

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

September 2014

**Inpatient Safe Staffing
For Information**

Summary

This is the fifth monthly report to the Board of Directors presenting the actual nursing staff levels (registered and health care assistants) on each ward against their agreed expected levels for August 2014. The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report last presented to the Board of Directors in May 2014.

Appendix 1 presents the staffing levels by ward from April to August 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, for the first time the data has been presented month on month in a graph format to try and 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 August 2014 10 out of the 34 wards were identified with no or low level concerns, 14 wards were identified as high risk (with 75% or less of shifts fully staffed) and 10 wards were identified as a 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 high risk. This means a higher proportion of shifts did not fully meet expected staffing levels, posing a potential higher risk of an adverse impact on patient care.

- ❖ Allen, Vaughan Thomas, Wintle, Ashurst, Phoenix, Opal, Ruby, Sapphire, Lambourne, Wenric, Kingfisher, Sandford, Witney Wenrisc, and Cotswold House Marlborough.

The following wards were identified as moderate risk. This means planned staffing levels were not met regularly posing a potential moderate risk of an adverse impact on patient care.

- ❖ Woodlands, Kennet, Cherwell, Abingdon ward 1, Abingdon ward 2, Henley Peppard, Witney Linfoot, Cotswold House Oxford and Highfield.

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In May 2014 NHS England introduced an additional requirement to complete a monthly data submission via Unify on the total number of expected hours staff should work versus the number of actual hours worked split by day and night shifts across the month. This is a less sensitive measure than looking at the number of shifts which were fully staffed or not. Our recent submission for August 2014 is summarised below and shown by ward in Appendix 2.

❖ Trust wide results submitted to Unify show:

95.1% of day shifts filled by registered staff (worse than last month)

93.4% of day shifts filled by unregistered staff (worse than last month)

94.9% of night shifts filled by registered staff (improvement on the last month)

97.5% of night shifts filled by unregistered staff (worse than last month)

Recommendations

The Board of Directors is requested 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.

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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

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

Inpatient Safe Staffing

September 2014. For Information

1. Introduction

Following the last report to the Board of Directors based on July 2014 data, this report presents the actual nursing staff levels (registered and unregistered) on each ward against their agreed expected levels for August 2014. The agreed expected (also known as planned) levels are reviewed at least twice a year summarised in the nursing establishment review report approved by the Board of Directors in May 2014 and subsequently published.

The staffing levels by ward are viewed 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 an appropriate level and skill mix of nursing staff to match the acuity and needs of patients to provide safe and effective care.

This report will be published on our website with a link from the NHS Choices website, alongside the other reports already published.

2. Monthly Unify Data Return

In May 2014 NHS England introduced a new requirement to complete a monthly data submission via unify on the number of expected hours staff should work versus the number of actual hours worked split by day and night shifts. Our submission for August 2014 is summarised in table 1 below. The information will be published on the NHS Choices website alongside national indicators for example staff Friends and Family Test and CQC inspection results. Appendix 2 gives a breakdown of the results by ward.

Table 1. Unify Return based on number of hours filled across staff team

	Day time Shifts (Early, Late and Twilight)		Night time Shift	
	Registered nurses	Unregistered staff	Registered nurses	Unregistered staff
May 2014	96.20%	94.50%	99.50%	99.80%
June 2014	96.9%	97.3%	95.6%	97.7%
July 2014	98.7%	96.3%	92.5%	98.6%
August 2014	95.1%	93.4%	94.9%	97.5%

The data return via unify is in addition to the national expectations set out by the national quality board in February 2014 that:

- ❖ The board of directors should receive and publish information monthly to monitor staffing position. The report should include detail of which wards frequently fall short, the reasons, impact and action being taken.
- ❖ The Board of Directors should review staffing levels alongside bank and agency use and other workforce information.
- ❖ It is important to review and present the staffing position alongside patient outcomes and patient experience information.

It is currently hard to show comparative data to other trusts due to the level of detail published which is at ward or site level only, rather than specialty.

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3. Management of Staffing Levels

We have developed and implemented a weekly tool for each ward to complete to report and manage safe staffing levels on a day to day and shift by shift basis. The tool includes an internal RAG rating (Red, Amber, Green) which the Ward Manager/ Modern Matron completes and is verified by the Head of Nursing and/or the Head of Service from the Directorate to rate the level of concern based on the variances between expected and actual staffing levels, the use of temporary staff and includes the impact this had on patient care.

The staffing levels by ward from April to August 2014 against key quality and workforce indicators is presented in Appendix 1. The information in Appendix 1 has been calculated based on number of shifts which was one or more members of staff below expected levels based on three shifts a day, rather than the NHS England return via unify mentioned above which is less sensitive as it is based on the total number of hours filled in a month.

When looking at the number of shifts which were fully staffed to expected levels, 10 out of the 34 wards were shown to have no or low level concerns. The following 14 wards were identified as high risk (with 75% or less of shifts fully staffed) and 10 wards as a moderate risk (with 76-89% of shifts fully staffed). For each of the wards the staffing levels were closely monitored by senior staff on a daily and weekly basis. The following actions were taken to achieve safe patient care on the wards; the number of beds has been temporarily reduced on two wards, staff who are normally supernumerary to the nurse staffing numbers worked in a nursing role, staff were borrowed from other wards, staff worked flexibly sometimes working an extra hour at the beginning or end of a shift, and 'long lines of work' were established with agency staff to improve continuity of care and reliability of temporary staff.

High risk

Allen ward (Adult Directorate): 61% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts. The main reasons were due to sickness and vacancies as the new increased established is achieved.

Vaughan Thomas (Adult Directorate): 61% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts in predominantly two weeks of the month. The main reason was due to vacancies as the new increased established is achieved.

Wintle (Adult Directorate): 60% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts. The main reason was due to vacancies as the new increased established is achieved.

Ashurst (Adult Directorate): 62% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts. The main reasons were due to vacancies and the high reliance on sessional staff.

Phoenix (Adult Directorate): 51% of shifts were fully staffed to expected levels. The shifts under related to unregistered and registered staff on day and night shifts. The main reason was due to vacancies as the new increased established is achieved.

Opal (Adult Directorate): 65% of shifts were fully staffed to expected levels. The shifts under related to unregistered and registered staff on day shifts. The main reason was due to sickness.

Ruby (Adult Directorate): 57% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts. The main reason was due to vacancies as the new increased established is achieved.

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Sapphire (Adult Directorate): 74% of shifts were fully staffed to expected levels. The shifts under related to registered staff on day shifts. The main reasons were due to sickness and vacancies as the new increased established is achieved.

Lambourne (Adult Directorate): 73% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts. The main reasons were due to sickness and vacancies.

Wenric (Adult Directorate): 47% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day and night shifts. The main reason was due to sickness.

Kingfisher (Adult Directorate): 57% of shifts were fully staffed to expected levels. The shifts under related to registered and unregistered staff on day and night shifts. The main reasons were due to sickness and vacancies.

Sandford (Older People Directorate): 59% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff in the day and registered staff at night. The main reason was due to vacancies as the new increased established is achieved.

Witney Wenrisc ward (Older People Directorate): 34% of shifts were fully staffed to expected levels. The shifts under related to registered staff in the day and night and unregistered staff in the day. The main reason was due to vacancies.

Cotswold House Marlborough (Children & Young People Directorate): 41% of shifts were fully staffed to expected levels. The shifts under related to registered staff on day shifts. The main reason was due vacancies.

Moderate risk

Woodlands (Adult Directorate): 83% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day shifts. The main reason was due to sickness.

Kennet (Adult Directorate): 88% of shifts were fully staffed to expected levels. The shifts under related to unregistered staff on day and night shifts. The main reason was due to sickness.

Kestrel (Adult Directorate): 79% of shifts were fully staffed to expected levels. The shifts under related to registered staff in the day and unregistered staff in the day and night. The main reason was due to vacancies.

Cherwell (Older People Directorate): 79% of shifts were fully staffed to expected levels. The shifts under related to registered staff on day and night shifts. The main reasons were due to sickness and vacancies as the new increased established is achieved.

Abingdon ward 1 (Older People Directorate): 88% of shifts were fully staffed to expected levels. The shifts under related to registered staff on day shifts. The main reason was due to vacancies.

Abingdon ward 2 (Older People Directorate): 86% of shifts were fully staffed to expected levels. The shifts under related to registered staff on day shifts. The main reason was due to vacancies.

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Henley Peppard ward (Older People Directorate): 83% of shifts were fully staffed to expected levels. The shifts under related to registered staff at night. The main reason was due to vacancies.

Witney Linfoot ward (Older People Directorate): 82% of shifts were fully staffed to expected levels. The shifts under related to registered and unregistered staff on day shifts. The main reason was due to vacancies.

Cotswold House Oxford (Children & Young People Directorate): 83% of shifts were fully staffed to expected levels. The shifts under related to registered staff on day shifts. The main reasons were due to sickness and vacancies.

Highfield (Children & Young People Directorate): 91% of shifts were fully staffed to expected levels, however the ward was rated a moderate risk due to high use of temporary staff to cover a number of vacancies across registered and unregistered staff as the new increased establishment is achieved.

4. Nursing Vacancies

Nursing vacancies are the main reason for under staffing on the shifts for many wards as a result of moving to new increased staffing establishments within the last three months. There has been proactive recruitment and over the last 6 weeks a number of new starters have been appointed and are waiting to start. Vacancies are being monitored and managed on a weekly and monthly basis with the Executive Team. We use national and localised recruitment campaigns to attract the right staff.

The number of adult physical health nursing training commissions has been increased significantly at Oxford Brookes University and across the Thames Valley in recognition of the challenges in recruiting adequate numbers of adult registered nurses. There is a steering group, led by Health Education Thames Valley, to support the implementation of this increase that we are participating in.

Whilst we actively recruit from the main universities that place nursing students on our wards, other initiatives are being tried to meet the demand, including considering requesting an increase in the mental health nurse training commissions with our link Universities.

5. Impact of Staffing Levels on Quality and Workforce Measures

A selection of key quality and workforce measures are presented alongside the staffing level information in Appendix 1. As part of developing how we look at the information, for the first time the data has been presented month on month in a graph format to try and 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.

6. Conclusion

This report is the fifth published monthly report on inpatient nurse staffing levels for August 2014.

As Director of Nursing I am satisfied we have responsive escalation processes in place to manage and monitor staffing safely on a shift by shift basis with senior staff giving appropriate support to ward teams. This report identifies discrepancies between expected and actual staffing levels on some wards in August 2014. For 10 out of the 34 wards there were no or low level concerns, 14 wards were identified as high risk (with 75% or less of shifts fully staffed) and 10 wards were identified as a moderate risk (with 76-89% of shifts fully staffed). Our oversight and review process ensures risks to care are managed by the use of temporary staffing or we find nursing care has been safely delivered even if the expected staffing levels were not achieved on a particular shift.

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Appendix 1 identifies 24 wards this month where there was a gap between expected and actual levels of staffing in the month which could have had a potential impact on patient care. For 9 of these 24 wards the reason the expected staffing levels were not achieved fully on each shift was due to a recent increase in staffing establishment which is still being recruited to. The main reason wards were unable to staff shifts fully was due to vacancies related to recruitment difficulties in some geographical areas and in some specialties which require more strategic attention. Staffing can also be more challenging in the summer period with more staff wanting to take annual leave and less temporary staff available. The system for reliably supplying temporary staffing needs to improve and the trust has developed a plan to address this.

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Appendix 1. Further details on achieving expected staffing levels April to August 2014

This is calculated based on number of shifts which are below expected levels, based on three main shifts each day, (early, late, night).

Internal risk rating system:

Green = 90% and above

Amber = 76-89%

Red = 75% or less

If there is high use of temporary staff (bank, agency or sessional) then the risk will be rated as appropriate.

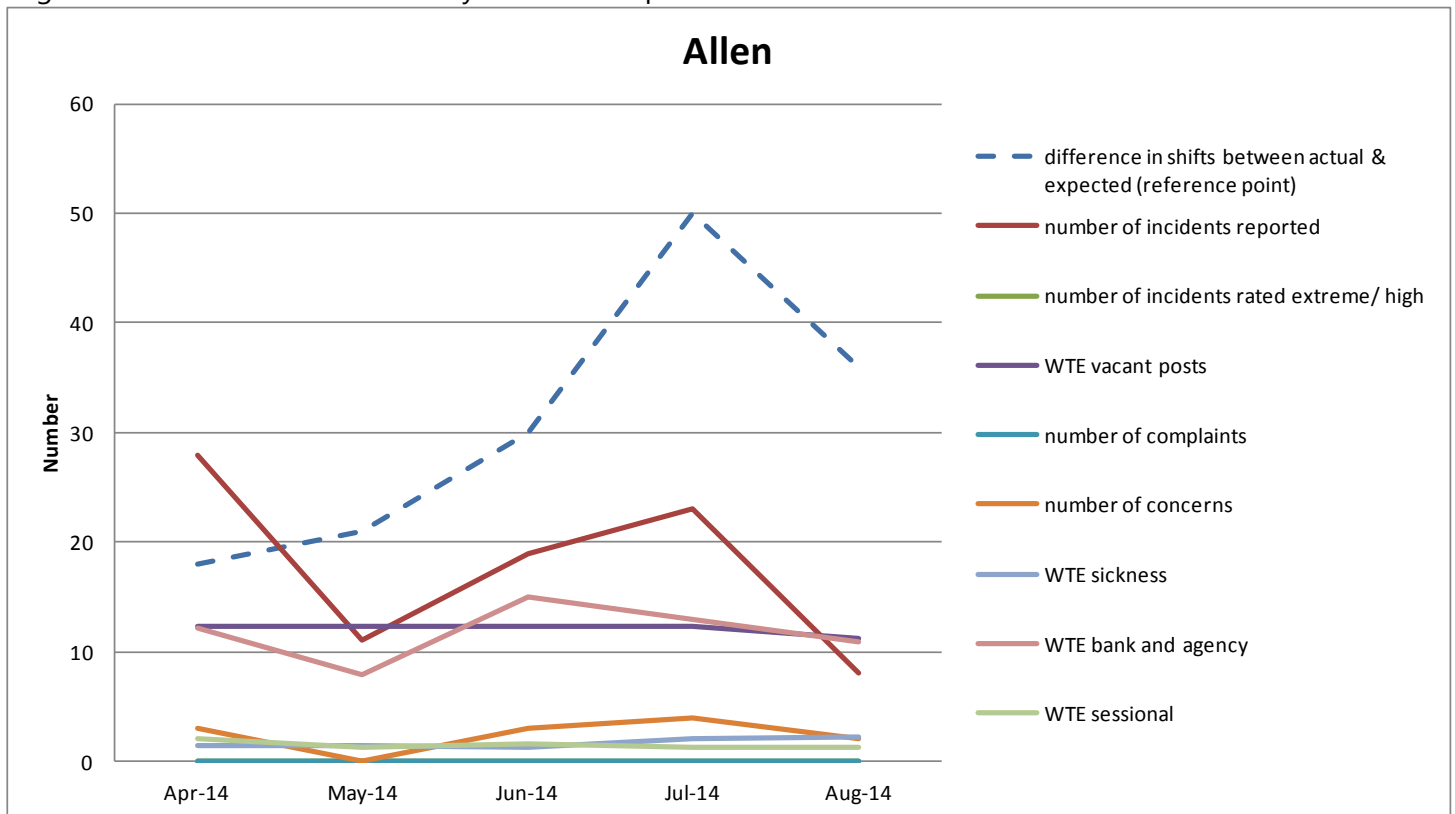
Notes

Vaughan Thomas, Ruby and Sapphire did not submit information for the week of 18th-24th August 2014.

