

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

**28<sup>th</sup> September 2016**

**Inpatient Safer Staffing Report  
For Information**

**Introduction**

This is a monthly report to the Board of Directors presenting the actual nurse staff levels (registered and unregistered) on each ward against their required need on a shift by shift basis for a 4 week period from 18<sup>th</sup> July to 14<sup>th</sup> Aug 2016.

The national requirements on providers around monitoring and reporting staffing levels is continuing to increase, showing the importance of ensuring sufficient staffing levels are in place to deliver safe, effective and high quality care.

In addition in this month's report there is information on the outcome of the snapshot looking at the amount of direct care time spent with patients.

**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 four week period 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: 18<sup>th</sup> July to 14<sup>th</sup> Aug 2016

#### **Introduction**

This is a monthly report to the Board of Directors presenting the actual nurse staff levels (registered and unregistered) on each ward against their required need on a shift by shift basis for a 4 week period from 18<sup>th</sup> July to 14<sup>th</sup> Aug 2016.

In addition in this month's report there is information on the outcome of the snapshot looking at the amount of direct care time spent with patients.

#### **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 August 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 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 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 enables 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 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

## PUBLIC BOARD REPORT

### Summary Position

Table 1 below shows the staffing levels by ward for 18<sup>th</sup> July to 14<sup>th</sup> Aug 2016 compared to the previous month, 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.

The following wards are highlighted as struggling to meet staffing levels;

- **Abingdon ward 1** (overall 83% of shifts fully staffed) – 6.7 WTE vacancies and therefore the ward has used a high % of agency staff (11.3%). The ward has struggled over all four weeks to meet the staffing required, particularly for registered nurses on day shifts. 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 77% of shifts fully staffed) – similar to last month. 7.9 WTE vacancies and therefore the ward has used a high % of agency staff (10.4%). Skill mix in the month has been on average 48% registered and 52% unregistered staff. The ward has struggled over all four weeks to meet the staffing required, 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 79% of shifts fully staffed) - similar to last month. 9.4 WET vacancies and therefore the ward has used a high % of agency staff (16.2%). Skill mix in the month has been on average 43% registered and 57% unregistered staff. The ward has struggled over all four weeks to meet the staffing required, 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 requiring a high use of agency staff
- Ashurst – high vacancies for registered staff and have used unregistered staff on day and night shifts, changing skill mix to meet staffing levels.
- Glyme – ward has changed skill mix on day and night shifts to have more unregistered staff due to availability of permanent and temporary registered staff.
- Highfield – high vacancies requiring a high use of agency staff, further long lines of agency being set up
- Kingfisher and Kestrel –high vacancies particularly for registered staff and high sickness requiring a reliance on agency staff
- Sandford – high vacancies particularly for registered staff and high sickness requiring a high use of agency staff
- Watling – high vacancies and sickness, unregistered staffing levels have been increased changing the skill mix
- St Leonards, Wallingford – high agency use to maintain good staffing levels.

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Table 1. Staffing from 18<sup>th</sup> July to 14<sup>th</sup> Aug 2016

