

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

**26<sup>th</sup> October 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 15<sup>th</sup> August to 11<sup>th</sup> September 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 which were not able to fully staff at least 85% of shifts were; Abingdon ward one, Ruby and Sapphire, 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 and solutions to reduce turnover are proposed in the Organisational Development, 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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**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**

Period: 15<sup>th</sup> August to 11<sup>th</sup> September 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 15<sup>th</sup> August to 11<sup>th</sup> September 2016.

#### **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 September 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 temporarily closed from November 2015 following a decision by Oxfordshire Clinical Commissioning Group and Wantage community hospital ward was temporarily closed in early July 2016.

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

Trust has moved to an electronic rostering system and we have been using the data collected through the rotas to report and review staffing levels at a senior level on a weekly basis. 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 clinical staffing position across professions (not just nursing), and the ability to review information from a single electronic source on a 'live' basis. The electronic rostering system is being rolled out across community teams which will enable a more comprehensive review of staffing on a regular basis.

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 15<sup>th</sup> August to 11<sup>th</sup> September 2016 compared to the previous two months, 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.

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The following three wards are highlighted as struggling to meet staffing levels over the last three months;

- **Abingdon ward 1** (overall 84% of shifts fully staffed) – similar to last month. 5.6 WTE vacancies and high patient need therefore the ward have used a high % of agency staff (8.5%) and sessional staff to try and increase staffing above the normal level. In response the directorate has made a decision to ask a member of staff seconded from the ward to return and the number of open beds has been reduced.
- **Ruby** (overall 74% of shifts fully staffed) – similar to last month. 7.9 WTE vacancies and therefore the ward have used a high % of agency staff (14%). Skill mix in the month has been on average 44% registered and 56% unregistered staff. The ward has struggled particularly for registered nurses on night and day shifts. The ward continues to advertise vacancies however it is challenging to attract registered staff to work on the ward in the context of national nurse shortages and competing with NHS trusts in London that can offer higher salaries.
- **Sapphire** (overall 74% of shifts fully staffed) - similar to last month. 9.5 WTE vacancies and therefore the ward have used a high amount of sessional staff and a number of agency staff (8.6%). Skill mix in the month has been on average 41% registered and 59% unregistered staff. The ward has struggled particularly for registered nurses on night and day shifts. The ward is waiting for new staff to start and also continues to advertise vacancies however it is challenging to attract registered staff to work on the ward in the context of national nurse shortages and competing with NHS trusts in London that can offer higher salaries.

The other wards to note that have high vacancies, have had to use high amounts of agency staff or have made significant changes to skill mix to maintain safe staffing levels;

- Abingdon ward 2 – high vacancies (14.3 WTE) requiring a high use of agency staff
- Allen ward – high vacancies (13.8 WTE) and sickness requiring a high use of agency staff
- Ashurst ward– low average skill mix of registered staff in month (35% registered staff) across day and night shifts.
- Glyme ward– low average skill mix of registered staff in month (36% registered staff) particularly on night shifts.
- Highfield ward– high vacancies (28.8 WTE) requiring a high use of agency staff, further long lines of agency have been set up.
- Kingfisher and Kestrel wards–high vacancies (31.5 WTE) particularly for registered staff and sickness requiring a reliance on agency staff. Skill mix for last month on average 33% registered staff.
- Kennet ward - low average skill mix of registered staff in month (32% registered staff)
- Opal ward – low average skill mix of registered staff in month (37% registered staff) across day and night shifts often due to lending staff to support acute mental health wards
- Witney Linfoot ward – high vacancies (13.2 WTE) and high sickness
- Marlborough House Swindon – high vacancies (10.2 WTE) and high agency use
- Wallingford St Leonards ward – high agency use
- Watling ward- low average skill mix of registered staff in month (23% registered staff)

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Table 1. Staffing from 15<sup>th</sup> August to 11<sup>th</sup> September 2016

