

Safe Staffing report: Board Meeting October 29th , 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 guidance from the National Quality board (2013) and NICE (2014).

3. INTRODUCTION

- 3.1 BHT are committed to publishing staffing data 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.
- 3.2 The monthly report (Appendix one) is also published on the Trust's website, and link to the relevant hospitals webpage on NHS Choices.
- 3.3 The Board should receive a report every six months on staffing capacity and capability which has involved the use of an evidence-based tools. The next report of this work will be presented to trust board in the autumn. The Adult ward study was completed during August. External data validation has also taken place and the findings are being studied by the divisions before being brought back to the board for the review in October. Further reports on Childrens Nursing and Midwifery will be brought forward later in the year.

STAFFING

4.1 Ward capacity and capability

This paper offers a report on the difference between the actual ward staffing and planned establishment and details of how this gap was managed in the month of **August 2014**:

Amersham hospital:

Chartridge ward

Chartridge ward has 4 Health care assistant (HCA) vacancies, 3 newly Qualified Registered Nurses (RNs) - 1 of whom is waiting on her PIN number. Bank use is therefore frequent but fill rate has been disappointing - on occasion because of no shows or late cancellation by the bank member.

Waterside unit

Waterside unit has 4 HCA vacancies, 5 newly Qualified RNs - 3 of whom are waiting on their PIN numbers. Bank use is therefore frequent but fill rate has also been disappointing - compounded by the need to special one patient continuously for one week in September.

Stoke Mandeville Hospital **Florence Nightingale House Hospice**

Matron is now successfully staffing FNH to optimal staffing levels of 3 trained on an early and 2 HCA, 2 trained on a late and 1 HCA.

Burns unit

The Burns unit had variable levels of occupancy during September but does not reduce night times RN staffing as the minimum complement is 1 RN on each shift. At no time has this been breached. HCA support is more variable. It's co-location with Critical care ensures that further assistance is always close at hand should it be necessary.

Intensive care Unit

The shortfall of qualified staff has now been corrected with 3 new members of staff who started in June completing their orientation. HCA short fall during at night was due to one member of staff being on Maternity leave. A new staff member has been appointed on a Fixed term contract to cover this. Unqualified staff focus on putting away stores and liaising closely with housekeeper for cleaning and tidying roles ,when appropriate. HCA's are currently short as we have a vacancy and redeployed a staff member due to sickness. The role of HCAs in Critical care is supportive - filling supplies, maintaining stock levels, tidying and assisting RNs. RNs deliver direct patient care. At no time was patient care compromised.

Neonatal intensive care

We are completely recruited to Nursery Nurse positions and are waiting for them to be in post and have completed their orientation. The unit was safe for the entire month of September although we had an extremely high number of high dependency (HDU) and ITU infants .The Neonatal unit had 2.46 wte (whole time equivalent) vacancies in September and 2.0 wte new starters on supernumerary orientation. Shifts were kept safe through cover from the Practice development nurse, Senior Nurse, Bank, Agency and help from ward 3. Some Bucks babies have had repatriation delayed and out of area babies have been refused.

National spinal injuries centre

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 planned levels, but this is mitigated by ensuring there are extra Health Care Assistants on duty, 11 of whom are overseas nurses who cannot practice as RNs until their PINs (Personal identification numbers) come through from the Nursing & Midwifery council (for several months in some cases).

NSIC has recently appointed a further 10 overseas qualified nurses, who arrived in September all of whom are also awaiting their PINs. There are another 3 newly qualified local graduate nurses, also working as HCAs. Each will receive specialist spinal and ventilatory nursing training in addition to corporate induction and general orientation.

NSIC are also attended National recruitment events in London and Milton Keynes in September. 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 fundamental patient care. Whilst not ideal, this has ensured that NSIC does not compromise patient care or safety. The core of RNs on staff are experienced, expert and skilled at supervising this new cohort in delivering safe care at all times. These figures look similar for August but will start to improve in October. The clinical area is mainly linked to the rehabilitation of spinal cord injury and as such is very well supported by therapy staff. Therapy occurs in the ward and gym areas of NSIC and as such there are a number of extra qualified staff supporting the care needs of these patients.

St. Francis ward

St. Francis 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

Ward 1 & 2 are carrying vacancies despite the arrival of three new Overseas nurses none of whom have yet received their PIN from the NMC so cannot yet function as RNs but are part of the ward complement. In the meantime specialising some confused and at risk patients has presented further demands.