Data source: electronic rostering system

Ward	% of shifts filled against required numbers (highlighted if less than 85%)						Skill Mix (highlighted)	Workforce indicators (highlighted according to trust targets)		
	% of all shifts filled (all professions)	Comparison to previous 4 weeks - % of all shifts filled (20th June to 17th July 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	% Agency Use	% Sickness	Vacancies Vs Budget (WTE)
Abingdon Ward 1	83.0%	95.0%	96.2%	106.8%	101.8%	100.0%	50.2%	11.3%	5.5%	6.7
Abingdon Ward 2	92.0%	97.0%	104.5%	105.9%	98.7%	101.3%	47.4%	27.1%	5.6%	13.3
Allen	96.0%	97.0%	78.2%	118.4%	99.2%	100.0%	43.6%	19.7%	7.7%	14
Amber	99.0%	87.0%	102.9%	101.1%	100.0%	100.0%	44.3%	10.0%	5.8%	8.5
Ashurst (PICU)	91.0%	93.0%	62.5%	124.7%	79.9%	113.3%	35.5%	12.6%	5.6%	13.2
Bicester	100.0%	100.0%	99.3%	99.5%	101.8%	99.9%	50.7%	6.0%	6.1%	3.9
Cotswold House Marlborough	100.0%	94.0%	105.7%	95.1%	100.0%	100.0%	48.6%	8.5%	3.8%	7.5
Cotswold House Oxford	87.0%	88.0%	105.6%	85.5%	107.1%	103.2%	46.5%	6.2%	1.5%	2.8
Chaffron	85.0%	100.0%	104.6%	80.8%	100.4%	100.0%	47.1%	0.5%	7.1%	2.7
Cherwell	91.0%	95.0%	75.3%	97.8%	94.6%	103.2%	44.7%	12.0%	6.8%	4.1
City	91.0%	98.0%	86.4%	111.8%	100.0%	101.6%	49.5%	13.5%	2.9%	11.4
Didcot	91.0%	96.0%	99.4%	100.4%	99.9%	94.4%	51.0%	13.8%	4.7%	1
Glyme	98.0%	98.0%	87.5%	105.1%	53.6%	189.3%	34.9%	0.2%	3.7%	5.4
Highfield (CAMHS)	89.0%	87.0%	106.7%	94.8%	156.8%	80.9%	45.6%	31.6%	1.6%	26.8
Kennet	100.0%	100.0%	99.5%	102.5%	86.6%	107.1%	31.1%	2.5%	2.2%	7.2
Kestrel	90.0%	92.0%	70.7%	105.3%	102.5%	89.5%	32.9%	34.5%	5.8%	18.6
Kingfisher	86.0%	91.0%	90.0%	89.6%	88.9%	94.8%	31.2%	33.5%	13.2%	14.4
Lambourne House	93.0%	96.0%	136.2%	88.7%	100.0%	94.5%	53.1%	0.7%	2.4%	0.8
Linfoot Witney	99.0%	96.0%	100.0%	97.8%	96.4%	101.8%	49.9%	7.5%	3.9%	12.7
Marlborough House Swindon (CAMHS)	93.0%	87.0%	86.2%	110.8%	94.9%	98.0%	47.0%	20.3%	1.4%	11.4
Opal (Rehabilitation)	96.0%	100.0%	78.9%	122.0%	91.1%	109.6%	43.7%	1.3%	1.3%	8.8
Phoenix	93.0%	91.0%	96.4%	86.7%	96.4%	98.4%	52.2%	9.4%	11.3%	5.5
Ruby	77.0%	78.0%	87.3%	100.6%	69.1%	94.1%	47.6%	10.4%	3.9%	7.9
Sandford	94.0%	100.0%	79.3%	105.4%	98.3%	101.1%	38.6%	23.2%	8.9%	9.5
Sapphire	79.0%	77.0%	74.3%	113.0%	71.0%	109.9%	42.8%	16.2%	4.7%	9.4
Vaughan Thomas	90.0%	90.0%	80.0%	114.0%	108.5%	101.1%	47.8%	6.1%	3.4%	7.1
St Leonards Wallingford	99.0%	99.0%	95.9%	98.7%	99.8%	100.0%	49.2%	27.2%	2.9%	0.5
Watling	87.0%	88.0%	81.6%	110.0%	103.5%	98.7%	31.1%	1.1%	7.9%	9.9
Wenric	99.0%	97.0%	103.7%	98.3%	100.9%	100.3%	39.4%	15.5%	8.7%	5.7
Wenrisc Witney	94.0%	94.0%	98.6%	89.4%	102.9%	105.0%	57.2%	6.0%	3.9%	9.5
Wintle	99.0%	97.0%	73.8%	126.6%	94.1%	106.8%	46.4%	2.3%	5.5%	6.1
Woodlands	89.0%	89.0%	106.3%	99.1%	117.7%	84.0%	49.0%	3.3%	6.3%	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. A number of actions have been taken to improve recruitment however the impact of these has not yet been felt. 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 31/08/16.