Allen

Internal risk rating: **high**

August 2014: 61% of shifts were fully staffed to expected levels

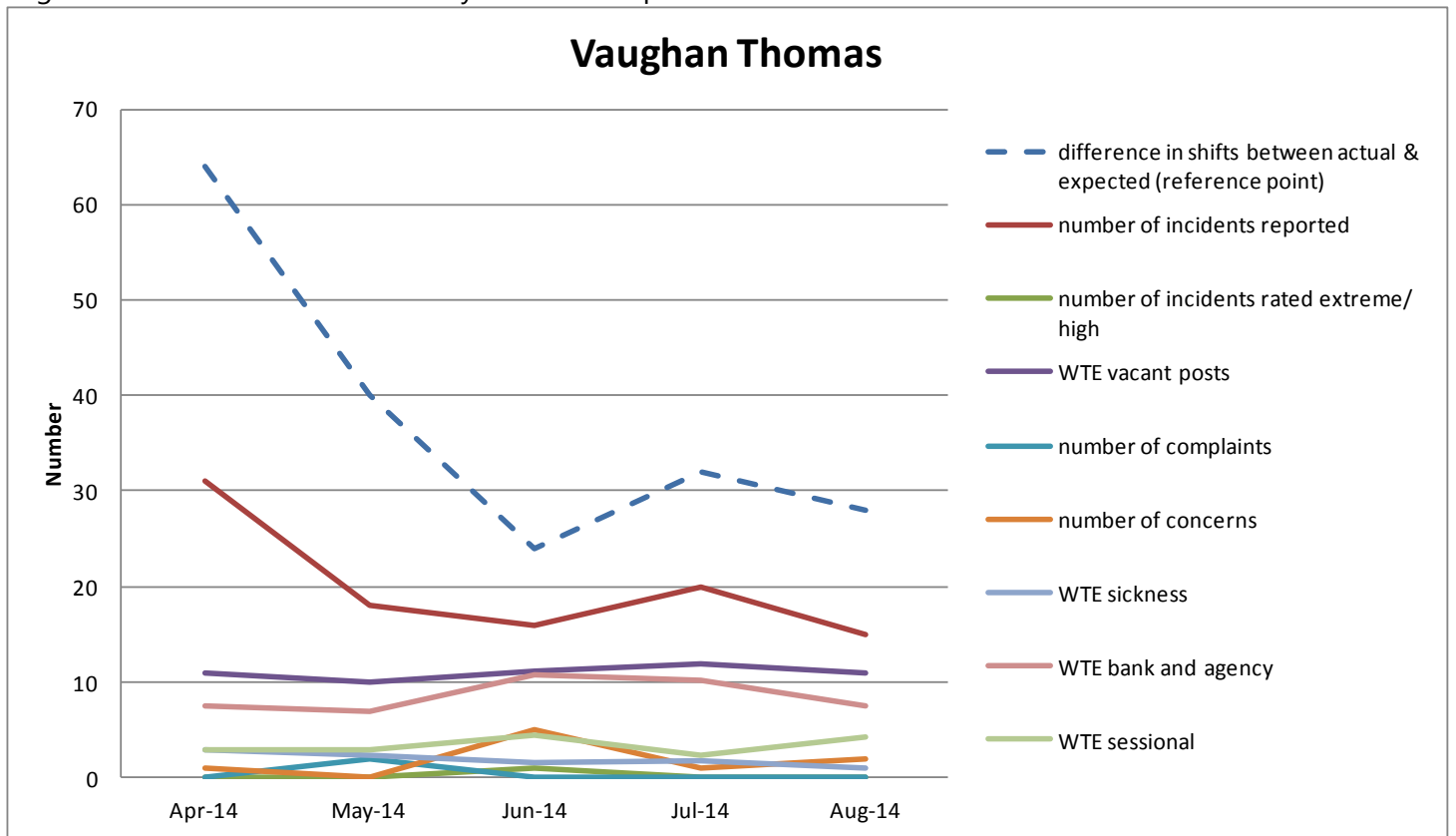


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Vaughan Thomas

Internal risk rating: **high**

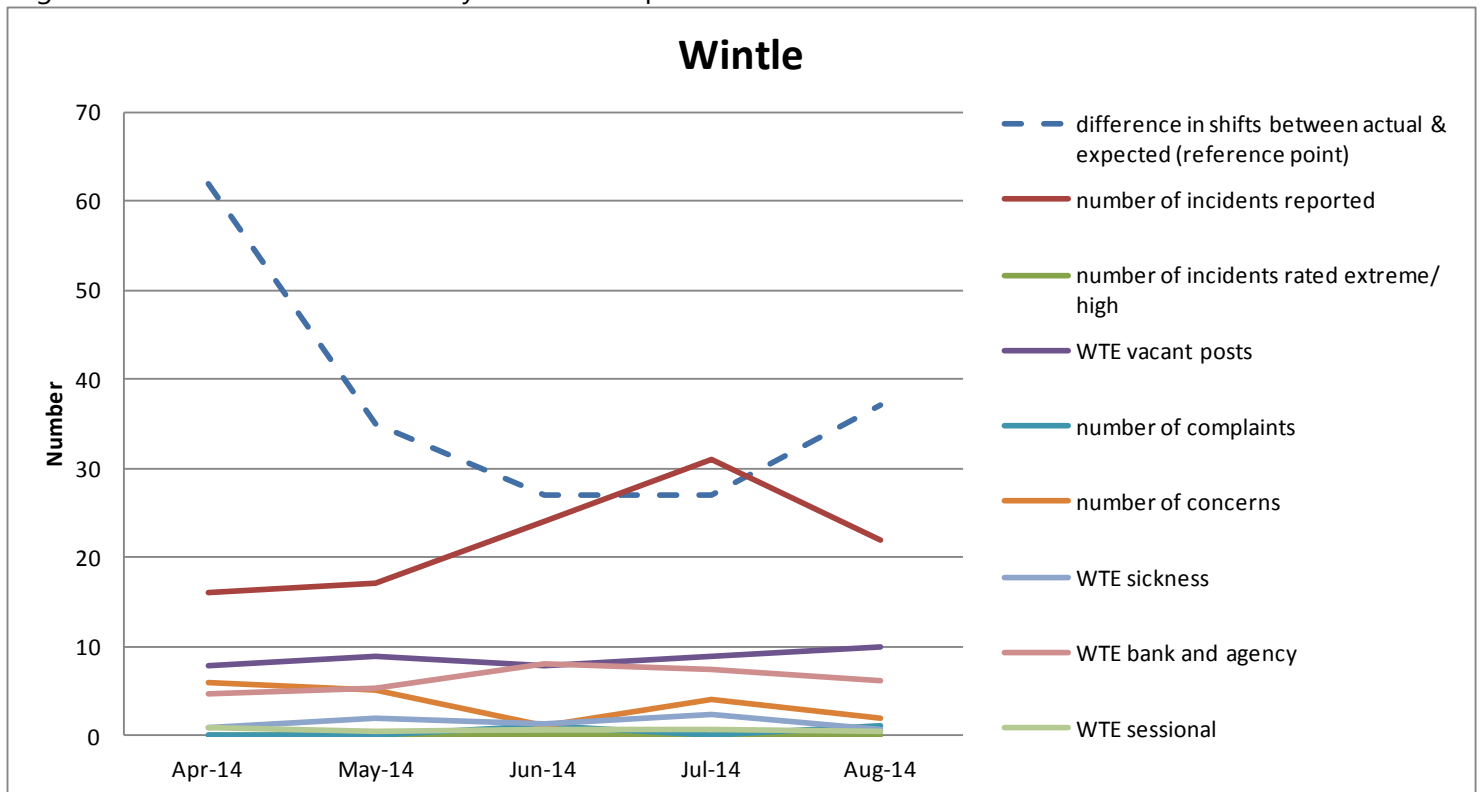
August 2014: 61% of shifts were fully staffed to expected levels



Wintle

Internal risk rating: **high**

August 2014: 60% of shifts were fully staffed to expected levels

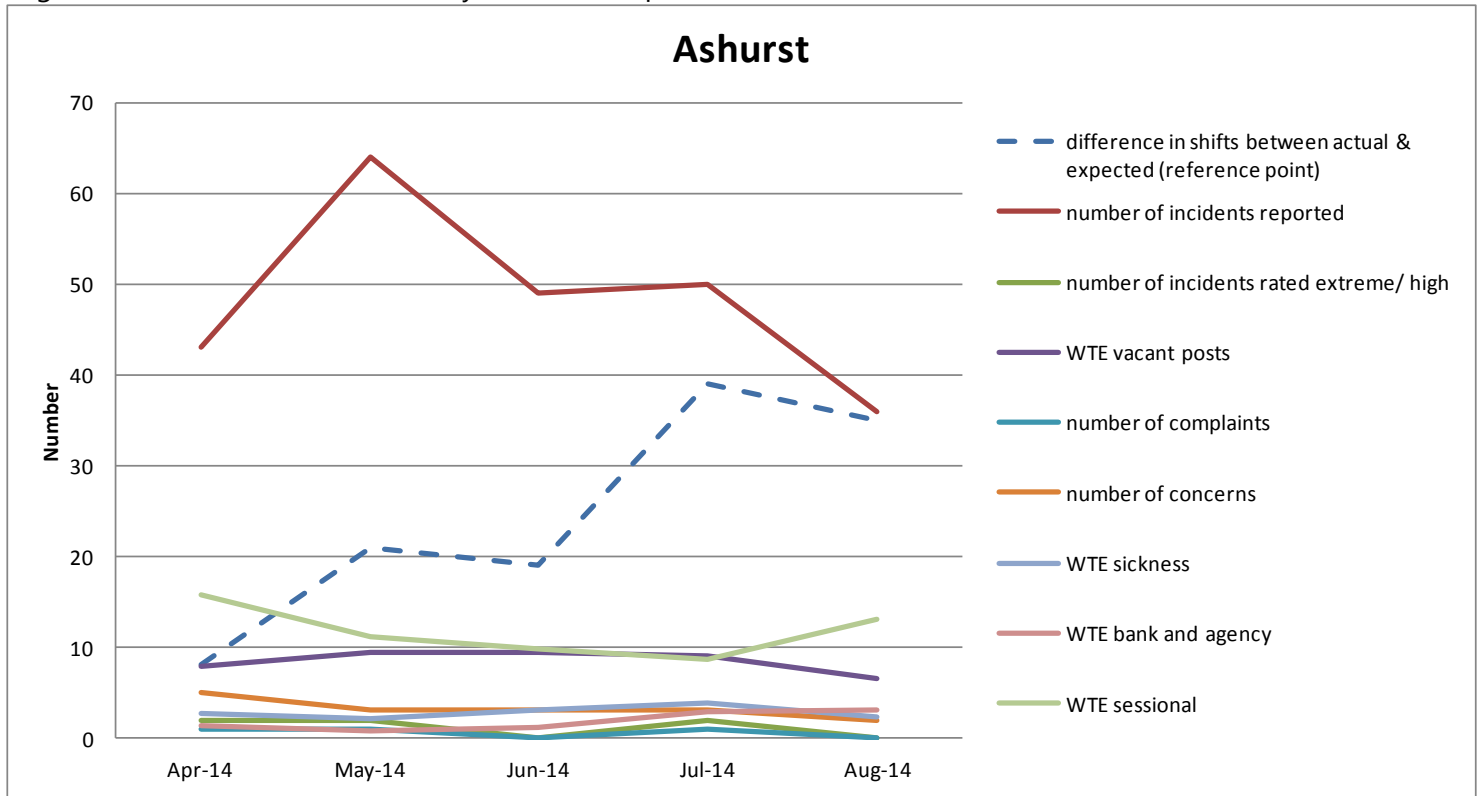


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Ashurst

Internal risk rating: **high**

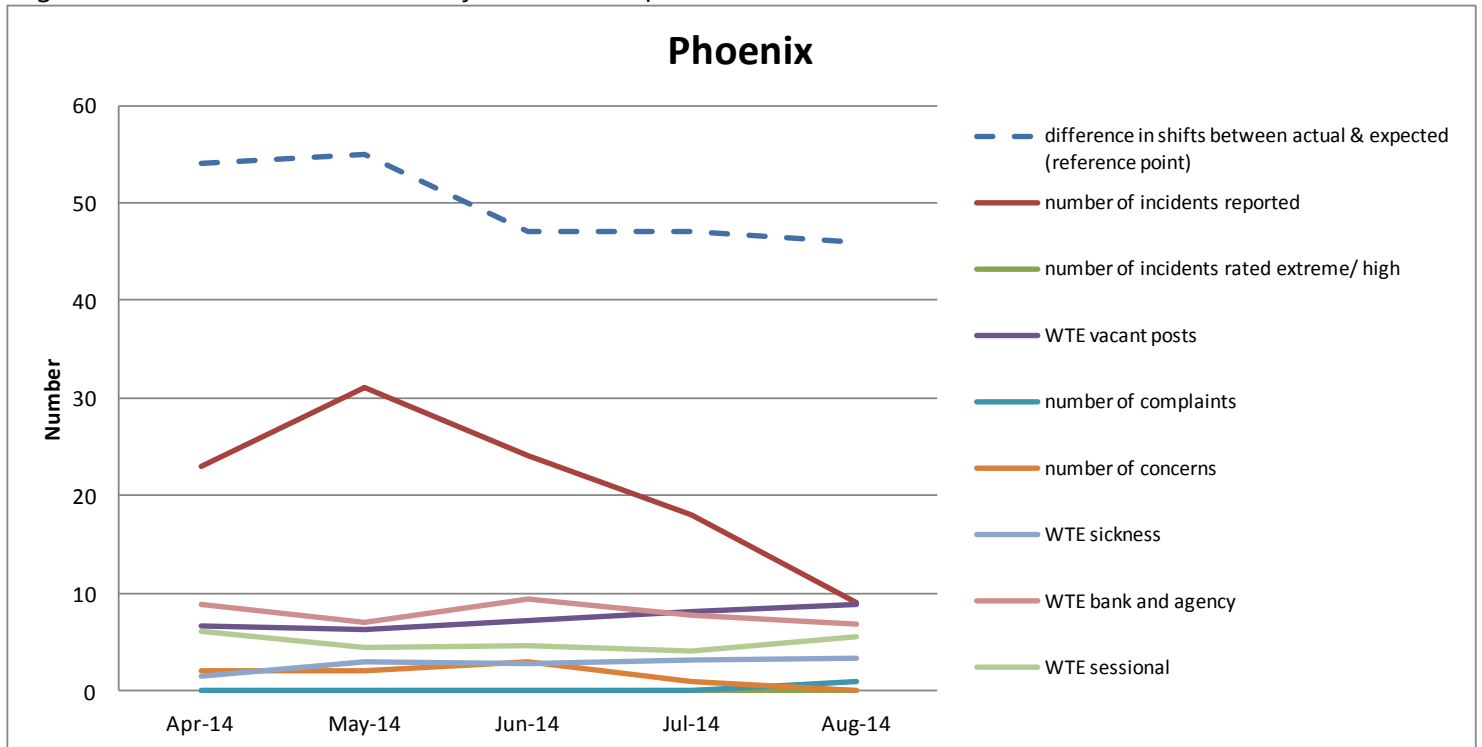
August 2014: 62% of shifts were fully staffed to expected levels



Phoenix

Internal risk rating: **high**

August 2014: 51% of shifts were fully staffed to expected levels

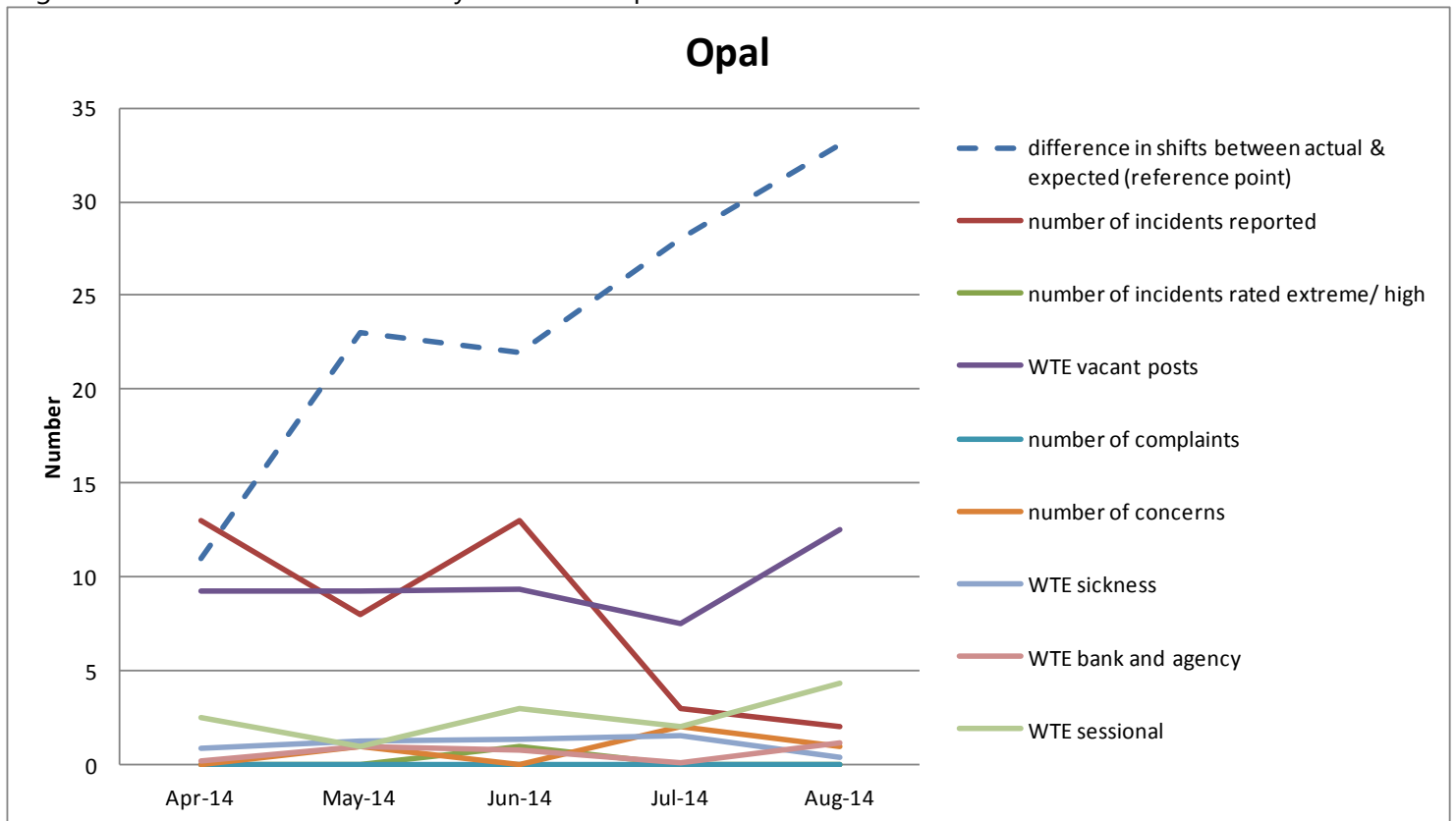


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Opal

Internal risk rating: **high**

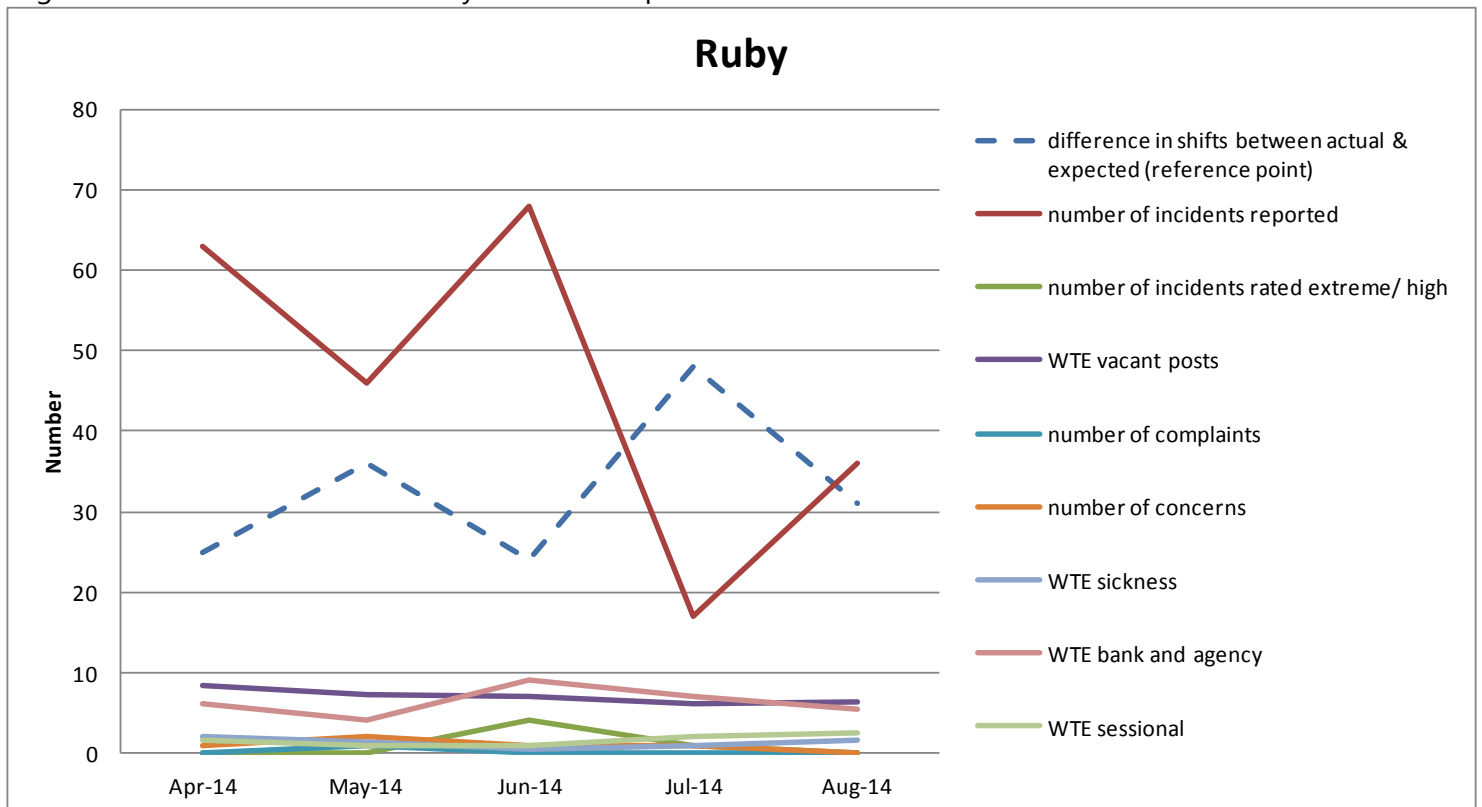
August 2014: 65% of shifts were fully staffed to expected levels