Ward 3 Paediatrics

Ward 3 is carrying RN vacancies and have 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 in Sept.. When they have been orientated the ward will reopen to full operational capacity.

Ward 5 Oncology

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 had 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 7 Diabetes & General Medicine

Ward 7 have 4 RN vacancies and 1 HCA vacancy. The ward has also had to special 1 patient every day of September.

Wards 8 & 9 Elderly Medicine

Ward 8 currently operates 4 escalation beds above their established bed complement of 21. They have also had to support 2 patients requiring specials every day in September. Bank fill rate for Elderly care remains low which the Matron is investigating. However, the situation is closely monitored and matron remedies any shortfalls daily.

Ward 9 have 3 newly appointed RNs who are supernumerary until their PINs are received and their orientation complete. In addition there are 7 RN vacancies and 2.5 HCA vacancies.

Ward 10 Acute Medical assessment unit

Ward 10 have 5 newly appointed overseas RNs who are supernumerary until their PINs are received and their orientation complete. In addition there are 2RN vacancies.

Ward 16B Surgery

Ward 16B is carrying vacancies and had high throughput during September with the additional demand of 1:1 nursing for some DIEP Flap¹ patients. Risks were appropriately escalated and managed across the Surgical floor to maintain safety.

Wycombe Hospital

Cardiology

Cardiac is two level 2 areas with monitored patients and a skill mix which has to be cardiac trained. We daily juggle the skill mix around WGH to cover all areas diluting with the agency or bank staff that are in the numbers who may not have a CCU course. The patients are safe on those days and if they are not it is escalated to be actioned as the lead nurse who is also clinically in all areas reviewing what is needed to keep the area safe. Complements for ward 2A and CSRU are uplifted to make the areas safe. Cardiac also has high vacancies and are actively recruiting - there are 18 wte to fill.

Surgical treatment centre

Wards 12B & 12C: The fill rate for Staff Nurses and Health care assistants from Bank Partners is low, especially on 12B. The Elective treatment centre moves it's own permanent staff around to cover off any gaps left by unfilled shifts. In addition utilisation was less than 100% during this month. Patient safety was never at risk during this time.

Intensive care

Intensive care has 5 WTE vacancies and 4.59 WTE RNs started in September. There were also 4 WTE new starters that were supernumerary while on orientation - the unit fluctuates its beds 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. The role of HCAs in Critical care is supportive - filling supplies, maintaining stock levels, tidying and assisting RNs. Only RNs deliver direct patient care. At no time was patient care compromised.

4.2 Overall, the staffing picture is improving as vacancies are filled and new appointments come into post following intense recruitment activity earlier in the year. Ward 6 (SMH) and Ward 12A (Wycombe) came off the Safe staffing report last

¹ DIEP is a type of breast reconstruction in which blood vessels called deep inferior epigastric perforators (DIEP), and the skin and fat connected to them are removed from the lower abdomen and transferred to the chest to reconstruct a breast after mastectomy without the sacrifice of any of the abdominal muscles. However, abdominal musculature may be denervated by the DIEP dissection.

The DIEP flap is similar to the muscle-sparing free TRAM flap but only requires the removal of skin and fat. Unlike with the TRAM procedure no muscle is sacrificed. However the DIEP flap - as the TRAM flap - requires an incision into the abdominal (rectus) muscle. The blood vessels, or perforators, required to keep the tissue alive lay just beneath or within the abdominal muscle. Therefore, a small incision is made in the abdominal muscle in order to access the vessels.

After the skin, tissues and perforators (collectively known as the "flap") have been dissected, the flap is transplanted and connected to the patient's chest using microsurgery. The plastic surgeon then shapes the flap to create the new breast. As no abdominal muscle is removed or transferred to the breast patients may experience less pain post-operatively and a faster recovery compared to TRAM flap patients - but this has not been documented in numerous scientific studies. In fact studies comparing abdominal results with the muscle sparing free TRAM and the DIEP show equal abdominal results in terms of strength and incidence of hernia/bulge. Abdominal strength is also maintained long-term following the DIEP and the muscle sparing TRAM flap procedure.

Many women who undergo this form of reconstruction enjoy the added benefit of a flatter abdomen, with results that mimic a "tummy tuck" procedure. As with all types of breast reconstruction however, 2 or 3 stages performed a few months apart are often required to complete the reconstruction process and to obtain the best cosmetic result.

