

| Fill rate indicator return | | | | | | | | | | | | | | | | | TDA Breach rules - any ward less than 80% fill rate RN or HCA Day or Night or Trust wide less than 90% fill |
|---|------------------------------|-------------------------|----------------------------------|--------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|--|------------------------------------|--|------------------------------------|--------|--------|---|
| Staffing: Nursing, midwifery and care staff | | | | | | | | | | | | | | | | | |
| http://www.buckshealthcare.nhs.uk/About/safe-staffing.htm | | | | | | | | | | | | | | | | | |
| Hospital Site code | Hospital Site name | Ward name | Main 2 Specialities on each ward | | Day | | Day | | Night | | Night | | Day | | Night | | Rationale / Notes from Matron |
| | | | | | Registered midwives/nurses | Care Staff | Registered midwives/nurses | Care Staff | Registered midwives/nurses | Care Staff | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | Average fill rate - registered nurses/midwives (%) | Average fill rate - care staff (%) | | | |
| | | | Speciality 1 | Speciality 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 | | | | | |
| RXQ51 | Amersham Hospital | Chartridge | 314 - REHABILITATION | | 1350 | 1365 | 1800 | 1545 | 600 | 620 | 600 | 620 | 101.1% | 85.8% | 103.3% | 103.3% | For registered nursing the high numbers are due to the number of newly qualified and international nurses we have recently employed on all 3 ward areas. Some are still awaiting NMC PIN numbers. We currently have across the Amersham site 12 newly qualified staff. 4 UK trained and 8 international. We regularly move staff around the site to ensure safety for both the staff and the patients. Waterside currently has 6 of these newly qualified staff and in the new year when they have all had more than 3 months in post I will start to move them onto different wards to ensure they are all supported and have appropriate supervision. A Practice educator has been assigned to help with those who are struggling to complete the medicines competency assessment- this can be quite an issue on very busy heavy wards. We are carrying a number of vacancies for Unqualified staff on all 3 ward areas and have 3 UQ currently on Long term sickness, however we do review acuity levels on a daily basis and move staff around to ensure the staffing is appropriate, if we have a high number of trained staff who do not currently hold their NMC pin number they would be counted in the UQ numbers to ensure we are safely staffed. |
| RXQ51 | | BNRU | 314 - REHABILITATION | | 1125 | 1132.5 | 1575 | 1192.5 | 600 | 560 | 600 | 580 | 100.7% | 75.7% | 93.3% | 96.7% | Breach |
| RXQ51 | | Waterside | 314 - REHABILITATION | | 1350 | 1425 | 2250 | 1590 | 600 | 620 | 600 | 590 | 105.6% | 70.7% | 103.3% | 98.3% | Breach |
| RXQ61 | Buckingham Hospital | Buckingham | 314 - REHABILITATION | | 900 | 885 | 450 | 862.5 | 600 | 540 | 300 | 370 | 98.3% | 191.7% | 90.0% | 123.3% | As a result of the last acuity dependency review, and an increase in the dependency and complexity of patients we have agreement to increase our staffing at Buckingham community Hospital. The amount of double handed, and complex patients on the ward has also meant an increase in staffing on the all shifts most days. |
| RXQFN | Florence Nightingale Hospice | Florence Nightingale | 315 - PALLIATIVE MEDICINE | | 885 | 1110 | 877.5 | 645 | 600 | 600 | 300 | 290 | 125.4% | 73.5% | 100.0% | 96.7% | We are trying to have 3 RN on an early and 2 RN on a late. Our safe staffing minimum is 2 RN on each shift however with the complex medication regimes, Dr ward rounds and MDT meetings we prefer to roster 3 RN on an early. There are also times we can only get a bank RN we have just recruited 3 further HCA bank nurse |