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	183	354	51
Jul-16	8	103	588	74	Jul-16	5	102	359	72
Aug-16	3	22	382	127	Aug-16	6	103	543	91
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

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

Age, Gender and Ethnicity Breakdown						
Aug-16	Gender		Ethnicity		Age	
	Males	7	Not Recorded	3	Under 18	0
	Females	2	White British	5	18-29	1
			White English		30-39	1
			White Other European		40-49	3
			Black or Black British - African	1	50-59	1
					60-69	3
					70+	

## PUBLIC BOARD REPORT

### Direct care time with patients

Following the report of the productive care activity follow results in February 2016 monthly report, each ward has repeated the exercise to sample measure the amount of direct care time spent with patients, this involves a member of staff shadowing a colleague on a shift to observe the activities they undertake. Each ward completes two activity follows, one for a registered and one for an unregistered member of the team. It is recognised nationally that whilst significant amounts of nursing staff time should be spent on providing direct care there needs to be a balance with indirect care and non-direct activities to provide high quality care.

The results below in table 3 show the % of direct care time spent with patients, there is quite a variation across the wards some is explained by the lack of consistency of completing the tool and which member of staff is chosen to be observed e.g. if the shift coordinator is chosen to be observed. Due to the limitations with the tool the results can only be taken as an indication. The activity follows showing less than 50% of time spent with patients has been highlighted yellow. However the three sets of results below suggest there could be a link between the amount of direct care time being delivered and staffing levels.

The activity follow is a local improvement tool so each ward team has been asked to review the detail of their results to identify and make improvements i.e. reducing how many interruptions staff to staff, where equipment is placed on a ward to reduce movement time, how staff and skill mixes are used, and how to reduce the completion of paperwork away from the patient.

Table 3. Activity follow results

	Aug-15		Feb-16		June-Aug 16	
	Baseline Registered	Baseline Unregistered	Registered	Unregistered	Registered	Unregistered
Abingdon Ward 1	60%	58%	60%	70%	53%	57%
Abingdon Ward 2	66%	66%	36%	80%	80%	75%
Allen (Warneford)	35%	47%	16%	51%	41%	51%
Amber (Whiteleaf)	21%	43%	21%	58%	19%	94%
Ashurst (Littlemore)	29%	44%	29%	no data	27%	52%
Bicester	48%	78%	66%	79%	40%	67%
Chaffron (Milton Keynes)	63%	43%	18%	68%	27%	46%
Cherwell (Fulbrook)	46%	60%	29%	72%	53%	53%
City	61%	70%	38%	75%	53%	61%
Cotswold House, Marlborough	22%	63%	45%	49%	41%	40%
Cotswold House, Oxford	39%	33%	75%	63%	33%	66%
Didcot	55%	56%	64%	58%	71%	90%
Glyme (Littlemore)	84%	66%	31%	32%	31%	70%
Henley Peppard ward	36%	63%				
Highfield (CAMHS)	69%	80%	46%*	77%	57%	55%
Kennet (Littlemore)	40%	59%	34%	43%	53%	30%
Kestrel (Littlemore)	51%	64%	69%	65%	43%	35%
Kingfisher (Littlemore)	40%	72%	51%	58%	52%	80%
Lambourn House (Littlemore)	27%	47%	25%	62%	43%	34%
Marlborough House, Swindon (CAMHS)	14%	39%	56%	44%	36%	61%
Opal (Whiteleaf)	48%	68%	23%	68%	64%	64%
Phoenix (Littlemore)	20%	36%	42%	66%	no data	no data
Ruby (Whiteleaf)	32%	55%	26%	59%	32%	55%
Sandford (Fulbrook)	22%	38%	25%	75%	47%	78%
Sapphire (Whiteleaf)	32%	44%	35%	53%	26%	no data
Vaughan Thomas (Warneford)	49%	22%	53%	63%	to be verified	66%
Wallingford St Leonards	55%	74%	53%	66%	51%	77%
Wantage	77%	75%	76%	90%		
Watling (Milton Keynes)	68%	69%	46%	40%	to be verified	50%
Wenric (Littlemore)	77%	74%	36%	69%	51%	65%
Wintle (Warneford)	43%	52%	28%	34%	50%	56%
Witney - Wenrisc	49%	64%			41%	56%
Witney - Linfoot	36%	64%	44%	66%	32%	64%
Woodlands (Aylesbury)	23%	80%	77%	74%	65%	88%