**Report to the Meeting of the
Oxford Health NHS Foundation Trust
Board of Directors**

25th May 2016

**Inpatient Safer Staffing information up to April 2016
For Information**

This is a monthly report to the board of directors presenting the staffing levels (registered and unregistered) on each ward against their agreed expected levels for April 2016.

At a senior level we continue to monitor staffing levels on every ward each week. Table 1 in the body of the report summarises the staffing position by ward. To ensure adequate safe staffing on every ward on a shift by shift basis a number of actions were taken specific to each ward, these are detailed in the report.

The wards which have been struggling to fully staff every shift to planned levels are: Allen, Ruby, Vaughan Thomas, Ashurst, Wenrisc ward Witney community hospital, Kestrel, Kingfisher and Amber. 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 is being given strategic attention. 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 so that solutions can be worked through.

The progress with a review of the adult mental health wards staffing establishment (also known as planned) is presented but needs further work so the planned levels remain the same at the moment. The outcome of the reviews across the other wards will be presented in next month's report.

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

Author and Title: Jane Kershaw, Acting Head of Quality and Safety
Lead Executive Director: Ros Alstead, Director of Nursing and Clinical Standards

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.

PUBLIC BOARD REPORT

Inpatient Safer Staffing information up to April 2016

1. Introduction

Following the last report to the board of directors, this report presents the staffing levels (registered and unregistered) on each ward against their required need on a shift by shift basis from 4th April to 1st May 2016.

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, Director of Nursing and Chief Operating Officer 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 April 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 bank 'staffing solutions' and external agencies, and reducing beds on some wards.

As reported previously peppard ward in Henley was temporarily closed from November 2015 following a decision by Oxfordshire Clinical Commissioning Group. Wenrisc ward at Witney community hospital re-opened from 1st April 2016.

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

2. Management of Staffing Levels

Trust has moved to an electronic rostering system and over the last four weeks we have been using the data collected through the rotas to report and review staffing levels at a senior level on a weekly basis. This is the first monthly report to the board of directors using this as the data source. The benefits of using the rostering system include being able to report on; shifts going above planned staffing levels due to patient need and acuity, the staffing position across professions (not just nursing), and the ability to review information from a single electronic source on a 'live' basis. Over the next month an internal rating completed by the ward clinical teams on staffing levels, will be introduced on a weekly basis onto the rostering system.

In the future the plan is to introduce electronic rostering across community teams which will enable a more comprehensive review of staffing on a regular basis and regular reporting to the board of directors.

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 one community hospital ward
- 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 an extra hour at the beginning or end of a shift
- Increased use of temporary staff including the use of 'long lines of work' with agency staff

3. Summary Position

Table 1 below shows the staffing levels by ward for April 2016, with a breakdown by day and night shifts, alongside a series of other measures including skill mix, workforce and other key indicators. The thresholds are based on trust/ national targets and used to highlight particular areas.

Similar to previous months the following wards are highlighted as struggling to meet staffing levels;

- **Allen**- high number of vacancies and high sickness and therefore the ward is using a high % of agency staff however the ward is still struggling to meet the staffing required for registered nurses on day shifts.
- **Ashurst**-high number of vacancies, high sickness and agency use around registered nursing staff therefore unable to meet planned registered staffing on day and night shifts.
- **Ruby**-high number of vacancies, high sickness and particularly high agency use to maintain safe nurse staffing levels. It seems the shifts unfilled relate to mostly other professions working on the ward rather than nurses.
- **Vaughan Thomas**-high number of vacancies and staffing levels for registered nursing staff on day shifts has been difficult.
- **Wenrisc ward in Witney**-high number of vacancies probably due to the ward just re-opening, which has meant the ward has struggled slightly with staffing levels.
- **Kestrel and Kingfisher wards**-high number of vacancies, high sickness and agency use particularly around registered staff.
- **Amber**-high number of vacancies, high sickness and moderate use of agency staff struggling more with registered staff.

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 is being given strategic attention. 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 so that solutions can be worked through.

4. Establishment review

Reporting the outcome of a six month establishment (also known as planned levels) review across all the ward has been delayed, so only an update for the adult mental health wards is presented this month.

Over the last six months the trust has been engaged in national programmes to develop evidence based staffing tools for mental health adult and older people wards as well as community adult mental health teams. The national guidance recognises there are currently limited tools available to help to determine the right nurse staffing levels on wards therefore the review of establishments has been conducted based on clinical and professional judgement and patient need.

A recent review of staffing on adult mental health wards has been completed to specifically look at the equity and demand on staffing for the three wards with a S136 suite (place of safety). An options appraisal has been written for consideration but further work is needed looking at activity data for a longer period for the directorate to make a recommendation for the board to approve. Currently the staffing on the adult acute mental health wards remains at 6:6:4 (early:late:night shifts), the rehabilitation ward (Opal) at 5:5:4 and the psychiatric intensive care unit (Ashurst) at 7:7:5.

PUBLIC BOARD REPORT

Table 1.