Ruby

Internal risk rating: **high**

August 2014: 57% of shifts were fully staffed to expected levels

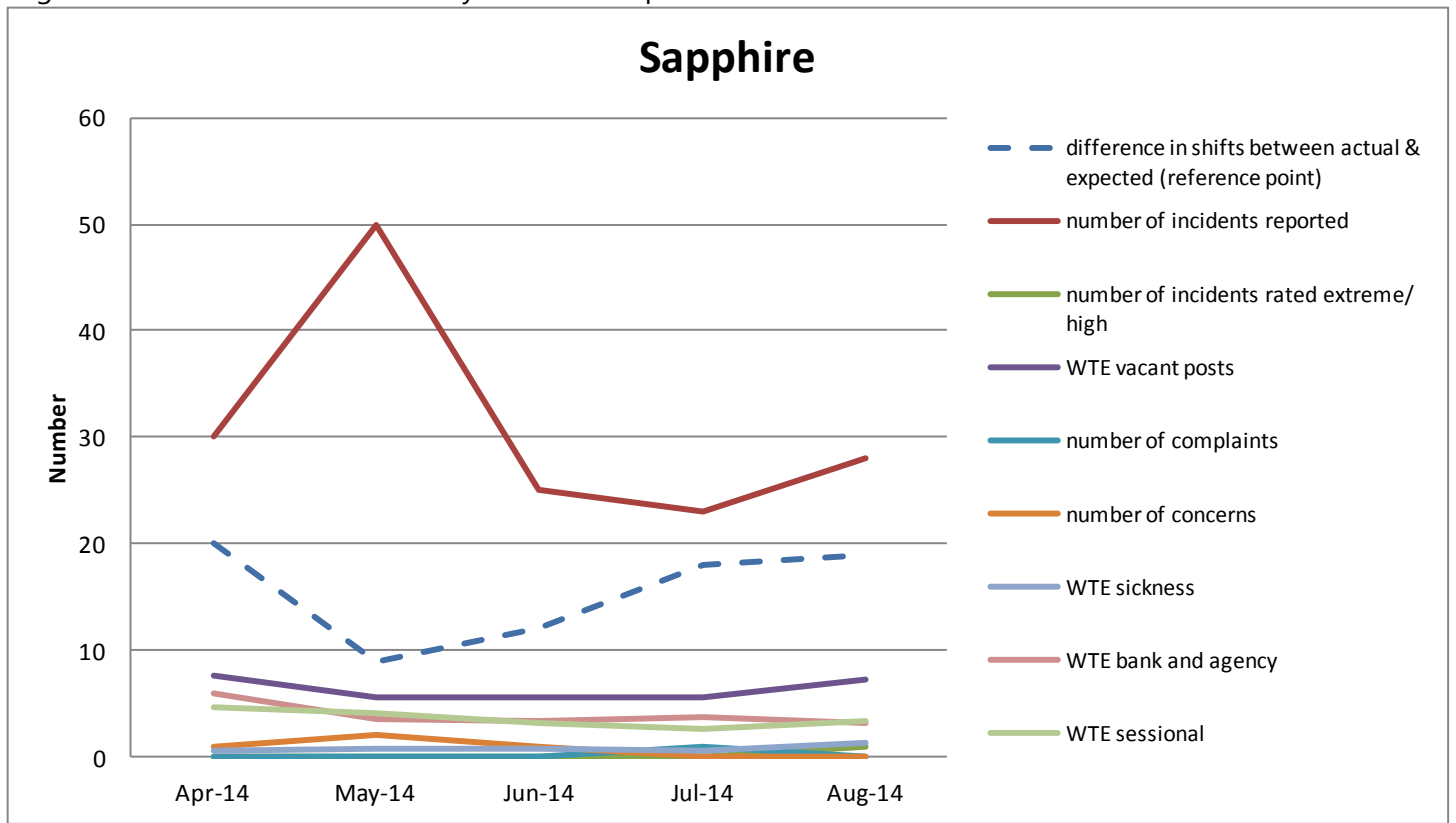


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Sapphire

Internal risk rating: **high**

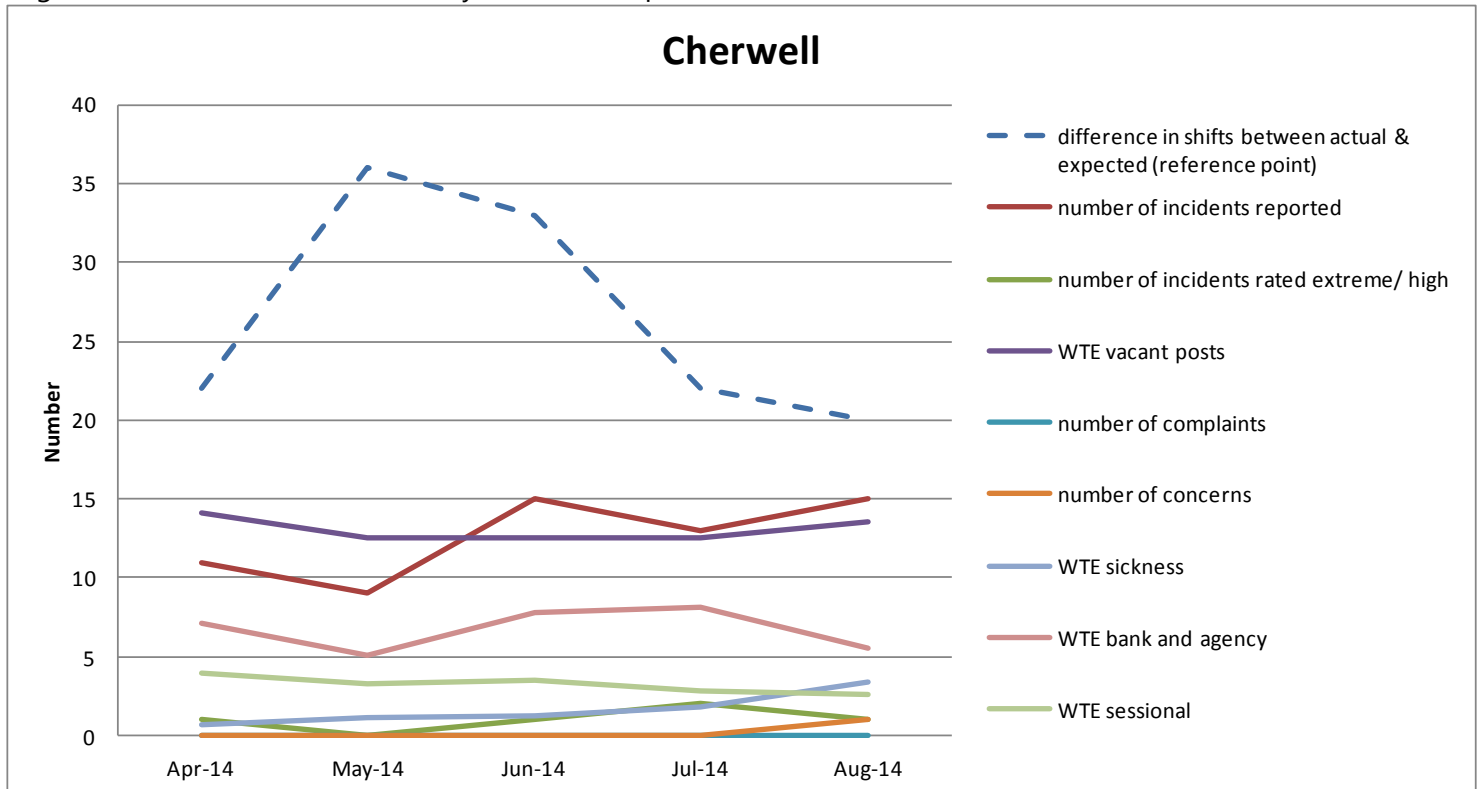
August 2014: 74% of shifts were fully staffed to expected levels



Cherwell

Internal risk rating: **medium**

August 2014: 79% of shifts were fully staffed to expected levels

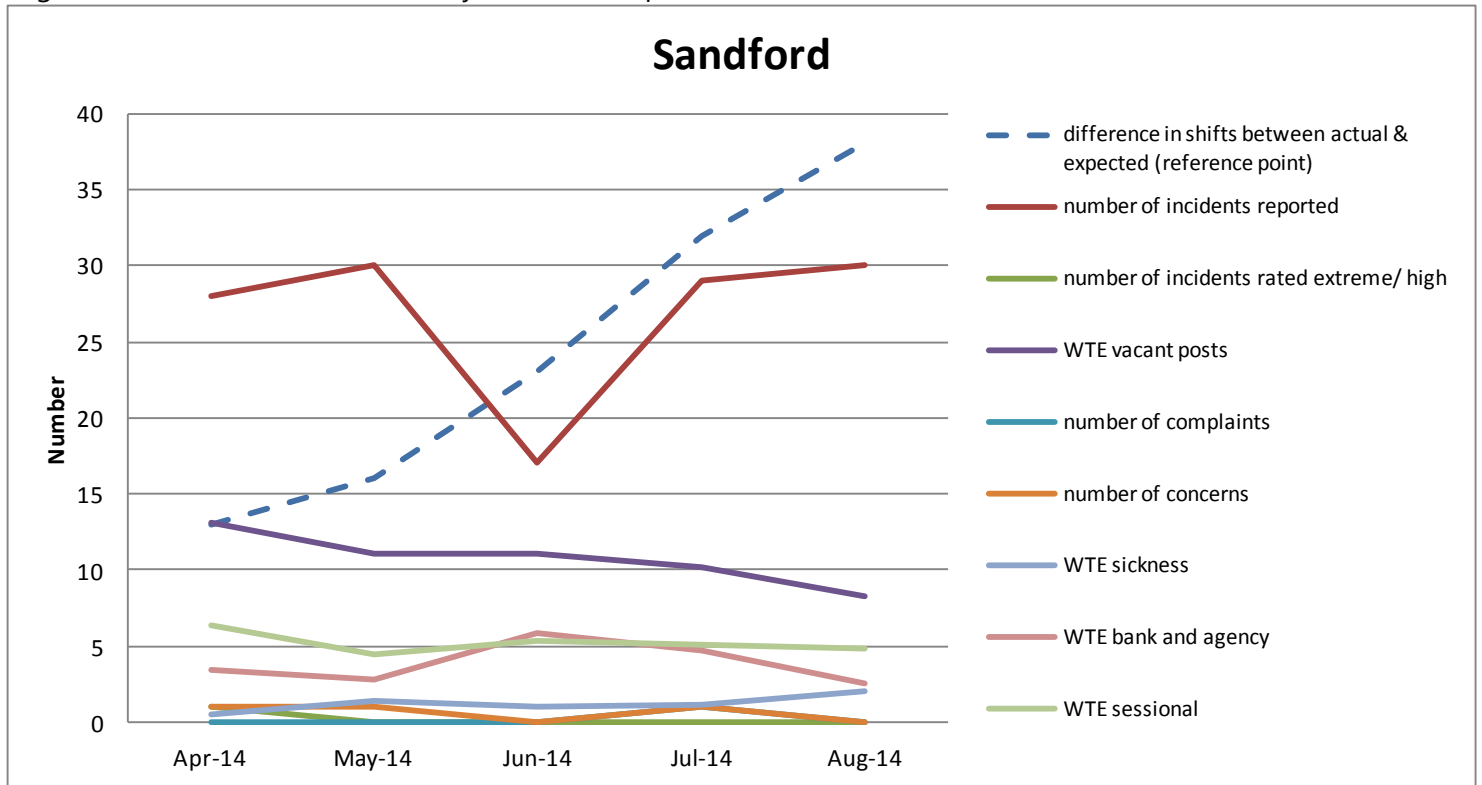


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Sandford

Internal risk rating: **high**

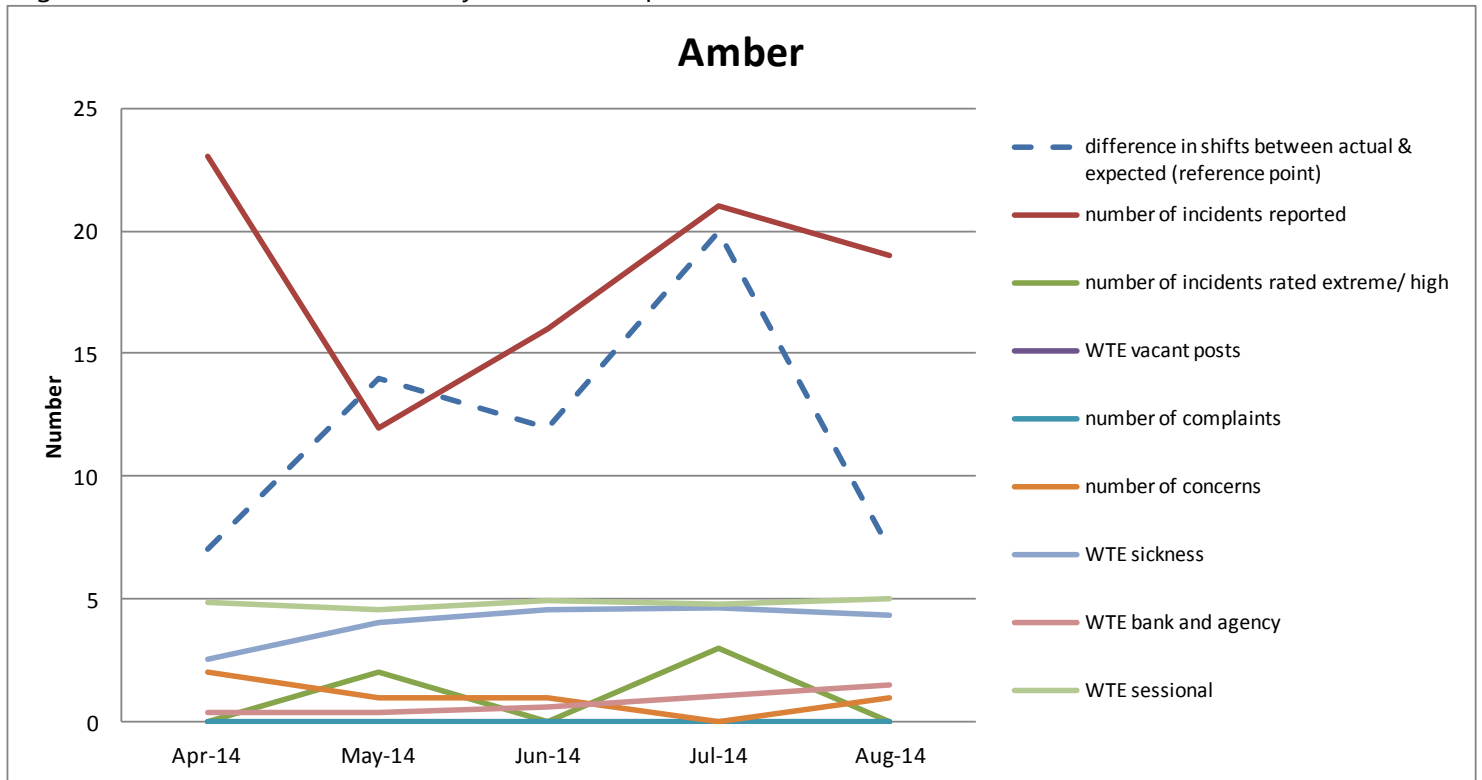
August 2014: 59% of shifts were fully staffed to expected levels



