion registered midwives and sick children's nurses have been able to mitigate this shortfall in order to continue to operate these departments safely.

Read the May data

Safe staffing on the wards

As well as monthly safe staffing data on this page you will find a 'safe staffing board' on every ward. These boards are updated at each shift to show the planned number of staff for that ward, the actual number of staff on that ward and details of the ward manager at that time.

The boards are designed to give patients and their friends, family and visitors peace of mind that our wards are safely staffed at all times. If you have any concerns about staffing on a ward that you are on or visiting you should speak to the person named on the ward's safe staffing board.

More information

For more information about our ward staffing data contact Noel Scanlon, Deputy Chief Nurse
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