Data source: electronic rostering system

Ward	% of shifts filled against required numbers (highlighted if less than 85%)					Skill Mix (highlighted if less than 50%)	Workforce indicators (highlighted according to trust targets)			Link to other key indicators
	% of all shifts filled (all professions)	% Registered day shifts filled by nurses (submitted to NHS England)	% Unregistered day shifts filled by nurses (submitted to NHS England)	% Registered night shift filled by nurses (submitted to NHS England)	% Unregistered night shift filled by nurses (submitted to NHS England)	Registered Skill Mix %	% Agency Use	% Sickness	Vacancies Vs Budget (WTE)	
Allen	82%	82.3%	86.7%	97.2%	97.4%	51.4%	13.2%	4.0%	14.9	
Ashurst (PICU)	85%	80.7%	94.1%	70.6%	98.7%	35.3%	9.7%	8.3%	8.7	High number of restraints in Q4 of 2015/16, relating to individual patients who required multiple restraints.
Opal	93%	85.9%	110.3%	67.4%	121.9%	41.8%	0.2%	2.0%	6.6	
Phoenix	90%	85.0%	102.6%	99.8%	98.1%	44.9%	8.6%	8.8%	5.5	Highest number of reported security incidents eg AWOLS in Q3 and Q4 2015/16.
Ruby	73%	91.5%	93.4%	94.0%	91.1%	48.0%	20.5%	6.8%	6.4	
Sapphire	97%	96.9%	99.4%	102.0%	98.0%	49.3%	12.9%	4.4%	9.2	
Vaughan Thomas	74%	72.7%	100.6%	97.0%	97.3%	53.1%	10.0%	1.5%	8.9	
Wintle	98%	77.6%	125.6%	99.0%	98.8%	42.3%	3.1%	5.5%	6.1	Highest number of reported medicine incidents in Q3 and Q4 2015/16. High number of restraints in Q4 of 2015/16, relating to individual patients who required multiple restraints.
Highfield (CAMHS)	87%	107.0%	88.2%	152.3%	80.5%	41.5%	27.9%	3.30%	19	Highest number of reported self harm incidents in Q3 and Q4 2015/16. High number of restraints in Q4 of 2015/16, relating to individual patients who required multiple restraints.
Marlborough House Swindon (CAMHS)	85%	95.8%	99.8%	98.6%	99.1%	43.6%	6.7%	5.10%	7.6	
Abingdon Ward 1	96%	96.6%	97.8%	98.4%	100.0%	54.5%	13.8%	2.0%	10.8	
Abingdon Ward 2	99%	109.8%	105.8%	101.8%	99.8%	53.2%	20.6%	6.5%	16.6	
Bicester	99%	101.3%	108.7%	100.0%	98.3%	51.7%	2.3%	6.1%	3.4	
City	95%	84.9%	117.4%	100.0%	100.0%	51.9%	8.6%	5.3%	6.6	
Didcot	98%	103.4%	95.0%	100.1%	97.6%	51.5%	7.0%	2.9%	1.4	
St Leonards Wallingford	99%	100.9%	100.4%	99.7%	99.6%	49.0%	3.0%	0.80%	0.2	
Wantage	100%	99.2%	92.9%	99.8%	100.0%	62.7%	11.9%	6.6%	2.1	
Linfoot Witney	99%	96.9%	98.0%	95.3%	98.4%	51.6%	3.5%	8.9%	12.5	
Wenrisc Witney	82%	data missing				53.5%	3.3%	4.6%	16.1	
Cotswold House Marlborough	98%	90.7%	101.1%	137.3%	80.3%	41.4%	10.8%	5.1%	12.7	
Cotswold House Oxford	89%	104.4%	90.3%	100.0%	100.1%	42.3%	6.2%	3.0%	11.2	
Chaffron	100%	102.8%	100.0%	100.0%	100.0%	46.1%	3.5%	3.7%	0.6	
Glyme	97%	99.5%	94.3%	64.7%	160.5%	41.0%	0.5%	2.1%	7.1	
Kennet	99%	123.7%	89.0%	96.5%	98.2%	37.2%	0.8%	3.6%	8.2	
Kestrel	89%	115.0%	91.1%	108.4%	92.4%	32.8%	37.1%	2.5%	16.1	High number of restraints in Q4 of 2015/16, relating to individual patients who required multiple restraints.
Kingfisher	85%	98.1%	88.5%	84.9%	107.3%	33.0%	35.3%	8.3%	12.8	
Lambourne House	92%	121.0%	87.3%	100.0%	100.0%	51.8%	0.0%	3.3%	0.4	
Watling	96%	87.2%	101.3%	87.2%	102.3%	28.1%	14.2%	0.9%	13.5	
Wenric	100%	98.5%	102.7%	106.5%	96.6%	43.9%	19.1%	7.8%	7.4	
Woodlands	88%	117.0%	82.5%	113.1%	85.1%	55.1%	2.4%	0.9%	8.4	
Amber	78%	90.2%	94.1%	98.8%	89.0%	42.9%	9.3%	7.0%	10.5	
Cherwell	91%	82.8%	93.7%	96.7%	91.0%	43.8%	7.6%	8.4%	5.1	Highest number of reported fall incidents in Q3 and Q4 2015/16.
Sandford	94%	92.0%	103.6%	88.7%	110.8%	43.7%	10.6%	11.6%	8.3	Highest number of reported violence and aggression incidents in Q3 and Q4 2015/16, this relates to individuall patients who required multiple restraints.