

BOARD MEETING SEPTEMBER 24TH 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 <i>Hard Truths commitment</i> 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	<ul style="list-style-type: none"> • 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					
Noel Scanlon, Interim Deputy Chief Nurse					
Presenter of Paper					
Carolyn Morrice, Chief Nurse and Director of Patient Care Standards					
Other committees / groups where this paper / item has been considered					
Nursing & Midwifery policy Board, Directors forum					
Date of Paper					
10 September 2014					

Safe Staffing report: Board Meeting September 24th, 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**:

Florence Nightingale House Hospice

Matron is attempting to staff FNH to our optimal staffing levels of 3 trained on an early and 2 HCA, 2 trained on a late and 1 HCA. These staffing levels account for the higher than expected trained nurse figures offsets the lower HCA fill rate.

Critical care

ICU, Stoke Mandeville Hospital

Qualified staff during day shortfall (97%) was met by using staff on management days and practice development team to support care delivery. 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. HCA short fall during day and at night has been mitigated by covering maternity leave with a fixed term contract. At no time was patient care compromised.

ICU, Wycombe Hospital

The unit fluctuates its beds and staffing 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.

Neonatal Intensive care, Stoke Mandeville Hospital

Neonatology was over 100 % safe with trained staff and 35-39% safe with Nursery Nurses. Nursery Nurse positions are fully, recruited to now .The unit was safe for the entire month of August although we had an extremely high number of HDU and ITU infants from around the 26th July. As a result acuity and dependency (workload) are being carefully controlled. Repatriations from Oxford of Bucks. babies was monitored closely. 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

Care staff in Obstetrics is showing fewer than 100% (but over 85%). 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. We have just successfully recruited Maternity care assistants.

In relation to Midwifery cover on Night shift in the Post natal ward, as part of the escalation process in maternity – a midwife will go from Rothschild to Labour ward at night if it is busy. If this is not sustainable – the on-call midwife is called in from home and comes to work on Rothschild. At no time was the post natal ward put at risk.

National Spinal Injuries centre (NSIC), Stoke Mandeville Hospital

NSIC are actively working on increasing the nursing complement to reflect agreed establishment. 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, 11 of whom are overseas nurses who are awaiting their PIN from the Nursing & Midwifery council. NSIC has recently appointed 10 overseas qualified nurses and 3 newly qualified local graduate nurses, who will arrive 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 essential 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 the new cohort in delivering safe care at all times.

St. Francis Ward (Children's), NSIC, Stoke Mandeville Hospital

The Ward is closed at weekends .Spinal .New RNs have been appointed and will be in post in September. When they have been orientated the ward will reopen to full operational capacity.

Ward 3, Children's, 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 September. 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 the team have been actively recruiting to qualified nurse posts to meet the new qualified nurse ratio and gradually reducing our HCA establishment to meet the new requirements.

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. .

Ward 12B, General Surgery, Wycombe Hospital

The Surgical treatment centre use their nursing teams flexibly against activity to maintain safe staffing levels. Utilisation was less than 100% during this month owing to summer leave and Operating Theatre maintenance. Day surgical capacity did increase to compensate but in-patient activity remained depressed, thus, patient safety was never at risk during this time.

- 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. Wards 1 and 2 (SMH), Ward 6 (SMH) and Ward 12A (Wycombe) have come off the Safe staffing report this 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 – AUGUST, 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				Night				Day		Night	
				Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff		Registered midwives/nurses		Care Staff	
		Specialty 1	Specialty 2	planned staff hours pcm	actual staff hours pcm	planned staff hours pcm	actual staff hours pcm	planned staff hours pcm	actual staff hours pcm	planned staff hours pcm	actual staff hours pcm	planned staff hours pcm	actual staff hours pcm	Ave. fill rate – RM / RN (%)	Ave. fill rate - care staff (%)
Amersham Hospital	Chartridge	314 - REHABILITATION		1260	1267.5	840	1492.5	560	560	280	520	101%	178%	100%	186%
Amersham Hospital	BNRU	314 - REHABILITATION		915	1095	1147.5	1440	620	620	310	580	120%	125%	100%	187%
Amersham Hospital	Waterside	314 - REHABILITATION		1305	1252.5	1305	1837.5	580	580	290	580	96%	141%	100%	200%
Buckingham Hospital	Buckingham	314 - REHABILITATION		810	802.5	877.5	877.5	540	540	270	270	99%	100%	100%	100%
Florence Nightingale Hospice	Flo Nightingale	315 - PALLIATIVE MEDICINE		930	1057.5	930	810	620	620	310	310	114%	87%	100%	100%
Marlow Hospital	Marlow	314 - REHABILITATION		810	802.5	487.5	487.5	540	530	90	90	99%	100%	98%	100%
Stoke Mandeville Hospital	Burns unit	160 - PLASTIC SURGERY		644	621	138	138	345	331	276	299	96%	100%	96%	108%
Stoke Mandeville Hospital	SMH ICU	192 - CRITICAL CARE MEDICINE		4702.5	4582.5	427.5	540	2750	2690	250	110	97%	126%	98%	44%
Stoke Mandeville Hospital	Neonatal intensive care	192 - CRITICAL CARE MEDICINE		2604	2786	868	308	2604	2688	868	336	107%	35%	103%	39%
Stoke Mandeville Hospital	Rothschild	501 - OBSTETRICS		2782.5	2670	855	765	1500	1330	600	530	96%	89%	89%	88%
Stoke Mandeville Hospital	St Andrew	400 - NEUROLOGY		4050	3487.5	1350	2595	2700	2240	600	1480	86%	192%	83%	247%
Stoke Mandeville Hospital	St David	400 - NEUROLOGY		1800	1005	1125	1687.5	900	600	600	760	56%	150%	67%	127%