Unfortunately, due to the complexity of the surgery few breast centres offer DIEP flap breast reconstruction. The operating time may be twice as long as with the muscle sparing free TRAM and the blood flow to the DIEP flap may not be as good as that to the muscle sparing TRAM operation - something to seriously consider and ask about prior to choosing this method. However, with better preoperative imaging of the blood vessels in the abdomen (using CT-scan) operative time and complication rate can be further reduced in DIEP flap breast reconstruction.

THE CALL FOR CLOSER MONITORING IS THEREFORE DICTATED BY THE HIGHER RISK OF COMPLICATIONS THUS REQUIRING MORE INTENSIVE NURSING SUPERVISION.

month and the scale of unsafe staffing declarations is easing. However, until new recruits have been orientated, inducted and assimilated into registered nurse teams and critically received Nursing and Midwifery council PIN numbers they will not be counted in the RN workforce.

Further appointments are expected to both staff up wards which have featured persistently in these reports and allow these services to open to full capacity in the next couple of months.

4. OPTIONS AND DECISIONS REQUIRED

This paper asks Board:

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

5. NEXT STEPS / WAY FORWARD:

Board is asked to note:

- 8.1 The Chief Nurses approach to evaluating Nursing and Midwifery staffing requirements and the impact of ongoing recruitment activity
- 8.2 Utilisation of the Qlick real time safe staffing monitoring tool to reflect safe, planned, optimal and actual staffing.

**6. APPENDIX 1:
UNIFY RETURN SEPTEMBER 15, 2014 – STAFFING: NURSING, MIDWIFERY & CARE STAFF – SEPTEMBER, 2014**

Fill rate indicator return															
Staffing: Nursing, midwifery and care staff															
http://www.buckshealthcare.nhs.uk/About/safe-staffing.htm															
Hospital Site name	Ward name	Main 2 Specialties on each ward		Day		Day		Night		Night		Average fill rate			
				Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Day		Night	
		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	Total monthly planned staff hours	Total monthly actual staff hours	Registered nurses/ midwives (%)	Care staff (%)
Amersham Hospital	Chartridge	314 - REHABILITATION		1350	1380	1680	1560	600	600	600	600	102.2%	92.9%	100.0%	100.0%
Amersham Hospital	BNRU	314 - REHABILITATION		1110	1057.5	1492.5	1417.5	580	580	580	580	95.3%	95.0%	100.0%	100.0%
Amersham Hospital	Waterside	314 - REHABILITATION		1350	1327.5	2130	1905	600	600	600	660	98.3%	89.4%	100.0%	110.0%
Buckingham Community Hosp.	Buckingham	314 - REHABILITATION		900	930	450	885	600	590	300	300	103.3%	196.7%	98.3%	100.0%
Marlow Community Hospital	Marlow	314 - REHABILITATION		885	892.5	225	555	580	560	280	280	100.8%	246.7%	96.6%	100.0%
Stoke Mandeville Hospital	Flo Nightingale	315 - PALLIATIVE MEDICINE		1125	1155	675	667.5	600	610	300	290	102.7%	98.9%	101.7%	96.7%
Stoke Mandeville Hospital	Burns unit	160 - PLASTIC SURGERY		793.5	667	241.5	184	345	345	345	345	84.1%	76.2%	100.0%	100.0%
Stoke Mandeville Hospital	SMH ICU	192 - CRITICAL CARE MEDICINE		4785	4905	435	712.5	2970	3210	270	190	102.5%	163.8%	108.1%	70.4%