Data source: electronic rostering system

Ward	% of shifts filled against required numbers (highlighted amber if less than 85%)										
	Latest 4 week period - 15th Aug to 11th Sept 16	Previous 4 week period - 18th July to 14th Aug 16	Previous 4 week period - 20th June to 17th July 16	Latest 4 week period - 15th Aug to 11th Sept 16							
				% 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 shifts filled by nurses (submitted to NHS England)	% Registered Skill Mix (target 50% or more)	% Agency Use (thresholds based on Trust targets)	% Sickness (thresholds based on Trust targets)	Vacancies Vs Budget (WTE) (thresholds based on Trust targets)
Abingdon Ward 1	84%	83.0%	95.0%	101.3%	105.3%	98.2%	100.0%	52.9%	8.5%	1.3%	5.6
Abingdon Ward 2	89%	92.0%	97.0%	100.3%	90.9%	100.0%	98.3%	49.6%	11.0%	4.0%	14.3
Allen	86%	96.0%	97.0%	76.1%	97.6%	98.4%	99.0%	45.0%	24.3%	11.2%	13.8
Amber	91%	99.0%	87.0%	99.1%	98.1%	100.0%	99.7%	40.4%	9.3%	4.4%	8.5
Ashurst (PICU)	91%	91.0%	93.0%	68.9%	127.6%	79.6%	116.4%	35.4%	10.1%	5.0%	11.3
Bicester	100%	100.0%	100.0%	100.7%	97.0%	100.0%	100.0%	54.5%	4.5%	6.1%	3.9
Cotswold House Marlborough	100%	100.0%	94.0%	122.2%	85.8%	133.2%	84.2%	50.5%	6.9%	5.8%	7.3
Cotswold House Oxford	86%	87.0%	88.0%	97.8%	95.3%	90.3%	99.9%	41.6%	6.9%	9.7%	2.1
Chaffron	79%	85.0%	100.0%	125.1%	80.6%	96.6%	93.9%	44.7%	0.7%	7.2%	2.7
Cherwell	91%	91.0%	95.0%	83.2%	96.1%	94.6%	100.0%	44.7%	11.2%	7.9%	3.3
City	98%	91.0%	98.0%	99.8%	112.1%	98.2%	99.8%	47.7%	17.0%	2.0%	12.2
Didcot	92%	91.0%	96.0%	121.6%	126.5%	96.4%	185.6%	51.4%	16.9%	4.2%	1
Glyme	98%	98.0%	98.0%	93.6%	100.0%	50.0%	196.6%	36.3%	0.0%	1.3%	5.4
Highfield (CAMHS)	86%	89.0%	87.0%	90.6%	98.2%	123.0%	89.0%	40.5%	37.0%	4.7%	28.8
Kennet	100%	100.0%	100.0%	104.1%	101.4%	96.8%	105.7%	32.3%	5.1%	4.0%	6.8
Kestrel	92%	90.0%	92.0%	85.8%	95.8%	97.3%	95.5%	33.1%	38.2%	1.6%	17.1
Kingfisher	92%	86.0%	91.0%	99.5%	91.2%	92.2%	90.0%	33.1%	39.9%	12.3%	14.4
Lambourne House	82%	93.0%	96.0%	119.8%	96.7%	100.0%	103.6%	45.3%	0.0%	1.1%	1.8
Linfoot Witney	97%	99.0%	96.0%	101.8%	96.2%	100.0%	100.0%	51.9%	7.1%	9.0%	13.2
Marlborough House Swindon (CAMHS)	98%	93.0%	87.0%	91.7%	106.9%	100.0%	99.6%	44.7%	22.0%	2.5%	10.2
Opal (Rehabilitation)	94%	96.0%	100.0%	61.6%	131.2%	76.8%	123.1%	37.4%	4.4%	2.2%	8.8
Phoenix	93%	93.0%	91.0%	92.9%	89.1%	94.6%	95.4%	50.8%	14.2%	10.0%	5.5
Ruby	74%	77.0%	78.0%	79.3%	109.4%	68.7%	101.4%	43.7%	14.0%	4.5%	7.9
Sandford	97%	94.0%	100.0%	86.5%	106.0%	96.9%	103.5%	43.7%	17.2%	5.9%	9.8
Sapphire	74%	79.0%	77.0%	54.3%	122.1%	76.2%	95.7%	40.8%	8.6%	1.9%	9.5
Vaughan Thomas	91%	90.0%	90.0%	78.1%	110.5%	93.1%	107.3%	45.2%	7.2%	2.6%	7.9
St Leonards Wallingford	96%	99.0%	99.0%	93.8%	97.2%	99.9%	100.0%	50.1%	26.5%	2.8%	0.2
Watling	90%	87.0%	88.0%	72.3%	109.7%	102.8%	98.2%	23.4%	15.5%	9.5%	9.9
Wenric	96%	99.0%	97.0%	100.2%	95.1%	102.7%	97.5%	39.4%	15.7%	9.3%	5.9
Wenrisc Witney	90%	94.0%	94.0%	85.7%	94.2%	116.5%	87.3%	58.6%	8.1%	6.0%	9.2
Wintle	96%	99.0%	97.0%	69.4%	126.2%	95.8%	102.5%	44.6%	0.7%	7.4%	6.1
Woodlands	88%	89.0%	89.0%	114.5%	87.1%	110.7%	90.1%	50.2%	2.7%	4.0%	4.5

