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# Report to the Meeting of the

BOD 120/2014

(Agenda item: 7)

# Oxford Health NHS Foundation Trust

# Board of Directors

**24 October 2014**

**Inpatient Safer Staffing (Nursing)**

**For Information**

**Summary**

The National Quality Board published guidance in November 2013, *How to ensure the right people, with the right skills, are in the right place at the right time* set and this was followed in March 2014 by NHS England issuing further guidance on the expectations for providers in relation to getting inpatient nursing and care staffing right, *Hard Truths Commitments Regarding the Publishing of Staffing Data*. The expectations include the monthly reporting of actual staffing levels and at least a six monthly report on recommendations following a review of expected staffing levels to the Board of Directors which are then published.

This is the sixth monthly report to the Board of Directors presenting the actual nurse staff levels (registered and health care assistants) on each ward against their agreed expected levels for September 2014, and the second report providing the outcome of the review into the inpatient nurse staffing establishment (expected staffing levels).

**Highlights from the Inpatient Safe Staffing Levels Report**

Appendix 1 in the report presents the staffing levels by ward from April to September 2014 against key quality and workforce indicators to look at the impact for patients. We are still developing how we present and look at the information to identify any correlations or patterns for further investigation. The monthly staffing information will need to be captured for a few more months before any conclusions can be made.

The staffing levels by ward continue to be reviewed shift by shift by ward staff and immediate managers, daily by Matrons and Heads of Nursing, and weekly by the Director of Nursing and Chief Operating Officer to ensure there is appropriate escalation and that staffing levels match the acuity and needs of patients to provide safe and effective care.

Based on the staffing levels in September 2014, 8 out of the 34 wards were identified with no or low level concerns, 14 wards were identified as higher risk (with 75% or less of shifts fully staffed) and 12 wards were identified as a potential moderate risk (with 76-89% of shifts fully staffed). Where wards are not able to fully staff shifts the main reasons identified are vacancies as a result of moving to new increased staffing establishments within the last three months, and recruitment difficulties in some geographical areas and in some specialties which require further strategic attention. However for all wards immediate steps were taken to ensure safe staffing was maintained for patient care and that these were closely monitored by senior staff.

The following wards were identified as higher risk. This means a higher proportion of shifts did not fully meet expected staffing levels, posing a potential risk of an adverse impact on patient care.

allen, vaughan thomas, wintle, phoenix, ruby, sapphire, sandford, henley peppard, witney wenrisc, highfield, cotswold house oxford, cotswold house marlborough, wenric and kingfisher.

**Highlights from the Inpatient Staffing Establishment Review**

The recent review completed in September 2014 highlighted no further recommended changes to be made to the ward establishments. Appendix 1 in the report shows the current nursing establishment for each ward and highlights any changes to expected staffing levels since the last report in April 2014.

The following changes have been made to expected staffing levels since April 2014:

* Both Cherwell and Sandford wards increased their expected staffing levels in mid-May 14 from 5:4:3 to 5:5:4 to meet increased patient dependency and acuity.
* Highfield Unit increased their expected staffing levels at the end of May 14 from 7:7:6 to 10:10:9 due to the High Dependency Unit and high levels of need with the patient group.
* Opal ward (previously called Mandalay ward) increased their expected staffing levels from 4:4:4 to 5:5:4, in response to moving to a new purpose built ward requiring an additional member of staff for the two day shifts.
* Wenric ward increased their expected staffing levels from 7:6:5 to 7:7:5 to meet increased patient dependency and acuity.
* Wenrisc ward in Witney temporarily decreased expected staffing levels from August 2014 from 10:9:5 to 8:7:4 and at the same time reduced beds from 30 to 24 to ensure safe staffing levels could be met. This temporary reduction is under ongoing review.
* With the imminent opening of the new bicester hospital site, the community hospital will increase the expected staffing levels from 4:3:3 to 4:3:4.

**Recommendations**

The Board is asked to note:

* The processes in place to ensure safe staffing levels on the wards in the organisation, those wards where there are exceptions and the actions being taken to ensure safe staffing on all our 34 wards.
* No further recommended changes to the ward establishments.
* The minor changes made to expected staffing levels since April 2014.

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*A risk assessment has been undertaken around the legal issues that this paper presents and there are no issues that need to be referred to the Trust Solicitors*