Amber

Internal risk rating: **low**

August 2014: 94% of shifts were fully staffed to expected levels

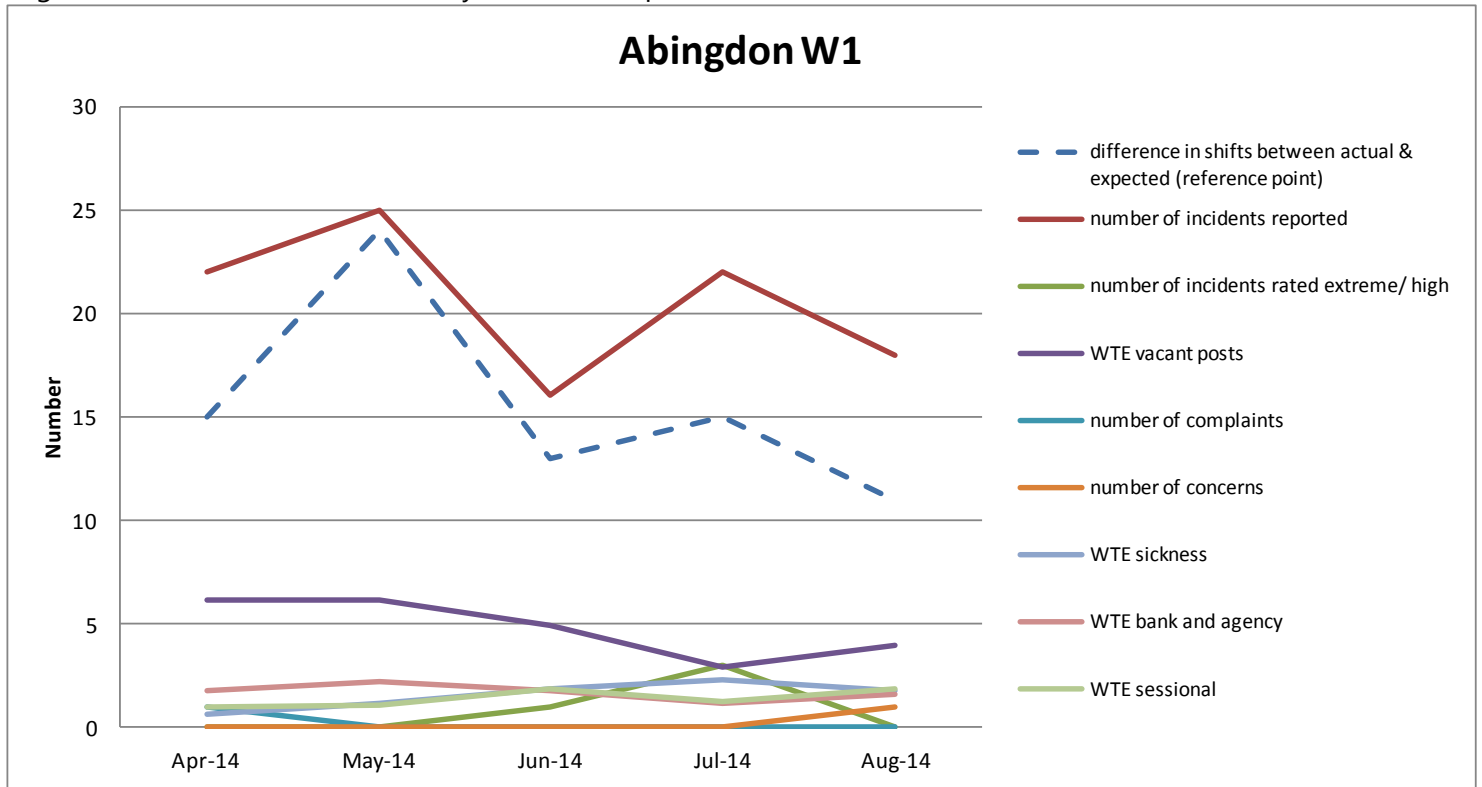


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Abingdon Ward 1

Internal risk rating: **medium**

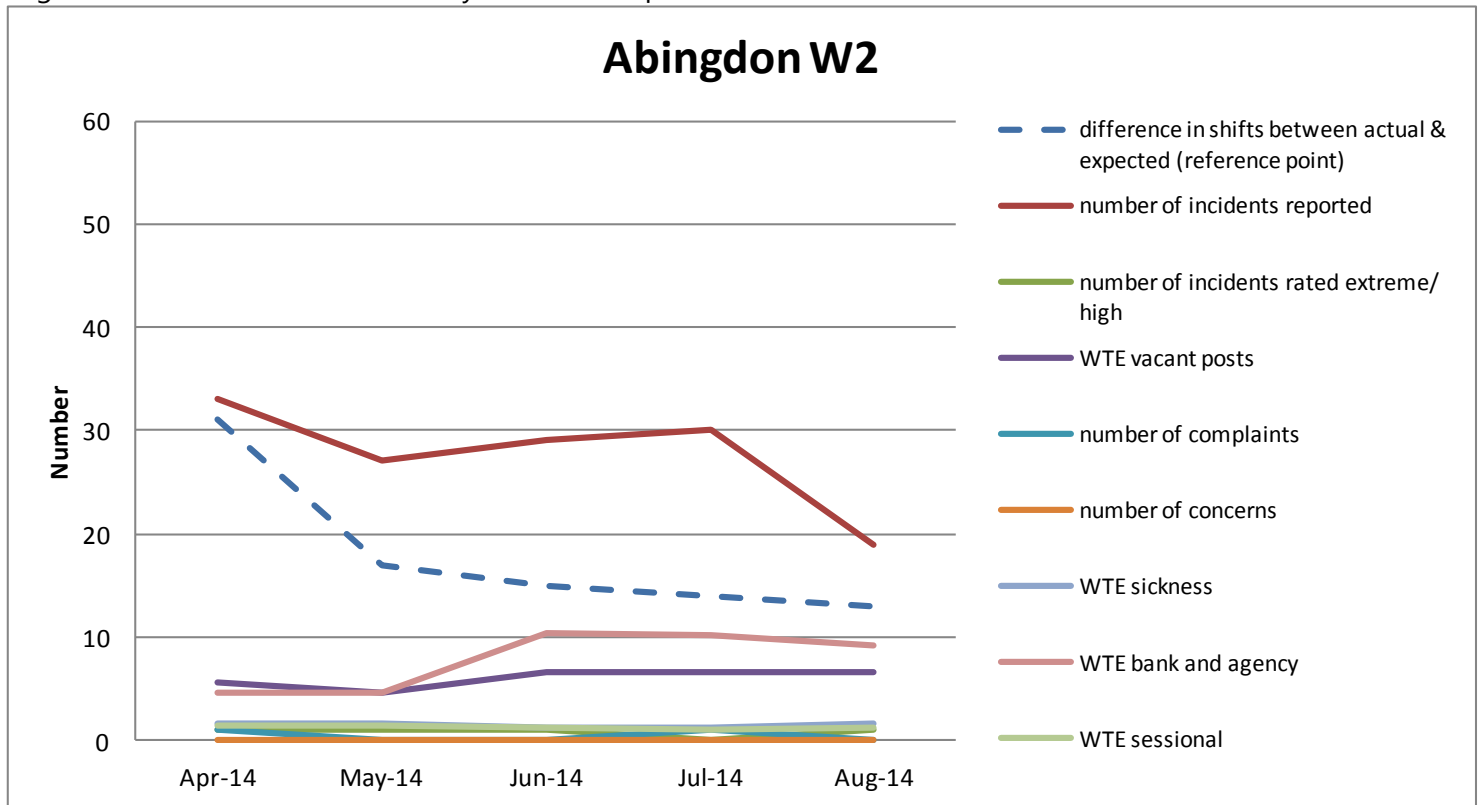
August 2014: 88% of shifts were fully staffed to expected levels



Abingdon ward 2

Internal risk rating: **medium**

August 2014: 86% of shifts were fully staffed to expected levels

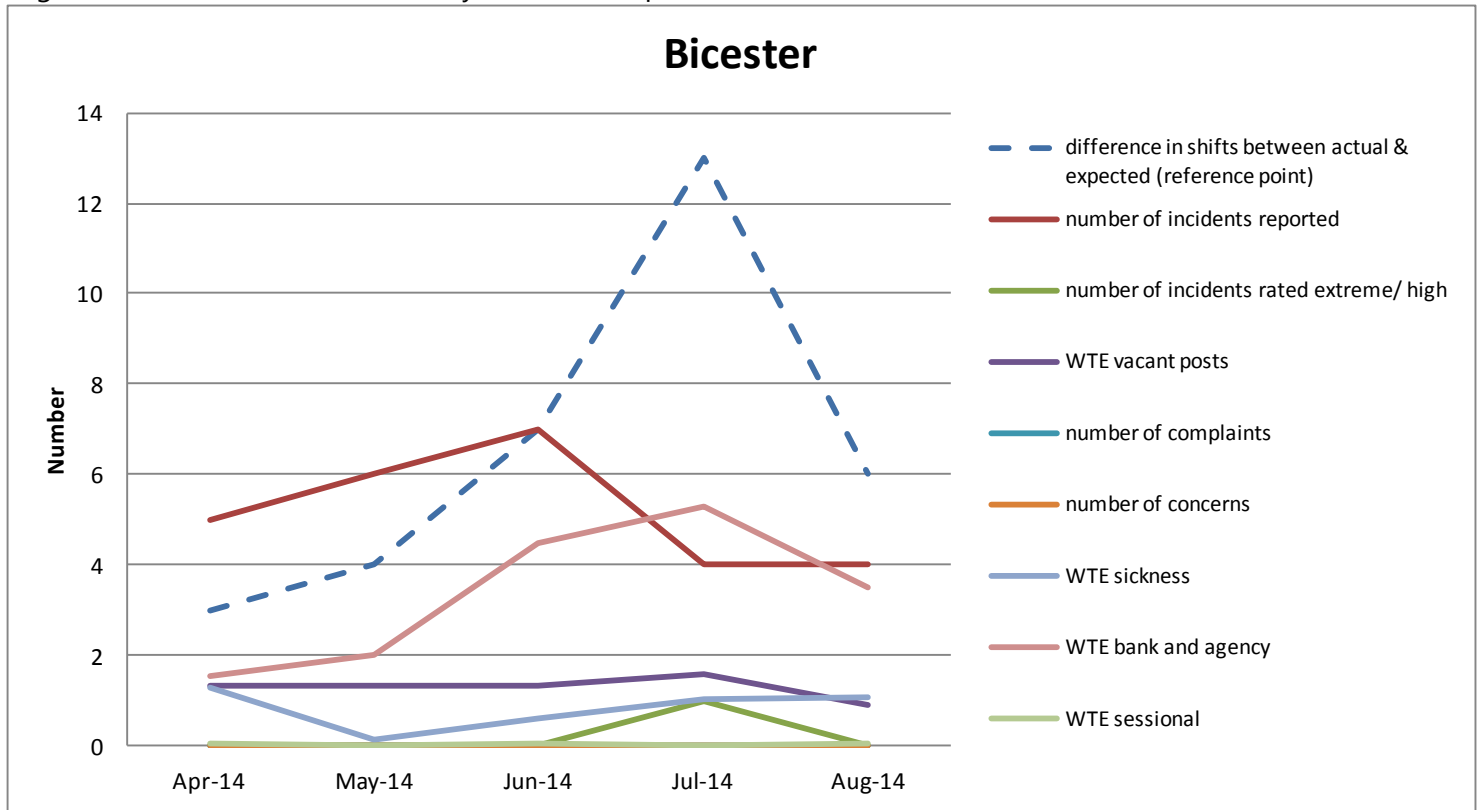


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Bicester

Internal risk rating: **low**

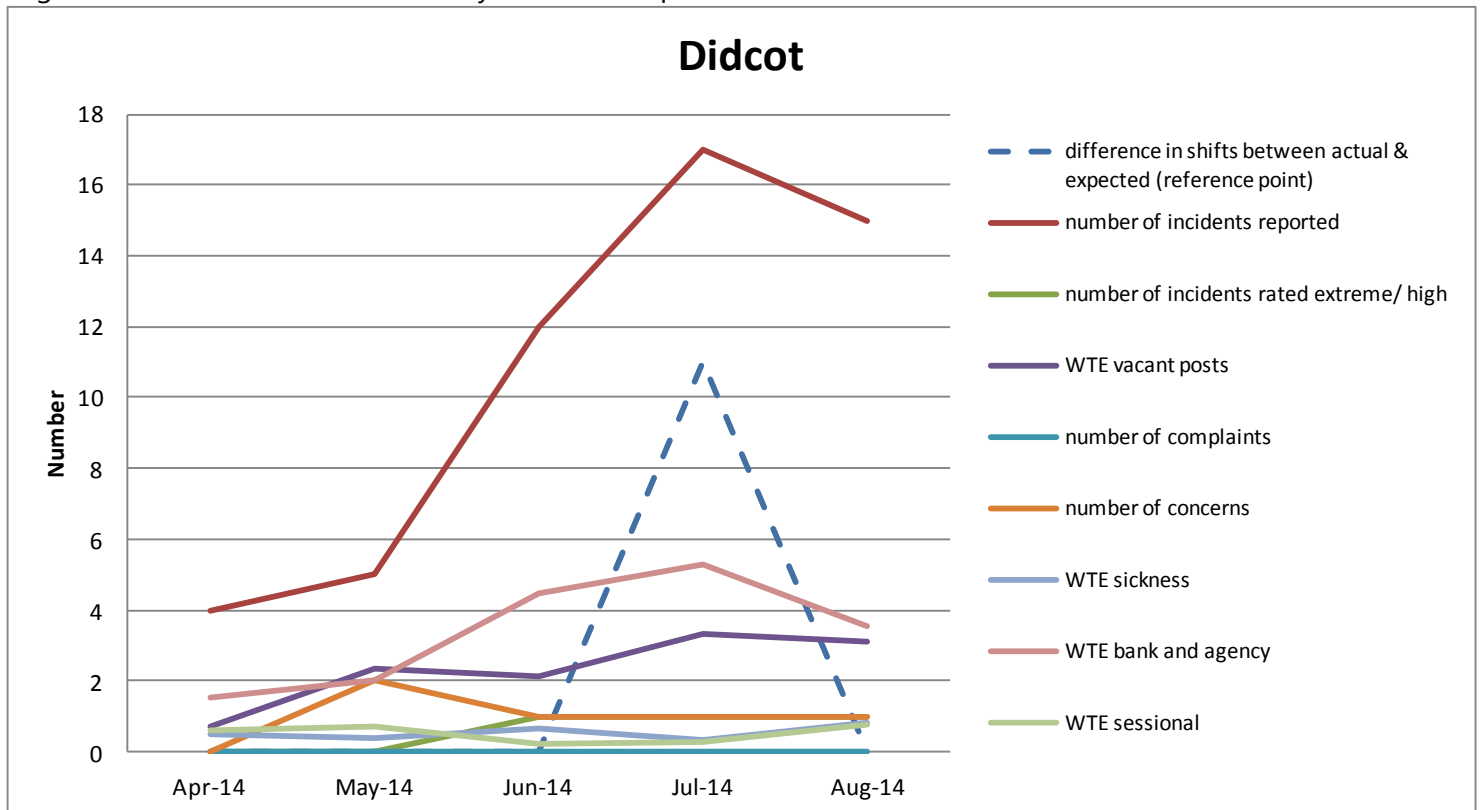
August 2014: 94% of shifts were fully staffed to expected levels



