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# Report to the Meeting of the

BOD 141/2016

Agenda Item 9

# Oxford Health NHS Foundation Trust

# Board of Directors

**1st December 2016**

**Inpatient Safer Staffing Report**

**For Information**

**Introduction**

This is a monthly report to the Board of Directors presenting the actual staff levels (registered and unregistered) on each ward against their required need on a shift by shift basis for a 4 week period from 10th October to 6th November 2016

The national requirements on providers around being transparent on our monitoring and reporting staffing levels is continuing to increase. Ensuring sufficient staffing levels are in place is crucial to deliver safe, effective and high quality care.

**Management of Staffing Levels**

At a senior level we continue to monitor staffing levels by ward each week. Table 1 in the body of the report summarises the staffing position by ward. Each ward is taking a range of immediate actions on a daily basis to ensure safe staffing levels are maintained appropriate to the needs of patients.

When looking at the number of shifts which were fully staffed to expected levels, three wards were identified as having the most difficulties across the last three months in achieving expected staffing levels on every shift. However all wards did maintain minimum staffing levels to remain safe to deliver patient care. The three wards identified as struggling were; Ashurst PICU, Highfield unit and Sandford ward, more detail is provided in the report.

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some geographical areas and some specialties which we are giving more strategic attention to. Retention of staff is also a strategic priority. Details of the actions being taken are detailed in the report driven by the Workforce and Nursing Strategies.

**Recommendations**

The Board is asked to note:

* The processes in place to ensure safe staffing levels on all the wards in the organisation, those wards where there are concerns and the actions being taken to ensure safe staffing

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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. This paper links to all of the five CQC Domains.*

**Inpatient Safer Staffing**

Period: 10th October to 6th November 2016

**Introduction**

This is a monthly report to the Board of Directors presenting the actual staff levels (registered and unregistered) on each ward against their required need on a shift by shift basis for a 4 week period from 10th October to 6th November 2016.

This report will be published on our website with a link from NHS Choices website.

**Management of Staffing Levels**

Escalation processes are in place to manage staffing safely on a shift by shift basis with senior staff giving appropriate support to ward teams. The staffing levels by ward are continually reviewed on each shift by ward staff and immediate managers, daily by modern matrons and weekly by the heads of nursing and Director of Nursing to ensure there is an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care. Throughout October 2016 all wards were staffed to achieve safe staffing levels; however this has been achieved in some wards by our staff working additional hours and shifts, the high use of temporary staff both from the trusts internal bank ‘staffing solutions’ and external agencies, and reducing beds on some wards.

As reported previously peppard ward in Henley was closed from November 2015 following a decision by Oxfordshire Clinical Commissioning Group and Wantage community hospital ward was temporarily closed in early July 2016.

To ensure safe staffing on every ward on a shift by shift basis a number of actions were taken specific to each ward these included:

* Managing capacity and levels of agency staff by reducing bed numbers in wards temporarily
* Temporarily reducing beds on some wards and closing two community hospital wards
* Level of need has been taken into account when deciding which ward to admit patients
* Staff who are normally supernumerary to the nurse staffing numbers such as modern matron, ward manager and deputy ward manager have worked as part of the nursing shift numbers
* Staff were borrowed from other wards to increase the staff to patient ratio
* Staff worked flexibly, sometimes working extra hours at the beginning or end of a shift
* Increased use of temporary staff including the use of ‘long lines of work’ with agency staff
* Skill mix has been temporarily changed from the agreed establishment for a particular shift

**Summary Position**

Table 1 below shows the staffing levels by ward for 10th October to 6th November 2016 compared to the previous 8 weeks, and with a breakdown by day/ night shifts, alongside a series of other measures including skill mix and workforce indicators. The thresholds are based on trust/ national targets and used to highlight particular wards for further review.

The following three wards are highlighted as struggling to meet staffing levels over the last four weeks, Ashurst PICU, Highfield Unit and Sandford Ward. For each of the highlighted wards two trend graphs are used below to show performance over time on a week by week basis from 28th March 2016 to 31st October 2016.

**Ashurst PICU** (overall 86% of shifts were fully staffed) – similar to last month. Figures by registered and unregistered nurses show the ward has struggled over the last four weeks. The ward has had to change the skill mix and use agency staff (19%) using more unregistered staff to meet staffing levels. The ward has a high number of vacancies at 10.8 WTE and high sickness at 6.1%.





*Note axis goes from 0-25%.*

**Highfield Unit** (overall 82% of shifts were fully staffed) – this is slightly worse than last month. The ward has used more registered staff and employed people on long working lines from agencies (43% agency use) to meet vacancies, particularly for unregistered staff (overall vacancies at 29.7 WTE).





