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# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**Paper BOD 126/2016**

(agenda item: 10)

# Board of Directors

**26th 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 15th August to 11th 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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*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: 15th August to 11th 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 15th August to 11th 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 15th August to 11th 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.

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)

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 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



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