Didcot

Internal risk rating: **low**

August 2014: 100% of shifts were fully staffed to expected levels

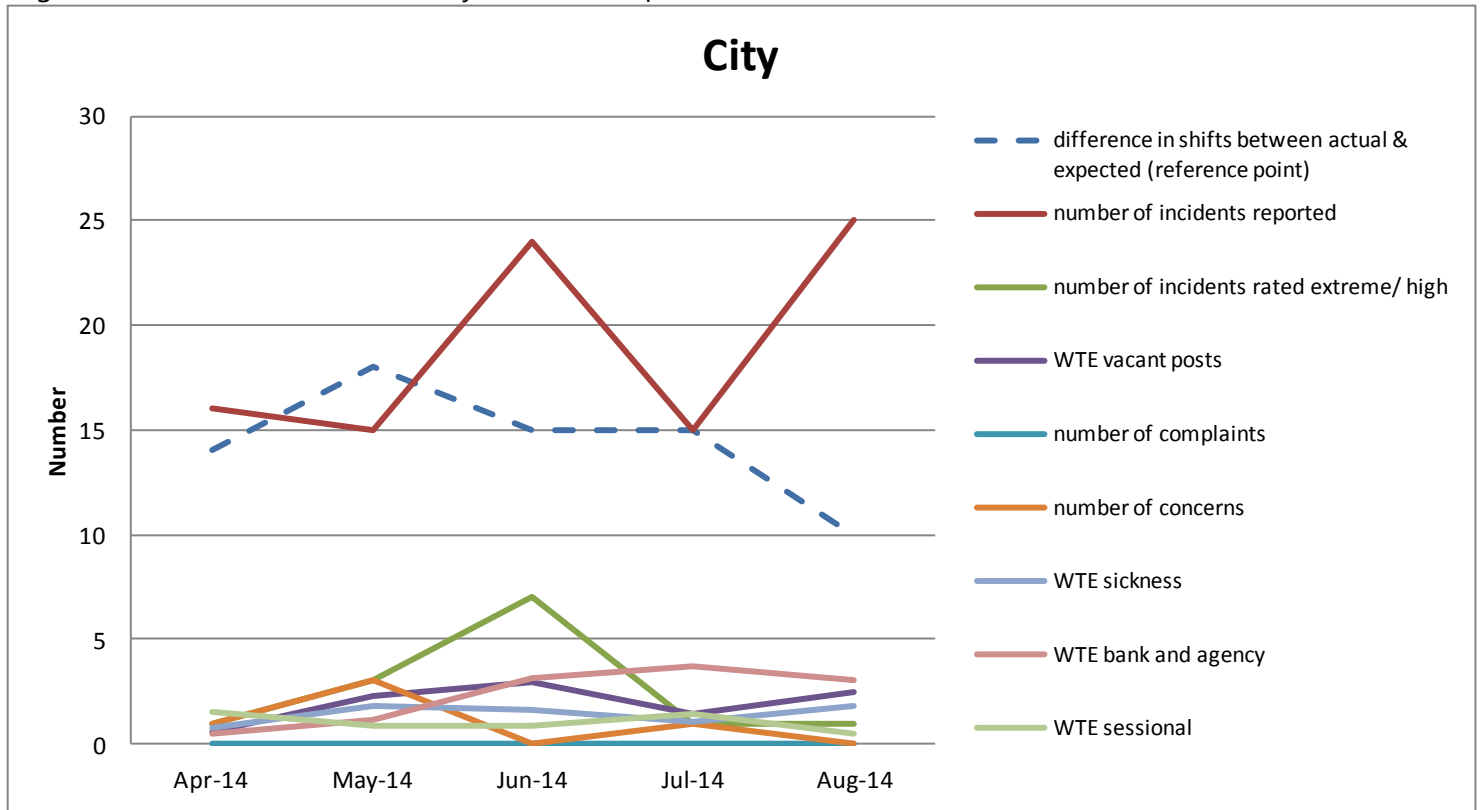


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City

Internal risk rating: **low**

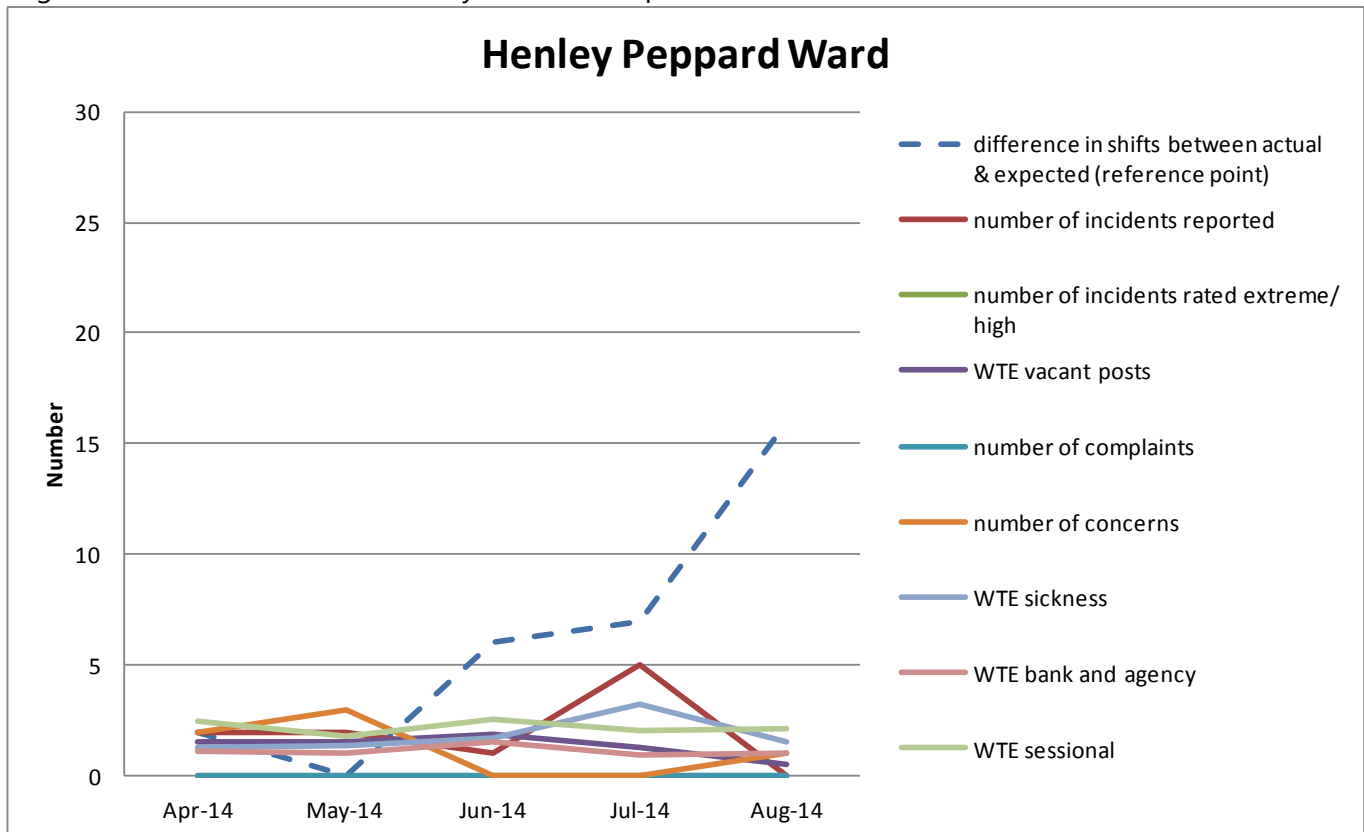
August 2014: 92% of shifts were fully staffed to expected levels



Henley Peppard

Internal risk rating: **medium**

August 2014: 83% of shifts were fully staffed to expected levels

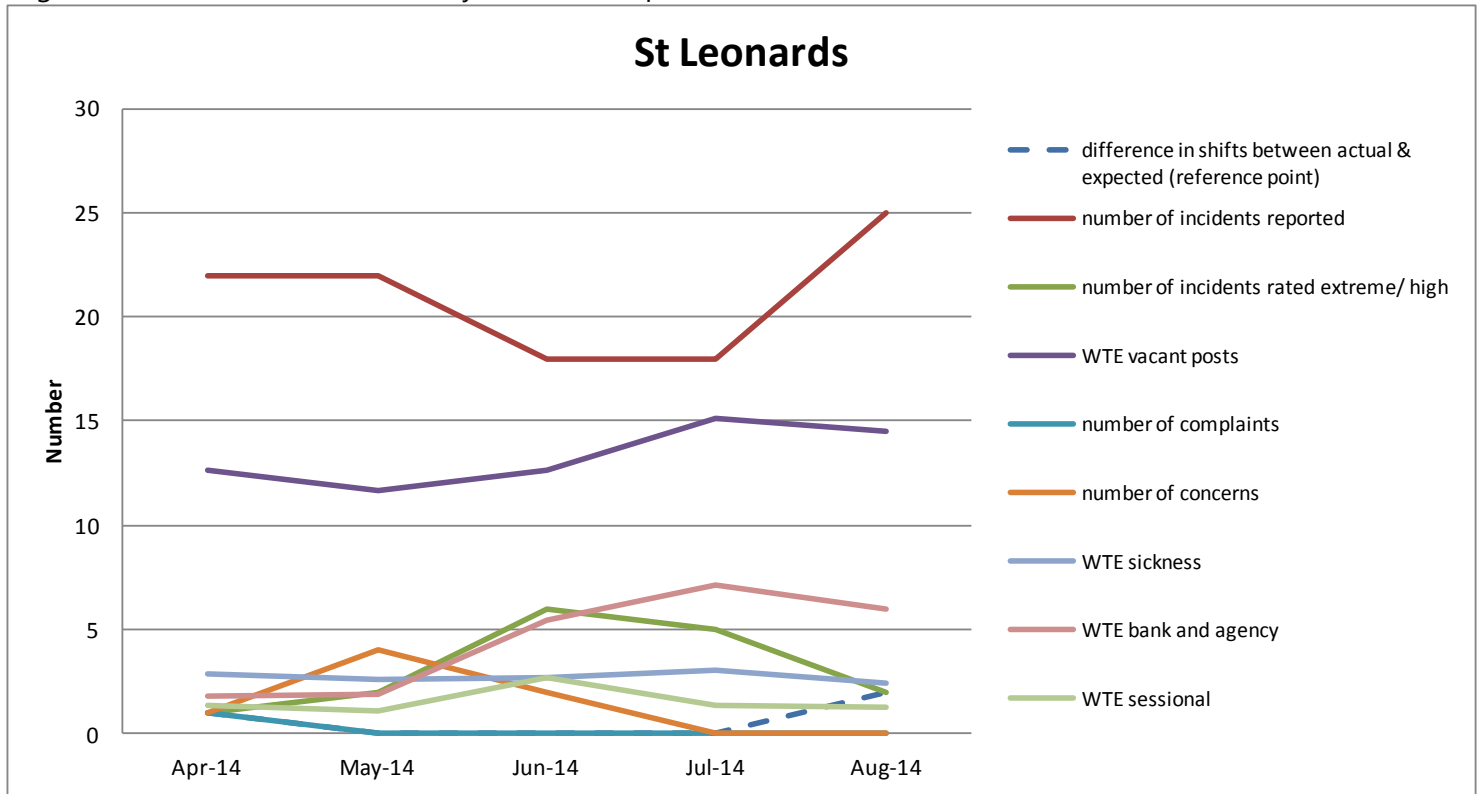


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Wallingford St Leonards

Internal risk rating: **low**

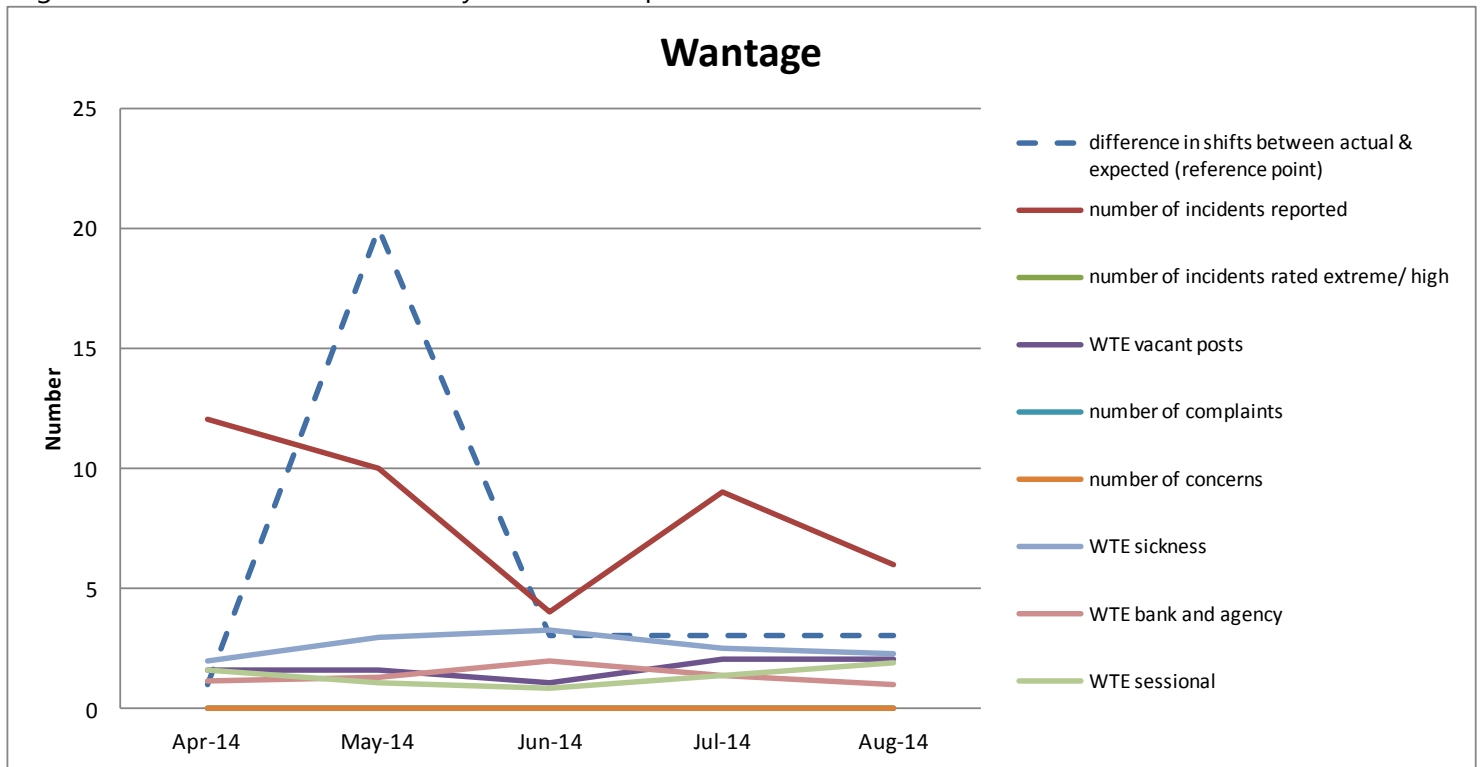
August 2014: 98% of shifts were fully staffed to expected levels



Wantage

Internal risk rating: **low**

August 2014: 97% of shifts were fully staffed to expected levels

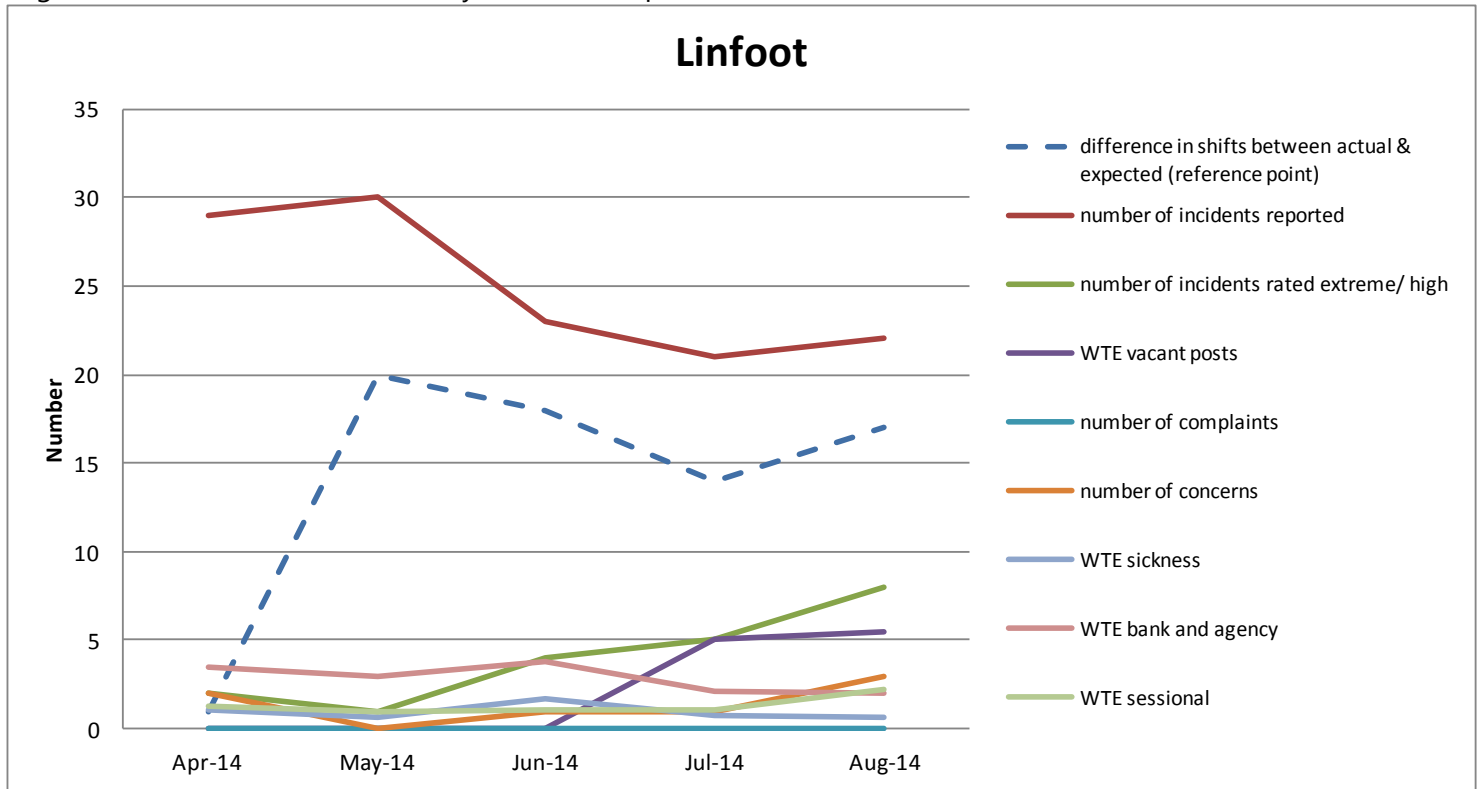


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Witney Linfoot

Internal risk rating: **medium**

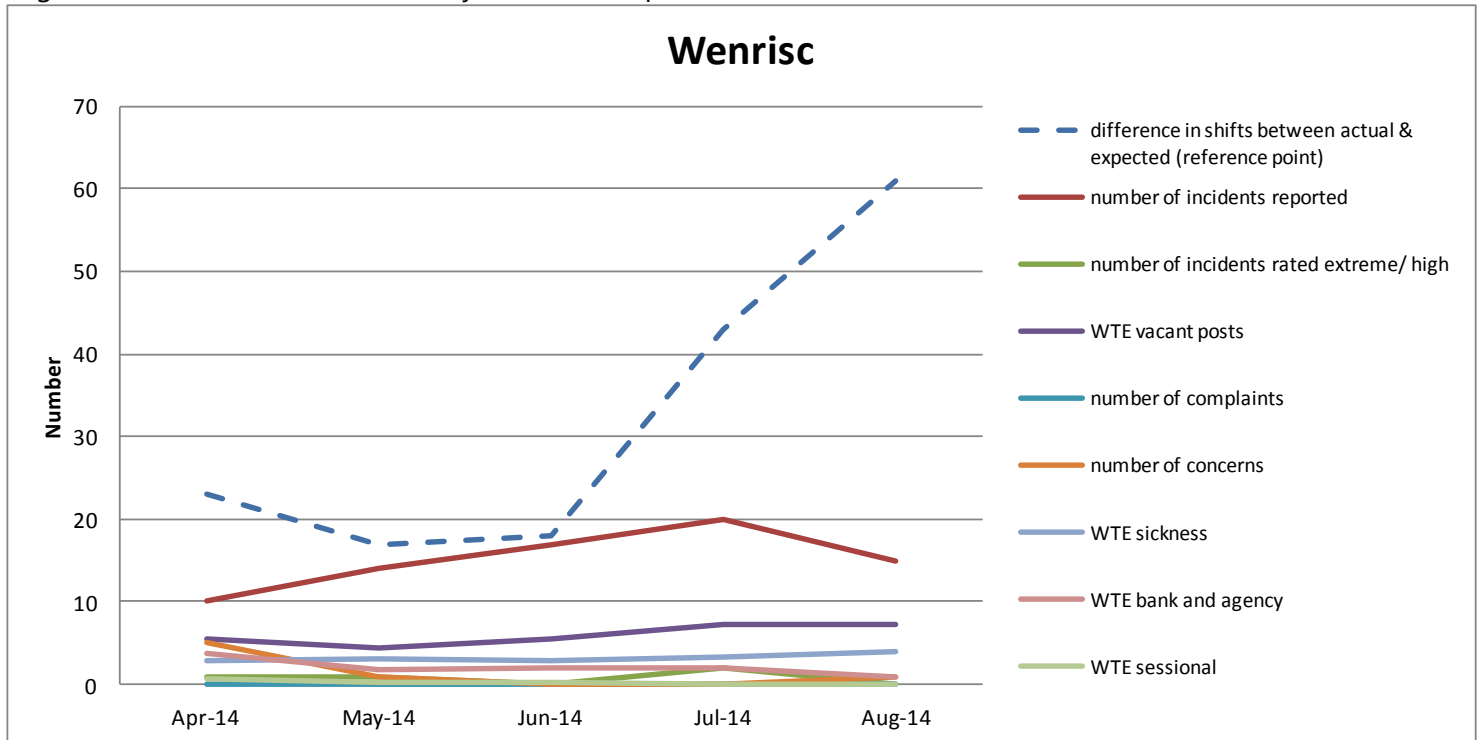
August 2014: 82% of shifts were fully staffed to expected levels