Stoke Mandeville Hospital	St George	400 - NEUROLOGY		1372.5	1147.5	915	1515	930	580	310	650	84%	166%	62%	210%
Stoke Mandeville Hospital	St Joseph	400 - NEUROLOGY		870	712.5	652.5	960	580	500	360	360	82%	147%	86%	100%
Stoke Mandeville Hospital	St Francis	400 - NEUROLOGY		529	494.5	333.5	333.5	529	379.5	161	161	93%	100%	72%	100%
Stoke Mandeville Hospital	Wards 1 & 2	110 - TRAUMA & ORTHOPAEDICS		1987.5	2257.5	1590	1635	1080	1290	810	1020	114%	103%	119%	126%
Stoke Mandeville Hospital	Ward 10	300 - GENERAL MEDICINE		1560	1837.5	780	795	750	870	500	500	118%	102%	116%	100%
Stoke Mandeville Hospital	Ward 16a	100 - GENERAL SURGERY		1417.5	1650	810	982.5	810	800	520	520	116%	121%	99%	100%
Stoke Mandeville Hospital	ward 16b	502 - GYNAECOLOGY	130 – OPHTHAL'GY	1327.5	1515	442.5	1102.5	600	900	600	620	114%	249%	150%	103%
Stoke Mandeville Hospital	Ward 3	420 - PAEDIATRICS		3038	2392	46	46	3038	2093	23	23	79%	100%	69%	100%
Stoke Mandeville Hospital	Ward 4	301 – GASTRO-ENTEROLOGY	340 – RESPIR'TY MEDICINE	1350	1755	900	885	620	620	620	600	130%	98%	100%	97%
Stoke Mandeville Hospital	Ward 5	303 - CLINICAL HAEMATOLOGY	340 – RESPIR'TY MEDICINE	1417.5	1470	405	787.5	840	610	580	580	104%	194%	73%	100%
Stoke Mandeville Hospital	Ward 6	340 - RESPIRATORY MEDICINE		1245	1417.5	622.5	847.5	1200	1170	600	600	114%	136%	98%	100%
Stoke Mandeville Hospital	Ward 7	430 - GERIATRIC MEDICINE	302 – ENDOCRIN'GY	1372.5	1582.5	457.5	937.5	620	620	620	620	115%	205%	100%	100%
Stoke Mandeville Hospital	Ward 8	430 - GERIATRIC MEDICINE		1057.5	1597.5	705	1057.5	500	730	500	730	151%	150%	146%	146%
Stoke Mandeville Hospital	Ward 9	300 - GENERAL MEDICINE		1327.5	1732.5	442.5	855	620	930	620	630	131%	193%	150%	102%
Thame Hospital	Thame	314 - REHABILITATION		810	817.5	285	285	520	510	0	0	101%	100%	98%	n/a
Wycombe Hospital	CCU Ward 2A	320 - CARDIOLOGY		1860	2085	465	975	930	1130	310	310	112%	210%	122%	100%
Wycombe Hospital	WH ICU	192 - CRITICAL CARE MEDICINE		2887.5	2662.5	412.5	472.5	1820	1690	20	20	92%	115%	93%	100%
Wycombe Hospital	Ward 12A	100 - GENERAL SURGERY		900	1087.5	562.5	930	580	550	120	350	121%	165%	95%	292%

Wycombe Hospital	Ward 12B	110 - TRAUMA & ORTHOPAEDICS		1395	1252.5	592.5	1012.5	620	620	310	580	90%	171%	100%	187%
Wycombe Hospital	Ward 12C	101 - UROLOGY		915	1012.5	915	877.5	620	620	260	260	111%	96%	100%	100%
Wycombe Hospital	Ward 5B	430 - GERIATRIC MEDICINE		930	1305	930	937.5	620	620	620	610	140%	101%	100%	98%
Wycombe Hospital	Ward 8	300 - GENERAL MEDICINE		2790	2707.5	930	1537.5	1200	1480	300	750	97%	165%	123%	250%