| RXQ65 | Marlow Hospital | Marlow | 314 - REHABILITATION | | 900 | 885 | 225 | 570 | 600 | 560 | 280 | 280 | 98.3% | 253.3% | 93.3% | 100.0% | There has been an increased use of HCA on all shifts necessary due to patient acuity. Staffing levels reduced recently but currently being revised. |
| RXQ02 | Stoke Mandeville Hospital | Burns unit | 160 - PLASTIC SURGERY | | 720 | 690 | 360 | 295 | 225 | 232 | 225 | 219 | 95.8% | 81.9% | 103.1% | 97.3% | Ward 11 had a complex man who required specialising overnight on account of safeguarding allegations so when there was more than 1 patient on the unit they had to increase their staffing. |
| RXQ02 | | SMH ICU | 192 - CRITICAL CARE MEDICINE | | 4620 | 4620 | 420 | 585 | 2750 | 2700 | 250 | 170 | 100.0% | 139.3% | 98.2% | 68.0% | SMH ICU :The number of HCA's we currently have in our establishment means that on the days when I feel we need to have 2 HCA's on a shift (Tuesday and Friday to help support with stock arrival, rotation of stock and ensuring storerooms) we don't then have an HCA on a night shift. As we seem to be quite often having level 2 patients in side rooms we may have 2 HCA's on a day shift rather than needing to look to increase our qualified amount of nurses on for that shift. This means we will have a higher than established number of HCA's on a day shift (2 most days) and less than our establishment on for the night shifts.) |
| RXQ02 | | Neonatal intensive care | 192 - CRITICAL CARE MEDICINE | | 1518 | 2737 | 506 | 632.5 | 1794 | 1472 | 598 | 391 | 180.3% | 125.0% | 82.1% | 65.4% | NNU, SMH: We currently have 0.67 WTE Nursery Nurse vacancy which as been filled with a start date of Jan. 2015. If we are unable to fill the shifts with 2 nursery nurses then band 5 staff nurses are used to fill the gap. We have promoted three nurses from Band 5 to Band 6 this month, we continue to have a vacancy at Band 5&6 of 4 wte. We currently have 3.1 nurses on long term sickness. The unit was safe during November despite having a high number of HDU and ITU infants. The Neonatal network now recognises the very high case mix and will reflect this in discussions with commissioners through business planning next year. In the meantime, any concerns regarding staffing were escalated appropriately and action taken by using cover from the PDN, Senior Nurse, bank, agency, ETB, OT and help from ward 3. |
| RXQ02 | | Rothschild | 501 - OBSTETRICS | | 2880 | 2902.5 | 885 | 885 | 1450 | 1450 | 580 | 580 | 100.8% | 100.0% | 100.0% | 100.0% | |
| RXQ02 | | St Andrew & St. Patrick | 400 - NEUROLOGY | | 3795 | 4095 | 1380 | 2130 | 3105 | 2590 | 1380 | 1370 | 107.9% | 154.3% | 83.4% | 99.3% | NSIC has had ongoing issues with regard to recruitment. In June this year we over employed HCA's to enable the Centre to continue functioning. In the past 4 months these HCA numbers have started to reduce due to staff moving on to other positions and orientation of new nurses. The existing staff from overseas are beginning to get their PIN numbers (7 remain outstanding). Until PIN numbers are issued by the NMC these staff have worked and been paid as HCA's. This is shown on the increased numbers for HCA's. All vacant posts have now been filled, however, postholders will be taking up these positions through January and February. This includes another 14 nurses from overseas. |
| RXQ02 | | St David | 400 - NEUROLOGY | | 1380 | 1440 | 1025 | 1552.5 | 1035 | 650 | 690 | 770 | 104.3% | 151.5% | 62.8% | 111.6% | Breach |
| RXQ02 | | St George | 400 - NEUROLOGY | | 1380 | 1038 | 1025 | 874 | 1035 | 891 | 1035 | 953 | 75.2% | 85.3% | 86.1% | 92.1% | Breach |
| RXQ02 | | St Joseph | 400 - NEUROLOGY | | 1035 | 1365 | 690 | 1635 | 690 | 770 | 345 | 600 | 131.9% | 237.0% | 111.6% | 173.9% | |