Witney Wenrisc

Internal risk rating: **high**

August 2014: 34% of shifts were fully staffed to expected levels

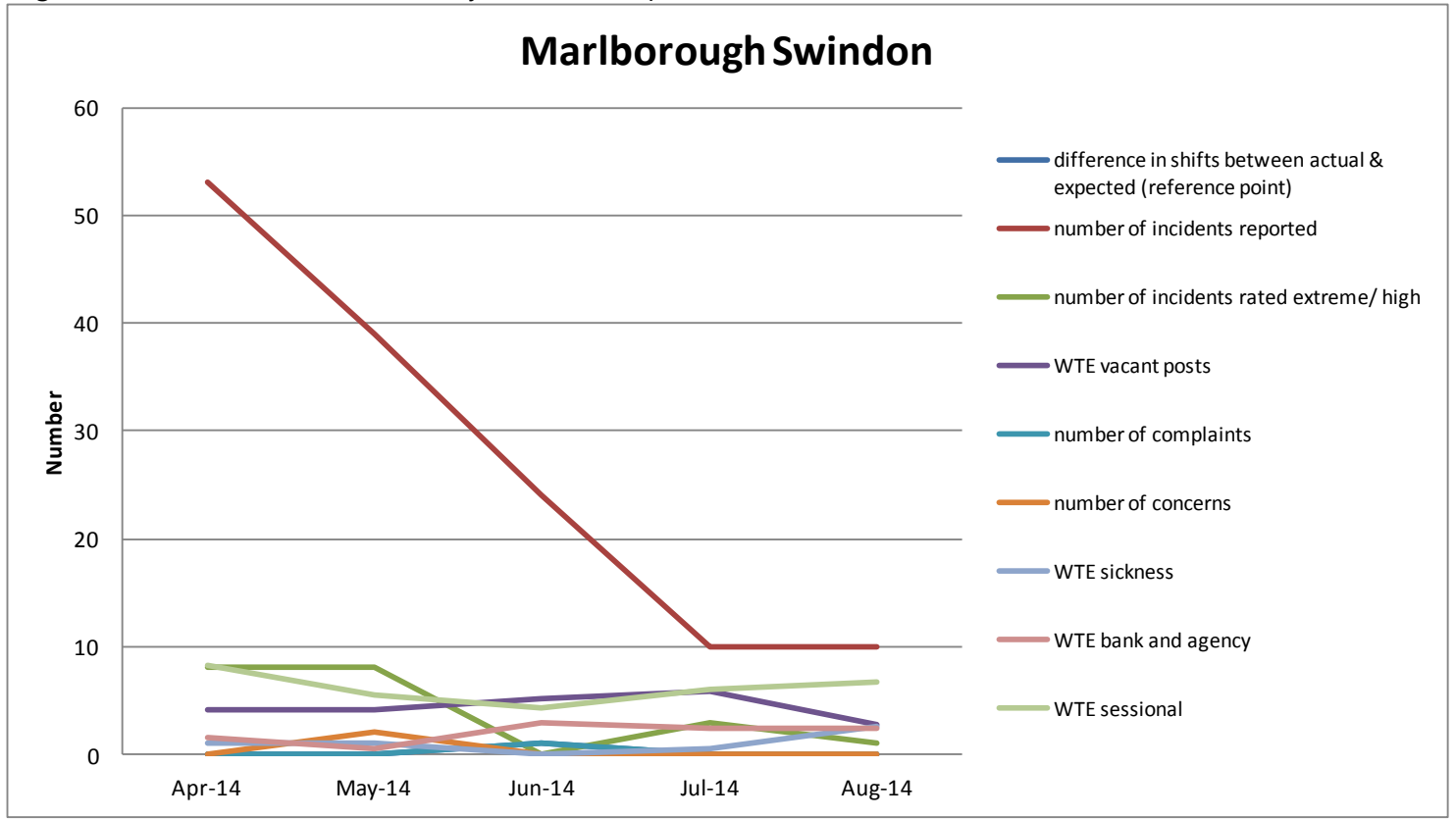


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Marlborough House Swindon

Internal risk rating: **low**

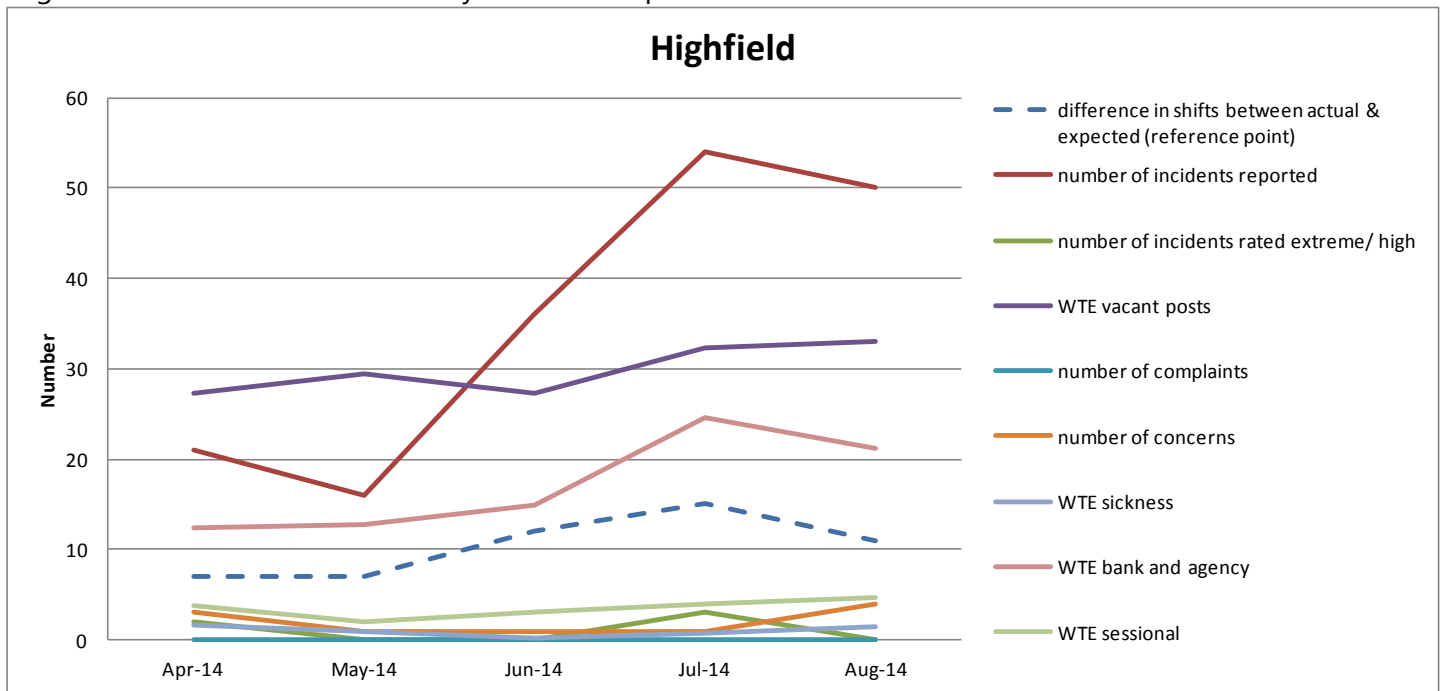
August 2014: 100% of shifts were fully staffed to expected levels



Highfield

Internal risk rating: **medium**

August 2014: 91% of shifts were fully staffed to expected levels

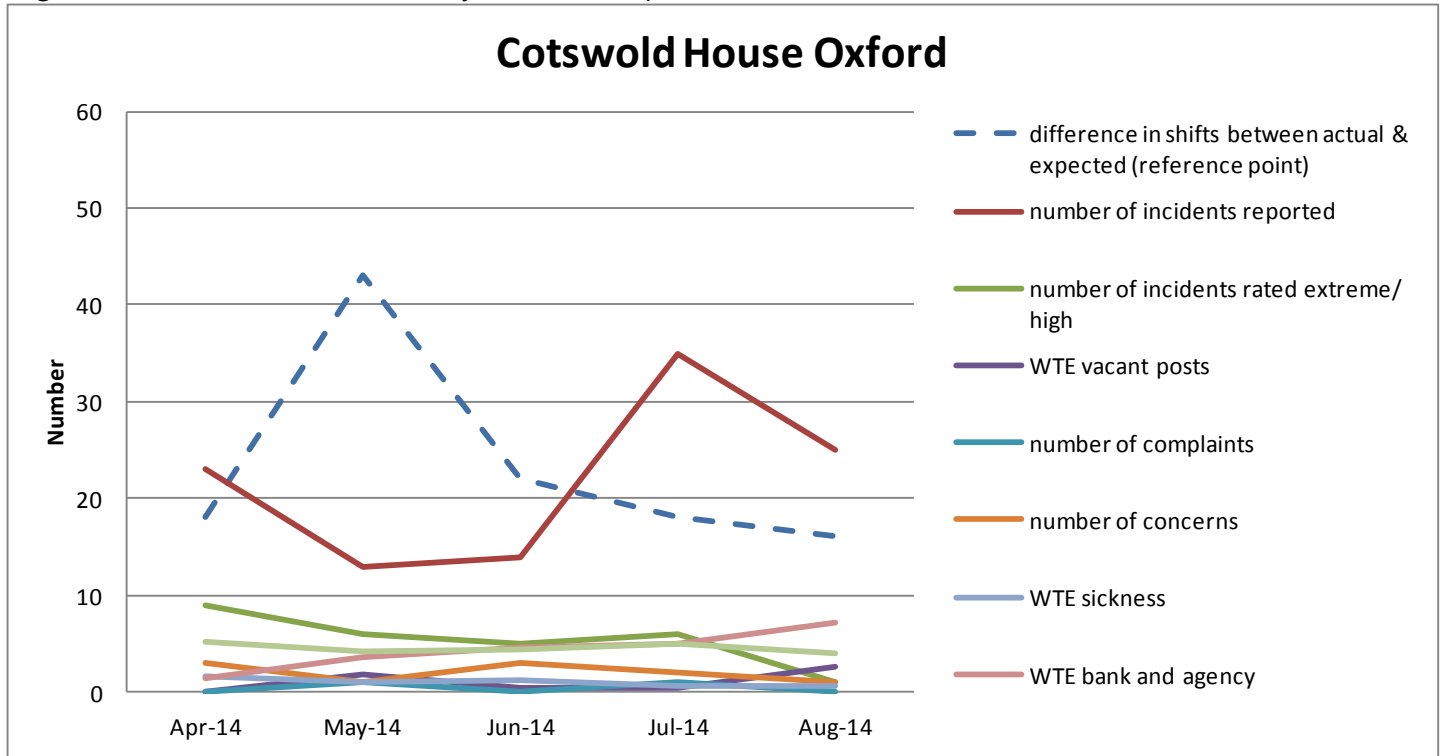


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Cotswold House Oxford

Internal risk rating: **medium**

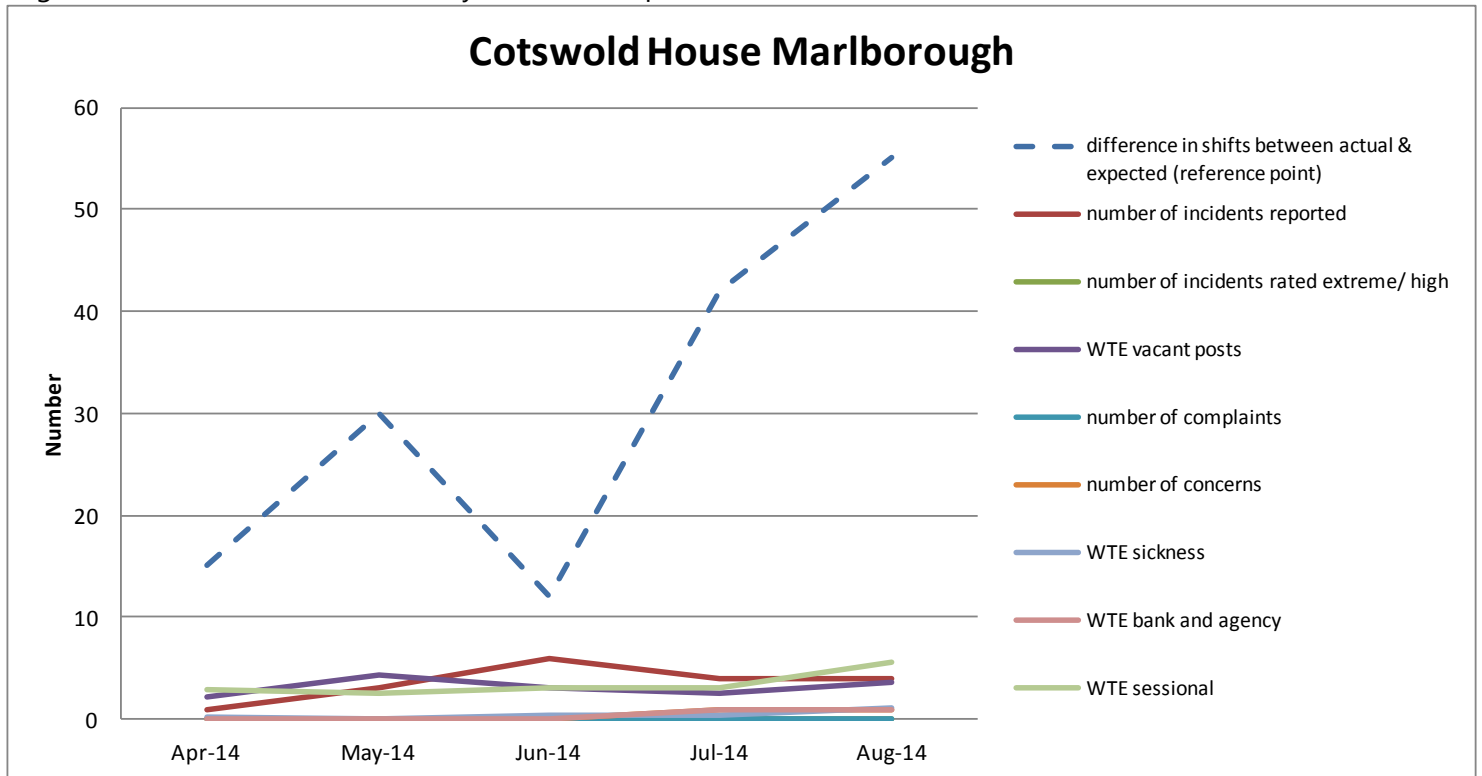
August 2014: 83% of shifts were fully staffed to expected levels