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### 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 geographical areas and some specialties which continue to be given strategic attention. Even with targeted recruitment few people are applying for registered posts. The recruitment action group are currently looking at how the recruitment process can be more proactive and person-centred so that potential candidates are supported better from the start to the end of the process, and even those candidates not successful at shortlisting or interview are given constructive feedback and advice on development to encourage them to re-apply at a later date.

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.

### Out of area placements

In light of the report from the Independent Commission on Acute Adult Psychiatric Care published in March 2016, table 2 is a summary about the out of area placements from adult and older adult mental health wards due to demand and capacity from April 2016 (this excludes out of area specialist placements as clinically appropriate). For patients still out at the time of this report, the number of days has been calculated up until 30/09/16. The Directorate have recently started further work to review current service models.

Table 2. Out of area placements

Oxfordshire adults of working age					Buckinghamshire adults of working age				
Month	No. of admissions out of area	Total bed days	Total distance in miles	Average distance in miles	Month	No. of admissions out of area	Total bed days	Total distance in miles	Average distance in miles
Apr-16	7	90	590	84	Apr-16	6	201	336	56
May-16	10	133	798	80	May-16	11	332	748	68
Jun-16	4	69	336	84	Jun-16	7	213	354	51
Jul-16	8	103	588	74	Jul-16	5	131	359	72
Aug-16	4	83	494	124	Aug-16	7	141	543	78
Sep-16	6	83	542	90	Sep-16	4	30	287	72
Oxfordshire older people					Buckinghamshire older people				
Month	No. of admissions out of area	Total bed days	Total distance in miles	Average distance in miles	Month	No. of admissions out of area	Total bed days	Total distance in miles	Average distance in miles
Apr-16	0	0	0	N/A	Apr-16	0	0	0	N/A
May-16	2	27	170	85	May-16	1	3	100	100
Jun-16	0	0	0	0	Jun-16	2	39	60	30
Jul-16	2	34	83	42	Jul-16	0	0	0	N/A
Aug-16	0	0	0	N/A	Aug-16	0	0	0	N/A
Sep-16	2	26	217	109	Sep-16	1	5	30	30

For September 2016 a breakdown of the patients demographic by gender, ethnicity and age.

Age, Gender and Ethnicity Breakdown						
Sep-16	Gender		Ethnicity		Age	
		Males	10	Not Recorded	7	Under 18
	Females	2	White-British	6	18-29	1
	Not know	1	White English		30-39	3
			White - Other/Unsp.		40-49	4
			Mixed - Any other.		50-59	1
					60-69	4
					70+	