| RXQ02 | | St Francis | 400 - NEUROLOGY | | 690 | 1020 | 0 | 720 | 552 | 590 | 0 | 260 | 147.8% | - | 106.9% | - | St. Francis Ward is closed at weekends and closed to new spinal admissions. Active recruitment is undergoing to fill the existing vacancies in order for the ward to reopen to a 7 day service. This is being regularly reviewed as to progress. HCAs are used to backfill on day & night duty where RNs cannot be sourced until they are fully recruited at which time HCAs will be redeployed. |
| RXQ02 | | Wards 1 & 2 | 110 - TRAUMA & ORTHOPAEDICS | | 2925 | 2700 | 2025 | 1747.5 | 1125 | 1530 | 675 | 1180 | 92.3% | 86.3% | 136.0% | 174.8% | Wards 1 and 2 have a very complex difficult patient who requires overnight specialising. They often use a RMN who will come into the trained numbers if they can't get an additional HCA. |
| RXQ02 | Ward 3 | 420 - PAEDIATRICS | | 2415 | 2622 | 34.5 | 34.5 | 2415 | 2346 | 23 | 23 | 108.6% | 100.0% | 97.1% | 100.0% | | |
| RXQ02 | Ward 4 | 301 - GASTROENTEROLOGY | 340 - RESPIRATORY MEDICINE | | 1800 | 1770 | 900 | 885 | 600 | 610 | 600 | 560 | 98.3% | 98.3% | 101.7% | 93.3% | |

| Code | Hospital | Ward | Specialty | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Actual | Target | Notes | Breach | |
|-------|---------------------------|-------------|------------------------------|----------------------------|--------|--------|--------|--------|--------|--------|--------|---------------|---------------|--------------|---------------|--|---|--------|
| RXQ02 | Stoke Mandeville Hospital | Ward 5 | 303 - CLINICAL HAEMATOLOGY | 340 - RESPIRATORY MEDICINE | 1725 | 1558 | 345 | 540 | 1035 | 830 | 345 | 530 | 90.3% | 156.5% | 80.2% | 153.6% | Ward 5: Following the establishment review in January 2014 we have been actively recruiting to our qualified nurse posts to meet the new qualified nurse ratio. We are now fully established for our HCA posts. - 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 currently have 3.5 WTE vacancies. Once these staff are settled into post we hope to be able to roster 3 qualified nurses onto nights regularly. Until that point it will be showing that we are using more HCAs on nights and are low on trained on nights. | |
| RXQ02 | | Ward 6 | 340 - RESPIRATORY MEDICINE | | 870 | 1050 | 435 | 532.5 | 1200 | 1160 | 600 | 600 | 120.7% | 122.4% | 96.7% | 100.0% | | |
| RXQ02 | | Ward 7 | 430 - GERIATRIC MEDICINE | 302 - ENDOCRINOLOGY | 1800 | 1637 | 450 | 945 | 900 | 632 | 300 | 600 | 90.9% | 210.0% | 70.2% | 200.0% | Ward 7 is 3 wte RNs short of full complement. Internal redeployment on a day to day basis has assured that the ward remains safe. The Ward has needed to care for at risk, vulnerable patients requiring 'specialising' every day, every shift throughout November thus indicating the large over fill rate for HCAs. In addition, Ward 7 was closed to admissions for several days due to Norovirus - reducing both bed capacity and the capacity | Breach |
| RXQ02 | | Ward 8 | 430 - GERIATRIC MEDICINE | | 2250 | 2085 | 900 | 922.5 | 900 | 910 | 600 | 890 | 92.7% | 102.5% | 101.1% | 148.3% | Four unfunded escalation beds for 1 year. Constant requirement to special to at least one patient, 24/7. | |
| RXQ02 | | Ward 9 | 431 - GERIATRIC MEDICINE | | 1800 | 2130 | 900 | 840 | 900 | 1190 | 600 | 600 | 118.3% | 93.3% | 132.2% | 100.0% | Limited capacity pregnant and infirm staff members on limited duties, extra capacity required night duty. 2 overseas RNs awaiting PIN numbers. | |
| RXQ02 | | Ward 10 | 300 - GENERAL MEDICINE | | 1185 | 1427 | 300 | 285 | 1138.5 | 1497 | 460 | 460 | 120.4% | 95.0% | 131.5% | 100.0% | Ward 10 is a newly established ward and has relied upon temporary staff and cross covering arrangements to support the new establishment of staff - which is 8 wte RNs short of full complement. Appointments have been made and the situation will improve after Christmas however in the meantime internal redeployment and heavy reliance upon temporary staff under the leadership of a core of substantive BHT nurses has assured that the ward remains safe. | |