Cotswold House Marlborough

Internal risk rating: **high**

August 2014: 41% of shifts were fully staffed to expected levels

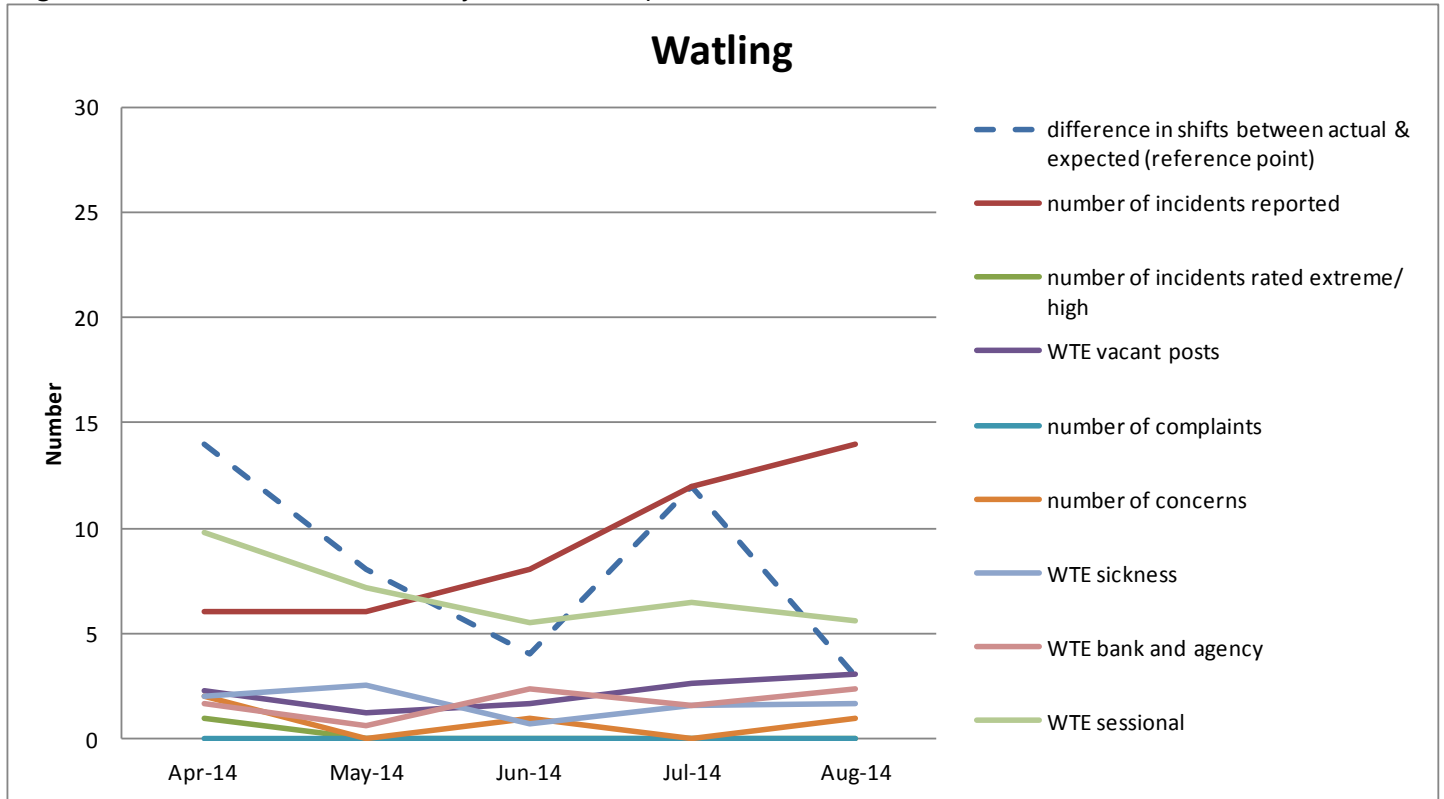


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Watling

Internal risk rating: **low**

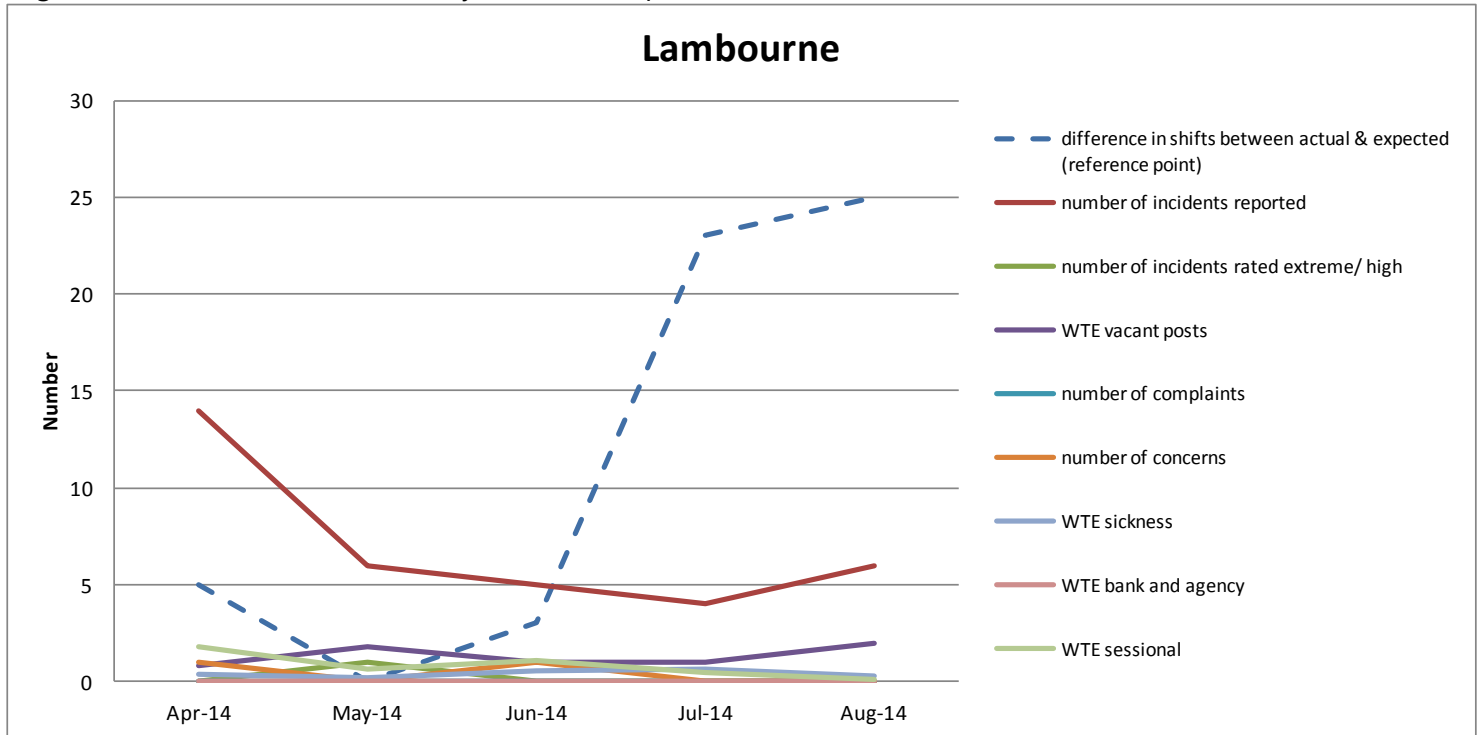
August 2014: 97% of shifts were fully staffed to expected levels



Lambourne

Internal risk rating: **high**

August 2014: 73% of shifts were fully staffed to expected levels

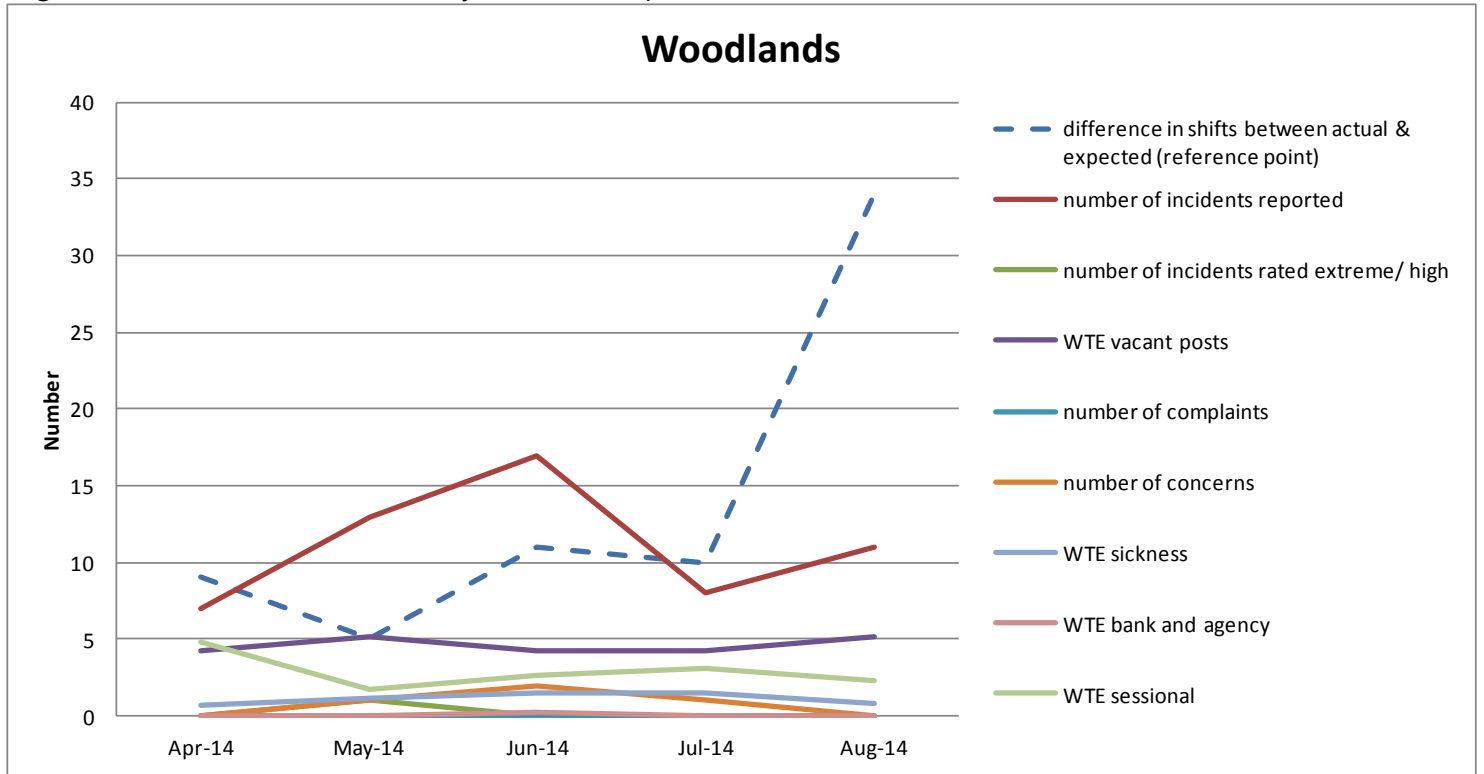


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Woodlands

Internal risk rating: **medium**

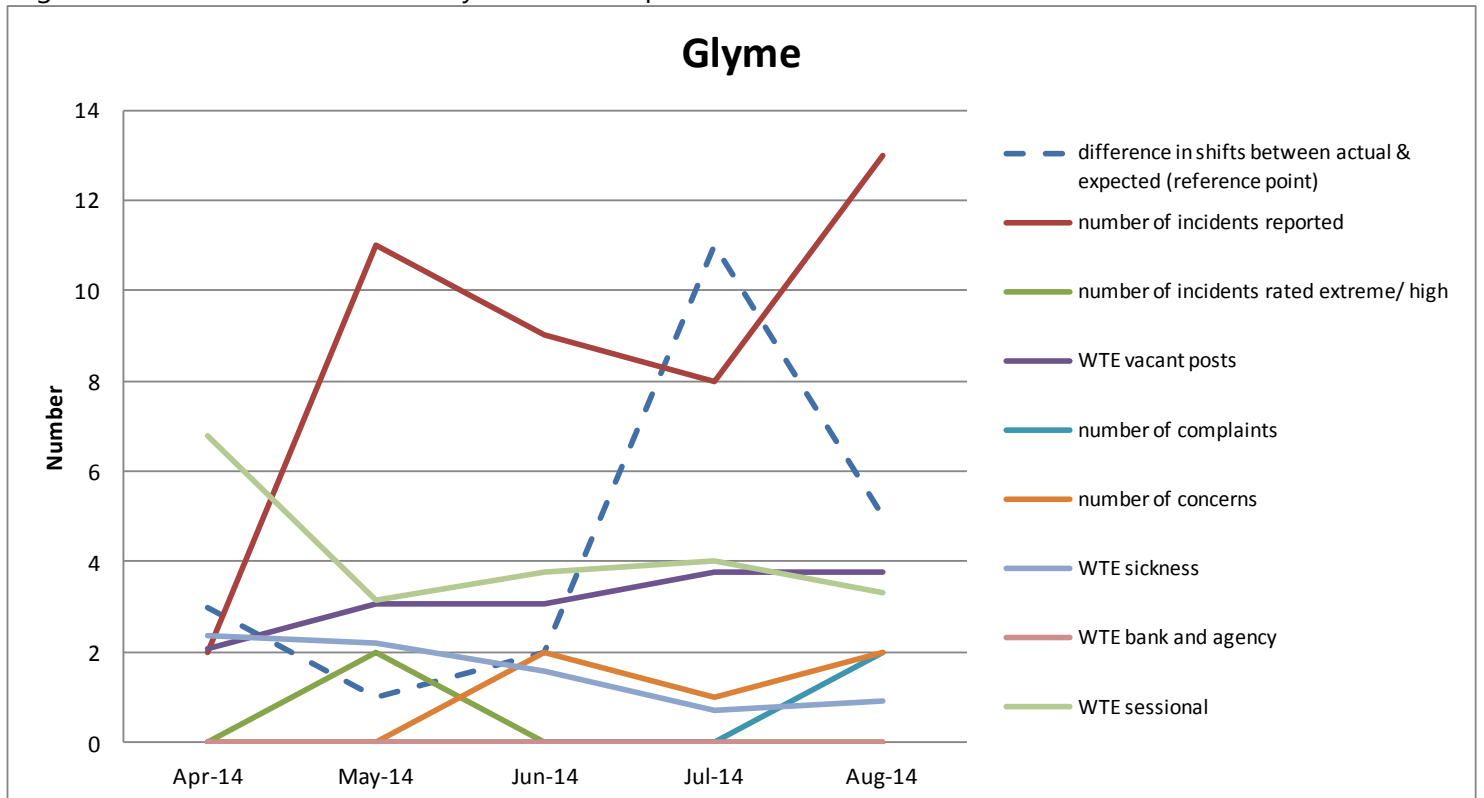
August 2014: 83% of shifts were fully staffed to expected levels