Hospital Site name	Ward name	Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses Care Staff		Care Staff		Day		Night	
				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	Registered nurses/ midwives (%)	Care staff (%)	Registered nurses/ midwives (%)	Care staff (%)
Stoke Mandeville Hospital	Neonatal intensive care	192 - CRITICAL CARE MEDICINE		1380	2369	460	402.5	1380	1207.5	460	287.5	171.7%	87.5%	87.5%	62.5%
Stoke Mandeville Hospital	Rothschild	501 - OBSTETRICS		2880	2880	885	885	1500	1500	600	600	100.0%	100.0%	100.0%	100.0%
Stoke Mandeville Hospital	St Andrew	400 - NEUROLOGY		4867.5	3532.5	1770	2565	3300	2360	900	1280	72.6%	144.9%	71.5%	142.2%
Stoke Mandeville Hospital	St David	400 - NEUROLOGY		1800	1080	1350	1507.5	900	640	600	730	60.0%	111.7%	71.1%	121.7%
Stoke Mandeville Hospital	St George	400 - NEUROLOGY		759	506	276	276	621	368	161	161	66.7%	100.0%	59.3%	100.0%
Stoke Mandeville Hospital	St Joseph	400 - NEUROLOGY		1800	1110	1350	1470	900	590	600	630	61.7%	108.9%	65.6%	105.0%
Stoke Mandeville Hospital	St Francis	400 - NEUROLOGY		1125	802.5	900	1012.5	600	570	300	350	71.3%	112.5%	95.0%	116.7%
Stoke Mandeville Hospital	Wards 1 & 2	110 - TRAUMA & ORTHOPAEDICS		2925	2737.5	2025	1890	1500	1450	900	940	93.6%	93.3%	96.7%	104.4%
Stoke Mandeville Hospital	Ward 3	420 - PAEDIATRICS		2415	2380.5	23	23	2415	1886	34.5	34.5	98.6%	100.0%	78.1%	100.0%
Stoke Mandeville Hospital	Ward 4	301 - GASTROENTEROLOGY	340 - RESPIRATORY MEDICINE	1800	1740	900	907.5	600	580	600	600	96.7%	100.8%	96.7%	100.0%
Stoke Mandeville Hospital	Ward 5	303 - CLINICAL HAEMATOLOGY	340 - RESPIRATORY MEDICINE	1957.5	1522.5	435	750	870	590	290	570	77.8%	172.4%	67.8%	196.6%
Stoke Mandeville Hospital	Ward 6	340 - RESPIRATORY MEDICINE		1050	1200	630	705	1200	1200	600	630	114.3%	111.9%	100.0%	105.0%
Stoke Mandeville Hospital	Ward 7	430 - GERIATRIC MEDICINE	302 - ENDOCRINOLOGY	1650	1567.5	562.5	885	870	580	290	620	95.0%	157.3%	66.7%	213.8%
Stoke Mandeville Hospital	Ward 8	430 - GERIATRIC MEDICINE		1680	1965	840	1087.5	540	810	540	850	117.0%	129.5%	150.0%	157.4%

Hospital Site name	Ward name	Specialty 1	Specialty 2	Registered midwives/nurses		Care Staff		Registered midwives/nurses Care Staff		Care Staff		Day		Night	
				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	Registered nurses/ midwives (%)	Care staff (%)	Registered nurses/ midwives (%)	Care staff (%)
Stoke Mandeville Hospital	Ward 9	300 - GENERAL MEDICINE		1800	1725	900	840	870	870	580	580	95.8%	93.3%	100.0%	100.0%
Stoke Mandeville Hospital	Ward 10	300 - GENERAL MEDICINE		2475	2310	900	900	1200	1130	600	610	93.3%	100.0%	94.2%	101.7%
Stoke Mandeville Hospital	Ward 16A	100 - GENERAL SURGERY		1845	1770	1050	997.5	840	860	560	560	95.9%	95.0%	102.4%	100.0%
Stoke Mandeville Hospital	Ward 16B	502 - GYNAECOLOGY	130 - OPHTHALMOLOGY	1770	1582.5	1080	1065	870	890	580	580	89.4%	98.6%	102.3%	100.0%
Thame Community Hospital	Thame	314 - REHABILITATION		885	915	217.5	517.5	600	590	10	10	103.4%	237.9%	98.3%	100.0%
Wycombe Hospital	CCU Ward 2A	320 - CARDIOLOGY		2250	2152.5	900	877.5	1200	1130	300	300	95.7%	97.5%	94.2%	100.0%
Wycombe Hospital	WH ICU	192 - CRITICAL CARE MEDICINE		3097.5	2925	442.5	450	2100	2040	300	40	94.4%	101.7%	97.1%	13.3%
Wycombe Hospital	Ward 5B	430 - GERIATRIC MEDICINE		900	1237.5	900	915	600	580	600	590	137.5%	101.7%	96.7%	98.3%
Wycombe Hospital	Ward 8	300 - GENERAL MEDICINE		3097.5	2647.5	1102.5	1260	1450	1490	580	600	85.5%	114.3%	102.8%	103.4%
Wycombe Hospital	Ward 12A	100 - GENERAL SURGERY		1200	1140	840	1035	560	570	300	400	95.0%	123.2%	101.8%	133.3%
Wycombe Hospital	Ward 12B	110 - TRAUMA & ORTHOPAEDICS		1665	1215	1057.5	937.5	600	610	600	580	73.0%	88.7%	101.7%	96.7%
Wycombe Hospital	Ward 12C	101 - UROLOGY		1410	990	1125	990	600	600	420	290	70.2%	88.0%	100.0%	69.0%