| RXQ02 | | Ward 16A | 100 - GENERAL SURGERY | | 2025 | 1815 | 1125 | 922.5 | 675 | 770 | 450 | 520 | 89.6% | 82.0% | 114.1% | 115.6% | Ward 16A & 16B - we maintained safe staffing levels by moving staff across the floor to ensure that all areas are covered. Ward 16A: 2 overseas nurses are awaiting PIN numbers. There is also a high percentage of acutely ill patients needing specialising. Vacancy factor of 3.52 WTE trained. | |
| RXQ02 | | Ward 16B | 502 - GYNAECOLOGY | 130 - OPHTHALMOLOGY | 1800 | 1625 | 1125 | 1137 | 675 | 662 | 450 | 442 | 90.3% | 101.1% | 98.1% | 98.2% | Ward 16B: 1 overseas nurse awaiting PIN number. They have a vacancy factor of 2.00 WTE trained and 1.36 WTE untrained. | |
| RXQ62 | Thame Hospital | Thame | 314 - REHABILITATION | 900 | 862.5 | 225 | 397.5 | 600 | 560 | 70 | 70 | 95.8% | 176.7% | 93.3% | 100.0% | As a result of the last acuity dependency review, and an increase in the dependency and complexity of patients we have agreement to increase our staffing at Thame community Hospital to 2+1 on a late shift. The amount of double handed, and complex patients on the ward has also meant an increase in staffing on the early shift to 2+2 on most days. | | |
| RXQ50 | Wycombe Hospital | CCU Ward 2A | 320 - CARDIOLOGY | | 2250 | 2085 | 900 | 795 | 1200 | 1040 | 300 | 260 | 92.7% | 88.3% | 86.7% | 86.7% | The underfill is due to no bank or agency taken by external bookings at this time. Matron continues to redistribute staff between wards on a shift by shift basis in order to ensure that Ward 2A remains safe. | |
| RXQ50 | | WH ICU | 192 - CRITICAL CARE MEDICINE | | 3097.5 | 2475 | 442.5 | 532.5 | 1750 | 1430 | 250 | 250 | 79.9% | 120.3% | 81.7% | 100.0% | WH ICU has 3.63 vacancies. In October 3 New RNs started who are supernummary. There are also 2 HCA vacancies. The unit was not full throughout the month. I would emphasise that we flex up and down according to demand and pt acuity, e.g. 4 days with only 5 pts (cf. complement of 8) , several days with 4 level 2's and 2 level 3's so ability to 'double hand patients (agency cancelled to save money). 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. | Breach |
| RXQ50 | | Ward 5B | 430 - GERIATRIC MEDICINE | | 900 | 1267.5 | 900 | 885 | 600 | 570 | 600 | 590 | 140.8% | 98.3% | 95.0% | 98.3% | 5B will be overfilling as we are running with 3+2 during the day times rather than 2+2 due to clinical risks and 2+2 rather than 2+1 at night. There have also been specials | |
| RXQ50 | | Ward 8 | 300 - GENERAL MEDICINE | | 3150 | 2871 | 1125 | 1071 | 1500 | 1527 | 600 | 616 | 91.1% | 95.2% | 101.8% | 102.7% | There has been a need for HCA specials required to manage patients at high falls risk on HASU. Since October 1st one more bed has been opened so the unit now runs 9 funded beds. Establishments will be adjusted in due course. | |
| RXQ50 | | Ward 12A | 100 - GENERAL SURGERY | | 1125 | 1132.5 | 900 | 1057.5 | 600 | 590 | 300 | 320 | 100.7% | 117.5% | 98.3% | 106.7% | Elective activity is still down in the STC so we do not need the minimal agreed staffing levels at all points in the week. 12B is carrying out additional work (waiting list initiatives weekends) on a Saturday. This needs to be supported by additional staffing because of late planning of theatre lists | |
| RXQ50 | | Ward 12B | 110 - TRAUMA & ORTHOPAEDICS | | 1350 | 1372.5 | 900 | 1252.5 | 600 | 600 | 600 | 740 | 101.7% | 139.2% | 100.0% | 123.3% | | |
| RXQ50 | | Ward 12C | 101 - UROLOGY | | 1350 | 1228 | 1125 | 787.5 | 600 | 590 | 300 | 280 | 91.0% | 70.0% | 98.3% | 93.3% | | Breach |
| | | | | | | | | | | | | 105.3% | 120.5% | 98.0% | 109.7% | Overall the trust is compliant with TDA Safe staffing rules | 10 (34) | |