Glyme

Internal risk rating: **low**

August 2014: 95% of shifts were fully staffed to expected levels

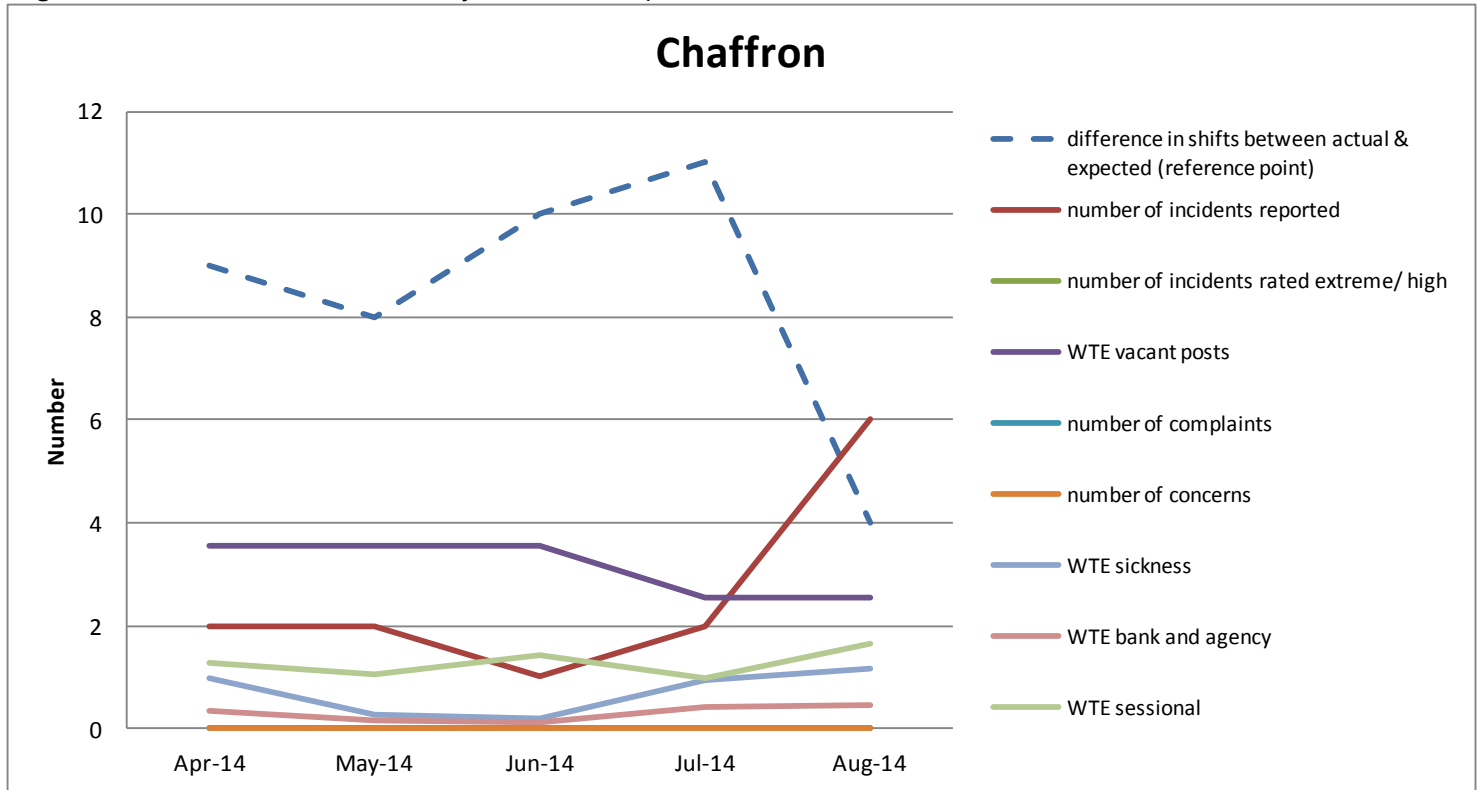


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Chaffron

Internal risk rating: **low**

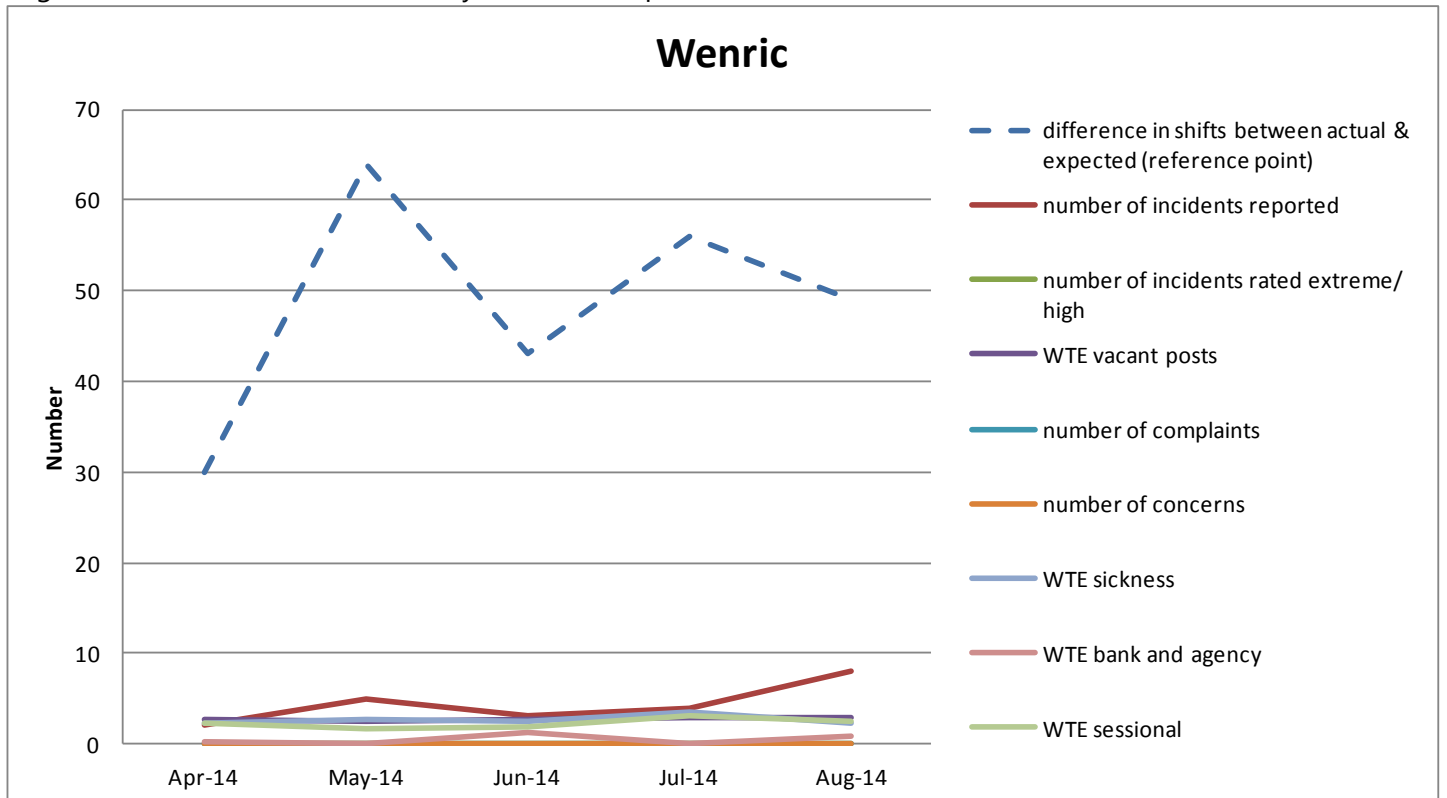
August 2014: 96% of shifts were fully staffed to expected levels



Wenric

Internal risk rating: **high**

August 2014: 47% of shifts were fully staffed to expected levels

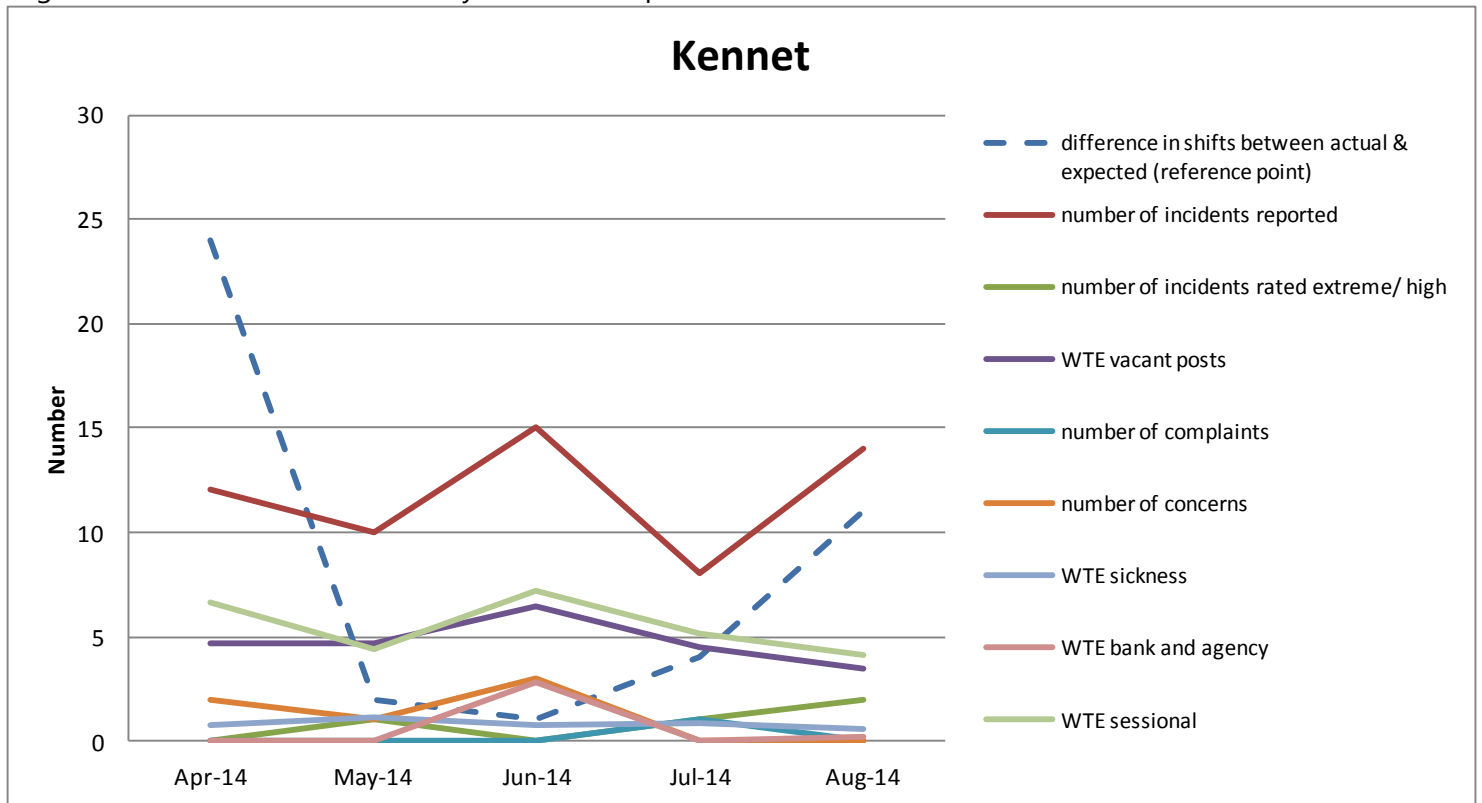


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Kennet

Internal risk rating: **medium**

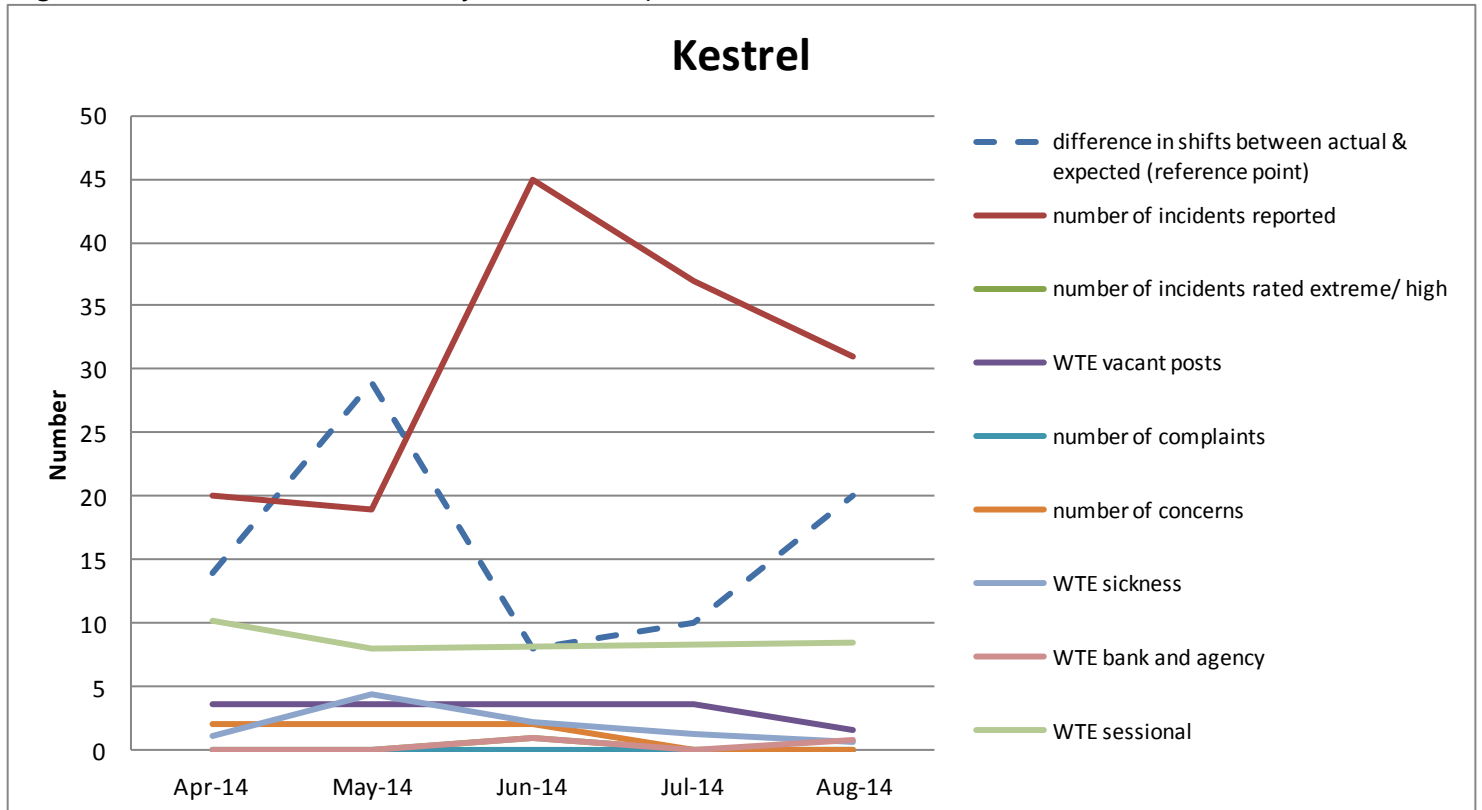
August 2014: 88% of shifts were fully staffed to expected levels



Kestrel

Internal risk rating: **medium**

August 2014: 79% of shifts were fully staffed to expected levels

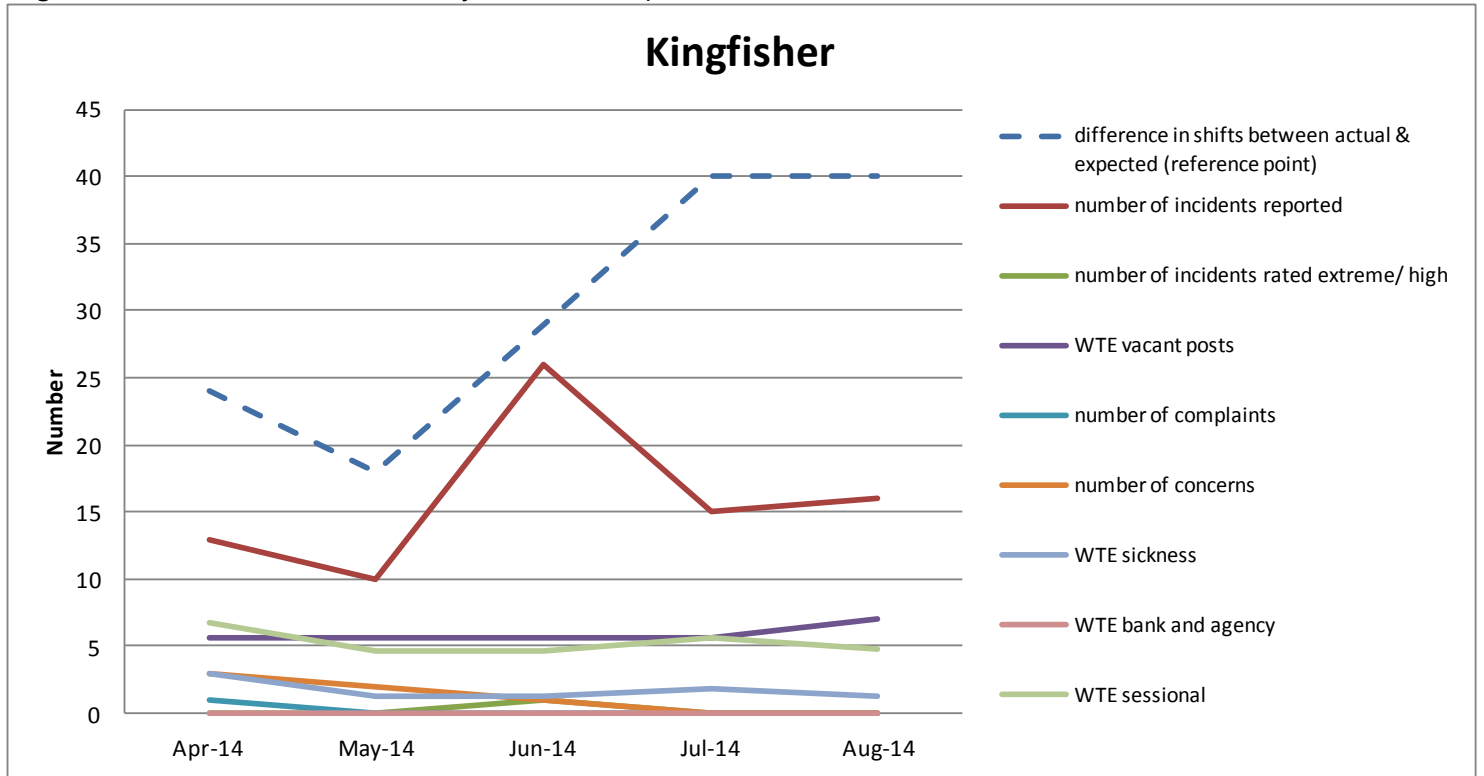


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Kingfisher

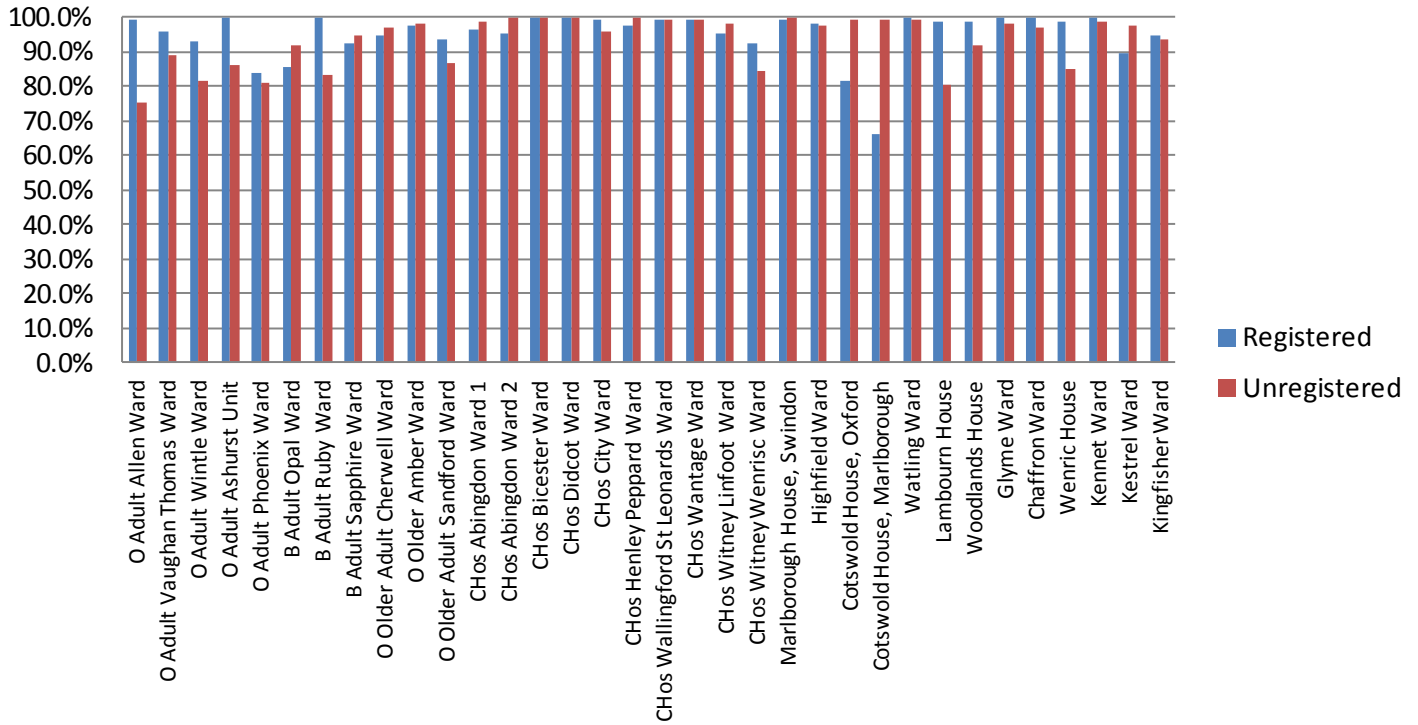
Internal risk rating: **high**

August 2014: 57% of shifts were fully staffed to expected levels



Appendix 2. Data return via Unify

August 2014
Day Shifts (early, late and twilight)



August 2014
Night Shift