*Note axis goes from 0-60%.*

**Sandford ward** (overall 82% of shifts were fully staffed) – this is worse than last month. The ward has struggled with registered and unregistered staff on day shifts. The ward is using a high amount of agency (20%) due to high sickness (14%) and high vacancies (11.4 WTE).





*Note axis goes from 0-50%.*

The other wards to note that have high vacancies so have therefore had to use high amounts of agency staff to maintain safe staffing levels;

* Allen ward
* Ruby ward
* City community hospital
* Didcot community hospital
* St Leonards community hospital Wallingford
* Kestrel ward
* Kingfisher ward
* Watling ward
* Glyme ward
* Marlborough House Swindon ward

Table 1. Staffing from 15th August to 11th September 2016

Data source: electronic rostering system



**Why are there challenges**

The main reason wards have been unable to fully staff every shift is due to vacancies related to recruitment difficulties in some professions (medics and qualified nurses) and geographical areas. Overall the Trust wide the vacancy rate has reduced over the last few months; largely due to an improvement in the older people’s directorate, as the adult directorate have seen an increase in vacancies.

Retention of staff is also a strategic priority and solutions to reduce turnover are proposed in the Workforce and Nursing Strategies. The secondary reasons are due to a rising level of sickness in some wards which are being actively examined ward by ward with support from HR advisors.

**What are we doing?**

The recruitment action group are currently looking at how the recruitment process can be more proactive and person-centred so that potential candidates are better supported from the start to the end of the process.

The recruitment action group has prioritised the following actions:

1. Career development
2. Consistent offer on attraction/retention – to include financial incentives
3. Marketing and key attraction messages
4. Accommodation
5. International recruitment

An in-house recruitment database is being trialled in one clinical directorate which will allow the trust to better manage vacancies and reduce the length of time candidates spend in the recruitment process. To improve the timeliness of the employment checks for hard to fill vacancies and teams using high levels of agency staff we have recruited a Fixed Term Candidate Manager. By January 2017 we will have introduced a feedback questionnaire on the recruitment process to gain an understanding of what works in attracting new staff, in the meantime members of the recruitment action group have been running focus groups in their directorate with new staff.

The group is reviewing the standard advert text following feedback that it could be improved to increase attraction to roles in the Trust. Marketing and branding is being reviewed to better promote the awards/affiliations/kitemarks held by the trust. This together with the recent CQC inspection outcome of ‘Good’, will be used on websites and NHS jobs to improve employer branding.  Video’s are being produced and used in specific recruitment activities to attract potential candidates.

In 2016 we piloted using local radio adverts for open days for adults and older people directorates. A proposal is being considered to engage a social media expert to improve our marketing and branding in all areas, in the meantime we have set up a Twitter and Instagram account and we are attempting to tweet 3-5 times per day and posting a minimum of once a day on Instagram to boost our followers. We are currently engaged in a pilot with  JobtheWord who use social media to reach the passive recruitment market, each clinical directorate will have 5 campaigns over a 3 month period starting in October 2016. In August & September 2016 we piloted using Oxford Press online and Oxford Daily Info online to advertise for HCA’s/Support Workers in Oxford.  Readers emailed the Trust direct rather than use NHS jobs and 30 potential candidates were invited to a ‘Come & meet us and learn about the Trust ‘ day in October 2016. A schedule of external job fairs and career events has been established with representatives attending each event to promote working for the trust, this includes seven different events in Oct 2016 and four events in Nov 2016.

There is also a review into the reintroduction of the relocation policy ( for certain difficult to recruit roles),  subsidised housing and Refer a Friend/ golden handshake schemes are all being considered to attract the ‘right’ staff.

**Staffing establishment review**

As part of the Safer Staffing initiative, directorates are required to undertake 6 monthly reviews of their staffing establishment. A review is currently underway within adult directorate, who are undertaking a review of agreed staffing levels across the units. Working with Heads of Service the focus of the review is to identify the core number of staff required each week, based on the number of staff required on each shift and other staff required each day and calculating this into WTE. Following a review with the Operational Management team, Nursing and Finance (more details to follow) it is proposed that a working establishment is created (WTE staff needed to fill agreed staffing levels) and that this is used by the WFMS. By doing this the directorate will be accurately able to monitor in the WFMS the difference between agreed and actual staffing levels and the gap between contracted staff and agreed staffing requirements.

In addition older adult mental health in-patient wards are commencing a review and reviews are now due to be undertaken within other in-patient areas.